



# COVID GAP

Led by Duke University and COVID Collaborative

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## Where We Are: COVID-19 Global Response

*COVID GAP Analysis Shows Mixed Progress with Opportunities for Improvement on Pandemic Response Targets*

**Durham, NC**—On the eve of the [Second Global COVID-19 Summit](#) co-hosted by the United States, Senegal, Germany, Indonesia, and Belize on May 12, 2022, COVID GAP issued today an [assessment](#) of the global response to the worldwide pandemic.

The First Global COVID-19 Summit in September 2021, convened by U.S. President Biden, produced multiple commitments as well as [a list of targets and actions](#) for global leaders in both the public and private sector. The table below tracks progress toward several of those targets.

### First Global COVID-19 Summit Targets

Targets/Goals	Status	Notes
Reach 40% vaccination coverage in every country by end of 2021 and 70% by September 2022	Some progress but off-track	Progress on vaccination, including over 5 billion doses administered globally since the first Summit; however, over 90 countries missed the 40% vaccination target for end of 2021, and a similar number are off-track for 70% target by mid-2022.
Ensure that “sufficient doses and adequate supplies” of vaccines are available to all countries in 2022	Significant progress	Significant progress on vaccine supply globally, though with some persistent gaps in reliable access and financing at national and subnational levels. Currently global vaccine supply outpaces demand.
Make oxygen available for in-patient facilities in all countries by 2022	Data not available	
Reach daily testing rates of 1 test per 1,000 people in all countries by end of 2021	Off-track	Current average daily testing rate for low-income countries is below 0.1 per 1,000 people, ten-fold below target.

Ensure that all low- and lower-middle income countries can access intravenous therapeutics by end of 2021 and oral therapeutics in 2022	Off-track	Oral therapeutic purchases are concentrated in high-income countries and there are still no large purchases for LMICs. MPP licenses and recent WHO approval may speed up availability of generic nirmatrelvir-ritonavir.
Increase access to personal protective equipment (PPE) for all healthcare workers in low- and lower-middle-income countries in 2021	Data not available	
Increase genomic sequencing and data sharing to track variants globally in 2021 and 2022	No specific metric set	
Establish a global health security financial intermediary fund (FIF) in 2021	Some progress	Endorsed by G20 finance ministers at World Bank/International Monetary Fund Spring 2022 meetings.
Establish Global Health Threats Council or similar entity to catalyze action for pandemic preparedness and response	Some progress	In May 2021 an independent panel formed by WHO called for the formation of a Global Health Threats Council and the proposal has received <a href="#">support</a> from the G20 High Level Independent Panel and the Biden Administration.
Support call-to-action for a global ministerial health and finance board	Significant progress	G20 Joint Finance-Health Task Force established October 2021.

Ahead of the second Summit, organizers have set a number of commitment goals for countries and donors around the world, including fundraising targets for vaccines as well as therapeutics (including oxygen) –\$10 billion and \$3 billion, respectively.

The ACT-Accelerator, the major global multi-lateral initiative coordinating pandemic response, has requested \$16.8 billion in grant funding to support activities through September 2022. Halfway through its budget year, ACT-A has raised less than \$3 billion, a fraction of the funding needed to implement its strategy. “Given the persistent financing challenges for almost all aspects of global COVID-19 response, the Summit will be a true test of the current resolve of countries and organizations to take action in the ongoing fight against COVID-19 globally and prepare systems for future pandemics,” said **Gary Edson, president of COVID Collaborative and co-lead of COVID GAP.**

In addition to global financing, the COVID GAP accountability report tracks:

- vaccination coverage targets versus current coverage (including sub-populations)

- access and availability to testing, oral therapeutics and oxygen in low- and middle-income countries
- pandemic preparedness and health system resilience

In its recent report, [The Path Forward](#), COVID GAP calls for a rapid shift in strategy—from crisis response to sustainable control—to empower a more effective and equitable approach. The strategy includes support for country-driven goals that reflect local realities and priorities; immediately prioritizing fully vaccinating (including boosters) high-risk populations and health and other essential workers, with recognition of global goal of 70 percent primary vaccination coverage; providing equitable access to oral antivirals through test-and-treat capabilities; and increasing manufacturing capabilities and production in low- and middle-income countries.

“COVID GAP is committed to tracking the global COVID response and holding leaders accountable,” said **Andrea Taylor, lead author and assistant director of programs for the Duke Global Health Innovation Center**. “Through COVID GAP Accountability Reports, we will highlight and analyze recent developments, track progress toward national, regional, and global targets, and identify high-priority recommendations for a more effective, efficient, and equitable pandemic response and preparedness.”

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#### **About COVID GAP**

The COVID Global Accountability Platform (COVID GAP), led by Duke University and [COVID Collaborative](#), aims to improve and accelerate global pandemic response by serving as an independent source of insights and actionable recommendations, convening key stakeholders to galvanize actions and collaborations, and strengthening transparency and accountability. Find out more: <https://covid19gap.org/>.