



**World Health  
Organization**

# **A GLOBAL FRAMEWORK TO ENSURE EQUITABLE AND FAIR ALLOCATION OF COVID-19 PRODUCTS**

# Rationale, assumptions and objectives of this effort

## Rationale and assumptions

- The unfolding of the COVID-19 pandemic at a global scale has shown that **health and economic outcomes are interdependent.**
- Its effective and efficient control will require that vaccines, therapeutics and diagnostics are made **available to all that need them regardless of where they live and regardless of their ability to pay.**
- **Access to COVID-19 products may be curtailed by short supply** as a result of unprecedented demand and incipient manufacturing capacity. Global allocation is necessary to mitigate the health impact and to promote social and economic activity.
- The **mechanism will be time limited** and will potentially cover the period of supply constraint. These health products could be accessed by countries through either **donor funding or self-financed**
- A **global response requires a multi-partner, independent, multi-expertise steering and coordination body** to oversee the fairness, efficiency and effectiveness of the allocation process
- In the past not all countries had equal and timely access to scarce products – e.g., 2009 H1N1 influenza pandemic
- Achieving equitable access and fair allocation **rests on the solidarity and political commitment of global stakeholders and** will require complementary efforts ensuring systems are in place to deliver them rapidly and effectively

## Objectives

- **Develop an allocation framework to:**
- Ensure equitable access to essential vaccines, therapeutics and diagnostics in short supply
- Ensure transparency, accountability and monitoring
- Build on WHO's extensive know-how on allocation plans and lessons learnt from past pandemic responses

# The vaccines in development use different technology platforms, with implications for how they can be used

	Platform	Description
<b>Less established</b>	RNA	<b>Nucleic acid RNA</b> packaged within a vector (e.g., lipid nanoparticles)
	DNA	<b>Plasmid containing the DNA sequence encoding the antigen (s)</b> against which an immune response is sought
	Viral vectors	<b>Chemically weakened</b> virus to transport pieces of the pathogen – usually antigen coding surface proteins
<b>More established</b>	Inactivated	Killed version of the germ that causes the disease, providing shorter-term protection and requiring boosts
	Attenuated virus	<b>Weakened virus</b> to stimulate immune response
	VLPs	Virus like particles – <b>molecules that closely resemble viruses</b> , but are non infectious because they contain no viral genetic material
	Protein subunit	Purified or recombinant proteinaceous antigens from a pathogen to elicit immune response. Some assets employ a nanoparticles-delivery system for enhanced antigen presentation
	Repurposed	Repurposed vaccines already on market, e.g., measles, BCG

## Vaccine characteristics affect deployment:

- Immunogenicity (e.g. sub-optimal effect on elderly populations)
- Safety profile (e.g. women of childbearing age)
- Ability to scale-up manufacturing
- Cold chain requirement (e.g. -70C)
- ...

One vaccine may be more suitable for a target group / country type than another

## Three options

**A**

### National access mechanism

Countries negotiate deals with manufacturers individually (e.g., lock into supply agreements locally)

**B**

### Grouped access mechanism

Countries form regional groups or blocks to negotiate supply agreements

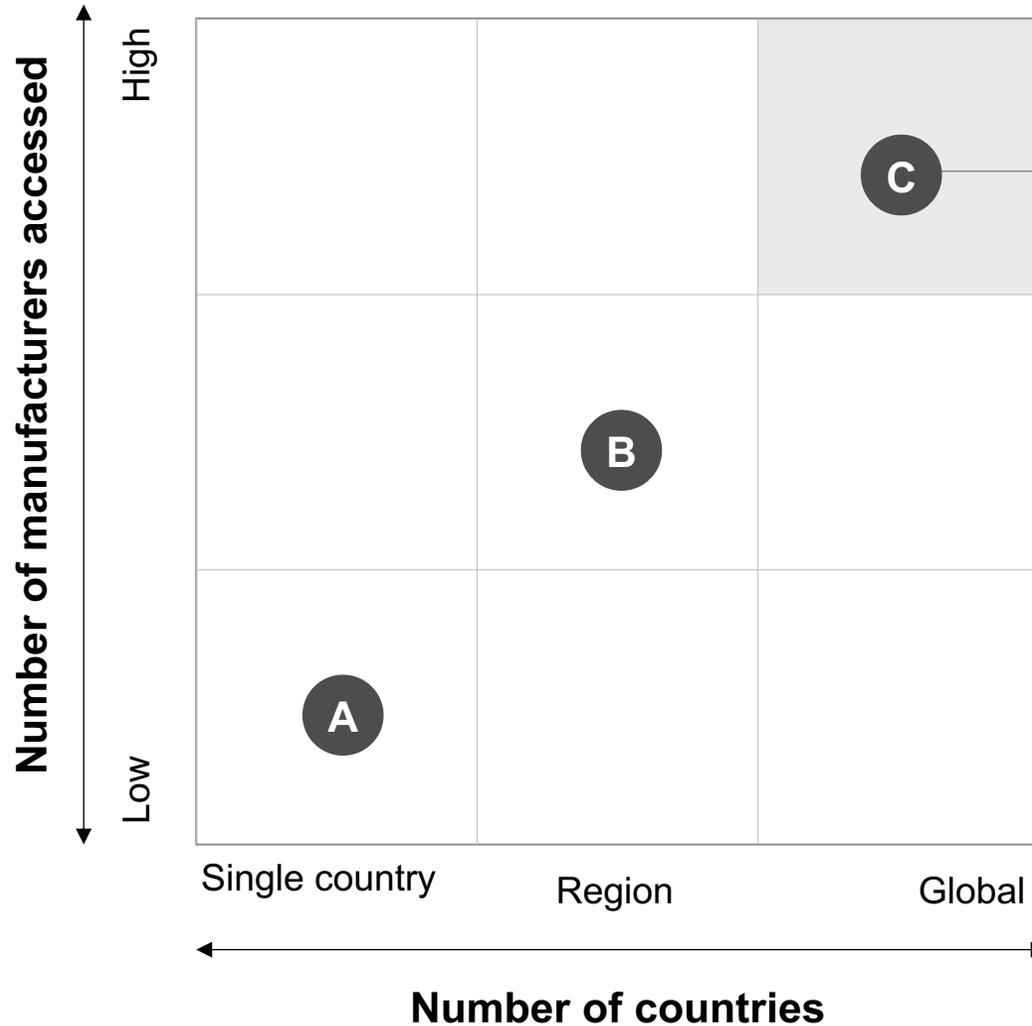
**C**

### Global access mechanism

Countries participate in a global mechanism to procure and access products



## Implications



**Global access offers:**

**Opportunity to have equitable access** through fair allocation across countries

**Essential 'risk-pooling'** (e.g., less risk of having no supply if certain vaccine candidates fail)

# An Active Portfolio Management is supporting COVAX ambition to deliver 2B doses by end of 2021

## Active Portfolio Management

### Diverse Portfolio

Candidates across 4 technology platforms  
Investments in R&D and manufacturing to accelerate production of doses  
Portfolio spanning various Geographies

### Expert and Industry support

150+ developers plans reviewed by experts  
Best in class view of external landscape  
Industry is fully engaged and supportive

**2B doses by  
end of 2021**

### Flexibility to put resources...

... behind the most promising vaccine candidates out of the 100+ in development  
Discussions to include BMGF portfolio within COVAX to leverage 2<sup>nd</sup> wave/ generation of vaccine candidates  
Ongoing negotiations with major vaccine manufacturers to optimize use of resources

### Continuous assessment of opportunities...

...to expand portfolio e.g., single dose vaccine, new antigens, continued geographical spread, special populations  
Advanced discussions with all assets in the clinic on manufacturing e.g., capacity planning

# The Global Allocation Framework builds on the Cross-cutting principles, and informs Allocation Mechanisms

**A**

## Overarching principles for access

Global principles to ensure fair and equitable access to products

*Presented in May 2020*



**B**

## Global Allocation Framework

A global Allocation Framework for all COVID-19 products

*Working draft shared in early July 2020*



**C**

## Fair and equitable Allocation Mechanisms

Mechanisms tailored for each product

*Draft for Vaccines: End August 2020*

*Initial view for Therapeutics: Mid September 2020*

# A – Overarching principles to ensure equitable access to health products in the context of COVID-19

 **Solidarity:** Joining forces to confront this unique challenge together and overcome this pandemic

 **Accountability:** Clearly defined roles and responsibilities to ensure procedural justice

 **Transparency:** To build and maintain trust

 **Responsiveness to public health needs:** Health products are carefully selected and allocated to address the public health need

 **Equity and fairness:** to inform the allocation process together with public health needs

 **Affordability:** Consideration is given to pricing and procurement strategies to improve affordability of health products

 **Collaboration:** Collaborative efforts amongst relevant global and national stakeholders is enhanced to accelerate and scale-up the response

 **Regulatory and procurement efficiency:** Agile and comprehensive regulatory and procurement approaches are incorporated to improve timely access to safe, efficacious and quality health products for all countries in need

# B – Major elements of the Global Allocation Framework for COVID-19 vaccines

## Goals

What are the overarching goals of the response?



## Target groups

Which target groups should receive products in priority to help achieve this goal?  
How should specific products be allocated given their characteristics?



## Timing

At what pace will countries receive products given:

- their vulnerabilities (health systems and population factors)
- the dynamic nature of the threat?



## Boundary conditions

What other factors will impact the allocation of specific products given to countries:

- Product characteristics
- Country context?

---

**This framework is product-agnostic, but work conducted until now has mostly focused on a mechanism for vaccines**

# C – Draft Allocation Mechanism for Vaccines

**Goal** Protect public health and minimize societal and economic impact by reducing COVID-19 mortality



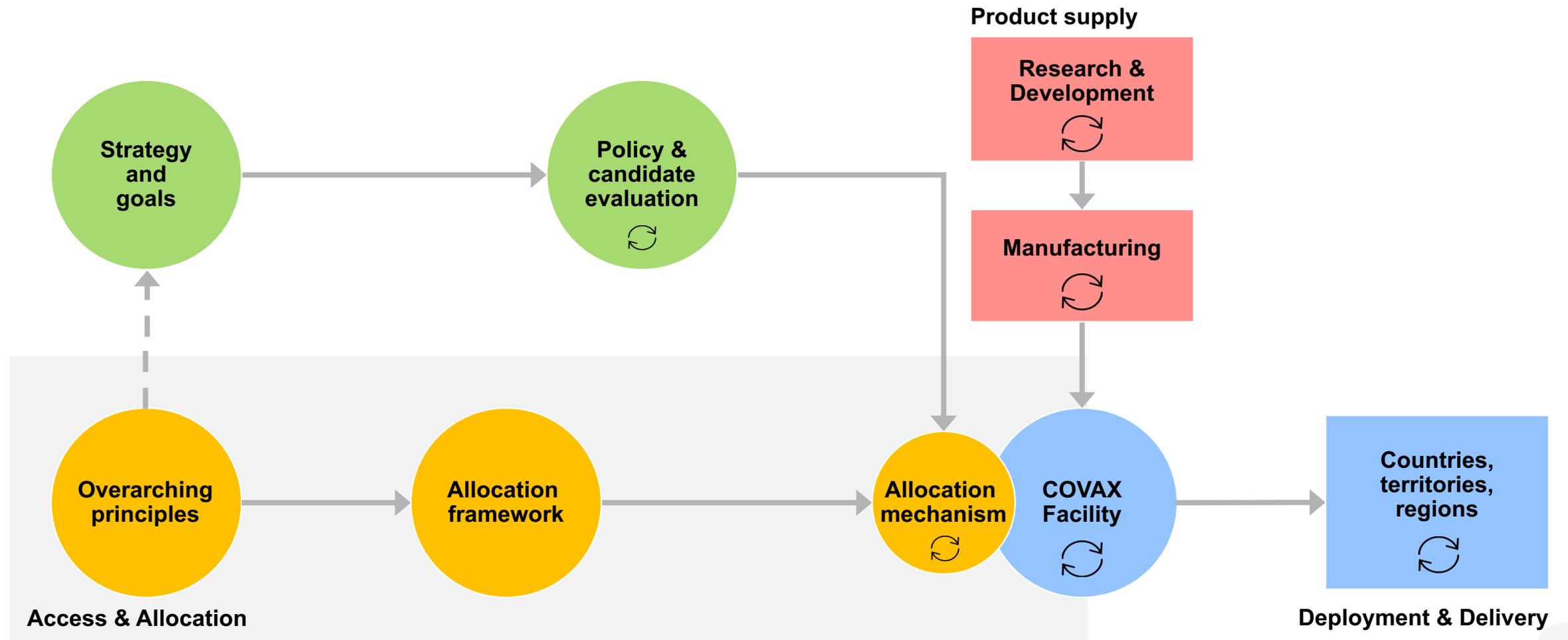
**A buffer will also be set aside for emergency deployment based on immediate needs**

\*The fundamental principle applies that all countries receive doses at the same rate to the extent possible, notwithstanding likely practical limitations to be further worked out (e.g. minimum delivery volumes)

# C –How does allocation fit in the broader process of providing global access to vaccines?

Illustration for Vaccines within the COVAX Facility

● Development & manufacturing   ● Policy   ● Allocation   ● Procurement & delivery at scale   ↻ Done on ongoing basis



# Allocation framework: key features

## Proportional Distribution



2B doses allocated proportionally to population to Funded and Self Financing participants<sup>1</sup>, keeping a buffer of 5% for humanitarian emergencies and acute outbreaks

---

## Gradual allocation



Vaccines rolled out as they are produced until participants reach their indicative target amount<sup>2</sup>

---

## Adapting to country context



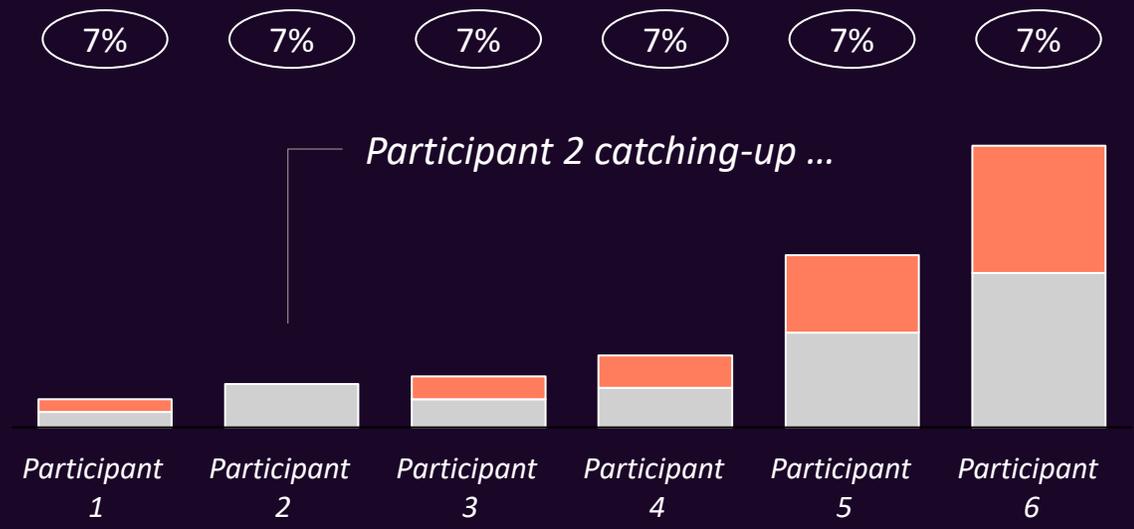
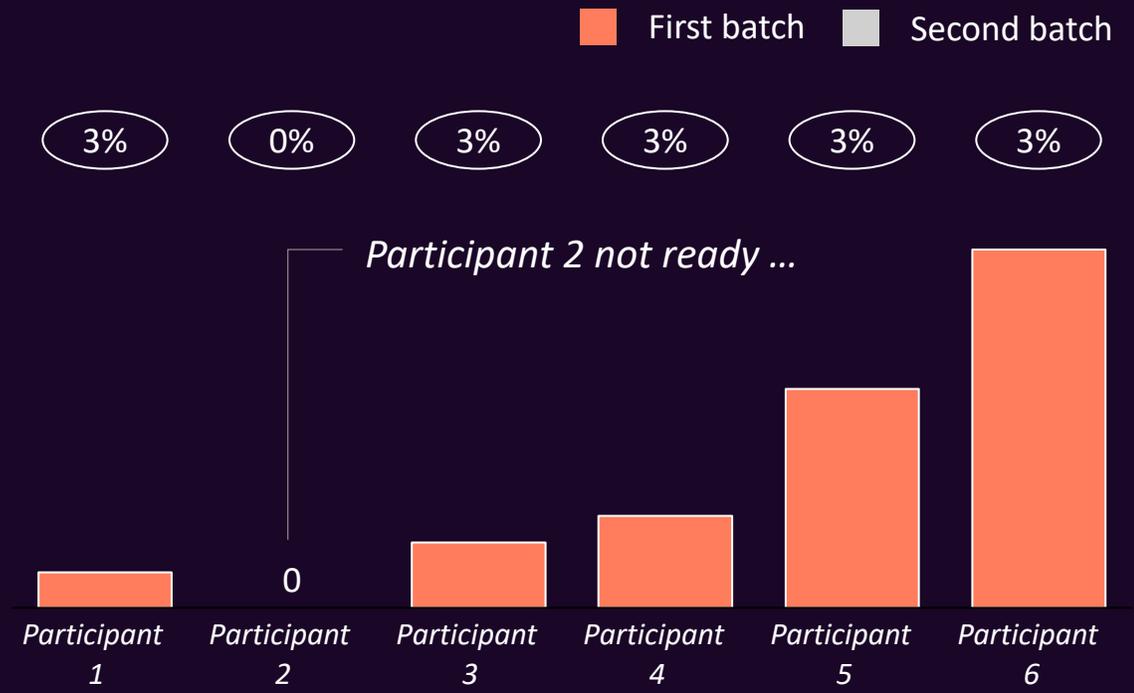
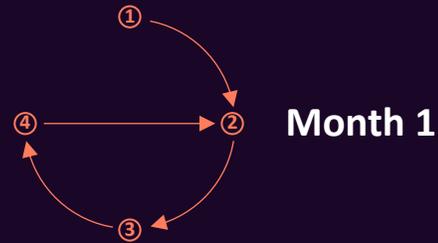
Country policies will guide national priorities for vaccine use. WHO will provide recommendations based on SAGE advice which will support country deliberations

1. Allocation of doses for a participant's indicative target amount. The first phase of the allocation framework is in effect up to 20% population coverage. Funding or participant readiness constraints would not delay the distribution of vaccines to other participants.

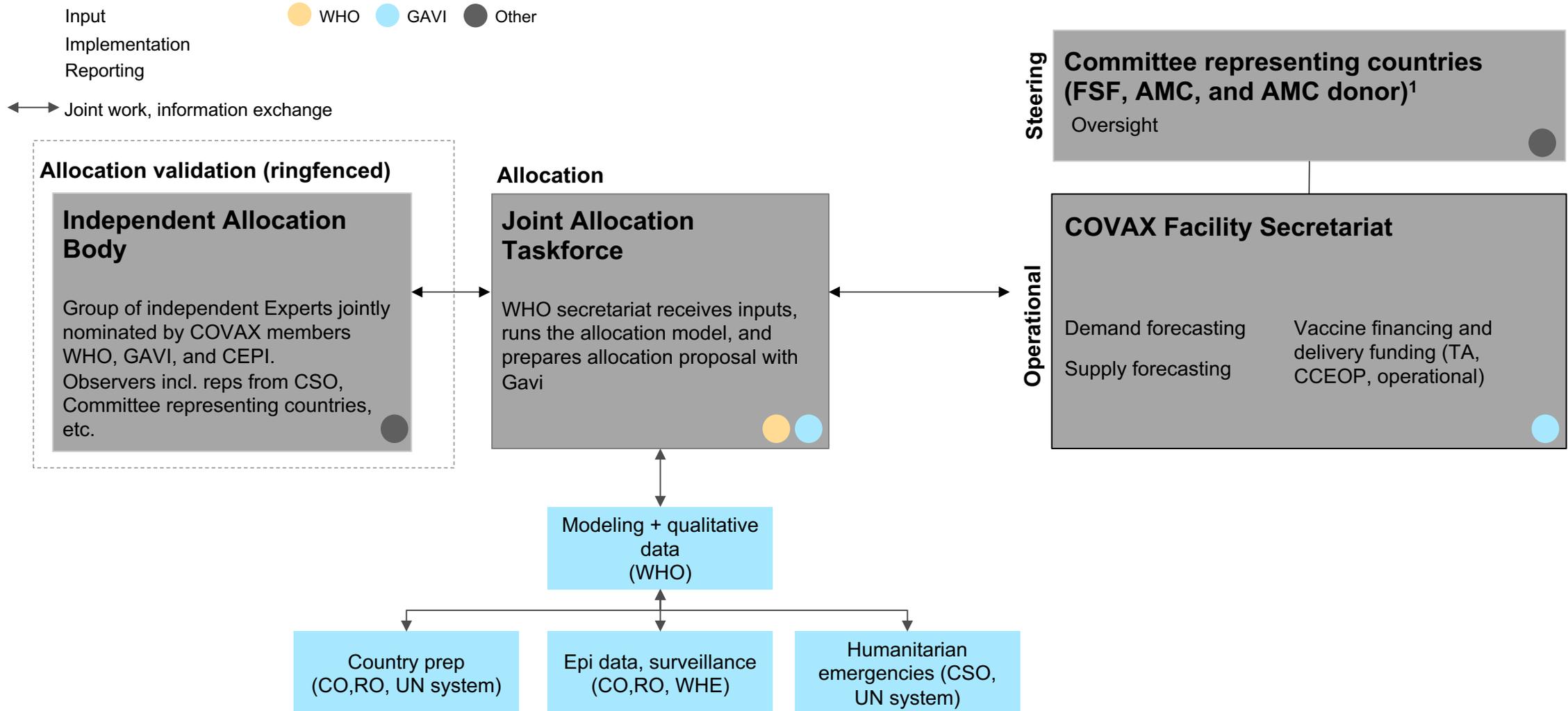
2. Notwithstanding logistical and operational considerations, for example shipment size.

X% Received doses relative to participant's population

**Example:**  
6 participants are allocated doses from 2 vaccine batches



# Potential process for the allocation



<sup>1</sup> The link between this Committee and the broader COVAX Facility governance is under development