



The White House  
1600 Pennsylvania Avenue, NW  
Washington, DC 20500

September 21, 2021

Dear President Biden,

The Infectious Diseases Society of America and its HIV Medicine Association applaud your leadership in calling for a summit of world leaders to make new commitments to control the COVID-19 pandemic and support your call to establish a target to fully vaccinate 70 percent of the world's population within a year. As physicians, scientists and other infectious diseases medical professionals leading the COVID-19 pandemic response in the United States, we know firsthand how transformative equitable vaccine access can be. We greatly appreciate the steps you have already taken to contribute funding to COVAX and donate COVID-19 vaccine doses to low- and middle-income countries (LMICs). We urge you to build upon that foundation by engaging other high-income countries to end vaccine nationalism and fast-track dose sharing; increasing the rate of manufacture of mRNA and vector vaccines within the next 6 months; committing more resources to COVAX; and making further investments to accelerate the capabilities of LMICs to manufacture and administer COVID-19 vaccines.

Renewed commitments made at the summit during the United Nations General Assembly will be a critical step in strengthening access to COVID-19 vaccines in LMICs. Eighty-four percent of all COVID-19 vaccines globally have been administered in high- and upper-middle income countries, while only 0.3% have been administered in low-income countries — an inequity that is antithetical to achieving COVID-19 control globally and contradicts our moral obligation to a fair and just civil society that treats all as equals. The longer we wait to strengthen global vaccine equity, the more we allow for the development of increasingly dangerous variants that could evade existing vaccines, putting the hard-won gains we have made against the pandemic at home in danger.

While vaccine manufacturing globally has increased to approximately 1.5 billion doses per month, wealthy countries are continuing to buy up stock while failing to deliver on commitments to share doses, leaving LMICs with severely limited access to vaccines. COVAX, which aimed to provide 2 billion doses to LMICs by the end of 2021, has had to cut that projection down to 1.4 billion due to an inability to purchase doses. The U.S. alone has procured enough doses to fully vaccinate 655 million people — more than twice our adult population. Meanwhile, South Africa — a country of 60 million — has only been able to procure enough doses to fully vaccinate 11.75 million people. Zimbabwe has only procured enough doses to fully vaccinate 400,000 people, while Senegal has procured enough for 100,000.

While we commend the G7 commitment to donate 1 billion doses of vaccines to LMICs, only 15 percent have reached LMICs to date. We ask you to use the full strength of U.S. diplomacy to make sure excess doses are shared with LMICs, while immediately donating our excess doses. We urge you to further scale up manufacture of COVID-19 vaccines in the U.S. over the next 3-6 months so that enough vaccine doses exist for both needs within the U.S. as well as markedly increased vaccine access for LMICs.

We ask you to support efforts to strengthen COVID-19 vaccine administration and infrastructure in LMICs, including strengthening vaccine manufacturing, distribution and supply chains, improving storage and transport in-country to reach the most remote and vulnerable populations and helping countries develop effective service delivery mechanisms. In addition, there should be coordinated scientific and engineering cooperation between vaccine manufacturers and global partners, such as the WHO-backed technology transfer hub in Africa. The U.S. should lead the way in accelerating the development of vaccine manufacturing capabilities in LMICs and coordinating technology transfer between current vaccine manufacturers and international partners.

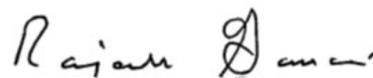
Vaccine nationalism has not only led to high-income countries hoarding doses while leaving the rest of the world without; it has also diminished the buying power of what little financing LMICs have to purchase doses. [Reports](#) that some lower-income countries are paying more than high-income countries for the same vaccine doses are deeply concerning. Not only has South Africa been able to secure fewer doses per capita than the U.S. or E.U. countries, it paid \$5.25 per dose of the AstraZeneca vaccine produced by the Serum Institute while 27 E.U. countries paid \$3.50 per dose and the U.S. paid \$4 per dose. Bangladesh — a country with roughly \$1,900 GDP per capita, compared to \$65,000 GDP per capita in the U.S. — also paid \$4 per dose.

Continued failure to make vaccines equitably accessible is a moral catastrophe that will cost us both in lives and in trillions of dollars: The ONE Campaign [estimates](#) that vaccine hoarding could cost the global economy up to \$9.2 trillion. If we do not commit to protecting the global population from SARS-CoV-2, we will never be fully protected at home. Without increased vaccination rates globally, new variants and strains of SARS-CoV-2 will likely emerge in low vaccine coverage countries only to undo the major gains we have achieved in the U.S. As infectious diseases physicians, scientists and health care professionals on the front lines here at home, we implore you to use the full might of U.S. global leadership to make COVID-19 vaccines accessible for all.

Sincerely,



Barbara D. Alexander, M.D., MHS, FIDSA  
President, IDSA



Rajesh T. Gandhi, M.D., FIDSA  
Chair, HIVMA