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In April, 2020, WHO and partners started an unprecedented initiative to end the COVID-19 pandemic. Naming it the Access to COVID-19 Tools-Accelerator (ACT-A), WHO rolled out this global collaboration to speed up development, production, and equitable access to COVID-19 tests, treatments, vaccines, and personal protective equipment. Officially launched in June, 2020, ACT-A brings together governments, academia, industry, civil society, and philanthropic and global health organisations to a virtual table to negotiate with high-income countries and industry to support nations that need COVID-19 tools.

According to Aylward, senior adviser to WHO Director-General, the idea behind ACT-A was to repurpose the global health architecture that has been established to deal with diseases such as HIV, malaria, tuberculosis, and childhood immunisation. “It’s extraordinary that this idea worked”, he said.

Nevertheless, the COVID-19 pandemic is far from over, and the report notes several shortcomings of ACT-A in light of existing inequities preventing the initiative from achieving its goals. According to Aylward, 80% of the COVID-19 tests performed in low-income countries (LICs) in 2021 were procured through the ACT-A diagnostics pillar, yet of the more than 3 billion COVID-19 tests performed worldwide up to March, 2022, only 0.4% were in LICs, despite them constituting 7.8% of the global population. “These disparities in testing coverage rates raise obvious questions about our ability to monitor and assess the trajectory of the pandemic and direct response efforts”, read the report.

Through COVAX, ACT-A has delivered 1.5 billion doses of COVID-19 vaccines to 145 countries and territories. However, according to critics, ACT-A has fallen short on ensuring affordable vaccine manufacture is possible in multiple countries. Moreover, the initiative did not plan to diversify the production of vaccines, nor did it foresee delivery bottlenecks such as export and import bans. These did not only delay access to vaccines but also led a few developed nations to ship closer-to-expiry date doses to LICs. “COVAX is an unfulfilled promise of vaccine sharing and it did not succeed at becoming a global procurement mechanism that would secure simultaneous access to vaccines for the most vulnerable populations and healthcare workers across the globe”, Storeng said.

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The therapeutics pillar faces several criticisms. First, ACT-A has focused a lot more on vaccines than therapeutics. Second, efforts to identify small-molecule drugs beyond remdesivir as COVID-19 treatments and facilitate their generic manufacturing in Asia and Latin America are still not being efficiently thought through, with limits on licensing deals prohibiting many middle-income countries from producing generic versions of approved and emerging COVID-19 antivirals before 2023. There are many barriers to the production of affordable vaccines, but according to Juliet Potet (Médecins Sans Frontières Access Campaign, Paris, France), “in the case of small molecule therapeutic drugs, it is relatively straightforward for the generic industry to produce copycat drugs of existing COVID-19 therapeutics”. In a statement, WHO mentioned an ongoing plan of the ACT-A partners to secure and send 13 million courses of Paxlovid, an antiviral combination drug, as well as molnupiravir, to countries in need. The details of the countries or breakdown of numbers of each of these drugs were not disclosed at the time of reporting.

The common primary bottleneck cited by ACT-A partners is funding. The first year of ACT-A had US$18 million to execute the initiative, which was only two-thirds of official development assistance. “Though we’ve had financing coming in there’s still a gap now of US$12 billion”, Aylward said. “The ACT-A construct has been really impressive, but what we need now is for the enablers [meaning governments, G20, and manufacturers] to commit to real-time product access, free trade and at-risk/upfront financing for ACT-A to realise its potential.”

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