Annex B: Further updates: Allocation, Humanitarian Buffer and Contingency provision

Update on Allocation

1.0 The Allocation mechanism was established in a period when countries had not introduced COVID-19 vaccination, when we had little idea of whether countries would be successful in negotiating bilateral deals - or be part of multilateral deals - when the extent of dose donations was unknown, and that products were all considered equal, and supply plans were considered to be relatively fixed.

1.1 We have learned lessons across the course of implementation of the first Phase as we have untaken to address the large disparities in coverage levels and volatility of supply, and at the same time accommodate vaccine preferences for a variety of reasons, not least due to the emergence of variants.

1.2 Given what has been learned and what has changed contextually, several changes to the allocation mechanism are proposed for Q4 allocation and beyond Phase 1. These include**:**

- Taking into account participants' total population coverage in order to serve participants mainly or solely dependent on COVAX for COVID-19 vaccines.
- Factoring in absorptive capacity in collaboration with participants to avoid reallocations, redistributions and redeployments of excess doses, to lower the likelihood of wastage and to allow participants with high absorptive capacity to set ambitious allocation targets.
- Taking need into account in the sequence of dose shipping within a Round.

1.3 **Use of epidemiological considerations in allocation.** The Facility includes epidemiological considerations in determining a priority sequence for shipments of allocated doses. This takes into account both case and mortality trends, as well as vaccination coverage levels, to prioritise shipments. This approach is also used to determine recipients of reallocated doses as well as dose donations. The absorptive capacity of participants is also considered in the shipping sequence, to avoid wastage and refused doses.

Update on Humanitarian Buffer

1.4 In March 2021, the Board approved the financing of the COVAX Buffer by reserving 5% of COVAX AMC Funding. The Board also approved delegating decision making on Humanitarian Buffer dose allocation to the Inter Agency Standing Committee (IASC) Emergency Directors Group, following which, applications for the Humanitarian Buffer opened in May 2021.

1.5 Gavi is working closely with Alliance partners, UNICEF and WHO, as well as the humanitarian sector to operationalise the Humanitarian Buffer. As a result of COVAX-wide supply shortages, the supply to the Humanitarian Buffer has also been restricted. The Humanitarian Buffer Secretariat has received four applications to date[1]. One application, submitted by a humanitarian agency for a vaccination campaign in Thailand, has been approved by the IASC Decision Group, one application was found not viable, while two applications are currently under review. Specifics of each application, such as the applicant agency and population of concern are kept confidential by default, at least until such a time as they are approved. This is done to ensure the implementation in conflict settings does not create any security or other protection risks for vulnerable groups and implementing partners. In order to reconcile confidentiality needs and transparency requirements to the best possible extent, the IASC and Alliance partners are developing an information sharing protocol.

1.6 Secretariat teams are in active discussions with all manufacturers who supply the COVAX Facility to request that doses provided to humanitarian agencies through the Humanitarian Buffer have the indemnification requirement waived. The Secretariat is also regularly liaising with the humanitarian sector during on-going negotiations. Without a resolution to the indemnification requirement for humanitarian agencies, Humanitarian Buffer doses may only be deployed by countries or by humanitarian agencies in partnership with countries. In some of the most acute humanitarian settings, such as active conflict zones, where this may not be possible, and access is only possible via humanitarian agencies, these agencies will remain unable to deploy most vaccines in the COVAX portfolio to reach populations of concern until a waiver is granted. To date, only three manufacturers have agreed to waive their I&L requirement, which is highly concerning.

1.7 In October 2021, the Secretariat will report to the PPC on the operations of the Humanitarian Buffer, and the Humanitarian Buffer will be included as a specific disaggregation to the COVAX Reporting Framework that is routinely shared with the Gavi Board. Additionally, learnings from the Humanitarian Buffer are being documented on an ongoing basis and will be included as part of the broader COVAX learning agenda and inform ongoing process improvements. Importantly, learnings from creating the Humanitarian Buffer will provide further insights into reaching communities with zero-dose children in humanitarian settings. These learnings are also expected to shed some light on new ways of working, for example, the need for a greater focus on human-centred approaches and humanitarian health expertise to reach populations of concern, as compared to traditionally country-driven approaches which may not be optimal in humanitarian and other fragile and conflict-affected contexts.

1.8 Lastly, the establishment of the COVAX Humanitarian Buffer has provided further impetus for the Secretariat team to work closely with the

[1] As of 30 August 2021

humanitarian sector and emergency units of Alliance partners. As part of the operationalisation process, a global demand mapping has been carried out with inputs from Alliance partners and member agencies of the IASC. In coordination with these stakeholders the Secretariat team are actively monitoring how demand is evolving due to inclusion or exclusion of populations of concern in the roll-out of vaccines and also from humanitarian crises where unforeseen demand may arise.

Update on the Contingency Provision of the COVAX Buffer

1.9 The Board was informed about the concept of the Contingency Provision element of the COVAX Buffer in March. The Contingency Provision (CP) element of the COVAX Buffer was envisioned to enable an emergency release of doses to meet public health needs where normal vaccine allocation timelines may not be sufficient. However, this ability to provide a surge of doses towards addressing extraordinary situations is only considered relevant and appropriate once all COVAX Facility participants have been allocated a base amount of vaccines. Another consideration in March was to take into account the learnings from the initial roll out of COVID-19 vaccines, and the developing epidemiology and the emergence of variants to feed into the design and need of the CP. The Secretariat informed the Board that it will come back to the PPC and Board later in 2021 with further details regarding the design and operationalisation of the CP. Given the current levels of vaccine coverage among Facility participants and the global prevalence of the new variants, the CP is not considered an appropriate intervention at this point, and in its absence the Humanitarian Buffer will continue to form the full scope of the COVAX Buffer.