MCDP temporary working group

Issue paper #1

Reaching the Last Mile – Considerations and Recommendations for a Medical Countermeasures Delivery Partnership (MCDP)

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A. Introduction

The development and roll-out of medical countermeasures (MCMs) during the COVID-19 pandemic was the largest and fastest roll-out of MCMs in history. However, many inequities persisted regarding delivery and access to MCMs. Implementation and administration of MCMs were hampered by a range of factors, including the availability of MCMs, timely and flexible financing, coordination and planning, and demand for and uptake of MCMs.

The Access to COVID-19 Tools Accelerator (ACT-A) was launched in April 2020 to enable an effective and equitable global response to the COVID-19 pandemic, including providing support to countries to access and administer MCMs effectively and equitably. As the pandemic evolved, agencies and partners sought ways to move faster to provide urgent operational support to countries to support the roll-out and uptake of MCM to reduce inequities. In January 2022, UNICEF, WHO, and Gavi – the three agencies leading delivery coordination in ACT-A's vaccines pillar – adopted a more structured model for delivery support globally with the establishment of the COVID-19 Vaccine Delivery Partnership (CoVDP), building on emergency practices and existing relations in place by WHO, UNICEF, Gavi, regional institutions and partners. Under this structure, objective criteria agreed upon across partners were used to prioritize countries for concerted operational support while offering a broader range of support to a wider range of countries. Among others, CoVDP supported countries with quick impact funding that could be deployed flexibly and rapidly, demand planning, specialized technical assistance, and a dedicated country engagement channel collapsing different layers of global, regional, and country-level support.[1]

This paper proposes elements of a Delivery Partnership that channels delivery support towards enhancing equitable distribution of and access to MCMs more broadly. Building on the centrality of countries as a core principle, these elements build on the experience of ACT-A and CoVDP and the delivery support offered by regions, NGOs/CSOs, and other partners. With the intent to enhance and, if necessary, shift the existing model, the propositions made in this paper are in full recognition of ongoing discussions in other fora, including discussions within the INB on WHO convention, agreement, or other international instruments on pandemic prevention, preparedness and response (PPR) and the Working Group on Amendments to the International Health Regulations (WGIHR).

An effective end-to-end MCM ecosystem for health emergencies should contain specific supportive delivery functions to ensure MCM are distributed equitably, reaching the most vulnerable and marginalized and contexts with the greatest needs, such as humanitarian settings, timely and equitably in an integrated, country-led approach with the support of partners.

Based on the lessons learned from the COVID-19 response, a Medical Countermeasures Delivery Partnership (MCDP) aims to coordinate complimentary support in line with a country's national pandemic response plans to deliver MCMs once they become available, as well as international and regional initiatives and collaborations activated during a public health emergency. Functions of an MCDP can include overall coordination of delivery support efforts across partners, the mobilization and disbursement of operational funds for delivery, political advocacy, mobilization of specialized technical assistance, provision and dissemination of tools and technical guidance, support towards capacity building efforts to enable data collection and reporting, and the sharing of information and learnings.

In between outbreaks, countries are supported through a range of mechanisms, such as the Pandemic Influenza Preparedness Framework, to develop and test national response plans. However, during times of emergency, additional support may be required for certain countries and regions, including LMICs and populations of concern (PoC) in fragile and conflict-affected situations and humanitarian crises. The support of an MCDP should be performed through an integrated approach, leveraging all partners' capacities, capabilities, and geographical presences. It should build on and reinforce existing preparedness and response mechanisms and initiatives and be implemented in partnership with Low and Middle-Income Countries (LMICs) and in close coordination

[1] For an overview of the operational model for COVID-19 vaccine delivery, including gaps and challenges, refer to: „Deliver, Together: Partnerships to deliver vaccines in a pandemic – learning from COVID-19 vaccine delivery"

with regional bodies, donors, civil society, communities, global health organizations, and bilateral and multilateral partners, as well as industry, academia, and regulatory authorities.

This issue paper proposes operational considerations, such as guiding principles and potential core functions during a disease outbreak, which could inform supportive operational arrangements and working methods. It further advances concepts deployed during the COVID-19 pandemic by addressing key challenges encountered during the response, including the representation of LMICs, CSOs, communities and beneficiaries in global decision-making bodies, effective coordination and accountability, decision-making for operational delivery support in an emergency setting, end-to-end visibility across supply and delivery, political advocacy and delivery funding for last-mile delivery, and comprehensive support across various MCM for equitable access, delivery and uptake.

This issue paper was developed by the MCDP Temporary Working group (hereafter, "TWG"), which was established in July 2023 and includes global and regional partners, including India as the G20 Presidency, Gavi, WHO, UNICEF, Africa CDC, PAHO and the representatives of the Johannesburg Process, CSO representatives, among others (list of members in the annex).

B. Purpose

This issue paper summarizes key principles and functions proposed for an MCDP and highlights key considerations its ways of working.

The recommendations should be considered in relation to any global "end-to-end" MCM network of networks and integrated within the broader pandemic preparedness and response architecture, including the health emergency incident management system coordinated by WHO and the proposed i-MCM Net. The paper contributes to ongoing discussions on pandemic preparedness and response, such as the WHO-led Pandemic operational MCM mapping process and related discussions on an interim coordination mechanism to enhance collaboration for timely and equitable access to medical countermeasures (MCM) against pandemic threats, the discussions within the INB on WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response（WHO CA+） and the IHRWGIHR, and other initiatives such as XVAX. A detailed description of alignment with existing processes and negotiations can be found in the annex.

C. Guiding principles of an MCDP

This chapter introduces high-level principles of an MCDP meant to support alignment across global, regional and country-level partners in a partnership model and guide ways of working under a national-led, integrated pandemic response.

- **Centrality of countries and government ownership** – Throughout all phases, countries' national response strategies should be at the center of delivery and access support, recognizing their leading role in designing their own national responses, including with regard to epidemic outbreaks in fragile countries and humanitarian contexts. A dedicated country engagement channel based on the concept of One Team, One Plan, One Budget[2], in line with national planning, was employed in the COVID-19 pandemic and can serve as an example for the basis for coordination, building on learnings of comprehensive planning and coordination in routine settings. Specific attention should be given to delivery in humanitarian settings,

[2] „One Team" refers to One Team at the country level, led by the government and made up of partners critical for the delivery of testing, vaccines and other medical countermeasures, including humanitarian partners, non-governmental organizations (NGOs), and civil society organizations (CSOs) focusing on last-mile delivery or high-priority groups, and religious leaders to ensure that expertise and infrastructure of these partners are included in the planning phase. "One Plan" is a single, country-owned operational plan as a basis for coordinating the response, which includes key objectives and indicators, implementation strategies, bottlenecks to be addressed, and areas of support needed. One Budget refers to a single, country-owned, consolidated budget for the emergency response as a framework to improve visibility and coordination across different funding modalities and funds provided by partners.

where the pandemic response is only one of many priorities of governments and partners. An MCDP can support the effective coordination with humanitarian partners in-country and their inclusion in pandemic response planning and the roll-out of MCMs.

- **Equitable and timely delivery and delivery financing as a priority from the start** – To ensure that key principles, tools, and processes relevant to the successful delivery of MCMs are implemented early on, delivery support needs to be considered from the start and should consider equity considerations early on. An MCDP should be fully embedded in the pandemic response operations at the national, regional and global levels for end-to-end alignment and coordination. This includes the early availability and disbursement of at-risk funding for delivery as well as funding for the procurement of MCM.
- **Inclusive involvement and representation and community-led service delivery** – The design and operations of an MCDP should be guided by the principle of inclusivity. The partnership model can be leveraged at different levels. Throughout its conceptualization and implementation, an MCDP should ensure that LMICs, regional institutions, communities and NGOs/CSOs at the country level are effectively represented (including in decision-making and governance structures) and engaged with to ensure that participative, community-level engagement can inform delivery strategies. In particular, community-led service delivery, strengthened community systems, community health literacy, and health workers are integral to success. Communities, countries, regional institutions and NGOs/CSOs should be closely engaged from the beginning (see issue paper #2 “From concept to confidence and uptake: involving communities in development and delivery of medical countermeasures for health emergencies #2”), requiring dedicated attention throughout the delivery support.
- **Timely, targeted, temporary nature of the MCDP** – An MCDP should be activated for a defined amount of time to support the preparation and the roll-out of MCMs, with clear thresholds for when the MCDP would transition its functions back to regional and global agencies and partners.[3] Instead of building a solid, permanent governance structure, an MCDP would be organized as a loose and time-bound partnership along the principles of efficiency and agility. An MCDP would use clearly defined criteria across partners that include equity considerations to prioritize countries and populations that will receive concerted operational support (e.g. quick-impact funding, political advocacy through country missions, specialized technical assistance) while offering a broader range of support to a wider range of countries (e.g. technical guidance, knowledge sharing, global political advocacy). An MCDP should pay special attention to reaching populations at risk of being neglected, such as high-risk and underserved populations, women and girls and political marginalized groups. It could be considered whether an administrative support function should maintain certain functions of an MCDP in between outbreaks, embedded in or in close coordination with existing or possible MCM coordination mechanisms and in line with the outcomes of the INB process. Adequate transition plans and criteria should be agreed upon to ensure orderly transfer of activities to and from the MCDP.
- **Flexibility and agility –** An MCDP should be characterized by its nimbleness, responsiveness and flexibility to respond to country needs in the most appropriate way, leveraging the resources of agencies and partners. Flexibility should be anchored in a set of pre-defined triggers and operational arrangements to match the evolving stages of an outbreak, with requisite level of engagement at various activation levels to be determined via INB and IHR.
- **Complementarity to existing efforts and structures** – Operational delivery support offered by an MCDP should be complementary to efforts at the country and regional levels, reinforcing those and including additional financial, political or technical support in case of delivery bottlenecks unresolved by existing mechanisms. An MCDP would build upon and reinforce existing structures, leverage country-level coordination mechanisms where available and functional, and closely link regional bodies into the overall support model. Where country-level coordination mechanisms require strengthening, an MCDP can help increase coordination, for example by advocating for strengthened political engagement at the highest

[3] Guidelines for activation and deactivation are beyond the scope of this issue paper but should be defined with aligning with ongoing discussions on PPR to prepare the onset of an outbreak.

level of country leadership, or by advocating for the inclusion of additional partners with relevant resources and expertise in the One Country Team. Furthermore, the MCDP could play a role in defining the need for the development or optimization of novel MCMs, including diagnostic tools and vaccines, and in ensuring the availability of tools to deliver services effectively. An MCDP could, if tasked to do so, be able to support upstream MCM R&D initiatives on vaccines, diagnostics, and therapeutics by encouraging the development of products that are easy to use and deploy in remote areas.

- **Considerations for routine service delivery** – While focusing on outbreak response, an MCDP would also pay specific attention to the impacts and unintended consequences of the outbreak response on health systems, including the sustained delivery of essential services. It should use its functional levers, including political advocacy and flexible delivery funding, to deploy options for the delivery of integrated services under consideration of the 'do no harm' principle to ensure that the pandemic response does not derail routine service delivery. As such, it would contribute to efforts to strengthen health systems to respond to a pandemic, but their ability and resilience to sustain quality delivery in the course of a pandemic response.

D. Functions and tools of an MCDP

This chapter describes potential functions of an MCDP for effective and equitable operational delivery support during a pandemic response. Each pandemic may require a different emphasis across the different functions, particularly regarding whether support efforts focus on scaling the delivery of existing or the introduction of new MCM. Functions could be led by partners with significant experience, and supported by other partners with further expertise and networks in a specific area.

During the COVID-19 pandemic response, the following functions were identified as essential for operational delivery support to countries, delivered in line with the principles of the centrality of countries and country ownership over the national response:

- **Advocacy, engagement and coordination –** An MCDP should leverage a wide set of coordination fora for the dissemination of key advocacy messages, and engage actively in the advocacy towards broader sets of strategic partners for targeted political engagement, the identification of strategic common ground between partners and for strengthened political focus on an effective and equitable outbreak response. As relevant, attention should be given to dedicated political engagement with heads of state, ministers of health and other ministries for targeted resolution of implementation bottlenecks, reinforcing the advocacy channels and existing lines of political engagement of agencies and partners.
- **Integrated demand creation and planning at the country level** – An MCDP could support integrated demand creation and planning at the country level to build, plan for and anticipate in-country demand for, as well as shortages of MCMs, and quality check and aggregate this information to inform upstream allocation decisions, building on existing mechanisms for demand planning.[4] This would allow the MCDP to provide tailored programmatic support to ensure national authorities are supported and, if needed, to channel data into regional and/or global MCM mechanisms. This would also allow to provide strong incentives for product development and manufacturing scale-up by removing uncertainties about demand for MCM products.
- **Data and monitoring** – An MCDP would build on regular and timely updates on disease-specific evolutions, especially on the supply and implementation of MCM. Where adequate, an MCDP could support the collection or aggregation of additional data points and information relevant for strategic decision making (e.g. upcoming campaigns, status of stockpiles including expiry of MCMs or implementation bottlenecks), strengthen the analysis of data collected through regular reporting mechanisms through up-to-date country-level insights, create effective links between different data sources (e.g. data on allocation and upcoming shipments) and foster timely exchange of data and information with partners and

[4] The demand planning support of an MCDP can build on well documented examples of integrated demand planning during COVID-19, such as the he ACT-A Therapeutics Allocation and Procurement working group, which was directly involved in “Integrated Demand Planning” and the COVAX demand planning working group.

stakeholders. Data sharing agreements are an essential enabler to this function and should be considered between outbreaks.

- **Technical guidance and training** – An MCDP would leverage technical guidance and tools developed by existing cross-agency teams, as well as country programmatic support instruments to support the distribution and implementation of tools and guidance. This would include a range of technical documents to guide demand creation and the introduction and roll-out of MCMs, e.g. plans for health literacy and community engagement, standardized readiness assessments, frameworks for high-level strategic national planning that can be adapted as more information about demand patterns, product type and quantities emerge, and detailed operational micro plans. Maintaining direct links to the One Country Team, an MCDP can support the further development and adaptation of guidance and tools on delivery-related topics based on observed country needs and support the development of relevant knowledge products, e.g. mappings of existing delivery and distribution options.
- **Specialized technical assistance for planning and microplanning** – A significant scale-up in surge support and technical assistance in the form of specialized technical assistance will be needed during a pandemic. This includes maintaining a roster of specialized resources, and leveraging existing or setting up additional regional surge teams and task forces to provide hands-on technical support. An MCDP would support partner agencies to identify the necessary surge capacity, and to help provide specialized support in specified areas such as microplanning and operational support to campaigns and other targeted or locally appropriate delivery strategies, including integrated service delivery for populations of concern in humanitarian settings. Specific attention should be given to the provision of early funding at the country level for a surge in health literacy communication, trained community health workers, embedded coordination and management capacity, private sector resources, and mechanisms to fast-track contracting of technical experts and strengthen the capacity of country offices (e.g. through GOARN, AVoHC).
- **Delivery funding**[5] – Flexible quick-impact funding should be at the disposal of the delivery support mechanism during the acute phase of the pandemic response to help address urgent delivery bottlenecks. To strengthen the provision of targeted and timely delivery funding, an MCDP would support the coordination of delivery funding, closely aligning and cooperating with other related initiatives on quick and efficient financing for MCMs, including the resolution of in-country funding bottlenecks. Building on the expertise and funding channels of existing health agencies, delivery funding needs to be disbursed in a coordinated manner and against the principle of the One Budget.
- **Knowledge management and distribution** – An MCDP would collect, consolidate, and synthesize lessons learned and best practices, disseminate them with countries and partners in a timely manner to inform implementation, maintain a curated and open knowledge repository on key strategic issues (e.g. a Compendium of Best Practices), and facilitate peer-to-peer learning across countries, regions and partners to document and preserve lessons learned and promote best practices.
- **Communications and addressing misinformation** – An MCDP would also contain a delivery-focused communication support function, leveraging partners' channels to reach global, regional and country-level stakeholders, including through social media, and managing a clear communication line towards countries on strategic and operational elements of the outbreak response. Delivery communications should include and engage with country-level partners on a regular basis, including communities, NGOs/CSOs at the national and community/local levels.
- **Humanitarian focus and engagement**: An MCDP should put dedicated focus on reaching populations of concern (PoCs) in humanitarian and fragile settings and call for the international community and relevant humanitarian agencies to ensure that PoC are reached in the pandemic response while protecting the delivery of routine services and other

[5] Beyond the scope of this issue paper but important to be discussed in other relevant groups and fora (e.g. the G20 Joint Finance-Health Task Force) are the links to discussions on response and delivery financing, including budgeting, sources and management of funding, as well as operational funding dedicated to the MCDP.

humanitarian interventions. Operationally, this can include the appointment of a humanitarian focal point responsible for the coordination with the humanitarian architecture. This can include supporting the identification of and coordination with humanitarian partners in-country, the identification of potential operational and/or access bottlenecks for various products, and ensuring that mappings of PoC and humanitarian partners with relevant networks and experience are effectively considered in operational planning. Focus should also be the bundling of the delivery of MCM with the delivery of a broader set of health interventions (e.g. malnutrition screening), including through advocacy and the availability of flexible funding.

E. Operational arrangements

An MCDP should be set up as a temporary and nimble partnership for the acute phase of the response to an outbreak. Building on the principle of country centrality and ownership described above, an MCDP should contain several key operational elements to ensure effective and timely coordination across the MCM ecosystem that builds on and docks into existing and possible mechanisms and frameworks for emergency coordination (e.g. i-MCM Net).

The operations of an MCDP should build on a strong collaborative relationship and accountability framework. While acknowledging the importance of such structural elements of an MCDP, these points are beyond the scope of this issue paper and will be discussed in other processes, including but not limited to the i-MCM Net discussions upon completion of the INB negotiations.

- **Defined vision, mission, and scope** – An MCDP would develop clearly defined strategic priorities to guide operational management and execution in different stages of the pandemic and as needs of countries become clear. When shifting to the scale-up of MCM delivery, an MCDP would have a narrow operational focus regarding the set of support functions it will provide to countries. Objective criteria across partners that include equity and inclusivity considerations would be identified to prioritize countries and populations that will receive concerted operational support, while offering a range of services to a wider set of countries. For example, the COVID-19 Vaccine Delivery Partnership identified 34 countries with less than 10% coverage in January 2022 for concerted operational support across partners, while offering broad support (e.g. guidance, knowledge sharing, global political advocacy) to a wide range of countries.
- **Partnership umbrella** – An MCDP would bring agencies and stakeholders together as a partnership during the acute phase of the response to support timely and equitable delivery based on shared principles endorsed by the principals of the agencies, which are also communicated to governments. As necessary, an MCDP would leverage agencies' staff dedicated to the emergency response, as well as surge capacity, in complementarity to existing roles at global, regional, and country levels. In an MCDP, each challenge would be resolved through a partnership lens rather than an agency lens, and success framed as an achievement of the partnership rather than the work of individual agencies and partners.
- **Nimble approach leveraging agency resources –** An MCDP would be set up as a nimble partnership to coordinate global and, if applicable, regional support efforts, with a core team focused on the scope of an MCDP, using the available resources of all partners. Where necessary and relevant, the core team would leverage the wider resources and teams of the partnership at the global, regional and country level.
- **Country engagement channel** – An MCDP would have a dedicated country engagement channel with focal points with a focus on a set of countries for concerted support. Such focal points of an MCDP can leverage and link to existing support mechanisms at country and regional levels through frequent organization of and participation in coordination meetings or bilateral coordination lines, and would strengthen existing country engagement channels and structures through their disease-specific focus. The MCDP efforts should not duplicate existing country-level efforts. An MCDP would conduct high-level political and technical missions and follow-ups, ideally jointly with relevant partners, to ensure engagement at the highest political level, including with Ministers of Health, Ministers of Finance, and heads of government.
- **Visibility and coordination across the procurement-delivery spectrum** – Specific areas that require end-to-end visibility and coordination across the product development,

procurement, delivery and uptake spectrum would require dedicated attention and link to upstream working groups in a dedicated manner. Such areas include product development, manufacturing, regulatory, allocation, demand planning, data and monitoring, product guidance and recommendations, political advocacy and the monitoring of the impact of the emergency on routine activities. An MCDP would also be responsible for creating effective links for the equitable delivery of different MCM products.

Several topics are proposed for discussion in other fora (e.g. the ongoing discussions on the MCM coordination mechanism, including i-MCM Net). These include, in particular, the potential role and minimum functions of an MCDP in between pandemics[6], how an MCDP would strengthen the preparedness of different product ecosystems, which set of MCMs can benefit from enhanced coordination for last-mile delivery through an MCDP (e.g. vaccines, diagnostics, therapeutics, treatments, PPE, oxygen), and intersectoral, interdisciplinary links an MCDP would maintain to other areas, such as veterinary infrastructures and ecosystems for zoonotic diseases, as necessary. If relevant, specific attention would still need to be given to the concrete integration of specific MCM ecosystems and product verticals into a cross-cutting delivery function, including linkages with product-specific agencies and agency teams and the specific creation of synergies across MCMs.

Similarly, the outline of an MCDP will need to reflect specific operational arrangements depending on the outbreak scenario, including links to the humanitarian architecture. An MCDP should also have clear thresholds for activation and deactivation, aligned with the possible MCM coordination mechanism and across the agencies. These triggers can be defined ensuring alignment with the ongoing discussions on PPR. In addition, if terms of reference for an MCDP are developed following INB discussions, they should clearly address elements of governance for MCDP partners, including regarding the inclusion of low- and middle-income countries, civil society, and communities with formal representation in decision-making structures.

Finally, during an outbreak, an MCDP will need to be resourced adequately, including the recruitment of full-time staff and surge support, in order to provide effective delivery support and to ensure that agencies and partners continue to be able to focus on the implementation of routine programs. While beyond the scope of this paper, resourcing an MCDP is critical to its operations and should be discussed as part of relevant discussions on response financing.[7]

F. Partnership model

As a partnership focusing on the last-mile delivery of MCM, an MCDP will need to include LMICs, communities, CSOs, humanitarian and development organizations and regional institutions from the beginning of its operations to ensure that global and regional support capacities are rooted in country realities. Different options for the inclusion and effective consultation of country-level and regional actors exist, which can be leveraged depending on the nature and geographical context of the outbreak. An MCDP would also extend the partnership principle across product areas, with specific attention to linkages with product-specific agencies and creation of synergies across MCMs to ensure that last-mile delivery support is adapted to specific needs and characteristics of different types of MCMs.

Inclusiveness and representation – an MCDP would have meaningful and effective representation of relevant stakeholders from LMICs, CSOs (especially with a focus on advocacy and implementation or relevant expertise in other parts of response activities), communities and regional institutions, to guide the operational focus and secure continued political buy-in for decisions taken by the partnership. There should be adequate oversight by core partners, including countries, regions and global agencies and NGO/CSO representatives. While acknowledging this important element, it will also be discussed in other MCM coordination mechanisms and processes.

Regular updates on the work of the MCDP in relevant fora: Even if the TWG, launched in July 2023, will wrap up its efforts and suspend its monthly basis regular meetings at the end of 2023 with

[6] E.g., should a MCDP support linking R&D with delivery and access to push the demand for, and development of MCMs

[7] World Health Organization and World Bank, Mapping Pandemic Response Financing Options and Gaps, 2023

the finalization of two issue papers, including this one, as its deliverables, an MCDP should provide updates on its work and key strategic issues in relevant coordination fora convened by the agencies (e.g., WHO Member States Briefing, Gavi Alliance Participants Briefing) as necessary.

G. Next Steps

This issue paper #1, together with #2, constitutes deliverables from the TWG, which concludes its current line of efforts as of the end of 2023. In 2024 onwards, the TWG does not plan to hold regular monthly meetings, but is kept open for potential contribution to relevant international processes and discussions, as necessary. The deliverables of this TWG, along with its collaborative process and network with key partners from a broad range of sectors since the announcement of the MCDP at the G7 Hiroshima Summit and the following TWG deliberations since May 2023, are expected to inform and inspire relevant ongoing global processes such as i-MCM-Net and INB discussions (see Annex for the list of relevant processes), helping to ensure equitable access to MCMs towards the next pandemic.

I. Annex

1. Alignment with existing processes and negotiations

- **Intergovernmental Negotiating Body** – the recommendations in this issue paper are drafted to be in full alignment with negotiations by the INB on a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (PPR), in particular, Article 6 "Preparedness, readiness and resilience", Article 7 "Health and care workforce", Article 8 "Preparedness monitoring and functional reviews", Article 13 "Global Supply Chain and Logistics" and Article 16 "International collaboration and cooperation"[8]. This issue paper proposes principles, functions and working modalities of an MCDP, but does not discuss or propose elements of governance, accountability and oversight for the MCDP or its specific operational scope. The elements proposed in this paper still require endorsement by Member States. Governance, accountability and oversight elements can be further outlined after conclusion of the INB discussions.
- **i-MCM Net** – discussions led by WHO regarding a potential interim coordination mechanism to enhance collaboration for timely and equitable access to medical countermeasures against pandemic threats through a network of networks approach. The related mapping exercise assesses gaps and priority actions across the MCM ecosystem, including how countries and communities are prepared for the last mile distribution, acceptance, uptake and integrated response. The two issue papers developed by the TWG will feed into this mapping, to be completed by May 2024. An MCDP would function in relation to a potential MCM coordination mechanism, such as i-MCM-Net, and provide targeted operational focus and financial, technical and political support to a subset of countries. Details of the anticipated relationship and planned mechanisms, such as i-MCM Net, will still need to be refined.
- **Johannesburg Process** – the process, initiated by South Africa and Norway with the aim of promoting broad political support for the concept of a global coordination mechanism to facilitate equitable and sustainable access to medical countermeasures, will be used as a means to consult with relevant political stakeholders from LMICs.
- **G20 Joint Finance-Health Task Force** – the provision of adequate and sufficient financial instruments such as flexible quick-impact funding is critical for effective last-mile delivery of MCM, and a dedicated operational budget at the core of an effective MCDP. There are ongoing discussions and work to address the financing challenges, particularly regarding gaps in financing response and its scale, predictability and timeliness, which are of high relevance for set-up and operations of an MCDP.
- **XVAX Network discussions** – The XVAX Network is one part of a wider ecosystem of organizations involved in emergency preparedness. It seeks to map and join-up activities across organizations working on global health, and more specifically vaccine development and vaccination related aspects of epidemic and pandemic preparedness and response, plus influence a wider group of stakeholders. The XVAX Network is the vaccine element of the i-MCM-Net, and therefore exists in partnership with other countermeasures such as diagnostics and therapeutics. The XVAX Network continues the work of ACT-A partners but recognizes the need to shift towards being a broader grouping of closer and looser stakeholders for effective collaboration across prevention, preparedness and response.
- **Pandemic Influenza Framework (PIP)** agreed to by WHO Member States to improve and strengthen the sharing of influenza viruses with human pandemic potential and to increase the access of developing countries to vaccines, diagnostics, and pharmaceuticals. Through the PIP Framework, country capabilities to regulate, access, deploy, and distribute pandemic influenza products are developed through targeted capacity-building support. Under the current High-Level Implementation Plan III of PIP, Access to Countermeasures Output supports two workstreams: i) to develop and operationalize a common approach to managing global access, allocation and deployment of pandemic products and ii) to strengthen country

[8] World Health Organization, Bureau's text of the WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (WHO CA+), 2023

capacity to deploy and distribute pandemic products. In the latter, WHO's activities are to: i) develop, update, and provide technical guidance and tools to inform national deployment and vaccination plans, as well as plans for receiving and deploying other pandemic response products such as therapeutics (including antivirals), ii) support countries to develop, revise, test and update national deployment and vaccination plans, iii) assist countries in maintaining coordination between national deployment and vaccination plan stakeholders and other national pandemic preparedness planning actors such as regulatory authorities, immunization bodies and influenza programs. To this end, the MCDP is an opportunity to amplify these efforts and aid last-mile operational implementation for countries in need.

2. Members of the MCDP TWG

	Institution
UN organizations	- WHO - UNICEF - UNDP
Health agencies	- GAVI - Global Fund - UNITAID (MPP) - FIND - GHIT
IFIs	- World Bank - ADB
Regional entities	- Africa CDC - European Commission - PAHO
Governments	- Canada, France, Germany, Italy, Japan, United Kingdom, United States of America - India (the G20 Presidency in 2023), Brazil (the G20 Presidency in 2024) - South Africa & Norway ("Johannesburg Process" co-chairs and former ACT-A Facilitation Council co-chairs)
Civil society & implementing partners	- CSO representatives (STOPAIDS, EANNASO)

3. Evidence reviewed

- ACT-A Strategic Review (2021)
- ACT-A External Evaluation (2022)
- ACT-A CSO Briefings – Key Lessons (2023)
- Inter-agency Humanitarian Evaluation of the COVID-19 Humanitarian Response (2022)
- Lessons In Multilateral Effectiveness - More Than The Sum Of Its Parts?: The Multilateral Response to COVID-19 (2022)
- Delivery, Together – Partnerships to Deliver Vaccines in a Pandemic – Learning from COVID-19 Vaccine Delivery (2023)
- COVID-19 Vaccine Delivery Partnership – Documentation of CoVDP inflection points (not published)
- Joint Action Plan Arising out of the Joint Convening on COVID-19 vaccinations in humanitarian settings and the contribution to broader pandemic preparedness (2023)
- Principles for Meaningful involvement of Civil Society and Communities in Global Health Governance (2023)