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COVAX

a global multistakeholder group that poses political and health risks to developing countries and multilateralism

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Summary

COVAX was not created primarily to help fight Covid in the Global South.

It was designed to be more like a merchant bank, using capital provided largely from governments, to shape the global vaccine preparation industry and the Southern vaccine consumer market;

It is also designed like a regular international trade association interested in establishing this vaccine market based on a health care system where one is required to pay for health and one without national medical approval and without manufacturer liability;

It is also designed to be a bit like a NATO to engage China and Russia in the next generation of soft power geopolitical confrontations via the granting or not of vaccine access to specific countries and peoples;

and it is also built as a multistakeholder group operationally run by two other multistakeholder groups to marginalize WHO and avoid public accountability in global governance

COVAX will hopefully fail in all these aspirations.

COVID, Global Governance, and COVAX

The definition of a global problem guides the design of the governance system to solve that problem. For the distribution of the COVID vaccines, there are two distinct problem definitions and two distinct governance approaches.

The global vaccine distribution problem from a human rights perspective can be described as how to get the COVID vaccine to communities and peoples in developing countries quickly, safely, at low or no cost without political-, class- or gender-discrimination.

The global vaccine distribution problem from a World Economic Forum (WEF) or a Gates Foundation perspective might be described as how to get the COVID vaccine to communities and peoples in the developing world without disrupting the global pharmaceutical market, with a mechanism that circumvents long standing multilateral humanitarian relief systems while steering the vaccines to preferred allies in the developing world.

For the WEF and Gates supporters, the scoping of the problem leads to COVAX.

For human rights supporters the scoping of the problem leads more toward a solution that combines a WTO waiver of intellectual property rights for COVID-related products and processes, a General Assembly declaration that health is a global public good, a multilateral global humanitarian relief fund underwritten by developed country governments, and an international distribution system directed by the World Health Assembly.

So what is 'COVAX'?

COVAX was established as a multistakeholder group to be the vaccine distribution arm of another multistakeholder body called the Access to COVID-19 Tools Accelerator (ACT). COVAX's principal function is to handle the financing of the purchase of the COVID-19 vaccine. The other three sub-components of ACT deal with diagnostics, therapeutics, and national health system support.

COVAX has two distinct financial platforms for purchasing COVID vaccines – one for countries which are making large direct purchases of vaccines (or vaccines still under development) from individual manufacturers and one for economically weak countries which are unable to finance vaccines in this highly competitive market. In political terms then, the global market is split between the politics of 'vaccine nationalism' in richer countries and 'vaccine starvation' in other countries.

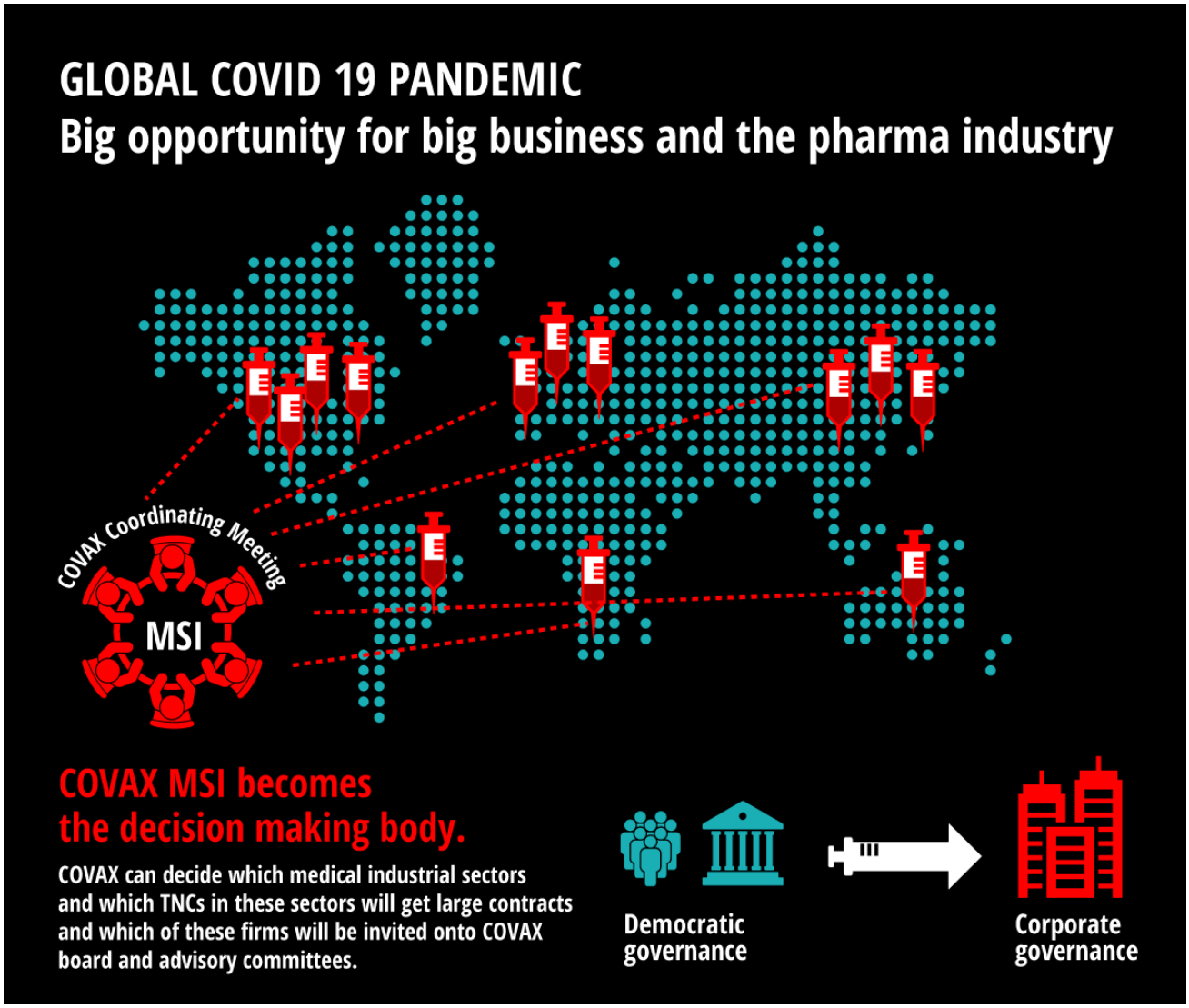
The first track what COVAX politely calls vaccine purchases by 'self-financing countries' has itself two tracks. The first track is for those countries who are able to be 'self-financing countries' but do not feel that they are getting the best price and reasonable delivery terms because of the market power and purchases of other wealthier 'self-financing countries', particularly those countries which have domestic vaccine production and research facilities. Another group of these countries able to be 'self-financing' see themselves facing another market risk. Many of the wealthier 'self-financing' countries have the financial capacity to risk signing purchase agreements with firms whose vaccines are still in the testing phase and might not pass the safety or efficiency tests nor gain regulatory approval. COVAX is offering these countries an additional option. They can pay COVAX for their vaccines and COVAX in term will vet the vaccines coming on to the market for safety and efficiency. COVAX will then use the combined purchasing power of this group of countries to negotiate lower prices from manufacturers for all the participants in the group.

The second track for 'self-purchasing' countries is a back up vaccine insurance plan. If these countries' government-to-manufacturer contracts for the vaccines run short or whose medical authorities decide that they are not satisfied with the safety, effectiveness or delivery terms of the specific vaccine they have purchased, they can draw on this insurance scheme to meet their national needs. These richer countries buy 'rights' to purchase supplies of vaccines in the future via COVAX. This second track is the most complex and risky for the management of COVAX. It allows countries to sign commitments for the right to purchase future supplies and it can allow countries to withdraw from this insurance program if it turns out that they don't need additional vaccines via COVAX. [1] This insurance purchase agreement is highly dependent on price and delivery terms that COVAX expects it can get from each manufacturer and the relative price and delivery terms that individual countries may get at some future date by direct purchase agreements. Both of these tracks involve upfront pre-payments from 'self-financing' countries and serve to be part of the initial capital base for COVAX.

The second platform, called COVAX Advance Market Commitment (COVAX -AMC), is for the 92 World Bank-designated low and middle income economies including 12 economies which are IDA eligible [2]. While the number of countries designated 'self-financing' is not clear, it does appear that there are a significant group of countries that are not included the COVAX program.

While these two tracks are legally independent of each other, COVAX has used the centrality of financing to set up a structure that is designed to influence the global pre-financing process for vaccines and the post-financing flow of vaccine activities.

COVAX anticipates using its projected financing clout to influence pre-financing activities such as the R & D for vaccines, the testing and approval processes for vaccines,



and the construction of manufacturing facilities. Likewise, COVAX is using its hoped for centrality in purchasing to guide the structures for the global distribution system between countries and the process for operating domestic health care distribution practices within developing countries.

COVAX has enhanced its potential role in shaping pre-financing activities and post-financing activities by positioning itself as a global governance body that has incorporated the UN system. It is doing this by asserting that they are the only global body that can be the bridge between the patent-holding manufacturers and developing countries that need the vaccine for their populations. COVAX reports that as of 15 December 2020 they have over 90 countries which have submitted confirmations of intent to participate in one of the 'self-financing' country schemes and 92 other AMC-eligible economies. [3] In effect they have replicated a parallel intergovernmental UN system but now one under multistakeholder management. For COVAX, the 'partnership' with the UN system, is crucial in gaining acceptability but they effectively restrict the role of UN system organizations, including the WHO, in the key decision-making bodies by assigning government representatives to advisory bodies [4].

While COVAX's potential political power is dependent on the financing centrality of both the self-financing track and the track for 92 developing countries, this paper will concentrate on the political and economic aspects of the developing country track and how COVID and the multistakeholder structure of COVAX is driving a transformation of global governance.

Who are the founders and leaders of COVAX ?

COVAX's founders were the Gavi, the Vaccine initiative (more commonly known simply as Gavi); the Coalition for Epidemic Preparedness Innovations (CEPI); and the World Health Organization (WHO). The first two organizations are themselves multistakeholder groups and are each closely affiliated with the World Economic Forum and The Bill and Melinda Gates Foundation. WHO is the UN system's representative in this public-private partnership. The interconnection between these three organizations is strengthened as CEPI, Gavi, and WHO jointly manage the Access to COVID-19 Tools Accelerator (ACT). The structure and history of CEPI and Gavi are relevant to the understanding of COVAX.

The Coalition for Epidemic Preparedness Innovations "was launched at Davos 2017 as the result of a consensus that a coordinated, international, and intergovernmental plan was needed to develop and deploy new vaccines to prevent future epidemics"[5]. Besides the World Economic Forum, CEPI's founding organizations were the governments of Norway and India, The Bill & Melinda Gates Foundation, and the Wellcome Foundation. CEPI describes itself as "an innovative global partnership between public, private, philanthropic, and civil society organisations working to accelerate the development of vaccines against emerging infectious diseases and enable equitable access to these vaccines for affected populations during outbreaks." [6]

Legally CEPI is a Norwegian Association with a governing board containing twelve voting members - four investors and eight independent members representing competencies including industry, global health, science, resource mobilisation, finance) and five observers. [7]

The Gavi The Vaccine Alliance is a Swiss Foundation with international institutional status in Switzerland and public charity status in the United States. [8] The Bill and Melinda Gates Foundation helped create Gavi in 2000. Since then, it has operated large-scale vaccination programs in developing countries.

The Gavi's board reflects a structure typical of major multistakeholder bodies, a wide range of designated categories of members with widely varying capacities to direct their core activities. It includes representatives from The Bill and Melinda Gates Foundation, five developing countries, five donor countries, the UN system (WHO, UNICEF, and the World Bank), a representative from the vaccine industry in developing countries, a representative from the vaccine industry in the industrialized countries, a civil society representative, a representative of research and technical institutes, the chief executive officer of Gavi, and nine independent individuals.

Where is COVAX getting the money for its program?

Capital for COVAX-AMC's purchases for people and communities in the selected economies will come from three directions: donations, bank loan agreements and investment bonds; and cost sharing arrangements with the recipient countries. The donations to COVAX AMC, like those to any humanitarian relief fund, can come from ODA grants from developed country governments, philanthropic contributions from businesses and foundations, and public contributions.

Currently 78.6% of direct donations are from governments; 13.7% are from foundations; 1.2% are from corporations; and 0.3% from non-profit organizations[9]. The top five direct government donors (Canada, European Commission, France, Germany and Saudi Arabia) together provide 63% of the total government donations.

While COVAX-AMC and other financing multistakeholder groups assert that they are more effective in getting corporate and foundation grants, The Bill and Melinda Gates Foundation provides 75.1% of the COVAX-AMC foundation grants and one company, TikTok, alone provides 55% of corporate donations.

COVAX-AMC also is being financed by various loans. It has received a EUR 400 million loan guarantee from the European Investment Bank on behalf of 27 EU member states plus Norway and Iceland and a $842.3 million vaccine bond loan. Vaccine Bond loans are organized for Gavi on behalf of COVAX-AMC by another multistakeholder group, the International Finance Facility for Immunisation (IFFIm).

IFFIm was set up in 2004 with the support of the UK and France to fund Gavi's immunization program via the bond market. IFFIm is incorporated as a private company in England and Wales and is registered with the UK Charity Commission as a charity. The concept is to offer 'a market-based return and an ethical investment opportunity' [10]. IFFIm receives from donor countries long term, legally binding pledges to provide IFFIm additional capital via future ODA grants. With these commitments of future ODA resources and the help of the World Bank, these pledges are the guarantees behind Vaccine Bonds.

As with other bonds and loans, however these monies will need to be paid back with interest to IFFIm investors[11]. IFFIm's six-person board includes senior leaders from Citigroup, European Investment Bank, the Central Bank of West African States, and the World Bank, and former leaders from European Bank for Reconstruction and Development (EBRD) and Barclay.

The third source of capital for COVAX purchasing fund will be 'cost-sharing arrangements' with the 92 recipient countries. " [12] These 'cost-sharing' monies can be from national treasuries, World Bank COVID loans, or credits from in-kind vaccine delivery services.

In this sense, COVAX is more like a merchant bank or an international financing institution than a health care organization.

Like a major transnational bank, COVAX with its expected reach forward and backward in the vaccine system is setting itself up to resolve disputes between different corporate actors and to create business alliances with specific corporate actors. Major transnational banks decide which TNCs and national companies can borrow the banks' capital and what conditions they will require from the different firms. As merchant transnational banks, they will build institutional links between the bank and the client, often by supporting individuals to serve on related boards. In a similar manner COVAX can decide which medical industrial sectors and which firms in these sectors will get large contracts and which of these firms will be invited onto COVAX board and advisory committees.

Like the International Monetary Fund, COVAX-AMC needs to build a capital fund; COVAX seeks to accomplish this by appealing to OECD governments which are providing the bulk of COVAX capital.[13] With this capital, like other international finance institutions, it decides which developing country clients can have access to the vaccines purchased with COVAX-AMC capital and what conditions it attaches to the receiving countries. Developing countries only come to the IMF when they are in sufficient domestic difficulty that they have little room to resist IMF conditionalities. Likewise developing countries with a high rate of COVID exposure would have little capacity to resist health and financing conditionalities from COVAX-AMC.

Were the human rights and civil society framing of the problem to be the operative approach, the OECD countries could have provided the same capital resources to a traditional UN-managed humanitarian fund, the sort that is regularly established to deal with global and regional famines, hurricanes, and similar crises. In addition, as a significant share of the R&D costs related to COVID vaccines came from public treasuries, a very significant amount of global resources to support COVID interventions in designated developing countries could have come from a tax on intellectual property-related transactions in the vaccine manufacturing businesses.

How does COVAX make decisions?

The COVAX Coordinating Meeting, the CCM, is the highest-level body in COVAX. It meets fortnightly to ensure alignment between three partner organizations and its nine COVAX workstreams and taskforces. These work streams include a wide range of pre-financing activities, financing activities, and post-financing actions (see below for details).

The COVAX Coordinating Meeting is co-chaired by the Board Chair of CEPI and the Board Chair of Gavi. While the WHO is a member of the COVAX Coordinating Meeting, the President of the World Health Assembly is not given a chairing role in the COVAX Coordinating Meeting. [14]

As with other multistakeholder bodies, it is crucial to see what organizations are presented as 'real stakeholders' and which potential 'stakeholders' are ignored. The other members of the COVAX Coordinating Meeting are two senior working level members from Gavi; two senior working members from CEPI; a senior staff member from UNICEF, 'industry partner representatives' from the International Federation of Pharmaceutical Manufacturers & Associations and the Developing Countries Vaccine Manufacturers Network; and a civil society representative from the International Rescue Committee. Missing from this governance leadership structure are government representatives, particularly those for potential beneficiary countries, representatives of patient organizations, health care advocates, medical scientists, particularly those from developing countries.

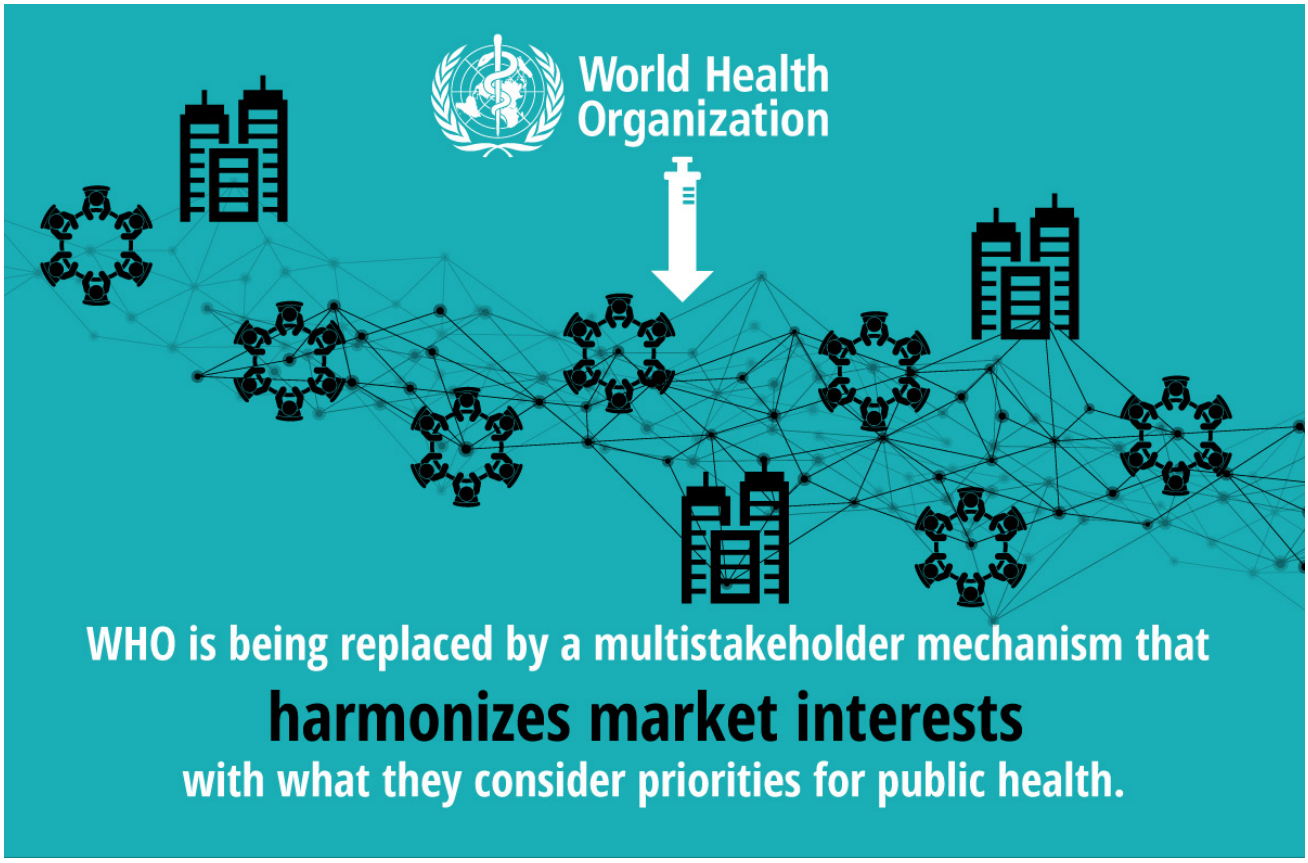
The operational management of both financing platforms of COVAX is the COVAX Facility office located within Gavi. This Facility Office oversees all the advisory groups, the workstreams, and provides the core day to day linkage with the three founding organizations. As the COVAX publication on the structure and principles of the partnership states "The Board of Gavi, the Vaccine Alliance is responsible for overseeing the Facility and will have ultimate responsibility for the decisions and effective implementation of the COVAX Facility" [15]. In addition, two sub-committees of the Gavi Board, the Market-Sensitive Decisions Committee and the Audit and Finance Committee, have oversight responsibilities for these particular aspects of the COVAX Facility.

The composition of the COVAX Coordinating Meeting and the direct connection between the COVAX Facility management team and the Board of Gavi effectively marginalizes the WHO as the lead global health authority in this crucial area.

Efforts at upstream control by COVAX

Upstream pre-financing COVAX influence on the vaccine industry is coordinated by the COVAX "Development and Manufacturing" workstream [16]. This workstream has three distinct workgroups. This role of a global multistakeholder process, like that in ICANN, the internet governance network, functions to coordinate, outside of state regulatory control, the cooperation and conflicts within a global industry sector. Highly technical internet or medical issues, market access matters, and strategic directions for new or expanding sub-sectors can be discussed with minimal public intervention and maximum opportunity to build inter-stakeholder and inter-corporate alliances.

The first workstream, the Research and Development and Manufacturing Investment Committee, is comprised of the Chief Executive Officer of CEPI, the Chief Executive Officer of Gavi, the President of Global Health from The Bill & Melinda Gates Foundation, ex-industry R&D experts, ex- industry manufacturing experts, current active industry (non-vaccine) leaders and senior global public health leaders (including another CEPI Board member). This crucial upstream investment committee has a role in the selection of winners and losers in the global battle for COVID-related markets. In the division of labor between Gavi and CEPI, the Research and Development and Manufacturing Investment Committee reports to the CEPI board of directors.



The Technical Review Group, the second workstream, is a "crosscutting, multidisciplinary advisory group with expertise in all areas of vaccine research and development, including enabling sciences, clinical development, manufacturing, regulatory affairs, public health and industry. The Technical Review Group is responsible for the overall technical review, oversight, support and steering of vaccine development projects under the Development and Manufacturing Workstream... ".[17]

The third work stream has two branches. One branch, the Support Work to Advance Teams (SWAT) are "groups of experts focused on resolving technical issues and challenges common across all COVID-19 vaccine development projects to promote and accelerate vaccine development. SWAT core members represent diverse stakeholders in the vaccine development ecosystem, providing expertise in enabling sciences; clinical development and operations; and manufacturing to scale. "[18]

The second branch of the third workstream, the Regulatory Advisory Group, is a prime example of multistakeholder pre-emption of intergovernmental functions. The WHO for decades has provided inter-governmental space for national pharmaceutical regulatory bodies to meet, coordinate methodologies and exchange views on their government's regulatory health and safety evaluation processes. COVAX's Regulatory Advisory Group seeks to move these professional and governmental exchanges to a non-state platform. As COVAX's Structure and Principles states Regulatory Advisory Group provides "guidance for regulatory science challenges and interdependencies escalated by all . . . SWAT disciplines. It is composed of regulators representing all global regions, works to resolve and provide guidance for harmonised pathways to regulatory science challenges, in order to accelerate vaccine development."[19]

Efforts at downstream control by COVAX

Similar to the role of CGIAR in agricultural research funding, the COVAX Facility seeks to exert significant downstream impacts from its financial decisions.

After COVAX AMC makes its purchases with its capital, other institutions take over the actual distribution. For the international side of the distribution (that is from the manufacturers to countries), COVAX AMC selects the key organizations. Currently they have put in place arrangements with WHO and its Pan-American regional office, PAHO to move the vaccine to the recipient countries.

Within countries, another group of organizations, designated by COVAX-AMC and its international distributors, handle the cold storage, internal country distribution, and the actual vaccination process itself. The decision to select a national distribution system, be it a national ministry of health, commercial enterprises within the country, national medical associations, or large local hospitals can influence the structure of the national medical care system. In the planning documents, there is no requirement to invite government, CSO or public input into the selection of the national distribution process.

The downstream work is managed by the Procurement and Delivery at Scale workstream. The leadership of this workstream includes the Gavi COVAX Facility administration, four stakeholder advisory groups (as of Nov 2020, three of which are still under development), a Country Readiness and Delivery group, the WHO Strategic Advisory Group of Experts (SAGE) on Immunization and its subgroup on Covid-19 vaccines, the Joint Allocation Taskforce and the Independent Validation Group (see below for additional information on the last two operational units).

The SAGE and its sub-group on COVID-19 vaccines are pre-existing WHO advisory groups[20], supported by WHO regular budget. COVAX is effectively co-opting UN system bodies into their multistakeholder group. In the latest form of UN engagement with multistakeholderism, UN system organizations are also providing free staff to a non-UN system body which is now asserting a role that previously belonged to an international body. In a similar manner the Country Readiness and Delivery group also incorporates a large number of seconded international staff to the multistakeholder COVID group. Between these two bodies, there are 51 WHO staff, 50 UNICEF staff, 5 PAHO staff, and 2 World Bank staff.

Under a human rights perspective, the structure for coordinating the distribution of a global good would involve governments from the recipient countries, representatives of professional organizations from those countries and representatives of social movements and peoples who are the intended beneficiaries. It would strengthen the international autonomy and financing of the lead intergovernmental body, the WHO, and engage constructively with all the other relevant intergovernmental bodies (e.g. UNCTAD, UNDP, UNIDO to name a few) while keeping the commercial interest of the vaccine industry at a healthy distance from global decision-making.

Marginalization of health care multilateralism and the SDGs

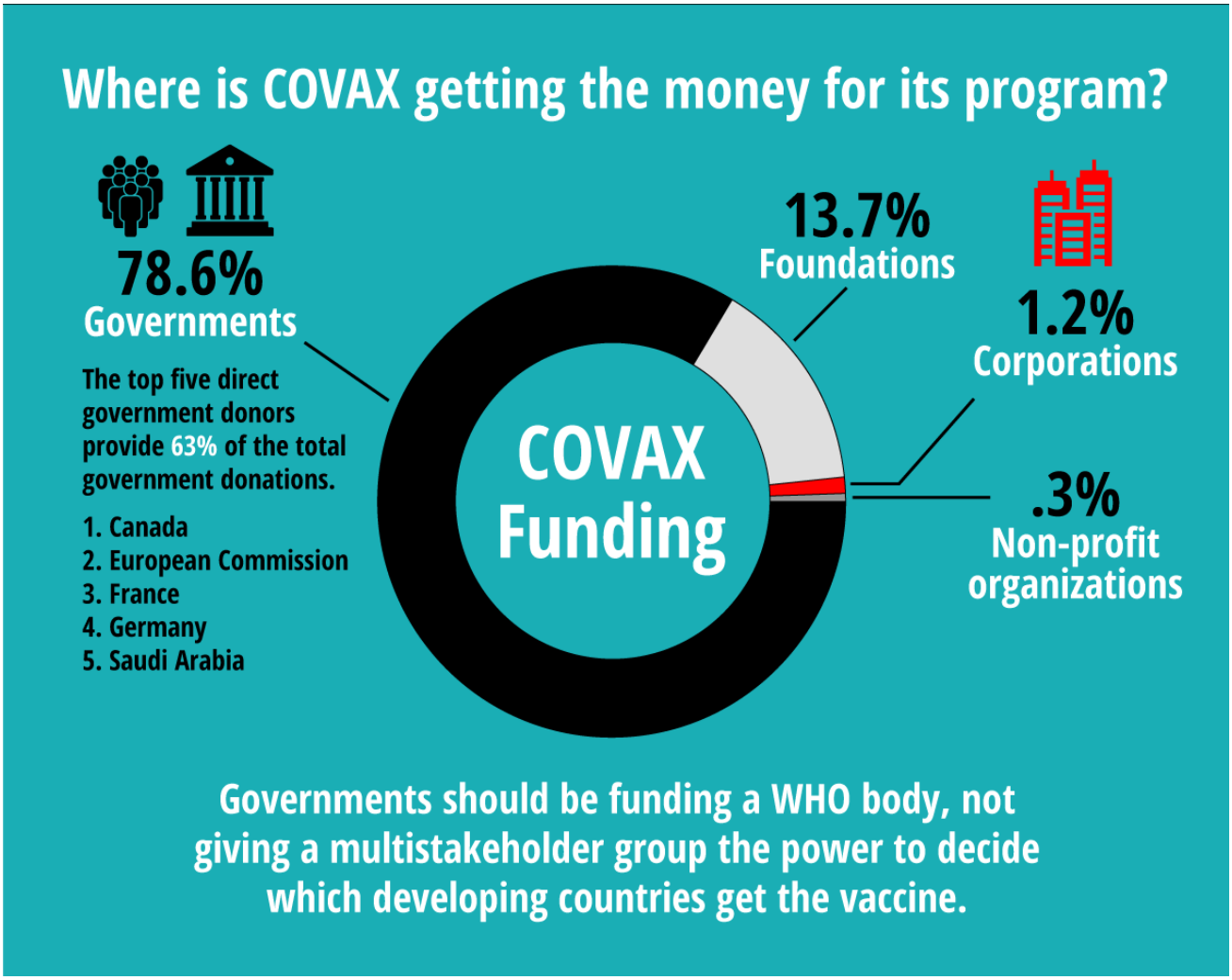
COVAX-AMC recognizes that COVID is a global problem and all of COVAX founders and participants are prepared to respond to this global crisis. This makes COVAX-AMC different from organizations and institutions that are denying the extent of the COVID problem or failing to recognize that an effective COVID domestic health policy requires a coordinated international response.

However a key element in COVAX strategy is that this international response should be coordinated outside the multilateral system. As noted earlier, COVAX has created a mini-intergovernmental assembly within COVAX as an advisory body and has incorporated selected WHO programs and personnel under the COVAX umbrella.

The UN system is in a bind. It is weakened by decades of underfunding, public attacks and political marginalization, particularly by major OECD countries, media, and their leading policy institutions. UN Secretariats are also constrained by non-actions of their supervisory intergovernmental bodies. Unfortunately then the choice of the UN system has made is to admit defeat and align itself with multistakeholderism.

For example, the Office of the Secretary-General of the UN has signed a strategic partnership agreement with the World Economic Forum, one of the central bodies initiating global COVID vaccine responses outside the UN system. The Secretary-General also welcomed the June founding meeting of COVAX [21]. Under the strategic partnership agreement, WEF has offered to the UN Secretary-General that they will help organize the next Food Systems Summit, further marginalizing the Rome based food organizations.

At the intergovernmental level, governments in adopting the Sustainable Development Goal 3.3 called for ending "epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and combat ... other communicable diseases" by 2030. Yet their appeal for lead implementation of all of the Sustainable Development Goals by groups outside the UN system has opened the political door for multistakeholder groups, like COVAX, to take the lead.



Marginalization of health care for all approach to medicine

Access to health care should be a declared global public good. This status is underlined by the level of State funding of medical R&D and, in many countries, by vibrant public health services for the general population.

COVAX takes a different approach. COVAX narrows the response to health care interventions to the ability to purchase in this case the vaccines from the 'rightful' owners. These market-based solutions undermine public acceptability of health as a global public good. It implies that only those who have access to purchasing power --or who have non-state bodies attempting to have purchasing power on their behalf -- are eligible for access to the medical services to mitigate the impact of COVID or other epidemics.

COVAX's focus on protecting commercial markets is also reflected in its granting of 'stakeholder' status to Big Pharma but not to those in need of health services or those who might advocate for an alternative public sector response. It is also reflected in its non-endorsement of a WTO waiver, created in response to the AIDS pandemic, to allow developing country manufacturers and distributors to produce COVID-related products and processes without being restricted by normal intellectual property rules.

COVAX governing narrative and its risks for communities and peoples in developing countries

The advocates for COVAX assert that COVAX is a global solution for equitable access[22]. Gavi and CEPI reflect this message in almost all of their published literature[23]. It is truly a wonderful message. In a world of increasing inequality in access to food, land, economic, and gender rights, a COVID care goal of equitable access is a refreshing and inspirational goal. The equitable access narrative offers hope, invites a belief that the solution to the pandemic is around the corner, and can inspire significant public sector contributions to COVAX's effort.

WHO and leading epidemiologists estimate that herd immunity will be reached when at least 60-70% of the population has anti-bodies to COVID. COVAX AMC goal however is to have the financial resources to vaccinate 20% of the population in the designated countries[24]. There does not appear to be any published rationale for adopting a 20% target. In some of COVAX-sponsored publications, this 20% figure is presented as an estimate of the number of health care workers and high risk citizens in the 92 designated countries. In other publications, it is cited as a maximum level for any given country before that country can get additional COVAX support, irrespective of that country's nationally financed vaccine system. The question is what happens to the remaining 40-50% of the people in these countries? It would be unimaginable for the multilateral system to declare that, say, food going forward be equitably distributed around the world but only really aim to provide nutrition and calories to one-fifth of the globe's population.

As COVAX AMC has a significant role in overseeing the distribution process, two explanations are plausible. One is that Gavi and CEPI want to claim the moral high ground of equity but realize that practically they can only contribute to 'saving' 20% of the population in the designated countries. Another plausible explanation is the COVAX recognizes that the priority is protecting the national elites in developing countries and needs a respectable way to organize this protection. Each of these explanations is

unfortunately consistent with COVAX announced decision-making process to distribute the available vaccines in the designated countries.

COVAX is not the only global vaccine delivery system focused on the Global South. China, Russia, and India each have their own vaccine manufacturing capacity and each is reaching out to countries and peoples and offering special vaccine arrangements as a counter offer to the requirements of COVAX. In the case of India, they have the largest vaccine manufacturing facility in the Global South set up initially for a range of other vaccines. Developing countries are facing significant internal security concerns about the inability of their governments to provide a meaningful policy response to COVID. These internal security concerns, like those security anxieties that underline military alliances, are fertile grounds for global geopolitical rivalries to move into health care as a terrain for global and regional superpower confrontations. Turning the availability of COVID vaccines into a soft power tool in geopolitics will make it harder to gain recognition that health care ought to be a global public good.

COVAX's internal rules has given COVAX leadership de facto decision-making ability to select which countries and which peoples in those countries will get early access to the vaccine.

WHO has undertaken a public evaluation of the priority approach to providing vaccines in countries, including those countries that are designated COVAX recipients. Their experts have developed three levels of ethical and practical criteria. They have published detailed evaluations of the two highest levels but they have acknowledged that the practical implementation side, the third level, is pending further knowledge of specific vaccines and in-country structures[25].

According to COVAX documents, COVAX have established a two tier "allocation governance" process for their 20% target. The first tier, called the Joint Allocation Taskforce (JAT), involving only GAVI and the WHO, will prepare a 'vaccine allocation decision' that is 'data-driven'. The terms of reference for the VAD do not reference the SAGE principles and guidance.

However, there is a second tier of the 'allocation governance' system. In the COVAX structure document, the membership of the Independent Allocation Validation Group is described as only as 'technical experts'. These 'technical experts' can request that JAT clarify its decision-making and re-run models before the JAT recommendation is implemented by the COVAX Facility.

One characteristic of multistakeholder governance systems is the ability to publicly over-state goals and a second feature of multistakeholder governance is to create a diffuse internal responsibility arrangement where decisions and actions can be taken in a manner that allows all participants to disavow responsibility. Reducing the ethical decision to one that is simply 'data-driven' and taken by 'experts' further obscures any evaluation of responsibility.

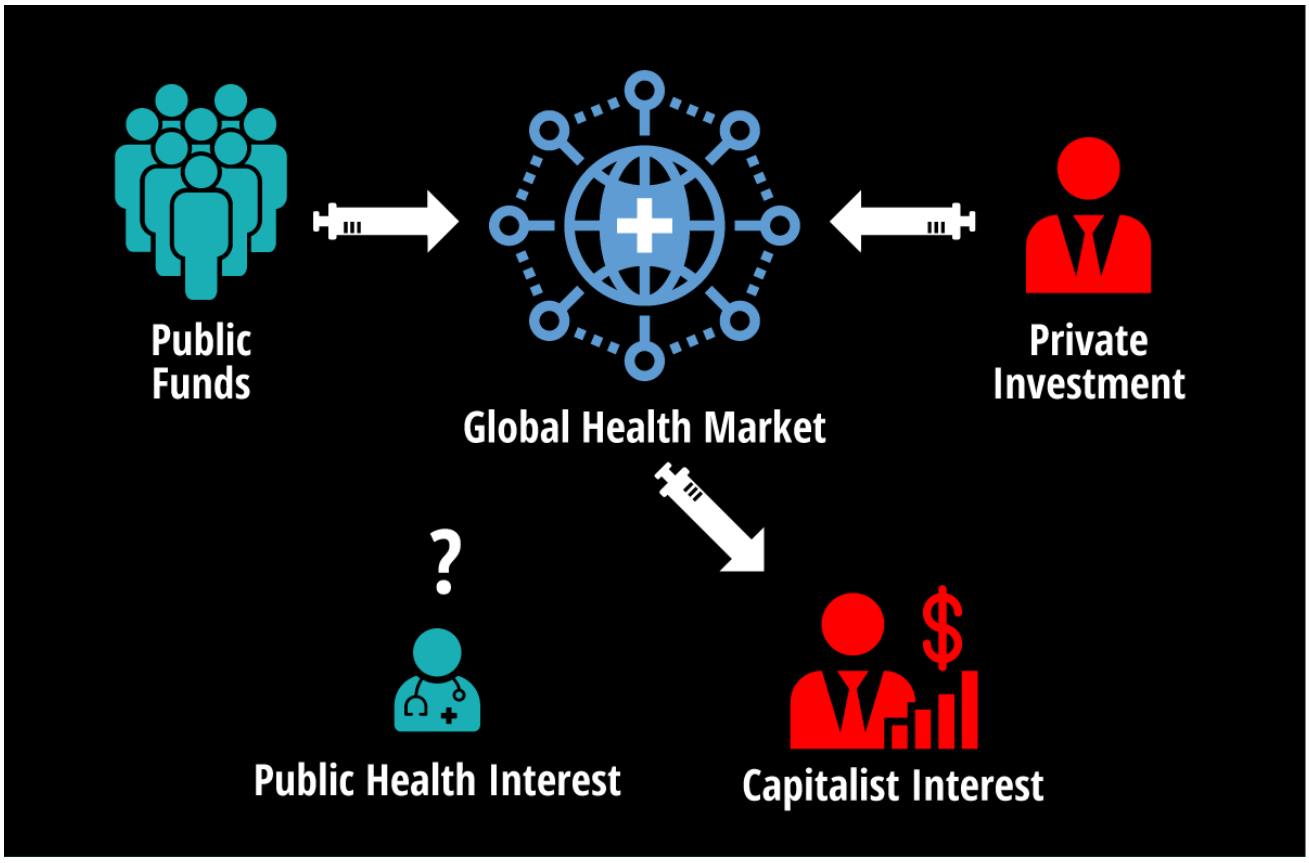
A healthier public responsibility approach would be to open the WHO staff guidance system for priority selection to public comment during an open session of the World Health Assembly. Delegates could challenge themselves to make these difficult priority decisions and could challenge countries and firms which elect either vaccine nationalism or commercial self-interest to limit the access of vaccines in the developing world.

Over-all assessment

In the context of a structurally weak global health system, it is clear that any global vaccine governance system was going to face a lot of challenges. But it is also clear that multistakeholder governance is not the way to govern vaccine distribution, vaccine production, or the delivery of the vaccine to the arms of people around the globe.

Multistakeholderism is premised on marginalizing governments, inserting business interests directly into the global decision-making process, and obfuscating accountability. Over the centuries, the legal concepts of state responsibility, state obligation, and state liability have served to underline, for better or worse, Governments legal decision-making affecting their citizen's health, their over-all care, and the care that needs to be extended to non-citizens. In the corporate world, there are legally explicit standards on responsibilities and liabilities. No such standards of responsibility, obligation or liability exist for participants in multistakeholder bodies. The multiple layers of the four multistakeholder bodies 'overseeing' the multistakeholder COVAX program make it truly obscure who even has moral obligations, even when COVAX makes profound life decisions for hundreds of millions.

The size of the vaccine market is hard to appreciate. Probably no other commercial product has been produced that in its first years expects to have a consumer base of the entire world and that is highly likely this market will require multi-year follow up products. And that scale of the market does not include the market for all the necessary and ancillary products and services needed to distribute vaccines appropriately. COVAX as a multistakeholder body does something rather unique: it provides a gathering spot for business interests which otherwise may not be allowed to jointly plan marketing, productions, investments, and distribution in what is for them a major evolving vaccine global market. COVAX and Gavi are aware of the significant potential for commercial self-interest to be injected inappropriately into COVAX decisions. Gavi's Market-Sensitive Decisions Board Committee is tasked with just this oversight. But this committee, unlike national anti-trust bodies and courts, has no requirement to



disclose its reviews nor the ability to sanction financially any of the firms that may use COVAX for anti-competitive cooperation reasons.

In the end there is the risk of failure. This multistakeholder governing vaccine body may not come close to meeting even its limited 20% goal in the 92 countries. If COVAX does not overcome vaccine nationalism and the purchasing power of richer countries, it may well leave countries and people which turned to COVAX without adequate vaccines going into 2023 and 2024. With its public build-up of expectations, what will be the likely political consequences? Governments of the 92 countries and donor governments are not likely to limit their complaints to the advisory COVAX government committee. They are far more likely to air their complaints in an open forum at the World Health Assembly or the General Assembly. These international complaints may well be driven by Governments responding to domestic opposition and anger that their citizens are not getting the 'promised' international vaccines in a timely manner. Here then is one the unstated roles for the multilateral system and the decisions by its executive heads to participate in COVAX : to absorb public complaints. The UN system, badly bruised in other ways from the COVID epidemic, does not need additional negative publicity by protecting COVAX and its sponsors.

Endnotes

1 This opt-in/opt-out feature has been cited as a structural flaw in the over-all financing of COVID
2 https://www.gavi.org/sites/default/files/covid/pr/COVAX_CA_COIP_List_COVAX_PR_15-12.pdf, GAVI, 15 Dec 2020,
3 COVAX, Commitment Agreements, dated 15 December 2020 9:00
4 COVAX : The Vaccines Pillar Of The Access to COVID-19 Tools (ACT) Accelerator Structure and Principles, 9 Nov 2020 (subsequently cited as COVAX : Structure and Principles)
5 Why we exist – CEPI, accessed 24 Dec 2020
6 Why we exist – CEPI, accessed 24 Dec 2020
7 CEPI – Governace https://cepi.net/about/governance/ accessed14 Jan 2021
8 GAVI - Governance and legal structures (gavi.org) accessed 14 Jan 2021
9 See annex table 1.
10 https://iffim.org/partnership-model
11 In some cases, IFFIm bonds are guaranteed by Governments against future ODA resources.
12 As reported by GAVI "it is likely that [these] countries … may also be required to share some of the costs of COVID-19 vaccines and delivery, up to US$ 1.60 - $2.00 per dose – a mirror of the amount paid upfront by self financing participants GAVI on-line, The Gavi COVAX AMC Explained, accessed 13 Jan 2012
13 Unlike the IMF, COVAX also seeks capital from foundations, private firms, and citizens.
14 COVAX : The Vaccines Pillar Of The Access to COVID-19 Tools (ACT) Accelerator Structure and Principles, 9 Nov 2020 (subsequently cited as COVAX : Structure and Principles) pg 6
15 COVAX Structure and Principles, Pg 15
16 COVAX Structure and Principles, pg 7 - 12
17 COVAX Structure and Principles, pg 8 - 9
18 COVAX Structure and Principles, pg 10 -11
19 COVAX Structure and Principles pg 12
20 WHO SAGE ROADMAP for Prioritizing Uses of COVID-19 Vaccines in the Context of Limited Supply, 13 November 2020, Version 1.1. WHO, sage-prioritization-roadmap-covid19-vaccines.pdf
21 4 June 2020 statement available at https://www.un.org/sg/en/content/sg/statement/2020-06-04/secretary-generals-video-message-global-vaccine-summit
22 COVAX – Structure and Principles, pg 5
23 e.g. "World leaders make historic commitments to provide equal access to vaccines for all ", title of GAVI press release for the London Vaccine Summit 4 June 2020 and "There is a plan to ensure the whole world has fair access to a potential vaccine : COVAX', - World Economic Forum article entitled "What is COVAX, the ambitious global plan for a coronavirus vaccine ? ", accessed 24 Dec 2020
24 GAVI , "COVAX announces additional deals to access promising COVIID-19 vaccine candidates; plans global rollout startingQ1 2021 press release Geneva/Oslo 18 Dec 2020 , accessed 20 Dec 2020
25 WHO Concept for fair access and equitable allocation of COVID-19 health products, final working version 9 September 2020

TABLE 1

Sources of Capital for COVAX-AMC

As of 18 December 2020

	Direct contributions	% of total for each source category	IFFim Vaccine bonds and loans	% of country contribution from bonds
Donor Governments				
Australia	28.8		28.8	50.00%
Bhutan	0.005			
Canada	246.3			
Columbia	0.5			
Denmark	8			
Estonia	0.1			
European Commission	117			
France	117			
Germany	117			
Greece	1.8			
Iceland	1.8			
Italy	102.8			
Japan	130			
Korea	10			
Kuwait	10			
Monaco	0.1			
Netherlands	5.9			
New Zealand	11.2			
Norway	24.3		110	81.91%
Qatar	10			
Saudi Arabia	153			
Singapore	5			
Spain	0		58.5	100.00%
Switzerland	21.8			
Sweden	11.2			
United Kingdom	60.6		645	91.41%
Subtotal - Governments	1,194.21	78.6%	842.3	

	Other Donors	93.6			
Subtotal - Other Donors		93.6	6.2%		
Foundations					
	Anonymous Foundation	21.8			
	Bill & Melinda Gates Foundation	156.3			75.11%
	Reed Hastings and Patty Quillin	30			
Subtotal - Foundations		208.1	13.7%		
Corporations					
	MasterCard	1.3			
	TikTok	10			54.64%
	Transferwise	7			
Subtotal - Corporations		18.3	1.2%		
Organizations					
	Gamers Without Borders	1.3			
	Soccer Aid	3.9			
Subtotal - Other Organizations		5.2	0.3%		
	Total - Direct Contributions	1,519.00			
	Total - IFFIm Contributions			842.3	
	Percent of total claimed contributions from IffIm			55.5%	
	all figures are in USD equivalets in millions				

Data reformatted from Gavi Key Outcomes : COVAX AMC, accessed 27 Dec 2020 .

Friends of the Earth International

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