

Oral Evidence Session – All-Party Parliamentary Group on Coronavirus
Global Vaccine Access

16 November 2021

Layla Moran MP

This week we are going to be looking at international vaccine access and we have two really incredible panels that I will very quickly introduce you to. On his way, I'm told, is Dr David Nabarro. David Nabarro is Co-Director and Chair of Global Health at Imperial College London's Institute of Global Health Innovation and Strategic Director of 4SD. In March 2020 he was appointed as the Special Envoy of WHO Director General on Covid-19. He's had over 40 years' experience in international public health as a community-based practitioner, educator, public servant, director and diplomat and he was awarded the Commander of the Order of the British Empire, CBE, for his work on international public health in 1992. We also have with us Katherine DeLand, Katherine is a Special Advisor in the Office of the Executive Director, Outbreaks and Health Emergencies in the Office of the Director General at the WHO, focusing on the establishment of new WHO health emergencies programmes. Between October 2014 and September 2015, Miss DeLand was the Chief of Staff of WHO Ebola Response, during which time she worked in the office of the WHO Special Representative of the Director General for the Ebola response, collaborating closely with the governments of Guinea, Liberia, Mali and Sierra Leone, the WHO offices in those nations, as well as United Nations missions on emergency Ebola response and numerous other agencies to help eliminate Ebola in West Africa, so thank you for bringing your experience. And also in this panel is Dr Ayoade Alakija, Ayoade is Co-Chair of the African Vaccine Delivery Alliance for Covid-19 and Nigeria's former Chief Humanitarian Coordinator. She is a published researcher and in collaboration with the WHO and UNICEF has led multi-country behavioural health surveys across several nations in the Pacific region, Dr Alakija serves on the Global Advisory Board of Women Lift Health and is Chief Strategist Convince Africa.

So, thank you so much all and it took a while to go through those amazing bios just to show everyone what extraordinary wealth of knowledge we have with us. I've got the sun shining in my eyes, so I'll try and move slightly. And welcome David, thank you for joining us. To perhaps throw you straight into the deep end, if that's alright, my first question to all of you is from your perspective where are we now in terms of the pandemic but in particular where are we now in terms of ensuring equitable vaccine access everywhere? David, could I start with you?

Dr David Nabarro

Thanks very much indeed, greetings everybody. We are still deep in the pandemic. I can't tell you whether we're one third of the way in, one half of the way in, but there's no way that I would say we are even remotely close to the end. Just the statistics that we had in the last 24 hours, 337,000 new reported cases, 5,413 people died and that is just 24 hours. Of course, there is some volatility, but the reality is the virus is in most countries and territories. Just to say that this is a disease now fundamentality of poor people and poor nations. Rich nations are being able to continue with economic and societal viability, despite the disease, whereas poor nations are struggling with really badly damaged health services and also complete destruction to a whole load of sectors. Quite bad damage to tourism in many cases, some aspects of which will never recover.

Lastly, you can't vaccinate a population out of an active pandemic like this, it's never been done before, and it will be really an inappropriate public health tragedy to do so. Any government that says they're going to vaccinate out of this is taking a huge gamble on the lives of people and their credibility with populations. You have to do a combination approach which is to do everything possible to empower people to avoid being infected by the pathogen, you need services in society that will interrupt transmission. You use the vaccine to protect those people who are most at risk, but to actually be saying we're going to try to go for total population vaccination as the primary strategy to deal with this pandemic, is extremely risky, we don't know enough about this virus to know what it might do in terms of mutating, we don't know enough about this virus to know how it will behave in a situation with quite high vaccination coverage, but chunks of the population still not vaccinated.

And so, we actually have big questions about the strategies being adopted by a number of countries that have gone for vaccination as their sole measure of trying to deal with it. Thank you.

Layla Moran MP

Thank you. Dr Alakija.

Dr Ayoade Alakija

I couldn't agree more with David, I think he's absolutely correct, we don't understand first of all I've been saying since the beginning of this pandemic that we don't understand this virus and to pretend that we do, I think it's OK to say that you don't know, and I think we have not done enough of that. We don't understand this virus, one of the other things that I have repeatedly said is that we're in a race between the virus variants and the vaccine and until we vaccinate the World, the variants are very likely to take over. What we are seeing today is that those variants are bettering us and with the rise of the Delta variant and now the AY4.2 which we don't fully understand yet, we're seeing an upsurge, and uptick all over the World.

As David has said all territories but let me speak to Africa most specifically. In Africa we are seeing numbers that are not reflected in other parts of the World, merely because of a lack of equity. Because we don't have diagnostics, we don't have tests. One in 20 Africans we're told has been vaccinated as opposed to I think four to five times the population of the United States. That is one in 20, 1.3 billion people versus four to five times, 300 plus million people. So, the inequity gaps are very clear. We're also not getting vaccines, but we also have very weak health systems so we're unable to measure deaths. Since the pandemic began it's recently been calculated that there's been 800 times the number of excess deaths in Africa, 800 times the number of excess deaths as in the US and other parts of the World. We are simply not counting.

So, for us as David very rightly said, the pandemic is just beginning. The pandemic is just beginning because yes, it is becoming a pandemic of the poor. We are seeing health systems crumble under the pressure, even in Europe or the higher income countries of the World. As of today, Kiev has doubled their cremations we're told in the last couple of weeks. There's increasing numbers across Europe and those waves will only continue to come to those of us who are unprotected.

David also spoke to you cannot vaccinate your way out of a pandemic and that is absolutely correct. We need to maintain as a global community, and I say this as a global community, I mean deliberately, we need to maintain as a global community the public health measures, it cannot be one plan goes for one country and another country goes where they want. I believe it was Austria I believe has just gone into another lockdown with unvaccinated populations today and yet the UK where I was, today I'm sitting at home in Abuja, but I was in London about ten days ago visiting my daughter and it was just astounding to see people walking around with no masks and to see public transport and life as

usual. We will go on in an endless cycle of forever lockdowns and release of populations. We don't know where this virus is taking us. I believe it could be existential because if you look at the measures, we're not learning the lessons from other jurisdictions. Geopolitics seems to be not allowing us to share information in the ways that we should be sharing it. If you see what China is doing at the moment it's terrifying to see the amount of care that they are taking with new infections, so what is it that they know and what is it that their scientists know that we don't know? Why is it that we are not putting our heads together and learning the lessons? The pandemic is not over, sadly for many of us across the World the effects of it are only just about to begin.

Layla Moran MP

Thank you very, very much for that very stark assessment, much appreciated. Katherine, I appreciate that your connection means that you're struggling with the video, but is there anything you'd like to add?

Katherine DeLand

Certainly, thank you. I think just to say that both David and Dr Alakija, I'm going to say your name wrong I'm sorry.

Dr Ayoade Alakija

Call me Ade.

Katherine DeLand

Ade, thank you so much, and Ade have said everything that I would say and maybe one last piece which is that we've really only known this virus for two years and we have known so many other viruses for so much longer. We still have so much to learn, and I would encourage everybody to remember that the solutions that we're using right now are brand new, we're still learning about them too and so the sort of vaccines and the diagnostics that we're using. So I think it's important that our minds continue to stay as open as they can as we think about solutions and I guess just my last piece and then I'll hand back over is Ade just mentioned that there's a whole geopolitic around this and I think it's important to remember that we're politicising a virus, I mean this is a virus that's going to behave the way viruses behave, it's not a person, it doesn't vote, it's not going to stay home because we all decide we'd like to go out, so the politicisation is I think we have to begin to be maybe reshape our thinking around that and reframe that.

Layla Moran MP

Thank you very much. Just a quick supplementary if I may perhaps to David, so in the UK they've announced yesterday that now boosters are being given to all over-40s, partly in response to waning vaccine response after a number of months. Does the WHO have a recommendation around booster programmes and also what does the waning of vaccine immuno-response over time mean for the vaccine programmes across the World?

Dr David Nabarro

Thanks. So, the way in which bodies respond to vaccines is quite complicated. You get antibodies produced, the things that you can measure in the blood, and they tend to bind onto a virus and make it easier for the virus to be consumed by cells in the bodies that act as refuse disposers. But you also have actually cells in the body that can be primed by a vaccine and then can swarm towards the virus and surround it and actually lock it tight, and when that happens you get a lot of puss formed and so on. So that's what called the cell mediated immunity. And there are indeed other mechanisms that I won't go into. What I'm trying to say is that it's very hard to say of an individual as a result of a blood test, she or he is protected, or she or he is not protected. And it's back to this business of not knowing for sure what's going on.

So, I have had my two doses, I've been asked by the French, because I live in France, to have a third dose otherwise my sanitary pass as they call it will not be valid from quite soon, in about a month's time, it's six months and 15 days. So, I'm going to have to get my booster, but I haven't got a clue whether I need a booster because there's no easy way to test it. So why am I having to have a booster? Well, the answer is because there's been various studies that have suggested that you need a booster to keep your antibody levels up, but is there WHO giving out a general direction that people should have boosters? No way.

Do you know what WHO is saying? Stop the booster programmes, make sure that there's enough vaccine to immunise all the health workers in the World, make sure there's enough vaccine to immunise those who are really in danger, the older diabetics, the people with cardiovascular disease. Absolutely don't start these booster programmes, we don't have the evidence and the evidence we do have it's come from studies that have been ... actually I have to be careful what I say now ... it's come from studies that have not been subject to external validation in the context of a listing of vaccines particular use. So, we're saying hold back on the boosters, just vaccinate the World. It's a World problem, it needs a World solution.

And we say by the way, if a country is ordering extra vaccine for boosters, do you know what that does, it takes supplies away from the only mechanism we have for getting vaccine to the World, called COVAX. And so why not just hold back a bit.

Layla Moran MP

Thank you, that's very clear.

Dr David Nabarro

We really have to, thank you.

Layla Moran MP

We will come back to this particular theme. And a very quick supplementary to what you were saying before about it being risky to try and vaccinate our way out, which very clearly is what some countries are doing. What's your assessment of the consequences of that risk? What are those countries that are choosing to do that risking exactly?

Dr David Nabarro

So, everything is about risk, and I've told you before I use the word gamble quite a lot for when you are in a situation where you don't fully know the risk but you're taking action that might have really terrible consequences. What is the gamble? If you just vaccinate but you don't worry about physical contact, you don't worry about masking, your worry is twofold, one is your population has just got so used to being able to go about life as it used to be that getting them to get compliant with the masking and the distancing, if that becomes necessary for example to reduce pressure on the health service, it's going to be very, very difficult. Basically, you are not maintaining the partnership with the population, people are the solution to the problem, not the problem. And you need partnership between State and people so that people understand what it is that's going on, what they're being asked to do and if it is basically said to people we, government, are going to focus on your freedom to do what you want to do then it's really difficult then if government says well we actually ask you please to change the way you're behaving or we're going to impose restrictions on you or we're going to actually do it through quite a lot of pressure.

Doing all that becomes very, very hard, so that's point one and I've said that first. But point two is the one that we really don't know which is whether there's going to be a variant that emerges that's capable of evading the protection that comes from the vaccine. It won't be 100% evasion but what you'll find is that variants may come along that seem to be able to get past more easily, break through and that was the Beta variant, we thought about it, and then there's now a particular modification of the Delta variant that people are worried about. It's all the time in the backs of our minds, we don't know where it's going to happen, we don't know where it's going to happen but it's that possibility that a nasty variant will be able to break through. That's the other big gamble.

Layla Moran MP

Thank you very, very much. I'll now pass to Caroline Lucas.

Caroline Lucas MP

Thank you, Layla. Can I just do a very tiny follow up with David if that's alright. I completely agree with what you were saying about the boosters kind of distracting from the focus on the global south but if someone were to say to you for example that the AstraZeneca jab has waned in its powerfulness by, what is it 44% or something, or it's only 44% effective now, is that the bit that you were saying is not fully known or are you saying 44% is better than zero so get the vaccines to those people who need it more on the frontline?

Dr David Nabarro

These are just rotten difficult choices and I'm very, very wary of commenting on actual decisions that are current, for example in the UK or in any other jurisdiction. It's not cool for us particularly people like myself who are envoys for the WHO to be infiltrating ourselves into decision-making, so I'm going to try to stay generic. Firstly, we tend to say in an emergency that if a vaccine has greater than 50% efficacy that's pretty useful. So, we've always been positive about that. We also know that protective efficacy does reduce over time, particularly in older people. We would expect therefore that people who have been immunised either with an mRNA vaccine or with one of the others like AstraZeneca, more conventionals, are going to have waning protection. And we quite understand that in that context there will be an anticipation by Ministers that they need to be not only offering boosters but encouraging people to take boosters, probably at annual intervals but it could even be for certain

population groups like immuno-compromised people, it could be more frequent. All that makes sense, the only challenge we have is that in this current situation of vaccine shortage, if there is a hoovering up of vaccines for the boosters that is just going to have a global consequence that are really quite extreme, and everybody needs to know that.

So, I hope that I'm doing OK with this and I haven't just wasted three or four precious minutes of our time Caroline Lucas, because I wanted to just make the point that we are operating in a space where we are acting blindfolded, we don't quite know what the consequences of our decisions are but we do know that the global situation, and it needs attention and I just want to say and that's not about charity, it's about dealing with a global pandemic with the instruments that are available now and doing it in a way that treats the World as one, rather than treats the World as 193 if we're talking in terms of separate territories.

Caroline Lucas MP

Thank you so much, I did find that very helpful as a clarification, so I appreciate it. I wanted to come to my more general question which maybe I might start with Ayoade first if that's alright, which is if you could just tell us some more from your perspective about why you think there is such a significant vaccine gap and why isn't it closing at the rate that we need it to?

Dr Ayoade Alakija

Thank you. I wanted to just add on as well if I may to what David just said because I'm not as WHO special envoy so I can weight in perhaps more heavily on that and I think it's important that we tell it like it is, let's speak plain English here. And the fact is the horse has bolted as far as the vaccines because of course the political decision has been made as almost a mass hysteria now, I mean some people in some countries are getting vaccine boosters like they're taking Smarties, I mean personally know people who have had about four vaccines in some countries because the mass hysteria with this is what is going to protect us and yet this is largely because we have failed to stand up and say we do not fully understand what is going on. The evidence is not showing that this is what we need to do, the full evidence, it has not stood up fully to scrutiny and let us vaccinate the World.

But in addition to that I think it goes back to the geopolitics of it, and you are politicians so I will press on that matter, it goes onto the fact that we are in an era of populism, we are in an era of nationalism and global vaccine nationalism is what has taken over. So, the reason we're not vaccinating the World is not because we don't understand that we should, come on, it's not rocket science. It is not rocket science that if you let a bug, look children know this, ew germies, don't touch me they say, ew there's a bug, somebody sneezes, and they sort of cover their faces. It's innate, but however what also seems to be innate in the World at the moment is selfishness and greed. And so, there is this intense selfishness that is going on around the World leaders particularly, and G7 nations, where there hasn't been a global coordinated effort to ensure that we share vaccines in an equitable manner. As David already said, look we're all preaching to the choir here, you know let us vaccinate the elderly, let us vaccinate health workers, let us vaccinate the most vulnerable, because why, because they're the ones in whom the virus is probably most likely to ... I mean I also studied medicine, I also studied epidemiology, I'm a global public health expert, over 30 years' experience from the London School of Hygiene and Tropical Medicine, so I mean I actually went to school to learn this at one of your most eminent institutions, so I know what I'm talking about. I mean it's going to mutate, and it will get out of control if you don't vaccinate people in Africa, we don't know what variants are being grown and developed in parts of the World where we have not vaccinated yet because we're not even testing.

And so for global leaders who think this is a good moment to sort of say hey, I've got vaccines, we have as many vaccines as we need and you can just keep getting boosters and then you can go to the theatre, you can go to Christmas Carols at the Royal Albert Hall and you can go, you know you can go wherever you want, you don't need to make them wear a mask, because they are wanting to appeal to the very base, to the very lowest common denominator in society. But it is a strategy that I feel is going to backfire because when, as David has said and as Katherine has said, when this thing gets out of control because we have not done the basic right thing to do, then the boosters are not going to help us.

So, the horse has bolted because more people have been vaccinated, for instance booster vaccines I believe over 12 million in the UK than the entire Nigeria, 210 million people, has vaccinated its citizens. Why are these vaccines not getting out to where they should get to? People are beginning to say well, you know there's a delay in vaccinations in countries, that is absolutely I have said before balderdash, it is balderdash because it is not the vaccinations that are the problem, we as Africa have run mass immunisation campaigns for decades, we have done more immunisation campaigns because unfortunately we have the most disease and the most burden of disease in the World. So even with our weak health systems, we know how to immunise. As Chief Humanitarian Coordinator of Nigeria in collaboration with colleagues at the WHO, a fabulous man called Jorge Castilla, about four years ago we vaccinated about a million people against a really rapidly spreading cholera outbreak in less than ten days. Because we had the vaccines. So, nobody should tell me that we don't know how to vaccinate, but the issue is that there isn't a coordinated effort from the World to provide the vaccines that we need.

Let me give you an example, Nigeria about five, six, eight weeks ago was vaccinating, getting the vaccine programme ramped up, vaccinating about 120,000 people a day. Then came the short shelf-life vaccines donated by the UK Government because they needed to be seen to be donating vaccines because it was just before a big global meeting and your Prime Minister wanted to make an announcement, it's optics, it's all about optics at the moment. So, there was a vaccine dump of about to expire vaccines into Nigeria. Because of that the Moderna roll out of the vaccines that had come from America, 4.1 million of them, had to be stopped, it had to be halted because we didn't want to waste the AstraZeneca which had less than a month to go on them. So Moderna had to be stopped, we're having to shift and change strategy, this is not just the UK, other countries have done it. And so, this is what I mean about a coordinated approach from the rich countries of the World. Let these development ministers and health and foreign ministers get together, they're meeting I believe in a couple of weeks in the final G7 meeting, let them get together and say to each other look, don't you just go and dump vaccines whenever you like in these various countries as your bilateral donations, let us work in concert, coordination is really not hard. Sometimes it feels like it's like herding cats, but it's only like herding cats if you are so invested in your own national interest that you are not looking at the global interest.

So, vaccines are not getting to the World in a timely manner. Vaccinations are not the problem; it is global solidarity which is the problem, and we need to really put that on record and put pressure on global leaders to ensure that we get back to where we need to be.

Caroline Lucas MP

Thank you that was enormously powerful, Layla would you like me to come back to you?

Layla Moran MP

Well just to say we've got 15 minutes left of this panel unfortunately and we've got a fair number of questions to go so if you're happy to move on that would be really helpful. Philippa Whitford.

Philippa Whitford MP

Thanks very much Layla, if I can just stay with you Ayoade I had two questions and you've actually already answered the second which is how much of the issue is that we need to provide additional support, infrastructure, etc but having come from the city that hosted COP26, it is very depressing that all the warm rhetoric of last spring of a global response to a global crisis has failed when actually the climate crisis is going to be much harder than Covid, we really have let ourselves down.

So from you and David it still sounds as if the biggest barrier is supply of vaccines, so I would like to ask is it because we still don't have enough production and therefore what we're talking about is dose sharing and you getting almost out of date doses and how much difference would a TRIPS waiver sharing intellectual property and technology make so that we could actually increase global production including in the global south? So, if I could just stay with you first and then I'll come to Katherine and then David.

Dr Ayoade Alakija

Thank you. Absolutely, I actually love the fact that you've talked about Glasgow and COP26 because like Covid, like climate, these I think are two sides of the very same coin. What we're hearing is a lot of rhetoric, a lot of big promises but very little in the way of delivery. I mean climate is another passion of mine, I won't get into that right now, but it is the same thing, if we can't deal with Covid how on earth are we going to deal with climate. But it is the same syndrome, it is me first and the rest of the World can go to blazes.

About the support potentially needed for infrastructure, absolutely there is further support needed, because countries even, you know we are typically in Africa and in other LICs, there is vaccination programmes are mainly for children. We are having to ramp up about four to five times our vaccine infrastructure and systems that have been weakened already by Covid, in systems that have been hit by the economic downturn from the pandemic. Countries are bleeding, you know countries are suffering across the World. We haven't had the social investment programmes that you have had in many of the western world, and so infrastructure has decayed, but the support is needed, and it is beginning to come I believe through GAVI and through COVAX for vaccinations. You know I say that we need to get vaccines from ports and arms, the Africa Vaccine Delivery Alliance that I chair is literally hashtag I say ports to arms, that is the goal. Because a vaccine in a warehouse that is about to expire is of no use to me. What is the problem? It is supply, yes and it is also production.

Let me give you the example of Australia and Fiji, which is my second home. Australia produced AstraZeneca vaccines that by some weird you know weird fate or some political decision actually it wasn't fate, they decided they did not want to give AstraZeneca vaccines to anybody under 60. So, they started to give those vaccines that they were producing in Melbourne to the Pacific islands and to Fiji which at that point was having the worst outbreak per capita in the World. Those regionally produced vaccines in Australia when AstraZeneca and Covishield had shut down out of India because of their internal problem and because COVAX at that time was really struggling with supply, COVAX only gave Fiji at that stage 12,000 vaccines. To date Fiji has received over 1.1 million AstraZeneca vaccines directly from a local, regional production facility.

This is why we need the TRIPS waiver, this is why we need tech transfer, because if I can produce vaccines in Senegal, in Lagos, in Burundi, then it means that Africa is not sitting around waiting for vaccines to come. Waiting for charity. What we need in this instance is partnership and not charity. TRIPS waiver and the transfer of technology to my mind should be mandated. These vaccines are a public, global good. It should be mandated of those companies and there should be absolutely no talk of them losing profits in a pandemic. It is inhumane, it is immoral and quite frankly it is also quite stupid, and there should be, really there should be consequences for stupidity. We need accountability in this moment, and we need it now. Thank you.

Philippa Whitford MP

Especially as many of these vaccines were actually developed with huge input of public funds from governments around the World, so you know if you look back at the polio vaccine, if you look at the development of x-rays or penicillin, we've had lots of moments in time where people have not patented and not gone for profit. Katherine, would you like to add anything before I come to David?

Katherine DeLand

Super briefly, because I want to make sure David has a moment but my background is in law and public health, so the TRIPS waivers are close to my heart and I might say that when we talk about TRIPS waivers I really want to emphasise the point that Ade just made which is this isn't just about Covid, this is about long-term development functionality and it's not just about TRIPS waivers, it's about supporting the manufacture locally of things that can be exported and used locally. Whether locally is regionally or in a country. And one of the ways to do that is to be flexible with things like waivers on TRIPS, particularly in emergency spaces. I think there's a lot of other pieces that would have to be fit in, you know I'm reluctant to focus entirely on TRIPS because I think ... you know supply chain issues and you know development of technology transfer and all sorts that would also have to go in there, but just to emphasise it's not just about this one, it's about the next one.

Philippa Whitford MP

And David, anything you would like to add?

Dr David Nabarro

Thank you, just let's focus on the problem now, let's say I'm running COVAX or I'm at the centre of the African Vaccine Acquisition Trust, AVAT, what am I worried about? I'm worried just about one thing. The predictability and dependability of my supplies and truthfully as you've just heard from Ayoade, having a dependency on donations is awful. My friend who is in charge of the medical stores in Uganda is having to go to the airport day after day because he hears rumours that a donation is coming and it's a terrible mess then to try to organise the vaccination programme with this problem of short expiry dates and different vaccines coming in with different storage requirements. Why on earth won't governments put their supplies through COVAX so that we've got a chance of predictability and dependability.

Do you know what it would take to just reach the 10% target quickly now globally? It's half a million doses of one of the listed vaccines. Do you know what amount of production, global production is half a million doses right now? It's ten days. So, all it requires is all these governments that are pushing to the front of the queue with the current companies upping their bid price to say hang on, we'll just

defer for a month and then they could actually give their, if necessary, they could also give their place in the queue to COVAX rather than grabbing it for themselves. Ten days of production would lead to the 10% target being fulfilled and it would be possible to get the 40% target fulfilled with a similar bit of discipline by rich nations. It's an unseemly scramble at the moment.

Philippa Whitford P

But do you think that we still need to increase the production sites globally rather than [inaudible 0:36:36.1].

Dr David Nabarro

Oh I'm going ... totally agree with colleagues that everything else they've said is absolutely right, I just ... so I'll just say it straight from my point of view, of course there has to be sharing of the capacity and therefore the intellectual property on these kinds of goods, of course there has to be because of the market failure that we have at the moment, it's so bad. And all the different waiver systems that were built into TRIPS some years ago, I was involved in this, are actually designed to deal with this kind of market failure. I mean in no way can the present situation be seen as anything other than a complete failure of the international system and therefore what Katherine and what Ayoade have said I totally agree with.

Philippa Whitford MP

Thank you very much. Back to you Layla.

Layla Moran MP

Thank you very much. Debbie Abrahams.

Debbie Abrahams MP

Thank you very, very briefly first of all I totally agree with what's been said about the issues around geopolitics and populism, nationalism, but also in terms of what you've also said about the variants, so recognising those two different issues, has there been any scenario analysis in terms of the risks of an unvaccinated global population versus the 10-20-30-40% global target and the risk to emerging variants? And if not, well can there be?

Dr David Nabarro

So, my colleagues in the WHO secretariat actually are doing two things, one they do regular scenario analyses going through different possibilities and that includes the sort of hope that the thing will suddenly reduce in its potency and will calm down which is what we'd love to see happening, and then to the other extreme of a really unpleasant variant emerging. It's just that quantifying this is so, so hard, you know what is the probability that this variant will happen, super hard, but yes, the potential impact that work is being done. And what I can't do is I can't share it with you, it's done quite carefully.

One of the things that we have to do when modelling is be respectful of the reality that modelling is a science that is deliberately inexact and what the model does is it gives us a scenario of what might happen but none of us in the WHO context will ever say to you or anybody else our model says this, therefore we recommend action ABC. Because we know our models are inherently unsatisfactory.

Debbie Abrahams MP

Absolutely, I appreciate that, I'm a public health consultant myself ...

Dr David Nabarro

Oh, I see, sorry.

Debbie Abrahams MP

No, no in terms of the sensitivity and confidence that you have with that, but in terms of presenting the arguments and the rationale to the global leaders, I'm a little bit more positive about humankind and the innate goodness and less selfishness but I think to get the global leaders into the position, if you do this it serves us all, we don't want the risk of emerging variants and this is what we think within these confidence intervals the risk that could be. I think that would be incredibly ...

Dr David Nabarro

OK, I'll take that back. I just wanted to say Dr Abrahams just one last thing on this, you know within the WHO secretariat you have, in my view, some of the best people working with risk in the World and they've done it for decades, we know them, they're friends as well as professional colleagues, I mean friends in the way that one is friends with other people who are in the same professional milieu, but I was discussing with some of the colleagues recently and they said the thing is, every country is now full of experts on risks around this virus Covid-19. And somehow, they all seem to know more than we do, and we keep asking ourselves where do they get their secret knowledge from. I mean that is the reality that when you don't know something and you say to others I really don't know, that's unsatisfactory for decision-makers. What they want is people who will say I'm pretty certain you won't need another lockdown this year. What? You know, I mean that's the kind of stuff that seems to be appearing in the UK news at the moment. We don't know how those good folk can actually make such statements in a situation where as Ayoade has said, we really just don't know enough about what this virus does and why it suddenly splurges and surges in the way it does.

Debbie Abrahams MP

Thank you so much, really appreciate that, thanks Layla.

Layla Moran MP

We're in extra time now, so technically we're meant to stop but if it's alright with panel members, if we could just steal five more minutes if that's alright. Baroness Brinton.

Baroness Brinton

Actually, my question has been answered Layla so please keep going.

Layla Moran MP

Oh, thank you, and in fact I think question five has as well, but Baroness Masham if you could ask your question bearing in mind some of it has already been answered, but question five.

Baroness Masham

Of the vaccines being sent from the UK by the end of this year, do we know the expiry date of them and is expiry date an issue and have some vaccines been thrown away and never been sent to other countries, is that true? Could we have David?

Layla Moran MP

So perhaps David if you could just talk us through this, so there is a ... you've been very clear that if we vaccinate here, it means we are taking vaccines that could be going elsewhere, there's a separate issue around expiry dates and it being too late. My concern is that there are some who are saying well because of the expiry dates we may as well just go ahead and vaccinate everyone here and there's no point in sending them abroad, is that a fair comment that people have been making or is there another way of approaching this?

Dr David Nabarro

I'm just going to just say whenever you are doing this kind of work, expiry dates are an issue. And planning to use something that is about to expire becomes more complex because you know and others know that you cannot afford to throw away and so you have to use it, but it messes up all your logistics, so I'm going to say that poor countries everywhere have massive challenges with accommodating relatively short expiry dates and my own view is that it is a really unfair approach to donate with short expiry dates. You donate with full expiry dates if you're going to donate at all, otherwise you're offering people something that is substandard which is fundamentally disrespectful in every sense of the word.

Layla Moran MP

Thank you, that's very clear. So, we now have just a moment to wrap up and my question is very simple. What would you like to see the UK Government do, what should we recommend to them? Can I start with Katherine?

Katherine DeLand

Certainly, I think for me it would be to partner with the other countries that have right now dominated the vaccine market and increase the amount of transparency. I think David's point about respectfulness to the people who are receiving vaccines can only be emphasised. If we understand, I mean imagine if it was in your city and somebody brought a million vaccines and said distribute them

tomorrow, I think it's hard to imagine any of us being ready. So, increasing the level of transparency and increasing the level of opportunity for people to plan.

Layla Moran MP

Thank you very much. Ayoade.

Dr Ayoade Alakija

I would say two things, first of all because this is an all-female, except for David as an honorary he for she group, I would say that we are, one thing we are also not looking at in the equity piece is we're not looking at the gender dimension of this pandemic and even when we're talking about vaccine delivery we're talking about vaccine roll out across countries, because the inequity that is global is also becoming inter-country inequity and it is women who are suffering the most. And we are not looking at what has happened from a gender perspective with this pandemic, so one of the things I would like to recommend to all of you as a group and for you honourable Layla as the chair is that we begin to put some sort of focus on the gender dimensions of this pandemic. You know I know we are talking about vaccines but also girls are being pulled out of school, there is teenage pregnancy on the rise, girls are being sold off into sex slavery because their families can no longer afford to feed them. If we don't vaccinate, World Bank is telling us that every month in delay of vaccinations we will lose 13.5 billion of GDP in Africa and the effect of that is being felt mainly on girls and women. Girls and women are suffering through this crisis in ways that are unimaginable. Both at the ground level and also at the leadership level of the pandemic because we have lost focus on the gender aspects of it, and we have now focused in on vaccines and nationalism.

So, if I can just sort of zero you down, especially because of the make-up of this group in making that recommendation to the Government, that what is happening with gender in this pandemic, what is happening to girls, who is being sold off into sex slavery?

And the next thing is the point that David made about respect. We need partnership not charity, we want to be treated with respect, we don't want to have various products today, AstraZeneca, tomorrow, Jansen, tomorrow Moderna just dumped on us and we're having to therefore change strategy because the temperature requirements for Pfizer minus 30 are totally different to the temperature requirements for AstraZeneca and for other vaccines. So the example that David gave is perfect, you know Ministers of Health and health officials are spending all of their time running to airports and diverting their staff to airports because one country has suddenly woken up and they don't want to throw away vaccines and say oh we're going to rush and we're going to put these vaccines in Nigeria or in Ghana. It is messing up our health systems. Other diseases are also now really, and other campaigns, polio, and tetanus and what have you are also really routine immunisation is really suffering. So, it is respect, it is not charity, partnership and it is also beginning to consider that there is going to be support now needed to ramp up the vaccination campaigns for mass vaccinations in countries. We need technical support, we need political support but most of all we need the G7 to get their act together, to come together in a coordinated effort and to deliver vaccines so that we can vaccinate the world. Thank you.

Layla Moran MP

Thank you very much, and David last word.

Dr David Nabarro

Thank you very much. It's been wonderful to meet you all, I believe that you are all really, really important leaders for the UK on behalf of the UK. I'd like to invite all British leaders to lead for the World, but not just to lead for the World as some kind of object but to lead for all the people of the World and to lead in ways that respect all the people as people, which means to lead in ways that indicate that everyone matters, no matter where they were born, what their income level or any other attribute they have. And I believe as a British that this may well have the greatest long-term benefit for the people of the UK. Far greater than if Britain leads in ways that imply favouritism for people depending on where they were born. So that would be my request to you, and I think that you parliamentarians can do it, I have that strongly built into my own value system and I suppose my moral fabric. A belief in the power of parliamentarians to express the will of the people and I'm sure the will of the British people is to do right for the World. Thank you.

Layla Moran MP

Thank you very, very much. There is nothing more I can say after that, other than thank you, all of you for sparing your time, extra time indeed, absolutely fascinating panel. You are very busy people, and we appreciate immensely you taking the time to be with us this morning, we can only hope to live up to your view of us David and we will certainly try. Thank you all again and I'm now going to move to the second panel, you are all very welcome to stay, we shan't be offended if you won't.

So, if I may now move as I say to the second panel, I do apologise for starting a bit later, we will do our best to catch up the time and we have an equally esteemed panel for the second session. We have with us Eva Kadilli, Eva is the Director of UNICEF Supply Division, based in Copenhagen in Denmark and oversees UNICEF's global supply chain functions, she's responsible for the management of UNICEF's supply response to humanitarian crises and is presently leading the organisation's strategic procurement and logistics emergency response to the pandemic, you are very welcome, Eva.

Dr Nicaise Ndembi, please tell me if I have mispronounced anything. Dr Ndembi is the Chief Scientific Advisor to the Africa CDC Director and currently also the Associate Professor at the Division of Epidemiology and Prevention at the Institute of Human Virology, University of Maryland School of Medicine, Baltimore. He attends the partnerships of the African Vaccine Manufacturing in Africa and we also have Anna Marriott, Anna is a Health Policy Advisor for Oxfam, specialising in universal healthcare provision in low income countries and she is also the Policy Advisor to the People's Vaccine Alliance which is a global movement of organisations, world leaders and activists united under a common aim of campaigning for a people's vaccine for Covid-19 that is available to all. So, welcome all of you, thank you so much for joining us.

And if I can now move to, sorry forgive me I'll start, so to Anna and Dr Ndembi specifically, from your perspective can you give us an overview of your organisation's role in the delivery and roll out of vaccines so that we can properly understand that. Anna.

Anna Marriott

Thank you and thank you for the opportunity, so I would say that Oxfam is working from the grassroots to the international level in terms of the question of vaccine access and roll out at the grassroots level. You know we have a public health role in any emergency or crisis situation and at the forefront of that is delivering information, communicating public health messaging, so people can make informed decisions about whether to take on things like vaccines and accept those vaccines as being an important preventative tool. We are also working listening to communities on the ground about their

access issues and particularly the refugee communities who face additional barriers in terms of equitable access to vaccines and other Covid technologies.

But I would say you know all of that is caveated by the fact that a lot of that work is preparation work because the vaccines simply aren't there at the moment. So, our most important priority right now is unblocking those barriers at the global level that are preventing vaccine supplies in developing countries and we do that through our global vaccine People's Vaccine Alliance advocating at national level wherever we're present, but also international organisations like the World Bank, like the WTO, like the World Health Organisation and the COVAX scheme itself.

Layla Moran MP

Thank you very much. Dr Ndembu, who may have dropped off. No, hello.

Dr Nicaise Ndembu

No, I'm on the call, thanks so much. First, I'm delighted to be on this call from the Africa CDC, the Africa Union Commission, yes, we do play a critical role on the vaccine delivery, specifically Covid-19 at this critical moment, acute phase of our pandemic. So, we have a continental strategy where we are all putting in our best to ensure that one, we undertake clinical trials on the continent for all those vaccines that are currently being rolled out, at least we have some clinical trial sites across the continent, about 15 that are actively undertaking clinical trials, that's one. Then the second which is the second pillar of our Covid-19 vaccine strategy is now acquisition. So, acquisitions of vaccines, we have established what we call the African Vaccine Acquisition Task Team which will deal with vaccine manufacturers and ensure that we secure vaccines for the continent. We have secured over 400 million doses of the J&J single dose vaccines, we are in negotiation for 180 million doses of the Moderna vaccines, we are also working with partners with China to ensure we have additional vaccines to cover the 1.2 billion doses that are required to vaccinate our continent.

So, underneath that we are also looking at sustainable way of getting vaccines for the continent. Currently only 1% of the vaccines are currently produced on the continent, we are now strengthening capacity to be able to produce at least 60% by 2040. We have established what we call the Partnerships for Africa Vaccine Manufacturing. And the last but not the least on the delivery, we are involved in the delivery for the 55 AU member states increasing uptake through different studies to ensure that we unpack vaccine hesitancy at the continental level and increase [inaudible 0:57:06.2] capacity. We also have been able to untangle some of the challenges or barriers about access to the vaccine by establishing what we've called African Regulatory Taskforce and we've been able to issue emergency use authorisation, now that the African Medicines Agency has come to force I think we are working closely to ensure that vaccine produced on the continent would get emergency use authorisation and we'd get our own autonomy to decide on the vaccine to be used on the continent. Thanks, and over to you chair.

Layla Moran MP

Thank you very, very much. Eva, if I may ask from your perspective can you give us a sort of where are we now in terms of ensuring equitable vaccine access.

Eva Kadilli

Thank you so much for having me here and I'm happy to be back actually, I've been here before in this session so really great. So we are, I would say we are progressing with the accelerated speed, we are not progressing as we wished to have progressed, so where we are today with regards to the access, as of 15th of November we have shipped more than 486 million doses to 144 countries, this via the COVAX. And as we also heard as well Dr Nicaise we have also been supporting through the leadership of Africa CDC and AVAT and African Union, also the shipment of AVAT doses to countries across Africa. So, this is really in terms of COVAX we have received out of 475 million, 161 has been donations. So, you can see a lot of reliance happening on donations. And if you recall on the first call, we have had we started with really minimum, let's say deliveries of doses as of end of February which was around 20 million doses of vaccines flowing to countries, but in September and only October alone we have shipped more than 110 million doses. So, you can see the trend from 20 million in a month to 110 million in a month.

And we are planning to really deliver to countries a large number of vaccines hopefully by the of this year so we're looking at a correlated number of between 800 million to one billion doses of vaccines. So we are focusing the discussion here on vaccines but this is not only vaccines alone, as you know we will not be able to administer any vaccination if we don't have syringes and if we don't have also a cold chain so a lot of the effort has been made also to deliver more than 600 million syringes and also cold chain equipment as well in different areas of not just national level but also district and sub-nation level.

I will stop here because I'm sure you will have a lot of questions.

Layla Moran MP

Thank you very much, yes, we do indeed. Caroline Lucas.

Caroline Lucas MP

Thank you very much Layla. Yes, so I wanted to talk about the massive kind of vaccine gap and those of you who will have been listening to the earlier session will know that we covered some of that as well then, but Anna and Nicaise in particular, we know across the rich world more than 60% of the population have been fully vaccinated, but in Africa the WHO's overall figure is just 4.4%, so can you tell us how you think we got here, give us an overview of the situation right now and I'd be interested as well if you might say where you think the campaign for a waiver fits in all of that as well and maybe I could come to Anna first.

Anna Marriott

Thank you, Caroline. And I'm sure Dr Nicaise is better placed to discuss the status in Africa right now. I can say from our perspective and from our colleagues in various African countries the situation is dire, many African countries facing another wave of the virus and as we did hear from the previous panel, you know a huge issue of under-reporting of deaths from Covid which is really underestimating to the World the devastating impact across the continent. And I think if we look at low-income countries as a whole shockingly less than 1% of the total vaccine supply has been delivered to those poorest countries, many of which are in Africa.

I think in terms of the question of how we've got here, the bigger picture is that pharmaceutical corporations have deprioritised developing countries, including the continent of Africa. They've

deprioritised schemes like COVAX and have deprioritised the incredibly well-organised effort on the part of the African Union to purchase vaccines as well. And we know that because rich countries have pushed themselves to the front of the vaccine queue by willingly paying higher than necessary prices, and for example the UK Government is now paying one of the highest reported prices for the Pfizer vaccine, we estimate at around 25 times the estimated cost of producing that vaccine. The rich countries have brought up the overwhelming majority of the supplies and are continuing to push their way to the front of the queue by now purchasing booster vaccines in front of COVAX and the African Union. Again, paying higher prices every time. You know we've seen evidence of increasing prices from these pharmaceutical corporations despite economies of scale, you know the rules of economies of scale would suggest these prices should be going down at this point.

So COVAX is under-supplied and is struggling to compete and it's downgrading, it has already downgraded its already we would say inadequate targets of vaccinating the countries, beneficiaries of the COVAX scheme. And really here the reason is that pharmaceutical companies have been given complete free reign to privatise what were heavily and, in some cases, almost entirely public funded life saving tools with no conditions by governments. They are doing what pharma companies do, ruthlessly prioritising profit maximisation, they're not motivated by ending the pandemic as quickly as possible, they're not motivated by making sure that everybody has access. That's why governments have to intervene and to speak to your question about the waiver, that is exactly the intervention we need governments to be making, we need to change the rules here. Break those pharmaceutical monopolies, lift the intellectual property restrictions that are preventing other willing manufacturers from making these vaccines and ensure that we have manufacturing of these vaccines on the African continent but also across Asia and Latin America so that developing countries have their own assured supply and are no longer reliant on what has been inadequate gestures of charity to date.

Caroline Lucas MP

Thank you, that's such a powerful answer. Dr Ndembi I'd love to hear from you with your very direct experience please?

Layla Moran MP

Is it possible to turn on your video Dr Ndembi?

Dr Nicaise Ndembi

We have been having challenges with internet connectivity, at least for those who are aware of the political situations so.

Layla Moran MP

Understood, no problem.

Dr Nicaise Ndembi

I'm trying my best to keep that off so that I can attend to this very important meeting. So if you allow me Madam Chair, so I think Anna really provided the line of sight here, very important, she said it really that it is quite clear we need to stop that pharmaceutical monopoly and then reliance, I think I

have mentioned that in my previous interventions that only 1% of the vaccines are currently being produced on the continent. The makes us really reliant, I think that's not sustainable for global security. So let me unpack a little bit. I mentioned we have a strategy and this is the time really Africa as a continent we can be very organised, not fragmented and I give you very simple example, the African Vaccination Task Team, we mobilised two billion US Dollars to get vaccines for the continent because we know this is a time where we have to learn and we learned the hard way, even from the logistics getting the commodity for diagnostics we are really reliant, we need to find the mechanism to be able to respond for the 1.3 billion people that will [inaudible 1:06:30.3] the continent.

So let me give you figures. In terms of coverage and expected projections, so if you look at it, if we wanted to reach the so-called herd immunity which is quite challenging with the spread of new variants an unpredictable situation in which we are, we targeted that we get our projection clear with all assumptions about 26% of the vaccines we have been expected through the COVAX facility which represents about 350 million individuals fully vaccinated on the continent. So, they have a mechanism we actually targeted at least being close to 31% of our own production in terms of our own acquisition, in terms of ensuring that about 400 million individuals are fully vaccinated.

And then with that we close the gap of about 15% which represents about 150 million individuals on the continent to be vaccinated. So, I'm just putting those figures to you as we speak, I think we were expecting those vaccines to come through the COVAX facility we wouldn't have been where we are currently because we haven't received as much vaccine as we expected and we do understand the challenges from the COVAX facility, primary to what Anna just mentioned, that pharmaceutical monopoly. I think with that we need to start bridging really, breaking some of these rules and moving forward, having access to the technology as we speak, close to 17 African member states have expressed an interest into vaccine manufacturing and currently as we speak at least four are doing fill and finish, we just starting within this pandemic, I think if we had access to technology, R&D, IP, tech transfer, I think we will have been far from now and would be able to be independent to respond to this current pandemic.

So, before I close, I'm just going to give you a picture as we speak, we have 55 member states on the continent and then very few, only six member states have vaccinated close to 20% of their population. I say six members states out of 55. And at least when we draw it down, looking between those that are vaccinated, 5-20% only 15 member states. And more worrisome I think and part of this inequity, global inequity, less than 5% vaccinated 34 member states. Close to 60% of the member states have vaccinated less than 5% of the population, it's unacceptable in this global architecture and we say that, and we're going to continue saying that I think we need to start breaking those rules to ensure that we decolonise public health. Over to you Madam Chair.

Caroline Lucas MP

Thank you very much, I will go back to the Chair because I know Eva, I think Sal is coming to you next with the next question, so I apologise but from a time perspective I think we should probably move on but thank you.

Layla Moran MP

No, thank you very much. Baroness Brinton.

Baroness Brinton

Thank you very much. Yes, my question is for you Eva. You mentioned when you talked earlier about the barriers to vaccine delivery not just being vaccine but also syringes and cold store as well. So, what do you think are the biggest barriers and is it just vaccines or other things and what role do pharma companies play in all of this? Sorry, and other supply chains, so syringe manufacturers etc.

Eva Kadilli

Thank you so much for your questions. So let me start with the biggest barrier, absolutely I cannot agree more with Anna and Dr Ndembi, actually the supply of vaccine has been probably one of the biggest barriers, the availability of supply, and this is from the perspective we heard from Anna and Dr Ndembi that this is from the manufacturing perspective but also the fact that overall a majority of the available supplies was already purchased from high income countries which were already ahead of the queue and so the equal distribution let's say with the equity agenda was not there. That is number one.

Second as high-income countries started to seek higher coverage rates also created a big gap for low-income countries, low- and middle-income countries to have access. Third is the fact that definitely the prioritisation from the manufacturers as we earlier mentioned and the fact that there is no local production in Africa or other regions actually around the World and for that I really would like to applaud the leadership from the African Union and AVAT and Africa CDC for taking forward this agenda which is absolutely critical for diversification of production of vaccines in different markets. And more so in African markets which is one of the largest when it comes to the needs for low-income countries and low- and middle-income countries.

Third, we have seen a lot of export barriers, we've seen delays, one of the things that hit COVAX, despite the fact that COVAX had three billion doses in contracts secured they were not able to unlock these because of the barrier from export. And we also saw the India for example was hit by the Covid and that case actually that had a major impact on the availability of vaccines to be delivered. And this continues to be the case also in some delays as I mentioned earlier on the syringes and so on, but they are being unlocked as we speak.

But other delays of course regulatory, so really essential to Africa CDC that it is taking the leadership in supporting the countries for that, visibility, huge challenge which continues to be today including with doses on visibility of readiness of vaccines. How can we and how can countries be ready to roll out and to scale vaccination if the visibility of readiness and of vaccines from manufacturers is very, very limited. That creates a huge bottleneck also with regards to the syringes, bottlenecks with regards to cold chain storage capacity and so on, so it really has a big impact on the increase of coverages across the continent.

So, we also have vaccine hesitancy as a barrier of course, a lot of work is taking place with social listening, with community engagements as Anna also mentioned earlier, so there are several aspects but also in terms of absorption capacity because we have to think of the system as a whole, we have to think of the health system, health workers, the need for stepping up also on support with regards to having more health workers capacity because we also have routine immunisation, it's not just Covid as well but these are the need for a system to be supported overall with funding and overall health systems strengthening, so that we have health workers ready to scale up the vaccines and we've seen now more and more vaccines are being available from donations but still the challenges remain, visibility, the expiry date is a major, major challenge, lots of vaccines that are being given are very short expiry date. I mean it's really very difficult for countries to scale up and use vaccines in a window of less than one month, this is really not the right thing to do.

So, we've been calling upon that donations also should come with syringes together and should come also with an expiry date that is reasonable so that countries can plan because unavailability of supplies and not having the visibility has also an impact on vaccine hesitancy and acceptance from the communities who actually don't understand what is happening. Sometimes we don't have vaccines and when we have vaccines they come and the big volumes with short, sharp lives so there is also an issue of trust if I can say if we don't get this all together right. Thank you.

Baroness Brinton

Thank you very much. Layla, back to you.

Layla Moran MP

No, thank you very much. Baroness Masham.

Baroness Masham

It's really to Eva, is the 100 million doses the UK Government has committed enough, what other countries are doing better?

Eva Kadilli

Thank you so much for the question. So first of all, let me say that we are very thankful to the donors and governments for supporting us and for giving donations. Again, we would like as also Dr Nicaise said that we would like for sustainability more efforts be put on local production and that's the future. But to immediately cover the immediate gap I think donations have been absolutely critical to really increase access. So again, thankful to the UK Government, we would like to see if possible, accelerating those donations of 100 million as early as possible, there is the plan for initial 30 million before the end of the year, if we can increase that more it will be fantastic. But also, probably looking at the possibility of having the dose donations with the expiry dates that are reasonable so that we can have countries really take benefit of that and immediately scale up utilisation and protect the health workers. So, I would say the UK Government can really help us by increasing probably even further readiness of this 100 million as soon as possible. Thank you.

Baroness Masham

Thank you very much.

Layla Moran MP

Thank you very much. So now I've got a question for all of you, and I do this perhaps there was some comments you'd like to make ...

Dr Nicaise Ndembi

Madam Chair.

Layla Moran MP

Yes.

Dr Nicaise Ndembi

If you, may I would like to make a brief comment.

Layla Moran MP

Yes, go ahead.

Dr Nicaise Ndembi

I think it is quite important, I wasn't there for the previous discussions during the second session that would put in the context, we really appreciate all the donations, I think it is quite, I need to mention that the 15% gap to meet our target of vaccinating at least 70% of the African population, but Madam Chair I just want to be sure that we have some of these numbers to make some informed decisions on expiry.

As we speak close to 700,000 doses have expired on the continent and those are linked to donation of short shelf-life. I think I've heard someone say this is not good. We have to be respectful of the partnership, as part of the new public health board, if we give us the vaccines that require 14 days to clear from customs and with a short shelf-life of only a week or so it's not manageable. We are putting strains on the health system; we are not helping the system in that way. Indirectly we are not just helping by donating vaccines, that would expire, that would probably be used for other purposes. I just want to be very clear, we are good for donations, accepting donations but really you have to come with very acceptable appropriate really to enable us to move forward. This is Africa and it takes days and weeks for those that have been here to move goods from one point to the other. We don't have DHL to do that across the rural areas.

As we speak Madam, more than 2.5 million doses are at risk of expiring this month and next month, so more donations close to expiry date are going to really hamper the entire vaccine hesitancy and acceptance, if people are aware that we are destroying vaccines they are sure that something is wrong. I mean the common sense people I think if they think this vaccine is for public good and they were seeing them destroyed that is not going to build confidence, it is not doing good for all and then for the entire continent. I just want to be sure that I put the numbers against the fact. Thank you very much.

Layla Moran MP

That's very clear and I'll come to you Anna. As a supplementary if I may, was I right in hearing that you are aware of vaccines that came with a week's expiry, did I hear that correctly?

Anna Marriott

There have been reports that vaccines have been delivered, I mean I think that Eva would be more qualified to speak to this issue but there have been reports of that and I agree with Dr Ndembu's points there. Can I just add I don't know whether you are aware but bring your attention to an article in The Independent yesterday that reported 600,000 doses of AstraZeneca have been destroyed in the UK because they approached the expiry date and couldn't be reallocated. And I would just say on the donations point, you know at last count just a couple of weeks ago the UK Government has only delivered 10% of their promised donations, an already inadequate commitment for redistribution. But I would also just add that there is evidence emerging that pharmaceutical corporations in some cases are blocking the donations. There was a letter sent from a State Secretary in Germany to the European Union saying that companies, particularly the mRNA producers, were blocking using conditions in contracts to restrict donations and I think that this should be something that is raised in the UK context to understand whether the UK Government is also facing any of those kinds of barriers on the part of pharmaceutical companies, because let's remember the mantra, the new narrative from the big pharmaceutical companies is that we now have enough doses and the case is all about redistribution and if they're blocking the redistribution that's kind of hypocrisy of the worst kind. So, I think that is something that I would urge you to ask questions on and challenge the UK Government on because you know from what we've seen from Germany that is really, really obscene behaviour on the part of the companies.

Layla Moran MP

Yes, thank you very much Anna. We will certainly follow up with you on that. Eva, you want to come in.

Eva Kadilli

Yes, I just want to say on the expiry dates. So, the average that we have been receiving has been 2.5 months of expiry shelf-life. There have been some exceptions, I mean some cases that has been one-month short shelf-life. So, in general we haven't seen the cases of one week, but I just want to say that we have been struggling a lot to move doses from DRC to other countries just to make sure that they don't expire in country and looking around to find them a home. And this is not the right way of using the energy and the focus and so on and it's also more expensive. So, but also the most important is actually to do this in a right way, respectful way and have a realistic expiry date which actually builds the trust of communities as well. And the last I would say that it would be also very important on our call that if we get the donations they come also along with syringes, I think this is a very important call because governments have, the same way that they have blocked bought vaccines, they have also secured syringes, so it is important to get these bundled together. Thank you.

Layla Moran MP

Yeah, thank you very much that's very clear. I have a quick follow up for you Eva as well. If a country sends you vaccines or sends COVAX vaccines and then it is redistributed, then they expire, do those vaccines sent still count towards the pledges that they've made, as far as you're aware? Perhaps Anna, Anna seems to know perhaps or have a comment on that.

Eva Kadilli

Maybe Anna can come in?

Anna Marriott

I think this is a really pressing issue as well. I don't know how well they're going to count towards the pledges but there is a very live discussion going on at the OECD DAC [ph 1:23:36.9] where the rules are set for how overseas development assistance works in respect to the donated doses and there is a proposal on the table that doses are charged to the aid budget of over \$6 a dose. Now we reject that proposal because it's far too high for doses that were originally bought by rich country governments to serve their own needs and have actually undermined the vaccine efforts in developing countries, so we shouldn't be rewarded for that now, but there are currently no proposals to put conditions on those donations being counted as ODA, so we could be in a situation where millions of doses are dumped near expiry dates, can't be used, yet are still counted towards the aid budget. And we all know what's going on with 0.7 at the moment, if we divert more ODA to wasted doses, we're going to see less ODA for things like strengthening the health system. So that has not been approved yet, but it's in the mix and again it's a point that I would urge you to raise that these doses should not be counted in this way. Should not be counted at that price, should be much less than that if at all, and that there should be strict conditions on these only being counted if they're actually being used.

Layla Moran MP

Thank you. Eva.

Eva Kadilli

Yes, if I can say that actually those donations regardless of expiry date or price should not be counted on the ODA altogether, countries have been hit by Covid, governments are struggling to make choices, their budgets are really stretched and they are doing their best to really accelerate the coverage in their countries looking at the expansion of production, local production and so on. If the governments, if this is going to be counted on the ODA the ones that are going to suffer are going to be the essential services for children, that is absolutely going to be the case. So, we count on your voice to really advocate for this not being the case. Thank you.

Layla Moran MP

Thank you very much. If I could now invite you all to let us know, is there anything that hasn't been said that you're dying to tell us and if there isn't anything substantial like that, if you had Boris Johnson in an elevator for 30 seconds, what would you say? Perhaps I could start with Anna.

Anna Marriott

I would tell him that greed and capitalism is not the reason why we have such a rapid development of vaccines, it was publicly financed, you know in the case of AstraZeneca 97% publicly financed, it's actually greed and capitalism that is blocking the equitable roll out of vaccines, the sufficient supply for developing countries and the UK Government shamefully is one of a handful of governments that is blocking the real systemic solutions to global vaccine access. In the midst of a pandemic where

people are dying now, health workers are on the front line with no vaccines trying to save lives. They're not protected themselves, so this is a shameful and short-sighted vaccine nationalism on the part of countries like the UK Government.

So, what we immediately need to see, given that we have a very important World Trade Organisation ministerial coming up in just a couple of weeks in Geneva, we need to see the UK Government switching sides here. They need to back the TRIPS waiver, wholeheartedly, so that those manufacturers across the World that have expressed and come forward, those governments that have said we have manufacturers now that could be making these vaccines, if the legal rights are shared and if the technology is shared, we could be ramping up production now. We need them to support that.

And then the second pressing issue, especially in light of the fact that AstraZeneca has now broken its promise and it will now be charging for profit prices from this point forward, it made a promise it would not profit during the pandemic and the pandemic is not over and it has now broken that promise, we need to see the UK Government insisting that companies like AstraZeneca, but also GSK, as well as institutions like the Oxford University, partner with the World Health Organisation, share the technology with the World Health Organisation so it can be transferred to manufacturers in Africa, in Asia and in Latin America. So those are the two priority actions that we want to see the UK Government supporting. Thank you.

Layla Moran MP

Thank you very much. Dr Ndembu. Is he there, Dr Ndembu, any last words from you?

Dr Nicaise Ndembu

Yes, Madam Chair, thanks, I think I have two points.

Layla Moran MP

Go ahead. I think we may have lost him. Hello, you're back, go ahead make your two points.

Dr Nicaise Ndembu

Yes, I just want to say my internet connectivity is a little bit ...

Layla Moran MP

No problem.

Dr Nicaise Ndembu

Can you hear me now?

Layla Moran MP

Yes, we can.

Dr Nicaise Ndembi

Yeah, two things, I'm going to start from where Anna left, very important as we've said over 17 AU members states have expressed an interest in vaccine manufacturing and I think it's time now for that TRIPS waiver at least for the UK Government back-up that TRIPS waiver, it's very important. As we speak there is a tech transfer training hub in South Africa but we're having challenges getting access to the technology and that transfer, it's very critical. And that's going to be instrumental in getting access to do some of this vaccine in the near future as well as building a resilient system.

I think we all know that no one is safe until everyone is and it's going to be quite critical if we have a [inaudible 1:30:02.7] is Covid, it could be a pathogen X that is going to be a lockdown for 12 months, so it's time to have a global relief response to pandemic rather than having very localised original approaches. Thanks, back to you Madam Chair.

Layla Moran MP

Well, thank you very much. And Eva, any last words from you?

Eva Kadilli

Thank you. I would ask if I had the Prime Minister in a room that if he can help us to galvanise all the support that is needed to really have a good visibility from all manufacturers and governments that are giving donations at least with two months visibility so that we can work with countries and prepare for scale-up. We can't just accept countries you know expect them to receive millions, from one to two millions now to 50 million doses within a month. And then secondly really his leadership and support to continue supporting the health system strengthening, we need to prepare systems being resilient for the future, this is not going to be the last pandemic, let's not forget we are all together, we remember the days that I think we have to capitalise on today to strengthen these systems for future. Thank you.

Layla Moran MP

Thank you very much. Well, thank you everybody for your incredibly powerful and information-rich answers. There's a lot there for us to consider and take away and absolutely we'll be following up with some of you individually to flesh out some of the points that you've raised. Thank you very much all of you. Thank you very much all parliamentarians for taking part, thank you everyone at home who's been watching and following along, and we'll be back in a couple of weeks. Thank you again, take care and stay safe, bye-bye.

