Key Messages
The Vaccine Equity Declaration, launched on 19 February, calls on countries and companies to ensure that by the time World Health Day arrives on 7 April, COVID-19 vaccines are being administered in every country, as a symbol of hope for overcoming both the pandemic and the inequalities that lie at the root of so many global health challenges.

Highlights and main issues
- Of the 128 million vaccine doses administered so far, more than three quarters of those vaccinations continue to be only in 10 countries that account for 60% of global GDP. As of 10 February, almost 130 countries, with 2.5 billion people, are yet to administer a single dose.
- Positive WHO EUL recommendations on two versions of the AstraZeneca/Oxford vaccine, produced by AstraZeneca-SK Bioscience and the Serum Institute of India, means these vaccines are now available for global rollout through the COVAX Facility.
- WHO has issued interim recommendations for use of the ChAdOx1-S [recombinant]) vaccine against COVID-19. Vaccination is recommended for persons aged 18 years and above with an interval of 8-12 weeks between two doses.
- Regulatory convergence is seen as key to ensuring a consistent and timely response to emerging variants. A workshop organized by International Coalition of Medicines Regulatory Authorities discussed minimal elements of data that would be required to swiftly approve updated versions of available vaccines against emerging variants of SARS-CoV-2. Overall, there was good alignment and agreement on general principles between participating authorities.
- WHO is developing an integrated risk management framework to assess impact of variants on existing diagnostics, therapeutics and vaccines. A WHO consultation on 11 February considered the methodological approaches to assess if changes will be needed for vaccines and how reformulated vaccines may be evaluated.
- The US FDA have limited the use of high titer COVID-19 convalescent plasma to the treatment of hospitalized patients with COVID-19 early in the disease course and to those hospitalized patients who have impaired humoral immunity and cannot produce an adequate antibody response.

Contents
Key Messages .............................................................................................................................................. 1
Highlights and main issues ........................................................................................................................... 1
Vaccine Equity Declaration .......................................................................................................................... 2
New virus variants ........................................................................................................................................ 3
  WHO consultation on approaches to assess variants impact on vaccine effects ................................. 3
  Operational considerations to expedite genomic sequencing component ......................................... 3
  ICMRA SARS CoV-2 virus variants workshop ..................................................................................... 3

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Vaccine Equity Declaration

Due to unprecedented scientific efforts, vaccines are now being distributed in more than 70 countries across the world, with health workers in those places rightly among the first groups to receive them. In the majority of low- and middle-income countries, however, vaccination has not even started which highlights the inequity and increased challenges as hospitals fill up. The best way to end this pandemic, stop future variants and save lives is to limit the spread of the virus by vaccinating quickly and equitably, starting with health workers.

The Vaccine Equity Declaration, launched on 19 February 2021, calls for action to all countries and key stakeholders. This includes regulators, who are called on to accelerate emergency use approval processes in a safe and deliberate way. Vaccine manufacturers are called to share know-how with the COVID-19 technology access pool (C-TAP) to scale up vaccine manufacturing and dramatically increase the global supply of vaccines for the coming years. Furthermore, leaders are called to prioritize supplying to COVAX Facility over new bilateral deals.

Call to Action: Vaccine Equity Declaration

Sign the declaration
New virus variants

WHO consultation on approaches to assess variants impact on vaccine effects

WHO has been tracking COVID-19 virus variants since the beginning of the outbreak. With the emergence of new variants of concern, these efforts have been stepped-up to set up systems to quickly identify and study emerging variants. Variants of interest are tracked through the Virus Evolution Working Group, which was formalized in June 2020.

WHO is now expanding that mechanism to provide guidance to vaccine manufacturers and countries on changes that may be needed for vaccines and how reformulated vaccines may be evaluated. This work was discussed in an ad-hoc consultation attended by approximately 1400 participants, including many regulators on 11 February 2021.

The objectives were to discuss the most robust methodological approaches to assess – during vaccine roll-out- if a circulating new COVID variant, considered of public health relevance, has an impact on vaccine effect. The meeting also deliberated on the research approaches that could be considered when assessing vaccines that have been adjusted to address vaccine efficacy issues with new variants. A report of the meeting, and presentations to the consultation, will be published shortly.

Operational considerations to expedite genomic sequencing component

As representative, quality, timely and continuous genetic surveillance of SARS-CoV-2 is critical to the COVID-19 outbreak response, WHO published operational considerations which provides practical guidance to Global Influenza Surveillance and Response System (GISRS) laboratories and other relevant national laboratories to move beyond virus detection to genomic sequencing of SARS-CoV-2 PCR positive materials obtained from sentinel surveillance of influenza-like illness (ILI), acute respiratory infection (ARI) and severe acute respiratory infection (SARI). It contains considerations on sample selection for sequencing, numbers of viruses to be sequenced, metadata and timeliness for sharing genetic sequence data (GSD) and opportunities for technical support.

ICMRA SARS CoV-2 virus variants workshop

Regulatory convergence is seen as key to ensuring a consistent and timely response to emerging variants. In light of the possible spread of new SARS CoV-2 variants globally and the need to consider rapid updates of current vaccines, ICMRA held a workshop, on 10 February, to discuss current surveillance activities to monitor the spread of the variants, and minimal elements of data that would be required to swiftly approve updated versions of available vaccines against emerging variants. Overall, there was good alignment and agreement on general principles between participating authorities. US FDA and European Medicines Agency (EMA) are due to publish draft guidance shortly, and these will be shared with ICMRA partners to facilitate convergence to the extent possible.

ICMRA COVID-19 Virus Variants Workshop Report (10 Feb 2021)
Update on the ACT-Accelerator

Commitment of G7 leaders to finance global equitable access in 2021

Commitments made by G7 leaders on 19 February signaled significant progress in the global response to the COVID-19 pandemic with an important underscoring of the need for global equity in access to test, treatments, and vaccines.

- The UK’s commitment to share vaccine surplus with developing countries is also welcomed and joins similar commitments made by Canada, France, Norway and the European Union.
- Global Health leaders reiterated, however, that without further significant financial commitments, access to COVID-19 tools would be delayed, risking further mutations and prolonging the pandemic everywhere.

G7 leaders commit to finance global equitable access to tests, treatments and vaccines in 2021 (19 Feb 2021)

WHO accomplishment in 2020

Just over a year ago, WHO launched its first Strategic Preparedness and Response Plan for the COVID-19 pandemic. The SPRP outlined the comprehensive response needed and which many countries have followed successfully to suppress transmission, protect the vulnerable and save lives.

In 2020, the following highlights some of the WHO’s accomplishment:

- 19 million tests and 19.7 million respirator masks shipped to countries
- 243 million PPE shipped, including masks, face shields, gloves, gowns and goggles
- 12,000 ICU beds provided by WHO through surge mechanisms
- 509 technical publications and guidance documents on COVID-19
- 156 WHO offices supported to implement an Incident Team
- 191 international Emergency Medical Teams (EMTs) and GOARN deployed
- 150 online COVID-19 trainings on OpenWHO, reaching 4.7 million enrollees
- 58 countries and territories supported to implement sero-epidemiological studies

The Strategic Preparedness and Response Plan for 2021, soon to be published, builds on last year’s SPRP, with following objectives:

- suppress transmission;
- reduce exposure;
- counter misinformation and disinformation;
- protect the vulnerable;
- reduce death and illness;
- accelerate equitable access to new tools, including vaccines, diagnostics and therapeutics.

COVAX

COVAX, the vaccines pillar of the ACT-Accelerator, is convened by CEPI, GAVI and WHO, with the ambition of contracting enough volumes to equitably deliver 2 billion doses of safe, effective and quality vaccines by the end of 2021. Candidates to be included in the COVAX Facility portfolio are being selected from the COVAX R&D portfolio and other clinical candidates.

Two versions of AstraZeneca vaccine to be rolled out

With the recommendations for WHO EUL listing on two versions of the AstraZeneca/Oxford vaccine,
ChAdOx1-S [recombinant], produced by AstraZeneca-SK Bioscience (AZ-SKBio) and the Serum Institute of India (COVISHIELD), these vaccines are now available for global rollout through the COVAX Facility. Information on the final allocations to countries will be communicated to all Facility 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 or import authorization for the vaccines in question, a process which can be expedited by issuing special authorizations for use based on granting of WHO EUL.
- All Facility participants must have signed indemnity agreements with the manufacturers in question, using the Model Indemnification Agreement prepared by Gavi, in order to receive doses through COVAX. The COVAX Facility is assisting AMC 92 countries to facilitate the process of getting these agreements in place. However, substantive amendments requested by countries due to local low or legislation may not be accepted.
- Each AMC 92 country must determine whether there is a need for implementing legislation to the acceptance of no-fault compensation under the No-Fault Compensation Programme. If such implementing legislation is required, take all necessary steps to draft and fully enact such legislation in a timely manner (before the supply of COVAX distributed vaccines commences).
- 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.

Few more steps before deployment of vaccines to AMC participants (18 Feb 2021 – Gavi)

COVAX AMC participants

Biweekly webinar on National Deployment and Vaccination Planning and Implementation on every other Tuesdays 12h-13h CET – registration

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. 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.

COVAX Statement on WHO EUL for AstraZeneca/Oxford COVID-19 Vaccine (16 Feb 2021)

Calling all countries to rollout vaccines in the first 100 days of 2021

As of 10 February, almost 130 countries, with 2.5 billion people, are yet to start administering a single dose. UNICEF and WHO consider this strategy will cost lives and livelihoods, give the virus further opportunity to mutate and evade vaccines and will undermine a global economic recovery.

Health workers have been on the frontlines of the pandemic in lower- and middle-income settings and should be protected first so they can protect others. COVAX participating countries are preparing to receive and use vaccines. Health workers have been trained, cold chain systems primed. What's missing is the equitable supply of vaccines.

UNICEF and WHO have set out actions to ensure that vaccine rollouts begin in all countries in the first 100 days of 2021. This includes calls to vaccine manufacturers allocate the limited vaccine supply equitably; share safety, efficacy and manufacturing data as a priority with WHO for regulatory and policy review; step up and maximize production; and transfer technology to other manufacturers who can help scale the global supply.

In the COVID-19 vaccine race, we either win together or lose together (10 Feb 2021)
Alignment of approaches by regulators

Updates on ICMRA workstreams

The creation in 2020 of three ICMRA technical work streams on vaccine surveillance, pregnancy research and international cohorts have strongly intensified the interactions between regulatory agencies to help combat the pandemic.

Vaccine surveillance and vigilance

On vaccine surveillance, discussions have included countries’ approaches to vaccines pharmacovigilance (e.g. active / passive surveillance, epi studies), Risk Management Planning activities, lists of Adverse Events of Special Interest, and more recently since vaccines have been authorized, the group is considered to provide a relevant forum to share and discuss live and real pharmacovigilance issues during its bi-monthly meetings. Ad-hoc meetings can also be organized as required. A simulation exercise is planned to test processes in place and assess collaborative actions.

Pregnancy observational research

On pregnancy observational research, international collaborations currently ongoing were described. These are key to collecting meaningful exposure data and increasing the power of evidence to study the impact of Covid-19 treatments on pregnancy and newborns. One retrospective study is in progress in nine population based electronic health and medical birth registers in eight countries in European Economic Area. The study protocol provides a description of EHR data sources in the EU and a document outlining practical steps for international collaboration on meta-analyses. WHO also has ongoing work on pregnancy: development of a guidance on the monitoring of pregnant women infected by Covid-19, including 2 template protocols, both looking at Covid-19 vaccines.

Building international cohorts

The workstream on building international cohorts aims at sharing expertise and to increase study power and data quality to meet regulatory requirements and address knowledge gaps. There are 3 topics areas: proof of concept study on steroids use led by EMA (results in April 2021); an FDA-led study of coagulopathy, with results expected in August 2021; and a project on COVID-19 case definitions led by HC is currently being developed.

Draft WHO Guidance for comments

Draft proposals for inclusion in The International Pharmacopeia

Remdesivir (Remdesivirum) (Comments by 28 Feb 2021)
Remdesivir intravenous infusion (Remdesiviri infusio intraveno) (Comments by 28 Feb 2021)
Oxygen (Oxygennium) (Comments by 28 Feb 2021)
Gelatin (Comments by 31 Mar 2021)
Ethanol, Anhydrous (Comments by 31 Mar 2021)
Ethanol 96% (V/V) (Comments by 31 Mar 2021)

Draft guidance for comments:

Good manufacturing practices 6 for medical gases (Comments by 30 Mar 2021)
Guidance on setting remaining shelf life for the supply and procurement of Emergency Health
In vitro diagnostics

WHO EUL and listing update

The WHO Prequalification Unit is assessing products for Emergency Use Listing (EUL) for candidate in vitro diagnostics (IVDs) to detect SARS-CoV-2. The following IVDs are eligible for EUL submission:

- Assays for the detection of SARS-CoV-2 nucleic acid;
- Rapid diagnostic tests and enzyme immunoassays for the detection of IgM/IgG to SARS-CoV-2; and
- Rapid diagnostic tests for the detection of SARS-CoV-2 antigens.

WHO EUL submissions

Applicants are asked to submit their applications for assessment based on WHO instructions and requirements for NAT and Ag detection RDTs and IVDs detecting antibodies to SARS-CoV-2 virus.

Manufacturers who are interested in an EUL submission for assays to detect SARS-CoV-2 are invited to contact diagnostics@who.int, to arrange a pre-submission meeting/videoconference/phone conversation.

So far, 27 products have been listed as eligible for WHO procurement among a total of 125 expressions of interest (59 for NAT assays, 39 for antibody detection assays and 27 for antigen detection RDTs) have been received.

EUL listed IVDs (26 Jan 2021)

The status of each EUL application (16 Feb 2021)

IVDs listed by National Regulatory Authorities in IMDRF jurisdictions

To help countries, WHO publishes links to emergency lists, together with contact details, on IVDs authorized for use in the International Medical Device Regulators Forum (IMDRF) jurisdictions along with other useful information on policies and guidance.

The most recent collated IVDs listed by IMDRF NRAs (12 Feb 2021)

Note: WHO does not endorse any of the lists provided by NRAs. The information is provided exclusively to assist stakeholders with identifying the links to the various lists.

WHO Workshop: Local Production of Quality IVDs and WHO risk assessment process

WHO is organizing a virtual training workshop from 23-24 of February 2021 on “Local Production of Quality and Safe Essential In Vitro Diagnostics and WHO PQ, WHO EUL and ERPD processes”. This training is for IVD manufacturers, regulators and government institutions.

Topics will cover ISO 13485, ISO 14971, and WHO guidance on IVDs and risk assessment processes, such as Emergency Use Listing and Expert Review Panel for Diagnostics (ERPD).

Given the COVID-19 pandemic, a special session has been added for the sharing of experiences on the manufacture of low risk medical devices.

Registration is required for participation
Therapeutics

WHO Global consultation on COVID-19 therapeutics

WHO R&D Blueprint will hold a consultation on 3rd March, 13:30 to 18:30 CET to discuss knowledge gaps and research priorities, with the following objectives to outline:

- the main priority research questions of importance to public health and a targeted research agenda for 2021 that identifies knowledge gaps and prioritization pathways for therapeutics in clinical development phase and those being repurposed, including combinations, and research priorities for new COVID therapeutics; and
- additional steps to ensure further international collaboration supports the coordinated implementation of key research.

Registration is required for participation.

Clinical trials

International Clinical Trials Registry Platform (ICTRP)

Information on clinical trials and trial registration. Clinical trials registered with the ICTRP platform can be searched and details of COVID-19 clinical trials can be downloaded in csv and xml formats.


A real-time monitoring and mapping of new evidence for treating and preventing COVID-19, with living mapping of trials and living synthesis of published trials.

Global Coronavirus COVID-19 Clinical Trial Tracker (Cytel)

An interactive dashboard of clinical trials on COVID-19 that can be explored by type of product, trial status and country.

Convalescent plasma and blood

US FDA limits the use of high titer COVID-19 convalescent plasma

On 4th February, the US FDA revised their Letter of Authorization for COVID-19 convalescent plasma to limit the authorization to the use of high titer COVID-19 convalescent plasma for the treatment of hospitalized patients with COVID-19 early in the disease course and to those hospitalized patients who have impaired humoral immunity and cannot produce an adequate antibody response. Data indicates that plasma with low levels of antibodies may not be effective in treating COVID-19. The revision was based upon data from new clinical trials analyzed or reported since the original Emergency Use Authorization (EUA) was issued in August 2020.

FDA revised letter (04 Feb 2021)

Advisory Group on Blood Regulation, Availability and Safety: Call for Experts:

WHO has announced a call for experts for an Advisory Group on Blood Regulation, Availability and Safety. One of the functions of the Advisory Group being formed is to provide scientific assessment of current and emerging threats to the safety and availability of blood and blood products. The Advisory Group will advise on the recommended measures and actions to be taken by the Member States in preparedness for and in response to the emerging public health threats.

Nomination requested by 28 February 2021.

Call for Experts - Advisory Group on Blood Regulation, Availability and Safety
Vaccines

Astra-Zeneca ChAdOx1-S [recombinant] listed for WHO EUL

On 15 February, WHO listed two versions of the AstraZeneca/Oxford COVID-19 vaccine, produced by AstraZeneca-SKBio (Republic of Korea) and the Serum Institute of India, for emergency use, giving the green light for these vaccines to be rolled out globally through COVAX.

The WHO Emergency Use Listing (EUL) process assessed the quality, safety and efficacy of these COVID-19 vaccines, including risk management plans and programmatic suitability, and is a prerequisite for COVAX Facility vaccine supply. It also enables countries to expedite their own regulatory approval to import and administer these vaccines.

As part of the EUL process, each company producing the vaccine must commit to continue to generate data to enable full licensure and WHO prequalification of the vaccine. The WHO prequalification process will assess additional clinical data generated from vaccine trials and deployment on a rolling basis to ensure the vaccine meets the necessary standards of quality, safety and efficacy for broader availability.

WHO lists two additional COVID-19 vaccines for emergency use and COVAX roll-out (15 Feb 2021)

WHO interim recommendations for use

The interim guidance has been developed on the basis of the advice issued by the Strategic Advisory Group of Experts on Immunization (SAGE) at its extraordinary meeting on 8 February 2021. These interim recommendations apply to AZD1222 (ChAdOx1-S [recombinant]) vaccine against COVID-19 developed by Oxford University (United Kingdom) and AstraZeneca as well as to ChAdOx1-S [recombinant] vaccines against COVID-19 produced by other manufacturers that rely on the AstraZeneca core clinical data, following demonstrated equivalence in their regulatory review through emergency use listing (EUL) from WHO.

The AZD1222 vaccine against COVID-19 has an efficacy of 63.09% (95% CI 51.81; 71.73) against symptomatic SARS-CoV-2 infection, as shown by the primary analysis of data irrespective of interdose interval (data cut 7 Dec 2020) from trial participants in the United Kingdom, Brazil and South Africa who received 2 standard doses. Vaccine efficacy tended to be higher when the interval between doses was longer. This, together with the finding of higher antibody levels with increasing interdose interval, supports the conclusion that longer dose intervals within the 4–12 weeks range are associated with greater vaccine efficacy. No vaccinated persons were hospitalized as from 22 days after dose 1, compared with 14 unvaccinated persons who were hospitalized for COVID-19 in the same time frame.

As sufficient vaccine supply will not be immediately available to immunize all who could benefit from it, countries are recommended to use the WHO Prioritization Roadmap and the WHO Values Framework as guidance for their prioritization of target groups. As long as vaccine supplies are very limited (stage I in the WHO Prioritization Roadmap), in settings with community transmission, the Roadmap recommends that priority be given initially to health workers and older people with and without comorbidities. SAGE recommends the use of the vaccine even if virus variants are present in a country.

Interim recommendations for use of the AZD1222 (ChAdOx1-S (recombinant)) vaccine against COVID-19 developed by Oxford University and AstraZeneca (10 Feb 2021)

Science in 5: Interval between 2 doses and what to do with AEFI by Dr Soumya Swaminathan

European public assessment report and risk management plan

COVID-19 Vaccine (ChAdOx1-S [recombinant]) is made up of another virus (of the adenovirus family) that has been modified to contain the gene for making a protein from SARS-CoV-2, and a vaccine for preventing coronavirus disease 2019 (COVID-19) in people aged 18 years and older.
Janssen Biotech Inc.

The US FDA has scheduled a meeting of its Vaccines and Related Biological Products Advisory Committee (VRBPAC) on Feb. 26, 2021, to discuss a request for emergency use authorization (EUA) for a COVID-19 vaccine from Janssen Biotech Inc. The FDA intends to make background materials available to the public, including the meeting agenda and committee roster, no later than two business days prior to the meeting.

Advisory Committee Meeting to Discuss Janssen Biotech Inc

Status of COVID-19 vaccines within WHO EUL/PQ evaluation process

WHO has placed into the public domain the status of COVID-19 vaccines for which an expression of interest has been received by WHO/PQ. The information shared includes the National Regulatory Authority (NRA) of record for each vaccine; whether the expression of interest has been accepted; if a pre-submission meeting has been held; if the dossier has been accepted for review; the status of the assessment; and the anticipated decision date.

Please visit the site regularly for the latest updated version.

Version 16 Feb 2021

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<th>Manufacturer</th>
<th>Name of Vaccine</th>
<th>NRA of Record</th>
<th>Platform</th>
<th>E1 accepted</th>
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<th>Dossier accepted for review*</th>
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<td>6. SinoPharm</td>
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<td>Not yet started</td>
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</tr>
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</table>

Please visit the site regularly for the latest updated version.
Recent publication

Covid-19 vaccines: what we need to know (19 Feb 2021)

WHO Guidance on Covid vaccine supply and logistics

This resource is to provide guidance for countries to:

- develop and strengthen supply chain strategies to receive, store, distribute and manage COVID-19 vaccines and their ancillary products;
- distribute COVID-19 vaccines from port of entry up to the most remote vaccination sites;
- ensure the quality, efficacy, proper tracking, reporting of vaccine utilization and safety of COVID-19 vaccines throughout the supply chain;
- assess, design and implement appropriate waste management mechanisms to safely treat and dispose waste while protecting the environment and populations;
- strengthen appropriate cold chain and logistics requirements, including reverse logistics; and provide tools to support country readiness activities.

COVID-19 vaccination: supply and logistics guidance (15 Feb 2021)

Status of COVID-19 vaccines: country- or region-specific information (selected)

WHO is aware that regulators in several countries have issued various types of authorizations to enable emergency use of specific COVID-19 vaccines. WHO can only speak about the attributes of specific products for which we have access to data which would require the product being assessed through EUL/PQ. WHO also acknowledges the regulatory reviews by specified stringent regulatory authorities (see “Product eligibility for the COVAX Facility”, above), although unless WHO has specific access to data, the Organization cannot speak to the details of the product. Nevertheless, to help stakeholders, WHO is providing the following links to emergency listings by selected other countries.

China

NMPA issued a conditional approval on Feb. 5, 2021, for Covid-19 Vaccine (Vero Cell), Inactivated, developed by Sinovac Research & Development Co., Ltd.

Sinovac COVID-19 vaccine granted conditional market approval in China (07 Feb 2021)

Note: WHO does not endorse any of the country-, or region-, specific information provided here. The information is provided exclusively to assist regulators and stakeholders with identifying the links to the various products.

WHO Advisory Group on human challenge studies

The report of the December 7, 2020, meeting of the Advisory Group has been published. The Advisory Group agreed that there are some important issues and questions to address which require further deliberation, including a reliable “rescue treatment” for human challenge studies. There is a need to further consider the ethical, technical and logistical implications for implementation of suitable containment facilities with challenge volunteers, which the Advisory Group suggested be discussed in parallel with discussion on study design.

Technical discussions will continue to support the research groups considering such studies towards ensuring the quality of challenge studies in terms of standards, norms and harmonization of the study protocols. The Advisory Group noted it is critical to engage with civil society networks to gather their considerations and concerns to ensure a balanced dialogue regarding human challenge studies.
Living mapping and living systematic review of COVID-19 studies

Living mapping and living systematic reviews are available based on daily searches of the literature for candidate vaccines against COVID-19. As of 29 January 2021, the Covid-19 - living NMA initiative collected 151 RCTs and 37 non-randomised studies of vaccines from the ICTRP. 92 of these trials are recruiting patients. The tool allows vaccine comparisons where data are available as well as a table with the general characteristics of each trial. For each vaccine comparison, forest plots for all the outcomes of interest are available as well as the Summary of Findings table.

The mapping tool is available at: https://covid-nma.com/vaccines/mapping/

Landscape and tracker of COVID-19 candidate vaccines

The COVID-19 candidate vaccine landscape database compiles detailed information on COVID-19 vaccine candidates in development. The landscape is updated regularly.

Update (26 Jan 2021)

WHO Working Group: Assays and Reference Preparations

Preliminary data were presented in the 17 February meeting of the impact of two recent variants of concern on the immune response from either natural SARS CoV2 infection or vaccine-induced immunity. A reduction in antibody neutralization against the variants of concern was seen, with the most marked reduction against the B.1.351 strain. The majority of the T-cell response was against epitopes shared between the variants and the archetype strain. The reduction in antibody neutralization was less marked with individuals with high titres, and the researchers emphasized the need to generate high potency immune responses through vaccination.

Note: WHO considers data on COVID-19 vaccines and SARS CoV-2 variants to be limited, early and incomplete. Evidence on protection against severe disease, hospitalization and deaths are especially limited.

Upcoming events

4th Global Vaccine and Immunization Research Forum: 22-25 Feb 2021

2021 event will review progress in vaccines for COVID-19 with the following keynote speakers:

Day 1: Anthony Fauci, Director, NIAID/NIH with Lee Hall, NIAID/NIH
Day 2: Bill Gates, Co-chair, Bill & Melinda Gates Foundation
Day 3: Soumya Swaminathan, Chief Scientist, WHO

GVIRF Agenda
Registration