

Towards ‘vaccine internationalism’: an ASPHER statement on the need for an equitable and coordinated global vaccination approach to effectively combat COVID-19

The ASPHER COVID-19 Taskforce Vaccination Group

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The Association of Schools for Public Health in the European Region (ASPHER) believes that the achievement of (vaccine-derived) herd immunity worldwide as soon as possible should be the core aim of all COVID-19 vaccination programmes.^{1,2} This would thereby minimize the spread of the virus both between and within countries. Failure to address structural and systemic inequalities in the acquisition and delivery of vaccinations is a fundamental ethical and moral issue of fairness, between and within all countries.³ There is also a strategic imperative with pragmatic consequences in ensuring other vital goals of comprehensive global vaccination. These include: supporting sustainable economic development, allowing international travel and movement, and restoring and further building adequate and accessible health and social care systems for all our populations worldwide.

Moreover, beyond the profound ethical dimension, no region or nation can truly be free of the pandemic until all nations are free of it. With this in mind, this should be a practical and pragmatic concern for all. Until there is an international consensus and coordinated operational strategy, the virus will find new vulnerable populations and continue to spread.⁴ It will neither respect international boundaries, nor be limited or eradicated by sporadic vaccination coverage across different populations and countries. It will continue to replicate and mutate to new and as yet unpredictable forms of the virus; these potentially limit the effectiveness of current and future vaccines, further threatening the world’s health and economic prosperity. And, as a result, there will remain a continued need for restrictions on international travel, variably and inadequately implemented by individual countries.⁵

ASPHER is deeply concerned about the potential for chaotic differences in vaccination policies both between and within countries which threaten our collective ability to control and suppress the virus worldwide.⁶ Given the potential for further virus mutations, some of which may be vaccine-resistant, the need for a coordinated global approach to vaccination through the lens of equity has never been more evident. We need to overcome the ugly face of ‘vaccine nationalism’ and replace it with ‘vaccine

internationalism^{7,8} if we are to address the major challenges in ensuring global access to COVID-19 vaccines (production, affordability, allocation, and deployment)⁹.

We therefore call upon the WHO to:

- Lead efforts in the global health approach to securing global international collaboration and capacity (in immunology, virology, public health, and vaccinology) to anticipate potential antigenic drift or shift in the severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) virus;
- Bolster its efforts to maintain and develop comprehensive vaccine responses to the virus as well as adapt them to combat potential new strains (similar to existing collaborations on anticipating the antigenic drift of influenza viruses;⁷

We call upon national governments to:

- Commit to international leadership of the vaccination effort through the World Health Organization (WHO), supported by other international key agencies and integrated with the COVAX GAVI initiative;
- Adopt an international consensus with a clear public health strategy on moving towards the targeted reductions of the virus spread, with measurable reduction goals. Such a strategy would need to be followed by national governments and requires recognition of the need for appropriate vaccine deployment, in accordance with local circumstances in the health system (e.g. cold chain context, or in relation to a country's health budget, health systems capabilities and economic circumstances) and is not merely a question of obtaining funding to support poorer countries in access to vaccines;¹⁰
- Contribute to coordinated international effort to ensure that vaccine deployment programmes are comprehensive and fit for purpose, with considerations made regarding the circumstances within countries in which they are administered (e.g. the Pfizer vaccine is unsuitable without expensive refrigeration below -70 Celsius for transportation);
- Strengthen issues around anticipating new variants and decreasing effectiveness of vaccines, with consideration around what to do when vaccines stop working for preventing mild and moderate disease as well as how countries are reimbursed for vaccines they have paid for which may be less effective;
- Issue vaccination cards which are internationally recognized, approved by WHO;
- Evaluate their need to access global vaccine stockpiles (e.g. COVAX) bearing in mind the context of global equity;

We call upon the WHO and national public health agencies to:

- Urgently revise and agree on global evaluation frameworks for the COVID-19 vaccines, building upon historical (and recent pandemic-related) approaches to communicable disease control, elimination, and eradication;
- Ensure global surveillance and disease epidemiology, rapid reporting of vaccine delivery and uptake (with planned seroprevalence studies), and support for alerting and mobilizing outbreak control for emergent diseases within the rapid reporting dashboard;
- Develop an international nomenclature for current and future virus mutations;
- Report funding levels backed with COVAX pledges from countries and ensure timely delivery of vaccines;

- Facilitate post-marketing surveillance, including that of pharmaceutical companies; We call upon civil society organisations and schools of public health to:
- Support the WHO and national governments to exponentially catalyse efforts in combatting the spread of disinformation/misinformation and conveying factual, evidence-based information;
- Continue to identify and share best practices, providing expertise to the WHO and national governments.

ASPHER strongly believes that the creation of a range of vaccines to combat SARS-COV-2 is a major scientific achievement brought about through truly international efforts. We reinforce our stance on the need for transparent and evidence-based decision making in policy, with particular respect to vaccination approaches.¹¹ The willingness of scientists to collaborate must now be matched by politicians from all nations. Without coordinated global capacity and collaboration to anticipate new strains of the virus and new modifications of vaccines, we may find ourselves faced with a perpetual COVID pandemic. As such, there must be no further continuation of the costly 'vaccine nationalism' we have seen thus far.¹²

Politicians of all nations must commit to a global strategy for the control and eventual elimination of the SARS-COV-2 virus, the root cause of the COVID-19 pandemic. There must be a genuine commitment to ensuring equitable access to vaccines both between and within countries. This is more than just a fundamental question of fairness and the right of all global citizens to health. The virus will not be eliminated anywhere, if it is not eliminated everywhere. Restoration of the pursuit of health and a better socioeconomic future for our global citizens requires global commitment to the largest vaccination programme ever undertaken to date. To make this happen, nations will need to pool their resources and sovereignty and put their weight behind the leadership of the WHO.

Recent disputes between the EU and the UK on the distribution of vaccines¹³ drastically undermine effective vaccine rollout globally, doing more harm than good. Political leaders have set high expectations amongst their citizens to ensure rapid vaccine rollouts; however, limitations in technical production are inherent to all vaccine production efforts. While it is an extraordinary success that we have got so far, so quickly, it is important to bear in mind that disinformation/misinformation will persist, and there are both commercial and political factors at play which can exacerbate existing health inequities.^{1,14} Vaccine internationalism requires measured calm heads, diplomacy, and generous visionary leadership. Our aim above everything else as a global community needs to be defeating the virus first.

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