



Gayle Smith
Coordinator for Global COVID Response and Health Security
U.S. Department of State

June 2, 2021

Dear Ms. Smith,

The Infectious Diseases Society of America and its HIV Medicine Association thank you for your leadership in advancing the U.S. response to the COVID-19 pandemic globally. While we applaud the Administration's recent actions in the global COVID-19 response, including donating an additional 20 million doses of vaccine on top of the 60 million originally pledged and supporting temporary vaccine patent waivers, much more is needed. **We urge an immediate acceleration of the U.S. global COVID-19 response, including faster deployment of vaccines, diagnostic tests, available therapeutics, personal protective equipment, medical oxygen and other commodities, along with utilizing the full extent of U.S. public health and medical expertise to provide technical assistance to low and middle-income countries (LMICs) and the World Health Organization.**

Accelerated efforts are urgently needed to combat the pandemic in India, Brazil and other LMICs with limited capacities to respond to COVID-19 and help other under-resourced countries prepare for surges. The longer we wait to strengthen the U.S. response globally, the more we allow for the development of increasingly dangerous variants that could evade existing vaccines, putting the hard-won gains we have made against the pandemic at home in danger.

As physicians, scientists and other infectious diseases medical professionals, we have spent the last year on the front lines of the pandemic and have experienced firsthand how devastating the virus has been for individuals, communities, health workers and health systems, even in high-income countries like the U.S. The current phase of the pandemic is disproportionately impacting countries with less developed health care systems and limited public health capacity to respond effectively and will have a devastating impact on even weaker health systems and pandemic response capacities, further setting back pandemic control efforts. We are deeply concerned about the further spread of the B.1.617 variant into Africa and the impact it would have on health systems, causing an unconscionable loss of life and worsening other epidemics, including HIV, tuberculosis and malaria.

Increasing Global COVID-19 Vaccination

Eighty-four percent of all COVID-19 vaccines globally have been administered in high- and upper-middle income countries, while only 0.3% have been administered in low-income countries — an inequity that is not only unjust and unacceptable but also antithetical to achieving COVID-19 control globally. The U.S. must do more to increase access to COVID-19 vaccines, as it is only through universal, free access to COVID-19 vaccines that we will control this pandemic. While the temporary vaccine patent waivers are an important first step, it will take time for vaccine manufacturing to be

scaled up. We urge the Administration to do more to support the rapid expansion of COVID-19 vaccine manufacturing to increase the global supply, including working with global partners to ensure adequate access to raw materials, supporting vaccine manufacturing at multiple international sites rather than depending on a single large manufacturer, and calling for an expedited timeline for negotiations with the World Trade Organization to speed up vaccine manufacturing technology transfers and vaccine production.

In the short term, we urge the U.S. to donate more doses of available vaccines to LMICs. While President Biden has pledged that the U.S. will donate 80 million doses of COVID-19 vaccines over the coming months, there are reports that the U.S. will have more than 500 million excess doses after most Americans are vaccinated. These doses must be shared with LMICs as soon as possible to prevent additional surges in countries like India and Brazil.

Along with donating excess doses, the U.S. must immediately invest in strengthening COVID-19 vaccine administration and infrastructure in LMICs. This includes strengthening vaccine distribution and supply chains, improving storage and transport in-country to reach populations with limited access to vaccines, helping countries develop effective service delivery mechanisms and potentially co-administering COVID-19 vaccines with other needed health interventions, particularly those impacted by the pandemic. Different innovations for vaccine administration will be needed to achieve more equitable access. We urge the U.S. to invest in strengthening COVID-19 vaccine and overall vaccine infrastructure globally to ensure more rapid delivery and universal access to vaccines.

The U.S. response should also leverage longstanding global health programs like the President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, TB and Malaria to scale up access to COVID-19 vaccines. Resources should also be used to promote vaccine confidence, counter misinformation and address questions related to vaccine safety and efficacy to ensure broad uptake.

Leveraging NGOs to Expand Access to COVID-19 Services

In addition to working more closely with ministries of health in affected countries, greater collaboration with non-governmental and civil society organizations on the ground is needed to reach vulnerable populations more effectively. Infectious diseases clinicians in India and other affected countries have reported that overwhelmed and underdeveloped public health systems have been unable to effectively leverage and mobilize NGOs to provide critical COVID-19 services. As a result, NGOs are not connected with ministries of health and not able to access aid from international donors that are focusing on aid provision to national governments.

We ask the U.S. to facilitate collaborations between government agencies and NGOs and help leverage the expertise and reach of civil society organizations in national responses, particularly to reach vulnerable populations that typically lack access to health services.

Addressing COVID-19 Impact on Longstanding Epidemics

We urge the U.S. global COVID-19 response to also provide resources to address the pandemic's impacts on the longstanding HIV, tuberculosis and malaria epidemics. PEPFAR reported a 25 percent reduction in HIV testing in 2020, while in some high-HIV prevalence settings like KwaZulu Natal in South Africa, testing and new HIV treatment initiation [fell by almost 50](#)

[percent](#). The World Health Organization found that 78 percent of countries reported disruptions to TB services. TB case notification has dropped significantly, including by more than 30 percent in countries with high TB prevalence like India and Indonesia. Similarly, the pandemic has derailed progress toward eliminating malaria, threatening to reverse two decades of progress against a disease that kills more than 400,000 people — primarily children — each year. It is estimated that disruptions to essential services including bed net distribution, indoor residual spraying of insecticide and access to antimalarial treatment could double malaria mortality in Africa this year. These impacts will be felt for years to come and carry the potential to undo years of progress against the biggest global infectious disease killers. U.S. efforts to counter the pandemic's impacts on these and other infectious diseases must be included in the COVID-19 response.

Addressing COVID-19 Impact on Immunizations

The pandemic has also profoundly impacted immunization efforts globally, with dozens of countries reporting disruptions to polio, measles and other routine childhood immunization programs that may result in outbreaks of infectious diseases that have been under control for decades. We must work to address these impacts, increase investments in global immunization programs to prevent further outbreaks of vaccine-preventable illnesses and strengthen programs for the long term.

We must also invest in building on innovations that have resulted from COVID-19 vaccine distribution, including the development of immunization information systems to track vaccine administration and follow up with patients for second doses of COVID-19 vaccine. Leveraging and adapting these systems to better track routine childhood and adult immunizations will improve our efforts to ensure universal access to all vaccines.

As infectious diseases clinicians, scientists and public health experts who have been on the front lines of the pandemic in the U.S. and are connected with colleagues globally, we stand ready to contribute to the global COVID-19 response and offer our Society as a resource to the Department of State as you work to accelerate U.S. efforts. Please contact Amanda Jezek, IDSA Senior Vice President for Public Policy and Government Relations at ajezek@idsociety.org or Andrea Weddle, HIVMA Executive Director at aweddle@hivma.org if we may assist you.

Sincerely,



Barbara D. Alexander, M.D., MHS, FIDSA
President, IDSA



Rajesh T. Gandhi, M.D., FIDSA
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