

Position Paper - Asia

COVID-19 PANDEMIC & VACCINE INEQUALITY



**Global
Call to Action
Against Poverty**

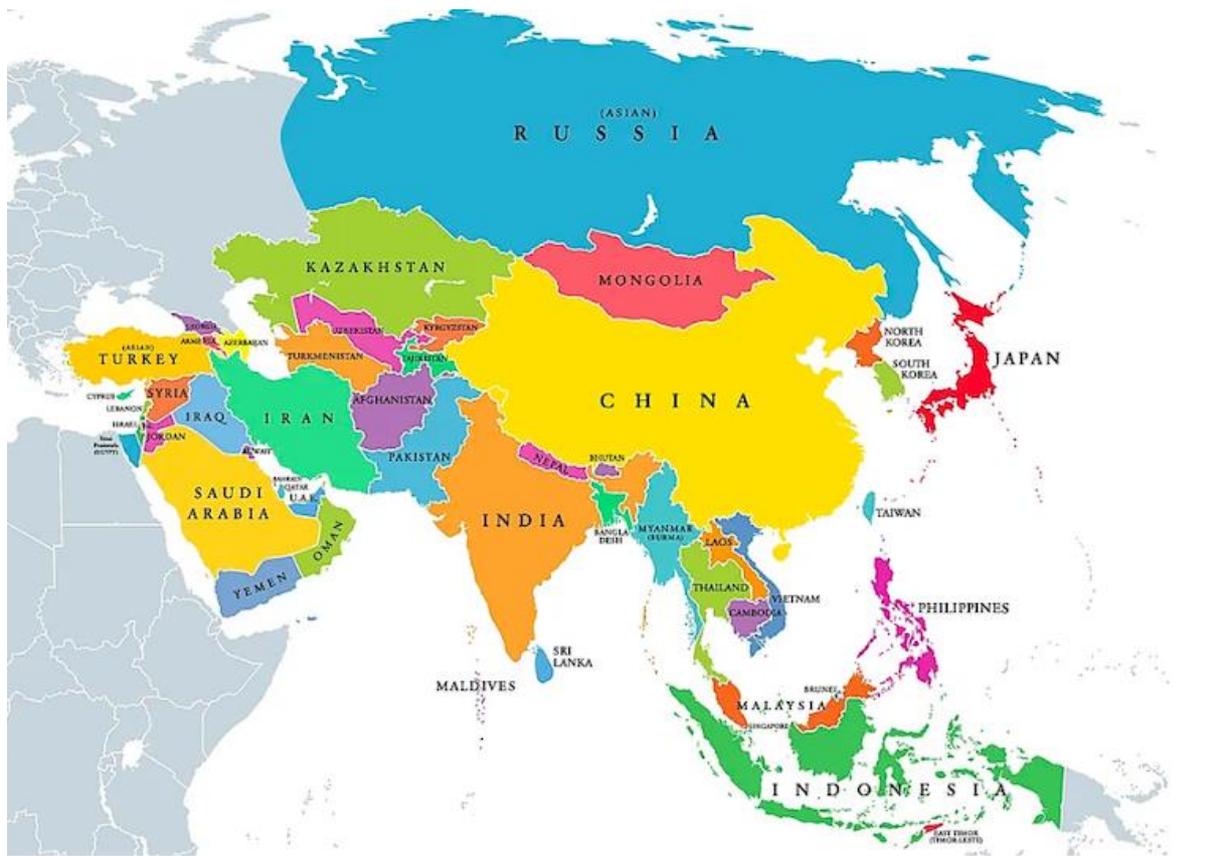
People Rising to End Inequalities

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Abbreviation:

CEPI	Coalition for Epidemic Preparedness Innovations
C-TAP	COVID-19 Technology Access Pool
COVAX	COVID-19 Vaccines Global Access
COVID-19	Corona Virus Disease 2019
ESCAP	United Nations Economic and Social Commission for Asia and Pacific
GAVI	Global Vaccine Alliance
GCAP	Global Call to Action Against Poverty
PVA	People's Vaccine Alliance
SARS-Cov-2	Severe Acute Respiratory Syndrome Coronavirus 2
TRIPS	Trade Related aspects of Intellectual Property Rights
UNICEF	United Nations International Children's Emergency Fund
VoC	Variant of Concern
VoI	Variant of Interest
VuM	Variant under Monitoring
WHO	United Nations World Health Organisation
WTO	World Trade Organisation

Executive summary:

The world witnessed the wrath of highly infectious Corona Virus Disease 2019 (COVID-19) caused by Severe Acute Respiratory Syndrome Coronavirus 1 (SARS-Cov-2), which was never experienced in the last century. The case fatality ratio for COVID-19 has been lower than SARS of 2003, but the transmission has been significantly greater, with a significant total death toll. It all started in December 2019 in Wuhan, Hubei, China and engulfed the whole world by August 2020. More than 637 million people have been affected by COVID-19 across the globe and counting. The COVID-19 virus is frequently mutating and new variants spreading fast and re-infecting people. Countries have witnessed COVID-19 waves, during that time span number of infections and death rose high, and there are 6.6 million deaths reported so far and deaths in Asian countries is more than 1.4 million. This is when underreported death cases due lack of tests and treatment in many low income countries.

The whole world was taken off guard, as similar situation was never experienced in memorable history. Even countries with well-developed health infrastructure and advanced healthcare systems failed to cope with the crisis. The situation in low and middle-income countries with underdeveloped health systems and poor health infrastructure was devastating. Along with checking the spread of COVID-19, there is no proper treatment for the novel coronavirus. Supply of medical products and equipment are found to be in short supply, and low income countries find it hard to access diagnostics and therapeutics. Apart from access to vaccines, tests and treatment (including Long COVID) are major challenges the Asian countries are facing.

To contain the spread of COVID-19 and subsequent devastation, in absence of treatment, many countries imposed restrictions and lockdowns impacting the life and livelihoods of all. Apart from health, there is a devastating effect on the economy and society at large. All businesses and industries were closed down, affecting most of the informal sector. There are 147 million who lost jobs in Asia alone and 148 million were pushed into extreme poverty (Oxfam). Ukraine war and uncontrolled inflation, further add to the woe of low income countries and poor and marginalised within many Asian countries. The impact of COVID-19 is all encompassing, children are still recovering from learning loss. On the other hand, administrations are clueless about how to check dropout rates among children belonging to socially vulnerable categories. In the whole process, whether health or economy it was the weaker section of society who bear the maximum burnt due to COVID-19.

Governments were criticised for a surge in hospitalisation and deaths, which resulted partly due to improper management, unscientific and irrational decisions. They were also criticised for the long neglect of the health sector mainly in Asian countries and the overwhelming poor health system that struggled to manage the general health system along with the huge demand for COVID-19 related hospitalisation and treatment. However, many also acknowledge the good work, progressive policy decisions and stimulus policies of Asian governments. Provisions for treatment despite the stressed health system, incentivising the poor, strengthening the social security measures and providing people with cash and food stuffs at subsidized rates or free are some of the commendable works from various Asian governments.

Containing the spread of COVID-19 is still a real challenge when vaccinating the masses (mostly free of cost) is the need of the hour. Dealing with vaccine hesitancy, short supply due to vaccine hoarding and stockpiling by high income countries, profit-seeking multinational pharmaceutical companies and prioritising the vulnerable to vaccination are some of the challenges the low income countries are still facing.

Against this backdrop, free, universal and equitable vaccination is a concern. Under-reporting of death cases due to lack of tests and treatment needs to be addressed. Now bridging the gaps in COVID-19 vaccine, diagnostics and therapeutics among low income and high income countries through relaxing the trade and transportation is critical. The international initiatives from WHO (COVAX and C-TAP) need to be followed in letter and spirit. Technology transfer and open sharing of vaccine, science, technology and knowledge through TRIPS waiver are needed so that all could access the vaccine, diagnostics and therapeutics. The pandemic is far from over, countries need to learn to end inequality within and between countries and ensure “leave no one behind”. Political leadership should understand “No one is safe until everyone is safe” well and lead everyone to safety.

1.COVID-19 Situation:

When the world has returned to something like normal after more than two years of COVID-19, the recent surge in COVID-19 cases in many countries and popular protests in many parts of mainland China against the COVID restrictions and lockdown is clear that the COVID-19 pandemic is far from over.

The world witnessed the wrath of highly infectious Corona Virus Disease 2019 (COVID-19) caused by Severe Acute Respiratory Syndrome Coronavirus 1 (SARS-Cov-2), which was never experienced in the last century. The first case of “pneumonia with an unknown cause” was reported to World Health Organisation (WHO) on 31 December 2019, from China. WHO confirmed that a novel coronavirus was the cause of a respiratory illness in a cluster of people in Wuhan, Hubei, China, on 12th January 2020. On 11 March 2020, COVID-19 has been declared a pandemic by WHO. The case fatality ratio for COVID-19 has been lower than SARS of 2003, but the transmission has been significantly greater, with a significant total death toll.

High transmission: In a short span of time the novel coronavirus spread like wildfire and engulfed the whole world. By 1 March 2020, there were one hundred thousand (1,00,000) confirmed cases reported across the globe, in the next 12 days the number of confirmed cases gets doubled and on 15 March 2020 the confirmed cases crossed 3,00,000. On 21 May 2020, the cases crossed the 5 million mark and by 10 August 2020, the confirmed cases reached the 20 million mark across the globe. In a matter of 3 to 4 months, the whole world was affected by COVID-19. So far 637 million people have been affected by COVID-19 across the globe and Asia’s share is one-third of them.

COVID-19 Waves: Countries like Japan, Thailand, Malaysia, Macao, Philippines, Singapore and Sri Lanka were the first to have confirmed cases of COVID-19 in January 2020. Other Asian countries like Yemen and Tajikistan identified their first confirmed COVID-19 cases in April 2020. But there are periods when the number of new infections and death rose high, which

is called a wave. The first wave of the COVID-19 pandemic occurred between May 2020 to December 2020 followed by a brief pause. The new variant again engulfed the whole of Asia from March 2021 onwards, what is called the second wave. Asia has witnessed four (4) waves so far with varied impacts on the health and life of people. It was during the second wave caused by the Delta variant of COVID-19 the incidence of hospitalisation and mortality rate was highest and the health system was shattered. The Omicron variant of the COVID-19 virus, which has triggered the 3rd and 4th waves is more contagious but with milder symptoms, resulting in comparatively less hospitalisation and deaths across Asia.

Hard to handle: The whole world was taken off guard, as similar situation was never experienced in memorable history. Even countries with well-developed health infrastructure and advanced healthcare systems failed to cope with the crisis. The situation in low and middle-income countries with underdeveloped health systems and poor health infrastructure was devastating. The Health system was overwhelmed, hospitals and clinics continue to report challenges maintaining or expanding their facilities and capacity to treat patients with COVID-19, whilst also maintaining essential health services.

Frequent mutation: The COVID-19 virus is frequently mutating and new variants spreading fast and re-infecting people. WHO has been constantly keeping eye on the mutants and labelling the new mutants based on transmissibility, disease severity, risk of infection, impact on diagnostics and vaccine performance. With scientific backing WHO track the variants of interest (VoI), they keep the variants under the monitoring (VuM) category and declares variant of concern (VoC). Now Omicron sub-variants are under monitoring.

Variant	Place of new variant found	Date	Label	Date
Alpha	UK	September 2020	VoC	18.12.2020
Beta	South Africa	May 2020	VoC	18.12.2020
Gamma	Brazil	November 2020	VoC	11.01.2021
Delta	India	October 2020	VoC	04.04.2021
Omicron		November 2021	VuM	26.11.2021

Source: WHO

COVID-19 deaths: More than 59% of the world's population resides in the Asia continent and South East Asia constitutes one-fourth of the world's population. 6.6 million people have lost their lives so far due to COVID-19 infection. The death cases as reported from Asian countries is more than 1.4 million so far¹, among them India has the largest number of deaths counts, that is more than 530000 deaths so far. The high number of deaths is attributed to improper management of the COVID-19 situation, underprepared health infrastructure and system, and unequal vaccination.

Data across the countries indicate that the number of deaths may be much higher than what has been reported as those who died with acute COVID-19 symptoms but had not been confirmed or tested were not counted in the official death figures. Relaxing of the travel ban,

¹ WHO COVID-19 Dashboard

return of international migrants in large numbers, reopening of the economy, are some of the causes that trigger the second wave that was more devastating.

Treatment and test: Along with free and equitable vaccines, therapeutics and diagnostics are vital in controlling the COVID-19 pandemic and also important for preventing hospitalisation and loss of life. Profit seeking pharmaceutical companies prioritise high income countries and monopolise supply, resulted in access to these lifesaving medical technologies remain grossly inadequate in low and middle income countries. High income countries did 50 times more tests, however, in low income countries only 0.04 tests per 1000 people have been done. The therapeutic and diagnostic gap in low and middle income countries is found to be not only dangerous but also unacceptable.

During the second wave in Asia (March 2021 to June 2021), the supply of medical products and equipment remains a problem and people could not afford to avail of these services and lose their lives. Test and treatment in countries like Pakistan, Philippines, India and other South-East Asian countries were found to be expensive and poor within low income countries were finding it hard to access tests and treatment.

Lack of RTPCR and Antigen rapid diagnostic tests and expensive tests have resulted in undercounting and keeping the poor marginalised left behind. This has resulted in highly transmittable variants spread, more dangerous strains emerging remains, undermine global surveillance efforts, threatens to undo public health gains and more importantly endangers the lives of people due to lack of tests and treatment.

Tests and treatment (including Long COVID) are more important in low vaccine coverage countries. On the other hand, four times more patent applications are reported for therapeutics than vaccines. The current TRIPS waiver is limited to vaccines only so there is a growing demand for relaxation and expansion of the ministerial agreement of WTO to therapeutics and diagnostics also.

Impact of COVID-19: For containing the spread of COVID-19 countries imposed restrictions and lockdowns, closing down all economic activities. After years of COVID-19 countries are still recovering from the economic slowdown and low income countries are worst hit by the economic impact. The economic impact of COVID-19 has been enormous, the average income of the poor has gone down drastically, further the inflation and price rise have made the life of the poor miserable. The war in Ukraine also added to the economic woes the world is facing. As per the World Bank, COVID-19 has marked the end of a phase of global progress in poverty reduction. There is an outright reversal in progress made pre-COVID-19. It is also estimated that during 2020 only, 70 million people have been pushed into extreme poverty². Low income / developing countries have limited resources and therefore spend less and achieved less. The financial system is less developed, the economy is informal and the social protection scheme is weak in low income countries, so they are worst affected.

² Correcting Course: Poverty and shared prosperity,2022, The World Bank

It is a big challenge for economies in Asia (53 member States and 9 associates) to recover from the pandemic and effectively pursue SDGs and climate actions. Within countries also the poor and socially vulnerable categories have been further marginalised. Informal sector workers, migrant workers, indigenous and minority communities and sex workers are worst hit by the pandemic. The situation of people in conflict and war affected areas like Palestine and Afghanistan are worse. In a recent report published by Oxfam³, since the beginning of the pandemic, 147 million people in Asia lost their job due to COVID-19 and 148 million people in Asia were pushed into poverty. On the other hand, billionaires have increased their wealth by 74%. The situation is termed as a growing inequality virus.

World Bank has come up with suggestions to counter the economic effect of COVID-19. It suggests countries to choose targeted cash transfers instead of broad subsidies, prioritize public spending for long term growth and mobilize tax revenues without hurting the poor.

Impact on education: It was really essential to close down schools during the spread of COVID-19 and to come up with online learning, but this has opened up the digital divide, where children from poor households had to be away from education for years as in the case of India. Children belonging to the most marginalised section of society were affected adversely due to access gaps, due to internet connection, internet-capable devices and digital literacy. Dropout rates and the learning gap is the new front many countries are fighting post-COVID-19 lockdown and restrictions.

Government response: The response from governments in Asia have been varied, China has still been following “Zero COVID” policy, following excessive measures, disrupting people’s lives and livelihoods, whereas other Asian countries have relaxed the lockdown and restrictions. All countries in general and low and middle income countries in particular need to learn from the COVID-19 experiences and take steps to be better prepared to face current and future pandemics and health emergencies. This will help them ensure better access to medical products in general and enhance health spending.

Asian governments are criticised for their decisions, indecisions and unscientific and irrational decisions. The second wave in India triggered by the Delta variant took more lives and the health system totally collapsed when there is a need for more hospitalisation and treatment. The policy decisions to open the restrictions and allowing religious, political and social gatherings had a fatal effect on the health and life of many. The clampdown on critics, leaving millions of migrants to travel back home on their own, inadequate testing and under-reporting of death cases and positive cases, untimely lockdown and restrictions, high cost of diagnostics, treatment and long wait even for vaccination, policy failures and faulty policy favouring the pharma companies, keeping profit over life and economy are some of the criticism the Asian nations faces.

Despite criticism, there was also positive intervention from Governments that saved many lives. Timely suspension of non-essential international and inter-provincial travel ban, installation of thermal scanners, contact tracing, provisions for isolation and treatment

³ Rising to the challenge, January 2022, Oxfam International

facilities, employees were asked to work from home, strict enforcement of COVID-19 appropriate behaviour, tax reporting deadlines were moved back, increased spending on health care and pandemic prevention, procurement of health essentials and equipment, off late restrictions on social, religious and other gatherings are some of the positive policy decisions marked across Asian countries.

Stimulus policies: Many Asian countries tried to bring back the economy and people to normalcy through some progressive and stimulus policy decisions. Industries that were hit hard due to lockdown and other restrictions were discounted and incentivised. Local employment generation for inward migrants, incentivising social security support, making cash available by direct cash transfer to poor families, making available essential food items are some of the stimuli that really helped people recover from the devastation of the pandemic.

2. COVID-19 Vaccine:

Vaccination: Countries across the globe are now aware that until people in all corners of the world, not just those that can afford it were protected, the virus would continue to rage. There is no full proof treatment available for novel coronavirus disease, treatment is mostly done according to symptoms. So long as full proof treatment is available, controlling the pandemic is critical, and there is a need for safe, free and universal vaccination for all. The vaccine is supposed to reduce severe disease, death and protect the overwhelming health system.

Vaccination and herd immunity: Epidemiologists are of the opinion that once there is herd immunity there is some kind of protection from the infectious disease, that occurs when a sufficient proportion of a population can no longer acquire or transmit infection. Either through vaccination or natural immunity resulting from the previous infection, the virus struggles to find susceptible hosts. The non-pharmaceutical interventions like physical distancing, regular sanitization, putting the mask, avoiding crowded places and other COVID-19 appropriate behaviour are also helpful. So as the virus spreads it will mutate, and virus mutation brings more uncertainties. The transmission will continue until roughly 95% of the population is immune (in case of measles). The 95% is the herd immunity threshold⁴. The percentage of people who need to be immune in order to achieve immunity varies with each disease. The herd immunity threshold is decided based on the efficacy of the vaccine against COVID-19 variants. Vaccines prevent disease than treat it, and they do so by priming a person's immune system to recognise a specific disease causing bacteria, viruses or other pathogen.

When the vaccine is 100% effective against existing variants of coronavirus disease, 60% to 72% immunisation would be the herd immunity threshold. When the efficacy of the vaccine is 80% we need 75% to 90% vaccination to reach the herd immunity threshold.

⁴ https://www.gavi.org/vaccineswork/what-herd-immunity?gclid=CjwKCAiAp7GcBhA0EiwA9U0mtvmVzF6oHbkvqAtIrecELBm7aGqrSNx83IGIIKruF6uNoggAbv3HJhoCwLYQAvD_BwE

Vaccine hesitancy: To give the message that the vaccine as developed is safe and it can successfully fight the further spread of the virus and minimise hospitalisation and casualties, many State Heads, like in India, Malaysia, Indonesia and others, came forward and took the vaccines in public. Despite all that, there are also misinformation, rumours and sometimes linked to religious beliefs. The vaccine hesitancy was tackled successfully, prevalent mostly in rural and inaccessible areas of many Asian countries, with awareness drive and sensitization by government agencies and civil society organisations.

Vaccination priority: The pandemic is far from over and the vaccine is the best bet for staying safe. 47 COVID-19 vaccines have been approved for use in at least one country. But low and middle income countries were found to be lagging behind when it comes to vaccination of their population. Countries like Burundi started inoculating during October 2021 only, whereas developed countries started vaccination well before January 2021. This is due to stockpiling of vaccines by developed nations, ungenerous vaccine manufacturing countries, unsupportive international trade regimes and profit driven pharmaceutical companies.

Initially, many Asian countries faced the challenge of growing demand and supply gap for vaccines. Almost all the countries had to prioritise managing the limited supply of vaccines during the initial days. As a matter of priority, frontline workers in health and social care settings were vaccinated, including police and military personnel. In the second stage elderly (above 60 years of age) and public officers were given priority followed by vulnerable social groups, and people under 60 years who have underlying health conditions that put them at a higher risk of death. Later the vaccination expanded to all population groups (including children below 18 years of age) as per the availability of doses.

World Health Organisation also prioritised vaccine supply and gave a target of vaccination of 20% population in the first phase. In the second phase, countries were supposed to be prioritised based on, under risk of the high impact of COVID-19, vulnerable healthcare systems, with vulnerable populations. There was also space for humanitarian buffers like refugees, asylum seekers, and workers in these settings.

To prevent the pandemic WHO had a target to vaccinate 40% population in each country by end of December 2021 and 70% vaccination by mid-2022. But in reality, by September 2022, 53% people in high income countries were vaccinated whereas only 1% in low income countries. When high income countries have already administered booster doses to 58.4% of their population, upper middle income countries have 48.3, the lower income countries have only administered 1.4% booster doses to their population.

As of 26th September, 2022, 12.71 billion doses of the COVID-19 vaccine were administered across the world. This has been estimated to have prevented 19.8 million deaths.

Vaccination level of the countries by November 2022

SI No	Name of country	Vaccination level (Both doses and booster dose)	Source/Remarks
1	Nepal	<ul style="list-style-type: none"> • First dose among the total population: 79.5% • Full dose among the total population: 76.5% • First dose among the total population 12 years and above: 99.5% • Full dose (2 doses) among the total population 12 years and above: 95.7% 	Government of Nepal
2	India	<ul style="list-style-type: none"> • 94% of people above 12 are vaccinated • 86% of people above 12 are vaccinated with 2 doses • 90% of adult population fully vaccinated (2 doses) • Booster dose among adult population 	https://bit.ly/3tNTLUd https://bit.ly/3OnUDZb https://bit.ly/3gr0EIg (By August 2022)
3	Pakistan	<ul style="list-style-type: none"> • Percentage of vaccination among adult population (2 doses)- 57.46% • Percentage of vaccination among adult population (Booster doses) - 20.78% 	Government of Pakistan
4	Bangladesh	<ul style="list-style-type: none"> • 87.23% adult population with first dose • 76% adult population with both doses • 48% adult population booster dose • Children are also getting 	Government data
5	Cambodia	<ul style="list-style-type: none"> • Vaccination results compared to the total population of 16 million, 95.14% • 103.76% of the population aged 18 and over compared to the target population of 10 million • 101.15% of children and adolescents aged 12 to under 18 years old 	Government of Cambodia

		<p>compared to the target population of 1,827,348</p> <ul style="list-style-type: none"> • 110.26% of children from 6 years old to under 12 years old compared to 1,897,382 target population • 140.14% of 05-year-old children compared to the target population of 304,317 • 78.59% of children aged 3 to under 5 years compared to 610,730 target population 	
6	The Philippines	<ul style="list-style-type: none"> • Percentage of vaccination among adult population (2 doses)- 66.39% • Percentage of vaccination among adult population (booster dose)- 18.77% • Vaccination among children (Above 12)- 18.22% 	Data based on estimated total population of 111M (Source: Government, NGOs, World bank etc)

Vaccine inequity: Vaccination status differs not only between high income and low income countries but also within low and middle income countries. Along with vaccine manufacturing, there are other factors like vaccine infrastructure and the ability and opportunity to purchase / import vaccines through donations or otherwise.

Global response: The United Nations and World Health Organisation have risen to the occasion and working for equitable vaccine, therapeutics and diagnostics by creating platforms like C-TAP and COVAX. Due to these initiatives many low income countries have benefited and checked the COVID-19 pandemic.

(C-TAP) COVID-19 Technology Access Pool was launched by WHO in May 2020. This is a platform to voluntarily pool knowledge, intellectual property and data so that COVID-19 medical products are accessible to all.

COVAX is a unique global solution aligned with making equitable access to the COVID-19 vaccine possible. The tagline of COVAX “No one is safe until everyone is safe” speaks about its work. The aim is to accelerate the development and manufacture of COVID-19 vaccines and to guarantee fair and equitable access for every country in the world. It is working for global equitable access to COVID-19 vaccines and it is led by GAVI, CEPI and WHO alongside keeping delivery partner UNICEF. As a show of global solidarity, the world comes together to back COVAX. 122 countries have already received COVAX doses, 98 lower income countries – 58 million of them. 1.8 billion by early 2022.

COVID-19 and Intellectual Property rights: Vaccine hoarding has been a major challenge during the time of COVID-19, by May 2021 the United States has fully vaccinated half its adult

population when Chad had not been able to vaccinate a single person. At the same time, Canada had ordered enough vaccines that could vaccinate its population five times, similarly the United Kingdom 3.6 times, European Union 2.7 times⁵. In this backdrop, in October 2020, India and South Africa, supported by more than 100 countries, submitted a joint proposal to the TRIPS (Trade Related Aspects of Intellectual Property Rights) of WTO for a temporary waiver so that member countries of WTO are free to use products and technologies for the prevention, treatment and vaccines for containment of COVID-19. After an inordinate delay of more than one and a half year, on 17 June 2022, the temporary waiver was adopted in the Ministerial Conference of WTO for vaccines only and not for other products, also there is narrow scope and application of the decision mainly on the issue of licensing, use of technology and manufacturing. However, critics say that the MC12 decision is not a TRIPS waiver as the trade secret would not be shared. It has only further liberalised the patent regime.

3. Free and universal vaccination:

The vaccine offers lifesaving protection against a disease that has killed millions. The world has witnessed the hoarding of vaccines by high income countries and the greed of the multinational pharmaceutical companies. Had we put lives first before profit, many lives could have been saved, especially across low-income countries. There is a huge gap when it comes to vaccination in high and low income countries. Equitable distribution of vaccines, diagnostics and therapeutics followed by a fair allocation framework, correct and equitable distribution could stop the acute phase of the pandemic and allow the rebuilding of our society and economy. The situation of low vaccination coverage in low income countries also delayed vaccination will help continue the inequality to exist and delay recovery from the pandemic.

There is a need for addressing the global inequity to access to all health products and technologies for prevention, treatment and containment of COVID-19. In the fight against containing the COVID-19 pandemic, along with vaccines, therapeutics and diagnostics are critical. All countries despite their geographic and economic divisions are supposed to access the timely availability and affordability of all medical products.

Within countries, the marginalised section has borne the brunt of these accessibility barriers. Also, there is a clear division when it comes to vaccination, testing and treatment. There is an income divide, knowledge divide, economic and financial divide, and above all there is a digital divide that discriminates poor and marginalised. The current approach of health for all is challenging and expensive in low income Asian countries like Afghanistan, Bangladesh, Bhutan, Cambodia, East Timor, Laos, Myanmar, Nepal, and Yemen. The donated vaccines are close to the expiry date, distribution is found to be expensive and difficult in hard-to-reach areas. Stress on the already weak health system in these countries.

The civil society formations like the People's Vaccine Alliance (PVA) and GCAP have been demanding a People's Vaccine, meaning the vaccine should be declared a public good and policies for free and universal vaccination should be adopted.

⁵ COVID-19 – Impact on inequalities in Asia, Beckie Malay & Pradeep Baisakh

4. Key demand and recommendations:

- Free, fair and equitable global distribution of vaccines should be ensured. There is an urgent need to agree on and implement a global roadmap to deliver the WHO goal of fully vaccinating 70% of people by mid-2022.
- Along with vaccines, access to therapeutics and diagnostics should be ensured by diversified manufacturing and supply to close the access gap facing people in low income and middle income countries.
- Technology transfer and open sharing of vaccine – science, technology and knowledge through TRIPs waiver and joining WHO's C-TAP initiative. COVID-19 vaccines, treatment and tests should be through governments at an affordable price so that poor can access these services.
- Political leadership should refrain from vaccine nationalism, and work towards TRIPs waiver for vaccines, diagnostics and therapeutics.
- Countries in Asia should make the course correct and invest more in the health system as a matter of priority.
- For strengthening the public health system, there should be a formal platform to coordinate with CSOs, for vaccination, awareness building and reaching out to the most marginalised.
- The countries should move towards Universal Health Care as promised under SDG 3.
- The WHO promoted Pandemic Treat should be adopted after due deliberations to tackle any future pandemic in a better way.

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