**Prince Mahidol Award Conference 2021 on “COVID-19: Advancing Towards an Equitable and Healthy World**

**COVID 19 and Vaccines**

COVID-19 is an unprecedented public health event of international concern that is still spreading 9 months since it was declared a pandemic, with disruptions to social and economic activity.

With numerous scientists working towards a vaccine world over, a few WHO Prequalified COVID-19 vaccines are projected to be available by the 1st Quarter of 2021

Two pathways are being explored to secure access to high quality vaccines and ensure Kenya gets its equitable share:

1. The Global Umbrella facility for the COVID Vaccine (COVAX), through which the country will access vaccine doses sufficient to cover 20% of the country population.
2. Bilateral arrangements to procure additional National emergency strategic stocks of a WHO Prequalified vaccine.

Supply chain interruptions as seen with PPE remain a key consideration for the vaccine distribution when it becomes available.

**The ethical case for equitable access to COVID-19 vaccines and life-saving therapeutics**

As the global community races to find effective protection and therapeutics against the COVID 19 virus, equity must be a central focus of these efforts.

Developing countries are often late in adoption of new technologies, including vaccines. However, these life-saving products need to be available to everyone, not only those who can afford to pay for them.

A clear and fair framework for allocation of vaccines and life-saving therapeutics among and within countries is needed. In the absence of such an ethical framework, the following consequences could ensue:

1. Hoarding of vaccines by some countries or regions
2. Life-threatening shortages in others areas
3. Price hikes of these life-saving vaccines and therapeutics
4. Inability stop the acute phase of the pandemic and allow the rebuilding of our societies and economies
5. Without the promise of equitable access, some countries may be slow to share data and isolates for research and development
6. Introduction of COVID vaccines not appropriate for the country context, due to introductions driven by availability rather than vaccine suitability and therefore not cost effective
7. Consideration of inappropriate risk groups, vaccine schedules, target ages and scope of vaccination for the country context
8. Persistently low capacity to conduct vaccine trials, generate and synthesize evidence to support new vaccine introduction

**Consideration for equitable allocation**

1. Establishing a technical criterion for equitable distribution of vaccines;
	1. Countries should be allocated doses in proportion to their population size, initially in reduced quantities to enable every country to start by vaccinating their highest priority populations.
	2. A second level allocation to counties to reach additional populations and weighted based on disease burden and national priorities.
2. The need to counter market forces, thus ensuring that all lives will count equally, regardless of social and economic status.
3. The greatest incentive is to collaborate on equitable distribution by Governments noting the existing uncertainty as to which nations’ vaccines and therapeutics will succeed.
4. Providing for adequate predictable financing mechanisms (as through the COVAX and ACT Accelerator) for research and development, and advance market commitment with deployment of vaccines and therapeutics in LMICs.

**COVAX and the ACT Accelerator**

Part of a worldwide effort to develop and deploy Advanced COVID Tools across vaccines, therapeutics and diagnostics

Launched by WHO at the end of April 2020, the Access to COVID-19 Tools (ACT) Accelerator is a framework for collaboration that brings together governments, scientists, businesses, civil society, and philanthropists and global health organizations to speed up the development, production and equitable access to COVID-19 diagnostics, therapeutics and vaccines. With a goal to end the COVID-19 pandemic as quickly as possible by reducing COVID-19 mortality and severe disease, the ACT-Accelerator is organized into four pillars of work: diagnostics, treatment, vaccines and health system strengthening.

The COVID Vaccine facility (COVAX) is a global umbrella facility; hosted by Gavi and one of the ACT pillars. It is intended to facilitate access to successfully tested vaccines in a timely manner and at lower cost through pooled demand and resources for procurement. It has been touted as the only truly global solution to this pandemic because it is the only effort to ensure that people in all corners of the world will get access to COVID-19 vaccines once they are available, regardless of their wealth.

These two initiatives bring together leaders of government, global health organizations civil society groups, businesses and philanthropies to form a plan for an equitable response to the COVID-19 pandemic.

WHO is collaborating with Gavi, the Vaccine Alliance and the Coalition for Epidemic Preparedness Innovations (CEPI) to ensure a fair allocation of vaccines to all countries, aiming to deliver 2 billion doses globally for high-risk populations, including 1 billion for low and middle-income countries.

**Current Rationale for planned allocations- Kenyan Perspective**

The country is working identify priority populations, vaccine delivery strategies and scope of vaccination, and leveraging pro-equity strategies and activities for routine immunization, to assure equitable allocations locally, through:

* Consideration of disease burden and epidemiology (Risk Groups)
* Consideration of vaccine schedules, scope of vaccination and possibility of integration into existing vaccination schedules
* Vaccine delivery structures as current child immunization structure may not be able to cope with the increased demand
* Existence and effectiveness of other control strategies
* Economic and financial Implications of the different approaches (cost, affordability, and cost-effectiveness; with Domestic and Donor support)
* Assurance of a sustainable and uninterrupted vaccine supply for the country
* Consideration of vaccine effectiveness with age

The priority populations under consideration are:

* Frontline healthcare workers
* The Elderly
* Individuals with comorbid conditions
* Captive Populations like Prisoners, Refugee populations, Displaced persons etc

The main challenge to equitable allocation remains the supply constraints for the vaccine as the entire world will be competing for the few available doses.