

Annex C: COVAX Reporting Framework

Section A: Update on Gavi's COVAX Facility and COVAX AMC Monitoring, Evaluation and Learning (MEL) strategy

The table below provides some of the key highlights and updates on progress against the core elements of Gavi's COVAX Facility and COVAX AMC MEL Strategy since the December 2021 Gavi Board.

MEL strategy component	Key activity	Highlights / update (June 2022)
<i>Cross-cutting</i>	COVAX Theory of Change	Refined and updated core theory of change reflecting 2022 strategy developed. Nested theories of change will also be utilized by the independent evaluators as part of their theory-based evaluation.
<i>Monitoring</i>	COVAX Reporting Framework	Reporting against COVAX Reporting Framework made available for PPC and Board. Refined COVAX Reporting Framework to reflect strategic shifts for 2022. The framework may be further refined over the course of 2022 to reflect further evolutions in programming / strategy.
	Complementary monitoring to COVAX Reporting Framework	COVAX Facility, Gavi Secretariat teams and core COVAX partners continue to monitor aspects of the Facility and AMC to a much greater extent beyond the metrics currently captured in the topline Reporting Framework. Examples include: <ul style="list-style-type: none"> • Vaccine Delivery Partnership outputs focusing on absorption rates and other key delivery metrics; • Monitoring of operational progress across subgrants funded through COVID19 Delivery Support; • Other operational metrics and analyses across supply, allocation, deliveries and in-country implementation gathered internally.
	Core country monitoring and reporting on COVID-19 / COVAX	COVAX continues to utilise the WHO-UNICEF electronic Joint Reporting Form COVID-19 module (monthly reporting) launched in March 2021 to gather core reporting from COVAX participants. Despite improvements over time, reporting completeness continues to be an issue.

		Recipients of COVID19 Delivery Support grants such as Early Access and Needs-Based support are expected to report back on a six-monthly basis to Gavi.
<i>Evaluation</i>	Multi-stage independent evaluation of COVAX Facility and COVAX AMC commissioned by the Gavi Secretariat	<p>Itad (www.itad.com) was selected as the independent evaluator for the first stages of the multi-stage evaluation of the COVAX Facility and COVAX AMC. The evaluability and evaluation design phase was completed in January 2022. This report can be found here: https://www.gavi.org/programmes-impact/our-impact/evaluation-studies/gavis-covax-facility-and-covax-amc-evaluability-assessment-evaluation-design-study</p> <p>The baseline and formative review phase began in March 2022 and will run through till March 2023. Interim findings are expected in August 2022, the draft report in December 2022 and a final report in March 2023. Itad will employ a mixed-methods approach to their theory-based evaluation, including primary data collection from a sample of countries to provide country insights. The baseline and formative review phase will generate initial findings against all evaluation questions, but with particular focus on design and process / implementation to date. Outcomes and impacts will likely be evaluated to a greater extent through future evaluation phases (mid-term and endline).</p>
<i>Learning</i>	COVAX design, results, impact, challenges, lessons learnt from COVAX for 5.0 & future pandemics	Incorporated into the Gavi-commissioned independent multi-stage evaluation of the COVAX Facility and COVAX AMC, with initial insights due to be shared through the baseline and formative review reports and rapid reviews.
	Learning syntheses / rapid reviews on a rolling basis (less in-depth in nature and to inform course-correction and continuous improvement)	Complementary to the evaluation work, internal documentation and syntheses of key lessons learned will continue in 2022. Topics for 2022 include, but are not limited to the following: <ul style="list-style-type: none"> • Humanitarian Buffer (design, processes, implementation and results); • Documentation of lessons learned across COVAX innovations;

		<ul style="list-style-type: none"> • Syntheses of findings and experiences related to Monitoring Agents funded via COVID19 Delivery Support. Highlights will be shared through various means (such as PPC and Board materials, COVAX governance meetings, learning briefs etc).
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Section B: Overview of the COVAX Reporting Framework

The COVAX Reporting Framework contains topline performance metrics, mapped to the evolving iterations of the COVAX Theory of Change.

It is important to note that the Framework focuses primarily on metrics that measure aspects of COVAX that Gavi has accountability for, while also incorporating a high-level end-to-end perspective of COVAX Facility and COVAX AMC goals and objectives. It incorporates both metrics that measure performance directly attributable to COVAX Facility and COVAX AMC as well as performance metrics where Gavi / the COVAX Facility play a more contributory role.

In terms of other aspects to note while reading the COVAX Reporting Framework:

- **Indicator definitions:** An appendix containing COVAX Reporting Framework indicator definition sheets is available on Board Effect / upon request.
- **Updates made to the COVAX Reporting Framework in 2022:** The COVAX Reporting Framework has evolved with COVAX vision, strategy and updated priorities for 2022. While some metrics remain consistent to those reported on in 2021, others are new to reflect 2022 shifts and several metrics reported on in 2021 have been sunsetted (given these measured the success of setting up and launching of the COVAX Facility and COVAX AMC).
- **Targets:** Given the evolving nature of the COVID-19 pandemic and COVAX strategy and programming, we used three principles to establish targets: 1) Ensure consistency with targets already in public domain / sensitised with key stakeholders; 2) Targets should exist where appropriate and meaningful; and 3) Monitoring directionality is sometimes sufficient or most appropriate.
- **Outcome metrics:** The methodology used for calculating both persons vaccinated and coverage for COVID-19 supported by COVAX is subject to further refinements, particularly as COVID-19 programmes evolve. The methodology is co-developed with Alliance partners and was recently subject to an external peer-review as well.
- **Impact:** We continue to engage with Imperial College, London, on impact modelling related to COVID19 vaccination. Their most recent estimates of deaths averted due to COVID19 vaccination (from the start of the pandemic through till early December 2021) found that COVID19 vaccination averted approximately 17 million deaths by the end of 2021. Of the 7 million deaths averted due to COVID19 vaccination across the AMC portfolio, they estimated nearly 1 million (15%) of these may be attributable to COVAX-supported doses.

- **Reporting on actuals for June 2022 Board:** The data compiled and presented for this report submitted to the Board was compiled in May/early June, unless noted otherwise.
- **Final report on 2021:** An appendix containing the year-end report against the 2021 COVAX Reporting Framework is available on Board Effect / upon request.

Section C: The COVAX Reporting Framework

COVAX Reporting Framework 2022

Resources committed	Total financial resources committed to COVAX AMC (via direct funding, innovative financing commitments, and Multilateral Development Bank financing capacity)	Target: >\$4.8bn by the end of June 2022
	Total doses secured by COVAX Facility (all modalities) <i>Total APA doses; Total donated doses</i>	Binary target: Sufficient to meet participant demand (Yes)
	Weighted average price per dose	No target
Supply secured against demand	Number of Humanitarian Buffer applications approved <i>By Humanitarian Agencies, by governments</i>	No target
Financing for delivery	% of delivery funds available that have been disbursed or fully committed <ul style="list-style-type: none"> With associated breakdown of investments per sub-grant category Further breakdown (categories) of how funds used by countries 	Target: 100% of \$972m mobilised for delivery by end of 2021 disbursed / fully committed by end 2022
	% of requested doses allocated (volume) <i>VDP34, AMC91</i>	Target: 100%
Doses delivered	Total number of doses delivered by COVAX <i>By APAs, By donations, By HB, AMC92</i>	No target
	% participants on track to meet their targets / % participants met their targets <i>VDP 34, AMC92</i>	No target
Participants supported per their ambitions	Total persons vaccinated and coverage: All Source <i>Total, primary series, booster etc</i> <i>All COVAX, AMC92/91, VDP34, income groups, regions etc</i>	No target
	Total persons vaccinated and reported coverage: Health Care Workers and Older Adult Population (Highest Risk Population Groups) <i>Total, primary series, booster, AMC92/91, VDP34, income groups, regions etc</i>	Aspirational target: 100% coverage of health care workers and 100% coverage for older adult populations with complete primary series by end 2022
Persons vaccinated & protected	Total persons vaccinated and coverage: COVAX supported (estimated) <i>All COVAX, AMC92/91</i>	No target

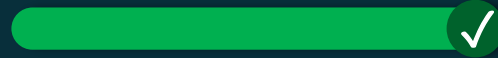
NB: We will continue to share updates on public health and available evidence on broader impact for contextual purposes

COVAX Reporting Framework: Board June 2022 Report

Resources committed

1.0 Total financial resources committed to COVAX AMC (via direct funding, innovative financing commitments, and Multilateral Development Bank financing capacity)

USD\$5.2bn committed against target of >USD\$4.8bn by end of Q2 2022



- These commitments equate to a total of US\$2.1 billion in new sovereign donor pledges towards the 2022 AMC fundraising ask, as well as US\$ 2.1 billion worth of commitments via new innovative financial mechanisms provided by the EIB and the United States Development Finance Corporation (DFC), and least US\$ 1 billion made available by three multilateral development banks (MDBs) – World Bank, Asian Development Bank and European Investment Bank (EIB).
- The commitments will enable COVAX to provide urgent delivery support for lower-income countries and support the launch of the Pandemic Vaccine Pool to support future procurement of new COVID-19 vaccines, on behalf of COVAX AMC participants, should they be needed. Commitments from MDBs enable low-cost financing for these countries to purchase additional vaccines.

Supply secured against demand

2.0 Total doses secured by COVAX Facility (all modalities)

**2.163 billion doses (APA)
1.018 (Donated)**



Sufficient supply to meet demand

- APAs (data compiled 02 June 2022): These volumes are based on APAs signed with the following ten manufacturers: AstraZeneca, Clover, Janssen, Moderna, Novavax, Pfizer/BioNTech, SII-AstraZeneca, SII-Novavax, Sinopharm, Sinovac. Note that 64M of these committed doses are under COVAX's contract with Clover which are subject to its vaccine candidate being granted WHO EUL. These volumes are for all COVAX Participants and are inclusive of vaccines already delivered to countries.
- Donated doses (data compiled 02 June 2022): Donations from >30 unique donors (Includes pledges coming from both individual countries and from Team Europe as a whole). Donations to date have been largely equally split across AstraZeneca, Janssen, Moderna and Pfizer. This volume represents a slight reduction compared to previous reports due to write-offs of expired doses and logistical adjustments of offer volumes.

3.0 Weighted average price per dose

\$5.17 USD for AMC participants

- The WAP is calculated based on Jan 2021-March 2022 deliveries. For AMCs, the WAP has reduced from \$5.61 (Jan-Dec 2021). This decrease is driven mainly by negotiated price reductions, changes in supplier composition and minor adjustments to the methodology (namely switch to J&J as a two-dose regime for complete primary series).
- The WAP for all COVAX participants (SFP and AMC) is \$5.48 USD (down from \$5.79 USD).

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Supply secured against demand (cont.)

4.0 Number of Humanitarian Buffer applications approved

6 applications approved out of 8 received

- Eight requests for HB doses received as of 1 June 2022.
- Six applications were approved by the IASC Decision Group. The two that were not approved were disregarded / not taken forward prior to full review and approval. Two applications that were approved were subsequently withdrawn by the applicants prior to any delivery of doses.
- The total volume of approved doses across approved applications amounts to 3,555,600.
- Lessons learned related to the humanitarian buffer are captured in Governance papers.

Financing and support for delivery provided

5.0 Percentage of delivery funds available that have been disbursed or fully committed

65% of funds secured¹ for delivery by end of 2021 disbursed or fully



64% of available funds for delivery (cumulative) disbursed or fully committed

- \$636m of COVID19 Delivery funds have been committed / approved by Gavi
- \$523m have been fully disbursed
- An additional \$24m has been made available for delivery in 2022 (received in 2022 and available for disbursement), with an additional \$600m expected.
- These funds are used across a portfolio of grants, which include grants / windows that participants can directly apply to (such as Early Access and Needs Based windows), specific support for vaccine confidence related work, support for cold chain equipment such as Ultra Cold Chain, technical assistance and stock management among other things.
- Data as of 12 May 2022

¹ A total of \$972m had been secured for delivery by end of 2021

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Doses delivered

6.0 Percentage of requested doses allocated

100% of requested doses (volume) allocated
Per Allocation Rounds 15 and 16
(covering April-October 2022)



- This metric will be reported on a rolling basis and is directly tied to Allocation Rounds. Demand and requested doses are gathered through the demand planning exercise launched with AMC participants in 2022. Note that as demand is dynamic in nature and can be requested at any point in time, there is likely additional demand at any point in time not yet integrated into allocation processes.
- Per Allocation Round 15, which covers the period April-September 2022, 100% of demand in terms of volumes was allocated to AMC participants. 90% of demand was matched in terms of primary preferred product, with the remaining 10% of demand offered via secondary or alternative products.
- Allocation Round 16, which covers the period July-October 2022, is being finalised in early June 2022. This round represents any additional demand for July-September (previously covered in Allocation Round 15) and new demand for October 2022. Initial analysis suggests that 100% of demand in terms of volumes will be allocated to AMC participants, with product matching to be approximately 63% of demand matched in terms of primary preferred product, with the remaining 37% of demand offered via secondary or alternative products.

7.0 Total number of doses delivered by COVAX

1.34bn doses delivered to 87 AMC participants

- 719m APA doses delivered to AMCs
- 625m donated doses delivered to AMCs
- 2,451,600 doses delivered to two approved Humanitarian Buffer recipients
- 1.52bn doses delivered across all COVAX participants (AMC, SFP and Humanitarian Buffer)
- The five AMCs who have not yet received COVAX doses: Burundi, Eritrea, Marshall Islands and Micronesia (AMC eligible, but not confirmed or active participants) and DPRK (have been allocated doses, but yet to accept)
- Source: UNICEF COVID19 Procurement Portal as of 01 June 2022

Participants supported per their ambitions

8.0 Percentage of participants on track to meet / met their targets

Reporting still under development while targets are confirmed with participants

- COVAX launched demand planning exercises with AMC participants in 2022.
- While the majority of AMC participants have shared some coverage targets for their COVID-19 vaccination programmes, work is ongoing with participants and regional colleagues in June 2022 to further interrogate and confirm the nature of these targets. As such, reporting on whether participants are on track or have met their targets will be shared in future reports.

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Persons vaccinated and protected

9.0 Number of persons vaccinated and coverage reached with COVID-19 vaccines (All vaccine sources)

AMC92: 1.8bn reached with complete primary series (46% coverage)

- This represents an additional 500m persons vaccinated since end of December 2021, and an increase of 16 percentage points for coverage with complete primary series from the end of December 2021
- AMC 92 coverage with at least one dose: 54%
 - 5.2% coverage with a booster and/or additional dose
- AMC 91 (excluding India): 37% with complete primary series; 43% with at least one dose
 - 6.3% coverage with a booster and/or additional dose
- Approx. 20 AMCs have formally reported that their national vaccination policy permits the vaccination of children and/or adolescents
- Source: WHO COVID-19 vaccine dashboard as of 25 May 2022; DPRK and Eritrea not yet vaccinating

9.1 Coverage reached with COVID-19 vaccines (all vaccine sources) amongst health care workers and older adult populations

AMC92 health care workers: 75% with complete primary series



AMC92 older adult population: 57% with complete primary series



Against aspirational target of 100%

- 68 AMCs ever reporting health care worker (HCW) coverage
 - 68% booster dose coverage among HCWs in the 11 AMCs reporting booster dose coverage among HCWs
- 63 AMCs ever reporting older adult population
 - 12% booster dose coverage among older adults in the 10 AMCs reporting booster dose coverage among older adults
- For HCW coverage, this represents a 2% increase in coverage compared to end of December 2021. For older adult population, this represents a 34% increase in coverage compared to end of December 2021 (although likely more reflection of under-reporting in 2021).
- Source: Vaccine Delivery Partnership data as of 02 June 2022

10.0 Number of persons vaccinated and coverage reached with COVID-19 vaccines (supported by COVAX)

AMC92: 417m reached with complete primary series (10% coverage)

- This represents an additional 169m persons vaccinated since end of December 2021, and an increase in 3.8 percentage points for coverage with complete primary series from the end of December 2021
- AMC 92 coverage with at least one dose: 13%
- AMC 91 (excluding India): 14% coverage with complete primary series; 18% with at least one dose
- 86 AMCs have administered COVAX doses
- Source: WHO regional dashboard data, UNICEF COVID-19 Market Dashboard, and WHO COVID-19 Dashboard
- **NB: New update forthcoming. Note that this estimate based on data compiled between 29 March - 11 April 2022**