



Nurse Jeanne Lusungu prepares to administer a dose of the COVID-19 vaccine at the provincial hospital of North Kivu in the Democratic Republic of the Congo.

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Humanitarian Action for Children

ACT-A

HIGHLIGHTS

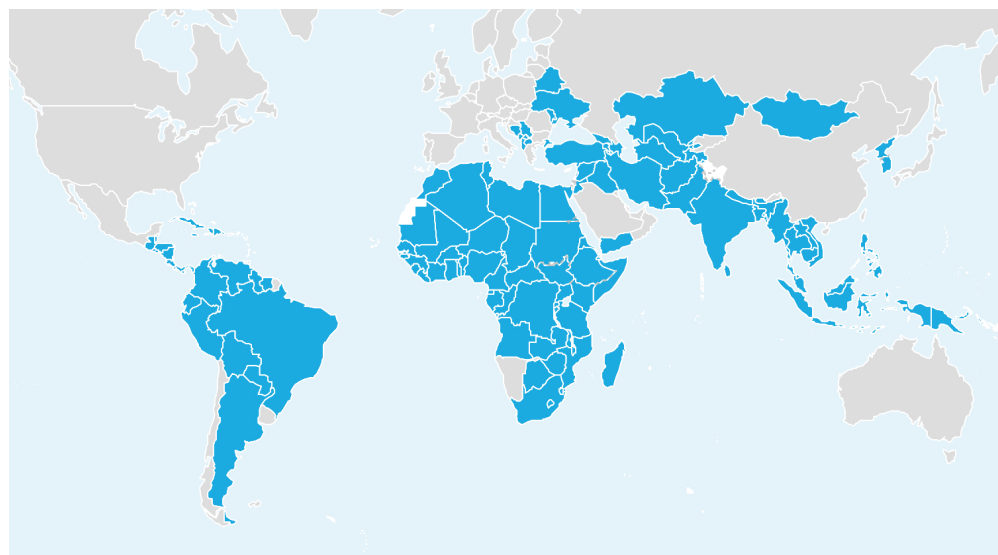
The COVID-19 pandemic remains a crisis on an unprecedented scale. National governments continue to grapple with the challenges of implementing public health measures, maintaining essential health and social services, and reaching populations—especially the hardest to reach—with COVID-19 tools. New variants continue to emerge as the pandemic persists.

Bringing its technical expertise in supply, logistics and programming, UNICEF is the lead implementation partner of the Access to COVID-19 Tools Accelerator (ACT-A).¹ Working with ACT-A partners, national governments and communities, UNICEF is working to address the stark inequalities that exist in access to COVID-19 vaccines, tests, treatments and personal protective equipment (PPE).

In 2021, UNICEF shipped more than 560 million COVID-19 doses to 144 countries and has provided in-country technical and financial support in over 130 countries to turn vaccines into vaccinations. Yet more needs to be done to end this pandemic, especially in humanitarian situations.

The 2022 ACT-A Humanitarian Action for Children (HAC) appeal seeks to raise US\$933 million. We urgently require funds to:

- support in-country delivery of COVID-19 vaccines
- deliver diagnostic tests and related technical assistance
- strengthen oxygen systems and deliver novel and repurposed therapeutics
- provide front-line workers with PPE and supplies to work safely
- support risk communication and community engagement (RCCE) to promote the uptake of COVID-19 vaccines, tests and treatments.



This map does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. UNICEF will support low- and middle-income countries with humanitarian needs to reach their most vulnerable populations.

KEY PLANNED RESULTS



4 billion

vaccine doses to be delivered via ACT-A partners, including UNICEF⁸



988 million

diagnostic tests to be delivered via ACT-A partners, including UNICEF⁹



120 million

cases treated with support from ACT-A partners, including UNICEF



2.7 million

health workers protected with PPE with support from ACT-A partners, including UNICEF

FUNDING REQUIREMENTS

**US\$ 933
million**

HUMANITARIAN SITUATION AND NEEDS

Since the start of the pandemic, 260 million COVID-19 cases and 5.2 million deaths have been reported globally.² Yet these figures likely under-report the devastation, especially in low- and middle-income countries, where data availability, surveillance and testing capacity are limited. Disruptions to education and essential health services remain significant.³ The COVID-19 crisis is exacerbating the vulnerabilities of children and families everywhere – and fueling inequalities.

As the pandemic continues, many national governments are struggling to sustain implementation of public health measures to reduce transmission of COVID-19, and deliver on their broader response plans to address COVID-19 and its consequences. Weak health systems lack capacity to deliver COVID-19 tools at scale. Greater support is also needed to work with communities and civil society to address COVID-19 misinformation, combat vaccine hesitancy and increase the adoption of vaccines, tests and treatments.

While we laud the significant achievements of the ACT-A collaboration so far,⁴ we note that access to COVID-19 tools remains grossly unequal. For example, as of 1 December 2021, only 3 per cent of people in low-income countries were fully vaccinated against COVID-19, compared with 68 per cent of people in high-income countries.⁵ In fragile and humanitarian contexts, populations in need are still not being reached effectively. This inequality is not only unjust, but is also prolonging the pandemic for everyone, as new variants emerge in settings where vaccine coverage is low and COVID-19 infections continue to spread.

Urgent attention is needed to ensure that people affected by humanitarian crises and other marginalized and vulnerable populations⁶ have access to COVID-19 tools. The Humanitarian Buffer⁷ mechanism has been established with the COVAX Facility as a measure of 'last resort' to reach vulnerable populations when all other efforts have failed. Its aim is to deliver 100 million COVID-19 vaccine doses.

STORY FROM THE FIELD



On 4 August 2021, at the Pipalchauri Health Post in Duhun, a remote part of Darchula District in Nepal's far-west, 45-year-old local Dhaula Devi Mahar receives the COVID-19 vaccine.

UNICEF and partners continue working to keep children and their families safe and healthy through the pandemic. Rolling out COVID-19 vaccines, tests, treatments and PPE are a critical part of an integrated response to COVID-19.

In Nepal, reaching the most remote areas of the country is vital in helping to stop the spread of the pandemic. UNICEF has been working closely with the government and key partners such as Gavi to provide technical and logistical support at federal, provincial/district and local levels for effective vaccine and cold chain management.

Assessing, expanding and strengthening the country's cold chain capacity is important to keep vaccines safe and at the correct temperatures throughout their journey. This has included installation of cold rooms, refrigerators and freezers in vaccine storage facilities at the central, provincial, district and local levels, and the provision of refrigerated containers for transportation.

[Read more about this story here](#)

HUMANITARIAN STRATEGY

UNICEF's strategy to deliver on its ACT-A commitments complements the agency's ongoing work to mitigate the impacts of the pandemic, deliver essential health and social services and build more resilient systems. In 2022, through this appeal, UNICEF will focus on the following key priorities:

In all low- and middle-income countries where UNICEF provides in-country delivery support,¹⁰ UNICEF will provide technical assistance and support to:

- **The Vaccine Pillar** – to turn vaccines into vaccinations (operational costs for vaccine delivery, vaccine logistics management, and cold chain strengthening. UNICEF will prioritize high-risk, hard-to-reach groups, including humanitarian populations, and work to reduce inequities in countries. The Inter-Agency Standing Committee has agreed that UNICEF's ACT-A HAC appeal will be the centralized mechanism for financing operational costs associated with vaccine allocations from the Humanitarian Buffer.¹¹
- **Risk Communication and Community Engagement (RCCE) (part of the Health Systems and Response Connector)** – to build the capacities of civil society, community health actors and the social service workforce in relevant programmatic areas, such as community engagement and interpersonal communication. UNICEF will support people-centred, community-led engagement campaigns to increase trust, promote the adoption of COVID-19 tools and address vaccine hesitancy.

In the most vulnerable countries with ongoing humanitarian crises,¹² UNICEF will provide procurement, supply and technical assistance to:

- **The Diagnostics Pillar** – to support procurement and supply of diagnostic tests,¹³ to meet acute gaps for COVID-19 testing. Where needed, diagnostics will be accompanied by technical assistance to support rapid scale-up (e.g., strengthening supply chains and training health workers).
- **The Therapeutics Pillar** – to provide technical support to build and improve oxygen systems and supplies.
- **Personal Protective Equipment (part of the Health Systems and Response Connector)** – to procure and deliver quality PPE to enable front-line workers to deliver health care safely. UNICEF has PPE stock pre-positioned and available for delivery to countries in need, subject to funding.

To enable an effective coordinated response, UNICEF will invest in:

- **Global coordination and technical support** – to enable effective coordination with ACT-A partners and across headquarters, regional offices and country offices. In doing so, UNICEF will have greater capacity to provide timely strategic, technical, advocacy, communications, and partnership support, and leverage existing investments.

2022 PROGRAMME TARGETS



Vaccines

- **70** per cent of the population in low-income countries is fully vaccinated against COVID-19¹⁴
- **4,100,000,000** COVID-19 vaccine doses are administered in low- and middle-income countries¹⁵
- **100,000,000** Humanitarian Buffer COVID-19 vaccine doses are administered¹⁶



Diagnostics

- **21,000,000** COVID-19 diagnostic tests are procured and delivered in countries with Humanitarian Response Plans¹⁷
- **10** countries with Humanitarian Response Plans have scaled up COVID-19 testing with technical assistance from UNICEF¹⁸



Therapeutics

- **20** countries with Humanitarian Response Plans have scaled up oxygen treatment systems with technical assistance from UNICEF¹⁹



Health Systems Connector: Personal protective equipment

- **55,000,000** days' worth of quality PPE is delivered to protect health workers in countries with Humanitarian Response Plans as they support the roll-out of new COVID-19 tools²⁰
- **30** countries with Humanitarian Response Plans receive quality PPE to enable the safe roll-out of new COVID-19 tools²¹



Risk communication and community engagement

- **133** low- and middle-income countries implement ACT-A related RCCE interventions based on social and behavioural evidence²²
- **90** per cent of individuals report they would get vaccinated once a vaccine is available and recommended²³

FUNDING REQUIREMENTS IN 2022

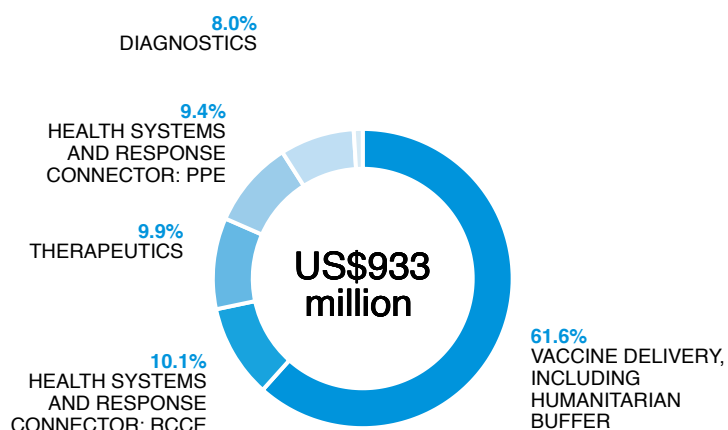
UNICEF's 2022 ACT-A HAC appeal of US\$933 million has been defined in consultation with UNICEF regional and country offices. Building on the results achieved through the support of last year's appeal, we double-down our focus on our two key programmatic priorities: 1) to scale up the in-country delivery of COVID-19 vaccines, including in humanitarian settings; and 2) to increase adoption of, and trust in, vaccines and other COVID-19 tools in all low- and middle-income countries.

For **Vaccines**, the 2022 appeal amount is lower than in 2021, as revised detailed costing takes into account the vaccines that have been delivered so far and the complementary work of ACT-A partners. In 2022, we focus on the Humanitarian Buffer and closing the equity gaps in delivering vaccines to the most vulnerable.

For **RCCE**, the 2022 appeal amount is higher than in 2021, as UNICEF has a unique role to play in: 1) scaling up capacity to implement tailored evidence-based RCCE interventions, and 2) strengthening engagement with civil society and communities to address vaccine hesitancy and increase adoption of health behaviours to curb the pandemic.

For **Diagnostics, Therapeutics and PPE**, the 2022 appeal will address the needs of 30 countries with humanitarian situations, where UNICEF can focus its expertise to address the inequalities in access to COVID-19 tests, treatments and PPE.

Direct funding to UNICEF will help ensure efficient and timely support for the last-mile delivery of COVID-19 vaccines, tests and treatments to those in need, and PPE to protect health workers. Contributions through this ACT-A HAC appeal (as well as through other UNICEF fundraising channels)²⁴ will be critical to ensuring that the most vulnerable, crisis-affected populations are reached with COVID-19 tools, and that progress towards global ACT-A targets is accelerated.



Sector	2022 requirements (US\$)
Diagnostics	75,000,000
Therapeutics	92,000,000
Vaccine delivery, including Humanitarian Buffer	575,000,000
Health Systems and Response Connector: PPE	88,000,000
Health Systems and Response Connector: RCCE	94,000,000
Global coordination and technical support	9,000,000
Total	933,000,000

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ENDNOTES

1. World Health Organization. ACT-Accelerator Strategic Plan & Budget, October 2021 to September 2022, <<https://www.who.int/publications/m/item/act-accelerator-strategic-plan-budget-october-2021-to-september-2022>>, accessed 1 December 2021. UNICEF works across all ACT-A pillars: the Vaccine, Diagnostics, Therapeutics and Health Systems and Response connector. COVAX is the Vaccine Pillar of ACT-A and is co-convened by the Coalition for Epidemic Preparedness Innovations, Gavi, the Vaccine Alliance, WHO and UNICEF. UNICEF is the lead implementation partner for end-to-end procurement, supply and delivery of COVID-19 vaccines. UNICEF also co-convenes the Health Systems and Response connector with The Global Fund, World Bank and WHO.
2. World Health Organization COVID-19 Dashboard, <<https://covid19.who.int/>>, accessed 1 December 2021.
3. United Nations Children's Fund 2021, <<https://www.unicef.org/press-releases/covid-19-continues-disrupt-essential-health-services-90-cent-countries>> accessed 30 August 2021; and UNICEF 2021, <<https://www.unicef.org/rosa/reports/direct-and-indirect-effects-covid-19-pandemic-and-response-south-asia>>, accessed 1 December 2021.
4. ACT-Accelerator: Quarterly Update Q3: 1 July – 30 September 2021, <<https://www.who.int/publications/m/item/act-accelerator-quarterly-update-q3>>, accessed 9 November 2021.
5. Our World in Data, Share of the population fully vaccinated against COVID-19, <<https://ourworldindata.org/grapher/share-people-fully-vaccinated-covid?country=High+income%7EUpper+middle+income%7ELower+middle+income%7ELow+income>>, accessed 9 November 2021.
6. Including refugees, asylum seekers, migrants, internally displaced persons and people living in areas under the control of armed groups for which governments may not have control.
7. For more information, see <<https://interagencystandingcommittee.org/inter-agency-standing-committee/covax-humanitarian-buffer>>. UNICEF is expected to be the procurer for most Humanitarian Buffer doses and approximately 75 per cent of these are expected to require in-country delivery cost that will be channeled through the ACT-A HAC.
8. For 2022, ACT-A/COVAX target is to achieve a population coverage of 70 per cent in low- and middle-income countries and reach each person with either one dose of Johnson & Johnson vaccine or two doses of other COVID-19 vaccine formulations, approximately 4.1 billion doses will be delivered.
9. 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.
10. UNICEF provides in-country delivery support to all low- and middle-income countries, with the exception of Bulgaria, China, Romania and the Russian Federation. Low- and middle-income countries are defined using the World Bank classification of economies. For this 2022 HAC appeal, the needs assessment only included countries that have not yet achieved 70 per cent population coverage of COVID-19 vaccination. In agreement with Gavi, UNICEF will complement country delivery support to include: delivery costs needed for the Humanitarian Buffer and humanitarian settings; support to AMC countries for targeted emergency needs through its UNICEF country offices; and support for non-Gavi-eligible low- and middle-income countries. By doing so, UNICEF will leverage its existing role and expertise in emergency settings and build on its ability to move funding quickly to country level through its country offices and fill critical gaps.
11. By supporting this HAC appeal, donors can have confidence that their funding will be used by the humanitarian agencies selected to deliver to populations of concern by the Inter-agency Standing Committee (IASC) decision-making body, based on the endorsement of the humanitarian country team, the United Nations country team or its equivalent. The IASC decision-making body reviews, approves and endorses proposals. UNICEF will support the swift allocation of funds to implementing partners by leveraging existing partnership agreements and systems.
12. A humanitarian crisis is defined as any circumstance where humanitarian needs are sufficiently large and complex to require significant external assistance and resources, and where a multisectoral response is needed, with the engagement of a wide range of international humanitarian actors. For the purpose of the ACT-A HAC, we will focus on the 30 countries that have Humanitarian Response Plans (HRP) [Afghanistan, Bangladesh, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Colombia, Democratic Republic of the Congo, DPR Korea, Ethiopia, Haiti, Iraq, Lebanon, Libya, Mali, Mozambique, Myanmar, Niger, Nigeria, Pakistan, Somalia, South Sudan, State of Palestine, Sudan, Syrian Arab Republic, Ukraine, Venezuela, Yemen, Zimbabwe].
13. Both antigen rapid diagnostic tests and molecular PCR tests.
14. As of 1 December, only 3 per cent of people living in low-income countries were fully vaccinated. See, <<https://ourworldindata.org/grapher/share-people-fully-vaccinated-covid?country=High+income~Upper+middle+income~Lower+middle+income~Low+income>>. UNICEF contributes to the achievement of this indicator with partners.
15. For 2022, to achieve a population coverage of 70 per cent in low- and middle-income countries and reach each person with either one dose of Johnson & Johnson vaccine or two doses of other COVID-19 vaccine formulations, approximately 4.1 billion doses will need to be delivered. UNICEF contributes to the achievement of this indicator with partners.
16. UNICEF support will include procurement, technical assistance or in-country delivery cost provision.
17. Priority will be to countries with Humanitarian Response Plans and where situations of concern are deemed "Critical risk" or "High risk".
18. Priority will be given to Sudan, Yemen, Pakistan, Burkina Faso, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Mali, and Niger.
19. Priority will be given to countries based on review of requests by the global and regional technical team, where additional resources can have immediate catalytic impact.
20. UNICEF will model progress towards this indicator based on the estimated costs used by the ACT-A Hub to provide a community-based front-line worker with basic PPE for one day. We note that there are many assumptions and also that there is marked variation in the type of PPE needed (such as masks, eye protection, gloves, gowns and disposable bags to safely store and discard contaminated items) that are used and the costs vary significantly.
21. Priority will be to countries with Humanitarian Response Plans and where situations of concerns are deemed "Critical risk" or "High risk".
22. Risk communication and community engagement interventions include engaging with communities, influencers, local groups, media and front-line workers for behaviour change. It also involves 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 sustained community trust.
23. The data source for this indicator will be: COVID-19 Behavioural Indicators - Collective Service for Risk Communication and Community Engagement (RCCE) (rcce-collective.net). In January 2021, the percentage of individuals who would get vaccinated once a vaccine is available was 69.5 per cent, and by October 2021, this had increased to 89.3 per cent. UNICEF contributes to the achievement of this indicator with partners.
24. The ACT-A HAC appeal forms a major part of UNICEF's overall estimated fundraising need of US\$4.6 billion for ACT-A related activities in 2022. UNICEF is fundraising for around 17 per cent of the US\$23.4 billion ACT-A funding gap across all ACT-A partners for 2022. In addition, through the Supplies Financing Facility, UNICEF is supporting low- and middle-income countries to access, purchase and receive the delivery of key COVID-19 supplies via UNICEF Procurement Services.