FREQUENTLY ASKED QUESTIONS ON THE ODA ELIGIBILITY OF COVID-19 RELATED ACTIVITIES

UPDATED FEBRUARY 2023

Since the emergence of the Covid-19 pandemic, many questions have been raised on whether activities in response to the pandemic can be counted as official development assistance (ODA). These FAQs present the OECD Secretariat's interpretation on eligibility, based on the Reporting Directives, and provide guidance for ODA reporting. ODA. They will be updated as and when additional concrete examples of activities have been assessed and as discussions in the WP-STAT evolve.

FAQ 1. What types of COVID-19 related activities count under ODA?

All direct support to countries on the DAC List of ODA Recipients to fight the pandemic and invest in recovery counts as ODA. Examples include:

- investments in partner countries' health systems: support to health administrations, hospitals, laboratories, etc.;
- activities related to COVID-19 control: information, education, communication, testing of the population in developing countries, prevention, treatment, care, vaccines and vaccination campaigns (for research, see subsequent FAQs);
- humanitarian response to mitigate the impact of COVID-19 and to help protect and rebuild the livelihoods of poor women and men; etc.

FAQ 2. Does provision of vaccines/tests/treatments for COVID-19 to developing countries count as ODA?

Yes, the costs of providing vaccines/tests/treatments to developing countries are eligible as ODA.

Secretariat's guidance for reporting donations of excess COVID-19 vaccine doses in 2022 ODA[1]
For the purpose of valuing donations of excess COVID-19 vaccine doses in 2022 ODA, the Secretariat recommends applying a price of USD 6.66 per dose with safeguards as detailed below. Using this price and the associated safeguards will protect the integrity and credibility of ODA and DAC statistics, provide a simple and robust solution, aligned with COVAX, while ensuring transparency and comparability in members' reporting.

If a member decides not to report in line with this guidance, that member is requested to include information on the price it has paid as well as the vaccine names and the number of doses. If confidentiality constraints prevent from indicating the price, the Secretariat recommends applying the price of USD 6.66 per dose instead, or abstaining from reporting the donations in ODA.

[1] The Secretariat's guidance for reporting excess COVID-19 vaccine donations in 2021 ODA is detailed in DCD/DAC/STAT(2021)29/REV1.

Members are invited to apply the following safeguards when reporting their vaccine donations:

Eligibility of donations:

- To be reportable in ODA, the donation must concern a COVID-19 vaccine listed by the WHO for emergency use[2] or be either prequalified by the WHO or approved by a Stringent Regulatory Authority[3]. Donations of other vaccines do not count as ODA.
- Expired doses are not eligible. As a default, donated doses should have a shelf life of minimum six months upon arrival in-country[4]. An exception is justified when a recipient country has indicated its willingness and ability to absorb doses with shorter shelf lives.

Calculation of ODA:

- The price is applicable to donations of doses in excess from providers' domestic supply, i.e., when purchase agreements with manufacturers have brought about more doses than needed for domestic vaccination purposes and when this surplus is donated to developing countries.
- The price applies per dose of vaccine, even in cases where several shots are required for a full vaccination. It applies to donations to developing countries both through COVAX and bilateral agreements.
- Donations can be recorded in ODA disbursements when the beneficiary country has taken delivery of doses.[5] Pledges should not be reported in ODA.

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[2] As of December 2022, the list of COVID-10 vaccines which have received emergency use listing by WHO include: Vaxzevria (AstraZeneca), Covaxin (Bharat Biotech, India), Convidecia (CanSino Biologics), Ad26.COV2.S (Janssen), mRNA-1273 (Moderna), Nuvaxovid (Novovax), Comirnaty (Pfizer & BioNTech), Covishield (Serum Institute of India), Covovax (Serum Institute of India), SARS-CoV-2 (Beijing Institute of Biological Products) and Coronavac (Sinovac).

[3] In line with COVAX rules. No COVID-19 vaccine has been prequalified by the WHO at this stage. See the list of Stringent Regulatory Authorities as approved by WHO here: https://www.who.int/initiatives/wholisted-authority-reg-authorities/SRAs.

[4] As advised by Gavi. The Joint Statement on Dose Donations of COVID-19 Vaccines to African Countries signed by COVAX, the African Vaccine Acquisition Trust (AVAT) and the Africa Centres for Disease Control and Prevention (Africa CDC) had previously recommended a shelf life of minimum ten weeks.

[5] Donations through COVAX are facilitated by tripartite agreements between the provider country, the manufacturer and Gavi. The donation is confirmed once Gavi provides a "Gavi Shared Doses Acceptance Notice" to the provider country and the manufacturer, it can then be recorded in ODA as a commitment. It is only upon confirmation by the developing country concerned of its readiness to absorb the donated doses that the necessary regulatory approvals, import licences and waivers will be sought, and that the manufacturer can effectively deliver the doses.

Members have the flexibility of reporting their donation both as a commitment and as a disbursement at the time of the "Acceptance Notice", given that the donation becomes binding at this point of time, and that the time lag between the agreement and the disbursement is only a few weeks. However, in the eventuality that the donor does not make any payment to the manufacturer and the delivery of doses does not materialise (in case of unexpected issues in the implementation of the agreement), the donor should include a negative entry in its ODA figure to offset the disbursement.

Self-financing participants to the COVAX Facility that decide to not exercise their rights to vaccine doses and transfer them instead to COVAX AMC should report their original financial contributions to the COVAX Facility as ODA

- For the sake of ODA integrity, members should verify the aggregate ODA figure reported for donations against their actual outlay in 2022 and make a downward adjustment if needed.
- Should members pay ancillary costs (shipment and additional costs such as syringes) in addition to donating doses, they should report these costs in their ODA as a separate item, in addition to the donations.

CRS reporting:

- Members report a breakdown of ODA for vaccine donations as detailed below, both in the DAC Advance Questionnaire and final ODA data in CRS reporting:
    - ODA for donations of doses in excess from domestic supply, indicating the vaccine names, number of doses and the mechanism used (COVAX/bilateral).
    - ODA for donations of doses bought specifically for developing countries.
    - ODA for ancillary costs if separately identifiable.
- In CRS, donations are reported under purpose code 12264 – COVID-19 control along with the COVID-19 keyword.

FAQ 3. Does research for developing a vaccine/tests/treatments for COVID-19 count as ODA?

For research, specific eligibility rules apply [see paragraph 109 in the Reporting Directives DCD/DAC/STAT(2020)44/FINAL]:

> *Research into the problems of developing countries is ODA-eligible, conducted whether in the donor country or elsewhere. To be eligible, research needs to be either:*
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> - *(i) undertaken by an agency or institution whose main purpose is to promote the economic growth or welfare of developing countries, or*
> - *(ii) commissioned or approved, and financed or part-financed, by an official body from a general purpose institution with the specific aim of promoting the economic growth or welfare of developing countries.*

According to the rules, the focus is on problems of developing countries. This ruling has led to the exclusion from ODA of research that benefits developed countries as much as developing countries and to the inclusion in ODA of medical research only in relation to diseases that disproportionately affect people in developing countries. For example, medical research on cancer is excluded from ODA unless it focusses on cancers with a high burden on developing countries[6]. Similarly, **research for a vaccine/tests/treatments for COVID-19 would generally not count as ODA, as it contributes to addressing a global challenge and benefits both developed and developing countries.** This situation may evolve. If research in the future looked into the development of a COVID-19 vaccine specifically for developing countries, it would count as ODA.

Several initiatives are being launched to collect funds for COVID-19 vaccine research or to facilitate global access to vaccines. A number of them have been reviewed on a case-by-case basis by the Secretariat, as

[6] This example is taken from the composition of the ODA coefficient for the International Agency for Research on Cancer.

part of the regular WP-STAT and ODA reporting processes, and all elements of their design and objectives have been taken into consideration when assessing their eligibility. Depending on their specific objectives and design, the assessment of ODA-eligibility differs: cases are deemed either entirely eligible/not eligible or partly eligible (based on pro-rata or components of the initiative), see subsequent FAQs.

FAQ 4. Does co-operation on COVID-19 with health research institutions in developing countries count as ODA?

Yes, COVID-19 research in collaboration with developing countries counts as ODA, as long as it strengthens the capacity of developing countries to conduct their own research. Support for epidemiological surveillance and research in a developing country to keep this country's health authorities informed of the status of the pandemic and to control the spread of the disease in the country would also count as ODA. More generally, research focused on developing countries, e.g. studying the specificities of COVID-19 spread in Africa (e.g. age of the population) counts as ODA.

FAQ 5. Do contributions to the Access to COVID-19 Tools (ACT) Accelerator count as ODA?

Link: https://www.who.int/initiatives/act-accelerator, https://www.act-a.org/, https://www.who.int/publications/m/item/act-accelerator-transition-plan-(1-oct-2022-to-31-mar-2023), https://www.who.int/publications/m/item/act-accelerator-strategic-plan-budget-october-2021-to-september-2022

Description: The Access to COVID-19 Tools Accelerator (ACT-A) brings together governments, health organisations, scientists, businesses, civil society, and philanthropists to accelerate the development, production, and equitable access to COVID-19 tests, treatments, and vaccines. The ACT Accelerator is a framework for collaboration. It is not a decision-making body or a new organisation. It was set up in response to a call from G20 Leaders in March 2020 and launched by the WHO, European Commission, France and The Bill & Melinda Gates Foundation in April 2020.

The goal of the ACT Accelerator is to end the COVID-19 pandemic as quickly as possible by reducing COVID-19 mortality and severe disease through the accelerated development, equitable allocation, and scaled-up delivery of vaccines, therapeutics and diagnostics to reduce mortality and severe disease. This will accelerate the end of the health and economic crisis, restoring full societal and economic activity globally in the near term and ensuring access to COVID-19 tools in the long term.

The ACT Accelerator comprises four pillars: Diagnostics, Therapeutics and Vaccines (also known as COVAX), with the Health Systems Connector pillar working across the other three. Each pillar is managed by 2-3 partner agencies. Additionally, WHO leads on the cross-cutting Access and Allocation workstream.

- The **Diagnostics pillar** is co-led by FIND and the Global Fund, with involvement by WHO. It aims to rapidly identify game-changing new diagnostics, and scale-up equitable access to COVID-19 diagnostic technologies and tools. It has procured over 185 million and deliver over 160 million tests to more than 180 countries. *See FAQ 9 for an assessment of the ODA-eligibility of contributions to this pillar.*
- The **Therapeutics pillar** is led by Unitaid and the Wellcome Trust, with involvement by WHO. It seeks to develop, manufacture, procure and distribute COVID-19 therapeutics, including oxygen and related products, especially for populations in low-and middle-income countries. It has procured over USD 519 million worth of medical oxygen supplies and has funded vital research. The Therapeutics pillar focuses on longer term COVID-19 management strategy, supporting

countries set up test-and-treat programs to prepare for future surges and other health threats. *See FAQ 10 for an assessment of the ODA-eligibility of contributions to this pillar.*

- The **Vaccines pillar** – also known as COVAX – is led by CEPI, Gavi and WHO. Its role is to ensure that vaccines are developed as rapidly as possible and manufactured at the right volumes – without compromising on safety – and delivered to those that need them most. Its goals is to help countries increase their vaccination coverage, focusing on high-risk groups, and to integrate COVID-19 into routine programs. COVAX delivered almost 2 billion vaccine doses by December 2022 through its COVAX Facility, helped more than 40 countries start their vaccination campaigns and contributed to reaching an average vaccination coverage rate of 52% in AMC92 countries. *See FAQs 6-8 for an assessment of the ODA-eligibility of contributions to various components of this pillar.*
- The **Health Systems and Response Connector** pillar works across the other three pillars and is convened by the World Bank, Global Fund and WHO. It aims to strengthen the health systems and local community networks that are struggling to cope with COVID-19, and to unlock health system bottlenecks that might hamper the delivery and implementation of new and expanded COVID-19 tools. It also aims to ensure sufficient supplies of essential Personal Protective Equipment (PPE) and medical oxygen in low- and middle-income countries to protect frontline workers and to enhance the capacity of health systems to save lives. *See FAQ 11 for an assessment of the ODA-eligibility of contributions to this pillar.*

Secretariat's assessment: See subsequent FAQs for an assessment of the ODA-eligibility of the four pillars of the ACT-A.

FAQ 6. COVID-19 Global Vaccine Access Facility – COVAX Facility

Links: https://www.gavi.org/covax-facility, https://www.gavi.org/vaccineswork/covax-explained and https://cepi.net/wp-content/uploads/2020/10/COVAX_Facility_Explainer.pdf

Question (dated August 2020): *A government considering joining the COVAX Facility for the purchase of COVID-19 vaccines to cover its national demand for such vaccines has the following questions:*

- The COVAX Facility foresees tiered pricing for HICs, MICs and LICs, with HICs (and UMICs) paying the highest price per vaccine dose. According to Gavi, this also serves to cover for investment at risk, given that no vaccine has so far been cleared for the market.
- This tiered pricing as well as the coverage of at-risk investment solely by self-financing HICs (and UMICs) can be considered a cross-subsidization of those self-financing countries who pay lower prices as well as of the financing instrument meant to cover the needs of up to 92 LICs and LMICs, the Gavi COVAX AMC, which will be entirely financed through ODA-contributions.
- Accordingly, their question is: could the contribution as a self-financing HIC be partially counted as ODA funding, and if so, to what extent, given that prices articulated by Gavi currently rely on estimates, including the at-risk tranche of investments?

Description: COVAX is the vaccine pillar of the Access to COVID-19 Tools (ACT) Accelerator. Gavi has created the **COVAX Facility** through which self-financing economies and funded economies can participate. Within this also sits an entirely separate funding mechanism, the **Gavi COVAX Advance Market Commitment** (AMC), which supports access to COVID-19 vaccines for lower-income economies. Combined, these make possible the participation of all countries, regardless of ability to pay.

Participating in the COVAX Facility guarantees that lower-income nations, who would otherwise be unable to afford these vaccines, as well as a number of higher-income self-financing countries that have no

bilateral deals with manufacturers, can get access to COVID-19 vaccines and achieve the average vaccination coverage of 70% set by the WHO.

For the wealthiest self-financing countries, some of which also negotiate bilateral deals with vaccine manufacturers, it serves as an insurance policy to protect their citizens, both directly and indirectly. It provides direct protection by increasing their chances of securing vaccine doses. At the same time, by procuring COVID-19 vaccines through COVAX, these nations also indirectly protect their citizens as they reduce the chances of resurgence by ensuring that the rest of the world gets access to doses too.

Self-financing countries and economies participating in the Facility can request vaccine doses sufficient to vaccinate between 10-50% of their populations. The amount they pay into the Facility reflects the number of doses they have requested.

Subject to funding availability, funded AMC-eligible countries will receive enough doses to vaccinate up to 20 per cent of their population in the longer term. Since demand initially exceeded supply, allocation was spread across countries based on the number of doses that were available and increased as that availability increased.

Secretariat's assessment: The COVAX facility is a way for developed countries ("self-financing economies") to secure access to a certain number of vaccine doses for their own populations. Given this objective, **it is not deemed ODA-eligible**. Funding for the Gavi COVAX AMC is entirely separate from that of the COVAX Facility, there is no cross-subsidisation by the funds of self-financing participants (instead the AMC is funded mainly through dedicated ODA contributions, see FAQ7). In the view of the Secretariat, tiered pricing would not be sufficient to demonstrate a primary objective focused on developing countries nor to consider part of the contribution as ODA.

FAQ 7. Do contributions to Gavi Advance Market Commitment for COVID-19 Vaccines

The Gavi COVAX AMC is an Advance Market Commitment for the development and procurement of vaccines for the benefit of the developing countries. **Contributions to this facility are ODA-eligible.**

FAQ 8. ODA share of earmarked contributions to CEPI for COVID-19 related activities

Description: Under the vaccine pillar of the ACT Accelerator, the Coalition for Epidemic Preparedness Innovations (CEPI) is responsible for research and development (R&D) and manufacturing. Donors' earmarked contributions to CEPI for COVID-19 related activities fund this work.

The COVID-19 pandemic is a global problem, and a successful vaccine for this disease is a global public good (GPG). Therefore, the initial R&D and manufacturing phases (including technology transfer/scale-up and out and at-risk manufacturing) of a COVID-19 vaccine that CEPI supported are thus for a GPG. As the process goes further (e.g. after at-risk manufacturing under the COVAX investment case), a specific link with the developing countries becomes clear (volume guarantees/procurement for LICs and LMICs and LICs/LMICs delivery). The later stages, where the link to developing countries becomes clear and direct, are of course only possible once the GPG has been successfully developed (R&D and manufacturing), so CEPI's role is essential but comes under the GPG phase.

Securing timely and equitable access to vaccines through at-risk investments in manufacturing capability and capacity to ensure that developing countries are not left behind is the primary objective of CEPI's access commitment. The profiles of the vaccines are such that they are suitable for LICs and LMICs. Through its partnership agreements, CEPI ensures that all successful vaccines as a result of its funding are exclusively available for the COVAX Facility. CEPI's activities are thus not limited to R&D and manufacturing; ensuring equitable access to the vaccines and treatments it finances is at the core of its

work. The COVAX pillar represents an opportunity to accelerate availability of vaccines and ensure globally fair allocation and access for LICs and LMICs.

Secretariat's assessment:

- Funding from high-income countries is necessary to develop and manufacture, in large quantities, a successful vaccine, a GPG, which is for the benefit of all, both developing and developed countries (nobody will be safe from COVID-19 until everybody is safe). A fully financed COVAX pillar, including through funding to CEPI for its work on R&D and manufacturing and the Gavi AMC, gives all participating governments (i.e. those who have joined the COVAX Facility) a guaranteed share of any successful vaccine production, and this pillar is able to achieve manufacturing of vaccine doses faster than governments, organisations and financiers alone. This demonstrates that investing in the COVAX pillar benefits participating governments by increasing their chances of accessing a successful vaccine.
- However, contributions to CEPI for its R&D and manufacturing role on the push side are fundamental for Gavi's procurement and allocation function on the pull side to ensure equitable and affordable access of the vaccines to LICs and LMICs. By contributing to CEPI, countries are not securing access to a certain number of vaccine doses for their own countries (which is the case when participating countries pay into the COVAX Facility, as explained in FAQ 6).
- In the context of this assessment, it is important to ask "What is the intention of the donor when making the contribution to CEPI?" If donors can confirm that they are making contributions to CEPI to deliver successful and affordable COVID-19 vaccines to developing countries, and it is acknowledged that CEPI through its efforts and investments under COVAX is a key enabler to secure that developing countries are not left behind in this time of crisis, then a share of earmarked contributions to CEPI's COVID-19 activities (R&D and manufacturing) under the COVAX pillar can be counted as ODA. This ODA share is an estimate of the extent to which the GPG is benefiting developing countries through allocation and affordable access of vaccines.
- The Secretariat assessed that for 2020 ODA flows, 53% of earmarked contributions to CEPI for COVID-19 related work could be counted as ODA. The share of contributions to CEPI counted as ODA was calculated based on the number of doses that were going to be distributed to LICs and LMICs (950 million through the Gavi COVAX AMC + 100 million through an emergency stockpile) out of the total number of expected doses (i.e. taking into account the 950 million doses to be distributed through the COVAX facility):

  (950 M + 100 M) / (950 M + 100 M + 950 M) = 53%

- The Secretariat reviewed the coefficient at the end of 2021, using the latest supply forecast from GAVI, which indicates that of the 1.425 billion doses expected in 2021, 1.255 billion doses would be available for COVAX AMC participants, which are 92 low-to-middle-income countries. On this basis, the updated share is 1255 [doses to COVAX AMC]/1425 [total doses] = 88%. The Secretariat's assessment is therefore that **88% of earmarked contributions to CEPI for COVID-19 related work can be counted as ODA for year 2021**.

Note that core contributions to CEPI in 2020 and 2021 are not used for COVID-19 related activities and can be reported fully in ODA that year.

FAQ 9. Do contributions to the Foundation for Innovative New Diagnostics (FIND) count as ODA?

Links: https://www.finddx.org/ and investment case at: https://www.finddx.org/wp-content/uploads/2020/05/ACT-A-Dx_Investment-Case_FINAL.pdf

Description: FIND is a global non-profit organisation driving innovation in the development and delivery of diagnostics to combat major diseases affecting the world's poorest populations. Funding to FIND supports development and implementation of critically needed diagnostic solutions that can help combat diseases of poverty in low- and middle-income countries and reach global goals.

FIND and the Global Fund are co-conveners of the Access to COVID-19 Tools (ACT) Accelerator Diagnostics Pillar (the two other pillars are Therapeutics and Vaccines). The Diagnostics Pillar aims to enable affordable, accessible testing for everyone who needs it, including facilitation of the supply of 500 million tests to LMICs within 12 months. Workstreams span research and development, market readiness, procurement, and country preparedness.

Without mass testing, which relies on availability of high-performing, rapid tests – the disease will continue to spread. Innovation and scale up of these tests must be accelerated for deployment in all countries. Models of the progression of the pandemic in low- and middle-income countries have shown that testing, if deployed in a timely way as part of a broad package of interventions, could contribute to saving at least 9 million lives and avert at least 1.5 billion COVID-19 infections. Current estimates indicate that 500 million tests are needed over the next 12 months in low- and middle-income countries to enable such a life-saving scenario.

To that end, an investment of USD 6 billion is required, of which USD 2 billion immediately to expedite development, manufacturing and scale-up of the rapid tests that will enable mass testing to be introduced globally – as well as procurement of tests to fill critical short-term gaps in low-income countries. The investment case describes a breakdown of areas for investment:

- **R&D of tests & digital tools:** Accelerate development of high performing, affordable rapid diagnostic tools, and create robust digital, data and analytics solutions (USD 300 million).
- **Market readiness:** Prepare markets to accelerate implementation through regulatory support, market shaping and manufacturing scale-up (USD 100 million).
- **Supply, pooled procurement & equitable distribution of tests:** Support cost of test procurement and deployment in low- and middle-income countries (USD 5 billion).
- **Country preparedness:** Strengthen health systems and build country capacity and preparedness for rapid and effective test implementation (USD 600 million).

Secretariat's assessment: The *R&D* and *Market readiness* phases are not directly linked to developing countries, as opposed to the *Supply, pooled procurement & equitable distribution of tests* and *Country preparedness* phases. Given that the latter two phases represent more than 90% of total planned funding, and that a share of the two first phases can be considered ODA-eligible as well, **the Secretariat considers that 100% of contributions to FIND can be reported as ODA**.

FAQ 10. COVID-19 Therapeutics Accelerator

Link: https://unitaid.org/assets/Therapeutics-Partnership-Investment-Case.pdf

Description: The therapeutics pillar of the ACT Accelerator is led by Unitaid and the Wellcome Trust. The therapeutics pillar complements the vaccine and diagnosis pillars. It seeks to accelerate the development and equitable delivery of treatments at all stages of disease, ensuring they are accessible to all, regardless of geography and level of economic resources. It targets development, manufacture, procurement and equitable distribution of 245 million courses of treatment for populations in low and middle income countries. The investment case, for a total amount of USD 7.2 billion, is presented as follows:

- **Research and development:** USD 2 billion

The funding would enable activities that ensure that products found will be applicable also in low- and middle-income countries, including for patients with multiple conditions, such as HIV, TB and malaria, by providing flexibility to support for Phase 3 trials and for licensure for repurposed therapeutics.

- **Manufacturing** scale-up costs, market preparedness: USD 0.6 billion

  The funding needed for market preparation will be invested in analysis of existing bottlenecks of promising products, in increasing production capacity to ensure delivery to all countries in need, in ensuring affordable pricing, and in facilitating regulatory passage of the products in low- and middle-income countries. The funds will ensure manufacturing capacity for 245 million therapeutics courses available for low- and middle-income countries, and for market preparedness activities in these countries.

- **Procurement** and delivery for 245 million treatment courses: USD 4.6 billion

  Distribution of 245 million courses of treatment for populations in low and middle income countries.

Secretariat's assessment: Although the race to find effective therapeutics is global and will benefit all countries, the primary focus of the therapeutics pillar of the ACT Accelerator is on LICs and LMICs. It aims at ensuring sufficient investments in production capacity to manage the demand, procurement and supply chains of effective therapeutics in low- and middle-income countries. Consequently, **100% of contributions to the therapeutics pillar can be reported as ODA.**

FAQ 11. ACT-A Health systems connector

Link: https://www.who.int/publications/m/item/urgent-priorities-financing-requirements-at-10-november-2020

Description: The "Health Systems Connector" (HSC) is a transversal pillar of the ACT-Accelerator and is co-convened by the Global Fund, the World Bank and WHO, with support from the Global Financing Facility for Women, Children and Adolescents (GFF). It aims to rapidly identify and address country-specific health systems bottlenecks to ensure readiness and enable rapid scale up and delivery of COVID-19 tools. It also seeks to accelerate availability and use of Personal Protective Equipment (PPE) and medical oxygen as crucial tools for protecting health workers and ensuring the resilience of the health system in LICs and LMICs. The HSC requires a total of USD 9.5 billion. The investment case as of 10 September 2020 was presented as follows:

- **Critical health systems enablers: USD 500 million**

  The funding is needed to strengthen the COVID-19 response by addressing health system needs such as health workforce; data systems; public financial management; community responses and engagement, among others. Health system strengthening efforts are country specific, and the support through the Health Systems Connector will be implemented on a country-by-country basis. The adequate resourcing of those enablers is critical, through domestic, bilateral and multilateral financing.

- **Calculation of commodities: USD 9 billion (including USD 500 million for Innovation, Training, Policy, Guidance and Management Systems)**

  The total costs of commodities is estimated at USD 15.8 billion. The assumption is that USD 6.8 billion will be covered by domestic resources, using the same assumptions as the Therapeutics Pillar, namely that the share assumed to be covered by domestic financing would be 80% for

UMICs, 40% for LMICs and 0% for LICs. Estimates of the amounts needed solely for PPE and oxygen are based on the WHO's costing model used to estimate a price tag for the response in developing countries. The number of health workers needed is estimated from WHO's Health Workforce Estimator tool, and the overall costing tool accounts for constraints on the health worker and hospital bed supply. For oxygen, the resource needs estimate is calculated from the total need of severe and critical COVID-19 patients only, not taking into account the constraints of shortage of health workers and lack of hospital beds at country level which will require additional investments for the oxygen to be used. Included are the costs of procuring and delivering portable oxygen concentrators, cylinders and pressure swing adsorption (PSA) plants with some limited operating costs and considering system constraints including the number of hospital beds and the number of health workers.

Secretariat's assessment: The investments made by ACT-Accelerator into strengthening health systems infrastructure and service delivery in LICs and LMICs will have positive long-term implications for global health (e.g. protecting the gains of recent decades in key diseases such as Tuberculosis). Indirectly, this will also benefit all countries, as inequalities reduce, future global health threats can be better managed. Although strengthening health systems and service delivery in LICs and LMICs will eventually benefit all countries, the primary focus of the Health Systems Connector pillar of the ACT-Accelerator is on LMICs and LICs. It aims to support low- and middle-income countries to build the required capacity and support health systems to deploy new tools effectively and efficiently when available. Consequently, **100% of contributions to the Health Systems Connector pillar can be reported as ODA.**