Recommendations for the Review of the Access to COVID-19 Tools Accelerator

The Access to COVID-19 Tools Accelerator (ACT-A) has served as an important expression of global solidarity, commitment to equity, and multilateral cooperation in the fight against the COVID-19 pandemic. However, it has also faced several constraints which have limited its impact to date. These limitations include a distributed leadership and execution model, bureaucratic hurdles, limited ambition in terms of target setting (currently 20% of people in low- and middle-income countries (LMICs)), and competition between pillars and agencies.

COVAX, the vaccines pillar of the ACT-A, is the pillar that has raised most of its initial target amount. However, due to most of that funding coming late, supply issues, and downstream delivery constraints, of the 2.1 billion COVID-19 vaccine doses that had been administered worldwide as of mid-June 2021, COVAX had been responsible for less than 4% of vaccinations. Overall, the funding available to COVAX to help drive COVID-19 vaccine research and development (R&D) and procurement for global needs has paled in comparison to the catalytic funding supplied by high-income country (HIC) governments, whose efforts were focused on securing vaccine access for their national populations first and foremost. This disparity in funding and speed of action for the global good versus national interests provides important lessons for future R&D and delivery coordination during a global health emergency.

The report from the Independent Panel for Pandemic Preparedness and Response also alluded to these problems, stating that “had COVAX had sufficient and readily available early funding it would have been better able to secure enough immediate supply to meet its aims”. For the rest of the pillars of ACT-A and the cross-cutting health systems connector, their efforts have struggled at the first hurdle of raising enough funds to be able to order the tools needed. For all pillars, including COVAX, an additional challenge has been the time it has taken many donors to get from the stage of initial pledge to getting the money banked, and therefore being able to negotiate.

There are therefore many ways in which ACT-A partners but also political and global leaders need to take strong action both inside and outside of ACT-A. ACT-A’s own effectiveness can only really be tested if and when it is fully-funded — and as new variants arise and the COVID-19 pandemic stretches out ahead with a longer trajectory than many originally envisaged, the need to secure steady supplies of ***all*** COVID-19 tools to help test and treat people until vaccinations are a reality for everyone everywhere, becomes even more important. We, therefore, support a fully-funded ACT-A to deliver for people in low-income countries (LICs) that would otherwise slip through the net of this pandemic. We also want to use the ACT-A Review to call on all partners to do whatever it takes, inside and outside ACT-A, to deliver an effective global response — including supporting effective regional efforts to secure COVID-19 tools. These recommendations therefore include calls to political leaders as well as to ACT-A partners, to ensure no stone is unturned and no option dismissed to get COVID-19 tools to where they are needed before variants undermine the pandemic response for us all.

Snapshot of challenges and potential solutions within and outside ACT-A

	Business as usual/ current issues	Potential ACT-A reforms	Potential change outside ACT-A
Governance	No single entity in charge of ACT-A, competition between pillars (diagnostics, treatment, and health system strengthening not having the necessary attention as compared to vaccines; R&D investment needed for all areas)	ACT-A becomes a single entity; leadership inserted in key positions; structure requires HIC commitment to multilateral over bilateral deals	Alternative leadership coordinates global response between bodies, including ACT-A
Finance	Huge funding gaps; competition for funding	Seek other solutions in parallel to HIC government funding; fundraising drive from private companies and high net worth individuals and elevate ways in which citizens can contribute	International financial institutions (IFIs)/multilateral development banks (MDBs) take matters into their own hands and provide some liquidity, loans and guarantees to any regional or multilateral body wanting to purchase COVID-19 tools
Procurement	For vaccines, money but no access; for other tools, inadequate finance and access; no power to get to the front of the contracts queue	Publish key indicators of vaccine delivery speed, to push dose sharing; work with partners to outline the cost of inaction; appoint experienced individuals as procurement heads	HICs, IFIs, private donors support regional efforts to procure COVID-19 tools as a priority, or alongside ACT-A
Delivery	Not covered by ACT-A, assumption that full global response is covered	Include delivery costings and responsibilities in ACT-A's mandate if there is confidence this would be successful; if not, actively push for a full logistics and delivery (L&D) budget to be raised and deployed to all LMICs	Political leaders, IFIs, WHO (including hubs, regional offices, etc.), the emerging Global Health Threats Council, and/or the COVAX Supply Chain and Manufacturing Task Force appoint and fund different bodies to ensure L&D needs are covered as a core part of the global response
Equity	No clear focus on which groups or	Publish data disaggregated by	Sustainable and integrated community

	populations are particularly vulnerable or marginalized in access and decision-making; limited tangible actions for meaningfully engaging diverse perspectives or accountability at all stages (priority-setting to implementation)	sex/gender, race/ethnicity, ability, and socioeconomic status to guide global response; integrate advisors at all levels (e.g., gender advisors); explicitly recognize gender and other forms of inequity when financing response and recovery plans Create cross-cutting health systems pillar that aligns health security and universal health coverage governance and policies through resilient community-based primary health care services and essential public health functions	and civil society representatives within current and emerging initiatives (e.g., WHO, IFIs, potential Global Health Threats Council, etc.)

Recommendations for political leaders to tackle the global response

1. Establish an individual, preferably a former head of state, who can provide political leadership and broker consensus to respond to the pandemic globally.

2. Establish a single global COVID-19 operational lead body that is given a significant mandate to help lead and coordinate the global response, including coordination of ACT-A and other agencies, partnerships, and civil society supporting delivery of COVID-19 tools (including and going beyond vaccines) and information for decision making.

3. Mandate an independent group to develop, as soon as possible, a full costing of what it will take to get the world to 70% vaccine coverage, full access to diagnostic tests, treatments and personal protective equipment (PPE), including the costs of deploying all tools in every country and for all populations, particularly vulnerable and marginalized groups.

4. Deliver full funding by the end of August 2021 to get to 40% vaccine coverage in every country and full funding by the end of 2021 to get to 70% coverage. This includes the costs of delivery and increasing global manufacturing capacity.

5. Work with IFIs and MDBs to guarantee up-front funds now (e.g., from special drawing rights) to cover all procurement and delivery costs for the global response meaning the funding gap is effectively closed, allowing for all contracts to be negotiated and tools obtained and deployed as soon as possible. Likewise, support countries in national

planning and costing for delivery, including through the last mile for hard-to-reach populations.

6. Prioritize providing “dollars, not doses”. COVAX, for example, works best as a financing instrument for volume dose purchasing and cannot negotiate the best deals when doses are donated/reallocated. HICs who have massively overbought vaccine doses should urgently share doses with LMICs, but this should only be used to fill the urgent vaccine supply gap in LMICs in the coming months and not become a long-term solution.

7. Call on HICs to stop making bilateral deals for vaccines and other COVID-19 tools, until ACT-A has procured — and received — the supplies it needs to get to 70% global vaccination coverage.

8. Engage in consistent messaging (in collaboration with health workers, civil society, and private sector) to promote acceptance of actions to help end the pandemic, while paying attention to inequities such as gender disparities and socioeconomic factors that can inhibit access to essential health services.

9. Ensure investments and delivery of ACT-A response tools sustainably strengthen health systems in the long-term to be more equitable and resilient, integrating new commitments for health security and pandemic response into capacities to support universal health coverage.

Recommendations to the Facilitation Council, ACT-A partners, and agencies for the ACT-A short-term review process

Governance & leadership recommendations and options

1. Ensure donors and partners adopt and are guided by one comprehensive ACT-A strategy and can donate to one integrated finance plan.

2. Create proper accountability through clear, transparent decision-making structures and include more LMIC ministers and civil society representatives in ACT-A structures. Accountability includes ensuring at country and global levels: value for money, accountable delivery, and investment with the future of health systems in mind.

3. Publish contracts and pricing as a matter of course including the price of delivery of COVID-19 tools from the production line.

4. Establish a two-way communication channel between ACT-A, funders, countries, pharmaceutical companies, and civil society organisations (CSOs) to better plan for delivery of vaccines to places where they are most urgently needed and can be absorbed.

5. Use this review to measure ACT-A progress so far against goals set at launch in 2020; and set targets for the coming year.

6. Begin to steer from an emergency approach to an approach of integrating COVID-19 tools into ongoing health systems.

7. Improve and simplify communications so that governments and citizens better understand what ACT-A is trying to achieve, with an open, transparent approach on the story so far, including challenges ACT-A has faced and what changes need to be made to improve ACT-A's prospects for success.

Finance recommendations and options

8. Develop a resource to help countries build accurate budgets and secure domestic and external resources for getting the needed tools (not only vaccines but also PPE, oxygen, etc.) down to the community level; ideally, the resource would help match donors and investors to needs.

9. Support donors and investors to provide financial resources rather than in-kind contributions, allowing for efficiency and to help the negotiation of better deals.

Procurement recommendations and options

10. Use experienced procurement leads with a demonstrated track record of success during this pandemic, one for each pillar, reporting to a new governance structure to help simplify procurement procedures.

Delivery recommendations and options

11. Shift ACT-A's mandate to make clear that ACT-A must also take responsibility for the successful deployment of COVID-19 tools procured via ACT-A ensuring that partners are in a position to be able to deliver tools on the ground. The ACT-A partnership should therefore commit to ensuring the successful delivery of all COVID-19 tools — not only vaccines, but also diagnostics, treatment, pandemic intelligence — including response monitoring and reporting and health systems (including digital tools and local capacity to apply all of these).

12. Given that COVID-19 will become part of the ongoing public health landscape, use COVID-19 as an opportunity to modernize the delivery of care, using the delivery of COVID-19 tools to strengthen healthcare systems. This includes mainstreaming budgeting, planning, and delivery through existing systems to avoid a "one pandemic" response creating parallel systems, potentially drawing resources and attention away from essential health services. Furthermore, support subnational planning, especially in devolved settings where health services are delivered locally, to expand coverage and ensure equity.

Equity recommendations and options

13. Publish data disaggregated by sex/gender, race/ethnicity, ability, and socioeconomic status to guide global response.

14. Integrate advisors at all levels (e.g., gender advisors); explicitly recognize gender and other forms of inequity when financing response.

15. Incorporate sustainable and integrated community and civil society representatives within current and emerging initiatives (e.g., WHO, IFIs, Global Health Threats Council, etc.).

16. Create a cross-cutting health systems pillar that aligns governance, policies, and programs for global health security and universal health coverage through resilient community-based primary health care services and essential public health functions.

Endorsed by

- Every Breath Counts Coalition
- GLIDE
- Global Citizen
- Global Health Technologies Coalition
- Global Vaccination Advisors
- Korean Advocates for Global Health
- Management Sciences for Health
- ONE
- Pandemic Action Network
- PATH
- RESULTS UK
- Sabin Vaccine Institute
- VillageReach
- Women in Global Health