



# **PATH TO PROGRESS:**

**THE COVID-19 RESPONSE  
AS A CATALYST FOR  
STRENGTHENING HEALTH  
AND IMMUNISATION SYSTEMS**

UNITED KINGDOM

**unicef** 

for every child

# KEY TERMS AND ACTORS

## HEALTH SYSTEMS STRENGTHENING

UNICEF defines health system strengthening as “actions that establish sustained improvements in the provision, utilisation, quality and efficiency of health services, including both preventive and curative care, as well as the resilience of the system as a whole”.<sup>1</sup>

## PRIMARY HEALTH CARE (PHC)

The WHO states that “primary health care aims to address the majority of a person’s health needs throughout their lifetime. This includes physical, mental and social well-being and it is people-centred rather than disease-centred. PHC is a whole-of-society approach that includes health promotion, disease prevention, treatment, rehabilitation and palliative care. Through providing care within the community as well as through the community it addresses not only individual and household needs but also broader public health and the needs of particular populations”.<sup>2</sup>

UNICEF promotes and supports primary health care, with services for maternal, newborn, child and adolescent health and nutrition, and immunisation.<sup>3</sup>

A mother and daughter wait for routine vaccinations at the UNICEF-supported Masaka Regional Referral Hospital in Uganda.

## UNIVERSAL HEALTH COVERAGE (UHC)

According to the WHO, UHC means that “all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course”.<sup>4</sup>

## THE ACCESS TO COVID-19 TOOLS ACCELERATOR (ACT-A)

Launched in April 2020, ACT-A is “a unique partnership of many of the world’s international health organisations who have joined forces to quicken the end of the pandemic by supporting the development and equitable distribution of tests, treatments and vaccines to reduce mortality and severe disease around the world”.<sup>5</sup>

## COVAX

COVAX is the vaccines pillar of ACT-A. It is co-led by Gavi (the Vaccine Alliance), the Coalition for Epidemic Preparedness Innovations (CEPI) and the WHO, while UNICEF is a delivery partner. Its aim is “to accelerate the development and manufacture of COVID-19 vaccines, and to guarantee fair and equitable access for every country in the world”.<sup>6</sup>



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# INTRODUCTION

“... Even more fundamentally, we have learned that the underlying strength of the health sector in general is a critical factor in a country’s ability to weather a storm like COVID-19.”

Henrietta Fore, former UNICEF Executive Director

**Vaccinating 70% of the population in every country in the world by mid-2022 is achievable and, if managed correctly, presents an opportunity to increase access to a range of essential health services including routine immunisation.**

This briefing by the UK Committee for UNICEF (UNICEF UK) explores the systems strengthening and health financing interventions needed to facilitate both the successful rollout of COVID-19 vaccines as well as increasing uptake of essential health services. It outlines how the COVID-19 response can be a catalyst for addressing long-standing barriers for children – realising their right to health, accelerating progress towards achieving the targets of increased immunisation coverage and ultimately ending preventable child deaths.

Midwife and immunisation lead, Grace Achir Ochan, provides vaccinations for babies and young adults at Nebbi General Hospital in Uganda.

UNICEF has been working with the Ministry of Health in Uganda to provide vital equipment and training for health workers.



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# EXECUTIVE SUMMARY

## STRENGTHEN HEALTH SYSTEMS TO PROTECT AGAINST COVID-19 AND DELIVER BETTER HEALTH FOR ALL

Both the COVID-19 pandemic and the subsequent response to the disease present huge challenges to health systems everywhere, putting children’s futures at risk. However, they also present an opportunity for the global health community to leverage the COVID-19 response to strengthen health systems globally, tackle the pandemic now and to protect children’s lives in the future more effectively.

The context is clearly challenging. Essential health care services have been disrupted around the world with devastating results for all, including the world’s children. Preventing severe disruption and mitigating damage caused by the pandemic should continue to be an immediate priority of governments, the World Health Organization (WHO), and the global health multilaterals that have come together to create the Access to COVID-19 Tools – Accelerator (ACT-A), including UNICEF. However, efforts to strengthen vaccination

systems and broader health systems strengthening (HSS) must not be overlooked. They provide a crucial way to ensure that health systems are able to fight the pandemic now and provide essential services.

As the world grapples with the importance of pandemic preparedness, this could be a once-in-a-generation opportunity to move the needle on the importance of prioritising strong health systems and building primary health care (PHC) to advance towards universal health coverage (UHC).

Put simply, if done right, the COVID-19 pandemic could act as a catalyst for strengthened health systems that have the ability and resilience to deliver real change for children’s lives, putting the world firmly on course to reach Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages.<sup>7</sup>

A health worker prepares a vaccine for a baby at Masaka Regional Referral Hospital, Uganda. UNICEF is supporting the hospital, which serves a population of up to 3 million people.



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# RECOMMENDATIONS FOR THE UK GOVERNMENT

For the UK as a leading donor in global health, with a central governing role in the policies and practices of major global health institutions, this means undertaking the following actions:

## FINANCIAL

- 1 Ensure that funding for the COVID-19 response is urgently increased and future pandemic preparedness contributes to the strengthening of health systems. This must be additional to existing Official Development Assistance (ODA) spending commitments.
- 2 Ensure that all spending towards the COVID-19 pandemic and future pandemic preparedness considers and, where possible, leverages wider potential opportunities to improve child health.
- 3 Provide ambitious investments for the procurement and delivery of COVID-19 vaccines through the ACT-A COVAX pillar and other mechanisms to ensure sufficient financial resources to enable the timely delivery of COVID-19 vaccines.
- 4 Disburse in full their commitment to provide £330 million each year to Gavi 5.0 between 2021-2025 (£1.65 billion in total) and the commitment of £400 million to the Global Polio Eradication Initiative between 2019-2023. Additionally, the UK should uphold its existing commitments to financing immunisation programmes through the WHO Expanded Immunisation Program and UNICEF.
- 5 Protect funding to programmatic health work, including support for primary health care and reproductive, maternal, newborn and child health for the ending preventable deaths agenda.

## PROGRAMMATIC

- 6 Operationalise the Health Systems Strengthening position paper and ensure that its ambition and approach are embedded throughout the FCDO's health programmes and in the upcoming Global Health and International Development Strategies.

## POLITICAL

- 7 Lead dialogue on how to leverage the opportunity at high-level political moments including through the G7, G20 and the UN General Assembly.
- 8 Utilise governance and board positions on major development banks and multilateral organisations to ensure aligned and coordinated approaches to health systems strengthening among major global health actors.
  - This should seek to align dedicated funding for health systems strengthening amongst global health multilaterals and development banks. It should also seek to catalyse investment in immunisation infrastructure and health systems to support the rollout of COVID-19 vaccines and other essential health services for children.
- 9 Reiterate the importance of domestic governments' protecting national immunisation budgets to prevent backsliding and accelerate progress towards the achievement of the Immunisation Agenda 2030 and SDG 3.2.

# INTRODUCTION

## THE CONTINUING COVID-19 CRISIS FOR CHILDREN

COVID-19 is the worst crisis for children in UNICEF's 75-year history and the global response so far has been incredibly unequal and inadequate, with the inequitable rollout of COVID-19 vaccines putting entire communities at risk.

For the first time in 20 months, children return to class in Caracas, Venezuela. UNICEF is supporting back-to-school efforts in the wake of the COVID-19 pandemic.

Almost two years into the pandemic, its widespread impact deepens. While some countries are recovering and rebuilding within the 'new normal', for many COVID-19 has stretched already weak infrastructures with devastating effects.

Each year, UNICEF vaccinates nearly half the world's children against preventable diseases. UNICEF is now using this expertise to deliver the largest vaccines logistics effort in history, as a partner in the rollout of COVID-19 vaccines.<sup>8,9</sup>



Putera, 9, has lost his mother and father to COVID-19 in Java, Indonesia.

Yet in 2020, more than 23 million children missed out on essential vaccines – an increase of 3.7 million from 2019, and the highest number since 2009.

The global COVID-19 vaccination effort presents significant risks and opportunities for health and routine immunisation services for children. Significant financial support and a coordinated effort across global health stakeholders are required so that health systems can be restored, maintained and expanded.



# VACCINE SUPPLY AND VACCINE DELIVERY ARE CO-DEPENDENT



In December 2021, a consignment of COVID-19 vaccines provided to the Government of Nepal through the COVAX facility arrives at the Central Vaccine Store in Kathmandu, Nepal.

In October 2021 the WHO launched their Strategy to Achieve Global COVID-19 Vaccination by mid-2022. The Strategy recognises the issue that has become central to the rollout of COVID-19 vaccines to date, and which is holding back progress on ending the pandemic: inequitable coverage.<sup>10</sup>

The factors underpinning why many high-income countries have delivered vaccines to most of their populations, while other countries have barely been able to vaccinate their health workers are manifold.

Globally, COVID-19 vaccine supplies have become concentrated in countries with significant economic advantages. This has created a vacuum of access for many low- and low-middle income

countries who are often unable to access sufficient volumes of vaccines for their populations, including health workers and high-risk groups.

The COVAX facility has supported the procurement and delivery of COVID-19 vaccines to low- and low-middle income countries around the world but has been impeded by limited available supply in 2021. This has been largely due to high-income countries purchasing the majority of available vaccines and only a small percentage of dose donation commitments being fulfilled. There needs to be a significant increase of vaccine delivery and administration in 2022, with COVAX partners now aiming to have administered over 2 billion COVID-19 doses by the end of Quarter 1 (Q1) in 2022.

With global supply set to increase, it's essential that preparation for vaccine delivery becomes a core focus of all actors involved in the COVID-19 response. Strengthening health systems will be the crucial factor for success.

In the early stages of the pandemic, the challenges of vaccine delivery and covering all ancillary costs was not prioritised. The first ACT-A budget did not include delivery costs and focused solely on the procurement of vaccine doses.<sup>11</sup>

## THE PATH TO PROGRESS



The scale and impact of the pandemic was unprecedented when it began to spread across the world in early 2020. The ensuing devastation has shifted the world on its axis and put children's futures at risk. However, as leaders everywhere focus on building back better from the pandemic, a clear path towards progress is emerging in global health.

Ensuring that investments in the response to COVID-19 are also investments in stronger health systems, both for now and for the future, is a vital step in the right direction.

In December 2021, nearly 2 million doses of Moderna COVID-19 vaccines arrive at the airport in Kathmandu, Nepal.

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A young girl prepares to have her measles and rubella vaccine at her school in Java, Indonesia.



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## SECTION ONE

# VACCINE INEQUITY AND DELIVERY CHALLENGES

The WHO target of all countries achieving 70% COVID vaccine coverage by June 2022, requires at least 11 billion doses. This is achievable, if doses are equally distributed around the world.

By 15 December 2021, more than 8.5 billion COVID-19 vaccine doses had been administered worldwide. With global production capacity of 1.5 billion doses a month, there are more than enough doses to reach the WHO target by June 2022.<sup>12</sup>

Yet as of 6 December, 2021, only 8.5% of people in low-income countries have received at least one dose of a COVID-19 vaccine.<sup>13</sup> On a per capita basis, for every 15 doses delivered in G20 countries<sup>14</sup>, only 1 dose has been delivered in sub-Saharan Africa.<sup>15</sup>

COVAX, the mechanism designed to increase access to COVID-19 vaccines for health workers and high-risk groups in low and low-middle income countries, had delivered 823 million doses to 144 countries by December 2021.<sup>16</sup> While significant, this falls considerably short of the target of delivering 2 billion doses in 2021 that COVAX partners had initially set.

In November 2021, the Pfizer COVID-19 vaccine donated through the COVAX Facility is launched for the first time in Nepal.

Inequitable access to COVID-19 vaccines has been largely a result of unequal distribution of available doses, a scenario compounded by a series of factors including: high-income countries procuring the vast majority of available doses in 2021 and a delay in honouring commitments to redistribute doses through donations, as well as India's ban on exporting COVID-19 vaccines during the second wave.

COVAX has commitments to secure, option<sup>17</sup> or receive (through donations from donor governments) over 5 billion vaccine doses. The majority of these are intended for low- and low-middle income countries through COVAX in 2022. COVAX partners aim to achieve the goal of delivering 2 billion doses by the end of Q1 in 2022 (the initial target was for the end of 2021<sup>18</sup>). Alongside COVAX, efforts to achieve high levels of vaccine coverage across Africa will be complemented by the African Vaccination Acquisition Trust (AVAT). UNICEF will procure and deliver COVID-19 doses to African Union member states through AVAT, with the aim to achieve 60% vaccination coverage in African states.<sup>19</sup>

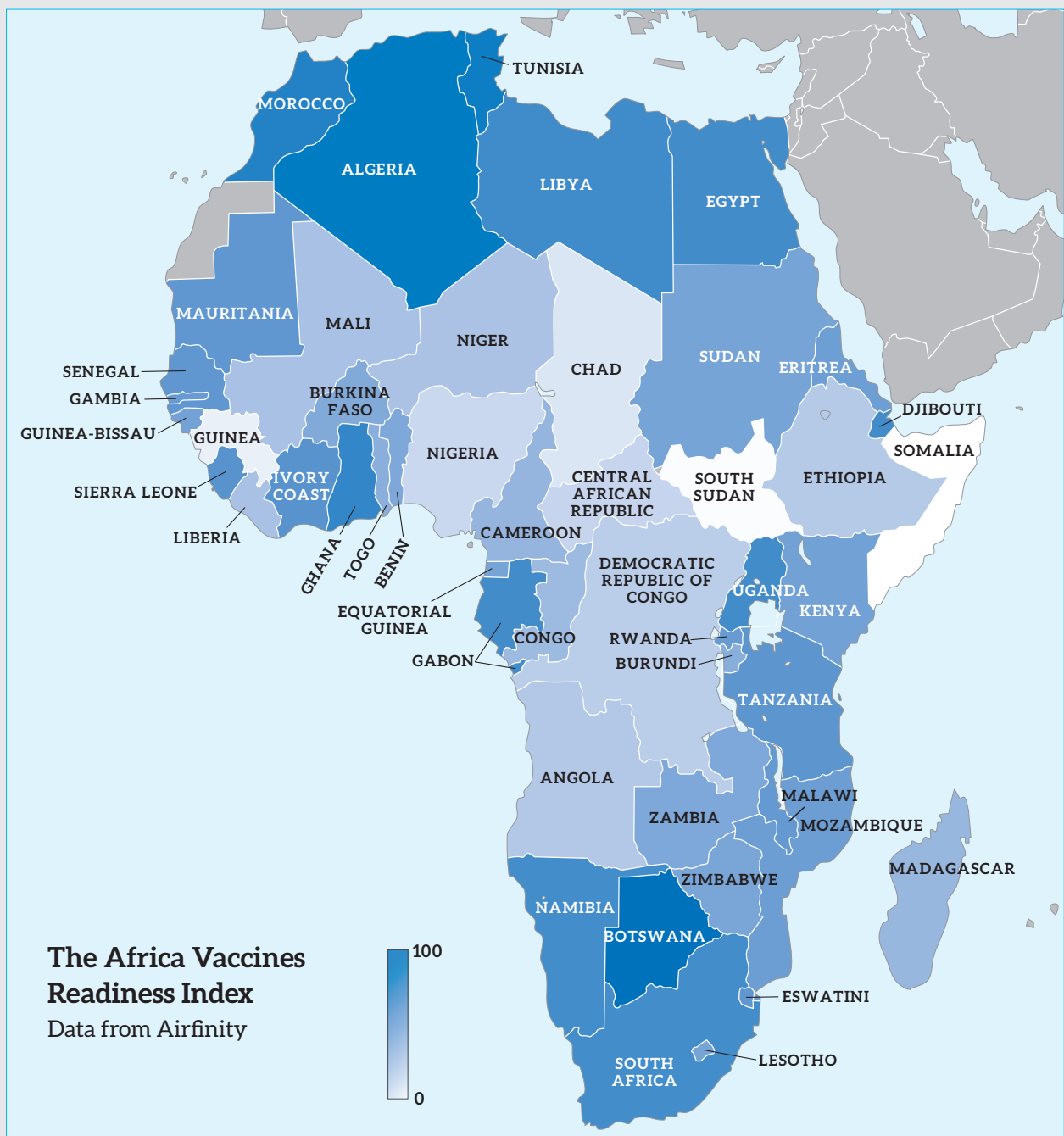


The renewed COVAX coverage targets, the significant quantities of doses procured and committed through donations, and the WHO goal of all countries achieving 70% vaccination coverage by mid-2022, all point towards

significant acceleration of vaccination rates, particularly in low-income countries. This will require substantial human and financial resources to deliver at scale and at significantly greater speed.

### COVID-19 VACCINE COVERAGE IN AFRICA

To date, as shown on the map, better prepared African countries have comparatively higher vaccine coverage such as South Africa (26%) and Tunisia (47%), than countries less prepared such as Uganda (6%), Ethiopia (3%), and Tanzania (1%).



## SECTION ONE

A major concern for the delivery of COVID-19 vaccines will be the ability of countries to receive and administer significant quantities of vaccine doses before they expire. On average, COVAX Advanced Market Commitment (AMC) countries (92 countries eligible for COVAX's innovative financing) will need to double their current vaccination rates to be able to absorb 100% of forecasted COVAX dose deliveries.<sup>20</sup> If all AMC countries can reach full absorptive capacity and doses are strategically allocated, this could reduce vaccination timelines by up to two years. Being able to do this effectively will require implementing countries to have existing immunisation systems, the necessary equipment, as well as workforce and logistics networks to increase the scale and speed of vaccination rollouts.

Absorptive capacity will continue to be impacted by the predictability and reliability of dose donations from donors and the ability to curb the spread of misinformation on COVID-19 which, in some settings, has fuelled vaccine hesitancy.

To date, there have been several instances where countries have been unable to administer vaccines to people due to the impact of these issues. South Sudan, Nigeria, Malawi and the Democratic Republic of Congo, for instance, all had to destroy, reallocate or return vaccines because they could not be administered before their expiry date. This issue has affected millions of doses of COVID-19 vaccines. In these cases, the time of arrival was clearly a large factor, but the state of vaccine readiness, including the investment in community engagement, and the strength of health systems all likely played a part in compromising these vaccination campaigns.<sup>21</sup>

The COVID-19 vaccination campaign launched in the Democratic Republic of Congo in April 2021. Through the COVAX initiative, UNICEF ensured

the ordering and transport of vaccines, injection and protective materials. UNICEF also ensures the quality of the cold chain storage of vaccines.



## SECTION TWO

# HOW AND WHY STRONG HEALTH SYSTEMS ARE INTEGRAL TO THE ROLLOUT OF VACCINES

The WHO Health Systems Framework<sup>22</sup> (below) includes six indicators (building blocks) of how good health systems deliver health interventions for the people they serve.

BUILDING BLOCK	AIMS AND DESIRABLE ATTRIBUTES
<b>Service Delivery</b>	Good health services are those that deliver effective, safe, quality personal and non-personal health interventions to those who need them, when and where needed, with minimum waste of resources.
<b>Workforce</b>	A well-performing health workforce is one that works in ways that are responsive, fair and efficient in order to achieve the best health outcomes possible, given available resources and circumstances. There are sufficient numbers and a mix of staff, fairly distributed; they are competent, responsive and productive.
<b>Information</b>	A well-functioning health information system is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health systems performance and health status.
<b>Medicine</b>	A well-functioning health system ensures equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use.
<b>Financing</b>	A good health financing system raises adequate funds for health, in ways that ensures people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for them.
<b>Governance</b>	Leadership and governance involve ensuring strategic policy frameworks exist and are combined with effective oversight, coalition building, the provision of appropriate regulations and incentives, attention to system-design, and accountability.

The strength of each of these areas will play a part in the success of the rollout of COVID-19 vaccines and routine immunisation. While there is no 'one-size-fits-all' approach to health systems strengthening and the 'building block' approach is one conceptualisation among many, it is useful in this context.

It is important to take a holistic approach to strengthening health systems, and therefore each of these blocks will be needed to facilitate the delivery of COVID-19 vaccines. All of these aspects are integral elements of any health system and should be understood as foundational. Historically, responses to infectious diseases have overlooked the importance of

strengthening this foundation and instead acted with a narrow focus.<sup>23</sup> When only supporting the prevention and treatment of a particular disease, the response enhances one or two of these blocks rather than equipping the whole health system with the tools and investment needed to enhance health care for all.

Investing in and championing HSS at this time is made even more vital because throughout the pandemic many health systems have been pushed to breaking point and rendered unable to deliver essential health services, including **routine immunisation**.

In 2020, **23 million** children missed out on receiving essential vaccines through routine immunisation services.

A doctor brings an oxygen cylinder into a COVID-19 ward at Fort Portal Regional Referral Hospital, Uganda. UNICEF provided the cylinders as well as PPE for doctors.



**2-3 million** lives are saved every year through immunisation, not including COVID-19 vaccines.

In 2020, 23 million children missed out on receiving essential vaccines through routine immunisation services – an increase of 3.7 million from 2019, and the highest number of unprotected children for more than a decade.<sup>24</sup> Not including COVID-19 vaccines, immunisation saves 2-3 million lives every year.<sup>25</sup> Additionally, immunisation systems save millions more lives

every year through access to other life-saving interventions, including nutritional support, disease surveillance and emergency outbreak responses. This is because routine immunisation is a crucial avenue for bringing communities in low- and low-middle income countries into contact with the health system. UNICEF supplies vaccines for 45% of the world's children under the age of 5, working with partners to provide vaccines and other essential medical supplies for the most marginalised families, including children in conflict or fragile settings.

However, even prior to COVID-19, as many as 20 million children each year missed out on routine vaccines. The global coverage rate for all three doses of diphtheria, tetanus and pertussis (DTP3) – a benchmark for measuring global immunisation coverage – had stalled at 86%, rising only by 1% over the course of the 2011–20 Global Vaccines Action Plan. This rate has since dropped to 83% in 2020 due to disruptions caused by COVID-19.<sup>26</sup>

The Immunisation Agenda 2030 (IA2030) is a key immunisation and global health strategy which contains a specific measurement framework and accountability mechanism, which will be integral towards the delivery immunisation targets by 2030. The UK has been supportive of IA2030 and should therefore play a leading role in holding itself, other governments, and global health stakeholders to account towards progress against the framework.



## GAVI, THE VACCINE ALLIANCE

Gavi is an international organisation that improves access to new and underused vaccines for children in low-income countries around the world. UNICEF's Supply Division procures the majority of Gavi-funded vaccines to improve equity and immunisation coverage in Gavi-supported countries,<sup>27</sup> whilst in those countries, UNICEF Country Offices support the implementation of their immunisation programmes. **As a co-founder, leading donor and with a seat of the Gavi Board, the UK Government has played an integral part in Gavi's success and will continue to have a pivotal role throughout the current strategic period until 2025 (Gavi 5.0).**

Between 2021 and 2025, Gavi aims to provide vaccines to immunise 300 million children and has committed to prioritising 'zero-dose' children (those who have not received any vaccines) during this period. However, these ambitious targets are threatened by the pandemic. There is a risk that global COVID-19 vaccination targets might lead to a shift of human and financial resources away from routine immunisations to the delivery of COVID-19 vaccinations. That could include immunisation equipment, such as syringes and cold chain storage, as well as the health workforce. It is therefore crucial that Gavi 5.0 financing is protected, and disbursed in full, to ensure the success of catch-up campaigns and the restoration of disrupted routine immunisation services to ensure that the planned expansion and introduction of new vaccines remains achievable.



## THE GLOBAL POLIO ERADICATION INITIATIVE (GPEI)

In addition to leading the charge towards polio eradication, the Global Polio Eradication Initiative (GPEI) plays a crucial role in countries' immunisation logistics networks, disease surveillance, and emergency responses. GPEI therefore represents a key component in the health system of many low-income countries. For example, GPEI personnel, including health workers and the dedicated polio volunteer workforce, have played a pivotal role in responding to disease outbreaks, including COVID-19 and the Ebola outbreak in 2014.<sup>28</sup> Thanks to their efforts, wild poliovirus is now only present in Pakistan and Afghanistan.

A fully financed GPEI will be crucial in order to continue to pursue polio eradication, to restore and maintain routine immunisation services and a dedicated immunisation workforce, and to maintain disease surveillance networks and countries' ability to respond to diseases outbreaks. **It is therefore important for the UK to disburse in full the £400 million commitment made to GPEI in 2019 between 2019 and 2023.**

In addition to preserving commitments made by donor governments, protecting

national immunisation budgets will be critical for accelerating progress towards the Immunisation Agenda 2030. It will also be critical to maintaining hard won gains in immunisation, supporting domestic recoveries from COVID-19 disruptions, and saving 50 million lives over the next decade to ultimately achieve Sustainable Development Goal 3.2: ending preventable deaths of newborns and those under 5 by 2030.<sup>29</sup>

The COVID-19 response is overburdening national health budgets, particularly in indebted countries, and reports from UNICEF country offices suggest that public sector spending on health has been deeply affected.<sup>30</sup> Over-reliance on national health budgets in the COVID-19 response has severely impeded other health programmes and forced countries to take on additional debt. Simultaneously, rising out-of-pocket health costs will drive many low-income families into poverty.<sup>31</sup>

It is therefore vital that pre-existing financial commitments made to multilaterals that support countries' health systems and the provision of essential services for children (particularly Gavi and the GPEI) are met given the increasing pressure on domestic budgets for health programs in low- and middle-income countries.

In November 2021, the COVAX facility provided a consignment of more than 100,000 Pfizer COVID-19 vaccines to Nepal. The vaccines are for people above the age of 12 with co-morbidities.

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## SECTION THREE

# STRENGTHENING HEALTH SYSTEMS TO ENABLE VACCINATIONS



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Mohammed Rias, 3, receives a vitamin supplement at a UNICEF-supported health clinic in the Balukhali refugee camp, Cox's Bazar, Bangladesh.

A mum nurtures her baby at the Neonatal Intensive Care Unit at Masaka Regional Referral Hospital, Uganda. The hospital has benefited from UNICEF's COVID-19 response interventions like PPE.

Numerous global health stakeholders, including bilateral donors, global health multilaterals and development banks have acknowledged the need to 'strengthen health systems' to facilitate the rollout of COVID-19 vaccines at scale.

However, it is not enough to acknowledge the relationship between strengthening health systems and expanded vaccine rollouts, without detailing specifically which interventions and components of health systems will need to be strengthened to enhance their effectiveness and make them fit for purpose.



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The strengthening of health systems will need to be defined through a range of specific technical, logistical and socio-political interventions. These include, but are not limited to:

- increasing the ability of countries to procure vaccines from manufacturers
- enhancing countries' cold chain storage, through greater numbers of vaccine refrigerators
- providing enough suitable syringes (for both COVID-19 vaccines and routine immunisation)
- ensuring countries have an adequately trained health workforce with capacity to deliver COVID-19 vaccines at scale, without compromising delivery of other essential services
- enabling comprehensive and community-led approaches to tackling vaccine hesitancy.

Immunisation systems for both routine immunisation and COVID-19 vaccines require an efficient, fit for purpose, and functioning cold chain storage system. Since 2017, UNICEF has delivered over 100,000 vaccine refrigerators to 100 countries. More than half of these units are solar powered systems that are essential for vaccine storage in areas with limited access to electricity.<sup>32</sup> Many of the COVID-19 doses available through COVAX will be Pfizer doses

that require ultra-cold chain storage, meaning the ability to store vaccines below -70°C. As volume and demand for vaccines increase considerably into 2022, so will the demand for cold-chain storage and further UCC units.

Increased vaccination uptake will also require significant increases in the quantity of syringes available to administer vaccines, including ensuring that the right syringes are available for the correct doses. To reach the WHO target of 70% worldwide COVID vaccination coverage by June 2022, there could be a shortfall of over 2.2 billion auto-disable syringes according to UNICEF projections.<sup>33</sup> There is an urgent need to expand the supply of standard 0.5ml auto-disable syringes used for the majority of vaccinations, in addition to 0.3ml syringes needed for Pfizer vaccines. This will require increased production from manufacturers, prioritisation of equipment shipments by international freight carriers, and an end to 'syringe nationalism' – the hoarding of desperately needed injection equipment.

To ensure countries are sufficiently equipped to deliver vaccines made available through COVAX and AVAT, there is a need to ensure sufficient

financial support for the ancillary and delivery costs of the COVID-19 vaccine rollout in low- and low-middle income countries. The costs needed to support the rollout and accelerate progress towards the target of 70% vaccination coverage by mid-2022 have been outlined in the revised ACT-A budget and strategic plan for October 2021 to September 2022. It includes a total budget of \$15 billion for vaccines procured and delivered through COVAX directly and outside of the COVAX mechanism.

Within the COVAX pillar is a budget of \$7 billion for the period of October 2021 to September 2022, \$1.6 billion has been earmarked for technical assistance and delivery support (with UNICEF, Gavi and the WHO listed as key COVAX delivery partners).<sup>34</sup> Yet, a further \$8 billion will be required to support in-country delivery costs for the vaccines, according to the ACT-A strategic plan and budget. For the COVID-19 vaccination rollout to be successful it is vital that the UK and other donors invest ambitiously to support delivery costs, as dose donations on their own are insufficient for ensuring that the majority of the world gets vaccinated.

A UNICEF nutrition specialist cares for a malnourished baby at a rehabilitation centre in Nouakchott, Mauritania. The socio-economic impacts of the COVID-19 pandemic could have a devastating effect on child nutrition.





## CASE STUDY: INDONESIA

**The response to the pandemic in Indonesia exemplifies the opportunities to strengthen health systems and ensure the rollout of COVID-19 vaccines can increase a country's ability to deliver routine immunisation services for children. This is achieved through improving cold chain and logistics systems, tackling vaccine hesitancy, the creation of public vaccination hubs, increasing demand for vaccination, and leveraging new partnerships and resources to introduce new vaccines to the routine immunisation schedule.**

Prior to COVID-19, Indonesia had the fourth highest number of unimmunised children in the world.<sup>35</sup> Like many countries, routine immunisation in Indonesia has been severely impacted by the pandemic. In early 2020, a survey found that in nearly 84% of the reporting health facilities, immunisation services were significantly disrupted due to COVID-19.<sup>36</sup> An additional survey aimed at understanding the perceptions of parents and caregivers indicated a strong desire to immunise their children.<sup>37</sup> School-based immunisation services have only recently resumed after 18 months of school closures.

When compared to other low-middle income countries, Indonesia has to date enjoyed a comparatively successful COVID-19 vaccine rollout, with 100% of health and public workers fully vaccinated and over 60% of the population

(more than 127 million people) having received a first dose.<sup>38</sup> These efforts have been supported substantially by over 40 million doses made available through COVAX.

During the COVID-19 vaccine rollout, public vaccination centres have been established that serve as examples of best practice and can be repurposed for routine immunisation services. Cold chain and logistics systems are being strengthened that will support the storage and delivery of routine immunisation services.

Targeted measures to increase public demand for vaccination have been introduced in Indonesia during the rollout including: campaigns on social media to improve perceptions of vaccination, SMS blasts through the major telecom providers to promote routine childhood vaccination messages, working with the Indonesian media to address negative perceptions, and addressing vaccine misinformation through work with local partners.

Despite considerable challenges, through leveraging new partnerships and resources, Indonesia is now looking to address the drop-off in routine immunisation as well as introduce new vaccines to the schedule, including pneumococcal conjugate vaccine, rotavirus and human papillomavirus vaccines.



UNICEF Indonesia Child Protection Officer Fauzia Firdanisa reads to Afiqa, 7, at her home in Java, Indonesia. Afiqa's mother died of COVID-19 in July 2021. Afiqa and her two sisters Khansa and Keysha are now cared for by their dad Eko and grandmother Sarki.

## SECTION FOUR

# HOW THE COVID-19 RESPONSE CAN BE A CATALYST FOR BUILDING STRONGER HEALTH SYSTEMS

The response to COVID-19 should be seized on as a historic opportunity to reinvigorate health systems strengthening in order to advance public health around the world.

More momentum is required to ensure that health systems around the world are robust enough to meet current demands and are able to deal with any future large-scale health crisis, like another pandemic. The 2021 Carbis Bay Progress Report, produced by the UK as part of its role as 2021 G7 President, highlighted that 'support to HSS remains at least stable with 2015.'<sup>39</sup> Given how critical HSS is to achieving strong primary and universal healthcare as well as to achieving the SDG, this is a significant setback as support to HSS should have increased over the past six years.

With COVID-19 responsible for at least 5 million deaths to date, plus at least 3 million excess deaths in 2020 caused by impacts of the pandemic,<sup>40</sup> greater momentum for strong health systems has become all the more urgent.

Evidence produced by the Global Financing Facility shows that **within low-income countries, for each reported COVID-19 death there has been an additional 2.6 maternal and child deaths since the pandemic began.** This represents a 3.8% increase in child mortality and a 1.4% increase in maternal mortality.<sup>41</sup>

COVID-19 has seen the amplification of long-standing systemic and structural health inequalities that must be overcome in order to end COVID-19, meet global health needs, and prepare for the next pandemic. That the vast majority of health systems around the world have been severely tested by COVID-19 shows that we cannot return to business as usual if we expect to see better results in the future.<sup>42</sup>

The pandemic should therefore act as a catalyst for change that transforms how we fund and run health systems, and how leaders prioritise health. Without this action, weaker health systems will continue to provide fertile ground for COVID-19 variants and future pandemics and disease outbreaks.

UNICEF has provided oxygen concentrators and training for health care workers at hospitals and health centres in eastern Ghana.



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## FINANCING

COVID-19 has focused global health stakeholders everywhere on the importance of adequately and equitably financed health systems and highlighted the amount of financing required when health systems fail. There are huge financial cost implications of not having fit-for-purpose health systems, with billions of dollars still needing to be raised to end the pandemic. The most recent ACT-A investment case puts the total needed to support the global COVID-19 response at \$43.4 billion over the next 12 months.<sup>43</sup>

All stakeholders involved in the response to COVID-19 need to use and leverage the resource mobilisation efforts that the pandemic has required in order to catalyse investments to strengthen primary health care and health systems more broadly. This in turn will accelerate progress towards ending preventable deaths enabled by donor funds, domestic and concessional financing.

**Investing in health is an investment in strengthened economies.**<sup>44</sup> Therefore, this could also be a moment to revisit **UHC spending targets. The UHC Political Declaration target of 1% spending on Primary Health Care is not enough to secure strong and resilient health systems.** This target was set in the pre-pandemic era,

and it has since become abundantly clear that this is insufficient. If it is not adjusted, the risk of countries redeploying financing earmarked for essential health services to the COVID-19 response is increased, as they simply do not have the resources available to do both simultaneously. The pandemic has demonstrated that a well-equipped health workforce is a strong protective factor against global health security risks, ensuring that community support workers, vaccinators and health care providers can be activated in a time of crisis.

Addressing the lack of financing for salaries for the majority of health workers in developing countries is also essential given the critical role of health workers. In the Central African Republic, for example, only 6% of the workforce are from professional health cadres. This is inadequate to serve the population and will continue to leave the country vulnerable to pandemics and other health shocks.

Finally, in the coming months, it should be a priority to ensure that all global health multilaterals are coordinating their health system strengthening efforts, so that investments are complementary and aligned in order to maximise opportunities to build stronger blocks of health systems even in disease-specific programmes.

Some 600 children living on the streets of Bamako, Mali, have PPE, washing facilities, medical and nutrition care at a shelter opened by UNICEF to support children during the COVID-19 pandemic.



## PROGRAMMES

Primary health care (PHC) services, including community-based nutrition and water sanitation and hygiene services, have experienced serious barriers to operation during COVID-19. They are at even greater risk as the pandemic continues. Social distancing has disrupted access and resources have been diverted. Cohesive and planned approaches are needed to balance the COVID-19 response with restoring, strengthening and increasing the uptake of PHC services.

### Routine immunisation and nutrition

Immunisation represents a crucial platform that brings communities in low- and low-middle income countries into contact with the health system. Lack of access to immunisation typically impacts children born to the families with the lowest income and education levels and living in more remote areas. As a result, these children are often not reached with other essential services, including adequate nutrition and other medical supplies. The reach of immunisation campaigns therefore becomes a lifeline, not only for preventing death and illness from vaccine preventable diseases but also for accessing essential services. For example, GPEI has delivered 1.3 billion vitamin A supplements during immunisation programmes, helping to prevent more than 1.5 million deaths resulting from malnutrition.<sup>45</sup>

Health worker Nkhoma encourages people to protect themselves and their families from COVID-19 in Kapiri, Malawi. "The response is great, we have many people coming to get vaccinated."

By 2030, immunisation has the potential to help prevent 24 million households in 41 low and middle-income countries from slipping into poverty. Access to immunisation has been a key contributing factor to driving economic growth in low- and low-middle income countries. The prevention of backsliding and the restoration and increased uptake of routine immunisation services will be essential for the global economic recovery from COVID-19. For example, every US\$1 invested in immunisation generates \$54 in return when the broader societal benefits of immunisation are accounted for.<sup>46</sup>

### Maintaining the momentum from COVID-19

Moving forward, it should be an overarching principle of the COVID-19 response that the systems and infrastructure (including health care workers) put in place to fight COVID-19 should, wherever possible, be sustained to support PHC. For example, the cold chain storage should be repurposed for other medical uses when it is no longer needed for COVID-19 vaccines. Health care workers recruited to assist with the COVID-19 response should maintain their employment and be retrained to deliver wider PHC activities. If the programmatic investments made in fighting the pandemic are simply one-off or ad hoc interventions, we will fail future generations and not meet health needs.



## INTERNATIONAL POLITICAL COOPERATION

The importance of international cooperation has always been evident in the global health sphere, and COVID-19 has demanded that this cooperation has a renewed energy and focus. Since the pandemic began, numerous COVID-19 specific global meetings have been convened and it has dominated the agendas of global governance structures including the G7, G20, UN General Assembly, and World Bank. An entirely new global mechanism has been created, ACT-A, bringing multiple actors and countries together; and new treaties and agreements have been negotiated.

The strength of the political leadership required to drive forward these meetings and mechanisms cannot be underestimated. The progress made through these spaces should be celebrated and championed, particularly the speed at which they were created and the level of international cooperation. Importantly, this leadership should be maintained and could become transformative for strengthening health systems around the world.

Along with the need to ensure financing from multilaterals on HSS are complementary, convergence around HSS definitions and ambitions is required to help ensure alignment on HSS efforts being delivered through these

mechanisms. The experience of the ACT-A Health System Strengthening Connector highlights how far there is to go. The Global Action Plan on Healthy Lives and Wellbeing for All could be a potential mechanism through which efforts to find this convergence are channelled and platformed.

UNICEF delivered 17 ultra-cold chain freezers to enable Indonesia to receive, store, and distribute 4.7 million doses of Pfizer COVID-19 vaccines that need to be stored at up to -70° Celsius.



While the COVID-19 pandemic will always be remembered as a devastating moment in history, it could and should, also act as a catalyst for accelerating widespread progress in health outcomes for all. We owe it to future generations to ensure this opportunity is seized to strengthen health systems and enhance primary health care for children everywhere.



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## SECTION FIVE: RECOMMENDATIONS FOR THE UK GOVERNMENT

For the UK as a leading donor in global health, with a central governing role in the policies and practices of major global health institutions, this means undertaking the following actions:

### FINANCIAL

- 1 Ensure that funding for the COVID-19 response is urgently increased and future pandemic preparedness contributes to the strengthening of health systems. This must be additional to existing Official Development Assistance (ODA) spending commitments.
- 2 Ensure that all spending towards the COVID-19 pandemic and future pandemic preparedness considers and, where possible, leverages wider potential opportunities to improve child health.
- 3 Provide ambitious investments for the procurement and delivery of COVID-19 vaccines through the ACT-A COVAX pillar and other mechanisms to ensure sufficient financial resources to enable the timely delivery of COVID-19 vaccines.
- 4 Disburse in full their commitment to provide £330 million each year to Gavi 5.0 between 2021-2025 (£1.65 billion in total) and the commitment of £400 million to the Global Polio Eradication Initiative between 2019-2023. Additionally, the UK should uphold its existing commitments to financing immunisation programmes through the WHO Expanded Immunisation Program and UNICEF.
- 5 Protect funding to programmatic health work, including support for primary health care and reproductive, maternal, newborn and child health for the ending preventable deaths agenda.

### PROGRAMMATIC

- 6 Operationalise the Health Systems Strengthening position paper and ensure that its ambition and approach are embedded throughout the FCDO's health programmes and in the upcoming Global Health and International Development Strategies.

### POLITICAL

- 7 Lead dialogue on how to leverage the opportunity at high-level political moments including through the G7, G20 and the UN General Assembly.
- 8 Utilise governance and board positions on major development banks and multilateral organisations to ensure aligned and coordinated approaches to health systems strengthening among major global health actors.
  - This should seek to align dedicated funding for health systems strengthening amongst global health multilaterals and development banks. It should also seek to catalyse investment in immunisation infrastructure and health systems to support the rollout of COVID-19 vaccines and other essential health services for children.
- 9 Reiterate the importance of domestic governments' protecting national immunisation budgets to prevent backsliding and accelerate progress towards the achievement of the Immunisation Agenda 2030 and SDG 3.2.

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# UNICEF WORKS TO BUILD A BETTER WORLD FOR EVERY CHILD, EVERYWHERE, EVERY DAY.

Front cover

A young boy wears a face mask as he walks through the streets of Mathare, Kenya. The uneven distribution of COVID-19 vaccines is hampering the survival and development of children around the world, preventing access to education, health and social care. In December 2021, for every 15 doses of COVID-19 vaccines delivered in G20 countries, only 1 dose had been delivered in sub-Saharan Africa.

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