

## **Ensuring Global Health Security for COVID-19**

### **An Open Letter to US Congress and the Biden Administration**

The second year of the COVID-19 pandemic is showcasing the stark inequity in global health security. The most advanced economies are entering a period of containment while the rest of the world is unable to respond or recover from the pandemic with relevant medical or economic tools. The United States is on track to a summer of pre-pandemic levels of normalcy while South Asia and India in particular is reporting an estimated 1–2 million cases/day and 15,000-25,000 deaths/day. The pandemic will end when it ends for all.

Some of the undersigned below previously signed an [open letter to HHS and the NIH](#) calling on the US government to use every available tool to expand global access to COVID-19 vaccines, [given the precedent during the HIV crisis](#). We are leaders in public and global health across the country. We now make an appeal to Congress and the Biden Administration to donate or loan surplus vaccine and transfer technology to India and other South Asia countries during this unprecedented crisis.

#### **Success of the US program**

The 4 decades of investment through the AIDS epidemic, the human genomic project, gene editing tools, and the mRNA platform has enabled the US to address the pandemic with the strongest and fastest solution. Combined with the incredible execution of the vaccine program since the beginning of this year, as of writing, we have a surplus of 70 million doses of vaccine with the surplus growing by 0.5 million each day. Given the present target of vaccinating 70% of adults by end of June and the impending launch of vaccination for the 12 – 18 age group, the present surplus of 70 million doses should be adequate to meet the vaccine demand till mid-summer. Further, the pending delivery of 130 million doses of the Pfizer vaccine, 170 million doses of the Moderna vaccine, 180 million doses of the 1-dose J&J vaccine and 100 million doses of the Novavax vaccine provides a supply capable of fully vaccinating an additional 330 million people.

#### **Variant Proliferation and Global Vaccination**

Over the course of the pandemic, large surges in diverse population bases have repeatedly resulted in the emergence of variants capable of greater transmissibility. While the first generation of vaccines are reasonably effective against the various Variants of Concern identified today, proliferation of new variants could prolong the pandemic. The best resolution to this cycle is the rapid vaccination of the global population to the current prevalent variants minimizing the opportunities for further evolution of the virus. Over the past year, WHO, GAVI and CEPI have coordinated an effective global vaccination program in COVAX which is proceeding with procuring and distribution of the current generation of vaccines across the globe. The numerous challenges in effectiveness, production, distribution, administration and pricing of the vaccines in the course of this global vaccination drive is presently forecasted to possibly extend the pandemic beyond 2022.

## Getting Ahead of the Virus

The faster we end this pandemic, the lower the global humanitarian and economic toll. To get ahead of the virus as it evolves, we need to identify, evaluate and monitor new variants as they emerge across the globe. This requires health agencies worldwide to provide samples or sequenced genomes for analysis along with reliable epidemiological data on outbreaks. Today, GISAID has proven to be most comprehensive such infrastructure. However, we need further cooperation and participation from respective health agencies across the world to track the evolution and spread of variants towards ending this pandemic.

## Vaccine Donation and Loan Program

Given our surplus of vaccines, the best use of the surplus first generation vaccines would be the immediate containment of the pandemic in other parts of the world. Pfizer has reported slowed production of original vaccine to concentrate on booster doses although the [durability of the current vaccine is likely to be long](#). Given the enormous value of the immediate availability of the US vaccine supply, it could be provided as a donation or loan to foreign governments. In addition, the foreign governments could be required to provide genomic and epidemiological samples and information direct to the CDC or via GISAID. This would enable the surplus vaccine supply to help abate the current pandemic surges elsewhere and also provide the foundation for curtailing further evolution of the virus.

This program could be operated by the CDC and USAID independent of the ongoing US participation in COVAX. This would allow the rapid and targeted deployment of the vaccines supply in geographies on the cusp of new surges through bilateral agreements rather than multilateral processes. Further, when major allies and trading partners of the US deploy our surplus vaccines, they adopt a common mitigation plan for any future variants.

## Suggested Pilot with State of Tamil Nadu, India

The state of Tamil Nadu is one of the more advanced state economies in India that entered a stay-in-place lockdown starting May 10, 2021. The newly elected government in the state is interested in securing vaccines from the US that would supplement their current vaccination drive using the Astra Zeneca (Covishield) and Covaxin vaccines.

We recommend that the US donate or loan 30 million doses of the Moderna mRNA-1273 vaccine from the US supply immediately which can be easily distributed and administered by the relatively mature public health infrastructure in the state. This would allow the state to emerge from the lockdown having contained the surge that is starting there and also serve as a model for deploying the excess US vaccine supply elsewhere in India and the world in a strategic manner. Further, this pilot could also demonstrate the US access to genomic and epidemiological data that will be so crucial to winding down this pandemic.

The Government of Tamil Nadu is ready to work with the United States with immediate effect on acquiring the Moderna vaccine and deploying it across the state through the public health infrastructure.



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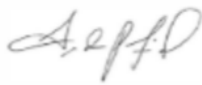
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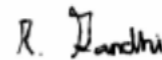
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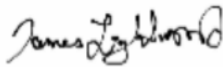
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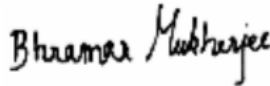
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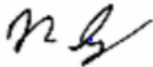
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A handwritten signature in black ink, reading "Mitchell Warren". The signature is fluid and cursive, with the first name "Mitchell" and last name "Warren" clearly distinguishable.

Mitchell Warren  
Executive Director,  
AIDS Vaccine Advocacy  
Coalition (AVAC)