G20 INDONESIA 2022

ACCELERATING COVID-19 VACCINE DEPLOYMENT

Removing obstacles to increase coverage levels and protect those at high risk

World Health Organization · THE WORLD BANK · Gavi The Vaccine Alliance · International Monetary Fund · World Trade Organization · unicef

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Prepared by the World Health Organization (WHO) and the World Bank (WB) with other members of the COVID-19 Vaccine Delivery Partnership: Gavi, the Vaccine Alliance (Gavi) and the United Nations International Children's Emergency Fund (UNICEF) and other members of the Multilateral Leaders Task Force: the International Monetary Fund (IMF) and the World Trade Organization (WTO).

For submission to
the G20 Finance Ministers
and Central Bank Governors Meeting

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BACKGROUND

The first meeting of G20 Finance Ministers and Central Bank Governors under the Indonesian Presidency was held on 17 and 18 February 2022. The communique requested the WHO and WB, and implementing partners work further with countries to report on obstacles to, and accelerate, vaccine deployment strategies to get more COVID-19 shots into arms. This report, produced to answer that request, has been prepared with the support of six international bodies involved in work to support higher levels of COVID-19 vaccination coverage and the leadership of the COVID-19 Vaccine Delivery Partnership (CoVDP) and Act-Accelerator (ACT-A) Hub. The WHO and WB worked in collaboration with the IMF and WTO as members of the Multilateral Leaders Task Force on COVID-19 as well as Gavi and UNICEF as members of the CoVDP to co-produce this report.

EXECUTIVE SUMMARY

The COVID-19 pandemic is far from over. The risk of a new Variant of Concern (VoC) emerging continues to be high due to intense transmission of the virus and low vaccination levels in many parts of the world. This carries with it the threat of further waves of serious disease, mortality, and societal and economic disruption.

The world has a comprehensive COVID-19 toolkit of vaccines, tests, treatments, and Personal Protective Equipment (PPE) to mitigate this risk.[1] COVID-19 vaccines act as a first line of defense and remain highly effective at reducing serious illness and deaths, even as the virus has continued to mutate.

In 2021, WHO laid out a global target to vaccinate 70% of the population in all countries, toward ending and recovering from the pandemic. That target has been met by only 52 countries, while the interim milestone of 40% coverage is yet to be achieved by 69 countries, 21 of which have not yet achieved even 10% coverage. The significant inequities in COVID-19 vaccine coverage threaten to derail sustainable economic recovery, particularly in countries with low coverage levels. Over 11.3 billion doses of COVID-19 vaccines have been administered worldwide resulting in 58% of the world's population having primary vaccination. Yet only 11% of the population in low income countries are vaccinated, compared with 73% of those in high income countries.

For the first time since the pandemic began, the global supply of vaccines is not currently a binding constraint. With coordination between global, regional, and bilateral vaccine suppliers and manufacturers, low and lower-middle countries can now better match the supply of vaccines arriving in country with their own country specific demand for doses. And while trade bottlenecks are being tackled and export restrictions are being rolled back, exports of some vaccination-related products remain restricted, indicating persistent global shortages.[2]

This means the overarching challenge is now vaccine delivery – getting shots into arms. A continued, concerted and country-led push to deliver against nationally defined vaccination strategies can act in support of global targets. The greatest benefits within that approach will come from prioritizing full vaccination and boosters for high risk populations – older adults, healthcare workers, persons with co-morbidities including immunocompromised persons.

Strong leadership engagement and commitment to detailed and costed vaccination plans will be essential. National healthcare system capacity will need to be strengthened. Increasingly COVID-19 vaccination services will need to be integrated with other immunization services and alongside other health and social interventions for maximum impact and to build long-term capacity. As people's risk perception of the virus wanes, careful risk communication and community engagement plans need to be adapted to enhance demand for vaccination, and domestic and international funding needs to be coordinated, available and swift to deliver against clear country plans.

The COVID-19 Vaccine Delivery Partnership, a collective international effort with 'One Country Team', 'One Plan', and 'One Budget'was launched by WHO, UNICEF, and Gavi with international partners including the World Bank to intensify country readiness and intensify delivery support. It focuses on 34 low coverage countries, with the government at the center, to accelerate COVID-19 vaccination.

Despite incremental success since its launch three months ago, low and lower-middle income countries are facing difficulties to get a step change in vaccination rates. This represents a serious threat to the fragile economic recovery, including due to risk of new variants creating large waves of serious disease and death in populations with low vaccination coverage. It also means accelerating the delivery of other COVID-19 tools and treatments is a crucial priority to help the world build up multiple layers of protection against the virus.

Concerted and urgent action from countries, international partners and agencies, along with G20 Finance Ministers is required to increase vaccination levels.

FIVE PRIORITY ACTIONS FOR G20 FINANCE MINISTERS AND CENTRAL BANK GOVERNORS

1. **Fully fund the remaining US$ 1.1 billion requested by ACT-A's CoVDP partners for vaccine delivery while noting the support available from MDBs and other partners** - and commit to close the gap on the remaining US$ 14 billion ACT-A budget asks including for COVID-19 tests and treatments.
2. **Advocate with political leaders and Finance Minister counterparts to ensure all countries urgently accelerate vaccination to reach coverage targets,** especially by vaccinating all high risk populations.
3. **Mobilize financing for crucial national health system capacities** including immunization programs.
4. Advocate and act to **keep borders open** and **reduce tariffs and other trade and regulatory barriers applied to vaccines, inputs, and ancillary products,** so that supply chains can run smoothly, and to facilitate access to COVID-19 tools.
5. **Review progress against the COVID-19 vaccine delivery challenges** outlined in this report at G20 Finance Ministers and Central Bank Governors' meetings in July, October, and November.

RECOMMENDATIONS TO ACCELERATE COVID-19 VACCINE DEPLOYMENT

Tackling the obstacles to obtaining higher levels of COVID-19 vaccine delivery highlighted in this report will also require concerted action from countries with low vaccination coverage and international partners and agencies.

PRIORITY ACTIONS FOR COUNTRIES WITH LOW COVID-19 VACCINATION COVERAGE

1. Ensure **strong leadership engagement** and commitment to **detailed and costed vaccination plans and national targets**, including for **emergency funding requests**.
2. **Prioritise fully vaccinating high risk populations**, as laid out in WHO guidance.
3. **Promote demand for COVID-19 vaccination** including through targeted **Risk Communication and Community Engagement** to address vaccine hesitancy.
4. Integrate COVID-19 vaccination programs alongside the **strengthening and restoration of health systems, including routine immunization programs**.
5. **In humanitarian settings, integrate COVID-19 vaccination with humanitarian activities** and **promote safe and unhindered access** for the delivery of COVID-19 vaccinations to populations in need.
6. **Provide additional layers of protection**, ensuring sufficient focus is also placed on accelerating the **delivery of other COVID-19 tools such as tests and treatments**.

PRIORITY ACTIONS FOR INTERNATIONAL PARTNERS AND AGENCIES

1. **Align coordination at the global level**, through COVAX/ACT-Accelerator with support from the Multilateral Leaders Task Force, **and at the country level**, grounded in the One Country Team approach of the COVID-19 Vaccine Delivery Partnership **behind the challenges set out in this report**.
2. **Agree and deliver on rapid timeframes to respond to emergency funding and technical assistance** requests from countries (CoVDP partners aim to disburse funds for clearly expressed needs within 15 days).
3. **Support countries to build sustainable COVID-19 vaccination programs** adaptable to evolving priorities over time.
4. **Coordinate together and with vaccine manufacturers** to provide countries with **predictable forward timelines for the supply of vaccines matched against demand – coordinate dose donations through global and regional mechanisms**, including COVAX and AVAT, to avoid fragmentation.

Country-by-country specific recommendations to accelerate vaccine delivery in the 34 countries being provided with concerted support by the CoVDP and other partners are set out in **Annex 1** to this report. **Annex 2** contains an overview of the effects of trade-related measures on COVID-19 vaccine deployment.

CONTENTS

CHAPTER 1:

INTRODUCTION

1. It is now over two years since the WHO declared COVID-19 a pandemic. More than six million deaths from COVID-19 have been officially reported, with recent estimates putting the true number three times higher.[3] The virus has caused unprecedented disruption and harm to billions of lives and livelihoods around the world.

2. Global economic losses are expected to be close to US$ 13.8 trillion through 2024 relative to pre-pandemic forecasts.[4] The number of people living in extreme poverty is estimated to have been around 70 million higher than pre-pandemic trends in 2021, setting back the progress in poverty reduction by several years. The long-term impacts on human capital will act as a drag on global growth for decades. The share of children living in learning poverty in low and middle income countries, already 53% before the pandemic, could potentially reach to 70% given school closures and challenges with remote learning. Over seven million children have lost a parent or caregiver due to COVID-19.[5] The pandemic has acted as a 'fragility multiplier', exacerbating the factors that drive displacement, including hunger, poverty, and sexual and gender-based violence, while trapping migrants and displaced people in ever more vulnerable situations due to closed borders and restrictions. For example, women – who represent 39% of global employment – have accounted for 54% of overall job losses during the pandemic.[6]

3. Fortunately, a wide range of safe and effective COVID-19 vaccines have been developed in record time to help mitigate the worst impacts of this pandemic, and more are under active development. WHO authorised vaccines have remained highly effective at reducing serious illness and deaths, even as the virus has continued to mutate. A new variant of concern has appeared on average every four to five months since the pandemic began. Many of these vaccines have been developed and manufactured through partnerships across sectors and countries. Multilateral rules underpin these collaborations that enabled unparalleled speed in the development and manufacturing of COVID-19 vaccines. Even as the greater transmissibility and partial immune evasion of Omicron has changed the impact and perceptions of the pandemic, vaccination continues to protect against hospitalisation and severe disease, slowing transmission, and reducing the risk of future variants. Large immunity gaps, especially among those at high risk, leave populations everywhere vulnerable to COVID-19 mutations and rapid waves of infection.

4. A continued push to support countries to achieve their own national vaccination targets in support of the global target of 70% coverage is key to minimising risks – both locally, but also as global health security priority. The greatest benefits within that approach will come from prioritising full vaccination and boosters for high risk populations – older adults, healthcare workers, persons with co-morbidities including immunocompromised persons and pregnant persons, among others.

PANDEMIC IMPACT KEY FIGURES

>6 MILLION DEATHS

from COVID-19 officially reported. Estimates predict real number is 3x higher

~$ 13.8 TRILLION

of economic losses expected through 2024

~ 70M

more people estimated to be living in extreme poverty

Women accounted for

54%

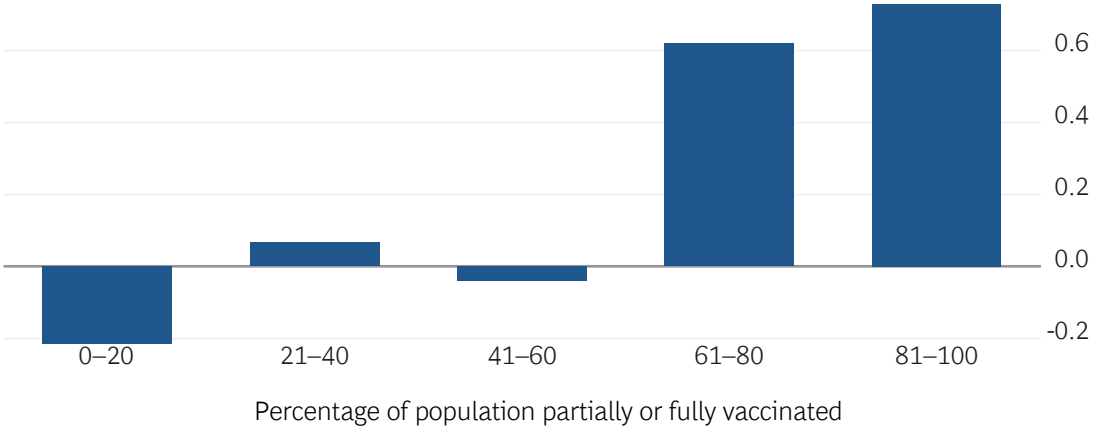
of overall job losses, despite representing

39% of global employment

5. Vaccine policy is now also economic policy. As set out in figure 1, countries that have been able to achieve higher rates of vaccine coverage have also been able to recover faster from the economic disruption caused by COVID-19, with low vaccination rates contributing to a drag on recovery elsewhere. Prior to the war in Ukraine, while advanced economies had been projected to return to their pre-pandemic growth trends this year, several emerging markets and developing economies were projected to have sizeable output losses into the medium-term.[7] Increasing vaccination levels will help drive a sustainable global economic recovery. Reducing the impact of COVID-19 on health systems will also allow countries to return to other crucial health and economic priorities at a time of great global insecurity. And if the world or parts of the world find themselves in a severe downside scenario then there will be significantly higher health and economic returns from a higher vaccine coverage.[8]

FIGURE 1: VACCINATION HAS PROVED AN EFFECTIVE ECONOMIC POLICY

Average revisions to 2021 GDP growth by levels of vaccination (% points)[1]



1. Difference between October 2020 forecast and latest estimate (% points)
Note: "Revision to 2021 output" refers to the difference between real GDP growth rats for 2021 estimated in the October 2020 World Economic Outlook and latest IMF estimates. Sources: IMF, Our World in Data

6. Trade is an intrinsic part of economic recovery, and essential for efficient supply chains. Keeping borders open and reducing trade-related bottlenecks and economic barriers to ensure that manufacturing inputs, finished vaccines, and ancillaries can reach their destinations plays an important role in effective vaccine deployment.[9] Annex 2 to this report contains information about the effects of trade-related measures on COVID-19 vaccine deployment.

7. For much of 2020, and 2021, securing access to scare supplies of COVID-19 vaccines was an overriding priority for most countries and fuelled global inequalities in vaccine access. With the supply situation easing, the overarching global challenge now is getting shots into arms. This report was requested by G20 Finance Ministers and Central Bank Governors, recognising the tremendous risk to global economic recovery and growth linked with ending the acute phase of the pandemic. This entails a rapid equitable acceleration of vaccine coverage across the world. Despite the coordinated support by CoVDP and partners to increase vaccination rates in lagging countries, success has been modest at best. Now more than ever, there is a need for urgent investment and advocacy by Finance Ministers and Central Bank Governors to support this work. Delays in accelerating vaccine coverage risk delaying the end of the acute phase of the pandemic.

8. This report provides an update on the global progress on COVID-19 vaccine delivery to date and then highlights a set of common challenges that will need to be overcome to raise coverage levels and prioritise high-risk groups. It ends with a set of recommendations for countries with low coverage rates, international partners and agencies, and G20 Finance Ministers and Central Bank Governors to take to help drive progress in 2022.

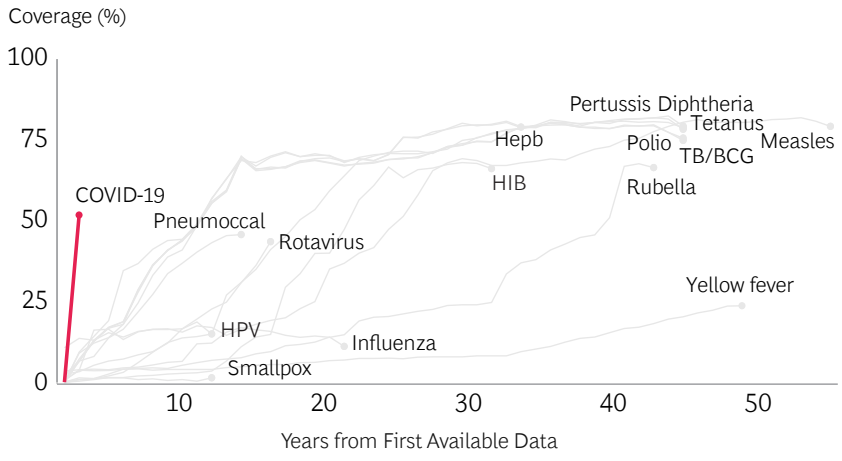
CHAPTER 2:

COVID-19 VACCINE DELIVERY – WHAT HAS HAPPENED, WHERE DO THE GREATEST OBSTACLES REMAIN?

PROGRESS HAS BEEN UNPRECEDENTED, BUT UNEQUAL

9. The pace and breadth of the global rollout of COVID-19 vaccines to date is unprecedented. Prior to the COVID-19 pandemic, manufacturers produced an estimated total of five billion vaccines doses per year – across all diseases. 65% of the world's population has now received at least one dose of a COVID-19 vaccine and over 11 billion doses have been administered globally. The COVID-19 vaccine rollout has been achieved at global level faster than any other vaccine in history (see figure 2), saving millions of lives. Less than 12 months after the first vaccine was authorised every country in the world, except two,[10] had introduced new COVID-19 vaccine programs – an unprecedented achievement. The growth in vaccine trade was also accompanied by increasing trade in related or intermediate inputs underpinning their global manufacturing and distribution.

FIGURE 2: HISTORICAL SPEED OF VACCINE ROLLOUT AGAINST TRANSMISSIBLE DISEASES.[11]



Source: COVID-19 Vaccine Development and Rollout in Historical Perspective, Center for Global Development (February 2022) - Amanda Glassman, Charles Kenny, and George Yang

PROGRESS & OUTLOOK

1.2bn
doses delivered by COVAX

65%
of world population has received at least one dose

11.2%
fully vaccinated coverage in LICs

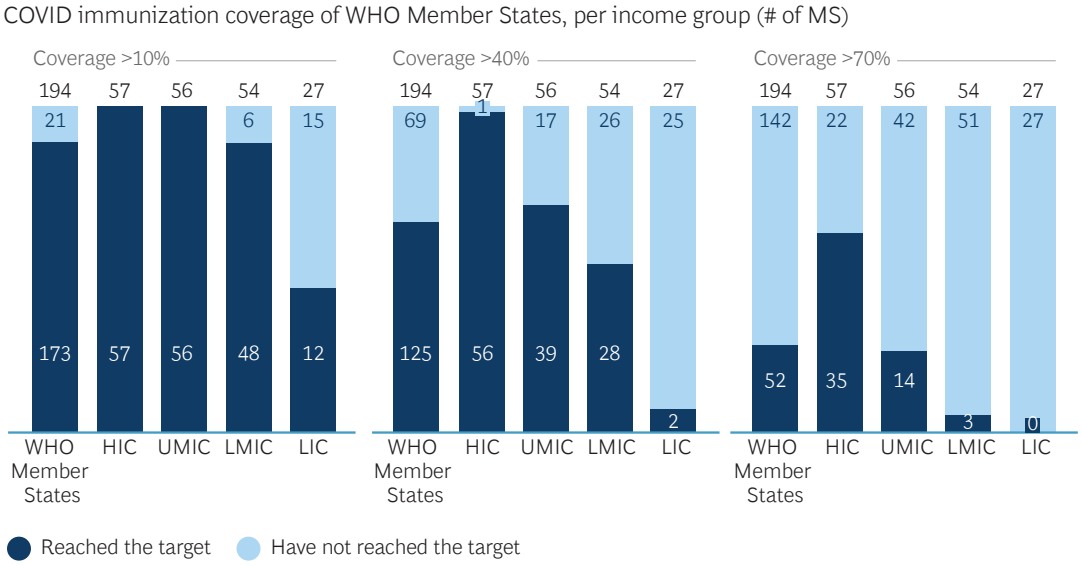
34 COUNTRIES
at or below **10%** coverage in January 2022 and off track to achieve the WHO's 70% target are receiving concerted support

Greatest benefits will come from prioritizing full vaccination & boosters for **high risk populations**

10. High and upper-middle income countries have been able to reach high vaccine coverage across their populations, surpassing global targets. Across high income countries, 877 million people (73.6% of the population) have now been fully vaccinated.[12] In upper-middle income countries that number rises to 1.6 billion (73.9%). Most of these countries also have active booster programs for their vulnerable populations reflecting the latest WHO guidance, and in many cases for all adults. In general, these countries were able to strike individual bilateral deals with COVID-19 vaccine manufactures to secure relatively early deliveries of COVID-19 vaccines. When combined with strong and well-funded health systems this allowed higher income countries to plan in advance and introduce successful mass vaccination strategies that were rolled out over the course of 2021. Upper-middle income countries were not able to move as fast as higher-income countries but have gradually caught up. 70% of the population of G20 countries have now been fully vaccinated.

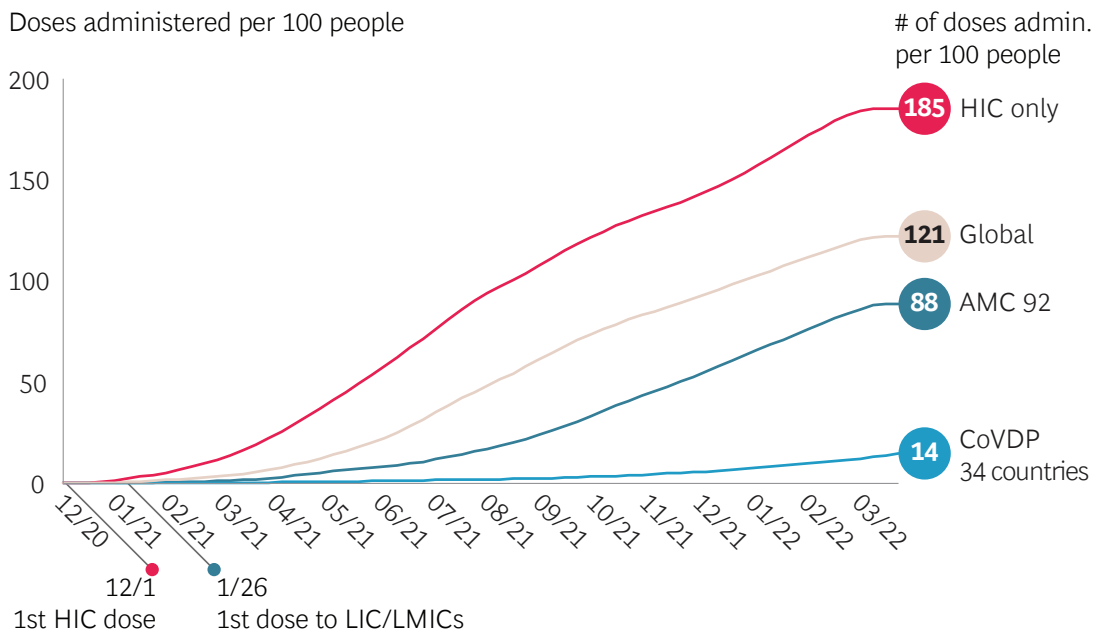
11. Unfortunately, while progress has been made, the delivery of COVID-19 vaccines against global targets remains unequal and falls short of the expectations set out by G20 leaders last year for all countries to reach 40% vaccination coverage by end 2021 and 70% by mid-2022.[13] – as set out in figure 3.

FIGURE 3: COVID-19 IMMUNIZATION COVERAGE OF WHO MEMBER STATES, PER INCOME GROUP (# OF MS).



12. Despite the first COVAX[14] -supported doses being delivered within 39 days of the vaccine administered in a high-income country, for much of 2021, progress was disappointing. Disruptions to global supply chains, export restrictions applied to vaccine-related inputs and finished products, manufacturing challenges, intense competition for vaccines and delays to regulatory approvals meant that many low and lower-middle income countries were left behind as deliveries of COVID-19 vaccines increased in higher income countries. This made it almost impossible for them to plan, test and implement their delivery systems for COVID-19 vaccines at scale. Levels of vaccination coverage in low and lower-middle income countries trailed consistently behind wealthier countries and despite recent progress, remain so today. Across lower-middle income countries, 1.6 billion people (47.9% of the population) have now been fully vaccinated. In low-income countries that number falls to 73 million (11.2%) of the population. One third of the world's population remains unvaccinated. The differential pace of vaccination across country categories is set out in figure 4 below.

FIGURE 4: DOSES OF COVID-19 ADMINISTERED PER 100 PEOPLE ACROSS A SELECTION OF COUNTRY GROUPINGS.



Note: AMC 92 includes India. CoVDP 34 countries are a subset of AMC 92 countries. Sources: CoVDP InfoHub (https://infohub.crd.co/) (March 29th, 2022), Press Search, Our World in Data

FOUNDATIONS HAVE BEEN LAID TO REDUCE INEQUALITY IN 2022

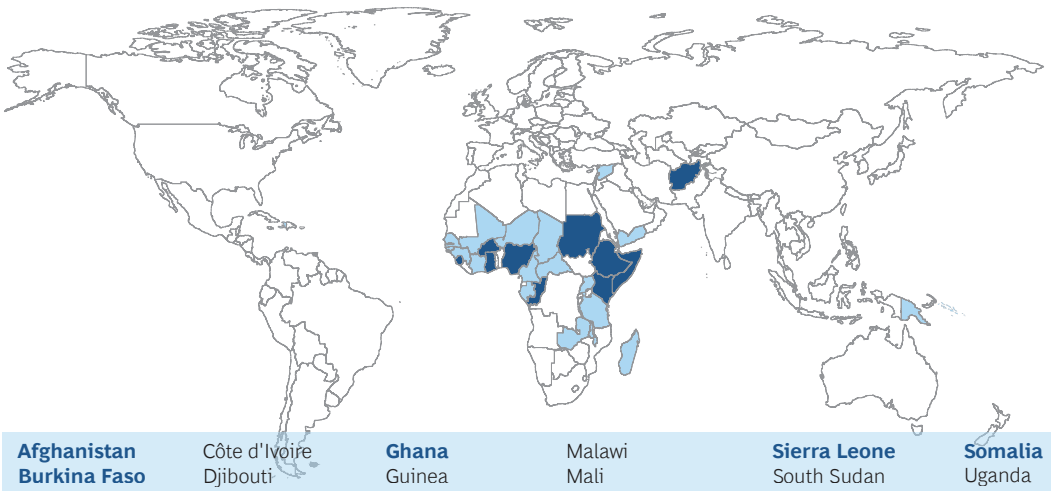
13. For the first time since the pandemic was declared two years ago, there is currently sufficient supply in the global vaccine market – which means countries can secure the vaccines they need, on a timescale that works for them, and better plan their vaccination strategies. Over the past two years a significant amount of work has been done across lower income countries to prepare for large-scale vaccination deployment, in many cases supported by the country readiness and delivery work of international partners, and for many it is only in recent months that those plans could be operationalised at scale.

14. As supply constraints have eased, it has become clear that a group of countries could benefit from concerted support to accelerate COVID-19 vaccination. Recognising the urgency of turning vaccine doses into vaccinated, protected, people and communities, Gavi, UNICEF and WHO, launched the COVID-19 Vaccine Delivery Partnership (CoVDP) in January 2021, an inter-agency initiative building on existing resources and partnerships at country, regional, and global level to accelerate vaccination coverage in countries that face the biggest challenges to reaching their vaccination targets. The work of the CoVDP has been supported by and coordinated with members of the Multilateral Leaders Task Force, as well as donor partners and the ACT-A Health Systems and Response Connector.

15. Despite inequality across country income levels, important progress has been made that can act as a foundation to drive higher coverage levels for low- and lower-middle income countries during 2022. International partners are now able to provide support at scale. COVAX has now delivered more than 1.2 billion donor-funded doses to the 92 lower-income members which it is supporting through the Advanced Market Commitment (AMC) mechanism.[15] The World Bank has committed US$ 8 billion in vaccine financing across 71 countries, supporting the purchase of over half a billion doses, of which, 269 million doses have been delivered and 200 million administered. Other sources include regional development banks as well as the deals secured by the African Union's African Vaccine Acquisition Trust (AVAT) and Pan American Health Organization (PAHO) revolving fund, that are providing complementary supply. Many G20 countries have and are planning to provide large numbers of donated COVID-19 vaccine doses. These provide significant value when delivered through predictable timetables, with long shelf-lives as requested by countries and coordinated through global mechanisms like COVAX, or regional mechanisms like AVAT.

16. The CoVDP and partners are providing concerted support to 34 countries that were at or below 10% coverage in January 2022 and off track to achieve the WHO's 70% global coverage target by June 2022. It is providing the 10 countries facing the greatest challenges with immediate support on a rotating basis[16] to help them address bottlenecks (see figure 5). The CoVDP works with countries and partners based on a 'One Country Team', 'One Plan', and 'One Budget'[17] approach to understand bottlenecks to vaccination. Countries are supported to access urgent operational funding, technical assistance, political engagement and demand and supply planning required to plan, implement and scale their vaccination response and monitor progress towards targets. The World Bank has approved vaccine operations in 27 of the 34 countries and in line with country requests is closely aligning its financing and support to overcoming the bottlenecks identified through the One Country Team approach.

FIGURE 5: 34 COUNTRIES ARE BEING PROVIDED WITH CONCERTED SUPPORT BY THE COVDP



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

● Countries agreed upon for immediate support

17. **That supply will need to be sustained and provided to countries in a predictable way to allow them to successfully plan their vaccination strategies and campaigns.** Transparency is key and global, regional and bilateral suppliers of vaccines, including vaccine manufactures need to coordinate together to give countries a clear forward pipeline of their future vaccine supply, to allow them to plan effectively for delivery. At various points in this pandemic, for example through disruption to manufacturing, or the arrival of new variants leading to increased competition, the supply of COVID-19 vaccines to lower income countries has been disrupted. Now that vaccine deployment strategies are underway across AMC countries it is crucial tools are in place to stop that happening again. At the moment, the supply picture is positive. AMC countries are now able to order the vaccines they want from COVAX on a rolling six-month forward basis. MDBs and regional organisations like AVAT also have clear visibility on the delivery of their contracted doses. International partners can play an important role here by working together to match the supply of COVID-19 vaccines to the specified demand of AMC countries which will help to ensure vaccination strategies can be well designed and minimise dose wastage – with bilateral donors ensuring donated doses are channelled through COVAX or other regional bodies.

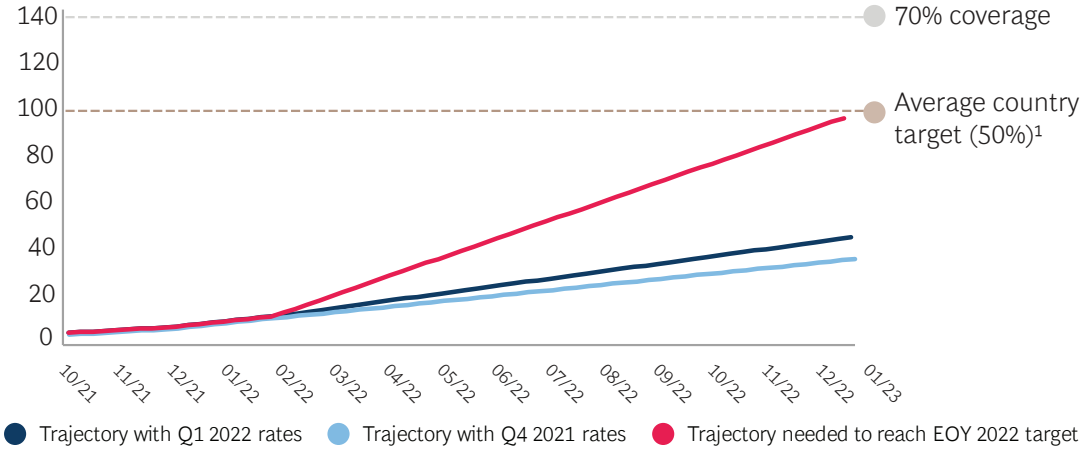
18. **The importance of securing diversified regional vaccine manufacturing capacity has also emerged as a priority with new initiatives underway –** both to secure locally-made doses of COVID-19 and other vaccines and as part of longer-term pandemic preparedness agenda. There are a broad range of opportunities in this space being driven forward by governments and supported by international partners and financial institutions, including the WHO mRNA hub and spokes. Many are focused on Africa, such as the Partnership for African Vaccine Manufacturing, and aim to provide the continent with greater resilience and capacity to secure doses early in a pandemic. Securing sustainability in the medium and long term will be crucial here. The pandemic has also proven the importance of the pooled vaccine procurement mechanisms that combine demand across countries for negotiation power and efficiencies. The COVAX facility, PAHO Revolving Fund, and AVAT have each provided important means by which vaccine doses are secured and market shaping advanced.

WHILE PROGRESS IS BEING MADE ACROSS THE AMC92 AND 34 COUNTRIES BEING PROVIDED WITH CONCERTED SUPPORT, SIGNIFICANT CHALLENGES REMAIN

19. **Over 43% of the population of AMC 92 countries are now fully vaccinated.** Since January 2022, vaccination rates have increased by a third across the 34 countries from an average of 2.7% of the population per month during the fourth quarter of 2021 to 3.6% per month in the first quarter of 2022. Only 19 of the 34 countries now have less than 10% coverage, 14 of those countries are on the African continent.

20. **Countries have set ambitious plans and vaccination targets, in the context of their national priorities and international goals.** On average, the 34 countries are seeking to fully vaccinate 50% of their population by the end of 2022. 15 of them have set targets at or above the WHO's goal of 70%. For countries to hit their nationally defined targets will require them to consolidate the progress they have made since January – and then to increase that rate 3.5 times between now and the end of the year – as set out in figure 5. International partners are working to support countries to achieve those milestones, with a particular focus on reaching everyone in the high risk groups – older adults, healthcare workers, persons with co-morbidities including immunocompromised persons – which is likely to have the greatest health impact and return on investment with limited resources. How those targets are met – and which people are protected first – is worth just as much attention as achieving the targets themselves.

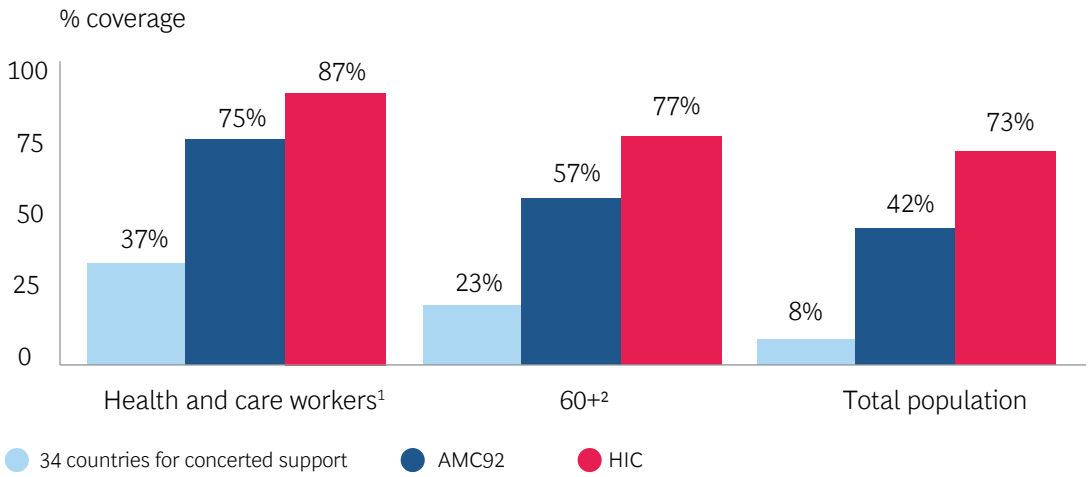
FIGURE 6: DOSES ADMINISTERED PER 100 PEOPLE IN 34 COUNTRIES FOR CONCERTED SUPPORT



1. Weighted average of country interim milestone targets. Note: Assumes all doses are part of 2-dose primary vaccination series. Source: CoVDP InfoHub (https://infohub.crd.co/) (March 29th, 2022)

21. Going forward, helping countries to prioritise vaccinating those high risk groups within their national plans will have the most impact on reducing morbidity, mortality, and protecting health systems. These populations should also receive prioritised access to booster doses where recommended – an even more important layer of protection against the Omicron variant. This should be a focus of vaccine delivery campaigns both across the AMC92 and the 34 countries targeted for concerted support– where surveys suggest vaccination rates among vulnerable categories are lower than in high-income countries, especially among those 60+, as shown in figure 7.

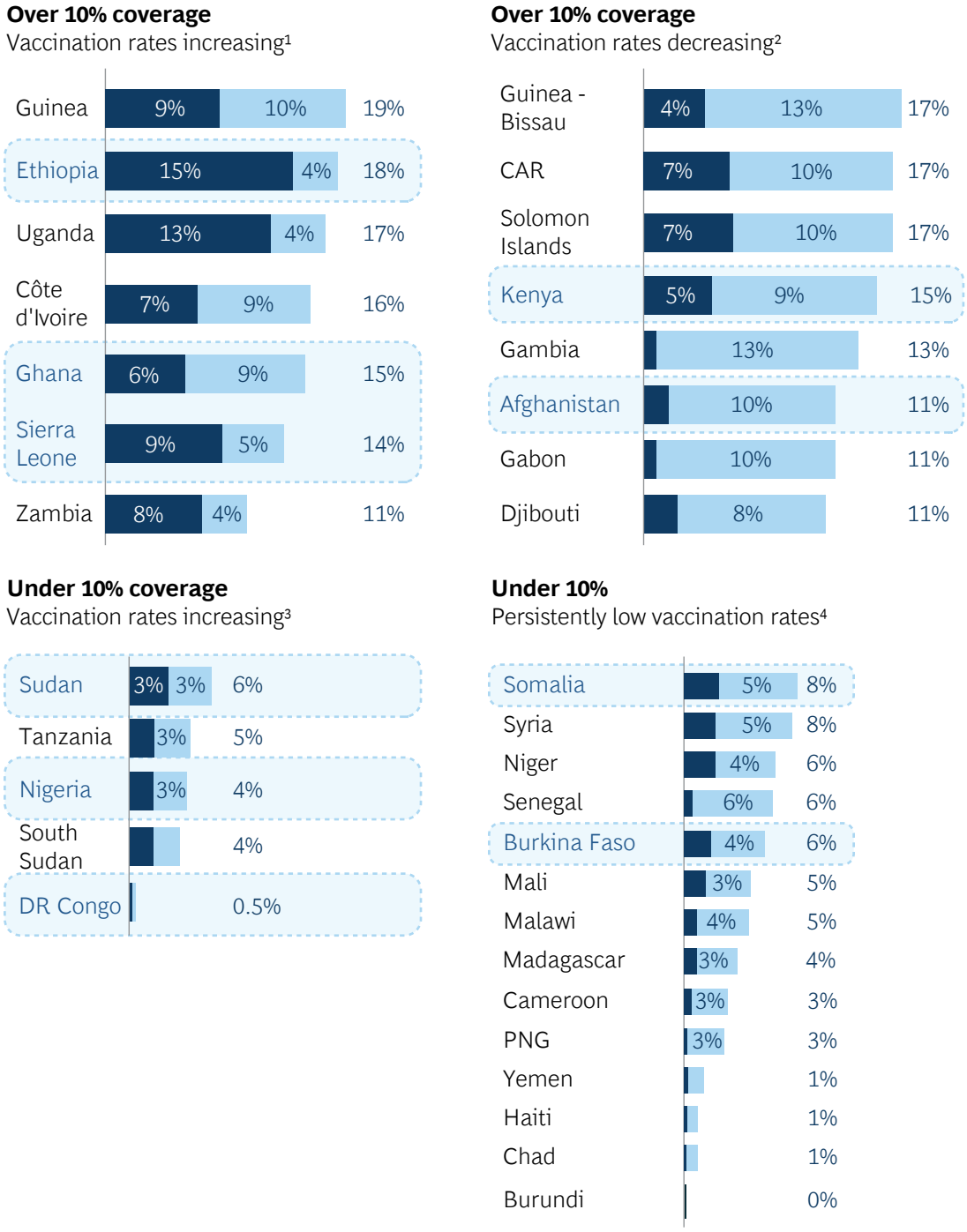
FIGURE 7: PERCENT OF EACH POPULATION GROUP VACCINATED, BY CATEGORY



1. For AMC92 & 34 countries: Numerator data extracted from eJRF, monthly regional systems, & WIISE. All countries capped at 100%. Weighted average calculated from those countries reporting. For HIC: Numerator data gathered from primary source research on April 1st, 2022. Where a range was provided, the average was taken. Countries included: USA, Japan, Germany, France, UK, Italy, Spain, Netherlands, Belgium, Greece, Denmark, Finland, Slovakia, Uruguay. For all: Denominator data considered in the following priority order depending on data availability: first ILO & UNDP HCW estimates, and then secondly the data reported by countries (WIISE). 2. Numerator data for all categories extracted from eJRF, monthly reporting systems, and WIISE. Denominator data sourced as per HCW data. Definition of older population varies by country – age cut likely different (e.g. 50+ or 55+) for some countries. Note: Data shows percentage of population with complete primary series. Sources: eJRF, other monthly regional reporting systems, ILO health workforce data, UNDP, CoVDP InfoHub (April 7th, 2022)

22. The most recent performance of the 34 concerted support countries can be shown across four different categories – as set out in figure 8. The categories demonstrate which countries have been able to capitalise on vaccines now being available and the support and attention provided through national systems and by international partners. They serve to illustrate where bottlenecks can be overcome with concerted support and highlight where further international support is needed.

FIGURE 8: SUMMARY OF THE RECENT PROGRESS MADE ACROSS THE 34 CONCERTED SUPPORT COUNTRIES, SPLIT ACROSS FOUR CATEGORIES.



1. Coverage >10%, >40% of total coverage achieved in last 2 months. 2. Coverage >10%, <40% of total coverage achieved in last 2 months. 3. Coverage <10%, >40% of total coverage achieved in last 2 months. 4. Coverage <10%, <40% of total coverage achieved in last 2 months. Note: Data shows percentage of population with complete primary series. Source: CoVDP InfoHub (https://infohub.crd.co/) (March 25th, 2022)

23. The first group of seven countries have coverage levels over 10% with vaccination rates increasing. In general, these countries have benefitted from strong leadership engagement and have taken advantage of greater certainty over supply at the end of 2021 to implement new approaches to vaccination. For Uganda this meant taking the decision to move from fixed site delivery to mass vaccination campaigns to boost coverage. Driven by ambitious targets set from the President and with the support of the Ministry of Health and key partners, the campaign has been introduced in phases and led to three-fold increase in country coverage rates within two months. The campaign was backed by the introduction of appropriate digital tools which allowed for real time planning, monitoring, and adjustment of strategies. Ethiopia ramped up vaccination rates by pursuing bottom-up microplanning, ensuring timely disbursement of funds to local levels, and carrying out a similar series of phased mass vaccination campaigns. Ghana's recent success comes from combining a series of mass vaccination campaigns with a focus on increasing the number of sites available and using flexible, mobile, and door-to-door strategies in areas of low uptake. The involvement of community leaders and public vaccination of key figures increased social mobilisation. Sierra Leone has adopted a surge approach to accelerate COVID-19 vaccination with six surges completed (reaching 300,000-400,000 per surge) and now planning for a seventh surge. Both Ghana and Sierra Leone are success stories of countries effectively communicating urgent funding needs so that international partners can help coordinate rapid disbursement.

24. The second group of eight countries have coverage levels over 10% but with vaccination rates decreasing or stagnating. In the Central African Republic, with coverage levels approaching 17% after successful early campaigns, the focus now is on the need to develop bespoke micro-plans at the district level to create ownership and reach those who are willing to get vaccinated if the vaccines can be brought closer to them. In Afghanistan, 11% of the population has been fully vaccinated but recent performance has not maintained earlier pace due to adverse weather conditions, security challenges, shifting priorities to measles and other outbreaks and food shortages which are exacerbated by the economic situation and humanitarian challenges. The COVAX Humanitarian Buffer[18] has also been deployed to provide 1.6 million doses of COVID-19 vaccines to Afghan refugees outside of Afghanistan.

25. The third group of five countries have coverage levels below 10% but with vaccination rates increasing. Countries in this group typically have very unique funding asks and specific challenges to improve vaccination coverage. In Nigeria, establishing a strategy that works at national but also at a state and local level is imperative. In February 2022, the CoVDP conducted a high-level mission in Nigeria 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. Nigeria has now launched a refreshed national strategy based on state and micro level plans to tackle the identified blockages. These included setting state level targets to drive and monitor progress, tripling number of vaccination teams and engagement with religious and community leaders on community mobilisation and dialogue. Nine micro-plans have been submitted so far of the 36 expected. Out of 26 provinces, the Democratic Republic of Congo now has four provinces conducting mass vaccination campaigns and 16 providing vaccination through routine vaccination services which has driven the recent increase coverage despite low overall coverage (less than 1%).

26. The fourth group of fourteen countries have coverage levels below 10% and have persistently low vaccination rates. Somalia's coverage has remained low despite strong performance in a few States due to a combination of issues including around vaccine tariffs, lack of operational plans, and competing priorities such as forthcoming elections, drought, and measles. Vaccination coverage in Burkina Faso has made limited progress overall with the country now just getting the first campaigns off the ground. Niger has had strong engagement from political leadership on COVID-19 vaccination, but continues to struggle with limited decentralised vaccine storage and insufficient mobile logistics for outreach (for example, motorbikes). Other factors underlying the limited performance are insufficient coordination across regions, insufficient personnel, especially to reach remote populations and inadequate storage and waste management facilities.

27. Moving forward, countries will need to be provided with financial and technical support to tailor their vaccine strategies to their national priorities. Governments are facing rising pressure to tackle other non-COVID-19 related health and economic priorities as people's risk perceptions of the pandemic wane. For example, outbreaks of measles and polio in Senegal have led to stagnating demand in 2022. This will likely require more integration of COVID-19 vaccine programs into national health services as part of long-term planning as the virus becomes endemic – a process which will take time. This will require establishment of regular adult vaccination programs in countries, rather than campaign approaches which are effective to rapidly increase coverage in the short-term. It will require a mix of modalities – for example continued campaigns where coverage levels remain very low, or where high-risk groups require additional support – and national programs depending on country circumstances and targeted at getting the best public health outcomes and return on investment. A clear focus here will help to ensure essential health services, like routine immunization, are maintained and protected during the COVID-19 vaccine rollout.

28. Annex 1 provides a country-by country list which has more detail on the state of vaccine delivery across all 34 countries being provided with concerted support by the CoVDP and partners. It highlights the individual challenges that need to be addressed in more detail. The next section of this report provides a thematic overview of those challenges and summarises key success stories from countries within the AMC92 and 34 concerted support countries which have successfully accelerated vaccination rates.

CHAPTER 3:

OVERCOMING FIVE KEY CHALLENGES CAN HELP TO DRIVE VACCINE DELIVERY IN COUNTRIES WITH LOW VACCINE COVERAGE

29. The previous chapter demonstrated that a concerted effort will be required to increase coverage levels in the 34 countries being provided with support by international partners. To have any chance of success, and in light of the WHO's global 70% target, international partners will need to coordinate their efforts and work in line with countries' own vaccination strategies and implementation plans. Additionally, there are middle income countries which have not achieved their targets and prioritized actions are needed for them to rapidly accelerate.

30. There is no one size fits all solution. In normal times, national immunization programs and campaigns are intensively planned months and years in advance. Most but not all deliver childhood vaccines. Each country's health system operates differently. Many health systems in low and middle income countries are chronically underfunded. Vaccination strategies take into account local and regional differences and are adjusted to take account of cultural and historical factors and take years to develop.

31. Crucially, international partners must work together under the leadership of national governments to design and implement bespoke plans for each country that tackle the specific obstacles and challenges to achieving higher rates of COVID-19 vaccination. Many partners have a role to play here, including Civil Society Organisations (CSOs) whose local knowledge and expertise on the ground form an important part of both the development and delivery of national and subnational vaccination plans, including in humanitarian settings.

32. Despite inherent differences specific to each country, it is possible to draw out common obstacles that have been overcome by countries that have managed to deliver successful COVID-19 vaccination programs. Five core challenges will need to be tackled by the 34 countries to deliver sustainable increases in COVID-19 vaccination coverage.

5 KEY CHALLENGES FOR VACCINE DELIVERY

1. Ensuring strong leadership engagement & detailed vaccine planning
2. Increasing the amount, speed, and coordination of funding
3. Reducing vaccine hesitancy and increasing demand for COVID-19 vaccination
4. Augmenting mission-critical healthcare system capacity
5. Ensuring prioritisation of COVID-19 vaccination in addition to other health priorities

CHALLENGE 1:

ENSURING STRONG LEADERSHIP ENGAGEMENT AND COMMITMENT TO DETAILED VACCINE PLANNING IN COUNTRIES WITH LOW VACCINATION COVERAGE

33. Experience has demonstrated that strong political leadership with clear governance and coordinating mechanisms are essential underlying factors for effective COVID-19 vaccine delivery. International guidance and frameworks are available to help countries introduce National Deployment and Vaccination Plans (NVDPs) – which helped provide the framework for over 100 countries to develop plans early in the pandemic. Underneath that, developing detailed operational microplans helps ensure the proper prioritization and distribution of human, financial, and medical resources for effective COVID-19 vaccine delivery. Countries with senior political and technical leaders committed to mobilizing the resources needed to scale up vaccination have shown success in raising demand and getting vaccines into arms.

34. Strong leadership and coordination across the national, subnational, and community levels is also key. At the national level, successful COVID-19 vaccine delivery focuses on creating an efficient coordination mechanism, enabling policy environment, functional procurement system, and healthy mechanisms for adequate and rapid resource allocation. At sub-national levels, including districts and sub-district levels, strong local governance, coordination, and monitoring mechanisms against set goals are key. Capacity is required to manage a complex array of actors including private sector, development partners, and communities including traditional and religious leaders.

35. Many of the 34 countries with less than 10% coverage in January 2022 have struggled with consistent coordination and engagement at the senior levels of government. In some countries, conflict and insecurity have posed an additional challenge to scale-up COVID-19 vaccination responses including reaching displaced populations. But where high government engagement and political commitment are exercised, results have been encouraging. Many countries have launched strategies with the public vaccination of Heads of State which is cited as key to trust and success in uptake of the vaccines. Rwanda, Seychelles, and Mauritius have achieved vaccination coverage of 60% through strong engagement. Among the 34 countries receiving concerted support, Ghana and Ethiopia have made good recent progress in aligning leadership behind clear plans. National structures such as a National Task Force or Technical Working Group (TWG) also enable effective oversight and coordination. After a concerted advocacy effort, Burundi approved its first NVDP in March 2022, and will now expand vaccination sites outside of the capital.

Country example

RWANDA

In Rwanda, coordination between the Government, both at central and local levels, and development partners has been key to a successful COVID-19 vaccination campaign.

Success is grounded in the proactive steps the Government has taken to ensure the availability and distribution of vaccines across the nation, working in a whole of government approach and with communities, coordinating with partners.

The central government has met daily with local governments to identify challenges arising at district level.

Those daily meetings cover the supply of vaccines, data improvements, the state of health and care workers, and rely on local skills and competencies to use digital tools.

The country has reached 62% coverage rate and aims to vaccinate 86% of the population by the end of 2022.

36. International partners can play a role in helping countries tackle this challenge by engaging political leadership and supporting countries to develop and implement their national strategies and subnational operational plans. This can include providing additional surge capacity to work alongside the country coordination mechanisms – and by making sure that supportive efforts are docked into and well aligned with countries' own national mechanisms. Strong coordination and communication of all partners is essential to maximize the impact, avoid confusion, and build public trust in the vaccines and the immunization efforts.

Country example

MOROCCO

Morocco reached 40% vaccination coverage by end of 2021, is on track to achieve 70% coverage by end of June 2022, and is currently at 62%.

The national vaccination program has had the highest level of political ownership from the beginning – King Mohamed VI was the first person to get vaccinated to build trust among the citizens.

Success has been driven by a whole of government approach with strong governance.

The Minister of Health chairs the National Steering Committee with cross-government representation. A clear vision of what to achieve and a deployment plan was ready in early 2021.

Roles and responsibilities of different government offices/ ministries were spelled out clearly and strong oversight was in place for implementation.

CHALLENGE 2:

INCREASING THE AMOUNT, SPEED AND COORDINATION OF FUNDING IS CRUCIAL TO ENSURE THE FULL IMPACT OF HEIGHTENED POLITICAL ENGAGEMENT

37. External funding for COVID-19 vaccine delivery is an important complement to domestic budgetary resources for low-income countries and some lower middle-income countries – issues related to the efficiency, speed, and coordination of external funding are particularly relevant for these countries. Accurate budgeting is an important step towards efficient coordination of funding and can help countries leverage their domestic financing. Countries rely on multiple budgeting methods to estimate the cost of the COVID-19 vaccine roll-out and to reflect costs in their national budgets accordingly, including covering basic health costs such as the payment of health and care workers. These different methods include available global costing models, based on assumptions,[19] budgeted National Deployment and Vaccination Plans (NDVPs), budgeted micro plans, and other budgets in funding proposals (that may be country level, regional or global). All these budgets need to be reconciled to provide a clear picture of funding needed and to build consensus on next steps with budgeting at country level. That is not always the case.

38. Increasing coverage levels will require significant funding over the course of 2022, and beyond. Funding will need to come from domestic sources, MDBs, international and regional agencies, as well as donor partners. International estimates on the size of funding required for delivery vary. Detailed bottom-up costs from the countries required concerted report are being compiled by the CoVDP. A recent study suggested national in-country delivery investment needs of US$ 3.7 billion across 133 low- and middle-income countries[20]. ACT-A partners have identified a need of US$ 1.7 billion of additional grant funding for delivery to help countries fill these gaps. Gavi was able to raise its US$ 600 million request in full at the Break COVID Now summit on 8 April. That leaves a remaining gap of US$ 1.1 billion split between UNICEF (US$ 575 million) and WHO (US$ 525 million) on top of the country-specific delivery support that is being delineated as part of the CoVDP process in each country – where contributions by MDBs and other bilateral donors, funders (e.g. private sector) and regional partners will be needed. For example, the World Bank has made significant funding available for delivery across its approved vaccine projects in over 70 countries, more than half of which are in Africa. US$ 700 million of funding for delivery was originally earmarked for delivery in World Bank vaccine projects approved in the 34 countries receiving concerted support – although in total around US$ 1.3 billion in approved but unallocated funding remains available at countries' request to be used for vaccine-related activities.

Country example

CHAD

The Government of Chad and development partners have jointly planned a COVID-19 vaccination campaign.

Under the leadership of the recently appointed Minister of Health and following the recommendations of the revised National Vaccine Deployment Plan, a vaccination campaign to accelerate COVID-19 vaccination was planned by the Ministry of Public Health and National Solidarity and partners.

The COVID-19 Vaccine Delivery Partnership worked with the World Bank task team to coordinate their support and align investments.

The campaign, which covers 10 out of 23 provinces, was launched by the Minister of Health on March 24th.

The overall cost was estimated at US$ 5.7 million and financed by Gavi (US$ 1.2 million), the World Bank (US$ 2.3 million) and UNICEF (US$ 2.2 million).

A second phase of the campaign is planned in May to cover the remaining 13 provinces.

39. All international partners must work with countries to support budget preparation and ensure that budgets include COVID-19 vaccine delivery financing needs. The CoVDP, in collaboration with countries, is developing a roadmap to better coordinate across the multiple delivery funding streams that already exist. Having a single agreed budget in support of the plan to accelerate COVID-19 vaccine delivery ensures clarity and accuracy on countries' funding needs, provides clarity across bilateral and multilateral donors, and ensures there is a structure to align funders with needs at a country level.

40. A variety of factors need to align to ensure that external funding can flow smoothly, and at the right pace and scale to meet country needs. For Multilateral Development Bank (MDB) financing, which flows through government budgets, government leadership and the speed of budgetary approval processes and other country processes are critical determinants of the speed and efficiency with which resources are utilized. Beyond MDB financing, flexibility on the part of donors and external partners is another important factor. Some donors have priorities and restrictions on the way in which their funds can be used. These are not always aligned with government priorities and plans. For example, although there is increased discussion of incorporating COVID-19 vaccines in routine immunization programs, some partners remain strongly oriented towards solely funding COVID-19 vaccination without wanting to strengthen the routine immunization platform through which these vaccines are delivered. Gavi, UNICEF, and WHO have been providing grant money for delivery to help catalyse action at the country level, which has been particularly useful and in high demand in countries where the speed of national budgetary processes have not unlocked other sources of finance in time to help build systems as vaccines have arrived in country, or where finance ministries have not wanted to allocate approved MDB financing towards COVID-19 delivery.

41. More broadly, government capacity to coordinate across multiple donors and partners is crucial. Countries themselves need regular information on the timing, flexibility, application requirements and roles and responsibilities of funding sources. This information needs to be clear to avoid undermining the ability of countries to make best use of external funding. But this situation on the ground is complex. There are now many more different sources of funding available than ever before in immunization. Many individual funders have bespoke application processes, requirements, strategies, and disbursement timelines. At a global level, the Multilateral Leaders Task Force can play a role here to use its convening power and financial leverage to step up international actions for fast and equitable vaccine delivery and align bilateral and multilateral partners around the 'One Country Team', 'One Plan', 'One Budget' approach of the CoVDP.

Country example

ETHIOPIA

For much of 2021, Ethiopia struggled to devise a comprehensive national vaccination strategy faced with unpredictable dose allocations which made it difficult to plan effectively.

As the supply of vaccines became more predictable in 2022 the country was able to review its delivery strategies and had enough confidence in the situation to organize immunization campaigns.

These campaigns were supported with funding from the WB, GAVI, UNICEF, WHO and other partners that to date have jointly provided US$ 196 million of funding to Ethiopia to support delivery efforts.

In mid-March the country finished its second campaign, has administered 29 million vaccines, and 20% of the population is now fully vaccinated – including 3.7 million over the age of 65.

CHALLENGE 3:

REDUCING VACCINE HESITANCY AND INCREASING DEMAND FOR COVID-19 VACCINATION INCLUDING THROUGH RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

42. Converting vaccines to vaccinations is becoming the key to winning the race between vaccines and variants to end the pandemic – and doing that requires strong and sustained country-led vaccination strategies. Even at the best of times, introducing a new vaccine and promoting demand for vaccination, especially among a new population is complex and challenging. Vaccine decision making is influenced by psychological, sociological, and environmental drivers. Promoting pro-vaccination behaviors and social norms requires an in-depth understanding of those drivers, so that detailed social and behaviour change interventions can be designed to address them. After two years of multiple waves, with cases declining, rates of hospitalization and death decreasing, several COVID-19 related public health measures being removed, and other priorities rising – making that case is becoming increasingly difficult and the messaging needs to evolve accordingly.

43. Over the coming months, promoting demand for vaccination among their populations will become a crucial determinant of success for each country. But there is a good baseline upon which to build. Recent surveys (as set out in figure 9) suggest many people in countries with low vaccination rates would be willing to take a COVID-19 vaccine if they were informed of and able to get access to one. Despite evidence of vaccine hesitancy among the population – just as for higher income countries – this suggests demand should not be considered the primary barrier to raising coverage. Focus should be placed in understanding the drivers and barriers of vaccination of local communities and helping those who want to get vaccinated to get a vaccine, so that the positive social norm is well-established, making it easier for those hesitant to follow the norm and get vaccinated.

Country example

THE PHILIPPINES

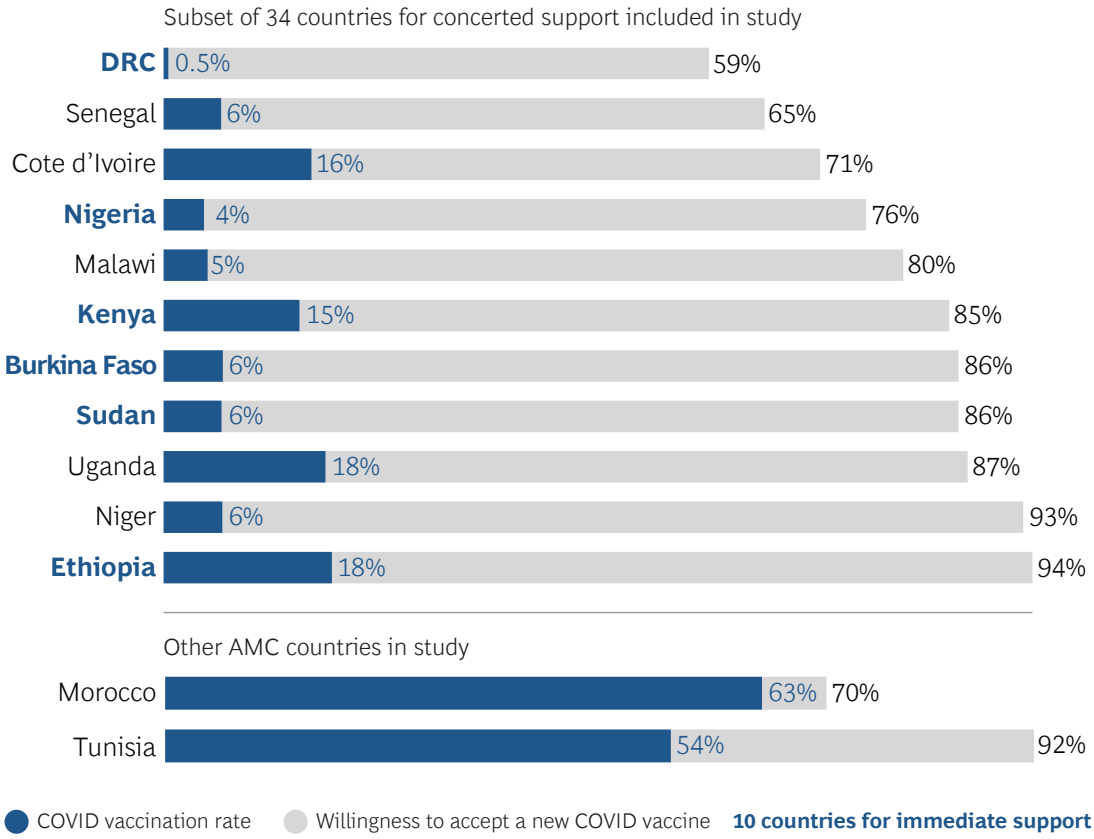
The Philippines offers some important lessons on how to address deeply entrenched and widespread vaccine hesitancy (due to the adverse effects of a dengue vaccine administered to school children in 2015-2016).

With support from a range of development partners and the World Bank's vaccine financing operations, the Government adopted a multi-pronged approach to addressing hesitancy, with visible results.

Efforts have included i) engaging celebrities and religious leaders to serve as vaccine advocates; ii) training of health and care and community-based peer educators; and iii) rolling out incentives and nudges to drive uptake, including raffles, free transportation to vaccination sites, and SMS reminders.

The Philippines now has 59% of its population fully vaccinated.

FIGURE 9: VACCINE CONFIDENCE IS HIGH ACROSS 34 COUNTRIES FOR CONCERTED SUPPORT



Source: AfCDC: COVID-19 Vaccine Perceptions: A 15-country study (Feb 2021), CoVDP InfoHub (March 29th, 2022)
Note: Question asked: "Would you take a publicly available vaccine, if it were deemed safe and effective?" Respondents were adults (over the age of 18) resident in survey countries and speaking at least one of the survey languages. Efforts were made to ensure the final sample was representative of the wider population but varied depending on the methodology used.

44. Pro-equity, gender sensitive, tailored strategies based on evidence is key to encouraging vaccine uptake and maintaining public trust in vaccines. While there may be high willingness to get vaccinated, the general roll-back of restrictions and lower risk perception of death or serious illness also mean people are less inclined to make an extra effort to get vaccinated in many lower income countries. Additionally, there is residual hesitancy and concerns over vaccine efficacy and safety among certain groups, including women, younger people, marginalized groups, and some health and care workers – which can have a broader impact if not considered as part of an overall strategy. Women have specific concerns related to vaccine safety such as whether the vaccine is safe for pregnant and lactating mothers, which need to be addressed to build their trust in vaccines. In some countries, low trust in institutions, which includes governments and pharmaceutical companies, can amplify this further. Engaging communities in co-designing and co-creating local solutions not only for vaccine uptake but also associated preventive behaviors such as testing, mask use, and hand washing has proved to be effective.

45. Countries that have achieved higher levels of vaccination coverage have used a variety of approaches to make it easier for people to find places to get vaccinated. This has included offering immunization services on a continual basis, by appointment or walk-in, or mass campaigns that mobilize large numbers of health workers and community members in a specific time interval. The latter has historically proved to a very successful way to immunize large numbers of individuals in a short period of time in lower income settings.

46. National vaccination plans need to be flexible, with tailored communication at regional and subregional levels. The fast-evolving situation of COVID-19 has made this a particular challenge. But countries who have been successful have generated social data and insights from their communities to develop and implement risk communication and community engagement (RCCE) plans. The best of those plans take innovative ways of collecting social data from the population in real-time and use it to both calibrate demand, and decide where, how, and with whom to target vaccination campaigns. They support and equip health workers to perform outreach tasks, explain possible side-effects, and monitor the impact of any adverse events. They are developed at the community level, with local people and workers and are designed to bridge gaps in inequality. Developing specific interventions to increase the rate of women being vaccinated has been key in increasing the uptake of COVID-19 vaccine in many countries. At the same time, there is a need for coordinated efforts to build confidence in vaccination and combat misinformation – particularly directed through social media. Partnerships with private sector, CSOs, media, academia, and faith-based organizations are important to increase community engagement. Understanding community perceptions and working with trusted sources to allay concerns is integral to building trust in vaccination. In South Sudan, where female vaccination was significantly lower, focus group discussions with women to identify barriers to vaccination informed targeted RCCE efforts and evidence-based advocacy through female influencers that saw an increase in vaccination from 25% to 43% in females.

47. International partners can play a role by providing coordinated support to drive increased demand across countries while putting emphasis on vulnerable, marginalized communities. Working in line with countries' own plans, they can help to develop and fund targeted campaigns to increase coverage. That involves knowledge and evidence-based research on sub-population specific effective approaches. Ensuring that appropriate funding for RCCE plans and strategies are included in national plans and supported in a coordinated way by partners is key – where possible building this into long-term plans beyond campaigns. It is also important to demonstrate how the available funds have been spent to strengthen transparency and accountability and improve effectiveness of the spending.

Country example

INDIA

Despite having one of the highest rates of vaccination acceptance in the world, India has worked with international partners to develop bespoke campaigns to reduce vaccine hesitancy.

Responding to insights in an international survey, partners developed eight campaigns - four in English and four in Hindi -- all of which targeted both men and women with the goal of increasing the public's confidence in the COVID-19 vaccine.

The campaigns linked directly to the Government of India's COVID-19 website[24] which provided more information on vaccines, registration for appointments, and how to get vaccination certificates.

The eight campaigns reached a combined total of over 98 million people. Overall, the campaigns improved attitudes among the Indian public towards COVID-19 vaccines, including their effectiveness and whether people would recommend them to friends or family.

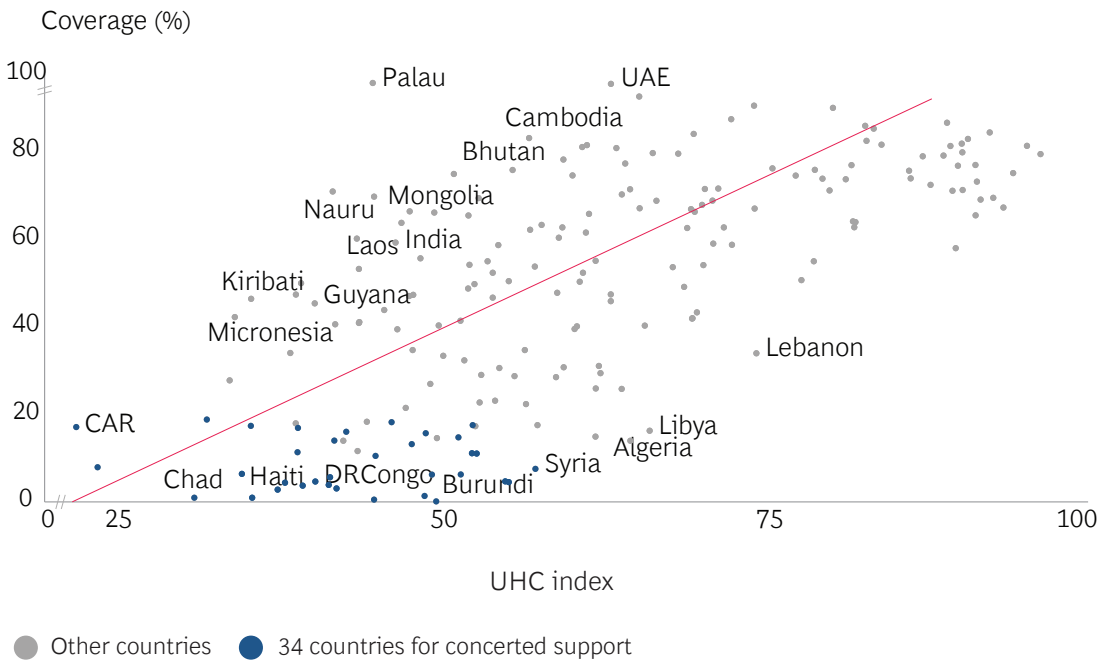
Campaigns emphasizing social norms such as national momentum and content depicting testimonials with diverse messengers including health and care workers and parents achieved the greatest lift in attitudes, showcasing the importance of leveraging credible voices in the quest to address vaccine hesitancy.

CHALLENGE 4:

URGENTLY AUGMENTING MISSION-CRITICAL HEALTHCARE SYSTEM CAPACITIES TO INCREASE VACCINATION RATES

48. COVID-19 has placed unprecedented strain on healthcare systems around the world and exacerbated pre-existing health issues. Countries which entered the pandemic with strong existing healthcare systems and resilient and well-functioning immunization programs have generally had far greater successes with their COVID-19 vaccination rollouts. Urgently augmenting critical healthcare capacities to increase vaccination rates is an essential priority. A functioning health system needs core essential functions to deliver vaccines at scale – a trained, remunerated, and effective health workforce, a robust supply chain, capacity to engage with and mobilize communities and address questions about vaccination through dialogue, and a mix of appropriate vaccine delivery sites and data and monitoring systems. As figure 10 shows, those countries which entered the pandemic with stronger health systems have on average achieved greater levels of vaccine coverage.

FIGURE 10: VACCINATION COVERAGE SHOWN AGAINST THE STRENGTH OF HEALTH SYSTEMS PRE-PANDEMIC



Note: Line represents the linear best fit calculated across all countries. Sources: UHC Index: WHO (https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4834) (2019). Coverage: CoVDP InfoHub (March 28th, 2022)

49. Insufficient trained and remunerated health and care workers has been highlighted by countries[21] as the most common cause of service disruptions and bottleneck in the delivery of essential COVID-19 tools. The pandemic has had a profound adverse impact on health and care workers. Approximately 115,000 are estimated to have died in the first 18 months of the pandemic[22]. Many countries had insufficient human resources for health to meet essential services needs prior to COVID-19, leaving little to no spare capacity to meet additional requirements related to the pandemic. Health and care workers – most of whom are women – entered the pandemic in a precarious position, facing challenges such as low pay, high gender pay gaps, and high levels of harassment and violence in the workplace. Health and care workers are often not provided with an adequate remuneration; incentives to carry out additional tasks may not suffice if the underlying working conditions and remuneration levels are inadequate.

50. Correcting this requires an integrated set of policy actions to protect and support health care workers – improving working conditions, occupational health and safety, prioritizing vaccination and adequate IPC practices, and manageable workloads. Across many countries, a scale-up of the health workforce may be required to respond to temporary or sustained spikes in the demand for vaccines, depending on the scenario and local epidemiologic patterns. This can be achieved through a mix of new hires, redeployment, and optimization of scopes of practice and roles. Factoring in these needs in short- and medium-term workforce projections and budget allocation decisions is essential for a sustainable response to the pandemic, while avoiding an over-reliance on re-deployment and minimizing disruptions to the provision of essential health services.

51. The unusual characteristics of COVID-19 vaccines have posed significant logistical and supply chain challenges for countries with lower capacity in their health systems. Many countries are equipped to deal with routine vaccines that require storage in a traditional range of 2 to 8 °C. Storing and distributing COVID-19 vaccines has required enormous effort to expand their cold chain capacity and for many, introduce ultra-cold chain storage systems for the first time so vaccines can be kept at -70 °C. Many countries have successfully modernized their cold storage infrastructure with support from international partners. In addition, the target populations for COVID-19 vaccinations are vastly different from the traditional national immunization programs which are focused on children, adolescents, and pregnant women. Defining supply chain strategies to support vaccination activities at a population wide scale is an enormous challenge. Another challenge is safely disposing of the large amount of waste generated from vaccination activities.

Country example

SRI LANKA

Sri Lanka has met all WHO targets for population coverage ahead of target and with 65% fully vaccinated, is on-track to achieve 70% coverage by mid-2022.

These gains have been achieved despite significant fiscal and debt challenges.

At the centre of this success is a strong, publicly funded and delivered primary health care-led health system.

The overarching principle of equity – embodied in free and quality care accessible to all – has been sustained throughout the pandemic with significant Government investment in vaccination services.

The COVID-19 response quickly built on a well-functioning routine immunization network, including trained health workers and effective supply-chain, to rapidly roll-out COVID-19 vaccination.

This foundation allowed many innovations to be successfully implemented during COVID-19.

An innovative Vaccine Tracker that updates on availability of vaccines, status of vaccines administered and issuing of vaccination cards has proved popular and is now being considered for the basis to introduce a permanent health-card for all services.

52. **A country-specific mixture of mass vaccination sites in dense urban areas and flexible local capacity and mobile clinics are required to reach higher levels of coverage** and to reach underserved and underrepresented populations. In many difficult environments, people cannot spend half a day in search of a vaccine, so vaccines need to be brought to them. Mass vaccination sites and national immunization campaigns, adapted for local and community contexts, can bring vaccinations closer to the communities they serve. Countries require support to design the most appropriate combination of providing immunization from existing fixed vaccination or medical sites, temporary pop-up facilities, public gathering zones, special campaigns, mobile outreach clinics, or even bus-stops that bring immunization closer to clients. In some countries, private facilities have not yet been involved in service delivery, which can be a missed opportunity to scale up vaccination more rapidly given the sizeable coverage of populations that they have. Special strategies are required to reach women, older populations, the disabled, vulnerable populations such as refugees, internally displaced persons, those living in prisons, military camps, and those marginalized in their community – such as individuals living with HIV.

53. **Delivering national vaccination campaigns for entire adult populations which can respond to the evolving epidemiological situation requires improvements in data and monitoring systems in most countries.** The demand for complete, real-time, granular, and precise data was not compatible with the pre-pandemic data monitoring systems in many countries. As a starting point, COVID-19 vaccine modules were often added to existing data monitoring systems. Progress has been made as COVID-19 vaccination programs have been established and there has been a leap in innovation and digitalization across many government systems. The need for accurate information on vaccine logistic systems, vaccine administration, and safety monitoring of COVID-19 vaccines from subnational to national level drove this development as it was needed to monitor the roll out and drive actions. Challenges remain, and investment in electronic health and logistic systems is a priority to improve standards and to embed upgraded systems that leave a legacy for the future. Of particular importance is the need to improve data and monitoring systems for high risk groups to ensure that COVID-19 vaccine programs can be adopted and adjusted against evolving science and needs.

54. **International partners can play a key role in helping countries to strengthen their national health systems as part of the COVID-19 vaccination response** – in many cases building on the core work already undertaken by organization like GAVI, UNICEF, WHO and the World Bank. Providing countries with support to maintain and expand their core immunization programs alongside the delivery of COVID-19 vaccines has a double benefit – providing greater protection for the population now while also acting as a longer-term investment into health systems strengthening and part of pandemic preparedness and response ahead of the next crisis. In the short-term, reaching ambitious coverage targets requires a surge workforce to support vaccination, which can be achieved by task-shifting across various groups and considering the provision of financial incentives for increased workloads. Building health worker knowledge and confidence through education on vaccine development, effectiveness, and safety is key. They also need training on how to address common questions and concerns in a respectful and open dialogue so they can maintain public trust in vaccines. Partners can also support country governments to invest in data systems to improve traceability and monitoring of vaccine stocks and utilization as well as vaccination implementation and investments in climate-friendly infrastructure.

Country example

TAJIKISTAN

In Tajikistan, the World Bank's US$ 46.2 million program has helped with the procurement of vaccines via COVAX cost-sharing, and delivery, key consumables, expansion of the electronic vaccine and COVID-19 testing registration system, and vaccine certificates.

The World Bank and international partners have supported the government in combating hesitancy, through high-level messaging, targeted messaging to communities, training of health professionals and the use of community volunteers.

Nearly 50% of the population is now vaccinated, compared to under 30% just three months ago.

CHALLENGE 5:

ENSURING LOW COVERAGE COUNTRIES CAN PRIORITISE COVID-19 VACCINATION IN ADDITION TO OTHER PRESSING HEALTH PRIORITIES

55. Across many of the 34 countries selected for concerted support, the levels of severe illness and death from COVID-19 are trending downwards – refocusing attention on other health priorities that have been neglected during the pandemic. Data suggests disruptions to essential health services that have begun since the beginning of the pandemic persist across all regions and income levels. A recent WHO survey[23] suggested that 92% of 127 countries were experiencing some extent of disruptions in at least one essential health service. In some health services, such as emergency care, disruptions have increased, showing that the entire health system in many countries is struggling to recover and reduce backlogs. Routine and essential health programs have suffered in the last 24 months including childhood and adolescent immunization, surveillance of measles and other infectious diseases, malaria, and cervical cancer elimination programs. The recent polio case in Malawi, and surge in measles cases in the Democratic Republic of Congo, Afghanistan, and Pakistan are warning signals of the possibility of a resurgence of other communicable diseases unless routine services can be put back on track. For many governments, faced with proportionally less hospitalizations and mortality rates from COVID-19 than earlier in the pandemic, this is becoming the priority.

56. In acknowledgement of these challenges, integrating the delivery of COVID-19 vaccines alongside other essential health services is emerging as a key measure to increase coverage levels. Maximizing the use of COVID-19 resources and COVID-19 vaccine roll-out experiences to strengthen immunization programs and primary health care systems should be the first practical step towards achieving this integration. With countries facing other competing health priorities, COVID-19 vaccination programs must be bundled up together and provided alongside other health interventions. They can be designed to take advantage of places where people already have other touch points with health and care workers – most obviously when they arrive for routine immunizations for other diseases, but this can also be bundled up with other health interventions. For example, integrating access to COVID-19 vaccines with broader routine adult health services such as pharmacies, clinics, and outposts.

57. Large-scale vaccination campaigns can also play an important role as a strategy to accelerate coverage, but these must be carried out in a manner that does not detract from routine immunization and other health priorities. As set out in the previous chapter, recent mass vaccination campaigns in Ethiopia, Ghana, and Uganda are good examples where countries have focused specific and targeted drives to increase coverage – supported by international partners – and well aligned with their national health systems. Moving forward will require a careful phasing of mass vaccination campaigns with the gradual increase in the delivery of COVID-19 vaccines alongside other routine interventions – in an acceptance that COVID-19 will most likely be here to stay and so will need to be become part of countries' longer-term immunization strategies. Proper integration can also leave a positive long-term legacy. COVID-19 vaccination roll-out targeting adults has raised awareness, acceptance, and motivation for vaccination across the life-course. The development of these delivery platforms and strategies for vaccination of health workers, elderly, pregnant women, and people with comorbidities provide opportunities to integrate other vaccines and additional interventions more easily for these population groups.

58. Some countries have already taken steps to maintain their essential health services by leveraging and integrating them as much as possible with COVID-19 vaccine delivery, although the range of integration varies significantly. In general, countries have been relatively successful in linking together the supply and delivery of different vaccine types and common usage of cold chain facilities, but less successful in integrating together overall planning and funding of combined health programs and health and care workers. There are good examples where countries have leveraged an outreach session planned for COVID-19 vaccine delivery as an opportunity to also provide routine immunization services to the same community. In Sudan, with health services facing many competing priorities, plans are underway to integrate COVID-19 vaccination with routine immunization in all health facilities – a recognition that a longer-term approach that builds capacity more slowly is likely to be the most sustainable approach to increase coverage levels. To take this to the next level, countries should consider examining the optimal COVID-19 vaccination targets within the content of their own national health systems and socio-economic goals.

59. Further efforts are required to increase coverage in fragile, conflict, and vulnerable (FCV) settings. Particularly, refugees, migrants, asylum seekers, stateless people internally displaced, and other populations of concern residing on or near front lines (i.e. inaccessible) are at higher risk of being overlooked in the global COVID-19 vaccine roll-out. Data from UN OCHA shows only 3.4% of doses administered globally were administered in countries with ongoing humanitarian crises. The UN's Inter-Agency Standing Committee put the number of people at 155 million globally in 2022, including many in the 34 countries being provided with concerted support. 19 of the 34 countries identified for concerted support by the CoVDP are included in the Global Humanitarian Overview for 2022. A recent study by the International Office of Migration (IOM) underscored the gap in vaccine access for refugees in particular, as only 46% had access to COVID-19 vaccines in practice, compared to 83% of migrants in regular situations. In such settings, countries have faced a wider range of urgent health and non-health priorities with regular health service disruptions and limited resources. It is even more crucial that COVID-19 vaccine delivery support and funding is integrated into the delivery of existing primary care services and humanitarian assistance where possible. This is being carried out in places like Yemen, Afghanistan, Syria, Ethiopia, and Sudan. Humanitarian partners, working closely with international and national health partners, CSOs, and with active community engagement, need to place a particular focus on developing quality micro-plans, tailored to the community level, to support access to a bundle of health services, including routine vaccination and access to humanitarian assistance at sub-national level. Each FCV setting provides a unique opportunity and challenge for COVID-19 rollout given the impact on vulnerability as a result of the global pandemic.

60. International partners can assist countries here by demonstrating how introduction and scale-up of COVID-19 vaccination can be used to strengthen immunization programs and primary health care systems and prepare for the longer-term. The political and societal attention on immunization and COVID-19 investments can be used to channel support for long-term health system strengthening components. This can include boosts to vaccine management capacity and cold chain equipment, social listening and communication, community engagement, real-time monitoring of COVID-19 vaccination coverage, and use of new digital technologies to enhance immunization program management and primary health care delivery. International partners can help countries ensure high levels of COVID-19 vaccine coverage are not achieved at the expense of other immunization program given the risk of resurgence of other preventable diseases by continuing to focus countries' attention on the implementation of long-term strategies (such as the WHO's Immunization Agenda 2030, Gavi's 5.0 strategic plan, and the delivery of the World Bank's IDA20 targets for health system strengthening).

CHAPTER 4:

CONCLUSION

61. The pace and breadth of the rollout of COVID-19 vaccines in high income and upper-middle income countries is unprecedented. Although reported cases and deaths are declining globally, and several countries have lifted restrictions, the pandemic is far from over – and it will not be over anywhere until it's over everywhere. More cases can be expected wherever public health and social measures are being lifted, and deaths wherever populations are under vaccinated, especially among the most vulnerable.

62. However, low and lower-middle income countries have achieved far lower coverage due to severe delays in accessing doses during 2021, falling short of global targets. High income countries have administered nine times more doses per inhabitant compared to low-income countries. But over the past few months, those gaps have been narrowing. The supply of COVID-19 vaccines is no longer a binding constraint. And while many countries are managing to organize vaccination campaigns quickly as supply ramps up, in some countries increasing supply is highlighting critical bottlenecks to getting vaccines from airports to arms, including the distribution, delivery, and demand generation challenges highlighted in this report – particularly among the 34 focus countries supported by the CoVDP and international partners.

63. Tackling these bottlenecks will have global as well as local benefits to health, security, and the economy. Until vaccination rates are high everywhere, there will be an increased risk of new variants. Until high risk groups are fully vaccinated, the risk of serious outbreaks remains elevated. COVID-19, as it has consistently done over the past two years, will still have the potential to mutate again and cause serious harm by knocking-down the global defences provided by the current COVID-19 toolkit of vaccines, tests, treatments, and PPE. This makes the case for increasing levels of vaccine deployment as a global risk mitigation approach, alongside the further support and development for other COVID-19 tools. It is also likely that it will be impossible to eliminate COVID-19 entirely from the world and it will continue to circulate indefinitely, resulting in periodic outbreaks and endemicity. In an endemic scenario where the length of immunity conferred through infection or vaccination is not long-lasting, there may be a need for regular boosting. This is a further case for strengthening immunization capacity, building out adult vaccination programs which can deliver COVID-19, influenza, and other necessary vaccines, and securing a strong platform for pandemic risks of the future.

64. Infectious diseases with pandemic potential are a threat to global economic stability and security. Health security should be viewed as an investment rather than just a cost. Investment in vaccine delivery will also support improvements in people processes, systems, and infrastructure to strengthen overall national health systems. This has the dual benefit of making the world better prepared to fight the next pandemic. Even if these investments reduce the large economic cost of future pandemics even modestly, the return on investment, in absolute terms, would be substantial – making the allocation of additional funding for fighting pandemics and health system strengthening both domestically and overseas a priority for all.

65. This report has set out serious and urgent obstacles that need to be tackled to drive increased vaccine delivery, protect those in high risk groups, and ensure sustained economic recovery and growth. The following are a list of recommendations that can be taken forward by countries, international partners and agencies, and G20 Finance Ministers and Central Bank Governors to achieve those goals.

PRIORITY ACTIONS FOR G20 FINANCE MINISTERS AND CENTRAL BANK GOVERNORS

1. **Fully fund the remaining US$ 1.1 billion requested by ACT-A's CoVDP partners for vaccine delivery while noting the support available from MDBs and other partners** - and commit to close the gap on the remaining US$ 14 billion ACT-A budget asks including for COVID-19 tests and treatments.
2. **Advocate with political leaders and Finance Minister counterparts to ensure all countries urgently accelerate vaccination to reach coverage targets,** especially by vaccinating all high risk populations.
3. **Mobilize financing for crucial national health system capacities** including immunization programs.
4. Advocate and act to **keep borders open** and **reduce tariffs and other trade and regulatory barriers applied to vaccines, inputs, and ancillary products,** so that supply chains can run smoothly, and to facilitate access to COVID-19 tools.
5. **Review progress against the COVID-19 vaccine delivery challenges** outlined in this report at G20 Finance Ministers and Central Bank Governors' meetings in July, October, and November.

PRIORITY ACTIONS FOR COUNTRIES WITH LOW COVID-19 VACCINATION COVERAGE

1. Ensure **strong leadership engagement** and commitment to **detailed and costed vaccination plans and national targets**, including for **emergency funding requests**.
2. **Prioritise fully vaccinating high risk populations**, as laid out in WHO guidance.
3. **Promote demand for COVID-19 vaccination** including through targeted **Risk Communication and Community Engagement** to address vaccine hesitancy.
4. Integrate COVID-19 vaccination programs alongside the **strengthening and restoration of health systems, including routine immunization programs**.
5. **In humanitarian settings, integrate COVID-19 vaccination with humanitarian activities** and **promote safe and unhindered access** for the delivery of COVID-19 vaccinations to populations in need.
6. **Provide additional layers of protection**, ensuring sufficient focus is also placed on accelerating the **delivery of other COVID-19 tools such as tests and treatments**.

PRIORITY ACTIONS FOR INTERNATIONAL PARTNERS AND AGENCIES

1. **Align coordination at the global level**, through COVAX/ACT-Accelerator with support from the Multilateral Leaders Task Force, **and at the country level**, grounded in the One Country Team approach of the COVID-19 Vaccine Delivery Partnership **behind the challenges set out in this report**.
2. **Agree and deliver on rapid timeframes to respond to emergency funding and technical assistance** requests from countries (CoVDP partners aim to disburse funds for clearly expressed needs within 15 days).
3. **Support countries to build sustainable COVID-19 vaccination programs** adaptable to evolving priorities over time.
4. **Coordinate together and with vaccine manufacturers** to provide countries with **predictable forward timelines for the supply of vaccines matched against demand – coordinate dose donations through global and regional mechanisms**, including COVAX and AVAT, to avoid fragmentation.

ANNEX 1

Country Profile | Afghanistan

Progress against key challenges

- Recent progress largely driven by urban campaigns – however, the country's vaccination campaigns are currently paused by Ministry of Health.
- Facing COVID-19 vaccines myths spread by some religious leaders – education initiatives on major media platforms ongoing.
- Only 531 (25%) of immunization centres functional – a priority is ensuring other 2227 can deliver COVID-19 vaccines alongside services for other diseases e.g. polio.
- Health system has limited capacity, and occupied with other priorities e.g. cholera.

Total coverage

Country metrics dashboard

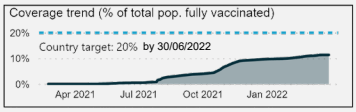
Region: EMR

Income group: LIC

Population:

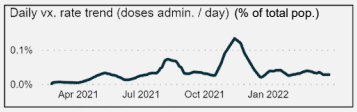
- Total: 38,928,346
- Under 18: 19,327,864
- 18+: 20,507,564
- 60+: 1,704,982
- Health care workers: 997,519

Target & coverage



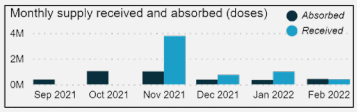
Country target & deadline:	40%	by	31/12/2022
Total pop. At least one dose / complete primary series / booster:	13% / 11% / 0.00%		
60+ with at least one dose / c.p.s:	--	/	--
Health care workers with at least one dose / c.p.s:	9%	/	8%

Daily vaccination rate



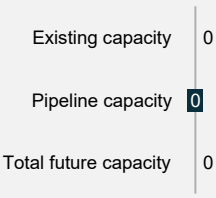
Daily vx. rate: 4-wk average / max observed rate:	10,736	/	51,831
Daily vx. rate needed: country target / 70% target:	46,975	/	333,389
Trend over the past month:	Stable		

Supply & utilization

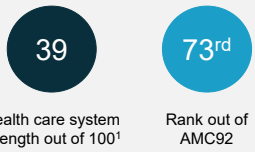


Total doses received from all sources / from COVAX:	12,968,850	/	9,268,850
Doses estimated remaining:	5,920,950		
Supply need possible:	No		
Expiry risk:	Doses at risk		

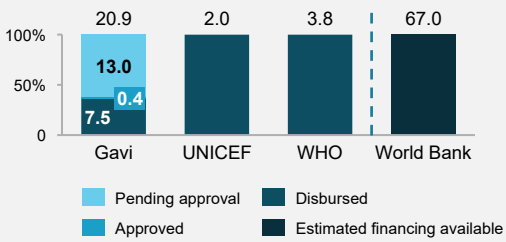
Ultra-cold chain capacity (doses (k))



Health system strength



Delivery funding from development partners (US$ m)

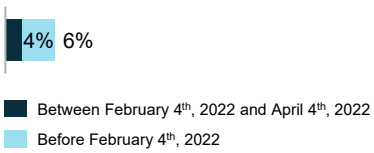


Country Profile | Burkina Faso

Progress against key challenges

- Focusing on vaccination campaigns to increase coverage – planning a vaccination campaign for every two months.
- Continued high level engagement and commitments needed between global partners, local partners, and newly appointed government officials.
- Key challenge is lack of operational funding to finance demand generation outreaches and activity implementation.

Total coverage



Country metrics dashboard

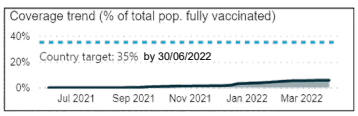
Region: AFR

Income group: LIC

Population:

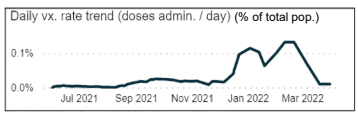
- Total: 20,903,273
- Under 18: 10,956,973
- 18+: 10,540,123
- 60+: 851,021
- Health care workers: 56,988

Target & coverage



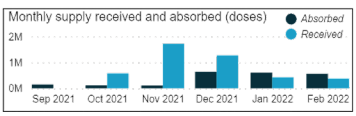
Country target & deadline:	70%	by	31/12/2022
Total pop. At least one dose / complete primary series / booster:	10% / 6% / 0.00%		
60+ with at least one dose / c.p.s:	100%	/	100%
Health care workers with at least one dose / c.p.s:	64%	/	54%

Daily vaccination rate



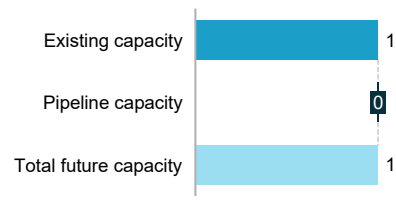
Daily vx. rate: 4-wk average / max observed rate:	2,141	/	27,639
Daily vx. rate needed: country target / 70% target:	102,230	/	232,030
Trend over the past month:	Downward		

Supply & utilization

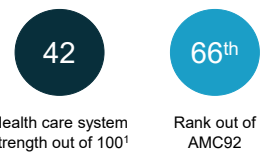


Total doses received from all sources / from COVAX:	6,140,650	/	5,038,250
Doses estimated remaining:	3,157,098		
Supply need possible:	No		
Expiry risk:	No doses at risk		

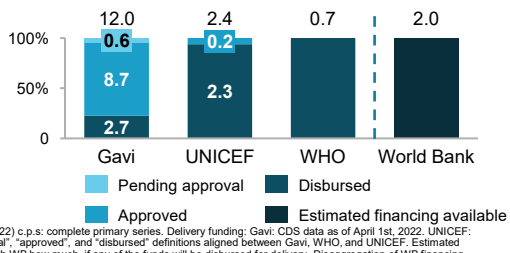
Ultra-cold chain capacity (doses (k))



Health system strength



Delivery funding from development partners (US$ m)



1. UHC effective coverage index score, WHO 2019. Notes: Coverage trend: CoVDP InfoHub (April 4th, 2022) Country metrics dashboard: CoVDP InfoHub (March 31st, 2022) c.p.s: complete primary series. Delivery funding: Gavi: CDS data as of April 1st, 2022. UNICEF: HAC Funding data as of March 25th, 2022. WHO: Data as of March 30th, 2022. World Bank: COVID-19 Vaccine Deployment Tracker (March 28th, 2022) "Pending approval", "approved", and "disbursed" definitions aligned between Gavi, WHO, and UNICEF. Estimated financing available from WB is an indication of the remaining balance left in approved MPA projects that could be allocated for delivery. Countries decide in consultation with WB how much, if any of the funds will be disbursed for delivery. Disaggregation of WB financing data under Gavi, UNICEF, WHO definitions not available. UCC capacity: Data as reported by countries. Where no data reported on existing capacity, UNICEF data used on confirmed installed UCC. Doses estimated based on current UNICEF guidance of 333.3 doses per L. (April 1st, 2022). Sources: CoVDP InfoHub, Our World in Data, UNICEF, Gavi, WHO, World Bank.

Country Profile | Burundi

Progress against key challenges

- Burundi has only recently commenced its COVID-19 vaccination program.
- Current vaccination sites are concentrated in the capital - efforts ongoing to expand sites to other provinces.
- Key challenges are political commitment and effective risk communication.
- Vaccination service delivery has focused on the few fixed vaccination sites established in health facilities – more options and operational approaches are needed based on best international practice.

Total coverage

Country metrics dashboard

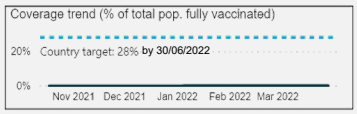
Region: AFR

Income group: LIC

Population:

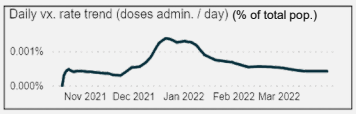
- Total: 11,890,784
- Under 18: 6,312,826
- 18+: 5,942,607
- 60+: 506,228
- Health care workers: 7,888

Target & coverage



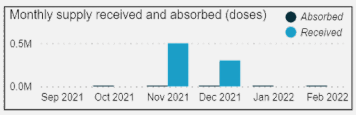
Country target & deadline:	**70%** by **31/12/2022**
Total pop. At least one dose / complete primary series / booster:	**0%** / **0%** / **0.00%**
60+ with at least one dose / c.p.s:	-- / --
Health care workers with at least one dose / c.p.s:	-- / --

Daily vaccination rate



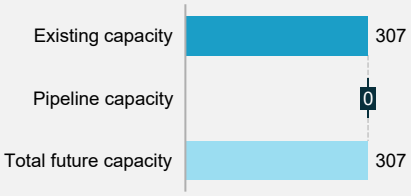
Daily vx. rate: 4-wk average / max observed rate:	**50** / **163**
Daily vx. rate needed: country target / 70% target:	**58,562** / **146,672**
Trend over the past month:	**Stable**

Supply & utilization



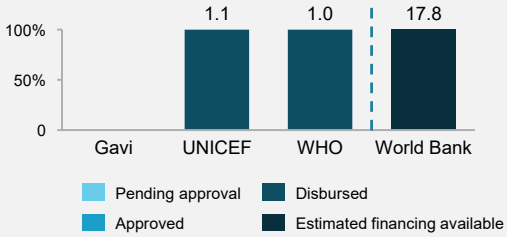
Total doses received from all sources / from COVAX:	**802,400** / **0**
Doses estimated remaining:	**709,994**
Supply need possible:	**No**
Expiry risk:	**Unknown**

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)

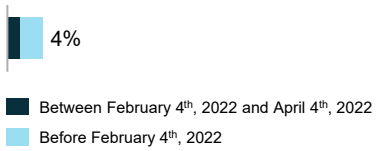


Country Profile | Cameroon

Progress against key challenges

- Previous campaigns (April, July, and November 2021) helped increase coverage – but more momentum needed to build on them in 2022.
- Need for improved political engagement and partner coordination to emphasize importance of strengthened coordination at the central and regional levels.
- Current funding gaps restrict the implementation of developed strategies – in particular, the compensation of health workers.

Total coverage



Country metrics dashboard

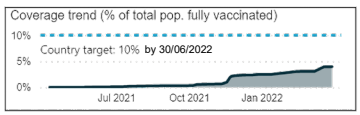
Region: AFR

Income group: LMIC

Population:

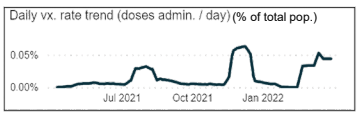
- Total: 26,545,863
- Under 18: 13,195,561
- 18+: 14,028,704
- 60+: 1,175,882
- Health care workers: 186,521

Target & coverage



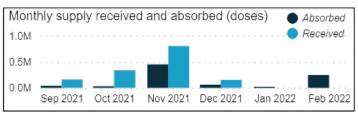
Country target & deadline:	**20%** by **31/12/2022**
Total pop. At least one dose / complete primary series / booster:	**5%** / **4%** / **0.11%**
60+ with at least one dose / c.p.s:	**22%** / **18%**
Health care workers with at least one dose / c.p.s:	**42%** / **31%**

Daily vaccination rate



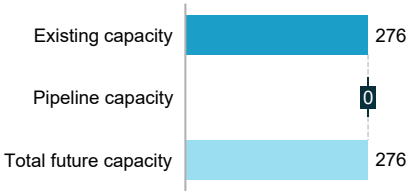
Daily vx. rate: 4-wk average / max observed rate:	**11,639** / **16,688**
Daily vx. rate needed: country target / 70% target:	**23,227** / **266,751**
Trend over the past month:	**Upward**

Supply & utilization



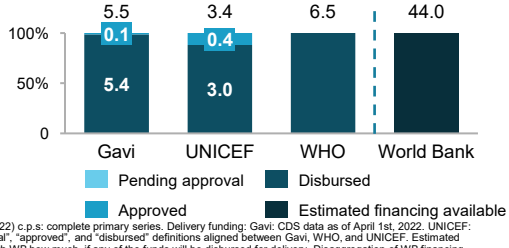
Total doses received from all sources / from COVAX:	**2,484,550** / **1,521,350**
Doses estimated remaining:	**677,427**
Supply need possible:	**No**
Expiry risk:	**Under observation**

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)



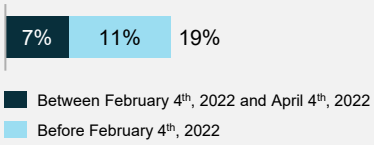
1. UHC effective coverage index score, WHO 2019. Notes: Coverage trend: CoVDP InfoHub (April 4th, 2022) Country metrics dashboard: CoVDP InfoHub (March 31st, 2022) c.p.s: complete primary series. Delivery funding: Gavi: CDS data as of April 1st, 2022. UNICEF: HAC Funding data as of March 25th, 2022. WHO: Data as of March 30th, 2022. World Bank: COVID-19 Vaccine Deployment Tracker (March 28th, 2022) "Pending approval", "approved", and "disbursed" definitions aligned between Gavi, WHO, and UNICEF. Estimated financing available from WB is an indication of the remaining balance left in approved MPA projects that could be allocated for delivery. Countries decide in consultation with WB how much, if any of the funds will be disbursed for delivery. Disaggregation of WB financing data under Gavi, UNICEF, WHO definitions not available. UCC capacity: Data as reported by countries. Where no data reported on existing capacity, UNICEF data used on confirmed installed UCC. Doses estimated based on current UNICEF guidance of 333.3 doses per L. (April 1st, 2022). Sources: CoVDP InfoHub, Our World in Data, UNICEF, Gavi, WHO, World Bank.

Country Profile | Central African Republic

Progress against key challenges

- Strong recent success (19% of population fully vaccinated) driven by highly coordinated approach and mass vaccination campaigns.
- Strengthened coordination at the central level and between partners and the government, enabling clarification on key national vaccination policies.
- Updated national plan and budget needed to provide a cohesive strategic approach to target remaining bottlenecks. District level microplanning needed to create ownership.
- Key challenge operational funding, particularly for mass vaccination campaigns.

Total coverage



Country metrics dashboard

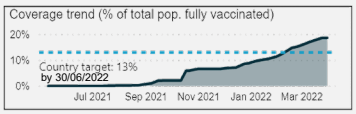
Region: AFR

Income group: LIC

Population:

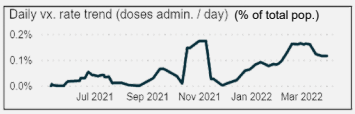
- Total: 4,829,767
- Under 18: 2,493,641
- 18+: 2,426,340
- 60+: 221,086
- Health care workers: 8,672

Target & coverage



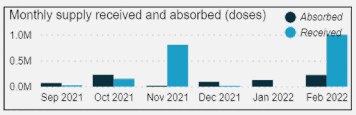
Country target & deadline:	**52%**	by	**31/12/2023**
Total pop. At least one dose / complete primary series / booster:	**19%** / **19%** / **0.00%**		
60+ with at least one dose / c.p.s:	--	/	--
Health care workers with at least one dose / c.p.s:	--	/	--

Daily vaccination rate



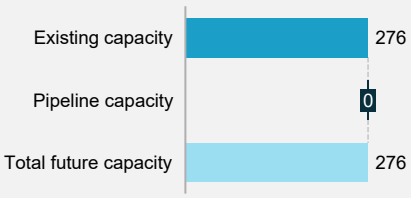
Daily vx. rate: 4-wk average / max observed rate:	**5,611**	/	**8,396**
Daily vx. rate needed: country target / 70% target:	**278**	/	**32,368**
Trend over the past month:	**Downward**		

Supply & utilization



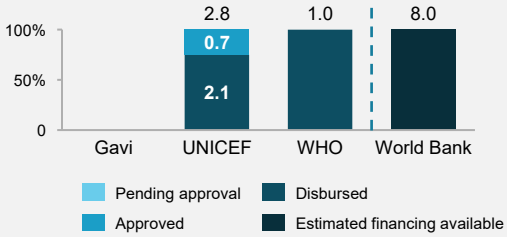
Total doses received from all sources / from COVAX:	**2,524,834**	/	**2,368,280**
Doses estimated remaining:	**1,259,505**		
Supply need possible:	**No**		
Expiry risk:	**Under observation**		

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)

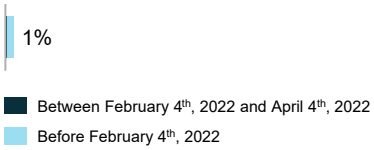


Country Profile | Chad

Progress against key challenges

- High commitment of the new Minister of Health has been key to driving progress.
- Vaccination campaigns implemented in 10 of 23 provinces, with involvement of local authorities – however, fewer than two sites per district vaccinating.
- Next steps are to commence vaccination in all health districts informed by micro plans and adding campaign approaches to accelerate rollout.
- CoVDP raised funding to support an urgent first round of vaccination campaign in the period prior to Ramadan.

Total coverage



Country metrics dashboard

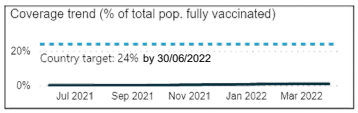
Region: AFR

Income group: LIC

Population:

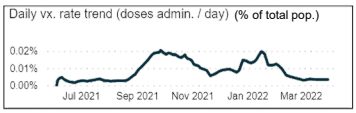
- Total: 16,425,864
- Under 18: 9,006,055
- 18+: 7,908,930
- 60+: 665,269
- Health care workers: 31,500

Target & coverage



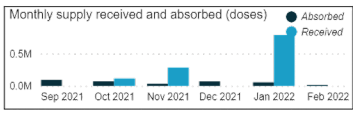
Country target & deadline:	**70%**	by	**31/12/2022**
Total pop. At least one dose / complete primary series / booster:	**2%** / **1%** / **0.00%**		
60+ with at least one dose / c.p.s:	**2%**	/	**1%**
Health care workers with at least one dose / c.p.s:	**40%**	/	**20%**

Daily vaccination rate



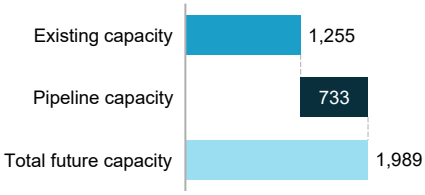
Daily vx. rate: 4-wk average / max observed rate:	**553**	/	**3,332**
Daily vx. rate needed: country target / 70% target:	**48,368**	/	**145,326**
Trend over the past month:	**Downward**		

Supply & utilization



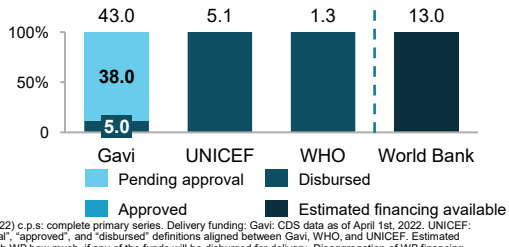
Total doses received from all sources / from COVAX:	**3,783,910**	/	**3,583,910**
Doses estimated remaining:	**2,986,050**		
Supply need possible:	**No**		
Expiry risk:	**No doses at risk**		

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)



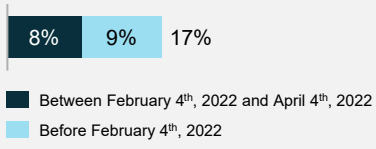
1. UHC effective coverage index score, WHO 2019. Notes: Coverage trend: CoVDP InfoHub (April 4th, 2022) Country metrics dashboard: CoVDP InfoHub (March 31st, 2022) c.p.s: complete primary series. Delivery funding: Gavi: CDS data as of April 1st, 2022. UNICEF: HAC Funding data as of March 25th, 2022. WHO: Data as of March 30th, 2022. World Bank: COVID-19 Vaccine Deployment Tracker (March 28th, 2022) "Pending approval", "approved", and "disbursed" definitions aligned between Gavi, WHO, and UNICEF. Estimated financing available from WB is an indication of the remaining balance left in approved MPA projects that could be allocated for delivery. Countries decide in consultation with WB how much, if any of the funds will be disbursed for delivery. Disaggregation of WB financing data under Gavi, UNICEF, WHO definitions not available. UCC capacity: Data as reported by countries. Where no data reported on existing capacity, UNICEF data used on confirmed installed UCC. Doses estimated based on current UNICEF guidance of 333.3 doses per L. (April 1st, 2022). Sources: CoVDP InfoHub, Our World in Data, UNICEF, Gavi, WHO, World Bank.

Country Profile | Côte d'Ivoire

Progress against key challenges

- Three-week mass vaccination campaign in February 2022 increased vaccination coverage by an additional 7%.
- Plans in place to carry out mass vaccination campaigns with well-defined targets at regular intervals in 2022.
- They will follow a mixed approach comprised of integrated service delivery, with vaccination sites in all health districts and mass vaccination campaigns.
- An improved communication strategy aims to address gaps in uptake.

Total coverage



Country metrics dashboard

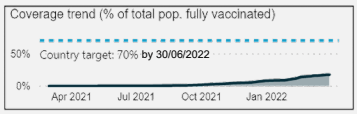
Region: AFR

Income group: LMIC

Population:

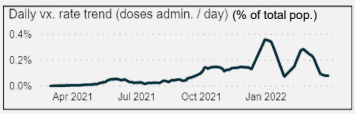
- Total: 26,378,274
- Under 18: 12,996,060
- 18+: 14,057,569
- 60+: 1,272,063
- Health care workers: 110,740

Target & coverage



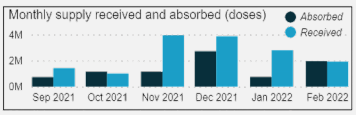
Country target & deadline:	**70%** by **30/06/2022**
Total pop. At least one dose / complete primary series / booster:	**27%** / **17%** / **0.00%**
60+ with at least one dose / c.p.s:	**100%** / **89%**
Health care workers with at least one dose / c.p.s:	**56%** / **28%**

Daily vaccination rate



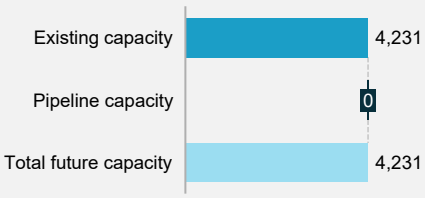
Daily vx. rate: 4-wk average / max observed rate:	**20,847** / **94,307**
Daily vx. rate needed: country target / 70% target:	**236,347** / **236,347**
Trend over the past month:	**Downward**

Supply & utilization



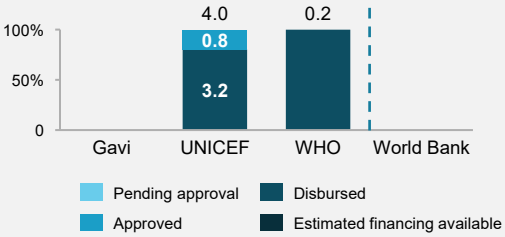
Total doses received from all sources / from COVAX:	**17,228,970** / **14,555,570**
Doses estimated remaining:	**5,141,585**
Supply need possible:	**No**
Expiry risk:	**No doses at risk**

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)

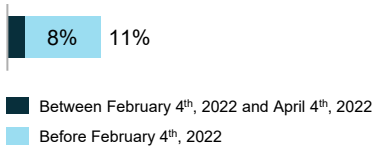


Country Profile | Djibouti

Progress against key challenges

- More focus needed on microplanning, implementation activities, and demand generation - very high generalized vaccine hesitancy.
- An improved government-partner technical coordination structure for COVID-19 vaccination is required at the Ministry of Health.
- Limited technical capacity for operational planning, implementation, and monitoring
- Current funding gap of US$ 0.85 million needed to support microplanning, implementation and deployment, and demand generation.

Total coverage



Country metrics dashboard

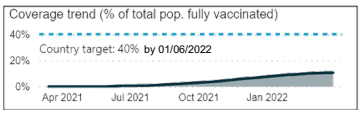
Region: EMR

Income group: LMIC

Population:

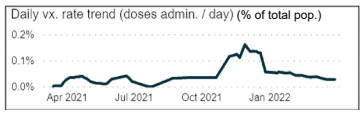
- Total: 988,000
- Under 18: 340,390
- 18+: 661,797
- 60+: 76,108
- Health care workers: 7,124

Target & coverage



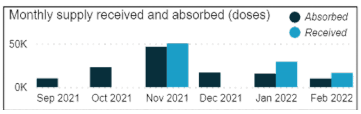
Country target & deadline:	**40%** by **01/06/2022**
Total pop. At least one dose / complete primary series / booster:	**15%** / **11%** / **0.00%**
60+ with at least one dose / c.p.s:	-- / --
Health care workers with at least one dose / c.p.s:	-- / --

Daily vaccination rate



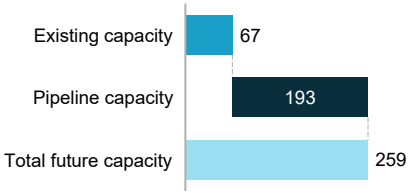
Daily vx. rate: 4-wk average / max observed rate:	**272** / **1,590**
Daily vx. rate needed: country target / 70% target:	**4,914** / **10,220**
Trend over the past month:	**Downward**

Supply & utilization



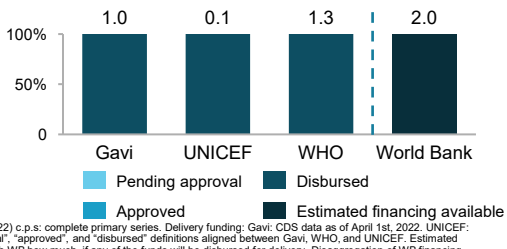
Total doses received from all sources / from COVAX:	**1,771,230** / **271,230**
Doses estimated remaining:	**348,553**
Supply need possible:	**No**
Expiry risk:	**Under observation**

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)



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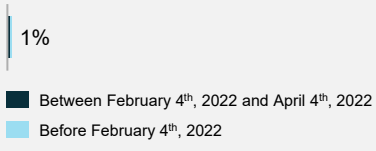
Country Profile | Democratic Republic of the Congo

Progress against key challenges

- New national coordinator of COVID-19 response appointed. Limited coordination between central and provincial levels remains a key bottleneck.
- 11 of 26 provinces have not begun COVID-19 vaccination, with fewer conducting mass vaccinations. Discussions ongoing to bring mass vaccination campaigns beyond cities.
- Funding remains a key bottleneck, specifically to pay healthcare workers and finance campaigns - US$ 200 million in World Bank funding for implementation currently pending Parliamentary approval.

Total coverage



Country metrics dashboard

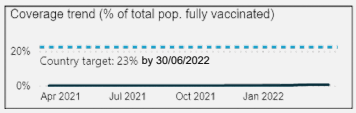
Region: AFR

Income group: LIC

Population:

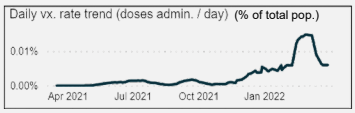
- Total: 89,561,403
- Under 18: 48,277,927
- 18+: 44,100,066
- 60+: 4,332,461
- Health care workers: 321,770

Target & coverage



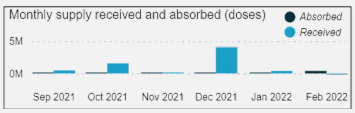
Country target & deadline:	70%	by	31/12/2022
Total pop. At least one dose / complete primary series / booster:	1% / 1% / 0.00%		
60+ with at least one dose / c.p.s:	1%	/	0%
Health care workers with at least one dose / c.p.s:	4%	/	3%

Daily vaccination rate



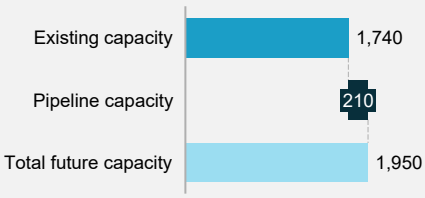
Daily vx. rate: 4-wk average / max observed rate:	5,387	/	13,269
Daily vx. rate needed: country target / 70% target:	335,655	/	1,067,601
Trend over the past month:	Downward		

Supply & utilization



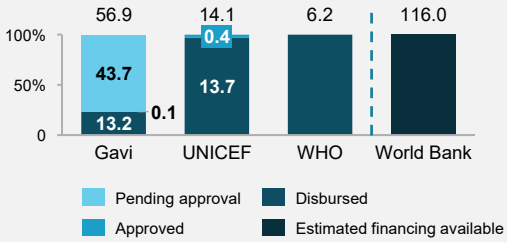
Total doses received from all sources / from COVAX:	7,813,880	/	3,704,680
Doses estimated remaining:	6,067,544		
Supply need possible:	No		
Expiry risk:	Doses at risk		

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)

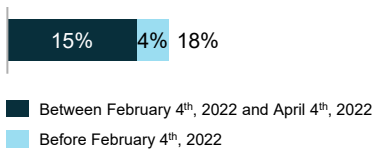


Country Profile | Ethiopia

Progress against key challenges

- Ethiopia has made significant vaccination progress recently from campaigns - 19 million people fully vaccinated (up from 3.9 million mid-February).
- Future plans should involve sustaining campaign momentum and exploring alternative campaign strategies across all provinces, including for IDPs and conflict areas.
- Discussions ongoing on how best to support Ethiopia's budgeting and costing for vaccine deployment.

Total coverage



Country metrics dashboard

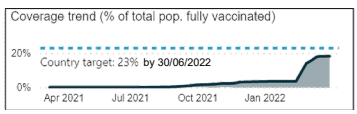
Region: AFR

Income group: LIC

Population:

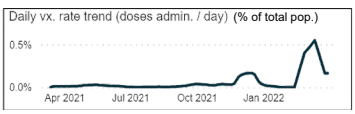
- Total: 114,963,588
- Under 18: 54,614,608
- 18+: 63,261,619
- 60+: 6,301,469
- Health care workers: 416,370

Target & coverage



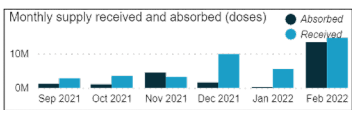
Country target & deadline:	46%	by	31/12/2022
Total pop. At least one dose / complete primary series / booster:	21% / 18% / 0.30%		
60+ with at least one dose / c.p.s:	40%	/	24%
Health care workers with at least one dose / c.p.s:	77%	/	56%

Daily vaccination rate



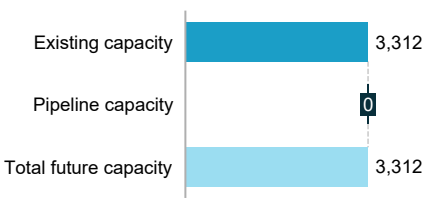
Daily vx. rate: 4-wk average / max observed rate:	189,707	/	633,188
Daily vx. rate needed: country target / 70% target:	68,384	/	898,634
Trend over the past month:	Downward		

Supply & utilization



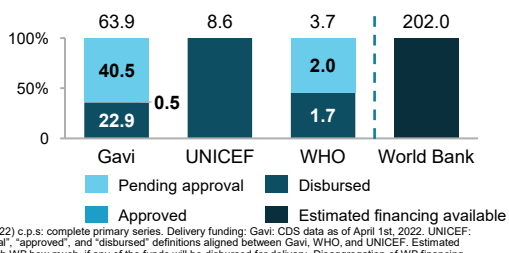
Total doses received from all sources / from COVAX:	46,463,810	/	40,528,610
Doses estimated remaining:	12,443,951		
Supply need possible:	No		
Expiry risk:	No doses at risk		

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)



1. UHC effective coverage index score, WHO 2019. Notes: Coverage trend: CoVDP InfoHub (April 4th, 2022) Country metrics dashboard: CoVDP InfoHub (March 31st, 2022) c.p.s: complete primary series. Delivery funding: Gavi: CDS data as of April 1st, 2022. UNICEF: HAC Funding data as of March 25th, 2022. WHO: Data as of March 30th, 2022. World Bank: COVID-19 Vaccine Deployment Tracker (March 28th, 2022) "Pending approval", "approved", and "disbursed" definitions aligned between Gavi, WHO, and UNICEF. Estimated financing available from WB is an indication of the remaining balance left in approved MPA projects that could be allocated for delivery. Countries decide in consultation with WB how much, if any of the funds will be disbursed for delivery. Disaggregation of WB financing data under Gavi, UNICEF, WHO definitions not available. UCC capacity: Data as reported by countries. Where no data reported on existing capacity, UNICEF data used on confirmed installed UCC. Doses estimated based on current UNICEF guidance of 333.3 doses per L. (April 1st, 2022). Sources: CoVDP InfoHub, Our World in Data, UNICEF, Gavi, WHO, World Bank.

Country Profile | Gabon

Progress against key challenges

- Challenging political context, including interventions of the Constitutional Court to challenge government measures to accelerate COVID-19 vaccination.
- Optimization and intensification of social mobilization and community engagement efforts using public / private partnerships needed to drive demand.
- As a self-funding country, financing for operational costs including mass vaccination campaigns remains a major challenge.

Total coverage

Country metrics dashboard

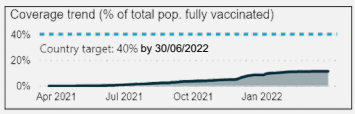
Region: AFR

Income group: UMIC

Population:

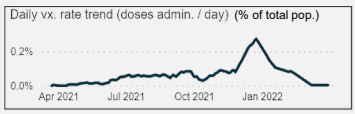
- Total: 2,225,734
- Under 18: 974,135
- 18+: 1,304,690
- 60+: 122,655
- Health care workers: 19,096

Target & coverage



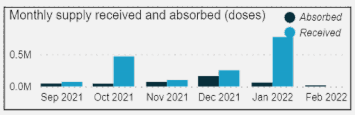
Country target & deadline:	**70%** by **31/12/2022**
Total pop. At least one dose / complete primary series / booster:	**13%** / **11%** / **0.00%**
60+ with at least one dose / c.p.s:	-- / --
Health care workers with at least one dose / c.p.s:	-- / --

Daily vaccination rate



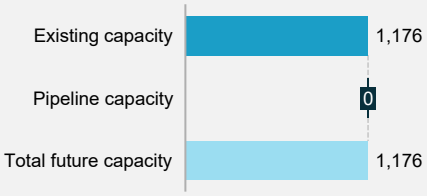
Daily vx. rate: 4-wk average / max observed rate:	**102** / **6,096**
Daily vx. rate needed: country target / 70% target:	**10,262** / **21,266**
Trend over the past month:	**Downward**

Supply & utilization



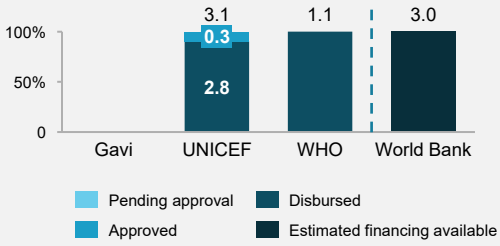
Total doses received from all sources / from COVAX:	**1,790,600** / **472,200**
Doses estimated remaining:	**1,061,498**
Supply need possible:	**No**
Expiry risk:	**Unknown**

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)

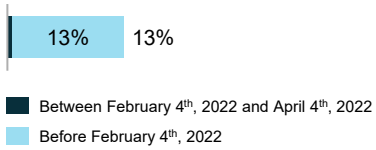


Country Profile | Gambia

Progress against key challenges

- Successful implementation of back-to-back nationwide campaigns doubled coverage from 7% in Sept 2021 to 13% in March 2022.
- Key factors include high level political commitment, joint partner planning, and the implementation of a clear strategy to drive demand.
- Continued strengthening of risk communication and community engagement approaches needed to address vaccine hesitancy and improve demand.
- Additional funding needed to execute operational campaigns and develop micro-plans.

Total coverage



Country metrics dashboard

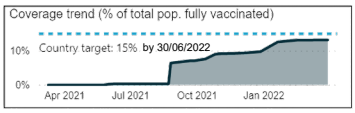
Region: AFR

Income group: LIC

Population:

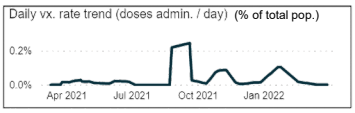
- Total: 2,416,668
- Under 18: 1,252,998
- 18+: 1,233,947
- 60+: 98,429
- Health care workers: 5,634

Target & coverage



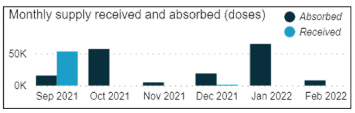
Country target & deadline:	**60%** by **30/06/2023**
Total pop. At least one dose / complete primary series / booster:	**14%** / **13%** / **0.00%**
60+ with at least one dose / c.p.s:	**27%** / **25%**
Health care workers with at least one dose / c.p.s:	**100%** / **100%**

Daily vaccination rate



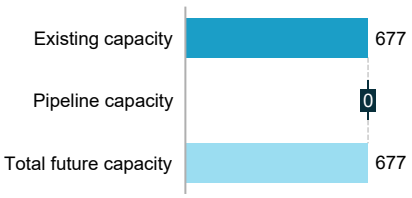
Daily vx. rate: 4-wk average / max observed rate:	**39** / **5,918**
Daily vx. rate needed: country target / 70% target:	**599** / **20,017**
Trend over the past month:	**Downward**

Supply & utilization



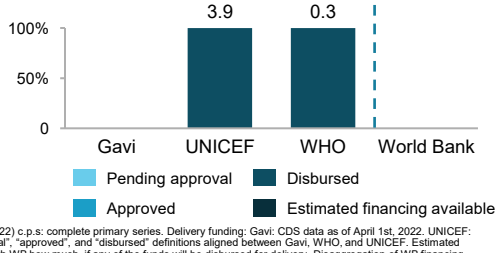
Total doses received from all sources / from COVAX:	**541,494** / **477,420**
Doses estimated remaining:	**123,992**
Supply need possible:	**No**
Expiry risk:	**Doses at risk**

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)



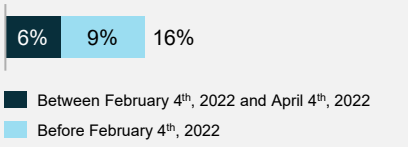
1. UHC effective coverage index score, WHO 2019. Notes: Coverage trend: CoVDP InfoHub (April 4th, 2022) Country metrics dashboard: CoVDP InfoHub (March 31st, 2022) c.p.s: complete primary series. Delivery funding: Gavi: CDS data as of April 1st, 2022. UNICEF: HAC Funding data as of March 25th, 2022. WHO: Data as of March 30th, 2022. World Bank: COVID-19 Vaccine Deployment Tracker (March 28th, 2022) "Pending approval", "approved", and "disbursed" definitions aligned between Gavi, WHO, and UNICEF. Estimated financing available from WB is an indication of the remaining balance left in approved MPA projects that could be allocated for delivery. Countries decide in consultation with WB how much, if any of the funds will be disbursed for delivery. Disaggregation of WB financing data under Gavi, UNICEF, WHO definitions not available. UCC capacity: Data as reported by countries. Where no data reported on existing capacity, UNICEF data used on confirmed installed UCC. Doses estimated based on current UNICEF guidance of 333.3 doses per L. (April 1st, 2022). Sources: CoVDP InfoHub, Our World in Data, UNICEF, Gavi, WHO, World Bank.

Country Profile | Ghana

Progress against key challenges

- Used mass vaccinations to accelerate coverage – increased number of vaccination sites and used mobile and door-to-door strategies in areas of low uptake.
- Insufficient cold chain storage and installation challenges due to lack of power, generators, and monitoring equipment. Need for human and financial resources.
- Need to improve effectiveness of integration with routine immunization programs, including yellow fever and polio.
- Currently a funding gap of US$ 30 million for additional campaigns.

Total coverage



Country metrics dashboard

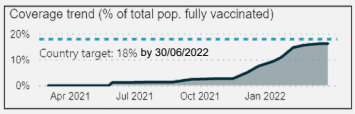
Region: AFR

Income group: LMIC

Population:

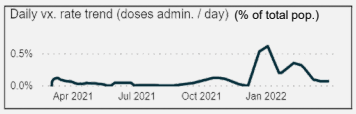
- Total: 31,072,940
- Under 18: 13,658,897
- 18+: 18,073,232
- 60+: 1,724,221
- Health care workers: 404,780

Target & coverage



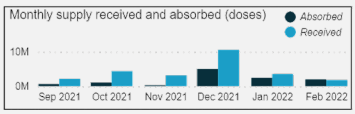
Country target & deadline:	72%	by	31/12/2023
Total pop. At least one dose / complete primary series / booster:	29% / 16% / 0.38%		
60+ with at least one dose / c.p.s:	22%	/	4%
Health care workers with at least one dose / c.p.s:	74%	/	66%

Daily vaccination rate



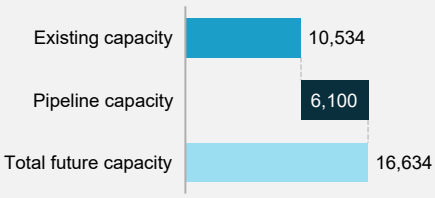
Daily vx. rate: 4-wk average / max observed rate:	20,951	/	189,510
Daily vx. rate needed: country target / 70% target:	42,839	/	277,079
Trend over the past month:	Downward		

Supply & utilization



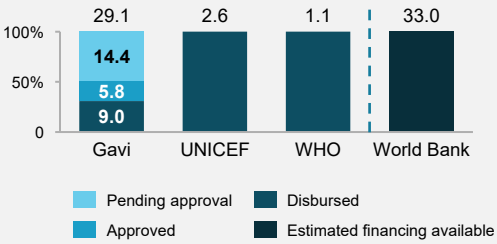
Total doses received from all sources / from COVAX:	28,254,623	/	19,490,490
Doses estimated remaining:	12,402,981		
Supply need possible:	No		
Expiry risk:	Doses at risk		

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)

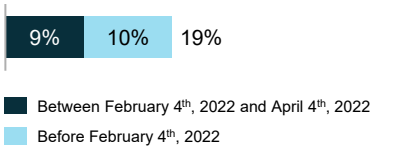


Country Profile | Guinea

Progress against key challenges

- Significant vaccination progress made despite changes in national leadership – management and coordination challenges remain due to leadership transition.
- Political engagement necessary from partners to encourage assignment of EPI focal points at operational and intermediate levels to ensure national strategic plan for immunization can be implemented.

Total coverage



Country metrics dashboard

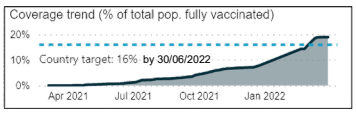
Region: AFR

Income group: LIC

Population:

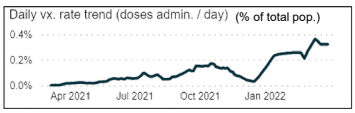
- Total: 13,132,795
- Under 18: 6,713,147
- 18+: 6,784,097
- 60+: 636,095
- Health care workers: 15,946

Target & coverage



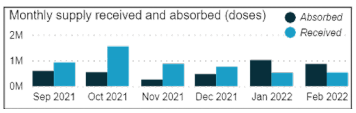
Country target & deadline:	63%	by	31/12/2022
Total pop. At least one dose / complete primary series / booster:	26% / 19% / 0.00%		
60+ with at least one dose / c.p.s:	100%	/	81%
Health care workers with at least one dose / c.p.s:	100%	/	56%

Daily vaccination rate



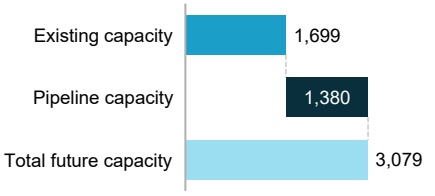
Daily vx. rate: 4-wk average / max observed rate:	42,213	/	47,667
Daily vx. rate needed: country target / 70% target:	10,788	/	124,512
Trend over the past month:	Upward		

Supply & utilization



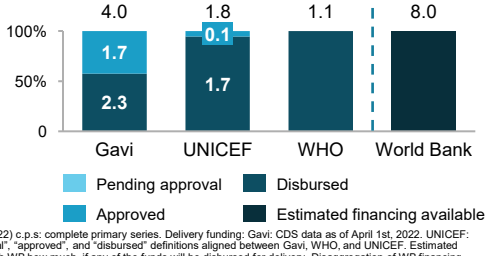
Total doses received from all sources / from COVAX:	6,484,430	/	5,103,360
Doses estimated remaining:	0		
Supply need possible:	Yes		
Expiry risk:	No doses at risk		

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)



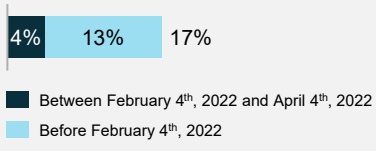
1. UHC effective coverage index score, WHO 2019. Notes: Coverage trend: CoVDP InfoHub (April 4th, 2022) Country metrics dashboard: CoVDP InfoHub (March 31st, 2022) c.p.s: complete primary series. Delivery funding: Gavi: CDS data as of April 1st, 2022. UNICEF: HAC Funding data as of March 25th, 2022. WHO: Data as of March 30th, 2022. World Bank: COVID-19 Vaccine Deployment Tracker (March 28th, 2022) "Pending approval", "approved", and "disbursed" definitions aligned between Gavi, WHO, and UNICEF. Estimated financing available from WB is an indication of the remaining balance left in approved MPA projects that could be allocated for delivery. Countries decide in consultation with WB how much, if any of the funds will be disbursed for delivery. Disaggregation of WB financing data under Gavi, UNICEF, WHO definitions not available. UCC capacity: Data as reported by countries. Where no data reported on existing capacity, UNICEF data used on confirmed installed UCC. Doses estimated based on current UNICEF guidance of 333.3 doses per L. (April 1st, 2022). Sources: CoVDP InfoHub, Our World in Data, UNICEF, Gavi, WHO, World Bank.

Country Profile | Guinea-Bissau

Progress against key challenges

- Recently conducted two successful nationwide vaccination campaigns.
- The country is utilizing improved planning, stronger coordination of RCCE activities, and targeted campaign strategies based on local health care seeking patterns as key approaches to address barriers and ramp up coverage.
- There is a need to ramp up community mobilization efforts particularly at sub-national levels in coordination with the High-Commissioner against COVID-19.
- Key challenges with data and intelligence collection, analysis, and reporting system.

Total coverage



Country metrics dashboard

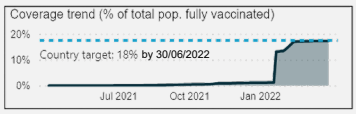
Region: AFR

Income group: LIC

Population:

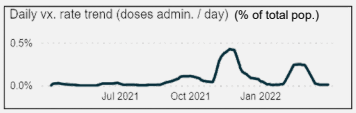
- Total: 1,968,001
- Under 18: 972,205
- 18+: 1,043,289
- 60+: 92,290
- Health care workers: 6,139

Target & coverage



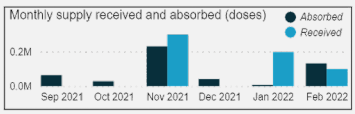
Country target & deadline:	70% by 31/12/2023
Total pop. At least one dose / complete primary series / booster:	26% / 17% / 0.01%
60+ with at least one dose / c.p.s:	65% / 38%
Health care workers with at least one dose / c.p.s:	100% / 100%

Daily vaccination rate



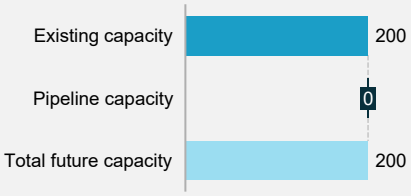
Daily vx. rate: 4-wk average / max observed rate:	214 / 8,357
Daily vx. rate needed: country target / 70% target:	1,934 / 15,704
Trend over the past month:	Downward

Supply & utilization

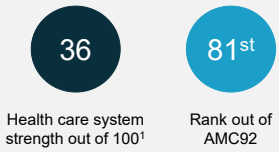


Total doses received from all sources / from COVAX:	1,196,000 / 360,000
Doses estimated remaining:	513,780
Supply need possible:	No
Expiry risk:	Doses at risk

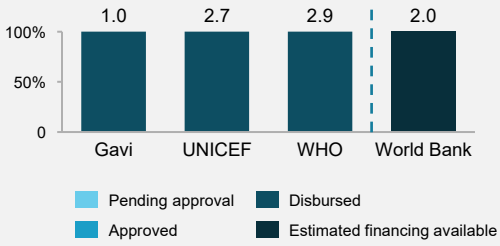
Ultra-cold chain capacity (doses (k))



Health system strength



Delivery funding from development partners (US$ m)

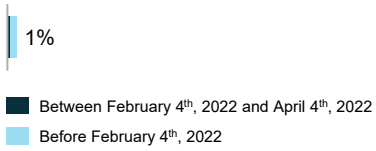


Country Profile | Haiti

Progress against key challenges

- Continuous political crisis, natural disasters, and increasing control of the country by local gangs have had a negative impact on immunization and health coverage.
- A greater amount of vaccine co-financing required from the national budget.
- Chronic healthcare capacity constraints and lack of necessary infrastructure and human resources limiting delivery of COVID-19 vaccines to adults.
- Ongoing vaccine hesitancy and lack of demand in the targeted populations.

Total coverage



Country metrics dashboard

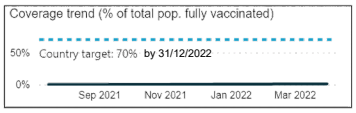
Region: AMR

Income group: LMIC

Population:

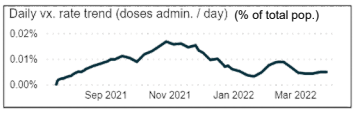
- Total: 11,402,528
- Under 18: 4,403,258
- 18+: 7,138,427
- 60+: 910,210
- Health care workers: 58,078

Target & coverage



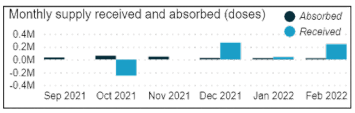
Country target & deadline:	70% by 31/12/2022
Total pop. At least one dose / complete primary series / booster:	1% / 1% / 0.00%
60+ with at least one dose / c.p.s:	-- / --
Health care workers with at least one dose / c.p.s:	-- / --

Daily vaccination rate



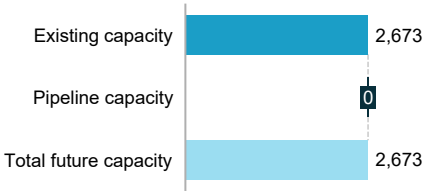
Daily vx. rate: 4-wk average / max observed rate:	560 / 1,911
Daily vx. rate needed: country target / 70% target:	152,828 / 152,828
Trend over the past month:	Downward

Supply & utilization

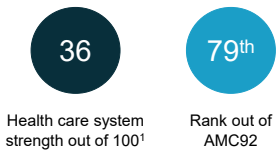


Total doses received from all sources / from COVAX:	795,600 / 795,600
Doses estimated remaining:	466,239
Supply need possible:	No
Expiry risk:	Doses at risk

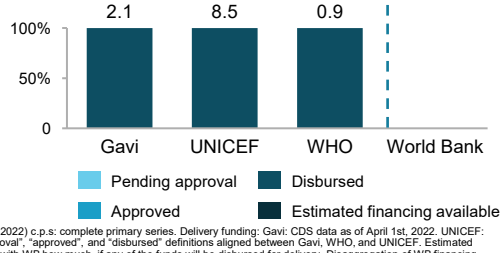
Ultra-cold chain capacity (doses (k))



Health system strength



Delivery funding from development partners (US$ m)



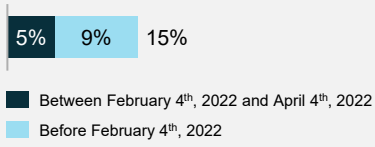
1. UHC effective coverage index score, WHO 2019. Notes: Coverage trend: CoVDP InfoHub (April 4th, 2022) Country metrics dashboard: CoVDP InfoHub (March 31st, 2022) c.p.s: complete primary series. Delivery funding: Gavi: CDS data as of April 1st, 2022. UNICEF: HAC Funding data as of March 25th, 2022. WHO: Data as of March 30th, 2022. World Bank: COVID-19 Vaccine Deployment Tracker (March 28th, 2022) "Pending approval", "approved", and "disbursed" definitions aligned between Gavi, WHO, and UNICEF. Estimated financing available from WB is an indication of the remaining balance left in approved MPA projects that could be allocated for delivery. Countries decide in consultation with WB how much, if any of the funds will be disbursed for delivery. Disaggregation of WB financing data under Gavi, UNICEF, WHO definitions not available. UCC capacity: Data as reported by countries. Where no data reported on existing capacity, UNICEF data used on confirmed installed UCC. Doses estimated based on current UNICEF guidance of 333.3 doses per L. (April 1st, 2022). Sources: CoVDP InfoHub, Our World in Data, UNICEF, Gavi, WHO, World Bank.

Country Profile | Kenya

Progress against key challenges

- Mass vaccination campaigns have been extremely successful – a 17 day campaign in February delivered 3.5 million vaccines.
- Keys to success were proactive engagement with County Governments through the National Government Administrative Office, engaging the Ministry of Education, and vaccinating in "unconventional areas" (e.g. at night, at factories).
- Accurately costing and securing sufficient funding is needed to ensure delivery of future campaigns – current projections show a funding gap of US$ 3.6 million.

Total coverage



Country metrics dashboard

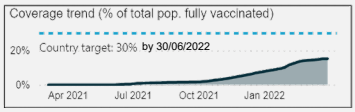
Region: AFR

Income group: LMIC

Population:

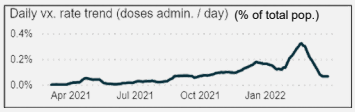
- Total: 53,771,296
- Under 18: 24,683,909
- 18+: 30,301,789
- 60+: 2,353,246
- Health care workers: 472,310

Target & coverage



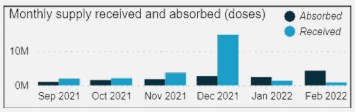
Country target & deadline:	**60%** by **31/12/2022**
Total pop. At least one dose / complete primary series / booster:	**17%** / **15%** / **0.01%**
60+ with at least one dose / c.p.s:	**54%** / **54%**
Health care workers with at least one dose / c.p.s:	**54%** / **53%**

Daily vaccination rate



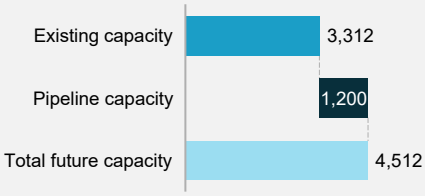
Daily vx. rate: 4-wk average / max observed rate:	**35,102** / **172,740**
Daily vx. rate needed: country target / 70% target:	**146,577** / **561,375**
Trend over the past month:	**Downward**

Supply & utilization



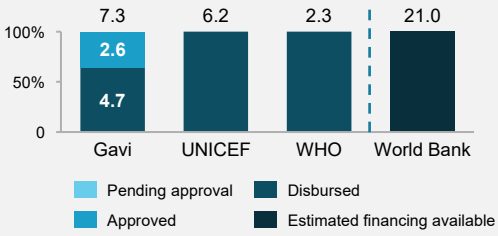
Total doses received from all sources / from COVAX:	**32,218,510** / **23,186,220**
Doses estimated remaining:	**11,557,132**
Supply need possible:	**No**
Expiry risk:	**Under observation**

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)

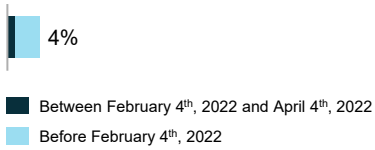


Country Profile | Madagascar

Progress against key challenges

- There are persistent challenges with all types of vaccinations (including COVID-19) due to high vaccine hesitancy and a role for increased leadership engagement.
- Only 30% of the 4 million doses received so far have been used – low rate of weekly vaccination may put doses at risk of expiry.
- Current funding gap identified is US$ 250,000.

Total coverage



Country metrics dashboard

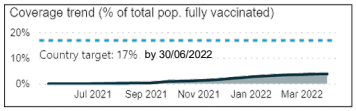
Region: AFR

Income group: LIC

Population:

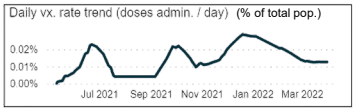
- Total: 27,691,018
- Under 18: 13,199,455
- 18+: 15,227,873
- 60+: 1,445,605
- Health care workers: 80,166

Target & coverage



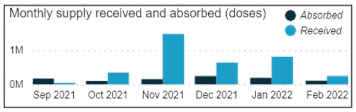
Country target & deadline:	**51%** by **30/06/2023**
Total pop. At least one dose / complete primary series / booster:	**4%** / **4%** / **0.00%**
60+ with at least one dose / c.p.s:	**6%** / **6%**
Health care workers with at least one dose / c.p.s:	**43%** / **41%**

Daily vaccination rate



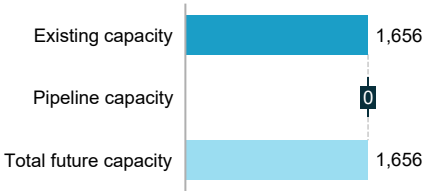
Daily vx. rate: 4-wk average / max observed rate:	**3,513** / **7,972**
Daily vx. rate needed: country target / 70% target:	**60,003** / **305,821**
Trend over the past month:	**Stable**

Supply & utilization



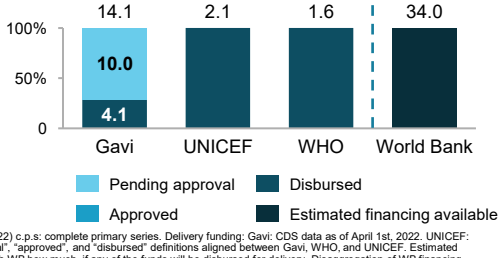
Total doses received from all sources / from COVAX:	**4,646,660** / **3,405,860**
Doses estimated remaining:	**2,875,032**
Supply need possible:	**No**
Expiry risk:	**Under observation**

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)



1. UHC effective coverage index score, WHO 2019. Notes: Coverage trend: CoVDP InfoHub (April 4th, 2022) Country metrics dashboard: CoVDP InfoHub (March 31st, 2022) c.p.s: complete primary series. Delivery funding: Gavi: CDS data as of April 1st, 2022. UNICEF: HAC Funding data as of March 25th, 2022. WHO: Data as of March 30th, 2022. World Bank: COVID-19 Vaccine Deployment Tracker (March 28th, 2022) "Pending approval", "approved", and "disbursed" definitions aligned between Gavi, WHO, and UNICEF. Estimated financing available from WB is an indication of the remaining balance left in approved MPA projects that could be allocated for delivery. Countries decide in consultation with WB how much, if any of the funds will be disbursed for delivery. Disaggregation of WB financing data under Gavi, UNICEF, WHO definitions not available. UCC capacity: Data as reported by countries. Where no data reported on existing capacity, UNICEF data used on confirmed installed UCC. Doses estimated based on current UNICEF guidance of 333.3 doses per L. (April 1st, 2022). Sources: CoVDP InfoHub, Our World in Data, UNICEF, Gavi, WHO, World Bank.

Country Profile | Malawi

Progress against key challenges

- Encouraging recent coverage increase driven by mass vaccination campaign strategy from November to December 2021 – over 200% increase in people vaccinated.
- More human resources needed to increase scope and scale of campaigns, including to reach remote populations.
- Partner coordination continues to be key to efforts to build health worker capacity, fight vaccine hesitancy, and plan for mass vaccination campaigns.
- Key challenges include competing priorities and poor-quality health data.

Total coverage

Country metrics dashboard

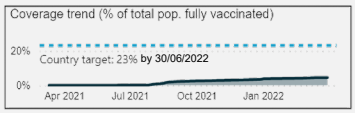
Region: AFR

Income group: LIC

Population:

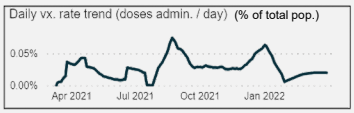
- Total: 19,129,952
- Under 18: 9,751,972
- 18+: 9,895,712
- 60+: 808,042
- Health care workers: 29,519

Target & coverage



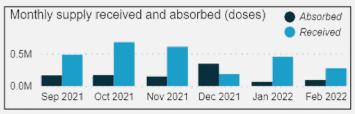
Country target & deadline:	**70%** by **30/06/2023**
Total pop. At least one dose / complete primary series / booster:	**8%** / **15%** / **0.01%**
60+ with at least one dose / c.p.s:	**26%** / **11%**
Health care workers with at least one dose / c.p.s:	**100%** / **100%**

Daily vaccination rate



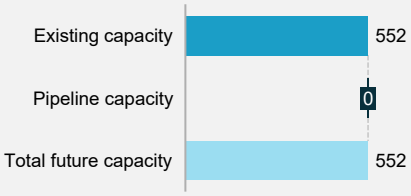
Daily vx. rate: 4-wk average / max observed rate:	**3,750** / **14,130**
Daily vx. rate needed: country target / 70% target:	**58,822** / **217,018**
Trend over the past month:	**Upward**

Supply & utilization



Total doses received from all sources / from COVAX:	**4,858,520** / **4,101,720**
Doses estimated remaining:	**2,378,687**
Supply need possible:	**No**
Expiry risk:	**Under observation**

Ultra-cold chain capacity (doses (k))

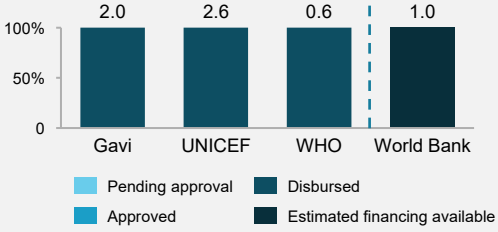


Health system strength

Health care system strength out of 100[1]

Rank out of AMC92

Delivery funding from development partners (US$ m)

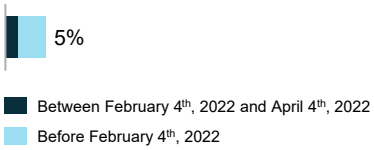


Country Profile | Mali

Progress against key challenges

- Sufficient vaccine availability in all regions and health districts, but ongoing issues around coordinated planning and implementation.
- Continued persistence of rumours about COVID-19 vaccines and reluctance to vaccinate in most regions – comprehensive risk communication strategy needed to drive demand.
- Poor data management system, with limited reporting, analysis, and feedback.

Total coverage



Country metrics dashboard

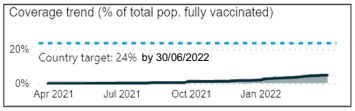
Region: AFR

Income group: LIC

Population:

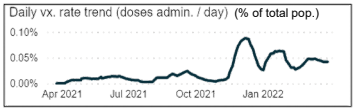
- Total: 20,250,833
- Under 18: 11,213,987
- 18+: 9,641,748
- 60+: 800,822
- Health care workers: 22,785

Target & coverage



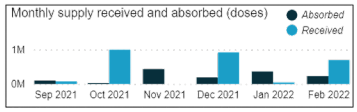
Country target & deadline:	**47%** by **31/12/2022**
Total pop. At least one dose / complete primary series / booster:	**7%** / **5%** / **0.00%**
60+ with at least one dose / c.p.s:	**34%** / **25%**
Health care workers with at least one dose / c.p.s:	**100%** / **100%**

Daily vaccination rate



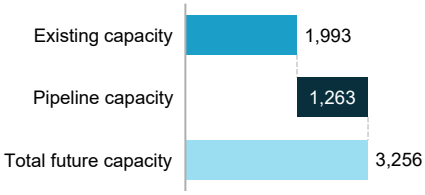
Daily vx. rate: 4-wk average / max observed rate:	**8,532** / **17,802**
Daily vx. rate needed: country target / 70% target:	**65,503** / **234,940**
Trend over the past month:	**Stable**

Supply & utilization



Total doses received from all sources / from COVAX:	**4,213,420** / **3,513,420**
Doses estimated remaining:	**1,918,463**
Supply need possible:	**No**
Expiry risk:	**No doses at risk**

Ultra-cold chain capacity (doses (k))

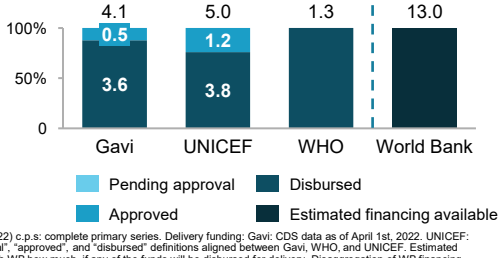


Health system strength

Health care system strength out of 100[1]

Rank out of AMC92

Delivery funding from development partners (US$ m)



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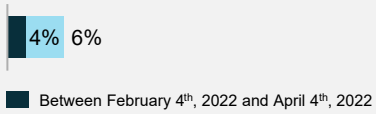
Country Profile | Niger

Progress against key challenges

- Engagement with political leaders such as Ministers and Governors has been key to advancing countrywide on COVID-19 vaccination.
- Country ambition is to increase the number of vaccination sites by integrating them with existing health centres.
- Infrastructure limitations are bottlenecks to throughput. Includes limited decentralised vaccine storage and insufficient mobile logistics (e.g. motorbikes) for outreach strategy.
- Country struggling with the low risk perception of the disease fuelled by rumours.

Total coverage



Country metrics dashboard

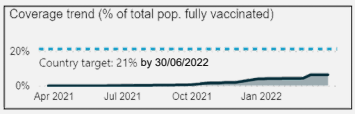
Region: AFR

Income group: LIC

Population:

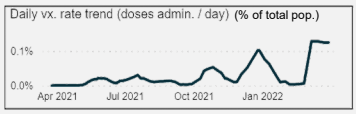
- Total: 24,206,644
- Under 18: 14,172,411
- 18+: 10,958,406
- 60+: 1,032,827
- Health care workers: 44,228

Target & coverage



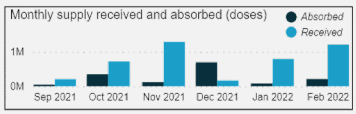
Country target & deadline:	43%	by	31/12/2022
Total pop. At least one dose / complete primary series / booster:	9% / 6% / 0.00%		
60+ with at least one dose / c.p.s:	14%	/	9%
Health care workers with at least one dose / c.p.s:	48%	/	22%

Daily vaccination rate



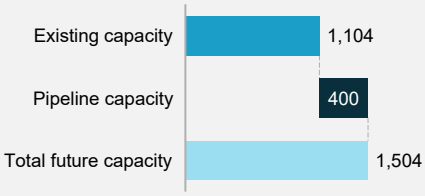
Daily vx. rate: 4-wk average / max observed rate:	30,310	/	31,188
Daily vx. rate needed: country target / 70% target:	54,795	/	242,637
Trend over the past month:	Upward		

Supply & utilization



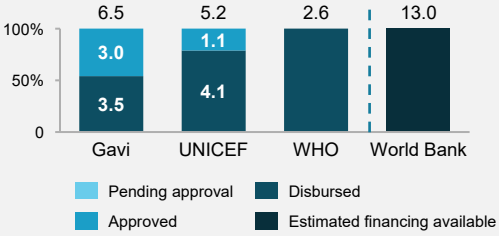
Total doses received from all sources / from COVAX:	5,477,570 / 5,052,570
Doses estimated remaining:	2,248,140
Supply need possible:	No
Expiry risk:	No doses at risk

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)



Country Profile | Nigeria

Progress against key challenges

- High-level mission in Feb 22 supported launch of a decentralized vaccination strategy 'SCALES 2.0', using J&J as a one-shot vaccine to accelerate coverage.
- Continued cooperation and engagement between national and regional levels crucial to sustain progress – states submitting detailed operational micro-plans and budgets.
- Funding needed to increase vaccination sites, and improve communication & social mobilization activities, last mile delivery, and supervision and monitoring systems.

Total coverage

Country metrics dashboard

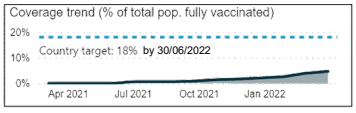
Region: AFR

Income group: LMIC

Population:

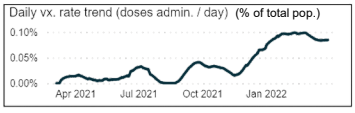
- Total: 206,139,589
- Under 18: 105,558,740
- 18+: 105,841,968
- 60+: 9,583,675
- Health care workers: 1,109,420

Target & coverage



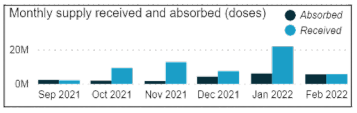
Country target & deadline:	36%	by	31/12/2022
Total pop. At least one dose / complete primary series / booster:	10% / 5% / 0.38%		
60+ with at least one dose / c.p.s:	39%	/	21%
Health care workers with at least one dose / c.p.s:	56%	/	34%

Daily vaccination rate



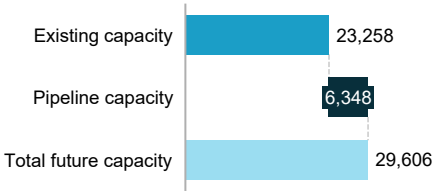
Daily vx. rate: 4-wk average / max observed rate:	174,115	/	204,804
Daily vx. rate needed: country target / 70% target:	750,000	/	2,551,036
Trend over the past month:	Stable		

Supply & utilization



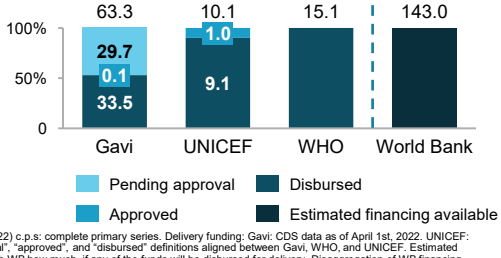
Total doses received from all sources / from COVAX:	68,366,510 / 65,866,510
Doses estimated remaining:	30,138,127
Supply need possible:	No
Expiry risk:	Doses at risk

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)



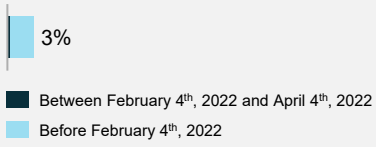
1. UHC effective coverage index score, WHO 2019. Notes: Coverage trend: CoVDP InfoHub (April 4th, 2022) Country metrics dashboard: CoVDP InfoHub (March 31st, 2022) c.p.s: complete primary series. Delivery funding: Gavi: CDS data as of April 1st, 2022. UNICEF: HAC Funding data as of March 25th, 2022. WHO: Data as of March 30th, 2022. World Bank: COVID-19 Vaccine Deployment Tracker (March 28th, 2022) "Pending approval", "approved", and "disbursed" definitions aligned between Gavi, WHO, and UNICEF. Estimated financing available from WB is an indication of the remaining balance left in approved MPA projects that could be allocated for delivery. Countries decide in consultation with WB how much, if any of the funds will be disbursed for delivery. Disaggregation of WB financing data under Gavi, UNICEF, WHO definitions not available. UCC capacity: Data as reported by countries. Where no data reported on existing capacity, UNICEF data used on confirmed installed UCC. Doses estimated based on current UNICEF guidance of 333.3 doses per L. (April 1st, 2022). Sources: CoVDP InfoHub, Our World in Data, UNICEF, Gavi, WHO, World Bank.

Country Profile | Papua New Guinea

Progress against key challenges

- Vaccine hesitancy by healthcare workers and community members is a key challenge – health authorities actively engaging with church leaders to address.
- Routine vaccination systems are weak – government must allocate national budget to sustainably strengthen health care and vaccination operations.
- Piloting integrated vaccinations model with a public/private partnership in communities.
- Need for a stronger and better resourced government immunization team – opportunity for political engagement post-July 2022 general elections.

Total coverage



Country metrics dashboard

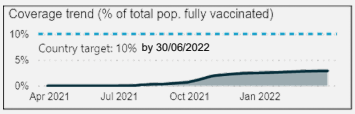
Region: WPR

Income group: LMIC

Population:

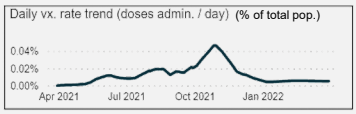
- Total: 8,947,024
- Under 18: 3,749,460
- 18+: 5,369,550
- 60+: 556,701
- Health care workers: 14,292

Target & coverage



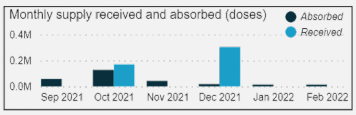
Country target & deadline:	**20%** by **31/12/2022**
Total pop. At least one dose / complete primary series / booster:	**4%** / **3%** / **0.11%**
60+ with at least one dose / c.p.s:	**17%** / **14%**
Health care workers with at least one dose / c.p.s:	**100%** / **68%**

Daily vaccination rate



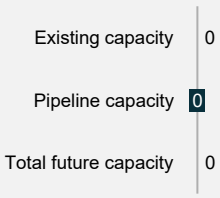
Daily vx. rate: 4-wk average / max observed rate:	**479** / **4,161**
Daily vx. rate needed: country target / 70% target:	**9,202** / **88,708**
Trend over the past month:	**Stable**

Supply & utilization



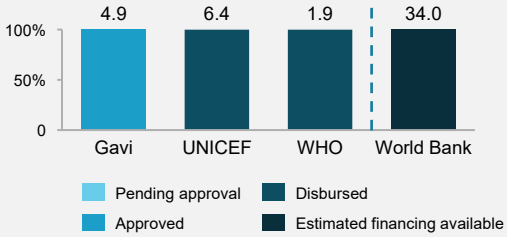
Total doses received from all sources / from COVAX:	**1,287,680** / **1,069,200**
Doses estimated remaining:	**736,095**
Supply need possible:	**No**
Expiry risk:	**Under observation**

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)

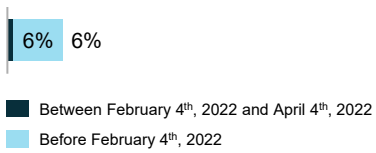


Country Profile | Senegal

Progress against key challenges

- Significant vaccination coverage achieved in 2021 via combined strategies, However, the country experienced stagnating trend in 2022 as demand has dropped off amongst polio and measles outbreaks.
- Lack of senior alignment and leadership engagement on strategies to drive uptake – recent efforts by partners have renewed discussions on relaunching vaccinations.
- Renewed communication strategies needed with involvement of political and community leaders to generate demand.

Total coverage



Country metrics dashboard

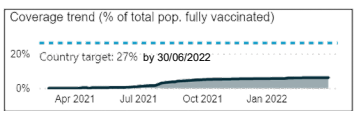
Region: AFR

Income group: LMIC

Population:

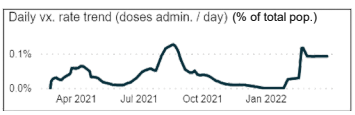
- Total: 16,743,927
- Under 18: 8,403,734
- 18+: 8,792,567
- 60+: 832,868
- Health care workers: 65,530

Target & coverage



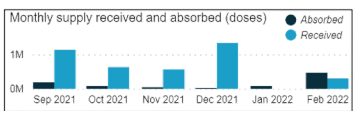
Country target & deadline:	**53%** by **31/12/2022**
Total pop. At least one dose / complete primary series / booster:	**9%** / **6%** / **0.02%**
60+ with at least one dose / c.p.s:	**100%** / **34%**
Health care workers with at least one dose / c.p.s:	**100%** / **100%**

Daily vaccination rate



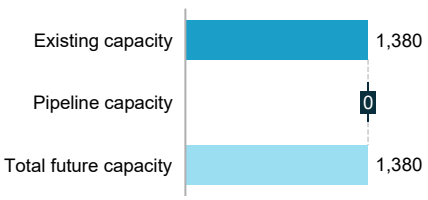
Daily vx. rate: 4-wk average / max observed rate:	**15,567** / **21,335**
Daily vx. rate needed: country target / 70% target:	**59,020** / **192,173**
Trend over the past month:	**Upward**

Supply & utilization



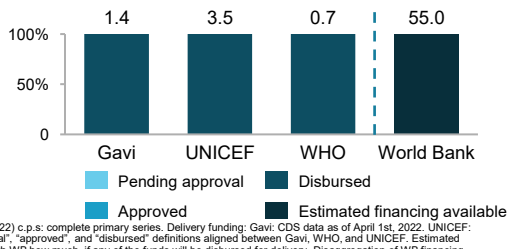
Total doses received from all sources / from COVAX:	**5,466,636** / **4,073,390**
Doses estimated remaining:	**2,423,599**
Supply need possible:	**No**
Expiry risk:	**Under observation**

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)



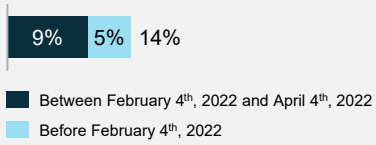
1. UHC effective coverage index score, WHO 2019. Notes: Coverage trend: CoVDP InfoHub (April 4th, 2022) Country metrics dashboard: CoVDP InfoHub (March 31st, 2022) c.p.s: complete primary series. Delivery funding: Gavi: CDS data as of April 1st, 2022. UNICEF: HAC Funding data as of March 25th, 2022. WHO: Data as of March 30th, 2022. World Bank: COVID-19 Vaccine Deployment Tracker (March 28th, 2022) "Pending approval", "approved", and "disbursed" definitions aligned between Gavi, WHO, and UNICEF. Estimated financing available from WB is an indication of the remaining balance left in approved MPA projects that could be allocated for delivery. Countries decide in consultation with WB how much, if any of the funds will be disbursed for delivery. Disaggregation of WB financing data under Gavi, UNICEF, WHO definitions not available. UCC capacity: Data as reported by countries. Where no data reported on existing capacity, UNICEF data used on confirmed installed UCC. Doses estimated based on current UNICEF guidance of 333.3 doses per L. (April 1st, 2022). Sources: CoVDP InfoHub, Our World in Data, UNICEF, Gavi, WHO, World Bank.

Country Profile | Sierra Leone

Progress against key challenges

- Increased coverage from 4% to 14% over three months with seven mass campaigns.
- Ministry of Health clarifying budget needs to help external funding flow more efficiently.
- Data management and reporting is a major challenge – funding requests to urgently address problems have been submitted to CoVDP partners.
- Improvements needed to facilitate timely distribution, disbursement, and utilization of funds to implementation teams at regional and facility levels to increase vaccination site and personnel capacity.

Total coverage



Country metrics dashboard

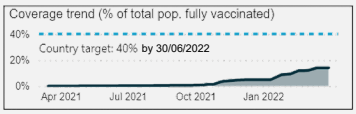
Region: AFR

Income group: LIC

Population:

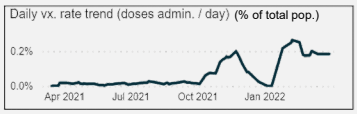
- Total: 7,976,983
- Under 18: 3,809,149
- 18+: 4,332,194
- 60+: 378,943
- Health care workers: 22,983

Target & coverage



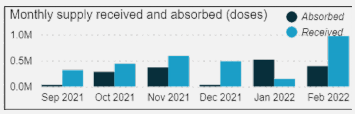
Country target & deadline:	**40%** by **30/06/2022**
Total pop. At least one dose / complete primary series / booster:	**22%** / **14%** / **0.03%**
60+ with at least one dose / c.p.s:	-- / --
Health care workers with at least one dose / c.p.s:	-- / --

Daily vaccination rate



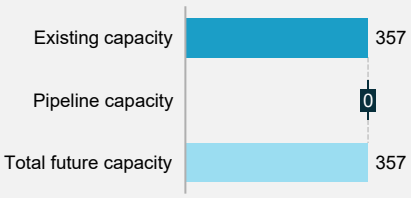
Daily vx. rate: 4-wk average / max observed rate:	**14,709** / **21,076**
Daily vx. rate needed: country target / 70% target:	**32,676** / **75,208**
Trend over the past month:	**Downward**

Supply & utilization



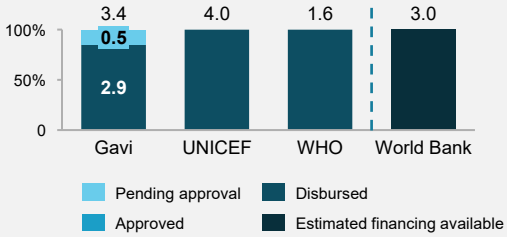
Total doses received from all sources / from COVAX:	**3,847,670** / **2,823,270**
Doses estimated remaining:	**1,328,579**
Supply need possible:	**No**
Expiry risk:	**Under observation**

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)

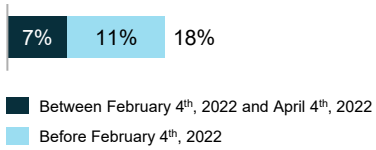


Country Profile | Solomon Islands

Progress against key challenges

- First mass vaccination campaign very successful – over 98% of adults (18+) received first dose in capital province.
- Future campaigns to focus on increasing coverage in outlying islands and provinces – requires careful operational planning and support from partners.
- Next phase of campaigns is to focus on the integration of COVID-19 vaccination and routine immunization catch-ups as coverage declined during the pandemic.
- Necessary to strengthen financial system and budgeting processes.

Total coverage



Country metrics dashboard

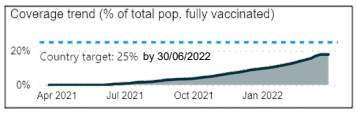
Region: WPR

Income group: LMIC

Population:

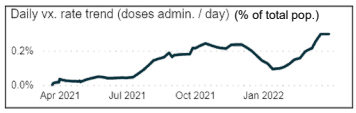
- Total: 686,884
- Under 18: 324,576
- 18+: 379,420
- 60+: 40,247
- Health care workers: 6,031

Target & coverage



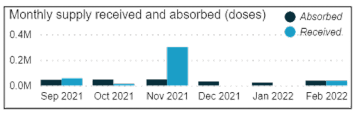
Country target & deadline:	**70%** by **31/12/2022**
Total pop. At least one dose / complete primary series / booster:	**34%** / **18%** / **0.12%**
60+ with at least one dose / c.p.s:	**71%** / **34%**
Health care workers with at least one dose / c.p.s:	**58%** / **46%**

Daily vaccination rate



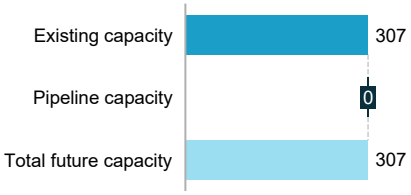
Daily vx. rate: 4-wk average / max observed rate:	**2,046** / **2,046**
Daily vx. rate needed: country target / 70% target:	**1,231** / **6,560**
Trend over the past month:	**Upward**

Supply & utilization



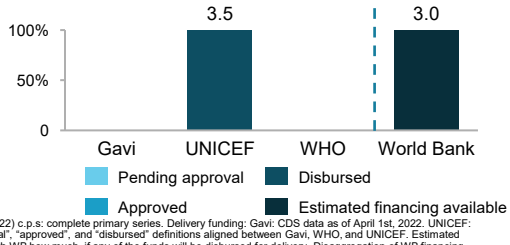
Total doses received from all sources / from COVAX:	**611,020** / **310,220**
Doses estimated remaining:	**191,323**
Supply need possible:	**No**
Expiry risk:	**Under observation**

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)



1. UHC effective coverage index score, WHO 2019. Notes: Coverage trend: CoVDP InfoHub (April 4th, 2022) Country metrics dashboard: CoVDP InfoHub (March 31st, 2022) c.p.s: complete primary series. Delivery funding: Gavi: CDS data as of April 1st, 2022. UNICEF: HAC Funding data as of March 25th, 2022. WHO: Data as of March 30th, 2022. World Bank: COVID-19 Vaccine Deployment Tracker (March 28th, 2022) "Pending approval", "approved", and "disbursed" definitions aligned between Gavi, WHO, and UNICEF. Estimated financing available from WB is an indication of the remaining balance left in approved MPA projects that could be allocated for delivery. Countries decide in consultation with WB how much, if any of the funds will be disbursed for delivery. Disaggregation of WB financing data under Gavi, UNICEF, WHO definitions not available. UCC capacity: Data as reported by countries. Where no data reported on existing capacity, UNICEF data used on confirmed installed UCC. Doses estimated based on current UNICEF guidance of 333.3 doses per L. (April 1st, 2022). Sources: CoVDP InfoHub, Our World in Data, UNICEF, Gavi, WHO, World Bank.

Country Profile | Somalia

Progress against key challenges

- Has well-functioning Taskforce on COVID-19 vaccine, comprised of Ministry of Health, UN partners, NGOs, and donors.
- Country suffering from drought, measles outbreaks, and displaced population – political instability and decentralized decision making can be a challenge.
- Need to develop region-specific costed operational plans for vaccinating remote and hard to reach populations (e.g. nomads) and develop bundling strategies.

Total coverage

Country metrics dashboard

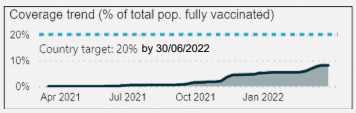
Region: EMR

Income group: LIC

Population:

- Total: 15,893,222
- Under 18: 8,678,623
- 18+: 7,680,881
- 60+: 745,134
- Health care workers: 12,608

Target & coverage

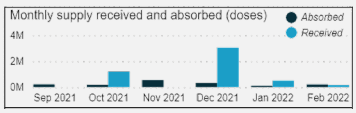


Country target & deadline:	40% by 01/12/2022
Total pop. At least one dose / complete primary series / booster:	12% / 8% / 0.00%
60+ with at least one dose / c.p.s:	43% / 28%
Health care workers with at least one dose / c.p.s:	100% / 100%

Daily vaccination rate

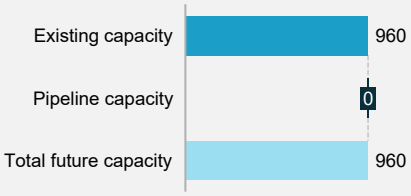
Daily vx. rate: 4-wk average / max observed rate:	25,087 / 25,569
Daily vx. rate needed: country target / 70% target:	27,370 / 157,329
Trend over the past month:	Upward

Supply & utilization



Total doses received from all sources / from COVAX:	6,347,040 / 5,497,040
Doses estimated remaining:	3,317,117
Supply need possible:	No
Expiry risk:	Under observation

Ultra-cold chain capacity (doses (k))

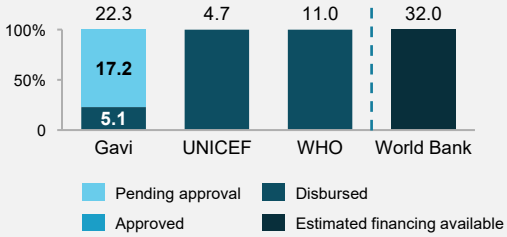


Health system strength

Health care system strength out of 100[1]

Rank out of AMC92

Delivery funding from development partners (US$ m)

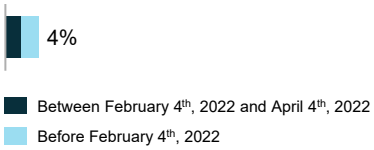


Country Profile | South Sudan

Progress against key challenges

- Low government commitment to COVID-19 vaccination – increased partner alignment needed across UN agencies and NGOs.
- Subnational coordination important to best enhance weak immunization systems with COVID-19 funds, and develop micro plans to target context specific areas.
- High costs of chartering flights to distribute vaccines as many areas are not on the regular UN schedule – further difficulties reaching displaced populations.
- Need for funding to recruit, train, and deploy additional vaccinators.

Total coverage



Country metrics dashboard

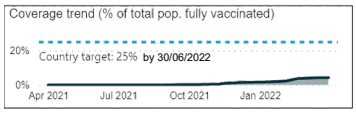
Region: AFR

Income group: LIC

Population:

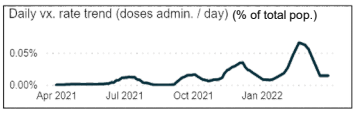
- Total: 11,193,725
- Under 18: 5,428,601
- 18+: 5,952,777
- 60+: 589,801
- Health care workers: 58,103

Target & coverage



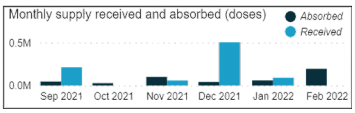
Country target & deadline:	50% by 31/12/2022
Total pop. At least one dose / complete primary series / booster:	5% / 4% / 0.00%
60+ with at least one dose / c.p.s:	5% / 4%
Health care workers with at least one dose / c.p.s:	59% / 46%

Daily vaccination rate



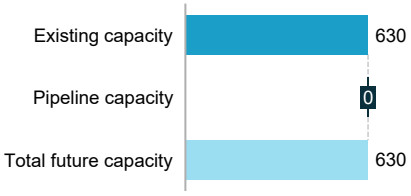
Daily vx. rate: 4-wk average / max observed rate:	1,638 / 7,347
Daily vx. rate needed: country target / 70% target:	30,336 / 96,541
Trend over the past month:	Downward

Supply & utilization



Total doses received from all sources / from COVAX:	1,140,270 / 1,081,270
Doses estimated remaining:	451,186
Supply need possible:	No
Expiry risk:	Under observation

Ultra-cold chain capacity (doses (k))

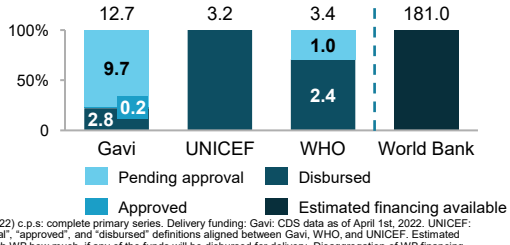


Health system strength

Health care system strength out of 100[1]

Rank out of AMC92

Delivery funding from development partners (US$ m)



1. UHC effective coverage index score, WHO 2019. Notes: Coverage trend: CoVDP InfoHub (April 4th, 2022) Country metrics dashboard: CoVDP InfoHub (March 31st, 2022) c.p.s: complete primary series. Delivery funding: Gavi: CDS data as of April 1st, 2022. UNICEF: HAC Funding data as of March 25th, 2022. WHO: Data as of March 30th, 2022. World Bank: COVID-19 Vaccine Deployment Tracker (March 28th, 2022) "Pending approval", "approved", and "disbursed" definitions aligned between Gavi, WHO, and UNICEF. Estimated financing available from WB is an indication of the remaining balance left in approved MPA projects that could be allocated for delivery. Countries decide in consultation with WB how much, if any of the funds will be disbursed for delivery. Disaggregation of WB financing data under Gavi, UNICEF, WHO definitions not available. UCC capacity: Data as reported by countries. Where no data reported on existing capacity, UNICEF data used on confirmed installed UCC. Doses estimated based on current UNICEF guidance of 333.3 doses per L. (April 1st, 2022). Sources: CoVDP InfoHub, Our World in Data, UNICEF, Gavi, WHO, World Bank.

Country Profile | Sudan

Progress against key challenges

- Planning to integrate COVID-19 vaccination with routine immunization in all health facilities – will use one week- long campaigns per month to drive progress.
- Political instability a major challenge; UN agencies can't pay de-facto authorities, and de-facto authorities don't allow UN agencies to directly pay health care workers.
- Other vaccine preventable diseases (e.g. measles, pertussis) are increasing priorities.
- Significant financial shortage following suspension of World Bank funding (US$ 52 million) - some alternative funding secured via CoVDP but US$ 23 million gap remains.

Total coverage

Country metrics dashboard

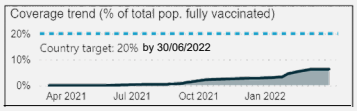
Region: EMR

Income group: LIC

Population:

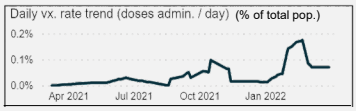
- Total: 43,849,260
- Under 18: 20,729,967
- 18+: 24,179,386
- 60+: 2,574,554
- Health care workers: 203,322

Target & coverage



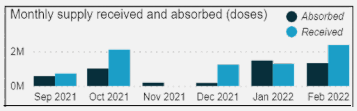
Country target & deadline:	**20%**	by	**30/06/2022**
Total pop. At least one dose / complete primary series / booster:	**12%**	**6%**	**0.00%**
60+ with at least one dose / c.p.s:	--	/	--
Health care workers with at least one dose / c.p.s:	--	/	--

Daily vaccination rate



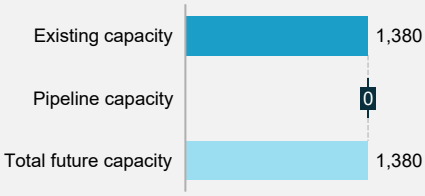
Daily vx. rate: 4-wk average / max observed rate:	**30,821**	/	**76,696**
Daily vx. rate needed: country target / 70% target:	**88,540**	/	**466,780**
Trend over the past month:	**Downward**		

Supply & utilization



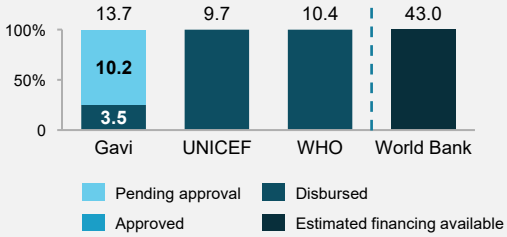
Total doses received from all sources / from COVAX:	**6,452,430** / **8,741,630**
Doses estimated remaining:	**2,376,117**
Supply need possible:	**No**
Expiry risk:	**No doses at risk**

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)

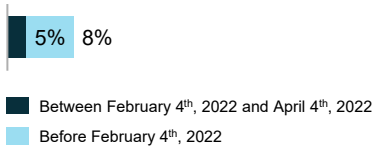


Country Profile | Syria

Progress against key challenges

- In 2022, significant improvement in vaccine supply has allowed Syria to make more ambitious plans to increase coverage.
- Bottlenecks to successful roll out include poor health system infrastructure, shortage in human resources, low risk perception of COVID-19 among the population, and security concerns.
- Vaccine hesitancy among health care professionals.
- Current funding gap of US$ 2 million.

Total coverage



Country metrics dashboard

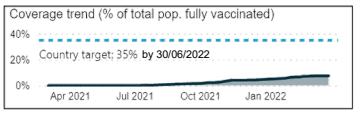
Region: EMR

Income group: LIC

Population:

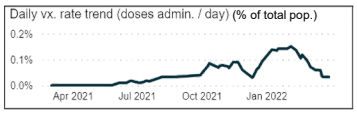
- Total: 17,500,658
- Under 18: 6,580,706
- 18+: 11,694,996
- 60+: 1,382,389
- Health care workers: 189,680

Target & coverage



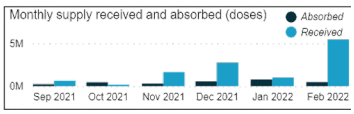
Country target & deadline:	**70%**	by	**31/12/2022**
Total pop. At least one dose / complete primary series / booster:	**13%**	**8%**	**0.04%**
60+ with at least one dose / c.p.s:	--	/	--
Health care workers with at least one dose / c.p.s:	**39%**	/	**29%**

Daily vaccination rate



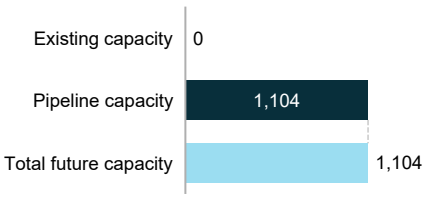
Daily vx. rate: 4-wk average / max observed rate:	**5,797**	/	**26,558**
Daily vx. rate needed: country target / 70% target:	**79,372**	/	**189,490**
Trend over the past month:	**Downward**		

Supply & utilization



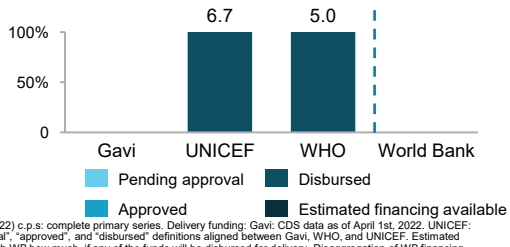
Total doses received from all sources / from COVAX:	**12,400,640** / **10,345,640**
Doses estimated remaining:	**7,791,380**
Supply need possible:	**No**
Expiry risk:	**No doses at risk**

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)



1. UHC effective coverage index score, WHO 2019. Notes: Coverage trend: CoVDP InfoHub (April 4th, 2022) Country metrics dashboard: CoVDP InfoHub (March 31st, 2022) c.p.s: complete primary series. Delivery funding: Gavi: CDS data as of April 1st, 2022. UNICEF: HAC Funding data as of March 25th, 2022. WHO: Data as of March 30th, 2022. World Bank: COVID-19 Vaccine Deployment Tracker (March 28th, 2022) "Pending approval", "approved", and "disbursed" definitions aligned between Gavi, WHO, and UNICEF. Estimated financing available from WB is an indication of the remaining balance left in approved MPA projects that could be allocated for delivery. Countries decide in consultation with WB how much, if any of the funds will be disbursed for delivery. Disaggregation of WB financing data under Gavi, UNICEF, WHO definitions not available. UCC capacity: Data as reported by countries. Where no data reported on existing capacity, UNICEF data used on confirmed installed UCC. Doses estimated based on current UNICEF guidance of 333.3 doses per L. (April 1st, 2022). Sources: CoVDP InfoHub, Our World in Data, UNICEF, Gavi, WHO, World Bank.

Country Profile | Tanzania

Progress against key challenges

- Mass campaigns key to the increase in coverage from 1% in January to 5% in March – discussions ongoing to introduce "events-based" vaccinations e.g. concerts.
- Key challenges include weak strategies to target vulnerable populations, a highly diverse population requiring tailored demand approaches, and competing priorities including emergency polio and measles campaigns.
- Outstanding budget gap of US$ 27 million – microplanning began in late March with government and partner involvement to further refine needs and gaps.

Total coverage

Country metrics dashboard

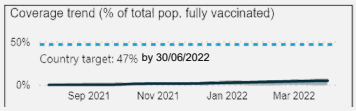
Region: AFR

Income group: LMIC

Population:

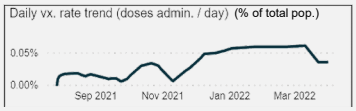
- Total: 59,734,218
- Under 18: 30,777,122
- 18+: 30,721,315
- 60+: 2,628,138
- Health care workers: 215,481

Target & coverage



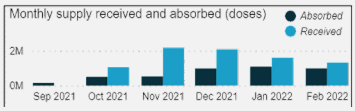
Country target & deadline:	**70%** by **30/10/2022**
Total pop. At least one dose / complete primary series / booster:	**7%** / **5%** / **0.00%**
60+ with at least one dose / c.p.s:	**3%** / **3%**
Health care workers with at least one dose / c.p.s:	**55%** / **55%**

Daily vaccination rate



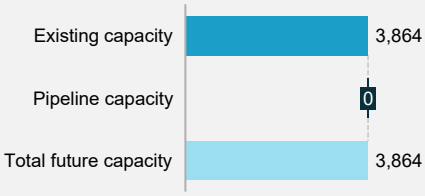
Daily vx. rate: 4-wk average / max observed rate:	**21,081** / **36,187**
Daily vx. rate needed: country target / 70% target:	**477,871** / **750,564**
Trend over the past month:	**Downward**

Supply & utilization



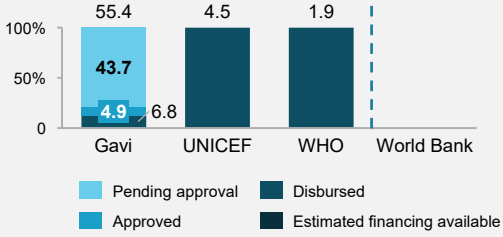
Total doses received from all sources / from COVAX:	**9,595,980** / **8,095,980**
Doses estimated remaining:	**3,605,312**
Supply need possible:	**No**
Expiry risk:	**No doses at risk**

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)

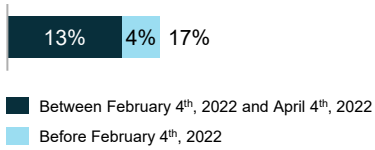


Country Profile | Uganda

Progress against key challenges

- Mass vaccination campaigns in 4 of 14 regions led to three-fold increase in country coverage rates – introduction of appropriate digital tools supported real time planning, monitoring, and evaluation of vaccination campaigns.
- Key to achieving national targets is expanding to remaining districts – robust engagement with communities required to ensure strategy embraced and accepted.
- Committed political leadership has been key to successful implementation of recommended vaccination strategies, in collaboration with partners.

Total coverage



Country metrics dashboard

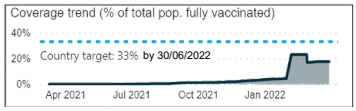
Region: AFR

Income group: LIC

Population:

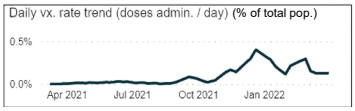
- Total: 45,741,007
- Under 18: 24,838,485
- 18+: 22,285,046
- 60+: 1,539,999
- Health care workers: 135,373

Target & coverage



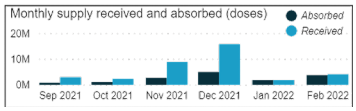
Country target & deadline:	**67%** by **31/12/2022**
Total pop. At least one dose / complete primary series / booster:	**31%** / **18%** / **0.04%**
60+ with at least one dose / c.p.s:	**100%** / **26%**
Health care workers with at least one dose / c.p.s:	**100%** / **68%**

Daily vaccination rate



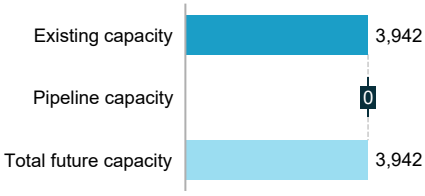
Daily vx. rate: 4-wk average / max observed rate:	**59,218** / **183,165**
Daily vx. rate needed: country target / 70% target:	**83,763** / **387,219**
Trend over the past month:	**Downward**

Supply & utilization



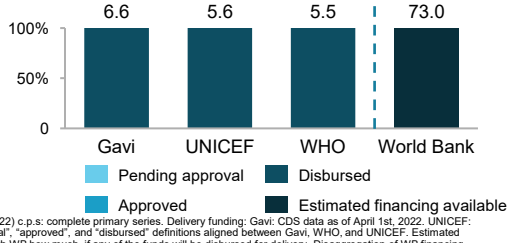
Total doses received from all sources / from COVAX:	**42,752,530** / **39,749,530**
Doses estimated remaining:	**21,279,323**
Supply need possible:	**No**
Expiry risk:	**Under observation**

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)



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Country Profile | Yemen

Progress against key challenges

- Low coverage driven by North part of country (2/3rd of total population) – Northern de-facto authority not allowing COVID-19 vaccination, which calls for high level advocacy.
- Key challenges in South are competing priorities (polio, cholera, and measles), poor infrastructure, and insufficient human resources.
- Country wide low vaccine demand and inaccessibility due to security concerns.
- Only 55% of health facilities are functional – must improve remaining facilities to provide COVID-19 and routine vaccinations, and normal primary health care services.

Total coverage

Country metrics dashboard

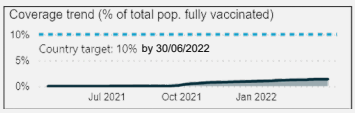
Region: EMR

Income group: LIC

Population:

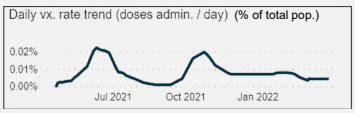
- Total: 29,825,964
- Under 18: 13,707,727
- 18+: 16,782,913
- 60+: 1,431,744
- Health care workers: 83,935

Target & coverage



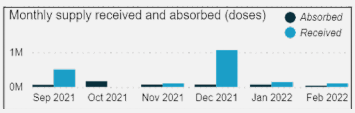
Country target & deadline:	**20%**	by	**31/12/2022**
Total pop. At least one dose / complete primary series / booster:	**2%** / **1%** / **0.00%**		
60+ with at least one dose / c.p.s:	**2%**	/	**0%**
Health care workers with at least one dose / c.p.s:	**37%**	/	**20%**

Daily vaccination rate



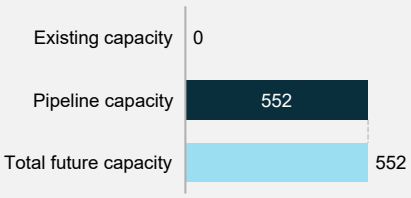
Daily vx. rate: 4-wk average / max observed rate:	**1,287**	/	**6,633**
Daily vx. rate needed: country target / 70% target:	**41,343**	/	**337,788**
Trend over the past month:	**Downward**		

Supply & utilization



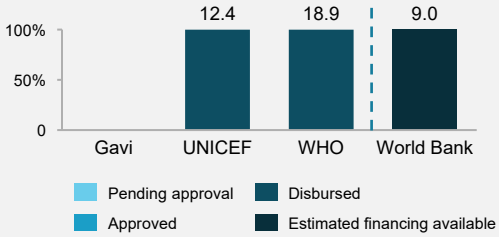
Total doses received from all sources / from COVAX:	**2,516,000** / **2,516,000**
Doses estimated remaining:	**1,456,898**
Supply need possible:	**No**
Expiry risk:	**No doses at risk**

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)

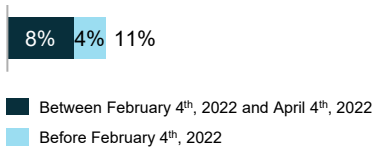


Country Profile | Zambia

Progress against key challenges

- Increased the number of doses administered per week threefold from the average of 1.1 million in January to over 3 million doses in the last three weeks.
- Ongoing efforts to sustain and increase the momentum include a second phase of mass vaccination.
- Partner coordination and pooling of resources is recommended to support the country to reach its targets – current funding gap of US$ 14.7 million.

Total coverage



Country metrics dashboard

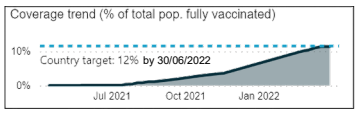
Region: AFR

Income group: LMIC

Population:

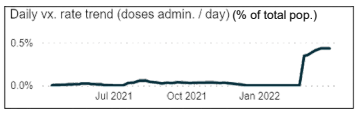
- Total: 18,383,955
- Under 18: 9,594,296
- 18+: 9,326,355
- 60+: 656,601
- Health care workers: 94,617

Target & coverage



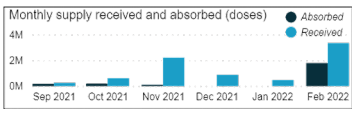
Country target & deadline:	**70%**	by	**31/12/2022**
Total pop. At least one dose / complete primary series / booster:	**15%** / **11%** / **0.28%**		
60+ with at least one dose / c.p.s:	**--**	/	**--**
Health care workers with at least one dose / c.p.s:	**78%**	/	**32%**

Daily vaccination rate



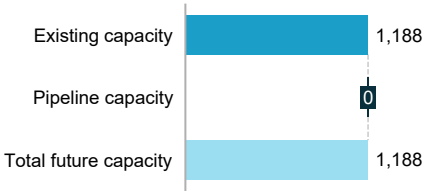
Daily vx. rate: 4-wk average / max observed rate:	**79,395**	/	**79,395**
Daily vx. rate needed: country target / 70% target:	**8,169**	/	**168,082**
Trend over the past month:	**Upward**		

Supply & utilization



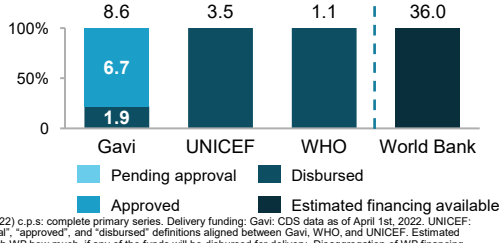
Total doses received from all sources / from COVAX:	**8,648,240** / **6,029,440**
Doses estimated remaining:	**4,518,924**
Supply need possible:	**No**
Expiry risk:	**Unknown**

Ultra-cold chain capacity (doses (k))



Health system strength

Delivery funding from development partners (US$ m)



1. UHC effective coverage index score, WHO 2019. Notes: Coverage trend: CoVDP InfoHub (April 4th, 2022) Country metrics dashboard: CoVDP InfoHub (March 31st, 2022) c.p.s: complete primary series. Delivery funding: Gavi: CDS data as of April 1st, 2022. UNICEF: HAC Funding data as of March 25th, 2022. WHO: Data as of March 30th, 2022. World Bank: COVID-19 Vaccine Deployment Tracker (March 28th, 2022) "Pending approval", "approved", and "disbursed" definitions aligned between Gavi, WHO, and UNICEF. Estimated financing available from WB is an indication of the remaining balance left in approved MPA projects that could be allocated for delivery. Countries decide in consultation with WB how much, if any of the funds will be disbursed for delivery. Disaggregation of WB financing data under Gavi, UNICEF, WHO definitions not available. UCC capacity: Data as reported by countries. Where no data reported on existing capacity, UNICEF data used on confirmed installed UCC. Doses estimated based on current UNICEF guidance of 333.3 doses per L. (April 1st, 2022). Sources: CoVDP InfoHub, Our World in Data, UNICEF, Gavi, WHO, World Bank.

ANNEX 2

ANNEX 2:

EFFECTS OF TRADE-RELATED MEASURES ON COVID-19 VACCINE DEPLOYMENT

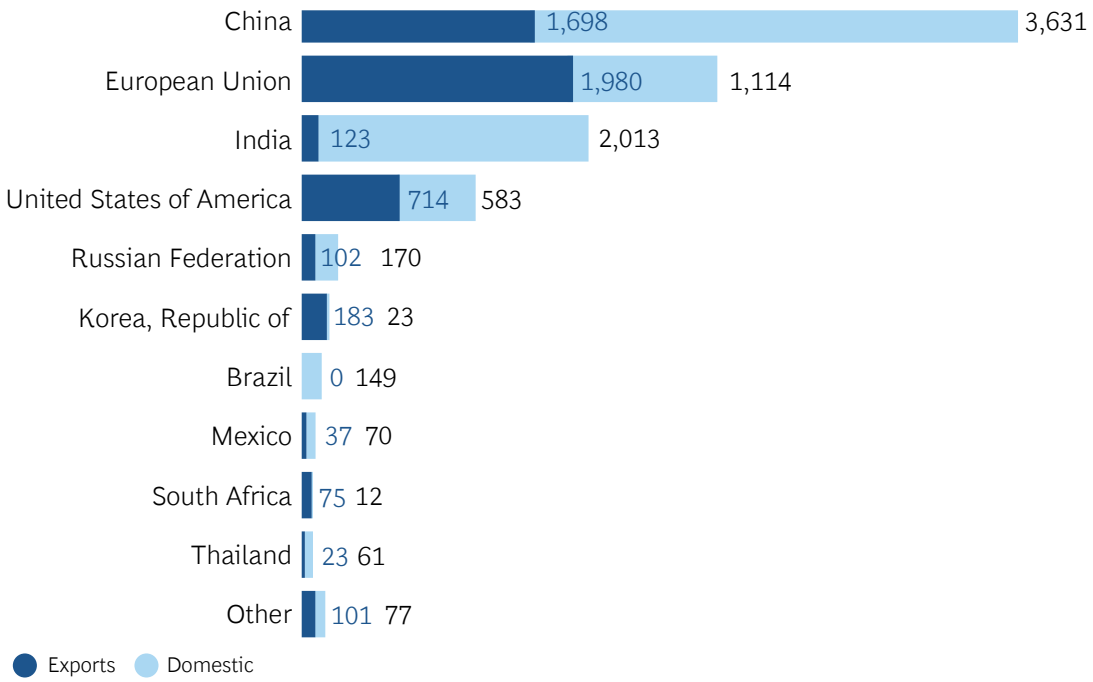
CONTRIBUTION AND ANALYSIS FROM WTO

i. **Every country has faced challenges to ensure that their populations are vaccinated, protected, and tested.** Trade has played a critical role in the fight of the pandemic; and the multilateral trading system underpins the exchange of inputs and products that result in smooth supply chains that enable global access to the required vaccines and ancillary products, transport, and logistics services to successfully roll out vaccination campaigns.

ii. The roll-out of many COVID-19 vaccines was the result of collaborative efforts (partnerships) among private companies, government agencies and/or academic institutions. Multilateral rules, as implemented into the domestic legal framework, that enable sharing intellectual property, transfer technology and know-how underpin these collaborations that enabled unparalleled speed in the development and manufacturing of vaccines. Notably, partnerships were built up rapidly in just a few weeks or months.[1]

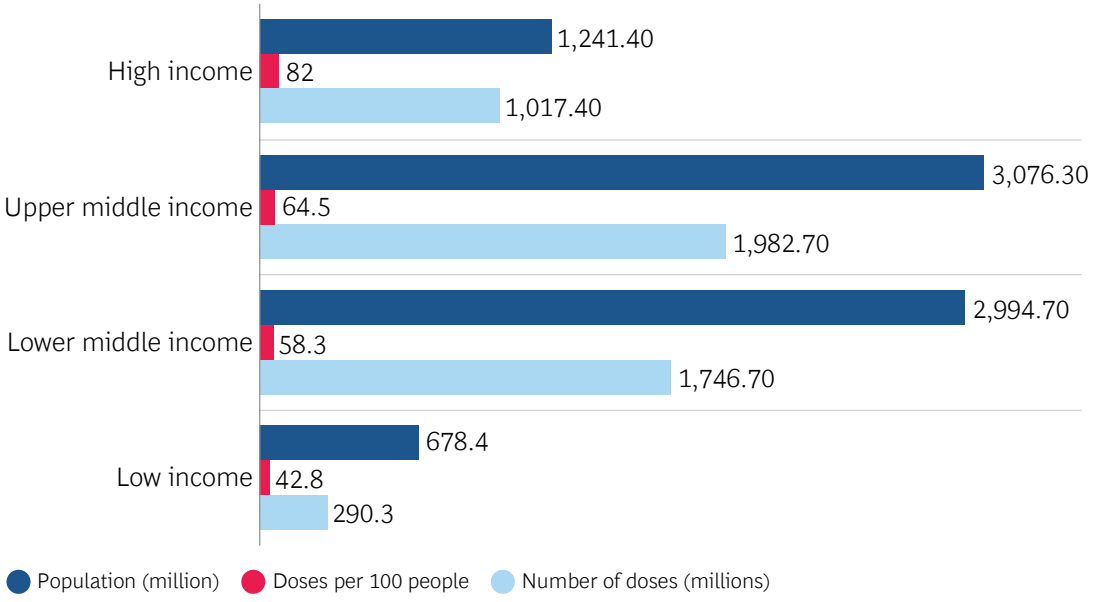
iii. **During the first six months of 2021, global trade in vaccines was 26% higher than for the full 12 months of 2020.[2]** Charts 1 and 2, below, show, respectively, the total supply of COVID-19 vaccines, covering both exported and domestically delivered doses, by producing economy;[3] as well as the imports by income group.[4]

CHART 1: SUPPLY AND EXPORTS, BY PRODUCING ECONOMY



Source: WTO-IMF Vaccine Trade Tracker (31 January 2022)

CHART 2: IMPORTS BY INCOME GROUP (MILLIONS OF DOSES)



Source: WTO-IMF Vaccine Trade Tracker (31 January 2022)

iv. The growth in vaccine trade was also accompanied by increasing trade in related products, which also have wide manufacturing and distribution chains. Imports and exports of medical goods were valued at USD 2,343 billion in 2020, a 16% growth compared to the previous year. In contrast, the total value of world merchandise trade contracted by 7.6% in 2020. Global trade in products essential to fight the pandemic and, particularly, roll out vaccination campaigns, such as face masks, syringes, and gloves, grew by 31% in 2020.[5]

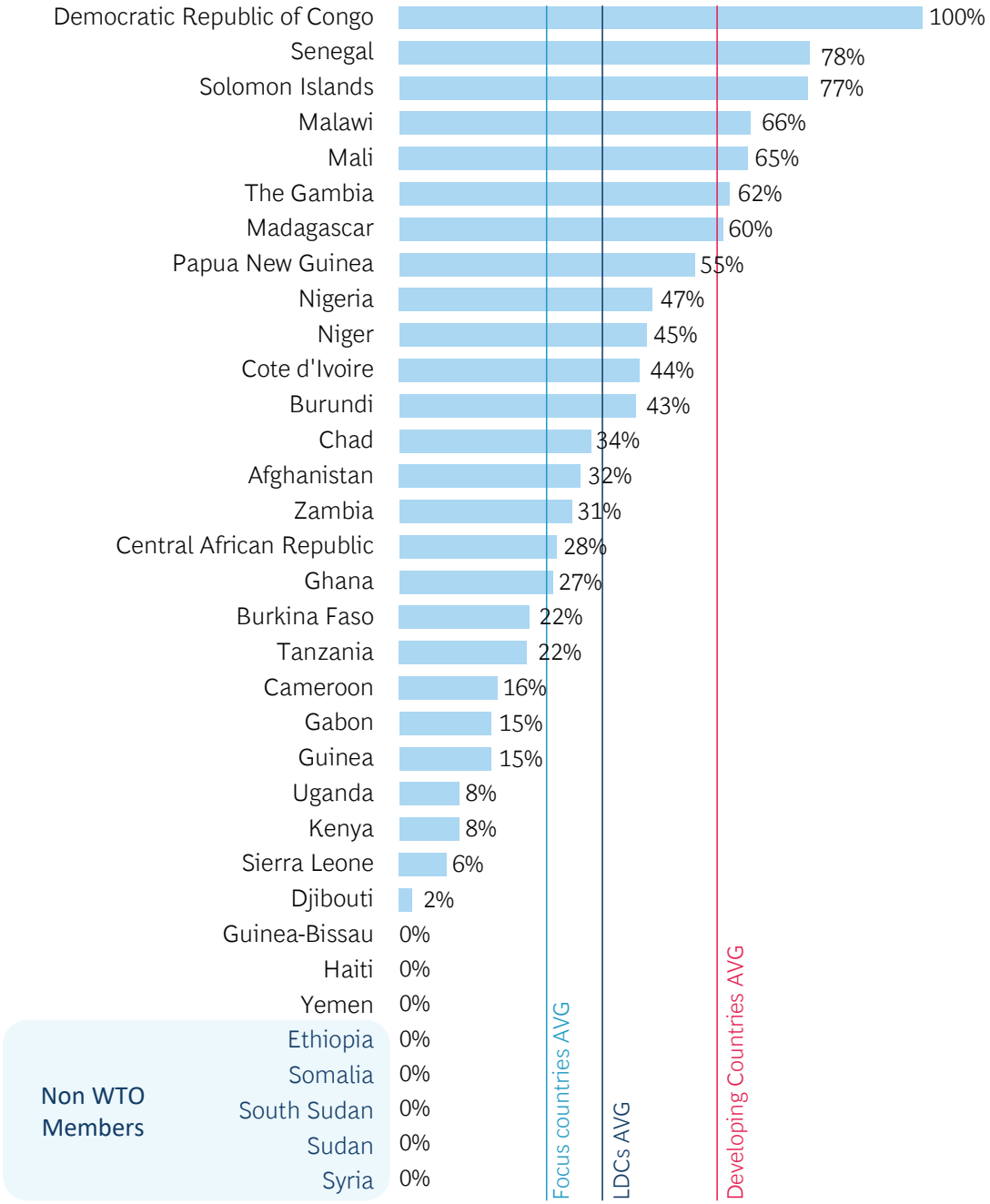
v. Of the 34 countries provided with concerted support by the CoVDP, only 29 are WTO Members.[6] This Annex provides a background on the trade measures that were implemented during the pandemic. Where possible, it focuses on measures adopted by these 29 Members. Data on certain of these Members is scarce or remains unavailable, as most are least developed countries and, hence, benefit from transition periods for the domestic implementation of WTO disciplines.

CUSTOMS PROCEDURES AND TRADE FACILITATING MEASURES

vi. Many WTO Members adopted measures to facilitate access to critical health products, by simplifying import, export, and transit procedures, for example by establishing priority clearance channels (i.e., green lanes), streamlining documentary requirements, enabling electronic processing, and strengthening cooperation among border agencies from different countries.[7]

vii. Existing information suggests that, in the 29 Members, customs procedures might be affecting imports of key products to fight the pandemic, as they are underperforming considerably in the notified implementation of the Trade Facilitation Agreement (TFA).[8]
Several of the 29 Members have a high share of committed TFA implementation, particularly, the Democratic Republic of Congo (100%), Senegal (77.7%) and the Solomon Islands (77.3%). However, this contrasts with the low degree of TFA implementation commitments by several other countries, three of which (Guinea Bissau, Haiti, and Yemen) have not yet notified their commitments, as shown in Chart 3. This strongly suggests that vaccines and ancillary products might be facing significant challenges upon importation and transit through many of the 34 Focus Countries because of inefficient customs procedures. Reportedly, land-locked countries including Afghanistan, have reported issues related to the lack of border coordination, burdensome documentary requirements, insufficient human and financial resources or infrastructure deficiencies.[9]

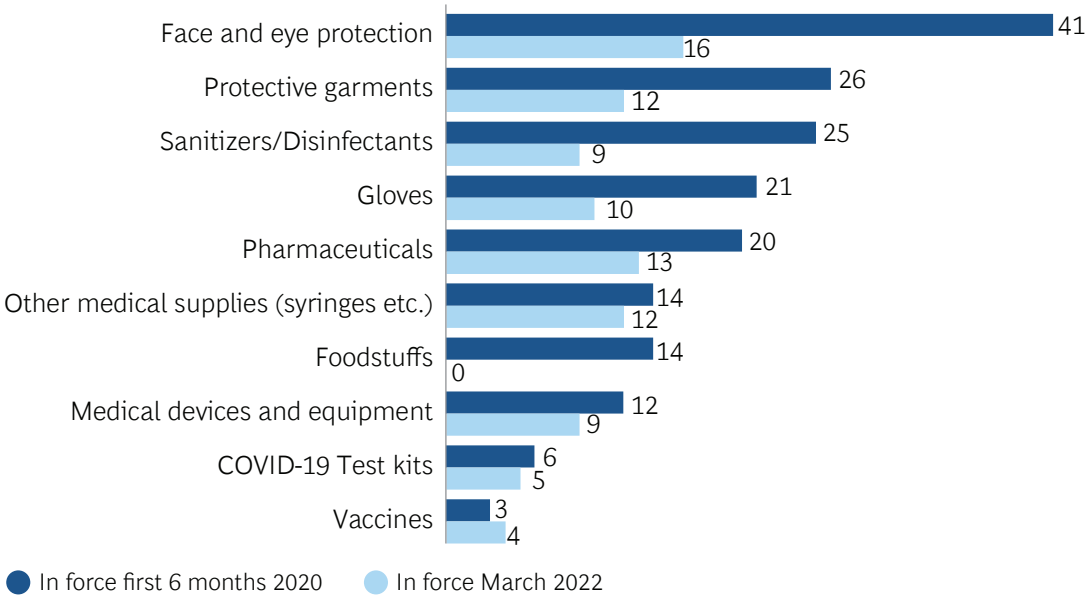
CHART 3: TRADE FACILITATION AGREEMENT – PROGRESS ON IMPLEMENTATION COMMITMENTS OF THE 34 FOCUS COUNTRIES (MARCH 2022)



TRADE-RESTRICTING MEASURES

viii. The number of export restricting measures, implemented by WTO Members, peaked in April 2020. Almost half of those measures have been rolled back. However, some products, such as pharmaceuticals, medical devices and equipment, other medical supplies, COVID-19 test kits and vaccines appear to be as restricted as they were during the first six months of 2020. This seems to suggest that global shortages in these products persist. Products related to the rollout of vaccination campaigns were covered by these measures, as shown in Table 4.[10]

CHART 4: EXPORT PROHIBITIONS OR RESTRICTIONS IN RESPONSE TO COVID-19, COVERED PRODUCTS

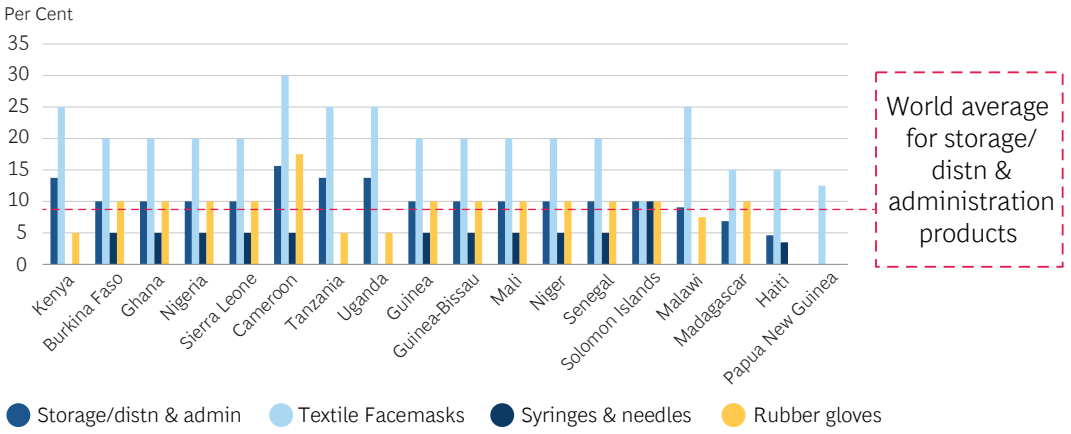


IMPORT TARIFFS

ix. In low-income countries, vaccine imports are mainly the result of government procurement and/or donations; and therefore, enter most of these territories duty free. However, tariffs applied to products related to the storage, distribution, and the administration of vaccines (e.g., facemasks, gloves, syringes, and needles) might have an impact on access, affordability and the actual roll-out of vaccination campaigns, as such tariffs tend to be high for revenue purposes.

x. Chart 5 shows the latest available applied tariffs for 18 of the 34 countries provided with concerted support. Their tariffs are generally higher than the 8.75% world average for the same set of products. Only six of these Members, Chad, Côte d'Ivoire, Madagascar, Mali, Nigeria, and Zambia, have introduced temporary elimination of tariffs for essential goods to fight the COVID 19 pandemic.

CHART 5: LATEST AVAILABLE APPLIED TARIFFS FOR SELECTED PRODUCTS RELATED TO VACCINATION



Source: WTO Staff calculations based onWorld Tariff Profiles 2021

xi. Notably, Kenya applies the highest tariffs, reaching 13.8% for products related to vaccine storage and distribution. ECOWAS Members have a common external tariff of 10% for storage, distribution, and administration products, as well as 5% for syringes, needles, and rubber gloves. Papua New Guinea does not apply tariffs on products related to vaccine storage, distribution, and administration, including gloves; but applies a 12.5% tariff for facemasks. Cameroon levies the highest import tariff on masks (30%) and rubber gloves (17.5%); as well as for products related to vaccine storage, distribution, and administration (15.6%).

REGULATORY ISSUES

xii. Over the last 18 months, many WTO have Members facilitated trade through streamlined regulatory procedures, such as temporary and emergency authorization to speed up the import and access to critical medical goods to fight the pandemic. Several Members also introduced new technical regulations, standards, and conformity assessment procedures to ensure safety and quality of medical goods that were not previously regulated, such as COVID-19 diagnostics, or face masks for public use.[11]

xiii. Cooperation between regulators from different countries, including reliance on the work and decisions of other regulatory authorities helps speed up processes, avoids duplication of efforts, and leads to more efficient use of resources, for both regulators and manufacturers.[12]

xiv. Of the 34 countries, Ghana stands out in terms of its use regulatory agility and reliance early in the pandemic. The Ghana Food and Drugs Authority (FDA) was able to rapidly approve COVID-19 vaccines using its own emergency use authorization (EUA) guideline, based on reliance on stringent regulatory authorities and the WHO Emergency Use Listing.[13] This contributed to Ghana being the first African country to receive COVID-19 vaccines from the COVAX facility in February 2021.[14] Further, only Kenya of has notified COVID-19 related regulatory measures to the WTO. Kenya notified, among others, requirements and testing methods for flocked swabs, and requirements for face masks for general use.

END NOTES

MAIN REPORT

1. While the rollout of a comprehensive COVID-19 toolkit is important, this report focuses on vaccines. The rollout of tests and treatments are also critical, but beyond the scope of this report.

2. Representing those recorded by the WTO Secretariat. Some measures covering vaccine-related products remain, see Annex 2 for more details.

3. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02796-3/fulltext

4. https://blogs.imf.org/2022/01/25/a-disrupted-global-recovery/

5. https://www.spi.ox.ac.uk/the-global-reference-group-on-children-affected-by-COVID-19

6. https://www.mckinsey.com/featured-insights/future-of-work/covid-19-and-gender-equality-countering-the-regressive-effects

7. https://www.imf.org/en/Publications/WEO/Issues/2022/01/25/world-economic-outlook-update-january-2022

8. As envisaged in www.who.int/publications/m/item/strategic-preparedness-readiness-and-response-plan-to-end-the-global-COVID-19-emergency-in-2022 and https://www.imf.org/en/Publications/WP/Issues/2022/04/04/A-Global-Strategy-to-Manage-the-Long-Term-Risks-of-COVID-19-516079

9. For further details see WTO reports on COVID-19 and world trade, available at: https://www.wto.org/english/tratop_e/COVID19_e/COVID_reports_e.htm

10. Eritrea and the Democratic People's Republic of Korea are the two countries not to have introduced COVID-19 vaccine programs.

11. https://www.cgdev.org/publication/COVID-19-vaccine-development-and-rollout-historical-perspective

12. Fully vaccinated in this report represents individuals who have received all WHO recommended doses in the primary series of their COVID-19 vaccination.

13. https://www.governo.it/sites/governo.it/files/documenti/documenti/Notizie-allegati/G20Italy/G20ROMELEADERSDECLARATION.pdf

14. COVAX is the vaccines pillar of the Access to COVID-19 Tools Accelerator (ACT-A) and is jointly convened by CEPI, Gavi and WHO, working with UNICEF as a key delivery partner and was set up in May 2020 to support fair and equitable access to COVID-19 vaccines.

15. The COVAX AMC is a separate funding mechanism within COVAX that supports the participation of 92 lower-income economies by providing access to donor-funded doses of COVID-19 vaccines

16. The criteria used to assist countries provided with immediate support include (i) strong leadership engagement (ii) large populations (iii) magnitude of dose expiry risk and (iv) existing joint partner engagement.

17. CoVDP takes a One Country Team, One Plan, One Budget and One Support Team approach. With the country leadership at the centre, the Partnership works to help identify bottlenecks, define one focused, budgeted plan to address challenges, deploy solutions and leverage partners to help deliver rapid results. The plan is shared to enable coordinated support from partners at all levels, building on existing collaboration, for example with Africa CDC, the UN country teams and community organisations.

18. Within COVAX, the Humanitarian Buffer is an innovative mechanism set up to ensure vaccines are available to be deployed via partners or governments to those hardest to reach in humanitarian settings: https://www.gavi.org/vaccineswork/covax-humanitarian-buffer-explained

19. https://www.unicef.org/media/114216/file/Costs-and-Predicted-Financing-Gap-to-Deliver-COVID-19-Vaccines-in-133-Low-and-Middle-Income-Countries.pdf

20. www.unicef.org/media/114216/file/Costs-and-Predicted-Financing-Gap-to-Deliver-COVID-19-Vaccines-in-133-Low-and-Middle-Income-Countries.pdf - using the balancing scenario.

21. WHO Global pulse survey on continuity of essential health services during the COVID-19 pandemic, Q4 2021

22. https://apps.who.int/iris/bitstream/handle/10665/345300/WHO-HWF-WorkingPaper-2021.1-eng.pdf

23. WHO Global Pulse Survey, Q4 2021.

24. https://www.cowin.gov.in/

ANNEX 2

1. See: University of Oxford and AstraZeneca; BioNTech and Pfizer; Texas Children's Hospital Center for Vaccine Development and Biological E Limited; and Collaboration in times of crisis: A study on COVID-19 vaccine R&D partnerships - ScienceDirect

2. See WTO-IMF Vaccine Trade Tracker

3. Producing economies are defined as the countries or territories where final vaccines are made or where fill-and-finish is completed. This definition does not consider exports of vaccine substances in bulk form shipped to “fill and finish” sites located in other countries or territories.

4. Imports are defined as the number of doses received from producing economies, mirroring the information provided in the exports section. This definition does not consider imports of vaccine substances in bulk form to be used in “fill and finish” sites.

5. WTO Information Note "Trade in Medical Goods in the Context of Tackling COVID-19: Developments in 2020".

6. Ethiopia, Somalia, Sudan, South Sudan, and Syria are not WTO Members. Their accession processes are in the early stages.

7. WTO Information Note "How WTO Members have used Trade Measures to Expedite Access to COVID-19 Critical Medical Goods and Services"; and Border Agency Cooperation (wcoomd.org)

8. See Trade Facilitation Database.

9. Compendium, sharing experiences related to the COVID-19 crisis as of 1 July 2021, G/

TFA/W/40/Rev.4, pages 23 and 24.

10. Summary of Export Restrictions and Trade Easing Measures Relating to the COVID-19 Pandemic, G/MA/W/168/Rev.2

11. WTO Information Note "Standards, Regulations and COVID-19 – What Actions Taken by WTO Members?"

12. See Annex 1 of G/TBT/1/Rev.14 Indicative List of Approaches to Facilitate the Acceptance of the Results of Conformity Assessment.

13. COVID-19 Vaccine Supply Chain and Regulatory Transparency Technical Symposium. SESSION 4: Promoting transparency and convergence in the regulatory landscape.

14. Ghana becomes 1st to get COVAX COVID-19 vaccines in Africa (aa.com.tr)

ACCELERATING COVID-19 VACCINE DEPLOYMENT

Removing obstacles
to increase coverage levels
and protect those at high risk