



VACCINE ACCESS TEST

Global Summary: January 2021

Background

The world is racing to find safe and effective vaccines against COVID-19. And when we do, these vaccines must be made available to everyone who needs them most, regardless of nationality or wealth. Because a fair global distribution of COVID-19 vaccines will end the pandemic faster for every country, save lives and help economies recover. So it's important to ask whether countries actions move us closer to, or further from, global access to COVID-19 vaccines ONE's Vaccine Access Test provides a framework to answer this question based on the following metrics:

- **Access to COVID-19 Tools Accelerator (ACT-A):** Providing financial support to the ACT-A, the only mechanism that is positioned to deliver a coordinated global response, at scale and at speed.
- **Multilateral Leadership:** Working with other countries, companies, and institutions to advance fair and efficient global access to vaccines and therapeutic treatments.
- **Policies:** Instituting and promoting policies to ensure COVID-19 vaccines are accessible to all on a global scale.
- **Deals:** Every deal to secure promising COVID-19 vaccine candidates is scored individually based on a set of metrics for how well it advances global access to vaccines. When countries and companies complete new deals, these are scored, with their average deal score then added to their final score.

ONE has scored G20 countries and pharmaceutical companies that have completed deals for COVID-19 vaccines. See summary scores in Figure 1 below and visit ONE.org/VaccineAccessTest for detailed scorecards.

What We're Seeing

The rollout of safe and effective vaccines within a year of the first reported cases of COVID-19 is a historic scientific achievement. We now have the tools to beat the virus and end the pandemic. But the Vaccine Access Test is showing worrying signs that this incredible scientific achievement may be undermined by a failure to get the vaccine everywhere.

In particular we are seeing three trends that could prolong the lifetime of the pandemic by several years.

- 1. Increasing competition between rich countries is monopolizing global supply and risks pricing poorer countries and multilaterals out of the picture.** Half of the 7 billion doses that have been purchased to date are going to just four buyers (the EU, US, UK, and Canada) that together make up 11 percent of the global population.¹ Governments are understandably eager to protect their citizens first. But this nationalistic approach will backfire and extend the lifetime of the pandemic for everyone. If these inequities continue, poor nations could be left with very limited access to COVID-19 vaccines until 2024. As long as the virus remains unchecked anywhere on earth it remains a threat to people everywhere – it will continue to mutate, to breach borders, and to wreak havoc on the global economy.

Encouragingly, this month the African Union secured 270 million doses of vaccine in the largest such agreement yet for Africa and one of the only agreements to date that will benefit people living in low-income countries outside of the COVAX facility. But more must be done to ensure COVAX has the funds it needs to deliver for low-income countries and right this imbalance.

- 2. As vaccine deliveries scale-up in rich countries we risk an over reliance on “trickle down” donations to expand global access.** It is increasingly possible that some of the world's richest countries have reserved enough doses to immunize their population many times over. These countries should immediately

¹ Duke, Launch and Scale Speedometer. 15 January, 2021.

adopt the *Principles for Sharing COVID-19 Vaccine Doses*² and partner with COVAX to provide additional doses for equitable distribution. But while necessary, this “trickle-down” approach to vaccine distribution must not become the global strategy to improve access. It will take months before donations yield enough doses to make a dent in the global supply chain, and a country-to-country donation model risks less-effective or unsuitable vaccines being offloaded into poorer settings.

- 3. Supply remains the biggest barrier to global access.** Efforts to scale-up supply should be as unprecedented and ambitious as the steps taken to develop the vaccine. Countries and companies should aggressively invest in scaling manufacturing capacity and expand sub-licensing agreements to maximize global output, and could emulate the EU’s €100 million investment in expanding BioNTech and Pfizer’s manufacturing capacity, which increased capacity from 1.3 billion doses in 2021 to 2 billion, in part by reconverting existing plants. Pharmaceutical companies should also increase global capacity by expanding access to intellectual property, including by joining the WHO’s C-TAP voluntary patent pool, supporting a TRIPS intellectual property waiver at the WTO, and by increasing voluntary sub-licensing agreements. This should be accompanied by the necessary technology transfers and sharing of proprietary information needed to produce vaccines locally.

Why Vaccine Access Matters

Ensuring that people everywhere have access to the vaccine in 2021 is the fastest way to end the pandemic, starting with the most vulnerable people and the healthcare professionals and key workers who risk their own lives to protect ours.

The epidemiology tells us that unless we protect people everywhere, the virus will continue to find places to thrive - and evolve into new strains - extending the lifetime of the pandemic and continuing to threaten the lives and livelihoods of people around the whole planet.

A study from Northeastern University's MOBS Lab shows there could be twice as many COVID-19 deaths if rich countries monopolize the first 2 billion doses instead of making sure they are distributed globally. This is because even with an oversupply of vaccines in wealthy countries, not everybody will choose to be vaccinated and no vaccine will be 100 percent effective leaving large pockets of the population vulnerable.

Further, recent research from RAND suggests that prolonged pandemic caused by unequal vaccine distribution would cost the world economy \$1.2 trillion per year if only the countries that are currently actively developing a vaccine are inoculated. In the event that the lowest-income countries are initially excluded from accessing a COVID-19 vaccine, it has been estimated that the global economy would still lose approximately \$153bn a year, or \$13bn a month. The International Monetary Fund (IMF) has stated that the world economy could recover faster and \$9 trillion could be added to global income by 2025 if countries cooperate on a COVID-19 vaccine.

What’s more, billions in public funding has been spent to speed the discovery and delivery of a COVID-19 vaccine. Now that these investments are yielding results, the payoff must go back to the public and not just the companies that stand to make a profit.

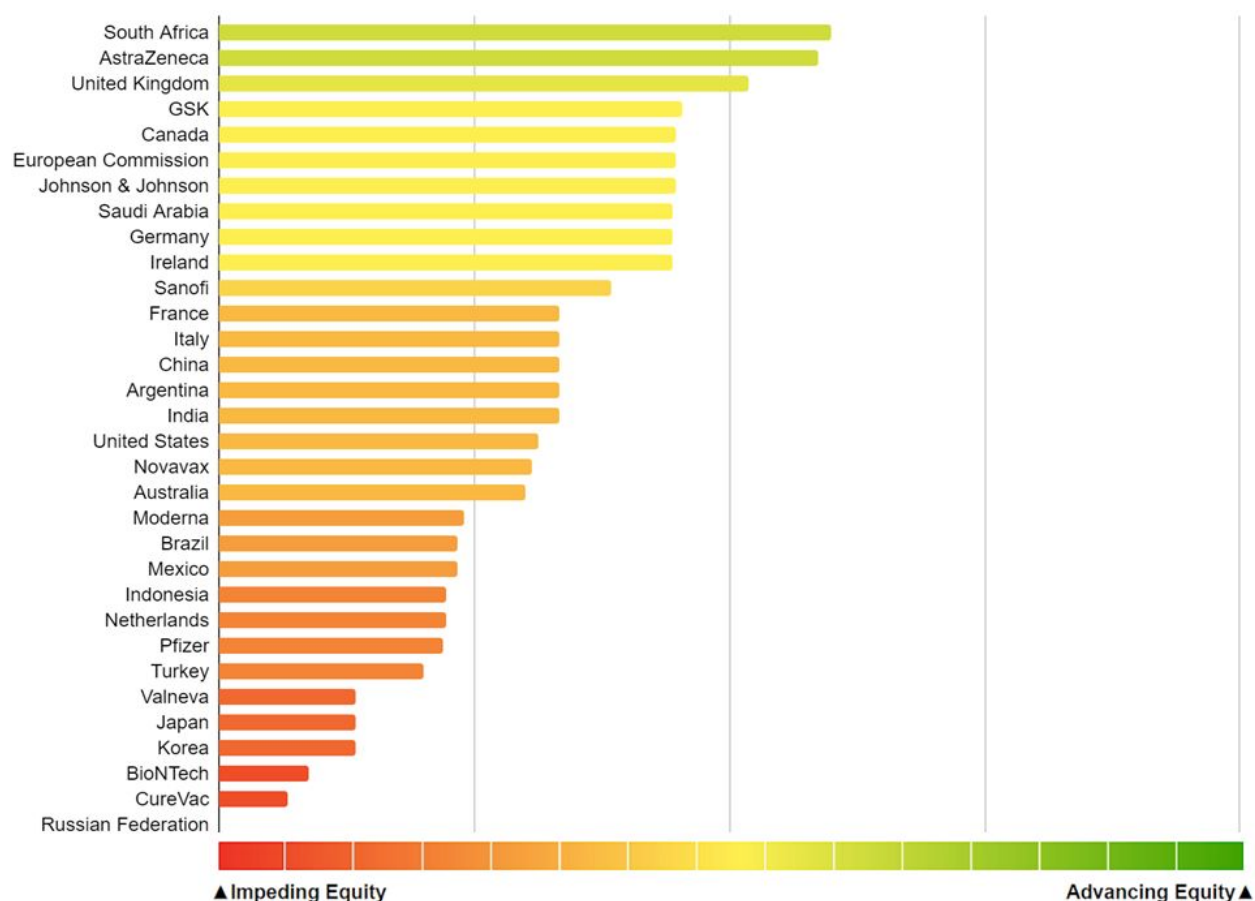
In short: hoarding vaccines in wealthy countries will slow the recovery for everyone, everywhere.

What is Next

The Vaccine Access Test will look a little different in February! Our team is working to assess what elements of the methodology need an update to better reflect the current context in the race to develop and deploy COVID-19 vaccines. Our next update will be released in late February and will reflect these updates as we continue to assess how countries and companies are advancing vaccine access during this critical time in the COVID-19 response.

² COVAX. Principles for Sharing COVID-19 Vaccine Doses with Covax. 18 December, 2020.

Figure 1: Vaccine Access Test Scores, January 2021



How Scores have Changed this Month

- South Africa** has consistently demonstrated multilateral leadership on equity and recently improved domestic guidelines to better prioritize vaccination among the most vulnerable groups. But the country shot up to the top spot on the Vaccine Access Test this month largely because its first bilateral deal with AstraZeneca was one of the highest scoring deals on “equity” to date. The deal supplies 1.5 million doses to the country of nearly 60 million people with a phased approach to roll out. It is unclear if the relatively small quantity purchased was due to supply constraint with most initial supply already accounted for among high-income countries.
- The European Commission** dropped from second to sixth place on the Test due to a lack of multilateral leadership and amassing contracts for 2.3 billion doses of promising vaccines.
- Ireland**, newcomer to the test, entered with a score of 4 out of 9, thanks to a strong financial commitment to ACT-A, joining the COVAX facility as part of Team Europe, and publishing national guidelines that prioritize the most-at-risk.
- GSK** increased its score by 1 point thanks to its commitment to technology transfers and making its adjuvant available to the world’s poorest countries through donations and by working with global institutions that prioritise access.
- Canada’s** score increased by two points because of its impressive financial commitment to ACT-A, moving from the middle of the pack to top 5 on the test. Before the holidays, Canada pledged CAD\$485 million in new contributions to the ACT-A, bringing Canada’s ACT-A commitment to CAD\$898 million.

- **The United States** saw a 1 point increase to its score thanks to a \$4 billion commitment to ACT-A, making it the largest donor to ACT-A.
- **Novavax** gained an additional point for signing with the Serum Institute of India to supply 100 million doses of vaccine to COVAX, making their vaccine available to all 92 countries supported by the Gavi COVAX AMC.
- **Australia's** score gained a point thanks to a commitment of half a billion dollars of new foreign aid spending to assist the procurement and rollout of COVID-19 vaccines to the Pacific and Southeast Asia, showing a commitment to equitable access.
- **AstraZeneca, CureVac, BioNTech, Tukey, Pfizer, Mexico, and Moderna** all saw minor adjustments to their scores thanks to new vaccine deals or updates to previously released deals.
- **Four new deals** were scored since the last update, including between Novavax and Australia, Moderna and Korea, Pfizer and Mexico, and AstraZeneca and South Africa. One deal that was previously scored, between CSL and Australia, was removed from the Test because the Australian government terminated its agreement with the company.