

## Vaccines Pillar (COVAX): Key Lessons

COVAX is the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator. It is co-led by the [Coalition for Epidemic Preparedness Innovations](#) (CEPI), [Gavi](#) and the World Health Organization (WHO), alongside key delivery partner [UNICEF](#). Key streams of work and working groups, as of May 2022, include:

- CCM
- Allocation group
- Strategy group – not active currently
- Advance Market Commitment Engagement group
- Clinical Development and Operations SWAT
- Manufacturing SWAT
- Humanitarian buffer
- The Vaccine Alliance [launched](#) the [COVID-19 Vaccine Delivery Partnership](#) (CoVDP). It works on scaling up the uptake of COVID-19 Vaccines. The COVID-19 Vaccine Delivery Partnership consists of the following streams of work:
  - Steering committee
  - Weekly Country Coordination Calls
  - Implementers Forum
  - Immunisation Partners call

Civil society participation in the Vaccine pillar is co-facilitated by the Platform for ACT-A Civil Society and Community Representatives and GAVI CSOs.

### Key accomplishments of the pillar

The COVAX target to accelerate progress towards the 70% global vaccination target, tackling barriers to development, global access and uptake have been missed. The delivery towards country specific targets continues, particularly among the most vulnerable populations. The pillar continues to focus on addressing the key barriers related to the delivery as well as feeds lessons learnt to the COVAX transition process as well as the pandemic preparedness, prevention and response developments.

Accountability structures have been put in place by the pillar in cooperation with the lead agencies in the form of the monthly COVAX CSOs Dialogues and on-going collaboration with the lead agencies. The focus has been on working jointly with COVAX lead agencies as well as holding them accountable in relation to the key planned pillar milestones outline in ACT-A Strategic Plan<sup>1</sup>, particularly in relation to addressing the key bottlenecks.

Key challenges, particularly lack of predictable supply (until November 2021) in low- and middle-income countries, weak priority on developing manufacturing capacity in low- and middle-income countries, inaccessible humanitarian buffer mechanism, and lack of streamlined mechanisms for the civil society and communities to access funding for vaccines delivery has been the focus of the pillar work. COVAX leads have action plans to address these challenges and Reps continue monitoring the progress on the relevant bottlenecks.

*For example, representatives of the Vaccine pillar of the ACT The Representatives have been expressing their concern that the Vaccine Delivery Partnership was established so late in the epidemic when the momentum around the COVID-19 vaccination is gone. It has been*

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[https://www.who.int/docs/default-source/coronaviruse/act-accelerator-strategic-plan.pdf?sfvrsn=70e4d906\\_5&download=true](https://www.who.int/docs/default-source/coronaviruse/act-accelerator-strategic-plan.pdf?sfvrsn=70e4d906_5&download=true)

*disappointing that strategic focus on the delivery, including further investments in the community response for health to drive and deliver the uptake, did not happen earlier, including as part of the Strategy group. And many streams of work of the Health Systems Connector did not deliver on the cross-ACT-A pillar delivery related issues.*

### **Key barriers and enablers**

**Barriers:** decision-making processes in which the Reps could not have a say but, instead had to follow the ready-made decisions. For example, ACT-A key strategies related to vaccines have been developed by the lead agencies and minor inputs have been allowed from the Representative in the Strategy group. This group has been operating in specific sprints, which has been a major challenge for the on-going input by the Representatives, strategic operations and course correction for the pillar.

**Enablers:** Productive cooperation and good working relations with the lead agency colleagues as part of the bi-monthly Reps-lead agencies calls and COVAX CSO dialogue calls. For example, collaboration with the CSOs focal points in WHO, GAVI and CEPI has been helpful. WHO support to increase space for CSO platform Representatives on the Vaccines Delivery Partnership working groups and Steering Group is highly appreciated.

The power for the key decision have often sat with the key governments and lead agency executives rather than the lead agencies colleagues with whom the on-going pillar work has been taking place. People in countries have been and are in dire need of vaccines; however these have not been provided in a timely basis and in an accessible way.

### **Key recommendations**

- Timely and predictable supply and fully funded delivery of the medical products, such as vaccines, via community-focussed systems, such as community-led systems, is of essence when addressing the pandemics.
- After significant delay the COVID-19 vaccines supply has become available. However, the peaking demand for the vaccines have passed at the moment. It is of the key importance to strategically address the bottlenecks holding the availability and delivery of the medical supplies: such as technology transfer and eco-system delivery in low and middle income countries.
- If a mechanism with a similar structure to ACT-A is developed as the way forward, it should have a board which will include civil society, communities, middle- and low-income countries.
- Addressing root causes of the problems, such as lack of the manufacturing capacity in low-and middle-income countries; complex market dynamics focussed on profit and need for finding innovative solutions to address these challenges; developing strategic solutions around community-driven delivery and demand creation, particularly among the most vulnerable groups, should be the key strategic priorities and urgent streams of work rather than be the afterthoughts of the pandemic prevention, preparedness and response.
- Prioritizing, cross-pillar/cross issues work, such as further development of resilient health and community systems, is the critical priority. It is a real loss that most streams of the Health Connector Pillar has never picked up momentum. As a consequence, the Vaccine Delivery Partnership had to be launched. However, this comes at a delayed point of time when the demand is no longer there. The moment for the delivery has been lost and demand creation requires significant resources.
- The key challenge now is to ensure that COVID-19 vertical immunisation programmes (not properly rolled out in middle- and low-income countries, particularly among the most marginalised groups) continue to have the right implementation levers as they become integrated into mainstream vaccination interventions. This includes bringing relevant changes to the operations and governance of GAVI so that

it includes in the decision making the relevant constituencies and decision makers to reach to the most vulnerable groups, beyond women and girls.

- Until 2022 scarce and predictable supply has been the main challenge to the effective scale up of COVID-19 vaccination in middle- and low-income countries. Review of the strategy on an on-going basis and course correction is critical so that the strategic direction is maintained and changes are made to keep progress on track. It is regrettable that the COVAX strategic direction has slipped from brokering complex procurement solutions to donations. Ongoing review of the strategy, reflection in action and course correction with the active participation of the civil society and communities is critical as the way forward with the critical participation of the civil society.
- The remaining bottlenecks, such as challenges with the IP issues and humanitarian buffer-related issues, need to be addressed as part of the efforts to address future pandemics. The ACT-Accelerator would have been more successful if it more effectively listened to LMIC, civil society and communities expertise; and involved these agents in the decision-making.