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Master's Thesis in Public Administration

Partially Organised, Partially Successful?

**A Case Study of the Partial Organisation of the COVAX
Initiative**

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Preface

It is with a true delight and relief that I finally finish this master thesis (before the master thesis got to finish me). To write a master thesis for an entire year has really been a great opportunity to see what I have learnt academically during my six years at university, and not least what I am able to do. To write this thesis has been challenging, but fun – and I have undoubtedly learnt so much. At least one thing that I have come to terms with, is that working systematically will never really be a friend of mine, and something that I may(haps) not ever master.

Firstly, I want to thank my dearest supervisor, Professor Lise Rakner for devoting so much compassion and time to my master thesis project. Thank you, a lot, for motivating, constructive and not least, fun supervisions in from Autumn 2022 to Spring 2023. Without you I would not have been able to do this.

A special thanks to all the interviewees that have participated in this study. I genuinely had a good time whilst talking to you, and I have learnt so much. I feel truly inspired after our interviews.

An also special thanks to my friends Helene Klyve, Jorunn Smith Nilsen and Steinar Aursland who proofread my chapters and gave me valuable feedback.

I do also want to thank all of the sweetest (and craziest) citizens of Sofie Lindstrøms hus.

Lastly, I want to express enormous gratitude to my dearest Isabell who always support me no matter what. You are the best.

*I dedicate this master thesis to my dearest brother, Gunstein, who passed away six years ago.
Lots have happened since then, and I miss you every day.*

Bergen,

1st of June 2023

Abstract

As a global response to the unequal vaccine distribution that occurred during the COVID-19 pandemic, WHO, CEPI, UNICEF and Gavi, the Vaccine Alliance initiated in 2020 the most comprehensive vaccine rollout we have seen in history. This global effort, COVAX Initiative, aimed to mitigate unfair vaccines between the Global North and the Global South particularly. How did COVAX Initiative managed to mitigate the unequal vaccine distribution and access to COVID-19 vaccines, and potentially how did the initiative not live up to its expectations and goals? The case study is based on eight semi-structured interviews, and 12 relevant documents. In order to understand what limitations and possibilities that were met by COVAX Initiative, I have analysed the phenomena through partial organisation theory. The findings in this study indicates that: (i) the presence of hierarchy is problematic because authority and power tend to accumulate by certain actors; (ii) exclusion and absence of sanctioning elements leads to lack of the ability to sanction and thus the lack to control that rules are complied with; (iii) the pharmaceutical industry were given too much freedom and power, and lastly; (iv) the global vaccine rollout is a better solution to combat inequality than if no initiative were established.

The key findings suspects whether the outcome would have been different if for example the pharmaceutical industry had less power. The key findings further reflect upon how a pandemic crisis such as the COVID-19 tend to use only a few organisational elements, instead of a complete organisation that includes all the five organisational elements. In this case, COVAX ends up as a partial organisation. Even though the organisational elements hierarchy, rules, contributorship and organisational goals contribute to a partial success of the vaccine rollout, do the complex, and uncertain environment that embraces the initiative cause inequality to persist. In conclusion, the findings illustrate that the problems that organisations encounter are rooted in fundamental challenges that are inherent in particular global management and organisation of meta-organisations.

Ultimately, what we must ask ourselves is how to deal with global crises in as fair manners as possible and see governance of future crises in the light of lessons learnt from the pandemic and COVAX.

Sammendrag

Som en global respons til den urettferdige vaksinefordelingen som fant sted med COVID-19 pandemien, etablerte CEPI, WHO, Gavi, the Vaccine Alliance og UNICEF i 2020 historiens største vaksineallianse- COVAX Initiative. Formålet med denne vaksinealliansen var å mitigere den urettferdige vaksinefordelingen som oppstod mellom spesielt det globale Nord, og det globale Sør. Hvordan lykkes COVAX i å mitigere denne ulikheten i fordelingen og tilgangen til COVID-19 vaksiner, og hvordan lyktes initiativet ikke i å leve opp til sine forventninger og mål? Case studien er basert på 8 semi-strukturerte intervju, og 12 relevante dokumenter. For å forstå hvilke begrensninger, men også muligheter COVAX hadde, har jeg analysert fenomenet gjennom delvis organiseringsteori. Funnene i denne studien viser til at: (i) tilstedeværelsen av hierarki er et problem, ettersom autoritet og makt har en tendens til kumulere hos enkelte aktører; (ii) mangel på sanksjonerende element fører til mangel på evne til å sanksjonere, og dermed mangel på evne til å kontrollere at regler bli fulgt; (iii) legemiddelindustrien tilstedeværelse i COVAX har fått for frie tøyler og for mye makt, og sist; (iv) Den global utrulling av vaksiner er et bedre forsøk på å håndtere ulikhet, enn at ingen initiativ ble opprettet.

Hovedfunnene kan stille spørsmål til om utfallet hadde vært annerledes visst for eksempel den farmasøytiske industrien hadde fått mindre makt. Samtidig, viser funnene til at i en slik pandemiskrise som COVID-19, tenderer organisasjoner til å ta i bruk bare noen få organisatoriske elementer, framfor fullstendig organisering som inkluderer alle de fem organisasjonselementene. I dette tilfellet, ender da COVAX opp som en delvis organisasjon. De organisatoriske elementene hierarki, regler, bidragsyttere og organisatorisk mål har bidratt til en delvis suksess av vaksineutrulling, men det komplekse, usikre miljøet som omfavner initiativet, resulterer i at ulikhetene eksisterer enda. Avslutningsvis viser funnene til at problemene som organisasjoner møter, bunner i helt fundamentale utfordringer som følger spesielt global styring og organisering av store meta-organisasjoner.

Spørsmålene vi må stille oss er til syvende og sist, hvordan vi skal håndtere globale kriser på en så rettferdig måte som mulig, og se håndteringen av fremtidige kriser i lys av lærdommer fra pandemien og COVAX.

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CHAPTER 1 - COVID-19: An Opportunity

[...]. global governance is merely old wine in new bottles.

(Weiss & Wilkinson, 2021)

On the 5th of May 2023, the World Health Organization (WHO) could finally declare that COVID-19 were no longer constituting a global pandemic emergency (World Health Organization, 2023). Three years have passed since the worldwide spread of the deadly virus, and the world has since then, been thrown into a series of crises such as war in Europe, an alarming global crisis and rising levels of poverty (UNDP, 2022). In a world that has come to reach 8 billion people (UNFPA, 2022), we now find ourselves in a gloomy situation. In the early phases of the coronavirus pandemic, the world became aware of the vaccine scarcity that left particularly low-and middle-income countries with little or no vaccines. For this reason, WHO with the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, the Vaccine Alliance (Gavi) and UNICEF created COVID-19 Global Vaccine Access Facility¹ – the COVAX Initiative. This initiative was created as a global solution to mitigate vaccine inequality on a global level. With the ‘end’ of the global pandemic declared by WHO, it therefore, timely to further investigate what we can learn from the COVAX Initiative, which I intend to do in this research study. By asking questions such as, how did COVAX live up to its expectations as a global solution to mitigate vaccine inequality, or how can we use the lessons learnt from it to solve the future challenges, we will encounter?

The reasons for conducting a research study on this topic are multifaceted. Firstly, I believe that an assessment of the COVAX Initiative can disclose what global organisations and nations have in terms of global governance mechanisms. I will in this study treat COVAX as an explicit example of global health governance. The Initiative is a concrete example of where the world was forced to articulate, act and commit collectively to combat the virus. With an apparent collective hope and goal to achieve a successful fair allocation globally, I argue that COVAX is important to examine because it identifies the current structures of global governance mechanisms while also revealing insufficiencies within those mechanisms. This inadequacy tells us how we handled the pandemic and how we can address future pandemics and other emerging challenges.

¹ I will in this thesis consequently refer to COVAX as an initiative, and not facility to avoid confusion.

Secondly, I will analyse the case of COVAX through the lens of partial organisation theory outlined by Ahrne and Brunsson (2019). The analysis aims to apply the insights provided by the theory to the field of health by concretely investigating the case of the COVAX Initiative as a partial organisation. In short, partial organisation theory emphasises how organisations organise the uncertain environment, the rest of the world, by applying one or more of the organisational elements. With emerging technology solutions and hyper-globalisation, the modern world allows us to organise more outside formal organisations (Ahrne & Brunsson, 2019), which is even more necessary and vital because of the current crises. Still, also for potential future problems and challenges we will meet. However, partial organisation theory has yet to gain much attention within the health field, especially within global health governance. Analysing the case from an organisational perspective can provide valuable clues and potential shortcomings or opportunities for future pandemics or challenges. Therefore, this research study will contribute significantly to the field of global health from an organisational perspective.

Thirdly, the collective need for a mechanism to allocate unequally dispersed vaccines reflects on who gets what and who is left with little or nothing regarding global public goods. Essentially, what the COVID-19 pandemic illustrated was that our global health systems and infrastructures were not well-equipped enough. An assessment of the COVAX Initiative is necessary and fruitful as it can help us develop our ability to prepare and combat potential viruses and diseases that will emerge. COVID-19 demonstrated many issues, but one fundamental problem was that our global health system was being challenged, and the pandemic revealed its inequalities - A challenge that COVAX attempted to solve. I trust that by applying partial organisation theory, I will increase the relevance of partial organising in the organisational field and extend the concept of organisation in a field that traditionally does not account for emerging organisations such as internet communities or social movements (Ahrne & Brunsson, 2019). Lastly, this study will fill the theoretical gap within the field of partial organisation theory and global health, which can further provide explanatory insight on the matter.

To understand how we can study the lessons learnt from the pandemic and the COVAX Initiative, I have formulated a research problem: *What role can organisational elements play in the shared goal of mitigating vaccine inequality?* Based on this, I have developed three research questions (RQs) to support the overall research problem:

Research Question 1: What are the organisational elements that are present in COVAX?

Research Question 2: How can the inclusion or exclusion of certain partial organisational elements influence vaccine distribution in the case of COVID-19?

Research Question 3: In what way can the organisational composition of elements influence vaccine distribution in the case of COVID-19?

The first research question (RQ1) aims to identify the explicit, or implicit organisational elements that are present in the COVAX Initiative. This research question is a descriptive research question that seeks to understand the organisational elements that COVAX's infrastructure consists of. The second research question (RQ2) aims to investigate the potential effect of including or excluding certain partial organisational elements in the organising of COVAX. How is the organisation of the Initiative affected if for example the element of rule is absent? The inclusion or exclusion of the elements aims to detect how COVAX's goal of equal vaccine access to all can be gained or lost through the involvement of organisational elements. How will the potential inclusion of an element possibly weaken or amplify another element that is included? Eventually, the last research question (RQ3) aims to explore the element composition that constitutes the organisational structure of COVAX. Based on the organisational composition, RQ3 aims to investigate how the dynamic between the elements may result in contradictory factors, or benefit from them.

The central aim of all the research questions is to grasp the many sides of including one or more organisational elements in the partial organisation of COVAX. The research questions will altogether ultimately recognise the presence of each element but intend to also analyse and identify potential consequences or benefits that comes by including or excluding certain elements. What can the dynamics between these elements tell us, and how are these elements affecting the shared goal of vaccine mitigation?

1.1 The Case of COVID-19: The Trajectory of the COVAX Initiative

I will in the following section provide a brief overview of the background of the COVAX Initiative and what it aimed to achieve. Additionally, I will outline, in short, the governance structure of the Initiative, the role of its belonging partners and summarise some issues that arose concerning the governance. In the following section, I set the focus of the empirical investigation in this research study.

As previously acknowledged in the introduction, COVAX is one of three vertical pillars within the multilateral collaboration Access to Covid-19 Tools Accelerator (ACT-A). ACT-A was launched in April 2020, and was co-led by CEPI, Gavi, WHO alongside key delivery partner UNICEF and the vaccine manufacturers (COVAX, 2022c). This was the first global initiative of its kind, whose objectives were to accelerate and provide for innovative and equitable access to COVID-19 health products through the three main pillars provided by ACT-A on *diagnostics, treatments, and vaccines*. In February 2021, COVAX began to roll out vaccines. The overall goal of the vaccine pillar was to ensure that all economies could access vaccines regardless of their economies, and that all participants were to access the same vaccine candidates at the same accelerated time (COVAX, 2022a; Sachs et al., 2022). An overall impression of the COVAX Initiative was that it urged support and political enthusiasm from the start. The Initiative occupied interest in high-political levelled bodies such as the G20 and G7² and attracted donations from multilateral financial institutions such as the International Monetary Fund (IMF) (Sachs et al., 2022). The Initiative did in other words gain tremendous political support on a very high political level. In order to map out the intricate infrastructure of COVAX, the following table illustrate an overview of the vaccination value chain and the partners that are involved (COVAX, 2022c).

² Groups of intergovernmental forums and the European Union (EU).

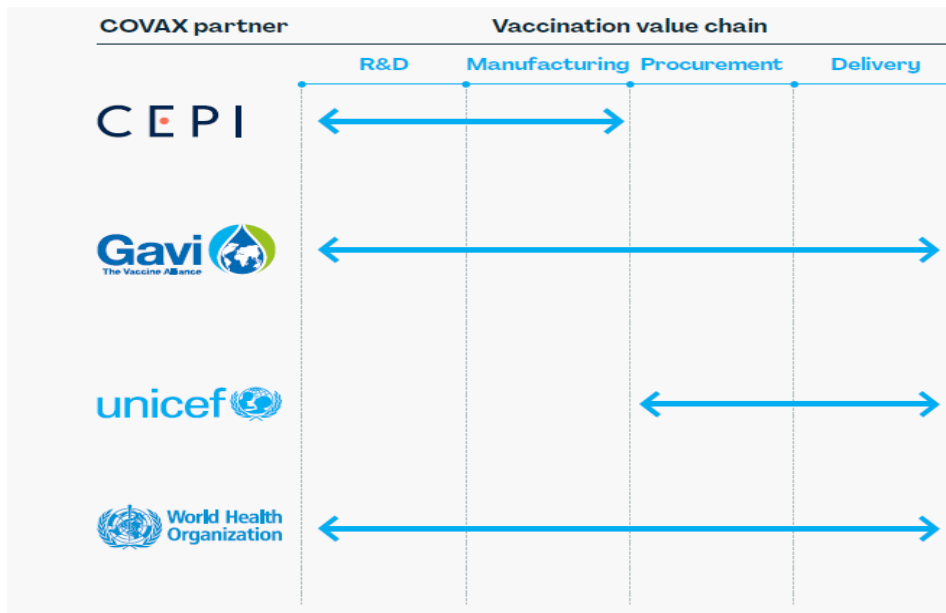


Figure 1 COVAX’s Key Role Partners: Snapshot from COVAX’s key role partner organisations and roles (COVAX, 2022c, p. 6).

As depicted in Figure 1, CEPI’s role was to lead the vaccine research and development and handled the manufacturing of the vaccines. Gavi led the global procurement and delivery at the COVAX scale. Furthermore, Gavi also administered COVAX through the ODA-supported COVAX Advanced Market Commitment (AMC) that enabled AMC-countries to participate in COVAX. The AMC-countries, or AMC92-Eligible Countries are 92 low-and middle-income countries (LMICs) that received dose donations through the COVAX AMC mechanisms. UNICEF’s role was to control the logistics and delivery of the supplies. WHO had multiple roles within COVAX and was involved in all four tasks depicted above. Finally, WHO also provided the Initiative with normative guidance on vaccine policy, regulation, safety, allocation, delivery and R&D (COVAX, 2022c).

In total, there were 180 countries involved in the COVAX Initiative. The governance and structure of COVAX were exceptionally complex and built on the experience and pre-existing expertise of the founding partners CEPI, WHO, Gavi and UNICEF. Furthermore, COVAX did only build on the pre-existing expertise of the respective partners but also on the same structure and governance bodies as these organisations. These trusted pioneers in the area of health were already prominent and known organisations from before the pandemic and created the Initiative based on their initial mandate and tasks. Eventually, COVAX facilitated a coordination platform that enabled the organisations to collaborate in the joint COVID-19 response (COVAX, 2022c). The Initiative were constituted of many different actors and organisations

and were even called a *super*-public-private partnership (Storeng, de Bengy Puyvallée, et al., 2021).

Figure 2 demonstrates a simplistic overview of COVAX’s governance structure, and how vaccines are intended to trickle down to participants of the pooling process and the partners and actors that are important for this particular study (COVAX, 2022c, p. 4). COVAX springs out from the overall organisation ACT-A, and is further organised by the CEPI, Gavi, WHO and UNICEF. Moreover, the figure shows that the participants in COVAX can be divided into SFPs, AMC-92, and the AMC Donors that donates vaccines to AMC-92.

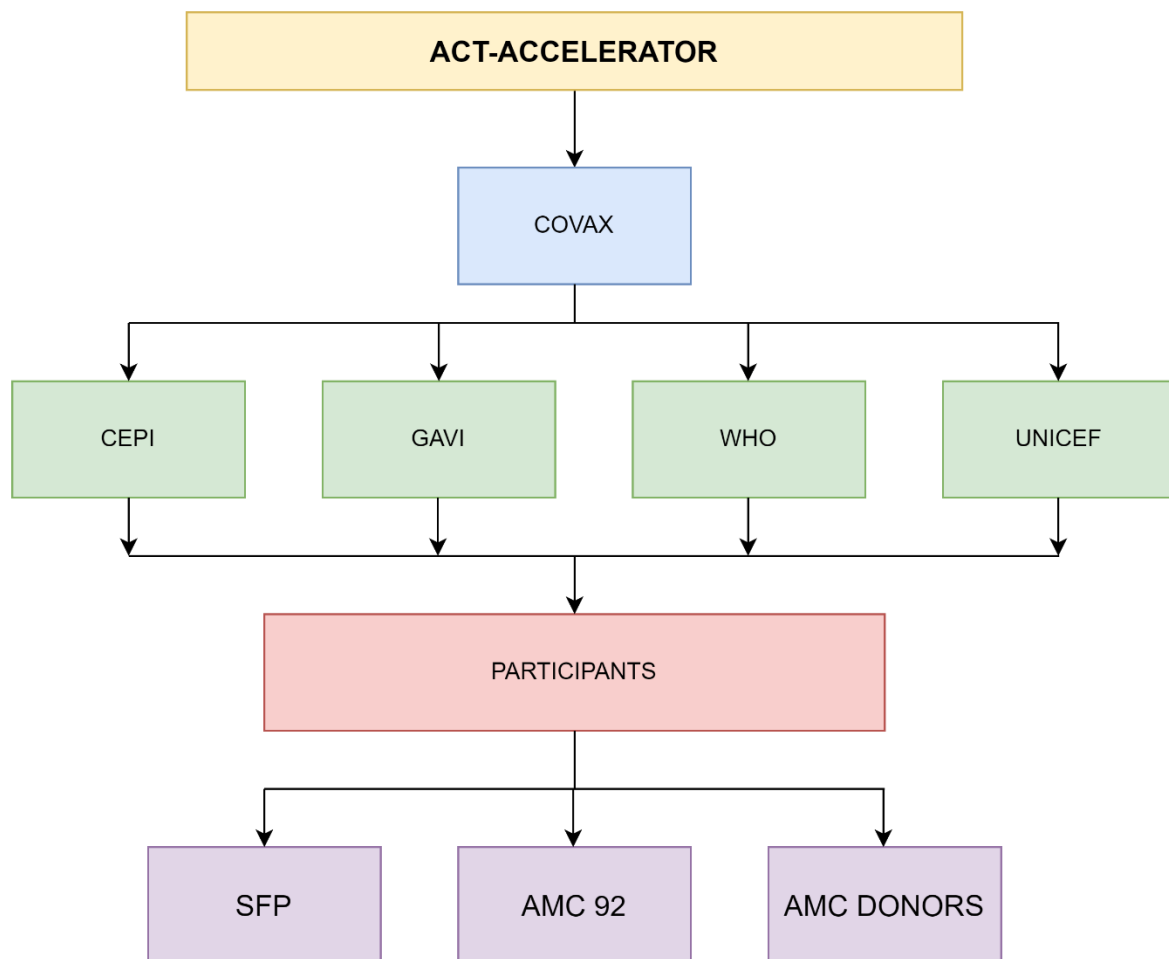


Figure 2: Governance structure (COVAX, 2022c).

Despite the intricacy that COVAX’s structure served, it becomes clear that COVAX operated with a clear focus and objective in mind. The grand idea of COVAX was to secure, allocate and supply COVID-19 vaccines to all countries in the world. Yet, this objective to leverage fair allocation mechanisms was mostly aimed at LMICs but did also include Upper-Middle

Income countries (UMICs) and High-Income Countries (HICs) through self-financing participation (SFP). This participation channel facilitated access to vaccines for countries that had yet to secure bilateral deals by themselves (SFP) (COVAX, 2022c; Gavi the Vaccine Alliance, 2020). Participating countries that desired to receive donations, were meant to receive enough stock to cover 20 per cent of their populations. The allocation process was guided by WHO's framework on allocation of vaccines internationally (Wouters et al., 2021, p. 1028).

1.2 COVAX's Two Funding Streams

However, for the Initiative to be able to turn these goals into concrete actions, finances were needed. Put simply, COVAX Initiative consisted of two main funding streams: The Self-Financing Participant (SFP)- stream, and the AMC- stream. The first stream was based on two types of purchase agreements - Committed or Optional Purchase Agreements- and was primarily directed at UMICs or HICs. The SFPs were not eligible for donor-funded donations but could procure and purchase vaccines from the two types of purchase agreements. The latter AMC-Donor's channel went through the Advance Market Commitment (AMC) (COVAX, 2022c).

Altogether, these funding streams; (i) ensured that funding of vaccines were available to LICs (where the poorest received doses at no cost); (ii) created access to the markets through AMC and contracts with the pharma industry; (iii) secured, allocated and procured vaccine doses (Gavi the Vaccine Alliance, 2020). The Initiative endeavoured to negotiate the best possible pricing from manufacturers, and to invest in vaccines that were up for clinical trials, as well as making contracts with the pharma industry (COVAX, 2020a, p. 9). Combined, these two funding streams gave COVAX the ability to generate large-scale investments within the pharma industry, and to build a diverse portfolio of potential vaccine candidates (Gavi the Vaccine Alliance, 2020). By the end of September 2022, the partnership had delivered more than 1.8 billion COVID-19 vaccine doses to 146 countries (COVAX, 2022c, p. 4).

1.3 Critics and Shortcomings

COVAX has since it was founded been subject to tremendous criticisms. The critiques have varied from concerning how wealthier countries bypassed the COVAX scheme, to the pharmaceutical companies' lack of moral and ethical obligations (Emanuel et al., 2021; Emanuel et al., 2020), to how the governance model ended up designing a charity initiative that was skewed to benefit the richest governments (Storeng, de Bengy Puyvallée, et al., 2021). Usher (2021) emphasises that COVAX was an *unparalleled* and *ambitious* attempt to create a global procurement mechanism (p. 1). What all these criticisms have in common is how LMICs suffer the most, which Storeng, de Bengy Puyvallée, et al. (2021) argue is a result of how the wealthiest governments pitted COVAX against their own self-interests.

All countries were initially supposed to receive equal treatment by COVAX under the Committed Purchase Arrangement, but with the Optional Purchase Agreement, participants were able to opt out for the best solutions. This optional purchase method undermined the imperative of equal access, they stated, and equal distribution, since it gave the buyers the possibility to choose more freely out of certain products allowed them the opportunity to opt for preferred vaccines they would like to receive (Schäferhoff et al., 2022). In other words, if a SFP was offered vaccine A, but did not want it, the country was not obliged to accept it, and could therefore save its options for purchasing another product. In short, the more money, the more access, and the more options. The issue with the structure of COVAX itself, was how COVAX gave SFPs another option for joining the Initiative. This included that SFPs were allowed to choose more freely which vaccines they desired to receive (Storeng, de Bengy Puyvallée, et al., 2021).

The section above emphasises how COVAX potentially created mechanisms that undermined COVAX itself. Another argument is that since big pharma was given substantive power, did it also imply that the destiny of equal vaccine distribution was handed over to the market forces (Storeng, de Bengy Puyvallée, et al., 2021), a freedom that has halted the pandemic (Emanuel et al., 2021; Stein, 2021). However, it is important to recall that the pharma companies have had an essential position in the case of research & development and distribution of vaccines, and COVAX has therefore relied on the pharmaceutical industry. The so-called loosely organised super public-private-partnership COVAX has easily been criticised for features that arguably may have caused them not to live up to its expectations somehow.

It became clear very early on that COVAX was chronically suffered from vaccine dose shortage. The Initiative fell short of what they initially projected and failed to deliver on its targets. Some argue that this was due to the deal-to-deal approach (bilateral deals) that the Initiative pursued. This alternative channel made it possible for vaccine manufacturers to make direct contracts and deals with governments that paid the highest price. These bilateral deals attracted especially HICs and UMICs, since COVAX demanded lower prices for LICs (Sachs et al., 2022). However, this deal-by-deal approach made it a lot easier for countries to sign contracts outside the COVAX scheme – an issue that undermined the principles of dose sharing and equitable access to all-principles (Storeng, Stein, et al., 2021). Eventually, the deal-by-deal approach meant that some poorer countries ended up paying more for the same vaccine than richer countries. Examples of this were South Africa, Mexico, Brazil, and Uganda who paid different amounts per dose for the AstraZeneca vaccine – which were more than governments in the European Union (Cheng & Hinnant, 2021). The price and access to vaccines heavily depended on production costs, where shots are made, as well as the demand for the vaccine good.

Nonetheless, COVAX did after all, make some progress in mitigating inequitable vaccine access, but donations did still appear inadequate (Wouters et al., 2021). The world had by February 2021, given 200 million shots, equivalent to approx. 1.9 per cent coverage of the global population (measured in the percentage of the population to receive at least one dose of vaccine coverage (Gannon et al., 2021). Out of these shots administered, were almost 85 per cent of the global vaccine doses managed in HICs and UMICs. Where 75 per cent of this proportion administered were just in the top ten HICs (including the US, Germany, France, and the UK) (Gannon et al., 2021; Wouters et al., 2021). The inequalities were even more profound in the Global South, whereas the African continent had only administered doses to less than 1 per cent of their population by that time (Gannon et al., 2021, p. 520). Especially African countries suffered great deprivation of vaccines throughout the pandemic (Massinga Loembé & Nkengasong, 2021). On the 20th of May there were only 29.9 per cent of people in LICs that had received at least one dose (Mathieu et al., 2023).

In response to critics towards COVAX and how the Initiative fell short, Seth Berkley, the former Chief Executive Officer of Gavi, the Vaccine Alliance, stated that it was inaccurate to say that COVAX failed to anticipate the initial supply constraints of COVID-19. An inevitability that is exactly one of the reasons why COVAX was created in the first place

(Berkley, 2021). In short, it becomes evident in numbers, that the health initiative successfully managed to create this initiative in a short period of time, with rapid acceleration of vaccine R&D and support from multilateral financial institutions, but do arguably, fall short of even distribution of the vaccines. In light of such criticisms, it is worthwhile to consider the underlying causes of the criticisms and reflect upon these when examining how COVAX functioned as a global solution to the problem of vaccine distribution.

1.4 Outline of the Thesis

In this first chapter I introduced the motivations and the case relevant to this master thesis. In Chapter 2 I will give a brief history review of global health governance with the rise of public-private partnerships and the role of WHO. Then, in Chapter 3 I will focus on the theory where I present my main theoretical framework that incorporates partial organisation theory (Ahrne & Brunsson, 2019). This theory will be complemented by Abbott and Snidal (2000) concepts of hard and soft law, and Scott and Davis (2016) perception of organisational goals. Chapter 4 outlines the qualitative research methodologies and elaborates on the data collected and how the data have been treated, as well as the ethical considerations and limitations of this case study. In Chapter 5 I present the empirical findings and analyse the findings in relation to the theoretical framework. Eventually, I arrive at the key findings, conclusion, and lastly recommendations for future research in Chapter 6.

CHAPTER 2 - A Look Back in History

As a result of an increasingly interconnected and globalised world many of the major development challenges we witness today cannot be geographically restricted to one nation or region. What global challenges such as, climate change and pandemics illustrate, is that they are crises that affect the entire world in the most wicked and intricate way. As I argued in the previous chapter, this is evident in the case of the COVID-19 crisis, where the current systems of global governance encounter both its own strengths, as well as its limitations (Weiss & Wilkinson, 2021). I will in this chapter provide background knowledge with literature and history on the global governance of health challenges. By looking at the trajectory of how global health has been governed through previous pandemics and health challenges, this historic overview does not only illustrate the state of the current health system as we see it today but also more precisely outlines milestones and events that may have caused contemporary ways of governing health. What I aim to reflect upon, is how the changing perceptions of health has had practical and theoretical consequences of how we deal with health issues. I argue that these factors may thus provide a greater understanding of the architectural constellation of the COVAX Initiative, its rationale and inner logics, and the organisational form of governance (Weiss & Wilkinson, 2021, p. 4).

In terms of the challenges and consequences that COVAX Initiative faced as discussed in Chapter 1, I believe that a historical assessment emphasises the relevance of how and why we might learn from the global response to the COVID-19 pandemic in light of what has happened in the past. With reference to how global health governance has evolved, including the employment of legalised and non-legalised instruments, I argue that this chapter establishes the theoretical and historical foundation for how COVAX operated during the current pandemic crisis.

2.1 A Brief Introduction to Global Governance and its Institutional Changes

An increasing concern in a progressively globalised world is the question of how to govern global challenges and who shall govern these challenges. The term “global governance” emerged from academic and policy responses to a series of real-world events in the late 1980s and early 1990 (Weiss & Wilkinson, 2021), and is associated with everything from *world government*, good governance to global governance. To some, global governance is even associated with the ‘*hegemonic plot to advance the interest of the murky global elite*’ (Weiss

& Wilkinson, 2021, pp. 3-4). The globalised world has led governance and the exercise of authority to cross national borders. This cross-border exercise of authority has resulted from the securitisation of global public goods or transnational problems (Zürn, 2018, pp. 3-5)– tasks that have increasingly been assigned to international or transnational institutions (Weiss & Wilkinson, 2021; Zürn, 2018).

As scholars have addressed above, there are many ways to define global governance. According to Zürn (2018), the global governance system consists of three pillars: General normative principles, sets of sector-specific institutions that are entitled to at least some authority, and lastly the interaction between the two (p. 249). In order to depict the situation as we see it today, the means of shared and collective organisational goals will be emphasised. These are goals that are expected to govern the decisions of individuals or organisations (Scott & Davis, 2016, p. 185). In practice, governance can be useful in terms of how organisations, actors, or institutions adjust to the behaviours, policies, programmes, or practices that are explicitly adopting or pursuing objectives defined by common goals (Biermann et al., 2022). In times of pressing challenges, governing by goal-setting has been integrated into the work of several (development) agendas and has readdressed governance of global challenges. The goal-setting projects have been used as proxies for combating and addressing issues as of today (Fukuda-Parr, 2012). An example of such goal-setting projects is the 2015 Sustainable Development Goals (SDGs) (Scholte & Söderbaum, 2017). In fact, the SDGs can be seen as a good example of governance through goals, since the SDGs possess many very concrete goals that the world is supported to achieve (Biermann et al., 2017). Eventually, contemporary agendas are often intended to apply to every country in the world, meaning that global challenges must be tackled *collectively* through global governance. What the new and old agendas have in common, is that goal-setting is a novel global governance strategy (Biermann et al., 2017).

The globalised world makes it even more complex and difficult for organisations and states to navigate the most profound and pressing challenges of our time: Environmental challenges and crisis, mitigation, war, and pandemics. As Weiss and Wilkinson (2021) state; the world lacks adequate global governance institutions and frameworks to improve food security, health to all, climate-related issues, and aid (p. 1). What these issues have in common is the fact that they all suffer from a wide range of wicked sets that concerns complex and difficult aspects of politics, institutional mechanism, and responses that are designed to steer social systems

towards prevention, mitigation, or adaptation (Abdenur, 2021, p. 241). The global issues that have emerged and continue to emerge today, are unquestionably difficult and far from easy to solve, specifically because global governance includes trade-offs and issues with accountability and collective actions (Bowen et al., 2017).

2.2 The Paradigm Shift: Legalised Policy Instruments and Shared-Goals

What these increasing levels of globalisation stressed was a new approach to health that emerged in the 1990s, where there was a shift from ‘international health’ to ‘global health’. Important factors that accentuated this new idea of *global* health threats were fuelled by the spread of HIV/AIDS in the 1980s and 1990s, severe acute respiratory syndrome (SARS), pandemic influenza and Ebola as well as the several epidemics that occurred in the 2000s (Roemer-Mahler, 2021, p. 223). The consequence of a higher population and urbanisation was that pathogens could spread more rapidly and easily from nation to nation. As the world became more interconnected, it also became more difficult to control these health threats since health threats would no longer be bound by borders (Lee & Fidler, 2007; Roemer-Mahler, 2021, p. 223). This interconnectedness intensified the health risks caused by these pandemic influenzas and health threats (Lee & Fidler, 2007) – An interconnectedness that also inevitably makes combating health challenges more difficult and wicked. Thus, the interconnectedness that comes with increased globalisation, demonstrates the increased risk of viruses and diseases spread.

This new approach to global health governance have encouraged more collective cooperation across the world and across different fields. Attempts for collective mechanisms were manifested in health treaties and conventions such as the non-legally binding Global AIDS Reporting Mechanism (GARM) (Taylor et al., 2013), or the 2003 WHO Framework Convention on Tobacco Control (FCTC) (Roemer et al., 2005), or the legally binding agreement International Health Regulations (IHR) 2005 (Centers for Disease Control and Prevention, 2022; Roemer-Mahler, 2021). The emergence of such health treaties showed how WHO used its constitutional authority to develop international conventions. These treaties have been great ways to incentivise coordinated national and international action towards shared health goals (Roemer et al., 2005). Since WHO firstly adopted the FCTC convention, the potential value of binding legal instruments had garnered great attention (Roemer et al., 2005; Taylor et al., 2013, p. 152).

The use of legally binding instruments accumulated more attention and proved to be a very effective way to garner commitment and cooperation internationally (Taylor et al., 2013). Simultaneously, based on the success of the 2001 The United Nations General Declaration of Commitment on HIV/AIDS, and the Global AIDS Reporting Mechanism, Taylor et al. (2013) argue for the use of non-binding instruments rather than legally binding instruments to deal with international concerns. This was due to the Global AIDS reporting mechanism (GARM), which evidenced that the use of non-binding legal instruments was beneficial as opposed to slower, more rigid binding legal approaches to governance. The reason for this they argue, is that the use of non-binding tools was remarkably effective in galvanizing deep commitments, action, reporting compliance and ultimately, accountability that could prove for results (p.151). It is clear that the use of both legal and non-legally binding instruments has both positive and negative aspects, yet it is evident that the use of both legalised instruments became the dominant paradigm of governing global health challenges, and an efficient tool for strengthening and governing interstate collaboration (Roemer-Mahler, 2021).

Another integral part of the paradigm shift and the use of non-legal and legally binding instruments was how infectious diseases were framed as security threats. This trend was also present in the response to the Ebola outbreak (Roemer-Mahler & Elbe, 2016). Security threats were also more easily framed as such due to the availability of new technologies (Roemer-Mahler, 2021). The IHR was revised in 2005 as a response to the SARS epidemic established sets of norms for global health security that implied obligations concerning sharing of data and surveillance, and reporting events of international public health importance (PHEIC) (Røttingen & Onarheim, 2021). This securitisation of health shapes the institutional architecture that facilitates pharmaceutical policy responses through the provision of medicines and vaccines (Roemer-Mahler & Elbe, 2016), something that can argue to have accentuated the idea of pharmaceutical solutions as the proxy in combating viruses and health issues. This is an argument that will be re-visited later on in this thesis.

The renewed framework of health regulations has become important in not only the shift of discourse that frames a more comprehensive link between public health threats (infectious or not) to globalisation, but also illustrates the value of frameworks that are embedded in legally and non-legally binding instruments, which some of WHO's treaties and conventions are.

2.3 Hope and Mistrust: The Role of the World Health Organisation and the Pharmaceutical Industry

According to Lee and Fidler (2007), global health governance should perform four critical functions: *surveillance*, *protection* of the population from the given virus, effective *responses* to outbreaks, and lastly, accurate and timely information through *communication* (p. 218). These are however tasks that are implicit, if not explicitly within WHO's mandate as of today. It is clear that WHO functions as the main health governor that plays a key role in the control of epidemics and pandemics (McInnes, 2015), and works as a main coordinator in enabling collaboration across borders and states regarding health issues (Røttingen & Onarheim, 2021). Yet, throughout its existence, WHO has been subjected to massive criticism, especially in the times of COVID-19, but also in previous outbreaks such as the EVD outbreak in 2014 and the swine flu in 2009 (Kamradt-Scott & Lee, 2011; Mackey, 2016). Despite this, WHO has been maintained as a legitimate health authority with member states all over the world. WHO exercise 'power' and its mandate through launching treaties, agreements or even principles and frameworks. The Allocation Framework for instance was the guiding principles for the allocation of the vaccine distribution that COVAX followed (COVAX, 2022c). Abbott et al. (2000) state that the extensive operations and activities of an agency such as WHO, implement and gives meaning to the norms and goals that are articulated in the agency's charters and other agreements that they administer. The governing instruments that they have frequently leave them with considerable discretion, exercised implicitly as well as through formal interpretations and operation policies (p. 417). In short, WHO has a clear mandate in forming and giving meaning to the normative framework within health today.

Mackey (2016) wrote "... *time is ripe for radical 'shift' in global health governance by recognising that complex global health challenges can no longer be borne by WHO alone*" (p. 10). Certain systemic hurdles continue to exist, and thus continue to create mistrust and dissatisfaction amongst countries, especially in the Global South (Fidler, 2010; Fidler & Gostin, 2011; Kamradt-Scott & Lee, 2011). Issues with equal access to key commodities such as protective gear, diagnostics, medicines, and vaccines have not only been an issue during the times of the COVID-19 pandemic (Sachs et al., 2022), but was a challenge already back in 2003 with the spread of the pandemic threat H5N1, the avian influenza A, and the following swine flu in 2009 to 2010 (Lee & Fidler, 2007).

In early 2007, the Indonesian government announced that they would cease sharing H5N1 influenza virus samples with the World Health Organization's Global Influenza Surveillance Network (GISN) – an important system for sharing virus samples (Kamradt-Scott & Lee, 2011). This decision was reasoned with the fact that samples that were passed by the WHO to pharmaceutical companies, influenza vaccines were developed and patented. This resulted in the Indonesian government not being able to purchase or access the medication themselves which made them withdraw from sharing virus sample collaboration. This conclusion gained widespread support from advocates of greater equity of access to medicines. It was a decision that put questions to the legitimacy of the WHO (Fidler & Gostin, 2011; Kamradt-Scott & Lee, 2011), but also a decision that accentuated a call upon the troubling controversy of whether LMICs should share influenza specimens with WHO without any assurances that benefit from sharing will be equitably distributed (Fidler & Gostin, 2011, p. 200).

With legitimacy at stake, WHO's response was to conclude an intergovernmental process to agree on a framework for influenza virus sharing - the 2011 Pandemic Influenza Preparedness Framework (PIPF). This new framework was intended to enhance a new system of influenza virus and benefit sharing. Consequently, aiming to transform the previously publicly financed network into a new public-private partnership (Fidler & Gostin, 2011). Despite reactions and responses to the hurdles that Indonesia met in 2007, concern about equitable access to medications and vaccines flared again in 2009 with the emergence of influenza A – H1N1, which spread around the world. Once again, developed countries placed large advance orders for the 2009-H1N1 vaccine and bought virtually all the vaccine companies could manufacture. With some intervention from the WHO to secure some vaccines for developing countries, yielded donation pledges from manufacturers, and developed countries, but the donation still left the developing world limited with supplies once again (Fidler, 2010, p. 1). The narrative above demonstrates the WHO's power and legitimacy both in terms of the ability to intervene when injustice and inequality occurred.

The governance of earlier health issues as stated above, highlights the several inherent tensions and risks that are associated with the contested nature of global health governance (Kamradt-Scott & Lee, 2011). The authority of WHO has since it first emerged, been subjected to massive critiques, while also being prized for its agenda-setting abilities, monitoring, and surveillance, and the success of the global AIDS reporting Mechanism (GARM) (Abbott & Snidal, 2000; Taylor et al., 2013). With great power, comes great responsibilities, and these responsibilities

are inherent in decision-making, policymaking, organising and diplomatic negotiations that concerns global health security and issues that WHO governs (Fidler, 2010; Kamradt-Scott & Lee, 2011, p. 832). Despite the fact that WHO has a clear and central role in improving international systems for pandemic preparedness and responses (Røttingen & Onarheim, 2021), recent governance of pandemics, including the current one, calls for a change in governance within global health (Mackey, 2016; McInnes, 2015).

Consequently, according to Lee and Fidler (2007), it is more challenging to endure and strengthen the protection and response functions than it is the surveillance and communication functions. This is because vaccines, antivirals and non-pharmacological interventions are harder to produce or apply globally. That is evident in what is reckoned as successful stories of reporting mechanisms such as GARM in the global AIDS response. What persists as a major systemic hurdle, even in the times of COVAX and COVID-19, is how to protect people, and how to respond in a timely and efficient manner. The new IHR, therefore, marked a more comprehensive perspective on the link between globalisation and health (Centers for Disease Control and Prevention, 2022; Roemer-Mahler, 2021), and thus a great shift in the paradigm and discourse of global health. The amended IHR not only demonstrated a more inclusive and comprehensive framework but also strengthened the position of the WHO as a global health governor. The revision of IHR authorised the WHO to act based on outbreak information provided by both governments and non-state actors (Roemer-Mahler, 2021, pp. 223-229). Thus, when the legitimacy of the WHO have been at stake, they have demonstrated, proved both power and magnified the organisations position as a legitimate health governor globally (Fidler & Gostin, 2011; Kamradt-Scott & Lee, 2011). With more advanced information sharing, data sharing and a free flow of technology, virus sharing, the WHO have amplified its role as a global health governor through monitoring systems such as GARM (Abbott & Snidal, 2000; Taylor et al., 2013). WHO is a member-based meta-organisation – an organisation of organisation (Ahrne & Brunsson, 2019) in which Member States make WHO as powerful as they want. Yet, the means of the protection and response remain a weakness for WHO, as evidenced by the COVID-19 pandemic.

2.4 Commerce and the Rise of Public-Private Partnerships and Private Sector

The shift from international to global health, and the rollback of the state marked the entry of non-state actors to jointly address global health issues - this ranging from philanthropies, pharmaceuticals, other private actors, public-private partnerships, and civil society (Roemer-Mahler, 2021; Storeng, de Bengy Puyvallée, et al., 2021). The public-private partnership paradigm's mission was to overcome state and market failures that constrained access to essential medicines among populations with limited purchasing power in low- and middle-income countries (LMICs). PPPs have in some way been successful and effective polity tools in strengthening public health in LMICs (Stevenson, 2015, p. 930). However, this fragmentation of the field of global health facilitated channels to be setup by multilateral organisations such as the WHO and the United Nations Children's Fund (UNICEF) and marks a revolution within the field of governance (Storeng, de Bengy Puyvallée, et al., 2021). In many ways, the rise of non-state actors automatically amplified the role of WHO as the leading health governor and authority that possesses a clear and central role in improving international systems for pandemic preparedness and responses (Røttingen & Onarheim, 2021). Commercial companies were now important actors in governing global health, and they have been necessary when facilitating access to know-hows, capacities, and finances (Roemer-Mahler, 2021). These new forms of collaboration and private solutions are clearly often preferable to the public sector and more importantly needed to accelerate innovation and provide for financial markets that may respond to a disease-specific approach. The private sector is essential for accessing private capital (Stein, 2021), but also necessary to understand the certain systemic challenges that governance of health encounters.

Some of the largest and most well-known partnerships work on the financing, development and distribution of medicines and vaccines in LMICs, particularly: Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (GFTAM), and not least, Gavi, the Vaccine Alliance. In addition to these prominent health partnerships, there are also numerous product development partnerships that aim to develop diagnostics, medicines, and vaccines for health threats (Roemer-Mahler, 2021, pp. 224-229). In fact, the Gates Foundation provide nearly half of the product development partnerships (49 per cent), whilst approximately 28 per cent comes from US, UK, Dutch, and Irish aid agencies (Roemer-Mahler, 2021, p. 230). The massive participation of such global health initiatives such as Gavi, the Vaccine Alliance is however not immune to hurdles and challenges. Global health initiatives that support the strengthening

of health systems have often been seen as a positive development. Contrarily, it can also imply that public-private partnerships such as Gavi have the monopoly to set the global health agenda (Storeng, 2014). In the work of accessing diagnostics, medicines, and vaccines organisations and actors are working closely with biopharmaceutical companies (Roemer-Mahler, 2021). Gavi is and has been an important factor in enabling vaccines in the poorest countries, especially to children (Gavi the Vaccine Alliance, 2023). The way these global health actors and health initiatives intervene in health issues can be criticised to have become too technocratic, solely focusing on technical capacity building and pharmaceutical solutions, whilst neglecting the political and socioeconomic context (Roemer-Mahler & Elbe, 2016). According to Storeng (2014) an issue is that this technocratic approach, re-named as the Gates approach has been reinforced within the broader global health community and is primarily about technical solutions to health problems Storeng (2014) argues. Other scholars broadly support this criticism, and it demonstrates that introducing technical and profit-incentivised power may shift the focus away from health issues and towards more technical solutions.

However, the introduction of how public-private partnerships have paved their way into mainly addressing health issues is critical to acknowledge when trying to understand not only how the COVAX initiative emerged, but also why it emerged, and what the impacts of such a massive partial organisation have been.

2.5 The West African Ebola Outbreak: Pharmaceuticalisation and Obligations

The final point I will make in this chapter is the importance of the West African Ebola virus in the landscape of global health governance. This will be important to understand because it shows how pharma solutions have also been the prevailing mode of combating viruses today.

In the spring of 2014, the outbreak of the West African Ebola virus exploded. The Ebola outbreak had a high mortality rate and was declared a PHEIC by WHO only a few days after the outbreak (Roemer-Mahler & Elbe, 2016). It was early on, concluded that pharmaceutical solutions were needed to control and treat the disease. The international response to Ebola was organised by already existing architectures, drawing on existing policies and legal institutions that had been created over the previous two decades to facilitate the use of pharmaceuticals as a key tool against health security threats (Roemer-Mahler & Elbe, 2016, p. 496). An important

reflection to make here is that this particular response illustrates not only the mobilisation of already existing structures and organisations that comes collectively together to combat Ebola but also creates a set of lasting institutions.

The rationality of pharma and health security logics created a race among governments, companies, and NGOs to develop new drugs and vaccines against the Ebola virus (Roemer-Mahler & Elbe, 2016). The case of Ebola confirm concretely how health is governed today. The tendency to handle infectious diseases through pharma logic and structures demonstrates the key role that the pharmacological industry has gained, and not least what important policy instrument the industry has become. These factors have become very important in shaping international health collaboration, where policies and legal institutions were and are established in the name of health securities (Roemer-Mahler & Elbe, 2016; Weiss & Wilkinson, 2021).

One of the major issues with the strong participation of big pharma is the lack of obligations and whose markets the pharma industry targets. Despite that PPPs initially targeted LMICs for improving public health systems, (Stevenson, 2015; Storeng, 2014), there are certainly mechanisms that ensure a skewed distribution and access of pharmaceuticals, primarily in LMICs. Even though the Ebola virus and Influenza viruses are essentially quite different, it is still important to point out the systemic hurdles that come with pharmacological solutions. According to Lee and Fidler (2007), high-income countries such as the United States, the United Kingdom, Australia, Japan, France, and Canada have purchased the majority of seasonal influenza vaccines. There are primarily two reasons for this. The first is that LMICs have historically been reluctant to purchase such medicines because there are other pressing health needs that take priorities (Kamradt-Scott & Lee, 2011, pp. 837-838). Secondly, there is limited availability, high cost and ongoing resource constraints which imply that LMICs are not as attractive markets as high-income countries (HICs). In other words, does this imply that vaccine manufacturers develop a skewed preference towards HIC as their primary customer target as a result of the circumstances, which is the very logic in profit-making enterprises such as pharmaceutical companies that generally aim to produce goods where demands meets production (Kamradt-Scott & Lee, 2011, p. 838) In conclusion, this skewness in supply and demand (re)produces a global supply and access to vaccines and other health products that is limited.

2.6 Summary

The evolution of global health governance has galvanised great tools to deal with health challenges and has caused the blossom of non-legal and legally binding instruments, the collaboration of new collective efforts towards shared health goals, and the emergence of public-private partnerships that have marked an entry of a myriad of different private actors. Based on the respective literature, one lesson becomes clear and that is that there have been many opportunities to change the ways of governing health issues. Arguably, there have been several opportunities to untangle the systemic and structural hurdles that cause these inequalities in access and distribution to health, which underscores the point of assessing the vaccine distribution mechanism of COVAX as a potential hope for the future. In the next chapter on theory, I will examine the theoretical prepositions used in this research study.

CHAPTER 3 - Theoretical Framework: Organising the Environment through Partial Organisation

As stated in the previous chapter, have the changing perceptions of health had practical consequences on health governance, which I argue have impacted the organisation of the COVAX Initiative. In this chapter I examine the theoretical framework that will be used to analyse the empirical findings (Chapter 5) in this study. First, I will shortly elaborate on partial organisation and how this theory can illustrate how organisations deal with uncertainty. Then I will outline the basic framework of partial organisation theory with some empirical examples from other studies, followed by the organisational elements that will be used in this research study. Thereafter, I account for a section devoted to the dynamics of the organisational elements, and lastly the limitations of the theoretical framework. Altogether, these theories will provide for a holistic and comprehensive analytical framework in order to study the governance of COVID-19 and COVAX.

In order to understand how COVAX served as a global solution in the case of COVID-19. I use the theory on how organisations partially organise its uncertain environment through decisions made upon one or more of the five organisational elements (Ahrne & Brunsson, 2019). In short, I analyse how COVAX partially organised the vaccine inequality through the decisions made on some organisational elements. The Initiative will be analysed in regard to the organisational elements *hierarchy, rules, contributorship* and *sanctions*. These elements will be complemented by the theory of hard and soft law³ (Abbott & Snidal, 2000), which I conceptualise as two dimensions of Ahrne & Brunsson's (2019) element *rule*.

³ I acknowledge that the original work of Abbott & Snidal (2000) refer to hard and soft *laws*, and not rules. In order to avoid confusion, I intentionally use rules. Conceptually are the concepts similar.

With this theoretical framework shortly presented, it seems suitable to apply Ahrne & Brunsson's (2019) framework of partial organisational elements to analyse the findings and results in this master study. More explicitly, the theory provides the research questions with explicit concepts and later coding nodes that can bridge the theory to the data material, and to answer the following research questions in this research:

RQ1: What are the organisational elements that are present in COVAX?

RQ2: How can the inclusion or exclusion of certain partial organisational elements influence vaccine distribution in the case of COVID-19?

RQ3: In what way can the organisational composition of elements influence vaccine distribution in the case of COVID-19.

3.1 Dealing with Uncertainty

Scott and Davis (2016) state that organisations deal with uncertainty by turning their hostile environment into organisations. This is, in organisation theory, a fundamental reason for organisation in the first place. Therefore, related to this master thesis, addressing uncertainty is an important and decisive factor in a world where new and complex challenges emerge constantly - such as the emergence of the novel virus corona and the climate crisis. Abbott and Snidal (2000) address that aspects of these wicked issues are costly, but most importantly highly uncertain. In such cases frameworks and goal-setting agendas such as the SDGs might be the appropriate ways to handle such uncertainties. Another case is how WHO alongside founding organisations organised the uncertain situation of the COVID-19 virus.

I will in the following sections emphasise how uncertainty is dealt with through the presence of organisational elements, and how these elements' dynamics work together (Ahrne & Brunsson, 2019). To exemplify can an organisation reduce its hostile environment through using arrangements that are precise, but *not* legally binding. Another example where uncertainty is managed and reduced, is through delegation of authority to a central body or an organisation. This can for instance be UN's specialised agencies or other international organisations that can play an administrative or expert role across a wide range of issues. However, a conflicting point here might be that these agencies possess significant autonomy. These organisations have the capacity and power to provide information and adapt rules or initiate standards (Rasche & Seidl, 2019, p. 443). This is not unfamiliar to how organisations

organise and define decided rules for either common or voluntary use through partial organisation (Rasche & Seidl, 2019).

3.2 Partial Organisation: Organisations Outside Organisations

Ahrne and Brunsson (2019), reassure that *organisation* do not only occur *within* the context of formal organisations, but do also exist *outside* formal organisations. Based on this, have partial organisation theory been used predominately to argue for the presence of ‘organisation outside organisations. The idea is that organisations such as government authorities, meta-organisations⁴, NGOs, private interest groups- introduce one or several of the organisational elements in order to reduce its environment through turning its environment into organisation members. This is what is referred to when organisations partially organise. By reducing organisations’ environment, the organisations will then reduce uncertainty, complexity, and unpredictability in social life (den Hond et al., 2019; Scott & Davis, 2016). Ahrne & Brunsson’s (2019) observe an organisation as a particular social order –a decided order. An argument that the authors underline is how the organisational elements *membership*, *rules*, *sanctions*, *hierarchy* and *monitoring* are essential in creating and maintaining relationships in social life and organisation. These are relationships between individuals and members within an organisation, as well as relationships between organisations, meta-organisations, and networks. However, these relationships may be affected by the presence of elements that direct how organisations shall behave, as well as what they shall produce. More explicitly can an organisation introduce rules to regulate the organisation’s behaviour, and decide upon what the organisation shall produce, through articulating concrete goals.

In organisation theory, regulation of member’s behaviour and decisions are often linked to corporate social responsibility (CSR) and voluntary standards (Ahrne & Brunsson, 2019). These CSRs and standardisation schemes emerge most often from selectively using the elements of rules, whilst other elements would often be missing (Ahrne et al., 2016; Rasche et al., 2013). These standards are produced either by organisations or meta-organisations such as the International Organisation for Standardization (ISO) or Fairtrade International. Whilst the element of rules may be the prevailing element in some organising, may other organisations rely entirely on their members. With Partners in Paediatrics (a subscription association of health care organisations) as the empirical reference point, Cropper and Bor (2018) focus

⁴ An organisation that is constituted of other organisations (Ahrne & Brunsson, 2019).

specifically on the importance of members. This paper illustrates that members are that the most important organisational element in the organisation of the health partnership. Additionally, the membership composition and the dynamics of the health partnership play an important role in how the partnership relates to the fluctuating environment. The inclusion of the element membership emphasised its theoretical relevance to partial organising, but also investigated how the compositional dynamic have had implications on the growth and stabilisation within the partnership. The health partnership both structure the contributions of the members as well as the interactions among the members.

However, the exclusion of too many organisational elements may weaken the organisation's power to act. In Välikangas et al. (2022), the authors theorise partial organising in the times of COVID-19 and the EU's regional health entity HERA – the European Health Emergency Preparedness and Response Authority. The paper questions the nature and capability of international organisations such as the partial, member-based organisation, the World Health Organization. The EU, they argue, lacks a complete package of all of the organisational elements as its disposal, and therefore lacks the ability to take action particularly within the field of health. This implied that the EU had limited power to support national policies and to encourage coordination. The elements sanctions and monitoring are missing in the case of the EU (p. 169). EU's response to COVID-19 have in many cases been criticised for being inefficient and uncoordinated. Through HERA, one can act and respond to health emergencies at a new EU level, which will ideally cope with future health crises in a better way compared to the COVID-19 crisis. These examples demonstrate how partial organisation is put to life through decisions made on the organisational elements.

3.3 International Organisations as Partial Meta-Organisations

A concept that is important to comprehend, is meta-organisation (MOs). This is because it explains how MOs are great ways to enforce collective action. According to Ahrne & Brunsson (2019) International organisations are actors that pursue their own interests. In contrast to international organisations that are individual based, that is individuals as members, meta-organisations are organisations with organisations as members. In other words, MOs are rather associations of states which are themselves organised as actors. These MOs may be organised at different levels such as local, national, and international and global (Ahrne & Brunsson, 2019). These MOs are very common today and growing intact with the growing globalisation

(Ahrne & Brunsson, 2005), and usually the member-organisations of a MO seek to retain their own identity, autonomy, and resources. This results in MOs being set up as partial organisations meaning that they partially organise themselves by combining the partial organisational elements of membership, hierarchy, rules, monitoring, and sanctions (Ahrne et al., 2019; Ahrne et al., 2016). Partial organisation allows them to foster collaborative behaviours among competitors across sectors or even types of actors such as academia and policymakers. MOs contrary to organisations that are individual-based, concentrate resources and have access to more resources than individuals do. At the same time, do also organisations provide an organised form for collective action that by definition, no single individual can do on their own (Ahrne & Brunsson, 2005). Berkowitz et al. (2020) express that MOs are innovative ways to look at collective action amongst organisations, through establishing these partnerships or associations of organisations – an argument also evident in how a worldwide need for equitable access to vaccines emerged the acceleration tool COVAX.

The question of sovereignty and autonomy is a contested debate that becomes challenging in MOs and can be seen even as a great weakness of international organisations. Because, if MOs are autonomous, how can organisations that are members of another organisation also be autonomous actors? (Ahrne & Brunsson, 2019). This is a conflicting aspect of MOs, and is fruitful to remember in the case of the partial organisation of complex organisations such as COVAX.

3.4 The Organisational Elements

Understanding the concept of organisation is salient for understanding many social phenomena that occurs outside formal organisations and not least, in the contemporary times of globalisation. While both formal and partial organisations are both types of organisations that are based on decisions, complete organisations have access to all of the organisational elements – whereas partial organisations are partially organised, meaning that the organisations is based on only one or few of these elements. However, the fewer elements that are included, the easier it is to organise (Ahrne & Brunsson, 2011 /2019). Initially, there are five respective organisational elements: *membership*, *rules*, *hierarchy*, *monitoring*, and *sanctions*:

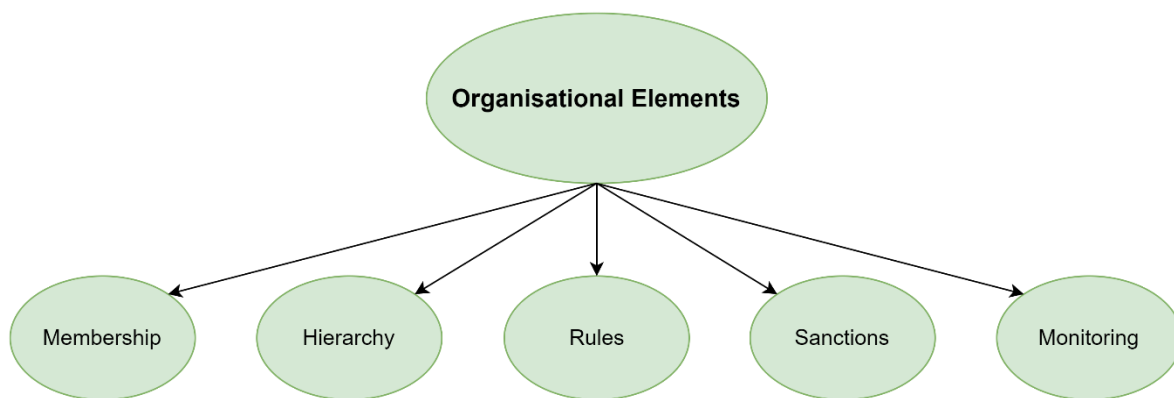


Figure 3 The five organisational elements (Ahrne & Brunsson, 2019).

When designing the theoretical framework for this research, four out of the five organisational elements appear important in this case, as both the documents and interviews cover these elements, either implicitly or explicitly. The constituency of the health Initiative COVAX resembles with the importance of members, rules, hierarchy, and sanctions. The element monitoring is left due to its less importance in a case of emergency- it will purposefully be excluded from this theoretical framework yet not forgotten. However, the current organisational elements that will be used in this theoretical framework are: Contributorship, hierarchy, rules, sanctions, and organisational goal(s). Table 1 illustrates an overview of the four organisational elements outlined by Ahrne & Brunsson (2019), and the element of organisational goal (Scott & Davis, 2016). This is a framework particularly designed for the purpose of this research study.

Organisational Elements	Dimension
Membership	Contributorship
	Participation
Hierarchy	Authority
	Mandate
Rules	Non-legally binding
	Legally binding
Sanctions	Social sanctions
	Legal sanctions
Organisational Goal(s)	Motivational goals
	Guiding goals
	Evaluating goals

Table 1 Modified framework. An overview of the four organisational elements outlined by Ahrne & Brunsson (2019), and the additional element of organisational goal (Scott & Davis, 2016).

3.4.1 Membership

As suggested above, organisations can organise merely through membership. Members are according to Ahrne and Brunsson (2011), a mixed blessing; they are useful, but also cumbersome. This is due to that organisers may be held responsible for the behaviour of its members (p. 94). What is profound with the element of membership is that membership tends to offer an explicit and formal membership and has a more distinct categorisation of affiliation than other forms of memberships have. However not a necessity, a membership does often require an application process (Ahrne & Brunsson, 2011/2019). Who is considered a member and non-member in an organisation is a very powerful tool to create and maintain loyal members, and not least to create organisational boundaries (Rasche & Seidl, 2019). Furthermore, there are several forms of membership, and one of them can be reformulated into *contributorship*. Grothe-Hammer (2020) redefines the notion of contributorship as the basic premise needed by every organisation to be constituted (p. 482). Contributorship can be defined as the organisation's contributors that belong partially to the organisation if they share communicative actions with it (Grothe-Hammer, 2019, p. 85). In contrast to the meaning of membership in its classical sense, does the notion of contributorship give its members the right to participate in decision processes of the organisation (Grothe-Hammer, 2020). Nonetheless,

contributorship may generate more organisation for a short time, but is more volatile than membership (Ahrne & Brunsson, 2019), something that can be beneficial in the times of crisis and emergencies where quick organisation and mobilisation is necessary to achieve goals.

Being a contributor involves two basic requirements: first, one must agree with the premises upon which an organisation has decided, and second, one must take part in organisational decision-making process (Grothe-Hammer, 2019, p. 105). Grothe-Hammer (2019), discusses that organisations can implement partial inclusions of individuals who are not members, but who participate as contributors to the organisational process (p. 88). One must have been granted the right to contribute, but anyone that have a particular set of skills or access to certain resources may contribute to the organisational processes, and more. It does not necessarily matter so much who participates in the decision processes. What matters when, where, and how people contribute, how many contribute, and the backgrounds of those contributors (pp. 86-90).

Contributorship is therefore understood as being boundary-maintaining through their actions and contribution to the organisational processes (Grothe-Hammer, 2019, pp.104-05). The lack of membership can however lead to fluid and or permeable boundaries Grothe-Hammer (2019) argues. Such contributorship (or participation) may be partially organised through organising tools such as meeting coordination tools. A common sense in organisational memberships, is that there is a need for a constant flow of members to the organisational processes – specifically through decisions on membership, organisations may achieve a certain degree of reliability and stability, when these expectations are met by members that meet these specific demands, if they want to remain members of the given organisation (Ahrne & Brunsson, 2019; Grothe-Hammer, 2019). A last point that needs to be addressed, is the fact that many conventional organisations tend to cease whenever the goal is achieved, unless the goal is altered temporarily (Grothe-Hammer, 2019, p. 107). For example, in public-private partnerships, it has been a successful strategy not to have specific members. This makes it more practical for the initiating organisation to alter its partners if the goal and purpose change (Ahrne & Brunsson, 2011, p. 94).

3.4.2 Rules

The element of rule specifies expectations and rules of behaviour amongst the organisation's members. Generally, the element of rule specifies the goal of the organisation and how the goal is to be achieved. This is often articulated in principals, terms and conditions, (Rasche & Seidl, 2019), or through international treaties and other legal arrangements when the task is to solve specific substantive and political problems (Abbott & Snidal, 2000, p. 421). These rules are ordered by two dimensions: Soft rules, or non-legally binding rules, and hard rules or legally binding rules (Abbott et al., 2000; Abbott & Snidal, 2000), while Rasche and Seidl (2019) distinguish between 'informal' rules and 'formal' rules.

Rules describe how people or organisations are expected to behave, how cooperation should be conducted, and as mentioned, how goals ought to be achieved. Those who possess formal authority may delegate rule setting to actors who do not possess the same degree of authority (Ahrne & Brunsson, 2019, p. 47). The term *hard* rules are rules that are being relatively rigour and internally consistent. These rules emerge in forms like obligations, agreements, treaties and contracts, and are adopted through formalised and elaborate procedures. In these legally binding rules, there are often a clear delegated authority for interpreting and implementing the rules. For instance, may a centralised or de-centralised monitoring part be an aspect of delegation. Further, states usually order their relations through institutional agreements, treaties, and contracts⁵. The use of these legally binding instruments might therefore restrict actors' behaviour and even the actors own sovereignty (Abbott & Snidal, 2000, pp. 421-422). These rules should be defined with unambiguity and precision, meaning that for instance that there should be clarity in requirements given my an organisation or institution for example (Abbott et al., 2000). If countries ratify a treaty they are obligated to conform to, violations will be followed by legal sanctions, at least in theory. Legally binding instruments are not failproof, since the assigned rules may be ignored in practice – especially by powerful states (Abbott & Snidal, 2000, p. 431).

Yet not all organisations are able to implement hard legal commitments and may therefore favour softer forms of rules. Soft rules entail a more flexible approach to legalisation, and can be manifested in recommendations, guidelines, codes of conducts, standards, or non-binding

⁵ Notably, actors both in legal and non-legal arrangement use contracts (legally binding) or conventions (non-legally binding) to manifest normative and moral commitments (Abbott & Snidal, 2000, p. 424).

resolutions (Abbott & Snidal, 2000, p. 445). Soft rules do also tend to be more dynamic than hard rulemaking. This is since it rather initiates a process and a discourse that may involve learning or changes over time. The use of soft rules can also be used to ease bargaining problems amongst states, and function as a great tool to achieve mutually preferred compromises. In other words, can soft law appear more practical when negotiating, and establish general goals but with less precision. Generally, it is easier to achieve soft legalisation since it allows states to adapt their commitments to the situation, rather than coercing states into accommodate divergent national circumstances within a single text (Abbott & Snidal, 2000, pp.444-45).

Due to the many positive sides of choosing softer forms of legalisation, non-legally binding tools- international organisations often tend be drawn towards the softer forms of legalised governance – especially if those forms offer superior institutional solutions (Abbott & Snidal, 2000, p. 421). Utilising the soft rules strategies of governance is also beneficial, as it does not challenge the state sovereignty as much as hard legalisation does. Further it offers more effective ways to deal with uncertainty – especially when the actors can learn about the impact of agreements over time. Rather than the rigid circumstances in hard rules, soft rules facilitate compromise and mutually beneficial cooperation between actors with different fields of interests, norms, and values. This needs to deal with competing interests and values of nonstate, other states and actors makes it also easier to pursue softer legalisation forms than the opposite (p. 423).

Abbott and Snidal (2000) theoretical perspective on legalisation can be analytically understood through three components: obligation, precision, and delegation⁶. The two first refers to elements within legalised rules and law that regulate behaviour, whilst the last concern third parties that have been granted authority to implement and interpret the rules (Abbott et al., 2000; Abbott & Snidal, 2000). It is however important to address that soft and hard rules are not binary categories. The absence or weak presence of one of those three factors, do not equate to being entirely legal or entirely non-legal. For instance, may a formally binding commitment appear purely hortatory, and create rather weak legal obligations, whilst precise obligations that are usually an attribute of hard legalisation, use precise language to avoid the binding

⁶ It is however acknowledged that Abbott & Snidal (2000) and Abbott et al. (2000) understand legalisation as a particular form of institutionalisation, but in order to keep it simple, the meaning and definition of institutionalism is not defined nor used in this case.

character (pp. 411-412). An official document or declaration can be reckoned as not legally binding but can contain the exact same substantive content as a binding treaty. The difference appears since they are very different instruments in terms of legalisation (p. 402). What is important to point out is that whenever there are rules present in an organisation, it implies that the presence of organisational elements like monitoring and sanctions are more likely to occur (Rasche & Seidl, 2019, p. 42). If soft rules are not complied with, mild sanctions can meet the ones that do not comply, whilst hard legalised rules are more likely to be met with legal means (Abbott & Snidal, 2000).

3.4.3 Sanctions

As outlined above can potentially rules be pursued by organisers if they decide upon sanctions. If sanctions are introduced, firms and organisations may meet sanctions if the criteria or decided expectations are met, or not met. Sanctions can be perceived as either a reward or penalty and may affect a recipient organisation's status and identity (Ahrne & Brunsson, 2011, pp. 87-88), the element of sanctions is often addressed in relation to certification and accreditation institutes, where for instance partnerships may only be constituted of membership without any rules or sanctions, or even just rest upon membership and rules or sanctions. However, the element of sanctions can also be present in other types of organisations besides certification schemes, such as in agendas and treaties (Ahrne & Brunsson, 2011, p.88). Organisers without access to monitoring and sanctions often meet difficulties in making others comply with rules, but also struggle to see when rules have failed. Organisers without sanctions, run the risk of organising only those who are willing- who could have organised themselves in the same manner even without the efforts of the organiser (Ahrne & Brunsson, 2011, p. 92).

If an organisation does not comply to the rules and standards that are given by the organisation, the members risk being sanctioned with termination of membership or a revoked certification (Rasche & Seidl, 2019, p. 46). However, even if sanctions are not present when non-compliance occur, the social sanctions and reactions may outweigh the very explicit sanctions expressed. Sanctions may also not only be within the organisation but can also be provoked by external bodies. In the case of standards, a standard's governance body is established separately from the independent organisation and can thus issue standards and rules independently from the organisation. This can for instance be when members are expected to follow CSR standard

(Rasche & Seidl, 2019, p. 55). Especially in the times of globalisation, the dispersed nature of organisation is relevant in the context of global governance, where we witness a relatively low degree of decided order (Ahrne & Brunsson, 2011, p. 100).

3.4.4 Hierarchy

How decisions shall be made, and who shall make these decisions? It is not uncommon to use hierarchy as an instrument in the organisation of organisations. The level of hierarchy within an organisational structure may vary, but this element is often attached to authority, delegation of authority⁷ and responsibility within the organisation (Ahrne & Brunsson, 2019; Rasche & Seidl, 2019). Hierarchy is often misunderstood as merely a source of power but does also concentrate responsibility to the people at the top. The responsibility when following standards, lie most often with the rule followers, whilst responsibility for binding rules in companies lies primarily with rule setters. For instance, members of a certain organisation that are exposed to standards, may request hierarchy in order to avoid some responsibility, and to project this responsibility on the rule-setters instead (Ahrne & Brunsson, 2011, p. 94).

In its broadest definition, hierarchy is associated with the exercise of ‘authority’ or ‘legitimate’ and ‘legal’ power. The power of people in relationships may be unevenly distributed, whereas some possess more power than others, in the way that some have more power than others and are better positioned to initiate and influence others. Power and authority are often based on superior access to resource that others desire to access. People that are considered with high status (whether by tradition or because of their individual qualities) can expect voluntary compliance from others (Ahrne & Brunsson, 2019, p. 12; Rasche & Seidl, 2019). In this way, authority creates hierarchical structures. These are structures that may also indicate the existence of explicit governance, e.g. the pooling and allocating governance mechanism that occurs with the case of COVAX Initiative (Rasche & Seidl, 2019, pp. 37-38). (Ahrne & Brunsson, 2019, p. 12).

In short, are the rules or practices within a MO or an organisation often a pleasant instrument for convincing others that its own rule are the ones that are important in judging statues (Ahrne & Brunsson, 2005, p. 448). In its general sense, hierarchy can be used in order to assign

⁷ I acknowledge that delegation in Abbott & Snidal (2000) is defined as one of three dimensions within legalisation, but in this theoretical framework delegation will be used under the organisational element of authority.

individuals and organisations decisions and tasks effectively (Rasche & Seidl, 2019). Authority can also be assigned through giving other members the authority to take decisions (Ahrne & Brunsson, 2011, p. 41). The *organised* organisations may prefer a formal organisation because it is easier to establish hierarchy and membership. This is because hierarchy can reduce the number of organisers, thus reduce the amount of organisation in general. This can result in membership or participation that gives them greater influence over what is organised and how (Ahrne & Brunsson, 2019). In other words, may the use of hierarchical structures be beneficial to create a more substantial and defined order, through delegation of authority and mandate.

3.4.5 Organisational Goals

Whilst rules specify *how* the organisational goals ought to be reached (Ahrne & Brunsson, 2019), the goals serve to clarify *what* the goal entails, and what its purpose is. To clarify, organisational goals are the goals that the operative, professed or official goals that an organisation seeks to achieve – sometimes these goals are meant to be achieved within specific time frames and on different levels within the organisation (Scott & Davis, 2016). As previously noted in Chapter 2, the shift from international health to global health, has increased the presence of treaties and agendas in global health governance. Evidently, global health has been an essential part of prevailing discourses, agendas, and strategy plans in global health governance. An example is the transdisciplinary and unifying agenda of *One Health*, which seeks to optimise the health of people, animals, plants and the shared environment (World Health Organization, 2017). Agendas and organisational goals such as One Health proves how the shift to global health has led to increased collective international efforts towards shared health goals (Roemer et al., 2005).

In Scott and Davis (2016) organisational goals have different purposes and functions. Goals can be characterised as motivational, guiding, or evaluating for example⁸. Motivational goals serve the purpose of motivating participants through developing commitment amongst them, whilst guiding and evaluative goals serve as setting alterative course of actions, and lastly, evaluate the behaviour of the participants or the entire organisation's (Scott & Davis, 2016, p. 185). Simon (1997) points out that the goals effect behaviour only as they enter decisions on

⁸ In Scott & Davis (2016) there are initially justifying and symbolising behaviour of the goals as well present, but these are excluded in this theoretical framework.

how to behave. In this case, goals affect behaviour when rules guide how the goals should be achieved. These organisational goals include giving guidelines (and restrictions) for decision-making and action, as well as criteria for creating and choosing among different courses of action. Notably, behaviour can precede rather than stem from goals, the goals devised to provide an acceptable account of past actions (Scott & Davis, 2016, pp. 184-185).

Organisations tackle uncertainty by reducing the hostile environment through partially organise it. In this section I see organisational goals as an independent organisational element, rather as a constituting form of rules like Ahrne & Brunsson (2019) do. By including goal-setting and organisational goals as an essential part of governing health can thus justify what has been discussed that partial organisation lacks (Ek & Qvist, 2022). What this once again conclude with is that global issues and health threats can no longer be treated isolated from one another, and it is therefore vital to state the importance of universal shared goals (Fukuda-Parr, 2012).

3.5 Dynamics of Organisational Elements

What is important to address is that sometimes the elements can seem vague or even completely distant. This can be caused by poor governance structure that may affect poor and vague decision-making, rules, monitoring and so. Similarly, conflicts and power struggles might emerge when organisations are pressured to adopt additional organisational elements, this can for example happen when their legitimacy is at stake (Rasche & Seidl, 2019, p. 40&50). In other words, will the use of one element often lead to a chain reaction, introducing other elements as they go. The number of organisational elements that is required to be adopted by members might have an impact on to what extent members adopt these elements. Without a clear membership structure, monitoring or other elements, will this inherently reduce adoption costs and require lower levels to commit, which in itself is easier to obtain and maintain rather than the opposite. This can also comply with agendas and agreements that aim to be inclusive and universal- such as the SDGS (Biermann et al., 2017).

Further, it is important to see each present organisational elements in relation to the other elements that are present in the organisation. This address how organisational elements interact with another element, and how the organisational composition may affect how elements are dependent on each other to exist, amplify or weaken each other. A concrete example of this can be how the presence of a limited contributorship may be enforced by strict, legal-binding

rules, or how hierarchy might facilitate clear structures and delegation of tasks, that can positively give members a clear picture of delegated tasks and work. Sometimes are some organisational elements even 'dependent' on each other in order to 'exist'. For instance, are rankings schemes sometimes based upon decided and explicit rules, or membership are often followed up with monitoring, and thus sanctions if these rules are not followed. In partnerships between organisations, the element of hierarchy may be combined with membership without any rules or sanctions (Ahrne & Brunsson, 2011, p. 88), whilst other partnerships may rest upon membership and rules, or entirely upon membership and monitoring, without any other elements being involved (Ahrne & Brunsson, 2011, p. 88). However, as in the case of rules and the German Initiative that only leans on one organisational element, it shows that the rules in themselves can be powerful but is however weakened in the way they do not consist of any binding or monitoring functions. If a rule is of a legal binding character, it can thus enhance reliability of a commitment, since binding instruments often possess legitimacy and credibility (Abbott & Snidal, 2000).

What these examples demonstrates, is that the lack of organisational elements and the element combination influence accountability and responsibility. The combinations of organisational elements that enhance accountability – both retrospectively and prospectively (Arnold, 2022). In the case of COVID-19 and HERA (Välikangas et al., 2022), lack of the ability to include more of the organisational elements in its regional health initiative, may risk losing legitimacy. Absent organisational elements might therefore lead to a reduction of accountability and legitimacy of the host organisation. The question of responsibility and accountability is according to Brunsson et al. (2022), is becoming more fuzzy – especially where governance is built on public-private partnerships. This is amongst other things due to that private actors are now engaging in issues that were before only handled by the public, and that the privates cannot be held account for the issues that were once only state-centric. The authors argue that the more organising by external actors, the less responsibility will the actors have. The authors state that there is a great potential for concentrating responsibility on the top managers and the organisations in formal organisations. This is a potential that is undermined when the organisation is organised by other organisations, which leads to that responsibility become weakened rather than clustered (Brunsson, 1990 in Brunsson et al., 2022).

It is important to state that even though organisations tend to take decisions on mostly a few of the organisational element they are however not 'failed' or not a 'true' organisations in that

sense (Ahrne & Brunsson, 2019, p. 8). Partial organisations are not “failed” complete, formal organisations, but do either not have the opportunity to build a complete, formal organisation, or do not have the interest to become one (Ahrne & Brunsson, 2011, p. 87). Even if an organisation may only organise itself through only one or few of the organisational elements, it is common for organisers to utilise more than one component or rely upon other organisers in order to access more elements. A concrete example of this are certain standards that are supplemented with systems of certification schemes that are decided by standardisers, or other organisations (Ahrne & Brunsson, 2011, p. 87).

In many cases, there are many positive aspects of not using all of the organisational elements. This can be due to deliberate choices amongst the organisations that desire to grant legitimacy, accountability, plasticity, and flexibility (Rasche & Seidl, 2019, p. 46). In many cases the exclusion of certain elements is inevitable. For example, for a standard setting organisation, they tend to not possess the authority or the legal mandate to issue binding rules, or sometimes they lack the power to sanction members with legal consequences. If legally binding rules were issued by an organisation that was clearly lacking legal mandate, the rules would most likely be challenged as illegitimate. The standard-setters can legitimise their actions if they declare rule conformity to be voluntary, and if legal penalties are ignored when rules are met with non-compliance (Rasche & Seidl, 2019, p. 47). In some cases, these mandates to legitimise are delegated by other authorities, which implies the opposite. Some of these actions might even cause inertia in the case of meta-organisations (Välikangas et al., 2022). If for example the monitoring or sanctions are omitted, it can harm the reputation of the organisation, and might undermine the goal, legitimacy, and purpose. If for example the elements monitoring and sanctions are omitted, they can undermine the goal and the purpose of the organisation that will eventually reduce the organisation’s legitimacy.

Thirdly, plasticity makes it easier for organisations to adjust and tailor the rules to local and contextual needs. This makes it easier for organisations and their members to comply with the rules or standards. Lastly, some organisational elements are left out intentionally to secure flexibility. This makes it easier to change the underlying rules, and to modify the rules along the way, (Rasche & Seidl, 2019), which are in essential the characteristics of non-legally binding rules. Flexibility is especially important when uncertainty or one sticky problem threatens to upset the larger ‘package deal’ (Abbott & Snidal, 2000, p. 445), (but is also challenging when it comes to assess and determined whether states and organisation conform

to their non-legally binding commitments. If states, intentionally or not, find a loophole to avoid conform to the agreed guidelines, treaties, or other arrangements – one can end up with the issue of free riding (Kaul, 2003), and issue that theoretically can be dealt with through adopting penalties and sanctions to non-members. This will however create a strong incentive to participate according to Nordhaus (2020).

Albeit voluntary standards for example grant themselves legitimacy, may the benefits of leaving some organisational elements out lead to that organisations do not need to undergo a complicated formal process to legitimise changes to the rules. This flexibility is often a good reason in rule changing when it comes to regulating corporate governance through formal, voluntary standards, rather than through binding laws (Rasche & Seidl, 2019, pp. 47-48). From the point of view of this theoretical framework, the elements may thus coordinate its members, limit, and direct them, and use other mechanisms to maintain the institutional idea of what an organisation is, as well as create authority and legitimacy. The architecture of these organisational elements that constitutes a partial organisation collectively demonstrate the strengths and impacts of the use of different elements.

It is not always either easy to strictly distinguish these elements from one another, and sometimes there might be a need to merge and re-conceptualise two elements as rather one element – or even for the sake of simplicity. Introducing organisational elements is not always imperfect, and sometimes actors and organisations introduce them without offering any central coordination, which unfolds the many unintended and unintentional consequences (p. 41). Especially, a globalised world, where introduction of organisational elements on a global level often includes both national, regional and global actors to come together jointly to collaborate on the different agreements, treaties, goals, standards and agendas. Eventually, the dynamics between these organisational elements and not least, the decisions on what elements that should be included, can however be decisive in the way a standard, an agreement, an agenda, or a treaty will be explicitly, or implicitly, perceived as being legally binding or non-legally binding. This will be further explained and explored in Chapter 5.

Lastly, it is important to account for the complexity that partial organisations encounter, and that an incomplete organisation does not equates with a failing ‘untrue’ one.

3.6 Limitations of the Theoretical Framework

By using Ahrne & Brunsson's (2019) theory on partial organisation as the theoretical framework, the distinction between environment and organisations become less dramatic. This might however cause difficulties when trying to distinguish between the environment and the organisations. Still, authors challenge the persisting ideas of what an organisation is, and what an organisation is not – and what is environment and what is not. Something that challenges the classical idea within organisation theory. Ek and Qvist (2022) address that the limitation of this framework is that Ahrne and Brunsson (2011) focus mostly on decisions regarding the organisational elements and how these decisions are justified. Ek and Qvist (2022) argue that the framework misses to cover the discursive and organisational practices, as well as including the informal organisational practices, which means that with this theoretical framework comes some limitations.

3.7 Summary

The theory of partial organisation allows me as a researcher to include all organisational partners into partial organisations – instead of seeing them as parts that belong to the 'outside environment'. Through the elements of contributorship, rules of non-legal or legally binding character, sanctions, hierarchy, and organisational goals- I argue that it will be possible to thoroughly analyse if the COVAX Initiative managed to live up to its expectations as the global solution to the issue of vaccine inequality. The theoretical framework in this master thesis is therefore well suited to use because it can help study the development of the actions undertaken by COVAX in the case of COVID-19. It is a helpful theoretical framework because it enables an investigation of how different forms of partial organisations arise, and what kind of situations that are likely to produce certain organisational elements and organisational combinations. It is therefore theoretically interesting to investigate and observe how do COVAX produce decisions on organisational elements, and which elements that are included.

Finally, this chapter tries to humbly outline the foundation to theorise the idea of COVAX as a partial organisation outside these formal organisations. This will be later elaborated on in Chapter 5. I therefore suggest that choices made through the mandate of COVAX, to be theorised decisions on the organisational elements that the data collection will reveal. Additionally, I have in this chapter suggested some additional elements to strengthen the initial theoretical framework. Eventually, Ek and Qvist (2022) outline the limitations of partial

organisation theory is the lack of addressing organisational practices. Chapter 5 will outline this idea further.

CHAPTER 4 - Research Methodology

Moving on from the previous chapter on theory, I will in this chapter explain and present how data were collected and processed based on the case of the COVAX Initiative. Further I will discuss the rationale behind the qualitative research design, data collection, operationalisation, data analysis, reliability, validity, ethical issues as well as the limitations of this research study.

4.1 Case Study, Case Selection, and Implications

There are different ways of understanding case studies. Yin (2018) understands a case study as an empirical inquiry that investigates a contemporary phenomenon (the *case*) in depth within its real-world context (p.15). In this research, the case that is being studied is the COVAX Initiative within the context of the COVID-19 pandemic. I emphasise that it is important to understand this phenomenon within the context of COVID-19 which the case exist within. More specifically this research seeks to investigate COVAX Initiative as a case of a health initiative with concrete goals and mechanisms to rollout vaccines globally, which suits well with Creswell & Creswell (2018) definition of a case as either a process, activity, small group behaviour, or an organisational and managerial process (p. 14)- or very concrete entities such as an organisation, policies, or a program (Yin, 2018). In brief, do the COVAX response translate well into a case of activities of the given 'organisation' COVAX, as I desire to understand the complexity around the COVAX Initiative that are bounded by time and activities (Creswell & Creswell, 2018).

In Chapter 2 cases of influenza and the EVD outbreak demonstrated how global health governance have evolved especially under the auspices of WHO. This history of global health governance illustrate how disparities in access to vaccines and diagnostics were equally pervasive in these earlier occurrences of diseases and viruses. With these earlier challenges, as well as the theoretical interest in COVAX Initiative, it is therefore interesting to examine the case of the COVID-19 pandemic. Not only is it particularly interesting to investigate, but also what I believe is necessary and fruitful. COVAX Initiative poses as a great example of how rapidly a health initiative can come together, and how much political support that this global effort gained. As already addressed earlier on, the governance structure of COVAX is vast, and there is only a little fraction of the entire structure that is emphasised, which is the role of CEPI and the Gavi. As indicated previously, the richness and possibility to investigate complexities and nuances further is the positive aspects of choosing a case study design (Creswell &

Creswell, 2018). In the wider picture, this unique case of COVAX may hopefully alert and accelerate debates and discussion on the persistent system we see today, and what can be, based on the many complexities from the case of COVAX, help us combat the future challenges even better.

Moreover, case studies are also very useful when the goal is to comprehend causal mechanisms through small N-research for example, or for the sake of generalisability in large N-studies (Leuffen, 2007; Rohlfing, 2012). Notably, the focus of this research is not to draw causal inferences, but to rather understand the mechanisms and how COVAX can be theorised through the theory of partial organisation (see Chapter 3). The effort to close the vaccine equity gap through COVAX, is a unique case in terms of its extent and its severe impact globally – both medically speaking and socio-economically wise. COVID-19 became an unpredictable pandemic, yet not unfamiliar if we look back in history of previous health events that can illustrate the history of disparity in relation to ‘who gets what’, and the ‘why is that’ through the means of systemic issues.

The case of COVAX is therefore not unfamiliar, as even the need for a global allocation mechanism to close the vaccine equity gap, demonstrates a recurring issue throughout the history of health. The puzzle, the recurring vaccine gaps and how we can potentially learn from the COVID-19, which do also make it socially relevant to study. With this in mind, the study of COVAX Initiative as the global response is also recent, and many things are still unclear. Additionally, is COVID-19 also relevant as it is a case that is clear in mind for the respondents that contributed to this master thesis. With this in mind, I emphasise that the case selection is non-randomly selected. In addition to the statements above, is also this single-case study guided by a prior development of theoretical prepositions, that ultimately have guided the research design, data collection as well as the analysis (Leuffen, 2007, p. 145; Yin, 2018, p. 15).

Eventually, when designing this research design, the researcher is constantly met with different options that further needs to be justified in its best sense- something that Leuffen (2007) argue is particularly demanding (Leuffen, 2007, p. 145). Yin (2018) accounts for ‘an extremely strong argument in justifying the case selection – which becomes even more important especially with the selection of single-case studies (p. 62). Flyvbjerg (2006) outlines the many common misconceptions about case study research. Case study research often tend to be especially prone to selection bias and is reckoned to be a method that is not suitable in theory building nor is it

possible to generalise from a single case and it is a design that contains a bias towards verification (p. 234). As there is, per definition, only one case that is investigated, there is a dubious possibility to generalise (Toshkov, 2016, p. 304). However, I recognise the many pitfalls and weaknesses that comes along with the choice of case-study research, but as Flyvbjerg (2006) states: Case studies are great resources of in-depth information (and for theory building if that is the case). In the case of COVAX, I delve deeper into the mechanisms that exist, and how these mechanisms are organised in relation to each other. The case of how COVAX emerged so quickly and triggered a quick start of acceleration of R&D, and allocation, and thus coming together from many different mandates and actors, this can thus be seen as an atypical and special case as they as well, activate even more actors and more basic mechanisms that are studies (p. 229). In other words, does the case of COVAX convene well with the selection of case studies, and will eventually shed light on the empirical and theoretical gap.

4.2 Data Collection

It is now necessary to move on to the documents that constitute the fundamentals in this research study, and that are, not least, essential to answer to the overall research problem with its belonging research questions: *What role can organisational elements play in the shared goal of mitigating vaccine inequality?* As in much other qualitative research, do also this research study include multiple sources of data (Creswell & Creswell, 2018). Hence, data are majorly retrieved from documents and semi-structured expert interviews. Particularly in case studies, the tendency to apply interviews are high. The use of these data collection techniques allows me to access rich and condensed in-depth information (Yin, 2018), and to enjoy the benefits of flexibility that comes along with the use of semi-structured interviews. By interviewing especially respondents that have an expertise and a relation to COVAX somehow, may provide me with knowledge that could otherwise not been accessed without any interview.

4.2.1 Qualitative Documents

One of the beneficial sides of using documents as a source of data is that documents are constant sources and can be studied and analysed unaffected by the surroundings or participants like in direct participant observations (Creswell & Creswell, 2018, p. 188). The documents that were central to answer the research problem and the three RQs to this thesis, are presented in Table 2 below. Firstly, these documents have served a solid understanding of the case and the context. This was essential in order to gain a comprehensive overview of the activities of the

COVAX Initiative. These documents were amongst all essential to identify what organisational elements that were present (RQ1) in the Initiative, which lays the foundation to answer RQ2 and RQ3. Some documents have served as merely background information, whilst other papers have outlined specific features with COVAX Initiative that coincides with the presence of the organisational elements as outlined in Chapter 3. Major findings are the presence of the organisational elements. A concrete example of this have been the *COVAX Facility Explainer: Participation Arrangements for Self-Financing Economies* (COVAX, 2020a). This meeting report provides an in-depth explanation of the two-purchase arrangement for SFPs: *Committed Purchase Arrangements* and *Optional Purchase Arrangement*. This report revealed that the organisational element *rule* was present, with a clear explicit legally binding character that were entered between Gavi and the SFPs.

The document on *Self-Financing Participants & AMC-Eligible Economies* (COVAX, 2021) served the presence of the organisational element *contributorship* in the case of the COVAX Initiative. What becomes clear in the data material, is that there are legal agreements that shapes the written formal boundaries of the contributor and participants in the Initiative. For instance are there clear terms and principals for SFPs in *COVAX: Terms and Conditions for Self-Financing Participants* (COVAX, 2020b). Another form of *rule* that is tied to contributorship, is the general allocation framework that guides the equitable access to COVID-19 vaccines: *WHO Concept for Fair Access and Equitable Allocation COVID-19 Health Products* This working paper address the overarching principles that concern ethical and moral considerations, and vaccine policy recommendations for the allocation of vaccines (World Health Organization, 2020b). Did COVAX live up to their expectations and strategies as projected? In order to (hopefully) define an external non-biased evaluation of the key learnings and lessons on the ACT-A, *External Evaluation of the Access to COVID-19 Tools Accelerator (ACT-A)* (Schäferhoff et al., 2022) The paper addresses the entire ACT-A along with all of the four pillars, but what is interesting in this paper is mainly the overall lessons learn from ACT-A as a whole, and more specifically the lessons learnt from the vaccine pillar.

Eventually, these documents guided the interviews and constituted background work and information on the topic. The documents are directly relevant in answering the research questions- and can especially clarify the organisational elements that are found in COVAX in explicit terms, and further reveal the dimensions that are present. The documents have in other words been important to detect the theoretical organisational elements present, but also to

detect the actual process of vaccine distribution, and the underlying principles of those principles.

Document Name	Dated	Author	Relevance
COVAX: The Vaccines Pillar of the Access to COVID-19 Tools Accelerator: Structure and Principles	December 2022	(COVAX, 2022c)	Background information
COVAX: Self-Financing Participants & AMC-Eligible Economies	May 2021	(COVAX, 2021)	Background information
COVAX Facility Explainer: Participation Arrangements for Self-Financing Economies	September 2020	(COVAX, 2020a)	Background information
COVAX: Key Learnings for Future Pandemic Preparedness and Response	September 2022	(COVAX, 2022b)	White paper; Key lessons
COVAX Objectives 2022	Updated April 2022	(COVAX, 2022a)	Objectives and goals
Explanatory Note: Legal Agreements with COVAX Facility Self-Financing Participants	November 2020	(COVAX & World Health Organization, 2020)	Legal binding instruments
COVAX Facility: Terms and Conditions for Self-Financing Participants	November 2020	(COVAX, 2020b)	Legal binding instruments, terms, and conditions for SFPs.
Version 2: Principles for Sharing COVID-19 Vaccines Doses with COVAX	February 2022	(COVAX, 2022d)	Rules and principles for sharing.

Final Working Paper: WHO Concept for Fair Access and Equitable Allocation of COVID-19 Health Products	September 2020	(World Health Organization, 2020b)	Allocation framework for fair and equitable access to COVID-19 products, fair allocation mechanism for COVID-19 vaccines through COVAX
External Evaluation of the Access to COVID-19 Tools Accelerator (ACT-A)	October 2022	(Schäferhoff et al., 2022)	Key lessons, external evaluation
The Gavi COVAX AMC: An Investment Opportunity	June 2020	(Gavi the Vaccine Alliance, 2020)	Gavi COVAX AMC, financial mechanism and investment incentive, the role of Gavi and some principal reflections
Gavi, the Vaccine Alliance: Annual Progress Report 2021	December 2022	(Gavi the Vaccine Alliance, 2022)	COVAX Progress Report

Table 2 Overview of Relevant Documents: This table illustrates an overview of the relevant documents that are used to answer the research problem in this thesis. The four columns communicate the title of the papers, when they were published, the authors, then some key words on what the paper were about.

More concretely, the documents have been chosen because they either have explicitly addressed *legal agreements, objectives, guidelines and principles for allocation, or key lessons* from the pandemic.

4.2.2 Qualitative Interviews

In addition to the written documents, data were also accessed through eight semi-structured interviews with key resource people. These respondents were selected based on their unique and expert knowledge that most often, are either not accessed or possessed by the public (Smith, 2006; Tomás & Bidet, 2023). The process of conducting qualitative interviews started in November 2022, and ended in April 2023. In the total of eight interviews were three of them conducted physically, and the remaining five conducted digitally via Zoom meetings. A hybrid

approach to conducting these interviews provided me with a high degree of flexibility. The benefit of conducting interviews via Zoom are many, and some of them are essentially that it is time and cost-efficient since (Tomás & Bidet, 2023). However, digital solutions are not always beneficial, as technical errors such as internet breakdown or issues with the devices may occur now and then (Tomás & Bidet, 2023) This has however not happened to the interview that I conducted digitally, but in case of technical errors, I was prepared with taking notes underway, and have an external recorder accessible in case of errors. On the contrary, it can be argued that the researcher might miss out on important body language as well as the small talk that a physical encounter may facilitate. In that way, some communication signs such as body languages or other non-verbal cues may be lost in digital interviews.

Key informants were targeted as interviewee based on their academic work and engagement to COVID-19 and COVAX Initiative. This have been very beneficial to gain a broad variety of perspectives from different sub-fields within COVID-19 and COVAX. The interviewees that were interviewed were mostly working within the field of academic research, but also engaging/ or affiliated in projects that concerns lessons learnt from the COVID-19 pandemic. However, yet not given, the expert interviews can (hopefully) provide a broad sense of the current situation and enlightens the research with expert opinions and knowledge that will serve helpful insight on the repeatedly research problem is *What role can organisational elements play in the shared goal of mitigating vaccine inequality?* Altogether, the choice of qualitative expert interview serves great in-depth data on what the real lessons from the pandemic were, through perspectives and insight on the functionality and outcomes of the COVAX Initiative. Due to the choice to conduct expert-interviews I used purposive snowballing primarily to find relevant respondents. This was an efficient sampling technique that helped me to reach out to relevant interviewees that I desired to talk to. As Bryman (2016) highlight, snowball sampling is when the researcher find potential interviewees based on the assistance from interviewees or other persons that the researcher know. Bryman (2016) further explains that purposive sampling means that respondents are deliberately selected based on their special qualities or expertise that is required for the topic. In brief are the interviewees based purposefully on people with expertise knowledge on the matter, and that can help to answer the overarching research problem and RQs in the best possible way (Creswell & Creswell, 2018). This implies that not all people will have the same chance of being interviewed.

Actor	Date	Minutes
Respondent 1: Employee, Norad – Norwegian Agency for Development Cooperation	02.11.22	37
Respondent 2: Professor and General Practice Specialist, Centre of Health and Disease	08.11.22	34
Respondent 3: Professor and Director, Oslo SDG Initiative & University of Oslo	15.11.22	39
Respondent 4: Employee, Norwegian Ministry of Foreign Affairs	13.01.23	49
Respondent 5: Director and Professor, Bergen Centre for Ethics and Priority Setting in Health (BCEPS)	14.01.23	30
Respondent 6: Academic, Public-Private Cooperation Pandemic Preparedness (PANREP)	08.02.23	28
Respondent 7: Communication and Advocacy Manager, Coalition for Epidemic Preparedness Innovation (CEPI)	16.02.23	32
Respondent 8: Research and Policy Analyst, African Institute for Development (AFIDEP)	08.03.23	43

Table 3 Overview of Qualitative Interviews: The table above illustrates an overview over the qualitative interviews that were conducted. All interviewees have been given the name *Respondent* with a number, then the date of the interview, and lastly the duration of the interview.

With the intention to gain in-depth knowledge, were all the interviews⁹ guided by interview guides. The interviews were initiated by an introductory question that concerned a broad question within their field of expertise, or how their position has posed many challenges or other challenges during the times of COVID-19. Further, the interviews were divided into three sections. The first entailed what lessons are learned in their given context and field, the second addressed COVAX specifically, whilst the last section addressed the future the use of public-private-partnership, the future of governance of health, and the future of public-private partnerships. Each interview was customised in accordance with the interviewees position and

⁹ A general interview guide can be found in Appendix 8.2. Some personal and recognisable information are left out at the sake of anonymity.

the given organisation. This was done to avoid that time were wasted on irrelevant questions. I am aware that this could have its biases, in the way that the interview could potentially be formed based on the particular expert's field of expertise, or the organisation that the respondent worked for and in (Yin, 2018, p. 114). As already stated, were the interview guides ordered thematically.

4.3 Operationalisation

To answer the overarching research question, I will analyse COVAX Initiative as a partially organised organisation based on the five organisational elements *membership, rules, hierarchy, and sanction* provided by Ahrne and Brunsson (2019), as well as *organisational goals*¹⁰ (Scott, 2016). In this section I operationalise the respective organisational elements to fit the purpose of this study. These elements are supplemented with the elements of goal-setting of shared goals (Scott & Davis, 2016), and Abbott and Snidal (2000) theoretical framework on legally-binding instruments, and non-legally binding instruments. With these frameworks and concepts merged, they provide a nuanced framework (see Chapter 3) when I operationalise the elements and will altogether provide a broad understanding that can answer to the overarching research problem. Eventually, this can fruitfully assist the evaluation of the written sources of data used in this study and help to resolve the three following research questions. In the following paragraph I present how the respective organisational elements are identified in the documents and the qualitative interviews.

Theoretical Concept	Operationalised Concept	Definition	Dimension	Reference
Membership	Contributorship	The contributorship will be identified when a participant creates a relation through a specific action with another participant, or with the organisation itself: Participant – Action – Participant. Contributorship can also	Passive Contributor: Participants Active Contributor: Contributors	Ahrne and Brunsson (2019), Ahrne and Brunsson (2011); Grothe-Hammer (2020), Grothe-

¹⁰ An additional element by my own translation.

		be identified through the given participant's obligation to adhere to rules, principals, or legal agreements.		Hammer (2020),
Hierarchy	Hierarchy	Hierarchy is an instrument that is used by organisations in order to coordinate, delegate task and authority and responsibility.	Donor – Recipient Authority Delegated Mandate	Ahrne and Brunsson (2011), Ahrne and Brunsson (2019), Rasche and Seidl (2019)
Rules	Rules	The non-legal, or legal rules specify the expectations and rules of behaviour that the participants/contributors need or can follow through frameworks, principles, norms or agreements.	Non-legally binding Legally binding	Ahrne and Brunsson (2019), Rasche and Seidl (2019), Abbott et al. (2000); Abbott and Snidal (2000)
Sanctions	Sanctions	Sanctions is the element of reward or penalty.	Legal means Non-legal means	Ahrne and Brunsson (2019)
Organisational Goal(s)¹¹	Organisational Goal(s)	A shared goal is the explicit or professed organisational objective that an organisation ought to achieve through coordination and cooperation.	Motivational goals Guiding goals Evaluating goals	Scott and Davis (2016), Biermann et al. (2022)

Table 4 Operationalisation: The table above illustrates how theoretical prepositions are operationalised. The table does also contain the different dimensions of the operationalised element, then lastly, what literature the original concepts and framework is retrieved from.

¹¹ The shared organisational goals are in the work of Ahrne & Brunsson (2019) included under the element of *rules*, but is in this research addressed as an independent organisational element.

4.3.1 The Organisational Elements

Despite that the organisational elements may emerge as fairly explicit and obvious, there are still some need to clarify how the elements are identified in text and interviews. The scope of each element is to times difficult to distinguish from one another as they to some extent may overlap each other¹². The element of *contributorship* element consist of two dimensions; active contributor or a passive contributor- a participant. The contributorship will be identified when a participant creates a relation through a specific action with another participant, or with the organisation itself: Participant – Action – Participant. Contributorship can also be identified through the given participant’s obligation to adhere to rules, principals, or legal agreements. The coding node *contributorship* seems more appropriate in this case, as the COVAX Initiative is a pooling mechanism that relies on voluntary contribution and collaboration from voluntary participants (COVAX, 2022c). As Grothe-Hammer (2019) states that membership may be identified based on factors or elements that may seem regulative and ‘boundary-maintaining’, or factors that may have a ‘controlling’ effect on its participants. Categories such as *donors*, *eligible countries* and *economies* are therefore considered participants of the COVAX Initiative (members).

The element of *rules*. The element of rule specifies the expectations and rules of behaviour that the participant of an organisation needs to follow or *can* voluntarily follow (Ahrne & Brunsson, 2019; Rasche & Seidl, 2019). The rules are characterised by either two dimensions, the non-binding or legally binding character. As Abbott and Snidal (2000) states, legalised rules can be manifested in treaties, agreements, codes of conduct and recommendations. Rules will in this research study be translated into agreement, principles, guidelines, and framework. In this case, frameworks and principals are forms of ruling with the intention to guide allocation, are reckoned as soft rules, whilst the explicit legal agreements are carrying the attributes of hard rules but may be weakened by imprecise of contradicting rules and structures. Additionally, is the means of rules, especially legal rules, closely related to how the relationships between participant-participant, COVAX-participant- as these relationships are ordered and governed through legal (and non-) binding agreements. Non-legally binding rules, or soft rules, can be identified with the degree of informality. This can for instance include informal rules such as norms, ethical and moral obligations, diplomacy or even agreements that are not binding. The binding rules will be identified explicitly as legal or binding agreements. The degree of

¹² The membership element will from now on be referred to as *contributorship* or participation.

formality may also reveal whether the rules are legally binding, as well as the inclusion of sanctions. The exclusion of sanctions can prove otherwise, that there are either a weak presence of legal binding instruments, or even an entirely absence of the element. Whilst guidelines, rules may refer to *how* goals should be achieved, is the element of organisational goals itself very specific goals that an organisation collectively are supposed to achieve. A shared goal is according to Ahrne and Brunsson (2011) is when organisations are mobilised to strive for succeeding those goal and succeed those goal. In contrary to Ahrne and Brunsson (2019) that see goals, strategies, and objectives as a constituting one form of rules, this research study consciously treats these elements independently from one another. Yet not unrelated, this is due to that rule and goals, and goal setting are two separate entities with two separate goals and functions. I argue that goals may not necessarily have dictating or regulative effect if there are 'too soft' legalised are supposed to help the organisation achieve the goal. At the same time, may the shared goal be highly desired to reach by everyone, and can thus in itself have a regulative and structuring the behaviours of the certain organisation participant.

The presence of sanctions is important to include due to its close connection to the element of rules, and especially legally- or non-legally binding tools. As Ahrne & Brunsson (2011/2019) say, the elements are however either related or depending on one another in order to exist. The sanctioning element can be present when members do non-compliance occur. However, these sanctions may also be social reactions or sanctions, (Ahrne & Brunsson, 2011/2019), such as criticism or media news. What is emphasised in this research, is whether legal agreements and frameworks have sanctioning mechanism if they are not complied with. The inclusion of hierarchy or in this case, authority and/or mandate, is present when there is a clear governing body that possesses authority. Rasche and Seidl (2019) state that in its general sense, hierarchy mean the use of authority or legitimate power is used when coordinating action. This authority is often recognised as unquestionable, and a pleasant instrument for convincing other that its own rules are the ones that are important judging statues (Ahrne & Brunsson, 2005, p. 448).

When these organisational elements that are present are identified, it will also automatically identify what organisational elements that are excluded in RQ2, as well as reflect upon RQ3.

In respect to the listed organisational elements above, Ahrne & Brunsson (2019), Abbott & Snidal (2000) lays the theoretical foundation for an analysis of COVAX Initiative and its belonging elements. To do so, and to address how these can have had a role in the final

outcome, these are operationalised into the presence or absence and the dynamics and composition of the different elements.

4.4 Data Analysis

In order to find relevant texts and documents in the data collection, I used coding nodes to connect the documents and interviews to the theoretical concepts and framework that are presented in Chapter 3. The process of data analysis was an iterative process that was both guided by theory, and by the data materials. To clarify, the process of analysing the data followed a hybrid strategy that consisted of both an inductive approach (theory-guided), and deductive approach (coding nodes emerged from the data set) when developing the codes and nodes. The deductive approach allows code to emerge from the data set independently, where they are developed and iteratively reviewed. To ensure validity and reliability, documents and interviews were reviewed several times documents were first coded based on the mere theoretical. At the outset of the coding process, general analytical conclusions and reflections were drawn by me. This type of analysing strategy is according Bryman (2016) very helpful when outlining the initial thoughts of the data that has been collected, and later being able to re-code the material and recheck for new reflections and codes (p. 581). After the general coding strategy were conducted, data was re-visited and analysed once again. New codes that were not already included in the coding scheme would potentially then emerge as the coding process was reiterated. This hybrid approach to the coding process is familiar to the flexibility of a semi-structured interview. This is because by revisiting data material and not use a codebook strictly, this opened for new codes, and new evidence and inferences (Bennett & Checkel, 2014).

By identifying the meaningful patterns that are observed in the data collection, the coding nodes were applied into the software NVivo 12 Plus. Mixed with theoretical prepositions and the raw data material, the coding nodes were mainly *Inclusion of-: Contributorship, hierarchy, sanctions, rules, organisational goals, legally-binding, non-legally binding*¹³. These codes were also used to understand the data material, and to identify what organisational elements that were present in the case of COVAX. The additional codes were *participation, paradoxes, mandate, authority, shared goals*. Firstly (see Appendix 8.3 for illustration), themes were outlined and found. Then they were iteratively revisited and re-assessed. The final coding

¹³ A full overview of the coding nodes can be found in Appendix 8.3 with full description and example quotes.

session could therefore serve the final codes. For example, bilateral deals –legally binding. Then coding nodes were merged in NVivo to fit and to reduce the amount of coding nodes.

In order to make sure of *trustworthiness* and *credibility*, I have used two methods or source of data make sure that the findings of the given social phenomena may be cross-checked (Bryman, 2016). This method, methodological triangulation involves using more than one method to collect data (Yin, 2018, p. 128). This type of strategy is also fruitful when reconstructing process (Bennett & Checkel, 2014). By using two sources of data and examining the evidence from the sources that are used, this helps to build a coherent justification for the themes and coding nodes, and will eventually, strengthen the internal validity of the study.

4.5 Reliability, Validity and Limitations

With the choice of a particular research design comes the many questions of transparency and reliability. Whatever research design that is accounted for, a choice of design must ensure robust and reliable results. Although the terms' reliability and validity are often used interchangeably, they contain quite distinct meanings in relation to the evaluation of the measures of the concepts (Bryman, 2016). The following sections will identify how rigour is ensured through validity and reliability.

4.5.1 Construct Validity

Construct validity, or measurement validity is especially challenging in case study research because it is difficult to investigate all aspects within the phenomena (Yin, 2018, p. 43). As already stated earlier, studying social phenomenon is not always generating clear and evident concepts and measures that are directly observable (Kellstedt & Whitten, 2018; Yin, 2018), and because of this, it becomes even more important to successfully operationalise concepts that are observable data (Kleven, 2008). Construct validity consist of two crucial elements: Construct or concept definition and operationalisation (Gerring, 2012). However, in most qualitative research, concepts and indicators are firstly observed, and then 'constructed' throughout the process of analysis. In either case, whether the process starts with a construct, or it starts with indicators, in any case there is an inference from the indicators to the construct (p. 224). In order to ensure that the concepts did not become too broad, nor to narrow, codes were firstly retrieved from theory on partial organisation and its five organisational elements by Ahrne & Brunsson (2019). Whenever an interview or a document was firstly reviewed and

coded, interesting codes and patterns could emerge, and I gained a greater index of codes, or just expanded the of the code. In other words, in order to ensure construct validity in this research, the coding process were purposefully conducted iteratively as mentioned above. This meant by re-coding the data material several times. Interviews were always coded just after they had been transcribed, then they were transcribed one or two times more, so potential errors or misinterpretations could be identified. These coding sessions usually resulted in several codes, or fewer, and thus ensuring precise and rigour work.

Lastly, construct validity can also be ensured by drawing on literature that already address the same topics as in this study (Gerring, 2012). These are clear measurement that are exercised in Chapter 4.

4.5.2 Internal Validity

This typology of validity, request a concern with the question of whether a finding that incorporates a causal relationship between two or more variables is sound, or even that causal inferences are true and not falsely drawn conclusions on (Bryman, 2016, p. 692). Kleven (2008) sums up that: ‘internal validity is important whenever we infer that something has an influence on something’ (p.228). In other words, are there sufficient and robust evidence that are utilised in the research study for the researcher to draw any causal claim? In this case study research, internal validity is ensured by the diversity in background amongst the 8 interviewees in this case study research. The use of multiple sources of evidence, documents and interviews are ensuring constituency and accuracy, and ensuring that as many perspectives as possible. However, it is acknowledged in this research study that it is highly top-down research, that focus on the opinions and experts. As Bos (2020) states, it is always important to actively look for information that challenge and disconfirms your own perceptions and opinions. The issue of equifinality can be limited by reflecting upon and consider alternative explanations. If this is applied properly, one can improve confidence in causal inference in case of equifinality (Rohlfing, 2012). Notably, counterfactuals are not possible to validate. Therefore, the use of counterfactual reasoning will however be used in order to guide the reader in how results and inferences are comprehended.

4.5.3 External Validity

In the means of the last typology of validity, external validity concerns with the question of whether a research study is generalisable within the specific research context, and can be

transferred to a wider context, or to other contexts (Kleven, 2008; Creswell & Creswell, 2018). What is however important to emphasise, is that external validity is not applicable in this research study but is however central to address. The reason why external validity does not apply to this particular case study, is because it becomes difficult to draw analytical generalisations based on one single-case study. As Toshkov (2016) states, if there are only one case that is being investigated, there is a dubious possibility to generalise (p. 304). Otherwise, could the results of a multiple-case study empirically strengthen the theoretical prepositions, and thus make it possible to generalise the findings in this study.

4.5.4 Reliability – Quality of Data

Even though case studies are rarely repeated, it is important to treat them as they can potentially be. Bryman (2016) refers to reliability as the consistency of a measure of a concept. The concept of reliability is more so often related to test-retest reliability which means that the given measure should be stable and consistent enough to be applied to another group or case and be repeated with the same results. In this way, one can expose whether the measure of a concept is fluctuating. In order to ensure that the research process is as reliable and transparent as possible, there are incorporated several procedures and routines during the entire research process. Ultimately, reliability's objective is to minimise biases and errors in the research study (pp.42-47). In the process of analysing data, it is extremely important to address transparency. To do so, it is important to disseminate the results, the processes and decisions made, the shortcomings of the researchers' decisions, and contextual factors that might have a say in the choices made (Bos, 2020; Toshkov, 2016). Ultimately, the general way to deal with issues of reliability is to make choices and procedures throughout the entire study as explicit and transparent as possible (Yin, 2018, pp. 42-47).

These notes have helped me guide the thoughts and reflections throughout the entire data collection, and not least, been helpful to track back earlier interpretations and thoughts of the interviews given (p. 168). This have helped me to see whether there are findings in the elder notes that I did not account for after re-coding the data material, or vice versa. This have however systematised the findings in this study, but also reveal potential interesting data points as the reflections and conclusions changed or enhanced another point. In addition, the thesis includes a detailed overview over the coding scheme, which entails both an extensive and explicit explanation and authentic examples from the data retrieved. In addition to this, a

transparent segment on operationalisation. In fear subjectivity, in especially the case of case studies and qualitative studies (Bryman, 2016; Yin, 2018), the qualitative interviews have been coded several times in order to ensure constituency and that the coding generated the same results. This have been the case in this research study.

4.5.5 Limitations

As already outlined, there are many ethical considerations to account for when conducting qualitative research. Especially case study research in terms of bias and reflexivity (Yin, 2018, p. 114). Naturally, there are many concerns and rules that research naturally is a subject to. Amongst all, this concerns to what extent the research appears transparent, impartial, and professional. Some of the ethical issues are even more complex in qualitative studies whereas data is based on interviews. What is important essentially, is to not tweak the data analysis for more favourable and satisfying results to the researcher (confirmation bias) (Toshkov, 2016, pp. 335-337), as scientist may actively seek information to refute their own perceptions and worldviews (Bos, 2020). For this matter, I make the case that impartiality, explicit and evident transparency are crucial ethical considerations that I take into account in this specific research design.

Another important fact to account for, is the interviews of merely so-called ‘experts’ or ‘elites’, Smith (2006) discuss the issues that comes with ‘researching up’, in terms of power dynamics and structural power that comes in relation to qualitative elite interviews. In one way, these interviews are targeted due to their profession position and therefore provide great knowledge within the field of action. As Smith (2006) proclaims, it is important to also account for that the power that these elites and experts possess, is however not necessarily exercised. As in any other interviews, non-elites, or elites, it is important to account for is how the background of the interviewee may structure the respondents’ answers to the interview questions, especially if the person is a part of the given organisation, which will naturally not disobey its own organisation.

Further, in this case study research, none of the interviewee belonged to the same organisation or institution. These selection of interviewee poses some threats to the internal validity of the study. Firstly, the strengths that come with a varied selection of interviewee based on their background and work, is that it can serve many different angles on a very complex issue such as COVID-19 and COVAX. Additionally, it is noteworthy to reiterate that the interviews that

were conducted in this study, were expert interviews, and the people that were targeted were due to their specific position, and their specific knowledge to the topic. The intention was that they spoke on the behalf of their position. As Creswell & Creswell (2018) address, can this entail a certain degree of bias, and produce certain outcomes based on certain characteristics amongst the targeted interview group (p. 170). Through the usage of multiple approaches to evidence, there is a greater chance for the researcher to assess the accuracy of the findings. Amongst all, can the use of documents provide for great background knowledge, but also deliver on specific and modest knowledge (Yin, 2018, p. 114).

A great factor that has posed a threat to the internal validity in this research, is the absence of a semi-structured interview with Gavi, the Vaccine Alliance. Even though documents are extremely useful sources of data in the way they are stable and comprehensive in information (Yin, 2018), could a semi-structured interview with an employee from Gavi provided me with a more holistic and rich understanding of Gavi's role in COVAX. Gavi has after all been an essential actor within the foundation of the COVAX Initiative. Additionally, could this interview help me to be able to cover gaps and puzzles that have emerged through literature, reports and other interviews that were conducted. Another weakness in this research study that weakness the internal validity, is the absence of several interviewees within the *same* organisation or institution. This could possibly have given more diverse perspectives also within the organisation, which could be beneficial due to the complexities and task groups with different knowledges within the organisation. The interviewees in my data collection are targeted due to their potential relevance to COVAX, but also due to their expert positions. This might have excluded other voices in the organisation, such as people working in other departments or sections of the respective organisations.

Despite the many measures taken to ensure validity and reliability in this case study, no research design is imperfect. But to ensure as much validity and reliability as possible, explicit operationalisation and a transparent research process has been intended to be outlined as clearly as possible.

4.6 Ethical Considerations

Eventually, ethics in research is complex and multifaceted. Political science is a social activity that affects directly or indirectly with people's, and hence naturally a subject to ethical rules, concerns and standards (Toshkov, 2016). When conducting qualitative research that often

concerns interviewing people, there are often personal data that the researcher needs to be mindful about. This thesis relies on eight qualitative interviews. The data collected with personalia, and authentic names are treated in line with the Norwegian Centre of Research Data (NSD). A detailed project description with an interview guide were sent to NSD for approval. This project was approved by NSD. In this way, I have ensured and accounted for privacy concerns related to the respondents.

A detailed consent and information letter were sent electronically via e-mail to all interviewee in advance of the interviews, 1-2 days before. In this way the interviewee could read thoroughly through the documents and sign them. If there were any insecurities related to the information and consent letter, this would be clarified before the interview started. No interview was conducted before clarity and signed consent letter was signed. Appendix 8.1 present the formal invitation letter to participate in this master thesis project. As the information letter was customised, some information is left out in Appendix 8.1 for the sake of anonymity. Authentic names will never be mentioned in the master thesis, but generic titles and categories will be used in the overview over the respondents (see Table 3). This will for instance not ensure entirely that a person is entirely un-recognisable since we live in a small country. However, considerations will be taken into account. To defend this choice, it is important to reason why interviewees can be identified indirectly or directly in the study. this relates to the importance of the respondents, political elites, and high-ranking people in recognised organisations that express themselves by virtue of their position and occupation. This bit is therefore crucial to address and understand, in order to understand the reason for the case selection and the respondents to this research study.

CHAPTER 5 - Empirical Findings and Analysis

To further understand the idea of how the organisational components may be useful in analysing the organisational practices of COVAX, I will in this chapter bridge the theoretical framework to the empirical findings. This chapter exhibit thoroughly how *What role can organisational elements play in the shared goal of mitigating vaccine inequality?* can be answered by the three supported RQs. As discussed in Chapter 4, partial organisation theory and the coding nodes that emerged as outlined, will guide the analysis. How did really COVAX do as the global effort to solve the issue of inequality? These research questions focus on what organisational elements are present (RQ1), how each organisational element pose a potential weakness or strength (RQ2), and lastly, how the composition of the elements altogether can influence the vaccine distribution (RQ3). By analysing these RQs in relation to the theory presented in Chapter 3, I make inferences on how the inclusion or exclusion of the five elements can reveal the strength or the weakness of the actions taken by COVAX. The chapter is ordered by RQ, followed by a discussion on accountability and responsibility and lastly a section on counterfactuals and considerations to take into account when analysing COVAX. Based on eight semi-structured interviews and the documents listed in Table 3 and Table 2. Figure 4 illustrates how the research problem is connected to the RQs and the partial organisational element, and that there are four out of five elements that are present.

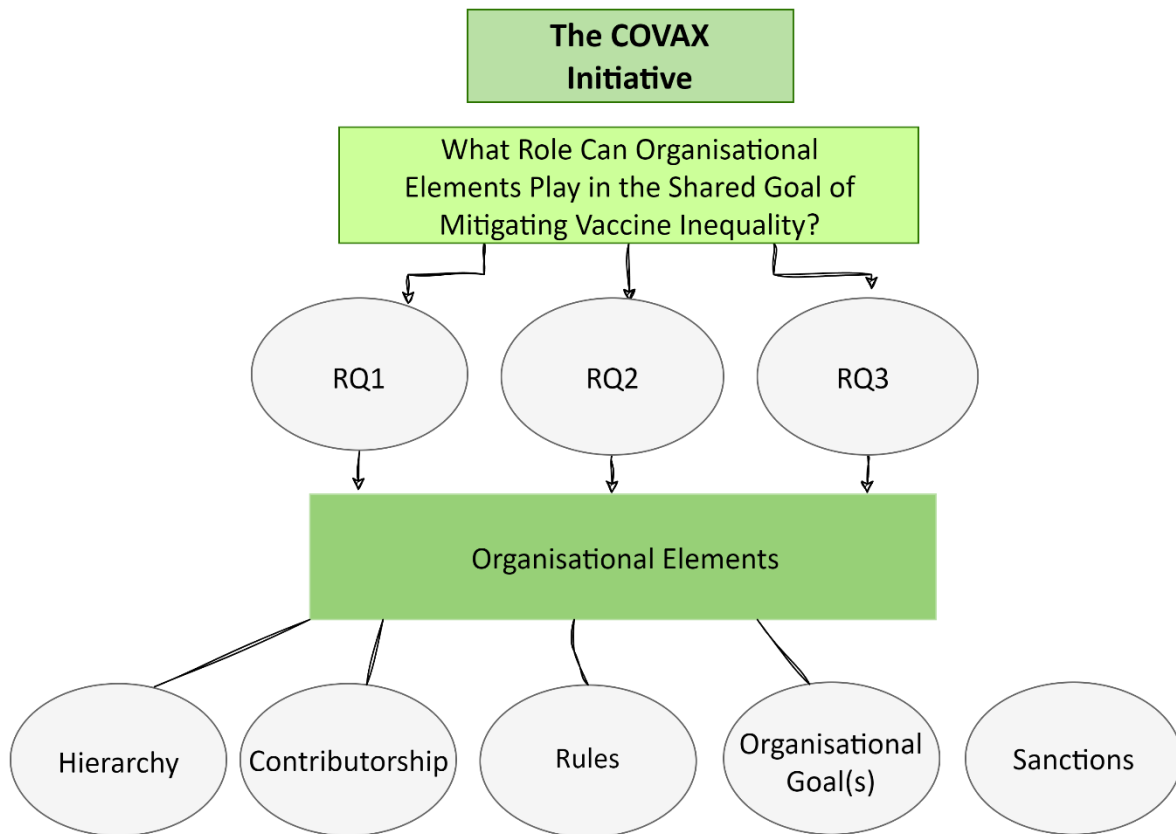


Figure 4 Data Analysis: The figure above illustrates how the partial organisational elements are connected, and what elements are identified in the data collection. The figure illustrates the overview of the data analysis. Where there is missing a line between the element and *Organisational Elements*, indicates that the element of Sanctions is not present in the COVAX Initiative.

In accordance with the consent given¹⁴ (see the attached appendix in Chapter 8) by the participants in the interviews, real names will be replaced with their professional position in their respective organisation or workplace. To simplify this further, regardless of their work title and gender, I use *Respondent 1, 2, 3* when referring to the respondents. An overview over the respondents can be found in Table 3: Overview over Qualitative Interviews, in Chapter 4. The following sections will be devoted to each research question. The first section which elaborates on RQ1 will be divided into subsections that examine the respective organisational elements in COVAX.

¹⁴ See Chapter 8, Appendix 8.1.

5.1 RQ1: What are the Organisational Elements that are Present in COVAX?

I will in this section outline the organisational elements that are identified, which are contributorship, rules, hierarchy, sanctioning and organisational goal. In a complex organisation such as COVAX, these organisational elements outline the organisational building blocks that the Initiative consists of and answer RQ1; What are the organisational elements that are present in the COVAX Initiative? These elements account for the infrastructure, or the governance of COVAX through the five organisational elements, and therefore help me understand the utility of this health initiative. The organisational elements that are identified in the data collection are: Contributorship, rules (non-legally- and legally binding rules) organisational goals, and the element of hierarchy. In other words, I have identified four out of five organisational elements in the empirical data. This means that the element of sanction is absent in all data that are analysed. I present examples of each present organisational element in Table 5. The following paragraphs will focus on the respective elements in light of how each organisational element poses a potential weakness or strength.

Organisational Element	Examples
Contributorship	AMC92, AMC Donors, SFPs
Rules	WHO Allocation Framework
Hierarchy	Delegated authority, mandate
Sanctioning	Not present.
Organisational Goal(s)	The aim to equitably distribute vaccines.
Legally Binding Instruments	APAs, Committed Purchase Agreement, Optional Purchase Agreement
Non-Legally Binding Instruments	Solidarity, diplomacy, moral and ethical obligations

Table 5 Inclusion of Organisational Elements in the COVAX Initiative.

5.1.1 Contributorship

It is important to include the element of contributorship because it can pose an important tool in the maintenance of the organisation of the COVAX Initiative, especially in an organisation that is created with a decided and clear objective for an unlimited period of time. Evident in

the empirical findings, there are; (i) Clear *Inclusion of Contributorship* through the relations between participant-participant, and between COVAX-participants, and; (ii) Dimensions of passive and active participants. These relations are formally ordered through explicit legally binding agreements and conditions, as well as informally through non-binding agreements, goals, and rules. I will return to this argument later in 5.1.2 and 5.1.3. The different contributors and participants that identified in COVAX with the coding node *Inclusion of Contributorship* in NVivo are: SFPs, AMC Donors and the AMC92 countries. AMC92 countries are 92 low- and middle income countries that receive aid-funded doses (COVAX, 2022c). Based on the type of relations, and whether the participant is receiving or procuring vaccines, the contributors can be either a passive or an active participant. A contributorship is identified in COVAX when an organisational activity connects a participant with a participant. More explicitly were a relationship created when an AMC donor donated vaccine doses to an AMC-Eligible country. According to COVAX (2022c): *SFPs are participants procuring COVID-19 vaccines from the COVAX Initiative based on domestic funding*.

The element of contributorship is essential in creating relationships between participants, and thus relationships that are crucial in maintaining the many functions and structure of COVAX. The inclusion of contributorship in the case of COVAX, is a crucial element in emerging actions towards reaching equal and fair distribution to all. This open inclusion means in principle that all contributors will have the same opportunity to access vaccine doses. Exclusion of contributors, or inclusion of only a particular type of contributors could lead to the opposite, increasing the unequal distribution even further. A membership must usually be applied for, but in the case of COVAX, there is no time-limitations or formal application process.

Access to COVID-19 vaccines can be gained through participation and contribution. It is clear that the active and passive type of contributorship constitute powerful and important components in this particular health initiative. In fact, they are those who sit in the front seat, pushing the initiative forward in reaching their overall goal through procuring and dose-donations. Contributorship constitute the infrastructure of COVAX and is formed and bounded by legal conditions and agreements. Tied to these relations are order and commitment created and maintained, which will be more specifically explored in the section below.

5.1.2 Legally Binding Rules

As argued in the theory chapter, rules of behaviour amongst an organisation's members are directed by either explicit, vague, or universal to centralised rules that are proposed by the respective organisation (Ahrne & Brunsson, 2019; Rasche & Seidl, 2019). What the previous section shows is how the inclusion of contributors is often tied to rules. These are rules that sustain commitment and agreements in the relations between the participants and COVAX. The code used to detect the presence of rules and legally binding rules are the coding node *Inclusion of Rules*, with the coding node *Inclusion of Legally Binding Instruments* to categorise what dimension the rule is. By studying the organising of COVAX through legally binding rules, this provides possibilities to assess the potential practical effect(s) that legal binding rules might have on the vaccine distribution. The hard legalised rules are first and foremost, observed in the data material. The documents address the terms and conditions and legal agreements that articulate the participant's obligation to adhere to the given rules. These are for example legal agreements like: *Explanatory Note: Legal Agreements with COVAX Facility Self-Financing Participants* (COVAX, 2020c), and *COVAX Facility: Terms and Conditions for Self-Financing Participants* (COVAX, 2020b). These are explicit binding rules that restrict the behaviour of the participants, and agreements that SFPs must sign when they want to donate and receive vaccine donations. The main policy tool used to maintain and creating these relationships are commitments that are articulated through the agreements entered through the SFPs, the 'active' participant and COVAX. The contracts and agreements are explicitly addressed as '*legal agreements*', with precise principles that in theory, requires compliance. The purchase of vaccine doses is in this case governed by two different types of agreements: *Committed Purchase Arrangement* or the *Optional Purchase Arrangement*.

For AMC92 countries, the 'passive' participants, I identify a slightly different type of binding agreements. For these countries, there are some specific requirements that need to be in place before the country can receive vaccine doses. These country preparations are regulated through agreements and term and conditions papers that are entered through the supplier of the vaccine, and the country that request them. This is for example more explicitly addressed in the *WHO Allocation Paper* by (World Health Organization, 2020b): '*...each country will have to plan the deployment of products and campaign implementation and follow-up, considering their specific national requirements, practices, capacities, and capabilities*' (p. 10). The intention with the framework is to ensure that every participant knows what is expected by them, and

what principles that should guide them when procuring and receiving vaccines. The document presents the proposed mechanism for fair allocation of vaccines among countries (p. 20). Based on this framework along with the legal agreements mentioned above, I argue that these forms of hard rules present some clarity in a situation that was before COVAX emerged, not regulated by any legal rules.

The degree of legal means is however hard to detect entirely, but as already stated, the exclusion of sanctions can dictate to what degree the legal agreements are ‘actually’ legal or not. Eventually, is it also important to state that CEPI for instance, one of the founding partners, do not have legal means to sanction its participants: Respondent 7 says from the perspective of CEPI, that; ‘*COVAX could take legal means, but COVAX is not a legal entity. So, CEPI has the right to hold its companies to account, [...].and if it has done so- it would do it behind closed doors, legal mediation*’. This argument indicates that there are possibilities to take legal means, but whether this is done or not is hard to know because it would happen behind closed doors.

In other words, the legal rules that COVAX Initiative utilises, structure how donors and manufacturers ought to behave when they procure and receive vaccines to COVAX. The inclusion of legally binding rules is also manifested in the inclusion of contributorship. These are evident empirical reference that illustrates how contributorship is exercised through binding or non-legally binding tools that are boundary-maintaining through the actions and contribution to the organisational process (Grothe-Hammer, 2019, p. 104). By referring to CEPI’s reference on whether CEPI can take legal means to sanction its participants, it is arguably whether these legal agreements are legal in practice. It is also a question of it is possible at all to create legal agreements between an industry and an organisation such as COVAX, since the pharma industry were the entity that created the vaccines, and whom COVAX heavily relied on. Respondent 5 questioned: ‘*Eventually, this is a question about whether the industry could have created legally binding agreements with an organisation such as COVAX at all*’.

Based on hard rules identified in the data material, I therefore argue that there is a weak presence of legal rules. The data analysis suggests that rules of a legally binding characters play important roles in the formation of the relationships between participant-participant, and COVAX-participant, and secondly, restrain contributors and participants to rules that limits their procurement and organisational activities and practices. Nonetheless, these instruments

do however not need to be bounded by legal means. As Rasche & Seidl (2019) underscore, commitment can also be just in the sense of diplomacy and solidarity – which I recall as non-legally binding rules in the next section, and which I tie to the presence of organisational goal.

5.1.3 Non-Legally Binding Rules: Organisational Goals

I identify non-legal means in the COVAX Initiative, is due its potential can shed light on the global goal setting projects that occupy the global health governance today. Similar to what effect legally binding rules have on COVAX and the contributors of COVAX, can non-legally binding rules function as guiding, constrain and influence its contributors in the organisation. Scott & Davis (2016) emphasise that goals affect behaviour only as they enter decisions on how to behave i.e., through rules, frameworks, and principles. How goals are expected to be achieved are articulated in those rules and frameworks (Ahrne & Brunsson, 2019). I recall that non-legally binding rules can be guidelines, recommendations, and frameworks even.

The data collected suggest that there is *Inclusion of Non-Legally Binding Rules* and *Organisational Goal*. I recall that the organisational goal is of a non-legally binding character, as it guides and motivates COVAX participants. The reason why these two coding nodes are related, is that the organisational goal is a goal that does not entail legal means. As Abbott & Snidal (2000) underscore, soft rules often initiate a process or a discourse that may involve changes over time. They argue it is a great tool to achieve mutual goals (Abbott & Snidal, 2000, pp. 444-445). The presence of organisational goal in the case of COVAX plays a major role in articulating how rules and principles should motivate and guide how contributors and participants can achieve the goal. This is for example manifested in the WHO Allocation Framework that guides procurement based on specific target groups, country preparations, goals, and vaccine policy recommendations (World Health Organization, 2020b).

The WHO Allocation Framework is an example of how rules and frameworks guide the participants of COVAX. These are agreements that intends to guide the responsibility of the different participants that are involved, and bring clarity to those who are involved in the deal (World Health Organization, 2020b, p. 33). The document *COVAX Objectives 2022* summarises COVAX's shared goals and objectives of the initiative in this way '*COVAX aspires to enable equitable, full vaccination of all adult and adolescent populations globally to reduce the impact of the ongoing pandemic, allow economies and societies to function, and guard*

against the future evolution of the virus' (COVAX, 2022a, p. 1). It becomes clear throughout the data collected that in most of the documents and the interviews, there is a shared the common understanding of the importance of equally distributing vaccines. The goals are iterated in the documents such as *COVAX: The Vaccines Pillar of the Access to COVID-19 Tools Accelerator: Structure and Principles* (COVAX, 2022c), *The Gavi COVAX AMC: An Investment Opportunity* (Gavi the Vaccine Alliance, 2020), and *WHO Concept for Fair Access and Equitable Allocation of COVID-19 Health Products* (World Health Organization, 2020b), where the goals lies the foundation of the framework.

Organisational goals have according to Scott & Davis (2016) different purposes. The overall goal to mitigate vaccine inequality, is therefore subject to a shared and universal goal, where we are all in the same boat and fighting the same virus. COVAX's main goals may therefore be characterised with a guiding and normative nature of goal setting (Scott & Davis, 2016). There is a clear normative and guiding characteristic of the goals of the pandemic, that were manifested in the course of actions. The normative characteristics that can also be connected to the moral obligations that were set on the international stage. Respondent 6 stated that: *'You have a lot of norms on the international stage. You must show that you are doing something for the poor people of the world. [...]. Countries like Norway, we are sensitive to these norms and frameworks that motivates us to do something... [...]. No one can be against buying vaccines for the whole world'*. This quote illustrates the normative character of the goal to mitigate vaccine inequality. Following this argument, the universal goal setting project of COVAX, has undoubtedly gained a high level of consensus on local to a high-political level, and been manifested in political willpower, principles, and frameworks for distribution, as well as present in shaping the non-legally binding agreements between countries and partners.

Recalling what Abbott & Snidal (2000) stated, non-legally binding rules often tend to be more dynamic and to emerge changes and discourses. I therefore argue that the use of non-legally binding framework and organisational goals that are written in the framework have a normative and guiding characteristic. According to Scott & Davis (2016), these are goals that direct the course of actions, as well as marking the goals of vaccine distribution as highly normative and moral. I therefore find that the organisational goal of COVAX mostly relies on solidarity, moral and ethical obligations.

In one way, one can argue that COVID-19 was an extremely unifying event that tangled the different participants and contributors in COVAX together. Citing Grothe-Hammer (2019), contributors belong partially to the organisation as long as they share communicative actions with the organisation and can further progress and coordinate towards a shared feeling and understanding of solidarity and integration for instance. Respondent 1 focused on the idea of a global public good, and the common understanding around combating such issues collectively.

'[...] we have witnessed a shift towards what we define as global public goods. This shift includes an amplified awareness of how we all are subject to the same global crises that emerge- which are at the end of the day, crises that we all have an interest in combating collectively.'

These are actions that are undertaken by participants based upon mutual deliberation and mutual understanding of the situation. The pandemic has really demonstrated a united and collective understanding of being *vulnerable* together. Respondent 4 claimed that; *'[...]..there was a common and increased understanding that we are vulnerable together. Countries are not only vulnerable based on how they deal with problems internally, but how dependent countries are on each other'*. This *collective ownership* might have been what has been the driving force in the mobilisation and solidarity. There has been a clear normative and political encouragement to work together to overcome the pandemic, where the initiative has aimed to work at its best with as many economies as possible committing to this collaborative global effort: *'Everybody contributes so that everyone can benefit. This principle will be realised through clear political and financial commitments'*. Additionally, Respondent 4 states: *'On a high-political level there were a lot of discussion about how to combat the coronavirus pandemic. State leaders, leaders of the G7 and G20 did all of a sudden care about the health issues'*. In other words, there is a clear presence and rise of political will and interest within the question of how health is to be handled globally and nationally. On one hand, there is a rise of political will. The state of political will is however debatable. Respondent 2 states: *'There is no political will, only political rhetoric'*.

Moving on, political will or not, there have been prepared many different types of frameworks and guidelines in achieving the overall goal of COVAX. In World Health Organization (2020b) the document on *WHO Allocation Principles*, there is a great focus on ways to reach this goal of equitable access to vaccines. It is also necessary to conduct distribution based on equity and

fairness: *'[...] Equitable and consistent allocation procedures, informed by ethical values and public health needs, are needed to maximize public health benefits and ensure that scarce health products are available and accessible to those in need [...]'*. COVAX explicitly stated goal was to leverage the fair allocation mechanisms to cover 20 per cent of high-risk populations in all countries became the public health imperative. This imperative is also stated in many papers of COVAX and Gavi, but also supported by the respondents. In these papers, they clearly outline the many foreseen hurdles and challenges that the Initiative will meet in addition to encouraging to solidarity and moral and ethical obligations. An example of this can be found in World Health Organization (2020b): *'Solidarity is at the heart of the global community's endeavour to join forces to confront this unique challenge together and collaborate to overcome this pandemic. The allocation of scarce resources must be done in a spirit of global solidarity'*. There is a clear moral encouragement to partners that contribute to COVAX. Respondent 6 addresses that: *'They (COVAX) never really achieved this idea for this global procurement mechanism where every country would get on board...[...], everyone saw that this was a way to say that equity is solidarity'*. COVAX (2022b) on the key learnings from COVID-19 calls: *'an unprecedented show of global solidarity in an environment where political buy-in was critical to success.'*

While guiding participants, these organisational goals are - as many other goals - not necessarily of legal character. Regardless of legal binding or non-legal binding character, rules, agreements, universal goals, these elements help to obligate the contributors morally or legally in COVAX. In the case of specifically the organisational goals in COVAX, and the framework that guided participants in reaching the goal of equal vaccine distribution, non-legally binding rules have been especially effective in mobilising collective action. These can be argued to have had moral and ethical implications on the relations that were present in the COVAX Initiative. Whether the rules are of binding character or not, can thus be shown through the absence of sanctioning elements.

5.1.4 Sanctions: Monitoring and Transparency

The sanctioning element is important to address as it can disclose if rules were complied to or not. This can also reveal to what degree there is an inclusion of legal rules or not. Although the organisational element monitoring is left out in his research study, the element of monitoring can however reveal if sanctioning is present. For example, may monitoring assess and record

the actions undertaken by the participants, and evaluate whether principals and agreements are followed. As a result of this, monitoring will only be used in relation to transparency and sanctions, yet not treated as an independent element. Arhne & Brunsson (2011) stress that organisers without access to monitoring and sanctions often meet difficulties in making others comply with rules, but also struggle to see when rules have failed (p. 92). Since the word monitoring also has the similar meaning as *ensure of*, and *tracking*, such words will be coded monitoring.

Based on the documents and interviews it is clear that when monitoring is mentioned in the official documents of COVAX, is it raised in relation to monitoring of vaccine candidates, the effect of the vaccines, the efficiency and health impact of the vaccines, and the monitoring of R&D (COVAX, 2022c), but not monitoring of whether COVAX lives up to its goals on achieving equal distribution of vaccines. COVAX (2022c) do also: ‘...ensure that portfolio’s supply meets country needs and optimally uses the Initiative.’ COVAX does also ensure for oversight and communications with markets and commercial actors: ‘[...] ...for reviewing business terms of proposed COVAX agreements with manufacturers to ensure: (i) reasonableness of terms and acceptable level of reputational risks; and (ii) availability of resources to back proposed agreements’ (pp. 19-20). On a country-level, COVAX is supposed to support country management and tracking. However, it is important to state once again that having monitoring does however not imply that an organisation is transparent. It would be logical to think that if an organisation or an initiative have a lot of transparency, there is no need for a monitoring body, or sort of monitoring mechanisms (Ahrne & Brunsson, 2019). Although the vaccine pillar was the most successful one amongst ACT-A, were there a recurring issue with transparency: ‘Prioritising speed of response and using existing global health agencies to respond to the pandemic has to some extent compromised accountability and transparency’ (Schäferhoff et al., 2022, p. 31).

According to the papers found on monitoring bodies within COVAX Initiative, there are stated several times that the Initiative provides many types of monitoring, and that transparency is executed in forums where COVAX members are represented (p. 10). In other words, is the intention of transparency anchored in the several principles of the COVAX Structure and Principles (COVAX, 2022c). But as Respondent 7 states: ‘I think in terms of transparency, we have done our best. What people want, is that you publish contracts of the bilateral deals,

with pharma countries. That is not possible because no company will do a deal with you if you publish the terms and contracts. It must be confidential'. In short, there are certain barriers doing a full transparency for businesses and companies, which illustrates the contradicting factor of having sanctions, and of having hard and soft rules that needs to be complied with.

I found no measures taken to sanction the participants and contributors that are involved in COVAX in the data material. How are the COVAX Initiative ensured that participants and contributors follow the frameworks and legal agreements that are entered between them and the initiative? Sanctioning, or *penalties*, are not mentioned in any of the chosen official documents of COVAX. Several of the papers of COVAX emphasise that to participate in the mechanism is fully voluntary, but participation requires commitment. It can be understood that sanctioning mechanisms are lacking, due to the lack of possibilities to sanction or criticise the current practices within the system. Respondent 6 stated that: *'COVAX and Seth Berkley rarely spoke up to criticise donors or big pharma. GAVI is dependent on them and for their functioning. They failed to challenge the system – A system was not made for equitable distribution*'. A complex structure within COVAX may also have been the reason for no sanctioning mechanisms. Respondent 5 states that *'Whose role were connected to the organisational structure, who sat there, and whose decisions- This was highly unclear. [...]. The possibility to influence and criticise the decisions that were made, must have been very limited*'. Despite not being explicitly addressed in the papers on the lack of sanctioning bodies, there are many sanctions in terms of media reactions and the social sanctions that came along with the inequal vaccine distribution. These are however not accounted for in this research study.

5.1.5 Hierarchy: Authority and Delegated Mandate

Until now, the dataset shows that there is presence of contributorship, legally binding, and non-legally binding rules, as well as hierarchy which I will discuss in this section. Hierarchy is an important organisational tool that gives hierarchical structure, accountability, and responsibility and can provide an organisation and its contributors with clarity (Ahrne & Brunsson, 2019; Rasche & Seidl, 2019), and for convincing others that its own rules are the important judging statues (Ahrne & Brunsson, 2005). By studying the element of hierarchy, I identify and if those tools are efficient or not. There is a clear *Inclusion of Hierarchy* in the case of COVAX Initiative, and these hierarchical structures have been important in the

organisation because it represents a clear structure that communicate that tasks that are assigned to the different actors and contributors. *Inclusion of Hierarchy* is based on how World Health Organisation, CEPI, UNICEF and Gavi, the Vaccine Alliance are partially organising its uncertain environment, and how their power is exercised through their power to delegate (Scott & Davis, 2016). Hierarchy can therefore serve as an efficient tool to achieve COVAX's organisational goal and proves a strength of the Initiative, since it was firstly built on Gavi's existing structure, and thus adapting, growing and scaling it (COVAX, 2022c; Gavi the Vaccine Alliance, 2020).

Hierarchy is very effective to use the already existing hierarchy that the founding partners consist of when COVAX were established. The inclusion of hierarchy in COVAX illustrated that delegation of tasks and mandate efficiently accelerated action in COVAX. Figure 1 in Chapter 1 illustrates the clear mandate and tasks that the founding organisations were assigned. As stated in Chapter 1, the roles and mandates of these organisations were clear, such as Gavi that have a long experience with child vaccines, to CEPI that plays a pivotal role in leading vaccine R&D (COVAX, 2022c).

The urgency and how WHO along with CEPI, established the effort clearly illustrate the legitimacy and authority that they held. Their mandate is clear, and as Respondent 7 stated: *'It was our mandate, and our responsibility to create COVAX'*. The autonomy and power that CEPI holds becomes clear, and rather question in what way they could put the global pandemic on the agenda, and even establish great initiatives such as COVAX. When talking about the political enthusiasm and support gained COVAX gained worldwide, Respondent 6 states: *'I guess one of the elements is that they [CEPI, WHO, UNICEF and Gavi] been very early on, have pre-empted the agenda'*. They were in short, those who made decisions to form an initiative such as the COVAX Initiative, and the authority and mandate that these organisations possessed prior to the creation of the initiative, also put a standard to who is allowed to take decisions in COVAX, and who is allowed to be a contributor in the Initiative (Grothe-Hammer, 2019; Rasche & Seidl, 2019). In other words, the rules are enforced under the authority of COVAX, by which rules the rules are undeniable and legitimate. These are authorities that interpret and implement the rules (Abbott & Snidal, 2000).

5.1.6 Summary

In short, based on the research problem I have analysed the partial organising of COVAX through specifically looking at how COVAX organised the elements of contributorship, rules, hierarchy, organisational goals, contributorship and sanctions. What this section on the findings can tell us, is that COVAX partially organised the vaccine distribution through contributorship, rules (predominantly non-legal rules), organisational goals and hierarchy. The element of sanctions was not present in my data material, which I will discuss in the section below. The presence or absence of these organisational elements are important to study since they are the important organisational building bricks that constitute the organisational structure of COVAX. Nevertheless, the organisational structure reveal what organisational elements than can be useful in the times of a pandemic and an emergency, but also how we can learn from what got lost when some elements were excluded, but also what COVAX prospered in doing so.

5.2 RQ2: How Can the Inclusion or Exclusion of Certain Partial Organisational Elements Influence Vaccine Distribution in the Case of COVID-19?

The inclusion or exclusion of the respective components can reveal the strengths or weaknesses of the partially organised COVAX Initiative, and thus exhibit the overall outcome of the vaccine distribution. The inclusion or exclusion of the elements can however potentially overlap or amplify the effect of one another, or the presence of one element can be the reason to the absence of another element. By excluding one element, one potentially excludes another one. This can however weaken the COVAX infrastructure further. For instance, is it hard to detect whether a rule is mostly enforced by legally binding means, or mostly enforced by morally obligations in its softer forms (i.e obligations and solidarity as non-legal means). However as acknowledged earlier, these two extremes are however not dichotomous, but the degree of legal binding or non-legal binding character can be determined by the absence of sanctioning abilities within the organisation of COVAX. This is an example of a weakness that could potentially be enforced through the inclusion of sanctions, and rules in legal means, and thus ensure compliance. When answering to the research question, how does the inclusion of the elements contributorship, rules, hierarchy affect the vaccine allocation in the times of COVID-19?, and how do decisions made on excluding sanctions affect the vaccine distribution after all? Recalling the case of HERA in the European Union, (Välikangas et al., 2022), the

authors argued that EU that provided HERA, lacked monitoring and sanctioning elements. These missed elements led to EU lacking the possibilities to affect the decisions made.

COVAX created an equal opportunity to access COVID-19 health products through the creation of this mechanism. The inclusion of contributorship to all economies, naturally expands the possibilities for all to access markets and pharma solutions. Whilst a potential exclusion of an open contributorship as such could limit these possibilities and could limit AMC countries to receive doses which potentially leave LMICs without any vaccines at all. The inclusion of contributorship has however, positively affected the Initiative because of its less strict formalities that often tends to come with regular memberships. Additionally, might the inclusion of contributorship led to a more unifying approach to combat the coronavirus. The collective understanding of COVID-19 accelerates a consensus and shared collective goal to achieve jointly through COVAX. COVAX has heavily relied on voluntary work to close the urgent need of vaccine donations. In that sense, it made fully sense to organise vaccine inequality through contributors. Lastly, since the contributorship and participation in COVAX did not formally have a termination date, this could have been an uncertainty that potentially weakened commitment of the participants. In some conventional membership, members would apply for membership within a specific period of time (Grothe-Hammer, 2019), but with COVID-19, no one knew when it would end, and for how long an initiative like COVAX were needed.

Through the non-legally binding framework of the WHO Allocation Framework for instance, COVAX aimed to ensure vaccine equality through these explicit rules. By including rule, COVAX can more precisely articulate the desired behaviour amongst the participants, as well as how they ought to achieve the organisational goal. The element of rules makes it easier for the contributors and participants of COVAX to act with precision and obligations that are commanded. Further, in the light of rules of binding or non-binding character, they emerge an opportunity window to more likely to succeed due to the precision expressed explicitly in legal agreements, rules, terms, and conditions. Whenever the behaviour of the contributors and participants is regulated, the more likely COVAX can achieve its goal. These goals are articulated explicitly through e.g. terms and conditions, legal agreements, goals as well as frameworks. The rules are predominately soft and non-binding, which makes it easier for countries and participants to implement, and to adhere to. This is because that soft rules are more beneficial to use in uncertainties and are a great and efficient tool to gain consensus

(Abbott et al., 2000; Abbott & Snidal, 2000). Respondent 3 stated: '*In order to achieve consensus on global goals, global targets, you have to keep them purposively vague and broad, and all-encompassing*'. Additionally, based on Abbott & Snidal's (2000) theory, soft rules creates a wider room for interpretation, and in many cases less risk of sanctions. As the name propose itself, *non-legally* binding, soft rules cannot be pursued with legal means. Further, soft and non-legally binding can be especially important in an emergency where there is not much time to hesitate, and where there is a question of life and death. Efficient and rapid measures are therefore needed, and therefore it seemed fruitful to apply rather non-legally binding rules.

When it comes to the inclusion of the hierarchy element, hierarchy has been an effective tool in delegating and influencing tasks within COVAX. It has also been an efficient organisational element that in some way, made it possible for COVAX Initiative to be created so rapidly, by basing the Initiative on the basis of the already existing structure and governance bodies of Gavi, CEPI, UNICEF and WHO. At the same time, does it also strengthen WHO's position as a rule-maker, and for WHO to put meanings to those rules (Abbott et al., 2000). However, when hierarchical structures are present, the division of labour is (hopefully) explicitly articulated clearly, which makes it easier and more efficient to coordinate and cooperate in achieving the shared goal. As followed by the presence of soft rules mostly, the exclusion of sanctions leads to weakening the effect of legal agreements, and even non legal agreements. This can however explain why wealthier HIC countries tended to do bilateral deals parallelly to contributing in the COVAX scheme. an exclusion of sanctions can hence make it easier for participants to do whatever they wish for without being met by any positive or negative sanctions. This can lead to weakening of the legitimacy and trust to WHO. An empirical example of this is the occurrence of vaccine hoarding and vaccine nationalism. It is however clear that the absence of sanctions weakens the hierarchy and rules that are present in COVAX.

In summary, the inclusion and exclusion of the listed elements might altogether reveal how obligations are made, and how delegation finds place, and lastly, if these are articulated with precise and explicit language and rules. Contributorship is tied closely to rules that creates these obligations and not least, creates inherent paradoxes.

5.3 RQ3: In What Way Can the Organisational Composition of Elements Influence Vaccine Distribution in the case of COVID-19?

The composition of the elements in COVAX is important to study because it reveals how sometimes the inclusion of one element, contradicts the inclusion of another one. These are important issues and contradictions to address since they can pose possible threats to the COVAX infrastructures and tasks within it, that can result in affect the outcome of the vaccine allocation. Answering to the RQ3 can help me arrive at reflections on how COVAX managed to fulfil its initial goal to mitigate vaccines.

Although COVAX emerged as a solution to the inequalities, are there still inequalities that persists. The data material collected in this case study, shows that the composition of the different organisational elements matter. Generally, in organisation theory that what founds an organisation is the division of labour, coordination of goals and efforts, and hierarchical structures (Rasche & Seidl, 2019; Scott & Davis, 2016; Zürn, 2018). The constituency of the elements influence the dynamics between the components. The absence and presence of these elements, imply many different paradoxes and contradictions, which will be discussed in the section below. Notably, the inclusion of one organisational element alone does not make up a paradox entirely alone. These paradoxes emergence in the co-existence of the different elements since the elements are tied to one another.

5.3.1 The Paradox of All-Inclusive Inclusion of Contributors and Participation

When unbundling the partial organisational elements that constitutes COVAX, there are several inherent paradoxes that emerge because of the inclusion of the elements. This section emphasises the paradox of including contributorship in the COVAX Initiative. As stated earlier, these contributors have played a major role. However, whilst Ahrne and Brunsson (2019) suggest that membership should no longer be the defining feature in formal organisations, I argue from the point of view of this research study that it is indeed a defining feature, at least for an ad-hoc initiative such as COVAX. I argue that participants in COVAX have been essential to maintain tasks and deliver on the overall goal of COVAX. The participants have been extremely crucial in the way they mobilised contributions and actions towards achieving the goal of equitable access to vaccines. These participants contributed greatly through vaccine donations and financial contributions and formed important relations that have been important building bricks in COVAX's structure. I draw connections between

how countries in Africa lacked vaccines, due to a high percentage of HIC participation. This argument illustrates that the element of contributorship, contradicts the element of rule and the organisational goals and principals of COVAX. However, is it important to state that it is not necessarily the inclusion of particularly contributorship alone that is the most problematic, but rather the composition of contributors, which resulted in a high percentage of HICs-participation. I argue in this section that the HIC participation have been a decisive factor in the eventual outcomes of the shared goal of COVAX, as it has caused; (i) hierarchical structures that structures the relations between AMC-92 participants, and SFP participants (ii) parallel systems that undermines the COVAX scheme and; (iii) COVAX being co-dependent of the same HIC-countries that undermine the COVAX regime. This paradox illustrates that despite the fact COVAX Initiative was intended to be a global solution to combat the vaccine inequality, inequalities still persisted.

5.3.1.1 The Donor-Recipient Complex

The paradox of the inclusion of especially HICs becomes evident in how the relationship between the SFPs, and the AMC-countries are structured asymmetrically. What I argue is troubling with the participation in COVAX, is the dichotomous categorisation of the COVAX participants. I emphasise that despite the facts of an open and inclusive form of contributorship, does it not mean there is *equal* and fair participation. Based on the dichotomous categorisation of the participants, I argue that contributorship in COVAX contains and re-produces hierarchical structures between participant-participant, and COVAX-participant. These hierarchical structures are as mentioned, particularly visible in the relation between HICs and LMICs. Firstly, these hierarchical orders become very clear in terms of how COVAX's own funding streams generate skewed access and benefits and the role of donor-countries.

For instance, I argue that when COVAX facilitate two different funding streams, the AMC-stream, and the SFP stream- there are operative functions that structure hierarchical relations and dynamics between the two participant groups. What the two different funding streams facilitate, are two different streams that are based on financial resources and ability to take risks. The open to all-inclusive participation in COVAX has as already mentioned, resulted in a high percentage of HIC participation, whose participation is most visible in the participation group of SFPs. LMICs constitute the highest percentage of the AMC-Eligible Economies-group. It thus appears a clear distinction between the poor and the rich accordingly to the LMIC

and HIC categories (COVAX, 2021) whilst SFPs pay for their own vaccines, the 92 lower-income countries doses were donated and financed by donor aid. The hierarchy becomes very clear, through the means of who possess financial resources, and who do not. Already between May and August 2020, HICs had entered multiple deals with manufacturers, ordering at risk enough doses to vaccinate their entire populations multiple times (Usher, 2021), whilst countries in Africa for example had vaccinated a much smaller portion of their populations (Massinga Loembé & Nkengasong, 2021).

Secondly, it is worth noting that the donors of the vaccines that funds and donate to the AMC-streams, consist mainly of wealthier countries. The donors, which then comes from these countries, are in a power position to decide upon funding and structures. Respondent 6 proclaimed: *'The donors in a public-private partnership are in a very privileged position. The board is dominated by the rich countries and other donors, and in addition to dominating the decision-making process they also control through the partnership through funding'*. In other words, the donors, tends to be countries from the Global North, resulted in a donor-recipient model used by the initiative, it became this *charity* initiative, Respondent 6 claimed: *'2/3 of the doses that were channelled through COVAX in 2021 were donations. This happened on the premises of the donor as they decided what type of vaccines that should be donated'*.

Third and lastly, it is evident that authority and already existing hierarchical structures formed participation, that further formed hierarchical structures within and between COVAX-participants, and participants-participants. COVAX is, as already stated, rooted in already existing organisations and whose structures which have been carried on to the structures of COVAX. As stated earlier, it became apparent that SFPs (that consisted usually of wealthier countries), and the AMC-92 (that consisted of LMICs) were categorised into 'donors', and the AMC-group were categorised into recipient. By building on these facts, I argue that participation was built on the already existing hierarchy that existed before the participants joined COVAX. These are evidence that especially supports the argument of what Storeng (2014) address as the Bill Gates approach and how global health governance has become too technocratic, can to some extent be transferred to this case. Consequently, have the relations that have been formed between and in COVAX, emerged a paradox of the all-inclusive participation and resulted in skewed power relations and skewed distribution patterns. As (Abbott et al., 2000) state, a commitment as a legal rule invokes a particular form of discourse (p. 412). It is therefore interesting to discuss whether the composition of contributors, and the

inclusion of HIC-contributors especially, have rather produced counterfactual effects, than supporting the purpose and principles of fair access, and fair allocation.

5.3.2 The Paradox of Hierarchy and Authority

As stated above, with hierarchy did also a clear authority and mandate occur, that did also form the type of participation that emerged. Recalling Abbott et al. (2000), delegation is the extent to which actors delegate authority to assign third-party to implement and interpret agreements and rules (p. 415). There are several reasons why the element of hierarchy is important to analyse in this context; (i) the power to delegate mandates and assign tasks to other organisations and participants has efficiently accelerated action, and that thus illustrates the powerful tools that these actors possess and is entitled due to their position. COVAX; (ii) illustrates the expert knowledge, top-down and technocratic approach to global health.

On January 30, 2020, WHO declared that COVID-19 constituted a Public Health Emergency of International Concern (World Health Organization, 2020a), and on the May 5th 2023, WHO declared that COVID-19 is no longer a global health emergency (World Health Organization, 2023). PHEIC is an extraordinary event that constitutes a public health risk to other countries through international spread of disease and may call for a coordinated worldwide response. All WHO member countries are required to notify WHO of a potential PHEIC. However, WHO makes the final determination about the existence of a PHEIC (Centers for Disease Control and Prevention, 2022). The ability and responsibility that WHO have to declare a PHEIC, is a powerful tool that they are assigned as the most prominent health governor and actor in the world right now. It does clearly demonstrate the power that such health actors are entitled to. This is a position that delegate tasks efficiently but creates a health initiative that is built on mostly technical solutions. Something that is problematised, and what Storeng (2014) questions the Bill Gates approach, and how the governance of global health has become too technocratic.

In the case of COVAX, hierarchy exists implicitly, if not explicitly within its own structures and functions. The inclusion of hierarchy is problematic, because it illustrates that authority tends to accumulate with the wealthier contributors participating in COVAX.

5.3.3 The Paradox of Pharmaceutical Solutions: Parallel Systems and Co-Dependency

To understand how COVAX administered the unequal vaccine distribution, there are several other factors to account for. What becomes very clear in the case of COVAX and the organisation of it, is the fact of how crucial participation of HICs were in providing for a market for vaccines, and for providing enormous acceleration of technology and research within vaccine development. However, tracing back to the critics of COVAX outlined in Chapter 1, it is noteworthy to revisit the claim that big pharma was given too much freedom. The case of COVID-19 illustrates that this is not the first time we apply pharmaceutical solutions and is therefore understandable that we once again choose the same pathway in combating the virus. Not only have big pharma created vaccines after vaccines, but the need for these vaccines, did also reflect upon a greater demand, and a potential big sales for the pharmaceutical industry. Respondent 6 highlighted this, saying *'COVAX was the only credible plan that was industry friendly'*. What this argument translates into, is that by engaging with the pharma industry, COVAX also engaged LMICs and created a market. Respondent 4 stated: *'This is because that big pharma has not prioritised poor countries. Gavi enabled low-middle income countries to also become big, and important buyers of vaccines. This have contributed positively to better access to vaccines [...].'* In other words, have big pharma played an important role in creating markets and access for LMICs. COVAX and Gavi positively contributed to create better access to vaccines. Respondent 4 continued: *'This is a better outcome compared to if it would have been a pure market-oriented profit maximising mechanisms present'*

In fact, numerous respondents emphasise the importance of the inclusion of market-arrangements. Amongst all, *is the element of competition extremely important incentive to push vaccine production*, Respondent 4 said. Respondent 7 said;

'Particularly with something like vaccines, you can't develop vaccines without the private sector, innovation and expertise that are in the private sector. You need to bring those two things together. You need to harness'

Based on these findings, it illustrates the importance of including markets and pharma solutions, as it accelerates, it has the money and power to push through R&D. Evidently in the case of particularly COVAX, it becomes essential to bring together markets, the private, and

the public. Further Respondent 7 stated: *'I think it is a sensible model for where we are [...], it makes sense to me for vaccines to where we are. The public sector alone, would really struggle to achieve what the private sector, with some public sector funding, has just achieved during covid'*.

Despite the paradoxes and systemic hurdles that HICs brought into COVAX, their participation also explicitly generated commercial interest worldwide. This means that when wealthier countries have the interest in global health initiatives- it is likely that there will be political will and financial support, in fact, COVAX and COVID-19 was a virus that had an actual market value. The conception of *poor people's disease* is in fact a truth, that becomes even more true in the sense of COVID-19. Respondent 7 stated that; *'There is no commercial markets related to these niche diseases'*, or *'poor people's disease'* – as it is referred to as by many, Respondent 3 says. The case of COVAX, shows how political willpower comes with a high degree of HIC involvement. Through dose-donations and financial donations, HICs were supporting and buying into the principles of COVAX but were at the same time also able to buy vaccines from COVAX. Respondent 6 stated that: *'[...]...HIC would go out and buy all the doses, even before they were licensed. So, you have the two parallel systems, and actually- the COVAX outcome...Would have probably been better had we not been competing for doses with those HIC governments that had far more money'*.

However, in COVAX (2020b) it is stated however that: *[...] bilateral deals, that are expected from COVAX to happen, is not going to impact any participant in the initiative. While access to doses from bilateral deals will not impact a Participant's or COVAX AMC Eligible Economy's access to the agreed allocation of doses of Approved Vaccine from the Facility, [...]*'. (COVAX, 2020b, p. 16). However, the data material illustrates the opposite, that in fact, participants especially in the AMC group were affected severely by these bilateral deals. Through these parallel systems, the HIC were undermining the COVAX regime through these bilateral contracts with the pharmaceutical industry, and the different purchase agreements made for SFPs. According to (Schäferhoff et al., 2022), under the Committed Purchase Arrangement, initially, all countries were supposed to be receive equal treatment by COVAX, but with the Optional Purchase Agreement, participants were able to opt out for the best solutions. This optional purchase method undermined the imperative of equal access, and equal distribution, since it gave the buyers the possibility to choose more freely out of certain product and gave them the opportunity to opt for preferred vaccines they would like to receive.

‘Obviously, they (COVAX) were being undermined by the deals that rich countries, like the hoarding of vaccines and vaccine nationalism. They were undermined by pharma companies that did not deliver the doses that they bought and owed’. (Respondent 6).

Ultimately, by including HICs as participants in the health initiative, access to and the purchase of vaccines become more competitive. This implies more difficulties when trying to *create equal access to all, regardless of the current economic state*. The parallel systems forced then the LICs being at the back of the vaccine queue, but these countries and the COVAX Initiative were reliant on the same rich countries to give COVAX money for them to being able to purchase doses (Respondent 7). *The countries with the most resources, economy, power and influence gained access first, and not least, gained the best deals firstly’* (Respondent 4). What the data material revealed particularly, is that the COVAX Initiative, heavily *depends* on its contributors through the many different functions and mechanisms that the Initiative offer; dose-sharing, financial contributions from countries, dose donations from SFPs. As already stated, COVAX demonstrated to be very dependent on its contributors in order to accelerate action, and to mobilise. At the same time, were it the same participants that COVAX were dependent on, that undermined the system. This co-dependency can be discussed to be an inherent paradox, firstly, due to the HIC participation and secondly due to the external factors that the pharmaceutical industry served. There is strong interest within the COVAX regime, but at the other hand, there are circumstances that do not allow for a complete control over the COVAX participants and contributors. A future solution could be possible to *focus on a smaller set of lowest-income countries* (Schäferhoff et al., 2022). With this said, there are clear paradoxes with the participation of HICs in the COVAX Initiative that creates clear parallel systems and co-dependency between the wealthiest countries, and COVAX.

5.4 Accountability, Responsibility, Legitimacy and Autonomy

As Brunsson et al. (2022) and Ahrne & Brunsson (2019) address, the combination of the different organisational elements can affect the state of responsibility, accountability, legitimacy, and as I argue: autonomy. It is important to address that the decided combination of what elements, and how those element function together can analytically determine how COVAX worked or did not work. What the paradoxes and contradictions result in, is a complex governance structure, with authorities that assign not only tasks, but tasks that implicitly assign

hierarchical structures. These factors can be argued to determine the degree of accountability that the initiative possess – or even the responsibility the given organisation entails or disclaims (Brunsson et al., 2022).

Interesting to this study, is how the inclusion of participation, predominantly non-legalised rules, and hierarchical structures produces softer forms of responsibility and accountability in COVAX. The question that we are left out with, is the question of whose responsibility was the continuity of the inequal access to vaccines, and who can be held accountable? It becomes very unclear who is to be blamed, due to the enormous structure and constituents of COVAX. Every organisation had their own sets of rules and governing bodies. Therefore, because of the absence of proper accountability and responsibility, I argue that legitimacy is partially lost, whilst the autonomy of COVAX is lost. This is due to; (i) precise explicit soft rules that are entered between COVAX-participants and participants-participants that create commitment and obligations; (ii) imprecise legal agreements that are not followed up by negative nor positive sanctioning mechanisms; (iii) the actual practices are contradicting with what is stated in COVAX's papers; (iv) hierarchy and delegated authority and mandate that altogether weakens the structure, that further weakens who can be held accountable. As stated above, the inclusion of rules makes it easier for contributors to act with precise and obligated manners. However, as recognised, there are mostly soft rules that are utilised in the case of COVAX, which makes it easier to not comply to the terms and conditions agreed on in the legal agreements. These imprecision does however lead to lower the chance to achieve the goal (Abbott et al., 2000). A lack of sanctions does also exclude the participants of COVAX to full accountability.

Similar to how MOs gain legitimacy from (class) coverage, (Berkowitz & Dumez, 2015), COVAX also gained legitimacy (at least moral legitimacy) from the political support and high participation coverage globally. The Initiative gained from a 'culture of consensus'. Further, this partial legitimacy that COVAX holds, can also be supported by how the organisations with high status (because of the initiative's qualities and mandate), expect voluntary compliance from others (Ahrne & Brunsson, 2019; Rasche & Seidl, 2019). In this way, the authority of COVAX creates hierarchical structures. Through hierarchy and the delegated authorities and mandates, both participants in COVAX, the founding organisations have clear tasks at hand. In short, the responsibility is clearly distributed. Despite the fact that there is a main difference between responsibility and accountability, the reflections shared by Brunsson et al. (2022) are

fruitful in this case. There was a common understanding that contributing to equal access were all the constituent party's responsibility, but at the end of the day it was hard to find who could be held accountable for the end results. The extensive and complexity of the governance structure (delegation of authority and mandate) may therefore be the scape goat to this, due to how responsibility were shared between very many different actors and participants. Was the element of hierarchy 'misused', or unintentionally leading to a weak presence of responsibility? As Brunsson et al. (2022) cite: *"More organisation in that situation implies responsibility concentration rather than dilution, because the more top managers decide on rules, monitoring, sanctions, membership and hierarchy, the more responsible they become"*. (p. 11).

Another contribution to this section, is how the donor-recipient relations were eventually affected by a high level of mistrust, that again weakened the accountability and legitimacy of especially wealthier countries that hoarded vaccines and made huge vaccine orders that could cover their own countries more than enough. Respondent 3 expressed that: *'Most LMICs are more aware that they will be less likely to believe in the generosity of the West, [...]– that we can't really rely on international actors'*. This was also supported by Respondent 8: *I think generally with COVAX... It just shows us that we must proactively create this mechanism because of the inequality, equities, access to vaccines...In the future I would not see where we do not essentially need to looking North again for support'*. Further, this can also reflect on the deeper post-colonial thoughts on how tech and knowledge go South, but not the opposite way.

Responsibility, and accountability becomes fuzzy in public-private partnerships (Brunsson et al., 2022, p.13), and especially fuzzy in such a great partial organisation such as COVAX Initiative. One can asks oneself whether responsibility dilution is a bug or a feature of meta-organisations – and conclusively based on this master thesis – it can be discussed whether a reason to the growth and expansion of these meta-organisations that consist of partial organisations, or whether it is an unintended effect of the massive organisation of partial organisations (p. 179). However, with its legitimacy at stake, COVAX can therefore be argued to lose face, when autonomy is lost, the fact that they cannot be held entirely accountable for their actions due to the dispersed mandates and responsibilities. If it was not accountability, legitimacy, nor delegation of tasks or autonomy that created the eventual outcome of the efforts made by COVAX, did less accountability, dispersed responsibilities and soft rules eventually lead to global solidarity?

5.5 Counterfactuals and Considerations: The Role of the COVID-19 and Foreseen Challenges

Despite the many challenges that have affected the partial organisation of the Initiative, COVAX was after all, explicitly anticipating challenges such as vaccine hoarding and vaccine nationalism. These foreseen hurdles are however important to recall when I shape my arguments, amongst all for the sake of internal validity., but also to further being able to argue from the point of different alternative perspectives and outcomes. I will in this section, argue that there are several considerations to take into account when evaluating the process of organisation of the COVAX Initiative, but also how these decisions produce alternative reasons to the phenomena.

As the analysis above serve, the inclusion or exclusion of the different elements have resulted in a partial organisation of the COVAX Initiative, based on rules, hierarchy, contributorship and organisational goals (exclusion of sanction). For this reason, as Ahrne and Brunsson (2019) argue, it is easier to organise when there are fewer components involved – especially in the case of a time-sensitive emergency. In short, it was easier to organise COVAX based on rather fewer organisational elements instead of a full, complete organised COVAX that include all of the five elements. It was however not only the state of emergency that may have affected decisions made upon the five elements, but also whether the virus has been genetically known from earlier. If the virus were rather a genetically known virus to us all, it could potentially serve a better outcome, with potentially less inequality and a better and more robust organisation structure of COVAX that could ensure a more equal outcome between the Global North and the Global South. This is because if the virus were known to us, vaccines and medicines could be produced faster, and perhaps with shorter clinical trials.

It is thus, important to remember that COVID-19 was a novel and unknown virus to most of the world. COVID-19 was simply, an extraordinary case. As Respondent 1 stated:

I think that the [COVID-19] pandemic will be a slightly difficult example because it emerged acutely, and everyone acted out of a very strong self-interest. It was a very alarming situation, and politicians who were to be re-elected had to act resolutely'.

There was a lot of pressure and a high demand for the pharmaceutical industry and PPPs to develop, produce and allocate vaccines rapidly. Due to the high level of emergency and lack

of time, I argue that the role of COVID-19 has been essential when COVAX made decisions (unconsciously or consciously) on the organisational elements identified. Further, one can argue that the paradox of especially involvement of HICs and the hierarchical and unequal situation that emerged would have occurred even without the participation from these nations. By this I argue that there is a potential change that the unequal access to vaccines would have been similar even just with participation of LMICs, due to the involvement of big pharma and market solutions. This counterfactual reasoning can be supported by what World Health Organization (2020b) stated: *‘Allowing practices and structures to inform how we allocate available vaccines—structures that are largely based on a market, shaped by power and price, will only lead to unethical and inhumane outcomes, particularly since a few (high-income) countries with the capacity to manufacture (or purchase) vaccines will secure the bulk of the supply at the expense of global justice and fairness’* (p. 14). At the end of the day, it is widely recognised that the market will always profit-maximise. As Respondent 6 put it: *‘[...] you know that pharma industry will always prioritise their biggest markets’*.

It becomes clear to that WHO and COVAX, have been quite early on aware of the potential risks that the Initiative pose against achieving the shared organisational goal, due to also the inclusion of HIC participation, but also due to the general involvement of big pharma. There were very strong basic assumptions of how the situation would play out from the beginning, whereas market structures with profit-incentives will ultimately lead to immoral and ethical issues. Further, due to time restrictions and the state of emergency, and the need for a rapid solution, it was therefore reasonable to structure COVAX based on the already existing structures of the founding partners CEPI, Gavi, UNICEF and WHO. Even though this may have caused stronger hierarchical structures from the beginning, did COVAX nevertheless managed to create a global procurement and coordination mechanism under great pressure in a resource-constrained environment.

The third argument I will form in this section, is that there are fundamental issues that comes with allocating a global public good such as COVID-19 vaccines (Barrett, 2015). This can for instance be especially demanding since it is a global good that in the case of COVID-19, were a global public good that all desired to receive. It is especially not easy to allocate all vaccines to people in especially resource-constrained environments- The geography and geopolitics would not necessarily match the logistics and solutions that have been articulated. According to World Health Organization (2020b): *‘Strategies to ensure availability and affordability of*

health products for all countries are beyond the scope of this framework' (p. 9) and that, in fact, there will not be enough vaccines to all. This is an assumption that were explicitly expressed already in 2020. In WHO's (2020b) there are already made some basic assumptions: *'When a vaccine is developed, there will not be enough to vaccinate everyone, at least not immediately. A choice will need to be made about how to allocate available vaccines, which entails choosing who should be prioritized for vaccination'*. At the same time as COVAX puts immense efforts to achieve its goal of equal access and distribution to all economies, do the Initiative also make it clear that this shared goal cannot necessarily be reached, and that the strategies to achieve the goal cannot ensure that the equal distribution will be secured for all countries. What COVAX eventually state, is that they cannot secure or foresee the uncertain elements (World Health Organization, 2020b).

In brief, there are essential considerations to take into account when analysing whether COVAX succeeded or not. This is due to the uniqueness of the COVID-19 pandemic, how this pandemic hit differently, and how it enabled an enormous coordination platform in such a short amount of time. Because of this, it is sensible to consider certain systemic hurdles and counterfactuals beyond the control of COVAX. Simply, challenges that COVAX alone cannot fix, nor address. The several paradoxes outlined in this section, enables interesting findings on the occurrence of four organisational elements out of five, and how both factors within the COVAX Initiative and external factors outside the Initiative, have affected the emergence of paradoxes within the health Initiative. With these thoughts at hand, I will in Chapter 6 present the key findings and future research recommendations.

CHAPTER 6 - Conclusion

This last chapter aims to build on the analytical findings outlined in the previous chapter, and to finally draw conclusions on *What role can organisational elements play in the shared goal of mitigating vaccine inequality?* Conclusively, this chapter provides the key findings of this research, I reflect upon the theoretical and practical utility from this research study, and finally, how this research implies theoretical prepositions for future research.

6.1 Key Findings and Discussion: Partially Organised, Partially Successful

There are mainly four key findings that I argue have played a crucial role on the shared goal of mitigating vaccine inequality, and those are; (i) hierarchy becomes a troubling element because actors in the Global North tend to accumulate most authority and power; (ii) the exclusion of sanctioning elements leads to lack of control over whether rules are followed by participants and contributors, or not ; (iii) the pharma industry were given too much power and freedom, and lastly; (iv), the global procurement mechanism COVAX was a better alternative to solve the inequality than if no initiative was established.

The study observed that contributorship is a key element in the organisation of COVAX. The element of contributorship has been prominent in the governance and organisational structure, due to its interference with rules and agreements, and hierarchy. The participants and contributors involved in the health initiative have been essential to accelerate the activities of COVAX in a rapid pace but have also sustained asymmetrical relationships between the contributors and participants. This vast contribution and participation have led to a high degree of political commitment and moral obligation, but also disclosed hierarchical structures. As discussed above, these hierarchical structures are clearly seen through the stark distinction between donors and recipients, poor and rich, and the Global North and the Global South.

Further, tied to those participants and contributors, were contracts and agreements entered between them and COVAX. These were rules that guided and helped participants to eliminate confusion about responsibilities and expectations from them. The inclusion of a shared organisational goal has been an important driving force, due to COVAX's restricted mandate to sanction when participants did not comply with the rules. This is an issue especially in a situation that concerns human life, but also something that affects the overarching goal of COVAX to ensure equitable access to these vaccines. These rules were predominantly non-

legally binding soft rules, which implied that legal means were less likely to be enforced. There were limited actions taken to penalise those who do not follow up on the legal agreements that were signed. WHO's Allocation Framework emerged most importantly normative implications such as solidarity, moral and ethical obligations. These elements I argue played a greater role in the case of COVAX, than the explicit legally binding agreements. Based on this argument, I question if there were ever possible to create legally binding agreements at all, especially with the pharma industry that were given free room for action. Ultimately, what it divulges, is whether the pharmaceutical industry can make binding agreements with an initiative such as COVAX in the first place, due to all the risks that are involved. What it also divulges is that the behaviour of the pharmaceutical industry is untouchable and far beyond the control of partial organisations such as COVAX.

In the myriad of these key findings, the constellation of the identified organisational have emerged paradoxes. Whilst countries struggle for their autonomy and sovereignty, COVAX also struggled for its autonomy. The organisational elements are key elements that can be used in rethinking the analytical utility of global governance in the field of health, analysed through the theoretical lens of partial organisation theory. The key finding in this research study indicates that COVAX, partially organised its uncertain environment through the elements of rules, contributorship and hierarchy, organisational goals but not the element of sanction. I therefore argue that in the case of the global effort of vaccine distribution through COVAX, the pandemic state of an emergency limited COVAX to less organisation due to time constraint and pressure from its environment. I argue that less organisation did also occur because of an uncertain environment that were beyond the control of the Initiative. Overall, this analysis of the COVAX Initiative points to the importance of partial organisations to understand international and collaborative institutions in the times of global crises.

Regardless of a wobbling governance structure, the partial organisation of COVAX have lived up to its expectations in creating a global collective effort and resulted in being the largest vaccine rollout we have seen in history. I argue that COVAX managed to deliver vaccines globally in a speed and distribution pattern that most likely would not have been possible without COVAX, HICs and the involvement of the pharmaceutical industry together. I argue that the initiative has through partial organisation, *partially* lived up to its expectations on delivering vaccines globally, because it only *partially* delivered on distributing vaccines equally. Because of the extensive scope of the COVID-19 pandemic, it poses a great test case

of what we can learn, but also what we should not bring with us into the next pandemic. The respondents stated that the most important lessons made from the global response to the COVID-19 pandemic were firstly; lessons on *who* possess resources, and *who do not* possess resources, and secondly; how the global health systems deal with uncertainty when uncertainty does also affect *us* in the Global North, and not only *them* in the Global South. What COVAX taught us is, put simply: *If we will, we can*. The COVID-19 generated tremendous political will and fundings to combat the virus - a case of actions and willpower nearly ever seen before. The generosity of COVAX facilitated a coordination platform, but as discussed above, those who did not have enough or any vaccine doses before, were still left out with fewer doses than the rest of the world.

Conclusively, what this indicates is that before the next pandemic hits us, the time is now ripe for us to turn the well-aged wine into new and fresh poured wine, so global governance does not continue to merely be old wine in these new bottles.

6.2 Recommendations for Future Research

This research study illustrated that organisational elements are helpful in understanding how COVAX organised the vaccine inequality. In brief, this research study demonstrated that an organisation perspective on the health initiative is possible. While this study has been a contribution to the field of health from an organisational perspective, the field is still in a great need of more research. To understand the nature of partial organisations in especially the case of a health emergency such as the COVID-19 pandemic, my first suggestion is that comparative research should be conducted in the future. More concretely I believe that a multiple-case study of two or more cases of global health initiatives, could be analytically compared with the case of COVAX Initiative. In this way one could more thoroughly analyse a concrete example of how another health issue (e.g. the treaty on tobacco or influenza pandemics) was organised based on the organisational elements. A comparative study of two or more cases could therefore be fruitful in the field of emergency, and how organisations organise for emergencies, and what elements are triggered and used in such emergency situations. This could be of a theoretical interest, but also practically as it is helpful in times of rising social unrest, and more global crises emerging.

The second suggestion concerns expansion of the field of health, by using the theoretical framework of partial organisation theory, as well as organisational elements. By building on this research study, I believe that future research should also include the last organisational element *monitoring*. This can potentially find loopholes and fill the theoretical gap present in this study. By including all of the organisational elements provided by Ahrne & Brunsson (2019), I believe this can reveal new findings related to how the element composition have affected vaccine distribution, to reveal undiscovered paradoxes or contradictions between the elements. My third suggestion for further research on this topic, is to conduct a full study of all the three pillars of ACT-A: diagnostics, vaccines, and therapeutics. This could also be fruitful to examine, as it can for example reveal the dynamics between these pillars, or even just explain why the vaccine pillar gain the most political support and attention- as well as finances from the start. My fourth and last suggestion, is to conduct further research on the COVAX Initiative with an emphasis of the transitioning phase of the ACT-A platform¹⁵. I suggest that lessons learnt from the pandemic can be used in the new and improved platform of ACT-A by using

¹⁵ Between October 2022 and March 2023, ACT-Accelerator was in a transition phase from working to control the acute phase of COVID-19 to long-term COVID-19 control.

partial organisation theory as an explanatory framework that can guide vaccine policy strategies and guidelines for a new, and improved ACT-A platform.

CHAPTER 7 - Literature List

- Abbott, K. W., Keohane, R. O., Moravcsik, A., Slaughter, A.-M., & Snidal, D. (2000). The Concept of Legalization. *Int Org*, 54(3), 401-419. <https://doi.org/10.1162/002081800551271>
- Abbott, K. W., & Snidal, D. (2000). Hard and Soft Law in International Governance. *Int Org*, 54(3), 421-456. <https://doi.org/10.1162/002081800551280>
- Abdenur, E., A. (2021). Climate Action: Beyond the Paris Agreement. In T. G. Weiss & R. Wilkinson (Eds.), *Global Governance Futures* (pp. 238-252). Routledge. <https://doi.org/https://doi.org/10.4324/9781003139836-17>
- Ahrne, G., & Brunsson, N. (2005). Organizations and Meta-Organizations. *Scandinavian journal of management*, 21(4), 429-449. <https://doi.org/10.1016/j.scaman.2005.09.005> (Scandinavian Journal of Management)
- Ahrne, G., & Brunsson, N. (2011). Organization outside organizations: the significance of partial organization. *Organization (London, England)*, 18(1), 83-104. <https://doi.org/10.1177/1350508410376256>
- Ahrne, G., & Brunsson, N. (2019). *Organization Outside Organizations: The Abundance of Partial Organization in Social Life*. Cambridge: Cambridge University Press. <https://doi.org/10.1017/9781108604994>
- Ahrne, G., Brunsson, N., & Kerwer, D. (2019). The Partial Organization of International Relations: International Organizations as Meta-Organizations. In G. Ahrne & N. Brunsson (Eds.), *Organization outside Organizations: The Abundance of Partial Organization in Social Life* (pp. 390-418). Cambridge University Press. [https://doi.org/DOI: 10.1017/9781108604994.018](https://doi.org/DOI:10.1017/9781108604994.018)
- Ahrne, G., Brunsson, N., & Seidl, D. (2016). Resurrecting organization by going beyond organizations. *European management journal*, 34(2), 93-101. <https://doi.org/10.1016/j.emj.2016.02.003>
- Arnold, N. (2022). Accountability in transnational governance: The partial organization of voluntary sustainability standards in long-term account-giving. *Regulation & Governance*, 16(2), 375-391. <https://doi.org/10.1111/rego.12357>
- Barrett, S. (2015). Global Public Goods and International Development. In J. Evans, W. & R. Davies (Eds.), *Too Global to Fail: The World Bank at Intersection of National and Global Public Policy in 2025* (pp. 13). World Bank Group.
- Bennett, A., & Checkel, J. T. (2014). Process Tracing: From Philosophical Roots to Best Practices. In (pp. 3-38). Cambridge University Press. <https://doi.org/10.1017/CBO9781139858472.003>
- Berkley, S. (2021). COVAX: more than a beautiful idea. *Lancet*, 398(10298), 388-388. [https://doi.org/10.1016/S0140-6736\(21\)01544-0](https://doi.org/10.1016/S0140-6736(21)01544-0)

- Berkowitz, H., Crowder, L. B., & Brooks, C. M. (2020). Organizational perspectives on sustainable ocean governance: A multi-stakeholder, meta-organization model of collective action. *Marine Policy*, *118*, Article 104026. <https://doi.org/10.1016/j.marpol.2020.104026>
- Berkowitz, H., & Dumez, H. (2015). How firms (partially) organize their environment: Meta-organizations in the oil and gas industry [Working Paper]. *HAL Open Science*.
- Biermann, F., Hickmann, T., & Sénit, C.-A. (2022). *The Political Impact of the Sustainable Development Goals : Transforming Governance through Global Goals?* (F. Biermann, T. Hickmann, & C.-A. Sénit, Eds.). Cambridge University Press. <https://doi.org/10.1017/9781009082945>
- Biermann, F., Kanie, N., & Kim, R. E. (2017). Global governance by goal-setting: the novel approach of the UN Sustainable Development Goals. *Current Opinion in Environmental Sustainability*, *26-27*, 26-31. <https://doi.org/https://doi.org/10.1016/j.cosust.2017.01.010>
- Bos, J. (2020). *Research Ethics for Students in the Social Sciences* (First edition, 2020. ed.). Springer Nature.
- Bowen, K. J., Cradock-Henry, N. A., Koch, F., Patterson, J., Häyhä, T., Vogt, J., & Barbi, F. (2017). Implementing the “Sustainable Development Goals”: towards addressing three key governance challenges—collective action, trade-offs, and accountability. *Current Opinion in Environmental Sustainability*, *26-27*, 90-96. <https://doi.org/https://doi.org/10.1016/j.cosust.2017.05.002>
- Brunsson, N., Gustafsson Nordin, I., & Tamm Hallström, K. (2022). ‘Un-responsible’ Organization: How More Organization Produces Less Responsibility. *Organization Theory*, *3*(4). <https://doi.org/10.1177/26317877221131582>
- Bryman, A. (2016). *Social Research Methods*. Oxford University Press.
- Centers for Disease Control and Prevention. (2022, 26.04.2022). *International Health Regulations (IHR)*. Centers for Disease Control and Prevention. <https://www.cdc.gov/globalhealth/healthprotection/ghs/ihr/index.html>
- Cheng, M., & Hinnant, L. (2021, 01.03.2021). Is a vaccine a private patent or a global public good? *The Christian Science Monitor*. <https://www.csmonitor.com/World/2021/0301/Is-a-vaccine-a-private-patent-or-a-global-public-good>
- COVAX. (2020a). *COVAX Facility Explainer: Participation Arrangements for Self Financing Economies*.
- COVAX. (2020b). *COVAX Facility Terms and Conditions for Self-Financing Participants*. COVAX.
- COVAX. (2020c). *Legal Agreements COVAX Facility Self-Financing Participants*. Retrieved 17.05 from <https://www.who.int/publications/m/item/legal-agreements-with-covax-facility-self-financing-participants>

- COVAX. (2021). *Self-Financing Participants & AMC-Eligible Economies*.
- COVAX. (2022a). *COVAX Objectives 2022*. Retrieved from <https://www.who.int/publications/m/item/covax-objectives>
- COVAX. (2022b). *COVAX: Key Learnings for Future Pandemic Preparedness and Response*. Retrieved from <https://www.who.int/publications/m/item/covax--key-learnings-for-future-pandemic-preparedness-and-response>
- COVAX. (2022c). *COVAX: The Vaccines Pillar of the Access to Covid-19 Tools Accelerator: Structure and Principles*.
- COVAX. (2022d). *Version 2: Principles for Sharing COVID-19 Vaccine Doses with COVAX. Gavi the Vaccine Alliance*. https://www.gavi.org/sites/default/files/covid/covax/COVAX_Principles-COVID-19-Vaccine-Doses-COVAX.pdf
- COVAX, & World Health Organization. (2020). *Explanatory Note: Legal Agreements with COVAX Facility Self-Financing Participants*.
- Creswell, J. W., & Creswell, J. D. (2018). *Research Design : Qualitative, Quantitative & Mixed Methods Approaches* (5th Edition. ed.). Sage.
- Cropper, S., & Bor, S. (2018). (Un)bounding the Meta-Organization: Co-Evolution and Compositional Dynamics of a Health Partnership. *Administrative Sciences*, 8(3), Article 42. <https://doi.org/10.3390/admsci8030042>
- den Hond, F., Järvi, K., & Välikangas, L. (2019). Partial De-Organizing for Innovation and Strategic Renewal? A Study of an Industrial Innovation Programme. In G. Ahrne & N. Brunsson (Eds.), *Organization outside Organizations: The Abundance of Partial Organization in Social Life* (pp. 357-418). Cambridge University Press. <https://doi.org/DOI: undefined>
- Ek, E., & Qvist, M. (2022). Meta-governance as partial organization. *Administrative theory & praxis*, ahead-of-print(ahead-of-print), 1-19. <https://doi.org/10.1080/10841806.2022.2025737>
- Emanuel, E. J., Buchanan, A., Chan, S. Y., Fabre, C., Halliday, D., Heath, J., Herzog, L., Leland, R. J., McCoy, M. S., Norheim, O. F., Saenz, C., Schaefer, G. O., Tan, K.-C., Wellman, C. H., Wolff, J., & Persad, G. (2021). What are the obligations of pharmaceutical companies in a global health emergency? *Lancet*, 398(10304), 1015-1020. [https://doi.org/10.1016/S0140-6736\(21\)01378-7](https://doi.org/10.1016/S0140-6736(21)01378-7)
- Emanuel, E. J., Persad, G., Kern, A., Buchanan, A., Fabre, C., Halliday, D., Heath, J., Herzog, L., Leland, R. J., Lemango, E. T., Luna, F., McCoy, M. S., Norheim, O. F., Ottersen, T., Schaefer, G. O., Tan, K.-C., Wellman, C. H., Wolff, J., & Richardson, H. S. (2020). An ethical framework for global vaccine allocation The Fair Priority Model offers a practical way to fulfill pledges to distribute vaccines fairly and equitably. *Science (American Association for the Advancement of Science)*, 369(6509), 1309-1312. <https://doi.org/10.1126/science.abe2803>

- Fidler, D. P. (2010). Negotiating Equitable Access to Influenza Vaccines: Global Health Diplomacy and the Controversies Surrounding Avian Influenza H5N1 and Pandemic Influenza H1N1. *PLoS Med*, 7(5), e1000247-e1000247. <https://doi.org/10.1371/journal.pmed.1000247>
- Fidler, D. P., & Gostin, L. O. (2011). The WHO Pandemic Influenza Preparedness Framework: A Milestone in Global Governance for Health. *JAMA*, 306(2), 200-201. <https://doi.org/10.1001/jama.2011.960>
- Flyvbjerg, B. (2006). Five Misunderstandings About Case-Study Research. *SAGE Qualitative Research Methods*. <https://doi.org/10.1177/1077800405284363>
- Fukuda-Parr, S. (2012). Should global goal setting continue, and how, in the post-2015 era? *Alternative Development Strategies for the Post-2015 Era*, 35.
- Gannon, J., Azari, R., Lomazzi, M., & Borisch, B. (2021). Analysing the Launch of COVID-19 Vaccine National Rollouts: Nine Case Studies. *Epidemiologia (Basel)*, 2(4), 519-539. <https://doi.org/10.3390/epidemiologia2040036>
- Gavi the Vaccine Alliance. (2020). *The Gavi COVAX AMC: An Investment Opportunity*. Gavi the Vaccine Alliance.
- Gavi the Vaccine Alliance. (2022). *Annual Progress Report 2021*.
- Gavi the Vaccine Alliance. (2023, 05.01.2023). *About the Alliance*. <https://www.gavi.org/our-alliance/about>
- Gerring, J. (2012). Mere Description. *Brit. J. Polit. Sci*, 42(4), 721-746. <https://doi.org/10.1017/S0007123412000130>
- Grothe-Hammer, M. (2019). Membership or Contributorship? Managing the Inclusion of Individuals into Organizations. In G. Ahrne & N. Brunsson (Eds.), *Organization outside Organizations: The Abundance of Partial Organization in Social Life* (pp. 84-112). Cambridge University Press. <https://doi.org/DOI: 10.1017/9781108604994.004>
- Grothe-Hammer, M. (2020). Membership and contributorship in organizations: An update of modern systems theory. *Systems research and behavioral science*, 37(3), 482-495. <https://doi.org/10.1002/sres.2683>
- Kamradt-Scott, A., & Lee, K. (2011). The 2011 Pandemic Influenza Preparedness Framework: Global Health Secured or a Missed Opportunity? *Political studies*, 59(4), 831-847. <https://doi.org/10.1111/j.1467-9248.2011.00926.x> (Political Studies)
- Kaul, I. (2003). *Providing Global Public Goods : Managing Globalization*. Published for the United Nations Development Project by Oxford University Press.
- Kellstedt, P. M., & Whitten, G. D. (2018). *The Fundamentals of Political Science Research*. Cambridge University Press.
- Kleven, T. A. (2008). Validity and validation in qualitative and quantitative research. *Nordic studies in education*, 28(3), 219-233. <https://doi.org/10.18261/ISSN1891-5949-2008-03-05>

- Lee, K., & Fidler, D. (2007). Avian and pandemic influenza: Progress and problems with global health governance. *Glob Public Health*, 2(3), 215-234. <https://doi.org/10.1080/17441690601136947>
- Leuffen, D. (2007). Case Selection and Selection Bias in Small N-Research. In T. Gschwend & F. Schimmelfennig (Eds.), *Research Design in Political Science : How to Practice What They Preach*. Palgrave Macmillan UK. <http://ebookcentral.proquest.com/lib/bergen-ebooks/detail.action?docID=736809>
- Mackey, T. K. (2016). The Ebola Outbreak: Catalyzing a "Shift" in Global Health Governance? *BMC Infectious Diseases*, 16. <https://doi.org/https://doi.org/10.1186/s12879-016-2016-y>
- Massinga Loembé, M., & Nkengasong, J. N. (2021). COVID-19 vaccine access in Africa: Global distribution, vaccine platforms, and challenges ahead. *Immunity*, 54(7), 1353-1362. <https://doi.org/https://doi.org/10.1016/j.immuni.2021.06.017>
- Mathieu, E., Ritchie, H., Rodés-Guirao, L., Appel, C., Giattino, C., Hasel, J., Macdonald, B., Dattan Sialoni, Beltekian, D., Ortiz-OspinaEsteban, & Roser, M. (2023). *Coronavirus Pandemic (COVID-19)*. Retrieved 20.05 from <https://ourworldindata.org/covid-vaccinations#citation>
- McInnes, C. (2015). WHO's next? Changing authority in global health governance after Ebola. *International Affairs*, 91(6), 1299-1316. <https://doi.org/10.1111/1468-2346.12454>
- Nordhaus, W. (2020). The Climate Club: How to Fix a Failing Global Effort. *Foreign affairs (New York, N.Y.)*, 99(3), 10.
- Rasche, A., de Bakker, F. G. A., & Moon, J. (2013). Complete and Partial Organizing for Corporate Social Responsibility. *Journal of Business Ethics*, 115(4), 651-663. <https://doi.org/10.1007/s10551-013-1824-x>
- Rasche, A., & Seidl, D. (2019). Standards between Partial and Complete Organization. In G. Ahrne & N. Brunsson (Eds.), *Organization outside Organizations: The Abundance of Partial Organization in Social Life* (pp. 39-61). Cambridge University Press. <https://doi.org/DOI: 10.1017/9781108604994.002>
- Roemer-Mahler, A. (2021). Less Global, Less Health, Less Governance. In T. G. Weiss & R. Wilkinson (Eds.), *Global Governance Futures* (pp. 222-237). Routledge. <https://doi.org/https://doi.org/10.4324/9781003139836-17>
- Roemer-Mahler, A., & Elbe, S. (2016). The race for Ebola drugs: pharmaceuticals, security and global health governance. *Third World Quarterly*, 37(3), 487-506. <https://doi.org/10.1080/01436597.2015.1111136>
- Roemer, R., Taylor, A., & Lariviere, J. (2005). Origins of the WHO Framework Convention on Tobacco Control. *Am J Public Health*, 95(6), 936-938. <https://doi.org/10.2105/AJPH.2003.025908>
- Rohlfing, I. (2012). *Case Studies and Causal Inference: An Integrative Framework*. London: Palgrave Macmillan UK.

- Røttingen, J.-A., & Onarheim, K. H. (2021). Grensekryssende helsetrusler og FNs sikkerhetsråd. *Internasjonal politikk*, 79(4), 450-460. <https://doi.org/10.23865/intpol.v79.3651>
- Sachs, J. D., Karim, S. S. A., Akin, L., Allen, J., Brosbøl, K., Colombo, F., Barron, G. C., Espinosa, M. F., Gaspar, V., Gaviria, A., Haines, A., Hotez, P. J., Koundouri, P., Bascuñán, F. L., Lee, J.-K., Pate, M. A., Ramos, G., Reddy, K. S., Serageldin, I., . . . Michie, S. (2022). The Lancet Commission on lessons for the future from the COVID-19 pandemic. *The Lancet*, 400(10359), 1224-1280. [https://doi.org/https://doi.org/10.1016/S0140-6736\(22\)01585-9](https://doi.org/https://doi.org/10.1016/S0140-6736(22)01585-9)
- Scholte, J. A., & Söderbaum, F. (2017). A Changing Global Development Agenda? *Forum for Development Studies*, 44(1), 1-12. <https://doi.org/10.1080/08039410.2017.1275843>
- Schäferhoff, M., Fewer, S., Margot, N., Gill, D., Zimmerman, A., Madikizela, M., Ogundeji, Y., Omodieke, A., Igali Priye, Mohammed, Y., & Karanja, R. (2022). *External Evaluation of the Access to COVID-19 Tools Accelerator (ACT-A)*. Open Consultants.
- Scott, W. R., & Davis, G. F. (2016). *Organizations and Organizing: Rational, Natural and Open Systems Perspectives*. London: Taylor & Francis Group.
- Scott, W. R. D., F. Gerald. (2016). *Organizations and Organizing : Rational, Natural and Open Systems Perspectives* (First edition. ed.). Routledge.
- Simon, H. A. (1997). *Administrative Behavior : A Study of Decision-Making Processes in Administrative Organization* (4th ed.). Simon & Schuster Free Press.
- Smith, K. (2006). Problematizing power relations in 'elite' interviews. *Geoforum*, 37(4), 643-653. <https://doi.org/https://doi.org/10.1016/j.geoforum.2005.11.002>
- Stein, F. (2021). Risky business: COVAX and the financialization of global vaccine equity [Article]. *Globalization and Health*, 17(1), 11, Article 112. <https://doi.org/10.1186/s12992-021-00763-8>
- Stevenson, M. A. (2015). The relevance of the public-private partnership paradigm to the prevention of diet-associated non-communicable diseases in wealthy countries. *Glob Public Health*, 10(8), 930-946. <https://doi.org/10.1080/17441692.2015.1012528>
- Storeng, K. T. (2014). The GAVI Alliance and the 'Gates approach' to health system strengthening. *Glob Public Health*, 9(8), 865-879. <https://doi.org/10.1080/17441692.2014.940362>
- Storeng, K. T., de Bengy Puyvallée, A., & Stein, F. (2021). COVAX and the rise of the 'super public private partnership' for global health. *Global Public Health*, 1-17. <https://doi.org/10.1080/17441692.2021.1987502>
- Storeng, K. T., Stein, F., & de Bengy Puyvallée, A. (2021). COVAX and the many meanings of sharing. *BMJ Glob Health*, 6(11), e007763. <https://doi.org/10.1136/bmjgh-2021-007763>
- Taylor, A., L., Alfven, T., Hougendobler, D., Tanaka, S., & Buse, K. (2013). Leveraging non-binding instruments for global health governance: reflections from the Global AIDS

- Reporting Mechanism for WHO reform. *Public Health*, 128(2), 151-160. <https://doi.org/10.1016/j.puhe.2013.08.022>
- Tomás, L., & Bidet, O. (2023). Conducting qualitative interviews via VoIP technologies: reflections on rapport, technology, digital exclusion, and ethics. *International Journal of Social Research Methodology*, 1-13.
- Toshkov, D. (2016). *Research Design in Political Science*. Palgrave, Macmillan Education.
- UNDP. (2022). *United Nations Development Programme: Annual Report 2021*.
- UNFPA. (2022). *8 Billion*. United Nations Population Fund. Retrieved 15.11.22 from <https://www.unfpa.org/8billion>
- Usher, A. D. (2021). A beautiful idea: how COVAX has fallen short. *Lancet*, 397(10292), 2322-2325. [https://doi.org/10.1016/S0140-6736\(21\)01367-2](https://doi.org/10.1016/S0140-6736(21)01367-2)
- Välíkangas, L., Luistro-Jonsson, M., & Jarvenpaa, S. L. (2022). Health crisis and the EU's HERA: amplifying partial organizing with resourcing for stability, agility, and evolvability. *Journal of Organization Design*. <https://doi.org/10.1007/s41469-022-00125-7>
- Weiss, T. G., & Wilkinson, R. (2021). *Global Governance Futures*. Routledge.
- World Health Organization. (2017, 21.09.2017). *One Health*. <https://www.who.int/news-room/questions-and-answers/item/one-health>
- World Health Organization. (2020a). *COVID-19 Public Health Emergency of International Concern (PHEIC) Global research and innovation forum*. Retrieved 13.05 from [https://www.who.int/publications/m/item/covid-19-public-health-emergency-of-international-concern-\(pheic\)-global-research-and-innovation-forum](https://www.who.int/publications/m/item/covid-19-public-health-emergency-of-international-concern-(pheic)-global-research-and-innovation-forum)
- World Health Organization. (2020b). *WHO Concept for Fair Access and Equitable Allocation of COVID-19 Health Products*. World Health Organization.
- World Health Organization. (2023, 05.05.2023). *Statement on the fifteenth meeting of the IHR (2005) Emergency Committee on the COVID-19 pandemic* [https://www.who.int/news/item/05-05-2023-statement-on-the-fifteenth-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-coronavirus-disease-\(covid-19\)-pandemic?fbclid=IwAR2iJdwEO8PE9IpTr94COcNHO6SmrTz-hyeJyK2GItsPo9jaLO2RPWjCoJY](https://www.who.int/news/item/05-05-2023-statement-on-the-fifteenth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic?fbclid=IwAR2iJdwEO8PE9IpTr94COcNHO6SmrTz-hyeJyK2GItsPo9jaLO2RPWjCoJY)
- World Health Organization, A.-A. (2022). *ACT-Accelerator Transition Plan (01 October 2022 to 31 March 2023): Sustaining Access to Tools in the Transition to Long-Term COVID-19 Control*. World Health Organization. [https://www.who.int/publications/m/item/act-accelerator-transition-plan-\(1-oct-2022-to-31-mar-2023\)](https://www.who.int/publications/m/item/act-accelerator-transition-plan-(1-oct-2022-to-31-mar-2023))
- Wouters, O. J., Shadlen, K. C., Salcher-Konrad, M., Pollard, A. J., Larson, H. J., Teerawattananon, Y., & Jit, M. (2021). Challenges in ensuring global access to COVID-19 vaccines: production, affordability, allocation, and deployment [Review]. *Lancet*, 397(10278), 1023-1034. [https://doi.org/10.1016/s0140-6736\(21\)00306-8](https://doi.org/10.1016/s0140-6736(21)00306-8)

Yin, R. K. (2018). *Case Study Research and Applications : Design and Methods* (6th Edition ed.). SAGE.

Zürn, M. (2018). *A Theory of Global Governance: Authority, Legitimacy, and Contestation*. Oxford University Press. <https://doi.org/10.1093/oso/9780198819974.001.0001>

CHAPTER 8 - Appendix

8.1 Information Letter for Interview Respondents

Are you interested in taking part in the research project:

“The global response to the COVID-19 pandemic: COVAX”

You are invited to participate in a research project where the main purpose is to explore the knowledge and lessons from the organising of the COVAX Initiative. In this letter I will give you information about the purpose of the project and what your participation will involve.

Purpose of the Project

In my master thesis I wish to address issues concerning the global response to the COVID-19 pandemic. More specifically, I wish to examine the vaccine pillar of the Access to COVID-19 Tools (ACT) Accelerator. How were vaccines distributed through this public-private-partnership COVAX? How can lessons from this coordination mechanism help us to combat future pandemic and other health threats, and will we be prepared? The thesis will be underscored by organisation theory and can therefore shed light on how partial organisations respond to global issues.

The questions that will be asked during the interview are thematically organised, and will mainly concern the work during the pandemic through contribution, policymaking, management mechanisms etc.

All information and data will only be used for the sake of this master thesis.

Which institution is responsible for the research project?

University of Bergen by the faculty of Social Science is responsible for this project.

Why are you being asked to participate?

The sample that has been selected to this research study has been chosen due to expertise and competence within the given topic of this thesis as well as the person's/organisation's relevance to the given topic. The people I reach out to, are people that works in administration, organisations, and academia (nationally and internationally), who can give me insights into the issues I will investigate. It is planned to be arranged approx. 7-10 semi structured interviews with people and organisations with great knowledge on the topic.

What does participation involve for you?

If you choose to participate, it entails having an interview (physically or via Zoom) that lasts for around 30-40 minutes. The interview will be sound recorded whilst notes will be taken.

Participation is voluntary

Participation in the project is voluntary. If you chose to participate, you can withdraw your consent at any time without giving a reason. All information about you will then be made anonymous. There will be no negative consequences for you if you chose not to participate or later decide to withdraw.

Your personal privacy – how we will store and use your personal data

We will only use your personal data for the purpose(s) specified here and we will process your personal data in accordance with data protection legislation (the GDPR).

- The ones that will have access to the data that is collected will only be me and potentially my supervisor Lise Rakner that guides me throughout the entire process of writing.
- If desired, names and personal information that may reveal the participant's identity, the information will be stored as a code, and stored on a separate name list from the other data- Your name will not be given in the interview but will be stored on a separate code key.
- Data will be stored at the University of Bergen drive.

Interviewees will not be recognised or named with authentic names in the thesis, but rather as “director” or “expert within...”. Such general titles will be used to anonymise and will be used explicit in the thesis. Authentic names will never be written in the thesis.

What will happen to your personal data at the end of the research project?

The planned end date of the project is the 2nd of June 2023. After the end of the project, *all* data will be deleted. This includes recordings and raw material.

Your rights

So long as you can be identified in the collected data, you have the right to:

- access the personal data that is being processed about you
- request that your personal data is deleted
- request that incorrect personal data about you is corrected/rectified
- receive a copy of your personal data (data portability), and
- send a complaint to the Norwegian Data Protection Authority regarding the processing of your personal data

What gives us the right to process your personal data?

We will process your personal data based on your consent.

Based on an agreement with *University of Bergen*, Data Protection Services has assessed that the processing of personal data in this project meets requirements in data protection legislation.

Where can I find out more?

If you have any further questions about the project, or want to exercise your rights, contact:

- Jenny Guo Strømsnes, e-mail: jenny.stromsnes@uib.no, phone: +47 99 38 75 78
- Supervisor, Lise Rakner, e-mail: lise.rakner@uib.no
- Our Data Protection Officer: Janecke Helene Veim, e-mail: Janecke.Veim@uib.no.

If you have questions about how data protection has been assessed in this project, contact:

- Data Protection Services, by email: (personverntjenester@sikt.no) or by telephone: +47 53 21 15 00.

Yours sincerely,

Lise Rakner
(Supervisor)

Jenny Guo Strømsnes
Master student

Consent form

I have received and understood information about the project '*The global response to the COVID-19 pandemic: COVAX*' and have been given the opportunity to ask questions. I give consent:

- to participate in interview
- for information about me to be published in a way that my name cannot be recognised
- that the interview will be recorded with video recording (Zoom)
- that the interview will be recorded with sound recording (Zoom or external tape recorder)

I give consent for my personal data to be processed until the end of the project, the 1st of June.

(Signed by participant, date)

8.2 Interview Guide ¹⁶

- a. What challenge did the organisation meet in terms of cooperation and coordination?
- b. How was the process of interacting with the pharma industry and COVAX?
- c. How were obligations towards the pharma industry perceived?
- d. How did * hold the pharma industry accountable to their promises of fair pricing and distribution of vaccines to COVAX?
- e. How could COVAX potentially secure that more participants or purchases of vaccines could secure an equal distribution of vaccines, and thus secure that donating countries followed up their promises to deliver vaccine donations?

* Have there been any mechanisms that could really ensure that such promises were fulfilled in accordance with the two purchase arrangements for SFPs?
- f. From the perspective of *, what are your perception of COVAX and its ‘success’ and ‘failures’ in terms of vaccine distribution? How would you describe it?
- g. How could we have altered the outcome of the COVAX Initiative?
- h. What do you think caused COVAX to gain much political support worldwide as the initiative did?

* What do you think have been the most important instruments for this support (specific benefits, participation?)
- i. What are your perceptions of public private partnership as the prevailing model within global health governance?
- j. What do you think are the most powerful tools that public-private partnerships can offer in their solutions to governing global health issues such as COVID-19?
- k. How could we possibly change the way we think about global health issues today, and how we govern these issues?
- l. What do you think from your perspective will be the most important lessons to bring into a new, improved platform of ACT -A as a whole?
- m. What do you think will be the most important lessons learnt from the COVID-19 response?
- n. From your perspective, what do you think would be the best way to handle the issue of unequal distribution of vaccine in the future?

¹⁶ This interview guide is a general guide. Sensitive information is excluded due to anonymity.

8.3 Coding Scheme with Examples

Coding Node	Explanation	Example Quote/Segment	RQ
Inclusion of Contributorship	Contributorship is identified through e.g: funding, development and research, manufacturing, dose-sharing, or dose-receiving.	Inclusion of Self-Financing Participants, AMC Donors. E.g: <i>Self-Financing Participants procure vaccines through the purchase agreements.</i>	1, 2, 3
Inclusion of Mandate/Authority	The inclusion of a (delegated) mandate or authority that are assigned different tasks in the Initiative. This presence of this element may have a say on the degree of legitimacy and powers.	<i>'So CEPI was just stepped in to create those vaccines. We were at the centre of advocating for access to vaccines'.</i>	1, 2, 3
Inclusion of Rules	The explicit inclusion of guidelines, principles, and frameworks.	Terms and Conditions for SFPs, WHO Allocation Framework, Legal Purchase Agreements	1,2, 3
Inclusion of Sanctions	Inclusion of sanctions can be a decisive factor in evaluating the degree of soft/hard rules. This coding node may also detect the presence of legal binding instruments.	No forms of sanctioning mechanisms or bodies are present in neither of the data collections.	1, 2, 3
Inclusion of Organisational Goal(s)	This collective understanding of a shared organisational goal. The presence of a shared goal can be identified by the presence of mobilisation, political will, or advocacy. These are ways of reaching the goal of equal access to vaccines.	<i>'The Facility is single-minded in its goal to ensure equitable access to COVID-19 vaccines'.</i>	1,2, 3
Inclusion of Legally Binding Instruments	Explicitly legal agreements. The degree of hardness of a given agreement or rule.	<i>'Purchase of Doses: SFPs sign a legally and financially binding Confirmation Agreement(s), detailing the exact number of doses and price per dose'.</i>	1,2, 3
Inclusion of Non-Legally Binding Instruments	The degree of softness of a given agreement or rule. This be moral obligations, ethics, or solidarity.	<i>'The allocation of scarce resources must be done in a spirit of global solidarity'.</i> <i>'You have a lot of norms on the international stage. You have to show that you are doing something for the poor people of the</i>	1,2, 3

	<i>world, but at the same time you have to prioritise our own people'.</i>	
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The coding scheme illustrates to the far left, first the coding nodes that were used to analyse the data. Thereafter are there a explanation of what the particular coding node entailed, then followed by an explicit example retrieved from the data material. The last column to the far right demonstrates in numbers what research question the respective coding node is connected to.

Inclusion of the given code indicates that the element is present according to the document or the interview, regardless of degree of presence. Since the coding node *inclusion* is binary to *exclusion* - not present, does the absence of inclusion indicate that exclusion of *x* code is present. In other words, will this indicate that the organisational element is missing. I am however understood with that the coding of whether being excluded or included can be seen as rather a binary one and can thus loose its nuances. The documents and interviews are therefore carefully coded, with explanations and discussion if there are presence of weak organisational elements.