ACTaccelerator
ACCESS TO COVID-19 TOOLS

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ACT-ACCELERATOR OUTCOMES REPORT, 2020-2022 (INCORPORATING Q3 UPDATE)

ACT-Accelerator Outcomes Report, 2020-2022 (incorporating Q3 Update)

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CONTENTS

1. Introduction **1**

2. Key ACT-A Achievements since 2020 **2**

3. Financing the ACT-Accelerator **16**

4. Looking ahead **24**

Annex 1: Summary of outcomes of Pillars' work towards the 2021-2022 Strategic Plan and Budget milestones **30**

Annex 2: Quarterly Update - ACT-A Achievements in Q3 2022 **36**

Impact Stories:

Innovations in Oxygen Access 10

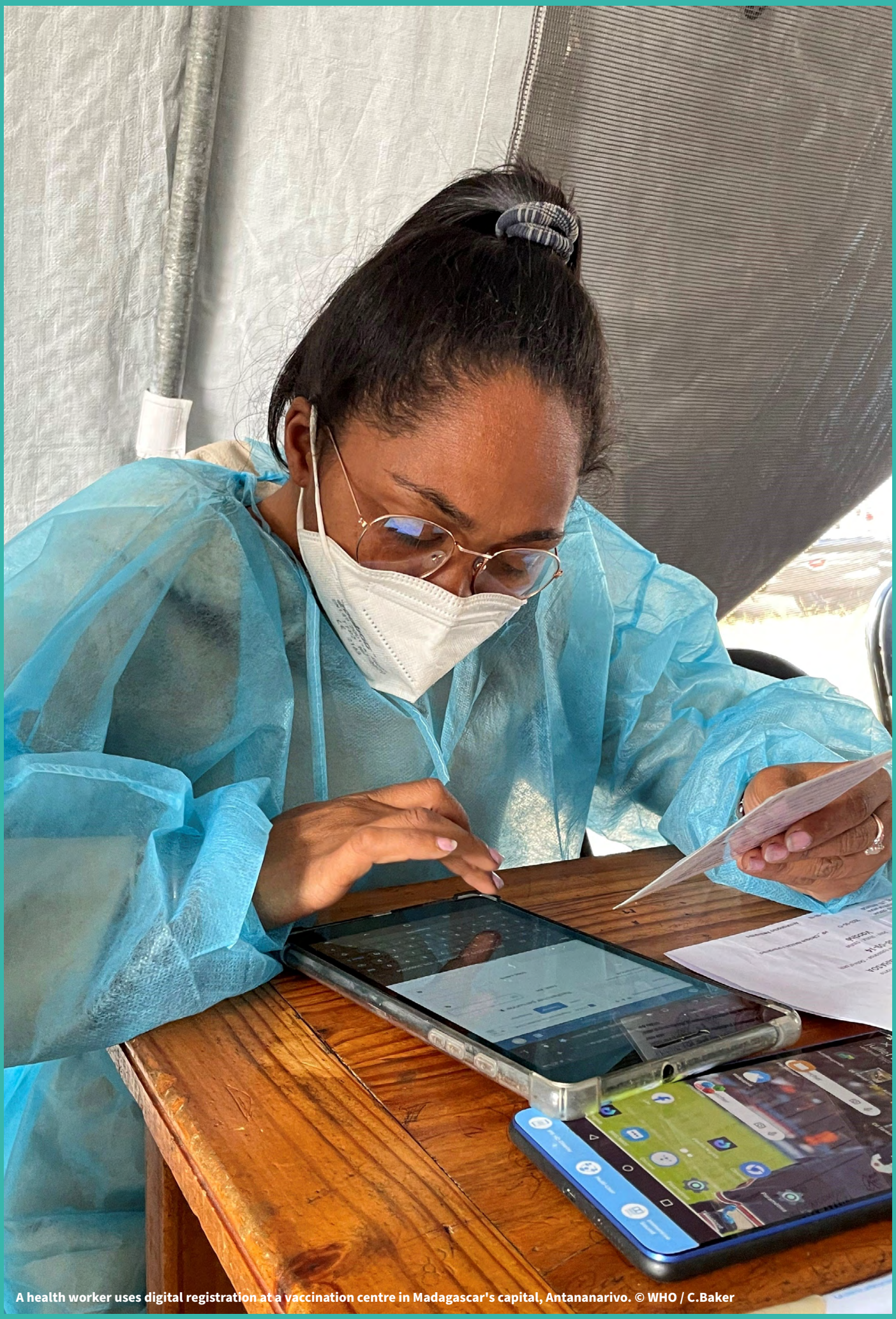
Closing the vaccine equity gap in low-coverage countries 12

Rolling-out Test and Treat Pilots 18

The health workforce in the roll-out of COVID-19 tools 21

Accelerating the availability of tools through market shaping and manufacturing 26

Political advocacy in support of ACT-A 28



A health worker uses digital registration at a vaccination centre in Madagascar's capital, Antananarivo. © WHO / C.Baker

1. INTRODUCTION

ABOUT THIS REPORT

The end of the third quarter of 2022 coincided with the close of the timespan of the ACT-Accelerator Strategic Plan and Budget, 2021-22, and the start of implementation of the ACT-A Transition Plan. To mark this shift, this report provides more information on cumulative achievements since the start of the pandemic, and an account of the outcomes of the four Pillars' work towards the milestones set out in the 2021-2022 Strategic Plan. This is summarized in Annex 1.

The six months from October 2022 to March 2023 are a transition period for the COVID-19 response from crisis mode to more sustainable operations and financing. This report briefly touches on the ACT-A Transition Plan, which describes the work that the ACT-Accelerator Agencies and Partners will be continuing through this period and beyond. A set of impact stories provides a closer look at the work of ACT-Accelerator partners in key areas including capacity building in manufacturing, the health workforce for the delivery of tools, and rolling out Test-and-Treat pilots.

In addition, the Q3 Update (summarized in Annex 2) charts progress achieved by ACT-Accelerator partners between 1 July - 30 September 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 are also drawn from 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.

STATE OF THE GLOBAL PANDEMIC AND THE COVID-19 RESPONSE

Globally, deaths from COVID-19 continued to decline through the close of Q3. By the end of September, the weekly death toll was as low as in March 2020. Though reported case numbers were beginning to rise in Europe, elsewhere reported cases were in decline after hitting a small peak at the end of July 2022[1].

The low levels of deaths and downward trend in reported cases prompted the WHO Director General to suggest that the end of the pandemic might be in sight, as he urged leaders to double down on efforts. To maintain political attention towards the COVID-19 emergency, the UN Secretary General hosted a UNGA event, which attracted high level participation to review the status of the global roll out of COVID-19 vaccines, diagnostics and treatments. It brought political advocacy to push for delivery of vaccines, particularly to health workers, the elderly and the immunocompromised, and for the roll out of Test-and-Treat pilots for access to antivirals that can be administered on an outpatient basis to patients at high risk of severe illness.

[1] WHO Weekly Epidemiological Update on COVID-19, 5th October 2022. Accessed Oct 23,2022: Weekly epidemiological update on COVID-19 - 5 October 2022 (who.int).

2. KEY ACT-A PILLAR ACHIEVEMENTS SINCE 2020

This section provides cumulative data for selected indicators to provide a sample of Pillar achievements since the start of the pandemic.

VACCINES PILLAR, CUMULATIVE SINCE 2020

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, and aims for fair and equitable access to COVID-19 vaccines. The PAHO Revolving Fund works as a procurement partner for COVAX in the Americas, with UNICEF procuring on behalf of the rest of the world. The COVAX Country Readiness and Delivery Workstream supported the introduction and scale-up of COVID-19 vaccinations in 121 countries in 2020-2021. In January 2022, WHO, UNICEF and Gavi, the Vaccine Alliance established the COVID-19 Vaccine Delivery Partnership (CoVDP) to provide focused support for vaccine delivery to the 34 countries with the lowest coverage as of the start of 2022.

PARAMETER	CUMULATIVE DATA FROM 2020 TO THE END OF Q3 2022
Total number of doses procured, allocated and delivered to countries as of Q3 2022	• A total of 2.62bn vaccine doses have been secured by COVAX through Advanced Purchase Agreements (APAs) and donations recognizing continuous efforts to balance supply and demand. • Of those, 1.94bn have been allocated and accepted across 146 countries. • 1.77bn vaccine doses have been delivered.
Total vaccines doses delivered at no cost to countries	• COVAX Advance Market Commitment (AMC) mechanism consists of 92 countries and territories that receive doses at no cost. • COVAX has delivered 1.59bn doses to AMC participants.
Cumulative number of vaccine products RD&M has supported through COVAX	• Since its inception, COVAX has invested in research, development and manufacturing for 14 products.
COVAX portfolio	• At the time of writing, COVAX has secured access to the world's widest vaccine portfolio, with 11 candidates having achieved WHO EUL, across several vaccine platforms.
Cumulative number of complementary clinical research programmes funded with COVAX support	• Since its inception, COVAX has funded 12 complementary clinical research programmes in low and middle income countries to close real-world effectiveness data gaps and generate evidence on COVID-19 vaccination strategies (e.g., heterologous priming, fractional dosing, etc.).

PARAMETER	CUMULATIVE DATA FROM 2020 TO THE END OF Q3 2022
Manufacturing, technology transfer and investments	• COVAX Marketplace actively engages manufacturers, fill-finish facilities and consumable suppliers to matchmake partners. • More than 50 potential partners have been identified and 34 participants signed, including COVAX vaccine manufacturers, COVID-19 vaccine developers, suppliers of critical consumables, and other pharmaceutical industry partners supporting COVID-19 vaccine production. • In addition, an mRNA Technology Transfer Hub programme has been set up to establish or enhance sustainable mRNA vaccine manufacturing capacity in regions with no or limited capacity and build human capital for regulation and biomanufacturing in LMICs. • The South Africa platform development has continued to progress with 60% of the funding secured.
Number of ULT freezers delivered, supported through COVAX	• Since 2021, 1,092 Ultra-Low Temperature freezers were delivered to 81 countries, supported through COVAX.
Number of refrigerators delivered, supported through COVAX	• Since 2021, 5,639 vaccine refrigerators/freezers were delivered to 65 countries, supported through COVAX.
Vaccination coverage	• Total primary series vaccination coverage among AMC 92 participants was 51% through the end of Q3, 2022. • Through concerted efforts by COVAX and CoVDP, the number of countries with less than 10% coverage was reduced from 34 (in January 2022) to 9 and vaccination rates for the 34 countries increased from 3% in January to 17% in September 2022. • Among high-risk groups in reporting AMC participants, 76% of healthcare workers and 64% of older adults have been reached with complete primary series. • 82% of AMC participants have started administering booster doses as a part of COVID-19 vaccination programmes by Q3 2022.
Number of LICs and LMICs with near "real time" monitoring of absorption of COVID-19 vaccines	• 71 of 82 LIC/LMICs, or 87%, have near "real time" monitoring of absorption of COVID-19 vaccines. Biweekly capacity to report is 54 of the 82 LIC/LMICs, or 54%[2].

[2] Many countries have used funds via Gavi CDS or received support from WHO & UNICEF HQ and regional offices on COVID-19 vaccination monitoring system strengthening.

PARAMETER	CUMULATIVE DATA FROM 2020 TO THE END OF Q3 2022
COVID-19 vaccine delivery support funding through COVAX	• A total of US$ 1.7bn of delivery funding has been disbursed from a variety of sources, including COVID-19 Vaccine Delivery Support (CDS), Humanitarian Action for Children (HAC), and WHO SPRP funds to a total of 132 low and lower middle income countries for COVID-19 vaccine delivery support.
High-level advocacy	• By September 2022, CoVDP had conducted 18 high-level political and technical missions to resolve urgent technical and political bottlenecks for COVID-19 vaccine delivery.
Training for health workers providing key information and job aides for vaccinators on how to safely and efficiently administer vaccines	• 3 flagship courses for COVID-19 vaccination were made available in 11 languages, currently with 75,000+ learners. • ECHO training weekly: about 50 sessions, 10 000+ participants from 120+ countries.
Readiness assessment and national deployment & vaccination planning	• COVID-19 Vaccine Introduction Readiness Assessment Tool (VIRAT) to assist countries in determining level of preparation; 143 countries have used the tools and shared results with WHO. • Global guidance providing the framework for countries to develop their national deployment & vaccination plan (NDVP) and 121 countries uploaded their plans on the Partner platform. Regions reviewed and helped improve all AMC 92 plans. • Comprehensive guidance, tools and training packages were developed and downloaded by millions for each new vaccine. They were updated with new evidence and EUL approvals to support the vaccine introduction and roll out. • WHO developed an end-to-end real time data monitoring system on vaccine delivery. • Country and regional offices of WHO and UNICEF provided quality technical assistance for COVID19 vaccine rollout. Global joint partner technical working groups on demand, supply chain, data and financing delivered remote and in country technical assistance to countries. • The innovation group assessed the grants from the World Bank, Global Fund, Gavi and UNICEF to 120 countries. US $1.26bn was provided to digital tools and innovation for delivery.

DIAGNOSTICS PILLAR, CUMULATIVE SINCE 2020

The Diagnostics Pillar is co-convened by FIND and the Global Fund, with strong support from WHO, working closely with over 50 global health partners to scale-up equitable access to COVID-19 diagnostic technologies and tools.

PARAMETER	CUMMULATIVE DATA FROM 2020 TO THE END OF Q3 2022
Capacity and type of tests secured at affordable price for LMICs, produced by local manufacturing sites	Secured a a total capacity of 314m professional use Ag-RDTs per year and 840m self test Ag-RDTs per year. Agreements have been signed with manufacturers to ensure sufficient supply of tests for LMICs, regardless of demand volatility[3] .
Number of sites for local manufacturing and tech transfer	Supporting 14 manufacturers with manufacturing capacity and technology transfer activities across multiple product classes, including Ag-RDTs and molecular POC platforms in Senegal, India, China, Brazil, South Korea and South Africa.
Number of commercially available tests	2099 SARS-CoV-2 tests (molecular and Immunoassay) are commercially available[4].
Number of diagnostic tools regulatory approved by WHO for EUL	As of October 2022, 34 SARS-CoV-2 diagnostic tools by WHO for EUL including 3 Ag-RDT self tests, 11 Ag-RDT professional use tests and 20 molecular tests[5].
Number of member states with genomic sequencing capabilities	Of the 190 WHO Member States for which data are available: • 77% have SARS-CoV-2 virus sequencing capability (146 out of 190) • 22% have access to timely sequencing through an internation referral mechanism (42 out of 190) • 1% have no capability or timely access yet (2 of 190)[6]
Decrease in the price of diagnostics over the course of the pandemic	Over the course of the pandemic, partners have negotiated price reductions of approximately 30-50%. PCR tests were priced between US$ 20-30 and are now less than US$ 10, while quality assured Ag RDTs (both professional use and self-tests) were initially priced at US$ 5 and are now between US$ 1-2[7].
Number of tests procured and delivered to LICs and LMICs through ACT-A Dx	185.5m tests have been procured for 182 countries in need, with 161m tests delivered across 181 countries (Q1 2020 to Q3 2022)[8].

[3] https://www.who.int/publications/m/item/act-accelerator-facilitation-council-working-group-report-on-diagnostics-and-therapeutics.
[4] As of October 2022: https://www.finddx.org/covid-19/test-directory.
[5] As of October 2022: https://extranet.who.int/pqweb/sites/default/files/documents/221103_EUL_SARS-CoV-2_Approved_IVDs.pdf.
[6] WHO global genomic surveillance strategy for pathogens with pandemic and epidemic potential 2022-2032 , World Health Organization (WHO), as of July 2022. Countries refer to WHO Member States. Data are not available for 4 out of 194 countries.
[7] https://www.who.int/publications/m/item/act-accelerator-facilitation-council-working-group-report-on-diagnostics-and-therapeutics.
[8] WHO Dx-Supply Consortium Data.

PARAMETER	CUMMULATIVE DATA FROM 2020 TO THE END OF Q3 2022
Number of HCWs trained, supported through ACT-A Dx partners	Through ACT-A Dx Pillar partners, over 77,000 HCWs have been trained in total since 2020. The Global Fund has awarded US$ 125m through C19RM for training of staff and community health workers across all Pillars, including Diagnostics.
Funds awarded for diagnostics through Global Fund	Cumulatively since 2021, the Global Fund has awarded US$ 799m for procurement of tests across 102 countries (US$ 477m for PCR tests, US$ 323m for Ag-RDTs) via C19RM, to enable the procurement of 165-200m tests. In addition, cumulatively since 2021, the Global Fund awarded US$ 156m in funding to support in country roll-out of diagnostic tools via Global Fund's C19RM.
Number of technologies licensed to C-TAP	Two licenses have been issued, one to CSIC (Spain) and one to NIH (USA). Four additional licenses are currently in preparation.
Number of technologies transferred to manufacturers in LMICs from C-TAP	Two LMIC manufacturers have been found suitable for manufacturing of the products from the two licenses that have been issued, based on the formal assessment of information supplied through expressions of interest (EOI) and associated evidence. Tech transfer to one LMIC manufacturer is in process for the CSIC products.

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THERAPEUTICS PILLAR, CUMULATIVE SINCE 2020

The Therapeutics Pillar, co-led by Unitaid, the Global Fund and Wellcome, and supported by WHO, enhances the development, manufacturing, 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.

PARAMETER	CUMULATIVE DATA FROM 2020 TO THE END OF Q3 2022
Price reduction achieved for bulk liquid oxygen and filled cylinder, supported through ACT-A	• Oxygen Emergency Taskforce partners have provided technical support and procurement for medical oxygen for nearly 100 countries, as well as successfully achieving ~15% price reductions for bulk liquid oxygen and between 10-50% reductions in filled cylinder pricing.
Number of PSA plants delivered and/or repaired, supported through ACT-A	• Since 2021, Unitaid has procured/repaired 45 oxygen PSA plants, with 55 additional deliveries underway and 26 in the pipeline, totaling 126 PSA plants. • Since 2021, and as of end September 2022, the Global Fund's C19RM has confirmed orders for the delivery of 31 PSA plants. • Since 2021, UNICEF has procured 110 oxygen Plant in a box to 33 countries.
Number of oxygen concentrators delivered and/ or repaired to countries, supported through ACT-A	• Since 2020, Unitaid has delivered 1,169 oxygen concentrators, with 90 additional deliveries in progress, for a total of 1,259. • Since 2020, and as of end September 2022, the Global Fund's C19RM has delivered 17,212 oxygen concentrators. • Since 2021, UNICEF has supplied over 42,000 oxygen concentrators as well as accessories and consumables, including 113,960 pulse oximeters (including multimodal devices), to 94 countries.
Number of low- and middle-income countries benefiting from other/ additional oxygen investments and projects supported through ACT-A	• 51 countries across 9 projects benefit from Unitaid's investment of approximately US$ 82m to address global inequities in access to medical oxygen with an emphasis on market shaping (improved affordability, increased production capacity and accelerated equipment delivery times), technical support and capacity building. • Since the beginning of 2021, the Global Fund awarded US$ 756m for procurement of therapeutics across 98 countries (US$ 566m for oxygen, US$ 190m for others including C-19 pharmaceuticals and other supportive hospital equipment). • To date, UNICEF's ACT-A SFF has delivered over 900,000 units of oxygen therapy supplies to support COVID-19 response efforts in 30 countries.

PARAMETER	CUMULATIVE DATA FROM 2020 TO THE END OF Q3 2022
Number of opportunities to identify new COVID-19 therapeutics or support robust clinical trials delivering actionable data on potential COVID-19 therapeutics	• >10,000 compounds screened for COVID-19 inhibition. • Up to 50 compounds progressed through a range of preclinical models. • Two direct-acting antiviral discovery programs supported to identify pan-coronavirus inhibitors. • 18 clinical trials supported across all ACT-A R&D partners. • Dexamethasone and IL-6 inhibitors identified in ACT-A supported clinical trials.
Number of WHO PQ EOI and/or ERP process launched for newly WHO-recommended Tx, supported through ACT-A	• WHO prequalified 9 products for COVID-19 (dexamethasone, molnupiravir, nirmatrelvir/ritonavir, remdesivir and tocilizumab).
New antiviral production capacity in low- and middle-income countries supported through ACT-A	• Sublicensing agreements have been signed with 23 generic manufacturers in 10 countries for molnupiravir and 38 manufacturers in 13 countries for nirmatrelvir/ritonavir (all low- and middle-income countries, except two for nirmatrelvir/ritonavir and one for molnupiravir). • Collectively, potential production capacity of such diversified supply-base could be sufficient to cover initial need projections based on past epidemiological trends.
Number of courses of outpatient treatments procured supported through ACT-A	• As of Q3 2022, procurement has started for 146,616 courses of molnupiravir and 63,858 courses of nirmatrelvir/ritonavir for 22 countries. • 44,172 treatment courses of molnupiravir have been procured and delivered to three countries.
Number of courses of inpatient treatments procured, supported through ACT-A	• Procurement of 31,780 vials of tocilizumab has started in 64 countries. • Since 2021, UNICEF, with the support of Unitaid, delivered 14.67m dexamethasone tablets to 21 countries.
Number of low- and middle-income with completed COVID tool needs and gaps analysis, supported through ACT-A	• Unitaid supports 22 countries to develop readiness assessments, response plans and financing for the adoption of therapeutics as part of the Unitaid/ FIND portfolio.

HEALTH SYSTEMS AND RESPONSE CONNECTOR, CUMULATIVE SINCE 2020

The Health Systems and Response Connector (HSRC) is co-led by WHO, UNICEF, the Global Fund, and the World Bank with support from the Global Financing Facility (GFF). The HSRC works closely with partners across ACT-A Pillars to support countries to accelerate the uptake of COVID-19 tools in the short term, particularly in most vulnerable population groups, and begin the process of integrating COVID-19 delivery into other health priorities in the medium-longer term. To achieve this objective, a more country-facing approach has been adopted.

PARAMETER	CUMMULATIVE DATA FROM 2020 TO THE END OF Q3 2022
Number of LICs and LMICs with completed COVID-19 tool needs and gaps analysis supported through ACT-A	50 country needs assessment profiles have been developed.
Number of LICs and LMICs with up-to-date COVID-19 response plans and financing	WHO Partners Platform enabled support for submission and review of over 100 country plans.
Number of countries with "real time" monitoring of availability and absorption of COVID-19 tools, supported through ACT-A	There are 234 countries, territories or areas for which there is one data point collected for a given metric on the availability and absorption of COVID-19 tools, as defined by the Global COVID-19 Access Tracker (GCAT) framework.
Funding directed toward IPC	US$ 892m for IPC interventions to low- and lower middle-income countries has been awarded by Global Fund.
Funding directed toward health and community systems	About US$ 1.2bn of total C19RM (the Global Fund's COVID-19 Response Mechanism) 2021 awards contribute to health system strengthening[9]. US$ 14 billion provided by the World Bank to over 100 countries for their pandemic response, including for vaccine purchase, deployment and health system strengthening.
Funding directed toward PPE procurement	US$ 823m worth of PPE procured to protect health workers on the frontline, and nearly US$ 800m awarded for the purchase of PPE.

[9] US$ 437m awarded to urgent improvements in health and community systems includes narrow investments in laboratory, surveillance and waste management systems and community, rights and gender.

INNOVATIONS IN OXYGEN ACCESS

The COVID-19 crisis brought the huge pre-existing gaps in medical oxygen access into sharp focus. Medical oxygen is on the WHO list of essential medicines, and is crucial not only for the care of severely ill COVID-19 patients, but for treatment of pneumonia, women in childbirth, trauma patients, chronic lung disease and TB, and whenever anesthesia is required. Building oxygen capacity is a key component of health system strengthening towards universal health coverage. But before the pandemic, oxygen systems in low resource settings were mainly absent or in disrepair.

In the words of PATH's collaborators on the Unitaid-funded Tools for Integrated Management of Childhood Illness programme in Tanzania[1]: "Our hospital is on an island, so it's not easy to deliver oxygen cylinders here," says Dr. Raphael Mhana, District Medical Officer for the Ukerewe District Council. "For this reason, we depend solely on oxygen concentrators, but these devices break easily. They require technical specialists for maintenance and repair."

"The COVID-19 outbreak worsened the situation. The equipment was overburdened by the abrupt increase in demand. Facilities didn't have the funds, or the trained specialists, to conduct ongoing maintenance," says Dr. Alex Sanga, Emergency Preparedness and Response Officer at the Ministry of Health of Tanzania, Community Development, Gender, Elderly and Children.

Through the ACT-Accelerator's Oxygen Emergency Taskforce, established in February 2021 under the Therapeutics pillar, over US$ 1bn has been mobilised to support access to oxygen in countries where provision was lacking. These investments have helped countries manage COVID-19 patients, but also have long-lasting impacts on patients with a range of other conditions. There is substantial demand from countries for this support. Over US$ 560m in requests for oxygen production, storage, distribution and patient delivery support have been received through the Global Fund C19RM alone, representing an unprecedented investment.

This work is pressing, given estimates that 60% of healthcare facilities in low- and middle-income countries lack reliable oxygen supply[2]. To take just one example, Build Health International (BHI) found in an initial assessment in Liberia that 40% of the PSA plants they visited were completely non-functional, and a further 40% were in need of significant repairs. The COVID-19 crisis has catalyzed study of the right mix of oxygen sources and distribution systems in particular settings, as well as innovation in supplying new plants. Crucially, work is ongoing to address massive unmet needs for maintenance, repairs, and the biomedical engineering capacity to undertake them in many LICs and LMICs.

BRING O2 is an initiative of Partners in Health, together with ACT-A Therapeutics Pillar co-lead Unitaid and implementing partners BHI and Pivot Health Madagascar, to accelerate access to safe, reliable, and quality oxygen in Malawi, Rwanda, Peru, Lesotho and Madagascar. When complete, 50 hospitals will have increased oxygen capacity and more than 100 biomedical staff will be trained and equipped to maintain oxygen systems, benefiting 130,000 patients each year. To date, there have been over 25 plants repairs, 2 new oxygen plants installed, 89 oxygen concentrators repaired or installed, 44 biomedical staff and 42 clinical staff trained in oxygen delivery.

"Find & Fix" is led by BHI, in partnership with the Every Breath Counts Coalition, the Bill and Melinda Gates Foundation, the Skoll Foundation and other partners to train local technicians, and to identify, assess, and repair misfunctioning medical oxygen plants in low-resource settings. Among the countries included in the "Find & Fix" effort is Liberia. BHI technicians have completed oxygen system assessments and repairs of PSA plants at four major Liberian hospitals. As of August 2022, BHI has completed or is currently undertaking Find & Fix efforts in 11 countries and counting, including Tanzania, Zambia, Cameroon and Liberia.

[1] PATH Accessed Oct 24, 2022: Broken equipment and surging demand for oxygen left Tanzania hospitals in a bind | PATH.
[2] Partners in Health, Accessed Oct 25, 2022: BRING O2 | Partners In Health (pih.org).

Biomedical engineers fix an oxygen plant in JFK Medical Center in Monrovia, Liberia. © Build Health International

Recognising the need for innovative solutions, UNICEF worked with industry to rapidly develop the Oxygen Plant-in-a-Box. A fully functional PSA oxygen plant, the package includes everything needed to produce large volumes of medical grade oxygen, including accessories supplied in the correct quantities, installation of equipment, pre-planned maintenance services and staff training. Plants are designed for health facilities in low-resource settings, and those faced with a sudden emergency.

At a roundtable on access to medical oxygen in March 2022, Professor Lackson Kasonka, Permanent Secretary for Technical Services, at Zambia's Ministry of Health highlighted how collaboration led to prioritization and effective resource allocation, leaving Zambia better equipped to fight COVID-19. He said: "We remain grateful to the ACT-Accelerator that has deliberately created a pathway for increased access to medical oxygen for low and middle-income countries. It is through such initiatives that we can hope for equitable access to oxygen for countries like ours."

[3] UNICEF website accessed Oct 23, 2022: Oxygen Plant-in-a-Box | UNICEF Office of Innovation.

CLOSING THE VACCINE EQUITY GAP IN LOW-COVERAGE COUNTRIES

Equity has been the guiding principle of COVAX since it was established at the beginning of the COVID-19 pandemic. COVAX sought to avoid a repeat of previous pandemics, where lower income countries were left behind, by taking an end-to-end approach to overcoming barriers to access, among them financing, supply, and delivery.

Along those lines, a critical contribution is the Gavi COVAX Advance Market Commitment (AMC) innovative financing instrument, which has successfully pooled over US $12bn in funding from donors to support the participation of 92 low- and lower-middle income economies in the COVAX Facility, enabling access to donor-funded doses of safe and effective COVID-19 vaccines.

After initially struggling to meet demand, the COVAX portfolio is now able to service any request for doses that it receives. The graph in Figure 1 shows that by the end of Q3 2022, 75% of all COVID-19 vaccine doses in lower-income countries had been supplied by COVAX. COVAX has additionally supplied large volumes of doses to lower and upper middle-income countries.

Global Lead Coordinator for the COVID-19 Vaccine Delivery Partnership, Ted Chaiban visits Ethiopia.
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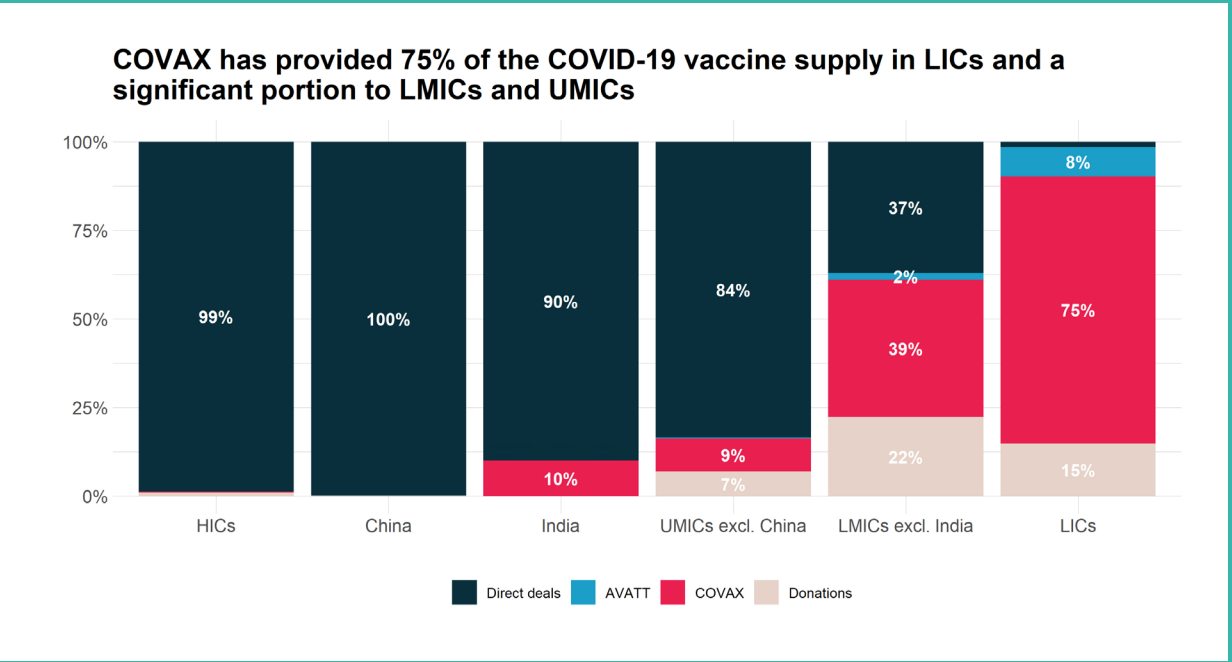
Figure 1: Percentage of vaccine supply provided by COVAX in countries by income level



TARGETED SUPPORT FOR LOW COVERAGE COUNTRIES

In January 2022, 34 countries were at or below 10% coverage and overall vaccination coverage in low and lower middle income countries was 31% while the global coverage rate was 50%. COVAX's foundational efforts through the Country Readiness and Delivery (CRD) Working Group ensured that all countries had national vaccination and deployment plans, readiness checklists, tools and technical guidance, and supported training of more than 100,000 national and subnational staff for the introduction and scale up of COVID-19 vaccinations throughout AMC countries.

Building on this AMC country support work of the COVAX Pillar, the interagency COVID-19 Vaccine Delivery Partnership (CoVDP) was launched in January 2022 to accelerate vaccination coverage among the 92 AMC participants. CoVDP focuses first and foremost on the 34 countries that were at or below 10% coverage in January 2022 – namely the countries for concerted support (CCS) – and supports them through access and coordination related to urgent funding, demand planning and technical assistance, including for microplanning and budgeting, and high-level political engagement and advocacy.

UNLOCKING FINANCING AND TECHNICAL SUPPORT FOR COUNTRIES

One of the CoVDP's success factors is the One Team, One Plan, One Budget approach which streamlines support at the country level. CoVDP works to support countries with rapid access to funding, helping to direct flexible funding from Gavi, UNICEF and WHO accordingly. Through this approach, US$ 115m has been disbursed across 13 countries[1] to support the countries' immediate vaccine delivery needs by the end of Q3.

In close collaboration with the CoVDP, Gavi launched the third application window for its COVID-19 Delivery Support (CDS3) funding in July 2022 with an additional US$ 600m accessible to all AMC participants.

The funding support focuses on:

1. Reaching high-risk populations
2. Achieving country coverage targets
3. Integrating COVID-19 with routine immunisation (RI) and Primary Healthcare (PHC).

[1] Burkina Faso, Chad, Côte d'Ivoire, Democratic Republic of Congo (DRC), Djibouti, Ethiopia, Ghana, Malawi, Nigeria, Sierra Leone, Somalia, South Sudan, and Sudan.

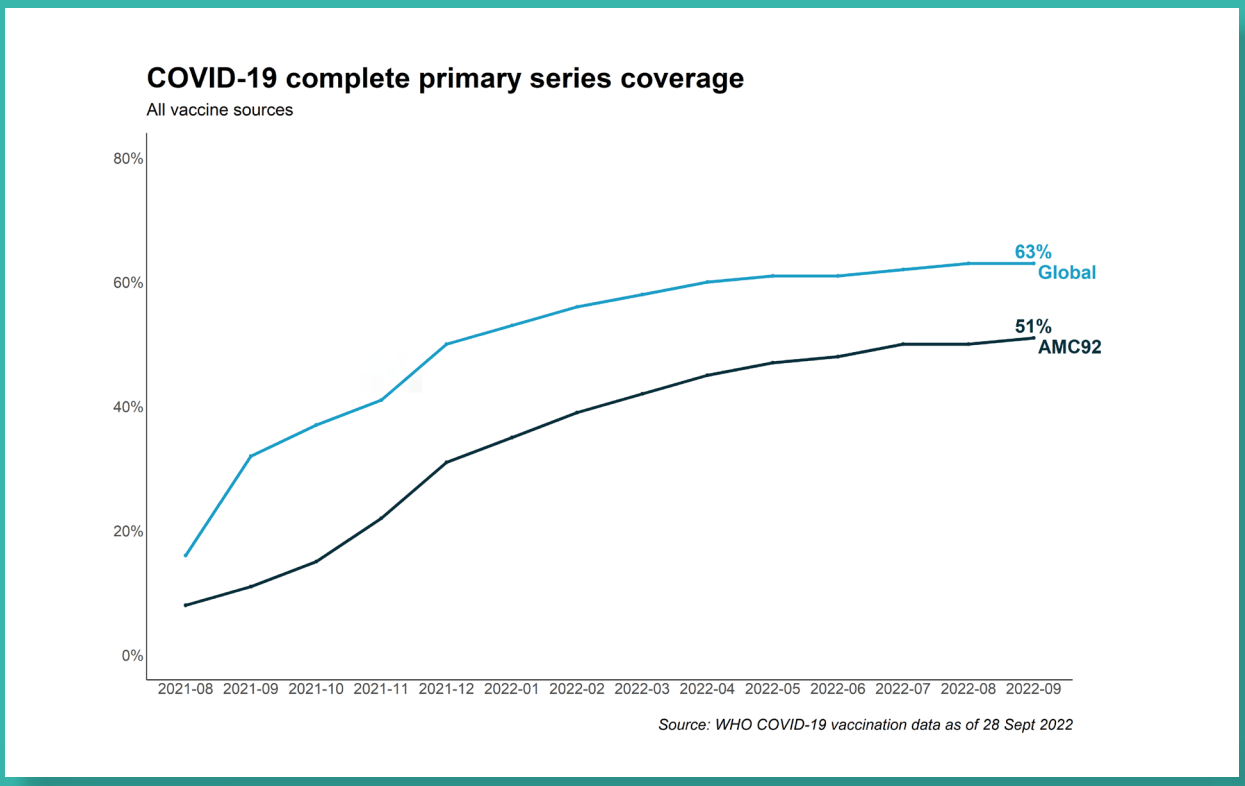
32 country applications have been received, totaling US$ 346.6m as of the end of Q3 with additional applications received since then, signaling strong demand. Based on early analyses of applications received, it is evident that countries plan on prioritizing CDS3 funding for COVID-19 integration into routine immunization, which is key to ensure more efficient and sustainable delivery of COVID-19 vaccines through countries' health systems.

RESULTS

There continues to be good progress with overall population coverage levels among AMC participants, especially among those with the lowest coverage. By end of Q3, 58% of people in all AMC participants had received at least one dose of a COVID-19 vaccine and 51% had completed primary series. As shown in Figure 2, the difference between global coverage and coverage in AMC92 countries for primary series decreased from 18 percentage points in January 2022 to 12 percentage points by the close of Q3.

Thanks to the efforts of implementing countries and support by partners, average vaccination coverage among the 34 countries for concerted support increased more than five-fold from 3% in January to 17% by the end of September 2022. Additionally, 13% of people in countries dealing with humanitarian emergencies were fully vaccinated against COVID-19 in the same period.

Figure 2: COVID-19 vaccination coverage with complete primary series globally and in AMC92 countries



THE OXFORD-ASTRAZENECA COVID-19 VACCINE: PREPARATION, INNOVATION, PRIVATE-PUBLIC PARTNERSHIP AND REGIONAL MANUFACTURING FOR GREATER ACCESS

Pre-pandemic investment paid off

- *Prior to the pandemic, CEPI had invested in a partnership with the University of Oxford to develop vaccines against epidemic diseases based on the ChadOx vaccine platform. This included a vaccine against Middle East Respiratory Syndrome (MERS) which is caused by another coronavirus, meaning the Oxford researchers were able to pivot quickly and adapt the platform to tackle COVID-19 when the virus emerged.*

Quick response when COVID-19 hit

- *In response to COVID-19, CEPI provided additional catalytic funding to support preclinical and Phase 1 testing of Oxford's COVID-19 vaccine candidate.*

Strategic partnerships for fast wide access

- *CEPI then partnered with AstraZeneca (AZ) to enable global access to the vaccine by creating additional manufacturing capacity. CEPI committed funding of up to US$ 383m, including recoverable loans, to reduce the financial risk of technology transfer of the vaccine to additional manufacturing sites, and secure doses of the vaccine for allocation through COVAX.*
- *Gavi on behalf of COVAX signed agreements with both AstraZeneca and Serum Institute of India (SII) to purchase hundreds of millions of doses of the vaccine, which is inexpensive and can be stored in a regular refrigerator making it attractive for use in low resource settings.*

Impact in AMC countries

- *COVAX has now rolled out 503m doses of AZ/SII vaccine to AMC countries, comprising 31.7% of the total doses delivered by COVAX.*

3. FINANCING THE ACT-ACCELERATOR

Since the start of the pandemic, US$ 23.7bn has been raised through the unprecedented generosity of donors, the resource mobilization and advocacy work of the ACT-A agencies and through the collaborative efforts of the ACT-Accelerator and its partners (see Figure 3). This is greater than the total ODA for health in 2019 which was US$ 22.4bn[10]. Of the US$ 23.7bn, US$ 5.9bn was raised against the 2021-22 budget.

CUMULATIVE PROCUREMENT, DELIVERY AND FUNDS DISBURSED FOR COVID-19 TOOLS

Since the beginning of the pandemic to end September 2022

VACCINES

2.62 billion

A total of 2.62bn vaccine doses secured by COVAX through Advanced Purchase Agreements (APAs) and donations[11]. Of these 1.94bn have been allocated and accepted across 146 countries and 1.77bn vaccine doses have been delivered. US$ 1.7bn have been disbursed for delivery.

DIAGNOSTICS

185.5 million

Over 185.5m tests procured (161m delivered to 181 countries) across all member agencies within the diagnostics consortium and US$ 982m awarded by the Global Fund to countries for diagnostics.

THERAPEUTICS

US$ 25.2 million

US$ 25.2m worth of COVID-19 medicines procured[12] and US$ 190m awarded by the Global Fund to countries for therapeutics and other supportive hospital equipment.

OXYGEN

US$ 387 million

US$ 387m worth of oxygen supplies procured (US$ 260m delivered)[13] and US$ 578m awarded by the Global Fund to countries for medical oxygen.

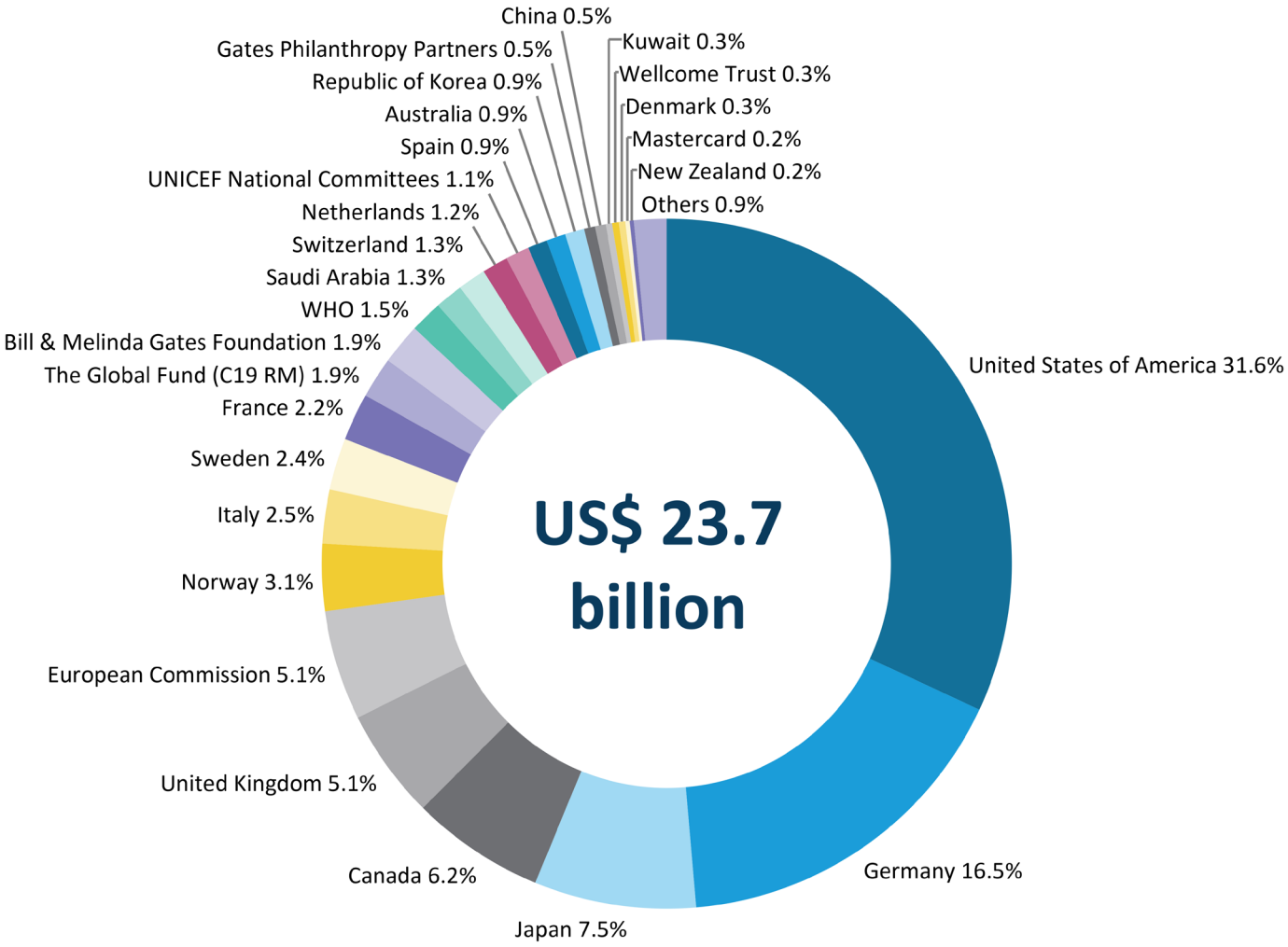
PPE

US$ 823 million

US$ 823m worth of PPE procured (US$ 736m delivered) and US$ 767m awarded by the Global Fund to countries for PPE.

[10] Seek Development donor tracker, accessed Oct 23, 2022: Global health | Donor Tracker.
[11] Volume of secured doses has reduced between Q2 and Q3 2022 as a result of successful negotiations by COVAX to better align supply to evolving demand.
[12] Change of methodology in 2022. Estimation based on available data.
[13] Data for oxygen supplies procured and delivered from Q2 2022, not covering Q3 2023.

Figure 3: Total contributions to ACT-A during the period April 2020 to end September 2022



ROLLING OUT TEST-AND-TREAT PILOTS

THE COVID-19 TEST-AND-TREAT STRATEGY TO PROTECT HIGH RISK PATIENTS FROM SEVERE ILLNESS

An effective COVID-19 response requires a coordinated approach, utilizing all available tools. The ACT-Accelerator Diagnostics and Therapeutics Pillars are working together to promote early detection of cases in high-risk populations and timely linkage to treatment to prevent severe disease and death ("Test-and-Treat"). Leading these Pillars are FIND, the Global Fund, Unitaid, and Wellcome, working with UNICEF, WHO and over 50 global health partners.

The Global Fund, the United States and Unitaid, together with FIND and other ACT-Accelerator partners, launched over US$ 120m in support to countries for Test-and-Treat programs. The Global Fund made up to US$ 80m available for procurement of COVID-19 rapid test kits and oral antiviral drugs, and USAID will provide US$ 20m in technical assistance for piloting Test-and-Treat fast-paced implementation. Unitaid provided an additional US$ 22m to expand and accelerate the introduction of new treatments through the ongoing Unitaid–FIND partnership.

As the global COVID-19 response moves from acute emergency to long-term control, Test-and-Treat approaches are increasingly being integrated into existing primary healthcare. Sustaining this approach increases access to routine care, while enhancing preparedness for future pandemics.

Global Fund also launched Project STELLAR to provide technical assistance support to countries in testing strategy, algorithm development and revision. STELLAR looks to strengthen the architecture of COVID-19 response efforts, by providing much-needed technical assistance in key aspects of: (i) governance such as planning resource mobilization, policy/advocacy, coordination, diagnostics strategy and algorithm development; (ii) scaling up testing including training and community outreach; and (iii) data management such as information and surveillance systems.

COMMUNITY DRIVEN TEST AND TREAT ADVOCACY INITIATIVES

Sustained and meaningful engagement with CSOs and other country stakeholders is essential to strengthen community readiness and resilience to public health emergencies. Community interventions funded by ACT-A agencies are addressing common misconceptions around COVID-19 tools and bolstering demand for testing and treatment through a mix of top-down and bottom-up approaches, engaging government advocacy structures at national and district levels and creating public demand.

Across the 22 Test-and-Treat programmes implemented by Unitaid and FIND, CSOs are applying a range of targeted, integrated approaches to drive demand for the uptake of COVID-19 Test-and-Treat services, as well as vaccination. Broad stakeholder engagement is ongoing with Ministries of Health, civil society, community groups, religious leaders, community health volunteers, and other relevant stakeholders. As of June 2022, 1,267 communities across 22 implementing countries have been engaged in raising public awareness and demand for COVID-19 testing, treatment, and vaccination.

Aurum is supporting community-level interventions including educational radio broadcast programs and social media in South Africa and Ghana, focus groups and one-to-one community and household sessions in Ethiopia, and influencer groups, such as women groups in Mozambique.

The EGPAF Kenya team is collaborating with the Ministry of Health at the national level to revise the health promotion and demand generation strategy to include COVID-19 mitigation strategies. The strategy will be used as a framework for the ministry and partners to disseminate COVID-19 messages across the country. In Zimbabwe, the project engaged the COVID-19 Taskforce Case Management Pillar to review and update the COVID-19 case management guidelines, so guidelines now include new WHO-approved therapeutics.

In addition to these efforts, in June 2022, FIND and Unitaid co-invested US$ 2m to further support advocacy for Test-and-Treat in low- and middle-income countries. This investment endorsed 21 in-country advocacy partners across 19 countries in target regions of Africa, Asia and Latin America, aiming to raise awareness of COVID-19 testing and treatment among the public, key opinion leaders, and high-risk and vulnerable groups. The projects are being implemented over 6 to 18 months to help community-based organizations and civil society develop and deploy advocacy strategies to promote COVID-19 diagnostics, treatment, and linkage to care. Community demand-creation activities are being introduced and monitored to generate learnings to inform national efforts and the global response.

The selected partners are working at the community level to increase awareness, address misinformation, and promote patient-centered outreach and education on diagnostics and treatment. One of the key activities undertaken by the Shifa Foundation in Pakistan is holding community awareness sessions across the country. Thus far, the project team has held over 200 community sessions, reaching more than 5,000 attendees, with 200 further events planned.

In addition, the Pan-African Treatment Movement (PATAM) in Zimbabwe is working, among other activities, to mobilize civil society around COVID-19 testing and treatment. Recognizing the value of civil society as an entry point for public health awareness and engagement at the community level, PATAM is building a civil society coalition around COVID-19 to equip them to effect greater awareness about diagnostics and linkage to care.

A community of practice (CoP) for the 21 advocacy partners that meets every eight weeks has also been established to create a network for sharing information, ideas, tools, approaches, and learnings; to identify areas of synergy; and to connect with global-level advocates. The long-term objective of the CoP is to foster a network of Test-and-Treat advocates for COVID-19 and other diseases. An information exchange system has been set up to encourage partners to share relevant campaign material that can be adapted to different countries and contexts.

Community Health Volunteers working as announcers at a dialogue day in Githurai, Kenya. © Koffi Goga

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THE HEALTH WORKFORCE IN THE ROLL OUT OF COVID-19 TOOLS

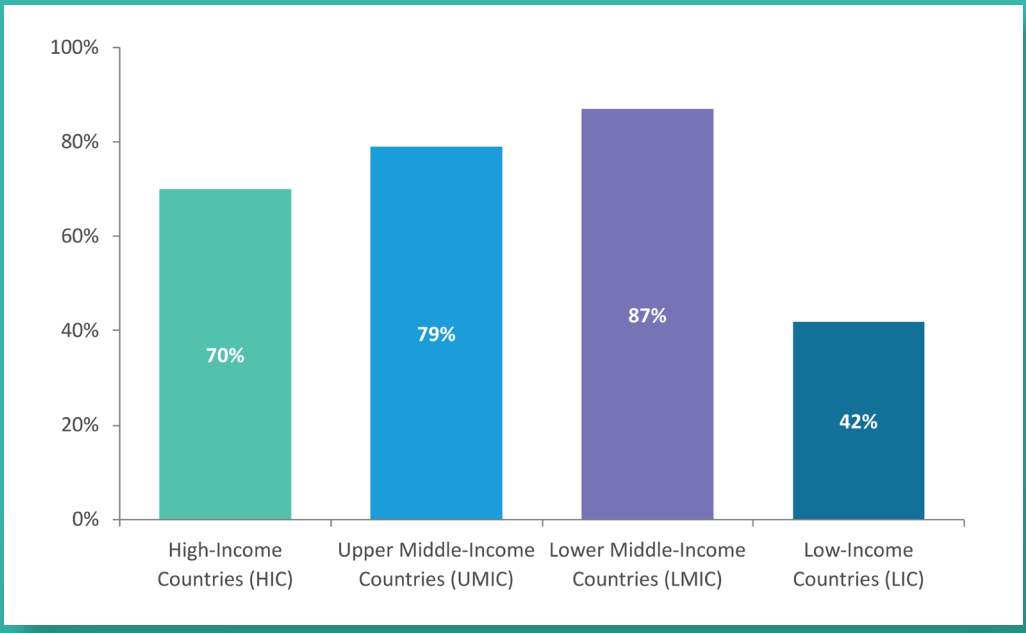
Around the world, healthcare workers (HCW) earned the applause and praise of the public for their roles as the heroes of the COVID-19 crisis. But they suffered exposure to the virus, exhaustion, burnout, and hundreds of thousands have tragically died from COVID-19 - as many as 180,000 between January 2020 and May 2021. The pandemic further exacerbated chronic issues of low staffing ratios in many LMICs and LICs. To address these issues, the ACT-Accelerator has taken action to protect healthcare workers and community health workers (CHW), upskilling current members of the workforce and training new ones. This includes frontline clinicians, as well as specialists in stock management, digital technologies, biomedical engineering, data management and finance. The Global Fund has awarded US$ 125m through C19RM for the training of staff and CHW. Read on for stories of how ACT-A partners have supported health workers.

SUPPORTING AND PROTECTING HEALTH WORKERS WITH PPE

Much of the Global Fund financed C19RM work under ACT-A is aimed at protecting health workers with PPE and strengthening the capacity of CHW and community systems. Since 2020, US$ 767 of funding for PPE has been awarded through this mechanism. In addition, UNICEF, WHO and others have together delivered US$ 249m of PPE. ACT-A has also supported regional manufacturing of PPE, to diversify sources, lower prices and prevent stock-outs.

ACT-A's Vaccine Pillar, COVAX, is targeting 100% coverage of HCW with COVID-19 vaccinations. As of end Q3, coverage of HCWs was 76% worldwide. Figure 4 below show the vaccination coverage of HCW by country income group. Agencies are providing focused support to the countries with the biggest coverage gaps via the COVID-19 Vaccine Delivery Partnership.

Figure 4: Vaccination coverage of HCW by country income group



STRENGTHENING AND OPTIMIZING HEALTH WORKFORCE TEAMS FOR ROLL OUT OF TOOLS

The Global Fund is supporting the training of lab technicians and pressure swing adsorption oxygen plant technicians, as well as investing in field epidemiology training and gender equality and human rights training. For example, through Project STELLAR in 23 Sub-Saharan African countries, Global Fund investments support improving national diagnostic governance, scale up and increase coverage for COVID-19 testing and surveillance, and strengthen data management.

WHO and FIND first published a SARS-CoV-2 antigen RDT online self-learning course on OpenWHO in July 2021, and since then almost 27,000 individuals have been enrolled from 197 countries or territories. Another course, Key considerations for SARS-CoV-2 antigen RDT implementation, was accessed by nearly 12,000 learners across all six WHO regions.

In immunization programmes, training is required to leverage the potential of electronic immunization registries. In Burkina Faso, the Ministry of Health developed an operational plan to optimize implementation of the national electronic immunization registry (EIR). The plan lays out clear timelines for strengthening the system, including for reinforcing HCW data entry skills. WHO will support the Ministry of Health with the financing required to action the plan,

The Global Fund has been using its C19RM program to prioritize CHW. CHW of all types play a vital role in enhancing prevention, detection, and response to outbreaks and pandemics, maintenance of routine health services and broader primary healthcare, public health campaigns, and responding to human rights and gender-related barriers to services. To be effective, CHW must be trained, paid, supervised, equipped, protected, and linked to the health system – and this requires funding across health policy and systems components. As part of this work, countries are being encouraged to move away from piecemeal funding for CHW toward systematic investment.

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INCREASING CAPACITY AND STRATEGIC HEALTH WORKER DEPLOYMENT

HCW need a supportive working environment, including a manageable workload. The COVID-19 crisis prompted resignations and early retirement of skilled workers who are very difficult to replace. The World Bank's Service Delivery Indicators (SDI) health team has launched a revamped, innovative survey that includes measurement of HCW job satisfaction. Health authorities can use the survey data to address issues, retain more staff and improve quality of care.

Building stronger public health systems with adequately trained and resourced staff is fundamental to delivery of quality care now and ensuring greater pandemic preparedness in the future. Without a strong health workforce, there can be no health security.

HOW AN APP ENCOURAGED UPTAKE OF TESTING AND CAME TO BE AT THE HEART OF COMMUNITY HEALTH IN THE FIGHT AGAINST COVID-19 (SOURCE: GLOBAL FUND STORIES 2022)

In 2020, under the leadership of Mali's Department of Health and Social Development, a partnership between the Global Fund, the Clinton Health Access Initiative (CHAI), and implementing health partner Muso launched a project to respond to COVID-19 using a digital app called MaliKaKeneya. The app, powered by the Community Health Toolkit, was implemented across six communes of Bamako. Support was provided for the recruitment and training of community health workers in Bamako, and they were provided with PPE and mobile phones.

The project was a success and had a positive impact: by the end of 2020, the community health workers deployed with the app had visited more than 500,000 households in all the communes of Bamako and identified more than 30,000 sick people, of whom 980 were suspected of having COVID-19. When the community health workers followed up, 347 of these suspected cases reported having been tested for COVID-19, with 187 people testing positive.

Following the success of the project, the government developed a roadmap for the digitization of community health using a holistic approach. The first step was an in-depth analysis of the digital health situation at the community level and of the tools used in the field, placing the patient at the heart of these activities. The Community Health Toolkit platform managed by Medic was determined to be the best option, based on the functional needs and technical criteria defined and validated by all. Based on this experience, the Mali Ministry of Health has now selected the Community Health Toolkit as the official national digital tool for community health workers.

4. LOOKING AHEAD

ACT-A'S NEXT PHASE OF WORK IS FOCUSED ON SUPPORTING THE TRANSITION TO LONG-TERM COVID-19 CONTROL

During the period October 2022 to March 2023, ACT-A partners will continue to implement activities from the previous Strategic Plan and Budget that carry forward into this period. ACT-A will also support countries with the integration of COVID-19 work into routine public health and disease control programmes, specifically by ensuring countries have sustained access to the COVID-19 vaccines, tests and treatments they need to manage COVID-19 in the longer term.

As set out in the ACT-A Transition Plan, this will require:

i. Focusing ACT-A's relevant research and development (R&D) and market shaping activities to ensure a pipeline for new and enhanced COVID-19 tools.

ii. Securing longer-term institutional arrangements for sustained access to COVID-19 tools (including oxygen).

iii. Concentrating ACT-A's in-country delivery work on new product introduction and protection of priority populations, in support of national and international targets, while in parallel maintaining critical capacities and functions needed to support countries during a surge or surges of COVID-19.

The Transition Plan lays out the priorities of each Pillar going forward, the functions of the Hub, the Facilitation Council and the CSO Platform that will be maintained or 'kept warm' during the transition phase in case a reactivation of ACT-A support is needed, and plans for financial mainstreaming.

FINANCING NEEDS FOR THE ACT-A TRANSITION PERIOD

For the transition period up to the end of March 2023, ACT-A agencies have identified unmet funding needs of US$ 386m[14] shown in Figure 5 and detailed in Annex I of the Transition Plan. This funding is required for R&D for tests and treatments (US$ 5m), for the purchase of tests and covering cost of genomics sequencing (US$ 70m), for the purchase of treatments including medical oxygen (US$ 51m), for the purchase of PPE (US$ 70m), for technical assistance to deploy diagnostic tools and roll out Test-and-Treat services (US$ 15m), and for cross-cutting technical assistance, including risk communication and community engagement (RCCE) and essential health services (US$ 175m).

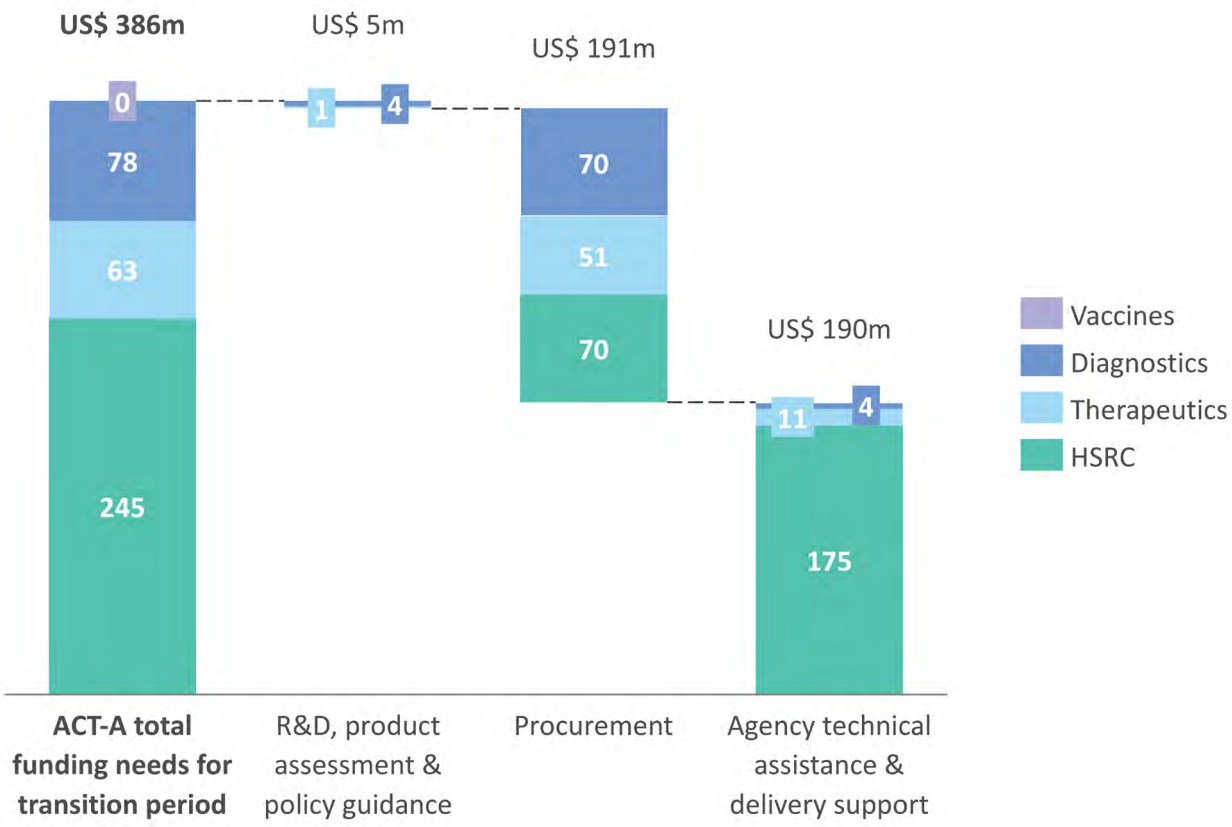
DRAWING ON ACT-A LEARNINGS TO STRENGTHEN THE GLOBAL HEALTH ARCHITECTURE FOR PANDEMIC RESPONSE

With the end of the pandemic in sight, it is a timely opportunity for reflection and appreciation of lessons learned, as the public health, humanitarian and development community collectively work towards a better global health architecture for pandemic prevention, preparedness, and response.

Many ACT-A stakeholders have engaged in assessing lessons from the ACT-A experience and capturing key elements for future collaboration efforts. These efforts are reflected in, inter alia, COVAX Key Learnings White Paper, an Addendum to the ACT-A Transition plan, and the recently released Facilitaiton Council Co-chairs' External Evaluation. The ACT-A CSO Platform community has also conducted an evaluation and learnings exercise to identify opportunities to inform and enhance CSO and community engagement in future pandemic countermeasure response efforts.

[14] The US$ 386m financial need for the transition period is based on the assumption that Vaccine Pillar technical assistance and delivery support will be fully financed by existing or expected funding.

Figure 5: ACT-A funding gap for transition period (1 October 2022 to 31 March 2023) in US$ million



Collectively, this work will help shape efforts to build on the experience of ACT-A and other instruments and initiatives (e.g., the Pandemic Influenza Preparedness (PIP) Framework, the '100 Day Mission') to ensure the world can rely on a more robust platform for accelerating the development, and equitable allocation and delivery of countermeasures in future pandemics.

These perspectives strongly reinforce the need for an inclusive, robust mechanism that engages all countries, relevant international health agencies and organizations, civil society and community organizations, donors, industry and other stakeholders, in a future countermeasures platform anchored in the principles of speed and equity and enabled by collective accountability and flexible, timely financing.

ACCELERATING THE AVAILABILITY OF TOOLS THROUGH MARKET SHAPING AND MANUFACTURING

Market failures contributed substantially to the gross inequities in access to medical countermeasures the world witnessed throughout the COVID-19 crisis. ACT-A agencies and partners, countries of the Global South and industry are responding with innovative cooperation agreements, by implementing market shaping strategies and through initiatives for geographic diversification of manufacturing. At the level of the Facilitation Council, the Vaccine Manufacturing Working Group and the Diagnostics and Therapeutics Working Group produced influential reports that were delivered to the G20 to catalyze political will to address barriers to access, including through market shaping and regional manufacturing.

Support to regional manufacturing is vitally important for establishing a sustainably competitive and secure future supplier base. But demand generation is also essential. Countering misinformation and generating trust in communities, as well as dissemination of guidelines and improved regulatory policies, are key contributors to creating demand. Finally, identifying a prioritized list of needed innovations is a way to influence R&D agendas in favour of the solutions that will be most impactful in LMICs and LICs.

VACCINES

Announced on 21 June 2021, the mRNA vaccine technology transfer hub aims to build capacity in low- and middle-income countries to produce mRNA vaccines through a centre of excellence and training. The South African hub comprises Afrigen Biologics, the South African Medical Research Council (SAMRC) and Biovac, a South African vaccine producer. Collaborators to date include: Egypt, Kenya, Nigeria, Senegal and Tunisia. The initiative is supported by WHO, the Medicines Patent Pool and the ACT-Accelerator's Vaccine Pillar, COVAX. In February 2022, Afrigen, which is part of WHO's mRNA consortium, announced it had

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developed its own version of an mRNA vaccine, based on the publicly available data on the composition of the Moderna COVID-19 vaccine.

Gavi and partners discussed options for expanding sustainable vaccine manufacturing in Africa in response to a call from the African Union and the G7 Development Ministers. Gavi is in the process of exploring a new financial instrument to incentivize vaccine manufacturers and investors in Africa.

MEDICINES

ACT-A partner The Medicines Patent Pool issued licenses for COVID-19 therapeutics to improve access to therapeutics in the Global South. Licensing agreements for the outpatient oral antiviral nirmatrelvir in combination with ritonavir (Paxlovid) in 95 countries, and 106 countries for molnupiravir have been negotiated with Pfizer and with Merck Sharp & Dohme, respectively. Licenses for nirmatrelvir have already been signed with generic manufacturers in 13 countries, including Bangladesh, Brasil, China, Dominican Republic, Jordan, India, Israël, Mexico, Pakistan, Serbia, Republic of Korea and Vietnam, with a conditional license for Ukraine. If production were to be implemented at scale, the potential capacity of production of such a diversified supply-base could be sufficient to coverr initial need projections based on the past epidemiologic situation.

Under Unitaid's Test-and-Treat investment, CHAI secured a ceiling price of US$ 25 per treatment course for nirmatrelvir/r, representing a first significant decrease compared with originator's price offered previously (and ~5% of the originator price in HICs), from leading generic manufacturers in LMICs for the LMIC countries under licensing agreements with MPP.

OXYGEN

In June of 2021, the ACT-A Oxygen Emergency Taskforce members Unitaid and the Clinton Health Access Initiative (CHAI) brokered ground-breaking agreements with the two largest multinational oxygen suppliers – Linde and Air Liquide - to ensure uninterrupted supply in LMICs and secure competitive prices for COVID-19 needs. Price reductions of 15% for bulk liquid oxygen and between 10%-50% reductions in filled cylinder pricing have been obtained. This work with industrial gas suppliers has shaped the investments of key global partners and enabled procurers such as UNICEF to expand product offerings. Countries have also benefitted directly, with several follow-on agreements reached between governments and local subsidiaries of the multinational gas companies.

DIAGNOSTICS

ACT-A's Diagnostics Pillar through FIND and Unitaid support has accelerated the development, manufacturing and launch of COVID-19 diagnostics improving equitable and timely access to low-cost, quality-assured tests. Through supporting manufacturing capacity and technology transfer projects in Senegal, India, China, Brazil, South Korea and South Africa, the Diagnostics Pillar supported 14 test manufacturers, to secure a total capacity of 314m professional use and 840m self-test Ag-RDTs per year. Additionally, agreements have been signed with manufacturers to ensure sufficient supply of tests for LMICs, regardless of demand volatility. The expanded production of partner manufacturing sites will also enable the production of diagnostics for a range of areas, including respiratory conditions, HIV and TB, and other future diseases of pandemic or epidemic potential. Through the support of these market shaping initiatives, the Diagnostic Pillar partners have negotiated price reductions for COVID-19 tests achieveing a 30% to 50% reduction overall. The price of PCR tests decreased from US$ 20-30 to less than US$ 10 while the price of Ag-RDTs was decreased from US$ 5 to US$ 1-2.

POLITICAL ADVOCACY IN SUPPORT OF ACT-A

ACT-A agencies, the Facilitation Council, its Working Groups, the Special Envoys, the Hub, CSO partners and others have together put COVID-19 and the ACT-Accelerator high on the political agenda. ACT-A's narratives on financial needs, and critical collective action have been featured prominently at the G7, G20, the UN General Assembly, and at key political gatherings including the World Economic Forum Davos virtual meetings during the COVID-19 crisis, and the Paris Peace Forum. G7 and G20 communiques have routinely featured support for the ACT-Accelerator and its strategies and budgets, calling for full financing of the work of its agencies. The joint ACT-A Strategic Plan and Budget replicated the consolidated appeal approach common in humanitarian crises, but more rare in public health. This approach was strongly appreciated by donors who responded with US$ 23.7bn in support to ACT-A agencies.

FACILITATION COUNCIL

Twelve meetings of the Facilitation Council and weekly Member State briefings served to build high-level political engagement, momentum and support for the ACT-Accelerator partnership and its Pillars.. The Facilitation Council Financial and Resource Mobilization Working Group met weekly during the peak of the crisis for information sharing, planning and alignment. They produced a Financing Framework with donor leadership, ownership and promotion, outlining where financing of the Strategic Plan could be sourced, and suggesting fair share contributions from HIC and UMICs. As a result, several countries met their fair share in at least one budget period, including Romania, Norway, Sweden, Canada, Germany, Saudi Arabia, and Kuwait. The Working Group members undertook joint diplomatic outreach for peer-to-peer resource mobilization. In addition, there was intense bilateral outreach by the USA and its co-hosts to enlist pledges at the May 2022 Second Global COVID-19 Summit, and by Italy and the EC for the July 2021 Global Health Summit. Facilitation Council members joined other political leaders in strongly supporting the two AMC Summits, which had great success owing also to the huge advocacy and resource mobilization efforts of Gavi and COVAX partners.

AGENCIES AND CSOs

ACT-A agencies and CSOs convened market groups to exchange information, strategize, align on narratives, plan and execute parliamentary briefings (which featured ACT-A agency Principals, Envoys and experts) and engagement with the media. With similar objectives, agency resource mobilization and communications leads met weekly. The Hub and agencies also engaged regularly with the Pandemic Action Network, an umbrella group of advocacy-oriented NGOs that supported the full financing of ACT-A's strategic plan.

Progress on resource mobilization and transparency on ongoing financial needs was provided by the Commitment Tracker, updated weekly throughout the crisis perioed, as well as annual impact reports and quarterly updates on Pillar achievements, all compiled by the Hub with inputs from ACT-A agencies. The Hub also provided agencies and Facilitation Council members with talking points, consensus-based joint narratives, joint emergency appeal narrative, and investment case proof points, often based on the work of the IMF or of the International Chambre of Commerce and other allies and partners.

PRINCIPALS, ENVOYS AND SPOKESPEOPLE

Agency Principals, Special Envoys and other spokespeople participated in ACT-A themed media roundtables, Chatham House webinars and a variety of other academic events. In addition, they profiled ACT-A in their remarks at relevant governing body meetings, and political engagements.

UN Secretary General António Guterres hosts a UNGA High-Level event on access to COVID-19 tools in September 2022
© UN Photo / Evan Schneider

Together, along with the Pillars' and Agencies' independent efforts, these initiatives resulted in a generous investment by donors in ACT-A of more than the total 2019 global health overseas development assistance funding, with substantial funding from non-ODA sources. While it must be recognized that this funding was provided in the face of an unprecedented emergency, the magnitude of the response should not be taken for granted. Donors could have responded very differently had they been confronted with a fragmented response from the global health community. The resource mobilization results are a testament to the power of partnership.

ANNEX 1: SUMMARY OF OUTCOMES OF PILLARS' WORK TOWARDS THE 2021-2022 STRATEGIC PLAN AND BUDGET MILESTONES

The timespan of the ACT-A Strategic Plan and Budget 2021-22 reached a close at the end of Q3. Here we take stock of Pillars work towards the milestones that were set out in the document, as of the end of Q3, 2022. Section 3 of the Plan comprised Pillar contribution to closing global gaps in access to COVID-19 tools. This section provided an overview of each Pillar's specific contributions to ACT-A's overall objective and strategic priorities and included major deliverables/milestones over the 12 months of the Plan.

Recalling that the 2021-22 budget was written on the tail of the Delta surge, the Strategic Plan was anchored in global public health targets that were set to control COVID-19 and address the huge inequity in access to tools that were needed to bring the pandemic under control.

Pillar plans were structured to meet the ACT-A targets for vaccination coverage (70% in every country), testing (100/100k pop/day), therapeutics (120m patients treated) and PPE coverage (2.7m healthcare workers). However, achieving these targets depended heavily on external factors, including treatments being available, high demand at national policy level for tests and vaccines, absorption capacity, and other factors. Important evolution in the tools themselves and in the evidence around how to best use them also led to adjustments in the strategies employed to reach the targets. For example, WHO updated its global COVID-19 Vaccination Strategy in July 2022 to place a priority on reaching high-risk groups first. When the targets for therapeutics were first set, it was assumed that the new oral antivirals coming online could be used in a larger population group. The products that ended up becoming available in this time period were only approved for use in high-risk individuals and under specific conditions. As the pandemic evolved, so did the approach taken to help countries progress towards coverage goals.

The COVID-19 response diminished in priority for country-level policy makers and funders as the death rate decreased from early 2022 after the Omicron surge. As a result, demand for medical countermeasures declined from early 2022. This resulted in a significant disparity between the 2021-22 coverage targets originally set in October 2021, and the epidemiological and political realities that evolved over the course of 2022.

In addition, overall understanding of and evidence on COVID-19 and medical countermeasures increased considerably during this period. This helped refine some of the strategies and approaches adopted by ACT-A partners in ensuring that tools were directed towards the highest priority and highest risk populations.

COVAX/Vaccines: Outcomes of work towards the Strategic Plan milestones

MILESTONES	CONTEXT AND OUTCOMES
1. By April 2022: Generate clinical evidence for expanded and optimized use of available vaccines, including for 3rd dose strategies, with a focus on LMIC use, and consistent with the Charter for Equitable Access to COVID-19 Tools 2. Invest in next generation vaccines with optimized profiles, including those with potential to mitigate impact of future variants of concern. First interim efficacy results from second generation portfolio expected by Q1 2022 3. Dec 2021: Allocate all available doses including the 1.4bn doses currently forecasted to be available to the AMC92 by the end of 2021 per the September COVAX Facility supply forecast 4. Focus on supporting low-income countries, which are currently receiving fewer than one in seven of non-COVAX supplied doses—and 27 of the AMC91 which have no non-COVAX supply 5. Provide additional COVAX delivery funding as part of a coordinated COVAX effort to continue to support countries to scale up delivery and mitigate key risks to routine immunization and other essential health services	• Updated Roadmap published in January 2022 to optimize use of vaccines equitably, including 3rd dose strategies. • Twelve multi-country trials with multiple vaccines initiated with most completing enrollment. Results contributed to 7 publications to date and supported regulatory and policy decisions • SK bioscience achieved national regulatory approval for emergency use. • Achieved Phase 1 proof of concept for broad protection against emerging variants of concern for 2 additional candidates. • Allocation methodology has shifted to a more responsive process that fulfills requests for vaccines from countries as and when they are received. In 2022, 600m doses were allocated and accepted through Q3, which brings cumulative allocated and accepted doses to 1.94bn. • As of the end of Q3 2022, 90% of COVAX doses delivered have been to AMC participants and 75% of all COVID-19 vaccine doses in lower-income countries had been supplied by COVAX. • CoVDP reviewed more than 50 funding applications and facilitated the disbursement of a total of US$ 117.4m to fifteen countries among UNICEF, WHO and Gavi to cover short-term funding gaps that would have otherwise hindered the delivery of vaccines. • In collaboration with COVAX partners, Gavi launched a third CDS funding window of US$ 600m. Thirty-two country applications have been received as of Q3 totaling US$ 346.6m. Analyses of these applications show that across the countries, nearly half of the funding is being allocated to support integration of COVID-19 vaccinations into routine immunizations and primary healthcare.

Diagnostics: Outcomes of work towards the Strategic Plan milestones

MILESTONES	CONTEXT AND OUTCOMES
1. Support the development and market entrance of 3 accurate, affordable, multi-pathogen, point-of-care molecular tests for COVID-19 and other respiratory pathogens by October 2022 2. Ensure a minimum of 4 additional COVID-19 tests meet the requirements to receive Emergency Use Listing by October 2022 3. Support the pre-requisite technical assistance, laboratory strengthening, training, and advocacy efforts required to enable all countries reach minimum testing target of 100 tests/ 100k/ day over the next year, notably through expanded community use of Ag RDTs 4. Enable expansion of genomic sequencing capacity and regular reporting of SARS-CoV-2 genetic sequence data to reach at least 75% of countries on a monthly basis	The ACT-A Diagnostics (Dx) Pillar is co-convened by FIND and the Global Fund, with strong support from WHO working closely with over 50 global health partners to scale-up equitable access to COVID-19 diagnostic technologies and tools. Through the efforts of the ACT-A Dx Pillar and its partners in-country and globally, significant strides have been made for diagnostics. • The Dx Pillar fast-tracked diagnostics research & development and expanded regional manufacturing capacity, with a goal of enabling over 250m low-cost, high-quality tests (both molecular and Ag-RDTs) for LMICs. • WHO continues to support policy reviews, testing integration, and in-country capacity building. As of October 2022, there are 34 SARS-CoV-2 diagnostic tools by WHO for EUL. • ACT-A Dx Pillar activities enabled price reductions of approximately 30-50%. PCR pricing for LMICs was US$ 20-30 at the start of the pandemic and is now less than US$ 10, while Ag-RDTs (both professional use and self-tests) were priced above US$ 3-5 and now cost US$1 -2. • Implementation projects are increasing testing access through procurement, decentralized models of care, scaling self-testing, and integrating COVID-19 testing into broader health systems across 50 countries. The Dx Pillar is working with the Therapeutics (Tx) Pillar to support countries to set up Test-and-Treat programs. • Since the start of the pandemic, 185.5m tests have been procured for 182 countries in need, with 161 M tests delivered across 181 counties (Q1 2020 to Q3 2022) so far. Of this, in Q3 2022, 9m tests (1.4m PCRs and 7.6m Ag-RDTs) were procured, and 16.7m were delivered (1m PCR and 15.7m Ag-RDTs). • The Global Fund's C19RM 2021 program has invested $156m in diagnostics and epidemiological surveillance to increase community-level testing, support decentralized testing, strengthen diagnostic networks and build outbreak detection and contact tracing capabilities.

- Dx Pillar partners have worked to expand support for country sequencing and surveillance capabilities. At present, over 77% of the 190 WHO member states for which data are available have SARS-CoV-2 sequencing capability, while over 90% have shared SARS-CoV-2 genomic sequence data via public platforms.
- The first identification of the Omicron variant, in Botswana, was through a FIND-funded capacity-building project. Samples from patients infected by the Omicron variant were made available – through our partner in South Africa – to developers a few weeks after the new variant was first reported.
- Through the Diagnostics Pillar and the ACT-Accelerator's work, the global community has the necessary tools, resources, and knowledge to not only respond to COVID-19, but to expand and improve health systems over the long term and secure a more resilient future worldwide.

Therapeutics Pillar: Outcomes of work towards the Strategic Plan milestones

MILESTONES	CONTEXT AND OUTCOMES
1. Rapid inclusion of new COVID-19 treatments into WHO living guidelines when high-quality clinical data demonstrate efficacy 2. Supply of oral outpatient drug secured by end of Nov 2021 through conditional awards, subject to recommendations, quality assurance, and manufacturer submissions 3. Support procurement of up to 28m treatment courses for highest risk mild/moderate patients over the next 12 months, depending on product availability, clinical guidance, and volumes changing with evolution of needs 4. Results from ACTA-funded ReACT MMV, a South Africa based Phase 2 exploratory study in mild patients by early 2022 5. Address essential medical oxygen needs of 6-8m severe and critical patients by September 2022 6. Support delivery of 110-140m cubic meters to LICs, LMICs & UMICs by the end of 2021	The Therapeutics Pillar supports rapid evidence assessment of candidate medicines to test for efficacy against COVID-19, coordinates clinical trials portfolio, facilitates market entry and supply at scale, and supports low and lower-middle-income countries with product introduction and financing. Important progress has been made in this regard: • In coordination with other partners and WHO, several studies were designed to provide conclusive evidence for guidance and policy development. Partners also supported the development of clinical trial platforms in the global south (i.e., ANTICOV supported by Unitaid), collecting evidence in populations living in LMICs to fill in the gap of outpatient treatment adapted to LMICs to prevent hospitalization. 19 recommendations for and against treatments for COVID-19 have been made by WHO. The latest update provides updated recommendations for remdesivir, addresses the use of combination therapy with corticosteroids, interleukin-6 (IL-6) receptor blockers and Janus kinase (JAK) inhibitors in patients with severe or critical COVID-19, and modifies previous recommendations for the neutralizing monoclonal antibodies sotrovimab and casirivimab-imdevimab in patients with non-severe COVID-19. • Even if timelines for securing the supply of oral outpatient were impacted by multiple factors, in 2022, ACT-A partners secured supply agreements with MSD and Pfizer for up to 13m treatment courses of originator oral antivirals. UNICEF also entered over 10 conditional supply agreements with generic manufacturers for the supply of molnupiravir. • While the need and demand for potential treatments has declined due to the evolution of variants, the narrowing of the target population, the vaccine coverage, the acquired natural immunity, and the lowering of diagnostics rates, US$ 25.2m worth of COVID-19 medicines have been procured for therapeutics and other supportive hospital equipment. • Regarding oxygen, Unitaid's catalytic procurement under market shaping efforts has unlocked over 50,000Nm3 volumes of oxygen per day (estimated to treat nearly 1,200 COVID-19 patients per day). The capacity unlocked by the end of the projects is expected to be over 236,000Nm3 volumes of oxygen per day (about 35,000 J-size cylinders per day) and estimated to treat nearly 6,000 COVID-19 patients per day.

Health Systems and Response Connector: Outcomes of work towards Strategic Plan milestones

MILESTONES	CONTEXT AND OUTCOMES
1. Countries conduct regular needs and gaps analysis based on epidemiological & essential supplies forecast to inform national planning and response activities, while also identifying potential situations of concern 2. Countries have integrated and "up-to-date" plans, resource requirements & financing allocations for allocations for vaccination, testing and clinical management on COVID-19 partners platform 3. Countries have at least 80% of their financing gaps for delivery met, primarily through domestic funding and, where required, are supported through concessional and/or grant financing 4. Countries have "real-time" monitoring of availability and absorption of new COVID-19 tools & tracking against delivery targets 5. Product pillars are supported to meet their targets by aligning with and leveraging national response capabilities, engaging communities and addressing immediate health systems bottlenecks 6. Countries reach pre-pandemic essential health service delivery levels by supporting them to minimize COVID-19 knock-on-effects and strengthen community resilience 7. Essential health and community care workers are kept safe by providing PPE and strengthening infection and control measures	Stronger transparency on data and COVID impact has been achieved through dynamic, multi-level and integrated data systems and tools, including: • Global COVID-19 Access Tracker (GCAT) which enabled "real-time" tracking of the delivery of vaccines, tests and treatments globally against delivery targets. • WHO Partners Platform, which, among others, enabled support for submission & review of over 100 country plans. These tools have cross-pillar applications – for example, the WHO Partners Platform has been used for both COVID-19 Vaccine Delivery Support (CDS) applications for the vaccine pillar and to manage the allocation of novel therapeutics based on country demand. Assessment of country needs have been realized based on country ownership: • ~50 country needs assessment profiles, including detailed costing. • action plans for some countries (e.g., DR Congo, Ethiopia, Tanzania). • Health Workforce assessments have been built for prioritized countries. • Risk Communication and Community Engagement (RCCE) needs have been assessed for vaccine acceptance and other COVID-19 needs. Technical and financial support for RCCE have been provided in 45 LMICs, supported by flexible funding raised through ACT-A HAC appeal. To date, support for RCCE has been provided in 130 countries. Essential health and community care workers were kept safe thanks to procurement of PPE and strengthened infection and control measures: • Through strong coordination on Infection Prevention and Control (IPC), including PPE and WASH, priority countries have been provided with technical expertise to prepare holistic waste management plans. • As of 31 August 2022, the Global Fund has awarded US$ 616m for IPC interventions to low- and lower middle-income countries through C19RM 2021, with US$ 493m dedicated to PPE, US$ 84m to supplies and consumables (mostly disinfectants) and US$ 39m to IPC program strengthening.

ANNEX 2: QUARTERLY UPDATE - ACT-A ACHIEVEMENTS IN Q3 2022

COVAX/VACCINES: Q3 KEY ACHIEVEMENTS	
R&D and product assessment	• Invested in vaccine development across R&D portfolio of 14 vaccine candidates. Three of these vaccines have been granted WHO EUL, and two additional vaccines have been approved by their respective national regulators. • Continued to support clinical research studies to expand access to vaccines, including launching an additional project to evaluate COVID-19 vaccine strategies for people living with HIV in South Africa.
Market shaping and manufacturing	• Progressed with manufacturer renegotiations to better align volume and timing of supply to anticipated demand, thereby reducing risk of vaccine expiries.
Procurement	• Total doses shipped to all COVAX participants in 2022 as of the end of Q3 was 817m doses, of which 495m doses were contracted through APAs. In Q3 alone, 218m doses were shipped to all participants, of which 134m were APA doses. • Transitioned to the Rolling Allocation Process, which rapidly responds to requests for vaccines based on available supply. • In Q3, UNICEF shipped/delivered 34m syringes to 78 countries and 84 Ultra-Low Temperature freezers to 11 countries on behalf of COVAX to support COVID-19 vaccination efforts.
Demand generation and in-country delivery	• 58% of people in all AMC countries have received at least one dose of a COVID-19 vaccine and 51% have completed primary series. In 2022 alone, completed primary series coverage increased by 15% and single dose coverage by 20%. This represents 600m additional doses administered since May 2022, including 300m additional completed primary series. • Among the countries receiving concerted support by the CoVDP, 9 additional countries have passed the 10% threshold for primary series coverage and 12 countries have passed the 20% threshold. • Gavi launched a third application window of ~US$ 600m for its COVID-19 Delivery Support (CDS) funding with focus on reaching high-risk populations, achieving country coverage targets, and integrating COVID-19 vaccinations with routine immunisations (RI) and Primary Healthcare (PHC). • To further support the acceleration of COVID-19 vaccinations in select countries, a new emergency funding window of US$ 30m was set up by Gavi and UNICEF to provide urgent delivery funding to countries most in need. • Building on earlier investments made in 2021, in 2022 by the end of Q3 109 countries received funding for vaccine delivery support through UNICEF's ACT-A HAC. • WHO supported 47 countries with direct technical and strategic support to COVID-19 vaccine delivery and data management and analysis. Rapid assessments of existing data systems and technical support have been conducted in 19 countries in the AFRO region. WHO also compiles global data on vaccine delivery for all of its immunization partners.

DIAGNOSTICS: Q3 KEY ACHIEVEMENTS	
R&D and product assessment	• FIND partnered with 2 additional manufacturers to help bring POC molecular respiratory assays to LMICs. • 1 additional COVID-19 self-test added for a total of 34 SARS-CoV-2 disagnostic tests by WHO for EUL. • 3 partner self-test manufacturers have submitted dossiers for WHO Emergency Use Authorization. • FIND/WHO developed a Target Product Profile to capture minimal and optimal characteristics of RDT readers.
Market shaping and manufacturing	• Analysis completed on procurement landscape and drivers of price variation across LMICs for key sequencing products. • Technology transfers and scale-up of regional manufacturing capacities are enabling more than 250m low-cost, high-quality COVID and other infectious disease tests for LMICs.
Procurement	• Since the start of the pandemic, 185.5m tests have been procured for 182 countries in need, with 161m tests delivered across 181 counties (Q1 2020 to Q3 2022). Of this, in Q3 2022, 9m tests (1.4m PCRs and 7.6m Ag-RDTs) were procured, and 16.7m were delivered (1m PCR and 15.7m Ag-RDTs). • Cumulatively since 2021, the Global Fund awarded US$ 799m for procurement of tests across 102 countries (US$ 477m for PCR tests, US$ 323m for Ag-RDTs) via the Global Fund's COVID-19 Response Mechanism (C19RM), to enable the procurement of 165-200m tests.
Demand generation and in-country delivery	• Cumulatively since 2021, the Global Fund awarded US$ 156m in funding to support in country roll-out of diagnostic tools via Global Fund's COVID-19 Response Mechanism. • 21 national advocacy strategies and 6 country goverments are being engaged to promote COVID-19 diagnostic testing and linkage to care and treatment in LMICs. Learnings from the advocacy efforts will inform a global advocacy strategy that is currently being developed for COVID-19 diagnostics. • Partners supported integrated COVID-19 testing and sentinel surveillance systems in Burkina Faso, Cameroon, Chad, Congo-Brazzaville, Ethiopia, Kenya, Niger Sierra Leone, and Zambia. • Joint WHO/FIND online trainings and training resources were accessed by over 3,000 people across all 6 WHO regions this quarter. WHO SARS-CoV-2 Antigen RDT training package was updated with a new module on self-testing. • Operational research studies on community-based applications of Ag-RDTs for timely and effective public health response successfully completed in Uganda, Malawi, Zambia, Cameroon and Jamaica. Additional research projects underway in Suriname, Mali, Mozambique, South Africa, Cameroon, and Kenya. • Digital solutions leveraging POC testing are being implemented in in community settings in Kenya and Rwanda. • FIND and CHAI partnership launched in Ecuador and Rwanda to implement effective Test-and-Treat responses using digital tools. • WHO founded Strategy Partners Coordination Group to facilitate operationalization of Global Genomic Surveillance Strategy.

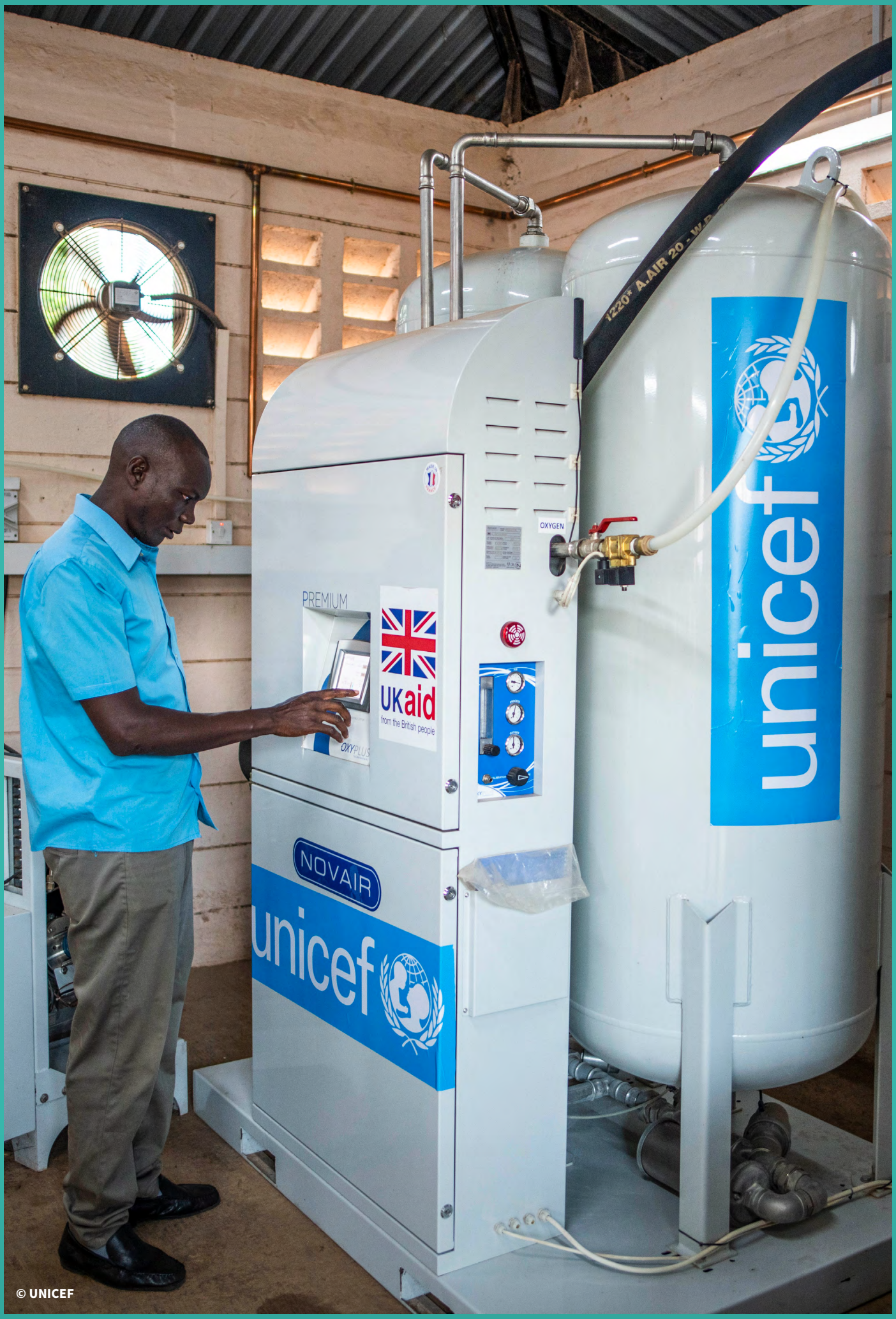
THERAPEUTICS: Q3 KEY ACHIEVEMENTS	
R&D and product assessment	• Molnupiravir from 2 manufacturers was WHO-prequalified in Q3. Two more products[15] have been assessed and will likely be prequalified in Q4. • WHO delivered two dedicated manufacturers' workshops on COVID-19 products in collaboration with MPP and IFPMA. • UNICEF launched a Target Product Profile for fit-for-purpose oxygen concentrators in Low Resource Settings (LRS) together with NEST360.
Market shaping and manufacturing	• Shionogi and MPP signed a voluntary license agreement for the investigational oral antiviral ensitrelvir fumaric acid. Under the terms of the license agreement, generic manufacturers grant sublicenses will be able to supply ensitrelvir to 117 LMICs, pending regulatory authorization or approval.
Procurement	• As of Q3 2022, 71 countries confirmed procurement of antivirals and anti-inflammatory through ACT-A. • ACT-A partners supported procurement of molnupiravir for 20 opt-in countries. In particular, during Q3 of 2022, UNICEF delivered 4,172 treatment courses of molnupiravir (total value $3,754,620) to Cambodia, Indonesia and Zimbabwe. 6,872 doses of molnupiravir have been procured for Unitaid country projects in 4 countries (Bolivia, Paraguay, Ethiopia and Kenya). • The Global Fund has signed an agreement with Pfizer in September 2022 for the procurement of the new oral antiviral medicine nirmatrelvir/ritonavir. • UNICEF concluded the renegotiations for the supply agreement of nirmatrelvir/ritonavir making the product accessible to countries with better terms and conditions. • Thanks to partner collaboration through ACT-A all 137 countries will have access to nirmatrelvir/ritonavir subject to local regulatory approval or authorization. 49 countries expressed interest to nirmatrelvir/ritonavir from Pfizer. • In Q3 2022 alone, the Global Fund awarded US$ 0.5m for therapeutic tools in one country.[16]

[15] WHO applied an innovative path for nirmatrelvir/ritonavir generic products. Nirmatrelvir tablets are evaluated using the full assessment route, while ritonavir is evaluated via an abridged route, cross-referencing for ritonavir products approved/prequalified by SRAs.
[16] Since the beginning of 2021, the Global Fund Awarded US$ 756 million for procurement of therapeutics across 98 countries (US$ 566 million for oxygen, US$ 190 million for others including C-19 pharmaceuticals and other supportive hospital equipment) via Global Fund's COVID-19 Response Mechanism.

THERAPEUTICS: Q3 KEY ACHIEVEMENTS	
Demand generation and in-country delivery	• Countries procured tocilizumab in Q1 and Q2 have successfully received its order of tocilizumab (˜ 29,000 vials of 400mg Tocilizumab 20ml IV). • The Global Fund awarded US$ 96m in funding to support in country roll-out of therapeutic tools via Global Fund's COVID-19 Response Mechanism (cumulative in 2021-2022). • Under the Unitaid/FIND projects: » Molnupiravir, nirmatrelvir/ritonavir and baricitinib were registered in Ethiopia (guideline revision process has started). » An IEC campaign was co-created with the communities in Bolivia and Paraguay with a catchment area of about 300 000 people. • 36 countries, including those in humanitarian settings, received support in Q3 from UNICEF's global oxygen team[17]. • 32 countries across 7 UNICEF regions are currently implementing a total of 98 oxygen Plant in a Box (PIBs) with support from the UNICEF's global oxygen team. • UNICEF is supporting 9 countries to access newly created LTAs for engineering services around oxygen. • Supported by Unitaid, training materials have been developed in 7 countries with healthcare workers and biomedical engineers trained.

[17] This included technical support (remote and in-person) across key pillars of oxygen systems scaling such as planning (including use of the oxygen systems planning tool, OSPT) and strategy development, needs assessments and procurement, product delivery including implementation of oxygen plant in a box, and programmatic scale-up.

HEALTH SYSTEMS AND RESPONSE CONNECTOR: Q3 KEY ACHIEVEMENTS	
R&D and product assessment	• Core Clinical Care Readiness (C3R) Tool to support countries in identifying specific gaps in their health service delivery, assessing their context specific barriers and proposing actions to address them through an action plan.
Procurement	• The C3R tool helps countries identify strategic actions that countries to mitigate supply chain barriers for diagnostics and therapeutics. • In Q3, UNICEF ensured supply availability through an established strategic stockpile of PPE prepositioned in UNICEF supply hubs in Copenhagen, Shanghai, Panama, and Dubai. • In Q3 alone, the Global Fund awarded no additional funding for health products in HSRC. Since the beginning of 2021, the Global Fund awarded US$ 770m for procurement of health system tools across 103 countries (US$ 491m for PPE, US$ 279m for other health products in HSRC e.g., disinfectants and waste management) via Global Fund's COVID-19 Response Mechanism.
Demand generation and in-country delivery	• Continued support to countries and regions in setting emergency and critical care priorities, strategic planning, and roadmap development, including for times of Covid-19 surges and other threats. • Awarded US$ 338m in funding to support in country roll-out of health system tools via Global Fund's COVID-19 Response Mechanism (cumulative in 2021-2022). • Provided Emergency Unit Management training and Mass Casualty Management courses to ensure the ability of facilities to meet the need for COVID-19 surge, maintain essential health services during a crisis, and support future resilience. • WHO Critical Care course was developed and will be launched in late 2022 on the WHO Academy platform, the OpenWHO platform, and in person through face-to-face pilots. • During Q3, UNICEF supported countries to integrate COVID-19 vaccination with other routine immunization using online and offline platforms to reach vulnerable groups, strengthening national health stakeholders' capacities to generate, analyze and respond to misinformation, and ensuring ongoing advocacy and strategic partnerships, including with religious leaders and frontline workers, to increase community confidence in vaccination. • In Q3, Collective Service published the Social Science Training (“Using Social Science for Emergency Preparedness and Response”) and the “Risk Communication and Community Engagement Indicator Guidance for COVID-19”. • The HSRC has partnered with the COVID-19 Vaccine Delivery Partnership (CoVDP) and conducted two joint missions (in Tanzania and Madagascar) during Q3 to identify specific challenges where HSRC can support. HSRC is working with the countries and partners to coordinate a response.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