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Update on the implementation of the recommendations in the evaluation of the UNICEF Level 3 response to the global coronavirus disease (COVID-19) pandemic, and on the ongoing COVID-19 transition and recovery efforts being implemented by UNICEF

Summary

The present report provides context on current changes to the global health emergency preparedness and response architecture, and the ongoing coronavirus disease (COVID-19) transition and recovery efforts being implemented by UNICEF. Included are lessons learned and best practices from the COVID-19 Vaccine Delivery Partnership and ways in which these can be used to strengthen recovery and inform future public health emergency preparedness. Efforts to accelerate progress on maternal and child survival and health are presented. Furthermore, areas are outlined to indicate how these efforts can contribute to health system improvements through the COVID-19 response investments. These aim to better detect, prevent and respond to future pandemic threats.

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I. Overview

1. The negative impacts of the COVID-19 pandemic were far-reaching and also occurred outside of the health sector, having a cascade effect on children. The pandemic exposed severe deficiencies in health-care preparedness worldwide, undermining progress across the Sustainable Development Goals and resulting in critical socioeconomic impacts. Future public health crises, including pandemics, have the potential to further shock and overwhelm systems, impacting children and communities even further unless collective action is taken.

2. UNICEF engages by advocating that health emergency responses consider the best interests of children, women and communities. This entails a whole-of-government and whole-of-society approach; programme delivery that is equitable, including for essential commodities; and a focus on vulnerable groups, including those in fragile and emergency contexts.

3. The multisectoral approach of UNICEF during the COVID-19 pandemic in water, sanitation and hygiene/infection prevention and control, risk communication and community engagement, and supply and logistics was paramount for a successful response. These interventions reflect the hard edge of the predictable response of UNICEF to public health emergencies. Investments in these and wider areas are essential for future effective responses. This is part of the approach of UNICEF to contain, control and mitigate the effects of health threats.

4. UNICEF is finalizing an operational plan for public health emergency responses. The plan aims to provide coherence and guidance on how UNICEF consistently responds in a focused way to public health emergencies across relevant multisectoral areas.

II. Introduction

5. The first regular session of the Executive Board in 2024 comes at a critical time in defining the global health architecture for health emergency preparedness and response, which includes pandemic prevention, preparedness and response.

6. A political declaration was adopted at the High-level Meeting on Pandemic Prevention, Preparedness and Response during the United Nations General Assembly in September 2023. The Declaration solidifies the importance of a multisectoral, whole-of-government and whole-of-society approach for pandemic prevention, preparedness and response.

7. A pandemic agreement is also being drafted by United Nations Member States, supported by an Intergovernmental Negotiating Body, with a view to it being adopted at the World Health Assembly in May 2024. The purpose of the agreement is to establish an international treaty to support Member States to improve pandemic prevention, preparedness and response in a range of areas, including enhanced surveillance of threats, equitable distribution of medical countermeasures, and a whole-of-government, whole-of-society approach. Simultaneously, the International Health Regulations of 2005 are under revision. In 2023, pandemic prevention, preparedness and response was also on the agenda of intergovernmental political forums such as the Group of Seven (G7), the Group of 20 (G20), the African Union, the European Union, the Association of Southeast Asian Nations, and the group comprising Brazil, the Russian Federation, India, China and South Africa (commonly known as “BRICS”).

8. In 2023, the G20 health ministers made a commitment to improve access to medical countermeasures with support for an interim coordination mechanism (“i

MCM Net") led by the World Health Organization (WHO) to provide a response system, in the event that another pandemic occurs before the pandemic agreement is acceded. Delegates focused their discussions on research and development, and ways in which manufacturing capacities and networks in developing countries could be strengthened to enhance preparedness and improve equitable access for future health emergencies. The G20 health ministers also emphasized a commitment to strengthen the structures for pandemic prevention, preparedness and response through collaboration between finance and health ministries under the Joint Finance and Health Task Force. This process highlights the importance of optimized and coordinated mechanisms to deploy financing quickly and efficiently.

9. The G7 in 2023 renewed its commitment to strengthening the global health architecture with a focus on preventing and responding to public health emergencies. This included enhancing governance for health emergency preparedness and response, increasing funding for WHO, and collaborating with finance and health ministries. The G7 members announced the Medical Countermeasures Delivery Partnership to ensure equitable access to medical countermeasures, with a focus on efficiency, affordability and quality, involving various partners and stakeholders. They also committed to exploring financial options for global health organizations to procure and deliver medical countermeasures more rapidly and equitably.

10. The 2023 BRICS summit hosted a side event on pandemic prevention, preparedness and response. Leaders committed to driving the establishment of an African Union and BRICS framework that aims to harness collective capabilities for shared health, social and economic goals in the context of pandemic prevention, preparedness and response.

III. Strengthening public health emergency preparedness

11. UNICEF engages, influences and supports intergovernmental processes by advocating directly with leaders and partners to ensure that pandemic prevention, preparedness and response efforts consider the best interests of children, women and communities. This entails a whole-of-government and whole-of-society approach, programme delivery that is equitable, including for essential commodities, and a focus on vulnerable groups, including those in fragile and emergency contexts. The 2023 United Nations General Assembly political declaration recognizes that public health emergencies impact children beyond the health threat itself, including in education.

12. UNICEF also works with partners for a child-centred and gender-sensitive approach in pandemic prevention, preparedness and response. To achieve this, there is a need for predictable and sustainable financing through multiple channels for both preparedness and response actions from "day zero" of a health threat. Funding should be available across sectors, such as in education and child protection, and not just in health-related areas.

13. WHO is coordinating Member State efforts to strengthen health emergency preparedness and response globally. UNICEF is contributing to, and in some areas leading/playing a significant role in: (a) community protection, which includes risk communication and community engagement, and water, sanitation and hygiene/infection prevention and control; (b) access to countermeasures; and (c) emergency coordination. Other areas of health emergency preparedness and response include safe and scalable clinical care and collaborative surveillance, including in communities.

14. WHO is convening the "i MCM Net" mechanism to enhance collaboration for timely and equitable access to medical countermeasures against pandemic threats, through a system of networks. UNICEF is an active partner, given its role in the

procurement, shipment and in-country delivery of medical countermeasures and other essential supplies for health emergencies. In 2022, UNICEF spent a total of $7.38 billion on procurement, compared with $3.83 billion in 2019, with the increase due to the COVID-19 response. UNICEF remains an integral partner in ensuring access to medical countermeasures from the outset through to last-mile delivery.

A. Harnessing the gains made by the COVID-19 Vaccine Delivery Partnership

15. In January 2023, the UNICEF Executive Board received an update on COVID-19 vaccination coverage and the progress achieved through the COVID-19 Vaccine Delivery Partnership. The Partnership – set up as a temporary structure to support vaccine delivery in countries with the lowest coverage rates – transitioned back into partner agencies in June 2023. WHO, UNICEF and Gavi, the Vaccine Alliance continue to support COVID-19 vaccination and its integration into primary health care, as well as the recovery of routine immunization. The 34 countries that received concerted support through the Partnership saw a ninefold increase in primary series coverage rates between January 2022, when the average coverage rate was 3 per cent, and May 2023, when it rose to 28 per cent.

16. As the pandemic unfolded, valuable lessons were learned, and a comprehensive set of recommendations emerged to strengthen recovery efforts and inform future public health emergency preparedness that was published by WHO, UNICEF and Gavi, the Vaccine Alliance in May 2023. Reflections related to these lessons are described below.

1. Partnerships and early coordination

17. The COVID-19 pandemic highlighted the importance of partnerships and early coordination in pandemic prevention, preparedness and response. The COVID-19 Vaccine Global Access (COVAX) partnership, for example, delivered more than 1 billion doses of vaccine to more than 140 countries in just over a year. This achievement was made possible because of the close collaboration between Governments, manufacturers, donors and other partners. Another lesson learned is the need to engage humanitarian actors, civil society organizations and communities, including front-line workers – many of whom are female – from the outset, to address equity in areas affected by humanitarian crises and overcome unique issues when working in non-Government-controlled areas or territories.

2. Flexible funding

18. The COVID-19 pandemic underlined the need for flexible funding in pandemic prevention, preparedness and response. Traditional funding mechanisms are often too slow and inflexible to meet the needs of a rapidly evolving pandemic. In addition to exploring new financing/funding mechanisms, existing mechanisms of sufficient and proven scale need to be financed at or prior to “day zero” to provide rapid, flexible and coordinated support to countries. Facilitated by the “One Plan, One Budget, One Team” approach, UNICEF and the COVID-19 Vaccine Delivery Partnership adopted a “no regrets” approach to coordinate quick disbursement of available funding to support country needs such as surge capacity, procurement or mass vaccination campaigns. The Partnership leveraged funding provided and managed by UNICEF, as well as funding from Gavi, the Vaccine Alliance, WHO, the United States Agency for International Development (USAID) and the Australian Centre for Disease Control.

3. Tailored operational support

19. In addition to financial support, countries require operational support to prepare for and respond to a pandemic. This includes support for vaccine introductions, demand planning, logistics, microplanning and training. The COVID-19 Vaccine Delivery Partnership recognized that each country had a unique set of circumstances to be considered in the COVID-19 vaccine roll-out. The Partnership's ability to tailor support, based on factors such as vaccine availability, competing priorities, government leadership and immunization infrastructure, played a key role in its effectiveness.

4. Dedicated delivery support mechanism

20. The COVID-19 pandemic has shown the need for a dedicated, temporary and targeted delivery support mechanism to support countries with vaccine delivery. This mechanism should be responsible for coordinating all aspects of vaccine delivery, including planning, demand forecasting, distribution, and administration with existing and new partners, if required. The COVID-19 Vaccine Delivery Partnership's coordination efforts with agencies such as WHO, Gavi, the Vaccine Alliance and UNICEF, along with their regional offices, helped to ensure that support was well coordinated, and that country needs and priorities were implemented promptly. The Partnership was also able to identify opportunities and bundle COVID-19 vaccinations with other health and non-health interventions, such as immunization campaigns and humanitarian assistance. In addition, the Partnership supported the involvement of female vaccinators, recognizing their importance in reaching certain populations to overcome gender-related barriers.

5. Country ownership

21. Countries' ownership of their pandemic preparedness and response plans ensures commitment and leadership from the highest level of Government, and from ministries of health and finance, among others, for a "whole-of-government approach". At a technical level, the COVID-19 Vaccine Delivery Partnership supported the establishment and strengthening of national coordination forums at the national and subnational levels, bringing together various health and non-health players to ensure effective collaboration and synergy. Engagement with community, religious and traditional leaders, as well as influencers and stakeholders, to mobilize local communities for vaccination acceptance was also essential.

Harnessing the gains

22. There were significant inequities during the COVID-19 pandemic. All countries and all communities should have equitable access to vaccines, diagnostics, therapeutics, personal protective equipment and other pandemic prevention, preparedness and response resources when needed. Equitable access is an essential element for building trust between people and international agencies, national Governments and health systems, and is a necessary factor in order to strengthen global health security. Working towards this objective, UNICEF is contributing to many of the post-COVID-19 pandemic discussions and measures, including in the area of medical countermeasures.

23. One of the medical countermeasures networks is the Medical Countermeasures Delivery Partnership, which has been established as an interim working group with the support of UNICEF, WHO, Gavi, the Vaccine Alliance, the Africa Centres for Disease Control and Prevention and civil society organizations to strengthen collaboration and coordination for integrated last-mile delivery. The working group

is co-chaired by India and Japan. The Partnership builds on the experience of the COVID-19 Vaccine Delivery Partnership, COVAX and the Access to COVID-19 Tools Accelerator (ACT-A), and addresses the G7 Hiroshima Vision for Equitable Access to Medical Countermeasures.

B. Accelerating progress on community health and nutrition systems

24. The COVID-19 pandemic brought renewed attention to and reinforced the importance of strong, responsive, prepared and well-resourced community health systems, which are local systems that support the health of households and the community. Strong primary health-care delivery services at the community level can help to reduce the impacts of a health crisis, particularly in low- and middle- income countries. Such community-based delivery systems have proven instrumental in mitigating disruptions to service delivery caused by the pandemic's direct and indirect impacts, including the ensuing global food and nutrition crisis. In the 15 countries most affected by the global food and nutrition crisis in 2022, community health systems played a pivotal role in increasing access to and coverage of nutrition services for the early detection and treatment of child wasting. This resulted in an unprecedented 37 per cent increase in treatment coverage between 2021 and 2022.

25. Yet, although tremendous progress has been made in reducing the deaths of young children and child malnutrition over the past few decades, this is now under threat. Children's and women's health, nutrition and well-being continue to be endangered by a myriad of factors that impact the poorest and most marginalized. The global economic crisis has further deepened the deprivations facing the most vulnerable children and women, who are missing out on many of their basic rights, such that:

(a) Each day, nearly 14,000 children under age 5 die from largely preventable diseases such as pneumonia, diarrhoeal diseases and malaria;

(b) Each year, 45 million children under age 5 suffer from wasting, and of these children, almost 14 million suffer from severe wasting;

(c) More than 18.2 million children lack access to, or are never reached by, routine immunization services (referred to as "zero-dose children");

(d) Adolescent girls face particular health and nutrition risks, including the 14 per cent of teenagers who become mothers before the age of 18. And, three quarters of new HIV infections in adolescents occur in adolescent girls;

(e) Globally in 2020, 287,000 women died from preventable causes related to pregnancy and childbirth, equivalent to almost 800 maternal deaths every day, approximately one every two minutes. Sub-Saharan Africa alone accounts for 70 per cent of these global deaths; and

(f) In 2022, at least 30 countries reported cholera cases or outbreaks. Since mid-2021, there has been a global increase in the number, size and occurrence of multiple outbreaks and the spread to areas previously free of cholera. These outbreaks have seen high mortality rates as they emerge in the wake of climate-driven disasters and because of lack of investment in water and sanitation infrastructure.

26. Community health systems are therefore becoming increasingly important, as the world faces multiple threats to children's rights, including poverty, climate change, malnutrition, conflict and humanitarian crises.

27. In response, UNICEF and its partners are committed to strengthening community-based primary health-care systems. Leveraging the momentum built around the 45th anniversary of the Alma-Ata Declaration and the recent Monrovia Call to Action, partners such as the African Centres for Disease Control and Prevention, the Bill and Melinda Gates Foundation, Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Rockefeller Foundation, USAID, WHO and the World Bank plan to increase their investments and improve collaboration and alignment of resources to invest in community health and nutrition services, to support countries in reaching the Sustainable Development Goals.

28. The objective is to consolidate and increase support to countries in implementing community health and nutrition delivery systems, which will be implemented by community health workers who are skilled, appropriately remunerated and protected, as well as have the equipment they need and opportunities for career growth. Given that 70 per cent of the front-line workforce is female, this is a gender-transformative approach that not only has the potential to improve health and nutrition outcomes for vulnerable women and children, but also empower and renumerate community health workers themselves.

29. In October 2023, UNICEF, USAID and WHO launched the Community Health Delivery Partnership at the World Health Summit in Germany to build on progress and accelerate the implementation of national priorities for primary health care specifically at the community level. Partners and Governments will collaborate to support country-driven plans and budgets aimed at building strong, inclusive community health systems that will contribute to global health security, improved nutrition and the realization of universal health coverage through investments in:

(a) Robust, risk-resilient and equitable community-based primary health-care systems that are accountable to communities and that deliver essential services to the last mile at scale, especially for the most marginalized communities;

(b) An integrated package of essential health and nutrition prevention, promotive and curative services, including: early detection and basic treatment of pneumonia, diarrhoea and malaria; promotion of immunization; early prevention of undernutrition and early detection and treatment of child wasting; and climate-related risk mitigation and treatment measures;

(c) Increased and sustainable investments in primary health care at the community level that are aligned and coordinated, with one monitoring and evaluation system, and dedicated lines in national budgets and workplans to achieve financial sustainability over time and lessen countries' reliance on external financing;

(d) An empowered, skilled, professionalized and well-equipped community workforce across development and humanitarian contexts in priority countries with the highest child and/or maternal mortality; and

(e) Initiatives to confront gender discrimination and inequalities faced by the predominantly female front-line workforce, which ensure that they are paid a fair wage and provided benefits, skills, supervision and equipment, and are supported to deliver essential health and nutrition services.

30. The Community Health Delivery Partnership will necessitate policy commitments, financing and programme actions across each component of community health systems, with a particular focus on professionalizing community health workers, who are the cornerstone of these systems.

C. Health system challenges and UNICEF responses during COVID-19

31. Building on the UNICEF history of supporting primary care and community health workers, investments were made during the COVID-19 pandemic to strengthen the impact of the pandemic response, and to contribute to overall health infrastructure and system strengthening. This dual approach aimed to also build health systems' resilience and capacity to respond to future threats, including water, sanitation and hygiene/infection prevention and control, medical oxygen scale-up, immunization, and risk communication and community engagement.

32. UNICEF participated in relevant global forums to ensure coordination and resource mobilization, as well as strategic advocacy and communication. Country-level action was built on existing guidance and was steered by frameworks developed or adapted for the COVID-19 response and aligned with national preparedness and response plans. The response varied depending on each country's unique needs and capacities.

33. The initial response to COVID-19 undertaken by UNICEF faced challenges and constraints. For water, sanitation and hygiene, some were directly linked to the lack of scientific knowledge regarding the virus, including its transmission pathways. Other constraints were related to the lack of emphasis on the water, sanitation and hygiene sector in the pillars of the Public Health Emergency Response Framework under the WHO Incident Management System. The pandemic exposed the suboptimal practices and capacity for contributing to infection prevention and control at health-facility level, from bed-linen management through environmental surface cleaning to water and waste management.

34. UNICEF water, sanitation and hygiene/infection prevention and control response focused on: (a) development and/or review of infection prevention and control strategies (hand hygiene, water and waste management, environmental cleaning and linen management); (b) protocols and standard operating procedures; (c) training on water, sanitation and hygiene and infection prevention and control; and (d) the implementation of infection prevention and control programmes at school, health-care facility and community levels, including provision of relevant supplies and behavioural change programmes.

35. The COVID-19 pandemic also exposed large gaps in oxygen production and access, especially in low- and middle-income countries, which have little capacity to inform as well as rapidly address the needs. With many of these countries unable to provide a steady supply of medical oxygen to cover even basic needs for routine patient care, countries were unable to provide the surge capacity required during COVID-19 peaks.

36. To increase access to medical oxygen, UNICEF significantly scaled up this area of work, focusing on needs-based planning, procurement, sustainable implementation and oxygen access in maternal, newborn and child health services. Procurement support with an expanded suite of respiratory care equipment and oxygen-related services in the UNICEF supply catalogue resulted in, since 2020, the procurement and delivery of 116 oxygen plants, more than 67,000 oxygen concentrators, 126,000 pulse oximeters and other equipment to more than 100 countries. UNICEF continues to enhance product delivery, ensuring that equipment is properly installed, operated and maintained, and that oxygen therapy is integrated in clinical care for mothers and children. Several innovation efforts address issues around the sustainability of oxygen equipment, especially in low-resource settings.

37. The COVID-19 public health emergency of international concern stretched from January 2020 to May 2023. In order to expedite the end of the COVID-19 pandemic and reduce mortality and severe disease, ACT-A was established. As the lead

procurement agency in the United Nations system, UNICEF was appointed by ACT-A as the procurement coordinator and agency for the COVAX Facility – the vaccine pillar of ACT-A.

38. To support the distribution of COVID-19 vaccines, UNICEF procured and delivered 800 ultra-cold chain units to more than 70 countries, providing storage capacity for 200 million mRNA vaccines requiring refrigeration of minus 80°C. While the development of standard cold chain capacity normally takes between 12 months and 18 months, UNICEF, through close coordination with partners and countries, completed 95 per cent of the first-round delivery targets of the more complex ultra-cold chain scale-up within four months. With significant global investments provided through the ACT-A Humanitarian Action for Children appeal and through the ACT-A Supplies Financing Facility, combined with resources raised at country level and with the formation of a global technical team of experts, UNICEF was able to support countries.

39. The COVID-19 pandemic also revealed challenges in risk communication and community engagement, such as misinformation and lack of trust, and underscored the importance of a people-centred approach in responding to disease outbreaks. Active engagement of communities is an essential component in responding to, and building resilience against, disease outbreaks. People-centred risk communication and community engagement is also integral to the Core Humanitarian Standards and the Core Commitments for Children in Humanitarian Action.

40. Notable results were achieved through prioritization by UNICEF of risk communication and community engagement, and the significant funding allocated to it (more than $100 million in 2022), especially through the ACT-A Humanitarian Action for Children appeal and specific grants to increase vaccine confidence. UNICEF led in this area, by co-chairing the community workstreams of ACT-A and by co-creating the inter-agency "cluster", the RCCE [Risk Communication and Community Engagement] Collective Service.

Lessons learned and innovations for health systems and public health emergency coordination

41. The COVID-19 pandemic highlighted the centrality of water, sanitation and hygiene in public health emergency responses. Water, sanitation and hygiene was critical in all contexts, including health-care facilities, schools, public spaces and communities, as well as in addressing the non-clinical WHO infection prevention and control pillars. The fact that water, sanitation and hygiene interventions were dispersed across several response pillars, including infection prevention and control, risk communication and community engagement, operations and others, made it challenging for the water, sanitation and hygiene sector to position itself, identify key areas of interventions, and receive funding.

42. At the beginning of the pandemic, the breakdown of global supply chains frequently resulted in delays lasting several months in the delivery of life-saving equipment to countries. The use by UNICEF of special contracting mechanisms to pre-order and secure a supply of critical equipment enabled the provision of equipment in the required quantities shortly after the oxygen crisis began. Innovation efforts, such as the standardization of an oxygen plant into a packaged solution (Oxygen Plant-in-a-Box) aimed to supply complex equipment in the shortest possible period of time and came with preventive maintenance for two years to ensure the sustainability of supply operations and contributions to the health system. Available resources were predominantly focused on equipment, while there remains a huge need to build a functioning and sustainable oxygen ecosystem and to support the proper

implementation, operation, maintenance and use of equipment in clinical patient care. This area will require ongoing resources well beyond the pandemic.

43. Preparedness was also a key component for a rapid response. Countries experiencing humanitarian situations were in some cases better positioned to respond given their preparedness levels, including the availability of certain supplies, for example in water, sanitation and hygiene. Yet, oxygen was not always a part of existing public health emergency mechanisms, and so there was often a poor understanding of the surge needs and little capacity in place.

44. Regarding coordination, different mechanisms do not always work together effectively and, across partners, this needs to be strengthened, especially around country-level implementation. For example, the separate Inter-Agency Standing Committee cluster system, the WHO readiness and response pillar system and other public health emergency coordination systems do not interact effectively, posing a major barrier to a swift response at field level. Additionally, global coordination efforts across partners, such as the ACT-A Oxygen Emergency Task Force, did not result in the same level of coordination at country level.

45. The roles and responsibilities of UNICEF in the global COVID-19 response were not clearly defined, which hampered a rapid response. While the WHO readiness and response pillar system is distinctly defined, improved clarity is required moving forward around UNICEF responsibilities within the pillar system.

46. Government leadership was critical in securing an appropriate and sustainable COVID-19 response. The utilization of government systems by UNICEF was also essential in ensuring a swift response and wide reach. However, in instances where these government systems for coordination were not fully established or lacked capacity, delays in response were encountered, which contributed to inequities and threatened long-term sustainability.

47. Within UNICEF, there were missed opportunities for more effective collaboration and coordination across sections towards comprehensive systems strengthening. While COVID-19 cemented strong collaboration and coordination across divisions around each response pillar, for example, across the Programme Division and Supply Division and with regions and countries for oxygen, it is recognized that coordination internally across pillars on systems strengthening activities could have been stronger. Examples include work related to health facility infrastructure (water, sanitation and hygiene) and power solutions (solarization), building engineering capacity and strengthening supply chains (cold chain), and data systems, monitoring and use. The COVID-19 pandemic underlined the importance of a multisectoral approach for a comprehensive response to public health emergencies.

48. Finally, the combination of available flexible resources and simplified mechanisms to access, distribute and report had a positive outcome in enabling UNICEF to build technical capacity across all levels. These resources exponentially expanded procurement capacity and implementation support to Governments so that they could react and respond to constantly changing country needs, as well as drive innovation in real time. However, the implementation timelines were often too tight for significant activities towards systems strengthening and sustainability.

Investments required to sustain gains made during the COVID-19 pandemic

49. COVID-19 catalysed several partnerships. Investments in coordination systems and key partnerships, such as through ACT-A and COVAX, are essential for a timely response to emergencies. For water, sanitation and hygiene, these included the Hygiene and Behaviour Change Coalition Initiative in partnership with the Foreign, Commonwealth and Development Office of the United Kingdom of Great Britain and

Northern Ireland and Unilever, and the Hand Hygiene for All Initiative in partnership with WHO. These partnerships strengthened the collective efforts of UNICEF. The ACT-A Oxygen Emergency Task Force transitioned into the Global Oxygen Alliance, in which UNICEF plays an active leadership role as part of the secretariat. With a stronger regional and country focus, the Alliance aims to support the achievement of the goals outlined in the resolution on medical oxygen endorsed at the 2023 World Health Assembly. Further, the investment in stock management systems has also created global visibility and should be sustained.

50. To elevate the role of water, sanitation and hygiene in future outbreaks/pandemics, this sector should be maintained in the WHO readiness and response pillar system. The UNICEF Water, Sanitation and Hygiene Section established a working group within the WHO infection prevention and control pillar. The working group increased and secured water, sanitation and hygiene components in the WHO Incident Management Support Team. Further institutionalization of infection prevention and control is required. The pandemic also exposed the limited capacity of UNICEF regarding infection prevention and control. In response, UNICEF developed a multisectoral strategy and a draft road map that addresses the institutional arrangements required for optimal capacities.

51. The oxygen equipment procured for countries by UNICEF and partners is not yet all fully installed and functional, and efforts to sustain the investments are needed. With COVID-19 resources waning, there is a risk that focus, capacity and resources to fully implement and sustain the investments cannot be guaranteed, leaving countries with equipment that is breaking down or is under- or wrongly utilized. A "window of opportunity" exists to offer ongoing support to translate all of the investment in equipment into long-term improvements to health systems, and to responsibly transfer accountabilities for managing the oxygen system at country level. To support Governments, UNICEF is currently exploring public-private partnerships on service modalities for oxygen, in the same way that water and electricity are provided. Continued commitment from UNICEF is critical to maintain core capacity across all levels and continued prioritization by country offices to mitigate risks and optimize long-term impact.

52. A geographically diverse manufacturing base for all medical countermeasures is essential moving forward. Regional and local manufacturers need technology transfer to develop a diverse portfolio to include both routine and outbreak disease products, as well as multiple technology types. Establishing dedicated manufacturing across different regions will facilitate greater global health security in the face of regional outbreaks and will better prepare countries in the future for faster responses for pandemic prevention, preparedness and response. UNICEF is incorporating the need for regional manufacturing diversity into tenders and is also working with partners such as Gavi, the Vaccine Alliance on ways to consider regional manufacturing as part of the criteria towards measurement of a healthy market.

53. To support the role of communities in strengthening health systems and primary health care and achieve a whole-of-society approach to public health emergencies requires intensified investment. Leveraging time-series and cost-effective social and behavioural data collection mechanisms piloted during COVID-19 has the potential to inform the creation of equitable, inclusive and efficient policies, strategies, budgets and human resources allocations. UNICEF should continue to provide leadership in the area of community engagement, social and behaviour change, and inclusion and accountability for pandemic prevention, preparedness and response, including through multi-stakeholder platforms.

54. Long-term partnerships and new alliances also need to be used to complement existing capacities. To gain from partnerships established during the COVID-19

pandemic, funding is required beyond the end of 2023. For example, UNICEF requires investment to maintain its contribution to the inter-agency Collective Service for risk communication and community engagement and accountability to affected populations, and the global social and behavioural change partnership with Religions for Peace (the largest faith-based UNICEF partner). UNICEF also successfully established global long-term agreement mechanisms for social and behaviour change. Currently, UNICEF headquarters and four regional offices have established regional surge mechanisms and/or rosters of consultants that can be easily activated in case of an outbreak or pandemic, but these need to be sustained.

55. The majority of risk communication and community engagement inter-agency coordination mechanisms remain active at global and regional levels, and in about half of the world's countries. Coordination support is provided mainly through dedicated social and behaviour change positions recruited during the COVID-19 pandemic. Notably, 25 per cent of the 480 UNICEF social and behaviour change staff hold temporary appointments, with this proportion being higher for public health emergency-related positions. The situation regarding oxygen support is similar.

56. Recommendations from various evaluations highlighted the need to sustain core elements of the capability of UNICEF for risk communication and community engagement. Yet, earmarked and fluctuating funding structures do not facilitate continued investment in community engagement and preparedness, and this prevents the organization from pivoting to respond quickly to emerging challenges, such as the cholera outbreaks that continued to intensify throughout 2023. More predictable and flexible resources to strengthen risk communication and community engagement for public health emergency preparedness and response is required.

57. Further investments in systems strengthening overall, including resilience building, is critical for pandemic prevention, preparedness and response. The pandemic exposed the fragility of all sectors, which led to a disruption in continuity of essential services. The COVID-19 pandemic also demonstrated that some of the most successful outcomes in the response were achieved through the utilization of government systems, including school openings. A paradigm shift is therefore required to better prepare the world for future pandemics. Integral to this is a committed and collective international effort to strengthen resilience across systems and sectors, to secure continuous service delivery and a capacity to recover and adapt post-pandemic. There is an urgent need for UNICEF to advance its efforts on systems strengthening.

58. Increased investment to strengthen localization is also required. The pandemic underscored the central role of local resources in the response to overcome the numerous challenges posed. In addition to investments in systems strengthening across countries, efforts need to be focused on other areas, including strengthening local partners' capacity, furthering UNICEF partnerships with local institutions, and empowering local communities.

59. The pandemic accelerated efforts by UNICEF to invest in behavioural science capacity, which continues, for example, with the development of dedicated units in countries, in some cases, in collaboration with WHO. Inter-agency and UNICEF-led social listening systems established during the COVID-19 pandemic were also pivotal in monitoring online and offline community conversations and for collecting feedback. This capacity is still active in four regional offices and about half of country offices. Investments in data-driven, community-centred approaches need to be further prioritized to build and maintain trust, strengthen the link between people and health systems, and design services that meet their needs.

Other areas of potential investment

60. There are other areas where investments prior to the COVID-19 pandemic have had an impact on preparedness and response. The years of HIV investment to strengthen capacity and systems, especially in sub-Saharan Africa, provided a foundation for many countries to respond to the COVID-19 pandemic. Investments in laboratories for HIV testing were used for large-scale COVID-19 testing, allowing Governments to track and respond to the pandemic. People affected by HIV – especially young people living with HIV – shared information on preventing and managing COVID-19 during lockdowns and, together with the expertise of HIV clinicians and programme managers, provided an invaluable asset in the medical management of COVID-19 cases. UNICEF also supported Governments to procure and administer COVID-19 vaccines, using lessons from HIV programming to ensure that the hardest-to-reach had access to the vaccine. As part of UNICEF gender-responsive programming, targeted measures are required, especially to support adolescent girls, who remain the most at risk of new HIV infections in sub-Saharan Africa.

61. Similarly, at the onset of the COVID-19 pandemic, investments made by the polio eradication programme in health infrastructure and resources were mobilized across countries for the response. This included national and subnational coordination mechanisms, cold chain and vaccine management, community mobilization, misinformation management, vaccinator trainings and other areas. For example, the National Emergency Operations Centre model of the polio eradication programme, which brings together all relevant expertise from multiple organizations and sectors to respond to polio outbreaks, was replicated for the COVID-19 response in numerous polio-affected countries across Africa and Asia. This was also done for the Ebola and yellow fever outbreaks in the past. The nationwide social mobilization networks initiated by the polio eradication programme in countries such as India, Nigeria, Pakistan and Somalia, including the vital link to local leaders and influencers, parents and caregivers, was a critical part of risk communication and community engagement strategies.

IV. Conclusion and recommendations

62. The negative impacts of the COVID-19 pandemic were far-reaching and also occurred outside of the health sector, having a cascade effect on children. Globally, between March 2020 and July 2022, schools were closed for an average of 20 weeks and partially closed for an additional 22 weeks. Closures of school and childcare services due to COVID-19 further exacerbated gender inequality, as many households relied on women and girls to look after and home-school younger children. Data from 2022 showed that more than 606 million working-age women considered themselves unavailable for work because of unpaid care work, compared with only 41 million men. Girls were also at heightened risk of adolescent pregnancy, mental health challenges and gender-based violence. Many girls did not return to school. More needs to be done in recovery and ongoing plans to respond to the impacts of the pandemic on girls.

63. The COVID-19 pandemic exposed severe deficiencies in health-care preparedness worldwide, undermining progress across the Sustainable Development Goals and resulting in critical socioeconomic impacts. As the crisis unfolded, even robust health systems were stretched to their limits. The disruption of wider public services adversely impacted outcomes for children, with many of these impacts being gender-specific and exacerbated for girls. Future public health crises, including pandemics, have the potential to further shock and overwhelm systems, impacting children and communities even further, unless collective action is taken to prevent,

prepare and respond with a whole-of-government, whole-of-society approach, with communities at the centre.

64. The present report has described the current changes to the global health emergency preparedness and response architecture, and the ongoing COVID-19 transition and recovery efforts being implemented by UNICEF.

65. Drawing on lessons learned, the following recommendations will strengthen UNICEF recovery from COVID-19 and inform future health emergency preparedness and response:

(a) Considerable momentum exists globally across various forums for reform of the global health architecture with the aim of Member States negotiating a pandemic agreement for countries to better prepare for future health threats. UNICEF should engage with these global health policy and related health financing processes (such as the Pandemic Fund) to ensure the best interests of the child and a whole-of-government, whole-of-society approach, and to stress the primacy of community engagement and accountability to affected populations.

(b) Development, allocation and delivery of medical countermeasures during COVID-19 was inequitable, and delivery was not systematically informed by an evidence-based public health strategy. UNICEF should invest technical and financial resources in leading relevant parts of medical countermeasures partnership efforts, and prioritize local and regional manufacturing.

(c) Strengthening community health systems and empowering and equipping community health workers is an essential part of COVID-19 recovery efforts. UNICEF should work with partners and with a gender-transformative approach to enhance training, skills, renumeration and equipment for community health workers.

(d) Significant funding was invested during COVID-19 across the broad range of areas described in this paper. Yet, gains are at risk of being lost as COVID-19 funding diminishes. The pandemic underlined the need for flexible funding in pandemic prevention, preparedness and response. UNICEF faces the risk of losing the capacity that was built (including human resources that were hired on contractor or temporary modalities), thereby leaving countries unable to fully implement and sustain the investments made including the programmatic support to investments in infrastructure. Continuing to invest in health emergency preparedness and response should be a priority.

(e) The multisectoral approach of UNICEF during the pandemic in water, sanitation and hygiene/infection prevention and control, risk communication and community engagement, and supply and logistics was paramount for a successful response. These interventions reflect the hard edge of the predictable response of UNICEF to public health emergencies moving forward. Investments in these areas and wider control and mitigation priorities, such as in education, child protection, mental health, gender-based violence risk mitigation, and emergency coordination, are essential for future effective interventions.

(f) Preparedness is a key component for a rapid response to public health threats, including in humanitarian, fragile and conflict settings. In moving forward, equal focus should be given to health emergency preparedness and response within the organization.

66. UNICEF is finalizing an operational plan for public health emergency responses. This draws on the UNICEF Humanitarian Review, the “Evaluation of the UNICEF Level 3 Response to the Global Coronavirus Disease (COVID-19) Pandemic”, the Core Commitments for Children in Humanitarian Action, and a white

paper[1] that was developed on putting the best interests of children, women and their communities at the centre of public health emergency preparedness and response. The operational plan aims to provide coherence and guidance on how UNICEF consistently responds in a focused way to public health emergencies across relevant multisectoral areas. The plan will also include procedures and accountabilities for coordination and decision-making. It considers what UNICEF has learned from its collective response to COVID-19, Ebola, cholera outbreaks and other health threats.

67. Work by UNICEF on pandemic prevention, preparedness and response recognizes the organization's mandate and role in safeguarding the rights of children and women before, during and after public health emergencies. Such work is guided by three objectives: to ensure that the rights and needs of children are at the centre of all efforts; to leverage the agency's recognized expertise on multisectoral preventive approaches to prevent and control outbreaks; and to prevent and mitigate the humanitarian and socioeconomic consequences of health emergencies on communities with a whole-of-society focus. The overarching principle that UNICEF embraces is to help create a global enabling environment that will ensure greater safety for all girls and boys in the face of future threats to public health.

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[1] UNICEF, "Putting the Best Interest of Children, Women and their Communities at the Centre of Public Health Emergency Preparedness and Response" (New York, March 2023). Available at https://www.unicef.org/reports/putting-best-interest-children-women-and-their-communities-centre.