ACTaccelerator
ACCESS TO COVID-19 TOOLS
Hosted by World Health Organization

RAPID ACT-ACCELERATOR DELTA RESPONSE (RADAR)
16 August 2021

The ACT-Accelerator is urgently appealing for **US$ 7.7 billion** to combat the DELTA VARIANT SURGE

This document outlines the funding case for ACT-Accelerator's **Rapid ACT-Accelerator Delta Response (RADAR)**[1], the emergency funding ask to combat the rising cases and deaths caused by the surging Delta variant.

This appeal is only the most urgently needed part of ACT-Accelerator's overall budget for 2021 for which the **funding gap is currently US$16.6 billion**. In addition, there is an opportunity to exercise vaccine purchase options that are not included in the 2021 strategy and budget and that are not currently financed in Q4 2021. This is to ensure continued vaccine supply for AMC eligible countries into 2022 while the 2022 WHO Vaccine Strategy is being finalized and discussed.

The challenge: Delta is surging

With increased transmissibility, the Delta variant is rapidly taking off and spreading. It is now present in 135 countries[2], and is expected to become the dominant strain circulating worldwide. The accelerated spread of the Delta variant is increasing inequities.

We have seen that the current vaccines protect against severe disease, hospitalization and death. In countries with high vaccination rates, there has been a decoupling between the number of cases and deaths and hospitalizations. In countries with low vaccination rates, the number of cases is still closely correlated with deaths and hospitalizations, especially in unvaccinated populations. Whilst the ACT-A is grateful to countries who are making doses available to COVAX supported countries to progressively and urgently raise coverage, the inequity in vaccination coverage is extreme and leaving large parts of the world vulnerable.

The increased number of infections among unvaccinated and vulnerable populations is overwhelming healthcare systems and creating a shortage of life-saving treatments such as oxygen. In addition, many countries do not have adequate supplies of basic equipment such as personal protective equipment (PPE) to protect frontline healthcare workers.

Meanwhile, testing rates in low- and lower-middle-income countries[3] are dramatically lower than testing rates in high-income countries – leaving the world blind to understanding where the disease is spreading and how it is evolving. Testing is needed for countries to stop the virus in its tracks. Without better testing rates globally, we cannot fight the disease on the frontline or mitigate the risk of new, more dangerous variants emerging.

[1] *The RADAR plan is an urgent appeal to cover budget gaps between August and November (4 months)*
[2] *WHO COVID-19 Weekly Epidemiological Update. Edition 51, published 3 August, 2021 (https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---3-august-2021, accessed 10 August 2021)*
[3] *Excluding India where testing rates are higher than in other lower-middle-income countries*

Why contribute to ACT-A

The ACT-A partnership has pre-established delivery mechanisms and networks to enable rapid work to deliver health interventions where they are most needed. Contributing directly to ACT-A agencies is therefore a highly effective and efficient way to bolster national efforts to mitigate the impact of the Delta variant.

For example, by late July The Global Fund had received requests for US$ 4.4 billion from their COVID-19 Response Mechanism (C19RM). US$ 1.8 billion has since been approved and US$ 1.6 billion is currently under review. The requests exceed the funding available and there is unfunded demand so far of US$ 0.8 billion. This figure is expected to rise to several billion in the next weeks. Much of this demand is for diagnostics, oxygen and PPE. Because the requests for funding are already received and have been or will soon be processed, there is an opportunity to respond very quickly to demand from countries when additional funding is made available.

Huge inequities in access to testing jeopardize our ability to get ahead of the virus. For example, a ten-fold increase in COVID-19 testing in low- and lower-middle-income countries would:

- enable more rapid detection of hotspots and breaking of chains of transmission to help manage and control further infections, morbidity, and mortality related to SARS-COV-2;
- direct widespread disease surveillance efforts including directing where and when genomic sequencing is most needed to ensure we can proactively detect and monitor variants of interest and concern;
- inform the rapid and effective triaging of patients to help direct the most appropriate treatments;
- enhance public health surveillance and inform decision-making, including vaccine deployment priorities; enhance measurement of the efficacy of vaccines, in clinical trials and real-world settings.

WHO, UNICEF and other ACT-A partner agencies have well-established emergency response capacities that can be rapidly deployed to support countries in responding to the Delta variant surges as soon as funding is made available.

From the onset of the COVID-19 pandemic, UNICEF undertook a comprehensive PPE forecasting exercise to ensure supply availability in the face of global shortages and surging waves of COVID-19. This was followed by a number of demand forecasting efforts. UNICEF has PPE stock pre-positioned across warehouses in Copenhagen, Shanghai, Panama and Dubai that is immediately available for delivery to countries in need, subject to availability of funding. The demand is there from countries, as demonstrated by the recent applications to the Global Fund C19RM and demand forecasts received by UNICEF. The capacity to respond to countries is there.

The financing to enable those responses is now urgently needed.

The solution

We know what is needed to tackle the Delta variant and get the world back on track. While it is critical to ramp up COVID-19 vaccination coverage as soon as possible, in particular to address inequities in coverage which are contributing to the emergence of variants, the world cannot rely on vaccination alone to end the pandemic. Concurrently and urgently, we need:

- **Testing** to scale-up global understanding of changing disease epidemiology, to identify where public health interventions are most needed, and to isolate cases so that transmission is reduced. Testing also helps ensure treatments are used safely and detects whether the Delta variant is mutating further or if new variants are arising. Critically, this involves not only the provision of tests, but also community engagement to promote uptake of testing, where needed. Detecting variants relies on sequencing which depends on investing in country testing capacity[4].
- **More oxygen** to treat the seriously ill and save lives.
- **Personal protective equipment** (PPE) for health workers, to keep them safe while they vaccinate, test and care for the sick, and to help prevent the collapse of health systems where the healthcare work-force is already understaffed and over-stretched. Priority needs to be given to the immediate deployment of available PPE stocks to support under-supplied countries facing surges.
- **Research and development** (R&D) to maximise supply and optimize use of current vaccines as well as develop 'variant proof' vaccines; enable market-shaping and support to manufacturing to ensure that tests, treatments, vaccines and other tools are effective, accessible and affordable against the Delta variant and other emerging variants.
- Rolling out **emergency response and delivery support to help countries identify and address key bottlenecks for the effective deployment and use of COVID-19 tools,** due to lack of timely operational costs, hesitancy/inadequate demand for vaccines and other tools, or other factors, all of which are very fluid, including in humanitarian and fragile settings. Flexible funding is needed urgently to fill gaps related to vaccine rollout, as the more medium/long term financing opportunities kick in, to avoid doses going idle. This is essential as we ramp up coverage of COVID-19 vaccines in the coming months.
- **Ensuring future vaccine supplies** by exercising options to buy 760 million doses in addition to the doses secured by commitments of US$ 9.7 billion to the COVAX AMC to date by donors, so continuing to access vaccines for future delivery in 2022.

ACT-Accelerator calculates that **US$ 7.7 billion is urgently needed** to address the Delta surge and put the world on track to end the pandemic. This investment is a tiny portion of the amount governments are currently spending to deal with COVID-19.

[4] FIND has carried out a systematic mapping of existing global capacity for SARS-CoV-2 genomic surveillance and developed a framework to classify countries into different archetypes based on diagnostic testing capacity, NGS capacity and ongoing in-country SARS CoV 2 sequencing.

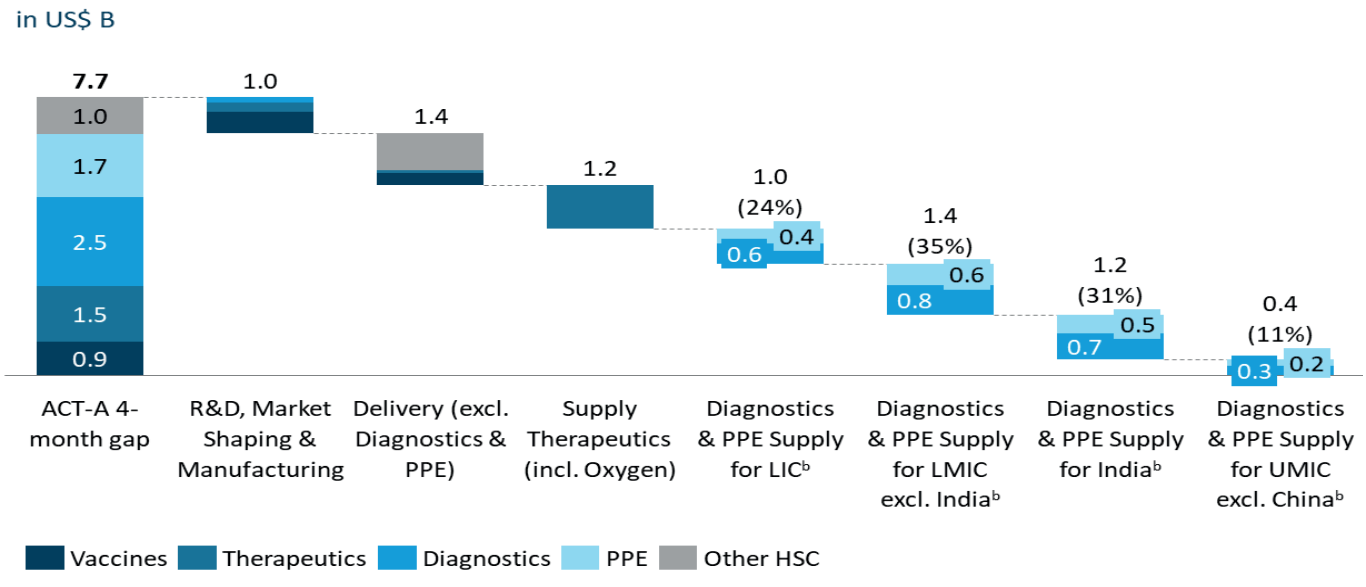
How to support the Rapid ACT-A Delta Appeal

Designated recipient agencies for funding are listed below for each need. The agencies have additional information on the breakdown and prioritization of needs within these cost categories. Please reach out directly to these agencies with questions about highest priority financial needs and offers of financial support. ACT-Accelerator can help direct inquiries: ACTAccelerator@who.int.

With US$ 7.7 billion, over the next four months, ACT-Accelerator partners could:

- Provide funding that will cover, in all low-income countries and lower-middle-income countries, a ten-fold increase COVID-19 **testing** and get all countries up to satisfactory testing levels. This will cost **US$ 2.4 billion.** (See Figure 2 for a breakdown of the 4 month funding gap for testing by country income group and outcomes.) Support can be directed to: FIND, UNITAID, UNICEF, Global Fund and WHO.
- Rapidly address acute **oxygen** needs to treat the seriously ill. This will cost **US$ 1.2 billion**. Support can be directed to: UNITAID, Global Fund, and UNICEF.
- Provide 2 million healthcare workers basic **PPE**. This will cost **US$ 1.7 billion**. (See Figure 2 for the 4-month funding gap for supply of PPE broken down by country income group and outcomes.) Support can be directed to Global Fund and UNICEF.
- Ongoing support for essential **R&D** to make sure tools evolve to meet the challenges of the evolving virus. This will cost **US$ 1.0 billion.** Support can be directed to: FIND, CEPI, UNITAID, UNICEF and WHO.
- Support countries with flexible operational funds and technical assistance to rapidly overcome bottlenecks in the roll out of COVID-19 tools, to ensure timely use of all commodities, including in humanitarian and fragile settings and to cover clinical management needs. This will cost **US$ 1.4 billion**. Support can be directed to: FIND, UNITAID, UNICEF, Global Fund and WHO.

Figure 1 – US$ 7.7 billion urgently needed[a] to address the Delta surge



NOTE: Assuming UMICs cover 80% of PPE/Dx need, LMICs cover 40% of PPE/Dx needs, and LICs cover 0% of their PPE/Dx needs

[a] Target of 250 tests / 100k inhab / day, and PPE supply for 1,000 HW / 1m inhab. [b] Including technical assistance and other delivery funding gaps

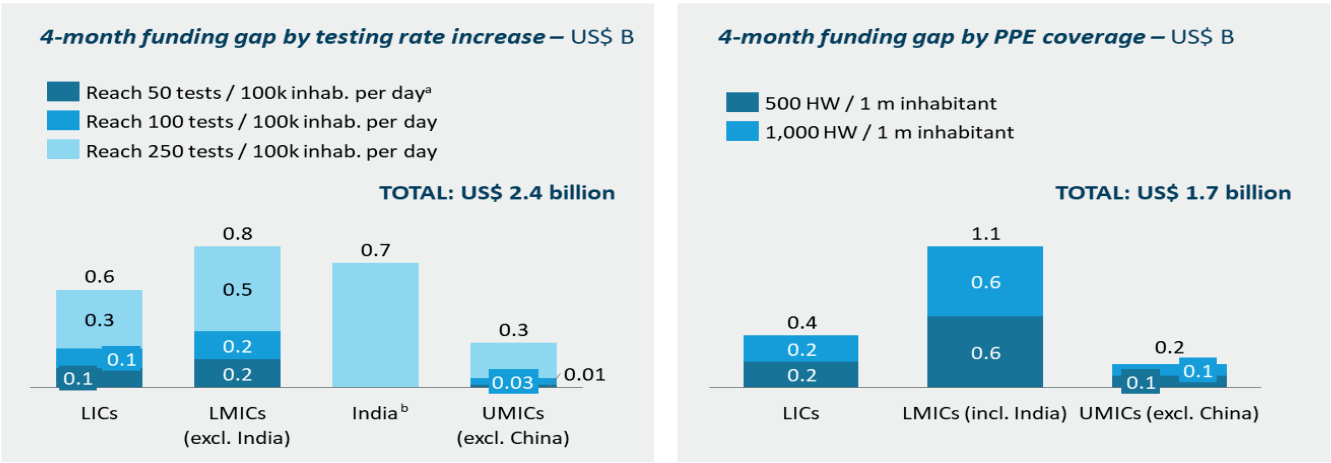
In addition, there is an opportunity to **reserve the supply of vaccines by exercising options to deliver vaccines in 2022.**

For this ACT-A can:

- Reserve supply of 760 million doses of vaccine by exercising options in the final quarter for delivery into 2022. This will cost **US$ 3.8 billion**. Support can be directed to Gavi; countries can also access additional doses through the cost-sharing mechanism supported by multilateral development bank financing partners.

Funding these urgent needs – and ensuring that funding and supplies flow quickly to where they are needed to address what are essentially emerging emergency situations - will help to protect everyone, everywhere and get us on the front foot in tackling COVID-19. Ending the pandemic will generate trillions in economic return due to increased global economic output and reduced need for government stimulus plans to deal with the health and financial crisis COVID-19 causes. The window for action is now. The quicker Delta – and other variants – are controlled, the lower the risk that new variants will emerge and the quicker the global recovery.

Figure 2 – ACT-A's 4-month funding gap for supply of diagnostics & PPE broken down by country income group & outcomes



NOTE: Assuming UMICs cover 80% of PPE need, LMICs cover 40% of PPE needs, and LICs cover 0% of their PPE needs

[a] As per WHO latest guideline on 'adequate' testing rate. [b] India singled out to avoid skewing LMIC testing rate, as it currently already tests above 100/100k inhabitants per day.

About the ACT-Accelerator

The Access to COVID-19 Tools Accelerator (ACT-Accelerator) is a global coalition of organizations developing and deploying the new diagnostics, treatments and vaccines needed to end the acute phase of the pandemic.

Pooling the expertise of its many partners, the ACT-Accelerator has quickly ushered in rapid, affordable tests and effective medicines, and established the COVAX facility for the equitable procurement and distribution of vaccines in lower-middle-income countries.

The ACT Accelerator's work is more vital than ever as new variants of the virus threaten to resist current COVID-19 tools, posing the risk of more death, illness, and social and economic harm.

The ACT-Accelerator has four areas of work, or pillars:

- **A diagnostics pillar**, led by the Global Fund and FIND
- **A treatment pillar**, led by UNITAID and Wellcome Trust
- **A vaccines pillar**, led by CEPI, Gavi and WHO and implementing partner UNICEF
- **A health systems connector**, led by the World Bank, WHO and the Global Fund

A workstream on access and allocation of COVID-19 products, led by WHO, cuts across and enables the work of the four pillars.

To date, ACT-Accelerator has:
(1) procured over 92.9 million COVID-19 tests for low and lower-middle-income countries; (2) identified the first lifesaving treatment (dexamethasone) and secured 2.9 million treatment courses; (3) procured more than US$ 500 million of PPE; and (4) delivered almost 200 million vaccines to 138 countries.

The ACT-Accelerator partnership was formed at the onset of the pandemic in response to a call from G20 leaders. ACT-Accelerator partners include: WHO; UNICEF; Gavi the Vaccine Alliance; the Global Fund to Fight AIDS, TB and Malaria; the World Bank; UNITAID; CEPI; FIND; the Wellcome Trust; and the Bill and Melinda Gates Foundation.

Critical funding for the effort comes from an unprecedented mobilization of donors, including countries, the private sector, philanthropists and multilateral partners. It has supported the fastest, most coordinated, and successful global effort in history to develop tools to fight a disease.

The ACT-Accelerator Partners:

Gavi The Vaccine Alliance · CEPI · Bill & Melinda Gates foundation · unicef · World Health Organization · wellcome · FIND Diagnosis for all · The Global Fund · Unitaid · WORLD BANK GROUP