

COVID-19 epidemiological update

6 July 20221

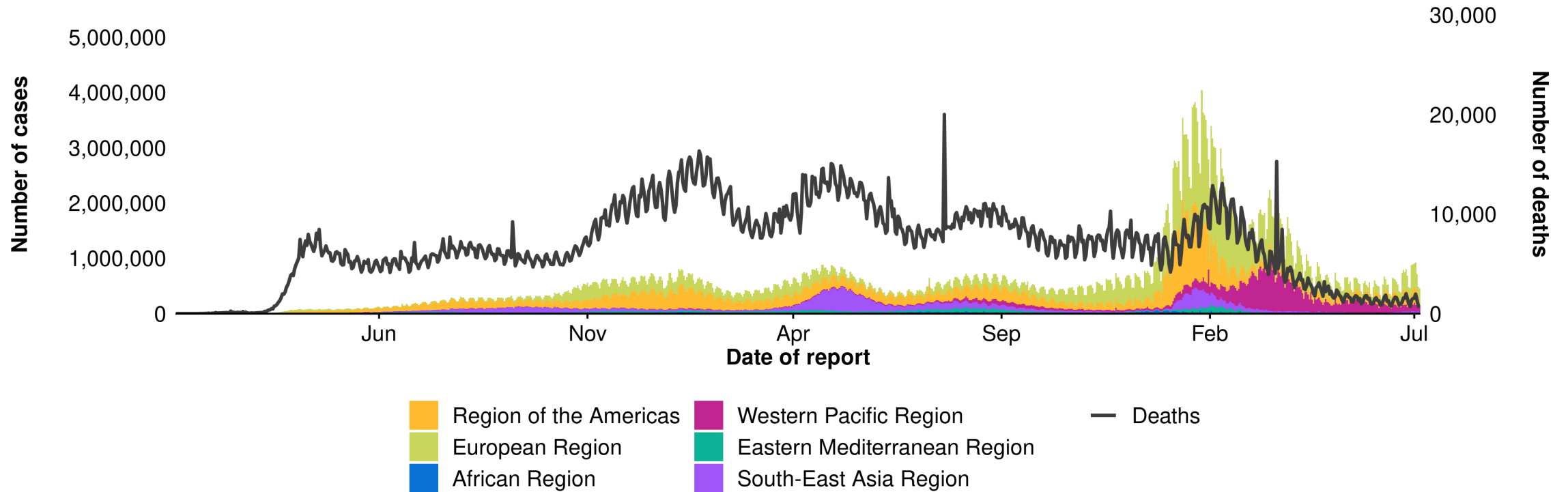
ACT Accelerator Facilitation Council

11th Council meeting

COVID-19 global situation

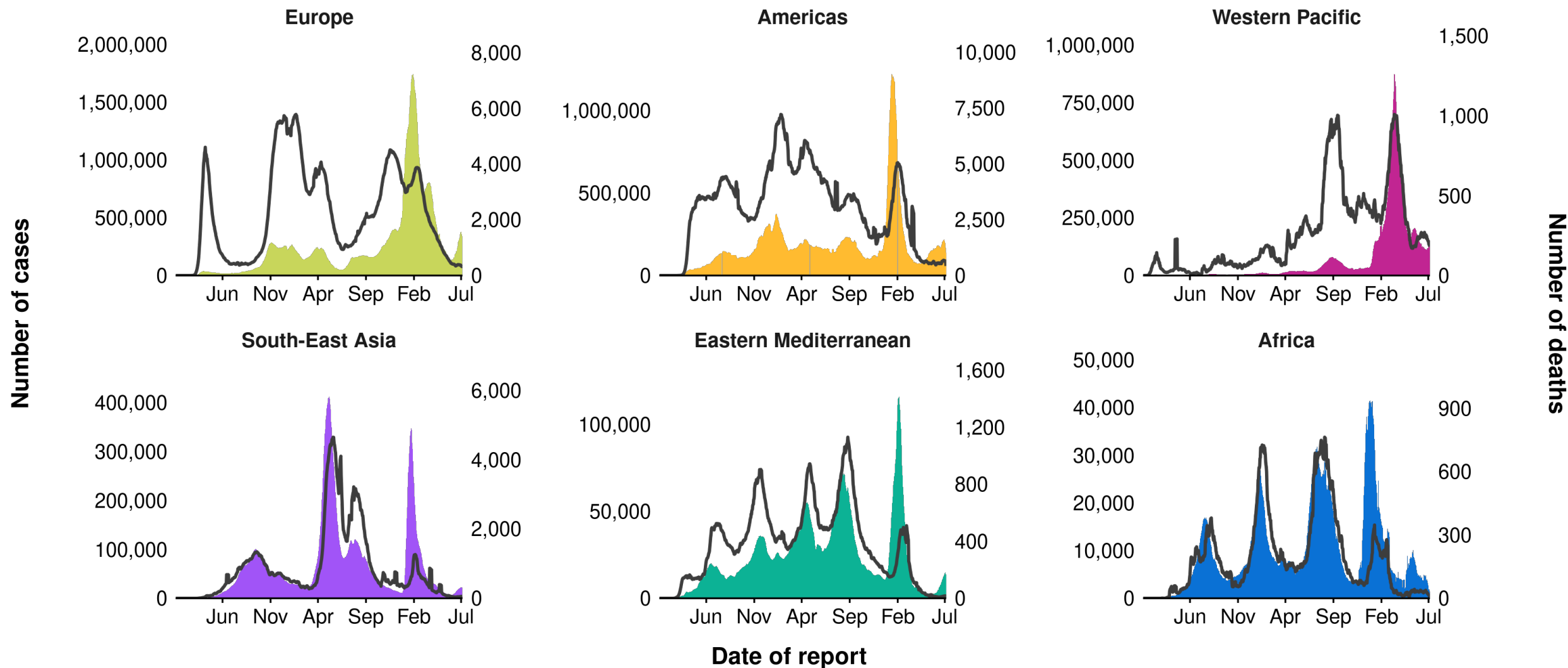
Cases and Deaths Reported to WHO as of 6 July 2022

- Last week New cases: > 5.1 million
- Last week new deaths: 9327
- Cumulative cases: > 548 million
- Cumulative deaths: > 6.34 million



COVID-19 Epidemic curve by region

(as of 6 July 10H CEST)



Cases depicted by bars; deaths depicted by line. Data smoothed with 7-day moving average. Note different scales for y-axes.

Change in weekly new COVID-19 cases and deaths by WHO region

EW 26 (03 Jul to 27 Jun) compared to EW 25 (26 Jun to 20 Jun)

WHO Region	New cases in the last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	Cumulative deaths (%)
Europe	2,629,734 (51.4%)	24.1%	229,151,769 (41.9%)	2,592 (27.79%)	-3.9%	2,028,332 (32.0%)
Americas	1,388,644 (27.1%)	1.2%	163,465,247 (29.9%)	4,607 (49.39%)	10.6%	2,763,502 (43.6%)
Western Pacific	827,117 (16.2%)	3.7%	64,433,670 (11.8%)	1,526 (16.36%)	-11.5%	238,904 (3.8%)
South-East Asia	157,080 (3.1%)	19.9%	58,628,247 (10.7%)	364 (3.90%)	15.9%	790,178 (12.5%)
Eastern Mediterranean	97,561 (1.9%)	30.8%	22,046,436 (4.0%)	112 (1.20%)	34.9%	343,597 (5.4%)
Africa	18,766 (0.4%)	-32.3%	9,134,504 (1.7%)	126 (1.35%)	-46.2%	173,620 (2.7%)
Global	5,118,902 (100%)	13.2%	546,860,637 (100%)	9,327 (100%)	1.2%	6,338,146 (100%)



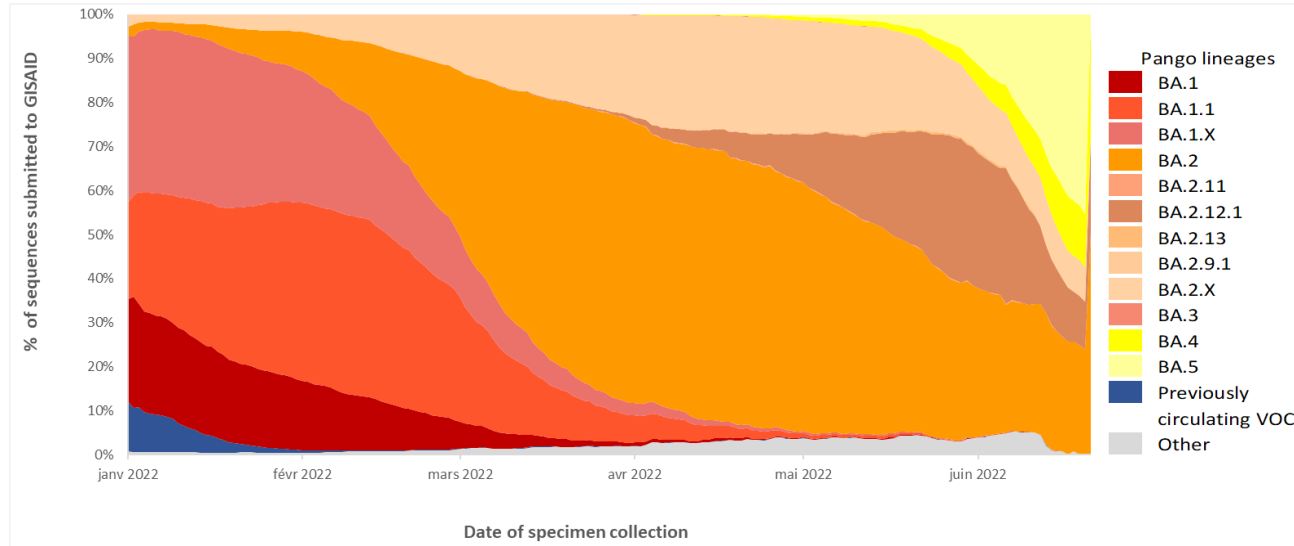
World Health
Organization

HEALTH
EMERGENCIES

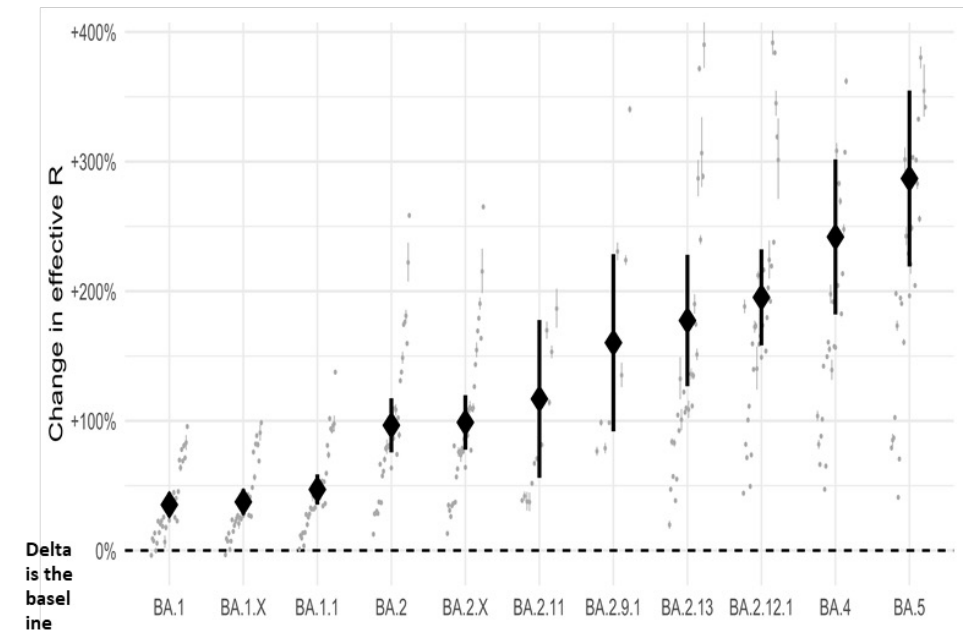
programme

COVID-19 resurgence driven by spread of Omicron sub-lineages and lifting of PHSM

Percentage of SARS-CoV-2 sequences by VOC, as of 27 June 2022

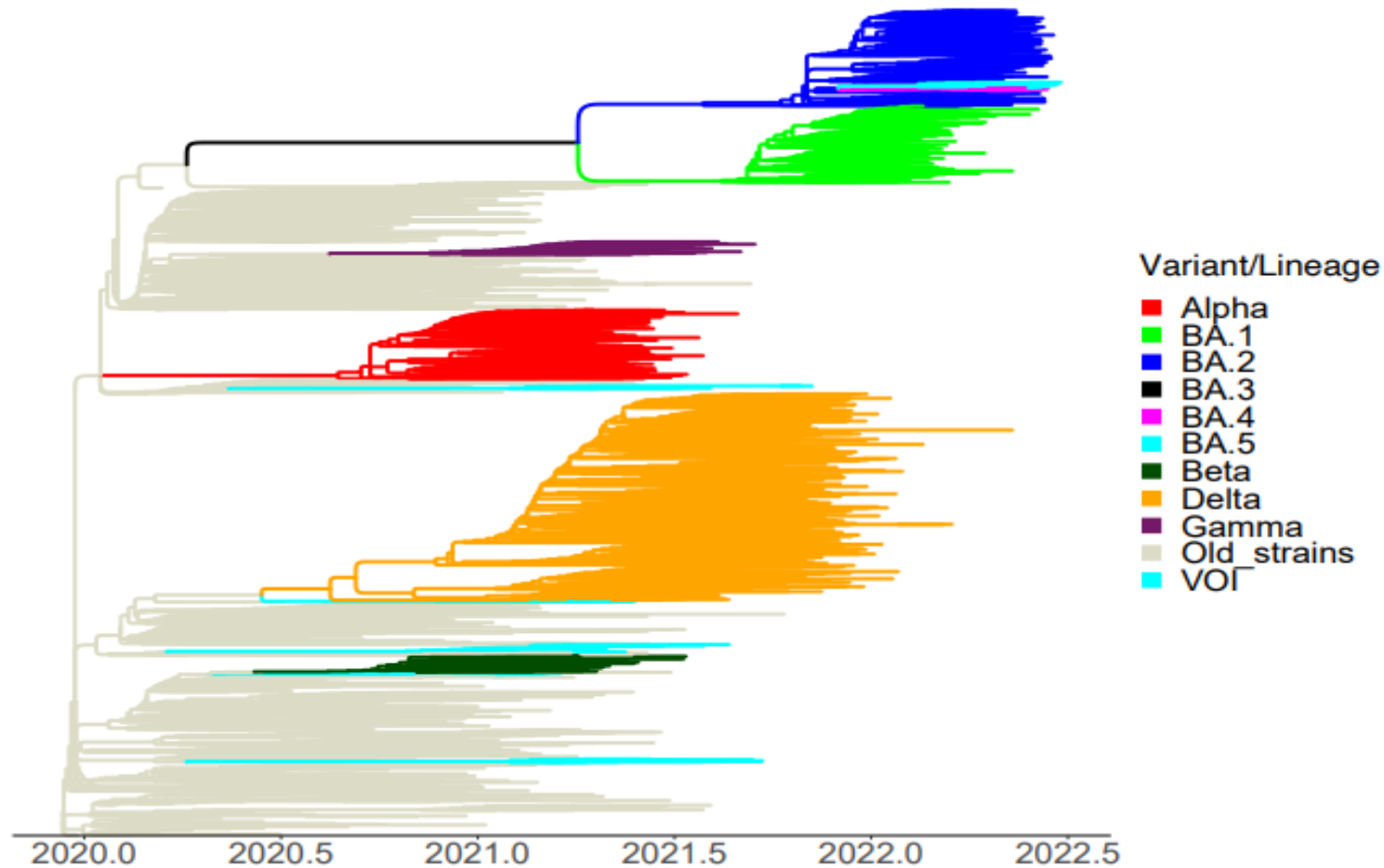


Variant Growth Rates of Omicron lineages, as of 20 June 2022



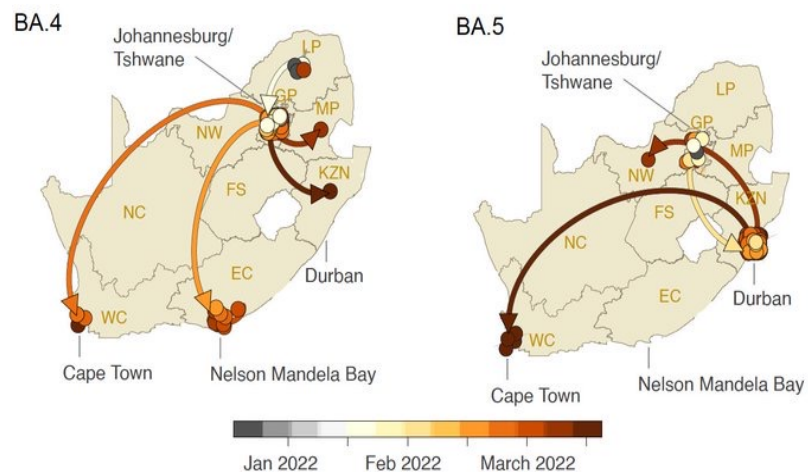
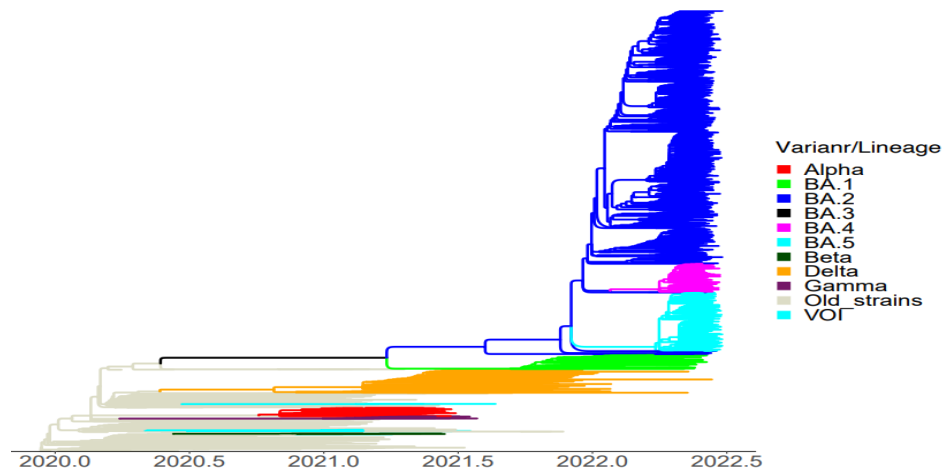
- The number of sequences submitted to GISAID has been declining for several months. From 20 May – 20 June 2022, **144 605** sequences were submitted to GISAID compared to **1 199 082** submitted from 1 Jan – 30 Jan 2022
- BA.2.12.1, BA.4 and BA.5 have a growth advantage over BA.2

Virus evolution: emergence of VOCs



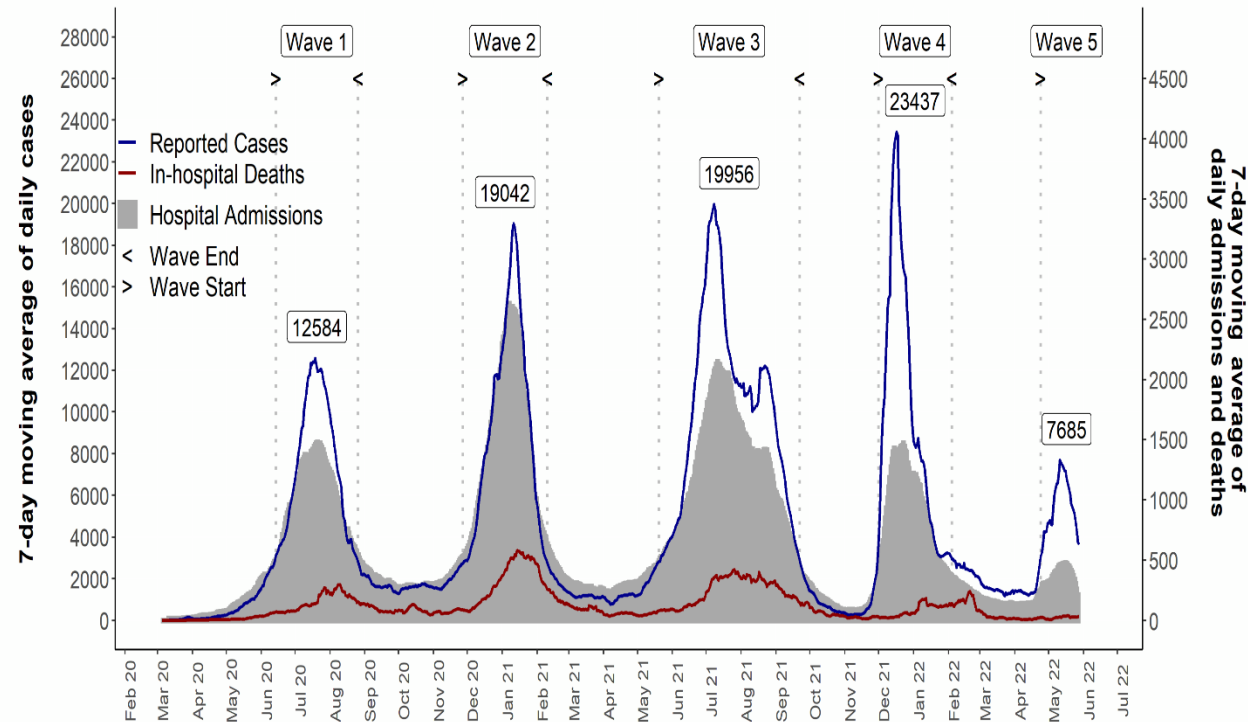
- Evolution of SARS-CoV-2 has consisted in parallel evolution towards more transmissible variants such as Alpha, Beta, Gamma and (slightly after) Delta.
- Higher transmissibility of these variants mostly driven by virus adaptation to the human host
- Higher transmissibility of Omicron largely driven by immune escape; Omicron replicates better in the upper respiratory tract as compared to Delta or the index virus

SARS-COV-2 Omicron VOC evolution

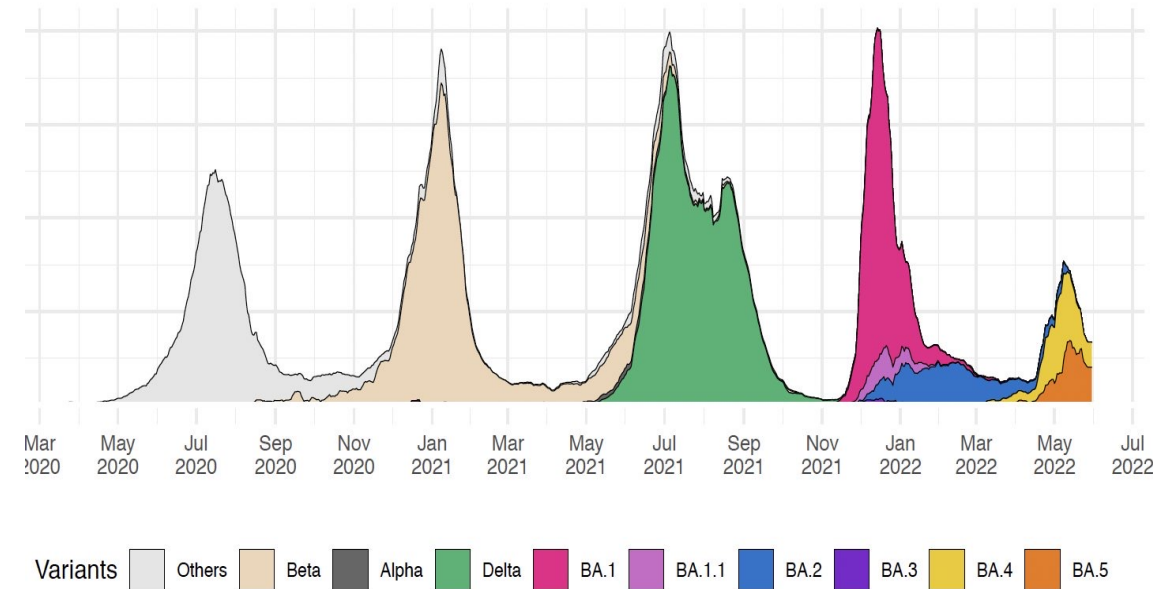


- Omicron emergence has consisted in multiple waves of infections driven by subvariants with some additional immune escape; immunity against severe disease is maintained
- All these subvariants (BA.1, BA.2, BA.4/BA.5) retained the main characteristics of Omicron so far, ie great ability to escape immunity and preference to replicate in the upper respiratory tract
- As per recent [Nature Medicine](#) paper: BA.4 & BA.5 emerged between Johannesburg & Tshwane. This region is in close proximity to the largest airport in Africa.

COVID-19 Epi situation in South Africa



Source: CAPRISA

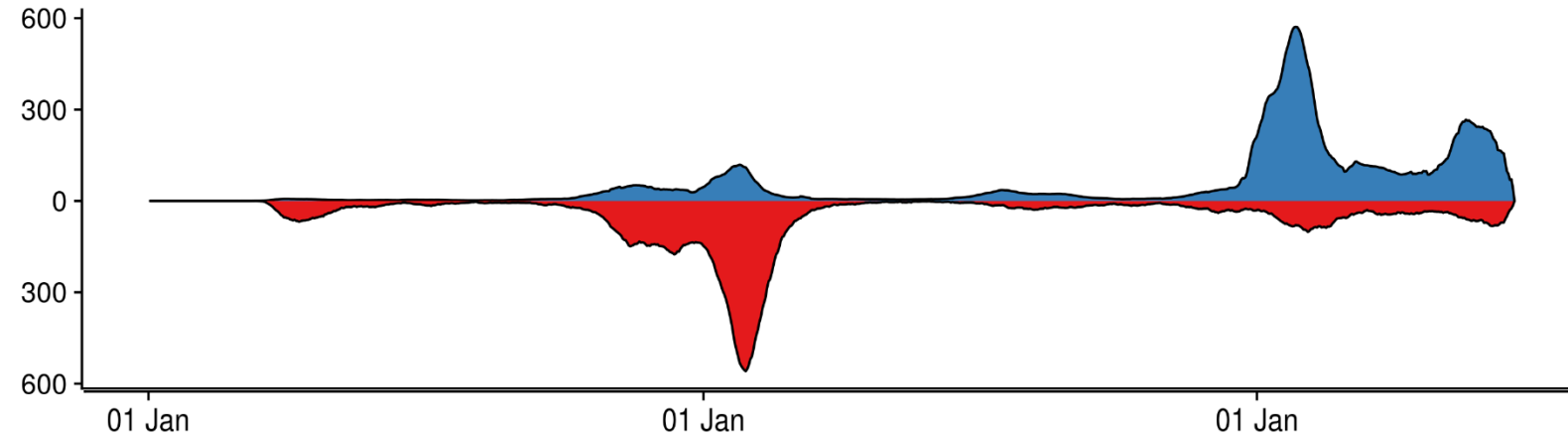


Source: [Dr Tulio de Oliveira](#), director of the Centre for Epidemic Response & Innovation in South Africa

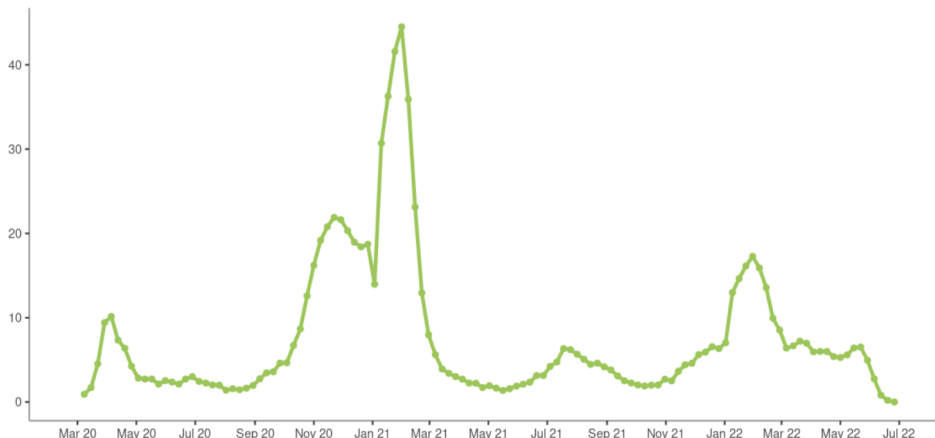
COVID-19 Epi situation in Portugal

Cases and deaths, Jan 2020-June 2022

Cases per 100K pop Deaths per 10M pop



Hospital cases per 100 000 population, Mar 2020-Jul 2022



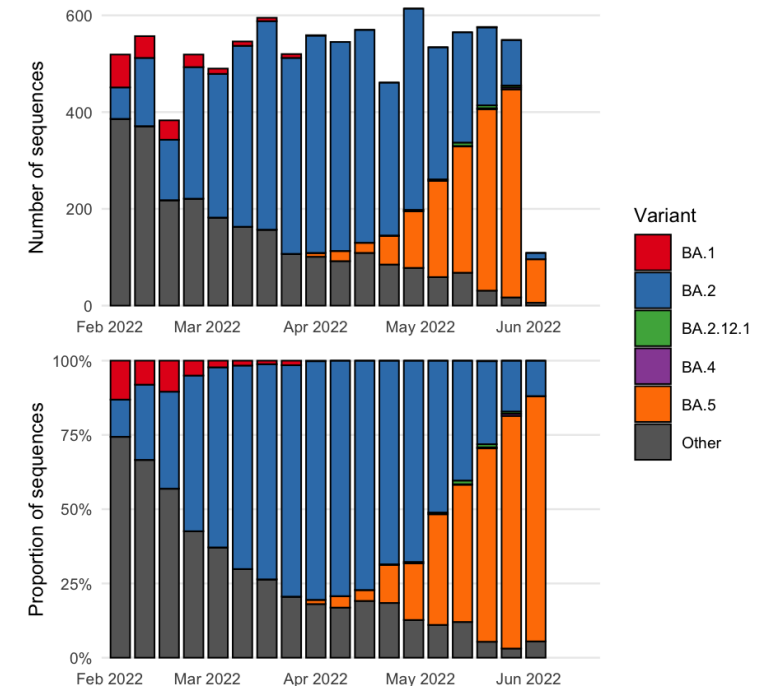
Hospitalizations

- There was a rise in hospitalisations driven by the BA.5 wave, particularly in elderly populations
- In recent weeks, declining trend of hospitalisations

Epidemiology

- Rise in cases and deaths for several weeks driven by BA.5, however the peak has now passed
- By the week of 13-19 June, cases and deaths declined by **43%** and **18%** respectively.

Sequences submitted to GISAID, Feb – June 2022



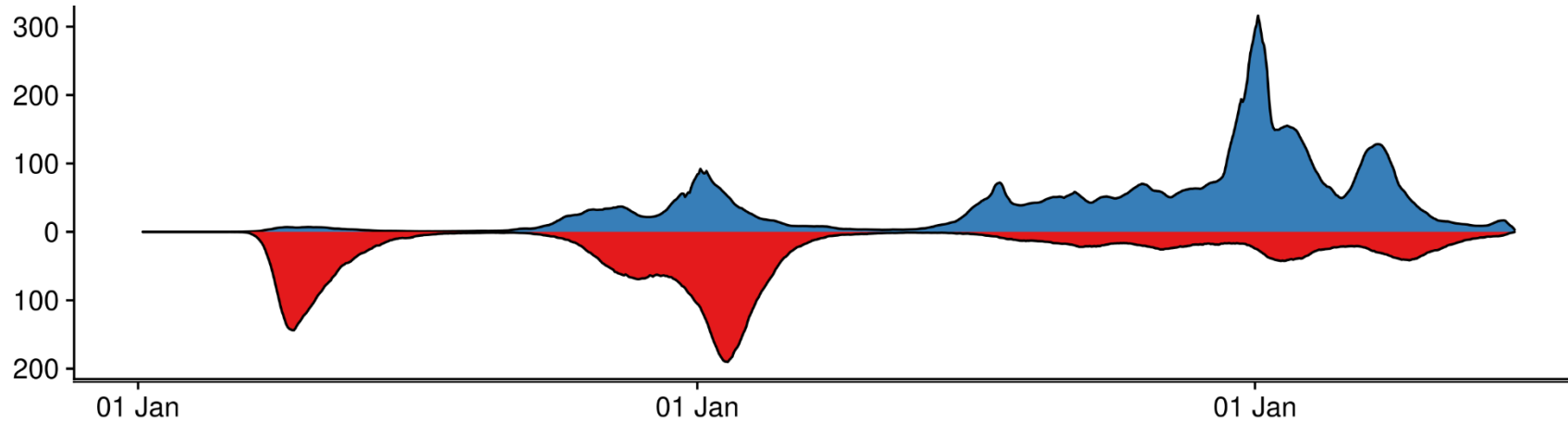
¹Analysis based on sequencing data downloaded from GISAID on 17 June 2022

²Hospitalization data source: <https://bit.ly/3b942UV>

COVID-19 Epi situation in the United Kingdom

Cases and deaths, Jan 2020 – June 2022

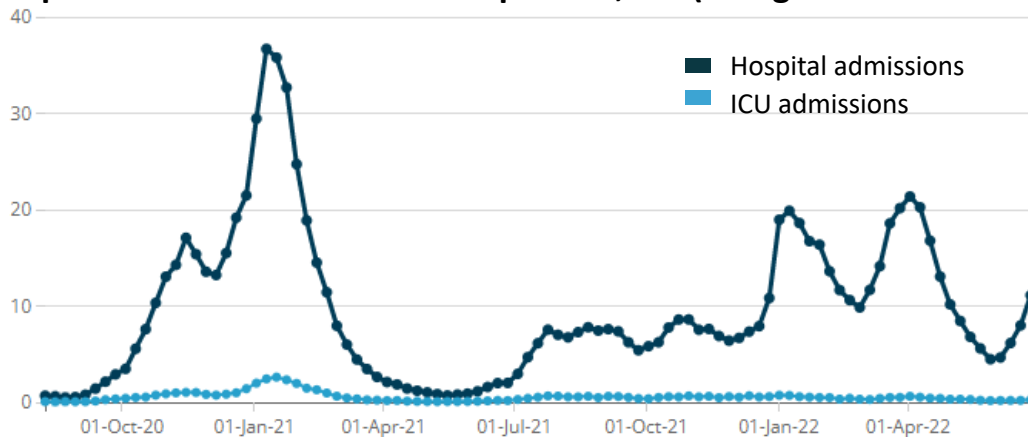
Cases per 100K pop Deaths per 10M pop



Epidemiology

- After several weeks of declining trend, cases increased by **65%** the week beginning 6 June
- COVID-19 infections increased in England, Wales, Northern Ireland and Scotland in the latest week (ending 24 June). The estimated percentage of the community population that had COVID-19 was:
 - 3.35% in England (1 in 30 people)
- Deaths involving COVID-19 accounted for 2.8% of all deaths in the latest week; an increase from 2.5% in the previous week.

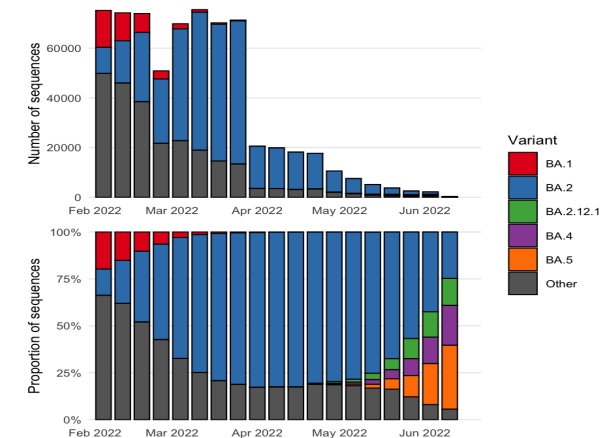
Hospital and ICU admission rates per 100,000 (9 August 2020 to 26 June 2022)



Hospitalizations

- In the week ending 26 June, overall hospital admission rate increased to 11.1 per 100,000 people
- Hospital admission rates increased in all age groups
- ICU admissions remained low at 0.27 per 100,000 people

Sequences submitted to GISAD, Feb – June 2022

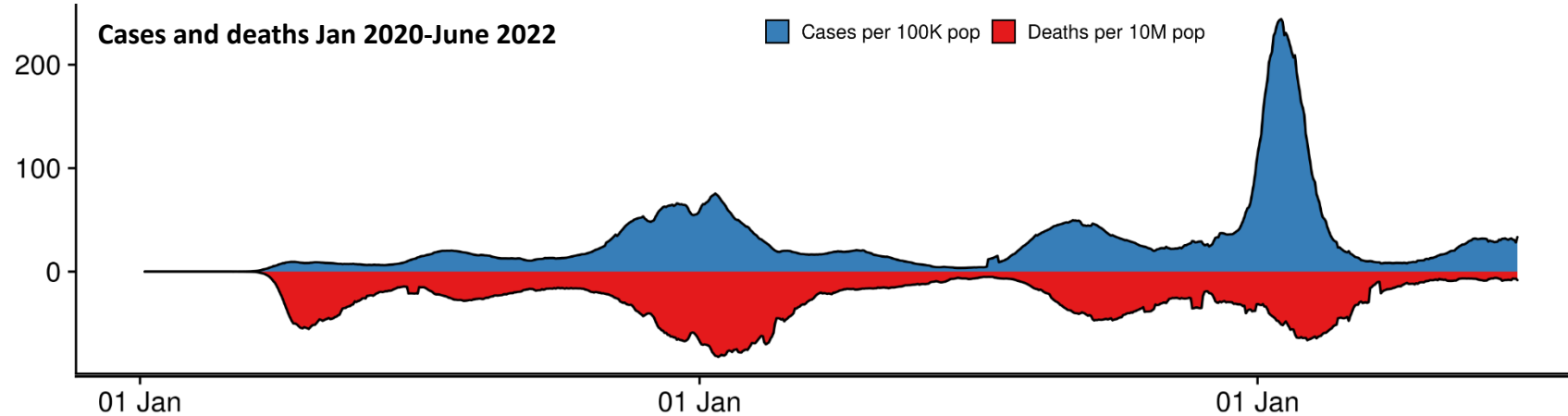


¹Analysis based on sequencing data downloaded from GISAID on 17 June 2022

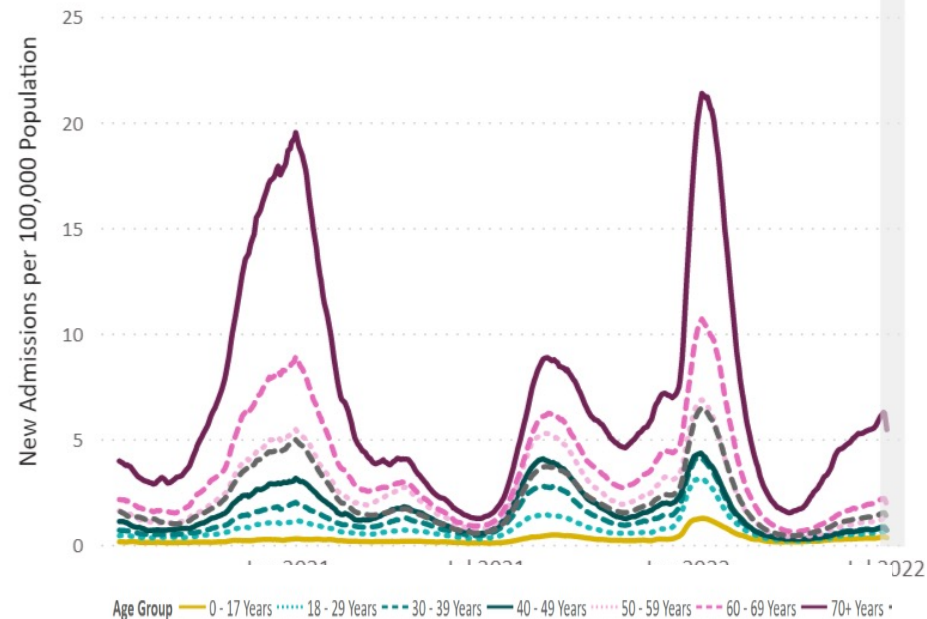
²Hospitalization data source:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19latestinsights/hospitals>

COVID-19 Epi situation in the United States



Hospital admissions per 100 000 population Jan 2021-2022



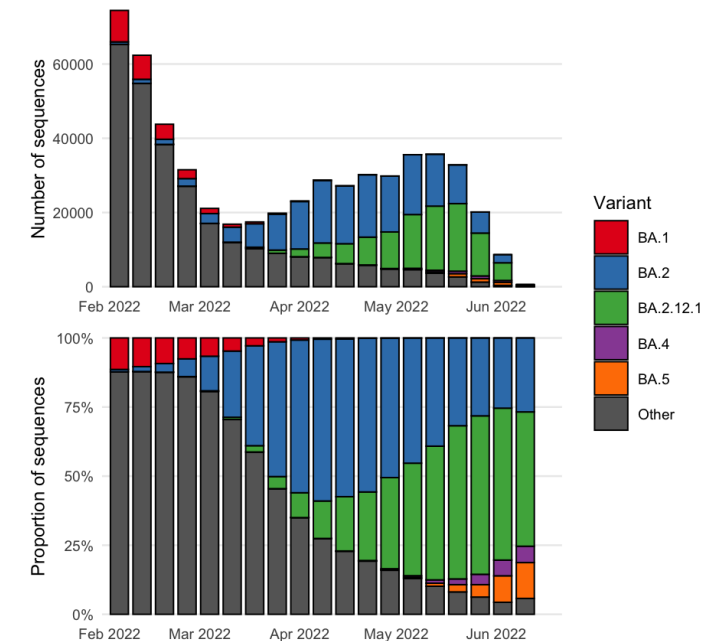
Hospitalizations

- There was a rise in hospitalisations driven by the BA.2.12.1 wave, particularly in elderly populations
- **2%** rise in hospitalisation the week of 13 June compared with the previous week
- Compared to the last peak (BA.1, Jan 2022), the current hospitalisation rate is **80%** less

Epidemiology

- Increasing trend of cases for several weeks driven by initially BA.2.12.1 and recently nyBA.5
- By the week of 6-13 June, cases and deaths increased by **13%** and **32%** respectively, and have remained stable

Sequences submitted to GISAD, Feb – June 2022



¹Analysis based on sequencing data downloaded from GISAID on 17 June 2022

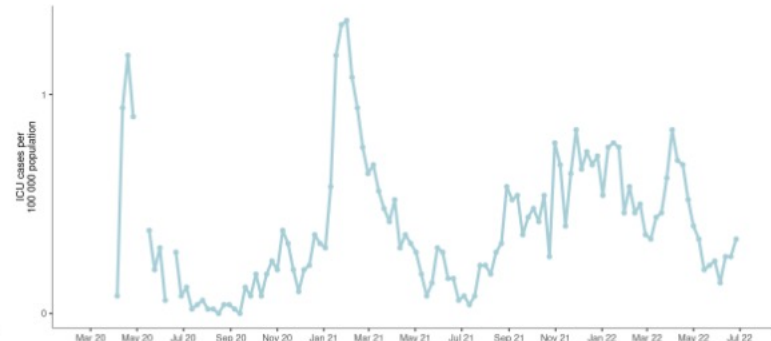
²Hospitalization data source: <https://bit.ly/3QDvtXq>

Omicron BA.4/5 driving hospitalization in other countries in Western Europe ,particularly in older populations

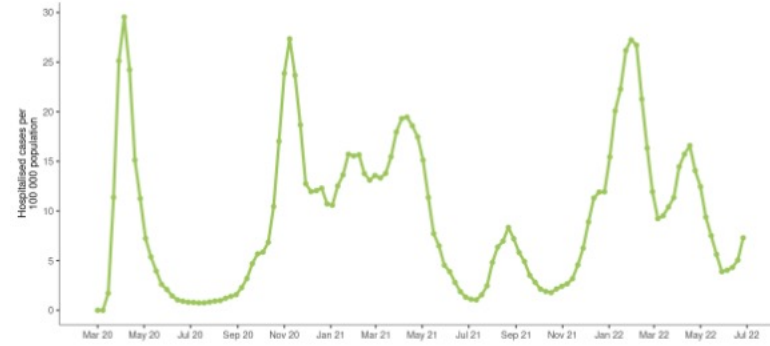
Ireland: rate of new hospital COVID-19 admissions



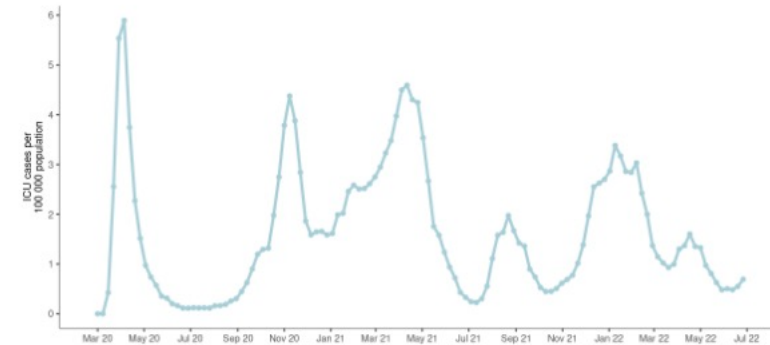
Ireland: rate of new ICU COVID-19 admissions



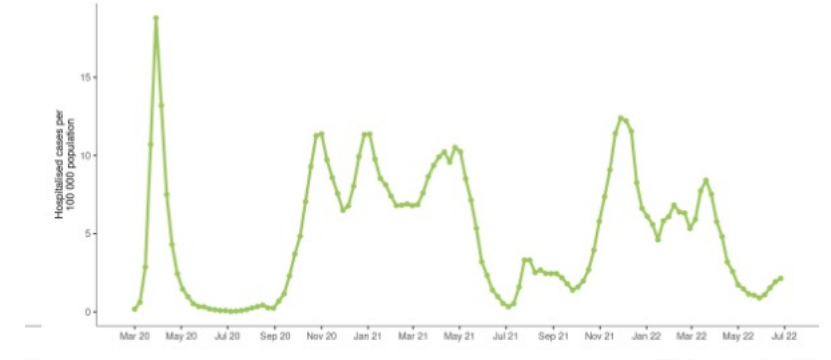
France: rate of new hospital COVID-19 admissions



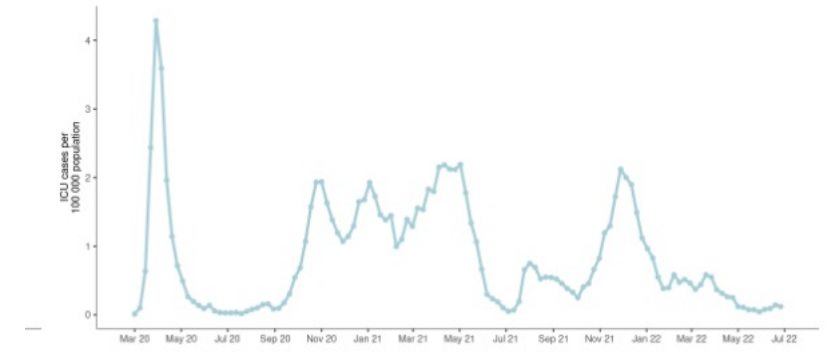
France: rate of new ICU COVID-19 admissions



Netherlands: rate of new hospital COVID-19 admissions



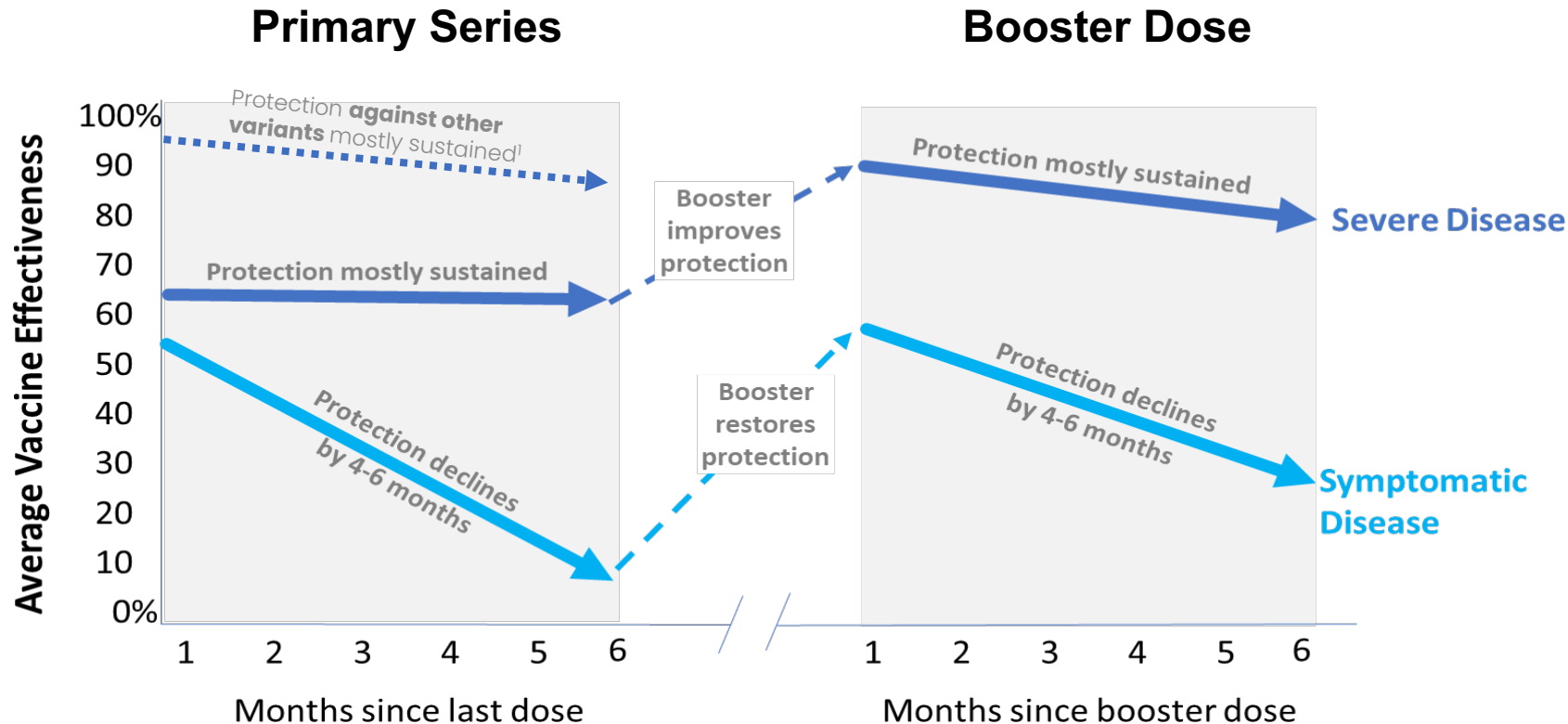
Netherlands: rate of new ICU COVID-19 admissions



Source: ECDC <https://covid19-country-overviews.ecdc.europa.eu/index.html>

Effectiveness of current vaccines against Omicron lower than for other variants & declines over time

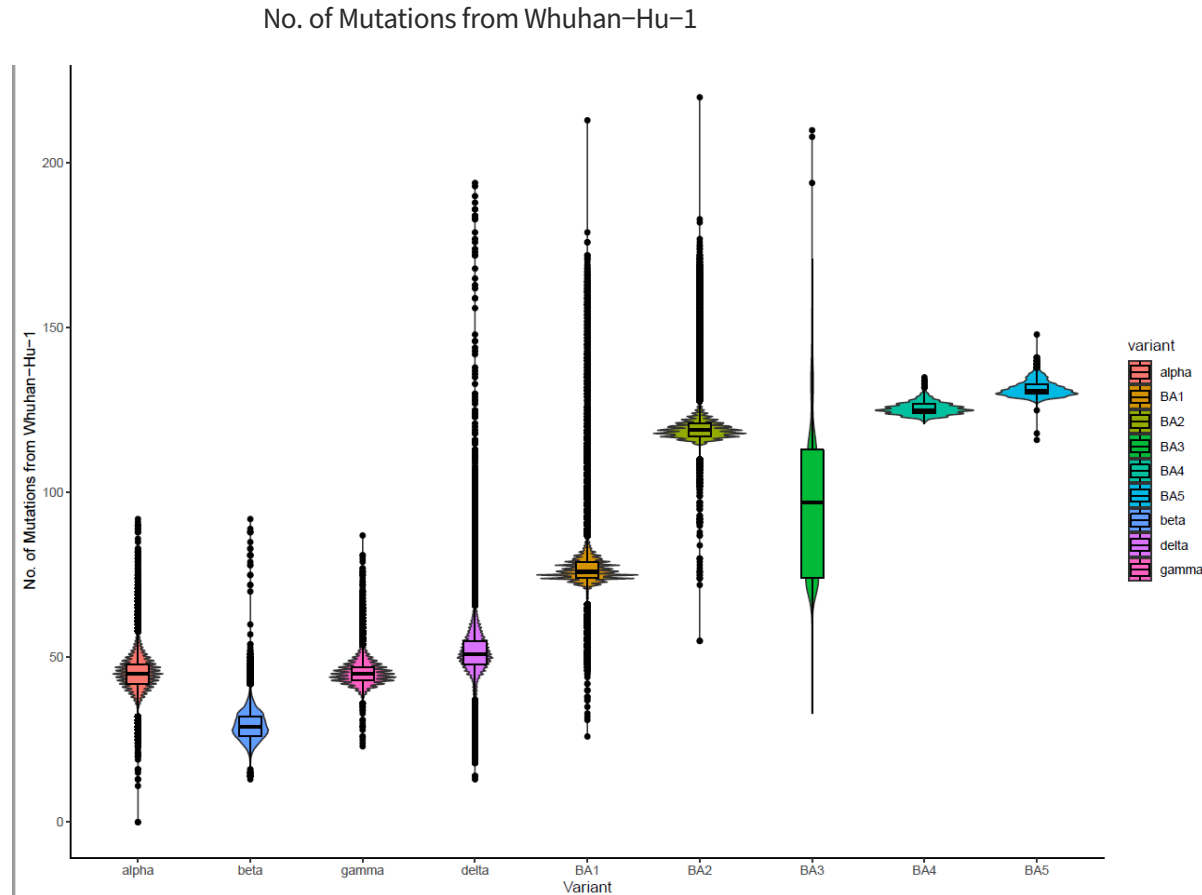
AS OF JUNE 9, 2022



From systematic review and meta-regression by Higdon M et al, in press.

1. Primary series VE lower than pre-Omicron variants (though still substantial)
2. Primary series VE against symptomatic disease declines over time; no decline for severe disease
3. Booster dose increases VE on all outcomes
4. Booster dose VE against severe disease is substantially higher than VE against infection/ symptomatic disease
5. Booster VE declines over time against symptomatic disease; minimal decline for severe disease

The next VOC: 3 scenarios (the good, the bad and the ugly)



Base case

- reduced over time
- Spikes in transmission as a result of waning immunity
- Boosting for high-priority populations
- Seasonal peaks in transmission

Best case

- Future variants significantly less severe
- Protection against severe disease is maintained
- Less need for periodic boosting

Worst case

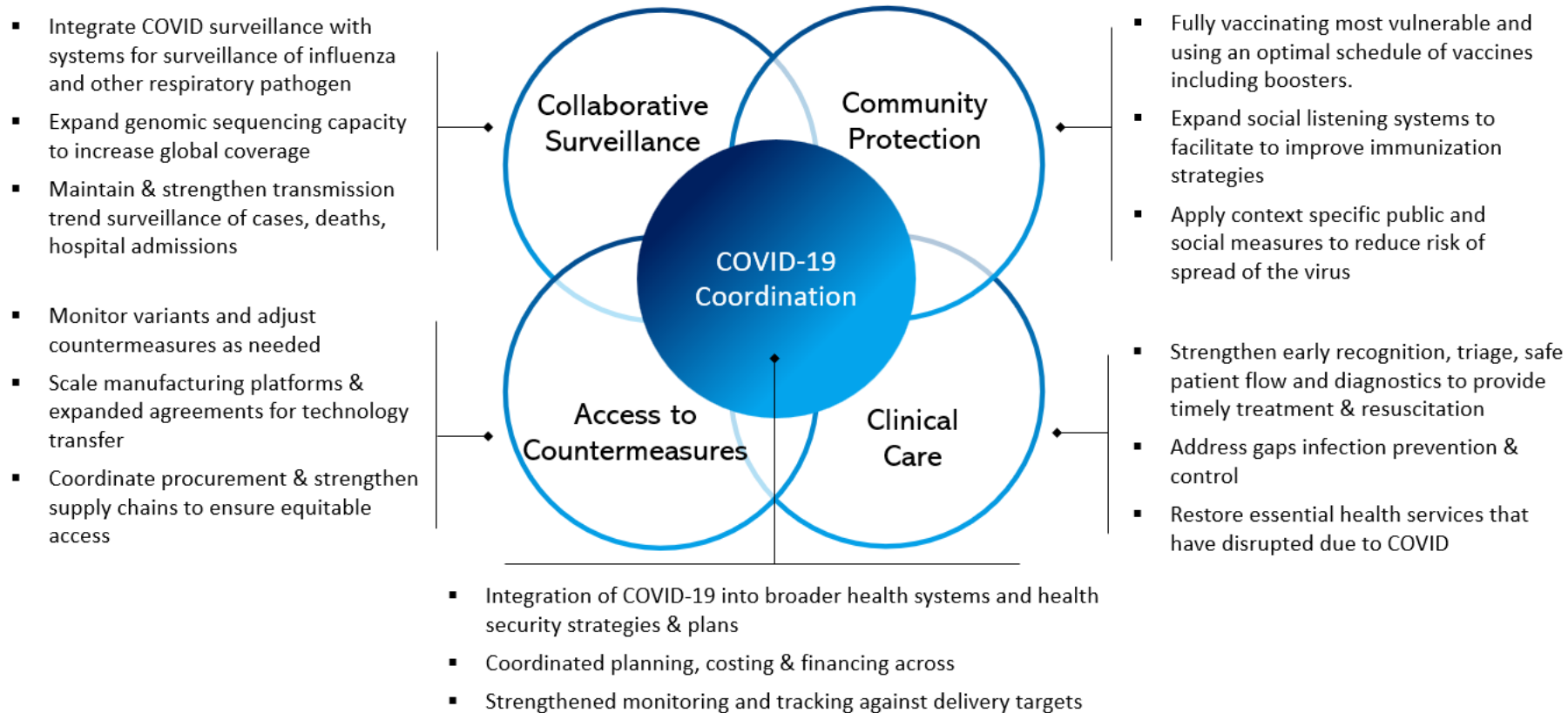
- A more virulent and highly transmissible variant emerges
- Vaccines are less effective
- Alterations to vaccines req. & boosting of high-priority groups

2022 Strategic Preparedness, Readiness and Response Plan

Strategic objectives to end the global COVID-19 public health



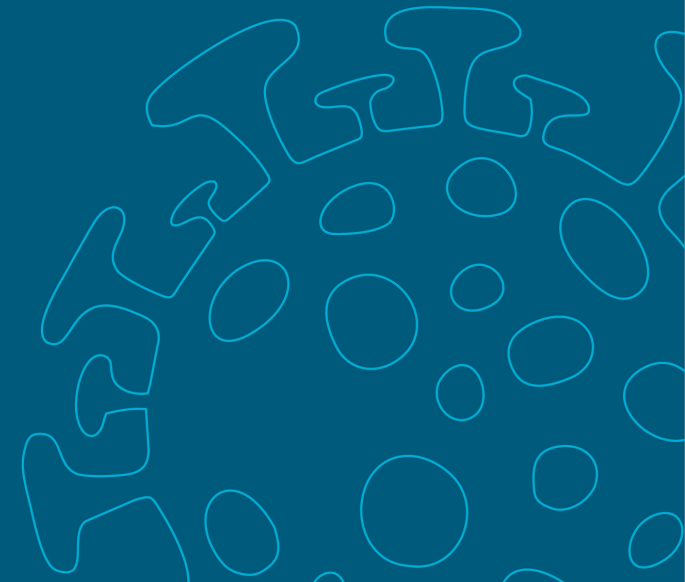
2022 SPRRP: 5 core components of COVID-19 preparedness, readiness and response



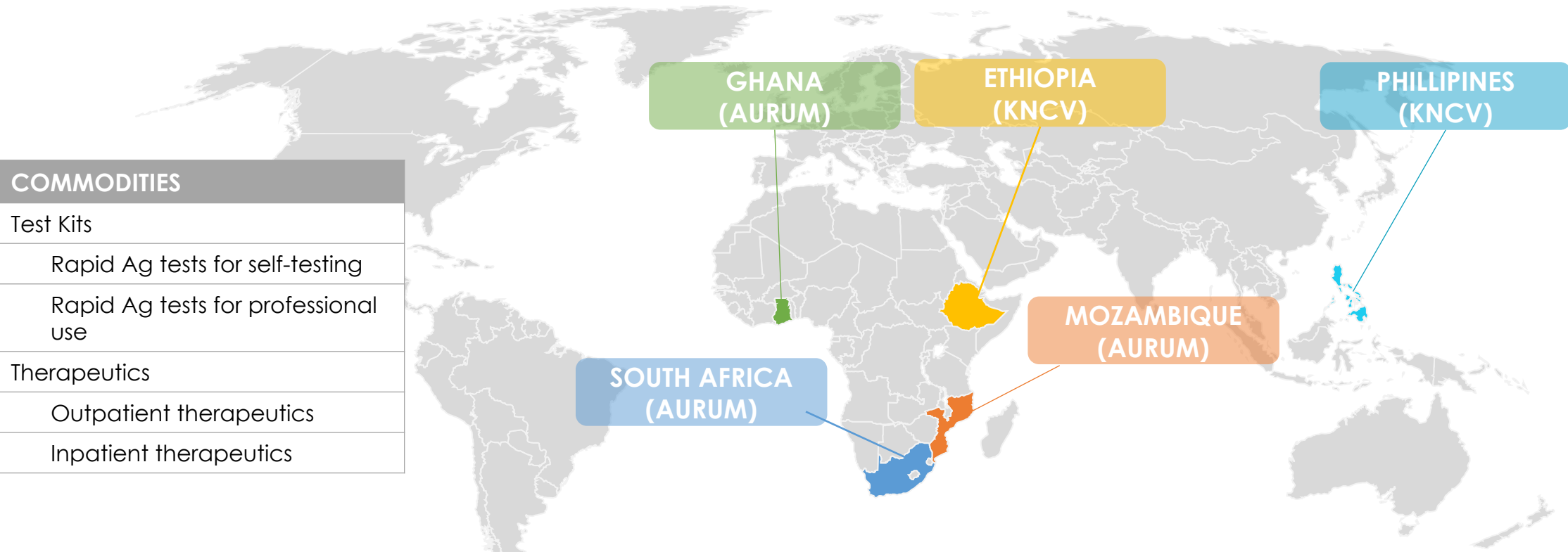
IMPAACT4C19

IMPROVING PUBLIC HEALTH OUTCOMES THROUGH
ENHANCING ACCCELERATED ACCCESS TO CCARE AND
TTREATMENT INNOVATION FOR COVID-19
(IMPAACT4C19)

MAY 2022
REGINA OSIH



Aurum, KNCV & TAG are implementing the IMPAACT4 C19 Project in five countries



COMMODITIES
Test Kits
Rapid Ag tests for self-testing
Rapid Ag tests for professional use
Therapeutics
Outpatient therapeutics
Inpatient therapeutics

GENERATING EVIDENCE FOR:	
Feasibility and acceptability of self-testing	Ethiopia, Ghana, Mozambique, Philippines
Patient-centred Test & Treat models	All
Modelling cost-effectiveness of interventions	All
Digital Health Solutions to improve C19 response	All
Use cases tested for Ag RDTs & Self-tests by type	Ethiopia, Ghana, Mozambique, Philippines

DEMAND CREATION
MOH: National, Provincial, district and community
CSO Partners (1- 2 per Country)

Sustainable Financing
Linking with CCM and other mechanisms in-country for sustainability
Market access through Local supplier networks

Our delivery approach aims integrate COVID-19 within similar program areas increasing opportunities to leverage improvements for better integration across disease areas

Our approach

Support to develop a framework for C19 integration into similar disease pathways such as TB & integrated febrile case management

Test & treat strategies
Roll out Bi-directional Testing & referral models for TB & fever case management community & HCF levels case management

Expand/ optimize digital tools for integration

Resources to leverage

- Existing TB facilities & HCWs for cross training
- Mobile TB units
- Community case detection
- Existing sample referral pathways

Why
integrate
with TB?

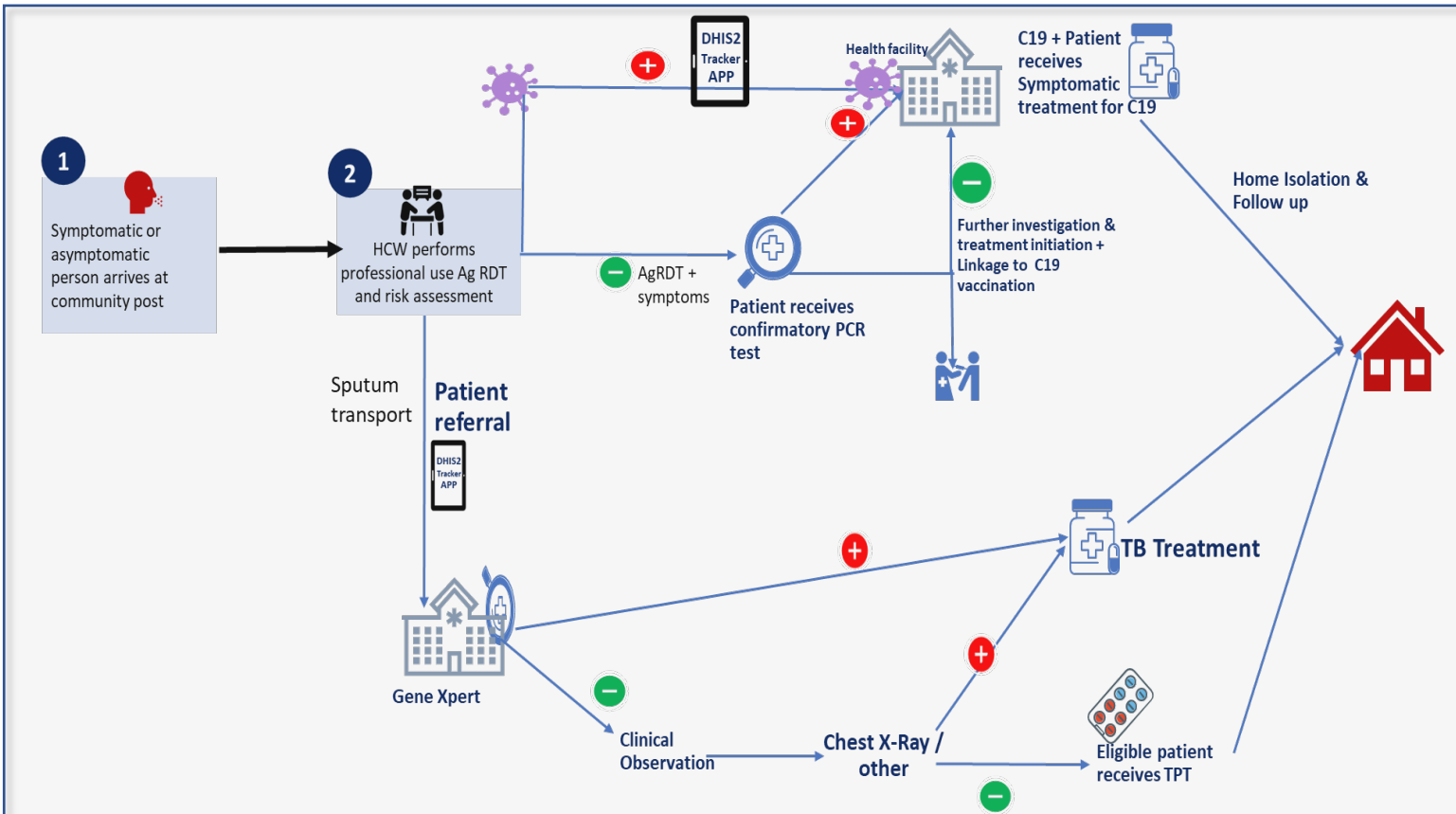
Similar presenting
symptoms

Case detection lagging

Good, near patient testing
exist, referral pathways are
similar

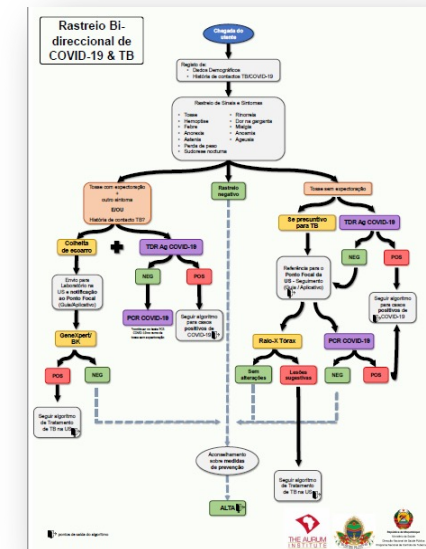
Country Example - Mozambique

Community Bidirectional testing & Referral Model in Mozambique

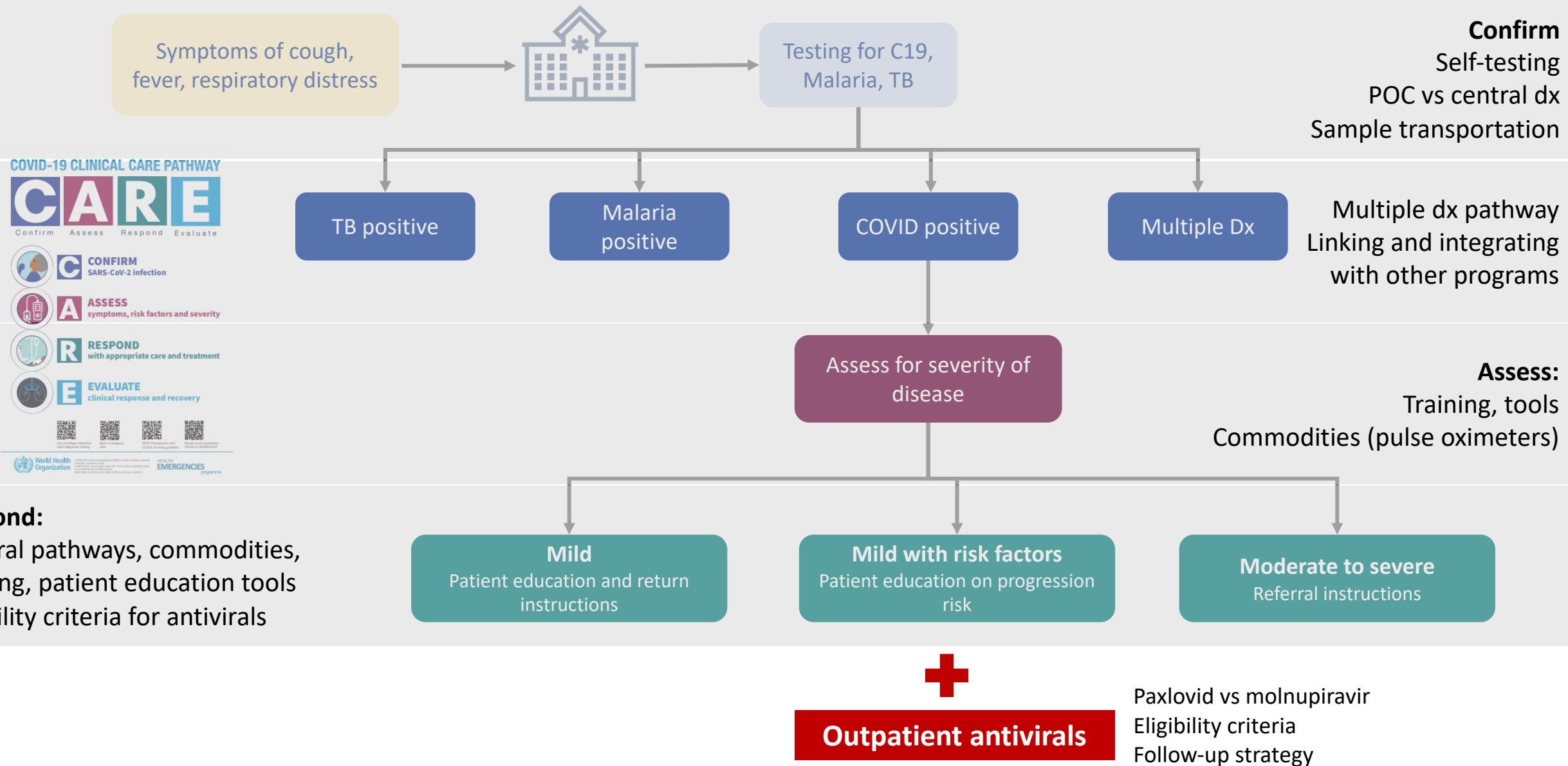


Interventions

- 2 CHW per Community Post;
- 1 focal point at the referral health facility;
- Current algorithm follows national treatment guidelines and does not include outpatient treatment options
- DHIS2 tracker APP supports TB data integration
- Demand creation is made by Community-based Organizations;
- Sample transportation is made through district ambulance or local taxi.



The outpatient package of care is key to being able to implement a robust integrated pathway. However, many areas of uncertainty still exist



Tracking And Accelerating Progress Working Group

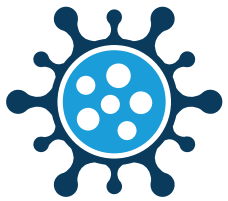
Report to the Facilitation Council

06 JULY 2022

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

Still evolving pandemic | New Omicron subvariants & sustained risk

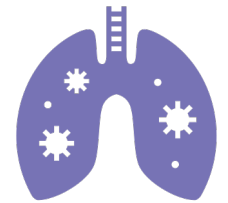
The pandemic evolution is still uncertain...



+20%

COVID-19 cases in the
last week

...and COVID-19 continues to cause
significant loss of life



~1,200

Daily COVID-19 induced
deaths in June 2022

- Some countries not currently facing an acute crisis, however **new waves are emerging** in multiple regions of the world.
- Driven by more transmissible Omicron subvariant **BA. 4 & BA. 5**

COVID-19 targets remain hard to reach | Vx coverage increasing slowly, low testing & limited roll out of new treatments

Progress of COVID-19 tools roll-out between end of April and end of June 2022



Vaccines

- **Marginal increase** in Vx coverage in LIC (+2.1%) and in LMIC (+3.6%)
- **75% HCWs & 76 % of elderly population vaccinated.** Same figures for LICs only 37 % and 23 % respectively.



Tests

- **Low testing** in LIC, LMIC and UMIC :
 - **4/100k** in LIC
 - **22/100k** in LMIC
 - **38/100k** in UMIC

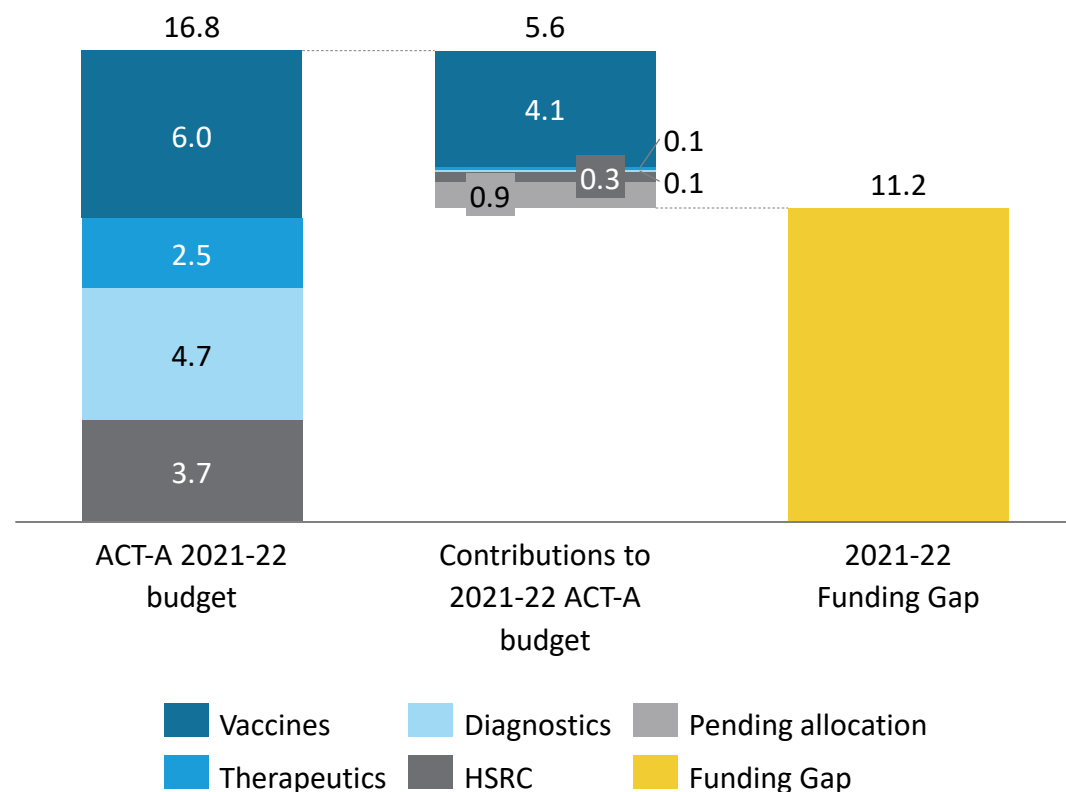


Treatments




- Roll-out and access of affordable treatments, esp new oral antivirals **is still limited**

Discrepancy in funding available | tests & treatments remain severely underfunded

ACT-A funding gap for 2021-22 as of 27 June 2022



Funding update since end of April 2022

-  **Tests:** +US\$ 0.06B, **1.3% of the ask**
-  **Therapeutics:** + US\$ 0.05B, **2% of the ask**
-  **Vaccines Delivery:** No additional funding, **still needs US\$ 0.5B**

(US\$ 0.3B to Unicef and US\$ 0.2B to WHO)

Tracking & Accelerating Progress Working Group | Implementation of actions

I Political outreach - WG support to accelerate achievement of COVID-19 targets

- *Political support to CoVDP priority countries*

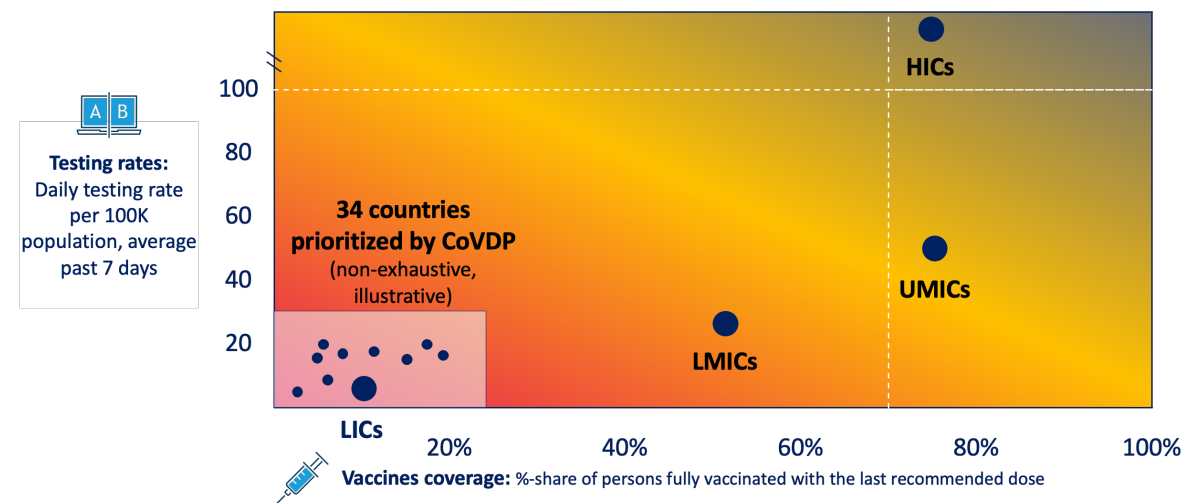
II CSO roundtable

- *Engagement with CSOs to accelerate progress*

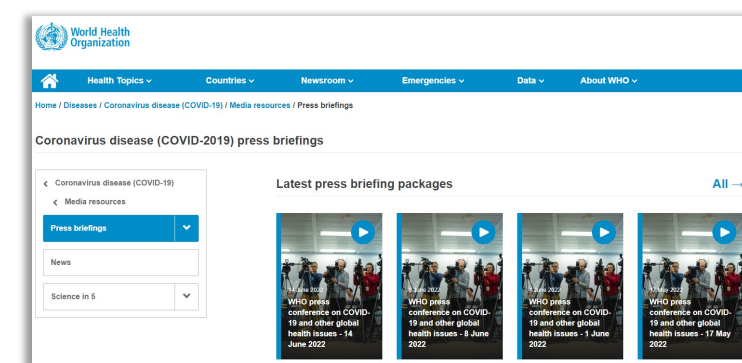
III Working Group Statement and media briefing

- *WG statement on actions to speed access and end the pandemic*

Overview of vaccination coverage and testing rates by income group (as of 20 May 2022)



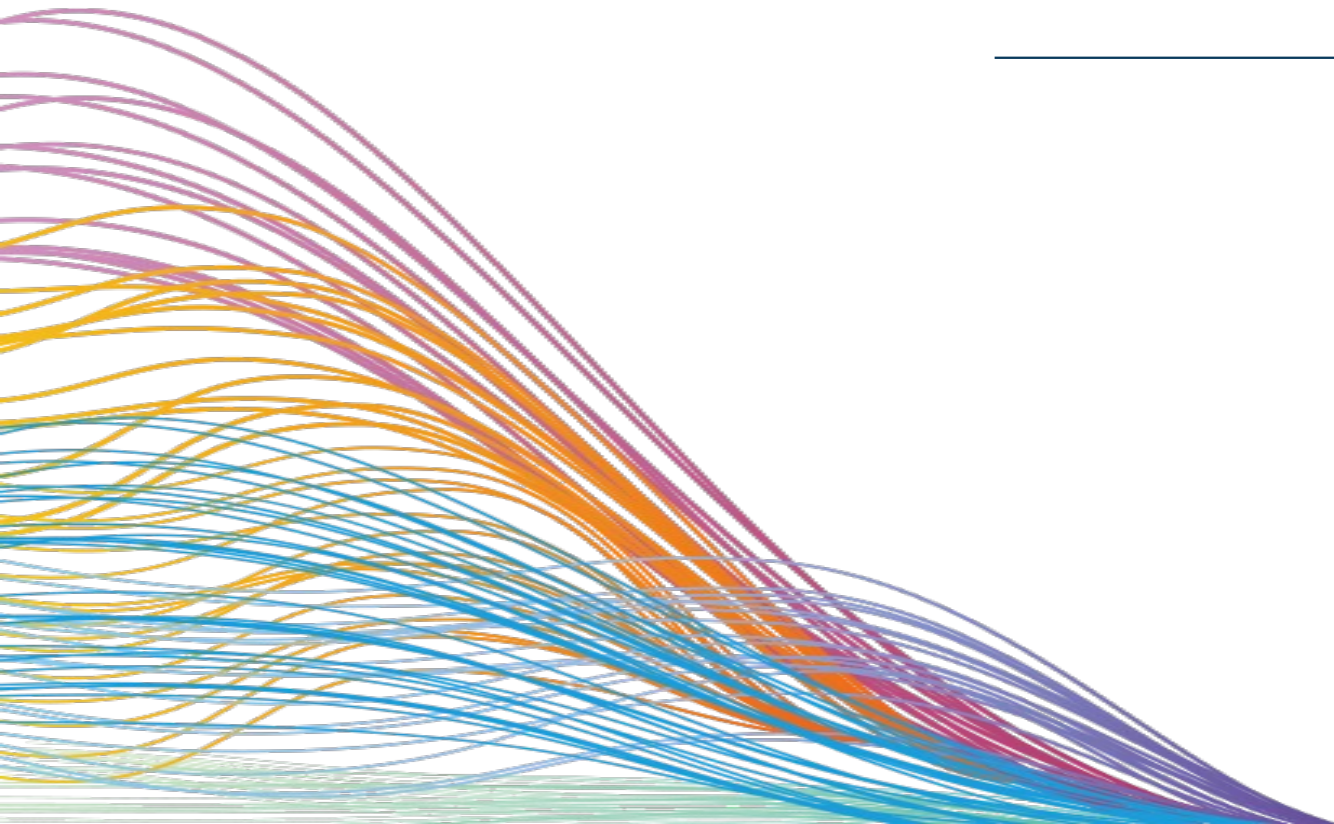
Source: GCAT as of 20 May 2022



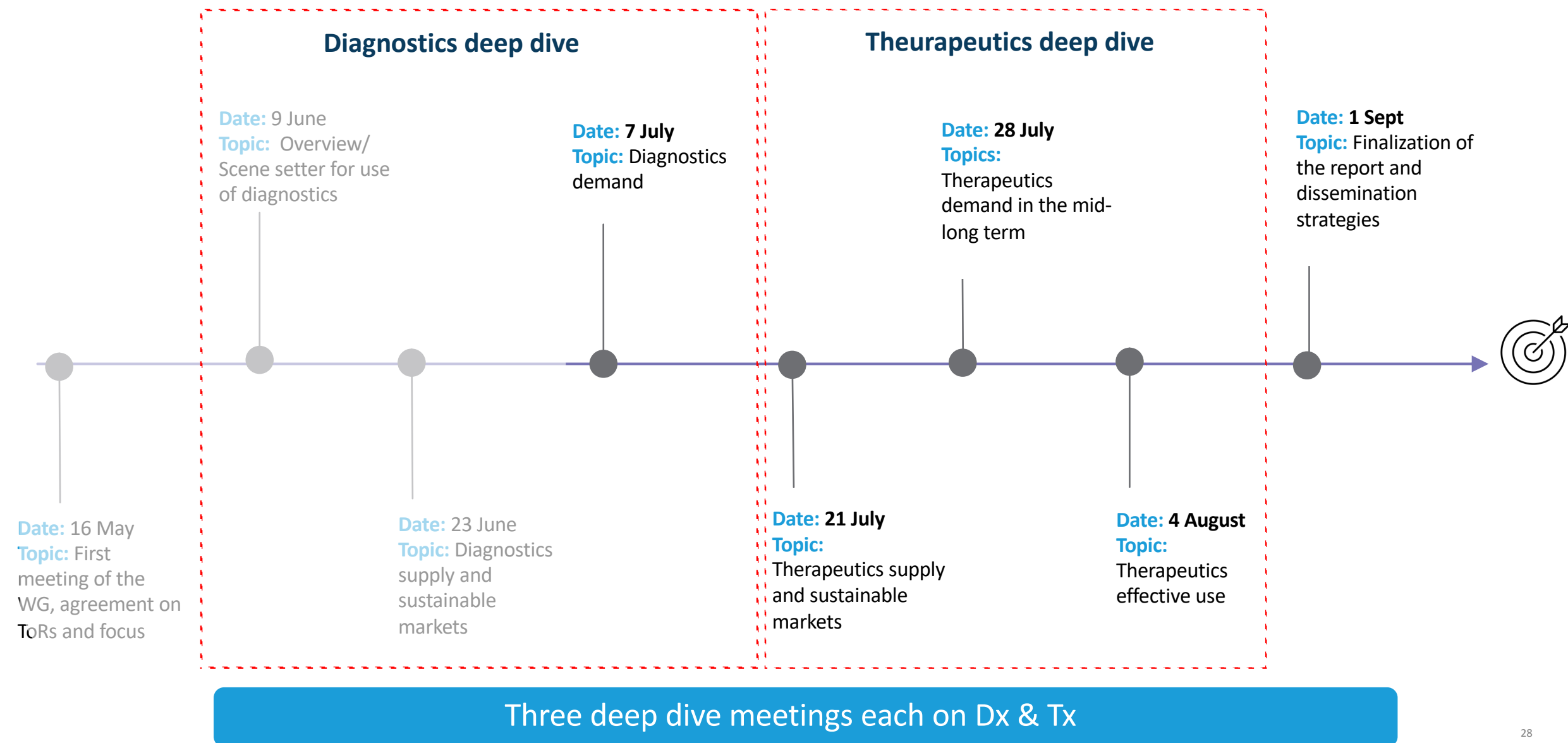
Update from the ACT-A Council Tx & Dx Working Group

11TH ACT-A FACILITATION COUNCIL MEETING, 6 JULY 2022

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



Cadence of Tx & Dx Working Group meetings | Report development process



Engagement with stakeholders | WG members & beyond

- Bi-laterals with Working Group members
 - Conducted with Brazil, Korea, Canada, India, USA, MPP, CSOs
 - Planned with Italy, Norway, Senegal, Indonesia, WB
- And wider engagement with ACT-A pillars & stakeholders
 - Preparatory meetings with Dx & Tx pillar, incl. with Principals
 - Engagement with industry, including IFPMA



- Produce Report late August/early September
- High level recommendations will point to a way forward in the mid-term
- Recognition of the need for COVID-19 Tx Dx as part of wider health systems, and the importance of this (Dx Tx) in longer term PPR



ACT-A Tx Dx Working Group – Draft Report Structure	
Focus and Aim: <ul style="list-style-type: none">- This report...<ul style="list-style-type: none">i. Provide recogii. Bring embeiii. Points contriiv. Consil- Will look at th<ul style="list-style-type: none">i. Underii. Effectiii. Sustai	Contents <ul style="list-style-type: none">1. Introduction2. Px: Overview/Scene setter3. Px: Understanding Demand4. Px: Effective Use and Approaches5. Px: Sustainable Markets6. Dx: Overview/Scene setter7. Dx: Understanding Demand8. Dx: Effective Use and Approaches9. Dx: Sustainable Markets10. Conclusions, Recommendations, Next Steps
Barriers/MemberShip/... <ul style="list-style-type: none">a. Set up by ACTb. Co-Chaired/Plc. Stakeholdersd. Did this by (foe. This report pr	
Parameters: <ul style="list-style-type: none">a. Oxygen is notb. Focus is on ouc. Dx focus on crvery current li	
Timelines and Audience <ul style="list-style-type: none">i. First meetingii. Report to be l<ul style="list-style-type: none">i. ACTAii. UNGAiii. G20 Siii. A 2-3 month s(for ref, vaco	

From the acute pandemic to managing COVID-19 in the longer-term: Towards a joint ACT-A transition narrative & plan

UPDATE FOR 11TH FACILITATION COUNCIL

6 JULY 2022

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

FOCUS - our ACT-A transition should have 1 key objective



Transition ACT-A's work to long-term COVID-19 disease control

- From emergency response to endemic disease
- Accommodating potential COVID-19 scenarios

Based on feedback of
ACT-A Pillar Co-
Convenors & others....



~~Transition relevant aspects of ACT-A to a future PPR countermeasures platform~~

- What ACT-A lessons can we build on?
- How to transition aspects of ACT-A?

...should be
separate process
linked to GHA/PPR

WHY - rationale for this product...

- **ACT-A Strategic Plan ends in Sep 2022** – need to communicate how Agencies sustain country support.
- **Different phase of pandemic** - not over, but most countries adjusting to the ‘new normal’.
- **Maintain inter-agency readiness** – for enhanced collaborative response to new waves.
- **Future countermeasures platform under discussion** – will be developed in parallel.
- **Inform external reviews** - to harvest learnings & direct focus where most useful

WHAT - about an ACT-A Transition Plan



Desired product

- high-level (strategic), 10-15 pages
- summarize 'sustain/stop/start' plans across Pillars & collectively
- 6-month timeframe (from 1st Oct 2022)
- reinforce existing prioritized budget



Audiences

- 1^o – donors, countries
- 2^o – public, partners, our teams



Scope

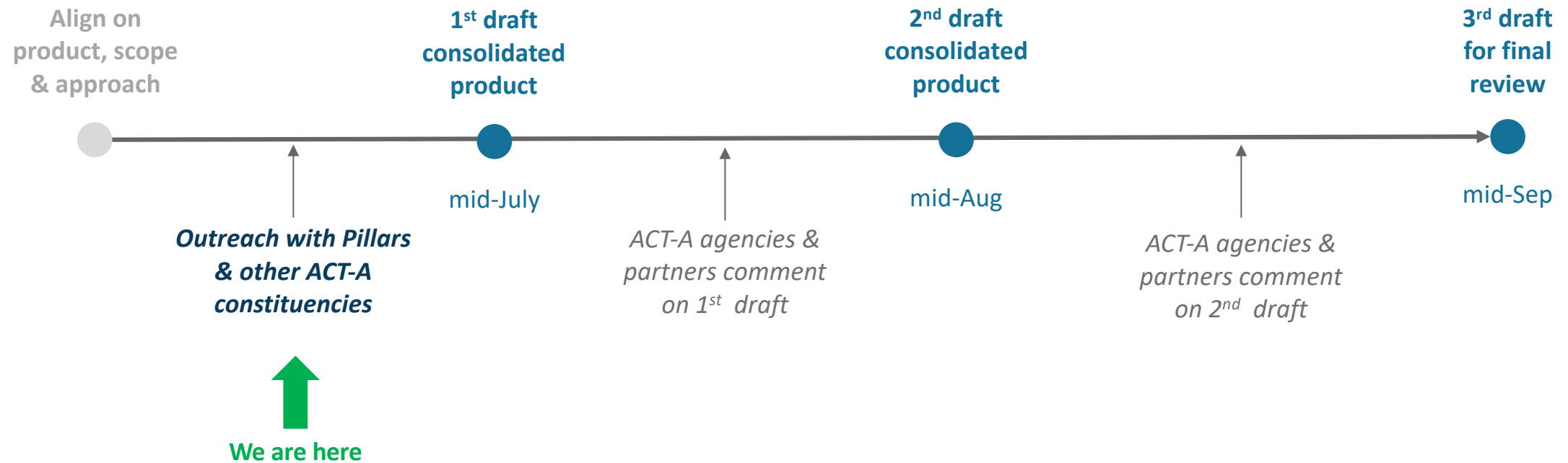
- ✓ Activities to sustain/'keep warm' vs sunset
- ✓ Collective versus agency-specific activities
- ✓ Changes to ACT-A's ways of working
- ✓ Changes to ACT-A engagement with countries, external constituencies
- X Details of Pillar-specific transition plans
- X Structures & processes for future countermeasures platform

Progress so far

- ✓ **Pillars** developing content summarizing pillar transition plans (i.e. activities to sustain, scale, stop, 'keep warm')
- ✓ Cadence of **Principals meetings** has been adjusted:
 - Monthly w/ larger group (90 mins)
 - Twice monthly w/ Agency Lead (60 mins)
- ✓ Developing options to sustain **Facilitation functions** from Oct (e.g. role of Council members, TAP)
- ✓ Initiating discussions with **Member States (esp. ACT-A implementing countries)**
- ✓ **Hub** analyzing coordination functions to right-size support (e.g. cadence of products)
- ✓ Discussion underway with key **ACT-A CSO, Industry, & donor constituencies**

Next milestone will be circulation of 1st consolidated draft on 15 July!!

HOW - current timeline & process



Process

- Partner driven content
- Hub coordinated framework, timeline and consolidation