COVID-19 Vaccine Delivery Partnership

Final Situation Report

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This report is produced by the COVID-19 Vaccine Delivery Partnership (CoVDP). It is the final report of CoVDP presenting a retrospective of progress achieved between January 2022 and May 2023.
SPOTLIGHT

• On May 5th 2023, the WHO announced an end to COVID-19 as a Public Health Emergency of International Concern (PHEIC) while cautioning that the virus is still circulating and causing illness and death.

• Globally, primary series coverage has increased from 47% in January 2022 to 66% in May 2023. However, inequalities in global coverage persist. Only 27% of the general population of low-income countries (LICs) have completed their primary series compared to 76% in high-income countries (HICs).

• By end of May 2023, 13.4 billion doses have been administered across the globe, of which 5 billion have been administered across the AMC92, including 2 billion doses in India alone.

• 2.5 billion individuals (31% of the global population) have received at least one booster dose and 187 WHO Member States have introduced booster or additional dose programs.

• Across the 92 Advance Market Commitment (AMC92) entities, coverage has doubled to reach 55%, whereas coverage increased more than 9-fold to reach 28% across the 34 countries for concerted support.
• Among the 34 countries for concerted support, **28 countries have reached levels above 10%** by the end of May 2023, including 23 countries that have reached 20% or more. Sierra Leone, Tanzania and Zambia have reached primary series coverage above 50%.

• As of 31st May 2023, more than **US$186 million in quick-impact funding has been disbursed** across 21 countries through CoVDP, contributing to 37 vaccination campaigns targeting more than **160 million people**.

• **Among high-priority groups, there continues to be a significant coverage gap.** Whereas 82% of older adults have completed their primary series globally, this is the case for only 36% of older adults in LICs. Similarly, 89% of healthcare workers globally are vaccinated compared to only 52% of healthcare workers in LICs.

• Booster dose coverage, which is essential to protect high-priority groups over the long term, is also unequal. **Only 3.5% of the population in LICs have received at least one booster dose** compared to 49% of the population in HICs.
Global Situation Overview

When the COVID-19 Vaccine Delivery Partnership launched in January 2022, building on the work of the COVAX Country Readiness and Delivery (CRD) workstream, the world was in the throes of yet another wave of COVID-19 cases driven by the more transmissible Omicron variant. In mid-January 2022, more than 23 million weekly cases of COVID-19 were confirmed. At the time it was the highest weekly case load, significantly surpassing the previous peak of 5.7 million confirmed cases per week in April 2021.

By January 2022, COVAX had shipped its 1 billionth dose of COVID-19 vaccine. In the following months, as more vaccines becoming available, COVAX and other partners would significantly increase the availability of vaccines to low- and lower-middle income countries, resulting in the resolution of the supply constraints that had hampered vaccine delivery through much of 2021. As vaccine delivery progressed globally and more people acquired immunity either from vaccination or previous infection, cases and deaths from COVID-19 started to decline. Short peaks were registered in June 2022 and again in December 2022 which resulted in the largest peak of cases in the entire pandemic when China lifted all COVID-19 restrictions.

FIGURE 1
Confirmed cases, deaths related to COVID-19 and doses administered per month, global
Since December 2022, cases and deaths have continued to decline, and in recent weeks confirmed weekly cases have dropped below 1 million for the first time since early June 2022. This is largely driven by increased immunity from vaccines or previous infection, although testing levels have also fallen significantly across the globe, masking higher case numbers.

Since the start of the vaccine roll-out, 13.4 billion doses have been administered globally, of which 3.4 billion have been administered since January 2022 when global supply constraints had largely been resolved. Of these, a large proportion (approx. 2 billion) went to the 92 Advance Market Commitment (AMC92) countries.

Globally, 66% of the population have completed their primary series. Sixty-seven countries have reached 70% primary series coverage while 138 have reached levels of 40% and above. The regions with the lowest coverage rates are the WHO African region at 31% and the Eastern Mediterranean region at 51%.

Given the epidemiological situation and the progress on immunity against COVID-19, on 5th May 2023, the Director-General of the WHO announced the end of COVID-19 as a Public Health Emergency of International Concern (PHEIC) following the recommendation of the International Health Regulation (IHR) Emergency Committee on COVID-19. While uncertainties as to the future evolution of the disease persist, declining case numbers, reduced deaths, and high levels of population immunity to SARS-CoV-2 require a transition to the long-term management of the disease through routine health services. As a result, CoVDP will transition its delivery support back to the core agencies (Gavi, UNICEF and WHO) by the end of June 2023.

WHO has developed a base case scenario which assumes that the virus will continue to evolve but cause less severe disease, with possible surges in infections that require periodic booster doses to protect the highest priority groups.

1 Countries mainly refers to WHO member states of which there are 184.
2 For more information on the WHO base case scenario, please consult:  
https://www.who.int/publications/i/item/who-wer9822-239-256
The end of the PHEIC will not impact countries’ access to vaccines, diagnostics, and treatments which will continue to be available (contingent on manufacturers’ continued production of these). COVAX will also continue to fund and provide doses and delivery support throughout 2023 in line with country demands. The Gavi Board, which will take place at the end of June 2023, will also discuss the future COVID-19 program and vaccination support to countries for 2024-2025.

**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

**FIGURE 3**

Primary series coverage of COVID-19 vaccination, May 2023
High-Priority Groups

In May 2022, 131 WHO member states reported coverage figures for healthcare workers and 131 member states reported coverage of older adults (compared to 143 and 158 WHO member states who reported these figures respectively in May 2023).³

Globally, 89% of health care workers⁴ and 82% of older adults⁵ have completed their primary series coverage by the end of May 2023, compared to 76% and 75% respectively in May 2022. The increase in healthcare worker coverage over this period has been primarily driven by a boost in primary series coverage in two regions: Africa and the Western Pacific where coverage has increased 16 percentage points and 37 percentage points to reach 64% and 96% respectively. Despite this important progress, the WHO African region continues to be the region with the lowest coverage rates for healthcare workers globally, followed by the Eastern Mediterranean region at 71%.

³ In January 2022, data on primary series coverage of high-priority groups, specifically health care workers and older adults aged 60 and above, was not regularly reported by a good number of WHO Member States. As a result, the usefulness of comparison of coverage data between January 2022 and May 2023 is limited. Instead, the comparison will focus on the change in coverage rates since May 2022 when reporting of primary series coverage for healthcare workers and older adults became more consistent and widespread.

⁴ Based on data reported by 143 out of 194 WHO member states.

⁵ Based on data reported by 158 out of 194 WHO member states."
Similarly, coverage of older adults has increased largely due to gains in vaccination in the WHO African, American and Western Pacific regions. The African region has seen an increase in primary series coverage of older adults of 27 percentage points, whereas the American and Western Pacific regions have boosted coverage by 15 and 12 percentage points respectively over the past 12 months. It should be noted that due to the low number of reporting countries from the Eastern Mediterranean region in May 2022 (only 8 countries reported then compared to 14 in May 2023), the coverage rate for this region was corrected down to 58% once additional countries started reporting.

In line with the latest SAGE guidance from March 2023, the focus in COVID-19 vaccination for 2023 will continue to be on high-priority groups (health care workers, older adults, pregnant women, people with comorbidities and people with moderate to severe immunocompromising conditions) even as the PHEIC has ended. This is justified also by the significant coverage gaps that continue to exist between regions but also between different income groups. In low-income countries (LICs), only 52% of healthcare workers and 36% of older adults have completed their primary series at the end of May 2023, compared to 89% of healthcare workers and 92% of older adults in high-income countries (HICs).

Booster coverage, which is critical to keeping the most at-risk population groups safe, has also experienced stagnation. Globally, 31% of healthcare workers and 57% of older adults have received at least one booster dose (largely unchanged since February 2023). In LICs, only 7.5% of healthcare workers have received at least one booster shot. Booster dose uptake among older adults is also lowest in LICs (3%), followed by LMICs (27%).

For more information on the latest SAGE guidance, please consult: https://www.who.int/publications/i/item/WHO-2019-nCoV-Vaccines-SAGE-Roadmap
Advance Market Commitment (AMC) Countries

Across the AMC92, primary series coverage has increased from 28% to 55% between January 2022 and May 2023.

Five billion doses have been administered in the AMC92 since the start of the vaccine roll-out, translating into 2.4 billion people that have completed their primary series. At its peak, between September 2021 and January 2022, the AMC92 absorbed 400-450 million doses each month, a large proportion of these (approx. 47%) in India.

The biggest gains in coverage, as a share of the population, since January 2022 have been registered by Liberia (54 pp), Tanzania (50 pp), Bangladesh (47 pp), Sierra Leone (45 pp) and Zambia (42 pp). By end of May 2023, 15 countries among the AMC92 (16%) had reached the global goal of 70% vaccination coverage.

The AMC92 have also made important progress on coverage of high-priority groups with 82% of healthcare workers and 69% of older adults having completed their primary series, representing a gap of 7 percentage points and 12 percentage points respectively vis-à-vis global coverage figures.

Among the AMC92 which report on booster coverage, 16% of the population have received at least one booster dose – a significant gap relative to the global booster coverage of 31% (and largely unchanged since January 2023).

FIGURE 6
Complete primary series coverage in the Advance Market Commitment countries, January 2022 and May 2023

January 2022

May 2023

34 Countries for Concerted Support

PROGRESS ON COMPLETED PRIMARY SERIES AND BOOSTER COVERAGE

Primary series coverage among the 34 countries for concerted support was very low in January 2022 at just 3%. Since then, many of the 34 countries for concerted support have made large strides in closing the vaccine gap with coverage rates increasing faster than in the rest of the world. By end of May 2023, primary series coverage across the 34 countries had increased more than 9-fold to reach 28%.

Twenty-eight out of the 34 countries have coverage rates above 10% and almost half of the 34 countries for concerted support now have coverage rates above 30%, including three countries that have reached 50% or more of their population (Sierra Leone, Tanzania, and Zambia).
About half of the countries that have reached coverage rates above 30% are states which tackle ongoing humanitarian emergencies. These include Afghanistan, CAR, Chad, Ethiopia, Nigeria, Somalia, South Sudan and Sudan. This is significant progress, given that most of the countries dealing with humanitarian emergencies lagged behind in early 2022.

Coverage among high-priority groups continues to increase across the 34 countries for concerted support but remains low by comparison to global levels. By the end of May 2023, 54% of healthcare workers and 49% of older adults have completed their primary series – a rate that has stagnated for most of 2023. Booster uptake also remains low with only 4% of the population having received at least one booster dose. With regards to high-priority groups, booster coverage has only attained 8% among healthcare workers and 6% among older adults. Further attention needs to be given to reaching these groups, in particular as countries integrate the delivery of COVID-19 vaccines through primary health care.

### Table 1: Vaccination Coverage Ranges among the 34 Countries for Concerted Support (as of 31 May 2023)

<table>
<thead>
<tr>
<th>Countries</th>
<th>≥50% (n=3)</th>
<th>30-49% (n=13)</th>
<th>10-29% (n=12)</th>
<th>&lt;10% (n=6)</th>
</tr>
</thead>
</table>
FIGURE 8
Coverage of partial primary series, complete primary series, and booster / additional dose across 34 countries for concerted support
Review of Achievements of the COVID-19 Vaccine Delivery Partnership

Country engagement

CoVDP leadership and technical staff carried out 34 missions to a total of 24 countries. Of these, 20 were high-level advocacy visits and 14 were technical missions. All 24 countries were part of the 34 countries for concerted support except the Republic of Congo.

Political and technical missions by CoVDP since January 2022
A COVID-19 vaccine delivery stock take event was held in Addis Ababa, Ethiopia, on 2-3 May 2023. Participants from countries for concerted support and others exchanged among themselves and with regional and global partners on the achievements and challenges of COVID-19 vaccine delivery from 2021 to 2023, identified lessons learned and best practices, and developed actionable recommendations for integrating COVID-19 vaccination into the primary health care.

Salient lessons from the event included: the importance of empowered political leadership, engagement of community platforms, investments in primary health care and preparedness, and peer-to-peer collaboration for sharing lessons and building capacities. The effectiveness of the “one plan, one budget, one team” approach was singled out as a successful model for facilitating integration and scaling up immunization recovery efforts. Leveraging high-level political leadership through advocacy was also recognized as a crucial factor.

In advance of the meeting, participant countries assessed their readiness towards COVID-19 vaccine integration which allowed the develop actionable recommendations for integrating COVID-19 vaccination into primary health care. Countries showcased their experiences at a lively marketplace set-up, and participants actively engaged in individual conversations with their peers from other countries and partners. Panels and moderated discussions involved country participants as well as regional partners and donor agencies. Workshops encouraged knowledge-sharing and brainstorming of solutions. Participants also articulated the need for continued provision of coordinated, flexible, and urgent funding to support immunization recovery, health systems strengthening, and epidemic/pandemic preparedness.

The event was jointly convened by CoVDP, the Ethiopian Federal Ministry of Health, Africa CDC, Gavi, UNICEF and WHO, and was attended by 168 participants including representatives from 33 countries for concerted support, UNICEF’s Headquarters and Regional Offices, WHO’s Headquarters and Regional Offices, and bilateral partners.

A meeting report will be published on WHO’s website by end of June, including a summary of lessons learned, best practices, and a summary matrix of integration bottlenecks, challenges, required actions, key priorities, and critical support based on the country presentations.
Political engagement and advocacy

TIMELINE OF KEY EVENTS AND MILESTONES

April 2020:
The “Access to COVID-19 Tools Accelerator” (ACT-A) is launched, including COVAX as the vaccines pillar of ACT-A

May 2020:
The Independent Panel on Pandemic Preparedness and Response (IPPPR) is created at the 73rd World Health Assembly (WHA73)

December 2020:
90-year old Margaret Keenan from the UK becomes the first person in the world to receive a COVID-19 vaccine

September 2020:
The co-chairs of the IPPPR, Ellen Johnson Sirleaf and Helen Clark, present the main findings and recommendations in the publication “COVID-19: Make it the Last Pandemic”

February 2021:
Ghana becomes the first country to receive COVID-19 vaccines through COVAX

December 2021:
Close to one billion doses shipped by COVAX. The WHO launches the Intergovernmental Negotiating Body (INB) to draft an accord on pandemic preparedness, prevention, and response (the “Pandemic Treaty”)

September 2022:
UN General Assembly high-level event on medical countermeasures

January 2022:
WHO declares COVID-19 a Public Health Emergency of International Concern (PHEIC)

November 2022:
The G20, under the Presidency of Indonesia, launches the Pandemic Fund

March 2023:
The INB presents the zero draft of the future Pandemic Treaty at the WHO

May 2023:
WHO declares an end to COVID-19 as a PHEIC
Since the start of the pandemic, governments, international organizations, and other inter-governmental and independent bodies have been put in place to capture the lessons from the COVID-19 pandemic and translate these into new global policies, mechanisms, and processes – some of them binding – to ensure that the world takes measures to prevent the next pandemic while being better prepared for when they occur.

At the global level, CoVDP has focused much of its attention advocating specifically for equitable access to vaccines. The Global Lead Coordinator advocated with major donor countries to support vaccine delivery in the last mile within the context of the COVID-19 response and a future medical countermeasures platform that avoids the mistakes of the early stages of the COVID-19 vaccine roll-out when many lower and middle-income countries did not have access to the vaccines they needed. Furthermore, CoVDP has lent its voice to support the localization of vaccine manufacturing which will help level the playing field between richer and poorer nations when it comes to access to medical countermeasures during an emergency.

CoVDP used platforms such as the UN General Assembly, UN Security Council, World Health Assembly, African Union’s high-level ministerial meetings, Gavi Board, Temporary Steering Committee of the Gavi Board on COVID-19, UNICEF Executive Boards, UNICEF Vaccine Industry Consultation, ACT-A Facilitation Council, World Health Summit, Boao Forum, PMNCH Lives in the Balance, and the 3rd International Community Health Worker Symposium to reinforce these messages. Regular meetings with senior leadership of bilateral partners (e.g. United States, Germany, Japan, UK, Norway, Sweden) and multilaterals partners (e.g. World Bank, UN Crisis Management Team, UNHCR) provided additional opportunities to share evidence from the COVID-19 response to inform and shape future policies as they relate to access to medical countermeasures (including the proposed medical countermeasures delivery platform proposed by the Japanese Presidency of the G20 in 2023).

At the country level, high-level political missions presented the main avenue through which political advocacy was conducted with the highest levels of political decision-making in the country (usually the Head of State or Deputy Head of State, or the Minister of Health). These missions, alongside bilateral exchanges during the World Health Assembly in 2022, presented opportunities to advocate directly with decision-makers to make COVID-19 vaccines a priority:

- In **Malawi** the President played a prominent role by mobilizing religious communities and leaders as spokespersons for COVID-19 vaccination and using a national prayer day as a platform to communicate on and advocate for vaccination;
- In **Tanzania** the Health Minister led efforts around the mass mobilization of the population resulting in a steep increase in vaccination uptake after June 2022;
- In the **Central African Republic**, the President led the launch of a nationwide integrated campaign and continuously offered his voice and support in favor of COVID-19 vaccinations even as the country faced competing emergencies.
Technical assistance

Regular calls with the "One Team" at the country level, weekly country concerted support calls, and in-country missions have served as important conduit for countries to present progress on vaccine delivery while raising concerns and needs related to operational bottlenecks that require dedicated, tailored and timely support, e.g. cold chain expansion, data systems strengthening, microplanning, training on new vaccine guidance, and risk communication and community engagement activities. CoVDP channeled such requests to UNICEF, WHO or other partners that can address them.

Across the 34 countries for concerted support, CoVDP offered technical assistance on the development of "One Plan/One Budget". In 10 countries, CoVDP supported the development of "One Budget", consolidating the various funding needs into a single budget aligned with the national deployment and vaccination plans and subsequent microplans to enhance visibility on funding needs and better match those needs with available funding from partners.

Across AMC92 countries and economies, CoVDP has supported the development of technical guidance and identification of lessons learned, and has created knowledge-sharing platforms such as the monthly learning collaborative series and the compendium of best practices. Both are hosted on TechNet and can be used by Governments and technical partners for information and guidance on tried and tested strategies and approaches related to the acceleration of vaccine delivery. In addition, CoVDP organized three international convenings focused on the identification and resolution of different thematic bottlenecks in vaccine delivery:

- In June 2022, CoVDP co-organized a Global COVID-19 Vaccine Demand summit together with UNICEF, WHO, Gavi, the Vaccine Alliance, the Centers for Disease Control and Prevention in the United States and the International Federation of Red Cross and Red Crescent Societies. Under the leadership of the Governments of Canada and Ethiopia, this event provided a useful platform to discuss countries’ strategies to increase vaccine demand, including tailored approaches to reach high-risk populations. The report can be consulted here.

- In February 2023, CoVDP held a convening on COVID-19 Vaccinations in Humanitarian Settings and the Contribution to Broader Pandemic Preparedness. The convening identified specific challenges and obstacles related to vaccine delivery in humanitarian settings and formulated an action plan for addressing gaps in reaching populations of concern in preparation for the next pandemic emergency.

- In March 2023, CoVDP co-organized a Global Convening on COVID-19 Vaccination Monitoring and Related System Strengthening which made a series of recommendations for country-, regional-, and global-level actors to establish and advance key monitoring and systems strengthening priorities on the way to COVID-19 vaccine integration. More information can be found in the final report.
CoVDP also provided tailored, short-term support through the deployment of technical expertise, complementing assistance from the UNICEF and WHO regional offices and other partners:

- In **Nigeria**, a UNICEF health economist was deployed to support the development of costed microplans to support the implementation of the service delivery, communication, accountability, logistics, electronic reporting and supportive supervision (SCALEs) 2.0 strategy. Additional technical support was provided by CoVDP to support the Government on the development of “One Budget” based on the microplans.

- In the **Sudan**, CoVDP deployed technical support for planning the upcoming COVID-19 vaccination mega campaigns. This included support to the country teams in the preparatory activities for the campaigns, support for macro- and microplanning, the development of relevant guidelines and standard operating procedures, and support for improved coordination among the various stakeholders involved in campaign planning and implementation.

- In **Mali**, a delegation was deployed to support the country on the development of “One Budget”. Working with focal points under the leadership of the Expanded Programme on Immunization, the delegation gathered information on available funding until the end of 2022, the implementation context, assumptions and unit costs from the microplans, analyzed the budgets from the first three campaigns and collected the requests received for the fourth campaign. In addition, a mapping of funds remaining until the end of the year across partners, by activity and cost category, was developed together with the country focal points.

## Funding

Through a weekly funding alignment mechanism between UNICEF, WHO, Gavi, the Vaccine Alliance, the Africa CDC, USAID, the World Bank and other partners, CoVDP facilitated the disbursement of US$186.4 million for COVID-19 vaccine delivery activities across 21 countries between January 2022 and May 2023. An agreed set of criteria and the joint review of applications allowed donors to coordinate their decisions and release disbursements to cover urgent operational bottlenecks, significantly reducing funding lead times to as little as 24 hours in some cases. This quick disbursement complemented more comprehensive funding envelopes from partners.
COVID-19 Vaccine Delivery after CoVDP

As the CoVDP closes out its activities by the end of June 2023, several documents are being developed to capture key learnings to inform future responses to public health emergencies that might require the large-scale deployment of medical countermeasures on a global scale:

- “Deliver, Together: partnerships to deliver vaccines in a pandemic” documents the operating model of the CRD and CoVDP incl. its operational set-up and main functions used for COVID-19 vaccine delivery support to inform future mechanisms delivering vaccines and other medical countermeasures.

- A reference document (forthcoming) capturing “inflection points” in the 34 countries for concerted support, focuses specifically on the results from the CoVDP’s four main levers: (i) political advocacy; (ii) delivery funding; (iii) technical assistance; and (iv) partner coordination.

The core agencies of CoVDP have made available resources for integrating COVID-19 vaccination into immunization programs and primary health care (see resources below). The integration support package consists of complementary materials based on the WHO-UNICEF guidance to help countries to navigate towards operationalizing COVID-19 vaccine integration.

To continue to provide coordinated support to countries from July 2023 onwards a new COVID-19 program working group will include focal points from GAVI, UNICEF and WHO. It will continue to provide inter-agency programmatic and technical working groups under the umbrella of the COVAX governance structure and ensure the continuation of delivery support until the official launch of the GAVI Alliance COVID-19 program by early 2024.
RESOURCES

- COVID-19 Vaccine Delivery Partnership web page
- Vaccine Delivery Partnership FAQ
- COVID-19 vaccine delivery stories
- COVID-19 vaccine delivery toolkit
- Updated WHO SAGE Roadmap for prioritizing uses of COVID-19 vaccines
- Support package for integrating COVID-19 vaccination into immunization programmes and primary health care
- WHO-UNICEF guidance on considerations for integration C-19 vaccination into immunization programmes and PHC
- WHO Guide vaccinating older adults against COVID-19
- Updated microplanning guide
- Considerations to inform country COVID-19 vaccine decision-making
- COVID-19 Vaccine Implementation Analysis & Insights Report archives
- Management and safe disposal of COVID-19 vaccination waste at health facility level
- For all countries, various tools and guidance and vaccine confidence and uptake are available here.
- Global compendium of country knowledge on COVID-19 vaccination
  - Ethiopia Case Study – Digital health English | French
  - India Case Study – Digital solutions English | French
  - Nepal Case Study – Waste management English | French
  - Pakistan Case Study – Vaccination of refugees English | French
  - Rwanda Case Study – Digital solutions English | French
  - Zambia Case Study – Demand generation English | French
  - Other case studies
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