URGENT ACTION

LACK OF A SECOND DOSE ENDANGERS OVER 1.4 MILLION
Over 1.4 million people of at-risk populations in Nepal took their first dose of the Oxford-AstraZeneca Covid-19 vaccine between 7 and 15 March 2021. To be fully immunized, and to ensure that the effect of the first dosage does not become largely ineffective, this group must have their second jab before 5 July. However, Nepal does not have these doses. To date, Nepal has only been able to fully vaccinate 2.4% of its population and has not received deliveries as scheduled amid another deadly wave of Covid-19. The international community, particularly wealthier countries with large vaccines supplies like the UK, must urgently provide sufficient doses to Nepal so it can fully immunize these 1.4 million people, and fulfil the right to health and right to life of hundreds of thousands.

TAKE ACTION: WRITE AN APPEAL IN YOUR OWN WORDS OR USE THIS MODEL LETTER

Rt Hon Boris Johnson MP
Prime Minister
10 Downing Street
London
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Email: pmpost.int@no10.gov.uk

Dear Prime Minister,

I am writing to bring your urgent attention to the deadly wave of Covid-19 in Nepal and to request immediate support from your government to address the dangerous and acute shortage of Oxford-AstraZeneca vaccine supplies, which puts the lives of hundreds of thousands of people at risk.

It is distressing to learn that the more than 1.4 million Nepali people, who belong to high-risk groups and received their first vaccine doses of Oxford-AstraZeneca in March 2021, have been unable so far to get their second doses. While it is welcome that the UK has already supported the COVAX Facility, unfortunately this has not been enough, as several lower- and middle-income countries, including Nepal, face glaring vaccine gaps, while wealthier countries have ordered vaccines well beyond their requirements.

The UK has unique strong current and historic ties with Nepal. The UK is the largest bilateral donor to Nepal and thousands have served in Britain’s armed forces. Owing to this, and as the current chair of G-7, I am appealing to you to urgently look to directly supply Nepal with additional vaccine doses, in order to prevent the damaging risk to the health and lives of hundreds of thousands of Nepali citizens who would otherwise be left without access to a second dose. To date, Nepal has only fully vaccinated 2.4% of its population. At this rate, it will take more than 10 years for Nepal to vaccinate 70% of its population.

Nepal is only one example of many countries facing acute vaccine shortages, which can only be resolved in the long term by ensuring that intellectual property rights are not a barrier to much-needed increased global production by a wider range of manufacturers and fair distribution across countries.

Therefore, I call on you to:

- Provide immediately 1.4 million Oxford-AstraZeneca vaccines to Nepal so that this group of people can be fully immunized by June 27 to July 5;
- Share urgently additional vaccine doses and encourage others to do the same, preferably through initiatives such as COVAX so all countries have a fairer access to Covid-19 vaccines and can immunize their population in a timely fashion, especially priority groups who are most at risk;
- Support the World Trade Organization’s TRIPS waiver, which lifts intellectual property rights restrictions, and push pharmaceutical companies to share their knowledge and technology with other manufacturers to maximize global supply of much-needed Covid-19 vaccines.

Yours sincerely,
Over 1.4 million people in Nepal, most of them over 65 years of age and considered to be in high-risk groups took their 1st dose of the Oxford-AstraZeneca Covid-19 vaccine between 7 and 15 March. They were initially due have their 2nd dose 8-12 weeks later. However, with no supply to administer the doses by 6 June, Nepal extended the timeline from 12 to 16 weeks therefore, the 1.4 million people must have their second dose between 27 June and 5 July.

Still facing acute shortages of supply, Nepal will not meet this commitment without international support. Not only is the right to health and life of these people at risk, due to a deadly wave of Covid-19 sweeping the country, but these first doses administered could have to be repeated to achieve full immunization if they wait too long.

Amnesty International’s briefing ‘Struggling to Breathe- The Second Wave of Covid-19 in Nepal’, documents the public health crisis faced by Nepal since April 2021 as the second wave of Covid-19 in the country wreaked havoc on its fragile health system. Immediate action is needed from both the government of Nepal and the international community to support the health care system, which is teetering on the edge of collapse. Nepal, like other countries across South Asia, is also facing a drastic shortage of vaccines. To date, Nepal has only vaccinated less than three percent of its population with second doses, while other countries that could potentially donate the needed vaccines enjoy high-vaccination coverage. For example, 60% of the UK population and 53% of people in the USA have received at least one dose to date. COVAX, a global initiative to help low- and middle-income countries access vaccines is falling short of its commitments to provide vaccines.

Many people have lost lives due to the unavailability of medical oxygen, or from being turned away from overwhelmed hospitals that were already struggling with shortages of hospital beds, human resources, and essential medical supply. While public health experts believe that the number of deaths is being underestimated, as of 16 June, 8,558 Covid-19 deaths had been registered in Nepal according to government figures, with the Institute for Health Metrics and Evaluation (IHME) projecting a total of 34,887 deaths by 1 September 2021.

The international community must fulfil their obligation to ensure international cooperation by joining and adequately supporting global mechanisms such as COVAX thereby enabling all countries, including low-income ones such as Nepal, to have adequate supplies of vaccines to protect their entire populations in a timely manner. States must cooperate globally and remove any potential barriers to ensure that vaccines are developed, manufactured insufficient supply, and then distributed in a timely and inclusive manner around the globe.

States must ensure that intellectual property rights do not prevent any countries from upholding the right to health. This includes agreeing to a ‘waiver’ on certain aspects of the TRIPS agreement for the production of COVID-19 health products, supporting the WHO’s COVID-19 Technology Access Pool (C-TAP), and placing conditions on public funding to ensure pharmaceutical companies share their innovations, technology and data with other manufacturers. States also must assess and make any necessary adjustments to their intellectual property laws, policies and practices to ensure that these do not form a barrier to Covid-19 health products for all people globally including in countries facing a surge in cases like Nepal.