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
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
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Gavi, The Vaccine Alliance

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National Expanded Program on Immunization Manager
Mozambique Ministry of Health

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Immunization Technical Lead
MOMENTUM Routine Immunization Transformation and Equity
The Crisis of COVID-19

- 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
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.

1. Policy, Planning & Coordination
2. Pharmacovigilance and monitoring adverse events
3. Supply Chain & Logistics
4. Vaccine service delivery
5. Human Resources for Health, Training & Supervision
6. Communications & Advocacy
7. Community Engagement & Demand
8. Monitoring, Evaluation & HIS

Including: Cross cutting areas of Private Sector Engagement, Digital Health, and Gender Integration
Recent Progress on Routine Immunization
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

Source: https://www.who.int/immunization/monitoring_surveillance/SlidesGlobalImmunization.pdf?ua=1
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%.
Although immunization services have been restored in many countries, millions of children estimated to have missed vaccinations in 2020 (Data from SE Asia)

% of birth cohort missed by selected antigens

Number children missed

<table>
<thead>
<tr>
<th>Country</th>
<th>DTP1</th>
<th>DTP3</th>
<th>IPV*</th>
<th>MCV1</th>
<th>MCV2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maldives</td>
<td>349</td>
<td>760</td>
<td>692</td>
<td>3,007</td>
<td>4,166</td>
</tr>
<tr>
<td>Bhutan</td>
<td>1,910</td>
<td>1,992</td>
<td>2,878</td>
<td>2,107</td>
<td>1,174</td>
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<tr>
<td>Timor-Leste</td>
<td>5,932</td>
<td>7,526</td>
<td>7,431</td>
<td>9,559</td>
<td>11,425</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>21,226</td>
<td>23,693</td>
<td>22,062</td>
<td>20,771</td>
<td>4,618</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>21,679</td>
<td>24,329</td>
<td>22,290</td>
<td>19,021</td>
<td>3,834</td>
</tr>
<tr>
<td>Thailand</td>
<td>21,422</td>
<td>24,155</td>
<td>233,963</td>
<td>238,046</td>
<td>190,804</td>
</tr>
<tr>
<td>Nepal</td>
<td>940,27</td>
<td>114,168</td>
<td>158,238</td>
<td>124,661</td>
<td>173,761</td>
</tr>
<tr>
<td>Myanmar</td>
<td>163,729</td>
<td>194,681</td>
<td>169,944</td>
<td>123,906</td>
<td>132,297</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>185,751</td>
<td>300,101</td>
<td>368,818</td>
<td>352,999</td>
<td>321,648</td>
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<tr>
<td>Indonesia</td>
<td>782,399</td>
<td>923,616</td>
<td>3,234,652</td>
<td>961,272</td>
<td>1,865,423</td>
</tr>
<tr>
<td>India</td>
<td>3569,343</td>
<td>4,110,410</td>
<td>5,114,384</td>
<td>3,271,559</td>
<td>5,140,918</td>
</tr>
<tr>
<td>SEA Region</td>
<td>5,067,767</td>
<td>5,947,431</td>
<td>9,335,352</td>
<td>5,120,894</td>
<td>7,841,736</td>
</tr>
</tbody>
</table>

Source: Monthly reports of routine immunization data during COVID-19 pandemic submitted to IVD SEARO
*IPV dose refers to IPV1 or IPV2
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

To deliver 2 billion doses by end 2021

To guarantee fair and equitable access to COVID-19 vaccines for all participants

To support the largest actively managed portfolio of vaccine candidates globally

To offer a compelling return on investment by delivering COVID-19 vaccines as quickly as possible
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, 2021

Reflects COVAX deliveries to date

Further volumes to become available in 2022, subject to funding availability

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

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

Percentage of countries reporting disruptions to 25 tracer services

Partial disruption: change in service use by 5-50% of patients/users
Severe/complete disruption: change in service use by more than 50% of patients/users

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

April saw largest drop, with 19% less children vaccinated in 2020 compared to 2019.

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 to strengthen health systems and reimagine immunisation.

- **Build political commitment to strong, equitable immunisation**
- **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...

- Stronger programme planning & oversight
- Augmented health workforce
- Stronger supply chains
- Stronger community engagement & demand generation
- Enhanced AEFI surveillance

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

Key vaccines in late-stage clinical trials

- RSV
- Shigella
- TB
- Malaria
- HIV
- Typhoid
- Group B Strep
- Universal flu
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
- **MICRO PLANNING:** GIS-based digital mapping
- **COUNTERFEIT DETECTION:** Barcode-enabled track and trace and Global Trust Repository for authenticity verification
- **VACCINATION MONITORING:** Community-level digital monitoring of doses given
- **VACCINATION STATUS:** Smart vaccine certificates
- **Digital training & supervision**
- **Other potential priorities**
  - New service delivery strategies (integrated delivery, new sites, mass vaccination centres)

**25 other potential priority areas**

- 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?
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
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

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Number of People</th>
<th>% of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase 1 (1%)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td>87,959</td>
<td>0.29%</td>
</tr>
<tr>
<td>Residents and employees of nursing homes</td>
<td>20,215</td>
<td>0.07%</td>
</tr>
<tr>
<td>Patients with diabetes mellitus (starting with patients registered in the diabetic associations until December 2020)</td>
<td>11,019</td>
<td>0.04%</td>
</tr>
<tr>
<td>Defense and security forces</td>
<td>127,061</td>
<td>0.41%</td>
</tr>
<tr>
<td><strong>Phase 2 (5%)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients with Diabetes mellitus not covered in Phase 1 (&gt;60 years)</td>
<td>109,616</td>
<td>0.36%</td>
</tr>
<tr>
<td>Prisoners and prison officials</td>
<td>30,600</td>
<td>0.10%</td>
</tr>
<tr>
<td>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</td>
<td>7,164</td>
<td>0.02%</td>
</tr>
<tr>
<td>Population over the age of 50 living in camps (i.e. internally displaced, refugees)</td>
<td>11,263</td>
<td>0.04%</td>
</tr>
<tr>
<td>Teachers</td>
<td>151,449</td>
<td>0.49%</td>
</tr>
<tr>
<td>Population over 50 years living in urban areas</td>
<td>1,199,200</td>
<td>3.89%</td>
</tr>
<tr>
<td><strong>Phase 3 (6%)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult population residing in accommodation centers that has not been covered in the previous stages</td>
<td>120,876</td>
<td>0.39%</td>
</tr>
<tr>
<td>Population over 50 in rural areas</td>
<td>1,825,189</td>
<td>5.92%</td>
</tr>
<tr>
<td><strong>Phase 4 (42%)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuity for individuals in prioritized populations not reached during previous phases</td>
<td>12,947,801</td>
<td>41.99%</td>
</tr>
<tr>
<td>- Age 40-49 (7%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Age 30-39 (11%)</td>
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<td></td>
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<tr>
<td>- Age 15-29 (24%)</td>
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</tbody>
</table>
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

* 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
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
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

<table>
<thead>
<tr>
<th>Current issues</th>
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<tbody>
<tr>
<td>• Rumors and misinformation spread largely through social media</td>
</tr>
<tr>
<td>• Suspicions around vaccine novelty, side effects, and efficacy against emerging variants</td>
</tr>
<tr>
<td>• Health worker reluctance/ambivalence to accept new vaccine</td>
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<tr>
<td>• Fear of COVID-19 vaccine may spill over to reduce use of routine immunization</td>
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<table>
<thead>
<tr>
<th>Mitigation in immediate term</th>
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<tbody>
<tr>
<td>• Track rumors to inform adjustments to demand strategies</td>
</tr>
<tr>
<td>• Engage early acceptors to persuade later acceptors (assets-based approach)</td>
</tr>
<tr>
<td>• Active community participation in planning and communication</td>
</tr>
<tr>
<td>• Learn health workers’ specific concerns to define tailored strategies for them</td>
</tr>
<tr>
<td>• Set up peer learning mechanisms for rapid sharing/problem solving</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Improvement for routine immunization in longer term</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Continue monitoring for rumors about routine vaccination to improve strategies</td>
</tr>
<tr>
<td>• Strengthen health worker competency for interpersonal communication</td>
</tr>
<tr>
<td>• Maintain community participation to solidify demand for and trust in immunization</td>
</tr>
<tr>
<td>• Continue work with social and mass media on accurate messages on immunization</td>
</tr>
</tbody>
</table>
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

- 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 available

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

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

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