Achieving Global Vaccine Equity

The US government can and must lead the charge for the equitable and efficient distribution of vaccines throughout the world.

BACKGROUND

The approval and rollout of vaccines to protect against COVID-19 has provided the world with some relief and hope after more than a year of disruption and grief. Globally, the disease has marked over 138 million cases and killed nearly 3 million (although actual numbers are likely multiple times higher than official counts).[1] As the pandemic has left no country or community unaffected, the impacts on already poor and vulnerable communities have been disproportionately worse.[2] Our global health and economic security lie in the balance. We have a choice to make at this moment: we can choose to invest in global vaccine equity and experience a 4.8X return on investment as the global economy recovers[3] *or* we can standby as a largely unvaccinated world continues to navigate this pandemic and the global economy stands to lose as much as $9.2 trillion. [4]

Reaching herd immunity against COVID-19 through vaccination is the only ethical and life-saving approach to ending the pandemic, requiring an estimated 11 billion doses to vaccinate 70% of the world's population (assuming two doses are given per person).[5] Yet inequalities in access to vaccines is staggering: 87% of the world's Covid vaccine supply has been administered to high income and upper-middle income countries, while 130 countries, accounting for roughly 2.5 billion people, are yet to administer a single dose.[6, 7] As of April 9, low-income countries had received just 0.3 percent of the 900 million vaccine doses administered worldwide, and deals made by wealthy nations to secure vaccines for their own populations have driven up prices and potentially delayed COVAX deliveries.[8] At the current rate of vaccination, it is estimated to take 4.6 years to reach herd immunity globally.[9]

EXISTING EFFORTS

The ACT-Accelerator recently marked its first anniversary, celebrating its scientific advances to confront COVID-19 along with the history-making collaboration of global health organizations, governments, foundations, civil society, scientists and the private sector. However, as of April 24, with $14 billion committed to its efforts, the ACT- Accelerator was still short $19 billion to develop and deliver tests, treatments, and vaccines needed to bring COVID-19 under control.[10] Fully financing the ACT-Accelerator for 2021 would cost less than 1% of what governments are spending on stimulus packages to treat the consequences of COVID-19.[11]

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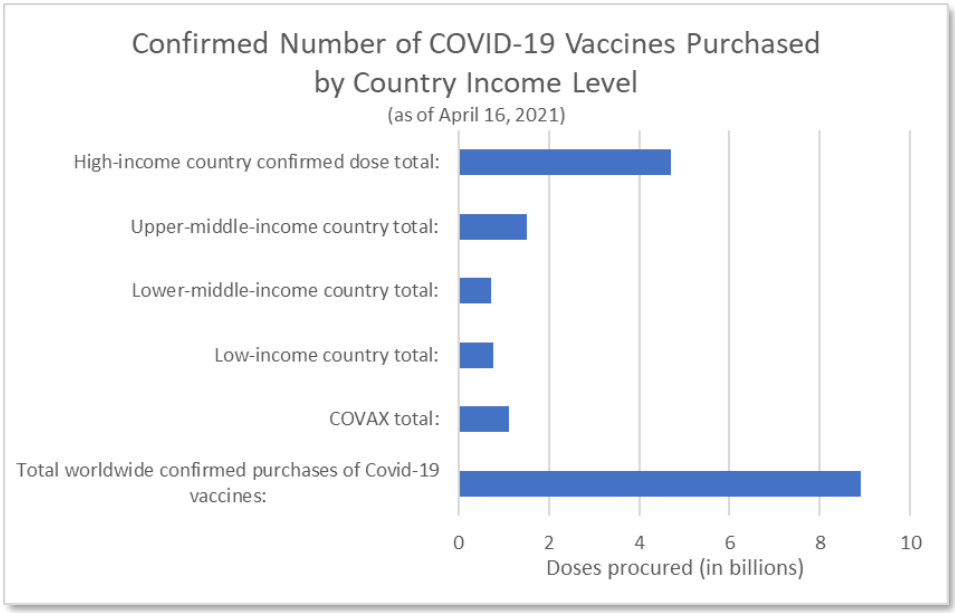
[1] WHO Coronavirus (COVID-19) Dashboard, Accessed April 2021.
[2] "Impacts of COVID-19 Disproportionately Affect Poor and Vulnerable: UN Chief." 2020. UN News. June 30, 2020.
[3] Emily Janoch, Mariela Rodriguez, and Beja Turner. 2021. "Our Best Shot: Women Frontline Health Workers around the World Are Keeping You Safe from COVID-19." CARE. March 25, 2021.
[4] "ACT-Accelerator One Year On." WHO. April 23, 2021.
[5] Aschwanden, Christie. 2021. "Five Reasons Why COVID Herd Immunity Is Probably Impossible." Nature 591 (7851): 520–22. March 18, 2021.
[6] Miao, Hannah. 2021. "WHO Says More than 87% of the World's Covid Vaccine Supply Has Gone to Higher-Income Countries." CNBC. April 9, 2021.
[7] Scottie Andrew. 2021. "More than 130 Countries Haven't Received a Single Covid-19 Vaccine, While 10 Countries Have Administered 75% of All Vaccines, the UN Says." CNN. February 18, 2021.
[8] "ACT-Accelerator One Year On" 2021
[9] Jennifer Huizen. 2021. "Herd Immunity May Take 4.6 Years Due to Vaccine Nationalism." Medical News Today. April 9, 2021.
[10] "ACT-Accelerator One Year On" 2021
[11] "ACT-Accelerator One Year On" 2021

We commend the USG for its pledge of $4 billion toward the global vaccine campaign[12] and the broader $10.8 billion committed toward the international COVID-19 response. We also support the US "loan" of 4 million doses to Canada and Mexico in March 2021, and its commitment to sharing 60 million doses of the AstraZeneca vaccine to countries in need.[13] The US will also draw on at least $100 million in existing regional vaccination efforts focused on immunization to boost capabilities and work with the Quad countries to achieve expanded manufacturing of safe and effective COVID-19 vaccines.[14]

However, existing funding and efforts are still not enough to meet the evolving needs caused by the pandemic. Gavi and WHO estimates an additional $6.8 billion will be needed for COVAX to procure the doses necessary to reach the 2 billion doses by the end of the year,[15] and additional funding will be required to ensure vaccines become vaccinations.

CURRENT CHALLENGES TO VACCINATING LOW-INCOME COUNTRIES

Supply of vaccines may be outcompeted by wealthy nations. The COVAX facility has already procured and distributed 40 million doses of COVID vaccines to 118 economies worldwide, with an expectation to deliver 2 billion doses by year end.[16],[17] However, as Henrietta Fore, Executive Director of UNICEF explains, "[T]his is no time to celebrate; it is time to accelerate. With variants emerging all over the world, we need to speed up global rollout."[18] This is predicated on additional supply of doses that COVAX will be able to procure. However, high-income countries bilaterally securing and purchasing these doses has pushed others out of the market, driving up the cost of the vaccine. Currently wealthy nations have secured 6 billion of the estimated 8.6 billion doses that will be produced by year end.[19, 20]



[12] The $4 billion commitment includes $2 billion to the COVAX Advance Market Commitment (AMC), which enables donor-funded access to safe and effective vaccines for 92 low- and middle-income economies, and an additional $2 billion through 2022, of which the first $500 million will be made available once other donor pledges are fulfilled and doses delivered.

[13] Erin Banco and Adam Cancryn. 2021. "Biden Admin Will Share Millions of AstraZeneca Vaccine Doses Worldwide." Politico. April 26, 2021.

[14] "Fact Sheet: Quad Summit." 2021. The White House. March 12, 2021.

[15] Wouters, Olivier J., Kenneth C. Shadlen, Maximilian Salcher-Konrad, Andrew J. Pollard, Heidi J. Larson, Yot Teerawattananon, and Mark Jit. 2021. "Challenges in Ensuring Global Access to COVID-19 Vaccines: Production, Affordability, Allocation, and Deployment." *The Lancet* 397 (10278): 1023–34. February 12, 2021.

[16] "ACT-Accelerator One Year On" 2021

[17] "COVAX Reaches over 100 Economies, 42 Days after First International Delivery." 2021. WHO. April 8, 2021.

[18] "COVAX Reaches over 100 Economies, 42 Days after First International Delivery" 2021

[19] Irwin, Aisling. "What It Will Take to Vaccinate the World against COVID-19." Nature 592 (7853): 176–78. March 25, 2021.

[20] "The Global Picture of COVID-19 Vaccine Approvals - Weekly COVID Vaccine Research Update." Duke Global Health Innovation Center. April 16, 2021.

Getting vaccines from port into people arms. While COVAX is an extremely valuable system for the procurement and delivery of vaccines, it is only set up to get vaccines to the border. The act of getting the vaccine into the arms of willing individuals who may live in remote outposts, or conflict zones, is quite another undertaking. Currently, the WHO estimates that as of 2018, 74 of 194 WHO member states had no adult vaccination program for any disease, which will require immunization registries for adults, as well as the storage, delivery, and waste management systems needed to administer vaccines at this scale.[21; 22] A joint readiness assessment conducted by the World Bank, WHO, UNICEF, the Global Fund, and Gavi in November 2020 in more than 100 low and middle-income countries found that while 85% of countries have developed national vaccination plans, only 30% have developed processes to train the large number of vaccinators who will be needed for the campaign and only 27% have created social mobilization and public engagement strategies to encourage people to get vaccinated.[23]

As the CARE report, "Our Best Shot: Women Frontline Health Workers in other countries are keeping you safe from COVID-19" estimates, "for every $1 a country or donor government invests in vaccine doses, they need to invest $5.00 in delivering the vaccine."[24] This includes the costs associated with funding, training, equipping, and supporting health workers—especially women—who administer vaccines. Further, campaigns will have to include education, connecting communities to health services, and building the trust necessary for individuals to get vaccines.[25]

Vaccine hesitancy may be higher in low-income countries. The lack of vaccine acceptance in some African countries has caused some governments, such as Malawi, Senegal and South Sudan, to have to destroy expired doses.[26] A 15-counrty survey conducted in December, 2020 by the African Centres for Disease Control and Prevention showed that a predominant majority (79% average) of respondents in Africa would take a COVID-19 vaccine if it were deemed safe and effective.[27] There is still variance, however, where one study reported a 56% acceptance rate from the Democratic Republic of the Congo, with concerningly low rates among health-care workers; a 15% COVID-19 vaccine acceptance rate among a relatively young adult cohort in Cameroon; and 86% of participants in a unpublished survey done by the Rwanda Biomedical Centre in November, 2020, documented that were willing to take a government-approved COVID-19 vaccine.[28] Additionally, there were substantial differences in acceptance rates within the DRC: as high as 84% in one province and less than 40% in others.[29] In general, "[r]espondents who are older, those who know someone who has tested positive for COVID-

[21] Williams, Sarah R., Amanda J. Driscoll, Hanna M. LeBuhn, Wilbur H. Chen, Kathleen M. Neuzil, and Justin R. Ortiz. 2020. "National Routine Adult Immunization Programs among World Health Organization Member States: An Assessment of Health Systems to Deploy Future SARS-CoV-2 Vaccines." MedRxiv, December, 2020.
[22] Wouters et al. 2021
[23] World Bank Assessing Country Readiness for COVID-19 Vaccines. March 2021.
[24] Emily Janoch, Mariela Rodriguez, and Beja Turner 2021
[25] Emily Janoch, Mariela Rodriguez, and Beja Turner 2021
[26] Rodney Muhumuza. 2021. "In Africa, Vaccine Hesitancy Adds to Slow Rollout of Doses." ABC News. April 27, 2021.
[27] "Majority of Africans Would Take a Safe and Effective COVID-19 Vaccine." 2020. Africa CDC (blog). December 17, 2020.
[28] Nachega, Jean B., Nadia A. Sam-Agudu, Refiloe Masekela, Marieke M. van der Zalm, Sabin Nsanzimana, Jeanine Condo, Francine Ntoumi, et al. 2021. "Addressing Challenges to Rolling out COVID-19 Vaccines in African Countries." The Lancet Global Health. March 10, 2021.
[29] Nachega et al. 2021

19, and those who live in rural areas are more inclined to take a COVID-19 vaccine than younger people, those who have not seen COVID-19 affect anyone, and those living in urban areas."[30]

Hesitancy is also driven by mis- and dis-information campaigns aimed at anti-vaccination. A study done by the Boston Medical Journal found that the prevalence of foreign disinformation activity was "highly statistically and substantively significant" in predicting a drop in average vaccination rates.[31; 32] For COVID-19 specifically, conspiracy theories have reached top government officials, where Tanzania's President John Magufuli dismissed Covid vaccine as "dangerous for our health," and has not accepted any COVAX doses for his country.[33] The president of Madagascar has touted an untested herbal remedy for Covid-19. Conspiracy theories abound, including that the Covid-19 vaccines are designed to quell Africa's population growth.[34]

POLICY RECOMMENDATIONS

Catholic Relief Services (CRS)' work is rooted in the principles of human dignity and the preferential option for the poor and vulnerable. We believe it is essential for these values to be reflected in the equitable global distribution of COVID-19 vaccines. Our collective well-being depends on the health and well-being of our entire global family.

The US has a moral imperative to help those around the world and historically, administrations and members of both political parties have believed that international efforts to alleviate suffering, reduce poverty and promote peace align with U.S. moral values and fosters good will around the globe. In addition, the interconnectedness of the world has been on full display during the pandemic and as UN Deputy Secretary-General Amina Mohammed noted, "no one will ever be truly safe until everyone is safe."[35]

Stemming the spread of the virus through a comprehensive plan for vaccine procurement and distribution in low-income countries will be critical for getting back on track for positive development trajectories. It is essential that the USG leverage its policies, programs, funding, and diplomacy to facilitate the equitable, effective, and efficient distribution of vaccines to individuals around the world. This is not only the right thing to do, but also a key element to ensuring US security now and for the near future.

[30] "Majority of Africans Would Take a Safe and Effective COVID-19 Vaccine" 2020
[31] "'Foreign Disinformation' Social Media Campaigns Linked to Falling Vaccination Rates | BMJ." October 22, 2020.
[32] Wilson, Steven Lloyd, and Charles Wiysonge. 2020. "Social Media and Vaccine Hesitancy." BMJ Global Health 5 (10): e004206.
[33] Sammy Awami. 2021. "Tanzania President Raises Doubts over COVID Vaccines." Al Jazeera. January 27, 2021.
[34] "Scepticism as COVID Vaccination Campaigns Begin across Africa." 2021. Africanews. February 4, 2021.
[35] "'No One Is Safe, until Everyone Is'" United Nations Department of Economic and Social Affairs (UN DESA). 2020. August 3, 2020.

To move us closer towards vaccine equity, the U.S. should:

1. ***Share vaccine doses and materials with Low-Income Countries (LICs).*** The US' vaccine surplus by the end of July could be around 300 million doses, which far exceeds the needs in country.[36; 37] Countries such as Russia and China are "exploiting the crisis to advance their agendas, including 'vaccine diplomacy."[38] While the US has already supported sharing excess doses, "loaning" 4 million doses to Canada and Mexico in March 2021, and committed to sharing 60 million doses of the AstraZeneca vaccine, [39] it should continue to distribute its secured doses through a variety of channels, including the COVAX facility, bilaterally, and other multilateral mechanisms , such as the African Union/Africa CDC joint COVID-19 African Vaccine Acquisition Task Force (AVATT), and Association of Southeast Asian Nations (ASEAN).

2. ***Provide additional funding and support to the ACT-Accelerator to:***
   - ***a.*** *Ensure that the $4 billion contribution to COVAX for vaccine procurement and distribution gets vaccines into the arms of the people who need it.* This includes covering the costs of vaccine distribution, whether through additional funding to COVAX, or leveraging existing efforts through Global Health.
   - ***b.*** *Ensure the ethical and responsible allocation of vaccinations, to optimize vaccine effectiveness in places where COVID-19 variants exist.* Donations and allocations need to be appropriate for the viral profile of the recipient country. LICs deserve to have the preferential option of the vaccine that is most effective to address the strains of COVID-19 in their community and prioritizing this will help to ensure a more efficient and effective response to the pandemic for everyone.
   - ***c.*** *Coordinate pandemic response funding and decision making*. Direct funding should complement existing national plans, be driven through multiple funding channels to address common objectives in order to ensure a cohesive plan while avoiding potential bottlenecks of only one funding stream.
   - ***d.*** *Lead efforts and invest in learning* and identifying best practices for such global systems to prepare for future pandemics or health crises, and its vaccination processes.

3. ***Address intellectual property concerns in order to maximize vaccine distribution.*** Support and lead the effort to secure a Trade and Intellectual Property Rules (TRIPS) waiver to speed and scale up the production of lifesaving vaccines by waiving the intellectual property barriers that prevent more qualified manufacturers worldwide from producing the vaccine.[40]

4. ***Leverage diplomatic, economic, assistance and other means to ensure inclusion of the most vulnerable, including refugees, IDPs and the stateless into vaccine schemes***. The IASC estimates roughly 167 million individuals are at risk for exclusion from national vaccine plans due to conflict, natural disasters and displacement.[41] A WHO analysis of National Deployment and Vaccination Programs found that migrants, refugees and internally displaced people (IDPs) are not included in many countries national COVID immunization plans – 72% of countries did not include migrants,

[36] Jennifer Huizen 2021
[37] Taylor, Adam, and Emily Rauhala "U.S. Could Have 300 Million Extra Vaccine Doses by End of July, Raising Concerns about Hoarding." Washington Post. April 15, 2021.
[38] "Over the Horizon: Planning for a World Altered by COVID-19." 2020. USAID. December 2020.
[39] Erin Banco and Adam Cancryn 2021
[40] Andrea Shalal. 2021. "Lawmakers Urge Biden to Back 'moral' Patent Waiver to Speed Vaccine Access." Reuters. April 23, 2021.
[41] IASC FAQ: What is the Humanitarian Buffer? April 21, 2021.

61% did not include refugees and asylum seekers and 63% did not include IDPs.[42] We strongly support the Humanitarian Buffer created as part of COVAX, which has recently been reduced to a 5% set aside for vulnerable groups who are not included in National Deployment and Vaccination Plans – including staff in humanitarian contexts. However, while this buffer provides some relief and support, it is meant to be a "plan B" and is not enough to cover all vulnerable groups. It is essential that the USG use its leverage to push countries to include these groups into their national plans at the onset. Furthermore, the USG should encourage all countries to prioritize the most vulnerable people in their vaccine distribution plans.

5. ***Utilize faith groups and faith leaders to disseminate positive messaging for vaccine acceptance and to counter mis- and dis-information.*** Biomedical advances alone are insufficient to sustainably control a pandemic. "Considerations related to health infrastructure, local epidemiology, and responsiveness to local concerns and beliefs are critical for ending the Covid-19 pandemic."[43] Faith Based Organizations (FBOs) have a rich history of supporting health crises within their communities, notably including their well-documented success in promoting vaccinations against Polio in Nigeria in the early 2000s.[44]

   In general, local faith leaders tend to be trusted by their community, and therefore are an essential resource to encourage their congregants to receive vaccines, and dispel any disinformation about the vaccine's safety or effectiveness. FBOs can be further utilized to help broker and support local ceasefires in conflict zones so that vulnerable people are able to get vaccinated. We encourage the USG to work with local faith actors, as well as support ongoing efforts by the United Kingdom to call for these vaccine ceasefires.[45]

6. ***Continue to strengthen health systems while distributing vaccines.*** As the world continues to address the acute needs of protecting and vaccinating people against COVID-19, it is more important than ever that we continue to strengthen the health systems, to prepare for the prevention and treatment of future pandemics and outbreaks. The US should increase support to Global Health and invest in the Global Fund, which has been an indispensable vehicle to work towards ending AIDS, tuberculosis, malaria, and now COVID-19.

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[42] Kanokporn Kaojaroen (Jum), Mohammad Darwish, Tizhe Kawahya. "Review National Deployment and Vaccination Plans: Inclusion of Refugees, Migrants, IDPs and Asylum Seekers in Humanitarian and Non-humanitarian Settings" WHO Health and Migration Programme, 2021.
[43] Nachega, Jean B., Nadia A. Sam-Agudu, John W. Mellors, Alimuddin Zumla, and Lynne M. Mofenson. 2021. "Scaling Up Covid-19 Vaccination in Africa — Lessons from the HIV Pandemic." New England Journal of Medicine.
[44] Wilkinson, Olivia, and Katherine Marshall. "Opinion: Religious Groups Should Be Engaged for COVID-19 Vaccine Delivery." Devex. March 9, 2021.
[45] "UK Calls for Ceasefires to Vaccinate People against COVID-19." GOV.UK. February 17, 2021.