

# PLATFORM FOR ACT-A CIVIL SOCIETY AND COMMUNITY REPRESENTATIVES

## ***Statement on the External Evaluation of the Access To COVID-19 Tools Accelerator (ACT-A) - 11 October 2022***

In July 2022 the ACT-A Facilitation Council commissioned an external evaluation of ACT-A to identify lessons learnt that will be of use in establishing a better global pandemic preparedness and response system. An Evaluation Reference Group was established to oversee the evaluation including 4 civil society and community representatives. The term of reference of the evaluation set out 6 key areas to evaluate the role of ACT-A, its mandate, set-up and structure, achievement of its objectives and commitments, resource mobilisation and financing, gaps and missed opportunities, and way forward. This evaluation was not designed as an impact evaluation of the global response to the Covid-19 pandemic, nor was it intended to describe in detail all activities carried out by ACT-A.

The [external evaluation](#) (published on 11 October 2022) was conducted by Open Consultants, who executed the report in line with the Terms of Reference (ToR) with efforts to ensure the civil society and community representatives to ACT-A were consulted through interviews, focus groups and written submissions. In addition civil society and community representatives prepared briefings on key lessons in our engagement with ACT-A.

Throughout ACT-A, civil society and community representatives have highlighted a number of key areas outlined in the report. This includes LIC and LMIC governments being insufficiently included in ACT-A's model (resulting in a lack of ownership and affecting the delivery of COVID-19 tools), and accountability and transparency not sufficiently promoted by the ACT-A model. The report acknowledges that access to certain diagnostic types was delayed due to late WHO clearance (especially for self-tests) and that strengthening WHO's prequalification is required. Key informants highlighted that a test-to-treat strategy should have been prioritised earlier in the work of ACT-A, a key priority raised by civil society and community representatives. Additionally, the report highlights that the Health Systems and Response Connector (HSRC) missed strong political drive, ambition and support and was largely disconnected from the other pillars and poorly focused, with the weakest performance and funding.

As highlighted in the report, **ACT-A's informal coordination model is insufficient for future pandemic response. A different design will be needed to address future pandemics.** As the lessons learnt highlighted in the report are considered, and we look to future pandemic prevention, preparedness and response mechanisms, we must ensure any new mechanisms include:

### **Equal intellectual partnership of LMICs**

The representation and leadership of low and middle income countries (LMICs), including technical experts with LMIC passports, must be prioritised across the entire pandemic preparedness and response spectrum, particularly in global leadership. As noted in the evaluation, a forum of G20 countries only will be insufficient. Partnership must also include the framework design, implementation and priority setting of pandemic preparedness mechanisms with equal intellectual partnership of expertise, as well as formal representation in

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decision-making and governance (with a clear structure for accountability and decision making in place at the onset and clearly communicated to all stakeholders).

### **Co-creation with civil society and communities**

Civil society and communities are recognised across most global health bodies as critical partners in the global health architecture and must be formally represented in governance and decision-making processes as well as technical areas of work. This includes permanent representation of civil society and community constituencies in the governance structures, provision of voting rights and funding to constituencies to support engagement with broader civil society and communities. In order to ensure an inclusive governance and decision-making process, governments and organisations must co-develop the operations and governance of new mechanisms with a broad range of actors, including civil society and communities.

### **A new intellectual property order**

A new intellectual property order must be put in place, ensuring that: (1) pandemic research and product development follow open science principles and focuses on medical countermeasures well adapted for use and affordability in low resourced settings; (2) public, charitable, and multilateral funding of research and development be conditioned on licensing and technology sharing and on commitment to market broadly in LMICs; (3) Intellectual property barriers arising from patents, trade secrets, copyright, and industrial design be waived or eliminated in the TRIPS Agreement, free trade and investment agreements, and national legislation with respect to pandemic countermeasures so as to allow quicker and expanded supply, more affordable pricing, and truly equitable distribution; and (4) regional production and pooled purchasing power be developed and used to more equitably distribute biopharmaceutical manufacturing capacity and to more equitably, affordably, and efficiently source medical countermeasures.

### **A central role for health systems and response**

New mechanisms must center and prioritise the building of resilient and equitable health systems with a view toward universal health coverage, including community health systems and primary health care approaches as foundational to the success of any future mechanism. This goes beyond the role of the new Financial Intermediary Fund on PPR. Such systems should build stronger support for rights-based, equity-centred adoption and roll-out of novel treatments, alongside timely guidance (regulatory and clinical) and strengthened systems for technology transfer and co-creation. There are a number of key health system gaps made worse in pandemics, including insufficiently supported, trained, and well remunerated health workforce and disrupted essential health services. Addressing these gaps must be part of long term and sustainable interventions even in “interpandemic” times. But they must also be prioritised as an early focus during pandemics to prevent the stalling and devastating impact on other essential health services, and disease programs and health interventions as seen with the COVID-19 impact on HIV, TB, sexual reproductive and health, malaria, maternal and child health, routine immunization among others. HSRC country coordination teams that can support robust prevention, preparedness, response, and recovery needs are key. These teams must be operational before, in between, and during pandemics so that: robust and sustainable surveillance systems are in place longitudinally; gaps in workforce, services, and supplies are known and addressed before emergencies occur; and pandemic preparedness is incorporated into routine health systems strengthening.

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### Future of ACT-A

In addition to informing new PPR mechanisms, the ongoing development of the [ACT-A transition plan](#) must draw from the key lessons highlighted in the report to ensure it's ongoing ability to support country need and demand, while maintaining capacity to manage subsequent waves of COVID-19, if and when new variants emerge.

And though not intended for the scope of this review, assessing the impact of ACT-A is still essential. The [ongoing evaluation processes across ACT-A](#) must include assessments of all pillars, on how they delivered on their objectives within the strategic period (October 2021-September 2022), addressed growing inequities in access to COVID-19 tools and to what extent interventions were aligned to the needs of low and middle income countries and particularly the most vulnerable and marginalised. For example, we must be able to fully understand how and why vaccine deployments were returned and why donors were so disinterested in funding self-testing for LMICs but were more focused on surveillance which is arguably an intervention that is more beneficial to the interests of high income countries.