

May 9, 2022

Dear Mr President,

The Second Global COVID-19 Summit is taking place at a pivotal moment in the pandemic response. We are writing to urge you to act with reinvigorated urgency to increase the US government's financial commitments, help set bold coverage targets for vaccination, testing, treatment and care, and announce unequivocal support for policies that will enable equitable access to the fruits of scientific progress – and to issue a clarion call for comparable political and financial commitments from the global community. Attached are high-level recommendations that provide greater detail on these key action areas.

According to new World Health Organization (WHO) estimates, a staggering 15 million people have died directly and indirectly from COVID-19; over half of these deaths are estimated to have occurred in low and lower-middle income countries.¹ This enormous death toll is caused by gross, preventable inequities in access to life-saving interventions. Although effective vaccines have been available for almost 18 months, only 15% of people in low-income countries have received even the first dose of a COVID-19 vaccine. Six out of seven COVID-19 infections are undetected in Africa² and only 41 countries in the world have testing rates higher than the global target rate of 1 per 1,000 people per day³—a target that is itself insufficient. The global supply of novel oral antivirals for early outpatient treatment of COVID-19, such as nirmatrelvir/ritonavir (Paxlovid), is woefully inadequate with available doses being claimed by wealthy countries while pricing of these treatments in low- and middle-income countries (LMICs) remains exorbitantly high or non-transparent.⁴ This piecemeal response is prolonging the pandemic; instead, a comprehensive approach that covers delivery of prevention, diagnosis, and treatment of COVID-19 is essential.

The U.S. Government's lack of leadership in response to this current reality is alarming and shortsighted. Our understanding is that you do not intend to appear in-person for the Summit for which you called. Lack of engagement and commitment to a global strategy holds clear and present dangers for the U.S. and the world.

Commitments agreed upon during the first Global COVID-19 Summit have been broken or are not on track to be met, such as the promise to vaccinate 70% of the world in time for the 2022 UN General Assembly. The US government and other global leaders are failing to fill major gaps in funding needed to ensure access to and delivery of life-saving COVID-19 tests, treatments, vaccines, and other interventions. Instead of ensuring sufficient funding for purchasing vaccines doses as well as robust vaccination campaigns and allocation of supplies including oxygen and personal protective equipment, funds were taken away from the latter to pay for the former creating an unnecessary and dangerous trade-off. Rates of illness, death and new infections demonstrate the danger in this approach. Letting the pandemic rage on, unfettered, is not acceptable.

The time is long overdue to marshal the necessary financial, technical, and political resources to address these deadly gaps in access to essential COVID-19 tools and technologies, and enact large-scale country-led and evidence-based programs that integrate delivery of testing, treatment, and vaccination as part of routine health services, including at the primary health care and community levels.

Failure is not an option. The Global Summit must be a turning point for US leadership in the response to global COVID-19.

Sincerely,

¹ See [14.9 million excess deaths associated with the COVID-19 pandemic in 2020 and 2021 \(who.int\)](https://www.who.int/news/item/2022-05-09-14-9-million-excess-deaths-associated-with-the-covid-19-pandemic-in-2020-and-2021).

² See [Six in seven COVID-19 infections go undetected in Africa | WHO | Regional Office for Africa](https://www.who.int/news/item/2022-05-09-six-in-seven-covid-19-infections-go-undetected-in-africa).

³ See [Global COVID-19 Access Tracker \(covid19globaltracker.org\)](https://covid19globaltracker.org/).

⁴ See [Pfizer Allegedly Pressured UNICEF to Keep Secret, Pricing for Anti-Viral Treatment Paxlovid. UNICEF Yielded. \(substack.com\)](https://www.substack.com/p/pfizer-allegedly-pressured-unicef-to-keep-secret-pricing-for-anti-viral-treatment-paxlovid)

Sincerely,

[List in formation]

ACT UP Philadelphia (AIDS Coalition to Unleash Power)

African Services Committee

American Jewish World Service

AVAC

Be A Hero

Black Activists Rising Against the Cuts (BARAC UK)

Center for Popular Democracy (CPD)

Coalition of Women Living with HIV and AIDS (COWLHA)

DARE

Doctors for America

Foundation for Integrative AIDS Research (FIAR)

Global Black Gay Men Connect (GBGMC)

Health GAP

Justice is Global

Partners In Health

People's Action

PrEP4All

Public Citizen

Marked by COVID

Medical Impact

Metro New York Health Care for All

New York Trade Justice Coalition

Oxfam America

RESULTS

Rethink Trade

Revolving Door Project

Right to Health Action

Rise and Resist

The Campaign To End Covid Now

Trade Justice Network

Treatment Action Campaign, South Africa (TAC)

Treatment Action Group

Universities Allied for Access to Essential Medicines (UAEM)

Yale Global Health Justice Partnership

RECOMMENDATIONS FOR URGENT ACTION AT THE GLOBAL COVID-19 SUMMIT

- 1. Fully fund the fight against COVID-19.** The US government must mobilize sizeable, immediate, and additional funding and demonstrate its commitment to working with other donors, international financial institutions, and development banks to mobilize \$48 billion this year to get the global response on track,⁵ including funding for the Access to COVID-19 Tools Accelerator (ACT-Accelerator), which has a nearly US\$15 billion funding gap.⁶
 - Secure an immediate ‘down-payment’ of \$5 billion through an emergency supplemental and ensure at least \$17 billion for subsequent multilateral and bilateral efforts;
 - Ensure bilateral funding is spent most efficiently by utilizing effective pre-existing networks and channels, such as the President’s Emergency Plan for AIDS Relief (PEPFAR) and the President’s Malaria Initiative (PMI);
 - Advocate that all COVID-19 funding pledged by global partners be additional and that such funding not come at the expense of other health and development efforts.
- 2. Vaccinate, test, and treat the people.** The US government must close deadly gaps in equitable access to vaccines, diagnostics, and treatments to reduce and prevent illness, hospitalization, and death - particularly for those at highest risk.
 - Prioritize access and administration of the full COVID-19 immunization schedule, inclusive of boosters, for high-risk populations, and aim for 90% coverage of the most vulnerable while remaining firmly committed to the objective of reaching 70% of the eligible population in each country with the complete schedule of vaccines and booster(s);
 - Remedy the lack of global testing and treatment coverage goals by delivering ambitious, evidence-based, quantitative coverage and funding targets for testing and treatment scale-up by the time of the 75th World Health Assembly (May 22-28);
 - Surge supplies of antigen rapid diagnostic tests, approved oral antivirals, liquid oxygen, and other relevant treatments while paving the way for robust availability of affordable generic and biosimilar versions.
- 3. Share the knowledge.** The US government must unequivocally support policies and contractual agreements that guarantee open sharing of research knowledge, data, and intellectual property to accelerate the research process and ensure affordable and predictable supplies of essential COVID-19 tools and other essential health technologies.
 - Commit to robust technology transfer, local generic production, and national, sub-regional, and/or regional manufacturing hubs – including providing financial, political, and technical support to the [mRNA Technology Transfer Hub Programme](#) – and ensure in particular that all Federally-funded COVID-19 technologies, including the pan-coronavirus vaccine now in development at Walter Reed, are non-exclusively licensed to relevant actors;⁷
 - Support a comprehensive World Trade Organization (WTO) TRIPS waiver covering patents, trade secrets/confidential information, copyright, and industrial designs, for all COVID-19 medical technologies (any more limited proposal or proposal to include TRIPS-plus provisions should be rejected) and publicly support all efforts by countries to use existing TRIPS flexibilities to increase access to COVID-19 technologies;
 - Use leverage with industry to ensure sufficient production and allocation of originator products, non-exclusive global licensing for generic production, affordable pricing, access to reference products for

⁵ See [Consolidated Financing Framework for ACT-A Agency & In-Country Needs \(who.int\)](#).

⁶ See [Access to COVID-19 tools funding commitment tracker \(who.int\)](#).

⁷ For example, the WHO COVID-19 Technology Access Program (C-TAP), Medicines Patent Pool (MPP), etc.

bioequivalence studies, and access to antiviral and other drugs for follow-on research, including for clinical trials exploring combination therapies and use in populations traditionally excluded from testing.

4. **Support the science.** The US government must launch a new 'whole-of-government' initiative that places equity and open science at the heart of Federal agency efforts to accelerate discovery, development, and manufacturing of next-generation vaccines, therapeutics, and diagnostics to prepare for new variants and sub-variants of SARS-CoV-2, as well as other pathogens with pandemic potential.
 - Prioritize development of vaccines offering complete protection against SARS-CoV-2 variants and of pan-coronavirus vaccines, ensuring head-to-head evaluation on a common platform and/or in clinical trials, to facilitate selection of the most effective vaccine candidates;
 - Support innovation in diagnostics, with funding centered on technologies that have the greatest versatility in platforms and cartridges, enabling use across pathogens and including the potential for manufacturing generic cartridges (even if the testing platform is proprietary);
 - Support open innovation for therapeutics, in particular early discovery for drugs with the broadest possible spectrum of activity that can be rapidly moved into clinical trials to be 'phase II-ready,' and support clinical trial networks, particularly in LMICs, that can be operational during 'inter-crisis times' with surge capacity for when the next pandemic strikes.

Delivering against these objectives will save lives now and protect the health and well-being of individuals, help build more resilient health systems, and safeguard livelihoods and economies in the short-term while fortifying pandemic preparedness efforts.