

## POSITION PAPER ON GLOBAL VACCINE EQUITY

ANGLICAN ALLIANCE

ANGLICAN HEALTH & COMMUNITY NETWORK

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***“The pandemic has reminded us that our neighbours are not just those who are physically closest to us. Our neighbours are those people around the world in vulnerable situations, who we need to make sure can also access Covid-19 vaccines as soon as possible. We are called to generosity, but it is also a matter of self-interest: we need everybody to be safe and protected from this virus so we can look towards a brighter future.”***

Archbishop of Canterbury Justin Welby

The Covid-19 pandemic has unmasked the lie that we can live only for ourselves. It has shown us, beyond any shadow of doubt, how deeply interconnected we are; that our actions have far-reaching consequences; that indeed *everyone* is our neighbour. It has also shown us that we can take quite drastic action to protect others - and for the common good - when called upon to do so, and that people can be supremely brave, kind and selfless.

The Anglican Communion is a global body, with over 85 million members in 165 countries. As in the wider world, everyone everywhere has been affected by the pandemic. Churches in every part of the Communion have been on the frontline of responding to Covid-19, acting with courage and compassion <sup>[1]</sup>.

At the heart of our faith is the conviction that all are made in the image of God; that every human being has inherent dignity and equal worth; that every life is precious.

As a global body, we have seen that whilst no one has been untouched by the pandemic, people who were already vulnerable or marginalised have been impacted most severely. The development gains of the last 20 years are in reverse for the poorest. Inequality within and between countries is growing. Covid-19 is not simply a health crisis; it is a social and economic crisis. But contrary to popular myth, health and the economy are not in opposition; they suffer or recover together.

Likewise, as a world, we suffer or recover together. “No one is safe until everyone is safe”, WHO Director Tedros Ghebreyesus has said.

Covid-19 vaccines are central to ending the pandemic. Thanks to the extraordinary endeavours of scientists and unprecedented levels of public investment <sup>[2]</sup>, an array of Covid-19 vaccines has been developed. Several have been approved for safety and efficacy and are being rolled out in mass vaccination campaigns. This is an astounding and laudable achievement and, of course, much needed and welcome good news.

However, there is currently insufficient harnessing of capacity to produce and deliver the quantities of vaccines needed globally. Demand far outstrips current supply.

There is today a deep inequality in global access. While the factors enabling faster vaccination coverage are complex, in general rich countries are able to vaccinate large parts of their populations whilst poorer countries are pushed to the back of the queue. In his Easter vigil sermon on 3<sup>rd</sup> April 2021, the Most Reverend Dr. Thabo Makgoba, Archbishop of Cape Town and Metropolitan of the Anglican Church of Southern Africa, said “Vaccine nationalism has already taken hold... The United States has vaccinated about 16% of its population while we have covered less than half a percent of [South Africa’s population]. Many countries haven’t seen vaccines at all... The voluntary vaccine supply mechanisms, such as Covax and bilateral agreements used to procure vaccines across the world, are failing and they are failing especially for the global south where we can, with justification, say the poor of the world are suffering from vaccine apartheid.”

This is an iniquitous and unnecessary situation which must be resolved with urgency, priority and global coordination. Equity matters. Above all, equity is a moral imperative: we must save lives; we must prevent further suffering and further inequality.

But equitable access to the vaccines is not only a moral imperative, it is also an economic one. The cost of inaction (of not ensuring equitable access to vaccine) to the global economy has been estimated at US \$9 trillion <sup>[3]</sup>. The cost of production of 8 billion doses of the Moderna vaccine, for example, has been estimated to be US \$25.2 billion <sup>[4]</sup>.

There is also a strong self-interest argument for equity: “no one is safe until everyone is safe” is not mere rhetoric; it is scientific fact. We are already seeing the emergence of variants of the virus. If Covid-19 is not brought under control everywhere, mutations could arise against which current vaccines and treatments are ineffective.

In November 2020, the Primates (senior representatives) of the Anglican Communion appealed “to the Governments of those countries developing vaccines to work closely with the WHO to ensure that distribution is on a just and fair basis, to the most vulnerable and not merely to the richest.” <sup>[5]</sup>

We reiterate this appeal for global equity of access to Covid-19 vaccines. The Anglican Alliance and the Anglican Communion Health & Community Network encourage the Church in every part of the Communion to raise its voice against the current inequitable situation and to use its moral authority to demand urgent change, so that everyone everywhere has fair and timely access to the vaccines.

In shaping messaging, we encourage churches’ advocacy to reflect the following:

- Governments, the international community and pharmaceutical companies should be urged urgently to develop and implement a shared global strategy for rapid and massive upscaling of vaccine production and distribution to enable the world’s population to be vaccinated as quickly as possible, including necessary refining and roll out of vaccines to counter emerging variants.
- All mechanisms and levers should be explored, including patent waivers and licence sharing, as well as, crucially, proactive sharing of necessary intellectual property, technical know-how, technology, data and materials for vaccine production. This also involves, as a minimum, full funding of the Access to Covid-19 Tools (ACT) Accelerator, which works to provide equitable access to and implementation of Covid-19 diagnostics, therapeutics and vaccines. Manufacturing capacity, with associated regulatory components, also needs to be massively increased, potentially including regional manufacturing hubs.
- The recognition that Covid-19 vaccines are global, public (or common) goods. Unprecedented public investment – in the order of US \$10 billion <sup>[2]</sup> - has enabled their development, as has the cumulative body of scientific research and knowledge. Pharmaceutical companies should be fairly rewarded and incentivised for their vital work but must not prioritise profit over saving lives.
- Governments in rich countries to recognise that the only way to protect their own citizens from Covid-19 – and the only way to achieve economic recovery - is to ensure everyone across the world is vaccinated. Sharing national vaccine stocks through the COVAX mechanism and facilitating greatly increased production are acts of self-interest and justice, not charity. Governments must not cede decision-making about vaccine production, supply, allocation and price to pharmaceutical companies but use their authority, and the obligation of power, to act for the common good.
- The financial investment needed to enable Covid-19 vaccines to be provided free to low-income countries and kept at the lowest possible affordable unit price for mid-income countries; for the funding of the COVAX facility; for the funding and coordination of infrastructure for vaccine production and distribution where necessary; for the remission of debts which impair countries’ ability to purchase or deliver vaccines and other Covid-19 responses. Throughout the pandemic, money has been found by rich countries to fund necessary action. This has involved significant opportunity costs which have required active political management. The same is needed on a global level, including a wider assessment of direct costs, opportunity costs and where the burdens of both should fall. The estimated cost of action is a tiny fraction of

the cost of inaction, making economic arguments about unaffordability untenable but global statesmanship will be required to negotiate the political challenges.

- Ensure equitable access to vaccines within countries, including all sectors of the population, including reaching the most marginalised, such as migrants, especially undocumented migrants. Ensure that the poorest are not disadvantaged in accessing vaccination through digitalised booking systems.
- Support health systems and all areas of health, including access to health care, with the Covid-19 response as part of a broader health strategy.
- Recognise that the path to a just, green recovery from the pandemic is set out in the framework of the United Nations' Global Goals for Sustainable Development, which is comprehensive and already agreed by the Member States.
- Future planning: for the agreement of a global strategy and plan of action (including a funding mechanism) for how the world will cope with the next potential pandemic.

***"If one part of the body suffers, every part suffers with it." (1 Corinthians 12:26)***

**"The world is on the brink of a catastrophic moral failure – and the price of this failure will be paid with lives and livelihoods in the world's poorest countries."**

*Dr Tedros Adhanom Ghebreyesus, WHO Director-General, 18 January 2021*

1. [Building Hope Together](#): Anglican Communion Responses to the COVID-19 Pandemic
2. See [Challenges in ensuring global access to COVID-19 vaccines: production, affordability, allocation and deployment](#). Wouters et al, The Lancet, 13<sup>th</sup> March 2021.
3. [International Chamber of Commerce](#) paper. 25<sup>th</sup> January 2021.
4. See [\\$25 billion to vaccinate the world](#). Public Citizen 19<sup>th</sup> February 2021.
5. [Communiqué from the Primates' Meeting](#), November 2020.