

Maintaining Focus on Routine Immunization through COVID-19 Vaccination

MOMENTUM Routine Immunization Transformation and Equity Webinar

Tuesday, April 27, 2021 | 8:30 – 10:00am EDT

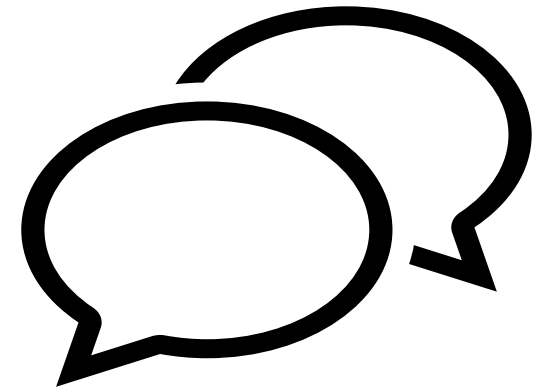


USAID
FROM THE AMERICAN PEOPLE



Webinar Tips

- Use the Q&A function to ask questions during the presentations or for technical help.
- Use the chat feature to introduce yourself and share your thoughts during the presentations.



Meet the Speakers



Grace Chee

Moderator

MOMENTUM Routine Immunization
Transformation and Equity



Dr. Folake Olayinka

Immunization Team Lead
Global Health Bureau
U.S. Agency for International
Development



Alex de Jonquières

Director, Health Systems and
Immunisation Strengthening
Gavi, The Vaccine Alliance



Dra Graça Matsinhe

National Expanded Program on
Immunization Manager
Mozambique Ministry of Health



Rebecca Fields

Immunization Technical Lead
MOMENTUM Routine Immunization
Transformation and Equity

The Crisis of COVID-19

危机
crisis

危
danger

机
opportunity

- COVID-19 is an unprecedented crisis
- Vaccinating against COVID-19 is a top priority for health systems around the world
- We are responding to the **danger**
- How can we make best use of the **opportunity** to elevate the importance of routine immunization (RI) and consider new ways to reach under-vaccinated populations

Maintaining Focus on Routine Immunization through COVID-19 Vaccination

Dr. Folake Olayinka

Immunization Team Lead

Global Health Bureau

U.S. Agency for International Development





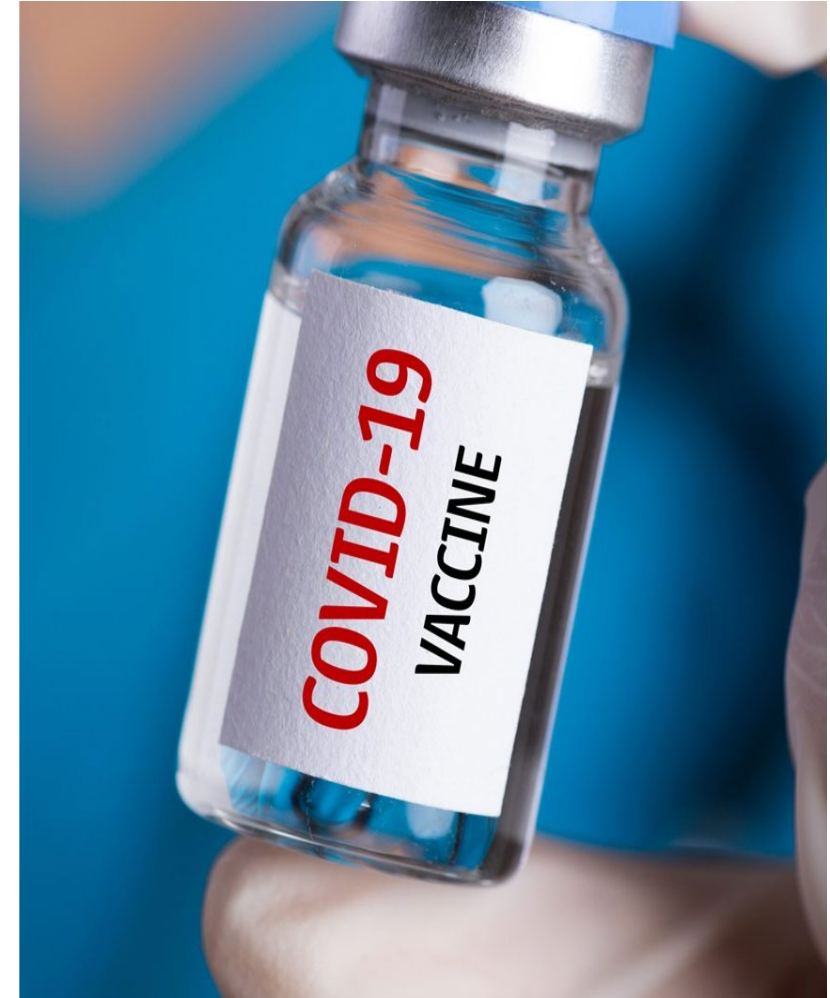
USAID
FROM THE AMERICAN PEOPLE

Maintaining Focus on Routine Immunization through COVID-19 Vaccination

Dr. Folake Olayinka
Immunization Team Lead,
Global Health Bureau,
USAID

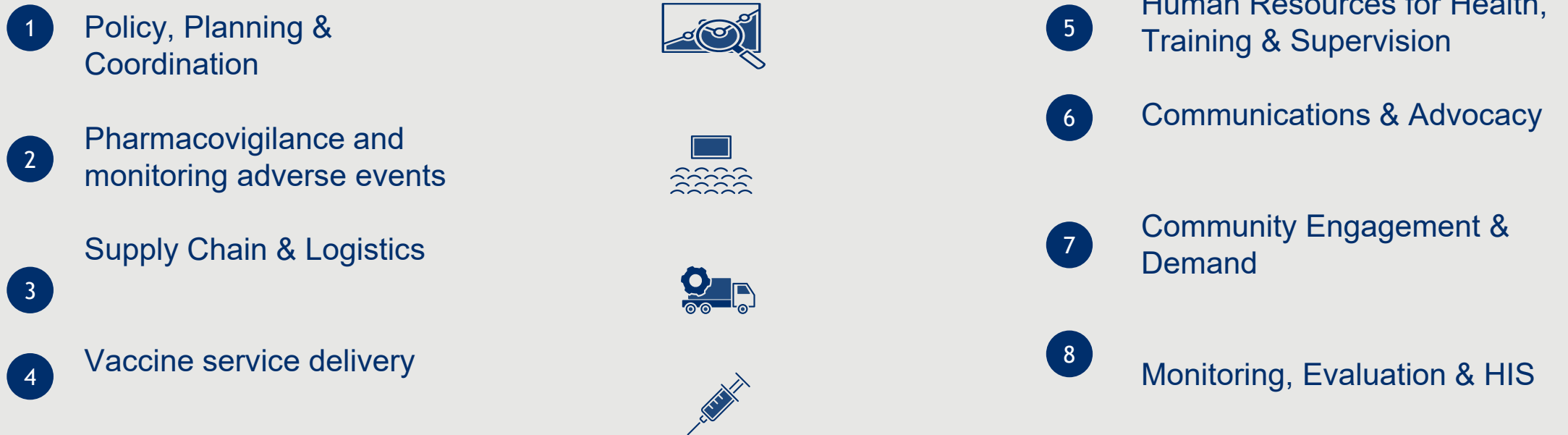
USAID Support for Global COVID-19 Vaccination

- The United States provided \$2 billion through USAID to support the COVAX Advance Market Commitment, with an additional \$2 billion to be provided later in 2021 and 2022.
- USAID is also committing \$75 million to help countries prepare to receive and quickly deliver COVID-19 vaccines to their populations



Priority Technical Assistance areas to facilitate successful and equitable introduction and delivery of COVID-19 vaccine

USAID is providing support in more than 60 countries, based on country National Deployment and Vaccination Plans and coordination with other partners for successful rollout and uptake.

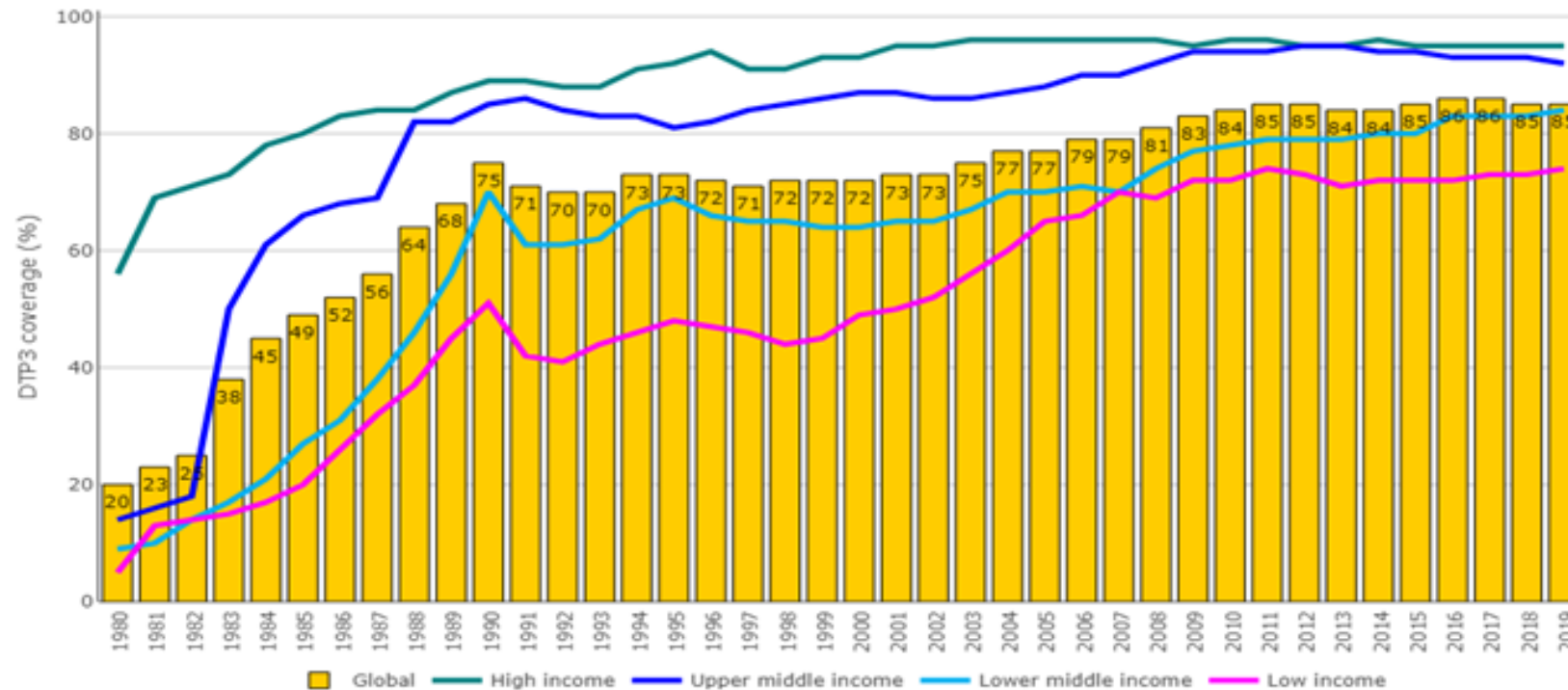


Including: Cross cutting areas of Private Sector Engagement, Digital Health, and Gender Integration

Recent Progress on Routine Immunization



Global Immunization DTP3 coverage, by income status*, 1980-2019



* World Bank list of economies (June 2020); Income classification not available for: Cook Islands and Niue
Source: WHO/UNICEF coverage estimates 2019 revision, July 2020. Immunization Vaccines and Biologicals, (IVB), World Health Organization (WHO).
194 WHO Member States. Date of slide: 15 July 2020.



New Global Vision and Strategy

IA2030

A world where
everyone, everywhere,
at every age... ..fully
benefits from vaccines.

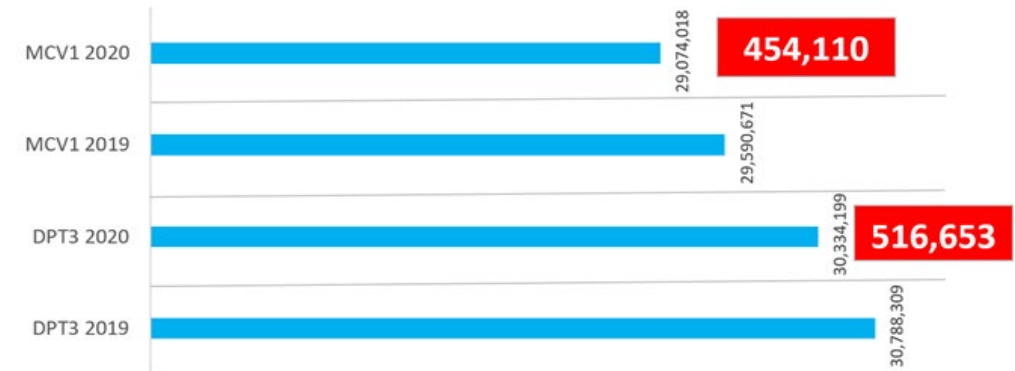
Leave no one behind,
by increasing equitable
access and use of new
and existing vaccines.
...for good health and
well-being

Impact of COVID 19 on health system and immunization

In Africa region, almost 1 million children are still missing Measles first dose and the third dose of DPT vaccinations.

UNICEF reports that the number of children treated for severe acute malnutrition (SAM) in Bangladesh and Nepal dropped by more than 80%.

Impact of Covid-19 in RI Coverage in AFR, 2019 – 2020*



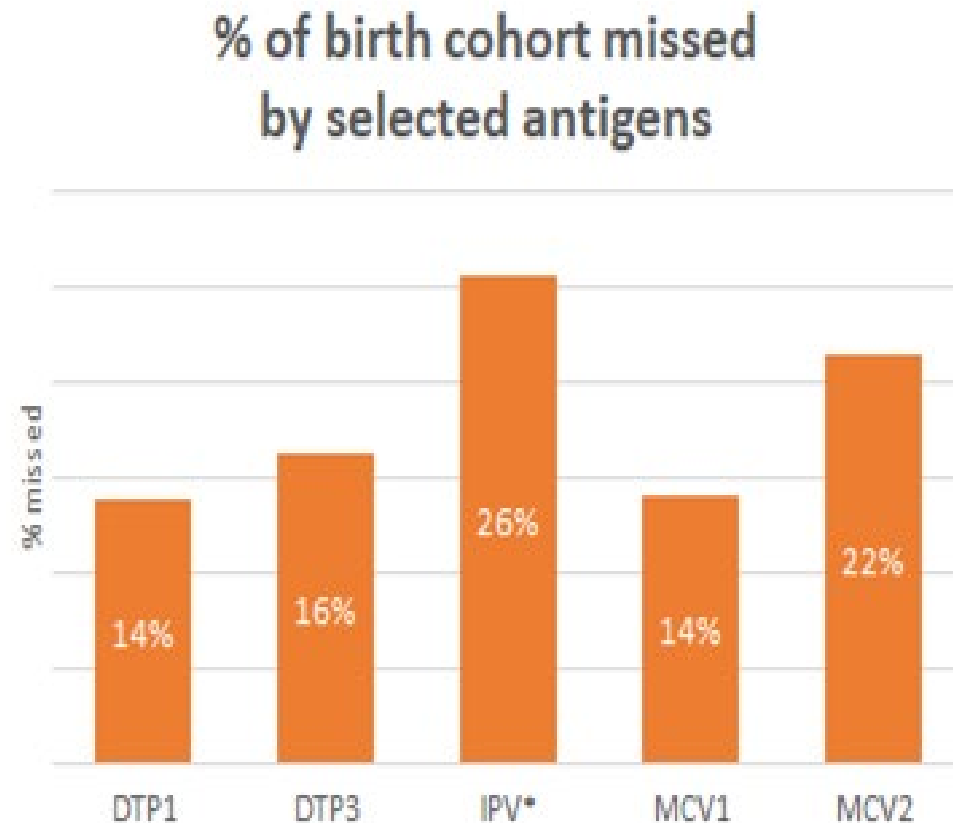
* (Jan- Nov)

Number of young children being treated for SAM in Bangladesh and Nepal



UNICEF

Although immunization services have been restored in many countries, millions of children estimated to have missed vaccinations in 2020 (Data from SE Asia)



Number children missed

Country	DTP1	DTP3	IPV*	MCV1	MCV2
Maldives	349	760	692	(3 007)	(4 166)
Bhutan	1910	1 992	2 878	2 107	1 174
Timor-Leste	5932	7 526	7 431	9 559	11 425
Sri Lanka	21226	23 693	22 062	20 771	4 618
DPR Korea	21679	24 329	22 290	19 021	3 834
Thailand	221422	246 155	233 963	238 046	190 804
Nepal	94027	114 168	158 238	124 661	173 761
Myanmar	163729	194 681	169 944	123 906	132 297
Bangladesh	185751	300 101	368 818	352 999	321 648
Indonesia	782 399	923 616	3 234 652	961 272	1 865 423
India	3569343	4 110 410	5 114 384	3 271 559	5 140 918
SEA Region	5 067 767	5 947 431	9 335 352	5 120 894	7 841 736

Source: Monthly reports of routine immunization data during COVID-19 pandemic submitted to IVD SEARO

*IPV dose refers to IPV1 or IPV2

Thank you



COVID-19 Vaccines and Routine Immunisation: Risks & Opportunities

Alex de Jonquières

Director, Health Systems &
Immunisation Strengthening
Gavi, The Vaccine Alliance



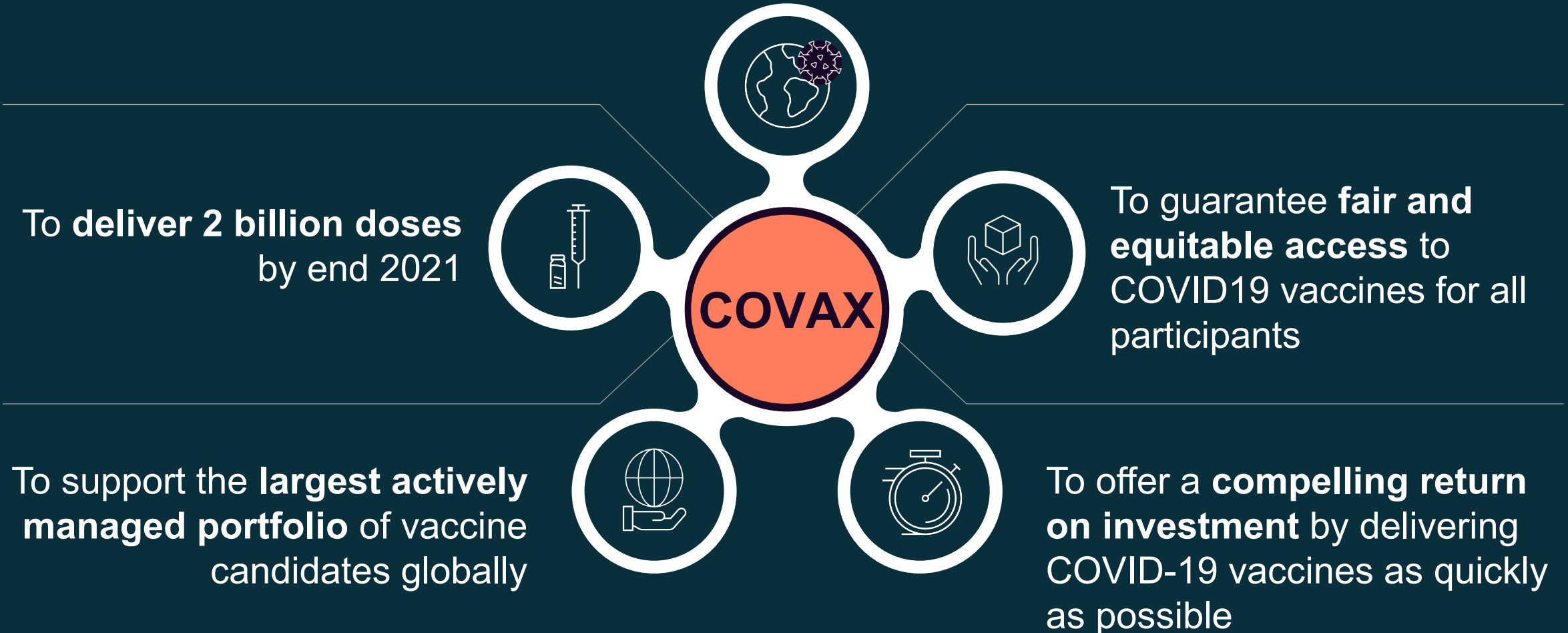
COVID-19 vaccines and Routine Immunisation: Risks & Opportunities

Alex de Jonquières
Director, Health Systems & Immunisation
Strengthening
27th April 2021



COVAX aiming to enable AMC countries to immunise >20% of their populations in 2021

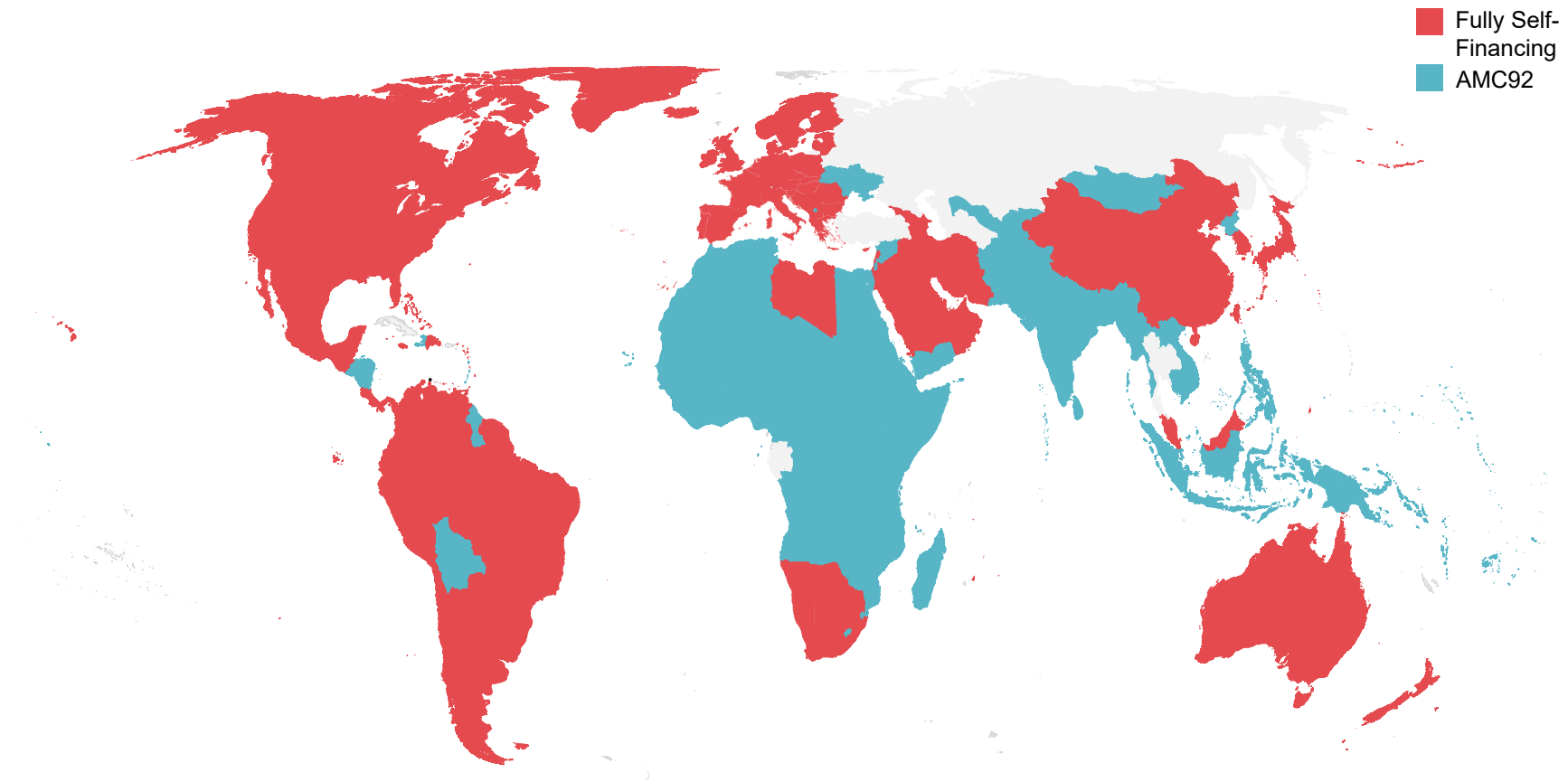
To end the acute phase of the pandemic by end 2021



COVAX has now delivered COVID-19 vaccines to ~120 countries including >80 AMC countries

Confirmed and eligible COVAX participants

- COVAX has >190 participants including 92 AMC-eligible countries
- Ghana received first COVAX doses in February and 100 countries reached within 42 days
- ~45M doses now shipped to 120 participants



Supply scale-up forecast to accelerate in second half of 2021

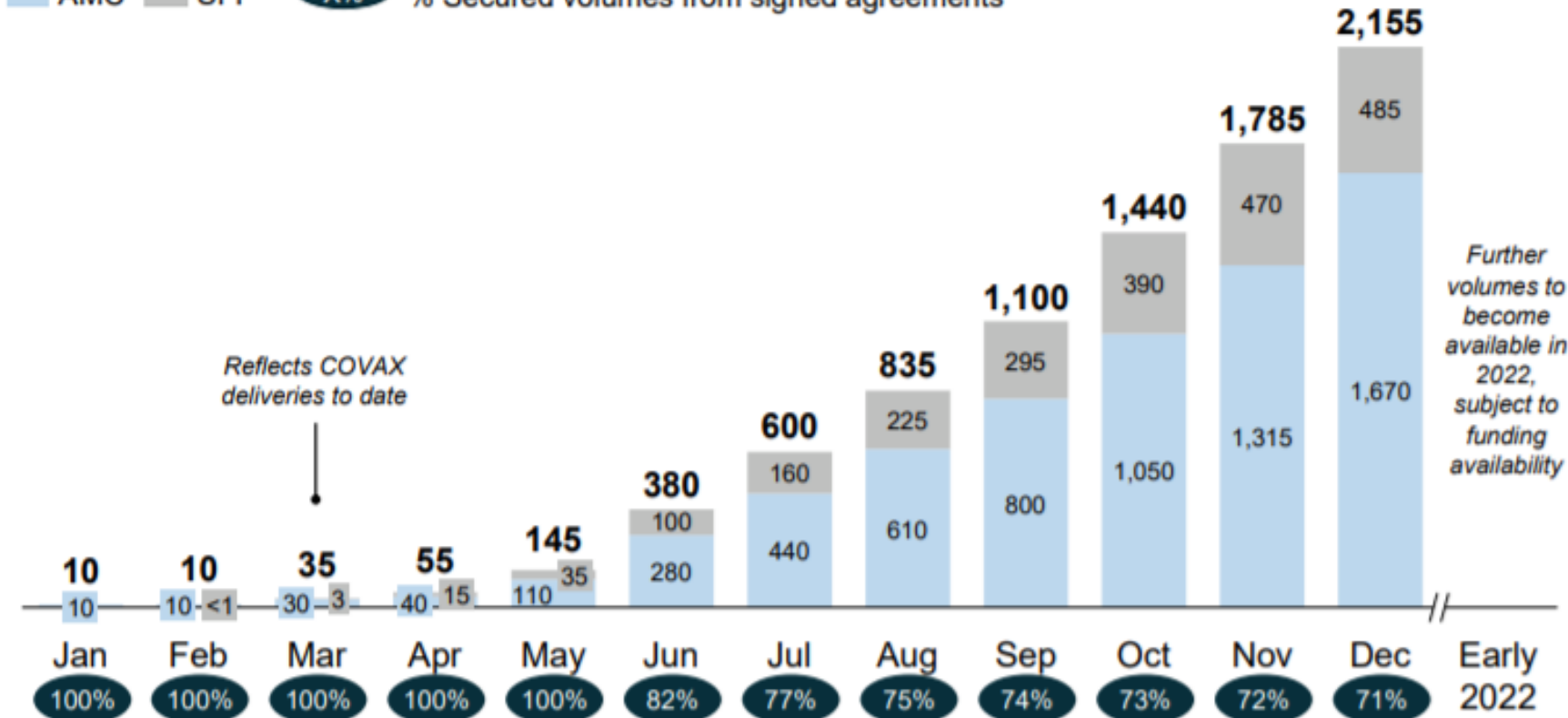
COVAX Facility global supply forecast

By AMC-eligible and Self-Financing Participants

PRELIMINARY AND SUBJECT TO ASSUMPTIONS

COVAX Available Supply, Cumulative, Mn doses, 2021¹

■ AMC ■ SFP ○ X% % Secured volumes from signed agreements²



¹ Supply refers to volumes of vaccine available from the manufacturer. Timing of forecasts is based on anticipated release of doses from manufacturers. Volumes for expected single-dose regimen vaccine candidates doubled to ensure comparability across vaccine candidates. Volumes have been rounded to the nearest 5M, except those less than 10M, and so totals may not equal sum of segments.

² "Signed agreements": Legally-binding agreements, memoranda of understanding, and statements of intent, except Novavax which remains under negotiation.

CAVEATS

UPDATED 7 APR

Contracts: Some of the supply included in the projections are linked to deals that are already concluded and some are currently being negotiated. Terms are subject to change.

Candidate attrition: Some candidates are still in clinical development. If they do not achieve positive clinical trial outcomes (safety and efficacy) and regulatory approval, these volumes will not be procured by COVAX.

Regulatory approval: Supply timing will depend on regulatory success and timelines, including reviews of individual batches ("batch release").

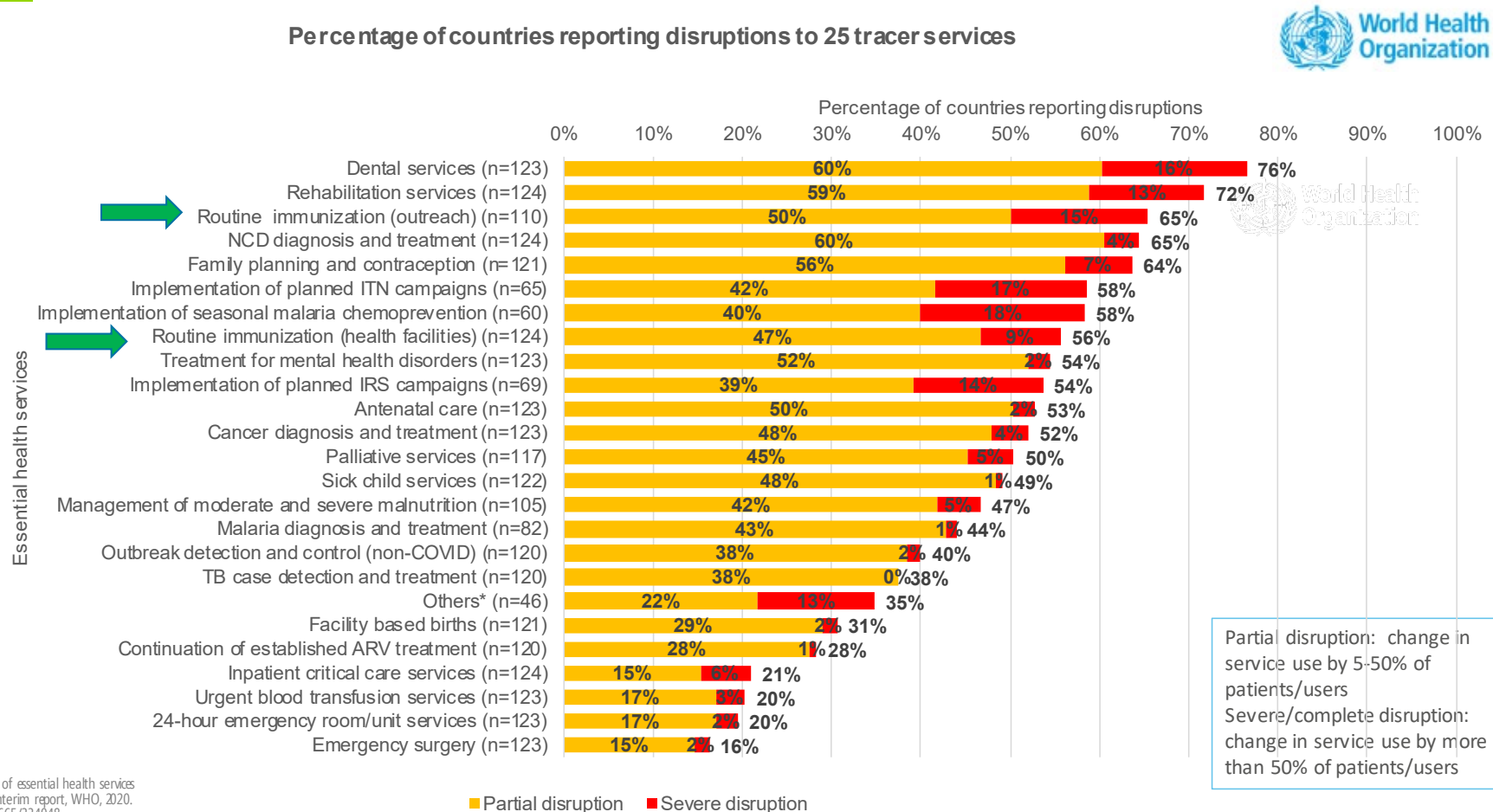
Manufacturing: In many cases, manufacturing is yet to reach full scale. Manufacturing productivity will be influenced by multiple factors, which will in turn influence volume and timing of supply.

Delivery: Timing of delivery will depend on various factors, including local regulatory approval, country readiness, export licenses, logistics, indemnification and liability in place, in-country distribution etc.

Funding availability: Total potential supply is shown; procurement of these doses will depend on COVAX AMC fundraising, AMC92 cost-sharing beyond donor-funded doses, and the final prices and volumes of doses allocated to AMC92.

Allocation: These supply forecasts reflect a preliminary distribution of doses based on each participant's share of available supply pro rata by demand and are to be treated as indicative. Final timing and volumes will be determined by the WHO Allocation Mechanism.

COVID-19 pandemic caused major disruption to immunisation programmes and health systems

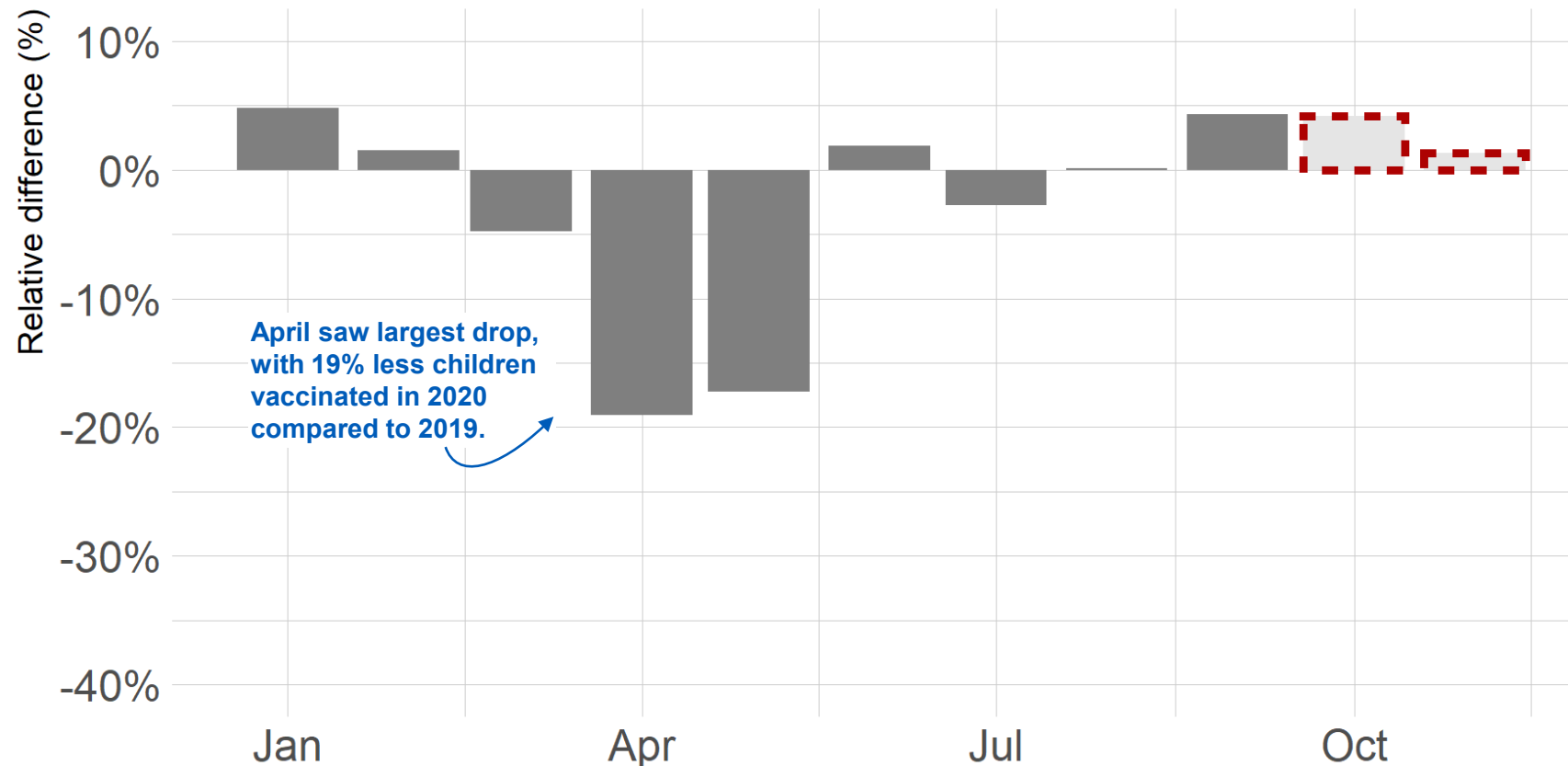


Source: Pulse survey on continuity of essential health services during the COVID-19 pandemic. Interim report, WHO, 2020. <https://apps.who.int/iris/handle/10665/334048>

Immunisation programmes do appear to have recovered in second half of 2020

Weighted relative difference in number of children receiving three doses of DTP-containing vaccine in 2020 compared to 2019

43 of 68 Gavi-eligible countries with reporting through September 2020

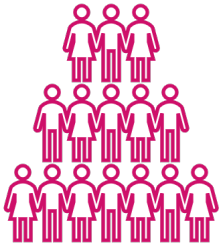


Notes:

- Large countries have not admin data through September. These countries are included on the graph on the left, but not on the right. reported monthly
- Bars outlined in red are based on data from a smaller number of countries
- Difference for each country weighted by surviving infants for each country

Source: Monthly administrative data estimates, April 2021

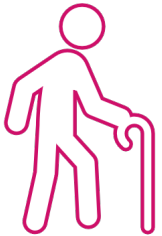
COVID-19 vaccine scale-up is an unprecedented challenge and risks diverting from essential services



>800M people immunised in AMC92 countries by end 2021 compared to 822M reached with all Gavi support 2000-2019 (with multiple vaccines)



90-411,000 more healthworkers needed to deploy COVID-19 vaccines to 20% of population in AMC92 countries **and maintain current services**



New target populations: need to identify and reach (often with 2 doses) non-traditional groups including healthworkers, elderly and co-morbidities

COVID-19 vaccine scale-up also presents significant risks to community perception & demand for immunisation

However, it is also an opportunity strengthen health systems and reimagine immunisation

Build political commitment to strong, equitable immunisation

World leaders make historic commitments to provide equal access to vaccines for all



GLOBAL VACCINE
SUMMIT 2020
LONDON



MEDIA CONTACTS

James Fulker
+41 79 429 5505

Strengthen health systems & service delivery



Scale-up innovation & transform ways of working



Equity the organising principle of the Alliance's 2021-2025 strategy

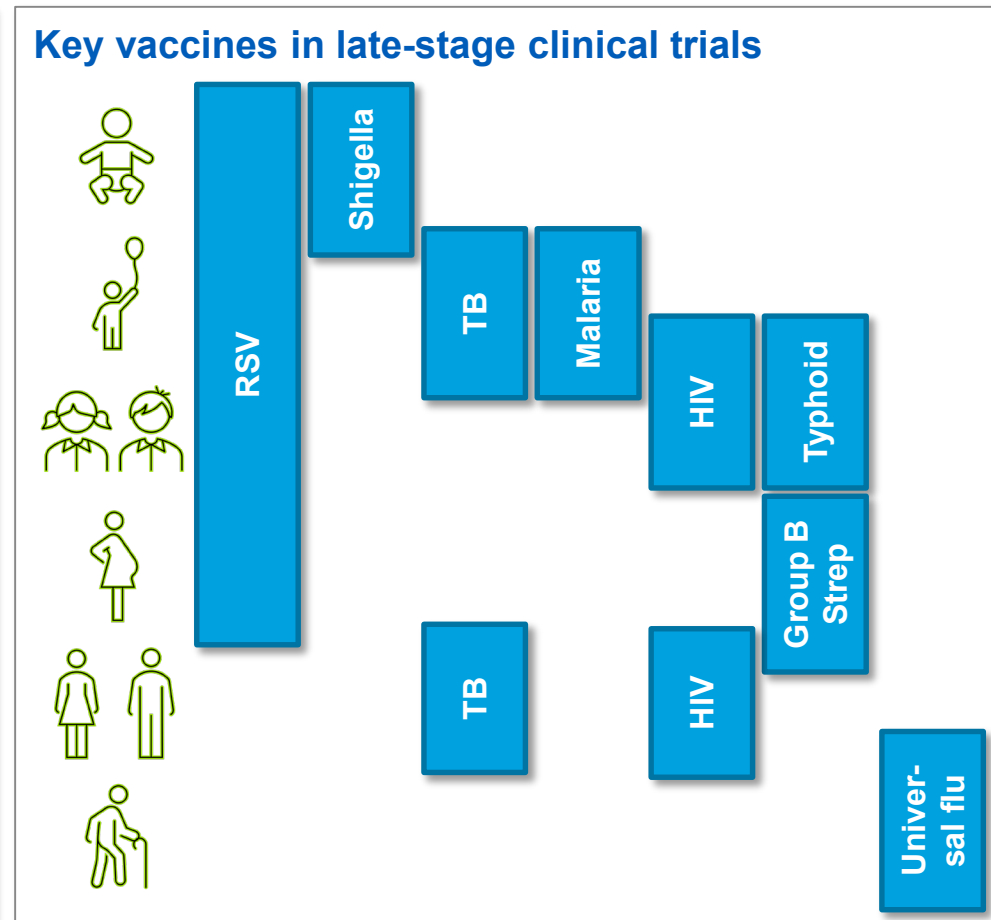


- Number of zero-dose children has hardly changed over last decade despite improving coverage
- Zero-dose children live in most marginalised communities
 - 2/3 below poverty line
 - Low access to other services
 - Acute social, cultural and gender-related barriers
- Reaching these communities critical to control outbreaks of COVID-19, measles, polio and future pandemics
- Can also build platform for UHC and scaling-up other PHC interventions

Investments in COVID-19 vaccine delivery can also help strengthen health systems & service delivery

Opportunity to strengthen health system for long-term COVID vaccine delivery & RI...

...and build a foundation to deliver future life course vaccines



Opportunity to innovate how we plan & deliver immunisation as part of COVID-19 vaccine scale-up

Key priorities identified by COVAX partners



INFODEMIC MANAGEMENT:

Novel social listening and engagement tools and platform analytics



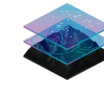
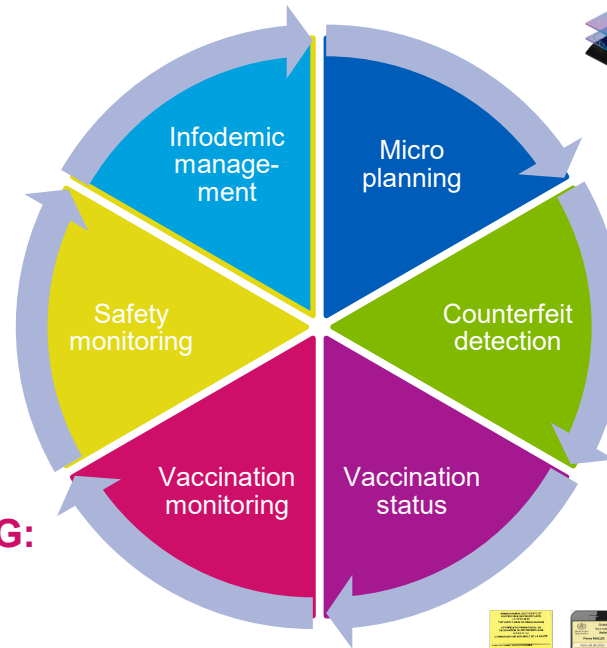
SAFETY MONITORING:

Digital track & trace and community-level digital communication tools for safety monitoring



VACCINATION MONITORING:

Community-level digital monitoring of doses given



MICRO PLANNING:

GIS-based digital mapping



COUNTERFEIT DETECTION:

Barcode-enabled track and trace and Global Trust Repository for authenticity verification



VACCINATION STATUS:

Smart vaccine certificates

Other potential priorities



Digital training & supervision



New service delivery strategies (integrated delivery, new sites, mass vaccination centres)

How do we best support countries to take this opportunity?

- **Political engagement to ensure continued focus on RI and equity as key to stopping other epidemics and future pandemics**
- **Alignment on the vision and key areas of opportunity**
- **Dedicated funding with extended implementation timelines**
- **Strong technical support, guidance and curated solutions**
- **Other ideas?**

THANK YOU



Poll Question 1

What do you see as opportunities for leveraging COVID-19 vaccination to improve immunization and other health services?

- More political and public awareness about the importance of immunization
- Improving health workers' skills to communicate about the importance of vaccination
- Making use of new equipment for cold chain and information technology
- New mindset oriented toward designing service delivery to reach priority populations
- Expanding engagement of partners (communities, non-health partners, etc) to support immunization
- Other (type your answer in the chat box)

Leveraging COVID-19 Vaccination Technical Assistance for Routine Immunization in Mozambique

Dra Graça Matsinhe

National Expanded Program on
Immunization Manager

Mozambique Ministry of Health



Leveraging COVID-19 Vaccination Technical Assistance for Routine Immunization in Mozambique

Dr. Graça Matsinhe, National Expanded Program on Immunization Manager,
Ministry of Health Mozambique

April 27, 2021



USAID
FROM THE AMERICAN PEOPLE



Status of COVID-19 vaccine rollout

Vaccine Supply

- Projected to receive 12 million vaccine doses via the COVAX Facility (coverage: 20% of population)
- Bilateral procurement to secure additional vaccines would cover 34% of population
- Vaccine shipped to-date:
 - 484,000 AstraZeneca vaccine (384,000 doses from COVAX Facility, 100,000 donated from India)
 - 200,000 doses of Sinopharm/BIBP vaccine donated by China
- 2,046,000 doses of AstraZeneca vaccine is expected to arrive by May 2021

Training of Health Workers

- Zoom training began in March for provincial level staff while in-person training was held March 15-17 for district level staff
- Promoting acceptance of the vaccine among health workers and other priority populations remain a priority

Doses Administered

- Initial vaccine doses prioritized for health professionals and diabetics administered in March
- COVID second phase vaccination began April 19
- Introduction of COVID-19 indicators, data collection tools and methods, and data validation mechanisms are ongoing

Priority groups for COVID-19 vaccine

Population Group	Number of People	% of Population
Phase 1 (1%)		
Health personnel (including public, private, non-profit, community health workers, and persons working in supporting roles in health facilities such as cleaners and administrative staff)	87,959	0.29%
Residents and employees of nursing homes	20,215	0.07%
Patients with diabetes mellitus (starting with patients registered in the diabetic associations until December 2020)	11,019	0.04%
Defense and security forces	127,061	0.41%
Phase 2 (5%)		
Patients with Diabetes mellitus not covered in Phase 1 (> 60years)	109,616	0.36%
Prisoners and prison officials	30,600	0.10%
Patients undergoing chronic care: patients on immunosuppressive therapy; patients with chronic renal failure undergoing hemodialysis or on a waiting list; patients with heart failure and chronic respiratory failure	7,164	0.02%
Population over the age of 50 living in camps (i.e. internally displaced, refugees)	11,263	0.04%
Teachers	151,449	0.49%
Population over 50 years living in urban areas	1,199,200	3.89%
Phase 3 (6%)		
Adult population residing in accommodation centers that has not been covered in the previous stages	120,876	0.39%
Population over 50 in rural areas	1,825,189	5.92%
Phase 4 (42%)		
Continuity for individuals in prioritized populations not reached during previous phases - Age 40-49 (7%) - Age 30-39 (11%) - Age 15-29 (24%)	12,947,801	41.99%



Photo: Fernando Fidélis/MCSP

Innovations from COVID-19 technical assistance that can be applied to Routine Immunization

1. Health worker capacity building
2. Community engagement

Health worker capacity building

Challenges under COVID-19

- COVID-19 made it difficult to gather people for face-to-face training
- Supportive supervision visits were disrupted for some time
- Health workers are over-burdened with COVID-19 response
- For COVID-19 vaccination, health workers will frequently need new information as vaccine characteristics, vaccine supply, priority groups change
- Health workers also need interpersonal communications skills to address client concerns

Health worker capacity building

Improvements that can be applied to routine immunization

- Re-orient training to include remote or blended training with very specific content
- Increase use of technology (WhatsApp, Zoom) for training, reporting, and communication/feedback
- Develop online platforms that allow two-way communication (health workers can direct questions to EPI) with rapid response to health worker concerns
- Strengthen supervision visits to support health workers
- Improved data monitoring and quality

Community engagement, demand, and service delivery

Challenges under COVID-19

- Fear associated with limited knowledge about the disease has affected utilization across health services, including lower immunization coverage rates in 2020
- Disruptions to vaccine supply
- Some reluctance to accept COVID-19 vaccine*
 - 68% of health professionals would receive the COVID-19 vaccine
 - 53% of the general public would receive the COVID-19 vaccine
- More communication is needed with provincial and district authorities, and general public

It could be the virus itself that is in the vaccines

Being in a third-world country, I have my suspicions about vaccines or medicines that are given to us, I don't want to be a guinea pig.

* Data from survey conducted 1Q 2021.



Community engagement, demand, and service delivery

Improvements that can be applied to routine immunization

- Strengthen community engagement strategies to increase demand
- Develop health worker inter-personal communications skills to discuss the importance of vaccination
- Strengthen and tailored micro-planning combined with mapping of communities to identify and vaccinate priority populations
- Adapting service delivery strategies for the priority populations

How can we mitigate potential risks?

- ❖ **To keep health workers motivated**
 - Task sharing and delegation of tasks
 - Recognize high performing health workers with non-financial compensation
- ❖ **With efforts diverted to COVID-19, there is a potential risk routine immunization becomes second place, to mitigate:**
 - Integration of COVID-19 vaccination and routine immunization can leverage resources available
 - Critical to involve relevant stakeholders throughout the planning processes, where mapping of budgetary gap is undertaken
 - Mechanism for regular accountability and transparency among the stakeholders might be helpful for advocacy
- ❖ **To address demand challenges**
 - Robust communication strategy that is focused on community education and engagement
 - Community leaders are very credible and can easily pass the appropriate messages to respond to misinformation
 - Using the diverse social media platforms can also be of an added value

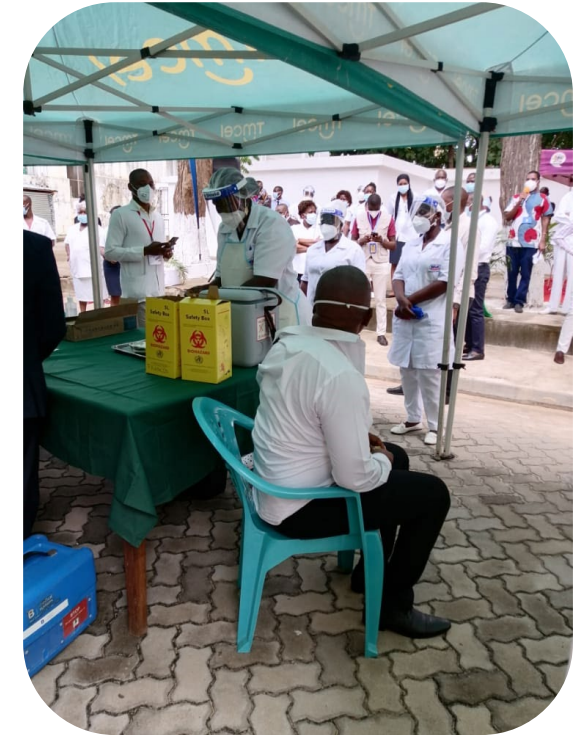


Photo: JSI

What is needed to make best use of the COVID-19 opportunity?

- Integration of COVID-19 vaccination with routine immunization has the potential to maximize resources available and maintain routine immunization as high priority
 - Transition away from campaign delivery to continuous routine delivery in health facilities
 - Emergency approach is not sustainable
- Immunization partners can help EPI to build a case to politicians, Parliament, MOF by:
 - Show results of childhood immunization
 - Risks from immunity gaps
 - Appropriate resource needs



Photo: JSI



Thank You

Poll Question 2

What are the key challenges in the places where you work in vaccinating priority populations?

- Insufficient global vaccine supply
- Weak planning and coordination with districts and health facilities
- Lack of funding for program costs, e.g., health work training, communications, adapting monitoring systems, etc.
- Trust and acceptance of the vaccine
- Other (type your answer in the chat box)

COVID-19 Vaccine Challenges and Mitigation Efforts

Rebecca Fields

Immunization Technical Lead

MOMENTUM Routine Immunization
Transformation and Equity



COVID-19 Vaccine Challenges and Mitigation Efforts

Rebecca Fields, Immunization Technical Lead, MOMENTUM
Routine Immunization Transformation and Equity

WEBINAR: Maintaining Focus on Routine Immunization through COVID-19
Vaccination | April 27, 2021



USAID
FROM THE AMERICAN PEOPLE



Expanding the vision from the present to the future



Current situation: unprecedented circumstances to contain the pandemic, develop, and introduce COVID-19 vaccine, all at record pace



Worldwide, more attention to vaccines and immunization than ever before



Immense challenges across every program area that need immediate attention

If we project 3-4 years into the future, what improvements to immunization could come out of the current situation with COVID-19 vaccine introduction?

Focus on three areas



1. Building confidence in COVID-19 vaccine



2. Closing gaps in subnational coordination, communications, and planning



3. Addressing funding needs for COVID-19 vaccine roll-out

How can we apply learning from experiences in these areas for future strategies and activities to improve equity in immunization?

Build confidence in COVID-19 vaccine



Current issues

- Rumors and misinformation spread largely through social media
- Suspicions around vaccine novelty, side effects, and efficacy against emerging variants
- Health worker reluctance/ambivalence to accept new vaccine
- Fear of COVID-19 vaccine may spill over to reduce use of routine immunization



Mitigation in immediate term

- Track rumors to inform adjustments to demand strategies
- Engage early acceptors to persuade later acceptors (assets-based approach)
- Active community participation in planning and communication
- Learn health workers' specific concerns to define tailored strategies for them
- Set up peer learning mechanisms for rapid sharing/problem solving



Improvement for routine immunization in longer term

- Continue monitoring for rumors about routine vaccination to improve strategies
- Strengthen health worker competency for interpersonal communication
- Maintain community participation to solidify demand for and trust in immunization
- Continue work with social and mass media on accurate messages on immunization

Close gaps in subnational coordination, communications, and planning



Current issues

- Lack of prior experience in reaching non-traditional groups with immunization
- National guidelines may not reflect local realities, which often vary within countries
- Insufficient communication and coordination between national/subnational levels
- Outdated or nonexistent estimates of priority populations for COVID-19 vaccination



Mitigation in immediate term

- Bottom-up microplanning based on local estimates of priority groups
- Partner with local NGOs with outreach to these groups to improve planning, communication, service utilization
- Strengthen coordination mechanisms across subnational and national levels



Improvement for routine immunization in longer term

- Use locally-derived estimates of populations for planning life course vaccination and other services for adults
- Promote acceptance of local estimates by national level for planning
- Routinize community participation in planning life course services

Address funding needs for COVID-19 vaccine roll-out



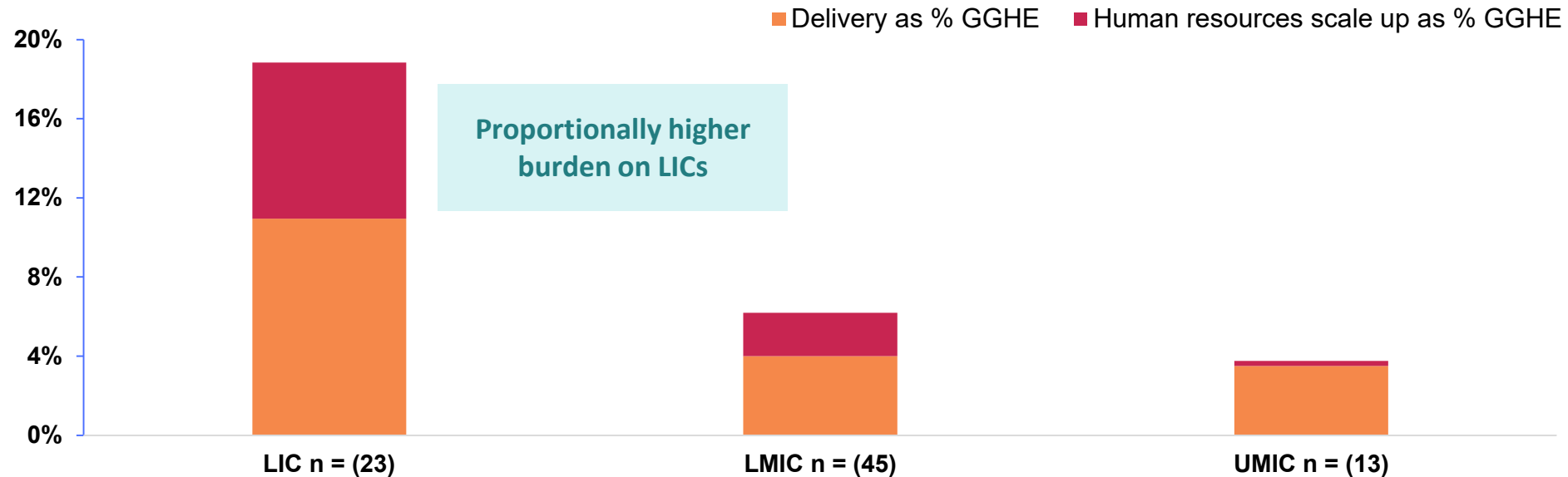
Current issues

- Recognition that "vaccines" do not equal "vaccination." Funding needed for service delivery, supply chain, health worker capacity building, demand creation, and data management
- Most countries did not include these costs in 2021 health budgets
- Service delivery costs account for 20% of government health expenditure in low income countries
- Urgent need to cover operational costs given short shelf life of vaccines

Delivery and HR surge costs to vaccinate first 20% population in Advanced Market Commitment participants equals almost 20% of government health expenditures

Based on **81 AMC participants** with data available¹

Delivery and human resources surge cost²,
% of 2018 governmental health expenditure (GGHE)³



Note: (1) Excludes COVAX AMC participants without NDVPs (Burundi, Eritrea, Madagascar, Marshall Islands and Tanzania) and those without 2018 GGHE estimate (Kosovo, North Korea, Somalia, Syria, West Bank and Gaza, Yemen). Source for income classification: The World Bank, 2019; (2) Services delivery scale up costs have been estimated by the CRD Costing and Financing Working Group. Human resources scale up costs have been produced by the WHO Health Workforce team. Estimates include costs related to vaccinators (59%), support staff (32%) and social mobilisers (10%) surge.; (3) General Government Health Expenditures includes on-budget donor funding and loans and has been extracted from the Global Health Expenditure Database

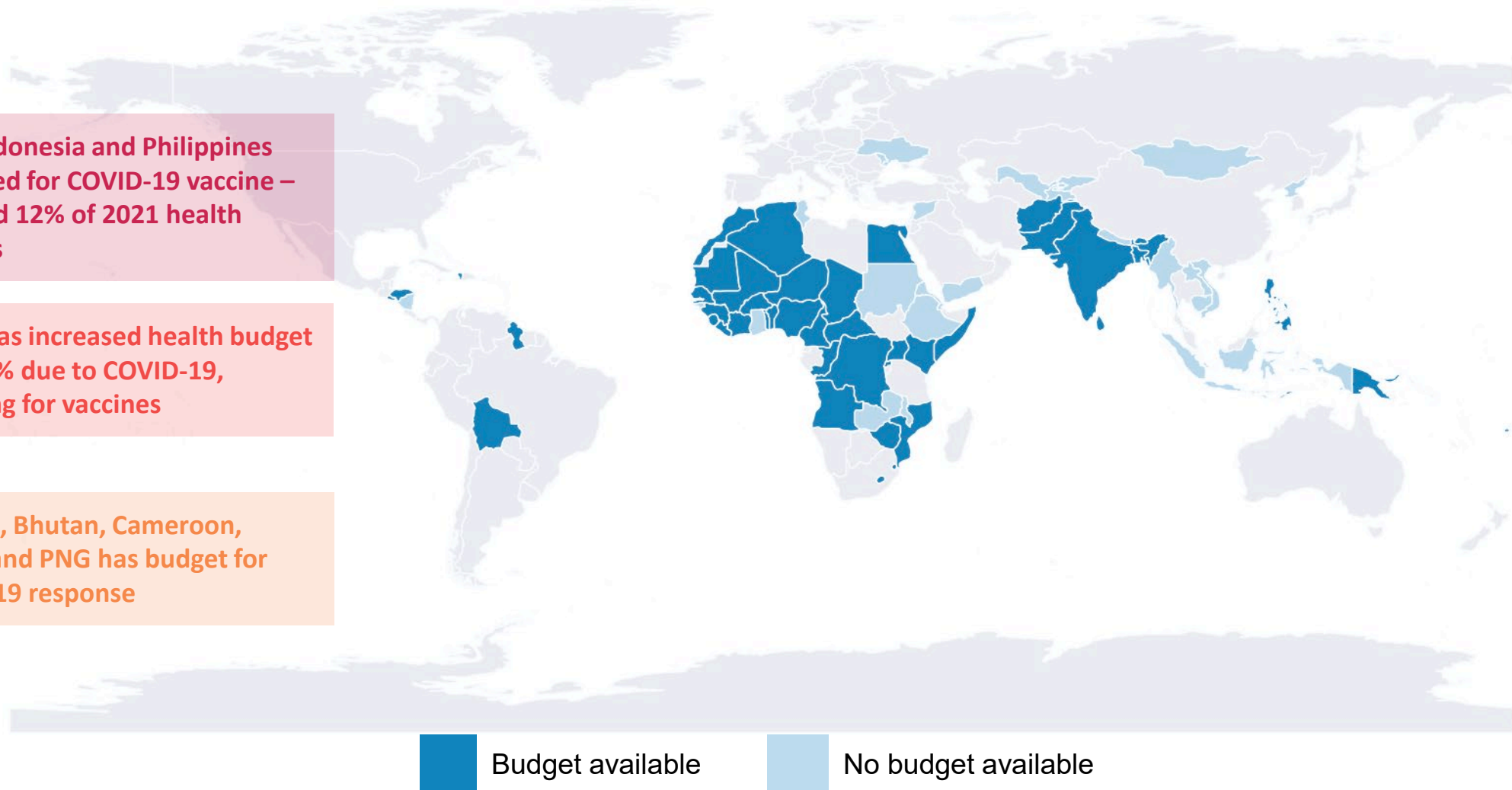
*Source of the slide: adapted from Ulla Griffith's, COVID-19 Vaccine Country Readiness & Delivery Global Coordination Meeting, April 1, 2021

Review of 2020/21 or 2021 health budgets in AMC countries

Only Indonesia and Philippines budgeted for COVID-19 vaccine – 11% and 12% of 2021 health budgets

Honduras increased health budget by 14.2% due to COVID-19, including for vaccines

Senegal, Bhutan, Cameroon, Congo and PNG has budget for COVID-19 response



*Source of the slide: adapted from Ulla Griffith's, COVID-19 Vaccine Country Readiness & Delivery Global Coordination Meeting, April 1, 2021

Address funding needs for COVID-19 vaccine roll-out



Current issues

- Recognition that "vaccines" do not equal "vaccination." Funding is needed for service delivery, supply chain, health worker capacity building, demand creation, data management.
- Service delivery costs account for 20% of government health expenditure in low income countries
- Urgent need to cover operational costs given short shelf life of vaccines



Mitigation in immediate term

- Expedite disbursement of funding from World Bank and Gavi
- Provide clear global guidance on expectations of countries for financing
- Truth-tested guidance on costs to be shouldered by different administrative levels (district, health facility) and is feasible to cover
- Mobilization of additional resources from outside the health sector
- Encourage transparency and on-budget donor contributions



Improvement for routine immunization in longer term

- Better appreciation and basis for planning operational costs for immunization, especially life course vaccination
- Increased understanding of need to invest in immunization and disease control to avoid devastating economic toll of outbreaks

Conclusions

- COVID-19 vaccine introduction poses considerable challenges to immunization and other health services and real-time attention and resources are needed to address them
- Over the longer term, the current experience may be transformative in addressing long-standing challenges to improving equity for routine immunization and other services
- The issues described today can be explored at country level and across all programmatic areas, including:
 - Supply chain management
 - Human resource management and capacity-building
 - Information for action
 - Service delivery, recognizing the opportunity for integrated services

THANK YOU



Photo: PMI





Q&A

WEBINAR EVALUATION

<https://pnw5ej7wvq0.typeform.com/to/jyHC68GW>



THANK YOU

MOMENTUM Routine Immunization Transformation and Equity is funded by the U.S. Agency for International Development (USAID) as part of the MOMENTUM suite of awards and implemented by JSI Research & Training Institute, Inc. with partners PATH, Accenture Development Partnerships, Results for Development, Gobee Group, CORE Group, and The Manoff Group under USAID cooperative agreement #7200AA20CA00017. For more information about MOMENTUM, visit USAIDMomentum.org. The contents of this PowerPoint presentation are the sole responsibility of JSI Research and Training Institute, Inc. and do not necessarily reflect the views of USAID or the United States Government.

