Strengthening UHC through equitable rollout and uptake of COVID-19 vaccines

Wednesday 28th April 2021
9:00-10:30 EDT/ 14.00-15:30 BST / 15:00-16:30 CEST
THANK YOU FOR JOINING

The webinar will begin shortly

NCD Alliance
Strengthening UHC through equitable rollout and uptake of COVID-19 vaccines

Sir Trevor Hassell
President, Healthy Caribbean Coalition, Barbados; Member, NCDA Board
Strengthening UHC through equitable rollout and uptake of COVID-19 vaccines

Dr Franklin Asiedu - Bekoe
Director of Public Health Service, Ghana
Strengthening UHC through equitable rollout and uptake of COVID-19 vaccines

Dr Folake Olayinka
WHO SAGE on Immunization

NCD Alliance
Strengthening UHC through equitable rollout and uptake of COVID-19 vaccines

Mr Karrar Karrar
Save the Children, United Kingdom; Member, COVAX Working Group on Access/Allocation
Strengthening UHC through equitable rollout and uptake of COVID-19 vaccines

Dr Andrew Schroeder
Vice President of Research and Analysis, Direct Relief

NCD Alliance
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Ms Lois Privor-Dumm
Director of Policy, Advocacy, and Communications; Senior Advisor - Johns Hopkins International Vaccine Access Center
Strengthening UHC through equitable rollout and uptake of COVID-19 vaccines

Dr Jane Barratt
Secretary General, International Federation on Ageing

NCD Alliance
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Director of Public Health Service, Ghana
Strengthening UHC through equitable rollout and uptake of COVID-19 Vaccines

Dr Franklin Asiedu-Bekoe
COVID-19 Vaccination

• COVID-19 vaccine equity; high-risk groups, such as people living with noncommunicable diseases?

• What are the lessons of COVID-19 that are relevant for noncommunicable diseases
Vaccination and Principles of UHC

**Vaccination Segmentation**

n=846,588
- Population
- Geography
- Access
  - Ultimately every Ghanaian is to be vaccinated
  - Initial access is to hotspot areas
- Cost
  - Vaccination is at no cost to the Ghanaian
- Equity

<table>
<thead>
<tr>
<th>Selected variables</th>
<th>Target</th>
<th>Number vaccinated</th>
<th>% of total vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare workers</td>
<td>206325</td>
<td>184949</td>
<td>89.6</td>
</tr>
<tr>
<td>Security Service</td>
<td>95227</td>
<td>46977</td>
<td>49.3</td>
</tr>
<tr>
<td>Aged (60yrs and above)</td>
<td>2063253</td>
<td>162400</td>
<td>7.9</td>
</tr>
<tr>
<td>Person with underlying medical conditions</td>
<td>1253823</td>
<td>93283</td>
<td>7.4</td>
</tr>
</tbody>
</table>
Coverage by segmentation

- Healthcare workers: 89.6%
- Security Service: 49.3%
- Executive, Judiciary and Legislature, Ministries & Civil service: 25.2%
- Aged (60yrs and above): 7.9%
- Persons with underlying medical conditions: 7.4%
- Media: 7.0%
- Special group on national assignments (contact sports e.g. football, boxing etc.): 6.7%
- Essential service providers: 4.4%
- Teachers at all level & students: 2.4%
- General population excluding persons under 18yrs and pregnant women: 2.0%
COVID-19 comorbidities and Addressing NCDs

Scheduled visits
Minimize congestions and promote social/physical distance

Screening for NCDs
Early detection and better treatment outcomes
THANK YOU
Strengthening UHC through equitable rollout and uptake of COVID-19 vaccines

Dr Folake Olayinka
WHO SAGE on Immunization
Prioritization of people living with chronic condition in the COVID-19 Vaccination rollout: Rationale and Benefits

Dr. Folake Olayinka MBChB, MPH
Member WHO Strategic Advisory Group of Experts
Allocation, Prioritization, and Recommendations

COVAX Allocation Framework

SAGE Values Framework

Prioritization Roadmap

Vaccine-Specific Recommendations
### Roadmap on prioritization of target populations: Scenario-Community Transmission

**Strategy:** Initial focus on direct reduction of morbidity and mortality and maintenance of most critical essential services; also, reciprocity. Expand to reduction in transmission to further reduce disruption of social and economic functions.

<table>
<thead>
<tr>
<th>Stage I (1-10%)</th>
<th>Stage II (11-20%)</th>
<th>Stage III (21-50%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stage Ia (initial launch)</strong></td>
<td>- Older adults not covered in Stage I</td>
<td>- Remaining teachers and school staff</td>
</tr>
<tr>
<td>- Health workers at <strong>high to very high risk</strong> of acquiring and transmitting infection</td>
<td>- Individuals with comorbidities or health states determined to be at significantly higher risk of severe disease or death</td>
<td>- Other essential workers outside health and education sectors</td>
</tr>
<tr>
<td><strong>Stage Ib</strong></td>
<td>- Sociodemographic groups at significantly higher risk of severe disease or death</td>
<td>- Pregnant Women</td>
</tr>
<tr>
<td>- Older adults defined by age-based risk specific to country/region</td>
<td>- Health workers engaged in immunization delivery</td>
<td>- Health workers at <strong>low to moderate risk</strong> of acquiring and transmitting infection</td>
</tr>
<tr>
<td></td>
<td>- High priority teachers and school staff</td>
<td>- Personnel needed for vaccine production and other high-risk laboratory staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Social/employment groups at <strong>elevated risk</strong> of acquiring and transmitting infection because they are unable to effectively physically distance</td>
</tr>
</tbody>
</table>
List of underlying medical conditions that increase a person’s risk of severe illness from COVID-19 (updated CDC March 2021)

- Cancer
- Chronic kidney disease
- Dementia or other neurological conditions
- Diabetes (type 1 or type 2)
- Down syndrome
- Heart conditions (such as heart failure, coronary artery disease, cardiomyopathies or hypertension)
- HIV infection
- Immunocompromised state (weakened immune system)
- Liver disease
- Overweight (BMI ≥25 kg/m², but <30 kg/m²) and obesity (BMI ≥30 kg/m²)
- Pregnancy
- Sickle cell disease or thalassemia
- Smoking, current or former
- Solid organ or blood stem cell transplant
- Stroke or cerebrovascular disease, which affects blood flow to the brain
- Substance use disorders
Strengthening UHC through equitable rollout and uptake of COVID-19 vaccines

Mr Karrar Karrar
Save the Children, United Kingdom; Member, COVAX Working Group on Access/Allocation
Global Vaccine Access
Global Solidarity/Access: Rhetoric V.s. Reality...

**Global Rhetoric → Structures**

- ACT-A & COVAX... Multilaterals at it’s best?
- $6.6 Bn Mobilised, 7 Candidates, 2.2 Bn doses (signed)
- 48 million vaccine → 120 participants
- COVAX = 2X faster access V.s. H1N1 vaccine deployment initiative

**Reality: Old Habits Die Hard!**

- Vaccine Hoarding...Deja Vu (2009 H1N1)
- HICs (16% population) → 50% Global Supply
- Protectionist Policies : export controls
- $9.2 tr cost global economy
- > 1b doses administered globally
- COVAX = < 4% of doses (130m doses short)
- Expanding Supply: IP waiver V.s. C-TAP
ACHIEVING EQUITY IN COVID-19 VACCINE ACCESS

COVID-19 THREATENS CHILDREN’S RIGHT TO SURVIVE, THRIVE, LEARN AND BE PROTECTED

1.2B
CHILDREN IN MULTIDIMENSIONAL POVERTY – 37% HH

80M
CHILDREN AT RISK OF VACCINE- PREVENTABLE ILLNESSES

168K
MORE CHILDREN COULD DIE DUE TO HUNGER

1.6B
LEARNERS AFFECTED BY SCHOOL CLOSURES

2 DECADES OF PROGRESS IN POVERTY REDUCTION AT RISK

$200 TRILLION LOSS IN GLOBAL OUTPUT OVER THE NEXT FIVE YEARS

GUARANTEEING EQUITABLE ACCESS TO COVID-19 VACCINES IS A HUMAN RIGHTS PUBLIC HEALTH AND ECONOMIC IMPERATIVE

GLOBAL SOLIDARITY

- Donors must invest now to fully finance the COVAX facility
- Prioritize fair global allocation and distribution of vaccines
- Governments must not engage in vaccine nationalism — it will cost the world US$9.2 trillion
- Governments must urgently re-distribute a proportion of secured doses to COVAX

ACCOUNTABILITY FOR ACCESS

- Governments have spent €98.3 billion of public funds on COVID-19 vaccines — accountability for this money is critical
- Public funds must come with conditions on transparency and fair access
- Accountability requires meaningful multi-stakeholder engagement, including civil society

EXPAND GLOBAL VACCINE SUPPLY

- Up to 15.6 billion doses could be needed worldwide — business as usual will not meet this demand
- Support the COVID-19 Technology Access Pool (CTAP) and share technology, know how and licensing
- Invest in manufacturing capacity in low- and middle-income countries

NATIONAL ROLL-OUT

- Governments must follow WHO guidance for vaccine prioritisation and have a responsibility to vaccinate all vulnerable groups, without discrimination
- Decision making must be inclusive with community at the centre
- Continue to prioritise routine immunisation services

AN EPIDEMIC ANYWHERE COMPROMISES VACCINATION EVERYWHERE
WHO Allocation Mechanism

- Roadmap for prioritizing uses of Covid-19 vaccines (Prioritization Roadmap)
- Comorbidities & NCDs = Visibility?
- Immature PHC systems in LMICs
- LMIC PHC Data systems ...
- Adherence & Accountability?

Humanitarian Mechanism

- A measure of ‘last resort’ to ensure access to COVID-19 vaccines for high-risk and vulnerable populations in humanitarian settings.
- NVDP (104) = 73% excl. migrants, 61% excl. Refugees & Asylum Seekers, 63% excl. IDPs. (WHO Health and Migration Programme)
Dr Andrew Schroeder
Vice President of Research and Analysis, Direct Relief
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- Smoking, current or former
- Solid organ or blood stem cell transplant
- Stroke or cerebrovascular disease, which affects blood flow to the brain
- Substance use disorders
Humanitarian Cold Chain as a Universal Right

Storage

Distribution

Last Mile Delivery

Power + Refrigeration
Machine learning and AI to understand the power and refrigeration capacity and requirements of health centers in high-vulnerability parts of the US also enable chronic disease medication supply chains to be more resilient to power outages and disasters.
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Ms Lois Privor-Dumm
Director of Policy, Advocacy, and Communications; Senior Advisor - Johns Hopkins International Vaccine Access Center

NCD Alliance
A significant proportion of the population is hesitant about being vaccinated against COVID-19

Have you personally received at least one dose of the COVID-19 vaccine, or not? When an FDA authorized vaccine for COVID-19 is available to you for free, do you think you will...

<table>
<thead>
<tr>
<th>Group</th>
<th>Already received at least one dose</th>
<th>Get vaccinated ASAP</th>
<th>Wait and see</th>
<th>Only if required</th>
<th>Definitely not</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 65 and older</td>
<td>64%</td>
<td></td>
<td>17%</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>Democrats</td>
<td>42%</td>
<td></td>
<td>37%</td>
<td>11%</td>
<td>3%</td>
</tr>
<tr>
<td>College graduates</td>
<td>42%</td>
<td></td>
<td>31%</td>
<td>11%</td>
<td>6%</td>
</tr>
<tr>
<td>Individual w/serious health condition</td>
<td>42%</td>
<td></td>
<td>28%</td>
<td>14%</td>
<td>3%</td>
</tr>
<tr>
<td>Urban residents</td>
<td>31%</td>
<td></td>
<td>35%</td>
<td>17%</td>
<td>6%</td>
</tr>
<tr>
<td>White adults</td>
<td>34%</td>
<td></td>
<td>30%</td>
<td>16%</td>
<td>5%</td>
</tr>
<tr>
<td>Total</td>
<td>32%</td>
<td></td>
<td>30%</td>
<td>17%</td>
<td>7%</td>
</tr>
<tr>
<td>Hispanic adults</td>
<td>26%</td>
<td></td>
<td>35%</td>
<td>18%</td>
<td>10%</td>
</tr>
<tr>
<td>Suburban residents</td>
<td>31%</td>
<td></td>
<td>28%</td>
<td>18%</td>
<td>8%</td>
</tr>
<tr>
<td>Rural residents</td>
<td>36%</td>
<td></td>
<td>23%</td>
<td>13%</td>
<td>8%</td>
</tr>
<tr>
<td>Independents</td>
<td>27%</td>
<td></td>
<td>30%</td>
<td>21%</td>
<td>11%</td>
</tr>
<tr>
<td>No serious health condition</td>
<td>27%</td>
<td></td>
<td>30%</td>
<td>19%</td>
<td>9%</td>
</tr>
<tr>
<td>Adults without a college degree</td>
<td>27%</td>
<td></td>
<td>29%</td>
<td>20%</td>
<td>7%</td>
</tr>
<tr>
<td>Black adults</td>
<td>29%</td>
<td></td>
<td>26%</td>
<td>24%</td>
<td>7%</td>
</tr>
<tr>
<td>White Evangelical Christians</td>
<td>35%</td>
<td></td>
<td>14%</td>
<td>15%</td>
<td>6%</td>
</tr>
<tr>
<td>Ages 18-29</td>
<td>15%</td>
<td></td>
<td>34%</td>
<td>25%</td>
<td>15%</td>
</tr>
<tr>
<td>Essential workers (non-health)</td>
<td>23%</td>
<td></td>
<td>26%</td>
<td>19%</td>
<td>11%</td>
</tr>
<tr>
<td>Republicans</td>
<td>27%</td>
<td></td>
<td>19%</td>
<td>19%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Unpacking the drivers of vaccine hesitancy

- **Side effects** (>70%)
  - more severe than disease,
  - communities of color worry they’ll miss work or get COVID from the vaccine (>50%)

- **Access** - transportation an issue for approximately 20% Black and Hispanic communities

- **Trust** of the health system and government is a concern, particularly for Black and Hispanic communities

- Attitudes vary by age

- Still a lot of questions about how the vaccine was made so fast and whether multiple doses will be needed
Reaching community immunity

• Make vaccines accessible
  • Trusted convenient places
  • Provide transportation and support, particularly for those with disabilities
  • Build bridges between trusted sites and health system

• Appeal to “wait and see” and only if required groups
  • Respect people’s thoughts and actions
  • Speak to what they care about
  • Share experiences of others who’ve gotten the vaccine
  • Use trusted messengers
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Dr Jane Barratt
Secretary General, International Federation on Ageing

NCD Alliance
Leveraging COVID vaccine rollout
Opportunity or More of the Same

- Infrastructure breakdown
- Universal messages
- Inconsistent allocation
- Limited vaccinators
- Generational tension
- Vaccine hesitancy
- Immunisation rates falling
Prioritise immunisation

Remove Barriers

Reduce Inequity

Leaving No One Behind
INTERNATIONAL FEDERATION ON AGEING

The International Federation on Ageing brings together global experts and expertise to influence and shape age-related policy to improve the lives of our constituency, and to better all of society.

With thanks

jbarratt@ifa.ngo
www.ifa.ngo
www.vaccines4life.com/
QUESTIONS & ANSWERS
THANK YOU FOR JOINING

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