

September 3, 2021

Andy Rabens

Director for Global Engagement and Multilateral Diplomacy,
National Security Council

Dear Mr. Rabens,

On behalf of the Global Health Council Multilateral Roundtable, we applaud U.S. leadership throughout G20 negotiations in supporting critical elements to end this pandemic, and prevent and prepare for future ones. U.S. efforts to mobilize G20 leaders to share excess COVID-19 vaccine doses, provide technical and financial support for last mile vaccine distribution and boost overall supply, and improve disease surveillance and early warning systems will advance U.S. and global health security and equity.

However, the world is still far from having the comprehensive global roadmap necessary to defeat this pandemic and the U.S. alone will not bring this global crisis to an end. While the U.S. has stepped up, we are disappointed that other world leaders did not commit to donating their fair share toward the necessary one billion doses by September, nor pledge any additional funds to the Access to COVID-19 Tools Accelerator (ACT-A). We hope that a rumored COVID-19 summit focusing on the ongoing pandemic and the future of global health security takes place in September, and provides an opportunity to take concrete action. The rapidly increasing rise of global Delta variant infections demonstrates that time is not on our side. World leaders must move faster to ensure low- and middle-income countries (LMICs) have timely access to the full suite of tools required for tackling this pandemic: vaccines, diagnostics, therapeutics, and health system support.

It is also imperative that while the focus remains on COVID-19, many of the other key global health priorities that have seen significant progress and investment over the last decade are not neglected, and that the G20 seizes the opportunity to recommit to concrete actions to achieve the Sustainable Development Goals (SDGs), strengthen health capacity in LMICs, and prioritize health systems and primary care as part of a cross-sectoral, one-health approach.

As discussions for this year's G20 Health Declaration are finalized, we call on the U.S. to work with G20 partners to:

- **Share more COVID-19 vaccine doses more quickly with LMICs.** The Biden-Harris administration leads the world in dose-sharing commitments, with at least 580 million doses expected over the coming year. U.S. contributions constitute more than half of the total global dose-sharing commitments, which stand at almost 900 million doses. These figures fall far short of what is needed and what is possible. Together with G20 partners, the U.S. should further commit to ensuring enough supply to provide vaccines for 70% coverage for all countries by mid-2022. Given current manufacturing capacity and

purchases to date, the U.S. should bring forward the timing of its donations to provide at least 500 million doses in 2021, as well as further increase its own commitment to at least one billion doses by mid-2022. The U.S. must also push other high-income countries, especially the G20/EU, to substantially increase donations to reach a minimum of one billion shared doses by the end of 2021.

- **Fully fund ACT-A.** With more COVID-19 cases reported in the first five months of 2021 than in all of 2020, the world is still in the acute phase of the pandemic—despite high vaccination rates in some countries protecting populations from severe disease and death. Inadequate testing and low vaccination rates are exacerbating disease transmission and overwhelming local health systems, while leaving the world vulnerable to new variants. Therefore, it is imperative that G20 leaders ensure that COVAX *and all pillars* of ACT-A receive the full \$11.5 billion needed to execute its mission. This includes the urgent appeal of \$7.7 billion to fund the Rapid ACT-Accelerator Delta Response (RADAR), which would enable significantly increased testing and better surveillance to detect and protect against new variants; provide more oxygen to treat the seriously ill and save lives; provide vital personal protective equipment, including access to adequate sanitation and hygiene, to protect community health workers; enable the rollout of emergency response and delivery support for the effective deployment of COVID-19 tools, including in humanitarian contexts; and continue research and development (R&D) so that tools remain effective.
- **Strengthen global manufacturing capacity for vaccines and vaccine inputs.** The U.S. should provide financial and technical assistance to ramp up vaccine manufacturing capabilities and capacity in LMICs, especially in Africa, Latin America, and Asia. The U.S. International Development Finance Corporation, along with other bilateral and multilateral organizations including the International Finance Corporation, has recently made three investments to support such manufacturing and supply chain capacity in India, South Africa, and Senegal. This model should be further expanded and accelerated. The U.S. should also seek a global agreement on reducing the use of export restrictions for COVID-19 vaccines, therapeutics, diagnostics, and related inputs.
- **Ensure progress toward the SDGs doesn't stall further.** The COVID-19 fight must not be funded at the detriment of other global health and human development priorities. While COVID-19 has dominated global health programming and dialogues this past year, global leaders must recalibrate their efforts and underscore their commitment to advancing the fight against other health priorities to ensure progress towards the SDGs, including universal health coverage (UHC). This will require increased investment in primary healthcare; R&D, particularly for poverty-related and neglected diseases; health systems, including access to water, sanitation, and hygiene; maternal, child, and adolescent health programs, nutrition, and the health workforce. G20 leaders must recommit to the fight against diseases such as malaria, tuberculosis, and HIV/AIDS and to

promoting overall health and well-being by funding them through ODA, resourcing and leveraging existing multilateral institutions, and providing additional technical assistance for capacity strengthening in LMICs.

- **Strengthen health systems and primary care.** COVID-19 is a wake-up call to the inadequate investments and political commitments needed to realize sustainable and resilient health systems—including the health workforce—at the community level that can prepare for and respond to public health emergencies and related impacts, while continuing to deliver and expand access to quality essential services for all as part of UHC. Such financing leveraging existing institutions and partnerships will deliver holistic access to care for all *and* help prepare for and respond to future pandemics. We encourage the U.S. to continue prioritizing investment in bilateral and multilateral global health initiatives and engage the private sector to catalyze funding to tackle both emerging and enduring health challenges.

We believe these practical and effective measures are crucial to ending the pandemic and getting the world back on track when it comes to long-term global health priorities, and we hope the U.S. continues to show its leadership on these vital topics, especially in forums like the G20.

Yours sincerely,

Global Health Council Multilateral Roundtable Co-Chairs,

Mike Beard, Global Health Director for the Better World Campaign, UN Foundation
Philip Kenol, Multilateral Officer, Global Health Technologies Coalition