The G7 Research Group presents the

2021 G7 Cornwall Summit Interim Compliance Report

14 June 2021 to 1 February 2022

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“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
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2. Health: Vaccine Equity

“[Emphasising the need for equitable access to COVID-19 vaccines,] we will support manufacturing in low-income countries.”

*G7 Carbis Bay Summit Communiqué*

### Assessment

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### Background

In the past few decades, the issue of Health has begun to play a larger role in the G7 summit global priorities. In fact, the word “health” was not used in a single communiqué until the 1994 Naples G7 Summit. Perhaps brought on by the multitude of global health crises, it is now without a doubt that global health has become a world issue.

The first time G7 leaders mentioned the need to provide resources for health, is in the 1994 Naples G7 Summit communiqué. They stated that they will aim to reinforce capital flows to the developing world to provide resources for health. However, the idea of supporting global health was not brought up again until the 1997 Denver G8 Summit in which the G8 leaders for the first time mentioned the threat of infectious diseases to the global community. At the Denver Summit, they committed to broad measures to combat the spread of infectious diseases such as: detecting and controlling infectious diseases globally, and efforts to explore the use of regional stocks of “essential vaccines, therapeutics, diagnostics, and other materials.” They also stated that a key component of fighting against infectious diseases would be to strengthen global cooperation with the World Health Organization (WHO). Leaders communicated that preventing the transmission of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) was an “urgent global health imperative.” However, in neither Summit was vaccine equity mentioned.

At the 1998 Birmingham Summit, conversations surrounding controlling infectious diseases at an international level continued. G8 leaders agreed to support and enhance mutual cooperation to deal with infectious and parasitic diseases and to support the WHO in this process. G8 members also committed to the “Roll Back Malaria” initiative, with the goal of decreasing the global number of malaria cases by the year 2010, and to reduce global cases of AIDS through vaccine development, preventive programs, appropriate therapies, as well as support for UNAIDS.

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249 Communique, G7 Information Centre (Toronto) 22 June 1997. Access Date: 24 September 2021. http://www.g7.utoronto.ca/summit/1997denver/g8final.htm
At the 1999 Köln Summit, AIDS continued to be a pressing global health crisis as G8 leaders reaffirmed their support to continue to fight against the global spread of AIDS through prevention, vaccine development, and appropriate therapies.\(^{251}\) They also reaffirmed their pledge to use national and international efforts to fight against infectious and parasitic diseases such as malaria, polio, and tuberculosis (TB). Lastly, members reaffirmed their support for the WHO and the “Roll Back Malaria” initiative and affirmed new support for the “Stop TB” initiative. Still, in neither Summit was vaccine equity mentioned.

At the 2000 Okinawa Summit, the tone of the importance of global health began to shift.\(^{252}\) For the first time, G8 leaders recognized that health is related to prosperity and that good health drives good economic growth. The leaders re-committed to continuing sustained action against parasitic and infectious diseases such as HIV/AIDS, TB and malaria as well as childhood diseases. More specifically, they mentioned strengthening cooperation in the area of basic research, development on new drugs, vaccines and other international public health goods. Most notably, vaccine equity was mentioned for the first time. Leaders pledged to work to make cost-effective interventions, including vaccines, more universally available and affordable in developing countries.

At the 2001 Genoa Summit, health equity was spoken about, but not specifically vaccine equity. The G8 leaders recognized that an effective response to HIV/AIDS would require an approach “beyond the health sector” and welcomed steps by the pharmaceutical industry to make drugs more affordable. They also introduced the new “Global Fund” which would work with the pharmaceutical industry and countries affected by epidemics to help support the provision of drugs in an affordable and medically effective manner.\(^{253}\)

At the 2003 Evian Summit, the topic of health and vaccine equity was again brought up as SARS-CoV was spreading around the world. It should also be noted that the threat of AIDS, TB and malaria still had not been controlled. At the Summit, G8 leaders agreed to strengthen the Global Fund to fight AIDS, TB and malaria (Global Fund) as well as to improve access to healthcare and affordable drugs and treatments in less wealthy countries.\(^{254}\) Although vaccine equity is not explicitly mentioned, we can see a trend of leaders beginning to recognize the importance of global health equity.

At the 2004 Sea Island Summit, there was a shift in focus towards vaccines.\(^{255}\) G8 leaders committed to endorse and establish a Global HIV Vaccine Enterprise to accelerate HIV vaccine Development.

At the 2006 St. Petersburg Summit, G8 leaders highlighted that the battle against infectious diseases, such as AIDS, TB, malaria and measles was still not over and that they were impeding socio-economic development in developing countries.\(^{256}\) To address these challenges, the G8 leaders committed to actions that include improving cooperation in the monitoring of diseases, supporting countries to deal with a potential influenza pandemic, supporting the Global Fund, continuing to be able to provide as close as possible universal treatment to HIV/AIDS by 2010, expanding the Global HIV Vaccine Enterprise and supporting the Global Polio Eradication Initiative.


\(^{254}\) Chair’s Summary, G7 Information Centre (Toronto) 3 June 2003. Access Date: 24 September 2021. http://www.g7.utoronto.ca/summit/2003evian/communique_en.html

\(^{255}\) Chair’s Summary, G7 Information Centre (Toronto) 10 June 2004. Access Date: 24 September 2021. http://www.g7.utoronto.ca/summit/2004seaisland/summary.html

\(^{256}\) Chair’s Summary, G7 Information Centre (Toronto) 17 July 2006. Access Date: 24 September 2021. http://www.g7.utoronto.ca/summit/2006stpetersburg/index.html
At the 2007 Heiligendamm Summit, G8 leaders again recognized the importance of combating HIV/AIDS, TB and malaria and committed to strengthening global healthcare.\textsuperscript{257} The leaders reaffirmed their commitment of universal access to healthcare, fighting HIV/AIDS and strengthening health care systems by providing USD60 billion over the coming years, and supporting the Global Fund and WHO.

At the 2008 Hokkaido Summit, G8 leaders continued to support the fight against infectious diseases with a focus on malaria, TB, polio and ending HIV/AIDS.\textsuperscript{258} In regard to health equity, leaders reaffirmed their commitment to universal health access. Additionally, leaders emphasized the importance of comprehensive approaches to deal with infectious diseases, such as vaccines, but did not mention vaccine equity.

At the 2009 L’Aquila Summit, despite the global economic crisis taking a toll, G8 leaders reaffirmed their commitment to address the health needs of people all over the world, with a specific focus on women and children.\textsuperscript{259} In addition, leaders reaffirmed their existing commitments, including the USD60 billion investment to fight infectious diseases and strengthen health systems by the year 2012. However, vaccine equity was not mentioned at this Summit.

At the 2010 Muskoka Summit, G8 leaders reaffirmed their commitment to universal access, care, prevention and treatment in regard to HIV/AIDS and continue to support the Global Fund.\textsuperscript{260} They also stated that they would continue to support polio eradication and the elimination of high-burden Neglected-Tropical diseases (NTDs), however vaccine equity remained unmentioned.

At the 2011 Deauville Summit, G8 leaders recognized the importance of the GAVI alliance and welcomed its efforts to expand access to vaccines in poorer countries through “tiered pricing and innovative mechanisms” such as the International Finance Facility for Immunisation. They also reaffirmed their commitment to the eradication of polio.\textsuperscript{261}

At the 2014 Brussels Summit, vaccine equity commitments were brought up again as the Ebola virus became a global health concern. At the Summit, the G7 leaders recognized the impact of the GAVI Alliance and supported its efforts to expand access to vaccines to another 300 million children from 2016-2020.\textsuperscript{262} The G7 leaders also acknowledged that the battle against HIV/AIDS, TB and malaria was still not over and reaffirmed their commitment to an AIDS free generation and the Global Fund.

At the 2015 Schloss Elmau Summit, G7 leaders recognized the Ebola crisis and committed to preventing future pandemics and assisting countries to implement the WHO’s International Health Regulations.\textsuperscript{263} In regard to vaccines, leaders committed to increasing research on “epidemiology, infection prevention and control, and the development of new antibiotics, alternative therapies, vaccines and rapid point-of-care diagnostics.” They also committed to developing easily usable and affordable vaccines for neglected tropical diseases (NTDs).

\textsuperscript{257} Chair’s Summary, G7 Information Centre (Toronto) 8 June 2007. Access Date: 24 September 2021. http://www.g7.utoronto.ca/summit/2007heiligendamm/g8-2007-summary.pdf
\textsuperscript{258} G8 Hokkaido Toyako Summit Leaders’ Declaration, G7 Information Centre (Toronto) 8 July 2008. Access Date: 24 September 2021. http://www.g7.utoronto.ca/summit/2008hokkaido/index.html
\textsuperscript{262} G7 Brussels Summit Declaration, G7 Information Centre (Toronto) 5 June 2014. Access Date: 24 September 2021. http://www.g7.utoronto.ca/summit/2014brussels/declaration.html
\textsuperscript{263} Leaders’ Declaration: G7 Summit, G7 Information Centre (Toronto) 8 June 2015. Access Date: 24 September 2021. http://www.g7.utoronto.ca/summit/2015elmau/2015-G7-declaration-en.html
At the 2016 Ise-Shima Summit, G7 leaders focused on promoting universal health care access but did not give attention to vaccine equity. They applauded the GAVI Alliance but did not provide commitments in regard to promoting access to vaccines.

At the 2017 Taormina Summit, vaccine equity was once again left off the discussion table as G7 leaders broadly stated that they were committed to promoting global health security. This pattern continued at the 2018 Charlevoix Summit, where there was no mention of vaccine equity. However, the G7 leaders did commit to promoting access to quality and affordable healthcare and recognized the WHO’s role in health emergencies (specifically through the Contingency Fund for Emergencies and the World Bank’s Pandemic Emergency Finance Facility).

At the 2019 Biarritz Summit, there were no commitments made towards health nor vaccine equity. Then in 2020, the COVID-19 pandemic began, the rise in infections accelerated and overwhelmed national and global health systems. The G7 leaders called a Virtual USA Leaders’ Summit to address the COVID-19 pandemic. At the Summit, leaders committed to “marshalling the full power of government” to coordinate on necessary health measures to protect people who were at risk of COVID-19 and to encourage science, research and technology cooperation. Although vaccine equity is not explicitly mentioned, leaders did commit to launching joint research projects to manufacture and develop a COVID-19 vaccine and to adhering to accessibility.

Since the beginning of the COVID-19 pandemic in 2020, the world has come a long way and vaccines have been developed to combat COVID-19. The WHO has made it clear that the only way to move into a post-pandemic world will be through vaccines.

Commitment Features

At the 2021 Cornwall Summit, G7 leaders committed that, “[emphasising the need for equitable access to COVID-19 vaccines] we will support manufacturing in low-income countries.” In this commitment there is one target: supporting the manufacturing of vaccines in low-income countries.

“Support” is understood as promoting the interests or the cause of an individual or group. In the case of this commitment, it is understood as promoting low-income countries to manufacture COVID-19 vaccines through two areas that are technical and monetary: 1) knowledge sharing and/or 2) a financial contribution.

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266 The Charlevoix G7 Summit Communiqué, G7 Information Centre (Toronto) 9 June 2018. Access Date: 24 September 2021. http://www.g7.utoronto.ca/summit/2018charlevoix/communique.html
“Manufacturing” is understood as the production of goods through the use of labor, machines, tools, and chemical or biological processing or formulation.\textsuperscript{272} In this context, the product that must be manufactured is COVID-19 vaccines.

“Low-Income Countries” are understood as countries that the World Bank categorizes in its 2020 “low-income” bracket.\textsuperscript{273} Some examples include but are not limited to: Afghanistan, Mali, and Rwanda.

Full compliance, or a score of +1, with this commitment requires a G7 member to take strong action to support a low-income country in the manufacturing of the COVID-19 vaccine in both areas: 1) knowledge sharing and 2) a financial contribution. Knowledge sharing is understood as actions that support the exchange of technology or information surrounding the COVID-19 vaccine. Examples of strong actions include but are not limited to discussions with the World Trade organization on intellectual property rights, technology transfers, non-profit production and sharing by manufacturers, tiered licensing, and patent sharing.

A financial contribution is understood as actions in which G7 members provide monetary assistance tied to an activity that fosters the manufacturing of COVID-19 vaccines in the recipient low-income country. Examples of strong actions include but are not limited to, supplying aid money for a low-income country to purchase a factory, technological equipment, or for the training of workers to facilitate the creation of a manufacturing centre for vaccines.

Partial, or a score of 0, with this commitment requires a G7 member to take a strong action to support a low-income country in the manufacturing of the COVID-19 vaccine in one of two areas: 1) knowledge sharing or 2) a financial contribution. This is because support is defined as both technical and monetary. Therefore, a member that does not take strong action in both is not fully supporting a low-income country in the manufacturing of COVID-19 vaccines.

Non-compliance, or a score of −1, occurs if a G7 member takes no strong actions to support a low-income country in the manufacturing of the COVID-19 vaccine in both areas: 1) knowledge sharing or 2) a financial contribution.

\textbf{Scoring Guidelines}

<table>
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<th>Score</th>
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<td>−1</td>
<td>The G7 member takes no strong action to support a low-income country in the manufacturing of the COVID-19 vaccine in both areas: 1) knowledge sharing AND 2) a financial contribution.</td>
</tr>
<tr>
<td>0</td>
<td>The G7 member takes a strong action to support a low-income country in the manufacturing of the COVID-19 vaccine in one of two areas: 1) knowledge sharing OR 2) a financial contribution.</td>
</tr>
<tr>
<td>+1</td>
<td>The G7 member takes strong action to support a low-income country in the manufacturing of the COVID-19 vaccine in both areas: 1) knowledge sharing AND 2) a financial contribution.</td>
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\textit{Compliance Director: Isabel Davis  
Lead Analyst: Sian Persad}

\textbf{Canada: 0}

Canada has partially complied with its commitment to emphasizing the need for equitable access to COVID-19 vaccines by supporting vaccine manufacturing in low-income countries.

On 30 October 2021, Prime Minister Justin Trudeau announced that Canada would provide an investment of up to CAD15 million to COVID-19 Vaccine Global Access (COVAX) Manufacturing Task Force.


partners.\textsuperscript{274} The financial contribution goes towards the establishment of the South Africa Technology Transfer Hub, an initiative that will support the development of vaccine production and vaccine technologies in the region.\textsuperscript{275}

Canada has partially complied with its commitment to emphasize the need for equitable access to COVID-19 vaccines by supporting vaccine manufacturing in low-income countries through a financial contribution to COVAX Manufacturing Task Force partners. Canada took no action to exchange technology or information as a part of the knowledge sharing component of the commitment.

Thus, Canada receives a score of 0.

\textit{Analyst: Elisa Pugliese}

\textbf{France: +1}

France has fully complied with its commitment to emphasize the need for equitable access to COVID-19 vaccines by supporting manufacturing and knowledge sharing in low-income countries.

On 9 July 2021, the Government of France, at a ceremony at the Presidential Palace in Dakar, confirmed details of its support to accelerate project preparation, expand manufacturing capacities and undertake technical feasibility work through Team Europe to unlock large-scale investments.\textsuperscript{276} These investments include building and equipping a new plant in Senegal that will produce authorized COVID-19 vaccines. France announced a financial contribution of EUR1.8 million through Team Europe that will go towards constructing the new plant that aims to produce 25 million vaccine doses each month by the end of 2022.

On 8 December 2021, France announced that they would support the strengthening of vaccine production capacities in Africa by contributing to the transfer of messenger RNA technology to the African continent, particularly South Africa, Rwanda and Senegal.\textsuperscript{277}

France has fully complied with supporting the manufacturing of vaccines in low-income countries. France has taken action to promote knowledge sharing by contributing the transfer of messenger RNA technology and has financially contributed to supporting vaccine manufacturing capacities in low-income countries.

Thus, France receives a score of +1.

\textit{Analyst: Joy Chan}

\textbf{Germany: +1}

Germany has fully complied with its commitment to emphasize the need for equitable access to COVID-19 vaccines by supporting manufacturing and knowledge sharing in low-income countries.


On 24 June 2021, the Federal Ministry of Foreign Affairs announced that Germany will contribute EUR2.2 billion for vaccines, diagnostic tools and medicines through the Access to COVID-19 Tools Accelerator (ACT-A) an initiative of Gavi, the vaccine alliance, the Coalition for Epidemic Preparedness Innovations and the World Health Organization. ACT-A, of which Germany is a founding member, facilitates rapid development, scale up and equitable distribution of COVID-19 vaccines globally through training and funding.

On 9 July 2021, the Federal Ministry for Economic Cooperation and Development through Kreditanstalt für Wiederaufbau (KfW), the German Development Bank, provided a grant of EUR20 million to support a vaccine manufacturing facility led by Institut Pasteur in Dakar, Senegal, under the Team Europe Initiative on Manufacturing and Access to Vaccines. The initiative aims to reduce Africa’s 99 per cent dependence on imported vaccines.

Germany has fully complied with supporting COVID-19 vaccine manufacturing in low-income countries through knowledge sharing through ACT-A and financially contributing to supporting vaccine manufacturing in Senegal.

Thus, Germany receives a score of +1.

*Analyst: Tisya Rain*

**Italy: 0**

Italy has partially complied with its commitment to emphasize the need for equitable access to COVID-19 vaccines by supporting manufacturing and knowledge sharing in low-income countries.

On 23 June 2021, Prime Minister Mario Draghi, at the EU-US Summit, reaffirmed the common commitment to achieve more equitable distribution of vaccines on a global scale. Through the European Commission, Italy is contributing EUR1 billion in investments to support the African continent in local production and accessibility to the COVID-19 vaccine.

On 22 September 2021, Prime Minister Mario Draghi at the Global COVID-19 Summit, organised by the 76th General Assembly of the United Nations, announced Italy’s support to the European Union plan for fighting together and in solidarity against the coronavirus pandemic: Germany supports the global fight against Covid-19 to the tune of €2.2 billion, Federal Ministry Foreign Affairs (Berlin) 24 June 2021. Access Date: 18 January 2022. https://www.auswaertiges-amt.de/fr/newsroom-/-/2468992


devoting EUR1 billion in developing regional manufacturing hubs and fostering COVID-19 manufacturing technology transfer in Africa.\(^{284}\)

On 24 September 2021, Prime Minister Draghi, at the 76th UN General Assembly, announced Italy’s support of the free circulation of vaccines and the raw materials required to produce vaccines.\(^{285}\) He also reiterated Italy’s support for COVAX both politically and financially.

On 30 October 2021, Prime Minister Draghi, at the G20 Rome Summit Opening Address, announced Italy would continue investing in research, eliminating trade barriers affecting COVID-19 vaccines and strengthening supply chains for low-income countries.\(^{286}\) Additionally, he stated that efforts to foster manufacturing in low-income countries should persist.

Italy has partially complied with supporting the manufacturing of vaccines in low-income countries. Italy has only reiterated their commitment to knowledge sharing by supporting measures to eliminate trade barriers affecting COVID-19 vaccines and by fostering technology transfer and raw materials circulation particularly in Africa. Italy has also provided financial contributions by donating EUR1 billion towards developing regional manufacturing hubs and fostering technology transfer in Africa.

Thus, Italy receives a score of 0.

**Analyst: Joy Chan**

**Japan: +1**

Japan has fully complied with its commitment to emphasize the need for equitable access to COVID-19 vaccines by supporting manufacturing and knowledge sharing in low-income countries.

On 16 July 2021, the Government of Japan announced that it would extend the Emergency Grant Aid of approximately USD4.66 million to support the logistics of vaccine manufacturing and delivery to the United Nations Office for Project Services for distribution through the COVID-19 Vaccines Global Access Facility (COVAX).\(^{287}\) This funding will help low-income nations in the Indo-Pacific work towards the goal of manufacturing at least 1 billion vaccine doses by the end of 2022.

On 24 September 2021, the United States announced that it will continue to aid in vaccine manufacturing capacity in the Indo-Pacific region through the Quadrilateral Partnership consisting of the United States, Australia, India and Japan.\(^{288}\) The Quad Partnership will be further collaborating to bolster advancements in science and technology relating to COVID-19 therapies and clinical trials as part of the partnership’s 100-Day Mission.

On 22 October 2021, the Government of Japan announced that it would be supporting cold chain system development as “Last One Mile Support” for developing countries through a partnership with the United

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Japan has fully complied with its commitment to emphasizing the need for equitable access to COVID-19 vaccines by supporting vaccine manufacturing through extending access to grants for low-income nations through the United Nations and knowledge sharing through COVAX.

Thus, Japan receives a score of +1.

**United Kingdom: +1**

The United Kingdom has fully complied with its commitment to emphasize the need for equitable access to COVID-19 vaccines and supporting manufacturing and knowledge sharing in low-income countries.

On 7 July 2021, Public Health England and the UK Health Security Agency announced the first group of countries to receive support from the New Variant Assessment Platform (NVPA), a genomic sequencing program with the means to assess new COVID-19 variant capabilities. The first countries to receive technical advice, training and bioinformatics aid to support the introduction of this program will be Brazil, Ethiopia, Kenya, Nigeria and Pakistan.

On 7 July 2021, the British High Commission Kuala Lumpur called for Expressions of Interest for the Association of Southeast Asian Nations vaccine development and manufacturing research project. A primary goal of this project is addressing current and future pandemic responses, to increase understanding of capacity within to develop, test, manufacture and distribute vaccines.

On 25 August 2021, the British Embassy of Havana through the Official Development Assistance of the British Government invited organizations to submit “small-scale project intervention proposals” targeting COVID-19 vaccine recovery and global health security among other Cuban priority areas. Chosen projects will be granted funding up to GBP10,000.

The United Kingdom has fully complied with supporting COVID-19 vaccine manufacturing in low-income countries and knowledge sharing through financial contributions and facilitation of projects in Malaysia and Cuba, and the dissemination of knowledge in low-income countries through the establishment of the New Variant Assessment Platform.

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Thus, the United Kingdom receives a score of +1.

**Analyst: Tisya Raina**

**United States: +1**

The United States has fully complied with its commitment to emphasize the need for equitable access to COVID-19 vaccines and supporting manufacturing and knowledge sharing in low-income countries.

On 30 June 2021, Administrator of the United States Agency for International Development, Samantha Power, announced that the United States International Development Finance Corporation will work with the World Bank Group along with France and Germany to scale-up vaccine manufacturing capacity in Africa with the goals of producing upwards of 500 million doses of the Johnson & Johnson vaccine by the end of 2022.295

On 24 September 2021, the Biden-Harris administration announced that it will continue to aid in vaccine manufacturing capacity in the Indo-Pacific region through the Quadrilateral Partnership consisting of the United States, Australia, India and Japan.296 The Quad Partnership will be further collaborating to bolster advancements in science and technology relating to COVID-19 therapies and clinical trials as part of the partnership’s 100-Day Mission.

On 10 November 2021, Secretary of State Antony Blinken announced United States support in the Global COVID Corps, an initiative that consists of independent companies who can lend their knowledge and capabilities to help vaccination logistics in low-income countries.297

The United States has fully complied with its commitment to emphasizing the need for equitable access to COVID-19 vaccines by making financial contributions to aid in vaccine manufacturing and supporting knowledge sharing through the Quad Partnership and the Global COVID Corps.

Thus, the United States receives a score of +1.

**Analyst: Niharika Burugapalli**

**European Union: +1**

The European Union has fully complied with its commitment to emphasizing the need for equitable access to COVID-19 vaccines by supporting vaccine manufacturing in low-income countries.

On 9 July 2021, the European Union, under the Team Europe initiative, formally agreed to support a financial investment in vaccine manufacturing led by the Institut Pasteur in Dakar, Senegal.298 Team Europe has agreed to provide EUR6.75 million in grants to enable technical feasibility studies and project preparation for the new facility at the Institut Pasteur in Dakar. This amount includes EUR4.75 million from the European Commission and the European Investment Bank. The initiative supports technology transfer, as


well as establishing manufacturing centres for vaccines in Africa, in accordance with the African Union and the Africa Centres for Disease Control and Prevention’s Partnerships for African Vaccine Manufacturing.\textsuperscript{299,300}

On 22 July 2021, the European Commission announced that, in partnership with Team Europe, that they are providing support for the manufacturing of vaccines, medicines and health technologies in Africa.\textsuperscript{301} This initiative is backed by EUR1 billion from the EU budget and the European Investment Bank. The purpose is to help low-income countries in Africa foster the right conditions to manufacture their own vaccines.

The European Union has fully complied with its commitment to emphasizing the need for equitable access to COVID-19 vaccines by supporting vaccine manufacturing in low-income countries through financial contributions and knowledge sharing under the Team Europe initiative.

Thus, the European Union receives a score of +1.

\textit{Analyst: Elisa Pugliere}

