

## Annex A: 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 June 2022 Gavi Board.

MEL strategy component	Key activity	Highlights / update (October 2022)
<i>Cross-cutting</i>	COVAX Theory of Change	Modest updates to vision and objectives for 2022 made mid-year, in alignment to broader COVAX Pillar updates. Discussions on updates for 2023 ongoing.
<i>Monitoring</i>	COVAX Reporting Framework	Reporting against COVAX Reporting Framework made available for PPC and Board. Some modest refinements made to 2022 COVAX Reporting Framework (see below) since June 2022 Board meeting.
	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"> <li>• COVID19 Vaccine Delivery Partnership outputs focusing on absorption rates, delivery financing and other key delivery metrics;</li> <li>• Monitoring of progress across subgrants funded through COVID19 Delivery Support;</li> <li>• Other operational metrics and analyses across supply, allocation, deliveries and in-country implementation gathered internally.</li> </ul>
	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. Concerted efforts are underway with Pillar partners to improve reporting on priority population groups in particular. Recipients of COVID-19 Delivery Support grants are expected to report back on a six-monthly basis to Gavi.

<p><i>Evaluation</i></p>	<p>Multi-stage independent evaluation of COVAX Facility and COVAX AMC commissioned by the Gavi Secretariat</p>	<p>Itad (<a href="http://www.itad.com">www.itad.com</a>) was selected as the independent evaluator for the first stages of the multi-stage evaluation of the COVAX Facility and COVAX AMC. The evaluability assessment and evaluation design phase was completed in January 2022. This report can be found here: <a href="https://www.gavi.org/programmes-impact/our-impact/evaluation-studies/gavis-covax-facility-and-covax-amc-evaluability-assessment-evaluation-design-study">https://www.gavi.org/programmes-impact/our-impact/evaluation-studies/gavis-covax-facility-and-covax-amc-evaluability-assessment-evaluation-design-study</a></p> <p><b>The baseline and formative review phase began in March 2022 and will run through till March 2023. The draft final report is due December 2022 and a final report in March 2023.</b> Itad recently submitted an <i>Interim Findings Report</i>. This report presents interim findings and conclusions that Gavi and COVAX have utilised where appropriate to inform various PPC and Board topics. However, it is important to note that data collection, triangulation and analysis is ongoing (including, in particular, six country case studies to expand on country insights), and as such, there are no recommendations included in this Interim Findings Report. A brief summary of some key highlights from this Interim Findings Report is included below</p> <p>The final report from the baseline and formative review phase (expected Q1 2023) will generate initial findings against all evaluation questions, but with particular focus on design and process / implementation from the birth of COVAX through to end 2021. Outcomes and results will likely be evaluated to a greater extent through future evaluation phases (mid-term and endline).</p>
<p><i>Learning</i></p>	<p>Formal and independent documentation of key learnings</p>	<p>Key learnings on COVAX design, results, and challenges for both broader Gavi work and future pandemic preparedness and response are 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.</p>
	<p>COVAX-led learning efforts on</p>	<p>COVAX and Gavi continue to generate and document learnings in complement to the commissioned independent evaluation work.</p>

	<p>documenting key learnings for course-correction and continuous improvement</p>	<p>Examples of learning related efforts undertaken in 2022 include (but are not limited to) the following:</p> <ul style="list-style-type: none"> <li>• Dedicated learning agenda on the Humanitarian Buffer (design, processes, implementation and results);</li> <li>• Report on key learnings for future pandemic preparedness and response: <a href="https://www.gavi.org/sites/default/files/covid/covax/COVAX_Key-Learnings-for-Future.pdf">https://www.gavi.org/sites/default/files/covid/covax/COVAX_Key-Learnings-for-Future.pdf</a></li> <li>• Syntheses of findings and experiences related to COVAX Monitoring Agents funded via COVID19 Delivery Support;</li> <li>• Focused documentation of learnings around certain aspects of the COVAX Facility’s work (such as the Independent Product Group, Self-financing Participants).</li> </ul> <p>Highlights will be shared through various means (such as PPC and Board materials, COVAX governance meetings, learning briefs, published White Papers etc.)</p>
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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 partial/full 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 since June 2022:** We have made some modest updates to the COVAX Reporting Framework since the last report to the Gavi Board in June 2022.
  - Addition of a new metric: “Percentage of AMC participants that are offering COVID-19 boosters as part of their COVID-19 vaccination programme” with an end-of-year target of 85% of AMC participants. This metric has been added to reflect the increasing relevance of boosting to ensure continued

protection from COVID-19 (per SAGE guidance) and to continue our focus on monitoring equitable access to vaccines, including boosting.

- No reporting is to be provided against the metric “Percentage of AMC participants on track to meet their year-end COVID-19 National Targets”. As noted in the report itself, COVAX continues to support countries towards their national goals and ambitions, recognizing that the overall context we are operating in remains very dynamic. While participants are requested to provide programme targets to COVAX, these are currently being frequently revisited given evolving SAGE guidance, demand, supply outlooks and programme capacities. As such, COVAX did not “lock in” a set of targets across AMC participants until end of 2022 and is adopting a more responsive approach until programmes and needs are more stable. COVAX continues to make effort to support countries in improving their coverage and per their national ambitions (as evidenced, for example, through the concerted efforts focused on the COVDP 34 AMC participants).
- Introduction of end of year targets for coverage of health care workers (80%) and coverage of older adults (65%) with complete primary series. While continuing to work towards the aspirational target of 100% amongst the highest priority population groups, we have introduced more tangible targets for the end of 2022.
- All other metrics remain the same as those proposed in early 2022.
- **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 the public domain / sensitised with key stakeholders; 2) Targets should exist where appropriate and meaningful; and 3) Monitoring directionality is sometimes sufficient or most appropriate. As such, not all metrics have targets in the 2022 COVAX Reporting Framework.
- **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 conducted by IVIR-AC (following which, suggested improvements were duly integrated). We expect the methods to be revisited over the coming months, particularly in view of expanding booster programmes.
- **Reporting on actuals for October 2022 PPC:** The data compiled and presented for this report submitted to the PPC was compiled in September unless noted otherwise.

### **Section C: Summary of recent evidence generated from impact modelling and commissioned independent evaluation work**

#### **Impact Modelling**

We continue to engage with Imperial College, London, on impact modelling related to COVID-19 vaccination.

- Retrospective modelling of deaths averted: Imperial updated their previous estimates of deaths averted due to COVID-19 vaccination, extending their modelling until the end of June 2022. They estimate a total of 10.8 million deaths were averted due to COVID-19 vaccination across AMCs, with approximately 1.7 million of these averted deaths attributed to COVAX-supported doses (16% of deaths averted). If India is excluded<sup>1</sup>, deaths averted fall to 5.1 million across AMC91, with 1.6 million of these averted deaths attributed to COVAX-supported doses (32%). The impact of COVAX-supported vaccinations on deaths averted is proportionally greater so far among AMCs in 2022 than in 2021, with 22% of total deaths averted by vaccination in 2022 attributable to COVAX vaccines (compared to 13% in 2021). Notably, the estimates suggest that 75% of deaths averted in AFRO and 79% of deaths averted in low-income countries are attributable to COVAX-supported doses.
- Prospective modelling to inform future COVID-19 investment approach deliberations: Annex A to Doc 10 on Gavi's role in a future COVID-19 programme provides a summary of the key outputs of modelling work from both Imperial College, London and the Institute for Disease Modelling from BMGF. This work sheds light on the range of potential deaths averted and the value for money of a potential future COVID-19 programme across a range of epidemiological and programmatic scenarios.

### **Emerging findings from the COVAX Facility and COVAX AMC Baseline and Formative Review**

The interim findings have been shared with key stakeholders, including the Evaluation Advisory Committee (EAC) as well as reviewed by the Evaluation Steering Committee. It is important to note that these are truly interim findings – limitations to date include that data collection, triangulation and analysis are still being completed in advance of the draft final report submission date in December 2022. While the interim findings are informed by document review, key informant interviews with the Secretariat as well as global and select country-level stakeholders, and a global web survey conducted as a complement to data from other sources, there are limited country insights based on incomplete country case study data collection (ongoing over the period late July-October 2022). The report does not include recommendations, given the need to complete all data collection activities, and these will be included in the draft final report. There is also limited analysis in the interim findings to answer evaluation questions under Module 3 (right results).

Emerging insights from the interim findings report on COVAX's design, implementation and initial results include:

- Considering the extraordinarily challenging environment, the many uncertainties, and the aspirational goals set for COVAX, the original design was in general reasonable, given what was known at the time. It was not, however, developed through a broadly consultative process, and the lack of in-depth engagement with civil society and country representatives contributed to a perceived lack of joint

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<sup>1</sup> Noting that India has received >240m COVAX supported doses to date, with 10m of these in 2021 as well as additional support linked to technology transfers and scale-up of SII.

ownership and a lack of support from these key constituencies when it was needed later. It may also have contributed to overly optimistic assumptions that affected the design and later implementation;

- The COVAX Facility was successfully established and made substantial progress toward its objectives: operationalising the COVAX Facility, resource mobilisation, early successes in market-sharing and securing supply, allocation mechanism implemented in a highly flexible manner and delivery of vaccine support;
- The COVAX design and business model have evolved, and this evolution has continued beyond the scope of this first phase of the evaluation (which predominantly focuses on 2020-2021). In part, these shifts were a reflection of the need to ‘build the ship while sailing it. While shifts did not always occur as quickly as possible, this flexibility is assessed as a strength, particularly in a highly dynamic and uncertain environment;
- Despite its successes, COVAX fell well short of its overarching target to deliver 2 billion doses by the end of 2021, although importantly, it did come close to meeting its target to deliver 950 million doses to AMC participants by end of 2021 (and met this target only a few weeks later in January 2022). The primary driver for falling below delivery targets was COVAX’s inability to access its secured supply, due to factors including India’s decision in March 2021 to stop vaccine exports, vaccine nationalism and slow delivery from some manufacturers;
- The COVAX Facility did not have sufficiently strong levers to influence the market and market actors as intended. The difficulty that COVAX encountered in securing supply in 2021 can also be seen as a failure of international solidarity to restrain the behaviour of powerful stakeholders acting in their own interests. In this environment, the COVAX Facility did not have the sufficient market power to compete successfully for vaccines against HICs with far greater resources at their disposal or to dramatically influence manufacturers’ decisions on manufacturing capacity. Analysis also suggests that the low prices agreed with some manufacturers may have contributed to COVAX being accorded a lower priority than other buyers, thereby contributing to the COVAX Facility’s inability to secure sufficient timely supply. And while it was noted by some stakeholders that a lack of available resources impeded deal-making, other stakeholders suggested that manufacturers’ willingness to engage and the time required to put basic processes in place as well as to finalize commercial terms were more important causes of delay. In addition, emerging findings also indicate that the Office of the COVAX Facility had a strong management team created but has been very lightly staffed for the scope and scale of the COVAX Facility’s activities, including an initial lack of capacity in key skill areas, notably deal-making, I&L agreements, and emergency response, none of which were areas of Gavi’s core expertise;
- There remain outstanding issues in several areas, suggesting the need for course correction as the COVAX Facility moves forward. These include adapting governance arrangements; right sizing the management team to ensure it remains low-cost but ready for any change in the epidemiological context; clarifying the Board’s ongoing level of risk appetite; and refining evolving partner responsibilities and ways of working.

# Key developments since June 2022 report to Gavi Board

Based on data compiled between end of October and early November 2022

- **COVAX continues to fulfil country demand and continues to deliver doses**
  - As of end of October '22, 100% of doses requested have been allocated in terms of volumes
  - An additional ~220 million doses have been delivered to AMC participants since the June 2022 report
- **COVID-19 booster dose programs are ramping up among AMC participants**
  - A new metric has been added to the COVAX Reporting Framework in order to track the percent of AMC participants who have started administering booster doses
  - 82% of AMCs have begun administering booster doses as part of their COVID-19 Programme
- **2bn individuals have received the complete primary series in AMCs**
  - Coverage has reached 52% among AMC participants, up from 46% since June 2022 report
- **The COVAX Reporting Framework has introduced tangible targets for coverage of health care workers (80%) and older adults (65%), while continuing to work towards the aspirational target of 100% coverage across highest priority groups**
  - The 65% coverage target among older adults was reached as of 10 November 2022, as coverage has now reached 66% (which represents an increase in coverage from 57% in June 2022)
  - The 80% coverage target among older adults was reached as of 17 November 2022, as coverage has now reached 81% (which represents an increase in coverage from 75% in June 2022)
- **Continuing growth in COVAX supported coverage**
  - An estimated 20% of the AMC participant population have received at least a first dose supported by COVAX (increase in 7 percentage points since 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\$5.1bn committed against target of >USD\$4.8bn by end of Q2 2022**



- These commitments equate to a total of US\$2 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)

**1.712 billion doses (APA)  
0.907 (Donated)**



***Sufficient supply to meet demand***

- APAs (data compiled 10 Nov 2022): This volume is based on APAs signed with the following ten manufacturers: AstraZeneca, Clover, Janssen, Moderna, Novavax, Pfizer/BioNTech, SII-AstraZeneca, SII-Novavax, Sinopharm, Sinovac. This volume is for all COVAX Participants and is inclusive of vaccines already delivered to countries. This volume represents a slight reduction compared to previous reports due to manufacturer renegotiations to better align supply to country demand.
- Donated doses (data compiled 10 Nov 2022): Donations are demand-driven and are accepted based on demand expressed by recipient countries. Donations to date have consisted of AstraZeneca, Janssen, Moderna, Pfizer. This volume represents a slight increase compared to previous reports due to new donation offers of variant-containing vaccines.

3.0 Weighted average price per dose

**\$4.98 USD for AMC participants**

- The WAP is based on Jan '21-September '22 deliveries. For AMCs, the WAP has reduced from US\$ 5.19 (Jan '21-Jul '22) to US\$ 4.98 (Jan '21 – Sep '22). The decrease is driven mainly by changes in supplier composition.



# COVAX Reporting Framework: Board December 2022 Report

## Supply secured against demand (cont.)

4.0 Number of Humanitarian Buffer applications approved

**6 applications approved out of 9 received**

- Nine requests for HB doses received as of end September 2022 (one additional request since June 2022 report).
- Six applications were approved by the IASC Decision Group. One application that was not approved was disregarded / not taken forward prior to full review and approval. Two applications were rejected following review. Three applications that were approved were subsequently withdrawn by the applicants prior to any delivery of doses.
- The total volume of doses delivered amounts to 2,451,600. These doses have been delivered to Iran (Nov '21) and Uganda (March '22).
- Lessons learned related to the humanitarian buffer are captured in Governance papers and as part of a broader learning agenda.

## Financing and support for delivery provided

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

**92% of available funds<sup>1</sup> for delivery by end of 2021 disbursed or fully committed**



**56% of available funds<sup>2</sup> for delivery (cumulative) disbursed or fully committed**

- \$892m of COVID19 Delivery funds have been fully committed by Gavi to date
- \$855m have been fully disbursed (88% of funds secured by end of 2021)
- 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.
- Gavi is now disbursing funds approved under the third window for COVID-19 Delivery Support. Just under \$350,000 was disbursed to Bangladesh in early November, with more disbursements expected before the end of 2022.
- Data as of 14 November 2022

<sup>1</sup> A total of \$972m was available for COVID-19 delivery by end of 2021

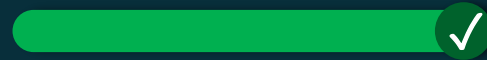
<sup>2</sup> A total of \$1.593bn available for COVID-19 delivery by October 2022

# COVAX Reporting Framework: Board December 2022 Report

## Doses delivered

6.0 Percentage of requested doses allocated

**100% of requested doses (volume) allocated**  
**Per Allocation Round 15, Round 16, urgent and rolling allocations (covering April-October 2022)**



- Allocation mechanisms have evolved over the course of 2022 (from formal Allocation rounds per previous model, to urgent and rolling allocations).
- Per Allocation Round 15, which covered 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, represented any additional demand for July-September '22 and new demand for October '22. 100% of demand was met in terms of volumes (57.5m) allocated to AMC participants, with approximately 64% of demand matched in terms of primary preferred product.
- A number of urgent allocation requests were also met over June-July 2022 period. 100% doses requested (19m) were met in terms of volumes, with 100% also met in terms of primary preferred product
- Requested doses are now allocated via rolling allocations. As of October 2022, 100% doses requested via rolling allocations (33m) were met in terms of volumes, with 97% also met in terms of primary preferred product.

7.0 Total number of doses delivered by COVAX (cumulative)

**1.65bn doses delivered to 87 AMC participants**

- 868m APA doses delivered to AMCs
- 781m donated doses delivered to AMCs
- 2,451,600 doses delivered to two approved Humanitarian Buffer recipients
- 1.85bn 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 17 November 2022

# COVAX Reporting Framework: Board December 2022 Report

## Participants supported per their ambitions

8.0 Percentage of participants on track to meet their country targets

**No reporting provided – refer to narrative**

- This metric was proposed at the outset of 2022.
- COVAX continues to support countries towards their national goals and ambitions, recognizing that the overall context we are operating in remains very dynamic. While participants are requested to provide programme targets to COVAX, these are currently being frequently revisited given evolving SAGE guidance, demand, supply outlooks and programme capacities. As such, COVAX did not opt to “lock in” a set of targets across AMC participants for end of 2022 and is adopting a more responsive approach (as reflected through our rolling allocation model) until such time as programmes and needs are more stable.
- However, COVAX and CoVDP continue to strive to meet all country ambitions, including concerted efforts in lowest coverage countries. Since January 2022, the number of countries with less than 10% coverage has reduced from 34 to 8.

9.0 Percentage of AMC participants administering COVID-19 booster doses as part of their COVID-19 programme

**82% of AMC participants**



**Target > 85% of AMCs**

- 75 AMCs have administered booster and/or additional doses as a part of their COVID-19 programme
- 83% of AMCs that are currently offering COVID-19 vaccinations (thus excluding DPRK and Eritrea) have started administering booster doses
- This has increased by 12 AMCs reporting the administration of booster doses since end of March 2022
- COVAX and CoVDP are actively advocating and supporting AMC participants to improve reporting on coverage with boosters.
- Source: Vaccine Delivery Partnership data as of 17 November 2022

# COVAX Reporting Framework: Board December 2022 Report

## Persons vaccinated and protected

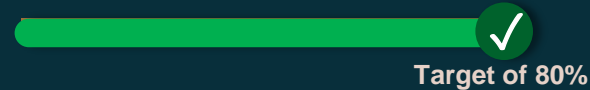
10.0 Number of persons vaccinated and coverage reached with COVID-19 vaccines (All vaccine sources)

**AMC92: 2.05bn reached with complete primary series (52% coverage)**

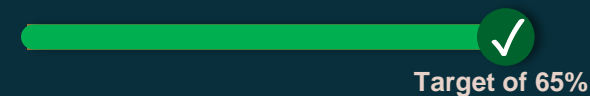
- This represents an additional 680m persons vaccinated since end of December 2021, and an increase of 22 percentage points for coverage with complete primary series from the end of December 2021
- AMC 92 coverage with at least one dose: 59%
  - 15% coverage with a booster and/or additional dose
- AMC 91 (excluding India): 43% with complete primary series; 51% with at least one dose
  - 14% coverage with a booster and/or additional dose among those reporting
- Source: WHO COVID-19 vaccine dashboard as of 16 November 2022; DPRK and Eritrea not yet vaccinating

10.1 Coverage reached with COVID-19 vaccines (all vaccine sources) amongst health care workers and older adult populations<sup>1</sup>

**AMC92 health care workers: 81% with complete primary series**



**AMC92 older adult population: 66% with complete primary series**



- 70 AMCs ever reporting health care worker (HCW) coverage
  - 56% booster dose coverage among HCWs in the 70 AMCs reporting coverage among HCWs
- 73 AMCs ever reporting older adult population coverage
  - 21% booster dose coverage among older adults in the 73 AMCs reporting coverage among older adults
- For HCW coverage, this represents an 8pp increase in coverage compared to end of December 2021. For older adult population, this represents a 43pp increase in coverage compared to end of December 2021 (although likely more a reflection of under-reporting in 2021).
- Source: Vaccine Delivery Partnership data as of 17 November 2022

11.0 Estimated number of persons vaccinated and coverage reached with COVID-19 vaccines (supported by COVAX)

**AMC92: 609m reached with complete primary series (16% coverage)**

- This represents an additional 347m persons vaccinated since end of December 2021, and an increase in 9.8 percentage points for coverage with complete primary series from the end of December 2021
- AMC 92 coverage with at least one dose: 20%
- AMC 91 (excluding India): 20% coverage with complete primary series; 26% 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: Note that this estimate is based on data compiled between 17 October - 04 November 2022**

<sup>1</sup>Methodology for calculating HCW coverage is currently under refinement by WHO, therefore subject to revision in future updates