

## Background

Ending the COVID-19 pandemic and minimizing its impact will depend on finding effective ways to treat and vaccinate against the disease. And the world is racing to deliver. Billions in funding has been mobilized to fast-track research and development globally with hope that at least one will be effective.

But this is only half the battle. These tools must be accessible to everyone who needs them regardless of nationality or wealth -- where you live shouldn't determine whether you live.

Delivering medication and vaccines at this speed and scale has never been done before. There are substantial technical, financial, political, and logistical challenges that must be overcome. And precedent is not on the side of equity.

The history of pharmaceutical development shows us that new health technologies are often too expensive, not well suited for low-resource settings, and limited supply is siphoned off to the highest bidder – which in this case is likely the wealthiest countries.

Now is the time to upend this precedent by putting equity at the center of the COVID-19 response.

**Equity means** that everyone in the world has access to a COVID-19 vaccine or treatment at a price they can afford. But, assuming that the initial supply of tools to fight COVID-19 will not meet global demand, it also means that vaccines and medicines are allocated equitably within and between countries to maximize protection globally.

As world leaders speak-up about access to vaccines and line-up to make deals for promising COVID-19 vaccine candidates, we want them to know that we are watching. **The Vaccine Access Test provides a framework to answer the question: do these actions move us closer to - or further from - equitable access when it comes to the COVID-19 vaccine?**

## How to use the Vaccine Access Test

There are two ways to use the Vaccine Access Test: assessing deals and assessing actors.

1. **Assessing Deals:** Each deal for a COVID-19 vaccine candidate (e.g. a contract between a pharmaceutical company and a country) will be evaluated based on metrics that measure how well it allocates the limited supply of vaccines to any one actor to maximize protection globally. More to the point, it helps answer the question: is any one country monopolizing the global supply of a vaccine candidate at the expense of vulnerable people in other places?

**Deal Scores** can stand on their own as a snapshot of how an individual deal advances or sets back vaccine equity. They can also be combined with Equity Leadership Scores for the actors involved to provide a more complete picture on how each country or company is advancing equity.

2. **Assessing Actors on Equity Leadership:** Any country or company can be evaluated on how well they demonstrate leadership on equitable access through policies, transparency, and financial support to global initiatives.

**Equity Leadership Scores** can stand on their own as a snapshot of how well an actor is advancing equity regardless of whether they have signed a deal for a COVID-19 vaccine candidate or not. In the event that an actor has completed a deal for a COVID-19 vaccine candidate, their Equity Leadership Score can be combined with their Deal Score (or their average Deal Score if multiple deals have been completed) to provide a more complete picture on how each country or company is advancing equity.

## Methodology

### 1. Assessing Deals: Metrics & Scoring

Each deal for a COVID-19 vaccine candidate (e.g. a contract between a pharmaceutical company and a country) is evaluated to assess the following questions using its corresponding metric:



**Prioritized:** Is this deal aligned with global guidelines on prioritizing allocation among at-risk populations? (Metric 1.1: Purchase per Population)



**Phased:** Does this deal allow for phased delivery of doses? (Metric 1.2: Timeline for delivery)



**Published:** Is the contracting processes transparent from start to finish? (Metric 1.3: Transparency)

**1.1) Purchase per Population:** The World Health Organization has developed an Allocation Framework that provides guidance on how to distribute the limited supply of an eventual COVID-19 vaccine to maximize protection globally. Countries are advised to approach vaccination in two phases: First, they should vaccinate 3% of their population with priority coverage for healthcare workers. Then countries should scale coverage to 20% of the population with priority coverage for people over the age of 60 and other high-risk populations (immunocompromised individuals, essential workers, etc.).

Contracts for COVID-19 vaccines should be informed by these guidelines, with quantities and delivery timeline not exceeding these thresholds. **This metric is scored assuming a 2-dose regimen** given nearly all of the candidates in phase II/III or phase III trials are being tested in 2-dose regimens during planned efficacy studies. See [Appendix A](#) for a population chart to guide scoring.

*Metric Scoring:* A deal can receive up to 2 points for this metric (0 = Deal has exceeded both thresholds; 1 = Deal does not exceed 20% population; 2 = Deal does not exceed 3% population).

**1.2) Timeline for Delivery:** Deals that phase the timing that doses are delivered can help ensure that no one country is monopolizing the initial supply of a vaccine. For example, a phased deal may secure 50 million doses total with promise to deliver 20 million doses of the initial supply and an additional 30 million to the same population later. A deal may also allow

for the purchase of more doses at a later date, helping ensure that other countries have access to initial supply.

*Metric Scoring:* A deal can receive up to 2 points for this metric (0 = no commitment to phased delivery; 1 = commitment to phased delivery with no timeframes or doses specified, or agreement for more doses at a later date; 2 = Commitment to phased delivery with timeframes and doses specified for initial and subsequent delivery).

**1.3) Transparency:** Every country's procurement of COVID-19 vaccines will have ripple effects on the availability and cost of these vaccines for the rest of the world. As such, the processes should be transparent from start to finish including: Governments should publish accessible and timely contracting data online that details the terms of deals, including pricing; Companies receiving public COVID-19 funds must publish their costing models (i.e. a break-down of how they arrived at the vaccine price, what did it cost to produce?) to guard against price gouging.

*Metric Scoring:* A deal can receive up to 2 points for this metric (0 = has not met any of the criteria; 1 = has met some of the criteria; 2 = has fully met the criteria).

**Final Score:** Each metric can receive up to 2 points using the respective scoring scale. Each deal can earn up to 6 points total. Every metric is evenly weighted. The higher the final score, the closer the deal brings us to equitable outcomes. Deal assessments will be denoted using a spectrum from red to yellow to green with a rationale for each score. See detailed scores online at [ONE.org/VaccineAccessTest](https://ONE.org/VaccineAccessTest).

All scores are evaluated using publicly available information (e.g. press releases, media reports, etc.) and can be revisited as new information becomes available. These grades are not intended to be stagnant. Rather, entities can improve or regress based on how their actions advance equity over time. For example, if a pharmaceutical company did not make their costing model public but later releases it, the deal score can gain one point as it fulfilled one aspect of metric 1.3, therefore showing progress.

## 2. Assessing Equity Leadership: Metrics and Scoring

There are a number of ways that countries, companies, regional institutions and other partnerships can advance an equitable outcome outside of individual deals for a COVID-19 vaccine. We define and measure equity leadership differently depending on the type of actor we are evaluating (e.g. country, company, regional institution or partnership) using the metrics below:

### 2.1) Countries



**Financial Commitment to the ACT-A:** A country can earn up to three points for financial support for the Access to COVID-19 Tools Accelerator (ACT-A), the only mechanism that is positioned to deliver a coordinated global response, at scale and at speed. Three points will be awarded for delivering full financial support at the “fair-share” dictated by the ACT-A partners. Delivering over one-third of share will receive 1 pt, and over two-thirds of fair-share will receive 2 points. Anything less than one-third of the fair-share will receive 0 points



**Multilateral Leadership:** A country can earn up to three points for multilateral leadership including joining COVAX (1 pt); and using significant political capital to advance multilateral cooperation (up to 2 pt) e.g. by brokering a relevant agreement among G20 or G7 countries, leading on a relevant UN resolution, hosting an event that mobilizes significant financing from other donors; or coordinating a high-level op-ed.



**Pro-equity Policies:** A country can earn up to three points for implementing pro-equity policies including: policies that align with WHO's Solidarity Call to Action<sup>1</sup> including specific provisions in funding arrangements regarding global non-exclusive voluntary licensing, transparency and, when necessary, other commitments to expand access by sharing, for example, other intellectual property rights, know-how and data; and encouraging that all research outcomes are published under open licenses that allow access free of charge (up to 2 pts); publishing clear national allocation guidelines that define how a vaccine will be distributed domestically with priority on reaching the most vulnerable populations (1 pt).

**Scoring:** Countries can earn up to 9 points total on Equity Leadership. Each metric is worth up to 3 points based on the criteria outlined above.

<sup>1</sup>WHO Solidarity Call to Action, 2020.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/covid-19-technology-access-pool/solidarity-call-to-action>

## 2.2) Companies



**Support for & Collaboration with the ACT-A:** Companies can earn up to three points for collaborating with the Access to COVID-19 Tools Accelerator (ACT-A), the only mechanism that is positioned to deliver a coordinated global response, at scale and at speed. This includes providing financial support (1 pt); and collaborating with the ACT-A to advance its mission (2 pts.)



**Transparency & Knowledge Sharing:** A company can earn up to three points for sharing knowledge and information that will help pave the way for a more equitable access including **information on access policies and pricing** (e.g. the company has disclosed and substantiated their equity/access policies including committing to non-profit and/or tiered pricing for all COVID-19 vaccines (1 pt) and **sharing relevant knowledge, intellectual property and data** to enable wide scale production, distribution and use of such technologies as outlined in WHO's Solidarity Call to Action (up to 2 points).<sup>2</sup> This includes voluntarily licensing rights on a non-exclusive and global basis to better facilitate global and transparent access; and/or voluntary non-enforcement of intellectual property rights during the COVID-19 pandemic; and/or other means of technology transfers (for example by transferring production to contract manufacturing organizations).



**Multilateral Leadership:** A company can earn up to three points for multilateral leadership including **using significant political capital to advance multilateral cooperation on equity** e.g. by brokering an agreement across the sector on equity, hosting an event that mobilizes significant financing; or coordinating a high-level op-ed. (1 pt per action up to 3 pts total)

**Scoring:** Companies can earn up to 9 points total on Equity Leadership. Each metric is worth up to 3 points based on the criteria outlined above.

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<sup>2</sup>WHO Solidarity Call to Action, 2020.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/covid-19-technology-access-pool/solidarity-call-to-action>

### 2.3) Regional Institutions



**Support for & Collaboration with the ACT-A:** A regional institution can earn up to three points for collaborating with the Access to COVID-19 Tools Accelerator (ACT-A), the only mechanism that is positioned to deliver a coordinated global response, at scale and at speed. This includes providing financial support (2 pt); and promoting that members do the same (1 pt.)



**Multilateral Leadership:** A regional institution can earn up to three points for multilateral leadership including coordinate cooperation around vaccine procurement, development, and equity among member states (1 pt); and using significant political capital to advance multilateral cooperation (up to 2 pt) e.g. passing a relevant resolution among member states in a regional institution or launching a regional procurement initiative that prioritises equity.



**Pro-Equity Policies:** A regional institution can earn up to three points for adopting pro-equity policies at the regional level or encouraging them at the national level, including policies that align with WHO's Solidarity Call to Action<sup>3</sup> including specific provisions in funding arrangements regarding global non-exclusive voluntary licensing, transparency and, when necessary, other commitments to expand access by sharing, for example, other intellectual property rights, know-how and data; and encouraging that all research outcomes are published under open licenses that allow access free of charge (up to 2 pts); publishing clear regional allocation guidelines that define how a vaccine will be distributed among countries with priority on reaching the most vulnerable populations (1 pt).

**Scoring:** Regional institutions can earn up to 9 points total on Equity Leadership. Each metric is worth up to 3 points based on the criteria outlined above.

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<sup>3</sup>WHO Solidarity Call to Action, 2020.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/covid-19-technology-access-pool/solidarity-call-to-action>

**Final Scoring:** Countries, companies, and regional institutions are evaluated independently on the relevant Equity Leadership metrics. Each metric is worth up to 3 points based on the criteria outlined above. Every metric is evenly weighted. Final scores will be denoted using a spectrum from red to yellow to green with a rationale for each score. To date, all G20 countries have been given an Equity Leadership Score. See detailed scores online at [ONE.org/VaccineAccessTest](https://ONE.org/VaccineAccessTest).

If a country or company has completed a deal, a **composite Score** is calculated by adding their Deal Score with their Equity Leadership Score. If one actor has completed multiple deals, the Deal Scores for each deal are averaged and added to the Equity Leadership Score. Composite Scores can range from 0 to 15 points and will be denoted using a spectrum from red to yellow to green with a rationale for each score. See detailed scores online at [ONE.org/VaccineAccessTest](https://ONE.org/VaccineAccessTest).

All scores are evaluated using publicly available information (e.g. press releases, media reports, etc.) and will be updated as new information becomes available. These grades are not intended to be stagnant. Rather, entities can improve or regress based on how their actions advance equity over time.



## Appendix A: Dose Allocation per Population

Country	Population (total) <sup>4</sup>	Phase 1 Priority Population (3%)	Required doses (3% coverage, 2 dose regimen)	Phase 2 Priority Population (20%)	Required doses (20% coverage, 2 dose regimen)
Brazil	209.5 million	6.3 million	12.6 million	41.9 million	83.8 million
France	67.0 million	2.0 million	4.0 million	13.4 million	26.8 million
Germany	83.0 million	2.5 million	5.0 million	16.6 million	33.2 million
Netherlands	17.3 million	519,000	1.04 million	3.5 million	7 million
U.K.	66.7 million	2.0 million	4.0 million	13.3 million	26.6 million
U.S.	328.2 million	9.8 million	19.6 million	65.6 million	131.2 million

<sup>4</sup> World Bank Group, 2020, Population, Total, accessed 17 August 2020, <https://data.worldbank.org/indicator/SP.POP.TOTL>