The G7 Research Group presents the

2020 G7 Virtual Summit Final Compliance Report

17 March 2020 to 6 May 2021

Prepared by
Meagan Byrd
and the G7 Research Group

8 June 2021

www.g7.utoronto.ca
g7@utoronto.ca
@g7_rg

“We have meanwhile set up a process and there are also independent institutions monitoring which objectives of our G7 meetings we actually achieve. When it comes to these goals we have a compliance rate of about 80%, according to the University of Toronto. Germany, with its 87%, comes off pretty well. That means that next year too, under the Japanese G7 presidency, we are going to check where we stand in comparison to what we have discussed with each other now. So a lot of what we have resolved to do here together is something that we are going to have to work very hard at over the next few months. But I think that it has become apparent that we, as the G7, want to assume responsibility far beyond the prosperity in our own countries. That’s why today’s outreach meetings, that is the meetings with our guests, were also of great importance.”

Chancellor Angela Merkel, Schloss Elmau, 8 June 2015

G7 summits are a moment for people to judge whether aspirational intent is met by concrete commitments. The G7 Research Group provides a report card on the implementation of G7 and G20 commitments. It is a good moment for the public to interact with leaders and say, you took a leadership position on these issues — a year later, or three years later, what have you accomplished?

Achim Steiner, Administrator, United Nations Development Programme, in G7 Canada: The 2018 Charlevoix Summit
Contents
Introduction ......................................................................................................................... 3
Research Team .................................................................................................................... 4
Summary ............................................................................................................................. 6
  The Final Compliance Score .......................................................................................... 6
  Compliance by Member ................................................................................................. 6
  Compliance by Commitment ....................................................................................... 6
  The Compliance Gap Between Members ................................................................... 6
Future Research and Reports ......................................................................................... 6
  Table A: 2020 Priority Commitments Selected for Assessment* ................................ 8
  Table B: 2020 G7 Virtual Summit Final Compliance Scores ........................................ 9
  Table C: 2020 G7 Virtual Summit Compliance Scores by Member ............................. 10
  Table D: 2020 G7 Virtual Summit Final Compliance Scores by Commitment ........... 11
1. Health: Public Health Measures .............................................................................. 12
2. Health: Addressing Risk ............................................................................................. 50
3. Health: Protecting Health and Safety ....................................................................... 74
4. Health: Strengthening Health Systems .................................................................... 114
5. Health: Data Sharing ................................................................................................. 139
6. Health: Coordinated Research Efforts ...................................................................... 157
7. Health: Joint Research Projects ............................................................................... 174
8. Health: Medical Equipment ...................................................................................... 187
9. Health: Online Platforms .......................................................................................... 211
10. Health: Supporting the World Health Organization ............................................... 223
11. Health: Delaying the Spread of COVID-19 ............................................................. 247
12. International Cooperation: Global Response ........................................................ 282
13. International Cooperation: Science, Research and Technology ............................ 315
14. Global Economy: Restoring Confidence and Growth ........................................... 331
15. Global Economy: Economic Growth ...................................................................... 347
17. Global Economy: Restoring Growth ...................................................................... 381
18. Trade: Supporting Trade and Investment ............................................................... 406
19. Trade: Addressing International Supply Chains ..................................................... 428
20. Trade: Facilitating International Trade ................................................................... 446
8. Health: Medical Equipment

“We will make efforts to increase the availability of medical equipment where it is most needed.”

G7 Leaders’ Statement

Assessment

<table>
<thead>
<tr>
<th>Country</th>
<th>No Compliance</th>
<th>Partial Compliance</th>
<th>Full Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td></td>
<td></td>
<td>+1</td>
</tr>
<tr>
<td>France</td>
<td></td>
<td></td>
<td>+1</td>
</tr>
<tr>
<td>Germany</td>
<td></td>
<td></td>
<td>+1</td>
</tr>
<tr>
<td>Italy</td>
<td></td>
<td></td>
<td>+1</td>
</tr>
<tr>
<td>Japan</td>
<td></td>
<td></td>
<td>+1</td>
</tr>
<tr>
<td>United Kingdom</td>
<td></td>
<td></td>
<td>+1</td>
</tr>
<tr>
<td>United States</td>
<td></td>
<td></td>
<td>+1</td>
</tr>
<tr>
<td>European Union</td>
<td></td>
<td></td>
<td>+1</td>
</tr>
<tr>
<td>Average</td>
<td></td>
<td></td>
<td>+1.00 (100%)</td>
</tr>
</tbody>
</table>

Background

On 31 December 2019, the China Country Office of the World Health Organization (WHO) reported cases of “pneumonia of unknown etiology … detected in Wuhan City.” The virus would later be known as COVID-19.

On 23 January 2020, the Chinese government imposed a lockdown across Hubei province, including the city of Wuhan, in an attempt to contain the virus and limit its spread.

On 23 January 2020, Dr. Tedros Adhanom Ghebreyesus, WHO Director-General, convened a meeting of the International Health Regulations Emergency Committee “regarding the outbreak of novel coronavirus.” The committee did not recommend the Director-General to declare a Public Health Emergency of International Concern but expressed support of the ongoing efforts through a WHO international multidisciplinary mission … to investigate the animal source of the outbreak, the extent of human-to-human transmission, the screening efforts in other provinces of China, the enhancement of surveillance for severe acute respiratory infections in these regions, and to reinforce containment and mitigation measures.

On 30 January 2020, Dr. Tedros on the advice of the Emergency Committee declared “that the outbreak constitutes a Public Health Emergency of International Concern.” As of that date, there were 7,834

---

confirmed cases in 19 countries. Dr. Tedros issued seven recommendations including an advice against “limiting trade and movement” and a call on the international community to “support countries with weaker health systems.”

On 3 February 2020, the G7 health ministers held a conference call on the COVID-19. The ministers agreed to “coordinate their approach on travel regulations and precautions, research into the new virus and cooperation with the WHO, the EU, and China.”

On 4 February 2020, the WHO issued a Strategic Preparedness and Response Plan that “outlines the public health measures that the international community stands ready to provide to support all countries to prepare for and respond to COVID-19.” Among other recommendations, the document stated that “measures that restrict the movement of people may prove temporarily useful at the beginning of an outbreak to allow time to implement preparedness activities, and to limit the international spread of potentially highly infectious cases.” Dr. Tedros also asked UN Secretary-General António Guterres “to activate the UN crisis management policy.”

As of 5 February 2020, more than 20 countries, including Japan, Germany, Britain, France, and Italy, and the United Nations Children’s Fund (UNICEF) have donated “epidemic prevention and control supplies to China.”

On 3 March 2020, the WHO issued a statement calling on “industry and governments” to increase production of personal protective equipment (PPE). The WHO underlined that shortages of PPE were “leaving doctors, nurses and other frontline workers dangerously ill-equipped to care for COVID-19 patients.”

On 7 March 2020, the number of confirmed cases reached 100,000. The WHO called on “all countries to continue efforts that have been effective in limiting the number of cases and slowing the spread of the virus.”

---


On 9 March 2020, the Global Preparedness Monitoring Board, which was co-founded by the World Bank and the WHO, called on G7 and G20 leaders “to mobilize resources to fill funding gaps” as the world faces “the unprecedented rapid global spread of the virus and the profound health, social and economic impact.”

On 11 March 2020, with the number of confirmed cases exceeding 180,000 and spreading across 114 countries, the WHO declared COVID a pandemic. COVID-19 pandemic is the first one “sparked by a coronavirus.” Dr. Tedros reiterated his call on “all countries … to activate and scale up … emergency response mechanisms.”

On 16 March 2020, the WHO and the UN Development Coordination Office started the COVID-19 Partners Platform that aims to provide a tool for “partners, donors and contributors to collaborate in the global COVID-19 response.”

On 16 March 2020, under the U.S. presidency G7 leaders held a videoconference to respond to COVID-19 pandemic and agreed to work collectively to “increase the availability of medical equipment where it is most needed.” At the time, they expected to meet again in three months at their regularly scheduled summit on 10-12 June 2020, which was later postponed indefinitely.

Commitment Features
The commitment states that G7 members “will make efforts to increase the availability of medical equipment where it is most needed.” There are several components to this commitment.

First, “increase the availability” is defined as taking measures to increase supply of medical equipment through supporting industry in increasing production, removing import and export barriers, simplifying procurement procedures, and supporting an effective and efficient distribution of medical equipment. Examples of such measures are providing financial support to manufactures and removing tariffs for equipment import.

---


---

8 June 2021
189
Second, “medical equipment” is defined as any medical tool or device used for “diagnostic, therapeutic, and protective” purposes related to COVID-19.\textsuperscript{1607} Such devices include personal protective equipment, ventilators, equipment for conducting tests, etc.\textsuperscript{1608}

Third, the commitment states that G7 members will work on making medical equipment more available “where it is most needed.”\textsuperscript{1609} This portion of the commitment has domestic and international elements. Domestically, G7 members should take steps to increase the supply of medical equipment in regions most impacted by the virus and where there is a shortage of medical equipment. Internationally, G7 members should take steps to increase the availability of medical devices in countries at the epicentre of COVID-19 crisis (e.g. Italy and Spain in spring 2019) and in developing countries with weak health systems. Examples of such actions include donating medical equipment to other states and financing WHO or other international organizations’ programs that aim to increase the availability of medical equipment in developing states.

Thus, to achieve full compliance, a G7 member must take concrete actions to implement policies and programs designed to increase the supply of medical equipment domestically and support other countries experiencing a major COVID-19 crisis or having weak health systems. If a member makes efforts to increase availability of medical devices domestically but does not assist other countries directly or indirectly, a score of 0, or partial compliance will be assigned. Also, a score of 0 will be assigned to a G7 member that takes concrete steps to increase availability of medical devices domestically while only reaffirming its commitment increase availability internationally and vice versa.

A G7 member that takes no steps to “to increase the availability of medical equipment” neither domestically nor internationally will be assigned a score of −1, or no compliance.\textsuperscript{1610}

### Scoring Guidelines

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>−1</td>
<td>G7 member has NOT taken steps to increase the availability of medical equipment domestically OR assisted other countries where the equipment is most needed.</td>
</tr>
<tr>
<td>0</td>
<td>G7 member has taken steps to increase the availability of medical equipment domestically OR to assist other countries where the equipment is most needed.</td>
</tr>
<tr>
<td>+1</td>
<td>G7 member has taken steps to increase the availability of medical equipment domestically AND to assist other countries where the equipment is most needed.</td>
</tr>
</tbody>
</table>

Compliance Director: Bogdan Stovba  
Lead Analyst: Jessica Saini

**Canada: +1**

Canada has fully complied with its commitment to increase the availability of medical equipment where it is most needed.

On 18 March 2020, Minister of Health Patty Hajdu issued the Interim Order Respecting the Importation and Sale of Medical Devices for Use in Relation to COVID-19.\textsuperscript{1611} The interim order creates expedited

---


authorization pathways for COVID-19 medical equipment.\textsuperscript{1612} This measure defines COVID-19 related medical equipment to include testing equipment, personal protective equipment, ventilators, sterilizers and decontaminators.\textsuperscript{1613} The expedited authorization pathways allow for faster and greater availability of required medical equipment.\textsuperscript{1614}

On 20 March 2020, Prime Minister Justin Trudeau announced Canada’s Plan to Mobilize Industry to fight COVID-19, which includes measures aiming to help industry “rapidly scale up production … to develop products made in Canada that will help the fight against COVID-19.”\textsuperscript{1615} The measure prioritizes the “procurement of essential supplies” by implementing key measures: capacity building, innovative solutions, procurement, and working with Canadian industry.\textsuperscript{1616}

On 30 March 2020, Minister Hajdu issued the Interim Order Respecting Drugs, Medical Devices and Foods for a Special Dietary Purpose in Relation to COVID-19.\textsuperscript{1617} It provides specific pathways to expedite the approval of COVID-19 medical equipment related to diet. This measure is aimed at meeting specific needs and shows intention to enable access to medical equipment where it is most needed.

On 31 March 2020, Prime Minister Trudeau announced that the Government of Canada is investing CAD2 billion “to support diagnostic testing and to purchase ventilators and protective personal equipment.”\textsuperscript{1618} The announcement also stated that the government would partner with nearly 3,000 companies to meet its goal of making equipment available.\textsuperscript{1619} This action is in line with the goal of increasing accessibility of medical equipment.

On 7 April 2020, Prime Minister Trudeau announced “further progress under Canada’s Plan to Mobilize Industry to fight COVID-19” with the government working with 5,000 Canadian companies to build “a secure, domestic supply” of medical equipment and protective gear like medical gowns.\textsuperscript{1620} The government


was also working with companies outside of Canada that are “interested or able to sell to Canada” aiming “to secure contracts and deliveries as quickly as possible.”\textsuperscript{1621} The prime minister also announced that the government is working with several Canadian companies such as Thornhill Medical, CAE, Ventilators for Canadians, and a group led by StarFish Medical to produce up to 30,000 ventilators.\textsuperscript{1622}

On 5 May 2020, the Canadian government lifted custom duties on imported medical equipment citing “a sharp increase in domestic demand for medical supplies, including personal protective equipment (PPE).”\textsuperscript{1623} This measure aims to “reduce the cost of imported medical supplies.”\textsuperscript{1624}

On 23 May 2020, Minister Hajdu issued the Interim Order Respecting Clinical Trials for Medical Devices and Drugs Relating to COVID-19.\textsuperscript{1625} It expedites the authorization of clinical trials and their results.\textsuperscript{1626} This increases the availability of medical equipment that is being trialed.

On 9 June 2020, the Government of Canada launched an online portal, referred to as a “web hub to bring together available resources for organizations buying and selling personal protective equipment (PPE). As organizations re-open for business, they need reliable information on how to buy and sell the necessary supplies required to keep themselves and others safe.”\textsuperscript{1627}

On 11 June 2020, the Government of Canada contributed CAD7.5 million to the Pan American Health Organization.\textsuperscript{1628} The contribution aims to support the COVID-19 response in 15 Caribbean countries and eight Central and South American countries.\textsuperscript{1629} This goes towards increasing supplies of medical equipment in contexts outside of Canada.

On 24 June 2020, the International Coalition of Medical Regulatory Authorities, where Health Canada is an executive committee member, issued a statement on the importance of “global collaboration to facilitate and expedite the development and evaluation of diagnostics and therapeutics.”\textsuperscript{1630} This emphasizes a commitment to common international regulation and collaboration.


\textsuperscript{1622} Canada working to produce up to 30,000 ventilators domestically: Trudeau (Ottawa) 7 April 2020. Access Date: 10 March 2021. https://www.cbc.ca/news/politics/ventilators-trudeau-1.5524581.


On 29 June 2020, the Government of Canada donated CAD4 million worth of N95 and medical masks “or COVID-19 preventive and control measures” to members of the Association of South East Asian Nations and its secretariat.\textsuperscript{1631}

On 21 August 2020, the federal government and the Government of Ontario announced a joint investment with 3M to expand its Brockville manufacturing facility for N95 respirators.\textsuperscript{1632} This CAD70 million investment agreement will secure 50 million N95 respirators annually “to help health care workers, first responders and other essential workers with the equipment they need to continue their vital work.”\textsuperscript{1633}

On 27 November 2020, Health Canada announced transition regulations regarding the Interim Order Respecting the Importation and Sale of Medical Devices (COVID-19).\textsuperscript{1634} This is the Forward Regulatory Plan 2020-2022, which comprises a proposal for the medical equipment industry to ease out of the interim orders after fall 2021.\textsuperscript{1635} It includes both international and domestic regulatory cooperation efforts in the meantime to make sure equipment is readily available, accounting for the impacts on different actors.\textsuperscript{1636}

Canada has fully complied with its commitment to increase the availability of medical equipment where it is most needed by working with the industry domestically, expediting the authorisation process, and speeding up the process with targeted interim orders. Canada has also assisted with increasing the availability of medical equipment abroad by donating equipment to other states directly or via international institutions.

Thus, Canada has received a score of +1.

\textit{ Analyst: Stuti Roy}

\subsection*{France: +1}

France has fully complied with its commitment to increase the availability of medical equipment where it is most needed.

On 23 March 2020, the French government announced the order of 10,000 respirators, of which 1,500 were standard Monal T60 models and 8,500 were the emergency Osiris model.\textsuperscript{1637} Combined with pre-existing supplies, this purchase was strategized to bring total capacity to exceed 30,000 ventilators by the end of June

\begin{itemize}
\end{itemize}
2020 and is part of France’s vision to mobilize medical equipment “for the benefit of France’s partners abroad” once the domestic French supply is secured.\(^{1638}\)

On 23 March 2020, the French government granted departmental prefects powers to requisition raw materials needed to manufacture protective face masks.\(^{1639}\) This measure was repealed on 11 May 2020.\(^{1640}\)

On 31 March 2020, President Emmanuel Macron stated that French priority is to increase production of protective equipment in France and in Europe, aiming to achieve full production independence by the end of 2020.\(^{1641}\) The president also underlined that EUR4 billion were provide for the Public Health Authority to purchase additional equipment.\(^{1642}\)

On 30 June 2020, the Agence du development française (AFD) signed an agreement with Rwanda to provide a EUR40 million loan to support “tackling Covid-19.”\(^{1643}\) Part of this loan will be dedicated to increasing Rwanda’s “diagnosis capacity (tests, laboratory equipment), infection prevention in health centers (setting up isolation centers, personal protective equipment)” and patients treatment.\(^{1644}\)

On 4 July 2020, the Ministry of Solidarity and Health pledged to increase medical aid to the French overseas territory of Guiana to cope with epidemic progression, primarily by increasing the availability of diagnostic tests.\(^{1645}\) This provision also pledges to provide resources to increase the capacity of large hospitals by providing tent beds.\(^{1646}\) The state also pledged to uphold regular deliveries of personal protective equipment (PPE), although made no specific commitments to increasing quantity.\(^{1647}\)

On 15 July 2020, the AFD announced the provision of emergency funding of EUR2 million for 12 Pacific Island countries and territories, funneled through the Pacific Public Health Surveillance Network.\(^{1648}\) In the


short-term, these funds will be used for the acquisition of medical equipment that specifically targets COVID-19, including respirators, oxygen, and PPE for medical staff.\textsuperscript{1649}

On 23 September 2020, the AFD announced that it will mobilize EUR5.3 million to assist Cuba with tackling the COVID-19 pandemic.\textsuperscript{1650} Specifically, the funds will be used to provide “76 ventilators, 180,000 protective kits and supplies to develop diagnosis tests.”\textsuperscript{1651}

On 8 December 2020, the French Senate approved a measure in the 2021 finance bill to reduce the value-added tax on all diagnostic medical devices including antigenic and nucleic acid COVID-19 tests and antibody detection tests.\textsuperscript{1652} This measure reflects the French government’s efforts to mobilize in favour of developing diagnostic capabilities by removing economic barriers and will apply retroactively to all transactions from 15 October 2020 to 31 December 2022.\textsuperscript{1653}

On 15 December 2020, the AFD announced that it would provide EUR2 million to 12 Pacific island countries and territories to assist them with responding to COVID-19 crises.\textsuperscript{1654} Funding will be dedicated to providing “equipment to health facilities in the region” including respirators, oxygen, and PPE.\textsuperscript{1655}

On 22 January 2021, the Minister of Solidarity and Health announced a third mass distribution of masks to vulnerable populations. 45 million masks will be provided by the government and distributed to 7.3 million French citizens.\textsuperscript{1656} This measure is intended to provide medical equipment to those who “may have financial difficulties” acquiring masks in adequate quantities.\textsuperscript{1657}

France has fully complied with its commitment to increase the availability of medical equipment where it is most needed by purchasing and distributing medical equipment as well as removing financial barriers to said purchases. France has also assisted other countries through various AFD projects.

Thus, France has received a score of +1.

\textit{Analyst: Sophie Stojicevic}


Germany: +1

Germany has fully complied with its commitment to increase the availability of medical equipment where it is most needed.

On 19 March 2020, the Foreign Office announced lifting the national authorisation requirement for exports of personal protective equipment (PPE). This ensured that exports of PPE within the EU internal market are no longer subject to authorising.  

On 21 April 2021, Minister of Health Jens Spahn announced that an additional EUR7.8 billion will be dedicated to procuring “masks, gloves and other protective gear for medical practices.”

On 7 May 2020, the federal government reported that since March it procured 114 million protective masks, bringing the overall stock of masks available for distribution to 152 million.

On 20 May 2020, the federal cabinet amended the Foreign Trade and Payment Regulation, expanding the “list of companies for which the acquisition of a stake by a purchaser from outside the European Union can be examined.” Included in the expanded list are companies that “are indispensable for the maintenance of a properly functioning health system in Germany, such as personal protective equipment (PPE), drugs and vaccines.”

On 22 June 2020, the German government issued a policy paper titled “An Effective International Response by Germany to COVID-19.” In the document, the federal government committed to “comply with requests from other states for assistance in the medical sphere, such as for protective clothing, medical equipment, testing or advisory services,” however, the document underlines that Germany would provide assistance while “taking into account German and European needs.”

On 20 September 2020, the World Health Organization (WHO) delivered COVID-19 supplies, including PPE, to Libya. These supplies were procured and shipped “using funds provided by the Government of

---

Germany, the Government of Italy, the Bill and Melinda Gates Foundation and the UN Central Emergency Response Fund.\textsuperscript{1667}

On 16 December 2020, the Ministry of Health and the Ministry for Economic Affairs and Energy issued a funding directive to support companies creating new or expending existing facilities for production of COVID-19 antigen tests.\textsuperscript{1668} Under this EUR200 million plan, eligible companies will receive up to EUR30 million each.\textsuperscript{1669}

On 30 December 2020, Germany delivered 84 ventilators and 100 pulse oximeters to the Ministry of Health of North Macedonia.\textsuperscript{1670}

On 4 January 2021, representatives of Germany joined the local WHO office and handed over pulse oximeters to the Ministry of Health in Montenegro.\textsuperscript{1671}

On 14 January 2021, Germany delivered 5,000 pulse oximeters and 200 ventilators to the Ministry of Health and the University Clinical Centre in Kosovo.\textsuperscript{1672}

On 15 January 2021, Germany delivered 1,000 pulse oximeters to the Ministry of Health in Albania as well as 50 ventilators and 10,000 pulse oximeters to Bosnia and Herzegovina.\textsuperscript{1673}

Germany has fully complied with its commitment to increase the availability of medical equipment where it is most needed by supporting the industry domestically, reducing the barriers to accessing medical equipment within the European Union and in Germany, and providing equipment to countries where it is most needed.

Thus, Germany has received a score of +1.

Analyst: Nivaal Rehman

\textbf{Italy: +1}

Italy has fully complied with its commitment to increase the availability of medical equipment where it is most needed.


On 17 March 2020, the Government of Italy issued Law Decree 19 articles 15 and 16 that specified different types of derogation procedures to allow the production of surgical masks and personal protective equipment (PPE). The procedures issued required companies to send a self-certification that describe the technical characteristics of the masks and declare that the masks meet all safety requirements.

On 23 March 2020, the Presidency of the Council of Ministers (Prime Minister’s Office) issued Ordinance 4, Benefits of Companies During the COVID-19 Emergency, to enter into effect in Italy. The ordinance, which appropriated an initial amount of EUR50 million, was to provide aid to Italian companies that manufacture and supply medical devices and PPE.


On 19 May 2020, Law no.77/2020 came into force granting value-added tax (VAT) exemption “for the supply of goods necessary/useful to combat the COVID-19 pandemic” including PPE, test kits, and medical equipment. The law also provided for temporary VAT exemptions for goods “made for COVID-19 purposes” which are imported into the country on request of states, organizations, or charities.

On 30 July 2020, the Ministry of Foreign Affairs and International Cooperation, with coordination of the Civil Protective Department, sent a team of seven doctors and nurses and a cargo of 500,000 masks to Tirana, Albania. This action demonstrates an effort to increase availability of PPE internationally.

On 20 September 2020, the World Health Organization delivered COVID-19 supplies, including PPE, to Libya. These supplies were procured and shipped “using funds provided by the Government of Germany, Italy.”


the Government of Italy, the Bill and Melinda Gates Foundation and the UN Central Emergency Response Fund.\textsuperscript{1685}

Italy has fully complied with its commitment to increase the availability of medical equipment where it is most needed by specifying derogation procedures to increase domestic production of PPE and related medical equipment and by providing aid to Italian companies to manufacture medical equipment. Italy has done so domestically and internationally by providing PPE to Albania and Libya.

Thus, Italy has received a score of +1.

\textit{Japan: +1}

Japan has fully complied with its commitment to increase the availability of medical equipment where it is most needed.

On 13 April 2020, the Ministry of Health, Labour and Welfare (MHLW) announced that it will proceed to secure and maximize the production of medical equipment.\textsuperscript{1686} This includes the clarification of regulatory procedure for medical equipment such as the handling of drugs, medical devices, in-vitro diagnostic drugs, and respirators.\textsuperscript{1687}

On 24 April 2020, the MHLW announced it will be prioritizing the distribution of medical supplies and personal protective equipment (PPE) secured by the government for medical staff.\textsuperscript{1688} This provision was to protect medical staff from infection, ensure a medical care provision system, and comply to the high demand for medical supplies.\textsuperscript{1689}

On 21 May 2020, Prime Minister Shinzo Abe pledged to construct 2,000 new ventilators for coronavirus patients to build on the MHLW’s plan to ensure nationwide safety.\textsuperscript{1690}

On 7 June 2020, the Government of Japan, under the terms of the Exchange of Note, extended to the Government of Maldives a grant of JPY600 million to improve health services at atolls and regional hospitals across the country and to strengthen their capacity to respond to the COVID-19 pandemic.\textsuperscript{1691} The grant also


included the procurement of medical equipment, including 10 bedside X-ray machines, 65 bedside monitors, 19 portable ultrasound diagnostic systems, 200 automated external defibrillators, and 160 syringe pumps.1692

On 16 July 2020, Ito Naoki, the ambassador of Japan to Bangladesh, and Fatima Yasmin, Bangladesh secretary of the Economic Relations Division in the Ministry of Finance, signed the Exchange of Notes on the JPY1 billion grant aid “Economic and Social Development Programme.”1693 This grant aid provided medical equipment, such as computerized tomography scanners and X-ray machines, to strengthen hospitals and intensive care units treating COVID-19 patients in Bangladesh.1694

On 15 August 2020, the first shipment of medical equipment, purchased with Japan’s JPY2 billion grant, was delivered to Myanmar.1695 Equipment shipped included “10 sets each of a ICU bed, Syringe pump and Suction pump.”1696

On 24 August 2020, the United Nations International Children’s Emergency Fund (UNICEF) and the Government of Japan donated 367,580 “sets of personal protective equipment (PPE)” to the Ministry of Health of Kosovo.1697

On 12 February 2021, Ambassador Oka from the Government of Japan presented PPE to the National Disaster Management Agency through the Japan International Cooperation Agency.1698 The PPE, which consists of 7,600 units of isolation gowns, 76,000 units of coveralls, 3,000 units of N95 masks, and 3,000 units of gloves, will be given to frontline workers such as the Royal Malaysian Police, Malaysia Armed Forces, and the People’s Volunteer Corps to respond to the COVID-19 pandemic.1699

On 25 February 2021, Ambassador of Japan Takashi Kuri handed over diagnostic equipment, including digital X-rays, to the Ukraine Deputy Minister of Defense Antoli Petrenko in a ceremony at the Military Medical Centre in Irpin.1700 The purpose of this handover is to “ensure that the hospitals in Ukraine receive the best equipment possible.”1701

Japan has fully complied with its commitment to increase the availability of medical equipment where it is most needed by increasing domestic production of PPE and related medical equipment, as well as by

---

introducing regulations to speed up the availability of related products. Japan has also demonstrated compliance by providing and extending the procurement of medical equipment and PPE internationally.

Thus, Japan has received a score of +1.

**United Kingdom: +1**

The United Kingdom has fully complied with its commitment to increase the availability of medical equipment where it is most needed.

On 30 March 2020, the Medicines and Healthcare Products Regulatory Agency issued its expedited process for clinical investigations directly related to COVID-19.\(^{1702}\) The updated regulatory guidance emphasises a “flexible and pragmatic approach to regulatory requirements for clinical investigations.”\(^{1703}\) This action involved easing the authorisation process for medical equipment, making it more accessible to where it is most needed.

On 10 April 2020, the Department of Health and Social Care (DHSC) released a three-step plan to ensure personal protective equipment (PPE) is distributed to where it is most needed.\(^{1704}\) This builds on the “full, 24/7 military operation” to provide supplies with the PPE plan whose three stages include: guidance, distribution, and future supply management.\(^{1705}\)

On 17 April 2020, the DHSC announced it would extend polymerase chain reaction testing to cover more frontline workers.\(^{1706}\) Those eligible include National Health Service (NHS) and social care staff; police, fire and rescue services; local authority staff; defence staff; and frontline benefits workers.\(^{1707}\) This measure provides diagnostic equipment where it is needed.

On 9 May 2020, the DHSC announced it had contracted over 200 potential manufacturers to produce over 25 million items of PPE which the NHS and social care workers would be set to receive.\(^{1708}\) The UK government’s partnership with several companies and new collaborations allowed for this increased supply and distribution of medical equipment.\(^{1709}\) This measure thus increases availability of medical equipment.

---


On 15 May 2020, the UK government allocated GBP35 million to Wales.\textsuperscript{1710} The measure allows increased spending on medical equipment procurement and distribution in more remote parts of the country.\textsuperscript{1711}

On 6 June 2020, the UK government announced four new partnerships with UK manufactures to produce PPE.\textsuperscript{1712} Under these agreements “millions more visors, aprons and gowns will be delivered to frontline health and social care workers.”\textsuperscript{1713}

On 25 June 2020, the DHSC announced that two billion items of PPE had been delivered to the NHS and care services.\textsuperscript{1714} This included 341 million masks, 313 million aprons, four million gowns and one billion gloves.\textsuperscript{1715} The DHSC added that approximately 28 billion items had been ordered as part of a “herculean cross-government effort to future-proof supply chains.”\textsuperscript{1716}

On 28 September 2020, the UK government published a new PPE strategy and confirmed that “[h]ealth and social care workers treating COVID-19 patients have access to an uninterrupted supply of Personal Protective Equipment (PPE).”\textsuperscript{1717} It was also announced that because of the “unprecedented domestic production of PPE, for items such gowns and FFP3 facemasks, 70 per cent of the expected demand for PPE will be met by UK manufacturers from December.”\textsuperscript{1718}

On 14 December 2020, the UK government committed GBP1 million to aid Egypt’s COVID-19 response via the World Health Organization.\textsuperscript{1719} The funds are aimed towards infection prevention and control, which includes the procurement and distribution of PPE, disinfectants, sampling kits, and rapid testing.\textsuperscript{1720} The two governments said this was part of a shared fight against COVID-19 as well as maintaining trade relations.\textsuperscript{1721} This action demonstrates an effort to increase availability of medical equipment internationally.


On 23 December 2020, the DHSC announced it would spend GBP149 million to increase care home testing. This measure includes care homes in tiers one, two, and three, to access the increased supply and involves two rapid tests every week. This increases the availability and reach of diagnostic medical equipment where it is most needed.

On 22 January 2021, the Ministry of Defence announced that Armed Forces are working in hospitals and testing in all four countries within the UK. Over 5,000 Armed Forces personnel were deployed, including 800 defence medics. Half of the military personnel deployed to support distribution efforts are in England. This action shows the mobilisation of resources to increase availability of medical equipment.

On 19 February 2021, the UK government donated “20 mechanical ventilators, 40 non-invasive ventilators and 40 monitors” to Peru to support Peru’s capacity to respond to COVID-19.

On 22 February 2021, the UK government announced that it would put “asymptomatic COVID-19 testing in place” for all schools and colleges from 8 March onwards to ensure a safe return to in-person learning.

The United Kingdom has fully complied with its commitment to increase the availability of medical equipment where it is most needed by expediting the authorisation process and speeding up the process with partnerships and mobilisation to where medical equipment is most needed. The United Kingdom has done so domestically and internationally by supporting access to medical equipment outside the country in Egypt and Peru.

Thus, the United Kingdom has received a score of +1.

**Analyst: Stuti Ray**

### United States: +1

The United States has fully complied with its commitment to increase the availability of medical equipment where it is most needed.

On 27 March 2020, President Donald Trump issued a Presidential Memorandum “directing the Secretary of Health and Human Services to use any and all authority available under the Defense Production Act to require General Motors to accept, perform, and prioritize Federal contracts for ventilators.” The

---


Memorandum was issued to “ensure the quick production of ventilators.”1729 The president also signed an Executive Order on Delegating Additional Authority Under the Defence Production Act with Respect to Health and Medical Resources to Respond to the Spread of COVID-19. It states that it is the policy of the federal government to “expand domestic production of health and medical resources needed to respond to the spread of COVID-19, including personal protective equipment and ventilators.”1730 It aimed, among other policy objectives, to “enable greater cooperation among private businesses in expanding production of and distributing such resources.”1731

On 2 April 2020, President Trump issued an Order Under the Defence Production Act Regarding the Purchase of Ventilators. The order authorizes the Secretary of Health “to use any and all authority under the [Defence Production] Act to facilitate the supply of materials to the appropriate subsidiary or affiliate of the following entities for the production of ventilators: General Electric Company; Hill-Rom Holdings, Inc.; Medtronic Public Limited Company; ResMed Inc.; Royal Philips N.V.; and Vyaire Medical, Inc.”1732

On 2 April 2020, President Trump issued a Memorandum on Order Under the Defense Production Act Regarding 3M Company. The document authorized the Secretary of Homeland Security “to acquire, from any appropriate subsidiary or affiliate of 3M Company, the number of N-95 respirators that the Administrator determines to be appropriate.”1733

On 3 April 2020, President Trump issued a Memorandum on Allocating Certain Scarce or Threatened Health and Medical Resources to Domestic Use. Under this Memorandum, the Secretary of Homeland Security was authorized “to allocate for domestic use … scarce or threatened materials” including N-95 and other respirators, masks, and gloves.1734

On 10 April 2020, the Federal Emergency Management Agency (FEMA) issued a temporary final rule, effective from 7 April to 10 August 2020, to prevent the export of “scarce or threatened materials” without the explicit approval from the agency. This measure includes respirators and personal protective equipment (PPE), which under this rule are allocated for domestic use to bolster supplies.1735

---

On 10 April 2020, President Trump issued a Memorandum on Providing COVID-19 Assistance to the Italian Republic. Under this document, members of the cabinet are ordered, among other things, to “assist with Italy’s urgent need for medical equipment and supplies to respond to the COVID-19 outbreak,” to “encourage United States suppliers to conduct commercial sales of items requested by Italian authorities or healthcare providers,” and “to make US Department of Defence personnel and facilities located in Italy available to assist Italy in its response to COVID-19” including by “facilitating transport and set-up of field hospitals and response equipment provided by non-United States Government sources.”

On 15 May 2020, the United States donated 4,000 COVID-19 test kits and USD20,000 worth of PPE to Georgia.

On 20 May 2020, the United States Agency for International Development (USAID) issued a press release on Customers Reform Project. Working with Timor-Leste custom authority, the project team created “a fast-track clearance list for COVID-19 supplies,” expediting the flow of medical supplies through Dili seaport.

On 22 July 2020, the United States government donated USD150,000 worth of PPE to the Maldives.

On 6 August 2020, a presidential Executive Order was released ordering that essential medicines, medical countermeasures, and critical inputs were produced domestically to combat public health emergencies. Under section one, this involves the development of the United States’ industrial base to ensure efficient long-term production and prevent shortages. Section one directs agencies and executive departments involved in procurement of medical supplies to create ways to maximize production and “increase domestic procurement.”

On 9 October 2020, the United States government donated 100 ventilators to Vietnam “to support its ongoing response to COVID-19.”

On 23 October 2020, USAID announced the issuance of a Temporary Final Rule amending regulations to allow USAID to waive certain rules “Source and Nationality” rules. USAID, in conjunction with the State

---


Department, has established the Strategy for Supplemental Funding to Prevent, Prepare for, and Respond to Coronavirus Abroad, which includes the provision of essential medical supplies for overseas use that are expected to total up to USD137 million.\footnote{Procurement of Certain Essential Medical Supplies To Address the COVID-19 Pandemic, Agency for International Development (Washington, D.C.) 23 October 2020. Access Date: 21 February 2021. https://www.federalregister.gov/documents/2020/10/23/2020-16475/procurement-of-certain-essential-medical-supplies-to-address-the-covid-19-pandemic.} This amendment is intended to allow for “increased flexibility, targeting, and speed of procurement” to deliver medical equipment to countries under the USAID program, which includes the World Bank list of developing countries.\footnote{Procurement of Certain Essential Medical Supplies To Address the COVID-19 Pandemic; Correction, Agency for International Development (Washington, D.C.) 16 December 2020. Access Date: 21 February 2021. https://www.federalregister.gov/documents/2020/12/16/2020-27766/procurement-of-certain-essential-medical-supplies-to-address-the-covid-19-pandemic-correction.}


On 20 January 2021, President Joe Biden issued an Executive Order on Organizing and Mobilizing the United States Government to Provide a Unified and Effective Response to Combat COVID-19 and to Provide United States Leadership on Global Health and Security. It established the positions Coordinator of the COVID-19 Response and Counselor to the President, and Deputy Coordinator. Among other duties, the Coordinator and Deputy Coordinator will be responsible for “coordinating the Federal Government’s efforts
to produce, supply, and distribute personal protective equipment, vaccines, tests, and other supplies for the Nation’s COVID-19 response, including through the use of the Defense Production Act.”

The United States has fully complied with its commitment to increase the availability of medical equipment where it is most needed by increasing domestic production of PPE and related medical equipment, as well as by reducing regulations to speed up the availability of related products. The United States has also demonstrated compliance by reducing regulatory barriers to the USAID program to increase the delivery of medical equipment internationally and donating medical equipment to other countries.

Thus, the United States has received a score of +1.

**European Union: +1**

The European Union has fully complied with its commitment to increase the availability of medical equipment where it is most needed.

On 19 March 2020, the European Commission announced creation of “a strategic rescEU stockpile of medical equipment such as ventilators and protective masks.” The stockpile would be used to “support Member States facing shortages of equipment needed to treat infected patients, protect health care workers and help slow the spread of the virus.”

On 20 March 2020, the European Committee for Standardization, the European Committee for Electrotechnical Standardization, and their members “agreed to immediately make available a number of European standards for certain medical devices and personal protective equipment.” This measure would “help both EU and third-country companies willing to manufacture these items to swiftly start production and place products on the internal market more easily while ensuring a high degree of safety.”

On 22 March 2020, the European Commission announced that EUR50 million will be provided to Italy to “support the production and supply of medical devices, such as ventilators, and personal protection equipment, such as masks, goggles, gowns, and safety suits.” These funds will be available as grants or

---


repayable advances to companies which create new facilities, expand existing facilities, or repurpose existing production lines.\footnote{State aid: Commission approves €50 million Italian support scheme for production and supply of medical equipment and masks during Coronavirus outbreak, European Commission (Brussels) 22 March 2020. Access Date: 11 March 2021. https://ec.europa.eu/commission/presscorner/detail/en/ip_20_507.}

On 30 March 2020, the European Commission announced that EUR38 million will be provided to the Western Balkans “to tackle the health emergency caused” by COVID-19.\footnote{EU mobilises immediate support for its Western Balkan partners to tackle coronavirus, European Commission (Brussels) 30 March 2020. Access Date: 11 March 2021. https://ec.europa.eu/commission/presscorner/detail/en/ip_20_561.} These funds will be directed to “supporting the supply of medical devices and personal equipment, such as ventilators, laboratory kits, masks, goggles, gowns, and safety suits.”\footnote{EU mobilises immediate support for its Western Balkan partners to tackle coronavirus, European Commission (Brussels) 30 March 2020. Access Date: 11 March 2021. https://ec.europa.eu/commission/presscorner/detail/en/ip_20_561.}


On 8 April 2020, the European Commission published a Temporary Framework Communication to ensure businesses that produce critical medical goods can “cooperate and do it in line with the European Competition rules.”\footnote{Antitrust: Commission provides guidance on allowing limited cooperation among businesses, especially for critical hospital medicines during the coronavirus outbreak, European Commission (Brussels) 3 April 2020. Access Date: 11 March 2021. https://ec.europa.eu/commission/presscorner/detail/en/ip_20_575.} The new framework provided “antitrust guidance to companies willing to temporarily cooperate and coordinate their activities in order to increase production in the most effective way and optimise supply of” medical equipment.\footnote{Antitrust: Commission provides guidance on allowing limited cooperation among businesses, especially for critical hospital medicines during the coronavirus outbreak, European Commission (Brussels) 3 April 2020. Access Date: 11 March 2021. https://ec.europa.eu/commission/presscorner/detail/en/ip_20_575.}

On 8 May 2020, the European Commission announced that over 1.5 million medical masks will be delivered in the coming days to healthcare workers in member states and the United Kingdom.\footnote{Coronavirus: Commission delivers first batch of 1.5 million masks from 10 million purchased to support EU healthcare workers, European Commission (Brussels) 8 May 2020. Access Date: 11 March 2021. https://ec.europa.eu/commission/presscorner/detail/en/ip_20_819.}
On 21 May 2020, the European Union donated medical equipment worth EUR535,000 to Jamaica. The shipment included critical care electric beds, patient monitors, infusion pumps, defibrillators, transport patient monitors, and other equipment.

On 7 June 2020, the European Union donated medical protective supplies to Botswana to support the country’s fight against COVID-19. The European Union donated 40,000 surgical masks, 1,500 gowns, 40,000 examination gloves, 1,500 face protective glasses, 6,250 respiratory N95 masks, infrared thermometers, disinfectants, and sanitizers.

On 17 June 2020, the European Union announced a EUR60 million package to support the COVID-19 response in the Horn of Africa. This program will focus on vulnerable groups and “deliver medical equipment, including more than 8.5 million items of personal protective equipment.”

On 29 July 2020, the European Union delivered 41 tonnes of medical equipment to South Sudan as a part of the EU Humanitarian Air Bridge initiative. Under this initiative, over 1,100 tons of medical equipment was delivered “to critical areas in Africa, Asia and the Americas” since May.

On 18 September 2020, the European Union announced that EUR150 million will be directed to support member states and the United Kingdom’s effort to “transport essential medical items to Europe,” including personal protective equipment, medicines, and medical equipment.

On 22 October 2020, the European Union sent 30 ventilators from the rescEU reserve to Czechia.

On 20 December 2020, the European Union donated medical protective supplies to Serbia.

On 24 December 2020, the European Union joined efforts with the World Health Organization to donate 1 million examination gloves, 52 patient monitors, 258 nasal oxygen cannula, 258 venturi masks, 123 pulse oximeters, and spare parts for medical equipment to Azerbaijan’s Ministry of Health. This shipment was made possible through the EU Humanitarian Air Bridge initiative.

On 20 December 2020, the European Union donated medical equipment worth EUR535,000 to Jamaica. The shipment included critical care electric beds, patient monitors, infusion pumps, defibrillators, transport patient monitors, and other equipment.

On 7 June 2020, the European Union donated medical protective supplies to Botswana to support the country’s fight against COVID-19. The European Union donated 40,000 surgical masks, 1,500 gowns, 40,000 examination gloves, 1,500 face protective glasses, 6,250 respiratory N95 masks, infrared thermometers, disinfectants, and sanitizers.

On 17 June 2020, the European Union announced a EUR60 million package to support the COVID-19 response in the Horn of Africa. This program will focus on vulnerable groups and “deliver medical equipment, including more than 8.5 million items of personal protective equipment.”

On 29 July 2020, the European Union delivered 41 tonnes of medical equipment to South Sudan as a part of the EU Humanitarian Air Bridge initiative. Under this initiative, over 1,100 tons of medical equipment was delivered “to critical areas in Africa, Asia and the Americas” since May.

On 18 September 2020, the European Union announced that EUR150 million will be directed to support member states and the United Kingdom’s effort to “transport essential medical items to Europe,” including personal protective equipment, medicines, and medical equipment.

On 22 October 2020, the European Union sent 30 ventilators from the rescEU reserve to Czechia.

On 20 December 2020, the European Union donated medical protective supplies to Serbia.

On 24 December 2020, the European Union joined efforts with the World Health Organization to donate 1 million examination gloves, 52 patient monitors, 258 nasal oxygen cannula, 258 venturi masks, 123 pulse oximeters, and spare parts for medical equipment to Azerbaijan’s Ministry of Health. This shipment was made possible through the EU Humanitarian Air Bridge initiative.
the fourth in a series of shipments of protective gear and medical equipment to frontline workers in Azerbaijan.\textsuperscript{1780}

The European Union has fully complied with its commitment to increase the availability of medical equipment where it is most needed by supplying medical equipment to countries across the European Union as well as internationally. Through its emergency fund and the donations done around the world, the European Union has fully complied with this commitment.

Thus, the European Union has received a score of +1.

\textit{Analyst: Nivaal Rehman}