# Report of the Independent Allocation Vaccination Group on the allocation of COVAX Facility secured vaccines Date of report 22 February 2021

# Background

In September 2020, following several months of consultations with Member States, the WHO Allocation framework for fair and equitable access to COVID-19 health products, *Fair allocation mechanism for COVID-19 vaccines through the COVAX Facility*, were finalized. The Framework sets forth the criteria and approach to allocation of vaccines through the COVAX Facility (available <a href="here">here</a>).

The operationalization of the Framework, in accordance with the principles and provisions set forth in the document above, is performed by the Joint Allocation Taskforce (JAT) and the Independent Allocation Vaccine Group (IAVG). The IAVG is managing its activities in accordance with the Terms of Reference for this group available <a href="https://example.com/heres/beres

- 1. To review the Vaccine Allocation Decision proposals submitted by the JAT and to request clarifications from the JAT when necessary;
- 2. To discuss with the JAT any adjustments to the VAD proposals considered necessary on the basis of IAVG's critical assessment;
- 3. To make validation assessments of the VAD proposals, ensuring they are technically informed and based on the latest available data and evidence;
- 4. For each VAD proposal that is validated by the IAVG (hereinafter a "VAD"), to document and justify the validation of such VAD, including any adjustments made to the original VAD proposal submitted to the IAVG by the JAT;
- 5. To deliver the VADs to the WHO Deputy-Director General for further implementation by the JAT.

The Independent Allocation of Vaccines Group (IAVG) was appointed in January 2021 and is comprised of 12 members (full list is available <a href="https://example.com/heres/">here</a>). Further information on the IAVG is available on the <a href="https://www.website">wHO</a>
<a href="https://www.website">website</a>. The members serve in their personal capacities and must respect the impartiality and independence required of WHO. In performing their work, members of the IAVG may not seek or accept instructions from any duties, members of the IAVG must be free of any real, potential or apparent conflicts of interest. In the selection of these members, each were asked to submit a Declaration of Interest, and no conflict of interest was identified following the review of these documents. A reconfirmation of this free-of-conflict-of- interest status is being performed before each allocation session for all members.

The present report represents the deliberations of the first allocation round.

The IAVG met twice over 22 and 23 February 2021.n All 12 IAVG members were present during both meetings, and therefore full quorum was achieved. The deliberations resulted in consensus and no divergent views were recorded on the proposed allocation. The meetings were chaired by the two interim co-chairs – Dr. Arlene King and Prof. Dr. Narendra Arora.

# Summary

- This report covers the first Allocation of Astra Zeneca vaccines produced at the following two sites for which WHO issued an Emergency Use Listing on 15 February 2021:
  - Serum Institute of India Pvt Ltd COVID-19 Vaccine (ChAdOx1-S [recombinant]) COVISHIELD™ "SII AZ"
  - AstraZeneca/SKBio COVID-19 Vaccine (ChAdOx1-S [recombinant]) "AZ"
- To date, 1,200,420 M doses of vaccine (Pfizer) have been allocated in a separate and distinct process (more details <a href="here">here</a>) which was performed on 29 January 2021. These are referred to as "First Wave" doses. This was due to specificities pertaining to the Pfizer/ BioNTech deal as well as learning objectives. The IAVG was not involved in this "First Wave" These doses are not included in this allocation round, however coverage reached in the participants that receive these early doses are reflected in the allocation. To date no doses have been shipped to the 18 First Wave participants.
- Supply needs for a COVAX Buffer<sup>1</sup> are also factored in this allocation with 5% of total available supply set aside. Further information is available in the Supply section below.
- Considering the supply and demand characteristics, the overall number of doses to be distributed is 237,468,000 to 142 participants for the period January to May 2021 for AZ and SII AZ
- Given the supply available, the 2-dose regime and the population of all the participants in this
  round, the average proportion of individual country population covered in this round is 5.52%
  (not weighted for population size).

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<sup>&</sup>lt;sup>1</sup> COVAX buffer: A described in the Allocation framework, the objective of the COVAX buffer is to cover populations that may not be covered through the main allocation mechanism for vaccines. Under this objective, potential populations to cover could include refugees, Internally Displaced People, asylum seekers etc. The Buffer will be funded by Gavi and is not yet approved by the Gavi Board, although this is expected at the end of March

### Purpose

The purpose of this document is to provide supportive data and data-driven proposals for the distribution, and order of shipment priority, to eligible COVAX Facility participants of Astra Zeneca vaccines produced by two different manufacturers at two different sites: SK BIO in Republic of Korea "AZ" and Serum Institute of India "SII AZ" which are among the COVAX Facility secured vaccines. To date, all two products have received a WHO Emergency Use Listing by WHO. This report is meant to facilitate decision making by Independent Allocation Vaccine Group (IAVG).

### Scope

The scope of the current distribution proposal is limited to Astra Zeneca vaccines produced at two different sites, involving two different manufacturers: SK BIO in Republic of Korea "AZ" and Serum Institute of India "SII AZ", that are in the COVAX Facility portfolio and which have received regulatory approval, which deems them as meeting the quality, efficacy and safety applicable standards.

There are 87 AMC and 71 Fully Self Financing<sup>2</sup> participants in the COVAX Facility. **In total 142** participants received an allocation of SII AZ and AZ vaccines in this round.

Not retreating from the approach specified in the <u>Fair allocation mechanism for COVID-19 vaccines</u> <u>through the COVAX Facility</u>, the SII AZ production is envisaged to serve 60 AMCs, whereas the production from AZ will be distributed to the remaining participants (further details on COVAX participants are included below).

The allocation algorithm aims to achieve an optimized allocation according to 3 objectives:

- 1. Participants should receive doses such that they all progress at the same rate, achieving the same proportion of population coverage over time<sup>3</sup>
- 2. Participants should receive a single product throughout where possible<sup>4,5</sup>
- 3. Participants receive products in line with their vaccine characteristic preferences where possible <sup>6</sup>

As SII-AZ is earmarked to a limited list of participants for commercial and contractual reasons, there is proportionally more supply of SII-AZ. The second and third objectives are less relevant in this round as there is no allocation history to participants and the 2 products have the same characteristics.

The algorithm aims at minimizing inequality in terms of population coverage across participants over time. It is designed to identify the highest total coverage level it can achieve in as many participants as possible with the supply available in each round. Equality is measured with an indicator called Equality Deviation: the lower the number the higher equality achieved in the round. In round 2 of allocation of AZ vaccines, the Equality Deviation score is 0.0717. This score represents a good result in terms of equality across participants.

<sup>&</sup>lt;sup>2</sup> Please note these numbers reflect latest information on COVAX participants – some of this information may not be reflected in publicly available documents yet

<sup>&</sup>lt;sup>3</sup> With exceptions for less populous participants due to logistics constraints

<sup>&</sup>lt;sup>4</sup> With the exception of the Pfizer vaccine which has specific characteristics and is not likely to be used to cover the full request for any one participant

<sup>&</sup>lt;sup>5</sup> For AMC Participants and Committed Purchase participants

<sup>&</sup>lt;sup>6</sup> For AMC Participants and Committed Purchase participants

The current IAVG Validation Allocation Decision relates to the data presented in the **Report of the Joint Allocation Taskforce to the Independent Allocation Vaccination Group on the allocation of COVAX Facility secured vaccines** dated 19 February 2021. The IAVG has carefully reviewed the JAT report and acknowledges the supplied data on supply availability, demand information, allocation proposals, timelines as well as further information enclosed in the annexes to this report.

The current IAVG report corresponds to the IAVG meetings held virtually via Microsoft Teams on 22 and 23 February. The first meeting lasted 2 hours and the second meeting lasted 1 hour. Both meetings were attended by all IAVG and JAT members as per Annex 3.

## IAVG opinion on the JAT proposed allocation

The IAVG reviewed the proposed JAT allocation in light of the following considerations:

- The critical element of this allocation round is to allow countries to begin protecting Health Care
  Workers and other vulnerable populations, as per the SAGE recommendations, as rapidly as
  possible; the aim is to ship COVID vaccines to all participants in this allocation by the end of
  March.
- The IAVG notes and understands the issues surrounding supply and shipments to participants
  with very small populations, and the disparities which may exist in population proportional
  allocations between participants with very small populations and those with larger populations
  as a result; the IAVG recommends that for future allocations, participants with very small
  populations be treated as a separate group with respect to proportional allocations to facilitate
  communication on allocation decisions.
- The proposed order of vaccine distribution for this allocation round to the concerned countries
  was determined by a randomized process, which was run and validated during the IAVG meeting
  on 23rd February.

With these considerations in mind, all IAVG members endorsed the proposed allocation for this distribution round.

#### Conclusions

The IAVG validated the list of final allocations for this distribution round and the recommended order of shipments in which participants will receive their allocation (enclosed in Annex 1).

The IAVG agrees that some changes to this list can be made by procurement agents based on shipment readiness considerations, and under the supervision of the JAT. The JAT will detail any such changes in the next allocation proposal report.

The IAVG welcomes the opportunity to collate and respond to Member State's feedback on this allocation round.

#### IAVG considerations for future Allocation Rounds

All IAVG members acknowledged the critical need to ensure that vaccines in this first large allocation round reach countries as soon as possible and after detailed review has therefore fully approved the allocation and distribution plan.

However, several topics were raised by the IAVG to be considered for future allocation rounds. The considerations listed below will be further discussed by the IAVG with the JAT before the next allocation round:

- Allocation of vaccines to small population participants and logistical constraints (minimum shipment size) and their impact on equitable access, as these relate to ways to visualize and communicate the framework's stipulated exceptions.
- Understanding the target population used in allocation calculations and its stratification in each country, and the impact of population profiles (particularly age and residency status) on actual coverage through the allocation of vaccines.
- Mechanisms for ensuring that the IAVG is kept informed of the communication of allocation decisions to countries.
- Mechanisms for updating the IAVG on the monitoring of use of COVID -19 vaccine in countries.
- Consideration of options to remove or reduce the constraints imposed by the earmarking of products to countries.
- Mechanisms for receiving feedback from countries on the results of the first allocation round and implementation of immunization using these vaccines.
- Further refinement of allocation decisions and distribution schedules, if appropriate, based on the experience of this allocation round and subsequent developments.

#### Annexes

Annex 1 - Validated final list of allocations.

**Annex 2** – Report of the Joint Allocation Taskforce to the Independent Allocation Validation Group on the allocation of COVAX Facility secured vaccines Dated 19 February 2021

Annex 3 - Attendance list to the IAVG meeting on 22 February 2021

Annex 4 - Status of Declaration of Interest

Annex 3 – Attendance list to the IAVG meeting on 22 and 23 February 2021

| Nr   | IAVG Member (Alphabetically) |
|------|------------------------------|
| 1.   | Aditama, Tjandra Yoga        |
| 2.   | Arora, Narendra              |
| 3.   | Balasegaram, Manica          |
| 4.   | Cravioto, Alejandro          |
| 5.   | Ekstrom, Anna Maria          |
| 6.   | Gellin, Bruce                |
| 7.   | Guevara, Maria               |
| 8.   | Hachiya, Masahiko            |
| 9.   | King, Arlene                 |
| 10.  | Lim, Poh-Lian                |
| 11.  | Lyimo, Dafrossa              |
| 12.  | Maher, Christopher           |
|      | JAT Members                  |
| WHO  | Nannei Claudia               |
|      | Fihman, Johanna              |
|      | Ghiga Ioana                  |
|      | Brown, Jeffrey               |
| Gavi | Colombini, Anais             |
|      | Reynold, Keightley           |

## Annex 4 – Status of Declaration of Interest

All WHO-non-staff participants filled out and submitted a Declaration of Interests form.

In accordance with WHO policy, the Secretariat reviewed and assessed the declarations submitted. No declaration of interest was declared by any of the 12 IAVG members.