
The Need
Over 18 months into the COVID-19 pandemic, the global response continues to be fragmented and inequitable. The widening gap between vaccine haves and have-nots around the world has prolonged the pandemic, has worsened global inequality, and risks the emergence of additional variants that could pierce vaccine immunity.

In response, leaders have come together to commit to actions to address these critical gaps. At the recent Global COVID-19 Summit convened by President Biden, there was general commitment to the goal of achieving 70 percent vaccination coverage in all countries by mid-2022. Global leaders have also committed to take steps to save lives now, through providing oxygen, diagnostics, therapies, and other critical equipment; and to build back better through stronger future pandemic preparedness. Significant pledges and commitments have been made, particularly to contribute vaccines. But the pledges have largely not yet been fulfilled, and the path from commitments to achievement of the critical goals of containing the pandemic worldwide is far from clear.

Building on ongoing collaborations across a range of organizations, and responding to the Summit’s call for mechanisms to support effective action and accountability for global actions to end the pandemic, Duke University and the COVID Collaborative are developing the COVID-19 Global Accountability Platform. Working with The Rockefeller Foundation, Bill and Melinda Gates Foundation, and multiple supporters and data sources, COVID GAP will address the need for an external, independent hub for tracking and informing progress from commitments to effective actions to achieve the critical global COVID-19 response goals and targets.

Scope of COVID GAP
In partnership with leading public and private institutions in low- and middle-income countries (LMICs), COVID GAP will serve as an independent source of evidence, insights, and actionable recommendations on vaccine supply, distribution, delivery and demand; global access to diagnostics, therapeutics, oxygen, and PPE; and actions to strengthen pandemic preparedness and health systems. We will collaboratively prioritize specific topics and questions of the most importance to inform decisions at the national, regional, and global levels.
COVID GAP will achieve this primarily through aggregation, curation, and visualization of publicly available data and qualitative findings on progress toward achieving key global COVID-19 containment goals. We will also highlight specific areas for greater data transparency from both public and private sources, including high-income countries and manufacturers, and attempt to unlock public access to such information. This will include tracking commitments made and actions taken by countries and international organizations to show which commitments are being met or not. In collaboration with stakeholders from low and middle-income countries, these commitments will be matched against local assessments of key obstacles and needs, and best practices to address them. The resulting evidence-based gap analysis and resources will highlight opportunities to accelerate progress toward the global goals.

COVID GAP will connect with well-established networks and engagement with advocacy organizations, media, and policy-makers and decision-makers to translate this analysis into impact. By collaborating closely and strategically with these key constituencies, while maintaining clear independence and transparency in its work, COVID GAP can serve as an evidence engine for policy formulation, decision-making, advocacy and ultimately for stronger accountability for public and private stakeholders driving the global pandemic response.

Data and Metrics
COVID GAP will define, track, and analyze critical metrics across the key global response themes of Vaccinate the World, Save Lives Now, and Build Back Better, with the focus on connecting key commitments to effective follow-through that accelerates progress at the local level.

Some governments, international organizations, philanthropies, and other organizations made public commitments to increase vaccinations during the Global COVID-19 Summit, and all participants implicitly endorsed the Summit goal of 70 percent vaccination coverage by mid-2022. In addition, G7 and G20 countries, along with international organizations leading ACT-A efforts, continue to set specific targets related to pandemic response and preparedness. COVID GAP is tracking high-income country commitments in the key theme areas, particularly for vaccines. By analyzing the full needs to end the pandemic against the commitments made to date, COVID GAP will more clearly define the additional commitments necessary by current and new actors in the public and private sectors.

COVID GAP will co-design initial metrics on unmet needs and opportunities with local and global collaborators, building on the substantial efforts in these areas involving local and regional initiatives, WHO, UNICEF, other COVAX and ACT-A partners, and other sources of data and expertise. Co-development will help assure maximum benefit for addressing country needs. The collaboration aims to empower country-level leaders to ensure greater capacity and visibility for locally-led efforts to identify needs and report on progress, barriers, and recommendations.

Vaccinate the World
1) Global High-Quality Vaccine Purchases, Production, Exports, and Donations
COVID GAP will build on the existing Duke-COVID Collaborative activities to track vaccine purchases, manufacturing, exports, and donations, and provide transparent data updates and associated insights regarding vaccine supply and access. This will provide a foundation for insights and recommendations related to issues such as accelerated dose-sharing and data transparency from governments and vaccine manufacturers. Appendix Two provides illustrative examples of current tracking efforts through the Launch and Scale Speedometer. For example, this tracking shows that high-income countries appear to have sufficient vaccine supply now, amounting to a fraction of already-pledged doses, to provide doses that could help meet the goal of 40% vaccination globally by the end of 2021. In addition, this tracking highlights the need for country-level data transparency about expected timing for dose delivery, through straightforward regular updates that would facilitate planning for effective vaccine use.

2) **Country Progress and Insights on Vaccination**

As vaccine supplies rise, vaccination capabilities will become more critical. The COVID GAP effort will raise the visibility and leadership of local public and private sector stakeholders in identifying gaps and actionable recommendations to enhance vaccine absorptive capacity. Key dimensions for achieving vaccination goals include the following capabilities: cold storage; local distribution; vaccinator staffing; data systems (for follow up on second doses and adverse events); quality of immunization services, and capacity to engage the public to address questions and hesitancy. So far, assistance commitments to help build vaccination capacity – technical assistance, financial support, personnel deployment, etc. – have been limited. COVID GAP will identify areas for assistance with capacity development, to advance global accountability and support for filling gaps as quickly and efficiently as possible. This effort, like other aspects of COVID GAP, will be undertaken with in-country partners and in collaboration with WHO, UNICEF, and other key global organizations supporting vaccination.

**Save Lives Now**

Commitments and gap analysis will include key metrics related to preventing infections and complications now, for example measures related to diagnostic and surveillance testing, oxygen, PPE, and therapeutics. This effort will help to identify priority actions necessary to address persistent needs and bottlenecks.

**Build Back Better**

The immediate focus of COVID GAP is on building out a platform to support accountability and effective action on vaccination and reducing the risk and burden of COVID infections. However, all stakeholders are seeking to implement these responses in a manner that creates more health system resilience and capacity to prevent and contain future epidemics. Consequently, key metrics related to future pandemic preparedness will be linked to meeting these urgent goals. For example, metrics on speed of data sharing and on testing capacity can be developed that help address capacity for surveillance for future outbreaks. Vaccination metrics should address the buildout of local manufacturing and distribution capacity and tracking immunization status for COVID-19 vaccination in 2021, and for future pandemics and routine immunizations.
Upcoming Activities
COVID GAP aims to produce an initial public report ahead of the G20 meetings in late October. To help obtain broader feedback and support to grow the accountability hub and its impact, COVID GAP will work with partners to undertake virtual convenings. These events will include small workshops focused on building out the initial metrics and activities of the platform. This initial technical work will enable input and collaboration on the initial metrics, and how best to build them out collaboratively in the coming weeks. The convenings would also include sessions to address use of COVID GAP’s evidence-based recommendations and other resources to mobilize and guide support for filling the critical identified gaps, through collaboration with advocacy organizations, multinational and regional entities, and other NGOs. Public convenings would share insights and recommendations for further commitments to address gaps, and serve as a highly visible vehicle to support evidence-based advocacy. The first such COVID GAP public convening is expected to occur in late 2021.
Appendix One:
Background on Duke-COVID Collaborative Activities

Over the past year a collaboration of leading academic, non-profit, and non-partisan organizations have come together to provide data, insights, and evidence-based policy recommendations to strengthen the global pandemic response. This set of activities has been anchored by Duke University and COVID Collaborative, with participation from the Center for Strategic and International Studies, the Center for Global Development, The Rockefeller Foundation, and others. Efforts to date (partially through the Gates Foundation-supported Launch and Scale Speedometer) have tracked vaccine purchases, manufacturing projections, exports, and donations. The collaborations have also identified key drivers for inequitable global vaccine access, and provided actionable recommendations for leaders in the US, across the G7, and other global stakeholders.

In addition to such analyses, the Duke-COVID Collaborative initiatives have engaged leading advocacy organizations, including the Pandemic Action Network, ONE, and US Global Leadership Coalition, to inform the work and translate it into evidence-based advocacy and media coverage. For example, this effort brought together over 100 leaders and organizations to call for a Global COVID-19 Summit and put forth clear global goals and a global action plan. Many of the goals and targets that emerged from the Global COVID-19 Summit reflected this analysis and call to action.
Appendix Two:
Current Vaccine Tracking Efforts via Launch and Scale Speedometer

Confirmed Number of Doses Procured by Country Income Level Classification

- High income
- Upper middle income
- Lower middle income
- Low income
- COVAX/Other Global Entities

Data updated on September 3rd, 2021.

Timeline of Confirmed COVID Vaccine Purchase Deals (All Vaccines)

- August 2021
- Remove History

This classification excludes the International Criminal Court Foundation deal for Luoyang Enterprise Group, which was on August 12, 2021. Disease and vaccine

countries are dynamic. Please refer to the Hubert Foundation’s portal or coverage site for updated data.

Data Updated on September 3rd, 2021.

https://launchandscalefaster.org/COVID-19
How much of the world’s population could be covered by doses that are intended to be manufactured in 2021?

Manufacturing Projection (2021) and Total Purchases by Country Income Level Classification

[Diagram showing the projected manufacturing and total purchases by country income level classification]

Country Income Level Classification
- High income
- Lower middle income
- Lower income

[Data table showing the number of doses for each category]

https://launchandscalefaster.org/COVID-19
Flow of vaccine donations by donor country & recipient entity

Change the data view by selecting different variables in the dropdown menu on the left and right.
Please note: To avoid distorting the visualization, the visual proportion of vaccines donated by the US are divided by 10.

Overview of donations by top 10 donating countries

The chart is ordered by total number of doses pledged.
Donor charts are ordered by proportion of pledged doses shipped.

Country Category: Top 10 Donating Countries

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