

# **Update on Monitoring Vaccination, Testing, Treatment and PPE Targets for COVID-19**

*A report from the ACT-A Facilitation Council  
Working Group on Tracking & Accelerating Progress*

***ACT-Accelerator Facilitation Council Meeting  
10<sup>th</sup> Meeting  
26 April 2022***

### Key updates:

- The COVID-19 pandemic has entered a **new phase with new challenges**:
  - In many countries, **the easing of restrictions has created a false perception that the pandemic is over**, even as infection and death rates continues to be high globally
  - There is increased acknowledgement in all countries on the **need to balance the COVID-19 response with other urgent health priorities**
  - The **geopolitical crisis is diverting much needed political attention and resources** away from the COVID-19 response towards pressing humanitarian needs
- Large parts of the world still suffer from **limited access to and uptake of COVID-19 tools**:
  - COVAX has delivered an additional >450M vaccines to AMC countries (total >1.4B doses), but in LICs still **only 13% of the population are fully vaccinated**
  - **Testing rates have decreased dramatically globally, falling further below the target** of 100 tests per 100,000 population per day everywhere outside HICs
  - **In-country delivery bottlenecks & competing priorities** limit faster progress and ability to fully **leverage political leadership**
- ACT-A **Financing Framework** and **delivery-focused working groups** are working to overcome barriers in access to COVID-19 tools:
  - **Urgent appeal for US\$ 14.8B financing** needs for ACT-A agencies
  - **Vaccine Delivery Partnership** working to accelerate vaccine delivery to 34 priority countries
- **New guidance on COVID-19 tools** has been published for vaccines, therapeutics, and tests:
  - Updated WHO guidance on **booster doses** published
  - WHO conditionally **recommends new antiviral medicines**
  - New WHO **guidance recommending self-testing** using Antigen Rapid Diagnostics Tests

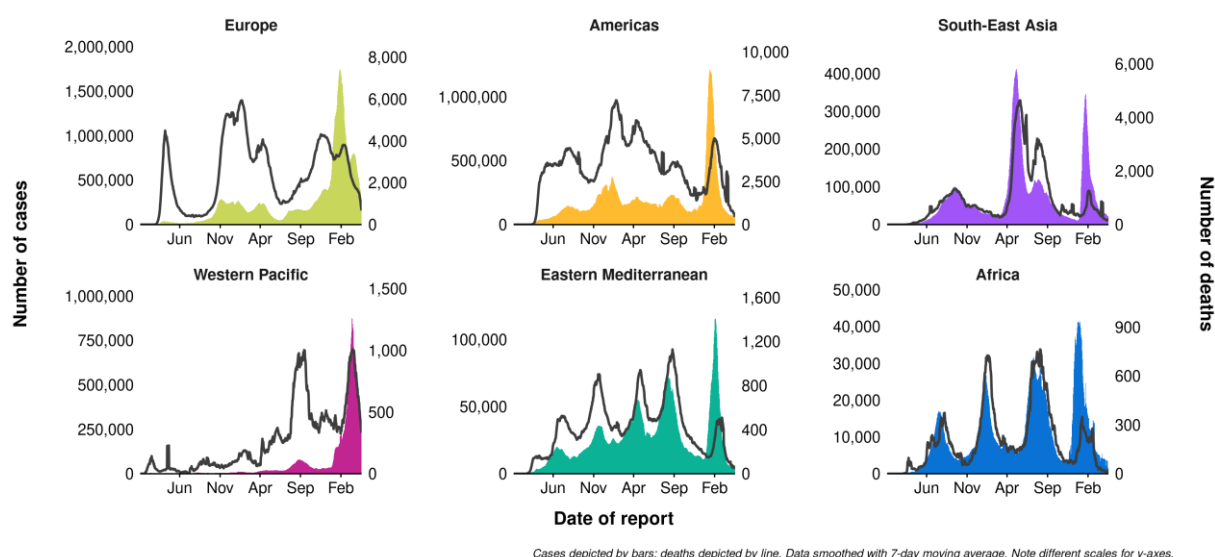
### **Important actions for the ACT-Accelerator Facilitation Council:**

- Support the Council's Tracking and Accelerating Progress Working **Group's diplomatic efforts to accelerate achievement of the COVID-19 targets**
- **Highlight that the COVID-19 pandemic is not over** as the caseload is still higher than at any point in the pandemic before Dec '21 and new variants of concern are likely to emerge
- **Prioritize the financing for in-country delivery of vaccines, the scale-up of testing and surveillance infrastructure, and the roll-out of new therapeutics**
- **Support the Vaccine Delivery Partnership** to fast-track vaccination in 34 low coverage priority countries
- **In advance of the second Global COVID-19 Summit, political leaders, members of civil society, non-governmental organizations, philanthropists, and the private sector are encouraged to make new, specific commitments** and bring solutions to vaccinate the world, save lives now and build better health security
- **Promote data collection/sharing** especially for therapeutics and health systems and response targets

### **COVID-19 pandemic has entered a new phase**

The COVID-19 pandemic is far from over. In 2022 alone, 215+ million COVID-19 cases and 760,000+ deaths have been recorded. Moreover, especially in the Western Pacific region, cases and deaths have spiked very recently (see Fig. 1). This reflects that although the global wave of infections caused by Omicron and its sub variants has been declining, and public health and social measures have been relaxed in parts of the world, numerous countries still face devastating effects of COVID-19, particularly among the unvaccinated, untested, and untreated. In this context of high transmission, the risk of a new Variant of Concern (VoC) emerging is substantial. The popular impression that the pandemic is over is false.

**Figure 1: Epidemic curve by region, WHO as of 20 April 2022**



Simultaneously, two additional trends further complicate the global fight against COVID-19. First, in low and lower middle-income countries, there is increased concern about the high opportunity costs of sustaining a focus on COVID-19 over other high burden diseases, such as HIV/AIDS, TB, and malaria as well as other critical investment needs. Second, the conflict in Eastern Europe has rapidly precipitated a global geopolitical crisis, which is increasingly diverting political and financial attention and resources away from the access to COVID-19 countermeasures agenda.

## State of play on the roll-out of COVID-19 countermeasures

### Vaccines

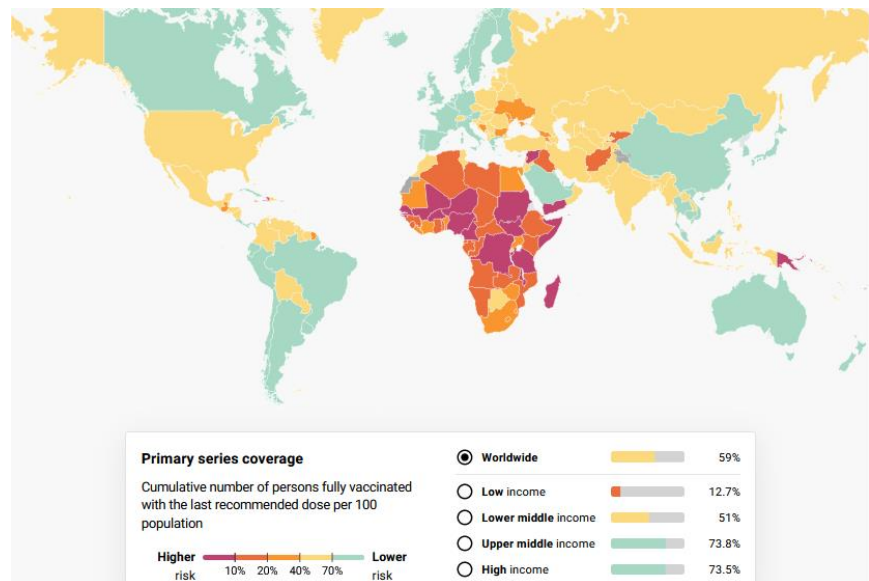
**Since January 2022, more than 450 million more doses have been delivered by COVAX but in LICs still only 13% of the population are fully vaccinated.** As of April 2022, 33 vaccines against COVID-19 are in use globally, 11.5 billion doses of vaccine have been administered, and global vaccine production capacity is projected to reach 3.4 billion doses per month throughout 2022.

Still, the majority of doses (65%) have been administered in high and upper-middle-income countries, with less than 1% in low-income countries<sup>1</sup>. Vaccination coverage rates (i.e., persons fully vaccinated) currently range from 13% in low-income countries to 74% in upper middle and high-income countries (see Fig. 2).

<sup>1</sup> Source: Global COVID-19 Access Tracker

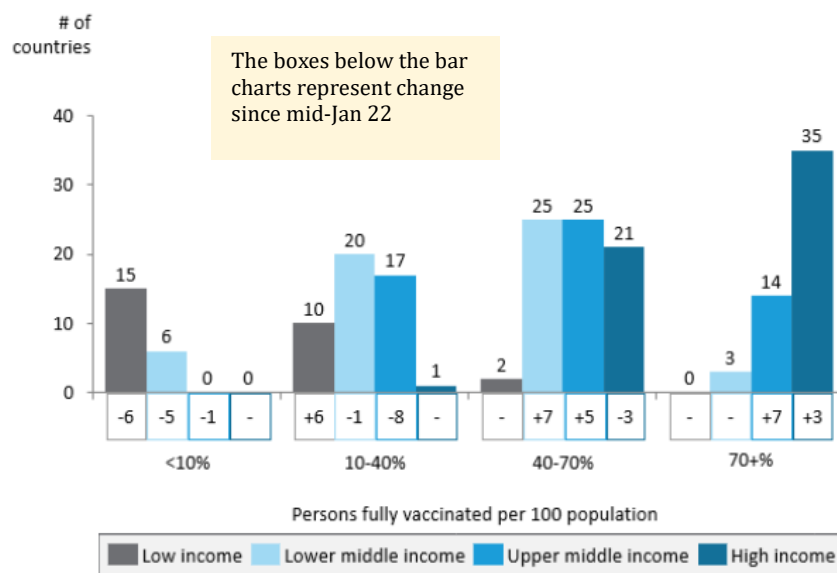
**Figure 2:**

*Vaccine coverage map:  
Cumulative number of  
persons fully vaccinated  
per 100 population  
(Source: GCAT; at 20 April  
2022)*



21 countries - 15 of which are low-income and primarily in WHO's African and Eastern Mediterranean regions - have yet to achieve 10% coverage. 69 countries have yet to meet the end of 2021 goal of 40% coverage. Only 30 low and lower-middle income countries have so far exceeded the 40% coverage (see Fig. 3).

**Number of countries achieving global vaccine coverage targets by income category**



**Figure 3:**

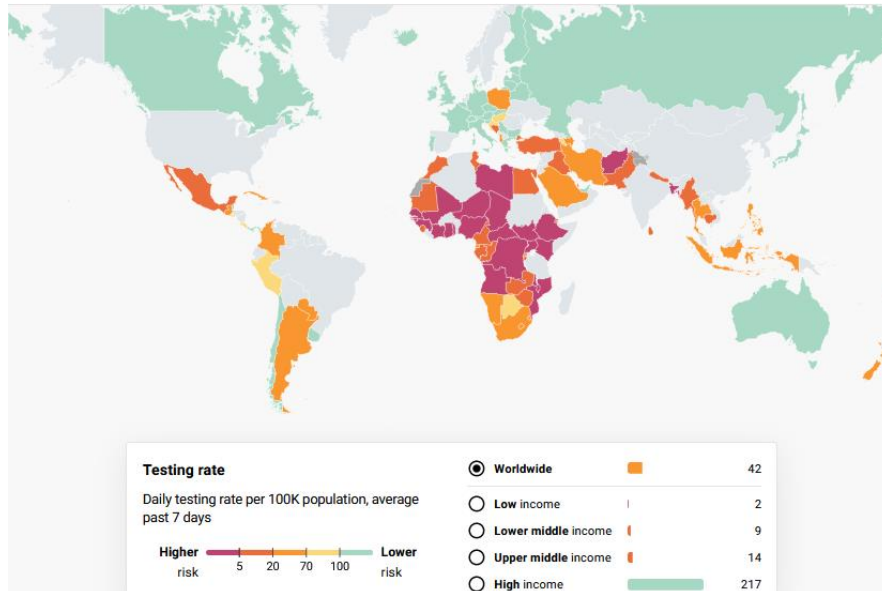
*Number of  
countries  
achieving global  
vaccine targets  
by income  
category (Source:  
WHO COVID-19  
Dashboard; at 20  
April 2022)*

Important needs to achieve faster progress include the delivery of secured doses with transparency on schedules, disbursement of delivery funding, political engagement, and in-country support regarding absorption capacity, health workforce and demand.



## Testing

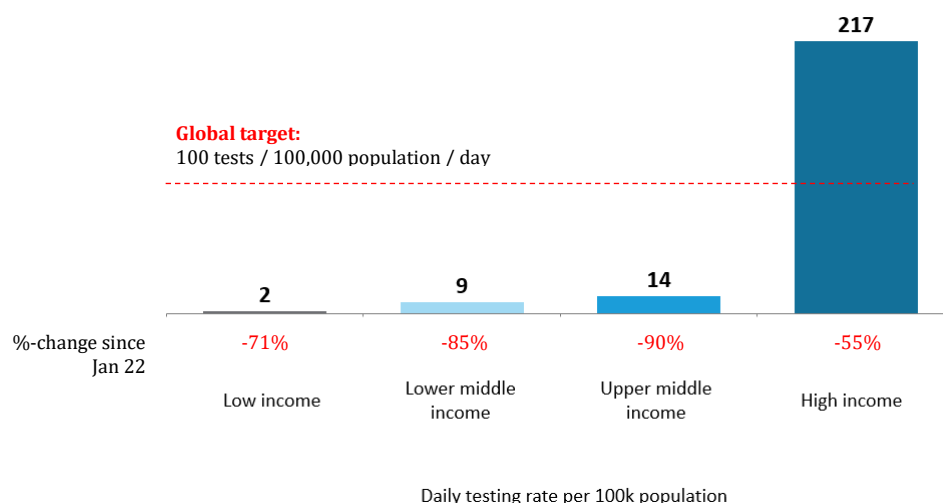
Diagnostics are crucial to understand the epidemiology of the disease, track the evolution of the virus, identify the emergence of new variants, drive public health interventions, and guide the treatment of cases.



**Figure 4**  
*Daily testing rate per 100,000 population, average past 7 days (Source: GCAT; 20 April 2022)*

Since January 2022, testing rates have reduced drastically in all parts of the world. High-income countries currently have an average testing rate of 217 per day per 100,000 population (down 55% vs. January), while low-income countries' average testing rate is virtually nonexistent with 2 per day per 100,000 (down 71%), lower middle-income countries' testing rate is 9 per day per 100,000 (down 85%), and upper middle-income countries' is 14 per day per 100,000 population (down 90%) (see Fig. 4 & 5). The significant decrease in testing rates around the world is worrying, as the global minimum coverage targets are far from being reached outside of high-income countries, making discovery of new variants more difficult and affecting the roll out of out-patient therapeutics and treatment of mild and moderate cases.

**Figure 5:**  
Daily testing rate  
per 100,000  
population by  
income category  
(Source: GCAT at  
20 April 2022)



Important actions to increase testing rates and diagnostic coverage include in-country support on national diagnostic strategies, operational plans to scale-up test & treat strategies, and strategies for monitoring of new variants including through genomic sequencing capacity.

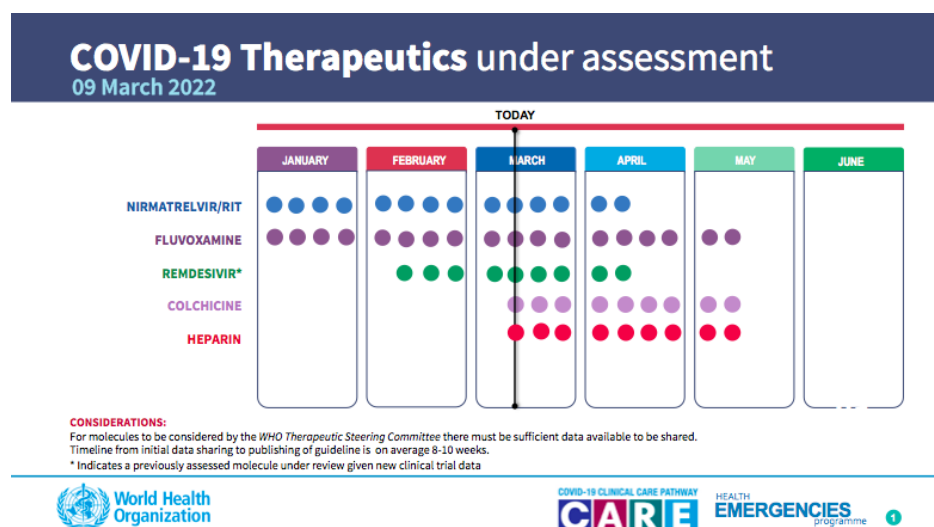
## Treatments

With many people still unvaccinated against COVID-19 and at risk of serious disease, and numerous severe and critical cases even among vaccinated populations, there is still a continued need for therapeutics: medicines and medical oxygen. **As of April 2022, we are on the cusp of a paradigm shift in the response. New options for decentralized, outpatient treatments are emerging with the development of oral antivirals.** These have the potential to be implemented at scale, change care-seeking behavior, reduce hospitalizations, and ease the burden on health systems. These new treatments must be used swiftly following a positive COVID-19 test, and as such would also have an impact on testing needs.

WHO recommended use of molnupiravir and nirmatrelvir/ritonavir (Paxlovid), the first two oral antiviral for mild-to-moderate COVID-19, in March and April 2022. When administered early, they can reduce the risk of hospitalization and time to resolve symptoms. Four more therapeutic options are under assessment by WHO (Figure 6). The ACT-A Therapeutics Pillar's focus on oral antivirals complements its continuing efforts on increasing access to medical oxygen and corticosteroids, mainstays of lifesaving inpatient treatment for severe and critical COVID-19, as well as other recommended therapeutics such as tocilizumab and baricitinib.

Several challenges remain in ensuring equitable access to these new therapeutics, including adequate, affordable stock, and generic options. Intensified efforts are needed to engage countries to scale up test and treat strategies, while securing affordable oxygen supplies. Finally, significant funding is needed, notably for advance procurement of oral antivirals and for oxygen delivery and market-shaping.

**Figure 6:**  
COVID-19  
Therapeutics  
under assessment  
(Source: WHO at  
09 March 2022)



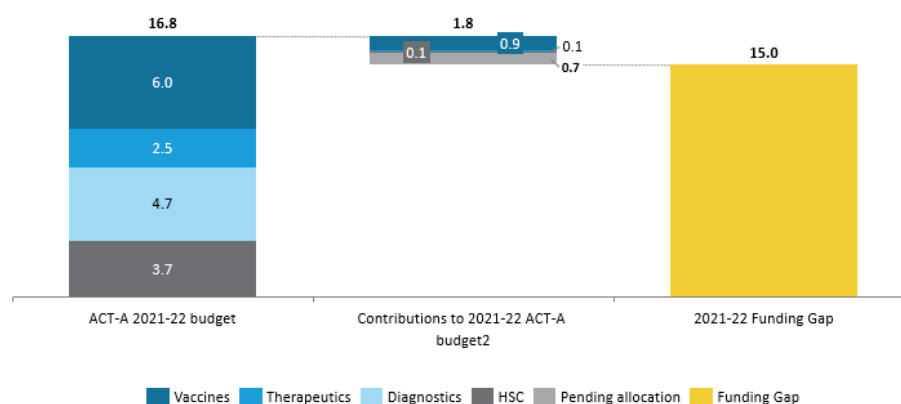
## Additional key updates on roll out of COVID-19 tools

### Sense of urgency fades in some areas, while inadequate access to COVID-19 tools persists

With COVID-19 cases and deaths decreasing globally as of this week, jurisdictions in numerous countries have eased public health and social measures amid optimism in some parts of the world that we are approaching an end of acute phase of the pandemic. However, cases and deaths have recently reached high peaks in other parts of the world. In addition, the ongoing geopolitical situation has shifted political attention and resources to another crisis.

Despite the rapidly evolving context, one critical issue has not changed: global access to COVID-19 countermeasures remains grossly inadequate, and an urgent financing gap for ACT-A agencies of approximately US\$ 14.88 billion means that urgent needs are going unmet.

**Figure 7:**  
ACT-A funding  
gap for 2021/22  
since October 29,  
2021. (Source:  
ACT-A at 20 April  
2022)



1. Including USD 120 million from the Bill and Melinda Gates Foundation, pending attribution to Pillars 2. As per the Financial Council Financing Framework proposition.  
Note: all financial commitments can be accessed at <https://www.who.int/publications/m/item/access-to-covid-19-tools-tracker>. All figures are rounded.  
All commitments since 29 October 2021 in support of the ACT Accelerator will count towards the ACT Accelerator Strategy & Budget for 2021-22. Contributions to Pillars are subject to FX variation.



ACT-A agencies urgently need US\$ 14.88 billion in grant funding to get shots into arms, people tested, sick people treated and health workers protected and to dynamically keep our tools up to date through research and development (R&D). The work comprises R&D and product assessment, large-scale procurement, technical assistance and delivery support for COVID-19 vaccines, tests, treatments, and personal protective equipment (PPE), particularly for low and lower-middle income countries. In addition, low and lower-middle income countries require US\$ 6.8 billion – including from domestic resources and with the support of Multilateral Development Banks (MDBs) – for the in-country costs of delivering COVID-19 countermeasures and optimizing their uptake and use.

Addressing the outlined urgent financing needs must be a priority for the ACT-Accelerator Facilitation Council. Investments in the ACT-Accelerator not only accelerate the end of the acute phase of the COVID-19 pandemic but will also have a long-term impact well beyond COVID-19. This includes investments in R&D, manufacturing, and supply chain, e.g., to accelerate the development of and access to vaccines and new therapeutics. Moreover, the >US\$ 1 billion invested in sequencing and oxygen facilities so far, will significantly increase surveillance and health system capacity in the longer term, especially in low and lower-middle income countries.

Nevertheless, equitable access to COVID-19 tools is not only contingent on financing. For supply-constrained products, such as new antiviral therapeutics products, political support is required to ensure equitable access and to allow the rapid scale up of generic manufacturing particularly for low- and middle-income countries.

### **Country-level delivery bottlenecks must be urgently addressed to improve coverage**

The uptake of vaccines, tests and treatments has been hampered by in-country delivery bottlenecks in several low- and lower-middle-income countries.

Specifically, for vaccines, the supply situation has shifted from a chronic supply shortage throughout 2021 to a growing supply surplus for 2022, especially in Quarter 2. In-country delivery bottlenecks are manifold and oftentimes country-specific but can be broadly categorized into six groups (see Figure 8 below).

**Figure 8.** Key bottlenecks for in-country delivery of COVID-19 vaccines

Key bottlenecks	Description
<b>Political Context and In-Country Planning Mechanisms</b>	Leadership and Coordination; Lack of supply visibility; Multiple products, short shelf-life, cold chain capacity; Data and data management; Competing priorities.
<b>Financing</b>	Country-level inadequate budgets for COVID-19 vaccination operational and vaccine purchase need; Donor money is committed but slow to reach countries, and often slowly trickle down to facilities and front-line providers; Some countries are reluctant to apply for MDB loans, and/or lack time and capacity to apply for GAVI funding
<b>Demand and Hesitancy</b>	Lack of trust in governments and health systems; Lack of access to vaccination sites/lack of awareness of where to get vaccine.
<b>Health Workforce</b>	Loss of health workforce due to infections, deaths, quarantine, labor protests, and strikes and Covid 19 response; Acute shortages in staffing that existed even prior to the pandemic; Lack of training on COVID-19 vaccines which has contributed to hesitancy among health workers.
<b>In-Country Supply Chain</b>	Insufficient cold chain capacity at sub-national and district levels, including no ultra-cold chain capacity for many countries.
<b>Data Systems</b>	Lack of data systems at country level to determine eligibility, schedule appointments, and track vaccination status; Infrequent data collection and reporting (often monthly).

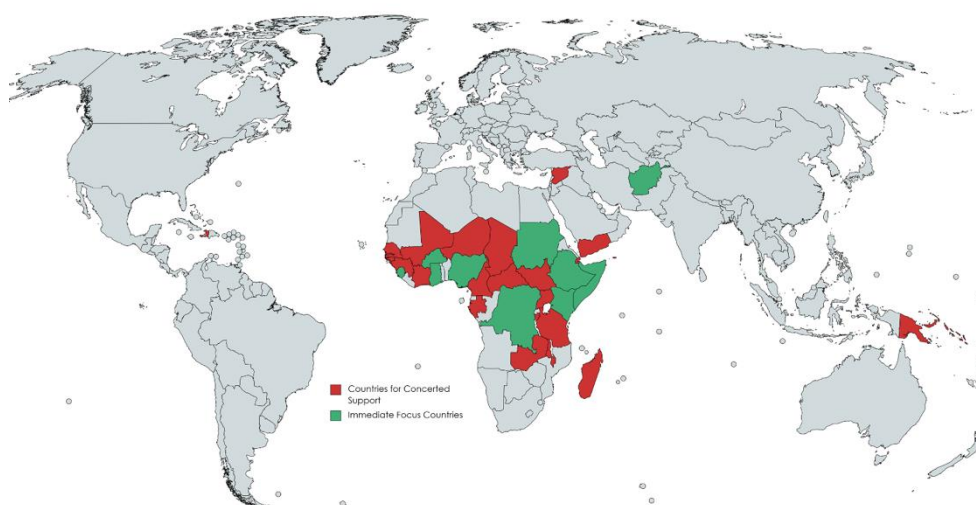
Simultaneously, various implementation issues exist for diagnostics and therapeutics. Limited political will and competing priorities, including for COVID-19 vaccines, weaken both demand for and supply of COVID-19 tests and treatments in many parts of the world. This has resulted in inadequate health workforce and lab/health system capacities, challenges in local supply chains, a lack of accessible testing and treatment beyond larger health facilities, and overall high associated costs for the public.

To address these issues, closing the ACT-A agencies' funding gap and addressing the additional in-country delivery needs is an urgent priority. Moreover, a combination of technical, political, and other support will be needed to help low-and middle-income countries to overcome current challenges and widen access to and coverage with COVID-19 tools. Finally, civil society and community organizations play important roles to address demand-side and implementation issues locally.

## Vaccine Delivery Partnership created and Tracking & Accelerating Progress WG launched

To support COVID-19 vaccine country readiness and delivery, WHO and UNICEF, in partnership with Gavi, have created the COVID-19 Vaccine Delivery Partnership. This inter-agency task force aims to accelerate COVID-19 vaccine delivery at country level and address persisting issues of equity. The partnership is coordinating inter-agency efforts to forecast vaccine needs, as well as to provide financial and technical assistance to overcome bottlenecks in country-level implementation. This effort is focusing on an agreed list of 34 countries<sup>2</sup> at highest risk of missing the global vaccination target, the list will be reviewed quarterly, 10 countries will receive immediate priority support<sup>3</sup> (see Fig. 9).

**Figure 9:**  
*Covid-19 Vaccine Delivery Partnership focuses on 34 agreed upon for concerted support (Source: CoVDP)*



In addition to that, the ACT-Accelerator Facilitation Council has launched the Tracking & Accelerating Progress Working Group, co-chaired by Indonesia and the United States of America. The objectives of this working group are twofold. First, to track overall commitments and progress towards global COVID-19 vaccines, diagnostics, treatments, and PPE targets in order to mobilize Council members to address issues, and to inform investments and priorities to drive accelerated progress. Second, to review ACT-Accelerator progress towards its goals and outcomes within the broader global access to COVID-19 tools agenda and to report on this progress in political fora including to the Facilitation Council and to the G20.

Both fora constitute important platforms to help accelerate equitable access to COVID-19 tools, and particularly in-country delivery. Active engagement and support by Facilitation Council members is critically important to build momentum and collectively drive progress towards a more equitable world and health security.

<sup>2</sup> Countries of high risk of missing the global vaccination target and provided with additional support from the Vaccine Delivery Partnership: Afghanistan, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo (Democratic Republic of the), Cote d'Ivoire, Djibouti, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Haiti, Kenya, Madagascar, Malawi, Mali, Niger, Nigeria, Papua New Guinea, Senegal, Sierra Leone, Solomon Islands, Somalia, South Sudan, Sudan, Syrian Arab Republic, Tanzania (United Republic of), Uganda, Yemen, Zambia

<sup>3</sup> Rotating list of 10 immediate focus countries. Agreement on current group of Afghanistan, Burkina Faso, DR Congo, Ethiopia, Ghana, Kenya, Nigeria, Sierra Leone, Somalia, Sudan

## ACT-Accelerator aims to accelerate coverage to COVID-19 tools to end the pandemic

Launched in April 2020, the ACT-Accelerator is an unprecedented collaboration between leading international organizations and health agencies to accelerate the development of tests, treatments and vaccines, and ensure equitable access to these tools and PPE, primarily in low and lower-middle-income countries.

- **To secure equitable access to vaccines**, ACT-A's COVAX partners have already shipped more than 1.4 billion doses to 144 countries, an increase of greater than 450 million doses in 2022 alone. Since the beginning of the pandemic, COVAX has supported R&D to enable access to a portfolio of 13 vaccines and assessed and supported the roll-out planning process in more than 100 countries.
- **To improve testing rates everywhere**, ACT-A's Diagnostics Pillar partners have shipped approximately 150 million tests to low and middle-income countries. Since the beginning of the pandemic, they have secured a 25% price reduction for select PCR tests and planned the scale-up of sequencing capacities.
- **To improve equitable access to treatments**, ACT-A's Therapeutics Pillar partners procured more than 10 million doses of Dexamethasone in Q1 2022 alone. Since the beginning of the pandemic, they have supported research and market access for two new therapeutics, installed over 140 Oxygen plants<sup>4</sup>, signed coverage agreements for new antiviral products, and worked in >20 countries to support rapid, integrated adoption of tests and therapies.
- **To reduce the gap in PPE access**, ACT-A partners procured approximately 110 million units of personal protective equipment and intermittent pneumatic compression materials for 49 countries, in Q1 2022 alone.

To transparently track progress and achievements in the roll out of COVID-19 countermeasures, ACT-Accelerator has moreover developed the [Global COVID-19 Access Tracker \(GCAT\)](#), building on the work of the Multilateral Leaders Taskforce. The tracker is publicly available online and continuously updates key metrics on the roll out of COVID-19 countermeasures worldwide.

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<sup>4</sup> Pressure swing adsorption (PSA) oxygen generating plants are a source of medical-grade oxygen.