Working for a future of Equitable Access to Medicines and Vaccines – a Workforce Perspective

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Director Health Workforce, WHO

Equitable and appropriate access to quality medicines and vaccines in the Commonwealth
Commonwealth Civil Society Policy Forum | Tuesday 18 May 2021
WHAT IS THE ROLE OF COVAX IN FACILITATING AND IMPLEMENTING VACCINES EQUITY?
### The ACT-Accelerator, an integrated solution

The Access to COVID-19 Tools Accelerator (ACT-A) is a partnership structure to drive global collaboration to end the COVID-19 pandemic.

ACT-A’s goal is to **reduce COVID mortality and severe disease**, protecting health systems & restoring societies & economies, through accelerated development, equitable allocation & scaled up delivery of:

- **Vaccines:** Ambition of **2.2 billion** doses by the end of 2021 of which **1.7 billion** doses should go to AMCs (forecast from April 7)

- **Therapeutics:** 245 million courses by mid-2021

- **Diagnostics:** 500 million tests by mid-2021

- **Health Systems Connector:** identify and address health systems bottlenecks for readiness, scale-up and delivery.

- **Access and Allocation:** principles, framework and mechanisms for fair and equitable allocation
One world, protected: together we are stronger than we are apart

**Normative guidance** on policies, safety, regulation, and allocation, **country readiness and delivery**

**Pooling vaccine procurement** and incentivizing manufacturing, and supporting country delivery commodities

**Supporting vaccine R&D and manufacturing scale-up**

**Coordinating procurement** and distribution across participants, **country readiness and delivery**

**Supporting procurement** and distribution in the Americas

**Multilateral Development Banks**

**Offering critical financing support** including directly to participants
COVAX: fair and equitable access to COVID-19 vaccines

Accelerate ending the COVID-19 pandemic by enabling fair and equitable access to vaccines to improve individual & public health as well as minimize societal & economic impact

Global fair allocation framework for equitable access

Largest global portfolio of Vx candidates

COVAX Facility
Global risk sharing and procurement mechanism

https://www.who.int/publications/m/item/allocation-logic-and-algorithm-to-support-allocation-of-vaccines-secured-through-the-covax-facility
COVAX Allocation Mechanism: 2 Phases

Phase 1: Proportional allocation up to 20% of population

Countries receive doses proportionally to their total population given the ubiquity of the threat

- Countries progressively receive doses until all countries reach 20% of their population (or less if they so requested).
- The pace at which countries receive vaccines depends on country readiness and the availability of doses.
- Phase 2 may start ahead of this if available doses are unable to be allocated due to lack of readiness, funding or territory issues.

We will likely be in Phase 1 for most of 2021

Phase 2: Weighted allocation beyond 20% (if supply severely constrained)

Timing may be based on consideration of vulnerability and COVID-19 threat:

- In the case of a severely restricted supply, the timing of country shipments would be based on a risk assessment based on Threat and Vulnerability.
- Countries with a higher risk would receive the doses they need faster than others, although all countries will receive some doses in each allocation round.
- Threats and Vulnerabilities will be based on metrics defined closer to the end of phase 1, potentially related to the country’s vulnerability to severe disease and its healthcare system.
- All countries will receive the total doses they have requested as rapidly as possible in phase 2.
COVAX: mobilizing resources and enabling access

$6.3 Billion
Total resources mobilized for COVAX AMC in 2020 and 2021

7 Vaccine Candidates
Have signed COVAX agreements

2.3 Billion Doses
Secured through signed agreements or in negotiation for delivery in 2021

>67 Million Doses
So far shipped

https://www.gavi.org/covax-vaccine-roll-out
VACCINE EQUITY – A WORKFORCE PERSPECTIVE
Impact of COVID-19 on Health and Care Workers

68% of service disruptions due to staff redeployment / inavailability
26% due to insufficient PPE (1)

84 recorded labour strikes
38% due to lack of decent working conditions (2)

4M+ health and care worker infections (3)

Among health workers
23% prevalence of depression & anxiety
39% prevalence of insomnia (4)

Increased risk of stigma & bullying (5)
Violence & attacks reported

Need: holistic approach to monitor the impact of COVID-19 on health and care workers

Further reading in WEU 30th March 2021:
https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---31-march-2021
2021: International Year of Health and Care Workers

Protect. Invest. Together

• Ensure the world’s health and care workers are prioritised for the COVID-19 vaccines in the first 100 days of 2021
• Recognize and commemorate all health and care workers who have lost their lives during the pandemic.
• Mobilize commitments from Member States, International Financing Institutions, bilateral and philanthropic partners to protect and invest in health and care workers to accelerate the attainment of the SDGs and COVID-19 recovery
• Engage Member States and all relevant stakeholders in dialogue on a care compact to protect health and care workers’ rights, decent work and practice environments.
• Bring together communities, influencers, political and social support in solidarity, advocacy and care for health and care workers.
Challenges

Our choices count
• Vaccinate health and care workers
• Ensure decent work
• Protect health and care workers
• Allow students to complete their education
• Provide continuing education
• Include women, ethnic minorities

Pre-COVID-19 workforce shortages

COVID-19 response (2021->)
- Vaccination
- Redeployment
- Protests/strikes
- Infections
- Deaths
- Service departures

- reduced access to services (short- to medium-term)
- reduced access to services (long term)
Estimating Labour Requirements for COVID-19 Vaccination Services

• **Population:**
  - population size (2020)
  - share of the population covered by waves 1 and 2 (3% and 17%)

• **Vaccination:**
  - number of doses required per person
  - time to administrate the vaccine
  - overall duration of roll-out waves 1 and 2 (3% + 17% as per COVAX) in months

• **Workforce:**
  - current health workforce stock
  - production capacity factor
  - standard workload parameters (working hours per week, months,…)
  - Efficiency
  - composition of the vaccination workforce: vaccinators, support staff, supervisors, IPC experts, demand generators (e.g. CHWs)
  - UHC Service Coverage Index value
  - A redeployment factor
# Workforce requirements for COVAX implementation (1)

Workers to vaccinate 20% in 2021 = 1.1M full-time equivalent

<table>
<thead>
<tr>
<th>Worker requirements (FTE)</th>
<th>Scenario (low)</th>
<th>Scenario Medium variant</th>
<th>Scenario (high)</th>
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<tbody>
<tr>
<td><strong>Needs</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Vaccinators and Supervisors</td>
<td>252,000</td>
<td>476,000</td>
<td>728,000</td>
</tr>
<tr>
<td>Other (support and CHW)</td>
<td>343,000</td>
<td>649,000</td>
<td>992,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>1,100,000</strong></td>
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<table>
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<tr>
<th>Additional HWF required</th>
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<tbody>
<tr>
<td>Vaccinators and supervisors</td>
<td>84,000</td>
<td><strong>191,000</strong></td>
<td>336,000</td>
</tr>
<tr>
<td>Other (support and CHW)</td>
<td>114,000</td>
<td><strong>260,000</strong></td>
<td>459,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>451,000</strong></td>
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<tr>
<th>Distribution of the additional HWF by income groups</th>
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<tbody>
<tr>
<td>Lower income countries</td>
<td>92%</td>
<td>83%</td>
<td>71%</td>
</tr>
<tr>
<td>Middle income countries</td>
<td>8%</td>
<td>17%</td>
<td>29%</td>
</tr>
<tr>
<td>Higher income countries</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Vaccination needs v UHC coverage index (2)**

- **Low income countries**: 41% target population, 17% HWF, service coverage index 49%
- **Upper and lower middle income countries**: 45% target population, 46% HWF, service coverage index 69%
- **High income countries**: 14% target population, 38% HWF, service coverage index 81%

3.3B USD required for:
- Salaries for additional HWF (1 year)
- Education and learning

*For vaccination alone*
2021: COVAX allocation: 1.09b doses for 90 countries

Dose allocation defined based on population size and age distribution to ensure that all individuals of each age group (65+, 50-64, <50) have the same probability of receiving a dose irrespective of age and country of origin.

10 countries to receive 65% of doses

WHO region Total staff need Use of existing staff for vaccination Additional staff required

<table>
<thead>
<tr>
<th>Region</th>
<th>Total Staff Need</th>
<th>Use of Existing Staff for Vaccination</th>
<th>Additional Staff Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFR</td>
<td>110,181</td>
<td>13,871</td>
<td>96,310</td>
</tr>
<tr>
<td>AMR</td>
<td>4,971</td>
<td>1,468</td>
<td>3,503</td>
</tr>
<tr>
<td>EMR</td>
<td>54,662</td>
<td>7,808</td>
<td>46,854</td>
</tr>
<tr>
<td>EUR</td>
<td>10,111</td>
<td>10,111</td>
<td>-</td>
</tr>
<tr>
<td>SEAR</td>
<td>133,426</td>
<td>72,216</td>
<td>61,210</td>
</tr>
<tr>
<td>WPR</td>
<td>25,700</td>
<td>15,489</td>
<td>10,211</td>
</tr>
<tr>
<td>Global</td>
<td>339,051</td>
<td>120,963</td>
<td>218,088</td>
</tr>
</tbody>
</table>

=> 14% coverage on average
EQUITABLE ACCESS TO VACCINES?
## Challenges in Introducing COVID-19 Vaccines: 6-Region Feedback

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<tbody>
<tr>
<td>1</td>
<td><strong>Multiple vaccines in country</strong></td>
<td>• Reports of <strong>dose mixing</strong></td>
</tr>
<tr>
<td>2</td>
<td><strong>Wastage &amp; short shelf lives</strong></td>
<td>• <strong>Difficulties in managing short shelf life</strong></td>
</tr>
</tbody>
</table>
| 3 | **Costing & financing** | • **Substantial** delivery & surge health workforce cost  
• **Reports of diversion of funds** from other programmes to cover operational costs |
| 4 | **Vaccine hesitancy** | • **HIC suspension of vaccines has big impact on hesitancy** in LICs/LMICs |
| 5 | **Safety monitoring** | • **Delays in reporting adverse events** in some countries |
| 6 | **Target population** | • **Reports of diversion of doses** because co-morbidities cannot be verified or to prevent wastage |
| 7 | **Knowledge management** | • **Emerging data** on efficacy, effectiveness and safety of different products against **variants of concern** |
| 8 | **Monitoring tools** | • Support the use of intra-action review (IAR) tools to **systematically document lessons learned** |
| 9 | **RI and other programmes** | • Concern from AFRO and partners on a **potential decline in routine immunization coverage** (even though this was not observed in 2020)  
• Other programmes may also suffer if funding is diverted |
Vaccine Equity – making Progress

Cumulative COVID-19 doses administered per 100 population (03 May)

- HIC
- UMIC
- LMIC
- LIC

Source: Our World in data, WHO, Government websites; Press research
CO1: Ensure the world’s health and care workers are prioritized for the COVID-19 vaccine in the first 100 days of 2021

Data provided via the WHO & UNICEF electronic Joint Reporting Form (eJRF) and AFRO Regional reporting mechanism

- 81 (out of 194) WHO member states reported partial uptake of health and care workers vaccination
- 1 member state shows complete uptake (100% of targeted HCWs fully-vaccinated)
- Circa 6 – 9 million (5%) of all health and care workers have been fully-vaccinated (reported data)

Early observations:
- 41% reporting to WHO on COVID-19 vaccination roll-out in month 1 of eJRF (= good progress)
- Differences in countries between ‘planned vaccines for health and care workers’ (Covid-19 national deployment and vaccination plans) vs. official totals of all health and care workers (ILO).
- Data disaggregation - ‘dose’ vs. headcount of partially/fully vaccinated.
- Data availability – missing data from many of the most populous countries
THANK YOU

Dr Jim Campbell
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