



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

Global governance for COVID-19 vaccines

The COVID-19 pandemic has uncovered serious gaps in the health-care systems of many nations. In particular, it exposes a fragmented global governance system that does not have the structures to coordinate the pooling and sharing of resources needed to combat pandemics. Since the early days of the pandemic, medical protectionism has emerged as nations scrambled for their own stocks of personal protective equipment and ventilators. COVID-19 vaccines could be the next example. Already there is a danger of a vaccine bidding war, with governments competing for a limited number of doses, well before a vaccine even reaches the market.

Enormous amounts of public money and resources poured into vaccine research and development have resulted in more than 150 COVID-19 vaccine candidates, ten of which are now in clinical trials. The most advanced candidate is AZD1222, first developed by researchers at the University of Oxford with public and philanthropic funds from CEPI and subsequently licensed to AstraZeneca. Last month, the UK Government boosted its national vaccine programme with £65.5 million towards AZD1222. In return, 30 million doses will be reserved for people in the UK by September, as part of an agreement to deliver 100 million doses in total. The US Government too set aside US\$1.2 billion to secure 300 million doses of the same vaccine for use in the USA as part of the national programme Operation Warp Speed to accelerate the development, manufacturing, and distribution of COVID-19 medical countermeasures. But neither a nationalist nor a free-market-driven approach will lead to equal access to vaccines.

In June, France, Germany, Italy, and the Netherlands formed the Inclusive Vaccine Alliance to persuade pharmaceutical companies to make COVID-19 vaccines accessible and affordable to EU member states. A portion of vaccines will be made available to low-income countries, including in Africa; yet how big this portion will be, which countries will benefit from it, and who will make these decisions are less clear. Many middle-income countries might be left out.

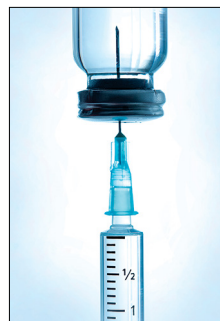
Political leaders, including Emmanuel Macron, Angela Merkel, and Xi Jinping, have rightly called for COVID-19 vaccines to be a global public good—a people's vaccine, available to all. At the Global Vaccine Summit on June 4, world leaders including those from the UK,

Germany, and Canada, together with the Bill & Melinda Gates Foundation, pledged \$750 million to AstraZeneca for 300 million doses of AZD1222 on a no-profit basis, as part of the Gavi Covax Advance Market Commitment. The Serum Institute of India will also produce up to 1 billion doses for low-income and middle-income countries. Covax's initial aim is to raise \$2 billion to accelerate the manufacture of a COVID-19 vaccine on a huge scale and to distribute it according to need, rather than ability to pay.

This commitment is commendable. It delivers a powerful message to governments and vaccine developers that if legally binding, solid measures are put in place, and money pledged, vaccines can be made available and affordable universally. However, many big questions remain. Have the funders agreed to equitable access? How will the vaccines be priced? Will governments commit to sharing vaccines according to fair allocation rules being developed by WHO? Can technology be transferred royalty-free to multiple manufacturers? "The question of who will get priority access to vaccines is core to the global public interest, we need to get the governance of these decisions right, otherwise there will be tremendous resentment and unnecessary deaths, not to mention decreased capacity to get this pandemic under control", Suerie Moon, co-director of the Global Health Centre at The Graduate Institute (Geneva, Switzerland), told *The Lancet*. Transparency in such decisions is fundamental.

There is a urgent need for new arrangements at the global level to facilitate the development, finance, production, and equitable distribution of COVID-19 vaccines. Controlling the pandemic demands global cooperation. The nationalist and competitive approaches taken by a few high-income countries to get hold of a small supply of vaccines could result in excessive casualties in other parts of the world. Global solidarity is needed instead, and resources must be pooled and shared. Gavi Covax is a step in the right direction.

It is imperative that more governments and pharmaceutical companies agree to shoulder the costs of vaccine research and manufacturing, and to share data and technologies. They need to commit to WHO allocation guidelines and cooperate globally to distribute vaccines fairly to those at greatest risk. A pandemic vaccine needs strong global governance behind it. ■ *The Lancet*



Science Photo Library/Getty Images

For more on COVID-19 vaccine development see [World Report Lancet 2020; 395: 1751–52](#)

For more on the Oxford University vaccine trial see https://cepi.net/news_cepi/oxford-university-vaccine-against-covid-19-starts-clinical-tests/

For more on UK funding of vaccine trials see <https://www.gov.uk/government/news/funding-and-manufacturing-boost-for-uk-vaccine-programme>

For more on US funding of vaccine trials see <https://www.cnn.com/2020/05/21/coronavirus-us-gives-astrazeneca-1-billion-for-oxford-vaccine.html>

For more on Operation Warp Speed see <https://www.hhs.gov/about/news/2020/05/15/trump-administration-announces-framework-and-leadership-for-operation-warp-speed.html>

For the Inclusive Vaccine Alliance see <https://www.government.nl/latest/news/2020/06/03/france-germany-italy-and-the-netherlands-working-together-to-find-a-vaccine-for-countries-in-europe-and-beyond>

For more on the people's vaccine see https://www.unaids.org/en/resources/presscentre/featurestories/2020/may/20200514_covid19-vaccine-open-letter

For the Global Vaccine Summit see <https://www.gavi.org/investing-gavi/resource-mobilisation-process/gavis-3rd-donor-pledging-conference-june-2020>

For more on the Gavi Covax Advance Market Commitment see [World Report Lancet 2020; 395: 1822–23](#)