

## SDGHI Perspectives Essay Series - COVID-19 A Year Later

### *Vaccines in Southeast Asia*

#### What we need more than COVID-19 vaccines

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For many months, the focus of discussion about how to quickly solve the current crisis has been on finding an effective COVID-19 vaccine. Without a doubt, vaccines are among public health's best buys, since they save millions of lives every year all over the world. Immunisation is key for avoiding deaths from several infectious diseases.

According to the World Health Organization (WHO), [immunisation currently prevents 2-3 million deaths](#) alone from diseases like influenza, measles, tetanus, diphtheria and pertussis every year. Not to mention the millions of children worldwide, including those in remote areas – who are protected from polio through a single drop into their mouth or a little needle into their tiny arms. Solving the current crisis by providing high-risk population groups with a safe and effective COVID-19 vaccine is a major step forward in the areas of pharmaceutical research and development and public health protection.

While the COVID-19 vaccines are a milestone in innovative pharmaceutical product development, efforts to end the pandemic need to shift into an even higher gear. As countries are rolling out their vaccination programs, country readiness for COVID-19 vaccine introduction varies considerably. Lack of funds, logistics and infrastructure, medical facility and staff preparedness and public awareness and acceptance are major challenges in many developing economies, including in ASEAN, to realise effective distribution and administration of vaccines. Redoubling of national and regional efforts is needed to support planning and coordination of vaccine acquisition, distribution, storage and delivery in developing economies with global and regional cooperation. The paper "[Getting Ready for the COVID-19 Vaccine Rollout](#)," published by the Asian Development Bank, summarises the key recommendations to accelerate vaccines roll out:

**Strategic planning and coordination.** Even before vaccines become widely available, developing countries need to create strategic plans for safe and effective vaccine deployment and vaccination. Introducing new vaccines requires a complex and multilayered decision-making process, involving a diverse group of stakeholders, including public health officials and professionals, national health agencies, governments and multilateral organisations, at different steps. This will be crucial to avoid politicisation of the COVID-19 vaccination programs.

**Regulatory systems to facilitate vaccine procurement and access.** Weak and fragmented regulatory systems may cause delays in authorisation and increase the cost of scaling up new health technologies. Harmonised policies, regulations and guidelines for institutions and personnel are needed to handle the distribution and provide education and training for effective vaccination. The possibility of mutual recognition agreements to vaccine authorisation should be leveraged to accelerate safe vaccine procurement and distribution. However, this still requires that national regulatory agencies have

strong post-market surveillance capacity to monitor vaccine effectiveness and possible adverse side effects and collect data about who received the vaccination and which ones. If this information was pooled over several countries in ASEAN, COVID-19 vaccines could be evaluated even faster and receive full market authorisation, expediting access to vaccines in the region.

**Training and compliance.** Managing the immunisation logistics and vaccine supply chain is not simple. Properly designed cold chain management policies and procedures would be a must, but underlying safe storage and handling of vaccines are well-trained personnel and strict adherence to management requirements and guidelines. As the new vaccines are being introduced, responsible personnel, including technicians in charge of maintenance and medical staff, must be trained for different handling requirements. Training is also required for new monitoring methods and devices to maintain the appropriate temperature at all times.

**National efforts to raise vaccine uptake.** This includes targeted, clear and credible communication from trusted sources as well as safe, familiar and convenient locations for vaccine access. Inadequate knowledge among the general population, uncertainty over efficacy and safety of vaccines as well as prevalence of misleading information in various social media can contribute to people's reluctance and harm immunisation efforts. In this context, it is pivotal to underscore the importance of leadership. Transparent and open communication about the rationale can significantly increase the uptake of vaccines and even enhance trust in quality public health services in general. Equally important are regional agreements on common and interoperable digital vaccine certificates for ASEAN countries to revive tourism and business travel in the region quickly. This requires public trust in data privacy and security.

These four recommendations highlight how much [commitment and resources](#) are going into the tremendous effort to bring COVID-19 vaccines to countries.

However, there is a risk of focusing too much on the vertical solution of immunisation programs. We should not forget about other key measures bringing us to the points below that emphasise that we need a lot more than vaccines.

**Investments in the social determinants of health** – in particular, education, income, physical environment, access to health services and paid sick leave – have a major influence on overall health outcomes and COVID-19 infections. [Social inequalities](#) in health have proven to have influenced COVID-19 morbidity and mortality, according to The Lancet Respiratory Medicine in its July 2020 edition.

**Families from lower-income groups are at higher risk of viral transmission.** They often live in crowded living spaces and face difficulties when accessing testing facilities and treatment. Infection rates and their impact are significantly higher in [urban areas](#). People with pre-existing conditions like diabetes, obesity and hypertension are more prone to develop severe forms of COVID-19. We also know that health facilities and elderly homes can become transmission hotspots if infection, prevention and control measures are not in place and that hygiene standards are significant for preventing infection in daily life. We know that not everybody who is infected is equally infectious or at the same risk of getting severely ill or dying.

**Children suffer from collateral damage.** Research shows that the unequal impact of COVID-19 goes beyond infections but also includes the collateral secondary damage. The results of a global survey done by Save the Children revealed that COVID-19 has widened the gap between rich and poor

children. Since the pandemic was announced, the most vulnerable children have disproportionately missed out on access to education, healthcare, food, suffered the greatest protection risks and experienced an increase in abuse.

**Nationwide lockdowns cannot be the answer in the future.** They undermine what has been achieved already in terms of progress made to date on determinants of health, education and widening social and gender gaps. On top of that, people have even less access to open spaces and fresh air, opportunities for physical exercise and essential health services, let alone the implications on mental health and substance use.

Development organisations, together with countries, need to weigh which investments have long-term impacts on improving health systems and determinants of health to be better prepared and better respond to pandemics by enhancing the overall health status of their populations. These include:

- Investments in urban infrastructure to create healthier cities, especially in middle- and low-income settings and many ASEAN cities, where quality of housing can be extremely poor and where public spaces for physical exercise are missing.
- Investments in digital technology solutions can help inform those who otherwise could not afford to go to a doctor or are living too far away from the next available health centre.
- Access to health infrastructure during times of pandemics, especially for those living in urban areas and below the poverty line needs to be improved. Community health promotion and non-communicable disease prevention and screening need to be offered to map and reduce COVID-19 mortality and morbidity risks.
- Finally, there is a need for more patient-centric approaches, which help to increase understanding of individual and community risks and health care needs. Addressing underlying health conditions, like diabetes and obesity, is important since they affect the immune response and make people more susceptible to infectious diseases like COVID-19. As does gender. The first-line immune response of men slightly differs from women and makes them more vulnerable to more severe COVID-19 infections.

We have known for a long time that we need to do more than just provide the world with vaccines – notwithstanding the importance of achieving high levels of immunisation coverage. As mentioned in [WHO's World in Disorder Report](#), integrated and complex public/global health solutions to improve communities' underlying health status, which is key to resolving the current pandemic and preparing for the next ones, are essential. Investments are needed in determinants of health, health systems, education and good governance. ASEAN countries can step up now and invest in the foundations of good health for all.

This pandemic has taught us - everything is nothing without good health.

## About the authors

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Susann leads ADB's knowledge management and innovation program and heads ADB's knowledge advisory service center. Before this role, she launched ADB's Operational Plan for Health 2015-2020 which brought back the health sector in ADB. Susann piloted innovative health sector interventions for regional health security and pandemic preparedness at ADB. Susann holds a Medical Doctor degree and a PhD from the University of Heidelberg in Germany, and a Master of Public Health and Policy from the University of the Philippines. She has been trained in general surgery, emergency medicine and tropical diseases in Germany the US and the Philippines. She served as Adjunct Professor at LKY School of Public Policy in Singapore from 2016-2018. The World Health Organization invited Susann to their external technical advisory group for innovation and digital health in 2019. She is trained in futures strategic thinking and foresight techniques, and in change and knowledge management.

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Martina Merten works as a healthcare journalist, public health consultant and lecturer. Her focus is on behavior change communication in low- and middle-income settings, health innovations around Covid-19 and medical technology markets for German healthcare industry. Her articles have been published by various trade and consumer publishers including The Lancet, and the British Medical Journal Group/BMJ. Martina has been on assignments to more than 20 countries – with a focus on low- and middle-income countries like India, China, Philippines, Vietnam, Pakistan, or Nigeria. She got triple awarded from the European Journalism Center/Bill and Melinda Gates Foundation for global health reporting and is a fellow of the Pulitzer Center on Crisis Reporting, the American Council on Germany, the International Journalists' Programmes (IJP) and The Heinz-Kuehn Foundation. Martina holds a master's in political sciences, constitutional-, social- and economic history and in public international law from Friedrich-Wilhelms University, Bonn.

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