

Strategies to Improve Access to COVID-19 Vaccines



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Explaining the importance of the vaccine distribution, and of the COVAX facility which I will be referring to abundantly during the illustrative case, and I will be starting now.

We have been talking about Indonesia as a case on how our team are trying to do their best in ensuring access to COVID-19 vaccines in emerging economies.

So just a quick reminder of how Asia is feeling in terms of vaccine access, the COVID-19 incidence is still high in Asia. There's some plateauing and some decline in some countries, but it's still high. However, fortunately, there have not been too many deaths in Asian countries. There is successful containment in many countries and it is a delight to see a large gathering of people in person on the other side of the screen. I hope that all countries, including mine, are in that situation soon. We are looking forward to a time when we can all be together in the same room. But there is a lot of credit to be given to the countries that have been able to do successful containment and the presence of all the audience in person in China is an example.

Vaccinations have begun in several countries. There are supply constraints which affect Indonesia as well compared to the two large manufacturers and countries, China and India. Indonesia is still quite modest in terms of its numbers. And of course, the concerns as you can see and variance are quite high. However, Indonesia is doing better than many other countries, many other emerging economies and other lower income countries which may actually need multiple years to complete their vaccinations. And this is something we do need to be concerned about.

So just reading about the first presentation about the fairness of vaccine distribution, this slide illustrates that point that most of the vaccine purchases currently are

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among the high-income countries. We are looking at most of the world's available supply being not distributed very uniformly at this point. And this is how the emerging economies stand and this is how the lower-income stand. And in that context, the COVAX, which has planned to deliver 1.8 billion doses in 2021, is going to be a big contributor to the availability of vaccines across the entire developing world. Other challenges about the availability include the effects from any new strains to timeline for regulatory approvals as new vaccines emerge. The challenges the manufacturers are facing are in terms of availability of raw materials and consumables. There are several months of delay in ordering for these supplies, which manufacturers are very concerned about.

Human resources for scaling up manufacturing are also facing the impact of COVID-19 as the skillset is not that wide. And even if manufacturing capacity in the world is actually quite adequate, the intellectual property, quality and regulatory issues do challenge the coordinated use and availability of vaccines.

In Indonesia, this is a chart that shows the trend in the doses being administered every day starting in January when the president of the country received his vaccination as a demonstration of solidarity with the vaccine campaign. Several other political and social celebrities joined him. The vaccination phase kept improving and actually went further to almost half a million cases per day. But then given the reduced availability of the vaccines, now is back to about half of the peak. This is a concern but this is because of the limitations that have been recently experienced because of the availability of supply. The country hopes that by June or July, the situation will substantially improve and get back the pace needed.

In terms of the rollout plan, Indonesia is vaccinating in phases. The first phase is currently completed. All the health workers in all the provinces of the country were vaccinated between January and February. Since February, they started vaccinating other frontline public service workers and the elderly. And next, you will see the vulnerable population including those with comorbidities starting in June or so. And then later in the year, after these groups are complete, then the rest of the population. So in all, 181.5 million beneficiaries of the entire adult population of the country are being offered free access by the government COVID-19 vaccines. This is one of the largest such efforts for free vaccinations for an emerging economy, having given free access and the time line of one year for vaccinating everyone. It's certainly a very good objective that the country is trying to achieve.

The vaccines that have been deployed in Indonesia are currently Sinovac from China and AstraZeneca, which have come from COVAX. These are the two that have been approved by the national regulator and are currently used. In addition, there will be further supplies from COVAX. It will include multiple vaccines from the COVAX portfolio, which is not yet fully known. But also, additional supplies from AstraZeneca and also from Novavax produced by the Serum Institute of India. The government has also created a private sector employer program where the employers can distribute vaccines free for the employees. And they should use vaccines other than those being used by the national program. And this private sector program places orders for Sinopharm, Sputnik V, and CanSino. We can see a lot of the vaccines that Indonesia has tried to source were based on the earliest availability that could be

available in 2021, so as to not delay the program and to keep it in time for the country to achieve its target of vaccinating everyone by March of next year. And there are a lot of orders and supplies that are not necessarily from the most developed countries, but really coming from China and India in terms of the needs for the country.

I just wanted to draw some parallels and this is my last slide. I will try to keep more time for discussion. But India, as another emerging economy, does not have adequate vaccines for all its domestic needs, and this is compounded by the shortage of the raw materials which are needed from overseas suppliers. These limitations are also affecting global availability of the vaccines, which is affecting the COVAX facility and which is again affecting the AMC countries for COVAX as well. But there are some parallels over its access to vaccines. We can learn from what India has been able to do in terms of access to affordable vaccines. And if there is time, I think we should go deeper today or otherwise in a future setting to see what other lessons from Indian pharmaceutical industry that can be drawn from improving access to vaccines as well.