

# COVAX

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CEPI



unicef



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## COVAX Allocation Round 7 Vaccine Allocation Decision

IAVG Meeting on 17 September 2021

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# **Background: Round 7 Supply and Demand**

# Background

## Context for COVAX Allocation Round 7

### Context for Round 7

#### ***Purpose & Allocation Approach***

- COVAX Allocation Round 7 is an exceptional round, for which COVAX Leadership<sup>1</sup> approval on allocation methodology was obtained on 01 September 2021.
- Round 7 is an effort by the COVAX Facility to target a segment of overall supply available for allocation during the last quarter of 2021 to Facility Participants for whom data<sup>2</sup> suggests that COVAX is either the only or the primary source of COVID-19 vaccines.
- The importance of serving this group of Facility Participants emerged after the Joint Allocation Taskforce assessed the disparity between COVAX allocated doses vis-à-vis total administered courses across Facility Participants. In this analysis, several AMC Participants and a limited number of SFPs were shown as relying principally or solely on COVAX as the source of doses administered in country, while others showed to have total vaccination rates well in excess of the doses previously allocated through COVAX-secured allocations and donations.
- COVAX and the allocation mechanism must continually evolve to be fit for purpose as the global supply landscape also evolves. The principle of equity in access, which the allocation mechanism was created to uphold, guided the development of the fourth quarter allocation methodology.
- This objective was originally to serve Participants below 10% total coverage from all sources. After the Exceptional Round 7 Participant Identification workshop, held on 08 September 2021, and in light of the supply figures provided by the Procurement Coordinator, UNICEF SD, on 13 September 2021, this benchmark was increased to 15% total coverage from all sources.

1. COVAX Leadership constitutes the heads of agency or appointed representatives from Partner institutions: CEPI, Gavi, UNICEF, and WHO. More information on the Facility's governance may be accessed [here](#).

2. Source: COVAX data, WHO COVID-19 Explorer, OWID Mathieu, E., Ritchie, H., Ortiz-Ospina, E. et al. A global database of COVID-19 vaccinations. Nat Hum Behav (2021)

# Background

## *Exceptional Round Participant Scope*

### COVAX Participant Scope

#### ***COVAX Facility Participants***

- There are 89 Advance Market Commitment (AMC) and 73 Self Financing (SFP) participants to the COVAX Facility.

#### ***Participant Allocation Preferences***

- In advance of this Allocation Round, COVAX Facility Participants were invited to update their allocation and round-specific preferences on the COVAX Collaboration Platform (CCP). They were allotted a 2-week period to do so before running the Round.
- For the first time, ahead of this Round, Participants were asked to express direct product preferences for all the vaccines in the COVAX Facility portfolio. This preference-related data was transferred into the Allocation Portal on 10 September 2021 and informed the algorithm's optimization of available supply to Participants
- Additionally, Participants were also invited to provide a voluntary monthly allocation maximum, as well as an ultra-cold chain vaccine allocation maximum. This was a new feature in the CCP, and this Participant-provided data was also transferred into the Allocation Portal on 10 September 2021 for Participants who elected to specify a monthly allocation cap of either variety.

# Background

## *Exceptional Round Participant Scope*

### R7 Eligibility Criteria & Approach

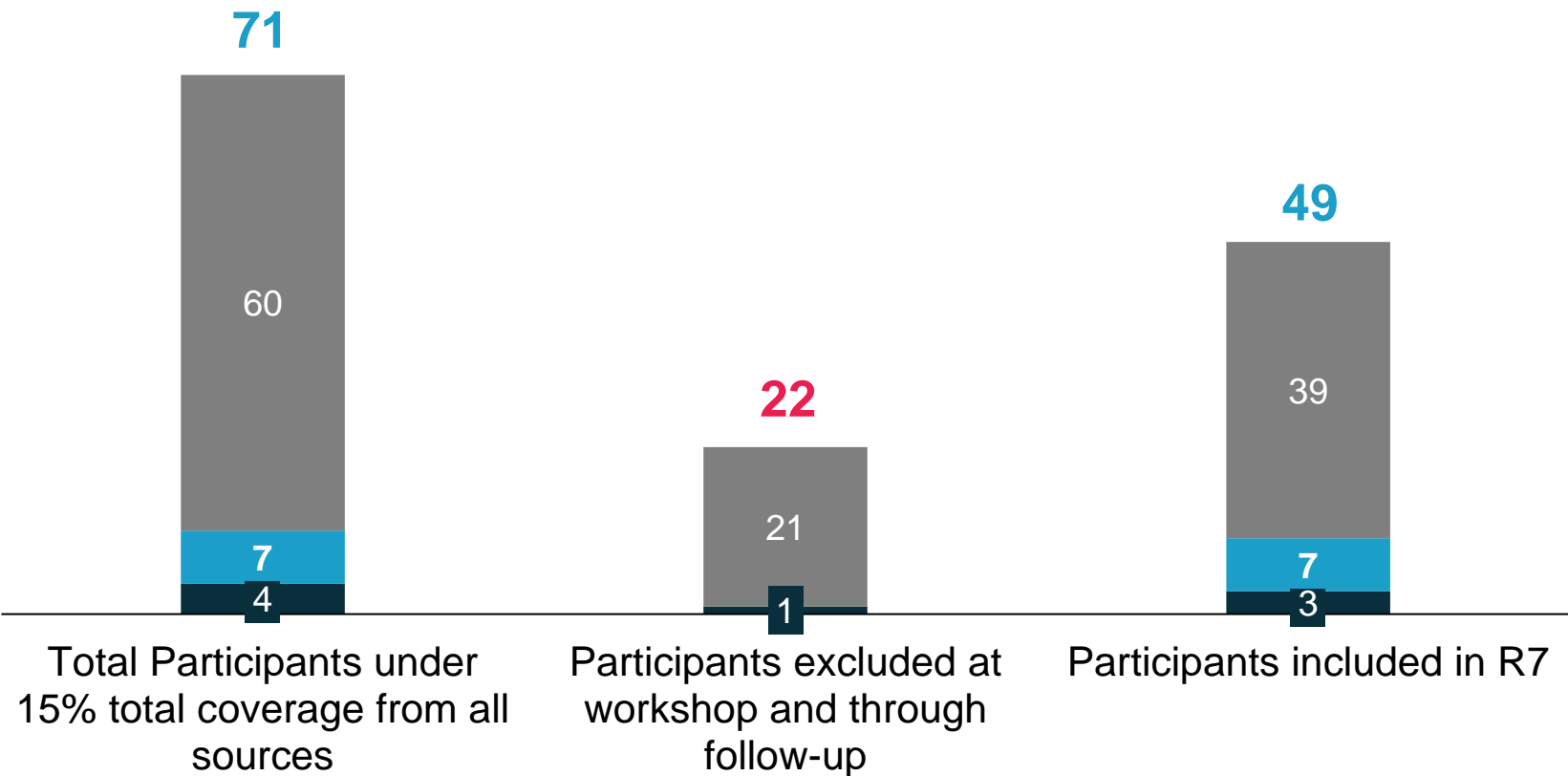
- COVAX Leadership approval of exceptional Round 7 was granted along with a request for the JAT to conduct a workshop to determine which Facility Participants would be identified as eligible to receive this exceptional allocation, following a review of:
  - ☐ Readiness and preparedness
  - ☐ Demonstrated absorptive capacity of previous allocations
  - ☐ Upcoming earmarked donations
  - ☐ Upcoming shipments
  - ☐ Other considerations from country-level intelligence
- Though 10% coverage from all sources was proposed to COVAX Leadership, it was suggested that the JAT consult with COVAX Partners to ensure that Participants close to the proposed coverage cut-off but with demonstrated momentum in administering doses could still be included in the exceptional Round. During the workshop, this figure was expanded to 10-12% total coverage from all sources. Subsequently, after reviewing available supply and conducting post-workshop outreach, this figure was expanded to 15% coverage from all sources.
- For the workshop, the JAT grouped Participants into priority buckets based on whether they:
  - ☐ Were below 10% coverage from all sources of supply
  - ☐ Had absorbed less than 75% of shipped doses
  - ☐ Had not received shipments in the last month
  - ☐ Were on the implementation monitoring 'watch list' reviewed weekly by WHO CRD
- Workshop invitees were selected on the basis of ability to provide country-level intelligence and included colleagues from: WHO Country Readiness and Delivery (CRD); COVAX Implementation Monitoring Review (IMR); COVAX Procurement Coordinator and Agencies; COVAX Country Engagement; COVAX SWAT and Strategic Coordination Office (SCO).

# Background

## Exceptional Round Participant Identification – Participant Inclusion Summary

### Participant Inclusion Workshop

- Participants below 15% total coverage from all sources were reviewed individually
  - ❑ Included Participants above the original Round benchmark of 10% coverage from all sources, if these Participants demonstrated momentum in administering doses
- Participants included in the exceptional round:
  - ❑ Absorbed more than 75% of doses,
  - ❑ Had no shipments in last month,
  - ❑ Did not feature on the implementation watch list, and/or
  - ❑ Did not have other sources of doses outside of COVAX



# Background

## COVAX Allocation Round 7 Supply

### Round Supply Considerations

- COVAX Allocation Round 7 is limited to October 2021 supply only.<sup>3</sup>
- COVAX Allocation Round 8/9 is run immediately following Round 7 to provide Facility Participants visibility on allocations through the end of 2021, based on current supply knowledge.<sup>3</sup>
- Though R7&8/9 were separated to allow the JAT to execute the approved allocation methodology in the Allocation Portal, these two rounds are communicated externally as Q4-2021 Allocations and should be viewed holistically as such.

### Minimum Shipment Size

Product Name	Minimum Shipment Size (doses)
AstraZeneca – Vaxzevria	• 2,400
Janssen - Ad26.COV 2-S	• 151,200 Participants >5M pop • 7,200 Participants <5M pop
Pfizer BioNTech – Comirnaty (APA)	• 1,170
Pfizer BioNTech – Comirnaty (USG-facilitated)	• 1,170
Moderna – mRNA-1273	• 188,160 • Exceptional 10,080 <5M pop
Sinopharm BIBP	• 20,400 Participants >1M pop • 3,600 Participants <1M pop

### Overview of October Available Supply

Product Name	Total Supply (doses)
AstraZeneca – Vaxzevria	15,000,000
Janssen - Ad26.COV 2-S	4,000,000
Pfizer BioNTech – Comirnaty (APA)	5,616,000
Pfizer BioNTech – Comirnaty (USG-facilitated)	40,000,000
Moderna – mRNA-1273	11,000,000
Sinopharm BIBP	334,000
Sinopharm BIBP – allocated to the COVAX Humanitarian Buffer	9,666,000
<b>TOTAL</b>	<b>85,616,000</b>

3. Information on supply availability was provided to the JAT by the COVAX Procurement Coordinator, UNICEF SD.



# Background

## Humanitarian Buffer

Proposed Allocation to the Humanitarian Buffer	
Product Name	Total Supply (doses)
Sinopharm BIBP	9,666,000

Background to Proposed Allocation to the Humanitarian Buffer
<ul style="list-style-type: none"><li>As per the GAVI Board decision to make up to 5% of available supply from COVAX APA-secured deals available to the COVAX Humanitarian Buffer (HB), the total amount owed to the HB from COVAX Allocation Rounds 1-7 is 17,016,510 doses.</li><li>To date, and as the result of R6 (re-) allocation, a total amount of 7,350,800 doses is already available to the HB (4,542,000 doses in Q3; 2,808,800 in Q4 due to redistribution).</li><li>To <b>ensure that the HB receives the full amount of what is owed from R1-R7</b>, the JAT proposes to allocate the outstanding amount of 9,665,710 doses to the HB in R7.</li><li><b>Against that background, and taking the Sinopharm batch size into account, the JAT proposes to allocate a total amount of 9,666,000 Sinopharm BIBP doses to the HB in R7.</b></li><li>Outlook beyond R7: To ensure HB supply beyond October, we may need to redistribute HB doses again in October. To the extent possible, this will depend on SFP demand for Sinopharm in Q4, which is yet to be determined.</li></ul>

# **Changes to COVAX Coverage Since Last Allocation Round**

# Background

Overview of Dose Donations Accounted for Before Running R7

Donor	Product	Doses Donated	Recipient Participants (n)
Belgium	AstraZeneca – Vaxzevria	1,235,600	7
Canada	AstraZeneca – Vaxzevria	2,694,400	7
Switzerland	AstraZeneca – Vaxzevria	48,000	2
Germany	AstraZeneca – Vaxzevria	7,135,440	21
Denmark	AstraZeneca – Vaxzevria	597,600	6
Spain	AstraZeneca – Vaxzevria	5,813,940	12
France	AstraZeneca – Vaxzevria	6,606,280	29
France	Pfizer BioNTech – Comirnaty	90,090	1
United Kingdom	AstraZeneca – Vaxzevria	6,223,680	16
Iceland	AstraZeneca – Vaxzevria	40,500	3
Italy	AstraZeneca – Vaxzevria	4,393,340	9
Japan	AstraZeneca – Vaxzevria	11,263,170	13
Monaco	Pfizer BioNTech – Comirnaty	1,170	1
Norway	AstraZeneca – Vaxzevria	1,069,860	9
New Zealand	AstraZeneca – Vaxzevria	919,200	8
Portugal	AstraZeneca – Vaxzevria	298,700	1
Sweden	AstraZeneca – Vaxzevria	2,212,800	15
United States	Janssen - Ad26.COV 2-S	24,339,950	40
United States	Moderna – mRNA-1273	54,186,700	23
United States	Pfizer BioNTech – Comirnaty	16,560,180	23
Totals		145,730,600	

Participants are not summed to avoid double-counting.

# Background

## Reallocation Process for R5 & R6 – Coverage Changes Before Running R7

R5 & R6 Reallocation Summary			
Allocation Round	Participants Refusing (n)	Total Doses Reallocated (n)	Participants Reallocated (n)
COVAX Round 5	13	8,015,670	27
COVAX Round 6	16	32,678,400	32

Reallocation Context
<p><b>R5 Reallocation</b></p> <ul style="list-style-type: none"><li>A total of <b>8,015,670 Pfizer</b> doses were reallocated from Participants who refused and who expressed that they were unable to absorb the allocated doses to others who were willing and able to receive shipments.</li><li>Some R5 shipments are postponed for delivery in Q4-2021 for Participants not ready to receive them. In accordance with the redistribution process, these doses are not lost for these Participants and will be shipped at a later date.</li></ul> <p><b>R6 Reallocation</b></p> <ul style="list-style-type: none"><li>A total of <b>19,598,400 Sinovac</b> and <b>13,080,000 Sinopharm</b> doses were reallocated both from the Humanitarian Buffer and from Participants who refused their R6 allocation to other Participants who were willing to and able to receive them.</li><li>The total amount reallocation from R6 corresponds to roughly 1/3 of the total allocation. As the total quantity of doses up for reallocation exceeded 5M doses, the reallocation proposal was reviewed and validated by the IAVG.</li></ul>

# R7 Outcome

# R7 Allocation Outcome (1 of 3)

Participant Name	WHO Region	Participation Model	Doses allocated of AstraZeneca	Doses allocated of Moderna	Doses allocated of Pfizer	Doses allocated of J&J	Doses allocated of Sinopharm	Total Doses Allocated
Algeria	AFR	AMC92	48,000	188,160	-	-	-	236,160
Angola	AFR	AMC92	-	-	1,925,820	-	-	1,925,820
Armenia	EUR	OPTIONAL	48,000	-	-	-	-	48,000
Bangladesh	SEAR	AMC92	-	1,881,600	7,137,000	-	-	9,018,600
Bosnia and Herzegovina	EUR	COMMITTED	-	-	-	50,400	-	50,400
Botswana	AFR	OPTIONAL	72,000	-	-	14,400	-	86,400
Côte d'Ivoire	AFR	AMC92	-	-	1,173,510	-	-	1,173,510
Egypt	EMR	AMC92	-	3,575,040	5,032,170	-	-	8,607,210
Ethiopia	AFR	AMC92	5,085,600	-	-	-	-	5,085,600
Gabon	AFR	COMMITTED	-	-	101,790	-	-	101,790
Gambia	AFR	AMC92	100,800	-	-	-	-	100,800
Ghana	AFR	AMC92	302,400	-	-	-	-	302,400
Guatemala	AMR	COMMITTED	-	-	2,515,500	-	-	2,515,500
Guinea	AFR	AMC92	-	188,160	-	-	-	188,160
Iraq	EMR	COMMITTED	-	-	2,999,880	-	-	2,999,880
Jamaica	AMR	COMMITTED	-	-	100,620	-	-	100,620

# R7 Allocation Outcome (2 of 3)

Participant Name	WHO Region	Participation Model	Doses allocated of AstraZeneca	Doses allocated of Moderna	Doses allocated of Pfizer	Doses allocated of J&J	Doses allocated of Sinopharm	Total Doses Allocated
Kenya	AFR	AMC92	-	-	835,380	-	-	835,380
Kyrgyzstan	EUR	AMC92	-	-	-	-	142,800	142,800
Lesotho	AFR	AMC92	-	80,640	-	-	-	80,640
Liberia	AFR	AMC92	-	188,160	-	-	-	188,160
Libya	EMR	OPTIONAL	100,800	-	-	-	-	100,800
Madagascar	AFR	AMC92	1,584,000	-	-	-	-	1,584,000
Malawi	AFR	AMC92	1,017,600	-	-	-	-	1,017,600
Mauritania	AFR	AMC92	100,800	-	-	-	-	100,800
Mozambique	AFR	AMC92	1,833,600	-	-	-	-	1,833,600
Namibia	AFR	COMMITTED	33,600	-	124,020	-	-	157,620
Nicaragua	AMR	AMC92	-	-	81,900	-	-	81,900
Niger	AFR	AMC92	777,600	376,320	-	-	-	1,153,920
Nigeria	AFR	AMC92	-	-	-	3,931,200	-	3,931,200
Occ. Palestinian territory, incl. east Jerusalem	EMR	AMC92	-	-	101,790	-	-	101,790
Pakistan	EMR	AMC92	2,409,600	-	9,637,290	-	-	12,046,890

# R7 Allocation Outcome (3 of 3)

Participant Name	WHO Region	Participation Model	Doses allocated of AstraZeneca	Doses allocated of Moderna	Doses allocated of Pfizer	Doses allocated of J&J	Doses allocated of Sinopharm	Total Doses Allocated
Philippines	WPR	AMC92	-	-	2,098,980	-	-	2,098,980
Rwanda	AFR	AMC92	-	-	418,860	-	-	418,860
Senegal	AFR	AMC92	300,000	-	-	-	-	300,000
Sierra Leone	AFR	AMC92	-	-	334,620	-	-	334,620
South Africa	AFR	COMMITTED	-	-	1,938,690	-	-	1,938,690
South Sudan	AFR	AMC92	48,000	-	-	-	-	48,000
Syrian Arab Republic	EMR	AMC92	163,200	-	-	-	-	163,200
Tajikistan	EUR	AMC92	302,400	-	-	-	-	302,400
Togo	AFR	AMC92	-	-	301,860	-	-	301,860
Uganda	AFR	AMC92	-	-	3,488,940	-	-	3,488,940
Ukraine	EUR	AMC92	-	3,010,560	-	-	-	3,010,560
Vanuatu	WPR	AMC92	19,200	-	-	-	-	19,200
Viet Nam	WPR	AMC92	-	1,317,120	5,267,340	-	-	6,584,460
Zambia	AFR	AMC92	652,800	188,160	-	-	-	840,960
Zimbabwe	AFR	AMC92	-	-	-	-	183,600	183,600



# Descriptive Statistics Summary of the Participants, Their Allocation and Total Coverage

46

Total Participants

78.3%

AMC92 participants

15.2%

Committed purchase

6.5%

Optional purchase

2.35%

Population-weighted avg. coverage in round

9.31%

Population-weighted avg. coverage overall

	Round Coverage				Total Coverage			
Participation Model	Average	Median	Min	Max	Average	Median	Min	Max
AMC92 participants	1.89%	1.89%	0.21%	4.21%	10.46%	9.43%	2.38%	20.03%
Committed purchase	3.07%	2.29%	1.63%	7.43%	12.76%	14.36%	9.45%	15.20%
Optional purchase	1.23%	0.81%	0.73%	2.14%	12.79%	12.44%	9.64%	16.28%
OVERALL	2.02%	1.89%	0.21%	7.43%	10.96%	9.56%	2.38%	20.03%

## Model Objectives

The model objectives are calculated based on the initial algorithm run and do not take manual reallocations into account.

0.0449

Total Equality Deviation

0.413

Preference Deviation

119.57

Average Unique Products

94.11

Average Value Of A Course

19.57

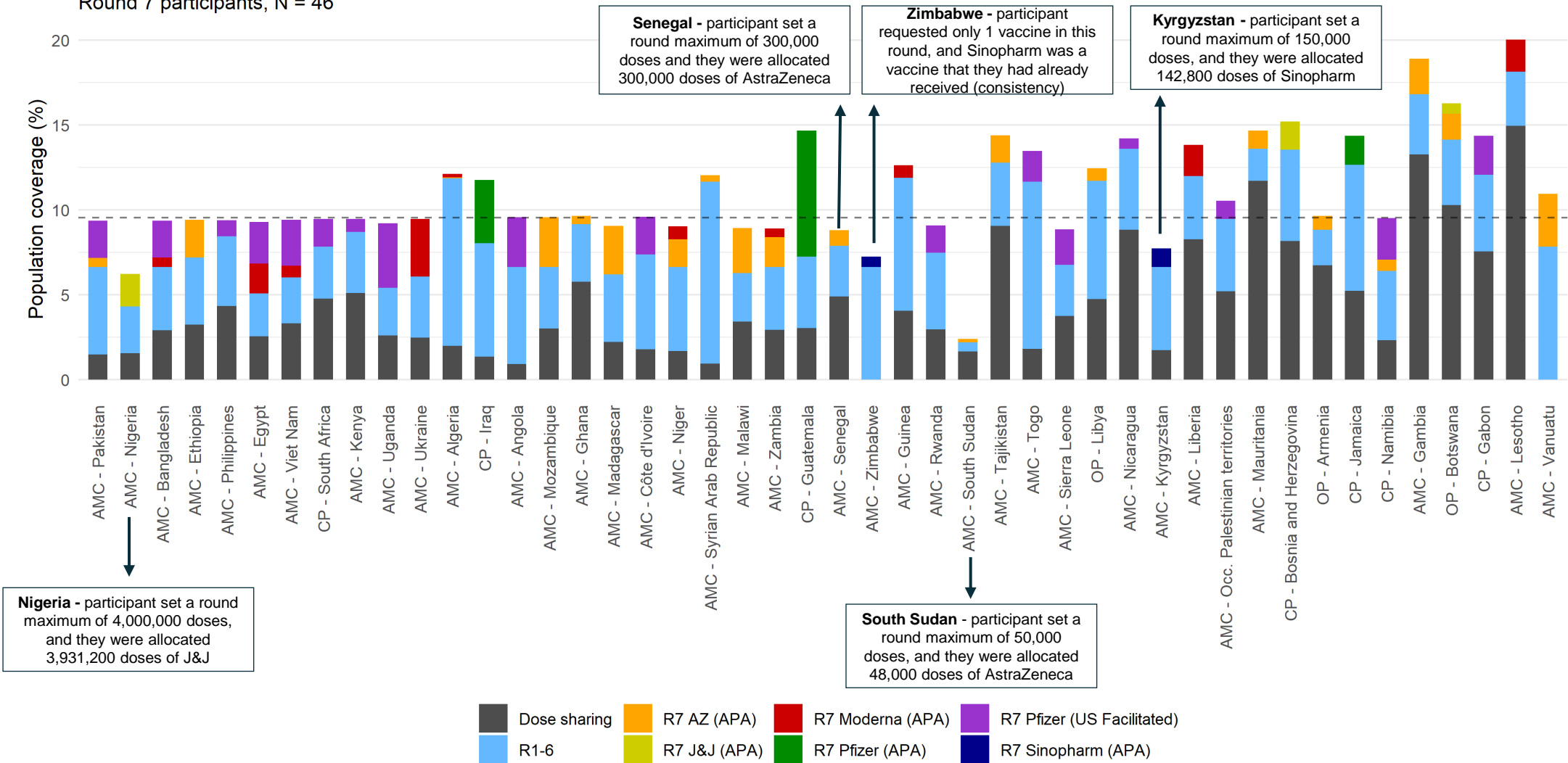
All historical products percent

97.83

Within local maximum tolerance percent

# Overview of the Total Round 7 Allocation (Only Participants Receiving Allocations)

Overall population coverage after Rounds 1-7  
Round 7 participants, N = 46

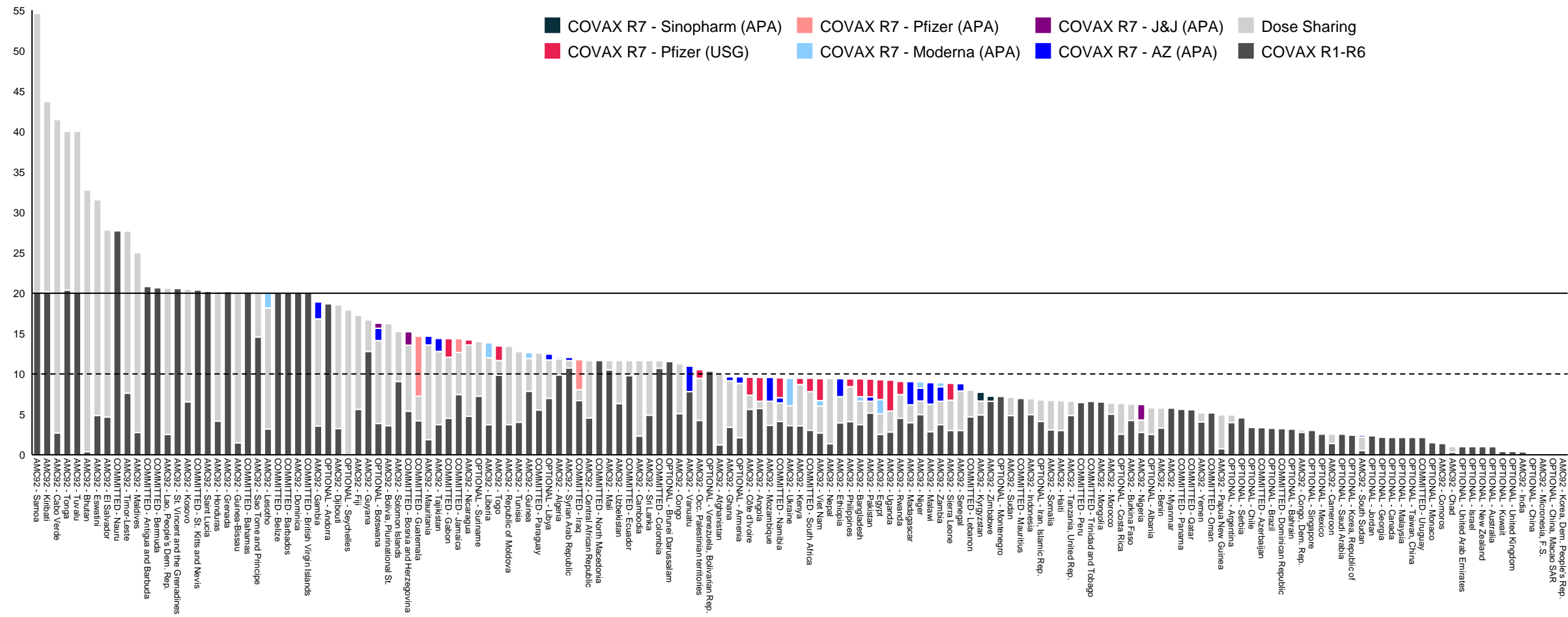


Note: Participants listed from left to right in descending order of population size.  
The dashed line represents the median overall coverage across all participants of 9.56%.  
Phase 1 Overall population coverage based on allocations accounting for supply shortages, re-allocations, re-deployment and valid refusals.

There were more participants slightly below 10% coverage (27 in total), but the weighted average for R7 was only 9.31%, so there were not enough doses to get all participants above 10%. Caps also had impact for these other participants, though less severely than the above 3.

# Total Allocations from COVAX (R1-R6), Dose Sharing and Round 7 (Overview)

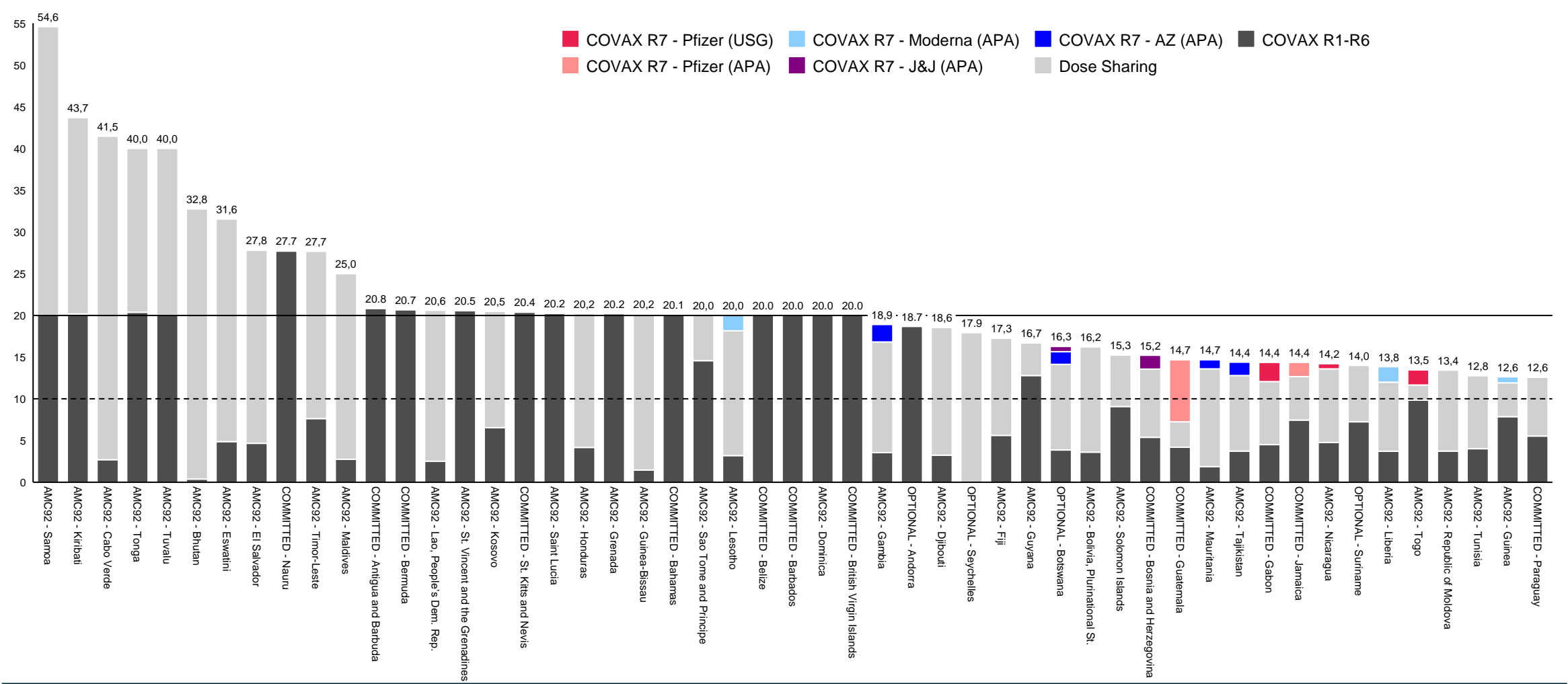
Coverage through COVAX (R1-7, donations, reallocations) (n=153 – 1 to 51)  
proportion of population vaccinated, assumes all shipped doses administered, Sorted by coverage %



# Total Allocations from COVAX (R1-R6), Dose Sharing and Round 7 (Highest coverages)

## Coverage through COVAX (R1-7, donations, reallocations) (n=153 – 1 to 51)

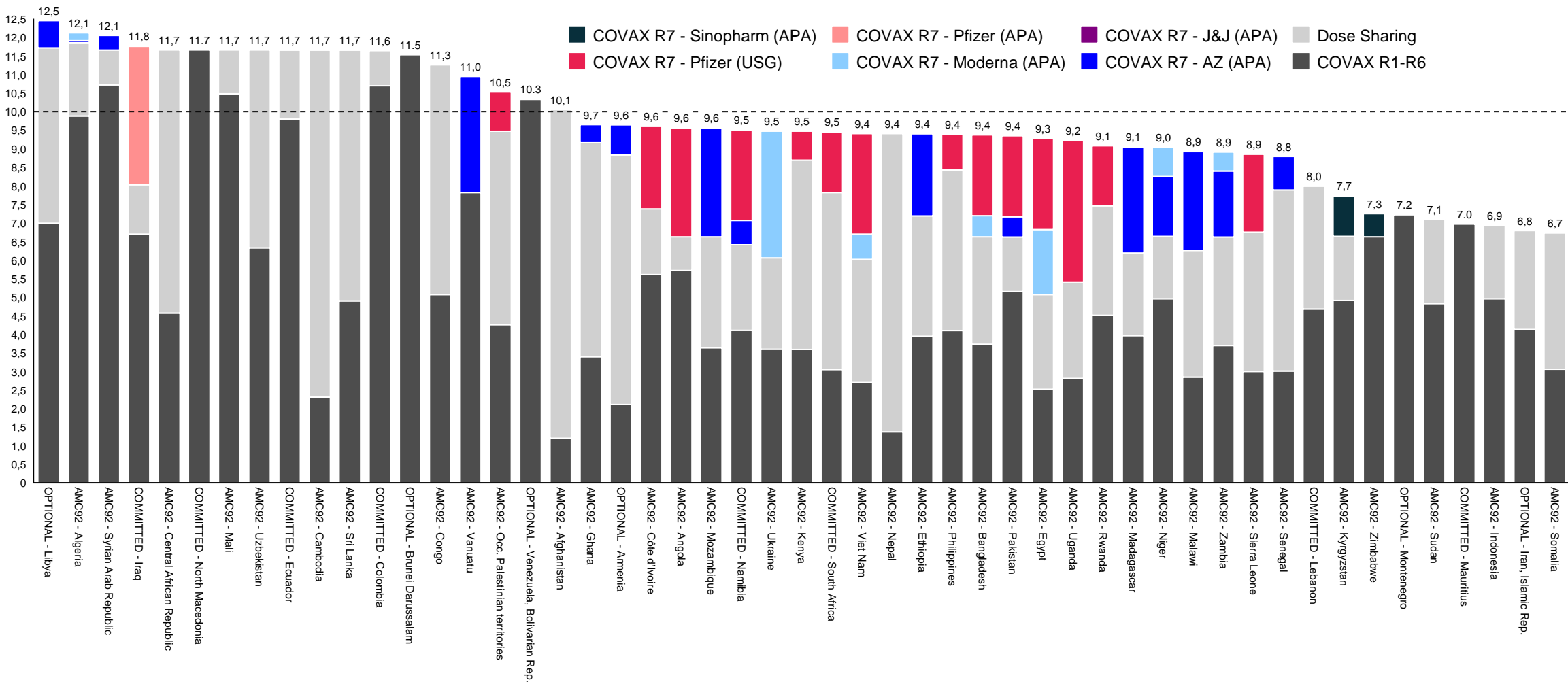
proportion of population vaccinated, assumes all shipped doses administered, Sorted by coverage %



# Total Allocations from COVAX (R1-R6), Dose Sharing and Round 7 (Medium coverages)

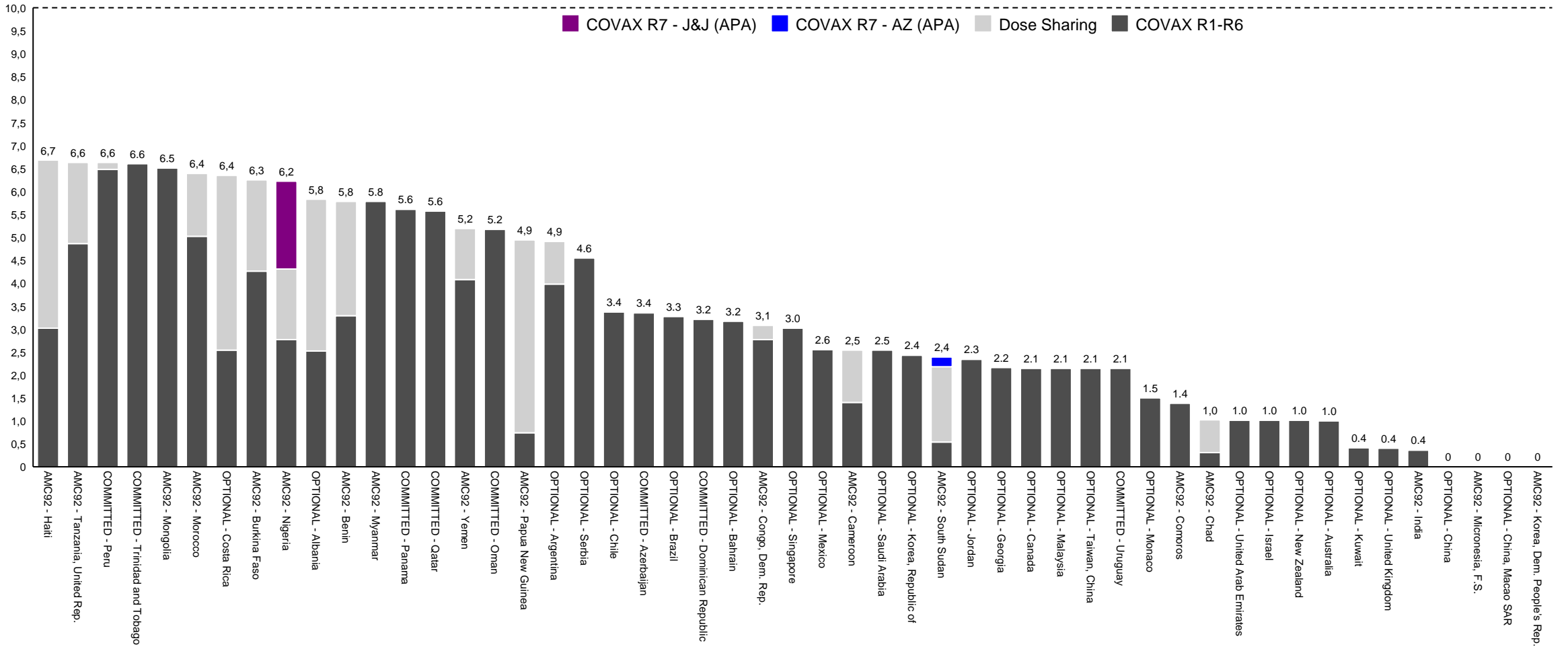
Coverage through COVAX (R1-7, donations, reallocations) (n=153 – 52 to 102)

proportion of population vaccinated, assumes all shipped doses administered, Sorted by coverage %



# Total Allocations from COVAX (R1-R6), Dose Sharing and Round 7 (Lowest coverages)

Coverage through COVAX (R1-7, donations, reallocations) (n=153 – 103 to 153)  
proportion of population vaccinated, assumes all shipped doses administered, Sorted by coverage %



# Distribution Proposal & Shipment Considerations

## COVAX Allocation Round 7

### Distribution Proposal

- The **median** cumulative coverage from Rounds 1 to 7 for these same 46 participants is **9.56%**.
- After Round 7, the **median** cumulative coverage for all 153 participants is **9.46%**.
- In alignment with the standard reallocation process, Participants will be notified that they are allotted a four-week period to clear all post-allocation preparedness checks following notification of the Round's outcome.
- Subsequent changes to Participants' total coverage from this Round resulting from the standard reallocation process will be communicated to the Participants upon execution. These modifications will also be visible to the IAVG in the Allocation Portal once completed.

### Shipment Considerations

- Normally, to facilitate logistics planning, a prioritized shipping order is recommended for distribution of doses allocated in a Round. In previous rounds, a decision was taken to inform the sequencing of shipments based on participants' overall achieved coverage (from all source of supply) and their epidemiological situation. The JAT will provide this data to the Procurement Coordinator, as we have in the last rounds.
- The Joint Allocation Taskforce continues to work with the Procurement Coordinator and Procurement Agencies to account for the changing context in Facility Participants, particularly relating to absorptive capacity, upcoming shipments for donations, and additional doses coming from cost-sharing deals.
- The Facility recommends that, closer to the date of the planned shipment, participants' absorption capacity be assessed to ensure all the planned quantities can be used by participants within the vaccines' expiry dates.

# Conclusion & Signatures

## COVAX Allocation Round 7

Next Steps	
Process Step	Date
JAT sends R7 allocation proposal to IAVG	16 September 2021
IAVG Decision Meeting for R7	17 September 2021
WHO DDG sign-off on R7 allocation decision	17 September 2021
JAT notifies the Office of the COVAX Facility and the Procurement Coordinator	17 September 2021
Country communications dispatched for R7	17 September 2021
JAT sends R8 allocation proposal to IAVG	17 September 2021
IAVG Decision Meeting for R8	21 September 2021
WHO DDG sign-off on R8 allocation decision	22 September 2021
JAT notifies the Office of the COVAX Facility and the Procurement Coordinator	22 September 2021
Country communications dispatched for R7	23 September 2021

Conclusion	
<p>On 17 September 2021 the IAVG validated the allocation amounts detailed in <b>Allocation Round Results</b> (slides 12-14) and outlined in the <b>Round 7 Output</b> from the Allocation Portal. The JAT will provide further data and needed details as requested by the IAVG during the discussion.</p> <p>All Members of the IAVG were present at the decision-making meeting apart from two who excused themselves: Ms Maria Guevara, Dr Dafrossa Lyimo.</p>	
Signatures	
Signature Assistant Director General, Access to Medicines and Health Products, WHO	Signature Managing Director, Office of the COVAX Facility, Gavi
Approval obtained via email	Approval obtained via email
Mariângela SIMÃO	Aurélia NGUYEN
On date: 16 September 2021	On date: 16 September 2021



# IAVG Opinion

## On the JAT Proposed Allocation

The IAVG reviewed the proposed allocation for Round 7 and approved it with the following considerations:

- It was observed that some countries have a low vaccination coverage not because of supply shortage but because of other adjacent problems. In several countries, vaccines have expired because of a lack of political will to conduct vaccination campaigns. Vaccine hesitancy and confidence also play a big role in low coverage figures. Many countries face issues of preparedness and absorptive capacities including lack of funds for operational actions. Others have civil and political unrest disturbing the performance of vaccination activities. It was emphasized that COVAX needs to look at these issues to identify the best ways to address them.
- Concerns were raised on the likelihood of the Humanitarian Buffer being used by countries requesting access to it, and the JAT informed that in certain settings the Secretariat of the decision body for the buffer (IASC) is watching closely the implementation of COVAX vaccine doses.
- The IAVG requested the JAT to provide a shortlist of countries for which the situation is most critical in terms of coverage and absorption capacity. Those are the countries with a coverage well under the median value which may continue to be low even after the next allocation round is run.
- It was also asked to the JAT to provide the list of countries on the WHO's/COVAX's implementation watchlist facing implementation issues.
- The IAVG highlighted the importance of ensuring that vaccines delivered to countries do not have short shelf lives, as this could lead to high wastage rates.

## Considerations for Future Allocation Rounds

- The IAVG continues to be concerned by the low supply of vaccines to COVAX and reiterates the need for manufacturers, vaccine producing- and high-coverage countries to prioritize vaccine equity and transparency, the sharing of information about manufacturing capacity and supply schedules to COVAX, as well as vaccine access plans. While recognizing the need for additional doses to protect certain vulnerable, immune-compromised populations, the IAVG suggests countries collect and review more evidence before implementing policies regarding the administration of booster doses to their populations.
- The IAVG supports the decision of prioritizing COVAX supply for those countries most likely relying solely on COVAX for access to COVID-19 vaccines and supports the continuation of this approach in future rounds.
- The IAVG notes that, so far, few manufacturers have waived indemnification and liability for use in humanitarian settings, and none have been waived for use at country level. This has consequences for vaccines allocated to the Humanitarian Buffer, as well as potentially setting precedents for future use.

## Summary Comments on Fairness and Equity

The IAVG has considered the information and data on absorptive capacity in countries with low total population coverage and brings the following issues to the attention of the COVAX Partners for further consideration:

- Continued advocacy for equity is needed in international and regional fora to address the lack of political will in several settings that is blocking the implementation of equitable access and the development of well-resourced vaccination programmes at country level.
- Countries must be able to access funding for vaccine implementation. Continued awareness of the need for such funding as well as the provision of technical support to countries to develop requests for assistance must be prioritized, especially by the World Bank and other multilateral development banks. Funding should also be considered for third party actors (NGOs and civil society) willing to support countries in vaccine implementation.
- Donations to COVAX are an important source of vaccine supply; however, these should complement rather than replace vaccine procurement by COVAX given the high transaction burden and costs in managing these donations. Additionally, IAVG strongly encourages high-coverage countries to swap their delivery schedules with those of COVAX so that COVAX contracts can be prioritized by manufacturers.
- The IAVG reiterates the need for countries which are sharing doses with COVAX to reduce/remove all earmarking and ensure the donated vaccines have an adequate remaining shelf life to allow for their use.
- Several programmes have been put in place to increase confidence in COVID-19 vaccines and address vaccination hesitancy. These must be tailored to local contexts and the engagement of local communities and civil society is critical to ensuring their effectiveness.
- Some regions and/or countries are experiencing civil unrest, conflicts and natural disasters that are impeding or slowing the implementation of vaccination programmes. Global solidarity and cooperation are needed to ensure they are supported in such critical situations.
- COVAX remains the main global access mechanism able to serve all countries and ensure equitable access. The IAVG stands strongly behind this initiative.

# Annex 1

Allocation Round	Product Name	WHO EUL Date	Allocation Approval Date	Doses Allocated	Doses Allocated Adjusted*	Description
COVAX-1	Pfizer BioNTech – Comirnaty	30 Dec 2021	29 Jan 2021	1,200,420	1,200,420	Pfizer Feb-Mar 2021
COVAX-2	AstraZeneca – Vaxzevria	15 Feb 2021	23 Feb 2021, <i>IAVG</i>	75,996,000	75,240,000	AZ and SII-AZ Jan-May 2021
COVAX-2	SII – Covishield	15 Feb 2021	23 Feb 2021, <i>IAVG</i>	161,472,000	29,790,600	AZ and SII-AZ Jan-May 2021
COVAX-3	Pfizer BioNTech – Comirnaty	30 Dec 2021	15 Mar 2021, <i>IAVG</i>	14,109,030	14,109,030	Pfizer Apr-Jun 2021
COVAX-4	AstraZeneca – Vaxzevria	15 Feb 2021	8 June 2021	17,366,400	17,066,100	AZ to cover COVAX Round 2 SII shortage
COVAX-5	Pfizer BioNTech – Comirnaty	30 Dec 2021	15 July 2021, <i>IAVG</i>	72,190,170	72,186,660	Pfizer July-September 2021
COVAX-6	Sinopharm BIBP	07 May 2021	29 July 2021, <i>IAVG</i>	42,649,200	45,450,000	Sinopharm Q3-2021 + Humanitarian Buffer
COVAX-6	Sinovac	01 June 2021	29 July 2021, <i>IAVG</i>	42,650,400	50,176,800	Sinovac Q3-2021 + Humanitarian Buffer
Dose Donations	AstraZeneca – Vaxzevria	15 Feb 2021	Donations distributed as of 19 July 2021	50,552,510	50,552,510	Includes dose donations from: France, Japan, New Zealand, Norway, Spain, Sweden, and the United Kingdom
Dose Donations	Moderna – mRNA-1273	30 April 2021	Donations distributed as of 19 July 2021	54,186,700	54,186,700	Part of a United States Government dose donation initiative
Dose Donations	Pfizer BioNTech – Comirnaty	30 Dec 2021	Donations distributed as of 19 July 2021	16,651,440	16,651,440	
Dose Donations	Janssen - Ad26.COV 2-S	12 March 2021	Donations distributed as of 19 July 2021	24,339,950	24,339,950	
Totals				573,364,220	450,950,210	

Adjustments refer to post-allocation changes to Participants’ originally allocated doses from a given round. Adjustments are made either through the reallocation of allocated doses or redeployment of allocated doses already in country. Both reallocation and redeployment are important to ensure no idle doses, when a COVAX Participant is not prepared or not willing to receive/use doses allocated or delivered. In addition, adjustments have been made to reflect the delays experienced by those Participants originally allocated SII-AZ doses in Round 2, to ensure these delayed volumes do not count towards official allocated amounts and to ensure equity of coverage across Facility Participants.