A GLOBAL FRAMEWORK TO ENSURE EQUITABLE AND FAIR ALLOCATION OF COVID-19 PRODUCTS
Rationale, assumptions and objectives of this effort

Rationale and assumptions

- The unfolding of the COVID-19 pandemic at a global scale has shown that health and economic outcomes are interdependent.
- Its effective and efficient control will require that vaccines, therapeutics and diagnostics are made available to all that need them regardless of where they live and regardless of their ability to pay.
- Access to COVID-19 products may be curtailed by short supply as a result of unprecedented demand and incipient manufacturing capacity. Global allocation is necessary to mitigate the health impact and to promote social and economic activity.
- The mechanism will be time limited and will potentially cover the period of supply constraint. These health products could be accessed by countries through either donor funding or self-financed.
- A global response requires a multi-partner, independent, multi-expertise steering and coordination body to oversee the fairness, efficiency and effectiveness of the allocation process.
- In the past not all countries had equal and timely access to scarce products – e.g., 2009 H1N1 influenza pandemic.
- Achieving equitable access and fair allocation rests on the solidarity and political commitment of global stakeholders and will require complementary efforts ensuring systems are in place to deliver them rapidly and effectively.

Objectives

- Develop an allocation framework to:
  - Ensure equitable access to essential vaccines, therapeutics and diagnostics in short supply
  - Ensure transparency, accountability and monitoring
  - Build on WHO’s extensive know-how on allocation plans and lessons learnt from past pandemic responses
The vaccines in development use different technology platforms, with implications for how they can be used.

<table>
<thead>
<tr>
<th>Platform</th>
<th>Description</th>
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<tbody>
<tr>
<td>RNA</td>
<td><strong>Nucleic acid RNA</strong> packaged within a vector (e.g., lipid nanoparticles)</td>
</tr>
<tr>
<td>DNA</td>
<td><strong>Plasmid containing the DNA sequence encoding the antigen(s)</strong> against which an immune response is sought</td>
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<tr>
<td>Viral vectors</td>
<td><strong>Chemically weakened</strong> virus to transport pieces of the pathogen – usually antigen coding surface proteins</td>
</tr>
<tr>
<td>Inactivated</td>
<td>Killed version of the germ that causes the disease, providing shorter-term protection and requiring boosts</td>
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<tr>
<td>Attenuated virus</td>
<td><strong>Weakened virus</strong> to stimulate immune response</td>
</tr>
<tr>
<td>VLPs</td>
<td>Virus like particles – <strong>molecules that closely resemble viruses</strong>, but are non infectious because they contain no viral genetic material</td>
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<tr>
<td>Protein subunit</td>
<td>Purified or recombinant proteinaceous antigens from a pathogen to elicit immune response. Some assets employ a nanoparticles-delivery system for enhanced antigen presentation</td>
</tr>
<tr>
<td>Repurposed</td>
<td>Repurposed vaccines already on market, e.g., measles, BCG</td>
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</tbody>
</table>

**Vaccine characteristics affect deployment:**

- Immunogenicity (e.g. sub-optimal effect on elderly populations)
- Safety profile (e.g. women of childbearing age)
- Ability to scale-up manufacturing
- Cold chain requirement (e.g. -70°C)

One vaccine may be more suitable for a target group / country type than another.
Three options

**National access mechanism**
Countries negotiate deals with manufacturers individually (e.g., lock into supply agreements locally)

**Grouped access mechanism**
Countries form regional groups or blocks to negotiate supply agreements

**Global access mechanism**
Countries participate in a global mechanism to procure and access products

Implications

- **Number of manufacturers accessed**
  - Low: Single country
  - High: Global

- **Number of countries**
  - Low: Region
  - High: Global

Global access offers:
- Opportunity to have equitable access through fair allocation across countries
- Essential ‘risk-pooling’ (e.g., less risk of having no supply if certain vaccine candidates fail)
An Active Portfolio Management is supporting COVAX ambition to deliver 2B doses by end of 2021

**Active Portfolio Management**

**Diverse Portfolio**
- Candidates across 4 technology platforms
- Investments in R&D and manufacturing to accelerate production of doses
- Portfolio spanning various Geographies

**Flexibility to put resources...**
- ... behind the most promising vaccine candidates out of the 100+ in development
- Discussions to include BMGF portfolio within COVAX to leverage 2nd wave/ generation of vaccine candidates
- Ongoing negotiations with major vaccine manufacturers to optimize use of resources

**2B doses by end of 2021**

**Expert and Industry support**
- 150+ developers plans reviewed by experts
- Best in class view of external landscape
- Industry is fully engaged and supportive

**Continuous assessment of opportunities...**
- ...to expand portfolio e.g., single dose vaccine, new antigens, continued geographical spread, special populations
- Advanced discussions with all assets in the clinic on manufacturing e.g., capacity planning
The Global Allocation Framework builds on the Cross-cutting principles, and informs Allocation Mechanisms

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

Working draft shared in early July 2020

C
Fair and equitable Allocation Mechanisms
Mechanisms tailored for each product

Draft for Vaccines: End August 2020
Initial view for Therapeutics: Mid September 2020
A – 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
## B – Major elements of the Global Allocation Framework for COVID-19 vaccines

<table>
<thead>
<tr>
<th>Goals</th>
<th>Target groups</th>
<th>Timing</th>
<th>Boundary conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the overarching goals of the response?</td>
<td>Which target groups should receive products in priority to help achieve this goal? How should specific products be allocated given their characteristics?</td>
<td>At what pace will countries receive products given: • their vulnerabilities (health systems and population factors) • the dynamic nature of the threat?</td>
<td>What other factors will impact the allocation of specific products given to countries: • Product characteristics • Country context?</td>
</tr>
</tbody>
</table>

This framework is product-agnostic, but work conducted until now has mostly focused on a mechanism for vaccines
## Draft Allocation Mechanism for Vaccines

### Goal

Protect public health and minimize societal and economic impact by reducing COVID-19 mortality

### Target groups

<table>
<thead>
<tr>
<th>Health and social care workers</th>
<th>High-risk adults</th>
<th>Further target groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>All countries receive doses to cover 3% of their population. This would be enough to cover all workers involved in health and social care work in most countries.</td>
<td>All countries receive additional doses to cover a total of 20% of their population (in tranches). This could include the elderly, adults with comorbidities or others depending on locally relevant risk factors.</td>
<td>Countries receive doses to cover more than 20% of their population. This would cover additional target groups.</td>
</tr>
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### Timing

**Phase 1:** Countries receive doses proportionally to their total population*

**Phase 2:** Timing is based on country need, vulnerability and COVID-19 threat

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A buffer will also be set aside for emergency deployment based on immediate needs

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*The fundamental principle applies that all countries receive doses at the same rate to the extent possible, notwithstanding likely practical limitations to be further worked out (e.g. minimum delivery volumes)
C – How does allocation fit in the broader process of providing global access to vaccines?

Illustration for Vaccines within the COVAX Facility

- **Development & manufacturing**
- **Policy**
- **Allocation**
- **Procurement & delivery at scale**
- **Done on ongoing basis**

1. **Strategy and goals**
2. **Policy & candidate evaluation**
3. **Research & Development**
4. **Manufacturing**
5. **COVAX Facility**
6. **Countries, territories, regions**
7. **Access & Allocation**
8. **Allocation framework**
9. **Allocation mechanism**

Overarching principles

Deployment & Delivery
# Allocation framework: key features

<table>
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<tr>
<th>Feature</th>
<th>Details</th>
</tr>
</thead>
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<tr>
<td>Proportional Distribution</td>
<td>2B doses allocated proportionally to population to Funded and Self Financing participants(^1), keeping a buffer of 5% for humanitarian emergencies and acute outbreaks</td>
</tr>
<tr>
<td>Gradual allocation</td>
<td>Vaccines rolled out as they are produced until participants reach their indicative target amount(^2)</td>
</tr>
<tr>
<td>Adapting to country context</td>
<td>Country policies will guide national priorities for vaccine use. WHO will provide recommendations based on SAGE advice which will support country deliberations</td>
</tr>
</tbody>
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1. Allocation of doses for a participant's indicative target amount. The first phase of the allocation framework is in effect up to 20% population coverage. Funding or participant readiness constraints would not delay the distribution of vaccines to other participants.
2. Notwithstanding logistical and operational considerations, for example shipment size.
Example:
6 participants are allocated doses from 2 vaccine batches

Month 1

Month 2

Received doses relative to participant’s population

Speed, Scale, Access
Potential process for the allocation

Input
Implementation
Reporting
Joint work, information exchange

Allocation validation (ringfenced)
Independent Allocation Body
Group of independent Experts jointly nominated by COVAX members WHO, GAVI, and CEPI. Observers incl. reps from CSO, Committee representing countries, etc.

Allocation
Joint Allocation Taskforce
WHO secretariat receives inputs, runs the allocation model, and prepares allocation proposal with Gavi

Modeling + qualitative data (WHO)
Country prep (CO, RO, UN system)
Epi data, surveillance (CO, RO, WHE)
Humanitarian emergencies (CSO, UN system)

Committee representing countries (FSF, AMC, and AMC donor)¹
Oversight

COVAX Facility Secretariat
Demand forecasting
Supply forecasting
Vaccine financing and delivery funding (TA, CCEOP, operational)

1 The link between this Committee and the broader COVAX Facility governance is under development