COVID-19 VACCINATION IN THE WHO AFRICAN REGION

MONTHLY BULLETIN

MARCH 2022
COVID-19 VACCINATION IN THE WHO AFRICAN REGION

AT A GLANCE

- **Doses received are from the COVAX facility:** 68%
- **Expired doses of all doses received:** 0.9%
- **Countries that have administered fewer than 50% of doses received:** 24
- **Countries yet to surpass 10% of people fully vaccinated:** 15
- **Decrease in the number of doses administered in March 2022 compared to February 2022:** 35%
- **Vaccine doses received out of the total quantity needed:** 32%
- **Doses administered of the quantity received:** 55%
- **Countries that have already reported expired doses:** 31
- **People fully vaccinated in the African region:** 13%
- **Priority countries for the multi-partner country support team initiative:** 20
- **Experts deployed by the WHO Regional Office in 18 priority countries:** 30
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Since the deployment of the multi-partner country support teams in January 2022, there has been good progress in vaccine absorption and uptake in the African Region. Among countries that reported an increase in vaccine uptake in February and/or March, Mozambique, Ethiopia, Uganda, Kenya and Ghana recorded the highest increase in vaccination coverage. In February and March 2022, Ethiopia implemented the second round of a mass vaccination campaign, which further boosted COVID-19 vaccine coverage in the country, with increased numbers of people receiving their second dose, more people starting with their first dose, and increased uptake of booster doses.

Two countries, Seychelles and Mauritius, surpassed the target of 70% of the population fully vaccinated by the end of December 2021. Four countries – Rwanda, Botswana, Cabo Verde and Mozambique – are on track to reach this target, having vaccinated between 40% and 70% of their populations by the end of December 2021.

However, challenges remain. In the African Region, 12.8% of the population were fully vaccinated as of 27 March 2022 (10.2% at the end of February 2022), compared to 57.5% globally. Thirteen countries are yet to surpass 10% of their population fully vaccinated including two of the most populous countries in the Region (Nigeria and Democratic Republic of the Congo).

The COVAX Facility continues to be the leading source of vaccines delivered in the African Region, accounting for 68% of doses received.

The absorption rate of the vaccines received remains suboptimal overall, with only 54.9% of doses administered of the quantity received. Twenty-four countries out of 46 (52%) have administered fewer than 50% of doses received. Vaccine doses administered increased by 23% in February 2022 compared to January 2022, but in March 2022 the number of vaccine doses administered decreased by 35%. On average, 8,271,347 doses were administered per week in March 2022 compared to 12,734,357 doses per week in February 2022. The Region needs a twelvefold increase in the weekly number of doses to be administered from April 2022 to June 2022 to continue to move towards 70% target.

Thirty-one countries out of 46 have reported expired doses. The percentage of expired doses of all doses received was 1.7% among the 31 countries and 0.9% in the African Region overall.

As a result of mass vaccination campaigns, nine countries out of the 20 priority countries in the WHO African Region recorded an increase in doses administered in February 2022 (Democratic Republic of the Congo, Ethiopia, Kenya, Guinea-Bissau, Madagascar, South Sudan,
Ghana, Uganda and United Republic of Tanzania). However, only three have continued to record increased vaccine uptake in March 2022 (Ghana, Cameroon and South Sudan) in addition to Mozambique, Mali and Burundi. This shows that it is necessary to keep up the momentum in vaccine uptake between mass vaccination campaigns. It is critical for countries to intensify activities aimed at promoting continued use of health facility vaccination sites, as well as implement the provider-initiated vaccination approach in health facilities.

In January 2022, WHO, UNICEF and Gavi, the Vaccine Alliance launched the COVID-19 Vaccine Delivery Partnership (CoVDP) as an inter-agency initiative. This will build on existing resources globally, regionally and in-country in order to accelerate vaccination coverage in those countries most in need of support. CoVDP complies with the principles of one country team, one plan, one budget and one support team. In March 2022, in-depth country calls were held with Nigeria, Ethiopia, Kenya, Democratic Republic of Congo, Burkina Faso, Nigeria, and Sierra Leone to discuss issues around urgent funding requests, and identify sources of funding, enhance operational planning and improve vaccination service delivery.

The first quarter of 2022 has shown improvements in vaccine uptake and coverage across the Region, which is benefiting from the deployment of the WHO AFRO multi-partner country support teams, which started in January 2022. Although challenges remain, this initiative, along with CoVDP, promises to continue to improve vaccine absorption and uptake and move more countries in the Region closer to the 70% target.
1. COVID-19 vaccination situation update

1.1. Vaccines received

As of 27 March 2022, a cumulative total of 537,702,010 doses of COVID-19 vaccines had been received in 46 countries of the African Region (out of 47 countries). Eritrea still has not introduced COVID-19 vaccination in its national response to the pandemic. Of the doses received, 364.5 million (68%) were from COVAX, 123.8 million (23%) from bilateral cooperation arrangements, 43.2 million (8%) from the African Vaccine Acquisition Task Team (AVATT) and 6.0% from unspecified sources (1%) (Figure 1).

Johnson & Johnson and AstraZeneca (Oxford and Covishield) account for 25.7% and 18.6% of vaccines received in the Region. Table 1 presents the distribution of doses received in the WHO African Region as of 27 March 2022 by type of vaccine.

“Of the doses received, 364.5 million (68%) were from COVAX, 123.8 million (23%) from bilateral cooperation arrangements, 43.2 million (8%) from the African Vaccine Acquisition Task Team (AVATT) and 6.0% from unspecified sources (1%)”
The number of doses received in the African Region accounts for 34% of doses needed to vaccinate 70% of the population in all countries.

On average, 48 doses have been received per 100 population. The number of doses received as a percentage of the population ranged from 6.7% in Burundi to 387.3% in Seychelles. Only six countries have received over 140 doses per 100 population (two doses for 70% of the population): Sao Tome and Principe, Mauritius, Rwanda, Seychelles, Zimbabwe and Cabo Verde. Eighteen countries have received fewer than 50 doses per 100 population (Figure 2).

Table 1. Cumulative doses of vaccines received as of 27 March 2022 by type of vaccine

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Doses received</th>
<th>% doses received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson &amp; Johnson</td>
<td>138 349 830</td>
<td>25.7</td>
</tr>
<tr>
<td>AstraZeneca</td>
<td>99 795 530</td>
<td>18.6</td>
</tr>
<tr>
<td>Pfizer-BioNTech</td>
<td>93 500 543</td>
<td>17.4</td>
</tr>
<tr>
<td>Sinopharm</td>
<td>84 681 830</td>
<td>15.7</td>
</tr>
<tr>
<td>Sinovac</td>
<td>43 795 114</td>
<td>8.1</td>
</tr>
<tr>
<td>Moderna</td>
<td>36 975 640</td>
<td>6.9</td>
</tr>
<tr>
<td>Sputnik V</td>
<td>2 405 440</td>
<td>0.4</td>
</tr>
<tr>
<td>Covaxin</td>
<td>235 000</td>
<td>0.04</td>
</tr>
<tr>
<td>Unspecified</td>
<td>37 963 083</td>
<td>7.1</td>
</tr>
<tr>
<td>Total</td>
<td>537 702 010</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The number of doses received in the African Region accounts for 34% of doses needed to vaccinate 70% of the population in all countries.

Figure 2. Percentage of COVID-19 vaccine doses received per 100 population by country in the African Region (data as of 27 March 2022)
1.2 Expired Doses

Thirty-one countries out of 46 have already reported expiry of vaccines. A total of 4,688,029 expired doses have been recorded in these 31 countries out of 276,231,805 doses received, corresponding to 1.7% of doses received in the 31 countries and 0.9% of all doses received in the African Region. Figure 3 presents expired doses as a percentage of all doses received in 31 countries.

![Figure 3. Expired doses as a percentage of all COVID-19 vaccine doses received by country in the African Region (data as of 27 March 2022)](image)

1.3 COVID-19 vaccines administered

Of the 537.7 million doses received, 295,086,232 have been administered, representing 54.9% of doses received. Administered doses as a percentage of all doses received ranged from 1.4% in Burundi to 93.4% in South Africa. Twenty-four countries out of 46 (52%) have administered fewer than 50% of doses received. In addition to Burundi, the Democratic Republic of the Congo (DRC) has administered fewer than 10% of doses received (Figure 4).

![Figure 4. Administered doses as a percentage of all COVID-19 vaccine doses received by country in the African Region (data as of 27 March 2022)](image)
Burundi was the last country in the African Region to launch COVID-19 vaccination on 18 October 2021 with only four vaccination sites operational, all located in the capital city. The National Deployment and Vaccination Plan for COVID-19 vaccines (NDVP) was approved and adopted on 9 March 2022, paving the way for scaling up COVID-19 vaccination that may lead to increased uptake of vaccines. Burundi is planning to extend vaccination sites to two more provinces. The DRC redistributed 1.1 million doses to five countries and recorded 186 884 expired doses. The adjusted proportion of doses administered, excluding redistributed and expired doses, remains low (10.4%).

Figure 5 presents the distribution of vaccine 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, and decreased by 35% in March 2022. On average, 8 271 347 doses were administered per week in March 2022 compared to 12 734 357 doses per week in February 2022. To reach 70% of the population fully vaccinated by end-June 2022, a total of 1.27 billion doses need to be administered between April and June 2022. This translates into 97 million doses to be administered per week (12 times the number of doses administered per week in March 2022).

Table 2 presents the percentage change in doses administered in February and March 2022 in 19 priority countries (Zambia excluded due to issues of data accuracy).
In February 2022, more doses were administered than in January 2022 in 12 out of the 19 priority countries. Among these 12 countries, nine implemented mass vaccination campaigns or periodic intensification of routine immunization:

- Democratic Republic of the Congo (mass vaccination campaign from 31 January to 14 February in Kasai Oriental, one of the country’s 26 provinces);
- Ethiopia (second mass vaccination campaign launched on 14 February 2022 and still ongoing in some counties);
- Kenya (14-day vaccination campaign carried out between 3 and 17 February 2022),
- Guinea-Bissau (10-day mass vaccination campaign carried out between 31 January 2022 and 9 February 2022);
- Madagascar (mass vaccination campaign carried out in the capital city between 21 February and 22 March 2022);
- United Republic of Tanzania (intensification of routine immunization conducted in February 2022).

In nine out of the 12 countries that had experienced an increase in vaccine uptake in February 2022, the number of doses administered in March 2022 decreased. Ghana, Cameroon and South Sudan continued to record increased vaccine uptake. Ghana enforced 10 national immunization days in March 2022.
2022 (from 1 to 10 March) and Cameroon implemented a five-day mass vaccination campaign from 16 to 20 March. In South Sudan, the increase recorded in March is due to delayed reporting as the vaccination campaign ended on 28 February, while some reports were received at national level in March.

In addition, doses administered in March increased slightly in Mali (6%) and to a greater extent in Burundi (a 125% increase, as a result of the communication around the validation of the NDVP), and in Mozambique (Phase IV of the Mass Vaccination Campaign implemented in March 2022, leading to a 341% increase in doses administered). This evidenced the need for keeping up the momentum in vaccine uptake between mass vaccination campaigns. To this end, it is critical for countries to intensify activities aimed at promoting continued use of health facility vaccination sites as well as implement the provider-initiated vaccination approach in health facilities.

### 1.4 GENERAL POPULATION COVERAGE

As of 27 March 2022, a total of 194 million people had received at least one dose of COVID-19 vaccine, representing 17.3% of the African Region’s population (13.7% by the end of February 2022); while 143 million people had received the required number of vaccine doses in the primary series (fully vaccinated), representing 12.8% of the African Region’s targeted population (10.2% by the end of February 2022). Globally, 57.5% of the target population had been fully vaccinated as of 27 March 2022.

Figure 6 shows trends in the percentage of people who have received at least one dose of COVID-19 vaccine and those fully vaccinated by month in the African Region.

Figure 6. Percentage of people who have received at least one vaccine dose and those fully vaccinated for COVID-19 by month in the African Region (data as of 27 March 2022).
Figure 7 presents the percentage of people fully vaccinated by country. Two countries have surpassed 70% of people fully vaccinated: Mauritius (75.8%) and Seychelles (81.5%). Four countries have fully vaccinated between 40% and 70% of their population: Mozambique (42%), Botswana (55%), Cabo Verde (55%) and Rwanda (62%).

Figure 7. Proportion of people vaccinated for COVID-19 by country in the African Region (data as of 27 March 2022)

Twenty-seven countries have vaccinated between 10% and 40% of their population, while 13 countries are yet to surpass 10% of people fully vaccinated, including two of the most populous in the Region (Nigeria and Democratic Republic of the Congo).

Figure 8 shows the geospatial coverage (%) of people fully vaccinated by country.
Figure 8. Proportion of people fully vaccinated against COVID-19 by country in the African Region (data as of 27 March 2022)
Among countries that reported an increase in vaccine uptake in February and/or March 2022, Mozambique, Ethiopia, Uganda, Kenya and Ghana recorded the highest increases in vaccination coverage (Figure 9). All these countries implemented mass vaccination campaigns in the previous three months.

Figure 9. Percentage of people fully vaccinated over time in selected countries (data as of 27 March 2022)
In March 2022, the WHO Regional Office for Africa (2022, WHO AFRO) continued to implement the “multi-partner country support team” (MP-CST) initiative in 19 out of 20 priority countries. Three additional staff were deployed in March including one in Angola, bringing the total number of staff deployed to 33, comprising the following experts: epidemiologists (12); vaccine roll-out/immunization officers (11); social anthropologists/risk communication and community engagement experts (4); logistics and supply management officers (3); health emergency and disease surveillance expert (1); monitoring and evaluation officer (1); and health economist (1). The MP-CSTs have contributed to the overall coordination, strategic and operational planning, implementation, and monitoring of COVID-19 vaccination in their respective assigned countries.

Following the deployment of these experts, countries were able to develop/update their National Deployment and Vaccination Plans (NDVPs) and improve the quality of microplans and demand creation activities for COVID-19 mass vaccination campaigns that have been implemented or are ongoing in 12 countries (DRC, Guinea-Bissau, South Sudan, Kenya, Ethiopia, Ghana, Uganda, Tanzania, Madagascar, Cameroon, Mozambique and Nigeria (Sacles 2.0 strategy)) or COVID-19 vaccination campaigns scheduled for April in four countries (Gambia, Guinea-Bissau, Cameroon and United Republic of Tanzania).

The MP-CSTs have also been actively collaborating with other programmes that have an existing database of people with comorbidities, to increase the vaccination coverage for priority groups. For example, the MP-CSTs have supported networking with people living with HIV/AIDS in Nigeria, leading to an increased number of people from this group being vaccinated against COVID-19. Risk communication and community engagement (RCCE) experts in South Sudan, United Republic of Tanzania, Burundi, and Burkina Faso have played a central role in engaging key partners and stakeholders to improve the demand for COVID-19 vaccination.

In Burundi, advocacy actions from the WHO Country Office and other partners led to the adoption of the NDVP on 9 March 2022. The MP-CST in Burundi is working with the national authorities to expand vaccination sites in provinces other than the capital and intensify demand creation activities. So far, there are only four fixed vaccination sites, all located in Bujumbura.

In order to make available all relevant information on COVID-19 vaccination for each country including gaps in funding and human resources, WHO AFRO is building a COVID-19 vaccination country profile dashboard. CDC Atlanta has deployed two experts (one Senior Data Analyst and one Senior Geographic Information System...
expert) as secondee experts to support the development of this dashboard. Discussions are ongoing with JSI Research & Training Institute for the deployment of additional experts to provide tailored support to Member States in vaccine uptake data management, analysis and use for decision-making.

**PRIORITY COUNTRIES FOR THE MULTI-PARTNERS’ COUNTRY SUPPORT TEAMS INITIATIVE**

**West Africa (6):** Burkina Faso, Cote d’Ivoire, Ghana, Guinea-Bissau, Senegal.

**Central Africa (5):** Chad, Cameroon, Angola, Burundi, DR Congo.

**East and Southern Africa (8):** Ethiopia, Kenya, Madagascar, Mozambique, South Sudan, Uganda, Tanzania, Zambia.
On 13 March 2021, one year after the first COVID-19 case was reported in Ethiopia, the Ministry of Health rolled out COVID-19 vaccination with the aim of vaccinating 20% of the country’s population. One year later, about 21 million people (18% of the population) have been fully vaccinated and 24.5 million people (23% of the population) have received at least one dose of COVID-19 vaccine. This is no small achievement for the second most populous African country that had to scale up COVID-19 vaccination while grappling with other challenges such as political conflict, flooding, drought, and locust infestation.

Notably, Ethiopia was one of the countries that did not achieve the global targets of fully vaccinating 10% and 40% of its population by September and December 2021 respectively. By January 2022, only 3.5% of its population had been fully vaccinated and 8.9% had received at least one dose despite previous efforts to scale up vaccination. The first round of the COVID-19 Mass Vaccination Campaign was implemented in November 2021, but even this was not enough to move the needle. With improved global COVID-19 vaccine supply, assurance of longer-term supply security and aiming to reach the target population in a short

3. COUNTRY FOCUS: ETHIOPIA - SECOND ROUND OF MASS VACCINATION CAMPAIGN PROVIDES A MUCH-NEEDED BOOST TO COVID-19 VACCINATION COVERAGE (FEBRUARY-MARCH 2022)

“By January 2022, only 3.5% of its population had been fully vaccinated and 8.9% had received at least one dose despite previous efforts to scale up vaccination.”

period of time, the Government of Ethiopia decided to augment routine vaccination with a series of periodic campaigns every three to four months.

Officially launched on 14 February 2022 by her Excellency Dr Lia Tadesse, the Minister of Health, the second round of the nationwide Mass Vaccination Campaign was implemented and is still ongoing in some regions. Using lessons from the first round, the objective of the second round of the campaign was to reach all persons aged 12 years and older with at least
one dose of COVID-19 vaccine for those who had not received any shot and completing the series for those who had earlier received the first dose (partially vaccinated). The second round of the campaign also targeted vulnerable populations including internally displaced persons, refugees, and people living with disabilities. Importantly, this campaign also included all regions and zones not previously reached in the first campaign due to political conflict and security challenges.

During this campaign, vaccination was conducted using surge capacity comprising health workers, public health officials, and community and religious leaders. Across the country, over 9000 outreach posts in the community and schools, and 6000 mobile teams in hard-to-reach areas were deployed in addition to 6872 fixed health facility sites to increase access for the target population. Demand generation was intensified using television, radio spot messaging, school mini media audio messages, social media, banners, and short message services (SMS) to ensure successful execution of the campaign. Community mobilization was also supported by volunteers and health extension workers.

Campaign launching ceremonies were conducted at regional level. Social mobilization was intensified before the campaign launch day in close collaboration with specific sectors and organized groups such as the education bureau, disability association, professional associations, and religious and clan leaders to mobilize the different target groups. Several partners, including WHO, UNICEF, AMREF, Resolve to Save Lives, Save the Children, PATH, USAID, Alive & Thrive, Clinton Health Action Initiative, JSI, PSI, Core Group, Johns Hopkins University, and others, came together to jointly plan and support the campaign to scale up COVID-19 vaccination at the national and subnational levels.
Subsequently, over 17.7 million doses were administered in February 2022 compared to 0.12 million in January 2022 and 6 million in November 2021 (first round). As a result, 16.5 million people received a second dose, 1.02 million people received their first dose and 207,779 people received booster doses. Among the high-risk group of people aged 65 and above, a total of 2,842,581 doses were administered with 1,770,989 completing the series and 33,163 receiving booster doses, leading to an increase of coverage in this group from 19.5% fully vaccinated by end-January 2022 to 21% by end-February 2022. In the overall population, the nationwide Mass Vaccination Campaign significantly increased the percentage of people fully vaccinated from 3.5% in January 2022 to 15.7% in February 2022 and 18.2% in March 2022 (Figure 10).

It should be noted that 60% of the vaccine doses received in Ethiopia are the single dose Johnson & Johnson vaccine. Deploying the one-dose vaccine was an ideal strategy adopted for hard-to-reach populations and conflict-prone areas. As of 25 March 2022, a total of 8,017,372 people (7.6% of the population) had been partially vaccinated. These will be targeted for follow-up to complete the primary series using the vaccination card and registration book data on partially vaccinated individuals in subsequent campaigns and in routine mode.

The following key lessons were learnt from Ethiopia’s approach:

- A mass vaccination campaign approach is one of the most viable strategies to quickly scale up COVID-19 vaccination and expand coverage especially in populous countries. This, however, requires adequate preparation, funding and strong collaboration between the government and partners at national and subnational levels, and a reliable supply of vaccines;
- Deploying the Johnson & Johnson vaccine in hard-to-reach areas and volatile contexts ensures that the population is fully vaccinated in the shortest time possible while minimizing risks to health workers. Countries need to tailor strategies to their contexts to maximize the outputs of vaccination campaigns;
- Strong political commitment and leadership from government, coupled with well-coordinated multi-partner support at all levels remain key for COVID-19 scale-up.

By and large, scaling up COVID-19 vaccination remains a key strategy for reducing the COVID-19 disease burden and lowering the risk of emergence of new variants. Ethiopia is now aiming to vaccinate 40% of its total population by the end of 2022 through the routine schedule and quarterly nationwide mass vaccination campaigns.
The advent of the COVID-19 pandemic has resulted in much loss of life and suffering, depressed economies, widened social inequities and exposed the longstanding vulnerabilities of social and health systems. Tools to limit and end the pandemic, including vaccines, diagnostics and treatments, have been developed but access has been highly inequitable. Notably, the varying degree of access to COVID-19 vaccines among countries has exposed glaring, deep-seated inequities. As of March 2022, 73% of people living in high-income countries were fully vaccinated, yet only 12% were fully vaccinated in low-income countries. Over the past months, inequitable distribution and the constrained COVID-19 vaccine supply have been the major impediments to equitable access and vaccination coverage, with low- and lower-middle-income countries substantially further behind than wealthier countries. At the same time, the World Health Organization (WHO) set the target to vaccinate 40% of the population in each country by the end of 2021 as a benchmark of progress toward the 70% coverage by mid-2022. This target is established in the 2022 Global COVID-19 Vaccine Strategy, whose goal is to help bring the COVID-19 pandemic to an end.

During the fourth quarter of 2021 and the first quarter of 2022, the vaccine supply for low- and lower-middle-income countries has been increasing rapidly due to dose donations and increased supply of doses procured through COVAX and AVATT. The pace of deployment of doses in some countries is rapidly increasing to match increases in supply and time-bound coverage ambitions.

Recognizing the urgency of transforming vaccine doses into immunized communities, WHO, UNICEF and Gavi, the Vaccine Alliance launched the COVID-19 Vaccine Delivery Partnership (CoVDP) in January 2022, as an inter-agency initiative, building on existing resources globally, regionally and in-country to accelerate vaccination coverage in countries that are lagging the farthest behind. CoVDP primarily supports the 34 countries that were at or below 10% coverage in January 2022, including 25 from the African Region: Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Côte d’Ivoire, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Madagascar, Malawi, Mali, Niger, Nigeria, Senegal, Sierra Leone, South Sudan, United Republic of Tanzania, Uganda and Zambia.

CoVDP provides urgent, concerted support to
a small, rotating list of 10 countries including seven from the African Region: Burkina Faso, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Nigeria and Sierra Leone. CoVDP works with countries to understand bottlenecks to vaccination, and supports them to access urgent operational funding, technical and surge assistance, and to enhance the political engagement and demand and supply planning required to implement and scale up their vaccination response and monitor progress towards targets. CoVDP promotes and applies the principles of one country team, one plan, one budget and one support team. The one country team, led by the government, coordinates all aspects of planning and analysis and leads the development of the One Plan and the One budget to accelerate vaccination. This team comprises the highest-level government entity in charge of COVID-19 vaccination, including all government bodies responsible for health, financial and operational planning, the United Nations country team led by WHO, with key stakeholders from the public, private and community sectors supporting the government-led effort.

The one support team, as part of the Delivery Partnership, comprises partners from the regional and global levels (including Africa CDC, WHO, UNICEF, Gavi, WFP, the World Bank, humanitarian agencies, NGOs and others as needed) willing to provide assistance in a coordinated manner, driven by country needs and demand.

"CoVDP promotes and applies the principles of one country team, one plan, one budget and one support team. The one country team, led by the government, coordinates all aspects of planning and analysis and leads the development of the One Plan and the One budget to accelerate vaccination."
Regular country calls with the 10 priority countries are convened with the in-country team and the members of the wider support team to discuss progress, troubleshoot and help identify and address bottlenecks. A desk officer is identified for each country for the purpose of liaising with the regional offices of WHO and UNICEF, national ministries and partners, and facilitates discussions with the one country team. In March 2022, in-depth country calls were held with Burkina Faso, Ethiopia, Kenya, DRC, Nigeria and Sierra Leone to discuss issues around urgent funding requests and identify sources of funding, as well as to prioritize one operational plan to regulate work with countries, service delivery and management of COVID-19 vaccines. Since January 2022, CoVDP has received urgent funding requests amounting to US$ 42 million, of which US$ 17 million has been disbursed to date to four countries with immediate needs (Chad, DRC, Burkina Faso and Ethiopia). In January 2022, Burkina Faso informed CoVDP that it had 800 000 COVID-19 vaccine doses at risk of expiring. CoVDP collaborated with the Government and partners to mobilize US$ 500 000 of operational funding in five days. The country was able to roll out a campaign and use all 800 000 doses to protect the population in Burkina Faso. In February 2022, CoVDP conducted a high-level mission to Nigeria to meet with political leaders and strategic focal points at federal and State levels to understand key bottlenecks and identify targeted areas of support to accelerate delivery of COVID-19 vaccines over the next 100 days. The country has launched a refreshed national strategy known as SCALES 2.0, based on decentralized (State level) plans, targets and engagement, tripling the number of vaccination teams and engaging religious and community leaders for community mobilization and dialogue. High-level country missions are planned for Ethiopia, DRC, and Kenya in April 2022.

CoVDP can help address bottlenecks related to political engagement by working with country leadership and coordinating with partners for high-level dialogue, for instance by planning joint missions with senior leaders at Africa CDC. To address gaps in technical assistance, CoVDP can support COVAX supply planning to help reach country coverage targets and coordinate across partners to provide technical assistance as needed. CoVDP can drive coordination across funding sources, provide support in identifying delivery funding gaps and enhancing access to the financing support needed from Gavi, UNICEF, WHO, Africa CDC or the World Bank.
5. TECHNICAL/SCIENTIFIC UPDATE: COVID-19 VACCINATION FOR CHILDREN AND ADOLESCENTS

SAGE recommendations

According to the revised SAGE prioritization roadmap, healthy children and adolescents belong to the lowest priority-use group because of their relatively low risk of severe disease, hospitalization and death. Countries should first prioritize fully protecting higher priority-use groups before implementing a primary vaccination series in children and adolescents.

All children and adolescents with moderate and severe immunocompromising conditions belong to the highest priority-use group. Children and adolescents with comorbidities belong to the medium priority-use group.

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

Regulatory status as of 31 March 2022 (for WHO Emergency Use Listing only)

- **Children aged 0-4 years:** To date, none of the COVID-19 vaccines with WHO EUL recommendation includes children below 5 years of age.

- **Children aged 5-11 years:** Pfizer/BioNTech BNT162b2 vaccines (Comirnaty) can be used for a primary series for children aged 5 years and above. A smaller dosage is required for children than for adolescents and adults (10 µg, 0.2 ml each for children aged 5-11 years).

- **Adolescents aged 12-17 years:** Pfizer/BioNTech BNT162b2 vaccines (Comirnaty) can be used for a primary series for adolescents aged 12-17 years (30 µg, 0.3 ml each for all persons aged 12 years and above).

The Pfizer/BioNTech vaccine is an mRNA vaccine, requiring two doses of primary series with the second dose administered 4-8 weeks after the first dose, preferably eight weeks, since a longer interval is associated with higher vaccine effectiveness and potentially lower risk of myocarditis/pericarditis.

The need for, and timing of, booster doses for children and adolescents has not yet been determined.

Several other COVID-19 vaccines are undergoing trials, and more data will be available subsequently, including for children and adolescents.

For updated information on WHO EUL recommendations, please see “Status of COVID-19 Vaccines within WHO EUL/PQ evaluation process” (Guidance document 2 March 2022).

Safety

A very rare signal of myocarditis/pericarditis has been reported with mRNA COVID-19 vaccines. However, the risk of myocarditis/pericarditis associated with SARS-CoV-2 infection is higher than the risk after vaccination.
Status of COVID-19 vaccination for children and adolescents in Africa

In Africa, 18 countries have introduced COVID-19 vaccines for adolescents with some variation in target age groups. Fourteen countries (Angola, Botswana, Ethiopia, Guinea, Gambia, Mali, Namibia, Rwanda, Senegal, Eswatini, Seychelles, Uganda, South Africa, Zambia) target adolescents aged 12-17 years; Zimbabwe targets those over the age of 14 years; Ghana and Mozambique administer the vaccines to adolescents aged 15-17 years, while Nigeria has chosen adolescents aged 16-17 years as one of its priority groups. Children and adolescents (aged 5–17 years) account for 32% of the total population of Africa, ranging from 16% in Mauritius to 37% in Niger. Figure 11 shows the geographical distribution of countries that have authorized vaccination for children and adolescents.

Figure 11. Geographical distribution of countries that have authorized vaccination for children and adolescents in the African Region
6. USEFUL LINKS

AFRO COVID-19 Vaccination dashboard:

AFRO microsite on lessons learnt in rolling out COVID-19 vaccination
🔗 https://covid-19vaccineslessonslearned.afro.who.int/

AFRO COVID-19 dashboard:
🔗 https://who.maps.arcgis.com/apps/dashboards/0c9b3a8b68d0437a8cf28581e9c063a9
## APPENDIX: DOSES ADMINISTERED AND VACCINATION COVERAGE BY COUNTRY IN THE WHO AFRICAN REGION (DATA AS OF 27 MARCH 2022)

<table>
<thead>
<tr>
<th>Country</th>
<th># Doses received</th>
<th># Doses administered</th>
<th># Received at least one dose</th>
<th># Fully vaccinated</th>
<th>% Doses administered</th>
<th>% Received at least one dose</th>
<th>% Fully vaccinated</th>
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