
Online consultation with civil society

Survey response 1

Information details

Country and Name of the organization:

USA Health Global Access Project

Questions

1. In your experience, has the COVID pandemic resulted in additional barriers and challenges for civil society participaiton in national and local decision-making? (Maximum limit: approximately 5,000 characters with spaces)

Yes. One of the principal mechanisms set up to ensure equitable access to COVID-19 medical technologies was the Access to COVID-19 Tools Accelerator (ACT-A). Unfortunately, although ACT-A eventually involved civil society and community representatives (CS reps) in its Pillars and their work streams, it was a struggle to achieve that involvement and it took many months to gain membership in the Vaccine Pillar work stream and the largely inactive Health Systems Connector. In addition, the lead agencies and principal organizations in each of the Pillar rarely involved CS reps in its behind the scene's work, priority setting, and decisions, instead largely presenting situation analyses and pre-baked decisions in irregular work stream meetings. The background presentation materials for work stream meetings were rarely distributed in advance of meetings preventing consultation of CS reps within its CS constituencies. There were limited opportunities for input and debate, more in some Pillars, e.g., Treatment and Diagnostics, and less in others, Vaccine and Health System Connector.

These defect are largely a feature of the lack of a true governance and accountability system within ACT-A, which instead stated that it's funded activities were actually undertaken by the lead agencies where CS oversight and engagement, if any, would be pursuant to the lead agency's governance and input systems. However, not all of the lead agencies have strong mechanisms for CS engagement. In addition, there are two additional, fundamental problems with this approach. First, the CS engagement in agencies, if any, was under informed about COVID-19, ACT-A, and proposed projects until they were presented for ratification or information after the fact. Second, the CS reps in the Pillars, more knowledgeable about COVID-19 and ACT-A, had no mechanism for input in the agency decision-making.

On a broader level, COVID-19 has interfered with many of the mechanisms for consultation and broader involvement by CS stakeholders upon which effective CS engagement and representation depends. Since COVID-19 was a novel pathogen and the scope of the pandemic unprecedented in the past century, much better lines of communication needed to be established and there needed to be a much better and broader stream of relevant information made available to the public. In this regard, WHO is significantly at fault as it makes minimal effort to offer broadly accessible information available and instead focuses on slowly developed and hidden processes of formal guidance. CS still does not have meaningful participation in many of WHO deliberative processes about the COVID-19 response despite demands having been made to WHO as early as mid-year 2020. Even when CS including ACT-A reps do communicate more formally with WHO, its responses, if any, are delayed, incomplete, and self-justificatory.

2. Are you aware of specific efforts aimed at including civil society, including those working in the health sector and medical research, in designing strategies to respond to the pandemic (for example, in the context of vaccination campaigns etc.)? (Maximum limit: approximately 5,000 characters with spaces)

I have been intimately involved in the ACT-A, first as an interim CS rep in the Diagnostics Pillar WS-2 and now as a CS rep in the Therapeutics Pillar WS-2. I have also been involved in drafting and communicating several demands and inputs to the principal agencies of ACT-A and the WHO, both on technical issues, especially expanding supply and ensuring more equitable access to vaccines, diagnostics, and medicines, and on CS engagement and overall governance. I helped lead the CS response to the ACT-A interim review Q3 2021.

3. How have emergency or other measures imposed by the Government in the context of COVID-19 affected your work and the work of other civil society groups (for example, to access information, express critical views and feedback, mobilize others)? Have you or other civil society actors been involved in reviewing the effectivity and continued relevance of emergency measures? (Maximum limit: approximately 5,000 characters with spaces)

4. In the COVID context, has the Government adopted measures to ensure safe and inclusive online participation of civil society? Have these reached groups that were previously under-represented? Can you provide examples of specific challenges and promising practices? (Maximum limit: approximately 5,000 characters with spaces)

I think there have been minimal efforts to include broader CS constituencies in online participation by ACT-A and the WHO, and very little effort to reach out in languages other than English.

5. Have additional restrictions to access to funding and resources been imposed during or as a result of COVID-19? (Maximum limit: approximately 5,000 characters with spaces)

6. Are you aware of cases of intimidation, both online and offline, against civil society for voicing opinions or questioning decisions by authorities? How did State institutions respond? (Maximum limit: approximately 5,000 characters with spaces)

7. Looking forward, what are the key recommendations to authorities with a view to preserving and expanding civil society space in the context of COVID-19 and beyond? Please be as specific as possible. (Maximum limit: approximately 5,000 characters with spaces)