#### Only the plan can solve covid access – inequalities heighten the risk of mutations and uneven development.

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According to Duke Global Health Innovation Center, which monitors COVID-19 vaccine purchases, rich nations representing just 14 per cent of the world population have bought up to 53 per cent of the most promising vaccines so far. As of 4 July 2021, the high-income countries (HICs) purchased more than half (6.16 billion) vaccine doses sold globally. At the same time, the low-income countries (LICs) received only 0.3 per cent of the vaccines produced. The low and middle-income countries (LMICs), which account for 81 per cent of the global adult population, purchased 33 per cent, and COVAX (COVID-19 Vaccines Global Access) has received 13 per cent.10 Many HICs bought enough doses to vaccinate their populations several times over. For instance, Canada procured 10.45 doses per person, while the UK, EU and the US procured 8.18, 6.89, and 4.60 doses per inhabitant, respectively.11 Consequently, there is a significant disparity between HICs and LICs in vaccine administration as well. As of 8 July 2021, 3.32 billion vaccine doses had been administered globally.12 Nonetheless, only one per cent of people in LICs have been given at least one dose. While in HICs almost one in four people have received the vaccine, in LICs, it is one in more than 500. The World Health Organization (WHO) notes that about 90 per cent of African countries will miss the September target to vaccinate at least 10 per cent of their populations as a third wave looms on the continent.13 South Africa, the most affected African country, for instance, has vaccinated less than two per cent of its population of about 59 million. This is in contrast with the US where almost 47.5 per cent of the population of more than 330 million has been fully vaccinated. In Sub-Saharan Africa, vaccine rollout remains the slowest in the world. According to the International Monetary Fund (IMF), at current rates, by the end of 2021, a massive global inequity will continue to exist, with Africa still experiencing meagre vaccination rates while other parts of the world move much closer to complete vaccination.14 This vaccine inequity is not only morally indefensible but also clinically counter-productive. If this situation prevails, LICs could be waiting until 2025 for vaccinating half of their people. Allowing most of the world’s population to go unvaccinated will also spawn new virus mutations, more contagious viruses leading to a steep rise in COVID-19 cases. Such a scenario could cause twice as many deaths as against distributing them globally, on a priority basis. Preventing this humanitarian catastrophe requires removing all barriers to the production and distribution of vaccines. TRIPS is one such barrier that prevents vaccine production in LMICs and hence its equitable distribution. TRIPS: Barrier to Equitable Health Care Access The opponents of the waiver proposal argue that IPR are not a significant barrier to equitable access to health care, and existing TRIPS flexibilities are sufficient to address the COVID-19 pandemic. However, history suggests the contrary. For instance, when South Africa passed the Medicines and Related Substances Act of 1997 to address the HIV/AIDS public health crisis, nearly 40 of world’s largest and influential pharma companies took the South African government to court over the violation of TRIPS. The Act, which invoked the compulsory licensing provision, allowed South Africa to produce affordable generic drugs.15 The Big Pharma also lobbied developed countries, particularly the US, to put bilateral trade sanctions against South Africa.16 Similarly, when Indian company Cipla decided to provide generic antiretrovirals (ARVs) to the African market at a lower cost, Big Pharma retaliated through patent litigations in Indian and international trade courts and branded Indian drug companies as thieves.17 Another instance was when Swiss company Roche initiated patent infringement proceedings against Cipla’s decision to launch a generic version of cancer drug, “erlotinib”. Though the Delhi High Court initially dismissed Roche's appeal by citing “public interest” and “affordability of medicines,” the continued to pressure the generic pharma companies over IPR. 18 Likewise, Pfizer’s aggressive patenting strategy prevented South Korea in developing pneumonia vaccines for children.19 A recent document by Médecins Sans Frontières (MSF), or Doctors Without Borders, highlights various instances of how IP hinders manufacturing and supply of diagnostics, medical equipment, treatments and vaccines during the COVID-19 pandemic. For instance, during the peak of the COVID-19 first wave in Europe, Roche rejected a request from the Netherlands to release the recipe of key chemical reagents needed to increase the production of diagnostic kits. Another example was patent holders threatening producers of 3D printing ventilators with patent infringement lawsuits in Italy.20 The MSF also found that patents pose a severe threat to access to affordable versions of newer vaccines.21 The opponents of the TRIPS waiver also argue that IP is the incentive for innovation and if it is undermined, future innovation will suffer. However, most of the COVID-19 medical innovations, particularly vaccines, are developed with public financing assistance. Governments spent billions of dollars for COVID-19 vaccine research. Notably, out of $6.1 billion in investment tracked up to July 2021, 98.12 per cent was public funding.22 The US and Germany are the largest investors in vaccine R&D with $2.2 billion and $1.5 billion funding. Private companies received 94.6 per cent of this funding; Moderna received the highest $956.3 million and Janssen $910.6 million. Moreover, governments also invested $50.9 billion for advance purchase agreements (APAs) as an incentive for vaccine development. A recent IMF working paper also notes that public research institutions were a key driver of the COVID-19 R&D effort—accounting for 70 per cent of all COVID-19 clinical trials globally.23 The argument is that vaccines are developed with the support of substantial public financing, hence there is a public right to the scientific achievements. Moreover, private companies reaped billions in profits from COVID-19 vaccines. One could argue that since the US, Germany and other HICs are spending money, their citizens are entitled to get vaccines first, hence vaccine nationalism is morally defensible. Nonetheless, it is not the case. The TRIPS Agreement includes several provisions which mandates promotion of technology transfer from developed countries to LDCs. For instance, Article 7 states that "the protection and enforcement of IP rights should contribute to the promotion of technological innovation and the transfer and dissemination of technology, to the mutual advantage of producers and users of technical knowledge and in a manner conducive to social and economic welfare, and to a balance of rights and obligations."24 Similarly, Article 66.2 also mandates the developed countries to transfer technologies to LDCs to enable them to create a sound and viable technological base. The LMICs opened their markets and amended domestic patent laws favouring developing countries’ products against this promise of technology transfer. Another argument against the proposed TRIPS waiver is that a waiver would not increase the manufacturing of COVID-19 vaccines. Indeed, one of the significant factors contributing to vaccine inequity is the lack of manufacturing capacity in the global south. Further, a TRIPS waiver will not automatically translate into improved manufacturing capacity. However, a waiver would be the first but essential step to increase manufacturing capacity worldwide. For instance, to export COVID-19 vaccine-related products, countries need to ensure that there are no IP restrictions at both ends – exporting and importing. The market for vaccine materials includes consumables, single-use reactors bags, filters, culture media, and vaccine ingredients. Export blockages on raw materials, equipment and finished products harm the overall output of the vaccine supply chain. If there is no TRIPS restriction, more governments and companies will invest in repurposing their facilities. Similarly, the arguments such as that no other manufacturers can carry out the complex manufacturing process of COVID-19 vaccines and generic manufacturing as that would jeopardise quality, have also been proven wrong in the past. For instance, in the early 1990s, when Indian company Shantha Biotechnics approached a Western firm for a technology transfer of Hepatitis B vaccine, the firm responded that “India cannot afford such high technology vaccines… And even if you can afford to buy the technology, your scientists cannot understand recombinant technology in the least.”25 Later, Shantha Biotechnics developed its own vaccine at $1 per dose, and the UNICEF (United Nations Children’s Emergency Fund) mass inoculation programme uses this vaccine against Hepatitis B. In 2009, Shantha sold over 120 million doses of vaccines globally. India also produces high-quality generic drugs for HIV/AIDS and cancer treatment and markets them across the globe. Now, a couple of Indian companies are in the last stage of producing mRNA (Messenger RNA) vaccines.26 Similarly, Bangladesh and Indonesia claimed that they could manufacture millions of COVID-19 vaccine doses a year if pharmaceutical companies share the know-how.27 Recently, Vietnam also said that the country could satisfy COVID-19 vaccine production requirements once it obtains vaccine patents.28 Countries like the United Arab Emirates (UAE), Turkey, Cuba, Brazil, Argentina and South Korea have the capacity to produce high-quality vaccines but lack technologies and know-how. However, Africa, Egypt, Morocco, Senegal, South Africa and Tunisia have limited manufacturing capacities, which could also produce COVID-19 vaccines after repurposing. Moreover, COVID-19 vaccine IPR runs across the entire value chain – vaccine development, production, use, etc. A mere patent waiver may not be enough to address the issues related to its production and distribution. What is more important here is to share the technical know-how and information such as trade secrets. Therefore, the existing TRIPS flexibilities, such as compulsory and voluntary licensing, are insufficient to address this crisis. Further, compulsory licensing and the domestic legal procedures it requires is cumbersome and not expedient in a public health crisis like the COVID-19 pandemic. India’s Role in Ensuring Vaccine Equity India's response to COVID-19 at the global level was primarily two-fold. First, its proactive engagements in the regional and international platforms. Second, its policies and programmes to provide therapeutics and vaccines to the world. Since the beginning of the COVID-19 pandemic, India has been advocating international cooperation and policy coordination in fighting it. For instance, in April 2020, India co-sponsored a UN resolution that called for fair and equitable access to essential medical supplies and future vaccines to COVID-19. Later, in October 2020, India also put pressure on developed countries with a joint WTO proposal for TRIPS waiver. India’s Vaccine Maitri initiative also aims vaccine equity. As of 29 May 2021, India has supplied 663.698 lakh doses of COVID-19 vaccines to 95 countries. It includes 107.15 lakh doses as a gift to more than 45 countries, 357.92 lakh doses by commercial sales, and 198.628 lakh doses to the COVAX facility.29 The COVAX initiative aims to ensure rapid and equitable access to COVID-19 vaccines for all countries, regardless of their income level. India has decided to supply 10 million doses of the vaccine to Africa and one million to the UN health workers under the COVAX facility. India has also removed the IPR of Covaxin that would help platforms like C-TAP once WHO and developed countries’ regulatory bodies approve the vaccine. If agreed, the waiver would benefit India in many ways. First, more vaccines will help the country to control the pandemic and its recurring waves. Second, it will be a boost to India's pharma industry, particularly the generic medicine industry. According to the Biotechnology Innovation Organization, 834 unique active compounds are involved in the current R&D of COVID-19 therapeutics, vaccines, and diagnostics. It means that thousands of new patents are awaited, and that will hinder India's ability to produce COVID-19 related medical products. Only through a waiver, this challenge can be addressed. Similarly, scientists note that mRNA is the future of vaccine technology. However, manufacturing mRNA vaccines involves complex processes and procedures. Only a very few Indian manufacturers have access to this technology; however, that too is limited. Once Indian companies have access to mRNA technology, it will help country’s generic medicine industry and boost India’s economy. Therefore, even if the WTO agrees on a waiver for a period shorter than proposed, India should accept it. In addition, mRNA vaccines can be produced in lesser time compared to the traditional vaccines. While traditional vaccines’ production takes four to five months, mRNA needs only six to eight weeks. Access to this technology will be vital for India in expediting the fight against COVID-19 and future pandemics. Finally, a waiver may strengthen India's diplomatic soft power. At present, what hinders India's Vaccine Maitri initiative is the scarcity of vaccines at home. On the other hand, China is increasing its standing in Africa, South America and the Pacific through vaccine diplomacy. The WHO approval of the Chinese vaccines and lack of access to vaccines by most developing countries, opens up huge space for China to do its vaccine diplomacy. Here, India should convince its Quad partners, particularly Australia and Japan, who oppose the waiver that vaccine production in developing countries through TRIPS waiver will enable the grouping to deliver its pledged billion doses of COVID-19 vaccine in the Indo-Pacific region. In short, the proposed waiver, if agreed, will help India in addressing the public health crisis by producing more vaccines and distributing them at home; economically, by boosting its generic pharmaceutical industry, and diplomatically, providing vaccines to the developing and least-developed countries. Therefore, India should use all available means and methods, from trade-offs to pressurising, to make the waiver happen.

#### Delays alter the trajectory of case numbers – CPs miss the boat because patents were never designed for emergencies.

Kelly 9/23 [Christine; 9/23/21; Infectious diseases doctor, clinical fellow in public health virology and founding member of Doctors for Vaccine Equity; “Government must support waiver of Covid vaccine patents,” The Irish Times, <https://www.irishtimes.com/opinion/government-must-support-waiver-of-covid-vaccine-patents-1.4682160>] Justin

The World Health Organisation (WHO) has set a global vaccination targets, starting with 10 per cent coverage by the end of September 2021. This is the level required to protect the most vulnerable people in populations – these groups that we worried about in Ireland at the start of the pandemic such as the elderly. In low-income countries alone, achieving even this first critical target requires the administration of about 52 million vaccine courses. In Ireland we have learned that delays can markedly alter the trajectory of virus case numbers and deaths. Those of us working in infection specialities have seen this before. Hesitancy in the rollout of HIV treatment to Africa in the early 2000s led to millions of extra infections and associated deaths, the legacy of which we are still dealing with today. History is repeating itself with Covid-19, where we now have an intervention that is extremely effective at preventing death but is not accessible in low-income countries. Healthcare workers – already a scarce resource in the Global South – are risking their own health going to work each day, in the knowledge that their colleagues in richer countries have long been afforded the protection of a vaccine. Leaving a large proportion of the world’s population unvaccinated, with ensuing viral replication and transmission, creates ideal circumstances for the generation of viral mutations. In a world which is increasingly interconnected economically, politically and socially, allowing transmissions and deaths to continue exacerbates the impact of the global pandemic for everyone. The opportunity to access vaccines has been unequal for countries in the Global South from the outset. Those wanting to buy vaccines were outcompeted by large Global North powers. Covax was set up with the aim of supporting equitable vaccine distribution, but donations from participating nations (who may have received vaccines from Covax themselves) have fallen markedly short of their pledges. Vaccine hoarding by wealthy nations is part of the problem; the British Medical Journal reported in August that just 10 countries could have an accumulated surplus of 3.8 billion doses of Covid-19 vaccines by the end of the year. Many countries have already begun to roll out booster doses to the general population, often with a perspective that neglects international priorities. Medical practitioners know that choosing not to act is a conscious decision. We call upon the Government to choose to act in this global health crisis. Current levels of donations will not provide the number of vaccines needed and will serve only to deepen a power imbalance between rich and poor countries built on paternalism and dependence; the foundations of colonialism. It is essential that booster programmes take into consideration the risk of diverting vaccines from global populations who have not already been vaccinated Strict international intellectual property rules are currently blocking vaccine production. The Trips waiver (trade-related aspects of intellectual property rights) is a temporary suspension of intellectual property designed for use in situations such as this, where global security is threatened and is already being backed by many countries including the United States. As highlighted in Nature in March: “Arguably the strongest argument for a temporary waiver is that patents were never designed for use during global emergencies such as wars or pandemics.”

#### Current vaccination rates aren’t enough to meet targets – expansion of vaccine nationalism and imperialist exploitation.

Jimenez 9/22 [Darcy; 9/22/21; Healthcare Reporter; “Big pharma fuelling human rights crisis over Covid-19 vaccine inequity, says Amnesty,” Pharmaceutical Technology, <https://www.pharmaceutical-technology.com/features/big-pharma-human-rights-crisis-vaccine-covid-19-inequity-amnesty/>] Justin

Major Western Covid-19 vaccine manufacturers are “causing human rights harms” by prioritising wealthy countries and refusing to share intellectual property (IP) and technology, Amnesty International have said in a report published today. The human rights group has accused six companies – Pfizer, BioNTech, Moderna, AstraZeneca, Johnson & Johnson and Novavax – of neglecting their responsibility to respect human rights by failing to fairly allocate vaccine doses across the globe. In the 64-page report, the organisation also cites unfair prices and a lack of transparency regarding contracts, pricing and technology as contributing factors to the desperate vaccine inequity seen in poorer countries. “Despite receiving billions of dollars in government funding and advance orders which effectively removed risks normally associated with the development of medicines, vaccine developers have monopolised intellectual property, blocked technology transfers, and lobbied aggressively against measures that would expand the global manufacturing of these vaccines,” it said. “Some companies – Pfizer, BioNTech and Moderna – have so far delivered almost exclusively to rich countries, putting profit before access to health for all.” According to the report, 98% of all Pfizer-BioNTech vaccine deliveries had been allocated to high- and upper-middle-income countries at the beginning of September. Amnesty said this is also the case for 88% of jabs from Moderna, which is yet to deliver a single dose to a low-income country. Vaccine hoarding and inequality While almost six billion Covid-19 vaccine doses have been administered worldwide so far – and wealthier countries have begun vaccinating children and offering additional booster jabs – a measly 0.3% of shots have been distributed to the world’s poorest nations. Around 55% of people in rich countries are fully vaccinated against coronavirus, compared to fewer than 1% in lower-income nations, Amnesty highlighted. The report acknowledged that rich states have hoarded supplies of Covid-19 vaccines, but said that vaccine makers have “played a decisive role in limiting global vaccine production and obstructing fair access to a life-saving health product” by refusing to take measures that would boost global vaccine supply. Since the start of the pandemic, several initiatives have been launched to tackle vaccine scarcity by sharing knowledge and technology. To date, the companies mentioned in Amnesty’s report have refused to take part in these schemes and remain opposed to the temporary waiver of vaccine IP proposed at the World Trade Organization (WTO) by India and South Africa last year. Biopharma trade associations have argued that waiving vaccine IP would undermine innovation in drug development. In April, Biotechnology Innovation Organization president and CEO Michelle McMurry-Heath argued in a guest editorial for The Economist that the WTO proposal “destroys the incentive for companies to take risks to find solutions for the next health emergency”. 100 days to act Alongside the publication of its report, Amnesty has launched a global campaign giving countries and pharmaceutical companies 100 days – until the end of the year – to meet the World Health Organization’s target of vaccinating 40% of the population of low and lower-middle income countries. The group is urging countries to “redistribute hundreds of millions of excess vaccine doses currently sitting idle”, and wants vaccine makers to ensure that at least 50% of doses produced are delivered to low and lower-middle income countries. Amnesty International’s secretary general Agnès Callamard said: “Vaccinating the world is our only pathway out of this crisis. Now should be time to hail these companies – who created vaccines so quickly – as heroes. “But instead – and to their shame – big pharma’s intentional blocking of knowledge transfer and their wheeling and dealing in favour of wealthy states has brewed an utterly devastating vaccine scarcity for so many others. “Their actions are plunging parts of Latin America, Africa and Asia into renewed crises, pushing weakened health systems to the very brink and causing tens of thousands of preventable deaths every week. In many low-income countries not even health workers or at-risk people have received the vaccine. “Against the backdrop of these gross inequalities, BioNTech, Moderna and Pfizer are set to make $130bn combined by the end of 2022. “Profits should never come before lives.”

#### Yes scale-up for COVID.

---AT: IP already waived

Erfani et al. 8/3 [Parsa Erfani, Agnes Binagwaho, Mohamed Juldeh Jalloh, Muhammad Yunus, Paul Farmer, Vanessa Kerry; 8/3/21; Harvard Medical School, Boston, USA 2 University of Global Health Equity, Rwanda 3 Sierra Leone 4 Yunus Centre, Bangladesh 5 Global Health and Social Medicine, Harvard Medical School, Boston, USA 6 Division of Global Health Equity, Brigham and Women’s Hospital, USA 7 Partners In Health, USA 8 Seed Global Health, USA 9 Program in Global Public Policy and Social Change, Harvard Medical School, Boston, USA 10 Division of Pulmonary and Critical Care Medicine, Massachusetts General Hospital, USA; “*Intellectual property waiver for covid-19 vaccines will advance global health equity*,” BMJ, <https://www.bmj.com/content/bmj/374/bmj.n1837.full.pdf>] Justin

What effect would a waiver have? Contrary to detractors’ concerns about the possible effect of a temporary TRIPS waiver, global health analyses suggest that it will be vital to equitable and effective action against covid-19. LMIC’s manufacturing capabilities have been underestimated, even though several LMICs have the scientific and manufacturing capacity to produce complex covid-19 vaccines. India, Egypt, and Thailand are already manufacturing viral vector or mRNA-based covid-19 vaccines,8 -10 and vaccine production lines could be established within months in some other LMICs,11 offering substantial benefit in a pandemic that will last years.11 Companies in India and China have already developed complex pneumococcal and hepatitis B recombinant vaccines, challenging existing vaccine monopolies.12 The World Health Organization launched an mRNA technology transfer hub in April 2021 to provide the logistical, training, and know-how support needed for manufacturers in LMICs to repurpose or expand existing manufacturing capacity to produce covid-19 vaccines and to help navigate accessing IP rights for the technology.13 Twenty five respondents from LMICs expressed interest, and South Africa was selected as the first hub, with plans to start producing the vaccine through the Biovac Institute in the coming months.14 Removing IP barriers through the waiver will facilitate these efforts, more rapidly enable future hubs, engage a greater number of manufacturers, and ultimately yield more doses faster. Moreover, as the waiver facilitates vaccine production, demand for raw materials and active ingredients will increase. Coupled with pre-emptive planning to anticipate and expand raw material production, the waiver—which encompasses the IP of all covid-19 vaccine-related technology— can offer a path to overcome bottlenecks and expand production of necessary vaccine materials. Current licensing mechanisms inadequate Voluntary licences have not and will not keep pace with public health demand. Since companies determine the terms of voluntary licences, they are often granted to LMICs that can afford them, leaving out poorer regions.10 For example, in South Asia, AstraZeneca has voluntarily licensed its vaccine to the Serum Institute of India, even though the region has multiple capable vaccine manufacturers.9 Many covid-19 vaccine developers have not taken steps towards licensing their technologies, simply because there is limited financial incentive to do so.11 To date, none have shared IP protected vaccine information with the WHO Covid-19 Technology Access Pool (C-TAP) established last year.15 Relying on the moral compass of companies that answer to shareholders to voluntarily license their technologies will have limited effect on vaccine equity. Their market is driven by profit margins, not public health. Compulsory licensing by LMICs will also be insufficient in rapidly expanding vaccine production, as each patent licence must be negotiated separately by each country and for each product based on its own merit. From 1995 to 2016, 108 compulsory licences were attempted and only 53 were approved.6 The case-by-case approach is slow and not suitable for a global crisis that requires swift action. In addition, TRIPS requires compulsory licences to be used predominantly for domestic supply, limiting exports of the licensed goods to nearby low income countries without production capacity.5 Although a “special” compulsory licence system was agreed in the Doha declaration to allow for expeditious exportation and importation (formalised as the article 31bis amendment to TRIPS in 2017), the provision is limited by cumbersome logistical procedures and has been rarely used.16 Governments may also be hesitant to pursue compulsory licences as high income countries have previously bullied them for doing so. Since India first used compulsory licensing for sorafenib tosylate in 2012 (reducing the cancer drug’s price by 97%), the US has consistently pressured the country not to use further compulsory licences.17 During this pandemic, Gilead sued the Russian government for issuing a compulsory licence for remdesivir.18 Furthermore, while compulsory licences are primarily for patents, covid-19 vaccines often have other types of IP, including trade secrets, that are integral for production.19 The emergency TRIPS waiver removes all IP as a barrier to starting production (not just patents) and negates the prolonged time, inconsistency, frequent failure, and political pressure that accompany voluntary licensing and compulsory licensing efforts. It also provides an expeditious path for new suppliers to import and export vaccines to countries in need without bureaucratic limitations. Finally, there is no compelling evidence that the proposed TRIPS waiver would dismantle the IP system and its innovation incentives. The waiver is restricted to covid-19 related goods and is time limited, helping to protect future innovation. It would, however, reduce profit margins on current covid-19 vaccines. With substantial earnings in the first quarter of 2021, many drug companies have already recouped their research and development costs for covid-19 vaccines.20 However, they have not been the sole investors in vaccine development, and they should not be the only ones to profit. Most vaccines received a substantial portion of their direct funding from governments and not-for-profit organisations—and for some, such as Moderna and Novavax, nearly all.21 Decades of publicly funded research have laid the groundwork for current innovations in the background technologies used for vaccines.22 Given that companies were granted upfront risk protection for covid-19 vaccine research and development, a waiver that advances global public health but reduces vaccine profits in a global crisis is reasonable. Knowledge transfer An IP waiver for covid-19 vaccines is integral to boosting vaccine supply, breaking vaccine monopolies, and making vaccines more affordable in LMICs. It is, however, only a first, but necessary, step. Originator companies must transfer vaccine technology and share know-how with C-TAP, transfer hubs, or individual manufacturers to help suppliers begin production.23 In addition, governments must leverage domestic law, private sector incentives, and contract terms with pharmaceutical companies to compel companies to cooperate with such transfers.24 If necessary, governments can require technology transfers in exchange for continuing enterprise in a country or avoiding penalties. Politicians and leaders are at a critical juncture: they will either take the necessary steps to make vaccine technology available to scale production, stimulate global collaboration, and create a path to equity or they will protect a hierarchical system based on an economic bottom line. The former will not only build a vaccination trajectory that puts equal value on the lives of the rich and the poor, but will also help stem the pandemic’s relentless momentum and quell the emergence of variants. We are in the middle of one of the largest vaccination efforts in human history. We cannot rely on companies to thread the needle of corporate social and moral responsibility with shareholder and stock value returns nor expect impacted governments to endure lengthy bureaucratic licensing processes in this time of crisis. It will be a legacy of apathy and unnecessary death. As the human impact of the proposed IP waiver becomes clear, consensus behind it is growing. Countries that previously opposed the waiver—such as the US and Brazil—now support written text based negotiations.7 Opposing countries must stop blocking the waiver, engage in transparent text negotiations, and commit to reaching consensus swiftly. The longer states stall, the more people die needlessly. Covid-19 has repeatedly shown that people without access to resources such as strong health systems, health workers, medicines, and vaccines will preferentially fall ill and die. For too long, this cycle has been “other people’s” problem. It is not. It is our problem.

#### Independently strategic patenting harms innovation incentives during pandemics – encourages reproduction of generics and decrease breakthroughs.

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As the COVID-19 pandemic is sweeping through the world, thousands of people urgently need access to affordable medicines. Based on past experience of treatments for other life-threatening diseases, there is a fear that access to any vaccines and treatment that may be developed in the future will be affected by patents, leading to unaffordably high prices. However, the problem of high drug prices is not new. It had been inflating healthcare budgets and posing a serious risk to the affordability and accessibility of medicines for society well before the pandemic.Footnote3 This problem is further exacerbated by the fact that, despite the alleged surge in investments into pharmaceutical R&D, current statistics indicate that the number of new breakthrough medicines is decreasing.Footnote4 On the other hand, the number of drugs that contain modifications of existing medicines is growing, demonstrating that pharmaceutical companies have been increasingly focusing their research on incremental drug development, rather than on breakthrough innovation.Footnote5 Various reasons for high drug prices and the growing focus on incremental innovation are put forward by pharmaceutical companies, including the complexity of drug discovery and development, as well as the expensive and lengthy regulatory procedures involved.Footnote6 While these reasons play an important role in this regard, some practices by pharmaceutical companies substantially contribute to this problem.Footnote7 In particular, pharmaceutical companies have been increasingly engaging in strategic patenting to delay or even block generic competition.Footnote8 These practices attracted the attention of the European Commission, which discussed them more than a decade ago in its 2009 Pharmaceutical Sector Inquiry Report.Footnote9 The Commission identified a series of patent strategies which it described as aiming “to extend the breadth and duration of [originators’] patent protection”Footnote10 and “to delay or block the market entry of generic medicine”.Footnote11 Such findings have fuelled debates as to whether these strategies may be deemed unlawful and violate EU competition rules, while also being justifiable business practices under patent law. Until today, no agreement has been reached either on the legality of these practices, or on an efficient legal tool to assess them. As a result, despite there being solid evidence that such strategies may block generic competition, allowing originators to maintain artificially high drug prices and preventing patients from accessing cheaper generics, they remain outside the ambit of the Commission’s activities. Instead, the Commission has been focusing on more straightforward patent-related practices, such as reverse payment agreements. This article argues that strategic patenting by pharmaceutical companies requires a long-overdue intervention by competition authorities. It aims to attract their attention to the harmful effects of strategic patenting. Specifically, it will contest the argument traditionally put forward by originator pharmaceutical companies that the intervention of competition law into patenting practices will reduce their incentives to innovate. The paper will argue to the contrary that, along with a more immediate negative effect in the form of high drug prices that is widely explored in the literature,Footnote12 strategic patenting also affects dynamic competition by stifling innovation. Importantly, it will be explained that the assessment of the effect of this practice should focus not only on innovation by originators, but should also take a wider market perspective by assessing its effect on follow-on innovation by generic companies. The latter argument is often overlooked. The paper will outline the current approach to strategic patenting that considers this practice lawful, and will provide arguments for the intervention of competition law. This, in turn, will open the possibility for competition authorities to investigate this practice in order to prevent its harmful effect on innovation and consumer welfare. Moreover, while patent law may provide certain mechanisms to deal with strategic patenting, such as raising the bar for patentability of pharmaceutical follow-on inventions,Footnote13 these tools may not be effective in all cases. Therefore, as will be explained further, competition law may be a more suitable tool to address the negative effects of strategic patenting.Footnote14 The article will be organised as follows. It will first discuss the complex structure of the pharmaceutical industry, focusing on its key players for the purpose of this article: originators and generic companies. It will further explore patenting practices employed by pharmaceutical companies and will define the notion of strategic patenting. The article will then argue that the latter strategy is against the rationale of patent and competition laws, as it stifles competition by impairing incentives to innovate of both originators and generic companies. Finally, it will discuss the current approach to strategic patenting that considers this practice lawful, and will argue that it should be subject to scrutiny under the rules of competition law, to address its negative effects. Pharmaceutical Innovation and Generic Competition in the Pharmaceutical Industry The pharmaceutical industry is unique in its complexity. It is characterised by heavy state regulation and, sometimes, by the competing interests of the pharmaceutical business and society. It also involves multiple actors, including originators,Footnote15 marketing authorisation bodies, generic companies,Footnote16 doctors, pharmacies and patients. Each of them plays their part in the lengthy and complicated process of transforming a chemical compound into an effective and affordable medicine, which is then prescribed, dispensed and consumed. In these complex relationships, the two key players have crucial roles. On the one hand, originators play an important role in developing new and improved medicines for the benefit of society. On the other hand, generic companies benefit society by supplying cheaper equivalents of the originators’ medicines, which leads to the reduction of drug prices and facilitates access to affordable medicines. When the interests of these two players are kept in balance, benefits are maximised for society, which receives innovative and improved medicines, as well as timely access to generic drugs. However, if the balance swings towards one of the players, then society loses out, as there will be insufficient access to either innovative or affordable medicines. Therefore, both pharmaceutical innovation and generic competition must be duly incentivised and protected. Moreover, these two elements of the pharmaceutical industry are constantly interacting and have a profound impact on each other. In particular, pharmaceutical innovation is the backbone of the pharmaceutical industry, in which originators play an important role. The process of drug development is long and complicated, requires significant investments, and bears considerable commercial risks.Footnote17 It is also highly regulated, including, among other things, the requirement for originators to obtain a special authorisation from a designated state authority to market a drug. Such marketing authorisations are granted to the originators only if they can prove that the drug is safe and effective, which typically requires lengthy and expensive clinical trials.Footnote18 In order to protect these significant efforts and investments, pharmaceutical companies rely heavily on the exclusivity granted by intellectual property rights, and in particular, patents.Footnote19 Patents provide a 20-year monopoly right, during which a pharmaceutical company enjoys market exclusivity and can charge a monopoly price for its products. Originators argue that strong patent protection is essential in order to recoup investments, as well as to incentivise them to engage in further innovation.Footnote20 Once such patent protection expires, however, other companies may develop generics of a branded drug, and start competing with the originator for the market. This is called generic competition. Generic drugs are bioequivalent versions of a branded drug that has lost its patent protection.Footnote21 It is estimated that the generic entry typically leads to, on average, an 80 per cent market share loss and a 20–30 per cent reduction of a drug price, with further price decreases with each additional generic entrant, leading, in some instances, to a fall in price of up to 90 per cent.Footnote22 A representative example of the effect of generic competition on the originators’ drug prices is the significant decrease in price and dramatic loss of profits by Eli Lilly. The expiration of a patent protecting its blockbusterFootnote23 antidepressant Prozac in 2001 resulted in a loss of almost 70 per cent of its market and $2.4 billion in annual U.S. sales.Footnote24 This effect of generic competition is beneficial for society, as it reduces the financial pressure on healthcare budgets and increases the accessibility of drugs. Patenting Practices by Pharmaceutical Companies As was mentioned above, generic competition is prevented during the life of a patent protecting an active compound of a drug (a so-called “basic” or “primary” patent).Footnote25 Such a basic patent covers an active ingredient itself and, therefore, provides the strongest protection for the product. Therefore, generic competition normally starts only after the basic patent expires, or if a generic company succeeds in invalidating it. While in the past pharmaceutical companies mainly protected their products with a single patent covering an active compound,Footnote26 they now increasingly seek additional patent protection on various aspects of a drugFootnote27 in order to protect their market position.Footnote28 Such additional patents are often called secondary patents.Footnote29 A pharmaceutical company may want to obtain secondary patents, which protect such aspects of a drug as, for example, its process of manufacture, formulation and/or specific form, etc. Therefore, even after the basic patent protecting an active compound expires, a drug may still be protected by other secondary patents. This may result in the extension of the scope and length of the protection of a product, especially if secondary patents have a later expiration date than a basic patent.Footnote30 This, in particular, may occur if, for example, the process of producing an active compound disclosed in the basic patent is sufficient only for reproducing this compound in a laboratory, but it is unsuitable for producing it on a large commercial scale.Footnote31 If the originator was able to secure a secondary patent that protects such a large scale manufacturing process, it would prevent generics from using this process for producing their generic versions of a drug; otherwise they would risk infringing this secondary patent.Footnote32 However, a unique feature of pharmaceuticals is that an active ingredient can be manufactured using different methods and processes, can exist in different forms or can be used in different formulations. Therefore, when a basic patent on an active ingredient expires, other companies can develop alternative methods of production, forms or formulations of this active compound and start competing with the originator company.Footnote33 While such patenting strategies by originators are lawful in principle, some of them may be problematic. In particular, in anticipation of the loss of patent protection, originators may engage in strategic patenting which artificially prevents generic competition and results in an extension of their market monopoly.Footnote34 Defining Strategic Patenting In its Sector Inquiry Report, the European Commission explained that the drug development process consists of three main stages: (i) the R&D stage, which ends with the launch of a drug on the market; (ii) the period between the launch and the patent expiry; and (iii) the period after the patent expiration, when generics can enter the market.Footnote35 During the second stage, i.e. after the launch of a drug, originators seek to maximise their income from the product in order to recoup their R&D investments and earn profits before the commencement of generic competition.Footnote36 It is also during this stage that pharmaceutical companies seek to prolong their market exclusivity. In recent years, pharmaceutical companies have been increasingly relying on the strategic use of the patent system to combat the pressure of generic competition. Such practices are often called “life cycle management” by originators and proponents of the practice. For example, as Burdon and Sloper explained, “[a] key element of any life cycle management strategy … is to extend patent protection beyond the basic patent term for as long as possible, by filing secondary patents which are effective to keep generics off the market”.Footnote37 However, critics have characterised the practice as “evergreening”,Footnote38 as it essentially evergreens the patent protection and the exclusivity of a product.Footnote39 For instance, Bansal et al. explain that evergreening “refers to different ways wherein patent owners take undue advantage of the law and associated regulatory processes to extend their IP monopoly, particularly over highly lucrative ‘blockbuster’ drugs, by filing disguised/artful patents on an already patent-protected invention shortly before expiry of the ‘parent’ patent”.Footnote40 During its investigation into the pharmaceutical industry, the European Commission found that the number of patents granted and pending applications significantly increases with the value of a drug, i.e. “blockbuster medicines can even be protected by up to nearly 100 INNFootnote41-specific EPO patented bundles and applications …, which in one particular case led to 1,300 patents and applications across all the EU Member States”.Footnote42 The Commission also found that the ratio of primary to secondary patents is 1:7, where the latter “mostly concern formulations, processes and non-formulation products…, such as salts, polymorphic forms, particles, solvates and hydrates”.Footnote43 As a result, the Commission concluded that the practice of “maximising patent coverage in such a way is the creation of a web of patents”, which affects the generics’ ability to “develop a generic version of the medicine in form of a salt, crystalline or amorphous form”, because it “would inevitably infringe a patent (for example, a patent for the relevant salt, crystalline or amorphous form of the medicine)”.Footnote44 Each of such patents would typically have a later expiration date, which effectively extends a period of market exclusivity beyond the expiration of a basic patent.Footnote45 In addition, most of these patents that protect such follow-on modifications are so-called “sleeping” patents, i.e. patents which a company has no intention of commercialising.Footnote46 Moreover, such modifications may provide little or no therapeutic benefits to the patient compared to the original drug.Footnote47 Nevertheless, such patents allow originators to secure the most efficient, broadest and longest possible protection for their successful products.Footnote48 The denser the web of secondary patents, the more difficult it is for generics to develop their generic equivalents, even if they know that only a few patents of a large portfolio would, in fact, be valid and infringed by their products.Footnote49 Despite such knowledge, it is impossible to be certain before introducing a generic whether this will be the case and, thus, whether the generic company will be subject to injunctions preventing the sale of their generic products.Footnote50 Such practice, therefore, provides an appreciable competitive advantage for originators by creating a significant legal and commercial uncertainty for generics in relation to the possibility of their market entry.Footnote51 This paper argues that such a strategic use of the patent system by pharmaceutical companies is against the shared goal of patent and competition laws of facilitating innovation for the benefit of society. As will be explained further, in addition to a more immediate negative effect in the form of high drug prices, strategic patenting may also impair innovation by reducing originators’ incentives to innovate, and affecting generics’ ability to develop alternative generic products. Strategic patenting, therefore, may enable originators to avoid competitive pressures by preventing generic competition without a need to engage in genuine innovation. Strategic Patenting Contradicts the Rationale of the Patent System and Competition Law In the competitive markets, the success of a company is based on its business performance.Footnote52 In order to compete on performance by “offering better quality and a wider choice of new and improved goods and services”Footnote53 firms must innovate. Realising the importance of protecting innovation, which is considered to be the main driver of economic growth,Footnote54 states have put in place various mechanisms to ensure a suitable environment for its advancement. These include granting the property rights to the results of innovation in the form of patents, as well as implementing competition law rules to stimulate dynamic competition.Footnote55 Specifically, one of the main justifications for the patent system is the encouragement of innovationFootnote56 that serves as an engine for economic growth and development.Footnote57 The patent system pursues this aim by offering the patent owners a period of exclusive rights as a reward for their innovative efforts and an incentive to engage in further innovation.Footnote58 Therefore, intellectual property rules, and patents in particular, are seen as an essential element of undistorted competition on the internal market.Footnote59 These exclusive rights are considered to be a necessary incentive to invest in R&D and innovation, particularly in such sectors as pharmaceuticals, where the R&D costs are high, but the costs of copying the R&D results are marginal.Footnote60 At the same time, the “innovation theory”, embodied in the EU competition law rules and policy, is designed to stimulate innovation by fostering competition on the markets.Footnote61 The competition law rules keep markets innovative by maintaining effective competition through preventing the foreclosure of markets and maintaining access to them.Footnote62 The rationale is that firms react to pressures of competition by continuously seeking to innovate.Footnote63 Therefore, patent and competition laws complement each other, as on the one hand, existing competition creates pressures on firms, forcing them to innovate, the so-called “stick”, while on the other hand, patent law provides a “carrot” in the form of the exclusive right, thus inducing innovators to innovate.Footnote64 These two bodies of laws are seen as “complementary efforts to promote an efficient marketplace and long-run, dynamic competition through innovation”.Footnote65 As the European Commission noted “both intellectual property rights and competition are necessary to promote innovation and ensure a competitive exploitation thereof”.Footnote66 These two bodies of laws, therefore, have the same fundamental goal of enhancing innovation for the benefit of consumer welfare. Importantly, patent and competition laws are designed to stimulate not only innovation of “pioneer” innovators, but they are also aimed at facilitating follow-on innovation.Footnote67 Patent law contains provisions that require inventors to disclose information about their inventions, as well as providing exceptions such as experimental use and compulsory licensing, which allow third parties to access the inventions still under patent protection.Footnote68 Therefore, along with pioneer innovators, the rationale of incentives to innovate in patent law also applies to follow-on innovators, balancing the interests of these two types of inventors.Footnote69 Similarly, competition law aims at stimulating all types of innovation, including follow-on innovation. On the other hand, EU competition law proscribes practices that reduce incentives to innovate both for “pioneer” and follow-on innovators. This is enshrined in Art. 102(b) TFEU, which prohibits abuses that consist of, inter alia, limiting technological development. For example, in AstraZeneca the General Court considered that the company’s practice of misusing the patent system had the potential of reducing its incentives to innovate and was anticompetitive.Footnote70 In MagillFootnote71 and Microsoft,Footnote72 the courts found that the IP rights owners abused their dominant positions by blocking innovation of their potential competitors. More recently, several decisions by the European Commission also emphasised the importance of protecting innovation. In January 2018, the Commission fined QualcommFootnote73 €997 million for abusing its market dominance in LTEFootnote74 baseband chipsets.Footnote75 The Commission considered that the exclusivity payments that Qualcomm paid to Apple denied rivals the possibility to compete on the merits, and deprived European consumers of genuine choice and innovation.Footnote76 Furthermore, in July 2018, the Commission found in Google Android that Google abused its dominant position, and fined the company €4.34 billion for anticompetitive restrictions it had imposed on mobile device manufacturers and network operators to strengthen its dominant position in general internet search.Footnote77 The Commission considered that Google’s restrictive practices denied other companies the chance to compete on the merits and innovate.Footnote78 Finally, in 2017 the Commission issued its decision, in which it took the view that Amazon abused its dominant positions on the markets for the retail distribution of e-books by inserting the so-called “parity clauses” in the agreements with its e-book suppliers.Footnote79 It concluded that these clauses had the potential of reducing the incentives to innovate both by e-book suppliers and retailers.Footnote80 These decisions demonstrate that the European Commission recognises the fundamental importance of protecting innovation. They confirm that strategies that are capable of stifling innovation and reducing the incentives to innovate may constitute an abuse of dominance under Art. 102 TFEU. It is argued in this article that, along with the practices condemned by the Commission in the decisions discussed above, strategic patenting can also harm innovation by impairing incentives to innovate of both originators and generic companies, and therefore should raise competition law concerns. Strategic Patenting Impairs Originators’ Incentives to Innovate While originator companies typically argue that the competition law intervention into their patenting practices will reduce their incentives to innovate,Footnote81 this article asserts that strategic patenting itself reduces originators’ incentives. Thus, in a properly functioning system, when a patent protecting a product is close to expiration the originator would be encouraged to innovate further in order to introduce a new product on the market and maintain its competitive position. However, by engaging in strategic patenting, the originator’s incentive to innovate diminishes as it enjoys its monopoly position by merely procuring numerous secondary patents that shield its current product from generic competition. Therefore, when companies engage in such strategic patenting, they are merely protecting themselves from the competitive pressures that competition law aims to establish. Maintaining that this practice is lawful, originators argue that strong patent protection is essential for recouping their investments, as well as for incentivising them to engage in further innovation.Footnote82 Such a position may find some support in the arguments put forward by Joseph Schumpeter and his followers, who claimed that since monopoly increases the reward of the innovator, monopolists are more prone to innovation.Footnote83 However, as Lowe noted:Footnote84 the empirical evidence of the past few decades has worked against Schumpeter and in favor of Kenneth Arrow, who contends that in favoring monopolies Schumpeter underestimated the incentives for innovation that competition can offer. Monopolists tend to want to keep their monopolies by resorting to any measures that can keep new entrants out. Firms under competitive pressure from actual or potential competition, on the other hand, are less complacent and know that inventing a new product is their best strategy for maintaining and increasing their market share. In the same vein, the Commission emphasises the importance of competition for the incentives to innovate, stating that: “[r]ivalry between undertakings is an essential driver of economic efficiency, including dynamic efficiencies in the form of innovation. In its absence the dominant undertaking will lack adequate incentives to continue to create and pass on efficiency gains.”Footnote85 Evidence from the pharmaceutical industry confirms that strategic patenting reduces incentives to engage in genuine and meritorious innovation. In many cases, strategically accumulated secondary patents are of marginal quality and are typically the result of routine research activities.Footnote86 For example, in Perindopril the European Commission revealed that most of the secondary patents, procured as part of the originator company’s anti-generic strategy, were seen by the company as “blocking” or “paper”, some of which it considered involved “zero inventive step”Footnote87 and a purely editorial task.Footnote88 Moreover, these follow-on pharmaceutical inventions are specifically timed around the expiration of the basic patent and can be developed on demand.Footnote89 In AstraZeneca the Commission noted that the company designed to “[f]ile a patent-cloud of mixtures, uses, formulations, new indications, and chemistry” in relation to its blockbuster product omeprazole to slow down generic entry at a specifically defined time, close to the expiration of the basic patent.Footnote90 The main aim of these patents is to increase uncertainty for generic companies as to the possibility of their market entry.Footnote91 Therefore, while many of these secondary patents may be trivial and potentially invalid, the originator pursues them to protect its current successful product from generic competition.Footnote92 Even if a company continues to engage in innovation in parallel to pursuing strategic patenting, it still protects itself from the pressures of competition, which would have forced the company to innovate faster and would thus provide consumers with better products and/or access to cheaper generic versions earlier. As Ullrich argues:Footnote93 A slowdown in the transition of the new medicines from the protected status of a proprietary medicine to the status of generic products manufactured and distributed in open competition does not simply mean a loss of static efficiency, namely a loss of consumer well-being due to a slowdown in the reduction of process. Rather, such a slowdown also involves the risk of a loss of dynamic efficiency in that it extends the duration of a monopoly rent situation, thus reducing the pressure to innovate more quickly. Following the rationale of the General Court’s statement in AstraZeneca, the practice of the originator that extends its market monopoly by relying on the patent system “potentially reduces the incentive to engage in innovation, since it enables the company in a dominant position to maintain its exclusivity beyond the period envisaged by the legislator”.Footnote94 Such practices, according to the Court, act “contrary to the public interest”.Footnote95 Therefore, the practice of strategic patenting that protects originators’ monopolies from competitive pressures and significantly reduces their incentives to engage in genuine innovation is contrary to the rationale of the patent system, has a significant negative effect on competition and should raise competition law concerns. Strategic Patenting Impairs Follow-on Innovation of Generic Companies Strategic patenting also has a chilling effect on follow-on innovation by generic competitors in the form of developing alternative versions of an off-patent compound. As was discussed earlier, the expiry of a basic patent that protects an active compound facilitates generic competition. This is because even if the product is still protected by process, specific form or formulation patents, generic companies may develop alternative ways of producing or formulating the product and start competing with the originator. In the absence of strategically accumulated patents by the originator, generic companies are typically open to innovating to launch alternative generic products as soon as the basic patent expires. However, by pursuing strategic patenting, originators may discourage generics from engaging in follow-on innovation because of the uncertainty about the patent protection and a fear of infringing on one of the numerous patents.Footnote96 In its Sector Inquiry Report, the Commission cited the following quote from one of the originators: The entire point of the patenting strategy adopted by many originators is to remove legal certainty. The strategy is to file as many patents as possible on all areas of the drug and create a “minefield” for the generics to navigate. All generics know that very few patents in that larger group will be valid and infringed by the product they propose to make, but it is impossible to be certain prior to launch that your product will not infringe and you will not be the subject of an interim injunction.Footnote97 Therefore, as a result of creating an impenetrable ring of patent protection by the originator,Footnote98 generic competitors may be prevented from developing alternative generic versions of an off-patent compound. One of the examples revealed by the Commission during its Pharmaceutical Sector Inquiry was the filing by an originator company of “more than 30 patent families translating into several hundreds of patents in the Member States in relation to one product”, many of which were filed after the introduction of the product.Footnote99 This affected the intentions of several generic companies that planned to develop and bring their generic versions of the original product to the market.Footnote100 As a result, in addition to the already high barriers to entry into the pharmaceutical market due to patents that protect an existing product and the need to obtain a marketing authorisation, strategic patenting raises these entry barriers further, making it very difficult for generic companies to overcome them. This strategy, therefore, “may without further enforcement action by originator companies, … delay generic entry until the patent situation is clearer or even discourage more risk-sensitive generic companies from entering altogether”.Footnote101 Consequently, the fact that actual or potential competitors of originators would not be able to develop alternative generic products means that no one could enter the market and challenge originators’ monopoly positions. This results in a weakening of competition in the relevant market and a strengthening of the originator’s already dominant position. As Maggiolino put it, “patent accumulation … may work as a pre-emptive entry-deterrence strategy to protect monopoly power and … lower consumer welfare by allowing dominant firms to keep on charging over-competitive prices”.Footnote102 Therefore, when an array of accumulated secondary patents “blocks monopolists’ rivals from producing follow-on innovations, this strategy prevents the whole society from enjoying … these further innovations”.Footnote103 While practices that facilitate innovation are encouraged by competition law, practices that are aimed at blocking follow-on innovation by competitors should raise competition law concerns.

#### That escalates security threats – extinction.

---AT: Cooperation Thesis

RECNA et al. 21 [Research Center for Nuclear Weapon Abolition; Nagasaki, Japan; “Pandemic Futures and Nuclear Weapon Risks: The Nagasaki 75th Anniversary pandemic-nuclear nexus scenarios final report,” Journal for Peace and Nuclear Disarmament; 5/28/21; <https://www.tandfonline.com/doi/full/10.1080/25751654.2021.1890867>] Justin

The Challenge: Multiple Existential Threats The relationship between pandemics and war is as long as human history. Past pandemics have set the scene for wars by weakening societies, undermining resilience, and exacerbating civil and inter-state conflict. Other disease outbreaks have erupted during wars, in part due to the appalling public health and battlefield conditions resulting from war, in turn sowing the seeds for new conflicts. In the post-Cold War era, pandemics have spread with unprecedented speed due to increased mobility created by globalization, especially between urbanized areas. Although there are positive signs that scientific advances and rapid innovation can help us manage pandemics, it is likely that deadly infectious viruses will be a challenge for years to come. The COVID-19 is the most demonic pandemic threat in modern history. It has erupted at a juncture of other existential global threats, most importantly, accelerating climate change and resurgent nuclear threat-making. The most important issue, therefore, is how the coronavirus (and future pandemics) will increase or decrease the risks associated with these twin threats, climate change effects, and the next use of nuclear weapons in war.5 Today, the nine nuclear weapons arsenals not only can annihilate hundreds of cities, but also cause nuclear winter and mass starvation of a billion or more people, if not the entire human species. Concurrently, climate change is enveloping the planet with more frequent and intense storms, accelerating sea level rise, and advancing rapid ecological change, expressed in unprecedented forest fires across the world. Already stretched to a breaking point in many countries, the current pandemic may overcome resilience to the point of near or actual collapse of social, economic, and political order. In this extraordinary moment, it is timely to reflect on the existence and possible uses of weapons of mass destruction under pandemic conditions – most importantly, nuclear weapons, but also chemical and biological weapons. Moments of extreme crisis and vulnerability can prompt aggressive and counterintuitive actions that in turn may destabilize already precariously balanced threat systems, underpinned by conventional and nuclear weapons, as well as the threat of weaponized chemical and biological technologies. Consequently, the risk of the use of weapons of mass destruction (WMD), especially nuclear weapons, increases at such times, possibly sharply. The COVID-19 pandemic is clearly driving massive, rapid, and unpredictable changes that will redefine every aspect of the human condition, including WMD – just as the world wars of the first half of the 20th century led to a revolution in international affairs and entirely new ways of organizing societies, economies, and international relations, in part based on nuclear weapons and their threatened use. In a world reshaped by pandemics, nuclear weapons – as well as correlated non-nuclear WMD, nuclear alliances, “deterrence” doctrines, operational and declaratory policies, nuclear extended deterrence, organizational practices, and the **existential risks** posed by retaining these capabilities – are all up for redefinition. A pandemic has potential to destabilize a nuclear-prone conflict by incapacitating the supreme nuclear commander or commanders who have to issue nuclear strike orders, creating uncertainty as to who is in charge, how to handle nuclear mistakes (such as errors, accidents, technological failures, and entanglement with conventional operations gone awry), and opening a brief opportunity for a first strike at a time when the COVID-infected state may not be able to retaliate efficiently – or at all – due to leadership confusion. In some nuclear-laden conflicts, a state might use a pandemic as a cover for political or military provocations in the belief that the adversary is distracted and partly disabled by the pandemic, increasing the risk of war in a nuclear-prone conflict. At the same time, a pandemic may lead nuclear armed states to increase the isolation and sanctions against a nuclear adversary, making it even harder to stop the spread of the disease, in turn creating a pandemic reservoir and transmission risk back to the nuclear armed state or its allies. In principle, the common threat of the pandemic might induce nuclear-armed states to reduce the tension in a nuclear-prone conflict and thereby the risk of nuclear war. It may cause nuclear adversaries or their umbrella states to seek to resolve conflicts in a cooperative and collaborative manner by creating habits of communication, engagement, and mutual learning that come into play in the nuclear-military sphere. For example, militaries may cooperate to control pandemic transmission, including by working together against criminal-terrorist non-state actors that are trafficking people or by joining forces to ensure that a new pathogen is not developed as a bioweapon. To date, however, the COVID-19 pandemic has increased the isolation of some nuclear-armed states and provided a textbook case of the failure of states to cooperate to overcome the pandemic. Borders have slammed shut, trade shut down, and budgets blown out, creating enormous pressure to focus on immediate domestic priorities. Foreign policies have become markedly more nationalistic. Dependence on nuclear weapons may increase as states seek to buttress a global re-spatialization6 of all dimensions of human interaction at all levels to manage pandemics. The effect of nuclear threats on leaders may make it less likely – or even impossible – to achieve the kind of concert at a global level needed to respond to and administer an effective vaccine, making it harder and even impossible to revert to pre-pandemic international relations. The result is that some states may proliferate their own nuclear weapons, further reinforcing the spiral of conflicts contained by nuclear threat, with cascading effects on the risk of nuclear war.

#### American vaccine diplomacy is failing in Latin America – that allows for Chinese influence. Only the plan can return the world back to a US led order.

Carman and Carl 6/15 [Ezequiel and Joseph; Argentine lawyer and global health and trade policy consultant. Previously, he served as a legal advisor to the Ministry of Justice of Buenos Aires, an assistant professor of international public law at the Universidad Católica Argentina, and a research assistant at the O’Neill Institute for National and Global Health Law; Graduate of Liberty University, where he studied international relations and strategic international studies. He has worked for the U.S. Department of State and the Heritage Foundation; “A U.S. vaccine diplomacy strategy for Latin America and the Caribbean,” Global Americans; 6/15/21; <https://theglobalamericans.org/2021/06/a-u-s-vaccine-diplomacy-strategy-for-latin-america-and-the-caribbean/>] Justin

Once again, history seems to be repeating itself. The United States, along with the world’s other rich and mostly Western countries, continue to be accused of hoarding medical supplies, having purchased one billion surplus vaccine doses (more than is required to vaccinate their citizens). In their absence, China—and, to a lesser extent, Russia—have rushed to take advantage of the vaccine gap in the Global South, particularly in Latin America and the Caribbean. A lack of leadership from Washington in sharing vaccines and their intellectual property (IP) earlier in the pandemic has allowed its geopolitical competitors to take advantage of Latin America’s desperate need to acquire scarce vaccines. Although the region represents only eight percent of the global population, it has experienced nearly one-third of all COVID-19 deaths. Historical precedent demonstrates this is not the first time that Washington’s international moral standing has been damaged during a global health crisis, due to the lack of political will to share lifesaving drugs and other vital resources. However, this time around, unlike in such past episodes, there will be concrete geopolitical consequences to Washington’s inaction.

In recent years, the U.S. has lost significant political and economic influence among its southern neighbors; without swift remedial action, its geopolitical rivals may cement such losses through their campaigns of vaccine diplomacy. To rebuild its influence in the region, Washington will need to muster the political will to increase Latin America and the Caribbean’s access to vaccines and develop a sound strategy for its own vaccine diplomacy. Already, some countries in the region have been sufficiently strong-armed by other global powers, the implications of which could be damaging for U.S. interests. As the world transitions into the next stage of the pandemic, those nations that continue to be most ravaged by COVID-19 will likely continue to remember which countries provided them with aid and succor in their time of need.

History repeats itself

In 1981, the first cases of acquired immunodeficiency syndrome (AIDS) were reported; the following decade was defined by a devastating global AIDS epidemic (which would eventually be recognized as a pandemic). Analogous to how Latin America and the Caribbean have borne disproportionately the burden of COVID-19, Africa was hit hardest by the AIDS epidemic. Many parallels can be drawn between the international handlings of both the COVID-19 and AIDS pandemics.

By the late 1980s, once antiretroviral therapies (ARV) were approved by the U.S. Food and Drug Administration (FDA), AIDS deaths in the U.S. began to decline immediately. Nevertheless, high levels of AIDS-related deaths in Africa continued for another decade. Africa’s enduring fight against AIDS was largely due to the cost of ARVs, which, at the time, were priced at USD $10,000 per person annually—completely out of reach for most developing countries.

Pharmaceutical companies argued that the drug’s high selling price was necessary to procure a return on its investment in the research and development (R&D) of the ARV, and that pricing the drugs at a marginal cost would maximize consumer surplus while also halting future development in the industry.

When pricing a drug, a pharmaceutical company needs to factor-in several costs: 1) the cost of R&D for drugs that never enter the market; 2) clinical trials necessary to comply with regulatory requirements; 3) and the marketing cost of promoting the new drug. While the original price of the patented ARV was USD $10,000 per patient per year, the price of the generic version, manufactured by the Indian pharmaceutical company Cipla, was only USD $1.00 per day.

During the AIDS pandemic, since many developing countries were members of the World Trade Organization (WTO), they were forbidden from importing generic pharmaceutical products because in order to maintain compliance with regulations imposed by the Trade Related Aspects of Intellectual Property (TRIPS) agreement. Western pharmaceutical companies—the owners of the IP rights for the medications—blocked access to generic ARV drugs out of fear that the importation of these generic alternatives would ultimately threaten their net profitization. Despite the protests of the pharmaceutical industry, India and South Africa continued to compete with and defy the U.S. and the WTO (a body in which powerful industrialized economies—those of the U.S., Europe, and Japan—wield disproportionate influence).

Drug companies eventually sued to keep lifesaving therapies out of the hands of dying AIDS-sufferers in Africa, a state of affairs that engendered a forceful reaction from international activists. After years of political pressure, Washington was forced to yield, eventually pushing for the relaxation of stringent IP protections for ARVs, making generic versions of the drugs more accessible and affordable. Despite its eventual concession, the perception that the U.S. had fought bitterly to prioritize pharmaceutical company profits over human lives in the Global South only helped bolster negative narratives surrounding the Western superpower.

However, unlike the unipolarity that characterized the 1990s and early 2000s, the U.S. is no longer the only global superpower, and the humanitarian decisions it makes now—during a new global health crisis—have the potential to be hugely consequential for the country’s influence and image. Similar to its trajectory at the height of the AIDS crisis, Washington only recently voiced its desire to back the WTO patent waiver proposal, having come under tremendous international pressure. Granted, the U.S. backed a patent waiver for COVID-19 vaccines much faster than it did for ARVs in the 1980s. However, having been presented with a rare opportunity to make amends for past moral missteps—by eliminating vaccine IP protections to ensure that affordable, generic versions of COVID-19 vaccines could be manufactured en masse around the world—the U.S. once again hesitated, limiting opportunities for developing nations to recover from the pandemic and again amplifying criticisms of the United States.

Backed by over 100 developing countries, India and South Africa are once again leading the current fight to eliminate IP protections. India and South Africa filed a waiver with the WTO requesting a temporary suspension of patent obligations under TRIPS (Sections 1, 4, 5, and 7 of Part II) so that developing countries can access vaccines in a timely manner. The intent of this effort is to boost domestic manufacturing capacity by facilitating the widespread production of generic versions of COVID-19 vaccines, evening the odds with respect to global vaccine procurement and accessibility. The waiver would also allow developing countries to procure vaccines more expeditiously, either by producing them themselves or by streamlining the cumbersome institutional and legal requirements of importing pharmaceutical products from other countries that possess the necessary manufacturing capacity.

After months of pushback from activists and political leaders, the U.S. finally expressed its support for patent waivers, with several key Western powers (notably France and the European Union (EU)) following suit. However, Germany—a major political player in the patent waiver debate due to its powerful pharmaceutical sector—continues to oppose the move. Other European countries remain similarly split on the patent waiver proposal, reflecting the fact that any patent waiver proposal will still requires extensive negotiation (in order for it to be accepted, there must be unanimous consent among WTO members).

Political leaders and activists continue to call on the West to support the waiving of IP protections, noting that current projections anticipate that wealthy countries will be able to immunize their entire populations by the end of 2021, while developing countries will only see the same results in the next three to four years. Unlike the AIDS pandemic, COVID-19 has generated not only massive medical concerns, but also a global economic crisis: vaccination campaigns in richer countries have already allowed them to begin to rebuild their economies, while mass unemployment and lockdowns continue to strangle the economies of many developing nations. Increasing the supply and accessibility of vaccines in the developing world will undoubtedly facilitate a faster, and more equal, economic recovery. Continuing to allow the virus to spread unencumbered throughout the Global South, however, will only increase the likelihood of further viral mutations, possibly jeopardizing the efficacy of existing vaccines and further perpetuating already grave economic and medical concerns.

Washington’s initial unwillingness to cross the pharmaceutical industry has undeniably damaged the moral standing of the United States. Moreover, this decision also created a humanitarian void eagerly filled by Beijing and Moscow, as they actively seek to position themselves as the benefactors of the most COVID-19-stricken region of the world: Latin America and the Caribbean. To date, Russian and Chinese vaccine diplomacy have already led to economic, diplomatic, and political losses being felt by Washington; this trend, if allowed to continue, will only further limit U.S. regional influence with its neighbors to the south.

A lack of strategy and political will

In the absence of an effective vaccine diplomacy strategy from Washington, and with the perpetuation of its current nationalistic vaccine policy, some of the pharmaceutical companies that the U.S. so readily protects have pushed countries throughout Latin America and the Caribbean into the waiting arms of Beijing and Moscow. While some Latin American countries have received a few vaccines from Western companies, most nations in the region continue to struggle to obtain doses. Pfizer, a U.S. pharmaceutical company, was accused of bullying Latin American countries during vaccine procurement negotiations, using its own leverage to attempt to force desperate nations to offer sovereign assets—such as their embassies—as collateral. Pfizer’s efforts resulted in a lost deal with Argentina, which has continued to grow increasingly closer to China.

While the U.S. possesses a surplus of COVID-19 vaccines, it has failed to develop an effective, far-reaching donation strategy. Only recently did the Biden administration announce its plans to ship 80 million vaccines—a small portion of its surplus supply—abroad. Of the initial 25 million doses destined to be distributed internationally, 19 million will be donated to the largely mismanaged UN-backed COVAX program, with only six million of these COVAX doses designated for Latin America and the Caribbean. In comparison, China alone has donated or sold over 165 million vaccines to Latin America, with countries like Chile and Uruguay having vaccinated 80 and 63 percent of their populations, respectively, with Chinese vaccines.

The administration of U.S. President Joe Biden previously donated a total of 4.2 million AstraZeneca vaccines to Canada and Mexico, the first vaccines that the U.S. had sent abroad. Still, this relatively modest donation was preceded by repeated calls from prominent Latin American leaders for President Biden to donate vaccines to U.S. allies in Latin America. Mexican President Andrés Manuel López Obrador (AMLO) was notably rebuffed in his request for shipments of U.S. vaccines, being told by the Biden administration that it was prioritizing the vaccination of the American public (despite the fact that Washington had already bought enough vaccines to inoculate the entire U.S. population several times over). Colombia President Iván Duque of Colombia, a country that is a key regional ally, has also called for the Biden administration to aid countries in the Western Hemisphere that are struggling to procure vaccines.

By contrast, some Latin American officials have described easier negotiations, cheaper prices, and overall better terms in their successful agreements with Russia and China. Last year, for example, Beijing offered a USD $1 billion loan to Latin American nations to help finance their purchasing of Chinese-made vaccines—an offer that was well-received by recipient countries. Due to a lack of vaccine support and assurance from Washington, countries are growing closer to Beijing and Moscow, succumbing to rival geopolitical powers that do not align with the diplomatic and economic interests of the United States.

Brazil remains one of the countries hardest hit by the COVID-19 pandemic. Despite President Jair Bolsanaro’s anti-science tendencies and hawkish stance towards Beijing, however, his government has still proven susceptible to the influence of China. Earlier this year, a New York Times report brought attention to the Bolsonaro government’s arrangement to allow Huawei, the Chinese telecommunications giant, to participate in upcoming biddings for contracts to construct Brazil’s 5G network. (Under the Trump Administration, Brazil had been one of the 50 countries to agree to the Clean Network Initiative—an agreement that committed signatories to forbidding Huawei from being involved in their 5G networks, due to national security concerns.) The announcement came after Brazil’s telecommunications minister, Fábio Faria, traveled to Beijing to meet with Huawei executives. Recounting his trip, Faria was quoted as saying that he had taken “advantage of the trip to ask for vaccines.” This development aligns with recent warnings from the U.S. Southern Command Chief Admiral Craig Faller, who claimed, during a U.S. Senate Armed Services Committee hearing, that China was using its vaccine leverage to push for Huawei’s integration into Latin America’s 5G networks.

In the absence of Washington, several countries have increased their engagement with China and Russia (or have at least been pressured to). Paraguay and Guyana, for instance, have been pushed by China to switch their official diplomatic recognition from Taiwan (Republic of China, or ROC) to China (People’s Republic of China, or PRC) and to increase bilateral trade relations. Colombia, historically one of Washington’s closest allies in Latin America, uncharacteristically applauded Beijing’s efforts to promote human rights at the United Nations Human Rights Council, only one week after it received half a million doses of a Chinese-made vaccine. In Mexico, Beijing and Moscow also scored points; after securing a second shipment of Chinese vaccines, Mexico announced it would expand its “strategic partnership” with China. With respect to Russia, when (AMLO) tested positive for COVID-19 in January, he received a call from Russian President Vladimir Putin, wishing his Mexican counterpart a quick recovery. Shortly thereafter, AMLO announced that Mexico would receive a shipment of 24 million Russian vaccines and that he had invited Putin to visit Mexico, which would mark the Russian leader’s first visit to the country in nearly a decade. These developments are especially relevant when considering the fact that, before President Biden announced the sharing of the U.S. supply of AstraZeneca vaccines with Mexico, he had initially rejected AMLO’s call for assistance.

In Bolivia, Putin has curried favor with President Luis Arce. President Arce’s political leanings are reminiscent of those of his predecessor, Evo Morales, who had an especially close relationship with Moscow; it would be reasonable to expect, therefore, that Arce may be similarly keen to deepen Moscow’s relationship with La Paz. After donating a large supply of vaccines to Bolivia, Putin sought out Arce to discuss the possible revival of several key Russian projects in the country: among them, the reactivation of a suspended nuclear power plant project, Russian development of Bolivia’s natural gas reserves, and investments in the country’s extensive lithium deposits (lithium being a mineral key to the global transition to clean energy, as it is a vital component in the production of high capacity batteries in both civilian and military hardware). In 2019, Russian businesses were beaten by other firms in the rush to invest in Bolivia’s nascent lithium industry; however, Arce has recently announced plans for new lithium projects that have received interest from both Russian and American companies.

Throughout Latin America and the Caribbean, Russia has continued to sign vaccine deals in an effort to increase its influence. Russia’s vaccine diplomacy has primarily been a soft power push, unlike China’s more brazen “wolf warrior” diplomacy. Nevertheless, it represents a re-establishment of a foothold in the region that Russia (and its predecessor, the USSR) has not boasted since the Cold War.

While some countries, like Mexico and Bolivia, appear genuinely interested in deepening their ties with U.S. geopolitical rivals, it is widely recognized that most other nations of Latin America and the Caribbean are being squeezed politically by vaccines. If Latin America is not offered a practical alternative, it will likely continue to conduct business with Moscow and Beijing, thus incurring more debts of gratitude to global powerhouses eager to expand their economic and political influence through vaccine diplomacy.

A forward-thinking strategy

To this point, the U.S. has been significantly outpaced by China and Russia when it comes to building and strengthening relations with its Latin American and Caribbean neighbors. The dynamic surrounding COVID-19 vaccine distribution is evocative of another era of recent history when the U.S. abandoned the suffering of the developing world for the sake of profit-maximizing pharmaceutical companies. With Latin America and the Caribbean being the region hardest hit in the world by the COVID-19 pandemic—much as Africa was at the height of the AIDS pandemic—the U.S. is only undermining its moral standing and regional influence by failing to more readily extend a helping hand.

As the war against COVID-19 reaches a détente in the U.S., the Biden administration should make this issue a top priority. First, the U.S. needs to aggressively push its Western partners to back the IP patent waiver at the WTO in order to push forward a patent proposal that will help increase vaccine production capacity worldwide. Doing so will demonstrate to the world that Washington has the political will to defy the wishes of the powerful pharmaceutical industry and and re-establish its leadership role among the Western powers.

#### Latin America is still skeptical of Chinese aid but lack of US presence means it’s the only choice – recent influence means it’s try or die to capitalize on this weakness.

Raimundo 9/3 [Joshua; 9/3/21; Graduate of the World Journalism Institute; “*China peddles influence with vaccines*,” World Tour, <https://wng.org/roundups/china-peddles-influence-with-vaccines-1630687161>] Justin

This past winter, as COVID-19 vaccines first became widely available, the Dominican Republic agreed to receive 768,000 doses of the Sinovac shot developed in China. The same week, Dominican President Luis Abinader lifted the nation’s longstanding ban on Huawei, a Chinese 5G telecommunications company. The decision disappointed many Dominicans who are suspicious of the Beijing-backed company. Many nations have banned or sanctioned Huawei, which they suspect uses its technology to spy on foreign customers. Sinovac now accounts for 7.9 million of the 9.2 million administered doses in the Dominican Republic, or 86 percent of the tiny island nation’s vaccines. Brazilian telecom regulator Anatel similarly reversed course on Huawei policy in February, lifting a ban three weeks after agreeing to receive 20 million Sinovac doses. The Chinese jab comprises about 80 percent of Brazil’s administered shots. While developing the Sinovac and Sinopharm shots in 2020, Beijing offered a $1 billion loan to Latin American nations to buy its vaccines. For some countries such as Honduras, a billion dollars is larger than the entire government budget. Many nations found the offer irresistible even though Chinese vaccines were more expensive and less effective than American ones and came with diplomatic strings attached. Early this spring, the Paraguayan government said Chinese institutions told them to cut ties with Taiwan as a condition for buying Beijing’s vaccines. Paraguay condemned the action and accused Chinese institutions of using the crisis to “satisfy petty, sectorial, interests” by manipulating smaller governments into doing what is economically and politically advantageous for China. Honduras has a long history of diplomacy with Taiwan, but President Juan Hernandez in May acknowledged he was considering opening a foreign trade office in China for the first time. The move would strain his country’s relations with Taiwan, but it would open the door for Honduras to buy Chinese vaccines. He said his impoverished country was struggling to get vaccines and would do whatever was necessary for the sake of the people. China has a track record of doing favors for Latin American countries to influence their foreign policy. Taiwanese diplomats claim that in 2018, Beijing offered the Dominican government $3.1 billion to cut ties with Taiwan. Jesús Ogando, a delegate in the Dominican Congress, confirmed China offered the Dominican Republic some kind of deal in 2018. “There has been since that occasion a better relationship between the Dominican government and the Chinese government, and a distancing from Taiwan,” he told me. China’s peddling of influence along with COVID-19 vaccines means people in Latin American countries might have missed out on more effective prevention. The World Health Organization has published various studies revealing **Sinovac’s comparative ineffectiveness** at stopping symptomatic infections after two doses. Phase III trials in Indonesia found Sinovac was 84 percent effective against symptomatic infection. Similar studies registered an effectiveness of 67 percent in Chile and 50.4 percent in Brazil. In comparison, the U.S.-made Pfizer and Moderna vaccines were about 95 percent effective against symptomatic coronavirus infections before the appearance of the delta variant. Since delta appeared, studies show varying effectiveness among the United States’ Pfizer and Moderna shots, which use mRNA technology, and vaccines made from inactive viruses such as Sinopharm, Sinovac, and Johnson & Johnson. A recent Mayo Clinic study, which is still awaiting review, suggested the effectiveness of vaccines by Moderna and Pfizer decreased to as low as 76 percent and 42 percent, respectively, among patients in Minnesota last month. Studies in Brazil and Bahrain found Sinopharm and Sinovac less protective against the delta variant than other vaccines. A study conducted in China by Chinese scientists during a delta outbreak found the two Chinese-made shots were 77 percent effective at preventing the coronavirus and 100 percent effective at preventing severe illness and death. “The truth is that everybody here wanted to get either Pfizer or Moderna vaccines,” said Pastor Alex Figueroa of Gracia Soberana Baptist Church in Santiago, Chile. “People got vaccinated with what was available, which was Sinovac.” Officials in Uruguay say Sinovac is helping stop COVID-19 there. While they concluded Sinovac was only 61 percent effective at preventing coronavirus cases, they found the Chinese vaccine helped reduce death and ICU admissions by 95 percent and 92 percent, respectively. Since early June, case and death rates in Uruguay have steadily declined.

#### Chinese influence ends the liberal order.

Cossu 7/16 [Elena; Early-stage researcher for the MSCA Innovative Training Network FATIGUE, PhD candidate in economics at Corvinus University of Budapest and recently finished her year as a visiting researcher at University College London and at the European Bank for Reconstruction and Development. Elena comes from a place culturally in between Germany and Italy. She has also had experience working in Greece, France, Latin America, Thailand, and Hungary. Elena is passionate about political and economic inequalities between states, and about understanding what prevents the political and economic convergence of different peripheries of the world; “In Latin America, Chinese vaccine diplomacy is directly challenging US’s declining authority,” Scroll.in; 7/16/21; <https://scroll.in/article/1000114/in-latin-america-chinese-vaccine-diplomacy-is-directly-challenging-uss-declining-authority>] Justin

It is impossible to enter a room these days without talking about Covid-19 vaccines. If, however, you happened to be talking to Latin Americans, you would notice an unusual pattern: considerable gratitude towards China for its vaccine rollout.

It is gratitude, moreover, that is very hard to find in Europe or the United States. The reason is simple: the number of vaccines provided by China to countries in need is truly impressive.

During a global vaccine shortage, China has been able to provide 252 million doses to the world. This includes the majority of total doses made available to Latin American countries.

Six national or regional entities can produce and distribute a consistent number of vaccines: Europe, the United States, China, South Korea and India. China has distributed the highest number, and almost half (42%) of these have gone outside its own country.

As of May, no other country can match this figure. Most countries are focused primarily on achieving their own herd immunity first.

Even more striking is the fact that the United States is exporting a mere 1% of its vaccines, almost solely to Canada and Mexico. In May, the US pledged to increase its exported doses by 100 million by the end of the year. Yet even if it had achieved this goal, it would not be even half of the Chinese figure. Chinese vaccine diplomacy in Latin America is challenging US authority in the region, at a time when US influence is in visible decline.

Declining ‘Washington Consensus’

The rationale behind American policy towards Latin America has long been that unstable neighbours (especially Communist ones) destabilise the region. In extreme cases, this has resulted in US involvement in various regime changes in Latin America. But the more frequently used mechanism of influence, especially since the end of the Cold War, has been economic diplomacy.

The main tool for this has been the infamous Washington Consensus. The logic of this was very simple: a state-led economic model is a bad thing. An “economist approved” liberal model should therefore solve all Latin America’s problems. It did not work out like that.

Despite good intentions, the International Monetary Fund and World Bank programmes did not alleviate Latin America’s problems. On the contrary, the Washington Consensus is often cited as having fuelled a resurgence of populism in Latin America. It is also held responsible for the succession of left-wing governments in the 1990s known as the Pink Tide.

Five of the nations subject to the Washington Consensus (Argentina, Brazil, Chile, Mexico and Venezuela) even displayed authoritarian tendencies. In the mid-2010s the region experienced a so-called Blue Tide: the rise of liberal governments to counterbalance the previous left-wing ones. This phenomenon was also considered a long-term consequence of the chronic failure of US economic diplomacy on the continent.

Today, Latin America still struggles with political instability and high levels of inequality. The United States’ top-down approach has failed. What is more, cooperation has dramatically declined because of the Trump administration’s approach and the US’s own internal problems.

Rising Chinese power

In this context, China has seen the Covid crisis as an opportunity to reinforce its ambitions as a rising power trying to exert more influence in the international order.

A scheduled $8 trillion for project infrastructure in sixty-eight countries through the New Silk Road programme vividly captures its approach. Brazil, Venezuela, Ecuador and Bolivia already have partnership projects with China and Mexico is considering joining one.

The US and Chinese tools for economic diplomacy are very similar in practice, yet fundamentally different in philosophy.

The US strategy is based on individualism: We as a nation will be the most economically successful by working hard to realise our individuality... We will export the idea that this is the best possible system through soft power and economic cooperation.

In contrast, Chinese economic diplomacy is an extension of a collective dream where individuals work hard to realise the success of the collectivity: everybody in their community and the world.

In the context of Latin America, this competition between two philosophical approaches is especially risky for the United States. Too many factors favour the Chinese way of thinking: the inward-looking diplomatic approach of the United States during the Trump administration; the perennial flirtation of some Latin American countries with various forms of socialism; and the failure of the US’s own economic and other (capitalist) strategies there.

Old international order

In this power vacuum, the rise of China during a crisis situation might push the world toward a new international bipolar order. Latin America’s enthusiasm for Chinese vaccines might constitute the first grouping of countries genuinely lost to US influence.

Latin America is not just showing an interest in vaccine rollout. It is also showing how the old dichotomy of capitalism versus socialism is becoming increasingly redundant in some parts of the world.

Analogous to the fading of the US-Russia dichotomy, rising Chinese influence in Latin America shows countries becoming more open-minded towards different economic and social narratives. They are less concerned with “good” and “bad” and more concerned with the concrete opportunities different choices offer.

#### Collapse of the liberal order causes extinction.

Yulis 17 [Max; Major in PoliSci, Penn Political Review; “In Defense of Liberal Internationalism,” Penn Political Review; 4/8/17; <http://pennpoliticalreview.org/2017/04/in-defense-of-liberal-internationalism/>] // Re-Cut Justin

Over the past decade, international headlines have been bombarded with stories about the unraveling of the post-Cold War world order, the creation of revolutionary smart devices and military technologies, the rise of militant jihadist organizations, and nuclear proliferation. Indeed, times are paradoxically promising and alarming. In relation to treating the world’s ills, fortunately, there is a capable hegemon– one that has the ability to revive the world order and traditionally hallmarked human rights, peace, and democracy. The United States, with all of its shortcomings, had crafted an international agenda that significantly impacted the post-WWII landscape. Countries invested their ambitions into security communities, international institutions, and international law in an effort to mitigate the chances of a nuclear catastrophe or another World War. The horrors and atrocities of the two Great Wars had traumatized the global community, which spurred calls for peace and the creation of a universalist agenda. Today, the world’s fickle and declining hegemon still has the ability, but not the will, to uphold the world order that it had so carefully and eagerly helped construct. Now, the stakes are too high, and there must be a mighty and willing global leader to lead the effort of diffusing democratic ideals and reinforcing stability through both military and diplomatic means. To do this, the United States must abandon its insurgent wave of isolationism and protectionism, and come to grips with the newly transnational nature of problems ranging from climate change to international terrorism.

First, the increase in intra-state conflict should warrant concern as many countries, namely in Africa and the Middle East, are seeing the total collapse of civil society and government. These power vacuums are being filled with increasingly ideological and dangerous tribal and non-state actors, such as Boko Haram, ISIS, and Al-Shabaab. Other bloody civil wars in Rwanda, Sudan, and the Congo have contributed to the deaths of millions in the past two decades. As the West has seen, however, military intervention has not been all that successful in building and empowering democratic institutions in the Far East. A civil crusade, along with the strengthening of international institutions, may in fact be the answer to undoing tribal, religious, and sectarian divisions, thereby mitigating the prospects of civil conflict. During the Wilsonian era, missionaries did their part to internationalize the concept of higher education, which has contributed to the growth of universities in formerly underdeveloped countries such as China and South Korea.[1] In addition, the teachings of missionaries emphasized the universality of humanity and the oneness of man, which was antithetical to the justifications for imperialism and the rampant sectarianism that plagued much of the Middle East and Africa.[2] Seeing that an increase in the magnitude of human casualty is becoming more of a reality due to advancements in military technology and the increasing outbreaks of civil war, international cooperation and the diffusion of norms that highlight the importance of stable governance, democracy, and human rights is the only recourse to address the rise in sectarian divides and civil conflicts. So long as the trend of the West’s desire to look inward continues, it is likely that nation states mired in conflict will devolve into ethnic or tribal enclaves bent on relying on war to maintain their legitimacy and power. Aside from growing sectarianism and the increasing prevalence of failed states, an even more daunting threat come from weapons that transcend the costs of conventional warfare.

The problem of nuclear proliferation has been around for decades, and on the eve of President Trump’s inauguration, it appeared that Obama’s lofty goal of advocating for nonproliferation would no longer be a priority of American foreign policy.[3] In addition, now that the American president is threatening to undo much of the United States’ extensive network of alliances, formerly non-nuclear states may be forced to rearm themselves. Disarmament is central to liberal internationalism, as was apparent by the Washington Naval Treaty advocated by Wilson, and by the modern CTBT treaty. The reverse is, however, being seen in the modern era, with cries coming from Japan and South Korea to remobilize and begin their own nuclear weapon programs.[4] A world with more nuclear actors is a formula for chaos, especially if nuclear weapons become mass-produced. Non-state actors will increasingly eye these nuclear sites as was the case near a Belgian nuclear power plant just over a year ago.[5] If any government commits a serious misstep, access to nuclear weapons on the behalf of terrorist and insurgent groups will become a reality, especially if a civil war occurs. States with nuclear weapons require domestic stability and strong security, which is why states such as Israel, North Korea, and Pakistan could be in serious trouble in the event of a domestic uprising or military coup. The disarmament of all states is essential for human survival, and if it is not achieved, then a world full of nuclear weapons and an international system guided by realpolitik could give rise to nuclear warfare. In today’s world, nuclear weapons leave all states virtually defenseless. But, for nuclear deproliferation to become a cornerstone of the global agenda, a pacifying and democratic power must rise to the limelight to advocate the virtues of peace, stability, and human rights.

#### Yes transition wars---both sides miscalculate.

Min-hyung Kim 20. Department of Political Science and International Relations, Kyung Hee University, Seoul, South Korea. “A real driver of US–China trade conflict: The Sino–US competition for global hegemony and its implications for the future” Emerald Insight. 02-04-2019. <https://www.emerald.com/insight/content/doi/10.1108/ITPD-02-2019-003/full/html> // Re-Cut Justin

Underlying these arguments for an inevitable war between the two superpowers is PTT. PTT originally formulated by Organski (1958) posits that **war is likely** when the power of the dominant state in the international system (i.e. hegemon) is **declining** and that a dissatisfied rising challenger **substantially reduces the power gap between the hegemon and itself**. Unlike balance of power theory, PTT argues that the war is most likely when there is near power parity between a dominant state and a rising and dissatisfied challenger (Organski and Kugler, 1980, pp. 19-20)[5]. A rising power here is generally dissatisfied with the existing international order and **initiates war against a declining hegemon in order to impose orders that are more favorable to itself** (Organski 1958, pp. 364-367). Layne (2018, p. 110) put these power transition dynamics quite succinctly as follows: “Over time, however, the relative power of states changes, and eventually the international order no longer reflects the actual distribution of power between or among the leading Great Powers. When that happens, the legitimacy of the prevailing order is called into question, and it will be challenged by the rising power(s).” And when the balance of power between a dominant state and a rising challenger changes sufficiently, a new order replaces an old one typically **by a hegemonic war** (2018, p. 104). Paying close attention to the **growing Sino–US competition** over hegemony in the twenty-first century, therefore, Shirk (2007, p. 4), China specialist, argues that “History teaches us that rising powers are likely to provoke war.” On the other hand, scholars like Gilpin (1981) contend that the power transition war between great powers is likely to occur when a hegemonic state whose power is declining due to imperial overstretch[6] views “**preventive war as the most attractive means of eliminating the threat** posed by challengers” (Ned Lebow and Valentino, 2009, p. 391), although they do acknowledge that there might be some “ways to prolong the period of its power preponderance vis-à-vis the rising challenger, so that the rapidly rising power will not dare to challenge the hegemonic leadership” (Kim and Gates, 2015, p. 221). In this case, the initiator of war is a declining hegemon, rather than a rising challenger. The declining hegemon who fears a rising challenger’s overtaking its power in the near future **sees war as a better option** than other options of maintaining its hegemony such as reducing its commitments abroad and appeasing a rising challenger.

### 1AC – Plan

#### Plan text: The member nations of the World Trade Organization ought to reduce intellectual property protections for medicines during pandemics

#### Enforcement through limited IP waivers solve – patent term extensions are normal means and solves innovation and scale-up.

Young and Potts-Szeliga 21 [Roberta; Counsel in Seyfarth’s Litigation department and Intellectual Property and Patent Litigation practice groups in Los Angeles; Jamaica Potts-Szeliga; Partner in Seyfarth’s Litigation department and Intellectual Property and Patent Litigation practice groups in Washington, DC. She also provides advice on FDA regulatory issues and is part of the firm’s Health Care, Life Sciences, and Pharmaceuticals team; “A Third Option: Limited IP Waiver Could Solve Our Pandemic Vaccine Problems,” IP Watch Dog; 7/21/21; <https://www.ipwatchdog.com/2021/07/21/third-option-limited-ip-waiver-solve-pandemic-vaccine-problems/id=135732/>] Justin

Limited Waiver Approach This article suggests a third option, between voluntary vaccine donation and the full IP waiver proposal, that may offer a way forward. The third proposed solution is incentivized limited IP waivers that could encourage (or require) private companies to engage in licensing agreements with nations to share some, but not all, of the knowledge and designs covering the COVID-19 vaccines to the developing world. The limited IP waivers could cover the minimum necessary portions of the technology to produce basic COVID-19 vaccines. The waivers could be limited in time to the duration of the pandemic, or another term agreed to by the WTO. The term could also be defined as ending when widespread vaccination and immunity goals are achieved. The incentive for pharmaceutical companies to support such limited IP waivers could be provided in the form of patent term extensions for the technology covered by the limited IP waivers. Extensions of patent term are already known and widely used. In the U.S., patent term adjustments are automatically added on to the patent lifespan to account for any delays by the USPTO in the patent prosecution process. In some cases, these mechanisms may extend the patent term for years. Patent term extensions also are available for regulatory delays (35 U.S.C. § 156). In particular, patents covering, inter alia, drug products approved by the United States Food & Drug Administration may be eligible for up to five years of additional patent term to give back time required to complete the regulatory review process. Both patent term adjustments and patent term extensions arise from activities beyond the control of the pharmaceutical companies. A pandemic patent term extension fashioned after such known extensions could be made used to compensate for the current pressing global health needs. This third proposal may be achievable at the WTO. Hurdles remain and it could be months or years before the WTO reaches an agreement on any waiver of IP protections, and years before countries build factories, gather materials, and gain the expertise to produce the vaccines. A steep hurdle is that mRNA is a new technology, with no machines or experts for hire. Nonetheless, the third solution offers hope to find a middle ground that may begin to be implemented before the end of the current pandemic and be in place for the future. The patent term extension could be provided for countries with patent offices and could be adapted based on laws and conditions in each country. Pandemic-related patent term extensions could be given for a period of time that the compulsory license is in force. With current pandemic projections of six months to two years for sufficient distribution, providing a patent term extension is reasonable and in line with the time period of many patent term extensions. Given that most pharmaceutical patents are prosecuted in multiple countries, this provides an incentive to participate in a limited waiver program. Let’s Not Repeat Past Mistakes It’s been a century since the last pandemic devastated the globe and the only certainty is that this will not be the last pandemic. Solutions created today lay a foundation for mitigation of the next pandemic. It’s been said that those who refuse to learn from history are doomed to repeat it, a thought too painful to contemplate with a pandemic. The industrial nations of the world have technology that others are literally dying to obtain—a high price to pay. Incentivized limited IP waivers may offer a compromise to bridge the gap between maintaining IP rights (and thus relying on charity alone) and arbitrary compulsory licensing that could deter the technological investment to create life-saving solutions in the future.

#### The plan is critical to boosting WTO legitimacy.

Navnit 21 [Brajendra; Ambassador and Permanent Representative of India to WTO; “Science has delivered, will the WTO deliver?” Helsinki Times; 1/18/21; <https://www.helsinkitimes.fi/columns/columns/viewpoint/18561-science-has-delivered-will-the-wto-deliver.html>] Justin

TRIPS waiver proposal from India, South Africa and other members A proposal by India, South Africa and eight other countries calls on the World Trade Organisation (WTO) to exempt member countries from enforcing some patents, and other Intellectual Property (IP) rights under the organization’s Agreement on Trade-Related Aspects of Intellectual Property Rights, known as TRIPS, for a limited period of time. It is to ensure that IPRs do not restrict the rapid scaling- up of manufacturing of COVID-19 vaccines and treatments. While a few members have raised concerns about the proposal, a large proportion of the WTO membership supports the proposal. It has also received the backing of various international organizations, multilateral agencies and global civil society. Unprecedented times call for unorthodox measures. We saw this in the efficacy of strict lockdowns for a limited period, as a policy intervention, in curtailing the spread of the pandemic.International Monetary Fund (IMF) in its October 2020 edition of World Economic Outlook states “…However, the risk of worse growth outcomes than projected remains sizable. If the virus resurges, progress on treatments and vaccines is slower than anticipated, or countries’ access to them remains unequal, economic activity could be lower than expected, with renewed social distancing and tighter lockdowns”. The situation appears to be grimmer than predicted, we have already lost 7% of economic output from the baseline scenario projected in 2019. It translates to a loss of more than USD 6 trillion of global GDP. Even a 1% improvement in global GDP from the baseline scenario will add more than USD 800 billion in global output, offsetting the loss certainly of a much lower order to a sector of economy on account of the Waiver. "While making the vaccines available was a test of science, making them accessible and affordable is going to be a test of humanity" Merely a signal to ensure timely and affordable access to vaccines and treatments will work as a big confidence booster for demand revival in the economy. With the emergence of successful vaccines, there appears to be some hope on the horizon. But how will these be made accessible and affordable to global population? The fundamental question is whether there will be enough of Covid-19 vaccines to go around. As things stand, even the most optimistic scenarios today cannot assure access to Covid-19 vaccines and therapeutics for the majority of the population, in rich as well as poor countries, by the end of 2021. All the members of the WTO have agreed on one account that there is an urgent need to scale-up the manufacturing capacity for vaccines and therapeutics to meet the massive global needs. The TRIPS Waiver Proposal seeks to fulfil this need by ensuring that IP barriers do not come in the way of such scaling up of manufacturing capacity. Why existing flexibilities under the TRIPS Agreement are not enough The existing flexibilities under the TRIPS Agreement are not adequate as these were not designed keeping pandemics in mind. Compulsory licenses are issued on a country by country, case by case and product by product basis, where every jurisdiction with an IP regime would have to issue separate compulsory licenses, practically making collaboration among countries extremely onerous. While we encourage the use of TRIPS flexibilities, the same are time-consuming and cumbersome to implement. Hence, only their use cannot ensure the timely access of affordable vaccines and treatments. Similarly, we have not seen a very encouraging progress on WHO’s Covid19-Technology Access Pool or the C-TAP initiative, which encourages voluntary contribution of IP, technology and data to support the global sharing and scale-up of the manufacturing of COVID- 19 medical products. Voluntary Licenses, even where they exist, are shrouded in secrecy. Their terms and conditions are not transparent. Their scope is limited to specific amounts or for a limited subset of countries, thereby encouraging nationalism rather than true international collaboration. Why is there a need to go beyond existing global cooperation initiatives? Global cooperation initiatives such as the COVAX Mechanism and the ACT-Accelerator are inadequate to meet the massive global needs of 7.8 billion people. The ACT-A initiative aims to procure 2 billion doses of vaccines by the end of next year and distribute them fairly around the world. With a two-dose regime, however, this will only cover 1 billion people. That means that even if ACT-A is fully financed and successful, which is not the case presently, there would not be enough vaccines for the majority of the global population. Past experience During the initial few months of the current pandemic, we have seen that shelves were emptied by those who had access to masks, PPEs, sanitizers, gloves and other essential Covid-19 items even without their immediate need. The same should not happen to vaccines. Eventually, the world was able to ramp up manufacturing of Covid-19 essentials as there were no IP barriers hindering that. At present, we need the same pooling of IP rights and know-how for scaling up the manufacturing of vaccines and treatments, which unfortunately has not been forthcoming, necessitating the need for the Waiver. It is the pandemic – an extraordinary, once in a lifetime event – that has mobilized the collaboration of multiple stakeholders. It is knowledge and skills held by scientists, researchers, public health experts and universities that have enabled the cross-country collaborations and enormous public funding that has facilitated the development of vaccines in record time – and not alone IP! Way forward The TRIPS waiver proposal is a targeted and proportionate response to the exceptional public health emergency that the world faces today. Such a Waiver is well-within the provisions of Article IX of the Marrakesh Agreement which established the WTO. It can help in ensuring that human lives are not lost for want of a timely and affordable access to vaccines. The adoption of the Waiver will also re-establish WTO’s credibility and show that multilateral trading system continues to be relevant and can deliver in times of a crisis. Now is the time for WTO members to act and adopt the Waiver to save lives and help in getting the economy back on the revival path quickly. While making the vaccines available was a test of science, making them accessible and affordable is going to be a test of humanity. History should remember us for the “AAA rating” i.e. for Availability, Accessibility and Affordability of Covid19 vaccines and treatments and not for a single “A rating” for Availability only. Our future generations deserve nothing less.

#### WTO cred solves wars that go nuclear.

Hamann 09 [Georgia; 2009; J.D. Candidate, Vanderbilt University Law School; “Replacing Slingshots with Swords: Implications of the Antigua-Gambling 22.6 Panel Report for Developing Countries and the World Trading System,” VANDERBILT JOURNAL OF TRANSNATIONAL LAW, http://www.jogoremoto.pt/docs/extra/duqJ53.pdf] Justin

Both Antigua and the U.S. claimed the resolution of the arbitration as a victory.99 In reality, the decision reached a midpoint between the respective countries’ positions, establishing a victory for the evolution of the international trading system itself. Voluntary compliance with WTO rules and procedures is of the utmost importance to the international trading system.100 Given the increasingly globalized market, the coming years will see an increase in the importance of the WTO as a cohesive force and arbiter of disputes that likely will become more frequent and injurious.101 The work of the WTO cannot be overstated in a nuclear-armed world, as the body continues to promote respect and even amity among nations with opposing philosophical goals or modes of governance.102 Demagogues in the Unites States may decry the rise of China as a geopolitical threat,103 and extremists in Russia may play dangerous games of brinksmanship with other great powers, but trade keeps politicians’ fingers off “the button.”104 The WTO offers an astounding rate of compliance for an organization with no standing army and no real power to enforce its decisions, suggesting that governments recognize the value of maintaining the international construct of the WTO.105 In order to promote voluntary compliance, the WTO must maintain a high level of credibility.106 Nations must perceive the WTO as the most reasonable option for dispute resolution or fear that the WTO wields enough influence to enforce sanctions.107 The arbitrators charged with performing the substantive work of the WTO by negotiating, compromising, and issuing judgments are keenly aware of the responsibility they have to uphold the organization’s credibility.108

## FW

#### The standard is maximizing expected wellbeing.

#### 1] Actor spec—governments must use util because they don’t have intentions and are constantly dealing with tradeoffs—outweighs since different agents have different obligations—takes out calc indicts since they are empirically denied.

#### 2] Death is bad and outweighs – a] agents can’t act if they fear for their bodily security which constrains every ethical theory, b] it destroys the subject itself – kills any ability to achieve value in ethics since life is a prerequisite which means it’s a side constraint since we can’t reach the end goal of ethics without life

#### Extinction outweighs

MacAskill 14 [William, Oxford Philosopher and youngest tenured philosopher in the world, Normative Uncertainty, 2014]

The human race might go extinct from a number of causes: asteroids, supervolcanoes, runaway climate change, pandemics, nuclear war, and the development and use of dangerous new technologies such as synthetic biology, all pose risks (even if very small) to the continued survival of the human race.184 And different moral views give opposing answers to question of whether this would be a good or a bad thing. It might seem obvious that human extinction would be a very bad thing, both because of the loss of potential future lives, and because of the loss of the scientific and artistic progress that we would make in the future. But the issue is at least unclear. The continuation of the human race would be a mixed bag: inevitably, it would involve both upsides and downsides. And if one regards it as much more important to avoid bad things happening than to promote good things happening then one could plausibly regard human extinction as a good thing.For example, one might regard the prevention of bads as being in general more important that the promotion of goods, as defended historically by G. E. Moore,185 and more recently by Thomas Hurka.186 One could weight the prevention of suffering as being much more important that the promotion of happiness. Or one could weight the prevention of objective bads, such as war and genocide, as being much more important than the promotion of objective goods, such as scientific and artistic progress. If the human race continues its future will inevitably involve suffering as well as happiness, and objective bads as well as objective goods. So, if one weights the bads sufficiently heavily against the goods, or if one is sufficiently pessimistic about humanity’s ability to achieve good outcomes, then one will regard human extinction as a good thing.187 However, even if we believe in a moral view according to which human extinction would be a good thing, we still have strong reason to prevent near-term human extinction. To see this, we must note three points. First, we should note that the extinction of the human race is an extremely high stakes moral issue. Humanity could be around for a very long time: if humans survive as long as the median mammal species, we will last another two million years. On this estimate, the number of humans in existence in the The future, given that we don’t go extinct any time soon, would be 2×10^14. So if it is good to bring new people into existence, then it’s very good to prevent human extinction. Second, human extinction is by its nature an irreversible scenario. If we continue to exist, then we always have the option of letting ourselves go extinct in the future (or, perhaps more realistically, of considerably reducing population size). But if we go extinct, then we can’t magically bring ourselves back into existence at a later date. Third, we should expect ourselves to progress, morally, over the next few centuries, as we have progressed in the past. So we should expect that in a few centuries’ time we will have better evidence about how to evaluate human extinction than we currently have. Given these three factors, it would be better to prevent the near-term extinction of the human race, even if we thought that the extinction of the human race would actually be a very good thing. To make this concrete, I’ll give the following simple but illustrative model. Suppose that we have 0.8 credence that it is a bad thing to produce new people, and 0.2 certain that it’s a good thing to produce new people; and the degree to which it is good to produce new people, if it is good, is the same as the degree to which it is bad to produce new people, if it is bad. That is, I’m supposing, for simplicity, that we know that one new life has one unit of value; we just don’t know whether that unit is positive or negative. And let’s use our estimate of 2×10^14 people who would exist in the future, if we avoid near-term human extinction. Given our stipulated credences, the expected benefit of letting the human race go extinct now would be (.8-.2)×(2×10^14) = 1.2×(10^14). Suppose that, if we let the human race continue and did research for 300 years, we would know for certain whether or not additional people are of positive or negative value. If so, then with the credences above we should think it 80% likely that we will find out that it is a bad thing to produce new people, and 20% likely that we will find out that it’s a good thing to produce new people. So there’s an 80% chance of a loss of 3×(10^10) (because of the delay of letting the human race go extinct), the expected value of which is 2.4×(10^10). But there’s also a 20% chance of a gain of 2×(10^14), the expected value of which is 4×(10^13). That is, in expected value terms, the cost of waiting for a few hundred years is vanishingly small compared with the benefit of keeping one’s options open while one gains new information.

## UV

#### 1] Aff gets 1AR theory since the neg can be infinitely abusive and I can’t check back. It’s drop the debater since the 1ar is too short to win both theory and substance. No RVI or 2NR paradigm issues since they’d dump on it for 6 minutes and my 3-minute 2AR is spread too thin. Competing interps since reasonability is arbitrary and bites judge intervention.

#### The aff is at the heart of the global south’s demands---only governmental pressure creates the momentum necessary to fight profit motives and white nationalism.

Hassan 21 [Fatima; South African social justice activist and human rights lawyer. She worked on HIV/AIDS medicine access advocacy and litigation for many years with the AIDS Law Project and for the Treatment Action Campaign, clerked at the Constitutional Court of South Africa, served as special advisor to South Africa’s former minister of health and public enterprises, and is the founder and current head of the Health Justice Initiative based in Cape Town; “Don’t Let Drug Companies Create a System of Vaccine Apartheid,” FP; 2/23/21; <https://foreignpolicy.com/2021/02/23/dont-let-drug-companies-create-a-system-of-vaccine-apartheid/>] Justin

The gap in equitable global coverage and African nations’ limited access to available supplies is in large part due to the fact that richer nations had placed multiple individual orders with multiple pharmaceutical companies as well as with COVAX, through advanced market commitments before clinical outcomes were available; these companies also agreed to serve some markets and countries before others, with limited timely sublicensing arrangements.

These one-sided and often nontransparent contracts are not rooted in any epidemiological or sound public health approach and are very similar to the disparities in access to antiretroviral drugs to treat HIV in the late 1990s and 2000s.

As with HIV/AIDS, patent monopolies are determining which countries will get access to certain vaccines, which companies will manufacture supplies, which regions will be prioritized, and which populations will benefit first. Governments that were in the driver’s seat negotiating with public institutions, using public funds with companies to accelerate important vaccine research last year, turned a blind eye to the need for equitable access, affordability, and manufacturing scale-up, and focused instead on narrow national supplies.

Despite initial commitments of global solidarity, vaccine nationalism is a key risk to global population immunity—so much so that both WHO Director-General Tedros Adhanom Ghebreyesus and U.S. infectious disease expert Anthony Fauci recently warned about its impact on the current global goal of vaccinating everyone. This nationalism is manifesting in three ways: through single country or regional deals, export bans, and a refusal to compel manufacturing scale-up beyond a handful of companies and for the benefit of only specific countries.

Worse still, the very institutions set up to address global access equity were at the outset undermined by the non-transparent conduct of richer nations and mostly refuse to condemn this behavior publicly.

The South African and Indian governments have pushed since July 2020 to get a Trade-Related Aspects of Intellectual Property Rights (TRIPS) waiver at the World Trade Organization. Despite being backed by 140 nations, the effort continues to be blocked shamelessly by the very nations that have commenced their own selfishly nationalistic vaccination programs.

The TRIPS waiver is at the heart of the vaccine access battle. Implicit in the opposition by richer nations in the European Union—as well as the United States, Canada, Australia, Britain, Japan, and even Brazil—is an existential threat to the continuing practice of treating medicines as a commodity.

The glaring vaccine supply crisis has exposed why that approach is no longer correct or sustainable—medically and economically—during this and future pandemics. These countries’ opposition is rooted in the fear that if the COVID-19 waiver succeeds, it opens the door to a partial relaxation of patents that the industry may not be able to close, which will set a precedent for future pandemics.

That means pharmaceutical giants will not be able to defend monopoly protection and in turn the unfettered power to segment markets; unilaterally decide whether to cooperate or not in technology transfer; carry though exclusivity arrangements; determine sublicenses and the timing of sharing information or know-how; set prices with no reference to true production and research costs (despite often being co-funded by public institutions); demand unconscionable indemnities; and make huge profits now and in the future.

This is an industry that rarely commits to high levels of transparency. Even with HIV/AIDS, lawyers and activists had to challenge the often undisclosed terms and conditions of sublicensing agreements that had a direct impact on people’s health, and the nontransparent pricing practices of companies, to insist on research and development cost disclosure, at times using antitrust routes to challenge monopolies on life-saving medicines. Incidentally, no drug company or vaccine manufacturer has yet voluntarily entered the WHO’s technology access pool.

The White House has now activated the U.S. Defense Production Act albeit in a limited way, in an effort to scale up domestic capacity. While this is country-specific, it suggests a turning of the tide. Recently, after Tedros’s comments and warnings, Fauci also noted that the U.S. government could in fact help strengthen global manufacturing capacity with both policy intervention and the cooperation of pharmaceutical companies in relaxing some patents—following an open letter sent by the People’s Vaccine Campaign for South Africa to Fauci and others, signed by the Anglican archbishop of southern Africa, Thabo Makgoba.

This is a start—but forcing the pharmaceutical industry to put lives ahead of patents and profits will require even greater pressure from governments and civil society globally. As Doctors Without Borders has repeatedly emphasized, “not even a global pandemic can stop pharmaceutical corporations from following their business-as-usual approach, so countries need to use every tool available to make sure that COVID-19 medical products are accessible and affordable for everyone who needs them.”