



Addressing Covid-19 vaccine inequity by June 2022

Policy paper

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Introduction

As Covid-19 vaccines are rolled out globally, some parts of the world might feel that the pandemic is almost over. However, for the vast majority of countries, this is far from the case. In high-income countries, over 60% of people have had at least one vaccine dose, compared to around 4% in low-income countries.¹ In some countries, booster vaccination campaigns are also underway. The story could have been different. If the vaccines delivered to date had been equitably distributed globally, all front-line health workers and vulnerable people would now be protected.

Continued vaccine inequity will have global impact on the development of the pandemic. For example, continued high transmission in countries with low vaccination rates increases the likelihood of new variants emerging which evade protection provided by existing vaccines.² Recognising the urgent need to address this inequity, the WHO has set out targets to reach 40% coverage in every country by the end of 2021 and 70% by June 2022.³ The WHO had called for 10% coverage by the end of September 2021, but 56 countries missed this target.⁴

Most G20 countries have already vaccinated 40% of their populations with at least one dose,⁵ with several having already vaccinated over 70%,⁶ and many have contractual access to far more doses than they will need to vaccinate their entire domestic populations. G20 countries are also home to many of the leading vaccine manufacturers. This makes the G20, in collaboration with the biggest vaccine manufacturers, uniquely placed to take a global leadership role and change course on global vaccine inequity.

To end the pandemic, action on vaccines must be taken alongside efforts to secure equitable access to tests, treatments (including oxygen) and PPE, through global collaborative efforts such as the [ACT-Accelerator](#). There is also important work to be done to ensure the world is ready to respond to the next pandemic. We explore this topic in a separate policy paper, which should be read alongside this document. Here though, we concentrate on the current challenge of global vaccine inequity and look at what it will take to reach 70% vaccination coverage in all countries by June 2022.

¹ As of 20 Oct 21. [Global Dashboard for Vaccine Equity - UNDP Covid-19 Data Futures Platform](#).

² Wagner CE, Saad-Roy CM, Morris SE, et al. Vaccine nationalism and the dynamics and control of SARS-CoV-2. *Science*. 2021;373(6562):eabj7364. doi:10.1126/science.abj7364

³ Recognising national targets may need adjustment based on age demographics, policy developments and programme reach.

⁴ WHO. 2021. [Strategy to Achieve Global Covid-19 Vaccination by mid-2022](#). 56 countries represent 20% global population.

⁵ All G20 members except Russia, Indonesia and South Africa (20 Oct 21). Retrieved from: <https://ourworldindata.org/covid-vaccinations>. Underlying data from: Mathieu, E., Ritchie, H., Ortiz-Ospina, E. et al. [A global database of COVID-19 vaccinations](#). *Nat Hum Behav* (2021).

⁶ Canada, China, Italy, Republic of Korea, France, United Kingdom, Brazil, Japan, Australia (20 Oct 21). Ibid.

The next 250 days

This paper sets out what action is needed by the G20 and vaccine manufacturers to turn the WHO targets for vaccination coverage into reality. Despite production forecasts of up to 12 billion doses by the end of 2021,⁷ current vaccine supply forecasts indicate that the Covid-19 Vaccines Advance Market Commitment (COVAX AMC) – set up to support access to Covid-19 vaccines for 92 low- and middle-income countries representing half of the global population – will have access to just 1.2 billion doses.⁸ It is clear that continuing with the status quo will not lead to equitable outcomes in vaccine access. Over the next 250 days, a step change is needed to close the gaps in access and prevent this from happening again.

Between now and June 2022, we propose the following actions to [ensure that supply is far more equitably distributed](#) and is matched with critical [support for delivery](#) so that doses reach the arms of the people that need them most:

1. G20 countries with high vaccination coverage should accelerate and increase dose donations to COVAX to ensure 40% coverage in every country by the end of 2021.
2. G20 countries with high vaccination coverage should swap places with COVAX in vaccine supply queues so that manufacturers can fulfil existing COVAX agreements more quickly.
3. Vaccine manufacturers and G20 countries should allow COVAX first right of refusal on a significant proportion of new supply until the end of 2022, to avoid restricted supply going to the same group of wealthy nations.
4. Vaccine manufacturers, supported by G20 countries, should facilitate increased production by offering or increasing comprehensive, non-exclusive licensing of intellectual property and technology transfers to additional manufacturers.
5. G20 countries should support rapid mobilisation of easily accessed funds for Covid-19 vaccine delivery, including direct investment in the ACT Accelerator.

Box 1. Action needed in the next 250 days

WHO ambition	10% vaccination coverage in every country	40% vaccination coverage in every country	55% vaccination coverage in every country	70% vaccination coverage in every country
Forecast* (AMC91 coverage with COVAX supply alone)**	~6%	~20%	~37%	TBC
	1 October 2021	31 December 2021	31 March 2022	30 June 2022
Action needed by G20 countries and vaccine manufacturers in the next 250 days	Donate and deliver enough doses to reach 40% coverage everywhere. 56 countries missed the 10% target.			
	Agree that COVAX will have first right of refusal on new supply in 2022.	COVAX has first right of refusal on a significant proportion of new supply.		
	Facilitate increased tech transfers.	Engage in tech transfers and training.	Potential new supply online.	
	Mobilise urgent funding to support vaccine delivery.			

*Source: [COVAX Global Supply Forecast, 8 September 2021](#)

** Assumption: 1.2 billion = 20% coverage, so ~6 billion doses are needed for 100% coverage. While COVAX is the main or only source of vaccine for most AMC countries, several have access to doses from other sources (e.g. regional mechanisms, bilateral deals and donations)

⁷ IFPMA. 2021. [Momentum of COVID-19 vaccine manufacturing scale up sufficient for step change in distribution.](#)

⁸ COVAX is the main or only source of vaccine for the majority of AMC countries.

Redistributing existing supply

1. G20 countries with high domestic vaccination coverage should accelerate and increase dose donations to COVAX to ensure 40% coverage in every country by the end of 2021.

Many countries are not on track to reach WHO vaccination targets. According to current supply forecasts, COVAX will have access to enough vaccine doses to cover 20% of populations across AMC countries by the end of 2021. While some countries will complement COVAX supply with doses from bilateral deals, bilateral donations and regional mechanisms such as the African Vaccine Acquisition Trust (AVAT), this is still not expected to be enough to reach 40% coverage across all AMC countries by the end of 2021. The IMF, for example, estimates that even in the best-case scenario, most African countries will not hit the 40% target.⁹

The majority of Covid-19 vaccine doses that will be produced in 2021 are already tied up in bilateral agreements between vaccine manufacturers and a handful of countries. This includes countries with contractual access to far more doses than they will need for their entire domestic populations, including some vaccine types that are no longer being widely used domestically.¹⁰ The fastest way to reach 40% coverage by the end of 2021 is therefore to redistribute doses that are bound up in these agreements so that they reach the countries that need them most. Crucially, these doses must be delivered in steady and predictable volumes, with long shelf lives, to allow recipient countries to prepare for their delivery.

Several G20 countries have already pledged to donate doses, but the speed is insufficient. For example, in June, the G7 committed to share at least 870 million doses over the next 12 months, but only half of these will be delivered by the end of 2021.¹¹ By delivering on existing commitments more quickly (e.g. delivering the G7 commitment by the end of 2021 instead of June 2022) and further increasing dose donations, G20 countries could help ensure the 40% vaccination target is met across AMC countries. Countries must provide visibility on when COVAX will receive these donations to ensure doses can be rolled out efficiently. Increasing and accelerating dose donations is achievable without compromising the domestic response in donor countries. For example, the EU and four other G20 countries alone are estimated to have 1.2 billion surplus doses by the end of 2021, after they have vaccinated 80% of people 12 years and older, including a booster dose for all.¹²

Failure to donate doses quickly enough would have a significant human cost. Recent analysis suggests that up to 2.8 million lives could be lost if countries do not redistribute surplus vaccines this year.¹³ Donations must also sit alongside continued financial support for COVAX and the ACT-Accelerator more broadly, in line with its latest investment case.¹⁴

⁹ Agarwal. R., Gopinath. G., *A Proposal to End the COVID-19 Pandemic*. IMF, 2021.

¹⁰ MSF Access Campaign. 2021. *COVID-19 Vaccine Redistribution to Save Lives Now*.

¹¹ G7. 2021. *Our Shared Agenda for Global Action to Build Back Better (Carbis Bay G7 Summit Communiqué)*.

¹² Airfinity. 2021. *More than a billion available stock of Western Covid-19 vaccines by the end of 2021*. The four countries are the UK, US, Canada and Japan, plus EU.

¹³ The Economist. 2021. *As a rich-world covid-vaccine glut looms, poor countries miss out*.

¹⁴ ACT-Accelerator investment case in process of being updated at time of publication.

2. G20 countries with high vaccination coverage should swap places with COVAX in vaccine supply queues so that manufacturers can fulfil existing COVAX agreements more quickly.

COVAX has secured its own supply agreements with vaccine manufacturers but timelines are often uncertain and subject to change. COVAX revised down its [supply forecast](#) for AMC countries by 300 million doses between June and September 2021 to account for the evolving supply landscape.¹⁵ Countries with high domestic vaccination coverage have the opportunity and responsibility to swap near-term delivery schedules with COVAX so that vaccines are delivered to where they are needed most. This could also apply to other regional procurement mechanisms covering countries with low vaccination coverage.¹⁶ In order to facilitate this, manufacturers must provide transparency on the volume and timing of vaccine doses that governments and other procurers can expect to receive.

Equitably allocating future supply

3. Vaccine manufacturers and G20 countries should allow COVAX first right of refusal on a significant proportion of new supply until the end of 2022.

In 2022, new supply of vaccines is expected to become available. G20 governments and vaccine manufacturers should take steps to ensure this supply is allocated to where it is needed most. Vaccine manufacturers should prioritise countries with low vaccination rates and little contractual access to doses when entering into new supply agreements. One way to do this would be for manufacturers to give first right of refusal to COVAX on a significant proportion of new supply of Covid-19 vaccines until the end of 2022. The proportion of new supply offered to COVAX could be calculated according to the proportion of the global population that are eligible to receive doses through COVAX (i.e. AMC countries). G20 countries should encourage this by signalling their support for this measure and allowing new agreements with COVAX to take priority. This could also be considered for other regional procurement mechanisms covering countries with low vaccination coverage. Trialling this now would help inform future approaches to equitable allocation and ensure that, if successful, similar measures are introduced from the outset of a pandemic.

Giving priority to COVAX is particularly important in the context of continued high demand for Covid-19 vaccines due to factors such as booster campaigns and vaccination of adolescents. Countries with access to a large number of doses are already planning or implementing broad booster campaigns despite WHO calling for a moratorium on boosters until the end of 2021 in order to prioritise first and second doses for vulnerable people (see [Box 2](#)).¹⁷

¹⁵ From 1.5bn to 1.2bn doses for AMC participants. COVAX, 2021. *COVAX Global Supply Forecast (23 June and 08 Sept)*.

¹⁶ WHO has recommended this action for COVAX and the African Vaccine Acquisition Trust (AVAT)

¹⁷ WHO. 2021. *Interim statement on booster doses for COVID-19 vaccination*.

Box 2. The role of scientific research to inform a decision on boosters

Reaching 40% and 70% coverage targets requires that the limited supply of vaccines is distributed equitably and used most effectively. Based on current evidence, broad-based administration of booster doses risks exacerbating inequities in vaccine access. More evidence is needed on the duration of protection and protection against new variants from the primary vaccination course of each vaccine. The rationale for booster doses will differ by vaccine product, epidemiological setting, risk group and other factors. Without sufficient data on the benefit of boosters, delivering first and second doses must be the priority in order to reach the most vulnerable and protect against severe disease.

Further scientific research is also needed to optimise current vaccines, address variants of concern and develop next-generation vaccines.

4. Vaccine manufacturers, supported by G20 countries, must facilitate increased production by offering or increasing comprehensive, non-exclusive licensing of intellectual property and technology transfers to additional manufacturers.

Supply to reach 70% vaccination coverage in every country by mid-2022 is made uncertain by continued reliance on manufacturers in a small number of mainly high- and upper-middle-income countries. To date, this concentration of capacity has been reflected in where vaccines have been distributed to by most of the biggest vaccine manufacturers (Oxford-AstraZeneca is the exception).¹⁸ It has also left global supply chains vulnerable to disruptions and national policies and decisions such as export controls. Supply is least secure in countries and regions with least manufacturing capacity.

Without early work to sustainably diversify vaccine supply capacity, the world is now trying to catch up because capacity takes several months to scale up. Diversifying capacity will require full technology transfer covering a comprehensive package of technology, patents, know-how and regulatory data, and training for interested manufacturers. However, mechanisms designed during Covid-19 to support comprehensive technology transfer have, so far, gained little or no participation from the biggest Covid-19 vaccine manufacturers.

In the immediate term, WHO pre-qualified manufacturers must increase licensing of intellectual property and technology transfer agreements with existing capable manufacturers, including manufacturers of other sterile injectables for mRNA vaccines. Manufacturers should also work with mechanisms designed to support and facilitate technology transfer, such as the Covid-19 Technology Access Pool (C-TAP) or the [WHO mRNA Technology Transfer Hubs](#).

While these actions will take several months to have a positive impact on supply, sustainably increasing regional manufacturing capacity will have long-term benefit for future pandemic preparedness, supporting self-sufficiency in all regions and developing capacity to develop and manufacture products for region-specific needs.

¹⁸ For example, as of the beginning of September 2021, 98% of Pfizer/BioNTech deliveries and 88% of Moderna deliveries had been allocated to high- and upper-middle-income countries. Amnesty International, 2021. *A double dose of inequality: Pharma companies and the Covid-19 vaccines crisis*. pp.47; 56.

Supporting vaccine delivery

5. G20 countries should support rapid mobilisation of easily accessed funds for Covid-19 vaccine delivery, including direct investment in the ACT Accelerator.

Efforts to improve vaccine supply in AMC countries must be accompanied by immediate efforts to support delivery in order to meet the 40% and 70% vaccination targets. Covid-19 vaccine delivery has been particularly challenging in many low-income countries due to uncertain supply, severe strains on health workforce capacity, the ultra-cold chain requirements for some vaccines and sensitivities around communication.

Steady and predictable supply is critical for countries to scale up absorption capacity. Absorption capacity is diverse across the AMC and has been increasing, but on average it is estimated that COVAX AMC countries need to double their current vaccination rates to deliver the supply that is forecast for 2021.¹⁹ For most AMC countries, this scale up is feasible but for a minority, particularly those with complex challenges and weaker health systems, it will be more challenging. However, if done successfully, scale up could help strengthen immunisation systems for future rollout of other life-saving vaccines.

G20 countries can assist AMC countries to scale up absorption capacity by supporting rapid mobilisation of delivery funding. Reaching 70% of populations in low and middle-income countries is estimated to require at least an additional US\$8 billion for vaccine delivery, through a combination of domestic, grant and concessional financing.²⁰ G20 countries can help meet urgent funding needs through direct investment in mechanisms such as the ACT-Accelerator.²¹

Additional financing options are available through the Multilateral Development Banks (MDBs). However, of the US\$20 billion that the World Bank made available for all Covid-19 vaccine activity, only US\$5.8 billion has been approved so far across procurement and delivery efforts.²² Analysis from the Centre for Global Development suggests that a key barrier to the rapid uptake of this funding is that it often counts against countries' overall borrowing headroom, leaving countries to make difficult trade-offs, particularly when there is uncertainty around upcoming supply.²³ G20 countries should work with the MDBs to remove barriers to financing for Covid-19 vaccine delivery and ensure that available funds are rapidly mobilised to meet most urgent needs. Finally, to maximise long-term impact, investments in Covid-19 vaccine delivery should be joined up with wider health system strengthening efforts.

Reaching 70% vaccination coverage in all countries by June 2022 will not be an easy task. But with thousands of people continuing to lose their lives to Covid-19 every day, the need for urgent action is clear. Over the next 250 days, the G20 must take bold action to ensure vaccine doses are used in the countries that need them most and to bring an end to the pandemic for everyone.

¹⁹ Based on COVAX June Supply Forecast of 1.5bn doses. Andersen et al., *The Absorption Capacity Challenge*, Tony Blair Institute for Global Change, Lawrence J. Ellison Institute for Transformative Medicine of USC, 2021. p.13.

²⁰ WHO. 2021. *Strategy to Achieve Global Covid-19 Vaccination by mid-2022*.

²¹ ACT-Accelerator investment case in process of being updated at time of publication.

²² World Bank. 2021. *World Bank Support for Country Access to COVID-19 Vaccines*.

²³ Center For Global Development. 2021. *Hits and Misses: The World Bank and COVID-19 Vaccine Equity at the G7*.

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