

Message from Dr. Vinya Ariyaratne, President, Sarvodaya, Sri Lanka. July 8th 2021

I support Get1Give1 Worldwide because I want COVAX to succeed. COVAX is the game changer for vaccine equity. It was a brilliant idea and a practical one too. High-income nations have a moral responsibility - and a strong economic justification - to make sure that COVAX does not fail. It's the only hope for countries such as Sri Lanka where I live. By supporting Get1Give1 Worldwide, we are signaling our support for COVAX and global vaccine equity.

Sri Lanka, is experiencing a third wave of COVID-19 transmission with over 1,200 COVID-19 new cases and 40-50 deaths every day. We controlled earlier waves using prolonged lockdowns, strict quarantine and restricted travel from overseas. We must now vaccinate at least the most vulnerable in our population of 22 million.

Sri Lanka has a universally free and equitable public health care system which has achieved significant gains in reducing morbidity and mortality. It also has an exemplary track record of achieving high levels of child immunization and maintains a robust cold chain and well-trained health staff which could be immediately used for vaccine rollout.

The Government of Sri Lanka prepared its National Deployment Vaccination Plan detailing priority groups- front line health workers, security forces and the elderly living in areas with a high incidence of COVID-19 cases. It started its vaccine rollout in January with 1 million doses of Covishield (AstraZenica) vaccines, donated and procured from India, and 264,000 doses of AstraZenica vaccines provided by COVAX. But this supply stopped when a second COVID wave hit India and the Serum Institute of India stopped vaccines exports to us and to COVAX. We were unable to give second doses to 600,000 people who had received their first dose.

In May, the government started receiving large stocks of Sinopharm vaccines procured and donated from China. We are using them to vaccinate people in high-risk areas and plan to achieve 40% coverage by the end of the year. Had we received an adequate and reliable supply of vaccines from COVAX, we could have exceeded this target by now. Low-income countries do not have the resources to purchase, or the infrastructure to store, vaccines such as those of Pfizer and Moderna. An adequate supply of AstraZenica vaccines from COVAX is our only hope until we are able to produce vaccines of our own.