



COVAX Statement on WHO emergency use listing for AstraZeneca/Oxford COVID-19 vaccine

16 February 2021 Joint News Release Geneva / New York / Oslo - The Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, the Vaccine Alliance (Gavi) and the World Health Organization (WHO), as co-leads of the COVAX initiative for equitable global access to COVID-19 vaccines, alongside key delivery partner UNICEF, are pleased to welcome the news that two versions of the AstraZeneca/Oxford COVID-19 vaccine have been given WHO Emergency Use Listing (EUL). Yesterday's announcement means that two versions of the AstraZeneca/Oxford vaccine, produced by AstraZeneca-SK Bioscience (AZ-SKBio) and the Serum Institute of India (AZ-SII), are now available for global rollout through the COVAX Facility.

Building on the early information provided in the interim distribution forecast published on 3 February 2021, COVAX will now complete the process of final Q1/Q2 allocations of the AstraZeneca/Oxford vaccine to Facility participants. Information on these final allocations will be communicated to all participants and published online the week of February 22nd.

In order for doses to be delivered via this first allocation round, several critical pieces must be in place:

All Facility participants must have given national regulatory authorisation for the vaccines in question, a process which can be expedited by issuing special authorisations for use based on granting of WHO EUL.

All Facility participants must have signed indemnity agreements with the manufacturers in question in order to receive doses through COVAX. The COVAX Facility is helping to facilitate the process of getting these agreements in place. In particular, COVAX is supporting AMC-eligible participants by negotiating a template indemnity agreement on their behalf – saving time and resources – and establishing a no-fault compensation mechanism and fund.

AMC-eligible economies must have submitted National Deployment and Vaccination Plans (NDVPs) through the COVID-19 Partners Platform, that have then been reviewed and validated by COVAX.

In preparation for this unprecedented global rollout, COVAX partners have been working closely with all Facility participants for many months, providing support for regulatory and indemnity and liability issues as well as the submission of completed NDVPs. Throughout this process, Facility participants have been moving at speed to ensure all preparations are in place for the first deliveries.

As participants fulfil the above criteria and finalise readiness preparations, COVAX will issue purchase orders to the manufacturer and ship and deliver doses via an iterative process. This means deliveries for this first round of allocation will take place on a rolling basis and in tranches.

Due the high number of doses available as well as the high number of countries getting ready for delivery in Q1 2021, the capacity of supplier and freight forwarders will be under considerable pressure. Shipment timelines will be impacted by logistical preparedness and delivery lead times, which may vary depending on the location of the receiving participant.

Based on this, COVAX anticipates the bulk of the first round of deliveries taking place in March, with some early shipments to those that have already fulfilled the above criteria, occurring in late February. More information related to these first deliveries will be shared in the coming days.

Available from: <https://www.who.int/news/item/16-02-2021-covax-statement-on-who-emergency-use-listing-for-astrazeneca-oxford-covid-19-vaccine>

WHO launches new tools to help countries build effective childhood cancer programmes

15 February 2021 / WHO - A suite of tools to help countries improve diagnosis and treatment of cancer among children is being released today by the World Health Organization, on International Childhood Cancer Day. The package includes a “how-to” guide for policy-makers, cancer control programme managers and hospital managers; an assessment tool to inform implementation; and a multilingual online portal for information-sharing.

The new tools will support countries with implementation of the CureAll approach, adopted by WHO’s Global Initiative for Childhood Cancer. The Initiative, launched in 2018, aims to achieve at least 60% survival for childhood cancer globally by 2030. Currently, children living in high-income countries have an 80% chance of cure, while less than 30% of children diagnosed with cancer in many low- and middle-income countries (LMICs) survive.

During the last two years, the Global Initiative, supported by St. Jude Children’s Research Hospital, a WHO Collaborating Centre in the United States of America, has become active in more than 30 countries and benefits from the participation of more than 120 global partners. These partners work together to support governments with the implementation of the CureAll approach, addressing common reasons for the low survival of children with cancer in LMICs. These reasons include late or incorrect diagnosis, insufficient diagnostic capacity, delays in or inaccessible treatment and treatment abandonment.

Solutions to all of these issues are provided in the new “how-to” guide, which is based on four pillars: centres of excellence with defined referral pathways and a trained workforce; inclusion of childhood cancer in national benefit packages for universal health coverage; treatment standards based on evidence and tailored to local capacity; and robust information systems for continuous monitoring of programme performance. Case studies from countries which have begun implementing the CureAll approach, such as Ghana, Peru and Uzbekistan, are also included.

New assessment tool to facilitate the design of tailored approaches for cancer control

An assessment tool to inform implementation of the Initiative and support real-time interpretation of data is also being launched today. The tool, developed under the leadership of WHO with the International Atomic Energy Agency, the International Agency for Research on Cancer and other partners, will enable national cancer programmes to develop tailored approaches for cancer control in their setting. This tool can generate data for decision-making and help address data gaps in LMICs.