HIGHLIGHTS

- With funds from the ACT-A Humanitarian Action for Children (HAC) appeal, in Q3 2022, UNICEF:
  - Disbursed US$77 million to support vaccine delivery across 54 countries, helping to turn vaccines into vaccinations, including in 27 priority countries of the COVID-19 vaccine delivery partnership.
  - Delivered more than 600,000 COVID-19 diagnostics tests to five countries that are responding to humanitarian situations.
  - Delivered 44,172 treatment courses of molnupiravir antiviral medication to Cambodia, Indonesia and Zimbabwe.
  - Provided ongoing supply and technical support for the implementation of 98 oxygen plants in 32 countries across 7 regions.
  - Shipped 19.94 million items of personal protective equipment (PPE) to 22 countries responding to emergencies with Humanitarian Response Plans.
  - Provided ongoing support to 133 countries to roll-out risk communication and community engagement (RCCE) and promote trust in COVID-19 tools, including the integration of COVID-19 vaccination with other routine immunization globally.
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 June 2022 to include the carry-over of funds in the Vaccine Pillar and released a budget realignment of the 2022 HAC appeal in November to better reflect the changing context and programmatic needs.

As of 30 September 2022, UNICEF had received US$527.8 million against the 2022 ACT-A appeal. The total funds available against this appeal are US$888.8 million, which includes US$361 million received and carried forward from the 2021 ACT-A HAC appeal, in line with grant end dates and implementation timelines. As of 30 September 2022, UNICEF has a funding gap of US$382.9 million against the 2022 ACT-A HAC appeal.
UNICEF would like to thank all donor partners, especially those who contributed flexible and timely contributions against this appeal. We acknowledge the significant contributions of flexible funding from the Governments of the United States and Norway. In addition, we thank the Government of Germany for substantial investments of flexible funds for COVID-19 vaccine roll out, the Government of Japan for cold chain system building support, and the Governments of Iceland and Italy for their contribution of fully flexible funds to scale up the response against COVID-19.

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Original 2022 HAC Appeal requirement (US$)</th>
<th>Revised 2022 HAC requirement (US$) *</th>
<th>Funds received in 2022 (US$)</th>
<th>Funds carried forward from 2021 (US$)</th>
<th>Total funds available (US$)</th>
<th>Funding gap (US$)</th>
<th>Funding gap (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccine delivery, including Humanitarian Buffer</td>
<td>$575 M</td>
<td>$913.6 M</td>
<td>$375.5 M</td>
<td>$338.6 M</td>
<td>$714.1 M</td>
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<tr>
<td>Diagnostics</td>
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<td>$11.8 M</td>
<td>$5.9 M</td>
<td>$17.7 M</td>
<td>$15.3 M</td>
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<td>Therapeutics</td>
<td>$92 M</td>
<td>$92 M</td>
<td>$26.0 M</td>
<td>$2.2 M</td>
<td>$28.2 M</td>
<td>$63.8 M</td>
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<tr>
<td>Health Systems and Response Connector: PPE</td>
<td>$88 M</td>
<td>$130 M</td>
<td>$59.3 M</td>
<td>-</td>
<td>$59.3 M</td>
<td>$70.7 M</td>
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<tr>
<td>Health Systems and Response Connector: RCCE</td>
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<td>$94 M</td>
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<td>$14.3 M</td>
<td>$60.7 M</td>
<td>$33.3 M</td>
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<tr>
<td>Global coordination and technical support</td>
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<td>$9 M</td>
<td>$8.5 M</td>
<td>-</td>
<td>$8.5 M</td>
<td>$459.8 K</td>
<td>5%</td>
</tr>
<tr>
<td>Total</td>
<td>$933 M</td>
<td>$1.27 B</td>
<td>$527.8 M</td>
<td>$361.0M</td>
<td>$888.8M</td>
<td>$382.9M</td>
<td>30%</td>
</tr>
</tbody>
</table>

Note: K = thousand; M = million; B = billion.
Please note that UNICEF recently published a revised ACT-A HAC appeal to reflect the changing context and programmatic needs in November 2022, available at Access to COVID-19 Tools Accelerator (ACT-A) Appeal | UNICEF. In this Q3 SitRep, UNICEF reports against these revised appeal requirements. Please see ACT-A HAC Q1 SitRep and appeal for details on how the 2022 appeal targets were developed on the carry-over from 2021. For funds received in Q3 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

Globally, the number of weekly new cases of COVID-19 increased in July 2022, after a declining trend following a peak in March 2022. The number of new weekly cases and deaths started to decrease again in August and September, with over 3 million new cases reported in the last week of September (Figure 1, Table 1), compared with 6.6 million new cases reported the week of 18 to 24 July 2022. As of 25 September 2022, over 612 million confirmed cases and over 6.5 million deaths have been reported globally. At the regional level, the number of newly reported weekly cases decreased or remained stable across all regions. However, the change in testing strategies across the world has made it difficult to assess current trends, as lower overall numbers of tests performed has led to fewer cases detected.

From 26 August to 26 September 2022, there were 106,735 SARS-CoV-2 sequences shared through the Global Initiative on Sharing Avian Influenza Data. Among these, 106,686 sequences were the Omicron variant of concern, accounting for 99.9 per cent of sequences reported globally in the past 30 days. There continued to be increased diversity within Omicron and its descendent lineages. A number of these Omicron descendent lineages are under monitoring. As of 11 September, BA.5 descendent lineages continued to be dominant, followed by BA.4 and BA.2 descendent lineages.

Vaccines: By the end of the reporting period, there was a modest increase in COVID-19 vaccination primary series coverage in the 133 low-income countries (LICs) and middle-income countries (MICs) supported by UNICEF’s ACT-A HAC, from 50 per cent at the end of June to 54 per cent by the end of September. Despite a higher increase over the past few months, LICs continued to lag in vaccination coverage reaching 19 per cent of the population with the primary series of COVID-19 vaccines, compared with 58 per cent and 64 per cent in lower-middle-income countries and upper-middle-income countries, respectively. At the end of September, only 23 out of the 133 LICs and MICs included in the UNICEF ACT-A HAC had met the WHO global target of vaccinating 70 per cent of their population.

Of the 34 countries identified by the COVID-19 vaccine delivery partnership (CoVDP) for concerted support, 25 have managed to cross the 10 per cent vaccination coverage threshold, including eight countries with coverage higher than 20 per cent and seven countries with coverage higher than 30 per cent. Additionally, five countries with national deployment and vaccination plans in the CoVDP dataset had met their national targets.

Out of the 30 countries with Humanitarian Response Plans, only two had achieved the global target of 70 per cent vaccination coverage, 17 countries reported coverage of below 30 per cent and 10 countries had varying rates between 30 and 70 per cent. Coverage data was not available for one of the HRP countries.
Globally, there is an adequate supply of COVID-19 vaccines and 22 countries (all CoVDP priority countries), among the 133 low- and middle-income countries, have managed to increase the total number of doses administered during the reporting period compared to the last quarter.

Low risk perception, waning uptake, competing health priorities, weak health infrastructure and services to adequately expand immunization services, inflation and socioeconomic challenges continued during the reporting period, adversely affecting COVID-19 vaccination globally. Some countries, such as Lebanon, have reported negative impacts of the worsening energy crisis on maintaining cold chain networks. Natural disasters and adverse weather conditions in other countries, such as Pakistan, Nepal and Nigeria, have also hindered service delivery – especially in hard-to-reach areas – and present competing humanitarian priorities for these locations.

Where progress has been achieved, this was attributed to good coordination, integration of COVID-19 vaccines with routine immunization, good availability of operational funds, strong political support, effective capacity building, and protection of health workers, among other things.

There is a strong need for continuous advocacy, improved planning and budgeting, financial and technical support for health systems strengthening, as well as ongoing integration of COVID-19 vaccination with other primary health care services, to maintain momentum and accelerate progress in countries with low coverage.

**Diagnostics:** Detecting outbreaks, tracking the spread and evolution of COVID-19, and rapidly identifying new variants are a key component of the global pandemic response. Through these efforts, public health decision-making is better informed, which ultimately helps decision-makers evaluate whether countermeasures are working. In addition, testing is required to target appropriate patients with treatment and prevent the widespread misuse of antiviral drugs. This “test and treat” approach can help mitigate the emergence of drug-resistant viruses.

The average testing rate – 0.64 tests for every 1,000 people – across the world over the last 12 months remained steady; however, this masks a significant disparity across countries. On average, only 0.06 tests per 1,000 people were performed in LICs compared with 3.77 tests per 1,000 people in HICs. During the reporting period, these rates continued to drop with the loosening of public health measures, ranging from 0.03 and 0.02 tests per 1,000 people in LICs and lower-middle-income countries, respectively, to 0.51 per 1,000 people in upper-middle-income countries. Only HICs continued to perform above the WHO target of one test per 1,000 people, with an average testing rate of 1.90. Nevertheless, even HICs showed a drop in testing during Q3 compared with the previous quarter (2.64 tests per 1,000 people).

The scale-down in SARS-CoV-2 testing hinders early outbreak detection and identification of new variants. To improve testing rates and mitigate the emergence of new variants, including those resistant to novel oral antiviral drugs, UNICEF has joined the ACT-A community in rolling out a test and treat approach targeting immunocompromised and vulnerable populations.

In Q3 2022, WHO approved the first quality-assured SARS-CoV-2 self-test for emergency use. Following the listing, UNICEF established a global supply arrangement with the manufacturer and opened access to the product for programmes and partners. Yet demand for self-tests, as observed in UNICEF’s procurement thus far, is minimal.

To date, the global supply of COVID-19 diagnostic tests is sufficient. Both reverse transcription polymerase chain reaction (RT-PCR) and antigen detection rapid diagnostic tests (Ag RDTs) are available without constraints and with agile lead time for purchasing and procurement. Prices for rapid tests under UNICEF procurement range from US$1.95 to US$2.40 per test. UNICEF’s Free Carrier-based weighted average price for these tests were further reduced in Q3 2022 to US$2.23 per test.

**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 the limited capacity to manage and maintain these systems in many low- and middle-income countries.

The massive influx of oxygen equipment to countries raises concerns about long-term sustainability. There remains a need for sustained investments, ensuring national ownership, coordination that covers basic and surge needs and equitable access to oxygen for all patients. This includes strategic and costed plans for oxygen scale up; inclusion of
ongoing costs to operate, maintain and power equipment in relevant national and subnational budgets and plans; a greater number of trained engineers and technicians to maintain and repair oxygen and other biomedical equipment; and the integration of oxygen in patient care protocols.

During Q3 2022, there was a gradual shift in the pandemic response from an emergency approach to a longer-term COVID-19 management strategy, in line with the current epidemiological situation, which has had impact on the demand for therapeutics. With increased availability of novel therapeutics in low- and middle-income countries, countries are now looking at having small quantities of therapeutics stockpiled to be able to quickly respond if there is a spike in the number of COVID-19 cases. At the same time, many are piloting targeted test and treat approaches for high-risk populations.

UNICEF’s supply agreement established with Pfizer for the procurement of up to 4 million treatment courses of nirmatrelvir/ritonavir – the second novel oral antiviral therapeutics – has been re-negotiated and now covers 137 countries, an increase from the 95 countries included in the original supply agreement. This will enable more countries to gain access to this product.

Health Systems and Response Connector

Risk Communication and Community Engagement (RCCE): As countries continue to implement COVID-19 RCCE interventions, the risk of disease outbreaks, such as Ebola, cholera, polio, and measles, and seasonal shocks like floods, are negatively impacting the implementation and continuity of health services, including COVID-19 vaccination. Despite these competing priorities, countries are re-positioning RCCE as an entry point to support primary preventive care by promoting routine immunization to address pressing issues such as the zero-dose population (those who have never received a single vaccine) and low COVID-19 vaccine uptake in priority communities.

Some key challenges affecting the RCCE response include campaign fatigue, lack of human resources, operational issues, and vaccination indifference due to myths and misinformation. For example, rumours around the extension of the Pfizer vaccine’s shelf-life created concerns among certain segments of populations, as people believed the vaccine would not be as effective or safe, which was inaccurate. The collateral consequences of the pandemic, such as increasing mental health issues among youth, are also of the utmost concern. In some countries, shifting political agendas have contributed to a de-prioritization of COVID-19 activities, further exacerbating the negative impact of the pandemic.

Given these challenges, there is a need to increase efforts to promote vaccine uptake among priority groups as well as other groups (including adolescents) who play a crucial role as agents of change in communities everywhere.

PPE: The COVID-19 pandemic revealed severe constraints in the PPE ecosystem, including acute PPE shortages, steep price shocks, and deep gaps in access to supplies. As a result, UNICEF’s approach to PPE procurement is focused on transforming the PPE ecosystem including moving beyond cost and lead-time driven procurement to also consider factors such as environmental impact, regional sourcing, and innovation in its procurement strategy.

The increased level of global demand for PPE continued during the reporting period, as many countries are far from meeting global targets on vaccination coverage, testing rates, and access to treatments and PPE remains a vital tool in protecting frontline healthcare workers as they work to vaccinate, test, and treat patients against COVID-19. In Q3, there was an observed increase in demand owing to natural baseline growth and potential enduring habits in PPE use among workers in non-health care settings and the general public. In addition, co-occurrences of other infectious disease outbreaks (such as Ebola) are increasing needs for PPE in impacted countries.

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 move into a transition phase, UNICEF is making strategic adjustments to better integrate and strengthen systems, moving away from siloed pillar-specific approaches towards systems-building. This includes maintaining essential health care services at facility and community levels; promoting integrated and bundled service delivery (including to boost vaccine uptake, testing and care-seeking); building and maintaining sustainable oxygen systems for broader maternal, newborn and child survival; engaging communities through multiple platforms for RCCE; strengthening data and digital health solutions; reinforcing infection, prevention and control (IPC) and water, sanitation and hygiene (WASH) in primary health care settings; and ensuring investments have long-term impacts on health outcomes beyond COVID-19. UNICEF remains engaged in discussions with ACT-A partners as we transition these global efforts, drawing from the lessons learned during the pandemic response to foster stronger public health emergency preparedness and response going forward.

**Coordination and leadership:** In Q3 2022, UNICEF continued to invest in coordinating with global partners, especially under the Vaccine and Health Systems and Response Connector Pillars of ACT-A, where UNICEF has a co-convening role. UNICEF, together with WHO and the ACT-Accelerator partnership, supported the ‘Ending the COVID-19 pandemic through equitable access to vaccines, tests and treatments’ high-level event during the Seventy-seventh session of the United Nations General Assembly. Bringing together different stakeholders, there was a repeated call to action to mobilize additional political support and effectively end the pandemic by accelerating priority actions and improving vaccination coverage strategies everywhere.

**Vaccines:** UNICEF is a founding partner in the CoVDP, a 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 various 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.

At the end of the reporting period, the COVAX partnership advised partners that the Humanitarian Buffer would be closed on 31 December 2022. As a last resort mechanism, it was anticipated that successes would be few in this area and by the end of the quarter there were core concerns around ensuring equity of support to humanitarian situations, particularly to populations living in the most challenging environments. These concerns continued despite the supply scarcity issue becoming less relevant. Partners associated with the Humanitarian Buffer are striving to document lessons learned to transfer immediate needs and opportunities to the CoVDP while exploring fundamental shifts to better respond to the next pandemic. A summit to bring actors together to examine these lessons and chart the way forward is planned for early 2023.

**Diagnostics:** UNICEF continues to lead the ACT-A Diagnostics Country Support Working Group, in coordination with WHO and the Global Alliance for Diagnostics, 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, 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 streamlined support and implementation in countries and a smooth transition towards further strengthening oxygen systems for routine care and pandemic preparedness and response. There are opportunities to leverage various 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 clear, consistent, and unified position when approaching industry partners.

As the COVID-19 response shifts from an emergency to a longer-term health systems response, UNICEF is working to transition the oxygen response towards sustainable systems scale up. UNICEF continues to focus on: 1) accelerating access to oxygen by ensuring availability across all levels of the health care system; 2) strengthening procurement, maintenance and oxygen supply chain systems; and 3) integrating oxygen and hypoxemia management in service delivery, including to improve access for women and children.

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 area of focus within the Connector is 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 providing 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 IPC, including adequate WASH in health care facilities.

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.

The IPC/PPE/WASH workstream includes 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 in creating national IPC Action Plans. The workstream also engages with countries and donors to advocate for broader IPC programme development.

PROGRAMMATIC RESPONSE: RESULTS AND CHALLENGES

In Q3, UNICEF allocated a total of US$139 million to 80 countries, 4 regional offices, and headquarters supporting activities across all key programmatic pillars.

Vaccines: In Q3 2022, UNICEF disbursed US$77 million across 54 countries for vaccine delivery needs; of which US$68.9 million were fully flexible funds. UNICEF continued prioritizing vaccine delivery in LICs and lower-middle-income countries as well as countries with humanitarian populations, helping to turn vaccines into vaccinations.

Of the total funds disbursed to countries, US$54.2 million were allocated to 27 CoVDP priority countries, including emergency funds to seven countries (Cote d’Ivoire, the Democratic Republic of the Congo, Djibouti, Malawi, Nigeria, Sierra Leone, and the Sudan) to meet urgent needs channelled through the CoVDP. To align with UNICEF’s commitment to support countries in humanitarian settings, US$46.8 million of the funds disbursed during the reporting period were channelled to Humanitarian Response Plan countries through UNICEF country offices.
During Q3, UNICEF supported countries to deliver activities such as integrating COVID-19 vaccination campaigns within routine immunization; strengthening cold chain facilities and vaccine transportation to delivery sites; providing technical assistance to governments for planning, coordination and supervision; and strengthening the monitoring and evaluation of vaccine logistics and waste management systems contributing to COVID-19 vaccine delivery.

Additionally, UNICEF provided technical assistance, in partnership with the CoVDP, to develop and disseminate a One Budget guidance note to priority countries to improve coordination and planning of domestic and external financing for COVID-19 vaccine delivery. During the reporting period, six countries were supported to develop harmonized country budgets for COVID-19 vaccination (Cameroon, Malawi, Nigeria, South Sudan, Sudan and the United Republic of Tanzania).

During the quarter, UNICEF also provided financial support to 12 countries to plan, pilot or scale up integration of the COVID-19 vaccine within the delivery of routine immunization and other essential health services.

**Kenya: Bringing COVID-19 vaccination to young people**

Kenya began its vaccination campaign against COVID-19 in March 2021, first targeting the adult population and then, as more vaccines became available, moving on to adolescents. However, achieving the national vaccination plan set by the Ministry of Health remained a challenge; by the end of June 2022, the mid-year targets for each of the 47 counties (subnational regions) had not been achieved. Access to COVID-19 vaccines was identified as one of the key obstacles, including distance and travel time to the vaccinating facility, as well as limited availability and affordability of travel.

Through ACT-A HAC funding, UNICEF has been supporting the Government of Kenya to bring vaccines to community outreach points in addition to expanding the number and geographical distribution of vaccination centres, ensuring one was within reach of every household. Training vaccinators, providing transportation for vaccination teams, supporting vaccine logistics, and communicating to the local population regarding vaccine availability, were some of the key components of this approach.

In particular, UNICEF implemented focused outreach to young people, who remain an elusive target for health officials to vaccinate against COVID-19 in Kenya. “This is an age group that would not tag along with parents to vaccination camps. Nor would they come in contact with primary health centres unless they fall very sick,” says Camlus Odhus, a UNICEF Health Officer in Kisumu. Meeting the immunization target of vaccinating 117,718 adolescents (between 15 and 17 years of age) in Kenya’s 10 sub-counties proved a difficult task.

All that changed when the Ministry of Health joined forces with the Ministry of Education to bring COVID-19 vaccination directly to schools. Learners were selected from 113 public secondary schools across all 10 sub-counties and teams of vaccinators visited the schools to administer vaccines to adolescents aged 15–17 years as well as teachers and other educators.

In Busia County, the aim was to fully vaccinate 102,342 adolescents. However, the number of adolescents reached at the end of April was only 5,157 or 5 per cent of the target audience. Once the new initiative of bringing COVID-19 vaccinations directly to schools was put in place, coverage jumped to 50 per cent by end of June with a high chance of achieving over 70 per cent coverage by the end of December 2022.

“Secondary schools held a big chunk of the non-immunized population, which would become the locus of the spread of COVID-19 in the event of new outbreak. The rapid results initiative in secondary schools was necessary to reduce the likelihood of massive infections and deaths in schools,” says Juliet Kilima, Busia County Expanded Programme on Immunization Logistician.
School-based vaccination therefore provided an opportunity for eligible learners and teachers to get vaccinated without a significant disruption to learning activities and was therefore an effective means of increasing COVID-19 vaccination coverage.

**Nigeria: Leading by example on COVID-19 integration**

Christana Okelana, a young mother of two in Nigeria’s southwestern State of Ogun, could not help chuckling when she was asked if she wanted to take her COVID-19 vaccine after her youngest had got his measles shot. “I always come here for my children’s vaccines. Now you want me to stand in a line and get shots myself!? My boys will laugh at me,” she jokingly said, even as she got in line for her first COVID-19 vaccination.

As Christana was getting her vaccine, on the other end of the integrated vaccination camp, 4-year-old Olorunfunmi Jomiloju received his routine immunizations as per his vaccine card.

UNICEF is promoting integrated health and vaccine campaigns throughout the world as more and more countries are seeking to move beyond initial pandemic responses and towards integration with routine immunization and primary health care. In Nigeria, this first-ever integrated campaign conducted in three states managed to reach over 900,000 people with COVID-19 vaccines, in addition to 8.8 million people (aged 9 months to 44 years) with yellow fever vaccines and 6.2 million people (aged 9 to 59 months) with measles vaccines, among others.

The initiative comes on the heels of global guidance issued by UNICEF and WHO titled: “Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond”. Supported in part by ACT-A HAC funding, a joint WHO-UNICEF task team developed this document in consultation with technical and programmatic groups from various organizations and across international, regional and country offices. It provides workable definitions and principles, an overview of the risks and benefits, and a summary of country experiences, while proposing key steps to operationalization.

Integration provides an opportunity to achieve greater sustainability and to leverage resources towards strengthening routine immunization and primary health care. This is especially important in the context of the continued backsliding of routine immunization faced by many countries. COVID-19 vaccination of parents may create opportunities to identify those children who have never received key childhood vaccination – known as “zero-dose” children.

Indeed, young mothers like Christana and children like Olorunfunmi best exemplify how these guidelines can be translated into on-the-ground results for women and children.
Equitable access to, and utilization of, COVID-19 vaccines have been touted as fundamental pathways out of the pandemic. But in Anbar, Iraq’s largest governorate by area with a population of around 2 million people, this is easier said than done.

To stop the spread of COVID-19, improve vaccine uptake, and reduce the probability of resurgences of vaccine preventable diseases, UNICEF through ACT-A HAC funding, has been supporting the Government of Iraq and partners to roll out the Intensification of Integrated Immunization Services campaign.

Not only is Anbar behind the rest of the country in terms of COVID-19 vaccination coverage, but its overall routine immunization rates are also significantly lower than the national rates. To illustrate, the national vaccination coverage rate of the first COVID-19 dose is 26 per cent, the second dose is 18 per cent and the third dose is below 1 per cent – but the rates in Anbar are lower, at 20 per cent, 14 per cent and 0.25 per cent, respectively. When looking at gender disaggregated data, the picture is even more dismal, with only 39 per cent of women vaccinated.

UNICEF has intensified its support in Anbar and prioritized efforts to where they are needed most. This includes the provision of 77 outreach teams attached to various primary health care centres. Each of these teams conduct six outreach sessions per month.

Other support includes capacity building of health staff, including of 528 vaccinators and 183 health promoters on COVID-19 vaccination and routine immunization, and the provision of cold chain supplies to improve storage capacity and close cold chain gaps.

UNICEF plans to support the campaign until the end of 2022, including by conducting supervisory visits with on-the-job training to ensure a high quality of services and to improve routine immunization coverage and increase COVID-19 vaccination coverage in Iraq.

**Diagnostics:** In Q3 2022, UNICEF allocated US$3.8 million and provided technical assistance to support procurement and distribution of COVID-19 diagnostics in four Humanitarian Response Plan countries. 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. UNICEF also delivered more than 600,000 COVID-19 diagnostic tests in Q3 to five countries in humanitarian settings. UNICEF’s Free Carrier-based weighted average price for these tests were further reduced in Q3 2022 to US$2.23 per test.

To improve testing rates and mitigate the emergence of new variants, including those resistant to novel oral antiviral drugs, UNICEF is collaborating with national and international actors as well as local implementing partners in rolling out a test & treat approach targeting immunocompromised and vulnerable populations.
During the reporting period, UNICEF supported the ongoing development of a global advocacy strategy for diagnostics, with field research ongoing in five countries in Asia and Africa. Working closely with the Global Alliance for Diagnostics and other ACT-A partners, UNICEF is supporting the development of 21 national advocacy projects in 19 low- and middle-income countries. In addition, a community of practice was established to convene national partners on a regular basis, with UNICEF actively participating in their organization and facilitation. There were also 13 ongoing operational research projects coordinated by the Global Alliance for Diagnostics. As a part of advocacy efforts to raise awareness around the important role of diagnostics in pandemic response, UNICEF is leading the production of photo video assets highlighting these ongoing operational research projects, with one documenting a migrant mining community in Suriname, which is in process in Q3. UNICEF also hosted two country-specific deep dive sessions bringing together various project leads to promote cross learning and build synergies between the streams of work.

**Therapeutics:** In Q3 2022, UNICEF allocated US$6.4 million of ACT-A HAC funds to 22 countries across five regions, with a large portion of the funds going to support the implementation and operation of complex oxygen equipment, including oxygen plants. Thus far, 4 million treatment courses have been secured for low- and middle-income countries through UNICEF and a mapping of partner support for test and treat is ongoing.

By the end of the quarter, UNICEF was supporting the implementation of 98 oxygen plants (funded by different sources including the HAC appeal) in 32 countries across seven regions. 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.

The construction of designated plant rooms remains a key challenge in many countries, which UNICEF is addressing through the recruitment of regional and country focal points to facilitate implementation as well as the provision of expert guidance through the global technical team (supported with HAC funding).

**Bangladesh: Liquid medical oxygen saves lives in marginalized neighbourhoods**

Shaheed Ahsan Ullah Master General Hospital in Gazipur city, Bangladesh, used to be known as a rather nondescript government facility where people would go for treatment only if they couldn't afford the cost of a private hospital. Health workers say two-thirds of the beds at the hospital would remain empty most of the time.

But in recent months, a new liquid medical oxygen supply system, established with support from UNICEF through ACT-A HAC funding, has been building local people’s confidence in the hospital.

“Before the system was introduced, we were used to seeing 50 to 60 patients at the hospital. But at the moment, we have 176 patients admitted here, and nowadays, the number of patients doesn't fall below 150, since we no longer refer patients to other hospitals just because they need oxygen support,” says Masud Rana, acting resident medical officer at the hospital.
The bulk liquid oxygen storage enables health workers to provide continuous oxygen supply at the desired flow to patients in all beds of the hospital, says Doctor Rana. This life-saving gas is supplied through a central pipeline system built with UNICEF support earlier this year. “It increases the chances of survival of severely sick newborns and children suffering from pneumonia, sepsis or asphyxia,” he adds.

Health workers say the need for a steady supply of oxygen was felt most strongly during the peak of the COVID-19 pandemic in 2020 and 2021. “Giving oxygen to just 10 patients became a big challenge at the time. But now we can effortlessly provide oxygen support to 40 or 50 patients,” says Nahar.

Both Nahar and Rana attended a training on oxygen management system and Medical Gas Pipeline System provided by UNICEF, which helped them to understand the rational use of oxygen, monitoring of the oxygen pipeline at the hospital wards and operation theatres.

Pakistan: Strengthening oxygen systems in to save lives from preventable diseases

For the past three years, Pakistan’s health system has been struggling to recover from the impact of the COVID-19 pandemic. Following the recent catastrophic floods in the country, UNICEF stepped up its support for health as a key priority.

With thanks to ACT-A HAC funding, UNICEF Pakistan is strengthening people’s access to oxygen and improving oxygen management systems. Raheela Jabeen is one of the participants of UNICEF Pakistan’s training programme on Oxygen Therapy Guidelines. As a full-time nurse, Raheela plays a critical role at the Abbas Institute of Medical Sciences Hospital, Muzaffarabad, located in Pakistan-administered Kashmir.

“The biggest challenge for us here in Muzaffarabad is the unavailability of oxygen cylinders and interrupted supply of oxygen for patients who need this service. We do not have a central oxygen supply system yet, so it is a major issue. However, the situation is slowly improving in our hospitals with the assistance that we are receiving,” she explained.

Raheela feels that the training has boosted her confidence level. “This oxygen therapy training is beneficial for both health professionals and patients. We did not know a number of things as we lack proper equipment in some hospitals. In this workshop, we learned appropriate use of nasal cannula and other new devices that we can utilize for oxygen therapy,” she added.

The Oxygen Therapy Guidelines, a crucial part of Raheela’s training, were designed for the first time ever in Pakistan with the support of UNICEF, the Ministry of National Health Services, the Pakistan Pediatric Association, and Health Services Academy.

ACT-A HAC funding is also being used to guarantee uninterrupted and cost-effective oxygen in some locations that face unstable power supply through green energy solutions such as solar panels. This innovation will garner an unprecedented experience in the country, regional and global context as UNICEF, with its partners, brings together the supply of critical treatment with innovative solutions addressing the impact of climate change.
Health Systems and Response Connector

PPE: In Q3 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 hospitalized by COVID-19. In Q3 UNICEF shipped 19.94 million items of PPE to 22 countries responding to emergencies with Humanitarian Response Plans.

Given the market volatility at the onset of the COVID-19 pandemic, UNICEF undertook a comprehensive forecasting exercise to identify needs for PPE in consultation with UNICEF country offices. UNICEF then established a strategic stockpile of PPE to ensure supply availability to support the emergency response to the pandemic and meet the increasing demand in a timely manner through engaging directly with large manufacturers to ensure access to production capacities, diversifying the supply base and focusing on compliance with the technical requirements and quality standards. As a result, UNICEF has PPE supplies prepositioned in UNICEF supply hubs in Copenhagen, Guangzhou, Panama, and Dubai that continue to be used to rapidly respond to PPE needs in countries globally.

Ethiopia: Perspectives from health professionals at COVID-19 treatment centres

By September 2022, close to half a million COVID-19 cases and 7,572 COVID-19-related deaths were reported in Ethiopia. To strengthen COVID-19 prevention, UNICEF, in collaboration with WHO, supported the roll out of COVID-19 vaccination through campaigns and routine services.

In 2022, through ACT-A HAC flexible funding, UNICEF was able to ship over US$5 million worth of PPE to support COVID-19 vaccination in Ethiopia. “I have seen firsthand how sufficient supply and appropriate use of PPE can ensure the safety of health workers and patients in various service areas,” said Dr. Bethlehem Tadesse, Director of Infection Prevention and Patient Safety at Eka Kotebe General Hospital’s COVID-19 treatment centre in Addis Ababa.

To health workers, facemasks, isolation gowns, gloves, coveralls, and other supplies serve as armour. UNICEF shipments to Ethiopia included 13.5 million pairs of gloves, 1.4 million face masks, 107,500 coveralls and 90,000 isolation gowns. “Being provided with PPE helped remove barriers and helped us to get closer to our patients without risking the lives of other people around us,” said Dr. Robel Tigabu, Intensive Care Unit (ICU) Case Team Manager at Eka Kotebe General Hospital. “The provision of PPE gave health workers courage to face the virus and come out with a smile on their faces,” said Dr. Tigabu.

Thus far, nearly 53 million doses of the COVID-19 vaccine have been administered in Ethiopia, with over 43 million people receiving at least one dose, representing 64 per cent of the target population and 41 per cent of the total population.

Guinea: Protecting health workers

In Guinea, UNICEF is working in collaboration with the Government, through the National Health Security Agency (Agence nationale de la sécurité sanitaire de Guinée - ANSS), to reach the WHO target of 70 per cent immunization
coverage in the country by December 2022. To reach this target, UNICEF is playing a leading role in ensuring access to PPE for health workers in hospitals and epidemiological treatment centres (CT-Epi) and for vaccinators.

Thanks to ACT-A HAC funding, UNICEF delivered PPE to the ANSS in 2022, including 5,325 overalls, 53,250 gowns, 3,550 protective glasses, and 3,550 face shields, worth US$254,055. As part of the scale-up and routinization of COVID-19 vaccination, deliveries are currently underway in eight regions for front-line health workers and vaccinators.

“Personal protective equipment is important and required here for the management of COVID-19 cases while ensuring my safety and that of the patients,” said Dr Kaba Mohamed Lamine, Chief Physician at the CT-Epi of Camp ALPHA YAYA in Conakry.

In addition to its COVID-19 response, the CT-Epi of Camp ALPHA YAYA in Conakry supported the Lassa fever response in 2022.

"We are hygiene officers for the health centre and we take care of the disinfection of the treatment rooms for patients that have been hospitalized for COVID-19 and Lassa fever at the CT-Epi of Camp. Without the suits (gowns, bib masks and wrestles) we cannot do our work," declared Yamoussa Bangoura, Hygienist at the CT-Epi of Camp ALPHA YAYA in Conakry.

Bolivarian Republic of Venezuela: Strengthening routine and COVID-19 immunization

UNICEF Venezuela is supporting routine and COVID-19 immunization by strengthening the national cold chain system and by maintaining access to PPE, ensuring that essential health workers and vaccinators are protected.

In 2022, three regional facilities improved storage capacity for a combined 1.8 million vaccine doses thanks to the installation of three cold rooms that allow vaccines to be preserved at the established temperature. In addition, UNICEF and implementing partners installed nine generators to support existing cold chain equipment in nine regional facilities. These activities have the potential to reach more than 17.6 million people, including 237,424 pregnant women and 1.6 million children under 6 years of age, targeted by the national plan for COVID-19 vaccination and during the intensification of routine immunization.

"COVID-19 has given us a lot of fear, but thanks to UNICEF, everything has been easier and more motivating, as they have provided us with essential supplies that help us strengthen our biosecurity measures through the delivery of caps, masks, antibacterial gel," says Ali Barrios, Director of Maternity Conception Palacios, located in Caracas, Bolivarian Republic of Venezuela.
In 2022, UNICEF delivered nearly $1.8 million worth of PPE to the country. PPE was distributed across 23 states to protect health care workers responsible for maintaining essential health and nutrition services, including routine immunization against preventable diseases for children and pregnant women and various COVID-19 campaigns. Thus far, over 18,000 front-line health care workers and vaccinators were equipped with over 3.1 million pairs of gloves, more than 912,500 masks, 95,780 gowns, and 14,500 face shields.

"The arrival of this PPE at the health centre has given security to all health workers since we are in the first line of response. They have provided us with tools and materials, today we have been much better in health care, thanks to UNICEF" says Belsi Yadira Prada, Coordinator of a Community Health Centre in the state of Táchira.

RCCE: UNICEF continues to lead COVID-19 RCCE efforts in coordination with other partners on diverse pillars, including advocacy, evidence generation, community engagement, knowledge sharing and capacity building.

During Q3, UNICEF supported countries to integrate COVID-19 vaccination with other routine immunization using online and offline platforms to reach vulnerable groups, strengthening national health stakeholders’ capacities to generate, analyse and respond to misinformation, and ensuring ongoing advocacy and strategic partnerships, including with religious leaders and front-line workers, to increase community confidence in vaccination. This has contributed to a shift in uptake and supported the creation of a pro-vaccination social norm.

Indonesia: Promoting integrated COVID-19 and routine immunization

Through the support of ACT-A HAC funding, UNICEF is working closely with national stakeholders, community leaders (including faith-based), and health workers to increase the uptake of COVID-19 vaccination as well as promote its integration into routine immunization.

During Q3, UNICEF Indonesia helped build the capacity of health workers, support awareness-raising efforts with the Government, and continued community-based activities. Specifically, 3,000 health workers in four provinces received training to equip them with the necessary skills to promote immunization. In July, UNICEF and WHO supported the Ministry of Health to host a high-level event convening Government, faith-based organizations, and other partners highlighting the Children Immunization Month campaign.

UNICEF continued to support the content creation for the Government’s COVID-19 website and social media. In this quarter, the website reached more than 2,638,684 million users (11,606,635 million since January 2022), while 162,378 people were reached on social media with information on safe behaviours and vaccination (469,102 since January 2022). UNICEF also supports SMS blasts reaching 50,000,000 people monthly with life-saving information in collaboration with telecom networks. UNICEF’s social listening activities provide weekly monitoring/analysis of online conversations and public sentiment to guide the national strategy on misinformation.

Community-based activities continue to be central to UNICEF’s response. In Q3, nine implementing partners provided training for their field workers to promote trust in COVID-19 tools, foster healthy behaviours and hygiene practices, and address vaccine hesitancy (for both COVID-19 and routine immunizations). These activities benefited more than 199,000 people.
### Annex - Summary of programme results

<table>
<thead>
<tr>
<th>Sector/Pillar</th>
<th>2022 Target</th>
<th>Results (Jan-Sept 2022)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vaccines</strong>*</td>
<td></td>
<td></td>
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<tr>
<td>Per cent of the population in low-income countries who received complete</td>
<td>24%</td>
<td>18.9%</td>
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<tr>
<td>primary series against COVID-19(^{x})</td>
<td></td>
<td></td>
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<tr>
<td>Number of COVID-19 vaccines doses administered in low- and middle-income</td>
<td>4.26 billion</td>
<td>2.6 billion(^{xi})</td>
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<tr>
<td>countries(^{xi})</td>
<td></td>
<td></td>
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<tr>
<td>Per cent of the population in countries with a Humanitarian Response Plan</td>
<td>39%</td>
<td>35%</td>
</tr>
<tr>
<td>who received complete primary series against COVID-19(^{xili})</td>
<td></td>
<td></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</td>
<td>11 million(^{xv})</td>
<td>1.95 million</td>
</tr>
<tr>
<td>with Humanitarian Response Plans(^{xiv})</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of countries with Humanitarian Response Plans that have scaled up</td>
<td>5</td>
<td>6</td>
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<tr>
<td>COVID-19 testing with technical assistance from UNICEF(^{xiv})</td>
<td></td>
<td></td>
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<tr>
<td><strong>Therapeutics</strong></td>
<td></td>
<td></td>
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<tr>
<td>Number of countries with Humanitarian Response Plans that have scaled up</td>
<td>20</td>
<td>23</td>
</tr>
<tr>
<td>oxygen treatment systems with technical assistance from UNICEF(^{xvii})</td>
<td></td>
<td></td>
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<tr>
<td><strong>RCCE</strong></td>
<td></td>
<td></td>
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<tr>
<td>Number of low- and middle-income countries that implement ACT-A related</td>
<td>133</td>
<td>77</td>
</tr>
<tr>
<td>RCCE interventions based on social and behavioural evidence(^{xvili})</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per cent of individuals who would get vaccinated once a vaccine is available</td>
<td>90%</td>
<td>91% (^{xx})</td>
</tr>
<tr>
<td>and recommended(^{xix})</td>
<td></td>
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<tr>
<td><strong>PPE</strong></td>
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<td></td>
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<tr>
<td>Number of days’ worth of quality PPE delivered to protect health workers in</td>
<td>81 million(^{xvli})</td>
<td>28.2 million(^{xxii})</td>
</tr>
<tr>
<td>countries with Humanitarian Response Plans as they support the roll out of</td>
<td></td>
<td></td>
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<tr>
<td>new COVID-19 tools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of countries under the COVAX Advance Market Commitment that receive</td>
<td>92</td>
<td>33</td>
</tr>
<tr>
<td>quality PPE to enable the safe roll out of new COVID-19 tools(^{xvili})</td>
<td></td>
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**Links**
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MULTIMEDIA - PHOTOS

UNICEF GUINEA Vaccination of children against COVID-19 Ratoma school in Conakry
Vaccination against COVID-19 for children aged 12 to 17 years at Coléah College Conakry, Guinea.

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1 Link to revised appeal: The 2022 ACT-A HAC appeal was increased in April 2022 from US$933 million to US$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 US$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.

2 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 closing the funding gap. We note that for this ACT-A HAC appeal, the carryover of US$361 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 November 2022 revised ACT-A HAC appeal including the updated budget, targets and indicators can be found at this link: Access to COVID-19 Tools Accelerator (ACT-A) Appeal | UNICEF

ii https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---6-july-2022

iv WHO Weekly epidemiological update on COVID-19 - 28 September 2022

vi WHO Weekly epidemiological update on COVID-19 - 28 September 2022

vi All coverage data reported here refer to percentage of total population that have completed the primary series of COVID-19 vaccines. All data reported are as of 29 September 2022 and were accessed from CoVDP Information Hub COVID-19 Vaccine Delivery Partnership Information Hub [infhub.crd.co]

vii https://www.finddx.org/covid-19/test-tracker/

x The original 2022 ACT-A HAC targets (published in 2021) were based on projections that modelled costs and programme outputs to achieve 2021 WHO global targets of 70 per cent coverage across 133 low- and middle-income countries by December 2022. These original projections are not aligned with the current reality on the ground. Based on UNICEF’s updated global COVID-19 vaccine delivery cost model, it is predicted that LICs can realistically achieve a 24 per cent population coverage of the COVID-19 vaccine primary series by the end of December 2022, predictions that rely on historic absorption data of each country. Therefore, UNICEF has adjusted this target.

xiii 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. In this Q3 SitRep, we report on indicators and targets in the revised ACT-A HAC appeal which have been updated due to revised projections and/or programmatic shifts.

x The original 2022 ACT-A HAC targets (published in 2021) were based on projections that modelled costs and programme outputs to achieve 2021 WHO global targets of 70 per cent coverage across 133 low- and middle-income countries by December 2022. These original projections are not aligned with the current reality on the ground. Based on UNICEF’s updated global COVID-19 vaccine delivery cost model, it is predicted that LICs can realistically achieve a 24 per cent population coverage of the COVID-19 vaccine primary series by the end of December 2022, predictions that rely on historic absorption data of each country. Therefore, UNICEF has adjusted this target.

x For 2022, based on UNICEF’s updated global COVID-19 vaccine delivery cost model, it is predicted that low- and middle-income countries can realistically administer 4,260,000 doses of COVID-19 vaccine (including two doses of primary series and one booster dose). These predictions are based on best historic absorption data for each country and assume only a proportion of the country’s target for primary series coverage will be targeted for boosters. Therefore, UNICEF has revised this number to align to the updated global predictions of country vaccine administering capacity.
Based on cumulative total number of doses administered across 133 low- and middle-income countries from Q1 2022 to end of Q3 2022. Only total administered doses between 3 January 2022 and 29 September 2022 are included. Data accessed from COVID-19 Vaccine Delivery Partnership Information Hub on 5 October 2022.

This new indicator and target were proposed as the Humanitarian Buffer is being phased out, and thus the related indicator is no longer relevant.

The ACT-A Diagnostics Pillar aims to support the procurement of 988 million tests to advance testing rates to a minimum of 100 tests per 100,000 individuals per day from October 2021 to September 2022.

Priority will be given to countries with Humanitarian Response Plans and where situations of concern are deemed “critical risk” or “high risk.” Given lower-than-anticipated demand, the diagnostics targets have been reduced to 11 million, and the programme response will shift to pilot test and treat strategies.

Given lower-than-anticipated demand, this target has been reduced to five countries, and the programmatic response will shift to piloting test and treat strategies. Priority will be given to Burkina Faso, Cameroon, Central African Republic, Chad, the Democratic Republic of the Congo, Mali, the Niger, Pakistan, the Sudan and Yemen.

Priority will be given to countries based on review of requests by the global and regional technical team and where additional resources can have immediate catalytic impact.

Risk communication and community engagement interventions include engaging with communities, influencers, local groups, media and front-line workers for behaviour change. Interventions also involve the creation of engagement platforms, participation, feedback and accountability mechanisms, as well as capacity building and evidence generation (e.g., via social listening, monitoring of rumours, monitoring uptake of practices). There is a focus on building sustained community trust.

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

Source: the collective service, September 2022.

For PPE, the country scope expanded in coverage in 2022 to include countries rolling out COVID-19 vaccines to support the PPE needs of vaccinators, in addition to other front-line and health care workers providing COVID-19 treatment, testing and care to patients. Therefore, UNICEF increased the PPE target to 81 million to align with the expanded scope.

UNICEF models progress towards this indicator according to 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. It should be noted 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) and the costs vary significantly.

Priority will be given to countries with Humanitarian Response Plans and where situations of concerns are deemed “critical risk” or “high risk.” For PPE, the country scope expanded in coverage in 2022 to include countries rolling out COVID-19 vaccines to support the PPE needs of vaccinators, in addition to other front-line and health care workers providing COVID-19 treatment, testing and care to patients. Therefore, UNICEF increased the PPE target to 92 Advance Market Commitment countries to align to the expanded scope.