



Dialogue with civil society: ACT-A and COVID-19 vaccines

23 April 2021

Housekeeping

- Please use mute and turn video off while not speaking to preserve livestream quality
- We will have time for Q&A after the initial presentation
- To ask for the floor, please indicate your name and organization in the chat

Agenda

1. Welcome and opening remarks	COVAX, CSOs	10 mins
2. COVID-19 vaccines update	WHO	15 mins
3. COVAX Facility, including supply	Gavi	10 mins
4. Vaccine manufacturing and pipeline	CEPI	10 mins
5. <i>Q&A/discussion</i>	<i>All</i>	<i>20 mins</i>
6. Country examples: DRC and Kenya	CSOs	20 mins
7. Country readiness and vaccine confidence	UNICEF, WHO	15 mins
8. <i>Q&A/discussion</i>	<i>All</i>	<i>20 mins</i>

**vaccines —
will bring us —
— one step
— closer**



World Health
Organization

WORLD IMMUNIZATION WEEK

April 24-30

To unite us in promoting the use of vaccines to protect people of all ages against disease.

This year's theme, **Vaccines Bring Us Closer**, tells the story of how vaccines bring us closer to good health and wellbeing for everyone around the world.



World Health
Organization

HOW CAN YOU GET INVOLVED?

01

RE-POST WHO CONTENT

Re-post to show your support for WIW 2021 & direct your audience to find out more

02

CUSTOMISE THE TEMPLATES

Create your own “Vaccines Bring Us Closer...” asset according to your objectives

03

SHOW INDIVIDUAL SUPPORT

Encourage colleagues and influencers to show their individual support during the week: social impact frame, social sticker, emoji

04

PROMOTE SOCIAL ENGAGEMENT IDEA

Using customizable templates, engage your audience in the question “What are you looking forward to Vaccines bringing you closer to?”. Brief your influencers to do the same

05

CO-CREATE NEW BRING US CLOSER CONTENT

We hope our theme will also inspire unique content this year – feel free to take the theme and create your own ideas and assets

More information: <https://www.worldimmunizationweek.org>

Update from civil
society representatives

CSO representatives

Civil Society Representation in COVAX

Vaccines Pillar (COVAX)		
Working Group	Name	Affiliated CBO/ NGO
CCM	Mesfin Teklu Tessema	IRC
Access/Allocation	Karrar Karrar	Save the Children
Vaccine Strategy	Jane Barratt	International Federation on Aging
Technical Review Group	Rebecca Grais	MSF
Country Readiness & Delivery (Coordination Group)	Katy Clark	American Red Cross
Country Readiness & Delivery (Communication, Advocacy, Training)	Carla Toko	Village Reach
Country Readiness & Delivery (Demand)	Robert Kanwagi	World Vision
Manufacturing SWAT	Alain Alsalhani	MSF
Enabling Science SWAT	Sheetal Sharma	Safari Doctors
Clinical Development and Operations SWAT	Farah Qamar	Aga Khan Foundation

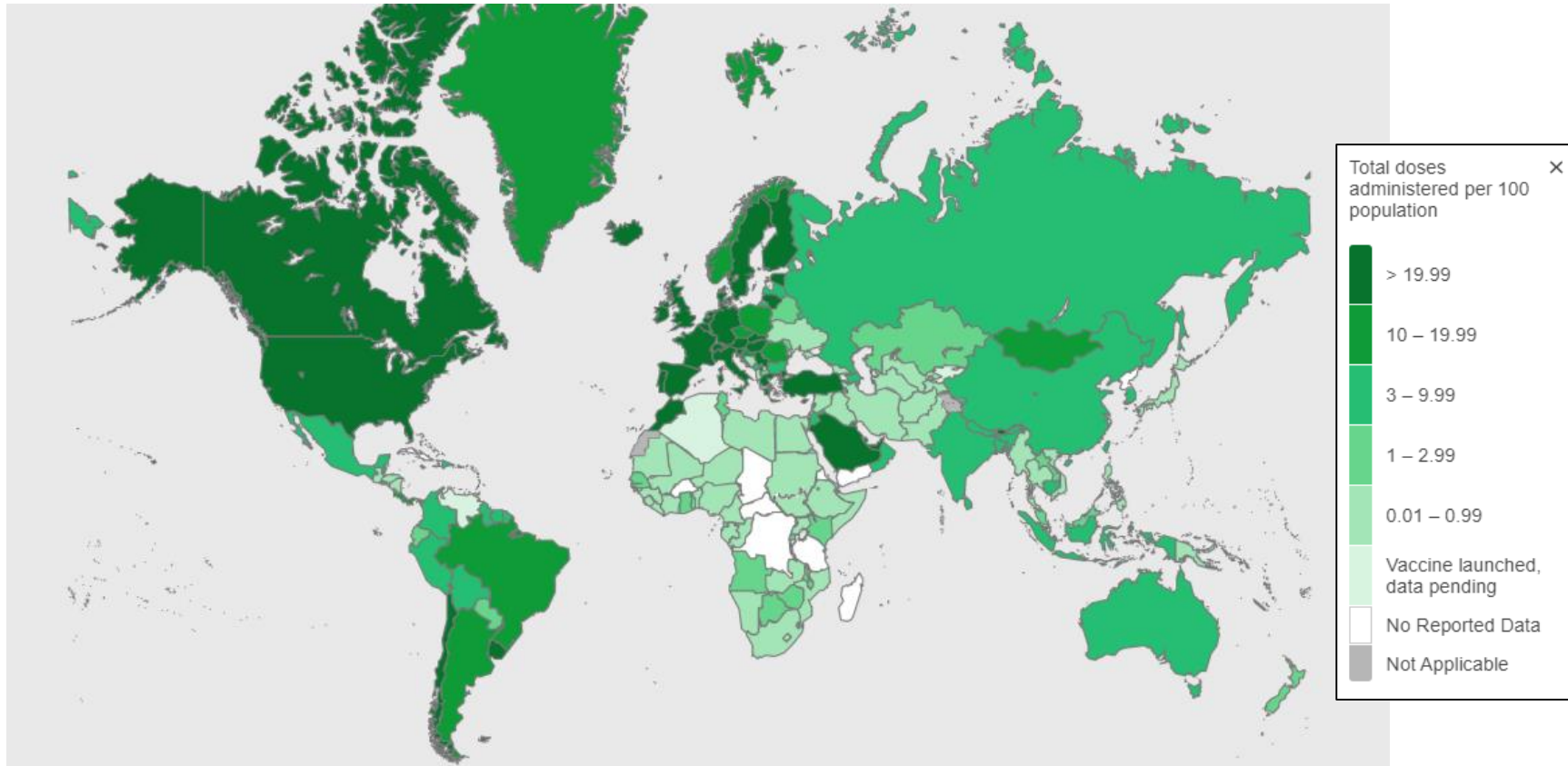
COVID-19 vaccines update

Kate O'Brien

WHO

Overview of COVID-19 Vaccine Rollout

944 m doses of COVID-19 vaccine have been administered¹ in 205 countries, areas, territories & economies²



15 economies have not yet started vaccination

1. Source: Bloomberg. 77% in top 10 countries (largely high income and/or vaccine-producing countries); 2. Source of this list of 220 countries, areas, territories & economies: 218 economies listed by World Bank + WHO Member states Cook Islands + Niue

SOURCE for map: WHO COVID-19 Dashboard at <https://covid19.who.int/>

Note: The designations employed and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Of WHO's 194 Member States, 179 have started COVID-19 vaccination

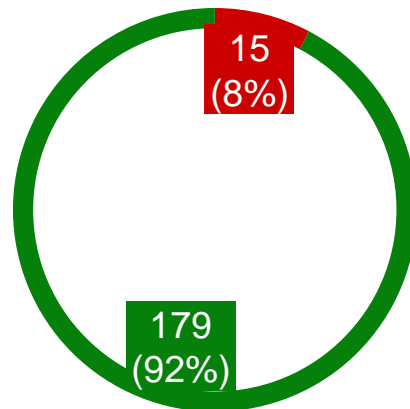
at least 1 additional MS received vaccine & can start in the coming days

Status of COVID-19 vaccine roll out

Started Not started

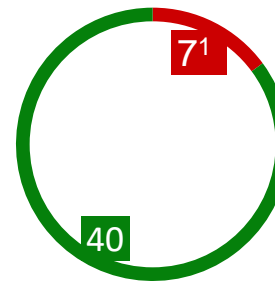
WHO Member States

N= 194



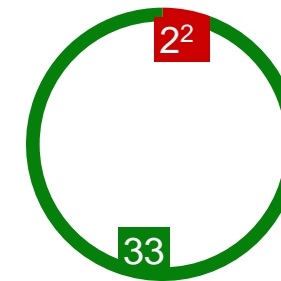
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N= 47



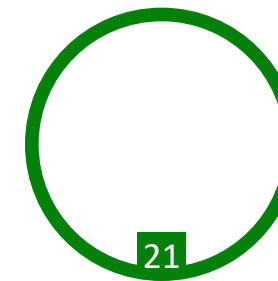
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N= 35



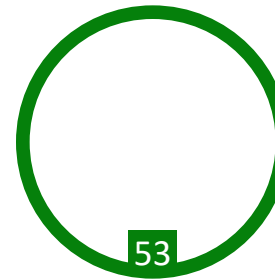
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N=21



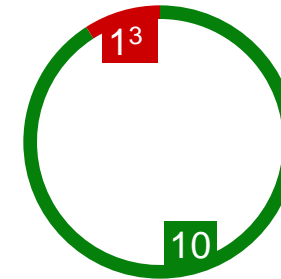
EURO

N= 53



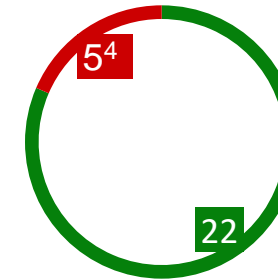
SEARO

N= 11



WPRO

N=27



1 Burkina Faso, Burundi, Central African Republic, Chad, Eritrea, Madagascar, United Republic of Tanzania

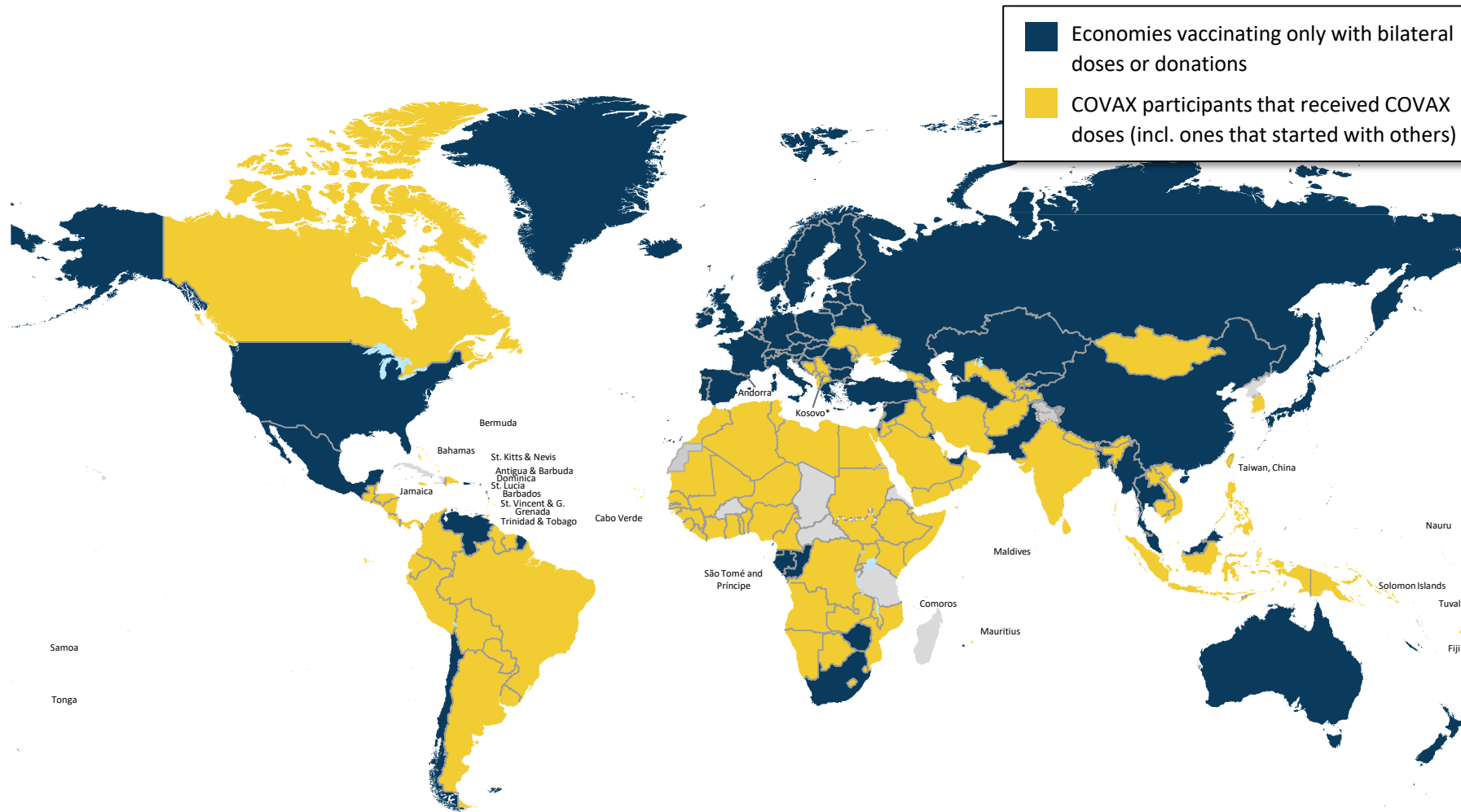
2 Cuba, Haiti

3 Democratic People's Republic of Korea

4 Kiribati, Samoa, Vanuatu, Cook Islands, Niue

COVAX has now shipped 40.8M doses to 117 participants

incl. 59 LMIC/LICs; 35 participants started their first campaigns thanks to COVAX doses



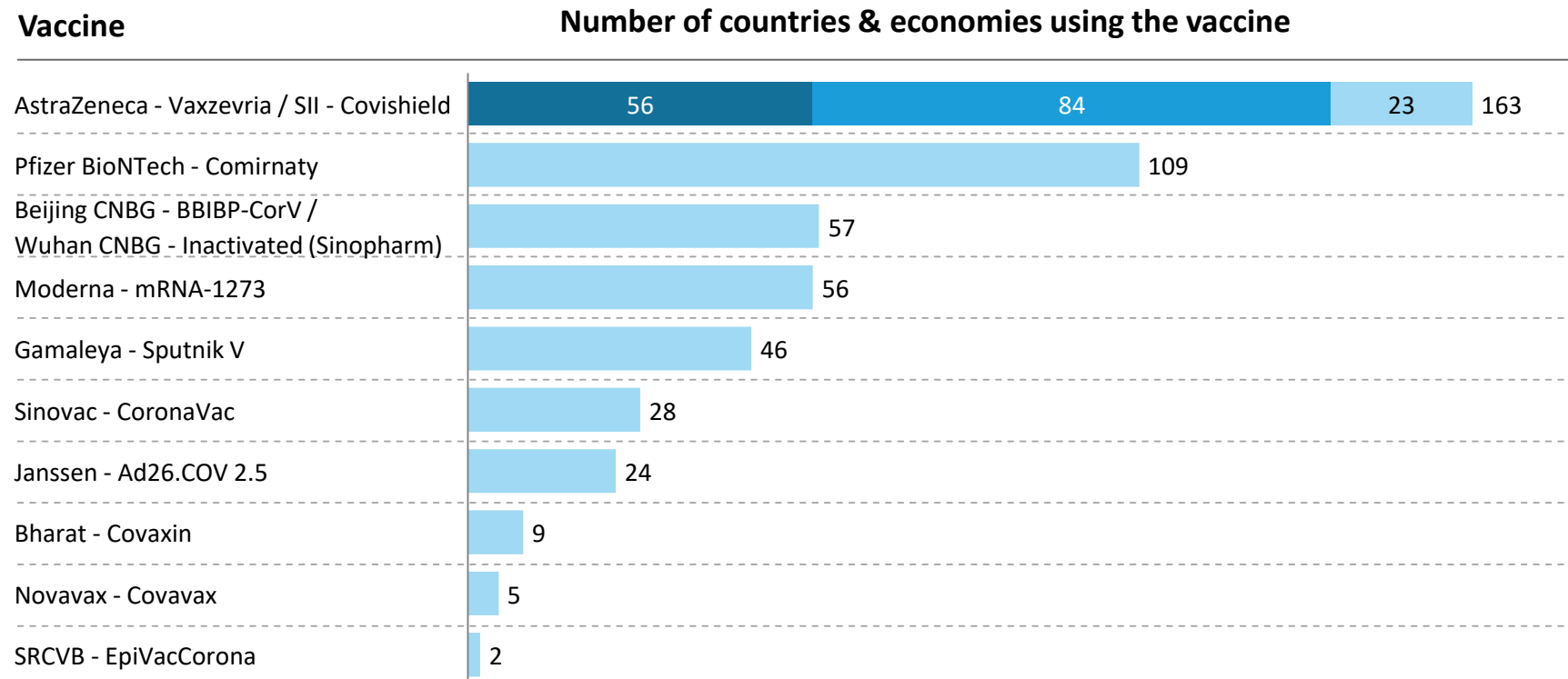
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*Kosovo: All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

SOURCE: COVAX, WHO COVID-19 dashboard, Our World in Data; Government websites; Press research

Of the 11 COVID-19 vaccines now in use, AstraZeneca & Pfizer products are the most prevalent

■ SII - Covishield only
■ AstraZeneca - Vaxzevria only

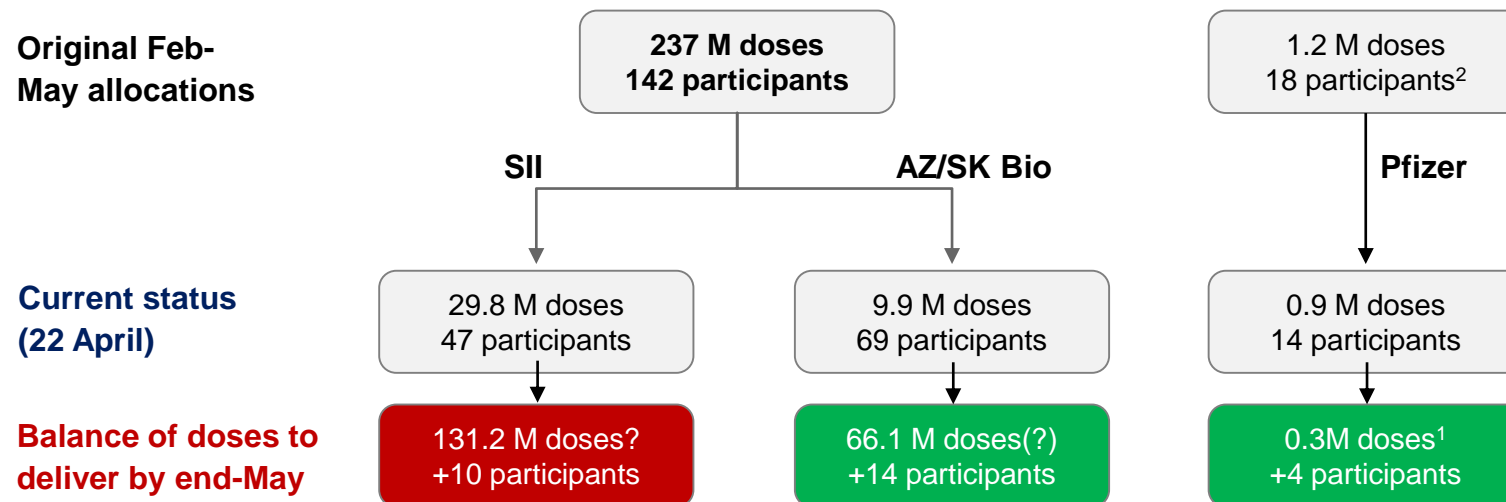


45 economies are using 1 vaccine; 160 are using 2 or more vaccines

1. World Bank classification (2021) of 218 economies. Note: The term country, used interchangeably with economy, does not imply political independence but refers to any territory for which authorities report separate social or economic statistics.

Source: Our World in data, WHO, Government websites; Press research

COVAX supply through AZ/SK Bio & Pfizer is improving; but SII risk for deliveries is increasing...



- **AZ/SK Bio** aims to deliver balance of allocations in 2 shipments (late Apr & May)
- **Pfizer** aims to complete 1st wave in early May & start next 47 countries (14 m doses)
- **SII** COVAX deliveries uncertain in coming months & COVAX exploring contingencies (e.g. AZ/SK Bio June volumes)

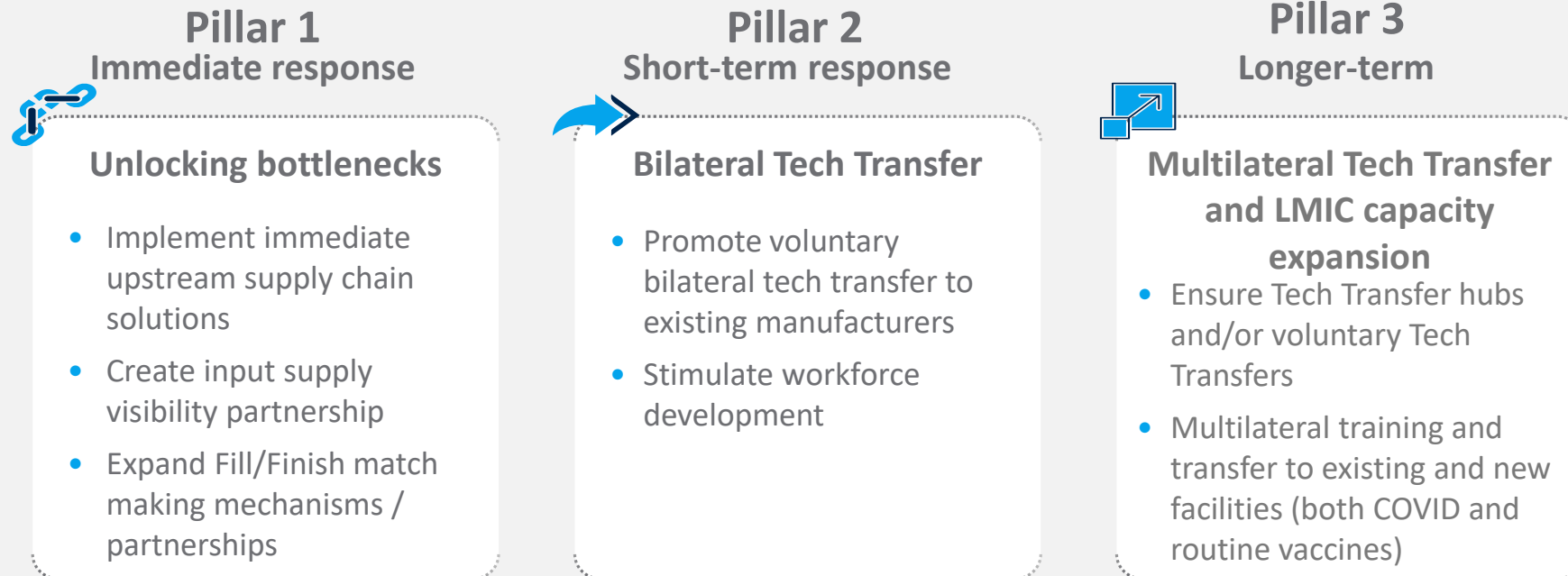
6 urgent & ongoing initiatives to increase supply to COVAX

- 1** **SII:** working with Govt of India COVAX supply for coming months
- 2** **AZ/SK Bio:** accelerate release, rollout & target territory
- 3** **Expedite delivery of newly EUL'd products** through COVAX (e.g. J&J)
- 4** **Pursue donations of vaccines** that have WHO Emergency Use Listing (e.g. New Zealand, France, Spain)
- 5** **Expedite EUL review of new products** (e.g. Sinopharm, Sinovac, Gamaleya)
- 6** **Expand global manufacturing capacity** of COVID-19 vaccines

The COVID Vaccine Capacity Taskforce aims at sustainable regional health security through expanding LMIC vaccine manufacturing capacity

There is an **urgent, near-term need** to unlock additional COVID vaccine supply...

...but a **long-term solution** is also critical to ensure equitable access to vaccines and ensure **regional health security**



On April 16, WHO issued a call for EOI to establish mRNA vaccine technology transfer hub; to be followed by other technologies: [Link](#)

Allocation & regulatory update

COVAX has announced 3rd allocation round (14m doses Pfizer)¹

	Round #1	Round #2	Round #3
Announced	3 February	2 March	12 April
Period	February-March	January-May	April-June
Vaccine & Number of doses	Pfizer 1.2M doses	SII & AZ/SK Bio 237M doses	Pfizer 14M doses
Number of participants	18 participants	142 participants: 60 SII; 82 AZ/SK Bio	47 participants












1. Q3 allocation expected to be conducted by mid-May
Source: COVAX

Regulatory timeline of key Vx candidates

<https://extranet.who.int/pqweb/key-resources/documents/status-covid-19-vaccines-within-who-eulpq-evaluation-process>

Legend (timing of approval)

- Approval / Emergency use
- Decision expected date
- No info
- COVAX Facility product

		Estimated dates of approval / Emergency use					Regulatory authority of record
Vx candidates		FDA	MHRA	EMA	WHO EUL/PQ		
  	Pfizer BioNTech - Comirnaty	Dec. 12, 2020 Emergency Use	Dec. 2, 2020 Emergency Use	Dec. 21, 2020 Cond. Authorization ¹	Dec. 31, 2020 Emergency use		EMA
	AZ with EMA as authority of reference	No FDA approval	Dec. 30, 2020 Emergency Use ²	Jan. 29, 2021 Cond. Auth. ¹ (non-Covax)	Apr. 15, 2021 (donations only)		EMA
	AZ with EMA as authority of reference	No FDA approval	Not applicable	1 COVAX node	Apr. 15, 2021, 1 COVAX node		EMA
	AZ South Korea w/ MFDS Korea as authority of record	Not applicable	Not applicable	Not applicable	Feb. 15, 2021 Emergency use		MFDS (Rep. Korea)
 	SII / AZ vaccine (Covishield) with DCGI India as authority of record	-	-	-	Feb. 15, 2021 Emergency use		DCGI (India)
	Beijing CNBG - BBIBP-CorV				April 2021 (Earliest)		NMPA
	Sinovac - CoronaVac	No FDA approval		No EMA approval	May 2021 (Earliest)		NMPA
     	Moderna - mRNA-1273	Dec. 18, 2020 Emergency Use	Jan. 8, 2021 Emergency Use	Jan. 6, 2021 Cond. Authorization ¹	April 2021 (Earliest)		EMA
	Janssen - Ad26.COV.2.5	Feb. 27, 2021 Emergency Use		Mar. 11, 2021 Cond. Authorization ¹	Mar. 12, 2021 Emergency use		EMA
	Gamaleya - Sputnik V				Rolling submission started - Add. data awaited		Russian NRA
	CanSino - Ad5-nCOV				Rolling submission of data from April 2021		NMPA
	Wuhan CNBG - Inactivated						NMPA
	Novavax - Covavax*				Novavax submitted EOI on 23 Feb		EMA

Key messages

- WHO EUL:** Pfizer BioNTech – Comirnaty, SII – Covishield, Janssen - Ad26.COV.2.5, AstraZeneca – Vaxzevria/AZD1222
- AstraZeneca:** WHO EUL for European nodes (1 COVAX node and non-COVAX for donations)
- Focus on assessment of Beijing CNBG - BBIBP-CorV, Sinovac - CoronaVac and Moderna - mRNA-1273
- Gamaleya:** Additional data (NonCLIN, CLIN, CMC) required. Inspections in April, May and June 2021. EUL decision after inspections
- Novavax** pre-submission meeting on May 7
- Bharat and CureVac / Bayer** submitted EOI
- BioCubaPharma** is in discussions to submit EOI

*. SII/Novavax needs to be specified

1. Conditional marketing authorization 2. Temporary authorisation of supply of the vaccine in the emergency use setting (which is distinct from a marketing authorisation) 3. Wuhan Institute of Biological Products Co Ltd 4. Beijing Bio-Institute of Biological Products Co-Ltd

SOURCE: https://extranet.who.int/pqweb/sites/default/files/documents/Status_COVID_VAX_08Feb2021.pdf; <https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/>

SAGE recommendations update

Rare safety related events have prompted regulatory and policy reviews of AstraZeneca vaccines: positive benefit-risk assessment

AstraZeneca – Vaxzevria and SII - Covishield

Regulatory authorities



[MHRA 7 April](#)

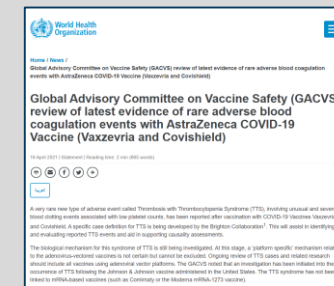
[EMA 7 April](#)

[EMA 14 April](#)

Overview of messages

- Very rare events - potential causal link to vaccines
- **“EMA confirms overall benefit-risk remains positive”**
- **MHRA: “benefits of vaccination continue to outweigh any risks”**
- **EMA: Updates to product information leaflet** sections 4.4 Special warnings and precautions for use & 4.8 Undesirable effects (very rare adverse event)
- **EMA’s human medicines committee (CHMP) is conducting a further assessment** using more data

WHO Safety



[WHO GACVS 16 April](#)

Key messages

- Review of global data
- The **biological mechanism** for this syndrome of TTS is still being investigated
- A **‘platform specific’ mechanism** related to the adenovirus-vectored vaccines is not certain but cannot be excluded

Policy

- **Some countries have adjusted their policy** use recommendations to specify age
- **Some of them have reversed or adjusted** these policies
- **SAGE has updated interim recommendations** based on GACVS statement and including other updates (22 April)

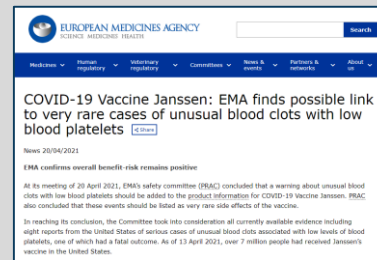
Rare safety related events have prompted regulatory and policy reviews of Janssen vaccines

Janssen – Ad26.COV 2.5

Regulatory authorities



[CDC & FDA 13 April](#)



[EMA 20 April](#)

Overview of messages

- **US CDC & FDA have paused** use of Janssen vaccine in the US. Full safety assessment is ongoing
- **“EMA confirms overall benefit-risk remains positive”**
- **EMA: Updates to product information leaflet** sections 4.4 Special warnings and precautions for use & 4.8 Undesirable effects (very rare adverse event)
- **No other regulatory changes by EMA**

WHO Safety

- **GACVS will continue to monitor & assess evolution of data from all countries**

Policy

- **Limited set of countries have paused roll-out** (e.g. South Africa)
- **Limited set of countries have adjusted their policy use** recommendations to specify age (e.g. Italy to over 60s)
- **WHO SAGE is monitoring and assessing evolution of data & regulatory decisions**

Update of SAGE policy recommendations on AstraZeneca and SII vaccine products (22 April)

No substantial change in policy

- ✓ Overall recommendations remain the same
- ✓ Benefits of these vaccines outweigh the risks
- ✓ Latest data allowed more precision in recommendation language and characterization of risks

Overview of changes

- ChAdOx1-S vaccine products are considered as **equivalent and interchangeable**
- More data on **efficacy of vaccines in 65+**
- **Opened multi-dose vaccine vials to be maintained at 2°C to 8°C** during the in-use period
- **Text on precautions now includes** Thrombosis with Thrombocytopenia Syndrome (TTS)

WHO COVID-19 Partners Platform

Member States can upload their resource needs on the WHO Partners' Platform in the coming weeks

Context

- COVID-19 vaccination campaigns **require significant financial resources for operational needs and vaccine purchase**
- In order to contribute to the funding of these campaigns, **donors need to have a clear view on resource needs of Member States**
- **From April 30th**, Member States will have the **opportunity to upload their resource needs on the WHO Partners' Platform**
- This platform can be used as **a tool to have discussions with MoF, MoH, immunization partners, donors, and other stakeholders**

Overview of the WHO Partners' Platform



- The WHO Partners' Platform is accessible via this [link](#)
- There will be **two ways to upload resource needs**:
 1. Upload the CVIC tool Excel spreadsheet
 2. Use a manual drop-down menu

COVAX Facility, including supply

Sanne Wendes

Gavi

Overview

① COVAX Facility Updates

- Funding
- Supply & Deals
- Delivery & Shipment

② COVAX Facility Design

- Dose sharing
- Cost sharing
- COVAX Humanitarian Buffer

COVAX Facility in 5 Metrics



\$6.6 Billion

Total resources mobilized for
COVAX AMC in 2020 and 2021



7 Vaccine Candidates

Have signed COVAX agreements

2.2 Billion Doses

Secured through signed agreements
or in negotiation for delivery in 2021



40.8 Million Doses

Have been delivered from 251mn
doses initially allocated

117 Initial Participants

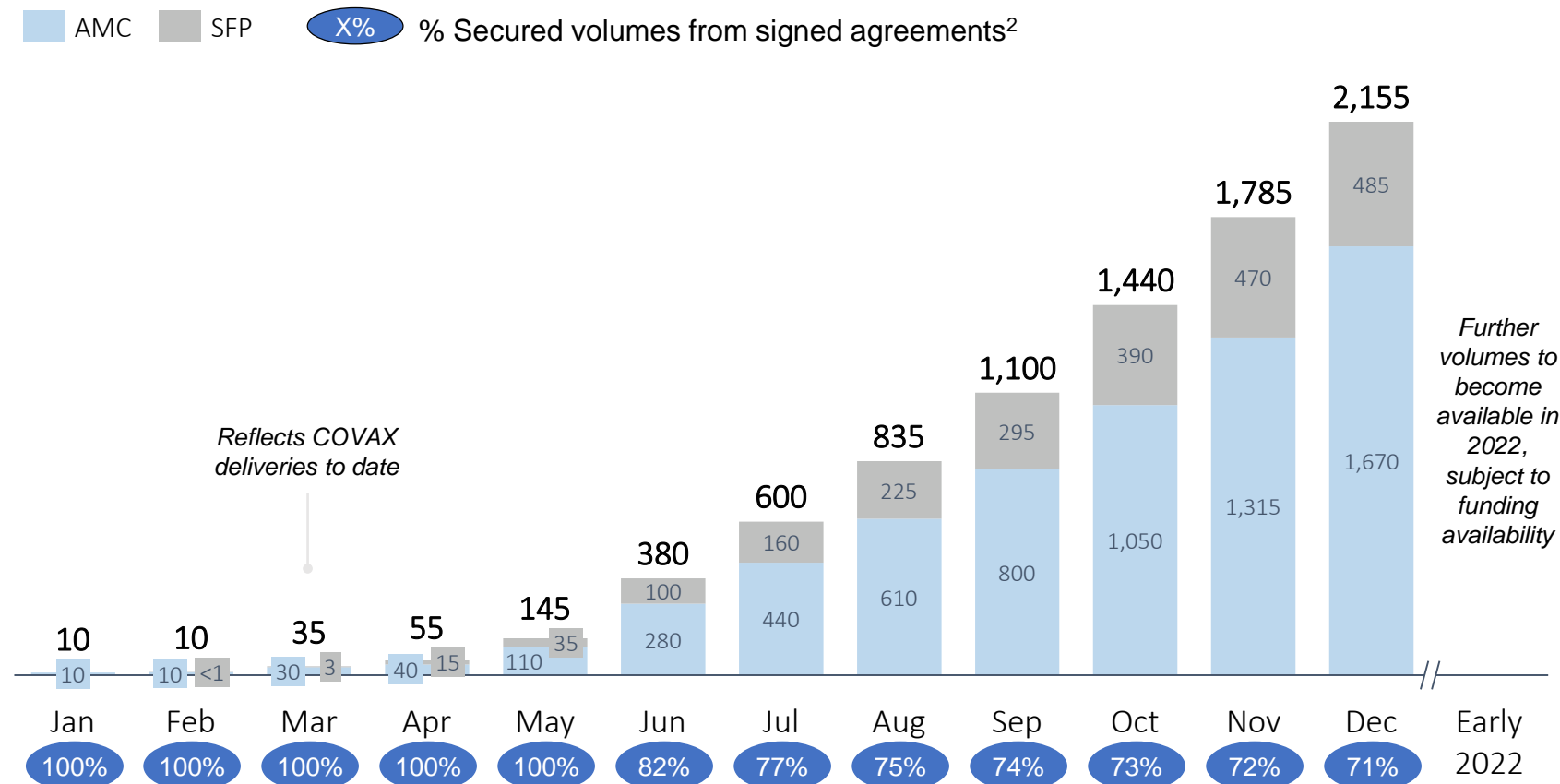
Have received doses of 190 confirmed
and eligible participants

COVAX Facility global supply forecast

By AMC-eligible and Self-Financing Participants

PRELIMINARY AND SUBJECT TO ASSUMPTIONS

COVAX Available Supply, Cumulative, Mn doses, 2021¹



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

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

CAVEATS

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

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

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

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

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

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

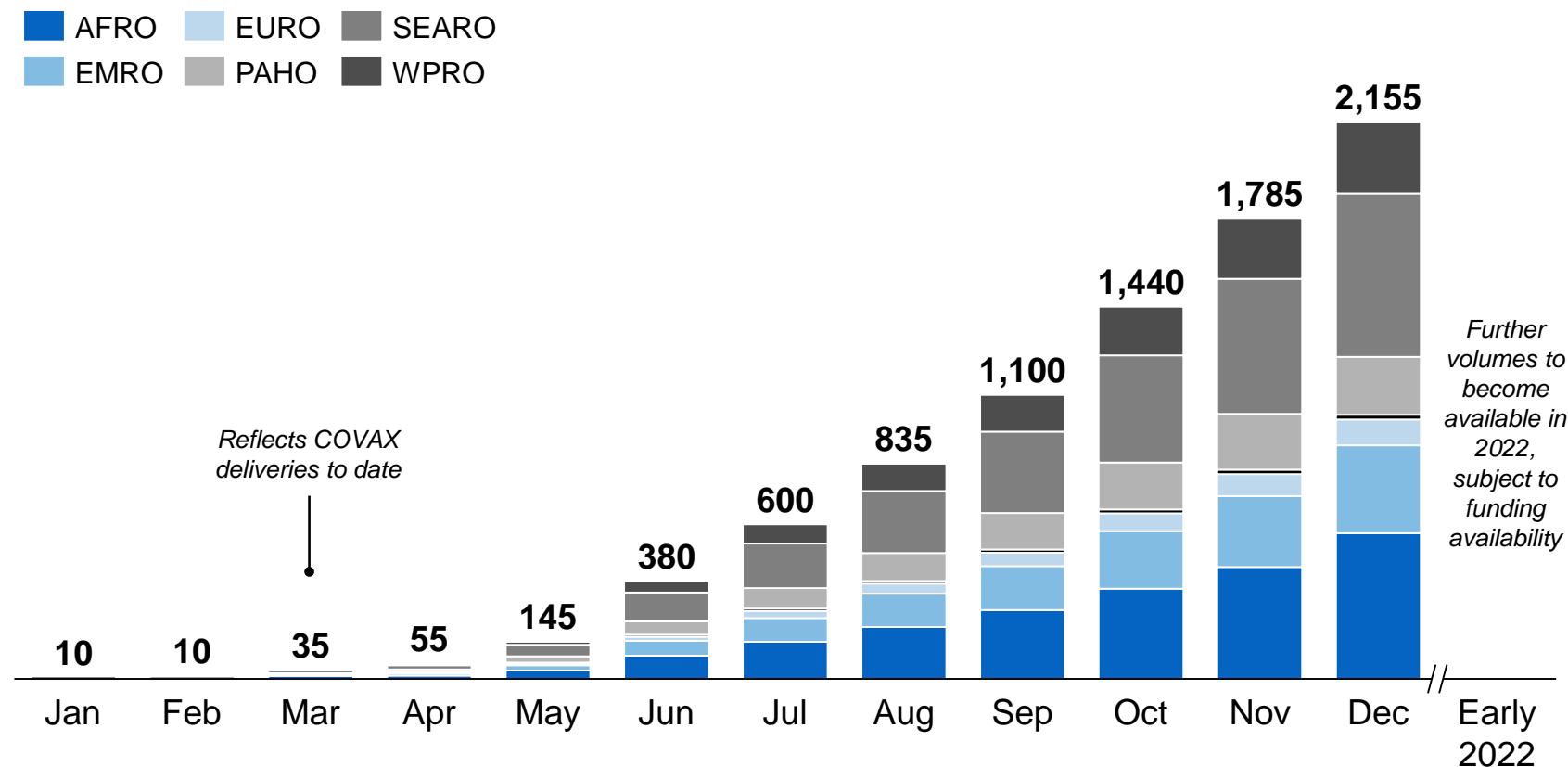
Allocation: These supply forecasts reflect a preliminary distribution of doses based on each participant's share of available supply pro rata by demand and are to be treated as indicative. Final timing and volumes will be determined by the WHO Allocation Mechanism.

COVAX Facility global supply forecast

By WHO region

PRELIMINARY AND SUBJECT TO ASSUMPTIONS

COVAX Available Supply, Cumulative, Mn doses, 2021¹



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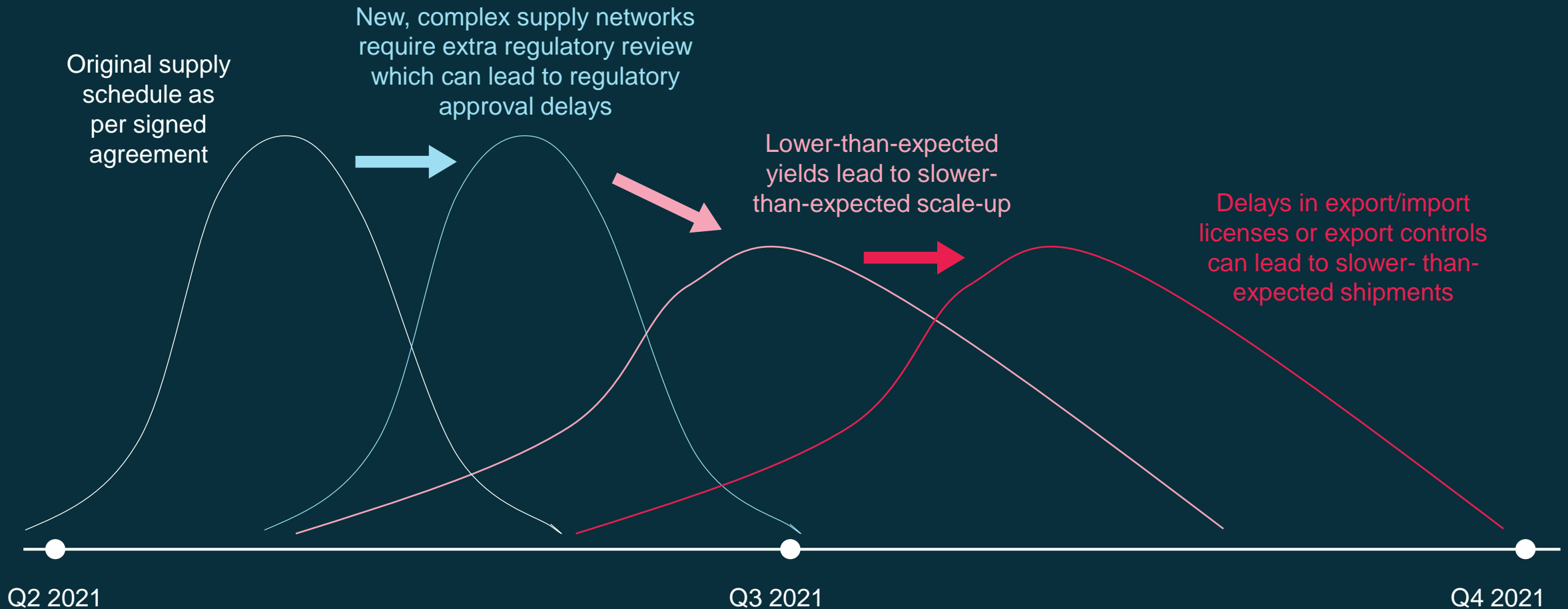
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All buyers are facing delays to supply schedules; COVAX is actively monitoring these and putting mitigation measures in place, although some are beyond our control

Illustrative manufacturer supply schedule



40.8mn dose have been delivered to 117 participants



265.3mn

Doses Allocated

40.8mn

Doses Shipped

124.8mn

Doses Ordered

Overview

① COVAX Facility Updates

- Funding
- Supply & Deals
- Delivery & Shipment

② COVAX Facility Design

- Dose sharing
- Cost sharing
- COVAX Humanitarian Buffer

Dose sharing mechanism under development to bring additional doses to AMC Participants to supplement funded doses

Mechanism under development, and conversations with donors underway to share excess doses via COVAX

Dose sharing via COVAX will help to:

- **Accelerate coverage:** Shared doses enable COVAX to reach high-risk populations faster
- **Deepen coverage:** Shared doses expand coverage rates for recipients
- **Promote equity:** Shared doses leverage allocation mechanism for distribution to advance equity goals
- **Ensure efficiency and maximize benefits to countries:** Streamlined processes and preferential terms for, e.g., indemnity and liability; access to no fault compensation scheme

All shared doses will meet COVAX standards for safety and effectiveness, and will be channeled through relevant COVAX processes

AMC Participants can choose to purchase additional COVAX doses through cost sharing

- Participants can now **formally request to purchase additional doses** via COVAX, drawing on Multilateral Development Bank (MDB) funds
- These doses will be **additional to, not replacing, fully subsidized donor-funded doses**; all countries, regardless of whether they purchase additional doses via cost sharing, will receive the same proportion of fully-subsidized donor funded doses via COVAX
- We expect some **additional doses to be available in 2021/early 2022**; timing will be subject to supply constraints and to the allocation mechanism

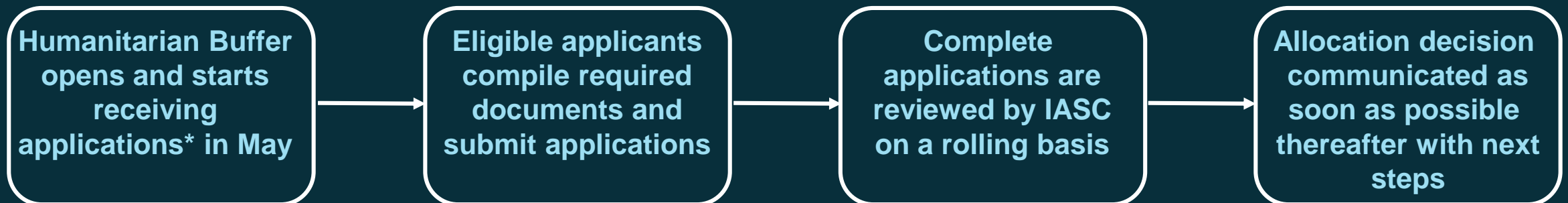
Process for securing additional doses



The COVAX Humanitarian Buffer is a last resort mechanism for high-risk populations in humanitarian settings to access COVID-19 vaccines

Latest news: Inter-Agency Standing Committee (IASC) decision-making group nominated with 9 representatives from ICRC, IFRC, InterAction, IOM, MSF, OCHA, UNHCR, UNICEF, WHO

- 1** First resort: Strong advocacy to include all high-risk groups in **national deployment and vaccination plans (NDVPs)**. If unavoidable gaps remain, COVAX participants and Humanitarian Agencies may apply
- 2** Eligibility of applicants: Humanitarian Agencies to show **demonstrable gap in coverage, competence and experience in delivering vaccination campaigns in humanitarian contexts, and ability to reach populations of concern**
- 3** To understand the full process for review and approval of a Humanitarian Buffer application, **please see the detailed FAQs**



*The Humanitarian Buffer application will be found on the COVAX website at the beginning of May and is for doses, devices and delivery funding, as required.

Vaccine manufacturing and pipeline

Melanie Saville

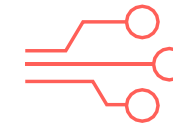
CEPI

Today - 10 CEPI-supported vaccines

	DNA / mRNA			Viral vector		Protein				
COVID-19	Inovio	Moderna	CureVac	University of Hong Kong	AstraZeneca / Univ. Oxford	Novavax	Clover BioPharma	Biological E	SK Bio	VBI Vaccines
Location	USA	USA	Germany	China	UK	USA	China	India	South Korea	USA/ Canada
Platform	DNA	mRNA	mRNA	Viral Vector	Viral Vector	Protein	Protein	Protein	Protein	eVLP
Antigen / Adjuvant	Full-length S protein	Full-length S protein	Full-length S protein	Receptor Binding Domain / ASo3	Full-length S protein	Full-length S protein / saponin-based Matrix-M	Full-length S protein/ASo3 or CPG1018	Monomer RBD /CpG-alum	Nanoparticle displaying RBD/ adjuvant t.b.d.	Pre-fusion S protein (B.1.351 strain)
Current phase	Phase II	Phase III ongoing. Temporary approval granted by at least one Stringent Regulatory Authority	Phase II/III	Phase I	Phase III ongoing. WHO EUL granted	Phase III	Phase II/III	Phase I/II	Phase I/II	Preclinical



Speed



Scale



Access

Current COVID-19 Vaccine Manufacturing Bottlenecks & Challenges

- Shortages of raw materials – single use filters, bags, etc
- Shipment - import/export of vaccines, raw materials and vaccine components
- Multiple tech transfers – requiring complex comparability studies
- Quality Control assay robustness and validation
- Sufficient resourcing – e.g. product release
- Appropriate stability program to support shelf-life through release, distribution and administration

Global COVID-19 Vaccine Supply Chain and Manufacturing Summit

Day One – 8th March 2021

1. C19 vaccine manufacturing and supply chain – technical whitepaper review
2. Experiences managing C19 vaccine supply chain
3. C19 vaccine manufacturing capacity and supporting supply chains – 2021 challenges
4. Upstream raw/single-use material supply challenges – PANEL
5. Interdependencies and impact on non-Covid vaccines and biologicals – PANEL
6. Short and mid-term solutions – PANEL
7. Scope for partnerships to find solutions to manufacturing and supply chain challenges

≈270 registered attendees:

- Vaccine and biologic manufacturers
- Raw/single-use material suppliers
- Government agencies
- Trade associations
- Global public health/trade organisations
- Consultants
- Regulators
- Investors / banks
- CSOs

Day Two – 9th March 2021

8. Multilateralism and how WTO can support C19 vaccine supply
9. Solutions – priority areas for monitoring, action, influence – now and medium term
10. Increasing C19 vaccine manufacturing – bottlenecks and solutions - PANEL
11. Improving supply and manufacturing environment – new variants and regulatory requirements - PANEL

Outputs: Expand capacity, promote equitable access, leave no one behind

- Free flow of goods and workforce
- Continue technology transfer and manufacturing partnerships between innovators and manufacturers to scale up & out C19 vaccine capacity
- Better demand forecasting and inventory management of raw materials and critical consumables
- Support from the highest political level is needed
- Value of regulatory harmonization and streamlining to accelerate manufacturing capacity and supply
- Better production, demand and supply, forecast and visibility
- Give consideration to the potential impacts of C19 production on non-C19 products



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09 March, 2021
18:15 to 18:45UTC+01:00

Virtual Press Briefing following the Global COVID-19 Vaccine Supply Chain & Manufacturing Summit

PROGRAM

6:15 PM – 6:45
PM CET - Geneva /
10:15 – 10:45 AM
EDT - New York

COVAX Manufacturing Taskforce Context

- **Immediate supply issues impede equitable access** through the COVAX facility and require immediate attention, actionable solutions, and thorough implementation
- **Broader ecosystem is preparing supply and manufacturing challenge solutions** which need to be coordinated for short-, medium-, and long-term impact – significant focus on increasing regional autonomy beyond COVAX
- **Accordingly, a targeted manufacturing task force is launched** led by COVAX with the objective to
 - Optimize the number of doses manufactured in the short term
 - Prioritize doses for COVAX with a special emphasis on the AMC92 to ensure greater equity
 - Mitigate unintended impact on other vaccines and health products
 - Initiate regional health security through establishment of sustainable regional long-term manufacturing of vaccines
- Important to provide speed and action and ensure appropriate involvement of all stakeholders including industry and countries

Proposed COVAX manufacturing taskforce focus areas

Aspiration

Impact



1. Potential expansion of coalition members over time if initial coalition members agree
 2. Outcomes of ecosystem mapping might lead to additional catalyst aspirations

3. Ecosystem mapping results to be leveraged to refine this objective
 4. This will be refined in the coming weeks through inclusive consultation with stakeholders

MoU with Africa CDC



[Home](#) / [News](#) / [Announcements](#)

CEPI and the African Union join forces to boost African vaccine R&D and manufacturing



CEPI

CEPI and the African Union join forces to boost African vaccine R&D and manufacturing

Memorandum of Understanding signed between CEPI and Africa CDC to enhance vaccine R&D and manufacturing in Africa.

Focus areas to:

- Expand the availability of scalable, flexible and simple manufacturing across Africa;
- Enable technology transfer to local manufacturers;
- Enhance availability and development of qualified workforce across the value chain;
- Build regulatory capacity for manufacturing and chemistry, manufacturing and controls;
- Develop an eco-system of clinical trials networks and labs to enhance collaboration
- Leverage on the existing networks and broad range of partners

Discussion/Q&A

All

Country examples from civil society representatives

DRC

Kenya

ADDRESSING VACCINE CONFIDENCE; COMMUNITY INVOLVEMENT; AND VACCINE ACCESS

CSO COVAX dialogue – 23 April 2021

Country-based CSO presentations:

Robert Kanwagi, CSO Representative to COVAX Demand TWG & Technical services
consultant – World Vision, East Africa

Sheetal Sharma, Core Group Senior Adviser Immunization, Vice-Chair Gavi CSO Steering
Committee, Covax TWG Enabling Sciences, Kenya

ADDRESSING VACCINE CONFIDENCE; COMMUNITY INVOLVEMENT; AND VACCINE ACCESS

Contents:

- **DRC Highlights-Vaccine Access (Robert)**
- **Vaccine confidence initiatives – DRC (Robert)**
- **Kenya & Challenges and emerging issues (Sheetal)**
- **Overall Recommendations (Sheetal)**
- **Q&A**

WHAT THE NEWS PAPERS ARE REPORTING

UGANDA

THE LIZARD

MAYBE PEOPLE WANT
BRIBES BEFORE
TAKING JABS!



SOUTH
SUDAN

NATION

National Africa World Gender Health Tech News

South Sudan plans to dispose of 60,000 expired Covid vaccines

Tuesday, April 20, 2021



...tion were donated by African telecommunications company MTN and the African Union

WHAT THE NEWS PAPERS ARE REPORTING

Malawi to destroy 16,000 expired Covid vaccines

MALAWI

THURSDAY APRIL 15 2021



Churchgoers wash hands as a preventive measure against the spread of the coronavirus at the Saint Don Bosco Catholic Parish in Lilongwe, Malawi on March 22, 2020. PHOTO | AFP

KENYA

NATION

National Africa World Gender Health Tech Newsplex

New dates for second dose as India sits on Covid vaccines

Friday, April 16, 2021



President Uhuru Kenyatta and First Lady Margaret Kenyatta look on as Cabinet Secretary for Health, Mutahi Kagwe takes the Oxford AstraZeneca vaccine alongside several senior State and Government officials at State House, Nairobi on March 26, 2021.

PSCU

VACCINE ACCESS- DRC

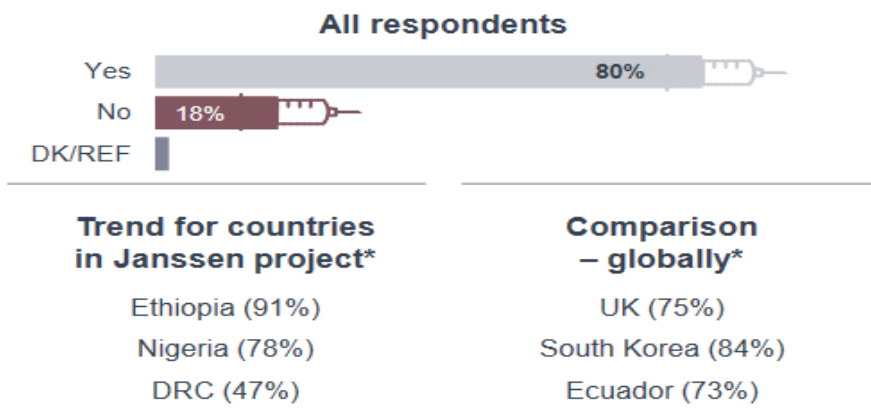
- Inception of the Pandemic in DRC : 10 Mar. 2020.
- As of April 10 2021: 28 576 cases, 1 probable, 745 deaths (2,6%) et 25 714 recovered (89,98%)
- 23/26 provinces affected (88,5%), with Kinshasa, Nord-Kivu, Haut Katanga, Kongo Central et Sud-Kivu hugely impacted.
- DRC Priority targets (20% of total population): health workers, persons above 55 years, and persons with co-morbidities.
- COVID-19 Vaccines Need for DRC: 48,8 M (for 2 doses), and C-19 vaccines received (Astra Zeneca) since March 2 2021: 1^{er} Lot of 1,7 M via COVAX.
- COVID-19 Vaccine Launch – April 19, 2021.
- Approximately **49 days** from date of receiving the vaccines to launching vaccination.
- Why Is the impact of this delay- how does it undermine vaccine confidence
- As of 21st April **only 440** people has been vaccinated.
- **Key Stakeholders**
- A restricted NDV P TF is set up and updates are presented to the Health cluster & C-19 Working Group

DRC VACCINE CONFIDENCE- WHAT WE ARE LEARNING FROM SOCIAL DATA

Uptake of COVID-19 vaccine

By country

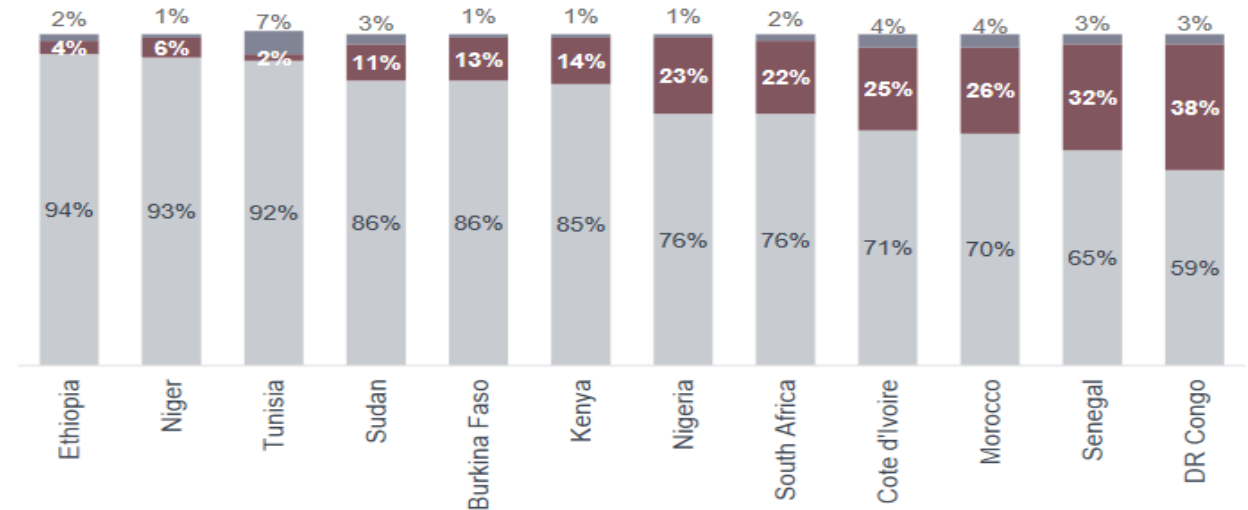
Potential **uptake** of a COVID-19 vaccine in Africa is **high**, though there are significant regional differences. **One in five** respondents say they would **not take** the vaccine.



Q: If a new Coronavirus (COVID-19) vaccine became publicly available and was deemed safe and effective, do you think you would take it?

By country

■ Yes ■ No ■ DK/ REF



² All Respondents: Morocco=1000, Tunisia=1000, Nigeria=1172, Sudan=1075, South Africa=1056, Niger=1173, Cote d'Ivoire=1039, DR Congo=1007, Ethiopia=1001, Burkina Faso=1037, Kenya=1000, Senegal=1010 | * Showing NET Agree here – in the Janssen project 'Agree' scale was used for this question.

WHY THE 59% IN DRC?

- WV conducted 4 BA studies in DRC to better understand the root causes of the low vaccine acceptance in DRC compared to other Africa countries in the study
- The BA studies focused on 1) Adults; 2) Religious Leaders; 3) Adolescents; 4) CHWs
- Studies looked at **Important determinants that influence behavior (4 core + 7 additional)**

1. Self-efficacy/perceived competence

- An individual's belief that they can perform a particular behavior given their current knowledge or skills.
- The set of knowledge, skills, or abilities needed to practice a particular behavior.

2. Perceived social norms

- The Priority Group's belief that someone close to them (often a family member) is in favor of practising the behavior or against doing so.

3. Perceived positive consequences

- The positive things a person thinks will happen as a result of performing a behavior Responses to the positive consequences question can reveal advantages (benefits) of the behavior, attitudes about the behavior, and the perceived positive attributes of the action.

4. Perceived negative consequences

- Negative things that a person thinks will happen as a result of performing a behavior

SELECTED SIGNIFICANT RESULTS OF THE BA STUDIES IN DRC

Adults Study

Perceived access:

- Non-acceptors were 17.7 times more likely to say that “very difficult” it would be difficult for him/her to get to the clinic where vaccine is normally offered than acceptors ($p=0.000$).
- This barrier determinants is more related to cost, geography, distance, language, cultural issues, and gender.

Bridge Activities:

- Non- Health facility vaccination sites- churches, mosques, markets etc
- Taking vaccinations closer to the elderly-

SELECTED SIGNIFICANT RESULTS OF THE BA STUDIES IN DRC

Children Study

Action Efficacy/ Trust:

Non-acceptors were 24.7 times more likely to say that “Not trust it at all” that is how much they would trust C-19 vaccine than acceptors ($p=0.000$).

What the adolescents are saying;

- The vaccine was made to kill people according to the plan of the Satanists;
- Rumours about the danger of this vaccine in our bodies (e.g., adverse effects on the genetic make-up of human beings, which will make it possible to control and manipulate them);
- Risk of transmission of other diseases through vaccination and the one who takes this vaccine, he develops malformations in his body and dies little by little and later

Bridge Activities

- Engage of adolescents on their concerns needs to be part of the broad RCCE- we should not isolate them because they are not part of the priority populations
- Social media engagements- videos + messages through social media to address rumours eg Viral facts Africa
- Make use of the schools/teachers for school going adolescents to engage on vaccines.

SELECTED SIGNIFICANT RESULTS OF THE BA STUDIES IN DRC

CHWs study

Social Norms:

- Non-acceptors were 14.7 times more likely to say that “Not likely” to get C19 vaccine if doctor or nurse recommends than acceptors ($p=0.000$).
- For community health work, they said that the only people that would approve them to get the vaccine are more related to acquaintance. They listed some who are family members; government leaders, Sensitizers(his/her Colleagues who are also CHWs). For those who are married it would be his/her husband/wife

Bridge Activities

- Further investigate what drives this mistrust and address the concerns
- Use of peer groups to educate and mobilize community members for vaccine access and uptake

SELECTED SIGNIFICANT RESULTS OF THE BA STUDIES IN DRC

Faith Leaders study

- **Social Norms:**

Non-acceptors were 6.1 times more likely to say that “Not likely” If Doctor or nurse recommend them to encourage the people they serve as RL to get C19 vaccine than acceptors($p=0.001$)

- **On Action efficacy:**

Non-acceptors were 3.5 times more likely to say that “Not safe at all” it would be for someone in the faith community that they serve as RL to get a C-19 vaccine than acceptors($p=0.000$) .

Bridge Activities

- Dialogues and engagements between the medical fraternity leaders and faith leader's fraternity at country level – understand the causes of the differences in how we are interpreting the science.
- Greater outreach / training of faith leaders in key messages that would address rumours and misconceptions around the vaccine that hinder access and uptake
- Identify champions within the faith fraternity that can work/act agents within the community

EMERGING ISSUES

- **Vaccine eagerness** – demand for the vaccine may outnumber supply e.g., Eswatini and Lesotho
- **Vaccine hesitancy** – being driven by structural practices/policies at country level e.g., delays in launching vaccine, importation of non-SRA vaccines integrating them in the vaccine programme
 - Coordination between CSO & Govt/MoH needs improvement country level-
 - Demand generation has not been given the attention it deserves – all significant investments are biased to supply side
 - Donation of vaccines at almost expiring by private sector to governments- we need a better coordination of vaccine donations outside COVAX
- **Potential Vaccine expiry** – great to understand what could lead to this- how is failure to initiate robust demand creation initiatives a key factor in this possibility- what cost have we paid
- **Priority population framework** – do we still have priority populations in LMC- have we now opened the vaccination to everyone- if so what is the implication of vaccines those that are not greater risk of infection- I would recommend assessment of the compliance to this framework as part of the early learning-
- A lot of **social listening data** + other community data being collected- are the governments using this data- if not why- how is this failure to utilize available data limiting community engagements.
- **Uncoordinated movement of medical + science + political** troops regarding emerging issues around vaccines- how does this contribute to greater vaccine hesitancy , what danger is being done.
- Routine/business as usual- governments thinking people will just turn up to take the vaccines, how the continued lockdowns/curfews/closures of business could be impacting on vaccine uptake or promoting hesitancy- its time to think how we can engage non- traditional actors in the public health space e.g. bar owners.

EARLY INSIGHTS- WORLD BANK ASSESSMENT REPORT ON NDVPS, MARCH 2021

*The assessments reveal that while 85% of countries have developed national vaccination plans and 68% have vaccine safety systems, only 30% have developed processes to train the large number of vaccinators who will be needed for the campaign and only **27% have created social mobilization and public engagement strategies to encourage people to get vaccinated.***

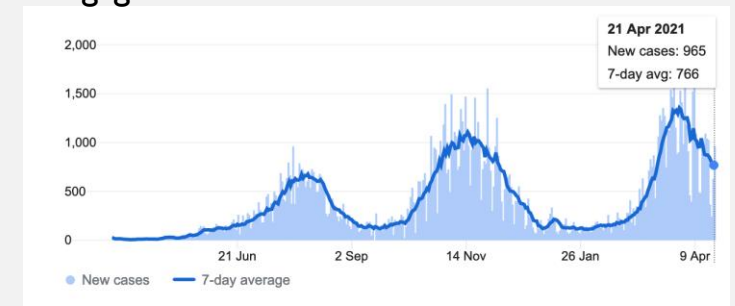
Given the worrying vaccine hesitancy levels, strategies to generate confidence, acceptance and demand for the vaccine are urgently needed.

VACCINE ACCESS – KENYA (POP. 52 MILLION)

- April 20, 2021, there have been 153,488 confirmed cases of COVID-19 in Kenya,
- 105,279 recovered patients and 2,540 related deaths.
- **This ranks Kenya as 8th on the case fatality rate in Africa.**
- The Kenyan MoH has ordered 24 million AstraZeneca doses of the COVID-19 vaccine. First shipment of 1.02 million doses of the Oxford/AstraZeneca vaccine from COVAX on March 2, additional 100,000 doses from the Government of India, and AU doses tbc.
- An additional shipment of 2.5 million doses has been delayed to May.
- Started vaccinating front line health care workers and other priority groups at Level 4-6 public facilities and selected private hospitals. 20 April 2021: Total 750,471 persons have been vaccinated, 427,790 (58 and above), 146,091 (Health workers), 114,606 are Teachers while 61,984 are Security Officers.

Key Stakeholders

- Kenyan presidential level steering committee and task force on COVID-19 vaccine leads the country coordination.
- Other key stakeholders engaged via technical sub-committees reporting to the task force include MOH/EPI, UNICEF, GAVI, USAID, and implementing partners including CSOs, including JSI, PATH and others.
- World Bank funds for operational costs and additional vaccines have been delayed in disbursement, leaving a gap in funding for immediate term rollout costs.
- In Kenya's decentralized system, county-level government and health officials will need increased engagement as the vaccine rolls out, CSOs can play a role.



CHALLENGES, EMERGING ISSUES AND RECOMMENDATIONS

- The understanding of COVID-19 epidemiology continues to evolve and is rapidly changing as new variants are emerging in different regions around the world.
- Coordination and support for the operations of COVID-19 vaccination remain a challenge both within and among levels in the Kenyan decentralized system, including information flows, involvement of traditional technical partners and county leaders.
- Training for Health Workers (HW) began in March and rapidly rolled out to national and county levels, however further complementary capacity building is needed to promote acceptance of the vaccine among HW and to ensure they have the information and skills needed to manage and administer the vaccine, especially in the rapidly evolving COVID-19 vaccine context.
- There is need to support data collection (**Pre-registration**), and monitoring of vaccine administration, adverse events monitoring, as well as supply chain challenges to **manage multiple vaccines in the system**.
- Managing the balance between rapid rollout and quality implementation requires support particularly for HW capacity and engagement as key actors in promoting the value of COVID-19 vaccination.
- Delays in vaccine deliveries, lack of vaccine vial monitors, and evolving allocation strategies for multiple vaccines will require tailored communication plans and, adaptable supply chain approaches and comprehensive capacity building strategies for HWs and the communities, including vaccine managers throughout the different phases of introduction.
- Engaging with Inter-faith councils for vaccine 'camps'; outreaches, requires tapping into CSO networks including National Red Crosses, etc.

RECOMMENDATIONS

Coverage

- Delivery to a more sustainable approach i.e. Community / Facility-based approach
- Complement the facility-based approach with accelerated immunization activities
- Ramp up advocacy and social mobilization efforts to ensure that the target population receives the message and seeks the vaccine at the facility
- Ensure a tier system of delivery to support the vaccination of prioritized populations within communities.
- Support economic recovery i.e. "going back to work" through the plan by targeting resources for Covid-19 vaccines, and COVAX who aim to deliver 30% of doses to cover the population for 2021-2022.

Microplanning

- Ensure accurate and timely micro-planning and mapping of the target population
- Ensure timely and adequate vaccine supply
- Use appropriate advocacy and social mobilization using the disease specific platform

Staff Training

- Ensure technical guidelines and job aides are available at all levels including service points
- Technical guidelines and other materials should be bundled and delivered early in advance

Cold chain / storage capacity

- Ensure adequate planning and mapping of sites
- Various investments (e.g. Gavi, KFW) have increased the cold chain capacity NVIP has developed a 5-year Cold Chain Expansion and Rehabilitation Plan (CCERP) that will guide investment in cold chain.
- To finance the plan, the MOH will enhance its advocacy activities with county leadership and immunization partners, as well as mobilize resources for CCE through Gavi HSS and CCEOP

RECOMMENDATIONS

Vaccine acceptability and dropout rates

- Increased engagement with stakeholders, especially religious leaders, and immunization champions, to reduce vaccine hesitancy and dropout rates.
- Packaging the vaccines as a COVID Control strategy
- Collaboration with other ministries e.g., Education, interior will lead to the success of the roll out.
- Apply strategies that have worked in the past to increase demand for the vaccine e.g., use of SMS

Others

- Ensure technical guidelines and job aides are available at all levels including service points, ahead of the introduction.
- Conduct an audience segmentation and adapt messages to specific audiences targeting the concerns raised.
- Engage relevant experts to continuously engage and regularly provide updates to health workers on the COVID Vaccines

Country readiness and delivery, and vaccine confidence

Benjamin Schreiber, UNICEF

Lisa Menning, WHO

We are seeing several bottlenecks in the implementation



Multiple vaccines in country: Reports of schedules being completed using a different vaccine.



Short shelf life: Short expiry times of vaccines at the time of their arrival are a real problem to be managed at the level of the countries. In countries with low operational capacity, doses risk going idle and effective distribution cannot be ensured.



Vaccine hesitancy: also amongst healthcare workers and concerns circulating following reporting on AstraZeneca and Janssen vaccines



Safety concerns: AZ and JnJ concerns



Target population and service delivery: Concern that delays in training are leading to delayed rollout of vaccination. Concern that use of non-EPI staff for COVID-19 vaccination may affect service quality and data reporting, including reporting of AEFI.



Knowledge management: As an increasing number of variants emerge, countries have reported the need for data on efficacy, effectiveness and safety of different products against variants of concern.



Monitoring and surveillance: Several countries are not reporting vaccination data since the MOH has not authorized data sharing with WHO. Lack of granular data to monitor uptake in different target groups from many countries; countries are either unable to report or fail to report.

“Red Flags Review” - regular monitoring to identify and elevate challenges and risks...

... input from CSOs would be very important!!!

Examples of ‘red flags’ that will be regularly tracked

Vaccine uptake	Are vaccines being consumed? Too slow?
Safety	Are Adverse Events Following Immunization (AEFI) being reported?
Cold chain	Has the country applied for CCE funding? What stage is the country in their CCE application? Is the country prepared to receive its next shipment of vaccine from the COVAX Facility with adequate space in the cold stores?
Costing and financing	Have countries received operational funding? What countries have delayed roll-out due to a lack of operational funding?

How can CSO’s share insights and concerns?

Version 2.0 of “Guidance for National Deployment and Vaccination (NDVP) for COVID-19 vaccines” provides a framework to further support countries

This document will guide national governments in developing and updating their National Deployment and Vaccination Plan (NDVP) for COVID-19 vaccines.



Three main objectives of this document

- 1. Developing and updating countries NDVP** for the introduction of COVID-19 vaccines
- 2. Designing strategies** for the deployment, implementation and monitoring of the COVID-19 vaccine(s) in country
- 3. Ensuring the plan and related financing is well aligned with other national COVID-19 recovery and response and support plans**, and implementation is fully integrated into national governance mechanisms

- *Due to the constantly changing environment for COVID-19 vaccine development, the guidance is based upon key assumptions, best available at this time.*
- *This guidance document will be available on the WHO website and on the TechNet-21 website.*

Recently, COVAX has released additional trainings and resources to respond to some of the most current needs of countries

Trainings




- Short **instructional videos** on how to handle, prepare, and administer the Pfizer, Moderna, AstraZeneca vaccines (Janssen coming soon!)
- **training videos** for identifying and responding to anaphylaxis
- Now available in **all UN languages and Portuguese**

Latest added resources

- **Job aides** on 1) why there are **extra doses of vaccine in the vials** and 2) supportive supervision checklist
- **Janssen vaccine explainer**
- **Guidance on safe Ramadan practices** in the context of COVID-19
- Many more!

COVID-19 Vaccine Explainer
24 MARCH 2021

COVID-19 Vaccine Janssen
(Ad26.COV2-S [recombinant])
Manufacturer: Janssen-Cilag International NV



The COVID-19 Vaccine Janssen (Ad26.COV2-S [recombinant]) is a non-replicating adenoviral vector vaccine against coronavirus disease 2019 (COVID-19). The vector virus contained within the vaccine delivers an instruction to host cells to produce the SARS-CoV-2 antigen called the spike protein, which triggers the production of antibodies. This allows the body to generate an immune response and to retain that information in memory immune cells. Efficacy shown in clinical trials in participants who received a single dose of COVID-19 Vaccine Janssen was 66.9% against symptomatic SARS-CoV-2 infection, 78.7% against severe COVID-19 after 14 days and 85.4% after 28 days, and 93.1% against hospitalizations. The data reviewed at this time support the conclusion that the known and potential benefits of COVID-19 Vaccine Janssen outweigh the known and potential risks.

COVID-19 Vaccine Job aid
15 APRIL 2021

Date of WHO Emergency Use Listing (EUL) recommendation: 12 March 2021

Why are there extra doses of vaccine in the vaccine vial?

In multi-dose vials, there can be a difference between the number of doses stated on the vaccine label and the true number of doses that can be withdrawn. The true number of doses available from a multi-dose vial will depend on several factors such as syringe dead space, vial overfill volume, and technique and accuracy of doses withdrawn and delivered. For more information

Factors shaping COVID-19 vaccine confidence today

...amongst other factors

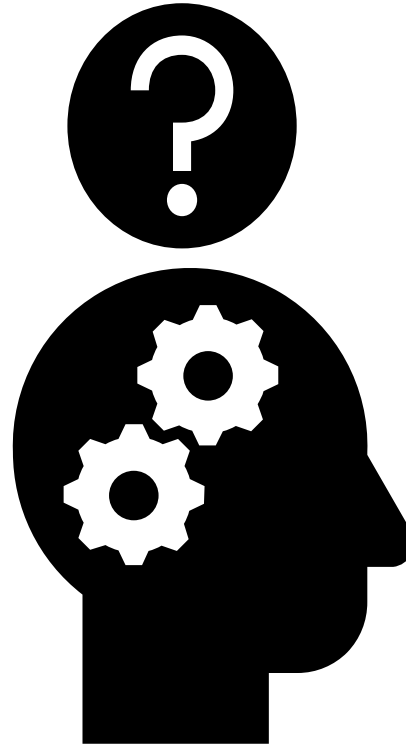
Questions

Concerns, anxiety

Low risk perception of COVID-19

Risk adverse sentiment

Confusion



Regain freedoms

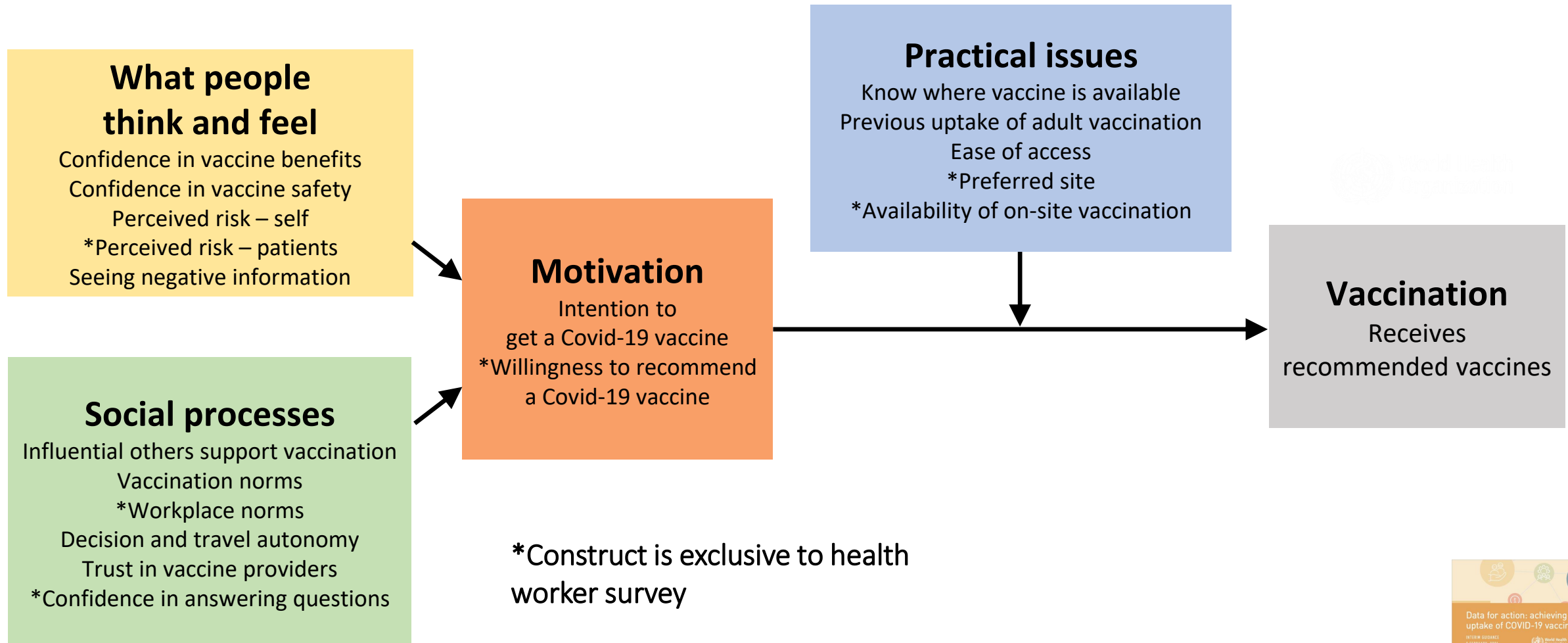
Return to work

Make predictable plans

Visit family and friends

Protect self, family and community

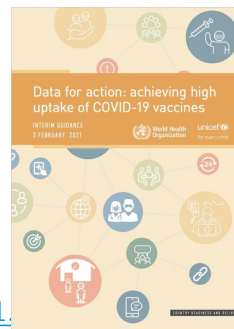
What influences COVID-19 vaccine uptake?



Source: The BeSD expert working group. Based on: Brewer NT, Chapman GB, Rothman AJ, Leask J, and Kempe A (2017).

Increasing vaccination: Putting psychological science into action. *Psychological Science for the Public Interest*. 18(3): 149-207

Tools : Data for action - achieving high uptake of COVID-19 vaccines (Jan. 2021) <https://www.who.int/publications/i/item/WHO-2019-nCoV-vaccination-demand-planning-2021>.



For the current situation...



ORGANISE: Connect with coordination groups, colleagues, partners, ... and enact the risk comms response

LISTEN: Gather and triangulate data from a range of sources, incl. digital listening and community surveys

COMMUNICATE:

- Adapt and pre-test messages, in advance if possible
- Make comms clear, concise, timely, transparent, positive, and emphasize scientific consensus
- Acknowledge questions and concerns... and do not dismiss, do not over-reassure
- Prioritise and equip health workers
- Recommend vaccination

ENGAGE:

- Identify and equip *trusted* experts, champions, community representatives, etc
- Enhance community engagement and dialogue with relevant local CSOs, FBOs and relevant local influencers

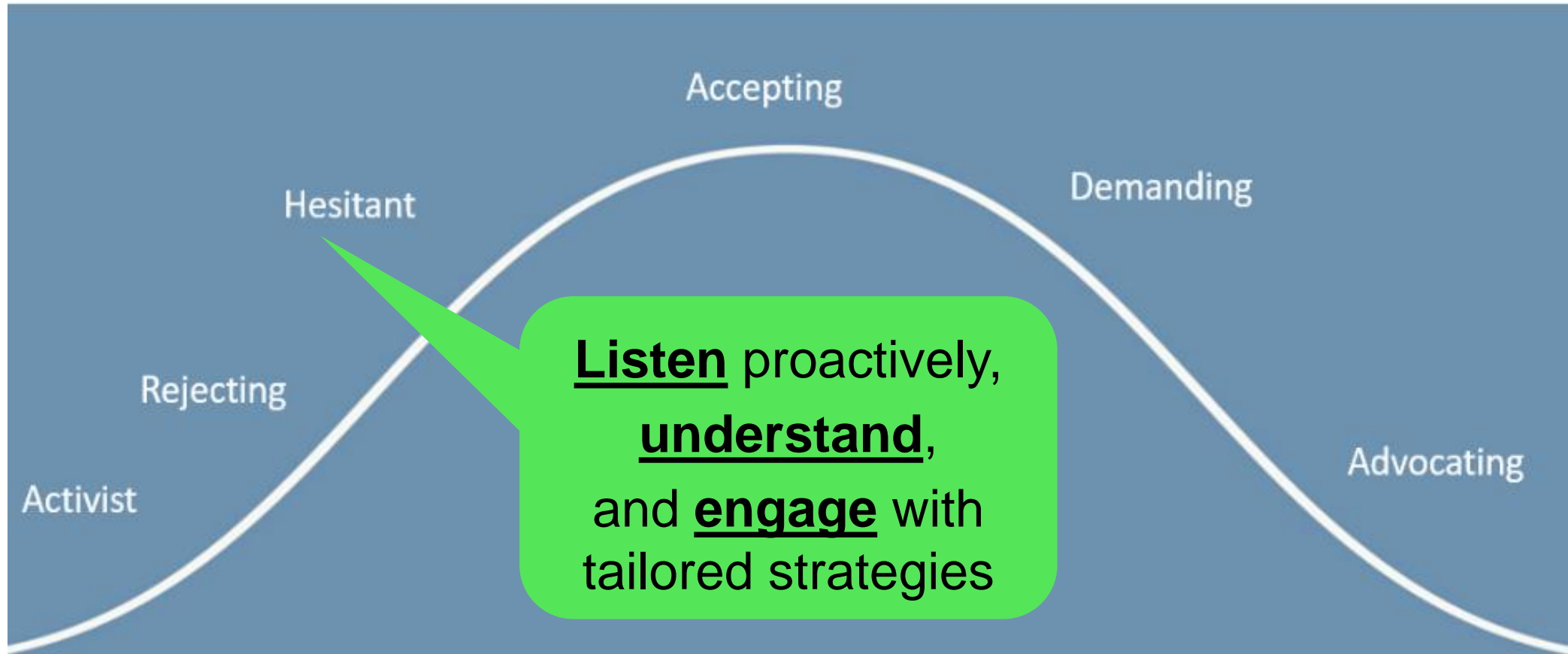
If issue continues to receive widespread attention, intensify activities:

Brief journalists... engage on social media... scale up community engagement... regularly communicate updates

... and keep gathering and using data!

Spectrum of intentions related to vaccines

Tailor the response to match



Examples of key messages for AZ COVID-19 vaccines

To be adapted locally

- **The AstraZeneca COVID-19 vaccine is very effective** in preventing severe disease and death due to COVID-19 in adults of all ages
- Over 900 million doses have been administered worldwide with very few serious side effects
- A very rare but serious side effect (blood clotting with low platelets) may occur after a first dose:
 - Initial experience shows that it occurs in about 4-6 people in a million
 - It appears to be less likely in older adults than younger adults – but remains very rare
- **The benefits of vaccination are far greater than the risk of the rare side effect.** In addition to the benefits in preventing severe disease and death due to COVID-19, the vaccine offers:
 - Protection against overall COVID-19 and complications from “long COVID” and death
 - Protection potentially for close contacts and the community, by preventing transmission
 - The risk of severe disease from some variant strains of the virus, which may be even higher
- **Use of the vaccine continues to be recommended** [for groups prioritised]

Resources: risk comms

COVID-19 vaccine safety surveillance manual – chapter 9 (communications)

<https://www.who.int/publications/i/item/10665338400>

Package of guidance on acceptance and demand for COVID-19 vaccines

<https://www.who.int/initiatives/act-accelerator/covax/covid-19-vaccine-country-readiness-and-delivery/acceptance-and-demand>

Data for action: achieving high uptake of COVID-19 vaccines

<https://www.who.int/publications/i/item/WHO-2019-nCoV-vaccination-demand-planning-2021.1>

Crisis and Emergency Risk Communication Introduction

https://emergency.cdc.gov/cerc/ppt/CERC_Introduction.pdf

Risk Communication Essentials Online Training

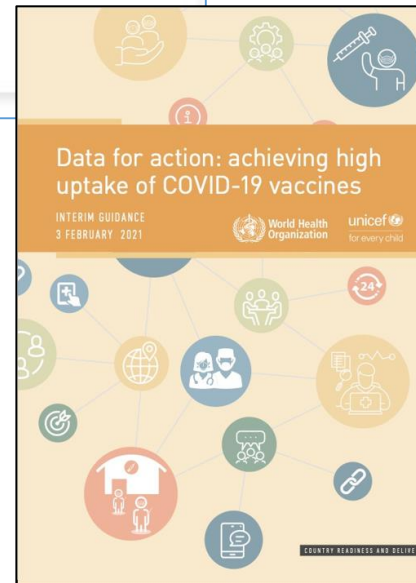
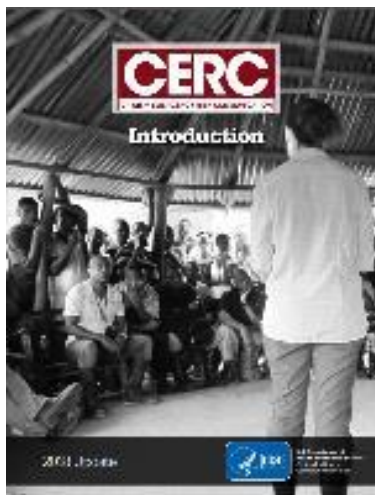
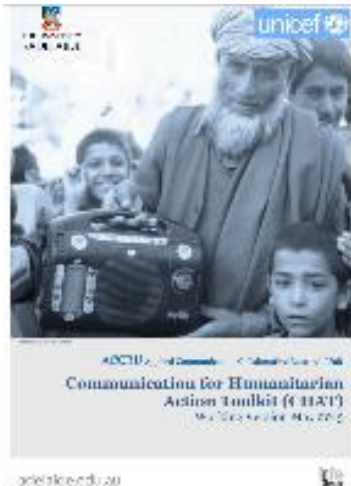
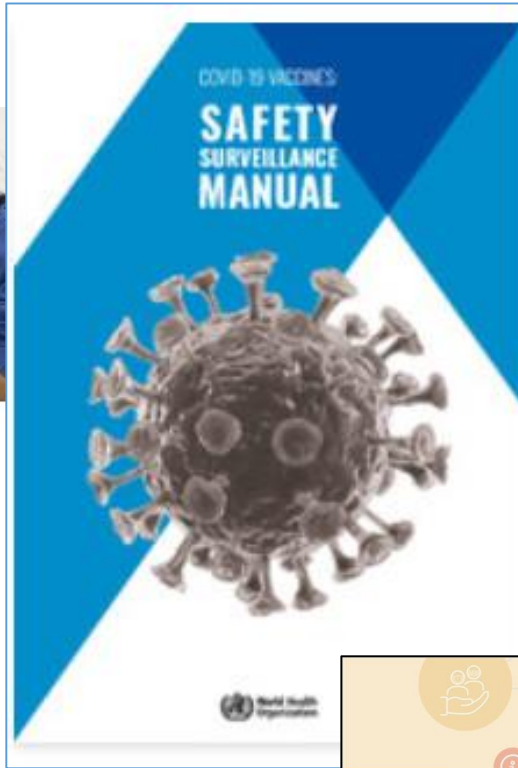
<https://openwho.org/courses/risk-communication>

RCCE Action Plan Guidance COVID-19 Preparedness & Response

[https://www.who.int/publications/i/item/risk-communication-and-community-engagement-\(rcce\)-action-plan-guidance](https://www.who.int/publications/i/item/risk-communication-and-community-engagement-(rcce)-action-plan-guidance)



RCCE ACTION PLAN GUIDANCE
COVID-19
preparedness
& response



Information resources on www.who.int

VACCINES EXPLAINED SERIES

1. How do vaccines work? [AR](#) [EN](#) [ES](#) [FR](#) [RU](#) [ZH](#)
2. How are vaccines developed? [AR](#) [EN](#) [ES](#) [FR](#) [RU](#) [ZH](#)
3. Manufacturing, safety and quality control of vaccines [EN](#) [FR](#) [ES](#) [RU](#) [ZH](#) [DE](#)
4. The different types of COVID-19 vaccines [EN](#) [AR](#) [ES](#) [FR](#) [RU](#) [ZH](#)
5. Fair and equitable allocation of limited supplies? [EN](#) [AR](#) [ES](#) [FR](#) [RU](#) [ZH](#)
6. Country readiness for COVID-19 vaccines [EN](#)
7. The effects of virus variants on COVID-19 vaccines [EN](#)
8. Side effects of COVID-19 Vaccines [EN](#)
9. Getting the COVID-19 Vaccine [EN](#)
- 10: Safety of COVID-19 Vaccines [EN](#)

OTHER CONTENT

[Covid-19 Q&As – general and safety-related](#)

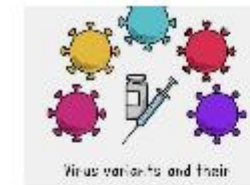
[Covid-19 Vaccine videos](#)

[Covid-19 Vaccine information](#)

[COVAX information](#)

COVID-19 vaccine country readiness and delivery [AR](#) [EN](#) [ES](#) [FR](#) [RU](#) [ZH](#)

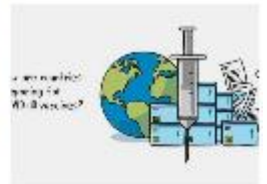
Feature stories



1 March 2021
The effects of virus variants on COVID-19 vaccines



30 February 2021
Inside the Mammoth Undertaking of Global Vaccine Distribution



16 February 2021
Country readiness for COVID-19 vaccines

Multimedia



Combat misinformation

[Let's flatten the infodemic curve](#)

[Report misinformation about COVID-19](#)

[Mythbusters](#)

[Responsible media reporting on COVID-19 Vaccines](#)



COVID-19 vaccine introduction toolkit



COVAX

CEPI



Countries are beginning to deploy COVID-19 vaccines, bringing new hope to the fight against the global pandemic. WHO, [UNICEF](#), [Gavi](#) and many other partners are working together to support countries as they ensure infrastructure is in place and the technical capacity is available.

The COVID-19 vaccine introduction toolbox contains guidance, tools, and training. This toolbox is designed for all stakeholders.

The toolbox is organized in line with the [Guidance](#) and will be updated as new resources become available.

- [Developing a National Deployment and Vaccination Strategy](#)
- [Submitting a National Deployment and Vaccination Strategy](#)
- [Regulatory preparedness](#)
- [Indemnification and liability](#)
- [Costing and funding](#)
- [Target populations and delivery strategies](#)
- [Supply and logistics](#)
- [Human resources and training](#)
- [Vaccine specific resources](#)
- [Vaccine acceptance and uptake \(demand\)](#)
- [Vaccine safety](#)
- [Data and monitoring](#)
- [Evaluation of COVID-19 vaccine introduction](#)
- [Additional resources](#)
- [Q&As](#)
- [Vaccines explained](#)
- [Country readiness and delivery workstream](#)

The COVID-19 vaccine introduction toolkit

- For all resources and training documents
- Supporting planning and implementation
- Updated regularly with all latest resources

[English](#) [Arabic](#) [Chinese](#) [French](#) [Russian](#) [Spanish](#)

Questions? Feedback?

COVID19vaccineresources@who.int

<https://www.who.int/tools/covid-19-vaccine-introduction-toolkit>

Discussion/Q&A

All

Thank you

Next CSO COVAX dialogues:

Friday 21 May, 13h-15h CET

Tuesday 29 June, 13h-15h CET

FOR FURTHER INFORMATION...

COVAX Facility:

<https://www.gavi.org/covax-facility> and <https://www.gavi.org/vaccineswork>

COVID-19 vaccines:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines>

Country readiness and delivery:

<https://www.who.int/initiatives/act-accelerator/covax/covid-19-vaccine-country-readiness-and-delivery>

To sign up for our mailing list: CSO_COVAX@who.int