

## Transcript

### **From vaccine delay to vaccine diplomacy and new virus variants**

Good day I'm Sonny Krishnan from Internews. In this podcast today, which is the second in our series of updates on the COVID-19 vaccines, we have Adele Baleta, who is a pandemic health journalism mentor with Internews and a specialist on vaccine reporting.

Welcome Adele.

**Adele:** Thank you so much for the invitation Sonny, it's lovely to be with you again.

**Q. Several countries stand out for their success in delivering coronavirus vaccinations, while most of the world is struggling to figure out how to get immunizations into more arms. What can you tell us about this?**

**Adele:** I think for context, I'd like to start off with mentioning that more than 65 million doses of vaccines have already been rolled out in 65 countries to date, bearing in mind that we still have to get to billions of people. But that is where we stand at the moment. The UK was the first country to begin delivering the Pfizer biotech vaccine in early December. That was the first vaccine ever, ever rolled out. And the European Union, followed by rolling out the same vaccine at the end of December.

So the situation at the moment is that Middle Eastern countries are the top scorers in the race to vaccinate their citizens. Israel is currently number one in the world, having already delivered 39.94 doses per 100 people.

So they've already given the vaccine out to a quarter of their population, looking at how they managed to do this, and their success is due to being a small country having paid top dollar to acquire vaccines – anywhere between \$30 to \$47, a dose which is extremely high, and they also have a robust health system.

But a word of caution while being applauded for its vaccine efforts, human rights organizations have actually condemned Israel for leaving out the more than 5 million Palestinians living in the West Bank and Gaza.

The United Arab Emirates is second, with 23.14 doses per 100 people. And the success of the UAE and Bahrain, which is also high on the list has been attributed to these countries having signed off early on both the Pfizer and Sinopharm vaccines last year. So they had two vaccines to roll out.

The UK has 10 in every 100 people receiving a shot, and they basically are third from the top. They have been challenged with various delivery issues. And it's not as easy as I would say as the other countries.

Turning to the US, the US has delivered 22 million doses. And that's a lot. But that only represents 6.82 doses in every 100 people.

President Biden recently declared the US roll-out a dismal failure, as it falls far short of targets that have been set. So the US has been dogged by delays in distributing the vaccine and lack of supply of second doses of the vaccine. And it's also been vaccine hesitancy, which has been fueled by anti vaxxers.

The success in the EU, although they started early is patchy, with many in the Balkans feeling abandoned by the EU neighbors. So, they're not getting access as much as other countries in the EU in the European Union.

Germany initially had problems with the stability of doses being compromised when a break in the cold chain occurred during transportation to cities.

The EU is now also confronting a lack of AstraZeneca doses. So that is going to be a problem for them going forward. I think that France has been known to be a country which has high vaccine hesitancy as in other European countries. So that's another challenge that they have to face.

But I think importantly, vaccine hoarding has thus far left low income countries on the backfoot in the race to vaccinate, and so they don't even feature on the list at the moment.

**Q. What can you tell us about the new vaccine candidates that have gone through Phase 3 trials and are about to be rolled out, in particular the Johnson & Johnson vaccine?**

**Adele:** There are 20 vaccines that are currently in Phase Three trials. And we have seen some given emergency approval, such as the Pfizer/BioNtech vaccine, Moderna, AstraZeneca, Sinopharm, Sputnik 5, Covishield and Covaxin, amongst others.

You know, we talk about these (vaccines) still being in Phase Three trials because data is still being looked at.

The (Phase Three) results of Novavax and especially the Johnson and Johnson vaccines are eagerly awaited. The Johnson and Johnson vaccines results are expected this week. So it's definitely something to look out for.

There is a lot of interest in the Johnson and Johnson vaccine, specifically because it is a single dose vaccine and it also does not require refrigeration at extreme temperatures. So unlike the Pfizer/BioNtech vaccine, this vaccine only needs to be stored at minus two to minus eight degrees centigrade which has huge advantages in terms of distribution and maintaining a cold chain.

Then like the AstraZeneca vaccine, it is a viral vector vaccine that uses an adenovirus which is a virus of the common cold and therefore it is not virulent. This adenovirus is engineered to carry coronavirus genes. Johnson and Johnson is also looking at a two-dose regimen of their vaccine. So it's the first dose we're looking at really and it's great exciting news for all

the reasons that I've lined out. But they are also going ahead and looking at a two-dose regimen.

**Q. The World Health Organization's COVAX program aims to help developing countries secure vaccines. However, the program will only cover the most vulnerable 20 percent of each country's population. Assuming that each vaccine requires the administration of two doses, Africa, with a population of over 1.3 billion people, will need at least 1.6 billion doses to meet its 60 percent vaccination target.**

**To make up for COVAX's limited reach, African governments are considering deals to buy vaccines that are viewed with skepticism in the West. In particular, several governments have expressed interest in vaccines manufactured by China's Sinovac and SinoPharma companies.**

**What can you tell us about this, Adele?**

**Adel:** China is both a long-established diplomatic partner and an investor in Africa. Chinese interests on the continent encompass not only natural resources, of which we have many in Africa, but also issues of trade security and diplomacy. And this has been going on for a number of years.

So it's no surprise that China would assist the continent with vaccine supply. In fact, China has stated it is willing to supply free vaccines to countries in Africa.

The West's skepticism about the efficacy of the Chinese vaccines comes out of China's veil of secrecy over the trial data of their vaccines. But this is unlikely to affect the vaccine relationship between African countries and China.

Remember, vaccine hoarding has ultimately not been kind to Africa, and with China offering their vaccines for free, and I'm sure for if it's a case of paying for them, it will be at a very, very low cost. Africa is not in a position necessarily, to deny or to say no.

The issue though, that I do want to say is that each country has a regulator.

Not all countries have regulators, but they rely on the WHO in that case to give regulatory approval for any specific vaccine for their country if they do not have a regulatory authority.

So the point here is that the vaccines from China won't just be rolled out, they will have to go undergo regulatory approval within country before they can be rolled out. And remember, the West is not necessarily saying that these Chinese vaccines are bad vaccines. And I think that's very important.

The problem comes with Russia, and their data is not being shared. And until that happens, there's always going to be skepticism. But it does not mean that these vaccines don't have high efficacy. We must assume that they do have efficacy. But the regulator will be the determinant of whether the vaccine is rolled out or not.

**Q. On another front, India in its “Neighbourhood First” initiative, makes it the first country to deliver COVID-19 vaccines across South Asia, ahead of COVAX. Free shipments of AstraZeneca's vaccine manufactured by the Serum Institute of India have begun arriving in the Maldives, Bhutan, Bangladesh, Sri Lanka and Nepal. Doses have also been sent to Seychelles and Myanmar.**

**Is this completely opposite to the vaccine nationalism we had seen earlier among rich countries?**

**Adele:** Let’s have a look at vaccine nationalism first. The world has been consumed with vaccine nationalism before a single dose of any vaccine was manufactured. So I'm referring to the mad scramble by high and middle income countries to access as many doses as possible for their citizens.

These countries have entered into bilateral deals with manufacturers which has been described by WHO director-general Dr. Tedros, and I quote, a catastrophic moral failure at the expense of low-income countries.

So that is what we have understood to be vaccine nationalism – which is an incredibly negative connotation.

The Indians responded differently by opening up access. And as you say, this part of India's ‘Neighborhood First Initiative’ making it the first country to deliver COVID-19 vaccines across South Asia.

And it must be pointed out that this is a hit against China, which has promised but not so far delivered to COVAX. So China sees itself as an important facilitator of delivering vaccines, but it has not delivered yet. So China is currently losing the race.

If you think of it in terms of India, it has to be said that India has geopolitical aspirations.

And it's been noted that India's vaccine diplomacy while seemingly humanitarian, and surely it is it's also designed to create more space for itself as China pushes to expand its influence in South Asia.

India also wants to heal its relationship with Bangladesh, which is one of the countries you mentioned that are going to receive shipments of India's vaccine. And the healing of the relationship follows India's controversial citizenship laws that keeps Muslims out. And like China, it also wants a foothold in Nepal.

So while India's diplomacy is to be applauded as it caters for low income countries, compared to the West's hoarding of vaccines, this must be seen within the context of geopolitical aspirations. It is a big player and meets 62% of global demand for vaccines.

So my feeling is that we need to track this and we need to stay with the story. We need to watch the space about how this diplomacy unfolds.

**Finally, Adele, this is the question on everyone's lips. Will the new variants of COVID-19 have any effect on the current vaccines?**

**Adele:** Scientists are concerned about variants that have emerged in the UK, Brazil and South Africa. And the reason for this is that these variants are more transmissible. In other words, they are more easily spread. But it must be said that they are not more virulent. That means that none of these variants cause more severe disease.

The issue about why we are seeing more deaths related to these variants is because there is more infection, which means that more people are seeking access to healthcare facilities. And in many cases, the access the healthcare facilities have been overburdened and are not coping especially in resource poor settings. So that needs that point needs to be stressed.

All of these variants have undergone changes to this spike protein, which is very important in the COVID virus gaining access into and attaching to human cells. And there are concerns that the COVID-19 vaccine will not give protection against these variants.

But I'm happy to say Sonny, I have some good news for you. The Pfizer vaccine has been found not to be affected by the B 117 variant first identified in the UK. So that gives us pause for celebration. As much and as early as yesterday, Moderna announced that their vaccine is both protective against the mutation found in the UK, as well as the 501Y.V2 variant that emerged in South Africa.

But the South African variant has shown (in laboratory settings) to escape neutralizing antibodies, which are part of our body's defense mechanism against viruses. In addition, research is underway on all of these variants to see how they interact with vaccines.

Scientists in South Africa have stressed that until shown otherwise, it is reasonable to expect vaccines to be effective against the variant that emerged in South Africa, as has been seen in clinical trials to date.

I also want to say that our immune response to infection and to vaccines involves more than just antibodies. So in some African cases, where these variants seem to escaped neutralizing antibodies, there are other mechanisms that can deal with fighting the virus. And researchers are currently looking at these.

So the jury's still out, we need to pause we need to be able to reflect on this accurately – and not to spread any panic about any of these variants. The science is evolving and we will get to know what is happening. But I would say that both the Pfizer and Moderna results are very encouraging indeed.