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

ACT-A Targets

- 3 billion vaccine doses to be delivered via COVAX and 2.3 billion doses to AMC countries via ACT-A partners, including UNICEF
- 900 million diagnostic tests to be delivered via ACT-A partners, including UNICEF
- 165 million therapeutic treatment courses to be delivered via ACT-A partners, including UNICEF

Highlights

- The COVAX Facility has shipped more than 344 million COVID-19 vaccine doses to 144 countries and territories in 2021.
- 17 of the 92 Advance Market Commitment (AMC) countries and 23 of the self-financing COVAX participating countries have reached 30 per cent COVID-19 vaccination coverage target.
- However, significant inequity persists; only 1.4 per cent of people in low-income countries are fully vaccinated against COVID-19, compared with 59.4 per cent of people in high-income countries.
- UNICEF has shipped more than 200 ultra-cold chain (UCC) freezers to 24 countries to support COVID-19 vaccine storage.
- 13 low-and middle-income countries (LMICs) have scaled up their oxygen systems and oxygen use, with UNICEF support, to treat people with COVID-19.
- 29 LMICs have received over 4.3 million days’ worth of quality personal protective equipment (PPE) to protect health workers as they support the roll-out of new COVID-19 tools.

UNICEF response and funding status against targets

UNICEF ACT-A appeal 2021

US$969 million

| Per cent of population in low income countries fully vaccinated for COVID-19 | 4% |
| COVID-19 vaccine doses administered in LMIC | 73% |
| Funding status | 48% |
| COVID-19 diagnostic tests procured and delivered in low- and middle-income countries | 11% |
| Funding status | 18% |
| Number of LMIC implementing ACT-A RCE interventions based on social and behavioural evidence | 84% |
| Funding status | 46% |
| Number of LMIC have scaled up oxygen treatment systems with technical assistance from UNICEF | 43% |
| Funding status | 8% |
| Days’ worth of quality PPE delivered to protect health workers in LMIC | 7% |
| Funding status | 15% |

1 This result includes all COVID-19 doses administered in 92 AMC countries, including COVAX doses.
Funding overview and partnerships

UNICEF has revised its ACT-A Humanitarian Action for Children (HAC) fundraising targets upward from US$659 million to US$969 million in response to the increase in global vaccine coverage targets set by the World Health Organization (WHO) and to support our expanded support in curbing the COVID-19 pandemic to more than 130 LMICs. This revision is aligned with and complements the recent Rapid ACT-Accelerator Delta Response (RADAR) urgent appeal.\(^2\)

UNICEF requires additional flexible funds to: support in-country delivery of COVID-19 vaccines, including safe vaccine administration supplies, cold chain equipment, operational costs for vaccine delivery – including for humanitarian populations and the Humanitarian Buffer. Further, flexible funds are needed to: support the scale-up and provision of COVID-19 diagnostics; expand technical support for novel therapeutics and oxygen therapy; support risk communication and community engagement (RCCE) to promote trust in and uptake of COVID-19 vaccines, tests and treatments; and provide front-line workers with PPE and supplies to work safely while rolling-out the COVID tools.

The need for an additional US$209 million in funding for the Vaccine Pillar reflects: (1) the increase in the global target from 20 per cent COVID-19 vaccine coverage to 30 per cent coverage by the end of 2021\(^3\); (2) the increase in the number of countries that UNICEF seeks to support, from the 92 AMC countries to more than 130 LMICs; and (3) the increased costs to deliver COVID-19 vaccines in humanitarian settings and through the Humanitarian Buffer. Fundraising targets for the Diagnostics and Therapeutics Pillars remain unchanged.

To align more closely with the ACT-Accelerator structure, the Health Systems Response and Connector has been more clearly outlined with two specific needs to complement UNICEF’s much broader support to strengthening health systems: (1) UNICEF will increase the scale of its RCCE programming in 44 additional countries; and (2) UNICEF will provide front-line workers with quality PPE to work safely while rolling-out the COVID tools. This is in addition to providing vaccinators with PPE within the Vaccine Pillar.

Without adequate funding, UNICEF will be unable to reach millions of vulnerable populations in LMICs targeted in this appeal, which would delay the roll out of COVID-19 vaccines and tools and likely prolong the pandemic. Bringing the pandemic to an end as soon as possible not only saves lives – it also prevents further losses in education, nutrition, and mental health for children and their families. The pandemic is further entrenching inequalities and resulting in higher levels of poverty among the world’s most vulnerable and needs to be ended as swiftly as possible.

As of 30 September 2021, UNICEF has received $434 million against the 2021 ACT-A appeal, leaving a funding gap of $535 million. UNICEF is seeking flexible and timely contributions to ensure ACT-A interventions and tools are rolled out in countries most in need. UNICEF’s ACT-A HAC comprises a portion of UNICEF’s total funding requirements to carry out its role as part of the ACT-A global collaboration.

<table>
<thead>
<tr>
<th>Pillar</th>
<th>2021 HAC requirement (US$)</th>
<th>Funds available (US$)</th>
<th>Funding gap (US$)</th>
<th>Funding gap (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccine delivery, including Humanitarian Buffer</td>
<td>$719.0 M</td>
<td>$389.5 M</td>
<td>$329.5 M</td>
<td>46%</td>
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<tr>
<td>Diagnostics</td>
<td>$70.5 M</td>
<td>$12.6 M</td>
<td>$57.9 M</td>
<td>82%</td>
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<td>Therapeutics</td>
<td>$54.5 M</td>
<td>$4.3 M</td>
<td>$50.2 M</td>
<td>92%</td>
</tr>
<tr>
<td>Health Systems Response and Connector: Risk Communication and Community Engagement</td>
<td>$28.0 M</td>
<td>$12.8 M</td>
<td>$15.2 M</td>
<td>54%</td>
</tr>
<tr>
<td>Health Systems Response and Connector: Personal protective equipment</td>
<td>$97.0 M</td>
<td>$14.8 M</td>
<td>$82.2 M</td>
<td>85%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$969.0 M</strong></td>
<td><strong>$434.0 M</strong></td>
<td><strong>$535.0 M</strong></td>
<td><strong>55%</strong></td>
</tr>
</tbody>
</table>

\(^2\) Rapid ACT-Accelerator Delta Response (RADAR) urgent appeal (who.int)

\(^3\) WHO launched its Strategy to Achieve Global COVID-19 Vaccination by mid-2022, with a 40 per cent vaccine coverage target by end of 2021 and 70 per cent by mid-2022. WHO, UN set out steps to meet world COVID vaccination targets
Situation overview and humanitarian needs

The COVID-19 pandemic continues; however, new weekly cases and deaths have been declining globally since August.¹ During the last week of September, approximately 3.3 million new cases and 55,000 new deaths were reported, with the cumulative number of COVID-19 cases reported globally reaching more than 231 million and 4.7 million deaths.

By the end of September, the COVAX Facility had delivered more than 344 million doses to 144 countries,² falling short of its target mainly due to the limited availability of vaccines on the global market. Significant inequity continues to be a concern in COVID-19 vaccination rates: while 59.4 per cent of people in high-income countries are fully vaccinated against COVID-19, only 1.4 per cent of people in low-income countries are fully vaccinated.³ There have been successes in boosting vaccine coverage within 17 of the 92 AMC countries and 23 of the self-financing countries participating in COVAX, which reached the 30 per cent target for COVID-19 vaccination coverage. Looking ahead, with the recent vaccine donations, the last quarter of 2021 will see the greatest vaccine roll out in history – and it is imperative that national governments and communities are supported to deliver them.

COVID-19 testing levels remain inadequate in most LMICs, particularly in Africa. The target for an adequate response is one test per 1,000 people per day. While most high-and upper-middle-income countries are testing above this threshold, most LMICs are not testing enough, with Africa showing the lowest level of testing among all regions. Some of the highest risk and most vulnerable populations, such as those living in areas affected by conflict, stateless persons, migrants, refugees, or those living under areas controlled by non-state actors, may not be reached by national COVID-19 vaccination campaigns. The COVAX Facility established the Humanitarian Buffer to address this concern, reserving five per cent of the total COVAX doses received to ensure, as a last resort, access for these populations. 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, six applications have been received, of which one has been approved for 6 million doses. There are approximately 12.6 million doses available for allocation to countries.

Humanitarian leadership, coordination and strategy

UNICEF has a holistic response strategy to combating 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 stand-alone country, multi-country and regional HAC appeals allowing the response to be adapted to specific needs in different countries. These plans are supported by two main strategies: 1) support the public health response to reduce COVID-19 transmission and mortality; and 2) ensure the 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, interventions include the provision oxygen therapy for treatment of moderate cases, PPE for front-line workers, and adaptations to social services to make them safer during peaks in COVID-19 transmission, among many others.

The 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 are successfully rolled out in countries to help end the pandemic. As part of the global ACT-A, UNICEF is procuring and delivering COVID-19 vaccines (as procurement agent for the COVAX Facility). For more information on upcoming deliveries, see: https://www.unicef.org/supply/covid-19-vaccine-market-dashboard.

UNICEF co-leads the global RCCE sub-group that works to include the most vulnerable populations, such as migrants, refugees, people with disabilities and host communities, in global and country-level RCCE efforts. Launched in June 2020, the RCCE Collective Service is a partnership between UNICEF, the International Federation of Red Cross and Red Crescent Societies and WHO, which leverages active support from the Global Outbreak Alert and Response Network and key stakeholders from the public health and humanitarian sectors. It aims to build the capacity of governments

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UNICEF leads the ACT-A Diagnostics Country Support Working Group (CSWG), in coordination with WHO and the Foundation for Innovative New Diagnostics (FIND), which is supporting countries to scale up equitable access to COVID-19 testing, particularly in LMICs. UNICEF hosts the CSWG knowledge management hub, which aims to increase visibility, transparency, coordination and collaboration among the working group partners. UNICEF also leads the CSWG Task Force on Advocacy, Communications and Community Engagement tasked with addressing some of the main bottlenecks in the adoption of COVID-19 diagnostics at the country level; namely, the lack of commitment by national governments and local partners to support COVID-19 diagnostics and the lack of awareness of and demand for testing in communities. UNICEF is represented in three of the four other ACT-A diagnostics working groups: Research and Development and Digital Tools, Market Readiness and Supply.

UNICEF partnered with the African Union and the African Vaccine Acquisition Trust in July 2021 to procure and deliver COVID-19 vaccines to African Union Member States. This partnership will also work to increase procurement and manufacturing on the continent as part of a broader strategy for sustainable health systems and job creation in Africa. The partnership is helping to scale up the response to mitigate the impact of the pandemic on the continent where less than five per cent of the population is fully vaccinated. For more information on the partnership see: https://www.unicef.org/supply/african-unions-african-vaccine-acquisition-trust-avat-initiative

Summary analysis of programme response

Vaccine Pillar

UNICEF supports LMICs to scale up COVID-19 vaccine delivery by providing the supplies needed for safe vaccine administration and delivery, cold chain equipment, PPE for vaccinators and hand hygiene supplies (soap and hand sanitizer); and by covering operational costs for vaccine delivery, such as addressing vaccine hesitance through social mobilization, training health workers, setting up vaccination centres and strengthening data systems. Additionally, UNICEF is providing technical assistance and is working with governments to update and roll out their National Deployment and Vaccination Plans. For those situations where all options of including a certain group or population in the National Deployment and Vaccination Plans are not possible, UNICEF is supporting vaccine delivery via the COVAX Facility Humanitarian Buffer, which has chosen to use UNICEF’s ACT-A HAC appeal as the swiftest mechanism to support actions at country level.

In the third quarter of 2021, UNICEF provided flexible funds to 30 countries to the sum of US$21,068,400, allowing these countries to remove critical financial bottlenecks in the delivery of COVID-19 vaccines. These funds were allocated through the Country Delivery Support Early access fund for AMC countries, which are not eligible for Gavi support.

In July 2021, UNICEF disbursed funds to 34 countries for local procurement of ultra-cold chain ancillaries, such as air conditioners, and has shipped more than 200 UCC units (freezers that can store up to 336,000 vaccines each) to 24 countries. Moreover, UNICEF has made funds available to 48 countries to access technical assistance to scale up their cold chains for the safe storage of COVID-19 vaccines.

By the end of September 2021, COVAX had shipped more than 1.1 million COVID-19 doses to Malawi. Mphatso Mtenje is the Cold Chain Manager and he and his team ensure all vaccines are stored and delivered safely to their destinations once they arrive in the country. Their goal is to dispatch the vaccines to public hospitals and health centres so eligible Malawians can get their jab. “When the vaccines arrived, I checked the documents to confirm that what we [had] received [was] indeed the consignment we were expecting. After that, I verified that the vaccines had arrived safely at optimum temperature,” explains Mphatso. “We use the cold boxes to transport small shipments at the correct temperature, in this case between the range of 2 and 8 degrees Celsius. The temperature must be just right to safeguard the potency of the vaccines. UNICEF helps us to achieve this by procuring and installing cold rooms at the national vaccine store and refrigerators for the districts, including solar-powered refrigerators in remote health facilities that are not connected to the power grid,” says Mphatso. As of 30 September 2021, more than 800,000 people in Malawi had received at least one dose of COVID-19 vaccine.

UNICEF is working with the Government to ensure that Ukraine is ready to receive the vaccines, with appropriate cold chain equipment in place and health workers trained to dispense them. UNICEF is also playing a lead role in national efforts to foster trust in vaccines, delivering vaccine confidence communications and tracking and addressing misinformation across the country. “The past school year, with its distant learning, proved to be a real challenge for educators, children and parents. With the prospect of a new COVID-19 wave, we need to get as many parents and teachers as we can to get their COVID-19 vaccines. We know that vaccines work. Now that vaccines are available, it is important that parents and teachers get their protection and are able to fully support 4.2 million schoolchildren in Ukraine,” said Murat Sahin, UNICEF Representative in Ukraine.

Paramedic Oleksandr Konovalov (in the photo to the right), an ambulance driver in Ukraine, fell ill with COVID-19 last year. He was forced to take three weeks of sick leave and will do anything he can to avoid contracting it again. Patient safety is also important to Oleksandr as his team, and the vaccination gives him confidence that he will not endanger his vulnerable patients. “COVID-19 may be asymptomatic. The ambulance team can bring the disease to the patient’s home, even without knowing it. And our patients are often elderly people. Physicians definitely need to show people by their example that vaccination is safe, everyone has to do it. After all, we are a group of people who are at the forefront of the fight against the pandemic.”
Afghanistan

Recent political developments in Afghanistan have presented further challenges to the already fragile context, with serious concerns over health system collapse, and the potential for the population to be deprived of life-saving essential services, including COVID-19 vaccines. Afghanistan has received over 4 million COVID-19 vaccine doses through the COVAX Facility in 2021, however vaccination rates remain extremely low in the country with only 2.36 doses of COVID-19 vaccine administered to date among a population of almost 39 million8.

Since late August, COVID-19 vaccinations have declined and NGOs providing the Basic Package of Health Services (BPHS), funded by the Sehatmandi (a donor-funded health programme), have become increasingly non-functional due to the deteriorating political situation, lack of funding and fears that funding to health facilities will be discontinued. There are also concerns that the vaccines could expire if utilization rates remain low.

UNICEF has been working with donors and partners to prevent system collapse and maintain services within this challenging context. In particular, UNICEF and WHO now have approval for funding from the Central Emergency Response Fund to continue service provision through BPHS via NGOs for a three-month period from November 2021 to January 2022, which would provide the opportunity to seek longer-term solutions for continuing the Sehatmandi programme.

Key challenges at present include the looming economic crisis and disruptions in the banking system, which are making the transfer of funds to service providers very difficult. While access issues in many areas (i.e., those previously under Taliban control) have resolved, there are still many challenges to providing services. Afghanistan has long been a high-risk operating environment, but the risks are now multiplied, and it will take strong risk mitigation efforts to ensure the continuation of, and increase in funding required to main basic health services.

UNICEF Supply Division

Scaling-up access to vaccines is extremely important, but it is also vital to make sure COVID-19 vaccines are transported and stored at the correct temperature so that the vaccines remain effective when they are used. Cold chain storage facilities and supplies need to be in place the moment that COVID-19 vaccines leave the manufacturer to the moment they are administered. Vaccines travel by plane, truck, boat and even by foot and bicycle, to the most remote corners of the world, and throughout the entire journey the vaccines must remain at a stable temperature. Some COVID-19 vaccines require ultra-cold chain (UCC), or the ability to keep vaccines as cold as -70 degrees Celsius. This is not necessarily a capability that all countries have readily available. When a country is able to gain access to vaccines requiring UCC, some of them request support from UNICEF in getting the necessary freezers. On behalf of COVAX, UNICEF is aiming to deliver 350 units of UCC to more than 45 countries as part of the current scale-up. So far, UNICEF has shipped more than 200 UCC units (freezers that can store up to 336,000 vaccines each) to 24 countries. The initial deliveries include countries with large populations and greater UCC needs, for example Bangladesh, Pakistan, Indonesia, Ethiopia and Nigeria. Link to full story: https://www.unicef.org/supply/stories/historic-push-provide-ultra-cold-chain-freezers-around-world

8 WHO - https://covid19.who.int/region/emro/country/af
Cambodia

Cambodia has vaccinated approximately 11.5 million people over 12 years old, which represents about 95% of the targeted population. This makes Cambodia one of the most vaccinated countries in the ASEAN region and globally. Essential equipment to strengthen the cold chain management of COVID-19 vaccines was funded by the Government of Japan with procurement support through UNICEF, and helped deliver 21 ice-lined refrigerators, 21 voltage regulators, and 271 fridge tags for temperature monitoring to the country. This equipment is ensuring that strong cold chain systems and facilities are in place throughout the country to help with COVID-19 vaccine storage and roll out and to enhance the country’s routine immunization programmes in the longer term.

Diagnostics Pillar

UNICEF’s three-pronged strategy to scale up equitable access to COVID-19 diagnostics (tests) targeted at LMICs includes: 1) knowledge management, dissemination and advocacy to scale up access to COVID-19 tests; 2) targeted country support through purchasing and procurement of COVID-19 tests and technical assistance on diagnostic testing; and 3) integration of diagnostics in existing social listening mechanisms and behavioural surveys (in collaboration with the RCCE sector) to monitor conversations, track rumours and identify trends and influencers related to COVID-19 diagnostics. This information is strengthening our advocacy and communication strategy aimed at counteracting barriers to the adoption and scale-up of COVID-19 diagnostics in LMICs.

UNICEF delivered more than 609,000 COVID-19 RT-polymerase chain reaction (PCR) and Antigen Rapid Diagnostic Tests (AgRDTs) to 55 countries. Both technical support and funding to strengthen laboratory capacity have also been provided, such as in Malawi, where laboratory personnel were trained on genomic sequencing and data analysis using bioinformatics.

UNICEF is currently working in Africa with governments and partners to establish COVID-19 community-based surveillance using AgRDTs, particularly in countries at a higher risk of a COVID-19 surge. This will allow countries to prepare, detect and respond to outbreaks more quickly and mitigate the community spread of the virus if appropriate measures are put in place (e.g., self-isolation, contact tracing). This is particularly important in light of limited access to vaccines in LMICs, low vaccination rates, pockets of vaccine hesitancy, emergence of variants, and the possibility of the virus remaining endemic.

Therapeutics Pillar

Within ACT-A’s Therapeutics Pillar UNICEF is purchasing and delivering treatments for COVID-19, including oxygen therapy, and is providing the associated technical assistance for country preparedness and response interventions, including drug safety surveillance and reporting, and staff training.

Oxygen

Medical oxygen, at least 82 per cent pure and free from contamination, is an essential component in the treatment of approximately 20 per cent of COVID-19 patients who present with severe or critical illness. These patients often require very large amounts of oxygen over a 7 to 14-day period, which has exacerbated existing oxygen shortages. Oxygen is also an essential treatment for a range of other conditions, including sick newborn care, pediatric care, surgery, and emergency care. Any investments made in oxygen systems as part of the COVID-19 pandemic response can have long
lasting impacts on strengthening health systems and improving health outcomes. For example, approximately 19 per cent of sick newborns and 13 per cent of children with pneumonia admitted to hospitals require oxygen therapy, and early identification and treatment of hypoxemia significantly reduce child mortality.

From the start of the pandemic, UNICEF has been expanding access to oxygen where it is needed the most. UNICEF has delivered oxygen equipment to 90 countries including: 32,939 oxygen concentrators (that take in air from the environment, remove nitrogen and produce a continuous source of oxygen), pulse oximeters, flow splitters, oxygen analysers and humidifier bottles, and consumables (nasal cannula, face masks and tubing). This essential equipment is necessary to ensure oxygen therapy can be safely administered to patients.

UNICEF has been helping governments build oxygen systems to ensure long-term solutions. Examples of this work involve installing oxygen plants, developing cylinder delivery networks, and/or purchasing concentrators, in addition to training health staff on diagnosing respiratory illnesses and safely administering oxygen. UNICEF developed an oxygen systems planning tool that allows countries to estimate demand and inform appropriate oxygen sources, equipment and costs at facility, subnational or national level. This tool has been used by UNICEF, governments and partners to inform procurement for the COVID-19 response, the development of oxygen strategies, and national- and facility-level planning in 32 countries.

UNICEF expanded its technical capacity and created a global oxygen technical team with experts in procurement and supplies, supply chain strengthening and health programmes that responds to country requests for support across all relevant areas of oxygen systems. The team has provided capacity building and direct technical support to 20 countries and regions, including for oxygen systems planning, decision-making support on procurement options, implementation strategies, as well as resource mobilization and allocation. This ensures rapid escalation of UNICEF country office capacity to support governments in scaling and sustaining oxygen systems in the short-, medium-, and long-term. Of these 20 countries, 13 have successfully scaled up their oxygen treatment systems.

UNICEF developed an innovative solution to help countries expand their oxygen production capacity: Plant in a Box. The fully functional Pressure Swing Absorption plant comes as a package and includes everything needed to produce large volumes of medical grade oxygen, including accessories supplied in the right quantities, installation of equipment, pre-planned maintenance services and staff training. Roll out to the first countries has started.

When the pandemic first hit Sierra Leone, the country quickly ordered oxygen concentrators to prepare for a surge of COVID-19 cases. In parallel, UNICEF looked for more sustainable solutions to ramp-up the country’s oxygen supply. In the town of Bo, an oxygen plant was identified, but was not yet installed. UNICEF deployed a biomedical engineer to transfer the equipment to the 34 Military Hospital in Freetown (a COVID-19 treatment hospital) and got it up and running. UNICEF is now installing three Pressure Swing Absorption oxygen plants across the country. This approach provides a sustainable supply of oxygen for Sierra Leone, not only as a response to COVID-19, but for essential newborn care, maternal care and the management of childhood pneumonia.

9 Procured with funds raised through the 2021 ACT-A HAC and the 2020 COVID-19 HAC
10 Bangladesh, Burundi, Eritrea, Ghana, Jamaica, Liberia, Madagascar, Malawi, Mongolia, Nepal, Senegal, Somalia and Zambia
Health Systems Response and Connector
Risk Community and Community Engagement (RCCE)

UNICEF, with partners, continues to work in 88 countries implementing people centred 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 rumours around COVID-19 vaccines. UNICEF’s efforts to establish social listening mechanisms in many regions and countries is helping to provide regular updates on key concerns, rumours and misinformation that need to be addressed with appropriate and accurate information through engagement activities.

Capacity building webinars were rolled out in collaboration with WHO in 2021, covering RCCE skills development and sharing best practices across different regions. These webinars targeted government and United Nations, NGO and other partner staff to help them prepare and update RCCE strategies and interventions to be rolled out in their own countries and jurisdictions. Some of the key topics covered in the webinars included: working with religious leaders and engaging adolescents and youth; using the Internet of Good Things; strengthening tracking, reporting, monitoring and evaluation of RCCE initiatives; planning for COVID-19 vaccine communication and community engagement; communicating vaccine-related crises and adverse events following immunization; social listening and evidence use for decision-making; community engagement for COVID-19 vaccines; the COVID-19 vaccine infodemics and demand management.

Syria

Ten long years of conflict in Syria have left half of the country’s health facilities either completely or partially non-operational, jeopardizing the access of children and families to essential health care and putting pressure on the remaining functional facilities. The spread of COVID-19 pandemic since 2020 has multiplied the load on the already burdened health sector in Syria, pausing additional risks to the lives of people. Parallel to the rollout of the COVID-19 vaccine, UNICEF, in partnership with the WHO and the Department of Health, is supporting COVID-19 vaccines demand generation through a risk communication and community engagement (RCCE) campaign.

In Al-Hol camp (currently home to 60,000 displaced people) in northeast Syria the first part of the RCCE campaign took place at the beginning of June 2021 and engaged community and influential leaders as well as health workers, including vaccinators, to collect information and receive their feedback regarding community concerns over the vaccine. The engagement aimed at identifying any misinformation and misconceptions people inside the camp may have about vaccine safety to better address them through awareness raising and accurate information sharing.

A youth volunteer distributing COVID-19 vaccine awareness brochures to displaced women and children in Al-Hol camp

Youth volunteers conducting tent-to-tent visits and distributing COVID-19 vaccine awareness brochures to people at Al-Hol camp, Syria.
Lesotho

Lesotho has a very ambitious target of fully vaccinating its 1.6 million people by the end of 2021. As the country rolls out its COVID-19 vaccination campaign, myths and misinformation still abound in communities and there is a need to understand and address them. UNICEF supported the Ministry of Health to undertake a Rapid Assessment Survey and social listening exercise in five districts aimed at understanding Basotho knowledge, acceptance and information needs about the COVID-19 vaccine. This exercise revealed that knowledge about the vaccine is high (80 per cent), but there are still some information gaps that fuel myths and misinformation. It highlighted general information gaps regarding effectiveness of the vaccines, their side effects, and whether a person can still get infected with the coronavirus even after being vaccinated. The survey also revealed that 54 per cent of people had cited radio as the most preferred channel of information, while 19 per cent expressed their preference to receive information face-to-face.

The findings from this and other social media listening surveys have been used to inform communication planning for the introduction and roll out of COVID-19 vaccines in the country and related programming. Messages and strategies for RCCE in Lesotho were amended to respond to specific myths, beliefs and misinformation around the COVID-19 vaccine, and to encourage acceptance of the vaccines and generate trust in the national health system’s ability to deliver the vaccines effectively. Radio spots are now used, whereby the Ministry of Health listens and responds to public questions regarding COVID-19 and vaccination and public announcements about upcoming vaccination dates and locations are communicated to the country. In addition, targeted health talks to people waiting in line before their vaccination is another engagement strategy being used to address information gaps and myths.

Yemen

Siham Al-Amri is a 26-year-old community health volunteer from Taizz, in southwestern Yemen, where the conflict has been raging for more than six years. In Yemen, public services and infrastructure are on the verge of collapse as less than 50 per cent of health facilities are fully functional. When the first shipment of COVID-19 vaccines arrived in Yemen in March 2021, community volunteers like Siham knew they had to work hard to convey messages about the safety of the vaccine to people. “It was my duty to quell rumours, and it was not an easy task. However, we succeeded in convincing and changing the opinions of many who believed the false rumours at the outset,” Siham says.

Through home health care visits and meetings with the Mother-to-Mother club members, the young community volunteer kept her community engaged and mobilized about COVID-19 prevention measures and the importance of being vaccinated. “Through awareness campaigns and the distribution of information and educational materials, I talked about the coronavirus and persuaded people to get vaccinated in order to protect themselves as well as others around them,” Siham explains. “I received many queries from mothers in my locality about the vaccine and I emphasized that my family and I had received it and that it is safe. I helped them get their shots too,” Siham adds. After she spread messages about the safety of the vaccine, her neighbours were willing to get the vaccine themselves. “Along with a fellow volunteer, I accompanied some of the women to health facilities for their vaccination,” Siham says. Thanks to community volunteers like Siham, vaccination rates are on the rise.
Uzbekistan

Uzbekistan started vaccination against COVID-19 in March 2021. The first few months of the vaccination campaign were not easy in terms of getting the target groups on board, as many people had received false information about the vaccines from different sources. There were a lot of misinformation and rumours spreading quickly through social media channels. In order to hear the concerns of those who were hesitant about COVID-19 vaccination, and to provide them with an opportunity to have their questions and doubts addressed by experts, UNICEF supported the Ministry of Health of Uzbekistan in organizing a series of community consultations bringing together medical staff, teachers, representatives of communities, youth, religious leaders, NGOs, bloggers, and local administration. These meetings took place in all regions of Uzbekistan as part of the Community Engagement and Demand Generation Plan implementation. ‘Yuksalish’ Nationwide Movement provided its assistance in organizing and conducting the events. Immunologists and immunization managers from the Regional and Republican Service on Sanitary-epidemiological Well-being and Public Health led the community meetings, answering questions about the COVID-19 vaccine. They used the materials developed and tailored for each target group based on the key results of social media monitoring.

A young blogger, Ozodbek Karimov, participant of the community consultations in Andijan region shared his experience: “To be honest, before meeting the experts I was not sure whether I should get the vaccine or not. Like many other young people in our country, I came across fake information from different sources in social media and tended to believe those myths. I even shared them with my friends and relatives. I did not realize that what I believed in had no scientific basis. All those rumours caused some uncertainty and hesitance, and today I received comprehensive answers to all my questions and concerns. Now I am confident, and I will get vaccinated as soon as possible. I am also going to share the true information and sources I learned from the professionals during the community dialogue”. UNICEF, jointly with its partner organizations, continues supporting the Ministry of Health in promoting facts over fear, bringing trustworthy guidance, and answering questions about vaccination against COVID-19. Communication materials with answers to frequently asked questions are also being developed and disseminated as part of efforts to enhance community engagement and demand generation.

Personal protective equipment

UNICEF is contributing to ACT-A’s urgent PPE funding ask of US$1.7 billion by procuring and delivering quality PPE for essential health care workers and other front-line workers in LMICs, enabling them to deliver care safely and to protect themselves. UNICEF has PPE stock pre-positioned across warehouses in Copenhagen, Dubai, Panama and Shanghai that is immediately available for delivery to countries in need, subject to availability of funding. UNICEF is giving priority to low-income countries, and thus far, 29 LMICs have received high-quality PPE items.

Links

- For potential partners in the COVID-19 vaccination effort - https://www.unicef.org/coronavirus/deliver-history
- For further information on procurement of COVID-19 vaccines, tests and treatments, through the ACT-A Supplies Financing Facility (ACT-A SFF) - https://www.unicef.org/supply/unicef-creates-fund-support-low-and-middle-income-countries-access-covid-19-health-supplies

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## Annex A - Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector/Pillar</th>
<th>2021 Target</th>
<th>Results¹¹</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vaccines</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of AMC economies ready to administer COVID-19 vaccines</td>
<td>92</td>
<td>89</td>
</tr>
<tr>
<td>Number of COVID-19 vaccine doses administered in AMC economies</td>
<td>2.3 billion</td>
<td>1.4 billion</td>
</tr>
<tr>
<td>Number of COVID-19 vaccines doses administered in LMICs</td>
<td>3 billion</td>
<td>2.2 billion</td>
</tr>
<tr>
<td>Per cent of the population in low-income countries fully vaccinated against COVID-19</td>
<td>30%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Number of Humanitarian Buffer COVID-19 vaccine doses administered</td>
<td>3 million</td>
<td>0¹²</td>
</tr>
<tr>
<td>Number of countries and/or humanitarian agencies that deliver COVID-19 vaccines through the Humanitarian Buffer</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td><strong>Diagnostics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of COVID-19 diagnostic tests procured and delivered in LMICs responding to acute outbreaks</td>
<td>5.6 million</td>
<td>609,968</td>
</tr>
<tr>
<td>Number of LMICs that have scaled up COVID-19 testing with technical assistance from UNICEF</td>
<td>10</td>
<td>¹³</td>
</tr>
<tr>
<td><strong>Therapeutics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of COVID-19 treatment courses procured and delivered in LMICs</td>
<td>5.5 million</td>
<td>0¹⁴</td>
</tr>
<tr>
<td>Number of LMICs that have scaled up oxygen treatment systems with technical assistance from UNICEF</td>
<td>30</td>
<td>¹⁵</td>
</tr>
<tr>
<td><strong>RCCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per cent of individuals who would get vaccinated once a vaccine is available and recommended¹⁶</td>
<td>85%</td>
<td>92%</td>
</tr>
<tr>
<td>Number of LMICs that implement ACT-A related RCCE interventions based on social and behavioural evidence</td>
<td>94</td>
<td>88</td>
</tr>
<tr>
<td><strong>PPE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of days’ worth of quality PPE delivered to protect health workers in LMICs as they support the roll out of new COVID-19 tools</td>
<td>57 million</td>
<td>4.3 million</td>
</tr>
<tr>
<td>Number of low- and middle-income economies that receive quality PPE to enable the safe roll out of new COVID-19 tools</td>
<td>60</td>
<td>29</td>
</tr>
</tbody>
</table>

¹¹ As of 30 Sept 2021

¹² No doses were administered during the reporting period. For further information about the Humanitarian Buffer and process of applications here: https://interagencystandingcommittee.org/inter-agency-standing-committee/covax-humanitarian-buffer.

¹³ Several countries, especially in Eastern and Southern Africa and West and Central Africa, are receiving support in the fourth quarter of 2021 to establish COVID-19 community-based surveillance using AgRDTs, particularly in countries at a higher risk of COVID-19 surge. However, during this reporting period, only Malawi scaled up COVID-19 testing with technical assistance from UNICEF.

¹⁴ During this reporting period, no ACT-A funds were used to support the procurement or delivery of therapeutics to LMICs.

¹⁵ While UNICEF has provided technical support to more than 20 countries and regions, we report here the number of countries that received a high-level of technical support that resulted in significant milestones being reached in the reporting period in their scale up of oxygen therapy and systems.

¹⁶ See: <COVID-19 Behavioural Indicators - Collective Service for Risk Communication and Community Engagement (RCCE) (rcce-collective.net)>, accessed 20 Sept 2021. Results are from 90 countries but very few low-income countries.