

## eVPPEF 2020

Question and Answer Summary  
15 December 2020, DAY 1: Plenary Session

### ACT-A / Gian Gandhi, Act-A Coordinator

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#### **Myriam Khrouf (Director of the directorate of Pharmaceuticals and Medicines, Tunisia)**

*Q: What is the rationale for Remdesivir? There is no evidence of efficacy if I am right*

A: We have seen some mixed trial results for this product and WHO recently stated that the overall evidence doesn't *demonstrate* sufficient value for use of the product to treat severe / critical COVID illness. Accordingly, WHO doesn't recommend the use of this product as a treatment based on the evidence that's been generated to date.

#### **Satish Gupta (Immunization Manager, Myanmar, UNICEF)**

*Q: When you talked about the funding gap for the COVAX facility and the requirement to raise \$16bio. did it include the 20% of the population only or the entire population?*

A: The intention for cost sharing is to leverage and top-up World Bank's investments. If the COVAX facility manages to meet the funding targets for 20% of the population then the population, participants looking to procure additional quantities beyond the 20% coverage will need to cost share. *Day 2 session on Financing also touched this topic.*

#### **Hidayat Setiadji (VP Biofarma, Indonesia)**

*Q: When will the vaccines will be supplied?*

A: The time will depend on the COVAX facility entering into Advanced Purchase Commitments with manufacturers, vaccines reaching regulatory requirements and made available. Hopefully, the first doses will be available in Q1 with, and large volumes are expected to be available in the second half of 2021.

#### **Chandralal Mondar (Health and Nutrition Officer, USA)**

*Q: Will the countries be given option to choose the vaccine that can be stored at +2 to +8 degree Celsius?*

A: Countries have been asked in their request form to mention their preference in terms of product characteristics. Cold chain capacity will be reviewed by WHO / UNICEF.

### COVAX FACILITY / Derrick Sim, Director Supply and Demand, Gavi

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#### **Budhi Setiawan (Chief Health, Nepal, UNICEF)**

*Q: Countries especially AMC are nervous looking at vaccine tracker on how small COVAX has secured vaccines deal as compared to developed countries, are we even been prioritized?*

A: The Allocation Mechanism of the COVAX facility is looking at equitable access to all countries based on national vaccination priorities and targeting a proportion of the population.

**Tshewand Tamang (Deputy chief Programme officer / Bhutan)**

*Q: What will be the time for the availability of price from GAVI/UNICEF?*

A: Prices will be available when binding agreements have been made with manufacturers. Manufacturers are still working their cost of production and agreed to not make profit. All the details will be made available on UNICEF website. Based on the ongoing discussions with manufacturers, we seem to be on target for COVAX in terms of volumes. We are working on identifying additional candidates.

**Tri Asti (Apt, M.Pharm, Indonesia, non-UNICEF)**

*Q: I heard that one of the requirements of COVAX, we should have a legislation about compensation of fund when there is an AEFI – is that true?*

A: It's encouraged that to have safety measures considering the scale of the vaccination campaign and the fact that it's a new vaccine.

**Cristina Gaberi (Health Officer, Moldova, UNICEF)**

*Q: Can you explain the difference if any between cost-sharing in case needed for 20% that were first stated as fully subsidized and the top-up doses above 20%*

A: Covering 20% of the population will enable protection of the most vulnerable and health care workers is subsidized for countries eligible for support.

**Roy Himawan**

*Q: After having assurance that 20% of their population will be covered through COVAX, could countries choose which type of vaccine that will delivered from COVAX?*

A: Countries can express a preference for the vaccine they would like to receive. The Allocation Mechanism will also allocate the vaccines that are suitable for the country context considering the country readiness to use the allocated vaccine.

mRNA vaccines, considering their Cold Chain requirements, could be received in smaller quantities to target a smaller portion of the target group.

**Caleb Wuralola (Cold chain consultant, Malaysia, UNICEF)**

*Q: It is advisable for country to rollout different profiles of Covid vaccines when approved or adhered to one approval vaccine due to logistics consideration?*

A: At the early stage, there will be a global shortage, demand will be higher than supply. The scale up and production will be on different timeline. It will be a country decision to rely on one or several manufacturers to manage supply availability.

**Vanndy Hem (Secretary of State, Ministry of Economy and Finance, Cambodia)**

*Q: On top of the 20% allocation, can a country request to procure more through COVAX? If yes, by how much?*

A: Yes, it's possible to request more than the 20% allocated.

**ROLE OF UNICEF / Ann Ottosen, Senior Manager, UNICEF SD**

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**MPhatso Mtenje (National Cold Chain Manager, MoH/EPI, Malawi)**

*Q: There is a lot of requirements and discussions around indemnification for COVID-19 vaccines, can you shed more light on this?*

A: Few data are currently available about the safety of the vaccines. Manufacturers aren't able to get the commercial insurance that they would normally receive for other vaccines. Therefore, as a pre-requisite for countries to receive the vaccines, they need to make their own insurance.

**Satish Gupta (UNICEF Myanmar, Immunization Manager)**

*Q: If UNICEF/ PAHO in RFP receives offers less than 2 billion doses, which is needed for COVAX, will SD still provide support to countries in procurement services for COVID vaccine. And what will be timeline?*

A: We are confident in securing the 2 billion doses. A certain number of pipeline manufacturers are also on their way. If we don't achieve the 2 billion doses, there will be a pro-rata distribution of the available doses. There is thus no need for a Plan B at this stage.

**POLICY AND ALLOCATION, UPDATE, STATUS AND NEXT STEPS / Tania Cernuschi Team Lead, Global Access of Vaccines, IVB, WHO**

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**Susana Castillo (MoH, department of Health, Philippines)**

*Q: How would the COVAX vaccine that would be allocated to a particular AMC92 economy be affected by an ongoing WHO Solidarity Trial in that particular Country?*

A: There will not be any specific link between trial and allocation.

**Keang Sok (UNICEF Cambodia, Supply Officer)**

*Q: How soon we can get the information on the quantity of allocation to each country for the AMC list?*

A: The allocation decision is announced to all the countries simultaneously. There will be harmonization and then readiness will be taken into account. WHO expects that countries make rational decisions based on their context and national priorities. SAGE recommends cross-country knowledge exchanges.

**Tshewand Tamang (Deputy chief Programme officer / Bhutan)**

*Q: 92 countries are eligible for AMC support for 20% population vaccines, but whether we get the total quantity vaccine at a time for 20% population or if it will be allocated in phases?*

A: It will depend on the level of supply availability. With the current information in our possession, allocation will happen in tranches.

**Buhdhi Setiawan (Chief health, Nepal, UNICEF)**

*Q: In principle National Vaccine Deployment and Operational Plan will be difficult to be finalized if allocation decision with vaccine characteristics provided to a country is not communicated, so which one should be ready first, allocation decision or NVDOP?*

A: Once the vaccine allocation is out, there will be an opportunity for countries to adapt and refine the deployment plan to the specific products. WHO will allocate to countries that have initiated discussions about receiving the products in their national settings.

**Thank you for your participation**

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