

# **Inequitable access to COVID-19 tools: A snapshot across 503 facilities in Africa, Asia, and Eastern Europe and Central Asia**

## **Introduction**

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Inequitable access to COVID-19 tools, such as diagnostic tests, treatments (including medical oxygen), vaccines, and personal protective equipment (PPE), is severely hindering the pandemic response in low- and middle-income countries. This inequity is creating a two-track pandemic; while rich countries with high vaccination rates are largely returning to normal life, low- and middle-income countries continue to suffer high death rates and lockdowns, due to shortages of lifesaving tests, treatments and vaccines. Not only is this morally wrong, but this situation also creates the perfect conditions for new variants to emerge, which threaten any global progress and will continue to prolong the pandemic indefinitely.

To end COVID-19, we must ensure equitable access everywhere to the tools to fight the pandemic. Through the Global Fund's COVID-19 Response Mechanism (C19RM), we have already invested over US\$4 billion to support countries to fight COVID-19, adapt HIV, TB and malaria programs, and strengthen health systems and community responses.

Through on-site programmatic spot checks conducted between May and September 2021 in 503 facilities in 33 countries<sup>1</sup> across Africa, Asia, and Eastern Europe and Central Asia (EECA), this snapshot provides an indicative update of countries' access to COVID-19 diagnostic tools, treatments (including medical oxygen and dexamethasone) and PPE. The programmatic spot checks are conducted at the facility level and monitor service continuity in health facilities. The spot checks included community sites, primary, secondary and tertiary health care facilities in urban and rural areas and covered both public and private sites. Sampling for spot checks was purposive (at least 15 sites per country) and not intended to be nationally representative.



*The Global Fund/Ricci Shryock*

<sup>1</sup> Countries in this snapshot:

**Africa:** Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo (Democratic Republic), Côte d'Ivoire, Ethiopia, Ghana, Guinea, Kenya, Madagascar, Malawi, Mali, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sierra Leone, Tanzania (United Republic), Togo, Zambia, Zimbabwe

**Asia:** Cambodia, Pakistan, Philippines

**Eastern Europe and Central Asia:** Albania, Azerbaijan, Romania, Serbia, Ukraine, Uzbekistan

# Diagnostic tests

Testing is a critical part of the comprehensive approach to defeat COVID-19. Without testing, countries cannot track or contain the spread of the virus, address urgent clinical needs and provide appropriate treatment, test the efficacy of vaccines, or detect the emergence of new variants. Without testing, countries are operating blind.

Not all health facilities have the necessary authorization, capacity, training, and equipment to conduct COVID-19 diagnostic testing. Across 355 facilities in Africa, just over 39% could test for COVID-19, while 42% across 60 facilities in Asia and 44% of 88 facilities in EECA could conduct COVID-19 tests.

## Less than half of all facilities in this snapshot could conduct COVID-19 tests.

Polymerase chain reaction (PCR) tests are the gold standard in testing and have been critical to diagnosing COVID-19 in laboratories. Yet spot checks revealed that, out of those facilities that had the capacity to diagnose COVID-19, only 17% across EECA and 13% across Asia had PCR testing currently available at the time of the spot check. In Africa, the situation was even more dire: Just under 7% of facilities that could diagnose COVID-19 had PCR testing available.

Antigen rapid diagnostic tests (Ag RDTs) are another way of testing for COVID-19 that do not require laboratory settings. The spot check results here were slightly better, but still very concerning. Out of those facilities that had the capacity to

diagnose COVID-19, 38% of facilities across Asia, 35% of facilities across EECA, and only 32% of facilities across Africa had Ag RDTs available.

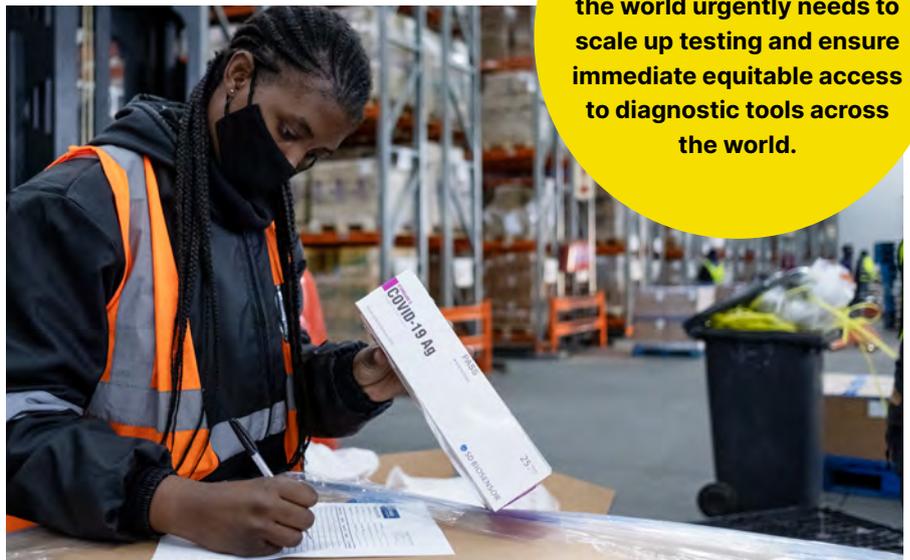
These testing capacities are frighteningly low. If more than two-thirds of the facilities sampled across Africa cannot conduct Ag RDT tests, and more than 93% cannot conduct PCR tests, countries on the continent will not be able to detect cases and contain the spread of COVID-19. This shocking testing situation reveals a dangerous situation. As a result, emerging strains – that may be increasingly virulent and deadly – are able to circulate widely before they are spotted, and hotspots cannot be contained before they spread.

Of particular concern is the fact that testing capacity appeared to be particularly low or non-existent in community settings, and instead was concentrated in secondary and tertiary sites. This could represent a potential access barrier for people

seeking to get tested, as these sites can be at a significant distance for much of the population, which highlights the need for increased testing at the community level.

Tests need to be easy to use and available in places with limited medical or laboratory settings. More Ag RDTs and self-tests are needed to keep up with demand, especially in places where PCR facilities are not available. Community testing is critical to containing the pandemic and preventing the spread of COVID-19. Drawing upon the experience of communities and civil society is paramount for the successful rollout of testing. Community health workers are at the heart of the response and can ensure delivery of testing services even in the remotest areas.

To save lives and fight the COVID-19 pandemic, the world urgently needs to scale up testing and ensure immediate equitable access to diagnostic tools across the world.



Annika\*, a warehouse employee in South Africa, processes the delivery of a large shipment of COVID-19 diagnostic tests procured by the Global Fund through our Pooled Procurement Mechanism. \*Name anonymized for security reasons.  
*The Global Fund/Frants Combrink*

# Therapeutics

Among other variants, the highly contagious Delta variant continues to spread, and as infection rates rise, treatment and medical oxygen needs around the world are soaring.

Many COVID-19 patients have died, and continue to die, for lack of oxygen. Oxygen is still one of the only treatments available for COVID-19 in low-resource settings. With many health facilities overwhelmed and running out of oxygen, families of patients have been forced to wait for days and pay exorbitant prices for scarce oxygen supplies while their loved ones suffer and many die. Inequity in access to oxygen is killing people.

Spot checks showed that at the time of visits between May 2021 and September 2021, 53% of facilities sampled across Asia, 49% of facilities across Africa, and 39% of facilities across EECA offered oxygen therapy and related services. These services, including the use of oxygen cylinders, concentrators, and piped oxygen, are mostly concentrated in secondary and tertiary sites. Out of those facilities that could offer oxygen therapy and services, oxygen cylinders were the most available method of service provision: 62% of facilities that offered oxygen therapy across EECA had operational oxygen cylinders, compared to 82% of facilities across Africa and 94% of facilities across Asia. Piped oxygen, which is distributed to bedside wall units, was the least available of the three methods, because it requires a more significant infrastructure than cylinders or concentrators, which squeeze out oxygen from ambient air and provide a low-flow oxygen solution.



**Countries need oxygen and treatments to save lives now.**

## Oxygen cylinders were the most available method for providing oxygen therapy.

The Global Fund supports countries in procuring lifesaving COVID-19 therapeutics in addition to medical oxygen, including medicines such as dexamethasone. Dexamethasone is a corticosteroid used in a wide range of conditions for its anti-inflammatory and immunosuppressant effects. Administered via intravenous injection or taken orally in the form of a tablet, it is found to have benefits for critically ill COVID-19 patients.

Across Africa, 88% of 355 facilities that dispensed or used dexamethasone reported no stock-outs of its injectable form, and 77% reported no stock-outs of oral tablets.

Across 88 facilities in EECA, the levels were 82% and 85% respectively, while the 60 facilities in Asia presented no stock-out. Overall, spot checks revealed a positive picture, with more than 98% of the facilities that dispensed or used dexamethasone in both of its formulations experiencing no stock-out.

A staff nurse operates an oxygen concentrator at a community health center in Loni, Ghaziabad, India.  
© UNICEF/Bhardwa

## Personal protective equipment (PPE)

Tests and treatments cannot be administered without the critical efforts of health care workers, including clinical officers, medical practitioners, medical doctors, community health workers linked to the facility, laboratory workers, nursing and midwifery professionals, pharmacists, and radiographers. Yet health care workers are exposed to disease on a regular basis and are at higher risk of contracting COVID-19. Across all the facilities in this spot check, 6% of health care workers had been diagnosed with COVID-19 since the beginning of the pandemic, with laboratory workers being the most affected (9% diagnosed with COVID-19). Facilities across EECA appear to be the most affected: 14% of health care workers, including 23% of laboratory workers, were diagnosed with COVID-19. Laboratory workers were also the most affected in facilities across Asia (4%), and in facilities across Africa, medical doctors were the most affected (6%).

**59% of facilities across Africa did not have access to the four most essential items of PPE.**

PPE forms the first layer of protection against COVID-19 for health care workers and community health workers and is [one of our most effective tools](#) against the virus and for infection control more broadly. Yet PPE is still not available everywhere, and the indicative data collected between May and September 2021 across the facilities in this snapshot demonstrate that there is a critical lack of protection for front-line workers. Across the

**Across facilities in EECA, 14% of health workers, including 23% of laboratory workers, have been diagnosed with COVID-19 since the beginning of the pandemic.**



Health care workers who put themselves at risk to protect our communities have a right to be protected. They are the most precious resource in the fight against COVID-19 and other infectious diseases. Protecting health care workers with PPE is crucial to safely deliver health care, to respond to current infectious diseases like COVID-19, and to prepare for future outbreaks.

503 facilities in this snapshot, a staggering 48% did not even have sufficient access to the four most essential items (masks, disinfectant, gloves, hand sanitizer). Facilities in Africa faced the direst situation: 59% did not have access to the most essential items of PPE.

*"It felt like the first days of the conflict [in eastern Ukraine]," Dr. Olha Kobevko, an infectious disease specialist in Chernivtsi, recalled of the initial influx of COVID-19 patients at her hospital. "We didn't know what to expect, but we were on the frontline anyway." © UNICEF/Maloletka*



## Call to action

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The indicative results in this snapshot highlight the glaring inequity in access to lifesaving COVID-19 tools across the low- and middle-income countries included in the spot checks. As high-income countries resume a return to relative normality thanks to high rates of vaccination, countries with fewer resources are having to fight devastating COVID-19 surges without adequate access to the tools they need to save lives and prevent the spread of the virus. There will be no global pandemic recovery while some are left behind. We have the tools to fight COVID-19 and we must ensure everyone, everywhere, has access.

Through our COVID-19 Response Mechanism (C19RM), the Global Fund is the primary channel for providing grant support to low- and middle-income countries for COVID-19 tests, treatments (including medical oxygen), personal protective equipment (PPE) and critical elements of health system strengthening – everything except vaccines. We are leveraging the Global Fund's extensive health and community networks and our well-established health procurement and distribution system to distribute new COVID-19 tools, medical supplies and training at scale in more than 100 countries.

The Global Fund also helped to create the [Access to COVID-19 Tools Accelerator](#) (ACT-Accelerator), the global collaborative partnership turbocharging the global pandemic response, and co-leads the Diagnostics Pillar and the Health Systems and Response Connector. The Global Fund is a key partner in the ACT-Accelerator's COVID-19 Oxygen Emergency Taskforce and is one of the main funding sources for the procurement of medical oxygen.

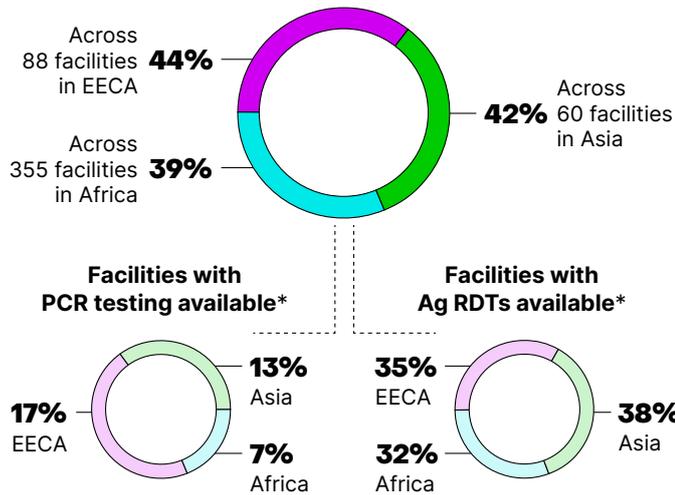
Since the beginning of the pandemic and thanks to generous donor contributions, the Global Fund has awarded more than US\$4 billion to support over 100 countries to fight COVID-19. But C19RM is running out of funds – and yet the fight against COVID-19 and its devastating impact on HIV, TB and malaria is not over. Without more funding, we cannot support countries to protect front-line health workers, test for COVID-19 to stop the spread and identify new variants, and support patients who are critically and severely ill with treatments including medical oxygen.

Only united through global collaboration, working together to support countries in securing equitable access to essential health tools and strengthening the systems for health that underpin our response, can we defeat COVID-19 and mitigate its impact on HIV, TB and malaria.

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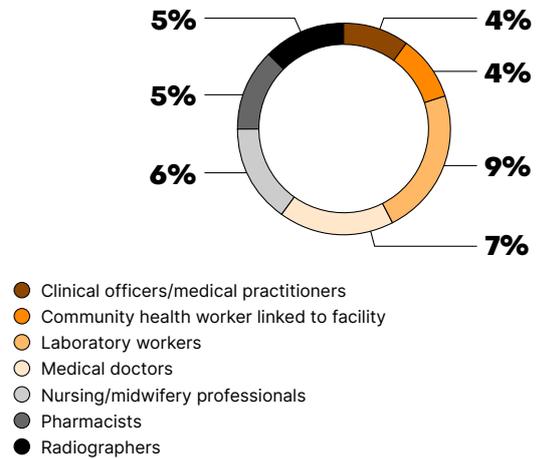
## Diagnostics

Facilities able and authorized to conduct COVID-19 diagnostic tests\*



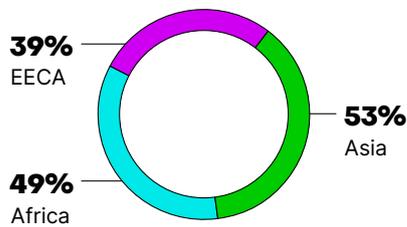
## Personal Protective Equipment (PPE)

Health care workers diagnosed with COVID-19 since the beginning of the pandemic by occupation

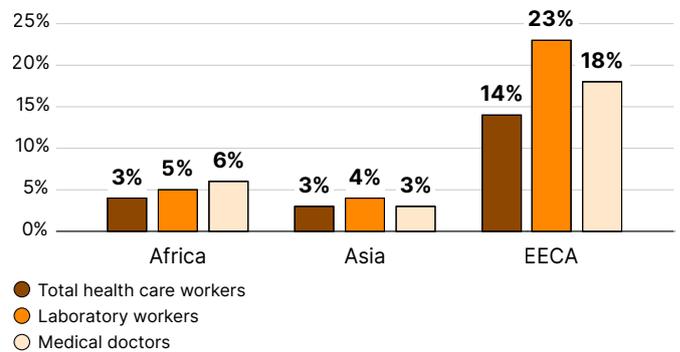


## Therapeutics

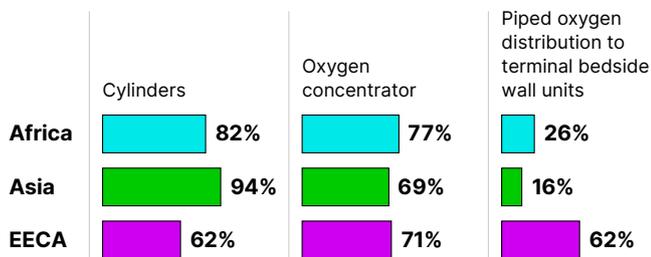
Facilities offering oxygen therapy\*



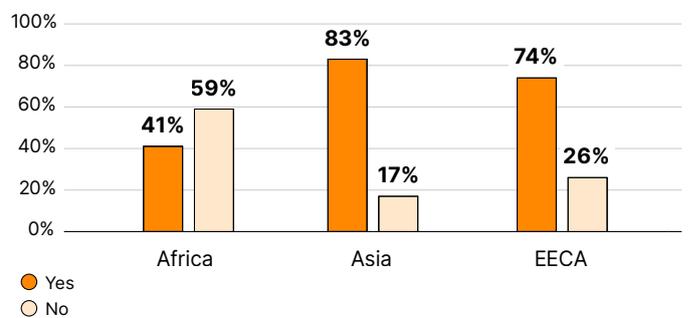
Health care workers diagnosed with COVID-19 since the beginning of the pandemic, by region



Facilities able to offer oxygen therapy and where the following tools were operational\*



PPE availability for all staff (at least four essential items)\*



\*At the time of the spot check