Ensuring delivery of COVID-19 vaccines to people living through conflict and humanitarian crises

Colleagues,

May I first thank our briefers, Ted Chaiban, Dr Martiniez, and Dr Ojwang for their insightful and detailed briefings and for reminding us all that we are not out of the woods. The COVID-19 pandemic is still very much a reality for all of us.Together we have been battling the COVID pandemic for a little over two years.

It has been a time of great pain for all of us, but also a real expression of how far humanity has come on this journey together.

We have moved from having no vaccine at all, to having a steady supply of multiple vaccines.

The UK has committed £1.4 billion of UK aid to address the impacts of the COVID pandemic and to help end the pandemic as quickly as possible.

This also includes £829 million on global development, manufacture and delivery of COVID vaccines, treatments and tests.

Another good example was the UK-India partnership on vaccines has enabled over a billion people to receive a COVID-19 vaccine, saving lives and mitigating the spread of the pandemic globally. The Oxford University, AstraZeneca, and Serum Institute of India partnership combined the UK's leadership in Research and development and India's manufacturing capacity as the "pharmacy of the world".

Last month, the UK hosted the Global Pandemic Preparedness Summit which raised US$1.5 billion funding for the Coalition of Epidemic Preparedness Innovations (CEPI) to develop vaccines against new health threats in 100 days and rapidly scale-up regional manufacturing for affordable global supply.

The UK plays its part, through the COVAX Facility, to give access to vaccines, wherever they are needed.

We are among the largest donors to the Advance Market Commitment, committing half a billion pounds so far.

COVAX itself has now delivered over 1.4 billion vaccines to 144 countries, the majority of which are low- and lower-middle income.

Vaccination rates are also steadily increasing. But as we have heard already from our briefers, they continue to lag in many low-income countries, and in particular, communities in conflict and humanitarian crisis risk being left behind.

After more than a year of steady vaccine production, the challenge has moved from being one of supply, to a challenge of roll-out.

OCHA report that less than four percent of the populations of DRC, Yemen, Haiti and Burundi are vaccinated.

This, frankly put, is a staggering inequity that is bad for us all.

The delivery of vaccines to marginalised and conflict-affected communities is being obstructed by under-resourced and overstretched health systems, and by curtailed humanitarian access.

Last year this Council unanimously adopted Resolution 2565, calling for the provision of vaccines to areas in conflict. It gained the highest ever number of co-sponsors for a Council resolution.

What is clear: full, safe and unhindered humanitarian access, and the protection of health workers in line with International Humanitarian Law, remain vitally important, but elusive – a point amplified by Dr Martinez. So what more can we do to ensure the most vulnerable are not left behind?

First, we can help ensure that COVID vaccination is prioritised by governments in countries in conflict.

We can offer support through the COVAX humanitarian buffer: a measure of last resort to target individuals in fragile regions not included in national vaccination plans.

We can also support efforts to strengthen international cooperation. COVAX has recently set up a new Vaccine Delivery Partnership to improve coordination at global and country level, including with the African Union, for COVID vaccine delivery and support, including in the most vulnerable countries, most of which are in Africa – and our expert briefers again outlined this very point.

Second, we can spell out to all parties to conflicts, their obligations under International Humanitarian Law to provide unhindered humanitarian access, including for vaccinations. This must happen.

Third, we must work together, and as the United Nations, to overcome obstacles to delivery, and to advance Sustainable Development Goal 3 and our collective efforts to build stronger health systems worldwide. Dr Ojwang also stressed the importance of leveraging networks in country through his own experience in South Sudan. I welcome the important role , as Dr Ojwang highlighted, of faith leaders who have also been brought on board.

In conclusion, resolution 2565 continues to be an important roadmap for our discussions on vaccines and health in conflict zones.

COVID-19 has showed us that the best way to achieve success is by collaboration and working together. This resolution represents an investment in stability and global health, not just for individual countries but for the world – and as such, must remain a top priority for us all.