The ACT-Accelerator
The plan, progress & the challenges

DCVMN Annual General Meeting
4 November 2020
Context: only 10 months into the pandemic, >46 M people known to have been infected & 1.2 M people have died

Northern hemisphere enters flu season already suffering 2\textsuperscript{nd} wave.

- rate of new cases doubled in Oct, reaching 500,000/day
- Europe enters 2\textsuperscript{nd} lockdown

Launch of ACT Accelerator

Source: WHO Dashboard as of 1\textsuperscript{st} Nov 2020
Launch of the Access to COVID-19 Tools Accelerator
24 April 2020 co-hosted live event

With:

UN Secretary-General
Heads of State & Government
Head of Agencies, Academia
Industry, CSOs, Foundations
Access to COVID-19 Tools Accelerator (ACT)

2 over-riding objectives

- accelerate development of new diagnostics, treatments & vaccines
- achieve equitable global access to all COVID-19 tools
**ACT-A goal:** to rapidly reduce risk of severe disease & end acute phase of pandemic

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**Diagnoses** – 500 m tests\(^1\)
- to enable rapid case isolation & treatment

**Vaccines** – 2 B doses\(^1\)
- to protect from disease, death & transmission

**Asymptomatic & mild disease**
- 80%

**Hospital / ICU overload**

**Extreme physical distancing**

**Health, social & economic disruption**

**Therapeutics** – 245 m courses\(^1\)
- to prevent & provide treatment for disease

**Access & Allocation**
- to ensure global equitable access to these tools

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\(^1\) targets primarily for LIC/LMICs
ACT-A’s bold structure is harnessing the international health architecture in an **unprecedented collaboration**

Deep engagement of Principals, integrated workplans & budgets, working with entire development system

New partners, esp. UNICEF & NGOs are coming on board with a crucial role in implementation
ACT-A’s uses accelerated & parallel workstreams to rapidly achieve its goal
ACT-A has already **achieved key landmarks**
(examples at 4 Nov 2020)

- **new Rapid Tests** approved, with volume & price guarantees for LICs/LMICs (120m tests @ $3-5/unit over 6 months)
- **1st life-saving therapy** in rollout (Dexamethasone) with 3 M doses for LICs; **monoclonal antibodies** in evaluation for LICs
- **COVAX Facility ‘in business’ with 186+** economies (>90% of world population); dynamic vaccine portfolio
- **Equitable Allocation Framework** & COVAX Allocation Mechanism established
ACT-A is helping to **save lives with these tools & accelerate other game changing products** in the coming months.

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**Increasing disease severity**

- **Prevent**
- **Protect**
- **Treat**

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**Pre ACT-A**

- PPE
- PCR
- Oxygen

**by November**

- PPE
- RDTs
- PCR
- Dexa
- Oxygen

**by March 2021**

- PPE
- RDTs
- PCR
- mAbs
- Dexa
- Oxygen

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**XXX** New tool

**ACTaccelerator**

ACCESS TO COVID-19 TOOLS

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**PPE** = Personal Protective Equipment, **PCR** = Polymerase Chain Reaction, **Dexa** = Dexamethasone, **RDT** = Rapid Diagnostic Test, **mAbs** = Monoclonal Antibodies
But access to these critical tools differs widely across countries & could worsen without urgent financial & political action

**High Income**
- Prevent: PPE use
- Protect: Vaccine deals
- Test: RDT/PCR use
- Treat: Dexa use

**Low income**
- Prevent: PPE use
- Protect: Vaccine deals
- Test: RDT/PCR use
- Treat: Dexa use

Access level of tools:
- Rare
- Common

PPE = Personal Protective Equipment, PCR = Polymerase Chain Reaction, Dexa = Dexamethasone, RDT = Rapid Diagnostic Test, mAbs = Monoclonal Antibodies
ACT-A aims to **start changing the fundamental dynamic of the pandemic by March**

**Diagnostics**

**Expanded testing globally:** with immediate increase in the number & volume of high-quality RDTs and facilitating their use

**Therapeutics**

**Wider availability of treatments to save lives:** by accelerated use of Dexamethasone & oxygen and secured production capacities for mAbs

**Vaccines**

**Full vaccination readiness:** with doses secured for global rollout to +20% of population; further R&D, tech transfer & capacity scale-out

**Health systems connector**

**Best practice for delivering COVID-19 tools established and in roll out:** with rapid assessments, integrated delivery plans, large scale PPE use and key systems investments
Political support is crucial for the **Equitable Allocation Framework & COVAX Mechanism** to deploy vaccines...

**Goal**
Protect public health & minimize societal & economic impact by reducing COVID-19 mortality

**Target groups**

- **Health & social care workers**
  - All countries receive doses to cover 3% of population.
  - Enough for all workers in health & social care work in most countries.

- **Countries receive add’l doses for up to 20% of population (in tranches)**
  - Incl. elderly, adults with comorbidities or others based on locally factors

- **Countries receive doses to cover >20% of their population.**
  - This would cover additional priority populations.

**Timing**

- **Phase 1:** doses proportional to country’s total population*

- **Phase 2:** Timing based on need, vulnerability & threat

**Further priority groups**

- **High-risk adults**

*A buffer will also be set aside for emergency deployment based on immediate needs

*The fundamental principle applies that all countries receive doses at the same rate to the extent possible, notwithstanding likely practical limitations to be further worked out (e.g. minimum delivery volumes)*
...and as ACT-A works to **close the urgent US$4.5 B financing gap** for this near-term scale-up and impact.

**Evolution of ACT-A funding need** – US$ B

<table>
<thead>
<tr>
<th>The ACT Accelerator Budget</th>
<th>Pledges, cost adjusts¹ &amp; COVAX self financing²</th>
<th>Urgent ACT-A financing gap</th>
<th>Balance of ACT-A 2021 financing gap</th>
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<tbody>
<tr>
<td>38.1</td>
<td>6.0</td>
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**Urgent ACT-A financing gap per Pillar** – US$ B

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Gap (US$ B)</th>
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<tr>
<td>Diagnostics</td>
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<tr>
<td>Therapeutics</td>
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<tr>
<td>Vaccines</td>
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<tr>
<td>HS Connector</td>
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<td><strong>TOTAL</strong></td>
<td><strong>4.5</strong></td>
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</tbody>
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1. incl. US$ 0.1 B by Gavi for Vaccine Procurement/Delivery; 2. COVAX Facility manufacturing & procurement costs financed by self-financing participants (SFP) [List of SFPs](#)
"...if medical solutions can be made available faster and more widely relative to our baseline, it could lead to a cumulative increase in global income of almost $9 trillion by end-2025"

Addressing ACT-A’s urgent needs = only 1 day of that income and would save countless lives

*IMF World Economic Outlook, October 2020*
**ACT Accelerator:** moving from scale-up to impact

- **ACT-A is fully functioning & delivering results**
- **Financial, political & operational challenges** increasingly threaten ACT-A’s key objective of equitable allocation
- **A major Advocacy Campaign** is ongoing to mobilize extraordinary financing (esp for urgent US$4.5 B need)
- **DCVMN has a crucial role to play** in addressing the challenges of equitable access to safe, efficacious & assured quality vaccine products for all countries