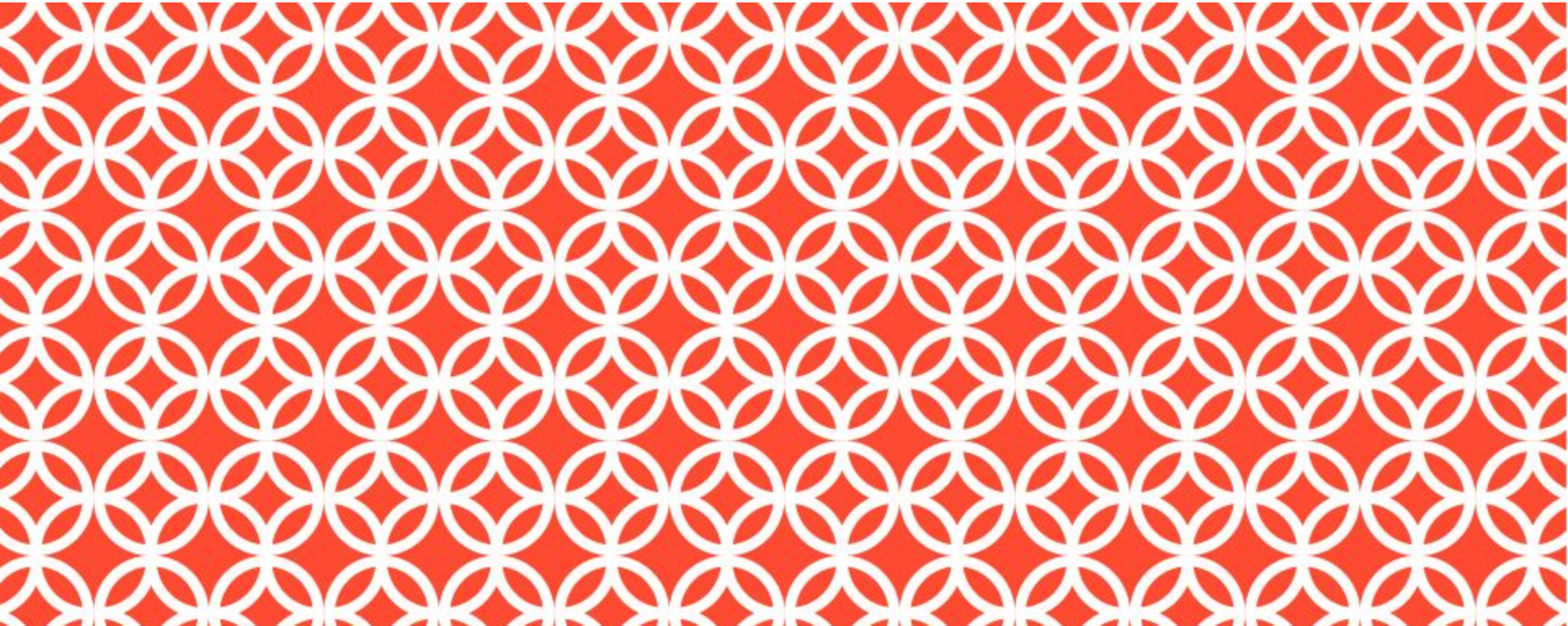


Covid Vaccine inequity and PLHIV

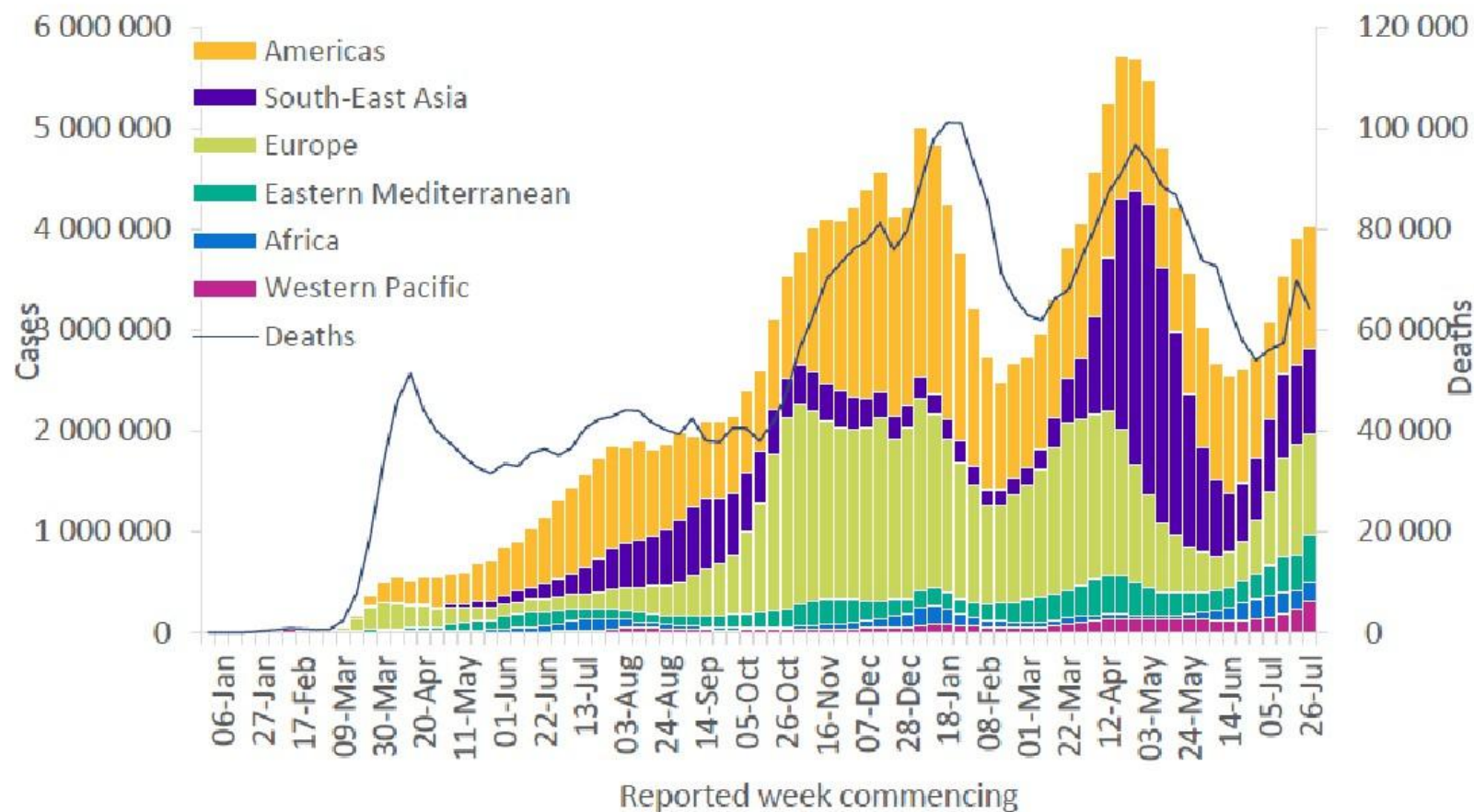
Asia Pacific regional landscape

Dr Salil Panakadan
UNAIDS Asia Pacific



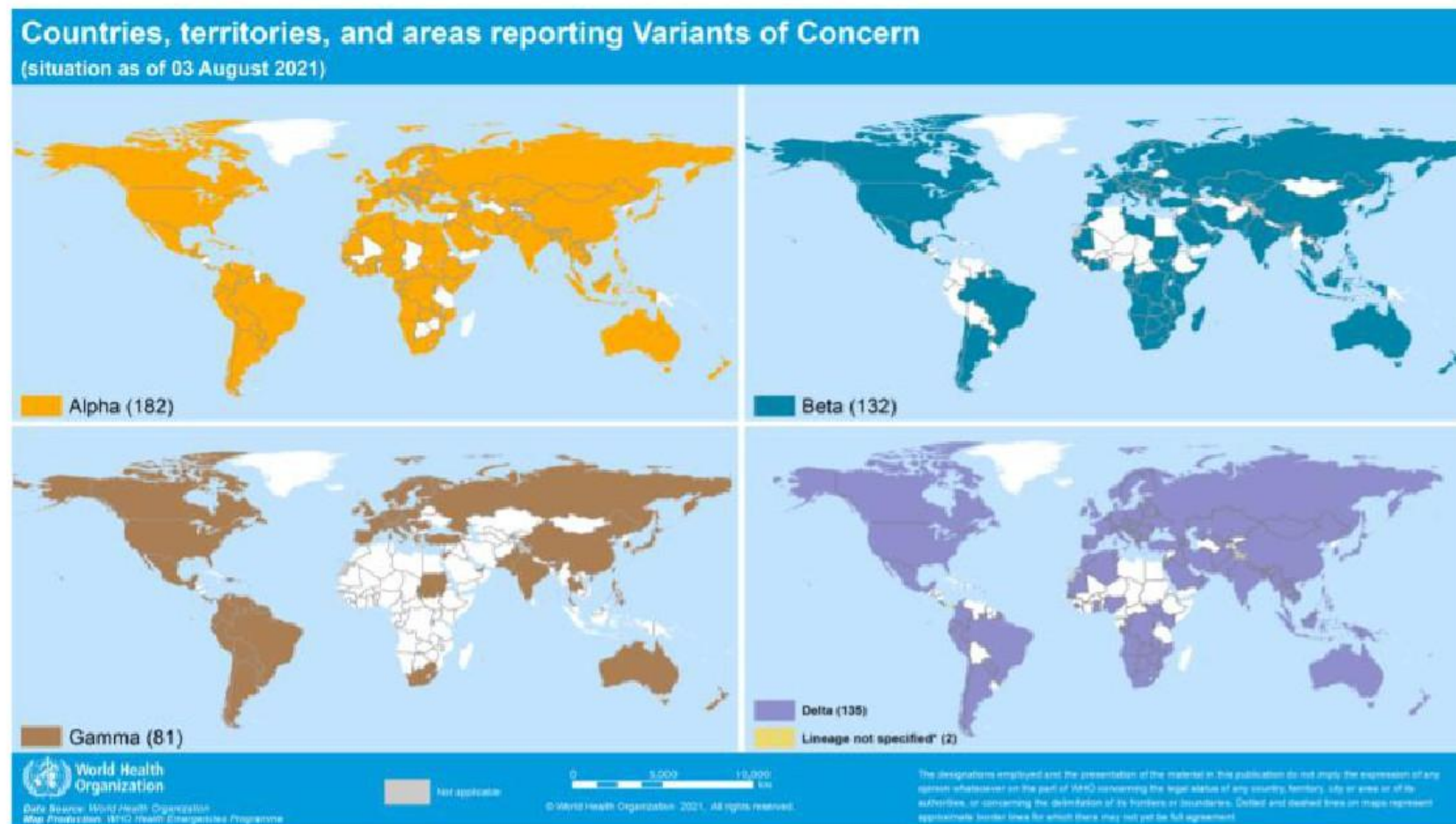
Rising global incidence driven by Delta variant

weekly cases by WHO region & global deaths at 3 August 2021



Delta variant now in 135 countries & advancing

Countries, territories & areas reporting variants Alpha, Beta, Gamma, Delta at 3 August 2021

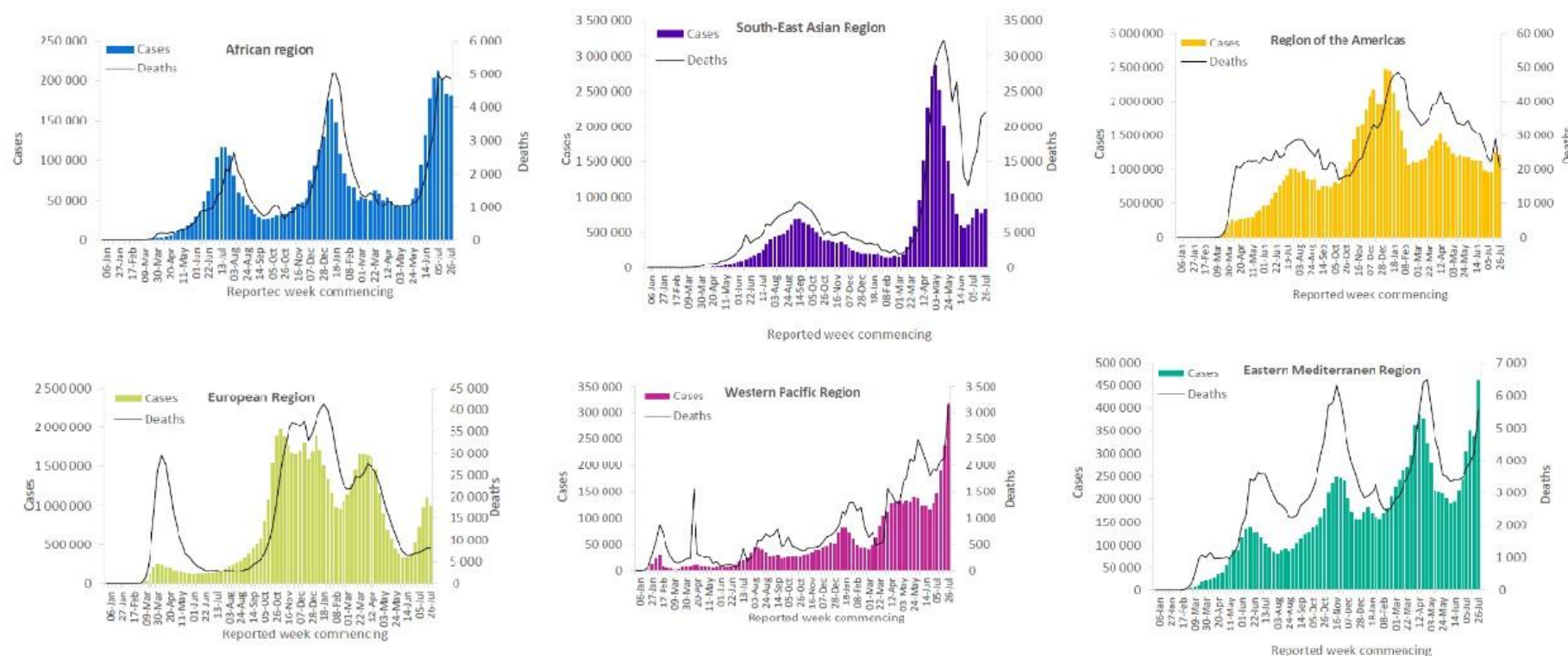


*Includes countries/territories/areas reporting the detection of B.1.617 without further specification of lineage at this time. These will be reallocated as further details become available.

**Countries/territories/areas highlighted include both official and unofficial reports of VOC detections, and do not presently differentiate between detections among travellers (e.g., at Points of Entry) or local community cases. Please see Annex 2 of epidemiological report for further details

African & Eastern Mediterranean particularly vulnerable

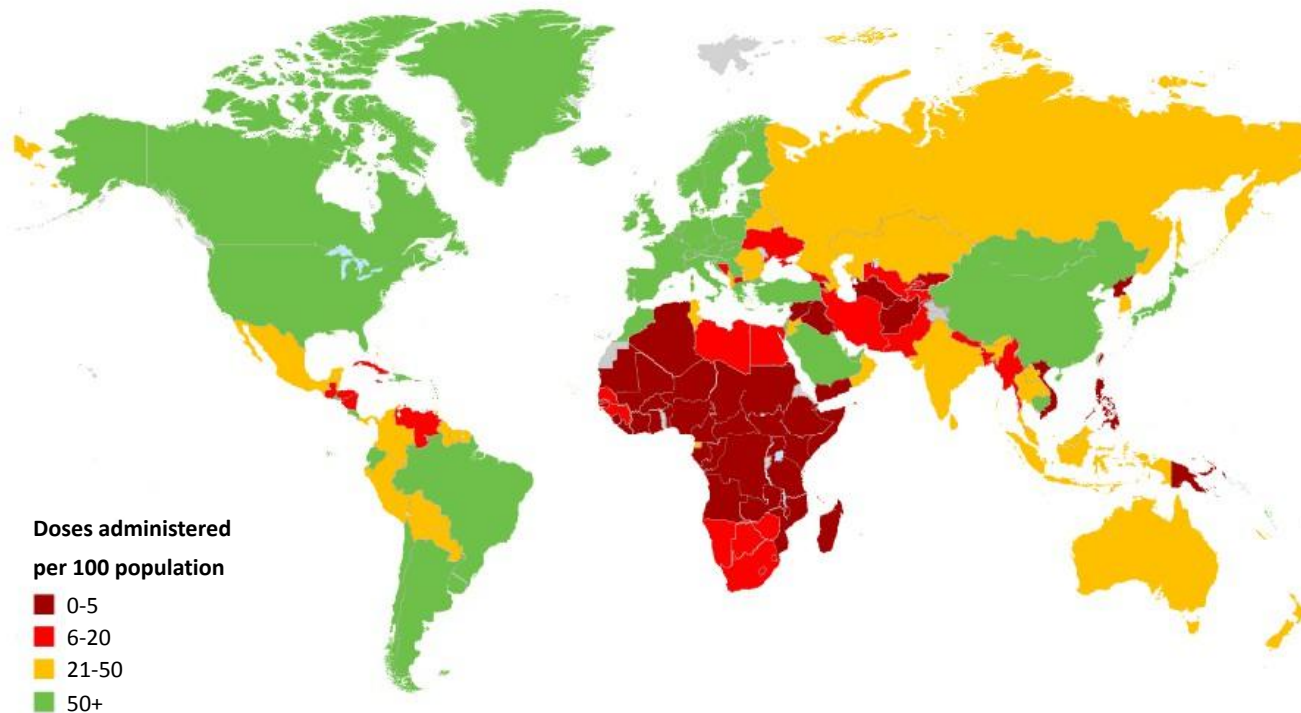
WHO regional overviews: Epidemiological week 26 July - 1 Aug 2021



Vaccine Inequities

4,450 M doses of COVID-19 vaccine have been administered¹ in 217 countries, areas, territories & economies²

Total doses administered per 100 populations³



4,450 M vaccine doses¹ have been administered

COVAX has **shipped 190.1M** doses to **138** participants⁴

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

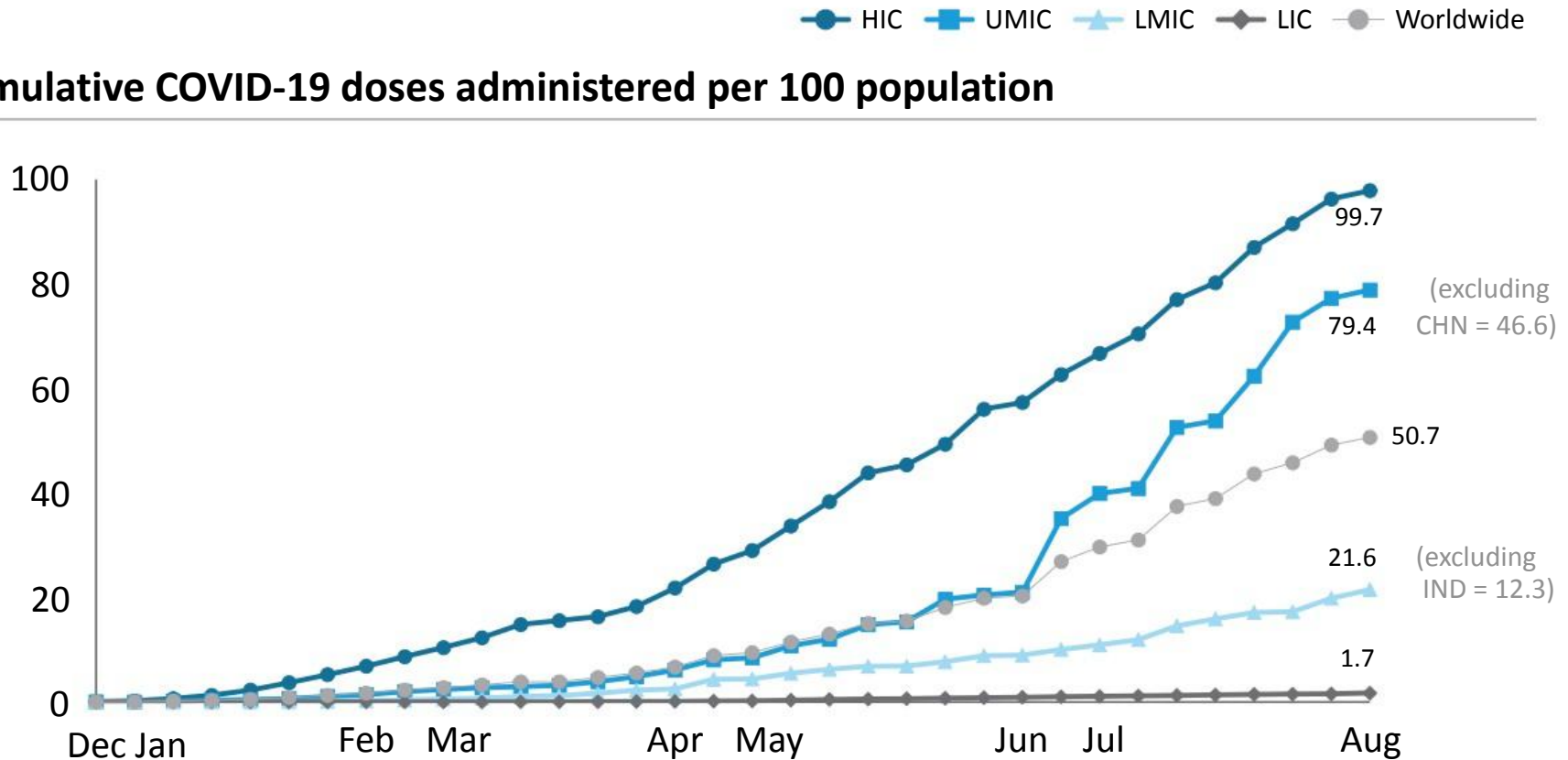
1. Source of data: WHO dashboard, Bloomberg; 2. Total of 220 countries, areas, territories & economies: 218 economies listed by World Bank + WHO Member states Cook Islands + Niue

3. WHO COVID-19 Dashboard at <https://COVID19.who.int/>; 4. Including donations of doses through COVAX

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.

High income countries have administered >50x more doses per population than low-income countries

Cumulative COVID-19 doses administered per 100 population



Ratio of
HIC to LIC doses in LICs

10,000x

200x

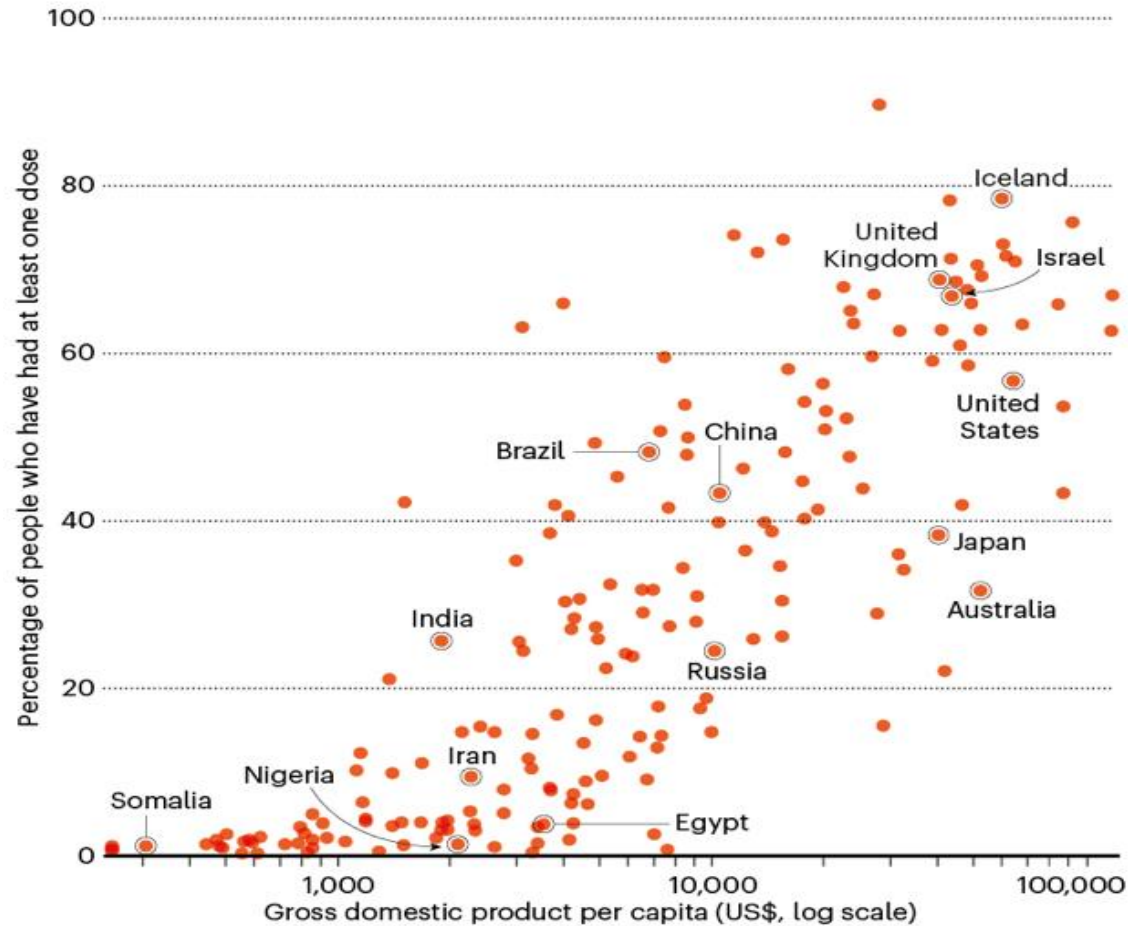
69x

57x

Vaccine population inequity

UNEQUAL DISTRIBUTION

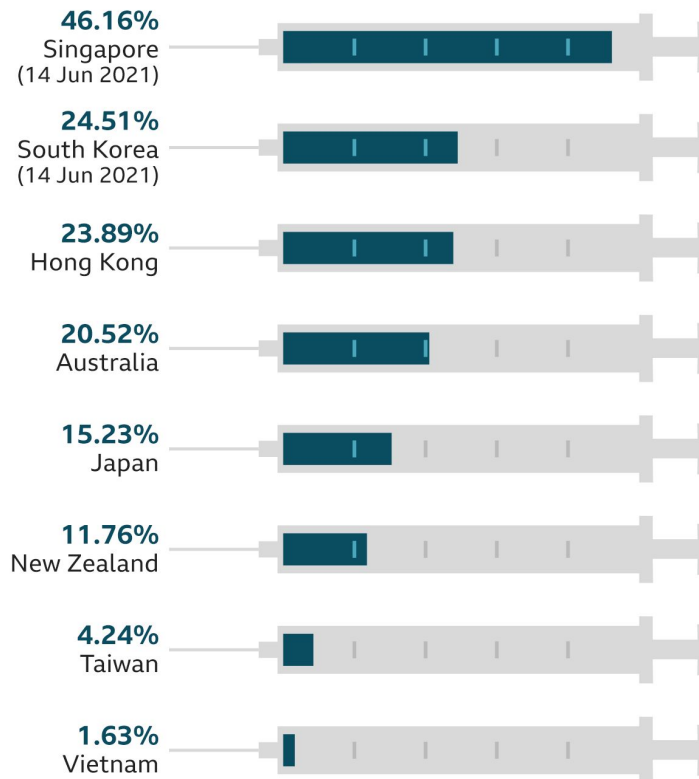
More than half of the population of high-income countries has received at least one dose of a COVID-19 vaccine, compared with about 30% in upper-middle-income countries, 14% in lower-middle-income countries and 1% in low-income countries.



Most recent GDP data from 2019-20. Vaccination data from 28 July 2021.

Covid Vaccine Coverage-selected countries

Share of people who received at least one dose of a Covid-19 vaccine



This may not equal the share that are fully vaccinated.

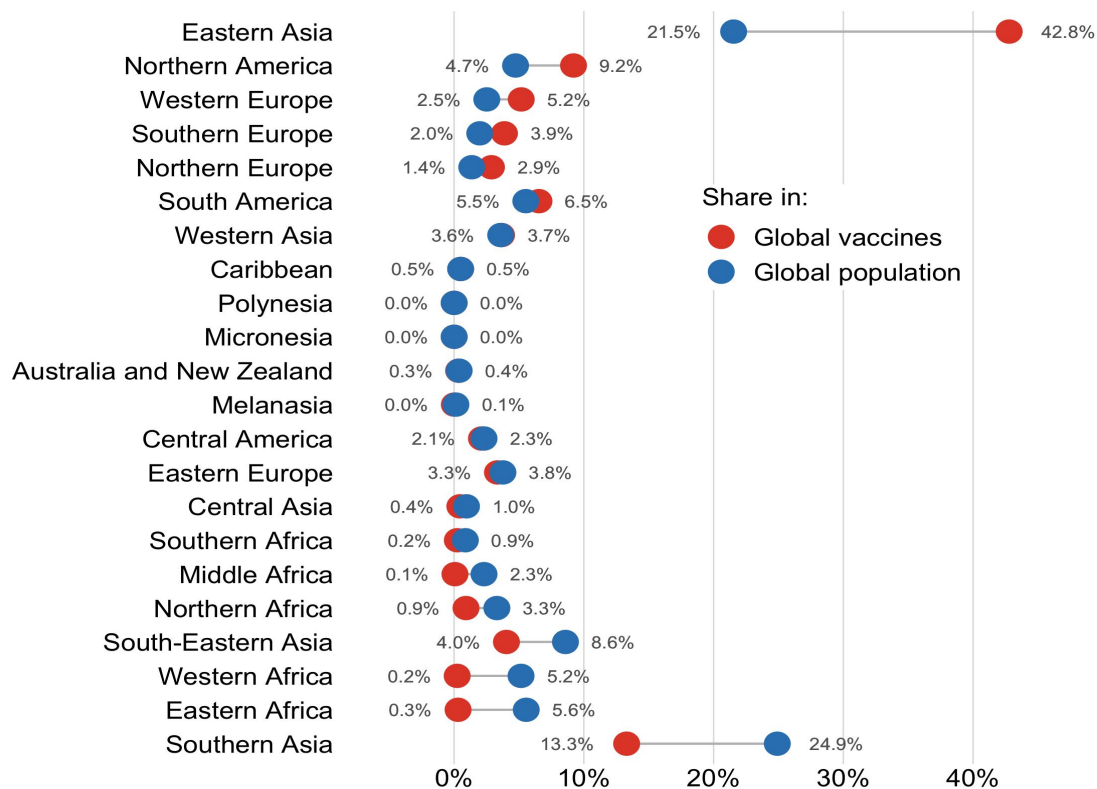
Source: Our World In Data (15 Jun 2021)

BBC

Vaccine production and needs

Vaccine distribution relative to global needs

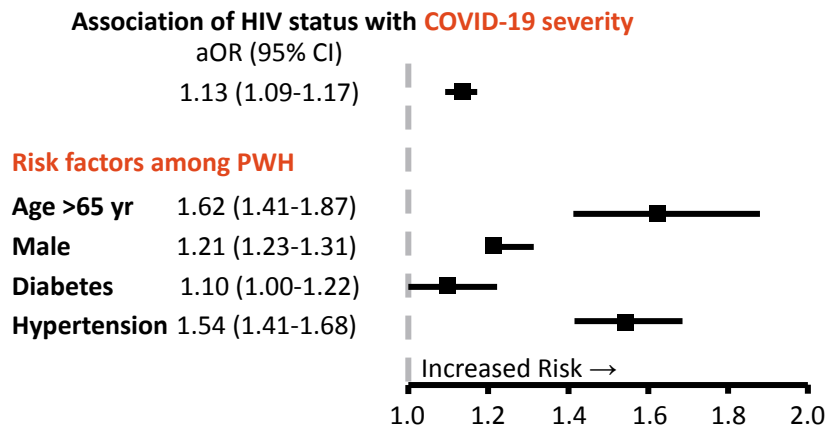
Global vaccine share vs global population share



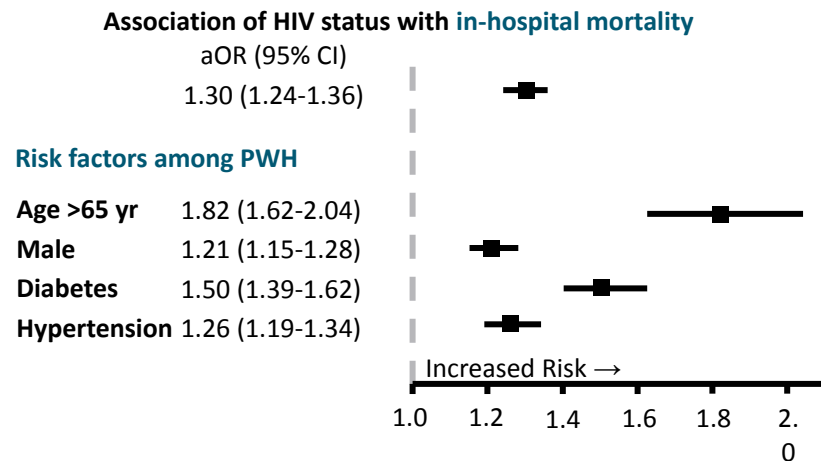
Source: Schellekens (2021); OWID; WDI; WHO; WPP. Updated: 2021-08-10. Latest: pandem-ic.com.
 Note: Aggregation: 22 subregions of United Nations geoscheme. Distribution of single shots administered thus far.
 Double-dose equivalence imposed on single-dose protocols (x2).

Clinical Features, Prognostic Factors in PWH Hospitalized With COVID-19: HIV is risk factor

- HIV infection independently associated with significantly increased risks of severe/critical COVID-19 at hospital admission and of in-hospital mortality
 - sensitivity analysis excluding South African data showed results similar to overall population
- Among PWH: age >65 yr, male sex, and diabetes or hypertension independently associated with **COVID-19 disease severity** at hospital admission and increased risk of **in-hospital mortality** (all $P < .0001$)



Bertagnolio. IAS HIV Science 2021. Abstr PEBLB20.



Status of Prioritization of PLHIV for Covid Vaccines

PLHIV in the priority list

1. India
2. Philippines
3. Vietnam
4. Indonesia
5. Fiji

Estimates of PLHIV/KP vaccine coverage

China – 31% (May)
Cambodia- 22% (May)
Fiji- >90% (Aug)

Vaccine wastage

OTTAWA | News

Pharmacies warn of expiring Moderna doses as pace of vaccination slows



Jackie Perez, Multi-Skilled Journalist
@JackiePerez_ | Contact

Published Sunday, August 1, 2021 6:45PM EDT
Last Updated Sunday, August 1, 2021 6:45PM EDT



Moderna meltdown



Major concerns as Moderna supplies to spoil in Ontario, CTV's Jackie reports.

EU countries are throwing away expired vaccine doses

By Anne Damiani, EURACTIV Network and Giedre Pesekyte | EURACTIV.com

Jul 29, 2021



EURACTIV

Acumen publi
Association of

NHS say 170,000 Moderna jabs to expire in next two weeks

August 2, 2021



© Bistefanov

States race to use COVID-19 vaccines before they expire

By MIKE CATALINI July 30, 2021





THE PEOPLE'S VACCINE

Available to everyone, everywhere, free of charge

What is Alliance calling for?

- A free of charge vaccine for everyone, everywhere, distributed according to need. No exceptions.
- **Open sharing of vaccine science, technology and know-how – WTO and CTAP**
- A global manufacturing and distribution plan for cost-price vaccines – investment in production capacity and health workers

Current state of Play

Developing countries

- 9 in 10 people in the majority of developing countries set to miss out this year
- COVAX will reach 20% coverage at best
- Countries left to bid in the open market – paying high prices for small volumes

Rich countries

- 3 times more vaccines than they need – bought up vast majority of supply
- Supply delays - now stealing from developing country supplies
- Fiercely defending pharmaceutical monopolies
- Distracting from real solutions with charitable crumbs – COVAX and donations

Key Actors and influencing Strategies

1. **Rich country governments:** to demand they do everything in their power to pressure Pharma companies to share the science and technology, and enable the WTO TRIPs waiver process
2. **Pharma companies:** to pressure them to share the science and technology, stop putting profits before people's lives and **voluntarily join C-TAP**.
3. **Low and middle-income countries:** For those wavering, support the TRIPS waiver. All to raise their voices more assertively.
4. **Build broad public support** for the idea of a People's Vaccine, and targeted actions to pressure governments and pharmaceutical companies
5. **Media** Changing the narrative

People's Vaccine - Asia charter

- Two parts- brief background and then key demands
- Background- Covid-19 crisis, its impact, monopoly on vaccine, rich governments attitude of hoarding and supporting IP, capability of southern government to produce vaccine, broken global health system, COVAX, danger of marginalized groups left behind
- **Demands/asks**
 - safe, effective and **affordable vaccines**.
 - Fair distribution at all levels- pricing at cost
 - Transparent plans prioritizing marginalized groups
 - TRIPS waivers and C-TAP
 - Technical support and expertise along with technology
 - Investing in public health but not on the cost of other social sectors-progressive taxation
 - Information sharing on adverse effects
 - No new debt mechanism for vaccine financing
- [Home - Peoples Vaccine](#)
- **Contacts:**
- Mustafa.Talpur@oxfam.org, Dinah.Fuentesfina@actionaid.org

Conclusions and Next steps

- Vaccine inequity is clear and present- no lessons learnt from the past HIV inequities
- Vaccine production insufficient and capacity concentrated. Stockpiling, booster dosing and price rises additional challenge
- Redistribution of available vaccines and prioritizing populations; IP and TRIPS waivers
- UNAIDS continues to work with PLHIV on tracking, prioritizing and facilitating Covid vaccine access
- Join forces with like minded movements and increase advocacy pressures with Governments and vaccine manufacturers