

## **PS1.2**

**VACCINES, THERAPEUTICS, DIAGNOSTICS, AND OTHER SUPPLIES:  
INNOVATION, ACCESS AND EQUITY**

## | BACKGROUND

Control over most of the production and distribution of countermeasures (vaccines, diagnostics, therapeutics and other critical supplies) related to prevention and mitigation of health impacts in pandemics, as seen with COVID-19, rests with a small number of countries. National security and economic interests, not epidemiology, dominated decision-making leading to shortages in countries lacking the wealth and fiscal capacities to compete in gaining timely access to such goods.

International organizations and mechanisms, including the Gavi, the Vaccine Alliance, the Coalition for Epidemic Preparedness Innovations (CEPI), the Access to COVID-19 Tools Accelerator (ACT-A), launched by WHO and partners with three pillars on Diagnostics, Therapeutics, and Vaccines (COVAX), have made strong contributions to global health, but have limitations that were exposed during the COVID-19 pandemic. The WHO mRNA vaccine technology transfer hub initiative offers a basis for assessment of possibilities and pitfalls in ensuring global access to pandemic-related health tools, and how limitations of the governance structure of ACT-A should inform WHO's roles in overseeing future equitable distribution.

The politicization of science leads to people distrusting some health tools, especially vaccines, resulting in poor uptake and increased morbidity and mortality. Moreover, misinformation and disinformation about the safety and efficacy of new vaccines lead to limited acceptance and uptake in many settings, both rich and poor; however, the impact is greater among poor and rural populations.

The Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement of 1995 requires member countries to make patents available for any invention, whether products or processes, in all fields of technology without discrimination, subject to the normal tests of novelty, inventiveness, and industrial applicability. There is growing consensus that the 2022 TRIPS waiver for COVID-19 vaccines failed to remedy long-standing concerns with the role of intellectual property rights (IPR) in access to health innovations (pandemic-related or otherwise) and that governments in their research funding or advance purchase agreements must place conditionalities on private sector IPR and market decision-making to ensure that there is equitable access to such products globally.

The global health governance is often constrained in addressing global health challenges separate from the interests of large donor members. The broader context is a need to examine the reform of multistakeholder global health governance with reference to more equitable participation from LMICs (particularly LDCs) and civil society organizations. Several major initiatives developed by ACT-A stakeholders, G20, G7, IPPPR, and INB-global treaty, will shed light on the future global health landscape. An important issue to take on is the dilemma between multilateralism underpinning a globalized world and national interest, self-determination; how to integrate into global and national governance.

## | OBJECTIVES

This session will examine issues highlighted in the background and propose recommendations and improvements related to:

- The centralized control of essential products in the hands of a few high-income countries
- The limited voice of LMIC in global health governance
- The West-East polarization of global health decision-making and supply chains
- Mistrust of vaccines and therapeutics, often based on misinformation and disinformation
- The limitations of the current TRIPS agreement

The session will reflect on the lessons learned from the COVID pandemic and look into future mechanisms and changes at global, regional, country, and sub-national levels, enabling better prevention, preparedness, and response.



Panelist

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Dr. Feng Zhao has more than 20 years of experience in public health, medicine, economics and demography at global, regional and country levels. He has extensively worked on health policy dialogues, technical work and operations particularly in Africa and Europe and Central Asia.

As the World Bank Practice Manager for South Asia Region - Health, Nutrition and Population (HNP), he manages the HNP portfolio for Bangladesh, Bhutan, Nepal and Pakistan. In this role, he is charged with guiding the development and quality of Bank supported HNP analytical products and financing operations in support of the Bank's goals to end poverty and boost shared prosperity. While Practice Manager for the Bank global health engagement program, he led the strategy development exercise and flagship reports. He also led the Bank's health COVID-19 response program as the head of the Emergency Operations Center (EOC) and was one of the main architects of the COVID global MPA. Before his current role, he served in different positions at the World Bank including Program Leader for the Bank's Human Development programs for Ukraine, Belarus and Moldova; Task Manager for a number of African countries. From August 2009 to July 2011, he was based in World Bank's Ethiopia country office, also serving as Chair of the Health Partner Group in Ethiopia.

He also had experience to be the Health Manager at the African Development Bank, responsible for health operations in 54 African countries from 2011 to 2014.

He holds a Ph.D in population and health economics from the Johns Hopkins University, a Master of Public Health from University of California at Berkeley, a Medical Degree from China. He serves as a faculty member for a number of universities including as a faculty member for Harvard Finance Minister Executive Leadership Program.