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COVID-19 Vaccine
Delivery Partnership

Situation Report

August 2022

IN THIS EDITION

- Overview: Global Situation | 92 Advanced Market Commitment Countries
- 34 countries for concerted support
- Spotlight on coverage of high-priority groups
- Afghanistan and Burkina Faso country case studies

COVID-19 Vaccine
DELIVERY PARTNERSHIP



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

SPOTLIGHT

- **While there is a general slow-down in COVID-19 vaccinations globally, the 34 countries of concerted support continue their acceleration.**

After increases in June and July, August was another month of progress for many of the countries with less than 10% coverage in January. Among the countries with significant progress are Burkina Faso and Malawi, which have passed 10% coverage in the past weeks, Afghanistan and Tanzania, which continue to be on a strong upward trajectory, and Zambia, Côte d'Ivoire and Ethiopia, which have now passed the 30% coverage line.

- **It is critical for countries and partners to focus on reaching high-priority groups, especially when it comes to booster strategies and longer-term integration.**

Strategies like decentralizing vaccination sites and working with trusted community and religious leaders work to reach high-priority groups. In most low- and middle-income countries, health systems are stretched. Countries and partners must take steps to ensure healthcare workers are adequately remunerated. National budgets should cover the salaries of healthcare workers. Partners can support through complementary payment for results schemes for routine activities.

- **To support the acceleration of COVID-19 vaccination in many countries, a new emergency funding window was set up to provide urgent delivery funding to countries.**

With support from Gavi and UNICEF, an additional US\$30 million are now available to support COVID-19 vaccine delivery in the countries with the lowest coverage rates. Additional funding will be required until the end of the year to maintain the current acceleration momentum.

AT A GLANCE

- In August, the world reached the tragic milestone of one million COVID-19 deaths so far in 2022 alone – **total deaths stand at more than 6,400,000.**
- Global vaccine inequity persists – **63%** of the total population across the WHO Member States have completed their primary vaccination, while only **18%** of people in lower-income countries (LICs) have, and **23%** in Africa.
- However, progress is possible, **51%** of the population in AMC92 countries have now completed primary series, up from **28%** in January, and **57%** have received at least one dose.
- The average **primary series coverage rate** among the 34 countries identified for concerted support has increased from just 3% in January to **17%**.
- Vaccination coverage among the people most at-risk remains low, especially in low-income countries where, on average, **24%** of health workers and **54%** of older adults remain unvaccinated.
- In most AMC92 countries, **booster coverage** is below **10%**, and in 30 countries, booster coverage is currently estimated to be below **1%**.

Global situation overview

In the month of August 25 million new COVID-19 cases were reported globally. The number of new monthly deaths increased slightly as compared to the previous month, with 71,137 fatalities reported – primarily in the United States of America, Brazil, and India. However, globally cases and deaths have been in decline since the beginning of August.

With colder weather approaching in the northern hemisphere, it is expected that there will be an increase in cases, hospitalizations, and deaths in the coming months. Subvariants of Omicron are more transmissible than their predecessors, and the risk of more transmissible and more dangerous variants remains.

At end of August, 35% of the world's population have still not received one single dose of a COVID-19 vaccine. However, progress is steady and there is currently strong progress in COVID-19 vaccination in the countries that had the lowest coverage rates in January. Of 194 WHO Member States, only 9 countries have now vaccinated less than 10% of their populations and 64 less than 40%.

In Africa – the region with the lowest average vaccination rate globally – the proportion of the population that has completed their primary series increased slightly from 22% to 23% in August. People vaccinated with at least one dose rose from 28% in July to 29% in August.

The window of opportunity to make progress in COVID-19 vaccination coverage is limited as countries face other public health threats (for example yellow fever, polio, Ebola, monkeypox), and economic and food crises. Coverage rates in humanitarian settings also continue to pose a challenge with uptake by refugees, migrants,

IDPs and people in need of humanitarian assistance generally lagging the coverage of the general population in host countries.

To accelerate vaccination progress in the coming months, there is a need to sharpen the focus on reaching those populations most at risk of severe illness from COVID-19: healthcare workers, people aged 60 and more, and people with co-morbidities, but also populations affected by humanitarian crises. Strategies to reach these populations in the immediate terms will require the leveraging of best practices observed and implemented elsewhere: tailored strategies that respond to these populations' needs (eg. door-to-door campaigns, community mobilization), deliberate targeting and bundling with health services used by high-priority groups, the use of mobile vaccination teams, the mobilization of traditional and religious leaders, etc.). These need to be combined with more deliberate planning and implementation of booster programs, including in routine settings. In the coming months, variant-containing vaccines (VCVs) will become available for use in booster programs. CoVDP and its partners at COVAX will increase efforts to ensure that these vaccines become available to lower- and middle-income countries too.

For more on the global situation:

- [WHO COVID-19 Weekly Epidemiological and Operational Updates](#)
- [WHO COVID-19 Dashboard](#)
- [UNICEF COVID-19 Vaccine Market Dashboard](#)
- [UNDP Global Dashboard for Vaccine Equity](#)
- [COVID-19 Vaccine Delivery Partnership Information Hub](#)

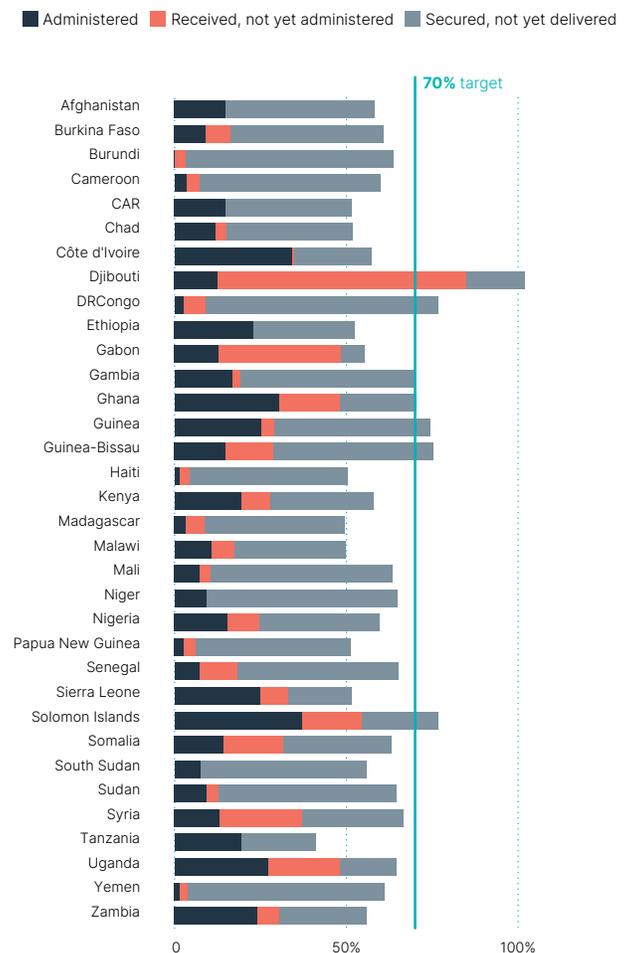
Advanced Market Commitment (AMC) countries

Across the 92 [Gavi Advanced Market Commitment \(AMC92\)](#) countries, primary series coverage inched up slightly to reach 51% (up from 28% in January and 50% in July).

A cumulative total of 4.5 billion doses were administered across the AMC92 since the start of the vaccine rollout, with an additional 160 million doses administered in August. This represents a slight decline of 10% from July in doses absorbed. The decline is more marked when excluding India, with a decrease of 34% in doses administered across the AMC91 (from 109M doses in July to 72M doses in August). However, it should be noted that several AMC countries with large populations are experiencing a data backlog and have not recently reported new absorption figures, including Sudan and Ethiopia. The rainy season has also resulted in many countries pausing their vaccination campaigns.

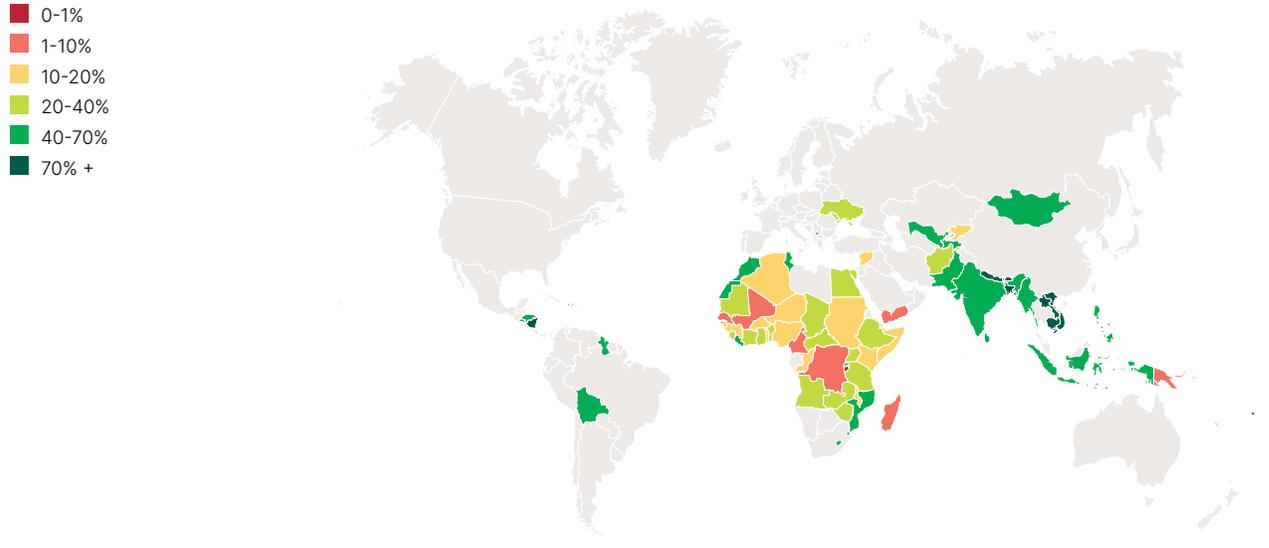
53% of the population in 92 AMC have received a complete primary series and 60% have received at least one dose. The lowest primary series coverage rates are registered in the WHO AFRO¹ and EURO regions, where 80% and 60% of the population respectively, remain unvaccinated. However, during August, two more countries exceeded the 70% global goal in primary series coverage, namely Tonga and Tuvalu. This brings the total number of AMC92 countries with coverage rates above 70% to 13.

FIGURE 1
Current breakdown of vaccine courses along Manufacturer-to-Administration chain as percent of population across Concerted Support Countries (34)



1 WHO AFRO region does not include Djibouti, Egypt, Libya, Morocco, Somalia, Sudan, Tunisia

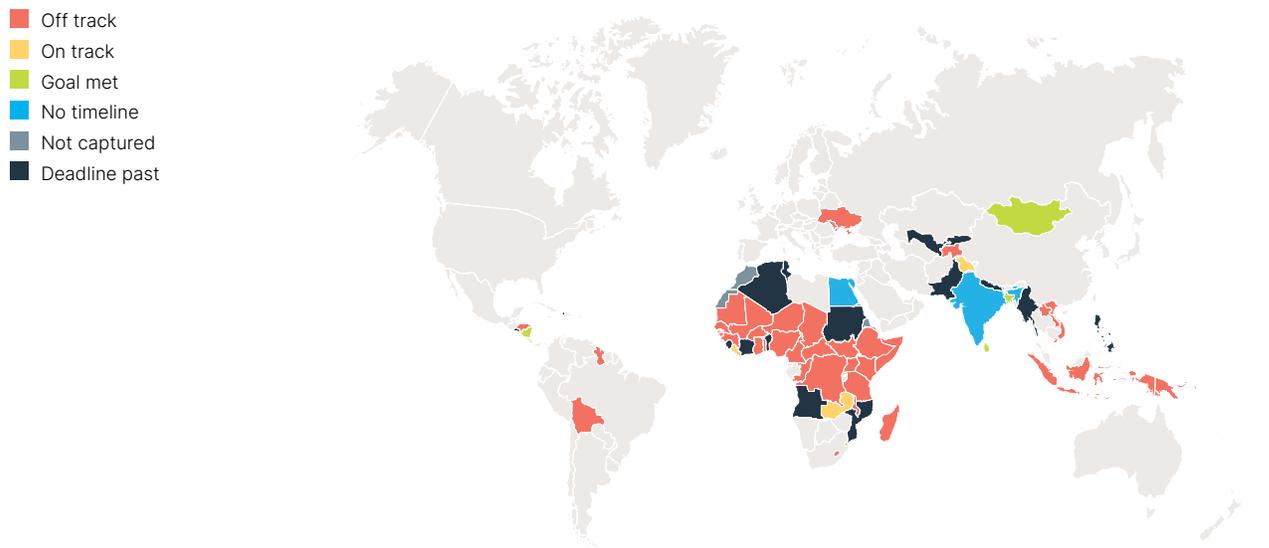
FIGURE 2
Coverage with complete primary series in AMC participants



The general slowdown in vaccination in August also means that no additional countries have met their national targets. Only four AMC countries have currently met theirs (Bangladesh, Mongolia, Nicaragua and Sri Lanka). However, seven countries are on track

to meet their national targets if the current trends in daily vaccination rates persist. These are Afghanistan, Central African Republic, Guinea, Liberia, Rwanda, Tuvalu and Zambia.

FIGURE 3
Status of progress against individual country coverage targets across AMC participants (92%)



High-priority groups

The COVID-19 Vaccine Delivery Partnership focuses on supporting countries to reach their national objectives with a focus on high priority groups, on the way to global targets. This is in line with [WHO's Global COVID-19 Vaccination Strategy in a Changing World: July 2022 update](#) which elevates the targets of vaccinating 100% of healthcare workers and 100% of the highest risk populations with both primary and booster doses, with the aim of reducing deaths, keeping societies open and ensuring economies function as transmission continues.

The completeness and timeliness of uptake data reported relating to these groups remains a challenge.

To address this, the CoVDP and partners are working with countries to identify the immunization data system gaps resulting in their data flow blockages. Equipped with this information, the CoVDP and partners are working to link countries with critical resources to fill these data system gaps both to address COVID-19 related data needs while also strengthening these systems for the future. In Malawi, for example, WHO is supporting MoH in Covid-19 vaccine electronic data capturing capacity building in Kasungu. In the next Situation Report, the Partnership will provide a deep dive into COVID-19 vaccination data management and systems – challenges and opportunities.

In most of the 34 countries, coverage in the highest-priority groups is greater than coverage in the overall population. This is a positive sign, demonstrating that countries are targeting those at greatest risk of severe disease and death. This is specifically the case for the coverage of healthcare workers which stood at 75% at the end of August (against an average primary series coverage rate of 51% across the total population in the AMC92). Overall, however, the coverage of high-priority groups, although improving, is still low. Among those aged 60 and older, the average coverage rate across the AMC92 remains stagnant at 63% and only 29% in the WHO Africa region (among the 30 reporting countries). Across the 34 countries for concerted support, 60% of

healthcare workers have received a complete primary series and 22% of older adults have received a complete primary series.²

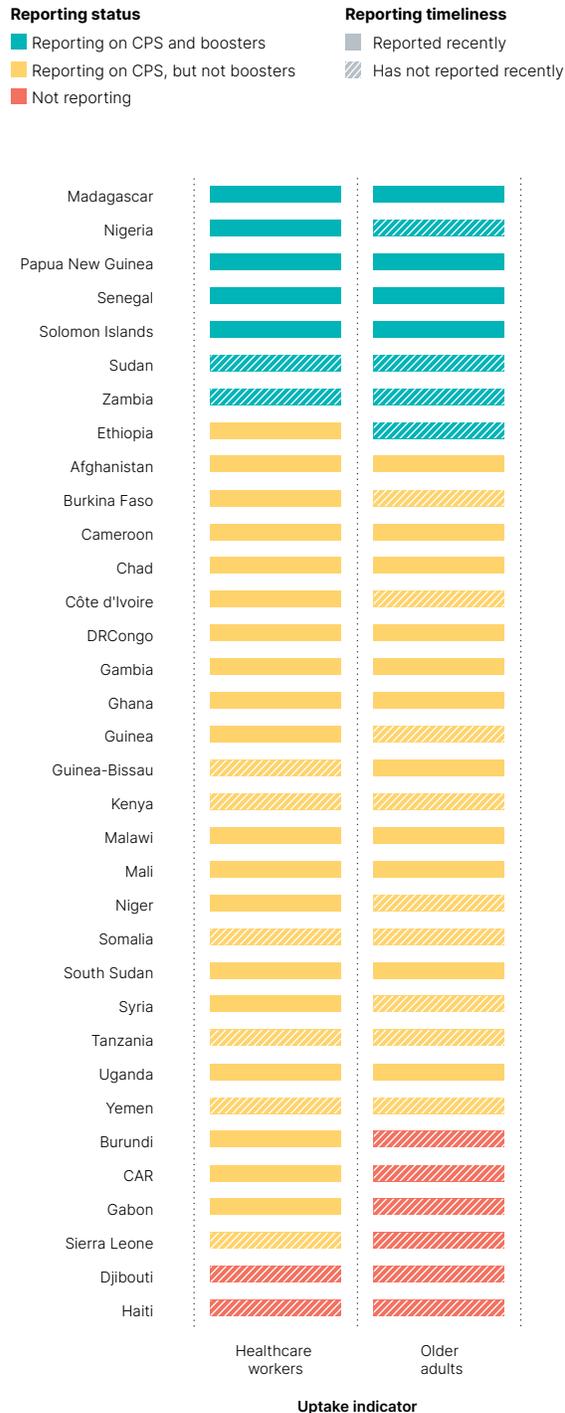
Where countries are on booster roll-out

Countries still catch up on primary series coverage – most progress in high-priority group coverage to date was achieved in the first and second quarters of the year. When supply constraints for COVID-19 vaccines eased toward the end of 2021, many countries, including the 34 countries for concerted support, focused on making progress on total population coverage. With time, countries applied more tailored outreach methods to reach the elderly and people with co-morbidities. Except for healthcare workers, progress on coverage of high-priority groups tended to lag by a couple of months and only saw a significant increase in the first and second quarters of 2022. Moreover, while some countries have achieved good coverage rates for first-round vaccination, including for high-priority groups, they still catch up on complete primary series vaccination.

As a result, booster coverage across the 34 countries for concerted support is still low. Most of the 34 countries for concerted support have booster coverage that is currently estimated to be below 1%. Only a few countries have published comprehensive booster policies. Where countries have introduced booster regimes, they are typically offered alongside primary series vaccination and are not part of deliberate and targeted outreach campaigns to increase booster uptake. It is important to continue to reach high-priority groups with complete primary series, and, where possible and required, offer booster doses.

² Simple average coverage rates of complete primary series across CoVDP countries for concerted support

FIGURE 4
Reporting on COVID-19 vaccination



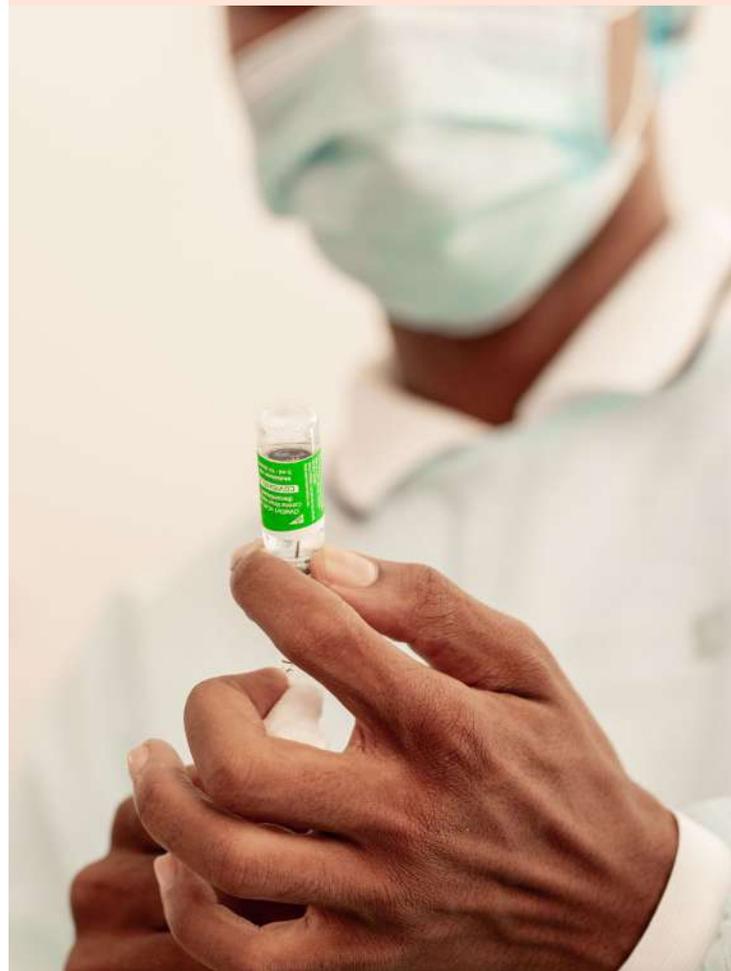
- Complete primary series: For most COVID-19 vaccines, a primary series consists of two doses. For the Ad26.COV2.S (Janssen) and Ad5-nCoV-S (CanSino) vaccines, a single dose has received regulatory approval. 'Recently reported' can vary, though is generally reporting within last two months.
- 'Recently reported' can vary, though is generally reporting within last two months.

Booster data remains patchy and constitutes a real challenge for the monitoring of COVID-19 immunization among high-priority groups. Currently, 32 out of 34 countries for concerted support report data on primary series vaccine uptake in healthcare workers but only 7 of those 32 also report on boosters for healthcare workers. 28 countries for concerted support report on older adult primary series uptake, but only 8 of those are also reporting on booster uptake among older adults.

Targeted and deliberate booster policies are important, as many healthcare workers and older people were vaccinated several months ago.

Considering waning vaccine effectiveness over time, WHO and The Strategic Advisory Group of Experts on Immunization (SAGE) recommend that booster doses should be offered to all high-priority groups 4–6 months after individuals have completed the primary series.

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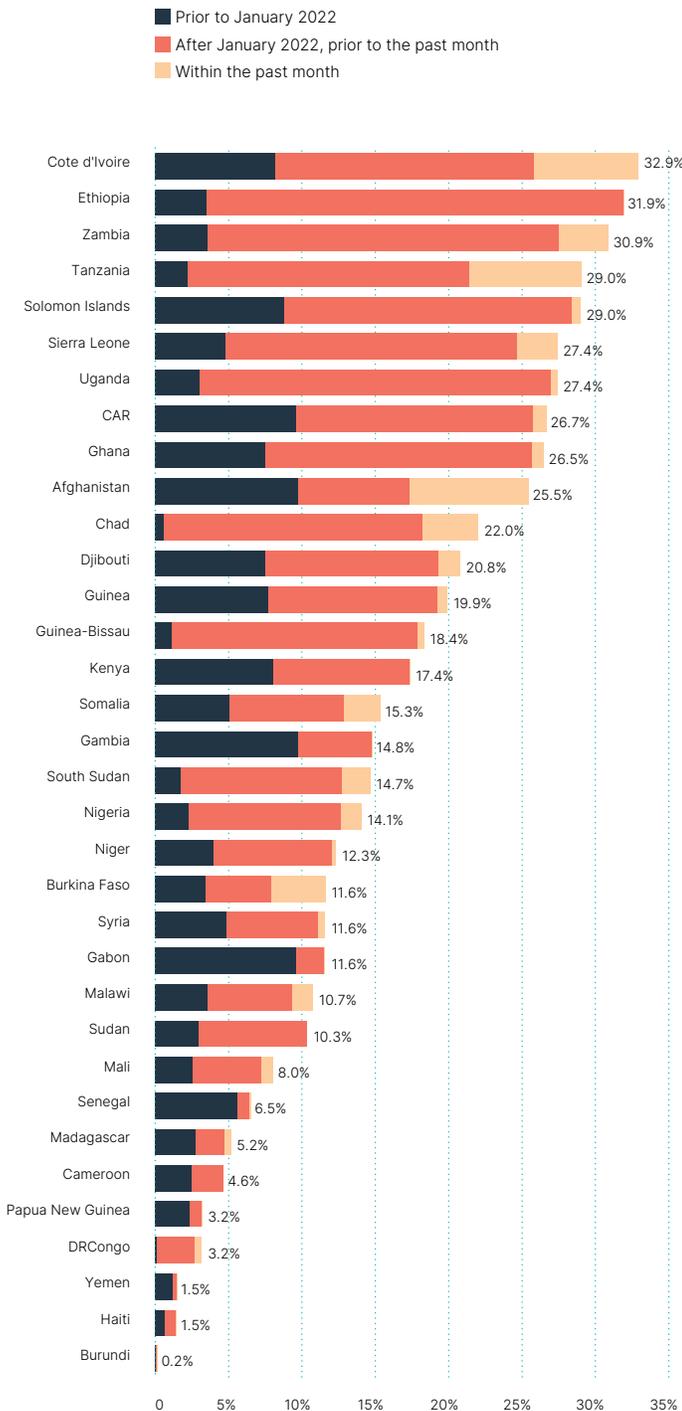
34 Countries for concerted support

Progress on primary series coverage

Accelerated vaccination activity continued across most of the 34 countries for concerted support. The number of countries with primary series coverage rates below 10% has dropped from 34 in January to 9 at end of August. Two additional countries, Malawi and Burkina Faso, crossed the 10% primary series coverage threshold, up from 7.9% and 7.8% respectively, last month. Three additional countries increased their rates above 20% (Afghanistan, Chad and Djibouti) and two more above 30% (Côte d'Ivoire and Zambia).

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

FIGURE 5
Proportion of coverage achieved within the past month, since January 2022, and prior to January 2022 across Concerted Support Countries (34)



Several countries have made notable progress in August:

- Côte d'Ivoire now has the highest coverage rate among the 34 countries for concerted support, increasing its rate from 25.8% last month to 32.9%
- Zambia increased its primary series coverage from 26.8% to 30.9%
- Tanzania continued its strong upward trajectory that started in June to increase its rate further from 20.2% to 29%
- Afghanistan noted strong progress going from 16.9% to 25.5%
- Chad's July mass vaccination campaigns have led to an increase in primary series coverage from 12.7% to 22%

Average vaccination coverage among the 34 countries for concerted support increased five-fold from 3% in January to 17% by the end of August.

TABLE 1:
Vaccination coverage ranges among the 34 CoVDP Countries for Concerted Support

	Countries
VACCINATION COVERAGE RANGES	>30% (n=3) Côte d'Ivoire, Ethiopia, and Zambia
	20-30% (n=9) Afghanistan, Central African Republic, Chad, Djibouti, Ghana, Sierra Leone, Solomon Islands, United Republic of Tanzania, Uganda
	10-20% (n=13) Burkina Faso, Gabon, Gambia, Guinea ³ , Guinea-Bissau, Kenya, Malawi, Niger, Nigeria, Somalia, South Sudan, Sudan, Syrian Arab Republic
	<10% (n=9) Burundi, Cameroon, Democratic Republic of Congo, Haiti, Madagascar, Mali, Papua New Guinea, Senegal, Yemen

³ Data consolidation at the end of August has resulted in Guinea's primary series coverage rate being corrected downwards from 20.7% last month to 19.9% in August.

Political engagement

No additional country missions took place during the month of August. However, the CoVDP has engaged partners through various fora, including ACT-A's "Tracking and Accelerating Progress" working group to raise awareness of the importance of acceleration of vaccine delivery until the end of the year, esp. on the African

continent. CoVDP has reiterated its support to refocus political attention on the countries with the lowest vaccination rate, leveraging the upcoming Africa CDC EPI Managers' Conference to galvanize action across the continent and strengthen linkages with Africa CDC's "Sustaining Lives and Livelihoods" programme.

Funding

By end of August, CoVDP had facilitated the **disbursement of a total of US\$ 79.4 million to 13 countries**. Notably, the following funding decisions were finalized last month:

- **US\$ 189k in Djibouti** to support a community-oriented acceleration campaign
- **US\$ 4.9m provided to IOM** in the Democratic Republic of Congo to support last-mile delivery through humanitarian channels
- **US\$ 2.9m** to strengthen service delivery, logistics, data management and RCCE in Sierra Leone
- **US\$ 705k** to strengthen delivery infrastructure and coordination in the Central African Republic

An additional US\$ 30m emergency funding window will be established between Gavi and UNICEF to provide flexible quick-release delivery funding, embedded in CoVDP's funding need review mechanism. The funding window will focus on the 34 countries for concerted support, but will also be available to other countries in case urgent funding bottlenecks impact COVID-19 vaccine delivery. This new funding window is an important step to provide flexible funding to sustain the current vaccination momentum.

CoVDP continues to advocate and provide technical assistance for the development of "One Budgets".

CoVDP shared guidelines with countries to describing key elements of the One Budget which allow to create comprehensive plans that consolidate all funding needs and partner resources in one single budget. This creates greater transparency, visibility, and less duplication of efforts. In August CoVDP provided in-country and remote support to two countries, bringing the total number of countries that have received or are actively receiving support for the development of One Plan or One Budget to eight as of the end of August. In total, 13 out of the 34 countries are in the advanced stages of One Budget development.

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Country Snapshots

Burkina Faso



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Burkina Faso is among the countries that have seen important progress on COVID-19 primary series coverage in recent weeks. This encouraging increase in vaccine uptake has taken place despite a very difficult context marked by insecurity that affects large parts of the country and a significant displacement crisis with almost 2 million internally displaced persons (IDPs)⁴ - representing about 10% of the total population.

The country launched its COVID-19 vaccination campaign in June 2021 with the aim of reaching 10% of the population in December 2021. This goal was initially not met and the political disruption caused by the coup d'état in January 2022 further slowed down vaccine delivery. Campaigning resumed in April 2022 with a focus on reaching high priority groups through tailored outreach strategies. To reach the elderly, traditional and religious leaders were mobilized as advocates and vaccinations were provided in an integrated manner by combining them with a medical check-up campaign for retirees.

People with co-morbidities were targeted through mobile vaccination teams that were deployed to specialized care units – a strategy that was further pursued last month. Furthermore, the armed forces were mobilized in campaigns to reach priority groups, including IDPs, in regions affected by insecurity.

To date, the country has administered around 3.5 million doses with two-thirds of all vaccinations being administered using Johnson & Johnson (38%) and Pfizer (28%). In August, the country passed the 10% threshold due in part to the launch of an innovative new campaign to reach more people through tailored strategies that leverage local communities. The “1000 youth/ 1000 women” campaign. To implement this strategy, the government recruited around 300 youth and 300 women in each health district who were trained in community engagement, awareness raising about COVID-19 and data collection with the aim that each trained volunteer youth and woman would encourage 1000 people each to get vaccinated. The volunteers would inform community members about the disease, register some key data, and inform and direct them to the nearest vaccination site.

Although the campaign fell short of its ambition, more than 300,000 people were sensitized during this campaign with a conversion rate of 32%, resulting in almost 100,000 additional people being vaccinated in the 4 regions where campaigning took place. The campaign itself accounted for 58% of all persons vaccinated during that period in these regions at a cost of 1,600 CFA (about US\$3) per person.

The country plans to have two additional mass vaccination campaigns before the end of the year with a focus on leveraging the lessons from this past campaign but also continuing to mobilize community influencers as a pathway to reaching more people and in particular high-priority groups.

Afghanistan



© WHO / Andrew Quilty

Despite ongoing challenges such as the withdrawal of some partner support and competing health priorities (measles and polio outbreaks, in addition to rising levels of malnutrition), Afghanistan has made significant progress on COVID-19 vaccinations since the start of the year and has seen its primary series coverage rate jump from 17% in July to 25.5% by the end of August 2022 (representing 52% of their national target).

This progress was possible due to several factors, including better partner coordination, stronger government commitment to vaccination and the release

of emergency funding to cover the operational costs of recent campaigns. The CoVDP and partners worked with the government to address some of the immediate systemic challenges to COVID-19 vaccination, including support for finalizing the country's application to receive US \$11.3 million through Gavi CDS funding.

Buoyed by this additional funding, Afghanistan launched a nationwide accelerated campaign in July 2022. In the following weeks, approximately 4.5 million were vaccinated with a complete primary series. The nationwide campaign leveraged a detailed micro-plan, which specifically targeted high-priority groups such as healthcare workers and older. In addition, different parts of society were mobilized to encourage vaccinations, including media, health workers, religious leaders, community influencers, school management Shuras, child protection action network, youth volunteers, and nutrition counsellors. Public messages disseminated through social media have been used as an effective strategy to inform about the vaccine and encourage vaccinations. Vaccine uptake by women is generally on par with men, with 51% of people vaccinated since February being female. However, female uptake remains low in the southern and southeastern provinces.

Afghanistan has introduced a booster policy to cover three priority groups – healthcare workers, those above 50 years of age and people with co-morbidities. Delivery of booster doses has been initiated in vaccination centres, however coverage remains low. An acceleration campaign is planned for November 2022 and discussions are ongoing to develop tailored strategies to target priority groups.

Resources

- [Global COVID-19 Vaccination Strategy in a Changing World: July 2022 update](#)
- [Monitoring Metrics Related to the Global Covid-19 Vaccination Strategy in a Changing World: July 2022 update](#)
- [Updated WHO SAGE Roadmap for prioritizing uses of COVID-19 vaccines](#)
- [COVID-19 Vaccine Delivery Partnership Information Hub](#)
- [COVID-19 Vaccine Implementation Analysis & Insights Report archives](#)
- [COVID-19 vaccine introduction toolkit](#)
- Considerations for choosing COVID-19 vaccine products [Eng](#) | [French](#)
- [Microplanning guide](#)
- For all countries, various tools and guidance and vaccine confidence and uptake are [available here](#), including:
 - [Demand planning guide](#)
 - [Planning and budgeting template \(Excel\)](#)
 - [Behavioural and social drivers: tools and guidance to assess and address low uptake](#)
 - [Conducting community engagement guide](#)
 - [Misinformation management guide](#)
 - [Vaccine safety surveillance manual, communications chapter](#)
 - [Health worker conversation guide](#)
 - [Communicating on Covid 19 Vaccines in a Changing Environment](#)
 - [Explainers](#)
- For all countries monitoring tools and guidance [available here](#) including:
 - [Monitoring COVID-19 vaccination: Considerations for the collection and use of vaccination data](#)
 - [DHIS2 COVID-19 module developed and rolled out to interested countries](#)

COMING UP

27 September 2022

9:00 CET and 16:00 CET – COVAX

Participant & Country-Facing Staff Briefing

28 September 2022

13:00 – 15:00 CET – AMC Engagement

Group

27-29 September 2022

[Vaccine Industry Consultation 2022](#),

hosted by UNICEF in Copenhagen

30 September 2022

Deadline to submit COVID-19 Vaccine Delivery Support (CDS) Third Window applications for AMC 57 countries, plus Angola, Indonesia, Timor-Leste and Vietnam

06 October 2022

ACT-A Facilitation Council Meeting (to be livestreamed on the [WHO website](#))

16-18 October 2022

[World Health Summit](#), Berlin

18 October 2022

CoVDP Learning Collaborative – Session 5.

Please register [here](#).

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