ACTaccelerator
ACCESS TO COVID-19 TOOLS

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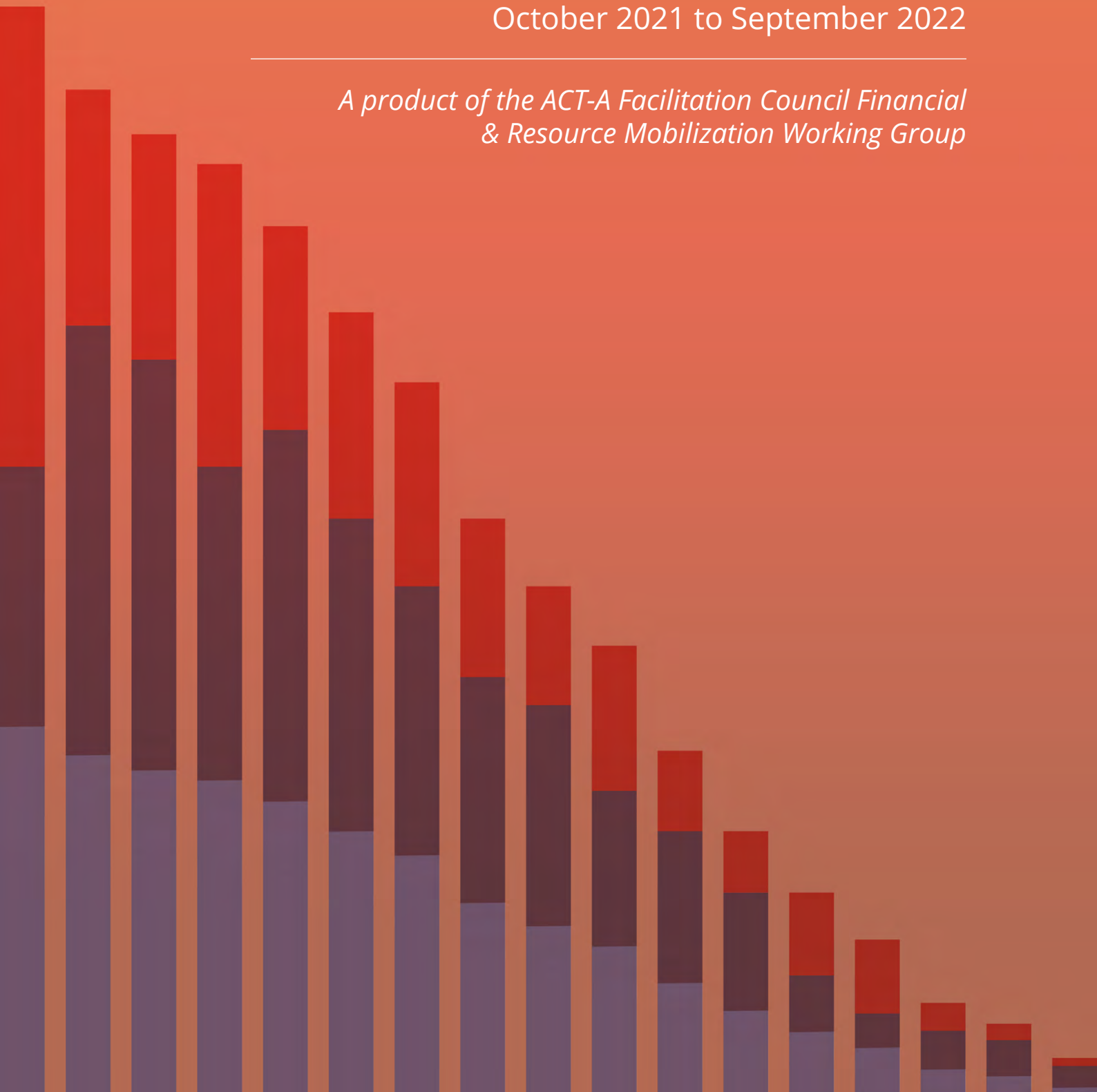
# Consolidated Financing Framework for ACT-A Agency & In-Country Needs

## October 2021 to September 2022

*A product of the ACT-A Facilitation Council Financial & Resource Mobilization Working Group*



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# Consolidated Financing Framework for ACT-A Agency & In-Country Needs

October 2021 to September 2022

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# ABOUT THIS DOCUMENT

The *Consolidated Financing Framework for ACT-A Agency & In-Country Needs, October 2021 and September 2022* was developed under the auspices of the ACT-A Facilitation Council Financial and Resource Mobilization Working Group and its chair, John-Arne Røttingen of Norway. It was developed with support from the ACT-Accelerator Executive Hub, with inputs from Financial and Resource Mobilization Working Group members, ACT-A Agencies and implementing partners, including from civil society and the private sector.

In line with the Terms of Reference of the Financial and Resource Mobilization Working Group and its objective to mobilize resources in support of the ACT-Accelerator's work, this document has been developed with the overall aim of facilitating and accelerating the financing of the ACT-Accelerator's 12-month Strategic Plan and Budget for the period October 2021 to September 2022.

# LIST OF ACRONYMS

| | |
|---|---|
| **ADB** | African Development Bank |
| **IADB** | Inter American Development Bank |
| **AMC** | COVAX Advance Market Commitment |
| **AU** | African Union |
| **AVAT** | African Union's African Vaccines Acquisition Trust |
| **BMGF** | Bill and Melinda Gates Foundation |
| **C19RM** | The COVID-19 Response Mechanism |
| **CDC** | Centre for Disease Control and Prevention |
| **CEPI** | Coalition for Epidemic Preparedness Innovations |
| **CHWs** | Community Health Workers |
| **CSCOs** | Civil Society and Community Organizations |
| **Dx** | ACT-A Diagnostics Pillar |
| **ICs** | Inhaled Corticoids |
| **IFI** | International Financing Institutions |
| **FIND** | FIND, the Global Alliance for Diagnostics |
| **GAVI** | Gavi, The Vaccine Alliance |
| **GDP** | Gross Domestic Product |
| **GFF** | Global Financing Facility |
| **GFATM** | The Global Fund to Fight AIDS, Tuberculosis and Malaria |
| **HCWs** | Health Care Workers |
| **HIC** | High-Income Countries |
| **HSRC** | ACT-A's Health Systems & Response Connector |
| **IMF** | International Monetary Fund |
| **IMF DSA** | International Monetary Fund - Debt Sustainability Analysis |
| **IMST** | Incident Management System Team |
| **LIC** | Lower-Income Countries |
| **LMICs** | Lower-Middle Income Countries |
| **MER GDP** | Market Exchange Rate Gross Domestic Product |
| **MDB** | Multilateral Development Banks |
| **NAV** | Novel Oral Antiviral |
| **PAHO** | Pan American Health Organization |
| **PCR** | Polymerase Chain Reaction |
| **PHSM** | Public Health and Social Measures |
| **PPE** | Personal Protective Equipment |
| **PQ** | Prequalification (of products) |
| **RDTs** | Rapid Diagnostic Tests |
| **SFP** | COVAX Self-Financing Participants |
| **SPRP** | COVID-19 Strategic Response and Preparedness Plan |
| **SSRI** | Selective Serotonin Reuptake Inhibitor |
| **Tx** | ACT-A Therapeutics Pillar |
| **UMICs** | Upper-Middle Income Countries |
| **UNGA** | United Nations General Assembly |
| **UNICEF** | United Nations Children's Fund |
| **Vx** | ACT-A's Vaccines Pillar, COVAX |
| **Vx Mfg. Hub** | Vaccine Manufacturing Hub |
| **WB** | World Bank |
| **WHE** | WHO's Health Emergency Programme |
| **WHO** | World Health Organization |

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# FOREWORD BY THE CO-CHAIRS OF THE ACT-A FACILITATION COUNCIL

As we enter the third year of the COVID-19 pandemic, the oscillating case numbers and mortality statistics across the globe, and the emergence of new variants like Omicron, remind us of an uncomfortable truth: the COVID-19 pandemic is not over.

Over the next 12 months, the world will again require substantial extraordinary investments from all governments and global institutions to urgently scale up equitable access to vaccines, tests, treatment, and personal protective equipment. These investments are crucial to reduce transmission, morbidity, and mortality from COVID-19 and to end the acute phase of the global pandemic.

In October 2021, the ACT-Accelerator (ACT-A) published its 12-month Strategic Plan and budget for the period October 2021 to September 2022. Building on the investment needs outlined in that document, the ACT-A Facilitation Council Financial and Resource Mobilization Working Group developed this Financing Framework to clarify sources of financing that could be used to fund the ACT-A budget. Specifically, this Financing Framework seeks to:

- **Confirm** the overall investment required to meet global COVID-19 tools coverage targets for vaccines, tests, treatments and PPE, and how much of that funding would need to be channelled through ACT-A agencies versus through other initiatives and domestic efforts.
- **Identify** the specific sources of financing that could be used to fund ACT-A and other complementary costs associated with the delivery of the global COVID-19 tools coverage targets, for example, donor grants, domestic resources, multilateral development bank instruments (including grants and loans) or a combination of sources.
- **Appeal** to high-income countries and major upper middle-income countries with a clear and urgent grant financing ask and expectation of fair share voluntary contributions by participants to this 'ask' ahead of a potential pledging event in early 2022.

Extraordinary measures are needed to bring an end to the pandemic and the toll it is taking on our health, economies, and development. Fully funding ACT-A and complementary in-country costs is in our collective interest and must be supported through all means possible. This investment is urgent. With every month of delay in the COVID-19 response, the global economy stands to lose almost four times the required investment needed to fully fund the ACT-A 12-month budget.

We must ACT now and ACT together to end COVID-19 everywhere.

**Norway** **South Africa**

**Co-Chairs of the ACT-A Facilitation Council**

# 1

# CASE FOR FULLY FUNDING THE ACT-ACCELERATOR

### *The global emergency continues with inequitable access to COVID-19 tools*

Less than two months after the launch of the new ACT-A Strategic Plan and Budget, the Omicron variant sent the world and markets reeling, exposing our continued vulnerability to COVID-19. With the world battling new waves on multiple fronts, sustaining political commitment and financial investments in the pandemic response is more important now than ever.

COVID-19 has claimed well over 5 million lives so far, and countries have spent trillions of dollars addressing its economic and societal impacts. These trillions of losses include low-income countries spending large shares of scarce domestic resources to avert the worst consequences of COVID-19.

While currently available vaccines have reduced morbidity and mortality from COVID-19, they have not stopped transmission or the emergence of new variants. Even countries with high vaccination coverage continue to experience repeated waves of COVID-19, and new variants, such as Omicron, threaten the effectiveness of existing vaccines, tests and treatments.

We see with increasing clarity that vaccination alone will not end the pandemic. Countries must continue to apply the full suite of COVID-19 countermeasures including vaccines; regular testing to focus resources where they are most needed and to detect and track new variants; treatments to save lives and ease pressure on health systems; personal protective equipment (PPE) to protect all essential health care workers; and public health and social measures. Yet, deep inequities in access to COVID-19 tools persist, and we must do better at addressing them. These escalating inequities translate into millions of preventable deaths, pressured health systems, and stifled economic recovery.

### *Fully funding ACT-A is critical to enhance equitable access to COVID-19 tools*

ACT-A is the only global public health initiative that offers a comprehensive, integrated strategy to support country efforts to end the COVID-19 crisis, and has the structures in place to deliver vaccines, diagnostics, therapeutics and PPE tools where they are most needed. Through the Health Systems and Response Connector, ACT-A also monitors country needs in real-time and tracks progress on the roll-out of COVID-19 tools to inform the broader COVID-19 response (see Global COVID-19 Access Tracker).

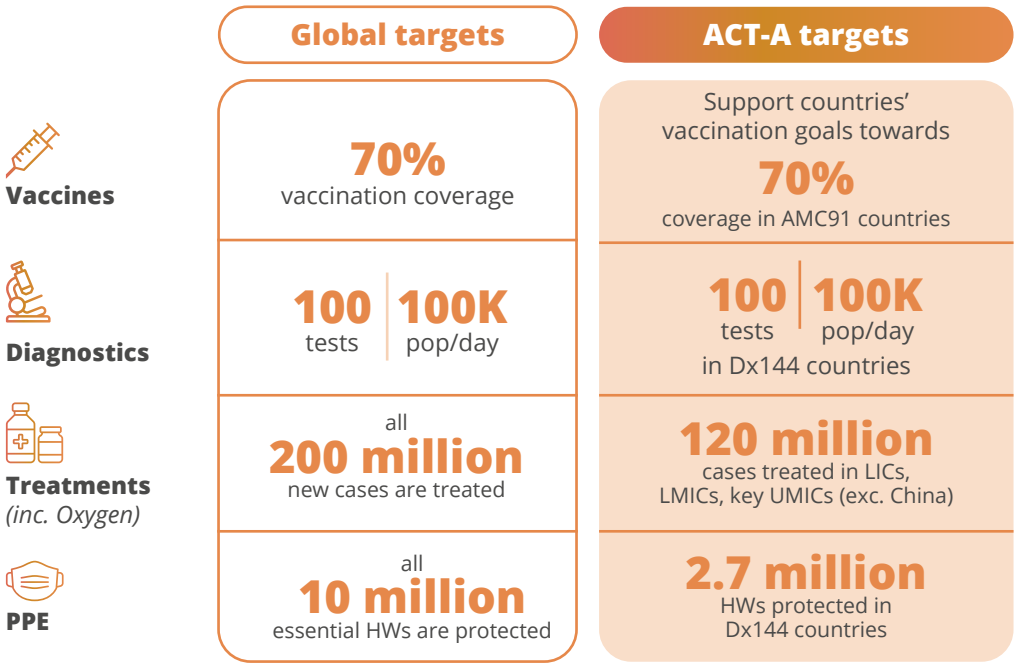
Since 2020, ACT-A agencies and partners have facilitated research and development (R&D), product assessment, and market-shaping of new vaccines, diagnostics, and therapeutics products through multi-billion-dollar catalytic investments. Moreover, as of January 2022, ACT-A agencies have delivered more than 1 billion vaccine doses, 200 million tests, 27 million steroids and Tocilizumab, and US$ 500 million worth of PPE to enhance equitable access to

COVID-19 tools. By January 2022, 82% of the total supply of vaccines to low-income countries were through COVAX, and over 80% of tests performed in more than 20 low-income countries (LICs) were delivered through ACT-A agencies

### *What ACT-A will deliver*

As outlined in the Strategic Plan and Budget, fully funding ACT-A will enable ACT-A agencies to – among other things – support the vaccination objectives of 91 economies in the COVAX Advance Market Commitment; assist 144 countries to reach a minimum testing rate of at least 1 per 1,000 people per day; enable 120 million COVID-19 patients in LICs, lower middle-income countries (LMICs) and upper middle-income countries (UMICs) (except China) to have access to treatments including oxygen; and keep 2.7 million frontline workers in 144 countries safe with PPE. In doing so, ACT-A will substantially contribute towards achieving the global coverage targets for COVID-19 vaccines, tests, treatments, and PPE (see Figure 1). It will also help to prevent 5 million deaths by September 2022, greatly reduce the risk of new variants of concern, and help mitigate US$ 5.3 trillion of global economic losses over the next five years, two thirds of which will be borne by high-income countries.

***Figure 1.*** *ACT-A's role in achieving global targets for equitable access to COVID-19 tools by end September 2022*



# 2

# FINANCING FRAMEWORK FOR ACT-A AND IN-COUNTRY COSTS

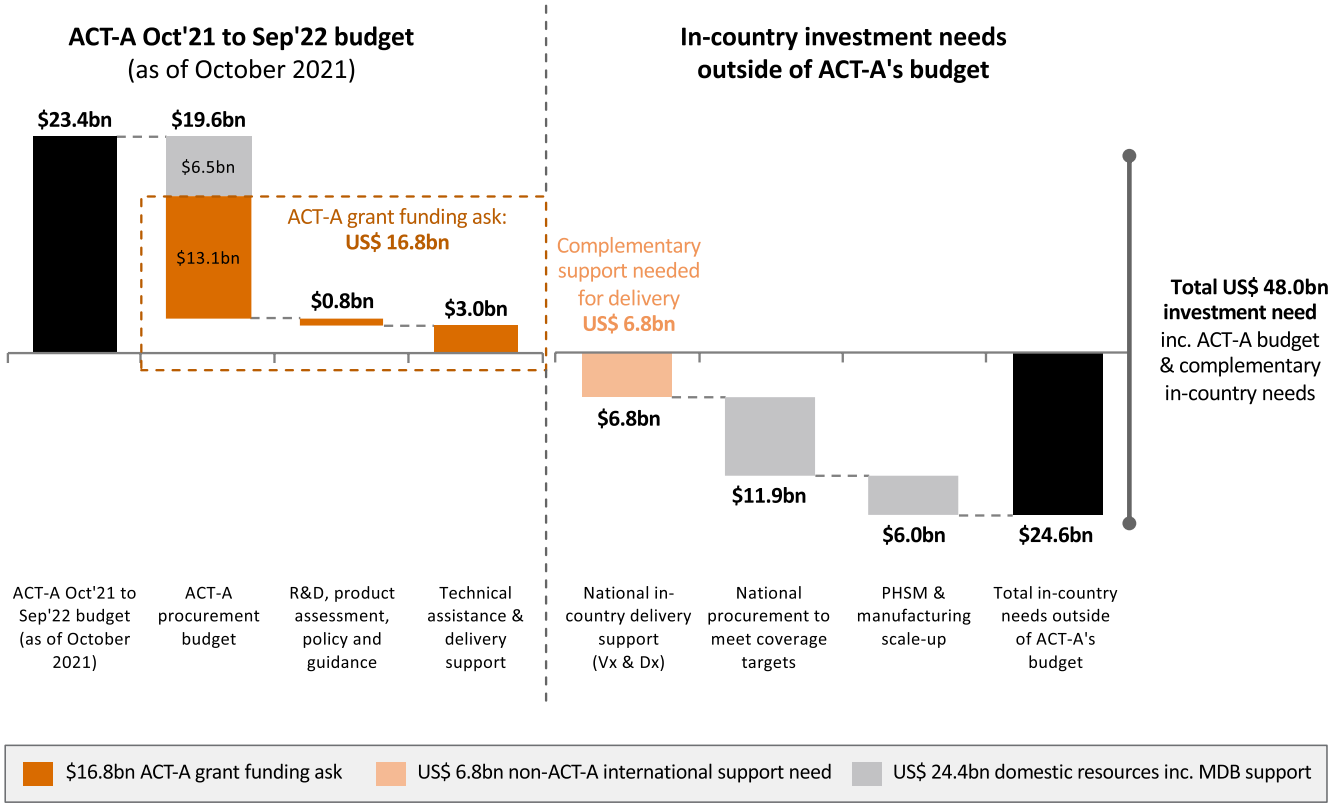
***US$ 16.8 billion in grant financing is needed for ACT-A agencies with a further US$ 6.8 billion complementary support for in-country delivery needs***

A total investment of US$ 48 billion is estimated to be needed to reach the global COVID-19 tools coverage targets. This total financing need comprises the US$ 23.4 billion funding need as outlined in the ACT-A Strategic Plan and Budget (October 2021 - September 2022) as well as US$ 24.6 billion in complementary in-country investment needs.

Breaking down the total financing need by major cost categories as illustrated in Figure 2, the ACT-A Facilitation Council Financial & Resource Mobilization working group calls for a total of US$ 16.8 billion in grant financing for ACT-A agencies from sovereign and private donors to ensure rapid financing of the most essential needs. In addition to the needs of ACT-A agencies, US$ 6.8 billion of complementary support from the international community via bilateral aid and international financing institutions (IFIs) / multilateral development banks (MDBs) and domestic investments are important to fully finance in-country delivery of vaccines and diagnostics. Finally, countries are expected to make use of an additional US$ 24.4 billion in domestic resources and MDB funding to reach the global COVID-19 tool coverage targets.

Sections 3 and 4 provide further details on this Financing Framework, along with an overview of major ACT-A cost categories and an overview of additional in-country investment needs, which are complementary to and outside of the ACT-A budget.

***Figure 2.*** *US$ 16.8bn grant funding ask for ACT-A agencies and US$ 6.8bn non-ACT-A international support need*




*Note: Figures are rounded.*

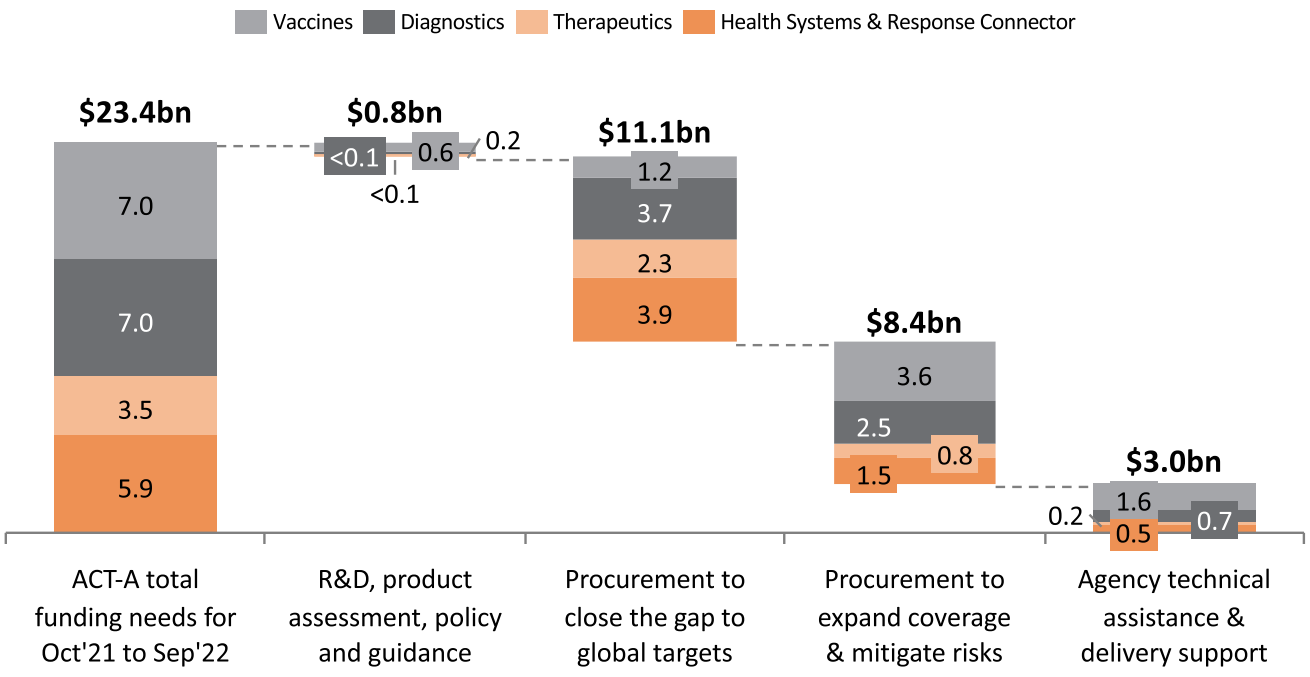
# 3

# FINANCING THE ACT-ACCELERATOR

***Recap: US$ 23.4 billion ACT-A budget to finance core needs for the next 12 months***

As outlined in the ACT-A Strategic Plan and Budget , a total of US$ 23.4 billion is urgently needed for the period of October 2021 to September 2022. Following a request from major donors to better understand the major cost categories in the ACT-A budget, the funding needs for ACT-A agencies have been segmented along the value chain: upstream support, procurement needed to help close gaps to the global targets for all tools, procurement to expand coverage and mitigate risks, and technical assistance & delivery support. Figure 3 illustrates the distribution of the ACT-A budget along this value chain and by ACT-A Pillar. This Financing Framework explores potential financing sources that could be used to fund these costs by category.

***Figure 3.*** *ACT-A 12-month funding need by Pillar and cost category*




*Note: Figures are rounded.*

### *Categorization of expenditures to identify the right mix of financing sources*

This Financing Framework breaks down the US$ 23.4 billion ACT-A investment need into separate categories of expenditures to identify the most appropriate source of financing for each. These categories are:

- Global public goods, such as the upstream work on research and development (R&D) and downstream needs for technical assistance and delivery support provided by ACT-A agencies.
- Procurement needs for vaccines, diagnostics, therapeutics, and PPE to close the gap to the ACT-A COVID-19 tools coverage targets and mitigate risks
    - » Procurement needs for the economically less vulnerable G20 members, India and Indonesia, as well as UMICs at low risk of debt distress[1], for vaccines, diagnostics, therapeutics, and PPE,
    - » Procurement needs to close the gap to ACT-A coverage targets for vaccines, diagnostics, therapeutics, and PPE[2],
    - » Country-specific vaccine procurement needs to mitigate vaccine supply risks covered by existing MDB/COVAX cost sharing arrangements[3], and
    - » Country-specific procurement needs to expand coverage and mitigate supply risks for diagnostics, therapeutics, and PPE.

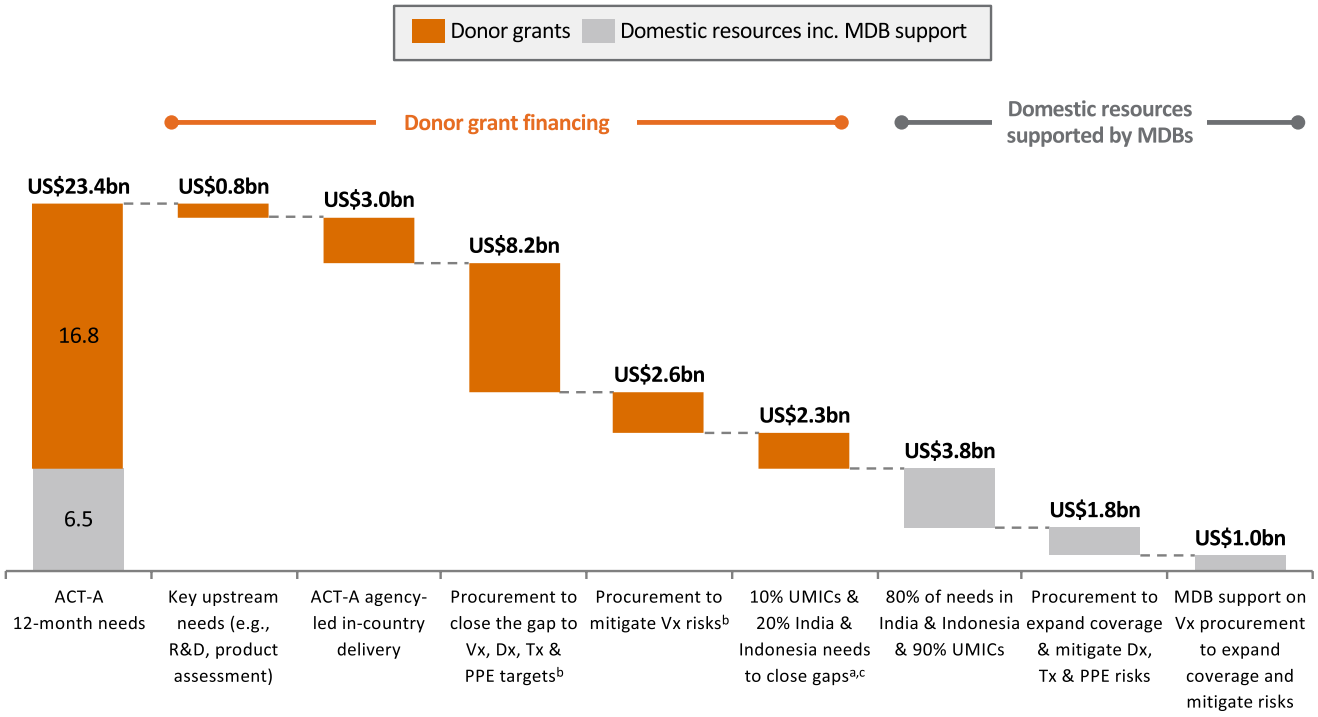
Based on this categorization of expenditures, the ACT-A Financing Framework outlines the appropriate mix of financing sources to fully cover the US$ 23.4 billion ACT-A investment need. The two primary sources of finances under consideration are:

1. Donor grants, including contributions from both sovereign and private donors
2. Domestic resources, including support from MDB envelopes at a country's discretion

Figure 4 illustrates the breakdown of the US$ 23.4 billion ACT-A budget by proposed financing source as outlined in greater detail in the subsections that follow.

[1] According to the IMF DSA list.
[2] Outside India, Indonesia and UMICs (except UMICs at high or moderate risk of debt distress).
[3] Alongside US$ 1 billion cost-sharing through MDB financing listed in the subsequent category.

***Figure 4.*** *ACT-A 12-month funding need by financing source*




[a] *Excluding UMICs at high or moderate risk of debt distress.*
[b] *Except India, Indonesia and UMICs not in debt distress.*
[c] *Including all sequencing needs and costs for new therapeutics.*
*Vx = vaccines, Dx = diagnostics, Tx = therapeutics, PPE = personal protective equipment*
*Note: Reflects proposal to finance UMICs at 10% and India at 20% of their procurement needs to reach the ACT-A targets. Figures are rounded.*

### *US$ 16.8 billion in donor grants is needed for global public goods & critical procurement*

Donor grant financing is required for global public goods that are not country-specific. This category includes both upstream needs (e.g., for R&D and product assessment), and downstream needs for delivery support by ACT-A agencies. Additionally, donor grants are required to finance critical procurement needs to reach global vaccines, diagnostics, therapeutics, and PPE targets. Finally, donor grants fill gaps in the utilization (or availability) of domestic resources for procurement needs in India, Indonesia & UMICs, and of dedicated MDB financing for procurement needs to mitigate vaccine supply risks. Accordingly, this Financing Framework proposes grant financing for the following ACT-A budget elements:

- **US$ 0.8 billion**. Upstream needs (e.g., R&D, product assessment)
- **US$ 3.0 billion**. Downstream agency delivery needs (e.g., technical assistance, delivery support).
- **US$ 8.2 billion**. Procurement to reach ACT-A targets for vaccines, diagnostics, therapeutics, and PPE.
- **US$ 2.6 billion**. Procurement needs to mitigate vaccine supply risks.
- **US$ 2.3 billion**. 10% of UMICs' and 20% of India and Indonesia's needs to reach ACT-A targets for vaccines, diagnostics, therapeutics, and PPE, including full coverage of all sequencing needs and costs for new therapeutics.

Taken together, the total donor grant financing required to address the ACT-A agencies' requirements is US$ 16.8 billion. For a detailed breakdown of the outcome targets to be achieved with US$ 16.8 billion grant financing see Figure 5.

***Figure 5.*** *Breakdown of ACT-A US$ 16.8 billion grant financing ask into upstream, procurement, and downstream investment needs and corresponding outcome targets*

| | R&D, product assessment, policy and guidance | | Total procurement costs and targets | | Agency technical assistance & delivery support | |
|---|---|---|---|---|---|---|
| **Vaccines** | **US$ 0.6bn**<br>CEPI<br>WHO | • **Critical R&D** for Vx optimization & multi-country solidarity trials<br>• **Support** for South Africa **Vx Mfg. Hub** | **US$ 3.8bn**<br>**+ add'l US$ 1.0bn MDB support**[a]<br>COVAX | • Support countries' vaccination goals with **600mn** doses towards **70%** coverage in AMC91 countries | **US$ 1.6bn**<br>GAVI<br>GFF<br>UNICEF<br>WHO | • Critical downstream support (e.g., TA, delivery operational costs, country readiness, Access & Allocation) |
| **Diagnostics** | **US$ <0.1bn**<br>FIND<br>Unitaid<br>WHO | • Critical upstream and downstream work, **incl. EUL support, market introduction** | **US$ 3.9bn**<br>ACT-A Dx Partnership | • Procure approx. **700mn** tests and **4.6mn** sequencing capabilities in all countries | **US$ 0.7bn**<br>ACT-A Dx Partnership<br>FIND<br>GFF<br>Unitaid<br>WHO | • In-country work, incl. operational research, training, TA<br>• Critical investment in expansion of genomic sequencing infrastructure & data sharing |
| **Treatments** *(incl. Oxygen)* | **US$ 0.2bn**<br>Unitaid<br>Wellcome<br>WHO | • Critical upstream activities, incl. support to trials and Tx pipeline, regulatory & clinical guidance | **US$ 2.1bn**<br>Global Fund<br>UNICEF<br>Unitaid<br>WHO | • Procurement of Tx to treat **120mn**[b] patients and **433mn** cubic meters of oxygen | **US$ 0.2bn**<br>Unitaid<br>Wellcome<br>WHO | • Country introduction of Tx, incl. demand generation, training, quality assessment, roll-out support |
| **HSRC** | **US$ <0.01bn** | | **US$ 3.2bn**<br>Global Fund<br>UNICEF<br>WHO | • Procurement of PPE to protect **1.7mn** frontline workers<br>• Critical TA to integrate Pillar work in country systems | **US$ 0.5bn**<br>GFF<br>UNICEF<br>WHO | • Country readiness planning, tracking against targets and gaps analysis |

[a] *Additional US$ 1.0 billion from MDB contribution already approved.*
[b] *Tx covering 100% of mild and moderate patients and 25% of severe and critical patients.*
*Note: Figures are rounded.*

This requested US$ 16.8 billion grant support to ACT-A agencies should be considered extraordinary funding in addition to continued country level investments and other international assistance. Tapping into existing development budget funds for this purpose would only increase the negative impact of COVID-19 on other global health and development challenges.

***US$ 6.5 billion of the ACT-A budget is expected to be financed by domestic resources, including support by MDB funds***

Domestic resources supported by MDB funds can be drawn upon to finance the remaining country specific procurement needs as indicated below:

- **US$ 3.8 billion.** 80% of needs in India & Indonesia[4] and 90% in UMICs[5]
- **US$ 1.8 billion.** Procurement to mitigate diagnostic, therapeutic & PPE risks
- **US$ 1.0 billion.** Dedicated MDB support on Vx procurement to expand coverage and mitigate risks (alongside US$ 2.6 billion grant financing listed in the previous category)

In sum, the need for domestic resourcing, including possible MDB financing, is US$ 6.5 billion. This figure is largely aligned with the committed but undisbursed MDB financing, including US$ 5.6 billion from the World Bank that is already secured by countries for the purchase and/or deployment of vaccines, diagnostics, therapeutics, and PPE. Across MDBs the total value of funds not yet committed for COVID-19 is estimated to be above US$ 20 billion[6].

[4] India & Indonesia are expected to assume a greater share of self-financing than other LMICs due to comparatively greater domestic resources, higher actual COVID-19 tools coverage, larger manufacturing capacities, and licensing of critical vaccines, tests, and treatments.
[5] Outside of UMICs at high or moderate risk of debt distress.
[6] As per FCDO analysis taking into account WB AF, WB SPRP, ADB & IADB funding envelopes, as communicated by the Working Group member representing the UK Foreign, Commonwealth & Development Office.

# 4

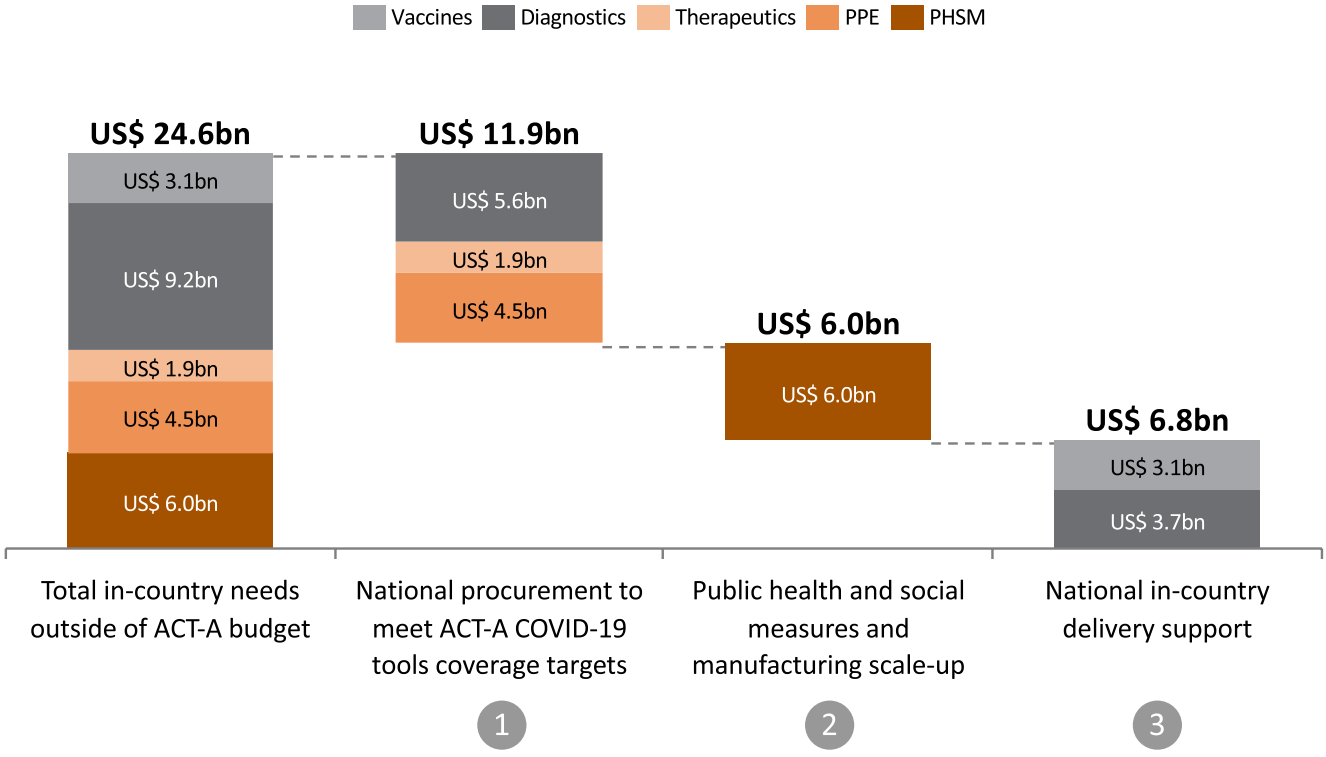
# FINANCING COMPLEMENTARY IN-COUNTRY NEEDS

***Complementary in-country investments also require urgent funding***

As mentioned in Section 2, the ACT-A budget represents a critically important albeit only partial element of the total investment required to meet the global COVID-19 tools coverage targets. A further investment of US$ 24.6 billion in complementary funding (i.e. beyond that needed by ACT-A agencies) is urgently needed to cover additional in-country delivery costs. Those complementary investment needs fall into three categories (see Figure 6 below):

1. **National procurement to meet ACT-A COVID-19 tools coverage targets**
2. **Public health and social measures (PHSM) and manufacturing scale-up**
3. **National in-country delivery support**

***Figure 6.*** *Estimated complementary in-country funding need by product category and cost category*




*Note: Figures are rounded.*

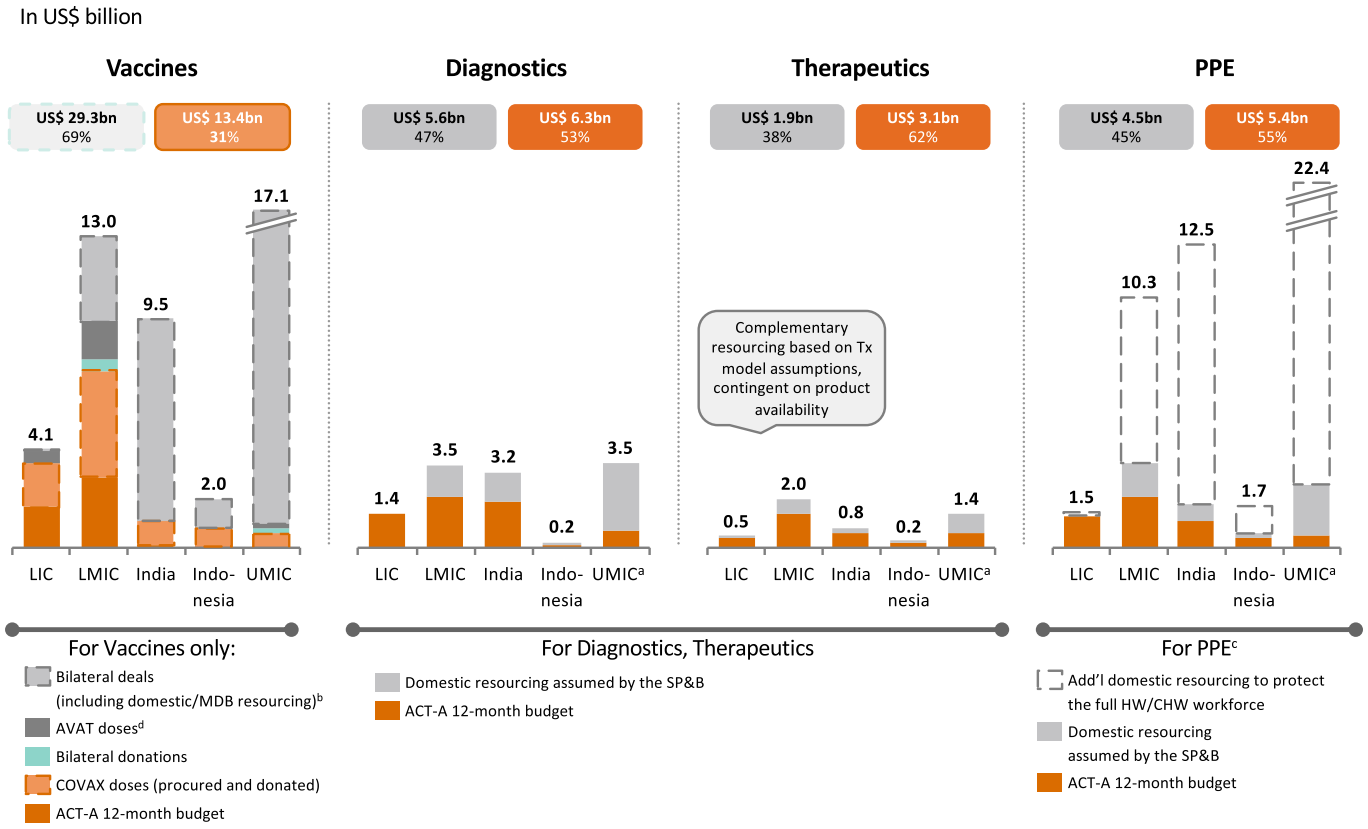
### 1 *Countries cover majority of the additional procurement needed to meet the COVID-19 tools coverage targets*

The ACT-A budget published in October 2021 is built on the assumption that the share of self-financing for country procurement needs should increase with higher income levels[7]. This means that for LICs, 100% of procurement needs to achieve the ACT-A targets for vaccines, diagnostics, therapeutics, and PPE are included in the ACT-A budget. For LMICs and UMICs, however, the share of procurement needs included in the ACT-A budget differs by Pillar and is considerably lower. For example, the new ACT-A budget fully covers the diagnostics procurement need to close the gap to global targets for LICs, but only 60% of this need for LMICs and 20% for UMICs. The same ratio applies to oxygen and PPE procurement needs, while vaccine and other therapeutics procurement needs are fully covered for all supported countries (see annex for more details on the assumptions underpinning the ACT-A budget).

As a result, the total US$ 19.5 billion procurement costs accounted for in the ACT-A budget are only a portion of the total financing required to fully fund all critical COVID-19 procurement needs in the countries supported by ACT-A. Figure 7 illustrates the additional procurement needs to be covered through domestic resources with the support of MDB financing to meet the ACT-A COVID-19 tools coverage targets[8]. Although these needs are not part of the ACT-A US$ 23.4 billion budget and will not be channeled through ACT-A agencies, it is important to highlight that these costs must be covered through domestic resources, including MDB financing at country discretion, and coordinated at country level. This puts substantial additional burden on vulnerable economies and MDB funding envelopes. Therefore, full financing of ACT-A's grant financing ask is crucial in order to ensure that the most critical procurement needs are funded.

[7] Except for costs for new therapeutics products, which are budgeted based on 142 million expected new cases in LICs, LMICs and UMICs (exc. China) and will be 100% covered for all supported countries.
[8] Please note that various LICs are currently using domestic financing including with support from MDB grants and loans to procure COVID-19 tools across all pillars, outside of ACT-A agencies.

***Figure 7.*** *ACT-A 12-month procurement budget by Pillar alongside complementary domestic resourcing needs to reach global coverage targets*




[a] *Outside of UMICs at high or moderate risk of debt distress.*
[b] *These include bilateral deals, domestic supply and latest adjustments based on vaccination rates.*
[c] *Domestic resourcing needs for PPE overlap with health systems needs other than for COVID-19.*
[d] *Doses via AVAT are not grant-financed, but require the utilization of domestic resources, including MDB support*

*Note: Financials reflect proposal to finance UMICs at 10% and India at 20% of their needs to reach the ACT-A targets, including all sequencing and costs for new therapeutics. UMICs countries with moderate to high risk of debt distress include Grenada, Guyana, Maldives, Marshall Islands, Samoa, St. Vincent & the Grenadines and Tonga. Figures are rounded.*

### 2 *Domestic resources finance the costs for public health & social measures and manufacturing scale-up with MDB support*

The ACT-A budget does not account for public health and social measures, in-country manufacturing scale-up, and in-country delivery needs beyond those indicated as channeled through ACT-A agencies. For public health and social measure and manufacturing scale-up, at least US$ 6.0 billion additional domestic resourcing with MDB support will be required at country-level. These investments are outside of the remit of ACT-A agencies and need to flow through alternative channels.

### 3 *National in-country delivery requires additional international support*

International support for in-country delivery costs that are additional to the US$ 3 billion-dollar delivery support accounted for in the ACT-A budget, is needed for vaccines, diagnostics, and therapeutics. For vaccines, national in-country delivery investment needs of US$ 3.1 billion have been estimated in accordance with a forthcoming study by UNICEF, Harvard, Dalberg & BMGF[9]. These costs primarily reflect costs associated with additional surge workforce needed, and are complementary to the US$ 1.6 billion in-country delivery needs already accounted for in the ACT-A budget. While the in-country delivery cost in the ACT-A budget includes downstream support that will be channeled through ACT-A agencies (e.g., technical assistance), the national in-country delivery costs represent country-specific implementation needs that are largely outside of the remit of ACT-A agencies (e.g., local investments in supply chain infrastructure and workforce). These estimated costs vary across countries and may evolve depending on national vaccination strategies.

For diagnostics and therapeutics, national in-country delivery needs strongly depend on upcoming WHO test-and-treat guidance. At present, US$ 3.7 billion in national in-country delivery needs for diagnostics have been estimated, and no additional therapeutics in-country delivery costs are accounted for. These assumptions will be revised as soon as clinical pathways for new therapeutics are defined.

The US$ 6.8 billion investment needs for vaccines and diagnostics in-country delivery are urgent and will benefit from expedited international financing support, including bilateral grants and support from IFIs and MDBs.

[9] "Costs and predicted financing gap to deliver COVID-19 vaccines in 133 low- and middle-income countries" by UNICEF, BMGF, Harvard & Dalberg (forthcoming December 2021).

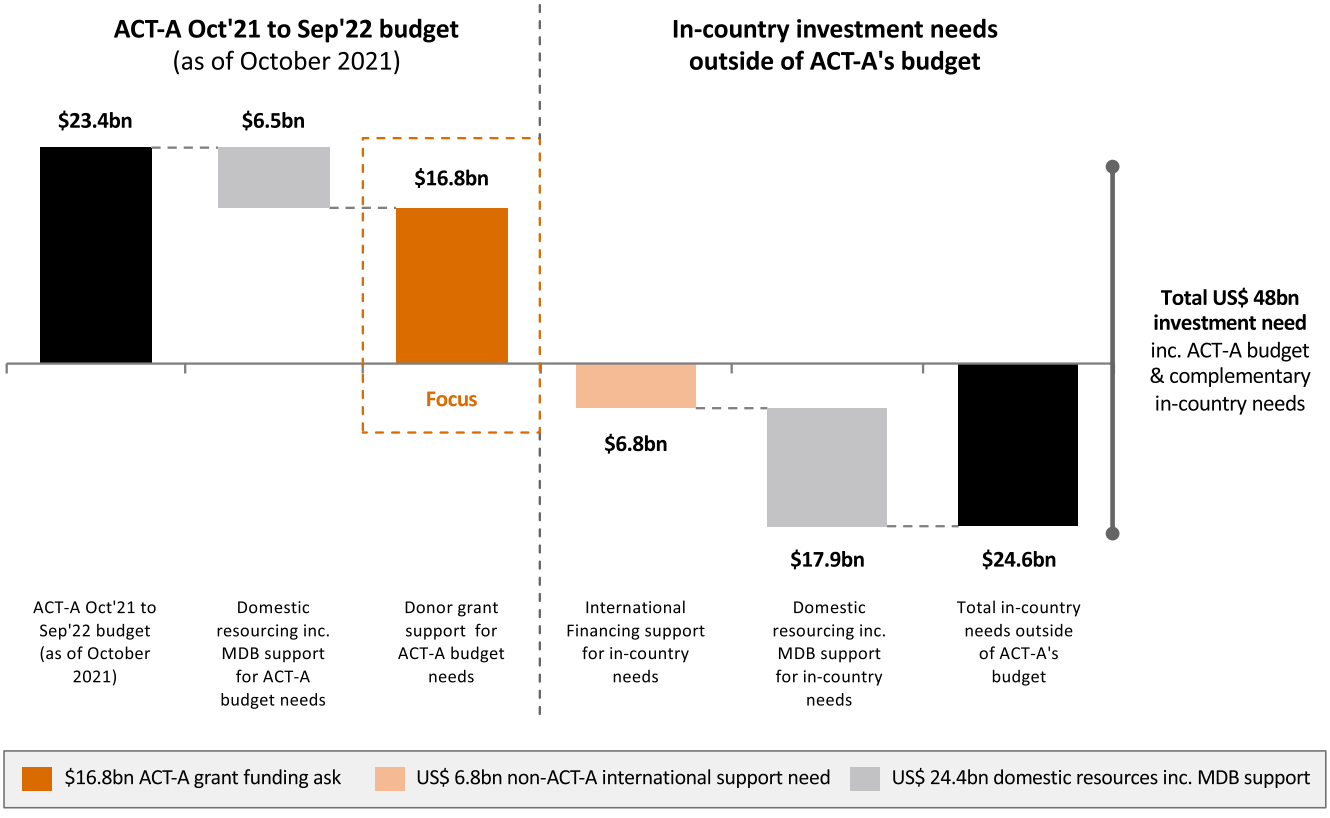
# 5

# FAIR SHARE MODEL FOR VOLUNTARY CONTRIBUTIONS

### *US$ 16.8 billion grant funding need for ACT-A agencies requires urgent donor support*

Urgent donor support is needed to meet the global COVID-19 coverage. As outlined in the previous sections, donor support is sought for critically important grant funding of US$ 16.8 billion for ACT-A agencies (see Figure 8). All countries are called upon to contribute according to their financial means.

***Figure 8.*** *US$ 16.8 billion grant funding ask for ACT-A agencies as baseline for fair share formula*




*Note: Figures are rounded.*

The fair share model outlined below is not an assessment scale or a kind of global tax. It is designed to inform individual countries' decision-making on appropriate and necessary levels of voluntary grant contributions. The model is based on quantitative indicators and terms elaborated by the ACT-A Facilitation Council Financial & Resource Mobilization Working Group[10]. Using the fair share contribution model, financial contributions to ACT-A agencies can be transparently monitored and benchmarked in the ACT-A Commitment Tracker (see Section 6).

### *The fair share formula guides ACT-A fundraising asks to countries*

To quantify levels of fair shares for voluntary contributions from countries to cover the total grant funding need of US$ 16.8 billion, the fair share model developed earlier in 2021 by the Facilitation Council Financial Working Group is applied. For this 12-month budget cycle, the fair share formula includes high-income countries and G20 UMICs plus Thailand and Malaysia as contributing countries. The model assumes a US$ 0.5 billion hoped for contribution by private donors. The fair share model, which is partly based on the IMF quota formula, follows a 4-step approach to determine a suggested voluntary contribution by country, adjusted for GDP/capita.

**Step 1 – Market Exchange Rate GDP (MER GDP):**

Financial contributions to ACT-A will fund activities toward a common good, which is ending the acute phase of COVID-19 pandemic and the restoration of global economic trade. As such, the fair share model provides that contributions should be proportional to each country's wealth, with the GDP at market exchange rate (MER) being the starting point to measure each country's wealth/economic strength. To maintain a realistic fundraising process, a minimum threshold of MER GDP was added to reduce the number of potential contributing countries. Thus, the formula includes only high-income countries and G20 UMICs as well as Thailand and Malaysia.

**Step 2 – Adjusted MER GDP to account for openness:**

Second, the fair share model assumes that countries that will benefit most from faster recovery of the world economy and global trade should make a higher contribution to controlling the pandemic through ACT-A funding. To account for this, the approach uses elements of the IMF quota formula, which considers several indicators including MER GDP and economic openness. The relative weights between GDP and openness in the IMF formula are replicated in this formula. To limit outliers' contributions, a threshold of economic openness divided by MER GDP was used.

[10] Note: the fair share formula is not endorsed by all members of the working group.

**Step 3 – Progressive contribution of GDP/Capita:**

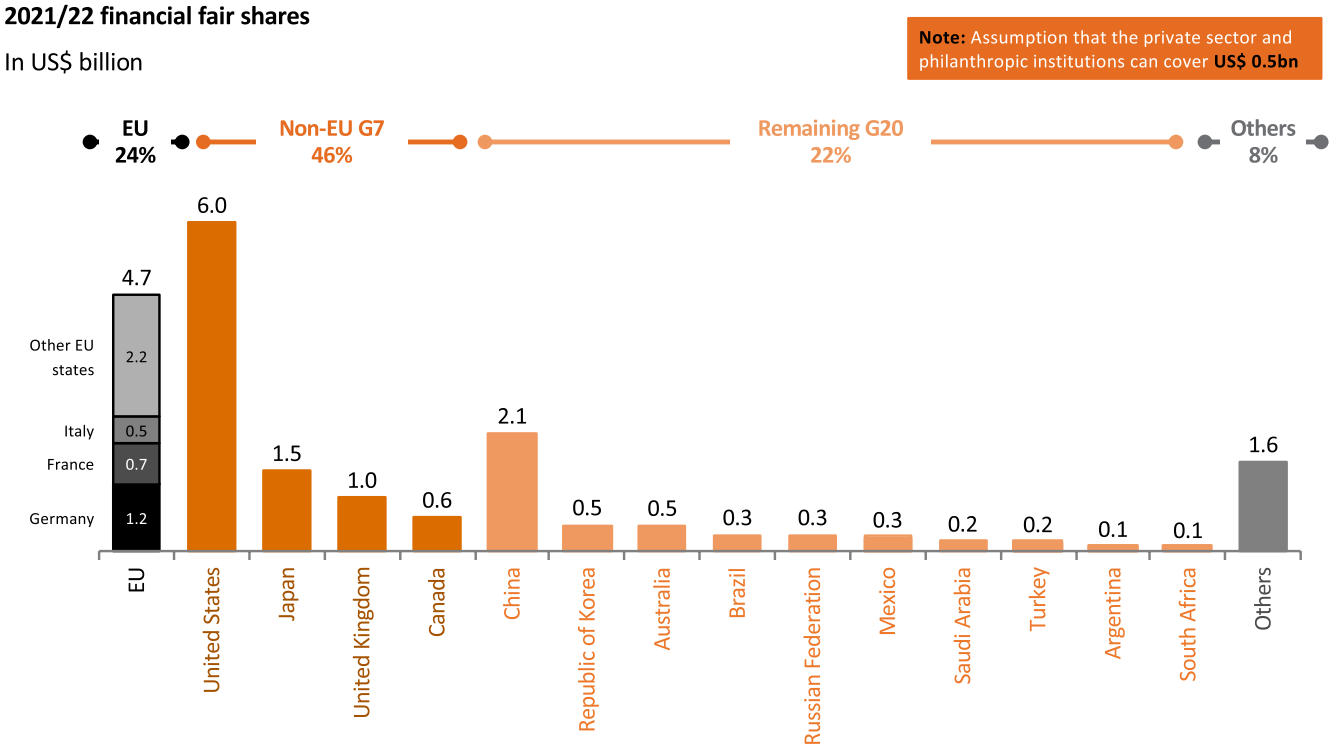
Third, the model proposes that wealthier countries with the highest income per capita levels should make a higher contribution to ACT-A, as proportion of their GDP, than less advanced economies with lower average incomes. This consideration, which is not derived from the IMF quota formula, is accounted for in the model by introducing an adjustable weight for GDP/capita (using a progressivity parameter with a value that spans from 0 (no progressivity) to 9 (steeper progressivity), and choosing the mid-point on that range) to determine a target contribution range.

**Step 4 – Addition of a 20% risk buffer:**

Finally, with the aim of securing the total sovereign funding required and to anticipate the risk that some countries may contribute substantially less than expected, a "risk buffer" of 20% was added on top of the contribution range resulting from Step 3.

In order to fully finance ACT-A's US$ 16.8 billion grant funding ask, fair share contributions by country have been calculated using the above formula (see Figure 9 and Table 1). The model does not compensate for in-kind direct contributions of vaccines and other inputs, which will, however, also be publicly tracked in the ACT-A Commitment Tracker. The next section outlines the new ACT-A Commitment Tracker in more detail.

***Figure 9.*** *Country fair shares for grant funding need*




*Note: Only HIC and G20 UMICs (plus Thailand and Malaysia) accounted for in fair share model. Other countries are not asked to contribute grant funding to ACT-A agencies.*

***Table 1.*** *Overview of country fair shares, including fair shares from 2020/2021 budget cycle and the % of funding committed, in billions of USD (as of 29 October 2021)*

| Country | 2020/2021 Fair share | 2020/2021 ACT-A funding | % of fair 2020/2021 share funded | **2022[a] Fair share** |
|---|---|---|---|---|
| United States | 9.80 | 6.31 | 64% | **5.96** |
| China | 3.51 | 0.10 | 3% | **2.14** |
| Japan | 2.40 | 1.21 | 51% | **1.46** |
| Germany | 2.01 | 2.65 | 132% | **1.22** |
| United Kingdom | 1.61 | 1.11 | 69% | **0.98** |
| France | 1.22 | 0.34 | 27% | **0.74** |
| Canada | 1.01 | 1.10 | 109% | **0.62** |
| Italy | 0.77 | 0.49 | 64% | **0.47** |
| Republic of Korea | 0.78 | 0.21 | 27% | **0.47** |
| Australia | 0.76 | 0.13 | 17% | **0.46** |
| Switzerland | 0.69 | 0.40 | 58% | **0.42** |
| Netherlands | 0.65 | 0.22 | 35% | **0.39** |
| Spain | 0.52 | 0.21 | 40% | **0.32** |
| Brazil | 0.50 | 0.00 | 0% | **0.30** |
| Russian Federation | 0.50 | 0.00 | 0% | **0.30** |
| Sweden | 0.39 | 0.55 | 140% | **0.24** |
| Mexico | 0.41 | 0.00 | 0% | **0.25** |
| Norway | 0.39 | 0.49 | 126% | **0.24** |
| Ireland | 0.33 | 0.00 | 1% | **0.20** |
| Belgium | 0.32 | 0.01 | 3% | **0.19** |
| Saudi Arabia | 0.30 | 0.31 | 106% | **0.18** |
| Denmark | 0.28 | 0.05 | 19% | **0.17** |
| Singapore | 0.28 | 0.01 | 2% | **0.17** |
| United Arab Emirates | 0.27 | 0.00 | 0% | **0.16** |
| Turkey | 0.28 | 0.00 | 0% | **0.17** |
| Austria | 0.24 | 0.01 | 4% | **0.14** |
| Poland | 0.23 | 0.00 | 0% | **0.14** |
| Thailand | 0.19 | 0.00 | 0% | **0.11** |
| Israel | 0.17 | 0.00 | 0% | **0.10** |

[a] *For the ACT-A Strategic Plan and Budget cycle October 2021 to September 2022*

| Country | 2020/2021 Fair share | 2020/2021 ACT-A funding | % of fair 2020/2021 share funded | **2022[a] Fair share** |
|---|---|---|---|---|
| Finland | 0.14 | 0.02 | 14% | **0.08** |
| Malaysia | 0.15 | 0.00 | 0% | **0.09** |
| Argentina | 0.15 | 0.00 | 0% | **0.09** |
| Qatar | 0.14 | 0.01 | 7% | **0.09** |
| Czech Republic | 0.11 | 0.00 | 0% | **0.07** |
| South Africa | 0.11 | 0.00 | 0% | **0.06** |
| Chile | 0.10 | 0.00 | 0% | **0.06** |
| New Zealand | 0.10 | 0.03 | 29% | **0.06** |
| Portugal | 0.08 | 0.00 | 2% | **0.05** |
| Luxembourg | 0.08 | 0.00 | 5% | **0.05** |
| Greece | 0.08 | 0.00 | 5% | **0.05** |
| Kuwait | 0.08 | 0.08 | 106% | **0.05** |
| Hungary | 0.06 | 0.00 | 1% | **0.04** |
| Slovak Republic | 0.05 | 0.00 | 0% | **0.03** |
| Oman | 0.03 | 0.00 | 3% | **0.02** |
| Croatia | 0.02 | 0.00 | 4% | **0.01** |
| Slovenia | 0.02 | 0.00 | 0% | **0.01** |
| Lithuania | 0.02 | 0.00 | 1% | **0.01** |
| Uruguay | 0.02 | 0.00 | 0% | **0.01** |
| Bahrain | 0.02 | 0.00 | 0% | **0.01** |
| Iceland | 0.02 | 0.01 | 51% | **0.01** |
| Estonia | 0.01 | 0.00 | 1% | **0.01** |
| Cyprus | 0.01 | 0.00 | 0% | **0.01** |
| Latvia | 0.01 | 0.00 | 0% | **0.01** |
| Malta | 0.01 | 0.00 | 2% | **<0.01** |
| Brunei Darussalam | 0.01 | 0.00 | 0% | **<0.01** |

[a] *For the ACT-A Strategic Plan and Budget cycle October 2021 to September 2022*

# 6

# ONGOING TRACKING OF CONTRIBUTIONS IN THE ACT-A COMMITMENT TRACKER

### *Continued tracking of gap-reducing donor grant contributions to ACT-A agencies*

Throughout the October 2021 to September 2022 budget cycle, ACT-A will continue the real-time monitoring of gap-reducing donor grant contributions in the ACT-A Commitment Tracker. As in the previous budget cycle, the ACT-A Commitment Tracker granularly tracks and publishes all financial contributions at a Pillar and agency level. The new Commitment Tracker contains a summary table acknowledging all cumulative donor grant contributions so far, a static 2020-21 spreadsheet with all contributions received by October 29, 2021, and a new 2021-22 spreadsheet with bi-weekly tracking against the new voluntary fair share model.

### *Separate tracking of vaccine donations, in-country delivery support, MDB funding disbursements, and financial guarantees*

In addition to donor grant contributions to ACT-A agencies, the Commitment Tracker will publicly report the announcement and delivery of vaccine donations, international financing support for in-country delivery needs, MDB funding disbursements for national COVID-19 measures, and financial guarantees.

For vaccine donations, a dedicated spreadsheet will track the delivery of all vaccine pledges to COVAX, including a breakdown of those allocated to AMC and non-AMC economies. Delivered doses will be valued at US$ 6.72 in alignment with current OECD DAC guidance under discussion. For doses facilitated or directly purchased for COVAX, tracking of the valuation will take place as soon as a formal commitment has been made. All previously announced vaccine dose donations were implicitly accounted for in the new 12-month ACT-A vaccines procurement budget, and the delivery of those doses will be instrumental to reach target coverage levels.

Additionally, international financial support for in-country delivery needs will be tracked in a dedicated spreadsheet. Financial contributions against the US$ 6.8 billion in-country delivery need will be monitored and benchmarked for all donors as well as for MDBs. This tracking will rely on self-reporting and validation through ACT-A delivery coordination mechanisms.

Finally, the Commitment Tracker aims to report all additional financial contributions to support vulnerable economies to finance the COVID-19 response, including additional bilateral contributions, MDB financing disbursed (grants and loans), and financial guarantees. This tracking will rely on voluntary reporting by private and public contributors as well as by MDBs.

# 7

# RAPID AND COORDINATED ACTION IS NEEDED TO ENSURE FULL FINANCING OF NEEDS

***Coordination of financing sources is crucial to fully finance ACT-A needs***

Fully funding the ACT-A and complementary investment needs requires rapid and coordinated action by all major stakeholders, including sovereign donors, private donors, multilateral development banks, and supported countries. This investment must be in addition to other global health investments. Substitution or prioritization would only increase the burden on other public health issues.

To rapidly unlock the US$ 16.8 billion grant financing required for the ACT-A agencies, a dedicated pledging event will be organized in early 2022.

In parallel, to ensure full financing of the US$ 48 billion global investment needed to reach the global COVID-19 tools coverage targets, LICs, LMICs and UMICs must make timely and informed decisions on the utilization of domestic resources, supported by MDB financing. In the specific case of LICs, ACT-A agencies aim to cover all procurement needs to close the gap to targets, as well as large parts of vaccine procurement to expand coverage and mitigate risks, in the form of grants. Procurement needs for diagnostics, therapeutics, and PPE to expand coverage and mitigate risks, however, will need to be covered through domestic resources with the potential strong support of grant and loan financing by MDBs. Additionally, in-country delivery costs will be covered through a mix of ACT-A agencies' support, complementary domestic resources, MDB financing, and possible bilateral aid.

The relative share of country needs included in the ACT-A grant ask decreases with rising country income levels. Hence, LMICs, UMICs and G20 countries are expected to draw more upon domestic resources, including MDB financing, to fund their national COVID-19 responses.

In summary, full and rapid financial support is required to end the acute phase of the COVID-19 pandemic. This calls for substantial financial commitments as well as political will and action to access all available funding sources. This extraordinary crisis calls for extraordinary measures.

# 8

# ANNEX

***Assumptions underpinning the ACT-A budget***

**Vaccines key assumptions as published in ACT-A Strategic Plan and Budget for October 2021 to September 2022**

| | |
|---|---|
| **Scope & financing assumptions** | Vaccine needs estimated based on total **3.8 billion** population of AMC92 countries.<br><br>Only adult population covered, with India need capped at 20% of population. |
| **Target & prioritization** | Support countries' own vaccination goals, towards the global target of 70% |
| **Available doses and procurement needs** | • Donor-funded doses (pledges to COVAX AMC and confirmed donations) account for c.2.4B doses<br><br>• COVAX is looking to secure an additional 600 million doses as highlighted in section 3 |
| **Key costs** | • Vaccine procurement price: $5.2-7/dose |

**Therapeutics key assumptions as published in ACT-A Strategic Plan and Budget for October 2021 to September 2022**

| | |
|---|---|
| **Scope & financing assumptions** | **Number of cases** for the next 12 months was estimated via WHO ESFT Tool, by selecting the 50% decrease scenario and extrapolating the ESFT 12-week forecast over the whole budget period. This sums to 142 million new cases in LICs, LMICs and UMICs, excluding China.<br><br>The extrapolation **accounts for rising vaccine coverage**, assumed to reach 20% by Q4'21, 45% by Q1'22, 70% for Q2'22 and Q3'22. Vaccine coverage is assumed to grant full immunity to the vaccinated population.<br><br>The estimates also account for % beds funded via domestic sources, assumed to be 0% in LICs, 20% in LMICs, 40% in UMICs. Additionally, ACT-A coverage of the medical oxygen need varies by country income group (100% LICs, 60% LMICs, 20% UMICs). |

| | |
|---|---|
| **Availability of treatment** | • Novel oral antivirals (NAVs) for mild/moderate, available from Q1'22<br>• Selective serotonin reuptake inhibitor (SSRIs) and inhaled corticoids (ICs) for mild/moderate, available from Q4'21<br>• Oral options for severe/critical, available from Q1'22 |
| **Case mix and use cases** | **Case mix:** of total 142 million patients, 80% assumed to present mild/moderate symptoms, 15% severe, 5% critical. For hospitalized patients, length of care assumed to range from 7 days for severe to 14 days for critical.<br>**Use cases**<br>• Mild/moderate patients:<br>» In Q4'21, 100% treated with SSRIs/ICSs<br>» From Q1'22, 50% treated with SSRIs/ICSs, 50% treated with NAVs<br>» Prioritized APAs to procure outpatient treatment for 25% patients at highest risk<br>• Severe/critical patients<br>» 25% treated with oral options (not 100% due to foreseen supply chain bottlenecks)<br>» 100% hospitalized patients offered medical oxygen |
| **Key costs** | • NAVs US$10 / course<br>• SSRIs/ICSs US$10 / course<br>• novel oral options for severe/critical US$28 / course<br>• Cost by oxygen source (incl. distribution, planning and TA)<br>» Liquid Oxygen $5,744/bed/year<br>» Gaseous Oxygen $6,452/bed/year<br>» Concentrator $6,700/bed/year<br>» Pressure swing adsorption (PSA) $7,779/bed/year |
| **Other assumptions** | An additional sum of cases was included to account for potential variants surges, factoring in 6-weeks of peaks triggering x4 hospitalizations (based on Delta variant impact) – this translates to the equivalent of 35% extra treatment over the course of a year |

**Diagnostics key assumptions as published in ACT-A Strategic Plan and Budget**

| | |
|---|---|
| **Scope & financing assumptions** | Test needs estimated based on total **5 billion** population of 144 countries in Diagnostics Consortium.<br><br>**The % tests funded via ACT-A varies by country income group** (100% LICs, 60% LMICs, 20% UMICs excluding China). |
| **Target & prioritization** | Target testing rate is **100 tests / 100,000 inhabitants per day** for ~52 weeks<br><br>Total number of tests estimated based on sufficient need to bring all countries from 0 to 100 tests / 100K people / day. 75 countries are prioritized to calculate the "contribution to closing the gap", based on testing rate below target rate in September 2021, plus continued support to countries above target ( ~6.5 M tests / $60M based on ACT-A support over past 12 months). |
| **Test mix** | Assumed split of tests is 85% Antigen RDTs and 15% molecular tests.<br><br>0.25% of all samples are sequenced (5% of all positive cases, assuming a 5% positivity rate) |
| **Key costs** | • Antigen RDTs<br>» Price $3/ test<br>» Delivery $0.24/test<br>• Molecular tests<br>» Price $15/ test<br>» Delivery $1.95/test<br>• Sequencing tests price: $192.5/ test (delivery inclusive). The 192.5 price point for sequencing includes the cost of additional PCRs to confirm positive AgRDTs, so that overall the number of sequencing can be related to the number of tests through a proportion of 0.25%<br>• Waste management cost: $0.044/test<br>• Planning costs<br>» Large country (over 1 million inhab.): $800K<br>» Small country (below 1 million inhab.): $590K |

**HSRC assumptions as published in ACT-A Strategic Plan and Budget for October 2021 to September 2022**

| | |
|---|---|
| **Scope & financing assumptions** | Test needs estimated based on total **5 billion** population of LICs, LMICs and UMICs excl. China.<br><br>**The % PPE funded via ACT-A varies by country income group** (100% LICs, 60% LMICs, 20% UMICs excluding China). Procurement for India is capped at 20% of total. |
| **Target & prioritization** | Protect the same number of essential health and community health workers per million inhabitants for all in-scope countries, applying the stated financing assumptions.<br><br>• 750 health workers / million inhabitants<br><br>• 200 community health workers / million inhabitants<br><br>These numbers per million inhabitants are sufficient to cover 70% of all workers in LICs. Since other country income groups have more workers per million inhabitants on average, the percentage of workers covered by ACT-A funding will be lower for other country income groups.<br><br>Prioritize protecting 700 health and community workers per million inhabitants in all countries to contribute to closing the gap. Prioritized ask includes approximately US$ 500 million to ensure protection of workers for the rollout of ACT-A tools over 12 months. Additionally, protect 250 workers per million inhabitants for risk mitigation (e.g., surges, low domestic financing). |
| **Key costs** | • $1.7/ day to protect community health workers (CHW)<br><br>• $8.0/ day to protect other health workers (HW)<br><br>• Freight & logistics: 20% of PPE |

### *US$ 16.8 billion ACT-A grant funding ask by ACT-A agency*

This table exclusively focuses on the US$ 16.8 billion ACT-A grant funding ask as per the Financing Framework, by Pillar and Agency.

***Table 2.*** *ACT-A grant financing ask by Pillar and Agency*

| Agencies | Grant financing ask by Pillar (USD million) | | | | Grant funding ask by Agency (USD million) |
|---|---|---|---|---|---|
| | Vaccines | Diagnostics | Therapeutics | HSRC | Total |
| CEPI | 350 | - | - | - | 350 |
| FIND | - | 534 | - | - | 534 |
| GAVI | 4,400 | - | - | - | 4,400 |
| GFF | - | - | - | 401 | 401 |
| Global Fund | - | 3,870[a,b] | 1,198 | 1,422 | 6,490 |
| UNICEF | 400 | - | 698 | 827 | 1,925[b] |
| Unitaid | - | 35 | 195 | - | 230 |
| Wellcome | - | - | 190 | - | 190 |
| WHO | 831 | 289 | 202 | 1,003 | 2,326 |
| **Total Pillars** | **5,981** | **4,728** | **2,483** | **3,654** | **16,846** |

*[a] Global Fund is the ACT-A coordinating agency for the Dx consortium which is co-led with WHO and includes: A*STAR, ACT-A Community Rep, AdvaMed, AdvaMedDx, Africa CDC, African Union, Alcela, ALLADIV, Amstredam UMC, APHL, ASLM, BMGF, CEPI, CHAI, Coalition Plus, CVC, DFAT, DFID, DxD Hub, Elizabeth Glaser Pediatric AIDS Foundation, European Commission, FCDO, FIND, Fiocruz, Fondation Merieux, GAVI, Global Fund, GISAID, Health Poverty Action, UK/UNITAID CS Board Member, IFPMA, KFW, LSHTM, Mayo Clinic Laboratories, MedAccess, MedTech Europe, MSF, NIH, NL, PAHO, PATH, RadX, RF, Solthis, UNICEF, Unitaid, US CDC, USAID, WaterStreet, WB, WEF, Wellcome Trust, WHO.*
*[b] Within the Dx consortium, UNICEF is fundraising for US$ 1,600 million. This is in addition to the US$ 1,925 million.*