

ACT-A – Access and Allocation workstream

WHO Fair allocation mechanism for COVID-19 vaccines
through the COVAX Facility – proposal for improvement in
allocation methodology

Member State COVID-19 Information Session

1st July 2021

ACT now, ACT together to accelerate the end of the COVID-19 crisis

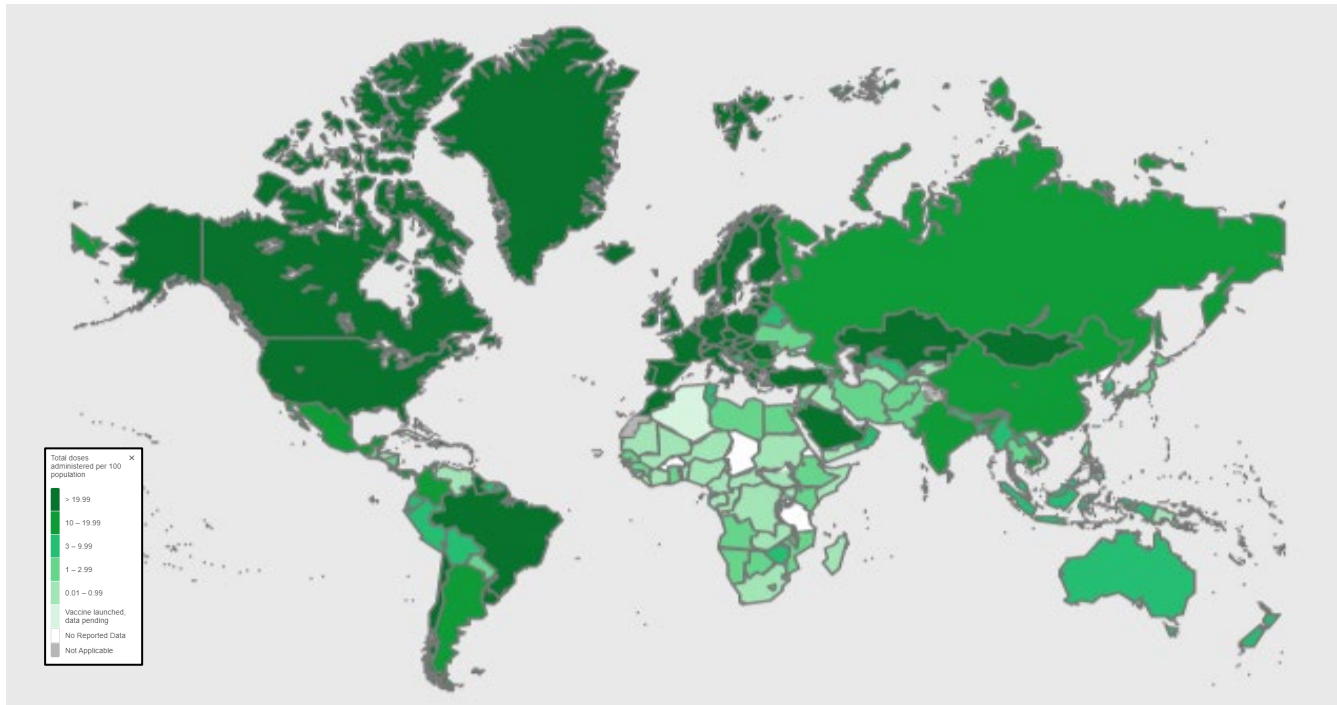
ACT-A – Access and Allocation workstream

1. Context and background:
 - Global vaccine roll-out as of 28 June 2021
 - COVAX supply forecast
 - Vaccine doses administered vs COVAX coverage
2. Transition to an updated allocation methodology
 - Rationale for change
 - Objectives and metrics to inform the new methodology
3. Next steps

2,928M doses of COVID-19 vaccine have been administered¹ in 215 countries, areas, territories & economies²

DATA AS OF 28 JUNE 10:00 AM CET

Total doses administered per 100 population³



2,928 M vaccine doses¹ have been administered
COVAX has shipped 89.8M doses to 133 participants⁴ - incl. 69 LMICs/LICs
Campaigns **have not yet started in 5 countries, economies & territories²**

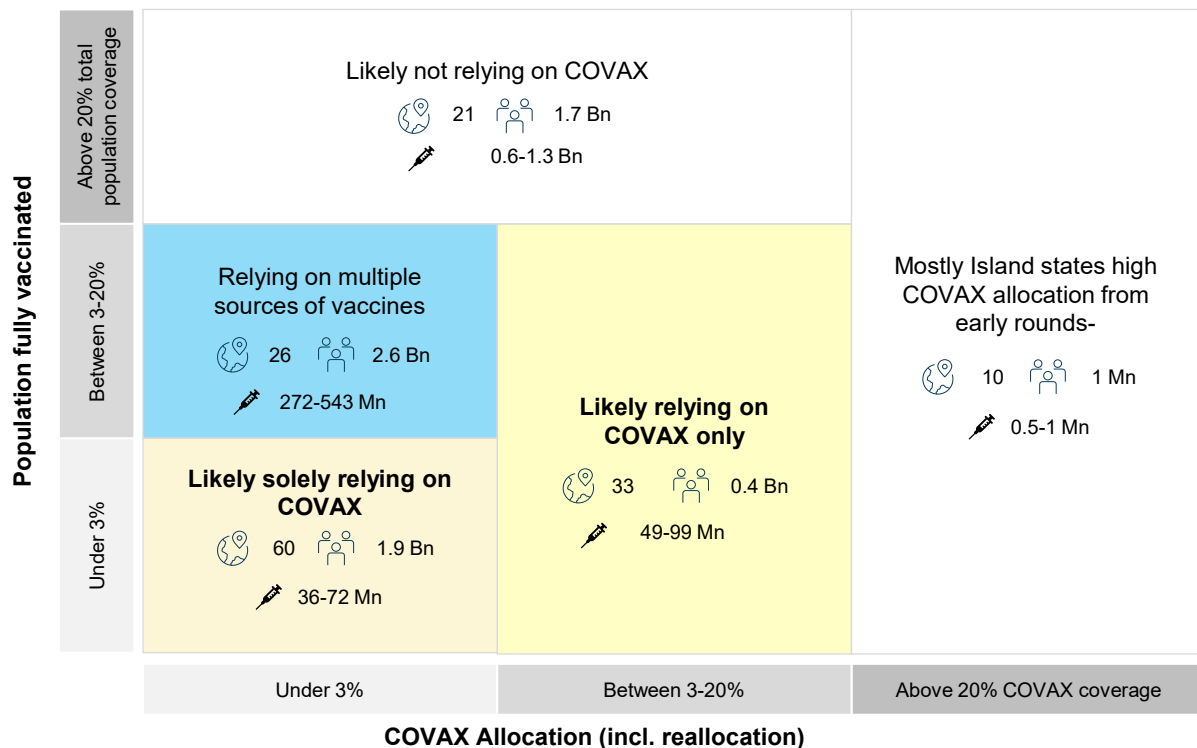
Note: The designations employed and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

1. Source of data: Bloomberg;
2. Total of 220 countries, areas, territories & economies: 218 economies listed by World Bank + WHO Member States Cook Islands + Niue
3. WHO COVID-19 Dashboard at <https://covid19.who.int/>;
4. Including donations of doses through COVAX

Variance in progress towards 20% due to alternative sources of vaccines

Proportion of population fully vaccinated¹ (accounting for 2 doses as appropriate) vs. COVAX Allocation (n=150), %

PRELIMINARY AS OF JUNE 18TH



Number of participants Population size

Vaccines required to reach population fully vaccinated quadrant limits²

- Supply constraint/delays (e.g. SII) represent challenges with increasing overall and 2-dose regimen completion
- **2nd doses needs were addressed in a special allocation round - Round 4 (~17Mn doses)**
- **The doses shipped were matched** to provide coverage for 2nd dose needs
- JAT and IAVG are preparing Round 5 – Q3 available supply

1. Assumes 2 dose regimens, total coverage could be higher if 1 dose regimens are available | 2. Assuming 70% highest total population coverage target, not 100%

Source: COVAX data, WHO COVID-19 Explorer, OWID Mathieu, E., Ritchie, H., Ortiz-Ospina, E. et al. A global database of COVID-19 vaccinations. Nat Hum Behav (2021), Linksbridge

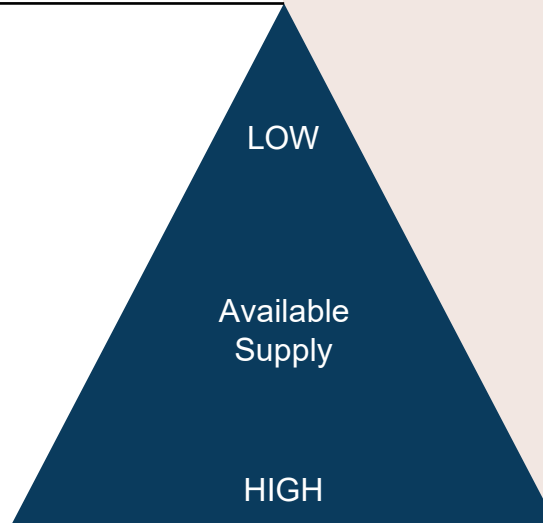
More targeted allocation of limited COVAX supply to ensure impact

ILLUSTRATIVE

Ahead of reaching the 20% vaccination coverage allowing a transition to Phase 2, an **interim phase** will consider total population coverage and epidemiological context and can be implemented starting from Q4 supply

Needs drive allocation pace

Need/quantification will be determined by epi situation and administered vaccines



Absorption capacity drives allocation pace

Absorption capacity will be accounted for in the prioritization, without causing a disadvantage to participants

Objectives for the **Interim Phase**, remain similar as in Phase 1, with a few additions ahead of transition to Phase 2 (post 20% coverage)

	Phase 1: Proportional allocation up to 20% of population given the ubiquity of the threat	Interim Phase: allocation based on total pop coverage and COVID-19 epidemiological situation in countries
Unchanged	Doses are allocated as soon as they are available, serving all possible participants, with products that have EUL, minimising the gap between deliveries, taking into account preferences and consistency choices	
Change	Doses allocated proportional to population	Doses allocated considering total doses administered in countries (with all sources of vaccines)
New	<p>Epidemiological criteria determine if the round volumes need to be increased due to emergency situation, but eventually all participants receive requested volumes</p> <p>Absorption capacity accounted for in the sequencing, without causing disadvantage to participants</p> <p>All doses available outside of standard allocation rounds will be used towards responding to changing context, in an agile and flexible manner</p>	

Algorithm adjustments are required to achieve these objectives, including addition of new indicators

Collection, analysis and inclusion of indicators in **algorithm will not be ready for the upcoming allocation round (Q3 supply), but we will be ready from following allocation round (Q4?)**.

This upcoming round will use an **interim approach**:

- **Algorithm as it is for quantification,**
- **Sequencing the shipping of vaccines based on total population coverage, epidemiological considerations and absorptive capacity**

Indicators proposed for epidemiological criteria

PRELIMINARY					
	Criteria	Indicator	Rationale	Practical implementation	Source
A	Coverage	Total population coverage – total vaccines administered/100K	Indication for need and relevance of supply given large volumes supplied outside of COVAX	Can be used instead of COVAX coverage to determine allocation volumes , starting from lowest %, allowing 0 allocation for above 20% but ensuring a (minimum) allocation to all participants	WHO COVID-19 dashboard, supplemented by Our World In Data
B	Threat/Epi	28-day trend in <u>cases</u> /100k population	Metrics already used as indicators of severity of epidemiological status	Creating a weighted index together with the total population coverage to quantify allocation for participants with epidemiological challenges	WHO/WHE
		28-day trend <u>mortality</u> /100k population	Can be used regionally (increasing neighbouring participants prioritization)		WHO/WHE
		Cumulative <u>cases</u> /100k population	Use of trends and totals provide the “burden of disease” for a given participant		WHO/WHE
		Cumulative <u>Mortality</u> /100k population			WHO/WHE
C	Readiness	Absorptive capacity ¹	Indication of dose utilization, can lead to reduction of reallocation, aims to reduce wastage	2 uses of this metrics: pre-allocation to determine a cap of quantities to be allocated to each participant, post allocation to determine schedule of shipment delivery	WHO/IVB

Current simulations are being run with indicators including cases and deaths rates and 28-day trend in cases and deaths

1. Requires mitigation measures to ensure no participants are at a disadvantage due to absorptive capacity. However, it's time-bound and it evolves and varies even for a single participant (i.e. due to campaigns, cold chain capacity etc.)

Next steps

- Presentation shared for comments from Member States
- Feedback and comments sent back to JAT@gavi.org by 15 July 2021
- Working document available on-line (<https://www.who.int/publications/m/item/fair-allocation-mechanism-for-covid-19-vaccines-through-the-covax-facility>) will be updated informed by comments
- New methodology finalized for interim phase by end of August 2021

WHO/OCF Joint Allocation Taskforce

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