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Establishment of an Assistant Secretary-General position in UNICEF to head the Global COVID-19 Vaccine Delivery Inter-Agency Coordination Structure

Summary

The present document contains the context and rationale for the proposed creation of an Assistant Secretary-General post, to head the Global COVID-19 Vaccine Delivery Inter-Agency Coordination Structure in the context of the coronavirus disease 2019 (COVID-19) pandemic.

Elements of a draft decision for consideration by the Executive Board are included in Section V.

* E/ICEF/2022/1.
Note: The present document was processed in its entirety by UNICEF.

I. Overview

1. For most of 2021, inequities in access to coronavirus disease 2019 (COVID-19) vaccines have hampered the efforts of low- and lower-middle-income countries to vaccinate their populations against COVID-19, such that today, only 3.2 per cent of people in low-income countries are fully vaccinated, compared with 64.8 per cent of those living in high-income countries.[1] At the same time, the World Health Organization (WHO) has set the goal of each country vaccinating 70 per cent of its population by mid-2022 to help to bring the COVID-19 pandemic to an end.

2. Supplies of vaccine available to the countries that require them are expected to surge in the coming months. Yet the current capacity of those countries to absorb the doses – to get them into the arms of individuals – cannot keep pace. Vaccine inequity will quickly transform into "protection inequity" due to barriers that are impeding countries' expeditious use of the vaccine doses they have.

3. The need to address this is urgent. Striving for protection equity is important because all individuals should be able to benefit from the protection from severe disease and death due to COVID-19 that these vaccines offer. Getting available doses into arms will also help to stem the development of new variants of the virus. The pandemic will not end anywhere until it ends everywhere.

4. Against a backdrop of supply constraints, global coordination structures have worked tirelessly to finance, procure and deliver doses to countries requiring them. With supply constraints now easing, countries urgently require expanded support for vaccine delivery and uptake, which brings with it a unique set of challenges and coordination needs. The Global COVID-19 Vaccine Delivery Inter-Agency Coordination Structure has therefore been established for this purpose. Global partners, including WHO, Gavi, the Vaccine Alliance and bilateral partners have called on UNICEF to lead this global coordination effort because of the organization's worldwide reach, subnational presence in many countries, and expertise in areas key to the success of such an undertaking (i.e., immunization campaigns, cold chain management and risk communication and community engagement, among others).

5. It is critical that this effort succeed. It requires an extraordinary level of global coordination and must be led at the highest level possible. Its leader will report to the Executive Director of UNICEF and the Director-General of WHO, lead a seconded multi-partner team that includes senior professionals at the Director (D-2) level, engage directly with Heads of State of high-priority countries and collaborate with senior officials of the African Union.

6. UNICEF is therefore requesting the approval of a post at the Assistant Secretary-General level to act as Global Lead Coordinator for COVID-19 Vaccine Country Readiness and Delivery. This post, funded by other resources, would be established for two years. Some donors have already committed to fund the coordination structure, including the Assistant Secretary-General post.

II. Introduction

A. Vaccinate the world: The current inflection point

7. Vaccines are likely the key to ending the COVID-19 pandemic, and it is for this reason that WHO has set the target of countries vaccinating 70 per cent of their populations by mid-2022.

[1] Data are from World Health Organization – WHO Coronavirus (COVID-19) Dashboard | WHO Coronavirus (COVID-19) Dashboard With Vaccination Data, accessed 3 December 2021.

8. For much of late 2020 and 2021, as vaccines to protect against COVID-19 were approved and then manufactured and deployed, efforts to vaccinate vast numbers of people accelerated, with nearly 8 billion doses administered by early December 2021.[2] However, considerable public health success in vaccinating large portions of the population in high- and upper-middle-income countries, where nearly two thirds of the population has been fully vaccinated, has been accompanied throughout 2021 by the stark reality of vaccine inequity: a lack of access to vaccines in low- and lower-middle-income countries. In low-income countries, by early December 2021, only 3.2 per cent of people were fully vaccinated.

9. Efforts made via such platforms as the COVID-19 Vaccine Global Access (COVAX) Facility, the Access to COVID-19 Tools (ACT) Accelerator and the African Vaccine Acquisition Trust, along with donations from bilateral partners, have sought throughout the past year and a half to prepare for and redress this imbalance. For much of 2021, this has been primarily a problem of affordability and supply, coupled with an inability to access a vaccine market where much of the supply was already spoken for, having been pre-purchased by wealthy countries obtaining preferential access. Against these challenges, international coalitions, non-governmental organizations and activists have had some success in raising the alarm and in financing and delivering doses for the countries that required them. But this success, while astounding in absolute terms (as at 22 December 2021, the COVAX Facility, for example, had shipped more than 806 million doses to 144 participating economies), can only be considered partial when looking at the ubiquitous need for vaccines in almost every country around the world.

B. From vaccine inequity to protection inequity

10. Now, at the end of 2021, an inflection point has been reached that countries and the global actors that support them are attempting to navigate: vaccine supply has increased to such a degree that soon the supply of vaccine doses to countries that have been sorely lacking will outstrip their ability to get those doses into eligible arms before the doses expire. UNICEF and its partners are seeing an increasing number of countries requesting the delay of vaccine shipments because they cannot adequately absorb them. Doses are expiring in some places. Vaccine inequity is transforming into “protection inequity”, or the lack of capacity to fully translate available vaccine doses into vaccinated individuals who can reap the benefits of immunization: a high degree of protection against severe disease and death caused by COVID-19. Such inequity also impacts the broader public health goals of those societies.

11. Translating vaccine availability into protection equity is rapidly emerging as the next urgent challenge of the COVID-19 era. There are several reasons why significant efforts must be made to achieve protection equity:

(a) Individuals have the right to such protection: People everywhere, not just those in wealthier countries, have a fundamental right to enjoy the highest attainable standard of health. COVID-19 is a disease that can cause significant health consequences and death, and existing vaccines can mitigate these outcomes. The pandemic has also wrought great social, educational and economic harm, putting the rights of individuals at risk;

(b) There is a duty of care: It is morally and ethically right to extend proven remedies to all those who require them;

[2] Globally, 42.1 per cent of world’s population was fully vaccinated against COVID-19 as at 3 December 2021, according to WHO.

(c) Achieving protection equity is practical: It is the only way to end the COVID-19 pandemic. Large swaths of unvaccinated populations, in any country, create environments for the emergence of new variants that can hamper public health and worldwide economic and social recovery from the pandemic. As of December 2021, it seems that this is already occurring with the emergence of the omicron variant. The pandemic will not end anywhere until it ends everywhere; nobody will be safe until everybody is safe.

III. Getting to the “last mile”: Key barriers

12. Each dose of vaccine delivered into the arm of an eligible recipient is the result of an intricate array of actions and circumstances that vary in each country.

13. There must be an available vaccine in the right place at the right time. This means that the available vaccine must be approved for use in the country and must have made its way from a manufacturing facility, or from the point of shipment to that country, as is the case for many countries. In-country receipt and distribution require adequate storage and cold-chain capacity for syringes, safety boxes and cold boxes, as well as human resources that can manage the cold chain and the ancillary supplies required to turn vaccines into vaccinations. Within countries, human resources and the systems to support them are needed to allocate doses to regions, states or provinces and monitor their utilization. Other human resources are needed to administer the vaccine in clinics or other vaccine touchpoints. In addition, administration of a vaccine requires an eligible person willing to accept it – a demand for vaccination, which includes the desire to be vaccinated and the knowledge of when, where and how to get vaccinated, as well as the capacity to act on that knowledge (e.g., to take time off from work and/or travel to the vaccination point, or to overcome myriad other obstacles). All these elements need to be mustered without diverting human and financial resources from the routine immunization that saves the lives of millions of children.

14. Barriers to vaccine absorption vary by country, but can include low or ineffective political will for vaccination; ineffective coordination and a lack of management capacity; insufficient funding; challenges with in-country logistics and last-mile service delivery; a lack of demand and/or low vaccine confidence; and catastrophic events. Some of these barriers and challenges are longstanding, some impossible to predict and others are unique to the circumstances of the COVID-19 pandemic. Service delivery challenges can include unpredictable supply, the short shelf life of products, the need to manage multiple products, overstretched management capacity, gaps in the cold chain, the need to expand the number of decentralized vaccination points, and vaccine confidence and hesitancy issues. As noted above, absorption barriers have already resulted in requests by some countries to delay shipments of COVID-19 vaccines.

15. The surge in COVID-19 vaccine supply, while so desperately needed, will also have important ancillary effects. It has already begun to put immense pressure on critical routine immunization work in many countries, and this is only expected to increase. For the Gavi COVAX Advance Market Commitment-eligible countries in Asia and Africa to achieve the 70 per cent goal, for example, more than 1.5 billion people still need to be reached with either two doses or with their second dose. This will require 10 times the number of vaccination touchpoints than these countries have in place for their routine immunization programmes, an increase that could strain the implementation of existing vaccination priorities. The expected impact on routine immunization efforts includes overwhelming immunization programme leadership across countries; staff shortages, as the health workforce is diverted from routine immunization to COVID-19 vaccination; and even diversion of syringes away from

routine immunization activities, because many doses of COVID-19 vaccine (mainly bilateral donations) in low- and middle-income countries are arriving without syringes.

IV. Current coordination capacities and the need for an Assistant Secretary-General post

16. UNICEF and many other United Nations entities, international and national organizations, Governments, and regional, national and local bodies have been working in partnership to increase the doses of vaccines available to the countries that need them. The COVAX Facility has efficiently coordinated the supply of vaccines procured through its facility. There has also been a small group within the COVAX Facility coordinating country support. But until now, the overall focus has been on securing vaccine supply.

17. As countries have begun receiving doses of different types of COVID-19 vaccines of varying shelf life from various sources (e.g., COVAX, the African Vaccine Acquisition Trust and bilateral sources), they require enhanced support from all partners so that they do not have to delay shipments and can use the vaccine doses before they expire. The coordination focus must shift to delivery and country support.

18. New types of coordination are needed to provide this enhanced support through the “last mile” of vaccination efforts in a context of an anticipated surge in available vaccine doses. There is a need for improved coordination of country vaccine delivery and a sharper focus on challenges in on-the-ground delivery and uptake, which are rapidly becoming the most critical constraints.

19. Coordinating this work at the highest possible global level is a key component for ensuring its success. To this end, global partners have requested that UNICEF, WHO and Gavi, the Vaccine Alliance establish the Global COVID-19 Vaccine Delivery Inter-Agency Coordination Structure, designate a lead agency and appoint a senior leader who will provide the global lead coordination to support countries as they work to get vaccines into arms.

20. At its 30 November–2 December 2021 Board meeting, Gavi, the Vaccine Alliance affirmed the need for such an enhanced coordination structure to strengthen country support operations on vaccine readiness, planning and delivery, and ensure the close alignment of vaccine allocations (including donated vaccines), country absorptive capacity and the targeting of financial support. The work of the coordination structure will include overseeing the country readiness and delivery arm of the COVAX Facility, the vaccine component of the ACT Accelerator.

21. The country delivery support and coordination structure will be housed at the Geneva Health Campus, home to Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, Unitaid and other global health partners. The coordination work will be funded through grants from donors.

22. The World Health Organization, Gavi, the Vaccine Alliance and various bilateral partners have requested that a UNICEF staff member lead this country support and coordination work, in recognition of the organization’s emergency experience, expertise in health systems strengthening and supply, immunization track record and experience in risk communications and community engagement. In addition, the organization’s global reach positions it well for such a critical worldwide task. UNICEF also holds key roles within the COVAX Facility and in support of the ambition set by the African Vaccine Acquisition Task Team.

23. Leadership of this multifaceted country support and coordination effort by a professional at the Assistant Secretary-General level is warranted by the level of

responsibility the incumbent will perform. This includes supervising senior experts, including individuals seconded from partners (WHO, Gavi, the Vaccine Alliance, bilateral and multilateral development agencies, multilateral development banks, civil society organizations and the private sector). The Global Lead Coordinator will report directly to the Executive Director of UNICEF and the Director-General of WHO. The incumbent is also expected to engage with Heads of State of high-priority countries and collaborate with the senior leadership of the African Union.

24. The present document constitutes a request to the UNICEF Executive Board to approve the establishment of a post at the level of Assistant Secretary-General to carry out the role of Global Lead Coordinator for COVID-19 Vaccine Country Readiness and Delivery.

25. The Assistant Secretary-General post would be established for a period of two years. This time limit is based on the vaccine goals and expectations that have already been well articulated elsewhere: vaccination of 70 per cent of each country's population by mid-2022 and provision of ongoing support thereafter to help countries to meet their specific vaccination goals until the acute phase of the pandemic is over.

26. The post would be funded by other resources.

27. Establishing a coordinator at the Assistant Secretary-General level will bring a laser-like focus to the inter-agency efforts to get vaccines into arms worldwide, a necessary and extremely urgent goal. UNICEF leadership of the coordination structure will ensure that the needs of children and families are advanced during the drive for protection equity.

V. Draft decision

The Executive Board

1. *Takes note* with appreciation of the rapidly changing context around the administration of COVID-19 vaccines in low- and lower-middle-income countries and of the various barriers that are preventing vaccines from being administered in country;

2. *Notes* the need for improved coordination and the shared execution of country vaccine delivery to overcome the challenges in on-the-ground delivery and uptake;

3. *Welcomes* the efforts of UNICEF and partners to establish the Global COVID-19 Vaccine Delivery Inter-Agency Coordination Structure and notes that coordinating the work of this entity at the highest possible global level is a key component for ensuring its success;

4. *Approves* the establishment of the post of Assistant Secretary-General for a two-year period, to carry out the role of Global Lead Coordinator for COVID-19 Vaccine Country Readiness and Delivery, to be funded from other resources;

5. *Requests* UNICEF to update the Executive Board of the progress achieved through the Global COVID-19 Vaccine Delivery Inter-Agency Coordination Structure at its 2023 first regular session under the agenda item entitled "Update on humanitarian action".