



Capitol Hill Steering Committee on Pandemic Preparedness & Health Security



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Center for
Health Security

Transcript from June 16, 2021: Global Vaccine Access: Challenges and Opportunities

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00:00:02.639 --> 00:00:11.490

Andrea Lapp: Welcome to today's webinar global vaccine access challenges and opportunities our moderator and nita Cicero will now begin.

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00:00:14.160 --> 00:00:24.570

Anita Cicero: Welcome, thank you all for joining us today for the Capitol Hill steering committee on pandemic preparedness and health, security, my name is Anita Cicero i'm deputy director at the Center for health security.

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00:00:25.560 --> 00:00:34.590

Anita Cicero: And our Johns Hopkins Center started the Steering Committee last fall as a bipartisan educational effort we have the support with.

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00:00:34.950 --> 00:00:46.350

Anita Cicero: From Congressional leaders in the House and the Senate, as well as former administration officials, all of whom are committed to making the country in the world more prepared for the greatest health security threats.

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00:00:47.040 --> 00:00:52.590

Anita Cicero: we're also very grateful that the open philanthropy project supports this monthly webinar series.

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Anita Cicero: So today we're going to do have a discussion on the status and the future of global vaccine distribution.

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Anita Cicero: The development and distribution of covert 19 vaccines is crucial not only here but also around the world.

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00:01:07.020 --> 00:01:20.730

Anita Cicero: And we know that the decisions about global vaccine distribution are multifaceted so strategic decisions around distribution involve issues related to equity epidemic control vaccine nationalism.

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00:01:21.030 --> 00:01:28.380

Anita Cicero: Global Health Security manufacturing capacity in different countries and regions around the world as an addition to other issues.

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00:01:29.010 --> 00:01:42.090

Anita Cicero: Today we're going to discuss where things stand now in terms of global access to vaccines and the urgent need to expedite global vaccine distribution to save lives and also reduce the risk that the the.

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00:01:42.750 --> 00:01:57.600

Anita Cicero: virus variants pose this is relevant, not only for the Cobra 19 pandemic but we're also here to consider opportunities, where we can plan creatively in this area with a goal of speeding vaccine distribution during future pandemics.

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00:01:58.350 --> 00:02:10.440

Anita Cicero: Today we're joined by one of our honorary co chairs Senator Chris van hollen of Maryland and our other speakers include Jennifer knows Oh, who is a senior scholar at the Johns Hopkins Center for health security.

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00:02:10.920 --> 00:02:28.380

Anita Cicero: loyce pace director of the office of global affairs at hhs gail Smith, who is the coordinator for global coven response and health security at the US State Department and Richard hatchet the CEO of the coalition for epidemic preparedness innovations are stuffy.

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00:02:29.400 --> 00:02:36.030

Anita Cicero: Were honored to have Senator van hollen as our first speaker today the Senator was first elected to Congress and.

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00:02:37.320 --> 00:02:47.580

Anita Cicero: And in January 2017 he began representing Maryland and the Senate, he sits on the appropriations and budget committees as well as the foreign affairs and banking committees.

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00:02:48.120 --> 00:03:00.570

Anita Cicero: He played a key role in the passage of the affordable care act and he continues to work to end health disparities and ensure access to affordable health care so First, I will go over to you, Senator, thank you for joining.

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00:03:01.590 --> 00:03:09.000

Senator Van Hollen: Well, thank you, Anita and I do want to start by thanking you and the entire team at Johns Hopkins.

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00:03:10.020 --> 00:03:21.210

Senator Van Hollen: And for forming the Capitol Hill steering committee to discuss the vaccine situation in the United States and, of course, today, focusing on global.

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00:03:21.690 --> 00:03:31.410

Senator Van Hollen: access and where we stand in that effort i'm pleased to serve on the Senate Foreign Relations Committee and the appropriations committee and non the Foreign Relations Committee.

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00:03:32.310 --> 00:03:42.120

Senator Van Hollen: I head up a subcommittee on a global health and Africa and it's a great honor to join with all of you and with the four other.

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00:03:42.390 --> 00:03:52.440

Senator Van Hollen: The other panelists I do want to especially thank gail Smith, for her work right now and she's testified in front of our committee recently and look forward to continuing to work with.

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00:03:52.800 --> 00:04:02.280

Senator Van Hollen: Her and the administration everybody on this call, as all of you know we've made tremendous progress here in the United States, as I understand it, as of.

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00:04:02.610 --> 00:04:12.180

Senator Van Hollen: Today, more than 170 million Americans have received the vaccine and I do want to thank the terrific team at Johns Hopkins.

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00:04:12.660 --> 00:04:23.070

Senator Van Hollen: Along with others around the country but Johns Hopkins has been front and Center, both in terms of the development of vaccine therapeutics and of course tracking the public health.

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00:04:23.520 --> 00:04:30.600

Senator Van Hollen: Consequences here in the United States and around the world, and I think we all recognize that.

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00:04:31.410 --> 00:04:38.460

Senator Van Hollen: As a world leader, we have a responsibility to help those in desperate need around the world.

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00:04:38.910 --> 00:04:54.390

Senator Van Hollen: And also, by helping those in desperate need around the world, we are also helping ourselves because we know in this global interconnected world that pandemics, no, no boundaries and until we extinguish koba.

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00:04:55.410 --> 00:05:02.760

Senator Van Hollen: Everywhere in the world, it can continue to mutate, you can continue to variance and we never know for sure.

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00:05:03.240 --> 00:05:09.210

Senator Van Hollen: Whether those variants will be able to overcome some of the vaccines so it's both the right thing to do.

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00:05:09.960 --> 00:05:22.200

Senator Van Hollen: As well as something that's important to protect all Americans from the continuing global epidemic and it is very much continuing, in fact, as you know, increasing.

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00:05:22.800 --> 00:05:36.600

Senator Van Hollen: In many parts of the world, according to the World Health Organization, a test positivity is risen in 14 African countries over the last seven days with eight of them reporting a surge of over 30%.

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00:05:37.050 --> 00:05:42.480

Senator Van Hollen: in new cases and the threat of a third wave is rising on that continent.

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00:05:42.930 --> 00:05:52.920

Senator Van Hollen: South America is being hit harder than any other continent with nearly all of its countries having among the highest rates of new infections and deaths here in our hemisphere.

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00:05:53.520 --> 00:06:05.730

Senator Van Hollen: As Secretary blinken has said, and I agree with them entirely until everyone in the world is vaccinated then no one is really fully safe, and I think that sums up our mission today and also the urgency.

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00:06:06.240 --> 00:06:28.890

Senator Van Hollen: of getting it done and, as you mentioned, Anita it's important for the purpose of extinguishing coven and this coronavirus but also to make sure that we establish the infrastructure for future potential outbreaks of pandemics i'm really pleased to see.

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00:06:30.090 --> 00:06:36.990

Senator Van Hollen: The actions Congress took over the last year, and especially pleased to see the actions taken recently by President Biden and.

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00:06:37.680 --> 00:06:49.470

Senator Van Hollen: his team, starting with the commitment to donate the 80 million surplus vaccines to foreign countries by the end of June recently announcing the allocation of the first 25.

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00:06:50.280 --> 00:07:03.360

Senator Van Hollen: million of those 19 million through Kovacs 6 million for Latin America and the Caribbean 7 million for south and southeast Asia 5 million for Africa, and then 6 million to go to other.

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00:07:03.840 --> 00:07:14.820

Senator Van Hollen: partners that are also experiencing needs, and of course we saw the President announced at the G seven Summit that the United States will purchase 500 million.

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00:07:15.420 --> 00:07:23.160

Senator Van Hollen: More vaccines and he made it clear that this is, with no strings attached we've seen other countries around the world.

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00:07:24.060 --> 00:07:30.210

Senator Van Hollen: like China, who have been providing vaccines, but there are strings attached their conditions.

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00:07:31.020 --> 00:07:36.780

Senator Van Hollen: The United States and our partners are going to be making these vaccines available based on.

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00:07:37.260 --> 00:07:46.980

Senator Van Hollen: need, as you know, of those 500,000,200 million are scheduled to go out this year 300 million scheduled to go out in the first half of next.

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Senator Van Hollen: Year that's on top of the \$4 billion that Congress has provided on a bipartisan basis to Kovacs and.

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00:08:01.380 --> 00:08:17.040

Senator Van Hollen: All of you know that by both helping Kovacs with the additional resources, but that money and working to try to attract more donors to Kovacs as well as working on the track of the 500 million additional doses.

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00:08:17.910 --> 00:08:31.800

Senator Van Hollen: We are we are you know, on our way to you know doing our part to eradicate coven 19, but I think all of us recognize the urgency of this moment because.

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00:08:32.760 --> 00:08:41.310

Senator Van Hollen: As I just said, and we know this this pandemic is spreading this virus is spreading very quickly.

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00:08:41.910 --> 00:08:51.330

Senator Van Hollen: In many parts of the world, so we are in a race against time and we need to deploy all the resources we have to defeat this pandemic.

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00:08:52.050 --> 00:09:00.900

Senator Van Hollen: As soon as possible, glad to see you know, the United States really stepping up now and i'm really grateful to all of you.

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00:09:01.590 --> 00:09:09.120

Senator Van Hollen: For the part you've played, both in getting us to where we are in turning the corner on this pandemic here in the United States.

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00:09:09.720 --> 00:09:26.940

Senator Van Hollen: But also, recognizing the unfinished work we've got ahead and the urgent nature that work so again, thank you to Hopkins for bringing us together and i'm grateful for everything that everyone on this call is doing, and let me turn it back to you, Anita.

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00:09:27.660 --> 00:09:28.020

Senator Van Hollen: Thank you.

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00:09:28.110 --> 00:09:37.620

Anita Cicero: So much Senator thank Thank you excellent remarks and very good in terms of setting you know the context of where we find ourselves today.

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00:09:38.580 --> 00:09:47.010

Anita Cicero: If you have a moment for question, I wonder if, as we think about not only this pandemic but structuring.

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00:09:47.430 --> 00:10:04.830

Anita Cicero: A plan for rapid distribution of you know, for mass vaccination, the next pandemic, do you see there are any lessons learned from the presence emergency plan for AIDS relief, known as pepfar that we could implement or think about in terms of future vaccination efforts.

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00:10:06.030 --> 00:10:19.680

Senator Van Hollen: Well, I do think that you know pepfar was and remains that extraordinarily important successful program and it has helped I think build out the public health infrastructure in.

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Senator Van Hollen: many places, but I think this pandemic has taught us that we need to you know definitely multiply our efforts and expand our efforts in terms of building up that.

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00:10:34.200 --> 00:10:48.450

Senator Van Hollen: Public health infrastructure in more places around the world, so I really do look forward to hearing you know from all of you, and are the experts as to as to the best way.

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00:10:49.020 --> 00:11:00.330

Senator Van Hollen: forward again, you know pepfar it's been a success everywhere, I mentioned that I now chair the Subcommittee on Africa, and I think you know, working with all of you.

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00:11:00.840 --> 00:11:09.600

Senator Van Hollen: To help build out that structure even more working, of course, with the those African countries and their leadership and their public health.

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00:11:10.830 --> 00:11:34.320

Senator Van Hollen: You know folks is something that we need to do lots of lessons to be learned from this pandemic from you know, detecting the outbreak earlier responding faster but also making sure that we have in place that public health infrastructure in those cases where we're not able to contain.

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00:11:35.790 --> 00:11:38.010

Senator Van Hollen: an outbreak as quickly as we would like.

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00:11:40.380 --> 00:11:50.220

Anita Cicero: Well, thank you so much, Senator, thank you for joining us again for one of these webinars and for your leadership on the steering committee it's it's wonderful to have that support.

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00:11:51.180 --> 00:11:55.230

Senator Van Hollen: with you all and I apologize, I do have to run, but thank you all very much.

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00:11:55.290 --> 00:11:56.820

Anita Cicero: Okay, thank you take care.

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00:11:59.160 --> 00:12:09.150

Anita Cicero: And now we will get to our other experts on the panel, our first speaker is going to be Dr Jennifer Nessa my colleague at the Center she's a senior scholar at our Center.

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00:12:09.480 --> 00:12:17.940

Anita Cicero: And an assistant professor at the Johns Hopkins Bloomberg School of Public Health she's also a senior fellow for global health at the Council on Foreign Relations.

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00:12:19.050 --> 00:12:27.870

Anita Cicero: Her work focuses on global health security pandemic preparedness outbreak detection and response health systems, bio surveillance and infectious disease diagnostics.

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00:12:28.320 --> 00:12:37.950

Anita Cicero: Jen also directs the outbreak Observatory, which conducts operational research with frontline practitioners to improve outbreak preparedness and response.

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00:12:38.700 --> 00:12:45.660

Anita Cicero: She is one of the co leaders of the Global Health Security index which benchmarks countries, public health and healthcare capacities.

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00:12:45.960 --> 00:12:59.040

Anita Cicero: As well as their commitment to global health security financing in their political and socio economic risk environments, the second index is due to be released later this year so Jennifer I will now turn it to you thanks so much for joining.

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00:13:00.390 --> 00:13:06.030

Jennifer Nuzzo: For the introduction and many thanks to Senator van hollen for those excellent framing remarks.

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00:13:06.780 --> 00:13:20.040

Jennifer Nuzzo: So, in the last 16 months of this pandemic, there have been a series of increasingly grim milestones and, unfortunately, this week we reached another one, with more than 600,000 Americans having lost their lives to cove it.

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00:13:20.910 --> 00:13:32.760

Jennifer Nuzzo: it's a really tough statistic to wrap our heads around one because of the sheer numbers but also, I think, for many of us living here in the US life looks and feels a lot different now than it did a few months ago.

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00:13:34.260 --> 00:13:42.750

Jennifer Nuzzo: But, as someone who's been deep in the coven data for the last year, as part of the team behind the Johns Hopkins coronavirus resource Center, I can tell you that those feelings.

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00:13:43.410 --> 00:13:53.760

Jennifer Nuzzo: are really quite deceiving the reality is that in the last six months, global deaths from coven 19 and have surpassed koba deaths ever reported in 2020.

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00:13:54.660 --> 00:14:02.700

Jennifer Nuzzo: The story of covert in 2021 is much different than that of 2020 increasingly it's a story of deep disparities.

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00:14:03.270 --> 00:14:11.460

Jennifer Nuzzo: And well case numbers have been consistently falling in the United States, particularly over the last month and a half, globally, the picture is much different.

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00:14:11.910 --> 00:14:16.740

Jennifer Nuzzo: it's clear from looking at the data that we're in the midst of one of the largest surges in cases to date.

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00:14:17.670 --> 00:14:22.770

Jennifer Nuzzo: Though the daily case numbers across the globe may appear to be falling you know, in the last few weeks.

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00:14:23.250 --> 00:14:34.830

Jennifer Nuzzo: I don't think we can take too much reassurance from that because it's due in large part to fall off in cases being reported from India, which at its peak accounted for upwards of a quarter of all.

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00:14:35.370 --> 00:14:48.690

Jennifer Nuzzo: Kovac cases reported in the world, the reality is that many places in the world are now experiencing record high case surges and this week, more than 50 countries are on my watch list for reporting, an increase in cases.

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00:14:49.620 --> 00:14:59.130

Jennifer Nuzzo: i'm particularly troubled by the fact that one three quarters of these countries are increasing seeing an increase in cases in the double digits.

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00:14:59.580 --> 00:15:11.040

Jennifer Nuzzo: And a number of the countries that are on the list are countries that had been doing, you know previously quite well in controlling coven countries that had garnered praise for their abilities to contain the spread of co but.

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00:15:12.300 --> 00:15:23.370

Jennifer Nuzzo: The reality is that the the emergence and spread of global variants are making it much more difficult for countries to keep their case numbers down through the traditional public health means that they've been using.

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00:15:23.850 --> 00:15:36.720

Jennifer Nuzzo: The spread of these variances outpacing those efforts and when we see countries that previously garnered praise now struggling to control the spread that really is a bellwether for what's to come, and it also underscores the urgency to act.

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00:15:37.680 --> 00:15:46.950

Jennifer Nuzzo: there's now in the data a pretty clear signal that the countries that are doing the best are those that have been able to vaccinate large larger portions of their adult populations.

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00:15:47.550 --> 00:16:05.250

Jennifer Nuzzo: And, whereas those countries that don't have vaccines clearly remain vulnerable to deadly K surges from new and harder to control genetic variants even countries that previously did Okay, I think, now we are have much reason to worry about every country that has not been able to vaccinate.

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00:16:06.480 --> 00:16:19.890

Jennifer Nuzzo: News this week is quite rightly focused on concerns about the increasing spread of the delta variant the United Kingdom has been battling arise in cases due to the circulation of this virus and its unvaccinated populations.

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00:16:20.910 --> 00:16:36.570

Jennifer Nuzzo: The increasing occurrence of this variant across the globe, even here in the United States and the observation that it may send more infected people to the hospital than previous versions of the virus are quite rightly stoking fears and fears, even here in the United States.

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00:16:38.310 --> 00:16:43.320

Jennifer Nuzzo: I will tell you my real concern about delta right now is not the United Kingdom or the United States.

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00:16:43.980 --> 00:16:57.690

Jennifer Nuzzo: Well, places in our country with lower vaccine coverage remain at great risk our overall high levels of vaccine coverage, particularly compared to other parts of the world means we're probably not going to experience a surge nearly as bad as what we've seen to date.

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00:16:59.550 --> 00:17:07.110

Jennifer Nuzzo: that's you know some some potential upside of that, but I am still very much worried and particularly worried about other countries.

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00:17:07.860 --> 00:17:23.640

Jennifer Nuzzo: who have much lower levels of immunity, they will remain vulnerable to this variant and any variants to come, I was very heartened to learn of the bite administration's plans to donate vaccines, the pledge offered by the United States.

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00:17:24.870 --> 00:17:31.560

Jennifer Nuzzo: is an extraordinary development in global health security it's the largest one made to date by a single country and.

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00:17:32.580 --> 00:17:45.150

Jennifer Nuzzo: It is you know clearly having a catalytic effect in terms of accelerating donations from other countries so as an American I am i'm very, very proud and heartened by this, I think this is a profound development.

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00:17:46.140 --> 00:17:55.170

Jennifer Nuzzo: But as an epidemiologist I am worried, I am seeing how quickly these cases are mounting across the globe and it makes me very worried about.

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00:17:55.680 --> 00:17:58.440

Jennifer Nuzzo: The timing and the allocation of these donations.

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00:17:59.430 --> 00:18:09.150

Jennifer Nuzzo: For these donations, the vaccines that we're trying to roll out to have the most impact to do the things that we as humans care most about their ability to do to save lives.

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00:18:09.570 --> 00:18:23.460

Jennifer Nuzzo: We have to get them in arms, as quickly as possible, to prevent people from dying much of the projection of the currently available doses, and that those will be made in the future are unfortunately on the scale of you know, a year or more.

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00:18:24.690 --> 00:18:33.930

Jennifer Nuzzo: But at the rate, this virus is currently spreading, it is a guest, this is clearly a guest, but just looking at the pace of things I say we have about a year.

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00:18:34.920 --> 00:18:39.960

Jennifer Nuzzo: window, at best, to use the vaccines to prevent the most number of deaths.

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00:18:40.830 --> 00:18:45.450

Jennifer Nuzzo: Now it's, not to say that, after a year we won't continue to need vaccines, we absolutely will.

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00:18:45.780 --> 00:18:53.910

Jennifer Nuzzo: There will be many other things that we can do it's just that, after that year window, the way that we use the vaccines and the impact they're going to have is going to be different.

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00:18:54.240 --> 00:19:02.700

Jennifer Nuzzo: This next year is a critical want to prevent premature deaths and the reason why I say this is that the virus is starting to spread and is likely to continue to be headed.

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00:19:03.870 --> 00:19:10.020

Jennifer Nuzzo: In into countries that increasingly have fewer options for Disease Control fewer options.

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00:19:10.740 --> 00:19:17.670

Jennifer Nuzzo: To treat and heal the sick less capacity to identify cases and stop transmission less capacity to count deaths.

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00:19:18.120 --> 00:19:30.450

Jennifer Nuzzo: Less capacity to indoor and sustain lockdowns and other broad based measures, those are very hard measures to implement, but particularly when they're acute concerns about their abilities to exacerbate food insecurity.

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00:19:30.990 --> 00:19:43.020

Jennifer Nuzzo: So it is really a critical time that we intervene been earlier in the pandemic, there was a false narrative that emerged and only high income countries like the US would experience the most deaths from Kobe 19.

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00:19:43.560 --> 00:19:58.800

Jennifer Nuzzo: And unfortunately, as we continue to see the tolls mount across the globe, as we continue to understand, about the underreporting of deaths due to lack of capacity, we continue to do analyses like looking at excess deaths that narrative is being disproved so I very much worry.

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00:20:00.330 --> 00:20:08.970

Jennifer Nuzzo: about countries that have yet to experience a large surgeon cases and have yet to protect, particularly their high risk adults with vaccines.

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00:20:09.870 --> 00:20:16.650

Jennifer Nuzzo: Though every country needs access to vaccines, the reality is we don't currently have enough enough doses to meet global needs even with these proposals.

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00:20:17.280 --> 00:20:22.260

Jennifer Nuzzo: These proposals that from the administration and the G seven they are profound development.

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00:20:22.920 --> 00:20:29.730

Jennifer Nuzzo: to improving vaccine equity, but the amounts pledged to date are not enough to cover existing needs, we have no choice.

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00:20:30.150 --> 00:20:44.130

Jennifer Nuzzo: Then, given the fact that need outstrips availability to priority, but to prioritize the allocation of these vaccines to ensure that we can optimize their impact, and there are different ways that we can prioritize but I strongly support the proposal that was.

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00:20:44.130 --> 00:20:51.690

Jennifer Nuzzo: recently published my my colleague Tom boy key at the Council on Foreign Relations it was published in The Lancet arguing that we should be allocating.

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00:20:51.990 --> 00:20:58.980

Jennifer Nuzzo: These doses according to epidemiological need the idea that we should be using vaccines to address ongoing surges and to think about.

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00:20:59.760 --> 00:21:09.570

Jennifer Nuzzo: Preventing the most premature deaths, I think that allocating according to epidemiology is important, I think all countries need vaccines, but we have a small window and and.

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00:21:10.020 --> 00:21:15.690

Jennifer Nuzzo: And a limited number of vaccines and so we have to give those to the places that we are the most worried about.

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00:21:16.560 --> 00:21:26.010

Jennifer Nuzzo: Now, there have been some counter arguments to this that you know it's it's hard to send vaccines to places that are experiencing surges because it takes in some cases, six weeks to develop immunity.

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00:21:26.640 --> 00:21:32.820

Jennifer Nuzzo: You know that that's not not true, but it is also runs counter to how we usually manage epidemics, which is.

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00:21:33.180 --> 00:21:37.620

Jennifer Nuzzo: We do send the resources to where the needs are, and I think we have data that shows that even.

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00:21:37.980 --> 00:21:47.970

Jennifer Nuzzo: You know one dose of a two videos vaccine offer some level of protection, and we certainly want to make sure that we protect healthcare workers who are in the midst of the most harm.

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00:21:48.570 --> 00:21:57.600

Jennifer Nuzzo: So we may have other goals for vaccine donations, but it's really important that we consider epidemiologic risk as a way to allocate the supplies that we have.

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00:21:58.380 --> 00:22:08.340

Jennifer Nuzzo: But at the end of the day, we absolutely need to make sure we move these vaccines as quickly as possible, of course, we have to add urgency to our efforts to make more vaccines to meet global needs.

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00:22:09.180 --> 00:22:15.300

Jennifer Nuzzo: But we are in a very critical period and I don't think that that the timing element has been stressed enough.

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00:22:16.110 --> 00:22:22.770

Jennifer Nuzzo: I mentioned earlier that delta is getting the delta variant is getting a lot of attention this week and it's certainly one that's worth our worries.

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00:22:23.730 --> 00:22:40.860

Jennifer Nuzzo: I think one encouraging sign for me has been to see that the increase in cases that the united, the United Kingdom has been dealing with is starting to slow and to me that really speaks to the the power of vaccines and one of the reasons why I remain hopeful about.

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00:22:42.060 --> 00:22:49.140

Jennifer Nuzzo: You know much of the United States but it's also, I think, and not get another wake up call, of the need to act with urgency.

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00:22:49.680 --> 00:22:59.460

Jennifer Nuzzo: And it also reinforces the fact that variance are going to continue to emerge, so long as we allow this virus to continue to circulate in in large numbers across the globe.

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00:23:00.000 --> 00:23:09.360

Jennifer Nuzzo: And we know that not all places in the world have the sequencing capacity of the United Kingdom to be able to spot and sequence their cases to track variance.

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00:23:09.840 --> 00:23:23.640

Jennifer Nuzzo: So, in some parts, you know the risk remains, but the abilities to track the risk is blind and really I think this continues to underscore the urgency to use vaccines to shape the trajectory of this pandemic.

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00:23:24.750 --> 00:23:37.230

Jennifer Nuzzo: There are no guarantees that other variants won't emerge that will render our vaccines less powerful and to me that is a really that's the scary thought that that I worry about most we have come so far.

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00:23:37.650 --> 00:23:41.220

Jennifer Nuzzo: In in overcoming this pandemic to allow that to happen, and so.

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00:23:42.090 --> 00:23:50.250

Jennifer Nuzzo: it's crucial that we act with greater urgency to make sure that all countries have the tools they need to protect their populations and and global worries about this virus.

136

00:23:50.970 --> 00:23:56.910

Jennifer Nuzzo: Senator van hollen said it, and I will repeat it's no exaggeration to say that none of us are fully protected until all of us are.

137

00:23:57.270 --> 00:24:06.690

Jennifer Nuzzo: And I applaud the United States for its leadership on this issue, but also encourage us to continue to push to increase the speed of number of vaccinations that are given across the globe thanks so much.

138

00:24:07.770 --> 00:24:08.400

Anita Cicero: Thanks Jen.

139

00:24:09.930 --> 00:24:20.670

Anita Cicero: Our next speaker is noise page loyce is the director of the office of global affairs in the US Department of Health and human services in this role her.

140

00:24:21.690 --> 00:24:31.710

Anita Cicero: In in the office of global affairs, she takes the lead on setting priorities and policies that promote American public health agencies and interest worldwide.

141

00:24:32.400 --> 00:24:39.780

Anita Cicero: loyce overseas hhs as engagement with foreign governments and international institutions, as well as policymaking bodies such as the.

142

00:24:41.520 --> 00:24:51.360

Anita Cicero: United Nations General Assembly and the World Health Assembly previously she served as President and executive director of the Global Health Council or GAC.

143

00:24:51.960 --> 00:25:02.340

Anita Cicero: Prior to her role at jsc Loi spent over a decade, working with Community based organizations and grassroots leaders and countries across Africa and Asia.

144

00:25:02.640 --> 00:25:17.070

Anita Cicero: On campaigns for person centered access to health she's also held positions on various global and regional advisory committees and boards that focus on equity and inclusion so noise, I will now turn the floor to you, thank you for joining.

145

00:25:17.520 --> 00:25:29.070

Loyce Pace, HHS (she/her): Thank you for having me and greetings everyone has been able to join this webinar I am glad and proud to be sharing a bit more with everyone.

146

00:25:29.880 --> 00:25:35.880

Loyce Pace, HHS (she/her): What hhs has been doing in response to this pandemic and specifically how we're approaching.

147

00:25:36.420 --> 00:25:47.490

Loyce Pace, HHS (she/her): The very important work of sharing vaccines worldwide, I have to echo what Jennifer said about how urgent that need is, and I think that's something that we recognized as an administration i'm happy to be joined by my colleague.

148

00:25:48.120 --> 00:25:50.790

Loyce Pace, HHS (she/her): coordinator, Neil Smith, who will speak more.

149

00:25:51.270 --> 00:25:59.190

Loyce Pace, HHS (she/her): To how we're approaching this work, but let me start just by helping people understand how we come together as a government on these pieces and specifically.

150

00:25:59.460 --> 00:26:08.640

Loyce Pace, HHS (she/her): The word hhs and our opposite global affairs has been doing in this space at the Senator really said, well, we talked about how this needs to be an either or right.

151

00:26:09.030 --> 00:26:17.970

Loyce Pace, HHS (she/her): There are domestic agenda is frankly intertwined with our national agenda, and I think during a pandemic and such a time as this, we come to understand that.

152

00:26:18.420 --> 00:26:30.930

Loyce Pace, HHS (she/her): intimately and yet that's always the case of public health right, I think we create this false barrier border, if I may say so, between what happens at home, what happens abroad and really it's all quite connected, and so we.

153

00:26:31.260 --> 00:26:41.100

Loyce Pace, HHS (she/her): Really value the work that we do at hhs and helping bridge that gap to some degree, and really make the case for translating what we know to do.

154

00:26:41.610 --> 00:26:53.070

Loyce Pace, HHS (she/her): Here at home worldwide and, frankly, we learn a lot from what happens around the world to that we can buy at home, and so in leaning into those connections and the way we operate.

155

00:26:53.820 --> 00:26:57.180

Loyce Pace, HHS (she/her): or one way we operate, I should say, is to help that sachets.

156

00:26:57.480 --> 00:27:09.510

Loyce Pace, HHS (she/her): That are based in various countries like Brazil like Indian like Mexico and beyond, and so they've been essential and with regards to assist in the US government's response.

157

00:27:09.720 --> 00:27:18.510

Loyce Pace, HHS (she/her): In country, as you have had these surges in places like India and places like Brazil, you have hhs at sachets you can work with.

158

00:27:18.780 --> 00:27:26.220

Loyce Pace, HHS (she/her): The government's in those countries, as well as our colleagues across the US Government to understand what the needs are on the ground.

159

00:27:26.550 --> 00:27:36.330

Loyce Pace, HHS (she/her): and ensure that we can provide assistance that's required and urgently needed and i'm just very proud to have been a part of those efforts and credit to all of our colleagues.

160

00:27:36.750 --> 00:27:43.680

Loyce Pace, HHS (she/her): who have, who have done so, but we couldn't do it without having that sort of presence of that we truly understand.

161

00:27:44.220 --> 00:27:58.440

Loyce Pace, HHS (she/her): But that doesn't just start in the middle of a pandemic it stretches back to the ways he just has been working with these countries and in these countries over time, so you think about the work of the CDC and how they have worked so hard.

162

00:27:58.830 --> 00:28:08.100

Loyce Pace, HHS (she/her): To build that epidemiology programs or and trainings or immunization programs and services, those are the resources that are.

163

00:28:08.490 --> 00:28:18.840

Loyce Pace, HHS (she/her): Coming to bear and that we're getting returns on frankly and a timeline today but it's not just CDC right, you also have the NIH research and read programs really.

164

00:28:19.140 --> 00:28:29.790

Loyce Pace, HHS (she/her): Coming to assist these R amp D efforts as we roll out new innovations, not just vaccines that therapeutics diagnostics and FDA also with a presence in these countries.

165

00:28:30.150 --> 00:28:38.220

Loyce Pace, HHS (she/her): helping with the regulatory process and ensuring that we can bring all of these innovations that into the pipeline sooner rather than later.

166

00:28:38.520 --> 00:28:46.950

Loyce Pace, HHS (she/her): So that's been a really important case study for us, I think we're still learning lessons from these engagements but we're hopeful that we can build on what's been working.

167

00:28:47.430 --> 00:28:56.520

Loyce Pace, HHS (she/her): On another role that we play to is the development and the establishment of this framework run it we're now using.

168

00:28:56.820 --> 00:29:06.600

Loyce Pace, HHS (she/her): to share vaccines so something else Jennifer said, this is she talked about the importance of starting with public health and ensuring that anything we're doing is rooted in public health and so.

169

00:29:06.900 --> 00:29:19.650

Loyce Pace, HHS (she/her): You look at the president's directive around this you know you really see and just like hhs call to the table to help flesh out with other departments how that should happen, and so I really do.

170

00:29:20.160 --> 00:29:23.250

Loyce Pace, HHS (she/her): want people to rest assured that the work that we're doing is.

171

00:29:23.670 --> 00:29:37.050

Loyce Pace, HHS (she/her): firmly rooted in public health criteria and consideration, you know when we share how we share, where we share a granted that has also had to sort of be matched rematch against what we're doing at home.

172

00:29:37.710 --> 00:29:51.210

Loyce Pace, HHS (she/her): But again, given the DHS straddles both international and domestic in terms of our health activities it's been helpful to now be able to leverage or otherwise build on that domestic work that we do.

173

00:29:51.600 --> 00:29:56.850

Loyce Pace, HHS (she/her): Here at home to translate that internationally began working in partnership with us.

174

00:29:57.300 --> 00:30:03.930

Loyce Pace, HHS (she/her): State Department God and others, and so I hope that that's a little bit more clear how we do and have come together.

175

00:30:04.380 --> 00:30:12.870

Loyce Pace, HHS (she/her): In this space, I think we again have learned so much here at home about what's coming down the pipe how to procure.

176

00:30:13.410 --> 00:30:22.320

Loyce Pace, HHS (she/her): vaccines and other and other products and then how we assist countries and their population based campaigns or otherwise, disseminating.

177

00:30:22.860 --> 00:30:35.940

Loyce Pace, HHS (she/her): These critically important products or services, but we can now sort of turn that page, to a degree, and then ask these questions about how this does get applied.

178

00:30:36.360 --> 00:30:45.930

Loyce Pace, HHS (she/her): To our international work and partnerships um regarding that criteria, though, and I, and I want to leave a lot of this for for gail to cover.

179

00:30:46.530 --> 00:30:55.200

Loyce Pace, HHS (she/her): The Senator already talked about the recent announcements that if that have come out, especially falling G seven Summit and even proceeding that.

180

00:30:55.830 --> 00:31:07.950

Loyce Pace, HHS (she/her): But I want to be there as well, that hopefully that people picked up in our these fact sheets how we have focused on the global burden of disease and really taken something like these emerging variants into consideration.

181

00:31:08.610 --> 00:31:20.370

Loyce Pace, HHS (she/her): When determining when to share and, frankly, frankly, were to share there's very much consideration of surgeons and but that's not the full story either right it's also important to.

182

00:31:21.150 --> 00:31:31.200

Loyce Pace, HHS (she/her): You know, we can't predict where these variants will emerge and where the surgeons or hotspots will be per se, but we do know where there's a high risk of.

183

00:31:31.920 --> 00:31:36.210

Loyce Pace, HHS (she/her): Ideas I don't want to say collapse, to the strain and a health system if we're not.

184

00:31:36.630 --> 00:31:46.140

Loyce Pace, HHS (she/her): Getting vaccines and almonds in countries around the world there's also just a baseline consideration of local or national incidence and severity right so.

185

00:31:46.350 --> 00:31:54.270

Loyce Pace, HHS (she/her): We don't want people getting sick to do good said, we want to be sure they're not i'm headed to hospitals and you're spilling out of those beds indoors.

186

00:31:54.630 --> 00:31:58.350

Loyce Pace, HHS (she/her): As a result, so that's really how would that's what's guiding.

187

00:31:58.890 --> 00:32:09.750

Loyce Pace, HHS (she/her): A lot of this work and a lot of these considerations, and we also you know it's very really quite rather than that we're working directly with fullbacks because Kovacs self is.

188

00:32:10.260 --> 00:32:18.600

Loyce Pace, HHS (she/her): very focused on how this can be done equitably and how we can and should be done according to where countries are in the planning.

189

00:32:19.230 --> 00:32:32.850

Loyce Pace, HHS (she/her): For vaccination campaigns and in their readiness for absorbing these vaccines so that's also something that CDC tracks on our own, and also something that will guide us in our bilateral contributions.

190

00:32:33.240 --> 00:32:42.180

Loyce Pace, HHS (she/her): But that is something that's natural mirror by our multilateral partners as well, I guess, the last thing I want to say on the subject of multilateralism is.

191

00:32:42.960 --> 00:32:53.250

Loyce Pace, HHS (she/her): You know that's also been very clear from the President, the importance of us in Beijing internationally in Congress obviously has has been keen for us to.

192

00:32:54.000 --> 00:33:11.100

Loyce Pace, HHS (she/her): To to be clear on this front as well, and so, given hhs liza relationship with who we have the outset global affairs has been focus on on how we show up again and how we work with them towards how they evolved from this point forward and so.

193

00:33:11.820 --> 00:33:17.520

Loyce Pace, HHS (she/her): There are pieces that have come together in recent weeks of establishing our roadmap.

194

00:33:18.390 --> 00:33:25.770

Loyce Pace, HHS (she/her): Building on recent recommendations assessing their how who and it's Member States have performed so far.

195

00:33:26.040 --> 00:33:40.530

Loyce Pace, HHS (she/her): But now, the question is, what we do with that information and so we're very hopeful and encouraged by a process that's getting underway now whereby who Member States are really going to start to move towards these more tangible action items.

196

00:33:41.070 --> 00:33:51.900

Loyce Pace, HHS (she/her): That operationalize various recommendations, if you will, so I can have it to talk more about that perhaps is part of Q amp a I wanted to flag, that is something that that we're doing it in g to.

197

00:33:52.380 --> 00:34:05.400

Loyce Pace, HHS (she/her): um I think the final thing I do want to add, though, is you know there's coven and everything else and public health, and so we also are trying to keep our eye.

198

00:34:05.970 --> 00:34:15.930

Loyce Pace, HHS (she/her): I guess i'm both balls simultaneously, we absolutely need to continue to focus on coded for response and recovery and also.

199

00:34:16.440 --> 00:34:20.880

Loyce Pace, HHS (she/her): keep in mind the ripple effects of this disease and at this crisis worldwide.

200

00:34:21.240 --> 00:34:28.620

Loyce Pace, HHS (she/her): The US in particular has made such important investments and so many local health priorities, whether we're talking about AIDS, TB and malaria.

201

00:34:28.950 --> 00:34:40.260

Loyce Pace, HHS (she/her): Our women's health or children's health, you know you have enemies Asians backsliding you have people living with HIV unable to access treatments, you have.

202

00:34:40.710 --> 00:34:44.730

Loyce Pace, HHS (she/her): Gender based violence on the rise and so these are important.

203

00:34:45.600 --> 00:34:55.620

Loyce Pace, HHS (she/her): considerations for us, as well as we move forward and I think we will have to continue to ask yourself this question of how how we do both right how we probably continue to make progress in this endemic.

204

00:34:56.490 --> 00:35:05.700

Loyce Pace, HHS (she/her): while protecting the very important games that we've made in other areas, ensuring that we're not in a position where we're we're behind the ball with France and so.

205

00:35:06.210 --> 00:35:14.400

Loyce Pace, HHS (she/her): With that I will turn things back over to our moderator again grateful to have been here and appreciate hearing from other panelists and from the audience for their questions.

206

00:35:15.450 --> 00:35:23.460

Anita Cicero: Thanks so much for your remarks voice, and I should tell the audience that I know you have to hop off a few minutes early, but hopefully you'll.

207

00:35:24.420 --> 00:35:27.330

Anita Cicero: you'll still be here doing some of the Q amp a really appreciate that.

208

00:35:27.990 --> 00:35:36.300

Anita Cicero: Our next speaker is gail Smith gail serves as the coordinator for global coven response and health security at the Department of State.

209

00:35:36.660 --> 00:35:50.370

Anita Cicero: she's only from the one campaign, where she has served as the President and CEO since 2017 she has served, also as a top advisor on development issues for to American presidents and as one of the world's leading experts on global development.

210

00:35:51.420 --> 00:36:03.750

Anita Cicero: Prior to the one campaign gail was the administrator of USA ID she's also served as special assistant to President Obama and senior director for development and democracy at the National Security Council.

211

00:36:04.140 --> 00:36:15.570

Anita Cicero: where she helped lead the response to the Ebola crisis and 2014 and 2015 and a special assistant to President Clinton and senior director for African affairs at the National Security Council.

212

00:36:15.930 --> 00:36:21.990

Anita Cicero: There is more to her bio but i'd like to now hand it over to you gail for your remarks thanks so much for joining us.

213

00:36:23.910 --> 00:36:38.640

Gayle Smith: Let me make sure i'm not on you Thank you so much, and thank you, everybody who's been able to join us your interest, really, really matters, let me try to be brief, just a quick word about what this role is the State Department it's a new role.

214

00:36:39.810 --> 00:36:47.400

Gayle Smith: Based on not just the immediacy of what we faced with this pandemic, the first part of my title being coordinator for global response.

215

00:36:48.060 --> 00:36:56.310

Gayle Smith: But also the global health security agenda, more broadly, what do we need to do to prepare for the future, because I think, as we all know, we're going to face future threats.

216

00:36:57.210 --> 00:37:05.670

Gayle Smith: And the US Government and the president's mandate, the Secretary of State has a very prominent role in that so that's kind of real estate fits.

217

00:37:06.210 --> 00:37:15.570

Gayle Smith: jennifer's comments I think we're really helpful and thank you for your kind remarks on what we've done on maxine's let me flush that out a little bit into the full picture of what we're doing.

218

00:37:17.070 --> 00:37:24.420

Gayle Smith: As a senator reference, we are sharing vaccines from a national supplies that's now at 80 million, we will continue to share.

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00:37:25.350 --> 00:37:34.830

Gayle Smith: we've announced the 500 million doses that that the President announced at the G seven importantly those will start coming available in August.

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00:37:35.550 --> 00:37:54.810

Gayle Smith: And the 80 million doses, we are beginning to move now and there'll be a steady drumbeat of vaccines moving out because to jennifer's point we've got to move quickly and one of our conclusions in doing the deal on the 500 million doses was we had to break a log jam on the supply side.

221

00:37:55.860 --> 00:38:06.450

Gayle Smith: there's an urgent need to get more vaccines into the market ASAP so that's what we've done but we're doing other things, to enable that, in addition to that end to the sharing.

222

00:38:07.410 --> 00:38:14.100

Gayle Smith: What is we're continuing to work with producers to urge that they produce more and produce more faster, because the demand is so high.

223

00:38:15.000 --> 00:38:26.550

Gayle Smith: The second is through something called her development finance corporation used to be known as Okay, but it's got the ability to invest it's got debt and equity authority it's making investments in local manufacturer.

224

00:38:28.170 --> 00:38:37.800

Gayle Smith: Right now, in India and Africa, and there will be other deals to come down the road that we think will bring vaccines online as early as the last quarter of this year and then through.

225

00:38:39.360 --> 00:38:45.210

Gayle Smith: that's absolutely key for a couple of reasons hey it gives us more vaccine availability in more locations.

226

00:38:45.690 --> 00:38:55.470

Gayle Smith: But the other thing it does is it solves for a problem we're going to have to deal with in the long term, we need more vaccines and therapeutics produced in more places.

227

00:38:56.070 --> 00:39:09.270

Gayle Smith: Because one of the challenges we face now is the global architecture for vaccine production was built and sustained for a much lower number of doses, that we need today so that's a short term and a longer term fix.

228

00:39:10.320 --> 00:39:16.350

Gayle Smith: attended to, that we're also looking at supply chain issues again with that infrastructure being smaller than the demand.

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00:39:16.830 --> 00:39:25.470

Gayle Smith: we're going to have to solve for some problems on what are known as the consumables the component parts of X so we're working on all of these fronts.

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00:39:25.950 --> 00:39:39.600

Gayle Smith: And also working with partners and allies to urge not only that they make serious and sustained contributions, but that they work with us to make sure that those vaccines are available as quickly as possible.

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00:39:40.380 --> 00:39:46.890

Gayle Smith: So I think what you'll see in the coming days and weeks is more vaccines actually moving and being delivered in countries.

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00:39:47.250 --> 00:39:55.080

Gayle Smith: You will see the others come online in August, so the volume will go up, but you will see us continuing to share continuing to worry about production.

233

00:39:55.590 --> 00:40:04.380

Gayle Smith: And at the president's directive continuing to lead on this, I think in terms of how we think about this and Jennifer I very much appreciate your.

234

00:40:04.770 --> 00:40:15.270

Gayle Smith: comments on how do you think about how you allocate what we've been looking at as far as, how do we begin to develop the layers of global coverage that are so urgently needed, because the demand is so high.

235

00:40:15.690 --> 00:40:23.190

Gayle Smith: Everywhere, and while we can't absolutely predict surges there's enough data for us to have a sense.

236

00:40:23.790 --> 00:40:31.860

Gayle Smith: of regions and places where we need to move more quickly, perhaps some some of obviously prioritizing as we've done in the US healthcare workers.

237

00:40:32.280 --> 00:40:42.090

Gayle Smith: Essential workers, the most vulnerable and so on, so that's that's informed our allocations to now we're lucky to be working with Kovacs which we think is absolutely key.

238

00:40:42.660 --> 00:40:51.660

Gayle Smith: over the long term, that the world have a platform and Let me close with I think one of the things she wanted me to mention is how do we think about this from a long term.

239

00:40:52.530 --> 00:40:58.740

Gayle Smith: And I think this needs to be nested, in our view, and a strategy on global health security Bradley that's got four pieces.

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00:40:59.220 --> 00:41:05.190

Gayle Smith: One is the reform and modernization of existing institutions, including but not limited to the WHO.

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00:41:05.670 --> 00:41:10.230

Gayle Smith: and modernization is key here, how do we make sure they're fit for purpose for the next 20 years.

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00:41:10.680 --> 00:41:15.930

Gayle Smith: Not just looking backwards and tweaking what may not have worked, but we got to look out because we know what's coming.

243

00:41:16.590 --> 00:41:25.470

Gayle Smith: The second says adherence to norms, the world has signed up to a number of things like the International Health Regulations and parents is so we just say uneven.

244

00:41:26.280 --> 00:41:31.140

Gayle Smith: So how do we improve that the third is how do we secure sustainable financing.

245

00:41:31.860 --> 00:41:45.240

Gayle Smith: To build the capacity of all countries to prevent, detect and respond, and this is something Jennifer you forgive what keeps you up at night I were eight after the Ebola crisis the world started to do that, it was reliant on.

246

00:41:46.590 --> 00:41:56.160

Gayle Smith: What government might be willing to put what money on the table at what time and we fell backwards in terms of closing the holes in the net, but we need to close so we've got global capacity.

247

00:41:56.850 --> 00:42:00.360

Gayle Smith: And last is how we think about governance, accountability and transparency.

248

00:42:00.990 --> 00:42:08.460

Gayle Smith: Because we need all of those things to make it work where vaccines works in that I think will have an opportunity to look at Kovacs number one.

249

00:42:09.180 --> 00:42:21.600

Gayle Smith: What worked really well how would we fine tune it as a Kovacs 2.0 I think we need to look at some of the things on how we apply it and utilize research and innovation, which led to my friend, Richard because he's the expert on that.

250

00:42:22.740 --> 00:42:37.980

Gayle Smith: And I think the third is this issue of increased investment in expanded global production and diversifying that production to various regions of the world because we're going to need that to get to volume so with that I will leave it there, and I look forward to any questions and answers.

251

00:42:39.360 --> 00:42:39.630

Anita Cicero: Thank you.

252

00:42:39.840 --> 00:42:41.430

Gayle Smith: I hope I have the answers I don't know if I.

253

00:42:42.690 --> 00:42:43.170

Gayle Smith: request.

254

00:42:44.010 --> 00:42:45.120

Anita Cicero: Thank you so much gail.

255

00:42:46.290 --> 00:42:51.120

Anita Cicero: We will next go to Dr Richard hatchet who, as I said, as CEO of sappy.

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00:42:51.540 --> 00:43:02.400

Anita Cicero: Which is a part of callbacks SEPI is a partnership of Public Private philanthropic and civil organizations that supports the development of vaccines against high priority public health threats.

257

00:43:02.790 --> 00:43:08.880

Anita Cicero: But also supports technology platforms to allow the rapid development of vaccines against emerging infectious diseases.

258

00:43:09.750 --> 00:43:19.350

Anita Cicero: Richard, as many of you know, is previously the acting director of the US biomedical advanced research and development authority arda at here in the US at hhs.

259

00:43:19.650 --> 00:43:30.690

Anita Cicero: And he served as the director of medical preparedness policy on the homeland and national security council's under both President Bush and Obama so Richard, I will now turn the floor to you, thank you for joining us.

260

00:43:31.590 --> 00:43:37.470

Richard Hatchett: Thank you, Anita and thanks to the Johns Hopkins Center for security for organizing the event.

261

00:43:38.850 --> 00:43:46.740

Richard Hatchett: i'm going to go a little bit of the script that I had because Jennifer did such a great job of laying out the numbers and urgency, and I want to just.

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00:43:47.250 --> 00:43:56.730

Richard Hatchett: add my plea to the urgency, she started by talking about the fact that there were 600,000 deaths in the United States and what a what a terrible number.

263

00:43:57.180 --> 00:44:06.210

Richard Hatchett: That was, of course, the the official number for desk globally is around 3.4 million now I think many of you will be aware that I each me.

264

00:44:06.870 --> 00:44:18.060

Richard Hatchett: The Economist Intelligence Unit and others event estimated the actual number of deaths and they estimate anywhere between seven and 12 million that's at least as of a couple of weeks ago.

265

00:44:19.740 --> 00:44:33.660

Richard Hatchett: I wanna I want to frame how much of the pandemic may still be in front of us as we deal with these you know increasingly transmissible variants that are now penetrating into regions that may have avoided the worst of the pandemic today.

266

00:44:35.040 --> 00:44:46.560

Richard Hatchett: Some of you may have heard that Peru recently revised their official death toll they almost tripled it to over 180 4000 people, that is, in a population of only 33 million.

267

00:44:47.100 --> 00:45:04.830

Richard Hatchett: People for for a frame of reference that mortality rate that population mortality rate in Peru, that is now the official population mortality rate of Peru is higher than the mortality rate that was observed in the United States and in the United Kingdom in 1980.

268

00:45:06.120 --> 00:45:23.370

Richard Hatchett: And if that mortality rate were applied to the unvaccinated world so already subtracting out the 2 billion doses that have been distributed, if that mortality rate were applied to the unvaccinated world it would result in.

269

00:45:24.480 --> 00:45:38.910

Richard Hatchett: Somewhere north of 30 million deaths, so there is a very large segment of this pandemic that is potentially in front of us, it can be prevented by the rapid distribution of that scene.

270

00:45:39.720 --> 00:45:48.330

Richard Hatchett: Let me, let me tell you one other story to sort of frame you know the the opportunity that we may lose if we don't move.

271

00:45:48.690 --> 00:45:58.260

Richard Hatchett: Rapidly I worked in the White House in 2009 and help help lead the response to the last pandemic, we spent billions of dollars developing vaccines.

272

00:45:58.860 --> 00:46:14.100

Richard Hatchett: We had hopes to have 100 million devices available by the beginning of October by the end of October, we only had 30 million doses available ultimately we vaccinated 80 million people in the United States that the cost of billions of dollars.

273

00:46:15.450 --> 00:46:26.640

Richard Hatchett: The pandemic in the United States peaked in around October 20 in 2009 CDC later went back and estimated the total number of cases in the United States.

274

00:46:27.060 --> 00:46:36.840

Richard Hatchett: which was about 63 million for the pandemic all of the 80 million business of vaccine, the word Minister day estimated prevented 1 million cases.

275

00:46:37.740 --> 00:46:45.810

Richard Hatchett: and fewer than 300 deaths were averted through the vaccination program in 2009 where vaccine was delivered too late.

276

00:46:46.590 --> 00:46:56.910

Richard Hatchett: And the the patient, which vaccine is being delivered to the world right now is going to recapitulate that scenario, with a much more transmissible much more dangerous.

277

00:46:57.300 --> 00:47:08.040

Richard Hatchett: pathogen which has the potential to kill 10s of millions of people still ahead of us, so we must move with the greatest urgency to protect this it greatest risk.

278

00:47:08.490 --> 00:47:16.410

Richard Hatchett: of severe outcomes from the disease, so I just wanted to sort of globalize the numbers Jennifer presented to tell people what's at stake.

279

00:47:17.610 --> 00:47:19.410

Richard Hatchett: In terms of Kovacs.

280

00:47:20.910 --> 00:47:27.630

Richard Hatchett: As as, as you know, with my organization set be working with gabby and then with WHO and now with UNICEF.

281

00:47:28.380 --> 00:47:41.190

Richard Hatchett: Put Kovacs together to deliver vaccine as rapidly as we could to the rest of the world, our goal is to deliver 2 billion deuces in 2021 that goal, but maybe moving.

282

00:47:42.000 --> 00:47:46.590

Richard Hatchett: out of reach other the contributions from the United States, in particular, and from the G seven.

283

00:47:47.160 --> 00:47:59.550

Richard Hatchett: may bring that back within reach, and that that's critically important, because that would provide all countries that participate in Kovacs with the ability to vaccinate their most vulnerable populations by the end of the year.

284

00:48:00.750 --> 00:48:17.310

Richard Hatchett: sebi has led the R amp D work stream within Kovacs and we are using our R amp D investments to try to fit at this point, after having developed vaccines in secure to access commitments to Kovacs for those vaccines is now.

285

00:48:17.640 --> 00:48:24.330

Richard Hatchett: Moving to figure out additional ways that we can optimize those doses, so we are looking potentially.

286

00:48:24.690 --> 00:48:35.610

Richard Hatchett: At mix and match regimens that would increase flexibility, looking at use in particular population, such as is pregnant women or lactating women the immuno compromised by and we're interested in exploring.

287

00:48:36.360 --> 00:48:51.570

Richard Hatchett: approaches such as fraction ation of doses that might allow us to even further stretch the existing vaccine supply, I think this is, this is a critical critical time to address the immediate crisis but as as.

288

00:48:54.810 --> 00:49:01.590

Richard Hatchett: Others have said, we also need to look forward and think about how we can prepare better for the future.

289

00:49:02.130 --> 00:49:09.930

Richard Hatchett: In terms of ending this pandemic, I think we need to fund Kovacs, including the RD we still have the \$600 million.

290

00:49:10.680 --> 00:49:27.420

Richard Hatchett: shortfall for R amp D that we'd like to do in the coming year, we welcome the sharing of doses, and the US has leadership and sharing doses, and we need to work hard to free up supply chains for input materials, so the vaccines, if we have that are being produced now.

291

00:49:28.500 --> 00:49:30.870

Richard Hatchett: can be maximized it, I mean can be.

292

00:49:31.950 --> 00:49:37.020

Richard Hatchett: produced at the greatest possible speed in terms of preparing for the next pandemic.

293

00:49:37.950 --> 00:49:47.190

Richard Hatchett: coven 19 certainly is is not going to be the lead endemic threat we face, and in fact it is far from the worst threat that we could face.

294

00:49:47.820 --> 00:50:04.650

Richard Hatchett: When when I was working in the White House, we had a a pandemic severity scale, which has been modified since then, but, at the time it was based on the hurricane scale and in kuan based on its case fatality rate would come in as a category two out of a category five.

295

00:50:05.970 --> 00:50:13.980

Richard Hatchett: pandemic on that old scale, so we must be prepared for the future, I think, just to finish up quickly to prepare for the future.

296

00:50:14.310 --> 00:50:22.470

Richard Hatchett: We need to do a number of things SEPI has laid out a the agenda for its next five years, which we were very pleased, was adopted by.

297

00:50:22.860 --> 00:50:31.140

Richard Hatchett: The UK Government and presidency of the G seven and brought forward the central pillar of that strategy, which is compress vaccine development timeline.

298

00:50:31.650 --> 00:50:47.010

Richard Hatchett: To 100 days and they actually extended that to therapeutics into diagnostics, we also need to develop a library of prototype vaccines against other potential threats, we need to continue our work on known threats and as as.

299

00:50:51.480 --> 00:51:01.050

Richard Hatchett: gail said, we need to expand our global manufacturing capacity, the lack of equitably distributed global vaccine manufacturing capacity.

300

00:51:01.770 --> 00:51:10.980

Richard Hatchett: has created situations where during the period of scarcity, which is structural to the development of new vaccines in the initial periods, they will be scarcity.

301

00:51:11.280 --> 00:51:25.500

Richard Hatchett: And scarcity, is the enemy of equity and the only way to overcome that equity is to have globally distributed capabilities to manufacture, so that all regions have access in a timely fashion and then can prioritize among them was from rural populations thanks.

302

00:51:26.910 --> 00:51:34.980

Anita Cicero: Thanks so much Richard i'm going to hop right into the Q amp a and Lewis before you drop off, I wonder if I could direct the first question to you.

303

00:51:35.640 --> 00:51:50.820

Anita Cicero: Which is, although it's still early in the global vaccine process have you identified any lessons from the US as efforts that may inform planning for global vaccine distribution during future pandemic events, this has come from one of the.

304

00:51:50.850 --> 00:52:03.330

Anita Cicero: Congressional staff and really I think looking to you know it's a distributed international manufacturing, how is that even possible and we can, after you have to go, we can hear also from from the other speakers on that.

305

00:52:03.750 --> 00:52:08.460

Loyce Pace, HHS (she/her): Now absolutely I think each of the speakers appointed to lessons learned but i'm really shocked by.

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00:52:08.940 --> 00:52:19.530

Loyce Pace, HHS (she/her): A comment that Richard just made, which is scarcity, is the enemy of equity and because what he said and I think a lesson that really jumps out and.

307

00:52:19.920 --> 00:52:31.440

Loyce Pace, HHS (she/her): I would like to say, for all of those people as hhs is the importance of health access and equity, you know this we've learned this in our country right and we know that disparities exists.

308

00:52:32.100 --> 00:52:48.270

Loyce Pace, HHS (she/her): across a number of health issues or priorities, and yet this pandemic has really brought all of that to light and it's really how how far and we and other countries going to go in terms of closing those gaps so that's really a large one.

309

00:52:48.300 --> 00:52:58.260

Loyce Pace, HHS (she/her): For for me and for us, of course, we care about scaling up manufacturing and scale and set and ensuring that we decentralize the supply chain, so to speak.

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00:52:58.950 --> 00:53:12.180

Loyce Pace, HHS (she/her): But ultimately we're all here to serve people, and if we can't reach them all and then we're not doing our jobs in the way that we don't like to see at the end of the day, so that's how I respond to that thanks for coming first and apologies again I have to leave you guys so.

311

00:53:13.800 --> 00:53:16.530

Anita Cicero: Thanks so much for joining us appreciate it.

312

00:53:17.550 --> 00:53:21.660

Anita Cicero: And gail or Richard dude did either of you want to comment on.

313

00:53:22.410 --> 00:53:37.080

Anita Cicero: How it's one thing to say, there should be globally distributed vaccine manufacturing and it's good to know that there are existing financing and development efforts underway, supported by the US Government to do that.

314

00:53:37.980 --> 00:53:49.260

Anita Cicero: But what, what are the barriers and how quickly, are we able to move in that direction, what you know what What should we be considering what steps need to be taken.

315

00:53:49.710 --> 00:53:51.210

Gayle Smith: yeah i'm happy to.

316

00:53:52.680 --> 00:54:00.630

Gayle Smith: To take that I mean actually it's moving very quickly the dfc is in the process of making investments.

317

00:54:01.260 --> 00:54:10.920

Gayle Smith: Now some which will be finalized very quickly that will bring more vaccines on production as early as last quarter of this year, so it's able to move quickly, but I think there's some.

318

00:54:11.460 --> 00:54:19.200

Gayle Smith: Some other issues that tie back a little bit to the question us loyce, which is all right, what are the takeaways from this and.

319

00:54:19.590 --> 00:54:31.350

Gayle Smith: One is we've got to be fairly system and systematic on wrapping wrapping up that production capacity, not just for vaccines, but also therapeutics and pee pee because we don't know what the next virus is going to be.

320

00:54:32.070 --> 00:54:37.170

Gayle Smith: And we're going to know that we know that we're going to need all three of those, so I think that's number one.

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00:54:37.710 --> 00:54:46.980

Gayle Smith: Number two there's a lot that needs to be worked out lessons we can take on how challenging it is to actually move vaccines around the world and transfer vaccines.

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00:54:47.760 --> 00:54:55.890

Gayle Smith: there's a lot of regulation, a lot of legal requirements never in a million years but I suggest we skirt any of those, and particularly those for public safety.

323

00:54:56.730 --> 00:55:05.580

Gayle Smith: But I think we can do a better job of knowing in advance what those are so that we can make interlocking systems actually work together, so I think that's another piece we've got to factor into.

324

00:55:07.860 --> 00:55:16.440

Anita Cicero: and go, I wonder if you could just quickly respond to this or Richard from Kovacs perspective another staffer had asked.

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00:55:17.100 --> 00:55:32.850

Anita Cicero: How the US or you know I think we could say Kovacs is deciding on what types of vaccines to send where Pfizer Madonna j&j astra zenica are is the US investing in cold chain capabilities in the.

326

00:55:33.870 --> 00:55:34.200

Gayle Smith: yeah.

327

00:55:34.350 --> 00:55:41.520

Gayle Smith: i'll say something briefly, but then, let me turn it over to to Richard on the shared does those come from a national supply So those are a mix.

328

00:55:42.270 --> 00:55:57.540

Gayle Smith: Of Pfizer j&j Mulder and we try to if you will match those vaccines, because you want to look at what countries have approved which vaccines what regimens they may have in place those kinds of issues and we're looking at that.

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00:55:58.770 --> 00:56:07.200

Gayle Smith: With Kovacs on Madonna and Pfizer and Pfizer even more so than vendors that you need a fairly sophisticated culture and system so we're factoring in.

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00:56:07.710 --> 00:56:15.780

Gayle Smith: For that, as well we're looking at ways we can support the expansion of culture and capabilities and so hopefully we and others will be able to do more on that.

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00:56:16.170 --> 00:56:24.810

Gayle Smith: But it's a bit of a matching process, again based on the regimen but also on the regular regulation, the law, because not all countries have approved all vaccines.

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00:56:26.190 --> 00:56:37.140

Richard Hatchett: The another I think that's right, I mean I mean Codex is is working with WHO and is using vaccines that it received pre qualification from who Kovacs now has, I believe.

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00:56:37.680 --> 00:56:49.710

Richard Hatchett: eight different vaccine products that are coming in under under the advanced purchase agreements that Kovacs has issued and, of course, with vaccine donations that may increase even to include other vaccines.

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00:56:50.970 --> 00:57:01.020

Richard Hatchett: There are differential requirements for the vaccines, the cold chain requirements that gail mentioned certainly are important, although there is a merging data that allows.

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00:57:01.410 --> 00:57:13.140

Richard Hatchett: More flexibility with Pfizer than than we had originally understood, which would have potentially made it very difficult to use and meeting settings outside of capital cities, for example, so there is a a.

336

00:57:13.920 --> 00:57:20.940

Richard Hatchett: Country readiness and preparedness that needs to be matched there's also the issue of many of the vaccines have comparatively short.

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00:57:21.300 --> 00:57:27.870

Richard Hatchett: shelf lives, and so, even if you don't have the logistical requirements, you have to make sure that the absorptive capacity of the country.

338

00:57:28.560 --> 00:57:40.200

Richard Hatchett: is such that they will likely be able to use the full allotment of vaccines that you send so the allocation process within Kovacs is extremely complex and it will become more complex.

339

00:57:40.950 --> 00:57:48.810

Richard Hatchett: As donated vaccines arrived, it may have other factors, you know the determine where they are allocated and where they should go.

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00:57:50.190 --> 00:58:00.960

Anita Cicero: Okay, thank you another star for question is what concern is there about being able to vaccinate the global population many, many are still waiting for their first dose.

341

00:58:01.320 --> 00:58:14.250

Anita Cicero: But at the same time we're hearing that you know the US population and others may need a booster in the next year, so how How do we make the decisions on that and I open that to all panelists.

342

00:58:14.850 --> 00:58:24.570

Richard Hatchett: Maybe have jumped in and started in say that you know the vaccine supply, I mean, I think we should back up and recognize what a miracle, it is.

343

00:58:24.990 --> 00:58:36.780

Richard Hatchett: That we have \$2.3 billion of vaccine that have been distributed, that the miracle hasn't been widely shared and that's that's, of course, the main problem, but the vaccine supply.

344

00:58:37.320 --> 00:58:49.290

Richard Hatchett: Even from the existing manufacturers is is climbing extremely rapidly and that that you know offers a prospect if those vaccine, this is we're.

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00:58:49.680 --> 00:58:58.440

Richard Hatchett: evenly distributed and shared potentially to vaccinate most of the world sometime in 2022 the challenges that many countries are going to put an.

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00:58:58.770 --> 00:59:13.410

Richard Hatchett: additional pressure on that supply by choosing to use boosters or by choosing to vaccinate their younger populations initially it's quickly as they can procure the vaccine to do that, and so I think we do have.

347

00:59:14.520 --> 00:59:25.170

Richard Hatchett: Substantial challenges in front of us, particularly if it turns out that we also need to be using some of the capacities that we've got ultimately to develop very specific vaccines, which fortunately right now we don't have to do.

348

00:59:27.540 --> 00:59:29.910

Jennifer Nuzzo: It maybe just to chime in on the booster front.

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00:59:31.050 --> 00:59:41.100

Jennifer Nuzzo: When we talk about boosters We often talk about using it in different ways there's really two main reasons why we could need a booster one is because we think that immunity is going away and over time.

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00:59:41.520 --> 00:59:49.680

Jennifer Nuzzo: And the other one is because we're concerned about how the vaccines work against the variance so far, the data on the immunity are are are encouraging and so.

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00:59:50.010 --> 00:59:55.320

Jennifer Nuzzo: That, for me, is is less of a concern at this point, though, you know, at some point we may learn otherwise.

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00:59:55.890 --> 01:00:06.300

Jennifer Nuzzo: But in terms of the variance I mean the way that we keep our vaccines effective against the the viruses is to reduce the circulation of the virus, so that we don't have variants that.

353

01:00:07.110 --> 01:00:11.790

Jennifer Nuzzo: You know, overcome our vaccine, so I think this is why it's really important that we, we think globally.

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01:00:12.090 --> 01:00:21.690

Jennifer Nuzzo: With respect to the use of vaccines right now I don't want to see a situation in which countries hoard for the theoretical use of boosters that, frankly, at this point I haven't yet seen compelling data.

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01:00:22.740 --> 01:00:30.960

Jennifer Nuzzo: Suggesting it's going to be a certainty and or that it's going to be a certainty for all perhaps where you know immunosuppressed patients who may need some extra protection.

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01:00:32.460 --> 01:00:36.780

Anita Cicero: Right, thank you, and maybe it looks like we have time for one final question which.

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01:00:37.890 --> 01:00:59.190

Anita Cicero: is about the concerning the success of the Mr and a vaccine platform, do you agree, we should be leaning hard into that in terms of future platform technology for vaccine manufacturer or do you see a role for other kinds of platforms like what is the right ideal mix.

358

01:01:02.100 --> 01:01:02.610

Gayle Smith: Richard.

359

01:01:03.900 --> 01:01:12.240

Richard Hatchett: What I was gonna say you want me to jump in on that, I think we, we absolutely need a mix, I mean I mean we would love to be able to use.

360

01:01:12.900 --> 01:01:23.520

Richard Hatchett: The fastest platforms for all potential threats it's not it's by no means certain that all future threads are going to be as easy to develop vaccines against as corona viruses have proved to be.

361

01:01:24.900 --> 01:01:38.280

Richard Hatchett: I think, from a hedging our global risk, you know the half dozen or so platforms, that will have emerged from this pandemic should be supported in sustained and ideally globally distributed.

362

01:01:39.930 --> 01:01:49.890

Anita Cicero: Good well Thank you so much that brings us to the end of our hour so Richard Jen gail, thank you for spending time with us today and for your thoughtful comments.

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01:01:50.940 --> 01:01:58.980

Anita Cicero: And we you lots to think about and to watch for and I especially appreciate you donating, this time in the middle of.

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01:02:00.000 --> 01:02:05.880

Anita Cicero: You know the pressure cooker situation of trying to rush out vaccine is as quickly as possible, so thank you.

365

01:02:06.750 --> 01:02:21.240

Anita Cicero: And thank you for everyone who submitted questions and who watched today we're very happy to have you all, and look forward to seeing you again during our next webinar which will be on July 27 so until then thanks very much.

366

01:02:22.890 --> 01:02:23.280

Richard Hatchett: Thank you.

367

01:02:23.850 --> 01:02:24.270
Gayle Smith: Thank you.