



World Health
Organization

A GLOBAL FRAMEWORK TO ENSURE EQUITABLE AND FAIR ALLOCATION OF COVID-19 PRODUCTS

Member States Briefing

23rd July 2020

Agenda

1 Recap draft Allocation Framework and Mechanism presented to Member States

2 Present feedback received on the draft Allocation Framework and Mechanism

3 Present timelines for further consultation on the Framework and Mechanisms

The Global Allocation Framework builds on the Cross-cutting principles, and informs Allocation Mechanisms

A

Cross-cutting 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 (beginning with vaccines)

Scenarios: End August 2020

The Allocation Framework (and resulting Mechanisms) are a key component of an overall approach for achieving fair and equitable access to COVID-19 products

1: Major elements of the Global Allocation Framework for COVID-19 vaccines

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:

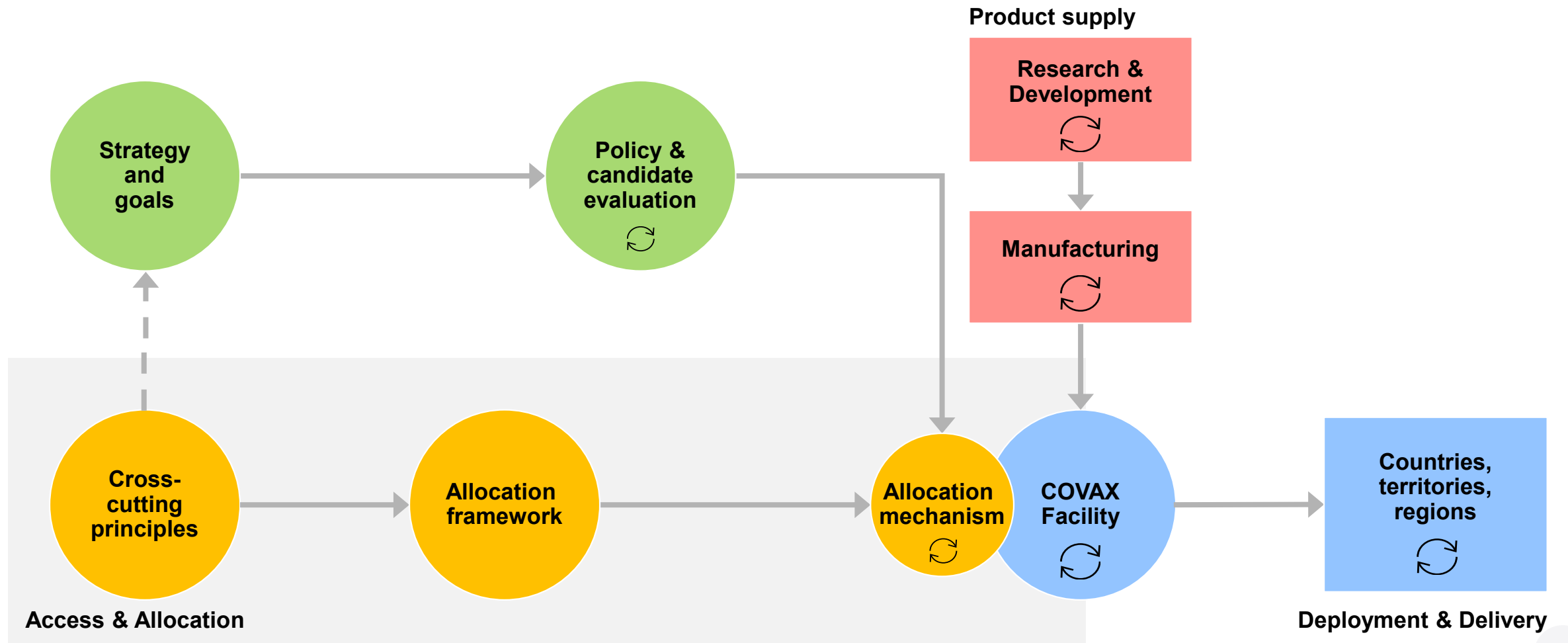
- Product characteristics
- Country context?

This framework is product-agnostic, but work conducted until now has focused on a mechanism for vaccines

1: How does allocation fit in the broader process of providing global access to vaccines?

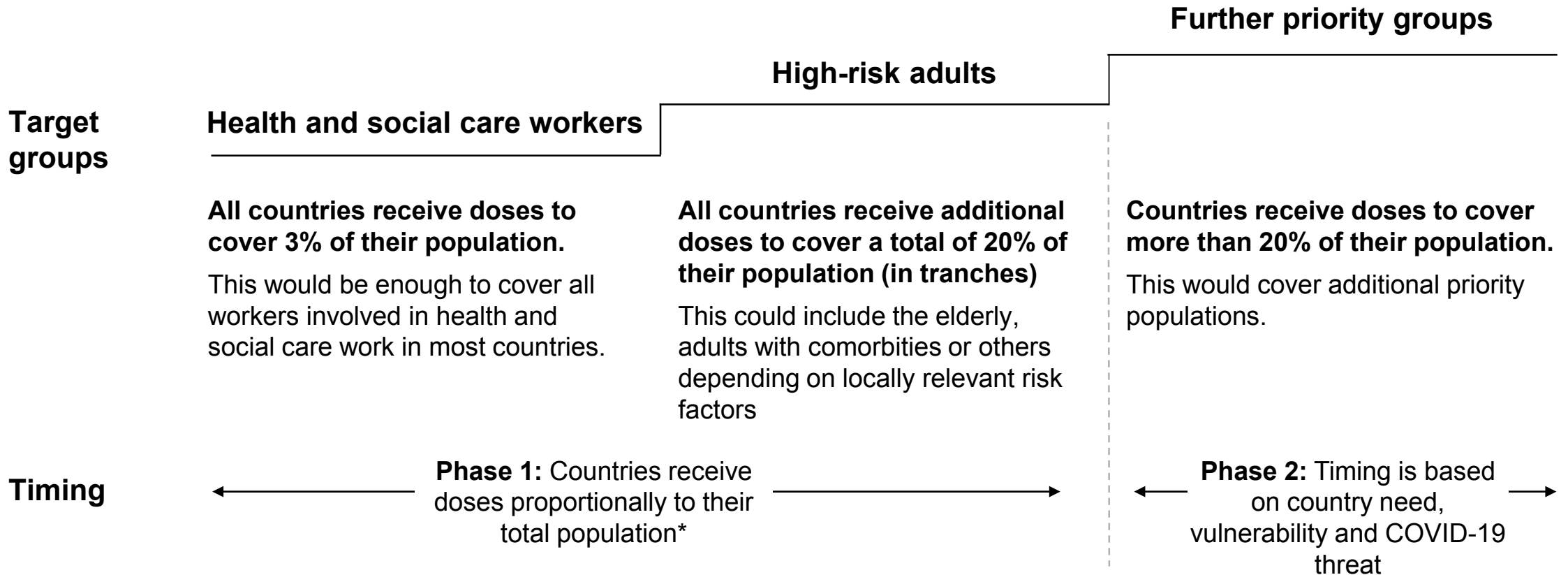
Illustration for Vaccines within the COVAX Facility

● Development & manufacturing ● Policy ● Allocation ● Procurement & delivery at scale ↻ Done on ongoing basis



1: We shared a draft of the Allocation Mechanism for Vaccines

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



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

*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)

2: Summary of feedback (1/4)

On the overall framework and mechanism

Recurring comments

- Broad agreement that the Allocation Framework is an important step towards ensuring fair and equitable access to COVID-19 products
- Broad agreement that this framework should be extended / adapted to other COVID-19 products
- Requests to expand on the ethical considerations informing the Allocation Framework and Mechanisms
- Broad agreement that the governance of the Allocation Mechanism for vaccines is important, and needs to be clarified

Recurring questions

- When will the Allocation mechanisms for Therapeutics and Diagnostics be designed?
- What consultation and approval process will the framework / mechanism document will be subject to, and what are the timelines for its final release?
- Will the framework and mechanism apply outside of ACT-A and COVAX Facility (e.g., to national and regional mechanisms)?
- What will be the Allocation governance, and how does it relate to COVAX Facility governance?

2: Summary of feedback (2/4)

On the goals and target groups

Recurring comments

- Concerns that using a flat 20% of population to cover initial target groups would be insufficient for many countries (e.g., those with a large population of elderly or health and social care workers)
- There were suggestions that vaccine allocations should be ranges to account for the varying sizes of population groups within countries (e.g., 10-30% rather than 20% for all countries)
- Additional target groups would also benefit from being vaccinated in the short term (e.g., essential workers)

Recurring questions

- Will the target populations for allocation be defined by SAGE?
- What scenarios could lead to certain goals or target populations being prioritised over others?
- How will the target groups be defined (e.g., are community health workers included in 'health and social care workers', and which underlying conditions would be considered 'high-risk')?
- How will displaced and vulnerable populations be accounted for (e.g., refugees)?

2: Summary of feedback (3/4)

On timing (prioritisation)

Recurring comments

- Support for allocating vaccines proportionally until 20% of each country's population is covered (Phase 1)
- Some support for using vulnerability and threat to determine country risk and prioritise countries (Phase 2), though concerns were raised that the complexity of the assessments and data quality would be significant hurdles
- Broad support for maintaining a dynamic stockpile to manage outbreaks and emergencies

Recurring questions

- How will countries be prioritised in Phase 1 (proportional allocation) when supply is still extremely constrained?
- How often would the risk assessment of threat and vulnerability be carried out?
- What will be the size of the stockpile / buffer, and how will it be managed?

2: Summary of feedback (4/4)

On operational considerations

Recurring comments

- It will be important for WHO to support countries in overcoming legal and regulatory barriers to access
- Broad agreement that 'absorption capacity' should not become an important barrier to access, and that effort will need to be made to avoid this

Recurring questions

- What will be done to ensure that limitations in country capacities do not influence allocation?
- How will the allocation account for the fact products will have different characteristics?

3: Timeline for the Allocation Framework and Mechanisms

