R-3 COVID testing, vaccines and treatment

Resolved, that the Episcopal Diocese of Virginia meeting in Convention November 17-19, 2022 stands in solidarity with our brothers and sisters in low and middle-income countries as we face one of the greatest human challenges of our time. We must share vaccines, treatments, and diagnostic tools to save lives.
Be it further resolved that: We urge the Biden Administration to endorse the extension of the June 17, 2022 World Trade Organization decision to address the imbalance in access to COVID treatments and diagnostic tests. The WTO's decision must be renewed in December of 2022 making President Biden's action at this time critical.

Be it further resolved, that the moral and public health imperatives for the Biden Administration ensure that intellectual property (IP) barriers do not continue to stand in the way of controlling the COVID-19 pandemic.

Be it further resolved that a copy of this resolution be sent to President Biden, the Virginia members of Congress, and the Episcopal Church's Office of Government Relations.

Background:
In October 2022, a group of Congressional leaders wrote to President Biden calling for him to support the extension of the June 2022 WTO COVID Decision to address the injustice and health threats plaguing residents of developing countries who now have limited or no access to effective COVID-19 vaccines, treatments or tests that we in wealthy countries take for granted. The letter stated: **"Simply put, we must make vaccines, testing, and treatments available everywhere if we are going to crush the virus anywhere."** The constant need for boosters to fight new variants and the need for new treatments to limit the health and economic consequences for those infected underscore why **"no one is safe until we are all safe." The United States cannot protect its residents from the ravages of COVID-19 if most of the world remains without the diagnostic tools, vaccines, or treatments that are available in the U.S.**

The June 2022 WTO agreement only pertained to COVID vaccines, but it included a provision requiring countries to decide by mid-December if the deal would be extended to promote global access to COVID-19 treatments and tests. There is no moral or medical basis for this not occurring. Yet, it will not occur unless the Biden administration declares support. That is because a sad caveat to the Biden administration's historic May 5, 2021, announcement of support for an emergency COVID-19 IP waiver at the WTO was that it initially be limited to vaccines. The U.S. joined other WTO nations in agreeing to the mid-December deadline for extending the June Decision. But to date, leadership has not been taken by the Biden Administration to ensure that the final steps are taken to ensure global access to critical COVID-19 medicines and tests.

As the world moves towards managing COVID-19 over the long term, issues of equitable distribution of life-saving vaccines, diagnostic tools and treatment remain a moral challenge.

The main issue is that a few U.S. and European pharmaceutical corporations maintain monopoly control over production, resulting in limited supply and high prices. These firms have either been entirely unwilling to voluntarily license production to pay others to make more or have drastically limited access for generic versions to only the poorest of the poor countries. The journal Nature recently featured a report entitled "Donated COVID drugs start flowing to poor nations but can't meet demand," that revealed that through the fall of 2022 "limited supplies and high costs have restricted the flow of COVID-19 antivirals to low- and middle-income regions." (Nature, Sept. 2022) Starting with remdesivir in 2020 and continuing through the treatments that were later developed, such as Paxlovid, the U.S. government along with governments in other wealthy countries have regularly bought up much of the world stock of treatments. The U.S. government secured 20 million doses of Paxlovid starting in November 2021 (The Guardian, June 2020) but it was only in September 2022 that Pfizer agree to sell just six million courses of Paxlovid to the Gates-funded Global Fund to Fight AIDS, Tuberculosis and Malaria for use in 132 low- and middle-income countries after agreeing to sell 4 million doses to UNICEF in March 2022. (CNN April 20222; UNICEF March 2022; The Global Fund, Sept. 2022) The two organizations are the main suppliers of the COVID-19 treatment for low- and middle-income countries.

Sadly, there are examples of developing countries paying more than developed countries for the same COVID medications, including high prices for tocilizumab and baricitinib (MedRxIV, 6/3/21). Pfizer has refused to reveal the price it was charging for Paxlovid. (DEVEX, 2022) However, Pfizer has quoted middle-income developing countries upwards of $250 per treatment while a limited bloc of countries eligible for a Pfizer voluntary license will pay one-tenth that price. The lack of reliable and affordable supplies of diagnostics and treatments for developing countries was also the focus of the recent in-depth ACT-Accelerator report. (ACT-Accelerate, Sept. 2022)

According to the World Health Organization: "Countries are facing challenges to access affordable diagnostics. For medicines, we have few voluntary licenses from key technology holders to scale up manufacturing and respond to the needs in countries." As a result, high income countries are testing for COVID 50 times more often than low- and middle-income countries (ACT-Accelerator, Q2 2022). An estimated 750 million tests are needed to treat high risk individuals likely to contract COVID next year, let alone to implement widespread screening (ACT Accelerator, Q2 2022).

In most African countries, few people have received a first dose of any vaccine and almost none have access to the most effective mRNA shots while there is extremely limited access to testing or effective treatments, such as Paxlovid, that anyone in the U.S. can easily obtain. Many have had COVID-19, but don't know. Today they may suffer the effects of long COVID without knowing what is undermining their health and livelihoods. Some have lost loved ones to the coronavirus, but no one diagnosed them. Many who fall ill wish they had access to treatment. The COVID Treatment Quick Start Consortium has started donating medicine, but the cost is prohibitive. According to the WHO and this Consortium, the best solution would be to have these life-saving tools produced locally.

Extending the June 17 WTO Decision to make it possible for countries with capacity to produce under compulsory licensing and then export to other countries would help ameliorate the lack of sufficient volumes of affordable treatments and diagnostic tests that has been widely documented. Further, we join other CSOs and faith communities in urging the president to support countries using all available WTO IP flexibilities by committing to a "ceasefire" of not using trade sanctions or challenges against countries enacting policies to increase medicine access. As the members of Congress noted in their October 2022 letter: "This should include a pledge that the U.S. government will not pressure or threaten countries who do adopt or use WTO flexibilities, file trade enforcement cases against them at the WTO or under U.S. free trade agreements (FTA), list such actions in the annual "Special 301" report, or otherwise threaten trade sanctions, withdrawal of trade preferences, or any other diplomatic or trade pressure to deter countries from adopting or using such TRIPScompliant measures… The U.S. should also withdraw consent to Investor-State Dispute Settlement (ISDS) challenges related to access to COVID-19 medicines and medical tools so pharmaceutical corporations cannot use U.S. FTAs and investment treaties to attack such measures…."

Resources

- WHO Africa: https://www.afro.who.int/news/six-seven-covid-19-infections-go-undetected-africa
- The World Health Organization: https://www.who.int/news/item/22-09-2022-no-time-for-covid-19-complacency--say-key-countries-responsible-for-tracking-global-rollout-of-covid-19-vaccines--tests-and-treatments
- **Nature** recently reported, "limited supplies and high costs have restricted the flow of COVID-19 antivirals to low- and middle-income regions: https://www.nature.com/articles/d41586-022-02939-7
- **Duke Global Health Innovation Center's** Launch and Scale Speedometer shows that the vast majority of all COVID-19 treatments have gone to developed countries: https://launchandscalefaster.org/covid-19/therapeutics
- The most recent **ACT-Accelerator** report reports limited access and unaffordable prices for COVID-19 treatments, also noting the need for more transparency and diversified local manufacturing: https://www.who.int/publications/m/item/act-accelerator-facilitation-council-working-group-report-on-diagnostics-and-therapeutics
- CSOs sign on letter: https://www.citizenstrade.org/ctc/wp-content/uploads/2021/02/COVIDTRIPSWaiverSignOnLetter_022621.pdf
- African countries miss the WHO targets: https://www.bbc.com/news/56100076https://www.bbc.com/news/56100076
- Africa CDC: https://africacdc.org/covid-19/, https://africacdc.org/download/outbreak-brief-145-coronavirus-disease-2019-covid-19-pandemic/
- USAID: https://www.usaid.gov/news-information/press-releases/sep-23-2022-usaid-announces-countries-test-treat-and-oxygen-programming-covid-19
- https://www.neb.com/nebinspired-blog/bringing-more-covid-19-testing-to-africa

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