

# WTO institutionally unfit for purpose of delivering sustainable solutions

*The 12<sup>th</sup> Ministerial Conference (MC12) of the World Trade Organization (WTO) opened on 12 June, with the eyes of civil society focused on [a number of key issues](#) up for discussion, not least access to COVID-19 related medical technologies. The conference was originally scheduled to end by Thursday 16 June, but negotiations continued long into the night, with white smoke finally appearing at 5am on Friday 17 June. [The text](#) that came out of these negotiations, however, contains serious flaws and shortcomings, and isn't the sustainable solution that multiple governments and civil society were hoping for.*

*Below is Health Action International's [early take](#) on a disappointing week for transparency and multilateralism, and a disappointing outcome for equitable access to life-saving medical technologies.*

“The last few days of the MC12 have shown the WTO to be institutionally unfit for the purpose of delivering sustainable solutions to the needs of a majority of countries and their citizens.

For almost two years governments, civil society, academics, elected officials and countless citizens from all over the world have supported a time-limited waiver on certain TRIPS obligations, as proposed by South Africa and India. The intransigence of the European Union and a few other governments, with Norway, Switzerland and the United States among them, did not allow a public, open exchange on the merits of the proposal. We witnessed endless demands for further information while a pandemic raged all around us.

Instead of meaningful negotiations, as mandated by the European Parliament and demanded in number of public statements, we had secretive and ad-hoc discussions that purportedly generated a text considered as partial, short-sighted and inapplicable by experts. The fact the WTO secretariat, led by Director-General Dr Ngozi Okonjo-Iweala, pushed such a document for consideration of the wider WTO membership tarnished the organisation's reputation as honest broker, especially when dealing with proposals from the global South.

Through all of this, we must not lose sight of the fact that, globally, many deaths and much misery could have been avoided. In doing so, we should also take a long hard look at the broken commitments to make vaccines global public goods, while even the promise to support at least a limited waiver of patents on vaccines was never fulfilled.

This morning's decision, right at the close of MC12, is not a TRIPS waiver. Indeed, it would be hard to call it any sort of waiver. It does nothing more than add relaxation of constraints on exports while adding more requirements to the use of already established flexibilities, such as compulsory licenses. The adoption of such a text constitutes a step backwards for the protection and promotion of public health, not only in pandemics and other health

emergencies but also in proceedings in other international forums like the World Health Organization. It also perpetuates a pattern of last-minute, unworkable and cumbersome deals on IP and access to health technologies with the implementation of the Paragraph 6 of the Doha declaration as an example.

We endorsed the South Africa and India proposal, not only because it was a necessary, but because it was morally right. We will continue to work for a better understanding of the implications of intellectual property rules for access to health technologies and the need for change. We are not alone, and we are confident that sooner rather than later we will see a new consensus arise: based on the equitable access to health technology regardless border or wealth.”

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