
We are at an exceedingly perilous and urgent moment in the COVID-19 pandemic. The Delta variant, vastly more dangerous and pernicious than the original SARS-CoV-2 virus, has rapidly spread worldwide. It has been driving a deadly summer surge in the US; ripping through Latin America; causing Indonesia to become the next Asian hotspot; and fueling a third wave of the pandemic in Africa, where less than two percent of the population has been fully vaccinated.

To respond, the US must build on the rapid development and availability of its highly effective vaccines – ensuring easy access for any American who wants to be vaccinated, and readiness to rapidly deploy boosters and vaccines for children. But as Delta has shown, an effective domestic response is not enough.

We are in a global war against a virus that doesn’t respect borders and rapidly advances across continents. If the virus continues to circulate largely unchecked in many parts of the world, there is a very real prospect of new variants emerging that could totally pierce vaccine immunity, returning America and the rest of the world to square one.

The only way to prevent such a catastrophe is to dramatically decrease cases and slow transmission of the virus through widespread global vaccination, combined with other public health measures. Inequitable access to high-quality vaccines threatens to prolong the pandemic and destabilize economies and societies around the world.

To date, 82 percent of all COVID-19 vaccine doses that have gone into arms worldwide have been administered in high- and upper middle-income countries. By contrast, less than one percent have been administered in low-income countries. Meanwhile, COVAX, the multinational vaccine facility, is struggling to meet this challenge, having distributed only 153 million doses out of 4.1 billion administered worldwide.

We are facing the very real possibility that low- and lower-middle income countries will be stuck at low vaccine coverage levels through 2022 and beyond, an outcome that will be deadly. The deep divide between vaccine haves and have-nots is a challenge to our conscience and a major threat to our economic recovery and national security.
Fortunately, the supply of high-quality vaccines produced by US and allied manufacturers is projected to exceed 7 billion doses in 2021 and 14 billion doses in 2022 – more than enough to protect Americans and vaccinate the world. But doing so will require coordinated action by the US, other nations, and manufacturers to finance, allocate, and deliver doses where they are most acutely needed.

The US is on track to have over 1 billion excess doses, even assuming vaccinations and boosters for the entire population. This means we can combat the Delta-driven surge at home, while at the same time donating doses to combat it abroad. Indeed, we can – and must – do both simultaneously. This world war requires a global plan of attack.

The US and G7 allies have taken important but modest steps to close the global vaccine gap, including by accelerating large-scale production and delivery of high-quality vaccines, increasing financial support to COVAX, and committing to share roughly 900 million doses over the next year (including 580 million from the US). But these actions fall far short of the true scale and urgency required.

Much more needs to be done to provide high-quality vaccines more quickly, and to build countries’ vaccine distribution and delivery capacity, which is rapidly becoming the key constraint in the race between vaccines and variants.

With the global situation becoming more dire, and current global efforts proving to be woefully insufficient, urgent US leadership is needed to get doses into arms, galvanize global action, and protect our national security. That is why we call on President Biden to:

- **Host a presidential-level “Global Vaccination Summit”** before the UN General Assembly meeting in September; the Summit should bring together public and private sector leaders from around the world, especially from low- and lower-middle income countries, and secure commitments to take the needed actions to close vaccine supply gaps and address financing and capacity gaps in vaccine distribution, delivery, and demand generation;

- **Rally global leaders to commit before or at the Summit to meeting the goal of vaccinating 70 percent of the world’s population by mid-2022;** and

- **Launch a US Emergency Plan for Global COVID-19 Relief to help achieve that goal** and augment multilateral efforts, including the COVAX/WHO-coordinated global response and regionally-led efforts such as the Africa Vaccine Acquisition Task Team (AVATT).
The US Emergency Plan for Global COVID-19 Relief should be White House-led, spearheaded by a Global COVID-19 Emergency Response Coordinator reporting to the President and supported by a special inter-agency task force. Its main objectives should be to:

- **Strengthen global coordination of vaccine supply chains and manufacturing.** Greater transparency and accountability in the vaccine marketplace are essential. The US should press for the development of comprehensive monthly estimates of global vaccine input availability (e.g., bioreactors, lipids, filters) and vaccine supply for the coming 12-18 months, so that the US and other countries will have assurances of sufficient doses for future domestic needs, while also maximizing the amount of high-quality vaccines available for global use;

- **Increase US donations to at least 1 billion doses by mid-2022,** including 500 million in 2021, and push other high-income countries to substantially increase donations, so that the US and G7/EU allies collectively donate 1-2 billion doses by the end of 2021;

- **Accelerate globally distributed manufacturing capacity for vaccines and vaccine inputs** by providing financial and technical assistance, and facilitating private sector licensing and knowledge transfer, including for mRNA platform vaccines, to ramp up vaccine manufacturing capabilities in Africa, Latin America, and Asia; and by reaching a global agreement on reducing the use of export restrictions for COVID-19 vaccines, therapeutics, diagnostics, and related inputs; and

- **Most critically, ensure that doses are translated into vaccinations, and strengthen health systems and preparedness for future pandemics,** by accelerating a US-led effort to increase vaccine distribution and delivery capacity, and increase vaccine confidence and demand, in countries with the highest burden of disease, lowest vaccination rates, and least resources, augmenting and complementing multilateral efforts by the development banks, Access to COVID-19 Tools Accelerator and COVAX, Africa Centers for Disease Control, and others.

While these steps can and should be implemented now, they would benefit from additional Congressional support. The administration and Congress should urgently work to advance legislation to fund and sustain a comprehensive international COVID-19 response as well as health systems strengthening and pandemic preparedness efforts.

This plan should be implemented to serve as a catalyst and model for efforts by other high-income nations to use their excess vaccine supplies and technical capabilities to augment the global response. In addition, while focused on the present crisis, this plan should evolve to become part of a permanent initiative to increase preparedness for future pandemics.
This US Emergency Plan for Global COVID-19 Relief reflects both our ideals as a people and our interests as a nation. By galvanizing global efforts to vaccinate the population of the world’s poorest, most afflicted countries, it will accelerate the end of the pandemic – here and everywhere.


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