This result includes all COVID-19 doses administered in 92 AMC countries, including COVAX doses.

Highlights

- COVAX Facility has delivered 121 million COVID-19 vaccine doses to 136 countries and territories in the first half of 2021.
- UNICEF is rapidly scaling up capacity of the global oxygen team to respond to the significant increase in requirements for procurement of oxygen equipment, liquid oxygen, for establishing Pressure Swing Adsorption (PSA) plants, and oxygen system services.
- Since the start of 2021, through country level HAC appeals and the global Act-A HAC appeal, UNICEF has shipped more than 122 million gloves, 94.8 million surgical masks, 7.9 million N95 respirators, 3.1 million gowns, 343,000 goggles, 2.9 million face shields to 87 countries to protect frontline workers from COVID-19 transmission.
- UNICEF has delivered 92,544 COVID-19 diagnostic tests to South Sudan, the State of Palestine, and the Maldives.
- The ACT-A HAC has been endorsed by the Inter-Agency Standing Committee (IASC) Emergency Directors’ Group as the centralized mechanism to finance operational/in-country delivery costs of COVAX humanitarian buffer doses.
- UNICEF is working in 73 countries to build trust and tackle misinformation around the COVID-19 vaccines to reduce vaccine hesitancy and is working to build trust in basic services and promote public health and social measures to stop COVID-19 transmission.

UNICEF’s Response and Funding Status

| Eligible countries that are ready to administer COVID-19 vaccines | 90% |
| COVID-19 vaccine doses administered in eligible countries and humanitarian contexts | 48% |
| Funding status | 40% |
| COVID-19 diagnostic tests procured for delivery in low- and middle-income countries | 1.7% |
| Funding status | 13% |
| Countries implementing ACT-A related risk communication and community engagement | 146% |
| Funding status | 31% |
| COVID-19 treatment courses procured for delivery in low- and middle-income countries | 0% |
| Funding status | 3% |

ACT-A Targets

- 100 million Therapeutic treatment courses to be delivered in 2021 via ACT-A partners, including UNICEF
- 900 million Diagnostic tests to be delivered in 2021 via ACT-A partners, including UNICEF
- 2 billion Vaccine doses to be delivered in 2021 via COVAX, including UNICEF

UNICEF ACT-A Appeal 2021
US$ 659 million

Reporting Period: 1 January to 30 June 2021
Funding Overview & Partnerships

UNICEF’s 2021 ACT-A Humanitarian Action for Children appeal requires US$659 million at the global level to support ACT-A, across the vaccines (COVAX), therapeutics and diagnostic pillars, and the health systems connector. As part of the US$510 million required to support vaccine delivery, an estimated US$120 million is for the delivery costs of doses supplied under the COVAX humanitarian buffer (which is a provider of last resort for at-risk populations not covered by national immunization programmes). As of 30 June 2021, UNICEF has received $227.5 million against the ACT-A 2021 appeal. UNICEF has a funding gap of $431.5 million against the ACT-A 2021 HAC and is seeking flexible and timely contributions to ensure ACT-A interventions and tools are rolled out in countries most in need.

<table>
<thead>
<tr>
<th>Pillar</th>
<th>2021 Requirements (US$)</th>
<th>Funds Received</th>
<th>Gap</th>
<th>Gap in %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COVID-19 Vaccination:</strong> Commodities needed for safe vaccine administration: cold chain equipment, PPE, hand hygiene; operational costs for vaccine delivery and associated technical assistance; support for vaccine delivery to humanitarian populations and the humanitarian buffer.</td>
<td>$510.0 M</td>
<td>$202.2 M</td>
<td>$307.8 M</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Risk communication and community engagement:</strong> To promote trust and support adoption for COVID-19 vaccines, treatments, and tests.</td>
<td>$24.0 M</td>
<td>$7.4 M</td>
<td>$16.6 M</td>
<td>69%</td>
</tr>
<tr>
<td><strong>Diagnostics:</strong> Purchase and delivery of rapid COVID-19 diagnostic tests; associated technical assistance for roll-out and rapid scale up of novel technologies.</td>
<td>$70.5 M</td>
<td>$8.9 M</td>
<td>$61.6 M</td>
<td>87%</td>
</tr>
<tr>
<td><strong>Therapeutics:</strong> Purchase and delivery of novel and repurposed treatments for COVID-19, technical assistance for country preparedness, drug safety surveillance, reporting, and staff training.</td>
<td>$54.5 M</td>
<td>$1.7 M</td>
<td>$52.8 M</td>
<td>97%</td>
</tr>
<tr>
<td><strong>Funds Being Allocated</strong></td>
<td>-</td>
<td>$7.3 M</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$659.0 M</td>
<td>$227.5 M</td>
<td>$431.5 M</td>
<td>66%</td>
</tr>
</tbody>
</table>

Situation Overview & Humanitarian Needs

The COVID-19 pandemic continues with waves of new cases in the first half of 2021 (see graphs below). In January 2021, the number of confirmed cases reported per day was up to 843,000 globally, although by mid-February daily new cases were down by half to around 411,000. By late April 2021, the cases had spiked again to 836,000 daily, and by late June the number had decreased again to around 316,000. As of 28 June 2021, 180 million COVID-19 cases and 3.9 million deaths have been reported globally.\(^2\)

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\(^2\) [https://www.worldometers.info/coronavirus/](https://www.worldometers.info/coronavirus/)

\(^3\) [WHO COVID-19 Dashboard](https://covid19.who.int/)
There are currently 183 countries, territories and economies who have signed up to participate in the COVAX Facility and they began receiving their first doses through COVAX in late February 2021, with 121 million doses shipped to 136 countries in the first half of 2021. While the COVAX Facility was set up to ensure equitable access to vaccines for those at highest risk of COVID-19 infection across all economies, it has faced challenges in vaccine supply and has a shortfall of around 190 million doses as of the end of June. COVAX needs access to an additional 250 million doses to vaccinate at least 10% of all participating economies, by the end of September. This gap is due to a combination of challenges, including the limited availability of vaccines on the global market, limited raw material supply worldwide needed to produce vaccines, the devastating second wave of COVID-19 in India that led to a surge in domestic demand for vaccines and reduction in vaccines available to COVAX, and complex novel supply chains resulting in delays in vaccine manufacturing scale up.

The good news is that COVAX has commitments directly from manufacturers and from dose-sharing countries for 4.1 billion doses across 2021-2022, of which 2.8 billion doses are currently secured through legally-binding contracts with manufacturers. Under WHO’s Emergency Use Listing (EUL) evaluation process, seven vaccines have received WHO’s EUL, while seven vaccines candidates are currently in the process of being listed over the next few months. There are 105 COVID-19 vaccine candidates currently in clinical development and 184 candidates in pre-clinical development.

The bulk of COVAX vaccine delivery in 2021 is expected to arrive in quarters 3 and 4. Therefore planning for a ramp-up of delivery and absorption capacity in receiving countries is underway, including refreshing National Deployment and Vaccination Plans (NDVPs) based on updated guidance and ensuring countries have the required cold chain equipment for vaccines that require ultra cold temperatures. UNICEF and partners are working with national authorities to ensure countries are ready to receive new shipments of vaccines in the later part of 2021, however, operational costs – what gets the vaccine dose from port of entry into someone’s arm - are high and still require urgent funding.

Significant inequities in the distribution of COVID-19 vaccines continue to put us all at risk, with 26 per cent of the world’s population reached with at least one dose of COVID-19 vaccine, while only 1 per cent of people in low-income countries have received at least one dose to date. Most low-income countries still do not have enough vaccines to cover immunization of all health workers, or all at-risk groups, even though they only comprise a small fraction of the total population.

Concerns remain; as vaccine inequity continues, in combination with a relaxing of enforcement and following of public health measures, COVID-19 will have the opportunity to mutate, spread and affect many more people in the months and years to come. Globally, there are currently four variants of concern (VOC) that appear to be more transmissible. Variant Alpha has been reported in 178 countries, territories and/or areas, while Beta has been reported in 123, Gamma in 75 and Delta in 111.

Safe and effective vaccines are an imperative tool but will not solve the pandemic alone. Diagnostics, life-saving therapeutics, and following public health and social measures are also vital to end the pandemic. And these will only be effective if they are available for everyone in all countries, and if strong health systems and services, including robust supply chains are in place to deliver them.

Several countries continue to struggle to get their vaccine campaigns and rollouts off the ground because of weak healthcare infrastructure, inadequate funding, and/or vaccine hesitancy among the population. Other challenges include the short expiration dates of vaccines which require quick use and implementation, that requires adequate levels of timely operational funding, which is often lacking, and concerns on vaccine safety.

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4 GAVI: COVAX CA COIP List_COVAX PR 12-05-21.pdf
5 GAVI: https://www.gavi.org/sites/default/files/covid/covax/COVAX%20supply%20Forecast.pdf
7 WHO – Candidate Vaccines - https://www.who.int/publications/m/item/draft-landscape-of-covid-19-candidate-vaccines
8 University of Oxford - https://ourworldindata.org/covid-vaccinations
Governments are accountable for the health needs of all populations, including at risk populations, living within their borders, and many countries have included migrants, displaced, refugees and other vulnerable groups within their NDVPs. However, there are concerns that some of the most vulnerable populations, such as those who are living in areas affected by conflict or are out of reach of national health systems, may not be reached. The COVAX “humanitarian buffer” was established to address this concern, reserving five percent of the total COVAX doses received to ensure access to COVID-19 vaccines for high-risk populations in humanitarian settings, as a last resort. Based on projections from the 21 June COVAX Facility global supply forecast, up to 93,250,000 doses (5% of the 1.865 billion doses available by end of December 2021) could be deployed as humanitarian buffer, provided additional, flexible non earmarked funding for vaccine delivery is received. In June, the humanitarian buffer application site was launched, which allows countries, humanitarian groups, Red Cross and Red Crescent societies, local and international NGOs and civil society groups to apply for vaccines for at risk groups as a last resort. To date, two applications have been received.

Humanitarian Leadership, Coordination and Strategy

UNICEF has a holistic response strategy to combatting COVID-19 which is supported through several plans and appeals. The response uses existing control and treatment measures, introduces new tools including COVID-19 vaccines, diagnostics, and therapeutics, and ensures social services for children continue during the pandemic.

UNICEF’s 2021 public health and socioeconomic COVID-19 response, including programme activities, targets, and funding requirements, have been integrated into country level plans and standalone country, multi-country and regional Humanitarian Action for Children appeals allowing the response to be adapted to specific needs in different country contexts. These plans are supported by two main strategies: 1) Support the public health response to reduce COVID-19 transmission and mortality; and 2) Ensure continuity of health, education and social services, and assessing and responding to the immediate impacts of COVID-19. Within country level COVID-19 response plans and appeals, activities such as the provision oxygen therapy for treatment of moderate cases, Personal Protective Equipment (PPE) for health and other frontline workers, adapting provision of social services to make them safer in times of COVID peaks, among many others are included.

The Access to COVID-19 Tools Accelerator (ACT-A) is a global collaboration to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines. To do its part to support ACT-A, UNICEF has included delivery, adoption and use of the new tools in our appeals and response plans to ensure the tools developed through ACT-A are successfully rolled-out in countries to limit the transmission and mortality of the virus. As part of the global ACT-A, UNICEF is delivering COVID-19 vaccine doses (as procurement agent for the COVAX Facility). UNICEF is also procuring and delivering new repurposed therapeutics and diagnostics, while supporting risk communication and community engagement (RCCE) in countries. RCCE is building trust and supporting adoption of the new COVID-19 vaccines, treatments and tests. UNICEF’s ACT-A HAC comprises a portion of UNICEF’s total funding requirements to carry out its role in ACT-A.

UNICEF plays a key role in global coordination efforts in RCCE, through co-leading the RCCE subgroup which works to include the most vulnerable populations, such as migrants, refugees, people with disabilities and host communities, in global and country level RCCE efforts. UNICEF also co-leads global RCCE efforts through the Collective Service with WHO and IFRC which brings together a wide range of organisations involved in RCCE policy, practice and research to provide practical support to those delivering on the ground. Regionally, support for national RCCE efforts is available through six established regional coordination platforms that are established to coordinate regional efforts, as well as provide technical support to the countries in their region.

UNICEF leads the ACT-A Diagnostics Country Support Working Group, in coordination with WHO and FIND, whose aim is to support countries in scaling up equitable access to COVID-19 testing, particularly in low- and middle-income countries. UNICEF is also represented in three of the four other ACT-A diagnostics working groups, namely, Research and Development and Digital Tools, Market Readiness, and Supply.

Summary Analysis of Programme Response

Vaccines

Within ACT-A’s vaccine pillar, UNICEF has been providing supplies needed for safe vaccine administration, such as cold chain equipment, PPE for vaccinators, and hand hygiene supplies (soap and hand sanitizer) and has been covering operational costs for vaccine delivery and associated technical assistance. UNICEF is also supporting vaccine delivery to humanitarian populations, including through the COVAX humanitarian buffer. Notably, the ACT-A HAC has been endorsed by the Inter-Agency Standing Committee (IASC) Emergency Directors’ Group (EDG) as the centralized mechanism to finance operational/in-country delivery costs of COVAX humanitarian buffer doses.
UNICEF is leveraging its experience as the largest single vaccine buyer in the world and is working with manufacturers and partners on the procurement of COVID-19 vaccine doses, as well as freight, logistics and storage. In collaboration with the PAHO Revolving Fund, UNICEF is leading efforts to procure and supply doses of COVID-19 vaccines for the COVAX Facility on behalf of participating economies. COVAX Facility has delivered 121 million COVID-19 vaccine doses to 136 countries and territories in the first half of 2021.

UNICEF continues to work with governments to ensure that countries are ready to receive vaccines, through the provision of appropriate cold chain equipment, PPE, the training of health workers, technical assistance, and operational costs for storage and delivery of vaccines. Preparedness efforts through the development of NDVPs have been submitted and approved in 87 countries.

### Somalia

In Somaliland, to bolster equitable access to COVID vaccines, UNICEF has embarked on strategies for the inclusion of displaced persons (including refugees, asylum seekers, internally displaced people, and migrants) into the NDVP. UNICEF advocated that all migrants and displaced persons aged 50 and above should be covered by the national vaccine roll out, and that fixed vaccination centres needed to be established close to camps to ensure displaced populations could access these services. From these efforts, more than 11,700 displaced people in Somaliland are estimated to have been vaccinated for COVID-19.

“When I first heard that the COVID-19 vaccines arrived, I felt relieved, though I was not expecting that our camp would be prioritized, given the small number of vaccine doses donated,” explains Suleiman, 55, a community leader at a camp for internally displaced in Daami. He participated in community mobilization activities to encourage his community members to get vaccinated for COVID-19, by walking on foot around a seven-kilometre radius and reaching more than 500 families in the camp. “Some of the community members were very weak and couldn’t walk to the health centre, so I managed to hire private transport to get them to the vaccination post,” he adds. UNICEF’s successful advocacy led to Suleiman and his fellow community members being included in the NDVP and COVID-19 vaccination roll-out plan.

Hoodo is another one of the community members, living in Daami camp, who has received her COVID-19 vaccine. “A vehicle with loudspeakers and a mobilizing team delivered the news of the vaccine arrival. They encouraged camp dwellers, especially the elderly and people with health conditions, such as diabetes, to go to the health centre and get vaccinated,” Hoodo recalls. “I immediately went there to get my shot. The vaccinators were very friendly, they vaccinated me and gave me this vaccination card to receive my second dose after 12 weeks,” she says, proudly holding up her card.

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10 UNICEF procures more than 2 billion doses of vaccines annually for routine immunization and outbreak response on behalf of nearly 100 countries.

11 Error reported in UNICEF’s previous SitRep, the correct number is 87.
Papua New Guinea
In Papua New Guinea, in the photo to the right, UNICEF handed over 224 solar powered vaccine fridges to the government to boost the country's cold chain capacity for the safe storage of vaccines and to help increase the coverage for the country's COVID-19 and overall immunization programme.

Moldova
From March to June 2021, Moldova received more than 886,000 COVID-19 vaccine doses, with nearly a quarter of those received through COVAX. Moldova's COVID-19 vaccination campaign began in March 2021 and has an ambitious plan to vaccinate 70 per cent of the population by the end of 2021. To make the process as accessible as possible for the population, the health authorities are organizing walk-in weekend COVID-19 Immunization Marathons. During such immunization marathons, more than 5,000 people are vaccinated each day.

“From outside, it looks like a smooth operation. But operating a vaccination site as big in size has a complex logistics behind the scenes,” says Angela Capcelea, UNICEF’s health officer. “Having a stock of COVID-19 vaccines is important, but we need many other things in place,” continues Angela. Training of health workers and volunteers, as well as the provision of cold chain equipment, PPE, medical chairs, screens, beds, and various public communication materials are only some of the emerging needs to achieve Moldova's ambitious goal.

Multiple steps are needed to deliver vials of vaccine to the immunization center, where the vaccine can be injected into a person's arm. Some vaccines like Pfizer must be kept at −70 degrees C and once transferred to a refrigerator, must be administered in a short period of time. Challenges, including insecurity, roadblocks, power outages and other obstacles, are quite common in Moldovan small towns and villages, where primary healthcare units operate. The cold chain - critical to vaccination - suffers when faced with such challenges. “To ensure the vaccines we give are potent and effective we are currently procuring electricity generators for Regional Public Health Centers storage units,” says Angela Capcelea. “In addition to 15 electricity generators, UNICEF is procuring 3 freezer rooms, 58 refrigerators, 165 ice-lined refrigerators, and 48 units of freezers for primary health care units, to supplement the 150 refrigerators procured last year with support from Gavi to strengthen the cold chain.”

The in-country journey that the vaccines make to get to the vaccination centers is a long one. Vaccines are transported from the National Public Health Agency warehouse and distributed to 1,300 primary healthcare units. Once received, they need to be stored in refrigerators until they are administered. Most primary healthcare units extended their operating hours through weekends to ensure full utilization of the vaccines and vaccination of high-risk groups in accordance with the NDVP. Over the years, UNICEF has supported improvements in the overall health infrastructure in Moldova and built the capacity of health providers with proper training on cold chain maintenance and safe handling of vaccines.
Kosovo

On 15 June, Kosovo announced the beginning of a COVID-19 mass vaccination campaign, which marks a major step in the battle against the pandemic. UNICEF played an important role in helping the country prepare for the arrival and roll out of COVID-19 vaccinations, with plans starting to be developed in 2020. Multiple partners, including UNICEF, were mobilized to establish a dynamic working group led by the Ministry of Health, to develop the NDVP - a criterion before being eligible to received COVAX vaccines. The NDVP serves as one country plan and guides all relevant institutions on different aspects of COVID-19 vaccination. With strong technical support provided by UNICEF and other partners, the NDVP was finalized in February 2021. Kosovo also applied to COVAX for cold chain support to fund the cost for refrigerators to meet the conditions for storing the vaccines when they arrive in country. Along with preparations for securing the vaccine doses, UNICEF and WHO supported the training of 270 immunization teams engaged in the delivery of the vaccines to the communities as another important component of preparedness. Following these trainings, health care workers and the elderly were prioritized to receive the first batch of COVID-19 doses (starting on 29 March 2021), based on the prioritization plan defined in the NDVP.

To support the Ministry of Health in getting each of the municipal vaccination sites ready, UNICEF provided IT equipment (including laptops and printers) for printing vaccination cards and supported the Health Information System to digitalize the registration and appointment modules for COVID-19 vaccines. Through the digitalized system, it became possible not only to equip all those who were vaccinated with cards right at the vaccination sites, but also to monitor the vaccination trends and to collect disaggregated gender, age, and target group data on people vaccinated.

As the vaccination campaign was being planned, concerns that misinformation may lead to vaccine hesitancy amongst some of the population came about. UNICEF was aware that effective and accurate two-way communication with the public is key to overcome this and in close cooperation with the Ministry of Health, the Institute of Public Health, and health care staff, UNICEF initiated a campaign that would tackle misinformation and raise awareness of the importance of vaccination, while collecting and addressing concerns. Public discussions and information sessions were held, as well as a campaign on social media networks, through which Kosovo doctors on the pandemic’s frontline, addressed citizens’ questions, concerns, and doubts. By the end of May 2021, Kosovo had received 163,000 doses of COVID-19 delivered by UNICEF through COVAX, with more doses expected to be allocated to the country after July.

Nepal

UNICEF has been supporting the Government of Nepal in restoring and strengthening the health system in many districts through the provision of cold chain equipment to health facilities - such as fridges, freezers, vaccine cold boxes and carriers, logistical and technical support for safe storage, transportation, and delivery of vaccines.

On 21 April 2021, a staff member from the Bhachhek Health Post in Gorkha District, carries COVID-19 vaccines to a health facility to reach health and frontline workers with a second dose.

A community health volunteer, Homaya Gurung, receives her second dose of the COVID-19 vaccine at the Thalajung Health Post in Gorkha District on 21 April 2021.
Uganda

The first doses of the COVID-19 vaccine from COVAX arrived in Uganda on 5 March 2021, with vaccinations starting just a few days later. The first people vaccinated were the health workers and health support personnel which number approximately 150,000 countrywide. Security personnel were the second priority group to be vaccinated, numbering approximately 250,000, with teachers and estimated 550,000 staff in all education institutions the following priority group. By 17 June, 1,039,200 COVAX vaccines had been delivered to Uganda. By the end of June, almost 900,000 COVID-19 vaccine doses have been administered to people. Getting vaccines to people in some of the most remote areas of the country, such as Bwama in Kabale District, was a challenge that delayed the start of the vaccine roll out in these areas. Bwama Health Centre III is located on Bwama Island on Lake Bunyonyi, and boats are required to access the Island. UNICEF supported the Ministry of Health, with fuel for the boats, which helped to transport COVID-19 vaccines safely to Bwama Health Center III to enable the launch of the vaccination rollout in Bwama that started on 28 April 2021.

Brazil

Between March and May 2021, Brazil received just over five million COVID-19 vaccines doses through COVAX. "The arrival of this first batch of vaccines, and the ones that will be delivered throughout the year, is a hope for everyone, including children and adolescents. Although they are not the most directly affected by COVID-19, and cannot yet be vaccinated, they greatly suffer from the consequences of the crisis caused by the pandemic, with profound impacts on education, mental health, protection from violence, and food security. Expanding adult vaccination is an important step towards controlling the pandemic and beginning to reimagine a better, safer and healthier future for everyone, especially children, adolescents and their families," says Florence Bauer, UNICEF Representative in Brazil.
Madagascar

On 8 May 2021 Madagascar received its first batch of 250,000 doses of COVID-19 vaccines through COVAX, which was the first part of an allocation that will continue to cover the first 20 per cent of the population in the country. The doses were manufactured in India and transported by UNICEF where they were received at the international airport of Ivato in Antananarivo by the Minister of Public Health with members of the COVAX team. On 10 May, the COVID-19 vaccination campaign began targeting frontline actors, including health workers, security forces, social workers, government staff and vulnerable groups, including those over 70 years of age. As of 23 June, 188,752 doses of COVID-19 vaccines have been administered in Madagascar.

With support from its partners, including UNICEF, Gavi, WHO, and the World Bank, the Ministry of Health started training health care staff to carry out the vaccination campaign a week prior to the vaccines arriving in the country. The Minister of Public Health stated "I would like to extend my gratitude to the members of the COVAX mechanism as well as to the various donors for their financial contribution so that countries like Madagascar benefit from safe and effective vaccines in a spirit of equity. Vaccination is one of the effective preventive actions that will be added to the strategies already developed by the Malagasy State in consultation with scientists from the Madagascar’s National Academy of Medicine to reduce the health, economic and social impact of this pandemic. Together, we will ensure that these vaccines reach those who really need them."

Ethiopia

Ethiopia received 2.2 million doses of COVID-19 vaccine through the COVAX Facility and officially launched the COVID-19 vaccination roll out on 13 March 2021. UNICEF has been supporting the Government in the preparation, implementation and monitoring of COVID-19 vaccine rollout across the country with the overall coordination, provision of technical assistance, availing the required cold chain/logistics and supporting for the demand promotion and vaccine acceptance activities.

Mahlet Dejene, who is an immunization focal as well as a vaccinator at Yirgalem Health Center, mentioned that "I received an intensive training on COVID-19 vaccine introduction by the trained district immunization experts. We started to vaccinate the prioritized groups including health workers and supporting staffs, people who are above 65 years, and people who are between 55-64 years with comorbid conditions. Extensive community mobilization activities were conducted through Health Extension Workers and social mobilizers for raising the awareness and acceptance of the communities on COVID-19 vaccination including the importance of the vaccination, vaccine safety and effectiveness of the vaccines". As of 26 June 2021, about 2 million people have been vaccinated among whom are health workers (20%), people between 55-64 years old (37%), and those above 65 years (40%).
Eswatini, with a population of approximately 1.2 million, received the first shipment of 12,000 COVID-19 vaccine doses through COVAX, delivered to the country by UNICEF in March 2021, just as the country was recovering from a devastating second COVID-19 wave. When the first consignment of vaccines arrived, there was a glimmer of hope that life would steadily return to normalcy. UNICEF Eswatini Supply Assistant Kukie Simelane expressed her excitement about the arrival of the first batch of vaccines after being involved in the logistics and ultimate delivery of them to the Ministry of Health. “I am very excited that the vaccines have finally arrived, and I am happy to have contributed to the successful delivery of the vaccines”, stated Kukie recalling how she had spent the night at the Ngwenya Border Post waiting for the truck transporting the vaccines from Johannesburg, South Africa. Prior to the arrival of the vaccines, the Ministry of Health announced the vaccination schedule detailing the priority groups that would be the first to get vaccinated. These included healthcare workers, the elderly and people living with underlying health conditions.

Prior to the vaccine’s arrival, the RCCE working group in the country conducted a COVID-19 perception survey to gain a more in-depth understanding of the public’s opinion and likely reception of the vaccine. Survey results showed that 64 per cent of people said they believe getting vaccinated will protect their communities against COVID-19, while 73 per cent of the respondents indicated that they had concerns that the vaccine might cause serious reactions. Based on the results from this survey, the RCCE working group developed a communication strategy aimed at addressing vaccine hesitancy and encouraging vaccine uptake through activities promoting updated and evidence-based information.

Diagnostics
Within ACT-A’s diagnostics pillar UNICEF is purchasing and delivering COVID-19 diagnostic tests to scale up access to COVID-19 testing and to meet acute gaps, while providing technical assistance to support country testing roll-out, which includes strengthening supply chains, including storage and distribution networks; and strengthening health systems elements required for testing (e.g., specimen referral and transportation, data management, user training).

UNICEF is also collecting and analyzing country level data to generate information and evidence to inform diagnostic priorities, interventions and investments going forward, and is working to support advocacy efforts to create demand for testing within countries.

In 2021, UNICEF delivered polymerase chain reaction (PCR) COVID-19 tests to South Sudan (57,600 tests), State of Palestine (24,960 tests) and Maldives (9,984 tests). Eleven countries are being assessed to determine their diagnostic needs and capacity to scale up testing. An additional 76,760 molecular tests and 6,250 extraction kits for RT-PCR protocol are being procured to Rwanda, Uganda and Nepal. The eight other countries are: Afghanistan, Zambia, Haiti, DRC, Sierra Leone, Tunisia, Liberia, Bolivia.

Therapeutics
Within ACT-A’s therapeutics pillar UNICEF is purchasing and delivering novel and repurposed treatments for COVID-19 and is providing the associated technical assistance for country preparedness activities, including drug safety surveillance and reporting, as well as the training of staff.

UNICEF has recently allocated funds to rapidly increase capacity of the global oxygen team to respond to the increased requirements for procurement of oxygen equipment, liquid oxygen, to respond to urgent country needs for establishing Pressure Swing Adsorption (PSA) plants, oxygen systems services including PSA plant repairs and other services and to build the technical support team in this relatively new and complex area of work. In addition, therapeutics funds are being allocated to Zambia, Mongolia, and other countries to support their scale up of oxygen systems focusing on urgent needs.
Risk Community and Community Engagement (RCCE)

UNICEF, with other partners, has been working in 73 countries implementing people centered behaviour change interventions to build local capacities, create dialogues, work with influencers and local leaders, youth and other networks to build community trust in basic services, to promote public health and social measures aimed at stopping COVID-19 transmission, and to tackle misinformation and rumors around COVID-19 vaccines. COVID-19 vaccine hesitancy is evident in many countries. Since it is often context specific, hesitancy requires a deeper understanding of why various communities might not be motivated or willing to accept or seek vaccination. In some settings, vaccine hesitancy is due to personal, family or community beliefs, while in others it may be due to a lack of easy and accurate information and two-way communication on the risks, benefits, efficacy, and safety of the newly developed vaccines. UNICEF’s efforts to establish social listening mechanisms in many regions and countries is helping to provide regular updates on key concerns, rumors and misinformation that need to be addressed with appropriate and accurate information through engagement activities.

South Sudan

In South Sudan, Bushai Ayat Othou, a 38-year-old mother, was one of several women who lined up at a COVID-19 vaccination center on day one of the campaign started in Malakal, Upper Nile State. Living in a small, crowded camp of roughly 25,000 people who fled rounds of violent conflict since 2013, Ms. Bushai is among those seriously exposed if the pandemic situation worsens in her location. Yet her path to the jab was not easily predictable due to rumors and negative perceptions. In the early days of the pandemic, news of deaths caused by the virus scared her. “People died a lot. I saw coffins on television. I said, ‘This can kill a whole family.’” Soon, she learned from social mobilizers, supported by UNICEF, that she could take simple but essential measures to protect herself: regular handwashing, avoiding handshakes, wearing masks, and avoiding unnecessary travel. “I made sure my family took the measures seriously. I also introduced plates at mealtime to avoid eating in a group from a tray,” she says. Her hopes for better COVID protection increased when she first learned that a vaccine was now available to protect her and her four children from COVID-19. But rumors and myths about the vaccine soon discouraged her. “I even stopped my children from going to school,” she says, explaining that her children were among those who one day ran out of classrooms after unfounded rumors circulated about the vaccine.

Nyok Daniel, a team leader of the social mobilization team supported by UNICEF in Malakal said, “We had to move to all the schools and from house-to-house to give the right information about the vaccine.” Awareness, advocacy, and rumor debunking sessions included a display of information, education, and communication (IEC) materials, public announcements at crowded places, and sharing photos and videos from key influencers who had taken their jabs. “We held a series of meetings with those who were losing trust due to rumors.” Ms. Bushai participated in one of those meetings and said, “We saw other people who had taken the vaccine; so, we took it seriously.” Yet, even with this rising confidence among some members of the public, the vaccination could not start as initially scheduled due to violent protests unrelated to the vaccination campaign. Ms. Bushai patiently waited to take her jab three weeks later at a center for humanitarian workers and contrary to the misconceptions, she woke up the next day feeling fine. “I slept well after the jab. I didn’t feel any effects,” she says. Ms. Bushai and Mr. Nyok now continue telling the same message to the communities: Take the vaccine for it is safe and effective.
Uganda

In Namalumba village, Kamuli District in Eastern Uganda, Harriet Nankwanzi and Yusuf Maganda have started their day. With UNICEF support, they move from house to house to promote dialogues on health issues with residents. These days, they have been focusing on how to prevent COVID-19 and good hygiene practices, as well as they encourage those who are eligible for the vaccine to take the shot. “My role is to assure the community that the vaccines are safe. And because they trust the information that we give them, they are now willing to be vaccinated,” says 48-year-old Nankwanzi, who has been a community health worker since 2010. As community health workers, Nankwanzi and Maganda have built personal relationships with the people in their communities who have, over the years, relied on their services to access vital health information, including treatment and management of common childhood illnesses such as malaria, diarrhoea, and pneumonia, as well as to receive feedback on their doubts and concerns. Often, the community health workers also distribute health commodities such as treated bed nets and contraceptives. With the COVID-19 pandemic, they are now playing an additional role, helping the government mobilise the public to get vaccinated. Since the first batch of vaccines arrived in the country in March, community health workers like Maganda have been mobilising people in places such as markets, schools, and mosques. “We are reaching people everywhere through dialogues and messages. In fact, when people see me with a megaphone these days, they almost know what I am going to tell them,” says Maganda. Janet Namukwaya, who heads the immunisation programme at Nankadulo Health Centre IV, to which Maganda and Nankwanzi are attached, says community health workers have not only helped in mobilising the public to come for the COVID-19 vaccine, they have also contributed to getting more children immunised against childhood diseases.

Georgia

In Georgia, UNICEF has been rolling out a series of information sessions targeting various community groups such as doctors, teachers and religious leaders, to provide information about COVID-19 vaccines, to engage them in the response and to build demand for COVID-19 vaccination. The sessions were followed by vaccinations of the people who attended the meetings, and it is expected that they will go on to advocate with their communities for others to be vaccinated in the coming weeks.

The videos below cover different COVID-19 information and communication sessions that were held in Georgia over the past few weeks:

- Teacher Nino Chichua gets vaccinated: https://youtu.be/m2V1juDVWEQ
- Info session for teachers in Adjara: https://youtu.be/6eAV06RVMsY
- Info session for Muslim leaders in Marneuli: https://youtu.be/THodyEu3W2g
- Info sessions in Akhalkalaki and Akhaltsikhe: https://youtu.be/0zKlpkDAOHc
- Doctors get vaccinated in Samtske Javakheti: https://youtu.be/30jru_6WG8k
- Vaccination and friends’ initiative: https://youtu.be/Ldhdw8Ohc7Q
- UNICEF Representative gets vaccinated: https://youtu.be/11HK5Kqm19s
- UNICEF National Ambassador gets vaccinated: https://youtu.be/Hj2cOd6Q9mw
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- For potential partners in the COVID-19 vaccination effort - [https://www.unicef.org/coronavirus/deliver-history](https://www.unicef.org/coronavirus/deliver-history)

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