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**The End of the Coronavirus Pandemic is Near:  
How the global collaboration that drives COVAX is  
critical to overcoming the virus** (1280 words)

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Some 11 billion doses of COVID-19 vaccines have been manufactured in the little more than a year since the first of these ground-breaking new shots were authorized by regulators. More than nine billion doses have been administered. This means that as the world faces the prospect of another year of the pandemic, significantly **more than half of the world's population has received a first dose of a vaccine** that can help ward off severe illness or death from SARS-CoV-2.

As a global community, we should both take pride in this huge and historic collective effort and acknowledge and lament the vast inequities that have emerged as it unfolded. Both on moral grounds and as a matter of public health, **we must strive to reduce these inequities in the coming year.** We can only succeed in our struggle against the pandemic collectively and globally. **We cannot end the pandemic country by country, rich, then poorer, then poorest.**

**COVAX** – *COVID-19 Vaccines Global Access* – was set up in April 2020 and is a worldwide initiative aimed at equitable global access to COVID-19 vaccines. **More than 184 countries have joined** the initiative in the meantime.

Our goal – that of the partners of COVAX, including our organization CEPI (the *Coalition for Epidemic Preparedness Innovations*) as well as the World Health Organization, the GAVI Vaccine Alliance and UNICEF, and that of the global community as a whole – is **to achieve global vaccination rates of 70% in 2022.**

In making progress toward this goal, we can go a long way toward **closing the deep chasm that has emerged in the past year between rich and poor countries’ access to vaccines.** We can prevent the inequities of supply we saw in 2021 from becoming inequities of coverage by the end of 2022.

And **if we achieve this goal the world will, in all likelihood, emerge *this year* from the pandemic.** COVID-19 will still be with us, to be sure, capable of causing new epidemics as new variants develop, but the acute phase of the pandemic will be over.

## **OMICRON’S MESSAGE**

The prospect of the world suffering a third year of pandemic coronavirus is, without doubt, a grim one. Many more people died from COVID-19 in 2021 than did in 2020 (the cumulative number of officially recorded deaths almost tripled between January 1, 2021 and January 1, 2022).

We can anticipate however, that with **the range of life-saving vaccines and therapeutics science has delivered at such astonishing pace** in the past year, the pace at which deaths accumulate will slow. As we write this (in mid-January), and even despite the global spread of the Omicron variant, the average number of deaths recorded daily over the last six weeks has fallen by a third compared to the 2021 average.

The emergence of the **highly mutated Omicron variant** – a new threat that combines some of the worst features of previous COVID variants – is our most immediate concern. It is highly transmissible and has rapidly overtaken Delta as the dominant infection-causing variant worldwide.

Emerging evidence that Omicron may be less virulent than other variants suggests that in some ways, Omicron could almost be a deliverance. Yet even the best-case scenario will place **severe strains on many healthcare systems**. Such a scenario is one in which Omicron sweeps the world with a wave of mostly less severe COVID infections, and in doing so all but wipes out previous variants, boosts population immunity, and leaves in its wake a period of respite with low levels of viral transmission.

And at the end of the wave, we would still only be seeing a pandemic disease becoming an endemic one. And just as with flu - another endemic respiratory virus that has exploded into pandemics multiple times in its history - **new COVID variants will continue to emerge periodically**, with some having the potential to cause vast new global waves of infection.

Essentially, we will have **two globally circulating and mutating viruses** – flu and SARS-CoV-2 – either or both of which could cause new pandemics at any time. That’s a scary position to be in.

Whatever its ultimate impact, the Omicron variant conveys an important message that we would do well to heed: **we need better, more broadly protective, more enduring vaccines against COVID-19**. And to get the vaccines we need in order to live with COVID-19 for the long term, **we need to continue to invest in research and development (R&D)**.

## **R&D FOR BETTER VACCINES**

We need variant-proof vaccines, and vaccines that are easy to deliver in every environment. We need vaccines that can be delivered orally and nasally, and **vaccines whose protective effects last far longer than the ones we have now**.

We do not want to be in a position where we have to give a booster to everyone in the world every six months (or even more frequently). Administering a booster or developing an updated vaccine every time a new variant emerges simply cannot be our long-term strategy for living with COVID-19.

As the critical R&D work to **develop more broadly protective and more durable vaccines advances**, these new vaccines, the first of which are already entering clinical trials, will also contribute to the global response.

Expanding the world’s armamentarium of vaccines will not only ensure we create and manufacture vaccines that are suitable for a range of contexts

but also help mitigate the risks of over-reliance on limited sources and supply drop-outs.

## **FULFILLING COVAX'S PROMISE**

COVAX, and the international collaboration it exemplifies, **is critical to steering the pandemic towards a best possible outcome.** Ultimately, of course, COVAX cannot deliver vaccines it does not have.

The COVAX mechanism's goal from the beginning was to build a portfolio of ten to a dozen COVID vaccines, and COVAX now has contracts in place with nine manufacturers and **has delivered over a billion doses to 144 countries**, with more than half of those doses delivered in the fourth quarter of 2021.

Supply constraints that had dogged COVAX's ability to meet its ambitious targets in 2021 are rapidly disappearing as export bans are lifted, more doses are manufactured and delivered under COVAX purchase orders, and **as countries with embarrassing over-supplies of vaccine have finally begun donating significant quantities to countries with limited access.**

The focus of the global vaccine effort for 2022 is therefore necessarily going to be on delivery, as last-mile challenges now present the major bottleneck to increasing vaccine coverage globally. With respect to the pandemic effort, the **main current challenge is helping all countries vaccinate as large a percentage of their populations as possible.**

As the first few months of this year see hundreds of millions more doses shipped via COVAX, the collective effort must shift to **providing direct**

**technical assistance and support to countries so that they can deliver the vaccines to their populations.**

Vaccination at this scale **requires an unprecedented surge capacity in health workforces and immunization systems.** The global community can and must give logistical assistance and training support as well as donating doses.

We now have billions of COVID vaccine doses in the pipeline. If we are determined to **help all countries get these doses to those who need them, we can make 2022 the year in which everyone who wants it has access to COVID vaccination** – and ideally achieve WHO’s goal for global vaccination coverage.

For those of us who had hoped to **mitigate the moral horrors of vaccine nationalism**, it will have been an uncomfortable, bumpy road: we won't have achieved vaccine equity in the time and at the pace we had hoped. Undeniably, many that might have been saved will have perished. **But in ending inequity through the global collaboration that COVAX represents, we will help end the pandemic for everyone.**

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