

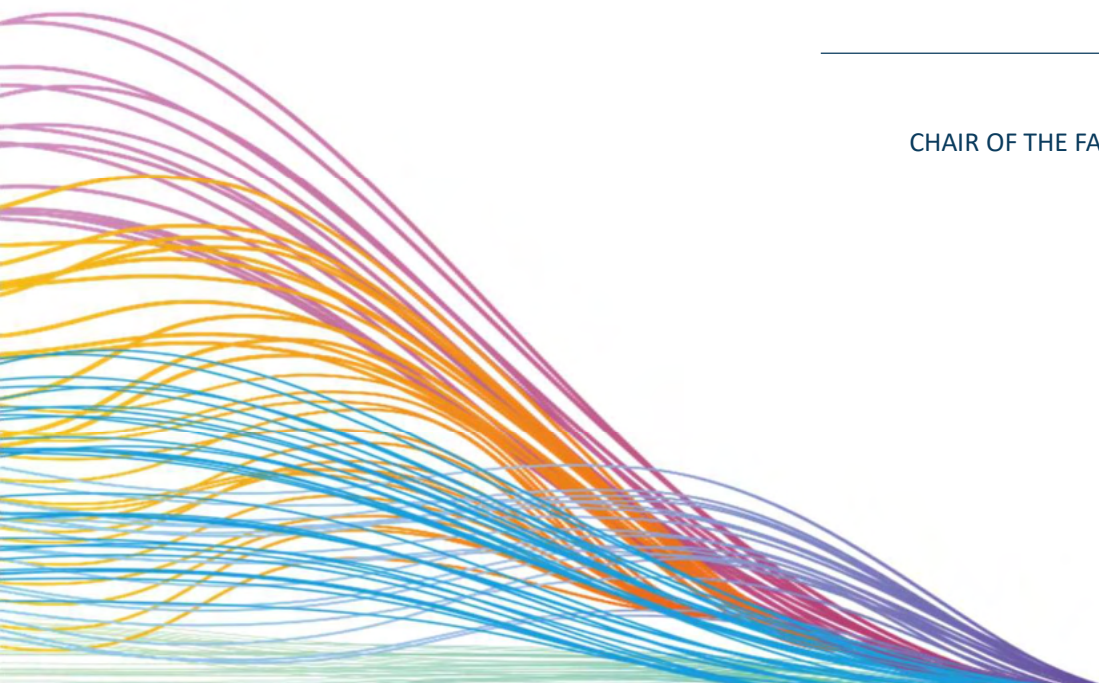
Update on our ACT-A advocacy campaign

JOHN-ARNE RØTTINGEN

CHAIR OF THE FACILITATION COUNCIL FINANCIAL & RESOURCE MOBILIZATION WORKING GROUP

28 FEBRUARY 2022

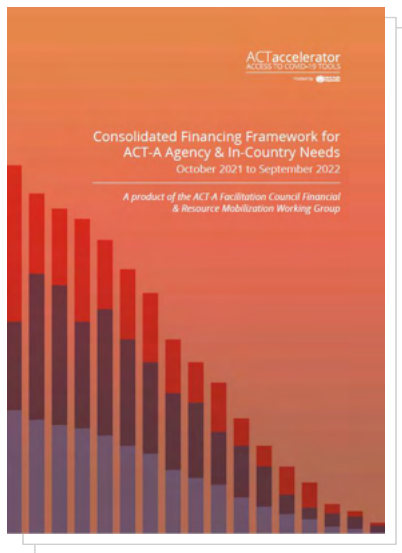
ACT now. ACT together to accelerate the end of the COVID-19 crisis.



Context | Financing Framework developed by the Facilitation Council to clarify sources of financing for the new 12-months ACT-A budget



New ACT-A Financing Framework & Fair Share model launched 9 Feb 2022



Interventions from:

- **3 Heads of State/Government** – Norway, South Africa and Indonesia
- **3 Ministers** – Canada, United States and Saudi Arabia
- **2 Deputy Ministers** – Germany and France



Media Q&A with outlets from:

- Norway, Switzerland, South Africa

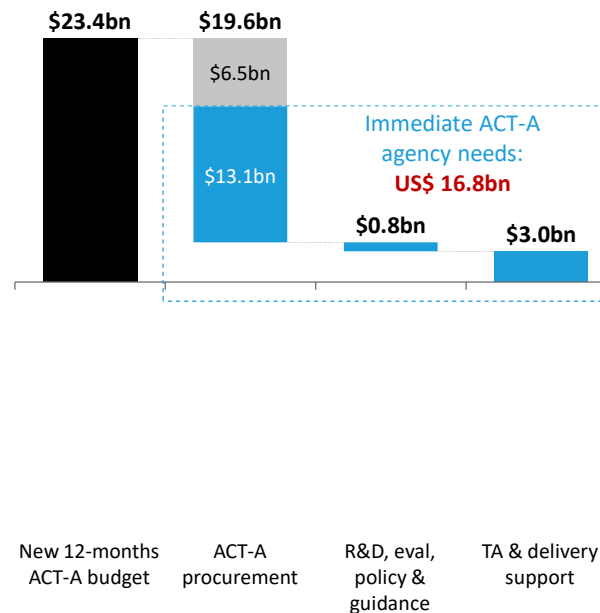
Financing Framework | clarifies urgent funding needs & potential sources of financing

ACT-A Council Financing Framework

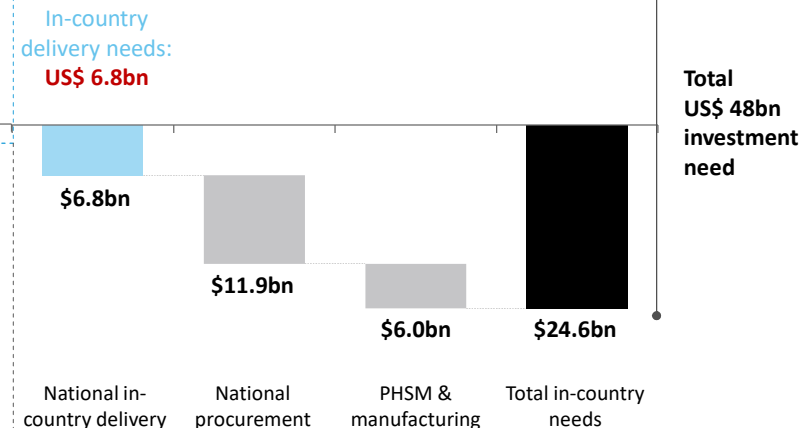


*Includes a breakdown
of each agency's needs*

Prioritizes the ACT-A budget



Explains in-country delivery needs



**Total
US\$ 48bn
investment
need**

ACT-A grant funding ask Non-ACT-A grant support need Domestic resources inc. MDB support

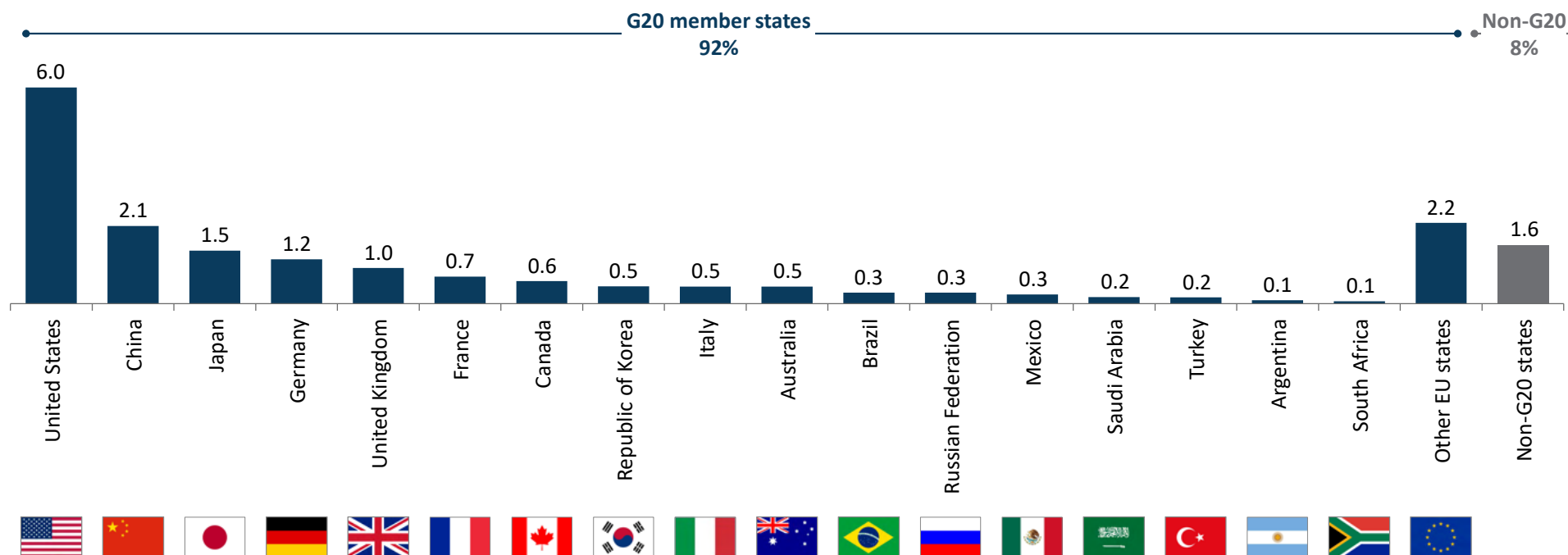
Note: Figures are rounded.

Fair share model | country contributions needed to finance urgent ACT-A agency needs

2021/22 financial fair shares

In US\$ billion

Note: Assumption that the private sector and philanthropic institutions can cover US\$ 0.5bn

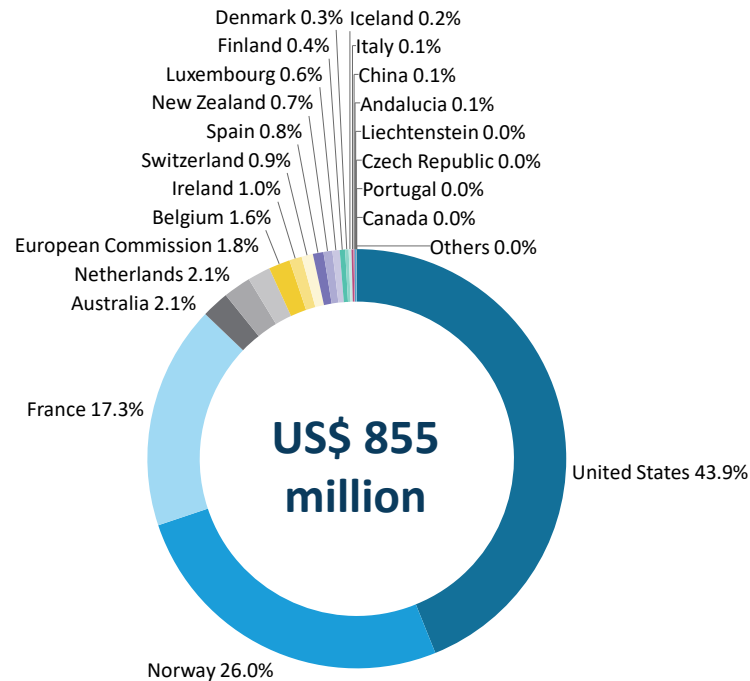


Note: Only HIC and G20 UMICs (plus Thailand and Malaysia) accounted for in fair share model. Other countries with no "fair share" ask.

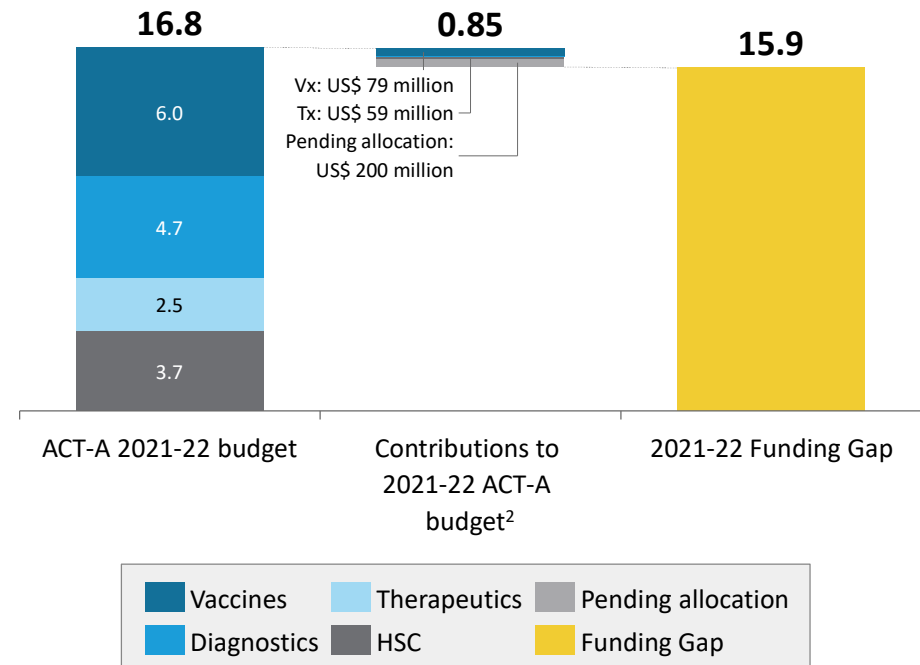
As of Feb 18th, 2022

Current funding gap | ACT-A's 2021-22 funding gap is US\$ 15.9 billion, with US\$ 850 million pledged towards this year's budget to date

ACT-A contributions¹ since October 29, 2021



ACT-A funding gap for 2021 since October 29, 2021 In US\$ billion



1. Including USD 120 million from the Bill and Melinda Gates Foundation, pending attribution to Pillars 2. As per the Financial Council Financing Framework proposition.

Note: all financial commitments can be accessed at <https://www.who.int/publications/m/item/access-to-covid-19-tools-tracker>.

All figures are rounded. All pledges since 29 October 2021 in support of the ACT-Accelerator will count towards the [ACT-Accelerator Strategy & Budget for 2021-22](#). Contributions to Pillars are subject to FX variation.

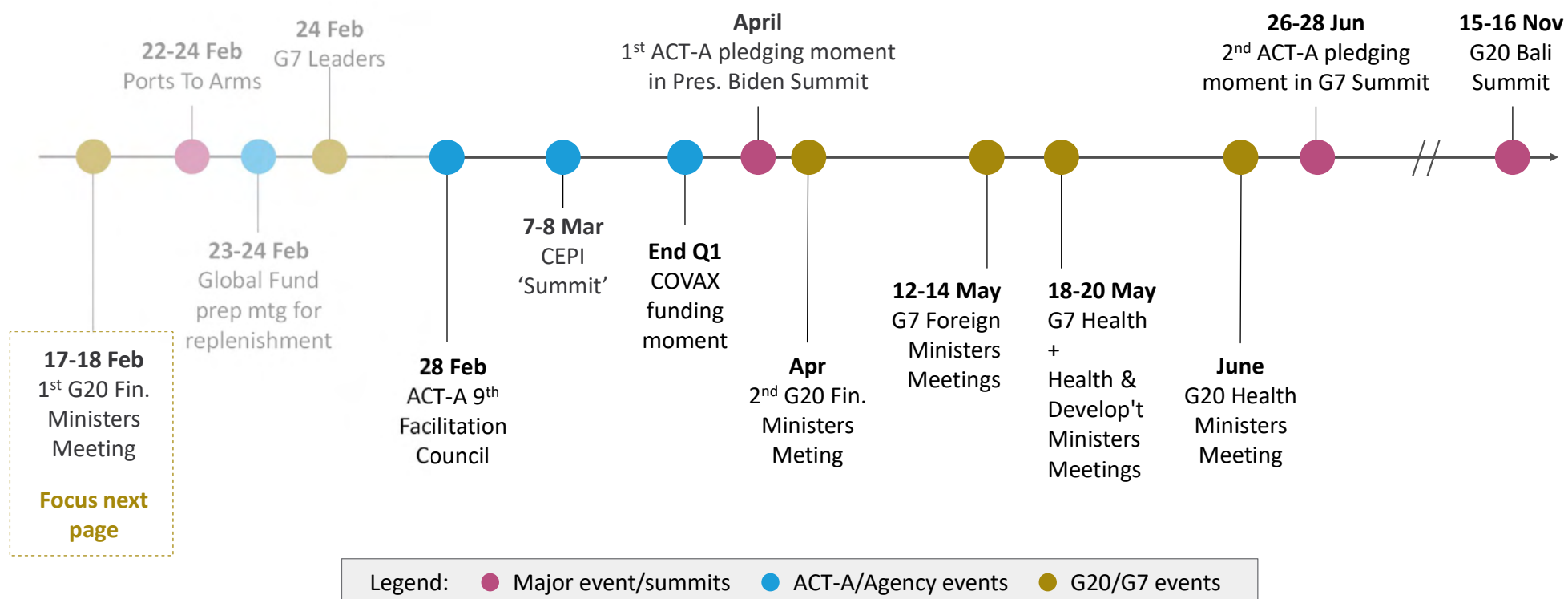
Advocacy strategy | leverage key high-profile events & multilateral fora to garner political support & financing

- I. Create **awareness & political pressure** to support urgent financial needs of the ACT-Accelerator, as the equitable path out of the epidemic
- II. Leverage **key events**, for example:
 - Major summits
 - G20 & G7 Ministerial events
 - ACT-A agency events



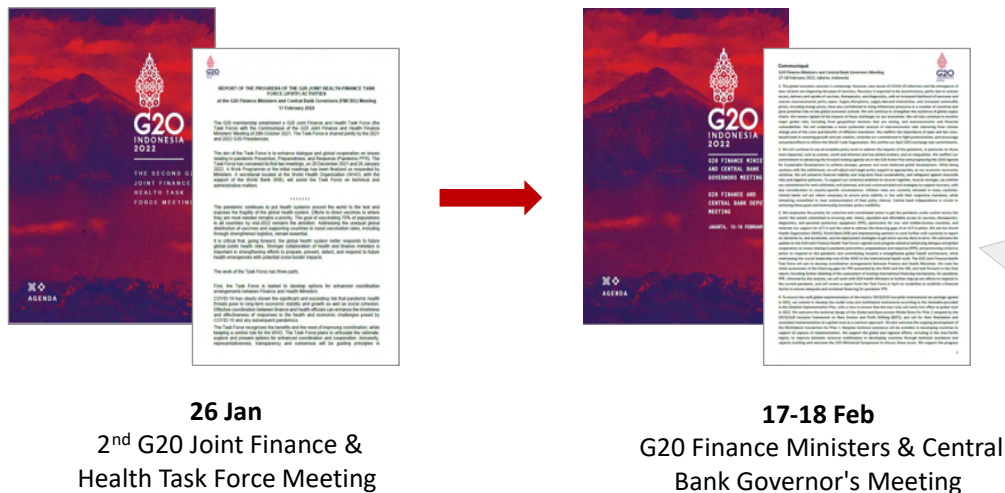
Key ACT-A opportunities in 2022 | a steady drumbeat of events

Not exhaustive



Focus next
page

ACT-A in the G20 | powerful support received in G20 Finance Minister's Communiqué



Clear recognition of the importance of ACT-A & support for addressing financing gaps of all Pillars

*We emphasize the priority for collective and coordinated action to get the pandemic under control [...] remain **committed to ensuring safe, timely, equitable and affordable access** to vaccines, therapeutics, diagnostics, and personal protective equipment (PPE), particularly for low- and middle-income countries, and **reiterate our support for ACT-A** and the need to address the **financing gaps of all ACT-A pillars.***

Where are we in relation to global targets, HSRC

9th Facilitation Council

Updated presentation for 28 February 2022

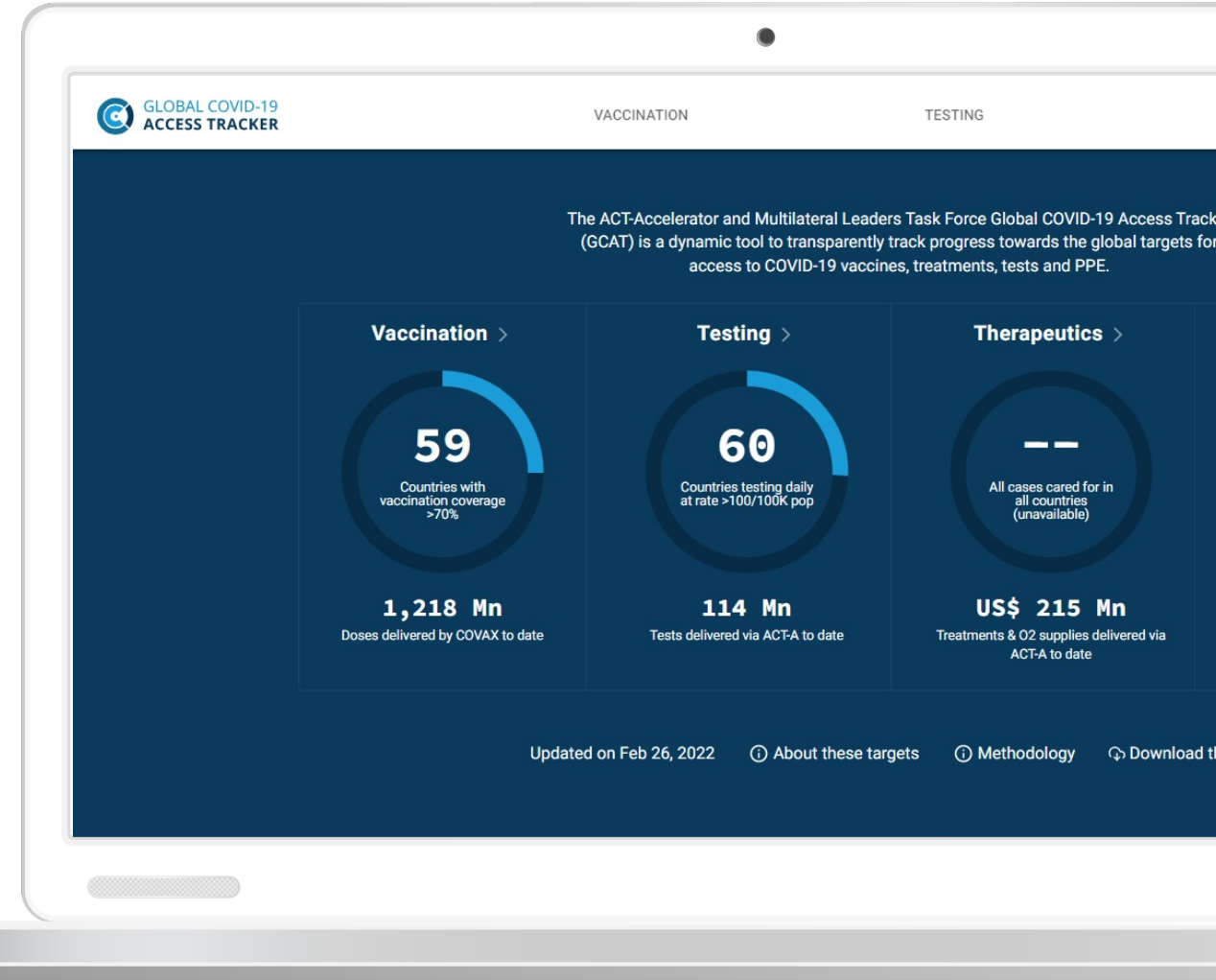
ACT now, ACT together to accelerate the end of the COVID-19 crisis

GCAT is live with 30+ indicators and excitement among key stakeholders

In collaboration with...



THE WORLD BANK



Accessible • Actionable • Authoritative

Overview of key metrics

	Vaccines	Diagnostics	Therapeutics	Protection of HCWs	Essential health services					
Impact	Weekly new cases		Weekly new deaths							
Stop transmission & save lives	12.8 Mn (153 per 100K pop)		0.07 Mn (0.8 per 100 K pop)							
Outcome	Primary series vaccination coverage	1st dose vaccination coverage	Tests per 100K pop per day	Positive test rate	Case fatality ratio	% severe cases treated with O2 and/or immunomod.	HCWs vaccination coverage ⁷	New HCWs weekly cases	EHS disruption (risk level)	Excess mortality
Progress towards targets										
LICs	9%	11%	5	2%	4%	In progress	31%	In progress	High	-
LMICs	45%	56%	65	7%	<1%	% mild cases treated with antivirals, mAB	>100%		High	+22%
UMICs	73%	77%	162	27%	<1%		58%	Mid	+27%	
HICs	72%	78%	570	15%	<1%		68%	Low	+10%	
Access	1.9 Bn doses (allocated)	158 Mn units ²		34 Mn units (Tx) ³		1.4 Bn units ⁵				
Procurement through ACT-A / UN COVID-19 Supply Chain System to date	US\$ 10.7 Bn ¹	US\$ 866 Mn		US\$ 9 Mn		US\$ 502 Mn				
				11 Mn units (O2 & supplies) ⁴		US\$ 293 Mn				
Delivery ⁶										
Health workforce challenges	35%		56%			64%		36%		
Lack of funding	28%		51%			41%		34%		
Shortages in supplies	18%		47%			41%		34%		
Demand-side challenges	58%		22%			18%		-		
Lack of data / information	-		11%			17%		26%		
Lack of distribution capacity	12%		11%			16%		22%		
Lack of clear strategy / guidance	17%		11%			11%		11%		

1. Assuming US\$ 5.64 per dose
2. Includes Ag RDTs and PCR tests (World Bank not included)
3. Includes Dexamethasone and Tocilizumab drug
4. Includes oximeters, ventilators, liquid O2 etc. (Global Fund / World Bank not included)
5. Includes essential PPE / IPC tools (Global Fund / World Bank not included)
6. Round 3 Global Pulse Survey, Nov-Dec 2021 (n=95)
7. Reported by countries; notable outliers include India (1580%), Nepal (730%) and Philippines (357%)
Sources: UNICEF COVID-19 Market place, Vaccine Delivery Partnership, Round 3 Global Pulse Survey on continuity of essential health services, WHO COVID-19 Dashboard, UN COVID-19 Supply Chain System, FIND COVID-19 test tracker, OWID, data as of Feb 28 2022

Next steps for country engagement

- **Establish focal points at country level to drive this forward** (multi-partner / EOC)
- **Identify the gaps in resources, expertise and capabilities**
- **Scale-up of country data collection capabilities** building on existing country data & filling gaps through coordinated field data collection
- **Support country plans to roll out tools**
- **Set up process to escalate support requests**
- **Hold HSRC focused meetings with priority countries**

10 priority roll-out countries:



Afghanistan



Kenya



Burkina Faso



Nigeria



DR Congo



Sierra Leone



Ethiopia



Somalia



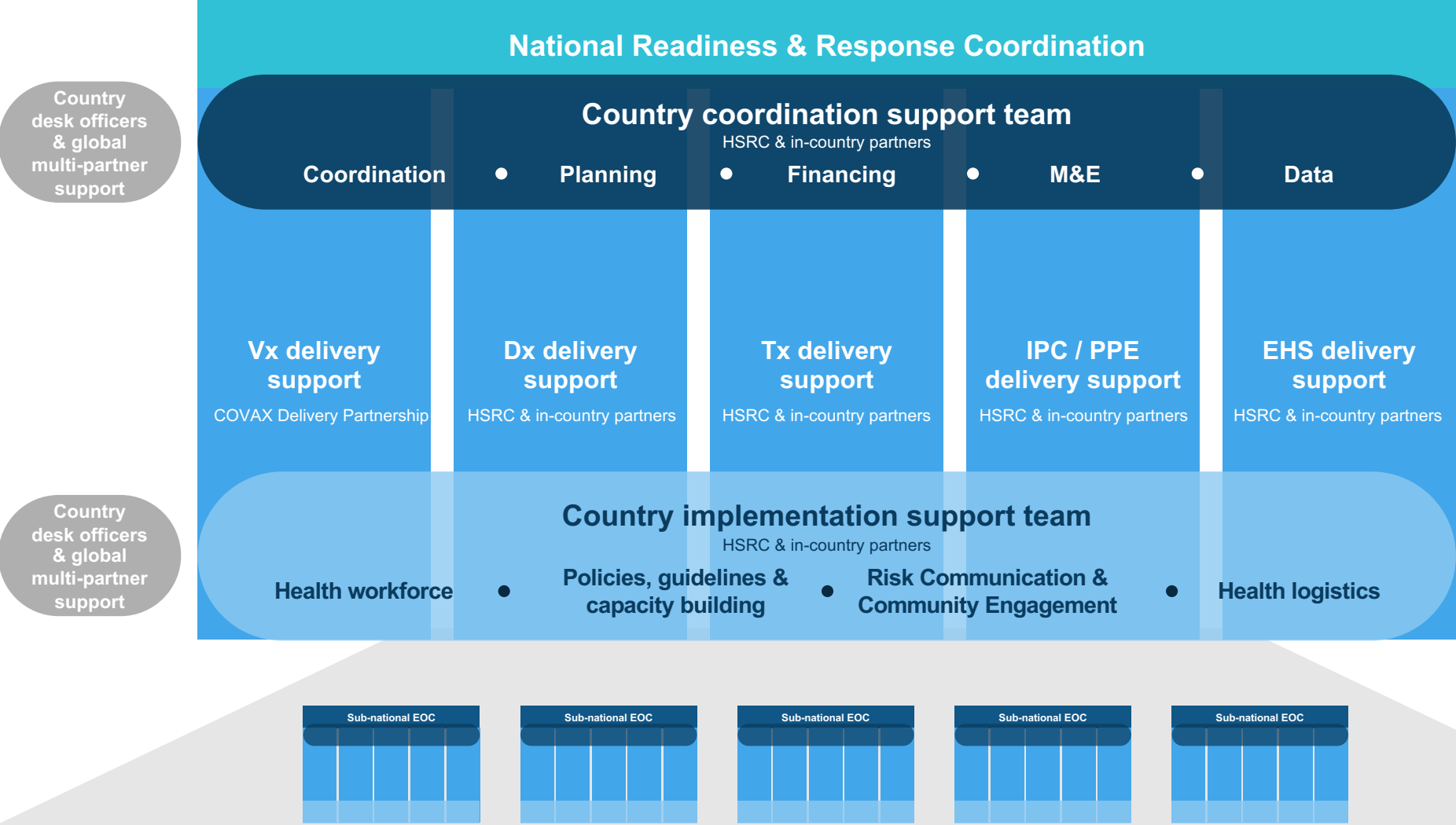
Ghana



Sudan

Countries will be rotated from a list of 34

HSRC readiness & response country support model





Ministry of Health



Rwanda Covid-19 Vaccination Updates

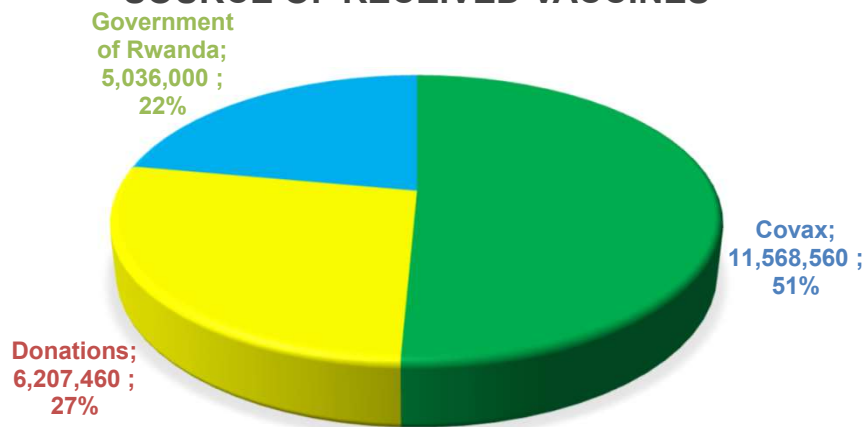
28/02/2022

Hassan Sibomana/Director of Vaccine programmes

Total received vaccines

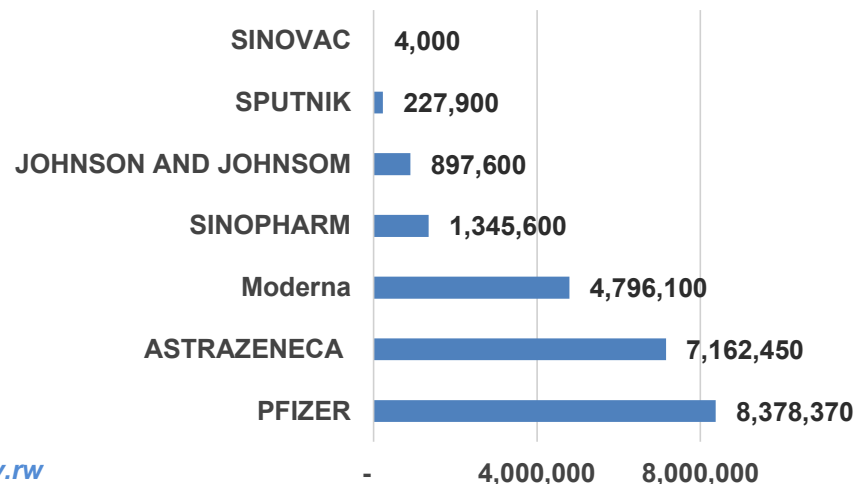
- ✓ As of 26th February 2022, the total doses received in Rwanda increased to 22,812,020 doses.
- ✓ >80% of all received doses were received in last quarter of 2021 (October to December 2021) and January 2022
- ✓ As of 27th February 2022; 80% utilization rate

SOURCE OF RECEIVED VACCINES

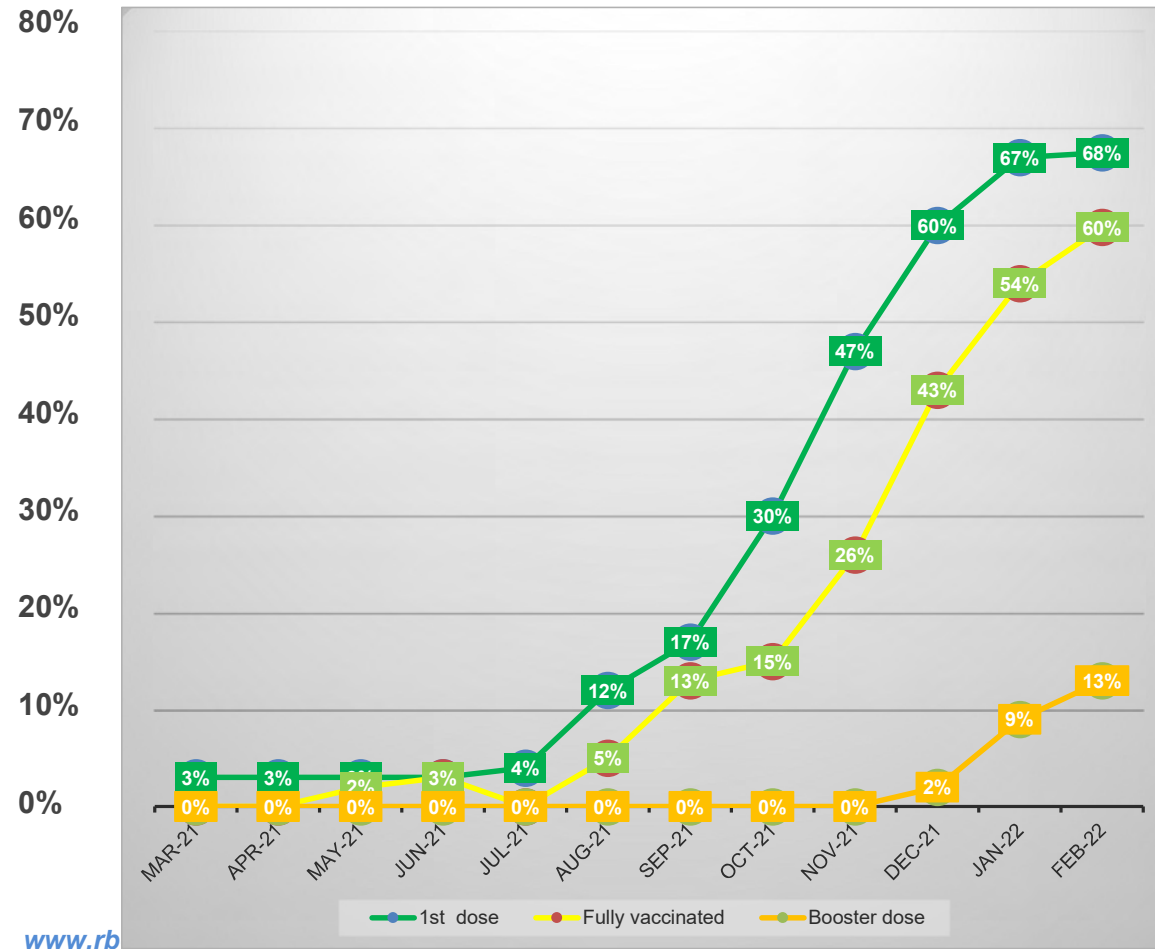
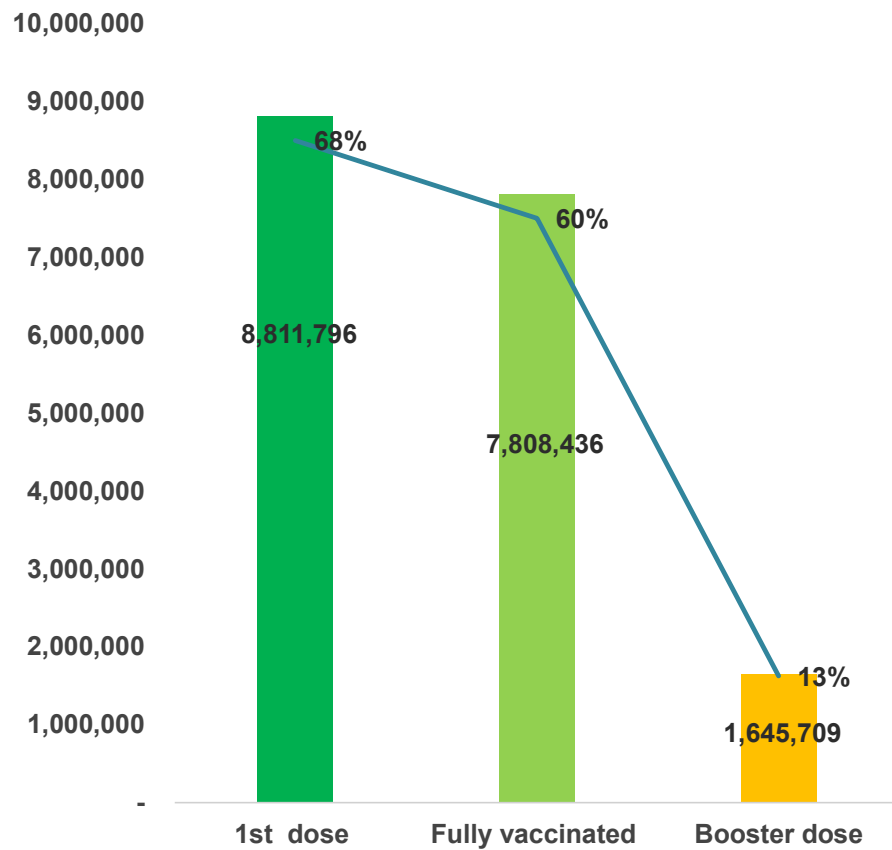


www.rbc.gov.rw

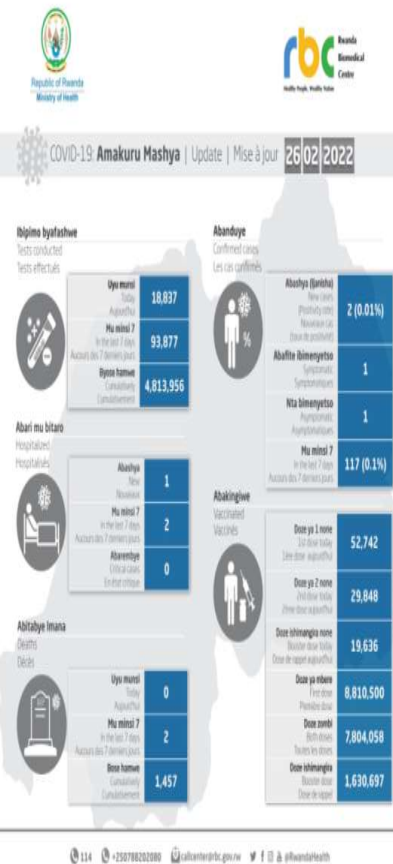
Received doses by type



Vaccination Coverage as of 27th February 2022



Data collection (RTM/Vaccination certificate)



Rwanda Health System
Rwanda Biomedical Center

Log in

OR

Register

Forgot Password

COVID-19 Vaccination Portal

Read more

Enter your phone number and Unique ID

Phone Number

Unique ID

Check Vaccination Status

his.hmis.moh.gov.rw/results

Rwanda Biomedical Center

PROFILE & VACCINES

ID Number: [REDACTED]

Passport Number: [REDACTED]

Covid-19 Vaccination Status

Date	Vaccine Name	Dose	Status
2021-02-12	Moderna	DOSE1	Completed 1st Dose
2021-03-10	Moderna	DOSE2	Completed 2 doses
2021-12-22	Moderna	DOSE3	Completed 3rd dose

COVID-19 VACCINATION VERIFIED

Open website

Website

https://his.hmis.moh.gov.rw/results/vaccine/verify_certificate/CXA04583

QR Code

12/02/2022 19:15

View code

Open website



Lessons learnt

- ✓ High level leadership support is key in accessing enough supplies and achieving high coverage
- ✓ Achieving high vaccination coverage requires multidisciplinary support
- ✓ Planning a head of time and mobilization of other resources
- ✓ Good coordination of all operations including Social mobilization and communication
- ✓ Do not forget the importance of all stakeholders including religious leaders, local authorities, CSO and Communities

Way forward

- ✓ Focus on achieving the target of 70% vaccination coverage before June 2022
- ✓ Booster dose to all eligible population
- ✓ Planning to increasing the target by including children aged 5 to 11 years



Facilitation Council

COVID-19 testing and sequencing in Kenya

28th February 2022

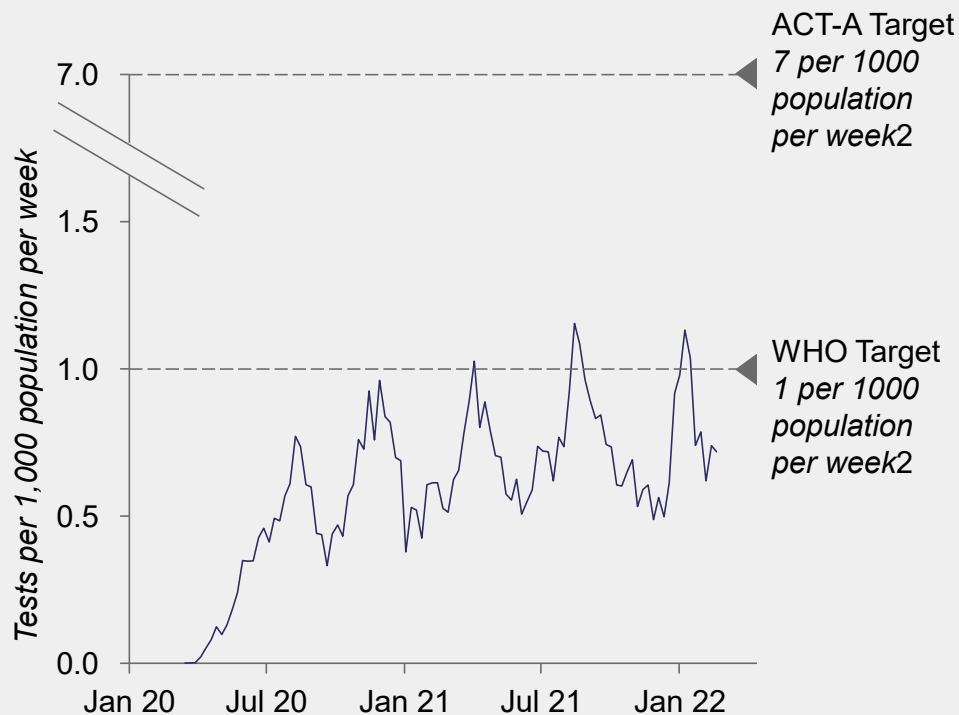
#UnitedAgainstCoronavirus

#StrongerTogether | #GlobalResponse | #GlobalGoalUnite



Kenya has successfully scaled-up COVID-19 testing but community-based testing is required for further increases

Kenya weekly COVID-19 testing rate per 1,000 population, Jan 2020 – Feb 2022¹

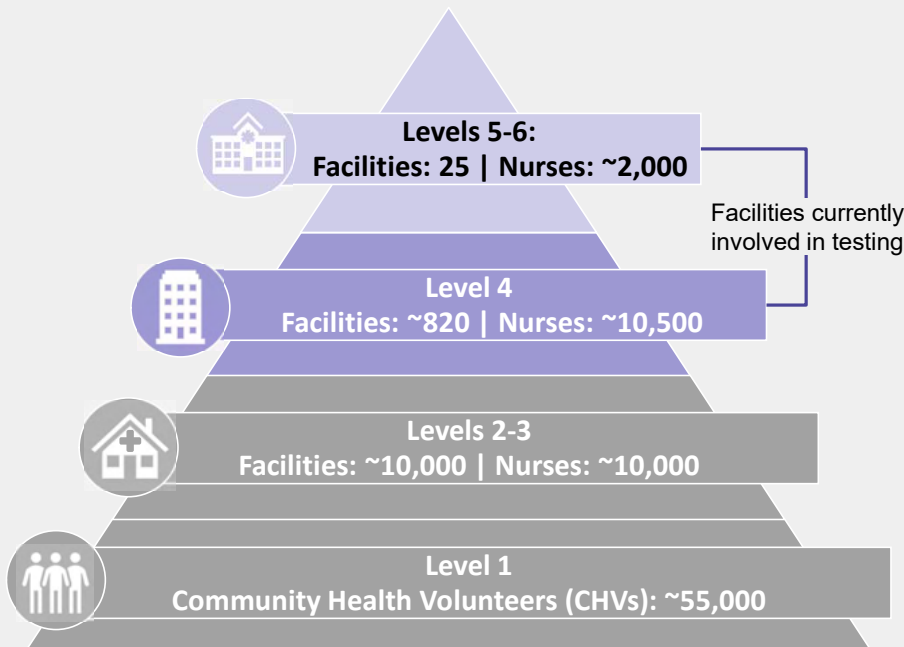


- Kenya is committed to scaling-up and ensuring equitable access to COVID-19 testing
- To date, we have grown testing to 0.7 tests per 1000 population per week - through a sustained increase in **capacity to administer PCR and Rapid Diagnostics Tests (RDTs)**
 - We have expanded testing sites from a single PCR site to 105 sites using PCR tests and over 500 sites using Antigen RDTs
- However, we remain behind achieving the testing targets - in order to reach this, **we must scale up RDT community-based testing**
 - Antigen RDTs are cheaper and have lower infrastructure and human capacity requirements relative to PCR tests

1. FIND test tracker – based on national statistics

Kenya has so far rolled out PCR and Antigen RDT testing through larger healthcare facilities

Facilities and staff at each level of healthcare provision in Kenya¹



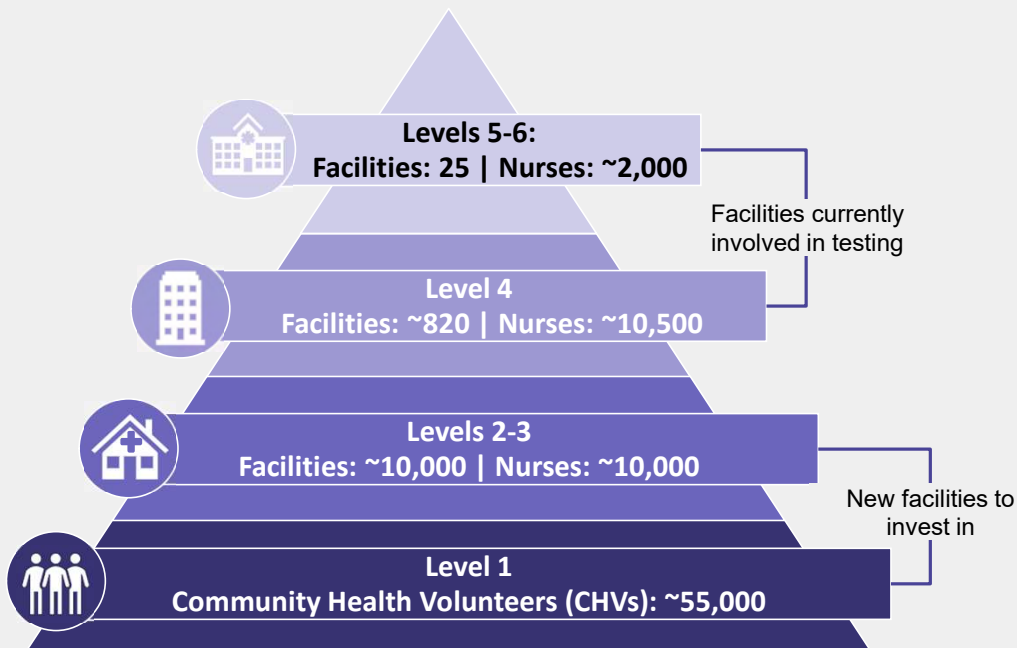
- Kenya has ~11,000 healthcare facilities of which ~8% are larger facilities², and a network of >75,000 healthcare workers
- Large healthcare facilities conduct the majority of tests in Kenya today
- This has increased overall COVID-19 testing capacity, but does not yet take advantage of lower level health facilities or community-based workers

1. [Health facilities in Kenya - Africa Open Data](#); [Healthcare workers in Kenya - Kenya Harmonized Health Facility Assessment 2018-2019](#)

2. Larger health facilities defined as level 4, 5 and 6 – typically more than 100 CHWs per facility

Going forwards we can explore using existing healthcare facilities and workers to expand community testing

Facilities and staff at each level of healthcare provision in Kenya¹



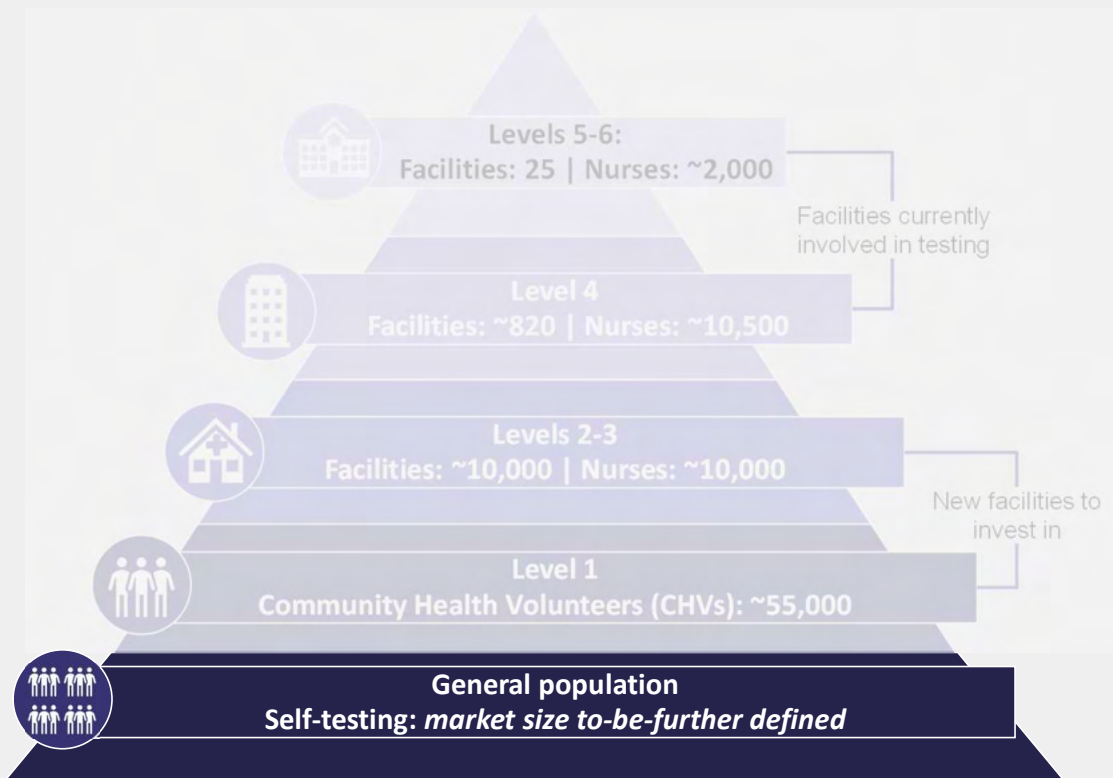
- **Community-based testing** has significant potential to increase access to, and capacity to deliver, COVID-19 diagnostics services
- We will **explore channels to implement community based testing**, using digital health solutions to collate data and provide guidance to end-users
 - Local healthcare facilities (levels 2-3)
 - Door-to-door visits by Community Healthcare Volunteers (CHVs)

Through these channels, **we can feasibly and sustainably reach the ACT-A target** of 7 tests per 1000 population per week – with support for the procurement of tests

1. [Health facilities in Kenya - Africa Open Data](#); [Healthcare workers in Kenya - Kenya Harmonized Health Facility Assessment 2018-2019](#)

Recent guidance from Africa-CDC also opens the door to a possible introduction of self-testing

Facilities and staff at each level of healthcare provision in Kenya



- Kenya is forward looking and committed to exploring innovative mechanisms to enable effective community-based testing
- It is possible that self-testing could provide a way to increase testing
- Self-testing requires further trialling to assess the feasibility, cost, and effectiveness so that we can respond to any change in international guidelines



In addition to testing scale-up, GoK has developed a sequencing strategy to monitor new variants

Benefits of sequencing a proportion of COVID-19 samples



Epidemiological reconstruction to identify local outbreaks and guide movement restrictions



Targeted sequencing to monitor viral movement and activity



Assessment of counter measures (diagnostics, vaccination, movement restrictions) to reduce the health/economic impacts of VOCs

- GoK has developed a sequencing strategy to facilitate rapid public health decision-making by ensuring prompt sequencing data analysis and reporting
- Implementing this strategy will include:
 - Increasing the number of labs which can conduct sequencing
 - Introducing centralized reporting of sequencing results
 - Exploring new methods of sample collection and referral