

Statement of the Co-Chairs of the 5th Access to COVID-19 Tools Accelerator (ACT-A) Facilitation Council

A year into the pandemic, COVID-19 continues to pose a significant threat to lives and livelihoods everywhere, with 2.7 million lives lost and trillions of dollars of lost economic output. Many countries are experiencing a rapid increase in cases, often bigger than previous resurgences, and variants of concern are threatening to reduce the effectiveness of existing vaccines and other countermeasures. Urgent action is needed.

Due to unprecedented collaboration and scientific development, we now have effective vaccines, tests and treatments available in record time, providing a reliable path to ending the acute phase of the pandemic. ACT-A has played a key role in this achievement. However, production, distribution, and uptake challenges continue to pose significant barriers to ensuring equitable access to these life-saving tools and their full impact in ending the pandemic.

An equity ambition is not a “nice to have”: it is vital. If COVID-19 transmission is uncontrolled anywhere in the world, it remains a threat to everyone, everywhere.

Collectively and urgently, we must raise the level of global ambition to accelerate the uptake and use of tests and treatments, while rapidly scaling up production and equitable distribution of vaccines. The Access to COVID-19 Tools Accelerator (ACT-A) was set up to do exactly that.

ACT-A’s Facilitation Council, co-chaired by South Africa and Norway, met for the 5th time today. As outlined in its recently published [strategy and budget](#), ACT-A is now intensifying its efforts to drive for equity and scale in the delivery of essential COVID-19 tools. Thanks to an unprecedented mobilization of support, February saw renewed political momentum for the ACT-A and its financing, including the announcement of US\$ 4.3 billion in new G7 financing.

The ACT-A has:

- Enabled the first international vaccine deliveries in low and low-middle income countries (LMICs) to take place within 12 weeks of introduction in the first few high-income countries (HICs). To-date (March 23), the COVAX Facility has delivered 31.8 million vaccine doses to 57 participants. However, 42 economies are still waiting to start vaccination.
- Procured 60+ million molecular and antigen rapid diagnostic tests (Ag-RDTs) for LMICs and reduced the cost of the latter to a price ceiling of US\$ 5 a test by September 2020, and further to a ceiling price of US\$ 2.50 in 2021.
- Secured 2.9 million treatment courses of dexamethasone.
- Procured and distributed PPE for a total value of more than US\$500 million.
- [Secured](#) US\$11 billion in public, private and multilateral funding commitments to enable ACT-A’s work.

The fight against this pandemic will not be won with vaccines alone

Vaccines should not be considered as the silver bullet to end the COVID-19 pandemic. Diagnostics and therapeutics will continue to play a critical role in the response against the virus. Great progress has been made in making cheap and effective tests and treatments available, however, considerable barriers continue to impact access to and uptake of these tools.

As observed in multiple countries, even minor interruptions in the supply chain of COVID-19 treatments such as oxygen can lead to catastrophic and often fatal consequences. This is why the newly formed ACT-A [COVID-19 Oxygen Emergency Taskforce](#) to assess and address COVID-19 surges in oxygen demand and cut preventable deaths is important.

The COVID-19 testing gap between LMICs and HICs is widening, with LMICs testing at rates as much as 90 times lower than HICs. Additional efforts are required to generate evidence and align country level testing strategies with procurement and usage at the end stage, especially for Ag RDTs. Expanded testing will lay the groundwork to enable better surveillance. This will be vital to adapt the pandemic response to emerging variants.

However, it is not enough just to make tests and treatments available – they also need to be used. We recommend that health systems are strengthened to increase the uptake of these essential COVID-19 tools. ACT-A's Health Systems Connector will play an important role in catalyzing this.

Unlocking the true potential of vaccines

As we embark on the largest vaccination campaign in human history, tremendous challenges remain to ensure an equitable supply of vaccines. Vaccine nationalism threatens equitable access to vaccines, particularly for LMICs, and there is a need to expand our joint efforts of increasing supply and collective purchasing.

There are immediate challenges threatening the supply of vaccines. Scaling up global vaccine manufacturing capacity is proving to be difficult and promised capacity is not meeting demand. This is hurting LMICs in particular and requires our immediate attention.

The COVAX Facility, the vaccine pillar of ACT-A, is set to deliver at least 2 billion doses in 2021 - a daunting task, further complicated by vaccine shortages and setbacks in planned deliveries. Precious time lost in the vaccine rollout will allow the virus to continue to mutate and increase the risk that the very same vaccines will be less effective with time. We call for urgent action from countries controlling the vaccine supply to stand behind the principle of equity, respect COVAX contracts and share vaccines through COVAX.

In the medium term, there is a need to increase the manufacturing capacity of vaccines in all regions and to facilitate technology transfer and capacity for local production.

In the medium term, we will also need to support COVAX in its ambition to vaccinate beyond 20% of the population.

We support establishing a COVAX Task Force on expanding vaccine production, co-led by WHO and CEPI, working closely with the Gavi, The Vaccine Alliance, industry partners, and other key stakeholders such as Medicines Patent Pool, the Africa CDC, and the Bill & Melinda Gates Foundation to leverage political, industry and other needed inputs. We also call for the establishment of specific goals and a programme of work for the Task Force that the Council can rally behind and advocate for. We look forward to this Task Force keeping the Council fully abreast of progress and challenges.

Financing the ACT-Accelerator

Noting that the US\$ 22.1 billion funding gap for 2021 is a key obstacle to delivering on the promise of the ACT-A, South Africa and Norway, as Facilitation Council Co-Chairs, are this month calling on countries to contribute their share of the financial burden to ensure a fully-funded ACT-A in 2021. Given the scale of resources required, this will require countries to tap into fiscal stimulus and other funding sources in addition to established development financing levels.

Next month marks the one-year anniversary of ACT-A, providing an opportunity to amplify public and political awareness of ACT-A, its achievements, plans and needs.

Call to action

The COVID-19 virus intertwines our fates, whether we live in Asia, Africa, America, Europe or Oceania. Our world will remain sick with COVID-19 for years if we do not ACT now and ACT together.

We call upon all countries and stakeholders to:

- Align their policy, procurement and deployment activities to increase uptake of available and effective therapeutics (e.g. dexamethasone and oxygen) and diagnostics (e.g. Ag RDTs);
- Urgently increase vaccine manufacturing capabilities across all regions of the world, and especially Africa, by facilitating technology transfer and capacity for local production;
- Counter vaccine nationalism, by standing behind the principle of equity, respecting COVAX contracts and sharing vaccines through the COVAX Facility;
- Prioritize and support the COVAX Facility over new bilateral deals; and
- Contribute their share of the financial burden to ensure a fully funded ACT-A in 2021.