

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

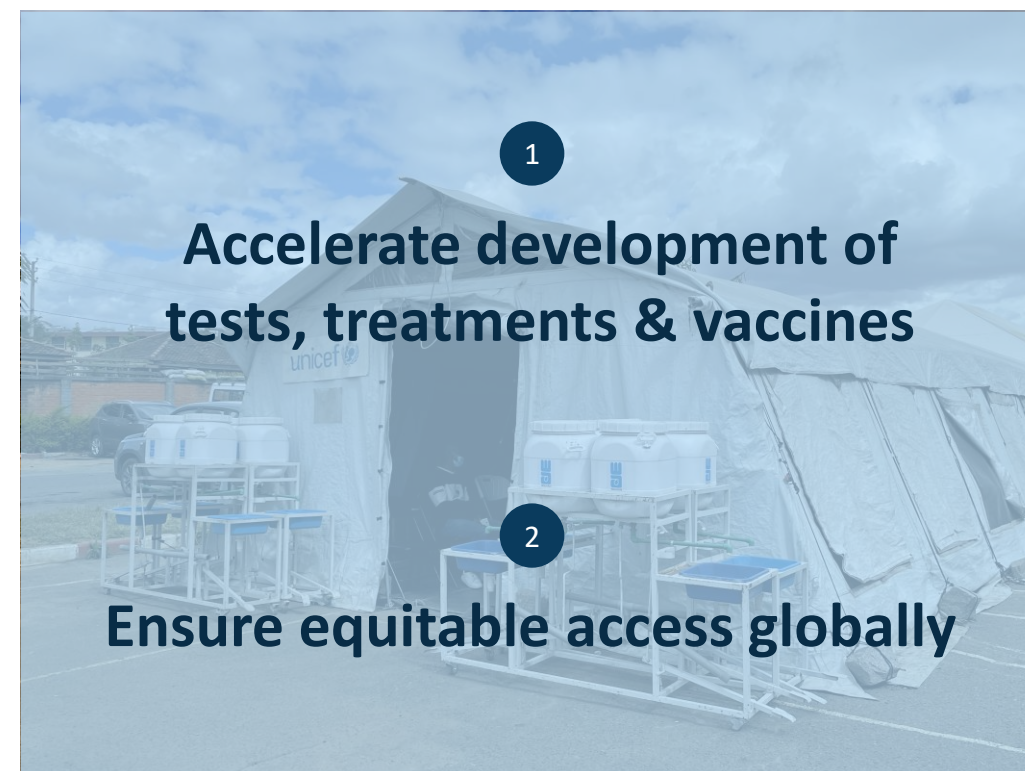
12TH COUNCIL – 28 OCTOBER 2022

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

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

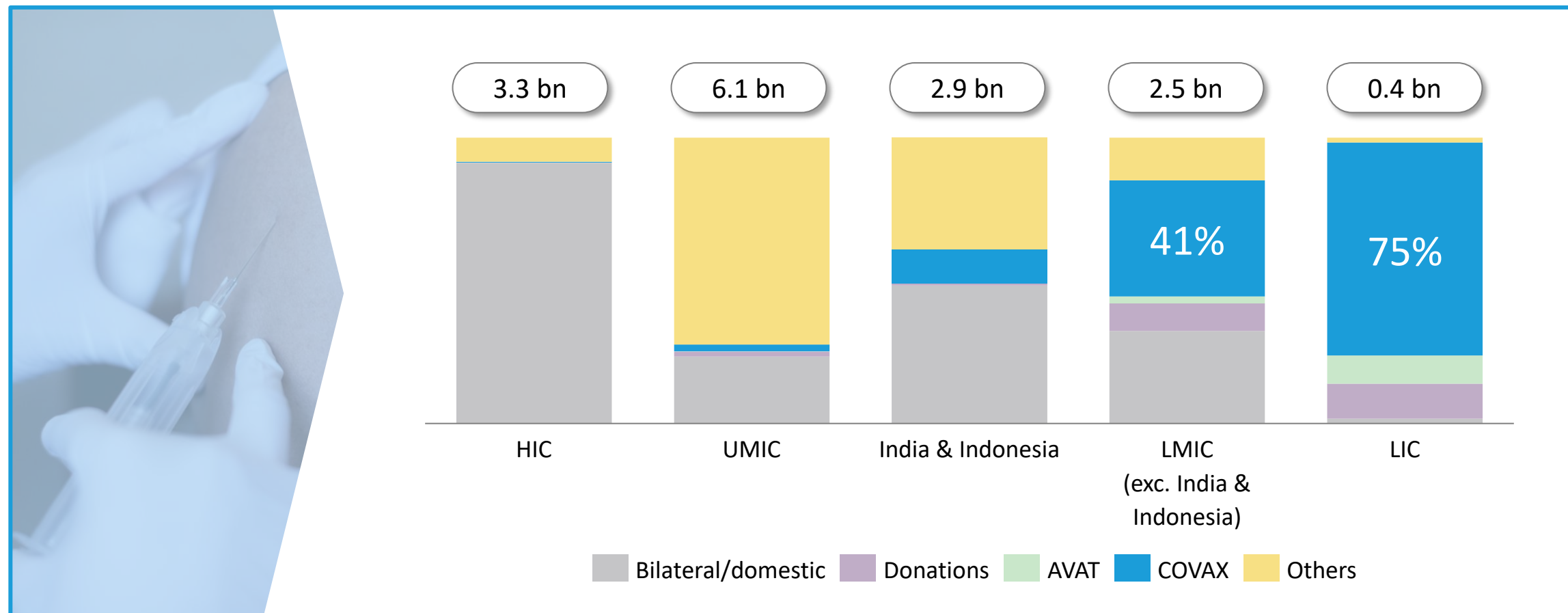
9 m
O2 supplies
delivered



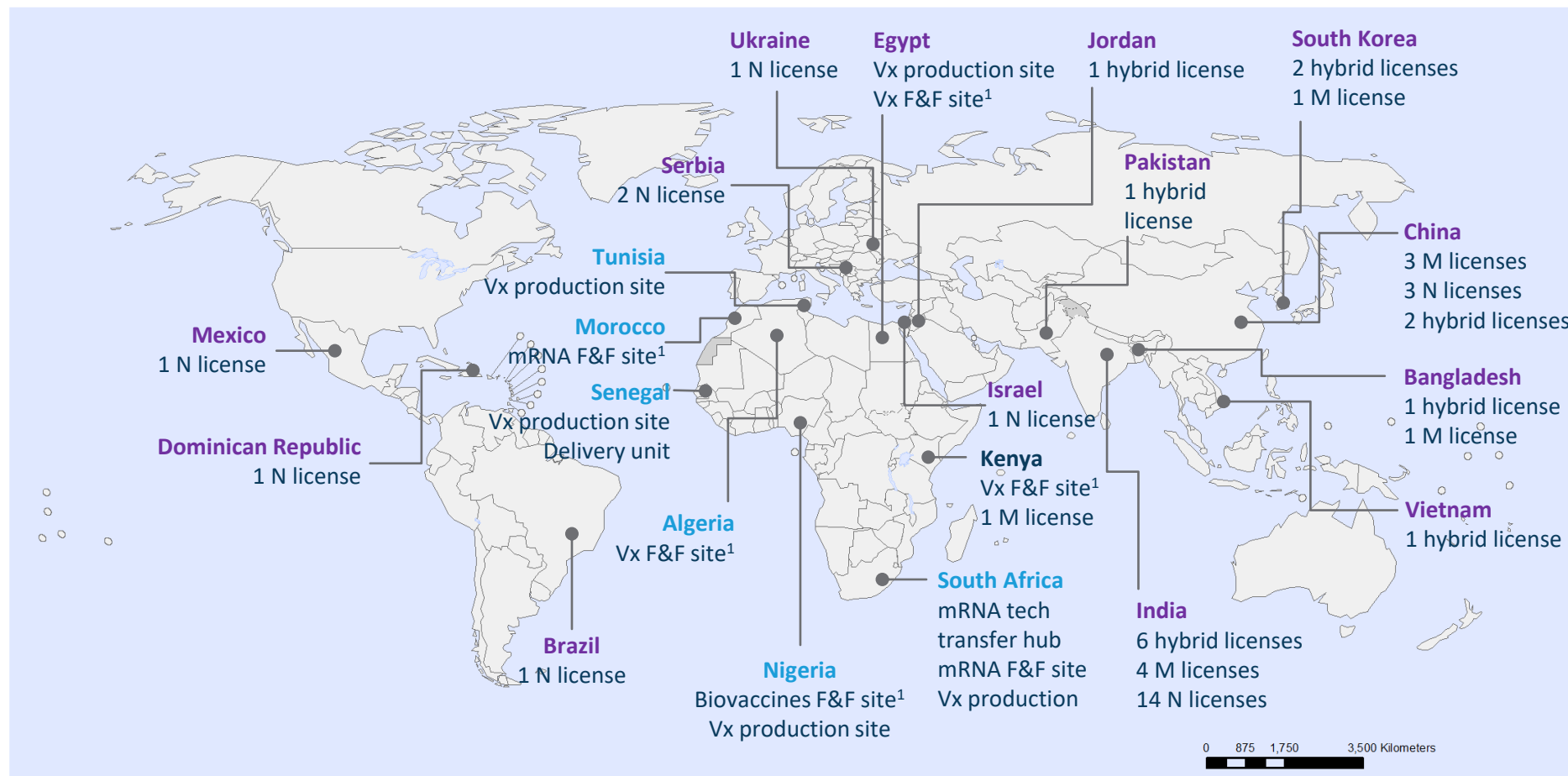
PPE

2 bn
PPE items
delivered

ACT-A improved equity in access to vaccines, delivering 75% of all doses to LICs



ACT-A contributed to tech transfer and manufacturing capacity with long-term benefits to LMICs and UMICs



Legend:

- Vx supply chain projects
- Medicine Patent Pool licenses for Covid-19 treatments
(N = Nirmatrelvir;
M = Monupiravir)
- Both

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city 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.

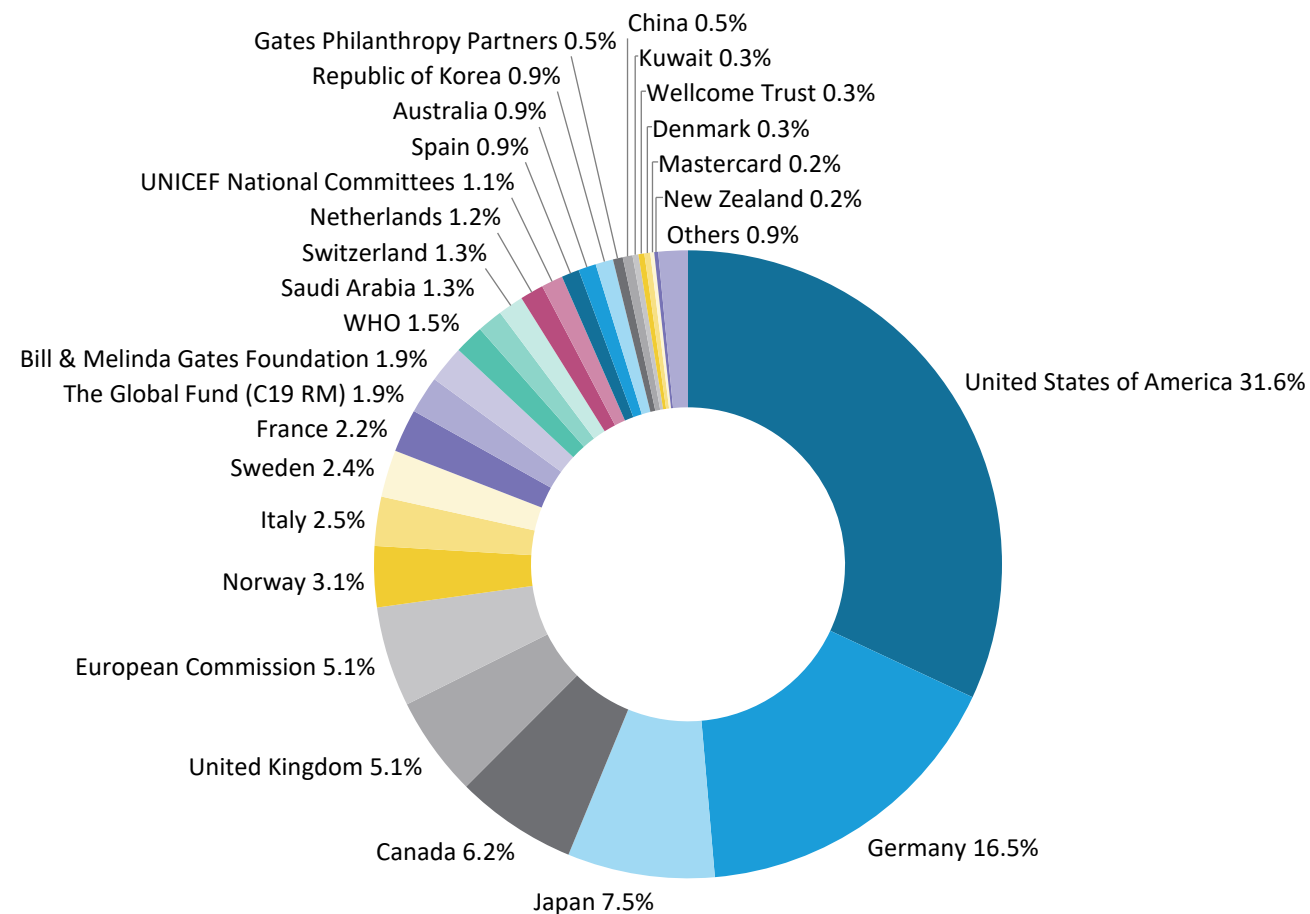


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ACT-A received unprecedented contributions from donors, totaling over US\$ 23.7 billion – thank you!

Contributions to ACT-A
budget since 2020

US\$
23.7
billion



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)

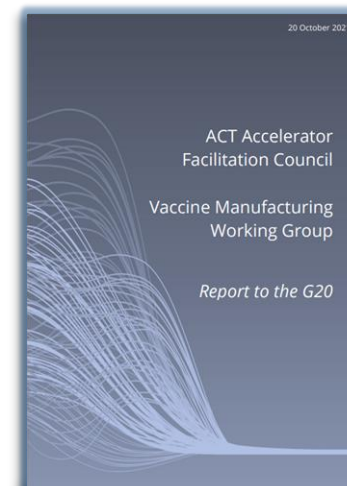
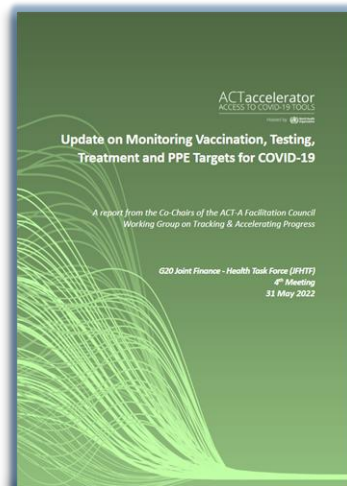
- Tracked and reported the rollout of COVID-19 tools
- Supported political mobilization and engagement

Vaccine Manufacturing

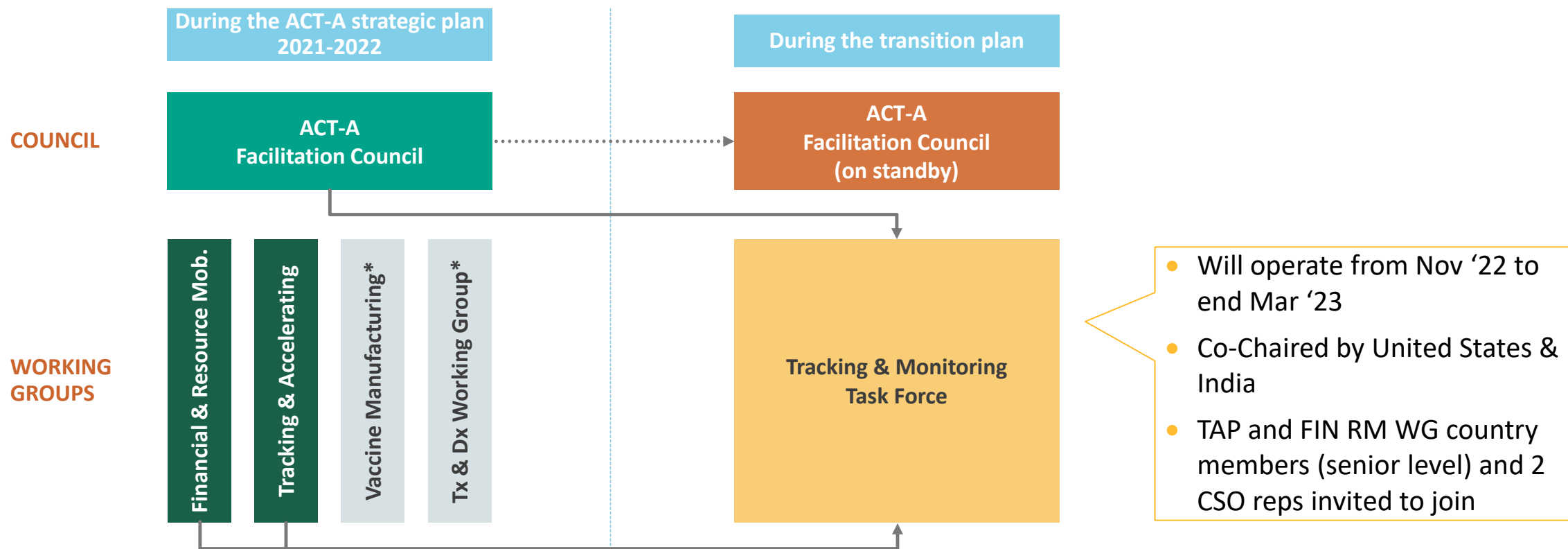
- Provided political support to COVAX mfg TF
- Published high level report, recognized by G20 leaders

Therapeutics & Diagnostics

- Provide key insights and recommendations to improve equitable access to Dx and Tx



Tracking and Monitoring Task Force



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



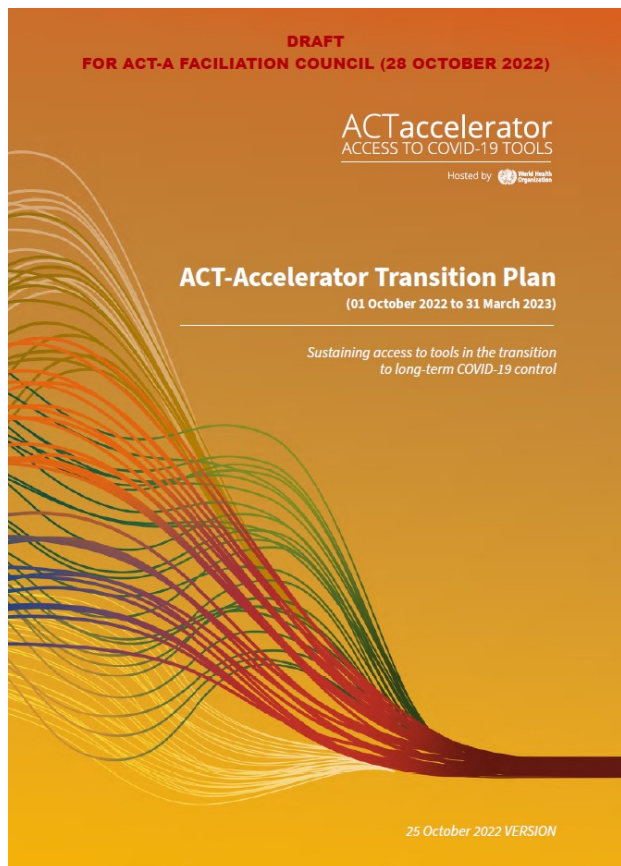
ACT-Accelerator Transition Plan

(October 2022 to March 2023)

12th ACT-A Facilitation Council

28 October 2022

The ACT-A Transition Plan – contents

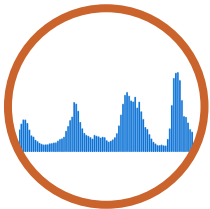


- Context: a changing world
- Focus: ACT-A focus & scenarios
- Pillars: plans & priorities
- Processes: streamlining ACT-A work
- Financing: ACT-A gaps & RMB (*incl. Annex*)

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...



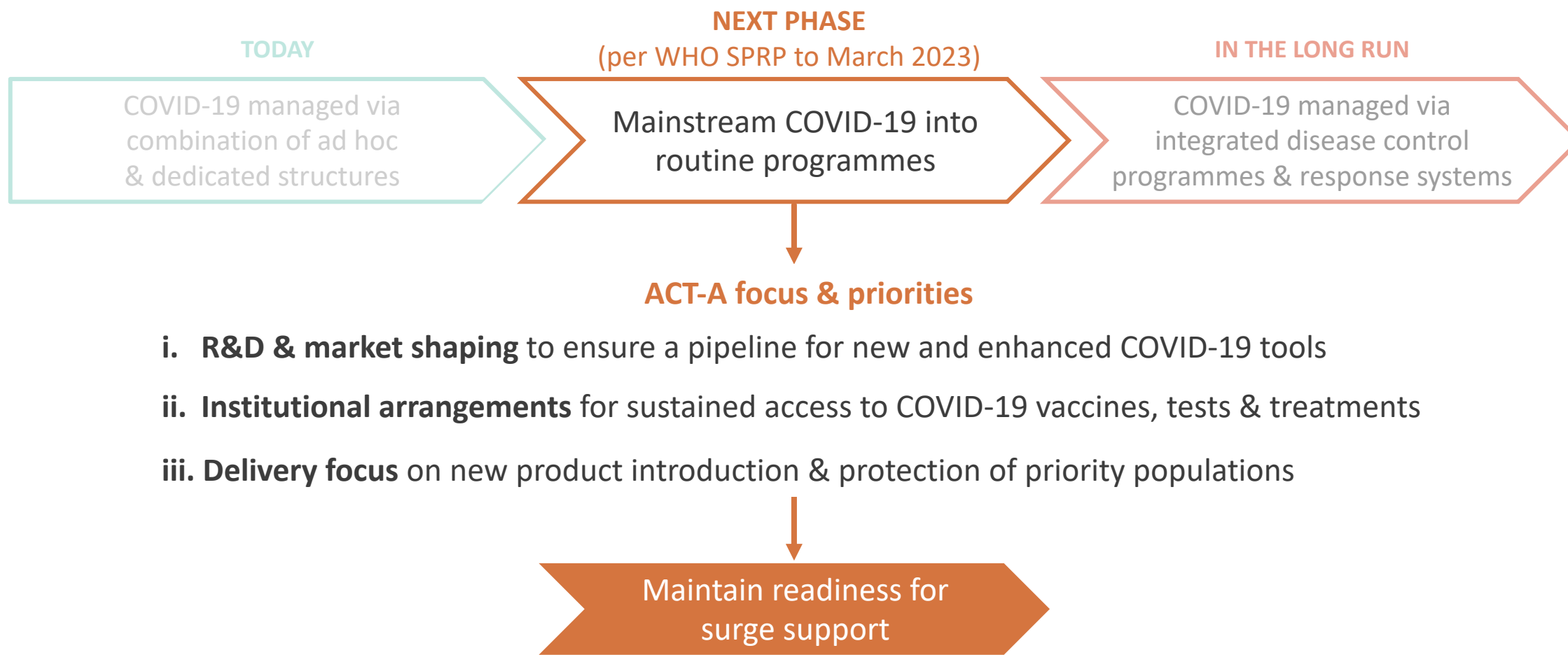
COVID-19 disrupted essential health services & reversed impt health gains

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



Planning in uncertainty: Transition Plan base case & 2 surge scenarios

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

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



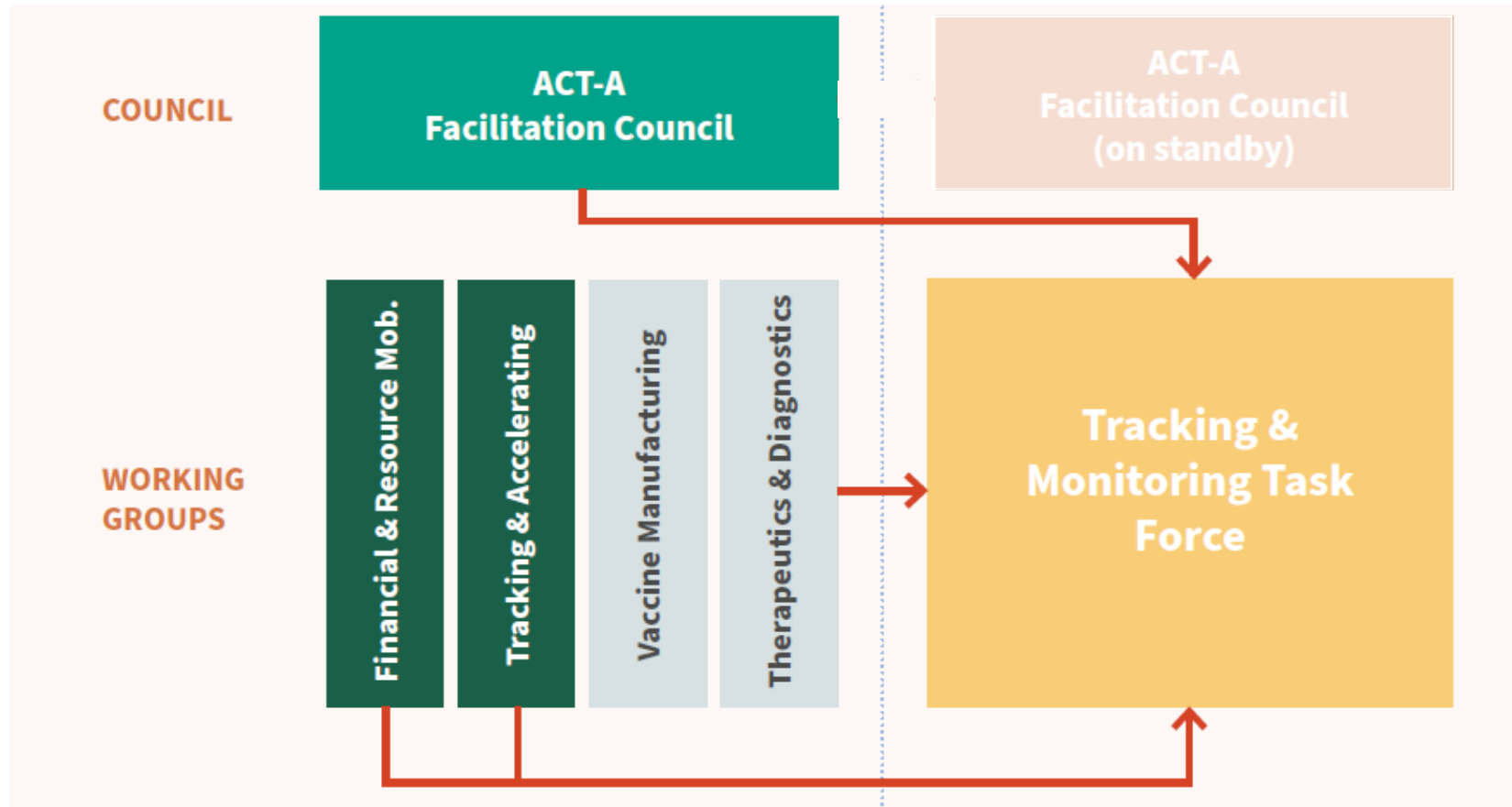
support **mainstreaming COVID-19 tools** into essential services & National Action Plans for Health Security

Streamlining ACT-A coordination processes (examples)



^a 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



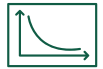
IMPORTANT: Council will be reactivated if/as needed for high-level political support

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

ANNEX

ACT-A Pillars & Agency funding gaps under base case (*may be US\$ ~400m*)

	R&D, product assessment & policy guidance		Procurement		Agency technical assistance & delivery support		Total
Vaccines	US\$ 0m	<ul style="list-style-type: none"> Ongoing R&D projects covered for the next 6 months 	US\$ 0m	<ul style="list-style-type: none"> Ongoing programs & additional boosters for highest risk groups covered by existing portfolio/supply 	US\$ 0m	<ul style="list-style-type: none"> Covered by existing funding or <i>expected</i> funds in the pipeline^{1,2} 	US\$ 0m
Diagnostics	US\$ 4m	<ul style="list-style-type: none"> Self testing and POC respiratory R&D projects 	US\$ 70m	<ul style="list-style-type: none"> Test procurement and sequencing of positives 	US\$ 4m	<ul style="list-style-type: none"> Support countries to deploy and scale diagnostic tools 	US\$ 78m
Therapeutics	US\$ 1m	<ul style="list-style-type: none"> R&D and other activities 	US\$ 51m	<ul style="list-style-type: none"> US\$ 51m on procurement for oxygen³ 	US\$ 11m	<ul style="list-style-type: none"> UNICEF (US\$ 10.5m) on technical assistance 	US\$ 63m
HSRC	US\$ 0m	<ul style="list-style-type: none"> No R&D projects in the next 6 months 	US\$ 70m	<ul style="list-style-type: none"> UNICEF PPE procurement 	US\$ 175m	<ul style="list-style-type: none"> UNICEF (US\$ 150m) & WHO² (US\$ 25m) for cross-cutting technical assistance (incl. RCCE & EHS) 	US\$ 245m
Total		US\$ 5m		US\$ 191m		US\$ 190m	US\$ 386m

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 Unitaaid and US\$ 11m for UNICEF



Norwegian Ministry
of Foreign Affairs

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 \(who.int\)](#)

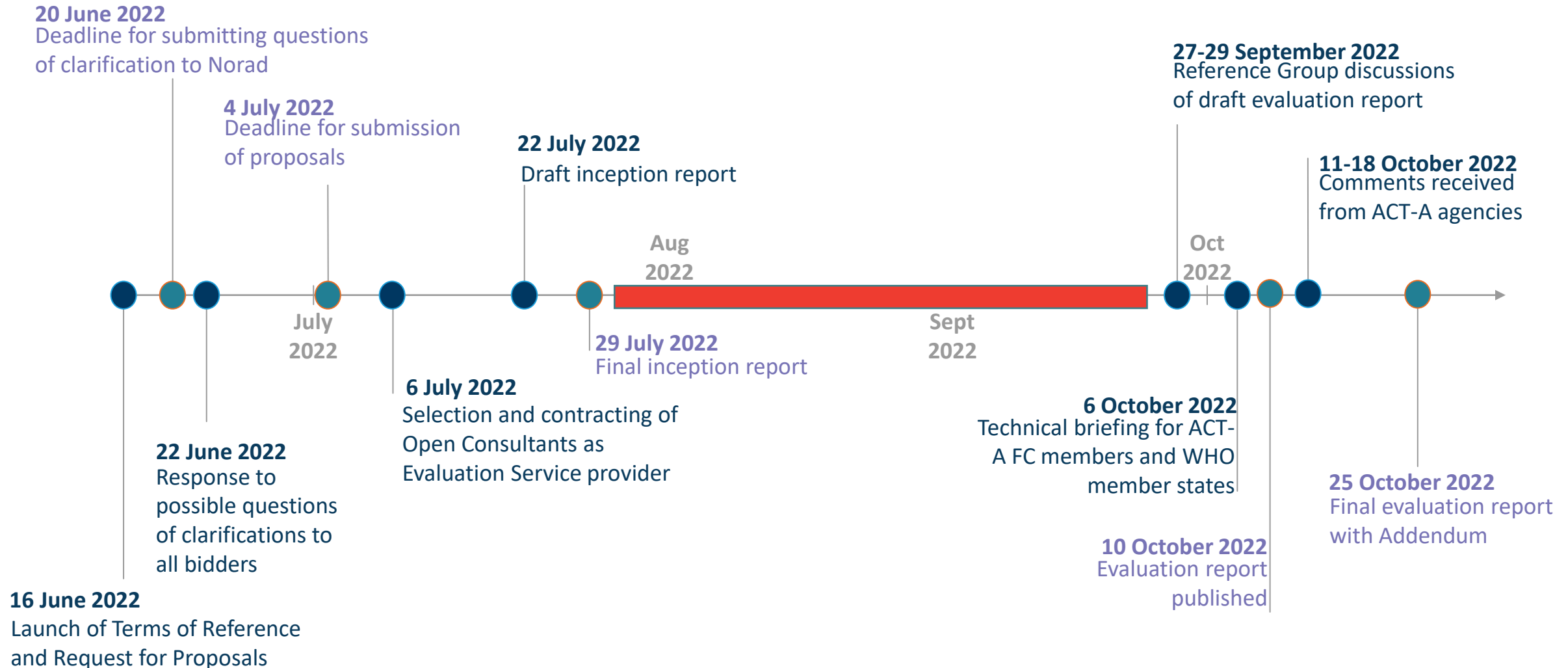
“The WGPR noted the intention of the current co-chairs of ACT-A to initiate an independent evaluation of the platform and its successes and challenges, and noted that this was consistent with calls from many Member States for such an evaluation, and that it may be beneficial to share the results of that 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





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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

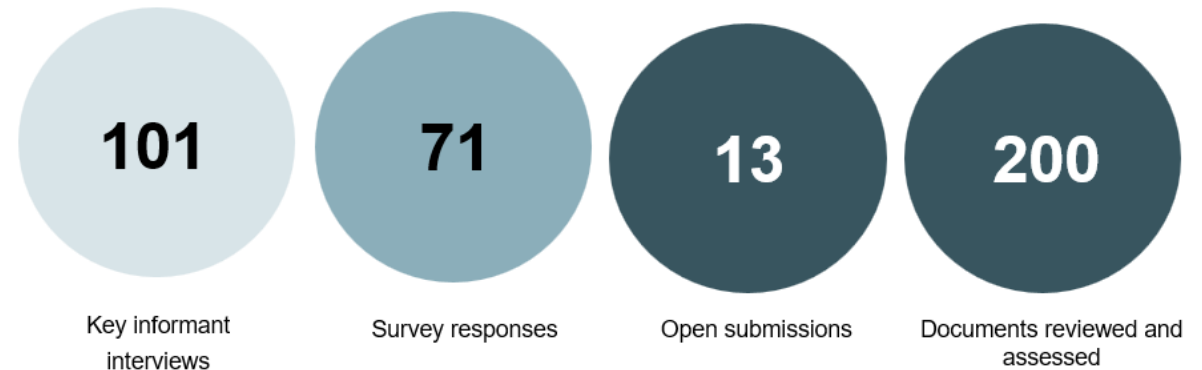
- The external evaluation was a forward-looking exercise, carried out between July 11 and October 10, 2022.
 - Its main objective was to learn from ACT-A and to identify **key lessons learnt for future pandemic preparedness and response**.
 - Focus on six areas:
 1. Mandate
 2. Set-up and structure
 3. Resource mobilization/financing
 4. Achievement of its objectives
 5. Gaps and missed opportunities
 6. Way forward.
- 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

Data collection

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

Key findings II / IV

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

Key findings III / IV

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')

Key findings IV / IV

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





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