

Covid-19 Vaccine access: the role of the WHO

18 August 2021

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WHO's revised Covid19 Global vaccination target for 2021 (World Health Assembly)

- To vaccinate 10% of the Global population by September 2021
- To vaccinate 40% of the Global population by December 2021

ACT Accelerator (access to Covid19 tools)

- The Act-Accelerator is the only global framework for ensuring the *fair and equitable allocation* of COVID-19 tools. By the end of 2021, ACT-Accelerator aims to deliver **2 billion doses** of vaccine; **245 million courses of treatment**; and **500 million diagnostic tests** to low- and middle-income countries.

COVAX facility

- [COVAX Facility](#), the vaccines pillar of the [ACT-Accelerator](#), convened by **CEPI, Gavi and WHO**, is speeding up the search for an effective vaccine for all countries. At the same time, it is supporting the building of manufacturing capabilities..
- Already, >189 countries and economies will benefit from the COVAX facility, including 92 lower-income countries and economies who are eligible for assistance through [advanced market commitments \(AMC\)](#). The COVAX Facility is a mechanism designed to guarantee rapid, fair and equitable access to COVID-19 vaccines worldwide.

One world, protected.

Together we are stronger than we are apart

CEPI

Supporting vaccine research, development and manufacturing scale-up from the lab to the production facility



Pooling procurement and incentivizing manufacturing expansion to secure supply of safe and efficacious vaccines



Providing normative guidance on vaccine policies, safety, regulation, and allocation

unicef

Coordinating procurement and distribution across COVAX participants



Supporting procurement and distribution for COVAX participants in the Americas

Offering critical financing support including directly to participants

Objectives of COVAX

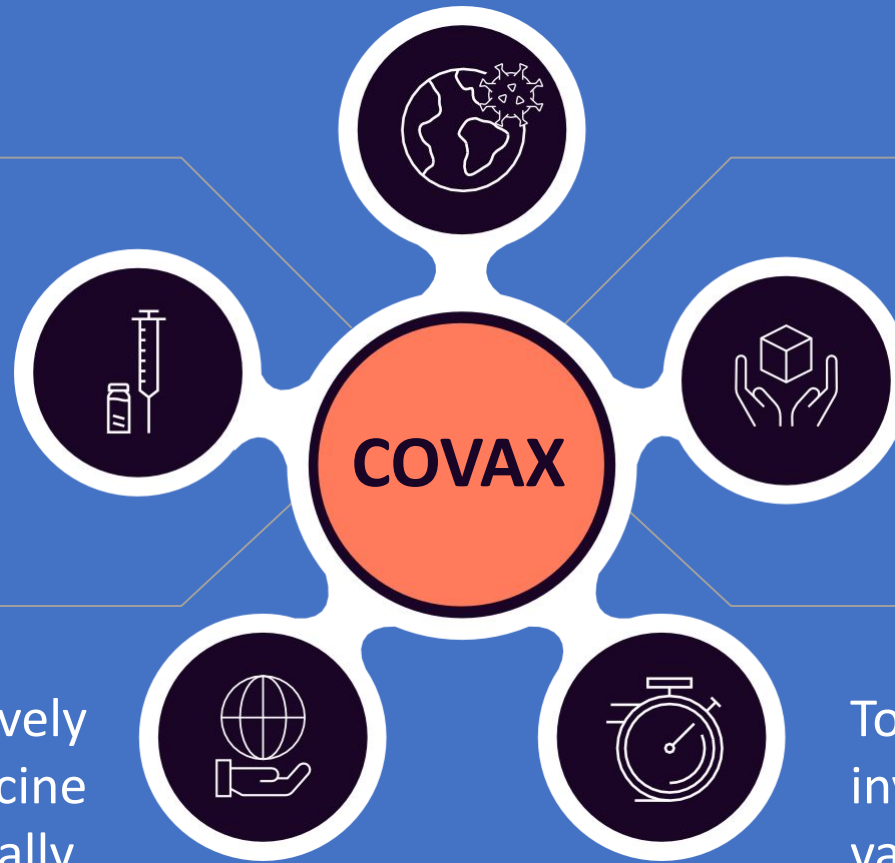
To end the acute phase of the
pandemic by end 2021

To deliver 2 billion doses by
end 2021

To guarantee fair and equitable
access to COVID19 vaccines for all
participants

To support the largest actively
managed portfolio of vaccine
candidates globally

To offer a compelling return on
investment by delivering COVID19
vaccines as quickly as possible



The benefits of COVAX:

- **It is the only truly global solution to this pandemic:** because it is the only effort to ensure that people in all corners of the world will get access to COVID-19 vaccines once they are available, regardless of their wealth.
- **It facilitates allocation following a global roadmap:** rather than national self-interest.
- **It mitigates against vaccine wastage:** by ensuring that where doses shared by other countries are not yet ready to be received for any number of logistical reasons, that they can be diverted to another country that can get them into the arms of those that need them most.

At least 17 vaccines deployed to date, of which 7 with WHO EULs and SAGE recommendations

At least 17 vaccines deployed to date...









- ☐ Adbala
- ☐ Anhui ZL - Recombinant
- ☐ AstraZeneca - Vaxzevria
- ☐ Beijing CNBG - BBIBP-CorV
- ☐ Bharat - Covaxin
- ☐ CanSino - Convidecia
- ☐ Chumakov - Covi-Vac
- ☐ Gamaleya - Gam-Covid-Vac
- ☐ Janssen - Ad26.COV 2-S
- ☐ Moderna - mRNA-1273
- ☐ Pfizer BioNTech - Comirnaty
- ☐ RIBSP - QazVac SII -
- ☐ Covishield Sinovac -
- ☐ CoronaVac
- ☐ Soberana02

1. INPDS Korea EUL and Pfizer Comirnaty EUL followed Apr 16 and Wuxi (DS) Apr 30

Source: WHO



... of which 7 with WHO EULs and SAGE recommendations

		WHO EUL	<u>SAGE</u>	
			Interim recs	Update
		Dec 31 (2020)	Jan 5	June 14
		Feb 15 ¹	Feb 8	April 21 <u>July 30</u>
		Mar 12	Mar 17	June 14
		Apr 30	Jan 25	June 14
		May 7	May 7	
		June 1	May 24	

Further vaccines under evaluation

COVAX has now shipped 187.6M doses to 138 participants

- Incl. 74 LMIC/LICs; 41 participants started their immunization programme thanks to COVAX doses

DATA AS OF 5 AUGUST 9:00 AM CET



1. Burundi, Eritrea and Democratic People's Republic of Korea

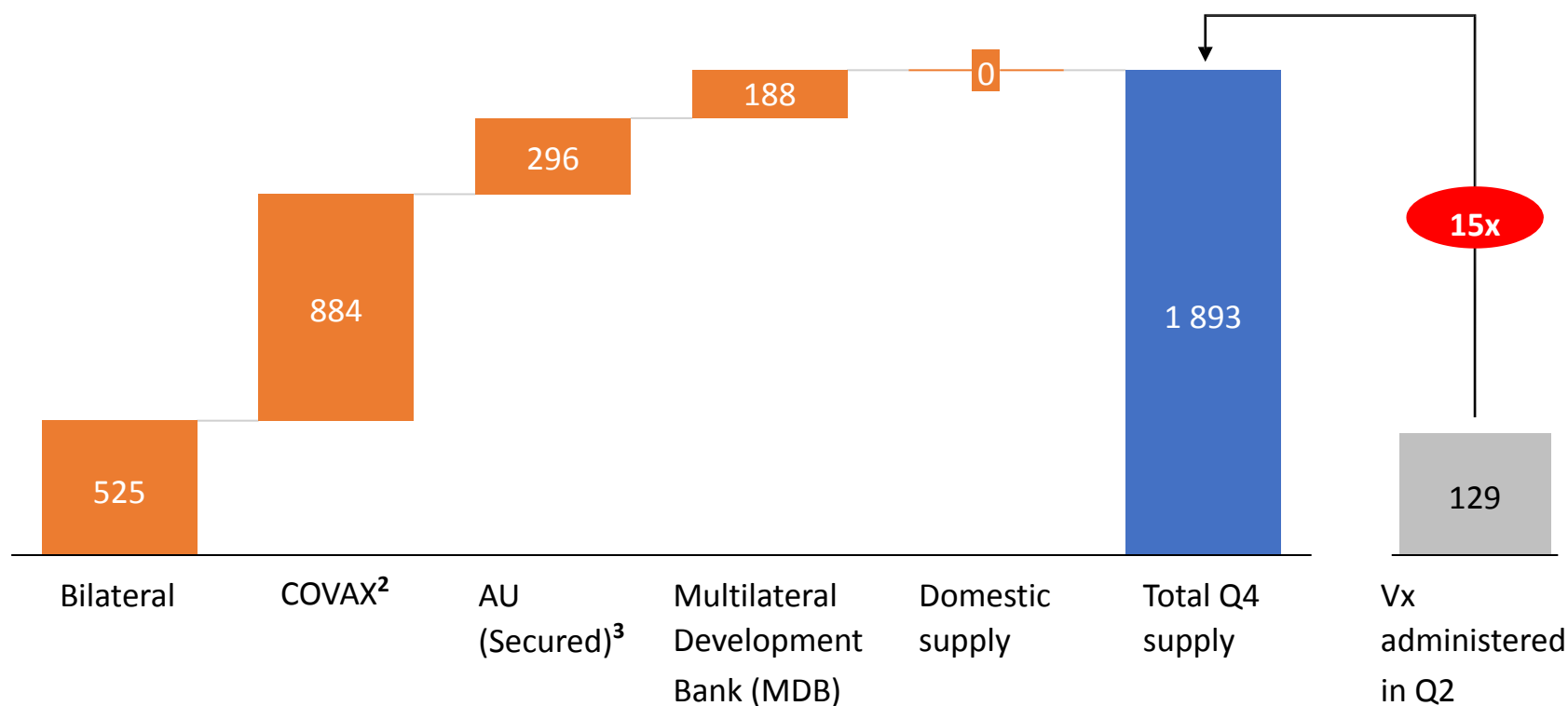
Note: The designations employed and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

*Kosovo: All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Source: COVAX, WHO COVID-19 dashboard, Our World in Data; Government websites; Press research

Considering all supply, the required increase in uptake will be substantial for AMC countries

Q4¹ Vx supply to AMC9¹ (excl. India), M doses



1. Assuming that 75% of the 2021 Vx supply are made available in Q4
2. Includes dose-sharing. Assuming (i) 20% of all AMC supply goes to India, (ii) all donated doses go to AMC countries, of which 20% go to India
3. An additional AU 243M doses are currently under negotiation for delivery in Q4

Source: COVAX supply forecast, IMF supply data as of 23 June, WHO dashboard

Supply surge in Q4:
AMC91 countries
are estimated to
receive **1.9bn
doses**

In order **to absorb
those volumes**,
countries need to
take action now:
E.g. delivery site
planning,
operational funding,
scale health care
workforce

1.75bn COVAX funded doses are expected to be delivered in H2/2021, with 1.36bn in Quarter 4 alone

AS OF JULY 23, 2021

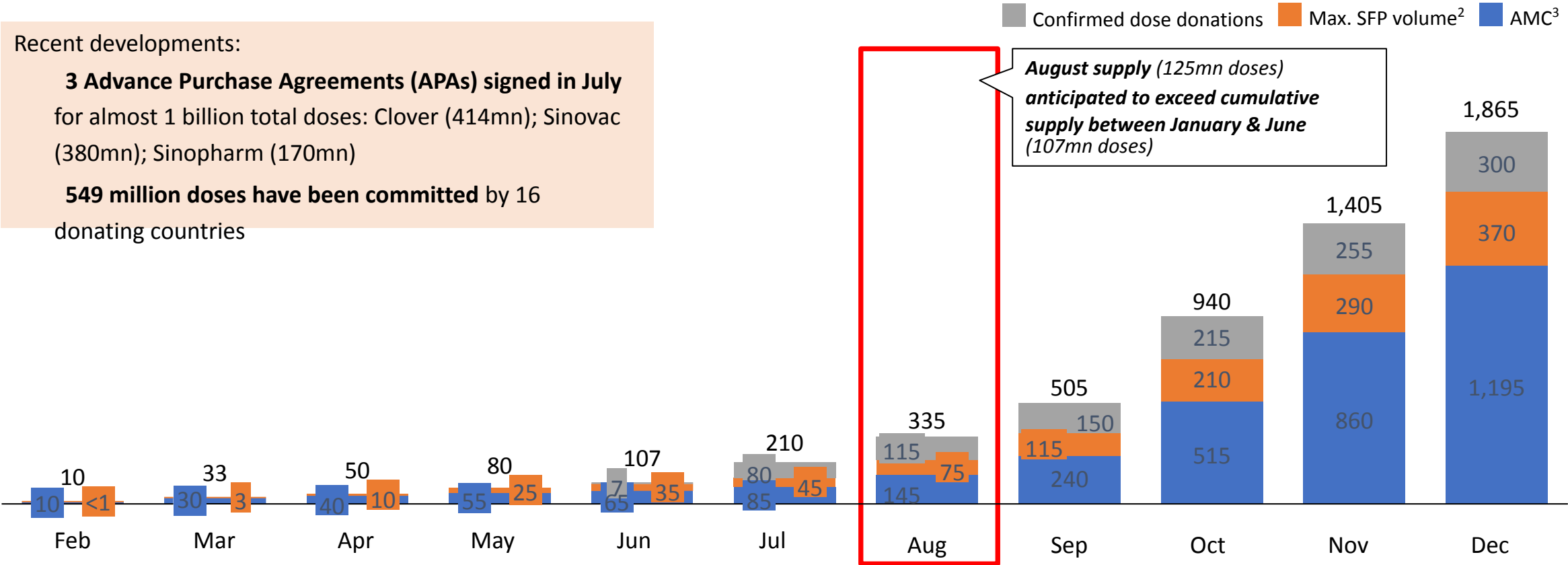
COVAX Available Supply, Cumulative, M doses, 2021

Lag between dose release & country delivery (local reg approvals, supply agreements, logistics)

Recent developments:

3 Advance Purchase Agreements (APAs) signed in July for almost 1 billion total doses: Clover (414mn); Sinovac (380mn); Sinopharm (170mn)

549 million doses have been committed by 16 donating countries



1. Timing of available supply is based on anticipated date of release of doses from manufacturers. Volumes for expected single-dose regimen candidates doubled to ensure comparability across vaccines. Volumes have been rounded to nearest 5mn, except those less than 10mn, and so totals may not equal sum of segments

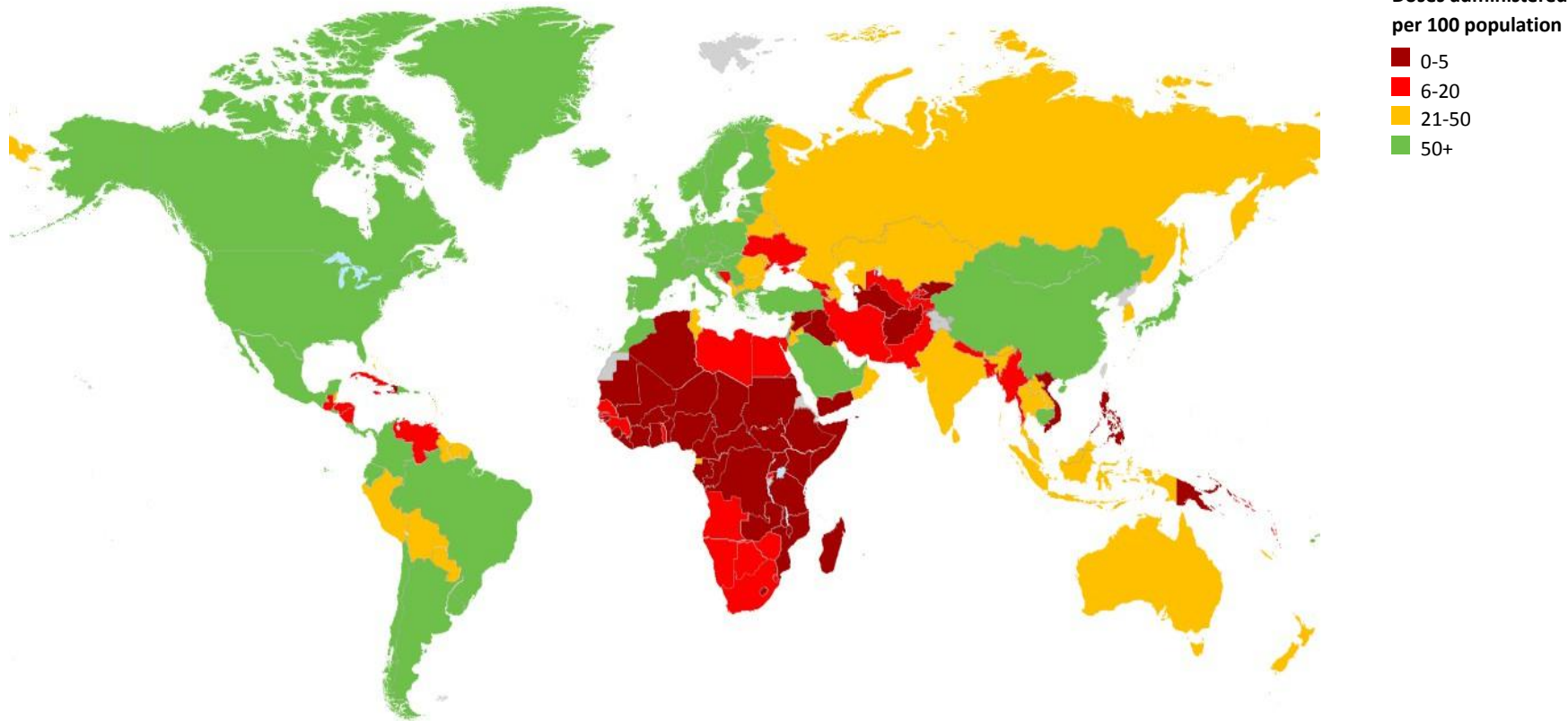
2. Final SFP volumes may be lower than forecasted based on opt-out and dose-sharing behavior. Volumes only account for current SFP demand based on Commitment Agreements

3. "Dose donations" are estimated based upon commitments from donors to share new doses with COVAX. The transfer of COVAX allocations between COVAX Participants from SFPs to AMC Participants are already included in the AMC Participant volumes. Total donations on this chart are larger than 515mn due to doubling of single-dose candidates

4,276 M doses of COVID-19 vaccine have been administered¹ in 217 countries, areas, territories & economies²

DATA AS OF 5 AUGUST 9:00 AM CET

Total doses administered per 100 population³



4,276 M vaccine doses¹ have been administered

COVAX has **shipped 187.6M** doses to **138** participants⁴

Immunization programmes **have not yet started in 3** countries, economies & territories

1. Source of data: WHO dashboard, Bloomberg


2. Total of 220 countries, areas, territories & economies: 218 economies listed by World Bank + WHO Member states Cook Islands + Niue

3. WHO COVID-19 Dashboard at <https://COVID19.who.int/>

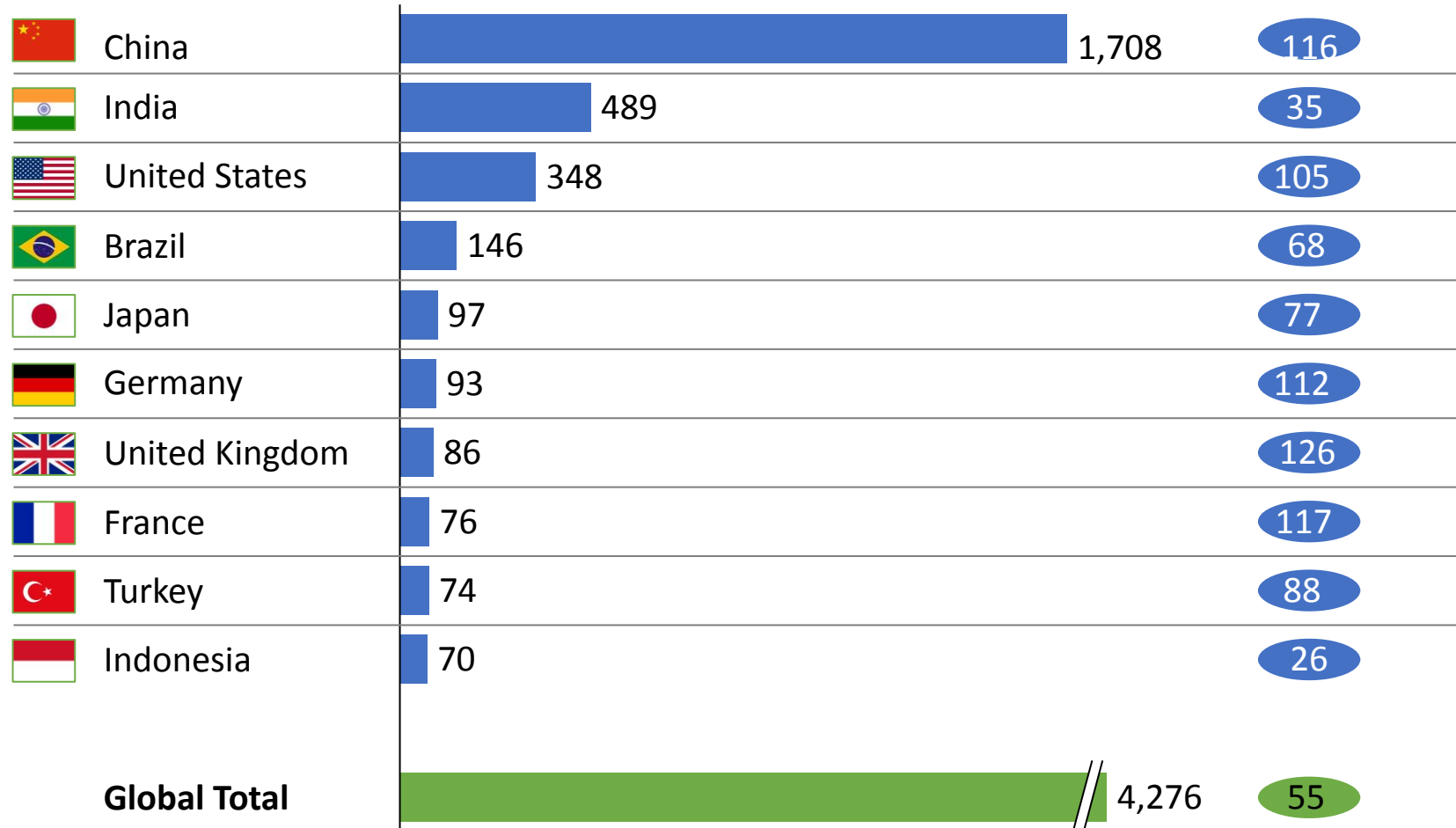
4. Including donations of doses through COVAX

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10 countries administered 75% of all doses – 40% were administered by one single country

 Doses per 100 population

Top 10 countries by administered doses, M doses



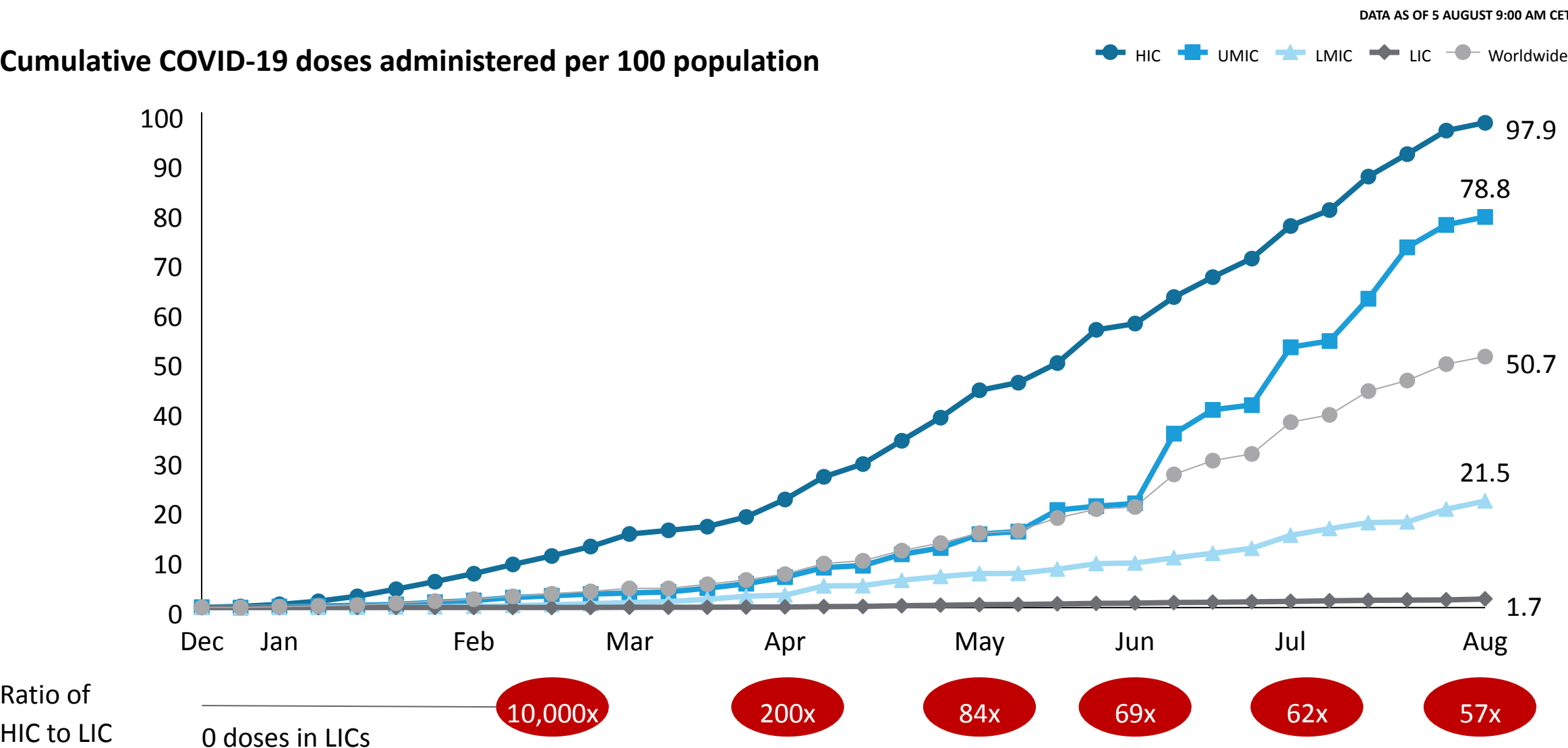
40%

Of all doses were administered by **1** country i.e. China

75%

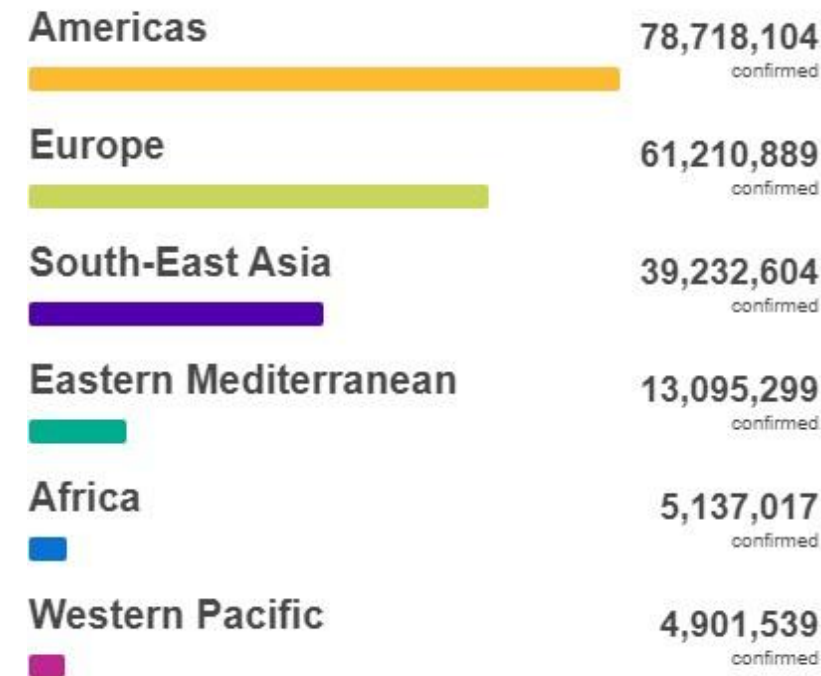
Of all doses were administered by **top 10** countries

HICs have administered 57x more doses per inhabitant than LICs



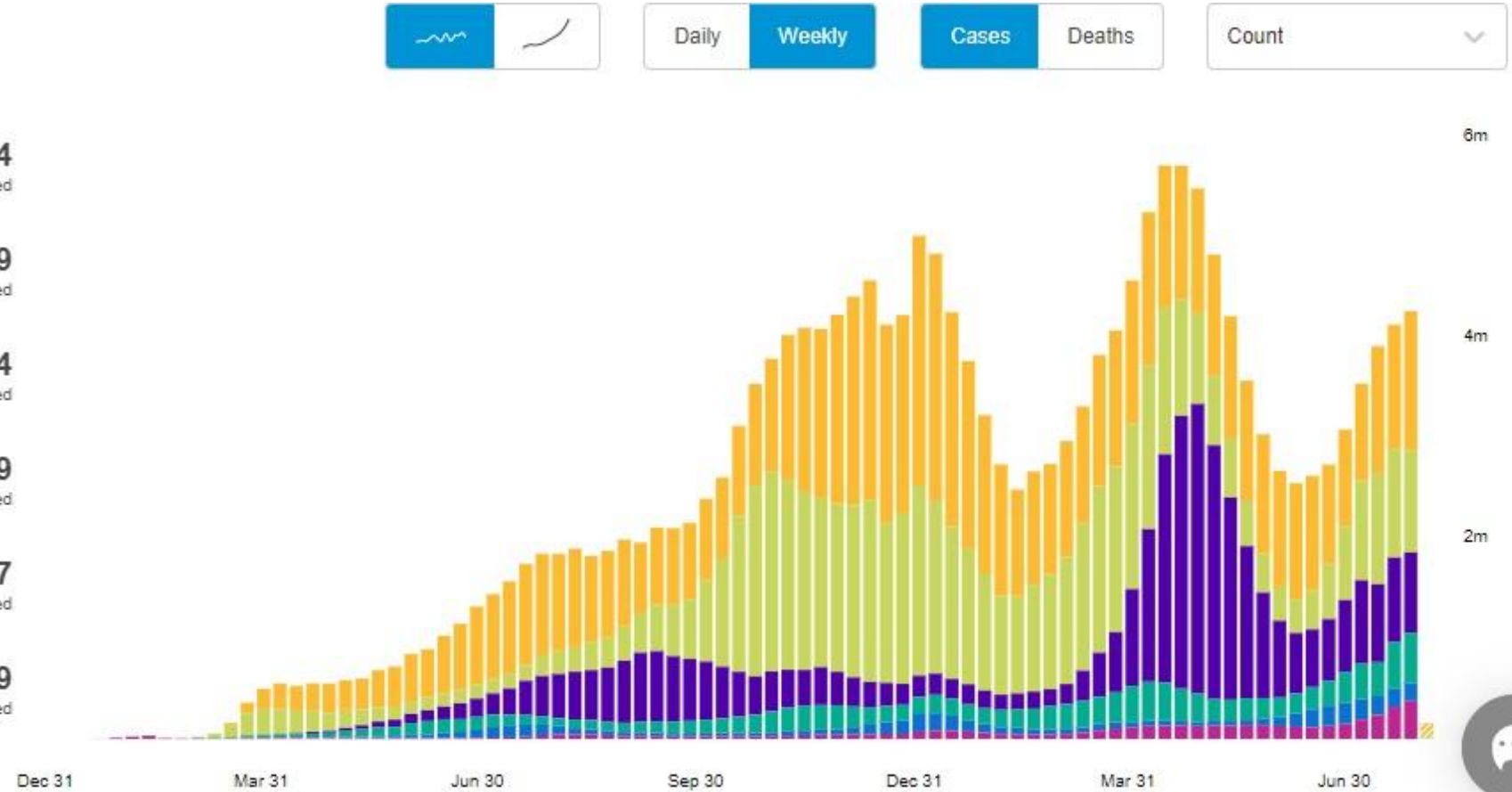
Globally: third wave

Situation by WHO Region



Source: World Health Organization

Data may be incomplete for the current day or week.



Source: <https://covid19.who.int/> as of 10:37am CEST, 9 August 2021,

Over one year since the start of the pandemic, we have a renewed need for collective action

Pandemic status in 2021

- Epidemiology is dynamic and uneven
- Death toll continues to increase
- High transmission is leading to the emergence of new variants of concern
- We have the tools to end the acute phase the pandemic, with several vaccines authorized and available in increasing quantities
- Diverse range of country coverage goals

of

Rationale for Updated Goals and Strategy

- Ambitious vaccination coverage targets are being set, however the preconditions, benefits, risks, and resources needed are not explicit
- Uncoordinated approach is further exacerbating inequities, and consequent impacts on virus and disease
- Major financial, donor, and political institutions are making investment decisions and require strategic global guidance
- Manufacturers need enhanced clarity on required supply

1. <https://iccwbo.org/media-wall/news-speeches/study-shows-vaccine-nationalism-could-rich-countries-us4-5-trillion/>



“We need to work together. (...) To end the pandemic everywhere, we need a global vaccination plan” – UN Secretary General Antonio Guterres

Key messages

- **The global failure to share vaccines equitably is fuelling the pandemic:** Our targets are to vaccinate at least 10% of the population of every country by September, at least 40% by the end of the year, and 70% globally by the middle of next year. These are the critical milestones we must reach together to end the pandemic.
- **Vaccines are effective against severe disease caused by the variants:** but variants will continue to flourish if the global inequitable rollout of vaccines is not addressed.
- **Virus variants threaten the effectiveness of life-saving vaccines:** rapid development of efficacious COVID-19 vaccine are one of the few, true success stories from this pandemic. But unless vaccines are available to those at highest risk, future variants may threaten the progress we have made so far and prolong the pandemic.
- **We must increase vaccine supply for lower-income countries:** this can be done by removing all the barriers to scaling up manufacturing including waiving IP, freeing up supply chains and technology transfer. As part of these efforts, this month, WHO and COVAX partners announced the first COVID mRNA vaccine technology transfer hub, to be set up in South Africa.

Key messages

- **Dose sharing must happen immediately to fill an urgent supply gap:** it is the only way we can vaccinate at least 10% of the population of every country by the end of September. But dose sharing is a short-term way of closing the immediate supply gap.
- **Safe and effective vaccines alone cannot solve the pandemic:** Robust surveillance supported by rapid diagnostics, early clinical care and life- saving therapeutics, provided by well-trained health workers who are able to work in safe conditions. Public health and social measures are also vital to end the pandemic and accelerate global recovery.
- **We must be extremely cautious of discontinuing public health and social measures.** Lifting them too early or too quickly will see us losing the hard fought gains that have been made while vaccines are still reaching the broad use that will be needed.
- **The supply through COVAX and other sources will increase substantially in the coming months of this year.** Countries need to prepare for this ramp up of available doses, for example with microplanning, expanded cold chain equipment, logistics, funding, and trained staff in place.

Challenges

- Vaccine availability - supply not able to meet demand
- Multiple sources of vaccine
- Multiple types of vaccines
 - Monitoring coverage, effectiveness and safety
- Short residual shelf life of vaccines
- AEFI management and data sharing
- Vaccination status of cases not being used for programmatic decisions
- Budgeting and funding
- Several unknowns – learning '*on-the-fly*' – changing information on use of available vaccines
- Impact of COVID-19 vaccination on RI, SIAs, VPD surveillance, new vaccine introductions

Early implementation lessons

- **Early multisectoral planning and coordination** is critical
 - **Digital platforms** for vaccine introduction and monitoring of target groups can support roll-out
 - Early communication and infodemics including **risk-based strategies to manage & correct hesitancy**
 - Scenario-based vaccination strategies and **flexible local approaches** to boost uptake
- Intra-Action Reviews** useful to identify gaps, lessons and best-practices (*mini c-PIEs*)

Thank You!

WHO's Vaccine guideline for PLHIV

- All available information suggests [current WHO recommended COVID-19 vaccines \(AstraZeneca/Oxford, Johnson and Johnson, Moderna, Pfizer/BionTech, Sinopharm and Sinovac\)](#) are safe for people living with HIV
- No pharmacological interactions have been reported between COVID-19 vaccines and antiretroviral medications which people living with HIV
- Countries should include people living with HIV as a priority group for COVID-19 vaccination; people living with HIV should not be excluded from COVID-19 vaccine access plans

Objective of updated COVID-19 Global Vaccination Strategic Vision



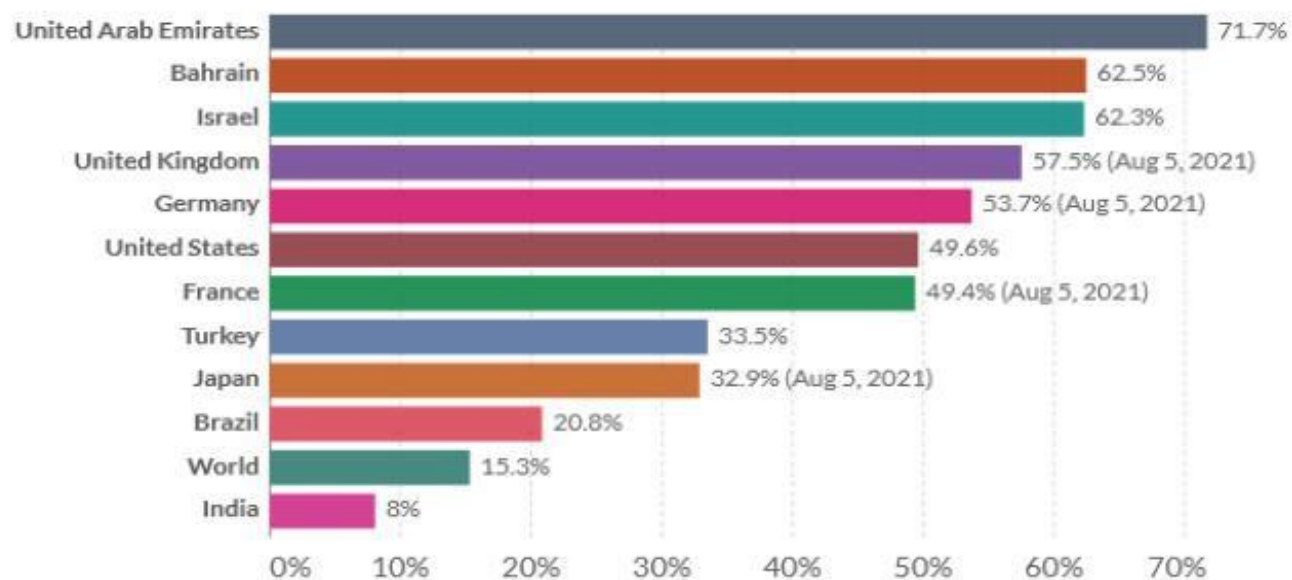
- ① **Inform country-specific vaccination targets and global vaccination goals for 2022** in light of key uncertainties
- ② **Promote an equitable approach to COVID-19 vaccination globally**, as part of the broader pandemic control strategy
- ③ **Inform global policymaking and access efforts**, investment decisions by financial and donor institutions, R&D groups and vaccine manufacturers as well as country planning and programmatic work

Share of the population fully vaccinated against COVID-19, Aug 6, 2021

Our World
in Data

Total number of people who received all doses prescribed by the vaccination protocol, divided by the total population of the country.

[+ Add country](#)



Source: Official data collated by Our World in Data – Last updated 7 August 2021, 09:00 (London time)

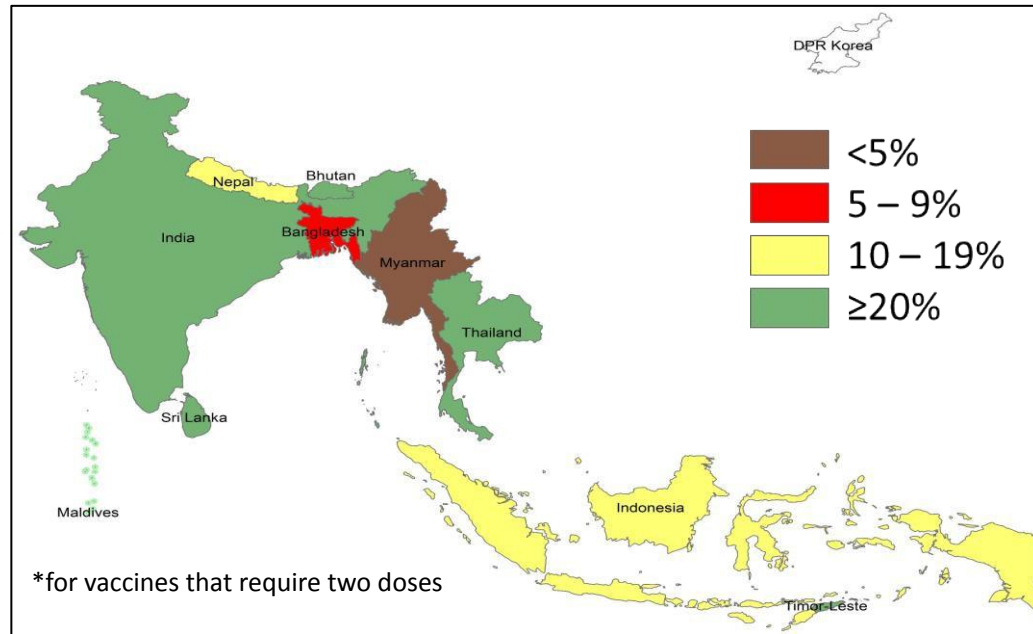
Note: This data is only available for countries which report the breakdown of doses administered by first and second doses. Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.

OurWorldInData.org/coronavirus • CC BY

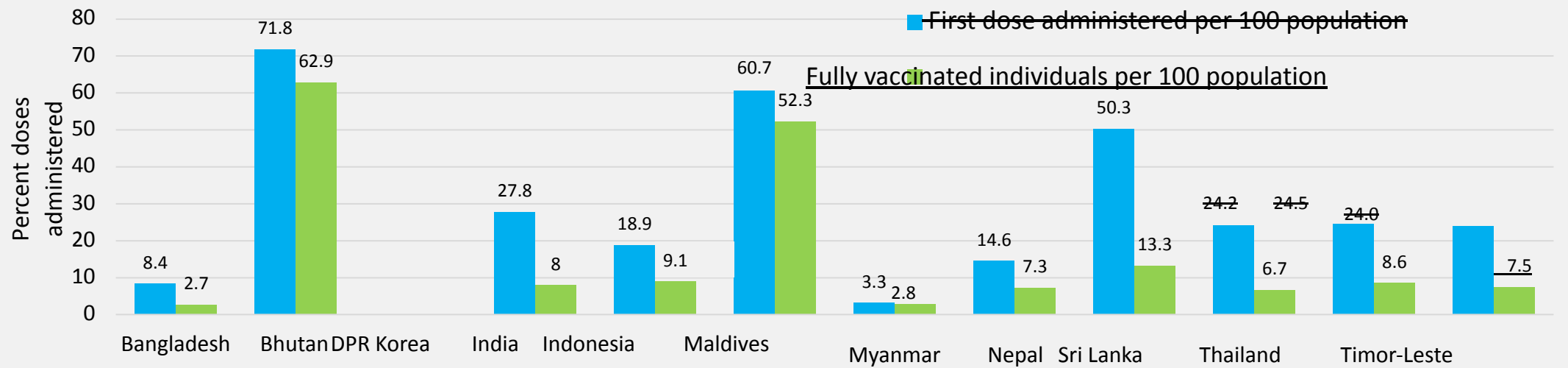
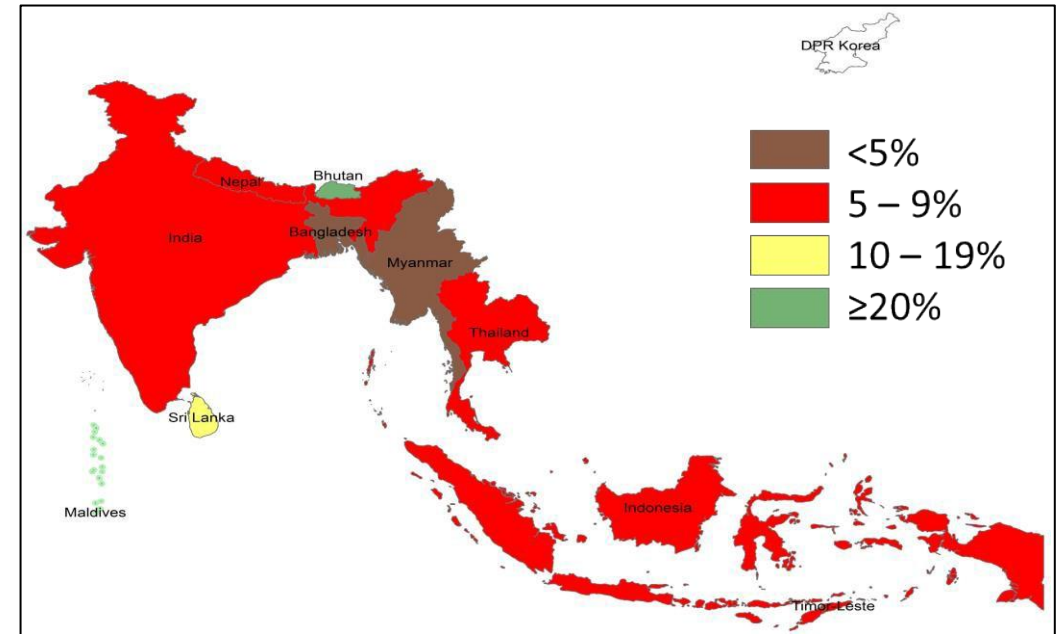
▶ Dec 27, 2020 ◉ Aug 6, 2021

COVID-19 vaccination per 100 population

First dose* administered per 100 population



Fully vaccinated individuals per 100 population



8th Meeting of IHR Emergency Committee

- Continue to use evidence-informed **PHSM** based on monitoring of the epidemiologic situation and health system capacities
 - Mask use, physical distancing, hand hygiene, and improved ventilation of indoor spaces remains key
 - Contact tracing, quarantine and isolation, must continue
- Implement a **risk-management approach** for **mass gathering** events
- Achieve the WHO call to action to have at least **10%** of all countries' populations vaccinated by September 2021.
- Enhance **surveillance** of SARS-CoV-2 and continue to report to WHO to enable rapid identification, tracking of **variants**
- Improve access to and safe administration of WHO recommended **therapeutics**
- Continue a **risk-based approach to facilitate international travel** and share information with WHO on use of travel measures and their public health rationale.
- **Do NOT require proof of vaccination** against COVID-19 for international travel
- Address **community engagement and communications gaps** at

COVID-19 vaccine roll-out in South-East Asia

Region A snapshot

of countries
vaccinating
10/11

of vaccines
available/used
8*

Total doses administered
> 650 mn

Individuals vaccinated with one
dose
> 496 mn (24.0%)

Individuals fully vaccinated
> 154 mn (7.5%)

Health workers,
frontline workers,
elderly populations
prioritized in **all**
countries

5 countries
expanded to all

*AZ, Covaxin, Janssen, Moderna, Sinopharm, Sinovac, SputnikV, Pfizer

COVID-19 cases reported in the last seven days per 100 000 population (from 30 July-5 August 2021)

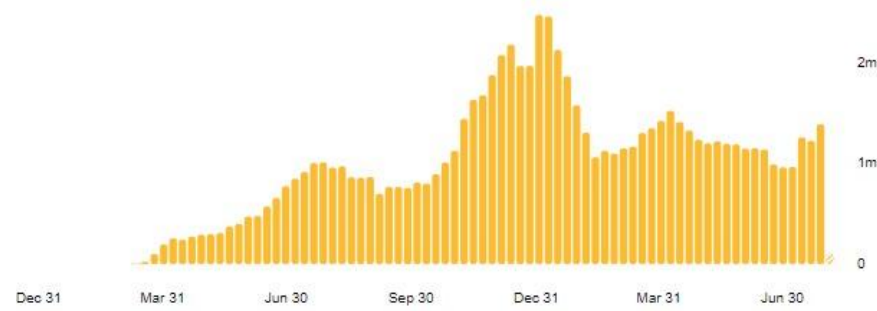


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Americas

78,718,104

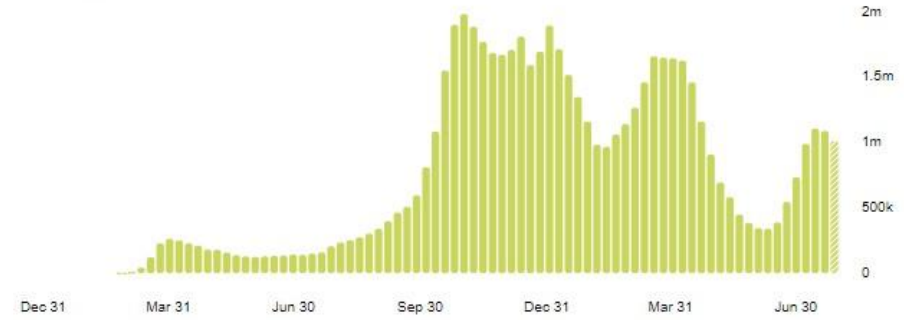
confirmed cases



Europe

61,210,889

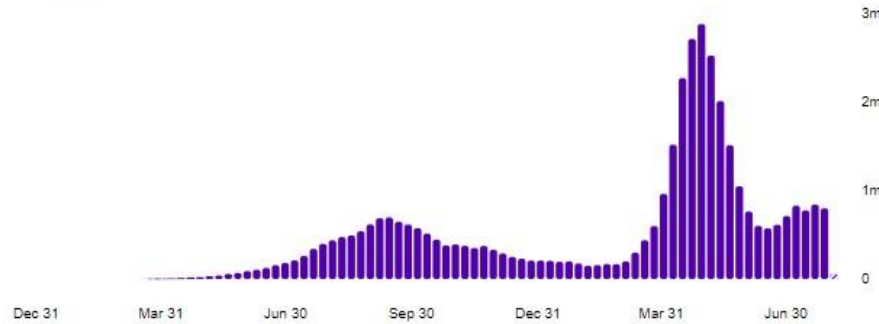
confirmed cases



South-East Asia

39,232,604

confirmed cases



Eastern Mediterranean

13,095,299

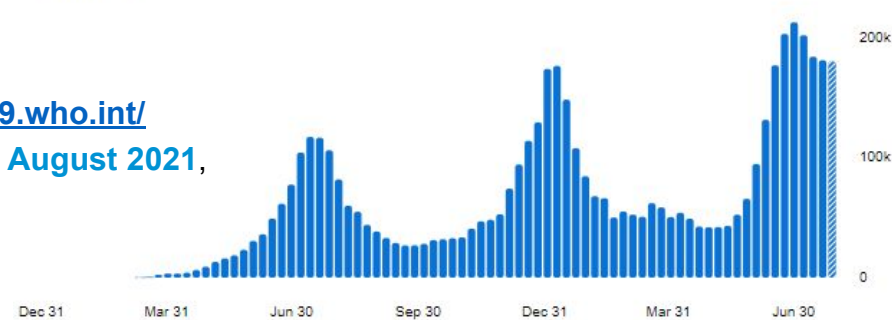
confirmed cases



Africa

5,137,017

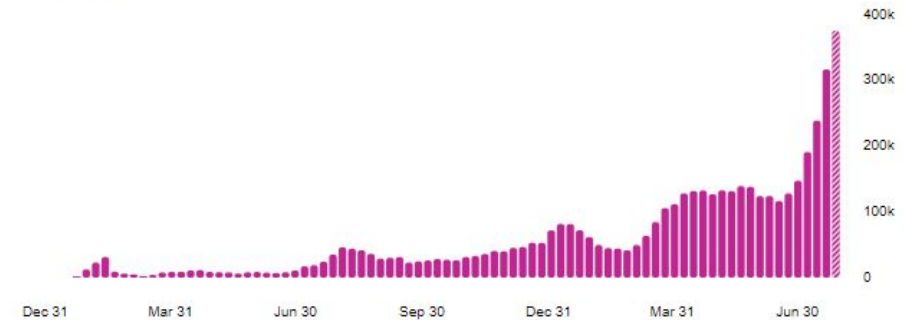
confirmed cases



Western Pacific

4,901,539

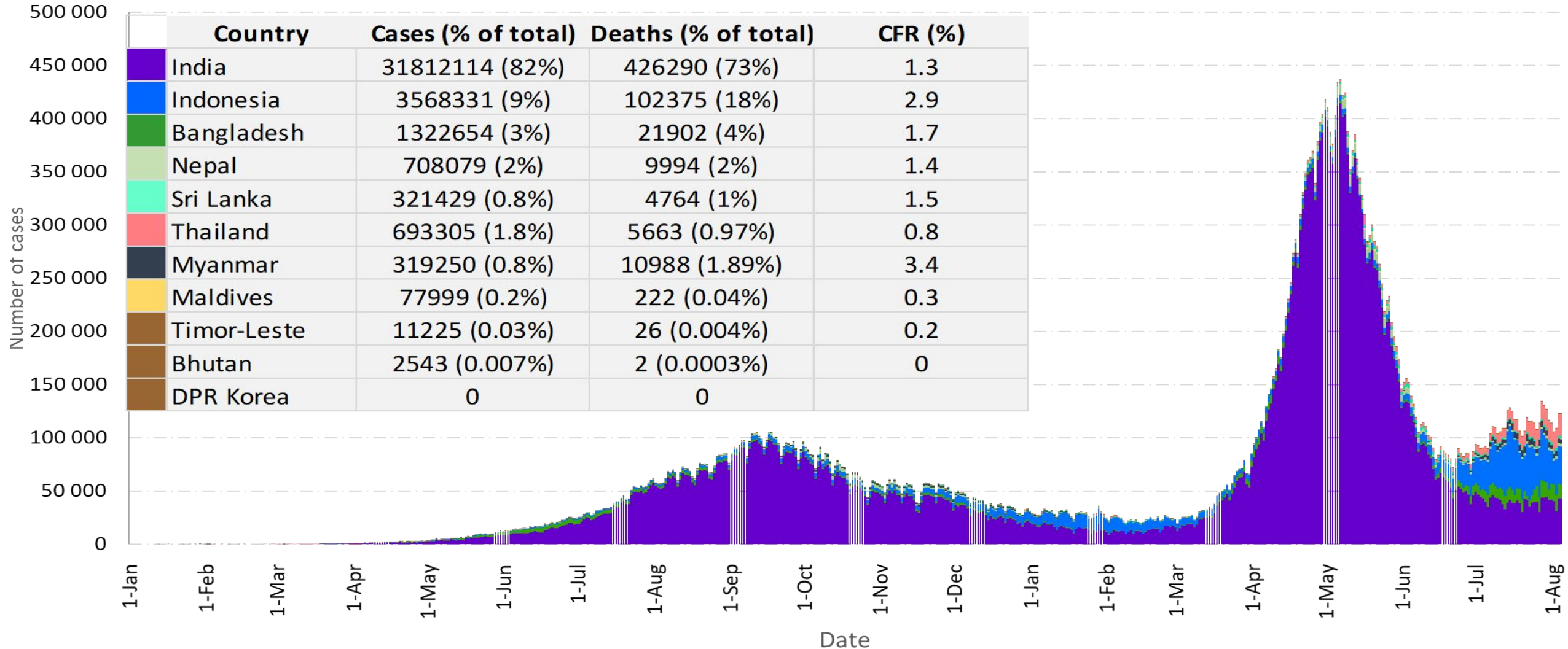
confirmed cases



Source: <https://covid19.who.int/>
as of 10:37am CEST, 9 August 2021,

Reported COVID-19 Cases and deaths in SEAR

(data reported as of 6 Aug 2021, 7 am IST)



Countries, territories, and areas reporting Variants of Concern

(situation as of 20 July 2021)

