Comments and feedback from IAVG members – COVAX Allocation R16 review session

Background
The Independent Allocation Vaccine group (IAVG) met on 7 June 2022 to review the COVAX Allocation Round 16. 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 - absent
- Dr Poh Lian Lim
- Dr Dafrossa Cyrily Lyimo
- Mr Christopher Maher

Notes
- The “Reasons for refusals from Jan. to Sept. 2022” chart in page 14 was udpated to reflect “Reasons for refusals for Round 15 (Apr. to Sept. 2022)”, since the reason-for-refusal categorization changed in the last round, providing more granular and accurate information.

Introduction
- 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:** The available supply consists of a mix of products managed through contracts and donations.
- **Demand:** The lack of demand for Covovax can be explained by the fact that this vaccine has entered the market quite late compared to other vaccines, and, that the countries to which Covovax was allocated already had a broad range of vaccines and were not ready to introduce another product. This is especially important as countries are introducing booster doses, and prefer to be allocated the same vaccine as in previous rounds.
- **New variant vaccine:** To date, there has been no demand for new variant-specific vaccines. More clinical data are needed to understand whether variant-specific vaccines are superior and offer any advantage over existing vaccines. However it is difficult to obtain reliable data while a variant is still in circulation, and because a large proportion of the world’s population
has gained immunity through previous vaccinations and/or natural immunity at this point making evaluation more difficult.

- **Vaccine wastage**: 82 million doses of unused vaccine will be destroyed in the USA and a 100 million doses may also have to be destroyed in the EU. This is a very unfortunate situation caused by previous inequitable access and lack of sharing existing doses as previously highlighted by the IAVG. It also shows the importance of timing, i.e. that existing vaccines should be distributed according to need to all populations when there is a high demand, and, that continued efforts are needed to prevent future wasting of essential vaccines.

- **Refusals**: Allocating substitute (not first choice) products to participants does not seem to be the main reason for high refusal rates, although this analysis is currently under development. In Round 15, participants tended to refuse doses even when the preferred product was allocated. Among the reason for refusals, “short shelf life” accounted for ~3% of refusal, driven by ~37% of ~11mn AstraZeneca doses offered. As a general observation, there is an increasing demand, especially from Delivery Partnership Focus countries to request vaccine with a shelf-life of at least 6 months.

- **Products in shortage**: For several products including Sinopharm, Sinovac and Moderna, all the available and eligible doses were used, as demand for these products (significantly) exceeded supply in Round 16.

- **Mix and match allocations**: The point was raised that countries might be rejecting doses in view of continuity requirements, i.e., when they request a specific vaccine for their second dose that is no longer in the COVAX portfolio, but was used as a first dose. Two points were raised in response:
  - Through the demand planning exercise that precedes the allocation, countries are given the opportunity to specify the products they want on a monthly basis. In case of shortage of a given product in the COVAX portfolio, countries will receive an alternate product. There has never been an allocation of product which was not desired by a country.
  - Materials on choosing COVID-19 vaccine products and guidance explaining the mix & match (heterologous) schedules has been provided to all UNICEF and WHO staff in order to inform countries on the potential use of different products. Nevertheless, the idea to re-iterate this information in view of a more consolidated portfolio (and, therefore, fewer options) should be considered.

- **Rates of natural infection / hybrid immunity**: The rates of natural infection need to be measured in the long term to understand its importance in the evolution of the pandemic. There are several studies evaluating the effects on immunity of a high infection rate combined with a low vaccination rate. Countries have been given grants to conduct serological surveys to measure the rates of natural infection.

- **Surveillance of disease**: Low vaccination rates and discrepancies in vaccination rates among different population groups could (also) be attributed to (i) differences in surveillance systems’ performance from country to country and (ii) demographics of many L(M)ICs with very young populations. In addition, excess mortality data were compared in several populations and showed that while many countries have been reporting COVID-19 deaths very accurately, some countries have substantially underreported their COVID-19 deaths.

- **Political engagement**: Political engagement continues to be a crucial factor for impact of COVID-19 in countries including on vaccine hesitancy. Many countries face competitive priorities but COVID-19 should be dealt in synergy with other diseases rather than in competition. The “Humanitarian Buffer” could be used to create those synergies.
• **Humanitarian Buffer**: Even though the humanitarian buffer mechanism was created in a supply-constraint situation, it remains valid. Its operationalisation has proven challenging due to liability issues.

• **Ukraine**: the vaccination campaign was suspended as a result of the conflict, so the doses allocated during Round 15 did not materialize in the country. A request from Ukraine was processed by the urgent allocation process for a May-June allocation. As for the movement of population, countries hosting refugees are responsible for the vaccination of the incoming populations.

**Round 16 Discussion & Recommendations**

• The IAVG requested more information on the number of Pfizer doses allocated to pediatric needs (outside Rounds).

• The IAVG suggested that providing some evidence about the “% of adult population fully vaccinated” in particular the % aged 65 and above who are those most vulnerable to serious COVID-19 illness. The IAVG wished to see such data for the 34 Delivery Partnership Focus countries to get a more accurate picture of the actual need in countries with young demographics. Such information would add to the data on existing immunity through regular surveillance.

• The R16 performance against the indicators of monitoring framework was presented and no major concern was raised towards the objectives and principles.

• The IAVG was reminded on the shift in their role as to provide strategic guidance WHO & Gavi in subsequent meetings.

**Next steps:**

• Communication to IAVG will be launched for setting up the next meeting, aiming at late September to early October