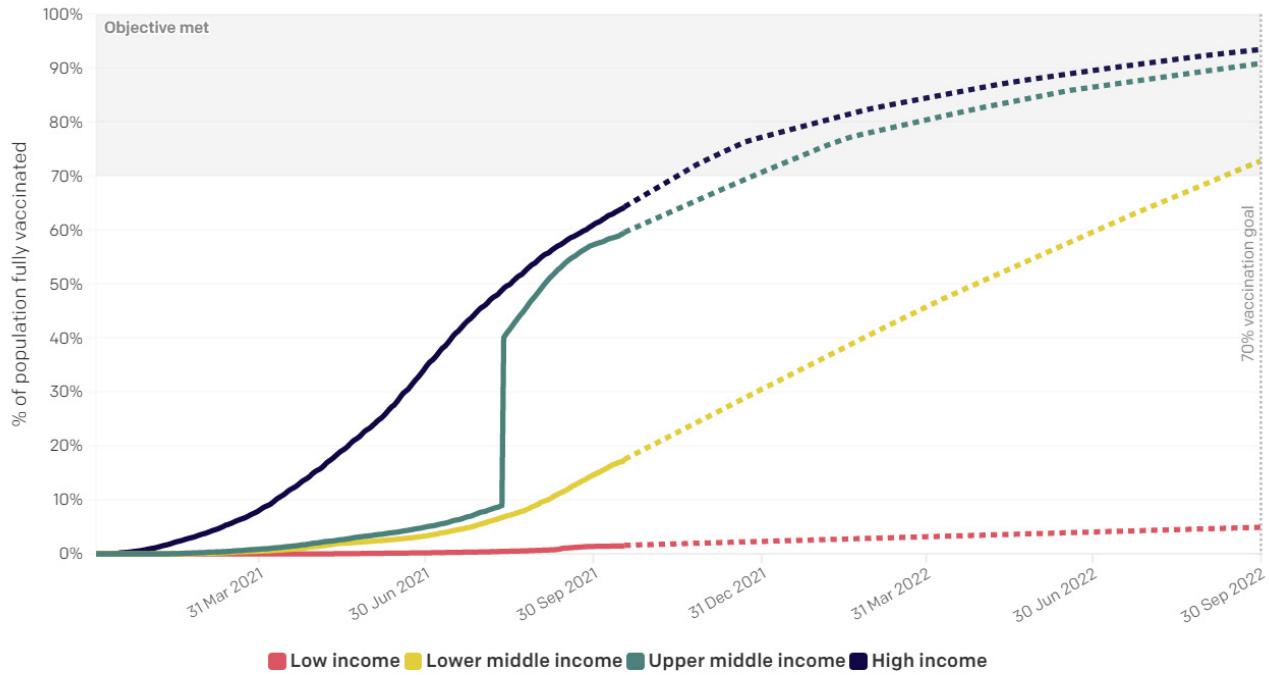
THE 5 BIGGEST BARRIERS TO ENDING THE COVID-19 PANDEMIC FOR GOOD

The threat of COVID-19 has been with us for almost two years and the world is finally coming together around a coherent strategy to end the crisis and, in particular, the target to vaccinate at least 70% of people across each country-income category by September 2022. This approach raises the prospect of ending the global pandemic within the next 12 months.

However, doing so will require a massive shift in momentum - one that urgently directs resources toward the countries that are furthest behind in the response. At the current rate, it could take over a decade before low-income countries achieve vaccination levels similar to high-income countries. Unless we beat the virus everywhere, we face the prospect of extending the lifetime of the pandemic throughout the next decade - and with it the devastating aftershocks that have wreaked havoc on the global economy.

At current vaccination rates, only wealthier countries will meet the target



Source: Vaccination data from Our World In Data • This chart projects the share of population that is fully vaccinated based on the trends observed over the previous 28 days. Current rates are assumed to remain constant for each country, up to 100% coverage. Data is not available for every country in every income group. Chart last updated 20 October 2021

Failure to address this increasingly man-made crisis will be felt in every country and community in the world. It's undeniably in the common interests of people everywhere to succeed in this mission - so what are the obstacles blocking progress? And how can we remove them? ONE's senior policy directors Jenny Ottenhoff and Amy Dodd explore the chief barriers that stand between us and finally ending the pandemic.

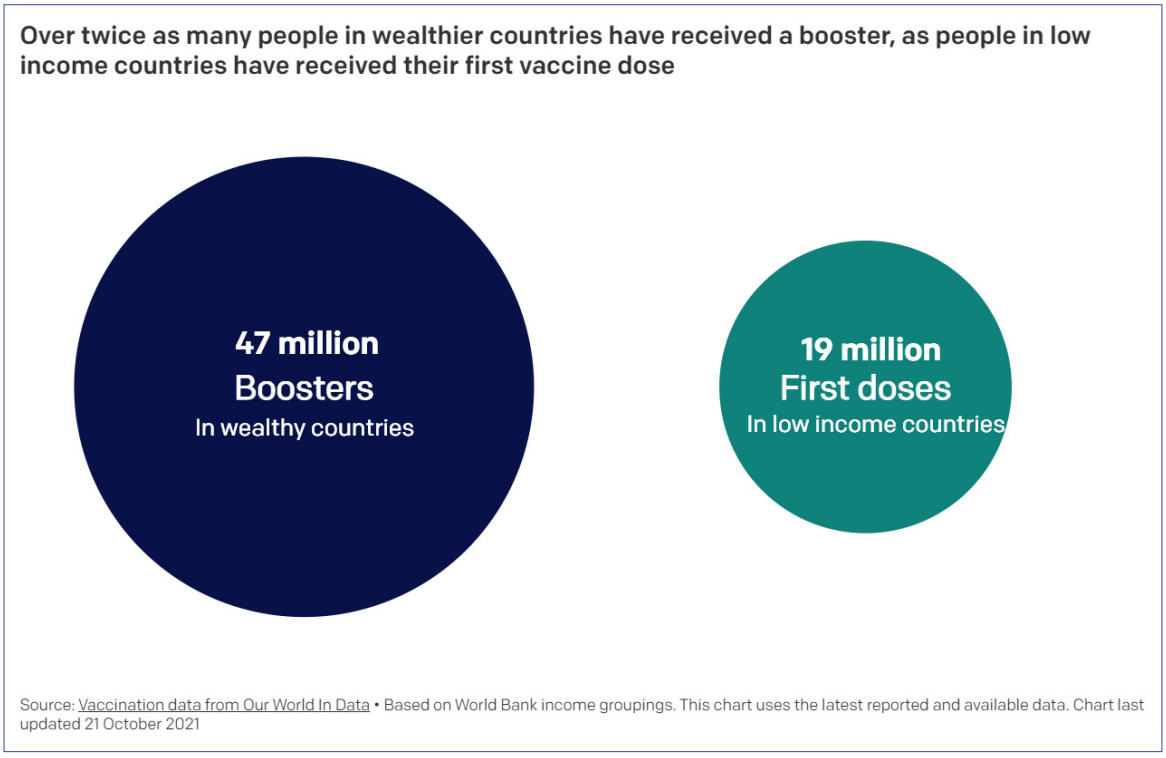
BARRIER 1: WEALTHY COUNTRIES HAVE NEARLY MET THE GLOBAL VACCINATION TARGET AND ARE STILL HOARDING DOSES.

FACT:

Roughly half the world's population - 3.8 billion people, predominantly in low- and lower-middle income countries - have not received any vaccine doses, leaving them completely exposed to the virus. And yet, so far twice as many people in wealthier countries have received a booster shot as people in low-income countries got their first vaccine dose.[1, 2]

IMPACT:

In theory we have enough doses to vaccinate the whole world. We just aren't getting them to the people that need them most. Indeed, boosters divert supply from the most urgent area of need — administering first and second doses in low- and lower-middle income countries. And while evidence shows that the body's immune response to COVID-19 vaccines will drop over time, the relative protection from one or two doses is still significantly higher than zero doses. Therefore, while global supply remains limited, it is critical that first and second doses are prioritized over boosters. As we have seen with the delta variant, the longer we wait to vaccinate the world, the greater the threat to us all.



SOLUTION:

Boosters are important, but we must prioritize first and second doses for the people who need vaccines most, starting with health workers and the most vulnerable people in low-income countries. Booster programs in high-income countries must not come at the expense of sharing doses that have already been committed to low- and lower-middle income countries, and partnering with COVAX and AVATT to ensure doses purchased can be delivered.

> Jenny Ottenhoff said: "These deadly double standards are undermining the whole response to the pandemic. Widespread use of boosters in rich countries is completely self defeating - we won't leave the pandemic behind anywhere until we end it everywhere."

BARRIER 2: VACCINE DELIVERIES DON'T MATCH COMMITMENTS AND HAVE BEEN UNRELIABLE AND HARD TO PREDICT.

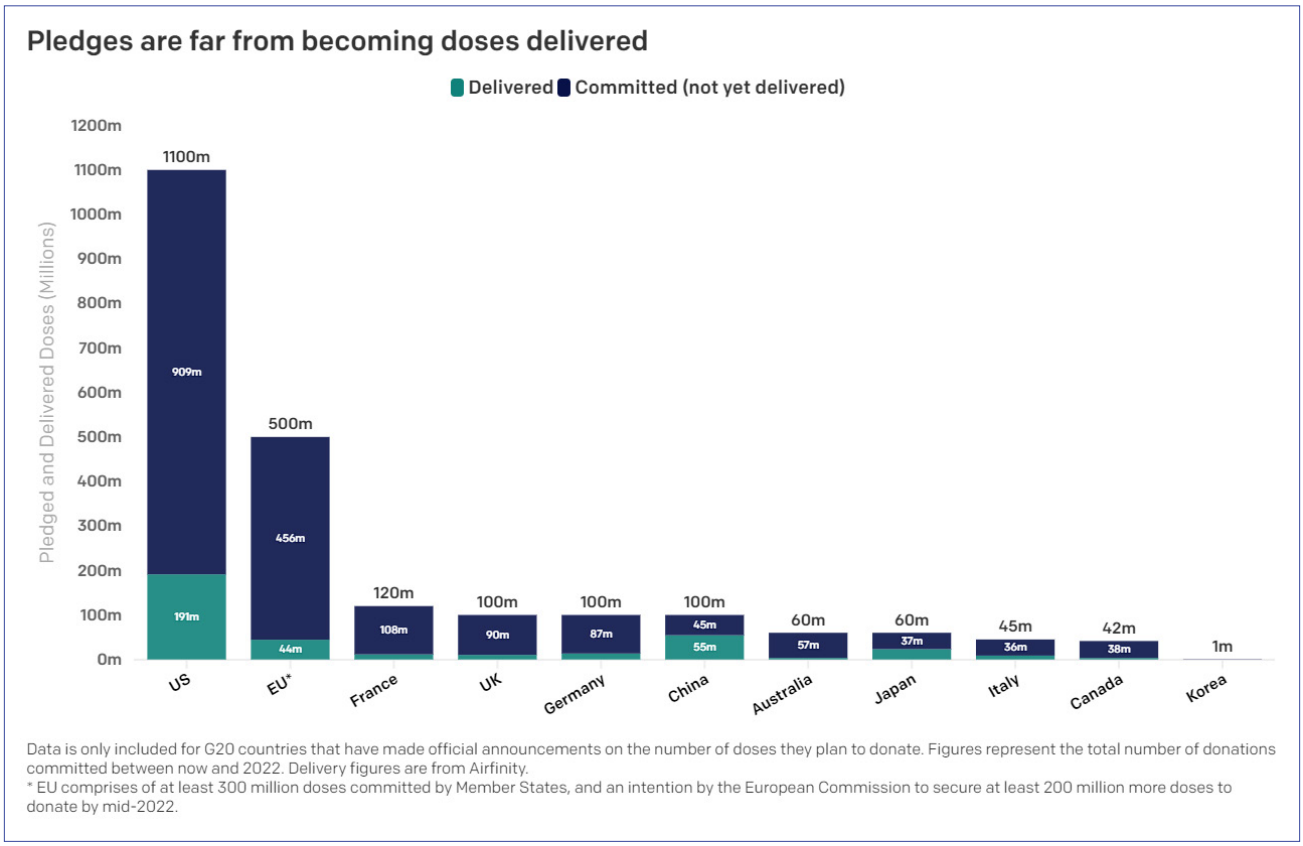
FACT:

G20 countries have committed to share at least 657 million doses by the end of 2021 but only 293 million have been delivered. It is not clear if or when these commitments will be fulfilled.[3]

Vaccine delivery schedules are considered proprietary so there are no public benchmarks to hold companies accountable to. Vaccines arrive when they arrive.

IMPACT:

Without a predictable flow of vaccines, it's impossible for countries to plan for effective vaccination campaigns. Low- and lower-middle income countries, which currently have to rely heavily on dose sharing, may only have a few days' notice for when and where vaccines will arrive, and what kind of vaccine they can expect. Wealthier countries that have made dose sharing commitments are increasingly pointing to pharmaceutical companies' lack of transparency as the reason they are not sharing doses more quickly. This lack of predictability leads to vaccines being wasted and fewer people being protected.



Data is only included for G20 countries that have made official announcements on the number of doses they plan to donate. Figures represent the total number of donations committed between now and 2022. Delivery figures are from Airfinity.
* EU comprises of at least 300 million doses committed by Member States, and an intention by the European Commission to secure at least 200 million more doses to donate by mid-2022.

SOLUTION:

To improve predictability in the global vaccine supply chain, all G20 countries that have already committed to share doses should release a plan for how and when they will fulfill these commitments. Plans must include what type of vaccine will be shared, when they will be delivered (by month), and who the intended recipient is (e.g. COVAX, AVATT, bilateral). All doses that are reallocated should go to low- and lower-middle income countries. For at least the next 12 months, companies should publicly publish monthly production projections and delivery schedules to help countries better plan to receive and share doses.

> "Jenny Ottenhoff said: "If leaders are serious about ending the pandemic, they need to tell us how they plan to convert commitments into doses, and then make it happen. Empty promises are not going to cut it."

BARRIER 3: THE MECHANISMS TO PURCHASE AND DISTRIBUTE DOSES TO LOWER-INCOME COUNTRIES CONTINUE TO BE UNDERMINED.

FACT:

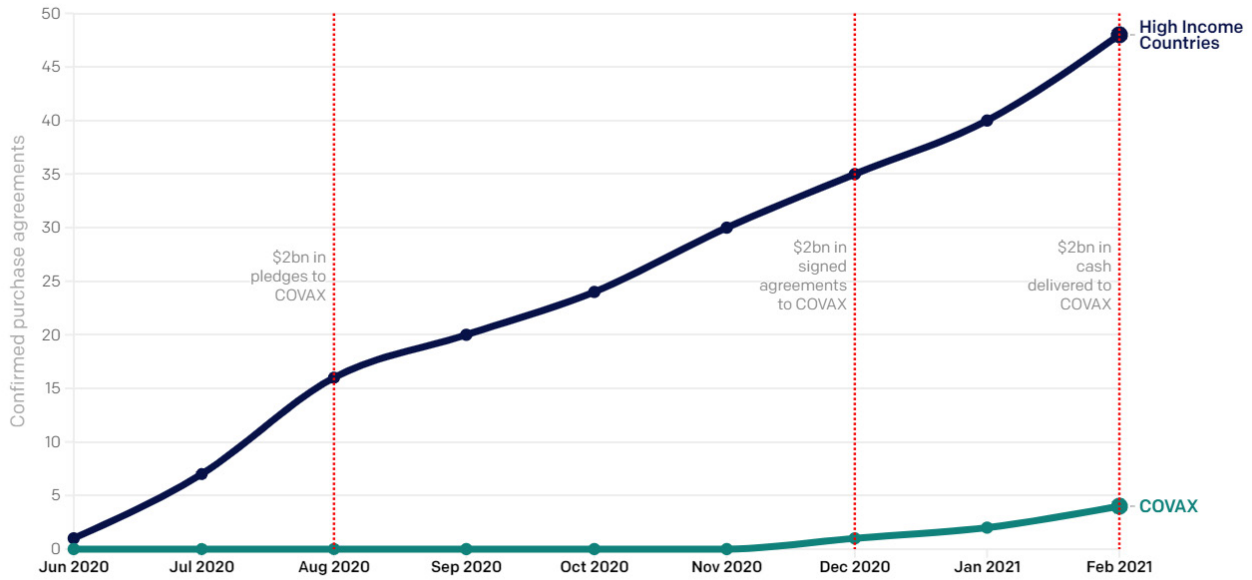
High-income countries have purchased three times more doses than COVAX even though COVAX is serving a population three times the size of that in high-income countries. Similarly, high-income countries have purchased 32 times more doses than the African Union's COVID-19 Africa Vaccine Acquisition Task Team, even though they are both serving populations similar in size.[4]

IMPACT:

These disparities in vaccine procurement are not an accident. High-income countries had the purchasing power to be first at the table with pharmaceutical companies giving them first dibs on the global supply. Conversely, despite issuing its first funding appeal for an initial $2 billion to start securing doses for lower-income countries in June 2020, COVAX did not secure signed donor agreements for this amount until December 2020 and the cash didn't arrive until February 2021. As a result, high-income countries cumulatively signed 48 deals with pharmaceutical companies before the cash had even landed in COVAX's coffers, limiting its ability to negotiate. This purchasing power also gives pharmaceutical companies more incentive to prioritize deals with richer countries. Even when they had funds to buy vaccines, AU officials have complained that they still could not get companies to do deals with them.

High-income countries had a 6 month head start on purchasing doses while slow-walking funding for COVAX

Cumulative number of confirmed purchase agreements from June 2020 to February 2021



Source: Duke Launch & Scale Speedometer, Vaccine Purchases

Confirmed purchase agreements are from publicly reported vaccine purchase agreements for all COVID-19 vaccine types, numbers do not reflect when doses were delivered to each country. High-Income Countries include US, UK, EU, Canada, Japan, and Australia. EU values do not include deals made by individual countries.

SOLUTION:

An additional $15 billion is needed in 2022 to reach the 70% vaccine target in every country income group - with much of this going to COVAX. G20 countries and other donors must learn the lesson from 2020 and act faster to allow these mechanisms to deliver on their mandates; dose sharing and funding commitments must be made by the end of Q1 2022 and delivered in full by the end of Q2 2022 at the latest.

> Jenny Ottenhoff said: "The G20's response to the global pandemic can be summed up as too little too late. There are fit-for-purpose multilateral and regional mechanisms ready and waiting to deliver vaccines globally but they can't do it if they are undermined every step of the way."

BARRIER 4: MANUFACTURING CAPACITY AND KNOW-HOW IS CONCENTRATED IN TOO FEW PLACES GLOBALLY.

FACT:

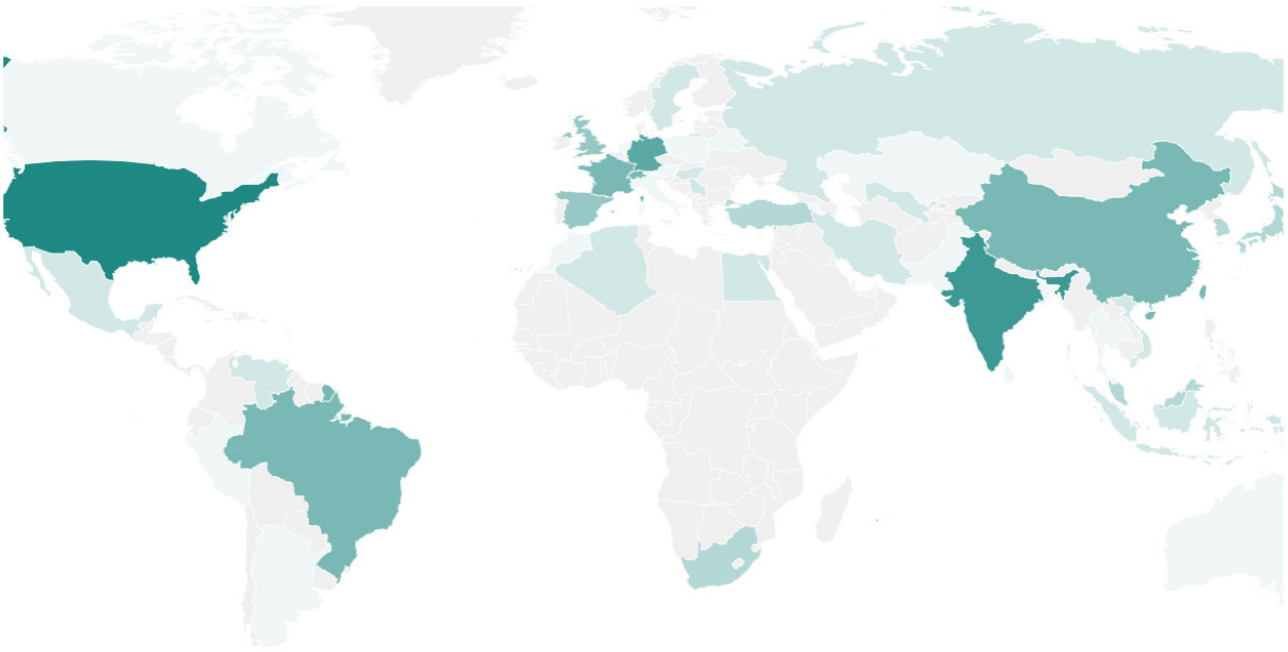
The World Health Organization is trying to reverse engineer Moderna's vaccine because the company refuses to share its recipe or technology to scale up global production, and production capacity is limited globally.[5]

IMPACT:

Companies' refusal to share their technology and recipes means we're not making as many vaccines as possible, in as many places as possible. Without more knowledge sharing alongside more localized production, low-income countries are dependent on a broken vaccine market and increasingly volatile global supply chains. With the right investment and cooperation, mRNA vaccines can be made much faster than traditional vaccines. Last September, BioNTech bought a plant in Germany with 300 staff that had never worked with mRNA technology, and in six months, they were producing millions of mRNA vaccines a week. If mRNA manufacturers refuse to share their tech and recipes, and refit other plants elsewhere, it reduces the number of options for procurement, and gives companies more leverage to negotiate higher prices with countries.

Global vaccine production is concentrated in wealthier regions

Number of COVID-19 vaccine manufacturers in each country



Source: Global Health Centre. (2021). COVID-19 Vaccine Purchases and Manufacturing Agreements. Graduate Institute of International and Development Studies, retrieved from: www.knowledgeportalia.org/covid19-vaccine-arrangements • Data last updated 7 October 2021

SOLUTION:

G20 countries should invest in regional manufacturing, encourage mRNA manufacturers to share technology with the World Health Organization and local manufacturers, and temporarily waive intellectual property rights at the World Trade Organization.

> Peter Singer, special advisor to the director-general of the World Health Organisation said: "Give a country a vaccine and they will vaccinate for a day. Teach a country how to manufacture vaccines and they will be vaccinated for a lifetime."

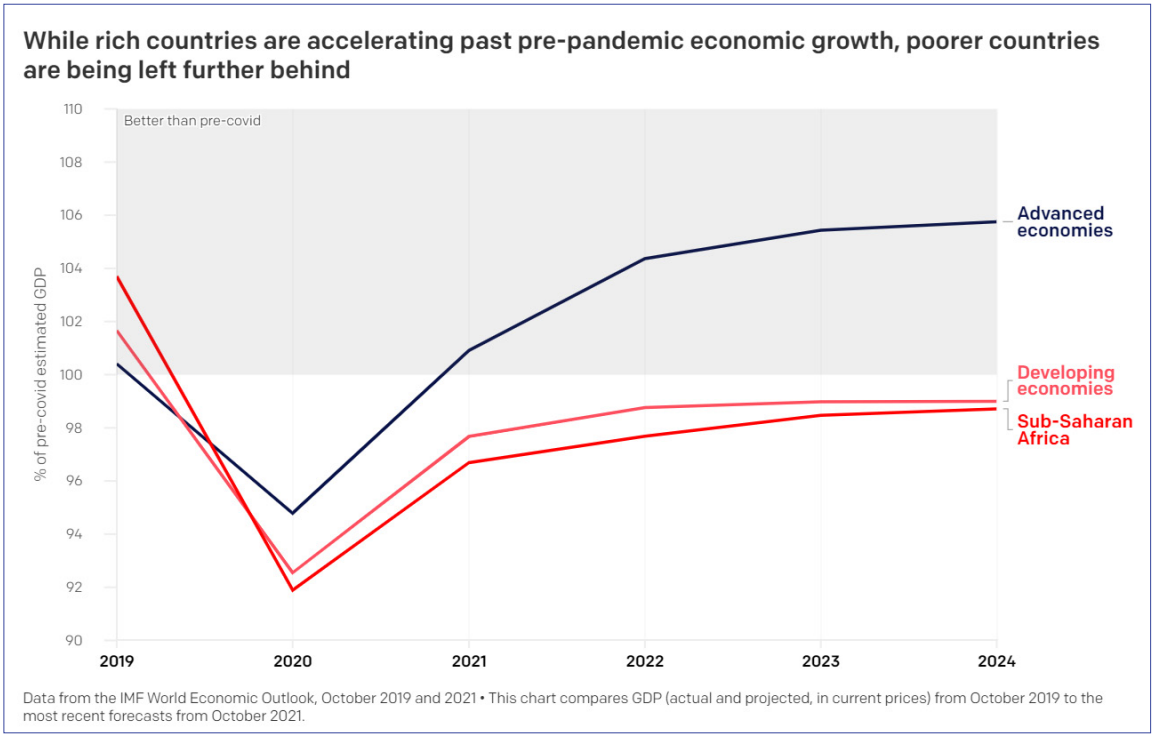
BARRIER 5: ECONOMIC AFTERSHOCKS ARE CRIPPLING THE GLOBAL ECONOMY, UNDERMINING EVERYONE'S ABILITY TO FIGHT THE PANDEMIC AND HOBBLING POORER COUNTRIES FOR YEARS TO COME.

FACT:

- The pandemic has caused the first rise in extreme poverty in 2 decades; 2020 saw 100 million more people pushed into extreme poverty.[6]
- Advanced economies spent trillions bolstering their economies against the worst effects of the pandemic - more than 18% of their GDP. But developing countries simply didn't have the same capacity, spending an average of less than 2% of their GDP protecting their economies.[7]
- Africa needs at least $285 billion in additional funding just to respond to the pandemic over the next few years and at least $500 billion to get back on track[8] - the global economic response to date, despite nice words from many leaders, has failed to come even close to meeting that need.
- There's a debt crisis happening right now in Africa - in 2020, the debt burden grew to over $625 billion. Half of low-income countries are either in or at high risk of debt distress but the next three years will see them pay $35 billion in debt service.[9]

IMPACT:

The pandemic hit everyone, everywhere hard. We all felt the impact in our lives, our jobs, and our economies. But the recovery is following a different path where richer countries are back to their economic normal right now while poorer countries face years of slowdown. Without the same capacity to respond, poorer countries are more exposed to the virus and the economic side effects. And that is bad for everyone as the virus continues to circulate and dampen economic recovery and growth prospects, hampers global trade, kills off tourism, disrupts supply chains, and puts us all at risk of new and more dangerous variants that will start the whole cycle again.



SOLUTION:

It's in all our interests to end the pandemic and the economic crisis it continues to drive. And we have the means to do this.

- Advanced economies should recycle their allocations of Special Drawing Rights (SDRs), which are currently lying unused, to low- and vulnerable middle-income countries. The G7 promised to deliver $100 billion in recycled SDRs and this is a commitment that must be met, with a clear roadmap to recycling more next year.
- Advanced economies need to ensure an ambitious replenishment of the World Bank's International Development Association - reflecting calls from African leaders for $100 billion in new resources for the World Bank to support recovery.
- Multilateral development banks could be key engines of a truly global economic restart - the World Bank and African Development Bank, in particular, should work with the IMF to swiftly develop viable options for SDR channeling.

> Amy Dodd said: "Hoarding vaccines is already driving a terribly unequal response and recovery to the pandemic. When wealthy countries also hoard resources like SDRs that could help respond to this crisis, they deepen that divide and deny the world's poorest countries the ability to provide their citizens with the same protection they give their own."

CONCLUSION

We have all the tools needed to beat this virus, end the pandemic, and kick start a global economic recovery. We just aren't using them. And while that remains the case, we prolong the lifetime of this crisis and increase the threat to people in every single country. The G20 must consign this self-defeating approach to the scrap heap.

VACCINATE THE WORLD. ⟶ END THE PANDEMIC.

Endnotes

1 Our World in Data, Total Boosters Doses. Accessed 21 Oct, 2021.
2 Our World in Data, New Vaccinations. Accessed 21 Oct, 2021.
3 Data is only included for G20 countries that have made official commitments, through press releases or other news sources, to share doses by the end of 2021. These countries are China, Canada, France, Germany, Italy, Republic of Korea, United Kingdom, and the United States. Countries that have not officially announced a timeline for dose-sharing, have not specified a dose-sharing amount for 2021, or that have donated doses without an official commitment have not been included. All delivery figures are from Airfinity, last updated on 18 October 2021
4 Purchase data from Duke Launch and Scale Speedometer accessed 21 Oct, 2021. Population data from World Bank, accessed 21 Oct, 2021.
5 NPR. Moderna won't share its vaccine recipe. WHO has hired an African startup to crack it. 19 Oct, 2021
6 The World Bank, Updated estimates of the impact of COVID-19 on global poverty: Looking back at 2020 and the outlook for 2021
7 Data Dive: Africa's accelerating debt crisis – ONE
8 The World Bank, From allocation to action - October 2021
9 International Debt Statistics 2022