COVIDGAP
Led by Duke University and COVID Collaborative

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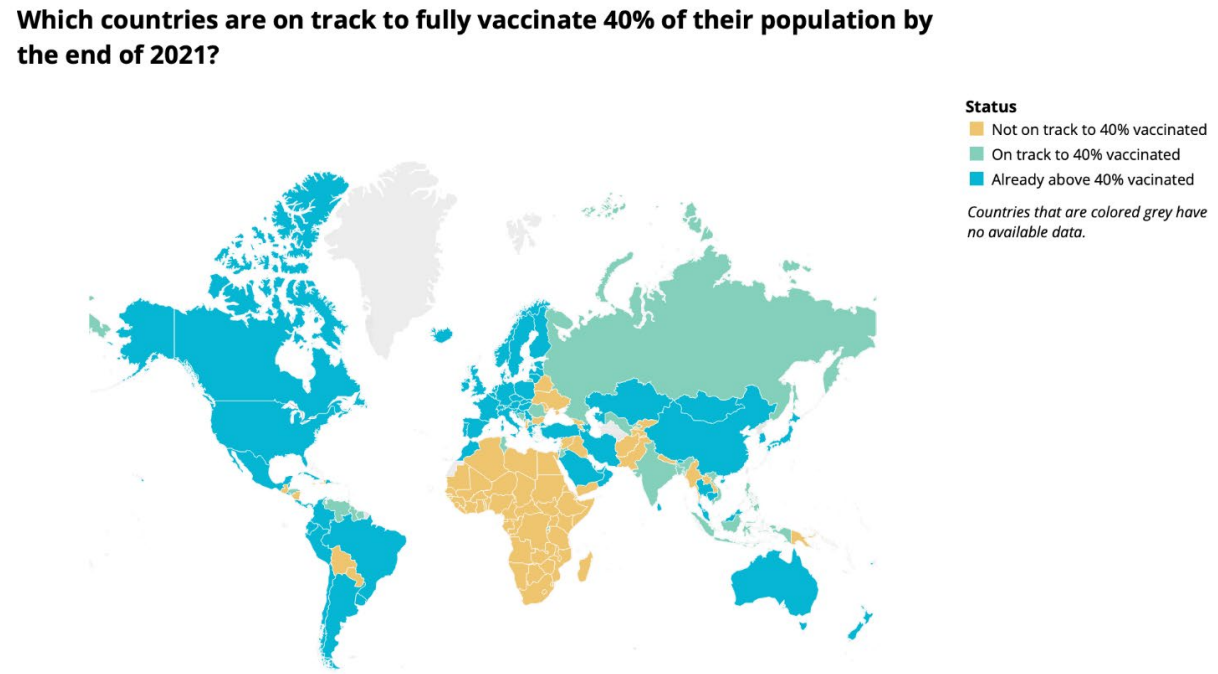
Contact: Patricia Green
Patricia.s.green@duke.edu
+1.301.520.6482

# COVID GAP Analysis Shows Most Low-Income Countries Not on Track to Reach Critical 40 Percent Vaccination Target by End of 2021

*Recommends Action Steps for G7 and European Countries to Meet Urgent Challenge*

**Washington, DC**—The COVID Global Accountability Platform (COVID GAP) issued new analysis indicating that nearly all low-income countries, including most African countries, are at high risk of not reaching the globally set 40 percent vaccination target by the end of 2021. Factoring in expected COVAX deliveries, 650 million additional doses are required for at-risk countries to reach the target. COVID GAP estimates that the Group of Seven (G7) and European Union (EU) countries will have a combined excess of about 834 million authorized high-quality vaccines by year-end, a surplus that can fill the immediate global vaccine gap.




COVID GAP, a joint initiative of Duke University and COVID Collaborative, is an external, independent hub for tracking and catalyzing effective actions to meet and increase commitments and hold the world accountable for achieving critical global COVID-19 response goals. COVID GAP is led by an executive

committee composed of Gary Edson, president of COVID Collaborative; Mark McClellan, director of the Duke-Margolis Center for Health Policy; Michael Merson, professor of global health and founding director of the Duke Global Health Institute; and Krishna Udayakumar, director of the Duke Global Health Innovation Center.

"World leaders have met many times now and have offered lofty rhetoric about global equity while providing fragmented commitments to actions that will end the pandemic," said **Gary Edson, president of COVID Collaborative**. "These efforts have not fundamentally changed the trajectory of the pandemic– they continue to be too little, too late, across the board. We continue to lack the global leadership and political will to take the actions necessary to address urgent needs."

In its initial analysis, led by Duke researchers Andrea Taylor and Beth Boyer, COVID GAP curated multiple data sources to provide evidence and insights to guide actions on global vaccine supply, distribution, delivery and demand. The report recommends steps that G7 and EU countries, as well as other global actors, can take immediately to meet the urgent challenge of reaching the 40 percent vaccination target in every country by the end of 2021. It also identifies opportunities to improve global access to therapeutics, diagnostics, and oxygen and actions to strengthen pandemic preparedness and health systems.

"Hitting the 40 percent vaccination rate in every country is a critical milestone on the journey to ending the pandemic everywhere," said **Krishna Udayakumar, director of the Duke Global Health Innovation Center**. "Urgent redistribution of G7 and EU excess vaccine supply can correct the inequitable distribution of doses, if pledged donations are accelerated and delivered with urgency to the African Vaccine Acquisition Trust, COVAX, and countries with unfulfilled contracts."

COVID GAP recommendations to accelerate global vaccination include:

- Improve transparency on vaccine production, supply, and allocation to drive stronger accountability and more effective vaccination planning and implementation
- Allocate rapidly increasing supply of vaccines more equitably and urgently
- Strengthen country-level capabilities and capacity to ensure effective, efficient vaccination

Sending doses to fill supply gaps, however, is not sufficient. COVID GAP urges greater advance notice to countries, particularly on expected delivery schedules and dose expiration dates, to plan for distribution and vaccination.

"To ensure that vaccines get from airports to arms, priority must be given to strengthening countries' last mile distribution and delivery capabilities." said **Michael Merson, Duke University professor of global health and founding director of the Duke Global Health Institute**. "Other lifesaving interventions—including oxygen, therapeutics, and diagnostics—are needed urgently to secure increased commitments and actions for these critical components of the pandemic response."

COVID GAP recommendations to improve access to other lifesaving interventions include:

- Establish clear, measurable, time-bound targets to meet need for therapeutics, diagnostics, oxygen, and other critical interventions in low- and middle income countries (LMICs) based on improved evidence
- Ensure effective and equitable approach to access to emerging oral therapeutics

- Strengthen data and evidence, and learn from best practices at national and sub-national levels

"Multiple oral therapies for early treatment of COVID-19 disease are expected to be available in the near future and would make it easier to prevent severe disease and death," said **Mark McClellan, director of the Duke-Margolis Center for Health Policy**. "As we continue to work to make vaccines available, we can avoid inequities in these life-saving treatments. Rapid, large-scale manufacturing and broad distribution of these small-molecule drugs is feasible, if production agreements and barriers to timely access are resolved soon."

COVID GAP recommendations to strengthen future pandemic preparedness include:

- Grow substantially LMIC-based manufacturing capacity as a critical component of longer-term pandemic response and future preparedness
- Establish stronger governance and financing structures for global health security

COVID GAP provides additional analysis and interactive data visualizations (updated weekly) at covid19gap.org. The platform will continue to expand over time to incorporate additional analyses and partnerships, as well as global convenings to catalyze actions.

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The **COVID Collaborative** is a national, bipartisan assembly of experts, leaders and institutions in health, education, and the economy united to turn the tide on the pandemic. COVID Collaborative includes expertise from across Republican and Democratic administrations at the federal, state and local levels, including former FDA commissioners, CDC directors, and U.S. surgeon generals; former U.S. secretaries of Education, Homeland Security, Defense, and Health and Human Services; leading public health experts and institutions that span the country; leading business groups and CEOs; groups representing historically underserved populations; major global philanthropies; and associations representing those on the frontlines of public health and education.

The **Duke Global Health Innovation Center** supports the scaling of health care delivery and policy innovations through applied research and education to improve health worldwide. Duke GHIC links global health, health policy, and health innovation efforts across Duke University, and partners with Innovations in Healthcare, a Duke-hosted non-profit that aims to increase access to quality, affordable health care worldwide by scaling leading innovations.

Formed in 2006 as part of Duke University's commitment to spark innovation in global health research and education, the **Duke Global Health Institute** brings together knowledge and resources from across the university to address the most important global health issues of our time.

The mission of the **Duke-Margolis Center for Health Policy** at Duke University is to improve health, health equity, and the value of health care through practical, innovative, and evidence-based policy solutions. For more information, visit **healthpolicy.duke.edu** and follow us on Twitter **@DukeMargolis**.