

Defeating COVID-19 calls for global solidarity, not a vaccine power play

Joint CCGHR-CSIH Statement and Call to Action
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A COVID-19 vaccine is widely seen as the best way to end the acute phase of the global pandemic. The SARS-CoV-2 virus spreads easily from person to person and across borders: no country is safe from the virus until everyone is protected. [Canadian leaders in global health call upon Canada to work in global solidarity with World Health Organization \(WHO\) and partners to end the COVID-19 crisis by supporting the global COVAX facility and adopting coherent policies to halt vaccine nationalism.](#)

Access to effective vaccines will be particularly important for developing countries, especially low-income developing countries, who entered the COVID-19 crisis from a position of evident disadvantage and find themselves severely affected on multiple fronts. The United Nations views the global COVID-19 pandemic as far more than a health crisis, with extreme social and economic impacts that deepen inequities, compromise under-resourced health systems, interrupt access to education, and reverse progress on global poverty inequities (1). The World Bank expects that these effects will be most devastating for the poorest countries and people (2).

The COVID-19 Vaccine Global Access Facility (COVAX Facility) is a global initiative to provide equitable access to safe and effective COVID-19 vaccines for countries worldwide. Co-led by the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, the Vaccine Alliance, and the WHO, the COVAX facility is a partnership with governments and developed and developing country vaccine manufacturers to accelerate development and manufacturing of COVID-19 vaccines while ensuring high ethical standards and fair and equitable access to COVID-19 vaccines for all countries, once they are licensed and approved.

The COVAX facility views the COVID-19 vaccine as a global public good and has committed to distributing doses equitably among participating countries. Details of the allocation are being worked out.¹ COVAX leverages the principle of “strength in numbers”, pooling resources and risks to optimize outcomes (3). Vaccine research is inherently risky. Researchers are currently testing hundreds of individual COVID-19 vaccine candidates and most will fail. The COVAX facility will invest in a portfolio of vaccines to balance risks, using scientific criteria to identify promising vaccine candidates and support them in the early phases of development.

This process will ensure that only vaccines meeting rigorous standards of safety and efficacy are made available to populations. Manufacturers usually invest in scaling up production only after products are clinically proven. Because speed is critical to limiting harms, the COVAX facility will offer a range of incentives to manufacturers to encourage them to gear up to produce doses at the highest volumes despite uncertainties. The COVAX facility aims to jumpstart the development and manufacture 2 billion doses of COVID-19 vaccine by the end of 2021. This is a monumental challenge, and also clearly insufficient to cover the earth’s population. Initially, vaccine supply will be insufficient relative to demand.

Participation in the COVAX facility has advantages for wealthy nations, because COVAX can invest in a wider range of vaccines than any individual country could do alone, improving chances of success.

¹ We criticized the first draft of this framework as being insufficiently equitable and hope to see its progressive evolution. <https://www.ccgrr.ca/joint-statement-proposed-global-allocation-framework-covid-19-products/>

Ninety-two low- and middle-income economies - eligible to be supported by the COVAX Advance Market Commitment (AMC) - will likely be shut out of access to the most promising COVID-19 vaccines in the absence of this global solidarity-prioritizing strategy.

The success of this plan is now under threat due to the behavior of many wealthier nations, including Canada, who are currently maneuvering to secure vaccines for their own citizens – a phenomenon known as “vaccine nationalism.” As of August 24, 2020, there were 233 vaccine candidates in development, of which 213 are in pre-clinical or very early stages and 6 to 7 frontrunners have entered Phase III trials.(4) Deals are being struck with frontrunning manufacturers ahead of the evidence and in a climate of financial secrecy to buy up supplies of a limited, lifesaving resource. Led by the United Kingdom, the United States and the European Union, wealthy countries are reported to have already pre-ordered more than two billion doses (5), essentially crippling vaccine supply for other countries until late 2021. Although Canada has committed to joining the COVAX facility and pledged \$120 million to the Access to COVID-19 Tools (ACT) Accelerator to which COVAX belongs, Canada has also made advance purchase agreements with two vaccine companies for uncertain quantities and at an undisclosed amount, and stated an intent to continue doing so with other manufacturers (6).

Defeating COVID-19 requires global solidarity, not a vaccine power play. Because the SARS-CoV-2 virus spreads easily from person to person and across borders, no country is safe from the virus until everyone is protected. Moreover, countries have some moral responsibilities for the welfare of those beyond their borders (7). In the face of mounting vaccine regionalism and nationalism, WHO is urging the global community to support the COVAX facility.

We stand squarely behind WHO and partners and support global solidarity to end the COVID-19 crisis. We call on Canada to: (a) increase its COVAX contributions commensurate to its advance purchase agreements; (b) lobby other countries entering into such agreements to do the same; and (c) urge all WHO member states to join the COVAX initiative.

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