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COVID-19 Vaccine Delivery Partnership

Situation Report

October 2022

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COVID-19 Vaccine
DELIVERY PARTNERSHIP

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This report is produced by the COVID-19 Vaccine Delivery Partnership (CoVDP). It covers the month of October 2022.

SPOTLIGHT

- **While the vaccination momentum slows down globally, there still is steady progress among the 34 countries for concerted support.** The coverage rate across AMC92 countries now stands at 52%, up from 28% in January. The 34 countries for concerted support now have an average coverage rate of 20% compared to just 3% in January 2022.

- **In October, Rwanda became the first African country to reach the 70% global target**, and Zambia the first country with below 10% coverage in January to exceed 40% primary series coverage.

- **Countries facing humanitarian emergencies have made important progress despite competing priorities:** Somalia has more than doubled its vaccination rate in just 8 weeks to reach 37% by the end of October, Mali is the latest country to exceed 10% primary series coverage, and Nigeria has surpassed the 20% mark. The Democratic Republic of the Congo (DRC) almost doubled its coverage since September – from 3.4% to 6.2%.

- **At 55 million, the number of total doses administered per month across AMC participants is at its lowest since COVAX started supplying vaccines.** Many AMC participants continue to implement campaigns to reach their national targets but there are diminishing returns to this strategy in a number of countries due to higher coverage rates, competing priorities and diminished risk perceptions.

- **Several of the 34 countries for concerted support are continuing to accelerate vaccine delivery into Q1 2023.** CoVDP will continue to support the 34 countries for concerted support until March/April 2023, with more selective and targeted interventions after January 2023, based on country need.

- **Integration of COVID-19 vaccine delivery with primary health services will increasingly be prioritized by countries in the coming months** – a process that partner agencies will support through technical assistance, guidance, and funding (including through the Gavi CDS).

Global Situation Overview

Cases and deaths from COVID-19 have continued to decline over the past 4 weeks, with cases at their lowest level in 2 years and deaths approaching the lowest levels since March 2020.

Approximately 10.4 million new cases and almost 38,000 additional deaths were registered in October, bringing the total global number to 629,370,889 cases and 6,587,245 deaths from COVID-19 respectively.

The decline in deaths and cases that has started in early August, stabilized through much of September and early October but has seen a further decline in the last two weeks of October with 1.8 million cases per week at the end of October (versus 3.2 million at the start of the month).

By October, a total of 12.8 billion vaccine doses had been administered globally but the distribution remains inequitable. About 4.8 billion doses have gone to the 92 Advanced Market Commitment (AMC92) countries, of which 2.6 billion have gone to the AMC91 (excluding India), representing about a fifth of globally administered vaccine doses.

While the global picture of primary series coverage has remained largely stagnant with 64% of the global population having completed their primary series (versus 20% in low-income countries and 24% in Africa), there has been important progress across the 34 countries for concerted support whose primary series coverage increased from 17% to 20% since last month.

31% of the global population have not yet received a single dose of a COVID-19 vaccine. The rates are lowest in the WHO Africa and the Eastern Mediterranean regions where 71% and 45% remain unvaccinated, respectively.

Globally, 76% of health care workers[1] have completed their primary series coverage. The Africa region is lagging with just 53% of health care workers having received their primary series, followed by the Eastern Mediterranean region (67%) and the Western Pacific region (68%).

Similarly, primary series coverage of people aged 60 or older[2] shows that 77% of elderly people globally have been vaccinated, with all regions except Africa displaying coverage rates in the 72% to 81% bracket. In Africa, this rate currently stands at 43%.

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

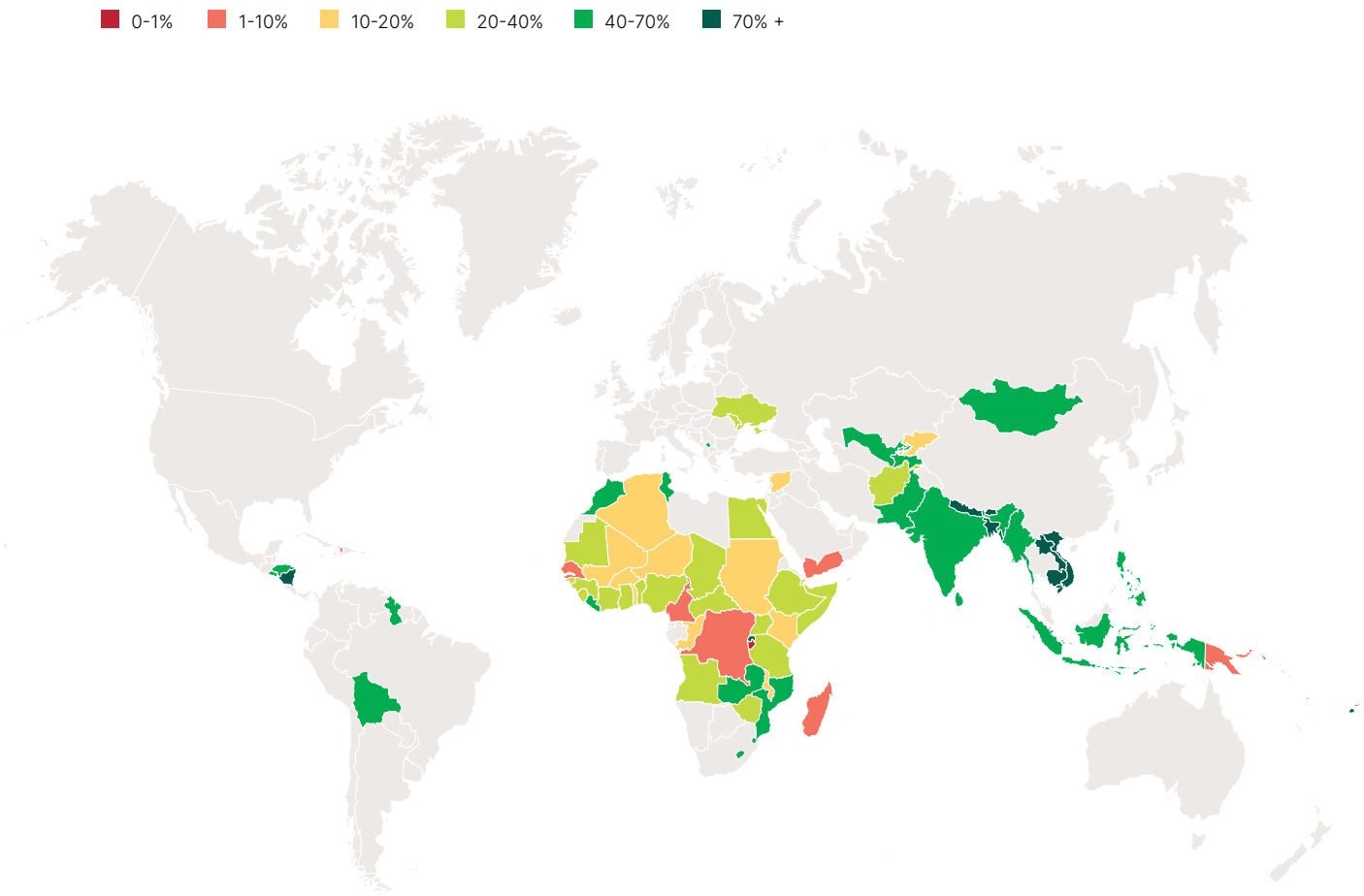
1 Based on data reported by 138 WHO member states, representing 79% of all member states.
2 Based on data reported by 149 WHO member states, representing 89% of all member states.

Advanced Market Commitment (AMC) Countries

- Across the 92 Gavi Advanced Market Commitment (AMC92) countries, primary series coverage has increased 1-percentage point over the past month to 52% by the end of October.
- A cumulative total of 4.8 billion doses were administered across the AMC92 since the start of the vaccine rollout, with an additional 55 million doses administered in October, representing a decline of 43% from September and the lowest monthly figure since the start of the vaccine roll-out by COVAX.
- One additional country – Rwanda - has crossed the 70% threshold bringing the total of AMC92 countries having reached the global target of 70% to 13 (Bangladesh, Bhutan, Cambodia, Fiji, Laos, Maldives, Nepal, Nicaragua, Rwanda, Samoa, Tonga, Tuvalu, and Viet Nam).
- 30 out of the 92 AMC countries have reached primary series coverage between 40% and 70% with Zambia being the latest to go beyond the 40% threshold.
- However, daily vaccine absorption rates remain low (<0.15% pop/day) for 73 out of the 92 countries, and most countries that have not reached their national vaccination targets yet or are off-track to meet them.

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 PRIMARY SERIES AND BOOSTER COVERAGE

- Average vaccination coverage among the 34 countries for concerted support increased almost seven-fold from 3% in January to 20% by the end of October.
- Zambia is the first country among the 34 countries for concerted support to have managed to vaccinate 40% or more of its population, reaching 42% in October - a seven-fold increase from January 2022 when the country stood at 6%.
- Eight countries among the 34 for concerted support now have primary series coverage of 30% or more. Somalia is the latest country to move beyond 30% primary series coverage after significant efforts undertaken in recent weeks to boost vaccination levels.
- Sixteen countries now have rates above 20%, with Nigeria being the latest country to have made strides to reach this milestone. Nigeria's primary series coverage now stands at 21.5% - a ten-fold increase from its rate in January 2022.

- Overall, 26 countries have achieved primary series coverage above 10%, with Mali being the latest country to pass this threshold. Six out of these eight countries face ongoing humanitarian challenges which contribute to the relatively slow pace of progress despite important successes in some countries affected by humanitarian emergencies (see in-focus section).
- Booster dose coverage remains low across all 34 countries for concerted support with only Ghana and Zambia having reached an estimated 5% or more of the population with boosters. The vast majority of countries, 23 in total, have booster coverage of less than 1%.

FIGURE 2

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

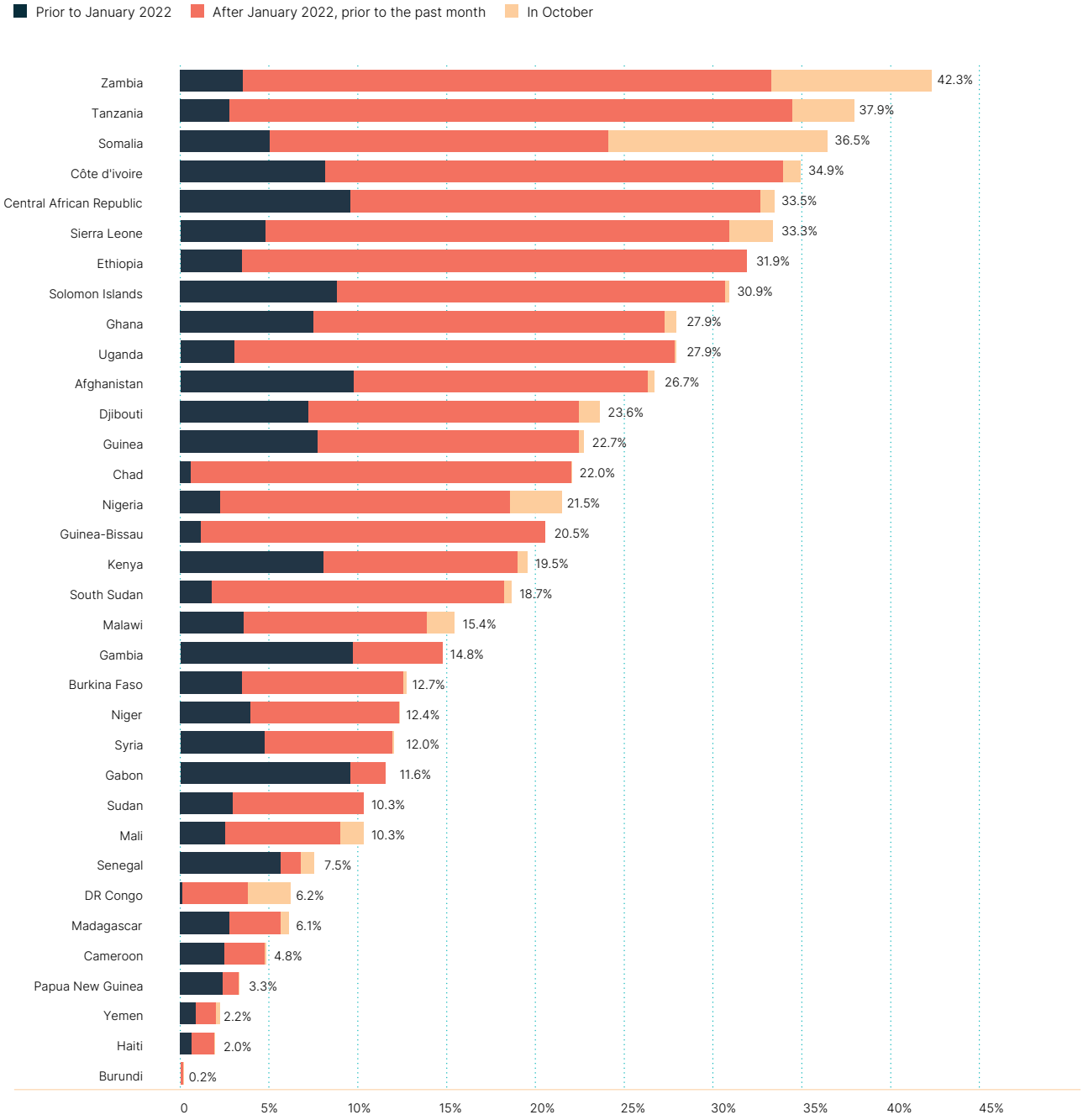


FIGURE 3

Estimated booster coverage across AMC participants[3]

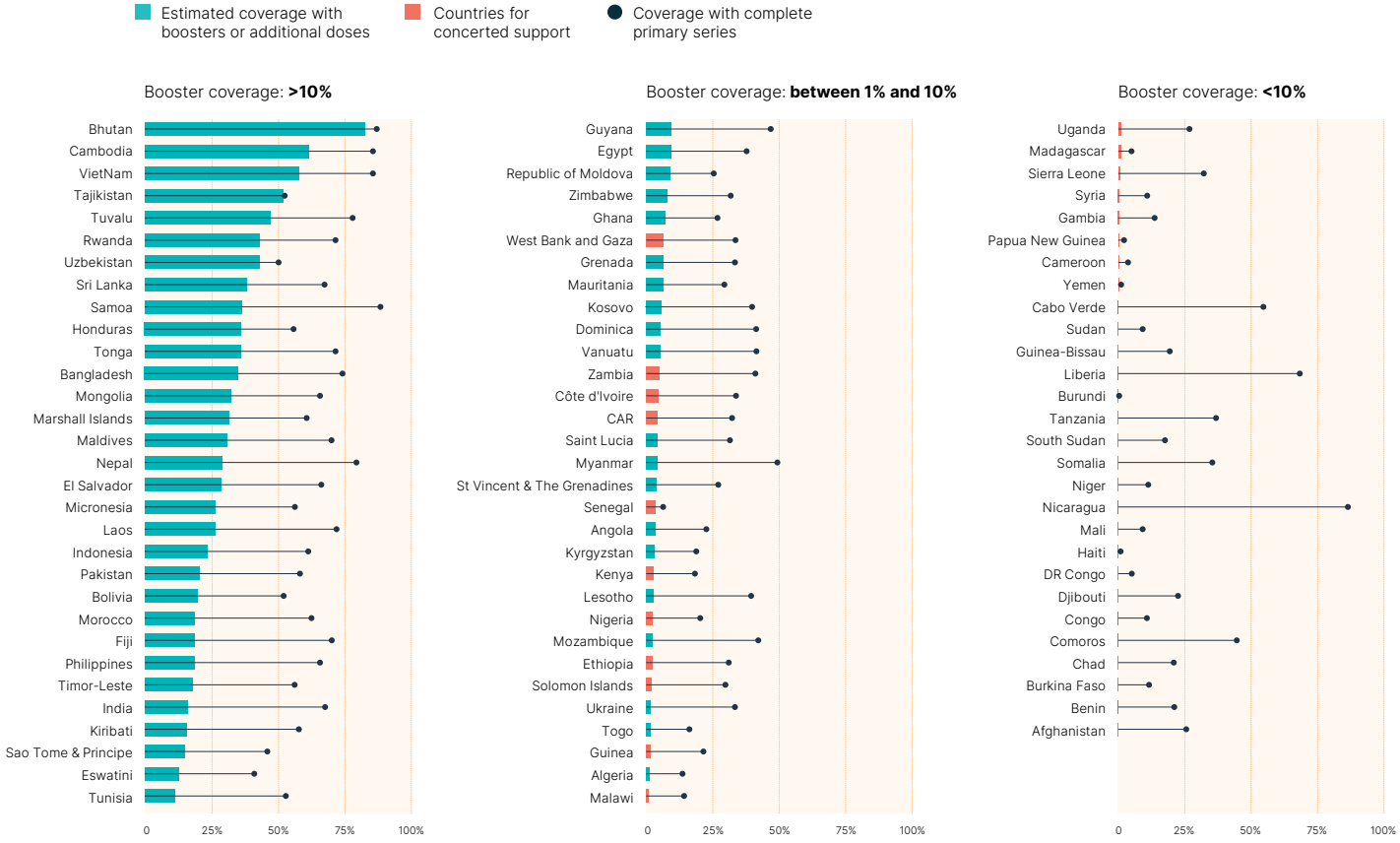


TABLE 1:

Vaccination coverage ranges among the 34 CoVDP Countries for Concerted Support

VACCINATION COVERAGE RANGES	Countries
>40% (n=1)	Zambia
30-39% (n=7)	Central African Republic, Côte d'Ivoire, Ethiopia, Sierra Leone, Solomon Islands, Somalia, Tanzania
20-29% (n=8)	Burkina Faso, Gabon, Gambia, Kenya, Mali, Malawi, Niger, South Sudan, Sudan, Syrian Arab Republic
10-19% (n=10)	Burundi, Cameroon, Democratic Republic of Congo, Haiti, Madagascar, Mali, Papua New Guinea, Senegal, Yemen
<10% (n=8)	Burundi, Cameroon, Democratic Republic of the Congo, Haiti, Madagascar, Papua New Guinea, Senegal, Yemen

3 Eritrea and DPR Korea have not started COVID-19 vaccination. Reporting on booster doses is still low.

Update on the Work of the COVID-19 Vaccine Delivery Partnership

Country engagement

CoVDP continues to engage countries for concerted support through high-level political and technical missions. In the Africa region, these missions are increasingly being run jointly and in coordination with the Africa CDC.

Nigeria

3-7 October 2022

A technical follow-up mission was deployed to Abuja, Nigeria to support the Ministry of Health and the National Primary Healthcare Development Agency (NPHCDA) in the finalization of its CDS 3 application, specifically in ensuring that identified investments are aligned with national COVID-19 vaccination objectives, designed to reach high-priority populations, and conducive to the gradual integration of COVID-19 vaccination with routine health services and health systems strengthening. The CoVDP team also held discussions with the NPHCDA and the World Bank to resolve bottlenecks to the disbursement of $70 million of earmarked funding which Nigeria support implementation of the SCALES 3.0 integrated campaigns.

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Mali

10-14 October 2022

With 10% primary series coverage as of October, Mali is one of the most recent countries to reach this milestone. Mali has developed a strong National Deployment and Vaccination Plan (NDVP) for COVID-19 vaccines, having revised it in March 2022 to adjust the strategy according to lessons learned during the first year of COVID-19 vaccination and to respond to challenges faced.

The CoVDP high-level mission to Mali was joined by IFRC and USAID. Exchanges with senior government representatives, multilateral and bilateral partners, CSOs and religious and traditional leaders revealed a mixed picture on vaccine delivery. The country has done

particularly well on reaching health care workers with 100% primary series coverage, has piloted an effective outreach strategy to promote COVID-19 vaccination and routine immunization leveraging women leaders in Bamako, and has seen some good coverage rates in regions affected by insecurity such as Timbuktu and Menaka. However, competing priorities, access issues in regions affected by insecurity, lack of regular partner coordination, low risk perception and demand for vaccines, and sub-optimal use of risk communication and community engagement (RCCE) strategies have posed important challenges.

The mission was able to identify several opportunities through which the country could accelerate its progress, including:

i. Using the upcoming November (during a dedicated month of health and social action) and January mass vaccination campaigns as opportunities to reinforce decentralized community-based approaches to vaccine delivery (community-by-community, door-to-door) synchronizing vaccine demand, risk communication and community engagement activities with the work of vaccination teams.
ii. Leveraging the role of the Prime Minister ad interim during the national month of health in November to generate awareness of and demand for vaccines
iii. Collaborating with NGOs and CSOs - with funding support from technical and financial partners - to deploy and administer vaccines in regions affected by insecurity, offering a package of health and humanitarian services to benefit hard-to-reach populations

During this mission, CoVDP also provided technical assistance to develop and refine the One Budget that articulates the planned expenditures and available funding from partners. Furthermore, the delegation advocated with the Ministry of Health to update the CDS 3 application to include funding for technical assistance and for national NGOs and CSOs that can support vaccine delivery in regions affected by insecurity. The CDS 3 application was subsequently amended.

South Sudan, 24-27 October 2022

CoVDP conducted a high-level mission to South Sudan from 24-27 October 2022 to take stock of progress since the last mission in June 2022. It sought to identify remaining bottlenecks in the roll-out of the COVID-19 vaccination programme and advocate for immediate government decisions to address them. Site visits were conducted in Juba and in Jonglei state to gain insights into the delivery of COVID-19 vaccines with the aim of identifying promising practices and areas of assistance.

Through these visits and exchanges with senior government officials and technical partners on the ground, the CoVDP delegation was able to appreciate the drivers of some of the progress made in recent months. At least 15% of the population have completed their primary series as of October 2022 compared to less than 1.5% in January 2022. More importantly, COVID-19 vaccination coverage in high-priority groups has increased, with 91% of healthcare workers, 49% of older adults (65 years or older), and 21% of people with co-morbidities having completed their primary series. South Sudan is planning to conduct two additional mass vaccination campaigns, in November 2022 and March 2023, to reach an additional 2.1 million South Sudanese with COVID-19 vaccines. UNICEF - with World Bank funding - will partner with 10 NGOs and local CSOs on demand generation and community engagement activities. WHO and UNICEF are supporting the micro-planning, training and risk communication and community engagement activities for the acceleration effort.

The mission identified several opportunities to further accelerate COVID-19 vaccination, including:

- Leveraging the upcoming November 2022 and March 2023 campaigns to bundle COVID-19 vaccination with other services that are most needed, such as reaching zero-dose children and offering nutrition and MNCH/FP services
- Working with CSOs and local NGOs to reach vulnerable groups, such as IDPs and refugees. The mission advocated for the need to devise and implement targeted strategies to reach IDPs, 76% of whom live within distance of host communities.
- Undertaking a "whole-of-government" approach to push forward COVID-19 vaccination of civil servants, such as teachers and armed forces
- Accelerating uptake of booster doses in healthcare workers and other high-priority groups, following the recent adoption of the booster policy by the High Level Task Force on COVID-19.
- Using COVID-19 investments to strengthen South Sudan's health system. Donors such as the World Bank and USAID are already deploying resources targeting HSS improvements as part of COVID-19 vaccine delivery support.
- Providing technical assistance through CoVDP to revise the One Budget, integrating needs related to the new booster policy and additional outreach to displaced populations and cover any budget gaps that may arise related to the November campaign (CDS3 and other financing will likely be in place for the March 2023 campaign).

The mission was also an opportunity to agree on a streamlined process to obtain tax waivers for vaccines and medical supplies, to secure Ministry of Finance approval for the Ministry of Health to cover South Sudan's vaccine co-financing obligations for pentavalent vaccines and to increase the share of the national budget going to health (currently at 3% of transfers).

Political engagement and advocacy

The **World Health Summit** held in Berlin from 16-18 October 2022, served as an important platform to brief key global decision makers on the progress achieved on vaccine delivery as well as to advocate for a stronger focus on investing in primary and community health as a means of strengthening pandemic preparedness and response. At the G7 Senior Officials Meeting (SOM) on the margins of the Summit, CoVDP presented the strong progress on vaccine delivery and used the opportunity to call on the G7 to:

i. continue to support vaccine delivery, with a particular focus on high-priority groups, while aligning and coordinating with partners on the ground to ensure a One Plan and One Budget approach
ii. align and phase vaccine donations with COVAX, ensuring sufficient shelf life to support the optimal use of donated doses
iii. pay special attention to the needs and requirements of vaccine delivery in humanitarian settings, using available opportunities to use end of year funding and bundle vaccine delivery with humanitarian interventions to offer these populations a package of health and non-health services
iv. support a future global public health infrastructure that is grounded in multilateralism, with WHO as the main normative anchoring institution
v. invest in primary and community health, recognizing that these investments offer the best protection against future pandemics while strengthening health systems more generally

In alignment with efforts that exist such as the Community Health Road Map, the Operational Framework for Primary Health Care, the African Union "2 Million Community Health Workers" initiative and other such frameworks, CoVDP advocated for the G7 to work with other countries and global health partners to take collective steps to strengthen community health structures and make sure community healthcare workers are paid and protected in a determined number of countries. There are several examples of situations where the national budget combined with support from partners and over several years put in place a primary health care system anchored in community health and paid and protected community health workers. These systems helped achieve transformative health outcomes for these countries.

The **"Last Mile Initiative" roundtable**, organized by the German Federal Ministry for Economic Cooperation and Development (BMZ), provided an opportunity to present to government officials, members of the parliamentary sub-committee on Global Health, NGOs, CSOs, private sector, think tanks, foundations, academia and other stakeholders from the field of global public health on the progress that has been made on vaccine delivery, in particular in humanitarian settings. It was an occasion to take stock of the good practices that countries and humanitarian partners have employed to reach the last mile (e.g. decentralized service provision through mobile units and door-to-door campaigns) while exploring what potential solutions could be employed for remaining challenges such as the lack of data on excluded individuals, logistical challenges in conflict zones, insecurity, administrative and behavioural barriers in reaching last mile populations such as refugees and IDPs.

Funding

By the end of October, CoVDP had facilitated the disbursement of US$ 127.7 million of funding from Gavi, UNICEF and WHO to respond to urgent funding needs. In October, an additional US$ 10.3 million was released:

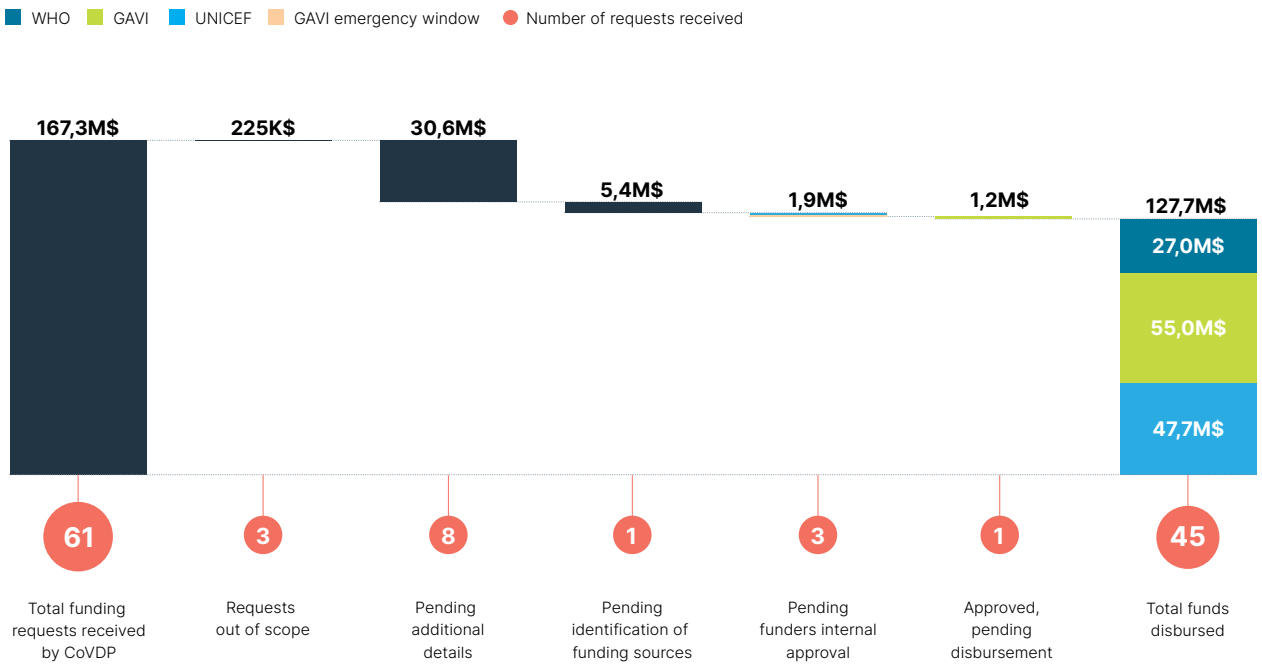
- US$ 5 million facilitated from WHO Afro for **Cameroon** to support the financing of its fifth campaign to accelerate COVID-19 vaccinations in the country
- US$ 5.3 million disbursed in **Chad** through Gavi's CDS window to support additional vaccination activities

CoVDP worked with the World Bank (WB) to unlock urgent funding for a COVID-19 campaign in Nigeria in October and ensure coordination between the Gavi CDS 3 window and WB funds.

The Gavi emergency window is now fully operationalized to address countries' immediate needs. In Guinea Bissau, around US$ 800,000 was approved through the Gavi emergency window and is pending disbursement to fund a COVID-19 campaign in November. In total, US$ 1.9 million will be provided from partners to address the urgent funding gap.

FIGURE 4:

Status of funding requests coordinated by the CoVDP



Technical assistance

As of October, Sudan has a complete One Budget that will continue to be updated as a live document. Eight other countries have now submitted draft One Budgets to CoVDP and in total, 14 countries are in the process of developing one. CoVDP is providing targeted support to countries requesting technical assistance to develop these budgets, with 10 countries receiving technical assistance to date and another 3 countries where support will be deployed shortly.

- In **Ghana** and other countries, CoVDP joined Gavi and the agencies in providing technical assistance on the CDS 3 application as well as support for the mapping of partners and mobilization of support for in-country partners that are supporting delivery efforts.

- In **Somalia**, CoVDP continues to work with the government to support access to funding for the continuation of campaign activities and investments into vaccine delivery into 2023. Partners continue to advocate for the resolution of the data backlog in Somaliland, where vaccination data has not been updated since June, masking the full picture of immunization in the country.

IN-DEPTH: Vaccine delivery in humanitarian situations

Refugees, internally displaced persons (IDPs), and migrants face unique risks related to COVID-19 infection. As a result of congested living conditions with limited access to clean water, adequate ventilation, and space, these populations often face greater exposure risk to communicable diseases. They are often therefore at higher risk for COVID-19 infection. Access to basic services, including health care, can be limited in zones hosting humanitarian populations, leading to greater risk of severe outcomes following infection.

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Many of the countries hosting the largest proportion of refugees and IDPs relative to their population size are low and lower-middle income countries (LMICs). Uganda, Pakistan, Sudan and Bangladesh are among the countries that host a significant refugee population. Similarly, countries that already have stretched social and health infrastructure, find themselves having to manage large IDP populations (e.g. Syria, Ethiopia, DRC, Yemen, Afghanistan, Sudan, Burkina Faso) that result in certain regions of the country being overburdened with demand for health and other social services. Deploying COVID-19 counter-measures (diagnostics, treatments and vaccines) in these settings often poses challenges as reliable demographic data (age, gender, ethnicity), including information on people living with co-morbidities, is difficult to ascertain.

Countries facing humanitarian emergencies were among the last to access vaccines. Even where vaccines were available, refugee, IDP, and migrant populations were often not prioritized for vaccination. While many National Deployment and Vaccination Plans (NDVPs) from some countries with humanitarian populations identified these as priority groups, in practice many lacked reliable demographic & geographic information on them to enable vaccine delivery planning. This, combined with low demand and lower risk perceptions following

the Omicron variant, has resulted in refugee, IDP, and migrant populations being less likely to be vaccinated than the general population.

Further, the strategies to deploy vaccines did not always take into account the various obstacles faced by populations on the move or their specific needs. In areas affected by insecurity in Burkina Faso, for instance, access to vaccines is hampered by the high cost of vaccine delivery, long distances that health care workers have to travel to get supplies, a lack of available cold chain capacity, a reduced number of health care workers and vaccinators (with payment delays reported which further reduce the availability of health personnel) – all of which are exacerbated during the rainy season.

Administrative barriers related to the ability of refugees, IDP and migrants to show required documentation were a key barrier to register for or receive vaccinations, as is a lack of IT infrastructure where registrations are managed online.

Finally, there are psychological and socio-cultural barriers. Refugees, IDPs and migrants in irregular situations may have a real or perceived lack of entitlement to free vaccination services. Linguistic barriers make it harder for these population groups to receive reliable information on the vaccines, its benefits and possible side effects. This vacuum of information is then sometimes filled with rumours and misinformation in the absence of trusted and authoritative community voices. Finally, many people in need of humanitarian assistance simply face competing priorities such as food, basic health care, sanitation and hygiene, resulting in COVID-19 vaccinations being deprioritized or perceived as relatively less important.

The existence of a humanitarian emergency in a country is closely related to its relative level of primary series coverage. Among the eight countries that remain at or below 10% primary series coverage in October 2022, six face ongoing humanitarian emergencies.[4] In many of these countries, the data on the vaccination status of refugees, IDPs, migrants and populations in need of humanitarian assistance is patchy at best, resulting in significant challenges for government and technical partners to specifically target and reach these groups. While exact figures on the number of doses administered to refugees, IDPs and migrants do not exist (because most countries do not track them), it is estimated that countries facing humanitarian emergencies[5] have administered 888 million doses to date, representing only 7% of all vaccines administered globally despite representing 16% of the world population.

Despite these challenges, several countries facing humanitarian emergencies have managed to increase vaccination coverage: through a mix of decentralized approaches using mobile vaccination teams, door-to-door campaigning, mobilization of community, traditional and religious leaders, partnerships with humanitarian NGOs and CSOs, bundling of interventions and other tailored approaches.

- **Somalia** has registered a significant jump in primary series coverage from 5% in January to 37% in October 2022, including 66% of health care workers and 68% of elderly. Most of those gains were achieved in the past two months as the Government of Somalia set out to reach 3.5 million people through a national phased campaign running through September and October. By the end of October, 3.2 million people were reached –90% of the campaigns' target - including 2.4 million IDPs and 370,000 nomads. Strong political commitment at national and decentralized levels, effective micro-planning, strong risk communication and community engagement and the training of vaccination teams have all contributed to this success, which sets the country on track to reach its 40% coverage target by the end of the year.

- The **Central African Republic** was one of the first countries among the 34 for concerted support to achieve a primary series coverage above 20%. Facing an ongoing humanitarian emergency, the country was nonetheless able to make advances through a mix of strong leadership and bundling COVID-19 vaccination with other health and humanitarian interventions

4 Burundi, Cameroon, Democratic Republic of the Congo, Haiti, Madagascar and Yemen.
5 Countries facing humanitarian emergencies are defined as those that have an active humanitarian coordinator and humanitarian country team in place. This currently includes: Afghanistan, Burkina Faso, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Eritrea, Ethiopia, Haiti, Iraq, Lebanon, Libya, Madagascar, Mali, Mozambique, Myanmar, Niger, Nigeria, Occupied Palestinian Territories, Pakistan, Philippines, Somalia, South Sudan, Sudan, Syrian Arab Republic, Ukraine, Venezuela, and Zimbabwe.

including Vitamin A distribution, deworming and polio vaccination. The President took on a vocal role in promoting vaccinations, presiding over the launch of the nationwide integrated vaccination campaign.

- **Ethiopia** has managed to increase its primary series coverage from just 4% in January 2022 to 32% by the end of October. These gains were often achieved through a mix of political leadership, an evidence- and data-driven approach to identifying and targeting priority groups, and the bundling of vaccines with other health and humanitarian interventions. The third campaign in June 2022 which used a mix of mobile, outreach and fixed posts reached 282,000 refugees and IDPs.

- In **Afghanistan**, vaccination efforts almost stalled in February 2022 in light of various competing priorities and limited resources. Concerted efforts were undertaken by partners to maintain momentum. CoVDP and partners advocated at all levels of the government to continue vaccination efforts, including the identification of solutions to some of the systemic challenges such as the provision of AEFI kits. The country launched an ambitious vaccination campaign in July and has vaccinated more than 4 million people since. Afghanistan is now at 27% overall coverage with high coverage of the elderly.

In humanitarian settings, CoVDP is working with partners at country level to identify individual agencies and NGOs to reach displaced and other vulnerable populations with a package of health and humanitarian activities, including COVID-19 vaccination. This involves for instance the bundling of COVID-19 vaccinations with child immunization and screening for and treatment of malnutrition. CoVDP is also working to identify and faciliate available donor funding for vaccination activities carried by humanitarian partners. Funding has recently been facilitated for the Red Cross in Nigeria to support outreach in regions affected by conflict.

Update on the Humanitarian Buffer & Humanitarian Convening in Q1 2023

As COVAX adapts to meet the evolving challenge of the COVID-19 pandemic, COVAX and humanitarian partners are seeking ways to address equitable access to humanitarian populations within the current context of ample supply, delivery bottlenecks, and the need to integrate COVID-19 with other essential and urgent priorities.

The COVAX Humanitarian Buffer will no longer accept applications from countries and humanitarian agencies after December 31st, 2022. However, for approved applications, vaccine delivery support will continue through 2023.

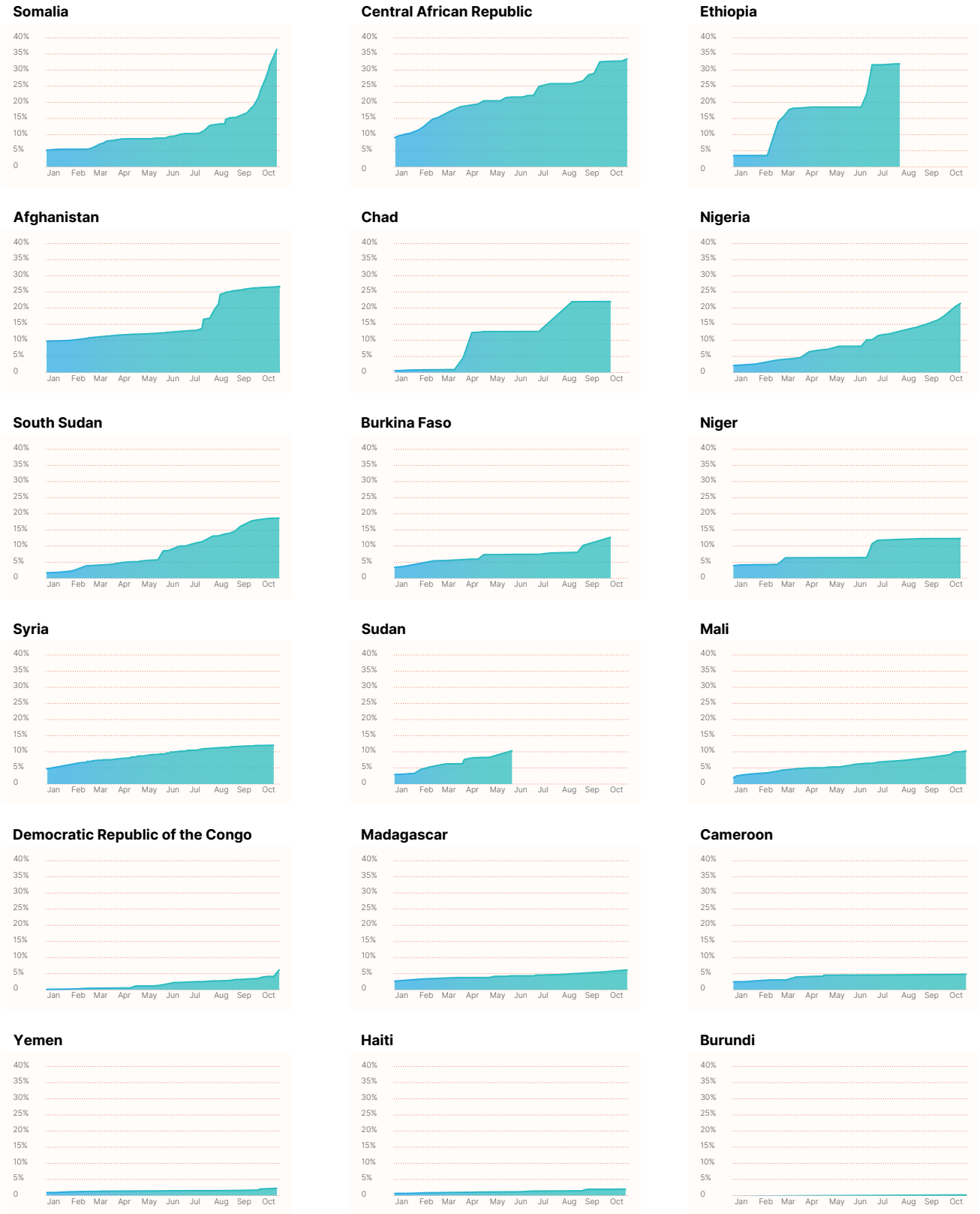
COVAX and humanitarian partners remain committed to increasing access to COVID-19 vaccines in humanitarian settings: the current aim is to transition resources meaningfully into existing or nascent programs and platforms within agencies. The focus is on supporting targeted and integrated delivery of COVID-19 vaccines and other essential services to humanitarian populations, alongside a commitment to learn and plan for long-term systemic change as a part of pandemic preparedness.

In this regard, CoVDP kicked off the preparation of the Humanitarian Convening in early 2023 with a range of partners (e.g. UN agencies, Africa CDC, ICVA, IFRC, ICR, MSF, bilateral partners and member states). The convening will take stock of progress achieved in reaching high-priority populations in humanitarian settings and focus on concrete actions to support. The convening will also address future pandemic preparedness, incl. regulatory processes and legal implications for humanitarian actors involved in vaccine delivery and health systems strengthening in fragile settings.

FIGURE 5

Vaccination progress in countries dealing with humanitarian emergencies

Complete primary series coverage since January 2022



Country snapshots

Democratic Republic of the Congo

In the Democratic Republic of the Congo (DRC), efforts to increase COVID-19 vaccination coverage face a number of headwinds. The country is dealing with multiple challenges, including conflict in the Eastern provinces, competing disease outbreaks (Ebola, polio, measles, cholera and yellow fever), a large share of the population in need of humanitarian assistance (equivalent to 30% of the country's total population), and chronic underinvestment in health care resulting in stretched health systems.

Since January – when primary series coverage was still below 1% - the country has managed to deliver a 18-fold increase in doses administered. Progress has sped up in recent weeks: from 3.4% in September to 6.2% at the end of October 2022.

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This has been achieved through a diversification of outreach strategies, including:

- the mobilization of key influencers such as religious authorities, traditional and community leaders
- a greater involvement of local authorities in planning and implementation activities
- the deployment of community mobilizers, including community health workers (*relais communautaires*)
- the use of different risk communication approaches based on traditional media outlets but also community leaders
- the integration of COVID-19 with the Expanded Program on Immunization (EPI) and primary care services

Overall, there has been a marked increase since April when the national technical coordination for COVID-19 vaccinations (CTNVC) was established. Around the same time, CoVDP conducted its first mission to DRC, advocating for an increased focus on high-priority groups, including health care workers, the elderly, refugees, IDPs and other populations in need of humanitarian assistance. The mobilization of religious leaders as a strategy to increase uptake of vaccines was particularly highlighted by the mission. This contributed to the inception of a pilot project in Kinshasa which mobilized religious leaders as advocates for COVID-19 vaccines and resulted in 72% of participants getting vaccinated. Negotiations are now underway to finance similar projects in other provinces. These efforts and others have already borne results: While 7% of health care workers and 2.5% of elderly (above 55) were vaccinated in April, this figure stood at 19% and 17.4% respectively by the end of October.

During the April mission, CoVDP has also argued for closer collaboration between the CTNVC and humanitarian partners, including the Health Cluster. The CTNVC has since created a consortium of UNHCR, IOM and NGO partners to create monitoring tools for provinces to better capture vaccination coverage data among refugees and IDPs. The CTNVC also now works closely with the Health Cluster, which has conducted a joint mapping exercise to identify all existing activities of humanitarian partners that was subsequently integrated into the National Acceleration

Plan. As a result of these actions, coverage rates have also increased in all 8 humanitarian provinces[6] from an average of 1.7% in April to 6.5% in October. These efforts have also been helped by the strong political support from the Minister of Health in favour of vaccinating IDPs as a matter of priority. CoVDP's facilitation of the disbursement of funding to IOM to reach IDPs in Ituri, North Kivu, South Kivu, and Tanganyika, has contributed to these results.

Beyond the interventions in favour of humanitarian population's vaccine coverage, the country is now looking to leverage the remaining campaigns to actively strengthen health systems. Existing community coordination and engagement mechanisms related to health, such as the health development committees *(comité de développement sanitaire)* and the community mobilization cells *(cellule d'animation communautaire)* are actively involved in vaccination activities thus strengthening their capacities and role in community health.

Djibouti

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Following the launch of the COVID-19 vaccination campaign in October 2021, Djibouti has steadily increased complete primary series coverage from 8% in January to 24% by the end of October 2022, equivalent to 46% of the target population. Despite the small population, major discrepancies in coverage levels persist. The capital Djibouti-Ville has vaccination a coverage of 67% of the target population, driven by campaigns using vaccinodromes, but remaining areas have significantly lower rates with the exception of Obock (43%), followed by Ali Sabieh (36%). The uneven coverage is driven by accessibility challenges outside the capital city and weak healthcare delivery infrastructure in interior regions.

A lot of the recent progress in primary series coverage is down to a greater focus on deployment and delivery outside of the capital and a greater engagement of the community. Launched on May 1, 2022, the reinforced strategy for vaccination against COVID-19 has introduced innovations in vaccine delivery with a local system that covers the whole country, an intense communication and awareness campaign based on community approaches and strong engagement of social mobilizers. CoVDP has supported efforts through the facilitation of emergency funding to cover some of the operational costs of the campaign and to implement a community oriented acceleration strategy.

At the level of the capital - after a careful evaluation and drawing lessons from the immunization campaign launched more than a year ago with a view to intensify and facilitate access to vaccination - a mobile strategy was set up, with vaccino-buses that crisscross the neighborhoods of the city according to a daily schedule of visits established beforehand. This strategy has been a major driver in the uptake of COVID-19 vaccines. Teams have additionally enhanced the working hours to include mornings from 9am and in the afternoons till 5pm (with lunch served between 1pm and 2pm). The addition of free lunch has improved motivation and facilitated the uptake of vaccination.

6 Haut Uélé, Ituri, Nord Kivu, Sud Kivu, Kasai, Kasai Oriental, Lomami, and Tanganyika

Djibouti has been able to use some of this momentum to also boost routine immunization, but these opportunities for bundled vaccinations need to further be leveraged to systematically catch up on childhood immunization. For instance, the vaccination teams now include, in addition to the driver, a COVID-19 vaccinator, a routine vaccinator to cover childhood immunization for under 5s, a recorder for the on-site delivery of vaccination certificates, and social mobilizers.

Overall, there has been an excellent resumption of the activities of the vaccination campaign for the month of October 2022 with 22,224 people having received their first dose of the vaccine. This is the fourth best monthly performance since the launch of the campaign, which makes an average of 5,556 vaccinated per week. In six months (from May 1 to November 5, 2022) 130,811 people were vaccinated.

Through the compendium of best practices, which was launched in September 2022 on TechNet, CoVDP has been collecting, curating and making available a number of insightful case studies on good practices in vaccine delivery, including several case studies covering different strategies and approaches deployed by partners to reach populations in humanitarian settings:

- In the Democratic Republic of the Congo, the Red Cross piloted different approaches to overcome the lack of access to vaccines by high-priority populations, including the elderly and those with mobility restrictions. A community feedback mechanism was successfully deployed to improve access to information on COVID-19 vaccines for target populations and reduce misinformation.

- In Syria, misinformation about the vaccine and its side effects, a lack of information about how to register for vaccines, and mistrust of government have resulted in low vaccination uptake. To counteract in particular the lack of access to vaccines by IDPs, the Syrian Red Crescent engaged in extensive community engagement using public awareness sessions, door-to-door outreach, and mobile vaccination teams.

- In South Sudan, simple, cost-effective and easy-to-use digital tools were deployed to increase the speed and accuracy with which data could be transmitted from hard-to-reach areas to central levels, thus helping decision-makers take informed decisions about where and in what quantities to deploy vaccines.

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 introduction toolkit
- Considerations for choosing COVID-19 vaccine products Eng | French
- Microplanning guide
- Considerations to inform country COVID-19 vaccine decision-making **NEW**
- Good practice statement on the use of variant-containing vaccines **NEW**
- Management and safe disposal of COVID-19 vaccination waste at health facility level **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

17 November 2022
COVAX CSO Engagement Group workshop

29 November 2022
COVAX Country Briefing at 9am (English & French) and 4pm (English & Spanish) Central European Time (CET). Please contact COVAXcountrycomms@gavi.org for more information

30 November 2022
AMC Engagement Group

05-09 December 2022
WHO Global Management Meeting (GMM), Geneva

07-09 December 2022
Gavi Board

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COVID-19 Vaccine
DELIVERY PARTNERSHIP

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