Update on our ACT-A advocacy campaign

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28 FEBRUARY 2022

ACT now. ACT together to accelerate the end of the COVID-19 crisis.
**Context** | Financing Framework developed by the Facilitation Council to clarify sources of financing for the new 12-months ACT-A budget

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- **28 Oct 2021**
  - New 12-months ACT-A Strategic Plan & Budget

- **9 Dec 2021**
  - 8th ACT-A Facilitation Council

- **9 Feb 2022**
  - ACT-A Facilitation Council Financing Framework

- **Today**
  - 9th ACT-A Facilitation Council

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**What needs to be financed?**

- Supported by HoS letter campaign

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**How will it be financed?**

Focus next pages
New ACT-A Financing Framework & Fair Share model launched 9 Feb 2022

Interventions from:
- 3 Heads of State/Government – Norway, South Africa and Indonesia
- 3 Ministers – Canada, United States and Saudi Arabia
- 2 Deputy Ministers – Germany and France

Media Q&A with outlets from:
- Norway, Switzerland, South Africa
Financing Framework | clarifies urgent funding needs & potential sources of financing

ACT-A Council
Financing Framework

Includes a breakdown of each agency’s needs

Prioritizes the ACT-A budget
Immediate ACT-A agency needs: US$ 16.8bn

Explains in-country delivery needs
In-country delivery needs: US$ 6.8bn

New 12-months ACT-A budget
ACT-A procurement
R&D, eval, policy & guidance
TA & delivery support

National in-country delivery
National procurement
PHSM & manufacturing
Total in-country needs

ACT-A grant funding ask
Non-ACT-A grant support need
Domestic resources inc. MDB support

Note: Figures are rounded.
### Fair share model | country contributions needed to finance urgent ACT-A agency needs

**2021/22 financial fair shares**

In US$ billion

<table>
<thead>
<tr>
<th>Country</th>
<th>Contribution (in US$ billion)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>United States</strong></td>
<td>6.0</td>
</tr>
<tr>
<td><strong>China</strong></td>
<td>2.1</td>
</tr>
<tr>
<td><strong>Japan</strong></td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Germany</strong></td>
<td>1.2</td>
</tr>
<tr>
<td><strong>United Kingdom</strong></td>
<td>1.0</td>
</tr>
<tr>
<td><strong>France</strong></td>
<td>0.7</td>
</tr>
<tr>
<td><strong>Canada</strong></td>
<td>0.6</td>
</tr>
<tr>
<td><strong>Republic of Korea</strong></td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Italy</strong></td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Australia</strong></td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Brazil</strong></td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Russian Federation</strong></td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Mexico</strong></td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Saudi Arabia</strong></td>
<td>0.2</td>
</tr>
<tr>
<td><strong>Turkey</strong></td>
<td>0.2</td>
</tr>
<tr>
<td><strong>Argentina</strong></td>
<td>0.1</td>
</tr>
<tr>
<td><strong>South Africa</strong></td>
<td>0.1</td>
</tr>
<tr>
<td><strong>Other EU states</strong></td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Non-G20 states</strong></td>
<td>1.6</td>
</tr>
</tbody>
</table>

**Note:** Assumption that the private sector and philanthropic institutions can cover US$ 0.5bn

**Note:** Only HIC and G20 UMICs (plus Thailand and Malaysia) accounted for in fair share model. Other countries with no "fair share" ask.
**Current funding gap** | ACT-A’s 2021-22 funding gap is US$ 15.9 billion, with US$ 850 million pledged towards this year's budget to date

**ACT-A contributions**\(^1\) since October 29, 2021

- United States: 43.9%
- France: 17.3%
- Norway: 26.0%
- Belgium: 1.6%
- Spain: 0.8%
- Switzerland: 0.9%
- Iceland: 0.2%
- Andalucia: 0.1%
- Czech Republic: 0.0%
- Portugal: 0.0%
- Canada: 0.0%
- Others: 0.0%

**ACT-A funding gap for 2021** since October 29, 2021

- In US$ billion
  - Contributions to 2021-22 ACT-A budget\(^2\)
    - Vaccines: 6.0
    - Therapeutics: 4.7
    - Diagnostics: 2.5
    - Pending allocation: 3.7
  - ACT-A 2021-22 budget: 16.8
  - ACT-A funding gap: 0.85
  - 2021-22 Funding Gap: 15.9

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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](https://www.who.int/publications/m/item/access-to-covid-19-tools-tracker).

All figures are rounded. All pledges since 29 October 2021 in support of the ACT-Accelerator will count towards the [ACT-Accelerator Strategy & Budget for 2021-22](https://www.who.int/publications/m/item/access-to-covid-19-tools-tracker). Contributions to Pillars are subject to FX variation.
Advocacy strategy | leverage key high-profile events & multilateral fora to garner political support & financing

I. Create **awareness & political pressure** to support urgent financial needs of the ACT-Accelerator, as the equitable path out of the epidemic

II. Leverage **key events**, for example:

- Major summits
- G20 & G7 Ministerial events
- ACT-A agency events
Key ACT-A opportunities in 2022 | a steady drumbeat of events

Not exhaustive

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-18 Feb</td>
<td>1st G20 Fin. Ministers Meeting</td>
</tr>
<tr>
<td>22-24 Feb</td>
<td>Ports To Arms</td>
</tr>
<tr>
<td>24 Feb</td>
<td>G7 Leaders</td>
</tr>
<tr>
<td>23-24 Feb</td>
<td>Global Fund prep mtg for replenishment</td>
</tr>
<tr>
<td>28 Feb</td>
<td>ACT-A 9th Facilitation Council</td>
</tr>
<tr>
<td>7-8 Mar</td>
<td>End Q1 COVAX funding moment</td>
</tr>
<tr>
<td>April</td>
<td>1st ACT-A pledging moment in Pres. Biden Summit</td>
</tr>
<tr>
<td>April</td>
<td>2nd G20 Fin. Ministers Meeting</td>
</tr>
<tr>
<td>April</td>
<td>G7 Foreign Ministers Meetings</td>
</tr>
<tr>
<td>June</td>
<td>G20 Health + Health &amp; Develop't Ministers Meetings</td>
</tr>
<tr>
<td>June</td>
<td>G20 Health Ministers Meeting</td>
</tr>
<tr>
<td>15-16 Nov</td>
<td>G20 Bali Summit</td>
</tr>
</tbody>
</table>

Legend:  ● Major event/summits   ● ACT-A/Agency events   ● G20/G7 events
We emphasize the priority for collective and coordinated action to get the pandemic under control [...] remain committed to ensuring safe, timely, equitable and affordable access to vaccines, therapeutics, diagnostics, and personal protective equipment (PPE), particularly for low- and middle-income countries, and reiterate our support for ACT-A and the need to address the financing gaps of all ACT-A pillars.

Clear recognition of the importance of ACT-A & support for addressing financing gaps of all Pillars
Where are we in relation to global targets, HSRC

9th Facilitation Council

Updated presentation for 28 February 2022

ACT now, ACT together to accelerate the end of the COVID-19 crisis
GCAT is live with 30+ indicators and excitement among key stakeholders

In collaboration with...

unicef / Gavi / World Health Organization

TheGlobalFund / FIND

BILL & MELINDA GATES FOUNDATION / THE WORLD BANK

GLOBAL FINANCING FACILITY / wellcome

Unitaid / World Trade Organization

Accessible • Actionable • Authoritative

Visit: www.covid19globaltracker.org
### Overview of key metrics

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Diagnostics</th>
<th>Therapeutics</th>
<th>Protection of HCWs</th>
<th>Essential health services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact: Stop transmission &amp; save lives</td>
<td>Weekly new cases</td>
<td>Weekly new deaths</td>
<td>New HCWs weekly cases</td>
<td>EHS disruption (risk level)</td>
</tr>
<tr>
<td></td>
<td>12.8 Mn (153 per 100K pop)</td>
<td>0.07 Mn (0.8 per 10K pop)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome</td>
<td>Primary series vaccination coverage</td>
<td>1st dose vaccination coverage</td>
<td>Tests per 100K pop per day</td>
<td>Positive test rate</td>
</tr>
<tr>
<td>LICs</td>
<td>9%</td>
<td>11%</td>
<td>5</td>
<td>2%</td>
</tr>
<tr>
<td>LMICs</td>
<td>45%</td>
<td>56%</td>
<td>65</td>
<td>7%</td>
</tr>
<tr>
<td>UMICs</td>
<td>73%</td>
<td>77%</td>
<td>162</td>
<td>27%</td>
</tr>
<tr>
<td>HICs</td>
<td>72%</td>
<td>78%</td>
<td>570</td>
<td>15%</td>
</tr>
</tbody>
</table>

#### Access

| Procurement through ACT-A / UN COVID-19 Supply Chain System to date | 1.9 Bn doses (allocated) | 158 Mn units (allocated) | 34 Mn units (Tx) | 1.4 Bn units |
| | US$ 10.7 Bn¹ | US$ 866 Mn | US$ 9 Mn | US$ 502 Mn |
| 11 Mn units (O2 & supplies)⁴ | US$ 293 Mn |

#### Delivery⁶

<table>
<thead>
<tr>
<th>Health workforce challenges</th>
<th>Lack of funding</th>
<th>Shortages in supplies</th>
<th>Demand-side challenges</th>
<th>Lack of data / information</th>
<th>Lack of distribution capacity</th>
<th>Lack of clear strategy / guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procurement</td>
<td>35%</td>
<td>28%</td>
<td>18%</td>
<td>58%</td>
<td>12%</td>
<td>17%</td>
</tr>
<tr>
<td>Lack of funding</td>
<td>56%</td>
<td>51%</td>
<td>47%</td>
<td>22%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Shortages in supplies</td>
<td>64%</td>
<td>41%</td>
<td>41%</td>
<td>18%</td>
<td>17%</td>
<td>11%</td>
</tr>
<tr>
<td>Null</td>
<td>36%</td>
<td>34%</td>
<td>34%</td>
<td>26%</td>
<td>22%</td>
<td>11%</td>
</tr>
</tbody>
</table>

1. Assuming US$ 5.64 per dose  2. Includes Ag RDTs and PCR tests (World Bank not included)  3. Includes Dexamethasone and Tocilizumab drug  4. Includes oximeters, ventilators, liquid O2 etc. (Global Fund / World Bank not included)  5. Includes essential PPE / IPC tools (Global Fund / World Bank not included)  6. Round 3 Global Pulse Survey, Nov-Dec 2021 (n=95)  7. Reported by countries; notable outliers include India (1580%), Nepal (730%) and Philippines (357%)  8. Sources: UNICEF COVID-19 Market place, Vaccine Delivery Partnership, Round 3 Global Pulse Survey on continuity of essential health services, WHO COVID-19 Dashboard, UN COVID-19 Supply Chain System, FIND COVID-19 test tracker, OWID, data as of Feb 28 2022
Next steps for country engagement

- Establish focal points at country level to drive this forward (multi-partner / EOC)
- Identify the gaps in resources, expertise and capabilities
- Scale-up of country data collection capabilities building on existing country data & filling gaps through coordinated field data collection
- Support country plans to roll out tools
- Set up process to escalate support requests
- Hold HSRC focused meetings with priority countries

10 priority roll-out countries:

- Afghanistan
- Burkina Faso
- DR Congo
- Ethiopia
- Ghana
- Kenya
- Nigeria
- Sierra Leone
- Somalia
- Sudan

Countries will be rotated from a list of 34
HSRC readiness & response country support model

**National Readiness & Response Coordination**

**Country coordination support team**
- Coordination
- Planning
- Financing
- M&E
- Data

**Country implementation support team**
- Health workforce
- Policies, guidelines & capacity building
- Risk Communication & Community Engagement
- Health logistics

**Vx delivery support**
- COVAX Delivery Partnership

**Dx delivery support**
- HSRC & in-country partners

**Tx delivery support**
- HSRC & in-country partners

**IPC / PPE delivery support**
- HSRC & in-country partners

**EHS delivery support**
- HSRC & in-country partners

**Sub-national EOC**
Rwanda Covid-19
Vaccination Updates
28/02/2022

Hassan Sibomana/Director of Vaccine programmes
As of 26th February 2022, the total doses received in Rwanda increased to 22,812,020 doses.

>80% of all received doses were received in last quarter of 2021 (October to December 2021) and January 2022.

As of 27th February 2022; 80% utilization rate.
Vaccination Coverage as of 27th February 2022

- 1st dose: 8,811,796 (68%)
- Fully vaccinated: 7,808,436 (60%)
- Booster dose: 1,645,709 (13%)

Graph showing vaccination coverage progression from March 2021 to February 2022, with details for each month.
Data collection (RTM/Vaccination certificate)
Lessons learnt

- High level leadership support is key in accessing enough supplies and achieving high coverage
- Achieving high vaccination coverage requires multidisciplinary support
- Planning a head of time and mobilization of other resources
- Good coordination of all operations including Social mobilization and communication
- Do not forget the importance of all stakeholders including religious leaders, local authorities, CSO and Communities

Way forward

- Focus on achieving the target of 70% vaccination coverage before June 2022
- Booster dose to all eligible population
- Planning to increasing the target by including children aged 5 to 11 years
Facilitation Council

COVID-19 testing and sequencing in Kenya

28th February 2022

#UnitedAgainstCoronavirus
#StrongerTogether | #GlobalResponse | #GlobalGoalUnite
Kenya has successfully scaled-up COVID-19 testing but community-based testing is required for further increases.

Kenya weekly COVID-19 testing rate per 1,000 population, Jan 2020 – Feb 2022

- Kenya is committed to scaling-up and ensuring equitable access to COVID-19 testing.
- To date, we have grown testing to 0.7 tests per 1000 population per week - through a sustained increase in capacity to administer PCR and Rapid Diagnostics Tests (RDTs).
  - We have expanded testing sites from a single PCR site to 105 sites using PCR tests and over 500 sites using Antigen RDTs.
- However, we remain behind achieving the testing targets - in order to reach this, we must scale up RDT community-based testing.
  - Antigen RDTs are cheaper and have lower infrastructure and human capacity requirements relative to PCR tests.

1. FIND test tracker – based on national statistics
Kenya has so far rolled out PCR and Antigen RDT testing through larger healthcare facilities

Facilities and staff at each level of healthcare provision in Kenya¹

- **Levels 5-6:** Facilities: 25 | Nurses: ~2,000
- **Levels 4:** Facilities: ~820 | Nurses: ~10,500
- **Levels 2-3:** Facilities: ~10,000 | Nurses: ~10,000
- **Level 1:** Community Health Volunteers (CHVs): ~55,000

• Kenya has ~11,000 healthcare facilities of which ~8% are larger facilities², and a network of >75,000 healthcare workers
• Large healthcare facilities conduct the majority of tests in Kenya today
• This has increased overall COVID-19 testing capacity, but does not yet take advantage of lower level health facilities or community-based workers

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2. Larger health facilities defined as level 4, 5 and 6 – typically more than 100 CHWs per facility
Going forwards we can explore using existing healthcare facilities and workers to expand community testing

Facilities and staff at each level of healthcare provision in Kenya

- **Community-based testing** has significant potential to increase access to, and capacity to deliver, COVID-19 diagnostics services
- We will explore channels to implement community based testing, using digital health solutions to collate data and provide guidance to end-users
  - Local healthcare facilities (levels 2-3)
  - Door-to-door visits by Community Healthcare Volunteers (CHVs)

Through these channels, we can feasibly and sustainably reach the ACT-A target of 7 tests per 1000 population per week – with support for the procurement of tests

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Recent guidance from Africa-CDC also opens the door to a possible introduction of self-testing

Facilities and staff at each level of healthcare provision in Kenya

- Kenya is forward looking and committed to exploring innovative mechanisms to enable effective community-based testing
- It is possible that self-testing could provide a way to increase testing
- Self-testing requires further trialling to assess the feasibility, cost, and effectiveness so that we can respond to any change in international guidelines
In addition to testing scale-up, GoK has developed a sequencing strategy to monitor new variants

Benefits of sequencing a proportion of COVID-19 samples

**Epidemiological reconstruction** to identify local outbreaks and guide movement restrictions

**Targeted sequencing** to monitor viral movement and activity

**Assessment of counter measures** (diagnostics, vaccination, movement restrictions) to reduce the health/economic impacts of VOCs

- GoK has developed a sequencing strategy to facilitate rapid public health decision-making by ensuring prompt sequencing data analysis and reporting
- Implementing this strategy will include:
  - Increasing the number of labs which can conduct sequencing
  - Introducing centralized reporting of sequencing results
  - Exploring new methods of sample collection and referral