We Must End Trade-Pact Obstructions Against Global Production of COVID-19 Vaccines and Treatments

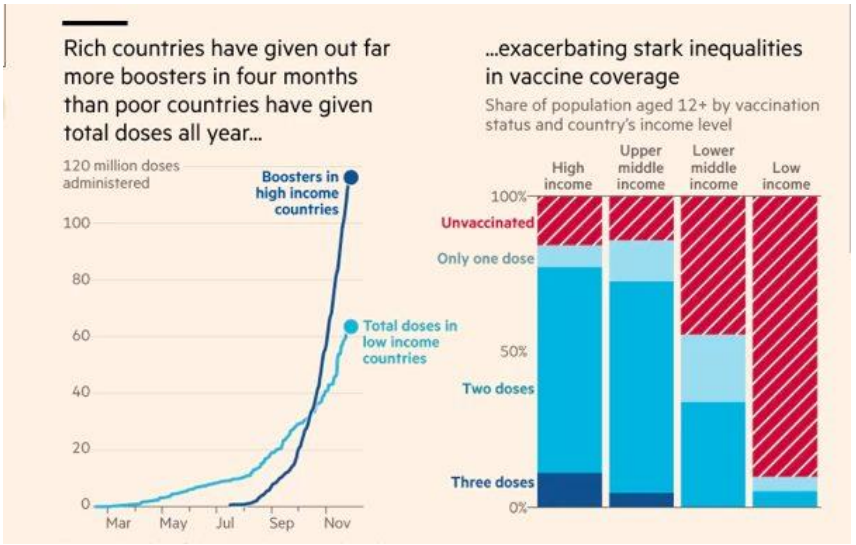
Don't Fall for Pharma's Latest Lie: Only 8% in Poor Nations Are Vaccinated Because COVID-19 Shots Are Not Available, Not Because of Hesitancy

Nearly two years into the pandemic and a year after vaccine rollout started in wealthy countries, only 8% of people in low-income nations have received a first shot. Fewer people in eight Southern African countries *combined* have gotten a first dose than the 38 million U.S. residents that have had *a booster*. Even so, some have tried to downplay the urgency of increasing COVID-19 vaccines supplies by noting that South Africa recently suspended some vaccine deliveries. To distract from the absolute shortfall in vaccine supply, pharmaceutical interests and their political allies are claiming that vaccine hesitancy is causing low vaccination rates in developing nations. This has been completely debunked.

The data actually demonstrate that vaccine hesitancy is much lower in low- and middle-income countries compared to wealthy nations. A paper published in the scientific journal Nature showed that more people are willing to get COVID-19 vaccines in a sample of developing countries from Mozambique and Rwanda to India and Pakistan to Colombia – on average 80% – compared to the 65% for the United States. And, in Africa, a survey conducted August-December 2020 covering 15 countries (including South Africa) showed that, on average, 79% of Africans would take a COVID-19 vaccine. In contrast, in January 2021 just 55% on average in high-income countries, such as Canada, Denmark, Germany and France, reported that they either had gotten a shot or were willing to take one, according to Our World in Data figures.

A lack of sufficient and timely supply of vaccines is the main problem in developing countries, not hesitancy. African health authorities issued a statement in late November noting that donations had been "ad hoc, provided with little notice and short shelf lives." which has caused impossible logistical problems for health systems that are already stretched. Nigeria, for instance, received from Europe 600,000 doses in October with a remaining shelf life of six to seven weeks.

The need for more localized manufacturing of COVID-19 medicines is underscored by the current vaccine makers' practice of using their monopoly powers to limit production while prioritizing booster sales at much higher profits in rich countries even as billions of people in developing countries have not had initial immunizations. The World Health Organization warned that six times more COVID-19 *booster* shots are being administered around the world daily than primary doses in low-income countries.



Source: Financial Times

Prioritizing immunization in the Global South would not only prevent needless death and suffering, but it is critical to ending the pandemic. Wherever mass COVID outbreaks can rage, new mutations will emerge. That is why most countries believe it is critical to suspend World Trade Organization intellectual property barriers that limit greater vaccine production around the world. Additionally, rich country governments that host vaccine originators must leverage their legal authority to compel technology and know-how transfer, and mobilize sufficient resources to create widespread, decentralized global vaccine production.

Tell the Biden administration: Get the WTO TRIPS waiver enacted immediately, vaccine technology transferred now and enough funding allocated ASAP to greatly scale up production of COVID-19 vaccines, treatments and tests to end the pandemic.

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