

## **CSOs call on donors to stop reporting donated excess Covid-19 vaccine doses as ODA**

We understand that the OECD Working Party on Development Finance Statistics (WP STAT) is discussing reporting options for expenditures related to Covid-19 vaccines donations under official development assistance (ODA) budgets, whether these vaccines were initially purchased for domestic use, or not. We welcome these discussions and, ahead of the next WP STAT meeting on December 15 and 16, we would like to share our reaction to the [working note](#) on this subject.

With regards to this year's reporting (for which data will be available next April), the debate next week will be between dropping the reporting of COVID-19 vaccine donations as aid (which could also include those that were specifically bought with the intention of donating them to partner countries); or keeping the reporting under the current methodology, but at an updated, and potentially higher, price.

**We, as civil society organisations - that have followed the debates closely since the beginning of the discussions in 2021- , urge donors to drop all plans to report in-excess COVID-19 vaccine donations as part of their ODA budgets.**

Firstly, it is unfair. The previous decision effectively rewarded donors for their hoarding of vaccine doses in a context of scarcities. That hoarding of drugs deprived the populations of vaccine-poor countries from accessing life-saving measures, thereby contributing to avoidable deaths. Members of the OECD Development Assistance Committee (DAC) must consider whether they should continue to take any credit for subsequently sharing vaccine doses. Furthermore, allowing this practice to be reported as aid already set a precedent for future aid inflation and diversion by continuing to expand the number of activities to be included in the ODA-eligible list without a clear evaluation of their development effectiveness.

Secondly, not only is the decision highly questionable from a political point of view, it is also poorly developed in statistical terms. This has concerned several DAC members who do not agree with the methodology. The DAC itself has acknowledged several times the difficulty of agreeing on a single reporting price, as well as the challenges for donors to properly distinguish these doses among the donations. Furthermore, the current rules did not ensure the quality of the donations, and many doses remained unused due to close expiry dates and logistical issues that were not taken into account at the moment of the donation<sup>1</sup>. This also goes against the principle of ownership by partner countries. Because donations responded to the needs of donor countries wishing to give away surplus doses, they followed an erratic pattern, impeding partner countries in their efforts to anticipate and plan the logistical ramifications accordingly.

There is, moreover, a continued lack of transparency in the discussions around this matter. Despite the fact that it is already time for the DAC to evaluate the effects of that decision, we have still not seen the disaggregated data that would allow for proper external monitoring. The decision on whether to keep reporting vaccine donations or not is expected to be made before the data has been

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<sup>1</sup> See the results of the research conducted by Investigative Journalism for Europe (IJ4E): <https://www.investigativejournalismforeu.net/projects/followthedoses/>.

shared. Without proper access to reliable data for both civil society organisations and partner countries' governments, accountability is seriously compromised.

Overall, the decision to allow these doses to keep being reported as ODA is not justifiable in a context of fundamentally insufficient ODA - and coming on top of official announcements from some governments that ODA levels will be cut back next year. Current global challenges (such as the climate emergency, the spillover effects from both the Covid-19 pandemic and of the Russia's invasion of Ukraine, including a heightened food crisis), demand increased actions and efforts. The inclusion of these costs as part of the ODA budgets from donor countries risks reducing, rather than increasing, the already scarce resources aimed at tackling the current crises.

Based on the above-mentioned reasons, **DAC members must not prolong the reporting of in-excess vaccine donations any further**. We are encouraged by those members who took a clear position against the inclusion of in-excess doses in their aid budgets, and we urge them to raise their voices, to stand by their commitments and to persuade others to join them in securing both the objectives and the statistical integrity of ODA.

### SIGN ON CSOs

1. 11.11.11 – Vecht Mee Tegen Onrecht, Belgium
2. Aid Watch Canada, Canada
3. Alliance Sud, Switzerland
4. Ambrela – Platform for Development Organisations, Slovakia
5. Bond – The International Development Network, United Kingdom
6. CSPPS – Civil Society Platform for Peacebuilding and Statebuilding, Global
7. CNCD 11.11.11 – Centre national de cooperation au développement, Belgium
8. CONCORD, European
9. Cordaid, the Netherlands
10. CROSOL – Croatian Platform for International Citizen Solidarity, Croatia
11. Development Initiatives, United Kingdom
12. Global Responsibility – Austrian Platform for Development and Humanitarian Aid, Austria
13. Eurodad – European Network on Debt and Development, European
14. FOND – Federatia Organizatiilor Neguvernamentale pentru Dezvoltare din Romania, Romania
15. NEADS – North-East Affected Area Development Society, India
16. Oxfam International, Global
17. Reality of Aid – Asia/Pacific, Asia-Pacific
18. Reality of Aid Network, Global
19. Save the Children, Global
20. SLOGA – Slovenian NGO Platform for Development, Global Education and Humanitarian Aid, Slovenia
21. Vikas Adhyayan Kendra, India
22. Plataforma Portuguesa das ONGD, Portugal
23. InterPares, Canada

