

SUBJECT: COVID-19 VACCINE DEVELOPMENT, ACCESS AND DELIVERY

Agenda item: 05

Category: For Decision

Section A: Executive Summary

Context

In the context of the broader COVID-19 response, the Gavi Board has expressed its support for Gavi to partner with others to make affordable vaccines available and accessible to those most in need and planning for deployment of vaccines so they can be delivered as soon as they are available.

Questions this paper addresses

- What progress has Gavi made together with partners in securing access to sufficient and timely supply to suitable COVID-19 vaccines and planning for future delivery including potential requirements for cold chain equipment?

Conclusions

The Access to Covid Tools (ACT) Accelerator has been established as a collaboration mechanism for COVID-19 diagnostics, therapeutics and vaccines. Within the ACT Accelerator Vaccines Pillar, Gavi is leading a workstream on vaccine procurement and delivery at-scale, while the Coalition for Epidemic Preparedness Innovations (CEPI) is leading on development and manufacturing and WHO is leading on policy and allocation. All three partners have committed to working together closely to support a seamless effort toward the rapid development and equitable delivery of COVID-19 vaccines.

With regards to securing supply of COVID-19 vaccines, Gavi, together with partners, has launched the COVID-19 Vaccines Global Access (COVAX) Facility. The Facility aims to pool demand and resources toward securing access to future supply of COVID-19 vaccines. All countries are invited to participate in this global Facility, which will utilise a mix of manufacturer-specific volume guarantees and market-wide demand guarantees. The Secretariat is continuing to work closely with stakeholders to complete the design and begin operationalisation of the Facility, including raising the necessary funding.

Coordination across the ACT Vaccines Pillar workstreams will be essential to ensure that characteristics of developed vaccines are appropriate for Gavi-supported countries. Early discussions have been initiated within the Alliance on potential vaccine use scenarios and the country-level planning, training and community and social mobilisation interventions that will be required for successful

delivery at scale of COVID-19 vaccines. Gavi will also leverage its Cold Chain Equipment Optimisation Platform (CCEOP) platform to ensure countries ramp up their cold chain capacity to accommodate prospective COVID-19 vaccines, should additional cold chain be required, as well as other commodities.

Section B: Overview of Gavi's engagement in COVID-19 vaccines

1. Context

- 1.1 **The world urgently needs safe and efficacious COVID-19 vaccines** to protect the most vulnerable, stop transmission and prevent resurgence of COVID-19. Through vaccination, we can mitigate the need for repeated rounds of distancing measures and associated negative social and economic impacts which would be significant.
- 1.2 Fortunately, COVID-19 vaccine development is advancing at an unprecedented pace - as of June 16, there are at least 128 candidates across at least nine different technology platforms in preclinical development and ~11 candidates already in early stage human clinical trials. However, **beyond developing vaccines quickly, it is critical that there is sufficient supply** of appropriate, safe and efficacious COVID-19 vaccines as soon as possible, and that when available, supply and access are prioritised equitably based on public health need and **health systems are ready to deliver vaccines** where they are needed rapidly, safely and at scale.

2. Access to Covid Tools (ACT) Accelerator

- 2.1 The **Access to Covid Tools (ACT) Accelerator** was launched in April as a global collaboration to accelerate the development, production and equitable access to new COVID-19 diagnostics, therapeutics and vaccines. There is also a cross cutting workstream to help prepare health systems to enable rapid scale-up of these commodities, in which Gavi is also actively engaged. **Gavi is co-leading the Vaccine Pillar of the ACT Accelerator together with the Coalition for Epidemic Preparedness Innovations (CEPI)**. CEPI and Gavi's joint leadership on COVID-19 vaccines capitalises on both organisations' strengths and comparative expertise, thereby ensuring effective linkages from upstream development to downstream access and delivery. This builds on the longstanding relationship between the organisations, which has included regular information sharing, strategic discussions and Gavi's participation in CEPI's Joint Coordination Group.
- 2.2 The ACT Accelerator **Vaccine Pillar will focus on three workstreams:**
 - a) **Development and Manufacturing Workstream (led by CEPI):** selection of and investment in research and development for a set of some of the most promising candidates and support for addressing early manufacturing bottlenecks. CEPI currently has a portfolio of 10 candidates and has a call ongoing for additional partnerships.

- b) **Procurement and Delivery-At-Scale Workstream (led by Gavi):** design and implementation of mechanism(s) to secure sufficient, timely and affordable vaccine supply globally including the use of innovative financing and activities to prepare and support lower income countries to deliver vaccines as soon as they are available.
 - c) **Policy and Allocation Workstream (led by WHO):** guidance and recommendations on equitable allocation of vaccines based on public health criteria and other key topics (e.g. vaccination strategy, regulatory, ethics, etc.).
- 2.3 These workstreams are interdependent and **CEPI, WHO and Gavi, alongside other stakeholders, are collaborating closely** across them. The goal is to have an end to end view on vaccines. The following sections provide an update on progress on the Gavi-led workstream with Section C focused on vaccine procurement and Section D on vaccine delivery. Within this workstream, the Secretariat is also developing a cross-cutting monitoring and learning approach. This includes development of the Theory of Change for engagement in the ACT Accelerator, prioritising the key monitoring and learning questions across partners and planning and implementing the data collection to provide timely information on the COVID-19 situation and progress of the COVID-19 vaccines along the value chain. This monitoring data is being utilised to inform demand scenarios and establish a learning agenda to address the priority questions, leveraging on-going assessments and evaluations where possible.

Section C: Enabling supply of future COVID-19 vaccines

3. Issue

- 3.1 To control the pandemic, COVID-19 vaccines must be accessible globally and available rapidly. Achieving this scale of vaccine production as quickly as possible will **require incentivising manufacturers to expand production capacity**, while they are still developing their vaccines, by **providing certainty of future procurement**.
- 3.2 Individual countries and groups of countries are already trying to address this challenge and secure vaccine for their domestic needs by entering into bilateral or regional agreements with manufacturers. However, such a **siloed and disaggregated approach is not the best or most efficient**. The competition for vaccine candidates could lead to a global bidding frenzy, driving up pricing. As some vaccines are successfully developed, and most others are not, access to vaccine candidates would be limited to a privileged few countries that selected the successful candidates¹. The outcomes for **lower income countries** would be particularly dire. Without the necessary financing or the ability to take risks with domestic resources

¹ Research suggests that historically, vaccine programmes that have not yet entered human trials have just a 7% probability of succeeding, which rises to only 17% once they enter human trials; these statistics may be too optimistic for COVID-19 where the vaccine programmes are being dramatically accelerated.

during the pandemic, they would not be able to enter into supply agreements and **would be left behind** with associated global health security risks.

- 3.3 For industry, supplying vaccines to only a few high income countries is also not satisfactory. It raises the risk that they will be criticised as many countries which they serve for other vaccines will not receive COVID-19 vaccine doses, whilst others do.
- 3.4 A **globally coordinated solution** is needed. By working together, countries can **jointly manage the uncertainty** of which vaccine candidates will succeed by **pooling demand and resources**, as well as technical expertise and information on vaccine candidates and investments. A collective approach allows for a larger portfolio of vaccine candidates than can be reached independently. As further understanding of the science is reached, the portfolio can be adjusted and optimised to maximise probability of success and to assure the best use of manufacturing assets.

4. COVID-19 Vaccine Global Access (COVAX) Facility

- 4.1 The Gavi Secretariat, working closely with technical partners (Bill & Melinda Gates Foundation (BMGF), CEPI, UNICEF, WHO, World Bank) and consulting with developing countries, civil society, experts and donors, has **developed a preliminary design for such a global solution: the COVID-19 Vaccine Global Access (COVAX) Facility**. This work within the COVID-19 ACT Accelerator has advanced under the guidance of the Gavi CEO and Board Chair, under the authority granted to them by the Gavi Board at its meeting on 11 May 2020. This Facility would **complement other ACT Accelerator efforts led by CEPI, WHO and other actors**, to collectively facilitate equitable access to COVID-19 vaccines. The key principles and design features of the Facility are described below, while additional detail can be found in Annex B. The Secretariat is continuing to engage closely with stakeholders to complete the design of, and begin to operationalise, the Facility.
- 4.2 **All countries are invited to participate in the global Facility and secure access to affordable vaccine supply**. Countries with less resources or purchasing power would benefit by entering into a joint pool for securing and procuring vaccine. Even those countries who do have the resources to enter into bilateral agreements with manufacturers, or have already done so, would benefit as the Facility would pursue a portfolio of vaccine candidates, insuring against the risk that the candidates they have invested in are unsuccessful.
- 4.3 Being an active participant in the Facility comes with obligations for countries. They are asked to **commit to purchase through the Facility the doses to vaccinate their highest priority populations**. And they would be asked to confirm this commitment by making upfront financial contributions to the Facility, proportional to the number of doses they will receive, enabling the Facility to enter into manufacturer agreements for future vaccine supply. In exchange, **countries will receive affordable**

access to the supply of efficacious and safe vaccines needed to vaccinate their highest priority populations.

- 4.4 To ensure participation in the COVAX Facility is possible for all countries, it is envisaged that financial institutions will support some participating countries with predictable and timely financing. This is likely to include **support from Gavi to low and lower middle-income countries through Official Development Assistance (ODA) funding**. These countries could potentially receive support for example, for contributions to the Facility, vaccine procurement, delivery and technical assistance. Other middle-income countries could potentially be eligible for specific financing or credit enhancement support from other entities to enable their participation in the Facility.
- 4.5 **Countries that fully self-finance their participation in the global Facility (e.g. high income countries (HICs) and upper-middle income countries (UMICs)) access a dedicated proportion of that real-time vaccine production** to be used by these countries according to the guidance provided by their national advisory bodies. The exact amount of dedicated real-time production still needs to be determined, but could be a proportion of population. Fully self-financing countries that engage in bilateral deals would be encouraged (but not required) to donate any doses they may not require to the Facility. **Timing of commitment to the Facility will make a difference**. Fully self-financing countries that join the Facility before early deals with manufacturers are concluded (date to be determined) will be able to access the dedicated volume for self-financing countries, while those that commit after this point would not have this assurance.
- 4.6 Funded countries (e.g. low income countries (LICs) and lower-middle income countries (LMICs)) would also access dedicated volumes at the same time as soon as they become available to the Facility to meet requirements to vaccinate the highest priority populations. **The allocation of vaccine to funded countries would be based on the global allocation framework under development by WHO, which builds on WHO's policy recommendations.**
- 4.7 **The COVAX Facility will be time-limited**, focused on addressing supply requirements for reaching agreed priority populations to control the pandemic and to create a healthy vaccine market to support vaccine requirements beyond this.
- 4.8 Within the COVAX Facility, an innovative financing instrument – the Gavi **COVAX Advance Market Commitment (AMC)** – will be utilised to secure access to timely and sufficient supply of vaccines for LICs and LMICs, as well as IDA-eligible Small Economies². The Gavi COVAX AMC was launched on 4 June 2020 and is the first innovative finance building block

² This would include 78 countries with GNI p.c. up to ~US\$ 4,000, including West Bank and Gaza, as well as an additional 12 IDA-eligible Small Economies, including Kosovo. Five upper middle-income countries currently included in the 'Gavi 73' would not be included in this set of countries (Armenia, Azerbaijan, Cuba, Georgia and Sri Lanka).

of the COVAX Facility. It has received seed funding of over US\$ 500 million at its launch – primarily ODA from OECD (Organisation for Economic Co-operation and Development) countries. The Gavi COVAX AMC will be supplemented by additional innovative finance building blocks for self-financing HICs and UMICs that choose to participate in the global Facility. While there will be separate sources of financing, manufacturer contracting will be integrated.

- 4.9 To secure access to vaccine supply for the Facility, two types of incentive mechanisms will be utilised. The COVAX Facility will enter into **manufacturer-specific contingent volume guarantees** to procure vaccines that meet the agreed WHO Target Product Profile. This de-risks and incentivises timely investment in expansion of manufacturing capacity. The COVAX Facility will also rely on a **market-wide demand guarantee**. These volume and demand guarantees will be complementary to, and synergistic with, the direct financial support to vaccine developers/manufacturers being provided by other ACT Accelerator partners (e.g. CEPI, BMGF). However, the Facility would also purchase vaccines from other manufacturers not being supported by Accelerator partners.
- 4.10 On behalf of the Facility, UNICEF Supply Division has issued an Expression of Interest (EOI) process with manufacturers in order to provide the Facility with some level of visibility and ensure the volumes and prices intended support the Facility objectives. **Pricing will be negotiated under the expectation that manufacturers seek minimal returns in the near term to vaccinate priority populations and control the pandemic and will take into consideration any other direct financial support received by manufacturers.** Upon availability of doses, countries would utilise **existing procurement mechanisms** (e.g. UNICEF Supply Division, Pan-American Health Organization (PAHO) Revolving Fund, individual country procurement mechanisms).

5. Operationalising the COVAX Facility

- 5.1 Recognising that upfront certainty on demand and financing will be required to incentivise manufacturing expansion, acting urgently is essential. The **COVAX Facility needs to be in place as soon as possible to begin formalising the commitment of participating countries and firm contracting with manufacturers.** Significant delay jeopardises the Facility's ability to ensure access to vaccines for the most vulnerable and the global pandemic is contained in the shortest time possible.
- 5.2 The philosophy of the ACT Accelerator is to not set up new entities or governance mechanisms due the emergent nature of the challenge. This is true here - **setting up a new legal entity with the ability to enter into agreements with participating countries and volume guarantees with manufacturers would significantly delay the time period in which the Facility would be operational.**

- 5.3 Given the previous successful experiences with innovative financing mechanisms, and volume and demand guarantees, it is proposed that the global **COVAX Facility be administered by the Gavi Secretariat**, working closely with other ACT Accelerator partners. Roles and responsibilities, the financing structure and legal agreements for the COVAX Facility will be further defined. For the Gavi COVAX AMC serving Gavi-supported countries (e.g. LICs and LMICs), Gavi governance mechanisms can be used. For the broader COVAX Facility, which also serves fully self-financing countries, a **tailored governance mechanism will likely need to be defined**, ensuring representation of the range of Facility investors and recipients. This would be a similar approach to how Gavi involves the pneumococcal AMC donors in the governance of that mechanism. **The Secretariat will come back to the Board with a more detailed description of Gavi's role in coordinating and operationalising the activities of the COVAX Facility and the Gavi COVAX AMC.**
- 5.4 While the design of the Facility is being completed, progress has already been made in operationalisation, acknowledging the urgency of incentivising manufacturing scale-up. Gavi has signed a **non-binding Memorandum of Understanding with AstraZeneca, who will guarantee 300 million doses of the COVID-19 vaccine** it is developing in collaboration with the University of Oxford. This will be supplied to the COVAX Facility upon licensure or WHO prequalification. Both AstraZeneca and Oxford have committed to operating on a not-for-profit basis for the duration of the coronavirus pandemic period to enable broad and equitable access, including for low and lower-middle income countries. Discussions with other COVID-19 vaccine developers is ongoing. The Secretariat is also in discussions with a number of countries regarding their potential participation in the global Facility.

Section D: Preparing for delivery of future COVID-19 vaccines

6. Vaccine delivery at scale

- 6.1 The delivery of a COVID-19 vaccine at scale will leverage the Alliance's 20+ years of accumulated knowledge and experience of supporting countries to introduce new and underutilised vaccines. In addition, this will require seamless coordination with ACT Vaccine Pillar co-leads CEPI and WHO to both ensure that characteristics of developed vaccines **are appropriate for Gavi supported countries** and that **SAGE (Strategic Advisory Group of Experts on Immunization) recommendations and policy guidance** are contextualised to meet the programmatic realities of LMICs. Information sharing, transparency and the ability to be adaptive to vaccine pipeline developments and evolving COVID-19 transmission dynamics and epidemiology will be key to success.
- 6.2 There are a number of uncertainties related to the characteristics and profiles of future available vaccines. With these in mind, efforts are currently underway to determine vaccine **programme objectives**, map **potential**

delivery and use scenarios, and understand the impact of different characteristics on **costing and funding requirements**. Vaccine characteristics that will need to be taken into account include but are not limited to the recommended dose schedule (1 vs. 2 doses), cold chain requirements (2-8C, -20C or -80C), efficacy/effectiveness and safety among different populations including pregnant women and the elderly. Given the likelihood that target populations will include **unique sub-populations not traditionally reached by national immunisation programmes** (i.e. HCWs (healthcare workers), older adults, individuals with underlying conditions and comorbidities), innovative methods and strategies that leverage ongoing work related to lifecourse immunisation will be necessary.

- 6.3 As with other vaccine introductions supported by Gavi, the Secretariat and Alliance partners will work with ministries of health to develop delivery plans, ensure that appropriate and sufficient cold chain is available, and that quality training is completed. Well developed and tailored **community engagement and social mobilisation interventions** will be required to facilitate **government ownership** of the programme as well as **vaccine trust and acceptance** among community members, influencers and traditional leaders. This will be especially important given the unprecedented rumours around COVID-19 vaccines in some countries.
- 6.4 COVID-19 vaccine deployment and delivery planning will likely take place at a time when countries are still in a state of an active epidemic and will need to be **coordinated with efforts to restore primary health care systems and routine immunisation services**. To facilitate comprehensive planning and preparedness for vaccine delivery and use – for an as-yet unknown product – a set of key activities at the global and country level will need to begin as soon as feasible. In addition to addressing issues related to absorptive capacity such as cold chain volume capacity, government advocacy and engagement with communities, **proactive investments and strengthening activities** will be necessary to ensure timely vaccine introduction as supplies become available. In particular for LMICs, this includes **regulatory alignment** to minimise delays, improvements in **safety surveillance, impact monitoring** and **human resources capacity**, and considerations related to **indemnification and consumer safety**.
- 6.5 Given the profile of the most advanced vaccine candidates and the lead times necessary to procure, deploy and implement cold chain equipment, cold chain scenarios and contingencies are being developed to assess feasibility and financial implications. The next section provides details of this ongoing work.

7. Cold chain equipment

- 7.1 **The safe and timely delivery of COVID-19 vaccines may require significant and urgent ramp-up of cold chain capacity**. Due to the uncertainties related to vaccine characteristics, profiles and delivery scenarios, **additional CCE (cold chain equipment) needs could range**

from marginal increases to very significant additional investments and market shaping efforts to ensure appropriate supply, products and pricing. Based on a range of realistic scenarios assuming a vaccine requiring storage at 2-8C or –20C, initial high-level estimates³ for additional CCE needs at national, regional and district-levels⁴ in the 51 countries that were anticipated to be eligible for CCE support in Gavi 5.0 range from US\$ ~55 to US\$ ~170 million for the period 2020-2025. Of this, a minimum of 40% of CCE may need to be put in place in 2020-2022. Expanding support to all 78 low and lower-middle income countries and 12 IDA-eligible small economies could increase the estimate by a further US\$ ~85 million to US\$ ~200 million until 2025. In the unlikely case that substantial Ultra Cold Chain (UCC, -80C) capacity will be required, investment needs would be significantly higher.

- 7.2 **Suppliers could likely meet additional demand for CCE at 2-8C or -20C within a few months.** For UCC the lead times would be longer and require substantial market shaping efforts, given the lack of suitable existing products for LMIC contexts. In any case, suppliers will need a clear demand signal several months before any vaccine has received market approval to ramp up supply and deploy CCE in time for COVID-19 vaccine delivery; potentially before there is full certainty about the vaccine characteristics, profiles and delivery scenarios. Market shaping, procurement and deployment processes need to be expedited where possible. To expedite implementation, Gavi will temporarily postpone the integration of CCEOP into HSS, as approved by the Board in Doc 03.
- 7.3 The Alliance has been asked through the ACT Accelerator HSS health systems connector to **assess countries' needs across all COVID-19 commodities beyond vaccines. Based on current knowledge, COVID-19 diagnostics and therapeutics may require only limited incremental CCE.** COVID-19 diagnostics currently in use and in development that require cold chain will likely be used primarily at national and regional levels with limited overlap with immunisation cold chains. Rapid Diagnostic Tests (RDTs) that are expected to be used at lower levels of health systems will likely not require any cold storage at all. It currently appears unlikely that significant volumes of COVID-19 therapeutics which require cold chain would be distributed to lower levels of health systems. This assumption may however change as treatment candidates move through the clinical pipeline.

³ Needs are estimated based upon CCE capacity needed for a maximum annual demand of 2 billion doses; estimates may change as demand scenarios are refined. Estimated CCE needs for a COVID-vaccine are in addition to the significant cold chain rehabilitation, expansion and extension needs the CCEOP platform has helped fill in countries. US\$ 200 million has already been allocated under Gavi 5.0 to cover most of the remaining needs at district and health-facility levels. Scenarios will be explored to maximise investments that can meet both COVID-vaccine and forecasted EPI programme CCE needs under 5.0, if possible.

⁴ Estimates are based on the assumption that vaccines are delivered through campaigns with no need for CCE at health facility level; delivery through routine immunisation systems would entail different CCE requirements. Estimates may also change if smaller-sized equipment (e.g. 100L fridges instead of 200L fridges) is able to be procured instead. Estimates also exclude passive devices (e.g. vaccine carriers and cold boxes) and remote temperature monitoring devices, which may be needed.

- 7.4 **The expansion of CCE capacity in Gavi-supported countries is an opportunity to contribute to the broader primary health care (PHC) agenda by addressing cold chain requirements of other PHC commodities.** A recently published Joint Statement by WHO and UNICEF recommends cold chain integration for vaccines and temperature-sensitive pharmaceuticals where appropriate. The range of essential commodities requiring cold storage varies across countries, but typically includes oxytocin and insulin, as well as possibly HIV (human immunodeficiency virus) and other test kits and anti-venoms. Early modelling suggests that most health facilities can likely accommodate the associated volumes within their existing EPI (Expanded Programme on Immunization) cold chain capacity, although some health facilities as well as upper levels of the cold chain might require some incremental capacity. To ensure the safety of joint storage of pharmaceutical products with vaccines, CCEOP suppliers confirmed their willingness to consider different product designs such as separate storage compartments or designing higher-tech solutions.
- 7.5 Furthermore, Gavi has been approached by the World Bank and Norway to **explore whether CCEOP could further be leveraged as a platform for health facility solarisation** to accelerate access to sufficient, reliable electricity at health facilities. Current efforts to boost solarisation suffer from fragmentation, sub-standard procurement and deployment, and a lack of sustainability. While CCEOP is already used to procure solar-powered fridges, its planning, procurement and implementation modalities could be used to accelerate basic facility electrification through joint financing with other health and energy sector donors.
- 7.6 **The Secretariat will come back to the Board with a refined proposal on the expansion of CCE capacity.** Over the next few months, uncertainty on COVID-19 product profiles and delivery scenarios is expected to decrease and the gaps in countries' CCE capacity can be estimated more precisely. Meanwhile, rigorous backward planning will help identify key decision points to enable the timely ramp up of CCE production capacity and deployment as well as to optimise procurement and supply chain storage and distribution strategies. On COVID-19 diagnostics and therapeutics, the Alliance will work with ACT Accelerator partners to identify synergies and opportunities across CCE procurement, market shaping, and potential supply chain integration. Further stakeholder engagement and additional analyses will also allow for a refined scoping of needs related to broader PHC commodities and the implications of leveraging CCEOP for health facility solarisation. Based on these, we will bring more specific proposals and requests to the Board at the appropriate time.

Section E: Financial implications

- 8.1 Regarding vaccine procurement costs, it is extremely difficult to predict given vaccines are still in development and vaccination recommendations are yet to be made. Acknowledging significant uncertainties, Gavi has developed indicative cost estimates together with ACT Accelerator partners.

An initial investment of US\$ 2.9 billion from 2020-2021 is required for vaccine procurement to support vaccination to protect high priority groups while initial supply is likely to be limited.⁵ Seed funding of US\$ 2 billion has been requested for the Gavi COVAX AMC to jumpstart its efforts. Substantial additional funding would be required to meet the needs of vaccinating other much larger target populations in the following years.

- 8.2 The level of required investments in additional delivery costs (including cold chain capacity) to accommodate COVID-19 vaccines and other commodities is strongly dependent on the vaccine profiles and delivery scenarios. **Preliminary estimates for the programme delivery costs for the 2020-2021 period is up to US\$ 1- 2.9 billion to distribute up to 1 billion doses in LICs and LMICs.** Of these delivery costs, the financial needs for CCE could range from ~US\$ 25-165 million for 2020-2021, assuming a vaccine requiring storage at 2-8C or –20C. Additional funding would be required in subsequent years to reach additional target populations according to the allocation framework to be defined by WHO. Based on current understanding, only limited additional investments might be needed for COVID-19 diagnostics and therapeutics. The Secretariat anticipates limited financial implications of accelerating health facility solarisation thanks to the proposed joint investment model with other donors.

Section C: Actions requested of the Board

The Gavi Alliance Board is requested to:

- a) With respect to the COVAX Facility:
- i. **Note** that the COVAX Facility is proposed as a time-limited global, coordinated mechanism designed to ensure rapid and equitable access to a safe and efficacious COVID-19 vaccine to as broad a global population as possible and that without such a mechanism, manufacturers may not expand production capacity to adequately address the global pandemic, leaving behind vulnerable populations across the globe and in particular those in the lower income countries served by Gavi;
 - ii. **Note** that the Gavi Secretariat is acting as the administrator for the COVAX Facility to support its design and operationalisation and that the Secretariat will develop, for the Gavi Board's consideration, a more detailed description of Gavi's role in coordinating and operationalising the activities including how the Secretariat assumes liabilities on behalf of the COVAX Facility, as well as a tailored governance mechanism for the COVAX Facility;

⁵ These estimates assume 2B doses are available globally until the end of 2021, and assume an indicative 1:1 allocation for HIC/UMIC and LMIC/LIC doses.

- b) **Confirm** Gavi's role in supporting cold chain support for COVID-19 vaccines, diagnostics and treatments in 78 low and lower middle income countries and 12 IDA-eligible small economies, as agreed by the members of the ACT Accelerator, contingent on approval by the Board of a refined proposal to be developed by the Secretariat as described in Section 7 to Doc 05; and
- c) **Provide** guidance on the proposal to consider support to countries on cold chain needs across PHC commodities and to further explore the use of CCEOP as a platform for health facility solarisation as part of a co-investment model with other donors.

Annexes

Annex A: Risk implication and mitigation

Annex B: COVID-19 Global Access Facility Preliminary Technical Design

Additional reference materials online:

Gavi COVID-19 resources: <https://www.gavi.org/vaccineswork/covid19>

Gavi COVAX AMC investment opportunity:

<https://www.gavi.org/sites/default/files/2020-06/Gavi-COVAX-AMC-IO.pdf>