

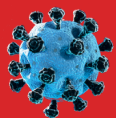
THE *LANCET* COVID-19 COMMISSION
REGIONAL TASK FORCE:
LATIN AMERICA AND THE CARIBBEAN

**Regional coordination for
strengthening pandemic
preparedness, vaccine access,
and effective implementation
of vaccine deployment plans**

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The *Lancet* COVID-19 Commission

Regional Task Force: Latin America and the Caribbean



THE *LANCET*
COVID-19 COMMISSION

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The following report has been posted online by the Commission Secretariat, and has not been peer-reviewed or published in *The Lancet*, nor in any other journal. This reports intends to bring together expert views on key topics as the COVID-19 pandemic unfolds.

INTRODUCTION

Latin America and the Caribbean (LAC) have been severely impacted by the COVID-19 pandemic. The region has suffered from high rates of COVID-19 infection, severe economic contraction, and mounting humanitarian crises, particularly among the most vulnerable populations, including women, children, the elderly, and the poor. This note reviews the impact of COVID-19 on LAC and emphasizes the need for the region to improve regional cooperation, enhance pandemic preparedness, and reduce the stark social inequities the pandemic has exposed and exacerbated. In terms of dealing with the current COVID-19 situation, the *Lancet* COVID-19 Commission's Regional Task Force for LAC calls for improved and accelerated efforts on the deployment and access to COVID-19 vaccines in the region.

Vaccine nationalism, the prevailing business model of vaccine production, low regional manufacturing capacity, and Intellectual Property Rights (IPR) are creating significant challenges, and there is a serious need for regional strategies and actions and global cooperation. There is an urgent need for investments that enhance national governments' capacity to respond to pandemic threats.

LAC HAS BEEN THE WORST-HIT REGION OF THE WORLD.

HEALTH – Mortality models show that the LAC region has the highest number of excess deaths, relative to population.¹ While the region represents 8.4% of the global population, as of November 15, 2021, more than 46.5 million cases and almost 1.55 million related deaths have been reported in the region.² The closure/pause on non-COVID-19 related health services shows that there are severe health impacts from COVID-19 that are not necessarily related to the COVID-19 virus, building the case for resilient and robust healthcare systems.

ECONOMY – In 2020, the International Monetary Fund (IMF) estimated that the global Gross Domestic Product (GDP) contracted by 3%, while LAC's GDP fell by 7%.³ The Economic Commission for Latin America and the Caribbean (ECLAC) estimated that the region will lose the economic progress it has made over the last decade, especially with high rates of unemployment due to the pandemic.^{4,5}

Since the onset of the pandemic, approximately 26 million people lost their jobs, and nearly one in four young people in the labor market is unemployed.⁶ The region has recorded the largest losses in hours worked worldwide and reduction of labor incomes. Consequently,

there is a growing rate of informal labor, with nearly 60% of employment recovery in the second half of 2020 in the informal sector.⁴ The varying lockdowns and fiscal space for economic and social protection across countries will contribute to be an uneven recovery across the region.⁷

SOCIETY – The pandemic has hit the poor and vulnerable populations the hardest. Poverty and extreme poverty in 2020 reached levels that have not been seen in over 20 years. According to ECLAC, nearly 209 million people (33.7% of the total population) in LAC live in poverty, including an additional 8 million people who have been pushed into extreme poverty since 2019.⁸

In LAC, violence against women has significantly increased during lockdowns.⁹ With school closures and the need to care for other dependents, unpaid care work also increased for women. In some cases, this required women to leave paid labor markets. The percentage of women in the workforce dropped from 51.4% in 2019 to 46.9% in 2020 and is expected to recover to 49% in 2021, equivalent to 2006 levels.⁵

This crisis has also exposed age-specific vulnerabilities. The virus has put the elderly at greater risk of hospitalization and death, as well as for negative health consequences due to postponing treatment for chronic conditions. It has pushed many elderly people into isolation and towards loneliness. It is estimated that more than 165 million young people at all educational levels stopped attending classes in person, making LAC the region with the largest number of students without face-to-face schooling.¹⁰⁻¹² The lack of in-person schooling is exacerbating inequalities, with nearly 46% of children between the ages of 5-12 years old without access to the internet or to digital tools for effective remote learning.¹⁰

Data show that in 2020, children experienced increased reading difficulties, and there is a possibility that the region is losing decades of progress made on improving literacy and education.¹³ School closures have also affected students' well-being and mental and physical health. For example, students no longer have access to nutritious food provided through the education system, and surveys show that youth are currently experiencing increased levels of stress, anxiety, and depression.¹⁴

RECOMMENDATIONS

RECOMMENDATION 1: Strengthen the region's vaccine-manufacturing capacity.

In LAC, one of the main COVID-19 challenges is access to and provision of vaccines. There is no way for the region to overcome this pandemic without vaccines – yet in spite of the disproportionately heavy toll that the coronavirus has taken on this part of the world, it has not been afforded priority in accessing vaccines. As a result, vaccination deployment in the region is uneven and massively insufficient.

This situation must change. While it is undeniable that various factors are contributing to LAC's low vaccine access and deployment rates, the region's limited vaccine-manufacturing capacity is a fundamental issue. Manufacturing capacity represents the most notable bottleneck constraining equitable vaccine supplies in the region.

Currently, LAC is over-reliant on foreign manufacturing for COVID-19 vaccines. The majority of the production capacity is concentrated in the Northern Hemisphere, including China. This long supply tail puts additional pressure on regional distribution systems due to the increased need for tight advance planning and swift, efficient action once the highly perishable vaccines finally arrive in-country.^{15,16}

It is abundantly clear that LAC countries cannot depend on Northern Hemisphere vaccines to arrive in sufficient quantity and in a timely manner. Therefore, it is the responsibility of governments, multilateral development banks, and donors to support vaccine production and strengthen scientific cooperation in the region.

Production capacities must be expanded to increase the pool of available vaccines. To this end, high-income nations and intergovernmental organizations should support production of COVID-19 vaccines in low-to-middle-income regions, including LAC, where available production capacity could be activated and expanded, to help make vaccines available for all.¹⁷

Mobilizing finance for LAC countries to build up a strong production capacity enabling domestic companies to source supplies and set up production lines to develop and produce vaccines safely and quickly is a critical policy priority. Policymakers need to negotiate and establish incentives for the voluntary sharing of manufacturing know-how and technology transfer from pharmaceutical companies.

LAC should take affirmative steps to increase their own

vaccine-manufacturing capacity. There is no doubt that the region has the expertise and capacity to develop and produce vaccines. Argentina, Brazil, and Mexico have some capacities for COVID-19 vaccine production. In Brazil, two public institutes (Fiocruz and Butantan) produced and delivered more than 150 million doses of COVID-19 vaccines to the public health system by the end of August 2021. In addition to already having produced a significant volume of doses, Fiocruz announced in December 2021 that it will start delivering entirely domestic vaccines, as it has started producing the active principle of the vaccines locally. Brazil and Mexico are planning new vaccine proposals, and there are other projects in various phases in Argentina, Colombia and Chile. Cuba is already vaccinating with its own vaccines (Soberana 2 and Abdala, which have two-dose regimens, plus a booster dose).¹⁸

Government officials, multilateral representatives, academic experts, and private-sector innovators in the region should collaborate on how best to expand this productive capacity. The Pan American Health Organization (PAHO), United Nations Economic Commission for Latin America and the Caribbean (ECLAC) and the United Nations Educational, Scientific and Cultural Organization (UNESCO) have stated their commitment to supporting the knowledge-sharing, technology transfer, and investment required to substantially increase vaccine production. Research institutions, the private sector, and government agencies should also be engaged to meet these goals.

In coordination with national governments and international organizations (IDB, ECLAC, WHO and others), PAHO has launched several initiatives to strengthen the production capacity in LAC. PAHO has announced the selection of two centers in Argentina (Sinergium Biotech, a private sector biopharmaceutical company) and Brazil (Fiocruz, a public institute) as regional hubs for the development and production of mRNA-based vaccines in LAC.¹⁹ PAHO has also launched a Regional Platform to Advance the Manufacturing of COVID-19 Vaccines and other Health Technologies in the Americas.²⁰

Additionally, PAHO has called for expressions of interest to contribute to the value chain and supply of reagents for the sustainable manufacturing of a COVID-19 and other mRNA vaccines in the Americas.

This initiative's objective is to coordinate across sectors – health, science, technology, and industry – to strengthen their capacity to produce new vaccines, following UNESCO's call for treating vaccines as a global public good.

RECOMMENDATION 2: Improve the region's vaccine-supply chains.

The Lancet COVID-19 Commission's Regional Task Force for LAC calls for improved and accelerated efforts on deployment of – and access to – COVID-19 vaccines in the region. While manufacturing is certainly a paramount factor contributing to deployment and access problems, another closely related challenge is the insufficiency of regional supply chains, including on such basic matters as delivery and storage.

Historically, vaccine distribution chains have been overlooked as variables influencing societal health outcomes. But the coronavirus pandemic has made evident challenges for LAC's supply-chains. Countries need to have access to data on vaccine supply chains, including performance benchmarking. A path for understanding what works and what doesn't is critical but often underappreciated in the domain of vaccine supply chains.²¹

In 2020, PAHO reviewed all National Immunization Plans in the region and supported LAC countries to assess and strengthen their cold chain capacities. Their assessment indicates that the majority of the countries are in a position to handle most COVID-19 vaccines, while some countries may confront challenges in handling vaccines that require very low temperature storage.

One notable impact of introducing and distributing new and innovative vaccines is the increase in the volume of supplies needed for storage and transportation, as well as the unpredictable nature of vaccine supply.

Fast and scalable solutions to meet these storage and delivery needs are urgently needed. National governments may consider implementing a centralized regulation and information strategy to coordinate all supply-chain levels; understand demand behaviour; and identify sources of underlying uncertainties – all for maintaining a vaccine-supply chain that is reliable and predictable. The primary objective should be to accurately notify people when they can expect to be vaccinated and more importantly, to develop a calendar that provides certainty for people.

RECOMMENDATION 3: Public-Private Partnerships to fight disinformation and logistical challenges to distribute vaccines.

Governments should consider public private partnerships for rapid deployment of vaccines. Heads of State should call for private sector cooperation. Enabling mass vaccination campaigns that ensure equitable access for adult populations on a national level is a challenge

that many countries have not faced before. According to a World Bank assessment from March 2021,²² while globally, 85% of countries have developed national vaccination plans and 68% have vaccine safety systems, only 30% have developed processes to train the large number of vaccinators who will be needed for the campaign. Collaborating with relevant private health care providers could speed up the vaccination process by providing vaccination stations with specialized staff and the necessary upskilling and reskilling.

Much more needs to be done in LAC regarding distribution and delivery capacity, where in-country vaccine distribution and delivery capabilities are traditionally focused on routine immunization of children, which should be leveraged as an excellent basis for national strategies. Global and regional transport and ecommerce companies could help with the logistics for storage, transport, and distribution.

Communication is key to build trust and support for vaccines. According to the same World Bank study, only 27% of countries have created social mobilization and public engagement strategies to encourage people to be vaccinated. Regional and global telecommunication and media companies can support governments in the region by disseminating information on the vaccination campaigns to build trust and support, similarly to how they collaborated to share information on how to prevent COVID-19, or to support education.²³

Finally, readiness and delivery capacity should be a more important allocation criteria and success factor for donations, delivering a *double dividend*.

RECOMMENDATION 4: Implement a regional approach to pandemic preparation and response at the highest political level to advance collaborative strategies for more effective action to counter the spread of COVID-19.

Underlying LAC's regional shortcomings in vaccine manufacturing and supply chains is a much broader problem: a lack of well-coordinated regional approaches to addressing common challenges.

Recently, the member countries of the Community of Latin American and Caribbean States (CELAC) unanimously approved the Plan for Self-Sufficiency in Health Matters in LAC, a programmatic roadmap presented by ECLAC, during the 6th CELAC Summit of Heads of State and Government. This is an important step forward for regional coordination and defining actions for strengthening production and distribution of medicines, especially vaccines, in the region and reducing external dependence. Countries should be committed

to its implementation with the support of international cooperation.²⁴

In the current pandemic, this longstanding difficulty has resulted in uncoordinated vaccination strategies, with individual nations advancing their own interests without giving much heed to the situations facing their neighbours. This go-it-alone mentality will not suffice against a problem as inherently diffuse as a virus; robust regional collaboration is required.

The fractured nature of LAC's pandemic response may be seen in its widely varying vaccination-coverage rates. As of November 15, 2021, some LAC nations were reporting coverage rates similar to those of European and North American countries. Aruba, Chile, Cuba, Uruguay and Argentina have vaccinated approximately 80% of their populations with at least one dose. Chile has fully vaccinated 82% of its population, Uruguay 76%, Cuba 73%, Aruba 72%, and Argentina 60%.

However, several other nations – such as Jamaica, Guatemala and Saint Lucia – report coverage levels below 30%; Nicaragua under 19% and Haiti under 1%.²⁵

Amid such disparities – even among bordering neighbors – it is clearer than ever that LAC nations must work together with a commitment to true Pan-Americanism. The region's Heads of State and Government should prioritize cooperation and coordination and work together to implement a regional vaccination plan.

Toward that end, LAC countries should advance as quickly as possible to acquire vaccines for the region, including donations from advanced economies, given the decision of the G-7 countries to share 870 million COVID-19 vaccine doses,²⁶ and the G-20 countries' target to have at least 40% of the world's population fully vaccinated by the end of 2021, at least 70% by mid-2022, and to implement collaborative strategies to enhance their productive capacities.

Countries can also take advantage of existing regional integration mechanisms and receive support from multilateral organizations to define a shared roadmap. With these mechanisms, they can collectively negotiate for vaccines, both for immediate use and future supply; strengthen scientific, technological, and health cooperation; and propose strategies to support those countries that have been highly affected by COVID-19 and are lagging behind with vaccination coverage.²⁷

The PAHO Revolving Fund provides a potential financial reservoir for vaccine procurement, channelling doses toward countries ready to deliver them. On July 23, PAHO launched a complementary initiative to COVAX

for direct purchase of COVID-19 vaccines through the Revolving Fund, a mechanism that has provided regional purchase of vaccines for 42 years. Twenty-four countries have presented their request to use this regional purchase for the last quarter of 2021 and for 2022. PAHO has approached the IDB and CAF to mobilize financial support to interested countries.

The platform to enable large-scale vaccine production in the region must be supported by the region's policy makers. A good opportunity for this was the 59th PAHO Directing Council that met at the end of September 2021 and had as its agenda item CE168/12 the issue "Increasing Production Capacity for Essential Medicines and Health Technologies."

In addition, LAC leaders can learn important lessons about regional cooperation from their own region's experience – notably, the Caribbean's impressive tradition of collective action. The Caribbean's experience has varied from that of its mainland neighbors, since regional cooperation frameworks and mechanisms were rapidly mobilized to assist these small island developing states (SIDs) in facing the challenges of the current pandemic. Neighbors must learn from one another about the potential of concerted regional effort.

The Caribbean SIDs have a long history of pooling financial and human resources between them in order to meet their populations' needs, fight natural disasters, and address health crises. It is possible that the lessons learned from the onslaught of tropical diseases that the region has faced, such as the dengue virus, have provided templates for the coordination required to respond to a pandemic. For example, the nine-member Organization of Eastern Caribbean States (OECS) procures pharmaceuticals in bulk so they can be available at lower prices for member states.

During COVID-19, The Caribbean Association of Doctors (CDA) has been sharing epidemiological data on COVID-19, and the OECS and CDA have been working together on emergency medical evacuations from neighboring islands to Martinique and Guadeloupe, where there are more sophisticated facilities. Regional integration organizations such as The Caribbean Community (CARICOM) have used their convening authority to ensure Heads of Government and their ministries were focused on establishing priorities to shape the region's COVID-19 response, and has been highly effective in ensuring coordinated action across the English-speaking Caribbean.

Additionally, the Caribbean's Public Health Agency (CARPHA) has played an instrumental role in vaccine procurement for the region. It also created training

materials and is leading training programs for hoteliers and hospitality staff to facilitate the safe reopening of the tourism sector, upon which the region is highly dependent. Taken together, the cooperation between CARICOM, the OECS, PAHO, and CARPHA has been exemplary in containing and managing the pandemic in the Caribbean.

There is no reason why such cross-border cooperation can't be replicated across the rest of LAC. Indeed, several LAC countries have donated vaccines to other nations in the region.

This spirit of solidarity should be organized and expanded into a genuinely well-orchestrated regional institutional preparedness and response, one ambitious and aggressive enough to meet the immense challenge still posed by COVID-19, with an emphasis on increased vaccine production and swift distribution of vaccines, particularly to those countries lagging further behind in the vaccination process.²⁸

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