Comments and feedback from IAVG members – COVAX Allocation R15 review session

Background
The Independent Allocation Vaccine group (IAVG) met on 1st April 2022 to review the COVAX Allocation Round 15. Out of the 12 IAVG members, 10 participated in the meeting. This document summarizes the discussion.

IAVG Members:
- Professor Tjandra Yoga Aditama
- Professor Narendra Kumar Arora
- Dr Manica Balasegaram - absent
- Dr Alejandro Cravioto
- Professor Anna Mia Ekström
- Dr Bruce G. Gellin
- Dr Maria Guevara
- Dr Masahiko Hachiya
- Dr Arlene King
- Dr Poh Lian Lim
- Dr Dafrossa Cyrily Lyimo - absent
- Mr Christopher Maher

Introduction
- Dr Arlene King and Professor Narendra Arora were thanked for their roles as co-chairs during phase I and Dr Poh Lian Lim was welcomed as the new chair for the next term in phase II.
- The IAVG was reminded that the material shared in advance of the meeting as well as the proceedings of the meeting should be treated as confidential.

Background Discussion
- Supply: Supply availability has significantly increased and there is now sufficient overall supply available to bring all COVAX AMC participants up to 70% coverage by the end of 2022. Supply is shifting by the potential to activate a phasing process and by the inherent dynamics of the dose-sharing process.
- Demand: While the quantity of vaccine supply might be less of a challenge for COVAX, the efforts to maintain enough resources to guarantee the continuity of a healthy supply need to be pursued. The IAVG raised questions regarding which support is offered through COVAX and collaborating partners in-country to participants to ensure that those for which coverage is still below 70% will get support to encourage the immunization of their unvaccinated target groups. Total demand for R15 shows that most participants have not requested sufficient doses to reach 70% coverage by mid-2022.
• **Support to AMC Participants:** The COVAX Delivery Partnership is supporting 34\(^1\)/91 AMC participants to increase their low absorptive capacities. This support has currently its focus on three areas: programmatic, financial and logistic. Participants’ constraints are specific to each country context and need to be assessed on a case-by-case basis. Common challenges have been identified in many countries including leadership issues and the lack of alignment between political decisions and technical needs. Participants’ total vaccine demand should remain linked to their self-set coverage targets given that we currently face a demand-driven rather than a supply-constraint situation, but should also strive towards the global coverage target to be better prepared for future variants.

• **Future Demand:** The concern was expressed that 61 out of 91 AMC participants were allocated doses in R15 and asked whether additional demand for R16 is expected. R15 demand may not include demand for boosters due to the timing of the demand plans submitted by participants which was required very shortly after the COVAX Facility lifted all coverage caps. Whether participants will increase their request to COVAX depends on a variety of factors: The uncertainty around the appearance of new variants, the reliability of COVAX supply vs the non COVAX supply that needs to be paid by countries, the immunization in children below age 12 according to the SAGE priority roadmap, the update of the definition of optimal schedule as a 3-dose regimen, as well as countries’ shifted priorities after long periods of restrictions and in face of competing morbidities, pointing to the need for enhanced information efforts to incentivize vaccination, are critical potential developments that have not been factored in at this point.

• **Phase 2 monthly allocation:** Allocations are now run regularly. Participants are already updating their demand forecast to inform allocation Round 16 which will take place in May and which will allocate supply up to the end of October 2022. Although Round 15 covers the aforementioned 6 month period (from April to September 2022), participants will have the opportunity to require additional doses for the months of May to September inclusive during the Demand Planning Process and that will inform an ad-hoc allocation process (May-June) and Round 16 (July to October). Each future round will give the participants the opportunity to revisit the demand they expressed in the previous round and request additional doses. In addition, participants may request additional doses between rounds and shipments will be managed by the Procurement Coordinator to avoid any disruption at country level.

• **Vaccine product preferences** are expressed by participants through their demand plans and complemented if needed with the preferences set in the “COVAX Collaboration Portal”.

• **Humanitarian Buffer:** 5% of the total supply will remain available for the humanitarian buffer, but only doses corresponding to applications already in the pipeline will be set aside in each allocation round, in order to avoid reallocations.

• **Donations:** It was noted that donations and APA doses are being allocated together, a welcomed shift under Phase 2.

• **Monitoring framework:** The purpose of the framework is to assess allocation performance and not utilization of the allocated products. To that end, the indicators capture allocation-related metrics.

\(^1\)The 34 countries for concerted support are those at or below 10% full vaccination coverage in January 2022 and off-track to reach the 70% target by mid-2022
Round 15 Discussion & Recommendations

- Final indicators included in the Monitoring Framework that will inform IAVG assessments of Allocation Rounds were presented. The IAVG also noted the shift in the role of the IAVG and the strategic guidance that the IAVG will bring to WHO & Gavi.
- R15 performance against the monitoring framework was presented. Based on this, the IAVG noted that the objectives and principles for Phase II have been met for allocation Round 15.
- For future rounds, the IAVG recommended that WHO and COVAX focus on which actions could be done to improve utilization among at risk groups, specifically health care workers, older adults and people with high-risk conditions with the goal to prevent/reduce serious illness, hospitalization and death.
- The IAVG also recommended that Phase II and Round 15-specific information be made publicly available to provide visibility on how allocation outcomes adhere to the new approach, its principles and logic.
- The IAVG requested more information on vaccination coverage among the main target groups for COVID-19 immunization, i.e. health care workers and older adults. Additional information on support to AMC participants was also requested by the IAVG.

Next steps:

- IAVG will meet again to review R16, the meeting tentatively scheduled for May 2022. The IAVG requests and recommendations described above will be accommodated as part of the Round 16 meeting.