ACTaccelerator
ACCESS TO COVID-19 TOOLS
Hosted by

Third Access to COVID-19 Tools (ACT) Accelerator Tracking & Monitoring Taskforce meeting

31 March 2023

CO-CHAIRS STATEMENT

Introduction

The ACT-A Tracking and Monitoring Task Force (TMTF) held its third meeting on 31 March 2023, marking an important milestone for the partnership as it moves into its next phase of operations until the pandemic is under control and no longer constitutes a Public Health Emergency of International Concern (PHEIC).

Over the course of the six-month Transition period, ACT-A agencies adjusted their ways of working to ensure countries had sustained access to COVID-19 tools, while they mainstreamed COVID-19 emergency work into their routine health programmes. During this period, ACT-A agencies also boosted their support to countries for the rollout of novel oral antivirals and to increase vaccination coverage in priority populations. Agencies also clarified their longer-term institutional arrangements to ensure countries have sustained access to COVID-19 vaccines, tests and treatments through 2023 and beyond.

The overarching objectives of this meeting were to review progress made in delivering the objectives of the ACT-A Transition Plan[1] and ensure that arrangements have been put in place for continued access to COVID-19 tools. With increased focus being directed towards the ecosystem for medical countermeasures (MCM) and discussions about the design of future medical countermeasures platforms (e.g., by WHO, the G20, G7, and others), an additional objective of this meeting was to reflect on lessons from ACT-A that should feed into designs for future platforms.

Progress in delivering ACT-A's Transition Plan objectives

The ACT-A Transition Plan was developed in recognition that the world had entered a new phase of the pandemic by mid-2022. Although the SARS-CoV-2 virus continued to circulate widely, COVID-19 was no longer being managed as an acute emergency in most countries. The vast majority of countries had already started to mainstream their COVID-19 work into routine health programmes, and focus was increasingly being given to other health needs, such as routine immunization, that had been compromised by the pandemic.

The ACT-A Transition Plan set out three objectives for this context: 1) focusing ACT-A's R&D and market shaping activities to ensure a pipeline for new and enhanced tools; 2) securing institutional arrangements to provide long-term access to COVID-19 vaccines, tests and treatments; and 3) concentrating ACT-A's delivery work on new product introduction and the protection of priority populations, in support of national and international targets. The plan also laid out how, in parallel with delivering on these three objectives, ACT-A partners would maintain critical surge readiness and response capacities in the event these are needed.

[1] ACT-Accelerator Transition Plan (01 October to 31 March 2023), 28 October 2022, Geneva: ACT-Accelerator (https://www.who.int/publications/m/item/act-accelerator-transition-plan, accessed 16 February 2023)

During the third meeting, the Task Force received a report on the overall progress made against the Transition Plan objectives, with more detailed updates provided for objective 1 (ensuring a pipeline for new and enhanced tools) and objective 2 (securing institutional arrangements). Updates on the delivery and rollout of tools to high-priority populations were reviewed in the second TMTF meeting (14 Feb 2023) and are included in the status update provided in this report.

With regards to the first Transition Plan objective, we are pleased to see that the pipeline for new and enhanced COVID-19 tools is expanding. With respect to vaccines, Omicron prompted the development of several new variant-specific products, many of which are progressing toward registration. Although several broadly-protective vaccines are also under development, most candidates are still in early stages. New promising mucosal vaccines are also under evaluation, with most products also still in early development. With respect to therapeutics, we note the many new products being assessed by WHO (i.e., for prequalification) and that efforts are underway to explore potential new broad-spectrum antivirals. We also note the important innovations made in the area of diagnostics to develop new point of care (POC) and multiplex platforms that can test for SARS-CoV-2, as well as other pathogens at the primary care level.

We were pleased to hear of ongoing ACT-A partner efforts to sustain manufacturer engagement for key products and build resilient markets in low- and middle-income countries (LMICs) for affordable products, including generic oral antivirals and diagnostics. We also note the work undertaken to strengthen regional manufacturing networks for diagnostics and that this has the potential to increase access to affordable diagnostics for other health priorities as well.

With respect to the second transition objective, we welcome arrangements being put in place to ensure countries still have access to COVID-19 tools and note that the updates provided in this meeting build upon the detail we received in the second Taskforce meeting (see annex). We are pleased to see concrete examples of areas of work initiated under ACT-A that will continue beyond the end of the PHEIC. This includes the work of the ACT-A Diagnostics Pillar and its potential evolution into a Diagnostics Alliance, and the Global Oxygen Alliance (GO2AL), which builds on the ACT-A Oxygen Emergency Taskforce.

We also note that ACT-A is scaling back some of its delivery work, as demand decreases and tools are being mainstreamed. We appreciate that effort will be maintained to ensure that the most vulnerable and older populations are vaccinated and boosted, and populations can access COVID-19 tests and lifesaving therapeutics when needed.

ACT-A operations through the end of the PHEIC & work to prepare for the next pandemic

As the ACT-A coordinating and convening construct is further adjusted for the transition to long-term COVID-19 control, we are pleased to note ACT-A partners will continue to interact regularly. ACT-A Principals will meet every two months to review the evolving pandemic until the end of the PHEIC, with ad hoc meetings of ACT-A Agency Leaders as needed. We are also pleased to hear of the ongoing collaboration at the pillar level between agencies and partners, which will also continue through 2023 and potentially beyond.

We look forward to the publication of the ACT-A Transition Report at the end of April, providing further details on progress made in implementing the Transition Plan objectives and on institutional arrangements for access to COVID-19 tools beyond the PHEIC.

We recognize that work is underway to envisage a future medical countermeasures platform - building on lessons from ACT-A and other countermeasure platforms. We are pleased to see that ACT-A

agencies and partners are contributing to these forward-looking processes and discussions on the ecosystem of medical countermeasures. We appreciate the efforts of WHO and partners to develop options for an interim global coordination platform for medical countermeasures[2] as a minimum viable product, while the partners consider broader efforts on pandemic prevention, preparedness and response. These include the WHO Intergovernmental Negotiating Body (INB) process to consider a future pandemic accord or other instrument and the WHO Member State-led process to consider amendments to the International Health Regulations (2005) (WGIHR). We thank the ACT-A Facilitation Council Co-Chair from South Africa who reported on the 'Friends of a future medical countermeasures platform' meeting that was held in Johannesburg in February 2023, and which provided valuable insights and perspectives on what a future medical countermeasures platform could look like.

It has been an honour to serve as Co-Chairs of the ACT-A Council Tracking and Monitoring Task Force during this important period in ACT-A's work. While the ACT-A Transition objectives are achieved, the ACT-A partnership and collaboration will continue to support countries in accessing COVID-19 tools through the end of the PHEIC and beyond. In the event of a major surge in COVID-19 cases or deaths before the end of the PHEIC, the ACT-Accelerator partnership will further ramp up its operations and support to countries. For our part, we remain ready to support the reactivation of wider ACT-A Council functions and political support, if needed.

As ACT-A moves into this next phase, we also have an important opportunity to ensure lessons from this partnership contribute to ongoing efforts to enhance access to countermeasures in future pandemics and improve the way they are developed and equitably delivered in times of crises. Let us not miss this opportunity to ACT now and ACT together to ensure a safer, fairer world for future generations.

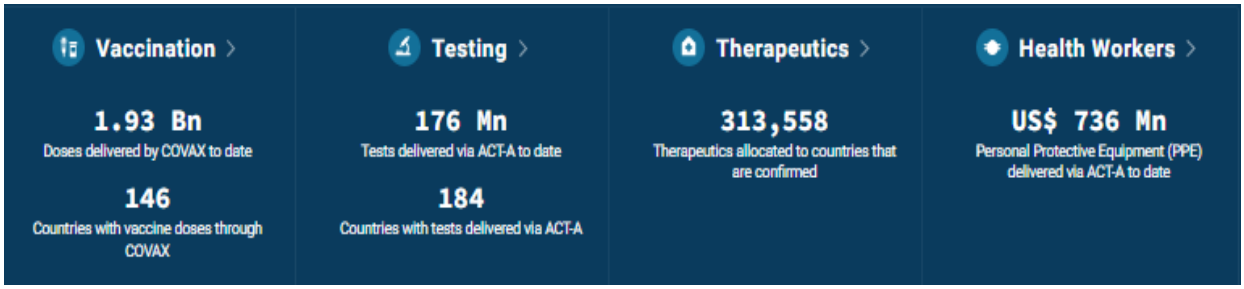
[2] WHO design and consultation process on a new medical countermeasures platform for pandemics, Geneva, WHO (https://www.who.int/news-room/articles-detail/who-design-and-consultation-process-on-a-new-medical-countermeasures-platform-for-pandemics, accessed 20 March 2023)

STATUS UPDATE

PROGRESS ON ROLLOUT OF COVID-19 TOOLS

This section of the report provides a short summary of the status of the rollout of COVID-19 tools. Further detail is available from the Global COVID-19 Access Tracker[3] and in the ACT-A Transition Report to be published in May 2023. Figure 1 provides an overview of the rollout of COVID-19 tools through ACT-A.

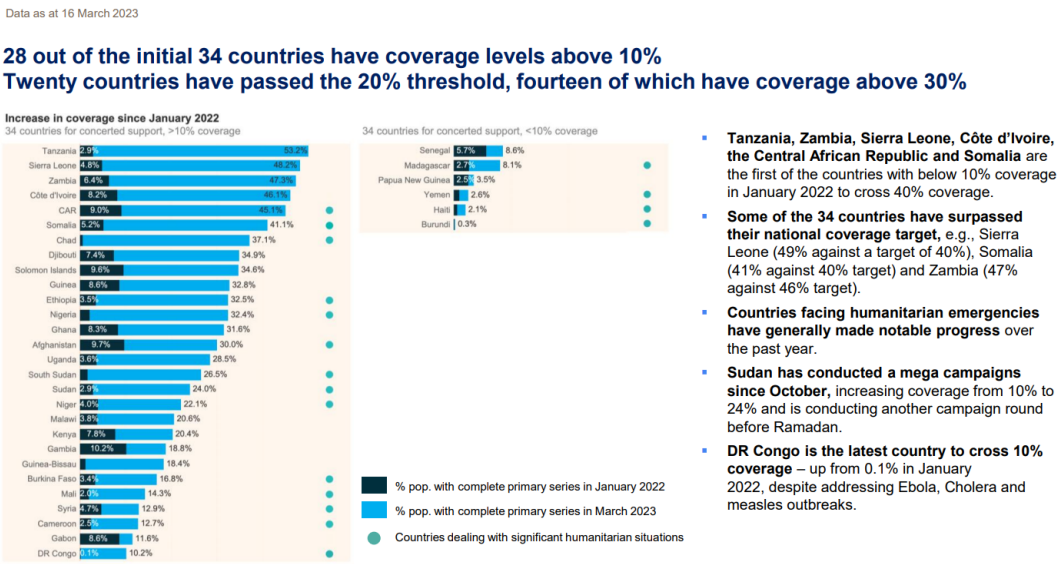
Figure 1: COVID-19 Global Access Tracker Dashboard



***Source**: Global COVID-19 Access Tracker*

Vaccines: The ACT-Accelerator has delivered 1.93 billion doses of vaccine to 146 countries through COVAX. Significant progress has been made in the 34 countries that were at 10% coverage or less in January 2022 and targeted for support under the COVID-19 Vaccine Delivery Partnership (see Figure 2), with 28 of the 34 countries now above 10% coverage and 20 above 20% coverage.

Figure 2: CoVDP March 2023 update

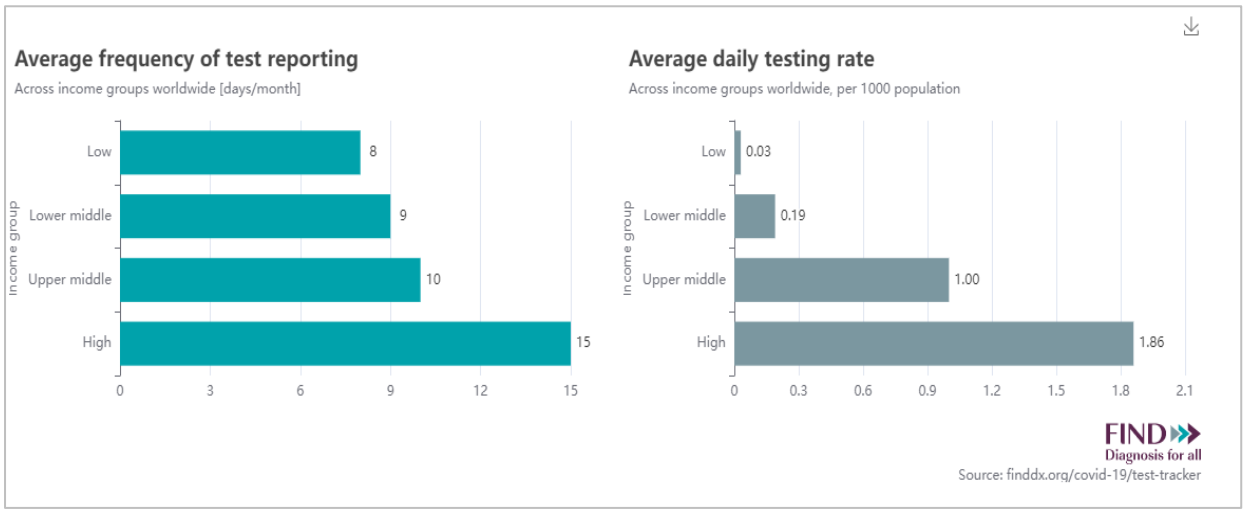


***Source**: COVID-19 Vaccine Delivery Partnership*

[3] https://www.covid19globaltracker.org/

Diagnostics: Testing remains an important part of the COVID-19 response, and a necessary part of initiating treatment with antivirals. More than 176 million tests have been delivered via ACT-A to 184 countries. All countries are now testing at a lower rate, but inequities between low-income and high-income countries persist, as can be seen in Figure 3[4]

Figure 3: FIND Test Tracker



***Source**: COVID-19 Test tracker – FIND*

Therapeutics: treatments allocated to countries by ACT-A agencies include 314,710 courses of nirmatrelvir/ritonavir, molnupiravir, and tocilizumab. 141,000 units of molnupiravir have been ordered for 22 countries, and 135,000 units of nirmatrelvir/ritonavir have been ordered for 19 countries. The availability of novel antivirals through ACT-A partners now exceeds demand, including for most surge scenarios.

'Test and Treat' programmes are operational in more than 40 countries in all regions of the world, with the aim of supporting countries to implement test and treat protocols and increase access to testing and new antivirals.

[4] COVID-19 Test tracker – FIND, Geneva: FIND https://www.finddx.org/tools-and-resources/dxconnect/test-directories/covid-19-test-tracker/, accessed 30 March 2023)

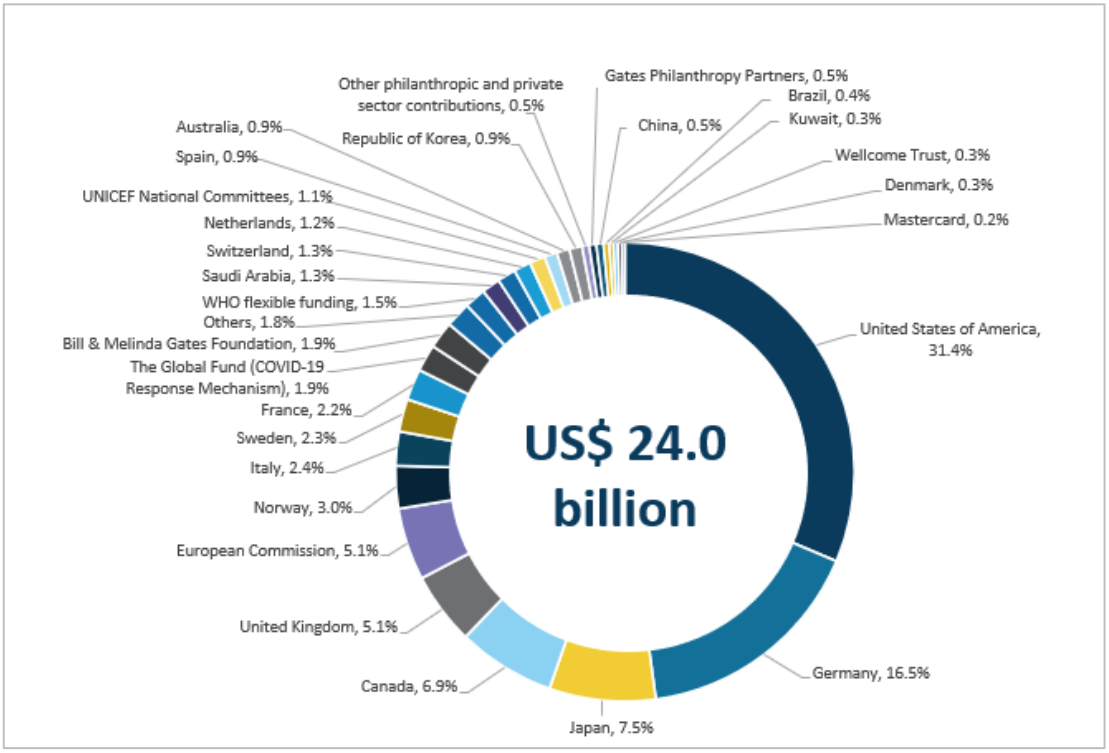
FINANCIAL STATUS

Funds raised

Commitments to ACT-A agencies, through the unprecedented generosity of donors, totalled US$ 24 billion. Implementation of ACT-A funding by the agencies has not changed significantly since the last report to the Tracking and Monitoring Task Force in February 2023. As of 17 March 2023, US$ 4.1 million are still pending allocation among the Pillars.

Figure 4 shows the contributions by donor. The split by agency, by pillar and by donor is detailed in the ACT-A Commitment Tracker.[5]

Figure 4: Total contributions to ACT-A from April 2020 to 17 March 2023 [6]



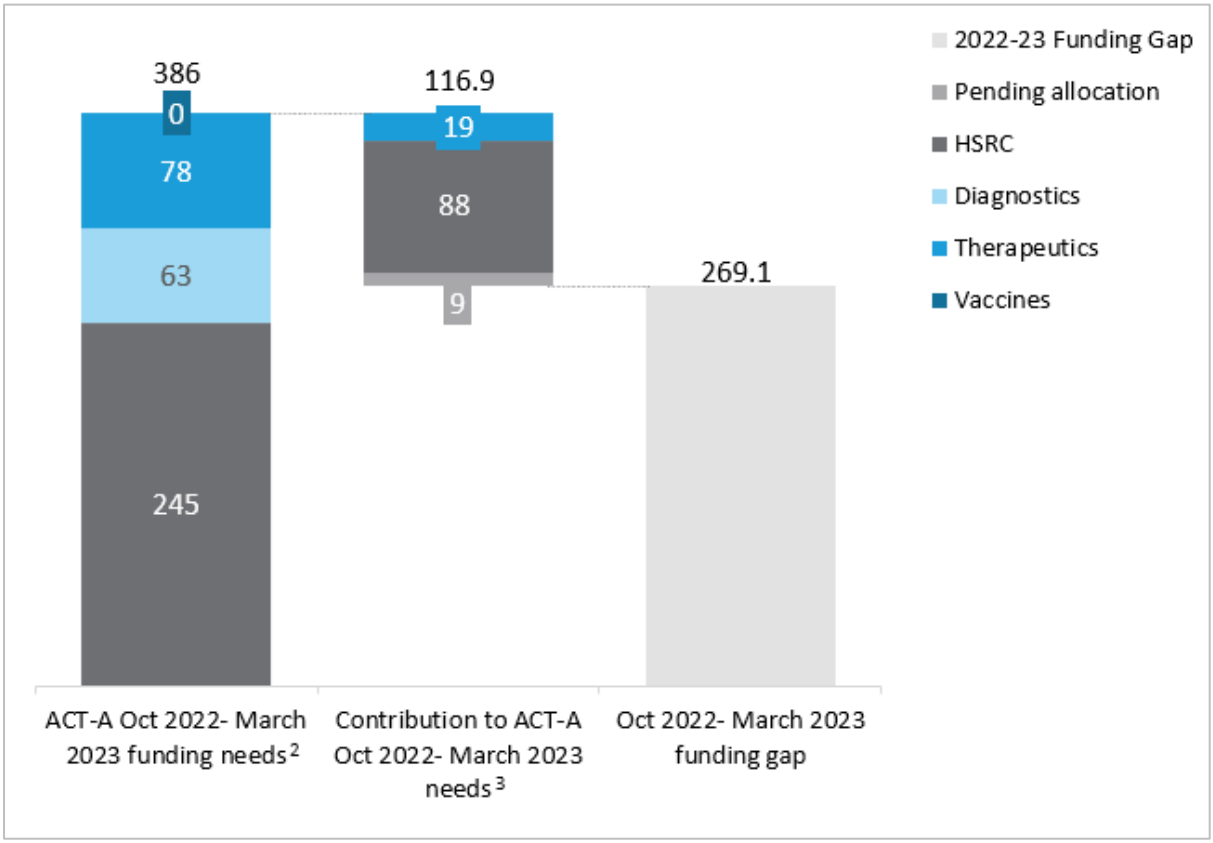
***Source**: ACT-A Commitment Tracker*

The funding gap for the Transition Period

The ACT-A Pillars identified funding needs of US$ 386m to implement the Transition Plan. Contributions received since October 2022 have reduced this gap to US$ 269m as of 17 March 2023. The current funding gap for the transition period is shown in Figure 5 below.

[5] https://www.who.int/publications/m/item/access-to-covid-19-tools-tracker
[6] Does not include non-gap reducing pledges and contributions (see Commitment Tracker for details of non-gap reducing pledges and contributions).

Figure 5: ACT-A Funding gap for transition period (1 Oct 2022 to 31 March 2023) in US$ million[1]



***Source**: ACT-A Agencies*

[1] This does not include non-gap reducing pledges and contributions (see Commitment Tracker for details of non-gap reducing pledges and contributions).
[2] As outlined in ACT-Accelerator Transition Plan (1 Oct 2022 to 31 Mar 2023) published on October 28, 2022.
[3] Gap-reducing contributions corresponding to the transition budget financial needs, received during the transition period (1 Oct 2022 to 31 Mar 2023). Not including commitments reported since October 2022 but attributed to the 2021-22 budget (budget period end Oct 2021 to Sept 2022).

ANNEX

Securing institutional arrangements to ensure sustained access to COVID-19 tools

The Coalition for Epidemic Preparedness Innovations (CEPI) will continue to invest in SARS-CoV-2 and broadly protective coronavirus vaccine innovations, while also optimizing them for long-term use. This will be accomplished by promoting innovations that broaden the scope of protection and accessibility in low-resource settings, such as improved thermostability and manufacturing process speed. CEPI will continue to work on identifying research gaps and coordinating with other funders to invest. Of note, CEPI is the only vaccine R&D funder in the world that systematically includes equitable access terms in its agreements.

FIND, the global diagnostics alliance will continue to spur innovation and invest in the development and deployment of accurate, affordable, accessible diagnostic technologies and tools, with a focus on digital tools, next generation sequencing platforms, surveillance systems, and molecular diagnostics at primary healthcare levels that make a transformational impact on livelihoods and fill critical gaps across different health care settings, including point of care technology and multiplex multi-pathogen platform for COVID-19, and other infectious diseases including out-break prone pathogens.

Gavi's COVID-19 Vaccine Delivery Support (CDS) has committed nearly US$ 1 billion to support vaccine delivery efforts in 83 countries to date. It continues to focus on supporting vaccination of high priority groups and integration of COVID-19 vaccinations with routine immunisation and primary health care in a way that provides sustainable benefits. In addition, Gavi is using learnings from the CDS experience to identify ways in which vaccine delivery can be improved – both in preparation for future health emergencies as well as to support global outbreak response for other diseases such as measles, cholera, yellow fever, Ebola and meningitis. The Gavi Alliance will continue its support of COVID-19 vaccination needs in AMC92 countries through 2023 and is developing a programme to extend that support through 2024-2025 for continued coverage of high-risk populations. The proposed programme has received Board approval in principle in December 2022, and will be brought to Gavi's Board for final decision in June 2023 when more data will be available on both the pandemic trajectory and countries' vaccine needs for 2024 and beyond.

The Global Fund to Fight AIDS, Tuberculosis, and Malaria has extended its C19RM until the end of 2025 in response to a shift in priorities in implementing countries. The extension allows the Global Fund to support both the immediate COVID-19 response and broader pandemic preparedness, as well as to strengthen underlying healthcare systems.

Unitaid remains dedicated to making strategic investments throughout the treatment access value chain to ensure equitable access to all in need for life-saving tools. This involves strengthening manufacturer capabilities and streamlining systems to accelerate time-to-market, while also promoting decentralized models of care for high-risk populations. Moreover, Unitaid continues to place a high priority on improving access to oxygen innovations tailored to LMICs by supporting regional manufacturers and taking a leading role in the Global Oxygen Alliance (GO_2AL). Unitaid will continue efforts to improve access to critical diagnostic tools by providing targeted support for the market entrance of accurate, affordable, multi-pathogen point-of-care molecular tests for COVID-19 and other infectious diseases, such as respiratory pathogens, as well as support to countries for introduction and deployment of these technologies.

UNICEF has increased country focus on delivery of essential immunization services (including COVID-19 vaccine delivery, reaching zero dose children, catch-up and recovery interventions and related community engagement). UNICEF is also tendering to meet demand for COVID-19 vaccines for 2024

onwards. UNICEF's long-term agreements related to COVID-19 will remain valid through 2023 until 2025 for the procurement of personal protective equipment, antivirals, oxygen and diagnostics.

World Health Organization (WHO) will continue to support clinical trials and provide timely updates to guidelines for COVID-19 countermeasures as part of its normative work. Prequalification of COVID-19 vaccines, therapeutics, and diagnostics, as well as the development of policy and programmatic guidance and other norms and standards in areas such as medical oxygen, will be maintained, as will the availability of international standards.

The **COVID-19 Vaccine Delivery Partnership (CoVDP**) set up by UNICEF, WHO, and Gavi and other partners in January 2022, maintained its targeted support for the 34 priority countries while providing a wider set of services to the AMC92 (e.g., technical guidance). Delivery support during this period will continue to include high-level political advocacy, coordination of quick impact funding and specialized technical assistance. As a targeted effort to increase coverage rates when it was an acute challenge, CoVDP will transition in mid-2023, with the main functions re-integrated into the core work of Gavi, UNICEF and WHO – in line with the move to integrate COVID-19 into routine programmes.

ABOUT THE TASKFORCE

The Access to COVID-19 Tools Accelerator (ACT-A) entered a 6-month transition period in October 2022 and a Tracking & Monitoring Task Force was created to maintain key ACT-A Facilitation Council functions. Co-chaired by the United States of America and India with members from former ACT-A Council Working Groups, the Task Force monitors rollout and access to tools, facilitates political engagement, tracks resource use and needs, and maintains the Council's readiness to reactivate, if needed.[7]

[7] Meeting reports from the first and second meeting of the Task Force can be found at: https://www.act-a.org/trackingandmonitoring