ACTaccelerator
ACCESS TO COVID-19 TOOLS

ACT now, ACT together
2020-2021 Impact Report

Gavi The Vaccine Alliance · CEPI · Bill & Melinda Gates foundation · unicef · World Health Organization · wellcome · FIND Because diagnosis matters · The Global Fund · Unitaid

Working with governments, civil society and industry

April 2021

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CONTENTS

01	Foreword	02
02	Introduction	04
03	The Last 12 Months	06
04	The ACT-Accelerator	10
05	Diagnostics	12
06	Therapeutics	18
07	Vaccines	22
08	Health Systems Connector	28
09	ACT-Accelerator Partners	34
10	Way Forward	36

01

FOREWORD

When the global HIV epidemic erupted 40 years ago, lifesaving antiretrovirals were developed, but more than a decade passed before the world's poor got access. When the H1N1 pandemic erupted 12 years ago, vaccines were developed and approved, but by the time the world's poor got access, the pandemic was over.

When the COVID-19 pandemic erupted more than a year ago, a coalition of 9 global health agencies came together to create the Access to COVID-19 Tools (ACT) Accelerator, to prevent the same thing happening again.

The ACT-Accelerator was launched with two objectives: the rapid development of vaccines, diagnostics and therapeutics; and equitable access to those tools. The first objective has been achieved; we now have several safe and effective vaccines to prevent COVID-19, rapid diagnostics to test for it, and oxygen and dexamethasone to treat it.

Our urgent task now is to rapidly expand equitable access to all the tools needed to prevent infections and save lives.

At the time of writing, nearly 900 million vaccine doses have been administered globally, but over 81% have gone to high- or upper middle-income countries, while low-income countries have received just 0.3%. Low-income countries test less than 5% as much as high-income countries, and the majority of countries still have trouble accessing sufficient oxygen and dexamethasone.

The inequitable distribution of tools is not just a moral outrage, it is also economically and epidemiologically self-defeating. The more transmission, the more variants. And the more variants that emerge, the more likely it is that they could evade diagnostics, vaccines and even therapeutics. And as long as the virus is circulating anywhere, the longer the global recovery will take.

Vaccines, of course, are only part of the picture. Without affordable diagnostics we cannot accurately understand the pandemic, guide vaccination campaigns and isolate patients. And life-saving therapeutics like dexamethasone and oxygen remain in short-supply for many of the world's most vulnerable communities.

Solving the bottlenecks in production and distribution of diagnostics, vaccines and therapeutics is a top priority, and intensive negotiations with manufacturers and countries are ongoing.

The ACT-Accelerator can only succeed if it has sufficient funding. Right now, it faces a funding gap of more than US$ 19 billion. Our new strategy gives donors the detail they need so that they can fill these critical shortfalls.

As we reach the one-year anniversary of the ACT-Accelerator, we call on all nations to come together in global solidarity. It is not just the right thing to do, it is also the fastest and most effective way to save lives, protect health systems and restore economies.

We cannot defeat this virus one country or region at a time. We can only do it with a coordinated global effort, based on the principles of solidarity, equity and sharing.

Because none of us are safe until all of us are safe.

Dr Tedros Adhanom Ghebreyesus
WHO Director-General

"As we approach the one-year anniversary of the ACT- Accelerator, we call on all nations to come together in global solidarity. It isn't just the right thing to do, it is also the fastest and most effective way to save lives, protect health systems and restore economies."

02

INTRODUCTION

The Pandemic – A world forever changed

When the novel coronavirus took hold in early 2020 it delivered shock-waves across the globe, upending lives and livelihoods, exacting an enormous human toll, and shutting down communities, cities, countries and continents.

Since then over 3 million people have died, infections around the world total more than 140 million, over 100 million or more people have been pushed into poverty; the global economy has lost over US$ 9 trillion.[1]

As COVID-19 spread rapidly in those first few months, so too did the realization that a collaborative global response was needed if the pandemic was to be brought under control. Essential diagnostics, treatments and vaccines either did not exist, or were not available, or accessible in the numbers required. In large parts of the world, health systems were neither sufficiently robust to deliver these life-saving tools to their populations, nor ready or equipped to manage the exploding number of cases of severe illness caused by the virus.

> ***"We cannot have a "me-first and then you" mentality. We have a global solution. Let's use it and get the world back on its feet."***
>
> *Dr Zweli Mkhize, minister of health, South Africa.*

Rapid development and equitable access to such tools was critical, and strengthened health systems in low- and middle-income countries vital, to provide essential care and deliver the tools to end the pandemic equally across the world.

ACT-Accelerator – A global public good

Access to COVID-19 Tools (ACT) Accelerator was founded on a belief in global collaboration and solidarity and a shared commitment to ensure all people get access to the tools needed to defeat COVID-19. ACT-Accelerator brought together the expertise of global health organisations, governments, foundations, civil society, scientists and the private sector, an unprecedented multilateral response to a world-changing crisis, a global public good.

In April 2020, the World Health Organization (WHO), European Commission (EC), France, Germany and the Bill & Melinda Gates Foundation co-hosted an event bringing together heads of government, leading health organizations and other key stakeholders, to launch the ACT-Accelerator.

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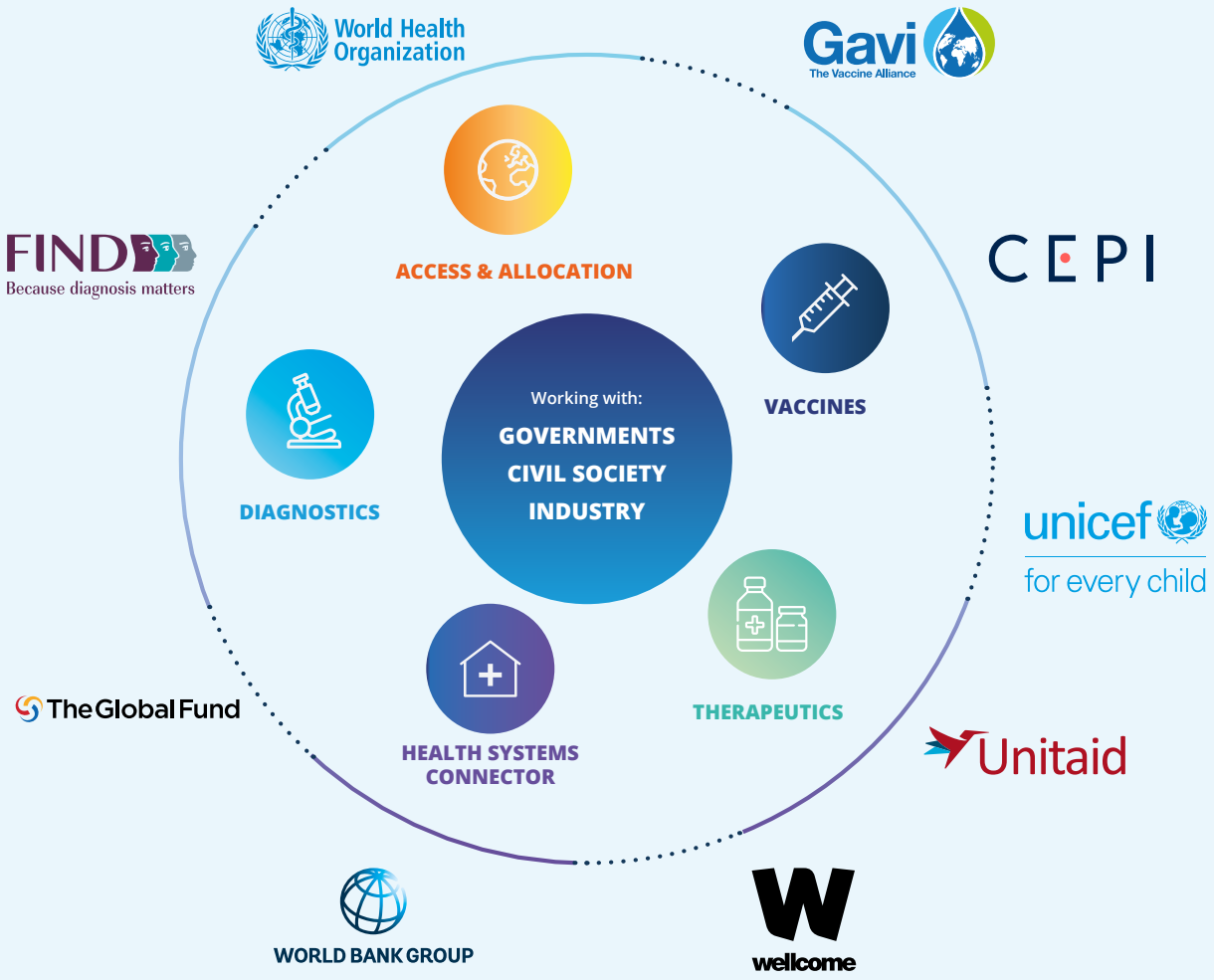
[1] WHO Coronavirus Disease (COVID-19) Dashboard. Geneva: World Health Organization; 2020 (https://covid19.who.int/, accessed 20 April 2021).


World Health Organization
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FIND
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CEPI
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VACCINES
DIAGNOSTICS
Working with:
GOVERNMENTS
CIVIL SOCIETY
INDUSTRY
unicef
for every child
THERAPEUTICS
The Global Fund
HEALTH SYSTEMS CONNECTOR
Unitaid
WORLD BANK GROUP
wellcome

03

THE LAST 12 MONTHS

The Impact Report looks back at the challenges and progress of the ACT-Accelerator over the last year. It highlights the accelerated actions taken by each of the ACT-Accelerator pillars to ensure low- and middle-income countries are not left behind in the race to protect their health workers, test their populations, and ensure appropriate treatments, medical supplies and more recently vaccines, are delivered to where they are needed most. It describes the partnerships built with these countries to identify gaps in their health systems and jointly find solutions. It illustrates the solidarity underpinning the collaboration to find new tools, conduct vaccine trials, recruit volunteer patients to test existing treatments and support financing facilities to guarantee procurement of COVID-19 tools. It showcases countries and communities where ACT-Accelerator has made a difference.

Publication of 1st Investment Case

UN Secretary-General António Guterres appealed for "a quantum leap in funding"

Dexamethasone for LMICs

Rapid Diagnostic and Polymerase Chain Reaction Tests for LMICs

24th April 2020
Launch of the ACT Accelerator

4th May
European Commission pledging event

27th June
Global Citizen / European Commission: Unite for our Future

10th September
1st Facilitation Council Meeting

30th September
UN General Assembly: high-level side event on ACT Accelerator

3rd November
2nd Facilitation Council Meeting

9th – 14th November
World Health Assembly

> ***"It is time to use all the tools in our toolbox—public health, financial and legal tools—to end this pandemic."***
>
> *Dr Ayoade Olatunbosun-Alakija, co-chair of the Africa Vaccine Delivery Alliance.*

100+ country readiness surveys completed

ICC report shows that an uncoordinated approach in access to COVID-19 tools risks US$ 9.2 trillion in GDP losses

Eurasia Group Report finds that equitable access to COVID-19 vaccines will generate economic benefits of US$ 153 billion in 2020-21

COVAX rollout: vaccine deliveries to countries

G7 leaders commit US$ 4.3 billion, bringing total raised to US$ 14.1 billion

10th – 12th November
Paris Peace Forum

21st – 22nd November
G20 Leaders' Summit

3rd December
UNGA event

14th December
3rd Facilitation Council Meeting

9th February
4th Facilitation Council Meeting

19th February
Virtual G7 event & Munich Security Conference

12 March
Prioritised strategy and budget for 2021 to respond to the evolving COVID-19 pandemic

23 March 2021
Carl Bildt, former Prime Minister of Sweden, appointed WHO Special Envoy for the ACT-Accelerator

The economic costs of inaction

The past year has highlighted that a globally coordinated response to the pandemic must be fueled by sufficient financial investment. Multiple independent sources which have documented and prophesized the global financial impact of the pandemic point to the same thing: a fully funded global multilateral solution.

In January 2021, compelling evidence was published supporting the economic imperative for investing in the ACT-Accelerator. This study, commissioned by the International Chamber of Commerce, demonstrates that should countries continue to pursue an uncoordinated approach in access to COVID-19 tools, or "vaccine nationalism" – when governments sign agreements with pharmaceutical manufacturers to supply their own populations – the world risks up to US$ 9.2 trillion of GDP loss by 2025. Even with strong vaccine coverage in high-income countries, inequitable access to COVID-19 tools elsewhere would cost them an additional US$ 2.4 trillion in 2021 alone.

Investing in ACT-Accelerator: Why? And why now?

While G20 countries have already invested more than US$ 12 trillion of fiscal stimuli in their domestic economies to stimulate domestic demand or protect businesses from immediate bankruptcy, investing in ACT-Accelerator delivers a higher multiplier than any domestic fiscal measure. For just 10 high-income countries (Canada, France, Germany, Japan, Qatar, South Korea, Sweden, United Arab Emirates, United Kingdom and the United States) investing the US$ 19 billion still needed by ACT-Accelerator in 2021 would produce over US$ 466 billion in economic benefits over five years. Such investment is capable of generating returns as high as 166x.

ACT-ACCELERATOR ACHIEVEMENTS

Diagnostics:

- Reserved **120 million** rapid antigen tests for low- and middle-income countries
- Procured **over 32 million** molecular tests and **32 million** rapid antigen tests for low- and middle-income countries
- Provided training for **over 23 000** health workers in **almost 200 countries**
- 2021 aim: **900 million** tests procured for LMICs by end of the year

Therapeutics:

- Procured **2.9 million** doses of dexamethasone – the only WHO-approved treatment for COVID-19
- Supported **15** clinical trials, investigating **21** therapies in **47** countries, with **85 000** patients enrolled
- 2021 aim: **100 million** courses of treatment throughout the year

Vaccines:

- 190 countries signed up to the COVAX Facility
- To date COVAX has shipped over 40 million doses to 100+ participating economies
- 2021 aim: **2.5 billion** safe and effective doses delivered by the end of the year

Health Systems Connector:

- Procured personal protective equipment (PPE) over total value **US$ 500 million**
- Conducted national surveys in **129 countries** to assess bottlenecks
- Developed global guidance and training across multiple critical areas of the health system to ensure the world is better prepared for the next pandemic

"We've made extraordinary progress, but it is at risk. The pandemic is still growing at an alarming rate. We can exit this crisis and Covid-19 can be a treatable and preventable disease globally. But only with sufficient support for science to keep pace as the virus evolves, and only if countries rich and poor alike benefit equitably."

Sir Jeremy Farrar, director of Wellcome.

04

THE ACT-ACCELERATOR

The ACT-Accelerator brings together the diverse expertise of multilateral and global health institutions, academic researchers and the private sector, including manufacturers and civil society organizations. They bring world-class knowledge in research and development (R&D), manufacturing, policy development, regulatory procedures, market shaping, procurement and delivery.

The framework of collaboration across all partners consists of three pillars (diagnostics, treatment, vaccines) supported by a health systems connector and a country allocation & access workstream. Each ACT-Accelerator pillar is managed by 2-3 partner agencies. Civil society and community engagement is integrated across all pillars including the central coordinating secretariat or 'hub'.

Further detail on the structure and functioning of the ACT Accelerator can be found here.

"We can only contain the virus by joining forces with our friends in other countries and continents. Instead of competing with others, Europe has chosen to build a global alliance. Almost one year ago, we joined forces with the WHO, with other governments and with charitable foundations. Together we created the ACT-Accelerator, the global initiative to help all countries get access to tests, treatments and vaccines."

Ursula von der Leyen president of the European Commission.

© WHO /Blink Media Saiyna Bashir

A member of a COVID-19 rapid response unit collects a sample from shopkeeper Muhammad Jamal in Islamabad, Pakistan.

"Since April 2020, the ACT-Accelerator has supported the fastest, most coordinated, and successful global health effort in history, with equitable access at its core. With significant advances in research and development by academia, private sector and government initiatives, the ACT Accelerator is on the cusp of securing a way to end the acute phase of the pandemic."

Ngozi Okonjo-Iweala, director-general of the World Trade Organization.

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Fatima, a nurse in a Herat hospital in Afghanistan, treats her 50 year old COVID patient, Zarghona, with oxygen.

© The Global Fund / Jiro Ose

A health worker in Nair hospital Mumbai, cares for a patient suspected of COVID-19.

05 DIAGNOSTICS

Testing is a critical element in the armoury of tools needed to defeat COVID-19. Without it, the spread of the virus cannot be tracked or contained, patients cannot access the care they need, the efficacy of vaccines cannot be assessed, nor the emergence of new variants detected.

Major gaps in testing are still putting lives at risk and threatening progress to end the pandemic. There is an urgent need to scale up testing and ensure immediate, equitable access to diagnostic tools in every country across the world.

The Diagnostics pillar of the ACT-Accelerator exists to ensure that everyone who needs a test can get one. It is co-convened by FIND and the Global Fund, working closely with WHO, UNICEF and over 30 global health expert partners to accelerate innovation and overcome the technical, financial, and political obstacles to achieving equitable access to effective and timely testing. Workstreams span research and development, market readiness, procurement, and country preparedness, as well as genomic sequencing to track variants of concern. Expertise spans scientists, academics, implementers, countries and civil society organizations.

Key Achievements

- Reliable antigen rapid diagnostic tests (Ag RDTs) that can be conducted outside of laboratory facilities were developed and ready for procurement within 8 month this took 5 years to achieve for HIV.
- More than 60 Ag RDTs have been independently assessed and benchmarked against quality criteria to inform government procurement of quality COVID-19 tests.
- Access to 120 million affordable, high-quality Ag RDTs has been guaranteed for low- and middle-income countries.
- Over 65 million COVID-19 tests (32.3 million molecular [PCR] tests and 32.8 million Ag RDTs) have been procured for low- and middle-income countries.
- Over 23,000 healthcare workers in almost 200 countries have had access to training to effectively implement the tests.
- Technology transfer, scale-up and automation of manufacturing capacity is now driving down prices to less than US$ 2.50 per test.
- The ACT-Accelerator is positioned to procure 900 million tests for LMICs by the end of 2021.

As early as February 2020, the Diagnostics pillar had organised laboratory training, in partnership with Africa CDC, and a suite of online courses was deployed within weeks to strengthen diagnostic testing capacity in countries.

Over the last 12 months the Diagnostics pillar has enabled access to easier-to-use, accurate and more affordable diagnostic tests, such as well-performing Ag RDTs, by fast-tracking R&D, independent assessment, Emergency Use Listing (EUL) and manufacturing scale-up.

By introducing Ag RDTs, the cost for low-and middle-income countries was reduced to a ceiling price of US$ 5 per test by September 2020, and investments in scaled up manufacturing are now pushing prices under US$ 2.50.

Supply chains for tests are being improved through regionalized manufacturing and plans for technology transfers, enabled by strategic investments and partnerships with key developers and manufacturers.

Most recently, a request for proposals was launched to accelerate the development, manufacturing, and market availability of accurate, affordable, quality-assured and easy-to-use self-tests for use in low- and middle-income countries. As part of a comprehensive testing programme, self-administered tests could expand access to testing services, potentially transforming the COVID-19 response by reducing community spread, when linked to appropriate responses for isolation, contract tracing and care.

"It is clear that we may be living with COVID-19 for a long time, and testing will continue to be critical to keep people safe. We have seen in other infectious diseases such as HIV what a powerful impact self-testing can have in combatting epidemics – it is a key element in our arsenal against COVID-19, enabling people to take control of their own health."

Emma Hannay, chief access officer and ACT-Accelerator lead for FIND.

MASSIVE OPEN ONLINE COURSES

Within weeks of COVID-19 being declared a pandemic, FIND, in partnership with the African Society for Laboratory Medicine (ASLM) and the London School of Hygiene and Tropical Medicine (LSHTM), launched two online training courses to upskill lab technicians and healthcare workers on how to test for the virus. Called "massive open online courses" or MOOCs - they attracted over 23,000 learners from nearly 200 countries. The first, and the most popular, covered COVID-19: Diagnostics and Testing, and the second, more specialized, covered Laboratory Training for COVID-19 Molecular Testing. Both online courses are hosted by FutureLearn and are available in English and French.

"Testing is a critical tool to fight COVID-19. We need to ensure that testing is accessible to everyone, from central hospitals to the remotest communities, and self-administered tests will enable places without laboratory facilities to monitor and stop the spread of COVID-19. Only with equitable and expanded access to testing can we successfully fight this pandemic."

Peter Sands, executive director of the Global Fund.

IN-PERSON UPSKILLING IN INDIA

More recently, in India, FIND created onsite refresher courses for lab technicians and microbiologists on COVID 19 RT-PCR testing.

© Atul Loke

Labelling and sorting of COVID-19 test samples in Mumbai, India.

Covering topics such as biosafety, good laboratory practices, safety equipment, PPE, biomedical waste management, specimen handling, test result interpretation, data analysis and troubleshooting, and quality control and quality assurance – so far 14 sessions have taken place, with 170 participants from government and private laboratories from ten states in India.

Over 53% of trainees were women; 26% of the learners were specialized in medical laboratory technology; and 56% of the specialists are currently working in COVID-19 testing laboratories.

The training was delivered by King George's Medical University, Translational Health Science Technology Institute, CSIR-Centre for cellular and molecular biology (CCMB), Institute for Liver and Biliary Sciences (ILBS), Madras Medical College, Madurai Medical College and Mahajan Labs and Imaging (a private sector lab).

"We need to scale up access to diagnostic testing throughout the country and overcome the challenges of expanding access to rural areas, because with COVID 19 if you lose time you lose the person, and if you lose the person, you lose control of the epidemic."

Dr Diana Atwine, permanent secretary, ministry of health Uganda.

COVID-19 TESTING ROLL-OUT IN UGANDA

In March 2020, Uganda reported its first cases of COVID-19. Uganda rapidly deployed health systems and community responses created to fight other infectious diseases, including HIV, TB and malaria. A robust network of laboratories and surveillance systems combined with well-trained human resources, including over 150 trained field epidemiologists spread all over the country, enabled the successful roll-out of testing, which is the first line of defense against COVID-19.

Most COVID-19 tests require laboratory facilities to be carried out. Fortunately, Uganda was well prepared to accommodate this. "We have strong laboratories built over the years with support from partners," explains Uganda's Minister of Health, Dr. Jane Ruth Aceng. Uganda's laboratory system has a network of hubs that covers over 97% of the country and a strong centralized testing capacity, including the country's WHO-accredited Supranational Reference Laboratory.

The Global Fund's support for the national response to COVID-19 in Uganda was swift and significant, disbursing US$ 51,935,105 of additional funding for their COVID-19 response and supporting Uganda to use US$ 10,510,356 in existing grant savings. Uganda's Ministry of Health was able to immediately turbocharge the fight against COVID-19 and order thousands of diagnostic tests.

Other countries were also able to use grant savings and reprogramming to rapidly adapt existing HIV, TB and malaria programmes, and purchase COVID-19 tools like personal protective equipment (PPE) for front-line health workers, medical supplies, and diagnostic tests.

The Global Fund has so far delivered 283,000 PCR tests and 338,000 Ag RDTs to Uganda. The country's Ministry of Health embarked on decentralizing laboratory testing so that communities across Uganda had access to diagnostics services and the provision of other essential health services continued. Three COVID-19 testing laboratories were also established at crucial points along the border with Tanzania, Kenya, and South Sudan, to shorten turnaround time and to improve cross-border surveillance of the virus.

By using and leveraging the existing health systems and diagnostic infrastructure in place, Uganda was able to improve access to COVID-19 testing.

Uganda has a strong network of laboratories and surveillance systems which helped the roll-out of national COVID-19 testing.

© The Global Fund / Jiro Ose

Looking ahead

Testing saves lives, enabling chains of transmission to be broken and data-led policy decisions to be made. While the Ag RDTs have been game changing, they are still not being used as widely as needed, and there is considerable scope to make them easier to use, for example working with samples that can be obtained less invasively. Self-tests present a great opportunity, particularly when developing long-term strategies for keeping the disease in check.

Low- and middle-income countries continue to face the greatest challenges in getting COVID-19 tests rolled out: in 2020, less than 1 in 5 health facilities across Africa had access to these tests. In March 2021, for every test conducted in a low-income country, over 80 were being conducted in high-income countries.[2]

With cases now rising across the world, it is essential that the Diagnostics pillar is fully funded so that it can secure equitable access to testing, support country uptake and deployment, and spur innovation with vital investments in low-cost, easy-to-use, quality tests. This work is needed so that every country in the world can implement "test, trace and isolate" strategies while the vaccines are being rolled out, and to continue to monitor the virus in vaccinated populations. Everywhere the virus can continue to spread unchecked, new mutations will continue to emerge, with global implications in terms of vaccine and treatment efficacy. The Diagnostics pillar is also enabling vital work to urgently ramp up genomic sequencing capacity across the globe, so that every country can monitor and detect these variants.

Lab scientist takes nasal sample for COVID-19 testing.

[2] FIND SARS-COV-2 test tracker, data as at 16 March 2021. www.finddx.otg/covid-19/test-tracker

Herat Regional Reference Laboratory, where all COVID-19 tests for the western Afghan provinces are conducted.

© WHO / Andrew Quilty

06

THERAPEUTICS

Therapeutics, or treatments, are critical in all stages of COVID-19 disease. They can prevent infection and stop its spread, suppress or treat symptoms, offer life-saving therapy for severe illness, and speed up recovery.

When the ACT-Accelerator was launched, Wellcome, Unitaid, and WHO formed the Therapeutics pillar to find the most promising treatments for everyone, taking special care to reach the world's most marginalized communities. The immediate goal was to fund the research, manufacturing and delivery of effective treatments for low- and middle-income countries.

Key Achievements

- Tracked more than 300 actionable trials across products: monoclonal antibodies (mAbs)[3], novel antivirals and repurposed therapeutics
- Supported research that identified dexamethasone as the first life-saving therapy for COVID-19 and provided guidance on its use
- Procured via advance purchase 2.9 million doses of dexamethasone – the only WHO-approved treatment for COVID-19
- Formed COVID-19 Oxygen Emergency Taskforce to confront surges in oxygen demand and cut preventable deaths. Identified US$ 90 million in immediate funding needs for medical oxygen in up to 20 low- and middle-income countries
- Contributed up to US$ 20 million to kick off the oxygen emergency response

Clinical care options for COVID-19 patients are still limited. Only oxygen and corticosteroids such as dexamethasone and hydrocortisone have been proven to save lives among the most seriously ill patients.

Less than 20 days after dexamethasone was identified by the Recovery[4] trial as a treatment for hospitalized patients, over 2.9 million treatments were secured for low- and middle-income countries.

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[3] Based on natural proteins the body produces to defend itself against disease, mAbs are tailor-made to the disease they treat.
[4] Randomised Evaluation of Covid-19 Therapy: Recovery trials started in March 2020 to test existing drugs on COVID patients. The findings of the trial saved hundreds of thousands of lives. https://www.recoverytrial.net/international.

The Therapeutics pillar also analyzed over 1,700 clinical trials to identify promising COVID-19 treatments that could be scaled up, and funded multiple large-scale global clinical trials, including Recovery International and the ANTICOV trial. Recovery trials have started in Indonesia and Nepal, with Vietnam and Ghana following shortly. ANTICOV is a large clinical platform trial that aims to identify treatments that can be used for mild and moderate cases of COVID-19. It is being conducted in 13 countries in Africa.

Looking Ahead

The research arm of the Therapeutics pillar, overseen by Wellcome and the Bill & Melinda Gates Foundation, will assess which existing drugs are effective against all known variants of COVID-19, exploring combination treatments such as cocktails of monoclonal antibodies, and broaden the search for second- and third-generation treatments.

Unitaid is driving country preparedness and market readiness to ensure that treatments can be readily incorporated into countries' COVID-19 strategies, once proven effective.

Unicef and the Global Fund will oversee the roll-out of treatments, using allocated funds to purchase approved treatments and deliver them to low- and middle-income countries.

COVID-19 oxygen emergency taskforce partners will work to secure the supply of oxygen so patients can receive lifesaving care when and where they need it.

The global roll-out of vaccines will take time; we still need to treat people who fall ill and anyone who is unable to get vaccinated.

Professor Rashida Ferrand

A CLINICIAN'S PERSPECTIVE FROM THE FIELD

Professor Rashida Ferrand works at Parirenyatwa Hospital, one of Zimbabwe's largest hospitals and main teaching hospital. Last year Rashida set up its COVID-19 unit. She is now leading a country-wide programme, in partnership with the Ministry of Health and Child Welfare, that aims to improve confidence among health workers treating the disease. The programme will work with each provincial level hospital across the country to provide high-level COVID-19 care. We spoke to Rashida in March 2021, following Zimbabwe's second wave.

"We have learned so much about COVID-19 over the past year. We now know there are many things we can do to treat and manage this disease. Although hospitals in Harare were chock-a-block during the second wave and we had more cases than we were able to take, we were still much better prepared.

COVID patients require a package of treatment. This disease is not just about not being able to breathe; it can affect all parts of the body. Most of our patients have other health conditions, including diabetes, high blood pressure, and kidney disease. Many develop kidney failure, respiratory failure, and their fluids and blood sugars need to be rebalanced. Knowing what to look out for means we can act promptly. We now know which drugs are needed at a particular time, what we need to be critically careful about, and what cannot wait. We understand how to treat the complications that we're likely to encounter - like how to prevent blood clots and how to ensure the right fluid balance.

Supporting COVID-19 preparedness and response, WHO's Dr Simon Ssentamu checks the oxygen supply at Kutualang refugee camp, Bangladesh.

© WHO / Blink Media – Fabeha Monir

Dexamethasone was the first proven drug to help severely ill COVID patients, and our hospital has been using it as a COVID-19 treatment from the outset. We've got a lot of experience with dexamethasone and have seen COVID patients get better after treatment, so our staff are confident using it. We also know how to manage the drug's side effects, like increased blood pressure and blood sugar levels.

It would be fantastic to have COVID-19 treatments that we can give a lot earlier on. Ideally, we need treatments that can prevent patients from progressing to a more advanced stage of disease.

It's also really important to understand which drugs don't work. Many different drugs have been trialled and used throughout the pandemic. Even in the second wave, patients still arrived at our hospital on a cocktail of drugs. I've seen the pressures that clinicians are under to prescribe something to treat even mild COVID-19. When the circumstances are challenging, it's very difficult to ebb that flow. But thanks to the large-scale trials that have definitively proven some of these drugs don't work, we can now confidently stop patients from taking them.

While knowledge of COVID-19 has advanced at my hospital, across the country there is still very limited understanding of how to treat the disease. To build confidence, our new mentorship programme is preparing to train every provincial hospital in the country. Our team, which includes local doctors, will help these hospitals to treat COVID patients using the capacity they have. We will start by getting the basics right and will work our way up. The basic package includes oxygen, dexamethasone, proning (carefully turning patients), anticoagulants (blood thinning medicines) and fluids. Although it won't be possible to set up invasive mechanical ventilation units across the country, we can ensure that there are oxygen supplies at the provincial level and ventilatory support, including high-flow nasal cannulation and CPAP, which do not necessary require ICU and can be done on the ward.

The mentorship programme will include on-the-ground training and a 24 hour on-call service, where local doctors and nurses can ask for advice. Having a presence, mentoring and supervising, has a much stronger impact than just reading guidelines. Hopefully, this approach will not only improve the treatment of COVID-19 but will also alleviate healthcare workers' fears around dealing with a new disease.

The programme will also include a detailed assessment of each hospital's oxygen supplies, so that we can address needs appropriately. A shortage of medical oxygen in both the first and second waves led to many needless deaths, so we will work on the structural barriers that prevent oxygen from getting to a hospital. Regardless of COVID-19, every hospital should have oxygen.

I'm pretty certain that we will experience further waves of COVID-19, but now that we've got a little reprieve, we can start rolling out the mentorship programme across the country. So hopefully, when the third wave happens, we will be ready for it. "

"As we look back on a year of the ACT-Accelerator, we now know so much more about the package of basic tools that save the lives of patients with COVID-19. Trials such as RECOVERY have produced lifesaving results, but we need to maintain investment in research to keep new treatments coming through the pipeline. At the same time, we need to focus on ensuring equitable access to the treatments that are effective and already available – namely, oxygen, steroids such as dexamethasone and some anti-coagulants. As many countries confront a potential third wave of COVID-19, we know this approach will save lives."

Dr Philippe Duneton, executive director of Unitaid.

07

VACCINES

The COVID-19 vaccine represents the quickest and safest way to get immunity and reduce the severity of the illness. Combined with effective treatments, testing and preventive measures, the vaccine will enable the world to get back on its feet. If everyone is vaccinated transmission can be halted. This means the virus stops replicating, mutating and making new variants and the spread of disease can be brought under control.

In early 2020, governments, global health partners and manufacturers began rapid research and development to bring about an effective and safe vaccine in record time.

However, at the outset it was recognized that not all countries would be able to afford to buy the large quantities they would need to protect their populations, nor would they have the capability or systems in place to deliver the vaccine to everyone who needed one.

The ACT-Accelerator undertook to accelerate the development and manufacture of COVID-19 vaccines, and to guarantee fair and equitable access for every country in the world.

COVAX, the vaccines pillar of the ACT-Accelerator, is co-led by the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, the Vaccine Alliance and the World Health Organization (WHO), working in partnership with UNICEF as key implementing partner, vaccine manufacturers around the world, civil society organizations, the World Bank, and others.

COVAX has worked to rapidly develop a portfolio of vaccines and aims to scale up the manufacturing and delivery of at least 2 billion doses of vaccines in 2021 to cover initial high risk target groups, while accelerating and expanding the research and development agenda to address new and emerging risks due to COVID-19 variants.

COVAX is now delivering doses of vaccine to countries around the world that are participating in the COVAX Facility, a global mechanism to procure and distribute doses of vaccine to countries of all income levels. The participation of lower-income countries is supported by the COVAX Advance Market Commitment (AMC), a donor-funded financing instrument which ensures that lower-income countries have access to vaccines.

A country readiness and delivery (CRD) workstream led by WHO and UNICEF and including Gavi, the World Bank and the Bill & Melinda Gates Foundation, was established under COVAX.

Key Achievements

- Invested US$ 1.2 billion in a research and development portfolio of 12 vaccine candidates across 4 technology platforms, including 2 vaccine candidates targeting emerging variants. Three of these candidates have shown clinical efficacy in preventing severe disease and 2 have to date received emergency use license.
- Established the indemnification and liability and no-fault compensation programme for AMC economies
- Established the COVAX Facility for procurement and equitable distribution of vaccines to over 191 economies
- Secured access to over 2 billion doses of 5 different vaccines candidates through agreements with manufacturers
- Supported the development of at least 100 national development and vaccination plans
- Delivered COVAX doses in a low-income country less than 3 months after the first vaccine dose administered in a high-income economy
- To date, COVAX has shipped over 40 million doses to 100+ participating economies including 61 lower-income economies
- A total of 24 countries have started their first campaigns thanks to COVAX doses
- 5% of the total number of available doses procured through the COVAX Facility will be allocated to the COVAX Buffer for high-risk populations in humanitarian settings

UNICEF's vaccine market dashboard tracks COVAX deliveries in real time on a map: http://bit.ly/2NgN9w0

The COVAX Facility, a global mechanism to procure and distribute doses in record time. Now has 99 higher-income economies that have signed up as self-financing members, joining 92 low- and middle-income economies whose participation is supported by the COVAX AMC (AMC92).

"We have, within 15 months of the emergence of COVID 19, administered 400 million doses of vaccine. All of this is unprecedented. All of it has moved very, very quickly and I think we should recognize the achievement."

Richard Hatchett, chief executive officer, Coalition for Epidemic Preparedness Innovations (CEPI).

In November 2020, anticipating the availability of safe and effective vaccines for COVID-19, the World Bank together with WHO, UNICEF, the Global Fund, and Gavi rolled out readiness assessments in low- and middle-income countries.

Key insights from the assessments highlighted the urgent need to train health workers, increase storage and transport capacity for vaccines, ensure cold chain facilities to reach remote areas, and equip more health centres for the vaccination roll-out. COVAX partners issued guidance, tools and trainings on topics such as cold chain requirements and community engagement, among others.

COVAX played a critical role in supporting and securing manufacturing capacity; and supporting technology transfers to get a distributed manufacturing footprint. It also secured access to vital materials for COVAX vaccine developers, including glass vials to hold 2 billion doses of vaccine.

Regulatory issues have been accelerated by bringing manufacturers and governments to the table to negotiate and agree on standard indemnification and liability language to establish a no-fault compensation programme in case of adverse events resulting from vaccine use.

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COVAX brings vaccines to medical staff at the Philippine General Hospital, Philippines.

Looking Ahead

Aspiration for 2021: Provide vaccines to help countries end the acute phase of the pandemic by reducing death and protecting those most at risk. These efforts should position countries to make further gains against the pandemic in 2022.

Based on current projections, COVAX is aiming to supply at least 2 billion vaccine doses in 2021, of which at least 1.3 billion will be for AMC countries. COVAX is also laying the groundwork for an additional 500 million more doses to be secured through cost-sharing, supported by domestic and multilateral financing and donor contributions

The COVAX Facility will distribute doses through an equitable and fair allocation mechanism. A Joint Allocation Taskforce (WHO-Gavi taskforce) and an Independent Allocation of Vaccine Group will ensure transparent governance of the allocation process.

In addition, a COVAX task force on manufacturing was set up to increase vaccine supply in the short term, and build a platform for sustainable manufacturing in the future. African leaders since formed a plan to establish five vaccine manufacturing hubs on the continent over the next 10 to 15 years. The first three hubs would produce cutting-edge mRNA vaccines in Rwanda, Senegal and South Africa. This would not only allow countries to better fend for themselves in a pandemic, but to prepare for outbreaks of local diseases, come to the aid of neighbors, and contribute to the huge global shortfall in vaccine manufacturing capacity.

COVAX will support the most promising candidates in the R&D portfolio through late-stage clinical trials to licensure and production at scale. At the same time, COVAX will optimize the use of existing vaccines and the development of next-generation COVID-19 vaccines including those targeting emerging variants of the virus.

"COVAX may be on track to deliver to all participating economies in the first half of the year yet we still face a daunting challenge as we seek to end the acute stage of the pandemic: we will only be safe when everybody is safe and our efforts to rapidly accelerate the volume of doses depend on the continued support of governments and vaccine manufacturers. As we continue with the largest and most rapid global vaccine rollout in history, this is no time for complacency."

Dr Seth Berkley, chief executive officer of Gavi, the Vaccine Alliance.

GHANA, RECIPIENT OF HISTORIC FIRST SHIPMENT OF COVAX VACCINES

After a year of disruptions due to the COVID-19 pandemic, with more than 80,700 Ghanaians infected and 580 lives lost, the arrival of 600,000 COVAX vaccines in Ghana brought hope that the acute phase of the virus would soon be under control.

Ghana is the recipient of the first historic shipment through the COVAX Facility, and represents the beginning of the largest vaccine procurement and supply operation in history.

Just two weeks after receiving COVAX-funded AstraZeneca vaccines, Ghana administered more than 420 000 doses and covered over 60% of the targeted population in the Greater Accra region – the area hardest hit by the pandemic. In the first nine days, the country delivered doses to an estimated 90% of health workers.

Vaccines shipped by COVAX arrive in the Republic of Moldova, 4 March 2021

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H.E. Nana Akufo-Addo, President of the Republic of Ghana: "COVID-19 has changed the world. It has cost lives, battered health systems, and damaged livelihoods. But, through these challenges, we have seen the best of humanity exemplified through strong multilateral cooperation. Ghana welcomes the arrival of the first doses of COVID-19 vaccines through the COVAX AMC. This important milestone will allow Ghana to get back to business, and build back our economy even stronger than before."

08

HEALTH SYSTEMS CONNECTOR

Globally, most health systems faced huge challenges when COVID-19 arrived within their borders, but countries with significant gaps in their health systems felt the impact of the virus more severely. Often characterised by inadequate infrastructure, lack of trained healthcare workers, interruption in the supplies of essential medical commodities, lack of data systems to monitor and track progress, weak health systems result in high mortality and poor health, particularly among children, pregnant women and other vulnerable groups.

Many low-and middle-income countries were confronting inadequate health systems long before the emergence of the pandemic, but COVID-19 highlighted the fragility of their situation as countries realized their hospitals and services were underprepared and underequipped when the pandemic struck. Under-resourced surveillance networks were unable to promptly detect the spread of the virus, and shortages of protective supplies and equipment left health workers exposed and vulnerable. The pandemic promised to significantly exacerbate existing challenges and potentially further rupture health services and systems' infrastructure.

A dramatic scale-up of investment in health systems was called for, as well as a rethink of service delivery to respond to the pandemic and ensure continuity of health services, while also preparing countries to roll out the new COVID-19 tests, treatments and vaccines.

WHO, the World Bank and the Global Fund collaborated to form the Health Systems Connector (HSC) to support the in-country delivery of COVID-19 tools by building capacities and infrastructure, resolving bottlenecks, and strengthening health systems. UNICEF is a key partner, including for the procurement of essential supplies such as PPE and infection prevention and control (IPC).

The HSC identifies critical challenges in country health systems, supports countries to address their needs, and serves as a common link with existing technical and financing country partners and platforms, such as technical agencies, bilateral donors, and multilateral development banks.

It underpins the ACT-Accelerator effort to ensure all COVID-19 tools—therapeutics, diagnostics and vaccines—can reach the populations that need them as quickly as possible through the health systems on which they rely.

Key Achievements

- Procured personal protective equipment (PPE) worth more than US$ 500 million
- Assessed country readiness for the deployment of COVID-19 vaccines in 140+ countries (jointly by Gavi, Global Fund, UNICEF, WHO, World Bank and the Global Financing Facility (GFF))
- Documented disruptions to 90 percent of health systems and services through national pulse surveys of more than 100 countries
- Captured country-specific insights on bottlenecks and ongoing health systems-related challenges and actions needed to scale up the deployment of COVID-19 tools
- Created a knowledge-sharing platform on health system strengthening for developing countries, to be available in mid-2021
- Developed global guidelines and training across multiple critical health system areas for developing countries

Over the past year, the HSC worked to strengthen cross-cutting aspects of health systems that need to be radically scaled or upgraded to effectively and safely deploy COVID-19 tools.

By equipping low- and middle- income countries with essential PPE, the HSC has supported the protection of frontline health care workers and enhanced the capacity of health systems to save lives in low-and middle-income countries.

"The World Bank supports fully the COVAX facility because it is intended to provide global, equitable access to vaccines, therapeutics and diagnostics to the poorest and most vulnerable countries."

Mari Elke Pangestu, managing director of development policy and partnerships, World Bank.

Global and regional guidance and training materials have been developed to enhance country responses including health financing and COVID-19 costing, strengthening community engagement in the COVID-19 response, bolster critical supply chain capabilities, and enhancing engagement with the private sector.

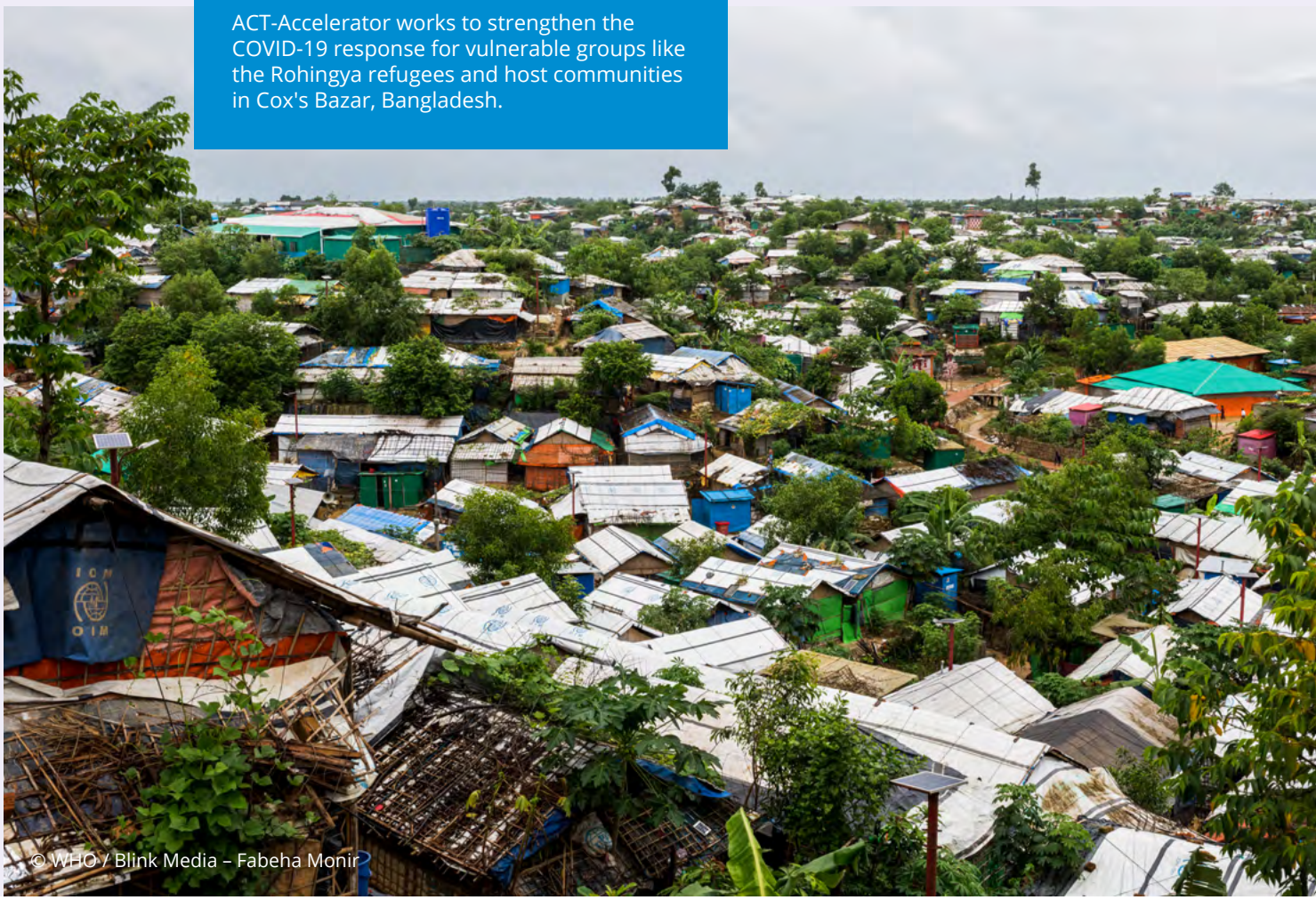
- **HSC's health financing workstream** created guidance to help countries budget for the immediate challenges of COVID-19, while also orienting systems to be sustainably prepared to protect against and respond to future threats.
- **HSC's data workstream** provided a set of innovative assessment and monitoring tools and dashboards that can help countries track the preparedness and performance of health systems during COVID-19.
- **HSC's clinical care workstream** supports systems' capacity to integrate clinical processes to ensure safe and timely delivery of care for patients with and without COVID-19.
- **HSC's protecting health workers workstream** developed and disseminated guidance for PPE for frontline workers; and assessed basic needs for infection prevention control and water, sanitation and hygiene in health facilities.

These guidance materials will be further developed, refined, and made available on a knowledge platform designed to share critical insights and enable countries to accelerate the roll-out and use of ACT-Accelerator tools across the globe.

Looking Ahead

Countries continue to face major challenges that are blocking them from getting and using COVID-19 tools. They require support to address the needs that have been identified in country response plans and readiness assessments, and to use the available financing mechanisms to make available PPE and other tools for health workers. No two countries are alike. HSC aims to respond to each country's needs, applying global knowledge to national challenges. In 2021, HSC will continue to support the integrated delivery of COVID-19 tools, rapidly address health systems bottlenecks, and manage linkages and synergies with complementary activities and build stronger, sustainable, people-centred health systems for the delivery of essential health services.

ACT-Accelerator works to strengthen the COVID-19 response for vulnerable groups like the Rohingya refugees and host communities in Cox's Bazar, Bangladesh.



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KENYA – TRANSFORMING REAL-TIME DATA INTO REAL-TIME ACTION

COVID-19 burdens overstretched systems

Countries face a myriad of challenges posed by the demands on their health systems to provide COVID-19 care. Many are struggling to ensure the delivery of essential non-COVID health services, whilst also trying to manage the multitude of tasks for the roll-out of the biggest vaccination campaign ever.

Critically, countries do not have clear and up-to-date information on the status of their health care workers, their health facilities, or the health needs of the communities they serve.

Having timely and correct data helps determine which actions need prioritizing; whether it is hiring more doctors or nurses, or where to deploy limited PPE or more recently COVID vaccines.

HSC Assessment Tools

HSC has developed a suite of assessment tools to help governments, partners and donors generate and use real-time data from those at the frontline to facilitate the scale-up and delivery of essential COVID-19 tools, and guide strategies and plans to maintain essential health services.

Kenya started using these tools at the end of 2020, applying them to more than 100 frontline services over one month, interviewing facility managers and community health care workers, and using the information to shape and strengthen their response to the pandemic and at the same time ensure continuity of services.

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Community engagement through Maasai elders like Mr Oloiboni help establish COVID-19 prevention measures among the semi-nomadic groups around Nairobi.

Projects created to improve access to mother and child services in underserved provinces of Afghanistan are supported during the pandemic.

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Outcomes

Kenya identified prioritizing increased investment in PPE, for all staff and patients, particularly in the rural areas.

The community assessments identified the need to invest in proactive risk communication and community engagement, particularly in areas of COVID-19 vaccine hesitancy, and the need for safety in administering the vaccine.

In addition, diagnostics capacities needed to be accelerated and expanded. And, although vaccination capacity has been established over the years, additional cold chain capacity would be needed across all facilities, particularly in rural areas, to distribute the COVID-19 vaccine nationwide.

Kenya expects to repeat the data collection exercise within 3 months to help inform the right decisions as the COVID-19 situation evolves.

Continued monitoring of facilities and communities will allow the Ministry of Health to complement its routine information systems with data on changes in staffing, availability of equipment and medicines, and to see the results of efforts to improve available PPE, cold chain capacity and risk communication strategies.

Strong leadership from the Ministry, a set of relevant HSC assessment tools, good planning and oversight of the interviewer training processes, and good collaboration in the data collection, has enabled Kenya to transform real-time data into real-time action to maintain health system stability.

09

ACT-ACCELERATOR PARTNERS

An unprecedented mobilization of sovereign funders and private sector, philanthropic and multilateral contributors galvanized funding of US$ 14.1 billion in ACT-Accelerator's first 12 months of operation.

Given the scale and speed of resources required to accelerate the development and equitable access to COVID-19 tools, many countries tapped into fiscal stimulus funding as a complement to traditional development financing to fund ACT-Accelerator.

"We welcome COVAX's first plans to distribute vaccines to 92 low- and middle-income countries. We commit to contributing the EU's fair share to the funding of ACT-A."

European Council, February 2021.

ACT-Accelerator's public sector contributors include the European Commission (EC) and 43 donor governments.

The first quarter of 2021 saw renewed political momentum for ACT-Accelerator and its financing, including the announcement of US$ 4.3 billion in new G7 financing and a joint G7 Leaders' statement inviting all partners to increase support to the ACT-Accelerator; a February statement from the EU Council committing to financing the EU's fair share of the ACT-Accelerator budget, and the launch of a financing campaign by Facilitation Council Co-Chairs South African President Ramaphosa and Norwegian Prime Minister Solberg, who wrote to 89 Heads of Government calling on them to shoulder their share of the financial burden to ensure a fully-funded ACT-Accelerator in 2021.

Facilitation Council Resource Working Group members Canada, Germany, Italy, the United Kingdom, the United States, the European Commission and the Bill & Melinda Gates Foundation are conducting diplomatic outreach to support the campaign, encouraging countries to join in committing their share of funding to fill ACT-Accelerator's 2021 US$ 19 billion funding gap.

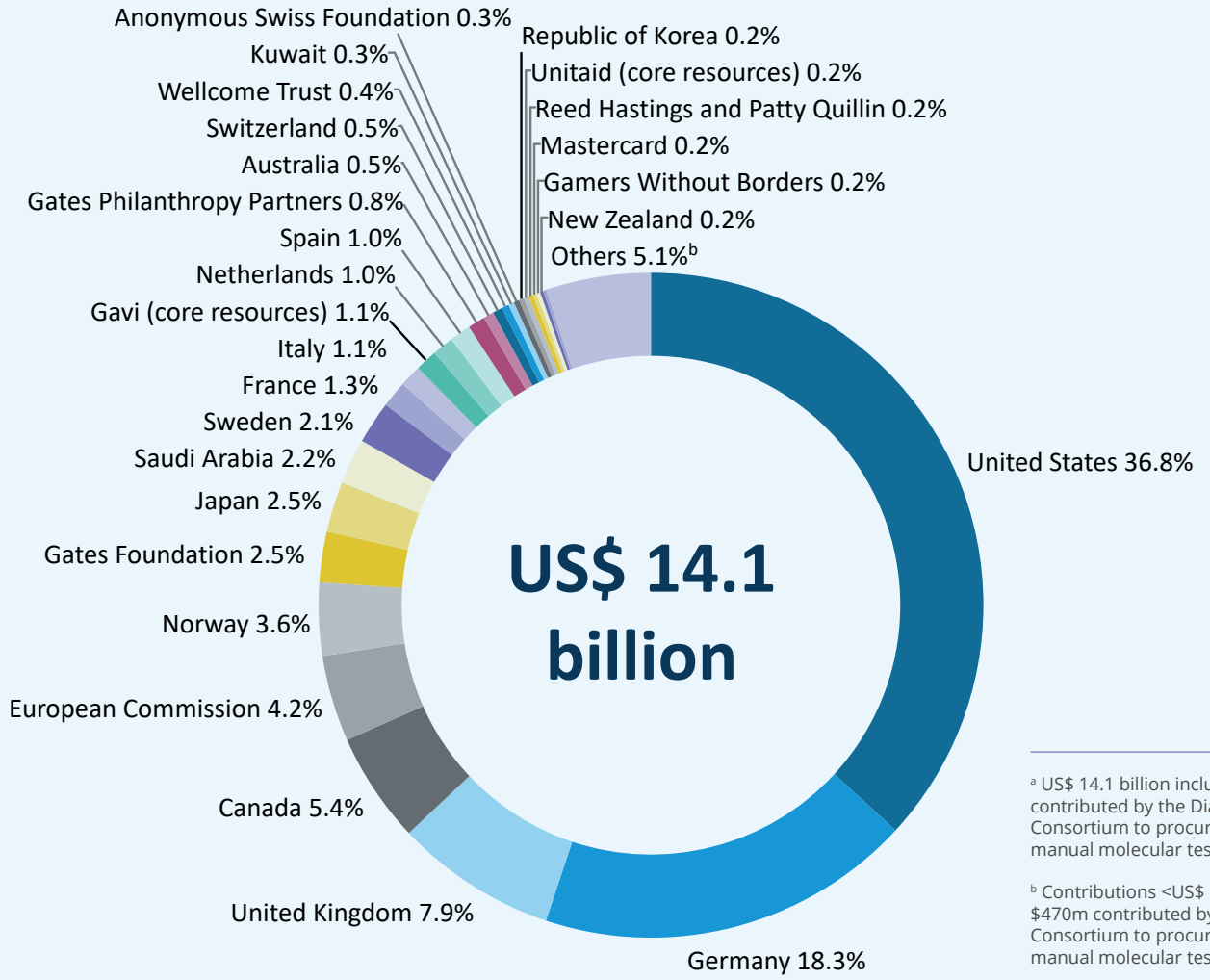
Groundswell of Support

In February 2021, international advocacy organization Global Citizen, the International Chamber of Commerce (ICC) and WHO tapped into their networks and launched a campaign to encourage corporate and philanthropic contributions to the ACT-Accelerator. In support, the United Nations Foundation (UNF) set up the ACT Together Fund to facilitate private sector and individual giving. Via a partnership with the WHO Foundation (WHOF), individuals and corporations in almost two dozen countries around the world can receive tax-deductions for their donations.

This initiative built on the momentum from the June 2020 Global Citizen- and EC-hosted Global Goal: Unite for Our Future – The Concert, that mobilized international attention and funding for the global response to COVID-19, including for the ACT-Accelerator. The concert aired in 180 countries and streamed globally across Youtube, Facebook and Twitter.

Gates Philanthropy Partners, Gavi, the Global Fund and UNICEF are among the organizations joining UNF and WHOF in engaging with high-net worth individuals, the private sector and individuals to galvanize support for the ACT-Accelerator.

ACT-A contributions by contributor – in % of total commitments[a], as of 20 April 2021



[a] US$ 14.1 billion include $470m contributed by the Diagnostics Consortium to procure automated and manual molecular tests for LMICs.

[b] Contributions <US$ 12m, and including $470m contributed by the Diagnostics Consortium to procure automated and manual molecular tests.

"We call upon both the private and public sectors to help bridge the current financing gap of existing initiatives, most notably the Access to COVID-19 Tools Accelerator (ACT-A) and its COVAX Facility."

G20 Finance Ministers and Central Bank Governors Meeting: Update of the G20 Action Plan, April 2021.

G20 countries, in their April 2021 G20 Action Plan update, called upon the private and public sectors to help bridge the financing gap of ACT-Accelerator and its COVAX Facility.

Multilateral development bank financing, including through the World Bank's Multiphase Programmatic Approach (MPA), is an important complement to ACT-Accelerator funding to support countries to procure and distribute COVID-19 vaccines, tests and treatments.

The Facilitation Council's Financing Working Group continues to engage with leading economists and government treasuries to assess how potential additional financing sources and mechanisms, including potential tax levies, social impact bonds and the International Monetary Fund's Special Drawing Rights, could be leveraged to support the ACT-Accelerator and the COVID-19 response more broadly.

The detailed contributions supporting the work of ACT-Accelerator are made available online in the ACT-Accelerator Commitment Tracker, which is updated on a bi-weekly basis.

10

WAY FORWARD

> ***We....reiterate our support to all collaborative efforts, especially to the four pillars of the Access to COVID-19 Tools Accelerator (ACT-A) and its COVAX Facility."***
>
> *Communique 2nd G20 Finance Minister and Central Bank Governors Meeting 7 April 2021.*

The world continues to face an unprecedented and rapidly evolving threat from COVID-19.

Vaccines are now available, but face acute supply constraints. The virus is mutating and rapidly spreading variants may render existing vaccines less than effective. In addition, the long-term health effects of COVID-19 or 'Long COVID', amplify the burden on health systems and economies. The world must continue to ACT and ACT together to end the pandemic as quickly as possible. Controlling circulation of the virus is the only way forward.

In 2020, the ACT-Accelerator brought together leading international health organisations who coalesced around a single goal: to support the world in overcoming the pandemic equally, everywhere, and as quickly as possible. All of the partner organisations have harnessed their experience to bring something unique to ensure the success of ACT-Accelerator.

In 2021 global investment in ACT-Accelerator must continue to fully fund research, meet the demand for tests, treatments and vaccines that continue to be effective against the virus as it evolves, and ensure countries have systems that can roll-out new tools, respond rapidly to changing needs to protect their populations and their economies. ACT-Accelerator will intensify its drive for equity and scale in the delivery of essential COVID-19 tools, while managing emerging viral risks.

ACT-Accelerator has identified four strategic priorities for 2021:

Rapidly scale up the **delivery of at least 2 billion doses of vaccines**

Bolster R&D, evaluations & regulatory pathways to **optimize products and address variants**

Stimulate rapid and effective uptake and use of **COVID-19 tests, treatments, and PPE**

Ensure a **robust pipeline** of essential tests, treatments, and PPE

"Our ambition is to fully fund the ACT-Accelerator. Let global solidarity be our solution to this global challenge. Let that be our legacy."

Mr Dag-Inge Ulstein, minister of international development, Norway.

Closing the ACT-Accelerator funding gap is a sound investment in global health security

ACT-Accelerator has a significant funding gap of US$ 19 billion. If that shortfall isn't met, low- and middle-income countries will have delayed access to these vital tools in 2021, which will result in a protracted pandemic, with severe global health risks and economic consequences. As long as COVID-19 transmission is uncontrolled anywhere in the world, we will continue to see the emergence of new virus variants that may render our existing COVID-19 tests, treatments and vaccines obsolete. This reinforces the need to maximize the use of existing tools now, globally and equitably, to rapidly bring an end to the pandemic.

"I think the ACT-Accelerator has been a critical instrument in mobilizing resources and in coordinating the activities of a very diverse set of actors. Without that co-ordination mechanism I doubt that what has been achieved would have been possible to achieve."

Carl Bildt, WHO Special Envoy for the ACT-Accelerator.

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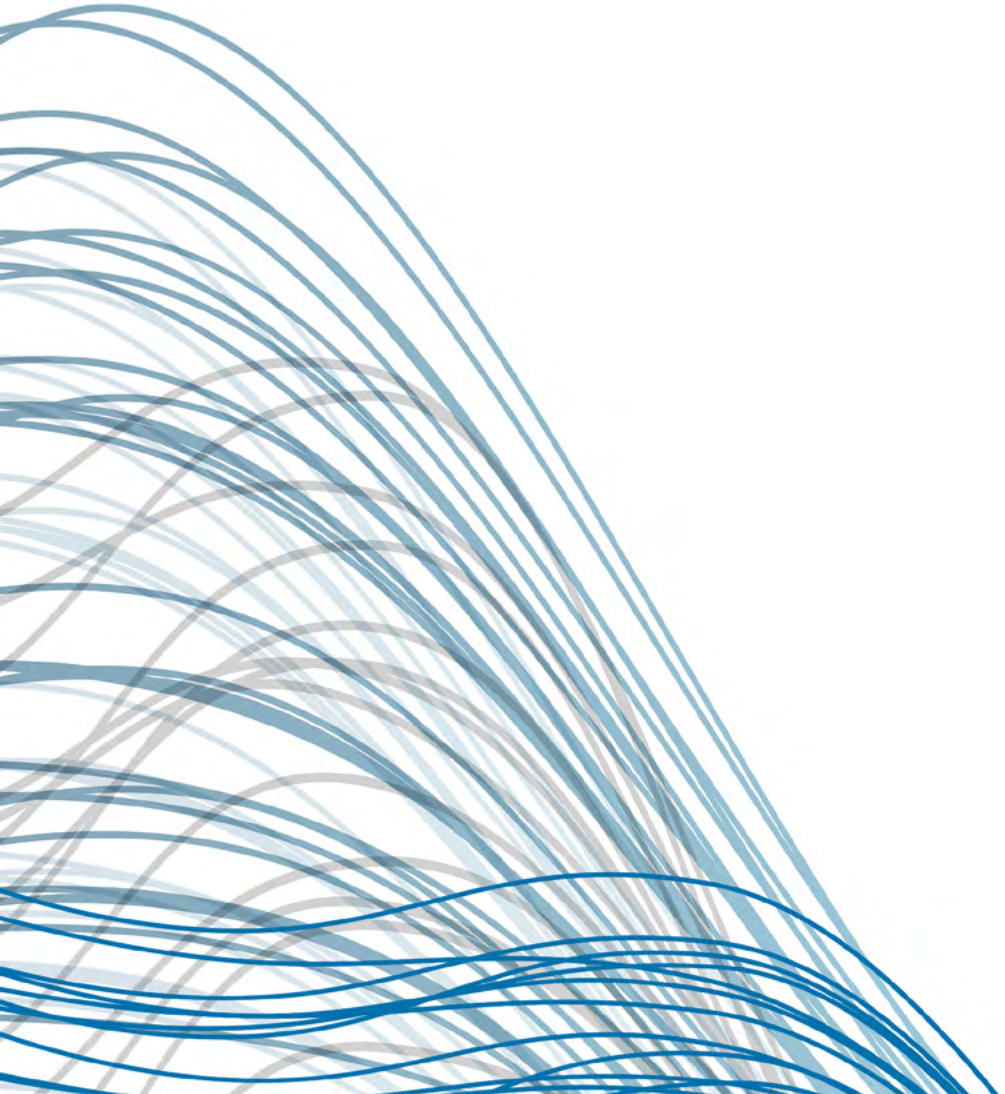
Vulnerable communities in the Amazon region of Colombia are only accessible by river or air.