

COVID GAP Accountability Report

The global response to COVID-19 has evolved over the past two years, with some notable achievements balanced by continued challenges. The global pandemic response now faces additional headwinds – along with growing pandemic fatigue and complacency in many high-income countries, the crisis caused by Russia's invasion of Ukraine is causing a further shift of attention and resources. Though there has been significant progress over the past six months, especially on vaccine supply, much more work remains to be done.

A recent <u>WHO report</u> estimates 14.9 million excess deaths directly and indirectly attributable to the pandemic in 2020 and 2021, almost three times the number of reported deaths. This provides a sobering picture, not only of the toll the pandemic has taken but also on our data and reporting systems globally – much work remains to build and strengthen capacity to track and report health data globally.

Through this and future Accountability Reports, the COVID Global Accountability Platform (COVID GAP) will highlight and analyze recent developments, track progress toward national, regional, and global targets, and identify high-priority recommendations for a more effective, efficient, and equitable pandemic response and preparedness. Over the past six months, COVID GAP has been gathering and analyzing data to inform insights and recommendations. Drawing on data across many sources, our team tracks important measures of progress on commitments and remaining gaps, helping to hold leaders and organizations to account on these actions.

The Second Global COVID-19 Summit will be co-hosted by the United States, Senegal, Germany, Indonesia, and Belize on May 12, 2022, and aims to galvanize international cooperation towards three goals:

- 1. Accelerate action to end the acute phase of the COVID-19 pandemic.
- 2. Target efforts to those at highest risk to prevent health system and economic collapse.
- 3. Achieve sustainable global capacity to control COVID-19 and prepare for future threats.

The First Global COVID-19 Summit in September 2021, convened by US President Biden, produced multiple commitments as well as a list of targets and actions for global leaders in both the public and private sector. The table below tracks progress toward several of those targets.







First Global COVID-19 Summit Targets

Targets/Goals	Status	Notes
Reach 40% vaccination coverage in every country by end of 2021 and 70% by September 2022	Some progress but off- track	Progress on vaccination, including over 5 billion doses administered globally since the first Summit; however, over 90 countries missed the 40% vaccination target for end of 2021, and a similar number are off-track for 70% target by mid-2022.
Ensure that "sufficient doses and adequate supplies" of vaccines are available to all countries in 2022	Significant progress	Significant progress on vaccine supply globally, though with some persistent gaps in reliable access and financing at national and subnational levels. Currently global vaccine supply outpaces demand.
Make oxygen available for in-patient facilities in all countries by 2022	Data not available	
Reach daily testing rates of 1 test per 1,000 people in all countries by end of 2021	Off-track	Current average daily testing rate for low- income countries is below 0.1 per 1,000 people, ten-fold below target.
Ensure that all low- and lower- middle income countries can access intravenous therapeutics by end of 2021 and oral therapeutics in 2022	Off-track	Oral therapeutic purchases are concentrated in high-income countries and there are still no large purchases for LMICs. MPP licenses and recent WHO approval may speed up availability of generic nirmatrelvir-ritonavir.
Increase access to personal protective equipment (PPE) for all healthcare workers in low- and lower-middle-income countries in 2021	Data not available	
Increase genomic sequencing and data sharing to track variants globally in 2021 and 2022	No specific metric set	



Establish a global health security financial intermediary fund (FIF) in 2021	Some progress	Endorsed by G20 finance ministers at World Bank/International Monetary Fund Spring 2022 meetings.
Establish Global Health Threats Council or similar entity to catalyze action for pandemic preparedness and response	Some progress	In May 2021 an independent panel formed by WHO called for the formation of a Global Health Threats Council and the proposal has received <u>support</u> from the G20 High Level Independent Panel and the Biden Administration.
Support call-to-action for a global ministerial health and finance board	Significant progress	G20 Joint Finance-Health Task Force established October 2021.

Ahead of the second Summit, the organizers have set a number of commitment goals for countries and donors around the world. Included in these commitment goals are fundraising targets for vaccines and vaccinations (\$10 billion) as well as therapeutics, including oxygen (\$3 billion). Given the persistent financing challenges for almost all aspects of global COVID-19 response, the Summit will be a true test of the current resolve of countries and organizations to take action in the ongoing fight against COVID-19 globally and prepare systems for future pandemics.

The Path Forward

In our recent report, <u>The Path Forward</u>, we call for a rapid shift in strategy – from crisis response to sustainable control – to empower a more effective and equitable approach. The Path Forward report identifies four actions that can be taken by national leaders, donors, multilateral organizations, and global public health organizations to shift the global strategy:

- Support country-driven goals that reflect local realities and priorities;
- Recognizing the global goal of equity through 70% primary vaccination coverage, immediately prioritize fully vaccinating (including boosters) high-risk populations and health and other essential workers, with the aim of quickly reaching 90% coverage of those most at-risk;
- Provide equitable access to oral antivirals through test-and-treat capabilities; and
- Increase manufacturing capabilities and production in low- and middle-income countries for vaccines, therapies, diagnostic tests, and other critical health products.

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Holding Leaders to Account

In ongoing accountability reports we will present real-time analysis and track updates in the dynamic landscape of the global response to COVID-19 across five areas:

- 1. Funding the Global Response
- 2. Vaccines and Vaccinations
- 3. Test and treat
- 4. Oxygen
- 5. Pandemic preparedness and health system resilience

Interactive versions of the charts and graphs below are available at <u>https://covid19gap.org/view-the-data</u>. The data visualizations will be updated every two weeks and new metrics will be added over time, as data allow. We welcome feedback and direct engagement to identify and incorporate additional data sources and/or relevant metrics to track.

1. Funding the Global Response

The ACT-Accelerator, the major global multi-lateral initiative coordinating pandemic response, has requested \$16.8 billion in grant funding to support activities from October 2021 to September 2022. Halfway through its budget year, ACT-A has raised less than \$3 billion, a fraction of the funding needed to implement its strategy. At 18% funded, the vaccines pillar fares best (\$1,050 million), while only \$6.5 million has been allocated to the diagnostics pillar, less than 1% of the target funding. The persistent lack of funding may be indicative of waning support among wealthier countries for the "no one is safe until everyone is safe" approach.

Vaccines		\$1,047,000,000				Target: \$5,980,000,000
Diagnostics	\$6,500,000				Target: \$4,730,000,000	
Therapeutics	\$82,000,000		Target: \$2,480,000,000			
Health Systems and Response	\$117,000,000			Target: \$3,650,000,000		

Source: <u>WHO</u>, updated April 22, 2022

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NOTE: These funding targets (tracked at the source listed above) are set for donor countries and differ from those in the ACT-A Strategic Plan, which include expected contributions from development banks and self-funding middle-income countries.

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COVID-19 Global Status <u>Confirmed cases</u> 517,537,672 <u>Confirmed deaths</u> 6,252,044

Confirmed deaths6,252,044Vaccine doses administered11,367,180,549

Source: <u>Johns Hopkins COVID-19 Dashbo</u>ard, updated May 9, 2022



In February, the ACT-Accelerator Facilitation Council's Finance and Resource Mobilization Working Group, chaired by Norway, set out a <u>"fair share" framework</u> to set contribution benchmarks by country. The calculation of the fair share benchmarks is based on the size of national economies and likely gains from a faster recovery of the global economy and trade. No country has yet come close to their fair share ask for the 2021-2022 budget year.





Figure 2.2 ACT-A "fair share" ask versus contribution by country (2021-2022): European Union countries



Source: <u>WHO</u>, updated April 22, 2022

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While ACT-A provides a coordination and facilitation mechanism, each organization still fundraises separately. Recent fundraising and replenishment events directly and indirectly related to global COVID response have also fallen short of funding targets. The table below shows results from recent fund-raising events as well as pending fund-raising targets in the near future.

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CEPI	The UK hosted the <u>Global Pandemic Preparedness Summit</u> in March 2022 to raise funds for CEPI's 100 Days Mission, which resulted in a total of \$1.5 billion toward a total ask of \$3.5 billion (more on these contributions in Section V: Pandemic Preparedness and Health System Resilience, below).
Gavi	In April 2022, Germany, Indonesia, Senegal, and Ghana co-hosted the <u>Break COVID</u> <u>Now Summit</u> to raise funds for Gavi COVAX Advance Market Commitment (AMC). Of the <u>\$5.2 billion ask</u> to support purchase and delivery of vaccines and in-country capacity support for vaccinations, up to \$4.8 billion has <u>so far been committed</u> , of which \$1.7 billion is from donor countries. Up to \$2.1 billion is committed by financing facilities, which will "front-load" financing, and another \$1 billion will be provided by multilateral development banks.

2. Vaccines and Vaccinations

Vaccination Targets: Prioritize Sub-Populations

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Support is needed to improve in-country storage, transport, and delivery of vaccines. However, funding for this effort has slowed over the past year and the ACT-A vaccinations pillar



Source: <u>WHO</u>, updated April 22, 2022

has only a fraction of the funding requested, seven months into their fiscal year.

Global entities such as the WHO set ambitious targets for vaccinating the world. Unfortunately, the world missed the global 10% coverage target (September 2021) and the 40% target (December 2021) and it is widely acknowledged that around 100 countries will miss the 70% target (June 2022).

Many countries have set their own national targets for population coverage, which range from 20% to 95% with varying timescales, but few have met the targets yet (Figure 3). Despite falling short of the targets, progress is being made and vaccinations are steadily increasing in many of these countries (see Figure 5 for vaccine rates in the 34 COVAX priority countries; data on all countries is available on the COVID GAP website).



Figure 3. Country-set vaccination coverage targets versus current coverage (for COVAX Advance Market Commitment countries only)



Source: <u>WHO CRD</u>, data updated May 5, 2022 Note: Gold bars denote country-set coverage targets. Some countries are shown at >100% because of the administration of booster doses.

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In the face of Omicron and its sub-variants, COVID-19 vaccines have successfully reduced hospitalization and death, even while infection rates remain high among vaccinated populations. Given this context, as we note in The Path Forward report, prioritization for full vaccination and boosters should be given to the highest-risk populations, including people over the age of 60, people with comorbidities and suppressed immune systems, and health care workers.

We are able to track vaccination coverage for ages 60+ and for health care workers in many COVAX Advance Market Commitment (AMC) countries (see Figure 4 below) but have not yet found public data on coverage among populations with comorbidities or suppressed immune systems. Such information will be important to track over time to follow progress toward high-priority goals.



Figure 4. Vaccination coverage by sub-population (60+ and health care workers) for COVAX concerted support countries Legend

Source: <u>WHO CRD</u>, data updated May 5, 2022





Challenges to Reaching Coverage Goals

Vaccine supply on a global level has greatly improved over the past year and is no longer the critical limiting factor in 2022. However, supply remains an issue at the local level, particularly for low- and lower-middle income countries in Africa, Eastern Mediterranean, and South-East Asia regions (see interactive visuals on the COVID GAP website to filter country vaccination data by region and income).

For many countries, the primary challenge has shifted from lack of supply to capacity to utilize available supply before product expiration. Daily vaccination rates in many countries remain low. According to Our World In Data, only 12.5% of people living in low-income countries have received a full course of COVID-19 vaccination, compared with 75% in high-income countries (as of May 9, 2022). Low- and lower-middle-income countries report significant challenges to vaccination, including lack of sufficient cold storage and transport, shortage of health care workers, vaccine misinformation, and competing health priorities.

Figure 5. Average daily vaccination rate, product utilization, and supply challenges for COVAX concerted support countries

	Change in % Pop Fully Vaccinated (Past 28 Days)	Daily Vaccination Rates (28 Day Avg)	Product Utilization Rate	Potential Supply Needed
Afghanistan	0.01	0.01%	\$56.16%	
Burkina Faso	0.02	0.05%	\$50.05%	
Burundi	0.00	0.00%	11.55%	
Cameroon	0.01	0.00%	@83.61%	*
CAR	0.02	0.05%	\$51.09%	
Chad	0.08	0.16%	62.45%	
Côte d'Ivoire	0.03	0.06%	•75.73%	
Djibouti	0.01	0.03%	19.99%	
DRCongo	0.01	0.02%	23.53%	
Ethiopia	0.00	0.01%	073.22%	
Gabon	0.00	0.00%	41.09%	
Gambia	0.00	0.00%	\$54.41%	
Ghana	0.02	0.07%	\$51.35%	
Guinea	0.00	0.00%	100.00%	*
Guinea-Bissau	0.00	0.00%	\$51.90%	
Haiti	0.00	0.00%	44.37%	
Kenya	0.02	0.05%	65.13%	
Madagascar	0.00	0.00%	\$58.74%	
Malawi	0.00	0.00%	\$52.29%	
Mali	0.00	0.01%	\$54.18%	
Niger	0.00	0.00%	\$54.58%	
Nigeria	0.03	0.05%	\$9.82%	
Papua New Guinea	0.00	0.00%	044.26%	
Senegal	0.00	0.00%	\$2.55%	
Sierra Leone	0.02	0.06%	079.16%	
Solomon Islands	0.03	0.18%	69.28%	
Somalia	0.01	0.01%	\$51.78%	
South Sudan	0.01	0.02%	43.14%	
Sudan	0.02	0.07%	\$76.42%	
Syria	0.01	0.03%	\$37.49%	
Tanzania	0.01	0.01%	•78.71%	
Uganda	0.05	0.17%	\$55.95%	
Yemen	0.00	0.00%	41.66%	
Zambia	0.01	0.04%	\$50.46%	

Source: <u>WHO CRD</u>, data updated May 5, 2022







Support is needed to improve in-country storage, transport, and delivery of vaccines. However, funding for this effort has slowed over the past year and the ACT-A vaccinations pillar has only a fraction of the funding requested, seven months into their fiscal year.

Vaccine Donations

Vaccine donations were a significant aspect of the supply landscape in 2021 but unfortunately deliveries were concentrated at the end of the year, overwhelming recipient countries. In addition, many of the doses donated bilaterally and through COVAX were delivered too close to their expiration dates for recipient countries refused more than 100 million donated doses, primarily because of the short timeframe before expiry and also in some cases because storage facilities were full.



Figure 7. Pledged versus shipped vaccine donations, by top ten donor countries

Number of Doses

Source: Duke Global Health Innovation Center, updated May 5, 2022







Many countries, including the United States, the United Kingdom, Canada, and Australia, still have a long way to go to fulfill their donation pledges in 2022 but this needs to be done in concert with recipient countries and multilateral organizations like the African Union's African Vaccines Acquisition Trust (AVAT), so that deliveries can be planned, anticipated, and matched to capacity.

3. Test & Treat

Test-and-treat strategies will be essential for the roll out of oral therapeutics to treat COVID-19. This will depend on global access to reliable diagnostics, particularly rapid tests. However, availability of diagnostics remains very low in low- and middle-income countries. Nearly all lowand lower-middle-income countries remain far below the ACT-A target of 1 test per 1,000 people per day.



Figure 8.1. Average number of daily tests per 1,000 people from January 1 to March 26, 2022

Source: <u>FIND</u>, updated May 9, 2022

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Note: Data shown by country, WHO region, and income category. The ACT-A target of 1 test per 1,000 people per day is shown with dotted line. Average number of daily tests includes antigen and PCR tests.

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Figure 8.2. Average number of daily tests per 1,000 people by quarter Data shown by country income category from Q1 2020 through Q3 2022.



Source: <u>FIND</u>, updated May 9, 2022

Note: Data shown by country income category from January 2020 through May 2022. Average number of daily tests includes antigen and PCR tests.

The average daily testing rate rose steeply for high-income countries in 2021, rising above the 1 per 1,000 target in July and peaking at more than 11 per 1,000 in January 2022. Testing rates for middle-income countries remained far lower, seldom reaching the 1 per 1,000 target. For low-income countries, the line from 2020 to present is essentially flat, with testing rates that have rarely risen to even 0.1 in 1,000.

This area of pandemic response has received far less global attention than vaccines. The ACT-A budget for diagnostics is as yet completely unfunded while the therapeutics pillar (which includes oxygen as a treatment) has raised only 4% of the target.





The supply of oral therapeutics for the treatment of COVID-19 is expected to be limited in 2022. Despite broad licensing to generic manufacturers through the Medicines Patent Pool, generic production is unlikely to make a meaningful contribution to supply this year and manufacturing capacity will be largely limited to that of the originator companies, Merck and Pfizer. Merck expects to produce 30 million courses by the end of 2022 and Pfizer expects to produce 120 million courses.

Purchases for both drugs began even before the first regulatory authorizations were received. Pfizer's drug Paxlovid (nirmatrelvir/ritonavir) demonstrated strong efficacy data in Phase 3 clinical trials and therefore has been in greater demand. Almost the entire available supply of Paxlovid for the first half of the year has been purchased but there is still significant supply available later in 2022.



Figure 10. Oral therapeutic manufacturing projections for 2022 and confirmed purchases

Source: COVID GAP analysis, updated May 5, 2022

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Similar to what we saw with vaccines, the majority of the purchases for oral therapeutics to date have been placed by high-income countries, with no purchases by low-income countries.

Global Fund has <u>announced</u> that Pfizer will supply 10 million courses of Paxlovid to ACT-A for use in low- and middle-income countries but no specific purchases have yet been confirmed. UNICEF has similarly <u>announced</u> a supply agreement with Pfizer for 4 million courses of Paxlovid, dependent on "country demand, clinical recommendations, and necessary approvals." Pricing information is not publicly available. Merck has also allocated 3 million courses of molnupiravir to UNICEF throughout the first half of 2022 "for distribution in more than 100 low- and middle-income countries following regulatory authorizations."



Figure 11. Oral therapeutics purchases by country income category

Source: COVID GAP analysis, updated May 5, 2022





Both Merck and Pfizer have licensed their oral therapeutics to 35 manufacturers each. All licenses from Pfizer are through the Medicines Patent Pool, while Merck has issued eight direct voluntary licenses to generic manufacturers in India in addition to 27 sublicenses via the MPP.



Figure 12. Licensed generic manufacturers for COVID-19 oral therapeutics

Source: COVID GAP analysis, updated March 25, 2022

Figure 13. Number of licensed manufacturers by country and drug



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Source: COVID GAP analysis, updated March 25, 2022

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The licenses through the MPP cover only a subset of countries for distribution. Merck's deal covers 105 low- and middle-income countries and Pfizer's deal covers 95 low- and middle-income countries. Both licensing deals left out some notable upper-middle income countries, shown in yellow in the map below.

Figure 14. Country inclusion in the MPP sublicenses for distribution



Source: Medicines Patent Pool

In the absence of significant purchases, generic manufacturers are unlikely to ramp up production. This uncertain demand may in part be linked to the lack of test-and-treat capacity globally. Without an effective way to distribute the treatment, countries are unlikely to spend limited resources on oral therapeutics. Existing test-and-treat strategies built by the Global Fund, PEPFAR, and the US President's Malaria Initiative (PMI) to address malaria, HIV/AIDS and other infectious diseases provide instructive examples and could be leveraged to increase access to COVID treatments. For more analysis and recommendations on how to improve access to oral therapeutics for COVID, see our recent report <u>Pills to People</u>.





4. OXYGEN

Oxygen, currently the most frequently used treatment for COVID-19, is included in the ACT-A therapeutics pillar. ACT-A 2022 targets for oxygen include the supply of essential medical oxygen to 6 to 8 million severe and critical patients by September 2022. However, reports of oxygen shortages continue.

PATH provides estimates of COVID-19 oxygen needs for LMICs (which can be viewed by country and income group) based on the number of confirmed COVID cases and assumptions about how many of those cases will require oxygen. The tracker does not include data on available supply or shortages within LMICs.

As the February 2022 African Union Statement on Access to Medical Oxygen notes, supply of oxygen cylinders and ventilators is not the only issue. Barriers to oxygen access in many LMICs include lack of spare parts to repair equipment, insufficient piping and storage infrastructure, and a lack of financing to implement national oxygen plans.

Recent funding updates:

- Of the \$3.5 billion requested by ACT-A for the therapeutics pillar (which includes \$2.5 billion expected to come from donor countries, as tracked in this report), \$1.4 billion is requested to support oxygen supplies in 2022.
- Unitaid, which chairs the ACT-A Oxygen Emergency Taskforce, recently announced a \$56 million contribution to increase access to medical oxygen but the pillar has been largely unfunded by donor countries.
- The US Government committed \$75 million in December 2021 to USAID's Rapid Response Surge Support effort, which included oxygen production and delivery.

Overall, there is very little public data available on real-time oxygen needs (including actual supply, demand, and shortages). This remains an important gap in the data.

5. PANDEMIC PREPAREDNESS AND HEALTH SYSTEM RESILIENCE

As we note in the Path Forward report, pandemic response over the past two years has forced countries to redistribute resources away from other pressing health needs. Health systems around the world need increased support to improve primary care provision and resilience, which will help to address the backlog of urgent non-COVID needs and better prepare for additional COVID outbreaks as well as future epidemics. Specific capabilities such as surveillance and robust supply chains will enable improvements in future pandemic preparedness as well as other health system needs.







However, there has been little concrete action toward building health system resilience globally. The ACT-A pillar focused on strengthening health systems, including national preparedness and response plans, is seriously underfunded.

Figure 15. Proportion of \$3.65 billion ACT-A health systems and response budget that is currently funded

Some steps are being taken to prepare the world for the next pandemic. The G20 has proposed a financial intermediary fund (FIF) to strengthen pandemic preparedness. So far there has been little global movement on this, but President Biden included \$4.5 billion in his proposed 2023 budget to seed a FIF

3.2% \$117,000,000 Source: <u>WHO</u>, updated April 22, 2022

at the World Bank that will focus on building global, regional, and local capacity to respond to global health threats. This includes \$500 million over five years for CEPI to support rapid vaccine development. It is unclear if this will be included in the final US FY23 budget or if other high-income countries will follow suit. The upcoming Global Summit will be an opportunity for more countries to contribute to the FIF. Further details about the FIF, including size, purpose, and governance, are expected to result from the G20 health ministers meeting in June.

CEPI has launched the 100 Days Mission, an effort to ensure that safe, effective, and affordable vaccines can be developed and deployed within 100 days of the discovery of a new pathogen threat. This strategy includes global surveillance systems, point-of-care testing capacity worldwide, and expanded global manufacturing capacity at the ready to ensure that new vaccines can be equitably distributed.

However, fundraising for this effort is off to a slow start, with about \$1.5 billion raised, less than half of the \$3.5 billion target.



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Figure 16. Funding commitments made to CEPI's 100 Days Mission

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Continued investments in LMIC-based manufacturing are encouraging, though many challenges remain. As detailed in our recent blog post, developments with expected longer-term benefit include:

- As part of WHO's technology transfer hub, Afrigen Biologics in South Africa developed its own version of Moderna's mRNA vaccine, using the publicly available sequence. Afrigen plans to share this with other LMIC manufacturers but production at scale is not likely before the end of 2023.
- The Partnership for African Vaccine Manufacturing released a framework, detailing a plan to build sustainable vaccine development and manufacturing capacity across Africa to prioritize 22 diseases. This effort is expected to cost \$30 billion over 20 years.
- Moderna and BioNTech have committed to establishing manufacturing capacity in Africa. Moderna will develop an mRNA facility in Kenya with assistance from the US government. This facility is expected to produce drug substance for up to 500 million doses of vaccine each year for use across Africa. BioNTech plans to launch modular factories called "Biontainers" to manufacture mRNA vaccines in Rwanda, Senegal, and possibly South Africa.

These and future investments in LMIC manufacturing will need to also focus on developing the supportive ecosystem that can support sustainable capacity. This includes ensuring demand, a trained workforce, robust regulatory pathways, and financial models that address the challenge of keeping extra capacity at the ready for future health crises.

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