PATERNALISM & POWER

AUGUST 2022

IN UK PANDEMIC PREPAREDNESS & RESPONSE

EXPANDING THE UK COVID-19 INQUIRY TO EXAMINE THE GOVERNMENT'S GLOBAL IMPACT

RESULTS

CONTENTS

Report author: Harry Bignell, RESULTS UK
Case studies from South Africa: gathered and written by Delphine Pedeboy for RESULTS UK
Case studies from patient leaders: supplied by Just Treatment

Date of publication: August 2022

COVER PICTURE:
Nurses delivering Covishield Vaccinations to local vaccination points, in the Sunderbarn / India. © Benedikt v.Loebell 2022 Gavi

RESULTS

FOREWORD

For those of us who work in public health, the last two years have been a whirlwind. There have been a few breath-taking highs, like the incredibly fast discovery of safe and effective vaccines and the tears of joy we shed while watching the first jabs rolled out shortly thereafter.But mostly, we have been wading in a morass of disappointing lows. It is almost impossible to wrap one's head around the extent of the loss.

At least fifteen million people – nearly twice the population of London – lost to COVID-19. Hundreds of millions of people infected and a still unknown number affected by long COVID. And finally, the enormous weight of what is crassly referred to as 'collateral damage', the consequences of which we probably will not fully calculate or comprehended for another decade. Over 100 million people pushed into poverty. Countless children who have lost access to education. Excess deaths due to disruption in prevention and care for other conditions. And the devastating burden of social harms – particularly on people already at the margins: women, girls, people living with disabilities, immigrants, refugees, and other vulnerable communities.

Each of these tragedies has a deeply unequal impact. It is impossible not to find the shocking inequity in the world's response to COVID-19 demoralizing. As this report goes to print, rich countries (including the United Kingdom) are providing fourth vaccine doses while the vast majority of people in low-income countries have yet to receive even one dose. Pledges to "vaccinate the world" from leaders of wealthy countries and pharmaceutical companies have amounted to little more than rhetoric. Some have baselessly tried to blame "hesitancy" for low vaccination rates in Africa. But that is just a straw man for the world's failure to address the real-life access issues that people experience.

I had naively hoped that the world had changed in the last twenty years. My entry into public health took place at a terrible moment in the African HIV epidemic, when incidence was rising, and antiretroviral treatment was still very difficult to access. My family, as did many African families, suffered losses during this period. I was half-way through my public health degree when a leading US government official said on the record that HIV medications, which were saving lives in rich countries, would be wasted in Africa. Until last year, it was convenient to think that this type of racist drivel had begun to fade away. Sadly, that was wishful thinking. As the UN committee on racial discrimination has said, the world's response to COVID-19 has replicated "slavery and colonial-era racial hierarchies."

Although I am exhausted and enraged by the hubris, nationalism, and short sightedness of rich country leaders, I have also convinced myself to be grudgingly grateful for the wake-up call. Countries like the UK have delivered warm words in front of the world's media, but have repeatedly defended the profits of pharmaceutical companies over the lives of people in low and middle-income countries. The fact that the same dishonesty and greed we saw last year with first-generation vaccines are rearing their ugly heads in the fight for treatment and pan-variant vaccines makes it all the clearer: we simply can never count on rich countries to self-correct or do the right thing.

To continue our work without feeling utterly hopeless, we must believe that this pandemic – despite all the pain and loss it continues to bring – can serve as a catalyst for significant change. Perhaps a tangible transformation before the next crisis. To ensure that this revolution becomes reality, an honest review is essential. As recommended by this report from Results UK, we must ask the right questions about biases and blindnesses of those in power, make clear demands, and commit to continuously and energetically advocating for a meaningful shift in power that amplifies the voices of affected populations and provides them with real access to decision-making tables.

**THE STRUGGLE CONTINUES.
AND, AS EVER, NONE OF US IS
TRULY SAFE UNTIL WE ARE ALL SAFE.**

MAAZA SEYOUM
Global South Convenor
of the People's Vaccine Alliance

EXECUTIVE SUMMARY

Since March 2020 COVID-19 has officially caused the death of

OVER 6 MILLION PEOPLE

WHO calculates the true death toll at closer to 15 million

The IMF predicts that the COVID-19 pandemic will cost the global economy

MORE THAN $12.5 TRILLION

by 2024

Health tools to tackle the virus were developed at unprecedented speed, with

11 BILLION VACCINE DOSES

administered worldwide to-date

COVID-19 was declared a pandemic by the World Health Organisation on March 11th 2020. Since then, COVID-19 has officially caused the death of over 6 million people, although the World Health Organisation calculates the true death toll at closer to 15 million. The pandemic has disrupted global livelihoods, routine health services and education. The International Monetary Fund predicts that the COVID-19 pandemic will cost the global economy more than $12.5 trillion by 2024. It warns that the brunt of this impact will be felt in low-income countries, which will face the highest income cuts.

Health tools to tackle the virus were developed at unprecedented speed, with over 11 billion vaccine doses administered worldwide to-date. Whilst the UK has administered at least two doses to over 73% of its domestic population, just 20.2% of people in low-income countries have received at least one dose. Inequitable access to COVID-19 health tools - created and compounded by the actions of high-income countries like the UK pre-ordering the lion's share and blocking proposals that would see their manufacturing redistributed away from just a handful of companies - continues in access to vaccines, therapeutics and diagnostics.

In response to overwhelming domestic pressure from bereaved families, parliamentarians and the media, the UK Government, after conducting an open consultation on its terms of reference, have launched a public inquiry into the Government's handling of the COVID-19 pandemic.[1] The scope of the inquiry, however, is limited. The original terms of reference were reportedly reframed to emphasise the unequal impacts of the pandemic to reflect public feedback. However, the terms of reference continue to omit the UK Government's role in the global failure to ensure equitable access to COVID-19 health tools, including decisions which actively undermined access, and thus recovery, in low- and middle-income countries.

In order to ensure the success of this inquiry, we are calling on the UK Government to actively include its role in the international response to COVID-19 as part of this inquiry, recognising that discussing intra-country inequalities without situating it in the context of inter-country inequalities paints an incomplete picture. The inquiry should seek to include the testimonies of diaspora communities in the UK and consider the mental health impacts on those with family members in countries with low vaccination coverage. In completing this inquiry, the Government must identify where and how it can be better led by the strategic priorities identified by countries facing the worst impacts of inequitable access.

The UK Government has important opportunities this year to use its financial and diplomatic influence as a key investor in global health multilaterals to push for a transformation of their structures to ensure equal representation from low- and middle-income countries. Further, the inclusion of their governments in the development of international plans, accords and financing mechanisms on pandemic preparedness, readiness and response is critical to ensuring pandemic response in the future is more equitable. Representation of civil society organisations, health workers and affected communities is also critical to this goal. It must also support initiatives to upscale manufacture of vaccines and other health tools in these countries. In identifying these solutions through the process of its COVID-19 inquiry, we are calling on the UK Government to publish a clear and expediated plan for returning to its 0.7% Official Development Assistance budget, recognising that in order to truly respond to this, and be prepared for future pandemics, the UK will need its full, legislated ODA budget at its disposal.

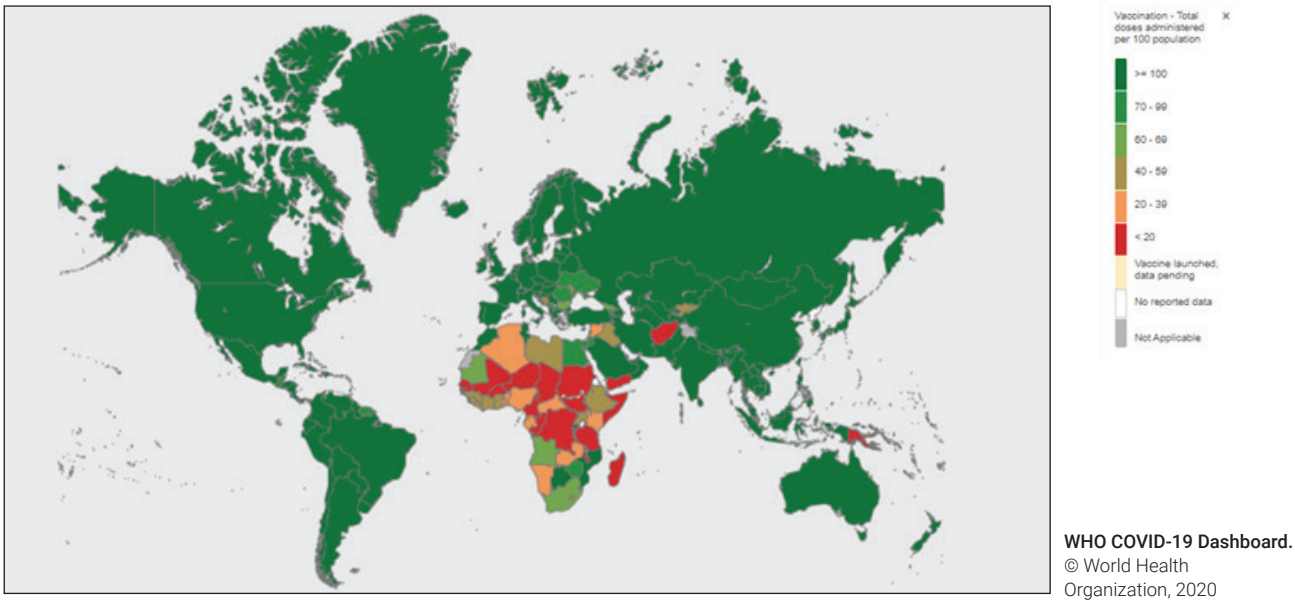
INTRODUCTION

Healthcare worker holding an AstraZeneca vaccine supplied by COVAX in Guatemala.
© Victor Sanchez 2021 on Flickr

On March 11th 2020 the World Health Organisation (WHO) updated its previous categorisation of the SARS-CoV-2 outbreak – hereafter referred to as COVID-19 – from a 'public health emergency of international concern'[2] to a pandemic. WHO cited its concern at the 'alarming levels of spread and severity' in addition to the 'alarming levels of inaction' as the reason for this upgrade.[3]

Over the two years following this pronouncement, COVID-19 has officially caused the death of over 6 million people,[4] although the World Health Organisation puts this figure at closer to 15 million, with 68% of these concentrated in just 10 countries.[5] In addition to deaths caused as a direct result of the virus, COVID-19 has also indirectly caused the death of many millions more people through disruption to routine health services, medical treatments, global food systems and livelihoods. Decades of progress against the United Nations (UN) Sustainable Development Goals (SDGs) has been rolled back. The pandemic has pushed an additional 119 – 124 million people back into extreme poverty and 90% of countries continue to report disruptions to essential health services. Meanwhile, 20 years of education gains have been wiped out since the start of the pandemic.[6] In addition to the human cost, the International Monetary Fund predicts that the COVID-19 pandemic will cost the global economy more than $12.5 trillion by 2024,[7] the brunt of which will be felt in low-income countries, which will face the highest income cuts.[8]

In response to an unprecedented situation, vaccines, tests, treatments, often collectively referred to as health tools, to tackle the virus were developed at rapid speed. For context, the RTS,S vaccine for malaria which will save tens of thousands of lives, is the result of 30 years of research and development. It was produced by GlaxoSmithKlein with support from the non-profit organisation PATH, a network of African research centres and the Bill and Melinda Gates Foundation.[9] Globally, a child dies of malaria every 2 minutes, yet the world has worked for more than a century to produce a vaccine against malaria.[10] By contrast, by December 2nd 2020, the UK's Medicines and Healthcare Products Regulatory Agency (MHRA) gave temporary authorisation to the supply of Pfizer and BioNTech messenger RNA (mRNA) vaccines.[11] By December 8th that same year, the first non-trial COVID-19 vaccine was administered in the UK.[12] Since then, over 11 billion different vaccine doses have been administered worldwide, but the inequality in their geographical distribution and administration remains stark. Whilst the UK moves onto vaccinating its vulnerable demographics with their fourth dose of a COVID-19 vaccine and has fully vaccinated (administered at least two doses) to over 73% of its domestic population, just 20.2% of



WHO COVID-19 Dashboard.
© World Health Organization, 2020

CASE STUDY

NOSICELO DYANI IN SOUTH AFRICA

Nosicelo Dyani, standing in Khayelitsha, one of South Africa's largest information settlements

Nosicelo Dyani is a 39-year-old woman living in Khayelitsha, one of South Africa's largest informal settlements just outside of Cape Town. She works as an office cleaner in Cape Town city centre, travelling approximately 3 hours each day, to support her two children, husband, and extended family near Queenstown.

In 2021, Nosicelo's father, Sydwell, contracted COVID-19 and became every ill. Sydwell has type 2 diabetes and was in and out of hospitals between August and October with symptoms getting progressively worse.

"The hospitals were always overcrowded, and clinics were full. There were no beds, my father had to sit on the floor when he was struggling to breathe. You would wait from 6AM to 6PM not being seen by the hospital staff, and you would have to come back the next day hoping to be looked after."

Sydwell had been unable to access vaccines at this time and was eventually forced into early retirement. Nosicelo noted that lots of people were losing their jobs at this time, especially those working in hospitality. Misinformation about vaccines was rife. There was also no information for those who contracted COVID-19 whilst having another illness, like TB or HIV. South Africa has one of the highest rates of HIV prevalence in the world, with an estimated 19.1% of South Africans living with the virus according to UNAIDS.

"I heard that when you have HIV you should wait two to three weeks between your first and second dose, but my friend who has HIV waited three months. The queues for vaccination were so long that people were discouraged."

When asked what should have been done differently, Nosicelo said that the Government must train doctors, build new hospitals and recruit more staff, as well as delivering better public health campaigns about the vaccines.

> 2021 was a very tough year for us and we are still feeling the impact, financially and with our health.

As UK Prime Minister, Boris Johnson visits the COVID-19 Vaccine Centre at Guy's Hospital, London.

people in low-income countries have received at least one dose.[13] This has left at-risk populations unprotected around the world, including health professionals working on the front-line of the COVID response. At the current rate, it will take another two and a half years for low-income countries to be able to reach the World Health Organisation (WHO) target of vaccinating 70% of their populations with two doses.[14] The impact of this lack of protection is being felt keenest in low- and lower-middle income countries, where deaths were four times higher than in high-income countries as of March 2022. In South Africa alone, more than 1,300 healthcare workers had died of COVID-19 by September 2021. This is the equivalent of half of the staff of Chris Hani Barangwanath Hospital, the largest hospital in the Southern Hemisphere. At this time, just 17% of South Africa's population had received at least one dose of a COVID-19 vaccine, in contrast to the UK's 71%.[15]

These inequities have characterised access to all crucial and lifesaving health tools across the course of the pandemic, including diagnostic tools, tests, personal protective equipment, oxygen cylinders and newly developed treatments. Despite warm words of global solidarity, access to new drugs like Pfizer's oral antiviral Paxlovid, which reduces hospitalisation of high-risk patients by 89% when administered early, is already being divided along the same lines as vaccines. High-income countries have already purchased the first 30 million courses expected to be available by July 2022, with the UK claiming 2.5 million of these.[16] Swathes of low and middle-income countries were also excluded from the deal signed by Pfizer and the Medicines Patent Pool for Pfizer's COVID-19 oral antiviral drug to be taken in combination with Paxlovid. Pfizer claimed this agreement builds on its ongoing strategy to ensure equitable access to COVID-19 vaccines and treatments around the world,[17] but most Latin American countries have been excluded from the deal.[18] Given the low vaccination coverage in many low- and lower-middle income countries, access to COVID-19 treatments is vital. There have also been very early indications that Paxlovid may be suitable as a treatment for long COVID.[19]

As Prime Minister, Boris Johnson made repeated references to 'Global Britain.'[20] There are a number of ways in which the UK Government could have demonstrated this commitment during the pandemic. Instead, the UK prepurchased enough doses to vaccinate its population several times over, and joined other G7 countries in monopolising over a third of the world's vaccine supply, despite G7 countries collectively making up just 13% of the global population.[21] This nationalistic approach to vaccine procurement and rollout has caused COVAX – the global procurement mechanism created to supply COVID-19 vaccines to every country in the world – to suffer vaccine shortages. It provided just 610 million[22] out of the 2 billion doses it had originally planned to distribute in 2021 and cut its forecast of deliveries to low-income countries by 25% for 2021 - 2022.[23]

In October 2020, the Governments of South Africa and India proposed that the World Trade Organisation (WTO) waive the application of certain provisions of trade related intellectual property rights related to COVID-19 vaccines, tests, and treatments. The proposal for a temporary waiver of Trade Related Aspects of Intellectual Property Rights (TRIPS) aims to facilitate wider access to technologies necessary for low- and middle-income countries to produce their own COVID-19 health tools to tackle the pandemic by removing structural barriers. Since its proposition, the waiver was supported by over 100 countries, 150 Nobel laureates, First Ministers in Scotland and Wales, and over 130,000 members of the British public,[24] but the UK Government continued to block the proposal.[25] At the WTO 12th Ministerial Meeting in June, a decision was passed on intellectual property related only to COVID-19 vaccines. The decision largely restated existing flexibilities in the TRIPS agreement with just one amendment to the exporting of vaccines produced under a compulsory license. Whilst the UK Government referred to this deal as the 'TRIPs decision',[26] this deal is a far cry from the broad intellectual property or 'TRIPS' waiver posed by the Governments of India and South Africa almost 20 months previously. Indian Government Minister of Commerce and Industry Shri Piyush Goyal described the text as 'half baked' and inadequate to allow countries to actually manufacture vaccines due to specific provisions around the duration of the deal and breadth of its coverage.[27]

There were widespread reports that the deal was the product of fraught and exclusionary negotiations that saw lower income governments refused entry or denied the opportunity to debate their proposed amendments; rich countries like the UK and Switzerland pushing for more conditions and to make the scope of the decision even more restrictive.[28]

In addition to attempting to weaken the text and limit its scope at the final stages of its negotiations, the UK Government has been unsupportive of its immediate application to life-saving tests and treatments which would help redress today's extreme scarcity of supplies in lower-income countries. The UK has simultaneously failed to support technology and knowledge transfer mechanisms like the COVID-19 Technology Access Pool (C-TAP) and the WHO mRNA research hubs in South Africa throughout the course of the pandemic.[29]

In response to overwhelming domestic pressure from bereaved families, parliamentarians and the media, the UK Government announced it would conduct an inquiry into its handling of the COVID-19 pandemic and launched a public consultation on its draft terms of reference.[30] These stipulated the inquiry's intention to examine the UK Government's preparations and the response to the pandemic in England, Wales, Scotland, and Northern Ireland, considering central, devolved and local public health decision-making and their consequences. The original terms of reference were reportedly reframed to emphasise the unequal impacts of the pandemic to reflect public feedback, but the scope of the inquiry remains limited.

COVID-19 vaccine being administered in Karnataka, India, by a community health worker

CASE STUDY

JUST TREATMENT PATIENT LEADER: MELANIE DUDDRIDGE

Just Treatment patient leader Melanie has been immunosuppressed since 1990, when she was diagnosed with Crohn's Disease. She is asthmatic and a cancer survivor. She put herself and her family into lockdown on March 6th 2020, before the Government imposed a country-wide lockdown weeks later, and didn't leave her house until April 2021.

Melanie says: "I have very rarely felt safe in the past two years. I have felt forgotten, ignored, lonely, guilty, sad, nervous, and having those feelings intensely and extensively has no doubt changed me. I have lost my community, my confidence and my place in the world."

Despite now being able to leave the house, Melanie is still extremely vulnerable to COVID and knows that any new variant could potentially pose an even greater risk to her health and access to healthcare on the NHS.

> **It is hard to believe that millions of people are literally facing death and are dying because they can't access COVID vaccines and treatments - particularly when we've had access to vaccines in the UK for over a year now. This seems criminal. But not only this - the Government's failure to do everything possible to help vaccinate globally is putting the lives of clinically vulnerable people in the UK at risk because it increases the likelihood of new variants.**

The terms of reference continues to omit the Government's role and responsibility in the global response to ensure equitable access to COVID-19 countermeasures for all, especially in low- and middle-income countries, and the impact of this global picture on the UK population. The terms of reference stipulate that the report will 'aim to identify the lessons to be learned [from the pandemic response], thereby to inform the UK's future preparations for future pandemics.'[31] Without looking beyond its domestic decisions, and evaluating these in the context of the global pandemic response, the lessons identified will be incomplete, and insufficient to ensure future pandemic responses are not marred by the same inequities as this one. It would be a mistake to separate the UK's domestic response and its role in the international response, as if they are things which can be viewed entirely independently of one another.

Failing to ensure access to vaccines and other health tools around the world is not simply a moral failure, but an economic and strategic failure as well. The longer COVID-19 is left to proliferate in unvaccinated populations, the more risk there is of new, vaccine-resistant variants emerging which puts the recovery of every country around the world at risk. The UK Government largely ignored the advice of its own Scientific Advisory Group for Emergencies (SAGE) advisors on low overseas vaccination rates causing the emergence of new variants. Moreover,[32] if all countries were given access to the tools needed to fight COVID-19 with greater haste, these countries would have been able to reinforce global pandemic response efforts in their turn. An interesting thought experiment would be to imagine if the manufacturing of vaccines supplied to COVAX had been more evenly distributed across the world, and not so dependent on the Serum Institute in India. When the Delta variant broke out in India in late 2020 to devastating effect[33] just 3.3% of India's population was vaccinated, and many vaccines intended for COVAX were redirected to the domestic population who were dying at record breaking rates of 400,000 deaths per day.[34] Had a greater distribution and manufacture of supply been achieved, it is conceivable that supply to COVAX would have been less interrupted by the escalating crisis in India, and other country's' access would not have suffered to the same degree.

This policy report will aim to outline and assess some of the UK Government's decisions on the international response – from pre-ordering excessive vaccines to the detriment of access in low- and middle-income countries, to its role in attempting to weaken the text and limit the scope of the temporary waiver on intellectual property rights on COVID-19 tools at the WTO. It will highlight how paternalistic and racist thinking influenced the Government's decision making, and suggest where genuine consultation with affected communities and civil society could have led to different outcomes. This report is centred in equity and global solidarity. It will make the case for pandemic preparedness planning to learn the lessons from COVID-19 for the UK Government to include its role in the international response in its COVID-19 inquiry. Only by committing to learn from the mistakes made throughout this pandemic and take stock of the UK's failure to ensure equity in access to global health tools and strengthen global health systems, can we ensure the same mistakes are not made in the ongoing COVID-19 response, and future pandemic preparedness and response.

VACCINE, TEST & TREATMENT INEQUITY

PREJUDICE & PRIVILEGE

The body of a man who died of COVID-19 is lowered into a grave during his funeral in New Delhi, India.

In a statement published on March 9th 2022, UN Secretary-General António Guterres described the global distribution of vaccines as 'scandalously unequal' and attributed this to 'policy and budgetary decision that prioritise the health of people in wealthy countries over the health of people in poor countries.'[35]

This attribution reflects the fact that at the start of the pandemic, high-income countries around the world pre-ordered supplies of COVID-19 vaccines, treatments, and tests through early deals with manufacturers. This left low- and middle-income countries struggling to access life-saving tools like oxygen, tests, personal protective equipment and vaccines through multiple deadly waves of COVID-19. According to current trajectories, several countries in Africa will not meet the WHO target of every country having 70% of its domestic population fully vaccinated until August 2024.[36]

In April 2020, the Access to COVID-19 Tools Accelerator (ACT-A) was established, aiming to bring together governments, global health organisations, manufacturers, scientists, private sector, civil society and philanthropy to ensure equitable access to COVID-19 tools, including vaccines, diagnostics and treatments. Gavi the Vaccine Alliance, the Coalition for Epidemics Preparedness Innovations (CEPI) and the World Health Organisation jointly established the vaccines arm of ACT-A.[37] COVAX was conceptualised as a global procurement mechanism, created to supply COVID-19 vaccines to every country in the world. It was described by Gavin Yamey of Duke University, who was part of the COVAX design working group, as "a beautiful idea, born out of solidarity." Contrary to the aims of COVAX, however, high-income countries used their financial and political clout to strike early deals with manufacturers and monopolise supply, meaning that by the time COVAX had the money for procurement, it was already at the back of a very long queue. Yamey concludes, "Rich countries behaved worse than anyone's nightmares."[38]

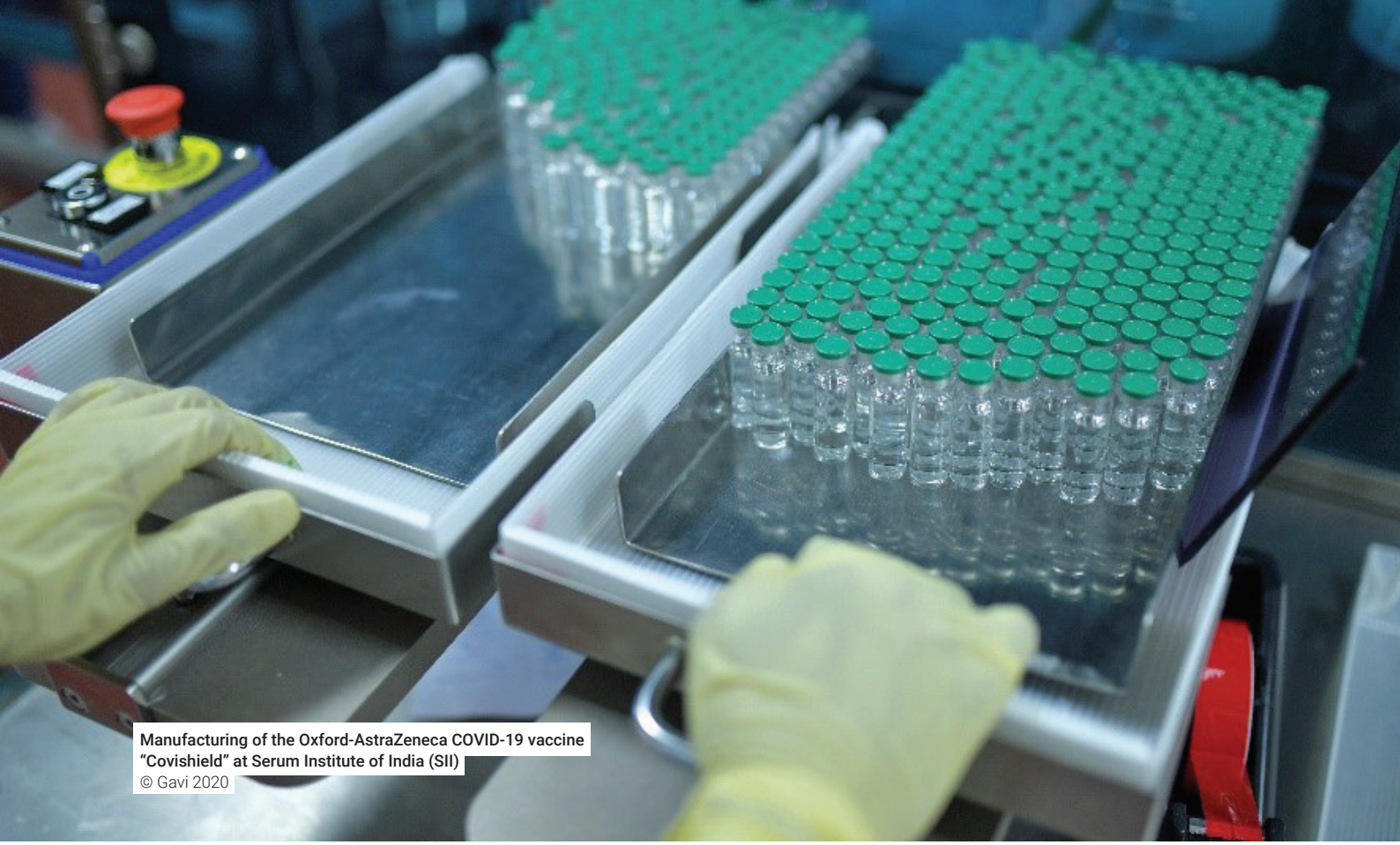
CASE STUDY

JUST TREATMENT PATIENT LEADER: RASHA MEZHER-SIKAFI

Just Treatment supporter Rasha Mezher-Sikafi is an NHS GP based in London, with family in Iraq. She has continued to work through every lockdown, caring for patients at her GP practice.

Rasha's only surviving Grandmother was still based in Iraq, but in 2021 her 'Bibi' died after contracting COVID. She had diabetes, high blood pressure, heart disease and was a breast cancer survivor. At the time, while Rasha had been fully vaccinated, her Grandmother had not received a single dose.

> As a family we still have not come to terms with our losses. Especially as Bibi had not received a vaccine, when so many of her age here in the UK had received two at that time. Her death could have been prevented. If vaccines were made available to her, she would have been alive today and my children would have been able to hug her.



Manufacturing of the Oxford-AstraZeneca COVID-19 vaccine "Covishield" at Serum Institute of India (SII)

SUPPLY CONSTRAINTS AND THE IMPACT OF NEW VARIANTS

The Serum Institute of India (SII) – the world's largest manufacturer of vaccine components – was initially expected to provide the bulk of vaccine doses for COVAX. However, a surge in domestic COVID-19 cases, driven in part by the circulation of several variants, including the more infectious B.1.617 variant (known as Delta), SII had delivered just 28 million of the 400 million doses it had intended to deliver to COVAX by the end of 2020. By April 15th 2021, India had recorded more than 13.5 million cases of COVID-19, and overtaken Brazil as the world's second worst hit country, behind the United States. With a population of 1.4 billion, India had administered at least one vaccine to 7.2% of its population by April 14th 2021[39] and many regions were grappling with shortages. As the death toll mounted, the media reported that makeshift funeral pyres had been erected for mass cremations in many regions, as cities like Delhi ran out of space to cremate its dead.[40] Whilst India's domestic population struggled to access life-saving vaccines and the 92 countries reliant on COVAX for vaccine deliveries waited for their first deliveries, the UK had administered at least one vaccine dose to 48% of its population by this time and 12% of the population had received two doses.[41] WHO Director-General Dr. Tedros Adhanom Ghebreyesus surmised, **"No other event like the COVID-19 pandemic has shown that reliance on a few companies to supply the global public goods is limiting, and dangerous".** [42]

The situation in India is evidence of how overreliance on one manufacturer for low- and middle-income countries hampered access to life-saving vaccines when new variants threaten this supply. It highlights how new variants can disrupt global supply chains and vaccine rollout strategies, a fact that was reinforced with the emergence of the Omicron variant when the UK secured 114 million more COVID-19 vaccines to "future proof the Great British vaccination effort",[43] despite having administered at least two doses to 75% of its population by this time.

Against this backdrop of inequity, we have seen UK Government rhetoric and policy become increasingly insular. In the context of travel restrictions, as Prime Minister Boris Johnson made repeated references to the risks of "importing variants from abroad"[44] and how the effects of a third wave of COVID-19 will "wash up on our shores"[45] from Europe, which many across social media interpreted as a thinly veiled reference to refugees and asylum seekers crossing the channel from Calais.[46] The Independent newspaper noted that this comment was "likely to raise eyebrows" as the growing numbers of COVID-19 infections at this time were largely of the Beta variant, first detected in Kent before spreading from the UK to Europe and beyond.[47]

UK GOVERNMENT'S LACK OF COMMITMENT TO EQUITY

According to a new index[48] published by Christian Aid and the People's Vaccine Alliance, the UK Government's commitment to vaccine equity is one of the poorest of all G20 countries. This index ranks countries in the G20 against their financing commitments for global vaccine coverage, how far their domestic procurement helped or hindered global distribution, and whether they are supportive of systemic measure to unlock manufacturing potential for vaccines and increase supply.[49] This index views the UK as the third worst of all G20 countries included, scoring under 40%.

The UK Government's rationale of these policy positions and other elements of its domestic policies – including blanket travel bans on Africa last year after South Africa identified and reported a new, more highly transmissible strain, the Omicron variant – have been questioned by many. Scientists in South Africa warned[50] that the travel bans could threaten future willingness to share information and UN Secretary-General Antonio Guterres referred to the bans as "travel apartheid", arguing that not only are they unfair and punitive, they are also ineffective.[51]

These restrictions echo the arbitrary travel restrictions of earlier that year, when even where there was successful delivery and administration of COVID-19 vaccinations in lower-income countries, the UK cast doubt on their safety through highly controversial and discriminatory travel and quarantine restrictions.[52] People fully vaccinated with Oxford/AstraZeneca, Pfizer/BioNTech, Moderna or Janssen shots in the US, Australia, New Zealand, South Korea or an EU country were considered "fully vaccinated" and not have to quarantine, yet people with the same vaccines administered in Africa, Latin America or some South Asian countries would be considered "not

CASE STUDY

BONGANI DLABAZANE, A COMMUNITY LEADER IN PHILIPPI

Bongani Dlabazane is a community leader in Philippi where he lives in his father's shack with the whole family, including his three children and their mother.

He worked at Bidvest cleaning offices, but was laid off in 2021 due to the COVID-19 pandemic. He now does small jobs around the township like plastic picking for a local NGO, but tells us his savings have completely run out.

"I keep thinking that if I spend today, what will I use to buy food tomorrow?"

Bongani lives next to a clinic and was able to get vaccinated quickly once Pfizer doses arrived. Around Philippi, many were using traditional medicines as opposed to getting vaccines, but Bongani called a big meeting in the local town hall to tackle some of the misinformation circulating.

Bongani Dlabazane, a community leader in Philippi, South Africa.
© Roger Young 2022 for RESULTS UK

As a community leader, I told everybody to get vaccinated. I told them they would be affected with symptoms after, but that they wouldn't die, contrary to the rumours that were circulating. Now, everyone is receiving boosters as a result of my advocacy work...Some people taking antiretroviral treatment (ART) for HIV lied about taking it so that they could get a vaccine faster, as they were then considered more at risk of contracting complications from COVID-19. They worried that if they said that they take ART that they wouldn't get vaccines.

fully vaccinated" and forced to quarantine. An article published in The Lancet on December 3rd 2021 called on the UK Government to end the "political theatre" and reverse its travel bans which were damaging to the economies of Southern African countries.[53]

After three weeks of the variant spreading, despite the travel restrictions imposed, the Government reversed its decision. The then Health Minister Sajid Javid stated in parliament, "Given that there is community transmission of Omicron in the U.K. and that Omicron has spread so widely across the world, the travel red list is less effective in slowing the incursion of Omicron from abroad".[54] It was later found that the variant had been detected in the Netherlands at an earlier date than it had been reported in South Africa.[55]

STRUCTURAL BARRIERS TO ACCESS

In an attempt to redress the gross inequity in access to vaccines and other COVID-19 health tools, the Governments of South Africa and India proposed a temporary waiver on the Trade Related Aspects of Intellectual Property Rights (TRIPS) Agreement pertaining to all COVID-19 health tools at the World Trade Organisation's TRIPS Council (WTO). This waiver - hereafter referred to as the TRIPS waiver – was proposed at the start of the pandemic to remove legal and regulatory barriers to scaling-up and decentralising production across the world, as well as sharing much of the know-how as to how to produce them.[56]

Analysis from the Human Rights Watch identified that there are more than 100 companies in Africa, Asia and Latin America with the potential to produce mRNA vaccines if the patents were waived, and recipes, trade se-

Nurses delivering Covishield Vaccinations to local vaccination points, in the Sunderbarn / India
© Gavi 2022

crets and technology to produce them were transferred by those already producing mRNA vaccines, i.e. Moderna, Pfizer and BioNTech.[57] Over 100 countries supported the waiver at its earliest stage. The UK Government, however, has remained steadfast in its assertion that intellectual property does not present a barrier to access or production. In response to a written question on December 15th 2021, Government Minister Lord Ahmad of Wimbledon wrote, "Our robust international intellectual property framework protects the ability of these pioneering minds to come up with new ideas and innovations. It has and will continue to allow us to develop vaccines and treatments at unprecedented pace and meet our ultimate goal of saving lives. There is no evidence that an intellectual property waiver would help us to meet this goal. The reality is that the proposal for a TRIPS waiver would dismantle the very framework that helped to produce COVID-19 vaccines at an unprecedented pace. More worryingly, the waiver proposal could lead to a dangerous reduction in the quality of products being manufactured and in the already limited supply of key raw materials. This risks compromising vaccine efficacy and patient safety."[58]

Lord Ahmad's implication that upscaling global manufacture of vaccines around the world could lead to a reduction in their quality is unsubstantiated. All new vaccines would face the same quality tests and be held to the same standards as those they were derived from. This position, however, echoes the professed scepticism of pharmaceutical companies and some high-income countries of the ability of manufacturers based in low- and middle-income countries to produce COVID-19 health technologies. Moderna chief executive Stéphane Bancel has claimed, "You cannot go hire people who know how to make mRNA - those people don't exist."[59]

Manufacturers in low- and middle-income countries have proven time and again their advanced and technological abilities, with extensive experience in large-scale vaccination campaigns.[60] Médecins Sans Frontières' Access campaign points to historic examples with hepatitis B vaccines being developed by Shantha Biotechnics in India after they were denied a technology transfer to accelerate the development of these drugs. Similarly, independent developers in India, South Korea and China developed vaccines for pneumonia and other upper respiratory tract infections in children using recombinant conjugate vaccine technology. This technology is complex and pharmaceutical companies used this as an excuse not to open licence or share their technology, claiming low- and middle-income countries would be unable to master it.[61] More recently, the WHO emergency approval of the Indian vaccine Covaxin towards the end of last year demonstrated their expertise and on July 9th 2021, Cuba became the first Latin American country to develop a successful COVID-19 vaccine, as its Abdala vaccine was approved by the island's national regulatory agency.[62] As far back as March 2021, The Associated Press had identified three factories on three continents whose owners said they were able to produce mRNA vaccines. By December 2021, researchers from Médecins Sans Frontières and the AccessIBSA project had identified a list of more than 100 companies in Africa, Asia and Latin America with the potential to produce mRNA vaccines.[63]

Chief Executive Officer of Pfizer Albert Bourla, speaks at the World Economic Forum Annual Meeting 2022 in Davos, Switzerland
© World Economic Forum on Flickr

Analysis from PrEP4All posits that the world needs a predicted 22 billion doses of mRNA vaccine to bring the pandemic under control in 2022.[64] Pfizer-BioNTech and Moderna claim that they will make 4 billion and 3 billion mRNA vaccine doses respectively in 2022. Even if these production goals are met, the world will face a shortfall of 15 billion doses.

Pfizer CEO Albert Bourla tried to suggest that uptake, not supply, is the real impediment to upscaling coverage. In September of 2021 he argued, "The percentage of hesitancy in those [low-income] countries will be way, way higher than the percentage of hesitancy in Europe or in the UK or in Japan."[65] In reality, studies have indicated that vaccine hesitancy is higher in high-countries than in lower-countries.[66] Bourla's claims which seems to put the blame on

communities, as opposed to vaccine manufacturers, were likened to claims made during the AIDS crisis that Africans would not be able to take antiretrovirals because they could not tell the time.[67]

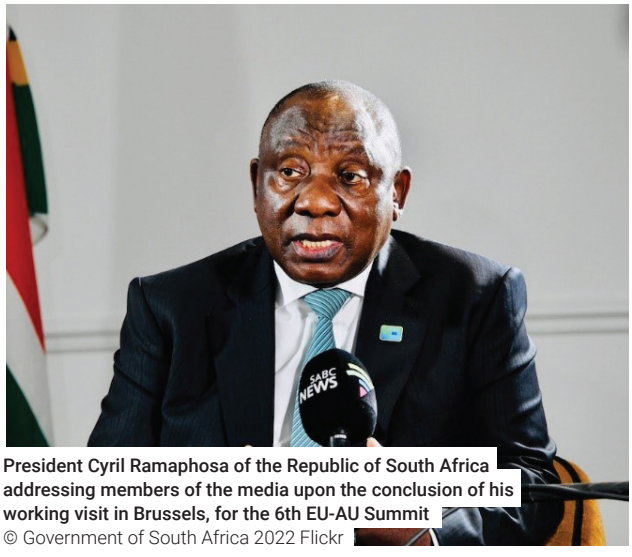
The reality is that vaccine hesitancy is a very real problem with complex and sensitive origins, often in historic examples of unethical Western medical practices across Africa.[68] Bulelani Fesi, an artist from Tableview and Langa near Cape Town city centre in South Africa told us, "What I heard about COVID-19 was helpful, but where I hang out in townships, no one cared about wearing masks. What I heard from the community around me was that the vaccine is here to kill black people specifically." He reflects that when clinics and halls in Langa began offering vaccines, there was still an issue with uptake, "People did not trust vaccines at all. I cannot lie about that".[69]

Public health campaigns are vital to ensuring uptake, but education about vaccines is predicated on actually having access to vaccines, which continues to remain an issue. The UN revealed in March 2022, that only 1% of the 10 billion doses given out worldwide have been administered in low-income countries, and 2.8 billion people around the world are still waiting for their first dose.[70]

At the Pandemic Preparedness Summit on March 7th 2021, Dr Ayoade Alakija argued that focusing on vaccine hesitancy is an error, whilst access to vaccines continues to be so unequal globally. She told the panel, **"We need to speak very clearly about equity and justice."**[71] Director of the Africa Centres for Disease Control and Prevention, John Nkengasong, maintains that, "Vaccine famine not hesitancy is our major challenge in Africa". [72]

The People's Vaccine Alliance published figures just two months after Albert Bourla made these claims that revealed Pfizer, BioNTech and Moderna were making a combined profit of $65,000 every minute. Whilst low- and middle-income countries were still largely unvaccinated, these organisations made $1000 profit every second.[73] In addition, the incomes of 99% of humanity has fallen and over 160 million more people have been forced into poverty.[74] Both companies have faced pressure to share their mRNA technology and know-how with capable producers in low- and middle-income countries to help accelerate WHO's plans to replicate the Moderna vaccine for wider production at its mRNA hub in South Africa.

Despite the significant change in position by the US Government in May 2021 to support a TRIPS waiver for COVID-19 vaccines, other high-income country governments obstructed further progress for months, refusing to agree to text-based negotiations on the waiver proposal. The EU issued its own proposal in June 2021 which merely served to reiterate existing TRIPS flexibilities.[75] Pressure continued to mount from the African Union for constructive engagement on the waiver. In an interview following the AU-EU Summit in Brussels in March 2022, South Africa's President Cyril Ramaphosa reported that he had a positive exchange with Germany's new chancellor Olaf Scholz. He reportedly told Chancellor Scholz, "We don't want to be receiving crumbs from anybody's table. We don't just want to fill and finish, where we get the drug substance from somewhere, fill it and put it on the market. We want to be able to manufacture the drug substance ourselves and that is where the real heart of the intellectual property argument comes in".[76] The EU text, misrepresented as an agreed text between the US, South Africa, the EU and India (referred to as the QUAD), was taken to the WTO 12th Ministerial Meeting in June 2022 where negotiations over the clauses and conditions of this deal took place. Reports were received that the UK and several other countries were negotiating in bad faith, working to weaken the already watered-down EU text and limit its scope.[77] Meanwhile, reports of countries being excluded from negotiations and clashes between the US and China over whether the latter should be eligible to utilise these provisions of the deal continued to delay a resolution.[78]



President Cyril Ramaphosa of the Republic of South Africa addressing members of the media upon the conclusion of his working visit in Brussels, for the 6th EU-AU Summit
© Government of South Africa 2022 Flickr

Manufacturing of the Oxford-AstraZeneca COVID-19 vaccine "Covishield" at Serum Institute of India (SII)
© Gavi 2020

Due to the opposition and negotiating tactics of high-income countries, the resulting deal[79] has been widely condemned as inadequate and insufficient to ensure equitable access and save lives.[80] It bears little to no resemblance to the original waiver, being limited just to COVID-19 vaccines, not therapeutics or diagnostics, which were covered in the original proposal by South Africa and India as life-saving health tools critical to ending the pandemic. The deal largely re-states existing rights of countries to over-ride patents in public health emergencies with one minor adaptation to a rule that allows vaccines produced under such conditions to be exported. Hugely problematic is a footnote that encourages countries with existing COVID-19 vaccine manufacturing capabilities to opt out of using the provisions – a clause at odds with the intended aims of this agreement to maximise and make more equitable the manufacture and supply of COVID-19 vaccines. There are provisions on 'anti-diversion', meaning that suppliers cannot re-export unused unwanted products, which is both costly and wasteful. This does not apply in "exceptional circumstances", but it is unclear what these exceptional circumstances are. There are also requirements for governments wishing to utilise the agreement to notify WTO before the exports take place. This must include quantities, even when the importing country is not certain how many units to purchase.[81] Crucially, the deal only applies for 5 years, which severely limits its usefulness given how long it could take to bring new vaccines into market, and the increasing challenges in obtaining regulatory approval. India's Minister of Commerce and Industry, Shri Piyush Goyal, commented, "We all know that by the time we get an investor, get funds raised, draw plans, get equipment and set up a plant, it will probably take 2.5 – 3 years to do that. After that, you will start producing and within 2 years, you will have to bring down your exports to the normal compulsory license level and your capacity will remain idle."[82]

POWER IMBALANCE; WHO HAS A SEAT AT THE TABLE?

The Access to COVID-19 Tools Accelerator (ACT-A) was launched in 2020 as an end-to-end solution to pandemic procurement problems, with the aim of ensuring the development and delivery of COVID-19 diagnostics, therapeutics and vaccines. It was proposed as a temporary mechanism but a review in October 2021 found the mechanism should continue into 2022 provided changes are made to its structure and operations.[83] ACT-A has struggled to raise sufficient funding to deliver on its mandate across all of its four pillars. COVAX - the vaccines arm run by Gavi, CEPI, and the WHO - is the only pillar which achieved its fully funding target.[84]

The current structure means that the pillars are often competing against one another for limited available financing, as opposed to working in coordination. Two major reports on the global pandemic response, by the

Independent Panel for Pandemic Preparedness and Response[85] and the G20 High-Level Independent Panel[86] respectively, concluded that ACT-A is seen by countries and civil society as being too supply-driven and not inclusive enough. The October 2021 strategic review conducted by Dalberg[87] recommended that the ACT-A partners – including Gavi, CEPI, the Global Fund, Unitaid, FIND, Wellcome, the World Bank, the WHO, and the Bill and Melinda Gates Foundation[88] – take a more country-centred approach and increase engagement with representatives from low- and middle-income countries, civil society, and local communities. Civil society representatives on the ACT-A have also highlighted the failure of the mechanism to integrate low- and middle-income expertise.

Earlier in 2022, global health leader and activist Dr Ayoade Alakija was appointed as Special Envoy to the ACT-A mechanism.[89] Dr Alakija's work across the course of the pandemic has included advocating and trying to bring together the Global North and South for a coordinated response to the pandemic. She has been one of ACT-A's more outspoken critics and emphasised when accepting this role, the need to drive structural changes at ACT-A to decolonise the mechanism.[90] She has committed to working to ensure that communities are involved in these conversations to engender an understanding of how diseases are impacting communities and prepare for future pandemics. She summarised the decision to appoint her bluntly, saying, **"I think they have recognised that you cannot just have people from the Global North deciding who lives and who dies."**[91]

Analysis from the non-profit Drugs for Neglected Diseases Initiative (DNDi) concluded that the structure of ACT-A relies too heavily on an outdated international aid model, driven by governments and global health actors in high-income countries, rather than integrating low- and middle-income perspectives and developing a truly global approach.[92] As a result, the key mechanisms that have been established to respond to the pandemic have failed to endanger an equitable response. ACT-A has not explicitly addressed the underlying structural causes of access inequities that it was established to overcome and has failed to engage with systemic debates on thornier topics such as the TRIPS waiver.

The ACT-A mechanism is now trying to move away from its 'aid mentality' and is calling on country governments to join the fair share-based financing initiative which sees each country contribute funds based on its economic size.[93] This is a move away from 'charity' financing towards fair economics for current and future pandemic re-

Astrazeneca COVID-19 COVISHIELD vaccines are loaded onto waiting vehicles
© Gavi 2021

sponses. ACT-A must look inwards as well as outwards, committing to addressing the shortcomings in its own governance structures and approach that has presided over such an unequal response to the COVID-19 pandemic. Whilst the mechanism has been unable to fulfil its aims due to supply and funding constraints caused in part by the lack of solidarity displayed by high-income countries, ACT-A partners must also take responsibility for flaws in its methodologies, governance structures, transparency, and lack of commitment to a truly bottom-up approach.[94,95] Far from learning from these evaluations, however, these flaws appear to be manifesting themselves in other pandemic preparedness and response mechanisms that are emerging.

Parts of the world, thanks to widespread vaccine coverage and access to other COVID-19 health tools, have moved into a new phase of the pandemic with booster vaccinations and test and treat strategies. Whilst infection rates continue to fluctuate, mortality rates remain far below the numbers seen at the height of the pandemic in these countries and government rhetoric focuses on economic recovery. In February 2022 for example, the UK Government published 'COVID-19 Response: Living with COVID-19', a plan for removing the remaining legal restrictions imposed for public protection throughout the pandemic, whilst still aiming to protect people most vulnerable to COVID-19 and 'maintain resilience'.[96] In December 2021, the World Health Assembly established an Intergovernmental Negotiating Body (INB) to draft and negotiate a convention, agreement or other international instrument under the Consultation of the World Health Organisation to Strengthen pandemic prevention, preparedness and response.[97] This work is now underway, with a series of meetings of the INB planned, but uncertainty remains as to whether this instrument, hereafter referred to as the WHO Pandemic Accord, will be legally binding. This makes it challenging to understand exactly how and where this Accord will be able to be utilised to ensure equitable access to medicines and other global health tools. An open letter to the Members of the INB in March 2022 called for a review of the proposed modalities of engagement for relevant stakeholders, emphasizing the need for meaningful consultation with both civil society organisations and affected communities.[98] Concerns persist that the development of the WHO Pandemic Accord will reflect similar power inequities in governance, strategy and decision making as demonstrated at the WTO TRIPS negotiations.

The World Bank has launched a new financing mechanism called the Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response which has attracted fierce criticisms for its failure to learn from and embrace democratic, fully participatory and accountable governance models; including equal representation and voting rights for low- and middle-income countries, as well as civil society organisations. Concerns about this problematic approach to governance, the fund's narrowly scoped list of implementing entities and the absence of any real strategy for ensuring equity, access and impact were raised by civil society[99] during the consultation phase on the official white paper[100] outlining the proposed fund. World Bank Vice President Mamta Murthi acknowledged that ensuring the fund is truly inclusive of lower-income countries and civil society is likely to be an ongoing challenge.[101]

The international community, including the UK Government must reimagine pandemic preparedness and response to support a more coordinated, collaborative, decentralised and democratic approach. This includes transforming the structures of ACT-A and other global health mechanisms working on COVID-19 and future pandemic threats to ensure equal representation from low- and middle-income countries and address systemic barriers to an equitable global response, including, but not limited to, intellectual property barriers.

At the end of last year, the UK Government reaffirmed its commitment to improving health around the world through "development, diplomacy and research" in its Ending Preventable Deaths approach paper and its Health Systems Strengthening paper which acknowledge that "strong health systems are the foundation for achieving better health and wellbeing for everyone".[102] Now, the Government must use its COVID-19 inquiry to take stock of its role in the international pandemic response to-date, and where, through using its role as a key funder of ACT-A and other global health mechanisms, it can utilise its influence to ensure its commitment in both papers to "achieve the health-related Sustainable Development Goals" and act as a "partner to other countries and an actor on the global stage to leave no one's health behind",[103] is manifested in more than just writing.

CONCLUSION

COVID-19 INQUIRY & BEYOND

A health worker at the Asuofua Health Center in Ghana preparing to administer a vaccine, delivered earlier by a Zipline drone
© Gavi 2021

On May 12th 2021, as Prime Minister, Boris Johnson announced[104] an independent public inquiry into the Government's handling of the COVID-19 crisis for spring 2022. He acknowledged that the state has "an obligation to examine its actions as rigorously and as candidly as possible, and to learn every lesson for the future". The scope of the inquiry, however, is limited and does not currently include the UK Government's role in the global failure to ensure equitable access to COVID-19 health tools, nor decisions taken which actively undermined access, and thus recovery, in low- and middle-income countries. The terms of reference stipulate that the report will 'aim to identify the lessons to be learned [from the pandemic response], thereby to inform the UK's future preparations for future pandemics.' Yet the picture it seeks to evaluate is incomplete.

The Prime Minister said that the inquiry will place the state's actions "under the microscope", but makes no reference to the part played by the UK in the global response, nor the potential impact of these decisions on the domestic population. It has long been acknowledged that for as long as the virus is allowed and facilitated to proliferate among unvaccinated populations, new variants will emerge that put the progress made in protecting the UK's domestic population to-date at risk.

Without looking beyond its domestic decisions, and evaluating these in the context of the global pandemic response, the lessons identified will be incomplete, and insufficient to ensure future pandemic response is not marred by the same inequities as this one. With this inquiry, the UK Government has an opportunity to conduct a robust, contentious evaluation of decisions made to-date. Using the lessons learned through this process, the Government will be able to engage in this year's G7 and G20 with not only a greater commitment to equity in the COVID-19 response, but a better understanding of the decisions which must be made to manifest it.

As host of last year's G7 in Carbis Bay, the UK opened the first session by describing the opportunity presented at the Summit for all countries gathered to learn from the errors made in the pandemic response to-date to ensure they are not repeated; "What's gone wrong with this pandemic, what risks being a lasting scar, is the inequalities that have been entrenched. We need to make sure that as we recover, we level up across our societies – we need to build back better". [105]

Over one year on from Carbis Bay, those lessons are not being learned, and the inequalities remain. This inquiry presents a real and tangible opportunity to do what the UK Government and the wider G7 did not last spring.

In order to ensure the success of this inquiry, and its positive impact on the global response to COVID-19, we ask the UK Government to:

- Explicitly broaden the terms of reference of its COVID-19 inquiry to include evaluating its role in the international response to COVID-19 as a necessary component of its commitment to centring 'inequality' in this inquiry. This must include, but not be limited to:
  - Evaluating the impact of pre-purchasing high volumes of vaccines on global vaccination availability and coverage to date, considering the knock-on impact on high levels of mortality, on variants of concern and continued economic harm caused to people in the UK from the resulting prolonged pandemic;
  - Examining the extent to which expertise both in the UK and in low- and middle-income countries was integrated and acted upon in decision making processes;
  - Scrutinising the UK's role in negotiations at the World Trade Organisation 12th Ministerial Meeting and its influence in weaking the provisions of the Intellectual Property waiver;
  - Actively seeking and carefully considering the testimonies of diaspora communities in the UK and considering the mental health impacts on those with family members in countries with low vaccination coverage; and
  - The Government's use of its financial investments and influence to engender equitable access.

In order to ensure current and future pandemic preparedness and response is centred on equity and utilises the expertise and experience of low- and middle-income countries, balancing their voices with those of donor governments, we ask the UK Government to:

- Use its financial and diplomatic influence to lobby the Coalition for Epidemic Preparedness Innovations and Gavi, the Vaccine Alliance, for whom the UK Government is a key investor, to transform their structures to ensure equal representation from low- and middle-income countries up to Board level.
- Ensure representation of civil society organisations, health workers and affected communities in the development of international plans, accords and financing mechanisms on pandemic preparedness, readiness and response, as well as equal representation of low- and middle-income country governments; including but not limited to the World Bank Financial Intermediary Fund and the WHO Pandemic Accord.
- Support initiatives designed to upscale and redistribute the research and development and manufacturing of all medical technologies, including vaccines, tests and treatments, in low- and middle-income countries, including using its political and financial influence to pressure pharmaceutical companies to share technology and know-how through pooled licencing mechanisms, such as the COVID-19 Technology Access Pool and via the WHO's mRNA technology transfer hub in South Africa.
- Advocate to immediately extend the TRIPS decision on COVID-19 vaccine intellectual property to COVID-19 therapeutics and diagnostics and oppose any further restrictions or conditions in the text.
- Support countries to use the existing TRIPS agreement on COVID-19 vaccines, as well as compulsory licensing more broadly, to increase and improve access to life-saving technologies.
- Publish a clear and expediated plan for returning to its 0.7% Official Development Assistance budget, recognising that in order to truly respond to this, and be prepared for future pandemics, the UK will need its full, legislated ODA budget at its disposal.

ENDORSED BY:

STOP AIDS. just TREATMENT OXFAM THE PEOPLE'S VACCINE Global Justice Now

REFERENCES

1 UK Government Policy Paper (2022) UK COVID-9 Inquiry: draft terms of reference (HTML) available at ***https://www.gov.uk/government/publications/uk-covid-19-inquiry-draft-terms-of-reference/uk-covid-19-inquiry-draft-terms-of-reference-html,*** accessed 7 April 2022

2 Cucinotta. D, and Vanelli, M. (2020) "WHO Declares COVID-19 a Pandemic", *PubMed.gov*, available at ***https://pubmed.ncbi.nlm.nih.gov/32191675/***, accessed 22 April 2022

3 WHO Director-General's Opening remarks at the media briefing on COVID-19 – 11 March 2020, available at ***https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020***, accessed 21 April 2022

4 WHO Coronavirus (COVID-19) Live Dashboard, available at ***https://covid19.who.int/***, accessed 22 April 2022

5 The British Medical Journal (2022) Covid-19: True global death toll from pandemic is almost 15 million, says WHO, available at ***https://www.bmj.com/content/377/bmj.o1144***, accessed 20 July 2022

6 ***https://sdgs.un.org/goals***, accessed 21 April 2022

7 Reuters (2022) IMF Sees costs of COVID pandemic rising beyond $12.5 trillion estimate, available at ***https://www.reuters.com/business/imf-sees-cost-covid-pandemic-rising-beyond-125-trillion-estimate-2022-01-20/***, accessed 22 April 2022

8 IMFBlog (2021) The Great: Divergence: A Fork in the Road for the Global Economy, available at ***https://blogs.imf.org/2021/02/24/the-great-divergence-a-fork-in-the-road-for-the-global-economy/***, accessed 22 April 2022

9 WHO (2021) WHO recommends groundbreaking malaria vaccine for children at risk, available at ***https://www.who.int/news/item/06-10-2021-who-recommends-groundbreaking-malaria-vaccine-for-children-at-risk***, accessed 22 April 2022

10 Jagatia, A. and The Guardian (2021) The world finally has a malaria vaccine. Why has it taken so long? – podcast, available at ***https://www.theguardian.com/science/audio/2021/oct/14/the-world-finally-has-a-malaria-vaccine-why-has-it-taken-so-long-podcast***, accessed 18 April 2022

11 Mahase, E. (2020) "Vaccinating the UK: how the covid vaccine was approved, and other questions answered", *BMJ*, available at ***https://www.bmj.com/content/371/bmj.m4759***, accessed 22 April 2022

12 BBC (2021) Covid: How vaccines changed the course of the pandemic, available at ***https://www.bbc.co.uk/news/health-59569026***, accessed 22 April 2022

13 Our World In Data, Live Coronavirus (COVID-19) Vaccinations, available at ***https://ourworldindata.org/covid-vaccinations***, accessed 22 April 2022

14 Oxfam policy brief (2022) Pandemic of Greed | A wake-up call for vaccine equity at a grim milestone p.7, accessed 22 April 2022

15 Our World In Data, Live Coronavirus (COVID-19) Vaccinations [data from September 2021], available at ***https://ourworldindata.org/covid-vaccination***s, accessed 22 April 2022

16 Pfizer (2021) Pfizer to Provide the United Kingdom an Additional 2.5 Million treatment Courses of Investigational Oral Antiviral Candidiate to Help Combat COVID-19, available at ***https://www.pfizer.com/news/press-release/press-release-detail/pfizer-provide-united-kingdom-additional-25-million***, accessed 22 April 2022

17 Pfizer (2021) Pfizer and The Medicines Patent Pool (MPP) Sign Licensing Agreement for COVID-19 Oral Antiviral Treatment Candidate to Expand Access in Low- and Middle-Income countries, available at ***https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-medicines-patent-pool-mpp-sign-licensing***, accessed 20 July 2022

18 MSF Access Campaign (2022) Latin America: How patents and licensing hinder access to COVID-19 treatments, available at ***https://msfaccess.org/latin-america-how-patents-and-licensing-hinder-access-covid-19-treatments***, accessed 20 July 2022

19 BioSpace (2022) Individual Studies Suggest Pfizer's Paxlovid May Treat Long COVID-19, available at ***https://www.biospace.com/article/long-covid-may-be-treatable-with-pfizer-s-paxlovid-and-other-covid-19-stories/***, accessed 22 April 2022

20 Rt Hon Boris Johnson's 2016 Speech at Chatham House, "Global Britain: UK Foreign Policy in the Era of Brexit", available at ***https://www.chathamhouse.org/sites/default/files/events/special/2016-12-02-Boris-Johnson.pdf***, accessed 21 April 2022

21 BBC (2021) Covax: How many Covid vaccines have the US and the other G7 countries pledged? Available at ***https://www.bbc.co.uk/news/world-55795297***, accessed 22 April 2022

22 Gavi (2022) COVAX has so far shipped over 1 billion COVID-19 vaccines to 144 participants, available at ***https://www.gavi.org/covax-vaccine-roll-out***, accessed 22 April 2022

23 CEPI, Gavi, Unicef and WHO (2021) COVAX Global Supply Forecast, available at ***https://www.gavi.org/sites/default/files/covid/covax/COVAX-Supply-Forecast.pdf***, accessed 17 April 2022

24 Bond (2022) The impact the TRIPS waiver would have on Covid-19 and why it's so important, available at ***https://www.bond.org.uk/news/2022/03/the-impact-the-trips-waiver-would-have-on-covid-19-and-why-its-so-important***, accessed 22 April 2022

25 As above.

26 Tweet from UK Permanent Representative to the WTO and UN Simon Manley refering to 'TRIPS Decision at MC12' on 16 June 2022, available at ***https://twitter.com/SimonManleyFCDO/status/1537543336256491529***

27 Statement by Shri Piyush Goyal during the WTO 12th Ministerial Conference at the meeting with co-sponsors of TRIPS Waiver, available at ***https://pib.gov.in/PressReleasePage.aspx?PRID=1834066***, accessed 11 June 2022

28 Third World Network (2022) Exclusionary unrepresentative processes behind the celebrated MC12 'Package', available at ***https://www.twn.my/title2/wto.info/2022/ti220625.htm***, accessed 11 June 2022

REFERENCES

29 Oxfam (2022) Pandemic of Greed, available at ***https://oi-files-d8-prod.s3.eu-west-2.amazonaws.com/s3fs-public/2022-03/Pandemic%20of%20greed-Oxfam%20media%20briefing-March2022.pdf***, accessed 11 July 2022

30 UK Government Policy Paper (2022) UK COVID-9 Inquiry: draft terms of reference (HTML) available at ***https://www.gov.uk/government/publications/uk-covid-19-inquiry-draft-terms-of-reference/uk-covid-19-inquiry-draft-terms-of-reference-html***, accessed 7 April 2022

31 As above.

32 SAGE (2021) Evaluation on *"International vaccination: Potential impact on viral evolution and UK public health,"* available at ***https://www.gov.uk/government/publications/international-vaccination-potential-impact-on-viral-evolution-and-uk-public-health-21-july-2021***, accessed 26 April 2022

33 Yale Medicine (2022) 5 things to know about the Delta Variant, available at ***https://www.yalemedicine.org/news/5-things-to-know-delta-variant-covid***, accessed 11 July 2022

34 The New York Times (2021) What to Know About India's Coronavirus Crisis, available at ***https://www.nytimes.com/article/india-coronavirus-cases-deaths.html***, accessed 22 April 2022

35 United Nations (2022) Secretary-General's statement on the COVID-19 pandemic, two years on, available at ***https://www.un.org/sg/en/node/262298***, accessed 22 April 2022

36 WHO (2021) Africa clock fastest surge in COVID-19 cases this year, but deaths remain low, available at ***https://www.afro.who.int/news/africa-clocks-fastest-surge-covid-19-cases-year-deaths-remain-low***, accessed 22 April 2022

37 WHO Access to COVID-19 Tools (ACT) Accelerator launch page, available at ***https://www.who.int/initiatives/act-accelerator*** accessed 21 April 2021

38 Danaiya Usher, A. (2021) A beautiful idea: how COVAX has fallen short, available at ***https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01367-2/fulltex***t, accessed 7 April 2022

39 Nature (2021) India's COVID-vaccine woes – by the numbers, available at ***https://www.nature.com/articles/d41586-021-00996-y***, accessed 22 April 2022

40 BBC (2021) India Covid: Delhi builds makeshift funeral pyres as deaths climb, available at ***https://www.bbc.co.uk/news/world-asia-india-56897970***, accessed 22 April 2022

41 Our World In Data, Live Coronavirus (COVID-19) Vaccinations [data from April 2021], available at ***https://ourworldindata.org/covid-vaccinations***, accessed 22 April 2022

42 WHO (2022) WHO announces first technology recipients of mRNA vaccine hub with strong support from Africa and European partners, available at ***https://www.who.int/news/item/18-02-2022-who-announces-first-technology-recipients-of-mrna-vaccine-hub-with-strong-support-from-african-and-european-partners***, accessed 22 April 2022

43 The Guardian (2021) UK ministers secure 114m more Covid vaccines for next two years, available at ***https://www.theguardian.com/world/2021/dec/01/uk-ministers-secure-114m-more-covid-vaccines-for-next-two-years***, accessed 22 April 2022

44 Sky News (2021) COVID-19: Boris Johnson warns UK must stop new variants coming from abroad amid speculation amber watchlist could be unveiled, available at ***https://news.sky.com/story/covid-19-boris-johnson-warns-uk-must-stop-new-variants-coming-from-abroad-amid-speculation-amber-watchlist-could-be-unveiled-12370738***, accessed 22 April 2022

45 BBC (2021) Coronavirus: Third wave will 'wash up on our shores', available at ***https://www.bbc.co.uk/news/uk-politics-56486067***, accessed 22 April 2022

46 Tweet from journalist and author Otto English on 23 March 2021, available at ***https://twitter.com/Otto_English/status/1374415113097072648***

47 The Independent (2021) Covid: Boris Johnson says Europe's third wave likely to 'wash up on UK shores', available at ***https://www.independent.co.uk/news/uk/politics/covid-boris-johnson-third-wave-europe-b1820565.html***, accessed 25 April 2022

48 Christian Aid (2022) Vaccine inequity down to rich countries' selfish policies, available at ***https://www.christianaid.org.uk/news/vaccine-inequity-down-rich-countries-policies***, accessed 22 April 2022

49 ODI policy brief (2022) Monitoring G20 contributions to global COVID-19 health equity: issues and options, available at ***https://cdn.odi.org/media/documents/ODI-LT-VaccineEquity-PB-Mar22-Proof05.pdf***, accessed 22 April 2022

50 Devex (2021) Why South Africa keeps detecting COVID-19 variants like omicron, available at ***https://www.devex.com/news/why-south-africa-keeps-detecting-covid-19-variants-like-omicron-102212?access_key=&utm_source=nl_newswire&utm_term=article&utm_content=text&mkt_tok=Njg1LUtCTC03NjUAAAGBLpgEsLnT4oZ3iblvQzndtFpj3Wea4XVVbRFAn9b_s1z391wQxZm56tbV0drKUYQ36Rvg-eRRvGn5muTxQ4wsPe38OO8_SnVbj5-5GW_szLRCork***, accessed 22 April 2022

51 Aljazeera (2021) Passengers condemn UK's 'travel apartheid' rules targeting Africa, available at ***https://www.aljazeera.com/news/2021/12/9/uk-covid-separated-families***, accessed 20 April 2022

52 The Guardian (2021) England's Covid travel rules spark outrage around the world, available at ***https://www.theguardian.com/world/2021/sep/23/englands-covid-travel-rules-spark-outrage-around-the-world***, accessed 26 April 2022

53 Mendelson, M. et al. (2021) "The political theatre of the UK's travel ban on South Africa", *The Lancet*, available at ***https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02752-5/fulltext***, accessed 22 April 2022

54 The New York Times (2021) Britain lifts ban on travellers arriving from South Africa, available at ***https://www.nytimes.com/2021/12/14/world/europe/uk-south-africa-travel-ban.html***, accessed 22 April 2022

55 Aljazeera (2021) Passengers condemn UK's 'travel apartheid' rules targeting Africa, available at ***https://www.aljazeera.com/news/2021/12/9/uk-covid-separated-families***, accessed 22 April 2022

REFERENCES

56 European Parliament (2021) World Trade Organisation TRIPS waiver to tackle coronavirus, available at ***https://www.europarl.europa.eu/RegData/etudes/ATAG/2021/690649/EPRS_ATA(2021)690649_EN.pdf***, accessed 22 April 2022

57 Human Rights Watch (2021) Experts identify 100 plus firms to make COVID-19 mRNA vaccines, available at ***https://www.hrw.org/news/2021/12/15/experts-identify-100-plus-firms-make-covid-19-mrna-vaccines***, accessed 11 July 2022

58 Lord Ahmad's response to Lord Jordan's question for the Foreign, Commonwealth and Development Office, tabled 15 December 2021, available at ***https://questions-statements.parliament.uk/written-questions/detail/2021-12-15/HL5015***

59 Financial Times (2021) Morderna CEO 'didn't lose sleep' over US backing of patent waiver, available at ***https://www.ft.com/content/607bf143-3360-4543-8cb4-b1a1c42fc41f***, accessed 22 April 2022

60 WHO Director-General opening remarks at the media briefing on COVID_19 8 September 2021, available at ***https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---8-september-2021***, accessed 22 April 2022

61 MSF (2020) WTO COVID-19 TRIPS Waiver Proposal: Myths, realities and an opportunity for governments to protect access to medical tools in a pandemic, available at ***https://msfaccess.org/wto-covid-19-trips-waiver-proposal-myths-realities-and-opportunity-governments-protect-access***, accessed 22 April 2022

62 Taylor, L. (2021) "Why Cuba developed its own covid vaccine – and what happened next", *BMJ*, available at ***https://www.bmj.com/content/374/bmj.n1912***, accessed 22 April 2022

63 Human Rights Watch (2021) Experts Identify 100 Plus Firms to Make Covid-19 mRNA Vaccines, available at ***https://www.hrw.org/news/2021/12/15/experts-identify-100-plus-firms-make-covid-19-mrna-vaccines***, accessed 22 April 2022

64 PrEP4All policy report (2022) 22 billion in the hole: Omicrons implications for global mRNA vaccine needs in 2022, available at ***https://static1.squarespace.com/static/5e937afbfd7a75746167b39c/t/61d7319fa44b86311064d8ca/1641492898952/Omicron+Final+PDF.pdf***, accessed 20 April 2022

65 Pfizer CEO Albert Bourla's intervention in the Global biopharma CEO/Top Executives COVID-19 Media Briefing – 7 September 2021, available at ***https://www.youtube.com/watch?v=qA7oos7sU8Y&t=3820s***, accessed 5 April 2022

66 Solis Arce, J S., Warren, A and Omer, A. (2021) "COVID-19 vaccine acceptance and hesitancy in low- and middle-income countries", *Nature Medicine*, available at ***https://www.nature.com/articles/s41591-021-01454-y***, accessed 22 April 2022

67 Johnson, T. et al. (2021) An inconvenient truth: The real reason why Africa is not getting vaccinated, available at ***https://bhekisisa.org/opinion/2021-10-12-an-inconvenient-truth-the-real-reason-why-africa-is-not-getting-vaccinated/***, accessed 26 April 2022

68 Aljazeera (2020) Medical colonialism in Africa is not new, available at ***https://www.aljazeera.com/opinions/2020/4/8/medical-colonialism-in-africa-is-not-new***, accessed 22 April 2022

69 Interview respondent Bulelani Fesi, responding to consultant Delphine Pedeboy in research commission by RESULTS UK in 2022.

70 UN (2022) UN analysis shows link between lack of vaccine equity and widening poverty gap, available at ***https://news.un.org/en/story/2022/03/1114762***, accessed 26 April 2022

71 Panel on vaccine equity at the Pandemic Preparedness Summit on 7 March 2022. More information on the summit available at, ***https://100days.cepi.net/***

72 Dr Nkengasong in Twitter in 2021 writing about vaccine acceptance and hesitancy, available at ***https://twitter.com/JNkengasong/status/1436728379542228994***, accessed 26 April 2022

73 Oxfam (2021) Pfizer, BioNTech and Moderna making $1,000 profit every second while world's poorest countries remain largely unvaccinated, available at ***https://www.oxfam.org/en/press-releases/pfizer-biontech-and-moderna-making-1000-profit-every-second-while-worlds-poorest,*** accessed 22 April 2022

74 Oxfam (2022) Ten richest men double their fortunes in pandemic while incomes of 99 percent of humanity fall, available at ***https://www.oxfam.org/en/press-releases/ten-richest-men-double-their-fortunes-pandemic-while-incomes-99-percent-humanity***, accessed 22 April 2022

75 MSF (2021) 3 reasons why the EU's TRIPS Waiver counter-proposal is an insufficient solution in a pandemic, available at ***https://msfaccess.org/3-reasons-why-eus-trips-waiver-counter-proposal-insufficient-solution-pandemic***, accessed 2 August 2022

76 DW News interview with South Africa's President Cyril Ramaphosa after 2022 EU-AU summit in Brussels, available at ***https://www.dw.com/en/we-dont-want-crumbs-from-anybodys-table/av-60838002***, accessed 20 April 2022

77 Politics Home (2022) UK behaviour at WTO exposes a dishonest approach to trade negotiations and will prolong the pandemic globally, available at ***https://www.politicshome.com/thehouse/article/uk-behaviour-at-wto-exposes-a-dishonest-approach-to-trade-negotiations-and-will-prolong-the-pandemic-globally***, accessed 11 July 2022

78 Third World Network (2022) WTO: UK, Swiss and US positions likely to stymie WTO negotiations, available at ***https://www.twn.my/title2/wto.info/2022/ti220619.htm***, accessed 11 July 2022

79 WTO Draft Ministerial Decision on the TRIPS Agreement, available at ***https://docs.wto.org/dol2fe/Pages/SS/directdoc.aspx?filename=q:/WT/MIN22/W15R2.pdf&Open=True***, accessed 11 July 2022

80 The People's Vaccine Alliance (2022) WTO Vaccine Deal: "A Technocratic Fudge Aimed at Saving Reputations, Not Lives", Campaigners say, available at ***https://peoplesvaccine.org/resources/media-releases/wto-reaction-2022/***, accessed 20 July 2022

81 Knowledge Ecology International (2022) The June 17, 2022 WTO Ministerial Decision on the TRIPS Agreement, available at ***https://www.keionline.org/37830***, accessed 20 July 2022

82 Statement by Shri Piyush Goyal during the WTO 12th Ministerial Conference at the meeting with co-sponsors of TRIPS Waiver, available at ***https://pib.gov.in/PressReleasePage.aspx?PRID=1834066***, accessed 11 June 2022

REFERENCES

83 Devex (2021) A review says ACT-A should continue. Experts say changes are needed, available at ***https://www.devex.com/news/a-review-says-act-a-should-continue-experts-say-changes-are-needed-101830***

84 ***https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8376241/***, accessed 22 April 2022

85 Independent report prepared by Dalberg (2021) "ACT-Accelerator Strategic Review" available at, ***https://www.who.int/publications/m/item/act-accelerator-strategic-review***, accessed 22 April 2022

86 Report of the G20 High Level Independent Panel (2021) Financing the Global Commons for Pandemic Preparedness and Response, available at ***https://pandemic-financing.org/report/foreword/*** Independent report prepared by Dalberg (2021) "ACT-Accelerator Strategic Review" available at, ***https://www.who.int/publications/m/item/act-accelerator-strategic-review***, accessed 22 April 2022

87 Independent report prepared by Dalberg (2021) "ACT-Accelerator Strategic Review" available at, ***https://www.who.int/publications/m/item/act-accelerator-strategic-review***, accessed 22 April 2022

88 WHO webpage, What is the ACT-Accelerator, available at ***https://www.who.int/initiatives/act-accelerator/about***

89 WHO (2021) Dr Ayoade Alakija appointed WHO Special Envoy for the ACT-Accelerator, available at ***https://www.who.int/news/item/16-12-2021-dr-ayoade-alakija-appointed-who-special-envoy-for-the-act-accelerator***, accessed 22 April 2022

90 Devex (2021) A review says ACT-A should continue. Experts say changes are needed, available at ***https://www.devex.com/news/a-review-says-act-a-should-continue-experts-say-changes-are-needed-101830***

91 2022 Interview with new WHO Special Enjoy on COVID-19, Dr Ayoade Alakija, available at ***https://www.development-today.com/archive/dt-2022/dt-1--2022/interview-new-who-special-envoy-on-covid-yodi-walks-into-the-lions-den***, accessed Jan 25 2022

92 Drug for Neglected Diseases Initiative (2021) Another triumph of science, but defat for access? Available at, ***https://dndi.org/wp-content/uploads/2021/08/DNDi-COVID-19-Policy-Report-2021.pdf***, accessed 18 April 2022

93 WHO (2022) ACT-Accelerator calls for fair share-based financing of US$ 23 billion to end pandemic as global emergency in 2022, available at ***https://www.who.int/news/item/09-02-2022-act-accelerator-calls-for-fair-share-based-financing-of-usdollar-23-billion-to-end-pandemic-as-global-emergency-in-2022***, accessed 11 April 2022

94 Drug for Neglected Diseases Initiative (2021) Another triumph of science, but defat for access? Available at, ***https://dndi.org/wp-content/uploads/2021/08/DNDi-COVID-19-Policy-Report-2021.pdf***, accessed 12 July 2022

95 MSF (2020) Proposals for achieving equitable global access for treatments, vaccines and diagnostics resulting from the ACT-A Accelerator, available at ***https://msfaccess.org/sites/default/files/2020-07/ACT%20access%20proposals%20FINAL%20June%2020.pdf***, accessed 12 July 2022

96 The UK Government's COVID-19 Response: Living with COVID-19, available at ***https://www.gov.uk/government/publications/covid-19-response-living-with-covid-19***, accessed 12 July 2022

97 WHO (2022) Pandemic prevention, preparedness and response accord, available at ***https://www.who.int/news-room/questions-and-answers/item/pandemic-prevention--preparedness-and-response-accord***, accessed 12 July 2022

98 StopAids (2022) Meaningful engagement of civil society and communities in the development of the Pandemic Treaty, available at ***https://stopaids.org.uk/2022/03/11/meaningful-engagement-of-civil-society-and-communities-in-the-development-of-the-pandemic-treaty/***, accessed 12 July 2022

99 Think Global Health (2022) Fix it of Forget It, available at ***https://www.thinkglobalhealth.org/article/fix-it-or-forget-it***, accessed 12 July 2022

100 World Bank (2022) A Proposed Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response Hosted by the World Bank, available at ***https://thedocs.worldbank.org/en/doc/018ab1c6b6d8305933661168af757737-0290032022/original/PPR-FIF-WB-White-Paper.pdf***, accessed 12 July 2022

101 Devex (2022) Newswire; the must-read global development newsletter from 1 July 2022, written by William Worley, accessed 12 July 2022

102 UK Government (2021) FCDO launches new approach to improving global health, available at ***https://www.gov.uk/government/news/fcdo-launches-new-approach-to-improving-global-health***, accessed 10 April 2022

103 As above

104 BBC (2021) Covid: Lessons to be learned from spring 2022 public inquiry – PM, available at ***https://www.bbc.co.uk/news/uk-57088314***, accessed 27 May 2022

105 Prime Minister Boris Johnson's remarks at the first session of the G7 Summit: 11 June 2021, available at ***https://www.gov.uk/government/speeches/pm-boris-johnsons-remarks-at-the-first-session-of-the-g7-summit-11-june-2021***, accessed 22 April 2022

RESULTS UK Head Office, 31-33 Bondway, London, United Kingdom, SW8 1SJ
+44 (0)207 793 3970 **www.results.org.uk** **results.uk** **@resultsuk**

RESULTS