



## WEBINAR TRANSCRIPT: MAINTAINING FOCUS ON ROUTINE IMMUNIZATION THROUGH COVID-19 VACCINATION

Grace Chee (00:00:04):

Excellent Alex.

Alex Jonquieres (00:00:05):

Hi everyone, sorry for being just in time.

Grace Chee (00:00:17):

I'll just give everyone a minute, for everyone to get on, we'll start in just one minute. So, good morning and good afternoon, everyone. I want to welcome everyone to the webinar today. My name is Grace Chee and I'll be your moderator. I'm the Project Director for the MOMENTUM Routine Immunization Transformation and Equity Project. We're a USAID funded project that works toward a world in which all people eligible for immunization and particularly underserved, marginalized and vulnerable populations are regularly reached with high quality vaccination services, to protect their children and themselves against vaccine preventable diseases. Before we saw it, I wanted to do some quick housekeeping and review the zoom environment for today's webinar.

Grace Chee (00:01:23):

So, please make sure to use the Q&A located at the bottom bar of your zoom window to ask questions during the presentation, or if you're having any technical difficulties, you can use the chat feature to introduce yourself during the presentation, but please don't use that to ask questions. The questions that you put in the Q&A button only visible to you and our presenters and our technical support team. So, if you're having any technical problems, our technical support will respond to you privately, and we'll be collecting your questions for our speakers, and we'll save them for the discussion period at the end of the webinar. This webinar is being recorded and you'll receive an email with a link to the recording at the end of the day's events. If there are any questions that don't get answered during the Q&A, we'll forward them to the speakers, and we'll be able to share responses by email, to all participants.

Grace Chee (00:02:17):

So as you see, we have four excellent speakers today, and I'll be introducing each of them just before their presentations. We have plans about 15 minutes at the end of the webinar to answer any questions. So, before I introduce our first speaker, I wanted to set the stage for this webinar, by introducing the Chinese word for crisis. So, you may know Chinese words are made up of individual characters and have their own meanings. So for example, the word for airplane is feiji, fei- means to fly, and -ji means machine, so it connotes a flying machine. Computer is diannao. Dian- meaning electricity or electric, and -nao meaning brain. So the word for crisis, interestingly is weiji, which has made up of the character for danger wei, and -ji, meaning opportunity. So, I think that word really captures the current COVID-19 crisis and what really is at the heart of our webinar today.

Grace Chee (00:03:12):

So, we're in the midst of an unprecedented crisis, and that's an aiding against COVID-19 as a top priority for health systems around the world. And while we try to mobilize to respond to the danger, we also need to very purposefully take advantage of this opportunity. And these opportunities may lie in increase public awareness around immunization, appreciation of the complexity of actually delivering the service, actually getting vaccines into people's arms, where new skills and technologies that are introduced into the health system. Our focus today is to try to discuss some of the ways to grasp that opportunity that's presented by all the crisis we're in the middle of. So, let me introduce our first speaker. Dr. Folake Olayinka, will talk about USAID support for COVID vaccination, as well as the impact of COVID in health systems and immunization.

Grace Chee (00:04:08):

Dr. Folake Olayinka is the Immunization Team Leader within the Maternal Child Health Office and the Global Health Bureau of USAID. She also serves as the Technical Lead on COVID-19 vaccine, Technical Assistance Support to the Global Health Bureau. She joined USAID in October 2020. She's a medical doctor with public health qualifications in maternal and child health, and over 25 years experience. And brings extensive multi-country experience in polio eradication, maternal and child health, malaria, and broader primary health care. Dr. Olayinka also serves on the number of technical advisory groups on immunization, including WHO strategic advisory group of experts were Sage and WHO Africa Regional Immunization Technical Advisory Group. So, Dr. Folake Olayinka.

Dr. Folake Olayinka (00:05:00):

Thank you very much, Grace, for that very kind introduction. And thank you for inviting me to join this really important discussion today during the World Immunization Week. I am honored to speak alongside such distinguished panelists that you have today. Next slide, global access to safe and effective COVID-19 vaccines is needed, to stop the pandemic increasingly so, as new variants emerge and spread. A pandemic of this proportion has overwhelmed countries' health programs and has led to large scale secondary effects, including setbacks in education, poverty reduction, and malnutrition, to mention a few. Your society is supporting the financing and delivery of COVID-19 vaccines, building on our close two decade partnership with GAVI, the vaccine Alliance. The United States provided \$ 2 billion through USAID, to support the COVAX advanced markets commitment. With an additional \$2 billion to be provided later in 2021 and 2022, by pulling demand 92 low and lower middle income countries will have access to vaccines they would not have otherwise.

Dr. Folake Olayinka (00:06:24):

In supporting COVAX, USAID is supporting global vaccine equity. Equitable access to these vaccines across the globe, particularly for most vulnerable and prioritized populations, such as healthcare workers and those with underlying health risks. We know this is critical for reducing the tragic loss of life and controlling, and ending the pandemic. In addition to our support to COVAX, USAID is also committing \$75 million, to help countries prepare to receive and quickly deliver COVID- 19 vaccines to their populations. USAID recognizes that equity is not only critical across countries, but also within them. We know that the elderly minorities and other groups in danger of not receiving equal access to vaccines are often left out. COVAX has approved and humanitarian buffer to help support vaccine access for at-risk populations, including refugees and displaced persons. However, we remain concerned about vaccines access for these and other groups at significantly higher risk of COVID.

Dr. Folake Olayinka (00:07:39):

Next slide. Now, just to highlight a bit more the technical assistance areas that USAID is committed to supporting, to ensure successful and equitable introduction and delivery of COVID-19 vaccine. We have here providing support to more than 60 countries. And this is really based on the principle of filling the most critical gaps based on the country national deployment and vaccination plans, and in coordination with other partners. The areas that you see here, are very much aligned with components that are globally

recognized as critical for successful COVID-19 vaccine roll out. So, I won't go through all of this, but just to also highlight the fact that we also put private sector, digital health and gender, as integrated and cross content components, that are really critical to the success of the roll outs. So, if we go to the next slide.

Dr. Folake Olayinka (00:08:50):

In this next slide, I'm going to spend a few minutes on looking at the progress that has been made in routine immunization rates. As many of you know, USAID works to save lives and improve the health of women and children, their families and communities in 25 priority countries across the globe. These countries account for 70% of global maternal and child deaths. And immunization is a key pillar of our response, for preventing childhood illness, infection and mortality. Thanks to the global communities collective efforts, an estimated 37 million children's lives were saved over the last 20 years due to immunization. And 1 billion children were immunized in the past decade. Since 2001, USAID has helped to immunize more than 822 million children and save more than 14 million lives through the US government's 20 year partnership with Gavi, The Vaccine Alliance. While so much progress has been made, there remain challenges to immunization programming. Over the last decade, immunization coverage has been stagnating, and even declining in many countries, putting children, families, and communities at risk of disease.

Dr. Folake Olayinka (00:10:07):

Next slide. So for example, in 2019, childhood immunization data showed that almost 20 million infants were not vaccinated, of which almost 14 million did not receive an initial dose. This points to a lack of access to services. We also know from the data that six million infants were only partially vaccinated, and have not benefited from the value of complete immunization. The drivers of stagnation and decline include rapid urban growth, hard to reach or remote populations, conflict, displaced persons, humanitarian crisis's, and what we know now, factors global pandemic, such as COVID, which has disrupted essential services in every single country. Communities and countries with strong health systems are safer and more resilient. And so, we aim to fortify health systems and prevent future outbreaks, and to do this, our health programs focus on increasing country and local leadership and promote evidence and data use, enhance in supply chains, improving outbreak detection, response, and bolstering the skills of frontline health workers.

Dr. Folake Olayinka (00:11:31):

We also need to be more innovative and tailored to the local context in our programming, such as having urban strategies, better integration within MCH and primary healthcare, and better approaches in conflict areas. We also know that there's a huge need to focus on vaccine hesitancy. This week, the Immunization Agenda 2030, the vision and strategy for the next thinking has been launched and this new strategy charts away forward to leave no one behind. Let's go to the next slide. I'm just going to very briefly focus on some of the disruptions. Here in the Africa region, you can see that in 2020, there were almost 1 million children who still missed out on measles first dose and the third dose of DPT vaccinations. And we know, as we mentioned before, other effects such as what we see here in Bangladesh and Nepal, where there has been some reduction in access to treatments for severe acute malnutrition drop, more than 80%. these are the impact of COVID on our health system and immunization.

Dr. Folake Olayinka (00:12:47):

If we go to the next slide very briefly, again, you can see just zooming in on the Southeast Asian region. Almost every country has had a reduction in children that are vaccinated in 2020 compared to 2019. Every country here in the region has, has been affected. Next slide. So, just to really wrap up, the pandemic is a stark reminder of what we already know, that the job of immunization is a continuous one. We know that, as a result of the disruptions, that over a hundred million are at risk of measles outbreak, due to canceled or delayed measles campaigns. For example, at the outset of the pandemic, 80 million infants were at risk of vaccine preventable diseases. And so we know that this pandemic could destroy decades of progress in immunization around the globe.

Dr. Folake Olayinka (00:13:49):

Our investment in the MOMENTUM Routine Immunization Transformation and Equity project, is one of several ways USAID is helping to address this. To close, new and persistent coverage gaps while simultaneously sustaining global gates, we need to be even more intentional and innovative in our efforts to catch up those that are best vaccinations and strengthen immunization systems. As we roll out COVID-19 vaccines, our response must also address the broader health systems challenges community space. This moment could be a game-changer for routine immunization, to mutually strengthen immunization systems. We all need to act now to identify and capitalize on opportunities to strengthen immunization systems and broader health system. Back to you, Grace.

Grace Chee (00:14:50):

Thanks so much, Folake, for that excellent presentation, and also for reminding us that immunization requires continuous effort, and we need to be both catching up, as well as strengthening. So, I just want to remind everyone to type in any questions that you have in the Q&A box. And let me please introduce our next speaker, Alex de Jonquieres. He'll be talking about COVID-19 vaccines and Gavi programming. Since 2018, Alex has been the director of health systems and immunization strengthening at Gavi. He's responsible for overseeing Gavi's strategies to strengthen health systems, accelerate equity, and reach those children, and providing guidance to teams and countries on how to use Gavi's support for this. He's also helped meet the Gavi covert response to maintain, restore and strengthen routine immunization, as well as the planning and support COVID vaccine delivery. He joined Gavi in 2013 as Chief of Staff in the Executive Office. And he was previously a Strategy Consultant working across the healthcare sector, including leading global health organizations, foundations, and pharmaceutical companies. Alex, please, over to you.

Alex Jonquieres (00:16:02):

Thank you, Grace. And it's a pleasure to be here and it's great to follow Folake, because I think there's a lot of commonality between what she was talking about and what I will talk about. I'm going to start with the off-center end of the spectrum though, which is on the delivery of COVID-19 vaccines themselves. And so if we can switch to the next slides. Addressing this pandemic, as we all know, is going to take a range of strategies, but rapid scale up of all vaccines across the world, is going to be probably the most critical. And that's why COVAX was set up, to end the acute phase of the pandemic by the end of 2021. That was the initial goal, that may be looking ambitious now. But the idea was that to do that, we would try and deliver two billion doses by the end of 2021, with the majority going to the world's poorest countries, through an advanced market mechanism that would fund vaccine deployment to those countries. So, we switch to the next slide.

Alex Jonquieres (00:17:10):

COVAX now has 190 countries who have signed up, including 92 countries that are eligible for support through the advanced market commitment, which uses donor funds to buy the doses for those countries. And you can see from the map here that it's a pretty global effort. In fact, I think someone told me that more countries have signed up to COVAX than any other agreement except for the Paris climate agreement. And this is unprecedented level of global cooperation in rollout, and scale up a vaccine have their scale, and this speed, it's not been an easy road. And I know that many will know that because it's been very much in the media and on the news, in terms of the challenges that the whole world has faced in scaling up this vaccine, including COVAX.

Alex Jonquieres (00:18:02):

But we were delighted that within 10 weeks, the first vaccine being administered anywhere, we have the first dose is being administered with COVAX doses. Within a hundred days of the first doses, which were in Ghana, within 42 days of those first days, there's another a hundred countries were reached. At this point, approximately 45 million doses have now been shipped through COVAX to 120 participants. And so these vaccines are starting to flow, and are starting to flow to many countries around the globe. But of course, this is just the beginning of what countries need, to be able to respond to the pandemic. We move to the next slide please.

Alex Jonquieres (00:18:48):

Apologies for a very dense slide, but this is a slide that I pulled straight off the Gavi website, where we show our latest supply forecasts. And the key point I wanted to make here is that, in April, we're at 45 million doses. The scale up ahead of us is huge. And so, this is both exciting, because this is what we forecast currently we will receive in terms of supply. And this is part of the solution to the pandemic, but it's also daunting, because the speed and scale of what's ahead of us is enormous. And we know some countries already are struggling to fully utilize the doses that they have received, and to ensure that those are delivered to the right target populations, and use before they reached the end of their shelf life. And that challenge will only grow, as this scale up accelerates over the coming months. Next slide please.

Alex Jonquieres (00:19:46):

And of course, we'll be delivering those vaccines into routine immunization programs, that have faced significant disruption. Folake I talked about the number of children who have been missed in some regions. This is another way of showing the same data, it's the WHO essential health survey that showed that almost two thirds of countries have experienced disruption to their outreach services, and over half to facility-based routine immunization. So, immunization was deeply affected by COVID and the impact of the pandemic on societies and on health systems. Next slide, please.

Alex Jonquieres (00:20:27):

The good news is that we have started to see routine immunization bounce back in a number of countries. What you can see here is the timeline of service delivery over the course of 2020, comparing the number of children reached with 2019. And there was a huge drop during the first wave last year in April-May, but then over the course of the rest of the year, it picked up. And in fact, in some months more children were being immunized as countries caught up, than have been in the same year 2019. A number of countries have since gone through, or are going through a significant second wave. And so, this picture may no longer look as rosy. We don't have the data yet across all countries to be able to measure that, but I think what is clear is that, countries health systems and regionalization programs will continue to be dealing with huge pressure and disruption, aside from the introduction of COVAX. Next slide please.

Alex Jonquieres (00:21:32):

And of course, what COVID-19 vaccine will require is immense. This is an unprecedented challenge. We're talking about trying to reach over 800 million people with COVID vaccines in the 92 AMC countries. As a comparison, all the countries Gavi has supported since 2000 have reached about 820 million people with routine immunization with our support. And so, it just gives a sense of the scale of what these countries are trying to do in a very short period of time. WHO has estimated, that between 90,000 and 400,000 more health workers will be needed, just to reach 20% of the population, while maintaining current services. It's a wide range, because it depends what you assume in terms of how efficient health workers can be. But even if you are at the bottom of the range, it's a pretty large percentage increase in the current health workforce.

Alex Jonquieres (00:22:31):

And of course, we're talking about reaching new target populations, who we need to identify and reach, not just once but twice, which brings with it all sorts of new challenges. I also want to highlight then, of course, the deployment, the COVID-19 vaccine presents significant risk, not just on the supply side and the service delivery side, but also in terms of community perception and demand for immunization. Given many of the concerns that we're seeing around the safety of these vaccines, and the rest of that could spill over into attitudes to other routine vaccines. Next slide, please.

Alex Jonquieres (00:23:13):

On the flip side, though, this is a huge opportunity, to strengthen the health systems and re-imagine immunization. And I think that echoes what Folake was saying, this is a huge challenge and add as a crisis,

but in every challenge in every crisis, there is an opportunity to do things differently, and to build, rebuild the systems and improve the way we work. I wanted to highlight three particular areas which I see as opportunities. One, is really increasing the political commitment to immunization, and not just to immunization, but to strong and equitable immunization. I've highlighted the bottom here, shown at the bottom here, a slide which captures all the heads of state who joined Gavi's pledging conference for our replenishment last year.

Alex Jonquieres (00:24:03):

When I joined Gavi, a lot of people would ask me, even until probably 2017, 2018, what Gavi was, what we did. We were not, as an organization, very well known. And immunization, as an area, was not necessarily very well known. And now everyone is talking about vaccines, and everyone is seeing the importance of immunization, and of reaching everyone and ensuring everyone has equitably to reach with immunization, recognizing that has to be a global priority. And so, there is an opportunity, I think, coming out of this, to ensure that political commitment across the globe to immunization, which for a long time was so taken for granted as a fairly routine program, even the name routine, I think gave people the sense that this was nothing special. And now, I think we have an opportunity to make sure that people really see this as a priority going forward.

Alex Jonquieres (00:24:54):

It's also an opportunity to strengthen health systems and service delivery. The numbers I showed on the last slide are enormous and they are daunting. But if we do it right, and if we support countries to do it right, we should be building, strengthening systems with a legacy that can last into the future. Because as we strengthen the supply chains for COVID or as we increase the health workforce for COVID, or as we strengthen our community engagement for COVID, that will have a beneficial effect, not just for the near-term scale up for COVID vaccine but for long-term routine immunization programs. The third opportunity I think, is to scale-up innovation and transform the way we work. There's both an opportunity, and frankly a need to introduce new ways of working, given the unique challenges of COVID vaccine scale-up. And this is something which, if we get it right, can create a legacy of innovation, and introducing some of the new tools and approaches which countries will need, not just for COVID vaccine but for routine immunization and primary health care going forward. Next slide, please. To double click on a couple of these areas, equity is both the organizing principle for our 5.0 strategy, our '21 to '25 structures in Alliance, as well as Immunization Agenda 2030, which for Folake spoke to. Getting countries to focus on these populations, has not always been easy. If you look at the progress Folake showed in terms of immunization coverage, the number of fully immunized children has continued to grow. But the numbers zero days children has

remained stubbornly flat. And that's because, most of the progress has come by ensuring that children who were being reached with some vaccines are being fully immunized. So, there are communities who are being persistently missed, and those are often the most marginalized communities. Two thirds of them live below the poverty line. They tend not to have access to other services and they often face acute social, cultural, and gender related barriers to accessing vaccines.

Alex Jonquieres (00:26:58):

Reaching these communities is going to be critical both to control COVID-19, but also for other vaccine preventable diseases. These are often the same communities that suffer outbreaks of measles, for example. And COVID-19 is going to shine a spotlight on the importance of equity, and reaching every community with immunization. We should do it because it's right, but also because it will become so many people want to do, because it's what we need to do, to ensure that everyone is safe. The next slide. I want to talk through this in detail, but these are some of the areas where there are opportunities for us to strengthen the health system. I think, through the COVID response, but that strengthening program planning and oversight, augmenting the workforce, strengthened supply chain, strengthening community engagement demand, or surveillance. There's just some areas where it's going to have to happen for COVID vaccine.

Alex Jonquieres (00:27:54):

And if we plan it right, and we ensure it's done, as part of an overall integrated approach to immunization and primary health care, you can strengthen the broader system. And moreover, on the right hand side of the slide, we have many vaccines coming down the pipe, which are going to require delivery to non-infant populations. And so a number of these are very exciting vaccines. We just heard the news on the new data on the malaria vaccine, and countries will need new platforms to be able to deliver these to new populations. In any case, COVID vaccine rollout can provide an opportunity to build those platforms. Next slide please.

Alex Jonquieres (00:28:34):

And then lastly, on innovation, these are some of the areas that the cross partner working group that leading the rollout of COVID vaccine has identified as opportunities for innovation. Whether it's about digital tools to manage the infodemic and vaccine hesitancy, whether it's about more digitally enabled micro planning, new tools to trace vaccines and to detect counterfeits, or smart vaccine certificates. These

are all things that will be needed for COVID-19 rollout. And which if we introduce them for COVID-19 vaccines, can also be used for longer term system strengthening. Lastly, on next slide please. So, I think there is an opportunity. In fact, there is clearly an opportunity and I think everyone recognized the opportunity. One of the key questions is, how do we, collectively as a health community, best of all countries to take that opportunity given they are in the midst of one of the greatest health crises in decades?

Alex Jonquieres (00:29:38):

And while the opportunity is clearly there, making it easy to do these things, is not necessarily front of mind. And so, these are some ideas in terms of what we can do. I think we can continue political engagement, ensure that we continue to focus on the importance of routine immunization equity, as key to stopping, not just COVID-19, but other epidemics moving forward. I think alignment on the vision across partners, and being clear collectively on, where are the key areas of opportunity, so we're all speaking with one voice. Providing dedicated funding, and making sure that funding's not just focused on immediate COVID-19 vaccine rollout in the next three months or six months, but supporting longer term investments in system strengthening and innovation will be important. And we're very grateful that USAID has provided Gavi with \$500 million of funding, to support the delivery of these vaccines with a focus on how we help strengthen the underlying systems.

Alex Jonquieres (00:30:39):

I think that's a great example of the type of funding that would be needed. And then ensuring countries have the right technical support and guidance, and as much as possible bringing solutions that are easy to implement, not cookie cutter, because every country will need to tailor, but that making it as easy as possible to access these new innovations. So, those are some of the ideas, but one thing I'd love to hear from the seminars, other ideas on how else we can best, as a community be working with and supporting countries to take the opportunity of COVID vaccine roll out, to strengthen their underlying systems. Thank you so much, Grace. And back to you.

Grace Chee (00:31:11):

Thanks so much, Alex. That was excellent and very informative presentation. And I think the commitment that we see between USAID and Gavi to work together, and align the policies is really what's needed here. Before we move to our next speaker, who we wanted to get some feedback from everyone on the call

today. So, please respond to our poll, which you'll see right here. And the question for you is, what do you see as opportunities for leveraging COVID-19 vaccinations to improve immunization and other services?

Grace Chee (00:31:48):

We'll give everyone a minute to respond to the poll. Some choices are more political than public awareness, about the importance of immunization, improving health worker skills, to communicate about the importance of immunization, making use of new equipment for cold chain and information systems, a new mindset oriented towards designing service delivery to reach priority populations, expanding the engagement of partners including communities, non-health partners, etc., To support immunization. Or if you have another suggestion or another thought, feel free to type that in the chat box. So, please go ahead and vote, choose no more than two. And we'll just give, maybe a few seconds for everyone to vote, you'll have to prioritize how many.

Grace Chee (00:32:39):

Ben, do we see, should we go ahead and close the poll? And we can share the results? So, it seems some of the highest is around, focusing on getting more political and public awareness about the importance of immunization. There's a close tie around the mindset toward designing service delivery to reach priority populations, and extending engagement of new types of partners. So I think we will hear more about some of that in our next presentation, hopefully. So, maybe if we can move on to that, I'll go ahead and introduce our third speaker, Dr. Graca Matsinhe, to talk about Mozambique's experience with COVID-19 vaccination, and opportunities to strengthen routine immunization. Dr. Matsinhe is a Medical Doctor working in Disease Control and Health Systems Management for the last 10 years. After working for three years as a physician and Director of a district hospital in a rural area Mozambique, she completed in 2012, a master's degree in Public Health, Health Systems Management and Policy at the Institute of Tropical Medicine in Antwerp, Belgium.

Grace Chee (00:34:06):

She served as the Director of the National Malaria Control Program from 2012 to 2014. And she's been the Director of the expanded program of immunization since 2014. In her current role, she has been leading the COVID-19 vaccination response, as well as ensuring continuity of routine immunization. Her responsibilities include the design development and coordination of implementation of immunization programs, resource mobilization, coordination of grant implementation, as well as management of

financial and human resources. So, Dr. Graca has joined our webinar today, but we had recorded her presentation, in case of technology issues. So, we will be hearing a prerecorded presentation right now, but her line does seem to be doing well today. So, she will be available during Q&A. So, if you have any questions, please feel free to put them in the Q&A box. And I think we can start the tape.

Graca Matsinhe (00:35:07):

Greetings everybody. My name is Graca Matsinhe. I'm a medical doctor and I'm working as the National EPA Manager in Ministry of Health Mozambique. It's such a pleasure being here today, to share the experience of Mozambique and COVID-19 vaccination. And I'll be taking you through a presentation, and then after that, we can proceed with discussion. Next slide please. Well, so to get started, I want to give you a brief insight of where we are in terms of COVID-19 vaccine rollouts. We, as a country, we subscribe to the COVAX mechanism, but we also mobilize additional resources, in order to make sure that all the eligible population will have access to the vaccine. We started rolling out the vaccination last month, March, and it's a national rollout, taking into account the priority groups that were previously defined. So, in terms of access supply, we have projected to receive 12 million vaccine doses via the COVAX facility.

Graca Matsinhe (00:36:27):

And this will be enough to cover 10% of the population. But as I mentioned, we started bilateral procurement to secure additional vaccines, and we expect to have 34% of the population. In total, we expect to cover 54%, which is the eligible population for the COVID-19 vaccination. We have received so far 484,000 doses from AstraZeneca vaccine. And part of this was donated by the Indian government, which is a 100,000 doses of vaccine. We also received 200,000 doses of a Sinopharm vaccine, which was the donated by China government. We still expect to get additional doses from AstraZeneca, and it's expected to arrive by May 2021. So, in order to implement the vaccination campaign, we had to undertake some major activities, like training the health workers, because this is a new product. And we had to make sure that all health workers involved have adequate training from central level to the most peripheral level.

Graca Matsinhe (00:37:52):

We also conducted some studies in order to evaluate the acceptability of vaccine. And we started activities of health promotion. We're focusing the promotion of COVID-19 vaccination, especially in the priority groups. So, as we started the implementation of the vaccination campaign in March, we already vaccinated the health professionals. And we also started to vaccinate the diabetics, since this is a very important

group of risk. We started the second phase of vaccination in April 19th. And the second phase, we'll be vaccinating a bigger group than the first phase. But it also had to work in the M&E. We defined a COVID-19 indicators, data collection tools and metals, and also data validation mechanisms, and this is still ongoing. And it's something that will keep evolving, because this COVID-19 vaccination is totally new, and it's a learning process. So as we learn, as we gather experience, we have to adapt our way of delivering this vaccination. Next slide, please.

Graca Matsinhe (00:39:26):

So, in order to implement the vaccination in a transparent and clear manner, the Ministry of Health has developed the national vaccination plan, which was developed both by the Ministry of Health and the health partners. And this vaccination plan expects to vaccinate 54% of the Mozambican population. And this will happen in four phases. So the first phase, which has started in March, and the second phase just started this month of April. And we expect to continue vaccinating throughout this year and 2022. This is mainly because, the availability of vaccine is still very limited around the world. And as we get more vaccine, we will be including more groups to be vaccinated. Next slide. So, the COVID-19 has posed a challenge for the health system, and we had to very rapidly re-adapt ourselves in order to make sure that the service delivery is continuous. So, there're some things that we have been considering, in order to make sure that we don't stop the routine immunization, and I will go through two essential aspects that we consider, that we can look to. The first one, is to redesign or re-adapt the whole health worker capacity building. And the second one, is to strengthen the community engagement. Next slide.

Graca Matsinhe (00:41:25):

When it comes to health worker capacity building, we identify some challenges under COVID-19. The first one, is that COVID-19 make it difficult to gather people for face-to-face training, because of the restrictions that we all are aware of. And we also had the supervision visits disrupted for some time. Mainly because of the messages that were passed early in the beginning of the pandemic in Mozambique, which was very misunderstood, because people told that they had to stay at home, and not do any other activity outside of the place where they are confined. So, we had to stop the supervision visits, and this has impacted greatly in the coverage, during the period where the supervision had stopped. The other aspect that is important to mention is that, health workers are overburdened with COVID-19 response.

Graca Matsinhe (00:42:42):

And also that for COVID-19 vaccination health workers will frequently need new information, such as vaccine characteristics, certain supply groups, which change very frequently. So, it's very important to keep updating health workers with this new information. The final thing is that, health workers also need interpersonal communication skills to address client concerns. I think this is something that has been observed everywhere. People didn't have so much information about COVID-19 and there's a lot of rumors throughout the whole COVID problem. So, it's very crucial that health workers have this ability to communicate and to address clients concerns very efficiently. So, this is something that is important to look at as well. Next slide.

Graca Matsinhe (00:43:49):

So, when we look at the health worker and capacity building, there are some improvements that can be applied to routine immunization. The first one is, obviously to reorient training to include remote or blended training, with very specific content. This is something that we have learned very well during this pandemic, because since people cannot gather, we have almost all of the remote training, to make sure that people get updated. And this means obviously, to increase the use of technology, I'm talking about WhatsApp, Zoom, or other platform for training, reporting and communication, that feedback.

Graca Matsinhe (00:44:35):

It's also important to develop online platforms, that will allow two way communication. Here, we want to have the health workers having a direct contact with EPI through questions or any other concern. And then, we also want to have this feedback from the EPI to the health workers in order to respond to the concerns in a timely manner. We also think that improving supervision. It's essential, so that we keep supporting the health workers at the facility level. And finally, to improve data monitoring. And data quality to a regular meetings, even if it's via Zoom or WhatsApp, the continuance of these meetings for that monitoring is very important. Next slide.

Graca Matsinhe (00:45:36):

So, when it comes to community engagement to demand and service delivery, some of the challenges that we have faced during this COVID pandemic. First one is was the fear associated with limited knowledge about the disease. And this has affected the utilization of health services, including immunization, which resulted in lower immunization coverage rates in 2020. We also had the rest of the disruptions on vaccine supply. This was mainly because, in the initial stages of the pandemic, almost all flights were suspended.

And since we getting vaccines from abroad, it could only be affected because there were no flights in, and then we couldn't get vaccine. And as it was affected at the national level, it replicated in the lower levels of the system.

Graca Matsinhe (00:46:35):

One other thing that we're noticing is that, there is some reluctance to accept COVID-19 vaccine. And this is basically because of limited knowledge on the vaccines, but it's also because of all the rumors that we're hearing in the social media. And then finally, we think that more communication is needed with provincial and district authorities and general public, so that we can raise awareness, both on the disease, but also in the importance of getting vaccinated. Next slide please.

Graca Matsinhe (00:47:16):

Yes. So, in terms of improvements that can be applied to routine immunization. The first one will be naturally to strengthen community engagement, in order to increase demand. We have noticed for all the years that, having a community that is very well informed and very well engaged, it's a game changer when it comes to demand of health services. We also look at developing health workers in the personal communication skills to discuss the importance of vaccination. And also to empower them to make informed decisions, especially when it has to do with providing good services to the beneficiaries.

Graca Matsinhe (00:48:03):

We also think on strengthening and tailoring micro planning combined with mapping of communities to identify vaccinating priority populations. And also adapting service delivery strategy for the priority populations. Next slide.

Graca Matsinhe (00:48:29):

Finally, how can we mitigate the potential risks? The first point here that I want to stress is the need to keep health workers motivated. COVID-19 has posed a very big burden to health workers, but not all of them because some of them have kept working in the same rhythm. But for those who were overburdened, we think on task-sharing and delegation of tasks. And we also think on recognizing high-performing health

workers with non-financial compensation because this can really keep them motivated. With efforts related to COVID-19 there is a potential risk of routine immunization becoming on second place. So to mitigate this, we want to look at integration of COVID-19 vaccination and routine immunization, especially because we think that this can leverage resources available.

Graca Matsinhe (00:49:28):

And it's also critical to involve relevant stakeholders throughout the planning processes where mapping or budgetary gap is undertaken. And also it's important to ensure good accountability for all stakeholders. Having a mechanism for regular accountability and transparency might be helpful for advocacy. And to address demand challenges, we think that having a robust communication strategy that is focused on community education and engagement is very important, especially because community leaders are very credible and they can easily transmit the appropriate messages to respond to rumors and misinformation at the community level. And I think also that continuing to use the diverse social media platforms can also be of an added value. Next slide.

Graca Matsinhe (00:50:36):

So what is needed to make best use of COVID-19 opportunity? The first thing, and maybe the most important, is that we need to integrate COVID-19 vaccination with routine immunization, especially because there is a potential to maximize resources available and maintain routine immunization as a high priority. To achieve this, we think on transitioning away from campaign delivery to continuous routine delivery of vaccination in health facilities, and gradually change the approach because now we are more into emergency approach, which is not sustainable. The other point is that immunization partners can help EPI to build a case to politicians in terms of importance of immunization by showing results of childhood immunization, risks of immunity gaps, and then the appropriate resource needs. Looking at those two major points that I mentioned, I think that we can make a very good use of the COVID-19 opportunity, which has brought so many lessons to the health systems. Next slide. And that's all. Thank you so much for your attention.

Grace Chee (00:52:10):

That was an excellent presentation. As I said, it was recorded yesterday. Please continue. We're receiving lots of questions, so please continue to add them to the Q&A box. Before we move on to the final speaker, we have a second poll question for you. And this is, what are the key challenges in the places where you

work in vaccinating priority populations? Again, please choose no more than two options. And the options are insufficient global vaccine supply, weak planning and coordination with districts and health facilities, lack of funding for program costs such as health worker training, communications, adapting, monitoring systems, et cetera, trust and acceptance of the vaccine. And you may also choose other and go ahead and type your answers in the chat box.

Grace Chee (00:53:05):

Maybe we'll just give it another five or 10 seconds before we close the poll. Ben, how's it looking? If most people have voted, we can go ahead and close it and see what the answers are. This is very much split among the key challenges, which maybe I will take that to mean that these are all immensely important in all of the places that we're working, so something that we all need to be trying to address, but it seems the highest is around the trust and acceptance of the vaccine. So I think with that I will move on to our last presentation. I know everyone wants to have their questions answered as well, and we will have plenty of time for that. So let me introduce our last speaker, who is Rebecca Fields. Rebecca serves as the Immunization Technical Lead for the USAID's Momentum Routine Immunization Project with over 35 years of experience in immunization.

Grace Chee (00:54:21):

She's served in technical capacities and USAID global leadership projects as well as on programs supported by the Bill and Melinda Gates Foundation, WHO, Gavi, and UNICEF. In addition to supporting countries to strengthen routine immunization systems, she's authored and co-authored several publications including Immunization Essentials: A Practical Field Guide, USAID's e-learning course on immunization, country guidance documents for the WHO on vaccination in the second year of life, and periodic intensification of routine immunization or PIRIs. She serves on Gavi's Measles-Rubella technical working group, the steering committee of the Community of Practice for Nutrition, Family Planning, Immunization Integration, and previously on WHO's Vaccine Delivery Technology working group, and the advisory group of the Teach to Reach Summit for immunization. So over to you, Rebecca,

Rebecca Fields (00:55:13):

Thank you very much, Grace. And welcome, greetings to everybody. Good morning, good afternoon, good evening. I'm going to pick up on some of the points that some of the previous speakers have already made and expand on them a little bit, all within the overall theme of this webinar on looking at both the

challenges and the opportunities for improving routine immunization, even in the context of COVID-19 vaccine introduction. Next slide, please.

Rebecca Fields (00:55:46):

So we need to think not just about what is going on right now with the crisis situation that Grace described at the beginning of this presentation, but also expanding our vision from the present into the future. And we've already heard from our previous speakers, from Valakae, from Alex, from Dr. Matsine about both some of the current challenges and what some of those opportunities are. We know that the current situation brings unprecedented circumstances both with the pandemic, with the development of the vaccine, and introducing it all at a record speed. We know that right now there's more attention on vaccines and immunization worldwide than probably at any time in the past. And of course we all know the immense challenges that we've just been hearing about from Mozambique and elsewhere in virtually every program area for introducing COVID-19 vaccination.

Rebecca Fields (00:56:44):

So we know that's going on right now, but if we were to look three or four years into the future, if we were to put ourselves into that future situation and look back, what could we say that we did, introduced, practices that we changed as a result of the current crisis? And the current incredible stressors on health systems and immunization in particular associated with rapid introduction of COVID-19 vaccine? That's what I want to talk about over the next few minutes. Next slide, please.

Rebecca Fields (00:57:20):

And in doing so, I'm going to focus on just three areas. Of course there are many different program areas that we could talk about, but in the interest of some focus, just talking about three. One is to further build up our discussion around not just rumors and misinformation about COVID-19 vaccine, but about really our goal, which is to build confidence in COVID-19 vaccine so as to promote its uptake. I'll talk about closing gaps at the subnational level on planning, coordination, and communication. And third, a huge challenge about addressing funding needs for COVID-19 vaccine rollout. And really the overarching question here is how can we apply learning from experiences in these areas right now with COVID-19 vaccine introduction for future strategies and activities to break through some of the barriers that we're facing now with disruptions to services, but also some of the barriers that we've faced in the past in terms of improving equity for immunization? Next slide, please. Just starting with the first area, building confidence in COVID-

19 vaccine. We've already talked about some of the current issues. We know that rumors and misinformation are spreading largely through social media, but not exclusively. We know that there are suspicions around the novelty of the vaccine. What are perceived as the side effects, which may be different from the real side effects or the adverse events following immunization. There's concern about efficacy against emerging variants of the virus. One thing that has become very clear that probably didn't get as much attention as it needed many months ago was that health workers play a really critical role in the uptake of COVID-19 vaccine and really of any vaccine, and their reluctance or at least ambivalence to accept the new vaccine is something that really needs to be addressed.

Rebecca Fields (00:59:21):

And then finally, as we've already been hearing, there's a fear that COVID-19... Suspicions around COVID-19 vaccine could potentially spill over and reduce the use of other vaccines provided for childhood vaccination, for routine immunization. So of course in the immediate term we need to take some steps to mitigate these challenges. We need to track rumors, but the purpose of tracking the rumors is not just to track them, it's really to put that information to use in rapidly adjusting the demand strategies. And possibly not just strategies for demand. Possibly for service delivery as well.

Rebecca Fields (01:00:00):

One thing that I haven't heard talked about much is engaging those early acceptors, those who have decided to go ahead with the vaccine, to give their testimony and persuade later acceptors of the safety, of the efficacy of the vaccine. This is taking an assets-based approach rather than focusing just on what is going wrong. And as things change over time, as more experience accrues with using the vaccine, we really want to take into account, as much as possible, the testimonies and the experience of those who have accepted it. We're already seeing increased active community participation in communication, but also in planning. And we're also needing to realize... We're realizing that we need to learn health workers' specific concerns about why they may or may not want to accept COVID-19 vaccine in order to define tailored strategies, that address their specific concerns. They may want to hear from their peers.

Rebecca Fields (01:01:02):

They may want to hear from the institutions that they graduated from. They may want a policy that protects them, that indemnifies them in the event that the people that they vaccinate have adverse events following immunization. This is an issue that we've seen come up in the past. And finally, we need to set up

peer learning mechanisms for the rapid sharing and problem solving of experience. And I think that Dr. Graca spoke about that a couple of minutes ago. But looking ahead for improvements for routine immunization in the longer term, really, if we've instituted the practice of monitoring for rumors, we could continue that practice to look out for rumors about routine immunization, to improve strategies for routine immunization. We certainly can continue to build on the emerging attention around the need for health worker competency in interpersonal communication, and build that out. Traditionally this has been recognized, but only on a small scale. Recognized, I mean that health workers are really important, credible sources of information.

Rebecca Fields (01:02:09):

Usually there's an hour or two at the end of a five day training of health personnel on interpersonal communication. I think we now have recognition of just how vital an area this is and what a core competency it is for health workers. We really need to keep that going. Likewise, we need to continue the community participation that is now taking a prominent role in COVID vaccine introduction in order to really solidify demand for and trust of immunization over the long term. To really increase resilience with regard to the immunization system and raise awareness of the communities that are not being reached right now. And finally, we need to continue to work with social and mass media, as we're stepping up to do now, on accurate messaging around immunization over the longer term. Next slide, please. Moving on to closing gaps in subnational coordination, planning, and communications. Well, current issues include that there's a lack of prior experience in reaching the non-traditional priority groups for immunization with COVID-19. We haven't reached them before. We don't have good estimates of their sizes. They're flying the plane as we're building it, as they say, and that means we're on a very, very steep learning curve with information on that topic. National guidelines are quickly being generated, and they are essential. They contain good information but they may not reflect the local realities in different parts of a country. There may be... There often are variations within countries. And another thing that we're seeing is that there is not necessarily well-coordinated communication between the national levels and the subnational levels with regard to the arrivals and shipments of vaccines, which vaccines, where are they going? What does this mean in terms of implications for training, for service delivery, and so forth?

Rebecca Fields (01:04:09):

And then I mentioned, again, outdated or non-existent estimates of priority populations for COVID-19 vaccination. There are no validated, longstanding standard operating procedures for vaccinating these groups. So in the immediate term, in terms of mitigation, we really need to work on bottom-up micro planning based on the local estimates of priority groups. And to do so, this is a fantastic opportunity to

partner with those that we don't necessarily work with traditionally in immunization. Work with local NGOs, work with local groups that, for example, provide support for those who are diabetics or those who provide services for persons with disability or with HIV/AIDS, or tuberculosis. We traditionally haven't worked with those groups before. And then finally we need to continue to strengthen coordination mechanisms across subnational and national levels so that really, as we're doing the micro planning, those numbers that we use for micro planning at that very local level, to determine where and when to provide services, that those numbers, the assumptions that we use for those figures feed up into the macro planning, not just staying at the micro planning level.

Rebecca Fields (01:05:24):

And so over the longer term for improving routine immunization, we can really advocate for using those vocally-derived estimates of populations for planning. Planning for COVID vaccinations but also for life course vaccination and also for other services that adults need but which they may not be getting as much as they need to right now. And certainly we can promote acceptance of those local estimates by the national levels for their macro planning. And finally, we really want to routinize that kind of community participation in planning life course services and in recognizing where the missed populations have been and how we can get to them in the future. Next slide, please. For the third and final topic here that I'm discussing today, this is about addressing funding needs for COVID-19 vaccine rollout. Of course this is a huge issue right now. It's an immediate concern, and there are several current issues. And some of them, again, we can recognize as opportunities. There's growing recognition in ways that we have not seen in the past that vaccines do not equal vaccination. It's one thing to have good, high efficacy, safe vaccine. But to actually protect people against COVID-19 with it, we need to look at all the other components of the immunization program. Service delivery, supply chain management, health worker capacity building beyond just the training, as Dr. Graca had mentioned earlier. Demand creation, community engagement, data management. All of these have their own associated costs, however most countries did not include these costs in their 2021 health budgets. And I'll show a little information on that in a moment. And we've also seen, from some initial analyses, that service delivery costs for COVID vaccine specifically account for about 20% of government health expenditures in low income countries. So there's really an urgent need to recognize what those operational costs are and budget for them, and have funding flowing for them, rapidly. And this is all exacerbated by the challenge of the short shelf life for the vaccines. Next slide, please.

Rebecca Fields (01:07:52):

This is an analysis that I believe UNICEF did they presented on this about a month ago, and this is estimating the delivery and HR, human resource, surge costs to vaccinate the first 20% of the population in advanced market commitment economies participating in COVAX, showing that it equals almost 20% of government health expenditures in low-income countries, as you can see over here and the left-hand bar. So there's a proportionally higher burden for these costs in terms of the overall global health expenditures in low income countries, and somewhat lower in lower and middle income countries and in upper middle income countries. Next slide, please.

Rebecca Fields (01:08:41):

And again, in this same presentation from UNICEF, reviewing 2020 / 2021 or 2021 health budgets in those AMC countries, there were really very few countries that actually budgeted for COVID-19 vaccine. Only in 11% and 12% of 2021 health budgets. In Honduras, we can see that there was a considerable increase in the health budget, 14.2%, just due to COVID-19 vaccine. That included the vaccines themselves. And then in some countries, we see that Senegal Bhutan, Cameroon, Congo, PNG have all budgeted for COVID-19 responses, but that means that there are a number of countries that have not done so and for which the need is really still there to build up the capacity for identifying what the costs are for developing budget estimates of them, and then actually mobilizing the funding to address them. Next slide, please.

Rebecca Fields (01:09:44):

So jumping down to the bottom left here, mitigation in the immediate term. Of course it almost goes without saying that there is a need to expedite the disbursement of funding from the World Bank and Gavi for those operational costs. There's an urgent need for that given especially the short shelf life of the COVID-19 vaccine. Clear global guidance is needed on the expectations of countries as far as what they are going to assume in terms of covering the costs for vaccination. And that guidance needs to be truth tested, really taking into account, what is feasible for countries to cover? And who is it at the different administrative levels who covers those costs? Who is expected to cover those costs? Is it the district level? Is it the health facility level? How does that align with their current budgeting practices and with the budget and resource envelopes that they have available to them?

Rebecca Fields (01:10:42):

It's very likely that we need to mobilize additional resources from outside the health sector, which takes us into some new areas with new partnerships. And given that new funding is coming in from different places,

we need to encourage transparency and the use of on-budget donor contributions to really coordinate how funding is coming in, how it's being managed and used. Over the long-term, it is challenging to find, to really think about what the improvements are for routine immunization given the current situation with funding for operational costs, however I think we can say that this situation is going to force us to have a better appreciation and a better basis for planning the operational costs for immunization, particularly for life course vaccination, for which we haven't had a great basis for developing those operational costs. And as Dr. Graca mentioned earlier, it will create an increased understanding of the need to invest in immunization and disease control to avoid the devastation, the total disruption, and the economic toll of the outbreak that we're seeing currently. Next slide, please.

Rebecca Fields (01:11:52):

So in conclusion, of course COVID-19 vaccination poses huge challenges to immunization and to other essential health services, and real time...

Rebecca Fields (01:12:03):

And to other essential health services. And real time attention and resources are needed right now to address them. Over the longer term though, this current experience, if we can capture it, may be transformative to address some of the longstanding challenges that existed before the COVID pandemic hit, in order to improve equity for routine immunization and other services as well. Immunization doesn't exist in a vacuum.

Rebecca Fields (01:12:28):

So, some of these issues that I've just been describing today are going to vary across different countries and across different settings. And they'll vary across different program areas, I didn't go through all of them today. Supply chain management will have its own issues, human resource management and capacity building as Dr. Graca mentioned obviously has its issues, information for action, same thing, and same thing with service delivery recognizing that this is really an opportunity to look outside of immunization towards integrated services as well. And so this kind of exercise of really thinking through what are the issues, what are the threats to routine immunization, what are the opportunities, what are the mitigation activities and what could we be aiming for over the long-term to strengthen routine immunization, which eventually may include COVID-19 vaccination, this is something that we need to start doing in the real term right now.

Rebecca Fields (01:13:22):

Thank you very much, last slide.

Grace Chee (01:13:26):

Thanks very much for that presentation and especially for highlighting some of the challenges around financing, as well as vaccine confidence. And I want to thank everyone on the call for their patience and waiting for responses to their questions. Let me apologize now we won't have time to get to all of them, but we'll try to get to as many as we can in the next 15 or 20 minutes. I sort of chose several and I'll read out I think, two or three, and I want to address them to some specific speakers and give them a chance to think about their remarks. So, first one question, it's from Martha Cole is what are the big ways a government can show increase commitment to immunization? Are we seeing any movement toward this? So maybe I'll ask for Folake and Alex both to address that.

Grace Chee (01:14:17):

Another question from David Brown, which maybe, actually the second question let me ask for Dr. Graca to jump in, which is a question from Raphael Harold, how are you monitoring coverage of the targeted populations, for example, frontline workers, people with low morbidity, the elderly? And also a second question is how are we engaging community leaders in Mozambique?

Grace Chee (01:14:47):

And then maybe the third question I'll ask Rebecca to address, which is are there, and we know I think the answer is yes, but maybe you can expand on this, are there concerns about absorptive capacity, too much too fast is a recipe for failure?

Grace Chee (01:15:04):

So maybe first I'll turn it over to Folake then Alex.

Dr. Folake Olayinka (01:15:15):

Thank you very much, Grace. And really the questions in the chat have been very stimulating and very thought provoking. Just to speak to the issue on how governments can show increased political commitment to immunization programs, Grace, I think this is really an issue for everyone. I wish we had asked that Dr. Graca to speak to that also. So maybe if we have time, that would be great as well. But I think the critical thing is to really see ourselves as everyone having a critical stake in ending the COVID-19 pandemic. And I think that's got to be the overarching viewpoint for any government and the commitment to saving lives, protecting, reducing the overwhelming of the health systems. These have got to be at the core, and also coordination.

Dr. Folake Olayinka (01:16:32):

One thing that we clearly know is that no one is safe until we're all safe. And we've heard this echoed many times. And so governments, in terms of their political will at the highest level, demonstrating, putting in the policies, the systems, the right personnel, the decision-making, and put transparency in their processes and in the decision-making process, using the data and the evidence and the science to guide decision-making. And I would say really also establishing and engaging in the platforms for a multi-sectoral collaboration and engagement within countries and across countries.

Dr. Folake Olayinka (01:17:20):

I think these are some of the things that we really need to think about in terms of the political will and momentum. And again resources, mobilizing resources from multiple sources, including private sector, including new and innovative sources. And I think, again, stepping at this particular question, this has got to be an all inclusive process for us to make inputs. I'll stop here. Thanks.

Grace Chee (01:18:03):

Thanks Folake. And we can actually ask Dr. Graca to also speak to that. Maybe first we'll turn to Alex.

Alex Jonquieres (01:18:10):

Great. And thank you for the question. Now I might swap it around to start with the second bit first. I think we have seen progress, real progress occur over the last couple of decades. To give a few examples of that, 50% more children were immunized with three doses of DTP vaccine in 2019 and in 2000. That's a huge increase in the number of children being reached in a dozen Gavi supported countries, but those are the poorest countries in the world. And so they have managed to, despite the challenges the health systems face, massively scaled up the reach and progress of their immunization programs. 20 countries have transitioned out of Gavi support, or almost 20, and taken on the full cost of their vaccination programs. Since Gavi was created, not a single one of those countries has dropped a vaccine that was introduced with Gavi support.

Alex Jonquieres (01:19:11):

And so again, I can guess another example of countries really taking on these programs and doing things which 20 years ago, people thought wasn't possible. There was a lot of discussion when Gavi was created about, are these new vaccines sustainable, can countries sustain them, is this realistic. And countries have shown that not only they can, but are doing so. And I think the political visibility of immunization has increased significantly too. And especially in Africa, heads of states have committed to, have made specific amendments to immunization, which I think is a sign of both visibility and commitment to immunization. In terms of what more could we look for, I do think equity is an important piece of this. There are communities who could have been missed year after year, decade after decade. And they're often being missed, not just because there are weaknesses in the health system, they're being missed for other reasons, some of the political. And I think if we're really serious about universal health coverage, if we're really serious about equitable immunization, which we need, to ensure that we can actually control vaccine-preventable diseases and epidemics, then we need to see the commitment to reach everyone and reach every community with these vaccines.

Alex Jonquieres (01:20:36):

I think the second piece is around accountability. And one of the things that we have seen in the last few years is where leaders have stepped up and said, not only are we committed to immunization, but we're going to engage personally in monitoring and understanding how things are going and holding all programs to account for delivery, we've seen the most progress. And so with the Mashako plan in DRC, whether it's the progress that was made in Punjab province in Pakistan where they made very dramatic progress, even Chad more recently, it's seen political leaders not just making political commitment, but actually holding their programs accountable for delivering against those commitments, which has been critical.

Alex Jonquieres (01:21:22):

And then I think the third thing I would say is, I think that innovation and new ways of working are incumbent on all of us, but they are also something which takes political commitment. If I take measles campaigns, for example, we've been doing measles campaigns the same way for decades, and we missed the same children time after time. And changing that is both a technical challenge, how can we do better, but it's also a political one, because there are interest involved in keeping the campaigns organized to where they are organized and continue to do national wide scale campaigns everywhere. And I think that's just an example of if we want to do work differently, it takes political leadership as well as technical engagement to be able to do so. So I think we've made huge progress. I think countries have really shown that they can well introduce new vaccines and reach new children at a scale that was unthinkable two decades ago, but there's more we can do.

Grace Chee (01:22:25):

Thanks Alex. And you bring up a topic which we could spend hours on around measles campaigns, but we won't. I'll ask Dr. Graca if you could respond to, if you'd like, to this question around how governments can show commitment, as well as the other two questions specifically around community engagement and how you're measuring coverage among these priority groups.

Graca Matsinhe (01:22:55):

Thank you, Grace and thank you everyone for these questions and comments that are very insightful. I will start by the last question that was made, which is regarding the community engagement. Well, we in Mozambique have a very historical relationship with the community, which has been strengthening over the years, to the point that we created a structure at the community, which is called a core management committee. This core management committee is composed by community members. Some of them are community leaders, but others are just members of the community. And the main responsibility of this core management committee is to participate in all processes that have to do with the health facility. From the planning processes, when for instance, when we're receiving vaccines or other medical supplies, they are there to ensure accountability and to ensure that what has been sent from the upper level is what the community, the health facility is receiving.

Graca Matsinhe (01:24:03):

So we think that having this core management committee very well educated and informed is the best way to engage community. Because from onsite, they're across the health facility and the health structures, but at the same time, they are very well embedded in the communities. So they have the responsibility of liaising the health facility or health sector to the community. And they are the ones who take all the messages that we need, and they have this very strong power to mobilize the communities in order to accept the vaccine or accept any other intervention that we want to deliver to the community. So this is something that has worked very well in our setting. And will continue to work with these core management committees.

Graca Matsinhe (01:24:58):

And in this specific time of COVID 19, they're the ones who ensure the education of the communities, they are the ones who are mobilizing the communities to accept the vaccinations, especially in the places where there's still some reluctance to accept the vaccines. So this is how we're engaging our community. And it has been working over the years.

Graca Matsinhe (01:25:21):

Regarding the question on monitoring coverage, well this is something very challenging for this COVID-19 vaccination, especially when we look to specific groups like the common facilities, which have limited information at the level of the health facility. Mozambique, I think, like any other low income country, we still face challenges when it comes to patients registries at the health facilities. So it was not very easy first to define those groups and to know where those people are, and now that we are doing the implementation, it's also very challenging to make sure that first we have the eligible people, and second, we are able to track those people.

Graca Matsinhe (01:26:13):

What we did in the planning phase, we defined the target groups based on WHO estimates for some of those groups, like the diabetic patients, but we also did a kind of micro surveys in the provinces and districts, to find out how many people belong to this specific group we do have. I have to say that this is not very accurate, but that's how we defined the target groups and that's the nomination that we are using now in order to monitor vaccination to those groups. So we have our registration tools, people when they

get the vaccine, they are registered, and then we, at the end of each day, we do statistics and then we monitor coverage based on those specific numbers.

Graca Matsinhe (01:27:07):

But I have to repeat, it's not very accurate, but that's the best we can do at this moment. I think overall the most important take is to get people vaccinated. In provided that we had enough doses of vaccine, they're wouldn't be a problem because we could just do for instance, cutoff by age, and then vaccinate everyone. But since we have this limitations in vaccine availability, we had to find a way of ensuring that those who need it the most at ones who are getting the vaccine. It's not perfect, but I think it's working so far. Thank you.

Grace Chee (01:27:47):

Thank you, Dr.Graca. So we only have a few minutes left, but Rebecca, I did want to try and see if you can give us some wisdom around the question about absorptive capacity.

Rebecca Fields (01:28:03):

Yeah. Grace, could you just mention a little bit more about what question is? I'm not seeing it in the chat box now.

Grace Chee (01:28:09):

It's a long question. It said, are there concerns about absorptive capacity, too much too fast as a recipe for failure?

Rebecca Fields (01:28:17):

Yeah, I think that, every country right now probably is feeling the stresses of introducing COVID-19 vaccine so rapidly to non-standard age groups for vaccination, age groups for which as Dr.Graca mentioned, we don't have solid estimates. I think we're also recognizing that in terms of human resources, it's not the

same as a typical outreach session. More human resources are needed for crowd management, to determining eligibility, actually providing vaccination, helping with recording of doses and the observation of vaccinees in the 15 or 30 minute period post-vaccination. And I think that we've seen estimates that over the course of the next year or two, as this surge plays out, there will be a need for additional personnel to come on board to help. And those resources are being mobilized. However, we have the additional concern of maintaining the routine immunization services and other essential health services, even in the midst of the current situation.

Rebecca Fields (01:29:37):

So certainly the answer is yes, there are concerns about the absorptive capacity. We also have to recognize that the situation is going to continue to change and evolve based both on what is happening with the global vaccine markets and the growing knowledge around the duration of the efficacy of the vaccine and the epidemiology of the COVID-19 virus itself. New strategies will have to be elaborated. And as that's the case, it means that there's going to be a continued burden on health systems to update their current thinking, their current policies and strategies, and then to get those policies and strategies actually rolled out and implemented along with the vaccine.

Rebecca Fields (01:30:28):

So the short answer is yes, there are going to be considered new challenges and additional challenges that will be really quite a risk to the absorptive capacity. But I don't think there's any choice about dealing with that situation. I think we have to be very vigilant in trying to break down what it means in specific terms so that we can take action in real time to address and mitigate those issues as quickly as possible.

Grace Chee (01:30:57):

Great. Maybe I'll ask for the Dr. Graca can also chime in here about what might be some ways to try and mitigate some of those challenges.

Graca Matsinhe (01:31:06):

Grace, I'm not sure I understood the question because my network was a bit unstable. If you may repeat the question.

Grace Chee (01:31:12):

Yes. The question is, are there concerns about absorptive capacity, too much too fast is often a recipe for failure?

Graca Matsinhe (01:31:25):

Yes, sure.

Grace Chee (01:31:36):

So this is unfortunate to end in this way. Dr.Graca? So unfortunately we've just lost her connection and we're right at time. So maybe if she does have a response, we can send that out by email. So I apologize for that sort of what was a smooth sailing webinar, for that to end in that way. But I think I will try and wrap up. I just want to thank all the speakers again for joining us today and all of the participants with their active engagement throughout the webinar. We just wanted to ask for two minutes of your time to provide feedback to our webinar. You can click on the link that's now in the chat or use this QR code on the screen, and it'll direct you to a short survey. It only takes about two minutes and the responses are very useful to us.

Grace Chee (01:32:33):

Also in the next few days, you'll be receiving an email with a link to today's recording. So thanks again to both our panelists, as well as our participants. And I wish you all a nice day, good afternoon, a relaxing evening. Thank you all. Bye.

Alex Jonquieres (01:32:53):

Thank you, goodbye.

