



The All-Party Parliamentary Group on
Coronavirus

Global Vaccine Access Report
September 2021



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Summary

The All-Party Parliamentary Group on Coronavirus (APPG) was set up in July 2020 to conduct a rapid inquiry into the UK Government's handling of the Covid-19 pandemic.

Its purpose is to ensure that lessons are learned from the UK Government's handling of the Coronavirus outbreak to date, and to issue recommendations to the UK Government so that its preparedness and response may be improved in the future.

The APPG is chaired by Layla Moran MP with Dr Dan Poulter MP, Clive Lewis MP, Caroline Lucas MP, Dr Philippa Whitford MP, Debbie Abrahams MP, Liz Saville-Roberts MP, Barbara Keeley MP, Catherine West MP, Baroness Masham of Ilton, Baroness Finlay, Baroness Brinton, Lord Loomba and Lord Russell serving as vice-chairs.

The scope of the APPG is to assess the impacts of the UK Government's Coronavirus response on the NHS and social care systems in England, as well as on the health outcomes of the population and distributional effects across the population to date.

The scope of the inquiry includes:

- Testing
- Contact Tracing
- Personal Protective Equipment
- Exercise Cygnus
- Impact on the social care sector
- Impact on the National Health Service
- Impact on groups with protected characteristics
- The interaction of Coronavirus and Influenza
- Non-pharmaceutical interventions
- Overall UK Government strategy
- Scientific and health advice
- Pharmaceutical Availability
- Local and national response coordination

Methodology:

For this report, the APPG used primary and secondary data as well as information collected from expert witnesses and stakeholder groups who provided written and oral evidence to the APPG.



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[The APPG on Coronavirus 28th oral hearing heard evidence on vaccinations](#) and the future of the Covid-19 pandemic. Specifically, the session heard evidence on vaccine internationalism, booster vaccines, and vaccinating children.

This report outlines the key findings and recommendations made by the APPG on Coronavirus. The UK is still experiencing a high number of daily Covid-19 cases, with an average of over 30,000 cases per day. The evidence heard by the APPG makes clear that, while the UK Government should complete the UK's domestic vaccination programme, including offering vaccines to teenagers, there is an urgent need for the UK government to ensure equitable access to Covid-19 vaccines across the world, both now and in the long term. The APPG recommends that the UK government must urgently show global leadership in the effort to vaccinate the world. Despite the life-saving vaccines in our toolbox, the fight against Covid-19, both in the UK and the rest of the world, cannot be won until vaccines can be accessed equitably in all lower and-middle-income countries.

The UK government must adopt a sustainable approach by which, in the short term, vaccines are donated from the UK to COVAX through a vaccine matching policy in which for each dose imported to the UK, one dose is donated to COVAX. In the longer term, the government must ensure that capacity for vaccine manufacture is accelerated both abroad, and in the UK. Additionally, it is essential that the UK government shows support to the WTO TRIPS waiver proposal and technology transfer, enabling vaccine manufacturing capability in low and-middle-income countries to progress.

To meet demands of expanding the vaccine rollout nationally, it is essential that the UK continues to invest in the research required to ensure that safe and effective vaccines are developed for all ages.

Overall, the evidence makes clear there is an urgent need to close the global vaccine divide. Failure to do risks not only the health, but the wealth and security of the both the UK and the world.

Parliamentarians in attendance:

Layla Moran MP (Chair)
Caroline Lucas MP
Barbara Keeley MP Professor
Baroness Finaly
Baroness Masham
Lord Strasburger

Evidence heard from:

Professor Sir Andrew Pollard (JCVI)
Dr Paul Hunter University of East Anglia
Devi Sridhar, University of Edinburgh
Dr Ruchi Sinha, Imperial Healthcare NHS Trust
Dr Gregg Gonsalves, Yale School of Public Health
Dr Ayoade Alakija, Africa Union Africa Vaccine Delivery Alliance

Recommendations

1. **The UK government must urgently show global leadership in the effort to vaccinate the world. The APPG on Coronavirus recommends that the UK government:**
 - 1.1 **Immediately adopt a policy of vaccine matching, in which for each dose of the vaccine imported to the UK, one dose is donated to COVAX for distribution to countries that urgently need access to vaccines**
 - 1.2 **The UK should immediately rapidly expand the UK's domestic vaccine production capability to meet the ongoing domestic vaccine demand and with the objective of becoming a net vaccine exporter**
 - 1.3 **The UK government should support the WTO TRIPS waiver proposal, accompanied by the associated transfer of technology, to boost vaccine manufacturing capability in low- and middle-income countries.**
2. **The UK government must prioritise ensuring vaccines are distributed to lower-and middle-income countries, through COVAX, before offering booster vaccines to healthy adults in the UK.**
3. **Domestically, and ahead of winter, the UK Government should prioritise making vaccines available to vulnerable children and children living in households with those who are clinically extremely vulnerable. The UK booster campaign should be limited to vulnerable and immuno-suppressed adults.**
4. **Due to the sustained high number of daily cases of Covid-19 in the UK and resulting hospital occupancy, the APPG on Coronavirus recommends that in addition to increasing NHS funding to cover the additional costs and elective care backlogs created by Covid-19, the UK government must produce a plan to permanently increase NHS and Care Sector capacity including the recruitment of doctors, nurses and medical staff. This will be necessary to ensure NHS and Care Sector capacity and staffing levels are increased to match the new and ongoing NHS and Care Sector staffing requirements caused by the ongoing high case and hospitalisation rate due to Covid-19 in the UK.**
5. **Due to the high probability of vaccine-evading variants of Covid-19 arising¹, the APPG on Coronavirus recommends that the UK government commits to adopting all recommendations outlined in the SAGE report 'Long term evolution of SARS-CoV-2'². In addition, the UK government must urgently produce contingency plans for each scenario outlined by SAGE and provide regular updates to Parliament on preparations made.**

Key Findings

- 1. Covid-19 will continue to pose a serious threat to the UK's public health, economy and security while much of the world remains unvaccinated.**
- 2. The UK government has shown leadership in its national rollout of Covid-19 vaccines, however, it has failed to show global leadership on global vaccine access.**
- 3. The UK government has thus far employed a charity model approach to vaccine donations. Its failure to support the WTO TRIPS waiver proposal, in conjunction with only surplus vaccine supplies being donated on an ad hoc basis, means life-saving vaccines are unable to be supplied where needed most.**
- 4. At present, there is limited evidence to suggest that a booster programme for healthy adults is required in the UK. Rather, there is a greater threat to the progress and success of the national vaccine rollout while much of the world remains unvaccinated, due to the risk of new variants being imported.**
- 5. With the current Delta variant, reaching herd immunity is 'not a possibility'. It is 'absolutely inevitable' that vaccine evading variants will emerge.**
- 6. There is a serious risk of repeating the medical divide witnessed during the HIV/AIDS crisis. As with lack of access to diagnostic and therapeutic tools during the HIV/AIDS crisis, failure to ensure equitable access to Covid-19 vaccines risks creating a new and equally damaging global medical divide.**
- 7. Most children presenting to emergency and critical care due to COVID-19 infection are the 'most vulnerable children'. Based on current evidence, such children should be given a Covid-19 vaccine.**

1. There is a serious threat to the UK’s public health, economy and security while much of the world remains unvaccinated.

In the UK, over 48 million people have received one dose of a Covid-19 vaccine (88.5% of UK adults) and almost 43 million are fully vaccinated (79% of UK adults). By the end of 2021, it is reported that 467 million vaccines are set to be delivered to the UK³, despite only 256.6 million jabs being required to meet the domestic UK demand of vaccinating all over-16s and accounting for a potential UK-wide vaccine booster programme.

In written evidence to the APPG, witness Dr Ayoade Alakija said *“Covid-19 is the place where public health, infectious diseases and humanitarian crises collide”*.

Dr Alakija states:

“As the world races against time in a bid to outrun Covid-19, it appears the race is staggered in favour of the wealthy—the wealthy nations and the wealthiest people from the world’s poorest countries. There is an economic imperative, a moral imperative and an ethical imperative that dictate we must vaccinate as many people all over the world as quickly as possible. The health imperative stands on its own: people are dying and infecting one another. This cannot be allowed to become a geopolitical issue. Global co-operation and solidarity are essential to health for all, and particularly now when it also becomes a matter of global health security. As Covid-19 is a global problem, the solutions must also be applied globally and in an equitable manner”.⁴

Further, in the oral evidence hearing, Dr Alakija stated *“while the UK, among others, ‘hoard’ vaccines, less than 2% of the vaccines needed in Africa have been delivered”*⁵.

The impact of lower-and-middle-income countries remaining largely unvaccinated will undoubtedly be felt in the UK. The interconnection between the health and economy of lower and lower and middle income countries, and that of the UK cannot be ignored. Not only is there a ‘moral imperative’ to vaccinate the world, there is also a reason to do so from an ‘enlightened self-interest perspective’.

1.1 *“Covid is a threat to our global peace and security and I don’t think we’re beginning to understand that yet. We are in a race between this virus, the variants and the vaccine. Unfortunately, right now in many parts of the World the variants are winning”*. (Dr Ayoade Alakija, Africa Union Africa Vaccine Delivery Alliance)

1.2 *“There is an important economic component to this in that we trade with countries all around the World, low-and-middle-income countries as well as rich countries, and if they’re shut down, their health systems are overwhelmed and we’re not allowing that trade to happen, or it can’t because of the economic impact, that affects us. So I think there’s plenty of good self-interest reasons but for me, the main one is the important moral imperative of thinking about people in other countries”*. (Professor Sir Andrew Pollard)

1.3 *“This is an economic crisis, it’s a political crisis, it’s a security crisis and a humanitarian crisis and we’re either going act now or we’re going tell our grandchildren that we didn’t do this when we could have and we had the resources to do so”.* (Dr Gregg Gonsalves, Yale School of Public Health)

1.4 *“Even from an enlightened self-interest perspective, you know if you don’t care what happens in those countries then we must care what happens when those variants hit our shores, because the borders are not closed and even if they were you know the UK cannot operate as an island, it is an island but in this localised world that we’re in, the UK or the US, nobody can operate as an island as we’ve seen so far with the Delta variant. I’ll leave it there for now”.* (Dr Ayoade Alakija, Africa Union Africa Vaccine Delivery Alliance)

2. Just as the UK government has shown leadership in its national roll-out of Covid-19 vaccines, it must urgently show global leadership and in the effort to vaccinate the world.

Though the UK’s effort to rollout the vaccine nationally has been viewed by other nations as a success, the UK government’s handling of the pandemic has been viewed with ‘horror’. It is imperative that the government takes this moment to fully realise its potential to lead a global, concerted effort to ensure vaccines reach all those who need them.

2.1 *“This moment is a moment for political leadership, we’re not really talking about a health question around what we should do with these doses, it’s about a political leadership, how will history look back on the politicians today who act and those who don’t act, and I think we’ll see we have the opportunity for humanitarian leadership, for moral leadership at this moment, that moment disappears with every day. With every 10,000 people who die today and tomorrow and the next day, that potential opportunity for leadership is being lost. And it isn’t just the UK, obviously this is a UK discussion, but it really is a G7, a G20 discussion how do we bring global leadership together and to make sure that we look out for our fellow man and woman elsewhere in the World”.* (Professor Sir Andrew Pollard)

2.2 Caroline Lucas MP: *“Could you offer any reflections on the UK vaccination programme, obviously it’s been hugely successful in its own terms but how is it looked at could you tell us maybe from the perspective of middle-or-low-income countries, what is their perspective?”*

“Absolutely admiration, I mean I can’t say enough about how wonderful I think people like Sir Andrew are and Dame Sarah and those behind the AstraZeneca and also the British Government and the incredible NHS for rolling it out... the UK rollout has been incredible. UK’s handling of Covid per se I would say not so much in that we all view with horror across the World...But now it is time to take global leadership in this year of chairing the G7, it is time to put on the big boy pants as it were and to lead and to realise that you know until, as we all say until we are all safe nobody is safe and the UK has a role to play in that.” (Dr Ayoade Alakija, Africa Union Africa Vaccine Delivery Alliance)

2.3 *“I think this group actually does have a really important role at the end of this two-hour session which is to try to ensure that there is some political action, that’s not our job as scientists, we need some political action now to try to stop the deaths that will happen between now and the end of the year. We’re expecting about a million more deaths by the end of the year by some of the projections. If that happens that will be an enormous moral failure, a failure of leadership politically and also one I think most of those in the world that I work in will actually feel as if it’s a huge failure to humanity”.* (Professor Sir Andrew Pollard)

2.4 *“The UK and the US have not provided leadership on global vaccine access, I mean we can’t get off this call without realising that things have not appreciably changed over the past three to four months in the global vaccine access. I talk to my colleagues in South Africa almost on a daily basis, and there are large swathes of the country richest on the continent that have no access to vaccines whatsoever, including in the healthcare sector, among the elderly and particularly in the townships and the urban areas like Cape Town and Johannesburg. We really need to exert national leadership, both in the UK parliament and the US congress, from your Prime Minister and from our President to say to the World that this is a priority”.* (Dr Gregg Gonsalves, Yale School of Public Health)

2.5 *“COVAX was not going to work in a vacuum it was going to support if supported by the G7. You know I think for instance the honourable Prime Minister of the UK missed a moment at the G7 summit in the UK, he missed, I mean it was such a huge miss because if that was, to my mind and I’ve said this publicly, his Churchillian moment as it were where he could have taken global leadership and helped push the vaccine donations towards COVAX to ensure that COVAX is able to get vaccines onto planes as has been said and to people as quickly as possible. So COVAX can only supply what they actually have in hand, the stock that they have”.* (Dr Ayoade Alakija, Africa Union Africa Vaccine Delivery Alliance)

3. The UK government, thus far has employed a charity model approach to vaccinate donations. Its failure to support the WTO TRIPS waiver proposal, in conjunction with only surplus vaccine supplies being donated on an ad hoc basis, life-saving vaccines are unable to be supplied where needed most.

Following evidence previously given to the APPG, the group called for the Prime Minister to close the global vaccine divide. This oral evidence hearing reaffirmed the need to go beyond a charity model and instead commit to and implement a sustainable global plan. The UK must show leadership and ensure wealthier nations actively engage with COVAX, while also accelerating global manufacturing capacity.

3.1 *“My view is that philosophically COVAX is exactly the right vehicle for where we are in the World at the moment and the problem is supply...a lot of the difficulties with supply around political leadership, but it’s also manufacturing capacity that’s part of the issue there. But I do think that’s going to improve in the second half of this year, but in the short-term, the only way we can improve COVAX’s supply is by donating doses from rich countries to COVAX that have already been made. The supply questions still need more doses to be made and that will take a bit more time”.* (Professor Sir Andrew Pollard)

3.2 *“I think in terms of the UK contribution there is no doubt that the UK has put a lot of money into COVAX and has been a supporter of the principle...but I certainly agree that there is a lot more to do and particularly as we look forward to the months ahead with this talk of boosters and wider use of doses. That’s where there’s a critical moment for leadership”.* (Professor Sir Andrew Pollard)

3.3 *“COVAX has fallen short because there hasn’t been enough political leadership, there hasn’t been enough inclusion and countries have not shared enough doses, that is in summary what I would say, but COVAX must succeed, we need it for humanity to succeed”.* (Dr Ayoade Alakija, Africa Union Africa Vaccine Delivery Alliance)

3.4 *“I think that supporting the TRIPS waiver is critical, Sir Andrew has said very clearly and I totally agree with him that that is a medium-term solution and it’s not today. We need to share more doses; we need to share them immediately”.* (Dr Ayoade Alakija, Africa Union Africa Vaccine Delivery Alliance)

3.5 *“I would say to the UK Government to engage with the other World leaders, that is where leadership could be shown in this moment and perhaps there is a moment for the honourable Prime Minister to still have his Churchillian day, is to call the G7 and to engage with the leaders of the low middle-income countries of the World to take up the IPP, the independent panel on pandemic preparedness recommendation for a heads of state level council to deal with this threat because Covid is a threat to our global peace and security and I don’t think we’re beginning to understand that yet. We are in a race between this virus, the variants and the vaccine”.* (Dr Ayoade Alakija, Africa Union Africa Vaccine Delivery Alliance)

3.6 *“We have a once in a century mandate right now to do the right thing. I think it is incumbent on us to press as hard as we can on our political leaders to step up no matter what party or affiliation they may hold”.* (Dr Gregg Gonsalves, Yale School of Public Health)

3.7 *“If there’s anything you hear from me we need to make the great pivot right now. Every country in the World that is sitting on doses needs to get them on a plane and get them to the places that need them now. Second of all, you know while there may be delay in manufacturing capacity... This is not business as usual, we do not have to leave it in the hands of Moderna and Pfizer... and in the context of the United States there’s a letter going out to President Biden today saying he should invoke the defence production act in our other domestic laws and regulations which allow us to take the intellectual property which we own as American citizens to contract organisation to produce Modern and Pfizer vaccines here in the United States for export. We can do much, much more, we are basically letting business as usual constrain our thinking”.* (Dr Gregg Gonsalves, Yale School of Public Health)

4. At present, there is limited evidence to suggest that a booster programme for healthy adults is required in the UK. Rather, there is a greater threat to the progress and success of the national vaccine rollout while much of the world remains unvaccinated, due to the risk of new variants being imported.

4.1 *“Prioritising booster vaccinations at this point in this pandemic... I don’t think is what the World should be thinking about. We need to ensure that those who have had no vaccines get at least one dose where health workers, we haven’t even spoken about the fact that the health workers and the elderly in many of the countries of the World, let’s even just vaccinate them first”.* (Dr Ayoade Alakija, Africa Union Africa Vaccine Delivery Alliance)

4.2 *“The time we would need to boost is if we see evidence that there was an increase in hospitalisation – or the next stage after that, which would be people dying – amongst those who are vaccinated. And that is not something we are seeing at the moment”.* (Professor Sir Andrew Pollard)

4.3 *“The optics of going for a major booster programme in the UK is a really difficult one, both what we’re talking about in terms of the, what would be a moral failure with no doses in many parts of the World and three doses here”.* (Professor Sir Andrew Pollard)

4.4 *“If we’re going to boost people in the UK or the United States where this discussion is happening before the rest of the World has had even a single dose and we have to ask really what we’re doing and whom we’re doing it for”.* (Dr Gregg Gonsalves, Yale School of Public Health)

5. With the current Delta variant, reaching herd immunity is ‘not a possibility’. The APPG heard it is ‘absolutely inevitable’ that vaccine evading variants will emerge. The spoken evidence provided by Professor Sir Andrew Pollard, Professor Paul Hunter, and Professor Devi Sridhar regarding the inevitability of vaccine escape reflects the aforementioned concerns raised by SAGE⁶.

5.1 *“This issue of herd immunity I think has been a dreadful thorn in the side of the management of Covid right from the start and I think part of the problem is that people mean different things when they talk about herd immunity. When I talk about herd immunity I’m sort of using the same phrases that the World Health Organisation use and the World Health Organisation refers to herd immunity as indirect protection of people who haven’t been immunised normally, or presumably infected, and I think one of the things that we can say for certain now with Covid is that if you have not been vaccinated you will catch Covid, and if you’ve not already recovered from a previous disease you will suffer the same consequences as somebody who had caught Covid over a year ago, well before vaccines. So, I think the concept of herd immunity in the way that the WHO uses it and the way that I use it is unachievable because we know that the infection can spread in vaccinated populations. And the latest data from REACT-1 is suggesting that actually vaccinations, two doses of vaccine is probably only about 50% protective against infection, but the big thing about vaccines is that they are substantially more effective at protecting against severe disease than they are against infections”* (Dr Paul Hunter, University of East Anglia)

5.2 *“Professor Sir Andrew Pollard stated that herd immunity is ‘mythical’, “I think we are in a situation here with this current variant where herd immunity is not a possibility because it still infects vaccinated individuals. And I suspect that what the virus will throw up next is a variant which is perhaps even better at transmitting in vaccinated populations and so that’s even more of a reason not to be making a vaccine programme around herd immunity”.* (Professor Sir Andrew Pollard)

6. There is a serious risk of repeating the medical divide witnessed during the HIV/AIDS crisis. As with lack of access to diagnostic and therapeutic tools during the HIV/AIDS crisis, failure to ensure equitable access to Covid-19 vaccines risks creating a new and equally damaging global medical divide.

6.1 *“The World is becoming into two, we’re having two pandemics, we’re having the rich countries steam ahead...and then if we turn to poor countries I think we are seeing devastations, I mean it’s absolutely horrific to look at Namibia, Peru, India, Nepal, the countries go on. More than 75 countries with less than 5% vaccine coverage, not enough supply, health systems overstretched and collapsing, but also no economic packages to allow people to stay home, so the choice is stay home and go hungry or go to work and get Covid”.* (Professor Devi Sridhar)

6.2 *“It is like HIV Aids all over again, in Fiji, in Africa, a 12-year old girl died in a boarding school in Nigeria three days ago, nobody has reported it and yet you know the school is open and carrying on with business as usual... we almost need a UN aids type structure which would take in COVAX but would recognise the multi-sectoral nature of this threat that we’re facing as a globe. It is not a WHO problem, it is not a world health assembly problem and unfortunately our health ministers around the world are often the lowest on the totem pole sadly, in most of their cabinets and their governments. You know, the finance ministers have the power, the foreign affairs ministers have the power, we have delegated this to health and it is not a health issue”.* (Dr Ayoade Alakija, Africa Union Africa Vaccine Delivery Alliance)

6.3 *“You know I work in HIV Aids, I remember 20 years ago when we said Africans couldn’t tell time and antiretrovirals couldn’t be done on the ground in Africa. Why are we back at this moment again? We’re basically saying there’s two sets of people in the World, those who will survive this pandemic and those that are going to be consigned to death even though we have the tools to stop it. And so the reputational hit is pretty severe and we have a chance to stop it now, but we cannot do business as usual, we have to confront the supply issues. I do not think that we have put the accelerator down far enough in terms of ramping up global capacity, in terms of the resources of the EU, the UK and the United States to get this done. So we have a small window of time to stop a sort of collapse in the reputation of our countries in the context of this pandemic”.* (Dr Gregg Gonsalves, Yale School of Public Health)

7. Most children presenting to emergency and critical care due to COVID-19 infection are the 'most vulnerable children'. Based on current evidence, such children should be given a Covid-19 vaccine.

7.1 *"The policy advice is not an ideological position about children, it is a scientific opinion based on today's evidence which will change if new evidence emerges and I think that's a critical point here, that it's not a political debate about whether children should be vaccinated or not, it's about trying to weigh up risks and benefits to make the best possible decisions for the benefit of the childhood population". (Professor Sir Andrew Pollard)*

7.2 *"[Vulnerable] children [are those] that end up in critical care areas, especially we've seen a lot of obese children with Covid-19 that have ended up in intensive care, so I do think that we should be offering the vaccine to those children who are vulnerable and likely to suffer. It's all about the risk to the child itself, or themselves, so actually yes, we should offer it, I think to vulnerable children". (Dr Ruchi Sinha, Imperial Healthcare NHS Trust)*

7.3 *"I think some of my worry around the language around 'Freedom Day' and the pandemic is over that you're seeing in the media is that we can get back to more living, we can get back to more mixing, we can do more things safely, we can have more regular educational experience for children, but the pandemic is far from over and how it affects people's lives, especially for those who are immune-compromised or who are in some position more vulnerable. And it's how do you actually communicate that to the public that it's going to be a bumpy winter, we are trying to address all those harms that have accrued". (Professor Devi Sridhar, University of Edinburgh)*

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