

PLATFORM FOR ACT-A CIVIL SOCIETY AND COMMUNITY REPRESENTATIVES

Statement on the ACT-A Independent Evaluation

18 May 2022

At the [10th meeting of the ACT-A Facilitation Council \(26 April 2022\)](#), the Co-Chairs (South Africa and Norway) shared their plan to initiate an independent evaluation of ACT-A and its successes and challenges.

The Platform for ACT-A Civil Society and Community Representatives welcomes an independent evaluation of ACT-A and the invitation to the Platform to nominate representatives to be part of a reference group to initiate this evaluation, with the aim of learning how to best organize for future PPR needs.

Four civil society and community representatives will join the reference group, Amanda Banda (ACT-A NGO Representative (Health Systems & Response Connector)), Harjyot Khosa (ACT-A Community Representative (Diagnostics Pillar)), Courtenay Howe (Coordinator, Platform for ACT-A Civil Society and Community Representatives) and a member of the Pandemic Action Network.

We call on the reference group to include the following key questions in the evaluation:

- 1. Mandate:** Was the ACT-A mandate achievable and realistic? Was it fit for purpose? To what extent did ACT-A achieve its mandate? What are the key structural issues of ACT-A that prevent it from fully achieving its mandate? We recommend a revisit and re-prioritization of many of the recommendations from the 2021 review including those that were not implemented as outlined in the statement made by this Platform dated 12 October 2021.
- 2. Equity:** To what extent has ACT-A achieved its goal of addressing growing inequities in access to COVID-19 tools in underserved countries including inequalities within states based on gender, LGBTQ+, race/minority group, refugee/migrant status, disability, age, religion, and other relevant factors.
- 3. Governance:** What were the decision-making pathways adopted by ACT-A? What governance oversight mechanisms exist and what processes exist for consultation, priority setting, resource allocation, procurement, and deployment of COVID19 tools.
- 4. Tracking of commitments:** As at May 2022, pledges towards the 2021-22 funding target stood at USD 3.2 billion, counting towards the US\$ 16.85 billion grant financing ask. It is important to assess whether funding commitments and pledges have translated into actual funding delivered. For example, pledges for Vaccines: At the G7 leader summit, in June 2021, the UK government announced a donation of 870 million vaccine doses, majority to be delivered through COVAX. How has this commitment been tracked? Pledges for Diagnostics: The commitment to the development of effective testing tools was met but the tools were not used in country in ways to ensure equity. What were the reasons for the challenges at country level? Were there assumptions made that proved to be false? What was the role of partners in ensuring equitable uptake of the diagnostic tools developed? Was that role fulfilled?

We are keen that this evaluation be conducted by those who stood to benefit the most from ACT-A, particularly communities and civil society from LICs. We strongly urge that a global firm of northern based consultants from HICs are not engaged to undertake this process. We call for a Joint evaluation that involves civil society and communities in its co-creation, design and implementation.

For more information, please contact Courtenay Howe, courtenay@stopaids.org.uk (Coordinator, Platform for ACT-A Civil Society and Community Representatives)