March 3rd, 2021

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 longterm 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)

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