

# World Bank Support for the **COVID-19 Vaccine** Deployment Response

**APRIL 8<sup>th</sup>, 2021 | AFRICA GROUP 1 CONSTITUENCY MEETING**

# OVERVIEW



1. Overview of WBG Support for Vaccine Acquisition and Deployment



2. Progress of WBG Support to AFR Group 1 Constituency Countries



3. Next steps to Accelerate Progress



4. Key lessons on Successful Vaccine Rollout for AFR Group 1 Constituency Countries



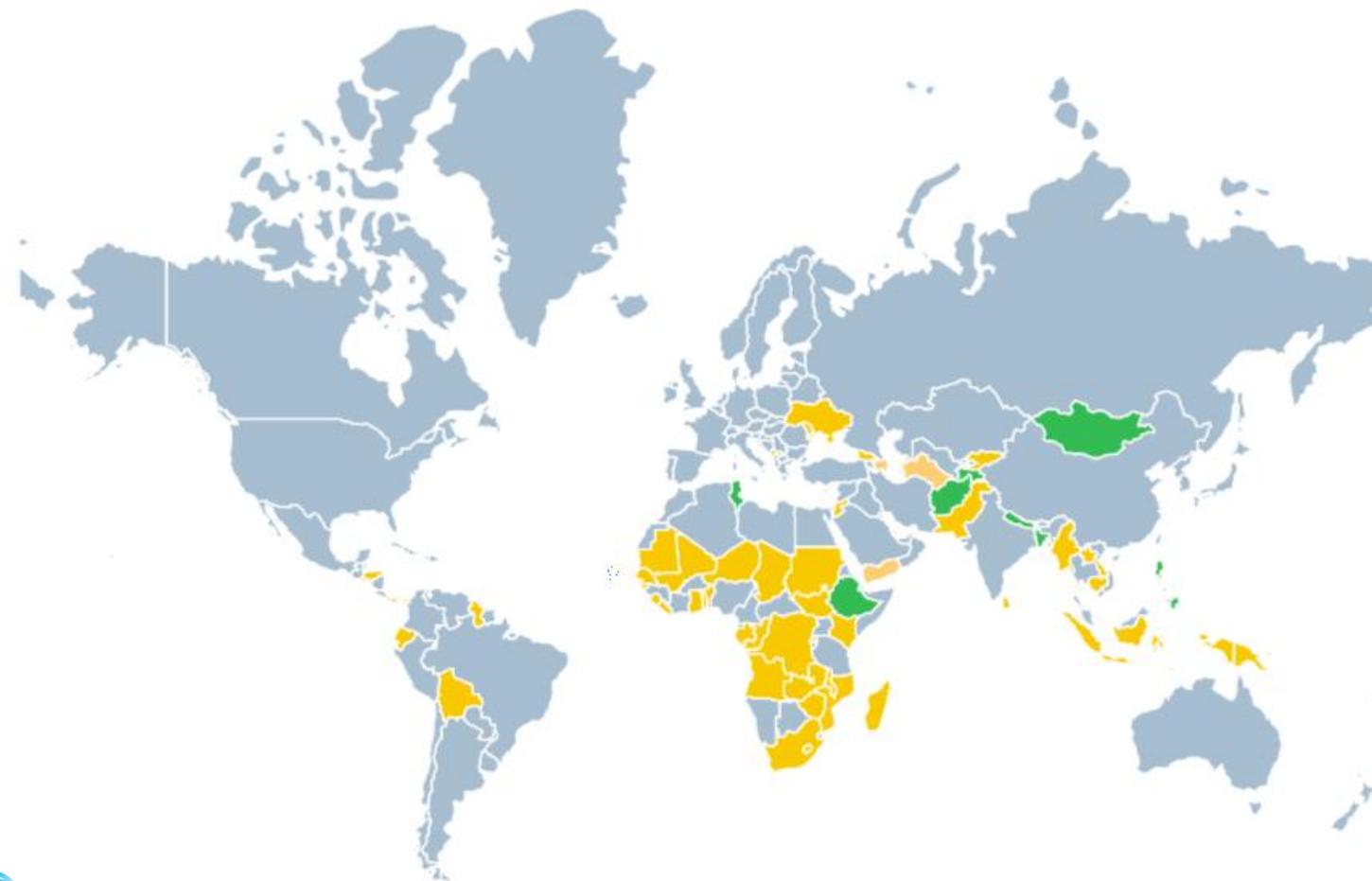
5. Long-term challenges for Human Capital



# OVERVIEW OF WBG SUPPORT FOR VACCINE ACQUISITION AND DEPLOYMENT

70+ COUNTRIES WITH WB PROJECTS APPROVED/ UNDER PREPARATION

10 operations approved under the MPA AF totaling \$1,493.3 million



- Approved Projects:**  
Afghanistan, Bangladesh Cabo Verde, Ethiopia, Lebanon, Mongolia, Nepal, Philippines, Tajikistan, Tunisia
- Projects under preparation: 60+ countries, varying stages of preparation**

*\*Updated as of April 6, 2021*

# IT'S A LONG ROAD TO VACCINATION...

But the World Bank can help provide support in:



Vaccine Purchase



Data Analysis and Technical Guidance



Institutional Strengthening

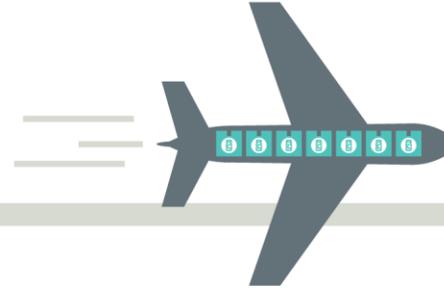


Health Systems Strengthening

## Availability



Factory



## Storage



National storage facility

Regional storage facility



## Deployment



Clinic

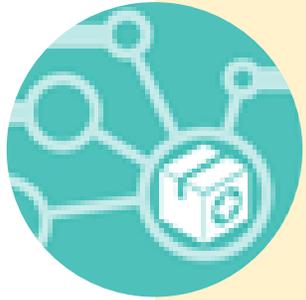


## Acceptance



# AREAS OF WBG SUPPORT FOR VACCINE ACQUISITION AND DEPLOYMENT

## VACCINE PURCHASE



- **Advance purchase mechanisms**, such as participating in COVAX.
- **Direct purchases from vaccine manufacturers**, either individually or jointly with other countries;
- **Purchase of excess stocks from other countries** that reserve excess doses;

## DATA ANALYSIS AND TECHNICAL GUIDANCE



- **Technical guidance** on COVID-19 variants, vaccine approvals, epidemiology, indemnity contracts, vaccine readiness assessments, advisory for National COVID-19 National Plans, etc.
- **Rapid digital assessments** for IT platforms to track COVID-19 vaccine deployment
- **Cross sectoral support**

## INSTITUTIONAL STRENGTHENING



- **Allocation policy** for prioritized vaccine roll out
- **Regulatory standards** at the national level
- **Standards** for vaccine management, including cold chain infrastructure
- **Accountability**, grievances, and citizen and community engagement mechanisms, including safeguard policies to ensure no forced vaccinations
- **Systems to track adverse reactions** to vaccines

## HEALTH SYSTEMS STRENGTHENING



- **Cold chain facilities**, vehicles, and other logistics infrastructure
- **Assessments of vaccine management capacity**, training of front-line delivery workers
- **Communications and outreach**
- **Vaccine monitoring**
- **IT Registry and IT systems** for managing records
- **Climate change** adaptation and mitigation measures

# Progress has been made and we are gearing up to support 15 countries in this group



## ETHIOPIA

The World Bank Board recently approved a \$207 M project to support vaccine acquisition through **COVAX** and deployment. Our Ethiopia team has provided **technical support** to the MoH for the development of the **national COVID19 vaccine deployment and vaccination plan** and development of an **equitable and comprehensive target selection** criteria and costing of the strategy. We are closely coordinating with partners: for instance, WHO & UNICEF are supporting in the development of national/sub-national vaccine introduction and deployment plans.



## RWANDA

The World Bank Rwanda team **mobilized an additional \$15 M grant from the GFF** to protect essential health services. Rwanda has already kicked off its COVID-19 vaccination campaign on March 5<sup>th</sup>. We are preparing a \$30 M project to support vaccine acquisition, through **COVAX and potentially AUTT**, and deployment, to be approved later this month.



## ZIMBABWE

The World Bank Zimbabwe team are **exploring opportunities for disruptive technologies**, such as ways to reconfigure remote training, commodity tracking systems to ensure they reach health facilities, and blockchain based verification systems. We are engaging, building on the \$5 M support to PPE procurement and Health Strengthening through the **Health Emergency Preparedness and Response Trust Fund**.

**Other countries with support under preparation: Eswatini, The Gambia, Kenya, Lesotho, Liberia, Malawi, Mozambique, Seychelles, Sierra Leone, South Sudan, Zambia, and Somalia.**

# Next Steps to Accelerate Progress

- ❑ **National COVID-19 Vaccine Acquisition and Deployment Plan (NDVP)**, with consideration to vaccine sources and pricing, liability and indemnification issues, equitable allocation framework for vaccine distribution. This is a living document, prepared by the government in collaboration with WHO, and with inputs from other partners. It is updated as more details become available.
- ❑ **Vaccine Readiness Assessment (VRAF)**: This is a government lead exercise with support from WB, WHO, UNICEF and GAVI. The VRAF assesses whether inputs and processes specified under the NDVP are in place and ready to be activated. The assessment must be quantified and costed.
- ❑ **We are revising the Vaccine Approval Criteria (VAC)** needed to be eligible for Bank-financing, we have submitted the proposal for revision to the board. The new VAC aligns with COVAX vaccine eligibility :

*(i) the vaccine has received regular or emergency licensure or authorization from at least one of the SRAs identified by WHO for vaccines procured and/or supplied under the COVAX Facility, as may be amended from time to time by WHO; or (ii) the vaccine has received WHO Prequalification (PQ) or WHO Emergency Use Listing (EUL)*

## SOME KEY LESSONS ON SUCCESSFUL VACCINE ROLLOUT FOR AFR GROUP 1 CONSTITUENCY COUNTRIES

- **Population outreach and communication campaigns:** Skepticism in vaccines, especially due to the recent media reports, have resulted in low vaccine uptake. In Rwanda, a communication strategy was designed with routine surveys to track COVID-19 vaccine knowledge and attitudes.
- **Deployment campaigns:** Need to ensure a clear strategy with specific target groups, sufficient auxiliary supplies (e.g. immunization cards and registers) are available; considerations for crowd control and social distancing in vaccination sites; adequate staffing; efficient ICT tools/ digital solutions at service delivery points to document activities and allow real-time transmission of information for reporting purposes; timely distribution of forms (e.g. vaccination cards); and close attention to the expiry date of the vaccines to optimize vaccine use and prevent wastage.
- **Engagement and consolidated support from development partners:** In Sierra Leone, consolidated DP support through the existing coordination mechanism aided the speedy development of a quality National Vaccine and Deployment Plan.

# KEEPING AN EYE ON THE LONG-TERM CHALLENGES

## HCI 2020 UPDATE

### Between 2018 and 2020:

- 20 out of 23 AFRE countries increased their HCI, be it only by 0.0024 on average.
- The HCI of Burundi, Ethiopia and Mauritius marginally decreased.

### Between 2010 and 2020:

- All 13 countries with data available increased their HCI during this period by 0.04 on average.
- The five countries with the most improved scores over the past decade are (in order): Eswatini, Lesotho, Seychelles, Zimbabwe and Namibia.
- In order to achieve the HCI target of the AFR HCP Plan by 2023, an **acceleration of the rate of progress is needed**

## COVID RISKS

- Only 6 out of 39 SSA countries have reopened schools. **Learning adjusted years of schooling** in LICs could fall from 4.5 years to 4.3 years or even 4 years
- High risk of permanent **school drop-outs and teenage pregnancies** following school closures
- Health service disruptions could increase **child mortality** in Ethiopia by 15% percent and **maternal mortality** by 8 percent over the next year. The **malaria** burden in SSA could double
- Roughly 8 out of 10 people in African countries are engaged in low-wage informal **employment**, making them particularly **vulnerable to shocks**. 25 to 30 million jobs in Africa could be lost due to the pandemic
- Only one third of the lowest quintile is covered by **safety nets**

To further support countries address these critical challenges, we are bringing IDA20 one year forward and proposing a special theme for Human Capital to galvanize concerted efforts to recover and accelerate outcomes.

# THANK YOU





*Photo: Vincent Tremeau/ World Bank*

# **ANNEX 1: Further updates on COVID-19 Vaccine**

# EFFICACY OF COVID-19 VACCINES BY VARIANT

\* Last Updated February 28<sup>th</sup>, 2021

	Approved for Emergency Use in the U.S.			Phase III U.S. Trials Underway		
	Pfizer	Moderna	J&J One-Dose	AstraZeneca	Novavax	J&J Two-Dose
<b>Biotechnology</b>	mRNA	mRNA	Adenovirus	Adenovirus	Recombinant protein	Adenovirus
<b>Overall efficacy (old variants)</b>	95% (clinical trial) 91% (real world) 85% 15-28 days after dose 1 (real world)	94.1%	66.1% (global) 72.0% (U.S.)	62% (clinical trials) 67% (real world) 82% when doses were ≥12 weeks apart and 55% when doses were <6 weeks apart	95.6%	
<b>Efficacy (old variants) among 65+ year olds</b>	92.9% (65-75) 100% (75+)	100%	68.6% (global)	***		
<b>B.1.1.7 (UK) variant impact</b>	No impact on efficacy (90-95% efficacy in Israel)	Predicted not to have impact on efficacy		"Currently no evidence that the vaccine does not work against the new strains"	85.6% efficacy	
<b>B.1.351 (S. Africa) variant impact</b>	0.81-1.46 fold decrease in neutralizing antibodies (NOT efficacy)*	6-fold decrease in neutralizing antibodies (NOT efficacy)*	57% efficacy	~10% efficacy	60% efficacy among HIV- participants; 49.5% efficacy among HIV+ & HIV-)	
<b>P.1 (Brazil) variant impact</b>	Unknown	Unknown	Unknown	Unknown	Unknown	
<b>B.1.427/B.1.429 (CA) variant</b>	Unknown	Unknown	Unknown	Unknown	Unknown	
<b>B.1.526 (NY) variant impact</b>	Unknown	Unknown	Unknown	Unknown	Unknown	
<b>Severe COVID19 (old variants)</b>						
<b>Protection from severe disease</b>	90%	100%	85% (100% after day 49)	100%	100%	
<b># hospitalization from COVID</b>	0	0	0	0	0	
<b># deaths from COVID19</b>	0	0	0	0	0	
<b>Contingency plan for variants</b>	Developing booster	Developing booster	Developing updated vaccine	Developing updated vaccine	Developing updated vaccine	
<b>Age</b>	16+	18+	18+	18+	18+	18+
<b># doses</b>	2 (3 weeks apart)	2 (4 weeks apart)	1	2 (4 weeks apart)	2 (3 weeks apart)	2 (4 weeks apart)
<b>Storage</b>	-25 to -15 C (not approved by FDA yet)	-25 to -15 C	2°C to 8°C	2°C to 8°C	2°C to 8°C	2°C to 8°C
<b>Status of pediatric trials</b>	Enrollment closed in U.S. Dec (12-15 years)	Enrollment closed in U.S. Feb (12-17 years)	Enrollment starts this week for ages 12-17	Enrollment open in UK for 6+ years		
<b>Status of pregnancy trials</b>	DART** complete (no adverse reactions) Human trials: enrollment open	DART complete (no adverse reactions)	DART complete (no adverse reactions)			
LD=low dose; SD=standard dose; J&J=Johnson and Johnson *Pfizer and Moderna conducted two different types of petri dishes studies and the decrease in neutralizing antibodies is not comparable; **DART=pregnancy study in rats; ***= only 2 out of 660 people in this group which is causing quite the debate among whether this is enough data to recommend the vaccine to 65+						

# COVID-19 VARIANTS

\* WHO, Last Updated March 16<sup>th</sup>, 2021

Nextstrain clade	20I/501Y.V1	20H/501Y.V2 <sup>†</sup>	20J/501Y.V3
PANGO lineage	B.1.1.7	B.1.351	B.1.1.28.1, alias P.1 <sup>†</sup>
GISAID clade	GR	GH	GR
Alternate names	VOC 202012/01 <sup>†</sup>	VOC 202012/02	-
First detected by	United Kingdom	South Africa	Brazil / Japan
First appearance	20 September 2020	Early August 2020	December 2020
Key spike mutations	H69/V70 deletion; Y144 deletion; N501Y; A570D; and P681H	L242/A243/L244 deletion; K417N E484K, N501Y	K417T, E484K; N501Y
Key mutation in common	S106/G107/F108 deletion in Non-Structural Protein 6 (NSP6)		
Transmissibility*	Increased <sup>1, 2</sup> (36%-75%) <sup>3</sup> , increased secondary attack rate <sup>4</sup> (10% to 13%)	Increased [1.50 (95% CI: 1.20-2.13) times more transmissible than previously circulating variant <sup>5, 6</sup>	Increased, more transmissible than previous circulating variants <sup>7</sup>
Severity*	Possible increased risk of hospitalization <sup>8</sup> , severity and mortality <sup>4</sup>	Possible increased risk of in-hospital mortality by 20% <sup>6, 9</sup>	Under investigation, limited impact <sup>7</sup>
Neutralization capacity*	Slight reduction but overall neutralizing titers still remained above the levels expected to confer protection <sup>10</sup>	Decreased, suggesting potential increased risk of reinfection <sup>5, 11, 12</sup>	Decreased, reinfections reported <sup>13, 14</sup>
Potential impacts on vaccines*	<ul style="list-style-type: none"> <li>No significant impact on post-vaccine neutralization by Moderna, Pfizer-BioNTech, Oxford-AstraZeneca, Novavax and Bharat vaccines 15-18</li> <li>No significant change in prevention of disease by Oxford-AstraZeneca, Novavax, and Pfizer<sup>15-17</sup></li> <li>Evidence for prevention of infection evidence limited. Reduced effect reported for Oxford-AstraZeneca.<sup>15, 18</sup></li> </ul>	<ul style="list-style-type: none"> <li>Post-vaccine neutralization reductions range from minimal to moderate for Moderna and Pfizer, however there is also some evidence of more substantial reductions.<sup>19</sup></li> <li>A single study has evaluated Sinopharm.<sup>20</sup></li> <li>Substantial reductions have been found for the Oxford-AstraZeneca product.<sup>21, 22</sup> Results for Novavax and Janssen are pending.</li> <li>Efficacy against disease was retained, but somewhat lower, in South Africa when 501Y.V2 was dominant compared to settings without this variant.<sup>23, 24</sup></li> <li>In a small study, AstraZeneca did not demonstrate vaccine efficacy against mild-moderate COVID-19 disease, with wide confidence intervals, while efficacy against severe disease was not assessed and is undetermined.<sup>25, 26</sup></li> <li>There is no evidence to inform vaccine impact on asymptomatic infection by 501Y.V2.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to modest reduction in post-vaccine neutralization by Oxford-AstraZeneca, Moderna and Pfizer vaccines.<sup>19, 21, 27-31</sup></li> <li>Preliminary suggestion of loss of neutralization following vaccination with Sinovac<sup>32</sup></li> </ul>
Potential impacts on diagnostics*	S gene target failure (SGTF). <sup>25</sup> No impact on Ag RDTs observed <sup>23</sup>	None reported to date	None reported to date
Countries reporting cases (newly reported in last week)**	125 (7)	75 (11)	41(3)

# Reaching beyond COVAX: Achieving the AU's goal to vaccinate 60% of the population

Through a multiyear effort, the **African Union** has set an ambitious target to **vaccinate 60%** of the population

*COVAX is projected to provide vaccines to cover 27% of the population*

The **AU Vaccine Acquisition Task Team (AVATT)**, comprised of the **AU Special Envoys for COVID-19, Africa CDC, AFREXIM** and **UNECA**, has been tasked to acquire vaccines to help reach this target.

The efforts by the **AU\_VATT**, to potentially contribute **15%** towards the 60% goal, are envisioned to be to be **complementary** to **COVAX, WB** and other sources of financing.

AVATT is currently working out three areas related to vaccine acquisition:



**Direct negotiation with manufacturers through a continental approach** to be competitive on pricing and access to vaccine doses for member countries.

- *On March 28, 2021, AVATT signed an Advance Purchase Commitment with Johnson & Johnson for up to 400 million doses*
- *First shipments expected to begin 3<sup>rd</sup> quarter 2021*
- *Negotiations also underway with Pfizer*



**Structuring a mechanism, “AVAT Facility”** to streamline efforts for member countries in accessing and paying for negotiated vaccines



**Aggregating demand for vaccines doses** through the existing Africa Medical Supply Platform.

- *26 countries on the continent put in formal EOIs, with additional countries considering this option*

The WB has been in close technical discussions with the AVATT team to understand and inform the design of AVAT Facility

- *Discussions with AVATT on alignment to WB financing from a policy and operational perspective are underway to ensure countries will have the option to use WB resources for vaccine purchase through the facility*

## TO DATE, 15 COUNTRIES HAVE COVID-19 VACCINE PROJECTS UNDER PREPARATION

STATUS	AFR GROUP 1 COUNTRY	GOVERNMENT REQUEST RECEIVED	PROJECT CODE	FINANCING MODALITY	APPROVAL DATE	TOTAL ENVELOP (US\$ M)
Under Preparation	Eswatini	Yes	P175875	IPF	16-Apr-21	\$8 M ( <i>\$5M IBRD, \$3M TF</i> )
	Ethiopia	Yes	P175853	IPF	26-Mar-21	\$207 M ( <i>IDA</i> )
	The Gambia	Yes	P176125	IPF	16-Apr-21	\$8 M ( <i>IDA</i> )
	Kenya	Yes	P176407	IPF	10-Jun-21	\$52.7 M ( <i>\$50M IDA, \$2.7M TF</i> )
	Lesotho	Yes	P176307	IPF	22-Apr-21	\$25.5 M ( <i>\$22M IDA, \$3.5M TF</i> )
	Liberia	Yes	P176336	IPF	31-Mar-21	\$10 M ( <i>IDA</i> )
	Malawi	Yes	P176402	IPF	20-May-21	\$30 M ( <i>IDA</i> )
	Mozambique	Yes	P175884	IPF	19-May-21	\$115 M ( <i>\$100M IDA, \$15M TF</i> )
	Rwanda	Yes	P176304	IPF	19-Apr-21	\$45 M ( <i>\$30M IDA, \$15M TF</i> )
	Seychelles	Yes	P176320	IPF	14-May-21	\$5 M ( <i>IBRD</i> )
	Sierra Leone	Yes (Informal)	P176275	RETF	12-Apr-21	\$3.5 M ( <i>TF</i> )
	South Sudan	Yes	P176480	IPF	25-Jun-21	\$61.9 M ( <i>US\$60M IDA, \$1.9M TF</i> )
	Zambia	Yes	P176400	IPF	27-May-21	\$14 M ( <i>IDA</i> )
	Zimbabwe	Yes	P176141	RETF	20-May-21	\$5 M ( <i>TF</i> )
	Somalia	Yes	TBD	TBD	TBD	TBD
<b>TOTAL WB SUPPORT: US\$ 590.6 M</b> ( <i>\$10 M IBRD, \$531 M IDA, \$49.6 M TF</i> )						

# EARLY LESSONS FROM RWANDA'S COVID-19 RESPONSE

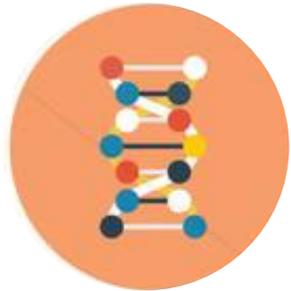
- **Speed of response:** taking swift, early actions to contain the pandemic through strict lockdown policies, restricted public gatherings, and movements; and mandatory mask use has paid off.
- **Synchronized approach:** using a strong central government led strategy with involvement of multiple stakeholders and consistent messaging was critical to maintaining public confidence.
- **Science informed decisions:** relying on a multi-disciplinary national task force to guide decisions on social distancing; formulating and implementing clear national testing, tracing, and treatment strategies; and using data triangulation to identify hot spot areas and target localized responses.
- **Systems optimization:** promoting a health systems approach by leveraging community platforms for contact tracing; and adopting home-based care models to minimize burden on hospitals.
- **System to identify new cases:** remaining vigilant as there are still many unknowns about COVID-19 and persistent risks of new surges.
- **Strategy to protect essential health services:** ensuring that appropriate measures are put in place to mitigate the risk of setbacks to decades of progress made on health and nutrition.

## MORE LESSONS ON SUCCESSFUL VACCINE ROLLOUT FOR AFR GROUP 1 CONSTITUENCY COUNTRIES

- **Sequencing and prioritization of COVID-19 vaccine-related decisions in a timely manner is crucial to prevent delays:** In Lesotho, delays in securing financing for the COVID-19 vaccine acquisition resulted in delayed ability to secure the first batch of vaccines. In Sierra Leone, leveraging existing Government entities provided to be the most effective in the rollout of COVID-19 vaccines.
- **Planning at the micro-level:** In Ethiopia, development of district-level micro plans by the MOH and DPs allowed clear identification of the type of activities to be implemented in diverse contexts and the use of health extension workers to develop a master list of individual vaccine recipients to ensure the right groups are reached through the vaccine.
- **Evidence-based decision making:** Rwanda relied on a multi-disciplinary national task force to guide decisions on social distancing; formulating and implementing clear national testing, tracing, and treatment strategies; and using data triangulation to identify hot spot areas and target localized responses. In other countries, following of WHO guidance to accept the AstraZeneca vaccine and with consideration to both risks and benefits allowed some countries to start the immunization of health workers early.

## THE WORLD BANK IS COMMITTED TO FINDING OPPORTUNITIES TO SUPPORT COUNTRIES WITH NO COVID-19 VACCINE PROJECT CURRENTLY UNDER PREPARATION (1/2)

Currently, there are no active COVID-19 vaccine projects for Botswana, Burundi, Eritrea, Namibia, Sudan, Tanzania and Uganda within the AFR GRP1 Constituency



**CHALLENGE:** Proliferation of research and information to sift through

**WB SUPPORT:** Technical assistance can be provided for the National Vaccine Deployment Plan and costing; Vaccine Readiness Assessment, Rapid Assessments; Data analytics

**EXAMPLE:** In Tanzania , the Poverty GP leveraged cellphone and Facebook data to track people's mobility patterns due to COVID-19.



**CHALLENGE:** Concerns surrounding advanced purchase mechanisms like COVAX.

**WB SUPPORT:** In Tanzania  and Burundi , the World Bank have shared briefing notes, presentations and costing estimates to discuss COVAX and address any concerns raised, as well as other areas of Bank support.

## THE WORLD BANK IS COMMITTED TO FINDING OPPORTUNITIES TO SUPPORT COUNTRIES WITH NO COVID-19 VACCINE PROJECT CURRENTLY UNDER PREPARATION (2/2)

**CHALLENGE:** Demand for COVID-19 vaccines outpace global supply, and there is lack of transparency around vaccine pricing from manufacturers.

**WB SUPPORT:** Bank-facilitated procurement, Hands-on Implementation Support (HEIS) for procurement, knowledge-sharing and best practices with the WB Procurement team. We are also investing in expanding supply through IFC's Global Health Platform.

**EXAMPLE:** In South Africa  , the World Bank team arranged a meeting between the SA Treasury and our Chief Procurement Officer (who receives contracts confidentially for WB financed vaccines) to help review their vaccine contract terms.

**CHALLENGE:** Pace of COVID-19 is rapidly changing, putting fiscal pressures on the health budget.

**WB SUPPORT:** Just-in-time support through other Bank resources.

**EXAMPLE:** In Sudan  the World Bank mobilized funds through a multidonor trust-fund and other sources to support countries in arrears. A portion of these funds will support COVID-19 vaccine deployment.



*Photo: Vincent Tremeau/ World Bank*

# **ANNEX 2: Africa Human Capital Plan**

# THE AFRICA HC PLAN WAS LAUNCHED IN 2019

APRIL 2019  
LAUNCH  
OF THE  
AFRICA  
HCP

2020

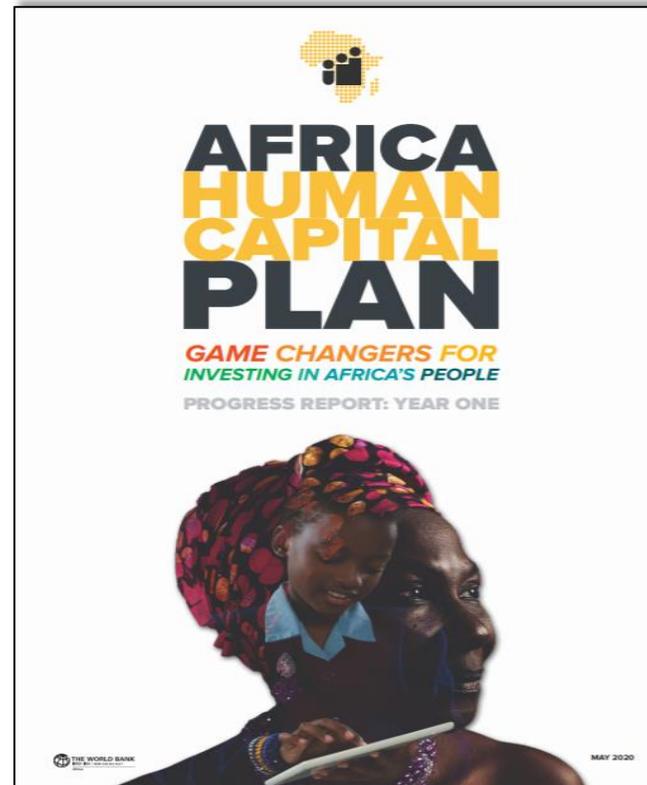
2021

2022

2023

## YEAR ONE PROGRESS REPORT

## TARGETS BY 2023



### GAME-CHANGERS



Scaling up financing and policy reform



Investing in women's empowerment and demographic change



A focus on fragility and conflict



Leveraging technology and innovations



Building knowledge and partnerships

A REGION IN WHICH ALL GIRLS AND BOYS:



GROW UP WELL-NOURISHED  
AND READY TO LEARN



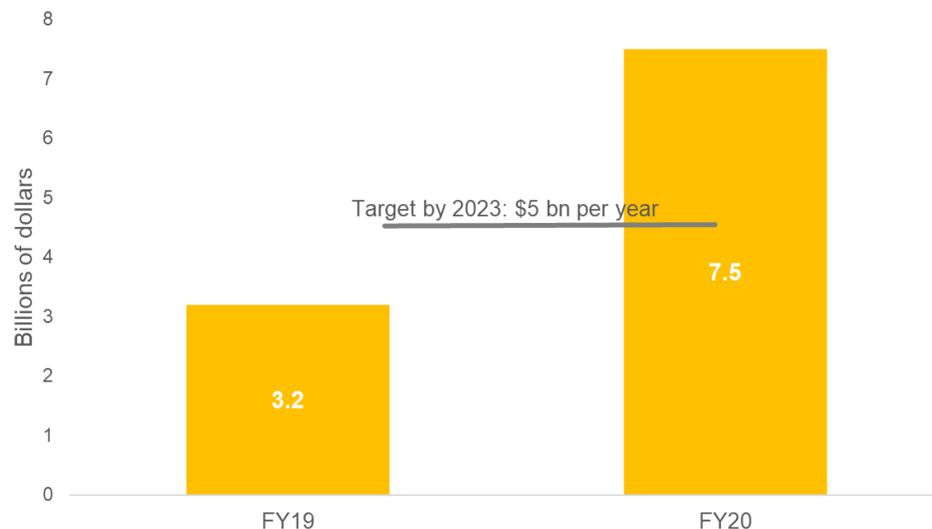
ENTER THE JOB MARKET AS  
HEALTHY, SKILLED, AND  
PRODUCTIVE ADULTS



ATTAIN REAL LEARNING IN  
THE CLASSROOM

# AFR HCP PLAN IMPLEMENTATION IN AFE

- **14 AFE countries have joined the HCP:** Angola, Burundi, DRC, eSwatini, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Rwanda, Sao Tome and Principe, Sudan, Tanzania and Zambia. Zimbabwe has expressed interest.
- **HD commitments more than doubled in AFR** in FY20. Upward trend continues in FY21.



- First generation of **Human Capital DPOs** e.g. Madagascar. 93% of FY21 DPLs (to date) support human capital reforms.
- Increased use of **technology and innovations** with 450 World Bank project teams in Africa trained on GEMS
- A strong push for **women's empowerment** with over \$2.2 billion of new projects across AFR in the first year since the AFR HC Plan. So far for FY21 in AFE alone: \$1.2 billion
- More **multi-sectoral efforts** to accelerate and protect human capital **within HD and beyond**