Looking back at the work of ACT-A and its Council

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

12TH COUNCIL – 28 OCTOBER 2022
ACT-Accelerator was set-up in April 2020 to accelerate development and equitable access to COVID-19 countermeasures

A groundbreaking global collaboration...

...with two objectives

1. Accelerate development of tests, treatments & vaccines
2. Ensure equitable access globally
ACT-A procured and delivered billions of vaccines, tests, treatments and PPE

Vaccines
- 1.7 bn doses delivered

Tests
- 161 m tests delivered

Treatments
- 40 m treatment courses delivered

Oxygen
- 9 m O2 supplies delivered

PPE
- 2 bn PPE items delivered

Source: Global COVID-19 Access Tracker and WHO COVID-19 Supply Chain Dashboard as of 14 August 2022 for vaccines, treatments, oxygen and PPE; Diagnostics Consortium as of 30 September 2022 for tests
ACT-A improved equity in access to vaccines, delivering 75% of all doses to LICs

Source: UNICEF COVID-19 Vaccine Market Dashboard, 14 October 2022
ACT-A contributed to tech transfer and manufacturing capacity with long-term benefits to LMICs and UMICs

1. Fill & Finish: filling vials with vaccine and finishing the process of packaging for distribution
ACT-A received unprecedented contributions from donors, totaling over US$ 23.7 billion – thank you!

Source: ACT-A Commitment Tracker as of 03 October 2022
ACT-A Council Working Groups provided crucial support - mobilizing political leadership and enabling large-scale, equitable distribution of countermeasures

**Financing & Resource Mobilization (FinRM)**
- Developed fair share approach and 2 financial frameworks
- Championed mobilization campaign

**Tracking & Accelerating Progress (TAP)**
- Tracked and reported the rollout of COVID-19 tools
- Supported political mobilization and engagement

**Vaccine Manufacturing**
- Provided political support to COVAX mfg TF
- Published high level report, recognized by G20 leaders

**Therapeutics & Diagnostics**
- Provide key insights and recommendations to improve equitable access to Dx and Tx
Tracking and Monitoring Task Force

During the ACT-A strategic plan 2021-2022

ACT-A Facilitation Council

During the transition plan

ACT-A Facilitation Council (on standby)

Tracking & Monitoring Task Force

• Will operate from Nov ‘22 to end Mar ‘23
• Co-Chaired by United States & India
• TAP and FIN RM WG country members (senior level) and 2 CSO reps invited to join

Other Council members wishing to join TF may request participation to the Co-Chairs

* The VMWG and Tx & Dx WGs sunset following completion of their respective mandates and delivery of their final reports.
Tracking & Monitoring TF will update Member States on progress and maintain readiness

Key Council functions maintained by the TF:

- Monitor progress in the rollout of and equitable access to tools
- Maintain coordination and facilitate political engagement
- Track resource use and needs
- Maintain Council and ACT-Accelerator stakeholder readiness to reactivate in response to major surges of COVID-19

Co-chaired by the United States and India

From November 2022 to end March 2023
Next steps

1. First meeting of the Taskforce at the end of November
2. Q3/End of Strategic Plan report to be published mid-December
ACTaccelerator
ACCESS TO COVID-19 TOOLS

Hosted by World Health Organization
ACT-Accelerator Transition Plan
(October 2022 to March 2023)

12th ACT-A Facilitation Council
28 October 2022
The ACT-A Transition Plan – contents

- Context: a changing world
- Focus: ACT-A focus & scenarios
- Pillars: plans & priorities
- Processes: streamlining ACT-A work
- Financing: ACT-A gaps & RMB (incl. Annex)

ADDENDUM: Pillar & partner perspectives on lessons learned
A new context: countries & populations are transitioning

To long-term COVID-19 control...

COVID-19 waves continue, but we are adapting to this ‘new normal’

To address other health priorities...

COVID-19 disrupted essential health services & reversed important health gains

To an increasingly complex landscape...

Converging crises (health, conflict, food, energy, climate) & fragile global economic recovery
**ACT-A 6-month priorities: ensure long-term access & maintain readiness**

**TODAY**
- COVID-19 managed via combination of ad hoc & dedicated structures

**NEXT PHASE**
(per WHO SPRP to March 2023)
- Mainstream COVID-19 into routine programmes

**IN THE LONG RUN**
- COVID-19 managed via integrated disease control programmes & response systems

**ACT-A focus & priorities**

i. **R&D & market shaping** to ensure a pipeline for new and enhanced COVID-19 tools

ii. **Institutional arrangements** for sustained access to COVID-19 vaccines, tests & treatments

iii. **Delivery focus** on new product introduction & protection of priority populations

**Maintain readiness for surge support**
# Planning in uncertainty: Transition Plan base case & 2 surge scenarios

<table>
<thead>
<tr>
<th>BASE CASE</th>
<th>SCENARIO 1</th>
<th>SCENARIO 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ONGOING OUTBREAKS:</strong> recurring waves as virus evolves &amp; immunity wanes.</td>
<td><strong>GLOBAL SURGE IN DISEASE:</strong> major surge driven by more transmissible variant.</td>
<td><strong>GLOBAL SURGE IN MORTALITY:</strong> due to highly transmissible variant that evades current immunity.</td>
</tr>
<tr>
<td>Current vaccines, tests &amp; drugs <strong>effective</strong> to reduce hospitalization &amp; mortality.</td>
<td><strong>Tools partially effective</strong> to reduce hospitalization &amp; death; health systems strained.</td>
<td>Some <strong>tools less or ineffective</strong> to prevent hospitalization &amp; death. Public health &amp; social measures.</td>
</tr>
<tr>
<td><strong>Stable demand</strong> for COVID-19 tools.</td>
<td><strong>Increased demand</strong>, constraining equitable access globally.</td>
<td><strong>Very high demand</strong> for scarce tools.</td>
</tr>
</tbody>
</table>

**SCENARIOS:** guided by COVID-19 response & Technical Advisory Group (TAG) on Virus Evolution
Pillars - updated focus for next 6 months:

**VACCINES**
- support countries to national COVID-19 vaccination targets with a **focus on health workers & highest risk groups**

**DIAGNOSTICS**
- support long-term management with **focus on improving, scaling, integrating and sustaining access to tests**

**THERAPEUTICS**
- support **roll out of new oral antivirals** and test-&-treat for highest risk, and **enhancing access to oxygen**

**HSRC**
- support **mainstreaming COVID-19 tools** into essential services & National Action Plans for Health Security
Streamlining ACT-A coordination processes (examples)

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princpals Calls</td>
<td>• Monthly</td>
</tr>
<tr>
<td>RM &amp; Comms Leads</td>
<td>• Monthly</td>
</tr>
<tr>
<td>Commitment tracker</td>
<td>• Monthly</td>
</tr>
<tr>
<td>Implementation reports</td>
<td>• 2 reports&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Talking points</td>
<td>• Monthly</td>
</tr>
</tbody>
</table>

<sup>a</sup> report at end Dec ’23 (on end of 2021-2022 strategic plan) & end May ‘23 (on transition plan)
Streamlining Council functions - new Tracking & Monitoring Task Force

IMPORTANT: Council will be reactivated if/as needed for high-level political support
Mainstreaming ACT-A financing to reflect the new reality

Adjusted funding needs based on:

- Epidemiological situation
- Current demand
- New or enhanced tools
- Available/pipeline resources

6-month Funding Gap:

- ACT-A Agency gap: **US$ ~400m**
- Agencies will address gaps through regular RMB processes
- ACT-A Hub will continue to monitor & track financing
Taking forward the ACT-A Transition Plan

- Continuing Access Tracker (GCAT) & ACT-A Commitment Tracker
- ACT-A briefings in relevant fora
- Transition report in May 2023
- Re-assess in Q1 2023 or sooner
## ACT-A Pillars & Agency funding gaps under base case (may be US$ ~400m)

<table>
<thead>
<tr>
<th>R&amp;D, product assessment &amp; policy guidance</th>
<th>Procurement</th>
<th>Agency technical assistance &amp; delivery support</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vaccines</strong></td>
<td>US$ 0m</td>
<td>US$ 0m</td>
<td>US$ 0m</td>
</tr>
<tr>
<td>• Ongoing R&amp;D projects covered for the next 6 months</td>
<td>• Ongoing programs &amp; additional boosters for highest risk groups covered by existing portfolio/supply</td>
<td>• Covered by existing funding or expected funds in the pipeline(^1)(^2)</td>
<td>US$ 0m</td>
</tr>
<tr>
<td><strong>Diagnostics</strong></td>
<td>US$ 70m</td>
<td>US$ 70m</td>
<td>US$ 78m</td>
</tr>
<tr>
<td>• Self testing and POC respiratory R&amp;D projects</td>
<td>• Test procurement and sequencing of positives</td>
<td>• Support countries to deploy and scale diagnostic tools</td>
<td>US$ 78m</td>
</tr>
<tr>
<td><strong>Therapeutics</strong></td>
<td>US$ 51m</td>
<td>US$ 51m on procurement for oxygen(^3)</td>
<td>US$ 63m</td>
</tr>
<tr>
<td>• R&amp;D and other activities</td>
<td>US$ 11m</td>
<td>UNICEF (US$ 10.5m) on technical assistance</td>
<td>US$ 63m</td>
</tr>
<tr>
<td><strong>HSRC</strong></td>
<td>US$ 70m</td>
<td>UNICEF PPE procurement</td>
<td>US$ 245m</td>
</tr>
<tr>
<td>• No R&amp;D projects in the next 6 months</td>
<td></td>
<td>UNICEF (US$ 150m) &amp; WHO(^2) (US$ 25m) for cross-cutting technical assistance (incl. RCCE &amp; EHS)</td>
<td>US$ 245m</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>US$ 5m</td>
<td>US$ 191m</td>
<td>US$ 386m</td>
</tr>
</tbody>
</table>

1. Need of US$ 80m for UNICEF on vaccine rollout is potentially covered by funds in the pipeline | 2. WHO need reflected in HSRC cross-cutting technical assistance | 3. Including US$ 30m for Unitaid and US$ 11m for UNICEF
Lessons Learned for supporting equitable access to countermeasures for future pandemics – the process for the External Evaluation of ACT-A

John-Arne Røttingen, Ambassador for Global Health

ACT-A Facilitation Council, Oct 28 2022
ACT-A Independent Evaluation – WHO WGPR statement

The WHO Working Group on strengthening WHO preparedness and response to health emergencies, report to the 75th WHA, May 3, 2022, para 32, p12 [Zero draft report of the Working (who.int)]

“The WGPR noted the intention of the current co-chairs of ACT-A to initiate an independent evaluation of the platform and its successes and challenges, and noted that this was consistent with calls from many Member States for such an evaluation, and that it may be beneficial to share the results of that evaluation with Member States through the Health Assembly in due course.”
ACT-A Independent Evaluation Reference Group

- ACT-A Facilitation Council Co-Chairs established a Reference Group
- The reference group has co-designed, co-led and provided supervision to the evaluation
- 6 countries in addition to Co-Chairs Norway & South Africa: Brazil, Canada, Germany, India, Sweden, Nigeria
- 4 civil society organization representatives: Pandemic Action Network; 3 representatives of ACT-A CSO Platform (led by WACI Health, STOP AIDS, Global Fund Advocates Network)
Timeline & milestones of the ACT-A independent evaluation

- **16 June 2022**
  - Launch of Terms of Reference and Request for Proposals

- **22 June 2022**
  - Selection and contracting of Open Consultants as Evaluation Service provider

- **4 July 2022**
  - Deadline for submission of proposals

- **22 July 2022**
  - Draft inception report

- **6 July 2022**
  - Selection and contracting of Open Consultants as Evaluation Service provider

- **20 June 2022**
  - Deadline for submitting questions of clarification to Norad

- **22 July 2022**
  - Selection and contracting of Open Consultants as Evaluation Service provider

- **4 July 2022**
  - Deadline for submission of proposals

- **27-29 September 2022**
  - Reference Group discussions of draft evaluation report

- **6 October 2022**
  - Technical briefing for ACT-A FC members and WHO member states

- **25 October 2022**
  - Final evaluation report with Addendum

- **10 October 2022**
  - Evaluation report published

- **11-18 October 2022**
  - Comments received from ACT-A agencies

- **29 July 2022**
  - Final inception report

- **20 June 2022**
  - Deadline for submitting questions of clarification to Norad

- **25 October 2022**
  - Final evaluation report with Addendum
External Evaluation of the Access To COVID-19 Tools Accelerator (ACT-A)

12th ACT-A Facilitation Council meeting, 28 October 2022
Objectives of the external evaluation of ACT-A

- The external evaluation was a forward-looking exercise, carried out between July 11 and October 10, 2022.

- Its main objective was to learn from ACT-A and to identify **key lessons learnt for future pandemic preparedness and response**.

- Focus on six areas:
  1. Mandate
  2. Set-up and structure
  3. Resource mobilization/financing
  4. Achievement of its objectives
  5. Gaps and missed opportunities

- The evaluation design was selected to capture a **broad and diverse spectrum of stakeholder views**

- The evaluation complements findings from other reviews and evaluations

- It did not aim to provide a detailed description of all ACT-A activities

- It was not an impact evaluation
The evaluation was based on a **mixed-method design**. Four complementary methods were used to collect data:

(i) A document and database analysis
(ii) Semi-structured key informant interviews and focus group discussions
(iii) Online surveys
(iv) Online platform for open-ended stakeholder submissions.

Data was collected between Aug. 1-Sept. 20, 2022:
Key findings I / IV

ACT-A's operating model was the best possible structure at the time of its launch.

- Two-thirds of survey respondents think that ACT-A was the best possible model
- Facilitated unprecedented level of coordination in response to pandemic
- Establishing new structures unrealistic given urgent need for response
- 54% of surveyed stakeholders were satisfied with ACT-A (22% dissatisfied)
- Low- & lower-middle-income countries found ACT-A’s mandate highly relevant

A different model is needed for future pandemic response.

- Informal coordination model insufficient for the future
- 65% of survey respondents think we need a different model for future pandemic response
- Key limitations of the model highlighted:
  - Too limited cross-pillar/within-pillar coordination
  - Inadequate involvement of low- & lower-middle-income countries
  - Suboptimal accountability
Cross-pillar coordination was considered as too limited.

- Principals Group established new level of coordination between agencies
- Coordination perceived as too limited – e.g., 58% of agencies "somewhat disagreed" that cross-pillar coordination was effective
- Upstream: Scientific exchange across pillars insufficient; need for R&D coordination
- Downstream: Initially limited coordination on delivery aspects, disconnect of HSC

Coordination within the different pillars varied.

- Pillars/workstreams enabled information exchange and contributed to coordination between ACT-A agencies and other partners
- Decentralised and multi-layered decision-making model slowed down response at times
- Effective settling of disagreements difficult due to informal structure
- Coordination best in Vx pillar due to existing working relationships, clear roles and leadership
- Least effective coordination in HSC due to discordant views
A speedy response was prioritized over broad inclusion.

- Rapid response to COVID-19 pandemic was main priority
- Insufficient inclusion of low- & lower-middle-income countries
  - Limited ownership for ACT-A targets
  - Meaningful inclusion would have likely drawn more attention to delivery aspects early on
- Some adjustments were made over time, e.g., expansion of Facilitation Council

Accountability and transparency were not sufficiently promoted by the ACT-A model.

- Only 38% of respondents agree that ACT-A’s model promoted sufficient accountability
  - 48% disagree
- Multiple decision-making centres and uneven arrangements for information
- Tools developed to track progress (e.g., ‘COVID-19 Access Tracker’)
Joint resource mobilization added value to fundraising efforts.

- US$23.5bn mobilized by agencies
- Funding gaps against ACT-A budgets
- Joint resource mobilization was perceived to add value (74% of survey respondents)
- Fair-share model useful, but stronger upfront agreement on method needed
- Vx pillar most successful, funding for other pillars more limited/perceived as insufficient
- Views mixed on need for a complementary funding pool to allocate funding based on need

Funding was not provided at sufficient speed.

- Lack of early funding identified as major barrier to a faster and stronger response to COVID-19 pandemic
- No time to wait and mobilize funding in an emergency
- Co-convening agencies expressed their dissatisfaction in the survey: Only 18% considered the speed sufficient
- Contingent funding for medical countermeasures must be available on ‘day zero’ of the next pandemic
Lessons learnt: R&D Coordination

- **Increased R&D coordination** essential to develop MCMs for future pandemics

- Based on the vertical pillars, **enhance coordination through three permanent MCM structures** for each product type, with defined leads and responsibilities

- **Creation of joint R&D platform** to facilitate coordination across the three permanent structures, including on:
  - scientific exchange
  - priority setting for the R&D agenda and investments
  - technology transfer
Lessons learnt: Contingent funding platform for MCMs

- Create **Advance Commitment Facility with access to a credit line** to ensure availability of funding on day zero and to secure orders for MCMs in the case of a pandemic.

- Key features:
  - Facility hosts pooled fund for initial allocation for R&D and at-risk procurement
  - Decision-making body to allocate funds across product types
  - Broad and early inclusion of countries and civil society
  - Coordinated resource mobilization
  - Targets countries with the lowest income
  - Interagency model for delivery
Lessons learnt: Global functions

- Sustain **global leadership** for pandemic preparedness and response by creating high-level political body
- **Indemnification/liability** scheme that meets the needs of (non-governmental) humanitarian actors
- Strengthen WHO’s **assessment/prequalification capacity** for Dx
- Align on a joint **framework for data collection** to ensure better tracking and reporting across countries and agencies
Lessons learnt: Strengthen regional manufacturing and country systems

- **Build regional manufacturing capacity**
  - Lack of manufacturing capacity important external barrier
  - Support multiple efforts to build more manufacturing capacity across regions

- **Strengthen health systems in-between pandemics**
  - Strengthening country health systems, and especially primary health care systems, during “peace time” (e.g., surveillance, workforce, supply chains)
  - Donors and low- and middle-income countries must ensure that the systems are ready when next pandemic hits