ACTaccelerator
ACCESS TO COVID-19 TOOLS

Hosted by World Health Organization

Q2 QUARTERLY UPDATE

1 April – 30 June 2022

ABOUT THIS UPDATE

The Q2 Update charts progress achieved by ACT-Accelerator partners between 1 April and 30 June 2022. The partners responded collectively to the global evolution of the pandemic and provided continued support to low- and middle-income countries with the development, procurement, and delivery of COVID-19 tests, treatments, personal protective equipment (PPE) and vaccines.

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

This Q2 Update features a profile of Cambodia's remarkable vaccine distribution success and the support of ACT-Accelerator agencies in equipping the country with COVID-19 tools to accelerate the country's path to recovery.

STATE OF THE GLOBAL PANDEMIC

Across the quarter, after a period of decline, COVID-19 infections started to increase, with some countries experiencing caseloads similar to previous waves. In the week of 20th June alone, over 4.1m new cases were reported, an 18% increase compared to the previous week. The quarter ended with over 541m confirmed cases and over 6.3m deaths reported globally.[1]

The Omicron variant continued to circulate worldwide, with subvariant BA.5 increasing from 28% to 43% of reported cases. In June 2022, the COVID-19 death toll was, on average, 1,200 per day, a huge disease burden.[2]

With the world grappling with multiple competing crises, many countries are adapting to this 'new normal' and adjusting their ways of tackling COVID-19. This includes integrating COVID-19 measures into routine public health programs and activities, some of which will need to be reconfigured to accommodate and absorb COVID-19 approaches over the longer term.

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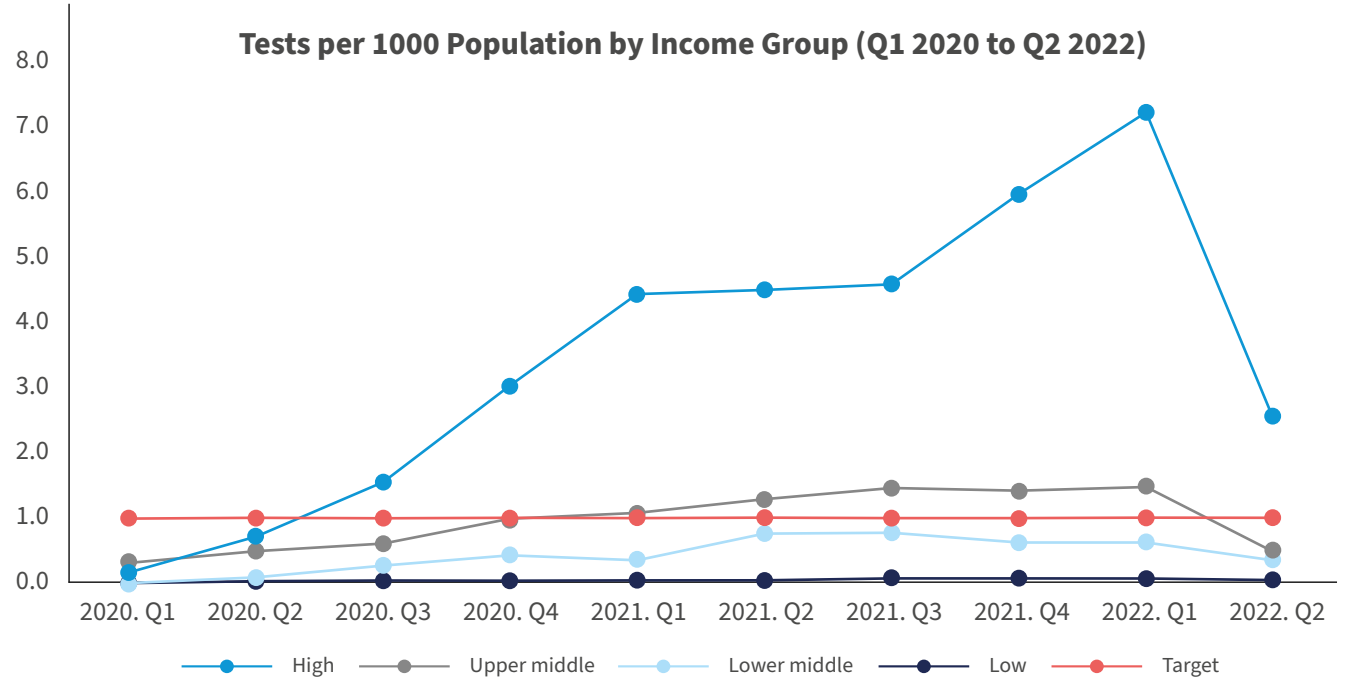
COLLAPSING TESTING RATES AND THE ACT-A RESPONSE

Despite the evolving pandemic and increased cases, hospitalisations and deaths there is a growing sense of COVID-19 fatigue. The exhaustion of health workers and the public, coupled with competing national and local priorities, has further reduced the already suppressed demand for COVID-19 tools. Testing rates have fluctuated over time based on the epidemiologic situation but followed a downward trajectory during Q2, having declined 70-90% globally over the past several months. The alarming decline in testing rates reported in Q1 has continued, as shown in Figure 1, with low-income countries testing at an average of .04 tests per day per 1,000 population at the end of Q2, while the global target is 1.[3]

Testing is essential to support public health containment and to swiftly identify patients who need treatment, including oxygen and antivirals, as well as for disease surveillance and fast identification of new variants. Moreover, recent modelling efforts show that when linked to timely treatment, the proportion of deaths averted increases with increasing testing rates. Without sufficient testing, treatment and vaccines, the global community runs the risk of undoing the hard-earned public health gains achieved over the last few years.

[1] Weekly epidemiological update on COVID-19 - 29 June 2022 (who.int).
[2] Ibid.
[3] The SARS-COV-2 Test Tracker – 01 July 2022 Data https://www.finddx.org/covid-19/test-tracker.



In this context of collapsing testing rates, during this quarter, WHO recommended the use of the oral antiviral nirmatrelvir-ritonavir combination (branded form named PAXLOVID™), which reduces the risk of hospitalization by 85% in high-risk groups, including the unvaccinated, and can be taken in an outpatient setting. This promises to be a game changer, but this antiviral was proven to work when taken within 5 days of onset of disease. Identifying patients eligible for the treatment and providing them with the medication in time relies on early testing. Generating demand for testing and ensuring that affordable tests are accessible is therefore part of ensuring equitable access to these life-saving drugs as supplies become available.

Reported here by the Diagnostics and Therapeutics Pillars are a number of initiatives to enhance demand for and access to tests, as well as to roll out Test and Treat initiatives. Decentralised access to testing and prioritising hard-to-reach populations are strategies ACT-A partners are scaling up. Examples include efforts in DR Congo, Uganda, Kenya, and Bangladesh, integrating COVID-19 with Neglected Tropical Disease elimination, outreach, and surveillance programs, to deliver COVID-19 testing to hard-to-reach communities that are at increased risk.

Pilot programmes supported by ACT-A agencies aim to integrate COVID-19 testing with screening for tuberculosis, malaria, non-communicable diseases, and mental health interventions. Operational research is also underway in Papua New Guinea, Cambodia, and Indonesia to assess the barriers and enablers for supply, access, uptake, and use of Ag-RDTs in hospitals, HIV clinics, and other health care settings. Self-testing is also being rolled out, with the potential to greatly increase access.

Particularly in LICs, where primary series vaccination coverage remains very low at 14.8%,[4] Test and Treat services targeted at the most vulnerable have the potential to save many lives. Generating demand is both urgent and essential.

FINANCING

Two major pledging events in Q2 brought significant new financing to ACT-A partners. These were the Gavi COVAX "Break COVID Now" Advance Market Commitment (AMC) Summit on April 8, which resulted in US$ 4.8bn in new sovereign donor pledges and financial innovation mechanisms, and the Second Global COVID-19 Summit on May 12, which brought over US$ 1bn in pledges to ACT-A. The AMC Summit was co-hosted by Gavi, Germany as the G7 President, Ghana, Indonesia as the G20 President, and Senegal as the African Union (AU) Chair. The Second Global COVID-19 Summit was co-hosted by the United States of America (USA), Germany as G7 President, Indonesia as G20 President, Senegal as AU President, and Belize as President of CARICOM. Despite significant progress this quarter, a funding gap of US$ 11.2bn remains for vaccines, diagnostics, treatments, and PPE.

Funding gap as of 27 June

Commitments to the end of Q2 in the 2021-2022 budget cycle

CUMULATIVE PROCUREMENT & DELIVERY OF ACT-A TOOLS

Since the beginning of the pandemic to end June 2022

VACCINES

A total of **3.4bn** vaccine doses secured or confirmed as donations through COVAX (**1.6bn** delivered).

3.4 billion

OXYGEN

US$ 387m worth of oxygen supplies procured (US$ 260m delivered) and **US$ 578m** awarded to countries for medical oxygen.

US$ 387 million

DIAGNOSTICS

Over **175.7m** tests procured (**140.1m** delivered) across all member agencies within the diagnostics consortium and **US$ 982m** awarded by Global Fund to countries for tests.

175.7 million

PPE

US$ 695m worth of PPE procured (**US$ 590m** delivered) and **US$ 767m** awarded to countries for PPE.

US$ 695 million

THERAPEUTICS

US$ 10.4m worth of COVID-19 medicines procured (**US$ 9.9m** delivered) and **US$ 190m** awarded to countries for therapeutics and other supportive hospital equipment.

US$ 10.4 million

[4] The Global COVID-19 Access Tracker – Data from July 1, 2022 https://www.covid19globaltracker.org/#testing.

ACT-A DIAGNOSTICS PILLAR 1 APRIL – 30 JUNE 2022

The Diagnostics Pillar is co-convened by FIND, the global alliance for diagnostics and the Global Fund, with WHO leading on regulatory, policy, product procurement, and allocation. The Diagnostics Pillar works alongside 50 global health partners to scale-up equitable access to COVID-19 diagnostic tools.

R&D and Product Assessment

- The COVID-19 technology access pool (C-TAP) and the Medicines Patent Pool (MPP) finalized a licensing agreement with the US National Institutes of Health (NIH) allowing manufacturers to work with MPP and C-TAP to make COVID-19 technologies accessible to LMICs. In addition, a transparent sublicence agreement between MPP on behalf of C-TAP and Biotech Africa was signed to accelerate the manufacture and sale of Spanish National Research Council's (CSIC's) COVID-19 serological antibody technology worldwide.
- FIND is conducting independent evaluations of usability and clinical performance of 8 self-tests in Georgia, South Africa, Uganda, and Peru, including instructions for use and supporting materials available in more than 10 LMIC-relevant languages. Self-testing products have been registered in 9 LMICs - India, Brazil, Peru, Georgia, Thailand, Malaysia, Philippines, Nepal, Vietnam and 4 manufacturers prepared dossiers for WHO EUL submission.
- PATH developed an analytical benchmarking panel to conduct independent evaluations of the analytical performance of Ag-RDTs.
- FIND partnered with 4 manufacturers to bring point-of-care molecular respiratory assays to LMICs. 2 manufacturers have completed analytical verification of assays and are preparing for clinical trials, and 2 manufacturers have finalized product requirements and are undergoing multiplex assay development.
- 3 additional Ag-RDTs have been WHO EUL listed in Q2 2022.

Market Shaping & Manufacturing

- The Global Fund has made diagnostics tests available with lowest average prices between US$ 1-2; self-tests available at US$ 1-5 per test with lead time of 1 to 4 weeks; shelf-life extensions to 24 months.
- FIND and Unitaid are supporting DIATROPIX (Senegal) in setting up an innovative, holistic, and sustainable business model for a new manufacturing plant.
- Manufacturers have committed to producing at least 70m COVID-19 self-tests per month for LMICs with a ceiling ex-works price ranging from US$ 1-2 as part of ongoing partnerships with 5 self-test manufacturers to accelerate the availability of affordable self-tests in LMICs.
- FIND engaged with private partners in 7 LMICs to launch pilots to understand current and expanded use cases of professional and self-test Ag-RDTs in pharmacy and occupational settings.

Procurement

- Since the start of the pandemic, 175.7m tests have been procured for 180 countries in need, with 140.1m tests delivered across 179 counties (Q1 2020 to Q2 2022) in total of which in Q2 2022, 8.1m tests (1.9m PCR and 6.2m Ag-RDTs) were procured, and 12.2m delivered (2.3m PCR and 9.9m Ag-RDTs).
- In Q2 2022, the Global Fund awarded US$ 4m for diagnostic tools. 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 & In-country delivery

- Through Global Fund's C19RM (cumulative 2021-2022), US$ 156m in funding awarded to support in-country roll-out of diagnostic tools.
- In Q2 2022, 42 training of trainer sessions (TOTs), 46 HCWs, and 1194 CHWs (including mobilisers and volunteers) were trained and 42 TOTs were held on community-level testing and social mobilization in Myanmar, Vietnam, Laos, Namibia, and Somaliland.
- 21 national advocacy strategies across 19 LMICs were conceptualized and executed by the Country Support Working Group led by UNICEF to roll out Test and Treat approaches.
- UNICEF provided technical assistance to 4 countries - Niger, Mali, Nigeria, Lebanon - as well as funding allocations to support COVID-19 diagnostics.
- FIND initiated projects in DR Congo, Uganda, Kenya, and Bangladesh, integrating COVID-19 with NTD elimination, outreach, testing, and surveillance programs, to deliver COVID-19 testing to hard-to-reach communities that are at increased risk.
- COVID-19 taskforces in Burkina Faso, Congo-Brazzaville, Niger, Sierra Leone, and Chad were supported to revise/validate COVID-19 testing guidelines and protocols to pilot the integration of COVID-19 into Influenza-like Illness/Severe Acute Respiratory Infection sentinel surveillance programs.
- Partners are supporting strategies to integrate COVID-19 testing into TB/COVID-19 bidirectional programs where vulnerable populations access services in Ethiopia, Zambia, and South Africa.

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- Partners are supporting multi-country projects to advocate with national and sub-national health authorities for the adoption of Ag-RDTs in Somaliland, Kenya, Ethiopia, Pakistan, Namibia, Cambodia, Laos, Myanmar, and Vietnam on community testing of COVID-19 cases, enabling enhanced access to quality COVID-19 Ag-RDTs in selected target communities, reaching and testing >120,000.
- Operational research underway in Papua New Guinea, Cambodia, and Indonesia to assess the barriers and enablers for supply, access, uptake, and use of Ag-RDTs in hospitals, HIV clinics, and private/public health care settings, and in Uganda, Malawi, and Zambia to evaluate effectiveness and acceptability of Ag-RDT testing markets.
- Projects implemented in Suriname, Mozambique, and South Africa to assess the effectiveness of integrating Ag-RDT testing with malaria testing in migrant populations, testing for NCDs, and mental health interventions.
- Partners are assessing the effectiveness of Ag-RDTs in detecting and preventing onward transmission of SARS-CoV-2 in schools and universities, border communities, travel hubs, and the general population in Uganda, Cameroon, and Mali.
- FIND launched several pilots to define archetypes of COVID-19 self-testing delivery models across several use cases, including health care workers, school workers, vulnerable populations, and private workplaces in Malaysia, Brazil, and Georgia.
- Verbal partnership with International Organization for Migration (IOM) established to adapt ACT-A COVID-19 Ag-RDT data collection application template on ODK for studies in Jordan, Iraq, Lebanon, and North-West Syria. It is estimated that 113 HCWs will record data from 110,000-120,000 patients, with 100,000 COVID-19 Ag-RDT results collected.
- ACT-A partners, including Rockefeller, Gates, FIND, APHL, CDC, WHO and Global Fund, presented key tools, achievements, and lessons learned on genomic surveillance capacity building at the Global Health Security conference held in Singapore.

ACT-A THERAPEUTICS PILLAR 1 APRIL – 30 JUNE 2022

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.

R&D and Product Assessment

- WHO published:
  - » A Severe Acute Respiratory Infection toolkit update of the "Clinical care of severe acute respiratory infections".
  - » The 4th update of the "Clinical management of COVID-19" living guideline.
  - » The 10th update of the "Therapeutics and COVID-19" living guideline.
  - » A report on the "Severity of disease associated with Omicron variant as compared with Delta variant in hospitalized patients with suspected or confirmed SARS-CoV-2 infection".
  - » A webinar on the "Care of critical patient" as part of the COVID-19 Case Management Webinar Series.

Market Shaping & Manufacturing

- Following the establishment of the Therapeutic Allocation Mechanism[5] in Q1 of 2022, WHO with Global Fund and UNICEF launched allocation exercises for tocilizumab and novel antivirals. Of the 138 countries eligible to receive therapeutic products, 90 confirmed their interest in Q2 and 64 countries accepted allocations of one or more therapeutic products.
- A humanitarian buffer was developed to address acute needs and five countries surrounding Ukraine were identified to receive emergency shipments of tocilizumab.
- Total cost to date for the products allocated is US$ 15m[6]. Funding is decentralized with contributions[7] from the PAHO Strategic Fund, WHO, UNICEF, UNITAID, Global Fund, national budgets and other sources.
- Several manufacturers of both nirmatrelvir-ritonavir and molnupiravir are in pre-submission discussions with WHO PQ, who continues to provide technical support. Three generic manufacturers of molnupiravir have also submitted dossiers to WHO (PQ), which have been undergoing review throughout Q2.
- Unitaid continues to engage with partners on short- and long-term access plans for both emerging and WHO-recommended therapeutics, including a generic pathway in collaboration with MPP, originator and generic companies.
- UNICEF has made awards for oxygen plant repairs and biomedical engineering services to global/regional suppliers. Awards are at final stages of negotiation with Liquid Medical Oxygen (LMO) producers for delivery and implementation of all-inclusive LMO services for health facilities in multiple LMIC.

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[5] One of the primary activities in expanding sustainable access to COVID-19 therapeutic medicines is the activities of the Therapeutics Allocation Mechanism. The mechanism responds to the complex market dynamic and supports equitable and transparent allocation of Tx products for countries via an interactive platform. Algorithms were calibrated to reflect complexities of treatment guidelines and complex issues of health seeking behavior of eligible patients for the antivirals. Transparent updates were provided three times per week to participating countries.

[6] Different modelling exercises by WHO and other partners indicate that the potential unconstrained need for Tx beyond 2022 could be up to 220m treatment courses across the 138 eligible countries. Depending on the source and price, the estimated cost is up to US$ 9.7bn. However, it is likely that actual demand and financing will continue to be much lower by comparison.

[7] Contributions are listed in descending order of amounts provided.

Procurement

- In Q2, the Global Fund awarded US$ 21m for therapeutic tools. Since the beginning of 2021, the Global Fund has awarded US$ 756m for procurement of therapeutics across 98 countries.[8]
- In Q2, UNICEF delivered 1.05m Dexamethasone tablets to 2 countries and 11,948 oxygen concentrators to 33 countries. Since the beginning of 2021, UNICEF delivered 14.67m Dexamethasone tablets to 21 countries and 37,530 oxygen concentrators to 72 countries.
- Since 2021 and throughout 2022, 97 pressure swing adsorption plants will be implemented across 31 countries through UNICEF's innovative 'Plant in a box' model, which includes a set of predefined plant-packages, installation and a 2-year maintenance plan for sustainability. 7 oxygen plants were delivered to 4 countries since 2021.
- In Q2, for the innovator version of nirmatrelvir-ritonavir, the Therapeutics Allocation Team and Coordinated Procurement Group[9] successfully negotiated an increase in the number of eligible countries. Now 138 LMICs are eligible for this product, versus the 95 in the original agreement.

Demand Generation & In-country delivery

- Within the Allocation mechanism new features were developed in Q2, including a dashboard with key information on product procurement, financing and other details .
- The Global Fund, the United States and Unitaid, together with FIND and other ACT-Accelerator partners launched in May over US$ 120m in support to countries for Test and Treat programs to prevent hospitalizations and deaths from COVID-19 for those most at risk in low- and middle-income countries.
- A Test and Treat Coordination Working Group was created in June 2022, to ensure that partner efforts are aligned and coordinated, that resources are efficiently allocated, and that countries are connected swiftly and pro-actively to procurers and procurement funding as necessary.

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- The Global Fund awarded US$ 95m in funding to support in country roll-out of therapeutic tools via the Global Fund's COVID-19 Response Mechanism (Cumulative in 2021-2022).
- Under the Test and Treat projects supported by Unitaid and FIND:
  - » Aurum and KNCV have procured 5,450 Ag-RDTs (1,000 professional use and 4,450 self-tests) to support operational research to inform country's self-testing policy and facilitate the introduction of additional low-cost Ag-RDT options into participating countries (Ethiopia, Ghana, Mozambique and the Philippines).
  - » IS Global is supporting catalytic procurement of 20,000 Ag-RDTs for Bolivia and Paraguay to strengthen data collection and monitoring, mapping supply chain flow and assessing the Test and Treat algorithm in preparation for the new outpatient therapeutics.
- Through Project BOXER, the Global Fund is providing technical assistance for medical oxygen, addressing the need for technical capacity building and support in the operation of PSA plants. Technical Assistance is provided to 35 countries (an additional 9 countries in Q2 2022).
- Unitaid-funded procurement for liquid oxygen and oxygen infrastructure, is ongoing in 24 countries in close collaboration with PIH, PATH, ALIMA, and CHAI. Facility assessments were completed in Cameroon, DR Congo, Nigeria and Ethiopia. 3 additional provinces in Indonesia are being assessed, covering 18 hospitals.
- In Q2, UNICEF provided technical assistance to 21 countries, including 15 countries with ongoing humanitarian situations, for strategic planning for oxygen systems.

[8] US$ 566m for oxygen, US$ 190m for others including COVID-19 pharmaceuticals and other supportive hospital equipment) via Global Fund's COVID-19 Response Mechanism.

[9] The Therapeutics Allocation Team and Coordinated Procurement Group merged for improved efficiency and effectiveness in advancing complex negotiations as well as coordinating product allocation activities with country Test and Treat initiatives.

[10] The inclusion of confidential information was negotiated with manufacturers to improve support to countries in making sound decisions about product selection. Those sections of the platform are closed to registered users.

[11] Including tanks and cylinders, concentrators, vaporizers, piping, cannulas, masks, PSA plants, pulse oximeters and spare parts and repair.

ACT-A VACCINES PILLAR
1 APRIL – 30 JUNE 2022

COVAX, the ACT-Accelerator's Vaccines Pillar, is co-led by the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, the Vaccine Alliance, the World Health Organization (WHO), and UNICEF, aiming for fair and equitable access to COVID-19 vaccines in every country. PAHO Revolving Fund works as a procurement partner for COVAX in the Americas, with UNICEF procuring on behalf of rest of the world except for a few self-procuring countries.

In January 2022, WHO, UNICEF and Gavi, the Vaccine Alliance established the COVID-19 Vaccine Delivery Partnership (CoVDP) to support vaccine delivery in the 92 AMC countries.

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R&D and Product Assessment

- SAGE (Strategic Advisory Group of Experts) issued:
  - » Interim statement on the use of additional booster doses of Emergency Use Listed mRNA vaccines against COVID-19
  - » Interim statement on hybrid immunity and increasing population seroprevalence rates
  - » Updated WHO interim recommendations for the use of the Janssen Ad26.COV2.S (COVID-19) vaccine
  - » Cansino Ad5-nCoV-S vaccine recommendations for use (viral vector, single dose)
- The delivery deadline for vaccines covered by the No-Fault Compensation Scheme (NFC) was extended by one year to June 2023. Two vaccines have passed the two years milestone since first put in circulation by the manufacturer, which means that they are no longer covered under the NFC – Sinopharm and SinoVac.
- Invested in vaccine development across R&D portfolio of 14 vaccine candidates against SARS-CoV-2, including four targeting variants[12]. Three of these (Oxford/AZ, Moderna, and Novavax) have been granted Emergency Use Listing by the World Health Organization (WHO) and are now preventing disease and death around the world. Two additional vaccines (Biological E [India] and SK bioscience [South Korea]) have been approved by their respective national regulators.
- Continued to support clinical research studies to expand access to vaccines, including launching new fractional booster dose trials in Brazil and Pakistan, and heterologous booster trials in people living with HIV in DR Congo, Kenya and Rwanda, which could guide future vaccination strategies.

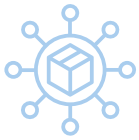
Market Shaping & Manufacturing

- Publication in June 2022 of Gavi White Paper outlining a broad initial position regarding more regionalized manufacturing of COVID and routine vaccines, especially in Africa.
- COVAX continued to manage its APA portfolio in line with country needs and portfolio objectives. Gavi's negotiations continue to rephase and reduce APA quantities in the context of declining demand and in consideration of access to COVID-19 vaccines from donors.
- In June 2022, WHO, UNICEF and GAVI contributed to discussions on market intelligence to inform vaccine manufacturing and procurement at the Partnerships for African Vaccine Manufacturing meeting in Addis Ababa.

[12] No investments in new candidate vaccines in Q2.

Procurement

- Delivered 106m doses through COVAX in Q2 (104m delivered to AMC countries), taking total doses delivered to 1.55bn (1.38bn total doses delivered to AMC countries).
- Over 75m doses of paediatric vaccines have been allocated so far under the interim approach. In June 2022, the Gavi Board approved continued limited COVAX provision of paediatric doses with guardrails for routine immunisation and demographic prioritisation. COVAX is currently formulating an implementation strategy for paediatric immunisation.
- In June, the COVAX Humanitarian Buffer doses delivered in March to Uganda were administered to refugees and host communities. Progress is ongoing to resolve legal, regulatory and import challenges for the remaining humanitarian agency applications.
- 116.8m cost-shared doses in total have been delivered by the end of Q2, including 2.34m J&J doses delivered to Afghanistan through the Asian Development Bank.
- 306k Sinovac doses have been procured through Singapore under the new self-procuring participant model.
- In Q2 2022, UNICEF:
  - » shipped 564.75m syringes to 79 countries to support COVID-19 vaccination. Since 2021, shipped 2,883.84m syringes to 131 countries.
  - » shipped 5.32m safety boxes to 75 countries to support COVID-19 vaccination. Since 2021, shipped 31.06m safety boxes to 108 countries.
  - » delivered 33 ultra-low freezers to 5 countries. Since 2021, delivered a total of 111 ultra-low freezers to countries in need.



Demand Generation & In-country delivery

- The percentage of the population fully vaccinated in the AMC92 rose from 40% to 47% at the end of June.
- Among the 34 countries for concerted support by the COVID-19 Vaccine Delivery Partnership (CoVDP) and that were below 10% in January 2022, only 12 remained below 10% at the end of Q2 (down from 19 in Q1). Eight of the 34 countries have achieved full primary series coverage of 20% and more (Ethiopia, Solomon Islands, Ghana, Sierra Leone, Uganda, Central African Republic, Côte d'Ivoire and Guinea).
- During Q2 2022, countries made incremental progress in population coverage, with 7 additional AMC participants reaching 10% overall primary series coverage. Twelve (12) AMC participants remain below 10% primary series coverage, many facing humanitarian and conflict situations.
- Coverage rates for the two highest-risk populations of health care workers (HCW) and older adults also improved in Q2 2022, with HCW coverage reaching 75% (+1% since end March) and older adult coverage reaching 62% (+5% since end March) across AMC92 participants.
- In-country delivery efforts and support remain focused on the aspirational 100% target for highest- and high-risk populations such as HCW and older adults, including with boosters. Incremental progress needs to be made particularly for older adults, with 30 of the 70 AMC countries reporting remaining below 30% older adult coverage as of 1 July, 2022.
- Improved tracking and reporting of booster coverage for high-risk populations such as health care workers and older adults will be a priority focus moving forward, in order to assess the continued potential need to protect high-risk populations with additional doses.
- To galvanize political support for vaccine delivery and identify priority areas of support to resolve financial and operational bottlenecks, the CoVDP conducted several high-level missions in Q2, including Ethiopia, the DR Congo, Malawi, Central African Republic, South Sudan, Sudan, and Somalia.
- Key results of the missions include the passage of the World Bank – DR Congo Memorandum of Understanding (MoU) releasing US$ 200m in support, the facilitation of a shipment of 2m doses of AstraZeneca for "second dosers" in Ethiopia, the successful launch of the vaccination campaign in Tigray, and dedicated technical support for microplanning in Nigeria.
- In addition, US$ 35m in funding facilitated by the CoVDP was released across CoVDP partner agencies, to support vaccine delivery activities across 7 countries. This funding has enabled countries to cover the operational costs of vaccination campaigns in Ethiopia, Sierra Leone, South Sudan, Nigeria, Sudan, Somalia and Kenya.
- A third COVID-19 Delivery Support (CDS) funding window was readied for launch by early July 2022, making available an additional US$ 600m in funding for countries to use towards improving high-risk coverage, achieving national adult coverage targets, and activities to better integrate C19 and routine immunisation.
- In June 2022, UNICEF, WHO, Gavi, US CDC, USAID, IFRC and the Collective Service on Risk Communication and Community Engagement (CS-RCCE) hosted a Global Vaccine Demand event, co-chaired by Ethiopia and Canada which provided a space for AMC92 countries to share best practices and experiences in demand generation with a focus on high-risk groups. At the event, Canada committed US$ 182.6m to support vaccine delivery, demand and production with a focus on Africa.

ACT-A HEALTH SYSTEMS & RESPONSE CONNECTOR (HSRC) 1 APRIL – 30 JUNE 2022

The HSRC is co-led by the 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 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.

Market Shaping

- With the demand for PPE peaking in 2020, the Global Fund's COVID-19 Response Mechanism (C19RM) worked quickly to address the global need. Throughout 2021, production and supply chains improved, leading to better forecasting of necessary volumes for PPE. Additionally, supply and demand imbalances for PPE reduced thanks to increased capacity and deeper engagement in the sourcing by the Global Fund's Pooled Procurement Mechanism (PPM). Subsequently, PPE prices are 60% lower in 2022 compared to 2020.

Procurement

- In Q2, the Global Fund awarded US$ 34m for procurement of health products in HSRC (PPE, disinfectants, waste management). Since 2021, the Global Fund has awarded US$ 770m[13] for procurement of health systems tools in 103 countries (US$ 491m for PPE, US$ 279m for disinfectants and waste management) through C19RM.
- In Q2, UNICEF shipped 90.5m PPE items to 96 countries. Since 2021, UNICEF has shipped more than 770m PPE items to 131 countries.
- In Q2, WHO procured US$ 2.5m of PPE. Since February 2020, US$ 127m worth of PPE has been procured by WHO.

[13] Some funding previously awarded and classified as HSRC in Q1 has been reclassified in Q2 as funding for other pillars, hence the discrepancy in comparing total HSRC awards in the ACT-A Q1 and Q2 reports against the new awards for HSRC.

Demand Generation & In-country delivery

In Q2 2022, the HSRC has partnered with the COVID-19 Vaccine Delivery Partnership (CoVDP) to conduct joint country missions to priority countries, in total three joint-missions have been held (two in Q2 2022). During the missions, several high-level and technical discussions were held to identify specific areas where HSRC support is needed. Through continued work across HSRC workstreams and partners, the HSRC is working with countries to resolve challenges that have been identified.

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

- Two joint country missions with CoVDP were held (in DR Congo and Ethiopia) to identify specific challenges which require HSRC support. Following missions, costed workplans for priority topics of over US$ 40m collectively were prepared – HSRC is working through partnership and technical workstream to refine plans and coordinate a response.
- In Q2, 27 additional (40 total) preliminary country needs assessment profiles were prepared, consolidating information across agencies to align on bottlenecks, challenges, and funding gaps in priority countries.
- Supported request and allocation mechanism for COVID-19 therapeutics through Partners Platform – in Q2, 40 countries have opted in for molnupiravir, 42 have opted in for tocilizumab, and 45 have opted in for nirmatrelvir.
- Developed new data stories in Q2 (as seen in Global COVID-19 Access Tracker) in collaboration with vaccine subject matter experts and ACT-A partners to focus on priorities, bottlenecks, and funding gaps which will be released in the GCAT2.0.

Workstream 2: Coordinated technical, operational, and financial support to countries to ensure short-term uptake of COVID-19 tools

- UNICEF and partners continued to work in over 100 countries implementing people-centered behaviour change interventions to build local capacities, provide technical support, and develop partnerships and systems to increase the uptake of COVID-19 tools.
- Core Clinical Readiness (C3R) tool developed to support countries to identify gaps in national guidelines that are inhibiting the ability to absorb new therapeutics or to execute care for COVID 19. In Q2, C3R was piloted in Somalia – additional countries are planned for Q3 rollout of C3R.
- Since 2021, the Global Fund has awarded US$ 330m to support in-country rollout of health systems tools through C19RM.
- To date, 213 operations have been approved in 100 countries under the World Bank Multi Phase Approach (MPA) financing – providing total financing of US$ 14.24bn for procurement of health products and health system strengthening.

Workstream 3: In-country health system and workforce protection and capacity strengthening

- Collective Service and partners held a Global COVID-19 Vaccine Demand Event, attended by 500 participants, to discuss innovative strategies to enhance vaccine confidence and risk communication and community engagement (RCCE) with an emphasis on high-risk and vulnerable groups.
- UNICEF worked with influencers and local leaders, youth, and other networks in UNICEF Country Offices across the East, South, and North Africa, the Middle East, South Asia, and Europe to build community trust in basic services, promote public health and social measures aimed at stopping COVID-19 transmission, and tackle misinformation and rumours around COVID-19 vaccines.
- Expert HSRC IPC/PPE/WASH workstream provided technical and strategic inputs into waste management plans in DR Congo and Ethiopia.
- Through C19RM21, US$ 35m was dedicated to infection prevention and control (IPC) program system strengthening in countries (e.g., building HR capacity, developing facility-level infrastructure, and supporting coordination at national and subnational level).
- GFF, in partnership with Reproductive Health Supplies Coalition and Avenir Health, have developed a tool for policymakers to understand how COVID-19 and mitigation measures are likely to affect access to family planning.
- UNICEF, in collaboration with WHO, is working to promote better sharing of experiences, not only covering topics related to COVID-19 prevention and vaccination, but also continuous learning, mental health and other topics in the COVID-19 context.

ACT-ACCELERATOR COUNTRY PROFILE: CAMBODIA

Cambodia has emerged as a success story in the fight against COVID-19, especially during the early stages of the pandemic. The quick, coordinated response from the Royal Government of Cambodia and development partners' support, including CSOs and ACT-Accelerator agencies, is at the heart of the success in mitigating the spread of COVID-19 in the Kingdom.

On January 27, 2020, the first case of COVID-19 in Cambodia was reported.[14] Within 100 days, the global COVID-19 cases rocketed to millions, yet Cambodia managed to keep its cases low. The country demonstrated an effective rapid response to the initial cases, resulting in only 122 confirmed cases with zero COVID-19-related deaths during that period.

Cambodia overcame the resource limitations of a lower-middle-income country to curb the spread of the virus. The country applied lessons learned following the SARS experience in 2003.[15]

The country took a whole-of-government and whole-of-society approach that included epidemiological surveillance mechanisms to detect and respond to outbreaks, real-time databases and risk assessment mechanisms, rapid response teams, field epidemiology training, and national public health laboratory capacity vaccine distribution, and effective platforms for risk communication.[16]

A WHOLE-OF-GOVERNMENT, WHOLE-OF-SOCIETY APPROACH

The Cambodian government recognized COVID-19 as a formidable public health threat and began employing a multipronged approach. The country used public health strategies, testing and highly effective contact tracing, temporary suspension of foreign visas, domestic travel restrictions, and extensive screening at border areas.

The Cambodian Ministry of Health, with support from development partners and ACT-Accelerator agencies, including WHO and World Bank, updated its existing pandemic response strategy with a new "National Action Plan: Preparing for and Responding to Novel Coronavirus (COVID-19) in the Kingdom of Cambodia" to ensure coordinated government efforts with national and international partners.

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In addition to the government's budget allocations to finance activities in the Plan, the government engaged partners to ensure activities would be implemented effectively. Under the COVID-19 emergency response project, **the World Bank approved US$ 24.65m in funding to facilitate scale-up of diagnostic capacity, support COVID-19 vaccine deployment, and supply essential medical equipment (including equipment for waste management and infection prevention and control)**. The financing further contributed to setting up 30 acute health care facilities to manage severe COVID-19 cases and enhance infection prevention and control at health facilities during the large outbreak of community transmission in 2021.

The **Global Fund has also awarded US$ 23.9m to Cambodia through C19RM, of which US$ 8.9m is for diagnostics, US$ 7.3m for therapeutics, US$ 5.9m is for Health Systems and Response Connector, including procurement of PPE and US$ 1.8m is for mitigating the effects of COVID-19 on HIV, TB, and Malaria programs and strengthening community, rights, and gender programs**. To mitigate the negative effects of COVID-19 on existing health programs, the Ministry of Health, supported by the Global Fund, activated novel strategies to maintain treatment and care, including the provision of telephone, messaging, or online appointments and using couriers to deliver medication. The Global Fund also supported the adapted national malaria program by investing in door-to-door distribution of mosquito nets.

[14] Reuters, New Straits Times, January 27, 2020. "Cambodia confirms first case of Coronavirus." Accessed August 23, 2022: https://www.nst.com.my/world/world/2020/01/560203/cambodia-confirms-first-case-coronavirus.

[15] M Mirchandani, MarshMcLennan, Brink, December 27, 2020. "How did Vietnam and Cambodia contain COVID-19 with few resources?" Accessed August 23, 2022: https://www.brinknews.com/how-did-vietnam-and-cambodia-contain-covid-19-with-few-resources.

[16] Z. Hyder and N. Ly. World Bank Blogs, November 19, 2020. "What explains Cambodia's effective emergency health response to COVID-19 (coronavirus)?" . Accessed 23 August, 2022: https://blogs.worldbank.org/health/what-explains-cambodias-effective-emergency-health-response-covid-19-coronavirus.

The World Health Organization provided US$ 3.5m of funding to support the country's acute response to COVID-19, including US$ 2.5m for the implementation of emergency response activities, US$ 15m funding for maintaining essential health services implemented by the Global Financing Facility, and **UNICEF has shipped over 98,000 items of PPE to Cambodia since 2021, worth US$ 477,800**. UNICEF has also supported the government of Cambodia in setting up 42 ultra-cold chain units in 27 facilities across the country. UNICEF installed, commissioned, and trained staff on the proper use of cold chain equipment.

Since 2020, WHO Country Office has also provided support to the MOH Department of Hospital Services (DHS) to conduct in-service training on clinical management and infection prevention and control for COVID-19 in most public hospitals at the provincial level, started with CPA3 level hospitals (national hospitals and provincial hospitals nationwide). The Global Fund has invested in training health and community health workers in remote working technology.

TEST AND TREAT APPROACH TO FIGHT INFECTIOUS HEALTH THREATS.

Over the last decade, Cambodia has built its core surveillance capacity and created **an enabling environment** to accelerate access to effective Test and Treat solutions with support from partners, including ACT-Accelerator agencies such as WHO, The Global Fund, UNICEF, Unitaid, and FIND. During the pandemic, the country scaled up its early warning and response system, linked aggregated information on disease symptoms, to COVID-19 services, therapeutics and vaccinations. Toll-free lines were established whereby citizens can report suspected cases of COVID-19 in the community immediately and directly to the authorities so that preventive measures can be implemented quickly.

Reliable, accurate, and timely testing and treatments are critical for Cambodia's response to COVID-19. The country's effective specimen management system ensures real-time testing to support case investigation, contact tracing, and clinical management. All testing and clinical care have been made accessible as an essential contribution to an equitable response and a significant contributor to ensuring outbreak control.

With the rise of testing and treatments (and given the evolving epidemiological situation), the country began a cautious removal of restrictions, including a progressive re-opening of schools. However, this came with fear and persistent disruption to classrooms. **The Clinton Health Access Initiative (CHAI), with support from Unitaid and FIND, played a crucial role in rolling out school-based antigen testing across 69 high schools in two provinces, ultimately enabling these schools to re-open amidst the pandemic**. Rapid antigen tests are now available in many public schools from the Ministry of Education.

FIND and Unitaid, through CHAI, also supported the national department for hospital services to strengthen the linkage to care for patients by conducting a rapid assessment of the home-based care approach. This informed the country's guidelines so health practitioners can effectively advise on mild cases of COVID-19. With the recent availability of COVID-19 therapeutics with regulatory approval, such as nirmatrelvir/ritonavir, conversations are ongoing within the government about the introduction of COVID-19 therapeutics in the public sector in a sustainable manner.

In addition, **UNICEF supported the procurement and delivery of an oxygen plant** for a local hospital in the Preah Vihear province, the first and only of its kind in this location. This allows health staff to provide timely patient treatment and contributes to COVID-19 preparedness and response.

In June 2022, **FIND and Unitaid partnered with Health Poverty Action (HPA) to implement advocacy strategies to improve the uptake of Test and Treat approaches to combat COVID-19**. HPA will raise awareness of COVID-19 testing and treatment among the public, key opinion leaders, and specific high-risk and vulnerable groups in Cambodia.

A REMARKABLE SUCCESS IN VACCINATION: A PATHWAY TO RECOVERY

A robust strategy and rapidly executed COVID-19 vaccination rollout has resulted in Cambodia having one of the world's highest COVID-19 vaccine coverage rates. As of 31 June 2022, the total population coverage for the first dose remains high at 94.3% and for the second dose at 89.9%. Phnom Penh ranks as one of the world's most vaccinated capital cities, with approximately 99% of adults up to date with primary series vaccinations.[17]

Cambodia's effective vaccine procurement strategy included direct purchases from several countries, donations via the COVAX facility, and bilateral contributions.[18] **Cambodia was among the first countries to receive COVAX doses in March 2021**.

As of June 2022, Cambodia has received **52.8m COVID-19 vaccine doses, of which 5.9m from COVAX through regular round allocations and dose-sharing from Japan, the Netherlands, and the U.S. An additional 5.5m Pfizer doses from COVAX** are in the pipeline to arrive before year-end.

[17] Mekong Strategic Partners, August 16, 2021. "Vaccination Nation: Unmasking Cambodia's Vaccination Success". Accessed August 23, 2022: https://www.mekongstrategic.com/post/vaccination-nation.

[18] S Strangio, The Diplomat, Sept 8, 2021. "What Explains Cambodia's COVID-19 Vaccine Distribution Success?" Accessed August 23, 2022: https://thediplomat.com/2021/09/what-explains-cambodias-covid-19-vaccine-distribution-success.

The Gavi COVID-19 Vaccine Delivery Support (CDS) Early Access Window disbursed US$ 1.2m to the Ministry of Health. Activities are ongoing based on the National Deployment and Vaccination Plan (NDVP) developed in February 2021. The NDVP is currently being updated for Cambodia's next CDS submission amounting to an additional US$ 1m. CDS funding has been instrumental in avoiding disruption in routine services in Cambodia's decentralized health system.

Through COVAX, Cambodia has received 34 fridges equipped with remote temperature monitoring devices (RTMD), 1,000 vaccine carriers, and 479 cold boxes, fully deployed in November 2021. Cambodia has also received 9 ultra-low temperature (ULT) freezers that can hold 2.4m doses together. This, along with a considerable donation from Australia of 33 ULT freezers, has given Cambodia sufficient capacity for the longer-term storage of mRNA vaccines across all provinces, including the most remote areas.

To support seamless coordination of COVID-19 prevention and vaccination roll-out in Cambodia, WHO and UNICEF supported Cambodia Ministry of Health to conduct a nationwide COVID-19 Risk Communication and Community Engagement (RCCE) awareness campaign and the co-creation of evidence-based planning, including implementation of locally adopted interventions to reach at-risk and hard to reach communities. This included monitoring and data analysis of community feedback, social listening, field monitoring and supportive supervision, and technical support to digital health interventions to promote routine immunization with a focus on the most disadvantaged groups (e.g., persons with disabilities, pregnant and lactating women).

Cambodia enjoyed low levels of vaccine hesitancy, as seen with previous campaigns such as for TB. However, demand for booster shots has dropped, partly due to moving populations and the time required to wait between doses. Still, the campaign to deliver the 5th dose of COVID-1 9 vaccination commenced on 9 June 2022, targeting specific population segments such as health care workers, frontline government workers, the elderly population, people with comorbidities, etc. Cambodia also began paediatric vaccination in February 2022.

As a result of these combined efforts, Cambodia has minimized the health, social and economic impacts caused by the pandemic. The strong support from ACT-Accelerator agencies sets Cambodia on the path toward recovery.

The ACT-Accelerator Partners: