Update on Monitoring Vaccination, Testing, Treatment and PPE Targets for COVID-19

A report from the Co-Chairs of the ACT-A Facilitation Council Working Group on Tracking & Accelerating Progress

G20 Joint Finance - Health Task Force (JFHTF)
4th Meeting
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Key updates since the 3rd JFHTF meeting on 1 April 2022:

- After weeks of decline, **COVID-19 case numbers are on the rise again**, with risk of increased hospitalization and deaths, especially in low- and lower-middle income countries (LICs & LMICs)
  - Easing of pandemic restrictions presents a threat to at-risk populations, esp. in LICs and LMICs with low vaccination coverage and limited access to new oral antivirals
  - The war in Ukraine increasingly diverts attention from the COVID-19 response
  - COVID-19 outbreaks cause trade disruptions with a high toll on the global economy

- **2nd Global COVID-19 Summit yields US$ 1B add’l pledges to ACT-A agencies**, but a projected **US$ 12.1B³ funding gap remains**:
  - Add’l US$ 3.1B have been pledged to ACT-A agencies since the 3rd JFHTF meeting
  - US$ 12.1B projected funding gap for ACT-A remains, limiting access to and delivery of COVID-19 tools
  - Robust national commitments have been made by LICs and LMICs to scale up delivery

- Vaccination coverage increases, but risk of stagnation is high
  - 16 of the 34 priority countries for the Covid-19 Vaccine Delivery Partnership are now above the 10% coverage threshold. Of the 18 countries still below 10% coverage, 14 are affected by humanitarian emergencies
  - 2 add’l countries crossed the 40% threshold and 7 countries crossed the 70% mark. Vaccination rates need to remain high for LICs and LMICs to reach national targets
  - Complex challenges in vaccine uptake and demand notably include reduced risk perception, barriers in access, competing political and health priorities, and funding & human resources gaps

- **Dramatic decline in global testing rates** hinders surveillance of the disease and of variants
  - Since April 1, **global testing rates have approximately halved** in all income groups
  - Testing rates of 4 and 25 tests/day/100k in LICs and LMICs are considerably driven by ACT-A procurement funding gaps, impeding surveillance & detection of new variants
  - Low testing is a grave obstacle for scaling new oral antivirals (i.e., test & treat)

- Equitable access to effective new oral antivirals will be limited until at least Q4 ‘22
  - WHO has published a strong recommendation for nirmatrelvir / ritonavir (Paxlovid), a new oral antiviral, for high-risk patients
  - Access to up to 10M treatment courses of Paxlovid & 3M treatment courses of Molnupiravir is secured by ACT-A for use in 2022, however there is a risk to execute these orders due to a severe lack of funding
  - Sublicenses for generics manufacturers signed in 13 countries for Molnupiravir and/or Paxlovid
Important actions for the G20 countries to end the COVID-19 pandemic:

- Welcome the financial commitments made to address the COVID-19 pandemic and PPR, and support the strong policy commitments made by LICs & LMICs during the 2nd Global COVID-19 Summit by continued advocacy and support in removing delivery barriers.
- Prioritize financing to address the remaining ACT-A funding gap, esp. for in-country delivery of vaccines, the scale-up of testing and surveillance infrastructure, and crucially roll-out of new therapeutics.
- Continue to closely monitor progress of roll out of COVID-19 tools

After weeks of decline, COVID-19 cases are rising again globally

The COVID-19 pandemic continues to be a serious threat to at-risk populations globally and especially in countries with low vaccination coverage and inadequate access to new oral antivirals. Since the last meeting of the G20 Joint Finance and Health Task Force (JFHTF) on 1 April 2022, an additional 30 million COVID-19 cases and >100 thousand deaths have been recorded. Moreover, after weeks of declining cases and deaths, cases are rising again globally (see Figure 1). With further evolution of the virus and circulation of the Omicron subvariant BA.4 & BA.5, numerous countries still face devastating effects of COVID-19, particularly among the unvaccinated, untested, and untreated. With limited to no testing outside of HICs, the true caseload is likely significantly greater than reported figures indicate, and tracking the pandemic and the virus evolution is getting more difficult. In this context, the risks of a new Variant of Concern (VoC) emerging are substantial and VoCs going undetected for longer are even greater.

Figure 1: Epidemic curve by region, WHO as of 18 May 2022
Nonetheless, the escalating geopolitical crisis with the war in Ukraine, significant inflationary pressure in many economies and other pressing political and health challenges increasingly divert political attention and financial resources away from the access to COVID-19 countermeasures agenda. Meanwhile escalating COVID-19 triggered supply chain disruptions, raise new alarms for global trade and the speedy recovery of the world economy\(^1\).

**Global COVID Summit yields US$ 1B add’l pledges to ACT-A, but US$ 12.1B gap remains**

The 2\(^{nd}\) Global COVID Summit, co-hosted by the United States, Belize, Germany, Indonesia and Senegal on 12 May 2022, generated significant momentum for the COVID-19 response and broader pandemic preparedness effort. The Summit helped secure new financial commitments, including to the ACT-Accelerator (ACT-A), as well as important policy commitments\(^2\), which are essential for victory in the fight against COVID-19. New commitments of US$ 1billion were made to the ACT-Accelerator’s constituent agencies. The ACT-Accelerator now projects an urgent financing need for US$ 12.1 billion\(^3\) in donor grant financing to agency partners (see Figure 2).

### Figure 2:

**ACT-A funding gap for 2021/22 since 29 October 2021**  
(Source: ACT-A at 20 May 2022)

Addressing the US$ 12.1 billion urgent financing needs for COVID-19 tools and their delivery must be a priority for the G20. Investments in ACT-A not only accelerate the end of the acute phase of the COVID-19 pandemic but can also have a long-term impact well beyond COVID-19. This includes investments in areas including research and development (R&D), manufacturing, and supply chain, e.g., to accelerate the development of and access to vaccines and new therapeutics. Moreover, the more than US$ 1 billion invested in sequencing and oxygen facilities so far will significantly increase surveillance and health system capacity in the longer term, especially in low and lower-middle income countries.

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1 Source: Bloomberg report “Global Supply Chain Crisis Flares Up Again Where It All Began” published on 25 April 2022
2 Leaders made robust national commitments to expand and accelerate vaccine coverage, in particular for their at-risk populations; to expand access to testing and treatments; to protect and support the health workforce and increase domestic budgets for health systems strengthening; and to advance health security, including through the new FIF for PPR
3 Not yet official ACT-A Commitment Tracker count. This figure assumes the timely conversion of US$ 1.4B pledges (US$ 1.0B announced during the 2\(^{nd}\) COVID-19 Summit and US$ 0.4B from Germany pending parliamentary approval) into confirmed financial commitments to ACT-A agencies. As of 19 May, these pledges are not confirmed to be allocated to ACT-A agencies.
Vaccines: Slowdown in rates of vaccination also in low coverage countries

Since the last G20 JHFTF meeting in April 2022, approximately 40 million more vaccine doses have been delivered by COVAX, but in LICs still only 13% (+1%-point) of the population are fully vaccinated. As of May 2022, 11.7 billion doses of vaccine have been administered. Yet only 1% of global vaccines have been administered in LICs, despite these countries representing 9% of the world population.

Figure 2:
Vaccine coverage map: Cumulative number of persons fully vaccinated per 100 population
(Source: GCAT; at 18 May 2022)

Due to the increased focus on in-country delivery of vaccines and the concerted support by ACT-Accelerator and the COVID-19 Vaccine Delivery Partnership (CoVDP), significant progress has been made since the beginning of 2022. Among the 34 priority countries with 10% vaccination coverage or less as of January 2022, coverage has increased from 3% to 10%, representing a 3.3x increase across these countries.

Among these countries, 16 have reached over 10% coverages, with some countries like Central African Republic, Cote d’Ivoire, Ethiopia, the Solomon Islands, and Uganda reaching vaccination levels exceeding 20% coverage. Eighteen countries remain below 10% coverage, among which 14 are handling humanitarian emergencies.

Additionally, since the last G20 JHFTF meeting, 2 countries reached 40% coverage and 7 countries reached 70% coverage. Despite these efforts, only 2 LICs (out of 27) have so far exceeded 40% coverage (see Figure 3). While vaccination coverage among at-risk populations on average is higher, substantial gaps still exist.
Vaccination rates have been slowing down globally – even in low coverage countries. In fact, 53 of the AMC90 countries\(^4\) - including 24 of the 34 CoVDP concerted action countries - report a considerable slowdown in the rates of vaccination since April\(^5\). Although this development is not necessarily a steady trend and is impacted by the timing of vaccination campaigns on country-level, it should be regarded as a warning sign. If this slowdown persists, vaccination coverage rates will stagnate in all income groups. (see Figure 4).

**Figure 3:**
Number of countries achieving global vaccine coverage targets by income group, including changes since last update to the G20 JFHTF on 1 April (Source: GCAT; at 18 May, 2022)

**Figure 4:**
Vaccine coverage trend: %-share of population fully vaccinated by income group since January 2020 (Source: GCAT; at 18 May 2022)

CoVDP reports complex challenges in COVID-19 vaccination uptake, notably including decreased risk perception, low access to vaccination, competing priorities in countries, operational funding gaps, and insufficient human resources. The prevailing barriers to uptake

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\(^4\) 90 low- and middle-income countries and economies that are members of the COVAX Advance Market Commitment (AMC)

\(^5\) Source: COVID-19 Vaccine Delivery Partnership data (as of 16 May 2022)
and demand remain, including practical issues around access to health service delivery, including vaccination sites and adequate information about vaccination, followed by concerns about safety. While reduced risk perception and the de-prioritization of COVID-19 in many of the countries is concerning, evidence indicates that people still want to be vaccinated if it is made easily accessible to them.

**Diagnostics: Dramatic decline in testing rates globally impedes surveillance of variants**

Diagnostics are crucial to understand the epidemiology of the disease, track the evolution of the virus, identify the emergence of new variants, drive public health interventions, and guide the treatment of cases. Nevertheless, testing rates have continued to dramatically fall since the last G20 JFHTF meeting. As of May 2022, the status is that outside of HICs, there is limited to no testing.

HICs currently have an average testing rate of 312 tests (down 37% vs. January & 35% vs. April) per day per 100,000 population, while LICs’ average testing rate per day per 100,000 population is virtually nonexistent with four tests (down 50% vs. January & 20% vs. April), lower middle-income countries’ testing rate is 25 tests (down 64% vs. January & 24% vs. April), and upper middle-income countries’ is 45 tests (down 65% vs. January and 52% vs. April) per day per 100,000 population (see Figures 5 & 6).

**Figure 5:**

*Daily testing rate per 100,000 population, average past 7 days*

(Source: GCAT; at 18 May 2022)

The significant decrease in testing rates around the world is a significant concern. A report prepared by the ACT-Accelerator has shown that higher diagnostic testing rates combined with a widespread, frequent, and effective testing strategy is associated with greater numbers of infections averted⁶. Unfortunately, current testing levels are insufficient to effectively track

⁶ Source: “Expanded use case analysis for rapid antigen diagnostics for SARS-CoV-2 mitigation” report by the ACT-Accelerator rapid antigen diagnostic modelling consortium (October 2021), [Link](#).
the pandemic and virus evolution. Moreover, grave obstacles exist to successfully rolling out test and treat strategies for new oral antivirals that rely on early diagnosis of COVID-19. While the decline in testing rates is partly caused by the growing perception that new variants are less dangerous, the strikingly low testing rates in LICs and LMICs are substantially driven by the lack of funding, including to ACT-A agencies, to procure and deliver diagnostic tools.

**Figure 6:**
Daily testing rate per 100,000 population by income group, average past 7 days (Source: GCAT; at 18 May 2022)

**Therapeutics: Equitable access to effective new oral antivirals will be limited till Q4 ‘22**

With many people still unvaccinated against COVID-19 and at risk of serious disease, and numerous severe and critical cases even among vaccinated populations, there is still a continued need for therapeutics: medicines and medical oxygen.

As of May 2022, new options for decentralized, outpatient treatments are emerging with the availability of oral antivirals. WHO recommended use of molnupiravir and nirmatrelvir/ritonavir (Paxlovid), the first two oral antivirals for mild-to-moderate COVID-19, in March and April 2022. This is a paradigm shift in the COVID-19 response. When administered early, they can reduce the risk of hospitalization among those at high risk for severe disease (e.g., immunocompromised, older age, and chronic disease) and shorten time to resolve symptoms. These new treatments have the potential to be implemented at scale, change care-seeking behavior, and ease the burden on health systems. However, they must be used within five days of symptom onset. As such, they rely on high testing rates and high-risk clients to swiftly seek care following a COVID-19 infection.

As of May 2022, the Medicines Patent Pool (MPP), a UN-backed public health organization, has signed sublicences in 13 countries for generic manufacturers to produce generic versions of molnupiravir and nirmatrelvir/ritonavir (see Figure 7). Moreover, 13M treatment courses for these two priority products have been secured by UNICEF and the Global Fund (3M for molnupiravir and 10M for nirmatrelvir/ritonavir).
Nevertheless, several challenges remain in ensuring equitable access to these new therapeutics, including adequate, affordable stock, and generic options. Intensified efforts are needed to engage countries to scale up test and treat strategies, while securing affordable oxygen supplies. Finally, significant additional funding is needed, notably for advance procurement of oral antivirals and for oxygen delivery and market-shaping.

**Figure 7:**
Countries with sublicenses for generics production signed by MPP
(Source: MPP; as at 12 May 2022)

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- Prioritize financing to address the remaining ACT-A funding gap, esp. for in-country delivery of vaccines, the scale-up of testing and surveillance infrastructure, and crucially roll-out of new therapeutics.
- Continue to closely monitor progress of roll out of COVID-19 tools