

Geneva, 25 February 2021

## **Christian health networks appeal for global equity and solidarity in access to Covid-19 vaccines**

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*He has told you, O mortal, what is good; and what does the Lord require of you but to do justice, and to love kindness, and to walk humbly with your God? (Micah 6:8)*

It is now almost a year since WHO declared COVID-19 a pandemic. The pandemic is still threatening the whole world; besides those who have died, many more have lost their jobs, been driven into poverty and lack perspective in the crisis.

As Christian health organisations, service providers and networks we support health outcomes by reaching vulnerable and hard-to-reach communities with essential health care, especially in low-income countries. Christian health services provide 15% to 60% of healthcare in Africa, and significantly also in the other regions. We thus add our voice as part of national and global health systems.

We are grateful for the remarkable swiftness of developing safe and effective vaccines that are expected to help bring the pandemic under control. In particular, we commend the public financing to the pharmaceutical industry for research and development that has helped to make this possible. We are concerned however with the emerging trend of rich countries hoarding excess doses to vaccinate their entire populations two or more times over, inflating vaccine prices for poor countries and the overall picture of low or no vaccinations in low-income countries. We are equally concerned that even in rich countries, racial/ethnic minorities and low-income persons are being marginalised in access to the vaccines.

We commend COVAX, one of the pillars of the Access to COVID-19 Tools Accelerator (ACT Accelerator), that was launched in April 2020<sup>1</sup> as it aims to guarantee vaccine doses for at least 20% of every country's population as soon as possible to end the acute phase of the pandemic, thus saving many lives and restoring societies and economies in the near term. With 189 countries participating, COVAX is a truly global initiative.

Providing vaccines for all must be part of a global plan to end the pandemic. It is estimated that the cost to the global economy of not vaccinating would be US\$ 9.2 trillion, equivalent to 7% of global GDP<sup>2</sup>. These economic consequences of the pandemic are and will continue to be more devastating in poor countries that have no economic reserves to cushion a further drift into poverty and food insecurity for years. Even in rich countries, poor households are and will continue to suffer more.

In addition, there is the danger that new mutations will flood the globe if hotspots for Coronavirus remain uncontrolled. Thus even if individual countries manage to eliminate their outbreaks, the needs of trade and travel will impose a constant global risk until the virus is suppressed everywhere. A protracted pandemic will also continue to undercut gains in other health programmes, like maternal and child health, and control of non-communicable disease.

This pandemic has exposed the already existing inequities in the world. Continued lack of global equity and solidarity in access to COVID-19 vaccines will undermine global efforts toward disease control and further derail achievement of Sustainable Development Goals. We feel that this is unacceptable because options for positive action exist.

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<sup>1</sup> <https://www.who.int/initiatives/act-accelerator/covax>

<sup>2</sup> [https://www.rand.org/pubs/research\\_briefs/RBA769-1.html](https://www.rand.org/pubs/research_briefs/RBA769-1.html)

As WHO Director-General Dr Tedros Adhanom Ghebreyesus recently said, the world would face a catastrophic moral failure if it did not walk the talk on vaccine equity<sup>3</sup>. A global response based on solidarity and equity must be everyone's interest. Decisions guided by isolationist nationalism will only prolong the pandemic, worsen the need for restrictions, and increase the already high human and economic costs, reversing years if not decades of development.

As Christian health networks and partners, we commit to maintaining our contribution to the global COVID-19 response motivated by the teachings of Jesus of promoting health and healing, prioritizing the sick and vulnerable, finding strength in weakness, servant leadership, and witnessing to the power and love of the gospel.

As Christian health networks and partners we appeal for global equity and solidarity in access to COVID-19 vaccines. In particular, we:

1. Urge all leaders of governments to do everything in their power to make COVID-19 vaccines a global public good – accessible, available and equitably distributed; to ensure that frontline workers, people with underlying health conditions and older populations get vaccinated first – as proposed by WHO, and to share excess doses with COVAX, so that all other countries can do the same now;
2. Call on governments and the international community to expand global production capacities and thus increase supply and reduce prices. To this end, companies capable of producing vaccines or even components of vaccines should be engaged through WHO mechanisms to achieve the volumes needed globally to end the pandemic;
3. Urge pharmaceutical corporations to expeditiously elaborate appropriate TRIPS waivers through World Trade Organization and WHO COVID-19 Technology Access Pool in order to ramp up vaccine production by multiple manufacturers.

Statement issued by:

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5. David Evans, LifeNet International, USA
6. Dr Samuel Mwenda, Christian Health Association of Kenya, Kenya
7. Leadership Team, Medical Mission Sisters, United Kingdom
8. Dr Sam Orach, Uganda Catholic Medical Bureau, Uganda
9. Rick Santos, Church World Service, USA
10. Rev. Dr Stavros Kofinas, Network of the Ecumenical Patriarchate for Pastoral Health Care, Turkey
11. Mareike Haase, Bread for the World, Germany
12. Rev. Judith Johnson-Grant, Jamaica Baptist Union, and Caribbean Conference of Churches, Jamaica
13. Peter Yeboah, Africa Christian Health Associations' Platform, and Christian Health Association of Ghana, Ghana
14. Richard Neci Chizungu, Ecumenical Pharmaceutical Network, Kenya
15. Dr Tonny Tumwesigye, Uganda Protestant Medical Bureau, Uganda
16. Michael A. Idah, Christian Health Association of Nigeria, Nigeria
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<sup>3</sup> <https://news.un.org/en/story/2021/01/1082362>

19. Rev. Dr Miriam Burnett, African Methodist Episcopal Church International Health Commission, USA.
20. Frank Dimmock, The Outreach Foundation, USA
21. Jim Winkler, National Council of Churches, USA
22. Dr Levi Monanu, Territorial Envoy and Chief Medical Director, The Salvation Army, Nigeria
23. Dr Melicia Whitt-Glover, Gramercy Research Group, and Council on Black Health, USA
24. Dr Mike Soderling, Health for All Nations, USA
25. Dr. Alphinus Kambodji, Cikini PGI (Communion of Churches in Indonesia) Hospital, Indonesia
26. Dr N'dilta Djekadoum, Association Evangélique pour la Santé au Tchad, Chad
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