SEPTEMBER 19, 2022

NEW PRIORITIES TO MAXIMIZE THE IMPACT OF THE GLOBAL COVID-19 RESPONSE

COVIDGAP
Led by Duke University and COVID Collaborative

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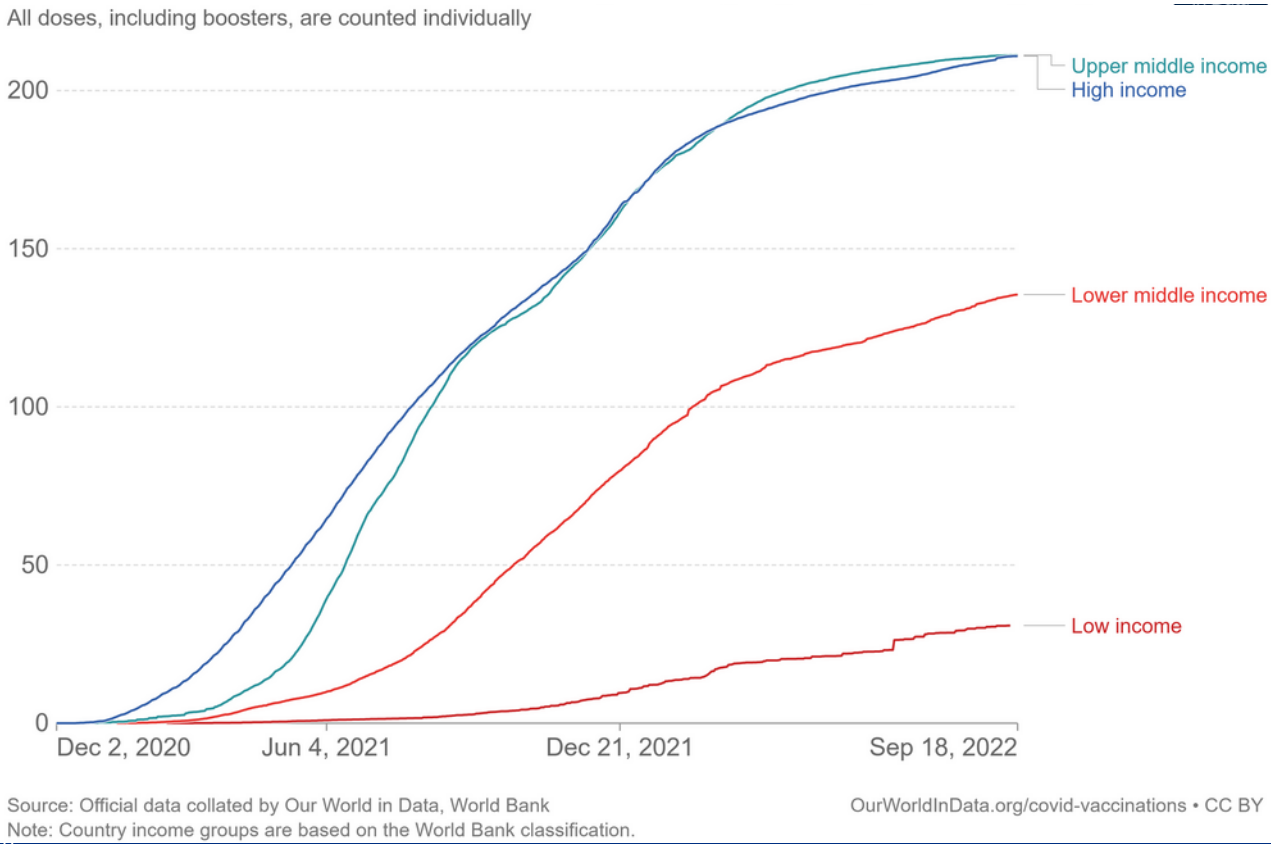
STATE OF THE PANDEMIC AND GLOBAL RESPONSE

"We have never been in a better position to end the pandemic. We are not there yet, but the end is in sight."
WHO Director-General Tedros Adhanom Ghebreyesus, Sept. 14.

Unprecedented scientific achievements and record-pace development and scale-up of vaccines have rendered COVID-19 a manageable disease for most. But the pandemic is not over as it continues to claim thousands of lives each week with future surges probable.[1] Substantial global inequities persist in access to critical tools and resources, as evidenced by significant gaps in low- and middle-income country primary vaccination and booster uptake (see Figures 1 and 2); distribution of bivalent vaccine boosters; and test-and-treat capabilities to enable availability of new, highly effective oral antiviral treatments. Health workers, older individuals, and those with underlying conditions are most at risk. Even as the threat remains, funding and attention are waning as leaders at all levels confront pandemic-induced and broader economic, social, and health concerns – job and educational losses, record high food prices, a perilous 5% decrease in routine childhood immunizations (see Figure 3), and dramatic increases in those living in extreme poverty – that have reversed progress on global health and development goals.

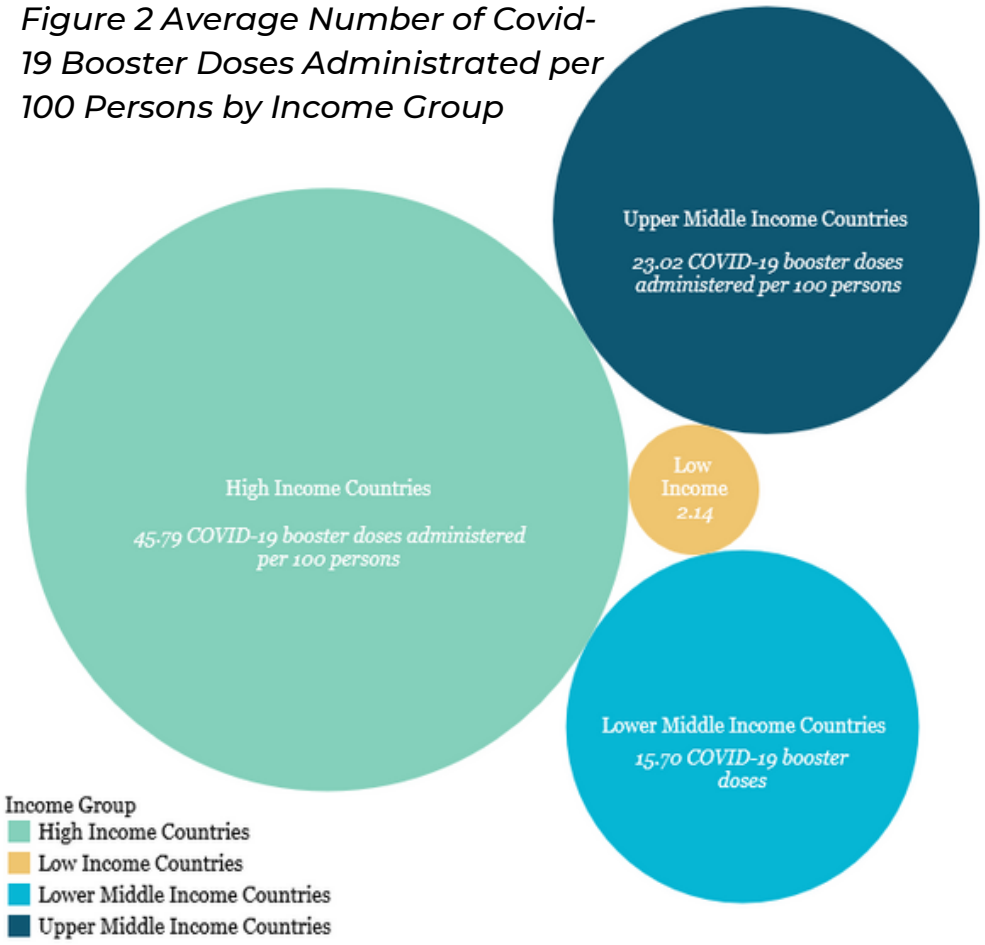
Figure 1 COVID-19 vaccine doses administered per 100 people, by income group



[1] https://covid19.who.int.

As the pandemic's emergency response phase ends and leaders grapple with competing priorities, limited global, regional, and country resources must be used as efficiently as possible to save the greatest number of lives. Stronger national and regional infrastructure and systems are needed to address COVID-19's continuing threat and improve future preparedness, particularly as international focus dissipates. The ACT-Accelerator, for example, established to facilitate global coordination and effective distribution of COVID-19 vaccines, therapeutics, and other tools, continues to struggle for financing (see Figure 4). With its activities expected to transition to existing and new global health entities over the coming months, additional significant fund-raising is unlikely.

Figure 2 Average Number of Covid-19 Booster Doses Administrated per 100 Persons by Income Group



Source: WHO & OWID, updated September 19, 2022

At this crucial moment in the world's pandemic response, the COVID Global Accountability Platform (COVID GAP) team has engaged with key stakeholders around the world on the difficult issues facing policy and decision makers. On September 1, we convened approximately 30 public and private sector leaders representing countries from all income levels, as well as regional and global organizations, for a private discussion of priorities and plans for COVID-19's post-emergency phase. Based on our global engagement and independent analysis, we offer the following recommendations to guide this critical transition over the coming months.

RECOMMENDATIONS

1. EMPOWER COUNTRY-SET PRIORITIES AND GOALS, ENABLED BY REGIONAL AND GLOBAL SUPPORT.

As national leaders struggle to meet competing priorities with limited resources, COVID-19 is no longer a top policy priority for many countries, including many low- and middle-income countries. **While acknowledging global COVID-19 goals, in many cases aspirational in nature and set before new variants changed the nature of the virus and the benefits of vaccination, the global response must first and foremost empower national priorities, goals, and targets.**

- Recognize and support county-set priorities, and country-level platforms for coordination and communication for COVID-19 and other needs.
- Invest further in regional capacity through organizations such as the Africa CDC, to provide regional technical assistance, coordination, and leadership for ongoing COVID-19 response and future global health security threats.
- Refocus roles and responsibilities of global organizations, with the upcoming transition of ACT-A, to prioritize more effective coordination of regional and global responses, spearhead fund raising based on national priorities, and strengthen technical assistance.

2. IMMEDIATELY PRIORITIZE FULLY PROTECTING HIGH-RISK AND VULNERABLE POPULATIONS, IN ALIGNMENT WITH COUNTRY-SET PRIORITIES.

COVID-19 deaths have been concentrated among specific populations including older adults and those with comorbidities. Those groups, along with health workers, remain the most vulnerable into the pandemic's next phase, requiring the most urgent access to vaccination and treatments. **With limited resources and competing priorities, to save the most lives in the near term, and to protect fragile health systems during future surges, the immediate focus should be reaching these high-risk populations.**

- Immunize fully, including with boosters, those at highest risk of COVID-related death and disability.
  - Vaccination efforts should focus on using the most immediately available vaccines.
  - If data show improved clinical effectiveness of newly available bivalent versions, all efforts should be made to support equitable access globally by speeding their distribution to high-risk populations everywhere.
- Establish and scale up test-and-treat capabilities to provide timely access to preferred oral antiviral therapies for high-risk populations to complement vaccinations.
- Set and track short-term metrics of success in reaching key sub-populations.

3. STRENGTHEN REAL-TIME ACCESS TO DISAGGREGATED, SUBNATIONAL DATA AND INSIGHTS TO MORE EFFECTIVELY REACH PRIORITY POPULATIONS AND TRACK PROGRESS.

Decision-making based on "averages" often leads to suboptimal outcomes and lost opportunities to improve equity. **Data disaggregated by variables such as age, gender, health status, and geography are critical to identifying who is most vulnerable to adverse outcomes, where they are located, and whether they are being reached effectively.** Improved data systems and evidence are necessary to reach high-risk and vulnerable populations effectively and efficiently, and to ensure a more equitable response

- Disaggregate existing data by age, gender, geography, and other key variables, to more accurately identify high-risk individuals, address disparities, and determine health services capacity gaps, supporting improved decision-making.
- Invest in stronger public health data systems and efforts to systematically generate insights as important capabilities that support immediate COVID-19 response needs as well as broader pandemic prevention, preparedness, and response (PPR) and improved health system capacity.

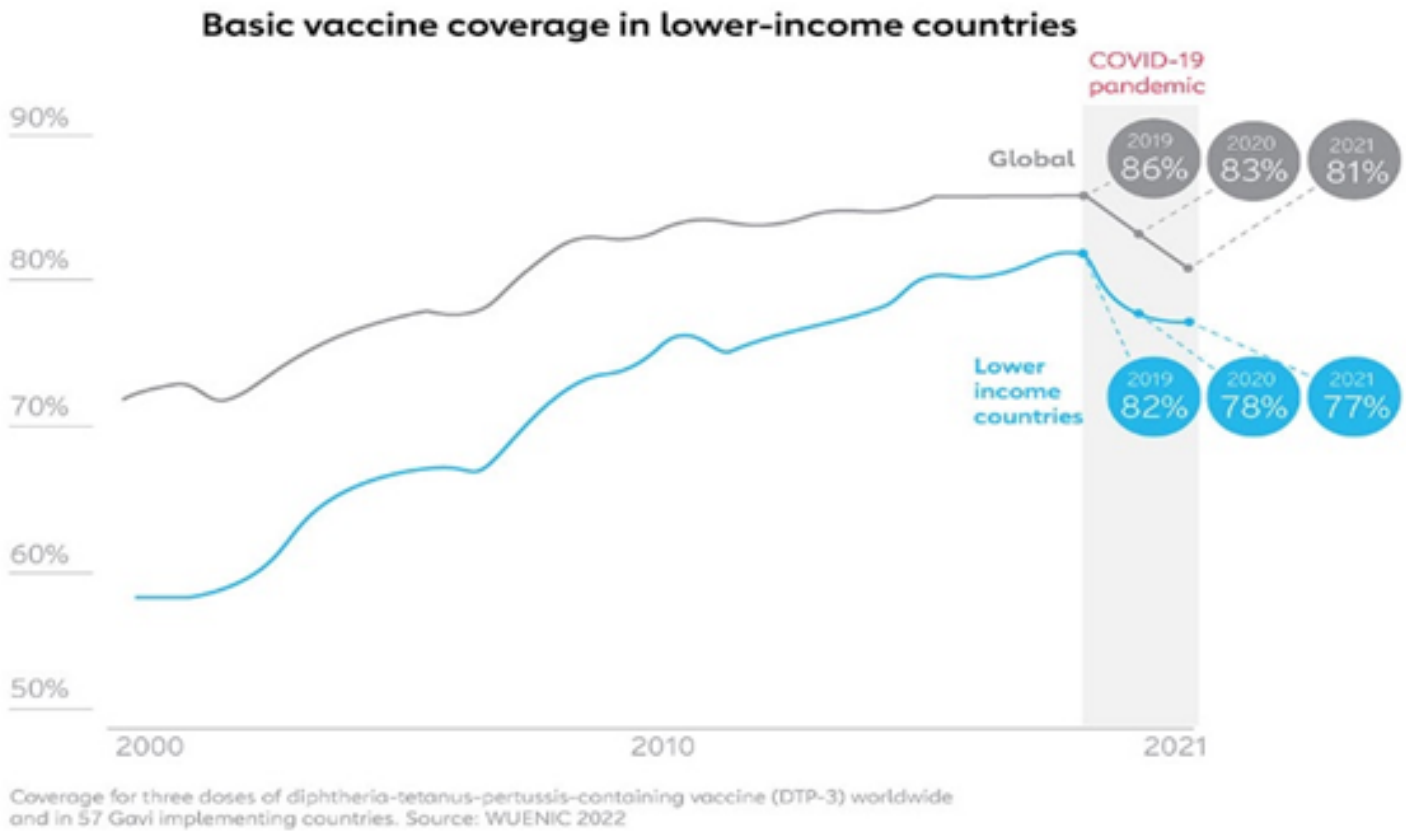
4. INCORPORATE COVID-19 MANAGEMENT INTO LIFE-CYCLE IMMUNIZATION AND PRIMARY HEALTHCARE (PHC) SERVICES, TRANSITIONING AWAY FROM AN EMERGENCY RESPONSE.

Almost all countries have moved beyond the emergency response to COVID-19 but without clear plans for incorporating COVID-19 activities into existing health strategies and services. **A clear and explicit incorporation of future COVID-19 response into management of other pressing health challenges, including routine immunization, will ensure appropriate prioritization across needs while driving efficient use of limited resources.** Stronger PHC, anchored by motivated, competent, and well-compensated health workforce, will in turn lead to more resilient health systems better prepared for future pandemics and other challenges. As national immunization systems largely focus on childhood vaccinations, new mechanisms may be required to ensure adult populations are reached. If successful, these approaches would provide opportunities to provide adults with additional health interventions including non-communicable disease screening and other vaccines while also developing a delivery platform that could be engaged for broader populations during outbreaks.[2]

[2] https://www.technet-21.org/en/forums/discussions/considerations-for-integrating-covid-19-vaccination-into-immunization-programmes-and-primary-health-care-for-2022-and-beyond-1

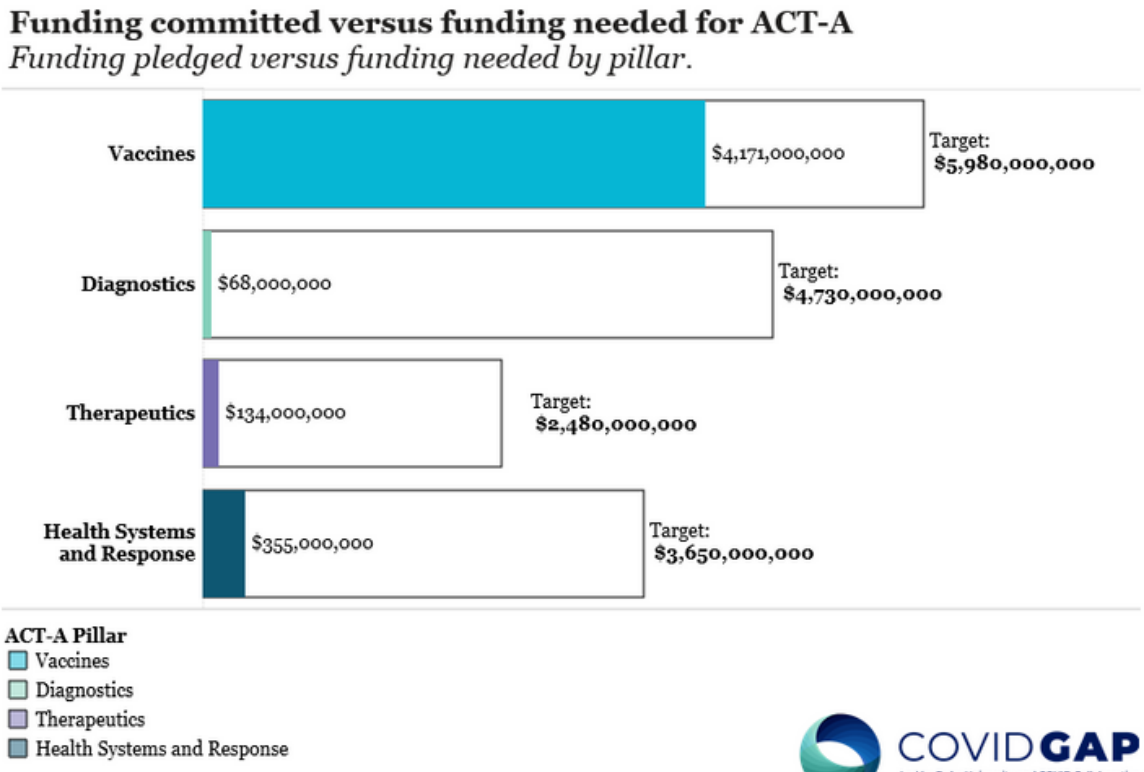
- Transition COVID-19 specific services and campaigns into PHC and national immunization programs (with expanded focus on life-cycle vaccination), to secure a more efficient and sustainable response while leveraging innovations for health systems enhancements and pandemic preparedness.
- Support efforts to urgently address childhood immunization gaps and other pandemic induced health deficits to mitigate increases in vaccine-preventable and other diseases.
- **Invest in a stronger health workforce, especially community health workers, as anchors of well-functioning health systems, by prioritizing access to COVID-19 vaccines and therapies for this workforce and by providing appropriate compensation and adequate resources to motivate and empower workers to maximize their reach and impact.**

Figure 3 Routine Childhood Immunization



Source: Gavi

Figure 4 The ACT-Accelerator Funding (2021-2022)



Source: WHO, updated September 5, 2022

5. BUILD SUSTAINABLE, GLOBALLY DISTRIBUTED CAPACITY FOR DEVELOPMENT AND MANUFACTURING OF CRITICAL HEALTH PRODUCTS TO STRENGTHEN LONG-TERM PANDEMIC PREPAREDNESS, PREVENTION, AND RESPONSE (PPR) AND HEALTH SYSTEMS RESILIENCE.

During health security emergencies, efficient global supply chains invariably undergo severe stress, causing disruptions to critical manufacturing capabilities. Predictable nationalism in the midst of such emergencies further restricts global equitable access to vaccines, diagnostics, therapeutics, and other important health products. In addition to vaccines, low- and middle-income countries suffered shortages of many commodities from personal protective equipment to oxygen, resulting in loss of life that could have been prevented with more local production of key resources.[3] Further immediate investments and actions, through public-private collaborations, to establish and maintain more geographically distributed manufacturing capabilities will enable stronger and accelerated future responses.

[3] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9354133/

- Build upon recent investments and collaborations, such as the Partnership for Africa Vaccine Manufacturing and Aspen Pharmacare's deal with Serum Institute of India[4], to further enhance regional capacities and capabilities across low- and middle-income countries to develop and manufacture vaccines, diagnostics, therapeutics, and other medical products.
- Increase sustainable demand for regionally manufactured products, deploying strategies such as pooled procurement across low- and middle-income countries; advance purchase commitments to source products from regional manufacturing hubs; and shifts in procurement strategies from multi-lateral purchasers to further prioritize LMIC-based manufacturers.
- Strengthen regulatory support and oversight; supply chains; manufacturing workforce capacity; ongoing technology transfer; and other critical infrastructure to support high-quality regionally distributed manufacturing capabilities.

SHORT-TERM METRICS OF SUCCESS

Short-term metrics and targets, especially at national levels, can complement global targets and guide more effective implementation and resource use. Such national metrics should include:

- Reporting of accurate, timely disaggregated data on key sub-populations, including by age and gender
- 100 percent vaccination rates, including timely boosters for high-risk and vulnerable populations, including health workers
- Timely access to test-and-treat options for high-risk populations
- Inclusion of COVID-19 response into existing health programs, as evidenced by national policies, implementation plans, and budget allocation
- Increased rates of routine immunization and reduction in number of zero-dose children
- Adequately compensated community health workers
- Procurement commitments for decentralized regional manufacturing capabilities
- Timely global access to emerging COVID-19 innovations, including new vaccines and therapies

LONG-TERM CHALLENGES: GOVERNANCE AND FINANCING

The proposed priorities above address immediate needs and opportunities as the COVID-19 global response transitions from an emergency phase. Over the longer term, two additional critical topics need to be further addressed to ensure a more sustainable

[4] https://www.reuters.com/business/healthcare-pharmaceuticals/safricas-aspen-indias-serum-institute-sign-vaccines-deal-africa-202 08-31/

and successful future response to global health security threats – governance and financing.

Effective governance, especially at global and regional levels, remains challenging. With the upcoming phasing out of the ACT-Accelerator structure and activities, the formal establishment of the Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response, negotiation of a potential pandemic instrument via the World Health Organization, and changes under way in the U.S. Government's approach to global health security, there is growing urgency to learn from the COVID-19 response and establish a forward-looking, effective, efficient, and transparent governance mechanism for leading the global response to COVID-19 and future pandemics. Governance reforms must be anchored on stronger leadership and greater participation by LMIC stakeholders as well as recognition of the critical roles of national governments and regional organizations.

In addition, global financing for COVID-19 response and pandemic PPR is a significant challenge. In addition to the ACT-A financing difficulties noted above, the FIF remains significantly under-resourced relative to its targets, with commitments of ~$1.4 billion against an annual goal of more than $10 billion. Additional significant domestic resource mobilization for COVID-19 response is unlikely to materialize in the current environment.

use of all available resources will be critical, especially to ensure that support for the COVID-19 response also supports pandemic PPR and core capacities for PHC improvement, such as supply chains, data systems, health workforce, and surveillance.

CONCLUSION

Scientific advances have largely provided the tools to make COVID-19 a manageable global health security threat, if those tools are made available equitably around the world. But as the trajectory of the pandemic remains unknown, risks of severe illness and death remain, especially for vulnerable populations. As the COVID-19 response transitions out of emergency mode, scarce global dollars must be used effectively, efficiently, and equitably. The recommendations above provide a pathway to protect those most at risk while ensuring pandemic resources are used to build capacity for future equitable responses.

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Acknowledgments:
The authors are grateful to the entire COVID GAP team for their input, and particularly thank Rianna Cooke for her design support.