COVID-19 Vaccine Delivery Partnership

At a glance

Closing the vaccine equity gap for stronger health systems

For the first time since the start of the Covid-19 pandemic, global supply of vaccines is not a binding constraint. With the support of many including COVAX and the African Vaccine Acquisition Trust (AVAT), we now have enough vaccines to vaccinate those that need it. The overarching challenge is now vaccine delivery – getting shots into arms. However, global efforts to end the pandemic are undermined by strong equity gaps in the delivery of vaccines, with 61% of the global population fully vaccinated but only 16% in low-income countries and 19% in Africa.

In January 2022, WHO, UNICEF and Gavi established the COVID-19 Vaccine Delivery Partnership (CoVDP) to support vaccine delivery in the 92 AMC countries. It specifically provides urgent operational support to the 34 countries that were at or below 10% full vaccination coverage in January 2022 to progress towards national and global targets. The greatest benefits within this approach will come from prioritizing full vaccination and boosters for high priority populations – older adults, healthcare workers, and persons with co-morbidities including immunocompromised persons.

Successes and challenges – Lessons learned

Since January 2022, many of the countries the CoVDP has identified for support have made significant progress. Of the 34 countries originally identified for concerted support, 23 to date have surpassed 10% coverage, and 7 countries have reached at least 20% coverage. Several success factors have been driving progress among this group:

- Countries secured a high-level of senior government ownership e.g. commitment and leadership from the presidential office.
- Countries focused on accelerating coverage foremost by executing a series of national campaigns.
- Many countries conducted microplanning and community engagement at the regional and local levels to tailor both campaign outreach and communication strategies, resulting in increased social mobilization and locally appropriate vaccination site strategies.
- Countries developed and provided detailed and costed budgets to ensure sufficient funding to maintain COVID-19 vaccination activities and address pressing gaps.

Despite the successes achieved, there are still opportunities across all 34 countries to make significant additional progress and to accelerate uptake in the 11 countries that remain below 10%. In evaluating the vaccination strategies of all countries for CoVDP support, several consistent themes have emerged:

- Countries are still struggling to conduct detailed planning of vaccination strategies, including strategies to reach high priority and vulnerable populations (e.g. older adults, displaced persons), and design integration strategies to ensure that COVID-19 vaccination momentum strengthens health systems beyond the campaign phase.
- Many countries are working to improve coordination among partner organizations and government representatives to ensure all parties are most effectively mobilized.

1 Burkina Faso, Burundi, Cameroon, Democratic Republic of the Congo, Haiti, Madagascar, Malawi, Mali, Papua New Guinea, Senegal, and Yemen
There is a growing perception among local policy makers and populations that COVID-19 does not constitute a threat anymore, especially as compared to an increasing number of competing health and political priorities (e.g. polio outbreaks, elections, displaced persons).

Eight out of 11 countries that remain below 10% coverage face major humanitarian situations that command a lot of political and financial resources to be addressed.

There is a growing concern about the quality of available data for effective tracking and monitoring. A significant number of countries are struggling to resolve large data backlogs that accumulated due to insufficient staff and equipment for digital data entry.

Health care workers in many countries remain unpaid due to both insufficient funding and ineffective payment methods. Many countries are still working to develop detailed budgets that will enable partners to fulfil outstanding funding gaps. At the same time, countries have insufficient access to flexible funding to run mass vaccination campaigns.

CoVDP and coordinated action to accelerate vaccination

The CoVDP leverages capacities and resources, coordinating with in-country, regional and global partners to find innovative, rapid solutions to access flexible funding, support equitable demand planning, resolve operational bottlenecks, and provide support for political engagement.

- In Chad, the CoVDP and its partners mobilized urgent delivery funding of $4.9 million within 5 days for a vaccination campaign before Ramadan. As a result, Chad administered 1.6 million vaccine doses within ten days, equivalent to 52% of the national target, reaching health workers, refugees and nomads and increasing vaccination coverage from <1% to 13% today.

- In Nigeria, the CoVDP conducted a high-level mission to meet with political leaders at federal and state levels to understand key bottlenecks and identify targeted areas of support to accelerate delivery of COVID-19 vaccines over the next 100 days. The country has launched a refreshed national strategy, SCALES 2.0, based on decentralized plans, tripling the number of vaccination teams, and engagement with religious and community leaders on community mobilization and dialogue.

- In Ethiopia, $4.2 million of operational funding was disbursed to cover the costs of a dedicated vaccination campaign for conflict-affected populations. The bundling COVID-19 vaccinations with an upcoming measles campaign was identified as a potential opportunity to reduce transaction costs in vaccine delivery. In addition, the CoVDP helped the country secure 2 million doses of AstraZeneca, a product for which the government had expressed a preference for upcoming campaigns.

CoVDP’s tailored and coordinated approach to identifying and resolving bottlenecks will significantly reduce transaction costs for countries, enabling accelerated implementation of vaccination plans.

Accelerating progress in COVID-19 vaccine coverage

The next 3 months will be vital for closing the vaccine equity gap. Persistently low vaccination rates put everyone at risk, esp. high-risk groups such as health care workers, the elderly, the immune-compromised and pregnant women. Unless we address this, the world could see another variant that could be deadlier, more transmissible, and potentially evade the effectiveness of existing vaccines. This would set back not only the economic recovery of countries, but also vital health priorities such as the strengthening of primary care systems and the roll-out of universal health care.

If we work together, we can ensure that accelerated vaccination translates into stronger health systems. High vaccination coverage is not just a matter of ending the pandemic – investments made today in better cold chains, strengthened data systems, trained health workers and enhanced planning mechanisms will contribute to stronger health systems as well as enhancing our preparedness to future pandemics. Only if we address these objectives together can we ensure that the lessons from COVID-19 will result in greater health equity.