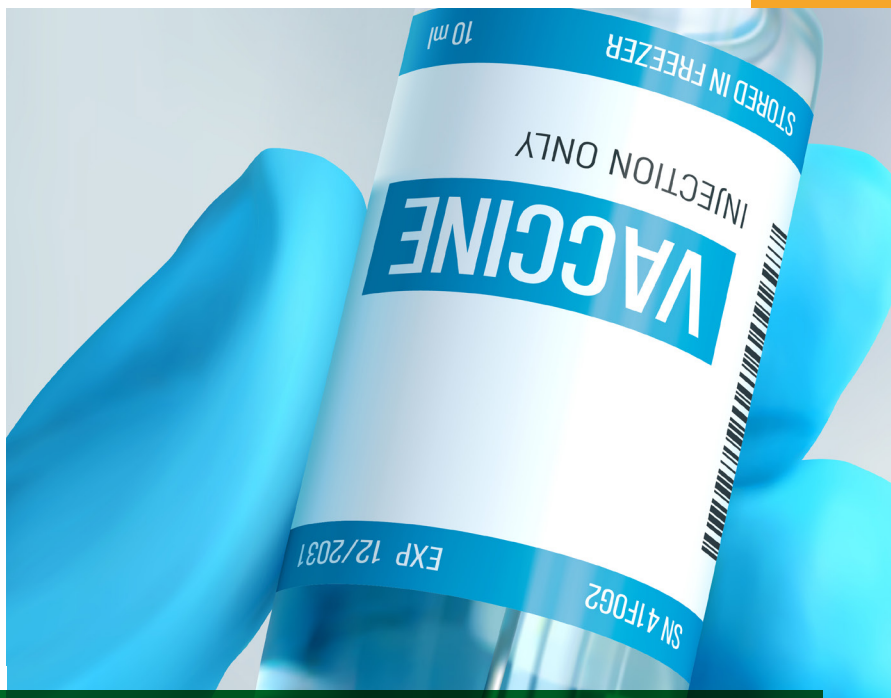
World Health Organization
REGIONAL OFFICE FOR Africa



COVID-19 VACCINATION IN THE WHO AFRICAN REGION

MONTHLY BULLETIN

FEBRUARY 2022

DATE OF ISSUE: 07 MARCH 2022
DATA AS OF 27 FEBRUARY 2022
ISSUE N° 01

AT A GLANCE

VACCINE DOSES RECEIVED FROM COVAX
69%

VACCINE DOSES RECEIVED OVER NEEDED TO REACH 70% OF PEOPLE FULLY VACCINATED
32%

DOSES EXPIRED OVER RECEIVED
0.7%

DOSES ADMINISTERED OVER RECEIVED
51%

COUNTRIES THAT HAVE ADMINISTERED LESS THAN 50% OF DOSES RECEIVED
27

COUNTRIES THAT REPORTED EXPIRED DOSES
27

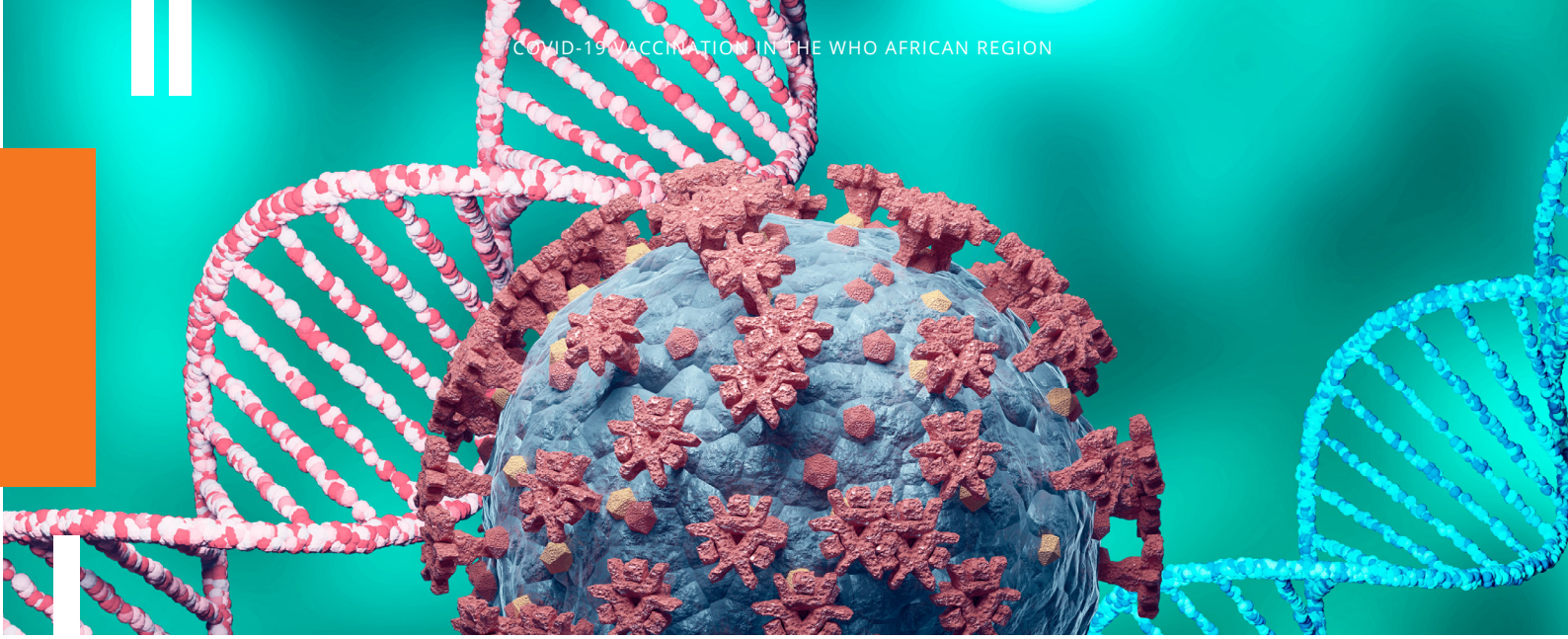
INCREASE IN NUMBER OF DOSES ADMINISTERED IN FEBRUARY 2022 COMPARED TO JANUARY 2022
23%

PEOPLE FULLY VACCINATED
10%

COUNTRIES YET TO SURPASS 10% OF PEOPLE FULLY VACCINATED
15

PRIORITY COUNTRIES FOR ENHANCED PARTNER'S SUPPORT
20

TABLE OF CONTENTS



SUMMARY

The African region is lagging behind in COVID-19 vaccination roll out with only 10.2% of its population fully vaccinated compared to 55.5% globally. Between January and August 2021, the low vaccination coverage was due to insufficient availability of vaccines. Since August 2021, vaccine supply in the African region has increased significantly, especially through the COVAX Facility, which has donated 69% of all vaccines received in the African region. With only 51.1% of vaccines received administered and reports of expired COVID-19 vaccines in 27 countries, the low vaccination rate appears to be the consequence of insufficient vaccine demand and limited capacity to roll out the vaccination programme. As result, only 5 countries have achieved the target of vaccinating 40% of their population set for December 2021, and 15 countries are yet to reach 10% of their population fully vaccinated. It is critical for the WHO Regional Office for Africa (WHO AFRO) and other partners to provide the requisite technical and financial support to Member States in order to speed and scale up COVID-19 vaccination and achieve the target of fully vaccinating 70% of the population in all countries by the end of June 2022. To this end, the WHO AFRO launched, in January 2022, a new initiative aiming to ramp up COVID-19 vaccination in Africa: the Multi-Partners Country Support Teams initiative.

Twenty priority countries, at high risk of slow COVID-19 vaccination roll out, have been identified for this initiative. WHO AFRO has already deployed 30 experts in 18 out of the 20 priority countries. Six countries out of the 20 priority countries (Côte d'Ivoire, Ethiopia, Ghana, DR Congo, Guinea Bissau and Kenya) have started to implement phased vaccination campaigns to ramp up COVID-vaccination rates. Overall, the number of doses administered in the African region increased by 23% in February 2022 compared to January 2022. Among the six countries with the largest populations in the region, the number of doses administered significantly increased in February 2022 compared to January 2022 in 4 countries. These were Ethiopia, DRC, Tanzania and Kenya. However, in Nigeria, the number of doses decreased slightly by 10% in February, following a 59% increase in January 2022.

Kenya implemented a 14-day COVID-19 vaccination drive (3-17 February 2022), increasing the number of vaccination sites from about 800 to 6,000 including 3,000 fixed sites and 3,000 outreach units. Outreach, outreach community units were deployed in densely populated areas across the country. This mass vaccination approach led to an increase in COVID-19 vaccine uptake with an average of 200,000 people vaccinated daily compared to 70,000 per day

before the campaign. This would suggest that low demand for vaccination is in fact not linked only to hesitancy, but other factors could affect uptake. Efforts to understand the community barriers and facilitators to vaccination are ongoing. The percentage of people fully vaccinated increased from 9.9% before the start of the campaign to 13.4% at the end of the campaign. The key lesson learned from Kenya is that success in attaining desirable COVID-19 vaccination coverage depends on a combination of factors, including strong leadership and commitment, adequate planning to facilitate access, good preparation, and continuous advocacy at national and sub-national levels to create vaccine demand.

With the support of UNICEF, the Ministry of Health of Malawi expedited vaccination delivery through mobile clinics to rural communities, including hard to reach areas, coupled with intensified social and behavior change communication, under an initiative called "COVID-19 vaccine express". This initiative dramatically increased vaccine uptake and utilization by 60%, over a period of two months where the monthly dose utilization increased from 120,000 to 361,000. The vaccine express initiative created opportunities for frontline workers to interact with families, thus addressing rumors and fears and increasing willingness to get vaccinated. From this experience, National authorities and Partners learned that Social and Behavior Change Communication is more effective when it goes beyond messaging, and address structural barriers that affect convenient access to vaccination. When access meets willingness (to get vaccinated), vaccination programmes have a greater likelihood of success. Malawi continues to implement the vaccine express initiative accross the country as a new model of delivery.

1. COVID-19 vaccination situation update

1.1. Vaccines received

Forty-six countries out of the 47 in the African region are rolling out COVID-19 vaccination. Eritrea remains the only country in the region that has not yet introduced COVID-19 vaccination in the national response to the pandemic.

As of 27 February 2022, a cumulative total of 515,184,517 doses of COVID-19 vaccines have been received in the African region, out of 1,627 million doses needed to reach 70% of the population in all countries. This translates into a cumulative receipt of 31.6% of the vaccines required to achieve the set target. Of the doses received, 355.5 million (69%) were from COVAX, 119.0 million (23%) from bilateral cooperation and 40.6 million (8%) from the African Vaccine Acquisition Task Trust (AVATT) (Figure 1).

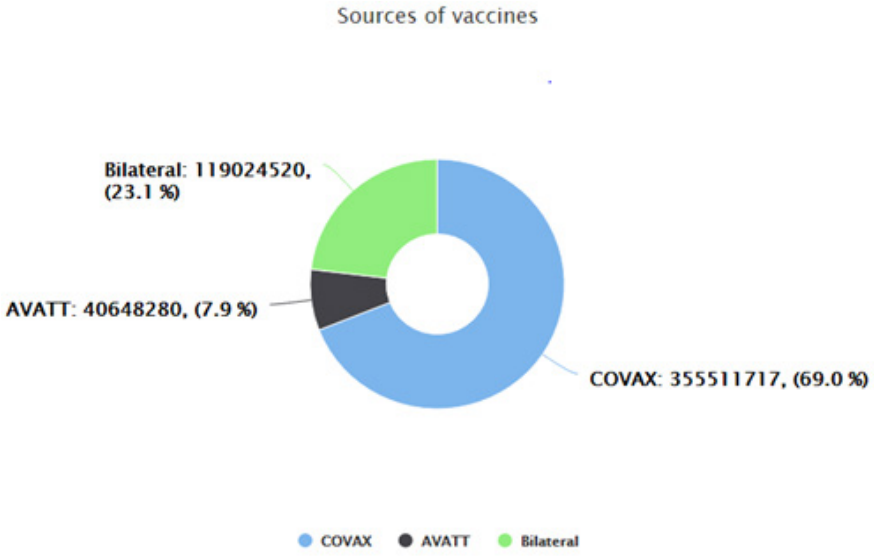


Figure 1: Doses of COVID-19 received in the African region by source, as of 27 February 2022

"Of the doses received, 355.5 million (69%) were from COVAX, 119.0 million (23%) from bilateral cooperation and 40.6 million (8%) from the African Vaccine Acquisition Task Trust (AVATT) "

"The median percentage of doses received against those required to fully vaccinate 70% of the populations was 40.4%, ranging from 4.7% in Burundi to 221% in Seychelles. "

The median percentage of doses received against those required to fully vaccinate 70% of the population was 40.4%, ranging from 4.7% in Burundi to 221% in Seychelles.
Indeed, Cape Verde, Sao Tome and Principe, Rwanda, Zimbabwe, Mauritius and Seychelles have received more doses than needed to fully vaccinate 70% of their population. Four of out six of these countries are island nations with small and scattered populations. Notably, these six countries have started to offer booster doses to fully vaccinated adults, and some have expanded eligible populations to include children aged 12 years or more.

Figure 2 presents the distribution of the percentage of doses received over needed to reach 70% of people vaccinated by country.

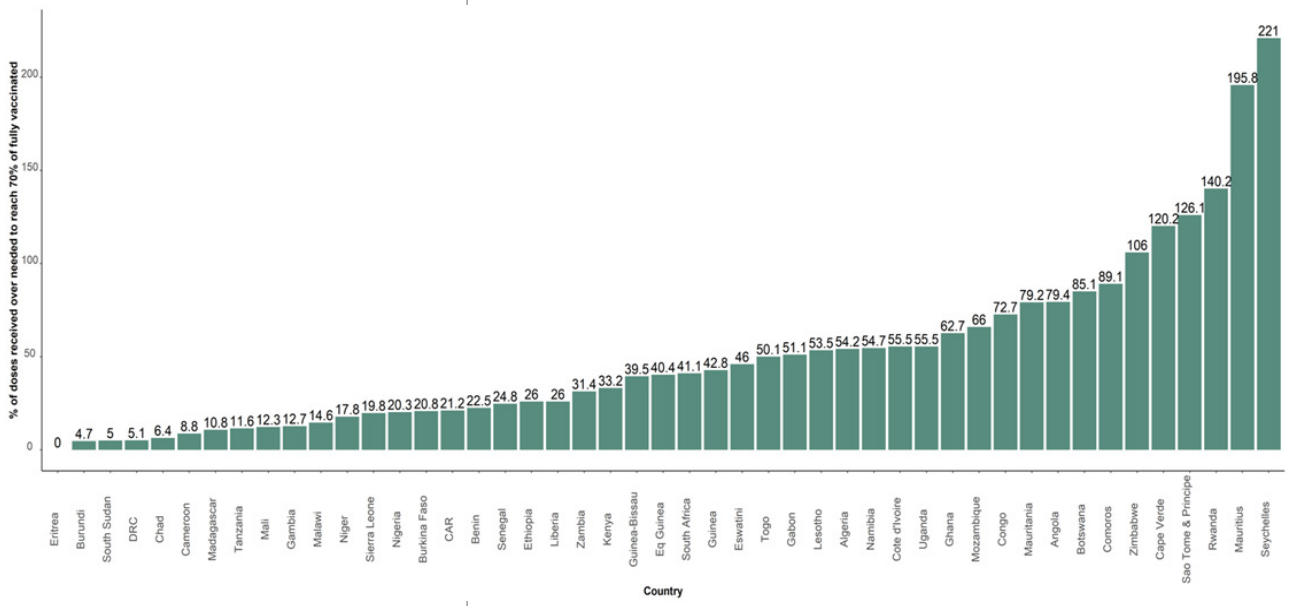


Figure 2: Percentage of COVID-19 vaccine doses required to fully vaccinate 70% of eligible populations received by country in the African region (data as of 27 February 2022)

Johnson & Johnson and AstraZeneca (Oxford and Covishield) account for 25.2% and 19.2% of vaccines received in the region. Table 1 presents the distribution of doses received in in the African region as of 27 February 2022 by type of vaccine.

Table 1: Cumulative doses of vaccines received as of 27 February 2022 by type of vaccine

Vaccines	Doses received	% doses received
Janssen	130 045 080	25.2
AstraZeneca	99 609 480	19.3
Pfizer_BioNtech	84 849 615	16.5
Sinopharm	75 525 750	14.7
Not specified	46 177 218	9.0
Sinovac	42 009 114	8.1
Moderna	34 342 820	6.7
Sputnik V	2 390 440	0.5
Covaxin	235 000	0.05
Total	**515 184 517**	**100.0**

1.2. Covid-19 vaccines administered

Of the 515 million doses received, 263,100,042 have been administered, representing 51.1% of doses received. The percentage of doses administered over received ranged from 1.4% in Burundi to 91.0% in South Africa. Twenty-seven countries out of 46 (59%) have administered less than 50% of doses received.

The African region has recorded 3,713,864 doses that have expired in 27 countries, accounting for 0.7% of all doses received in the region. The percentage of doses expired ranged from 0.1 in Central African Republic and Congo to 16.1% in Seychelles.
Figure 3 presents the percentage of doses administered, expired and available over the doses received by country.

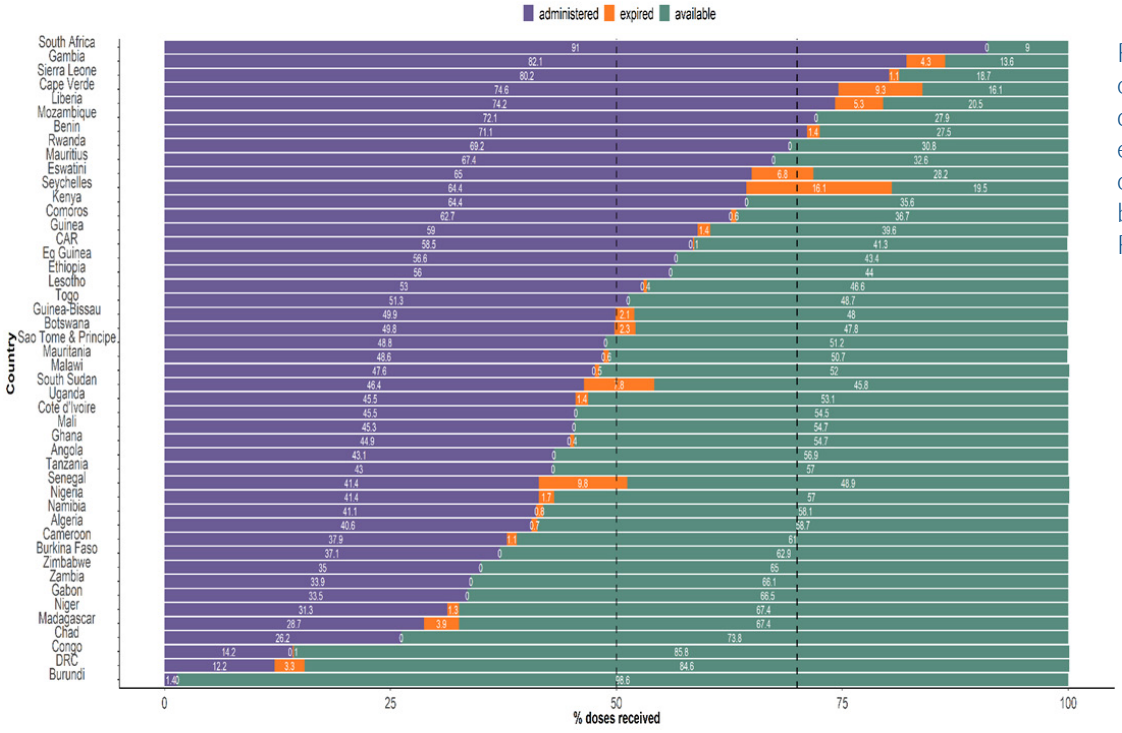


Figure 3: Percentage of COVID-19 vaccine doses administered, expired and available over the doses received by country (data as 27 February 2022)

Figure 4 presents the distribution of the number of doses administered in the African region by month of reporting. The number of doses administered increased by 23% in February 2022 compared to January 2022. On average, 12,734,357 doses were administered per week in February 2022. To reach 70% of people fully vaccinated by end June 2022, 1.36 billion doses need to be administered between March and June 2022. This translates into 85 million doses to be administered per week (7 times the number of doses administered per week on average in February 2022 in February 2022).

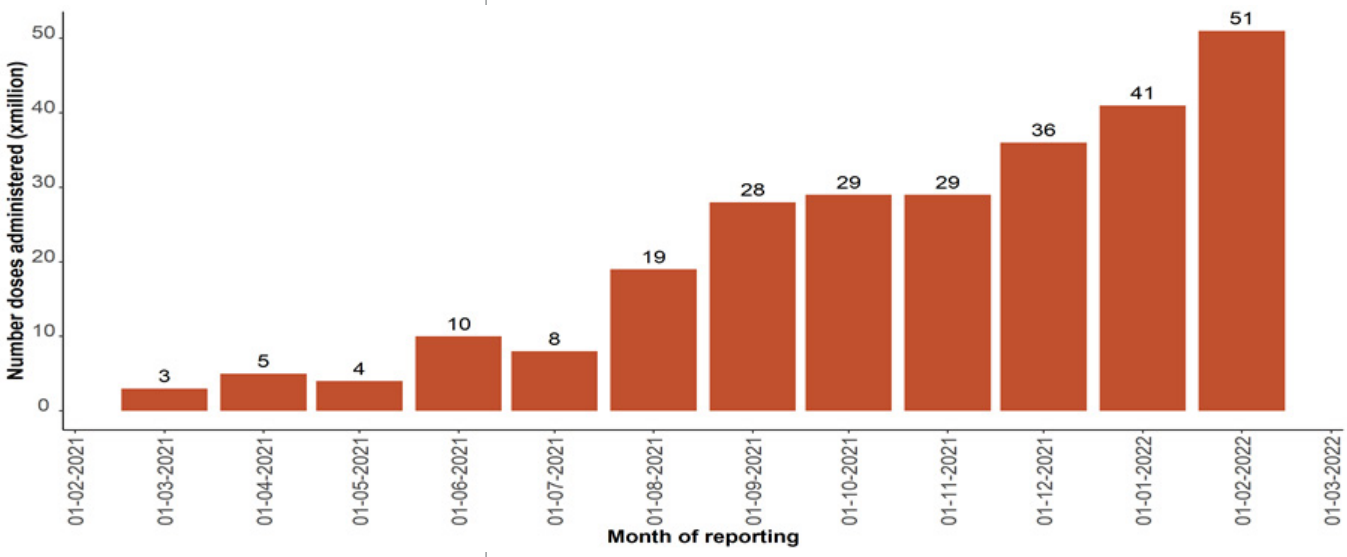


Figure 4: Number of COVID-19 doses of vaccines administered by month in the African region (data as of 27 February 2022)

"The number of doses administered in February 2022 increased significantly in Ethiopia, DR Congo, Tanzania and Kenya."

In the six most highly populated countries in the region, the number of doses administered significantly increased in February 2022 compared to January 2022 in Ethiopia, DRC, Tanzania and Kenya (figure 5). In Nigeria, the number of doses decreased slightly by 10% in February following an increase by 59% in January 2022. In South Africa the number of doses administered continues to decline for the fourth consecutive month.

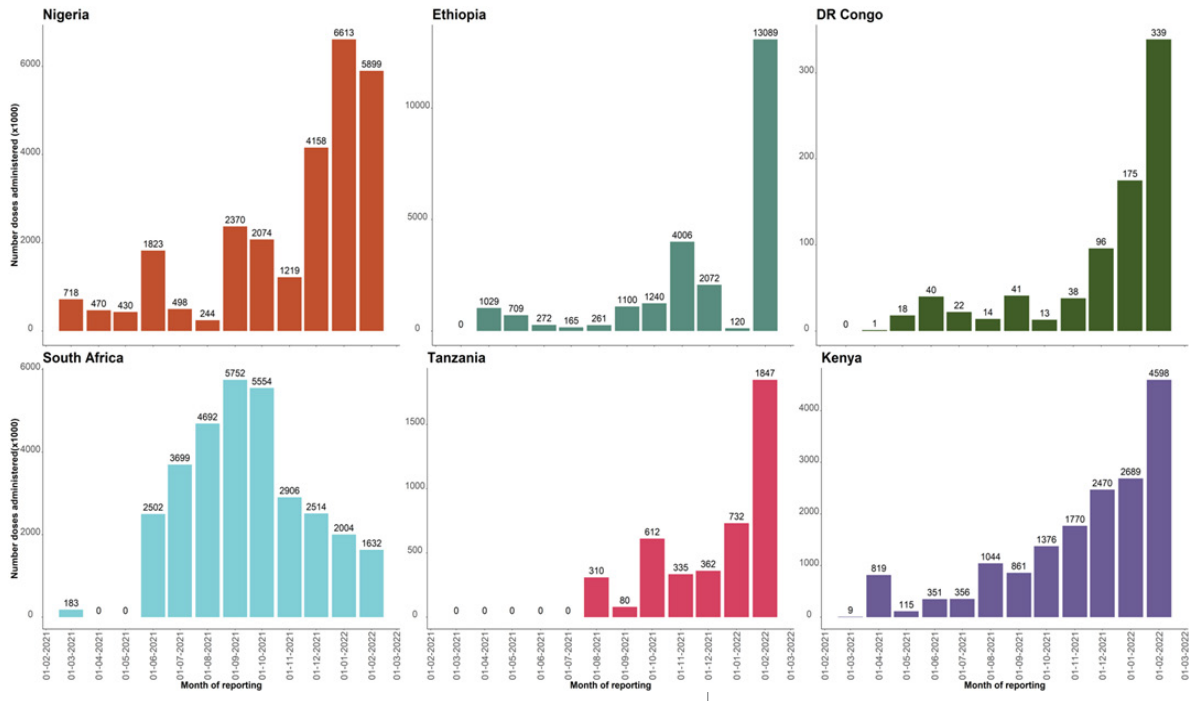


Figure 5: Number of COVID-19 doses of vaccines administered by month in the six most highly populated countries of the African region (data as of 27 February 2022)

In the **Democratic Republic of Congo**, the number of doses administered in February 2022 increased by 94% compared to January 2022. This increase is mostly attributed to the vaccination campaign that took place between 31 January and 14 February in Kasai Oriental. In this province, 140 community outreach vaccination sites were deployed during the campaign in addition to 60 fixed health facility vaccination sites. During the campaign, 267,203 doses were administered in Kasai Oriental accounting for 80% of doses administered in the whole country in February 2022. By the end of the third week of February 2022, the number of people vaccinated by mobile teams in Kinshasa also increased, to an average of 504 people per day, an increase of more than 100% compared to the numbers recorded in December 2021.

In **Kenya**, the number of doses administered in February 2022 increased by 71% compared to January 2022. The Government carried out a 14-day vaccination campaign between 3 and 17 February 2022 during which 3,824,298 doses were administered, more than the number of doses administered in the whole month of January.

In **Tanzania**, the number of doses administered in February 2022 increased by 152% compared to January 2022. This increase was recorded focusing only on routine vaccination coupled with periodic intensification of routine immunization in some areas. Two rounds of COVID-19 vaccination campaigns have been planned for April and September 2022 with the aim of achieving 20% and 50% of people fully vaccinated, respectively.

In **Ethiopia**, there has been a significant increase in the number doses administered in February 2022 as result of the second vaccination campaign launched on 14 February 2022, after the successful campaign conducted in November 2021. During the second round of the vaccination campaign, 9,481 temporary fixed posts and 6,662 mobile posts were deployed, in addition to 6,872 fixed health facility vaccination sites.

1.3. General population coverage

As of 27 January 2022, 157 million people had received at least one dose of COVID-19 vaccine, representing 13.7% of the African region's population; while 116 million people had received the required number of vaccine doses in the primary series (fully vaccinated), representing 10.2% of the African region's population.

Figure 6 shows the evolution of the percentage of people vaccinated by at least one dose of COVID-19 vaccine and fully vaccinated by month in the African region.

"116 million people had received the required number of vaccine doses in the primary series (fully vaccinated), representing 10.2% of the African region's targeted population."

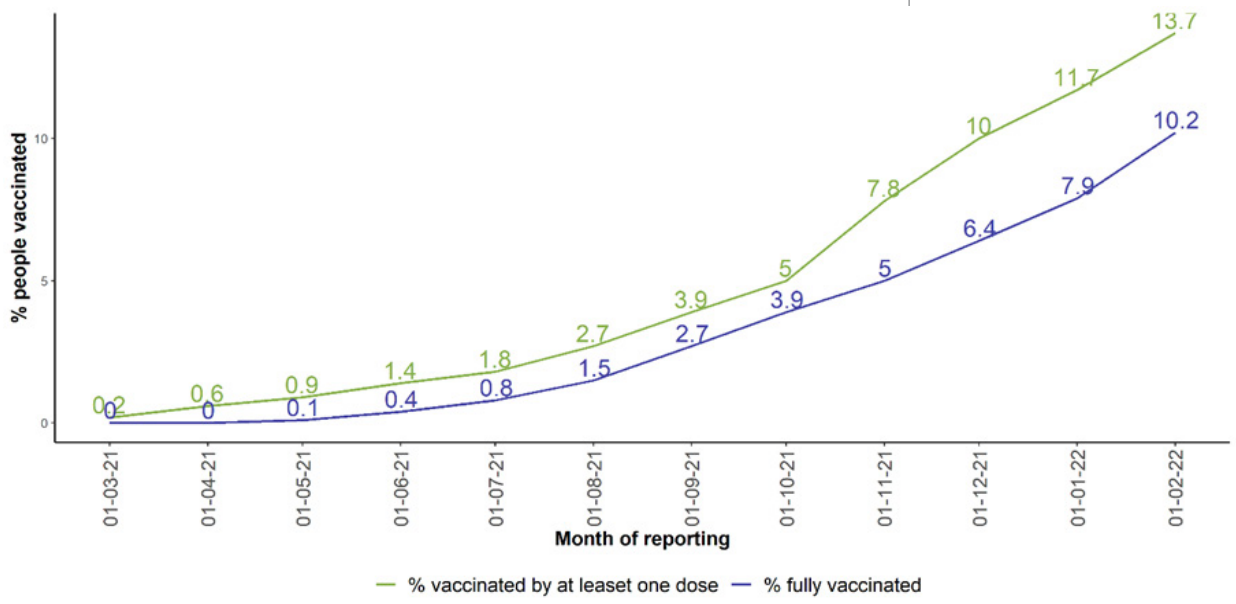


Figure 6: Percentage of people vaccinated by at least one dose of vaccine and fully vaccinated for COVID-19 by month in the Africa region (data as of 27 February 2022).

Two countries have surpassed 70% of people fully vaccinated: Mauritius (74.4%) and Seychelles (80.7%).

Three countries have fully vaccinated between 40% and 70% of their population: Botswana (48.3%), Cape Verde (53%) and Rwanda (58.3%).

Twenty-six countries have vaccinated between 10% and 40% of their population (figure 7) while 15 countries are yet to surpass 10% of people fully vaccinated (Figure 8).

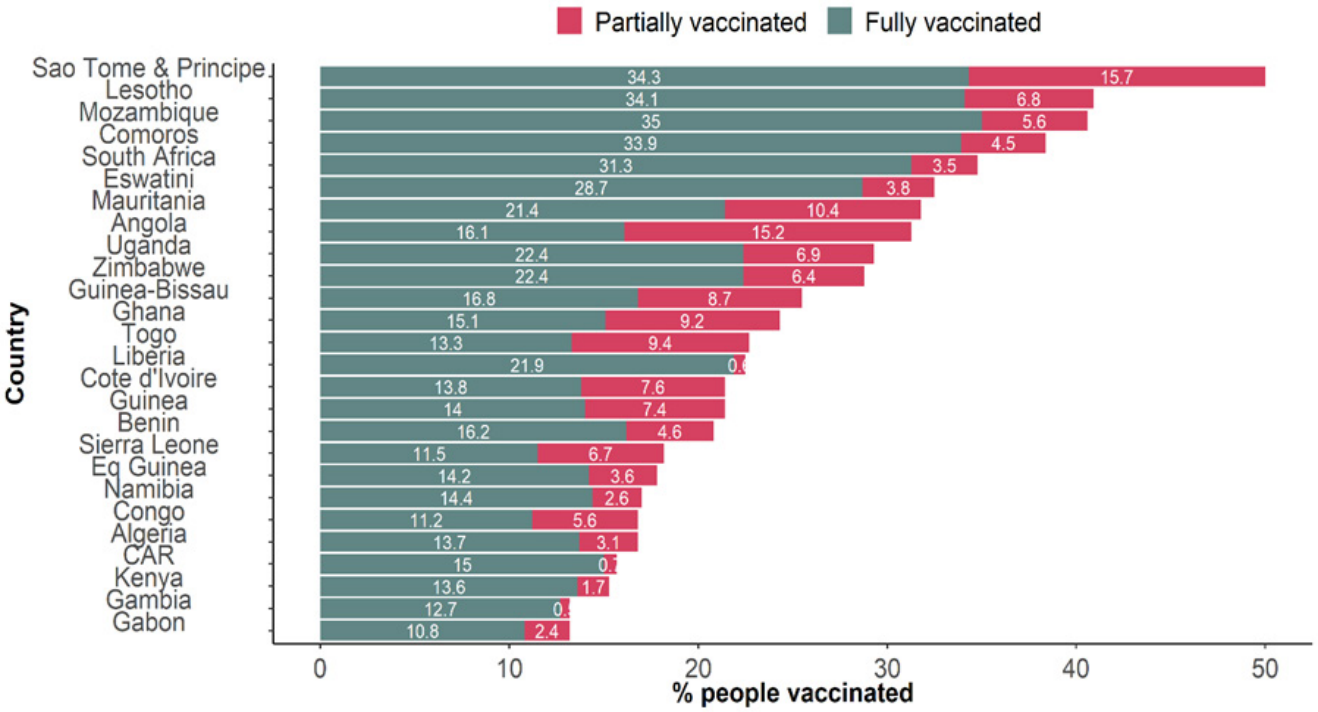


Figure 7: Proportion of people vaccinated for COVID-19 in countries of the African region with between 10% and 40% of people fully vaccinated (data as of 27 February 2022)

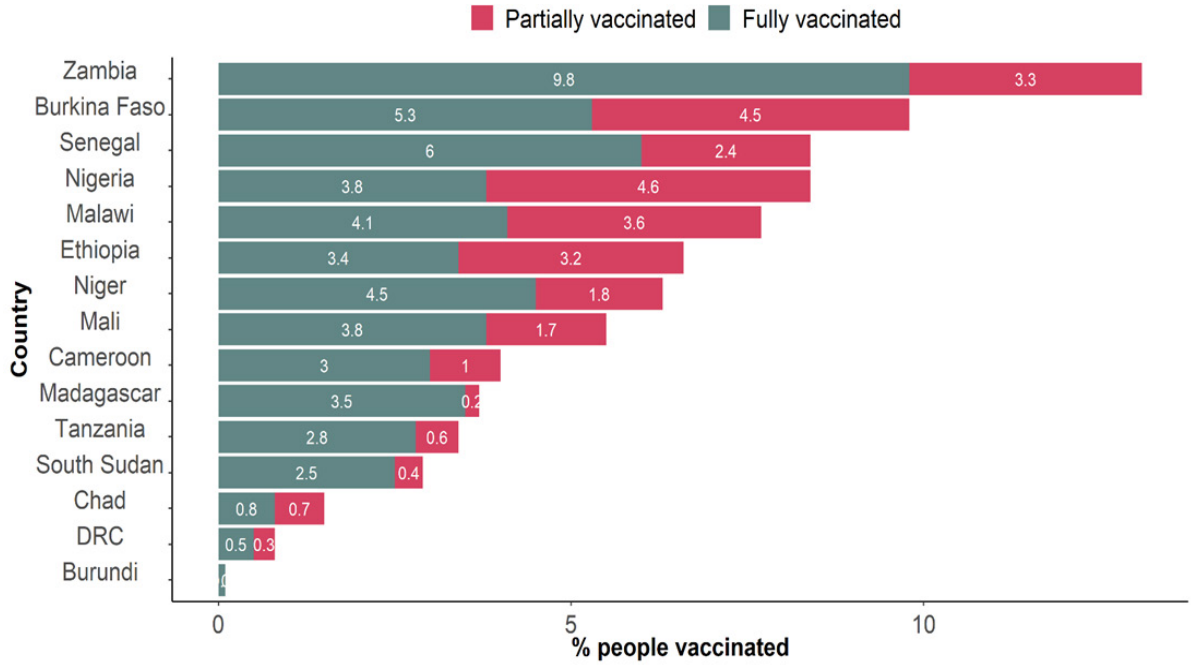


Figure 8: Proportion of people vaccinated for COVID-19 in countries of the African region with less than 10% of people fully vaccine (data as of 27 February 2022)

Figure 9 shows the geo-spatial view of coverage (%) of people fully vaccinated by country.

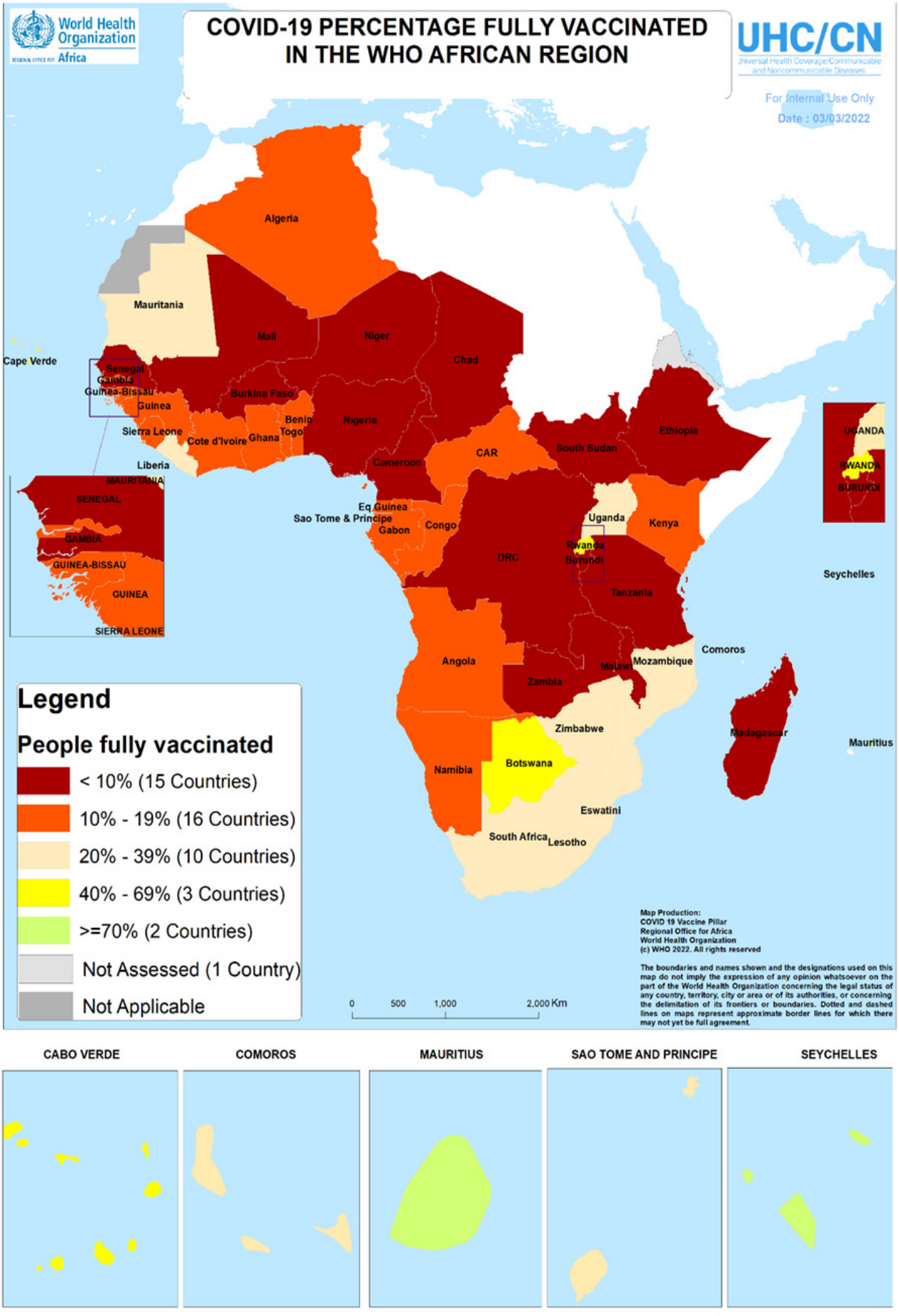


Figure 9: Proportion of people fully vaccinated against COVID-19 by country in the African region (data as of 27 February 2022)

Countries that could surpass 70% of people fully vaccinated by end June 2022 have been analysed based on three scenarios (figure 10):

- **Scenario 1 -** no change in number of doses administered weekly compared to February 2022: Cape Verde, Rwanda and Sao Tome and Principe will surpass the set target in addition to Seychelles and Mauritius.
- **Scenario 2 -** two-fold increase in number of doses administered as a weekly average compared to February 2022: No country other than Seychelles, Mauritius, Cape Verde, Rwanda and Sao Tome and Principe will surpass the set target. Botswana will be close to the set target.
- **Scenario 3 -** three-fold increase in number of doses administered as a weekly average compared to February 2022: Botswana, Ethiopia, Guinea and Sierra Leone will surpass the set target in addition to Seychelles and Mauritius, Cape Verde, Rwanda and Sao Tome and Principe. Comoros, Cote d'Ivoire, Ghana, Kenya, Namibia, Uganda and Zambia will be close to the set target.

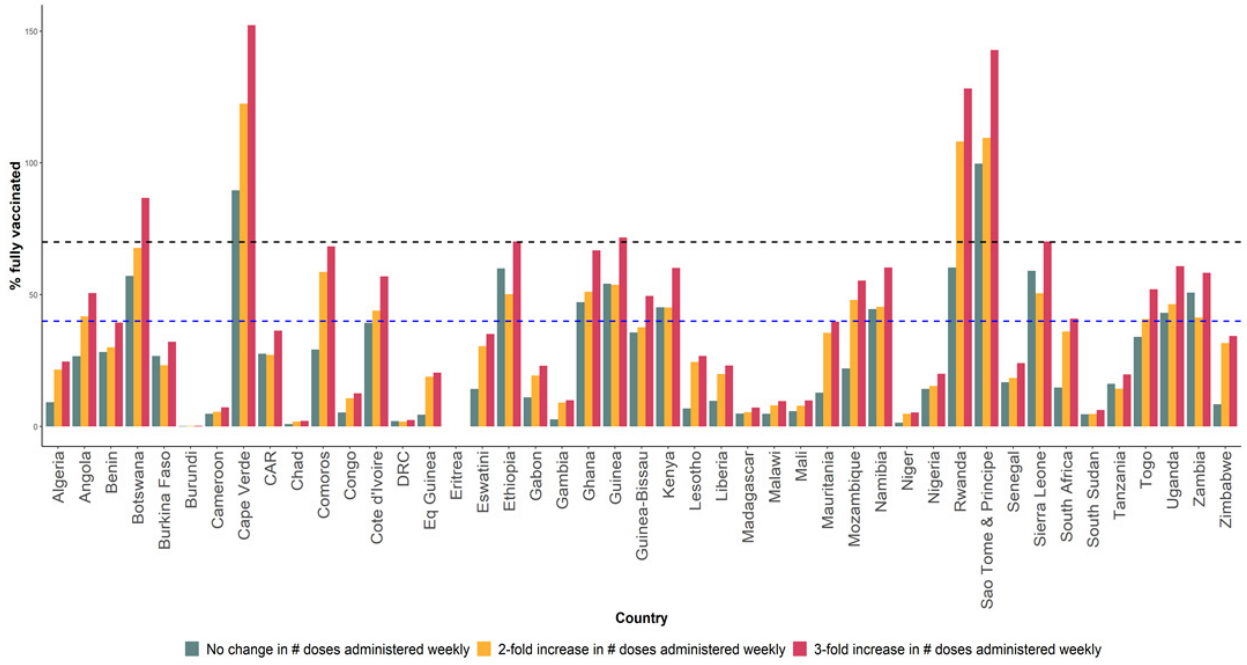


Figure 10: Estimated percentage of people fully vaccinated by end June 2022 by country based on three scenarios (No change, 2-fold and 3-fold increase in number of doses administered in February 2022)

2. WHO AFRO OPERATIONS UPDATE

In January 2022 WHO AFRO through the Vaccine Pillar within the COVID-19 Incident Management Support Team (IMST) launched a new initiative aiming to ramp up COVID-19 vaccination in Africa. Called "Multi-Partners Country Support Teams" (MP-CST), this initiative consists of deploying additional experts in priority countries to support Member States' efforts to scale up COVID-19 vaccination with the aim of moving toward the set target of vaccinating 70% of their population.

In December 2021, WHO AFRO conducted an assessment of risk of slow vaccination roll out in the region using four parameters i) proportion (%) of vaccines received that have been administered, ii) proportion (%) of people fully vaccinated, iii) dropout rate (percentage of people that started their primary series with a 2-doses schedule vaccine, but didn't get the second dose in due-time for some reason), and iv) total population. As result, the following 20 priority countries have been identified: Angola, Burkina Faso, Burundi, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, Guinea-Bissau, Kenya, Madagascar, Mali, Mozambique, Nigeria, South Sudan, Uganda, United Republic of Tanzania, Sierra Leone, Zambia.

WHO has already deployed 30 experts in 18 out of the 20 priority countries, including 11 epidemiologists, 9 immunization experts, four socio-anthropologists, three logisticians, one specialist in health emergencies, one health economist and one expert in monitoring and evaluation. This initial deployment of experts to countries started on 21 January 2022 and is ongoing. The deployment of experts was delayed in Mali due to border closure and in Angola due to lack of readily available Lusophone experts. The MP-CSTs' missions include (i) setting up a partner coordination mechanism to enhance the accountability, predictability and effectiveness of the support to COVID-19 vaccination roll out, (ii) supporting microplanning for scaling up COVID-19 vaccination at the sub-national level leveraging the "Reaching Every District (RED)" approach and involving the community in promoting COVID-19 vaccination to build trust and reduce vaccine hesitancy, (iii) engaging with national authorities to diversify vaccination service delivery strategies to ensure high uptake and provide equitable access to all targeted populations as per the National Deployment and Vaccination Plan for COVID-19 vaccines, (iv) strengthening the management and use of data related to vaccine uptake and vaccines stocks.

With the support from the MP-CSTs teams, six countries have kicked off mass vaccination campaigns (Côte d'Ivoire, Ethiopia, Ghana, Guinea Bissau, DRC -Kasai Oriental Province- and Kenya), which took place between December and February. Five other countries (Chad, Tanzania, Mali, Nigeria and South Sudan) have planned mass vaccination campaigns from March to April 2022.

Lessons learned from the first two months of the MP-CST approach, have provided evidence that mass vaccination campaigns, coupled with strong community engagement could enable countries to reach large numbers of people quickly and to move towards the set target by June 2022. Political commitment, strong leadership from national authorities at all administrative levels, existence of a mechanism for partners' coordination, and availability of funds to support operational costs, are key to the success of the COVID-19 vaccination programme.

WHO Staff deployed in South Sudan meeting with partners (OIM and UN sister agencies)

3. COUNTRY FOCUS: KENYA - 14-day COVID-19 VACCINATION CAMPAIGN (3-17 FEBRUARY 2022)

Kenya, like most other African countries had to overcome several challenges that hampered COVID-19 vaccination delivery and uptake in 2021 to scale up COVID-19 vaccination at the start of 2022. Although Kenya managed to achieve the target set by Government to vaccinate 10 million people (4.16 million fully and 5.8 million partially) by the end of 2021 (corresponding to 7% of the total population fully vaccinated), it was still far from the global target of 40% population fully vaccinated by 31 December 2021. Kenya was still among the 25 countries with less than 10% of their total population vaccinated at the end of 2021.

From January 2022, the government planned to fully vaccinate 19 million adults (70% of the adult population) by end of June 2022 and the entire adult population of 27 million people by the end of the year. During the same period, it also aims to fully vaccinate 2.9 million teenagers aged 15-17 years (50% of the teenage population) and the entire teenage population of 5.8 million by end of December 2022. In addition, they aim to administer 4.2 million booster shots by June 2022 to all eligible adults. If these targets are met, the country will reach 40% of its population fully vaccinated by end June 2022 and 60% by the end of the year.

To ensure that the country is on track to achieve set targets, the Kenyan Government has set specific targets for each of its 47 county governments to fully vaccinate 70% of its adult population by end of June 2022 and implemented the first nation-wide "Mass Vaccination Campaign" for 14-days in February 2022.

"The number of vaccination sites was increased from about 800 to 6,000 including 3,000 static and 3,000 outreach posts."

For the vaccination campaign, the target was to vaccinate 1 million people per day nationally. Each of the 47 counties developed micro-plans to reach their daily targets and funds were mobilized from different partners to fund the campaign. The number of vaccination sites was increased from about 800 to 6,000 including 3,000 static and 3,000 outreach posts. Outreach campaigns were conducted in densely populated areas across the country besides the static sites. Several strategies were also employed to increase awareness and create demand during the campaign. These included: conducting mainstream media and social media campaigns, mobilization using mobile vans and public address systems, community engagement through different influencers and interpersonal communication.

COVID-19 vaccination outreach community site in Kenya during the 14-day campaign

Notably, strong political will and leadership from the Ministry of Health and other political leaders were pivotal to the mass vaccination campaign. The Campaign was launched by the Cabinet Health Secretary, Mutahi Kagwe in Dagoreti Sub- County in Nairobi on February 3, 2022, increasing awareness of COVID-19 vaccination. The Governors of the different counties rallied their respective communities to get vaccinated.

During the 14-day Mass Vaccination Campaign, 3,824,298 vaccine doses were administered, including 75,107 booster doses. Subsequently, the mass vaccination approach led to an increase in COVID-19 vaccine uptake with an average of 200,000 people vaccinated daily compared to 70,000 per day before the campaign. Figure 11 presents the distribution of doses administered by week.

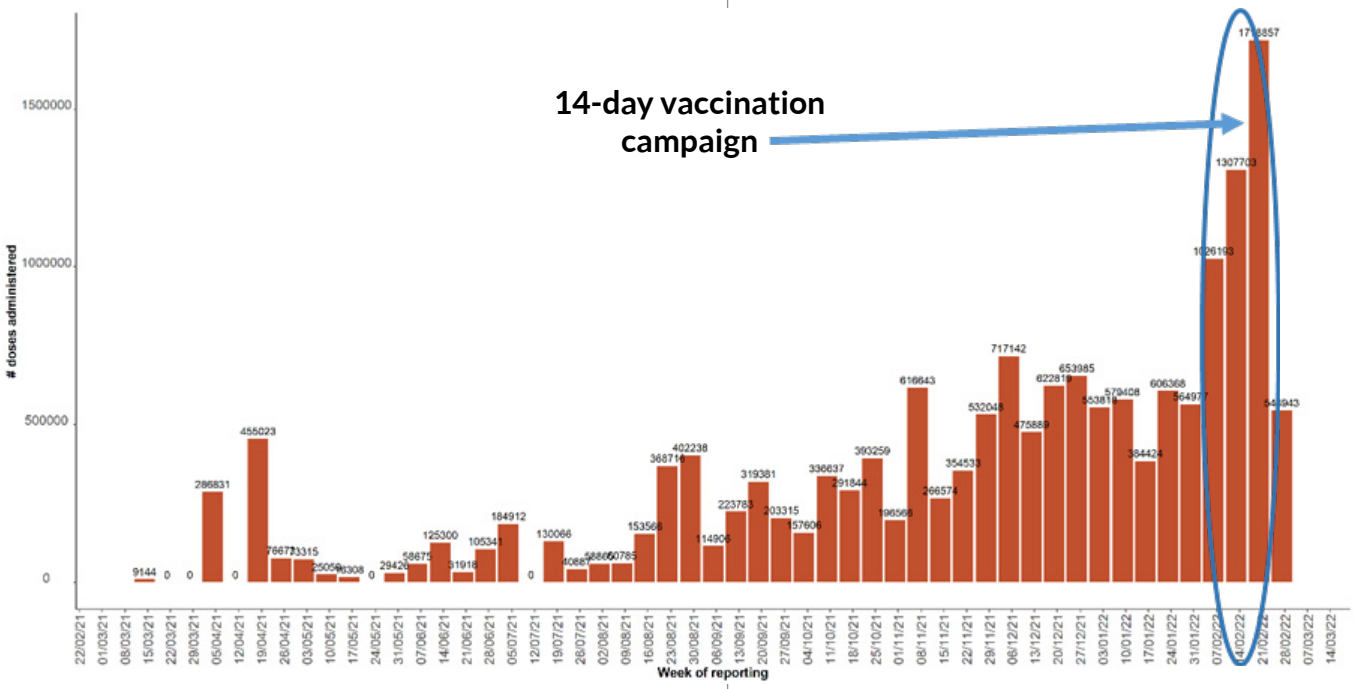


Figure 11: COVID-19 vaccine doses administered by week in Kenya (Data as of 27 February 2022)

The Kenya WHO Representative giving remarks at the Launch of the national Mass Vaccination Campaign in Kenya

Despite falling short of the target to administer one million shots per day, the number of people fully vaccinated increased from 5,370,210 (9.9% of total population) before the start of the campaign to 7,245,768 people (13.4% of the total population) at the end of the campaign. There was an increase in the percentage of people fully vaccinated in each of the 47 counties ranging from 3% to 12%.

The key lesson learned from Kenya is that success in attaining desirable COVID-19 vaccination coverage depends on a combination of factors. These include strong leadership and commitment, adequate planning, and good preparation. It also depends on availability of adequate human and financial resources, and continuous advocacy at national and sub-national levels to create demand. In this era where COVID-19 vaccine supply is no longer a major bottleneck these factors are vital to a successful COVID-19 vaccination scale-up campaigns.

Kenya is hoping to maintain the momentum garnered from the two-weeks mass vaccination campaign to continue vaccinating about 200,000 people per day to achieve its target of vaccinating 19 million adults and 2.9 million adolescents (40% of the total population) by end of June 2022 through the routine vaccination mode.

4. PARTNER FOCUS: UNICEF MALAWI

WHEN ACCESS MEETS WILLINGNESS - THE COVID-19 VACCINE EXPRESS INITIATIVE IN MALAWI

In 2021, the University of Malawi, conducted a Knowledge, Attitude and Practices (KAP) survey on COVID-19 vaccination that found that over 80% knew about the COVID-19 vaccine. Over two-thirds of the respondents were willing to get the vaccine and the rest were either unwilling to get the vaccine or undecided. The main reasons behind the unwillingness included lack of trust in the vaccine, fear of the vaccine's side effects, lack of information and perceptions that the vaccines are not effective. At the same time, concern was expressed over the distribution of and access to COVID-19 vaccines.

Between October and November 2021, Malawi received several shipments of COVID-19 vaccines of which approximately 700,000 doses were due to expire in December 2021. Under this initiative, the Ministry of Health expedited vaccination delivery through mobile clinics to rural communities, including hard to reach areas, coupled with intensified social and behavior change communication. The aim was to bring vaccines closer to the people.

Ministry of Health teams from the Extended Programme on Immunisation (EPI) and the Health Education Services (HES) units were involved in conceptualization of the Vaccine Express approach at national level. Consultations were made with district offices during conceptualization. Risk Communication and Community Engagement (RCCE) partners at national level were involved through regular RCCE coordination meetings to provide inputs into the process.

At district level, District Health Offices developed micro plans and budgets for execution of the strategy. The whole process was done in partnership with the Kamuzu University of Health Sciences.

The activities were conducted between November and December 2021. UNICEF provided vans to all 28 districts enabling vaccination teams, including vaccinators and "health promoters" who spread COVID-19 prevention and vaccine messages to go out to the communities. Teams set out in the morning, driving through remote villages, and to busy markets, vaccinating all who are ready to get the vaccine. It has proven effective, particularly where the opportunity cost of getting the vaccine for people who live far from health centers may be too high. Fixed vaccination sites were set up with extended vaccine access points while communities were informed about the vaccination programme and designated sites through radio and messages from their local/ religious leaders.

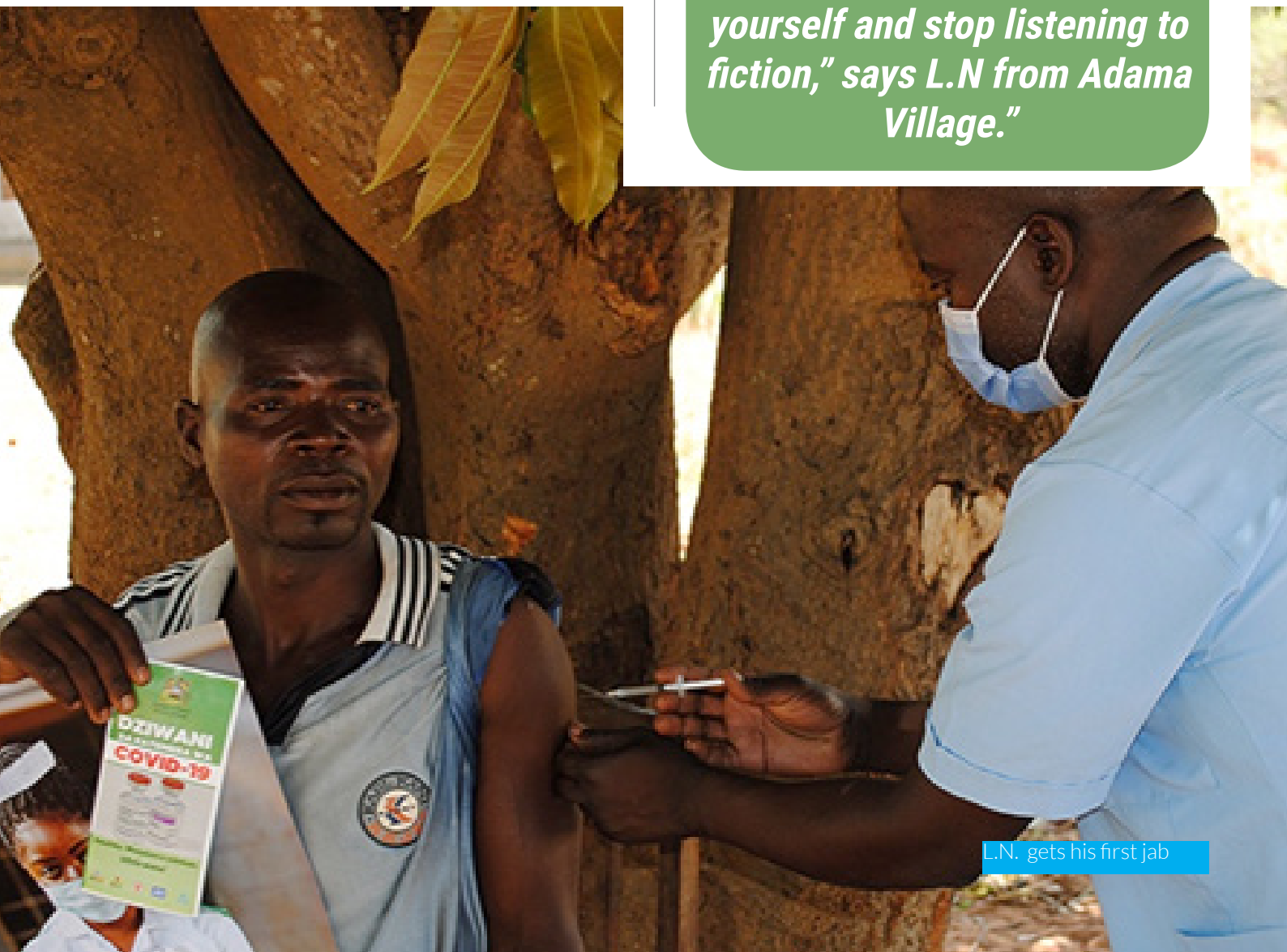
Data was collected by frontline workers and submitted to District EPI Coordinators, who submitted to the EPI office at national level.

The vaccine express initiative dramatically increased vaccine uptake and utilization by 60%, over a period of two months, during which time the monthly dose utilization also increased from 120, 000 to 361,000.

The vaccine express initiative created opportunities for frontline workers to interact with families, thus addressing rumors and fears and increasing willingness to vaccinate.

The vaccine express initiative is creating motivational rapport between vaccinators and community members. A.L. sounded so happy that the health workers were right by her doorstep "Let me cook first for the health workers under the tree, then I will get vaccinated after they eat."

"I am someone very mobile. I know I am at risk. The last time I wanted to get vaccinated there were no vaccines. So, when I heard from J., the community health worker, that the vaccinators are coming right here, I said yes. What a chance! People talk bad about vaccines … for example that our days will get numbered, but J. said everyone is for himself…and I agree. You can only save yourself and stop listening to fiction," says L.N from Adama Village."

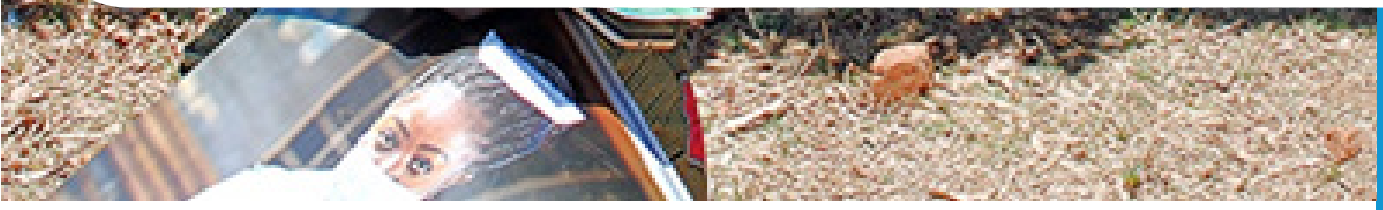


L.N. gets his first jab

Satisfied AL.. after the jab

From this experience, National authorities and Partners learned that Social and Behavior Change Communication is more effective when it goes beyond messaging and address structural barriers that affect access to vaccination. When access meets willingness (to get vaccinated), vaccination programmes have greater likelihood of success.

Malawi is continuing to implement vaccine express across the country as a new model of delivery.



5. TECHNICAL/SCIENTIFIC UPDATE: THE REVISED WHO SAGE ROADMAP FOR PRIORITIZING USE OF COVID-19 VACCINES

On January 21st, the WHO Strategic Advisory Group of Experts (SAGE) released the revised WHO SAGE Roadmap for prioritizing the use of COVID-19 vaccines, first issued October 2020, and updated in November 2020 and July 2021. The revised Roadmap aims to guide country decision making on how to optimize the public health and social impact of available vaccine supplies and absorptive capacity to administer primary vaccination series and booster doses.

WHAT'S CHANGED?

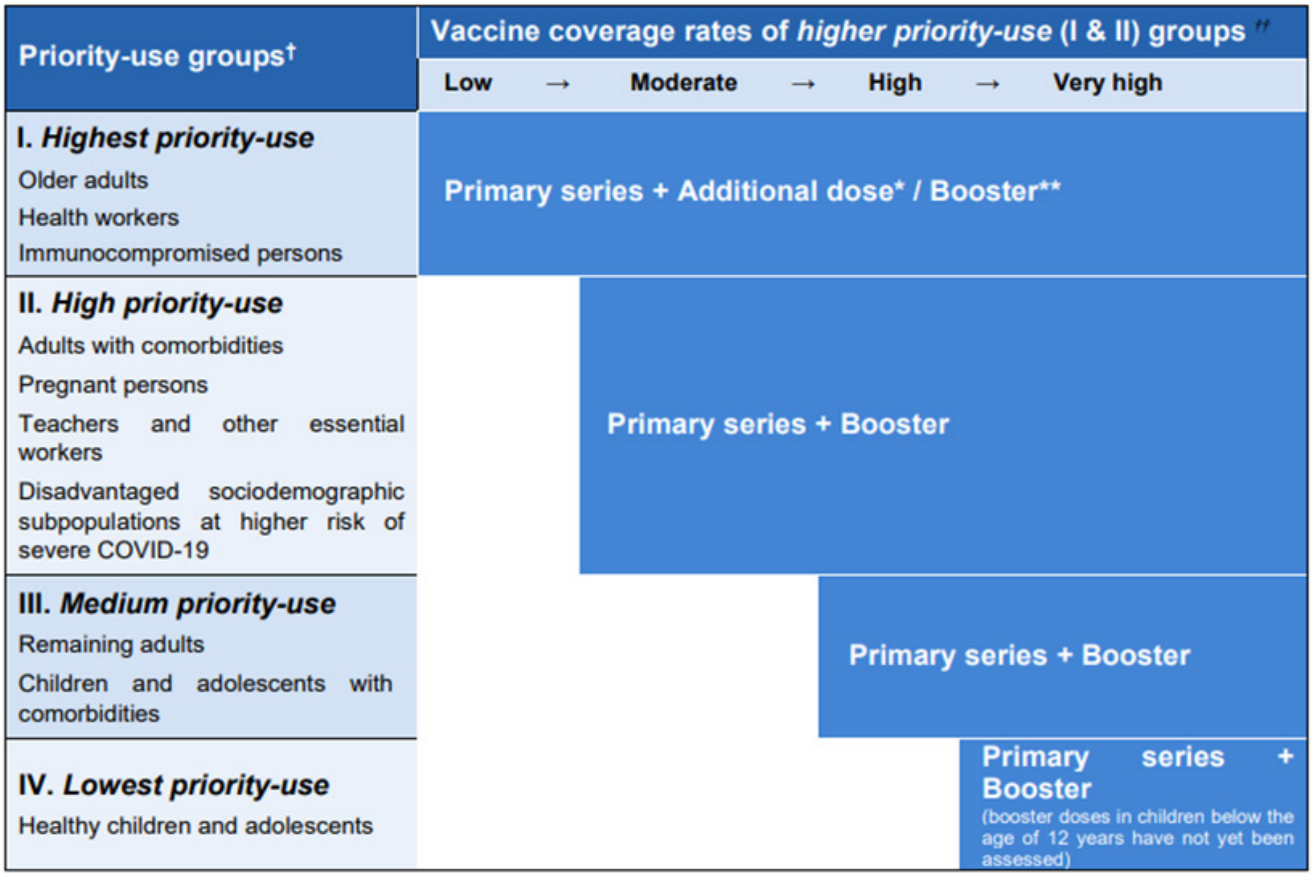
The revised Roadmap is based on the changing context of COVID-19 vaccination:

- Epidemiological situation: while countries are at different stages of the pandemic and vaccine roll-out, all countries have experienced community transmission. Since currently available COVID-19 vaccines have a modest impact on reducing transmission in the context of SARS-CoV-2 Variants of Concerns (VoCs), averting severe disease and deaths and protecting health systems remain the primary objectives of vaccine use.
- Vaccine effectiveness: accruing evidence indicates that after completion of the primary series, initial vaccine effectiveness declines significantly against infection and any symptomatic disease and is relatively well maintained against severe disease.
- Vaccine supply: while vaccine use was previously constrained by limited vaccine supply, it is now driven more by country capacity to roll out COVID-19 vaccination.
- Vaccination policy: countries have expanded their target population to lower risk categories (e.g. adolescents and children) and made schedule adjustments, including an additional dose and a booster dose.

WHAT ARE THE MAIN RECOMMENDATIONS?

The revised Roadmap emphasizes the prevention of severe disease and death and proposes a simplified categorization of priority-use groups. Among these groups, a sequential implementation of primary and booster vaccination is recommended:

- Countries with low rates of primary series coverage should first achieve high primary series coverage rates among the higher priority-use groups before offering vaccine doses to lower priority-use groups.
- Countries with moderate-to-high rates of primary series coverage in higher priority -use groups should usually prioritize available resources to first achieve high booster dose coverage rates in higher priority-use groups before offering vaccine doses to lower priority-use groups.



†† Vaccine coverage rates: The coverage rates relate to the very high and high priority-use groups. Specific thresholds are not provided as countries may have different abilities to reach these populations. As general guidance, very high coverage in the very high and high priority groups would be above 70%, and low coverage below 10%.

The revised Roadmap recommends that global and local policies on booster dose and vaccination of lower risk priority-use groups should consider the continuing inequities in global and local vaccine access and coverage.

For more details, please see *the full document "WHO SAGE Roadmap for Prioritizing Use of COVID-19 Vaccines."*

Please refer to *SAGE COVID-19 vaccines technical documents* for product-specific documentation or cross-cutting policy-making guidance on COVID-19 vaccines.

6. USEFUL LINKS

AFRO COVID-19 Vaccination dashboard:

- https://www.afro.who.int/health-topics/coronavirus-covid-19/vaccines

AFRO COVID-19 dashboard:

- https://who.maps.arcgis.com/apps/dashboards/0c9b3a8b68d0437a8cf28581e9c063a9

APENDIX: Doses administered and vaccination coverage by country in the WHO African region (data as of 10 January 2022)

Country	# Doses received	# Doses administered	# Vaccinated by at least one dose	# Fully vaccinated	% Doses administered	% vaccinated by at least dose1	% fully vaccinated
Angola	37 743 767	16 259 606	10 591 264	5 448 403	43.1	31.2	16.1
Burundi	802 400	11 101	9 366	8 790	1.4	0.1	0.1
Cameroon	3 344 550	1 267 525	1 069 538	809 698	37.9	3.9	3
CAR	1 461 660	855 735	775 176	738 466	58.5	15.8	15
Chad	1 544 690	403 992	271 031	142 452	26.2	1.6	0.8
Congo	5 753 930	814 323	952 952	635 227	14.2	16.8	11.2
DRC	6 548 940	795 810	703 306	420 737	12.2	0.8	0.5
Eq Guinea	820 000	464 367	258 079	206 288	56.6	17.8	14.2
Gabon	1 630 600	545 642	299 993	245 649	33.5	13.2	10.8
Sao Tome & Principe	394 320	192 290	111 703	76 603	48.8	50	34.3
Botswana	2 854 400	1 422 523	1 422 523	1 162 835	49.8	59.3	48.5
Comoros	1 024 000	642 320	341 102	301 218	62.7	38.4	33.9
Eritrea	-						
Eswatini	755 570	490 899	380 363	336 066	65	32.4	28.7
Ethiopia	42 958 890	24 061 679	7 762 333	4 033 576	56	6.6	3.4
Kenya	25 555 920	16 456 660	8 412 431	7 502 696	64.4	15.3	13.6
Lesotho	1 617 440	857 925	882 302	735 610	53	40.9	34.1
Madagascar	4 289 060	1 230 713	1 043 228	993 364	28.7	3.7	3.5
Malawi	4 024 250	1 913 961	1 514 214	798 512	47.6	7.7	4.1
Mauritius	3 490 750	2 353 567	993 298	947 467	67.4	78	74.4
Mozambique	29 224 420	21 077 552	12 195 082	10 521 232	72.1	40.6	35
Namibia	1 980 240	814 463	440 661	373 802	41.1	17	14.4
Rwanda	26 063 190	18 038 703	8 745 114	7 743 435	69.2	65.9	58.3
Seychelles	306 000	196 959	84 074	79 820	64.4	85	80.7
South Africa	34 544 732	31 439 128	20 866 135	18 769 416	91	34.8	31.3

Country	# Doses received	# Doses administered	# Vaccinated by at least one dose	# Fully vaccinated	% Doses administered	% vaccinated by at least dose1	% fully vaccinated
South Sudan	930 070	431 539	381 712	333 634	46.4	2.9	2.5
Uganda	36 609 720	16 672 943	13 809 794	10 544 040	45.5	29.3	22.4
Tanzania	9 956 900	4 278 673	2 079 930	1 716 894	43	3.4	2.8
Zambia	8 312 320	2 822 009	2 487 149	1 862 614	33.9	13.1	9.8
Zimbabwe	22 397 800	7 841 837	4 347 329	3 381 046	35	28.8	22.4
Algeria	33 876 400	13 738 543	7 489 249	6 121 868	40.6	16.8	13.7
Benin	3 922 940	2 788 620	2 591 583	2 013 843	71.1	20.8	16.2
Burkina Faso	6 248 250	2 320 456	2 113 440	1 145 006	37.1	9.8	5.3
Cape Verde	945 220	704 843	352 330	297 833	74.6	62.7	53
Cote d'Ivoire	21 012 120	9 558 981	5 812 567	3 746 414	45.5	21.5	13.8
Gambia	441 100	362 079	330 027	316 887	82.1	13.3	12.7
Ghana	27 854 550	12 511 697	7 721 716	4 789 981	44.9	24.3	15.1
Guinea	8 089 350	4 772 314	2 888 742	1 883 572	59	21.4	14
Guinea-Bissau	1 114 870	556 675	514 401	338 139	49.9	25.5	16.8
Liberia	1 655 580	1 228 325	1 167 123	1 134 198	74.2	22.5	21.9
Mali	3 605 600	1 634 711	1 155 936	798 284	45.3	5.5	3.8
Mauritania	5 296 300	2 575 171	1 520 227	1 024 055	48.6	31.8	21.4
Niger	5 877 570	1 840 055	1 474 560	1 049 867	31.3	6.3	4.5
Nigeria	64 113 760	26 516 526	17 735 985	8 091 251	41.4	8.4	3.8
Senegal	5 981 308	2 473 562	1 440 720	1 028 842	41.4	8.4	6
Sierra Leone	2 261 000	1 813 692	1 480 815	936 846	80.2	18.2	11.5
Togo	5 948 070	3 049 348	1 921 306	1 128 342	51.3	22.7	13.3
Total	**515 184 517**	**263 100 042**	**160 941 909**	**116 714 818**	**51.1**	**14.1**	**10.2**

© WHO Regional Office for Africa

This is not an official publication of the World Health Organization.

Correspondence on this publication may be directed to:

Dr. Phionah Atuhebwe, COVID-19 Vaccine Pillar lead
(atuhebwep@who.int)

Dr. Franck Mboussou, COVID-19 Vaccine Monitoring and Evaluation Sub-pillar Lead
(mboussou@who.int)

Requests for permission to reproduce or translate this publication – whether for sale or for non-commercial distribution – should be sent to the same address.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate borderlines for which there may not yet be full agreement.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or its Regional Office for Africa be liable for damages arising from its use.

Contributors
Sheillah Nsasiirwe
So Yoon SIM
Ajiri Atagbaza
Bridget Farham
Lisa Sthreshley
Sadiq Umar
Francine Ganter-Restrepo
Saidi Selemani Mbuyita
Jane Kimbwarata Kikarara
Christine Dubray
Parvina Muhamedkhojaeva (UNICEF Malawi)
Natalie Fol (UNICEF Regional Office ESA)
Caroline Akim (WHO Kenya)
Robert Bett (WHO Kenya)
Ezekiel Dauda Danjuma (WHO Kenya)
Kibet Sergon (WHO Kenya)
Tesfaye Kassahun (WHO Kenya)
Winfred Kariuki (WHO Kenya)

Editorial Team
Benido Impouma, UCN Director

Salam Gueye, EPR Director

Phionah Atuhebwe, COVID-19 Vaccine Pillar lead

Franck Mboussou, COVID-19 Vaccine Monitoring and Evaluation Sub-pillar Lead

Richard Mihigo, VPD Programme Manager

Kalu Akpaka, TVD Programme manager

Acknowledgements
WHO Staff from the COVID-19 IMST, IST and WCOs.

World Health Organization
REGIONAL OFFICE FOR Africa

UHC/CN Universal Health Coverage/Communicable and Noncommunicable Diseases