

COVAX Phase II: Collaborative Agreement on Vaccine Allocation (CAVA)

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Oxford, United Kingdom

COVAX

CEPI   

Signatories

COVAX Facility

World Health Organization; Gavi, The Vaccine Alliance; CEPI; UNICEF

Donor Countries

United States; Germany; UK; European Commission; Sweden; Japan

Non-Donor Country Stakeholders

China; India; Bangladesh; Indonesia; Vietnam; Russia; Saudi Arabia; Nigeria; Ghana; Democratic Republic of Congo; Turkey; South Africa; Venezuela 1 (President Nicolas Maduro); Venezuela 2 (President of National Assembly Juan Guaidó); Brazil; Mexico; Peru; Canada; Australia

Civil Society Stakeholders

Oxfam; UN Special Rapporteur; UN High Commissioner for Refugees; Greta Thunberg; A representative of Prince Harry & Megan Markle; Bill Gates; Melinda Gates; Representative of International Travel Business

A. Preamble

Recognizing... the devastating impact the COVID-19 pandemic has had, and continues to have, on the people, countries, and economies of the world.

Affirming... the critical importance of putting an end to the pandemic by building global herd immunity, through the widespread, equitable access to effective vaccines.

Acknowledging... the necessity of international cooperation, decisive decision making, and global leadership.

Appreciating... the diversity of background domestic and regional contexts and interests.

Recognizing... that lower and middle income countries are disproportionately disadvantaged by the current distribution of vaccines and the subsequent need for the fair and equitable distribution of vaccines to these vulnerable populations is imperative to ending the pandemic.

Emphasizing... the importance of science and data-driven decision-making.

Building upon... the successful completion of Phase I of COVAX's vaccine allocation.

Establishing... an international collective agreement for the Phase II distribution of COVAX COVID-19 vaccines:

B. Agreement

Moving forward, under Phase II of the COVAX vaccine global rollout, COVID-19 vaccines will be disbursed to countries based on the following principles:

1. Just as Phase I saw all COVAX countries receive enough vaccines to inoculate 20% of their respective domestic populations, Phase II shall see countries not receive additional vaccines until all COVAX participating countries have been offered enough to vaccinate 50%, 75%, then 90% of their domestic populations.
2. Within the subphases outlined in Principle 1, vaccines will be disbursed as determined by COVAX's Allocation Mechanism—a collaboration between the COVAX Facility, the Independent Allocation Validation Group (IAVG), and the Joint Allocation Taskforce (JAT). All decisions will be made in keeping with the latest in scientific and public health research. Details regarding how the expert standing committee will make subphase allocation decisions—the standards they will use—are outlined in *Section C: Subphase Allocation Standards*.

3. Before receiving vaccines, countries needing to improve their logistical capacity will have the opportunity for consultation with and, importantly, support from COVAX's Country Readiness and Delivery Workstream, in conjunction with UNICEF, UNHCR, and other humanitarian agencies, on a fast-tracked basis. The purpose of this is to ensure no vaccines are wasted due to a lack of capacity and that no country is disadvantaged due to preexisting or structural inequalities. This consultation will occur before or in parallel with vaccine distribution and will neither hold any negative impact regarding whether or not countries are allocated vaccines nor delay their receipt of vaccines, as per Section C.
 - a. Strengthening logistical capacity can include (but is not limited to) assistance with regulatory approval of vaccines from the COVAX portfolio, improving COVID-19 monitoring systems, determining the most appropriate vaccine for the context, plans for equitable and non-discriminatory in-country vaccine distribution, campaigns to address vaccine hesitancy, vaccine transport and storage, waste management, workforce training, data systems infrastructure, cold-chain capacity, etc.
 - b. 8% of COVAX's overall funds, including existing and/or additional funding provided by donor countries, will go towards building up the logistical capacity of countries with low capacity to deliver vaccines and monitor cases.
 - c. The determination of whether – or not – countries need to improve their logistical capacity could be achieved by the countries self-reporting themselves or assessed by a working group composed of COVAX experts and other stakeholders. As guided by international law, all countries must consent before COVAX offers assistance.
 - d. Regulatory harmonization and the allocation of contextually appropriate vaccines (based on but not limited to circulating COVID-19 variants, vaccine disinformation, and logistical constraints like dosing or cold chain) will be given high priority in this process. Regulatory harmonization will be done in close consultation with local regulatory authorities and waivers to harmonization would be granted based on evidence-based contextual considerations.
 - e. In the event that a country is unable to deploy vaccines received in a manner to avoid substantial waste following Section 3b, it shall be required to inform COVAX. COVAX shall retrieve and redistribute remaining vaccines to other countries, in line with the standards outlined in Section C.
 - f. COVAX will make every effort to expand the available portfolio of COVID-19 vaccines to the ones which have been approved by WHO. For doing this, COVAX will have the right to ask for additional data from vaccine providers in order to ensure that the vaccines that are being distributed by COVAX are safe and able to provide the expected protection.
4. COVAX will withhold 10% of COVAX vaccines produced in a central stockpile, of which 5% will be allocated to refugee and indigenous populations, as well as

recipients of humanitarian aid, and 5% will be allocated to areas with extreme Outbreaks of Global Concern ("OGCs").

- a. OGCs will be determined by the COVAX Allocation Mechanism experts, in consultation with the World Health Organization's Variant of Concern Consultation Group.
- b. Distribution of vaccines to refugees, internally displaced people, asylum seekers, displaced persons, those in areas of ongoing conflict, stateless groups, political prisoners, and persecuted ethnic minorities will be determined by the WHO's Humanitarian Buffer Technical Working Group in consultation with UNHCR and will prioritize countries that host the largest numbers of refugees, according to the UNHCR Refugee Population Statistics Database.
- c. All countries are to distribute the vaccine without discrimination of gender, citizenry status, political affiliation, ethnicity, or religion, race, or sexual orientation.
- d. Vaccines in the central stockpile withholding will be periodically allocated to countries as part of the primary COVAX allocations and shipments, and simultaneously refreshed by newly produced doses, so as to ensure all are used before their expiry date.
- e. After the completion of Phase II—as determined by all countries having received enough vaccines for 90%+ of their population—this stockpile amount will be increased to further support vulnerable populations.

C. Subphase Allocation Standards

1. The following standards will be used to guide the decision-making of the COVAX Allocation Mechanism bodies. These subarticles are not listed in order of priority, and each will be given significant consideration in the ultimate allocation of vaccines:
 - a. Vaccines should be allocated to countries with the lowest percentages of their populations currently vaccinated.
 - b. Vaccines should be allocated to countries with the greatest health vulnerabilities, as measured by average life expectancy at birth, status of universal health coverage, and healthcare system saturation (% occupancy of hospital beds).
 - c. Vaccines should be allocated to countries where the impact of COVID-19 on poverty is greatest, as measured by the percentage increase in the absolute size of the poverty gap during 2020 and 2021.
 - d. Vaccines should be allocated to countries with high levels of COVID-19 transmission rates (R number), assessed according to a common methodology to be agreed by countries within the COVAX facility. Where there is no

reliable data for transmission rates, other factors (such as above-average death numbers not officially attributed to COVID-19, health spending per capita, life expectancy, GDP per capita, poverty gap) should be considered to be overriding. Countries that have followed WHO guidelines and recommendations in order to stop COVID-19 spread should not be disadvantaged by any transmission metrics.

- i. Countries significantly suffering from a significant outbreak can be covered by vaccines that have been reserved for extreme OGCs as per Article 4, Section B, if respective criteria are met.
 - e. Vaccines should be allocated to countries where the impact of COVID-19 on socioeconomic outcomes is greatest, as measured by the percent (%) decrease in the observed GDP in 2020 per capita relative to the GDP per capita forecasted in 2019.
2. Receiving countries should commit to review local regulations of WHO EUL-approved vaccines, thereby enabling procured vaccines to be distributed efficiently among countries while accounting for suitability with local context. A COVAX regulatory committee will be created to provide technical assistance to facilitate regulatory harmonisation in close collaboration with local regulatory authorities.
 3. Accessibility and best effort towards lack of discrimination should be considered when allocating vaccines to recipient countries.
 4. The vaccine allocation formula outlined herein shall be reviewed periodically by the COVAX expert panel and adjusted accordingly to reflect the rapidly evolving nature of the COVID-19 pandemic.
 5. In the event that a country is unable to secure COVID-19 vaccines to meet its domestic needs, said country may access vaccines in proportion to the doses contributed to COVAX according to the principles outlined in this policy, for example, if said country is going through an Outbreak of Global Concern ("OGCs"), according to the definition given in Section B Principle 4.

D. Appendix

Nothing included within this Section will be a binding part of the Agreement. Rather, information contained herein is included based on stakeholders' interests in having it "noted" on the record.

1. Considering their crucial role in the long-term endeavor to vaccinate the world and support the implementation of this agreement, the COVAX Facility and its stakeholders will not engage in legal actions against vaccine manufacturers that are affected by exports bans imposed specifically in 2021 to tackle domestic outbreaks. No bans should be expected after January 2022 and if they are maintained COVAX will proceed according to the contracts that were established and international law.
2. The COVAX Facility should ensure the distribution of testing kits to LMICs and all countries that express a need, in order to strengthen capacity and data quality.
3. Recognizing the immense human suffering due to the current socioeconomic crisis in Venezuela, which has spurred one of the largest internal and external displacement situations in the world, the United States stands with the people of our geographic neighbor Venezuela and pledges to donate 5 million additional vaccines for speedy deployment within the country. This is in addition to previously pledged vaccines to COVAX generally. This donation is dependent on a trustworthy legitimate and democratic government being in place in which the people of Venezuela, who have suffered greatly by the hand of authoritarian regimes, are given the ability to hold their government accountable for vaccine disbursement.
4. Joining our partners in the US and in support of our strong commitment to the alleviation of human suffering, *Australia* also pledges to donate 5 million additional vaccines for speedy deployment within Venezuela. This donation is dependent on a trustworthy legitimate and democratic government being in place in which the people of Venezuela, who have suffered greatly by the hand of authoritarian regimes, are given the ability to hold their government accountable for vaccine disbursement.
5. Joining our partners in the US and in support of our strong commitment to the alleviation of human suffering, *the United Kingdom* also recognizes the immense human suffering due to the current socio-economic crisis in Venezuela, which has spurred one of the largest internal and external displacement situations in the world. As such, the United Kingdom also stands with the people of Venezuela and pledges to donate 5 million additional vaccines for speedy deployment within the country. This is in addition to previously pledged vaccines to COVAX generally. This donation is dependent on a trustworthy legitimate and democratic government being in place in which the people of Venezuela, who have suffered greatly by the hand of authoritarian regimes, are given the ability to hold their government accountable for vaccine disbursement.

6. China is pleased with the results of the negotiation and the reflection of Chinese interests in the resulting agreement, and is willing to enter into a generous supply agreement with the facility and become a financial donor. Moreover, China is willing to contribute Chinese financial resources and expertise to facilitate technology transfer and to help states build healthcare infrastructure to deploy vaccines and recover economically from the pandemic.