

To: Anthony S. Fauci, MD  
Director, U.S. National Institute of Allergy and Infectious Diseases (NIAID)

Rochelle P. Walensky, MD MPH  
Director, U.S. Centers for Disease Control and Prevention (CDC)

David Kessler, MD JD  
Co-Chair, White House COVID-19 Task Force

Vivek Murthy, MD MBA  
Co-Chair, White House COVID-19 Task Force

Marcella Nunez-Smith, MD MHS  
Co-Chair, White House COVID-19 Task Force

CC: Ron Klain, JD  
White House Chief of Staff

Jeremy Bernton, JD  
Executive Secretary, U.S. Agency for International Development

Antony Blinken, JD  
Secretary of State

Xavier Becerra, JD  
Secretary Nominee, Department of Health and Human Services

Colin Mccliff, MA  
Acting Director, Office of Global Affairs, Department of Health Human Services

María Pagán, MA  
Acting U.S. Trade Representative

**RE: U.S. Government Action Needed to Ensure Global Vaccine Access**

Dr. Fauci, Dr. Walensky, Dr. Kessler, Dr. Murthy, & Dr. Nunez-Smith:

We are writing about the letter sent to you on 30 January 2020 by our South African colleagues regarding COVID-19 vaccine access in the Global South. Despite the severity of South Africa's COVID-19 epidemic, the country has only succeeded in procuring enough vaccine doses to cover less than 50% of its population – even including the nation's COVAX allotment.<sup>1</sup> Alas, South Africa's experience is

representative of the greater crisis in access to COVID-19 vaccines in lower- and middle-income countries.

Absent immediate intervention, vaccines will not be widely available in lower-income countries and many middle-income countries before 2023.<sup>2</sup> This not only poses a risk to individuals and communities in those countries, but to all countries globally. Rapidly vaccinating the global population with highly effective vaccines is the surest and only way to reduce the risk of vaccine resistant viral variants.

**The U.S. government can and must take immediate action to increase the global availability and supply of COVID-19 vaccines.**

Although other vaccine candidates, multilateral agencies like GAVI, and other nations have an important role to play in global immunization, the lack of production scale up of the mRNA vaccine developed via a collaboration between the U.S. National Institute of Allergy and Infectious Diseases (NIAID) and Moderna is most concerning. The NIAID-Moderna vaccine represents a highly efficacious vaccine that reduces incidence of symptomatic COVID-19 by over 90%<sup>3</sup> and can be stored in a normal freezer and a regular refrigerator for up to 30 days.<sup>4</sup> Additionally, mRNA vaccines can be tweaked to address emerging variants more rapidly than other vaccine technologies.<sup>5</sup> Currently, planned global production in 2021 for the NIAID-Moderna vaccine, in the best-case scenario, will only be enough for 500 million people – less than seven percent of the global population.<sup>6</sup> The development of NIAID-Moderna vaccine was almost exclusively funded by the U.S. government, with over \$2.5 billion spent so far.<sup>7</sup> Furthermore, the NIAID-Moderna vaccine relies on intellectual property owned by the U.S. government.<sup>8</sup>

The U.S. government has significant ability to both increase production and facilitate technology transfer to other nations. We therefore request:

- 1) The U.S. government immediately scale up production of the NIAID-Moderna Vaccine and make it available to lower- and middle-income countries – including upper-middle-income countries facing dire need such as South Africa – at the cost of production.**

Current global mRNA vaccine production capacity is insufficient to produce enough mRNA vaccine doses to ensure global access. Creating manufacturing capacity for enough mRNA vaccines to vaccinate the entire world for a single year would cost less than US\$4 billion per year and would cost approximately US\$2 a dose.<sup>9</sup> Furthermore, the federal government has a unique role as owner of the intellectual property protecting the vaccine. There are multiple paths to scaled up production, including public production and global partnerships. As a holder of existing statutory powers (like the Defense Production Act and government patent use) the U.S. government has the power today to increase production of any vaccine for both domestic and global use.

**2) The U.S. government stop obstructing proposals that would enable global vaccine access and instead work to facilitate transfer of intellectual property and know-how for global production of COVID-19 vaccines.**

A critical aspect of the global public health response to COVID-19 relies on LMIC's ability to procure and manufacture vital diagnostics, drugs, and vaccines for responding to the COVID-19 pandemic. One component of this is allowing foreign governments to waive key intellectual property barriers and access know-how and proprietary information vital to the manufacture of these products. To do so, the U.S. government should support the request of India and South Africa for a temporary waiver of some aspects of Trade-Related Aspects of Intellectual Property Rights (TRIPS) regarding COVID-19 vaccines, diagnostics, and drugs, in advance of the WTO General Council Meeting March 1-2 and the TRIPS Council Meeting March 10-11. Furthermore, the U.S. government must pressure companies like Moderna to share know-how and intellectual property with the World Health Organization's Coronavirus Technology Access Pool (C-TAP) and facilitate global tech-transfer to build manufacturing capacity abroad.

**3) The U.S. government commit to building mRNA production capacity not just in the U.S., but also abroad.**

Any future global pandemic response requires establishing new production lines outside of the United States, including in lower- and middle-income countries, to avoid drug shortages. The U.S. should partner with other governments and companies to fund and facilitate tech transfer for new production lines outside of the U.S., such as an African Union hub or partnership with the Developing Countries Vaccine Manufacturers Network, based on an upfront commitment to equitable global access. Such expanded mRNA production capacity builds a more robust global supply chain better prepared to address future infectious disease outbreaks.

While important, alleviating the manufacturing shortages outlined above will do little without an implementation plan once mRNA vaccine supply can meet global demand. To address implementation, the WHO should act as a convener to determine (1) how to fund implementation worldwide, (2) a means of developing country-driven approaches to vaccine delivery, and (3) guidelines and best practices for vaccine delivery.

Sincerely,

**Organizations:**

PrEP4All

Public Citizen

Health GAP

Doctors for America

Initiative for Medicines, Access, & Knowledge

The Democracy Collaborative  
Be A Hero  
AVAC  
Ibn Sina Academy of Medieval Medicine and Sciences, India  
Progressive Doctors  
Foundation for Integrative AIDS Research  
Society for International Development  
Latino Commission on AIDS  
Hispanic Health Network  
Foundation Eboko  
Coai, Inc.  
The Translatin@ Coalition  
Hesperian Health Guides  
SumOfUs  
Women's Health in Women's Hands Community Health Centre  
BARAC UK  
Focus on the Global South  
Southern and Eastern African Trade Information and Negotiations Institute

**Individuals:**

Wafaa El-Sadr, MD, MPH, Professor, Columbia University  
Gregg Gonsalves, PhD, Assistant Professor, Yale School of Public Health  
Jessica E. Justman, MD, Senior Technical Director, ICAP at Columbia, Mailman School of Public Health  
Reshma Ramachandran, MD, MPP, Co-Chair, Drug Affordability Action Team, Doctors for America  
Andrew Goldstein, MD, Founder, Progressive Doctors  
Joseph Osmundson, PhD, Clinical Assistant Professor, New York University  
Matthew Kavanagh, PhD, Director, Global Health Policy & Politics Initiative, Georgetown University  
Jorge Bermudez, MD, DSc, Senior Professor, Fundação Oswaldo Cruz, Rio de Janeiro, Brazil  
Mitchell Warren, Executive Director, AVAC  
Asia Russell, Executive Director, Health GAP  
George Carter, Founder & Director, Foundation for Integrative AIDS Research  
Vanessa Mavila, President, Foundation Eboko  
Zita Holbourne, National Chair, BARAC UK  
Shalmali Guttal, Executive Director, Focus on the Global South  
Peter Staley  
David Barr  
Nicoletta Denticò  
Adina Gerver  
Ben Cheng  
Navya Dasari

---

<sup>1</sup> Matiwane Z. "Health minister Zweli Mkhize lets slip Covid-19 vaccine surprise." (31 Jan 2021) *Sunday Times* (Johannesburg). URL: <https://www.timeslive.co.za/sunday-times/news/2021-01-31-health-minister-zweli-mkhize-lets-slip-covid-19-vaccine-surprise/>

<sup>2</sup> Economist Intelligence Unit. "More than 85 poor countries will not have widespread access to coronavirus vaccines before 2023" (27 Jan 2021). URL: <https://www.eiu.com/n/85-poor-countries-will-not-have-access-to-coronavirus-vaccines/>

<sup>3</sup> Baden LR et al. "Efficacy and Safety of the mRNA-1273 SARS-CoV-2 Vaccine." (2020) *NEJM*. DOI: 10.1056/NEJMoa2035389

---

<sup>4</sup> Moderna Inc. “Moderna Announces Longer Shelf Life for Its COVID-19 Vaccine.” URL: <https://investors.modernatx.com/news-releases/news-release-details/moderna-announces-longer-shelf-life-its-covid-19-vaccine>

<sup>5</sup> King A. “Vaccines Versus the Mutants.” (8 Feb 2021). *The Scientist*. URL: <https://www.the-scientist.com/news-opinion/vaccines-versus-the-mutants-68430>

<sup>6</sup> Moderna Inc. “Moderna Provides COVID-19 Vaccine Supply Update”. URL: <https://investors.modernatx.com/news-releases/news-release-details/moderna-provides-covid-19-vaccine-supply-update>

<sup>7</sup> See e.g. Reuters. “U.S. inks \$1.5 billion deal with Moderna for 100 million doses of COVID-19 vaccine.” (11 Aug 2021) URL: <https://www.reuters.com/article/us-health-coronavirus-moderna-vaccine/u-s-inks-1-5-billion-deal-with-moderna-for-100-million-doses-of-covid-19-vaccine-idUSKCN2572T5>

<sup>8</sup> Axios. “The NIH claims joint ownership of Moderna's coronavirus vaccine.” URL: <https://www.axios.com/moderna-nih-coronavirus-vaccine-ownership-agreements-22051c42-2dee-4b19-938d-099afd71f6a0.html>

<sup>9</sup> Kis Z et al. “Resources, Production Scales and Time Required for Producing RNA Vaccines for the Global Pandemic Demand.” *Vaccines* 2021. URL: <https://pubmed.ncbi.nlm.nih.gov/33374802/>