© WHO / Blink Media - Mustafa Saeed

COVID-19 Vaccine
Delivery Partnership

Situation Report

November 2022

IN THIS EDITION

- Overview: Global Situation | 92 Advance Market Commitment Countries | 34 countries for concerted support
- In-depth: Integration of COVID-19 vaccinations into immunization programmes and primary health care
- Country insights: Somalia and Sudan

COVID-19 Vaccine
DELIVERY PARTNERSHIP

unicef | World Health Organization | Gavi The Vaccine Alliance

This report is produced by the COVID-19 Vaccine Delivery Partnership (CoVDP). It covers the month of November 2022. Future editions of the SitRep will be produced on a bi-monthly basis.

SPOTLIGHT

- **Globally, 64% of the population have completed their primary series but inequities persist**, with only 21% of the population in low-income countries and 28% of the population within the African Union having completed their primary series.

- **In November, Liberia became the second African nation after Rwanda to reach the 70% global target**. Fourteen out of 92 Advance Market Commitment Countries (AMC92) countries have now reached the 70% target: Bangladesh, Bhutan, Cambodia, Fiji, Laos, Liberia, Maldives, Nepal, Nicaragua, Rwanda, Samoa, Tonga, Tuvalu and Vietnam.

- **Five out of 92 AMC countries have now met their national targets for primary series coverage**. These include Bangladesh (76%), Liberia (73%), Mongolia (67%), Nicaragua (89%) and Sri Lanka (69%).

- **Among the 34 countries for concerted support, two more – Tanzania and the Central African Republic – have now reached 40% primary series coverage**. Eighteen among the 34 countries now have coverage rates above 20%, with Niger and Kenya the latest to cross this threshold.

- **In November, Cameroon became the latest country among the 34 to pass the 10% mark following a well-planned campaign**. Since January, 27 countries among the 34 for concerted support have now surpassed 10% primary series coverage.

Global Situation Overview

After several months of decline in registered COVID-19 cases, numbers rose in November, with 11.4 million new cases registered – a 10% increase from October. In contrast, deaths from COVID-19 have remained relatively stable with 37,000 deaths registered in November.

The rise in cases has affected almost every WHO region except the Eastern Mediterranean, driven mainly by an uptick in the Americas (74% higher than at the end of October), Europe (24% higher) and the Western Pacific (36% higher).

The global picture of primary series coverage has largelyflattened, with 64% of the world's population having completed their primary series (the same as in October). Primary series coverage increased 1 percentage point in LICs to 21% and climbed 4 percentage points in the African Union to 28% in November.

Globally – among countries that report such data - 83% of health care workers1 have completed their primary series coverage. The WHO African Region is lagging with just 55% of health care workers having received their primary series (an increase of 2% from last month).

Similarly, primary series coverage of people aged 60 or older2 shows that 79% of elderly people globally have been vaccinated among reporting countries. The lowest coverage rates are registered in the WHO European Region whose five AMC participants (Kyrgyzstan, Republic of Moldova, Tajikistan, Ukraine and Uzbekistan) have only reached 33% of elderly people. The WHO African and Eastern Mediterranean Regions followed with 60% and 71% of the elderly population respectively vaccinated. Across all low-income countries, only 44% of the elderly are vaccinated with complete primary series.

Across WHO member states that have introduced a COVID-19 vaccine, 30% of the population have received at least one booster dose.

For more on the global situation:

- WHO COVID-19 Weekly Epidemiological and Operational Updates
- WHO COVID-19 Dashboard
- UNICEF COVID-19 Vaccine Market Dashboard
- UNDP Global Dashboard for Vaccine Equity
- COVID-19 Vaccine Delivery Partnership Information Hub

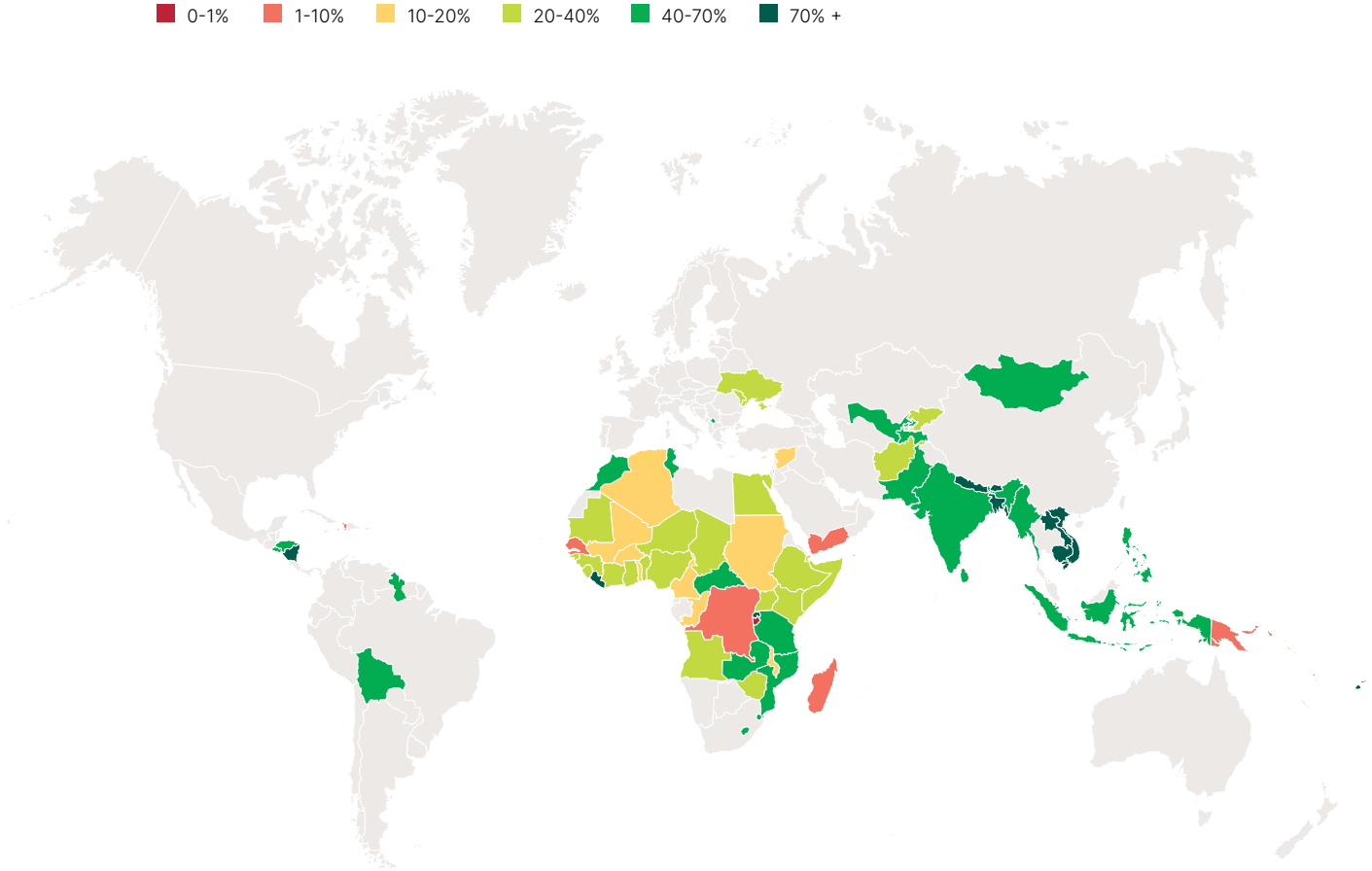
1 Based on data reported by 137 WHO member states, representing 77% of all member states.
2 Based on data reported by 151 WHO member states, representing 89% of all member states.

Advance Market Commitment (AMC) Countries

- Across the 92 Gavi Advance Market Commitment (AMC92) countries, primary series coverage has remained stable at 52% by the end of November.
- The vaccine equity gap between all countries globally and that of the AMC92 has nonetheless decreased: the vaccination gap now stands at 12 percentage points compared to 19 percentage points in January 2022.
- Seventy-five of the AMC92 who have introduced COVID-19 vaccines are currently reporting on booster uptake. In these countries, 15% of the population have received at least one booster dose.
- A cumulative 4.8 billion doses were administered in the AMC92 since the start of the roll-out but the rate of administration is slowing down with only 70 million additional doses administered in November.
- However, daily vaccine absorption rates remain low (<0.15% pop/day) for 75 out of the 92 countries, and most countries have not yet reached their national vaccination targets or are off-track to do so (with the exception of Bangladesh, Liberia, Mongolia, Nicaragua and Sri Lanka).
- Despite some progress on vaccinating high-priority groups, the average primary series coverage for health care workers and the elderly in these countries trails global figures. 81% of healthcare workers and 66% of the elderly vaccinated in the AMC92 (2 and 13 percentage points lower than the global average respectively).

FIGURE 1

Coverage with complete primary series in AMC participants



Afghanistan
Burkina Faso
Burundi
Cameroon
CAR
Chad
Côte d'Ivoire
Djibouti
DRCongo
Ethiopia
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Haiti
Kenya
Madagascar
Malawi
Mali
Niger
Nigeria
Papua New Guinea
Senegal
Sierra Leone
Solomon Islands
Somalia
South Sudan
Sudan
Syria
Tanzania
Uganda
Yemen
Zambia

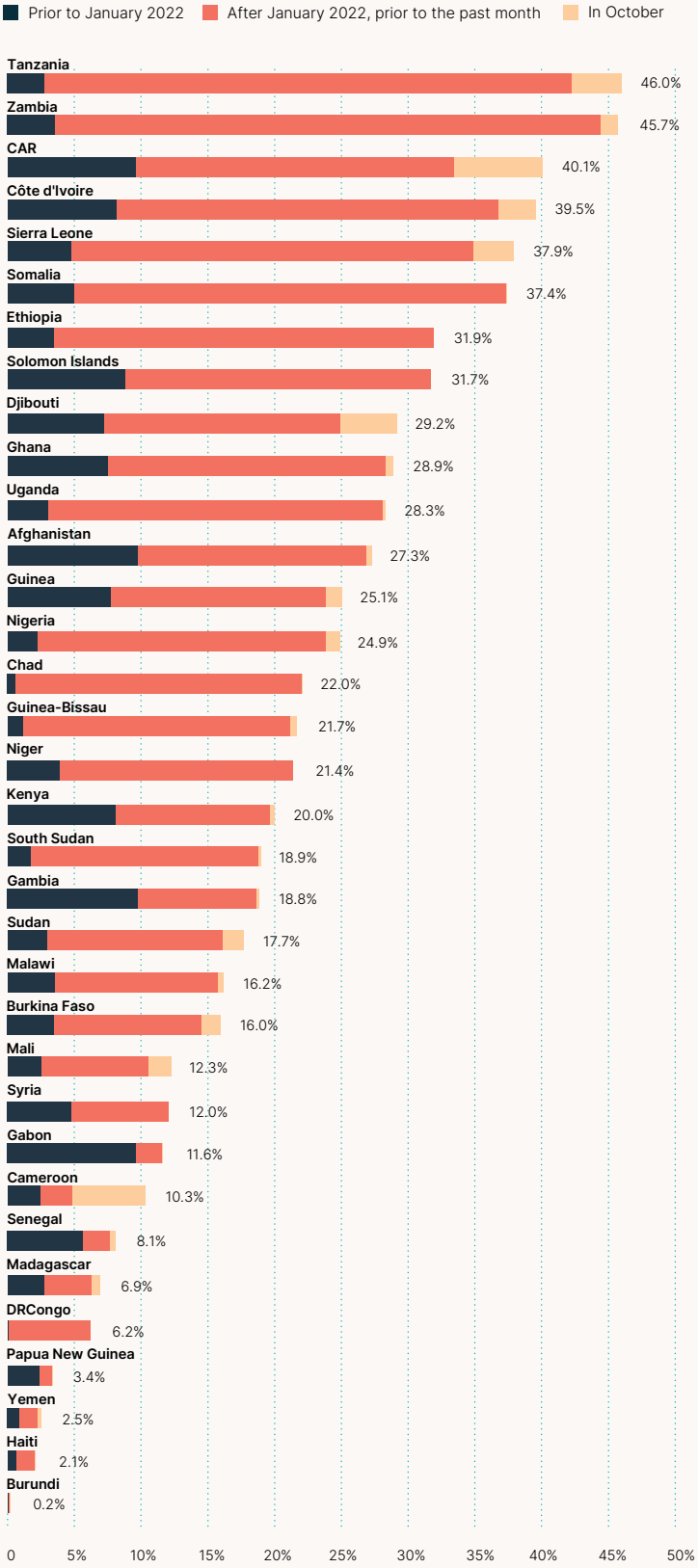
34 Countries for Concerted Support

PROGRESS ON COMPLETED PRIMARY SERIES AND BOOSTER COVERAGE

- Average vaccination coverage among the 34 countries for concerted support increased seven-fold from 3% in January to 23% at the end of November.
- Seven countries remain below 10% coverage rates, with Cameroon being the latest country to achieve primary series coverage above 10%, doubling its vaccination coverage in just one month.
- Eighteen countries now have rates above 20%, with Niger and Kenya crossing this threshold in the past month. Given the large proportion of the population aged 18 and under, Niger has now reached almost 50% of its adult (and target) population.
- Two additional countries have now reached primary series coverage above 40%, with Tanzania and the Central African Republic both surpassing this milestone in November.

FIGURE 2

Proportion of coverage achieved In October, since January 2022, prior to January 2022 across Concerted Support Countries (34)



- Coverage among high-priority groups remains sub-optimal with only 49% of healthcare workers and 34% of the elderly having completed their primary series. Tanzania and Zambia – which have both reached primary series coverage above 40% - continue to have below average coverage rates for high-priority groups, highlighting the need for more tailored strategies to ensure these groups are protected.
- Booster dose coverage remains low across all 34 countries for concerted support with only Ghana, Côte d'Ivoire and Zambia having reached an estimated 5% or more of the population with boosters. Among the countries that report on boosters, the average booster dose coverage now stands at just 2%.

TABLE 1:

Vaccination coverage ranges among the 34 Countries for Concerted Support

VACCINATION COVERAGE RANGES	Countries
≥40% (n=3)	Central African Republic, Tanzania, Zambia
30-39% (n=5)	Côte d'Ivoire, Ethiopia, Sierra Leone, Solomon Islands, Somalia
20-29% (n=10)	Afghanistan, Chad, Djibouti, Ghana, Guinea, Guinea-Bissau, Kenya, Niger, Nigeria, Uganda
10-19% (n=9)	Burkina Faso, Cameroon, Gabon, Gambia, Mali, Malawi, South Sudan, Sudan, Syrian Arab Republic
<10% (n=7)	Burundi, Democratic Republic of the Congo, Haiti, Madagascar, Papua New Guinea, Senegal, Yemen

Update On The Work Of The Covid-19 Vaccine Delivery Partnership

Country engagement

CoVDP continues to engage countries for concerted support through different forms of country engagement including high-level political and technical missions.

Niger

1-3 November

© UNICEF/UN0684323/Dejongh

CoVDP leadership and representatives from WHO and UNICEF undertook a mission to engage with high-level government officials on COVID-19 vaccination.

The visit aimed to encourage continued and sustained support for vaccinations, building on the impressive progress that the country has made to accelerate vaccine uptake in recent weeks. Several campaigns from June to October 2022 have managed to raise vaccination coverage from 6% to 21%, nearly halfway to the national target (set at of 42% total population by the end of the year). However, the country needs to undertake more targeted efforts to close the equity gap among high-priority groups, notably health care workers, the elderly and people with co-morbidities, whose primary series coverage remains low at 31%, 20% and 3% respectively.

During exchanges with government representatives, multilateral and bilateral partners, civil society organizations and religious and traditional leaders, the CoVDP delegation was able to appreciate some of the progress made in recent months:

- The successful execution of the sixth and seventh vaccination campaigns resulted in the cumulative vaccination rate of 12% and 21% of the total population.
- The efficiency of vaccination campaigns was increased – the cost per dose administered reduced from US$ 2.76 in the first campaign to US$ 0.78 in the seventh campaign.

- The involvement of stakeholders from various sectors in the technical working groups yielded results for specific target groups. For example, having a member of the armed forces in the Risk Communications and Community Engagement committee contributed to increasing levels of vaccination among the armed forces.
- The setting up "vaccinodromes" in dense transit and migration zones made vaccination more convenient to people, thereby boosting coverage.

The mission was able to identify several opportunities for the country to further accelerate its progress towards national targets, including the following actions to be taken by government:

- Develop a booster policy for priority populations aligned with NITAG recommendations and implementing it in future campaigns.
- Strengthen inter-sectoral collaboration by mobilizing various ministries (e.g. Interior, Defense, Education), as well as regional governors and health directors to reinforce sub-national collaboration and monitoring.
- Conduct an intra-action review of the 7th campaign as well as subsequent reviews of all 2022 campaigns to identify areas for improvement as well as technical, financial, and logistical assistance needs to inform subsequent campaigns.
- Organize two additional campaigns, including 8th in December 2022. During these campaigns, focus on high priority groups (e.g., health care workers, 60+, people with comorbidities); vulnerable groups (e.g., refugees, displaced and nomadic); and remote populations – notably by getting mobile teams to some of the more remote areas in Niger
- Leverage partners (WHO, UNICEF, Gavi, bilateral partners, and the World Bank), to provide technical and financial support for the execution of the 8th vaccination campaign and future 2023 vaccination campaigns

Furthermore, the CoVDP and partners on the ground will support these efforts by:

- Providing support to fill financial gaps for (i) the 8th campaign in December 2022; (ii) early 2023 campaigns; (iii) additional outreach as needed to bring together health and humanitarian activities, including vaccination against COVID-19.
- Strengthening advocacy for (i) the supply of vaccines adapted to the needs of the countries and with longer shelf life; (ii) more flexible funding to strengthen the public health system; (iii) cold chain strengthening; and (iv) the use of the "knowledge, attitudes, and practices" (KAP) survey results to inform risk communication and community engagement strategies and approaches.

Papua New Guinea
31 October - 4 November

Papua New Guinea (PNG) is one of seven AMC countries that are still at less than 10% coverage. The country faces major managerial and operational challenges in delivering health services. Provision of COVID-19 vaccine is a significant challenge: out of 797 vaccination sites providing essential immunization, only 161 facilities provide COVID-19 vaccines, primarily in urban areas, whereas 80% population lives in rural areas. In addition, misinformation has impacted the public perception of vaccines in general. These factors contribute to high levels of vaccine hesitancy which is also significant among the medical and health worker community. By the end of November, only 3.4% of the population had been fully vaccinated.

The CoVDP technical mission met with officials of the Government of PNG, WHO/UNICEF staff, DFAT and USAID, and NGO/CSO representatives.

Most urgently, CoVDP encouraged the Government of PNG to immediately strengthen coordination, along with accountability, between stakeholders within the National Department of Health and Public Health Authorities. The mission advocated for the utilization of the national immunization systems for COVID-19 vaccine roll-out and ensuring access to COVID-19 vaccines to high-priority groups. In addition, the mission recommended the following next steps:

- Advocate for the provision of COVID-19 vaccines at all facilities that provide essential immunization to ensure that those that want to get vaccinated can get access at the nearest site.
- Identify where COVID-19 vaccinations are already offered as part of routine health services and expand their delivery through additional facilities and specialized services targeted at high-priority groups such as the elderly and people with co-morbidities.
- Receive evidence-based advice from WHO and UNICEF on the right type of vaccines to use in different geographical contexts, e.g., J&J single dose for hard-to-reach areas.
- Revise and develop targeted and tailored "localized" messages and implementation of effective communication and community engagement strategies through Community Health Workers.
- Build the capacities of health care workers, community leaders and influencers to address misinformation, misconceptions and fears related to COVID-19 vaccinations.

- Re-engage all major religious congregations e.g., Anglican churches, the Evangelicals, Pentecostals, and Seventh Day Adventists providing health services in the country to support COVID-19 vaccination.

Solomon Islands
6-11 November

Solomon Islands has made major strides in recent months to increase COVID-19 vaccination coverage. Currently, Solomon Islands has a complete primary series coverage of 32% - a more than three-fold increase since January and a remarkable achievement given the logistical challenges of delivering vaccines associated with the country's complex geography.

Earlier in November, a technical mission met with Deputy Secretary of Public Health and the national Expanded Programme on Immunization (EPI) manager, provincial health directors, partner agency officials from WHO and UNICEF and the First Secretary of Health of the Australian High Commission. COVID-19 vaccination is a top priority on the national agenda with the Prime Minister having set the milestone of 90% primary series coverage by the end of 2022. However, other priorities and low-risk perception among communities are impeding that commitment, and the country still faces some obstacles in reaching high-priority groups. Coverage in older adults currently stands at around 37%, and about 74% of health workers are vaccinated with a complete primary series.

Some of the biggest challenges include vaccine hesitancy and apathy, caused largely by anti-vaccination groups, including a small but vocal group of healthcare workers. Cultural factors like superstitious and religious beliefs constitute an additional source of hesitancy. The Ministry of Health and Medical Services (MHMS), through its public health promotion team, continues to disseminate messages through radio, print media, social media, and television talk shows that dispute and discredit some of these myths and promote information around vaccinations. However, more remains to be done to educate the population and reassure them on the safety and the benefit of the vaccine. Additional challenges include a shortage of human resources and insufficient and tardy fund disbursements to match needs.

To further boost uptake of vaccines in the coming months, the government of Solomon Islands and partners are considering the following next steps:

- To explore new approaches to delivery such as offering COVID-19 vaccinations integrated with Primary Health Care service package including essential immunization and offering vaccines to the whole family in all fixed and through outreach services.
- To continue expediting the planning and implementation of integrated COVID-19 and essential immunization catch-up campaigns at the provincial level, with support from the WHO and UNICEF.
- To provide evidence-based advice on the use of different types of vaccine products that are more adapted to the geographical challenges and context of the country (e.g., using single-dose J&J for remote locations).
- To strengthen the oversight and coordination of vaccination activities at the national and sub-national levels, with support from WHO and UNICEF.
- To improve tailored community outreach strategies, particularly at primary health care level to address vaccine hesitancy and complacency, with technical and financial support from UNICEF.

Democratic Republic of the Congo
7-16 November

CoVDP conducted its third mission to the Democratic Republic of the Congo (DRC) in November 2022, with Gavi and Africa CDC. The first week was spent in Kinshasa working with the Ministry of Health and its Expanded Programme on Immunization to follow-up on progress on action points resulting from the first and second missions, conducted in April and July respectively.

Several recommendations from previous missions have resulted in concrete action, for example, the mobilization of religious institutions and leaders. A pilot project in Kinshasa aimed at mobilizing religious leaders en masse, has led to more than 70% of the people sensitized being vaccinated, working with Caritas Congo, Eglise du Christ au Congo, the Islamic Community in DRC, Eglise de Réveil, Salvation Army, and the Orthodox Church. Moving forward, it will be important to evaluate the efficiency and efficacy of different interventions to ensure that the significant number of financial and human resources allocated to DRC for COVID-19 vaccination result in positive impacts – with accelerated vaccination coverage and protection of the most under-served.

As part of the governments broader strategy to reach populations in the eight humanitarian provinces, humanitarian partners were mobilized to support vaccination efforts targeted specifically at populations affected by humanitarian emergencies. During the second week of the mission, CoVDP and the International Organization for Migration (IOM) traveled to Tanganyika province, one of the regions facing humanitarian emergencies, to follow-up on vaccination activities for which CoVDP had facilitated rapid disbursement of funding. In July 2022, CoVDP helped mobilize US$5 million in funding for IOM to vaccinate people in internally displaced person (IDP) camps and at points of entry in Ituri, North Kivu, South Kivu and Tanganyika provinces. The DRC is experiencing a significant IDP crisis – according to the United Nations more than 5.6 million people are displaced in DRC, with an additional 400,000 since March alone. IDPs living in camps face a higher risk of COVID-19 infections given the cramped living conditions and compromised access to health and sanitation services.

The IOM project has thus far been highly successful – in the Kalemie IDP camps that CoVDP visited, as of 27 November 2022, 68.5% of the target population had been reached for vaccination in less than one month.

Further work is needed and continues. In discussions with the Ministry of Health and the One Country Team, the following are some of the steps agreed to:

- Do a stock-take in January of efforts to date to analyze the cost effectiveness of the significant financial and human resources invested into COVID-19, which investments have been the most effective, and determine what next steps should be. This same stock take can determine steps to recover essential immunization and integrate COVID-19 vaccination into immunization services and primary health care.
- Complete steps to address the data backlog.
- Hold regular consultations between the Ministry of Health and the governors in the regions focused on achieving targets for essential immunization and COVID-19 vaccination and on devolving authority for vaccination campaigns at regional level.
- Finalize the list of health care workers engaged as vaccinators - a longstanding recommendation - to enable payment via mobile money and to address the backlog in health care worker per diems.
- Expand the work with humanitarian organizations equipped to reach last mile populations in security compromised zones, such as different NGOs, IOM and other partners.

© UNICEF/UN0444154/Beguel

Cameroon
14-18 November

With only 4.5% primary series coverage in mid-November, Cameroon was among the countries with the lowest primary series coverage with COVID-19 vaccines in Africa. CoVDP conducted a high-level mission to Cameroon together with Africa CDC and USAID to take stock of progress, identify the bottlenecks in the roll-out of COVID-19 vaccines, and advocate for actions to address them. The mission was synchronized with the 5th national mass vaccination campaign, launched on 18 November.

High-level advocacy meetings were held with the Prime Minister, state ministers, civil society organizations, humanitarian actors, traditional leaders, country-based technical partners, and faith-based organizations. In addition, technical meetings were held with the WHO AFRO surge team (which was deployed several weeks earlier to support campaign planning and implementation), Africa CDC, and USAID-funded implementing partners, and site visits were conducted in rural and urban districts of Yaoundé to gain insights into the delivery of COVID-19 vaccines.

These consultations helped to identify several opportunities for Cameroon to improve its coverage, with the continued support of the WHO AFRO surge team and other partners. These include:

- Officializing the development and implementation of the booster policy with a particular focus on high-priority groups.
- Strengthening demand by engaging community- and faith-based leaders at all levels to accelerate progress, redesign demand generation activities and advise on innovative and effective vaccination strategies including tailored strategies to reach high-priority groups.
- Mobilizing sectors beyond the Ministry of Health, esp. the Ministry of Higher Education which oversees a network of universities and private institutions, and the Ministry of Local Development and Decentralization with its network of 360 communes, which provides ample opportunity to vaccinate frontline workers and civil servants.

- Preparing, planning and implementing integration of COVID-19 vaccinations with routine health services in the medium term, incl. the review of standard operating procedures and protocols for chronic disease care which offer opportunities for integration of vaccines to reach the elderly and those with co-morbidities.
- Strengthening the cold chain through the provision of additional equipment.

Political engagement and advocacy

During the past month, CoVDP focused its engagement activities on planning for the first half of 2023, consulting with key partners and stakeholders to listen to their perspectives and receive inputs on the future direction of COVID-19 vaccine delivery. These discussions are important given the temporary nature of CoVDP, competing health and non-health priorities at the global, regional and country levels, and the need to gradually integrate COVID-19 vaccines with immunization programmes and PHC (see in-focus section).

CoVDP has consulted with the senior leadership of WHO, UNICEF, Gavi, the World Bank, USAID, the German Ministry of Economic Cooperation and Development, Global Affairs Canada, the UK Foreign, Commonwealth and Development Office, and the Bill & Melinda Gates Foundation on the priorities of CoVDP for the first and second quarters of 2023, as well as the strategy and timing of the transition of CoVDP support back to partner agencies. A key question that was discussed is the future set-up for delivery of COVID-19 vaccines which showed an overwhelming agreement on the need to integrate COVID-19 vaccines with immunization programmes and PHC. There was also a recognition that in most of LMICs the current platforms for the delivery of essential immunization – with their focus on under 5s – are not sufficient for the task and there is a need to strengthen delivery platforms targeting adult population. There was general agreement that the political advocacy, coordination, and convening roles of CoVDP need to be maintained in some form going forward. The consultations will continue into the first quarter of 2023, including exchanges at the operational and technical level to gradually transition activities back to existing or improved platforms and programmes managed by partner agencies during the second quarter of 2023.

Overview of CoVDP activities for Q1 2023

The first quarter of 2023 will focus on **acceleration activities to support countries with low vaccination coverage rates** and those facing humanitarian emergencies with particular attention to reaching high-priority groups, while simultaneously engaging partners and countries through **global events to guide the rest of the COVID-19 response and prepare for future pandemics**. This includes the following:

- **A global convening on COVID-19 vaccine delivery in humanitarian settings** in Nairobi (February 2023) on leveraging the humanitarian infrastructure during pandemics, legal and liability issues and health systems strengthening in fragile environments
- **A lobal convening on COVID-19 vaccination monitoring and data systems strengthening** in Geneva (March 2023) to align data needs and systems for COVID-19 and essential immunization in the future
- **A delivery stock take in Addis Ababa** (March 2023) to review progress on COVID-19 vaccine delivery and goals for 2023, including integration with primary health care
- Advocate for a focus on **community health systems** including the regularization and payment of community health workers through a dual track for political engagement and action (building on existing initiatives):
  - High-level events going through the World Health Assembly and the 2023 UN General Assembly
  - National consultations between governments and partners to determine a combination of national budget and partner support to ground community health systems with paid and protected health workers.

Funding

By the end of November, CoVDP had facilitated the disbursement of US$136.5 million of funding from Gavi, UNICEF and WHO to respond to urgent funding needs. This month, an additional US$7.7 million was released:

- **Sudan received US$ 4.5 million** in quick impact funding, disbursed within 24 hours to bridge a temporary funding gap before the arrival of the COVID-19 Vaccine Delivery Support (CDS) 3 funding, allowing the country to continue its campaign targeting 6 million people and avoiding the potential expiry of Pfizer doses
- **Guinea-Bissau was able to access US$ 1.9 million** for the upcoming November and December campaigns
- **Yemen received US$ 1.2 million** from GAVI CDS to cover the operational costs of the upcoming campaigns before the end of the year
- **Malawi secured US$ 85,000** to fund a CSO involved in COVID-19 vaccination for disabled and elderly populations with a target of 68,000 people

CoVDP has continued to support countries in developing and completing their One Budget. As of November, Sudan, Malawi, and Tanzania have complete One Budgets. Six other countries created draft One Budgets. CoVDP provides targeted support to countries requesting technical assistance to develop these budgets, with eleven countries receiving technical assistance to date.

IN-DEPTH: Strategies for integrating COVID-19 vaccination, with a focus on Africa

The global COVID-19 vaccination roll-out has been the largest and most complex in history, requiring simultaneous roll-out of COVID-19 vaccines in almost every corner of the globe. After almost two years of vaccination efforts, the demand for vaccines is gradually decreasing as countries reach higher COVID-19 vaccination levels and/or complete a series of vaccination campaigns, other health priorities move to the forefront, and risk perception among the general public diminishes. Although there are many uncertainties related to the future direction of the pandemic, the WHO base case scenario is the working assumption on which partners base their current plans for COVID-19 delivery support into 2023. Under this scenario, the virus continues to evolve but the "*severity is significantly reduced over time due to sustained and sufficient immunity against severe disease and death, with a further decoupling between incidence of cases and severe disease leading to progressively less severe outbreaks. Periodic spikes in transmission may occur as a result of an increasing proportion of susceptible individuals over time if waning immunity is significant, which may require periodic boosting at least for high-priority populations; a seasonal pattern of peaks in transmission in temperate zones may emerge.*" [3]

Under these circumstances, a vertical approach to delivery of COVID-19 vaccines, as exemplified by the mass vaccination campaigns employed in many countries, has diminishing returns. In the future, COVID-19 vaccine delivery will require its integration into immunization programmes and primary health care (PHC). While integration has different meanings, the term integration refers to partial of full adoption of COVID-19 vaccination into national immunization programmes, PHC, and any other relevant services with the overall aim of:

- Improving programme efficiency and sustainability
- Enhancing demand and improving use satisfaction
- Achieving and maintaining satisfactory coverage
- Addressing inequities. [4]

3 World Health Organization, *Strategic Preparedness, Readiness and Response Plan to End the Global COVID-19 Emergency in 2022*, p.5
4 Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond (technet-21.org)

This is justified by the likely need to (i) periodically boost high-priority groups (mainly adult populations such as healthcare workers, the elderly, people living with comorbidities), (ii) make vaccine delivery more sustainable by moving away from costly mass vaccination campaigns; (iii) leverage existing investments in vaccine delivery to strengthen immunization programmes, PHC and pandemic preparedness and response, and (iv) optimize delivery platforms for the life-course approach to vaccination in line with the Immunization Agenda 2030 goals.

Countries are already planning and implementing integration of COVID-19 vaccination as reflected in the WHO-UNICEF integration guidance. WHO collected more than 40 experiences on best practices on how to mainstream/integrate COVID-19 vaccination in different areas: governance, planning and financing; Service delivery, including co-delivery with other interventions; supply chain & waste management; human resource management & training; demand & community engagement; and data systems & monitoring.

In LMICs, where many health systems are stretched due to competing demands on resources including catch-up of essential immunization, integration of COVID-19 vaccination will pose a particular challenge, not least because existing delivery platforms, in most contexts, are sub-optimally adapted to deliver periodic booster doses to primarily adult populations. At the same time, several of these countries including amongst the the 34 countries for concerted support, several have trialed innovative approaches to integrate COVID-19 vaccination into routine services: Tanzania (integrating with HIV services), Somalia (integration of outreach activities), Nigeria (planning integrated delivery campaigns), Ethiopia (screening care givers of children coming for essential immunization to provide COVID-19 vaccines), Yemen (providing COVID-19 vaccines at health facilities with other vaccines for adults), Afghanistan (cross-sectoral community engagement to share information on safe water hygiene and vaccination), and Senegal (leveraging existing E-LMIS for COVID-19 vaccine stock management) among others.[5]

© UNICEF/UN0660812/Rutherford

The UNICEF Regional Offices for Eastern and Southern (ESARO) and West and Central Africa (WCARO) have documented ongoing activities on COVID-19 integration. The assessment collected experiences and lessons learned from eleven countries[6] that have already initiated some level of integration activities, including eight CoVDP countries for concerted support.

Country observations revealed the following: first, countries with limited integration activities launched to date, especially at the service delivery level, with COVID-19 acceleration still as the continued main focus; second, countries currently drafting their integration plan to guide future efforts but with minimal execution to date; third, as seen in the majority of cases, countries with opportunistic or ad-hoc integration activities without as of yet an overall plan and strategy in place; finally, countries with structured integration activities that have already developed a long-term strategic vision on how COVID-19 will fit into the broader immunization and health system.

5 Additional examples of country experiences with COVID-19 integration can be found in *Country Experiences with COVID-19 Vaccinations: Mainstreaming & Integration with Immunization Programme Services and PHC*, WHO, 2022.
6 ESARO: Eswatini, Ethiopia, Malawi, Namibia, Tanzania and Uganda; WCARO: CAR, Côte d'Ivoire, Liberia, Nigeria and Senegal

© UNICEF/UN0434903/Williams

Several success factors were identified to enable systematic integration beyond opportunistic campaign bundling, including:

- Development of a national or sub-national integration plan with a clear strategic approach and objectives (e.g., Nigeria's SCALES 3.0 plan)
- Continuous political buy-in, cross-sectoral collaboration and involvement of implementing partners to expand reach and services beyond immunization teams (e.g., Tanzania's implementing partners' support to reach priority groups such as elderly and the immunocompromised/ people living with HIV on ART)
- Leveraging of behavioral and social driver tools to understand context-specific needs and guide integration strategies through a "test and learn" approach
- Re-deployment of COVID-19 resources to support integration efforts and advance health system priorities (e.g., Healthcare workers, cold chain equipment, funding, etc.)
- Use of single communication platforms conveying integrated messages on essential immunization and COVID-19 vaccination through innovative communication methods

Similarly, countries are facing different challenges which undermine integration efforts, including:

- A continued focus on accelerating COVID-19 vaccination to increase coverage, lacking targeted and tailored approach to reach priority groups with complete primary series and boosters
- Data accuracy concerns related to the quality of the data, its accuracy, completeness and relevance, absence of key performance indicators, and parallel data collection methods or systems limiting the ability to monitor progress and create clear accountability
- Overwhelmed healthcare workers reluctant to deliver a broader set of services given additional workload and personal concerns with regards to COVID-19 vaccines
- Risk of vaccine hesitancy spillover across all antigens being administered, partly related to the lack of in-advance social mobilization efforts prior to launch of integrated services.
- Risk of increasing vaccine wastage rate when switching to routine delivery modalities in healthcare settings due to lack of clear operational guidance on handling multi-dose vials

Going forward, countries need to plan for sustainable COVID-19 vaccination and involve relevant programmes beyond essential immunization (e.g. programmes related to non-communicable diseases, HIV and tuberculosis). in this process. AMC countries are being encouraged to use the third window of Gavi COVID-19 Delivery Support (CDS3) funds for COVID-19 integration purposes in 2023. As part of CoVDP efforts, WHO & UNICEF will continue to provide support with context-specific recommendations to operationalize and optimize integration efforts for sustainable COVID-19 vaccination.

Country snapshots

Somalia

© UNICEF/UN0537647/Taxta

Somalia has seen some of the most impressive progress on COVID-19 vaccination rates on the continent, despite a very difficult socio-political and economic environment exacerbated by insecurity in many parts of the country.

In recent weeks, the country has seen a spectacular increase in completed primary series coverage, from 15.5% before the recent campaigns to 38% (equivalent to almost 6 million people cumulatively) – with recent increases largely driven by 10 days of accelerated campaigning in September and October.

Among the actions that have contributed to this important turn-around is the government's deliberate and careful preparation for the September and October campaigns, which began in June with the support of UNICEF and WHO. The aim was to reach the national target of 40% primary series coverage by the end of the year for which the country is currently on track.

These planning efforts included:

- Enhanced coordination at the national and sub-national levels between government and partners.
- Strong UN inter-agency coordination, especially in relation to epidemiology and vaccine roll-out oversight, and with participation of donor partners.
- Involvement and strengthening of coordination within the Health Cluster and the Camp Cluster through which certain priority populations such as IDP, refugees and migrants were identified and targeted.
- Lining up of funding from Gavi and other partners.
- Distribution and pre-positioning of 3.5 million doses of J&J at the state levels based on a previously agreed distribution plan.
- Development of micro-plans through a bottom-up approach and identification of priority populations to be vaccinated.
- Mobilization of 37,000 human resources for the implementation of the campaign, including technical teams, social mobilizers and data clerks who were trained prior to the campaign.

A key factor explaining the success of the 10-days of campaigning includes the synchronization of risk communication and community engagement activities that started several weeks prior to the campaigns. These included the use of social mobilizers, radio and TV spots and thousands of hours of public addresses, including messages distributed through mosques.

During the 10 days of accelerated campaigning, more than 3.6 million doses of vaccine were administered, with J&J being the main vaccine used. More than a million doses were administered to IDPs, more than 600,000 to populations in rural areas, and 180,000 to nomads. The primary series coverage of these populations now stands at 45%, 27%, and 16% respectively.

Sudan

© WHO / Lindsay Mackenzie

Sudan's progress in recent months to increase COVID-19 vaccination coverage has been driven by monthly acceleration campaigns, enabling the country to reach 18% of the population by the end of November. These campaigns have been organized at fixed sites (e.g., hospitals, health centers), temporary sites (e.g., universities, supermarkets, mosques), and mobile sites to enable access for hard-to-reach populations. However, this increasing rate of vaccination is still insufficient for the country to reach its 52% coverage target by the end of the year.

To support acceleration of the vaccine roll-out, the government has focused on several "mega campaigns" in November. These campaigns aimed to vaccinate 12 million people over 10 days – 6 million in each phase of the campaign- including refugee and IDP populations. In preparation for this large-scale effort, the Ministry of Health – with support from partners in-country – has focused much of its attention on microplanning for successful execution of the campaigns, including ensuring adequate supply of vaccines, healthcare workforce readiness, and funding availability. As the disbursement of CDS3 funding was pending, CoVDP leveraged US$4.5 million from UNICEF and Gavi's emergency funding window within 24 hours to avoid delays in the campaigns.

At the end of October 2022, Sudan launched the first wave of these mega campaigns, covering 8 states; a second wave covering 9 states followed at the end of November 2022. To increase efficiency in the roll-out, the campaigns were integrated with the delivery of essential immunization, enabling the government to catch up with essential immunization at the same time as driving up the coverage with COVID-19 vaccines.

Although data on how many people have been effectively vaccinated through these campaigns is not yet available, several innovative and effective approaches have been put in place to maximize social mobilization, such as a communication strategy entitled "Bridge the gap" in 10 states, which involved:

- Reaching over 20 million people through mass media and 4.5 million through social media, including messages announcing the mass vaccination campaign and videos tackling persistent rumors and misinformation.
- Producing and broadcasting influencer videos on mass and social media channels, with videos featuring 4 key influencers targeting different audiences (an obstetrics and gynecology professor providing messages on the safety of COVID-19 vaccines for pregnant and lactating women, the Sudanese Medical Specialization Board Secretary-General stressing the importance of vaccines for elderly and immunocompromised persons, a footballer encouraging young people to get vaccinated and a religious leader stressing the importance, safety and efficacy of the vaccines).
- Producing and broadcasting several music videos, including a song for youth and two songs aimed at women and the elderly which are currently in production.
- Printing other communication materials, including side effects posters, vaccination tables and mix and match poster, and posters with specific messages targeted at youth, women, and the elderly.

The country plans to run further campaign in early 2023, using planned bed net and yellow fever campaigns as a conduit to deliver COVID-19 vaccines at the same time.

RESOURCES

- Global COVID-19 Vaccination Strategy in a Changing World: July 2022 update
- Updated WHO SAGE Roadmap for prioritizing uses of COVID-19 vaccines
- COVID-19 Vaccine Delivery Partnership Information Hub
- COVID-19 Vaccine Implementation Analysis & Insights Report archives
- COVID-19 Vaccine Delivery toolkit
- Considerations to inform country COVID-19 vaccine decision-making (French | Spanish)
- Country experiences with COVID-19 vaccination: Mainstreaming & integration with immunization programme services and PHC **NEW**
- Good practice statement on the use of variant-containing vaccines
- Management and safe disposal of COVID-19 vaccination waste at health facility level
- WHO/UNICEF guidance document on programmatic considerations for C-19 integration into PHC (French | Spanish | Polish) **NEW**
- For all countries, various tools and guidance and vaccine confidence and uptake are available here, including:
  - Demand planning guide
  - Planning and budgeting template (Excel)
  - Behavioural and social drivers: tools and guidance to assess and address low uptake
  - Conducting community engagement guide
  - Misinformation management guide
  - Vaccine safety surveillance manual, communications chapter
  - Health worker conversation guide
  - Communicating on Covid 19 Vaccines in a Changing Environment
  - Explainers
- For all countries monitoring tools and guidance available here including:
  - Monitoring COVID-19 vaccination: Considerations for the collection and use of vaccination data
  - DHIS2 COVID-19 module developed and rolled out to interested countries
  - Monitoring Metrics Related to the Global Covid-19 Vaccination Strategy in a Changing World: July 2022 update

COMING UP

31 January 2023
COVAX Participant Briefing

30 January – 07 February 2023
WHO Executive Board

07-09 February 2023
UNICEF Global Vaccine Demand Event in Nairobi

07-10 February 2023
UNICEF Executive Board, First Regular Session of 2023

14-15 February 2023
CoVDP Joint Convening on COVID-19 Vaccinations in Humanitarian Settings

Upcoming deadlines for Q1 dose requests:

To receive deliveries by end of January 2023: the deadline to submit the dose request form to COVAX is 14 December 2022. The allocation must be accepted, and all preparedness steps completed by 2 January 2023.

To receive deliveries in February and March 2023: Submit the dose request form to COVAX as soon as possible, as it can take 4 weeks for the delivery to occur after the purchase order (PO) is issued. PO placement is contingent on the participant accepting the allocation and completing the preparedness steps within the timeline outlined in the offer letter.

For additional information, please contact:

Media and Communications:
Diane Abad-Vergara, abadvergarad@who.int

Political advocacy and engagement:
Nisha Schumann, schumannn@who.int

Country engagement:
Richard Mihigo, rmihigo@gavi.org

Country communications and briefings:
Sarah Hillware, shillware@gavi.org, COVAXCountryComms@gavi.org

Technical assistance coordination:
Diana Chang Blanc, changblancd@who.int

Data and monitoring:
Donald Brooks, brooksd@who.int

Humanitarian settings:
Alice Wimmer, wimmera@who.int

Vaccine demand planning:
Benjamin Schreiber, bschreiber@unicef.org

Funding:
Benjamin Schreiber, bschreiber@unicef.org

COVID-19 Vaccine
DELIVERY PARTNERSHIP

unicef World Health Organization Gavi The Vaccine Alliance