26th Forum of National Ethics Councils and
the European Group on Ethics in Science and New Technologies

“Who First? Allocation of Vaccines against SARS-CoV-2”

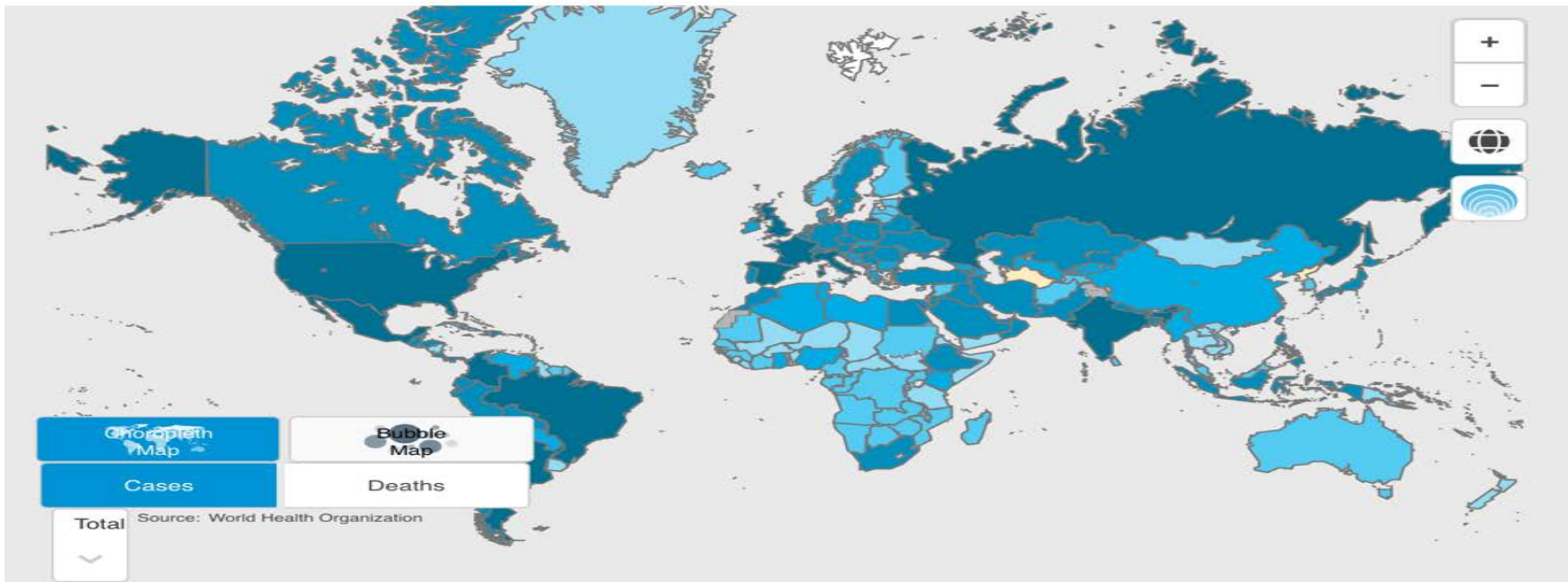
COVAX
a global response for equitable access to vaccines

Mariângela Simão
Assistant Director-General for Access to Medicines and Health Products

World Health Organization

WHO Coronavirus Disease (COVID-19) Dashboard

Data last updated: 2020/11/16, 2:59pm CET



528,905
new cases

54,301,156
confirmed cases

1,316,994
deaths

Globally, as of **2:59pm CET, 16 November 2020**, there have been **54,301,156 confirmed cases** of COVID-19, including **1,316,994 deaths**, reported to WHO.

Global Situation

Daily | Weekly

54,301,156
confirmed cases

World Health Organization

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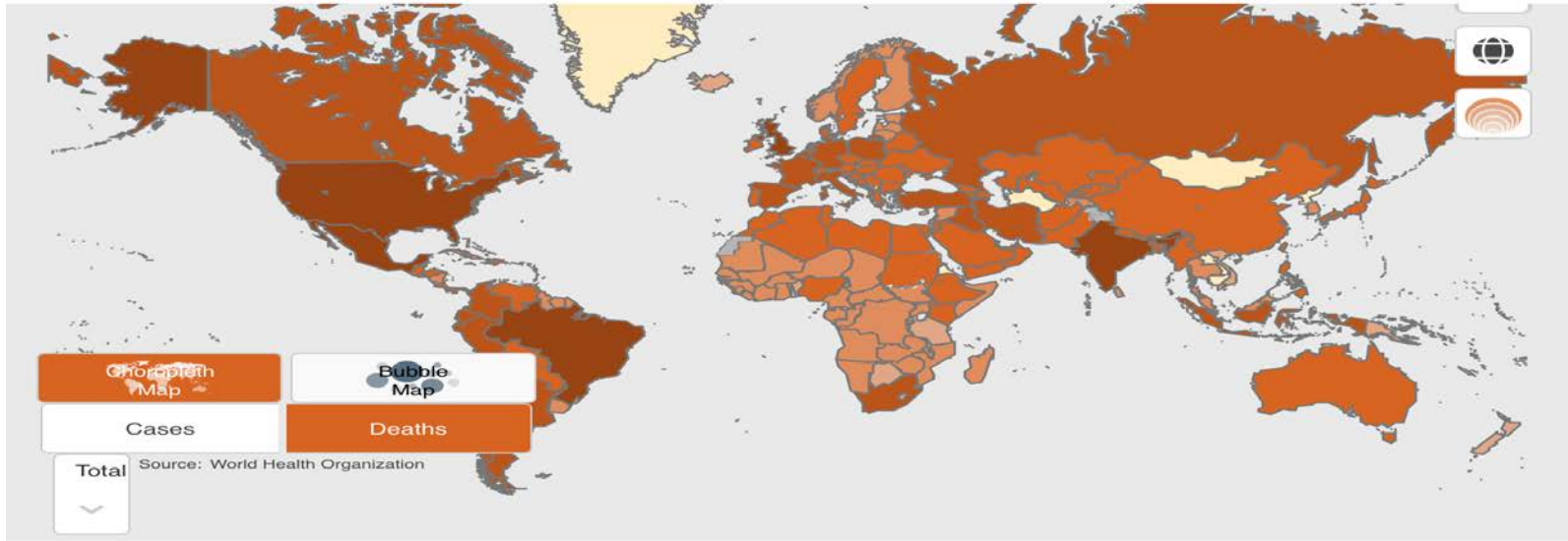

7,858
new deaths

1,316,994
deaths

54,301,156
confirmed cases

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Access to COVID-19 Technologies – Accelerator

ACT- A*

Launched 24 April 2020 co-hosted live event

With:

UN Secretary-General

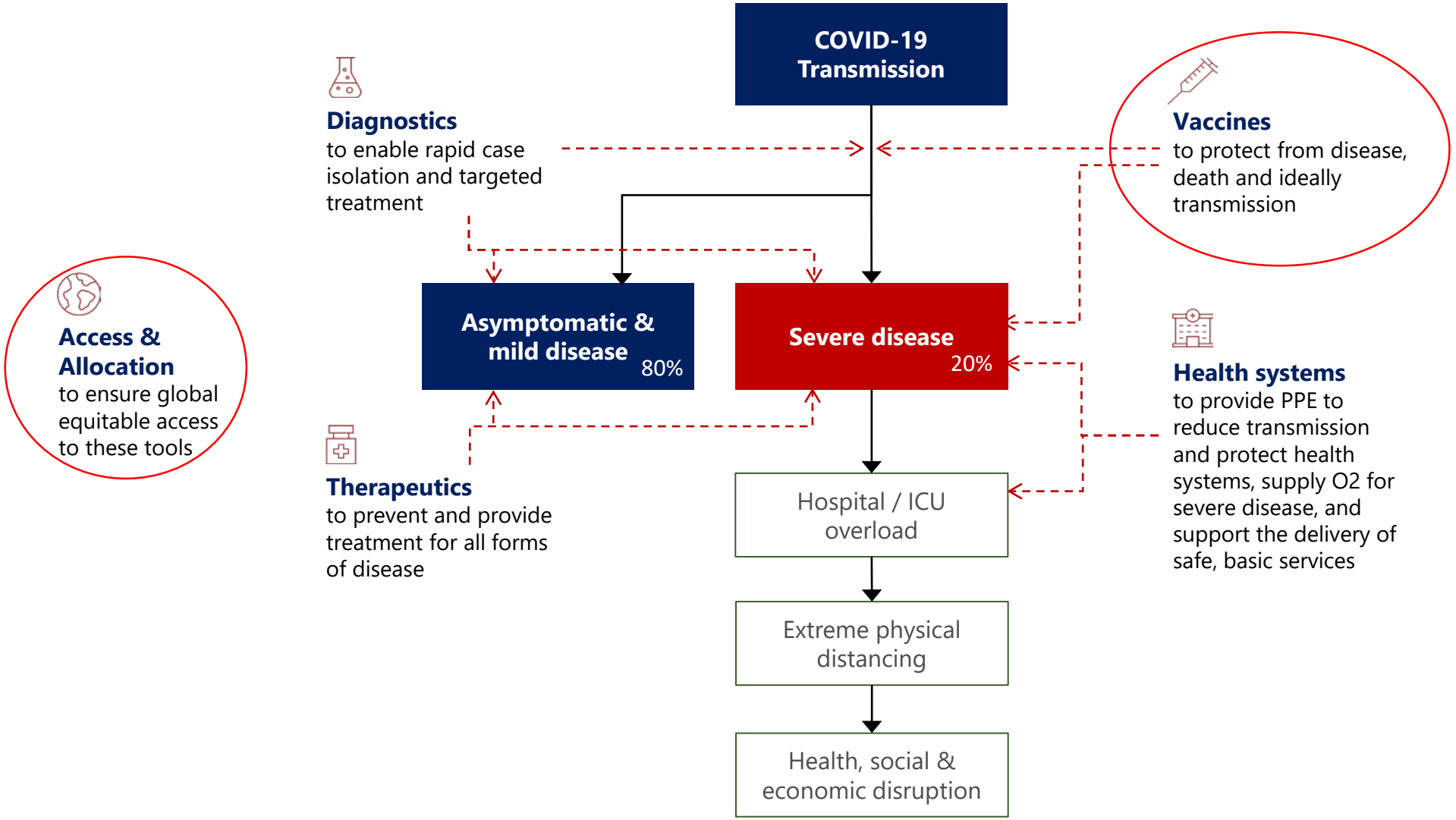
Heads of State & Government

Head of Agencies, Academia

CSOs, Foundations, Industry

*WHO has established an ACT-A Ethics and Governance working group to offer advice and support the ACT-A activities,

ACT-A's strategy - accelerate global access to tools that reduce the risks of severe disease, thereby ending the pandemic's acute phase & restoring societal and economic health



COVAX – the Vaccines Pillar – GAVI-CEPI-WHO

What are COVAX goals?

To support the **largest actively managed portfolio of vaccine candidates** globally

To deliver **2 billion doses** by end of 2021

To offer a **compelling return on investment** by delivering COVID-19 vaccines as quickly as possible

To guarantee **fair and equitable access** to COVID-19 vaccines for all participants

To **end the acute phase of the pandemic** by the end of 2021

World Health Organization

ALL vaccine candidates need to be evaluated*

- **47** candidates in clinical phase
- **10** in Phase III trials

154 candidates in pre- clinical phase

The world needs efficient, speedy, and reliable evaluation of many candidate vaccines against COVID-19

* https://www.who.int/publications/m/item/draft-landscape-of-covid-19-candidate-vaccines

The Global Allocation Framework builds on the overarching principles, and informs Allocation Mechanisms for specific products

A

Overarching principles for access

Global principles to ensure fair and equitable access to products

Presented in May 2020

B

Global Allocation Framework

A global Allocation Framework for all COVID-19 products

Final working paper shared on 9 September 2020

C

Fair and equitable Allocation Mechanisms

Mechanisms tailored for each product

Vaccines: shared 9 Sept 20

Initial view for Therapeutics: November 2020

Overarching principles to ensure equitable access to health products in the context of COVID-19

Solidarity: Joining forces to confront this unique challenge together and overcome this pandemic

Accountability: Clearly defined roles and responsibilities to ensure procedural justice

Transparency: To build and maintain trust

Responsiveness to public health needs: Health products are carefully selected and allocated to address the public health need

Equity and fairness: to inform the allocation process together with public health needs

Affordability: Consideration is given to pricing and procurement strategies to improve affordability of health products

Collaboration: Collaborative efforts amongst relevant global and national stakeholders is enhanced to accelerate and scale-up the response

Regulatory and procurement efficiency: Agile and comprehensive regulatory and procurement approaches are incorporated to improve timely access to safe, efficacious and quality health products for all countries in need

Major elements of the Global Allocation Framework for COVID-19 products

Goals

What are the overarching goals of the response?

Target groups

Which target groups should receive products in priority to help achieve this goal?

How should specific products be allocated given their characteristics?

Timing

At what pace will countries receive products given:

- their vulnerabilities (health systems and population factors)
- the dynamic nature of the threat?

Boundary conditions

What other factors will impact the allocation of specific products given to countries:

- Product characteristics
- Country context?

We have developed an Allocation Mechanism for Vaccines

Phase 1: Proportional allocation up to 20% of population

Countries receive doses proportionally to their total population given the ubiquity of the threat

Countries progressively receive doses until all countries reach 20% of their population (or less if they so requested).

The pace at which countries receive vaccines depends on country readiness[1] and the availability of doses (not on threat and vulnerability)

The allocation moves on to phase 2 once all countries have reached 20% coverage (or less if they so requested).

Phase 2 may start ahead of this if available doses are unable to be allocated due to lack of readiness, funding or territory issues

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

Timing may be based on consideration of vulnerability and COVID-19 threat:

In the case of a severely restricted supply, the timing of country shipments would be based on a risk assessment based on Threat and Vulnerability

Countries with a higher risk would receive the doses they need faster than others, although all countries will receive some doses in each allocation round

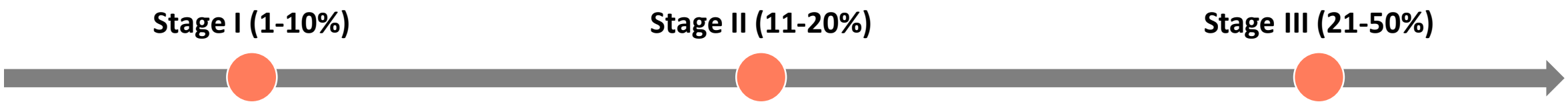
Threats and Vulnerabilities will be based on metrics defined closer to the end of phase 1, potentially related to the country's vulnerability to severe disease and its healthcare system.

All countries will receive the total doses they have requested as rapidly as possible in phase 2.

1. Readiness will be assessed using a very limited set of objective criteria (e.g., regulatory approval)

SAGE roadmap towards prioritization of target populations: example for community transmission

Strategy: Initial focus on direct risk reduction of morbidity and mortality and maintenance of most critical essential services; also, reciprocity. Expand to reduction in transmission to further reduce disruption of social and economic functions



Stage IA (initial launch)

- Health workers at high to very high risk of acquiring and transmitting infection

Stage IB

- Older adults defined by age-based risk specific to country / region

- Older adults not covered in Stage I
- Individuals with comorbidities or heath states determined to be at significantly higher risk of severe disease or death
- Sociodemographic groups at significantly higher risk of severe disease or death
- Health workers involved in immunization delivery
- High priority teachers and school staff

- Remaining teachers and school staff
- Other essential workers outside of health and education sectors
- Pregnant women
- Health workers at low to moderate risk of acquiring and transmitting infection
- Personnel needed for vaccine production and other high-risk lab staff
- Social/ employment groups at elevated risk of acquiring and transmitting infection because they are unable to physically distance

COVAX Facility: 184 Participants representing over 85% of the world's population (*additional participants expected)*

Participant Engagement

	Number of participants	Total Population, mn	Doses, mn
Fully Self-Financing	63	2,594	461
Team Europe	29	445	90
AMC92	92	3'919	950*
Total	**184**	**6,958**	**1,601**

*The precise number could vary up or down dependent on final variables.

Funding

> $1 Billion
received in prepayments
from Self Financing Participants

$7 Billion
Needed in total – approx. 2Bn have been raised so far

100m additional doses
allocated to the Humanitarian Buffer

The Allocation Mechanism for Vaccines interacts directly with the COVAX Facility

Input | Implementation | Operations | Decision

Input relevant to Allocation from Office of the COVAX Facility, WHO, Procurement agencies and Participants

Allocation Mechanism

Joint Allocation Taskforce

Composed of staff from WHO and Gavi's Office of the COVAX Facility

Prepares allocation proposal for the IAVG based on allocation model

Independent Allocation Validation Group

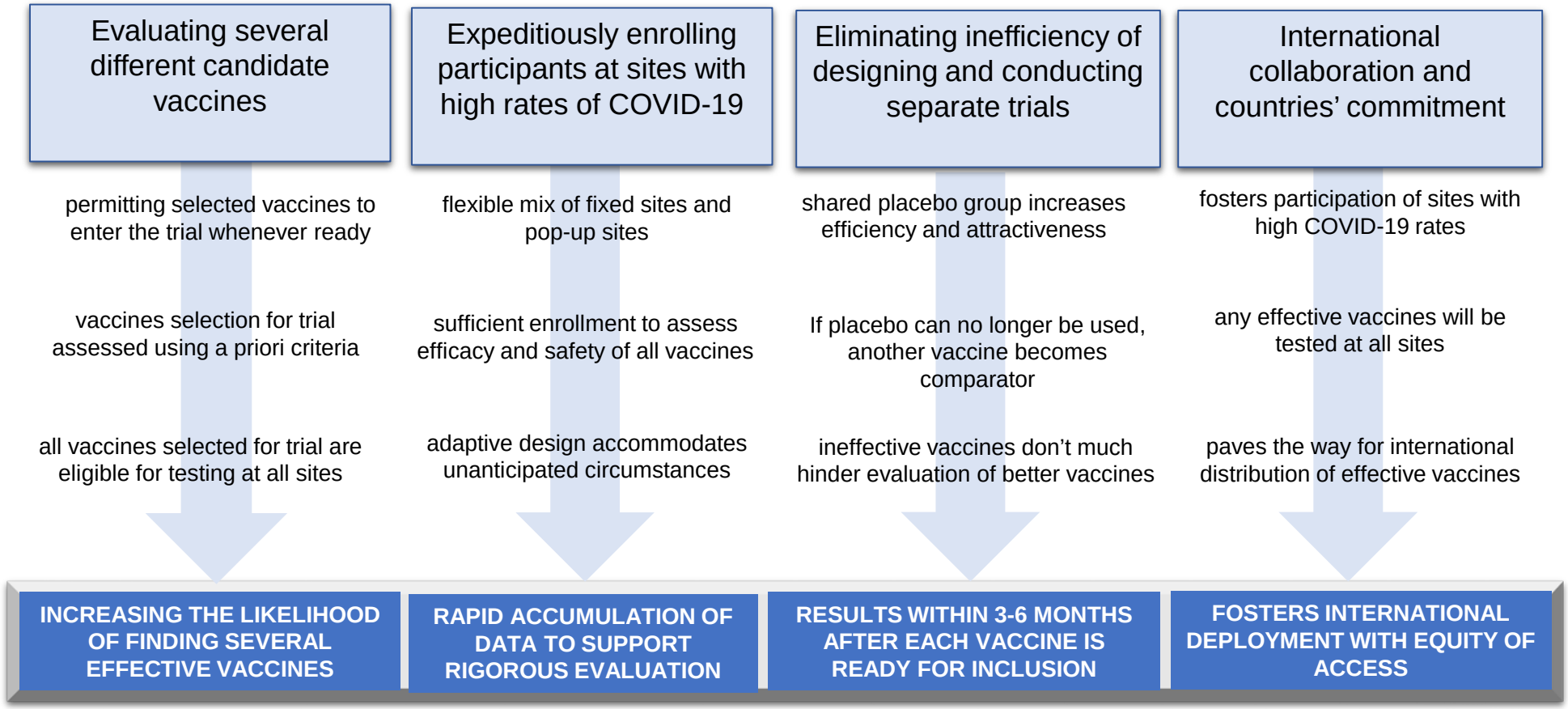
Composed of independent Experts nominated by COVAX members

Validates Vaccine Allocation Decisions based on JAT proposal, ensuring it is technically informed and free to conflict of interest

Implementation of the Allocation Decision by COVAX Facility, Procurement agencies and self-procuring Participants

Solidarity trial for vaccines

WHY an international RCT of several candidate vaccines ?



Thank you