Regional integration and cooperation to promote affordable and equitable access to vaccines, diagnostics and therapeutics in the Asia-Pacific region

Thematic presentation on Health Services

Inception Workshop, 17 July 2023

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ESCAP
Promoting access to vaccines, diagnostics and therapeutics

ESCAP (2022) Resolution 78/1. Bangkok Declaration Commemorating the Seventy-fifth Anniversary of the Economic and Social Commission for Asia and the Pacific: a Common Agenda to Advance Sustainable Development in Asia and the Pacific

5. Deeply concerned by the significant adverse health, social and economic effects of the coronavirus disease (COVID-19) pandemic, particularly on the most vulnerable, we reiterate the need to ensure universal and equitable access to safe, effective, quality and affordable vaccines, therapeutics and diagnostics, particularly in developing countries and least developed countries...
Promoting access to vaccines, diagnostics and therapeutics - social dimensions

Social determinants of health

• The conditions in which people are born, grow, live, work and age are mostly responsible for health inequities, defined as the unfair and avoidable differences in health status seen within and between countries.

• In rural and other disadvantaged areas, drivers of poverty also drive ill health. Health systems are often insufficiently equipped to respond to the needs of populations in underserved areas, contributing to health inequities.
VACCINATION AGAINST COVID-19 WILL DEFINE COUNTRIES’ SOCIOECONOMIC RECOVERY

But so far, vaccine inequity is widening the gap between rich and poor

Source: https://sdgintegration.undp.org/vaccine-equity
Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines.

SDG Target 3.b
Strengthening national health systems

• National, especially rural, health systems need bolstering to improve access to health services and, ultimately, attain universal health coverage (UHC).

• This is largely contingent on investments in infrastructure and human resources.

• Health-care innovations are also needed, particularly through ICT applications.

• Technological innovations can enhance progress in achieving UHC and equity in the provision of specialized medical services.

• Digital health solutions, e.g. telemedicine, enable the exchange of information for diagnosis, treatment, prevention, research, and continuing education of health-care providers.

• This benefits patients, health personnel and the community, and can support progress in in attaining the SDGs.
Most vulnerable segments of society

As noted, rural areas tend to be underserved relative to urban ones.

In addition, the following groups are often more disadvantaged than others and hence face greater challenges in access to health-care services:

• Older persons, particularly older women
• Persons with disabilities
• Children
• Indigenous populations
• Gender minorities
• Displaced persons
To enhance the capacity of selected countries in Asia and the Pacific to develop policies and strategies to reduce inequality in access to essential medical products and strengthen health system resilience.

Target countries:
- Bangladesh, Cambodia, Maldives, the Philippines, Sri Lanka

Additional (good practice) countries:
- Malaysia and Thailand
Density of selected health professionals per 10,000 people, 2014-2020 (latest data)

**Medical doctors**
- Sub-Saharan Africa: 2.3
- South-Eastern Asia: 31
- Southern Asia: 81
- Northern Africa: 9.0
- Western Asia: 19.6
- Eastern Asia: 22.3
- Latin America and the Caribbean: 23.7
- Northern America: 25.9
- Central Asia: 27.3
- Oceania: 30.2
- Europe: 39.4
- **World**: 16.4

**Nursing and midwifery personnel**
- Sub-Saharan Africa: 12.6
- Southern Asia: 15.2
- Northern Africa: 18.0
- South-Eastern Asia: 34.1
- Western Asia: 35.9
- Eastern Asia: 39.5
- Latin America and the Caribbean: 41.6
- Central Asia: 83.8
- Europe: 89.4
- Oceania: 96.8
- Northern America: **152.1**
- **World**: 39.5

Global Dashboard for COVID-19 Vaccine Equity
Joint initiative of UNDP, WHO and Oxford University

<table>
<thead>
<tr>
<th>Country</th>
<th>Index for UHC</th>
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<tr>
<td>Bangladesh</td>
<td>UHC Index of service coverage (SCI) 51</td>
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<td>Cambodia</td>
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<tr>
<td>Sri Lanka</td>
<td>UHC Index of service coverage (SCI) 67</td>
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Long way to go in achieving UHC

Index for Thailand (83) and Malaysia (76)
COVAX was designed to ensure that vaccines were developed rapidly and distributed equitably.

Yet “vaccine nationalism” and “vaccine apartheid” are undermining the rights-based tenets of COVAX.

Hence the need to adopt longer-terms approaches: share intellectual property and develop manufacturing of vaccines at country and regional levels (rather than donations countries cannot absorb). Also, the need for:

• Innovative health-care financing options
• Sharing of good practices and lessons learned
• Cooperation between the public and private sectors
Project deliverables

- Policy papers assessing health systems in the five target countries, as well as lessons from good practice and other countries
- An e-learning module on resilient health-care delivery
- Other online publications and tools
- Workshops, trainings and a regional consultative meeting
- National consultations and advisory services to support development of strategies, action plans, etc.
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