As the end of the pandemic draws closer, the ACT-Accelerator will continue to support the roll out of COVID-19 tools and its lessons will inform the establishment of a medical countermeasures platform.

COVID-19 cases and deaths reported each week, while still high overall, have consistently declined over the past few months. The WHO Director-General has recently signaled that the end of the pandemic may be in sight. However, many people, especially those in low- and middle-income countries, remain vulnerable due to low vaccination coverage and a lack of access to antiviral treatments. Furthermore, COVID-19 is no longer the first priority for country policymakers given the status of the pandemic and in the context of other health threats, the climate crisis, inflation and armed conflict.

Against this backdrop, the ACT-Accelerator Facilitation Council, co-chaired by President Ramaphosa of South Africa and Prime Minister Støre of Norway, met for the 12th time to reflect on progress made in increasing global access to COVID-19 tools, share plans for the next phase of the ACT-Accelerator, and consider the findings from the ACT-A external evaluation.

Council members reiterated that ACT-Accelerator was set up when the global community needed to act quickly and decisively to fight a new disease that was not yet well understood. The ACT-Accelerator is an unprecedented and unique global partnership established with the core purpose of accelerating the development of medical countermeasures and ensuring their equitable distribution.

The ACT-Accelerator has collectively delivered more than 1.8 billion doses of vaccines, predominantly to low- and middle-income countries, 161 million tests, 40 million treatment courses and 2 billion items of personal protective equipment. The partnership has also mobilized US$ 23.7 billion to implement joint strategic plans.

The ACT-Accelerator made important contributions to developing and rolling out tools at a massive scale, and in a short timeframe, however, inequity in access to COVID-19 tools continues. This is best exemplified by vaccine coverage which stands at only 19% in low-income countries, and slow access to new oral antivirals in Low Income Countries, which are becoming available only recently due to complexities in procurement negotiations. Such
practices need to be addressed through policies agreed to as part of pandemic preparedness, not when the pandemic has taken hold.

Given that the COVID-19 pandemic is not over, work will continue to roll out COVID-19 countermeasures. The Council resolutely supported the ACT-Accelerator’s six-month Transition Plan, which is coming into effect from the 1st of November 2022. The plan outlines continued support to countries as they transition to long-term COVID-19 disease control, particularly by ensuring countries have sustained access to the vaccines, tests and treatments, and PPE needed as well as capacitating the health system to prevent severe disease and save lives. The ACT-Accelerator will also, in parallel, maintain critical capacities and functions to support a response to a surge of a dangerous Variant of Concern.

In this transition period, the ACT-Accelerator Facilitation Council will change its methods of work. The Council will go into ‘stand-by-mode’, with key functions assumed by senior officials ACT-Accelerator Tracking and Monitoring Taskforce co-chaired by the United States of America and India. The Taskforce will monitor the rollout of tools and track resources during the transition period. The Taskforce will also maintain readiness to reactivate the full high-level Council if needed.

Council members were asked to engage with the External Evaluation commissioned by the ACT-Accelerator Facilitation Council Co-Chairs and supported by a Reference Group composed of country and civil society members. The report harvested important lessons learned and provided key insights that can inform current and future global co-ordination and collaboration for pandemic preparedness and response.

In our roles as Council Co-Chairs and reflecting on the evaluation, one of the key conclusions we highlight is a need for a permanent medical countermeasure platform that operates within a global collaborative and coordinated framework to ensure the rapid development, scale-up and timely equitable distribution of vaccines, therapeutics, and diagnostics, underpinned by the principles of transparency, inclusivity, equity, accountability and fairness.

The WHO Director-General has announced that WHO will initiate an inclusive process to develop a permanent medical countermeasures platform building on lessons from the ACT-Accelerator and other relevant initiatives. This process will involve engaging countries, international health agencies, civil society and communities, donors, industry and other relevant stakeholders.

Further considering the findings of the Independent Evaluation and deliberations of the 12th Facilitation Council, we submit that we need to be better prepared for future pandemics by:

- strengthening health system strategies-, community, and primary health care- during fallow periods with a goal of universal health coverage,
- empowering countries and regions to recognize and declare public health threats of pandemic potential and thereby seek technical and financial support to contain those threats,
• having sustained mechanisms for collaboration, priority setting, collective investments, technology transfer and sharing of know-how, licensing and trade policies related to research and development and supply of medical countermeasures (vaccines, therapeutics, diagnostics, and PPE),

• ensuring that all regions have medical countermeasures development, manufacturing and distribution companies and capacities rooted in regional agreements and institutions,

• increasing and sustaining domestic and external investments in health care, health workers and public health systems as well as community, national, regional and global pandemic prevention, preparedness and response capacities,

• agreeing on international legally binding norms and instruments that ensure timely sharing of data and information (including genomic sequences), technology transfer, regulatory support and handling of liabilities.

We need to be able to respond quickly by establishing a standing day one coordination and governance mechanism for medical countermeasures, including countries across all income levels, regional representation and civil society, and with available financing based on agreed advance commitments, which will:

• contribute to the 100 days’ mission for research and development,

• coordinate procurement, donations and overall supply, and support procurement and coordinated delivery in the countries and for the populations most in need,

• support resource mobilization through rapid coordinated joint appeals and with the ability to influence the allocation of resources where most needed.

Critically, we need to have adequate day one contingent financing available to provide support to countries immediately after a public health emergency is declared.

We need inclusive governance, representation, transparent decision-making and accountability, with an agreed mechanism for global leadership on pandemic prevention, preparedness and response that can track progress and provide oversight, be accountable to member states and led by heads of state and government, and that works with the Pandemic Fund and the World Health Organization as well as other relevant global and regional institutions.

We need to engage in multi-stakeholder and multi-sectoral consensus building processes to further deliberations on ensuring equitable access to countermeasures, and we look forward to working with Council members and others in developing good solutions.

As Council Co-Chairs, we have had the honour to support the ACT-Accelerator by providing high-level political leadership over the past two years. We are proud of all the work that has been achieved by the ACT-Accelerator partnership, all its agencies, the Council and its Working Groups. We are pleased to hand the baton to United States and India to lead the new Tracking and Monitoring Taskforce.
Quote President Ramaphosa:

“We believe that it is only through partnerships, and meaningful partnerships that, among countries, that we can tackle a global crisis of this nature and this scale. So, as we look ahead, let us build on the work of ACT-A to strengthen capabilities across the world and in doing so let us leave no one and no country behind.”

Quote PM Støre:

“I take pride in what we achieved with ACT-A. Still, we can always do better. A rapid, coordinated, and effective response will be key in handling future health emergencies. As shown by the evaluation, we need a mechanism for coordination and financing to be in place from day one.”