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March 3rd, 2021

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An open letter to President Biden, and leaders of the US pharmaceutical industry,

On February 24th, 2021, Ghana received the first shipment of COVID-19 vaccine secured by COVAX, the World Health Organization's facility for global vaccine distribution. While this was an important milestone for the countries relying on COVAX to procure COVID-19 vaccinations, this shipment comes more than two months after the U.S. and other high-income countries began vaccinating their populations. Notably, it represents a tiny fraction of the doses needed to vaccinate even front-line healthcare workers on the African continent, never mind other groups globally that have been prioritized by the WHO's framework for equitable allocation. Stark inequity in global COVID-19 vaccine procurement and distribution has been present since long before the first vaccines were even approved. The United States and other high-income nations have secured, through pre-market agreements, enough vaccine doses to [immunize more than their entire populations](#). Of the 128 million doses administered worldwide by mid-February, 75% were administered to residents of 10 high-income countries, [while 130 other nations had not yet received a single dose](#). From its earliest days, the global rollout of vaccines to prevent COVID-19 has had the makings of a moral catastrophe - but one that is not too late to address.

We applaud the Biden administration for pledging \$2 billion to the COVAX facility on the 18th of February with the promise of an additional \$2 billion over the next two years. Yet, the commitment by the US government can and must go further. The COVAX facility remains [significantly underfunded](#) and the current rate of global vaccine production is inadequate to meet global need; current estimates forecast that low-income nations will not receive nearly enough doses to achieve herd immunity by the end of 2021, and up to a quarter of the world's population [may not have access to doses until 2022](#). If the pace of global vaccine production and distribution remains on its current trajectory, Covid-19 will continue to be a major health crisis in low-income nations, leading to persistent economic hardship, strained healthcare systems, and preventable illness and death. In addition to considering the direct harm of the pandemic to those who live in lower-income countries, ongoing transmission anywhere leads to the risk of transmission of SARS-CoV-2 everywhere, risking the introduction of new variants to circulation that may render the currently available vaccines less effective or ineffective. In that regard, delivering vaccines only to wealthy countries is like trying to extinguish a house fire by pouring water in only one room.

We believe that every human life has equal worth, and the current reality of vaccine production and distribution, which results in the vaccination of residents in high-income countries while leaving billions of people in low- and middle-income countries without access, is a deep moral failing. It will also have catastrophic economic repercussions. Economic analyses have estimated that unequal global distribution of COVID-19 vaccines will [cost the global economy up to \\$9.2 trillion](#). Indeed, every dollar invested in equitable vaccine access through the COVAX facility will lead to [nearly \\$5 in return](#).

What is unfolding with COVID-19 vaccines recalls the early roll-out of antiretroviral medications for HIV. Initially only available in wealthy countries, US government investments through PEPFAR and the Global Fund belatedly but effectively catalyzed the distribution of antiretroviral medications to tens of millions of people across the globe. Now, facing a new pandemic - one of even greater scope and speed - we must heed the lessons of the recent past and demonstrate our capacity to move quickly and clearly in the direction of equity and health for all. As of today, vaccine distribution is profoundly unequal, but it is not too late to act to change the current trajectory.

We are calling on the Biden administration and pharmaceutical industry leaders to:

- **Increase vaccine production:**
  - Share intellectual property: Reverse the Trump administration's obstruction of an emergency COVID-19 waiver of World Trade Organization (WTO) intellectual property rules, allowing other countries to manufacture the vaccine. The WTO's Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement was amended in 2001 to allow for [flexibility in intellectual property enforcement during public health crises](#), and the COVID-19 pandemic represents the greatest public health crisis in a century.
  - Ensure pharmaceutical manufacturers use their full production capacity to manufacture currently approved vaccines.
  - Patent-holding companies should engage in meaningful technology transfer, including sharing of 'trade secrets' relevant to manufacturing so that lower income countries can manufacture these life-saving vaccines if they choose.
  
- **Support global vaccine delivery efforts:**
  - Commit additional funding to the COVAX initiative. Despite recent pledges of funding from high-income countries, the ACT accelerator (of which COVAX is the vaccine pillar) [remains \\$22.9 billion short of its needs](#).
  - Donate advance purchase doses in excess of US priority needs to COVAX to facilitate vaccine allocation to the highest risk individuals globally [based on public health criteria](#) and not by an individual country's ability to pay.
  - Provide financial resources to support vaccine delivery in lower-income countries by investing in robust health systems. This will not be the last global pandemic, and long term investment in global public health infrastructure is needed for preparedness to address the next global public health emergency.
  
- **Provide transparent and affordable global pricing**
  - US and EU government funded research led to the fundamental innovations used to develop the COVID-19 vaccines currently approved in the US, and vaccine companies have accepted [direct funding from the United States government](#) and [from CEPI](#), the Coalition for Epidemic Preparedness Innovations. These companies have a responsibility to uphold their pledge to provide vaccines at a fair cost to low-income countries.

When asked in 1955 who owns the patent to the polio vaccine, its inventor, Jonas Salk, replied "Well, the people, I would say. There is no patent. Could you patent the sun?" We believe that COVID-19 vaccines must also be the people's vaccines. If they are only provided to residents of the world's wealthiest countries, one of this generation's greatest biotechnological achievements will go down as its greatest moral and public health failing.

**Signed, (To add your name to the list of signatories, please submit your information [here](#))**

Louise C. Ivers MD, MPH, Mass General Hospital, Harvard Medical School  
Jana Jarolimova MD, MPH, Mass General Hospital, Harvard Medical School  
Jacob M. Rosenberg MD, PhD, Mass General Hospital, Harvard Medical School  
Akash Gupta MD, Mass General Hospital, Harvard Medical School  
O'Neil Britton MD, Mass General Hospital, Harvard Medical School  
Katrina Armstrong MD, MSc, Mass General Hospital, Harvard Medical School  
Kenneth Freedberg MD, MSc, Mass General Hospital, Harvard Medical School  
Nancy Kilburn MSW, Mass General Hospital  
Rajesh T. Gandhi MD, Mass General Hospital, Harvard Medical School  
Rocio M. Hurtado MD, Mass General Hospital, Harvard Medical School  
Suzanne M. McCluskey, MD, Mass General Hospital, Harvard Medical School  
Jacob E. Lazarus MD, PhD, Mass General Hospital, Harvard Medical School  
Sara Suliman MPH, PhD, Brigham and Women's Hospital, Harvard Medical School  
Wilfredo Matias MD, MPH, Brigham and Women's Hospital, Harvard Medical School  
Molly F. Franke ScD, Harvard Medical School  
Kerry Phelan MBA, Mass General Hospital  
Gama Bandawe PhD, Malawi University of Science and Technology  
Todd Pollack MD, Beth Israel Deaconess Medical Center, Harvard Medical School  
Mark J. Siedner MD, MPH, Mass General Hospital, Harvard Medical School  
Amir M. Mohareb MD, Mass General Hospital, Harvard Medical School  
Kate Bell, MPH, Massachusetts General Hospital  
Andrew Wooyoung Kim, Center for Global Health, Massachusetts General Hospital  
Lindsey Garrison, MPH, Mass General Hospital  
Annekathryn Goodman, MD, MPH, MS, MA, Massachusetts General Hospital  
Sheila Bond, MD, Brigham & Women's Hospital  
Cammie Lesser, MD, PhD, Massachusetts General Hospital  
Stephen Asiimwe MBChB, MS, DrPH, Global Health Collaborative at MUST Uganda  
Aparna Parikh, MD, Massachusetts General Hospital  
Cody, Cichowitz, MD, Massachusetts General Hospital  
Michelle Matzko, MD, PhD, Massachusetts General Hospital  
Richard Ahern, DNP, Massachusetts General Hospital  
Sam Wainwright, MD, Massachusetts General Hospital  
Jennifer L. Reedy MD PhD, Massachusetts General Hospital  
Sagar Raju, MD, Massachusetts General Hospital  
Jason Harris MD, MPH, Massachusetts General Hospital

Laura Platt, MD, Mass General Hospital, Harvard Medical School  
Marcia Glass, Tulane  
Alexander Tsai, MD, Massachusetts General Hospital  
Emily Satinsky, MSc, Massachusetts General Hospital  
Emily Hyle MD MSc, Massachusetts General Hospital  
Edward Ryan, MD, Massachusetts General Hospital, Harvard Medical School  
Ingrid V. Bassett, MD, MPH, Massachusetts General Hospital  
Zach Lerner, LSUHSC School of Medicine, Class of 2022  
Jay A. Fishman, M.D., Mass General Hospital, Harvard Medical School  
Mary Sebert, RN, MPH, MGH Center for Global Health  
Zoe Weiss MD, Mass General Brigham  
Karen Manning, Administrative Assistant, Massachusetts General Hospital  
Eric Krakauer, MD, PhD, Harvard Medical School  
Lauren Maldonado, MD, MPH, Mass General Hospital, Harvard Medical School  
Alexis Liakos, PA-C, Brigham & Women's Hospital  
Joel, Katz, MD, Brigham and Women's Hospital  
Chika Anekwe, MD, MPH, Massachusetts General Hospital  
Bruce Agins MD MPH, UCSF Institute for Global Health Sciences  
Joshua Metlay, MD, PhD, Massachusetts General Hospital  
Richelle Charles, MD, Massachusetts General Hospital  
Arthur Kim, MD, Massachusetts General Hospital  
Amit Achhra MD, MGH Harvard  
Karen K. Miller, MD, Massachusetts General Hospital, Harvard Medical School  
John Chiosi, MD, Mass General Brigham  
Jatin M. Vyas, MD, PhD, Massachusetts General Hospital  
Jeffrey Gelfand M.D, Massachusetts General Hospital  
Vanessa Kerry, MD, MSc, Massachusetts General Hospital  
M. Matias Iberico, MD MPH, Tulane University School of Medicine  
Sandra Freiwald, MD, Southern California Permanente Medical Group  
Onyinyechi Eke, MD, Massachusetts General Hospital/Harvard Medical School  
Martin Hirsch, M.D, Massachusetts General Hospital  
Efi Akam, MD, Massachusetts General Hospital/Harvard Medical School  
Samuel, Vidal, MD, Mass General Brigham  
Pooja Yerramilli, MD MSc, Massachusetts General Hospital  
Kevin Ard, MD, MPH, Massachusetts General Hospital and Harvard Medical School  
Ingrid Katz, MD, MHS, Harvard Global Health Institute and Brigham and Women's Hospital

Alison R. Kavanaugh, MSN, ACNP-BC, ACHPN, Massachusetts General Hospital  
Jennifer Walter, MD, PhD, MS, Children's Hospital of Philadelphia  
Marlowe Maylin MD, Tulane Hospital  
Courtney Harris, MD, Brigham and Women's Hospital, Harvard Medical School  
Bisola Ojikutu MD MPH, Brigham and Women's Hospital and Massachusetts General Hospital  
Stephen B Calderwood, MD, Massachusetts General Hospital, Harvard Medical School  
Thomas Randall, M.D., Massachusetts General Hospital, Harvard Medical School  
Amy Sbrolla BSN, RN, ACRN, Massachusetts General Hospital  
Alan, Chen, BA, Massachusetts General Hospital  
Jodi Ansel, BBA, Massachusetts General Hospital  
Pierre, Ankomah, MD, PhD, Massachusetts General Hospital  
Madeleine Ballard, PhD, Icahn School of Medicine at Mount Sinai  
Crystal North, MD, MPH, Massachusetts General Hospital, Harvard Medical School  
Katherine Kentoffio, MD, University of California, San Francisco  
David Hooper, MD, Massachusetts General Hospital  
Scott Dryden-Peterson, Brigham and Women's Hospital, Botswana Harvard AIDS Institute  
Hung Le, MD, Boston Children's Hospital  
Powis, Kathleen, MD, MPH, MBA, Massachusetts General Hospital  
Rebecca Zash, MD, Beth Israel Deaconess Medical Center  
Jonathan Crocker, Beth Israel Deaconess Medical Center  
Molly Paras, MD, Massachusetts General Hospital  
Rusty Phillips, MD, Beth Israel Deaconess Medical Center  
BASSIMA J ABDALLAH, MD, BIDMC, HMFP  
Camille Nelson Kotton MD, Massachusetts General Hospital  
Jonathan Chu, MGH Center for Global Health  
Natalie Alexander, BS, Massachusetts General Hospital  
Nikolaus Jilg, Mass General Hospital, Harvard Medical School  
Mark, Stoltenberg, MD, MPH, MA, Massachusetts General Hospital

[View additional signatories here](#)