**Top-line Takeaways: *New COVID-19 Vaccines Trials in Sub-Saharan Africa***

**Background**: On April 6, the COVID Advocates Advisory Board (CAAB), the Coalition to Accelerate and Support Prevention Research (CASPR) and AVAC held a webinar with Dr. Nigel Garrett, from the Centre for the AIDS Programme of Research in South Africa (CAPRISA) and international Co-chair on the COVPN 3008 Ubuntu mRNA vaccine trial, moderated by Ntando Yola, co-founder and Managing Director of Community Mobilization and Engagement with Advocates for the Prevention of HIV in Africa (APHA). The aim of the webinar was to better understand the Ubuntu trial and its possible impact for people living with HIV (PLWH).

**Speakers**

*Moderator*
Ntando Yola, co-founder and Managing Director of APHA and DTHF

Nigel Garrett, international Co-chair on the COVPN 3008 Ubuntu mRNA vaccine trial

**Top-line Messages**

- The journey of scientific discovery for COVID-19 has been remarkable, but the pandemic is not over. COVID-19 vaccines are becoming increasingly available, but access is not guaranteed or equitable. Vaccine rollout in Africa lags.

- When interpreting efficacy results of any vaccine, it's important to be aware of the context in which they occurred. COVID-19 vaccine trials were conducted in various time periods and geographies with distinct circulating variants. COVID-19 vaccines are remarkably effective, but effectiveness is impacted by the vaccine, circulating variants, the timing of the vaccine and a person's immune status.

- In South Africa, HIV and tuberculosis are risk factors for dying from COVID-19. Although there is some data on the safety & efficacy of vaccines among PLWH, there remain many unanswered questions, for example on mRNA vaccine immune responses in PLWH, and viral persistence among PLWH in settings of high HIV prevalence. The Ubuntu trial aims to address these gaps.

- Communities want to see researchers stand up for post-trial public access. A shift in the status quo is urgently needed. Communities in which research was conducted should have access to COVID-19 vaccines.

## Benefits of COVID-19 vaccination

> *"It is key to translate this new technology from COVID back to HIV and other diseases, and ensure Africa is part of the journey."*
>
> -Nigel Garrett

- Most vaccines remain effective at reducing the progression to severe COVID-19 disease and hospitalization against all variants (about 90%, although this may vary). Vaccination prompts the immune system to develop memory T-cells, which variants rarely escape from, thereby protecting us from severe COVI-19 disease.
- Vaccination implies benefits both at individual and community levels. Individually, it reduces asymptomatic infections, severe disease, death and progression to long COVID. At the community level, it can reduce transmission, time of infectiousness and secondary infections of family members (94% direct protection vs. 72% indirect protection of household members).
- Vaccination after COVID-19 disease still protects individuals against reinfection (82%) and offers protection at the community level.

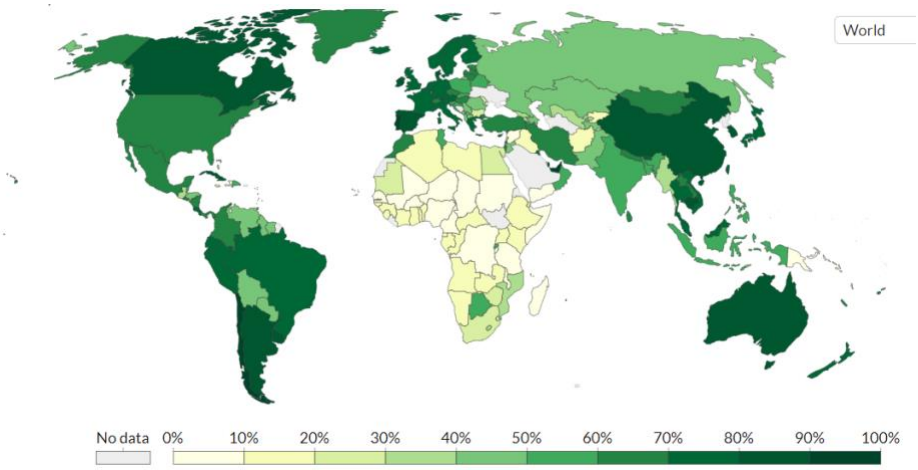
## On the Ubuntu trial: covering the knowledge gap for PLWH

> *"This is really about people. It's about communities."*
> *-- Ntando Yola*

- HIV (especially severe HIV infection) and TB are risk factors for severe disease, hospitalization and death from COVID-19.
- COVID-19 related lockdowns had a huge impact on HIV and TB services in some of the hardest hit settings, especially HIV testing (48% reduction) and access to HIV treatment (46% reduction in ART initiation). Most community activities shifted to COVID-19.
- Most COVID-19 vaccine trials excluded PLWH or did not enroll enough PLWH to draw meaningful conclusions
- Based on findings from a meta-analysis of COVID-19 vaccine trials in PLWH: vaccine safety was similar between PLWH and people without HIV. Vaccine effectiveness (VE) was 65% among PLWH (compared to 80-90% in those without HIV). VE was 13% lower among PLWH with a CD4 count less than 350 cells/µl than those with higher CD4 counts.
- The Ubuntu trial rationale:
    - Address knowledge gaps for COVID mRNA vaccine response in PLWH on ART or starting ART.
    - Assess efficacy of mRNA vaccines in settings with variants of concerns.
    - Learn more about vaccine responses in people with prior SARS-CoV-2 infection.
    - Evaluate antibody and T-cell responses to identify correlates of risk/protection.
    - Provide safety data to local regulators and facilitate access to mRNA vaccine technology across Africa.

## Access to proven vaccines

*Share of people who completed the initial COVID-19 vaccination protocol (as of 26 March 2022)*




- COVID-19 vaccine coverage varies greatly between and within geographies.
- Most countries in Africa have less than 30% of their population fully vaccinated (by protocol). South Africa has 43% of their population fully vaccinated, plus another 5% with a single dose.
- Intellectual property and technology transfer is needed to guarantee vaccine access. It is easier to hold pharmaceutical companies accountable when they are directly involved in trials. Still, a push is needed for greater accountability.
- Communities want to see researchers stand up for post-trial public access. A shift in the status quo is urgently needed. Communities in which research was conducted should have access to COVID-19 vaccines.