

3. Extinction comes first under any framework.

Pummer 15 [Theron, Junior Research Fellow in Philosophy at St. Anne's College, University of Oxford. "Moral Agreement on Saving the World" Practical Ethics, University of Oxford. May 18, 2015] AT

There appears to be a lot of disagreement in moral philosophy. Whether these many apparent disagreements are deep and irresolvable, I believe there is at least one thing it is reasonable to agree on right now, whatever general moral view we adopt: that it is very important to reduce the risk that all intelligent beings on this planet are eliminated by an enormous catastrophe, such as a nuclear war. How we might in fact try to reduce such existential risks is discussed elsewhere. My claim here is only that **we – whether we're consequentialists, deontologists, or virtue ethicists – should all agree that we should try to save the world.** According to consequentialism, we should maximize the good, where this is taken to be the goodness, from an impartial perspective, of outcomes. Clearly one thing that makes an outcome good is that the people in it are doing well. There is little disagreement here. If the happiness or well-being of possible future people is just as important as that of people who already exist, and if they would have good lives, it is not hard to see how **reducing existential risk is easily the most important thing** in the whole world. This is for the familiar reason that there are **so many people who could exist** in the future – there are trillions upon trillions... upon trillions. There are so many possible future people that **reducing existential risk is arguably the most important thing in the world, even if the well-being of these possible people were given only 0.001% as much weight as that of existing people.** Even on a wholly person-affecting view – according to which there's nothing (apart from effects on existing people) to be said in favor of creating happy people – the case for reducing existential risk is very strong. As noted in this seminal paper, **this case is strengthened by the fact that there's a good chance that many existing people will, with the aid of life-extension technology, live very long and very high quality lives.** You might think what I have just argued applies to consequentialists only. There is a tendency to assume that, if an argument appeals to consequentialist considerations (the goodness of outcomes), it is irrelevant to non-consequentialists. But **that is a huge mistake. Non-consequentialism is the view that there's more that determines rightness than the goodness of consequences or outcomes: it is not the view that the latter don't matter.** Even John Rawls wrote, **"All ethical doctrines worth our attention take consequences into account in judging rightness."** One which did not would simply be irrational, crazy. **Minimally plausible versions of deontology and virtue ethics must be concerned in part with promoting the good, from an impartial point of view. They'd thus imply very strong reasons to reduce existential risk,** at least when this doesn't significantly involve doing harm to others or damaging one's character. What's even more surprising, perhaps, is that even if our own good (or that of those near and dear to us) has much greater weight than goodness from the impartial "point of view of the universe," indeed even if the latter is entirely morally irrelevant, we may nonetheless have very strong reasons to reduce existential risk. **Even egoism, the view that each agent should maximize her own good, might imply strong reasons to reduce existential risk.** It will depend, among other things, on what one's own good consists in. If well-being consisted in pleasure only, it is somewhat harder to argue that egoism would imply strong reasons to reduce existential risk – perhaps we could argue that one would maximize her expected hedonic well-being by funding life extension technology or by having herself cryogenically frozen at the time of her bodily death as well as giving money to reduce existential risk (so that there is a world for her to live in!). I am not sure, however, how strong the reasons to do this would be. But views which imply that, if I don't care about other people, I have no or very little reason to help them are not even minimally plausible views (in addition to hedonistic egoism, I here have in mind views that imply that one has no reason to perform an act unless one actually desires to do that act). **To be minimally plausible, egoism will need to be paired with a more sophisticated account of well-being.** To see this, it is enough to consider, as Plato did, the possibility of a ring of invisibility – **suppose that, while wearing it, Ayn could derive some pleasure by helping the poor, but instead could derive just a bit more by severely harming them. Hedonistic egoism would absurdly imply she should do the latter. To avoid this implication, egoists would need to build something like the meaningfulness of a life into well-being,** in some robust way, where this would to a significant extent be a function of other-regarding concerns (see chapter 12 of this classic intro to ethics). But **once these elements are included, we can (roughly, as above) argue that this sort of egoism will imply strong reasons to reduce existential risk.** Add to all of this Samuel Scheffler's recent intriguing arguments (quick podcast version available here) that most of what makes our lives go well would be undermined if there were no future generations of intelligent persons. On his view, my life would contain vastly less well-being if (say) a year after my death the world came to an end. So obviously if Scheffler were right I'd have very strong reason to reduce existential risk. **We should also take into account moral uncertainty. What is it reasonable for one to do, when one is uncertain not (only) about the empirical facts, but also about the moral facts?** I've just argued that **there's agreement among minimally plausible ethical views that we have strong reason to reduce existential risk – not only consequentialists, but also deontologists, virtue ethicists, and sophisticated egoists should agree. But even those (hedonistic egoists) who disagree should have a significant level of confidence that they are mistaken, and that one of the above views is correct. Even if they were 90% sure that their view is the correct one** (and 10% sure that one of these other ones is correct), **they would have pretty strong reason,**

from the standpoint of moral uncertainty, to reduce existential risk. Perhaps most disturbingly still, even if we are only 1% sure that the well-being of possible future people matters, it is at least arguable that, from the standpoint of moral uncertainty, reducing existential risk is the most important thing in the world. Again, this is largely for the reason that there are so many people who could exist in the future – there are trillions upon trillions... upon trillions. (For more on this and other related issues, see this excellent dissertation). Of course, it is uncertain whether these untold trillions would, in general, have good lives. It's possible they'll be miserable. It is enough for my claim that there is moral agreement in the relevant sense if, at least given certain empirical claims about what future lives would most likely be like, all minimally plausible moral views would converge on the conclusion that we should try to save the world. While there are some non-crazy views that place significantly greater moral weight on avoiding suffering than on promoting happiness, for reasons others have offered (and for independent reasons I won't get into here unless requested to), they nonetheless seem to be fairly implausible views. And even if things did not go well for our ancestors, I am optimistic that they will overall go fantastically well for our descendants, if we allow them to. I suspect that most of us alive today – at least those of us not suffering from extreme illness or poverty – have lives that are well worth living, and that things will continue to improve. Derek Parfit, whose work has emphasized future generations as well as agreement in ethics, described our situation clearly and accurately: "We live during the hinge of history. Given the scientific and technological discoveries of the last two centuries, the world has never changed as fast. We shall soon have even greater powers to transform, not only our surroundings, but ourselves and our successors. If we act wisely in the next few centuries, humanity will survive its most dangerous and decisive period. Our descendants could, if necessary, go elsewhere, spreading through this galaxy.... Our descendants might, I believe, make the further future very good. But that good future may also depend in part on us. If our selfish recklessness ends human history, we would be acting very wrongly." (From chapter 36 of On What Matters)

a. Gateway issue - we need to be alive to assign value and debate competing moral theories- extinction literally ends the debate on "ought".

B. no moral theory can allow for extinction because it means the end of value

1

Interpretation – “medicines” treat or cure, whereas vaccines prevent.

Vecchio 21 (Christopher Vecchio, [CFA, Senior Strategist,], 7-22-2021, "Delta Variant Concerns Won't Cripple Markets, US Economy", DailyFX, accessed: 8-9-2021, https://www.dailyfx.com/forex/video/daily_news_report/2021/07/22/market-minutes-delta-variant-concerns-wont-cripple-markets-us-economy.html) ajs

Let's stick to the facts. The COVID-19 vaccines are not medicines, which by definition “treat or cure diseases.” Vaccines “help prevent diseases,” an important distinction. Why does this matter? Because data coming out of some of the world's developed economies with high adult vaccination rates suggest that the vaccines are working as intended: tail-risks have been reduced, with hospitalizations and deaths falling relative to the recent spike in infections (which have been occurring primarily among the unvaccinated at this point). Put another way, vaccines are like a Kevlar vest for the immune system; while they don't make you bulletproof, they dramatically increase the odds of surviving an adverse event.

Violation: They spec Covid vaccines

Standards:

1. Limits – expanding the topic to preventative treatment or medical interventions allows anything from surgery to medical devices to education strategies or mosquito repellent to prevent malaria. Destroys core generics like innovation which are exclusive to disease curing – core of the topic is about proprietary information.

T outweighs 1AR theory- The debate is completely skewed before the round even starts- comes first before any in round abuse cause the debate needs to be fair before we can argue that its not Paradigm:

Fairness – Debate is a competitive activity governed by rules. You can't evaluate who did better debating if the round is structurally skewed, so fairness is a gateway to substantive debate.

DTD – Time spent on theory cant be compensated for, the 1nc was already skewed, and its key to deterring abuse.

Prefer Competing interps -

- 1. reasonability is arbitrary and invites judge intervention.**
- 2. it Causes a race to the bottom where debaters push the limit as to how reasonably abusive, they can be.**

No RVI's -

- 1. Chills some debaters from reading theory against abusive postions.**
- 2. incentivizes theory baiting where you can just bait theory to win.**

2

Interpretation: the aff must disclose the plan text before the round. To clarify, disclosure can occur on the 2020-21 NDCA wiki or over a verified message.

Violation: they didn't.

Standards:

1. Prep and Clash—two internal links—

- a. Neg Prep—4 minutes of prep is not enough to put together a coherent 1nc or update generics—30 minutes is necessary to learn a little about the affirmative and piece together what 1nc positions apply and cut and research their applications to the affirmative which is k2 fairness.**
- b. Aff Quality—plan text disclosure discourages cheap shot affs. If the aff isn't inherent or easily defeated by 20 minutes of research, it should lose—this will answer the 1ar's claim about innovation—with 30 minutes of prep, there's still an incentive to find a new strategic, well justified aff, but no incentive to cut a horrible, incoherent aff that the neg can't check against the broader literature.**

2. Rigorous Scrutiny — we were deprived of the opportunity to research and prepare a response to the case. Secrecy undermines rejoinder and prevents meaningful testing which is the only unique impact to debate.

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3

Pharma drug innovation is high now – eliminating patent protections collapses incentives.

The Economist 20 5-23-2020 "Drug innovation is back in fashion" <https://www.economist.com/leaders/2020/05/23/drug-innovation-is-back-in-fashion> (The Economist is an international weekly newspaper printed in magazine-format and published digitally that focuses on current affairs, international business, politics, and technology.)//Elmer

For much of the past two decades big pharma has been a lost cause. Despised by the public, it became notorious for price-gouging, secretiveness and its neglect of global health problems. Big pharma also lost its lustre with investors, despite its bumper profits. They worried that a business model that relied too much on rent-seeking and too little on innovation was unsustainable, and that citizens would eventually revolt and demand more regulation—or even rip up the patent system that gives drugs firms a temporary monopoly over new medicines. As a result, in the five years before the covid crisis the pharmaceutical sector lagged behind America's s&p 500 index. The pandemic has reminded the world of the industry's strengths—its capacity to innovate and provide drugs on a vast scale. Many of the big firms, such as Johnson & Johnson and Sanofi, are working on covid-19 vaccines and therapies. Scores of smaller companies are at work, too. On May 18th Moderna, an American biotech firm, said that its much-anticipated vaccine has shown positive early results (although some analysts questioned the validity of its tests). AstraZeneca, a big British firm that invests heavily in research and development (r&d), is working on a vaccine with scientists at Oxford University, helped by \$1bn of new funding from America's government. Even before the virus, the industry had started to invest more heavily. In the most recent quarter America's 30 biggest firms boosted their r&d by a median of 6% year on year.

Now medical innovation is back in fashion. It looks like big pharma's moment to shine. However, the pandemic has also created new ethical and political dilemmas. Vaccine nationalism is spreading as governments panic that others may get their hands on crucial drugs first. France's Sanofi has found itself embroiled in a transatlantic row over who will be first to get any covid-19 vaccine it develops. Paul Hudson, the firm's boss, stated last week that because the American government invested in his firm's risky scientific efforts, the United States would have early access. This led to a political explosion in France and a dressing-down from Emmanuel Macron, France's president. And there is mounting pressure to suspend elements of the patent system. A gathering of the World Health Organisation this week passed a resolution urging drugs firms to pool patent rights. Several dozen current and former world leaders released an open letter demanding that any successful covid-19 vaccine should be made available patent-free. There is an alternative to beggar-thy-neighbour nationalism and taking a sledgehammer to the intellectual-property regime. First, a global agreement is needed to govern the manufacture and distribution of a potential vaccine. It could take several years to vaccinate the world's population; global co-operation will mean that the vaccine is deployed first where it brings most benefit. Second, the patent system should be preserved because, correctly designed, it incentivises investment in new treatments. The big drugs firms have already said they will make any vaccine available at cost-plus prices. Arrangements exist for tiered pricing of medicines and free vaccinations for diseases afflicting the world's poor that should be extended to covid-19 treatments. If a smaller drugs firm tried to price-gouge, governments in the West and elsewhere have the powers to pass compulsory licensing orders in an emergency. When the pandemic passes, there must be no going back to the bad old days. Governments should seek to authorise new drug patents faster, as the best way to balance innovation and lower prices. And big pharma needs to keep investing. That will help shareholders and global public health, too.

Reductions in IPP decks innovation.

Bacchus 20, James. "An Unnecessary Proposal: A WTO Waiver of Intellectual Property Rights for COVID-19 Vaccines." Cato.org, 16 Dec. 2020, www.cato.org/free-trade-bulletin/unnecessary-proposal-wto-waiver-intellectual-property-rights-covid-19-vaccines//JQ

The primary justification for granting and protecting IP rights is that they are incentives for innovation, which is the main source for long-term economic growth and enhancements in the quality of human life. IP rights spark innovation by "enabling innovators to capture enough of the benefits of their own innovative activity to justify taking considerable risks."¹⁸ The knowledge from innovations inspired by IP rights spills over to inspire other innovations. The protection of IP rights promotes the diffusion, domestically and internationally, of innovative technologies and new know-how. Historically, the principal factors of production have been land, labor, and capital. In the new pandemic world, perhaps an even more vital factor is the creation of knowledge, which adds enormously to "the wealth of nations." Digital and other economic growth in the 21st century is increasingly ideas-based and knowledge intensive. Without IP rights as incentives, there would be less new knowledge and thus less innovation. In the short term, undermining private IP rights may accelerate distribution of goods and services—where the novel knowledge that went into making them already exists. But in the long term, undermining private IP rights would eliminate the incentives that inspire innovation, thus preventing the discovery and development of knowledge for new goods and services that the world needs. This widespread dismissal of the link between private IP rights and innovation is perhaps best reflected in the fact that although the United Nations Sustainable Development Goals for 2030 aspire to "foster innovation," they make no mention of IP rights.¹⁹

Only pharma innovation solves global pandemics that risk extinction.

Jeffrey **Sachs 14**, Professor of Sustainable Development, Health Policy and Management @ Columbia University, Director of the Earth Institute @ Columbia University and Special adviser to the United Nations Secretary-General on the Millennium Development Goals) "Important lessons from Ebola outbreak," Business World Online, August 17, 2014, <http://tinyurl.com/kjgvyro>

Ebola is the latest of many recent epidemics, also including AIDS, SARS, H1N1 flu, H7N9 flu, and others. AIDS is the deadliest of these killers, claiming nearly 36 million lives since 1981. Of course, **even larger and more sudden epidemics are possible** such as the 1918 influenza during World War I, **which claimed 50-100 million lives** (far more than the war itself). And, though the 2003 SARS outbreak was contained, causing fewer than 1,000 deaths, the disease was on the verge of deeply disrupting several East Asian economies including China's. **There are four crucial facts to understand about Ebola and the other epidemics.** First, **most emerging infectious diseases** are zoonoses, meaning that they **start in animal populations**, sometimes **with a genetic mutation that enables the jump to humans**. Ebola may have been transmitted from bats; HIV/AIDS emerged from chimpanzees; SARS most likely came from civets traded in animal markets in southern China; and influenza strains such as H1N1 and H7N9 arose from genetic re-combinations of viruses among wild and farm animals. **New zoonotic diseases are inevitable as humanity pushes into new ecosystems** (such as formerly remote forest regions); **the food industry creates more conditions for genetic recombination**; and climate change scrambles natural habitats and species interactions. Second, **once a new infectious disease appears, its spread** through airlines, ships, megacities, and trade in animal products **is likely to be extremely rapid**. These epidemic diseases are new markers of globalization, revealing through their chain of death how vulnerable the world has become from the pervasive movement of people and goods. Third, the poor are the first to suffer and the worst affected. The rural poor live closest to the infected animals that first transmit the disease. They often hunt and eat bushmeat, leaving them vulnerable to infection. Poor, often illiterate, individuals are generally unaware of how infectious diseases -- especially unfamiliar diseases -- are transmitted, making them much more likely to become infected and to infect others. Moreover, given poor nutrition and lack of access to basic health services, their weakened immune systems are easily overcome by infections that better nourished and treated individuals can survive. And "de-medicalized" conditions -- with few if any professional health workers to ensure an appropriate public-health response to an epidemic (such as isolation of infected individuals, tracing of contacts, surveillance, and so forth) -- make initial outbreaks more severe. Finally, **the required medical responses**, including diagnostic tools and effective medications and vaccines, inevitably lag behind the emerging diseases. In any event, such **tools must be continually replenished. This requires cutting-edge biotechnology, immunology, and ultimately bioengineering to create large-scale industrial responses (such as millions of doses of vaccines or medicines** in the case of large epidemics). The AIDS crisis, for example, called forth tens of billions of dollars for research and development -- and similarly substantial commitments by the pharmaceutical industry -- to produce lifesaving antiretroviral drugs at global scale. Yet each breakthrough inevitably leads to the pathogen's mutation, rendering previous treatments less effective. **There is no ultimate victory, only a constant arms race between humanity and disease-causing agents.**

4

CP Text: In addition to current COVAX guidelines, countries committed should --

-end relevant export bans

-equitably share surplus doses through COVAX

-support COVAX purchase of more doses

Berkley 21, Seth. "How Covax Can Distribute More Covid-19 Vaccines Globally." Time, Time, 11 May 2021, time.com/6047516/covax-covid-19-vaccine-access/. //JQ

COVAX also put in place incentives to ensure manufacturers could produce doses at scale the moment they were authorized, as well as ensuring that important no-fault compensation, indemnification and liability legal safety nets were in place. COVAX has also worked with lower-income countries, many of which have had their already weak health systems disrupted by the pandemic, to ensure they have the supply and cold chains in place to ready deliver these vaccines when ready. But **global access to vaccines is not happening fast enough**, and it's in everyone's interest that we get there sooner. The longer it takes to protect people most at risk, such as health and social care workers and vulnerable people, the longer the virus will continue to circulate and the greater the risk that new and potentially more dangerous variants will emerge. Moreover, any delay will also prolong the economic misery, by ensuring that efforts to resume commerce, trade and travel continue to stall. **Only governments have the power to speed things up now, by turning their commitment to COVAX into action.** and there are four keys to make this happen. The first is to **end relevant export bans**. Export controls **affecting the flow of vital ingredients, components and doses** are anathema to a global response. At a time when the world is trying to resume trade and commerce, export bans work completely counter to this, both in spirit and outcome. The second concerns **the billions of doses that wealthy governments ordered** when they didn't know which vaccines would prove to be safe and effective, and which they now don't need. **If the estimated 1.5 billion surplus doses ordered by governments were shared efficiently and equitably through COVAX rather than used for diplomacy, there would be a huge impact on global public health.** Some global leaders have already played a key role in driving this, both in terms of donating their own doses and in encouraging others to do the same. But we need more. **The third key is to help COVAX buy more doses.** The more doses we have, the more vulnerable people we can protect. So, in addition to the **\$6.6 billion already pledged**, we urgently need to get additional

commitments of some \$1.7 billion in donor funding. It would also enable COVAX to further diversify its vaccine portfolio and make preparations to fight variants if the need arises.

CP solves vaccine availability, adds research, and skirts shotty trade agreements that deck off solvency.

Winsor 21, Morgan. "What Is COVAX? How a Global Initiative Is Helping Get COVID-19 Vaccines to Poorer Countries." ABC News, ABC News Network, 26 Feb. 2021, abcnews.go.com/Health/covax-global-initiative-helping-covid-19-vaccines-poorer/story?id=76106981. //JQ

LONDON – As rich countries race to inoculate their populations against COVID-19, poorer nations have fallen behind in the biggest vaccination campaign in history. But a global vaccine-sharing scheme aims to ensure rapid and equitable access to vaccines for all countries regardless of income. Although there are a number of obstacles, the COVID-19 Vaccine Global Access (COVAX) initiative may be the best bet on worldwide immunization against the novel coronavirus. What is COVAX? COVAX is part of the Access to COVID-19 Tools (ACT) Accelerator, a framework for global collaboration that was set up in response to a call from G20 leaders in March 2020 at the start of the coronavirus pandemic and was subsequently launched by the World Health Organization (WHO), the European Commission, France and the Bill & Melinda Gates Foundation in April 2020. The ACT Accelerator is made up of three pillars: Diagnostics, therapeutics and vaccines, according to the WHO. COVAX is the vaccines' pillar and is co-managed by three partner agencies: Gavi, The Vaccine Alliance (Gavi), the Coalition for Epidemic Preparedness Innovations (CEPI) and the WHO. It is the only global initiative that is working with governments and manufacturers to ensure COVID-19 vaccines are available worldwide to both higher-income and lower-income countries. "The pandemic has highlighted more than ever the nexus between equity and global health security," Anuradha Gupta, deputy CEO of Gavi, said in a video statement on Feb. 23. "It has also highlighted the vital importance of global solidarity that is epitomized by COVAX." COVAX acts as a platform that will support the research, development and manufacturing of a wide range of COVID-19 vaccine candidates and will negotiate the pricing. By joining COVAX, all participating countries and economies -- regardless of their ability to pay -- will have access to a portfolio of COVID-19 vaccines, once they are developed and proven to be both safe and effective, according to GAVI. The portfolio of vaccine candidates -- the largest in the world -- is managed by CEPI's research and development experts. "The best chance of success is to hedge risk by creating a diverse portfolio of vaccine candidates, based on a range of vaccine technologies," CEPI says on its website. "The breadth of our portfolio will increase our chances of developing multiple successful vaccines, which is crucial if we are to meet global demand and protect vulnerable populations." What is the goal? The initial goal is to procure and fairly distribute 2 billion doses of COVID-19 vaccines across almost 200 countries and economies by the end of 2021 through a mechanism, the COVAX Facility, created by Gavi. That should be enough to protect high-risk and vulnerable people as well as front-line health care workers, according to Gavi. Most importantly, COVAX also aims to ensure that 92 middle- and lower-income countries that cannot fully afford to pay for COVID-19 vaccines themselves get equal access to them, just as higher-income, self-financing countries do and at the same time. Vaccine research and development is critical to achieving this goal, with an estimated \$2.1 billion needed to move three COVID-19 vaccine candidates to licensure, according to CEPI. COVAX has already made bilateral agreements with various vaccine makers, including U.S. pharmaceutical giant Pfizer. In late December, the WHO issued an emergency use listing for a COVID-19 vaccine developed by Pfizer and its German partner BioNTech. In mid-February, the WHO issued emergency use listings for two versions of a COVID-19 vaccine developed by England's University of Oxford and British-Swedish pharmaceutical giant AstraZeneca -- one made in India and the other in South Korea. The WHO is on track to approve other vaccine candidates for emergency use in the coming months. According to an interim distribution forecast published in early February, COVAX plans to distribute an initial batch of 336 million doses of the Oxford/AstraZeneca vaccine by mid-2021. It also aims to start shipping 1.2 million doses of the Pfizer/BioNTech vaccine in the first quarter of the year. "We're on track to meet our targets. We have countries signed up; we have doses secured; and we have raised billions of dollars in funding," Aurelia Nguyen, managing director of the COVAX Facility, said in a video statement on Feb. 24. "Nothing like this has ever been attempted before, and so every day has brought new challenges -- both seen and unforeseen -- but we are now delivering on our promise to people across the world, and vaccines are on their way." How does it work? Countries and economies of all income levels can participate in the COVAX Facility, either in a self-financing capacity or through a separate financing instrument called the Gavi COVAX Advance Market Commitment (AMC). The AMC is funded mainly through government aid, as well as contributions from the private sector and philanthropy, and it supports access to COVID-19 vaccines for 92 middle- and lower-income countries, according to Gavi. Self-financing participants will be guaranteed sufficient doses of COVID-19 vaccines to protect a certain proportion of their population, depending how much they buy into the scheme. Additionally, richer countries and economies will pay a premium to subsidize poorer ones. Meanwhile, funded participants will receive enough COVID-19 vaccine doses to inoculate up to 20% of their population in the longer term, subject to funding availability. Since the United States officially rejoined the WHO, President Joe Biden has pledged \$4 billion in contributions to COVAX. Allocation of vaccine doses will be spread across participants based on the amount that's available. These allotments will grow as availability increases, according to Gavi. The COVAX Facility has access to vaccine doses through deals that Gavi strikes with vaccine manufacturers on behalf of the program. Meanwhile, the United Nations International Children's Emergency Fund (UNICEF) is leading the vaccine procurement and delivery efforts on behalf of COVAX. UNICEF has already begun delivering initial shipments of COVID-19 vaccine doses.

This week, the West African nations of Ghana and Cote d'Ivoire became the first and second recipients, respectively, to receive doses from the COVAX Facility -- a historic step in the global endeavor. "It's about a million doses total to begin with and that will just begin accelerating now," Michael Nyenhuis, president and CEO of UNICEF USA, told ABC News in a recent interview. "We've done all of the pre-work necessary in many, many of these countries to make sure that the supply chains are ready, that the health systems are ready, that the refrigeration is ready where it's needed for the vaccines, that the vaccinators, the people actually administer the vaccine in communities, are ready." "Why do we need it?" The global pandemic has already claimed the lives of millions of people and has disrupted the lives of billions more. In addition to reducing further loss of life and helping to get the virus under control, the WHO estimates that the introduction of a vaccine will prevent the loss of \$375 billion to the global economy every month. Global equitable access to a vaccine is the only way to mitigate the public health and economic impact of the pandemic, according to the WHO. "Developing a vaccine against COVID-19 is the most pressing challenge of our time -- and nobody wins the race until everyone wins," the WHO says on its website. "Without a global initiative like COVAX, there is a very real risk that the majority of people in the world will go unprotected against COVID-19, allowing the virus and its impact to continue unabated, according to Gavi." "With a disease that spreads as fast as COVID-19, vaccines will only be effective if everyone is protected," Gavi CEO Seth Berkley said in a video statement on Feb. 24. COVAX was created to maximize the chances of successfully developing COVID-19 vaccines and to produce them in the quantities needed to end the pandemic, all while ensuring that income level does not become a barrier to accessing them.

Case