ACTaccelerator
ACCESS TO COVID-19 TOOLS

Hosted by World Health Organization

Q1 QUARTERLY UPDATE

1 January – 31 March 2022

ABOUT THIS UPDATE

The Q1 Update charts progress achieved by ACT-Accelerator partners between 1 January and 31 March 2022 as they responded collectively to the global evolution of the pandemic and continued to support low-and middle-income countries with the development, procurement, and delivery of COVID-19 tests, treatments, personal protective equipment (PPE) and vaccines.

Data are drawn from the ACT-Accelerator and Multilateral Leaders Task Force Global COVID-19 Access Tracker (GCAT), which tracks country access to COVID-19 tools. Data is also drawn from the WHO Coronavirus (COVID-19) Dashboard, UNICEF COVID-19 Vaccine Market Dashboard, and consolidated reports from each of the ACT-Accelerator Pillars and the Health Systems and Response Connector.

This Q1 Update features a profile of Senegal and highlights how ACT-Accelerator partners have boosted the country's national COVID-19 response.

A snapshot of vaccine delivery in Ethiopia is also provided as an illustration of progress through collaboration in a challenging context.

STATE OF THE GLOBAL PANDEMIC

Across the quarter, there was a decreasing trend in the number of new COVID-19 cases globally. Over 10 million new cases and over 45 000 new deaths were reported across six WHO regions. As of 27 March 2022, over 479 million confirmed cases and over 6 million deaths have been reported globally.

Testing rates have been declining at an alarming rate this quarter, with low-income countries testing at an average of 6 tests per day per 100,000 population at the end of March. This is over 79 times lower than the testing rate in high-income countries. Low testing rates mean we have less information, leaving us nearly blind to patterns of virus transmission. Moreover, the rollout of other pandemic-fighting tools, including new oral antivirals, may be compromised by meager testing rates in low- and middle-income countries.

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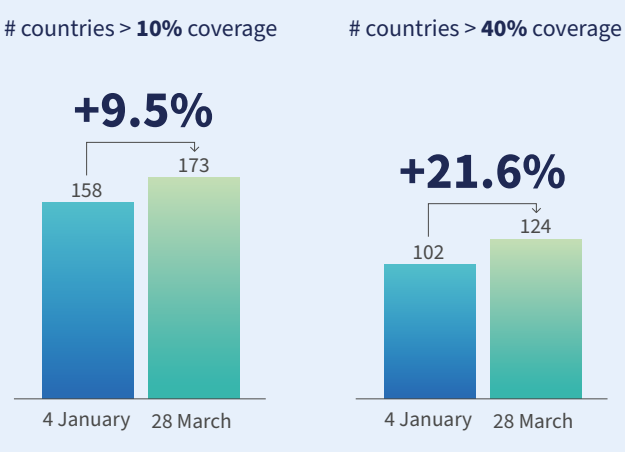
VACCINE DELIVERY

An exponential increase in vaccine supply as of Q4 of 2021 opened the opportunity for all countries to achieve the global targets. However, countries have faced challenges in getting those lifesaving vaccine doses from ports into arms in Q1. Against this easing of the severe supply constraints of 2021, the ACT-Accelerator Vaccines Pillar and the Health Systems and Response Connector intensified their focus on working with countries to unblock vaccine delivery bottlenecks. In January, the COVID-19 Vaccine Delivery Partnership (CoVDP) was

Evolution of COVID-19 Vaccination Coverage in Q1



Source: WHO COVID-19 Dashboard, at 4 January 2022 & 28 March 2022

launched by WHO, UNICEF, and Gavi, as the next phase of the country readiness and delivery work established in 2020. CoVDP focuses on providing intensified operational delivery support to 34 countries with 10% coverage at the start of the year. The bar chart on the previous page shows this quarter's progress in countries with the lowest coverage. The number of countries with over 10% coverage increased by 9.5%, and the number of countries with more than 40% coverage increased by 21.6%.

Inequity in vaccine access remains stark, and the African region is disproportionately affected. As of January 4, 29 countries below 10% primary coverage were in the African region and as of March 28, 16 of the 21 countries below 10% primary coverage were in the region. Still, progress is being made, even in the most challenging contexts. Of the CoVDP 34 focus countries, 15 – nearly half – have made it over the 10% threshold since the beginning of 2022.

FINANCING

In Q1, the ACT-A Facilitation Council launched the Financing Framework which identified a need for US$ 16.8bn of grant financing for ACT-A agencies, and elaborated the fair share approach to closing the financing gap. Requests for these fair share contributions were sent from the ACT-A Facilitation Council Co-Chairs, Norway and South Africa, to 55 heads of state and government. The resource mobilization campaign was launched with a high-level event on February 9.[1]

Funding still needed to Sept 2022

Commitments to the end of Q1 in the 2021-2022 budget cycle

[1] As of June 15, 2022 the projected funding gap is US$ 12bn. Of this US$ 5.4bn is most urgently needed to get shots into arms, tests and treatments to the sick, and protective equipment to health workers. Further funding is required for contingency financing in case the pandemic evolution calls for more vaccines and treatments.

CUMULATIVE PROCUREMENT & DELIVERY OF ACT-A TOOLS

Since the beginning of the pandemic to end March 2022

A total of **3.7bn** vaccine doses secured or confirmed as donations through COVAX (1.4bn delivered); provided over **US$ 1.6bn** to support delivery activities to 124 low and middle income-countries

3.7 billion

Over **167.8m** tests procured (126.8m delivered) across all member agencies within the diagnostics consortium and **US$ 972m** awarded by Global Fund to countries for tests.

167.8 million

US$ 9m worth of COVID-19 medicines procured (US$ 7.9m delivered) and **US$ 184m** awarded to countries for therapeutics and other supportive hospital equipment.

US$ 9 million

US$ 284m worth of oxygen supplies procured (US$ 187m delivered) and **US$ 560m** awarded to countries for medical oxygen.

US$ 284 million

US$ 536m worth of personal protective equipment procured (US$ 463m delivered) and **US$ 767m** awarded to countries for protective equipment.

US$ 536 million

ACT-A DIAGNOSTICS PILLAR 1 JANUARY – 31 MARCH 2022

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 alongside 50 global health partners to scale-up equitable access to COVID-19 diagnostic tools.

R&D and Product Assessment

- Awarded US$ 7m to 3 self-test manufacturers to accelerate the availability of affordable COVID-19 Ag-RDT self-tests in LMICs. Manufacturers have committed to producing up to 60m self-tests per month at US$ 1.00–2.00 per test for LMICs.
- Conducting clinical evaluations on performance to support and expedite regulatory approvals for COVID-19 self-testing products.
- WHO has included SARS-CoV-2 Ag-RDT intended for self-testing in the list of EUL eligible products and has published instructions and requirements to support manufacturers of self-tests with their EUL submission.
- One additional Ag-RDT has been WHO EUL listed. In all 8 Ag-RDTs have been WHO EUL listed.
- The candidate panel for the collaborative study to establish the 1st WHO International Standard for SARS-CoV-2 antigen has been finalized and the study will take place in Q2 2022. (WHO/NIBSC).

Market Shaping & Manufacturing

- WHO updated its recommendation for Ag-RDT COVID-19 self-tests. The interim guidance provides a new recommendation that COVID-19 self-tests be offered as part of COVID-19 testing services. Guidance also includes implementation considerations that can guide decisions on whether, and how, to adopt self-testing in different contexts.
- FIND is in the process of developing an efficient go-to-market plan for key stakeholders for self-tests including strategies on distribution, regulatory pathway, and entry channels for public and private markets.
- Public and private partners have been engaged in Kenya, Rwanda, Vietnam, India, Cambodia, Indonesia, and India to launch a series of pilots for Ag-RDT professional use in pharmacy and occupational settings. Findings will inform Ag-RDT self-test roll out strategies.
- Through ongoing engagement with suppliers and partners, UNICEF achieved further price reductions for Ag-RDTs to US$ 1.95-2.40 per test reduced from US$ 2.50-3.00 per test in Q4 2021.
- Global Fund's continuous work with suppliers enabled lower pricing, greater capacity, shorter lead-times and expansion of regulatory approved supplier tests. This has resulted in an increased monthly manufacturing capacity of >100m tests, availability of longer shelf life tests and key suppliers following the downward trend of lower pricing.
- Catalysed by the key role of sequencing during the COVID-19 pandemic, WHO launched the 2022/2023 global genomic surveillance strategy for pathogens with pandemic and epidemic potential. This strategy document will enable countries to expand their genomic surveillance capacities fostering partnerships and using harmonized local-to-global approaches.
- Genomics surveillance modeling tool developed to assess the minimum number and rate of tests required for timely identification of COVID-19 variants
- Genomic sequencing marketplace task force identified prioritized list of market challenges that need to be addressed in order to reduce high variable costs for sequencing. Note, procurement mapping analysis mapping the supply and demand issues of the sequencing marketplace is underway.

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Procurement

- Since the start of the pandemic, 167.8m tests were procured for countries in need, with 126.8m tests delivered across all member agencies within the diagnostics consortium (Q1 2020 to Q1 2022) in total of which in Q1 2022, 18.9m tests (1.8m PCR and 17.1m Ag-RDTs) were procured, and 15.8m delivered (3.9m PCR and 11.9m Ag-RDTs).
- In Q1 2022, the Global Fund awarded US$ 62m for diagnostic tools in 15 countries. Cumulatively since 2021, the Global Fund awarded US$ 790m for procurement of tests across 93 countries (US$ 470m for PCR tests, US$ 320m for Ag-RDTs) via the Global Fund's COVID-19 Response Mechanism (C19RM), to enable the procurement of 165-200m tests.

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Demand Generation & In-country delivery

- Through Global Fund's C19RM (Cumulative 2021-2022), US$ 142m in funding was awarded to support in-country roll-out of diagnostic tools.
- Global Fund initiated project STELLAR (February 2022 to December 2023) which supports selected African countries to maximize the impact of C19RM resources and rapidly scale up COVID-19 testing and galvanize longer term strengthening of laboratory systems.
- FIND is partnering with the IOM and the IRC to implement rapid antigen tests in Iraq, Jordan, Lebanon, and Syria. Findings will be generated around the optimal use of diagnostic tests in complex humanitarian emergencies.
- UNICEF launched a project aimed at developing a global advocacy strategy for scaling COVID-19 diagnostics using a human-centered design approach.
- Technical assistance to scale up COVID-19 testing has been initiated in Sudan and Myanmar.
- Under the ACT-A diagnostics country support working group, the Operational Research task force has approved 13 projects worth US$ 3m focused on scaling up access to community testing in a variety of LMIC settings.
- In January 2022, FIND and Unitaid launched an RFP to develop and deploy advocacy strategies to promote COVID-19 diagnostic testing and linkage to care and treatment in LMICs. In total, 248 proposals were received across 43 countries. Following a competitive and rigorous review process, 21 partners have been selected to receive up to US$ 2m in total funding for projects in 19 countries
- FIND and CHAI launched advocacy projects in 6 countries (Ecuador, Mozambique, Nigeria, South Africa, Tanzania, Vietnam) to engage government at a policy and country level to scale decentralized testing models.
- COVID-19 self-testing pilots are being supported in four target countries (Georgia, Brazil, Malaysia and Kenya) to identify target user segments and user preferences, with the aim to drive national policy and scale up.
- Supported revision of testing strategies by WHO regional offices, working towards integration of Influenza and SARS-CoV-2 surveillance and supported implementation of multiplex assays for surveillance.
- WHO and FIND launched an online training "Key considerations for SARS-CoV-2 antigen RDT implementation" on OpenWHO based on the complementary guide to SARS-CoV-2 Ag-RDT implementation. ~9,000 total enrolments globally from 169 countries or territories with over 3,000 certificates issued as of March 2022.
- Trained 797 HCWs and 568 CHWs in community-level testing and social mobilization across Kenya, Ethiopia, Somaliland, Laos and Vietnam
- Trained 2,210 end-users and supplied 342,325 Ag-RDT kits in 10 countries through IRD for training and testing in health facilities, community venues, schools and mobile outreach locations.
- Over 100 national staff trained in key areas of genomic surveillance and sequencing through 30 in-country missions conducted by WHO in the African region.
- Launched 15 studies in 12 LMICs assessing cost-effectiveness and interception of SARS-CoV-2 transmission in various settings to evaluate community-based applications of SARS-CoV-2 antigen diagnostic tests for a timely and effective public health response.

ACT-A THERAPEUTICS PILLAR 1 JANUARY – 31 MARCH 2022

The Therapeutics Pillar, co-led by Wellcome and Unitaid, and supported by WHO, enhances the development, manufacture, procurement and distribution of COVID-19 treatments for populations in low- and middle-income countries. 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 prices and address supply bottlenecks.

R&D and Product Assessment

- WHO published:
  - » The 9th update of the Living Guidelines for COVID-19 and Therapeutics, including 3 treatment options for severe or critical COVID-19 and 2 oral antiviral recommendation for non-severe COVID-19.
  - » COVID-19 clinical care pathway website that visualizes and simplifies treatment options including early diagnostics.
  - » SARI Clinical Care Toolkit which compiles practical tools and information sheets for health workers caring for patients with COVID-19 and other respiratory pathogens.
  - » WHO Molnupiravir Cohort Event Monitoring study protocol for safety monitoring of molnupiravir.
- Wellcome, supported by Unitaid, provided further support to the DNDi translational drug development platform for COVID-19 to generate preclinical evidence in support of treatment arms of the ANTICOV clinical trial.[2]

[2] The activities will focus on antiviral assessments with integrated pharmacokinetic/pharmacodynamic (PK/PD) and efficacy against new emerging Variants of Concern and will be extended to gather data on risk of resistance development and cross-resistance for the leading antivirals.

Market Shaping & Manufacturing

- Unitaid announced further US$ 56m to rapidly address global inequities in access to medical oxygen by supporting the work of ALIMA, CHAI, Partners in Health, and the WHO Health Emergencies Programme. The projects will ensure medical oxygen is available for COVID-19 patients and lay the groundwork to address access to oxygen, including strengthening the future pandemic response.
- MPP announced signing sublicensing agreements with 27 generic manufacturers in 11 countries for molnupiravir and 36 manufacturers in 13 countries for nirmatrelvir/ritonavir.
- WHO prequalified Roche's tocilizumab injection products. A first-round allocation for tocilizumab was conducted.
- A number of molnupiravir applications were reviewed, in parallel to bioequivalence studies, and several remdesivir dossiers were assessed.
- UNICEF has made awards to global Liquid Medical Oxygen (LMO) producers Linde Asia Pacific and Afrox for delivery and implementation of all-inclusive LMO services for health facilities in multiple LMICs.
- KPIs under development by ACT-A partners to measure impact of oxygen investments, including oxygen plants, recognizing the need to leverage resources and partner capacities to overcome implementation challenges and establish a system for repair and maintenance beyond COVID-19.

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Procurement

- WHO has disseminated the priority medical devices for COVID-19 and the technical specifications, that have been used by Member States, UN agencies and NGOs to procure medical equipment.
- In Q1, the Global Fund awarded US$ 52m for therapeutic tools in 13 countries. Since the beginning of 2021, the Global Fund has awarded US$ 732 m for procurement of therapeutics across 87 countries (US$ 548m for oxygen, US$ 184m for others including C-19 pharmaceuticals and other supportive hospital equipment) via Global Fund's COVID-19 Response Mechanism.
- Tenders and negotiations are ongoing with manufacturers to secure supply capacity for novel antivirals for LMICs served by the Global Fund.
- UNICEF established additional conditional supply agreements with generic manufacturers of molnupiravir and established an agreement for the supply of nirmatrelvir/ritonavir to 95 LMICs.
- UNICEF continues to support the deployment of dexamethasone, delivering 9,970,520 units in Q1.
- UNICEF has procured 11,783 units of oxygen concentrators (US$ 8.3m), and oxygen accessories and consumables (US$ 9.4m) in Q1 2022.

Demand Generation & In-country delivery

- Under the “Test & Treat” RFP between Unitaid and FIND:
  - » Small grants were provided to 9 community-based organizations across 5 countries to strengthen community demand creation and advocate for accessible COVID-19 testing, treatment and vaccination services.
  - » 2,549 pieces of respiratory care equipment have been delivered across 5 countries.
  - » 20,000 COVID-19 self-tests and 230,000 Ag-RDTs were procured.
  - » 3,360 vials of tocilizumab were procured in Q1 for a 6 country project.
  - » COVID-19 testing has been integrated into MNCH, TB and HIV clinics in 26 facilities in Cameroon, 21 facilities in Kenya, and 4 in Zimbabwe.
  - » Protocols for self-testing have been submitted in 4 countries.

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- Unitaid has supported the development of assessment-informed procurement plans in 24 countries to fill critical gaps in available oxygen equipment and bolster oxygen production capacity. Purchase orders have been signed in 2 additional countries for infrastructure upgrades, including piping, wall outlets, and flowmeters.
- The Global Fund awarded US$ 107m in funding to support in-country roll-out of therapeutic tools via the Global Fund's COVID-19 Response Mechanism (Cumulative in 2021-2022).
- Through project BOXER, the Global Fund is providing technical assistance to oxygen investments, including Pressure Swing Absorption (PSA) Plants, defining facility-level O2 needs, supporting local and central procurement, installation and training, and providing added quality assurance to 30 countries to date.
- UNICEF provided technical assistance to 31 countries, including 12 countries with ongoing humanitarian situations, for strategic planning for oxygen systems.
- UNICEF provided technical advice which enabled preparation for delivery and installation in relation to 45 PSA plants in 29 countries (including 10 HRP countries). By the end of Q1, 3 PSA plants have been installed in Uganda.
- WHO produced and launched training videos and courses in OpenWHO including case management webinars and biomedical equipment for oxygen delivery systems.

ACT-A VACCINES PILLAR
1 JANUARY – 31 MARCH 2022

COVAX, the ACT-Accelerator's Vaccines Pillar, 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.

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R&D and Product Assessment

- Invested in vaccine development across R&D portfolio of 14 vaccine candidates against SARS-CoV-2, including four targeting variants.[3] Three of these (Oxford/AZ, Moderna, and Novavax) have been granted Emergency Use Listing by the World Health Organization (WHO) and are now preventing disease and death around the world.
- Continued to support clinical research studies to expand access to vaccines, including launching new clinical trials investigating fractional or reduced booster doses which could guide future vaccination strategies.

Market Shaping & Manufacturing

- Multi-partner effort led to the development of longer-term market shaping strategy for COVID-19 vaccines. This culminated in a COVID-19 vaccines market shaping roadmap in January 2022.
- Continued to manage COVAX APA portfolio in line with country needs and portfolio objectives, including engaging manufacturers to better align forthcoming supply with timing and volume of country demand.

[3] No investments in new candidate vaccines in the last quarter.

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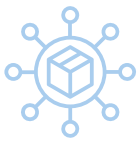
Procurement

- As of the end of March 2022, a total of 1,828,806,110 doses had been allocated to 148 countries (excluding Humanitarian Buffer).
- Delivered 488.67 million doses through COVAX in Q1, taking total doses delivered by the end of March 2022 to 1.446 billion.
- ~26m cost shared doses were delivered in Q1 2022, with ~114m delivered by end of Q1 2022 to 9 AMC participants. Vaccines delivered include Moderna, Sinovac, and Sinopharm.
- Under the SFP2.0 purchasing model Singapore finalized the documents to purchase 306k Sinovac doses, for delivery in Q2.
- The 2nd delivery of Humanitarian Buffer doses was made to Uganda. Gavi has secured indemnity and liability requirements waiver for 7 vaccines within the COVAX portfolio for deployment by Humanitarian Agencies.
- UNICEF ran a tender to identify and ensure access to injection devices that might prove suitable for delivery of paediatric and booster COVID-19 vaccine doses to meet country needs as necessary, and in line with emerging interim guidance on injection safety and delivery of these types of vaccinations.
- 481.96m AD syringes for immunization against COVID-19 were delivered in Q1 2022
- Allocation Phase 2 design was finalised and operationalised for implementation from Q2 2022.



Demand Generation & In-country delivery

- In January 2022, WHO, UNICEF and Gavi, launched the COVID-19 Vaccine Delivery Partnership (CoVDP) as the next phase of the pillar country readiness and delivery work, intensifying the operational support in light of the easing of vaccine supply constraints.
- CoVDP works with countries to identify and resolve bottlenecks to vaccination and accelerate vaccination coverage in the 92 AMC countries, with a focus on the 34 countries that were at or below 10% coverage in January 2022.
- Since then, CoVDP has received US$ 42m in urgent funding requests, of which US$ 17m has been disbursed to-date to four countries for support with immediate needs (Chad, DRC, Burkina Faso and Ethiopia).
- Through the partnership, the 3 agencies have:
  - » Identified funding requirements and supported participants' access to funds, including:
    - * US$ 3.36bn recorded funding for COVID-19 vaccine delivery across 132 LMICs, of which US$ 2.60bn (78%) has been allocated to AMC92 participants
    - * Disbursement of US$ 17m to four participants with an additional US$ 4.8m in the process of being approved, and US$ 26.9m requests under consideration
    - * The AMC-30 COVID-19 Vaccine Delivery Support (CDS) saw the implementation of the Early Access envelope (US$ 19.2m) and disbursement of needs-based envelope (US$ 21.6m) to 29 participants. By 28 February 2022, 77% of Early Access funds were utilized.
- Among the 34 countries at or under 10% coverage in January 2022, eight countries have seen the greatest increase in coverage during the period of 15 January to 30 March[4], while 10 countries have seen one percent or less increase in coverage.[5] Countries' achievements can be attributed to their strong political leadership, country coordination and planning, and mass vaccination campaigns.
- Supply increase led to a change in allocation mechanism and consequently the launch of the demand planning process for AMC-92 participants in January 2022 with 83 Participants out of 92 responding to the first request, pioneering a bottom-up allocation approach within COVAX.
- In-country demand generation was strengthened. Examples include the establishment of women-led networks in South Sudan, co-development of risk communication and community engagement (RCCE) materials to increase demand uptake among women in Somalia, and strengthening sensitization and social mobilization against COVID-19 in Haiti.
- Digital tools were leveraged in several countries to support vaccine delivery, including:
  - » In Afghanistan, geospatial analysis was applied to segment communities for fixed and outreach delivery strategies.
  - » In Burkina Faso, DRC and Ethiopia, DHIS2 trackers and vaccination tools were configured to capture individual vaccination data and create digital vaccine certificates.
  - » In Ghana, Nigeria and Sierra Leone the Digital Health Center of Excellence (DICE), supported the GIZ-led Digital Pandemic Preparedness Assessment (DPPA) tool to identify needs for digital tools for pandemic preparedness and the vaccine roll-out.

[4] In descending order of % increase, these countries are: Guinea-Bissau, Uganda, Ethiopia, Guinea, Ghana, Sierra Leone, Solomon Islands and Kenya.

[5] Afghanistan, Burundi, Chad, Gabon, Haiti, Madagascar, Malawi, Papua New Guinea, Senegal, and Yemen.

ACT-A HEALTH SYSTEMS & RESPONSE CONNECTOR (HSRC) 1 JANUARY – 31 MARCH 2022

The ACT-Accelerator 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-led by WHO, UNICEF, the Global Fund, and the World Bank with support from the Global Financing Facility; it serves as a common link with existing technical and financing country partners and platforms in low- and lower-middle-income countries.

HSRC's work is articulated around 3 thematic workstreams:

1. Coordinated country planning, financing, and tracking against targets.
2. Coordinated technical, operational, and financial support to countries to ensure translation of tools (diagnostics, therapeutics, and vaccines) into effective health interventions.
3. Debottlenecking health systems and maintaining essential health services, while protecting health workers.

Procurement

- In Q1, awarded US$ 22m for health products (e.g., PPE, disinfectants and waste management) in 3 countries via Global Fund COVID-19 Response Mechanism. Since 2021, The Global Fund has awarded US$ 759m for procurement of health system tools in 103 countries (US$ 491m for PPE procurement; US$ 268m for other related health products)
- UNICEF delivered US$ 59m of PPE to 93 countries in Q1. Since 2021, UNICEF has delivered US$ 198.6m of PPE to more than 121 countries.
- Continued delivery of PPE to emergency situations. In Ukraine, UNICEF provided more than 1m face masks, over 4m latex gloves, and 13,000 isolation gowns in Q1.
- In Q1, The World Bank approved 13 new projects amounting to US$ 1.2bn to finance the purchase and deployment of vaccines and to strengthen health systems.

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Demand Generation & In-country delivery

Workstream 1: Coordinated country planning, financing, and tracking against targets

- Prepared 13 preliminary country needs assessment profiles, consolidating information across agencies to align on bottlenecks, challenges, and funding gaps in priority countries.
- Held initial engagements with 5 Country Offices to validate needs assessments and identify additional areas where HSRC support is required.
- Aligned on priority countries for support with vaccine pillar, planning to hold joint country missions from Q2.
- Created country engagement model, appointing thematic desk officers and formalizing a mechanism to track incoming country requests to fulfilment.
- Therapeutics request forms were added to Partners Platform to facilitate allocation coordination for tocilizumab (55 countries opted in for Q1) and molnupiravir for any eligible country.
- Supported Country Delivery Support needs-based funding application functionality on Partners Platform for UNICEF and Gavi, through which over US$ 414m was requested – of which 17% was distributed.
- Developed new data stories in Q1, resulting from collaboration across ACT-A partners and subject matter experts, focusing on inequity and national vaccination targets seen by more than 5,000 new Global COVID-19 Access Tracker users.

Workstream 2: Coordinated technical, operational and financial support to countries to ensure translation of tools (diagnostics, therapeutics, and vaccines) into effective health interventions

- In Q1, The World Bank approved 13 new projects amounting to US$ 1.2bn to finance the purchase and deployment of vaccines and to strengthen health systems. To date, the World Bank has supported roll-out of COVID-19 tools in about 100 countries, amounting to US$ 12bn by financing procurement and delivery of vaccines, therapeutics, and diagnostics while helping countries strengthen health systems. Since 2021, The Global Fund has awarded US$ 350m to support in-country roll-out of health systems tools via COVID-19 Response Mechanism, including supporting health workforce, adapting and developing policy and guidelines, financing of infrastructure for COVID-19 service delivery and strengthening supply chains.[6]
- Published COVID-19 Clinical Care Pathway and created draft country readiness assessment framework.

Workstream 3: Debottlenecking health systems and maintaining essential health services, while protecting health workers

- Technical and financial support for RCCE in 45 LMICs provided by UNICEF, supported by flexible funding raised through ACT-A HAC appeal in Q1. To date, UNICEF has provided support for RCCE in 130 countries.
- Four PPE kits with different supply item combinations have been designed by UNICEF to improve safety of frontline health workers. The kits were created for use in immunization programmes (COVID-19 and routine programmes) and for primary health centers and outreach activities.
- In Q1, Global Financing Facility (GFF) started implementation of an additional US$ 30m of grants which directly support health system strengthening and protection of health workers. To date, US$ 297m of GFF grants have been approved in 18 countries.
- In Q1, GFF continued country support to monitor impact of COVID-19 essential health services. To date, GFF has provided US$ 17m to support countries with technical assistance and monitoring of essential health services.
- In total, the World Bank has provided US$ 635m financing to support infection prevention and control (including PPE procurement).

[6] In the Q4 report the other health products in HSRC were reported under a broader category of "support in-country roll-out of health system tools".

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ACT-ACCELERATOR COUNTRY PROFILE: SENEGAL

Senegal is one of the countries hit hardest by COVID-19 in West Africa, and yet has performed well on several aspects of the COVID-19 response with ACT-A support from all three Pillars and the Health Systems and Response Connector. The country's experience offers valuable lessons for our collective fight against COVID-19.

At the onset of the pandemic, Senegal's health officials worried that the pandemic would overwhelm its fragile health systems, given the limited resource of only seven doctors for every 100,000 citizens.[6, 7] But when the first case was recorded on March 3, 2020, Senegal was prepared. The country's Health Emergency Operations Center has been running outbreaks simulation since the 2014-2016 West African Ebola outbreak. In January 2020, when COVID-19 first emerged as a threat, the Centre began assessing Senegal's preparedness and strategizing based on those assessments.

Senegal was ranked second out of 36 countries on Foreign Policy's COVID-19 Global Response Index in 2020[8], ranking how national leaders respond to the pandemic. Following New Zealand, it scored high marks for providing fact-based communication and for the public health directives introduced in the country. The ACT-Accelerator's Pillars reinforced its national COVID-19 response by driving vaccine rollouts, procuring tests, delivering oxygen supplies among other in-country support. Senegal's pandemic response has not been without challenges, but its health officials shared that experience, preparation, and timely government response enabled the country to protect its citizens and save lives.

Key to Senegal's ability to detect early cases was its emphasis on testing.[9] In January 2020, the Institut Pasteur of Dakar was one of only two laboratories on the continent capable of testing for COVID-19. By the end of April 2020, 43 countries in Africa could test for the virus, partly thanks to the training and sharing of experiences provided by the Institut Pasteur. To augment its testing strategy, since the beginning of the pandemic, the **Global Fund awarded over US$ 10m for procurement of COVID-19 PCR and Ag-RDT diagnostic tests** that strengthened the country's disease monitoring and surveillance.

Senegal's devastating third wave of COVID-19 in July and August 2021, however, brought forth challenges in carrying out PCR tests in laboratories and the need to adopt a revised testing strategy. The **Global Fund provided additional PCR test kits and PPE** to enable health workers to continue to carry out these tests safely. The Global Fund also allocated supplementary funding to Senegal that supported the decentralization of screening activities with antigen testing in communities.

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SENEGAL LEADING THE WAY IN THE LOCAL MANUFACTURING OF SARS-COV-2 DIAGNOSTICS

The ACT-Accelerator Diagnostics Pillar through FIND and Unitaid has helped build Senegal's local Ag-RDT testing capacity. Specifically, it supports DIATROPIX, a social venture to promote access to affordable and high-performance rapid diagnostic tests made in Africa, for Africa. DIATROPIX[10] was established in 2018 by the Institut Pasteur of Dakar, the Mérieux Foundation, the Institut de Recherche pour le Développement (IRD) and FIND. The project with ACT-A is helping expand regional manufacturing of COVID-19 Ag-RDTs capacity in Africa through technology transfer of two rapid tests for production at DIATROPIX, construction of a new facility to accommodate expanded manufacturing capacity (target of 50 million tests per year by 2023), and purchase of equipment to support manual and semi-automated manufacturing of new products. The catalytic support from the ACT-Accelerator Diagnostics Pillar will strengthen Senegal's ability to respond to epidemics and pandemics in the future and build a solid foundation for a regional manufacturing facility where Ag-RDTs targeting other relevant diseases to the African continent can be manufactured at scale in the longer term.

[6] https://www.devex.com/news/how-senegal-has-set-the-standard-on-covid-19-982669.

[7] Gooch, K. (2019, November 6). 50 states ranked by most active physicians per 100,000 population. Becker's Hospital Review. https://www.beckershospitalreview.com/workforce/50-states-ranked-by-most-active-physicians-per-100-000-population.html#:%7E:#:~:text=The%20report%20%E2%80%94%20published%20by%20the,to%20271.6%20two%20years%20prior.

[8] https://globalresponseindex.foreignpolicy.com.

[9] BBC News. (2020, October 5). Coronavirus in Senegal: Keeping Covid-19 at bay. BBC News. https://www.bbc.com/news/world-africa-54388340.

[10] The DIATROPIX Ag-RDT has not undergone WHO EUL assessment. The WHO EUL assessment list can be found here: https://extranet.who.int/pqweb/sites/default.

STRONG RESOLVE TO PROTECT ITS POPULATION AND NEIGHBORS THROUGH VACCINES

Senegal was among the first countries to receive COVID-19 vaccine doses via the COVAX Facility. It began vaccination of priority groups on February 23, 2021. With **over 4.3m doses received through COVAX**, Senegal has decided to routinize COVID-19 vaccination with free access to vaccines in all health posts and centers throughout the country.

Significant vaccination coverage was achieved in 2021. However, the country experienced a stagnating trend in 2022 as demand has dropped off amid polio and measles outbreaks.[11] To date, Senegal has vaccinated nearly 1.5 million people, but only 6% of the Senegalese population is fully vaccinated – one of the lowest rates in the world. A redefined strategy is being set up with a focus on targeting the most vulnerable and renewed communication plans to tackle hesitancy and fake news. Senegal is also being engaged via the recently established COVID-19 Vaccine Delivery Partnership.

With ACT-A support, Senegal is positioning itself as a regional vaccine manufacturer. In Q1, Senegal launched the "Manufacturing in Africa for Disease Immunization and Building Autonomy" initiative (MADIBA). An investment of US$ 220m will enable the production of 60% of Africa's vaccine needs, with a priority focus on COVID-19. The initiative is a partnership with the EU, US, Africa CDC, and many others. In February 2022, Senegal was selected in the first round of 6 countries that will receive the technology needed to produce mRNA vaccines in Africa through the WHO mRNA vaccine hub.

President Macky Sall, as President of Senegal and Chairperson of the African Union, was appointed to co-host the 2022 Break COVID Now Summit with Germany to pursue advocacy efforts in favor of COVID-19 vaccination, be that in terms of funding, equal access to vaccines and the necessity to keep the fight against the pandemic at the heart of global health policies.

ACCESSIBLE AND AVAILABLE CARE AND TREATMENTS TO THOSE WHO NEED THEM THE MOST

At the onset of the pandemic and as transmission accelerated, Senegal followed WHO guidance on public health and social measures were implemented, with the declaration of a state of emergency, which imposed a night-time curfew and a requirement to wear masks outside the home.[12]

Many of the severe COVID-19 cases in Senegal required treatment with medical oxygen, and ACT-A agencies provided critical support to the Ministry of Health and Social Action. **Unitaid, through its investments in PATH and CHAI, procured more than 3,600 respiratory care devices worth over US$ 600,000**, supported a gap analysis to plan sustainable respiratory care in Senegal, developed COVID-19 respiratory guidelines, and contributed to writing a national oxygen strategy. The Global Fund has invested US$ 2.3m in health products for therapeutics in Senegal. To treat severe cases of COVID-19, the Global Fund has supported Senegal with medical oxygen, particularly equipment and consumables for oxygen therapy and other therapeutics such as dexamethasone.

Since the start of the pandemic, UNICEF has procured oxygen kits worth over US$ 800,000 (concentrators with accessories and consumables) to be distributed to primary health care facilities in Senegal. These kits include 500 oxygen concentrators (10 LPM), 500 flow meters for oxygen, 500 flow meters for air, 79 oxygen analyzers, 500 voltage stabilizers, 150,000 nasal cannulas for newborns, children, and adults, and 1500 resuscitators for newborns, older children, and adults. UNICEF has also procured 7 pressure swing adsorption (PSA) oxygen plants worth US$ 1.7m in health centers in St Louis and Thies regions in Senegal.

HEALTH SYSTEMS STRENGTHENED IN SENEGAL TO FIGHT COVID-19 AND FUTURE PANDEMICS

To boost the efforts of the Government, the **Global Fund C19RM supported Senegal with an overall funding of US$ 28m (since the start of the pandemic), including funding that helped** strengthen its national pandemic response. The Global Fund established regional monitoring and surveillance committees in each region and developed data collection tools for COVID-19 - strengthening early warning, risk prevention, and community mobilization and training health workers on disease surveillance and response.

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[11] https://www.who.int/publications/m/item/accelerating-covid-19-vaccine-deployment.

[12] https://www.reuters.com/article/health-coronavirus-senegal-ivorycoast/ivory-coast-senegal-declare-emergencies-impose-curfews-in-coronavirus-response-idUSL8N2BG9MO.

In the same vein, **the World Bank has supported Senegal with US$ 4m through the Regional Disease Surveillance Systems Enhancement Programme, followed by COVID-19 response funding totalling US$ 154m to strengthen vaccination systems and preparedness**, travel, and training of health workers for COVID-19 treatment centres and laboratory equipment (including testing).

UNICEF supported the prevention and control of infection and kick-started the vaccination campaign while ensuring the continuity of essential services. Besides the over 600,000 vaccine doses procured, **UNICEF has provided health facilities with nearly 1.4m high-quality masks and 4,150 surgical gowns to strengthen infection prevention and control**.

Despite many difficulties, Senegal has been working strategically with partners to step up its response and prevent further proliferation of the COVID-19 virus. While it's too early to declare victory, Senegal has demonstrated that strong leadership and strategic partnerships such as those with ACT-A agencies are essential in fighting a pandemic.

ACCELERATING VACCINATION COVERAGE IN ETHIOPIA

Ethiopia made remarkable progress in the first quarter of 2022 despite ongoing conflict and humanitarian crisis. Thanks to the effective implementation of vaccination campaigns and vaccines being made available at local health centers, the country increased its vaccination coverage from 3.5% in January to 18% by 28 March.

The Ethiopian Government worked closely with the ACT-A Vaccine's Pillar COVAX through the COVID-19 Vaccine Delivery Partnership (CoVDP) and the Health Systems & Response Connector (HSRC) to access technical, operational, and financial resources for coordinated and data-driven vaccine procurement and delivery. To cover existing financing needs, US$ 4.2m of operational funding was disbursed to pay for a dedicated vaccination campaign for conflict-affected populations. The bundling of COVID-19 vaccinations with an upcoming measles campaign was identified as a potential opportunity to reduce transaction costs in vaccine delivery, especially given the country's competing health and humanitarian priorities. In addition, the CoVDP helped the country secure 2m doses of AstraZeneca vaccine, a product for which the government had expressed a preference for upcoming campaigns.

Together with other key stakeholders including multilateral, bilateral, and CSO partners, Ethiopia will implement two more vaccination campaigns and is committed to integrating COVID-19 vaccination into its primary health care program. With strategic partnerships and strong resolve, Ethiopia is set to achieve its national target of vaccinating 40% of the total population by December 2022.

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