



Access to COVID-19 Tools Accelerator (ACT-A)

Humanitarian Situation Report No. 1





Reporting Period: 1 January – 31 March 2022

HIGHLIGHTS

- Since the start of the pandemic, 5.3 billion COVID-19 vaccine doses have been administered across 133 low- and middle-income countries (LMICs), with about one-quarter of these cumulative doses being administered in Q1 2022. To date, the COVAX Facility has shipped 1.48 billion doses to 145 countries.
- As of 23 March 2022, 48.3 per cent of the population in LMICs has been fully vaccinated with the primary series of one or two COVID-19 vaccine doses. The share of fully vaccinated people in low-income countries is 11.6 per cent, having increased more than two-fold from 5 per cent within the reporting period.
- Global availability of COVID-19 vaccines is sufficient to protect every adult and adolescent with a three-dose schedule, however distribution remains unequal. Vaccine supply to COVAX is now sufficient to fully meet demand from all countries, but there has been a slow-down in demand. Urgent action is needed to remove barriers to uptake of vaccines and to increase vaccination coverage.
- With funds from the ACT-A Humanitarian Action for Children (HAC) appeal, in Q1 2022, UNICEF:
 - Provided additional technical and financial support to deliver COVID-19 vaccines in 66 LMICs, including support to 20 countries out of the 34 countries prioritized by the COVID-19 Vaccine Delivery Partnership (CoVDP) with low COVID-19 vaccination coverage.
 - Supported 45 LMICs to implement ACT-A-related people-centred approaches to Risk Communication and Community Engagement (RCCE) interventions.
 - Increased access to COVID-19 tests, treatments and personal protective equipment (PPE) in the 30 most vulnerable countries with Humanitarian Response Plans¹ (HRP) by: procuring 1,137,500 antigen-detection rapid diagnostic tests (Ag RDTs) and 22,500 point-of-care molecular tests for COVID-19; strengthening oxygen systems in 12 countries; and procuring and delivering quality PPE for 26 countries.

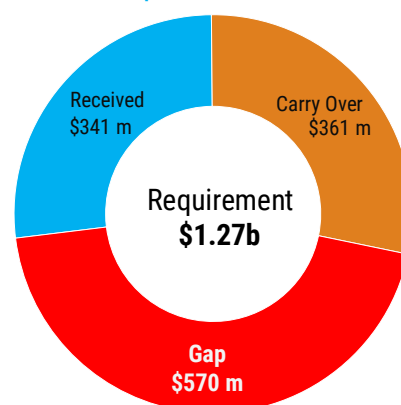
ACT-A targets for 2022 with partners

-  **4 billion**
Vaccine doses to be delivered via ACT-A partners, including UNICEF
-  **988 million**
Diagnostic tests to be delivered via ACT-A partners, including UNICEF
-  **120 million**
Cases treated with support from ACT-A partners, including UNICEF
-  **2.7 million**
Health workers protected with PPE with support from ACT-A partners, including UNICEF

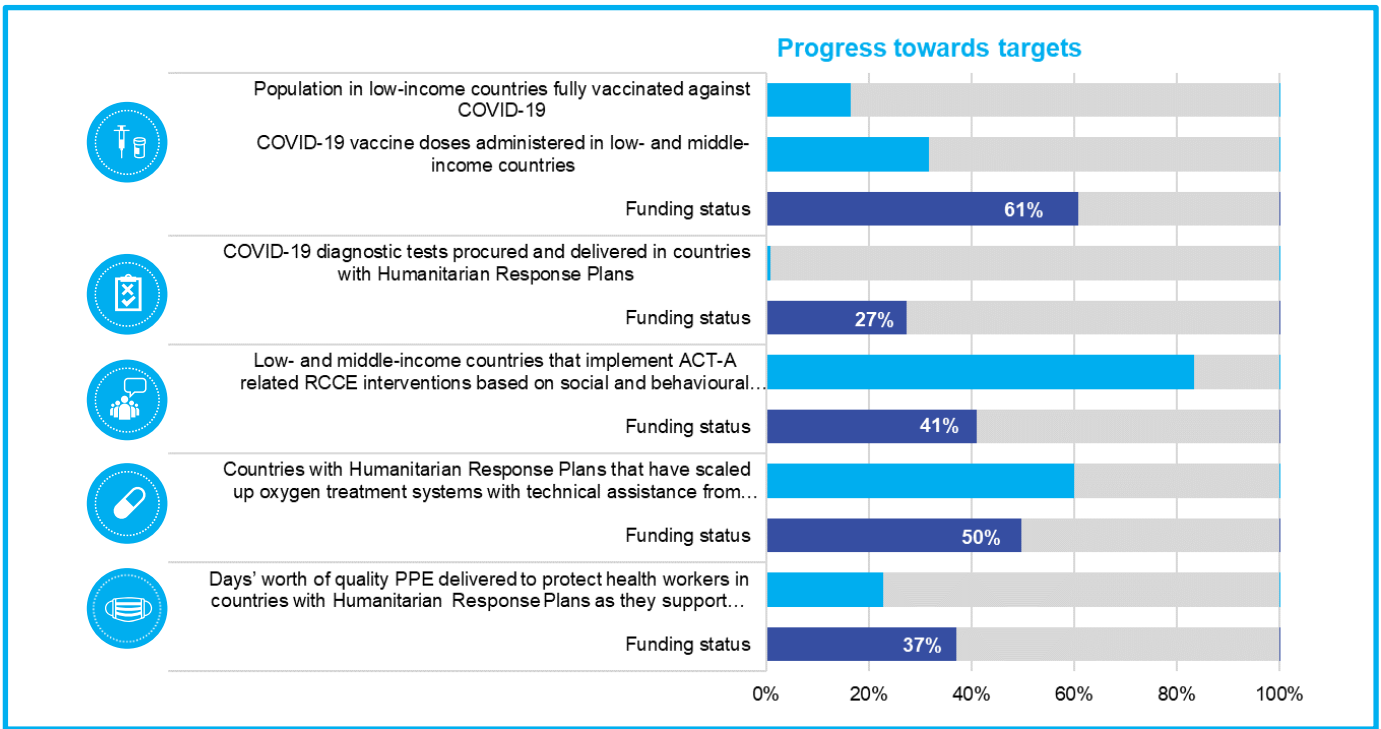
www.unicef.org/appeals/act-a

UNICEF ACT-A Appeal 2022

US\$ 1.27 billion



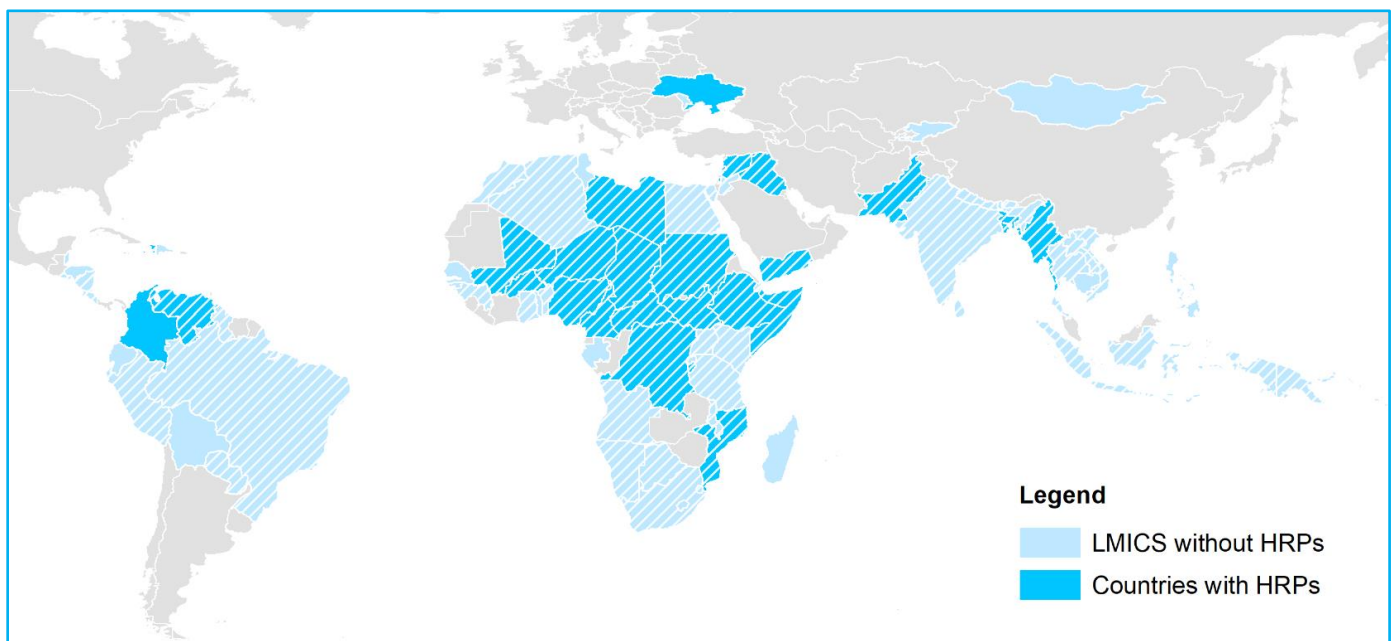
UNICEF'S RESPONSE AND FUNDING STATUS



FUNDING OVERVIEW AND PARTNERSHIPS

The UNICEF ACT-A HAC appeal will enable UNICEF, as a lead implementation partner of the ACT-A global collaboration, to support national governments to equitably scale up access to COVID-19 vaccines, tests, treatments and PPE. The ACT-A HAC appeal presents the agency's most urgent needs, particularly for humanitarian contexts, and forms a significant part of UNICEF's 2022 funding requirements as outlined in the investment case "[UNICEF's Role In Accelerating Equitable Access To COVID-19 Tools](#)." UNICEF revised the ACT-A HAC appeal fundraising targets in April 2022ⁱⁱ to include the carryover of funds already received towards the 2021 ACT-A HAC appeal.ⁱⁱⁱ

As of 31 March 2022, UNICEF had received US\$340.8 million against the 2022 ACT-A appeal target. In addition, US\$361.0 million is carried forward from last year's 2021 ACT-A HAC appeal, which reflects funds received towards the end of 2021 that had not yet been implemented. With this carryover, and with new funds received in Q1 2022, UNICEF has a funding gap of US\$569.8 million against the 2022 ACT-A HAC appeal.



Map of countries receiving funds from the ACT-A HAC appeal in Q1 2022. Countries with Humanitarian Response Plans (HRP) are highlighted in dark blue. Countries with Flexible funding are shown in white lines overlay.

UNICEF would like to thank all donor partners, especially those who contributed flexible and timely contributions against this appeal. We especially thank the Government of the United States and the Government of Norway for their substantial investments of flexible funds in Q1 2022 to scale up the response against COVID-19.

Pillar	2022 HAC Appeal Requirement (US\$) A	Funds Received in 2022 (US\$) B	Funds Carried over from 2021 ACT-A HAC Appeal (US\$) C	Total Funds Available (US\$) D	Funding Gap (US\$) E	Funding Gap (%) F
Vaccine delivery, including Humanitarian Buffer	\$ 913.6 M	\$ 217.4 M	\$ 338.6 M	\$ 556.1 M	\$ 357.6 M	39%
Diagnostics	\$ 75.0 M	\$ 14.7 M	\$ 5.9 M	\$ 20.6 M	\$ 54.4 M	73%
Therapeutics	\$ 92.0 M	\$ 43.6 M	\$ 2.2 M	\$ 45.8 M	\$ 46.2 M	50%
Health Systems and Response Connector: PPE	\$ 88.0 M	\$ 32.7 M	\$ 0.0 M	\$ 32.7 M	\$ 55.3 M	63%
Health Systems and Response Connector: RCCE	\$ 94.0 M	\$ 24.2 M	\$ 14.3 M	\$ 38.5 M	\$ 55.5 M	59%
Global Coordination and Technical Support	\$ 9.0 M	\$ 8.2 M	\$ 0.0 M	\$ 8.2 M	\$ 0.8 M	9%
Total	\$ 1,271.6 M	\$ 340.8 M	\$ 361.0 M	\$701.8 M	\$ 569.8 M	45%

Notes:

A – 2022 HAC appeal requirement was defined in 2021, following consultation with UNICEF regional and country offices. In the case of the Vaccine Pillar, the amount for UNICEF fundraising was developed with Gavi and WHO: the US\$575 million needs include US\$400 million for vaccine delivery in Advance Market Commitment (AMC) countries, including the Humanitarian Buffer, and US\$175 million to support vaccine delivery in other lower-middle-income countries that are not Gavi-eligible but where UNICEF works with national governments to support health programming. UNICEF’s support to overcome COVID-19 vaccine hesitancy and address COVID-19 misinformation is included in the separate RCCE budget appeal line. In April 2022, the Vaccine Pillar appeal requirement was revised to US\$914 million to take into account the 2022 needs for US\$575 million and the carryover of US\$338.6 million to allow for accurate monitoring of the actual funding gap.

B – Funds received in 2022 include earmarked funds (either by country, pillar or both) and fully flexible funds. Fully flexible funds, and funds that are earmarked at the global level to specific pillars, are allocated by an ACT-A HAC Allocation Committee that reviews urgent needs from UNICEF country offices. In Q1, the ACT-A HAC also supported urgent requests received by the CoVDP, in coordination with Gavi, WHO and other partners.

C – Funds carried over from 2021 ACT-A HAC appeal indicate funds that were raised against the 2021 ACT-A appeal, but are considered against the 2022 ACT-A HAC appeal and count towards the closing the funding gap. For the Diagnostics, Therapeutics and RCCE Pillars, there is a total carryover of US\$22.4 million.

Of note, the Vaccine Pillar took into account funds already received in the 2021 ACT-A HAC in defining the 2022 needs with partners; thus, any carryover from the 2021 ACT-A appeal for the vaccine pillar is not considered towards the US\$575 million Vaccine Pillar target for the 2022 appeal. US\$338.6 million in funds raised during the 2021 HAC appeal towards the Vaccine Pillar have been allocated to receiving offices, but as grant end dates are throughout 2022, these funds have not yet been fully utilized as of 31 March 2022, in line with programme plans for 2022.

There is no carryover for the PPE Pillar to this year’s appeal. There was no Global Coordination Pillar in the 2021 ACT-A HAC, and therefore no carryover.

D, E and F – Total funds available (D) represent the total funds available and counted towards the 2022 ACT-A HAC appeal, with the funding gap (E) as the amount still needed to be raised to meet the pillar specific targets. Column F represents the percentage gap, by pillar and overall, against the 2022 ACT-A HAC appeal. As of 31 March 2022, the funding gap is 45 per cent.

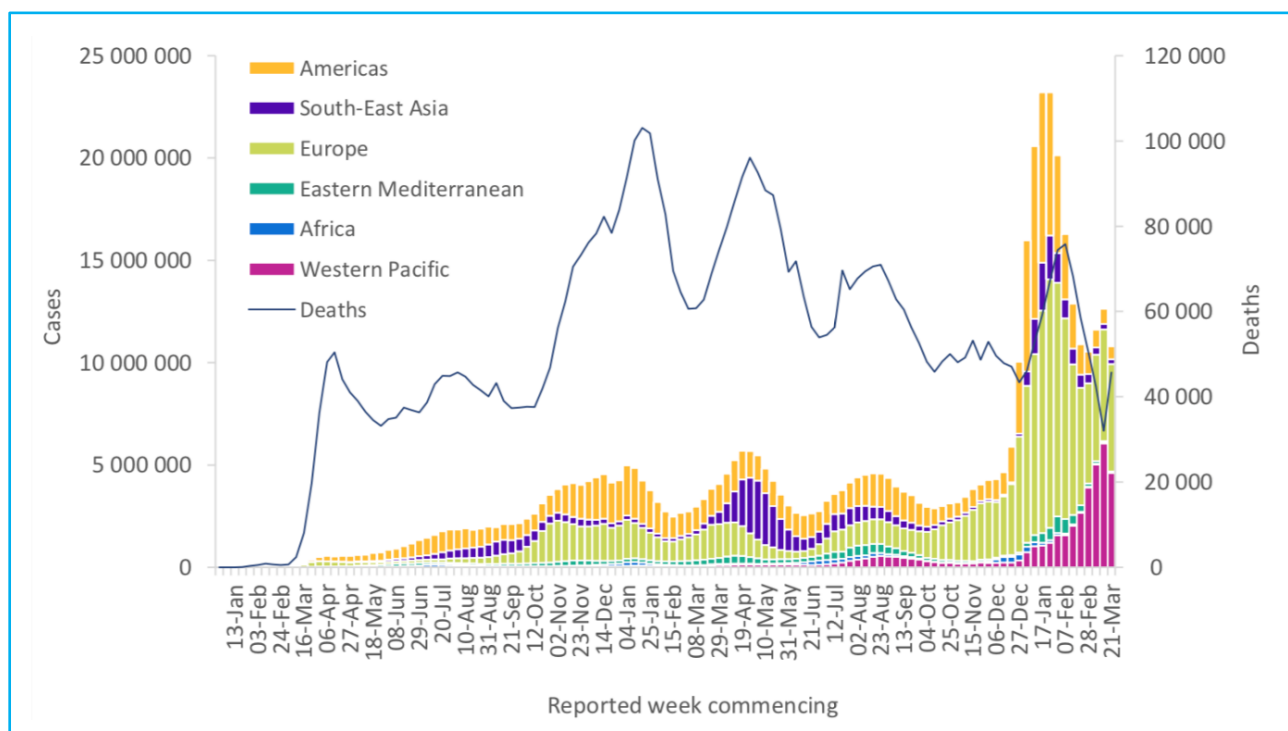
SITUATION OVERVIEW AND HUMANITARIAN NEEDS

At the start of 2022, the global COVID-19 pandemic continued to rage. The emergence of the Omicron variant of concern at the end of 2021, with its increased transmissibility, resulted in an acceleration of SARS-CoV-2 transmission worldwide. The year started with an average of 9.5 million newly reported cases per week and reached its peak with almost 22 million cases per week at the end of January 2022.^{iv} The highest weekly number of reported deaths reached up to 75,000, which likely underestimates the devastation. Although reported weekly global COVID-19 cases and deaths declined from February 2022 onwards,^v as of the week of 27 March 2022, there were over 10 million new COVID -19 cases and more than 45 000 deaths per week reported. The current trends should be interpreted with caution as several countries are progressively changing their testing strategies, resulting in lower overall numbers of tests performed and consequently lower numbers of cases detected.

While recent evidence suggests that Omicron is less severe than previous variants of SARS-Cov-2, health systems all over the world have been overwhelmed by the sudden and huge increase in the volume of cases.^{vi} As significant numbers of patients require care and hospitalization, health systems are struggling to meet the needs of patients

suffering from severe disease while sustaining other essential health and social services. While the pressure on health systems is currently reduced in many parts of the world, the East Asia and Pacific region is still dealing with high case numbers, and additional waves of COVID-19 elsewhere are anticipated.

Displaced populations, including refugees, are particularly vulnerable to infection given crowded living conditions, limited access to health care and safe water and sanitation, and other factors, such as poor underlying health and nutritional status. In humanitarian contexts a holistic COVID-19 response is crucial to maintaining essential services that reduce morbidity and mortality for vulnerable populations. This will require understanding and prioritizing the health needs of displaced populations, as well as ensuring the safety of humanitarian workers and access to affected populations.^{vii}



COVID-19 cases reported weekly by WHO Region, and global deaths, as of 27 March 2022 [Source: WHO, March 2022](#)

Vaccines: Of the 5.3 billion vaccine doses administered across 133 LMICs and 3.7 billion vaccine doses administered across 92 Advance Market Commitment (AMC) countries, about one-quarter of these cumulative doses were newly administered in Q1 2022. However, only 4 per cent of vaccine doses were administered in low-income countries during the reporting period.

Cumulatively, 2.3 billion people across 133 LMICs and 1.6 billion people across 92 AMC countries have received a complete primary series of COVID-19 vaccines as of 23 March 2022. This means that 46 per cent of the population in the 133 LMICs and 42 per cent of the population in 92 AMCs were fully vaccinated as of 23 March 2022 – an increase of approximately 13 and 14 percentage points respectively compared with results from the last reporting quarter. Across low-income countries, the percentage of population that is fully vaccinated (i.e., that have completed a primary COVID-19 vaccine series) increased from 5 per cent as of 3 January 2022, to 11.6 per cent by 23 March 2022.

As of 23 March 2022, 12 out of the 133 LMICs included in the UNICEF ACT-A HAC had met WHO’s global target of fully vaccinating 70 per cent of the population (9 upper-middle-income and 3 lower-middle-income countries). Further, 18 countries are on-track to meet the target by June 2022 (9 upper-middle-income, 8 lower-middle-income and 1 low-income)^{viii} and 101 countries are off-track to meet the target. In addition, 44 countries are off-track to meet their national COVID-19 vaccination target as articulated in their national deployment and vaccination plans (NDVPs); most of these are low-income countries and lower-middle-income countries.

Of the 34 countries with the lowest COVID-19 vaccination coverage rates below 10 per cent in January 2022 (and identified by the COVID-19 vaccine delivery partnership (CoVDP) for concerted country support), 14 countries are dealing with significant humanitarian situations. Of concern, progress remains slow in humanitarian settings: as of 21 April 2022, of the 18 countries that continue to have coverage rates well below 10 per cent, 14 are countries grappling with humanitarian situations.

Work is underway to optimise the Humanitarian Buffer mechanism and leverage the opportunities created by the increased technical support and funding for COVID-19 vaccine deployment through NDVPs or the Humanitarian Buffer mechanism to strengthen systems in these challenging settings. By the end of March 2022, eight applications for Humanitarian Buffer doses were received, of which two were delivered, two were withdrawn, one is in progress, and one is on hold.

Diagnostics: Timely and accurate diagnostic testing for SARS-CoV-2 remains a critical part of the pandemic response. Only with adequate surveillance and real-time diagnostic data will it be possible to track the spread and evolution of SARS-CoV-2, rapidly detect new variants and inform public health decision-making, and ultimately determine whether countermeasures against the pandemic are working. Timely and accurate testing is also needed to enable a “test-and-treat” approach, which will prevent the widespread misuse of antiviral drugs that may lead to the emergence of drug-resistant viruses.

Unfortunately, the scale of diagnostic testing, especially in low-income countries, remains inadequate. The testing target set by WHO for an adequate response is one test per 1,000 people per day. High-income countries have been testing at an average of 6 tests per 1,000 people per day, while testing in lower- and upper-middle income countries have improved to 0.84 and 0.70 per 1,000 people per day, respectively.^x In contrast, testing in most low-income countries remains highly inadequate at an average testing rate of 0.08 per 1,000 people per day, with Africa showing the lowest level of testing among all regions. This inequity becomes more evident when the percentage of tests performed worldwide in low-income countries (0.4 per cent) is compared to high-income countries (61.4 per cent), particularly considering that low-income countries represent 7.8 per cent of the global population, compared with high-income countries, which represent 15.5 per cent of the global population.^x

Though test availability has increased since the introduction of antigen rapid diagnostic tests, several bottlenecks contribute to limited access to testing in low- and middle-income countries. The most common bottlenecks are limited awareness and visibility of the role of diagnostics in the pandemic response, leading to limited testing demand and de-prioritization of testing in the national response; limited guidance on how diagnostics can be used outside health care settings (e.g., community testing); lack of incentives to get tested (e.g., limited treatment options), combined with disincentives to get tested (e.g., cost, stigma, quarantine impact on livelihoods); and inadequate workforce capacity to scale up diagnostic testing, which was an issue even before the pandemic. Limited political support and domestic resources for an integrated pandemic response – i.e., one that combines vaccines, diagnostics and therapeutics with health systems interventions to enable their delivery – have promoted a siloed approach that emphasizes vaccination but includes limited funding for diagnostics, thus hindering rational utilization of available tools.

Moreover, as vaccine-derived and infection-derived immunity increase, many countries have begun to scale down SARS-CoV-2 testing alongside loosening of public health mitigation measures (e.g., social distancing, mask wearing), which will hinder early detection of outbreaks and the timely identification of new variants. This reduction in testing rates limits the adoption of a test-and-treat approach, which is necessary to prevent misuse of novel antiviral drugs, thereby creating a significant threat for the emergence of drug-resistant variants.

In terms of global supply, there was some deterioration in lead times for Ag RDTs early in Q1 2022; however, the situation stabilized by March and 2–3 weeks of lead time is now typical. Prices for Ag RDTs have continued to improve, and currently range between US\$1.95–\$2.40 per test, compared to US\$2.50–\$3.00 per test in Q4 2021. Demand for COVID-19 diagnostics is centred mainly on Ag RDTs, as the demand and requirement for polymerase chain reaction (PCR) tests are declining. Some manufacturers of manual PCR tests have flagged plans to phase out COVID-19 products due to the lack of demand; however, such individual product departures are not seen as a market risk, as the number of qualified suppliers and products in this category remain high.

Therapeutics: Safe, effective clinical care for patients with COVID-19 requires WHO and ACT-A partners to continually update guidelines to support clinical management and ensure they are implemented, including for the roll-out of new therapeutics as they become available.

In March 2022, WHO conditionally recommended molnupiravir, the first oral antiviral to treat mild to moderate COVID-19. When administered early, it may reduce the risk of hospitalization and time to resolve symptoms, and may reduce mortality. Five more therapeutic options were under assessment by WHO, including another oral antiviral, nirmatrelvir/ritonavir. In late 2021/early 2022, UNICEF established several supply agreements for

molnupiravir, including an agreement for up to 3 million treatment courses from the pharmaceutical company MSD. In March 2022, UNICEF signed a supply agreement with Pfizer for the procurement of up to 4 million treatment courses of nirmatrelvir/ritonavir for deployment in 95 countries.

At the same time, scaling up oxygen systems remains an essential part of treatment for patients suffering from severe or critical COVID-19. The pandemic has highlighted the inequities in access to medical oxygen more broadly; closing these gaps is vital to meeting basic oxygen requirements for treating many critical conditions, including for sick newborns and children with pneumonia.

While demands for oxygen concentrators have stabilized as compared to 2021, demands for accessories and consumables are increasing. Markets have stabilized, but the price and the lead time are still affected by global supply chain crises. A key challenge is filling the massive capacity gap that exists in many countries to scale and maintain oxygen systems sustainably.

RCCE: In Q1 2022, people-centred RCCE interventions remain critical to ensuring that the COVID-19 response is designed, implemented and tailored to the local context. Q1 2022 saw a decline in risk perception related to COVID-19, as pandemic fatigue took hold in many countries, along with an easing of pandemic-related restrictions. Despite this shift, the willingness to get vaccinated remains high, although long-term compliance with preventive measures has declined. This is related to the changing epidemiology of the virus, the lifting of several COVID-19-related public health measures and/or the shift in focus towards other priorities.

Key barriers to COVID-19 vaccination are the limited or lack of access to vaccination sites and information on where to access vaccines, and continued concerns over the safety and efficacy of vaccines among certain groups (females, young people and marginalized groups and religious groups in some countries). Nevertheless, the latest evidence indicates high willingness to vaccinate across most countries with available data – a global average of more than 90 per cent according to the RCCE Collective Service dashboard.^{xi}

In Q1 2022, humanitarian needs included increased community engagement, especially among rural and other marginalized and vulnerable communities; continued support to strengthen systems, including capacity building of partners, setting up systems and partnerships in social listening mechanisms and harnessing community perceptions; support for national and subnational RCCE coordination mechanisms; continued training of frontline workers and local networks; and strengthening collaborations and engagement with faith-based stakeholders and local influencers.

PPE: Following the surge in the Omicron variant and accelerated efforts to increase vaccinations, vaccinators and other frontline workers continue to require access to quality-assured PPE to work safely.

In Q1 2022, the demand for quality-assured PPE persisted, including demand for PPE for vaccinators driven by COVID-19 vaccination campaigns and demand for PPE for health care workers in hospitals and clinics driven by hospitalization of patients due to COVID-19. UNICEF continued to leverage the pre-positioned stockpile of PPE to respond to country needs.

PPE demand driven by hospitalizations due to COVID-19 and by COVID-19 vaccination campaigns is expected to last at least through the end of 2022, while the demand driven by non-COVID-19-related usage in the health sector may continue to grow due to natural baseline growth and potential enduring habits in PPE use among workers in health care settings and the public. The use of PPE will remain critical given its importance in protecting health workers. Demand for masks is also expected to remain higher than it was before the pandemic as the result of growing consumer awareness and public mask-wearing requirements.

With much of the world's PPE manufacturing concentrated in China, the COVID-19 outbreak had a sharp impact on the global market for these supplies. The COVID-19 restrictions in China in Q1 2022 and the conflict in Ukraine have interrupted the recent industry recovery from pandemic-related disruptions. Higher inflation rates and rising raw material prices also bring uncertainty to the price of PPE going forward. Further, supply chain uncertainty will continue in 2022, impacting logistics and freight costs for delivering PPE and other supplies. These continued uncertainties highlight the importance of pre-positioning PPE supplies to mitigate supply chain risks.

HUMANITARIAN STRATEGY, LEADERSHIP AND COORDINATION

Humanitarian strategy: UNICEF continues to implement a comprehensive response strategy to help end the acute phase of the global COVID-19 pandemic, while building resilient systems to maintain essential health and social services and prepare for future pandemics and shocks. This strategy is well-aligned with the 2022 COVID-19 Strategic Preparedness and Response Plan.^{xii}

By working closely with national governments to provide the necessary technical assistance, UNICEF is helping to ensure that capacities and resources are in place to meet national COVID-19-related targets and enable effective preparedness, readiness and response that meets the needs of populations in an equitable way.

As an agency with multisectoral expertise, UNICEF is not only supporting the roll out of COVID-19 tools, but also working to ensure that all children and women have access to water, sanitation, nutrition, education and protection services during this pandemic, with a focus on marginalized populations and those in humanitarian settings.

As the pandemic and response continue to evolve, UNICEF makes strategic adjustments to better integrate and strengthen systems, moving away from siloed approaches towards systems-building. This includes maintaining essential health care services; promoting integrated service delivery, including to boost vaccine uptake, testing and care-seeking; engaging communities through multiple platforms for RCCE; strengthening data and digital health solutions; and strengthening infection, prevention and control in primary health care settings.

UNICEF's COVID-19 response continues to be integrated into country-level plans and adapted to specific needs in different country contexts. Details of regional and country programming priorities and funding requirements are available in [regional and country HAC appeals](#), which are updated as needed. The global ACT-A HAC is critical to filling gaps in countries with urgent needs to support the roll out of COVID-19 tools. These funds also enable more strategic planning and deliberate action to support medium- to longer-term investments in strengthening future pandemic preparedness and response.

Coordination and leadership: UNICEF is a lead implementation partner in the global ACT-A collaboration, leveraging its expertise to support the achievement of ACT-A goals, across all pillars. In Q1 2022, UNICEF continued to invest in coordinating with global partners, especially in the Vaccine Pillar and Health Systems and Response Connector, where UNICEF has a leadership role. The ACT-A HAC appeal supports UNICEF to engage effectively in global and regional coordination and provide timely technical assistance to support country-level actions.

Vaccines: UNICEF is a founding partner in the COVID-19 vaccine delivery partnership (CoVDP), an entity that acts as a coordination body for COVID-19 vaccine delivery and comprises Africa Centres for Disease Control; African Vaccine Delivery Alliance; Gavi, the Vaccine Alliance; UNICEF; WHO; and World Bank as key partners. The CoVDP has committed to coordinating concerted support to the 34 countries with COVID-19 vaccination coverage at or under 10 per cent as of 15 January 2022. The functions of the CoVDP are built around three main levers: 1) political advocacy and engagement; 2) vaccine delivery funding and demand planning; and 3) specialized technical and surge support. These levers are activated through the CoVDP's main support functions: (i) coordinated country support; (ii), data, metrics and monitoring; (iii) toolbox/ guidance; and (iv) communications. Staff from different organizations are currently seconded to manage core CoVDP functions and UNICEF has seconded full time staff as CoVDP lead, workstream lead for demand planning and funding, desk officers and health economists to support COVID-19 vaccine delivery costing and tracking of external financing.

The CoVDP has received US\$42 million in urgent funding requests, of which US\$17 million has been disbursed to four countries for support with immediate needs. Of these needs, US\$7.7 million was delivered via UNICEF's ACT-A HAC funds disbursed in Q1 to three countries – Chad, Democratic Republic of Congo and Ethiopia, and US\$0.5 million was disbursed to Burkina Faso from previously allocated ACT-A HAC funds. Engaging political leadership and supporting countries to develop and finance their national strategies are critical to country success in the COVID-19 vaccine roll out.

UNICEF's role in Humanitarian Buffer management and coordination includes supporting the Inter-Agency Standing Committee (IASC) Working Group that discusses key issues and processes necessary for facilitating access to and use of the Humanitarian Buffer. The Working Group also determines membership of the IASC Decision Group that reviews and takes decisions on applications from implementing partners, manages the operational funds on behalf of the Humanitarian Buffer mechanism and facilitates the procurement of Humanitarian Buffer doses. Recent

consultations have taken place between UNICEF, WHO and Gavi, in collaboration with the COVID-19 Vaccine Delivery Partnership, to promote the use of the Humanitarian Buffer and address bottlenecks.

To improve uptake of the Humanitarian Buffer, the Working Group is working to improve efficiencies and reduce complexity of the application and post-application processes; and to better communicate the support the Humanitarian Buffer offers to complement government efforts in deploying COVID-19 vaccines to populations of concern. In particular, greater efforts will be made to share information on the use of the Humanitarian Buffer among the 34 countries with lowest coverage of COVID-19 vaccines, with an initial focus on 11 countries. The applicant from Iraq targeting 1.6 million recipients has already completed vaccine delivery, while Uganda has received vaccines and operational funds and is commencing implementation in April 2022, targeting 840,000 recipients.

Diagnostics: UNICEF continues to lead the ACT-A Diagnostics Country Support Working Group, in coordination with WHO and the Foundation for Innovative New Diagnostics (an organization that supports countries to scale up equitable access to COVID-19 testing). UNICEF hosts the Working Group knowledge management hub, which aims to increase visibility, transparency, coordination and collaboration among the Working Group partners. In addition, UNICEF leads the Working Group Task Force on Advocacy, Communications and Community Engagement, which is tasked with addressing bottlenecks in the adoption of COVID-19 diagnostics. One of these bottlenecks is weak government commitment and support for COVID-19 diagnostics, and limited community awareness or demand for testing.

UNICEF is also represented in three other ACT-A diagnostics working groups, including the Working Groups on Research and Development and Digital Tools; Country Support; and Market Readiness and Supply. As part of the Working Group on Research and Development, UNICEF contributes technical oversight to new requests for proposals on self-testing (using Ag-RDT) and multipathogen molecular tests (using NAT assays). In addition, UNICEF contributed to WHO policies on the use of Ag RDTs for COVID-19 self-testing.

Therapeutics: UNICEF continues to actively engage in the ACT-A Oxygen Emergency Task Force chaired by UNITAID, which is part of the broader Therapeutics Pillar, as well as an oxygen donor coalition hosted by USAID with the aim of better coordinating activities. ACT-A partners, including UNICEF, are coming together to define key performance indicators to measure the reach and impact of oxygen investments, especially oxygen plants supported through the ACT-A response. Continued improvements in coordination are required, especially to ensure coordinated support and implementation in countries. There are opportunities to leverage different resources and partner capacities to address key challenges faced by countries, including rapid implementation of oxygen generating plants, as well as building a system for repair and maintenance of these plants and other oxygen equipment beyond the COVID-19 response.

Health Systems and Response Connector: UNICEF, together with the Global Fund for AIDS, Tuberculosis and Malaria, the World Bank and WHO co-convene the ACT-A Health Systems and Response Connector. UNICEF's key areas of focus within the Connector are to help remove critical bottlenecks in support of more equitable delivery of COVID-19 tools. This includes ramping up efforts to engage communities to build trust in health systems and promote the uptake of COVID-19 tools. It also includes support to maintain essential health services, with a special focus on high-risk population groups, and ensuring that health workers are equipped with high-quality PPE.

UNICEF co-leads the global RCCE Subgroup 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. UNICEF also co-leads the RCCE Collective Service that 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 and partners to prioritize, structure and coordinate their work at all levels – ensuring a lasting impact and improving both the quality and the consistency of RCCE for long-term systems strengthening.

UNICEF also co-leads the global RCCE and Youth Engagement Subgroup to promote inclusion of the priorities and perspectives of youth organizations in the COVID-19 response. UNICEF co-chairs the global Vaccine Demand Hub (a global collective) and the Vaccine Confidence and Uptake Task Team. UNICEF also leads the digital workstream of the Demand Hub, spearheading stakeholders' work on social listening.

PROGRAMMATIC RESPONSE: RESULTS AND CHALLENGES

In Q1, UNICEF continues to prioritize support to roll out COVID-19 vaccines and deliver tailored RCCE interventions in LMICs. During this quarter, US\$89 million was allocated to 66 countries and 7 regional offices to turn vaccines into vaccinations; of this, US\$42.6 million was allocated to 20 CoVDP priority countries and 20 countries received US\$32 million in flexible funding allocated through the ACT-A HAC allocation committee. US\$19.4 million was allocated to 45 countries to promote trust in and uptake of COVID-19 tools. In the 30 countries with HRPs, in Q1 2022, UNICEF allocated: US\$2.8 million to support activities in the Diagnostics Pillar; US\$11.3 million for the Therapeutics Pillar; and US\$25 million to provide high-quality PPE.

Vaccines: During this reporting period, UNICEF continued to support LMICs to scale up COVID-19 vaccine delivery, including coordinating support through the CoVDP.

The funds supported activities including, but not limited to, technical assistance for planning, coordination and budgeting; providing the supplies needed for safe vaccine administration and delivery, including the provision of cold chain equipment; and providing hand hygiene supplies (soap and hand sanitizer) to frontline workers. UNICEF helped cover operational costs for vaccine delivery, such as training health workers, setting up vaccination centres, strengthening data systems, and addressing vaccine hesitancy. For example, in Q1 2022, UNICEF procured cold chain equipment for five countries for a total value of US\$0.57 million (vaccine refrigerators for Libya and Burundi, cold rooms for Uzbekistan, cold boxes and vaccine carriers for Madagascar and temperature monitors for Montenegro).

At the start of the reporting period, 34 countries were prioritized by the CoVDP for concerted support due to low vaccination coverage or low rates of vaccination progress to achieve national/global targets. None of the 34 countries at the start of the period had achieved 10 per cent population coverage of fully vaccinated individuals. But as of 23 March 2022, 15 of these countries had achieved vaccination rates above 10 per cent of the total population and three were deemed on-track to achieve their national targets as articulated in the NDVP.

Some of the constraints to increasing vaccination coverage rates include: operational bottlenecks (such as inadequate funding for service delivery via campaigns and outreach to hard-to-reach populations); inadequate vaccine storage and transport systems; weak logistics management and misinformation that impairs vaccine uptake; and capacity for targeted evidence-based planning.

Flexible funds from UNICEF's ACT-A HAC appeal were used to support the CoVDP partnership, providing financial support for countries with urgent needs. In this reporting period, US\$7.7 million was allocated to cover operational needs, including campaign costs, logistics management and technical assistance to government to strengthen planning and coordination in Chad, the Democratic Republic of the Congo, and Ethiopia. Further, ACT-A HAC funds of US\$0.5 million previously allocated were used in alignment with CoVDP partners to fill acute operational funding gaps in Burkina Faso, which enabled timely use of about 750,000 Pfizer doses that otherwise would have been wasted due to expiry. As a result, the CoVDP with ACT-A HAC funds provided support for the country to cover the costs of a vaccination campaign and use 94 per cent of Pfizer doses before they expired.

One billionth dose of COVID-19 vaccine delivered by COVAX in Rwanda



One billionth dose of COVID-19 vaccine delivered by COVAX in Rwanda on 15 Jan 2022. ©UNICEF Kanobana/2022

On 15 January 2022, a shipment of 1.1 million COVID-19 vaccines procured by the COVAX Facility arrived at the airport in Kigali, Rwanda. The shipment included the billionth vaccine dose supplied via COVAX, globally. Rwanda used flexible funds, including from the United Kingdom National Committee for UNICEF to roll out COVID-19 vaccination. UNICEF Rwanda supports the in-country delivery of COVID-19 vaccines, including by providing technical assistance. Specifically, to build capacity, UNICEF assigned five support staff to the Rwanda Biomedical Center (RBC) for logistics and vaccine management, as well as field monitoring activities. ACT-A HAC funds were also used to provide supplies for safe vaccine delivery to the RBC, including provision of 49,000 bottles of hand sanitizer for 85 per cent of all community health workers supporting the vaccination effort.

CASAMANCE (Senegal) – Early in the morning, Bourama Manka, 43, walked into the mass vaccination site in Marsassoum, Casamance, in southern Senegal, to get the COVID-19 vaccine. He was eager to receive the vaccine and finally protect himself and the ones he loves from the potentially devastating effects of COVID-19 infection.

As the COVID-19 vaccination programme is implemented across the country, health agents are trying new and creative ways to vaccinate their communities. The mass vaccination site set up in the city of Marsassoum will help health workers reach people who have experienced barriers to vaccine access and distribute life-saving shots more equitably and conveniently across the city.



"I got vaccinated because the coronavirus is a very dangerous disease that has wreaked havoc in the world. If you have been vaccinated, you are better protected. I know people who had the coronavirus and were very sick. Now I'm glad I did, I feel safer: for myself and for my family", he said. For Bourama, getting to this moment meant overcoming many barriers that could have made him stay home. The issue of vaccine hesitancy remains an obstacle in his neighborhood. "Concerns about safety, side effects and effectiveness are widespread in my village" he said. "Access to social media has also facilitated the spread of misinformation and conspiracy theories."

To tackle the spread of misinformation and rumours around vaccinations, UNICEF has provided support to the Ministry of Health to implement a digital-based strategy. Adolescent and youth volunteers were also engaged in disseminating key messages, tracking down rumours, and disseminating appropriate response. Religious leaders joined hands to build trust in the COVID-19 vaccine as they inspire other leaders to take action, spread the message and help contain the pandemic.

As vaccine supply increases and communication campaigns expand, there is less vaccine hesitancy being observed in the country. By mid-March 2022, Senegal had vaccinated 1.4 million people with at least one dose, and more than one million with the two doses; however, this represents only 6 per cent of the total population.

Throughout the crisis, UNICEF has been working closely with the Government and its partners to step up the response and prevent further proliferation of COVID-19 in the country. As well as leading the procurement and supply of the COVID-19 vaccine, UNICEF, together with WHO and other partners, is helping the country strengthen its cold and supply chains, training health workers, and working with communities to address misinformation and build trust in vaccines and in the health systems that deliver them.

First country donations of 2022 via COVAX arrive in Bangladesh



Bangladesh received its first country donations of 2022 via COVAX between 15 January and 20 January 2022. The donation of more than 5 million COVID-19 vaccines from the United States will boost the country's immunization efforts, as COVID-19 test positivity rates skyrocketed from 2 per cent to 28 per cent in the first three weeks of January 2022.

Vaccination rates remain low: there is low first dose registration in most districts outside of major cities, less than half of the population is fully vaccinated with two doses, and less than 1 per cent of the population has received the booster dose as of 20 January 2022. In response, Bangladesh is accelerating its COVID-19 vaccination drive to achieve a national target of 70 per cent coverage of its total population (i.e., vaccinating 119.22 million people).

To manage the large volume of vaccines efficiently, UNICEF is supporting the Government with real-time monitoring of vaccination and has set up a vaccine dashboard and Vaccine Logistics Management Information System in the District Health Information System2 (DHIS2). As of 29 January 2022, Bangladesh had received 250.6 million COVID-19 vaccine doses through various modalities, including a COVAX supply of 140 million doses procured and shipped to the

country through UNICEF Supply Division.

Regular review meetings are being conducted from the national level, with low performing units identified through real-time coverage data and vaccine deployment planned through continuous monitoring of vaccine uptake, stock with expiry and target population using a Vaccines Logistics Management Information System, which is ensuring no wastage took place due to expiry. In addition to procurement support, UNICEF provided support for vaccine storage, distribution, transportation and strengthening the cold chain system, including Ultra-Cold Chain.

Leveraging a large-scale event to mobilize vaccine support in Cameroon

Cameroon was in the spotlight at the beginning of 2022 as host of the Africa Cup of Nations. In anticipation of the visibility and massive gathering expected at the football match, UNICEF and partners developed an evidence-based National COVID-19 Plan to be launched during this event. Using insights generated from social media data, communication materials were developed to curb misinformation and promote positive messaging about vaccination and other preventive behaviours during the match. These materials, along with continuous social mobilization at sites set up around the match, contributed to an increase in COVID-19 vaccine confidence and uptake during the match.

Improving vaccine confidence and strengthening coordination in Nigeria

An Africa Centres for Disease Control report indicates that 64 per cent of Nigerians are willing to be vaccinated, while additional data show only 56 per cent have trust in health authorities' response to the COVID-19 pandemic. Additionally, a 2022 UNICEF U-Report survey showed that more than half of the population was not aware of how to obtain vaccines, especially in rural areas. Barriers to vaccination include an insufficient number of vaccinators and recorders in some sites, long queues at vaccination sites, sites being closed on weekends, and insecurity in the northern parts of the country.

To promote vaccine confidence and improve uptake, UNICEF and partners are leveraging the influence of religious/traditional leaders to build trust in COVID-19 vaccines among rural communities. With UNICEF support, national demand promotion strategies are being scaled to rural and hard-to-reach areas by engaging civil society organizations, while trainings have been conducted with health workers to counter mistrust. Social mobilization has been intensified at mass/mobile vaccination sites to improve vaccine confidence, especially around high-density areas, and specific outreach has been targeted to youth associations and small business associations. Polio vaccinators and emergency operation centres have also been leveraged to enhance coordination among partners.

Addressing COVID-19 misinformation and strengthening vaccine confidence in Ghana

A study conducted by UNICEF Ghana in January 2022 indicated that about 60 per cent of respondents would not consider taking the COVID-19 vaccine – a sharp increase from 10–20 per cent at the beginning of the pandemic. UNICEF piloted new research to obtain insights on vaccine hesitancy among diverse groups. The results of this research informed priority messaging for communications campaigns, including a need to focus on vaccine safety and efficacy, manage rumours, focus on the hesitancy level of religious leaders and teachers, as well as the younger population.

UNICEF funded and co-facilitated a training of journalists from key media across 16 regions on misinformation and vaccine confidence. In addition, an audio course on vaccine confidence for community health workers was effective in improving vaccine support among frontline workers and can be leveraged to improve other primary health care interventions. To date, 829 community health workers have access to the audio course via a local platform. Further, an audio auto-response platform – a form of digital outreach to communities, which allows people to call in and get information – has been accessed by 81,004 unique callers (both males and females, with most calls from people under 15 to 24 years across the country). Text messages encouraging COVID-19 vaccination were sent to more than 20 million recipients by MTN and Vodafone mobile companies.

UNICEF, WHO, the Ministry of Information and Ghana Health Services also run an online campaign, including the promotion of a chatbot with an FAQ letting people know the locations of vaccination points, reaching more than 2 million people. UNICEF Ghana launched a digital campaign on COVID-19 vaccination encouraging social media users to promote vaccination among their family members. As of February 2022, the campaign had reached 6.6 million users, with 150,000 users sharing or reacting to the messages.

Through ACT-A funds, UNICEF continued to work with six civil society organization partners on community engagement on COVID-19 prevention, with more than 1 million people participating in theatre performances and community discussions, while 9 million people were reached through messaging on radio, posters and social media. More than 200,000 people shared their concerns through established feedback mechanisms and their inputs were used to develop social and behaviour communication strategies.

The global vaccine demand observatory will provide in-country capacity training to Ghana's National Misinformation Management Taskforce, which helps map potential misinformation risks, identifies ways to address them, and supports strategy development on digital engagement, misinformation and rumour management at the national level.

From sceptics to advocates: Overcoming vaccine hesitancy in the Syrian Arab Republic

In the Syrian Arab Republic, 45 health care and social workers from eight partner NGOs participated in a three-day RCCE training tailored towards overcoming their concerns and equipping them with the skills to address vaccine hesitancy among the population. These trainings come at a critical time, as COVID-19 vaccine coverage is only 5 per cent in the country.

Training participants came from five governorates (Damascus, Rural Damascus, Dar'a, As-sweida and Quneitra). After completing the training, they are expected to roll out capacity building workshops to other health care and social workers in their governorates.



In addition, they will conduct community dialogue sessions in UNICEF-supported clinics to address vaccine hesitancy – an initiative that is expected to reach approximately 7,000 people per month with messages about the COVID-19 vaccine.

The need for training was highlighted by evidence of vaccine hesitancy among health care workers, a critical segment of the community who play a dual role as service providers and as members of the targeted audience. In addition, social workers have limited capacity to address COVID-19 vaccine hesitancy amid the false information circulating on various platforms.

With the provision of global thematic humanitarian funds, UNICEF was able to support the Government to develop a comprehensive training package that goes beyond the traditional knowledge-based content by educating learners about the importance of vaccines and demand generation principles. The package employs participatory approaches, role play, peer coaching and sketches to address the root causes of hesitancy, promote safety, and tackle biases and misperceptions to help health care workers understand their role in readying communities for the COVID-19 vaccine. The training provides opportunities for interaction among the learners and with the trainer.

Diagnostics: As a frontline organization with a global footprint and strong presence in communities and primary health care facilities, UNICEF is uniquely positioned to scale up COVID-19 testing at the community level. Early detection of outbreaks at the community level may enable LMICs to establish a decentralized early warning system for COVID-19 outbreaks that could mitigate the social and economic impact of lockdowns and increased hospitalizations. Decentralization of testing is often hindered by weak health systems, limited human resource capacity, and challenges with quality and data management. As a multisectoral organization, UNICEF can address these barriers by leveraging existing expertise and in-country capacity, and by exploring synergies with other ongoing programmes.

For example, a collaboration with the Community Health Roadmap will help integrate and sustain COVID-19 testing in existing community health programmes, while UNICEF's [Global Support for Digital Health](#) technologies will guide community health workers on the appropriate testing procedure and transmit the results to a central server, where it can enable real-time monitoring and evidence-based public health decisions.

With ACT-A HAC support in Q1 of 2022, UNICEF procured 1,137,500 Ag RDTs and 22,500 point-of-care molecular tests for COVID-19 for four countries: Fiji, Lao People's Democratic Republic, Papua New Guinea and Ukraine. Of these, 137,500 Ag RDTs and 22,500 point-of-care molecular tests have been already delivered in this quarter. Fiji, Papua New Guinea, Laos received funds from the 2021 ACT-A HAC appeal with supplies delivered in this quarter; and Ukraine received funds from this year's appeal. The one million Ag RDTs for Ukraine – the largest diagnostics order supported by ACT-A HAC to date – was scheduled for delivery to Kyiv on 25 February, but dispatch was halted due to challenging circumstances. In consultation with UNICEF Ukraine and the Ministry of Health, this delivery is being redirected to Lviv and will be reported in the next Situation Report.

In Q1 2022, UNICEF made allocations for the Bolivarian Republic of Venezuela, Myanmar, and the Sudan to support procurement and distribution of COVID-19 diagnostics, technical assistance for community-based COVID-19 rapid testing in primary health care programmes, and to improve digital health tools to support rapid testing at community level that is linked with the COVAX and health management information systems in countries. On the supply side, operations have been smooth, unconstrained and efficient.

Therapeutics:

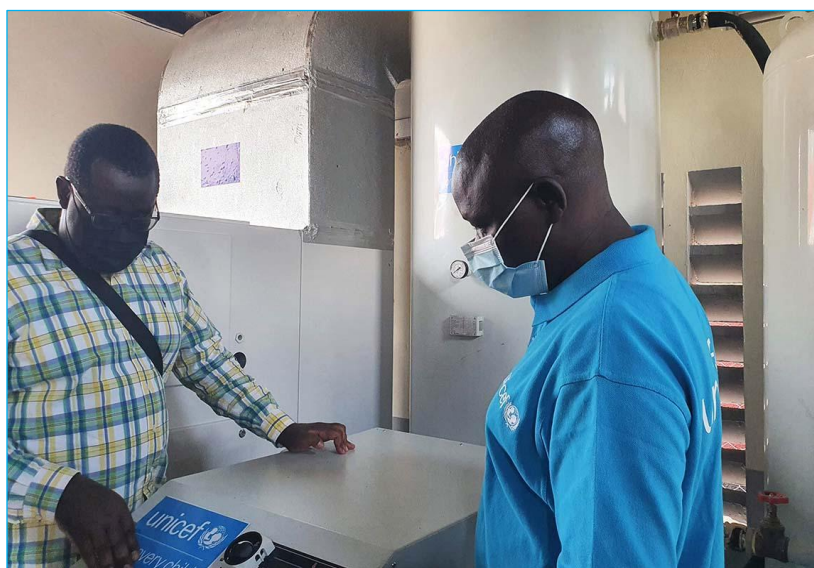
During the reporting period, ACT-A HAC funds totalling US\$10.5 million were allocated to 12 countries with HRPs to address urgent oxygen system needs. Countries will use these funds to support strategic planning to identify remaining oxygen system gaps and needs and procure essential equipment (including Plant-in-a-Box pressure swing adsorption ([PSA plants](#)) in four countries – see below). Funds will also cover technical and implementation support to ensure timely and sustainable implementation of PSA plants (including site preparation, oxygen piping system, sustainable power solutions) and other equipment, capacity building of engineers and providers of health services, and improved monitoring of oxygen systems. Funds from this appeal have directly contributed to procurement of oxygen concentrators, humidifier bottles and filter sets for Ethiopia and Ukraine (US\$ 0.3 million).

Based on UNICEF's long experience in responding to emergencies where a pre-packaged, easily deployable mechanism can reduce pressure on governments and partners, UNICEF created a Plant-in-a-Box PSA that can be rapidly implemented in LMICs based on national identification of needs. Since its introduction in late 2021, 29 countries acted to procure and scale UNICEF's Oxygen Plant-in-a-Box (with procurement mostly supported by funds from the ACT-A [Supplies Financing Facility](#)). This is a major shift from the initial focus on scaling simple equipment, such as oxygen concentrators. While this innovative solution accelerates the procurement process and provides important maintenance and capacity building services, implementation at country level is complex.

Oxygen Plant-in-a-Box: A life-saving innovation for the COVID-19 response

To keep up with the intense global demand for medical-grade oxygen caused by the COVID-19 pandemic, UNICEF has developed an innovative – and life-saving – emergency solution: the Oxygen Plant-in-a-Box.

The Oxygen Plant-in-a-Box package includes everything needed to install and operate a fully functional pressure swing adsorption oxygen plant within days of arriving at a health facility. The device can produce enough oxygen to treat up to 50 COVID-19 patients, or 100 children with severe pneumonia.



©UNICEF/Uganda. A UNICEF Oxygen Plant-in-a-Box in Soroti Regional Referral Hospital, Uganda.

The innovation has transformed rapidly from idea to reality. More than 16 countries are in the process of ordering this innovative product to respond to COVID-19 and strengthen health systems for the long-term. The procurement and installation of standard oxygen plants is a highly complex and technical process. Most plants are custom ordered to suit the needs of the individual facility. This results in long lead times in designing, ordering and installing the equipment.

By using an innovative approach to standardize the procurement of pressure swing adsorption plants and enable short-term prepositioning, UNICEF has been able to shorten lead times from 16 weeks to just two weeks in some cases. If a country faces a sudden surge of COVID-19 cases or another health emergency, a plant can be delivered by air freight and made operational within four weeks.

Key to the success of the project has been the technical support provided by UNICEF Supply Division to guide countries in preparing health facilities for plant installation. While improving access to therapeutic oxygen remains critical to UNICEF's response to the COVID-19 pandemic, it also serves broader goals of strengthening health systems and improving child survival from pneumonia and other treatable diseases.

The UNICEF Oxygen Plant-in-a-Box package has been carefully designed to ensure sustainability. While all plants include cylinder filling stations, which allow for the immediate delivery of oxygen, they also include the necessary equipment to connect to a permanent ward piping system if or when one is available. Spare parts and maintenance kits are part of the package, as well as two years of preventive maintenance service visits by the manufacturer's in-country partner along with 24/7 remote support. In this way, the investments made in medical oxygen in response to COVID-19 will continue to save thousands of children's lives long into the future.

To ensure countries are supported in this effort, UNICEF has put together a structured implementation package and plan, recruited additional engineering experts and created a global roster of technical experts that can be hired quickly across all levels of the organization to support oxygen scaling efforts. ACT-A HAC funds have directly contributed to this effort by funding four specialist consultants. Country funds are used to provide technical, procurement and implementation support directly to national governments. The major challenge that persists is the large capacity gap in countries and the lack of systems in place to sustainably scale oxygen systems. Planning strategically is necessary to ensure these investments will reap sustainable, long-term benefits. At country level, there are opportunities to further align and enable rapid operationalization of Global Fund investments in oxygen, especially oxygen plants.

ACT-A HAC funds have enabled UNICEF to build technical capacity across all levels of the organization and to optimize and systematize the oxygen response, enabling stronger support to national governments in their pandemic response.

In Q1 2022, the global technical team, supported partially through this ACT-A HAC appeal, provided technical assistance to 31 countries (12 countries with HRPs and an additional 19 countries that used other funds to support oxygen systems scaling and/or received HAC funds in 2021). Support included: identification and prioritization of country HAC resource needs and allocations; strategic planning for oxygen systems, including continued use/introduction of the oxygen systems planning tool in four countries; technical advice that enabled preparation for delivery and installation in relation to 45 PSA plants to 29 countries (including 10 countries with HRP). By the end of Q1, three PSA plants have been installed, with ACT-A HAC funds supporting implementation of the plants that are delivering oxygen to patients.

Real-time monitoring in Bangladesh helps UNICEF deliver oxygen to the people most in need

A real-time monitoring dashboard – set up by UNICEF and partners to support the COVID-19 response in Bangladesh – is enabling the organization to rush life-saving oxygen cylinders to the subdistricts (Upazilas) most in need to save hypoxemic patients.

The [dashboard](#)^{xiii} was updated in response to the second wave of COVID-19 in the country and tracks the number of used oxygen cylinders, oxygen concentrators and high-flow nasal cannulas, which have been supplied in part by the COVAX Facility.

The monitoring is helping the Ministry of Health and Family Welfare to analyse the gap in equipment and oxygen management and plan accordingly to distribute additional oxygen concentrators and cylinders. Corrective actions are also taking place in real-time as a result of this monitoring, such as the recent procurement and distribution of 1,000 oxygen cylinders to the most needed Upazila health facilities. These inputs have remarkably improved response capacity and have helped strengthen the resilience of the health system.

COVID-19 Dynamic Facility Dashboard for Bangladesh																	
National Statistics				Weekly Dashboard				Hospital Information				Vaccination					
20703/987		2,309/749		1,275		4,443		46,979		21,356							
Total COVID dedicated Bed: Total COVID Patient				High flow nasal canula/ Used		Total Ventilator		Total Oxygen Concentrator Available		Oxygen Cylinder Available (Full+Empty+In Use)		Total Bed with Central Oxygen Supply					
Important Note: Because of continuously changing / dynamic nature of patient admissions & outcomes, vacancy position keeps on changing. Please enquire and ascertain exact current facility availability / eligibility status from the concerned establishment before taking any further action.																	
Division: [Select] District: [Select District] Facility Type: [Select Facility Type] Type: [Select] Search [Reset] Occupancy rate: <50 >50 and <75 >75																	
Hospital Bed Information																	
#	Division	District	Facility name	General bed			ICU bed		ICU equivalent bed with high flow nasal canula		HDU bed		Total Beds	Occupied Beds	ICU Bed Occupancy Rate (%)	Bed Occupancy Rate (%)	Last update
				Covid dedicated general bed	Occupied Covid dedicated general bed	Admitted Covid patient in extra bed	Covid dedicated ICU bed	Occupied Covid dedicated ICU bed	ICU equivalent bed with high flow nasal canula	Occupied ICU equivalent bed with high flow nasal canula	Covid dedicated HDU bed	Occupied Covid dedicated HDU bed					
1	Khulna Division	Bagerhat	Bagerhat District Hospital, Bagerhat	70	1	0	0	0	0	0	0	0	70	1	0	1	07, Apr 10:34 AM
2	Khulna Division	Bagerhat	Chitalmari Upazila Health Complex, Fakirhat	10	0	0	0	0	0	0	0	0	10	0	0	0	09, Jan 10:25 AM
3	Khulna Division	Bagerhat	Upazila Health Complex, Kachua BH	20	0	0	0	0	0	0	0	0	20	0	0	0	01, Mar 01:52 PM
4	Khulna Division	Bagerhat	Upazila Health Complex, Mollahat	10	0	0	0	0	0	0	0	0	10	0	0	0	06, Apr 04:29 AM
5	Khulna Division	Bagerhat	Upazila Health Complex, Mollahat	10	0	0	0	0	0	0	0	0	10	0	0	0	07, Sep

The dashboard also monitors vaccine administration and the daily bed occupancy rate for all patients. It was created in collaboration with the Directorate General of Health Services for COVID-19 surveillance across response pillars and cross-cutting themes, such as case notification and management, bed occupancy rate, and distribution of critical human resources, essential logistics and medicine, including oxygen and vaccination roll out and management.

Health Systems and Response Connector

PPE

In Q1 2022, UNICEF continued to supply quality PPE to countries, enabling essential health care workers and other frontline workers to protect themselves and deliver care safely.

US\$25 million of ACT-A HAC funding was used to deliver quality PPE to 26 countries with humanitarian crises during this reporting period. The top five recipient countries (\$) – Ethiopia, the Sudan, Nigeria, Myanmar and Yemen – constituted 55 per cent of the funding provided for PPE through the ACT-A HAC in Q1 2022. Also, PPE was delivered as a priority to many emergency settings – including Ukraine and Afghanistan – to support the roll out of COVID-19 tools. In Ukraine, UNICEF provided essential PPE (boots, face shields, facemasks, gloves, and gowns), including 800,000 units of face masks and 12,500 isolation gowns to the country in Q1 2022.

Personal protective equipment for 58,000 people rushed to Ukraine

The war in Ukraine poses an immediate threat to children. More than 7 million people have been internally displaced, more than 130 children have been killed and 188 have been injured. Since 24 February 2022, WHO has registered 91 confirmed attacks on health care facilities in the country. UNICEF is working with the Government of Ukraine, United Nations agencies and key humanitarian partners to sustain life-saving services and support to children and families affected by the drastic escalation of the war.

Since the beginning of the war, 135 trucks containing emergency supplies have been delivered to support children and families. Life-saving medical supplies have reached hospitals and maternity wards in major cities to enable health workers to keep serving children and their families, despite the risk to their own lives and the lives of those they help.

Video: UNICEF Supply Division Chief of Emergency, Emma Maspero, speaks to health workers in a makeshift maternity ward and inspects some of the supplies that have been delivered.

Thanks to ACT-A HAC funding, essential PPE was delivered to health facilities at the onset of the emergency, including 800,000 face masks and 12,500 isolation gowns, to reach more than 58,000 people. PPE items were among the first supplies to arrive in Lviv in response to the emergency and were distributed to municipalities and hospitals in Dnipro, Kyiv, Severodonesk, Ternopil, Krmatorsk, Odessa and Lviv to enable health workers to protect themselves and their patients while providing life-saving support in a war-ridden country during a pandemic.



©UNICEF/Andriy Boiko/2022. On 11 March 2022, staff at Kyiv City Maternity Hospital No 5 in Kyiv, Ukraine, inspect boxes of PPE supplies that were delivered to the hospital. This was the first shipment of UNICEF humanitarian aid, and with future shipments, UNICEF will aim to reach 22 hospitals in five regions.

Risk Communication and Community Engagement

UNICEF and partners continued to work in over 100 countries to implementing people-centred behaviour change interventions to build local capacities, provide technical support, build partnerships and systems to increase the uptake of COVID-19 tools. In Q1 2022, UNICEF allocated US\$24.2 million across countries to further support RCCE activities.

UNICEF worked with influencers and local leaders, youth, and other networks to build community trust in basic services, promote public health and social measures aimed at stopping COVID-19 transmission, and tackle misinformation and rumours around COVID-19 vaccines. For example, in the Philippines, from December 2021 to January 2022, UNICEF expanded its #SaferTogether social media campaign from Facebook to TikTok, reaching 9.6 million users with 36.5 million impressions and increasing UNICEF's TikTok followers by 122 per cent. This initiative complemented other UNICEF-supported community-based activities in Regions IV-A and VI and the National Capital Region, which have the highest number of vaccine-eligible individuals in the country. These regions are among UNICEF's priority areas for support in ramping up COVID-19 vaccination and facilitating access to vaccination among vulnerable populations. Also, to help generate demand for booster shots and promote COVID-19 preventive actions, UNICEF is working with the Health Promotion Bureau of the Philippines Department of Health to update the COVID-19 vaccination communication guide for frontline workers. This will ensure that messages are aligned with the current situation. For example, in Sri Lanka, around 0.5 million vulnerable individuals living and working in estates (plantations) were reached with risk communication messages disseminated through public address systems to promote protective practices, increase booster dose uptake and update on the new variants of COVID-19.

UNICEF also takes on a coordination role, bringing together partners in support of national movement actions. As an example, in Myanmar, UNICEF is co-leading the RCCE Working Group at national level and also provides leadership in responding to myths and concerns that arise from social media monitoring updates. UNICEF, in collaboration with WHO, is working to promote better sharing of experiences, not only covering topics related to COVID-19 prevention and vaccination, but also continuous learning, mental health and other topics in the COVID-19 context.

Offline and online social listening continued at regional and country levels. Regional online sentiment analysis for Q1 shows 1) a dwindling volume of conversations on COVID-19, including vaccines; 2) an uptick in overall positive sentiments; and 3) notable negative sentiments related to other topics, such as masks and vaccines. Overall, these insights suggest a growing public sentiment that the 'pandemic is over'.

Regional Ramadan 2022 RCCE and COVID-19 demand generation initiative.

In the lead-up to the holy month of Ramadan, a virtual panel discussion was held with the Islamic Advisory Group to drive vaccination uptake for COVID-19, particularly among high-risk individuals, and to strengthen adherence to COVID-19 preventive behaviours. Panellists represented the Islamic Advisory Group, the International Islamic Fiqh Academy, EL Azhar, WHO, UNICEF and the International Federation of Red Cross and Red Crescent Societies. More than 110 participants participated, including religious leaders and members of international agencies. Using the insights generated during the discussions, UNICEF will leverage social media, video clips and web stories to encourage communities across the Middle East and North Africa to get vaccinated; strengthen partnerships with religious leaders to mobilize communities to get vaccinated (especially populations at risk and health care workers); encourage religious leaders to utilize religious gatherings to advocate for the importance of adhering to public health and social measures, including vaccination. Lastly, UNICEF and Al Azhar developed comprehensive guidance on COVID-19 prevention and vaccine uptake from an Islamic perspective, which was used to guide community outreach in more than 20 countries in the region and beyond.

Ramping up the RCCE response in Indonesia

As the United Nations lead on RCCE in Indonesia, UNICEF co-leads the RCCE Working Group (with the International Federation of Red Cross), which brings together national and subnational authorities, UN agencies, NGOs, religious groups, academia, private sector and media. The Working Group aims to coordinate advocacy and public information in support of the RCCE response through data generation, knowledge sharing, capacity building and dialogues between communities and decision-makers. Since January 2022, the working group has addressed issues such as the Omicron surge, transition from pandemic to endemic status, implementation of health protocols and sharing of the latest data on vaccine acceptance from a recent UNICEF and Nielsen survey. More than 900 members have participated in these sessions.

UNICEF supports content creation for the Government's COVID-19 website and related social media channels. The website has reached more than 4.1 million users since January 2022, with more than 10 million pageviews, while 165,797 people have been reached via social media channels with information on health protocols and vaccination. UNICEF also supports SMS message blasts that reach at least 50 million people with information related to COVID-19 monthly through a collaboration with mobile network operators.

UNICEF continues to develop and broadcast a wide range of information, education and communication content on COVID-19 through mass media, digital media, and influencers to raise awareness among at-risk groups. On digital platforms, dedicated COVID-19 pages on the UNICEF Indonesia website have received 511,922 visitors, while digital content on UNICEF social media channels has reached more than 493,648 people and generated 68,173 engagements on issues ranging from a safe return to learning amid the Omicron surge, to a 'coping with COVID-19' series for young people.

Participatory community-based activities are central to UNICEF's RCCE response in Indonesia, especially at subnational level. Volunteers from two faith-based organizations participated in an interpersonal communication training led by UNICEF in 2021, and in turn conveyed a range of RCCE messages to communities through dialogues, entertainment education and participatory learning activities, reaching more than 900,000 people since January 2022. Meanwhile, student-led campaigns on vaccines and preventive behaviours were conducted in January and February 2022 with the Indonesian Planned Parenthood Association, reaching at least 19,805 people in East and West Nusa Tenggara.

Door-to-door chats and puppet shows: Creating vaccine demand in Kyrgyzstan

In Kyrgyzstan, more than 600 volunteers have been recruited to conduct door-to-door visits to households to explain the benefits of vaccination to those who are hesitant. This initiative is part of multipronged strategy to boost the vaccination rate in the country, which sits at only 22 per cent in a population of 1.4 million people.

Volunteers from two civil society organizations – AIDS Foundation East-West in the Kyrgyz Republic (AFEW) and PF 'Save Health' – began making house visits in March 2022. In addition, 26 puppet shows will be held in the largest settlements to convey the importance of vaccinations to parents and young children.

Supported by global humanitarian thematic funding, the initiative is part of UNICEF's support to the Government to build greater confidence in vaccines in the country. Chinara Imankulova, AFEW project manager, explains how volunteers prepared for this work: "Our organization works in three regions: Jalal-Abad, Chui and Batken. During planning, special attention was paid to the analysis of demand for vaccines, epidemiological data and behavioural research. A volunteer training module was further developed and tested, given that volunteers will have to work with a doubting population and help them handle their individual cases."



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Nurila Duisheeva, social mobilizer of the AFEW volunteer network, added:

"Our volunteers are in all corners of the country. They are well aware of the local context and the specifics of working with this audience. The work of volunteers is constantly monitored according to indicators of their actions and the final result. There are also medical professionals in the team of volunteers, and we engage with vaccinated opinion leaders who are respected and who can positively influence attitudes towards immunization."

Tackling COVID-19 misinformation among vulnerable communities in Viet Nam

Viet Nam has achieved one of the highest rates of COVID-19 vaccination coverage in the world, with more than 98 per cent of people 18 years of age and older and more than 94 per cent of 12–17-year-olds vaccinated with two doses. Nearly 47 per cent of people over 18 have received a booster dose.

Despite high vaccine coverage, Viet Nam is experiencing a rapid increase in the number of COVID-19 cases. The country is responding with accurate and reliable information about maintaining preventive practices, preventing hospitalizations and staying healthy while the pandemic continues. A key objective is to ensure that the information about the vaccines is made accessible to all population groups, including ethnic minorities, people with disabilities and those living in hard-to-reach areas.

RCCE is an important part of the country's plan of "Safe adaptation, flexible and effective control of the pandemic". UNICEF and COVID-19 response partners are using this approach to address myths and misleading information about COVID-19 vaccines. For example, an online survey of 15,000 participants conducted by UNICEF with the Ministry of Health and WHO in February 2022 showed that nearly 15 per cent of respondents believe that the COVID-19 vaccine is unsafe; more than 13 per cent think it is ineffective; and more than 21 per cent think the booster dose is unnecessary or are unaware of it.

UNICEF is using RCCE to address these concerns, particularly among vulnerable populations, through mass media, social media and community engagement activities to encourage COVID-19 prevention and vaccination. Information is made accessible to ethnic minorities and people with disabilities, with key messages translated into the main ethnic languages of the country as well as into sign language.

Annex - Summary of programme results

Sector/Pillar	2022 Target	Results
Vaccines^{xiv}		
Per cent of the population in low-income countries fully vaccinated against COVID-19	70%	11.6% ^{xv}
Number of COVID-19 vaccines doses administered in low- and middle-income countries	4.1 billion ^{xvi}	1.3 billion ^{xvii}
Number of Humanitarian Buffer COVID-19 vaccine doses administered	100 million	1.6 million ^{xviii}
Diagnostics		
Number of COVID-19 diagnostic tests procured and delivered in countries with Humanitarian Response Plans	21 million	0.16 million ^{xix}
Number of countries with Humanitarian Response Plans that have scaled up COVID-19 testing with technical assistance from UNICEF	10	2
Therapeutics		
Number of countries with Humanitarian Response Plans that have scaled up oxygen treatment systems with technical assistance from UNICEF	20	12
RCCE		
Number of low- and middle-income countries that implement ACT-A related RCCE interventions based on social and behavioural evidence	133	111
Per cent of individuals who would get vaccinated once a vaccine is available and recommended	90%	91% ^{xx}
PPE		
Number of days' worth of quality PPE delivered to protect health workers in countries with Humanitarian Response Plans as they support the roll out of new COVID-19 tools	55 million	12.6 million ^{xxi}
Number of countries with Humanitarian Response Plans that receive quality PPE to enable the safe roll out of new COVID-19 tools	30	26

Links

- UNICEF ACT-A HAC Appeal 2022 – <https://www.unicef.org/appeals/access-covid-19-tools-accelerator-act>
- UNICEF's investment case for ACT-A 2022: <https://www.unicef.org/media/115196/file/UNICEF-Investment-Case-ACT-A-FullReport.pdf>
- 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 – <https://www.unicef.org/supply/unicef-creates-fund-support-low-and-middle-income-countries-access-covid-19-health-supplies>

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ⁱ A humanitarian crisis is defined as any circumstance where humanitarian needs are sufficiently large and complex to require significant external assistance and resources, and where a multisectoral response is needed, with the engagement of a wide range of international humanitarian actors. For the purpose of the ACT-A HAC, we will focus on the 30 countries that have Humanitarian Response Plans (HRP) [Afghanistan, Bangladesh, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Colombia, Democratic Republic of the Congo, DPR Korea, Ethiopia, Haiti, Iraq, Lebanon, Libya, Mali, Mozambique, Myanmar, Niger, Nigeria, Pakistan, Somalia, South Sudan, State of Palestine, Sudan, Syrian Arab Republic, Ukraine, Venezuela, Yemen, Zimbabwe].

ⁱⁱ [Link to revised appeal](#): The 2022 ACT-A HAC appeal was increased in April 2022 from \$933 million to \$1,272 million to correct for the carryover of funds from the 2021 ACT-A HAC appeal in the vaccine pillar, which had already been taken into account when calculating the needs to support vaccine delivery roll-out in 2022. Specifically, the 2022 ACT-A HAC need of \$575 million for the vaccine pillar was based on detailed costing and agreed with ACT-A partners and importantly took into account funds that had *already* been received and allocated to countries in 2021. The new 2022 new vaccine pillar appeal requirement of \$914M takes into account the carryover amount of \$338.6 million for the vaccine pillar from the 2021 appeal, together with the 2022 needs of \$575 million. In this way, we can correctly calculate the funding gap of this year's HAC appeal, that will be consistent with those presented by ACT-A partners and also be consistent with UNICEF's methodology to report carryover from related HAC appeals.

ⁱⁱⁱ We note that for this ACT-A HAC appeal, the carryover of \$361.0 million from the 2021 ACT-A HAC appeal is significant, given the receipt of funds late in 2021 and that many activities were planned to extend into 2022 supported by funds received in grants tagged towards this appeal. Carryover refers to the funds received in 2021 towards the 2021 ACT-A HAC appeal that were allocated—but not fully utilized—by 31 December 2021 which were carried over to the next calendar year in UNICEF's internal accounting systems enable their use in 2022. This carryover includes committed funds for purchases/activities that are ongoing but have not been completed, with full financial closure.

^{iv} <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---25-january-2022>

^v <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---29-march-2022>

^{vi} [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00056-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00056-3/fulltext)

^{vii} <https://link.springer.com/article/10.1186/s12939-020-01186-4>

^{viii} Rwanda with a current percentage of population fully vaccinated of 60.3%, is the only LIC deemed on track to meet WHO's global vaccination target

^{ix} <https://www.finddx.org/covid-19/test-tracker/>

^x <https://www.finddx.org/covid-19/test-tracker/>

^{xi} COVID-19 Behavioural Indicators - Collective Service for Risk Communication and Community Engagement (RCCE) (rcce-collective.net). [COVID-19 Behavioural Indicators - Collective Service for Risk Communication and Community Engagement \(RCCE\) \(rcce-collective.net\)](#)

^{xii} Strategic Preparedness, Readiness and Response Plan to End the Global COVID-19 Emergency in 2022. Geneva: World Health Organization; 2022 (WHO/WHE/SPP/2022.01). Licence: CC BY-NC-SA 3.0 IGO.

^{xiii} [COVID-19 Realtime Dashboard - https://dghs-dashboard.com/pages/covid19.php](https://dghs-dashboard.com/pages/covid19.php)

^{xiv} For all of the vaccine pillar results, UNICEF is contributing to progress towards these global targets, together with other partners, and working with countries to reach their national targets.

^{xv} Based on data on population and number of individuals that have completed a primary series from CoVDP information hub as of March 23, 2020. Data accessed from [COVID-19 Vaccine Delivery Partnership Information Hub \(fohub.crd.co\)](https://fohub.crd.co) on March 30, 2020. Given current coverage level, achieving global target of 70% population coverage is ambitious and may not be realistic based on current vaccine absorption rate, therefore, UNICEF will revise this target based on revised national/global strategy

^{xvi} This target was set in the 2022 ACT-A HAC appeal based on the ACT-A/COVAX target of achieving a population coverage of 70 per cent in low- and middle-income countries and reach each person with either one dose of Johnson & Johnson vaccine or two doses of other COVID-19 vaccine formulations. As of October 2021, when the target was set, approximately an additional 4.1 billion doses was needed to be administered from all sources. The doses needed to reach the 70 per cent target in low- and middle-income countries are continuously updated by ACT-A partners and will be updated in our appeal in June 2022 based on country coverage targets.

^{xvii} Based on total number of doses administered across 133 low- and middle-income countries within the reporting time frame of Q1 2022. Only total administered doses between January 3, 2022, and March 23, 2022, are included. Data accessed from [COVID-19 Vaccine Delivery Partnership Information Hub](https://fohub.crd.co). Of note, between October 18 – December 2021, 1.3 billion total doses were administered, which are not included in this current reporting period, yet represent significant additional progress towards the target, bringing the total number of doses administered since mid-October to ~2.6 billion.

^{xviii} This target was set in 2021 and may need to be revised in the current context. Of note, many countries with humanitarian populations are currently including those populations in their national delivery strategies, hence, the need for the humanitarian buffer is lower than expected. This target may be revisited in Q2 2022.

^{xix} During the reporting period, 1,160,000 diagnostics were procured, of these 160,000 were delivered.

^{xx} Take from the COVID-19 Behavioural Indicators - Collective Service for Risk Communication and Community Engagement (RCCE) (rcce-collective.net). [COVID-19 Behavioural Indicators - Collective Service for Risk Communication and Community Engagement \(RCCE\) \(rcce-collective.net\)](https://rcce-collective.net/covid-19-behavioural-indicators-collective-service-for-risk-communication-and-community-engagement-rcce/) In March 2022, the percentage of individuals who would get vaccinated once a vaccine is available was 90.8 per cent) (87.9 per cent -93.7 per-cent, accessed on 12 April 2022. UNICEF contributes to the achievement of this indicator with partners.

^{xxi} UNICEF models progress towards this indicator based on the estimated costs based on a methodology used by the ACT-A Hub to provide a community-based front-line worker with basic PPE for one day. We note that there are many assumptions and also that there is marked variation in the type of PPE needed (such as masks, eye protection, gloves, gowns and disposable bags to safely store and discard contaminated items) that are used and the costs vary significantly.