Dr Ursula von der Leyen

President, European Commission

Dr Tedros Adhanom Ghebreyesus

Director-General, World Health Organization

Dr Richard J. Hatchett Chief

Executive Officer, CEPI

Dr Seth Berkley

Chief Executive Officer, Gavi

Dr Jeremy Farrar

Director, Wellcome Trust

Dr Philippe Duneton

Executive Director, Unitaid

Dr Catharina Boehme

Chief Executive Officer, FIND

Mr Peter Sands

Executive Director, The Global Fund to Fight AIDS, Tuberculosis and Malaria

Mr David R. Malpass

President, World Bank Group

Dr Chris Elias

President, Bill and Melinda Gates Foundation

Dr Mohammad Pate

Global Director of Health, Nutrition and Population, World Bank Group

Dr Bruce Aylward

Head, ACT-A Support & Coordination Hub

CC: Mr Brian Tisdall

Lead, Communities and civil society, ACT-A hub, WHO

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Civil Society & Community Engagement in the Access to COVID-19 Tools-Accelerator (ACT-A)

We are writing as the civil society and community representatives to the Access to COVID-19 Tools-Accelerator to express our increasing concern around the lack of transparency within the governance and decision-making structures of the ACT-A. This letter, and the attached briefing, outline these concerns and the steps we feel need to be made on your part to meet the commitment to establish an 'unprecedented and inclusive partnership' in the Accelerator and to develop a broader and deeper strategy that will enable it to successfully respond to this pandemic and improve future global pandemic preparedness.

The process of ensuring civil society and community representation across all the ACT-A Pillars is only now nearing completion. It has taken 6 months to secure CSO-led selection processes and representation of civil society and communities across all the ACT-A Pillars but we now have 35 representatives across 19 the working groups informing ACT-A discussions. However mere representation in meetings where we are updated about decisions which have been made elsewhere is not our goal: we are patients, experts and public health advocates with wide-reaching networks and decades of experience that should be better utilised to inform the design and implementation of the ACT-A's work.

Transparency is fundamental to global accountability and as such the lack thereof has had a significant negative impact on civil society, communities and some low- and middle-income countries (LMICs) in ability to meaningfully engage in the ACT-A's work. Without this accountability and inclusivity of all partners, the ACT-A risks its legitimacy, relevance and ultimately the successful delivery of its mandate to support the development and equitable distribution of COVID-19 tools. Our opinions should be respected, valued and acted-on but the opaqueness of decision making in the ACT-A and the culture of superficial inclusion mean that we often don't even have an opportunity to share our expertise.

For example the ACT-A's recently announced "'refreshed' Prioritized & Integrated Strategy" was developed without any prior input from the civil society and community representatives. This could have been an important opportunity to engage a wider array of stakeholders - most notably civil society, COVID-19 survivors and governments (i.e. the very people representing the constituents ACT-A is meant to serve) - in the discussion of applying lessons learned from 2020 to the new 2021 strategy update. Transparency in the process, including internal evaluations of the operational flaws of ACT-A's initial strategy, are not just essential to accountability, they are essential to capitalizing on those lessons learned and communicating to skeptical stakeholders why a refreshed 2021 strategy will yield more robust results and therefore warrants stronger political and financial support.

There have also been situations where civil society and community representatives have experienced challenges in being able to meaningfully engage in a number of the PIllar working groups. For example, more often than not our Vaccine Pillar representatives are merely 'informed' about a decision once it has been made which, in our opinion, has led to some incongruous and damaging consequences. For example, there was no opportunity to input on the decision to allow self-paying countries to reserve extra doses above the 20% threshold allocation for COVAX AMC eligible countries; or how the ACT-A chose 15 countries for the "first wave" of vaccine recipients despite receiving letters of interest from 72 countries.

Similar occurrences have been felt across the diagnostics and therapeutics pillars too. ACT-A lead agencies dropped the monoclonal antibody capacity reservation agreement in the Therapeutics Pillar without giving stakeholders an opportunity to give their perspectives. Partners also proposed a major reorientation of the diagnostics pillar towards sequencing of new variants as well as pushing self-testing, without a proper mapping exercise of available resources versus proposed new activities, nor a presentation of how many antigen rapid diagnostic tests (RDT) have been deployed versus actual need.

Even after six months of participation in working groups, the lack of transparency within the ACT-A means we are still unclear about how priorities are set, how decisions are made and by whom. This lack of clarity and the absence of opportunities for civil society and community representatives to voice their opinion on a decision before it's finalised is sadly not only limited to our constituencies. From the beginning, ACT-A has neglected to include many LMICs in its Pillars and workstreams other than within the 'Country Preparedness' group. In a recent Facilitation Council meeting it was noted that government representatives from Indonesia and Nepal were unclear about the basic support the ACT-A could offer on advice and roll-out of diagnostics. Delegations from AMC eligible country governments have also told us that there is a lack of transparency around how COVAX operates, questionability over its low-level ambition and its operational plan. We've also heard from colleagues in Ministries of Health in a number of countries that they're learning about their COVAX allocations from press announcements rather than through formal communications from the COVAX Facility itself.

Countries need to be engaged in the upstream work of ACT-A both to clearly express their needs and constraints, but also to select candidate products and design strategies better adapted for successful implementation. In the absence of this kind of country participation, there is a risk that top-down decisions will be ill-conceived, difficult to implement and have questionable relevance. For example, due to the lack of clear communication around the COVAX strategy, civil society and participating governments are becoming increasingly skeptical of what COVAX is able to achieve. As a result, more AMC eligible countries are making bilateral deals with pharmaceutical manufacturers, rather than using the COVAX Facility, because they can get access to the vaccines they want at higher volumes.

Therefore, to ensure the ACT-A is legitimate, accountable and ultimately effective there needs to be a drastic improvement to the depth of engagement with civil society, communities and delegations from LMICs, and to facilitate this the ACT-A needs to introduce a new culture of transparency throughout the structure. To this end we request that you take the following preliminary steps that can pave the way for our constituencies to be able to play an active role in shaping the work of the ACT-A:

1) A detailed map of the current decision-making pathways, governance oversight and processes of consultation from priority setting, resource allocation through to procurement and deployment.
2) Periodical, independent evaluations of the ACT-A to identify what lessons can be learned about the external, strategic, and operational factors shaping the elaboration, implementation and impact of ACT-A's various initiatives. A clear commitment to independent evaluation also contributes to ACT-A's good governance, assuring stakeholder accountability.
3) Full transparency of any contract negotiated by ACT-A partners regarding research or procurement with pharmaceutical companies or research institutions.
4) Full disclosure and statements of conflicts of interest of all ACT-A partners at every meeting.
5) Stronger and regular public communication of the work of the ACT-A via an effective communications strategy which is adapted for different stakeholders in different geographies.

In addition to this necessary improvement to meaningful inclusivity there are also other macro changes that need to be considered if the ACT-A is to play a legitimate and effective role in a sustainable response to COVID-19. Firstly, the ACT-A needs to increase the scope of its ambition; its limited aspirations to date have been rationalized by the expectation that normal market activity will meet the demand for COVID-19 health technologies in LMICs. However, it has become increasingly clear that by current manufacturing capacity levels only a small minority of people in LMICs will be vaccinated by the end of 2021 and there is still no thorough plan for facilitating technology transfers that would help boost the manufacturing capacity of diagnostic tests and treatments. Ordinary market forces will not deliver sufficient quantities of well-adapted, affordable medical products so it is essential that the ACT-A build a much closer relationship with the WHO hosted COVID-19 Technology Access Pool (C-TAP) whose mandate is to deliver exactly this. Secondly, we need the ACT-A to be more dynamic so that it can quickly react to new variants, incomplete vaccine roll-out, supply chain issues and access challenges. Lastly, we need the ACT-A to be more holistic in its approach to ensure that the sum of its parts are more closely interconnected and act in full awareness of how each Pillar's work plan will affect the progress of the other Pillars.

We recognize that ACT-A has mobilized to face an unprecedented public health challenge. We recognize that, in responding to the urgent needs for a coordinated response, the lead institutions shaping ACT-A must operate amidst complex and evolving epidemiological, technological and political dynamics. We recognize that in addition to conditions of necessarily imperfect knowledge for planning, ACT-A must also operate under unprecedented urgency to both mobilize resources and implement them. These natural constraints mean strategies may be imperfect; but the lack of transparency and inclusion - especially of the stakeholders whom the interventions are targeting - should not be artificial constraints to ACT-A's success. We welcome the conversations around the next strategic phase of the ACT-A and have attached a briefing that builds on how we see the principles of transparency and inclusivity alongside an increase in the scope of ambition, and a reconfiguration of how the ACT-A can be more dynamic and holistic. We look forward to receiving your response to our letter and ask that you give us an opportunity to discuss these issues with you in more depth at a roundtable meeting in the next month.

Your Sincerely,

The Civil Society and Community Representatives of the ACT-A.

WACI Health, STOPAIDS and the Global Fund Advocates Network (GFAN) co-lead the Platform for ACT-A Civil Society and Community Representatives. The Platform supports the representatives' involvement in the ACT-A and facilitates engagement with broader civil society and communities interested in the work of ACT-A.