

30 January 2021

URGENT

To:

Dr Tony Fauci and Dr Rochelle Walensky

And to:

Dr David Kessler; Dr Vivek Murthy; and Dr Marcella Nunez-Smith

Per e-mail

URGENT - VACCINE ACCESS IN SOUTH AFRICA AND REST OF THE GLOBAL SOUTH – US GOVERNMENT ACTION CAN BE TAKEN AGAINST MODERNA AND OTHERS – WE ARE ON THE ROAD TO A GLOBAL DISASTER

We are writing to you as a collective of concerned civic organisations, workers formations, and individuals in South Africa. As you aware, in our country like many others in the Global South, the COVID-19 epidemic is out of control. In the last fourteen days, more than 170,000 South Africans have been newly diagnosed with COVID-19 and thousands have died since the beginning of the outbreak.¹

Our people are getting sick and dying. Our healthcare system, like many within the Global South, is severely strained, interrupting other health programmes such as those focusing on HIV/AIDS, sexual and reproductive health, tuberculosis, and cancer.

While the United States and many countries in the Global North are beginning to attempt to bring their epidemics under control through also the deployment of highly effective mRNA vaccines, our country, like most others in the Global South, currently has little *access to* COVID-19 vaccines.

South Africa is going to receive a fraction of the vaccines it needs to bring the pandemic under control in the next month. Over the next few months, expected deliveries will not be enough to vaccinate everyone who needs a vaccine, which will tear asunder the targets the government has announced, demoralising front line workers. Put simply, if nothing significantly changes, the COVID-19 epidemic will continue to ravage our country and other countries, virtually unabated, for the foreseeable future.

In addition, the current voluntary vaccine supply mechanisms, such as COVAX, and bi-lateral agreements used to procure vaccines across the world are failing our country, the rest of the Global South and indeed the rest of the world. This dire shortage of vaccine supplies is not due to any inherent technological limitation in scaling up production, but rather a seemingly deliberate decision

¹ Republic of South Africa – Department of Health. COVID-19: Online Resource & News Portal: <https://sacoronavirus.co.za>

to not allow production scale up to what the global pandemic requires. We understand the US government is gripped by this reality.

The world now faces the very real possibility of not achieving global population immunity anytime soon – with a situation where more variants and strains will continue to emerge. It is clear we have no time to waste, as we understand that the longer it takes to vaccinate the entire world, the harder it will become to contain the virus. We are not alone in raising the alarm about this possibility and the ‘moral catastrophe’ this represents. And while we acknowledge that there is insufficient manufacturing capacity, right now, in the world, a combination of investment in immediate capacity scale up (centralized) capacity and a concerted effort to facilitate technology transfer could help rapidly solve this problem.

We request your urgent intervention given that the US government has supported the accelerated research of several front runner Covid-19 vaccine candidates through ‘Operation Warp Speed’. This includes the vaccines in the attached table, all of which received considerable US government support and US public funding through the NIAID.

Specifically, the US government has a unique and critical role here – it can immediately help to address current global supply constraints, given that it is a co-developer and co-owner of, in particular, the ‘NIH-Moderna’ vaccine.

The US government helped research and pay for the development of the NIH-Moderna vaccine, yet, as things stand, the company Moderna has unilaterally decided that very few nations will benefit from it. And Moderna’s own limited production ability and capacity to serve the world poses a global risk.

As such, in the case of the NIH-Moderna vaccine, the US government can immediately act to ensure that:

- It prioritises the production scale up that the US government seeks, not only for itself but also the wider world.
- NIH-Moderna shares the technology and vaccine know-how with the world *during* the pandemic (not after) and including with the World Health Organization (WHO).
- Commits to an indefinite low profit price for everyone.
- Immediately submits itself, or through licensees, relevant clinical dossier/s for on-going regulatory review and approval in South Africa and other global South countries (and/or through sub-licensees).
- Multiple licenses are issued to enable others to assist with urgently scaling up production (and still benefit from earning a reasonable royalty).

We therefore implore you - enforce your rights in this instance and ensure that Moderna and other companies supported by the US government abide by its obligations. Your actions will undoubtedly help to save millions of lives in our country and elsewhere in the global South.

Signed in Cape Town:

Archbishop Thabo Makgoba

Anglican Archbishop of Cape Town, The Most Reverend Dr Thabo Cecil Makgoba

Signed for ***The People’s Vaccine Campaign (PVC) Of South Africa***

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| Name | Technology | US government support - amount | Date announced | Vaccine candidate | Notes |
|--|---|--|--|-----------------------------------|---|
| Johnson & Johnson (Janssen Pharmaceuticals) | Non-replicating viral vector | \$1 billion | August 5, 2020 | Ad26.COV2-S | This is in addition to \$456 million the US government awarded in March 2020. |
| AstraZeneca—University of Oxford and Vaccitech | Modified chimpanzee adenovirus viral vector | \$1.2 billion | May 21, 2020 | AZD1222 | |
| NIH-Moderna | mRNA | \$1.53 billion | August 11, 2020 | mRNA-1273 | The US government has already given Moderna two grants of \$483 million and \$472 million. The \$1.53 announced on August 11, 2020, brings the total investment to \$2.48 billion. |
| Novavax | SARS-CoV 2 recombinant spike protein nanoparticle with a djuvant | \$1.6 billion for advance commercial-scale manufacturing | July 7, 2020 | NVX-CoV2373 | US government funding to demonstrate commercial-scale manufacturing; the US federal government will own the 100 million doses produced, but it will be made available for clinical trials |
| Merck and IAVI | <i>Replicating viral vector Themis (measles) IAV (vesicular stomatitis)</i> | <i>\$38 million</i> | <i>April 15, 2020 (project terminated by Merck January 25, 2021)</i> | <i>V590</i> | <i>V590 is Merck's collaboration with IAVI. Merck has another vaccine candidate, V591, which it acquired in May 2020 with Themis.</i> |
| Sanofi and GlaxoSmithKline | <i>Protein (insect cell lines) with adjuvant</i> | <i>\$2.1 billion</i> | <i>July 31, 2020</i> | <i>No name as of October 2020</i> | <i>On December 11, 2020, the companies announced that they would delay the vaccine's release until late 2021 because it produced "insufficient immune response" in elderly people.</i> |