COVID-19 epidemiological update

6 July 2022

ACT Accelerator Facilitation Council

11th Council meeting
COVID-19 global situation
Cases and Deaths Reported to WHO as of 6 July 2022

• Last week New cases: > 5.1 million
• Last week new deaths: 9327
• Cumulative cases: > 548 million
• Cumulative deaths: > 6.34 million
### Change in weekly new COVID-19 cases and deaths by WHO region

**EW 26 (03 Jul to 27 Jun) compared to EW 25 (26 Jun to 20 Jun)**

<table>
<thead>
<tr>
<th>WHO Region</th>
<th>New cases in the last 7 days (%)</th>
<th>Change in new cases in last 7 days *</th>
<th>Cumulative cases (%)</th>
<th>New deaths in last 7 days (%)</th>
<th>Change in new deaths in last 7 days *</th>
<th>Cumulative deaths (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Europe</td>
<td>2,629,734 (51.4%)</td>
<td>24.1%</td>
<td>229,151,769 (41.9%)</td>
<td>2,592 (27.79%)</td>
<td>-3.9%</td>
<td>2,028,332 (32.0%)</td>
</tr>
<tr>
<td>Americas</td>
<td>1,388,644 (27.1%)</td>
<td>1.2%</td>
<td>163,465,247 (29.9%)</td>
<td>4,607 (49.39%)</td>
<td>10.6%</td>
<td>2,763,502 (43.6%)</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>827,117 (16.2%)</td>
<td>3.7%</td>
<td>64,433,670 (11.8%)</td>
<td>1,526 (16.36%)</td>
<td>-11.5%</td>
<td>238,904 (3.8%)</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>157,080 (3.1%)</td>
<td>19.9%</td>
<td>58,628,247 (10.7%)</td>
<td>364 (3.90%)</td>
<td>15.9%</td>
<td>790,178 (12.5%)</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>97,561 (1.9%)</td>
<td>30.8%</td>
<td>22,046,436 (4.0%)</td>
<td>112 (1.20%)</td>
<td>34.9%</td>
<td>343,597 (5.4%)</td>
</tr>
<tr>
<td>Africa</td>
<td>18,766 (0.4%)</td>
<td>-32.3%</td>
<td>9,134,504 (1.7%)</td>
<td>126 (1.35%)</td>
<td>-46.2%</td>
<td>173,620 (2.7%)</td>
</tr>
<tr>
<td>Global</td>
<td>5,118,902 (100%)</td>
<td>13.2%</td>
<td>546,860,637 (100%)</td>
<td>9,327 (100%)</td>
<td>1.2%</td>
<td>6,338,146 (100%)</td>
</tr>
</tbody>
</table>
COVID-19 resurgence driven by spread of Omicron sub-lineages and lifting of PHSM

Percentage of SARS-CoV-2 sequences by VOC, as of 27 June 2022

• The number of sequences submitted to GISAID has been declining for several months. From 20 May – 20 June 2022, 144,605 sequences were submitted to GISAID compared to 1,199,082 submitted from 1 Jan – 30 Jan 2022

• BA.2.12.1, BA.4 and BA.5 have a growth advantage over BA.2
Virus evolution: emergence of VOCs

- Evolution of SARS-CoV-2 has consisted in parallel evolution towards more transmissible variants such as Alpha, Beta, Gamma and (slightly after) Delta.
- Higher transmissibility of these variants mostly driven by virus adaptation to the human host.
- Higher transmissibility of Omicron largely driven by immune escape; Omicron replicates better in the upper respiratory tract as compared to Delta or the index virus.
Omicron emergence has consisted in multiple waves of infections driven by subvariants with some additional immune escape; immunity against severe disease is maintained.

All these subvariants (BA.1, BA.2, BA.4/BA.5) retained the main characteristics of Omicron so far, ie great ability to escape immunity and preference to replicate in the upper respiratory tract.

As per recent Nature Medicine paper: BA.4 & BA.5 emerged between Johannesburg & Tshwane. This region is in close proximity to the largest airport in Africa.
COVID-19 Epi situation in South Africa

**Source:** CAPRISA

**Source:** Dr Tulio de Oliveira, director of the Centre for Epidemic Response & Innovation in South Africa
COVID-19 Epi situation in Portugal

Epidemiology

- Rise in cases and deaths for several weeks driven by BA.5, however the peak has now passed
- By the week of 13-19 June, cases and deaths declined by 43% and 18% respectively.

Hospitalizations

- There was a rise in hospitalisations driven by the BA.5 wave, particularly in elderly populations
- In recent weeks, declining trend of hospitalisations

1 Analysis based on sequencing data downloaded from GISAID on 17 June 2022
2 Hospitalization data source: https://bit.ly/3b942UV
COVID-19 Epi situation in the United Kingdom

Epidemiology

- After several weeks of declining trend, cases increased by 65% the week beginning 6 June
- COVID-19 infections increased in England, Wales, Northern Ireland and Scotland in the latest week (ending 24 June). The estimated percentage of the community population that had COVID-19 was:
  - 3.35% in England (1 in 30 people)
- Deaths involving COVID-19 accounted for 2.8% of all deaths in the latest week; an increase from 2.5% in the previous week.

Hospital and ICU admission rates per 100,000 (9 August 2020 to 26 June 2022)

- In the week ending 26 June, overall hospital admission rate increased to 11.1 per 100,000 people
- Hospital admission rates increased in all age groups
- ICU admissions remained low at 0.27 per 100,000 people

1Analysis based on sequencing data downloaded from GISAID on 17 June 2022
2Hospitalization data source: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19latestinsights/hospitals
COVID-19 Epi situation in the United States

Analysis based on sequencing data downloaded from GISAID on 17 June 2022

**Epidemiology**

- Increasing trend of cases for several weeks driven by initially BA.2.12.1 and recently nyBA.5
- By the week of 6-13 June, cases and deaths increased by 13% and 32% respectively, and have remained stable

**Hospitalizations**

- There was a rise in hospitalisations driven by the BA.2.12.1 wave, particularly in elderly populations
- 2% rise in hospitalisation the week of 13 June compared with the previous week
- Compared to the last peak (BA.1, Jan 2022), the current hospitalisation rate is 80% less


Sequences submitted to GISAID, Feb – June 2022
Omicron BA.4/5 driving hospitalization in other countries in Western Europe, particularly in older populations

Effectiveness of current vaccines against Omicron lower than for other variants & declines over time

From systematic review and meta-regression by Higdon M et al, in press.

1. Primary series VE lower than pre-Omicron variants (though still substantial)
2. Primary series VE against symptomatic disease declines over time; no decline for severe disease
3. Booster dose increases VE on all outcomes
4. Booster dose VE against severe disease is substantially higher than VE against infection/symptomatic disease
5. Booster VE declines over time against symptomatic disease; minimal decline for severe disease

1. Approximation based on results for Pfizer-BioNTech vaccine from Duration of effectiveness of vaccines against SARS-CoV-2 infection and COVID-19 disease by Feiken D et al. (https://doi.org/10.1016/S0140-6736(22)00152-0), in which all studies were carried out before the omicron variant began circulating.
The next VOC: 3 scenarios (the good, the bad and the ugly)

**Base case**
- Reduced over time
- Spikes in transmission as a result of waning immunity
- Boosting for high-priority populations
- Seasonal peaks in transmission

**Best case**
- Future variants significantly less severe
- Protection against severe disease is maintained
- Less need for periodic boosting

**Worst case**
- A more virulent and highly transmissible variant emerges
- Vaccines are less effective
- Alterations to vaccines req. & boosting of high-priority groups

Source: WHO analysis, data from gisaid as of 20 June 2022, An early warning system for emerging SARS-CoV-2 variants
2022 Strategic Preparedness, Readiness and Response Plan

Strategic objectives to end the global COVID-19 public health emergency in 2022

- Reduce and control incidence of SARS-CoV-2 infection
- Protect individuals (especially vulnerable) from exposure and reduce risk of future variants
- Optimize national and international strategies and operational readiness
- Prevent, diagnose and treat COVID-19
- Reduce disease morbidity, mortality and long-term consequences of infection to a minimum
2022 SPRRP: 5 core components of COVID-19 preparedness, readiness and response

- Integrate COVID surveillance with systems for surveillance of influenza and other respiratory pathogens
- Expand genomic sequencing capacity to increase global coverage
- Maintain & strengthen transmission trend surveillance of cases, deaths, hospital admissions
- Monitor variants and adjust countermeasures as needed
- Scale manufacturing platforms & expanded agreements for technology transfer
- Coordinate procurement & strengthen supply chains to ensure equitable access

- Fully vaccinating most vulnerable and using an optimal schedule of vaccines including boosters.
- Expand social listening systems to facilitate to improve immunization strategies
- Apply context specific public and social measures to reduce risk of spread of the virus
- Strengthen early recognition, triage, safe patient flow and diagnostics to provide timely treatment & resuscitation
- Address gaps infection prevention & control
- Restore essential health services that have disrupted due to COVID

- Integration of COVID-19 into broader health systems and health security strategies & plans
- Coordinated planning, costing & financing across
- Strengthened monitoring and tracking against delivery targets
IMPAACT4C19

Improving Public Health Outcomes through Enhancing Accelerated Access to Care and Treatment Innovation for COVID-19 (IMPAACT4C19)

May 2022
Regina Osih
Aurum, KNCV & TAG are implementing the IMPAACT4 C19 Project in five countries:

**Commodities**

<table>
<thead>
<tr>
<th>Test Kits</th>
<th>Therapeutics</th>
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<tbody>
<tr>
<td>Rapid Ag tests for self-testing</td>
<td>Outpatient therapeutics</td>
</tr>
<tr>
<td>Rapid Ag tests for professional use</td>
<td>Inpatient therapeutics</td>
</tr>
</tbody>
</table>

**Generating Evidence For:**

<table>
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<tr>
<th>Feasibility and acceptability of self-testing</th>
<th>Ethiopia, Ghana, Mozambique, Philippines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient-centred Test &amp; Treat models</td>
<td>All</td>
</tr>
<tr>
<td>Modelling cost-effectiveness of interventions</td>
<td>All</td>
</tr>
<tr>
<td>Digital Health Solutions to improve C19 response</td>
<td>All</td>
</tr>
<tr>
<td>Use cases tested for Ag RDTs &amp; Self-tests by type</td>
<td>Ethiopia, Ghana, Mozambique, Philippines</td>
</tr>
</tbody>
</table>

**Demand Creation**

<table>
<thead>
<tr>
<th>MOH: National, Provincial, district and community</th>
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<tbody>
<tr>
<td>CSO Partners (1-2 per Country)</td>
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</tbody>
</table>

**Sustainable Financing**

Linking with CCM and other mechanisms in-country for sustainability

Market access through Local supplier networks
Our delivery approach aims to integrate COVID-19 within similar program areas, increasing opportunities to leverage improvements for better integration across disease areas.

**Our approach**

Support to develop a framework for COVID-19 integration into similar disease pathways such as TB & integrated febrile case management.

Test & treat strategies:
- Roll out bi-directional testing & referral models for TB & fever case management at community & HCF levels, case management.

Expand/ optimize digital tools for integration.

**Resources to leverage**

- Existing TB facilities & HCWs for cross training
- Mobile TB units
- Community case detection
- Existing sample referral pathways

**Why integrate with TB?**

**Similar presenting symptoms**

**Case detection lagging**

**Good, near patient testing exist, referral pathways are similar**
Country Example - Mozambique

Community Bidirectional testing & Referral Model in Mozambique

Interventions
- 2 CHW per Community Post;
- 1 focal point at the referral health facility;
- Current algorithm follows national treatment guidelines and does not include outpatient treatment options
- DHIS2 tracker APP supports TB data integration
- Demand creation is made by Community-based Organizations;
- Sample transportation is made through district ambulance or local taxi.
The outpatient package of care is key to being able to implement a robust integrated pathway. However, many areas of uncertainty still exist.

**Symptoms of cough, fever, respiratory distress**

- TB positive
- Malaria positive
- COVID positive
- Multiple Dx

**Assess for severity of disease**

- Mild
  - Patient education and return instructions
- Mild with risk factors
  - Patient education on progression risk
- Moderate to severe
  - Referral instructions

**Confirm**
- Self-testing
- POC vs central dx
- Sample transportation

**Multiple dx pathway**
- Linking and integrating with other programs

**Assess**
- Training, tools
- Commodities (pulse oximeters)

**Respond**
- Referral pathways, commodities, Training, patient education tools
- Eligibility criteria for antivirals

**Outpatient antivirals**
- Paxlovid vs molnupiravir
- Eligibility criteria
- Follow-up strategy
ACT now, ACT together to accelerate the end of the COVID-19 crisis
The pandemic evolution is still uncertain...

...and COVID-19 continues to cause significant loss of life

- Some countries not currently facing an acute crisis, however **new waves are emerging** in multiple regions of the world.
- Driven by more transmissible Omicron subvariant **BA. 4 & BA. 5**

Source: Global Covid-19 Access Tracker, as of 01 July 2022;
COVID-19 targets remain hard to reach| Vx coverage increasing slowly, low testing & limited roll out of new treatments

Progress of COVID-19 tools roll-out between end of April and end of June 2022

**Vaccines**
- **Marginal increase** in Vx coverage in LIC (+2.1%) and in LMIC (+3.6%)
- 75% HCWs & 76 % of elderly population vaccinated. Same figures for LICs only 37 % and 23 % respectively.

**Tests**
- **Low testing** in LIC, LMIC and UMIC:
  - 4/100k in LIC
  - 22/100k in LMIC
  - 38/100k in UMIC

**Treatments**
- Roll-out and access of affordable treatments, esp new oral antivirals is still limited

Source: Global Covid-19 Access Tracker, as of 01 July 2022; WHO COVID-19 Tracker, as of 01 July 2022
Discrepancy in funding available | tests & treatments remain severely underfunded

ACT-A funding gap for 2021-22 as of 27 June 2022

- Vaccines: 16.8
- Therapeutics: 5.6
- Diagnostics: 6.0
- HSRC: 2.5
- Pending allocation: 4.7
- Funding Gap: 3.7

Contributions to 2021-22 ACT-A budget

- Tests: +US$ 0.06B, 1.3% of the ask
- Therapeutics: + US$ 0.05B, 2% of the ask
- Vaccines Delivery: No additional funding, still needs US$ 0.5B

(US$ 0.3B to Unicef and US$ 0.2B to WHO)

Source: ACT-A Commitment Tracker, as of 27 June 2022
Tracking & Accelerating Progress Working Group | Implementation of actions

I. Political outreach - WG support to accelerate achievement of COVID-19 targets
   - Political support to CoVDP priority countries

II. CSO roundtable
   - Engagement with CSOs to accelerate progress

III. Working Group Statement and media briefing
   - WG statement on actions to speed access and end the pandemic

Overview of vaccination coverage and testing rates by income group (as of 20 May 2022)

Source: SCoV as of 20 May 2022
Update from the ACT-A Council Tx & Dx Working Group

11TH ACT-A FACILITATION COUNCIL MEETING, 6 JULY 2022

ACT now. ACT together to accelerate the end of the COVID-19 crisis.
Date: 9 June
Topic: Overview/Scene setter for use of diagnostics

Date: 7 July
Topic: Diagnostics demand

Date: 21 July
Topic: Therapeutics supply and sustainable markets

Date: 28 July
Topics:
Therapeutics demand in the mid-long term

Date: 4 August
Topic: Therapeutics effective use

Date: 23 June
Topic: Diagnostics supply and sustainable markets

Date: 28 July
Topics:
Therapeutics demand in the mid-long term

Date: 1 Sept
Topic: Finalization of the report and dissemination strategies

Three deep dive meetings each on Dx & Tx
Engagement with stakeholders | WG members & beyond

• Bi-laterals with Working Group members
  - Conducted with Brazil, Korea, Canada, India, USA, MPP, CSOs
  - Planned with Italy, Norway, Senegal, Indonesia, WB

• And wider engagement with ACT-A pillars & stakeholders
  - Preparatory meetings with Dx & Tx pillar, incl. with Principals
  - Engagement with industry, including IFPMA

• Produce Report late August/early September
• High level recommendations will point to a way forward in the mid-term
• Recognition of the need for COVID-19 Tx Dx as part of wider health systems, and the importance of this (Dx Tx) in longer term PPR
From the acute pandemic to managing COVID-19 in the longer-term:

Towards a joint ACT-A transition narrative & plan

UPDATE FOR 11TH FACILITATION COUNCIL
6 JULY 2022

ACT now. ACT together to accelerate the end of the COVID-19 crisis.
FOCUS - our ACT-A transition should have 1 key objective

Transition ACT-A’s work to long-term COVID-19 disease control

- From emergency response to endemic disease
- Accommodating potential COVID-19 scenarios

Based on feedback of ACT-A Pillar Co-Convenors & others...

Transition relevant aspects of ACT-A to a future PPR countermeasures platform

- What ACT-A lessons can we build on?
- How to transition aspects of ACT-A?

...should be separate process linked to GHA/PPR
WHY - rationale for this product...

- **ACT-A Strategic Plan ends in Sep 2022** – need to communicate how Agencies sustain country support.

- **Different phase of pandemic** - not over, but most countries adjusting to the ‘new normal’.

- **Maintain inter-agency readiness** – for enhanced collaborative response to new waves.

- **Future countermeasures platform under discussion** – will be developed in parallel.

- **Inform external reviews** - to harvest learnings & direct focus where most useful
WHAT - about an ACT-A Transition Plan

Desired product

- high-level (strategic), 10-15 pages
- summarize ‘sustain/stop/start’ plans across Pillars & collectively
- 6-month timeframe (from 1st Oct 2022)
- reinforce existing prioritized budget

Audiences

- 1st – donors, countries
- 2nd – public, partners, our teams

Scope

✓ Activities to sustain/’keep warm’ vs sunset
✓ Collective versus agency-specific activities
✓ Changes to ACT-A’s ways of working
✓ Changes to ACT-A engagement with countries, external constituencies

✗ Details of Pillar-specific transition plans
✗ Structures & processes for future countermeasures platform
Progress so far

✓ Pillars developing content summarizing pillar transition plans (i.e. activities to sustain, scale, stop, ‘keep warm’)

✓ Cadence of Principals meetings has been adjusted:
  - Monthly w/ larger group (90 mins)
  - Twice monthly w/ Agency Lead (60 mins)

✓ Developing options to sustain Facilitation functions from Oct (e.g. role of Council members, TAP)

✓ Initiating discussions with Member States (esp. ACT-A implementing countries)

✓ Hub analyzing coordination functions to right-size support (e.g. cadence of products)

✓ Discussion underway with key ACT-A CSO, Industry, & donor constituencies

Next milestone will be circulation of 1st consolidated draft on 15 July!!
HOW - current timeline & process

**Align on product, scope & approach**

- **Outreach with Pillars & other ACT-A constituencies**
  - mid-July

- **1st draft consolidated product**
  - **ACT-A agencies & partners comment on 1st draft**
  - mid-Aug

- **2nd draft consolidated product**
  - **ACT-A agencies & partners comment on 2nd draft**

- **3rd draft for final review**
  - mid-Sep

**Process**

- Partner driven content
- Hub coordinated framework, timeline and consolidation