



Neema, 31, a refugee from Congo is about to receive her second dose of COVID-19 vaccination at Itambabiniga Health Outpost, Kyegegwa district, Uganda.

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for every child

## Humanitarian Action for Children

# ACT-A

### HIGHLIGHTS

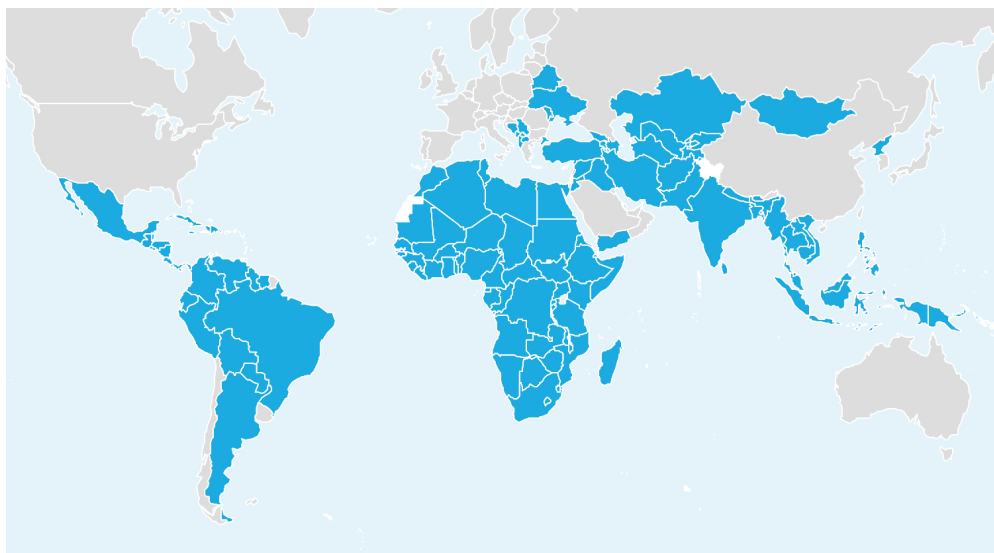
The COVID-19 pandemic remains a crisis on an unprecedented scale. National governments continue to grapple with the challenges of implementing public health measures, maintaining essential health and social services, and reaching populations—especially the hardest to reach—with COVID-19 tools. New variants 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).<sup>1</sup> 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\$1.3 billion. We urgently require funds to:

- support in-country delivery of COVID-19 vaccines with a focus on interventions that strengthen primary health care systems
- 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 a focus on reaching the most vulnerable populations with humanitarian needs.

### KEY PLANNED RESULTS



**4 billion** vaccine doses to be delivered via ACT-A partners, including UNICEF<sup>7</sup>



**988 million** diagnostic tests to be delivered via ACT-A partners, including UNICEF<sup>8</sup>



**120 million** COVID-19 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\$ 1.3 billion**

## HUMANITARIAN SITUATION AND NEEDS

Since the start of the pandemic, 629 million COVID-19 cases and 6.6 million deaths have been reported globally.<sup>2</sup> 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.<sup>3</sup> 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,<sup>4</sup> we note that access to COVID-19 tools remains grossly unequal. As of 4 November 2022, 19 per cent of people in low-income countries have completed the initial COVID-19 vaccination protocol, compared with 75 per cent of people in high-income countries.<sup>5</sup> In fragile and humanitarian contexts, populations in need are still not being reached effectively. Such inequality is not only unjust, but also prolongs the pandemic, 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 populations have access to COVID-19 tools.<sup>6</sup>

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## STORY FROM THE FIELD



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

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 cold boxes and carriers for transportation.

[\*\*Read more about this story here\*\*](#)

## HUMANITARIAN STRATEGY<sup>9</sup>

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,<sup>10</sup> UNICEF will provide procurement, supply and technical assistance to:

- The Vaccine Pillar – to turn vaccines into vaccinations, UNICEF will prioritize high-risk, hard-to-reach groups, including humanitarian populations, and work to reduce inequities in countries. When supporting countries in vaccine delivery, UNICEF will focus on activities and approaches that simultaneously strengthen the health system, such as implementing digital immunization records and improving the overall management of the supply chain.
- 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.
- 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, with a focus on the 92 countries eligible for the COVAX Advanced Market Commitment (AMC).<sup>11</sup> UNICEF has PPE stock pre-positioned and available for delivery to countries in need, subject to funding.

In the most vulnerable countries with ongoing humanitarian crises<sup>12</sup> and in countries with critical needs, UNICEF will provide procurement, supply and technical assistance to:

- The Diagnostics Pillar – to support procurement and supply of diagnostic tests,<sup>13</sup> to meet acute gaps for COVID-19 testing. Where needed, diagnostics will be accompanied by technical assistance to support rapid scale-up, particularly at the community and primary health care levels.
- The Therapeutics Pillar – to support procurement and supply of oxygen equipment and provision of technical support to plan, build and strengthen oxygen systems.

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 to roll out COVID-19 tools and to build a stronger foundation for future public health emergency preparedness and response. In doing so, UNICEF will have greater capacity to provide timely strategic, technical, advocacy, communications, and partnerships support.

## 2022 PROGRAMME TARGETS



### Vaccines

- **4,260,000,000** COVID-19 vaccine doses (primary series and booster doses) are administered in low- and middle-income countries<sup>14</sup>
- **24** per cent of the population in low-income countries receive complete primary series against COVID-19<sup>15</sup>
- **39** per cent of the population in countries with a Humanitarian Response Plan receive complete primary series against COVID-19<sup>16</sup>



### Diagnostics

- **11,000,000** COVID-19 diagnostic tests are procured and delivered in countries with Humanitarian Response Plans<sup>17</sup>
- **5** countries with Humanitarian Response Plans have scaled up COVID-19 testing with technical assistance from UNICEF<sup>18</sup>



### Therapeutics

- **20** countries with Humanitarian Response Plans have scaled up oxygen treatment systems with technical assistance from UNICEF<sup>19</sup>



### Health Systems Connector: Personal protective equipment

- **92** countries with under the COVAX AMC receive quality PPE to enable the safe roll-out of new COVID-19 tools<sup>20</sup>
- **81,000,000** 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 tools<sup>21</sup>



### Risk communication and community engagement

- **133** low- and middle-income countries implement ACT-A related RCCE interventions based on social and behavioural evidence<sup>22</sup>
- **90** per cent of individuals report they would get vaccinated once a vaccine is available and recommended<sup>23</sup>

## FUNDING REQUIREMENTS IN 2022

UNICEF's 2022 ACT-A HAC appeal of US\$1.3 billion has been defined in consultation with UNICEF regional and country offices. Building on the results achieved last year, 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 funding requirement remains at US\$914 million.<sup>24</sup> In 2022, UNICEF will continue to focus on humanitarian settings and on closing the equity gap in vaccine coverage for the most vulnerable.

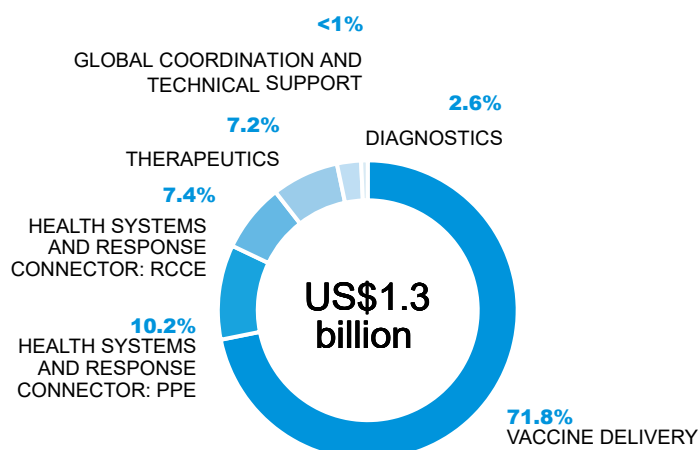
For RCCE, the funding requirement remains at US\$94 million. UNICEF has a unique role to play in: 1) scaling up capacity to implement tailored evidence based RCCE interventions, and 2) strengthening engagement with civil society and communities to address vaccine hesitancy and increase adoption of health behaviours to curb the pandemic.

For PPE, the funding requirement has been revised from US\$88 million to US\$130 million to reflect the expanded country coverage and scope to meet the needs of 92 countries to support the PPE needs of vaccinators, in addition to other frontline and healthcare workers providing COVID-19 treatment, testing and care to patients.

For Diagnostics, the funding requirement has been reduced from US\$75 million to US\$33 million to reflect the lower than anticipated demand for tests and will shift to pilot test and treat strategies.

For Therapeutics, the funding requirement remains the same at US\$92 million, as we seek to continue addressing critical needs for oxygen systems in 20 priority countries with humanitarian situations (and in exceptional cases may support urgent needs in other low- and middle-income countries).

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)<sup>25</sup> 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. UNICEF will prioritize strategies that strengthen the health system while also ensuring efficient delivery of COVID-19 tools.



Appeal sector	Revised 2022 HAC requirement (US\$)
Vaccine Delivery	913,612,372
Diagnostics	33,000,000
Therapeutics	92,000,000
Health Systems and Response Connector: PPE	130,000,000
Health Systems and Response Connector: RCCE	94,000,000
Global coordination and technical support	9,000,000
<b>Total</b>	<b>1,271,612,372</b>

Appeal sector	Original 2022 HAC requirement (US\$)	Revised Nov. 2022 HAC requirement (US\$)	Funds available (US\$)	Funding gap (US\$)	2022 funding gap (%)
Vaccine Delivery	575,000,000	913,612,372	714,135,316	199,477,056	21.8%
Diagnostics	75,000,000	33,000,000	17,878,459	15,121,541	45.8%
Therapeutics	92,000,000	92,000,000	28,258,570	63,741,430	69.3%
Health Systems and Response Connector: PPE	88,000,000	130,000,000	59,292,570	70,707,430	54.4%
Health Systems and Response Connector: RCCE	94,000,000	94,000,000	60,647,024	33,352,976	35.5%
Global coordination and technical support	9,000,000	9,000,000	8,540,194	459,806	5.1%
<b>Total</b>	<b>933,000,000</b>	<b>1,271,612,372</b>	<b>888,752,133</b>	<b>382,860,239</b>	<b>30.1%</b>

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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 4 November 2022.
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: See Quarterly Updates since July 2021 here: <<https://www.who.int/initiatives/act-accelerator/impact-and-results>>, accessed 4 November 2022.
5. Our World in Data, Share of the population fully vaccinated against COVID-19, <<https://ourworldindata.org/grapher/share-people-fully-vaccinated-covid?tab=chart&country=High+income~Upper+middle+income~Lower+middle+income~Low+income>>, accessed 4 November 2022.
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 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 4,260,000,000 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.
8. 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.
9. As countries move from managing COVID-19 as an acute emergency to integration into longer-term disease control programmes, the ACT-Accelerator partnership is adjusting its ways of working to fully integrate ACT-A into regular programming and operations in 2023.
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. For PPE, the country scope expanded to include countries rolling out COVID-19 vaccines to support the PPE needs of vaccinators, in addition to other frontline and healthcare workers providing COVID-19 treatment, testing and care to patients. Priority will be given to countries with humanitarian needs among the 92 countries eligible for the COVAX AMC.
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, Democratic People's Republic of Korea, Ethiopia, Haiti, Iraq, Lebanon, Libya, Mali, Mozambique, Myanmar, Niger, Nigeria, Pakistan, Somalia, South Sudan, State of Palestine, the Sudan, Syrian Arab Republic, Ukraine, Bolivarian Republic of Venezuela, Yemen, Zimbabwe].
13. Both antigen rapid diagnostic tests and molecular PCR tests.
14. 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 4,260,000,000 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.
15. The previous ACT-A HAC targets were based on projections that modelled costs and program outputs to achieve 2021 WHO global targets of 70 per cent coverage across 133 low- and middle-income countries by December 2022. While the projections accommodated an additional six-month implementation timeframe above the global target timeline of June 2022, these projections and targets were misaligned with current implementation reality. Based on UNICEF's updated global COVID-19 vaccine delivery cost model, it is predicted that low-income countries can realistically achieve a population coverage of COVID-19 vaccine primary series of 24 per cent by end of December 2022. Therefore, UNICEF adjusted this target to align to the current reality. These predictions rely on best historic absorption data for each country. UNICEF contributes to the achievement of this indicator with partners.
16. As of 1 January 2022, 15.4 per cent of people living in countries with an HRP had completed primary series of COVID-19 vaccines based on data from COVID-19 Vaccine Delivery Partnership infohub data. Based on UNICEF's global COVID-19 vaccine delivery cost model, it is predicted that HRP countries can realistically achieve a population coverage for COVID-19 vaccine primary series of 39 per cent by end of December 2022. These predictions rely on best historic absorption data for each country. UNICEF contributes to the achievement of this indicator with partners. UNICEF ACT-A HAC targets were set at the end of 2021 based on an assumption of a high uptake of the humanitarian buffer vaccine doses and corresponding operational support. However, few applications to access the humanitarian buffer were received in part due to some countries extending services to humanitarian populations within their national programmes. Therefore, UNICEF dropped the humanitarian buffer indicator and added this new indicator to prioritize support to countries with HRPs to scale up COVID-19 vaccine delivery in these countries including among populations with humanitarian needs.
17. Priority will be to countries with HRPs 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.
18. Given lower-than-anticipated demand, the diagnostics target has been reduced to 5 countries which will be chosen from the following: Burkina Faso, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Mali, Niger, Pakistan, the Sudan and Yemen. The programme strategy will shift to pilot test and treat.
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. Priority will be given to countries with HRPs and where situations of concerns are deemed "Critical risk" or "High risk." For PPE, the country scope expanded in 2022 to include countries rolling out COVID-19 vaccines to support the PPE needs of vaccinators, in addition to other frontline and healthcare workers providing COVID-19 treatment, testing and care to patients. Therefore, UNICEF increased the PPE target to 92 AMC countries to align to the expanded scope.
21. 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. UNICEF increased the PPE target to 81 million days' worth of PPE to align with the expanded universe of 92 countries eligible for the COVAX AMC.
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. By June 2022, this had increased to 90.2 per cent. UNICEF contributes to the achievement of this indicator with partners.
24. This includes the US\$575 million that UNICEF seeks to raise to support vaccine delivery, and a carryover from 2021 of US\$339 million. The US\$575 million reflects UNICEF's additional need for 2022, which was informed by the detailed costing that took into account vaccine doses and funding received in 2021 and was agreed with ACT-A partners. United Nations Children's Fund, 'Costs and Predicted Financing Gap to Deliver COVID-19 Vaccines in 133 Low- and Middle-Income Countries,' UNICEF, January 2022, <<https://www.unicef.org/documents/costs-and-predicted-financing-gap-deliver-covid-19-vaccines-133-low-and-middle-income>>
25. The ACT-A HAC appeal forms a major part of UNICEF's overall estimated fundraising need of US\$4.8 billion for ACT-A related activities in 2022, as reflected in UNICEF's investment case released in February 2022, <<https://www.unicef.org/media/115196/file/UNICEF-Investment-Case-ACT-A+-FullReport.pdf>>. 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, <<https://www.unicef.org/supply/unicefs-act-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.