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# COVID-19 Related Articles

## Countries in the African region need to expedite preparation for COVID-19 vaccine roll-out

*E Lemango, P Atuhebwe*

By the end of November 2020, the COVID-19 pandemic had claimed more than 1.4 million lives and the reported case count topped 65 million globally. In combating the pandemic, the global community steadily consolidated efforts and established a platform called the Access to COVID-19 Tools (ACT) accelerator. This platform aims to accelerate the development, production and equitable access to COVID-19 testing, treatment and vaccines. Specifically, the ACT accelerator aims to deliver 2 billion doses of a COVID-19 vaccine by the end of 2021, as well as 245 million courses of treatment and 500 million test kits by mid-2021.

The vaccine pillar of this platform is managed by the COVAX Facility, jointly led by Gavi, the Vaccine Alliance, the Coalition for Epidemic Preparedness Innovations (CEPI) and the World Health Organization (WHO). The Facility aims to enroll and provide advance market guarantee for at least 10-15 vaccines that use different technologies. Supported by this Facility and advance investments by other governments, more than 200 vaccine candidates are under development.

Pfizer, Moderna, AstraZeneca and Gamaleya have shared the first efficacy results of their Phase-three clinical trials and reported to have reached a promising level of efficacy and safety. All are seeking for Emergency Use Listing (EUL) from national regulatory authorities and global institutions such as WHO, with a likelihood of approval before the end of the year. WHO is reviewing the available data from these developers. Even though several manufacturing, logistics, and distribution related issues are yet to be solved, the news has been received with optimism. However, even after the emergency authorization, clinical trials will continue to collect additional data required for eventual regulatory approval.

Based on the information available through press releases, the characteristics and future prospects of the vaccine candidates are summarized in Table 1.

**Table 1: Summary characteristics of candidate vaccines**

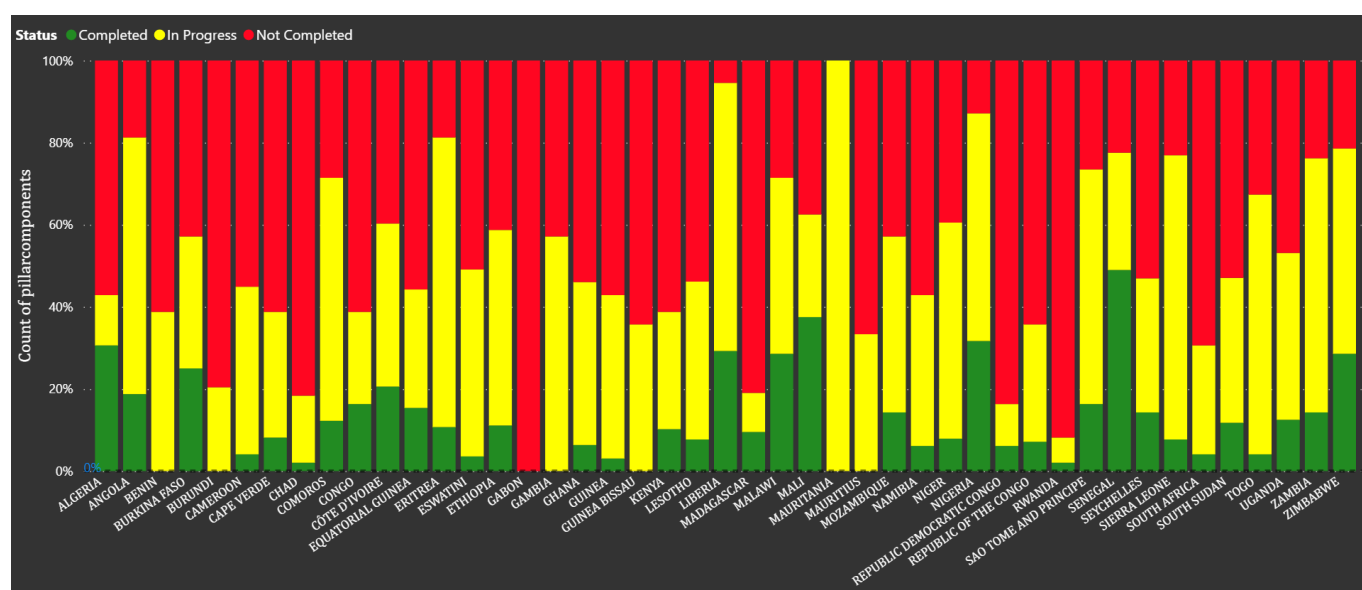
<b>Vaccine developers</b>	Pfizer and BioNTech	Moderna	AstraZeneca & Oxford University	Gamaleya
<b>Vaccine name</b>	BNT162b2	mRNA-1273	AZD1222	Sputnik V
<b>Type of vaccine</b>	mRNA <sup>1</sup>	mRNA	Viral vector	Viral vector
<b>Dosage (intramuscular injection)</b>	2 doses	2 doses	2 doses	2 doses
<b>Reported efficacy</b>	95%	94.5%	70.4% (90% & 62%)	91.4%
<b>Vaccine safety</b>	Generally tolerated	Generally tolerated	Generally tolerated	Generally tolerated
<b>Stability (in degrees Celsius)</b>	-80 (Ultracold chain), 2-8 for up to 5 days	-20, 2-8 for up to 30 days	2-8 for at least 6 months	2-8
<b>Production planned through 2021</b>	1.3 billion	0.5 – 1 billion	3 billion	1 billion
<b>Included in COVAX Portfolio</b>	Not yet	Not yet	Yes	Not yet
<b>Full analysis of efficacy target</b>	Completed	Pending	Pending	Pending

Once any of these vaccines receive emergency use authorization and/or prequalification by WHO, countries can consider it for approval and use. However, given the limited global supply of vaccine in 2021, the successful deployment of the available vaccines depends on advance planning and robust preparedness within countries.

The preparedness and readiness of countries in the African region is slowly improving, though much remains to be done. According to the WHO COVID-19 vaccine Introduction and Readiness Assessment dashboard, the overall weighed readiness of the region is 35%. This preparedness level varies among countries (Figure 1).

<sup>1</sup>The mRNA nanoparticle encapsulated in lipid is delivered through an intramuscular (IM) injection which releases and synthesizes the spike protein when inside the cells. This process will then prime the body to produce antibodies and pre-position T cells against the virus, thus preventing the virus from multiplying and causing infection and disease.

Figure 1: Country level readiness based on the baseline assessment report of 45 countries



Considering the likelihood of these and many more vaccines to make it to the pool over 2021, as well as the low level of readiness in the region, countries need to strengthen preparation by setting up the required processes and systems ahead of time.

Accordingly, consistent with recommendations from the Regional Immunization Technical Advisory Group (RITAG) and the African COVID-19 Vaccine Readiness and Delivery Taskforce (ACREDT), countries are advised to implement the following eight key actions to prepare for vaccine deployment:

1. **Establish a taskforce** that will be mandated with decision-making and overseeing the COVID-19 vaccine introduction preparations and deployment process. As part of the overall COVID-19 response, the taskforce needs to be composed of the appropriate national level stakeholders, including civil society organizations (CSOs) and **led by a higher official** of the Ministry of Health.
2. **Conduct and regularly update the COVID-19 Vaccine Introduction Readiness Assessment** based on experiences from previous new vaccine introductions, by using the Vaccine Introduction Readiness Assessment Tool (VIRAT) to self-monitor progress towards introduction (see here for [data entry](#) and [live dashboard](#)).
3. **Develop a National Vaccine Deployment Plan (NVDP)** using the guideline for developing NVDPs by carefully capturing the gaps identified in the VIRAT and mitigation measures.
4. Using the global guidance on the Fair Allocation of COVID-19 Vaccine Framework, brainstorm and agree on an **allocation and prioritization roadmap**. This roadmap should identify the most **vulnerable** and **at-risk target groups** for the initial vaccination using the limited number of doses that the country will receive. It should be included in the NVDP.
5. **Urgently develop and submit proposals to Gavi and the World Bank**, indicating the technical assistance, vaccine needs, infrastructure (e.g., cold chain equipment) and health system strengthening support required for the vaccine roll-out while maintaining a strong primary health care system.
6. Ensure that the **National Regulatory Authority is prepared** for expedited review and approval of the vaccine(s) and has instituted robust vaccine safety and adverse event monitoring processes/systems. In parallel, based on the guidance from the COVAX Facility, ensure that the **indemnification and liability** related national processes have been met.
7. Keep **multi-directional communication** with key enablers and stakeholders – such as the COVAX Facility, African Union/Africa CDC and WHO country offices – for access to updated information and additional opportunities.
8. **Build a robust community engagement and communication strategy**, including using social media. This will be crucial to generate demand and also address misinformation that can otherwise cause altered community risk perception and vaccine hesitancy.

WHO country offices, UNICEF country offices, Gavi senior country managers, and the World Bank health task team lead are available to offer countries the support they need in conducting the aforementioned preparatory activities.

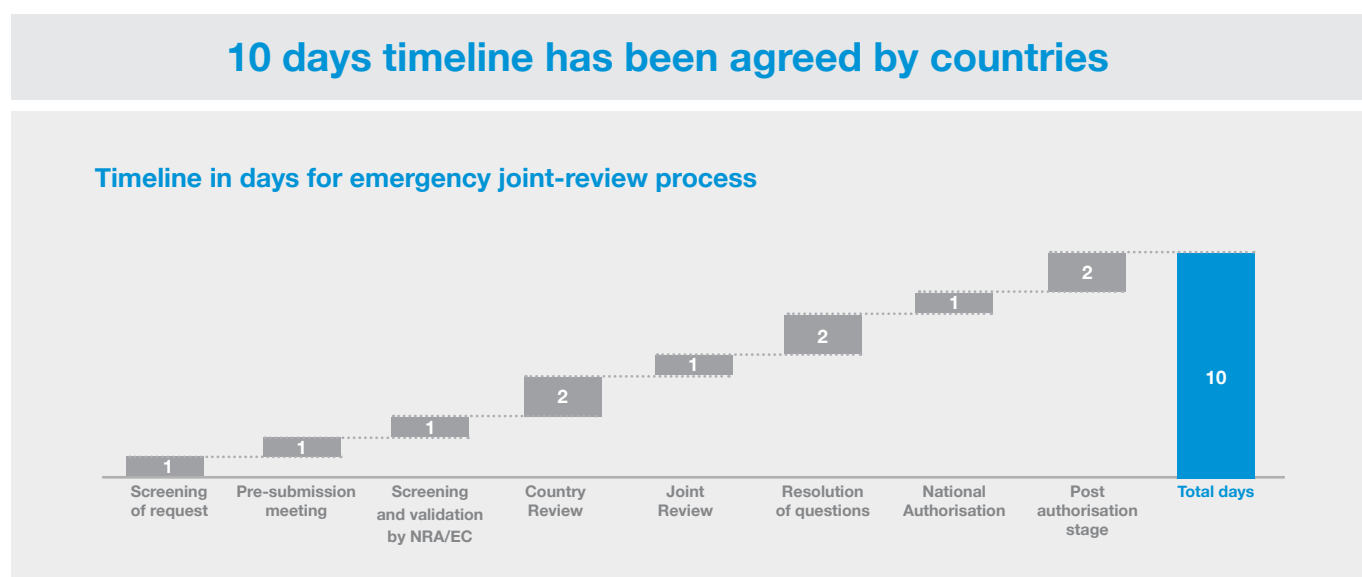
# AVAREF conducts an emergency joint review of a COVID-19 clinical trial application

B.D Akanmori

The African Vaccine Regulatory Forum (AVAREF) is a network of National Regulatory Authorities (NRAs) and National Ethics Committees (NECs) of all 55 countries in Africa. AVAREF aims to build capacity for clinical trials and to accelerate development of vaccines and medicines. It has contributed to the development and licensure of several vaccines in the region, including the Group A Meningococcal Conjugate (MenAfrivac), Rotavirus, Pneumococcal Conjugate, Human Papilloma Virus and Ebola vaccines.

To accelerate the development of diagnostics, vaccines and medicines addressing the COVID-19 pandemic, the AVAREF member countries endorsed an emergency joint review process and shortened timeline: 10 days for review of applications of registered products (e.g., chloroquine, hydroxychloroquine, remdesivir, ritonavir, etc.) and 15 days for novel products (i.e., vaccines) (Figure 2).

Figure 2: The AVAREF emergency joint review process



Based on the endorsement, AVAREF conducted the first ever virtual joint review meeting from 5-6 July 2020, for an application to test antivirals against COVID-19 using this emergency process. The protocol was submitted to NRAs and NECs of 14 countries: Burkina Faso, Cameroon, the Democratic Republic of the Congo, Ethiopia, Ghana, Guinea, Ivory Coast, Kenya, Mali, Mozambique, Niger, Senegal, Sudan, and Uganda. The clinical trial was sponsored by a consortium of sponsors from France, Spain and Germany, and coordinated by the Drugs for Neglected Diseases Initiative (DNDi). The sponsors have assigned investigators in all the targeted countries.

Electronic submission of clinical trial application packages in all the countries was preceded by a pre-submission meeting. This was followed by a joint review meeting to reconcile queries, and a final alignment meeting. All meetings were held virtually. The quality of the review was high, demonstrated by the 300 queries raised by the reviewers. Ninety percent of the countries delivered decisions in 31 days or fewer, and five countries delivered decisions in 16 days or fewer. While countries did not meet the 10 day timeline, the joint review was nonetheless completed in record time (the shortest timeline ever for a joint review by AVAREF). This indicates countries' commitment as well as their ability to review a clinical trial application and to issue a verdict within such a short timeframe (Table 2).

Table 2: Summary of adherence to timeline of 10 working days for review and decision

- 90% of authorities who participated in the full joint-review were able to deliver decisions within 31 days or fewer  
*Note: 10 countries participated in the full joint-review process; 4 did not participate in the full process*
- 4 Countries delivered decisions in 16 days or fewer
- 5 Countries delivered decisions between 17-31 days
- 1 Country delivered a decision between 32-62 days

Despite the successful implementation of the first emergency joint review, there were challenges, including the inability of the countries to issue decisions within the timeline. Further exploration showed that the delays in ethics decisions and in some cases by NRAs were responsible for the unmet timelines. Another major cause of delay was additional queries raised by some countries outside the joint review process. In some cases, this included ignoring adequate responses to queries which sponsors had provided during the joint review.

A detailed analysis is ongoing to improve the process, given that an emergency review process can contribute to accelerated development of vaccines, especially during epidemics and pandemics. The WHO AVAREF Secretariat is committed to supporting NRAs and NECs of the countries in the region to implement such an improved process.

Having successfully undertaken a joint review involving 12 different sponsors across 13 countries,<sup>2</sup> using virtual meetings and electronic submission and reviews, the countries have demonstrated a great capacity to accelerate product development in epidemics and pandemics. The AVAREF Emergency Joint Review was an implementation of the AVAREF Strategy and Guidance for Emergency Preparedness. The strategy guides a comprehensive response to the COVID-19 pandemic by contributing to accelerated development of vaccines and therapeutics in line with the Global Pandemic Response. Subsequently, some countries have used this guidance document to review and approve clinical trials of vaccine candidates against COVID-19, which are ongoing. The data generated from these trials will contribute to the approval of vaccines against COVID-19. Furthermore, this virtual joint review lays the groundwork for conducting similar expedited reviews of COVID-19 vaccines and tools that are under development.

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<sup>2</sup> Of the 14 countries engaged, 13 participated in the review and one used the outcomes of the joint review to make a decision.



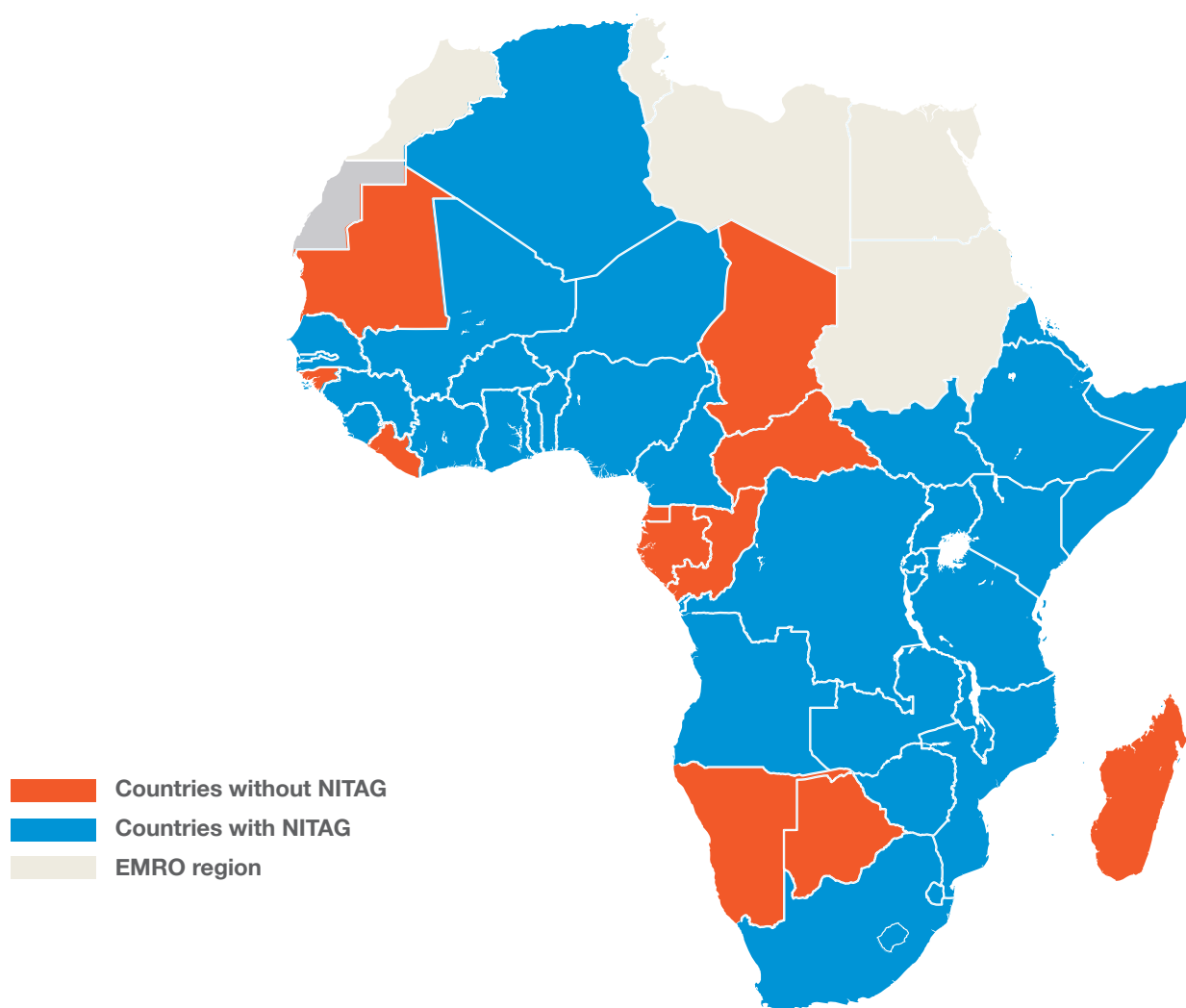
## Thirty-three countries in the African region have established National Immunization Technical Advisory Groups (NITAGs), which can support a successful response against COVID-19

S Ndiaye

The Global Vaccine Action Plan (2011-2020) stipulates that countries need to build strong governance of their immunization programs, and provide equitable immunization services for all. The establishment of an independent advisory body such as a National Immunization Technical Advisory Group (NITAG) is a critical step to strengthening immunization systems through adoption of evidence-based policies and strategies. NITAGs are expected to provide data-driven policy recommendations that assist decision makers to make the right choices in immunization programming. One of the milestones of the WHO African Regional Strategic Plan for Immunization (RSPI) 2014-2020 is for all countries in the region to establish fully functioning NITAGs. As of November 2020, 33 of the 47 countries in the region<sup>3</sup> have established NITAGs (Figure 3). However, according to a recent assessment, only 20 of these countries had NITAGs that were fully functioning by the end of 2019, as per the WHO criteria (Figure 4).

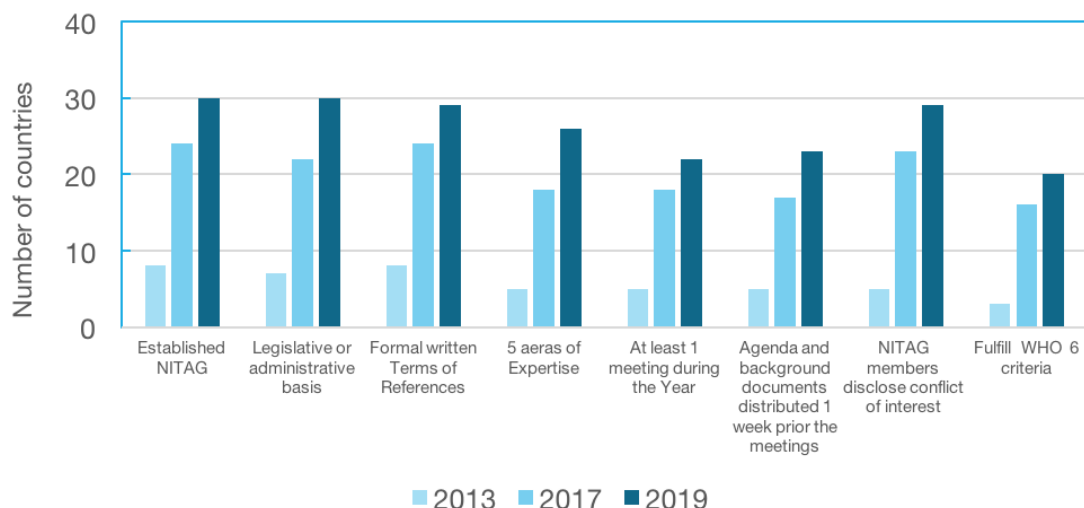
Substantial work remains to integrate NITAGs into all immunization program activities, including long-term planning and policy development. Actions will also need to be taken to remove administrative and technical bottlenecks that hinder NITAGs from making meaningful contributions.

Figure 3: Countries in the African region that have established NITAGs



<sup>3</sup> Algeria, Angola, Benin, Burkina Faso, Burundi, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo (the), Eritrea, Eswatini, Ethiopia, Gambia, Ghana, Guinea, Kenya, Lesotho, Malawi, Mali, Mauritius, Mozambique, Niger (the), Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, Seychelles, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

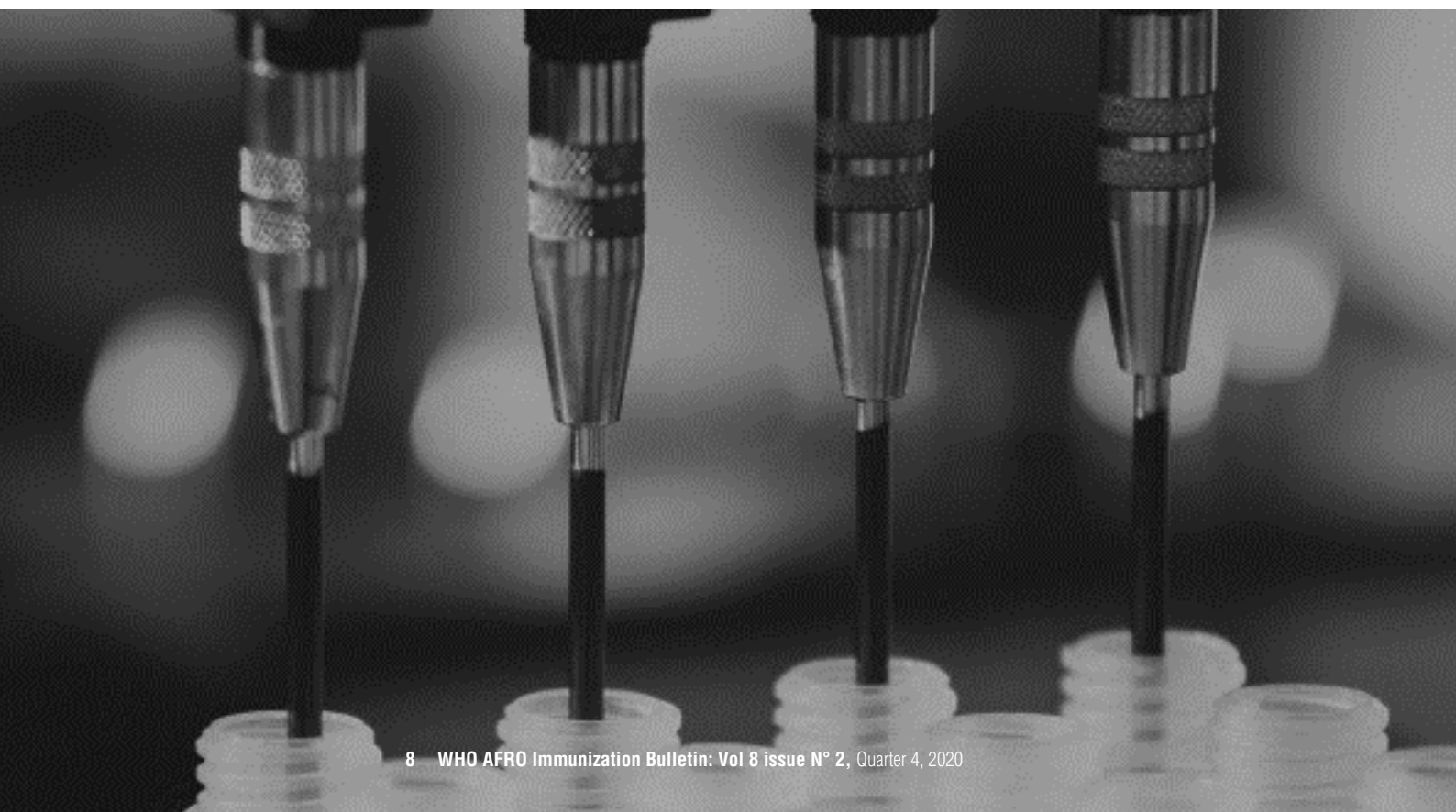
Figure 4: Establishment and functionality of NITAGs in the African region in 2013, 2017 and 2019



NITAGs are an essential component of the response to COVID-19, with a particular importance to immunization service continuation and COVID-19 vaccine decisions. If they are well supported and empowered, they are positioned to enable countries to make evidence-based decisions. There cannot be a better time than during the COVID-19 pandemic to use them well. COVID-19 has strained health systems and caused disruption of essential services and supply chains, and adversely affected the demand for health services. Moreover, the provision of technical support to countries, including to NITAGs, have been hampered. Thus, in order to minimize the impact of these disruptions, the Vaccine-Preventable Diseases (VPD) program in WHO AFRO, in collaboration with WHO-HQ and partners, initiated country support platforms to revive various activities, including support to NITAGs.

WHO has organized various webinars to support NITAGs since August 2020. The webinars focused on sharing critical guidance related to maintaining routine immunization services and conducting supplementary immunization activities safely. Capacity building sessions also informed NITAGs on how they can make decisions regarding the introduction of new vaccines, including novel Oral Polio Vaccine. As vaccines against COVID-19 will soon be available and countries need to be prepared to introduce these new vaccines, the WHO-led webinar series also shared updates and guidance on the COVID-19 vaccine candidates in the pipeline, the elements of quality clinical trials, and meta-analysis about vaccines and vaccination programmes.

In addition, newly established NITAGs in Niger and Burundi received initial orientation regarding their roles and responsibilities, and on the methodology of using evidence to generate recommendations. Similarly, newly formed NITAGs in the Gambia, Sierra Leone and Seychelles will be provided with the required technical assistance in the coming months.





# Featured Articles

## Participants' perception on the quality of the annual immunization program managers' meetings

*B Masresha, F Daniel*

The WHO African sub-regional immunization teams have been organizing annual meetings of the national Expanded Program on Immunization (EPI) managers since 2002. These annual meetings aim to provide technical updates, share best practices and experiences from countries, monitor regional and country progress towards the set targets, and help to generate programmatic consensus and recommendations for countries to implement. The format of the EPI managers' meeting has been constant through the years, featuring plenary sessions as well as thematic breakaway sessions and side discussions organized between partner agencies and individual country teams.

The 2019 EPI managers' meeting for countries in the Eastern and Southern African sub-region<sup>4</sup> was held in Asmara, Eritrea, from 18-20 March 2019. We conducted a cross-sectional survey using a self-administered anonymous survey questionnaire. The survey targeted the technical participants in the meeting with a view to understand their perceptions and preferences regarding the content and format of the EPI managers' meetings.

### Key Findings

The analysis showed that almost two-thirds (63%) of the external partners were WHO or UNICEF staff from global, regional or sub-regional offices, while the remaining were from partner agencies including the Bill & Melinda Gates Foundation, CDC, CHAI and JSI. These external partners reported to have attended an average of 4.5 EPI managers' meetings in the past (median 4). Among the participants of the country teams, 45 (68%) were from local partner agencies, while 21 (28%) represented the national EPI program management, and 9 (12%) were national EPI program staff. The participants from the countries reported to have attended 4 EPI managers' meetings on average.

On a scale of 1–5, two-thirds (67%) of the external participants and 97% of the country team members rated the overall importance of the EPI managers' meeting at 4 or 5. The average rating among the external partners and country teams was 4.4 and 4.5, respectively. Both groups gave the lowest rating for the meeting as an opportunity for getting scientific updates (Table 3).

In rating the specific sessions of the meeting, external partners gave the highest rating for the country side meetings, while country teams valued plenary sessions and the parallel/thematic sessions the most. The session for the formulation of recommendations got the least average rating (Table 4).

Table 3: Respondents' rating of the importance of EPI managers' meetings

Rating the importance of the EPI managers' meetings on a scale of 1–5:	External partners		MOH staff and local partners	
	Average rating	Proportion rating 4 or 5	Average rating	Proportion rating 4 or 5
Networking between professionals	4.4	89%	4.2	80%
To get programmatic updates	4.0	74%	4.4	88%
For experience-sharing between countries	4.5	89%	4.3	88%
To get scientific updates	3.3	50%	3.8	60%
To consult with partners during country side meetings	4.0	77%	4.2	80%

The majority of participants from the country teams (87%) indicated that the EPI managers' meetings adequately reflected country experiences, while 71% indicated that the side meetings often addressed country concerns and were followed by actions from the partners. However, only 59% indicated that the EPI managers' meeting recommendations were regularly used to drive decisions in-country.

<sup>4</sup> Botswana, Comoros, Eritrea, Eswatini, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, South Africa, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe.

**Table 4: Respondent's perceptions of the usefulness of the various sessions of the EPI managers' meetings**

Usefulness of the various sessions of the EPI managers' meetings on a scale of 1–5:	External partners		MOH staff and local partners	
	Average rating	Proportion rating 4 or 5	Average rating	Proportion rating 4 or 5
Plenary session	4.0	78%	4.2	85%
Parallel or thematic sessions	4.2	85%	4.2	86%
Panel discussions	3.7	63%	4.0	72%
Country side meetings with partners	4.5	88%	4.1	83%
Informal discussions	4.2	79%	3.5	46%
Formulating recommendations	3.2	33%	3.6	55%

In terms of the technical aspect of the EPI managers' meetings, the relevance of the agenda was rated highest, while depth of discussions was rated the lowest by both groups (Table 5).

**Table 5: Respondents rating of the quality of EPI managers' meetings**

Rating the quality of the EPI managers' meetings	External partners		MOH staff and local partners	
	Average rating	Proportion rating 4 or 5	Average rating	Proportion rating 4 or 5
Relevance of agenda	4.0	82%	4.4	95%
Quality of presentations	3.8	76%	4.2	93%
Depth of discussions	3.7	71%	3.9	71%
Engagement of participants	4.0	71%	4.1	83%
Time management	4.0	71%	4.3	92%

In response to the open questions posed to participants, the most important added values of the EPI managers' meeting, for both external partners and country teams, included sharing experiences, networking and coordination, sharing program and scientific updates, setting program standards, receiving feedback on country performance, country-specific consultations with partners and ultimately achieving a united vision for the countries in the sub-region.

Both groups of participants provided the following suggestions to improve the quality of the EPI managers' meetings: increase the number of days of the meeting; allocate more time for country presentations and discussions; invite the directors and other executives from Ministries of Health (MOH); include simulations and practical sessions on specific topics; and publish the abstracts and/or proceedings of the meetings.

The external partners proposed a mix of formats for future meetings including workshops, thematic sessions, small group discussions and panel discussions. In addition, the country teams proposed for more time to be allocated to discuss innovations, that digital tools are used to evaluate the meeting, and to support post-meeting follow-up including peer exchange visits. The participants also proposed various technical and managerial topics for consideration in future meetings.

### **Conclusion**

WHO AFRO has recently initiated a formal and in-depth review to look into ways of improving the quality of these technical meetings. The findings and key recommendations from this study will be useful inputs into the review. Our mini-survey has shown that there is ample room for improving the quality of these meetings.

Some key recommendations include raising the profile of the meeting (inviting high profile participants, publicity, web-casting, publications); improving the format of the meeting to be more engaging; and making the agenda more relevant to country needs (EPI managers to chair sessions; include more scientific updates and country experiences).

Following the COVID-19 pandemic, meetings and training sessions have increasingly been using virtual platforms. While the findings from this mini-survey remain valid even for virtual meetings, the interpretation and application of the findings and conclusions will need to be modified accordingly to fit virtual platforms. In addition, while this survey represents the responses from just one sub-region, its findings will be relevant to shaping the way these meetings are held in all three sub-regions of the African region.

# Meetings and Events

## Highlights from the annual EPI managers' meeting of the African region, November 2020

More than 450 immunization experts and country managers of the African region joined the annual EPI managers' meeting held virtually in November 2020. The meeting lasted for three days. The first day was the regional-level meeting, which focused on key issues such as the regional status of immunization, COVID-19's impact on immunization, an update on the COVAX Facility, and the state of polio eradication. The three sub-regional meetings of each of the Inter-country Support Teams (ISTs) followed on days two and three. These sessions emphasized sharing country experiences and best practices to stimulate a wider discussion on key lessons learnt.

Meeting participants discussed progress and challenges in immunization coverage, vaccine-preventable disease outbreaks, new vaccine introduction and polio eradication in the African region over the past several years, as well as recent challenges posed by the COVID-19 pandemic. Immunization coverage for DTP3 and MCV1 has stagnated in the WHO African region over the past 11 years. In 2019, only 19 countries in the region met the regional target of 90% coverage for DTP3, while only 15 countries met the target of 90% coverage for MCV1. Four countries achieved less than 50% coverage for both vaccines. One in five children in the region does not receive any vaccines, and three in ten children don't receive a measles vaccine. The year 2019 saw the highest number of measles cases reported in 20 years in the African region as well as globally. The Democratic Republic of Congo, Madagascar and Nigeria reported 90% of measles cases in the African region. Only 12 countries achieved the incidence threshold for elimination of measles (<1 case per million population).

In the past 6 years, countries in the region introduced eight new vaccines into the essential immunization program, with 30 countries introducing IPV, PCV, Rota and Rubella containing vaccines. Moreover, the African region is now certified wild polio free, even though there are a growing number of circulating Vaccine Derived Polio Virus (cVDPV) outbreaks. In the first 9 months of 2020, a total of 452 cases were reported from 16 countries.

Within the African region, between January and July of 2020, COVID-19 associated service disruption has caused over 1 million additional children to miss DTP3 vaccination and 864,000 more children to miss their MCV1 vaccine, as compared to the same period in 2019. Similarly, several supplemental immunization campaigns and new vaccine introduction plans have been postponed as a result of the pandemic. The impact of COVID-19 on immunization was discussed along with the experience of countries and best practices in terms of the provision of essential immunization services during the pandemic. These best practices highlighted were: multisectoral collaboration, community engagement, senior leadership commitment, performance-based monitoring, regular supportive supervision, and integration of immunization with child health outreach services.

Meeting participants also discussed the COVAX Facility and how it is expected to support countries in accessing COVID-19 vaccines. Some of the key issues raised included country eligibility to acquire vaccines free of charge, the candidate vaccines that may be part of the Facility's portfolio, and the level of preparedness required. Gavi indicated that the Facility aims to acquire 2 billion doses of vaccines for distribution to the 187 members of the Facility through a fair and equitable approach. Sixty-two advanced market countries are eligible for free access to vaccines that cover up-to 20% of their population size. In cases where countries ask for additional doses beyond their allocated amount, they are expected to share the costs.

The EPI managers' virtual meeting was very interactive and discussed many pertinent issues. As the meeting adjourned, critical recommendations were made for implementation by countries and partners in the region, as follows:

1. Countries to resume vaccination services while observing and implementing COVID-19 prevention measures and protecting health workers.
2. Countries to revamp immunization services with a view to catchup on children with overdue doses and focus on building resilience into the immunization systems.
3. Countries to ramp-up their preparedness for successful deployment of COVID-19 vaccine the moment it is available.
4. Countries and partners to ensure hard earned successes are maintained, including sustaining wild polio free status of the region by boosting population immunity and responding to cVDPV outbreaks using the novel Oral Polio Vaccine (nOPV).

The EPI managers' meeting is conducted on a yearly basis at the sub-regional level. It is a key platform to review the performance of countries, address country-specific programmatic issues, interact with all immunization stakeholders, and agree on issues and priorities of sub-regional and regional importance. The meeting adopts recommendations for countries and immunization partners to implement and follow up on progress.

## Highlights from the RITAG meeting, November 2020: Revamping essential immunization services and adoption of a COVID-19 vaccine allocation roadmap suited to the regional context

The Regional Immunization Technical Advisory Group (RITAG) of the WHO African region conducted its biannual meeting from 18-19 November 2020. RITAG is an independent policy advisory group that has 15 high level experts that advise the Regional Office on evidence-based and relevant policy actions with regard to immunization and vaccines. The meeting was conducted virtually, and was attended by the more than 250 global experts from development partners, research institutions, country EPI programs, WHO country offices, national authorities and members of NITAGs. The meeting deliberated on key issues and provided recommendations to WHO, development partners and countries.

The RITAG started the meeting by appreciating the leadership and commitment as well as the multi-dimensional support given by WHO to countries in their response to COVID-19. The region's success in achieving certification as free from wild polio virus was noted as a stellar success. RITAG provided advice to ensure this polio-free status is maintained.

The meeting discussed timely and essential issues including the state of COVID-19 in the region and COVID-19 vaccine access, revamping of essential immunization within the context of COVID-19, the Regional Framework for Implementing Immunization Agenda 2030, and the status of circulating Vaccine Derived Polio Viruses (cVDPVs).

In the African region, the number of newly reported cases of COVID-19 is declining but there was an increase since late September, especially in some countries, alerting to the possibility of resurgence unless immediate actions are taken. More than 1.4 million people are infected, of whom 10,000 are health workers. Health services are disrupted significantly and health resources are overstretched. The experts underscored the need to ensure the response to the pandemic is maintained and for the region to be on alert for possible resurgence.

There is framework and roadmap for fair and equitable distribution of COVID-19 vaccine, proposed by the Strategic Advisory Group of Experts on Immunization (SAGE). This was presented and discussed in detail. This roadmap proposes prioritization of health workers and vulnerable populations such as elderly people in the first round of vaccine supply. In conjunction with this, updates from the COVAX Facility were presented. The Facility aims to enroll around 10 vaccines of different technologies in its portfolio, aiming to acquire 2 billion doses of COVID-19 vaccines in 2021 to help end the acute phase of the pandemic. In the same vein, the African region has established a taskforce that supports countries to ramp up their preparation and readiness for deployment of a potential COVID-19 vaccine. Furthermore, the current state of immunization service resumption and country level experiences, along with the update on the increasing number of cVDPVs, were discussed.

The RITAG deliberated and provided important guidance to WHO, immunization partners and countries with respect to the above issues. Recommendations were given for immunization services to resume while observing the required COVID-19 prevention measures, and for catch-up vaccination activities to be conducted to make up for the lost performance. All efforts to protect health workers need to be implemented by all countries. The COVID-19 vaccine allocation and prioritization roadmap was proposed for further discussion with NITAGs. The RITAG advised that key epidemiological and demographic peculiarities of the African region should be factored as the region makes policy recommendations for priority populations. RITAG underlined the need to ensure fair and equitable access to COVID-19 vaccines for the region, and to adopt an allocation model that ensures maximum benefit and protection is achieved in the region. The selection of the type of vaccine is recommended to consider program suitability and appropriateness for use in hard-to-reach areas.

The RITAG meeting passed a clear message on the need to plan and implement preventive campaigns against cVDPVs in high-risk countries using the newly approved novel Oral Polio Vaccine (nOPV), along with strengthening other measures of boosting population immunity. This is emphasized to ensure the region remains free from wild polio virus.

The RITAG also discussed the Regional Framework for Implementation of the Immunization Agenda 2030. The group noted its previous recommendations on the framework and further advised for the region to capitalize on the successes achieved so far, as it develops the regional framework for the next decade. Pending further consultations, RITAG recommended for due emphasis to be accorded to building future-ready immunization systems, integrated as part of primary health care service delivery systems and through a life-course approach. The Regional Strategic Plan is further advised to emphasize on addressing the "zero-dose" and under-immunized children in its guiding principles and strategic approaches.

The meeting adjourned with a call to action by all experts and attendees emphasizing the need to revamp immunization services amid COVID-19, as failure to do so will significantly increase the risk of vaccine-preventable disease outbreaks. The experts called for concerted efforts of all partners and countries to deter COVID-19 and to maintain the hard-earned gains in immunization.

The RITAG is a group that meets twice a year. It is established to advise the Regional Director on all immunization related policies and strategies. The VPD team in WHO-AFRO serves as the secretariat of the group, and is responsible for implementing and following up on the recommendations provided by the group.

## Highlights from a webinar on ‘Leaving no one behind’ by focusing on zero dose children

WHO, in collaboration with UNICEF and Gavi, organized the first webinar on strategies to address zero-dose children in the African region. The webinar was attended by 128 participants including immunization focal points, NITAG members, immunization experts and decision makers from countries, WHO and UNICEF regional and country offices, development partners and private sector actors. The objective of the webinar was to understand the characteristics of children who miss vaccination and to explore pro-equity strategies and approaches that can be employed to encourage better access to serve these communities. It was noted that communities with zero-dose children are likely to also miss other essential health services. Hence, addressing equity as the central issue in health was emphasized as an approach to leave no one behind and address the needs of marginalized communities and people.

Globally, in 2019, about 14 million children did not receive their first dose of the DTP vaccine, while 20 million were not fully vaccinated with all three required doses. The African region is home to a large number of zero-dose children and if current trends continue, around 15 million children will miss out on key antigens by 2030. This is further compounded with repeated outbreaks of vaccine-preventable diseases such as measles and cVDPV. Systems that are geared to identify and address zero-dose children are important entry points to act on underserved and missed communities.

The webinar discussed key strategies that are vital to address zero-dose children. While developing innovative interventions is of paramount importance, implementation of the proven WHO recommended strategies is pivotal to address these needs. These include the use of assessments such as Missed Opportunity for Vaccination (MOV), barrier-analysis studies, and coverage and equity studies to inform decision-making. In addition, it is recommended to use the second year of Life (2YL) platforms and catch-up strategies for missed doses, which may involve providing additional platforms for immunization such as outreach service, Periodic Intensification of Routine Immunization (PIRI) or Supplemental Immunization Activities. Furthermore, multisectoral collaboration, community engagement, and engagement of non-conventional partners such as those who work in humanitarian settings are promising approaches to identify and serve the often missed communities. Sustained community demand for vaccines is key to bolstering efforts of leaving no one behind. Therefore, strategies that provide risk communication and also debunk misinformation are important. Above all, equipping service providers and social mobilizers to deliver people-centered services will have higher impact.

The webinar concluded by recommending for countries to lead this process through evidence-based targeting of underserved communities, and for development partners to align their annual plans for 2021 towards targeting zero-dose children. A call to action was made for countries and program implementers to use the zero-dose targeting as a marker for disadvantaged communities or population groups that lack access to equitable essential primary health care services. The zoom poll evaluation conducted at the end of the webinar showed an improved understanding of participants with respect to conducting equity analysis and identification of missed children.

**Feedback?** Please email to [lemangoe@who.int](mailto:lemangoe@who.int), Ephrem T. Lemango, Chair of the Editorial Board.

