

## 2021 ECOSOC Special Ministerial Meeting

### A Vaccine for All

16 April 2021

*Version: 1 April*

#### Background

The COVID-19 pandemic has caused unprecedented levels of morbidity and mortality across the world. The pandemic has generated unparalleled social and economic impacts on communities and countries, albeit the extent of its negative effects varies from one group of countries to another. As a result, poverty and hunger has increased; inequalities have exacerbated and job losses have multiplied, hampering progress for achievement of the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC).

Global solidarity and transformative actions are needed to recover and build back better in an inclusive and sustainable way. Affordable and timely ‘Vaccine for All’ is an essential step to save lives and livelihoods everywhere.

While immense progress has been made with vaccines development, inequity in access to COVID-19 vaccines is threatening to further deepen the inequalities between the poor and the rich countries. It has been 114 days since the first country started vaccinating. 590 million vaccine doses have been administered, but 77 percent has been in 10 countries. According to some studies, most people in African countries will not be vaccinated before 2023 and emerging countries will have to wait until 2022<sup>1</sup>

The United Nations General Assembly, the World Health Assembly, the UN Secretary-General, and Director-General WHO have called for COVID-19 vaccines to be treated as a global public good and for the most vulnerable countries, including those facing humanitarian emergencies to have open and equitable access to vaccines. The UN Secretary-General also underscored that the world needs to unite to produce and distribute sufficient vaccines for all to end this pandemic and recover better.<sup>2</sup>

Most recently, the “Political Declaration on Equitable Global Access to COVID-19 Access”<sup>3</sup>, supported by 181 countries, launched on 26 March 2021 “pledged to treat COVID-19 vaccination as a global public good by ensuring affordable, equitable and fair access to vaccines for all, with COVAX being the appropriate mechanism to guarantee it”.

The COVID-19 Vaccine Global Access (COVAX) Facility aims to help end the acute phase of the global pandemic by the end of 2021 by providing access to at least 2 billion doses of safe and effective COVID-19 vaccines to 20 % of the most vulnerable population in all participating economies. As of 1 April, COVAX has shipped an estimated 35 million doses to 78 countries, including 45 lower middle-income countries and low-income countries. On 23 March, the GAVI Board approved the COVAX buffer for high-risk populations in humanitarian settings. This will ensure that up to 5 per cent of the COVID-19 vaccine doses procured through the COVAX Facility will serve as backup stock of last resort for at-risk populations. Thanks to COVAX the picture is continuing to change but needs to be accelerated rapidly in order to ensure that no one is left behind.

According to GAVI’s modelling based on vaccine distribution scenarios, equitable and timely COVID-19 vaccine distribution would lead to the biggest reduction in deaths.<sup>4</sup> ‘A Vaccine for All’ also makes economic sense. The UN Department for Economic and Social Affairs estimates that the world economy

---

<sup>1</sup> The Economist

<sup>2</sup> <https://www.un.org/en/coronavirus/only-together-can-we-end-pandemic-and-recover>

<sup>3</sup> The Core Group of [the Political Declaration on Equitable Global Access to COVID-19 Vaccines](#) include Brazil, Denmark, Egypt, European Union, Fiji, Germany, India, Italy, Kenya, Lebanon, Mexico, Norway, Pakistan, Qatar, Republic of Korea, Saint Vincent and the Grenadines, Senegal, Sweden, and the United Kingdom.

<sup>4</sup> [Equitable COVID-19 vaccine distribution will lead to the biggest reduction in deaths | Gavi, the Vaccine Alliance](#)

contracted by 4.3 per cent in 2020.<sup>5</sup> A recent study commissioned by the International Chamber of Commerce (ICC) Research Foundation estimates that the global economy could lose as much as \$9.2 trillion in the absence of equitable vaccine distribution.<sup>6</sup>

Notwithstanding the COVAX Facility, the advancement of public health, economic and social objectives faces serious challenges considering the fact that 80 % of people in poor countries will still be out of COVID-19 vaccine coverage. Meanwhile, the persistent gap between supply and demand, “vaccine nationalism” as well as vaccine export restrictions are limiting progress in vaccination programmes in poor countries. Undue stockpiling of Vaccine is counterproductive and can prolong the life of the Pandemic instead of ending it. WHO has noted that too many countries and vaccine manufacturers are focused on making bilateral or selective deals, which pushes the poorest countries to the side.<sup>7</sup>

There are other obstacles to ensuring a “Vaccine for All”. The world is currently facing severe constraints in the maximum amount of COVID vaccines that can be produced through existing global manufacturing capacity. Limited global capacity for vaccine manufacturing means that demand will far outstrip supply. Vaccine equity cannot be achieved through market-driven mechanisms alone.

Urgent and innovative measures need to be deployed to ramp up production of vaccines using existing capacities including the capacity to “fill and finish”; build the related infrastructure and arrangements; facilitate the transfer of relevant materials and technology and approval for one-time waiver for the use of flexibilities under the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement and the Doha Declaration on TRIPS and Public Health.

While pharmaceutical companies aim to protect their intellectual property to fund their expensive research, in the case of the COVID vaccine, a large amount of R&D funding came from public sources. Therefore, a temporary WTO waiver from certain obligations of the Trade-Related Aspects of Intellectual Property Rights (TRIPS) must be explored with utmost urgency in order to fully utilize global manufacturing capacity.

Furthermore, the COVID-19 Technology Access Pool (C-TAP) could help promote open science “to accelerate product development and facilitate access to the resulting health technologies by pooling IP, data, regulatory dossiers, and manufacturing processes and other kinds of ‘know-how’”<sup>8</sup>. Further efforts are needed to mobilize wider participation in C-TAP.

The new ACT-Accelerator Prioritized Strategy & Budget for 2021 was published on 12 March<sup>9</sup>, laying out ambitious targets for the distribution of new COVID-19 tools by the end of 2021, including provision of at least 2 billion doses of vaccine to COVAX participating economies; introducing new COVID-19 therapies for up to 100 million treatment courses across all use cases; and 900 million diagnostic tests in low- and middle-income countries by the end of 2021.

Currently, a total of US\$22.1 billion is needed, with at least US\$3.2 billion for the COVAX pillar. Filling the funding gap is imperative to save lives, enable the mass rollout COVID-19 tools around the world, and provide an exit strategy from the crisis.

On 18 February 2020, the WHO launched its Strategic Preparedness and Response Plan (SPRP) for the COVID-19 pandemic for 2021 amounting US\$ 1.96 billion, including US\$ 1.2 billion for the WHO component of the ACT Accelerator. The Plan’s objectives included accelerating equitable access to new tools, including vaccines, diagnostics and therapeutics. The SPRP has been instrumental in supporting countries with their response efforts. Advocacy for and financial contributions to SPRP, ACT-A and COVAX Facility assume urgency.

Maximizing vaccine roll out also requires building country-preparedness, making health systems more robust, and ensuring availability of infrastructure and investment. Countries with weaker health systems

---

<sup>5</sup>[World Economic Situation and Prospects 2021 \(un.org\)](#)

<sup>6</sup><https://iccwbo.org/media-wall/news-speeches/study-shows-vaccine-nationalism-could-cost-rich-countries-us4-5-trillion/>

<sup>7</sup> ‘The coronavirus threat is global. So is the remedy’, The New York Times, 28 February 2021.

<sup>8</sup>[who-covid-19-tech-access-tool-c-tap.pdf](#)

<sup>9</sup> ACT-A Prioritized Budget and Strategy for 2021: <https://www.who.int/publications/m/item/act-a-prioritized-strategy-and-budget-for-2021> (accessed 16 March, 2021))

face particular challenges, with limited numbers of trained healthcare workers. They require urgent support. Building trust in vaccines, addressing misinformation and promoting public health messages and a consistent flow of information as it is made available are all key to increase vaccine uptake and greater trust from communities.

It is of utmost importance- from a moral, equity, and health perspective- that COVID-19 vaccines are supplied equitably and in a timely and affordable manner.

International solidarity is essential to ensure ‘A Vaccine for All’. On 30 November 2020, the President of the 75<sup>th</sup> session of the General Assembly of the United Nations launched an important initiative called “[#Vaccines4All](#)”, calling on UN Member States to support global, multilateral efforts to achieve fair and equitable access to vaccines. In January 2021, WHO issued a call to action for [#VaccinEquity](#)<sup>10</sup> to accelerate the equitable rollout of vaccines in every country, starting with health workers and those at highest risk for COVID-19. The United Nations launched a new online global campaign, [Only Together](#), to help advance fair and equitable access to COVID-19 vaccines worldwide.

Obstacles to equitable and timely supply of vaccines need to be overcome with a sense of urgency to save millions of lives and to help economies recover. The call for a “Vaccine for All” underscores the need for prioritization by all countries of global, timely and equitable access to vaccines over undue export restrictions or withholding of supply, stockpiling or bilateral commercial deals. These measures can prolong the life of the Pandemic.

Transparency by Governments and pharmaceutical companies in all matters related to vaccines including production, distribution and fair pricing is vital. Continued financing including through multilateral development banks, the private sector is also critical to overcoming the deadly virus and in support of countries’ vaccine readiness and roll-out. Proposals for “vaccine passports” require due diligence to guard against perceptions of discrimination in the absence of universal access to COVID-19 vaccines.

## **Objectives**

The Economic and Social Council<sup>11</sup> will organize a Special Ministerial Meeting on “A Vaccine for All” on 16 April 2021, bringing together Member States, UN system and other entities, the private sector, scientists and civil society representatives. The Council, through this Special Ministerial Meeting, aims to address and complement the ongoing efforts to mobilize a coordinated and coherent global response to the pandemic and its adverse socio-economic impacts on people across the world. The meeting aims more particularly to push for a global commitment to equitable and timely distribution of COVID-19 vaccines through accelerated international cooperation and assistance.

The Council will thus address the issues of vaccine equity, financing, access, enhanced production, infrastructure and country-preparedness, timely supply and distribution. The meeting will explore ways to bridge the financing gap and to maximize vaccine supply, affordability, and roll-out throughout the world in a timely fashion. The Council will also explore how to strengthen countries’ capacities for vaccine distribution and readiness against other shocks.

## **Outcome**

The special meeting will be organized as a four-hour meeting on a virtual platform on 16 April 2021. A Presidential Statement will be issued to highlight key messages, commitments and recommendations emanating from the discussions.

---

<sup>10</sup><https://www.who.int/campaigns/annual-theme/year-of-health-and-care-workers-2021/vaccine-equity-declaration>

<sup>11</sup> Over the years, ECOSOC has convened special meetings to address global public health emergencies and promote a coordinated strategic response. These included the outbreak of severe acute respiratory syndrome (SARS) in 2003, avian flu in 2005, Ebola in 2014, and the Zika virus in 2016. The Council convened a high-level briefing on the COVID-19 pandemic in May 2020.