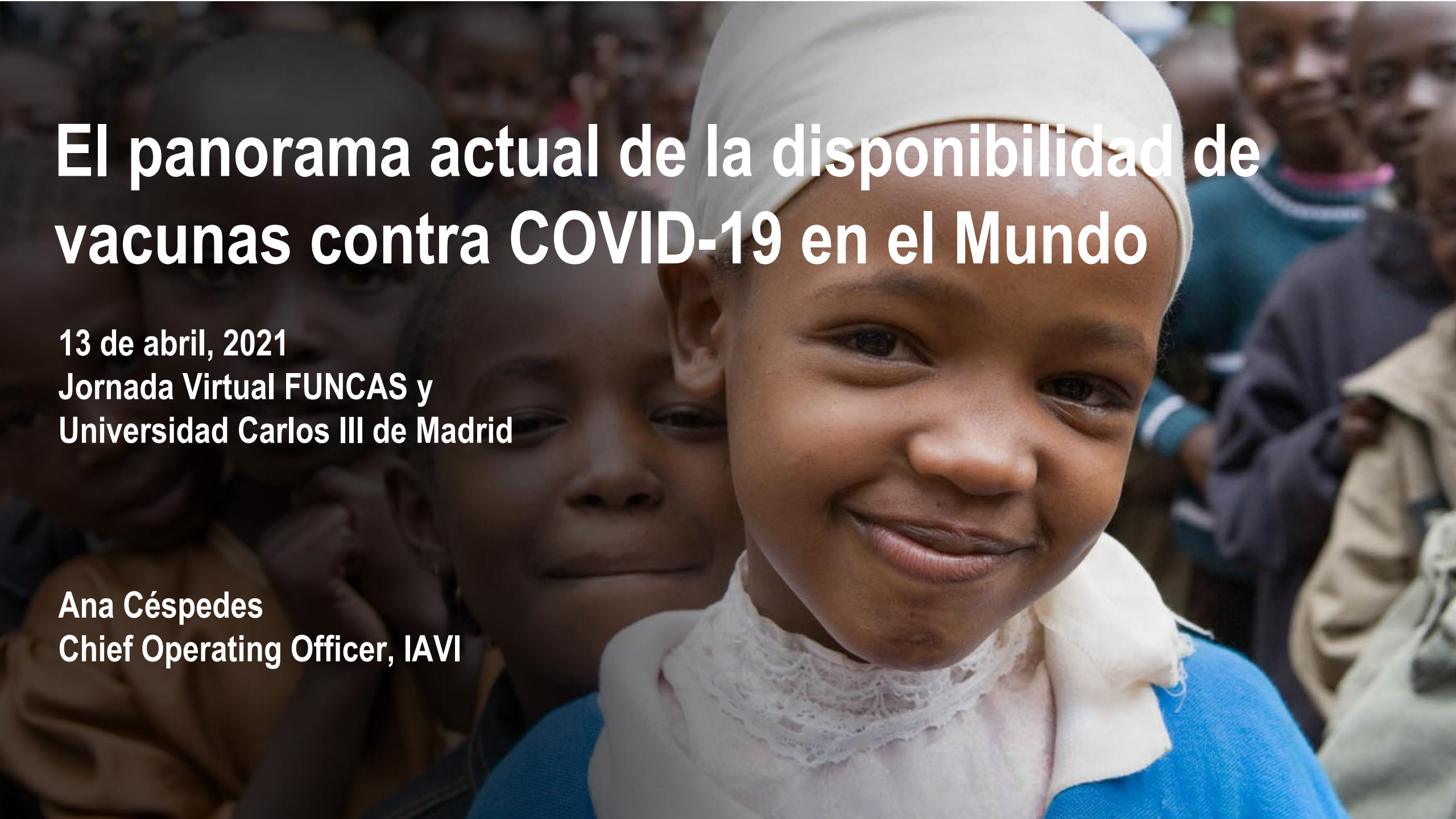


El panorama actual de la disponibilidad de vacunas contra COVID-19 en el Mundo

13 de abril, 2021
Jornada Virtual FUNCAS y
Universidad Carlos III de Madrid

Ana Céspedes
Chief Operating Officer, IAVI

IAVI is a 25y old global organization focused on the discovery and development of globally accessible vaccines & Abs for infectious diseases

Four disease areas:

- **HIV/AIDS**
- **Tuberculosis**
- **Emerging Infectious Diseases**
- **Neglected Diseases**

~280 employees

Headquartered in **New York**

6 Global Offices: NY London, Amsterdam, New Delhi, Nairobi, and South Africa

4 discovery laboratories in partnership with leading research institutions:

Neutralizing Antibody Center (IAVI/Scripps Research, La Jolla)

Design and Development Laboratory (IAVI, Brooklyn)

Human Immunology Laboratory (IAVI/Imperial College, London)

Translational Health Science and Technology Institute (IAVI/Government of India, Delhi)

$100M revenue

57 ongoing research and development programs

> 150 partnerships with public and private organizations across the world, including major Pharma and Biotech

www.iavi.org

IAVI gratefully acknowledges the generous support provided by the following major donors

Foundation for the National Institutes of Health | National Institute of Allergy and Infectious Diseases | amfAR, The Foundation for AIDS Research | The Buimerc Group | Broadway Cares/Equity Fights AIDS | Cancer Research UK | The City of New York, Economic Development Corporation | Congressionally Directed Medical Research Program (DoD) | GSK | The Hearst Foundations | Keith Haring Foundation | Merck & Co., Inc., Kenilworth, NJ, USA (known as MSD outside the USA and Canada)

And many other generous individuals and partners around the world

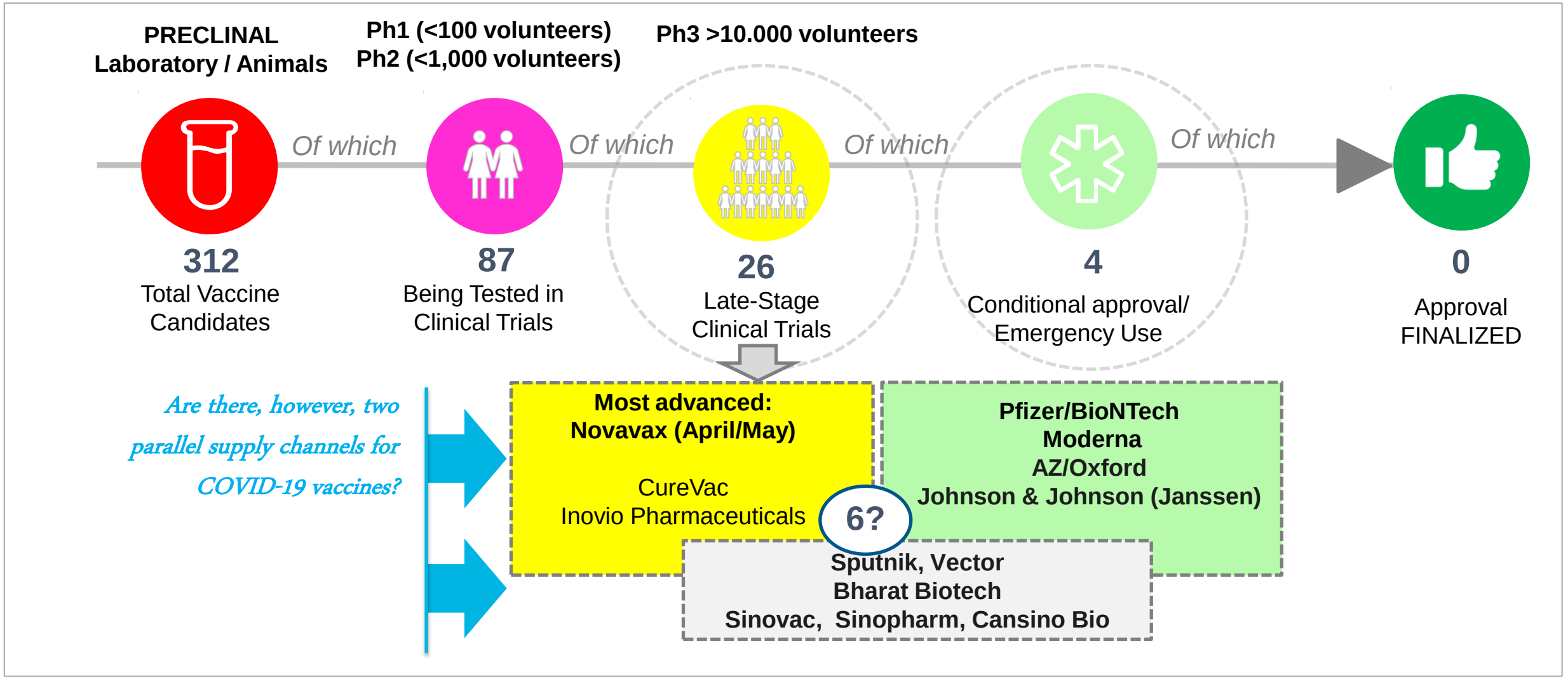
As of September 2020

1

WE **have FOUR internationally approved vaccines and additional >6 approved by local authorities.**

It is essential to ensure the availability of high-quality data for all COVID-19 vaccines and continuously updated.

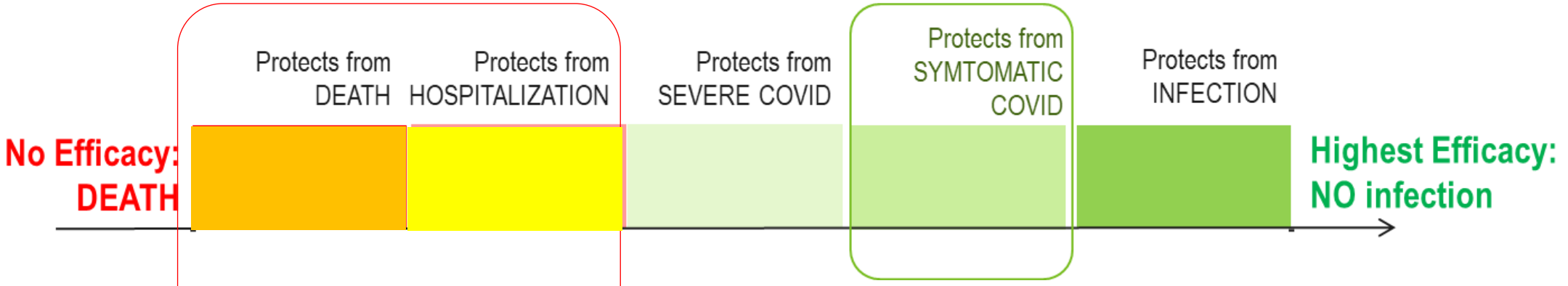
The "impossible" unlocked together: 312 programs, 87 in clinical trials, and 4 (+6?) EUA/conditionally/used outside of Clinical Trials



Elaboración propia. Datos de https://vac-lshtm.shinyapps.io/ncov_vaccine_landscape

All 4 internationally approved vaccines *decrease by 100% risk of death from COVID-19.* Data is not widely available for the "local vaccines"

CT measure Efficacy based on a predefined "endpoint" and safety based on the "n" (30,000-40,000)



Pfizer BioNTech	100%	100%	95%	2 Doses
moderna	100%	100%	94%	2 Doses
University of Oxford AstraZeneca	100%	100%	76%	2 Doses
Janssen Johnson & Johnson	100%	85%	66%	1 Dose

Results are not directly comparable: not all trials done at the same time; not same populations and/or geographies; not head-to-head data

It's critical to avoid that the developing world views certain vaccines as "second-hand substitutes" that richer countries don't want

The FACTS

HEALTHCARE & PHARMACEUTICALS APRIL 1, 2021 / 7:40 PM / UPDATED 11 DAYS AGO

Exclusive: Fauci says U.S. may not need AstraZeneca COVID-19 vaccine

By Julie Steenhuysen

REUTERS

Risk of very rare thrombotic events if vaccinated with AZ

"1 case/100,000 person"
(latest EMA update)

0.001%

Cases anaphylactic shock: 3.8 cases per million doses of Pfizer 0,00038% ; 2.5 cases per million doses of Moderna 0,00025%

x2.300

COVID death risk if you are infected

3.3 M infected and 76,328 deaths (worldwide)

2.3%

"With the string of communications blunders and a rare side effect, the developing world may view the AstraZeneca vaccine as a second-rate substitute that's being dumped on poorer nations" National Geographic, April 1, 2021

Risk can increase as RWE data emerges

?

- **How long do they protect?**
- **Will they keep efficacy against new variants?**
- **Additional very rare Adverse Events (AEs)?**
- **Efficacious and safe in infants (<12)?**
- **Will we need additional shots?**
- **..**

2

WE have an unprecedented challenge: vaccinating the world at the same time.

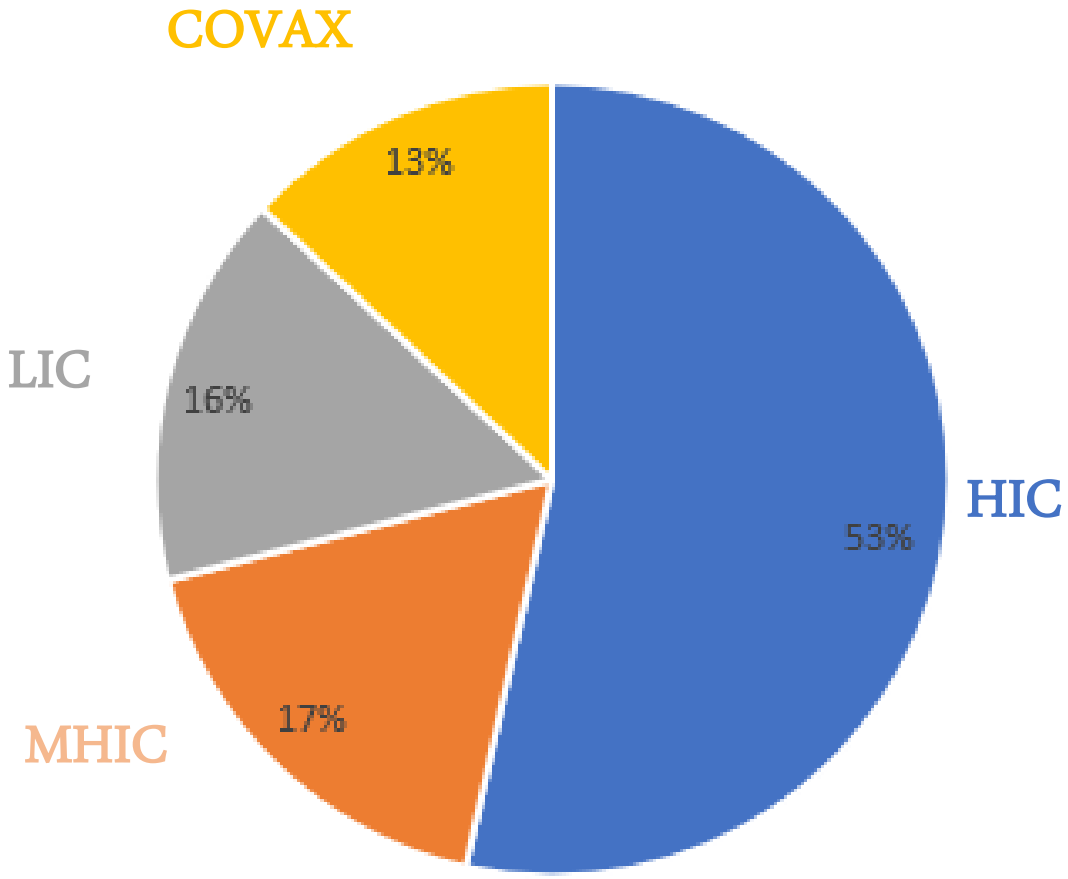
So far, global distribution of available vaccine doses is following “my country first” principle.

High and middle-high income countries have purchased *71%* of the 8,600 million available doses

14,900 M doses reserved: 8.6 billion confirmed purchased doses, with another 6.3 billion doses potential expansion

- 4,600 M High Income Countries
- 1,500 M Middle High Countries
- 1,381 Low Income Countries
- 1,120 COVAX

Source: Duke Global Health Innovation Center (30 MAR 2021)



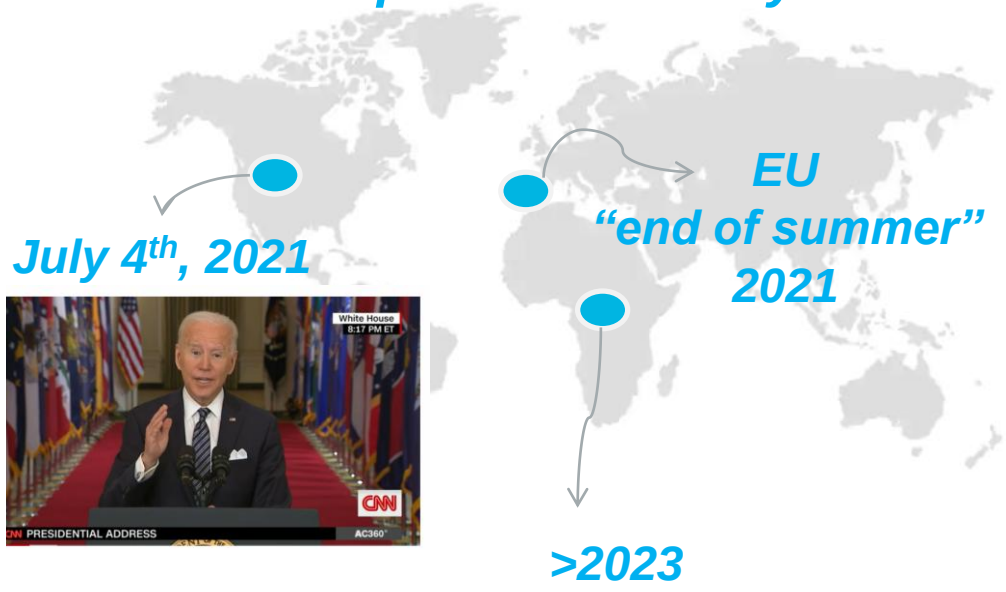
https://launchandscalefaster.org/covid-19/vaccineprocurement

Vaccination rates *differ greatly country by country* and the expectations of "heard immunity" range from "4th of July 2021" to "maybe 2023 onwards"

Countries and regions	Doses administered ▾	Enough for % of people	% of population given 1+ dose	% of population fully vaccinated	Daily rate of doses administered
Global Total	*797,516,706*	–	–	–	*18,047,446*
U.S.	189,692,045	29.6	36.4	22.3	3,214,893
China	167,343,000	6.0	–	–	3,910,429
India	108,292,423	4.0	6.9	1.0	4,169,609
EU	95,960,107	10.8	15.1	6.0	2,242,658
U.K. +	39,846,781	29.8	48.2	11.5	404,720
Brazil	31,068,617	7.4	11.3	3.5	816,698
Turkey	18,959,867	11.4	13.6	9.2	250,760
Germany	18,231,747	11.0	15.9	6.1	483,338
Indonesia	15,602,574	2.9	3.9	2.0	359,343
France	14,864,281	11.5	17.0	5.9	338,686
Italy	13,125,458	10.9	15.2	6.5	272,914
Chile	12,035,524	31.5	38.6	24.4	178,355
Russia	11,650,000	4.0	4.7	3.2	75,000
Mexico	11,395,137	4.5	7.3	1.6	337,020
Spain	10,784,997	11.6	16.5	6.7	291,615
Israel	10,269,455	56.7	58.8	54.6	20,670
UAE	9,037,923	42.0	–	–	63,029
Morocco	8,635,238	12.1	12.6	11.7	47,455
Canada +	8,143,528	10.9	17.7	2.1	250,748

Global Vaccination Campaign (Bloomberg, updated 13 APRIL 2021)

1.5 years* to vaccinate 70% of the world and your timelines will very much depend on where you live



30 percent of Kenyans will have been vaccinated by 2023.

**Assumptions: 18 Million doses/day; 9,975 Million doses needed (70% of 7,500 Million people eligible; 10% one-dose vaccines and 90% two-dose)*

All geographies are leveraging their “country power” (financial, manufacturing, political….) to enable an accelerated vaccine access to their local populations

India Suspends Covid-19 Vaccine Exports to Focus on Domestic Immunization

The government hasn't made a statement on the temporary move, which threatens to disrupt distribution to the developing world

Source: WSJ March 25, 2021

African Vaccine Delivery Is Slowed by India's Second Wave

By Janice Kew

April 8, 2021, 12:21 PM EDT *Updated on April 9, 2021, 4:15 AM EDT*

Source: Bloomberg April 8, 2021

African Union drops plans to buy Covid-19 vaccines from the Serum Institute of India

The AU is exploring purchasing jabs from US firm Johnson & Johnson

Source: The Independent, April 9, 2021

BUSINESS INSIDER | BUSINESS

'No setbacks.' SA factory on track to produce J&J vaccine

Business Insider SA
Mar 12, 2021, 12:29 PM

Source: Business Insider, March 12, 2021

India to restart Covid vaccine exports in June if local cases fall

Serum Institute says it hopes to ship jabs abroad 'without compromising the needs of our country'

alth worker checks a passenger's temperature at a railway station in Mumbai. India hit a record 115,269 new coronavirus tions on Tuesday ® REUTERS

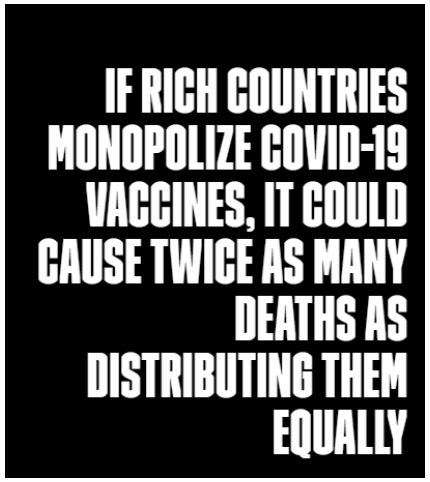
Source: Financial Times April 7, 2021

3

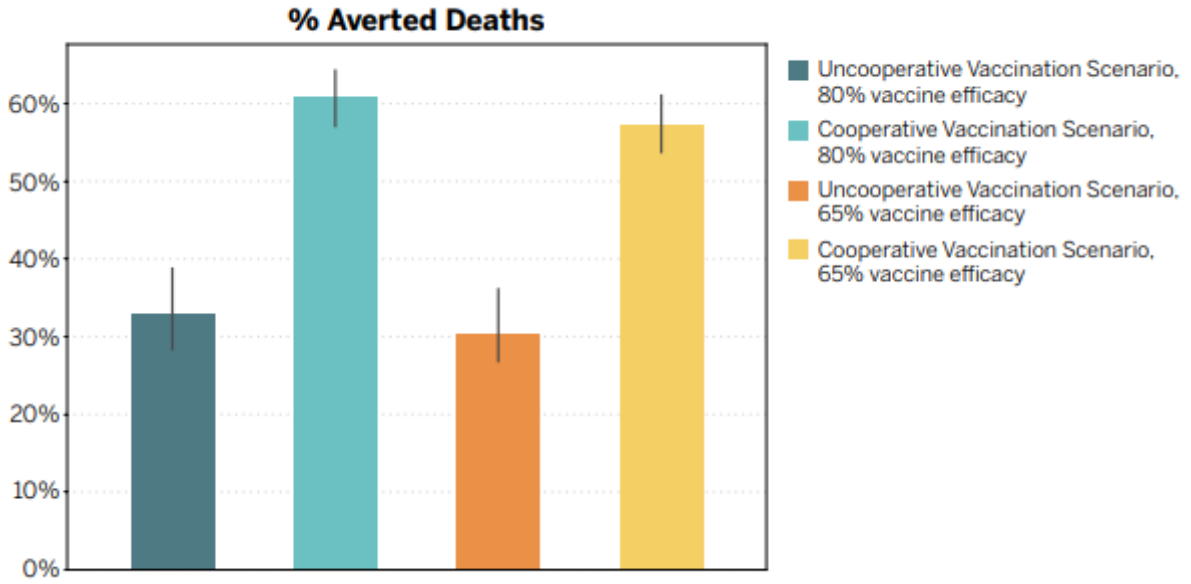
WE would save more lives and would enable an accelerated financial recovery of the global economy (with significant ROI for HIC) if we were enabling global equitable distribution.

Some early data demonstrated that *unequitable vaccine distribution could cause twice as many deaths* as distributing theme equally

61% of deaths could be averted if the vaccine was distributed to all countries proportional to population, while only **33% of deaths** would be averted if high-income countries got the vaccines first.



Source: Northeastern (14 SEP 2020)



"When countries cooperate, the number of deaths is cut in half."
Mateo Chinazzi

https://launchandscalefaster.org/covid-19/vaccineprocurement

Global vaccine access and distribution could *avoid* to high income countries between *$203 billion and $ 5 trillion* of additional financial burden

Pillar	Co-leads
Vaccines Pillar (COVAX)	CEPI, Gavi, WHO
Diagnostics Pillar	FIND, Global Fund, WHO
Therapeutics Pillar	Wellcome, Unitaid, WHO
Health Systems Connector	Global Fund, World Bank, WHO
Access & Allocation	WHO

ACTaccelerator
ACCESS TO COVID-19 TOOLS

CEPI

The ACT Accelerator is fully costed at US$ 38 billion: US $27.2 billion investment on the part of advanced economies – the current funding shortfall to fully capitalize the ACT Accelerator and its vaccine pillar COVAX – can generate returns as high as **166x the investment.**

Source: ACT Accelerator, 6 April 2021

ICC
INTERNATIONAL CHAMBER OF COMMERCE

The economic costs borne by wealthy countries in the absence of multilateral coordination guaranteeing vaccine access and distribution range between **US $203 billion and $5 trillion,** depending on the strength of trade and international production network relations.

Source: International Chamber of Commerce (25 JAN 2021)

#globalHEALTH
#scienceforall
#COVIDcommunication
#VACCINESwork

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