

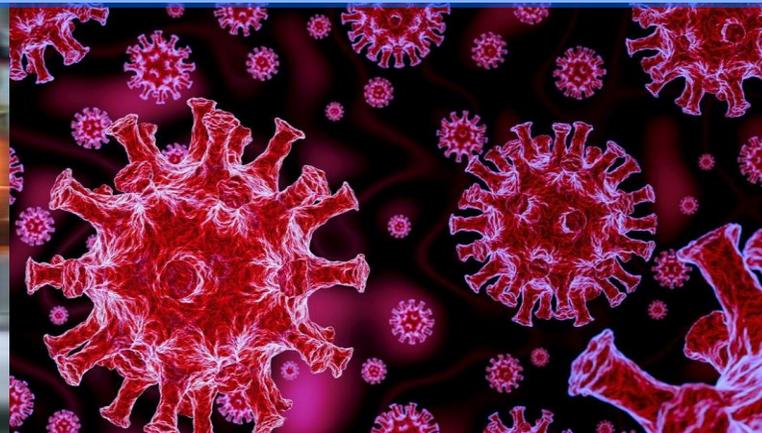


Ensuring Equity in COVID -19 Vaccine Allocation

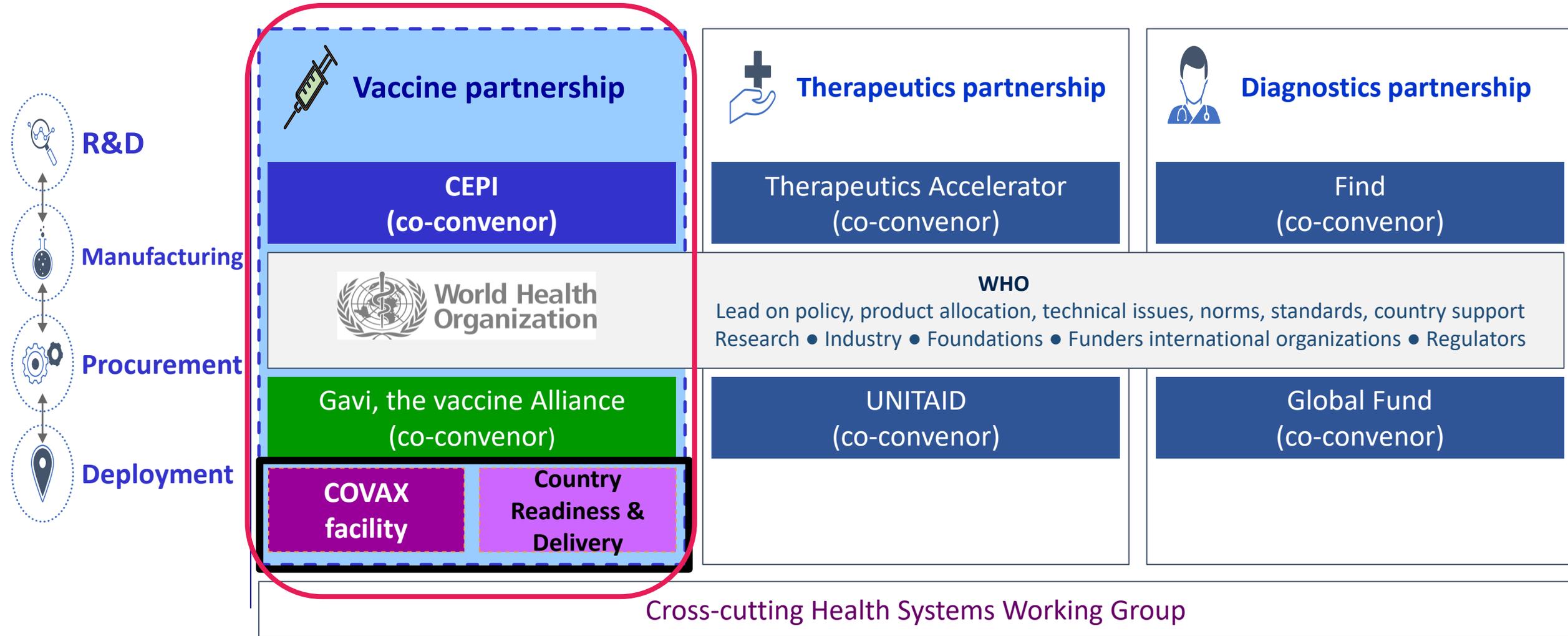
Build Resilience through COVID-19 Vaccination Webinar

1 February 2021 at 19h00 pm Cairo Time

Dr Houda LANGAR, Regional Advisor/Access to Medicines and Health Technologies/UHS/WHO-EMRO

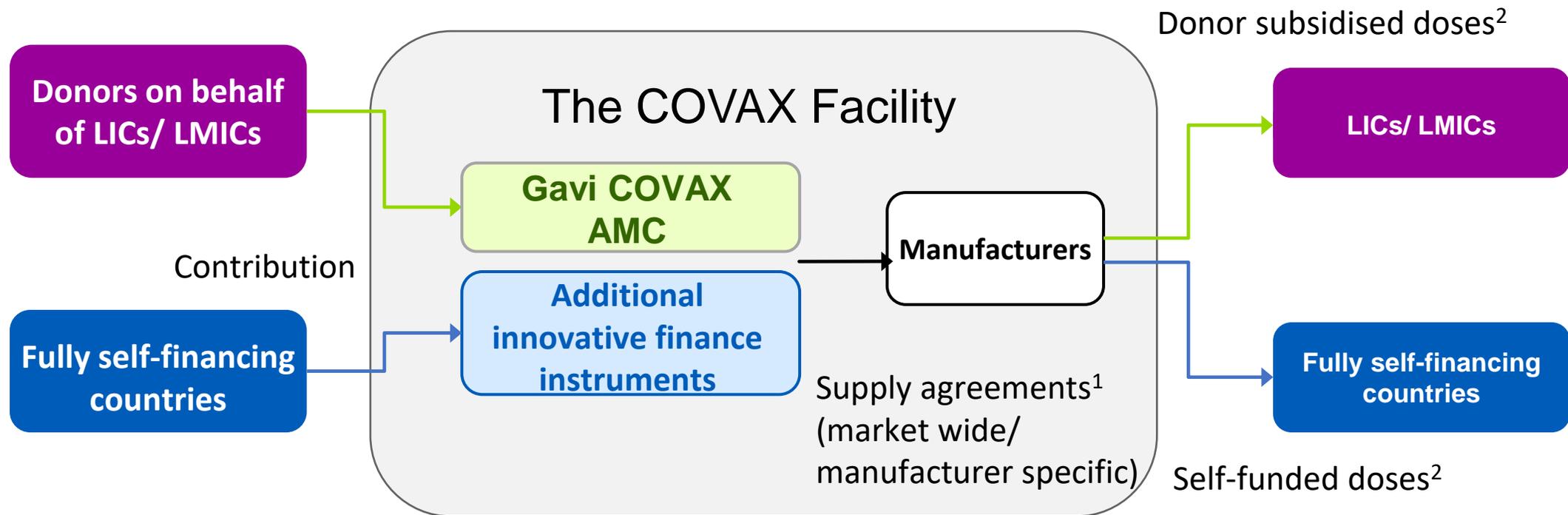


The ACT-Accelerator structures COVID-19 global response efforts



The COVID-19 Vaccine Global Access (COVAX) Facility enables global collaboration and equitable access to vaccines

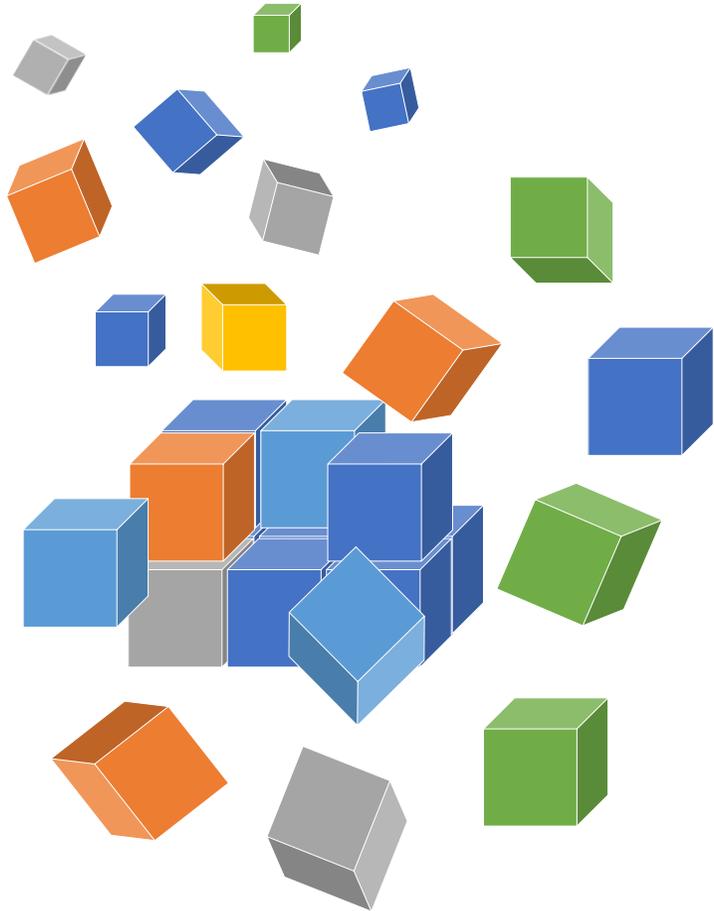
The COVAX Facility is administered by the Gavi Secretariat and implemented in partnership with ACT Accelerator actors



¹ Agreements with manufacturers would be unified across full scope of countries participating in the Facility, but funding will only be used to support LICs and LMICs

² Financing for procurement incremental to contribution

Fair allocation mechanism of Covid-19 vaccines through COVAX Facility



- Initial proportional allocation of doses to countries
- Doses for at least 20% of countries' populations
- Follow-up phase to expand coverage to other populations
- Diverse and actively managed portfolio of vaccines
- Vaccines delivered as soon as they are available
- End the acute phase of the pandemic

Through the COVAX Advance Market Commitment, the Facility provides demand certainty to manufacturers in exchange for timely dose supply

The Facility

The Facility makes an offer to manufacturers...

- Commitment to procure a pre-defined number of doses
- Payment conditional on regulatory approval, WHO prequalification, etc.
- *Two types of instruments:*
 - **Manufacturer-specific volume guarantees** as strong, tailored demand signal
 - **Market-wide demand guarantee** to signal long-term market viability and support continued vaccine development



Manufacturers

...and receives secured supply in return

- Make the necessary **investments in capacity** to provide the agreed volumes
- **Supply reserved doses** for the Facility in a timely manner
- Negotiate price under the expectation to seek **minimal return** during the short-term period to control the pandemic
- **Provide transparency on push funding** and relevant contract terms to enable complementary of push and pull investments

Participating countries make binding commitments to the Facility in exchange for access to doses

Participating
countries



The Facility

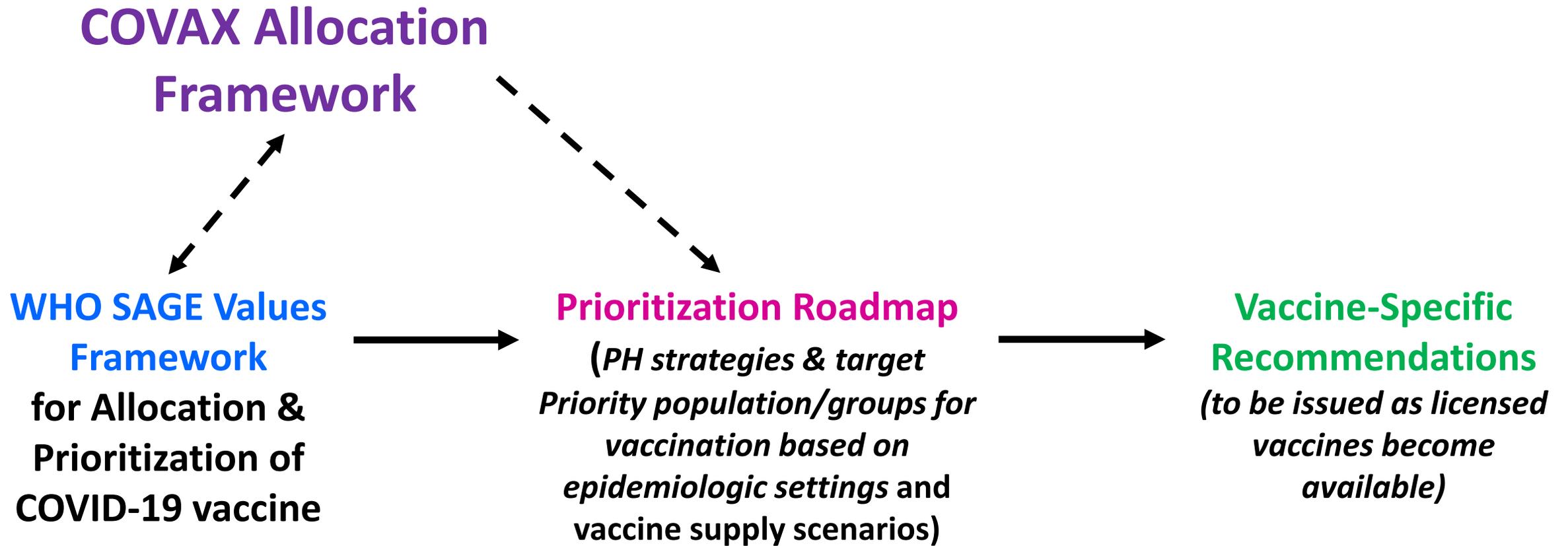
By joining, countries make several commitments...

- Binding financial commitment to purchase a pre-defined number of doses
- To provide an **upfront down payment**, equivalent to 10% of that country's estimated total financial commitment, so the Facility can immediately enter into agreements with manufacturers
- Contribute data (e.g. epidemiological, virological) to global information repositories

...and receive benefits in return

- Diversified vaccine candidate **portfolio**, including candidates that may be better suited for specific subpopulations
- **Access to doses at Facility-negotiated price** including benefits from economies of scale
- **Reduced competitive dynamics** among countries
- **Financing and programmatic support** (select countries)

Allocation, Prioritization, Recommendations



WHO SAGE Values Framework for Allocation & Prioritization of COVID-19 vaccine

COVID-19 vaccines must be a global public good

The overarching goal is for COVID-19 vaccines to contribute significantly to the equitable protection and promotion of human well-being among all people of the world



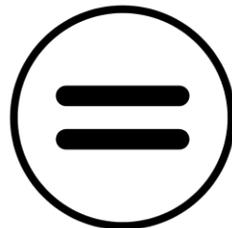
Human Well-Being



Global Equity



Reciprocity



Equal Respect



National Equity



Legitimacy

How will work the Covid-19 Vaccine allocation?

Phase 1: Proportional allocation up to 20% of total population

- Countries progressively receive doses until reaching 20% of total population
- Rate will depend on country readiness and availability of doses
- Volumes meet the needs of well-resourced health systems while not penalizing countries with a lower proportion of health and social care workers
- Additional portions will follow gradually as more supply becomes available until 20% of the national population is covered in all participating countries
- For 92 low and middle-income economies, reaching 20% is contingent upon raising funds for the COVAX AMC, the financing mechanism which will support their participation in the COVAX Facility

Phase 2: Weighted allocation beyond 20% (if supply severely constrained)

Countries receive doses at variable rates, based on considerations of vulnerability and Covid-19 threat:

- In case of severely constrained supply, the timing of country shipments based on a risk assessment based on threat and vulnerability
- Countries with higher risk would receive the doses they need faster than others although all countries will receive some doses in each allocation round
- Threats and vulnerabilities will be based on metrics closer to the end of phase 1, potentially related to the country's vulnerability to severe disease and its health care system
- All countries will receive the total requested doses in phase 2

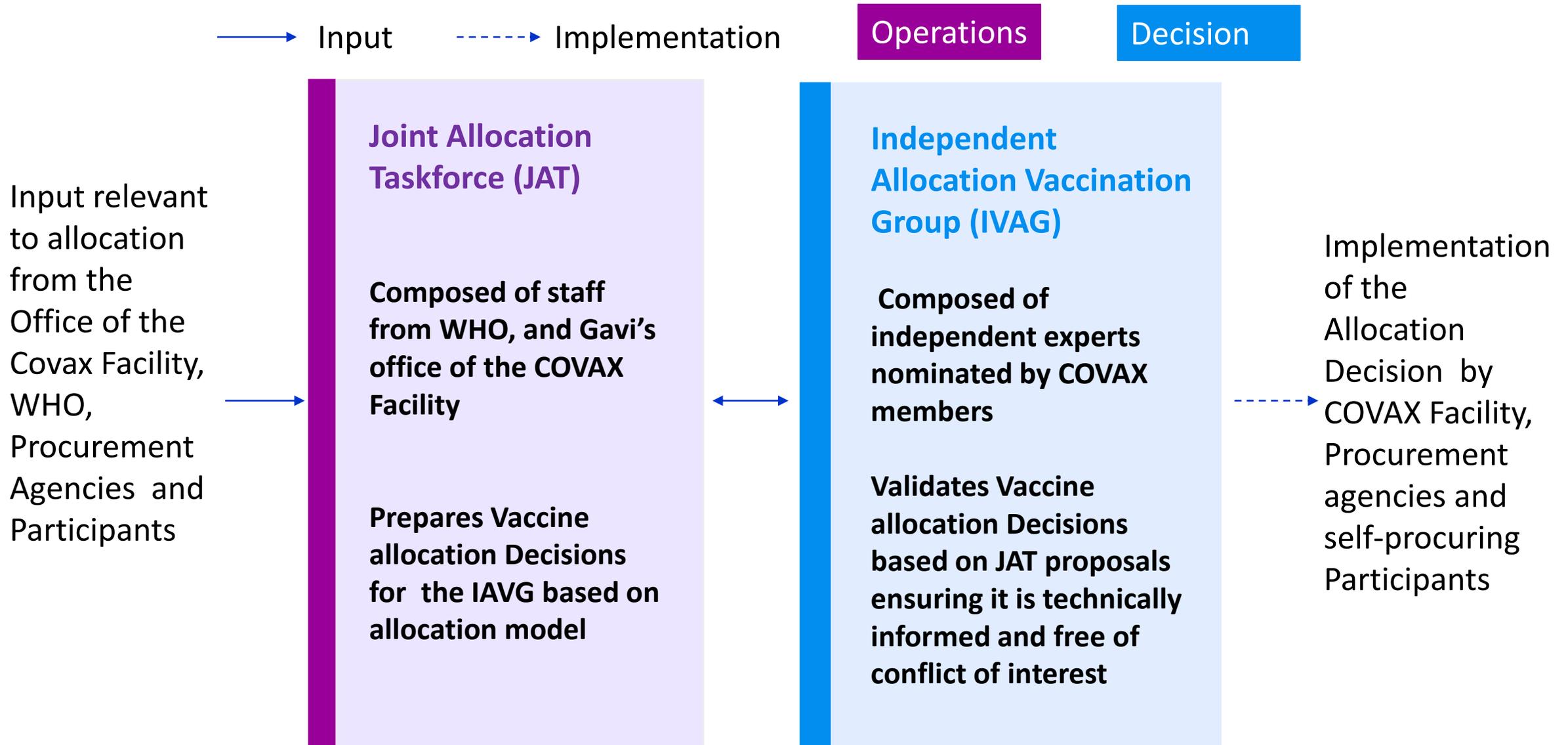
Assessment of threat and vulnerability

Criteria	Parameter	Reason for using
Threat	Effective reproductive number R_t and its trend	<ul style="list-style-type: none"> ▪ Indication of the current state and dynamic of the pandemic in a country (average number of secondary cases per primary case over time) ▪ Could be replaced or supplemented by other epidemiological parameters to interpret the dynamic of the epidemic in the country
	Hemisphere location	<ul style="list-style-type: none"> ▪ Other respiratory viruses such as seasonal influenza will <ul style="list-style-type: none"> - Impact health systems functions - Increase the risk profile of target Covid-19 population groups ▪ Could be replaced or supplemented by other parameters indicating concomitant threats
Vulnerability	UHC service coverage index	Combines several indicators of service coverage and health system vulnerability into one
	Health system saturation	Indication of whether the country's health system is saturated, informed by metric such as % occupancy of hospital beds and % occupancy of ICU beds
	High risk groups	Indication of what proportion of the population is at higher risk of severe disease

Allocation of multiple products

- Participants under the Optional Purchase Arrangement will receive options to purchase their pro rata share of each vaccine
- Participants able to opt-out of certain vaccines
- Pro rata share is calculated by dividing the estimated number of doses required by the total number of doses that the facility intends to procure based on demand from all participants
- For other participants, the allocation will strive to allocate products asap while accounting for country preferences based on product characteristics and country readiness

Governance of the Allocation



Humanitarian Buffer

- In addition to the vaccine allocations in phases 1 and 2, some doses of vaccine are proposed to be reserved as part of a “**humanitarian buffer**”
- A buffer of up to **5% of the total number of available doses** (100 million doses by end of 2021), set aside as a backstop mechanism for potential populations living outside government-controlled areas, refugees, internally displaced people, asylum seekers etc...

Way Forward:

New agreement announced by COVAX, plans for first deliveries

- List of 1st Wave of COVAX Participants developed based on 5 Step Process
- COVAX announced the signing of an advance purchase agreement for up to 40 million doses of the Pfizer-BioNTech vaccine
 - Rollout to commence with successful execution of supply agreements
- Pending WHO emergency use listings, nearly 150 million doses of the AstraZeneca/Oxford candidate are anticipated to be available in Q1 2021, via existing agreements with the Serum Institute of India (SII) and AstraZeneca
- COVAX on track to deliver at least 2 billion doses by the end of the year, including at least 1.3 billion doses to 92 lower income economies in the Gavi COVAX AMC



Thank You