

Globo Q&As – 06-01-2021

It seems that, as it was the case with other vaccines, developing countries are being left behind. The goal of Covax is to help provide access to COVID-19 vaccines to the most vulnerable in all participating economies. How close are you to this goal? What are the main hurdles? How do you evaluate Brazil's participation and how could both the country and Brazilian society help Covax?

COVAX is on track to deliver on its goals. Thanks to secured supply through manufacturer deals and dose-sharing, clarity on AMC demand and additional much-needed funding, the world now has its clearest pathway yet to ending the acute stage of this pandemic.

It was less than three months ago that COVAX declared itself **open for business**, with the commitment of 64 self-financing participants. Thanks to unprecedented international collaboration and vaccine manufacturers that share its ambition for global, equitable access, COVAX is now ready to start **delivering** doses in the first quarter of 2021, with 190 economies now committed.

Through agreements with manufacturers, Gavi on behalf of COVAX has secured 1.97 bn doses and additionally, while CEPI has secured a potential further 1 billion doses in 2021 through R&D partnership agreements. We are moving swiftly on funding, while seeking to raise an additional US\$ 2.8 billion in 2021 (US\$ 800 million for research and development, at least US\$ 1 billion for the COVAX AMC and US\$ 1 billion for delivery support).

To meet our goal ending the acute phase of the pandemic by delivering 2 billion doses globally in 2021 we still face a number of challenges: not just securing more doses and more funding, but managing other complexities such as regulatory approvals, readiness and capacity, cold chain, supply chain, delivery and logistics. Now that we are preparing to deliver doses, these are all now urgent challenges.

COVAX's success will depend on its ability to harness the power of international cooperation and public-private partnership. As the most populous nation in Latin America and one that has valued public health interventions, as well as being a key global economy, Brazil has an important role to play and we look forward to working with the government to protect its population and the region more broadly.

Plus three of the below:

In your opinion, which are the best ways to deal with the anti-vaccination movements and the negationist governments?

In addition to striving to put in place an equitable global supply of COVID-19 vaccines, we must not take demand for vaccines for granted. COVID-19 vaccines have been developed in record time and it is essential that we keep on reminding people that the same exacting standards of safety and efficacy are being applied to COVID-19 candidates as they would to any other vaccine candidate. We have seen this in action, with trials being halted on a number of occasions already while researchers investigate potential adverse effects. But not all manufacturers have complied with transparency and following global standards and we need to be sure that this is done as any problems with vaccines can have a broader effect on public trust.

The best way to address vaccine hesitancy is to ensure ready access to high quality information. But good information alone will not solve this challenge: in the context of COVID-19, we know there is a very well-organized anti-vax community quite capable of using sophisticated tactics on social media to spread disinformation through communities and play on hesitancy towards COVID-19 vaccines to grow opposition to these inoculations in particular and ultimately vaccination in general. Whether antivaxers are in it for the money or for other reasons, the reality is that the impact they have will disproportionately affect poorer households where access to information and media literacy is lower than in other parts of the population.

The good news is that with roll out of vaccines and strict independent regulatory approvals being provided, many vaccine skeptics have now changed their views and are accepting vaccination. I also applaud recent actions taken by some of the social networks to deal with misinformation and to put those asking questions in touch with reliable sources of information but much more needs to be done to contain the “infodemic” and prevent populations from being exposed malicious content.

From a public health perspective, how important are the reported efficacy differences in preventing symptomatic disease between the various vaccines?

From a public health perspective, the most important factor will be effective use of the vaccines. The efficacy threshold for approval of COVID-19 vaccines set by the US FDA, Europe’s EMA, WHO and others is 50%. Those candidates that we have seen submitting efficacy data thus far have all comfortably exceeded that level. But efficacy is not the only consideration to take into account when assessing suitability: along with our partners within COVAX, we are spending a lot of time and energy on helping countries with their preparedness: the kinds of soft and hard infrastructure needed for a successful national vaccine deployment, such as cold chain storage, shelf life and ultimately dosing with single dose vaccines much easier to use in a campaign like mode.

It is also important to have data on the suitability of a vaccine for local populations. The Oxford/Astra Zeneca candidate, for example, underwent trials in Brazil, South Africa and a number of other locations. That has provided incredibly valuable data when looking into its suitability in different regions and with different groups.

The encouraging news is that today we have three vaccines already that have been demonstrated to be highly efficacious against severe incidences of disease – few people would have dared hope for that six months ago. We anticipate that more will become available in the coming months.

In the most optimistic scenario, when do you think Covax will have enough vaccines available to distribute to all participant countries?

Our goal is to deliver 2 billion doses by the end of 2021. Much of this supply will obviously be weighted towards the second half of the year but we are planning to have delivered the first tranche – enough to protect more than 3% of the population in all countries – by the end of June and to have started delivering doses to those countries that have adequate preparations in place in the first quarter, possibly as early as February if regulatory approval is forthcoming.

One of the most important considerations that must be made in these first few months is how to optimise the relatively small amounts of doses that are made available. Protecting front line workers as

well as elderly people and those with underlying health conditions will be key. There is a role for innovative technology to play a part in helping identify those that can benefit most from vaccination.