

Panorama of immunization in the Americas

Webinar: Covering COVID-19 vaccines in a responsible and evidence-based manner

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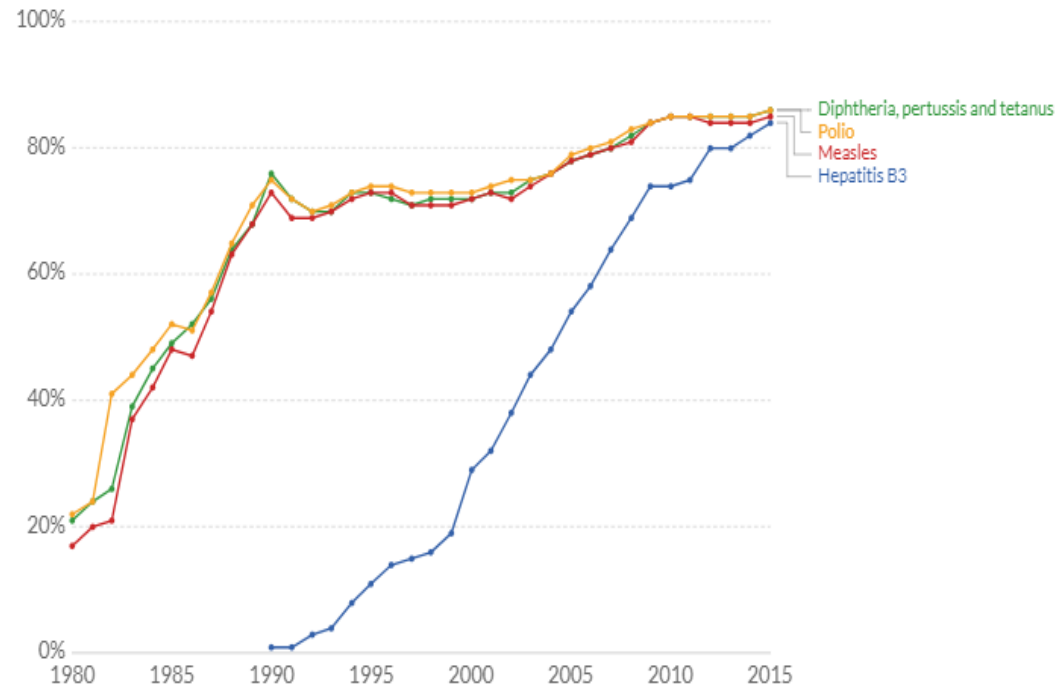
23 October, 2020



PAHO

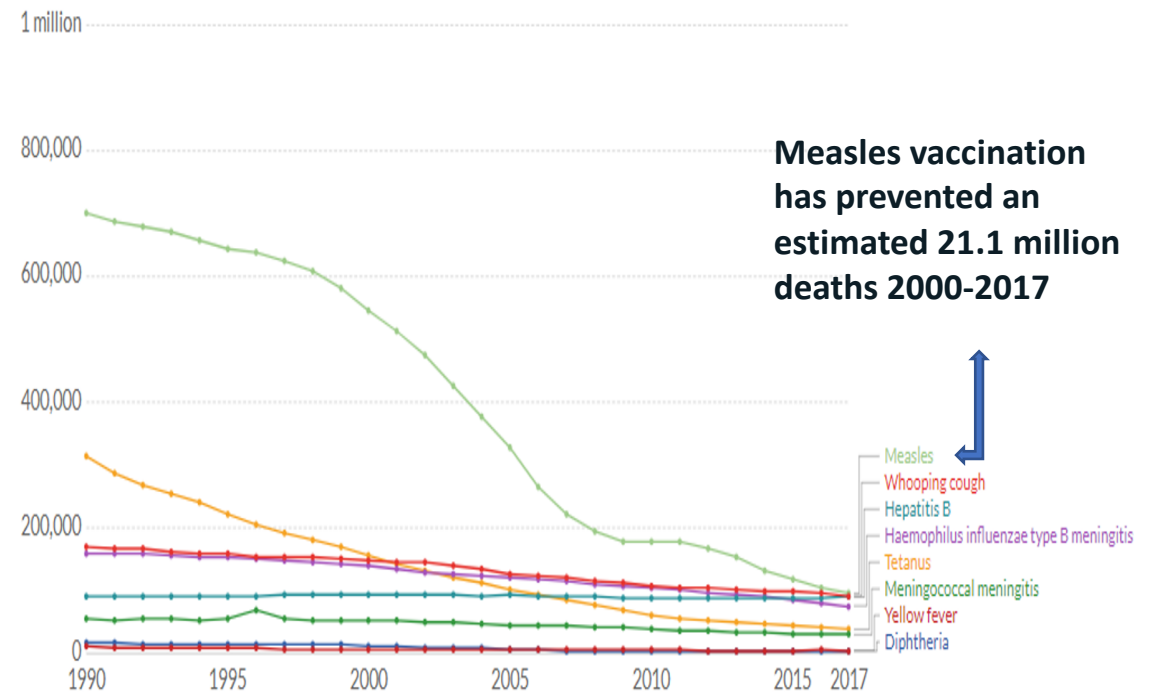
The world: good news

Global coverage of vaccines, 1-year-olds.



Percentage of one-year-olds who have received the vaccinations
<https://ourworldindata.org/vaccination>
 Source: WHO (2017) and UN population division (2017) revision

Deaths caused by vaccine-preventable diseases, Global

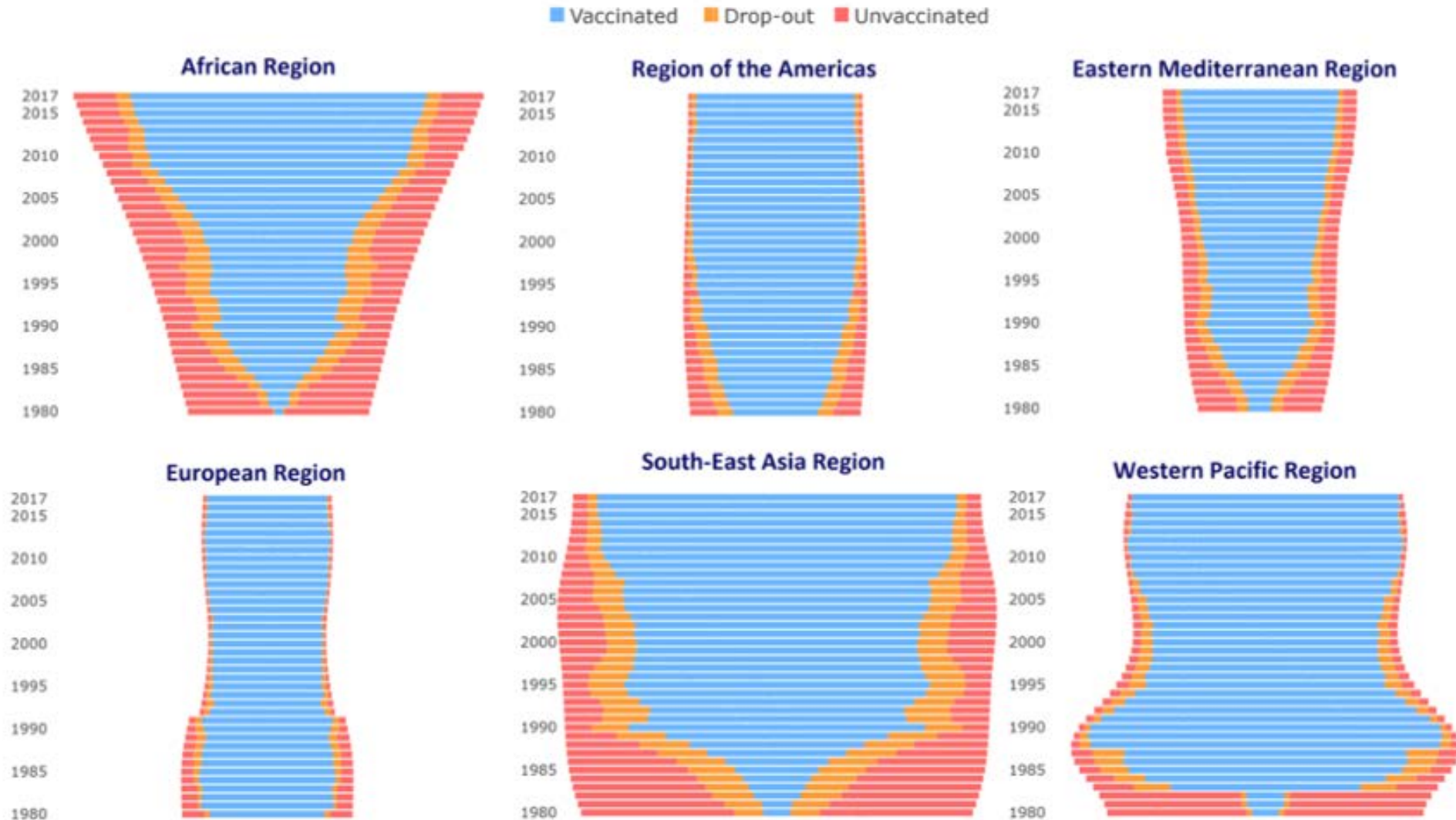


Measles vaccination has prevented an estimated 21.1 million deaths 2000-2017

<https://ourworldindata.org/vaccination>
 Source: Global Burden of Diseases, IHME

The world: good news

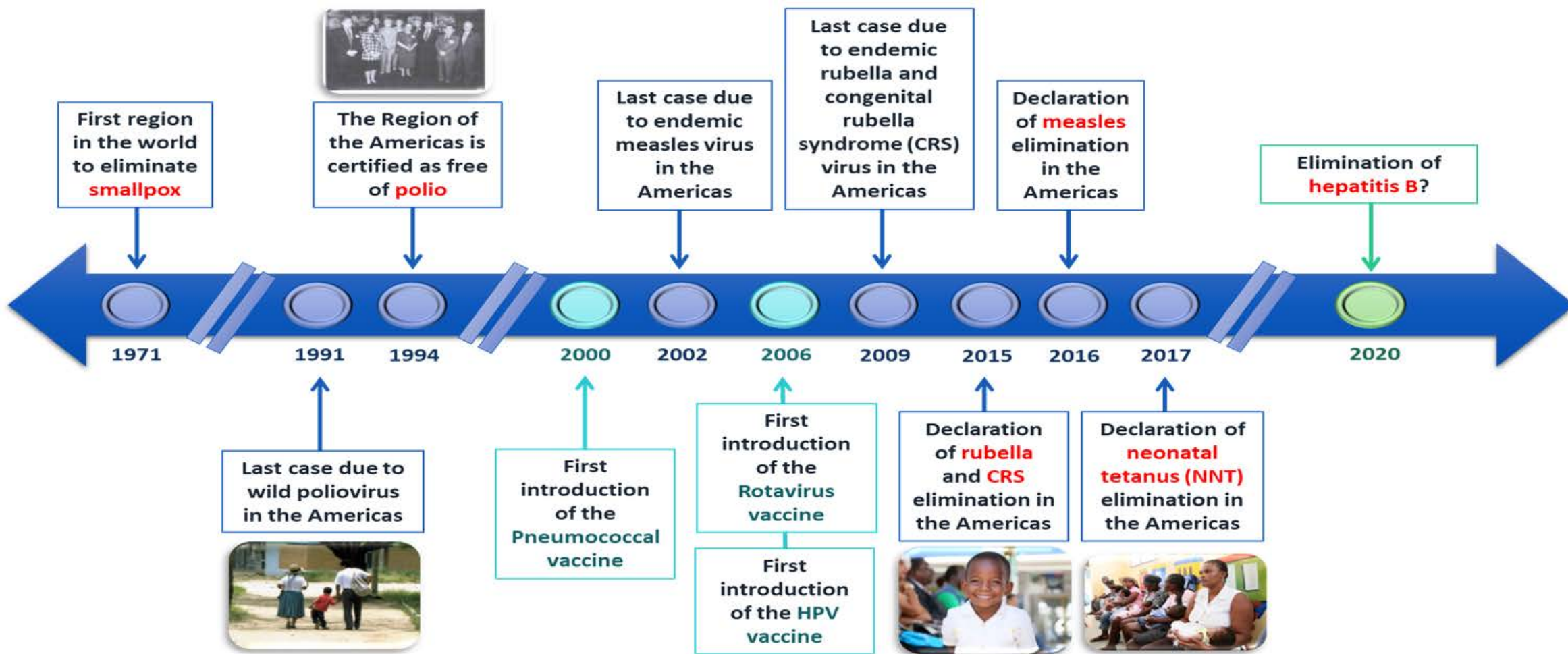
Target population and vaccinated by WHO regions over time.



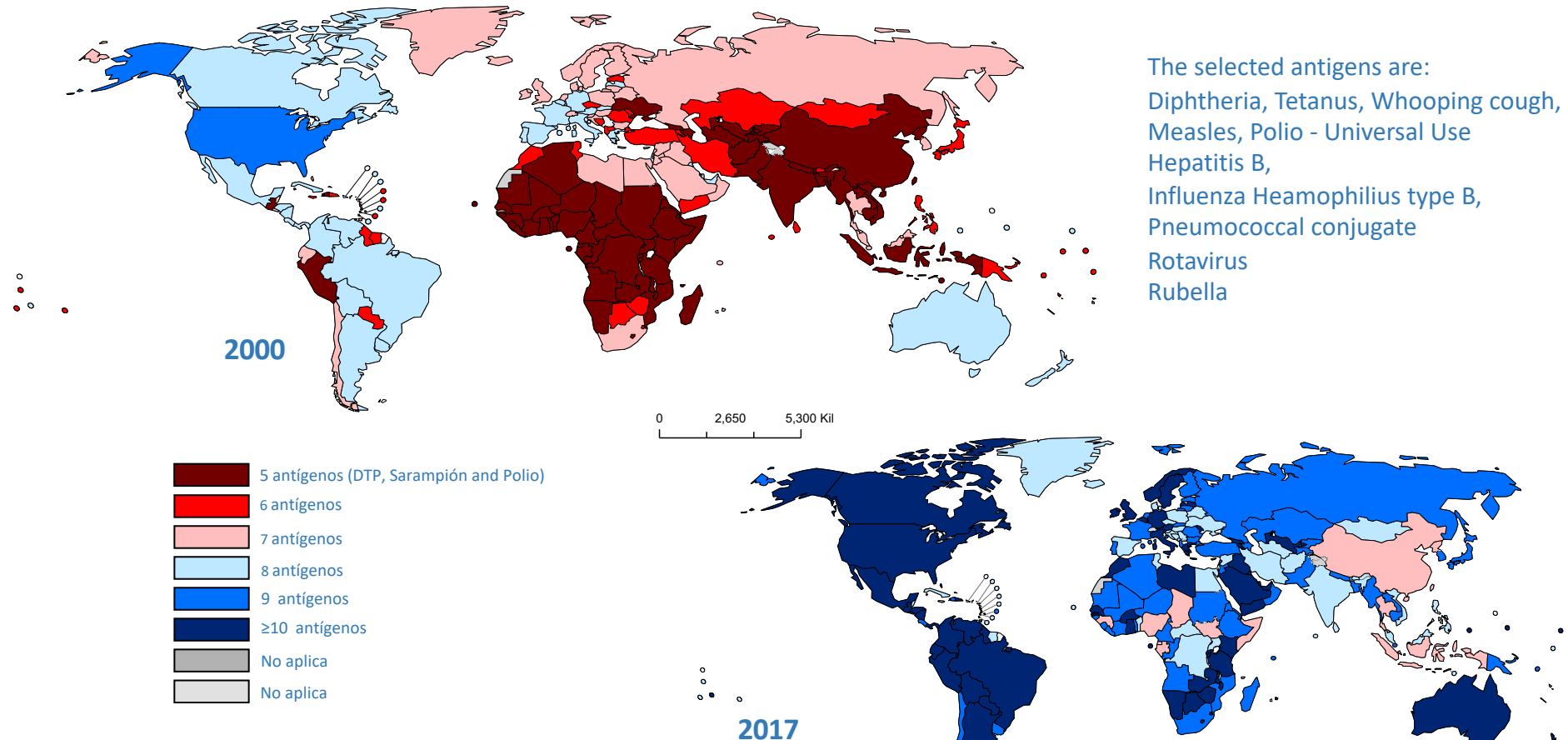
2019 SAGE's WHO
Slide Secretariat
Report

The Region: good news.

The path of disease elimination



Vaccines/antigens introduced in national vaccination programs 2000-2017



Source: WHO/IVB Database, as at 27 June 2018. Map production: Immunization Vaccines and Biologicals, (IVB). World Health Organization. 194 WHO Member States. Date of slide: 23 July 2018.

Los límites y nombres mostrados y las designaciones utilizadas en este mapa no implican la expresión de ninguna opinión de parte de la Organización Mundial de la Salud con respecto a la situación legal de cualquier país, territorio, ciudad o área o de sus autoridades, o con respecto a Delimitación de sus fronteras o límites. Las líneas de puntos en los mapas representan líneas de borde aproximadas para las que aún no hay un acuerdo completo. © OMS 2018. Todos los derechos reservados.

Impact of the Immunization Program in the Americas

Morbidity

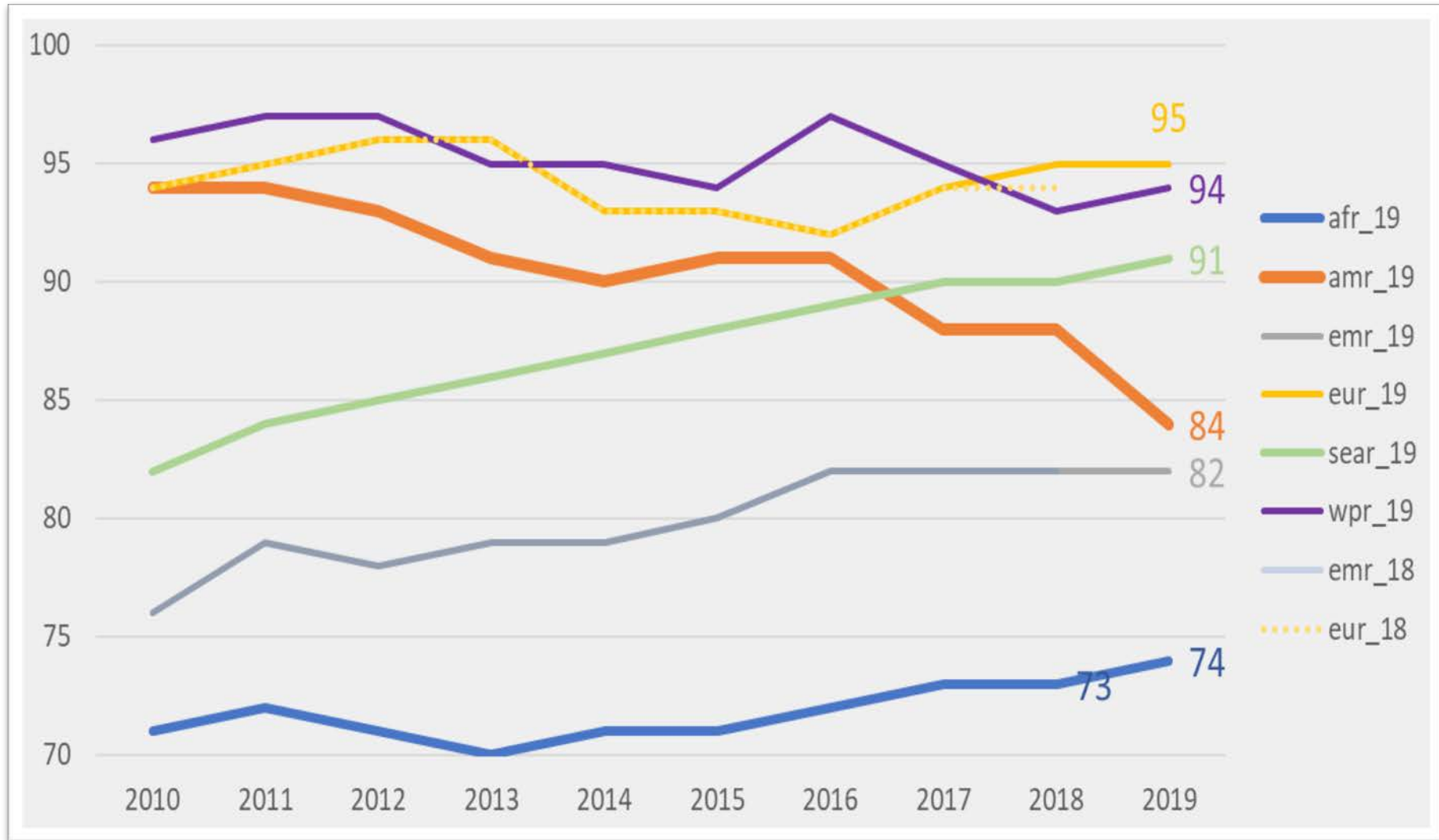
Disease	# Cases before the vaccine	# Cases after the vaccine (2019)
Polio	2,989 (1980)	0
Rubella	125,056 (1997)	25*
Congenital rubella syndrome	80 (2000)	0
Diphtheria	5,570 (1980)	234
Pertussis	123,734 (1980)	7.514
Neonatal tetanus	803 (1980)	14
Measles	257,790 (1980)	19,244**

* Imported Cases

** More than 90% occurred in Brazil

Source: Global and regional immunization profile. Region of the Americas; WHO UNICEF. 2020-Jun-30

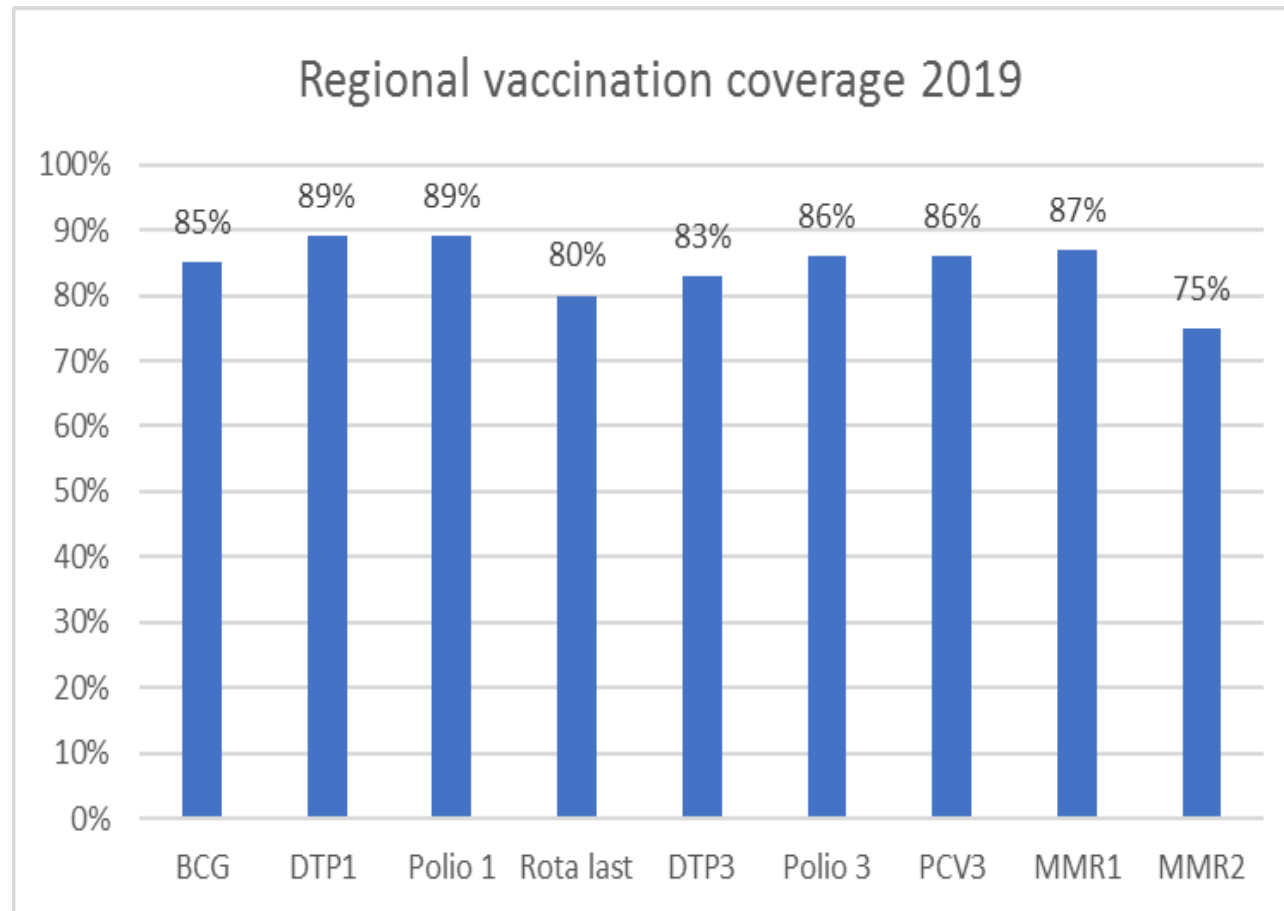
Trend in vaccination coverage with DPT3 in America, 2010 -2019



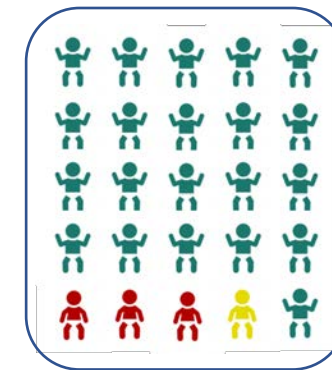
WHO/UNICEF
vaccination coverage
estimates, 2010-19

https://apps.who.int/immunization_monitoring/globalsummary/wucoveragecountrylist.html

Regional vaccination coverage, selected antigens. Region of Americas* 2019



Of 25 children, 3 are completely left behind, while 1 starts the 3-dose scheme and does not finish it.

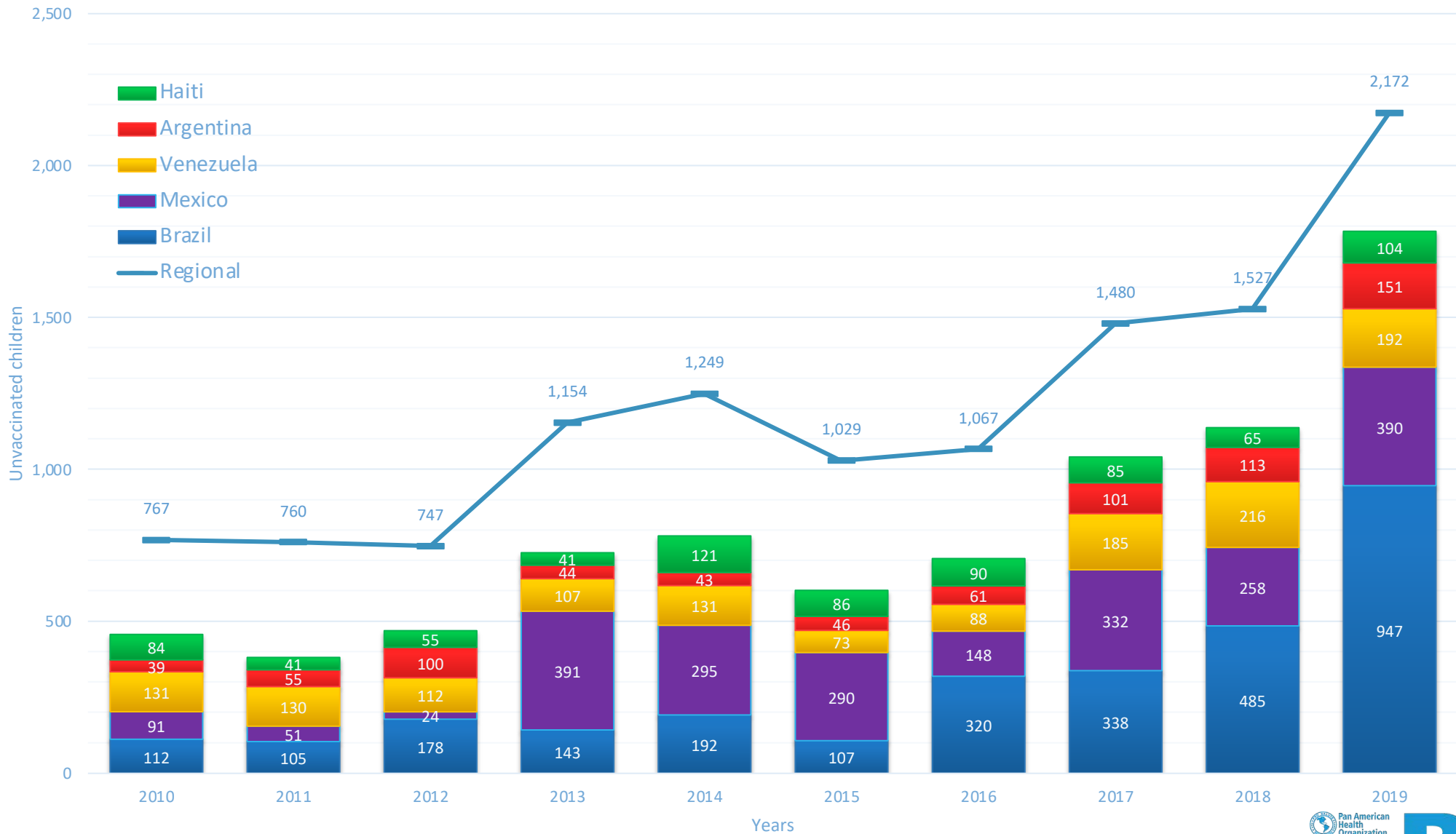


Source: PAHO-WHO/UNICEF 2020 joint reporting form (JRF) on immunization (2019 data). (44/52 countries and territories reported)

* PCV3 3rd dose in children according to the age group of the national schedule.

* SRP2 2nd dose, in children according to the age group of the national schedule

Number of unvaccinated children with DPT3 per year, selected countries, Region of America, 2010-2019

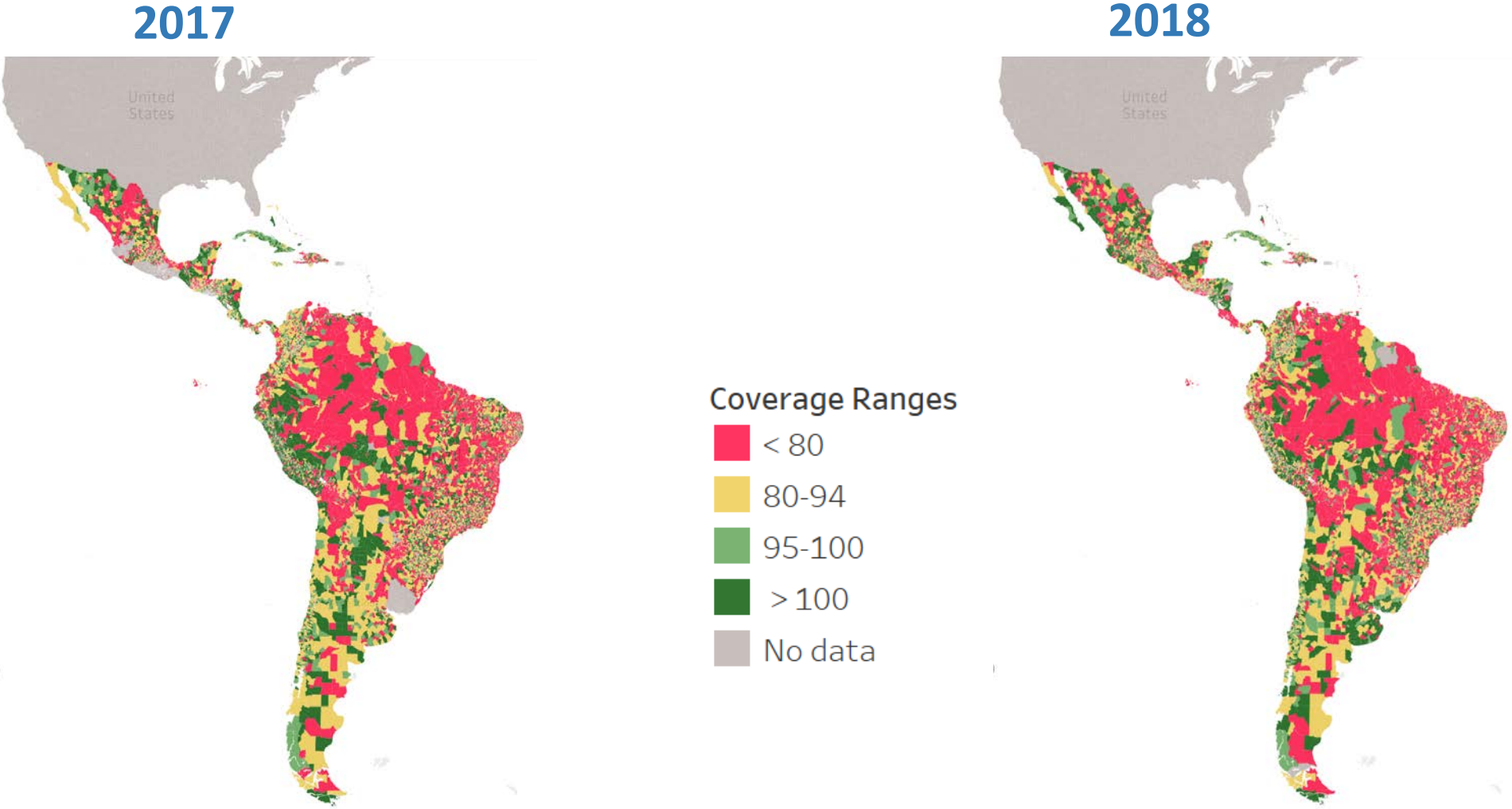


Source: PAHO-WHO/UNICEF 2019 joint reporting form (JRF) on immunization (2019 data).

https://apps.who.int/immunization_monitoring/globalsummary/wucoveragecountrylist.html

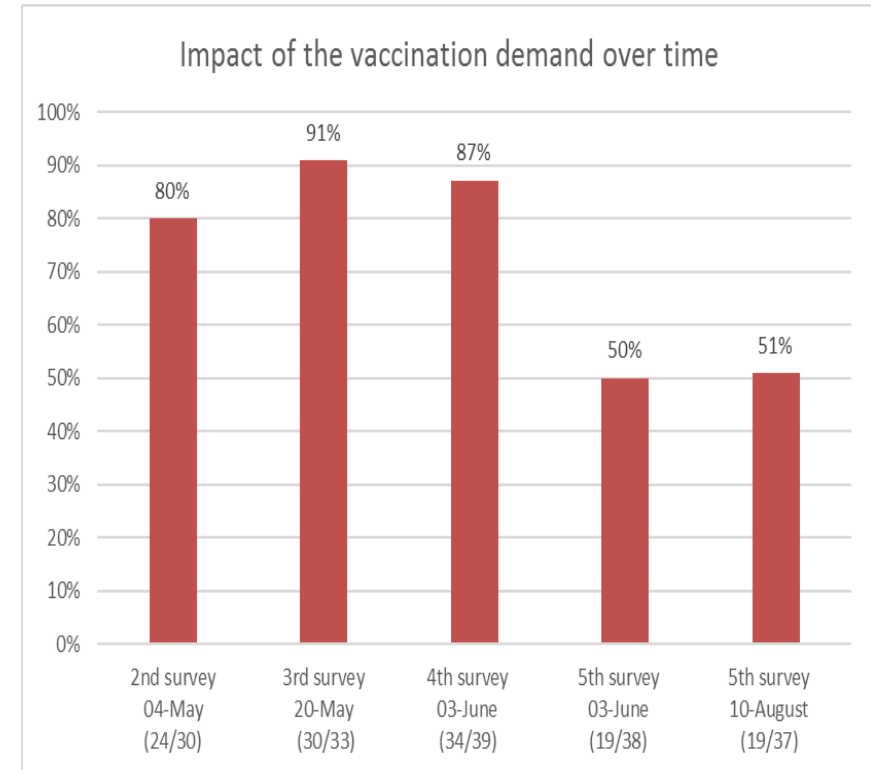
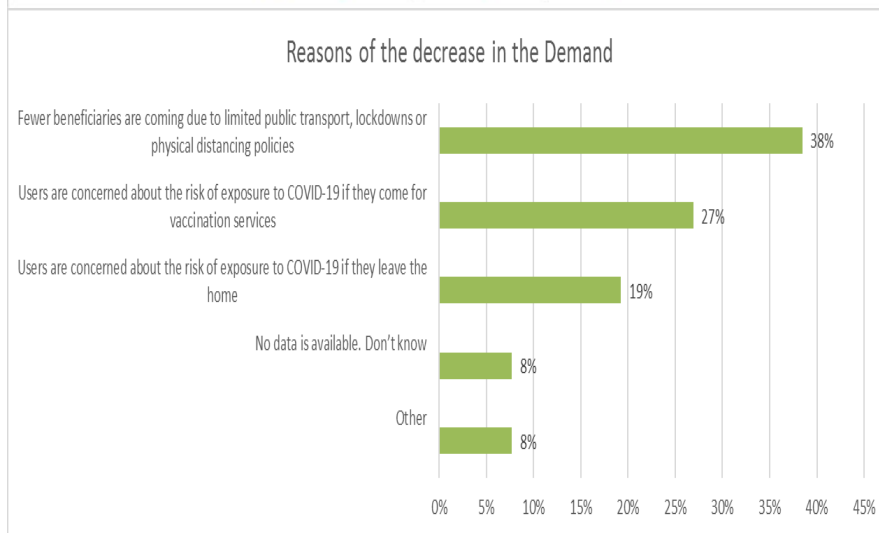
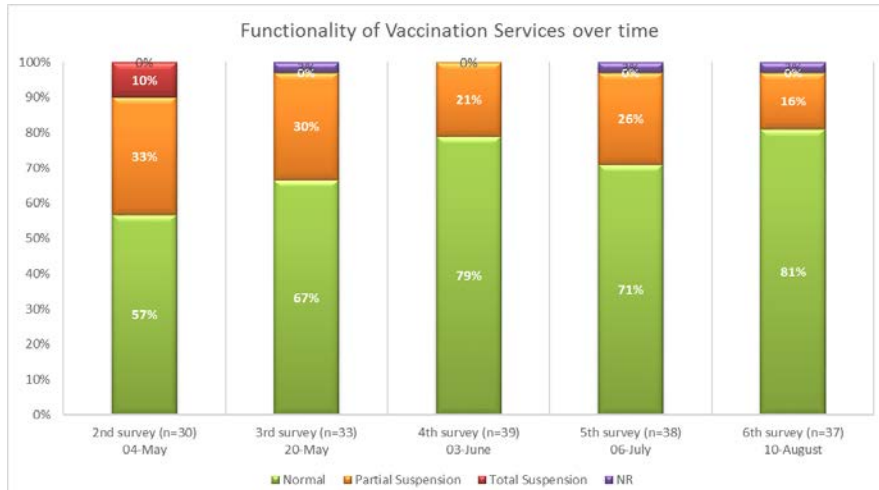


DPT3 coverage at the municipal level, LAC, 2017 and 2018



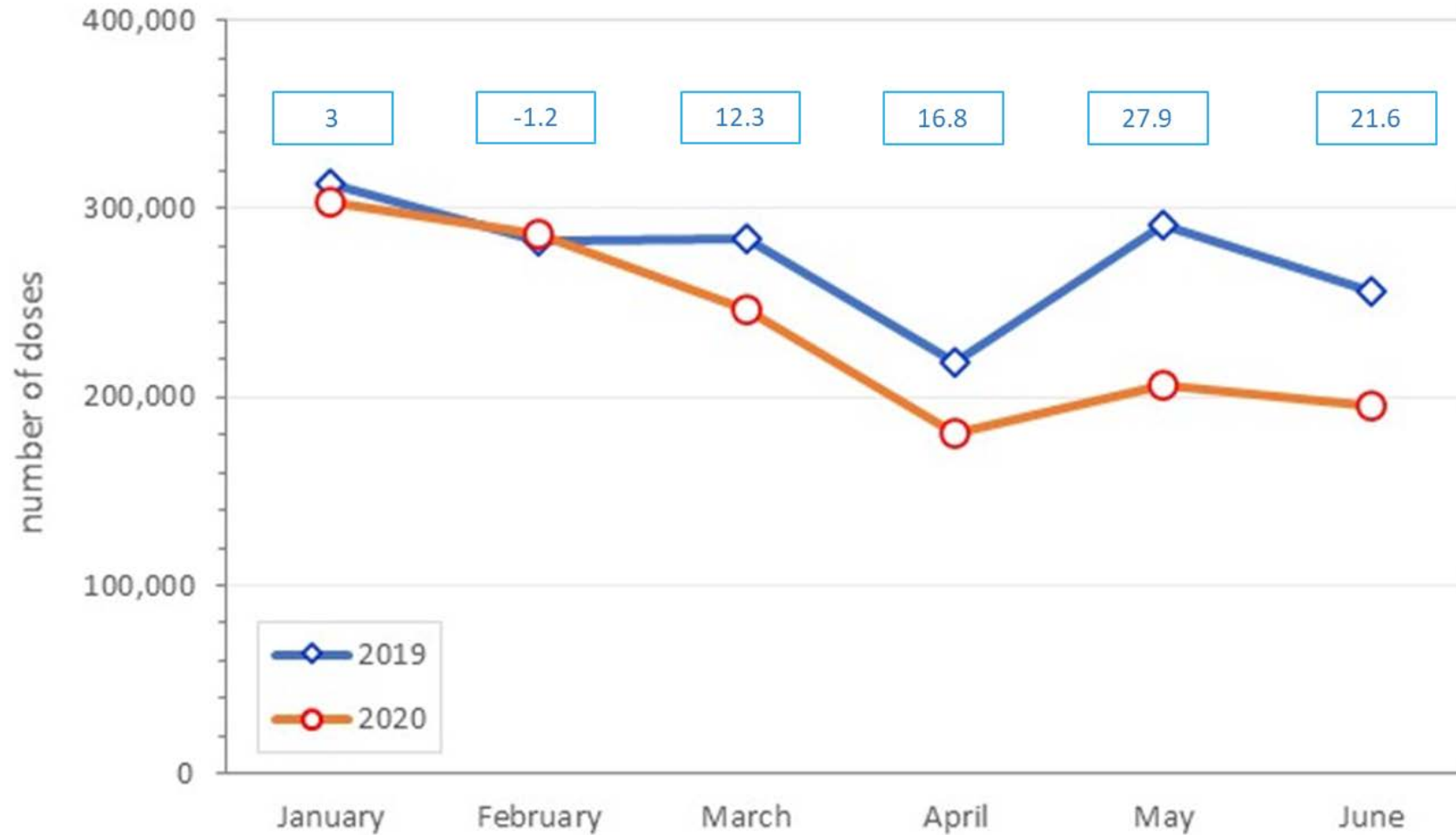
Source: 2020 country reports. 2019 subnational coverage data. PAHO/FPL/IM.

Vaccinations services and demand in the pandemic time



Results from the Sixth Survey on the NIP Situation in the Region of the Americas, IM/PAHO Focal Points, August 2020

MMR applied doses and difference January - June 2019-2020



Data reported by 25 Member States to PAHO, 30 August 2020

The Region: Challenges



Urbanization



Equity



**Natural
Disasters**



Confidence



Displacement



**Political
Context**



**Financial
Crisis**

Thanks!

www.paho.org/immunization



Vaccine basics: How they work, their safety, and effectiveness

Webinar: Covering COVID-19 vaccines in a responsible and evidence-based manner

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23 October, 2020



PAHO

Main topics

- General concepts
- How vaccines work
- Vaccine development
- Phases of Clinical Trials
- Covid-19 Vaccine: landscape
- Vaccine hesitancy

Vaccine general concept

Vaccines prevent diseases that can be dangerous, or even deadly. They greatly reduce the risk of infection by working with the body's natural defenses to safely develop immunity to disease.

In other words

A vaccine is part of a germ that is exposed to your immune system in a safe way so that it can learn how to fight off that harmful pathogen and protect your body from it in the future.

World Health Organization
**suggests that vaccines prevented
at least 10 million deaths
worldwide between 2010 and
2015**



How Vaccines Work

Vaccines help develop immunity by imitating an infection.

This type of infection, however, almost never causes illness, but it does cause the immune system to produce T-lymphocytes and antibodies.

Once the imitation infection goes away, the body is left with a supply of "memory" T-lymphocytes, as well as B-lymphocytes that will remember how to fight that disease in the future

Sometimes, after getting a vaccine, the imitation infection can cause minor symptoms, such as fever

However, it typically takes a few weeks for the body to produce antibodies

Therefore, it is possible that a person infected with a disease just before or just after vaccination could develop symptoms and **get a disease, because the vaccine has not had enough time to provide protection**

Vaccine development

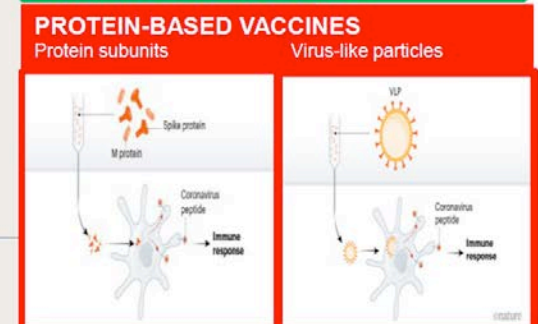
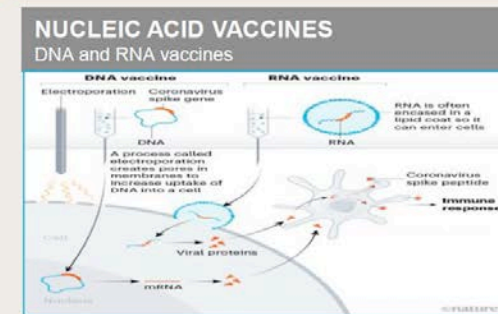
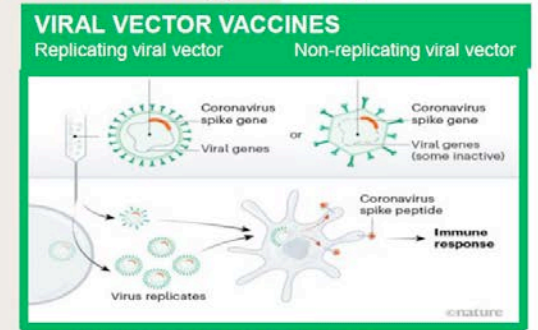
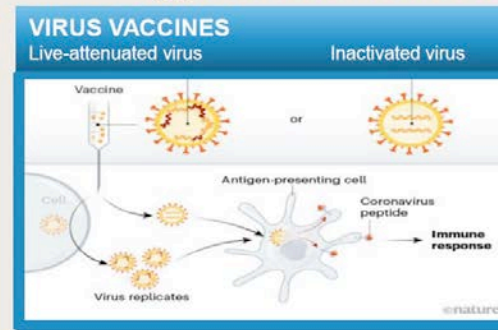
It is a prolonged, complex process, often lasting **10-15 years** and, ideally, requiring a combination of public and private involvement.

Vaccines are made using several

DIFFERENT PLATFORMS :

inactivated toxins (for bacterial diseases where toxins generated by the bacteria)

Types of COVID-19 candidate vaccines being developed



Various technologies and platforms are being used for the COVID-19 vaccine development.

- 👉 **live virus** that have been attenuated
- 👉 **inactivated virus**
- 👉 **nucleic acids (DNA, RNA) vaccines**
- 👉 **viral vector vaccines**
- 👉 **Protein-based**

Standard phases of candidate vaccines testing

Phase I: Small-scale safety trials: Tests on a small number of people for safety, dosage, and efficacy.

Phase II: Expanded safety trials: Tests expanded to hundreds of people.

Phase III: Large-scale trials: Tests expanded to thousands of people with some receiving a placebo, to test for safety, dosage, and efficacy, as well as side-effects in a larger population.

Approval: A country's regulators approve the vaccine based on the results of trials. In some cases, countries may authorize emergency use before trials are complete.

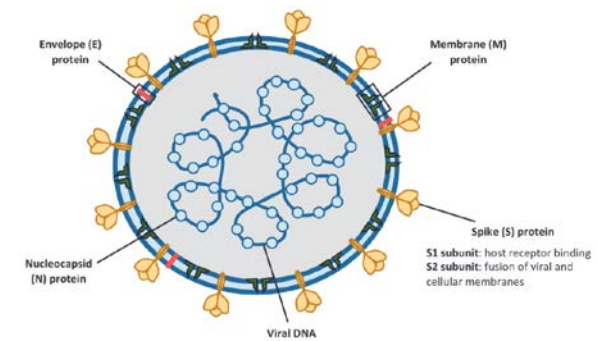
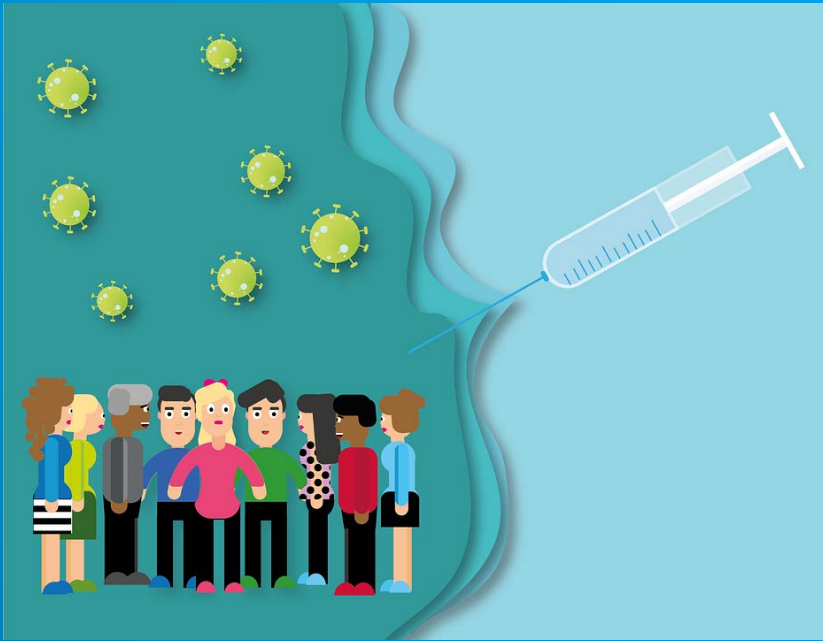


Fig. 1. Schematic of the structure of SARS-CoV2. (Adapted from Lee, C-Y et al. *Frontiers in Immunology*, 2020) |100|.



Phase IV: vaccines in the “real world”



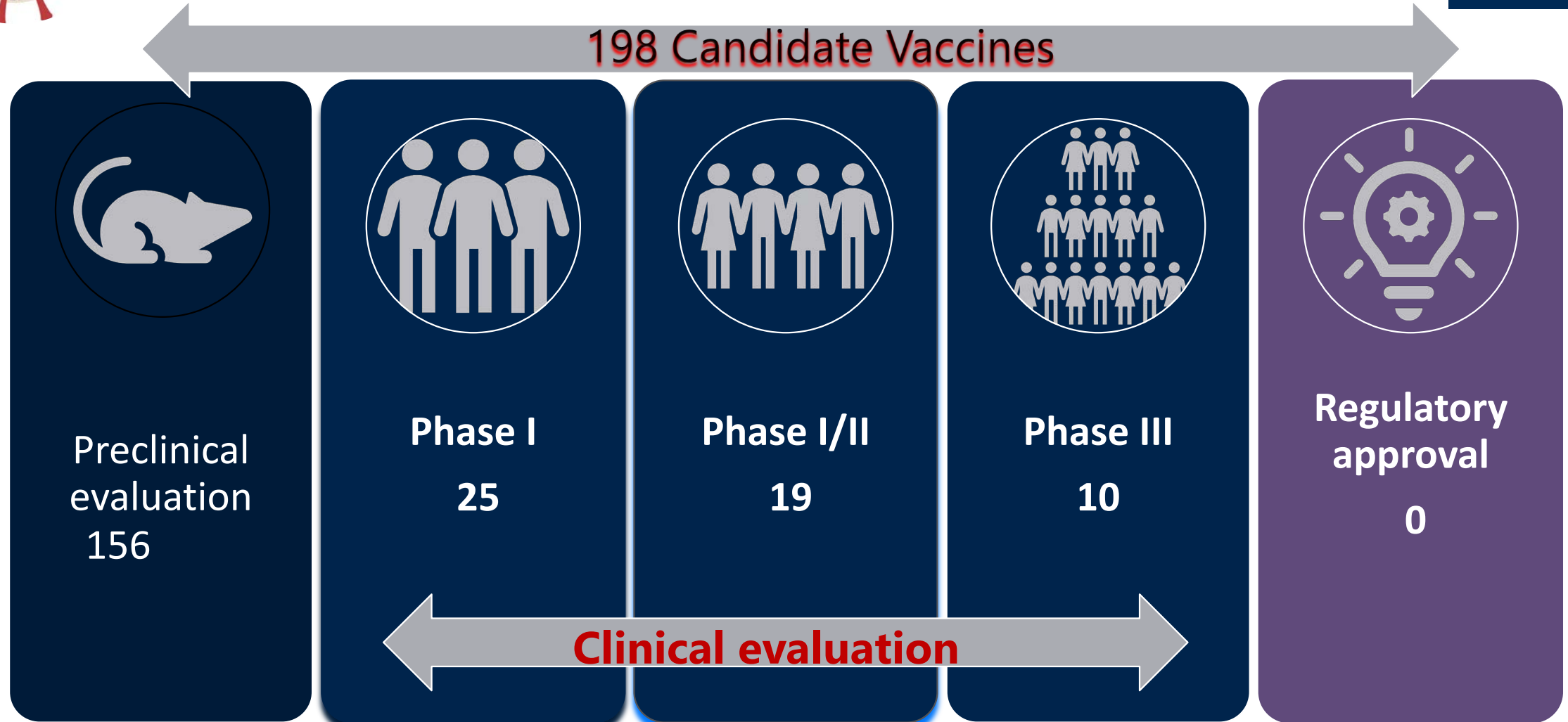
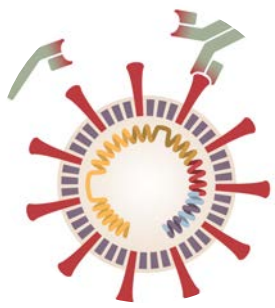
- If the vaccines have shown to be safe and effective in Phase III



- Once a vaccine is in widespread use, data collection on its **safety**, as well as how well it is **working (effectiveness and impact studies)** continues.

Landscape COVID-19 Candidate Vaccines

October 15, 2020



Sources: WHO. Draft landscape of COVID-19 candidate vaccines. 15 October 2020. Available at: <https://www.who.int/publications/m/item/draft-landscape-of-covid-19-candidate-vaccines>

Vaccine hesitancy

- Refers to **delay in acceptance or refusal of vaccines** despite availability of vaccination services.
- Vaccine hesitancy is **complex and context specific, varying across time, place and vaccines**.
- It is influenced by factors such as **complacency, convenience and confidence (WHO)**



Improving vaccination demand and addressing hesitancy

Increasing and maintaining vaccination uptake is vital for vaccines to achieve their success.

Addressing low vaccination requires an adequate **understanding of the determinants** of the problem, tailored evidence-based strategies to **improve uptake**, and **monitoring and evaluation** to determine the impact and sustainability of the interventions.

Vaccine ~~hesitancy~~

- Refers to delay in acceptance or refusal of vaccine, despite availability of vaccine
- Vaccine hesitancy varies across time, place and cultures
- It is influenced by factors such as fear, lack of information and confidence (WHO)

We need your help!
Your job is critical to maintaining vaccine confidence in our population!!!



Improving vaccine confidence

Increasing and maintaining vaccine confidence is essential for vaccine success.

Addressing low vaccination rates requires evidence-based strategies to improve the sustainability of the interventions.

Addressing vaccine hesitancy

is essential for vaccine success.

Addressing vaccine hesitancy requires interventions that address the root causes of the problem, tailored to the specific context to determine the impact and sustainability of the interventions.



Myths

Misconception #1: "We don't need to vaccinate against rare diseases."

Few parents today have even heard of all the diseases we vaccinate against, let alone seen a case of measles, diphtheria, or whooping cough. **There are few cases of these disease because children have been vaccinated for many decades.**

Misconception #2: "Mercury makes vaccines risky."

Another concern about vaccines involves the use of a mercury-based preservative called thimerosal.

Thimerosal has been used as a preserving agent in some vaccines and other products since the 1930s. According to the USA CDC, no harmful effects have been reported from the amount of thimerosal used in vaccines, other than expected minor reactions like redness and swelling at the injection site.



Myths

...
...

Misconception #3: "Vaccines cause autism."

The symptoms of autism usually occur around the same time as the first measles, mumps, rubella (MMR) and other immunizations in children, some have assumed that there is a link between thimerosal and autism.

Many studies have shown no association between vaccines and autism. The only study that made any connection between vaccines and autism was found to have **been fraudulent** and the head researcher was paid to make the connection.



Debunking Immunization Myths (PAHO)

Will giving a child more than one vaccine at a time overload their immune system?

No. The scientific evidence shows that **giving children several vaccines at the same time has no adverse effect on their immune systems.**

There are actually **many key advantages of getting several vaccines at once**: fewer clinic visits; children are more likely to complete their recommended vaccinations on time; combined vaccination (e.g. pentavalent vaccine for diphtheria, tetanus, pertussis, hepatitis B, and Hib) **means fewer injections**

Does the HPV vaccine make you infertile?

No. Although this myth has received a lot of attention in the media, **WHO's** Global Advisory Committee on Vaccine Safety (GAVCS) has conducted an extensive review of the **available scientific evidence and has concluded that there is no relationship between HPV vaccination and infertility.**

Is flu like a cold?

Seasonal influenza is characterized by initial symptoms of high fever, cough, chills, muscle and joint pain, and headache. It can cause severe complications that **require hospitalization and can even cause death.** Colds are caused by other viruses, with symptoms such as runny nose, scratchy throat and perhaps a little fever

<https://www.paho.org/en/topics/immunization/debunking-immunization-myths>

References

- <https://www.cdc.gov/vaccines/hcp/conversations/understanding-vacc-work.html>
- <https://www.who.int/publications/m/item/draft-landscape-of-covid-19-candidate-vaccines>
- <https://www.webmd.com/children/vaccines/immunizations>
- <https://www.historyofvaccines.org/content/articles/different-types-vaccines>
- **[Plotkin S et al. Vaccine Volume 35, Issue 33, 24 July 2017, Pages 4064-4071](#)**
- https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/200709-The-Publics-Role-in-COVID-19-Vaccination.pdf
- <https://www.who.int/news-room/detail/15-07-2020-more-than-150-countries-engaged-in-covid-19-vaccine-global-access-facility>
- https://www.who.int/immunization/programmes_systems/vaccine_hesitancy/en/
- https://www.who.int/immunization/sage/meetings/2014/october/SAGE_working_group_revised_report_vaccine_hesitancy.pdf?ua=1
- <https://www.paho.org/en/news/14-5-2019-myths-and-truths-about-seasonal-influenza-and-flu-vaccine>
- <https://www.paho.org/en/topics/immunization/debunking-immunization-myths>



Thank you for your attention!!!!

We need your help!
Your job is critical to maintaining
vaccine confidence in our population

PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
AMERICAS

Preparations for COVID-19 Vaccine Introduction

Webinar: Covering COVID-19 vaccines in a responsible and evidence-based manner

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23 October, 2020



PAHO

Outline



1. Planning considerations for COVID-19 vaccination:
 - 1.1 allocation
 - 1.2 prioritization of groups & vaccine-specific recommendations
 - 1.3 COVID-19 vaccines acceptance
2. Next steps regarding communication and social mobilization

1. Planning COVID-19 Vaccination with Unknowns and Uncertainties



Which vaccine(s) will be successful

Vaccine efficacy & duration of protection

Vaccine supply availability

Number of doses, administration route & schedule

Priority groups for vaccination

Cold chain requirements

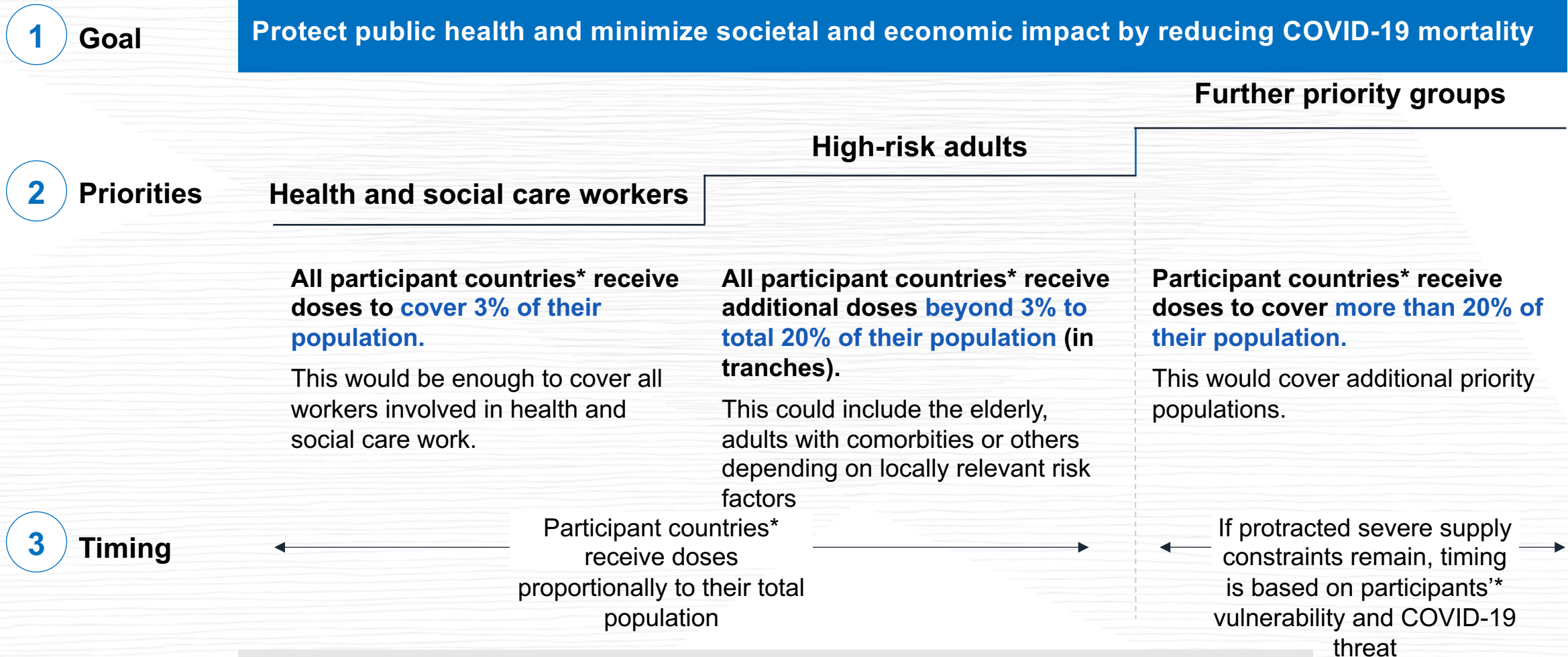
Coadministration with other vaccines

Infodemic

Vaccine hesitancy

Politicization of pandemic

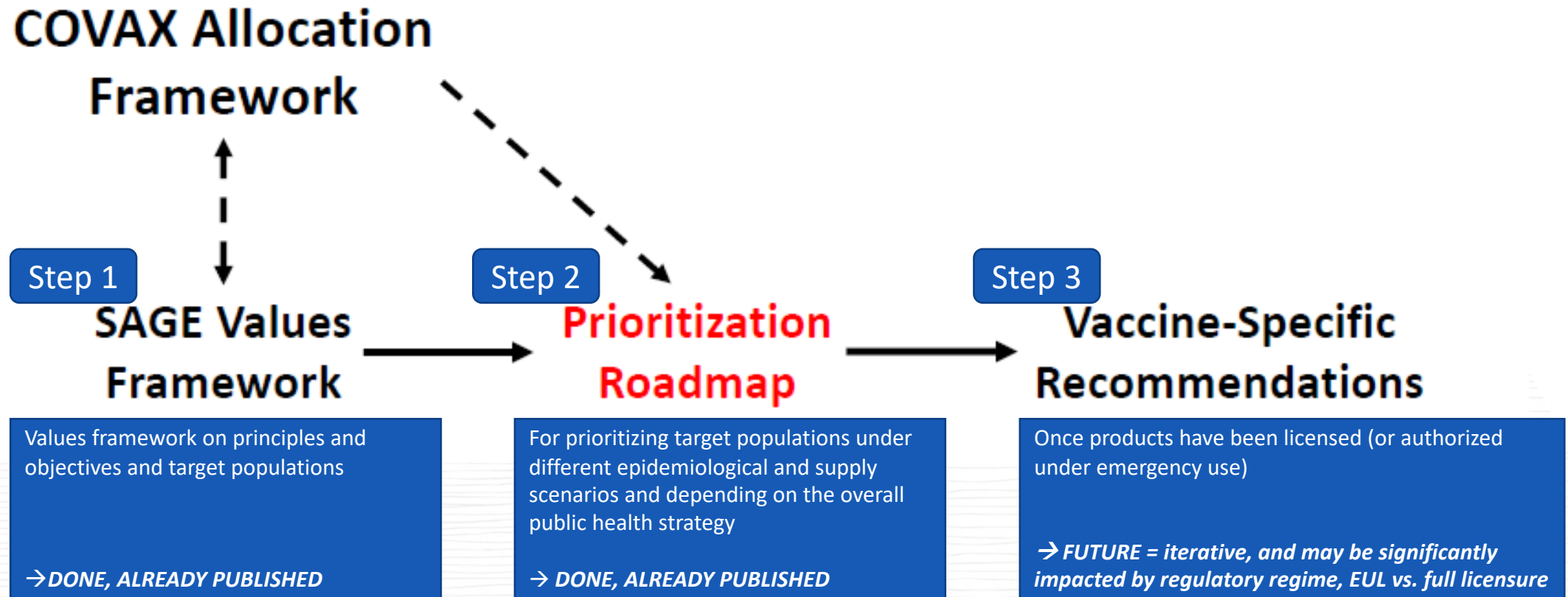
1.1 Limited Quantities Will Be Available and Prioritization will Be Needed



A buffer will also be set aside for emergency deployment based on immediate needs



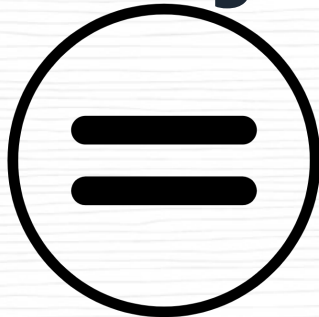
1.2. Prioritization Roadmap ^{PAHO/WHO} Already Available, but Vaccine-Specific Recommendations Are Not Expected Until Early 2021



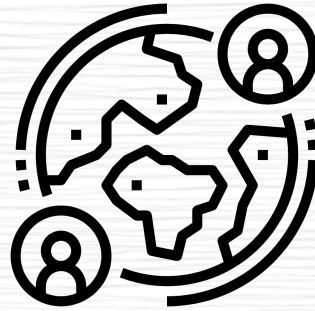
Values Framework Core Principles



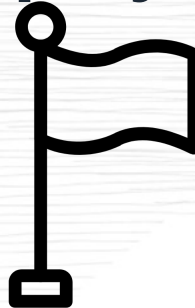
Human Well-Being



Equal Respect



Global Equity



National Equity



Reciprocity



Legitimacy

SAGE Prioritization Roadmap for COVID-19 Vaccines



Main purpose


To support country planning, the Roadmap suggests **public health strategies and target priority groups** for different levels of vaccine availability in different epidemiologic settings.

Aligned with the SAGE Values Framework – Dialogue with RTAGs and NITAGs


Key assumptions




Vaccines are fully licensed and meet WHO Target Product Profiles for COVID-19 vaccines



Age-dependent efficacy unlikely to change recommendations



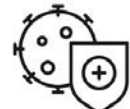
No substantive differences in protective immune response in subpopulations



Vaccine is transmission-reducing sufficient to justify certain priority groups



Non-pharmaceutical interventions vary; do not lower vaccine efficacy when relaxed




Prioritization does not account for variation in population seropositivity or existing protection



Risk of severe disease not separately accounted for in prioritization, assumed to correlate with risk of death

Prioritization dimensions



Epidemiologic Scenario

- A. Community Transmission
- B. Sporadic Cases or Clusters of Cases
- C. No cases



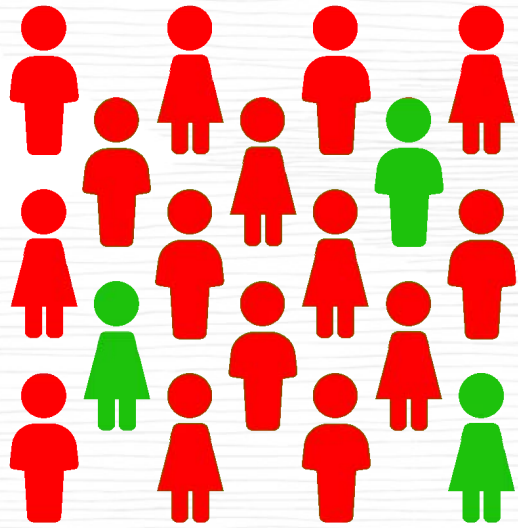
Overall Public Health Strategy

- Initial focus on direct reduction of morbidity and mortality and maintenance of most critical essential services.
- Expand to reduction in transmission to further reduce disruption of social and economic functions.

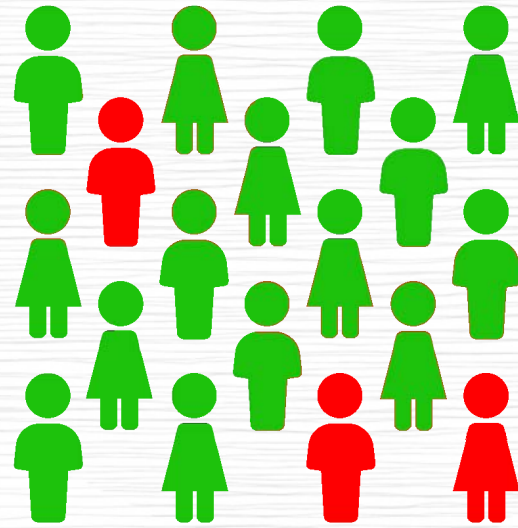


Vaccine Supply Scenarios

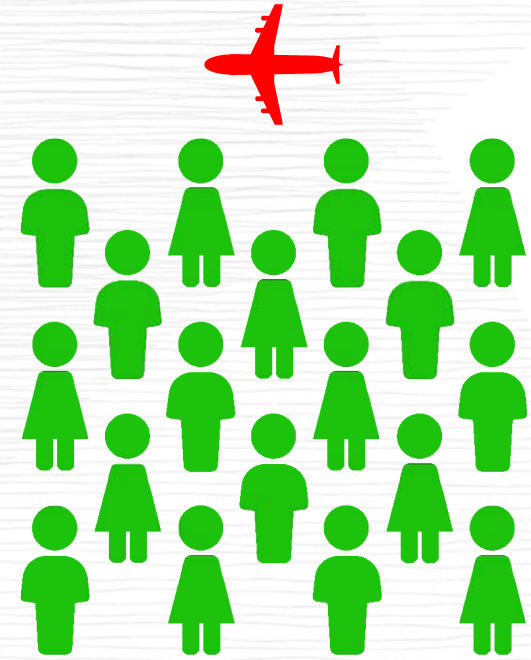
Epidemiologic Scenarios



**Community
Transmission**



**Sporadic Cases or
Clusters of Cases**



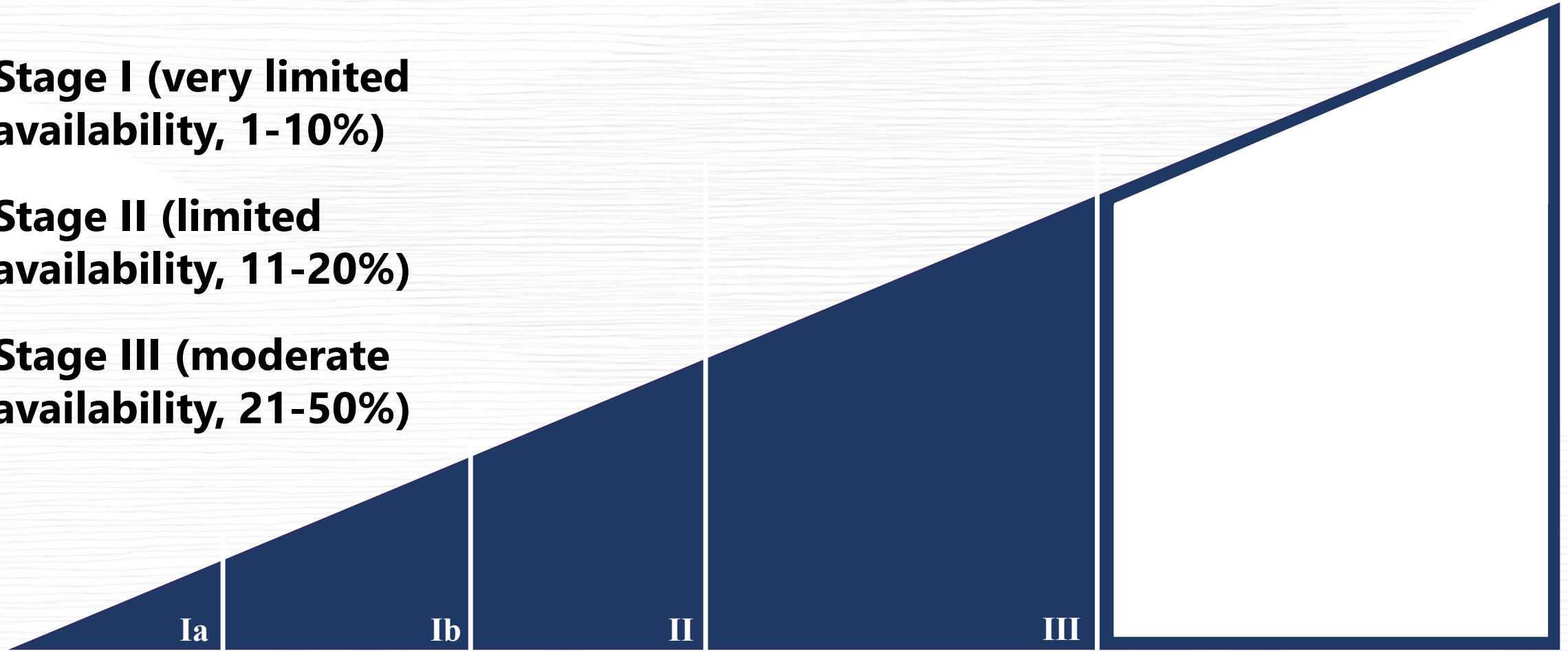
No Cases

Vaccine Supply Scenarios

Stage I (very limited availability, 1-10%)

Stage II (limited availability, 11-20%)

Stage III (moderate availability, 21-50%)



Roadmap towards prioritization of target populations: example for community transmission

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.

Stage I (1-10%)

Stage Ia (initial launch)

- Health workers at *high to very high risk* of acquiring and transmitting infection

Stage Ib

- Older adults defined by age-based risk specific to country/region



Reciprocity

Stage II (11-20%)

- Older adults not covered in Stage I

- Individuals with comorbidities or health states determined to be at *significantly higher risk* of severe disease or death

- Sociodemographic groups at *significantly higher risk* of severe disease or death

- Health workers engaged in immunization delivery

- High priority teachers and school staff

Stage III (21-50%)

- Remaining teachers and school staff

- Other essential workers outside health and education sectors

- Pregnant Women

- Health workers at *low to moderate risk* of acquiring and transmitting infection

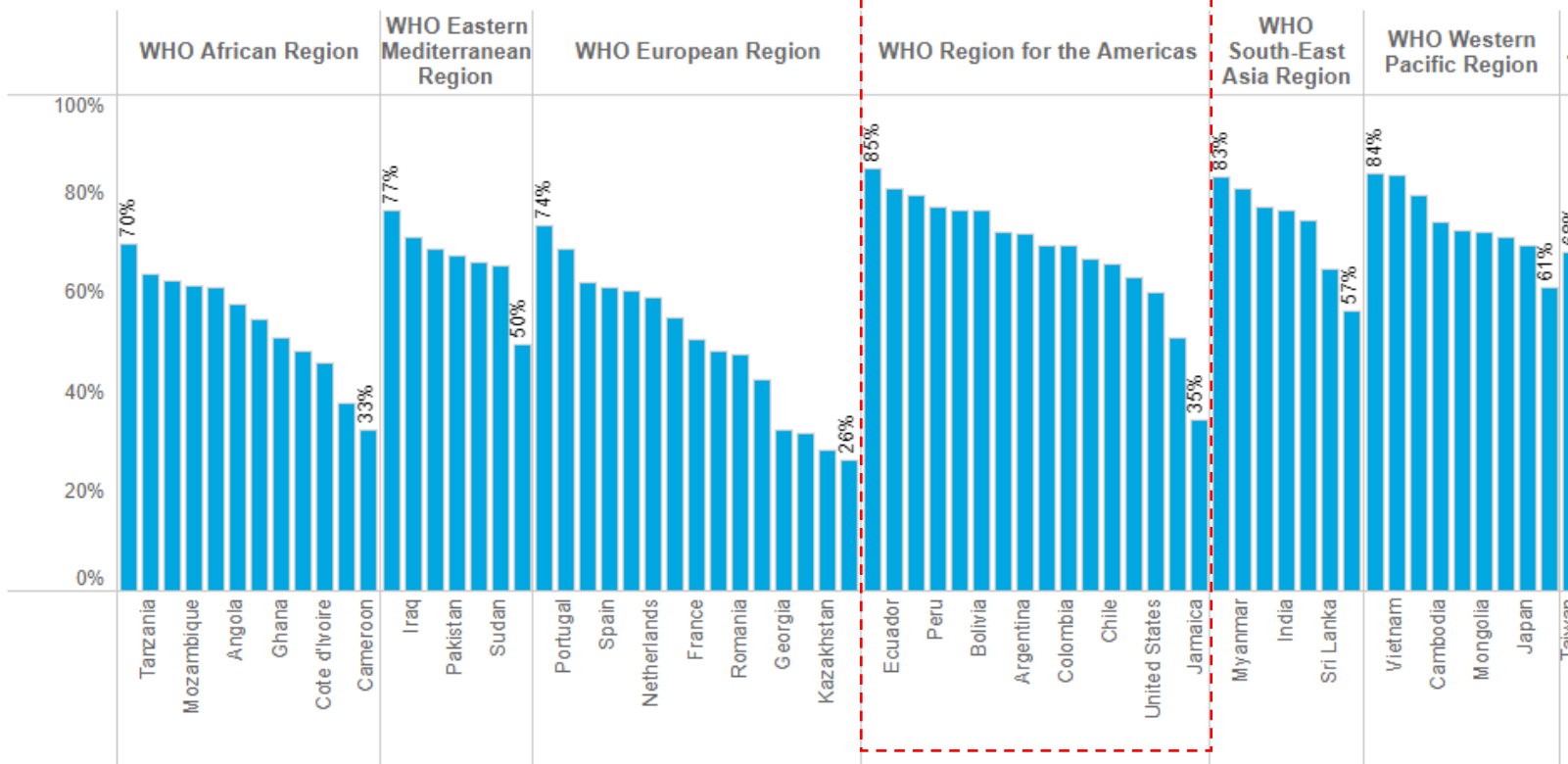
- Personnel needed for vaccine production and other high-risk lab staff

- Social/employment groups at *elevated risk* of acquiring and transmitting infection because they are unable to effectively physically distance

1.3 Acceptability of Potential COVID-19 Vaccine



How does acceptance of a vaccine vary across countries?



Survey conducted in 67 countries, July 2020
Includes countries in the Americas.

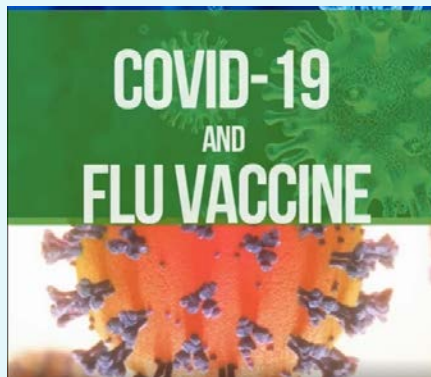
Lessons learned 2009 from H1N1 influenza pandemic vaccination



- **Risk Communication (RC) key component through the planning and implementation of pandemic influenza (H1N1) vaccination campaigns**
 - As pandemic evolved, rumors related to vaccine safety emerged through media and social networks (started in High-Income Countries to Low-Middle Income Countries)
- **PAHO's guidelines included RC** → to prepare for anticipated vaccine shortages and to focus vaccination efforts on specific high-risk groups



In the Meantime, Influenza and COVID-19: Need to Encourage Influenza Vaccination



Is it possible to have both influenza and COVID-19 at the same time?	+
Am I more likely to get very sick or die if I get both influenza and COVID-19 at the same time?	+
How will the 2020-2021 influenza season in the Northern Hemisphere look in the context of the COVID-19 pandemic?	+
If I start to feel unwell, how will I know if I have influenza, COVID-19 or another illness?	+
Will receiving an influenza vaccine affect my likelihood of getting COVID-19?	+
Who should get an influenza vaccine during the COVID-19 pandemic?	+
How are influenza vaccines being delivered in the context of the COVID-19 pandemic?	+
How can I safely get a flu vaccine during the COVID-19 pandemic?	+

Source: PAHO. Available at: <https://www.paho.org/es/temas/inmunizacion/refutando-mitos-sobre-vacuna-contrainfluenza>

Videos: <https://who.canto.global/s/N8KQ5?viewIndex=0&from=curatedView&display=curatedView>

2. Next Steps for Communication and Social Mobilization



- Communication campaigns articulated with the objectives of the **National Vaccination Plan**: *Reduce severe morbidity and mortality and keep essential services in operation.*
- Clear justification of prioritization: **promoting solidarity and social commitment**, maintaining public trust during a transparent planning and implementation.
- Define effective strategies for social mobilization for:
general population and specific audiences (high demand and limited availability).
- Define a risk communication plan, identify spokespersons and establish relations with the media
- Identify trusted sources to address the **infodemic** about COVID-19 vaccines

For More Information / Tools



Vaccination during the COVID-19 Pandemic

PAHO Frequently Asked Questions (FAQ) COVID-19 Candidate Vaccines & Access Mechanisms

Survey tool and guidance. Rapid, simple, flexible behavioral insights on COVID-19

VACCINATION DURING THE PANDEMIC 10 TIPS FOR HEALTH SERVICES

1. Keep the community safe. Locations, safety, and timing affect vaccination rates. Use all community resources to reach the unvaccinated.
2. Disinfect the environment.
3. Vaccinate in well-ventilated areas.
4. Keep vaccination sites clean and safe.
5. Reorganize service rooms and facilities.
6. Organize pre-appointment, appointment, and follow-up visits, exclusively for those with pre-arranged appointments.
7. Permit only one person to enter the vaccination site during the appointment.
8. Ensure the public health worker wears a mask and gloves and performs hand hygiene at the entrance to the vaccination site.
9. Make sure that the service is safe and accessible.
10. Never miss an opportunity to check patients' vaccination status. #VACCINESWORK

VACCINATION DURING THE PANDEMIC 10 TIPS FOR PARENTS

1. Vaccinating your newborn and young child is safe during the pandemic.
2. Make sure your child is up to date on their vaccines. Check their vaccination records with their healthcare provider and ask for a reminder.
3. If your child has missed any vaccines, inform the healthcare provider how to get them.
4. Only one person should accompany your child for their vaccines. Protect your child from the virus.
5. If you or your child doesn't feel well, inform the healthcare provider. The staff will decide if you should get vaccinated.
6. If you or your child has tested positive for COVID-19, wait to get vaccinated. Your healthcare provider will tell you when to come back.
7. Getting vaccinated will not weaken your immune system.
8. The health center has taken safety measures to protect you and your child.
9. Your family has the right to be informed about the risks and benefits of the vaccines offered.
10. The COVID-19 pandemic reminds us that all vaccines are important. Take advantage of the opportunity to protect our children. #VACCINESWORK

VACCINATION DURING THE PANDEMIC 10 TIPS FOR HEALTH WORKERS

1. Practice good hand hygiene often.
2. Follow recommended guidance on the rational use of personal protective equipment for coronavirus disease, including correctly wearing a mask at all times while working.
3. Wear closed shoes to work; don't use jewelry or accessories. Don't wear your uniform outside of work.
4. Clean your phone properly. Don't use it while providing medical attention.
5. Avoid touching your eyes, nose and mouth.
6. Review patients' vaccine records and administer all vaccines for which a person is eligible at the time of their visit. Never miss a chance to vaccinate!
7. Protect yourself and your patients from serious illness by getting your yearly influenza vaccine and making sure you're up to date with all your vaccines.
8. Communicate on the importance of vaccination during the pandemic, the risks of vaccine-preventable diseases and the benefits of vaccination.
9. If patients have respiratory symptoms, offer them a mask, if available, and refer them for evaluation. Reschedule vaccination for after their symptoms have cleared.
10. If you experience COVID-19 symptoms, stay at home, self-isolate and contact your healthcare provider. #VACCINESWORK

<https://www.paho.org/en/covid-19-vaccines>

COVID-19
Frequently Asked Questions (FAQs) about COVID-19 Candidate Vaccines and Access Mechanisms

Version 2: 27 August 2020
Document subject to revision as new evidence and information become available

Progress in the Development of COVID-19 Vaccines

1. **Is there a vaccine against COVID-19?**
At this moment, there are no SARS-CoV-2 vaccines licensed by the World Health Organization (WHO), the virus causing the COVID-19 pandemic. As of 25 August 2020, there are 31 candidate vaccines in clinical evaluation in humans and 142 candidate vaccines in the preclinical phase. The landscape of COVID-19 vaccines is updated on a regular basis by WHO at the following link: <https://www.who.int/publications/m/item/draft-landscape-of-covid-19-candidate-vaccines>.
2. **Will all the COVID-19 candidate vaccines be successful?**
Only a portion of candidate vaccines will be successful. A study about vaccines targeting human infectious diseases showed that candidate vaccines in preclinical evaluation have an estimated market entry probability of 7%, and once they have entered clinical evaluation of 17%.¹ In coming years, it is likely that COVID-19 vaccines will gradually become available.
3. **What are the different phases a vaccine must go through to be approved?**
The evaluation of a vaccine candidate undergoes different phases (preclinical and clinical) until a vaccine receives regulatory approval². The objective of this entire process is to ensure a safe and effective vaccine (as well as to answer other questions like dose number and timing).
 - **Preclinical phase:** focuses on testing vaccine safety and its ability to produce an immune response in animals.
 The clinical evaluation in humans includes:
 - **Phase 1:** trials are held on a small number of humans – usually under 100 adults – to evaluate the vaccine's safety and its ability to generate an immune response (immunogenicity). This phase could include studies to determine the number of doses needed and the methods of administering the vaccine. If the vaccine proves to be safe during phase 1, it will advance to phase 2.

1. A previous version of the document was published on 3 April 2020. <https://www.paho.org/en/documents/frequently-asked-questions-fags-about-covid-19-candidate-vaccines-and-access-mechanisms>
2. Forster SJ, Warren TC, Compston N, Dawson DJ, Oshroka AD. Risk in vaccine research and development quantified. *PLoS One*. 2018;13(4):e0193775. doi:10.1371/journal.pone.0193775
<https://doi.org/10.1371/journal.pone.0193775>

PAHO **BE AWARE. PREPARE. ACT.**
www.paho.org/en

Version 2. 27 August 2020.

<https://www.paho.org/en/documents/frequently-asked-questions-fags-about-covid-19-candidate-vaccines-and-access-mechanisms>

COVID-19
ORIENTACIÓN Y HERRAMIENTA PARA HACER ENCUESTAS

Apechizaciones comportamentales rápidas, sencillas y flexibles sobre la COVID-19

Un seguimiento del conocimiento, las percepciones del riesgo, los comportamientos preventivos y la confianza para fundamentar la respuesta ante el brote pandémico

OPS **Organización Panamericana de la Salud**

<https://www.paho.org/es/documentos/covid-19-orientacion-herramienta-para-hacer-encuestas>

“...Misinformation is a grave threat to the health of our region. Insidious rumors and conspiracy theories can disrupt vaccination efforts and imperil our COVID-19 response, costing lives. Communication about COVID-19 vaccines will make or break our ability to control the pandemic.

”

Carissa F Etienne. *PAHO Director*



THANK
YOU!

Update on Vaccines against COVID-19, the COVAX Facility, and PAHO's Revolving Fund for Access to Vaccines

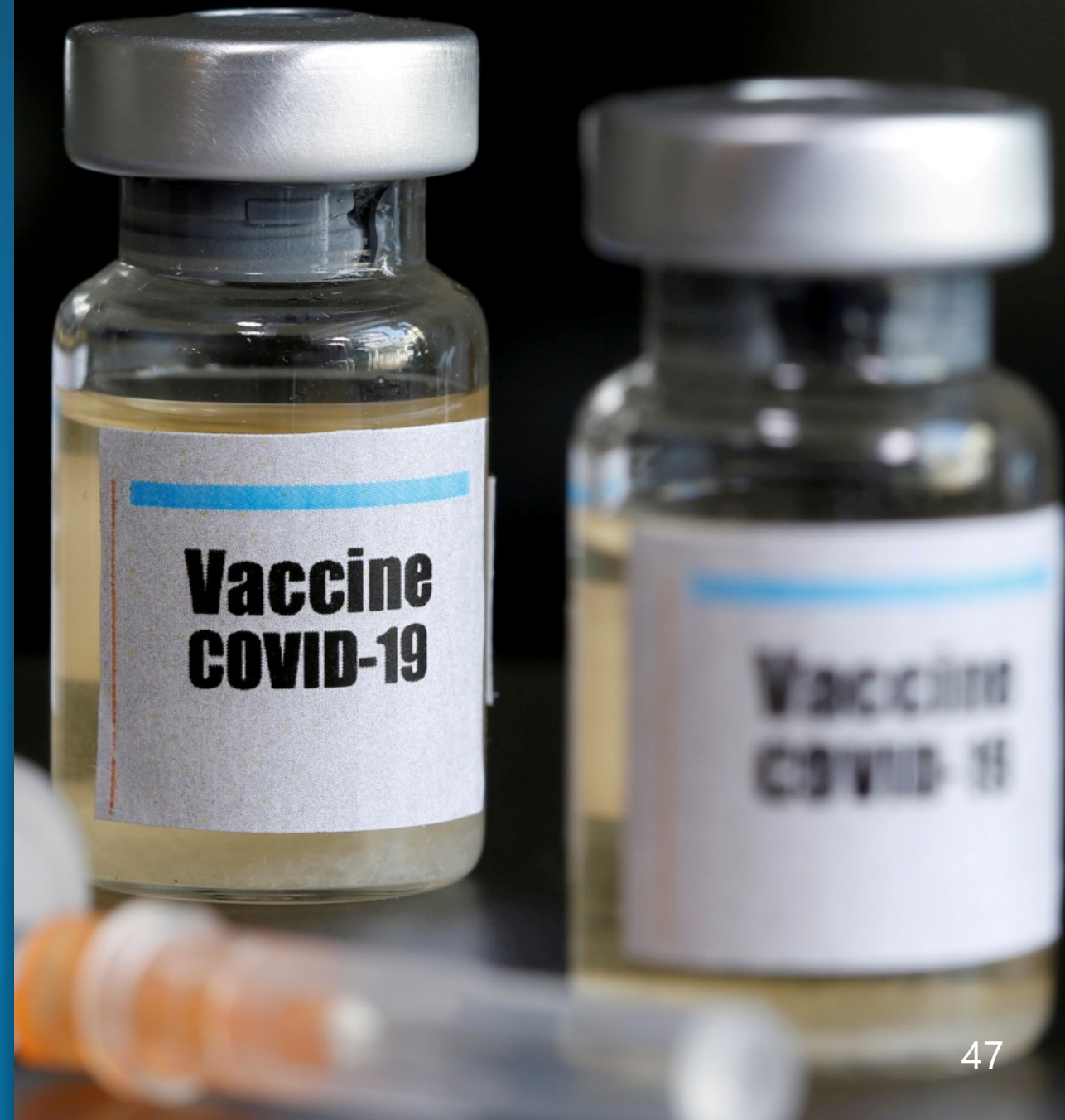
Covering COVID-19 vaccines in a responsible and evidence-based manner.

October 23, 2020



PAHO

Development of Vaccines Against COVID-19



Vaccines against COVID-19...

Vaccines are NOT available yet*

44 potential vaccines in clinical studies (Phase 1-3)

154 candidate vaccines in some development stage

Platform	Vaccines In clinical phases
Inactivated	6
Non-Replicating Viral Vector	12
RNA	6
DNA	4
Protein Subunit	13
VLPs	3

Clinical phase	Vaccine candidates
Phase III	10
Phase II	7
Phase I	27
Preclinical	110

* World Health Organization. DRAFT landscape of COVID-19 candidate vaccines – 19 October, 2020.

<https://www.who.int/publications/m/item/draft-landscape-of-covid-19-candidate-vaccines>

Three options for how countries can gain access COVID-19 products

Three options

A National access mechanism

Countries negotiate deals with manufacturers individually (e.g., lock into supply agreements locally)

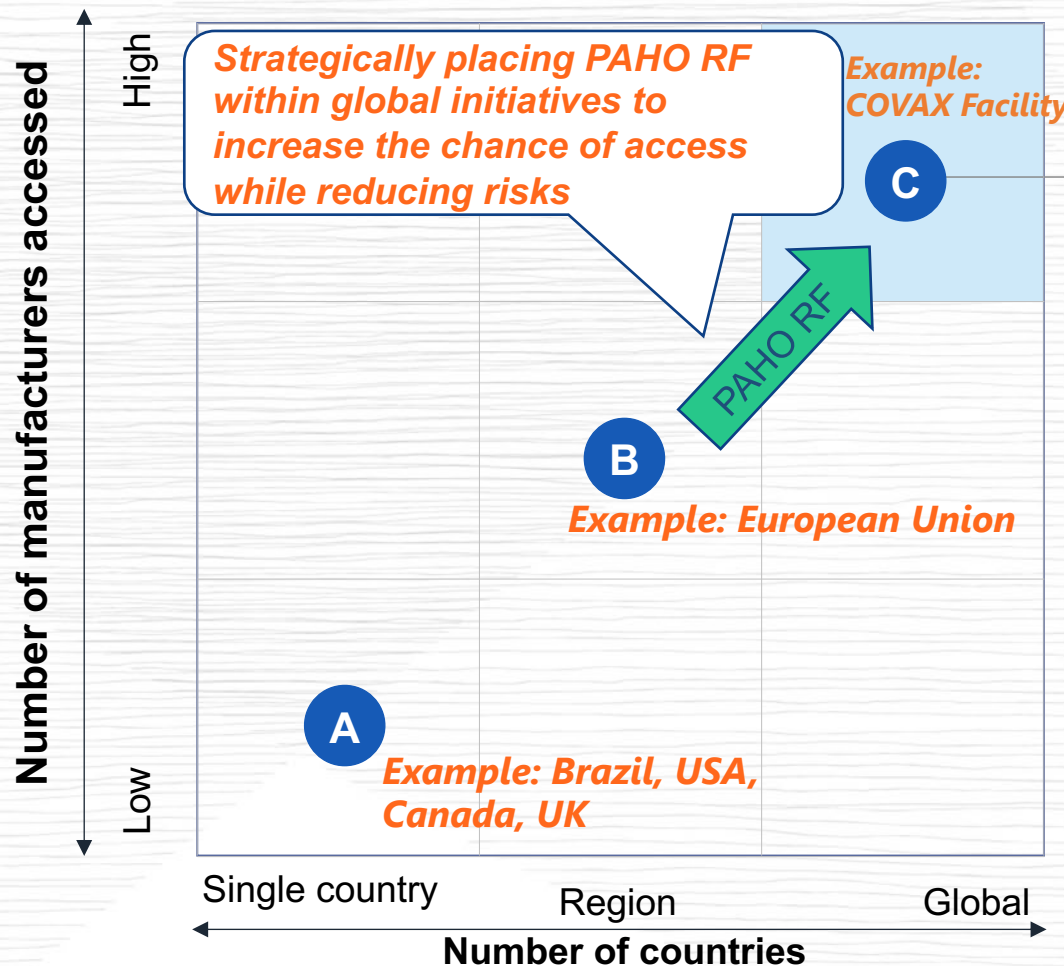
B Grouped access mechanism

Countries form regional groups or blocks to negotiate supply agreements

C Global access mechanism

Countries participate in a global mechanism to procure and access products

Implications



Global access offers:

Opportunity to have equitable access through fair allocation across countries

Essential 'risk-pooling' (e.g., less risk of having no supply if certain vaccine candidates fail)

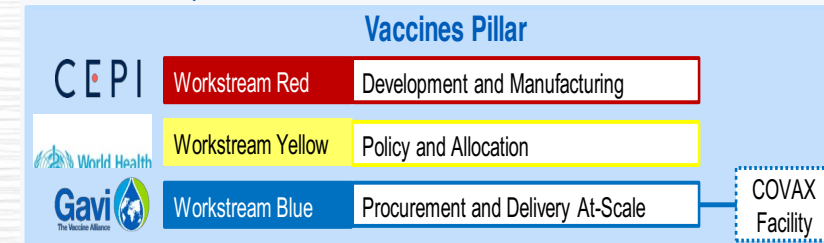
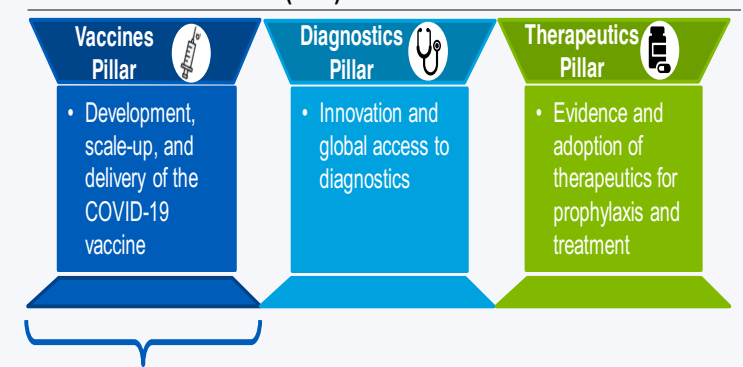
COVAX Facility: Equitable Access & Allocation



The COVAX Facility – Relevant information

- PAHO engaged in the design of the **COVID-19 Vaccine Global Access (COVAX) Facility** and preliminary technical design document from 11 June represents **PAHO as a unified “bloc and RF mechanism is recognized as a viable procurement channel.**
- Its objective is to **accelerate equitable access to appropriate, safe and efficacious vaccines. All countries** are invited to participate in the Facility **regardless of income classification.**
- **Countries with possible bilateral agreements** with manufacturers **could also benefit from the Facility.**
- **Participating countries will receive access to vaccines** from the Facility at the negotiated price.
- Gavi Secretariat is **the legal administrator** for the COVAX Facility and Gavi Secretariat’s current plan is to engage in direct contracts with Member States.
- **92 countries** are within the scope of COVAX AMC support, 10 of which are from PAHO Region.

Access to Covid-19 Tools (ACT) Accelerator



At its core, the Facility is a risk-sharing mechanism

aiming to develop a large and diverse portfolio of vaccine candidates and to ensure equitable access based on fair allocation and pricing.

Equitable access and allocation: 2 phases

Phase 1: Proportional allocation for all countries to cover Tier 1 (20%)

- Health and social care workers
- High-risk adults

Doses are allocated to countries proportionally to their total population

- Tier 1 would be fixed to 20% for all countries so countries will have certainty and visibility on how many doses they can expect in this phase
- The allocation moves to the second phase once all countries have received doses for Tier 1 (where possible)



Phase 2: Weighted allocation based on risk assessment for Tiers 2 and beyond

Each country is allocated doses at a pace based on their remaining target groups as well as a risk assessment:

- The timing of country shipments would be based on a risk assessment based on Threat and Vulnerability
- Countries with a higher risk would receive the doses they need faster than others, although all countries will receive doses for target groups not covered in Tier 1

A buffer / stockpile will also be set aside for emergency deployment

Role of PAHO's Revolving Fund in the COVAX Facility



Solidarity
Equity
Transparency
Quality
Panamericanism

PAHO
Revolving
Fund For Access
to Vaccines

- The Revolving Fund is a technical cooperation mechanism of the Pan American Health Organization (PAHO).
- The RF supports PAHO's Member States to plan for their vaccine supply needs and secure the highest quality supplies on a reliable and continuous basis. With affordable prices and timely demand planning, the RF has helped the Region to vaccinate tens of millions of children against life-threatening diseases and achieve public health goals

46 vaccines



29

Syringes
and cold chain products



31 Providers 



42 Countries and territories
in Latin America and the
Caribbean

Vaccination
coverage
in the americas

93%

for diphteria
tetanus -pertussis

Over

95%

of vaccine costs covered
with national funds

75 million

people vaccinated by the
National Immunization
Programs annually

\$769 MM
procured in 2019

Working capital
of more than

\$ 215 Million
Dec 2019 (for 60 days credit)

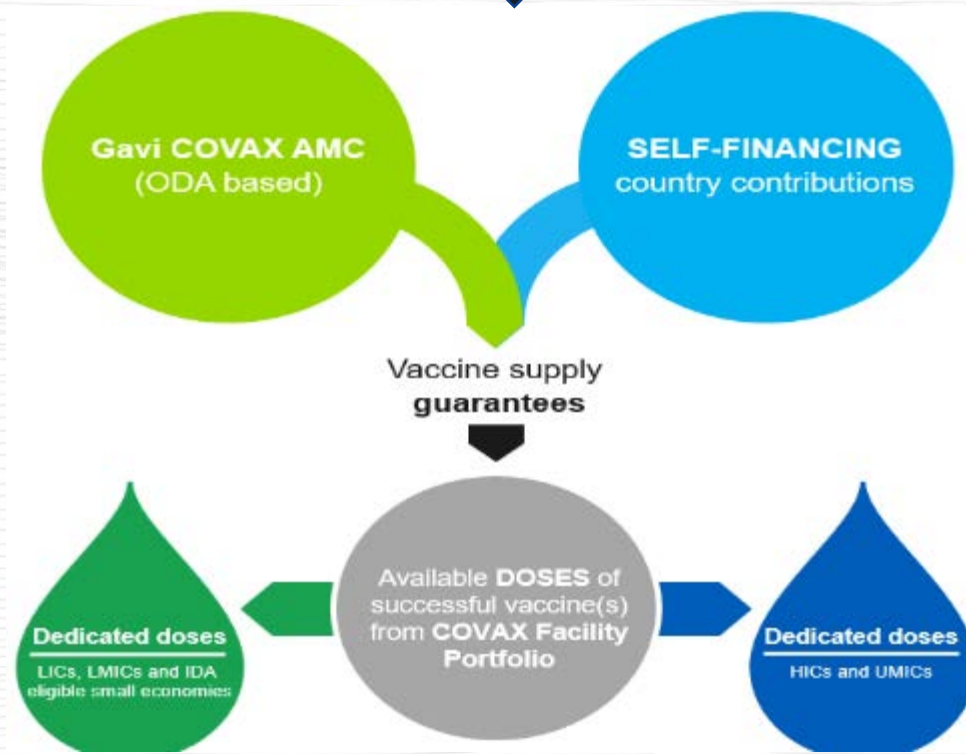
PAHO's Regional Bloc for Latin America and Caribbean
 Comprehensive technical cooperation package with 40-year experience
 of international procurement and deployment of vaccines.

AMC eligible economies

10 Member States that would be eligible for Gavi financial support:

Bolivia, Dominica, El Salvador
 Grenada, Guyana, Haiti,
 Honduras, Nicaragua, St. Lucia,
 St. Vincent & the Grenadines

AMC duration : 10 years



Self-financing countries
 Remaining **23 Member States**
 and **9 Territories** are projected
 as self-financing.



Self-financing duration: 3 years

Gavi Schematic for COVAX Facility

PAHO's Regional Bloc for Latin America and Caribbean
Comprehensive technical cooperation package with 40-year experience
of international procurement and deployment of vaccines.



Cost projection for vaccine needs

Countries	Cost to Vaccinate 20% Population* (Possible Annual Availability)
28 Self Financing Countries/Territories	\$1,087,800,000
10 COVAX AMC Eligible Countries (voluntary cost-sharing)	\$197,400,000
Brazil	\$890,600,000
Mexico	\$538,400,000
Total	\$2,714,200,000

* Assuming a 2-dose schedule at \$10.55/dose COVAX weighted average price

Quantity: **273** million doses

Projection of Possible COVID-19 Syringe Need Quantities

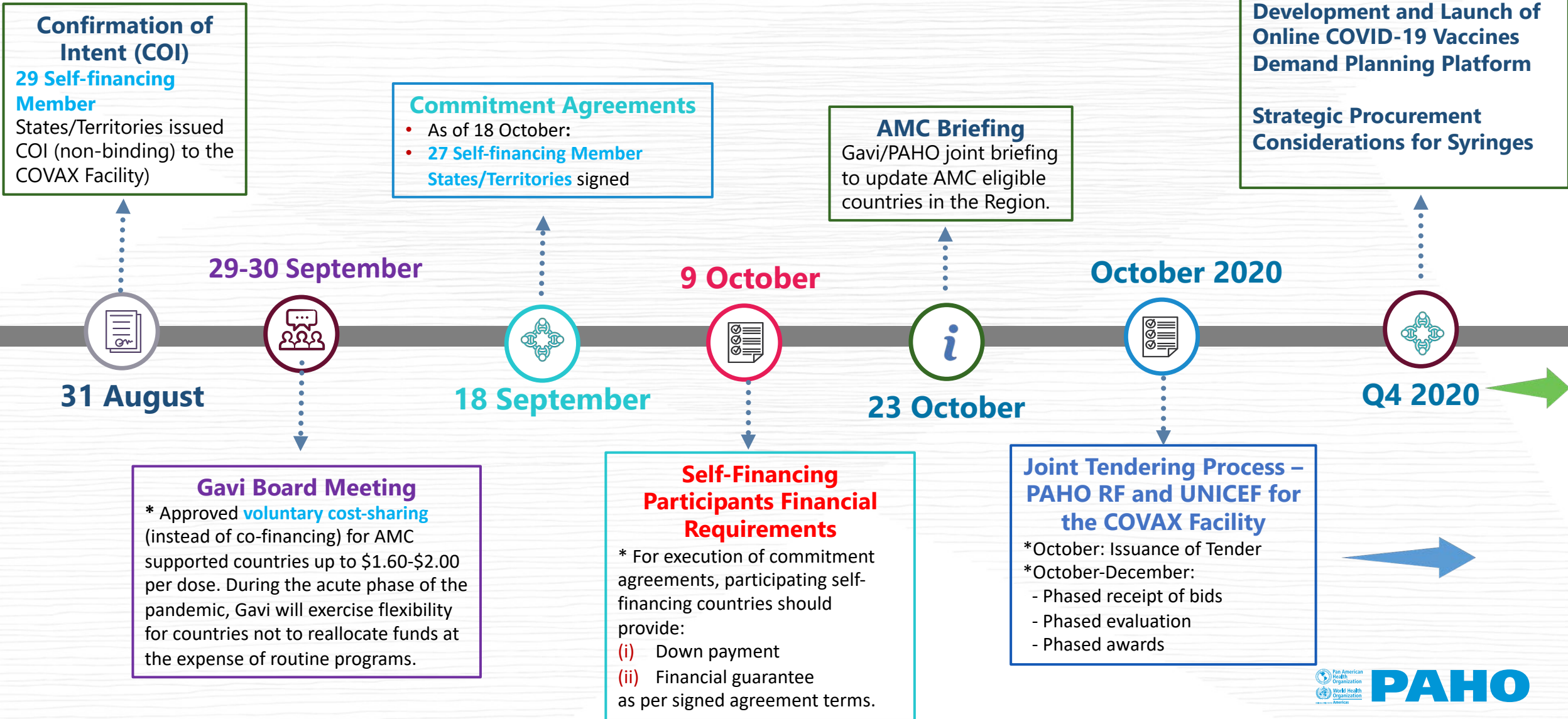
Assumptions:

- 2 dose per person
- Based on 20% threshold coverage
- 10% wastage rate

Country Group	Total Population	20% threshold ratio population	Number of Syringes Needed to Vaccinate Initial 20% threshold population in Phase 1 of Supply		
			1 dose per person	2 dose per person	3 dose per person
			1	2	3
Wastage Rate Assumption:					
10%					
30 Member States participating in PAHO RF mechanism for most of their routine needs - Excluding Gavi supported	257,788,175	51,557,635	57,286,261	114,572,522	171,858,783
10 Member States participating in PAHO RF mechanism and under scope of Gavi AMC	46,781,305	9,356,261	10,395,846	20,791,691	31,187,537
Brazil	211,049,527	42,209,905	46,899,895	93,799,790	140,699,685
Mexico	127,575,529	25,515,106	28,350,118	56,700,235	85,050,353
Total:	643,194,536	128,638,907	142,932,119	285,864,238	428,796,357

Participation Milestones to the COVAX Facility, August – December 2020

58th Session of the PAHO Directing Council: CD58.R9 Resolution was adopted in Sept requesting PAHO D “to support Member States in engaging with global initiatives, such as the Access to COVID-19 Tools Accelerator”.



Important Next Steps - 1

1. Design and Implementation of Global Equitable Allocation Mechanism:

Mechanism: Under the leadership of WHO HQ, PAHO is supporting to the efforts for development of global equitable allocation mechanism which will involve a decision process supported by a complex software.

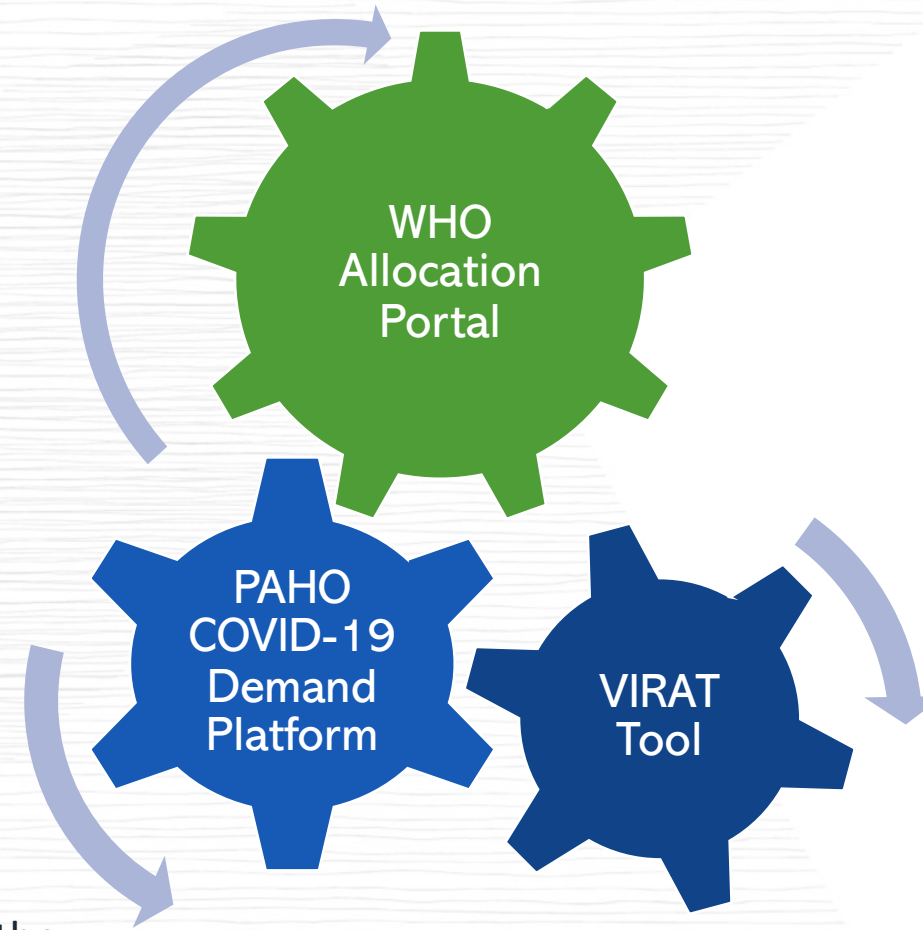
2. Online Demand Planning Platform COVID-19 Vaccines:

PAHO Immunization and Revolving Fund Teams are collaborating to prepare an online version demand planning platform for Member States.

- a) Design underway to support country readiness and other criteria
- b) Interoperability between "WHO Allocation Portal" and "PAHO COVID-19 Demand Platform" will be important for exchange of data needs for effective functioning of algorithm. PAHO Platform will try to ensure the inter-connectedness for effective flow of information and procurement operations between the countries and WHO Allocation Portal.

3. Procurement and International Tendering:

- In close collaboration with UNICEF Supply Division, PAHO is co-leading the preparation of procurement strategy for the COVAX Facility.
- A joint UNICEF/PAHO tender for the COVAX Facility will be issued in October 2020.
- PAHO is closely working with Gavi, WHO HQ, UNICEF, CEPI and other partners on essential issues like:
 - a. indemnification
 - b. regulatory



Available Material



The Role of the Revolving Fund in Global Initiatives

THE ACCESS TO COVID-19 TOOLS ACCELERATOR (ACT-A)



The Access to Covid-19 Tools Accelerator (ACT-A) is a group of global health actors (WHO, BMGF, CEPI, Gavi, Global Fund, UNICEF, Wellcome Trust), private sector partners, and other stakeholders, aligned and coordinated to promote and accelerate the development, production and equitable distribution of COVID-19 vaccines, diagnostics and therapeutics.

Based on WHO's documents: <https://www.who.int/initiatives/act-accelerator>

The Covax Facility:
The COVID-19 Vaccine Global Access (COVAX) Facility was established to accelerate equitable access to appropriate, safe and efficacious vaccines.

PAHO Member States were recognized as a unified bloc and PAHO RF is acknowledged as one of the procurement channels for the COVAX Facility.

BENEFITS FROM THE COVAX FACILITY:

The Covax facility is a risk-sharing mechanism: Pooling of demand (by countries) and supply (investing into a portfolio of multiple vaccine candidates) to ensure access of a safe and efficacious vaccines for **all countries regardless of income strata**.

It offers the best opportunity for early access to successful candidate vaccines for at least 20% of the population in an equitable allocation framework across all participating countries.

OPPORTUNITIES FOR PAHO MEMBER STATES TO ENGAGE IN COVAX FACILITY THROUGH THE REVOLVING FUND AS A REGIONAL BLOC:

- ◆ Member States access to new vaccines is supported by PAHO's larger technical cooperation package from plans/forecast, logistics, cold chain, support national regulatory processes and post-marketing surveillance. Therefore, vaccines procured on behalf of Member States are:
 - ◇ Efficient, safe and quality assured
 - ◇ Aligned with technical recommendations and regulatory policies
 - ◇ Accurately forecasted and equitably allocated
 - ◇ Timely delivered
- ◆ It is the largest vaccine pooled mechanism in the world for self-financing developing countries and territories in the Latin America and Caribbean region, with more than 40 years of experience in improving vaccine access and affordability, advocating for Member States.

* Based on <https://www.gavi.org/sites/default/files/2020-06/Gavi-COVAX-AMC-02.pdf>

Opportunities for PAHO Member States (MS) and Territories to engage in the COVAX Facility through PAHO and its Revolving Fund (RF)

How is PAHO facilitating access to COVID-19 vaccines through COVAX Facility?

- PAHO MS as a bloc and the PAHO Revolving Fund as the technical cooperation procurement arm of the facility for all self-financing and COVAX Advanced Market Commitment supported countries in the Region of the Americas
- Preparing MS for introducing COVID-19 vaccines when available, mobilizing the overall technical cooperation package (plans/forecast; logistic/cold chain, support national regulatory processes and post-marketing surveillance) and developing harmonized regulatory approaches in support of national immunization programs.
- Advocating for flat prices, minimal returns, transparency, inclusive governance, and sustainable financing, and leveraging existing systems and consolidated demand for negotiating power.
- Establishing a transparent strategic procurement management system in collaboration with UNICEF Supply Division to access vaccine doses from the COVAX Facility for MS.
- Strategic sourcing of associated supplies (i.e., syringes), services (i.e., freight) and other innovations.

How does PAHO continue to strengthen the supply chain in the Pandemic?

- For the past 40 years, the PAHO RF has been the technical cooperation mechanism through which countries in the Americas access vaccines and supplies for National Immunization Programs.
- The RF is one component of PAHO's larger technical cooperation package across the Organization, including the entire supply chain.
- The RF will troubleshoot any vaccine supply disruptions in the global supply chain to ensure access and affordability of routine vaccines like seasonal influenza, measles containing vaccines and related products.
- Continue to:



Ensure reliable and harmonized vaccine demand planning



Engage in vaccine market shaping activities.



Secure Supply



Monitor stock information



Reduce operational costs



Provide financial credit availability



Digitize, transform, and continue to improve service to Member States

Solidarity
Equity
Transparency
Quality
Panamericanism

PAHO
Revolving
Fund
For Access to Vaccines



**Thanks!
¡Gracias!
Merci!
Obrigado!**

www.paho.org/en/resources/paho-revolving-fund