This has been the fastest, most complex vaccine introduction globally in history



Session 5: Getting vaccines into arms

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More than 10 billion doses administered globally, but strong inequities continue to exist

10.3 billion vaccine doses have been administered globally as of Jan 31, 2022

3.2 billion vaccine doses have been administered across AMC participants

Strong global vaccine inequity continues to exist

Covax has shipped 1,1 billion doses to 144 participants

Persons fully vaccinated per 100 population



Note: The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

There are in total 92 Covax Advanced Market Comittment (AMC) in low and lower middle income countries with special condition to access Covac vaccine doses.

Source: WHO COVID-19 Dashboard (map), UNICEF Procurement Portal (COVAX shipments), Bloomberg (total # of doses administered),

HICs have administered 13x more doses per inhabitant compared to LICs

Cumulative COVID-19 doses administered per 100 population



Allocation Round 14: Total supply coverage (all sources) AMC92

JANUARY 25TH DATA / JANUARY 12TH GMA DATA

Fully vaccinated equivalent¹

COVAX doses shipped more than 30 days ago²

² COVAX doses allocated, not shipped

Non-COVAX doses and COVAX Cost Sharing doses by end of Q1 2022

COVAX doses shipped in the last 30 days

COVAX Round 14 allocation

Projected supply available per participant, expressed as population coverage³, including fully vaccinated equivalent, doses allocated through COVAX (R1-14, donations, reallocations), Cost Sharing by end of Q1 2022 and other sources of supply by end of Q1 2022⁴ (n=89)

Total achievable population coverage, sorted by coverage %



1. Estimated by total doses administered divided by 2 (assumes 2-dose regimens), represented by a grey bar when higher than COVAX doses shipped more than 30 days ago and by a white dot if lower, for visualization

2. Only represented when higher than the fully vaccinated equivalent

Fully vaccinated equivalent estimated by total doses administered divided by 2, coverage from additional supply added in courses (1-dose for J&J, 2-dose for other products)
 Other sources of supply include bilateral deals, multilateral supply (including AVAT), donations, and domestic production until end of Q1 2022 (GMA data).

Bottlenecks

Political Context and In-Country Planning Mechanisms

 Leadership and Coordination; Lack of supply visibility; Multiple products, short shelf-life, cold chain capacity; Data and data management; Competing priorities.

Financing

• Country-level inadequate budgets for COVID-19 vaccination operational and vaccine purchase need; Donor money is committed but slow to reach countries, and often slowly trickle down to facilities and front-line providers; Some countries are reluctant to apply for MDB loans, and/or lack time and capacity to apply for GAVI funding

Demand and Hesitancy

• Lack of trust in governments and health systems; Lack of access to vaccination sites/lack of awareness of where to get vaccine.

Health Workforce

 Loss of health workforce due to infections, deaths, quarantine, labor protests, and strikes and Covid 19 response; Acute shortages in staffing that existed even prior to the pandemic; Lack of training on COVID-19 vaccines which has contributed to hesitancy among health worker.

In-Country Supply Chain

• Insufficient cold chain capacity at sub-national and district levels, including no ultra-cold chain capacity for many countries.

Data Systems

 Lack of data systems at country level to determine eligibility, schedule appointments, and track vaccination status; Infrequent data collection and reporting (often monthly).



DATA AS OF 2022-02-09 15:05:09 UTC

Proportion of total vaccine courses delivered by vaccine product across AMC participants





Source: UNICEF COVID-19 Vaccine Market Dashboard | Notes: A vaccine course is the number of doses required for a given product for its primary series. Two AMC participants are not vaccinating: 1) Eritrea, 2) DPR Korea; two are not reflected in the UNICEF COVID-19 Vaccine Market Dashboard: 1) Marshall Islands, 2) Micronesia.

The new SAGE roadmap has re-emphasised the need for a step-wise approach and has incorporated the need for boosters in the recommendation

	Vaccine coverage rates of <i>higher priority-use</i> (I & II) groups					
Frionty-use groups	Low	\rightarrow	Moderate	\rightarrow High	\rightarrow	Very high
I. Highest priority-use			(1		2
Older adults; *immunocompromised persons; health workers	Primary s	Additional dose		+ Booster		
II. High priority-use						
Adults with comorbidities; pregnant persons; teachers and other essential workers; disadvantaged socio-demographic subpopulations at higher risk of severe COVID-19			Primary serie		+ Bo	oster
III. Medium priority-use				(2b	
Remaining adults; children and adolescents with comorbidities				Primary series		+ Booster
IV. Lowest priority-use Healthy children and adolescents					P	Primary series + Booster ¹

1. Booster doses in children below 12 years have not yet been assessed

Higher priority-use groups should be prioritized:

- 1 Through primary series of high priority-use groups vaccination in countries with low/moderate coverage rates
- Through boosters in higher risk priority-use groups
- 2b Through primary series vaccination in countries with moderate-to-high primary series coverage rates in medium risk priority-use groups
- 3 Boosters for medium priorityuse
- 4 As vaccine rates of higher priority-use groups increase, vaccine doses can be administered to lower priorityuse groups



Three sisters aged 94, 87, and 74 years displaying vaccination card after taking COVID-19 vaccine, Kathmandu. *Photo credit: Dr. Jhalak S. Gautam*

Vaccination with equity: protecting the most vulnerable first



Refugee from Beldangi Refugee Camp receiving COVID-19 vaccine, Jhapa. *Photo credit: Dr. Sagar Tiwari*



Differently-abled person receiving COVID-19 vaccine, Kanchanpur. Photo credit: Dr. Namrata Bhatta

Best practices

High-level enbgagement

• Strong political commitment, including Head of State, Prime Minister, regulatory authorities, ICCs and NITAGs and religious leaders

Adequate cold chain capacity

• Functioning and well-maintained cold chains throughout the country, including to rural areas

Experience with mass vaccination campaigns

• Well-planned and coordinated mass vaccination campaigns

Evidence-driven approach to address vaccine uptake

Targeted measures to address social, cultural and economic drivers of vaccine uptake

Electronic data capture and real-time visualization of data

Aggregation of data from across different data sources and preparation for decision-making

High level of attention to AEFI monitoring and vaccine safety

Close monitoring of and transparency about AEFI



Delivery Partnership focuses efforts on specific functions and countries

Functions of the Delivery Partnership		with increased level of engagement in select countries			
		All 92 AMC countries	34 countries for concerted support8 countries to immediately focus onBelow 10% coverage and off track for 70%		
Country engagement	 Coordinate engagement with One Country Teams and regional/global level support to accelerate vaccine delivery 	Punctual engagement, mostly through existing regional structures	In-depth dedicated country support team		
Funding & Demand	 Streamline access to delivery funding and connect funding streams Manage demand forecasting for COVAX 	Tracking of funding flows & Demand forecasting	Pro-active identification & solving of operational bottlenecks and funding gaps		
Data / Monitoring / Guidance & TA	 Monitor vaccine implementation progress & flag issues Develop and distribute guidance, trainings and tools 	Development and dissemination of lessons learned & monitoring of key metrics	Targeted and concerted political engagement and advocacy		
	Political Engagement		Regular monitoring dashboards agreed with partners		

ACT A - Calls for new financing framework

"The Financing Framework sets out 'fair share' targets, based on countries' gross domestic product, income per capita, and other factors"

Dr Tedros, DG WHO

Agencies urgently need new funding to scale up their work to develop and deliver the COVID-19 countermeasures essential to address the threat of Omicron and prevent even more dangerous variants from emerging.

- Drive in-country rollouts to get vaccines into arms, create a Pandemic Vaccine Pool of 600 million doses, support community engagement and cover ancillary costs for donations contributing to countries' national vaccination objectives towards the global target of 70% coverage in all countries by mid-2022
- Purchase 700 million tests of the total 988 million targeted in the overall ACT-Accelerator budget and expand sequencing capacity, enabling countries to direct public health measures, deliver more effective 'test & treat' strategies, and track how the virus evolves.
- Procure treatments for 120 million patients, as well as 433 million cubic metres of oxygen, including 100% of the oxygen needs of low-income countries.
- Protect 1.7 million health workers with PPE of the total 2.7 million targeted in the overall ACT-Accelerator budget as well as budget and monitor ongoing needs in real-time to help identify and address bottlenecks facing rollouts of products.
- Support clinical trials for treatments and vaccines, to help address variants of concern and initiate the development of broadly protective coronavirus vaccines

A volunteer's act earns praise but exposes health inequities in Nepal

An image of a woman carrying an elderly woman on her back for vaccination has gone viral. But it tells a bigger and darker story of the country's health system, experts say.











