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PUTTING PEOPLE FIRST

Equal access to
COVID-19 vaccines

Policy Brief

ACT Alliance urges an end to the vaccine divide by:

- 1. Global North countries immediately sharing doses, guaranteeing affordable prices, fair allocation and prioritisation** while also committing at least 5% of overall supply to equitable vaccine distribution
- 2. Increasing production and transferring capacity**, technology and production, temporarily waiving patents and IP rights to enable manufacturing in the Global South as well as sharing of technology and knowhow through the C-TAP mechanisms
- 3. Strengthening public health systems** by increasing health budgets in all countries, canceling illegitimate debt and ensuring that the COVID-19 response is not at the expense of routine services such as the immunization of children, maternity health and primary health services
- 4. Ensuring no groups are left behind** by supporting a vaccine storage and distribution system that reaches those hardest to reach in particular those that do not have ID cards and/or lack access to social protection systems
- 5. Calling upon faith leaders to engage in adequate awareness raising to address hesitancy and misinformation**, to support science-based life-saving messages, to use the standard COVID-19 preventative public health measures and to follow guidelines that can prevent transmission
- 6. Creating a more robust form of global pandemic preparedness** that protects the health and livelihoods of all and supporting a COVAX initiative that establishes active social listening and recognises the fundamental role played by civil society actors in COVID-19 mechanisms



This brief reflects crucial inputs received either in writing or orally before, during and/or after 6 regional consultations held with ACT Alliance members working on vaccine equity. The writing was led by Marianna Leite, Ruth Watson and Gudrun Bertinussen with the help of the ACT Alliance Vaccine Working Group which is also composed by Patrick Watt, Fiona Smyth, Eva Ekelund, Johannes Mokgethi-Heath, Evert van Bodegom, Sari Mutia Timur, Mareike Haase, Isaiah Toroitich, Niall O'Rourke and Alison Kelly. Copyedited by Simon Chambers

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1 Introduction

Action by Churches Together (ACT) Alliance is a coalition of more than 140 churches and church-related organisations working together in over 120 countries to create positive and sustainable change in the lives of poor and marginalised people regardless of their religion, politics, gender, race or nationality in keeping with the highest international codes and standards. ACT Alliance is faith-motivated, rights-based, impact focused, committed to working ecumenically and inter-religiously,

with the communities we seek to serve and accompany at the centre of our work.

We are appalled by the vaccine apartheid created by profit-seeking behaviour and self-serving practices that undermine equal access to COVID-19 vaccines.¹ We believe that the global community can and should do more to save lives, improve the well-being of all human beings, promote peace and ensure the realisation of all human rights.²

2 The Global North-Global South Vaccine Divide

As of the 2nd of July 2021, close to a dozen different vaccines are already being distributed,³ more than 3.13 billion shots had been given;⁴ and 40.07 million doses are being administered every day.⁵ This is truly remarkable and demonstrates what we can do together when we rely on science and collaborative ways of working.

However, without radical change, this will not

be a tale of happy endings. **Although the number of reserved vaccine doses would be enough to cover more than half the world's population, 75.8% of these shots will reach only 10 nations.⁶ Wealth has moved some countries to the front of the line while others lag behind.⁷** In fact, according to ONE Campaign in the United Kingdom, Global North countries have bought 1.2 billion more doses than they need for

1 ACT Alliance, 2020, ACT Alliance calls for equitable and criteria-based access and distribution of COVID-19 vaccines, available at <https://actalliance.org/act-news/act-alliance-calls-for-equitable-and-criteria-based-access-and-distribution-of-covid-19-vaccines/>. Also, ACT Alliance EU, 2021, Briefing Note on the EU's Role in the COVID-19 Vaccination Rollout for Developing Countries.

2 ACT Alliance, 2019. A Global Strategy for ACT Alliance 2019-2026: Putting People First, available at <https://actalliance.org/documents/act-global-strategy-2019-2026/>.

3 See more at <https://www.cfr.org/background/guide-global-covid-19-vaccine-efforts>.

4 See more at <https://ourworldindata.org/coronavirus>.

5 See more at <https://ourworldindata.org/coronavirus>. See also Bloomberg, Covid-19 Deals Tracker: 9.59 Billion Doses Under Contract, 12 February 2021, available at <https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/contracts-purchasing-agreements.html>.

6 The top countries are: Canada, Germany, USA, UK, France, Italy, China, India, Brazil and Mexico. See <https://www.statista.com/topics/6172/coronavirus-covid-19-vaccines-and-treatments/>. See also Aljazeera, 'Wildly unfair': UN boss says 10 nations used 75% of all vaccines, 17 February 2021, available at <https://www.aljazeera.com/news/2021/2/17/un-chief-urges-global-plan-to-reverse-unfair-vaccine-access>.

7 Chughtai, A. and Haddad, M. The coronavirus vaccine divide: In maps and charts, Aljazeera, 4 February 2021, available at <https://www.aljazeera.com/news/2021/2/4/the-vaccine-divide-in-maps-and-charts>.

their populations.⁸ This amount is enough to vaccinate the entire African continent with the first jab.⁹ Some Global North countries like Canada have accumulated extensive supply deals with three times more doses than necessary to inoculate their whole populations.

Out of the total of vaccines administered globally, only 0.9% people in low income countries received at least one dose.¹⁰ Appallingly, only 1.70% reached Africa and a mere 5.93% was administered in South America.¹¹ As a result of that, many countries have not started their vaccine scheme and may have to wait until 2022 or later before supplies are widely available.¹²

There are also considerable discrepancies within regions. While some countries like Israel are at 116 doses to 100 people and the UAE at 150 to 100 people, Syria has only 1 dose to 100 people, Palestine has 14.4 doses to 100 people and Iraq has 2 doses to 100 people.¹³ In regions like the Asia-Pacific, these discrepancies have led to dire effects such as the ones

witnessed during the second wave of COVID-19 in India which claimed around 3,800 lives on the 8th of May alone.¹⁴ By this rate, Global South nations will only reach herd immunity vaccination levels in 2024, if ever.¹⁵ These disparities have been exacerbated by crippling public debt and widening inequalities.¹⁶

This is, as the UN Secretary General puts it, 'wildly unfair.'¹⁷ It is also short-sighted.¹⁸ The fact is that, 'no one is safe until everyone is safe'.¹⁹ The new waves of transmission, with new mutations of the virus, clearly demonstrate that global coordination and just distribution of testing and vaccine is the only way to achieve control of the pandemic. New, faster and more destabilising COVID-19 variants might come about if worldwide immunisations are delayed and/or unequal. Minimising this risk is crucial in recovering from this pandemic and addressing the economic downturns ignited during lockdowns.²⁰

The pandemic reminds us that SDG 3 aspires to ensure health and well-being for

8 See more at the ONE Campaign website at: <https://www.one.org/international/blog/covid19-vaccine-inequity/>.

9 Ibid.

10 See <https://ourworldindata.org/covid-vaccinations>.

11 See more at <https://ourworldindata.org/covid-vaccinations>.

12 See more at <https://ourworldindata.org/covid-vaccinations>. See also Bloomberg, Covid-19 Deals Tracker: 9.59 Billion Doses Under Contract, 12 February 2021, available at <https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/contracts-purchasing-agreements.html>.

13 See more at <https://theonefoundation.org.uk/>.

14 See more at <https://ourworldindata.org/coronavirus/country/india>.

15 The Economist Intelligence Unit, 2021, More than 85 poor countries will not have widespread access to coronavirus vaccines before 2023, available at <https://www.eiu.com/n/85-poor-countries-will-not-have-access-to-coronavirus-vaccines/>.

16 Christian Aid, 2021. Briefing Paper: Vaccine Debts - How Africa's debt crisis is slowing COVID-19 vaccination, and how vaccine costs threaten to add to the debt burden.

17 Chughtai and Haddad, 2021.

18 Financial Times, Emmanuel Macron urges Europe to send vaccines to Africa now, 19 February 2021, available at <https://www.ft.com/content/15853717-af6c-4858-87d4-58b1826895a8>.

19 El-Erian, M. No One Is Safe Until Everyone Is Safe, Project Syndicate, 22 February 2021, available at <https://www.project-syndicate.org/commentary/g7-covid19-promises-must-go-beyond-financial-aid-by-mohamed-a-el-erian-2021-02>.

20 It is important to note here that there is also severe underreporting in many Global South countries. For instance, South Sudan has a registered number of cases at 10 688 and 115 deaths. However, the extent of testing is very low, with only around 120 000 tests being carried out since the start of the pandemic, in a population of 12.1 million people. It is safe to say that most cases of COVID-19 in South Sudan have remained undetected, and this will continue to be the case.

all, including a bold commitment to end the epidemics of AIDS, tuberculosis, malaria and other communicable diseases by 2030. It also aims to achieve universal health coverage, and provide access to safe and effective medicines and vaccines for all. In order to achieve this goal we must act, and act now! As a letter from over 150 global faith leaders puts it:

“We cannot abdicate our responsibilities to our sisters and brothers by imagining that the market can be left to resolve the crisis or pretend to ourselves that we have no obligation to others in our shared humanity. Every person is precious. We have a moral obligation to everyone in every country.”²¹

3 Differentiated and Intersectional Impacts

Pandemics are more than just health crises. They are multi-faceted and have real effects on people’s lives.²² As the COVID-19 pandemic shows, in all countries, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health. Through our experience as faith actors working directly with communities on the ground,²³ we have learned that the differentiated and intersectional impacts become more glaring when we zoom into specific thematic areas such as:

• Emergency Preparedness & Humanitarian Response

Evidence shows that less than 1 percent of COVID-19 vaccines so far globally have been administered in the 32 countries currently facing the most severe humanitarian crises.²⁴ However, as of the first quarter of 2021, none of these have gone to the humanitarian buffer. The humanitarian buffer of the COVAX facility, which aims to make vaccines available for populations that are either excluded from national vaccination plans, or unable to access them, needs to be scaled up and resourced with not only access to vaccines but also to delivery costs. Legal issues of liability need to be resolved. Humanitarian actors must be given unhampered humanitarian access to reach vulnerable groups in contexts of war and conflict

21 Sherwood, H. 2021. Global faith leaders call for drug firms to vaccinate world against Covid available at <https://www.theguardian.com/world/2021/apr/27/global-faith-leaders-call-for-drug-firms-to-vaccinate-world-against-covid>. WCC, 2020. Faith-based leaders, organizations have responsibility to advise on moral Implications of COVID-19 vaccine distribution decisions, available at <https://www.oikoumene.org/news/faith-based-leaders-organizations-have-responsibility-to-advise-on-moral-implications-of-covid-19-vaccine-distribution-decisions>. See also, <https://www.oikoumene.org/news/wcc-vaccine-champions-ready-to-serve>.

22 ACT Alliance, 2020. New Virus, Old Challenges, at 4, available at <https://actalliance.org/wp-content/uploads/2020/05/new-virus-old-challenges.pdf>.

23 See Faber, R. et al. Opinion: The coronavirus response needs local communities and faith leaders, Devex, available at <https://www.devex.com/news/opinion-the-coronavirus-response-needs-local-communities-and-faith-leaders-97147>.

24 Aljazeera, ibid.

where states and warring parties do not deliver.

• Gender Justice

We know that COVID-19 significantly impacts women and girls, who are exposed to higher rates of violence and have lower access to formal protection services.²⁵ This scenario is even more acute when we intersect gender with other social markers such as race, class, ethnicity, sexuality, age and geographic location.²⁶ Gender-related barriers can have an indirect impact on immunisation.²⁷ In some countries and communities, gender discrimination means that boys have greater access to vaccines than girls.²⁸ Gender equity also means that resources for mother and child clinics must not be diverted to COVID-19 response as these are also critical services for women. Women need to be at the table when preparing national vaccination plans and responses to ensure that women's health is not de-prioritised.

• Peace and Human Security

160 million people are at risk of being excluded from coronavirus vaccinations because they live in countries engulfed in conflict and instability,

including Yemen, Syria, South Sudan, Somalia and Ethiopia.²⁹ In the past, ceasefires have been used to carry out vaccinations such as the polio eradication campaign in Afghanistan in 2001.³⁰ The UN Security Council has unanimously adopted a resolution demanding a "sustained humanitarian pause" in all conflict areas to enable coronavirus vaccine access.³¹ Humanitarian actors must be able to carry out immunization with all parties and actors respecting the humanitarian principles and the role of independent, impartial and neutral actors delivering to people in need.

• Climate Justice

Countries are facing major climate-induced disasters and other hazards in addition to their ongoing response, prevention and recovery efforts to deal with COVID-19.³² The devastating human health and economic impacts of the pandemic are exacerbated by climate hazards. Countries should work together to agree on a 'solidarity package' so all countries have the means to help tackle the common challenges of COVID-19 and the climate crisis.³³ Overseas Development Aid (ODA) must be invested in this area and this needs to be handled as a matter of

25 Leite, M. Gender & COVID-19 Working Group Blog, 'Girls just want to have rights': COVID-19 and the highest attainable standard of health, available at <https://www.genderandcovid-19.org/editorial/girls-just-want-to-have-rights-covid-19-and-the-highest-attainable-standard-of-health/>.

26 ACT Alliance, 2020. Briefing Paper: Gender and Faith Perspectives on COVID-19, available at <https://actalliance.org/wp-content/uploads/2020/05/briefingpaper-gender.pdf>.

27 In many countries, the long-term effects of the pandemic on the education system and the wellbeing of children are poorly documented. In South Sudan, early marriages, early pregnancies, GBV and child abuse have also increased. Many children, particularly girls, might never return to school.

28 More information at <https://www.gavi.org/our-alliance/strategy/gender-and-immunisation>.

29 Aljazeera, *ibid*.

30 *Ibid*.

31 See more at <https://www.un.org/en/globalceasefire/un-security-council-demands-covid-19-vaccine-ceasefires>.

32 ACT Alliance, Double crisis: Tackling the effects of COVID-19 and climate-related disasters, 29 May 2020, available at <https://actalliance.org/act-news/double-crisis-tackling-the-effects-of-covid-19-and-climate-related-disasters/>.

33 Christian Aid, 2021. Briefing Paper: Vaccine Debts - How Africa's debt crisis is slowing COVID-19 vaccination, and how vaccine costs threaten to add to the debt burden.

global health security and threat to planetary health as a compelling concern for life on earth for not only this generation but also the next.

• Migration and Displacement

The lives of people on the move are increasingly dangerous and difficult, and unequal vaccine distribution is likely to affect migrants disproportionately due to their often insecure status and already limited access to

rights and services.³⁴ Access to health services is particularly challenging for female migrant workers, as many do not have health insurance and have to rely on public health systems that are often underfunded, understaffed and unable to cope. Refugees, internally displaced people and migrant workers need to be included in national vaccination plans, and if excluded, must have access to health services, treatment, vaccines and medical care from humanitarian actors.

4 New Virus, Old Challenges

Although we understand that the situation with the COVID-19 pandemic is unprecedented, major pandemics are not a new phenomenon. This means **we must recognise and embrace knowledge acquired through past pandemics**; work with actors who understand local contexts and are at the forefront; and have a rights-based approach to the response and recovery.

For example, before the 2014 Ebola crisis in the Guinea gulf, a sparse number of organisations had the skills and protocols to face such extreme health hazards. A great mobilisation of diverse actors, including religious leaders and Faith-Based Organisations (FBOs), helped combat the exponential spread in West Africa

that followed the initial outbreak. Similarly, the experience from the Zika outbreak in the Americas in 2015 showed the importance of incorporating an intersectional lens into preparedness and response efforts to improve the effectiveness of health interventions.³⁵ Lessons learned from the fight against HIV/AIDS suggest how essential it is to provide communities with reliable information but also that impact is magnified if facts are channeled by members of the community who are highly respected, like religious leaders.³⁶ Most importantly, the HIV/AIDS case demonstrates that multi-stakeholder action can enable equal access to life-saving drugs through collaborative programmes and the loosening of patents, amongst other actions such as sharing

34 ACT Alliance, Briefing Paper: Gender and Faith Perspectives on COVID-19.

35 Wenham, C. et al. 2020. COVID-19: the gendered impacts of the outbreak, *Lancet* 395: 10227: 846-848, available at [https://www.thelancet.com/article/S0140-6736\(20\)30526-2/fulltext](https://www.thelancet.com/article/S0140-6736(20)30526-2/fulltext).

36 ACT Alliance, 2020. New Virus, Old Challenges, at 4, available at <https://actalliance.org/wp-content/uploads/2020/05/new-virus-old-challenges.pdf>.

vaccine (or other medical) recipes, scientific know-how etc.³⁷

Successful initiatives curbing global pandemics rely on a rights-based approach. Realising the human right to the highest attainable standard of health requires a holistic strategy³⁸ – ranging from public health system strengthening to investment

in the social determinants of health.³⁹ That is, **if we are truly serious about ending the COVID-19 pandemic and averting new and more resistant variants, we must tackle both the medical and non-medical factors that influence health outcomes**. This, of course, starts by supporting and implementing equitable vaccine production and distribution models.

5 Addressing the Vaccine Apartheid

The World Health Organization's COVAX consortium⁴⁰, a ground-breaking project to guarantee fair and equitable access to COVID-19 vaccines for every country in the world, needs to be a crucial part of the policy package tackling the North-South divide.⁴¹ COVAX is a vaccine procurement and distribution forum among countries that have an Advanced Market Commitment (AMC) with donor countries. The COVAX Facility's objective is to supply 20% of the population of each AMC country, as well as to support their national vaccination plans.

COVAX enables us to hear the voices of those in the Global South who are, for instance,

calling us to support them in reaching full and independent vaccine production status.⁴² COVAX also stays true to the Leave No One Behind Pledge by reaching to the furthest behind first. For example, Indonesia has finalized its COVAX cycle that ran from October to January and is in the process of submitting an application for additional support. As per April 27th, Indonesia welcomed the second delivery of 3.8 million vaccine doses through COVAX and expected a second delivery of 3.8 million vaccine doses⁴³. These efforts would have been impossible without COVAX.

We believe support to the COVAX facility

37 Phillip, X. Africa needs \$200m jumpstart and to revamp its vaccine models says Biovac CEO, 22 February 2021, available at https://www.theafricareport.com/67320/africa-needs-200m-jumpstart-and-to-revamp-its-vaccine-models-says-biovac-ceo/?utm_source=newsletter_tar_daily&utm_campaign=newsletter_tar_daily_23_02_2021&utm_medium=email&utm_content=edito_full_story. See also Wallach, L. 2021, The US and EU must waive the patents: Big Pharma claims that a lack of manufacturing capacity, not patents, are thwarting more vaccine production. That's a lie. We need a TRIPS waiver now, available at <https://www.ips-journal.eu/topics/economy-and-ecology/the-us-and-eu-must-waive-the-patents-5155/>.

38 WHO, Human Rights and Health, 29 December 2017, available at <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>.

39 See more at https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1.

40 See more at <https://www.who.int/initiatives/act-accelerator/covax>.

41 See, for instance, the EU Committee for Development call for the EU Commission to increase its financial contribution to COVAX, available at https://www.europarl.europa.eu/cmsdata/230025/DEVE_Letter_to_Commissioner_Urpilainen_COVAXsystem.pdf.

42 Phillip, 2021.

43 See more at <https://www.gavi.org/covax-facility>.

through funding and equitable decision making mechanisms is key. At the moment, the EU is one of the world's major donors of the COVAX programme with a contribution of 850 million euros.⁴⁴ The support from major donors has been crucial in raising \$9.7 billion, as of mid-July 2021, surpassing COVAX's 2021 target of \$9.3 billion. This is fundamental in scaling up the delivery of vaccines to the participating countries.⁴⁵ However, much still needs to be done in ensuring effective distribution and equitable delivery. In a survey commissioned by Norwegian Church Aid, over 80 per cent of people in Norway, Sweden and Denmark say they do not think it is fair that 'rich' countries should pay their way to the front of the vaccine queue.⁴⁶ Considering the heavy toll the pandemic has had in these countries - on the elderly, on the mental health of young people,

and on the economy and people's livelihoods - the result of the survey is a strong statement in favor of justice and solidarity.⁴⁷

The COVAX facility was designed to have a humanitarian buffer which would allocate 5 per cent of the 2 billion vaccines to be distributed by the end of the year.⁴⁸ As of the first quarter of 2021, however, only 28,8 million of the 2 billion vaccines had been distributed, and none of these went to the humanitarian buffer.⁴⁹ Moreover, there is still not much space or clarity on the role of local civil society organization(s) at local, national and global level. Civil society is fundamental in ensuring equitable and intersectional collaboration and grounding policy decisions and practices in the experience and knowledge of those working at local/national level.

6 Conclusion and Recommendations

We must hold governments accountable to their legal obligation to ensure access to timely, acceptable, and affordable health care of appropriate quality as well as responding to the call for a people's vaccine made at the World Health Assembly in May 2020.⁵⁰ **We urge Global North countries to end the vaccine divide by supporting multilateral**

solutions such as COVAX and criticising States that undermine collective efforts, while also allocating vaccine supplies to countries in need and loosening of patents that block vaccine production in the Global South.⁵¹ Member States must fund and deliver an urgent Global Vaccination Plan to bring together those with the power

44 ACT Alliance EU, 2021, Briefing Note on the EU's Role in the COVID-19 Vaccination Rollout for Developing Countries.

45 ACT Church of Sweden, Danish Church Aid and Norwegian Church Aid. 2021. Letter: The only way out of the pandemic is equitable distribution of vaccines.

46 Ibid.

47 Ibid.

48 See <https://www.gavi.org/vaccineswork/covax-humanitarian-buffer-explained>.

49 See, for instance, the Global Health Cluster Position on COVID-19 vaccination in humanitarian settings, April 2021.

50 Reliefweb, Vaccine must be made available to world's poorest, Christian Aid says, 9 November 2020, available at <https://reliefweb.int/report/world/vaccine-must-be-made-available-world-s-poorest-christian-aid-says>.

51 ACT Alliance EU, 2021, Briefing Note on the EU's Role in the COVID-19 Vaccination Rollout for Developing Countries.

to ensure fair vaccine distribution – scientists, vaccine producers and those who can fund the effort – to ensure all people in every nation get inoculated as soon as possible. We are calling for:

1. Immediately sharing doses, guaranteeing affordable prices, fair allocation and prioritisation while also committing at least 5% of overall supply to equitable vaccine distribution

Global North countries and donors must work with local partners to ensure the fair allocation and sharing of vaccines. Health workers, front line humanitarian workers and at-risk groups should be prioritised. Marginalised groups must not be left out. We would like Global North countries to push for equitable supply, fair and lower prices and increased transparency, especially when public funds have been spent for development of new products. Vaccines should be provided to people free of charge.⁵² Access to affordable vaccines in a timely fashion is a human right obligation of all States.

2. Increase production and transfer capacity, technology and production by temporarily waiving patents and IP rights to enable manufacturing in the Global South as well as sharing of technology and knowhow through the C-TAP mechanisms

Industry should do more to build vaccine production capacity in low- and middle-income countries and as well as transfer test, treatment, and technology to prevent the Global South countries from falling

behind. Patent and property rights must not get in the way of rapid deployment of vaccines to people in the South. People's lives and just distribution of vaccines must go before profit. We call for global solidarity on vaccine technology. Vaccines should not be seen as commodities for seeking profit. Global North governments should use their power and leverage to guarantee the knowledge on vaccine technology is transferred to Global South countries and use all means to enable production in the South, by supporting, for example, the WHO TRIPS waiver and the C-TAP mechanism.

3. Strengthening health systems and upholding the battle against other infectious diseases

All governments must strengthen public health systems by increasing health budgets and canceling illegitimate debt. The fight against COVID-19 must not be at the cost of routine vaccination programs in the South, such as the delivery of vaccines against infectious diseases that threaten the life of children under 5. The routine vaccination programs and the fight against diseases like tuberculosis, malaria, and measles must also be resourced and prioritised.

4. "Leaving no groups behind"

States must be held to account so that marginalised groups are not left out of the response against the pandemic. They must have equal access to testing, treatment, and vaccinations and distribution systems must be strengthened to reach those hardest to reach. The "humanitarian buffer"

52 See, for example, Peoples Vaccine Policy Manifesto May 2021.

in the COVAX cooperation needs to be implemented in practice. An operational and inclusive monitoring system must be in place for ensuring such principle is operationalized and implemented. When needed, ID cards should be issued to ensure everyone has access to vaccines and social protection.

5. Mobilisation of faith actors against vaccine hesitancy and misinformation

Religious leaders and faith communities have an important role to play in countering vaccine hesitancy and misinformation, as demonstrated in the efforts against Ebola and other disease outbreaks in the past. Innovative and inclusive models involving youth, persons with disabilities, women, and elderly, in all their diversity, in fights against COVID have already been put in place in many parts

of the world where ACT Alliance members work.⁵³ ACT, therefore, urges all faith actors to contribute to public awareness and to mobilise against vaccine hesitancy and false information, ensuring reliable and trusted information is made available to all.

6. Review of pandemic preparedness and promoting active listening

Learning from the COVID-19 response will provide compelling evidence of a new form of global preparedness that protects the health and livelihoods of all. All governments must create a more robust form of global pandemic preparedness that protects the health and livelihoods of all. Governments must support a COVAX initiative that establishes active social listening and recognises the fundamental role played by civil society actors in COVID-19 mechanisms.

53 See, for instance, Bread for the World's open letter addressed to Chancellor Angela Merkel, available at <https://www.brot-fuer-die-welt.de/pressemeldung/2021-kein-patentschutz-auf-lebensnotwendige-medikamente-und-impfstoffe/>.

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