



VACCINE ACCESS TEST 2.0

Global Summary: March 2021

Background

The COVID-19 pandemic doesn't end with a vaccine. It ends when everyone can get it.

The evidence couldn't be more clear: as long the virus remains unchecked anywhere on the planet, it will continue to mutate, breach borders, and wreak havoc on the global economy.

The Vaccine Access Test: 2.0 assesses how well G20 governments and pharmaceutical companies are improving global access to COVID-19 vaccines. The methodology was updated in 2021 to better capture the urgent actions needed now if the world is going to be based on the following metrics:

Global Cooperation

- Financially supports the Access to COVID-19 Tools Accelerator (ACT-A)
- Joins COVAX
- Uses political capital to advance global access
- Leads by example by enforcing clear national allocation guidelines that prioritize the most vulnerable

Increasing Supply for All

- Shares doses, preferably with COVAX
- Supports temporarily loosening trade related restrictions to timely vaccine manufacturing
- Incentivizes participation in the COVID-19 Technology Access Pool (C-TAP)
- Prohibits export bans

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 our updated methodology, the bar has been raised, especially for high income countries, regarding what it takes to be advancing vaccine access today. In the new analysis, we are seeing four major trends:

- 1) Rich countries monopolising doses is the biggest current barrier to global vaccine access.** Australia, Canada, Japan, UK, and US and the EU are on course to accumulate more than 1 billion more doses than they would need to fully vaccinate all their own citizens. They have already secured a total of over 3 billion doses of approved COVID vaccines, over 1 billion more than the 2.06 billion needed to give their entire populations two doses. These figures demonstrate that this handful of rich countries are on track to monopolise vaccine access in 2021. The hoarding is actively preventing equity: lower income countries cannot access vaccines even for their most vulnerable and high risk populations. To date, the rest of the world has only been able to secure 2.5 billion doses of the most promising vaccines — leaving billions of people with little hope of receiving a vaccine in the next year.

- 2) **Rich nations have the opportunity to improve global access through dose sharing.** In the new analysis, countries are penalized for hoarding. However they can remedy this without political risk given they have already secured enough doses to vaccinate their populations multiple times over. Countries that hedged their bets can regain points and improve their score by sharing doses to promote vaccine access everywhere, not just at home. Steps must be taken to share doses in parallel with domestic rollout, not afterwards. This allows vaccination campaigns to carry on in earnest in countries with bilateral deals, while also helping increase the supply available to low-income countries. To wage a global vaccine campaign now, rich countries must share doses through the COVAX facility to help ensure a coordinated and equitable approach to how they are allocated globally. COVAX already has distribution channels set up in low-income countries, and is well positioned to facilitate donations and redistribution of doses ensuring vaccines get where they are needed most.

These rich countries that have so far hoarded vaccines have the ability to add up to 3 points to their score if they share their excess doses. Some G7 countries have recently agreed in principle but these words need urgent action. If Germany, for example, donates all of its excess doses, it would easily lead the pack with a score of 13 out of 20. Similarly, the UK and Canada stand to jump to a score of 12 out of 20 if it shares all excess doses in parallel with domestic rollout. Both the EU and the US would sit at 9 out of 20 points, leveling up to Mexico, Indonesia, and India. France and the Netherlands would bump up to 8 out of 20 points, putting them in the middle of the pack, if they share their excess doses. These doses would go a long way to protect the most vulnerable people around the world — significantly cutting the risk of death from COVID, reducing the likelihood of dangerous new strains emerging, and increasing the speed at which the world can end the pandemic.

- 3) **Countries that have the most to gain from equity are leading the way on steps to secure global vaccine access.** Unsurprisingly, the countries that are promoting vaccine equity, especially through support for temporary removal of trade related barriers to timely vaccine production and C-TAP, have the least to lose from sharing intellectual property and the most to gain from increasing vaccine supply globally. For example, Argentina, South Africa, India, and Indonesia have all supported a proposal from South Africa and India to temporarily waive intellectual property related to COVID medicines. Rich countries have been noticeably absent in supporting the temporary loosening of these trade restrictions. While not a silver bullet, these steps could yield some of the actions, like swiftly producing and deploying vaccines around the world, we need to beat the virus of today.
- 4) **The leaders and laggards among pharmaceutical companies are separated by their commitment, or lack thereof, to COVAX.** The five top scoring companies on the test (GSK, Sanofi, AstraZeneca, Novavax, and Johnson & Johnson) have all committed at least 9% of its total projected doses to be manufactured in 2021 to COVAX. All of the companies that score in the lower half of the test have committed less than 2% to COVAX, if any. A company's willingness to prioritize collaboration with COVAX demonstrates its commitment to equity, rather than profit alone. As a result, on the whole scores among companies vary widely on the Global Cooperation metric. However, companies across the board score poorly on the Increasing Supply for All metric. Companies have taken very few actions to increase supply through loosened patent enforcement or sharing knowledge and technology through C-TAP.

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:

- The longer viruses circulate unchecked, the more they mutate. Already there are over 4000 variants of COVID-19 and some - like the South African and UK variants -- are proving more transmissible than other strains. The only way to prevent new and possibly more dangerous variants is to dramatically slow transmission of the virus through widespread vaccination.¹
- There could be twice as many deaths from COVID-19 if rich countries monopolize the first 2 billion doses of vaccines instead of making sure they are distributed globally.² 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.
- Vaccine hoarding could cost the global economy up to \$9.2 trillion. Rich countries will bear half those costs because of supply chain disruptions and demand shocks.³

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.

How and Why the Vaccine Access Test Methodology was Updated in 2021

The first version of the Vaccine Access Test - launched in September 2020 - measured how well countries were supporting the development of COVID-19 vaccines and setting the stage for equitable distribution. By the end of 2020, two major trends signaled that the new year would bring a new phase of the COVID-19 response and that the Vaccine Access Test would also need to evolve to better meet this moment:

1. Several vaccines have been proven safe and effective in clinical trials and are approved for use. This means that the VAT needs to evolve from considering "if and when" vaccines would become available to how we increase the supply and distribution of effective vaccines quickly.
2. By the end of 2020 rich countries had already monopolized the majority of vaccine supply anticipated for 2021. Efforts to prevent hoarding vaccines have largely failed and the VAT needs to better assess actions that will help mitigate potential stockpiling moving forward.

¹ WHO. 2020. Coronavirus disease (COVID-19): Virus Evolution. <https://www.who.int/news-room/q-a-detail/sars-cov-2-evolution>

² How Many Lives Could Equitable Vaccination Save? Chinazzi, Matteo, Jessica T. Davis, Natalie E. Dean, Kunpeng Mu, Ana Pastore y Piontti, Xinyue Xiong, M. Elizabeth Halloran, Ira M. Longini Jr., Alessandro Vespignani. Estimating the Effect of Cooperative Versus Uncooperative Strategies of COVID-19 Vaccine Allocation: A Modeling Study. Laboratory for the Modeling of Biological and Socio-technical Systems (MOBS LAB), Northeastern University (website), September 2020. https://www.mobs-lab.org/uploads/6/7/8/7/6787877/global_vax.pdf.

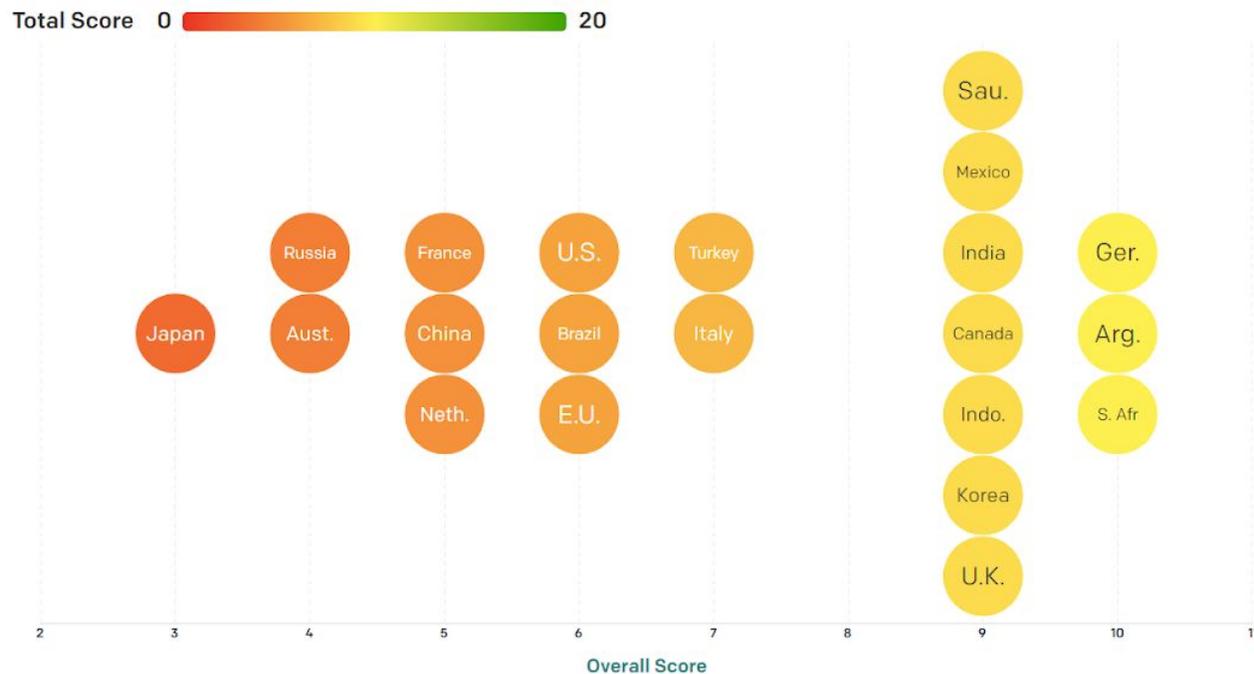
³International Chamber of Commerce, 2019. The Economic Case for Global Vaccination: An Epidemiological Model with International Production Vaccination. <https://iccwbo.org/media-wall/news-speeches/study-shows-vaccine-nationalism-could-cost-rich-countries-us4-5-trillion/>

To better reflect these developments, the Vaccine Access Test was updated in 2021. Key changes to the methodology include:

- A more limited focus on high impact actions: we are emphasizing policies and actions that will advance global collaboration and scaling up global supply of vaccines.
- A wider rating scale: we are rating countries on a scale of 0-20 to increase the weight (and points possible) on different metrics. We now know what actions will have the greatest impact on improving access and we want to ensure that is reflected in our scores.
- Elimination of deal scores: We are no longer grading individual deals for vaccines and these “deal scores” will no longer be a part of how companies and countries are rated.

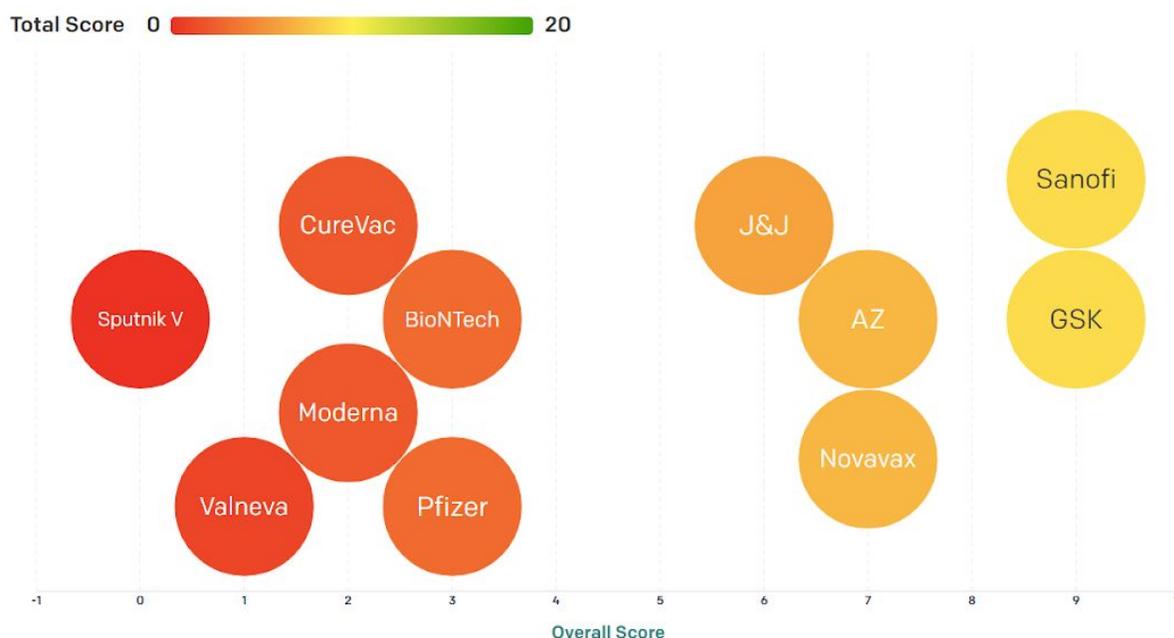
Vaccine Access Test Scores, March 2021

Countries:



Note: total scale out of 20. The highest scoring nations reach only 10 out of 20 points.

Companies:



Note: total scale out of 20. The highest scoring companies reach only 9 out of 20 points.

What's next

Both countries and pharmaceutical companies should continue to take steps to improve access including:

- Continue to ramp up funding for COVAX, the advanced market mechanism that is procuring vaccines for low-income countries, as G7 leaders continued to do just last week.
- Mobilize the additional funding needed to ensure that all countries can cover their vaccine requirements.
- Implement a vaccine sharing arrangement, whereby wealthy countries with surplus vaccines share them with less wealthy countries – which some G7 countries have recently agreed to in principle but which needs urgent action so that we can wage a global vaccine campaign now.
- Press pharmaceutical companies to participate in the World Health Organization's C-TAP patent pool, so that vaccines can be produced at scale.
- Temporarily loosen trade restrictions that impede the timely manufacture, distribution, and affordability of vaccines.