ACTaccelerator
ACCESS TO COVID-19 TOOLS

Hosted by World Health Organization

THE ACT-ACCELERATOR: TWO YEARS OF IMPACT

The ACT-Accelerator: Two Years of Impact

© World Health Organization 2022

Publication date: 26th April 2022

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization. (http://www.wipo.int/amc/en/mediation/rules/)

Suggested citation: The ACT-Accelerator: Two Years of Impact

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Photo cover credit : UNICEF / Singh
Design and layout: Studio FFFOG

CONTENTS

List of acronyms	**2**
Foreword	**3**
Context: first year of the ACT-Accelerator and evolving focus	**5**
The urgency of equity: where we are in the pandemic & why the ACT-Accelerator agenda is more important than ever	**6**
Key drivers of the ACT-Accelerator's work	**7**
Impact and outlook	**7**
Vaccines pillar	**8**
Diagnostics pillar	**12**
Therapeutics pillar	**16**
Health systems & response connector (HSRC)	**22**
Closing ACT-A's urgent financing gap to secure the future	**26**
Near term priorities and areas of focus	**27**
Call to action	**30**
Annex - Key moments and milestones	**32**

LIST OF ACRONYMS

Ab	Antibody-detecting
Ag	Antigen-detecting
AMC	COVAX Advance Market Commitment
AU	African Union
AVAT	African Union's African Vaccines Acquisition Trust
C19RM	The COVID-19 Response Mechanism
CDC	Centers for Disease Control and Prevention
CEPI	Coalition for Epidemic Preparedness Innovations
CHWs	Community Health Workers
CSCOs	Civil Society and Community Organizations
CoVDP	COVID-19 Vaccine Delivery Partnership
Dx	ACT-A Diagnostics Pillar
EQA	External Quality Assessment
EUL	Emergency Use Listing
FIND	FIND, the Global Alliance for Diagnostics
Gavi	Gavi, the Vaccine Alliance
GDP	Gross Domestic Product
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HCWs	Health Care Workers
HICs	High Income Countries
HSRC	ACT-A's Health Systems & Response Connector Pillar
ICs	Inhaled Corticoids
I&L	Indemnification & Liability agreement
IL-6	Interleukin 6
IMF	International Monetary Fund
IMST	WHO's Incident Management System Team
LICs	Lower-Income Countries
LMICs	Lower-Middle Income Countries
NAV	Novel Oral Antiviral
PAHO	Pan American Health Organization
PCR	Polymerase Chain Reaction
PHSM	Public Health and Social Measures
PPE	Personal Protective Equipment
PQ	Prequalification (of products)
RCCE	Risk Communication and Community Engagement
RDTs	Rapid Diagnostic Tests
SFF	UNICEF's ACT-A Supplies Financing Facility
SFP	COVAX Self-Financing Participants
SPRP	COVID-19 Strategic Response and Preparedness Plan
SSRI	Selective Serotonin Reuptake Inhibitor
Tx	ACT-A Therapeutics Pillar
UMICs	Upper Middle-Income Countries
UNGA	United Nations General Assembly
UNICEF	United Nations Children's Fund
Vx	ACT-A's Vaccines Pillar, COVAX
VoC	Variant of Concern
WB	World Bank
WHE	WHO's Health Emergency Programme
WHO	World Health Organization

FOREWORD

When the COVID-19 pandemic started more than two years ago, we knew from our experience with HIV, H1N1 and other diseases that market forces alone were not enough to develop and equitably deliver vaccines, therapeutics and diagnostics to those that needed them the most. That's why, with our partners, WHO established the Access to COVID-19 Tools Accelerator, a unique partnership of governments, global health agencies, civil society and industry.

Our partnership has enabled 40 countries to begin their COVID-19 vaccination campaigns, helped build the sequencing capacity in Southern Africa that first detected the Omicron variant, and negotiated unprecedented deals with the world's largest oxygen suppliers to increase access in more than 120 low- and middle-income countries.

While we have accomplished so much in the last two years, working day in, day out, our job is far from over. With mortality dropping, many people are ready to declare the pandemic over. But now is not the time to drop our guard. This pandemic is nowhere near over and with the incredible growth of Omicron globally, new variants are likely to emerge, which is why tracking and assessment remain critical. And yet, testing rates are dropping, even as public health and social measures are relaxing, leaving us with limited visibility over the virus's trajectory. This virus remains deadly, especially for unvaccinated people that do not have access to health care and antivirals.

We must work even harder to save lives. Specifically this means investing so that COVID-19 tools are equitably distributed. Bridging the equity gap for vaccines and other COVID-19 tools is the best way to boost population immunity and insulate against future waves.

WHO's goal to vaccinate 70% of the population of every country remains essential for bringing the pandemic under control, with priority given to health workers, older people and other at-risk groups. While most high- and upper-middle income countries have surpassed that target, today, 1.8 billion people in low- and low- and middle-income settings have yet to receive their first dose.

New COVID-19 antiviral medicines also show huge promise, but without strong action, there is a significant risk that the inequities that derailed global vaccination efforts in 2021 could also limit equitable access to lifesaving treatments. ACT-A is working to facilitate access to these products and develop generic production over the long-term.

With multiple crises facing the world, it is urgent to act on the current momentum before we lose the window of opportunity to bring the acute phase of the virus to an end. The ACT-Accelerator launched a new Strategic Plan and Budget in October 2021 – yet halfway through its current budget cycle, just over 10% has been funded. With sufficient funding and support from countries, we can work to bring the pandemic to an end, save lives, prevent suffering, and help get economies back on track.

We must ACT now and ACT together to end the COVID-19 emergency – for everyone, everywhere.

Dr Tedros Adhanom Ghebreyesus
WHO Director-General

© The Global Fund / Anush Babajanyan

CONTEXT: FIRST YEAR OF THE ACT-ACCELERATOR AND EVOLVING FOCUS

In early 2020, COVID-19 paralyzed the world. It upended lives and livelihoods, shut down cities, countries, and continents, and exacted an enormous human toll. To fight the virus and protect communities, effective tools —tests, treatments, vaccines, and personal protective equipment (PPE)— became a desperate need. These pandemic-fighting tools had to be developed and distributed globally, at a pace and scale never witnessed in history.

The Access to COVID-19 Tools (ACT) Accelerator, is a ground-breaking global collaboration to accelerate development, production, and equitable access to COVID-19 tests, treatments, vaccines, and PPE. Founded in April 2020, the ACT-Accelerator brings together governments, academia, industry, civil society, philanthropic and global health organizations to end the pandemic.

In its first year alone —with a primary focus of supporting countries and areas in greatest need, especially in Low-income Countries (LICs) and Lower Middle-Income Countries (LMICs)— ACT-A agencies and partners fast-tracked the research, development and scale-up of:

- **Accurate and more affordable diagnostic tests including well-performing rapid antigen tests.** ACT-A ensured these diagnostics are available, especially in underserved countries and areas.
- **Treatment options for COVID-19 patients, primarily oxygen and corticosteroids.** ACT-A also supported the research and development of monoclonal antibodies, novel antivirals, and repurposed therapeutics, and provided technical support and emergency procurement for medical oxygen for more than 100 countries.
- **Twelve vaccine candidates across 4 technology platforms.** ACT-A agencies established the COVAX Facility to procure and equitably distribute 2 billion doses of five different vaccines globally.
- **Personal protective equipment for frontline health workers** and community health workers in LICs and LMICs.

As a direct result of an unprecedented international, public-private effort either led by or supported by ACT-A agencies and partners, safe and effective COVID-19 medical countermeasures have been introduced, fundamentally changing the fight against the disease. Yet, as of end of March 2022, these tools are still not sufficiently accessible or affordable for an overwhelming majority of LICs and LMICs.

In recognition of growing inequities in access to COVID-19 tools, the differential impact this is having on societies and economies, the lessons learned in its first two years (including those identified in the Strategic Review[1], and as reflected in its updated Strategic Plan and Budget from October 2021 to September 2022), ACT-A agencies and partners anchored their work and priorities in a set of global coverage targets for COVID-19 tools.

These vaccination, testing, treatment and PPE coverage targets, set by WHO and ACT-A agencies, reflect the minimum global coverage levels needed to control COVID-19 and end the pandemic. In addition to adopting a more results-focused and target-driven approach, ACT-A's work is now more driven by country needs and more closely aligned with wider efforts and initiatives focused on resolving inequities in access to COVID-19 tools.

[1] https://www.who.int/publications/m/item/act-accelerator-strategic-review.

THE URGENCY OF EQUITY: WHERE WE ARE IN THE PANDEMIC & WHY THE ACT-A AGENDA IS MORE IMPORTANT THAN EVER

The COVID-19 pandemic is far from over. Overall levels of infections are higher now than they have been at any point since the start of the pandemic. Driven largely by the highly transmissible Omicron variant, nearly 200 million new COVID-19 cases have been reported since the start of 2022. This is almost half of the cumulative number of cases reported overall. The death toll from this pandemic has been equally staggering. To date, nearly 6.1 million people have died from COVID-19. The true toll of the pandemic is, however, estimated to be much higher. The Lancet reports that excess mortality due to the COVID-19 pandemic, between Jan 2020 and Dec 31, 2021, was 18.2 million.[2]

Progress made in the fight against COVID-19 is at risk. Although recent waves of infection are flattening in some parts of the world, the SARS-CoV-2 virus continues to circulate widely, and many countries are still experiencing its devastating effects. Levels of population immunity vary based on access to vaccines, uptake/hesitancy, and waning protection from vaccines and prior infections. Oxygen shortages for severe COVID-19 cases are still rampant and critical testing rates to mitigate and stop the spread of the virus are extremely low in many LICs and LMICs. As the Omicron wave demonstrated, an integrated approach and equitable access to tests, treatments and vaccines will still be our best defence against COVID-19. Under these conditions, continued vigilance and surveillance are critical as the risk for further viral evolution remains.

At the same time, sustaining the level of political and financial commitment needed to control COVID-19 and end the pandemic is becoming increasingly difficult. The opening of societies and relaxing of public health and social measures in parts of the world is creating a false impression that the pandemic is over. The high opportunity cost of sustaining COVID-19 programs over other urgent health priorities is an emerging concern. And several pressing international emergencies are diverting political attention away from the COVID-19 pandemic.

Given this rapidly evolving global context, ACT-A will redouble its efforts to advocate for equitable access to COVID-19 tools and to support countries in accelerating their roll out, directing resources and health systems assets to deliver COVID-19 tools to those who need them the most, while laying the path for ending the pandemic for good.

ACT-A unites the expertise of the world's leading multilateral health agencies and is still the world's only end-to-end global solution for COVID-19 countermeasures. It has provided powerful proof of concept that the world needs such a platform, and its experience will be crucial in informing discussions about what is needed in the future global health security architecture.

But, for as long as the current pandemic continues, everyone, everywhere will remain at high risk of a new Variant of Concern (VoC) and our global economic recovery will remain fragile. The world cannot afford to let its guard down now. We must ACT now and ACT together to end the COVID-19 emergency as soon as possible.

[2] Estimating excess mortality due to the COVID-19 pandemic: a systematic analysis of COVID-19-related mortality, 2020–21 - The Lancet.

KEY DRIVERS OF THE ACT-ACCELERATOR'S WORK

As a global effort founded on the principle of solidarity, the ACT-Accelerator creates impact through the coordinated and synergistic work of its agencies, donors, implementing governments, civil society organizations, foundations, scientists, and industry partners. It works across the value chain—from R&D and product assessment to market shaping and manufacturing, procurement, demand generation, and in-country delivery—to develop and deploy COVID-19 tools for everyone, everywhere.

Collaboration, financing, political engagement, agencies coming together within and across the pillars, and contributions of the ACT-A Facilitation Council and its Working Groups are all critical to effectively delivering COVID-19 tools worldwide. The achievements timeline (Annex 1) illustrates highlighted elements of this body of work since the 2021 Impact Report. ACT-A has the support of Heads of Government and Heads of State and has consistently fed into the G20 and G7 processes, WHO Member State initiatives on the COVID-19 crisis and pandemic prevention preparedness and response, as well as country-led initiatives, such as President Biden's COVID-19 Summit in September 2021 and the follow-up ministerial convenings.

Through unprecedented mobilization of sovereign donors, private sector, philanthropic and multilateral contributors, US$ 18.7 billion was contributed to ACT-A in the budget cycle up to October 2021. As of 6 April 2022, 1.7 billion vaccine dose donations have been announced, of which 581.4 million doses have been shipped to AMC (Advance Market Commitment) countries through COVAX. These resources have enabled the implementation of ACT-A's budgets and strategic plans.

ACT-A's work has resulted in significant steps forward, though key implementation issues remain. At the start of the pandemic, the slow delivery of financing meant that ACT-A was at the back of the vaccine supply queue, resulting in inequitable access to vaccines due to global supply constraints for nearly the whole of 2021. Furthermore, the last budget cycle closed with a financing gap of US$ 14.4 billion. This funding gap meant that people could not be tested, those in a critical condition could not access treatments and oxygen, and health workers had to expose themselves to a high risk of infection for lack of PPE. Maintaining political will is crucial to address these gaps, complemented by technical assistance and advocacy.

With the required inputs in place, we have a historic opportunity to meet the needs of all: to end the COVID-19 pandemic, save lives and secure our future.

IMPACT AND OUTLOOK

ACT-A PILLARS CLOSING THE GLOBAL GAPS IN ACCESS TO COVID-19 TOOLS

Over the last two years, the world has seen unparalleled innovation, investments, and collaboration. The rapid development and rollout of new COVID-19 vaccines, treatments, tests have transformed the global fight. Despite this progress, too few countries —as well as populations living in humanitarian contexts— have sufficient access to these life-saving tools. Equipping everyone everywhere with the vaccines, tests, treatments and PPE they need remains our best shot to truly end this pandemic once and for all.

VACCINES PILLAR

***As the Vaccines Pillar, COVAX**'s overall goals are to accelerate the end of the acute phase the COVID-19 pandemic and support countries' needs and goals to control the disease and reopen society in 2022, focusing first and foremost on ensuring vaccination of the highest and high priority-use groups. In light of the WHO target for countries to vaccinate 70% of their population, COVAX aspires to enable full vaccination of all adult and adolescent populations globally, including boosters for priority groups as per updated SAGE guidance. COVAX is co-led by the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, the Vaccine Alliance, the World Health Organization (WHO), and UNICEF, guaranteeing fair and equitable access to COVID-19 vaccines in every country. PAHO/WHO works as a procurement partner for COVAX in the Americas.*

Vaccination is one of the best ways to reduce hospitalizations and mortality, and safeguard societies. Today, **vaccine access is highly inequitable with coverage ranging from 1% to over 70%, depending largely on a country's wealth**.

Funds provided for delivery, cumulative from 2021

US$ 1 657 million

Doses secured, confirmed or donated through COVAX (not SFP)

2.8 billion

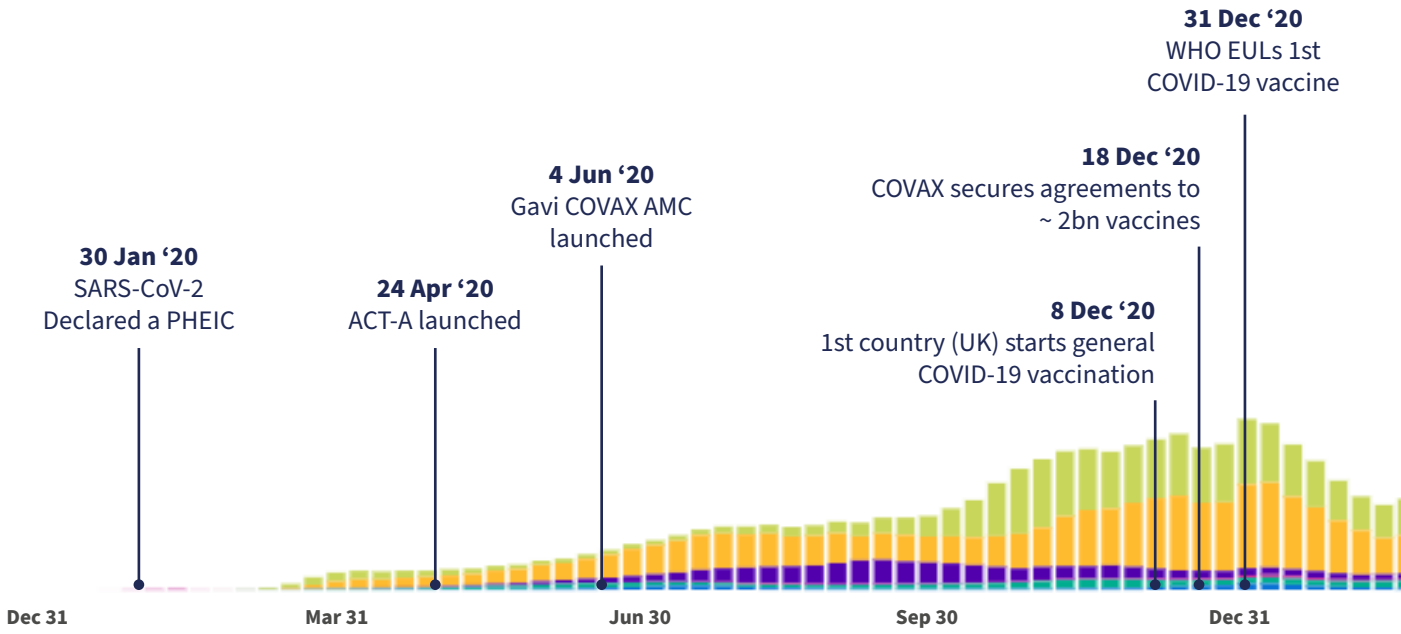
Doses delivered through COVAX

1.4 billion

Vaccines receiving R&D support from COVAX

14

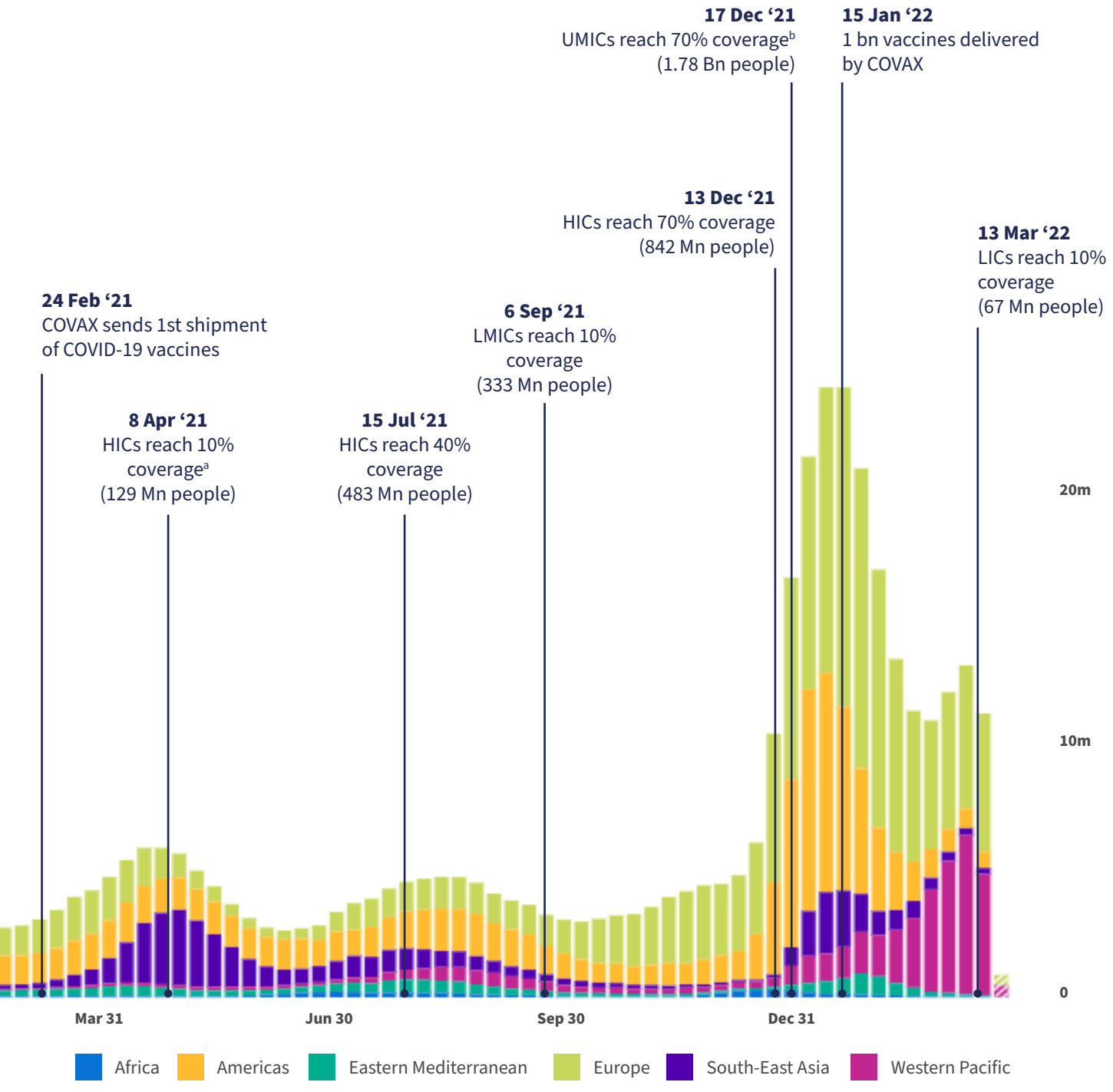
Sources: Data are up to March 31, 2022. COVAX and UNICEF COVID-19 vaccine market dashboard.



[a] Coverage reflects percent of people in the respective country income group that have completed primary COVID-19 vaccination;
[b] China started reporting the number of people vaccinated with two doses only at the end of July 2021 so the percentage of UMICs population vaccinated with 2 doses jumps from 7% on July 26th, 2021 to 44% on July 27th, 2021.

Timeline of major COVID-19 vaccine milestones since Dec 2020

Number of new COVID-19 cases reported each week from 30 Dec 2019 to 28 Mar 2022



https://covid19.who.int, accessed 28 Mar 2022

Since February 2021, the COVAX Facility has delivered over 1.4 billion doses of vaccine to 145 countries and territories and has helped 92 lower income countries eligible for donor-funded vaccines through the COVAX Advance Market Commitment (AMC) protect, on average, 43% of their population with two doses.

COVAX's supply was severely constrained and unreliable for most of 2021. In the critical months during which COVAX was created, signed on participants, pooled demand, and raised enough money to make advance purchases of vaccines, much of the early global supply had already been bought by wealthy nations. The lack of the early funding essential to purchasing the first doses available, supply subsequently being directed at surges, and manufacturing and regulatory delays curtailed the ability of AMC countries to adequately plan and scale up vaccination campaigns as efficiently as high-income countries.

Today COVAX has a supply of vaccines that is sufficient to help countries meet and, if they choose, exceed their current targets. COVAX will continue to work with partners to leverage demand and supply-side opportunities to both maximise coverage, prioritising those most at risk, and manage gaps between supply and demand.

To address the urgent challenges of turning vaccine doses into vaccinated, protected communities, in January 2022, COVAX partners WHO, UNICEF and Gavi launched the COVID-19 Vaccine Delivery Partnership (CoVDP), an inter-agency initiative building on existing resources to accelerate vaccination coverage in countries that face the biggest challenges to reaching their vaccination targets. With absorption and storage capacity at their limits, those furthest behind in coverage now require deeper, tailored support to identify and overcome delivery bottlenecks – particularly low-income countries with broader health systems challenges.

The CoVDP primarily supports the 34 countries that were at or below 10% coverage in January 2022 and provides urgent, concerted support to a small, rotating list of 10 countries. These countries are already making progress . After just three months, 15– nearly half – have already made it over the 10% threshold.

In addition to supporting the procurement, delivery and roll out of vaccines, COVAX agencies and partners, including in the ACT-A Facilitation Council, are helping address key vaccine manufacturing bottlenecks to help increase overall supply. For example, CEPI and the COVAX Manufacturing Task Force established an input supply marketplace to facilitate the trade of supplies necessary to create vaccines. WHO, with support from COVAX partners and the Medicines Patents Pool, established a mRNA technology transfer hub, with multiple spokes across the world to secure diverse geographical production of vaccines.

UNICEF, with funding from Gavi and COVAX, procured, delivered and installed ultra-cold units for mRNA vaccine storage and cold chain equipment to support vaccine storage capacity and delivered over 1 billion auto-disable (AD) syringe to roll out COVID-19 vaccines.

Together these ACT-A supported initiatives are helping to scale-up and scale-out vaccine manufacturing, especially in underserved geographies. This will not only facilitate access to urgently needed COVID-19 vaccines in the medium term, but it will also build the foundations needed to enable access to other vaccines that may be needed in the future.

[3] The initial selected countries were Afghanistan, Burkina Faso, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Nigeria, Sierra Leone, Somalia and Sudan.
[4] The CoVDP is working with countries to understand bottlenecks to vaccination, and support them to access urgent operational funding, technical and surge assistance, political engagement and demand and supply planning required to plan, implement and scale their vaccination response and monitor progress towards targets.

FORGING AGREEMENTS WITH INDIGENOUS COMMUNITIES IN COLOMBIA TO FACILITATE VACCINATION

In Colombia, the Health Secretariat of Leticia - the capital of the Amazonas department - is tasked with bringing COVID-19 vaccines to 136 indigenous communities, which are primarily accessible only through long river journeys. Rumours abound, ranging from vaccines turning people into alligators to the objective of pharmaceutical companies purportedly being to steal indigenous DNA.

Together with the country's government, the health authority decided to enlist the Pan American Health Organization (PAHO) – COVAX's delivery partner in the Americas region – for support in entering into dialogue and consultation with local indigenous authorities to secure entry, as a first step.

PAHO has subsequently gained access to these communities to increase the capacity of health services during emergencies, strengthen community-based public health surveillance and context-specific approaches to preventing COVID-19, with an emphasis on improving access to and acceptance of vaccination.

For the Amazonian indigenous people, words can be forgers of life, underscoring the importance of the agreements PAHO has forged, which have paired vaccinators with wise women, midwives and indigenous translators to explain what COVID-19, what the vaccine is and why prevention of COVID-19 is important in that particular environment. Such voices are key to overcoming misinformation and enabling people to freely make informed decisions about vaccination.

Source:

https://www.paho.org/en/stories/sweet-words-vaccination-advances-colombian-amazon

© PAHO / Karen González

DIAGNOSTICS PILLAR

*The **Diagnostics Pillar** has an overall objective to significantly increase access to COVID-19 tests and sequencing, which will ensure effective test, trace, isolate, and treat strategies, as well as early identification and containment of new variants. The Diagnostics Pillar is co-convened by FIND, the global alliance for diagnostics and the Global Fund, with WHO leading on regulatory, policy, product procurement, and allocation. The Diagnostics Pillar works with 50 global health partners to scale up equitable access to COVID-19 diagnostic tools.*

To achieve equitable access to testing, the pillar will continue to deliver on critical priorities in LICs, LMICs, and UMICs: to ensure availability of accurate, affordable diagnostic tools through expanded local manufacturing and support for market entry, to scale procurement of diagnostic tools based on policy and the evolving evidence of their optimal use, to expand capacity for countries to deploy quality-assured diagnostic tools throughout the health system and increase community-based self-testing, with a clear link to public health interventions and to support the expansion of genomic sequencing.

Amount awarded for test purchase (The Global Fund)

US$ 972 million

Tests procured

158.3 million

Tests delivered

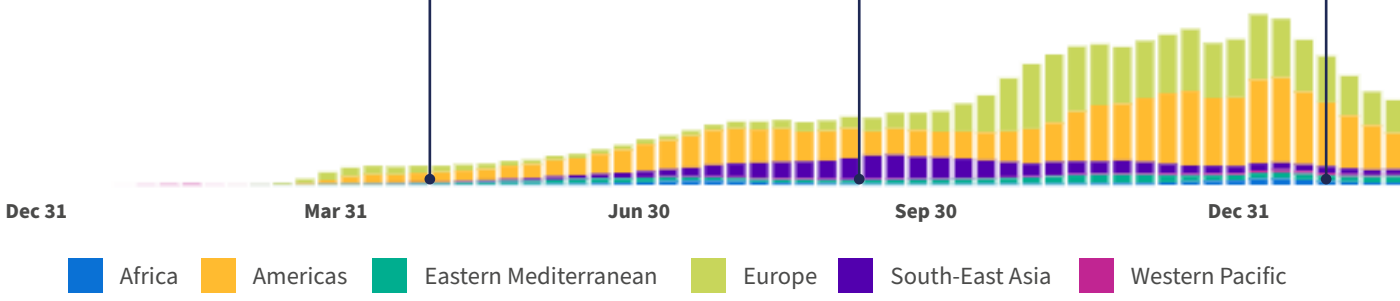
150 million

Sources: Data are up to 31 March 2022 (FIND, WHO and The Global Fund).

Jan '21
ACT-A announces high-volume manufacturing agreements to bring Ag RDT tests with potential prices < US$2.50 per test

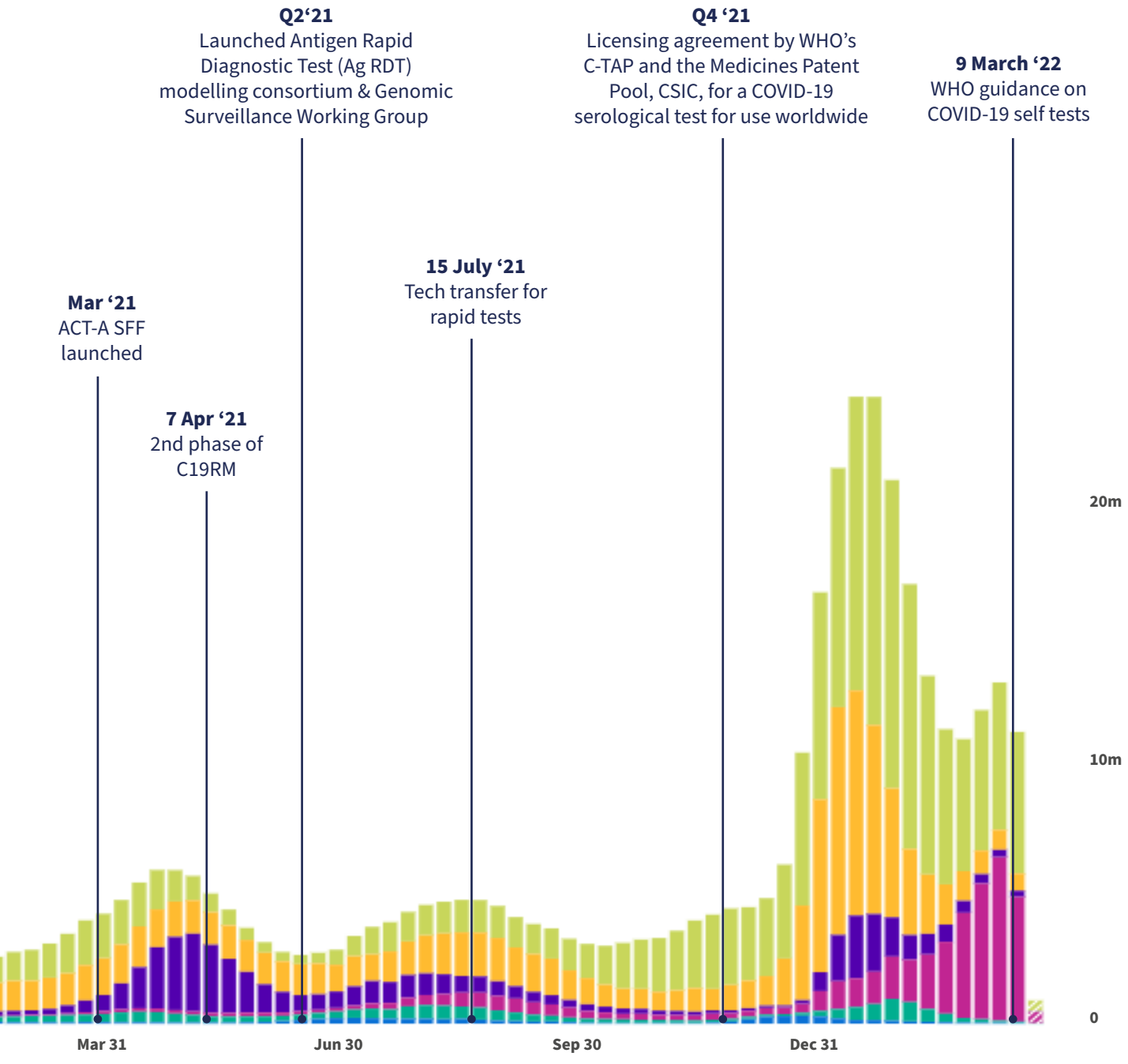
Apr '20
C19RM established

Sep '20
WHO EUL: first rapid Ag Test 120m volume guarantee for LMICs under ACT-A with a price ceiling of US$5 per test



Timeline of major COVID-19 diagnostics milestones since Dec 2020

Number of new COVID-19 cases reported each week from 30 Dec 2019 to 28 Mar 2022



https://covid19.who.int, accessed 28 Mar 2022

Ground-breaking innovation in the development and rollout of SARS-CoV-2 tests has become the backbone of our pandemic surveillance and response. Thanks to the widespread use of diagnostic tools, many countries identified surges and limited virus transmission. Capacity building by ACT-A partners to expand the use of next-generation sequencing for genomic surveillance in Southern Africa enabled the early detection of the Omicron variant. The test, trace, isolate, and treat strategies enabled effective disease containment and linked identified patients to effective treatments, saving thousands of lives. However, massive testing inequity has been a constant feature of the COVID-19 pandemic: of the more than 3 billion tests performed across the world, only 0.4% of these have been performed in LICs though they comprise 7.8% of the global population. As of March 2022, only 21.7% of tests administered worldwide have been used in low and lower-middle income countries, despite these countries comprising 50.8% of the global population. These disparities in testing coverage rates raise obvious questions about our ability to monitor and assess the trajectory of the pandemic and direct response efforts.

Moreover, since January 2022, testing rates have also decreased around the world and remain far below the global target of 100 tests per 100,000 population per day everywhere outside high-income countries. Not only is testing crucial for informing appropriate clinical care pathways, new analytics and modelling of testing rates have shown a clear correlation between the number of tests carried out and our ability to detect emerging variants. According to this analysis, conducted by the Diagnostics Consortium and FIND, testing levels need to reach at least 100 per day per 100,000 people to enable the early identification of new variants. These findings further reinforce the importance of sustaining overall momentum to reach the global testing targets as a matter of global health security.

A key priority of the Diagnostics Pillar is to diversify supply by supporting emergency use listing of additional tests and deploying priority market-shaping interventions to support expanded access to diagnostics. To date, the pillar procured over 156 million COVID-19 tests for LICs and LMICs, reached several agreements with regulatory authorities plus five WHO EUL suppliers of COVID-19 Ag-RDTs, achieving significant price reductions, ranging from US$ 1.00 to US$ 2.00 per test or less, for LICs and LMICs. The pillar has also supported the self-testing market through needs assessment, identification of critical use cases, market segments and market sizing for LMICs, and study of patients‘ perspectives in nine countries.

FIND is investing US$ 21 million to help bring to LMIC markets affordable, point-of-care, molecular diagnostics platforms that can detect multiple pathogens (including COVID-19) with a single sample. The companies selected after an RFP process launched in August 2021 are Biomeme (US), Bioneer (South Korea), Qlife (Sweden) and SD Biosensor (South Korea).

Expanding genomic surveillance programmes is another critical area of focus for the Pillar. Key achievements include building capacity to expand the use of next-generation sequencing for genomic surveillance in Southern Africa that enabled the early detection of the Omicron variant and launching of a cross-pillar genomic sequencing task force to address issues of high variability in costs, which has initiated discussions with suppliers to improve access to sequencing diagnostics.

GRASSROOTS GENOMIC SEQUENCING IN INDIA

In India, FIND partnered with the Institute of Genomics and Integrated Biology (CSIR-IGIB) to boost sequencing capacity across the country. The partnership aims to decentralize genomic surveillance of SARS-CoV-2, down to the district level, by setting up "MicroLabs" that enable sequencing, analysis and interpretation of sequencing data with minimal turnaround time in places with limited infrastructure.

As risk of a new variant of concern remains, the importance of point-of-care genome sequencing to track the evolution of the virus is also rising. The ACT-Accelerator has a track record of providing support to facilitate variant detection. It helped build the capacity to expand the use of next-generation sequencing for genomic surveillance in Southern Africa, which enabled the early detection of the Omicron variant.

In addition to helping detect variants, conducting genomic sequencing at a more local level also improves understanding of the mutations underlying vaccination breakthroughs, which can ultimately inform the development of new vaccines and identification of who might still be at high risk, even after vaccination.

Building point-of-care sequencing capacity also bolsters both short- and long-term pandemic preparedness. In India, the Microlabs are forming part of a 'hub-and-spoke' model of genomic surveillance, focusing on high-priority sequencing, while MegaLabs can process a high number of samples rapidly and cost-effectively.

The MicroLabs are hosted by three leading academic and research institutions: Maharshi Dayanand University, Rohtak; North-East Institute of Science And Technology, Jorhat; and Central Drug Research Institute, Lucknow. Their focus is catering to rural populations, where healthcare services and surveillance programs are still nascent.

© FIND

Since January 2022, approximately 700 genome samples have been sequenced and data associated with over 500 genomes have been uploaded on GISAID – an initiative that promotes the rapid sharing of data associated with all influenza viruses and the virus causing COVID-19.

Sources:

https://www.finddx.org/newsroom/pr-06dec21/

Omicron/Southern Africa info taken from: https://www.who.int/news/item/09-02-2022-act-accelerator-calls-for-fair-share-based-financing-of-usdollar-23-billion-to-end-pandemic-as-global-emergency-in-2022

THERAPEUTICS PILLAR

*The **Therapeutics Pillar** supports the development of, and access to, safe and effective therapeutics to save millions of lives from COVID-19 and to minimize its global health and economic threat. The Therapeutics Pillar is co-led by Wellcome and Unitaid and supported by WHO. The Global Fund, UNICEF, and WHO have led procurement and deployment of COVID-19 therapeutics, including oxygen and related products, with support from Unitaid on market interventions to lower oxygen prices and address supply bottlenecks.*

The Therapeutics Pillar aims to treat up to 120 million of these cases (6-8 million severe and 113 million mild/moderate), focusing on LICs, LMICs and UMICs. To achieve this target, the Therapeutics Pillar will focus on delivering three key priorities: to deploy existing treatments including medical oxygen and corticosteroids to 6-8 million severe and critical patients; to enable access to new therapies, including new oral antivirals, for up to 113 million treatment courses for mild and moderate cases, including at-risk procurement for up to 28 million highest risk patients, and to enrich the therapeutics clinical pipeline to broaden the effective portfolio, especially for outpatient treatment, including combinations of therapeutics. There is a major focus on test and treat strategies to support delivery and uptake of new oral antivirals.

Amount awarded for therapeutics and other hospital equipment (The Global Fund)

US$ 184 million

Medicines procured

US$ 9 million

Medicines delivered

US$ 7.9 million

Funds awarded to countries for medical oxygen (The Global Fund)

US$ 560 million

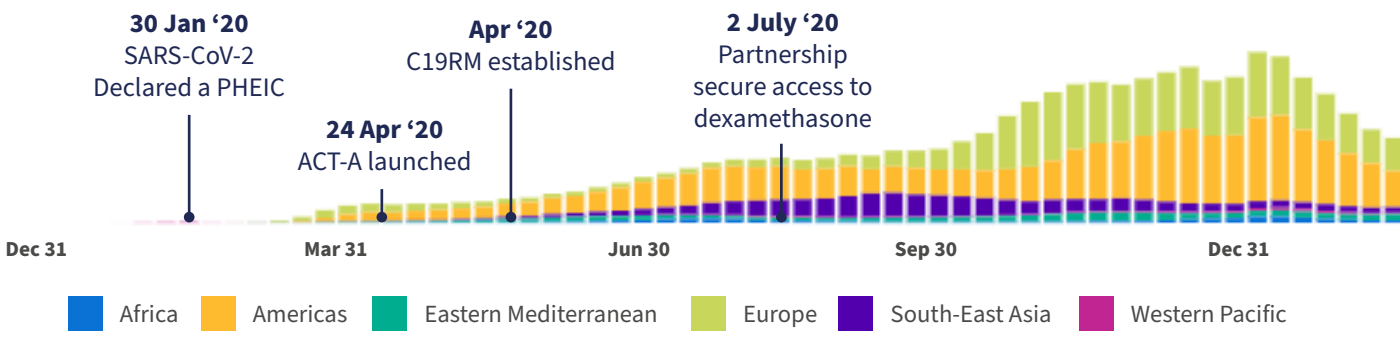
Oxygen supplies procured

US$ 284 million

Oxygen supplies delivered

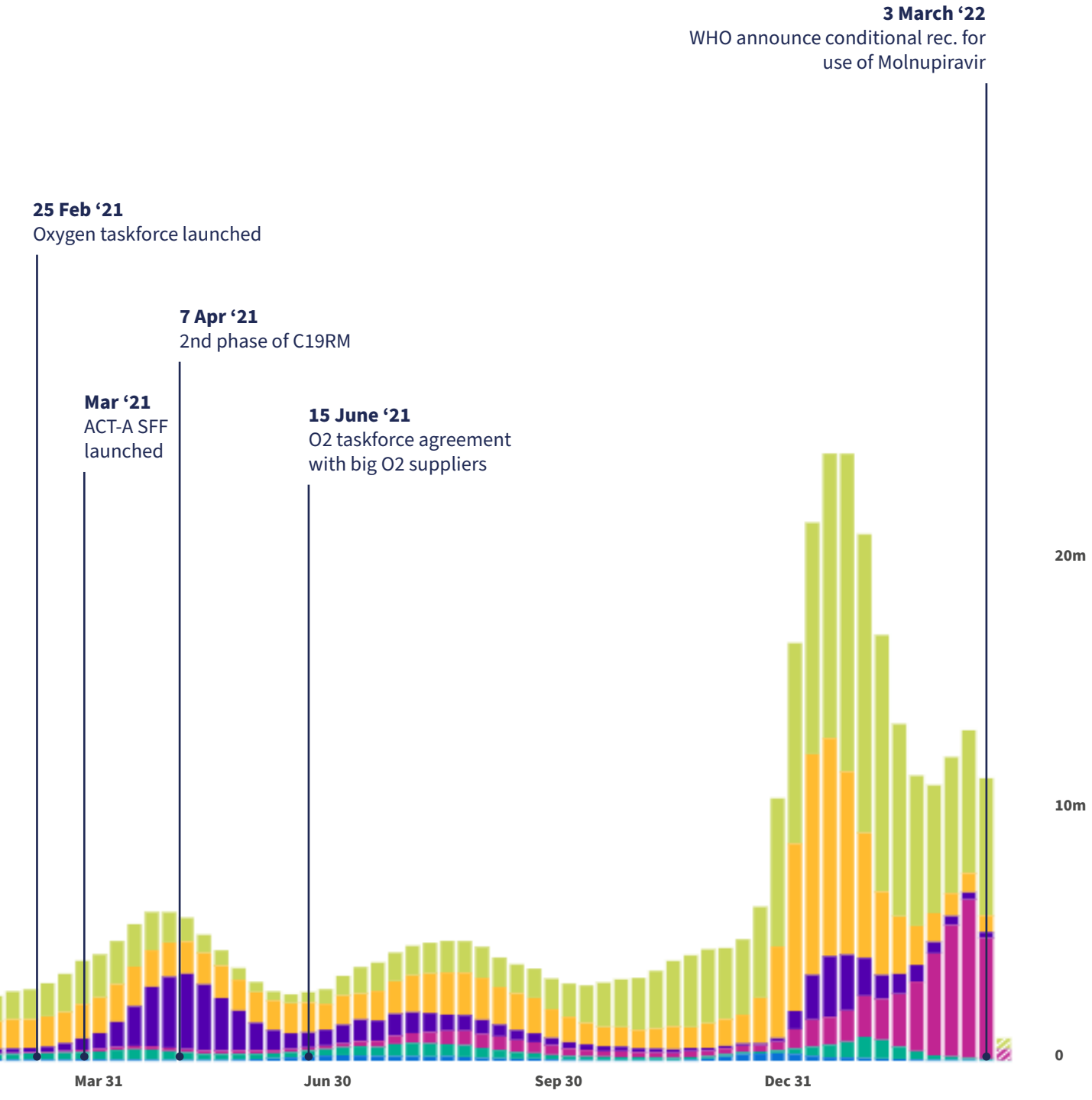
US$ 187 million

Sources: Data are up to 31 March 2022.



Timeline of major COVID-19 therapeutics milestones since Dec 2020

Number of new COVID-19 cases reported each week from 30 Dec 2019 to 28 Mar 2022



https://covid19.who.int, accessed 28 Mar 2022

© UNICEF / Pierre Michel Jean

Therapeutics remain critical in our COVID-19 response, in the face of an evolving pandemic and difficult large-scale uptake of vaccines. Medical oxygen and corticosteroids, among other existing options, are mainstay treatments for severe and critical COVID-19. With key challenges surrounding the supply chain and workforce management, pricing, and infrastructure, the ACT-A Therapeutics pillar is working hard to increase the uptake of products and promote equitable access to novel therapies, particularly in LICs and LMICs.

Although the course of the pandemic is difficult to predict, it has been estimated that 200 million COVID-19 cases could be expected globally this year because of potential new variants or continued transmission.

New options for decentralized, outpatient treatments have become available with the development of effective oral antivirals giving hope for a paradigm shift in the COVID-19 response. These treatments have the potential to be implemented at scale, change care-seeking behaviour, reduce hospitalizations and ease the burden on health systems.

ACT-A partners supported research that identified dexamethasone as the first life-saving treatment for COVID-19 and provided guidance on its use. Since the pandemic began, UNICEF, including via a joint advance purchase with Unitaid, has delivered over 30.4 million dexamethasone tablets and ampoules to 47 countries.

In April 2022, WHO issued a strong recommendation for oral antiviral nirmatrelvir/ritonavir (PAXLOVID), for mild and moderate COVID-19 patients at highest risk of hospital admission. This followed a conditional recommendation in March 2022 for molnupiravir, another antiviral which may reduce the risk of hospitalisation and time to resolve symptoms. Four more therapeutic options are under assessment by WHO. The ACT-A Therapeutics Pillar and partner organizations are working actively with countries and the private sector to initiate generic production of molnupiravir and nirmatrelvir/ritonavir in LICs and LMICs. This process will be fast-tracked by developing a licensed generic manufacturing base.

Voluntary license agreements have been secured via the Medicine Patent Pool with originators of oral antivirals, enabling a robust generic supply base for almost 100 LICs and LMICs.

An initial supply of these new antivirals for LICs/LMICs is also being secured through ACT-A procurement channels, with appropriate allocation mechanisms to ensure their equitable allocation when in scare supply. In late 2021, UNICEF established several supply agreements for molnupiravir, including for up to 3 million treatment courses from MSD. In March 2022, UNICEF signed a supply agreement with Pfizer for the procurement of up to 4 million treatment courses of PAXLOVID for deployment in 95 countries. In parallel to these procurement efforts, ACT-A partners are conducting country readiness assessments and providing support to countries in introducing these new treatments into clinical care pathways, via test and treat pilots in 22 LMICs. This will inform scale up and delivery more broadly.

In addition to work on securing equitable access to new COVID-19 oral antivirals, the delivery of medical oxygen was advanced in 2021, when Unitaid and CHAI signed Memoranda of Understanding with two major gas companies, Air Liquide and Linde Group. The Oxygen Taskforce has been working with countries to leverage these agreements and secure oxygen supply at competitive prices for their COVID-19 needs. This has included the repair of key infrastructure, PSA plants and concentrators.

To establish a sustainable source of medical oxygen in LMICs, UNICEF developed the first complex Oxygen Plant System (Plant-in-a-Box). The Oxygen Plant is equipped to produce large volumes of medical-grade oxygen for patients, including accessories supplied in the right quantities, installation of equipment, and pre-planned maintenance services. Since the very first plant in Uganda, UNICEF has now procured 44 Oxygen Plant-in-a-Box packages in 30 countries. In addition, two liquid medical oxygen (LMO) agreements were established in 2022 to ensure a continuous supply in LMICs.

THERAPEUTICS: SPOTLIGHT ON THE ACT-A OXYGEN EMERGENCY TASKFORCE

Throughout the COVID-19 pandemic, affordable and sustainable access to medical oxygen has been an ever-present challenge in low- and middle-income countries. Against the backdrop of widespread oxygen shortages around the world, the ACT-A Oxygen Emergency Taskforce was launched on 25 February 2021.

Chaired by Unitaid, the taskforce has brought together UN, donor and NGO partners to assess the oxygen needs in low- and middle-income countries, support oxygen-related funding requests to the ACT-Accelerator, procure oxygen products, and increase access to oxygen in LMICs.

Oxygen is an essential medicine, and despite being vital for the effective treatment of hospitalised COVID-19 patients, access in LMICs has been constrained due to cost, infrastructure and logistical barriers.

Since the beginning of 2021, taskforce members mobilised around over US$700 million in grant financing to help LMICs avert oxygen shortages and ensure that oxygen was front and centre of the COVID-19 response.

Joint efforts by Taskforce members resulted in:

- Around 70 LMICs receiving funding of more than $500 million from the Global Fund's C19RM programme to purchase oxygen supplies
- More than 120 countries receiving technical and operational support from WHO and UNICEF, delivering oxygen plants, concentrators, cylinders and other vital infrastructure
- Ground-breaking agreements - brokered by Unitaid and CHAI - with the world's biggest medical oxygen suppliers, Air Liquide and Linde – these have since been operationalized to provide oxygen to 13 countries in Africa and South East Asia
- Unitaid investing $US 27 million to NGOs ALIMA, PATH, Partners in Health, EGPAF and CHAI, as well as the WHE, for catalytic interventions to rapidly establish COVID-19 treatment facilities in West Africa, distribute pulse oximeters, and improve the oxygen market by putting up collateral for emergency oxygen access and equipment stockpiling.
- Price reductions of 15% for bulk liquid oxygen and between 10-50% reductions in filled cylinder pricing.

© WHO / Ismail Taxta

- Additional US$56m invested by Unitaid to rapidly improve equitable access to medical oxygen and strengthen future pandemic response by supporting the work of ALIMA, the Clinton Health Access Initiative (CHAI), Partners in Health (PIH), and the WHO Health Emergencies Programme.

As a result of the critical work of the Taskforce in 2021, many LMICs entered 2022 with a far greater capacity to meet the oxygen needs of COVID-19 patients. Despite causing less severe disease, the sheer scale of transmission of the Omicron variant has driven hospital admissions to record highs in many countries, increasing the need for oxygen.

Oxygen therapy remains the first line of treatment for those with severe and critical COVID-19 in low-resource settings and the ACT-A Oxygen Emergency Taskforce has demonstrated that it can work effectively with LMIC governments and their local partners to increase access to medical oxygen in hospitals, ensure safe oxygen therapy to patients, and support staff to operate and maintain the equipment.

Investments made via the Taskforce will not only help countries reduce COVID-19-related deaths but will strengthen health systems for the long term, helping countries make progress on many of their Sustainable Development Goal targets, including reducing deaths among newborns, children, women in childbirth, and adults with both communicable and non-communicable diseases. Even before COVID-19, pneumonia was the world's biggest infectious killer of adults and children, claiming the lives of 2.5 million people in 2019.

Source:

https://unitaid.org/news-blog/the-act-a-oxygen-emergency-taskforceone-year-on

HEALTH SYSTEMS & RESPONSE CONNECTOR (HSRC)

*The **Health Systems and Response Connector (HSRC)** ensures all countries have the necessary technical, operational, and financial resources to translate new COVID-19 tools into national response interventions to stop transmission and save lives. The HSRC is co-convened by the World Bank, the Global Fund, and WHO, with support from the Global Financing Facility (GFF) and UNICEF; it serves as a common link with existing technical and financing country partners and platforms in low- and lower-middle-income countries.*

To maximize the impact of ACT-A Pillars, HSRC will continue to focus on delivering these critical priorities: To support countries in planning, financing, and tracking delivery against targets; to provide coordinated technical, operational, and financial support to countries to ensure the translation of tools into effective health interventions, complementing the work of the product Pillars, while maintaining essential health services and to enable the delivery of national Strategic Preparedness and Response Plans, and protect the health system and health workforce.

Funds awarded to countries for PPE (The Global Fund)

US$ 767 million

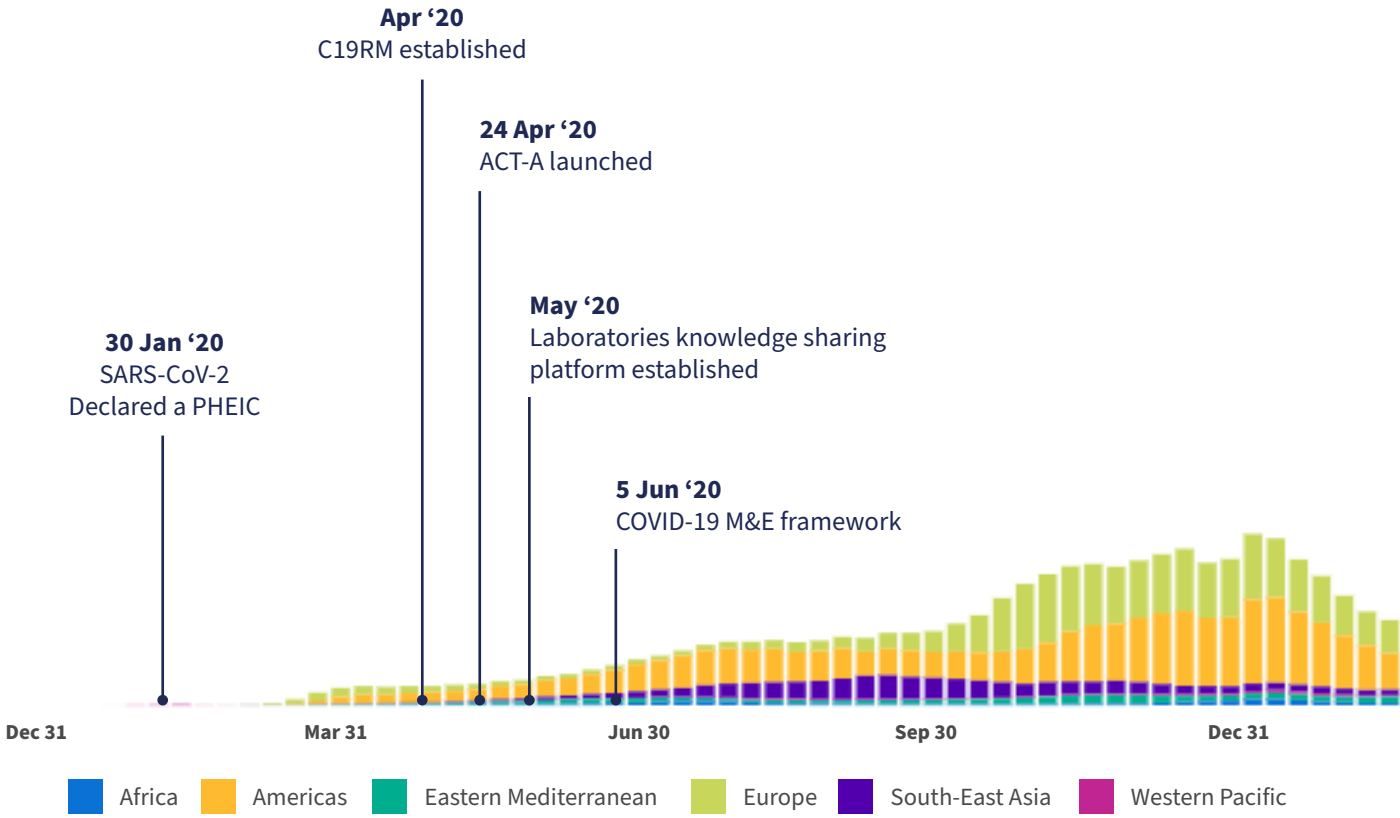
PPE procured

US$ 536 million

PPE delivered

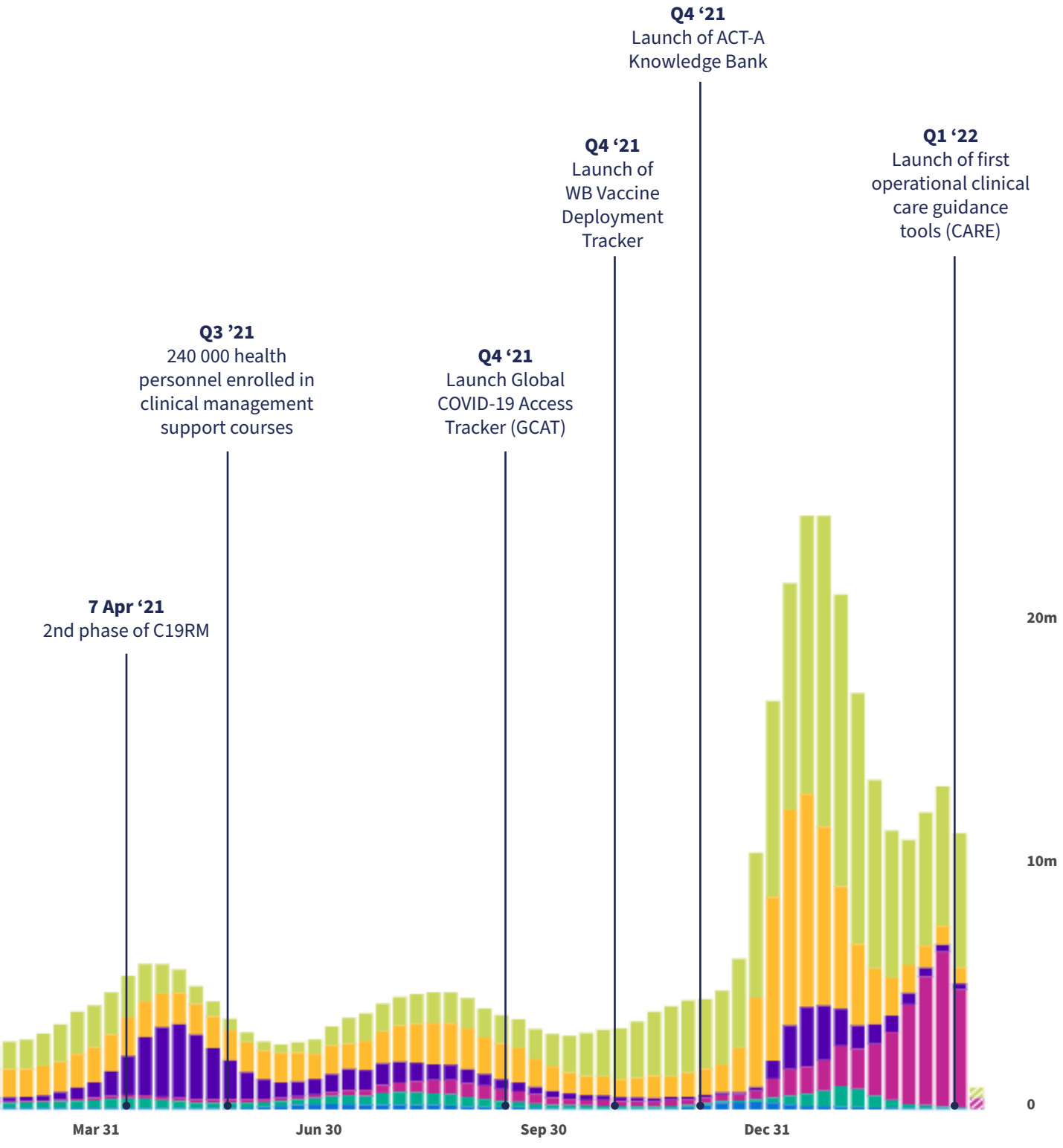
US$ 463 million

Sources: Data are up to 31 March 2022.



Timeline of major COVID-19 HSRC milestones since Dec 2020

Number of new COVID-19 cases reported each week from 30 Dec 2019 to 28 Mar 2022



https://covid19.who.int, accessed 28 Mar 2022

The COVID-19 pandemic has led to a change in health care-seeking behaviour in many countries. People-centred risk communication and community engagement (RCCE), appropriately adapted to local contexts is critical to building trust in, and promoting uptake of, COVID-19 tools. Evidence-based RCCE interventions are a critical part of the pandemic response, breaking the chain of SARS-CoV-2 transmission and mitigating the negative impacts of the pandemic.

To increase uptake and maximize the impact of COVID-19 tools, country health systems, communities, and healthcare workers must be supported in prioritizing needs, securing financing, and effectively translating tools into public health and clinical interventions. This requires technical and operational assistance and integration of COVID-19 initiatives into broader national health plans.

The HSRC provides a two-pronged approach with a strong country focus. First, it contributes to product-specific targets of other ACT-A Pillars through strengthening national response mechanisms, overcoming health systems bottlenecks - including gender barriers and barriers faced by vulnerable population groups - and putting communities and users at the centre through tailored RCCE interventions. Together with the Multilateral Leaders Task Force, the Global COVID-19 Access Tracker was developed to track progress against global targets.

Critical to this, is also safeguarding and maintaining essential health services, such as routine childhood immunization, while scaling-up COVID-19 tools. Secondly, it seeks to cover the PPE needs to protect all essential health and care workers. This means providing high-quality PPE to over 2.7 million health and care workers, including the community health workers who play such a vital role in many countries' health systems.

In addition, the HRSC provides critical knowledge support to countries through a learning and knowledge-sharing platform, enabling countries to present country-level know-how of health systems strengthening as they respond to COVID-19. Topics range from protecting the health workforce, addressing supply chain bottlenecks, health financing, frontline services assessments, and the value of community engagement in the pandemic. In October 2021, the ACT-A Knowledge Bank was created which hosts tools, guidance notes, technical briefs, and case studies produced by ACT-A partner agencies.

SUPPORTING HEALTH SYSTEMS AND THE COVID RESPONSE IN ZAMBIA

Supporting governments to assess needs and plan for COVID-19 surges, as well as the roll out of COVID-19 countermeasures to combat those surges, is vital to supporting health systems during the pandemic. In Zambia, a contribution of nearly US$675,000 for ACT-A supported WHO Zambia to conduct two rounds of frontline health service capacity and readiness assessments at more than 300 health facilities, examining the current COVID-19 case management capacity and how the continuity of essential health services was being impacted by the pandemic. The funding also facilitated assessments of community needs and perceptions, COVID-19 prevention measures, and overall health service resilience.

The grant has also enabled WHO and the Global Fund to support the Ministry of Health (MoH) to conduct a harmonized health facility assessment in 3229 health facilities in urban, rural, public, private and NGO hospitals, health centres and health posts across the country. Such monitoring of service availability, access barriers, use of health services and health outcomes at all levels is critically important for anticipating and introducing adaptations to service delivery as SARS-CoV-2 transmission increases and/or new variants emerge. Overall, the Global Fund has awarded about $6 million to Zambia for urgent improvements in health and community systems of the total $97 million funding to Zambia through C19RM. Since the pandemic began, UNICEF has shipped nearly 15.6 million items of personal protective equipment (PPE), 699,354 diagnostic tests, 430 oxygen concentrators and 420,000 tablets or ampoules of dexamethasone to support the COVID-19 response in Zambia.

HSRC pillar partner The World Bank also supported Zambia with $44 million in financing for the initial emergency health response and for the purchase and deployment of vaccines and health system strengthening measures. This includes $15 million in grants from the Global Financing Facility (GFF) for maintaining essential maternal and child health and nutrition services and surge capacity for the health workforce.

The multilateral response in Zambia is a key example of how ACT-A Therapeutics Pillar agreements with liquid oxygen companies have been effectively operationalized by countries to support their pandemic response. Traditionally, Zambia's health facilities have relied on Pressure Swing Adsorption (PSA) plants for oxygen supply, which were struggling to cope with the volumes of oxygen required to support COVID-19 patients. Through the memoranda of understanding brokered by Unitaid, NGO partners CHAI, AFROX (a subsidiary of Linde Group) and the Ministry of Health of Zambia worked together to increase the production and availability of medical oxygen when it was most needed during their third COVID-19 wave. The Ministry of Health secured the refilling of 10,000 oxygen cylinders through CHAI, guaranteeing 10 weeks of refills. This initial order and guarantee incentivized the Lusaka industrial gas plant to switch industrial supply to medical supply, and at the same time AFROX agreed to convert additional industrial cylinders to medical standards. CHAI Zambia has since signed an agreement with AFROX Zambia for the installation of a tank at Lusaka's Levy Hospital with 6 months' refills.

In addition to this vital health systems support, Zambia has received more than 6 million doses of vaccine through COVAX, with vaccination rates picking up in the first quarter of 2022.

CLOSING ACT-A'S URGENT FINANCING GAP TO SECURE THE FUTURE

ACT-A Investment Case

Since the beginning of the pandemic, COVID-19 has killed millions. In 2021, deaths increased by 130% compared to 2020, and 57% of excess deaths occurred in lower-middle income countries, where access to COVID-19 tools is low[5].

Beyond health impacts, COVID-19 has disrupted all areas of life, including the economy, education, and the fight against climate change. 92% of countries report disruptions in essential health services[6]; 1.6 billion students have missed out on school[7]; an additional 163 million people are living on less than US$ 5.50 a day[8]; investment in clean energy has decreased by 11%[9]; and the IMF projects a global output loss of US$ 5.3 trillion over the next 5 years[10].

Investing in ACT-A is a no-regrets move for donors for three main reasons: firstly, as the pandemic continues, and as the death toll and the threat of new variants persist, ACT-A's work mitigates the risk of the pandemic starting again in full-force and ensures response readiness for all.

Secondly, investing in the COVID-19 response will have long-lasting impacts on global health and societies by building laboratory capacity, cold chain storage, oxygen systems, human resource training, and strengthening other health systems. In parallel to ending the COVID-19 pandemic, the investments can also support global health security by facilitating routine immunization, TB control, and test and vaccine production and delivery worldwide.

Thirdly, ACT-A is the only mechanism that brings together all major global health players across all COVID-19 tools synergistically, with a proven track record in delivering results for equitable access to COVID-19 tools. ACT-A agencies have delivered 82% of vaccine doses to LICs, and 44% to LMICs[11] and 67% of tests performed in Africa[12]. Working together, these agencies can support national governments to scale-up roll out of COVID-19 tools, while also laying the foundation for stronger systems of pandemic preparedness and response.

[5] The Economist excess death tracker, retrieved on Jan 10th 2022; Estimated cumulative excess deaths per 100,000 people during COVID-19, Jan 2022, ourworldindata.org.
[6] WHO EHS Pulse Survey Round 3, December 2021.
[7] World Bank, cumulative estimate of COVID-19 impact on school closures; December 2021.
[8] World Bank, October 2021.
[9] International Energy Agency, June 2020.
[10] IMF World Economic Outlook October 2021.
[11] COVAX UNICEF Tracker as of 8th of March 22.
[12] FIND Dx Tracker as of Jan 22th 2022).

NEAR TERM PRIORITIES AND AREAS OF FOCUS

Closing ACT-A's urgent financing gap

ACT-A is facing a financing crisis. The funding gap up to September 2022 stands at US$ 14.9 billion (as of 20 April 2022).

This gap means many people are going unvaccinated, untested and untreated, while health workers are going without PPE - risking their lives to save others. We must address this. Lives will be saved if we implement the programme laid out in the ACT-Accelerator Strategic Plan and Budget.

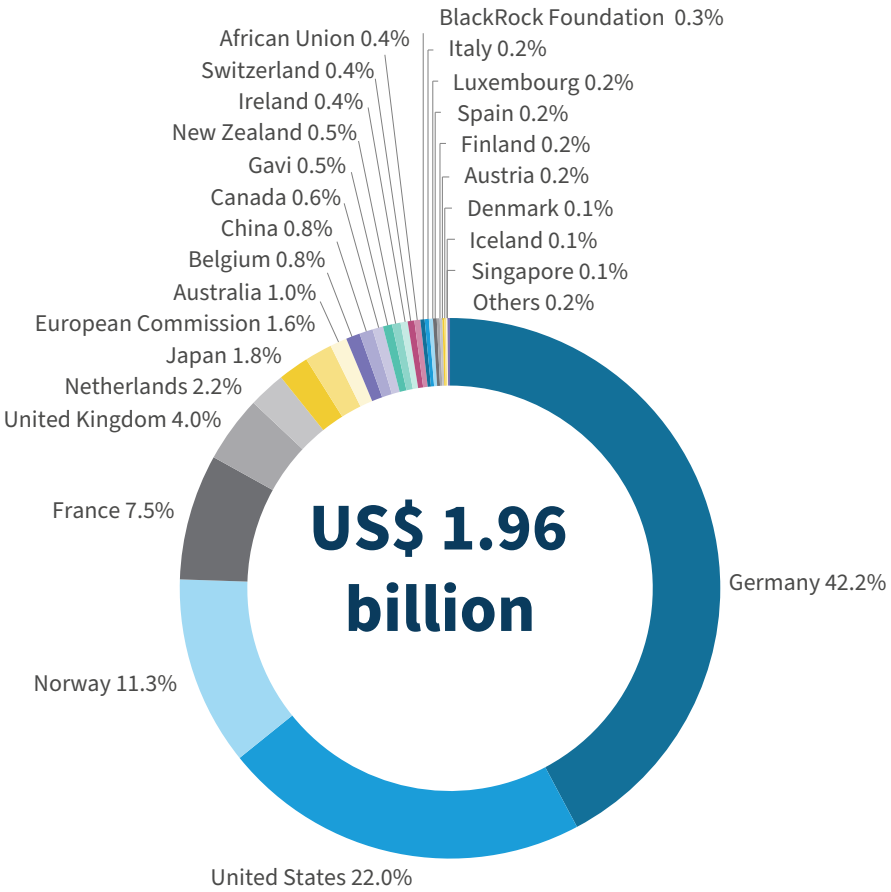
The pandemic will not end until ACT-A's work to equip the world with tools to fight the virus is done.

ACT-Accelerator partners call on the private sector and sovereign donors to contribute their fair share, as set out in the Financing Framework, launched in February 2022.

Fully funding the ACT-Accelerator will enable countries and ACT-A agencies to:

- Drive in-country rollouts to get vaccines into arms, support community engagement, create a Pandemic Vaccine Pool of 600 million doses, support community engagement, and cover ancillary costs for donations – contributing to countries' national vaccination objectives towards the global target of 70% coverage in all countries by mid-2022.

ACT-A contributions since October 29, 2021



Note: all financial commitments can be accessed at https://www.who.int/publications/m/item/access-to-covid-19-tools-tracker. All figures are rounded. All commitments since 29 October 2021 in support of the ACT-Accelerator will count towards the ACT-Accelerator Strategy & Budget for 2021-22. Contributions to Pillars are subject to FX variation.

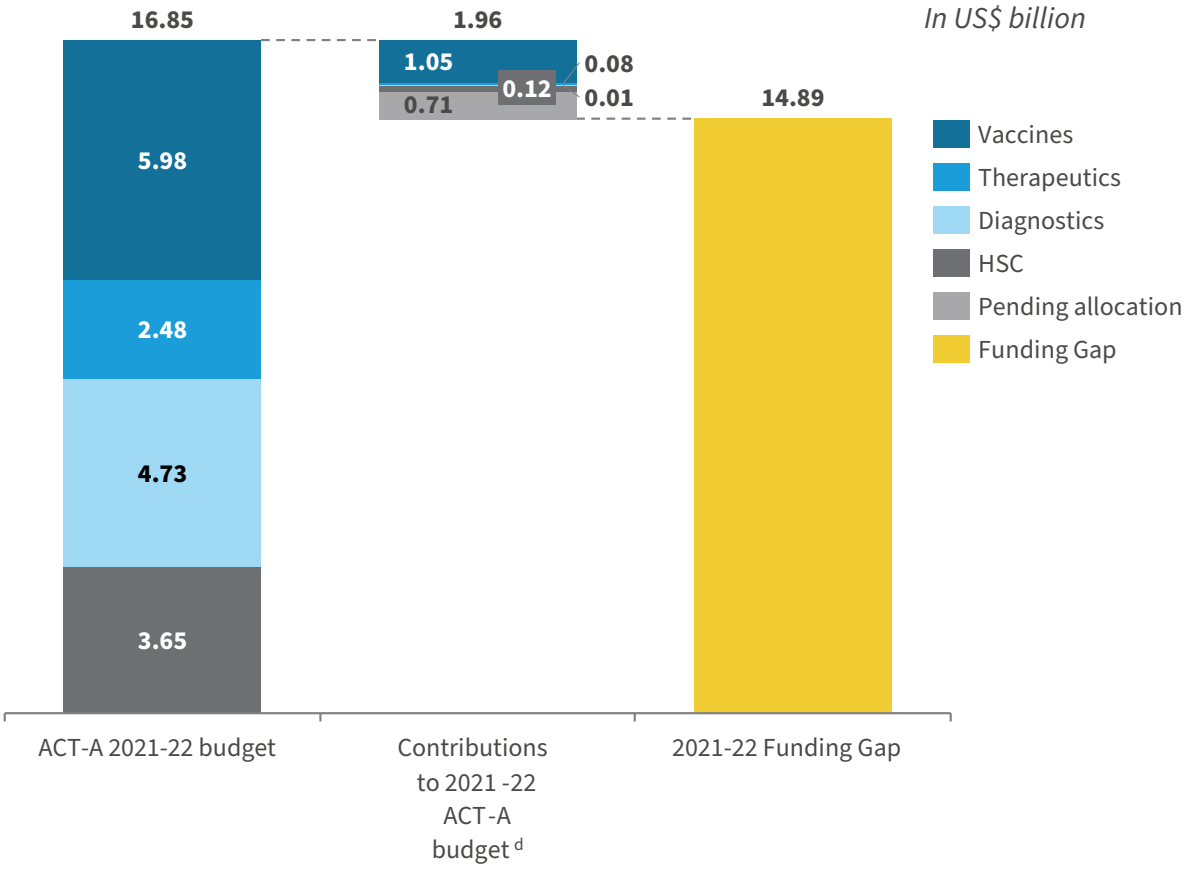
[c] Including USD 120 million from the Bill and Melinda Gates Foundation, pending attribution to Pillars.

- Purchase 988 million tests and expand sequencing capacity, enabling countries to direct public health measures, deliver more effective 'test & treat' strategies, and track how the virus evolves.
- Protect 2.7 million health workers with PPE, as well as budget and monitor ongoing needs in real-time to help identify and address bottlenecks facing rollouts of products.
- Support clinical trials for treatments and vaccines, to optimize the use of these tools and help address variants of concern.

Grant funding is channelled through the agencies, which take responsibility for their implementation and report on their use. For accountability and transparency, the Global COVID Access Tracker draws together comprehensive data on progress toward global COVID-19 targets. In addition to the ACT-A agencies' reports to their governing bodies, the ACT-A Quarterly Updates describe what has been achieved by the pillars.

A fully funded ACT-A boosts global health security, protects the economy, helps prepare for future pandemics, and saves lives. To end the pandemic, we must fully finance the ACT-Accelerator.

ACT-A funding gap for 2021/22 since October 29, 2021



[d] As per the Financial Council Financing Framework proposition.

Ensuring access to scarce tools: The pandemic has been characterized by inequity of life-saving tools. When new COVID-19 tools are developed and rolled out, and production capacity is limited to a few countries, supply can be a significant barrier to equitable access.

When the new COVID-19 vaccines were first introduced, WHO, as part of ACT-A, established a global equitable allocation mechanism to ensure that available products were distributed equitably, fairly and based on need. Today, new COVID-19 oral antiviral treatments are starting to come online. During this initial period of product scarcity, there may be a need to introduce a similar framework or approach to ensure their equitable allocation.

Further expanding local production and manufacturing capacities, for example through initiatives such as the mRNA technology transfer hub, will also bolster supply in the medium and longer-term.

Scaling up delivery and uptake in countries: As evidenced in this report, many COVID-19 tools are now becoming increasingly available, and supply is no longer a primary factor limiting access. In some settings, access is limited because overall demand for tools is low or decreasing. In other settings in-country delivery bottlenecks (e.g. linked with planning, financing, health workforce or data systems) are hampering country level uptake especially in resource constrained settings and in settings where affordable, quality primary health care was limited prior to the pandemic.

Continued support to scale up delivery and increase uptake in countries will be necessary to ensure countries continue to progress towards the global COVID-19 tools coverage targets needed to end the acute phase of the pandemic. Building off initiatives such as the test and treat country pilots and work of the CoVDP and HSRC, ACT-A partners are well-positioned to work with countries to end the acute phase of the pandemic in 2022.

In addition, as of April 1, 2022 the Global Fund had raised US$ 4.2 billion for the COVID-19 Response Mechanism. Recipient countries have used 13% of the funding available to make urgent improvements to health and community systems to help fight COVID-19, HIV, TB and malaria, including by reinforcing supply chains, laboratory networks and community led response systems.

Informing deliberations on the future global health security architecture: While there is a clear and urgent need to sustain the fight against the current pandemic, there is a growing global discourse about what needs to change in the current global health security architecture to ensure the world does not experience anything like the current pandemic ever again.

ACT-A has provided powerful proof of concept that the world needs a global end-to-end solution for ensuring the rapid development and delivery of countermeasures should a new pathogen of pandemic potential arise. While not initially set-up as a long-term solution, the ACT-Accelerator's role in the global response holds valuable lessons for the Pandemic Preparedness and Response (PPR) agenda. ACT-A was created as an ad-hoc mechanism to prioritize research and ensure equitable access to countermeasures and essential supplies, a crucial sub-system of the broader PPR landscape. To further build and strengthen this PPR sub-system for the future, ACT-A will share its experience and lessons learned, particularly on governance, operations, and financing.

CALL TO ACTION

The pandemic will not end until our work to equip the world with tools to fight the virus is done. Countries well-stocked with vaccines, tests and treatments must continue to push for equitable access to tools for others.

We have made good progress, but the work is not yet done.

A dangerous mix of low vaccination, testing and protective measures means that COVID-19 can still flare up – as we have seen it do many times before. From 2020 to 2021, COVID-19 related deaths increased 130%. This poses a threat to countries that currently have the virus under control, no matter where they are in the world.

With almost US $2 billion committed, the ACT-Accelerator now faces a US $14.9 billion funding gap.

This funding is needed to cover procurement, research and development, product assessment, and support for health systems and for the engagement of communities in the rolling out of vaccines, tests, treatments and PPE, while protecting other essential services, such as routine immunization.

COVID-19 can only be downgraded as a global threat once vaccines and new antivirals are rolled out equitably, with robust systems of testing and sequencing built up, so new variants can be detected early and responses quickly adapted, with countries acting in solidarity.

For many countries, ACT Accelerator agencies - including those that make up COVAX - are the most reliable way of supporting national governments in low and middle-income countries in getting much-needed vaccines, tests, and treatments to populations in need.

We can see the finish line. Now, we need a renewed push to fund the ACT-Accelerator. This is not an act of charity, but one of solidarity, in the security, economic and social interests of all.

2022 must be a year of recovery. We can seize the chance to act together, recover stronger and defeat COVID-19, investing not only to save lives now, but strengthen health systems for decades to come.

ANNEX - KEY MOMENTS AND MILESTONES

Two-Year Report Achievement Highlights Table: March 2021-March 2022

In its first year, the ACT-Accelerator supported the development of reliable rapid diagnostic tests for procurement within eight months of the start of the pandemic, a feat which took five years to achieve for HIV. ACT-A partners supported research that identified dexamethasone as the first life-saving treatment for COVID-19 and provided guidance on its use. COVAX made it possible for the first international vaccine deliveries in lower-income countries to take place within 39 days of the first doses being administered in high-income countries.[13]

Headline achievements from the second year of ACT-A are highlighted in the table below, while a more detailed description of the ACT-A Pillars' impact and achievements can be found in the Quarterly Updates.

SECOND QUARTER 2021: APRIL, MAY, JUNE	
POLITICAL ADVOCACY	21 May: ACT-A event as part of Global Heath Summit co-hosted by Italy and the EC, whose Rome Declaration reaffirmed G20 support of ACT-A 2 June: AMC Summit co-hosted by Japan and Gavi raised US$ 2.4 billion in pledges 11-13 June: The Carbis Bay G7 Summit Communique reaffirmed the G7's support to ACT-A and announced commitments to donate 870 million doses of vaccine by 2022, with half to be delivered in 2021
FACILITATION COUNCIL AND WORKING GROUPS	22 June: Vaccine Manufacturing Working Group first meeting to address supply issues 12 May: 6th Facilitation Council. Identified strategies & challenges for uptake of COVID-19 tools, in support of the Health Systems Connector. Provided guidance to COVAX Task Force on strategies to expand COVID-19 vaccine production Co-Chairs Outcome Statement

[13] More first-year achievements are described in the ACT-A Impact Report from 2021.

SECOND QUARTER 2021: APRIL, MAY, JUNE	
VACCINES PILLAR	Groundwork to establish regional Hubs to expand the footprint of vaccine production WHO's SAGE on Immunization developed evidence-based immunization policy recommendations, including a COVID-19 vaccine safety surveillance manual Established Implementation Monitoring Review mechanism to coordinate timely identification of country-level bottlenecks The Humanitarian Buffer operationalized and first applications received. 8 April: COVAX doses reach 100 countries or economies. By 4 June, COVAX has shipped more than 80 million vaccines to 126 countries WHO's SAGE on Immunization developed evidence-based immunization policy recommendations, including a COVID-19 vaccine safety surveillance manual
DIAGNOSTICS PILLAR	Knowledge sharing on sequencing through new ACT-A sequencing Working Group Launched Antigen Rapid Diagnostic Test (Ag RDT) modelling consortium to explore the public health impact of Ag RDTs in different settings 3rd Ag RDT listed by WHO for emergency use. The new Ag RDT was available for procurement at $2.55 per test – and thus is the most affordable product in the category (note: two other Ag RDTs sold at $4.0 and $4.2 at that time) WHO reviewed the quality of over 90 rapid tests, with many first-generation rapid tests recording poor performance. WHO developed implementation guides and country checklists on the use of rapid tests FIND worked with WHO to develop the Ag RDT training package
THERAPEUTICS PILLAR	Signed MoUs with 2 multinational oxygen suppliers to set up long-term agreements The COVID-19 Oxygen Emergency Taskforce was launched to assess and address COVID-19 surges in demand to cut preventable deaths WHO issued strong recommendations for IL-6 blockers for severe and critical patients Started ANTICOV - clinical trials in 13 African countries to test new drug combination to treat mild-to-moderate COVID-19 cases

SECOND QUARTER 2021: APRIL, MAY, JUNE	
HEALTH SYSTEMS AND RESPONSE CONNECTOR	Worked in 73 countries to build trust in new COVID-19 tools and tackle misinformation around COVID-19 WHO has developed 44 courses to support the COVID-19 response, with over 6.5 million course enrolments, and health professionals making up 28% of registered users

THIRD QUARTER 2021: JULY, AUGUST, SEPTEMBER	
POLITICAL ADVOCACY	16 August: ACT-Accelerator launched the Delta Emergency Appeal, RADAR. Rapid ACT-Accelerator Delta Response (RADAR) urgent appeal (who.int) 14-21 September: Advocacy at the UN General Assembly through the WHO Director General and agency leads, using the RADAR appeal in UNSG briefings with donor countries 22 Sept: Aligned with USA on global targets promoted through the US-hosted Global COVID-19 Summit. FACT SHEET: Targets for Global COVID-19 Summit | The White House
FACILITATION COUNCIL AND WORKING GROUPS	6 July: Facilitation Council briefing 15 July: COVAX Marketplace launched to accelerate global production of doses for COVAX 22 Sept: Facilitation Council briefing

THIRD QUARTER 2021: JULY, AUGUST, SEPTEMBER	
VACCINES PILLAR	Provided over US$ 340m, through UNICEF's ACT-Accelerator Humanitarian Action for Children Appeal in technical support and financial resources, to 113 low- and middle-income countries to prepare and roll out vaccines, with an additional US$ 13m available to support delivery in humanitarian settings Installed 174 Ultra Low Temperature (ULT) cold chain devices in 19 countries to facilitate deployment of Pfizer doses. A further 68 ULTs are in the process of being installed in 10 additional countries Launch of new financing mechanism to accelerate vaccine supply to countries WHO developed an online COVID-19 vaccine introduction toolkit, providing a 'one-stop-shop' for resources on country readiness and delivery, and courses on how to plan and manage the vaccine roll-out, which have been attended by more than 75 000 national and sub-national immunization staff
DIAGNOSTICS PILLAR	Reached agreement on two technology transfers to expand manufacturing of high-quality Antigen RDTs (Ag RDTs) in Africa and Latin America Reduced prices for select molecular diagnostic products, including Cepheid Xpert Xpress SARS-CoV-2 assay, from US$ 19.80 to US$ 14.90 December: WHO had procured over US$ 578 million of essential commodities needed for routine testing, and shipped them to 170 countries WHO and GISAID developed a joint training programme to support countries in the development of genomic surveillance systems for the COVID-19 response
THERAPEUTICS PILLAR	Updated WHO Therapeutics and COVID-19 living guidelines to address the use of the two IL-6 receptor blockers; and a combination of neutralizing monoclonal antibodies UNICEF collaborated with industry on the Oxygen Plant-in-a-Box package, with at least two long-term agreements established to ensure uninterrupted supply of oxygen plants
HEALTH SYSTEMS AND RESPONSE CONNECTOR	Continued training health workers both on the ground (e.g., UNICEF health worker training package) and online (240 000 health personnel enrolled in clinical management support courses, available on OpenWHO platform) as well as supporting workforce salaries for community health workers and facility-based staff (e.g., through the Global Fund) Built Knowledge Bank, a resource for developing countries; it captures ACT-A health system resources created by partner agencies

FOURTH QUARTER 2021: OCTOBER, NOVEMBER, DECEMBER	
POLITICAL ADVOCACY	20 Sept: Gordon Brown appointed WHO Envoy for Global Health Financing 30-31 October: G20 summit declaration voices support for ACT-A and extends its mandate throughout 2022. 16 December: Ayoade Alakija appointed Special Envoy for ACT-A
FACILITATION COUNCIL AND WORKING GROUPS	15 October: 7th Facilitation Council. Took stock of ACT-A Strategic Review and aligned on next phase of ACT-A through consideration of Draft ACT-A Strategic Plan and Budget Co-Chairs Outcome Statement 30-31 October: Vaccine Manufacturing Working Group submitted Report to the G20 including recommendations and workplan. 9 December: 8th Facilitation Council. Took stock of progress to meet targets, discussed steps Council can take in support of the Financing Framework Co-Chairs Outcome Statement
WORK ACROSS PILLARS	8 October: ACT-A Strategic Review by Dalberg published 29 October: Launched ACT-A Strategic Plan and Budget

FOURTH QUARTER 2021: OCTOBER, NOVEMBER, DECEMBER	
VACCINES PILLAR	The last quarter of 2021 saw an exponential acceleration in vaccine shipments driven by a determined push from ACT-Accelerator partners, donors and recipient countries. 636.4 million doses were delivered in this quarter 6 December: Partnership for COVID Vaccine Country Readiness and Delivery established to identify and address barriers to getting shots into arms First shipment of 1.6m doses from COVAX Humanitarian Buffer to Iran Invested, since the start of the pandemic, in vaccine development across R&D portfolio of 14 vaccine candidates against SARS-CoV-2, including four targeting variants 17 December: COVAX-supported vaccine NVX-CoV2373 receives Emergency Use Listing
DIAGNOSTICS PILLAR	Since 2020, WHO received 168 expressions of interest for emergency use listing for diagnostics; 28 products were listed, 86 applications are active as of the end of 2021 and renewal procedures were initiated for 25 products WHO and GISAID developed a joint training programme to support countries in the development of genomic surveillance systems for the COVID-19 response. Built capacity to expand the use of next generation sequencing for genomic surveillance in Southern Africa that enabled the early detection of the Omicron variant Conducted two regional roundtable series to increase bi-directional communication with countries and partners By December 2021, WHO had procured over US$ 578 million of essential commodities needed for routine testing, and shipped them to 170 countries

FOURTH QUARTER 2021: OCTOBER, NOVEMBER, DECEMBER	
THERAPEUTICS PILLAR	The Oxygen Emergency Taskforce from February to October 2021, mobilized more than $700 million in grants to help LMICs avert oxygen shortages In 2021, the Global Fund awarded US$ 680 million for procurement of therapeutics across about 100 countries (US$ 508 million for oxygen, US$ 172 million for others including C-19 pharmaceuticals and other supportive hospital equipment) via the COVID-19 Response Mechanism. In Q4 2021, WHO procured 434,290 units of dexamethasone for 9 countries. Since the beginning of the pandemic WHO has procured 3.8 million units of dexamethasone for 22 countries In Q4 2021, UNICEF shipped 7,779,250 million units of dexamethasone to 11 countries. Since the beginning of the pandemic and until end of Q4 2021, UNICEF has shipped 17,793,450 million units of dexamethasone to 40 countries Entered into conditional agreements for the supply of molnupiravir, to support timely access for low- and middle-income countries. ACT-A partner Medicines Patent Pool (MPP) signed voluntary licensing agreement for Pfizer's COVID-19 oral antiviral treatment, enabling generics' entry Oxygen therapy products worth US$ 6m and US$ 7m were procured by UNICEF and WHO respectively in Q4 Additional funding in the context of the diagnostics and the therapeutics pillars to rapidly address global inequities in access to COVID-19 testing and treatment. The grants, adapting novel strategies to the needs of 22 low- and middle-income countries, will focus on generating robust evidence for global scale-up Since the start of the pandemic, UNICEF has shipped more than 40,000 oxygen concentrators (with a value of US$ 31.9m) to countries. First Oxygen Plant-in-a-Box package was procured, installed, and commissioned by UNICEF in Uganda
HEALTH SYSTEMS AND RESPONSE CONNECTOR	In 2021, UNICEF shipped more than 151.1m gloves, 192.5 million surgical masks, 8.5 million N95 respirators, 4.2m gowns, 412 thousand goggles, 3.5m face shields in support of 115 countries, with almost US$ 234m worth of supplies shipped to countries since the start of the pandemic 10 November: The Global COVID-19 Access Tracker by ACT-A and the Multilateral Leaders Task Force was launched at the Ministerial event on COVID-19 convened by US Secretary Blinken Launch of World Bank's Vaccine Deployment Tracker to monitor, track and resolve bottlenecks in countries' deployment efforts

FIRST QUARTER 2022: JANUARY, FEBRUARY, MARCH	
POLITICAL ADVOCACY	27 January, 1 April: ACT-A reported on roll out of tools and financing needs to the G20 Joint Health-Finance Task Force, resulting in a statement of support for fully financing ACT-A in the 17-18 February G20 Finance Ministers and Central Bank Governors Communique 7-8 March CEPI replenishment 8 April: AMC Summit 19 January: AMC Investment Opportunity Launch, towards AMC Summit on April 8 March: Provided a Pandemic Needs & Gaps assessment for G20 Finance Ministers
FACILITATION COUNCIL AND WORKING GROUPS	9 February: Launch of the advocacy campaign and the Financing Framework produced by the Financial and Resource Mobilization Working Group 28 February: 9th Facilitation Council. Took stock of progress to meet targets, shared country experiences and reinforced Council commitment for ACT-A campaign Co-Chairs Outcome Statement 22 February: First meeting of the Tracking and Accelerating Progress Working Group
VACCINES PILLAR	15 January: 1 billionth dose of COVAX COVID-19 vaccine delivered The first six countries that will receive the technology needed to produce mRNA vaccines on the African continent were announced by the Global mRNA technology transfer hub: Egypt, Kenya, Nigeria, Senegal, South Africa and Tunisia January: Launch of the COVID-19 Vaccine Delivery Partnership (CoVDP) to support vaccine delivery in the countries with the lowest COVID-19 vaccination rates

FIRST QUARTER 2022: JANUARY, FEBRUARY, MARCH	
DIAGNOSTICS PILLAR	WHO announced new guidance strongly recommending that COVID-19 self-testing, using SARS-CoV-2 Ag-RDTs, should be offered as part of SARS-CoV-2 testing services March: Launched global genomic surveillance strategy for pathogens of pandemic potential The Global Fund's Project STELLAR (Scaling-up Testing and Strengthening Lab Systems), that runs from February 2022 to December 2023, supports selected African countries maximize the impact of C19RM resources, to rapidly scale up COVID-19 testing and galvanize longer term strengthening of laboratory systems. These investments in technical assistance support the efficient use of diagnostic commodities to increase access and coverage in the areas where they are most needed Received more than 300 applications, and selected 21 projects, to support advocacy efforts to increase access to and use of COVID-19 testing and linkage to treatment in LMICs Launched a complementary project to develop a global advocacy strategy for COVID-19 using a human-centered design approach. Selected 13 operational research projects to scale up access to COVID-19 testing at the community level
THERAPEUTICS PILLAR	WHO announced the conditional recommendation for use of molnupiravir for patients with non-severe COVID-19. The ACT-Accelerator therapeutics pillar has secured agreements to ensure rapid and affordable access to molnupiravir, preparing for a robust generic supply base for more than 100 LICs and MICs. MPP signed agreements with 36 qualified sub-licensees, across thirteen countries in Asia, the Caribbean, the Middle East and Eastern Europe, including Ukraine, to supply Pfizer's oral COVID-19 treatment to 95 LMICs, comprising more than half of the world's population Launch of an RfP by FIND and Unitaid for developing and deploying advocacy strategies to promote COVID-19 diagnostic, testing and linkage to care and treatment in LMICs The O2 Taskforce successfully achieved ~15% price reductions for bulk liquid oxygen versus current pricing and between 10-50% reductions in filled cylinder pricing March: Unitaid announced a further $US56 million to rapidly address global inequities in access to medical oxygen by supporting the work of ALIMA, the Clinton Health Access Initiative (CHAI), Partners in Health (PIH), and the WHO Health Emergencies Programme Two long term supply arrangements for Liquid Medical Oxygen (LMO) were established to ensure uninterrupted supply of medical Oxygen therapy in LMICs UNICEF has procured in total 44 Oxygen Plant-in-a-Box packages that are at different stages of rollout in 30 countries

FIRST QUARTER 2022: JANUARY, FEBRUARY, MARCH	
HEALTH SYSTEMS AND RESPONSE CONNECTOR	Launched country engagement cycle in coordination with COVID-19 Vaccine Delivery Partnership, planning joint-country missions for DRC, Ethiopia, Somalia, and Kenya Launch of first clinical care pathways operational guidance tools (CARE) World Bank financing for emergency support, vaccine roll out and health system strengthening reaches $12bn for 100 countries

ACT-A co-convening partners:

Working with goverments, civil society and industry