Update on Monitoring Vaccination, Testing, Treatment and PPE Targets for COVID-19

ACT-A Council Working Group on Tracking & Accelerating Progress

10TH ACT-ACCELERATOR FACILITATION COUNCIL MEETING
26 APRIL 2022

ACT now, ACT together to accelerate the end of the COVID-19 crisis
Evolving context | The COVID-19 pandemic has entered a new phase with new challenges

COVID-19 caseload declining from a record high in many regions

Key updates since the last meeting

- Easing of restriction is creating a false perception that the pandemic is over
- Need to balance the COVID-19 response with other health priorities
- The geopolitical crisis is diverting much needed political attention and resources
COVID-19 vaccines | Coverage in LICs & LMICs still inadequate

Only 12% of the population in LICs are fully vaccinated¹

Source: GCAT as of 20 April 2022

21 countries still below 10% coverage & 69 countries still below 40% coverage

Source: WHO COVID-19 Dashboard, at 20 April 2022

¹. %-share of persons fully vaccinated with the last recommended dose by country
COVID-19 diagnostics | Worrying reduction in testing rates

Increasing disparities in testing rates\(^1\) & sequencing

Source: GCAT as of 20 April 2022

Testing rates significantly reduced and are below target everywhere outside HICs

Global target:
100 tests / 100,000 population / day

\[
\begin{align*}
\text{Low income} & : -71\% \\
\text{Lower middle income} & : -85\% \\
\text{Upper middle income} & : -90\% \\
\text{High income} & : -55\%
\end{align*}
\]

Daily testing rate per 100k population

1. Daily testing rate per 100K population, average past 7 days
COVID-19 therapeutics | We are at the cusp of a paradigm shift

- WHO recommended molnupiravir & paxlovid, the first two oral antiviral for mild-to-moderate COVID-19 cases

- Four more therapeutic options currently under assessment by WHO

- Continued efforts to increase access to O2, corticosteroids & other therapeutics

New oral antivirals

offering a pathway for decentralized, outpatient treatments that can be implemented at scale
6 asks to the ACT-Council | The ACT-A Council can help accelerate the equitable scale-up of COVID-19 tools globally

- Highlight that the COVID-19 is not over
- Prioritize financing for in-country delivery, Dx & Tx
- Support the Vaccine Delivery Partnership
- Make commitments during the 2nd Global COVID-19 Summit
- Promote data collection/sharing, esp for Tx & HSRC targets
- Support TAP Working Group effort to accelerate uptake of tools
Oral antiviral therapies for COVID-19

April 2022

Clive Ondari, Director, WHO Department of Health Products Policy and Standards
WHO COVID-19 clinical care recommendations

Severe and critical patients
- Baricitinib
- IL-6 receptor blockers
- Systemic corticosteroids
- Seronegative: combination casirivimab and imdevimab

Non-severe patients, at risk*
- Sotrovimab
- Casirivimab and imdevimab
- Molnupiravir
- Nirmatrelvir and ritonavir
- Remdesivir (c)

* those who are unvaccinated, older people, and those with immunosuppression or chronic diseases such as diabetes
Molnupiravir overview

- For patients with non-severe COVID-19 at highest risk of hospitalization (excluding pregnant and breastfeeding women, and children)
- Licences:
  - 8 Indian manufacturers
  - Medicines Patent Pool signed agreement with MSD
- WHO prequalification: several dossiers are under assessment including generics
- Allocation: an expression of interest from countries for access is currently open
Nimaltrivir/ritonavir overview

For patients with non-severe COVID-19 at highest risk of hospitalization

- Licences:
  - Medicines Patent Pool signed agreement with Pfizer
- WHO prequalification: Dossier from Pfizer is under assessment
- Allocation: algorithm is under development and will be integrated into the partners platform
- Manufacturer engagement: ACT-A partners working on access terms
Allocation of COVID-19 therapeutics

*Principles for equitable access*

- Selection of therapeutics based on scientific evidence to address the public health need
- Relevant principles of equity to inform allocation strategies
- Countries prioritized based on severity and vulnerability
- Stewardship of products in limited supply to promote rapid use
- Flexible short- and long-term regulatory approaches to improve access
- Transparency to improve efficiency and accountability
- Collaboration across with relevant stakeholders to accelerate response
ACT-A Tx Allocation Process

1. Algorithm calibration
   - Treatment goal
   - Target population adjustment
   - Sequencing and quantity prioritization criteria selected
   - Tx product information from Manufacture
   - Algorithm optimized

2. Initial forecast
   - Establishment of minimum viable prorate portion
   - Development of allocation plan based on available quantities
   - Expression of interest from countries

3. Confirmation
   - ACT-A Tx Group review and approve the proposed allocation plan
   - Country confirmation to the allocation proposal, and make adjustment per request
   - Final allocation plan established

4. Procurement and distribution
   - Funding, procurement and distribution processed by ACT-A partners as appropriate.
Thank you


Prequalification: [https://extranet.who.int/pqweb/medicines](https://extranet.who.int/pqweb/medicines)

ACT-A: [www.who.int/initiatives/act-accelerator](http://www.who.int/initiatives/act-accelerator)
MPP Licences on COVID-19 Antivirals:
Progress and Timelines
Select Key terms of MPP licences on molnupiravir (Merck) and nirmatrelvir (Pfizer)

- Licences allow MPP to grant sub-licences to manufacturers anywhere in the world
- Include confidential know-how
- Royalty-free during the WHO Public Health Emergency of International Concern (PHEIC)
- Licensees can supply 105 or 95 countries respectively (approx. 4.1 billion people covered)
- Require approval by WHO PQ or Stringent Regulatory Authority, including emergency use authorizations. For MOL conditional waivers in some circumstances
- Licensee has right to terminate at any time
- Licences are fully transparent, available on MPP website

[In addition to MPP licences on molnupiravir, there are eight Indian manufacturers with bilateral licences directly with Merck]
Nirmatrelvir: MPP Sublicensees selection process timeline

Key Milestones

16th Nov
Nirmatrelvir licence signed with Pfizer

17th-28th Jan
Recommendations to Pfizer and final decision

MPP EOI process

EOI portal open
Application redaction
Applications Review by Blinded Team
SMT Panel review
Announcement on week of March 14th

Week of 7th Feb
Offer to sublicensees
## Nirmatrelvir/ritonavir: Tentative Development timelines scenarios

<table>
<thead>
<tr>
<th>Activity</th>
<th>Baseline</th>
<th>Best Case</th>
<th>Conservative</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>API development (at least lab scale)</td>
<td>3 M</td>
<td>1 M</td>
<td>6 M</td>
<td>Formulation development to start with lab scale API. API development, scale up, dossier batches run in parallel to formulation development. Baseline: Development started. Conservative: completely new player.</td>
</tr>
<tr>
<td>Formulation Development</td>
<td>6 M</td>
<td>3 M</td>
<td>9 M</td>
<td>Best case: Already started basic development of PF 07321332, have Ritonavir SRA approved product ready. Baseline: Development started for both products. Conservative: Need to initiate development for both products. No bottlenecks wrt sourcing, equipment, facility etc.</td>
</tr>
<tr>
<td>Pilot BE</td>
<td>1 M</td>
<td>1 M</td>
<td>3 M</td>
<td>2 analytes to be measured, same for all scenarios. Baseline + best case: Pilot in first attempt. Conservative: 2 pilots, considering two low solubility molecules.</td>
</tr>
<tr>
<td>Scale up and Dossier Batches</td>
<td>1 M</td>
<td>0.5 M</td>
<td>1 M</td>
<td>API validation batches are assumed to be done before execution of EB batch for all the cases. No bottlenecks with respect to facility. Best Case: Less time since only 1 product to be manufactured.</td>
</tr>
<tr>
<td>Dossier compilation and filing</td>
<td>0.5 M</td>
<td>0.5 M</td>
<td>0.5 M</td>
<td>Same for all scenarios.</td>
</tr>
<tr>
<td>Filing (WHO PQ)</td>
<td>14.5 M approx</td>
<td>9 M approx</td>
<td>25.5 M approx</td>
<td>Assuming EOI is in place.</td>
</tr>
</tbody>
</table>

* Does not include regulatory approval timelines
ACCELERATING ACCESS TO NEW ORAL THERAPEUTICS at
The 10th ACT-A Facilitation Council Meeting

Presenter: Sehrish Aslam
Head of Corporate Compliance & R&D Global Markets
April 26, 2022
Disclaimer & Confidentiality

This presentation is confidential and for your information only and is not intended as an offer, or a solicitation of an offer, to buy or sell any investment or other specific product. Although all information and opinions expressed in this document were obtained from sources believed to be reliable and in good faith, no warranty, express or implied, is made as to its accuracy or completeness. All information and opinions as well as any prices indicated are subject to change without prior notice. Any information herein are not binding upon any party and cannot constitute any evidence in any court of law.

This presentation may not be reproduced in any form or copies circulated without prior written authority of Remington Pharmaceuticals Industries (Pvt.) Ltd.
First National WHO Prequalified Pharmaceutical Company in Pakistan

SUCCESSFULLY ATTAINS WHO PREQUALIFICATION

Becoming The First Nationally-Owned Pharmaceutical Company in Pakistan to Achieve This Landmark For An FPP

We Are Very Thankful To

Team Remington and All Those Who Supported Us in This Project of National Importance
Special Focus on the LMICs

Current: Afghanistan, Burundi, Cambodia, Kenya, Kyrgyzstan, Maldives, Myanmar, Pakistan, Philippines, Sri Lanka, Sudan, Tajikistan, Uganda, Uzbekistan & Vietnam

Under Process: Brunei, Cameroon, Malaysia, Singapore, Thailand, UK. Europe & LMIC
Ongoing Development Against the COVID-19 Infection

In agreement with the Medicine Patent Pool (MPP) for developing, manufacturing and marketing Molnupiravir in 105 Countries & Nirmatrelvir/Ritonavir in 95 Countries.

www.remingtonpharma.com
Fast Track Development of Molnupiravir to Ensure Availability in 105 LMICs

- Current status of our ongoing Development Against the treatment for COVID-19 Infection,

**API & Pharmaceutical Excipients**
- Molnupiravir available at premises. Sourced from Shanghai Desano.
- Excipients availability confirmed at premises.
- Unprinted HPMC capsules available at premises after evaluation.

**Packaging**
- Vendor selected for 20s and 40s HDPE bottles.
- Bottles with induction seals and child lock selected.

**Art Work & Labelling**
- Unit Carton for Bottle & Blister Packaging selected.

**Regulatory**
- Import license acquired, RLD to be received.
- Export Only Registration for Remnovir.
Commercialization Timelines

- Actively working on rolling out the distribution plan of Molnupiravir Capsules to ensure treatment access to patients in low resource settings.
- Dossier to be filed with Drug Regulatory Authority of Pakistan (DRAP) in July 2022.
- Dossier will be filed to WHO PQ by August 2022.
Commercialization Timelines

- Actively working on rolling out the distribution plan of Nirmatrelvir/Ritonavir to ensure treatment access to patients in low resource settings.
- Dossier will be filed to WHO PQ by December 2022.

<table>
<thead>
<tr>
<th>Actions</th>
<th>Target Dates (2022)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Procurements</td>
<td>10-Jun 20-Jun</td>
</tr>
<tr>
<td>Documentation related to qualification</td>
<td>30-Jun 10-Jul</td>
</tr>
<tr>
<td>Qualifications of new and existing equipment/Area infrastructures</td>
<td>30-Jul 9-Aug</td>
</tr>
<tr>
<td>Formulation and Analytical Development</td>
<td>19-Aug 28-Aug</td>
</tr>
<tr>
<td>Placement of exhibit batches on accelerated and long term stability</td>
<td>18-Sep 8-Sep</td>
</tr>
<tr>
<td>Dossier submission in DRAP</td>
<td>18-Oct 8-Oct</td>
</tr>
<tr>
<td>DRAP approval</td>
<td>28-Oct 7-Nov</td>
</tr>
<tr>
<td>Commercial Supply in Pakistan</td>
<td>17-Nov 7-Dec</td>
</tr>
<tr>
<td>Dossier Compilation and Submission to WHO PQ with one month Acc and Longterm stability</td>
<td>17-Dec 27-Dec</td>
</tr>
</tbody>
</table>
Challenges for Generic Manufacturers of Oral COVID-19 Therapies

- We are working at full pace towards the development of Oral Covid-19 therapies and making huge investments in:
  - Capex
  - Product Development
  - Bioequivalence Studies
  - WHO Prequalification
  - Global Registrations
  - And much more...

**HOWEVER, SIGNIFICANT CHALLENGES REMAIN...**

Among many technical and supply chain challenges, the Biggest Impediment remains to be the Lack of Commercial Visibility and, most importantly, No Guaranteed Up-Takers.
Thank You To All the Stakeholders

ACT-A co-convening partners:

[Logos of various organizations]
Thank You

USA
Sehrish Aslam, New Jersey, USA
E: saslam1@remingtonpharma.com
M: +1-609-686-9049

Dubai
Ayesha Hammad, Dubai, UAE
E: ahammad@remingtonpharma.com
M: +971-521 291750

REGIONAL
Hamza Salman, Lahore, Pakistan
E: hsalman@remingtonpharma.com
M: +92-313 4000002
Facilitation Council

Dx: Reversing the decline in diagnostics globally

26th April 2022

#UnitedAgainstCoronavirus
#StrongerTogether | #GlobalResponse | #GlobalGoalUnite
Testing remains an integral part of the COVID-19 pandemic response

**Access to COVID-19 testing** supports public health containment and swiftly identify patients to link to early oxygen therapy and effective treatments as they became available.

Recent modelling efforts show that increasing access to healthcare-provided diagnostic testing at a minimum rate of 100 tests / 100,000 people / day is essential for timely identification of variants.
Test usage has dropped globally, heightening challenges in the Dx space

- How do we address current challenges to ensure lab systems are strengthened and COVID Dx are scaled sustainably in 2022 and beyond?
- How can we move from acute response to sustaining gains and preparing for future pandemics?

‘Gray zone’
How will the pandemic evolve?

Future trend determinants*:
- Population level immunity
- Occurrence of seasonal patterns
- Severity of future variants
- Future characteristics of the virus

*WHO SPRP 2021/2022
Based on engagement with country partners, the Dx pillar advocates for strengthening lab systems

Decentralized testing models create an enabling environment for populations to more effectively access testing

A 6-country study in Sub-Saharan Africa* showed that regardless of healthcare setting, females are much less likely than males to receive testing; only 27% to 37% of females (vs 73% to 63% of males) accessed PCR tests while 42% to 47% females (vs 58% and 53% of males) accessed antigen tests

Scaling access through decentralised testing models and prioritizing vulnerable/hard to reach populations is part of the C-19 funding request

* A Multi-Country Evaluation of the Delivery and Administration of SARS-CoV-2 Antigen Rapid Tests in Sub-Saharan Africa by CHAI with support from Unitaid and other partners, Data from Nov 2020 to July 2021
The Dx pillar continues to prepare for the future by prioritizing local manufacturing and multiplex molecular platforms

**Progress in local manufacturing**

Local manufacturing and in country capacity is being prioritized to support fragile supply chain systems

Local production scaled up from 1 to 5 countries through ACT-A
Increasing in country capacity to support genomic sequencing and developing open PCR platforms to adapt protocol to regent availability and decrease dependency on single commercial provider

**COVID has triggered innovation in molecular Dx**

~ 56 novel point-of-care MDx tests launched (regulatory authorized) including 16 true POC (instrument-free home test)

Multiplexing capacity
4 targets/test
Sample processing
Fully integrated
Turnaround time
30 min
Technology
RT-PCR
Validated sample type
Nasal, MT swab

*Photo credit: Premier Medical Corporation (PMC) Pvt Ltd, India*
Diagnostic Priorities in Achieving Decentralised COVID-19 Testing in Nigeria

10th Facilitation Council – COVID-19 Tools Accelerator (ACT-A)

Dr Chinwe Ochu
Director, Prevention Programmes and Knowledge Management
Nigeria Centre for Disease Control

26 April 2022
Testing Strategy

PCR
- Routine surveillance
- HIV/TB/malaria
- Inpatients
- Travellers
- SARI/ILI surveillance
- Multiplex pathogen testing

Genomic sequencing

Ag-RDT
- Healthcare workers
- Outpatients’ triage
- RMNCH
- Travellers
- Congregate settings (NYSC, schools, sports, political rallies, workplace, religious events, etc)
Successes

- Policy & strategy documents
  - COVID-19 testing strategy
  - Guidance for the use of approved COVID-19 Ag-RDT in Nigeria
- Scaling of Ag-RDTs to 33 out of 36 states & FCT following successful regional ToT
  - Health Facilities
  - Schools, NYSC camps, prisons, office/workplace, land borders & seaports, airports, and other congregate settings.
- rRT-PCR
  - >157 molecular labs across all states in the country
- Improved capacity for Genomic Sequencing
Challenges

- Invasive procedure
- Misinformation
- Low risk perception & COVID fatigue

- Self-testing not yet instituted
- Poor community-based surveillance

- Underutilisation of PCR labs
- Sample transportation challenges
- Inadequate Genomic surveillance

- Poor uptake
- Poor Access
- Inadequate capacity
Lessons Learned & Recommendations

- Ag-RDT scale up
  - State & community engagement
  - Demand creation (effective, affordable, convenient and accessible tests)
  - R&D into Ag-RDTs requiring less invasive sample collection method
  - Public access to Ag-RDTs for self-testing

- Quality Assurance with adequate regulatory control of influx of unvalidated RDTs into the country

- Integrated data management system that captures the whole spectrum of COVID-19 testing
Thank you
Financing our most urgent priorities

ACT now. ACT together to accelerate the end of the COVID-19 crisis.
New ACT-A Financing Framework integrates crucial in-country delivery costs

**ACT-A Council Financing Framework**

**Prioritizes the ACT-A budget**
- $23.4bn
- $19.6bn
- $6.5bn
- $13.1bn
- $0.8bn
- $3.0bn

**Immediate ACT-A agency needs:**
- US$ 16.8bn

**Explains in-country delivery needs**
- $6.8bn
- $11.9bn
- $6.0bn
- $24.6bn

Including:
- US$ 3.1 bn for vaccines in country delivery
- US$ 3.7 bn for other in country delivery

In-country delivery needs:
- US$ 6.8bn

**Includes a breakdown of each agency’s needs**

New 12-months ACT-A budget
- ACT-A procurement
- R&D, eval, policy & guidance
- TA & delivery support

National in-country delivery
- National procurement
- PHSM & manufacturing
- Total in-country needs

ACT-A grant funding ask  Non-ACT-A support needs  Domestic resources inc. MDB support

As of 26th April, ACT-A's 21-22 funding gap remains at US$ 14.89bn

1. Including USD 120 million from the Bill and Melinda Gates Foundation, pending attribution to Pillars 2. As per the Financial Council Financing Framework proposition. Note: all financial commitments can be accessed at https://www.who.int/publications/m/item/access-to-covid-19-tools-tracker. All figures are rounded. All commitments since 29 October 2021 in support of the ACT-Accelerator will count towards the ACT-Accelerator Strategy & Budget for 2021-22. Contributions to Pillars are subject to FX variation.

**ACT-A contributions since October 29, 2021**

**ACT-A funding gap for 2021/22 since October 29, 2021**

In US$ billion

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT-A 2021-22 budget</td>
<td>16.85</td>
</tr>
<tr>
<td>Contributions to 2021-22 ACT-A budget²</td>
<td>5.98</td>
</tr>
<tr>
<td>2021-22 Funding Gap</td>
<td>14.89</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>22.0%</td>
</tr>
<tr>
<td>Germany</td>
<td>42.2%</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>4.0%</td>
</tr>
<tr>
<td>France</td>
<td>7.5%</td>
</tr>
<tr>
<td>Norway</td>
<td>11.3%</td>
</tr>
<tr>
<td>Netherlands</td>
<td>2.2%</td>
</tr>
<tr>
<td>Japan</td>
<td>1.8%</td>
</tr>
<tr>
<td>Belgium</td>
<td>0.8%</td>
</tr>
<tr>
<td>Italy</td>
<td>0.2%</td>
</tr>
<tr>
<td>Ireland</td>
<td>0.4%</td>
</tr>
<tr>
<td>New Zealand</td>
<td>0.5%</td>
</tr>
<tr>
<td>Switzerland</td>
<td>0.4%</td>
</tr>
<tr>
<td>Spain</td>
<td>0.2%</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>0.2%</td>
</tr>
<tr>
<td>African Union</td>
<td>0.4%</td>
</tr>
<tr>
<td>BlackRock Foundation</td>
<td>0.3%</td>
</tr>
<tr>
<td>Others</td>
<td>0.2%</td>
</tr>
<tr>
<td>Pending allocation</td>
<td>0.01</td>
</tr>
<tr>
<td>HSC</td>
<td>0.08</td>
</tr>
<tr>
<td>Diagnostics</td>
<td>0.12</td>
</tr>
<tr>
<td>Therapeutics</td>
<td>1.05</td>
</tr>
<tr>
<td>Vaccines</td>
<td>1.96</td>
</tr>
</tbody>
</table>

Note: all financial commitments can be accessed at https://www.who.int/publications/m/item/access-to-covid-19-tools-tracker. All figures are rounded.

Recent pledges are still under validation and therefore not included here, but could reduce the funding gap by US$ 1600m.
As of 26th April, even if all yet unvalidated pledges are considered only six countries have contributed >25% of their fair share

As it stands today, according to the Commitment Tracker 21 April

<table>
<thead>
<tr>
<th>Country</th>
<th>2021-22 commitments/fair share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norway</td>
<td>96%</td>
</tr>
<tr>
<td>Germany</td>
<td>68%</td>
</tr>
<tr>
<td>Iceland</td>
<td>21%</td>
</tr>
<tr>
<td>France</td>
<td>20%</td>
</tr>
<tr>
<td>New Zealand</td>
<td>17%</td>
</tr>
<tr>
<td>Netherlands</td>
<td>11%</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>10%</td>
</tr>
<tr>
<td>Belgium</td>
<td>8%</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>8%</td>
</tr>
<tr>
<td>United States</td>
<td>7%</td>
</tr>
<tr>
<td>Australia</td>
<td>4%</td>
</tr>
<tr>
<td>Ireland</td>
<td>4%</td>
</tr>
<tr>
<td>Finland</td>
<td>4%</td>
</tr>
<tr>
<td>Japan</td>
<td>2%</td>
</tr>
<tr>
<td>Austria</td>
<td>2%</td>
</tr>
<tr>
<td>Canada</td>
<td>2%</td>
</tr>
<tr>
<td>Switzerland</td>
<td>2%</td>
</tr>
<tr>
<td>Spain</td>
<td>1%</td>
</tr>
<tr>
<td>Denmark</td>
<td>1%</td>
</tr>
<tr>
<td>Italy</td>
<td>1%</td>
</tr>
<tr>
<td>Singapore</td>
<td>1%</td>
</tr>
<tr>
<td>China</td>
<td>1%</td>
</tr>
</tbody>
</table>

And if recent pledges that have not yet been validated are taken into account:

<table>
<thead>
<tr>
<th>Country</th>
<th>2021-22 commitments/fair share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Germany</td>
<td>100%</td>
</tr>
<tr>
<td>Norway</td>
<td>96%</td>
</tr>
<tr>
<td>Iceland</td>
<td>40%</td>
</tr>
<tr>
<td>Japan</td>
<td>37%</td>
</tr>
<tr>
<td>Canada</td>
<td>32%</td>
</tr>
<tr>
<td>Brazil</td>
<td>29%</td>
</tr>
<tr>
<td>France</td>
<td>20%</td>
</tr>
<tr>
<td>Australia</td>
<td>17%</td>
</tr>
<tr>
<td>New Zealand</td>
<td>17%</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>12%</td>
</tr>
<tr>
<td>Netherlands</td>
<td>11%</td>
</tr>
<tr>
<td>Belgium</td>
<td>8%</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>8%</td>
</tr>
<tr>
<td>United States</td>
<td>7%</td>
</tr>
<tr>
<td>Finland</td>
<td>7%</td>
</tr>
<tr>
<td>Ireland</td>
<td>4%</td>
</tr>
<tr>
<td>Switzerland</td>
<td>2%</td>
</tr>
<tr>
<td>Spain</td>
<td>1%</td>
</tr>
<tr>
<td>Denmark</td>
<td>1%</td>
</tr>
<tr>
<td>Malta</td>
<td>1%</td>
</tr>
<tr>
<td>Italy</td>
<td>1%</td>
</tr>
<tr>
<td>China</td>
<td>1%</td>
</tr>
</tbody>
</table>

1. From AMC Summit, Germany, Canada and Japan
Driving donors' contribution to the most impactful investments | Pillars have identified urgent priorities within the US$ 15bn remaining gap, totaling US$ 10.7bn

### Key priorities identified to date

<table>
<thead>
<tr>
<th>Vaccines</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Shifting focus to in-country delivery</td>
<td></td>
</tr>
<tr>
<td>• GAVI’s funding needs for in-country delivery and ancillary costs fully funded</td>
<td></td>
</tr>
<tr>
<td>• Maintain procurement target but through a contingency pooled fund</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HRSC</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Coordinated country planning, financing, and tracking against delivery targets</td>
<td></td>
</tr>
<tr>
<td>• Coordinated technical, operational, and financial support to support scale-up of COVID-19 tools</td>
<td></td>
</tr>
<tr>
<td>• Debottlenecking health systems and maintaining essential health services, while protecting health workers (incl. PPE procurement)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnostics</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Scale procurement of diagnostics tools</td>
<td></td>
</tr>
<tr>
<td>• Expand capacity for countries to deploy diagnostics tools through health systems</td>
<td></td>
</tr>
<tr>
<td>• Support expansion of genomic sequencing</td>
<td></td>
</tr>
<tr>
<td>• Support local manufacturing and market entry</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Therapeutics</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Oxygen procurement, delivery and market shaping</td>
<td></td>
</tr>
<tr>
<td>• Initial procurement of repurposed/Novel oral antivirals for high-risk mild/moderate patients(^1)</td>
<td></td>
</tr>
<tr>
<td>• Procurement at scale of repurposed / Novel oral antivirals for mild/moderate patients(^1)</td>
<td></td>
</tr>
</tbody>
</table>

### Implied urgent funding priorities – US$ bn

<table>
<thead>
<tr>
<th>R&amp;D</th>
<th>Immediate Procurement</th>
<th>Contingent Procurement</th>
<th>Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccines</td>
<td>0.4</td>
<td>-</td>
<td>2.7</td>
</tr>
<tr>
<td>HRSC</td>
<td>-</td>
<td>0.7</td>
<td>-</td>
</tr>
<tr>
<td>Diagnostics</td>
<td>&lt;0.1</td>
<td>2.3</td>
<td>-</td>
</tr>
<tr>
<td>Therapeutics</td>
<td>-</td>
<td>1.2</td>
<td>0.8</td>
</tr>
</tbody>
</table>

---

1. Specific treatment targets are being reassessed based on the clinically recommended use case, country demand, and other factors.
Immediate priorities I Within the ACT-A US$ 15bn remaining gap, US$ 10.7 bn are urgently needed to achieve ACT-A 2022 targets

Preliminary view of immediate priorities based on pledges received and initial inputs, as of 26th of April 2022

- AMC pledges awaiting confirmation - will total US$1.7bn
- Pledges pending parliamentary validation

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccines</td>
<td>6.0</td>
</tr>
<tr>
<td>HSRC</td>
<td>3.7</td>
</tr>
<tr>
<td>Diagnostics</td>
<td>4.7</td>
</tr>
<tr>
<td>Therapeutics</td>
<td>2.5</td>
</tr>
<tr>
<td>Commitments received &amp; allocated</td>
<td>14.9</td>
</tr>
<tr>
<td>Funding Gap as of 26 April 22</td>
<td>14.9</td>
</tr>
<tr>
<td>Pledges awaiting confirmation</td>
<td>6.0</td>
</tr>
<tr>
<td>R&amp;D, Immediate procurement</td>
<td>0.9</td>
</tr>
<tr>
<td>Contingent procurement</td>
<td>1.9</td>
</tr>
<tr>
<td>Remaining gap over 2022</td>
<td>3.0</td>
</tr>
<tr>
<td>Urgent Priorities US$ 10.7 bn</td>
<td>1.4</td>
</tr>
<tr>
<td>Contingent procurement</td>
<td>2.7</td>
</tr>
<tr>
<td>Financing Framework grant ask</td>
<td>0.8</td>
</tr>
</tbody>
</table>

1. As of 26th of April 2022
Deep dive on vaccine delivery I Despite the success of the COVAX AMC event, vaccine delivery still requires US$ 0.5bn within ACT-A and US$ 1.3 bn beyond ACT-A

Estimated in-country delivery funding gap to achieve 70% Vx coverage in 133 LICs and LMICs – US$ Bn

<table>
<thead>
<tr>
<th>ACT-A</th>
<th>Beyond ACT-A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total delivery needs as per the ACT-A Financing Framework</td>
<td>1.6</td>
</tr>
<tr>
<td>Cost adjustments since the Financing Framework publication</td>
<td>0.0</td>
</tr>
<tr>
<td>Total delivery needs aligned with the Vaccine Delivery Partnership</td>
<td>1.6</td>
</tr>
<tr>
<td>Pledges for delivery</td>
<td>1.1</td>
</tr>
<tr>
<td>Funding gap on vaccine delivery</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Unfunded investment needs

Potential additional areas of needs

- Countries relying on expensive campaign vaccination programmes
- Support bundling of delivery
- Support implementation of booster strategies
- Strengthening of targeted health systems interventions to protect routine immunization services

1. UNICEF estimation, Jan 2022, UNICEF ask breaks down into US$ 400m for AMC92 and an additional US$ 175m to cover other countries in AMC 133, reflected here in the “Beyond ACT-A” category.
2. Beyond ACT-A, three contributions are considered: US$ 315m from USG, US$ 400 from Mastercard to African CDC (exact amount to be confirmed) and US$ 129m from Germany. Contribution for ACT-A are reported in the ACT-A Commitment Tracker https://www.who.int/publications/m/item/access-to-covid-19-tools-tracker

0.5bn + 1.3bn