

Five priorities for universal COVID-19 vaccination



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The COVID-19 pandemic is confronting global leaders with the unprecedented challenge of coordinating their actions in a global environment of uneven resources. Large populations around the world will continue to remain susceptible to SARS-CoV-2 infection.¹ COVID-19 interacts with non-communicable diseases and exacerbates adverse medical outcomes that disproportionately affect socio-economically and culturally disadvantaged populations, reinforcing deeply entrenched inequalities.² In the global political agenda, leaders need to address unacceptable inequities in COVID-19 vaccine access between high-income countries and low-income and middle-income countries (LMICs). COVID-19 vaccination roll-out in the world's richest countries is so advanced that vaccination of adolescents is being considered,³ whereas many LMICs still cannot vaccinate their health-care workers and high-risk groups.⁴ As of June 14, 2021, only 11.14% of the population has been fully vaccinated in Brazil, while in Africa 0.86% of the population has been vaccinated in a continent of about 1.2 billion people.⁵

On May 6, 2021, the Paris Peace Forum (PPF), an international platform dedicated to global governance, convened a high-level meeting, which included government officials and G20 sherpas to heads of states and governments, public health leaders, and members of non-governmental organisations and foundations from 15 countries, to deliberate on how to get closer to universal COVID-19 vaccination in a limited time. The group identified five priorities.

First, doses of COVID-19 vaccines must be shared globally. G7 countries secured contracts for 1.3 billion more doses of COVID-19 vaccine than they will need to vaccinate their entire populations.⁶ In April, 2021, French President Emmanuel Macron suggested that at least 5% of the doses that the wealthiest countries receive be shared with COVAX.⁷ Participants at the PPF meeting called for other states to follow. At the Carbis Bay G7 Summit on June 11–13, 2021, G7 countries committed to share 870 million COVID-19 vaccine doses over the next year.⁸ Donations of COVID-19 vaccines must still accelerate⁹ and go hand in hand with efforts to ensure that vaccine doses are quickly distributed to priority populations in recipient countries, alongside a renewed focus on providing COVID-19 treatments and medical oxygen to those

who will not benefit from fast enough access to vaccines.

Second, export restrictions on COVID-19 vaccines and components must be lifted. The removal of barriers to access the raw materials needed for the manufacture of COVID-19 vaccines is vital to allow vaccine components and equipment to flow freely around the world. The EU has exported about half of the COVID-19 doses produced in the EU since the beginning of the pandemic.¹⁰ Other major manufacturing countries, such as the USA, should share the same effort.

Third, there is a need to scale up manufacturing capacity for COVID-19 vaccines globally. Each year, between 3.5 and 5.5 billion doses of vaccines for all conditions are manufactured globally.¹¹ In 2021, with the addition of COVID-19 vaccines, an estimated 14 billion doses will be needed.¹¹ Achieving such an industrial challenge will require a concerted global effort. The decision of the administration of US President Joe Biden in May, 2021, to support a waiver on international intellectual property protection on COVID-19 vaccines is welcome.¹² But changing things on the ground will require enabling the free flow of goods and workforce, technology transfers through manufacturing partnerships, and regulatory capacity in the countries where manufacturing takes place to approve and supervise production sites and processes.¹³ Networks of regional facilities that integrate modular technologies of the major COVID-19 vaccine platforms



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and enable the rapid manufacturing of products through technology transfers should be supported, particularly in middle-income countries,¹⁴ to avoid domestic supply and global access tensions.

Fourth, regional and national surveillance and alert systems need to be improved.¹⁵ Many countries have inadequate disease surveillance and reporting mechanisms. Enhanced disease surveillance and robust systems to report data from tests and pathogen genomic sequencing to national health authorities, regional bodies, and WHO will be crucial to prevent future outbreaks from becoming pandemics.¹⁶

Fifth, adequate long-term pandemic financing is needed. Given that pandemic preparedness is a global public good,¹⁷ multilateral funding and governance must be the foundation of the global health system, along with strengthened mechanisms for oversight and accountability. The costs of the immediate actions needed to finance global equitable access to COVID-19 vaccines, treatments, and tests are small compared to the costs of a pandemic—and so are the costs of preparedness and response to avoid the immense expenses from future global health crises.¹⁸

On June 13, 2021, at the Carbis Bay G7 Summit, participating countries pledged to make available 1 billion COVID-19 vaccine doses for the world's poorest countries through funding of the Access to COVID-19 Tools (ACT) Accelerator and direct dose donations, to support African efforts to establish regional manufacturing hubs, and to terminate unnecessary restrictive trade measures.⁸ There is still a long way to go to achieve universal COVID-19 immunisation globally and assemble the building blocks for robust pandemic preparedness.¹⁹ By the time of the next G20 meeting in October, 2021, leaders should commit to countering any vaccine nationalism, lifting all forms of export restrictions, committing to more ambitious targets on donations of COVID-19 vaccine doses for LMICs, and asking international institutions to mobilise sufficient and regular financial resources.

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