Priorities for the COVID-19 pandemic at the start of 2021: statement of the Lancet **COVID-19** Commission

The Lancet COVID-19 Commission calls for three urgent actions in the COVID-19 response (our broader overview is available on our website). First, all regions with high rates of new COVID-19 cases, including the USA and the European Union (EU), should intensify measures to minimise community transmission alongside rapid in these countries result from the deployment of COVID-19 vaccines. Second, governments should urgently and fully fund WHO and the Access to COVID-19 Tools (ACT) Accelerator,1 including COVAX. Third, the G20 countries should empower the International Monetary Fund (IMF) and multilateral development banks to increase the scale of financing and debt^{tracing} (to identify the sources of relief. Success on all three priorities—containment of transmission, identify the contacts of new cases); and delivered, of which 115.67 million were rapid vaccination, and emergency finance- will require improved global cooperation.

The high rates of community transmission (>100 new COVID-19 cases per million per day)² in the USA, Europe, South Africa, and other countries show the emergence of new variants of SARS-CoV-2, such as lineage B.1.1.7 in the UK,³⁻⁷ 501Y.V2 in members in 2020. Lack of centralised South Africa,⁸ and additional variants emerging in California, USA,9,10 and in Brazil.^{11,12} New lineages are increasing transmission of infection and raising risks in regions that have been less affected by COVID-19, including in sub-Saharan Africa.13-15 Additionally, acquired immunity from earlier COVID-19 infections might be less protective against reinfection with some are vital in the response to COVID-19. of the new SARS-CoV-2 variants.16 Mutant lineages might also reduce the

efficacy of COVID-19 vaccines and require adapted vaccines or boosters.17,18

The numbers of new COVID-19 cases in east Asia and the Pacific (<10 new cases per million per day in most countries) have been consistently below The global roll-out of COVID-19

successful implementation of comprehensive contain ment measures: participating country by the end of border restrictions and other limits on movement; behavioural changes including widespread use of face masks and physical distancing; active surveillance by public health systems, including mass testing, backward

outbreaks), and forward tracing (to the quarantine of all suspected cases and the use of facility-based isolation of China (40.52 million), confirmed cases

of COVID-19. The USA and the EU failed to implement such comprehensive measures, and there was generally excessive decentralisation of containment efforts across the 50 US states and 27 EU coordination undermined control of COVID-19, not least because of interstate travel in the USA and intercountry travel in the EU.¹⁹ Both the USA and EU need to step up more top-down coordination in 2021. Stronger health systems that incorporate universal health coverage and community-based health workers At least half of the world's population lacks access to essential health

services.²⁰ Strengthening community-based and gender responsive health systems will be essential to implement inclusive and comprehensive COVID-19 immunisation campaigns.

those of Northern America and Europe. vaccines to date is neither inclusive nor The lower numbers of COVID-19 cases adequately planned. COVAX has

targeted immunisation coverage of at least 20% of the population in each 2021,²¹ and has contracted for 2 billion doses of COVID-19 vaccines. Yet the timely supply of vaccines to COVAX is in question, as high-income countries (HICs) step to the front of the queue for limited supplies of COVID-19 vaccines. As of Feb 9, 2021, 148.08 million COVID-19 vaccine doses had been delivered in the USA (43.21 million),



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partly due to the difficulty of managing the Agreement on ultracold supply chain needed for the two Intellectual mRNA vaccines, but it is also due to the vaccine intellectual vaccine producers, rather than through COVAX. Lancet COVID-19 Commission supports the

If COVAX is provided with more guaranteed emergency low-income and

(LMICs) and assure COVAX's place in the vaccine queue. To achieve meaningful results in 2021, COVAX should have guaranteed funds in 2021 of US\$20-40 billion, which it would turn firm agreements on expanded vaccine into Moreover, members of the production. the EU (18.36 million), and the UK (13.58).22 Developing Countries Vaccine Manufacturers Other countries in Africa, Latin America and the Network should be engaged with the efforts of Caribbean, and Asia (not including China) have COVAX to produce low-cost vaccines at scale. received very few vaccine doses or none at all.²² India and South Africa have called for an urgent This unequal access to COVID-19 vaccines is waiver of the World Trade Organization (WTO) Trade-Related Aspects of Property Rights (TRIPS) on property related to COVID-19 supply deals negotiated by HICs directly with the prevention, containment, or treatment.23 The of TRIPS waiver in all funding, it could incentivise expanded production circumstances that would facilitate the rapid and delivery of COVID-19 vaccine doses for scale-up of production and distribution of life middle-income countries saving COVID-19 vaccines and therapeutics,

noting that it is in the interest not only of LMICs but also of the entire world to suppress the pandemic as rapidly as possible.24

During the COVID-19 pandemic, the revenues governments have plummeted at a time of when higher government spending is urgently needed.²⁵ As a result, the need for emergency deficit financing is unprecedented. HICs are able to finance large deficits by borrowing in the capital markets together with open-market by the central banks that partly operations monetise the new debt. If LMICs run deficits and open-market operations equivalent as a share of gross domestic product to those in the USA and Europe, most LMICs would incur steeply rising interest rates, depreciating currencies, and high inflation. Thus, while HICs are running huge budget deficits,26 the poorest countries are reducing investment spending to make room for urgent social spending.27 Even worse, many of the poorest countries cannot cover the costs of urgent social needs.

The IMF and multilateral development banks (the World Bank and regional development banks) were created for such emergencies. In 2020, the IMF lent about \$105.5 billion of emergency financing to 85 countries.²⁸ We welcome the possibility of a new allocation of Special Drawing Rights (SDRs), the reserve currency of the IMF. As the IMF supplements the international reserves of IMF member states, a new SDR allocation would be particularly important for countries that face balance of payment shortfalls in the context of origins of COVID-19 in China but is acting in his own personal COVID-19 and could be mobilised in innovative ways to increase the financing capacity for work and his involvement in the Comment has no relationship to the COVAX. If an additional SDR allocation of about \$650 billion were agreed, the amount of Medicine to Biological E Ltd, a commercial vaccine manufacturer LMICs would be of significant available to macroeconomic benefit. development banks should similarly be

supported to substantially increase long-term financing of infrastructure to ensure that COVID-19 does not derail the Sustainable Development Goals and other development objectives, such as mass electrification with renewable energy and universal access to digital technologies.

Now more than ever the multilateral system must be supported to work effectively to deliver know-how and COVID-19 vaccines, therapeutics, and other vital supplies (eq. personal protective equipment and COVID-19 test kits) to all nations. Multilateral cooperation training include technical should and cooperation, active sharing of best practices, and the full deployment of international policy instruments, including emergency multilateral financing, flexibilities under the WTO-TRIPS and active cooperation in global agreement. institutions. including WHO, the ACT Accelerator, and COVAX.

LA reports grants from the Sustainable Development and Solutions Network related to this Comment and grants from the Global Happiness Council, unrelated to this Comment. JA reports personal fees from consulting for companies and organisations across many sectors regarding COVID-19 risk reduction strategies: K-12 schools, universities, child-care centres, homeless shelters, commercial real estate, industry, biotech, finance, entertainment, media organisations, faith-based organisations, courts and prisons, and government and has only accepted consulting fees from for-profit organisations, unrelated to this Comment. KSR is a member of the Executive Group of the International Steering Group of the WHO SOLIDARITY Trial (Therapeutics), Chair of the WHO Guidelines Development Group on Hypertension Treatment, and is a member of the WHO EMRO Commission on the Social Determinants of Health. PD reports a grant from Johnson & Johnson to one of EcoHealth Alliance's scientists to conduct work analysing deforestation and health patterns in southeast Asia and this work is unrelated to this Comment and PD is a member of the WHO team investigating the capacity as a volunteer and is considered an independent scientist acting as a temporary expert adviser to WHO for the period of the work conducted for WHO. PH and MEB are developers of a COVID-19 vaccine construct, which was licensed by Baylor College for scale-up, production, testing, and licensure. VG is an employee of the International Monetary Fund (Director of the Fiscal Affairs The multilateral Department). All other authors declare no competing interests. The authors' views

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