HIGHLIGHTS

- With funds from the ACT-A Humanitarian Action for Children (HAC) appeal, in Q2 2022, UNICEF:
  - Provided technical and financial support to deliver COVID-19 vaccines in low- and middle-income countries (LMICs) and countries in humanitarian settings, including urgent support to the COVID-19 Vaccine Delivery Partnership (CoVDP) for 5 of the 34 countries prioritized.
  - Conceptualized 21 national advocacy strategies in LMICs by the Country Support Working Group led by UNICEF and delivered more than 1.15 million COVID-19 diagnostic tests to 5 countries in humanitarian settings.
  - Supported the implementation of 97 oxygen plants across 31 countries as well as capacity-building in Humanitarian Response Plan (HRP) countries by the global oxygen technical team on planning and needs assessments, procurement support, and policy implementation, among others.
  - Continued to supply quality personal protective equipment (PPE) to countries, enabling essential healthcare workers and other front-line workers to protect themselves and deliver care safely. This included US$41.96 million worth of PPE items shipped to 22 HRP countries.
  - Supported more than 100 countries to implement people-centred behaviour change interventions and provided technical support to strengthen partnerships as well as build systems and local capacity to increase the uptake of COVID-19 tools.
**UNICEF’S RESPONSE AND FUNDING STATUS**

**FUNDING OVERVIEW AND PARTNERSHIPS**

The UNICEF ACT-A HAC appeal enables 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 2022 to include the carry-over of funds in the Vaccine Pillar already received towards the 2021 ACT-A HAC appeal.

As of 30 June 2022, UNICEF had received US$476.4 million against the 2022 ACT-A appeal target. The total funds available against this appeal are $837.4 million, which includes US$361.0 million received and carried forward from the 2021 ACT-A HAC appeal, in line with grant end dates and implementation timelines. As of 30 June 2022, UNICEF has a funding gap of US$434.2 million against the 2022 ACT-A HAC appeal.

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Figure: Map of countries receiving funds from the ACT-A HAC appeal in Q2 2022

Countries with Humanitarian Response Plans (HRP) are highlighted in dark blue. Countries that received flexible funding in Q2 2022 are marked as white lines overlay.
UNICEF would like to thank all donor partners, especially those who contributed flexible and timely contributions against this appeal. Building on significant contributions of flexible funding from the United States Government and Norway, we especially thank the Government of Germany for substantial investments of flexible funds in Q2 2022 for COVID-19 vaccine rollout and the Governments of Iceland and Italy for their contribution of fully flexible funds to scale up the response against COVID-19.

### Pillar 2022 HAC Appeal Requirement (US$) | Funds Received in Q1 + Q2 2022 (US$) | Funds Carried over from 2021 ACT-A HAC Appeal (US$) | Total Funds Available (US$) | Funding Gap (US$) | Funding Gap (%)
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Vaccine delivery, including Humanitarian Buffer | $ 913.6 M | $ 314.1 M | $ 338.6 M | $ 652.7 M | $ 261.0 M | 29%
Diagnostics | $ 75.0 M | $ 13.5 M | $ 5.9 M | $ 19.4 M | $ 55.6 M | 74%
Therapeutics | $ 92.0 M | $ 27.1 M | $ 2.2 M | $ 29.3 M | $ 62.7 M | 68%
Health Systems and Response Connector: PPE | $ 88.0 M | $ 63.5 M | $ 0.0 M | $ 63.5 M | $ 24.5 M | 28%
Health Systems and Response Connector: RCCE | $ 94.0 M | $ 54.1 M | $ 14.3 M | $ 68.4 M | $ 25.6 M | 27%
Global Coordination and Technical Support | $ 9.0 M | $ 4.2 M | $ 0.0 M | $ 4.2 M | $ 4.8 M | 53%
Total | $ 1,271.6 M | $ 476.4 M | $ 361.0 M | $ 837.4 M | $ 434.2 M | 34%

Notes: Please see ACT-A HAC Q1 SitRep and appeal for details on how the 2022 appeal targets were developed on the carryover from 2021. For Funds Received in Q2 2022: in some cases, flexible funds have been assigned to pillars based on current plans and needs. This may be adjusted in future quarters (as was the case from Q1 to Q2) to respond to changing needs.

### SITUATION OVERVIEW AND HUMANITARIAN NEEDS

From April to the beginning of June 2022, the number of newly reported COVID-19 cases and deaths has continuously decreased around the world. While there was a slight increase in cases reported in the last week of June, this has not led to an increase in hospitalizations and deaths. However, the change in testing strategies across the world has made it difficult to assess current trends, as lower overall numbers of tests performed leads to fewer cases detected.

The different sublineages of the Omicron variant have continued to evolve. In June 2022, the proportions of BA.2 and its descendent lineages were declining, but BA.5 and BA.4 lineages continue to rise globally and have been detected in 62 and 58 countries, respectively. BA.2.12.1, now detected in 69 countries, has decreased in prevalence since the end of June. The current evidence available does not indicate a change in severity associated with any of the three Omicron-descendant lineages, BA.2.12.1, BA.4 and BA.5.

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Figure: COVID-19 cases reported weekly by WHO Region, and global deaths, as of 26 June 2022
Source: WHO, June 2022
**Vaccines:** During the reporting period, while overall COVID-19 vaccination coverage increased, low-income countries (LICs) continued to lag behind with only 13 per cent fully vaccinated by the end of the quarter compared with 54 per cent and 64 per cent in lower-middle-income countries (LMICs) and upper-middle-income countries (UMICs), respectively. As of 20 June 2022, 20 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, with 3 additional countries meeting their national targets.

Of the 34 countries identified by the COVID-19 vaccine delivery partnership (CoVDP) for concerted support, 19 have managed to cross the 10 per cent vaccination rate threshold, including 6 countries with rates higher than 20 per cent.\(^vi\) Despite this progress and an adequate supply of vaccines, the overall pace of vaccination declined in Q2 across all income and country groups. For example, only 16 of the 113 LMICs that have yet to reach their national/global targets increased their vaccination pace during the reporting period; 4 of these are CoVDP priority countries (Cameroon, Chad, DRC, and Malawi).

Challenges such as low disease risk perception, waning demand, and competing health and other socio-economic priorities continue in many locations. Complex political landscapes, operating environments, and weak health systems affect the vaccination pace in some countries, while others with stronger health systems and higher coverage are facing difficulties in vaccinating hard-to-reach populations.

Continuous advocacy, improved planning and budgeting, and financial as well as technical support for health systems strengthening are needed to maintain momentum in countries that are progressing, as well as accelerate COVID-19 vaccine delivery in countries with low coverage.

**Diagnostics:** The global response to the pandemic relies heavily on timely and accurate diagnostic testing to detect outbreaks and track the spread and evolution of SARS-CoV-2, rapidly identify new variants and inform public health decision-making, and ultimately determine whether countermeasures are working. Similarly, testing is needed to facilitate a “test-and-treat” approach, to target appropriate patients with treatment and also prevent the widespread misuse of antiviral drugs that may lead to the emergence of drug-resistant viruses.

In Q2 2022, LICs had an average testing rate of 0.08 per 1,000 people per day (below the WHO target of 1 test per 1,000) compared with high-income countries (HICs), which have been testing at an average of 6 in 1,000.\(^vii\) An examination of the percentage of tests performed globally across these two income groups further highlights these inequities: 0.04 per cent versus 61.4 per cent, respectively.\(^viii\)

Despite increased test availability since the introduction of antigen rapid tests, barriers to access are ongoing in LMICs, including: limited awareness of the role of diagnostics, reduced demand and de-prioritization of testing in the national response, little guidance on how diagnostics can be used outside health care settings, lack of incentives to get tested, and inadequate workforce capacity to scale up diagnostic testing. Furthermore, a lack of political will and domestic resources for an integrated response – combining vaccines, diagnostics, and therapeutics – have led to a siloed approach emphasizing vaccination.

The loosening of public health mitigation measures combined with increased immunity (both from vaccination and infections) has also led to a scale down in SARS-CoV-2 testing, hindering early detection and identification of new variants. This limits the adoption of a test-and-treat approach, necessary to prevent misuse of novel antiviral drugs, and thereby creating a significant threat for the emergence of drug-resistant variants.

In terms of global supply, there is agile lead time for both the reverse transcription polymerase chain reaction (RT-PCR) and antigen detection rapid diagnostic tests (Ag RDTs). Prices for Ag RDTs under UNICEF procurement, currently between US$1.95 and $2.40 per test, remained stable during Q2 at US$2.25 per test.

Demand for COVID-19 diagnostics is centred mainly on Ag RDTs for professional use, while demand for self-tests is minimal to none through public procurement mechanisms. Demand for PCR tests is generally declining, covering only 10 per cent of all requirements for COVID-19 diagnostics.

**Therapeutics:** Unprecedented investments, including by UNICEF, have been made in oxygen systems as part of the pandemic response. However, COVID-19 has also exposed the underlying gap in oxygen supply as well as capacity to manage and maintain these systems in many LMICs.
Concerns regarding long-term sustainability are critical and require investments in national coordination and the development of costed roadmaps for oxygen systems, the latter of which should consider basic and surge needs beyond COVID-19 as well as equal distribution throughout countries and across levels of care. Ongoing costs to operate, maintain and power equipment should also be included in relevant budgets and plans.

Engineering capacity is low in many countries, especially at the subnational level, and will need to be built alongside the scale up of oxygen equipment to ensure preventive maintenance and repairs on an ongoing basis.

Following the WHO’s strong recommendation for nirmatrelvir/ritonavir – a second novel oral antiviral therapeutic for use in patients with non-severe illness at highest risk of hospitalization – UNICEF established a supply agreement with Pfizer for the procurement of up to 4 million treatment courses, subject to country demand.

Health Systems and Response Connector (HSRC)

Risk Communication and Community Engagement (RCCE): People-centred RCCE interventions remain critical to ensure a COVID-19 response is designed, implemented and tailored to the local context. Q2 2022 saw a continued low-risk perception of COVID-19 in light of easing of pandemic-related restrictions by governments. However, willingness to get vaccinated remains high, although long-term compliance with preventive measures has declined. Thus far, funds have been invested in long-term systematic approaches such as data and evidence (including social listening), capacity building of frontline workers, youth and women engagement, community engagement and community feedback mechanisms.

From various sources of evidence – including barriers analysis; knowledge, attitudes and practices (KAPs); and social listening – broadly in LMICs, the key barriers to COVID-19 vaccination are the limited or lack of access to vaccination sites and information on where to access vaccines, continued concerns over the safety and efficacy of vaccines among priority groups, and operational challenges related to misalignment between service delivery and social mobilization interventions.

Many countries, especially the priority 34 CoVDP countries, are exploring opportunities to integrate COVID-19 demand and RCCE interventions into routine immunization and other primary health-care interventions to address perception of low risk. Lack of data on priority groups, including the elderly, migrants and immunocompromised groups, can affect the ability to design tailored strategies to reach these groups.

PPE: The COVID-19 pandemic caused severe issues in the PPE ecosystem including acute shortages, steep price shocks, and gaps in global access. PPE is one of the most cost-effective health interventions that help protect the lives of health workers and significantly reduces the risk of infection, making it a critical tool both at the onset and through course of a health emergency. Global demand for PPE can be divided into the following main segments:

- Non-COVID-19-related usage
- Stockpile for critical PPE to bridge gaps in the event of future supply chain disruptions
- Immunization demand driven by COVID-19 vaccination campaigns
- Hospitals and clinic demand driven by hospitalizations due to COVID-19

Out of the above, the last two drivers are expected to last until Q4 2022, while the first driver may continue to grow owing to natural baseline growth and potential enduring habits in PPE use among workers in non-healthcare settings and the general public.

While ocean and air freight costs are gradually expected to normalize within 2022–2023, rates remain higher than before the pandemic and are unstable, leading to fluctuating prices, container shortages and logistic costs that should be carefully considered.

Quality has been a main focus owing to poor-quality products on the market and various instances of falsified technical documents. To address the above risk, UNICEF is pursuing rigorous due-diligence exercises to ensure the quality of PPE and medical devices products. This includes review and verification of product specifications, manufacturer ISO certification, marketing licences, external lab test reports and packaging. Only products that meet established technical standards are approved for UNICEF orders.18
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.

As the pandemic and response evolve, and as global partners and countries develop transition plans, UNICEF is making 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, developing data and digital health solutions, strengthening infection, prevention and control in primary health care settings, and ensuring investments have long-term impacts on health outcomes beyond COVID-19.

In Q2 2022, UNICEF and the WHO developed an internal strategic framework as well as specific guidance on how to accelerate the COVID-19 vaccine roll-out while strengthening PHC – *Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond: Version 1 (WHO & UNICEF).*

**Coordination and leadership:** In Q2 2022, UNICEF continued to invest in coordinating with global partners, especially under the Vaccine and HSRC pillars, where UNICEF has a leadership role. The ACT-A HAC appeal supported 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 CoVDP, an partnership that acts as a coordination body for COVID-19 vaccine delivery and includes Africa Centres for Disease Control; African Vaccine Delivery Alliance; Gavi, the Vaccine Alliance; UNICEF; WHO; and World Bank as key immunization partners. The CoVDP has committed to provide concerted support to the 34 countries with COVID-19 vaccination coverage at or less than 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 several full-time staff, such as the Deputy responsible for demand planning and funding, several desk officers, and health economists to support COVID-19 vaccine delivery costing and tracking of external financing.

UNICEF’s role in the Humanitarian Buffer focuses on vaccine supply and operational finance as a member of the management and coordination mechanism involving Gavi and the Inter-Agency Standing Committee (IASC) Working Group. The Working Group advises on processes necessary for facilitating access to and use of the Humanitarian Buffer. While the Working Group is advisory, the IASC Decision Group formally reviews and takes decisions on applications from implementing partners. UNICEF then executes the decision, managing the operational funds on behalf of the Humanitarian Buffer mechanism and facilitates the procurement of Humanitarian Buffer doses. The mechanism, designed by the Gavi Board, is coordinated by a Gavi secretariat to ensure smooth cooperation between agencies. Recent consultations have taken place between UNICEF, WHO and Gavi, in collaboration with the CoVDP to promote the use of the Humanitarian Buffer and address bottlenecks.

To improve uptake of the Humanitarian Buffer, the Working Group is striving to increase efficiencies and reduce complexity of the application and post-application processes and to better communicate the support that 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 application from Iran targeting 1.6 million recipients has already completed vaccine delivery, while Uganda has received vaccines and operational funds and started 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 Global Alliance for Diagnostics (FIND), which seeks to ensure equitable access to reliable diagnosis around the world. 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.
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 nucleic acid testing 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 the United States Agency for International Development (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 and to ensure a smooth transition to further strengthening oxygen systems for routine care, and pandemic preparedness and response. 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.

Within the ACT-A Therapeutics Pillar, UNICEF continued to coordinate with other partners to promote testing and treatment for COVID-19 therapeutics and to ensure that these are secured and made available to countries in a consistent and transparent manner while creating a unified position that is clear and consistent when approaching the industry partners. Thus far, a total of 4 million treatment courses have been secured for LMICS through UNICEF and a mapping of partner support for test and treat is ongoing.

**HSRC:** UNICEF, together with the Global Fund for AIDS, Tuberculosis and Malaria, the World Bank and WHO, co-convene the ACT-A HSRC. UNICEF’s key areas of focus within the Connector are to help remove critical bottlenecks to support 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 and infection prevention control (IPC), including adequate water sanitation and hygiene (WASH) in health care facilities.

The IPC/PPE/WASH workstream include participants and experts from WHO, Global Fund, and UNICEF, among others. Bringing together key programmatic experts from major agencies, this workstream is well-positioned to support development of technical/operational guidance while assisting countries create national IPC Action Plans. The workstream will also work with countries and donors to advocate for broader IPC programme development.

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 RCCE efforts, globally and at the country level. 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 Q2, UNICEF allocated a total of US$188 million to 72 countries, 7 regional offices, and headquarters supporting activities across all key programmatic pillars.

**Vaccines:** In Q2 2022, UNICEF disbursed US$ 126.7 million across 55 countries; of which US$ 40.8 million were fully flexible funds allocated through UNICEF’s ACT-A HAC allocation committee. UNICEF continued prioritizing LICs and LMICs as well as countries with humanitarian populations, helping to turn vaccines into vaccinations.

Flexible funds from UNICEF’s ACT-A HAC appeal were also used to support CoVDP priority countries that had urgent funding bottlenecks, which included Ethiopia, Nigeria, Sierra Leone, Somalia, and South Sudan during the reporting
period. Allocated funds were used to cover operational costs for: COVID-19 vaccine campaigns; logistics and vaccine transportation; demand generation, planning and roll-out of integrated COVID-19 vaccine and childhood vaccination campaigns; strengthening of data management systems; supportive supervision of vaccination teams; and waste management.

By the end of the reporting period, the average vaccination coverage among the 34 Countries for Concerted Support had risen to 13 per cent, representing an increase of 7 percentage points since January 2022. Specifically, 4 countries (all in humanitarian settings) crossed the 10 per cent vaccination rate, with a total of 19 countries now over this threshold. Yet, more remains to be done, as 15 countries had COVID-19 vaccination coverage below 10 per cent as of end of June, including 10 on UNICEF’s list of countries with humanitarian settings.

UNICEF and Gavi participated in the Partnerships for African Vaccine Manufacturing meeting in Addis Ababa, 14–17 June, contributing to discussions on the market intelligence to inform vaccine manufacturing and procurement on the continent. In Q2 2022, UNICEF supported the delivery of 79 vaccine refrigerators, 6 cold rooms, 33 ultra-low freezers, 2,000 cold boxes, 3,000 vaccine carriers and 2,821 temperature monitors for cold chain units to 10 countries in addition to 320,000 syringes to 1 LMIC.

In Yemen, taking concrete steps towards reimagining the future

Putting in place solutions that respond effectively to the COVID-19 pandemic now and strengthen healthcare systems for times to come, UNICEF and partners supported integration of COVID-19 vaccination with other childhood immunization as well as solarization and enhancement of the cold chain in Yemen.

In an outreach carried out in South Yemen, COVID-19 vaccines, routine childhood immunizations and vitamin A supplementation were provided in an integrated manner to communities that are most in need. Tens of thousands of adults and children were vaccinated against COVID-19, measles and rubella, diphtheria and other childhood illnesses.

In a country where access to electricity for public facilities, including health centres is a challenge, UNICEF, along with partners, also supported the solarization of six governorates’ cold store to ensure a sustainable and environmentally friendly source of energy for vaccines storage.
Taking steps to expand the capacity of cold stores in anticipation of the arrival of more COVID-19 vaccines, UNICEF undertook assessments and, based on identified needs, procured additional cold chain equipment. Cold chain equipment procured for vaccine management included 8,000 vaccine carriers, 1,500 cold boxes and 4,500 data loggers and freeze tags.

The solarization of cold stores and increased cold chain capacity are expected to improve vaccine management and decrease the risk of vaccine wastage. These, coupled with the integration of COVID-19 vaccination with childhood immunization, are all steps towards reimagining a more sustainable and resilient future.

“Express Vans” on the move in fight against COVID-19 in Malawi

In each of its 29 districts, Malawi has introduced “Vaccine Express Vans”, equipped with everything needed for generating awareness about COVID-19 vaccines as well as carrying out the actual mass vaccination.

Vaccines, cold chain equipment, a team of vaccinators, a public address system and information, education and communication (IEC) materials, as well as a tableau and a drama group, are part of each of the Vaccine Express Vans that drive the length and breadth of every district.

On an average, the express vans reached more than 500,000 people monthly, in addition to generating awareness and demand for immunization. The inauguration of the latest phase of the initiative also saw high-level political participation which further reinforced the political will behind the drive to fight against the COVID-19 pandemic.

UNICEF Malawi also supported the Government and partners to conduct COVID-19 Vaccination Week Campaigns called “Vaccinate my Village”.

Five such campaign weeks were held between May and June 2022 in all 29 districts, with the aim of accessing hard-to-reach areas. More than 742,162 people were vaccinated during the drive. Most pertinently, the “Vaccinate my Village” strategy, which included going house to house among traditionally marginalized communities, helped utilize 400,000 vaccines that were near expiry.

Among other initiatives, UNICEF procured 11,000 mobile phones for a pilot protect that aims to utilize RapidPro technology to improve data collection.

COVID-19 vaccinations to end learning interruptions in Guinea

With almost 4.5 million children facing learning interruptions in Guinea, UNICEF is working with the Government and partners to vaccinate adolescents aged 12 to 17 years against COVID-19.

The age group, representing 13 per cent of the general population, has been in and out of school since the start of the pandemic in 2020. In an effort to expand immunization to this age group and curb learning disruptions, Guinea is focusing on vaccinating 801,781 adolescents aged 12 to 17 in the regions of Conakry and Kindia.

The initiative will also contribute to the implementation of the COVID-19 vaccination acceleration plan with a view to increasing vaccination coverage to 70 per cent of the total population by the end of December 2022.
So far, 613,803 children aged 12 to 17 received their first dose of vaccine – i.e., vaccination coverage of 34.83 per cent – and 119,848 children received their second dose, representing a vaccination coverage of 6.80 per cent. The vaccination has been made possible with UNICEF’s support for vaccination teams, monitoring, data collection and social mobilization through the use of ACT-A HAC funding.

It is hoped that the initiative will contribute to lessening the education crisis faced in Guinea where the overall humanitarian situation has been exacerbated by the socioeconomic impact of COVID-19, political instability, and the recurrent threat of disease outbreaks, including haemorrhagic fevers (Ebola, Lassa and Marburg), measles and polio.

Jamaica on-track to digitally record, certify 1 million COVID-19 vaccinations

With more than 800,000 COVID-19 shots registered and certificates given out all over Jamaica, the UNICEF-supported CommCare digital platform is on track to soon reach the figure of 1 million. As of June 2022, the platform had recorded and given vaccination certificates to 451,184 women and 362,527 men.

The state-of-the-art digital COVID-19 vaccine information management platform and vaccine certificate now covers all vaccination sites in Jamaica. The platform has proved to be secure and time-saving for both health workers and vaccine recipients.

It is also proving to be a boon for health administrators who can get real-time data and analysis of key issues including the number of doses administered, status of reports of adverse events following vaccination, and demographical and geographical uptake of the vaccine. Having this information at their fingertips enables planners and managers to strategize and make mid-course corrections.

Diagnostics: In Q2 2022, UNICEF allocated US$3.8 million and provided technical assistance to support procurement and distribution of COVID-19 diagnostics in four HRP countries: Lebanon, Mali, Niger and Nigeria. This has contributed to the scale-up of COVID-19 rapid testing in primary health care programmes linked with health management information systems, which supported rapid testing at the community level.

In parallel, UNICEF has been leading the development of a global advocacy strategy using human-centred design based on a two-pronged approach: a top-down strategy targeting national policymakers to increase access to testing and a bottom-up strategy to increase demand for testing at the community level. During the reporting period, a total of 21 national advocacy strategies in LMICs were conceptualized by the Country Support Working Group led by UNICEF, and executed by FIND and Unitaid, to scale up COVID-19 testing and support the roll-out of test-and-treat approaches.

With ACT-A HAC support, in Q2 2022 UNICEF delivered more than 1.15 million COVID-19 diagnostic tests to five countries in humanitarian settings. Tests are available without constraints and with agile lead times for global deliveries. Prices have not changed since the last report and currently range between US$1.95 and $2.40 per test. UNICEF’s Free Carrier (FCA)–based weighted average price (WAP) for Ag RDTs in 2022 is US$2.25 per test.

Therapeutics: In Q2 2022, UNICEF allocated a total of US$4.6 million of ACT-A HAC funds, which have helped support countries in need, especially for the implementation and operation of complex oxygen equipment including oxygen
plants. By the end of the quarter, UNICEF had supported the implementation of 97 oxygen plants (funded by different sources including the HAC appeal) across 31 countries. This includes facility assessment and construction of plant rooms, power supply solutions, planning for oxygen distribution and delivery within and across facilities, as well as human resource requirements to operate oxygen plants.

HAC funds contributed to the work of UNICEF’s global oxygen team which reached a total of 19 HRP countries by the end of the quarter. Specifically, these funds supported biomedical engineering and other capacity-building activities as well as the procurement of oxygen equipment for countries in need: 331 oxygen concentrators were delivered to 2 HRP countries (Ethiopia and Ukraine) during the reporting period. The global oxygen technical team also supported many countries, with a priority for 15 HRP countries, on planning and needs assessments, procurement support, policy implementation, and other capacity building actions.

In Q2 2022, allocations were made for the first 1 million treatment courses of molnupiravir, including 60,000 treatment courses worth US$ 2.57 million procured and received at the UNICEF Supply Division warehouse in Copenhagen, ready for deployment as soon as recipient countries are ready. This is on the back of WHO’s strong recommendation for the use of nirmatrelvir/ritonavir in April 2022 for patients with non-severe COVID-19 who are at the highest risk of developing severe disease and hospitalization, such as patients who are unvaccinated, older, or immunosuppressed patients.

**UNICEF Supports Therapeutic Needs in Sudan**

Following the military coup in 2021, Sudan is facing increasing challenges with more than 14.5 million people, including 8 million children, in need of humanitarian assistance (including 3 million children suffering from malnutrition). Within its overall health and nutrition response, UNICEF is contributing towards the increase of diagnostic and therapeutic parts with a special focus on oxygen.

To that end, ACT-A HAC funds were allocated to the country for the procurement of 2 oxygen plants designated to North Kordofan (El Obaeid) and North Darfur (Elfashir). UNICEF is supporting a needs assessment to determine the exact sites and implementation requirements (plant room, electricity etc.).

To improve coordination and alignment, UNICEF also organized meetings with partners including MoH and UNDP to discuss assessment, procurement, and potential expansion of assessments to ensure comprehensive understanding of the oxygen ecosystem in the country.

**Systems Strengthening in Chad**

Various donors through the ACT-A HAC supported the procurement of an oxygen plant (PIB) for the provincial hospital of Mongo in Chad.

In addition, UNICEF conducted an oxygen need analysis across 23 provinces to help identify needs for additional concentrators, spare parts for repairs as well as training for equipment maintenance. 143 technicians were selected for training which are done jointly with MoH and WHO. Furthermore, toolboxes will be procured for health districts and provincial hospitals to avail equipment to perform basic maintenance and repairs.

**HSRC**

**PPE:** In Q2 2022, UNICEF continued to supply quality PPE to countries in need, enabling essential health care workers and other front-line workers to protect themselves and deliver care safely while administering COVID-19 vaccinations, tests, and treatments as well as caring for patients hospitalised by COVID-19. This included 41.96 million PPE items shipped to 22 HRP countries.
PPE for the people of the Sudan

In the Sudan, UNICEF is working closely with partners to vaccinate 52 per cent of the population by December 2022. To reach this objective, UNICEF has been playing a key role in maintaining access to PPE, ensuring that essential health workers and vaccinators are protected.

“As a lab technician, it is crucial to be equipped with masks, goggles and gowns as this ensures my safety and protects my patients and the wider community,” says Dr. Ali ELMutaz Ali, a lab technician with the Khartoum Locality District Level Health Directorate’s Rapid Response Team.

In May 2022, UNICEF delivered more than $785,000 worth of PPE, through ACT-A HAC flexible funding. PPE was distributed across Sudan to protect healthcare workers responsible for the continuity of essential health and nutrition services, including routine immunization against preventable diseases and various COVID-19 campaigns. More than 7,000 frontline healthcare workers and vaccinators were equipped with over 2 million pairs of gloves, 200,000 masks, 16,300 coveralls, 10,000 gowns and 4,000 goggles.

“The arrival of this PPE in Sudan gives a sense of security to both the patients we support and to the team I rely on,” stated Dr. Aisha AbdelKhalilq, a lab technician in Khartoum’s Omar Bin AlKhattab Health Centre.

“This PPE helps to strengthen the health centre by ensuring all front-line workers are staying safe and encourages more patients to seek medical assistance. We receive over 30 patients on a daily basis and we have recently noticed a decline in COVID-19 cases thanks to COVID-19 vaccines and, more importantly, to the preventive measures and equipment now in place.”

In Damascus, UNICEF supports a national campaign to vaccinate priority groups against COVID-19

To support Syrians in fighting the COVID-19 pandemic, UNICEF has procured life-saving supplies – including PPE and other medical equipment – at a value of nearly US$4.3 million since May 2020.

This equipment has been crucial in protecting health-care workers on the front lines of the pandemic response, who are at higher risk as they treat and care for patients with COVID-19. With PPE, they can take every precaution to keep themselves safe and continue serving their communities.

Protecting health workers helps to ensure that the most vulnerable women and children in the country will continue to have access to life-saving services, without risking years of progress and resulting in the poorest children falling further behind.

Keeping health-care workers safe and making efforts for the successful roll-out of COVID-19 vaccines in Syria ensures that children can continue to have access to existing, life-saving vaccines to prevent outbreaks of preventable diseases alongside the COVID-19 pandemic. UNICEF’s procurement of COVID-19-related supplies has been supported by generous contributions from various donors through the ACT-A HAC.
HSRC

RCCE: UNICEF and partners continued to work in more than 100 countries to implement people-centred behaviour change interventions, provide technical support, strengthen partnerships and build systems and local capacity to increase the uptake of COVID-19 tools. In Q2 2022, UNICEF allocated around US$10 million across numerous countries to further support RCCE and demand creation activities.

UNICEF has expanded its investment in digital engagement through tailored campaigns such as the #SaferTogether social media campaign in the Philippines, reaching 9.6 million users with 36.5 million impressions and increasing UNICEF TikTok followers by 122 per cent. UNICEF also supported complementary, community-based activities and social listening (offline and online) at the regional and country levels, including in areas that have the highest number of vaccine-eligible individuals in the country. Working with the Philippines Department of Health, UNICEF updated a COVID-19 vaccination communication guide for front-line workers to improve local capacity.

In Sri Lanka, around half a 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 provide updates on the new variants of COVID-19.

In Myanmar, UNICEF is co-leading the RCCE Working Group at the national level and 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, covering topics related not only to COVID-19 prevention and vaccination, but also to continuous learning, mental health and others in the COVID-19 context.

Nepal and India have seen an upward trend after a campaign in May that reached unvaccinated people in lagging communities through door-to-door/outreach. In Bangladesh, the COVID-19 vaccine campaign held in June reached high coverage despite severe flooding in some parts of the country. In Zimbabwe, integrating COVID-19 with other issues (sexual and reproductive health, Mental Health and Psychosocial Support, substance abuse, HIV) enabled comprehensive delivery of interventions and high traction, resulting in strong engagement on the issues. Youth engagement platforms (community dialogues, storytelling sessions and interactive helplines) are also being used to increase awareness of COVID-19–Appropriate Behaviours (CABs) as well as build acceptability of COVID-19 vaccination and other services.

Despite active implementation, challenges remain in UNICEF Country Offices in Eastern and Southern Africa. For example, in Burundi, national actors are hesitant to actively promote the COVID-19 vaccine and would prefer to only keep the population aware of vaccine availability. In Nigeria, there is widespread fear of side effects among the student population and how that would interfere with their work or studies. In Bangladesh, although vaccine demand was high among surveyed respondents, there are still some hesitancies in the community, citing fear of side effects and lack of trust in the vaccine.

Eswatini: The Birth of “Corona V Survivors on the Move”

“Corona V Survivors on the Move” is a new non-profit in Eswatini, established by COVID-19 survivors. Their goals are to provide support and counselling to COVID-19 survivors and train them as ambassadors to improve vaccine uptake, thus contributing to COVID-19 prevention. Given the emotional trauma these survivors experienced, the group also gives psychosocial support, inviting mental health experts to attend weekly meetings and provide mental health therapy.

In June 2020, Nobuhle Mavimbela arrived at the Regional Office at Manzini with upper respiratory symptoms. Because of her history of asthma and hypertension, she was directed to a private hospital where she experienced stigmatization and isolation stemming from a lack of knowledge about the virus among health workers at the time. When she was diagnosed with COVID-19, she was transferred to a Government health facility and described the process as “very traumatic, isolating and painful.” After this experience, she decided to launch “Corona V Survivors on the Move”, beginning with a series of awareness-raising sessions for COVID-19 survivors like herself. The idea was to train a group of people to be peer educators in the

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community. As time passed, more women who were COVID-19 survivors were recruited via word of mouth, especially those who had been severely ill with the virus.

With support from the Disaster Management Agency and Ministry of Health, these women were encouraged to share the useful information they received from the organization with their colleagues at work, and coordinated sensitization efforts with the Swaziland Business Coalition on HIV and AIDS (SWABCHA), which provides vaccination for workplaces. Their personal stories and calls to action have made them powerful mouthpieces for vaccination. This is an inspiring example of how a community-led, ground-up approach in RCCE can lead to a greater movement.

**UNICEF partners with youth advocates in Zimbabwe**

As part of its overall RCCE efforts, UNICEF supported the development of a human-centred design approach that helps identify factors that enable or affect demand and uptake of integrated COVID-19, Sexual and Reproductive Health (SRH), and Substance Abuse prevention and services. Youth advocates in Zimbabwe organized a workshop that drew participants from 12 former COVID-19 hotspot districts.

Youth advocates will act as ambassadors in their respective communities. In addition, they will enhance youth engagement in the COVID-19 and SRH responses by creating safe spaces for adolescents and young people to access accurate and confidential information and referrals on SRH and COVID-19 through various platforms. The platforms include social media, the Youth Helpline 393, bulk SMS, and the co-creation of art murals infusing COVID-19 and integrated SRH messaging, strategically situated in high-traffic zones. The workshop also helped develop a youth-led, integrated Social and Behaviour Change (SBC) multimedia advocacy strategy to tackle COVID-19 and SRH in the 12 districts.

As the country is experiencing a rise in COVID-19 cases among adolescents and young people, the role of youth advocates is more important than ever to ensure young people, in and out of schools, are provided with updated relevant, accurate and consistent information.

The project comes against the backdrop of adverse impacts from COVID-19 on education, employment, physical and mental health, and the wellbeing of populations. Global findings highlight that the impact on young people is systemic, deep, and disproportionate. While some recent evidence from the ongoing UNICEF-supported “Give it A Shot Campaign” indicates a high awareness of COVID-19 (above 80 per cent) among youth, the polls also indicate that the top drivers for not vaccinating are concerns regarding vaccine safety and effectiveness as well as mistrust. This mistrust can stem from misinformation through social media, conspiracy theories and concerns about fertility as well as interaction with contraceptive methods, which have all affected the uptake of vaccines among young people.

It is hoped that by using a series of multimedia campaigns with a mix of innovative digital and interpersonal communication and community engagement approaches, youth advocacy will strengthen demand and uptake of integrated COVID-19 and SRH services for adolescents and young people.
## Annex - Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector/Pillar</th>
<th>2022 Target</th>
<th>Results (Jan-Jun 2022)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vaccines</strong> &lt;sup&gt;xv&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per cent of the population in low-income countries fully vaccinated against COVID-19</td>
<td>70%</td>
<td>13.3% &lt;sup&gt;xv&lt;/sup&gt;</td>
</tr>
<tr>
<td>Number of COVID-19 vaccines doses administered in low- and middle-income countries</td>
<td>4.1 billion &lt;sup&gt;xvi&lt;/sup&gt;</td>
<td>1.93 billion &lt;sup&gt;xvii&lt;/sup&gt; (See Note)</td>
</tr>
<tr>
<td>Number of Humanitarian Buffer COVID-19 vaccine doses administered</td>
<td>100 million</td>
<td>2.4 million &lt;sup&gt;xviii&lt;/sup&gt;</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 countries with Humanitarian Response Plans</td>
<td>21 million</td>
<td>1.58 million &lt;sup&gt;xix&lt;/sup&gt;</td>
</tr>
<tr>
<td>Number of countries with Humanitarian Response Plans that have scaled up COVID-19 testing with technical assistance from UNICEF</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td><strong>Therapeutics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of countries with Humanitarian Response Plans that have scaled up oxygen treatment systems with technical assistance from UNICEF</td>
<td>20</td>
<td>19</td>
</tr>
<tr>
<td><strong>RCCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of low- and middle-income countries that implement ACT-A related RCCE interventions based on social and behavioural evidence</td>
<td>133</td>
<td>62 &lt;sup&gt;x&lt;/sup&gt;</td>
</tr>
<tr>
<td>Per cent of individuals who would get vaccinated once a vaccine is available and recommended &lt;sup&gt;xxi&lt;/sup&gt;</td>
<td>90%</td>
<td>90.2% &lt;sup&gt;xxii&lt;/sup&gt;</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 countries with Humanitarian Response Plans as they support the roll out of new COVID-19 tools</td>
<td>55 million</td>
<td>14.8 million &lt;sup&gt;xxii&lt;/sup&gt;</td>
</tr>
<tr>
<td>Number of countries with Humanitarian Response Plans that receive quality PPE to enable the safe roll out of new COVID-19 tools</td>
<td>30</td>
<td>24</td>
</tr>
</tbody>
</table>

Note: Between 18 October 2021 and 31 December 2021, 1.3 billion COVID-19 vaccine doses were administered, which are not included in this current reporting period, yet represent significant additional progress towards the 4.1 billion target which was set in October 2021. Between 18 October 2021 to 30 June 2022, the total number of doses administered towards the 4.1 billion target is 3.2 billion.

### Links

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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 US$914 million takes into account the carryover amount of US$338.6 million for the Vaccine Pillar from the 2021 appeal, together with the 2022 needs of US$575 million. In this way, we can correctly calculate the funding gap of this year’s HAC appeal, which will be consistent with those presented by ACT-A partners and also be consistent with UNICEF’s methodology of reporting carry-over from related HAC appeals.

Funds carried over from the 2021 ACT-A HAC appeal indicate funds that were raised against the previous 2021 ACT-A appeal but are considered against the 2022 ACT-A HAC appeal and count towards the closing the funding gap. 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.

The reported figure of 111 in Q1 was an accumulation of pillar results, UNICEF is contributing to progress towards these global targets, together with other partners, and working with countries to reach their national targets.

Based on data on population and number of individuals who have completed a primary series from the CoVDP Information Hub (infohub.crd.co) as of 23 June 2022. Data accessed from the CoVDP Information Hub on 1 July 2022. Given current coverage level, achieving global target of 70 per cent population coverage is ambitious and may not be realistic, based on current vaccine absorption rate; therefore, UNICEF will revise this target according to a revised national/global strategy.

UNICEF is contributing to progress towards this target with other partners.

Based on data as of 23 June 2022

All photos have a caption with a quote from the children.

Vaccination against COVID-19 for children aged 12 to 17 years at Coléah College Conakry, Guinea.

For clarity, the Q2 reporting figure has been adjusted to only count countries supported in 2022.

UNICEF is contributing to progress towards this target with other partners.

Source: the collective service, June 2022