Annex A: Interim Approach to Paediatric Support

This section provides an update on the interim, time-bound, policy approach on paediatric vaccination support for children aged 5-11 valid until June 2022.

The Office of the COVAX Facility, in close consultation with other COVAX partners, established an interim, time-bound, approach to allocate paediatric vaccines for children aged 5-11 from April to June 2022 in response to several time-sensitive demand and supply considerations. Several AMC participants that had achieved high coverage or demonstrated high absorptive capacity requested paediatric doses from COVAX and signaled that if COVAX was not able to meet this demand they would consider buying paediatric doses through bilateral deals at their own expense (potentially incurring health expenditures in the order of ~US$ 1-1.5 billion[1]). In aggregate, the initial expressed demand was equivalent to approximately 150 million doses. In view of the potential availability of Pfizer donated doses that may otherwise have gone to waste, a decision was taken for COVAX to facilitate access of paediatric doses for the sub-set of AMC participants expressing demand by requesting donors convert commitments for adult doses to paediatric formulation to meet this demand on a short-term basis, pending formal governance review and approval of a longer-term approach. Given the urgent need to respond to participants' requests, this approach was discussed and endorsed by the Chairs of the PPC, Board, and AFC as well as the Vice Chair of the Board in late March 2022. Separate from this interim approach, if there is demand from SFPs for paediatric doses and supply from donations that are eligible to go to SFPs, COVAX intends to serve as a channel to allocate these donations.

Based on feedback from the Chairs and partner consultations, the interim approach included defined guardrails in terms of timing (until June 2022), supply (meeting whatever demand there was through donated Pfizer doses – the only vaccine currently with EUL and a SAGE recommendation for this age group), and demand, namely 1) Pfizer-eligible participants with >40% primary series coverage; 2) participants proactively expressing demand; 3) participants making progress towards vaccinating (with primary series and boosters) higher priority groups in the WHO prioritisation roadmap; and 4) participants with demonstrated capacity to continue delivering EPI vaccines through routine immunisation. It was also agreed that participants would not be able to use COVID delivery support (CDS) funding to support the administration of these paediatric doses. Syringes suitable for the paediatric formulation would be substituted for the adult formulation syringes that would otherwise have been purchased for this volume of doses, and in principle, donors would cover the syringe and other ancillary costs.

To formalise demand requests for the interim approach, Expression of Interest forms were sent to 26 participants in early April 2022, all of whom had previously proactively requested paediatric doses from COVAX and had already achieved or were expected to achieve greater than 40% primary series coverage of their total population by mid- May 2022. Of those, 23 responded and 18 requested approximately 120 million doses to be delivered between May and December 2022, although it should be noted that demand is skewed heavily toward a few participants. Based on a review of the demand in the context of implementation feasibility as well as status of higher priority

COVID-19 and RI programmes, the recommendation was accepted by the Allocation Leadership Group that the volumes requested be offered to the participants with targeted engagement with the few that have requested a high volume of doses, clustered over a short-term period. A minimum outcome of that engagement would be a more realistic spacing of supply to allow for learning prior to sending more doses. This is designed to help mitigate the risk of high volumes of doses bogging down the supply chains and drawing down health care resources with doses that may not be feasible to administer at the volume or at the timing proposed. In addition, the Independent Review Committee (IRC) will review all the proposals for programme risks prior to the doses being delivered. Converted doses are expected to be available from early June.