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GUEST ESSAY

Why Isn't the U.S. Embracing This Pandemic Prevention Strategy?

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By Amy Maxmen
Dr. Maxmen is a science journalist and a press fellow at the Council on Foreign Relations.

Vaccines can end pandemics. That's why they are central to any plan to prepare for the next one.

Developing countries are attuned to this need after many waited nearly a year for ample Covid-19 vaccine supplies as wealthy countries enjoyed an extended period of first dibs. Americans, for example, were offered third doses of mRNA vaccines at a time when 98 percent of people in low-income countries had not received a single shot. Vaccine hoarding cost more than a million people their lives, according to a recent study in the journal Nature Medicine.

To avoid a repeat of this tragedy, every region of the world must be able to make its own vaccines. Right now, Africa, Latin America and parts of Southeast Asia rely primarily on imported vaccines.

"The only way to prepare the world for a pandemic outbreak is to regionalize production and access to medical countermeasures like vaccines," said Rick Bright, a former director of the Department of Health and Human Services' Biomedical Advanced Research and Development Authority, or BARDA.

The Biden administration understands the need for vaccine manufacturing capacity at home. In October, H.H.S. announced that it would enact Mr. Biden's health security strategy by improving domestic capabilities to make vaccines, drugs and diagnostic tests. Yet the Biden administration has not proposed a serious plan to help ensure that all regions of the Global South can do the same, so that billions of people can have timely access to vaccines should another deadly pathogen emerge.

Securing other parts of the world is not only compassionate — it's strategic. It helps ensure the safety of the United States because viruses travel, prolonged outbreaks give rise to variants, and health emergencies destabilize countries in ways that can have repercussions for the globe. As Mr. Bright puts it, "International security is national security."

This point was driven home in March 2021 when the Delta coronavirus variant surged in India during a time when the country lacked Covid vaccines, and again in November when Omicron was detected in under-vaccinated southern Africa. "Nothing did more to undermine the protective impact of U.S. vaccination than Delta and Omicron," said Jeremy Konyndyk, a crisis response expert who recently directed U.S.A.I.D.'s Covid-19 Task Force.

Another lesson from the pandemic was the inadequacy of promises about equity. It took many months for countries and companies to make good on their commitments to Covax, the international mechanism to ensure that vaccines reach poorer countries. In a rush to protect their own citizens, vaccine-producing countries scrambled to procure as many vaccines as they

could and restricted vaccine exports, said Richard Hatchett, the executive officer of the Coalition for Epidemic Preparedness Innovations, or CEPI. "Countries with vaccines served their own populations first," he said. "We need to accept that as a political reality."

To prevent history from repeating, governments across Africa, Latin America and Southeast Asia are trying to strengthen regional abilities to produce vaccines against Covid-19 and other diseases. Their goal is to build this capacity now and stay afloat so that the companies are ready when the next pandemic hits.

One initiative, co-founded by the World Health Organization, involves drug companies in more than a dozen middle-income countries, including South Africa, Argentina and Indonesia, that are working together to produce mRNA vaccines against Covid-19 with hopes to use mRNA against other diseases. Another partnership between the Serum Institute of India and Aspen Pharmacare in South Africa is focused on making four routine childhood immunizations. Brazil's Bio-Manguinhos Fiocruz Foundation is expanding its vaccine production facilities to include mRNA technology.

The United States is well placed to help these efforts and dozens of others in the Global South because it is a scientific superpower, with some of the strongest research institutions in the world as well as a thriving biotechnology and pharmaceutical sector. Moreover, collaboration between scientists in the United States and developing countries has the added benefit of fostering good will and communication that's vital in a fast-moving epidemic.

However, U.S. support is modest thus far. The National Institutes of Health has signed agreements to collaborate with the W.H.O.'s initiative, but this partnership does not include direct funding. And the U.S. International Development Finance Corporation has given loans totaling approximately $125 million to two African vaccine manufacturers, Aspen Pharmacare and the Pasteur Institute in Dakar. But to develop a biotechnology sector capable of producing vaccines throughout the developing world, much more is needed.

Country regulatory systems need to be strengthened to ensure that vaccines produced in the Global South are safe and of high quality. Countries also need a scientific work force capable of vaccine research and production. On both fronts, the United States could help through training programs at the Food and Drug Administration, the N.I.H. and at universities. "We want to make investments strategically so that this is long-lasting," said Nafisa Jiwani, the managing director for health initiatives at the Development Finance Corporation.

Nascent vaccine manufacturers will also need buyers to stay afloat. As one of the top donors to the Gavi vaccine alliance, which procures vaccines for dozens of lower-income countries, the United States could encourage the organization to pay a premium for vaccines made in Africa or Latin America, Mr. Konyndyk said.

A new crop of manufacturers in Africa and Latin America may not be able to develop their own unique vaccines at first, because many countries in those regions lack the well-funded foundation for research that the United States has. Therefore, technology transfer, in which companies in the Global North share their knowledge and intellectual property with researchers in the Global South, is essential. But a strictly voluntary approach to technology transfer is unlikely to deliver. And once a pharmaceutical company exclusively owns the rights to a lucrative product, it's difficult for the U.S. government to compel it to share. "The dynamic we saw in the pandemic was that companies held all the leverage because everyone's priority was to just get doses," Mr. Konyndyk said.

But going forward, the U.S. government can change how it funds research so that more technology transfer happens in the future.

For example, the N.I.H. could share its vaccine-related intellectual property with the W.H.O., and the organization could transfer it to vetted groups in the Global South. Or in the case of another Operation Warp Speed, public investments could come with a stipulation that companies transfer technology to specific companies in developing countries if supplies are limited in a health emergency.

Why isn't the United States taking more action in the drive for pharmaceutical manufacturing across the Global South? Perhaps because there's "no perceived political cost to vaccine inequity globally," Mr. Konyndyk suggested.

But Zain Rizvi, research director at the advocacy organization Public Citizen, in Washington, D.C., speculates that the lack of action by the U.S. government has as much to do with its reluctance to make moves that might threaten U.S. pharmaceutical market dominance. "Is the U.S. willing to prioritize health security and national security even if it makes some corporations uncomfortable?" he asked, adding, "The answer is: Not really."

Covid-19 revealed that equitable vaccine distribution won't come about naturally through the free market or through charity and good will in the heat of a crisis. That's why now is the time to make structural changes to ensure equity before the next emergency hits.

Amy Maxmen is a press fellow at the Council on Foreign Relations.

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