



Directors of Catholic social justice NGOs warn of despairing global inequalities around vaccines distribution

9 March 2021

As Directors of Catholic social justice organisations, we have heard the first-hand accounts of the communities suffering the toughest conditions under the pandemic. Like many other development and health organisations, we wish to draw attention to the urgent need for an ethical and effective framework for global vaccines distribution. The decision-makers of wealthy countries have the opportunity to improve international resilience to future pandemics for the long-term well-being of both their citizens and the world's most vulnerable people. The currently-expected delay and scarcity of vaccines available for global South countries and their poorest populations is no less than an international scandal. It will likely worsen poverty and inequality, perpetuate global vulnerability and ultimately delay the surpassing of the pandemic. The monopolisation of vaccine supplies and patents by wealthier States is a short-sighted response to the COVID-19 crisis, prioritising selfish interests over true solutions, and ultimately endangering us all.

Vaccine producers originally projected the capacity to manufacture sufficient vaccines for 1/3 of the world's population by the end of 2021. But half of these vaccines were pre-ordered by rich countries constituting only 13% of the world population: 27 Member States of the EU, the US, the UK, Australia, and Canada.ⁱ While wealthier countries have the resources to secure bilateral deals with pharmaceutical companies, only 10% of people in low-income countries are likely to receive a vaccine this year.ⁱⁱ To illustrate, CIDSE member, Trócaire, has worked in Somalia for over 30 years and are the only healthcare provider in the Gedo district. They don't anticipate receiving any vaccines, not even for doctors, nurses and midwives, until well into next year.

In a globalised world, the virus and its impacts will not be containable just by closing borders. We already witnessed interruptions to global supply chains from outbreaks and sudden confinement measures during the first wave of the pandemic.ⁱⁱⁱ Supply chain workers, and rural and indigenous peoples are on the front lines against our global crises as exploited and marginalised populations doing the essential work - producing goods, growing food and defending ecosystems - on which our daily consumption depends. Poor communities in Southern countries keep everyone alive in the face of enormous precarity with little guarantee of adequate health care should they fall ill. As warned by UN Secretary-General António Guterres "If the virus is allowed to spread like wildfire in the global South, it will mutate again and again." While Southern communities are vulnerable, we are all vulnerable.

A proposal for a "TRIPS waiver" (a waiver on the agreement of Trade-Related Aspects of Intellectual Property Rights) at the WTO would allow all countries to increase and diversify the production of vaccines.^{iv} However, wealthy and powerful Northern countries - including the EU, the US, the UK, and Canada - have blocked the waiver.^v The COVAX (COVID-19 Vaccines Global Access) facility that intends to

develop and procure a wide range of vaccines for lower income countries still has a funding gap of \$22 billion.

Ahead of the next TRIPS Council meeting on 10-11 March, CIDSE joins other development and medical NGOs and the voices of the Vatican in an urgent call for equal global access to vaccines. A [European Citizens Initiative](#) is in circulation to show citizens demand for universal vaccine access. The CONCORD Network (of which CIDSE is a member) recently wrote an [open letter to European Commission President Ursula von der Leyen](#) urging the EU to approve the TRIPS waiver, and Médecins Sans Frontières is conducting a digital campaign in favor of the TRIPS waiver.

The slow arrival of vaccines in global South countries will worsen the living conditions of vulnerable, exploited communities. Ongoing lockdown conditions will erase livelihoods and further trap women in oppressive domestic work. Confinement measures will also be an ongoing excuse for authoritarian regimes to oppress the circulation and resistance of certain populations and to covertly pass legislation to seize natural territories for the extraction of natural resources. The slow arrival of vaccines to Southern countries is also likely to impede Southern movements from attending international policy processes, such as the COP26, further obscuring the representation of their concerns in the global ecological crisis.

Even if vaccines were procured or produced nationally, Southern countries will struggle to distribute them to rural populations with poor health infrastructure. The cancelling of global South debt would free up tremendous funds for the improvement of national health care systems for distribution and better isolated care conditions for the sick. This is imperative for Southern countries to prepare for the long-haul fight against COVID-19 and future possible pandemics.

The vaccine remains an essential tool for mitigating the current pandemic and saving lives, but it is not a panacea. The zoonotic origin of the virus is a symptom of our unhealthy relationship to nature. The systemic inequality reenforced by the political response to the COVID-19 crisis demonstrates a lack of international solidarity. The complexity of global supply chains for essential goods is an ongoing source of national vulnerability and further crises characterized by labor-abuse and environmental destruction. Beyond the decisions on vaccines, our call is to continue to push institutions and decision-makers to act with integrity and principle towards a just recovery for all: which will ensure the well-being of all our sisters and brothers, especially those who risk the most and have the least chances of being heard.

List of signatories:

- Lieve Herijgers, Broederlijk Delen, Belgium
- Christine Allen, CAFOD, England & Wales
- Manuèle Derolez, CCFD–Terre Solidaire, France
- Josianne Gauthier, CIDSE, International
- Kees Zevenbergen, Cordaid, Netherlands
- Serge Langlois, Development & Peace, Canada
- Axelle Fischer, Entraide et Fraternité, Belgium
- Daniel Fiala, eRko, Slovakia
- Bernd Nilles, Fastenopfer, Switzerland
- Jorge Libano Monteiro, FEC, Portugal
- Antonino Santomartino, Focsiv–Volontari nel Mondo, Italy

- Ricardo Loy, Manos Unidas, Spain
- Susan Gunn, Maryknoll Office for Global Concerns, USA
- Pirmin Spiegel, MISEREOR, Germany
- Michael Heinz, Adveniat (associate member), Germany
- Denise Richard, Partage Lu, Luxembourg
- Alistair Dutton, SCIAF, Scotland
- Caoimhe de Barra, Trócaire, Ireland
- Peter van Hoof, Vastenactie, Netherlands

ⁱ <https://www.nature.com/articles/d41586-020-03370-6>

<https://medglobal.org/vaccine-equity/>

ⁱⁱⁱ <https://www.un.org/press/en/2021/sc14438.doc.htm>

^{iv} <https://docs.wto.org/dol2fe/Pages/SS/directdoc.aspx?filename=q:/IP/C/W669.pdf>

^v <https://mailchi.mp/6847af6be8cc/global-south-urges-rich-countries-to-lift-monopolies-on-covid-19-medical-products-1598803>