COVID-19 VACCINATION IN THE WHO AFRICAN REGION

AT A GLANCE

- **Doses received from the COVAX facility**: 66%
- **Expired doses of all doses received**: 2.1%
- **Countries that have administered fewer than 50% of doses received**: 19
- **Increase in doses administered in July 2022 compared to June 2022**: 9%
- **Health-care workers fully vaccinated in the African region**: 50.4%
- **Countries that have achieved 70% of their population fully vaccinated**: 3

- **Vaccine doses received per 100 population**: 60%
- **Doses administered of all doses received**: 59%
- **Countries that have already reported expired doses**: 33
- **People fully vaccinated in the African region**: 18.5%
- **Countries yet to surpass 10% of people fully vaccinated**: 8
- **Countries that recorded an increase in doses administered in July 2022**: 18
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As of 31 July 2022, a total of 216 million people in the African Region had completed the primary COVID-19 vaccination series (fully vaccinated), representing 18.5% of the Region’s population. Three countries in the African Region have surpassed the target of 70% of their population fully vaccinated: Mauritius (75.3%), Seychelles (77.5%) and Rwanda (76.1%). Six countries have recorded between 40% and 70% of their population completing the primary series: Mozambique (40.0%), Sao Tome and Principe (45.1%), Comoros (46.5%), Liberia (44.8%), Cabo Verde (52.4%), and Botswana (58.4%). Eight countries are yet to surpass 10% of their population completing the primary vaccination series: Burundi (0.1%), Democratic Republic of the Congo (2.6%), Cameroon (4.5%), Madagascar (4.5%), Senegal (6.3%), Mali (6.6%) and Malawi (7.6%).

Booster doses are being administered to fully vaccinated people (those who have completed the primary series) in 36 out of 46 countries in the African Region (78%). In these 36 countries, 11% of fully vaccinated people have received booster doses.

Data from 26 countries show that 50.4% of health-care workers have completed the primary series.

A total of 696 million doses of COVID-19 vaccines have been delivered in the African Region, including 66% from the COVAX Facility. This represents 60 doses per 100 population. Of the doses received, 59% has been administered. Nineteen out of 46 countries (41%) have administered fewer than 50% of doses received.

The number of doses administered increased by 9% in July 2022, compared to June 2022. On average, 10.99 million doses were administered per week in July 2022, compared to 10.08 million in June 2022.

Eighteen countries out of 46 (39%) recorded an increase in doses administered in July 2022 compared to June 2022: Zambia, Burkina Faso, Mauritania, United Republic of Tanzania, Cameroon, Rwanda, Central African Republic, Cabo Verde, Uganda, Madagascar, South Sudan, Mozambique, Togo, Mali, Eswatini, Niger, Burundi, and Ghana.

Thirty-four countries had less than 30% of their population fully vaccinated at the end of June 2022. Among these countries, the United Republic of Tanzania and Côte d’Ivoire recorded the highest percentage increase in people fully vaccinated in July. In the United Republic of Tanzania, the percentage of people fully vaccinated increased from 6.4% at end-June 2022 to 21.0% at end-July 2022 as a result of a mass vaccination campaign carried out in the Manyara Region,
and the launch of the COVID-19 champion campaign in Rukwa Region. In Côte d’Ivoire, the percentage of people fully vaccinated increased from 20.2% at end-June 2022 to 24.8% at end July-2022. Côte d’Ivoire carried out a nationwide mass vaccination campaign from 15 to 31 July 2022.

Thirty-three out of 46 countries have reported expiry of vaccines. The number of expired doses accounts for 3.3% of doses received in the 33 countries and 2.1% of doses received in the African Region.

The WHO Regional Office for Africa (WHO AFRO) has launched the second phase of its Country Support Teams (CST) initiative, which aims to provide technical and financial support to Member States, focusing on 14 priority countries to scale up COVID-19 vaccination. As part of this initiative, the Regional Director in July 2022, wrote to Member States, appealing for fresh impetus to revive COVID-19 vaccination in the African Region. The second phase of the CTS initiative is guided by three principles: scale-up, transition and consolidation.

This issue of the Bulletin shares lessons from Liberia’s experience in rolling out COVID-19 vaccination, especially through the implementation of various strategies to reach high-risk priority populations, such as: (i) engaging medical associations and medical institutions to mobilize health workers; (ii) holding regular meetings with health workers to address hesitancy and other concerns about vaccination among health workers; and (iii) integrating COVID-19 vaccination in chronic care clinics.

The experience of John Snow Inc (JSI) in using community engagement approaches to increase vaccine demand in Mozambique and Ghana is also discussed.

The latest recommendations of the WHO Strategic Advisory Group of Experts on Immunization (SAGE) on the use of the Janssen vaccine is also summarized in this issue.
1. COVID-19 VACCINATION SITUATION UPDATE

1.1. VACCINES RECEIVED

As of 31 July 2022, a cumulative total of 696,644,717 doses of COVID-19 vaccines had been received in 46 out of the 47 countries of the WHO African Region (WHO/AFRO). Eritrea is still the only country that has not started vaccinating against COVID-19. Of the doses received, 460 million (66.1%) were from COVAX, 157 million (22.6%) from bilateral cooperation arrangements, 62 million (8.9%) from the African Vaccine Acquisition Trust (AVAT), 10 million (1.4%) purchased by governments, and 7 million (1.0%) from unspecified sources (Figure 1).

Johnson & Johnson, Pfizer-BioNTech and AstraZeneca (Oxford and Covishield) account for 31.2%, 19.1% and 16.7% of vaccines received in the Region, respectively. Table 1 shows the distribution of doses received in the WHO African Region as of 31 July 2022 by type of vaccine.

"Of the doses received, 460 million (66.1%) were from COVAX, 157 million (22.6%) from bilateral cooperation arrangements, 62 million (8.9%) from the African Vaccine Acquisition Trust (AVAT), 10 million (1.4%) purchased by governments, and 7 million (1.0%) from unspecified sources"
On average, 60 doses have been received per 100 population. Eight countries have received over 140 doses per 100 population (two doses for 70% of the population): Comoros, Sao Tome and Principe, Mauritius, Rwanda, Seychelles, Zimbabwe, Mauritania and Cabo Verde. Burundi (six doses per 100 population), Democratic Republic of the Congo (15 doses per 100 population), South Sudan (20 doses per 100 population) and Madagascar (21 doses per 100 population) have received the lowest number of doses per 100 population.

**Table 1. Cumulative doses of vaccines received as of 31 July 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>217,473,245</td>
<td>31.2</td>
</tr>
<tr>
<td>Pfizer BioNtech</td>
<td>132,776,389</td>
<td>19.1</td>
</tr>
<tr>
<td>Sinopharm</td>
<td>97,052,929</td>
<td>13.9</td>
</tr>
<tr>
<td>Oxford AstraZeneca</td>
<td>88,795,510</td>
<td>12.7</td>
</tr>
<tr>
<td>Sinovac</td>
<td>54,017,800</td>
<td>7.8</td>
</tr>
<tr>
<td>Moderna</td>
<td>37,421,340</td>
<td>5.4</td>
</tr>
<tr>
<td>Covishield</td>
<td>27,654,220</td>
<td>4.0</td>
</tr>
<tr>
<td>Sputnik V/Light</td>
<td>2,305,440</td>
<td>0.3</td>
</tr>
<tr>
<td>Covaxin</td>
<td>365,000</td>
<td>0.1</td>
</tr>
<tr>
<td>Other</td>
<td>38,782,844</td>
<td>5.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>696,644,717</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
1.2. EXPIRED DOSES

As a result of data cleaning conducted in July 2022, the number of expired doses has been adjusted to 15 007 013, including 11 863 329 doses not yet destroyed (79% of all expired doses). Thirty-three out of 46 countries have reported expiry of vaccines. The number of expired doses accounts for 3.3% of doses received in the 33 countries and 2.1% of doses received in the African Region. Madagascar (22.2%), Algeria (18.8%), Senegal (18.1%) and Democratic Republic of the Congo (11.3%) recorded the highest percentage of expired doses in relation to those received (Figure 2).

1.3. COVID-19 VACCINES ADMINISTERED

Of the 696 million doses received, 414 108 656 have been administered, representing 59.4%. Administered doses as a percentage of all doses received ranged from 2.4% in Burundi to 97% in the Gambia (Figure 3). Nineteen out of 46 countries (41%) have administered fewer than 50% of doses received (21 countries at end-June 2021). Figure 3 presents the distribution of doses administered in the African Region by month of reporting.
The number of doses administered increased by 9% in July 2022, compared to June 2022 (this figure increased by 71% in June 2022 compared to May 2022). On average, 10.99 million doses were administered per week in July 2022, compared to 10.08 million in June 2022. Figure 4 presents the distribution of doses administered by month in the African Region.

Eighteen out of 46 countries (39%) recorded an increase in doses administered in July 2022, compared to June 2022 (13 countries in June 2022). They are: Zambia, Burkina Faso, Mauritania, United Republic of Tanzania, Cameroon, Rwanda, Central African Republic, Cabo Verde, Uganda, Madagascar, South Sudan, Mozambique, Togo, Mali, Eswatini, Niger, Burundi and Ghana.

**Vaccine doses administered to children**

Twenty-four countries in the African Region have authorized vaccination of children. In these countries, doses administered to children account for 6.8% of all doses administered (Table 2).
As of 31 July 2022, a total of 277 million people had received at least one dose of the COVID-19 vaccine, representing 23.7% of the African Region’s population (21.8% by the end of June 2022), while 216 million people had received the required number of vaccine doses in the primary series (fully vaccinated), representing 18.5% of the African Region’s population (16.8% by the end of June 2022). Globally, 61.6% of the population had been fully vaccinated as of 31 July 2022.

Figure 5 shows the evolution over time of the percentage of people vaccinated with at least one dose of COVID-19 vaccine and people having completed the primary vaccination series by month in the African Region.
Figure 6 presents the percentage of people having completed the primary series by country. Three countries have surpassed 70% of their population fully vaccinated: Mauritius (75.3%), Seychelles (77.5%) and Rwanda (76.1%)\(^1\).

Six countries have recorded a percentage of people having completed the primary series of between 40% and 70% of their population: Mozambique (40.0%), Sao Tome and Principe (45.1%), Comoros (46.5%), Liberia (44.8%), Cabo Verde (52.4%), Botswana (58.4%).

\(^1\)AFRO started to use the United Nations World population prospects 2021 as denominator in July 2022, resulting in a slight reduction of coverage figures in some countries.
Twenty-nine countries have recorded between 10% and 40% of their population completing the primary series (27 countries in June 2022). Eight countries are yet to surpass 10% of their population completing the primary vaccination series: Burundi (0.1%), Democratic Republic of the Congo (2.6%), Cameroon (4.5%), Madagascar (4.5%), Senegal (6.3%), Mali (6.6%) and Malawi (7.6%).

Figure 7 shows the geographical distribution of the percentage of the population fully vaccinated by country in the African Region.

Figure 7. Proportion of people having completed the primary vaccination series against COVID-19 (fully vaccinated) by country in the African Region (data as of 31 July 2022)
Figure 8 shows the percentage of people having completed the primary series (fully vaccinated) at the end of June 2022 and in July 2022 in the 34 countries that had less than 30% of people fully vaccinated at the end of June 2022.

Among these 34 countries, the United Republic of Tanzania and Côte d’Ivoire recorded the highest percentage increase in people fully vaccinated in July.

In the United Republic of Tanzania, the percentage of people fully vaccinated increased from 6.4% at end-June 2022 to 21.0% at end-July 2022. This increase is a result of:

- A mass vaccination campaign carried out in Manyara, a region with a population of 1.9 million, using the Johnson & Johnson vaccine only (single dose vaccine). During this campaign, 157 051 people were reached and fully vaccinated.
- The launch of the COVID-19 champion campaign in Rukwa, a region with a population of 1.3 million, among the low-performing regions in the United Republic of Tanzania. The campaign was launched on 14 July 2022 to scale up vaccination, involving 209 COVID-19 champions among political and community leaders, with the mission of generating COVID-19 vaccine demand in the communities.
In Côte d’Ivoire, the percentage of people fully vaccinated increased from 20.2% at end-June 2022 to 24.8% at end-July 2022. Côte d’Ivoire carried out a nationwide mass vaccination campaign from 15 to 31 July 2022. During this campaign 2,146,075 vaccine doses were administered and 761,901 more people completed their primary series.

Booster doses are being administered to fully vaccinated people in 36 out of 46 countries in the African Region (78%). In these 36 countries, 11% of fully vaccinated people have received booster doses. Figure 9 presents the distribution of the proportion of fully vaccinated people who have received booster doses in the African Region.

![Figure 9. Proportion of people fully vaccinated having received booster doses in 36 countries in the African Region (data as of 31 July 2022)](image)

1.5. COVERAGE IN HIGH PRIORITY GROUPS

Data systems in most countries in the African Region do not allow for disaggregated figures on coverage for high priority groups. Health-care workers will be used in this issue as a tracer for all high priority groups.

Twenty-six countries have reported data on the number of people who have completed the primary vaccination series among health-care workers. In these 26 countries, 50.4% of health-care workers have completed the primary series (Figure 10).
Figure 10. Proportion of health-care workers who have completed the primary vaccination series against COVID-19 (fully vaccinated) in 26 countries in the African Region (data as of 31 July 2022)
In July 2022, WHO in the African Region launched the second phase of the Country Support Teams (CST) initiative, which aims to provide technical and financial support to Member States, focusing on the 14 priority countries to scale up COVID-19 vaccination. As part of this initiative, the Regional Director in July 2022, addressed a letter to Member States, requesting them to give fresh impetus to COVID-19 vaccination in the African Region, while pledging the support of WHO and other partners. The Regional Director appealed to Member States to intensify their efforts, working in close conjunction with all high-level national authorities, civil society, professional associations, community leaders and the private sector, to scale up COVID-19 vaccination among the most at-risk groups, thereby helping to minimize avoidable suffering and death from this disease. The second phase of the CTS initiative is guided by three principles: scale-up, transition and consolidation.

- **Scale-up:** This involves scaling up ongoing efforts to expand vaccination in order to achieve broad coverage of the most at-risk groups (health workers, older people, immunocompromised people or those with comorbidities) by mid-2023, in line with the WHO Strategic Advisory Group of Experts on Immunization (SAGE) roadmap. To this end, providing vaccination services in health facilities and in communities through outreach and mobile teams, as well as strengthening community engagement, are all valuable strategies.

- **Transition:** It is of paramount importance to start organizing the transition towards normal functioning health systems. In this regard, COVID-19 vaccination services will be enhanced by integrating them into the service package of units and facilities providing care to people living with HIV, tuberculosis, cancer, diabetes and other noncommunicable diseases, as well as in homes for older people. Such integration will ensure that the most at-risk groups continue to have access to COVID-19 vaccines for both the primary series and additional doses.

- **Consolidation:** It is vital to start building on innovations in COVID-19 vaccination data management in order to strengthen routine immunization data management and vaccine-preventable disease surveillance. The tools for digital vaccination certificates should be expanded to cover other vaccines required for international travel, under the 2005 International Health Regulations.

As of 31 July 2022, WHO AFRO had 21 experts (13 Immunization Officers, two Quantitative Epidemiologists, four Vaccine Demand Generation Officers, one Health Economist, and one Logistician) deployed to 15 countries (Angola, Burkina Faso, Cameroon, ...
Democratic Republic of the Congo, Gambia, Malawi, Nigeria, Senegal, South Sudan, United Republic of Tanzania, Ghana, Mozambique, Kenya, Madagascar and Zambia). In addition, 21 Stop Transmission of Polio (STOP) teams are supporting COVID-19 vaccination at national and subnational levels in six countries (Burkina Faso, Cameroon, Côte d’Ivoire, Ethiopia, Niger and Uganda). Seven Immunization Officers and seven Vaccine Demand Generation Officers are in the final stages of their recruitment and will be deployed to priority countries in August 2022.

In July 2022, eighteen countries in the African Region conducted high-impact mass COVID-19 vaccination campaigns. These countries are: Angola, Central African Republic, Chad, Comoros, Côte d’Ivoire, Eswatini, Gambia, Guinea, Guinea-Bissau, Kenya, Liberia, Malawi, Mali, Mozambique, Sierra Leone, United Republic of Tanzania, Togo and Zambia.

With the support of WHO and other partners, two countries (Democratic Republic of the Congo and Gabon) conducted intra-action reviews (IARs) to assess their COVID-19 vaccine roll-out, to document what worked well and what did not, and to formulate recommendations for improving COVID-19 vaccination roll-out in line with the SAGE roadmap for prioritizing uses of COVID-19 vaccines.

The CST phase 2 approach includes gap analysis and development of a costed operational plan with a view to increasing vaccination coverage in high-priority groups. In July 2022, Liberia finalized its operational plan. As a result, the amount of US$ 750 000 has been released by WHO AFRO to support implementation of the plan. The process of gap analysis and development of costed operational plans is ongoing in the 14 priority countries, as well as in Namibia and Zimbabwe.

From 11 to 15 July 2022, WHO (headquarters and AFRO) and US CDC conducted an in-country mission to Côte d’Ivoire to support the development of an operational plan for strengthening their existing system for COVID-19 vaccination data management, as well the process of adjusting estimates of population size for high-priority groups. An operational plan requiring US$ 1.2 million for its implementation has been developed and will be funded by WHO. The disbursement of these funds is pending an official request from the Ministry of Health. WHO AFRO has worked remotely with Uganda and Malawi on the development of similar operational plans for strengthening COVID-19 vaccination data management based on identified gaps. The amount of US$ 790 000 has been disbursed to Uganda to support its plan, while US$ 1.1 million has been approved for Malawi and will be disbursed in August 2022.

WHO AFRO participated in country engagement missions of the COVID-19 Vaccine Delivery Partnership (COVDP) in Chad, Democratic Republic of the Congo, Guinea-Bissau and United Republic of Tanzania. The major recommendations of these missions were as follows:

a) Democratic Republic of the Congo

- The Government, through the Minister of Health, should revamp COVID-19 vaccination activities in the country.
- The Ministry of Health and partners should collaborate with the International Organization for Migration (IOM) and the Office of the United Nations High Commissioner for Refugees (UNHCR) for the vaccination of people at points of entry, as well as carry out vaccination activities among displaced populations, including refugees.
- Governors in all provinces should be actively involved in COVID-19 vaccination and serve as advocates.
- The Expanded Programme on Immunization should improve data sharing among all stakeholders to foster transparency and institute a digital payment system for vaccinators, volunteers, supervisors and all actors to ensure that incentives are paid in time.
b) Guinea-Bissau

The Prime Minister, Vice Prime Minister, Minister of Health, Director of Immunization, other government representatives, the UN Country Team and other in-country partners resolved to set up a National Technical Advisory Group to oversee COVID-19 vaccination activities.

The country authorities resolved to devolve oversight of COVID-19 vaccination activities from the High Commission of Health to the Ministry of Public Health, and also to address the persistent health-care workers' strike.

The Government agreed to conduct two integrated campaigns in September and October and another by the end of the year, which will catch up with and vaccinate zero-dose children.

The Government agreed to work with WHO, UNICEF, the World Bank and other partners to strengthen the health system, build back a better and more resilient health system and clear any outstanding payments to health-care workers in preparation for the upcoming campaigns.

c) United Republic of Tanzania

The Government of Tanzania should reinvigorate COVID-19 vaccination activities in the country.

A Ministerial Order formally creating the COVID-19 Vaccination Monitoring Committee should be signed. This includes its composition, mode of operation, and a monitoring and evaluation mechanism. The Committee will review COVID-19 vaccine deployment and share regular reports with the Minister of Health.

Partners should support the Government to carry out a COVID-19 vaccination coverage survey.
COVID-19 vaccination in Liberia was officially launched on 1 April 2021. With a population of 5.1 million people and 15 counties, Liberia aimed to vaccinate 70% of its population by end-June 2022. To increase the chances of achieving such an ambitious target, Liberia set up a robust coordination and planning mechanism, an effective supply chain system and implemented multiple vaccination campaigns, with financial and technical support from partners, as well as strong political commitment.

Like most African countries, Liberia had experienced some challenges in the initial COVID-19 vaccination roll-out phase including: (i) inadequate community engagement amid myths and misinformation about COVID-19 vaccination; (ii) operational and logistical challenges in transporting the vaccines to communities, causing delays and disruption of vaccination; (iii) minimal supportive supervision; (iv) shortage of vaccination cards (the only proof of vaccination); and (v) delays in the payment of vaccinators’ allowances, leading to reduced motivation of the staff on the ground. Liberia conducted two COVID-19 vaccination intra-action reviews (IARs) during which successes, challenges, best practices, and practical solutions were identified. This informed and led to the refinement of the National Deployment and Vaccination Plan for COVID-19 vaccines (NDVP).

The revised versions of the NDVP ensured strong coordination and data-driven planning involving County Health Teams and community leaders, timely provision of logistical supplies, prompt payment of allowances to vaccinators and a revised supervision model.

“To increase the chances of achieving such an ambitious target, Liberia set up a robust coordination and planning mechanism, an effective supply chain system and implemented multiple vaccination campaigns, with financial and technical support from partners, as well as strong political commitment.”
Various strategies have been implemented to reach high-risk priority populations, including: (i) engaging medical associations and medical institutions to mobilize health workers; (ii) holding regular meetings with health workers to address hesitancy and other concerns about vaccination among health workers; and (iii) integrating COVID-19 vaccination in chronic care clinics. Mobile vaccination teams were used during special events and to provide vaccination services in the evenings during the month of Ramadhan.

In addition to fixed vaccination sites mostly established in health facilities and service delivery targeting high priority groups, Liberia implemented four mass vaccination campaigns (MVCs) with the aim of increasing vaccine uptake and putting the country on track towards its set targets as per the NDVP. The first campaign was conducted in September 2021 in Montserrado County, the most populous county which contains Monrovia, the capital city of Liberia. The campaign was organized in only one county to quickly utilize available vaccine doses that were at risk of expiry. It was followed by another MVC conducted in the six most populous counties between 25 October and 3 November 2021. These six counties account for 66% of the country’s population. They include: Montserrado, Bong, Grand Bassa, Lofa, Margibi and Nimba Counties. Two nationwide campaigns were later conducted in December 2021 and March-April 2022. The last MVC in March-April 2022 was conducted for an extended period of five weeks compared to the previous campaigns that were conducted for a few days. The momentum gained from the MVCs in terms of vaccine demand has continued to date.

During the last MVC, partners were assigned to the specific counties to which they provided funding, overall technical support, and whose performance they accounted for during weekly performance monitoring meetings. The partners included: WHO (six counties), USAID (seven counties), UNICEF (one county) and Africa CDC (one county). Vaccination roll-out was closely monitored using a daily dashboard, and timely feedback and support provided to underperforming counties. The daily dashboard also provided real-time information on uptake of the different vaccine types deployed, stock status and weekly rate of change in uptake. A special team from the Office of the President was assigned to oversee COVID-19 vaccination and ensure that the vaccines reached all targeted beneficiaries.

Subsequently, the MVCs increased COVID-19 vaccine uptake and coverage. As of 26 July 2022, Liberia had 2,646,225 million people (45% of the country’s population) who had completed the primary dose series and 3,157,117 million people (51% of the country’s population) who had received at least one dose.

A total of 14,114 health workers (31% of the NDVP’s target), 100,608 people aged 60 years and above (44% of the NDVP’s target) have been vaccinated. Figure 11 presents the distribution of doses administered by month. While the increase in doses administered in September-October 2021, December 2021 and March-April 2022 are linked to the MVCs, the increase seen in June 2022 is likely due to clearing of a data backlog.
Figure 11. Number of people vaccinated per month in Liberia. MVC: Mass Vaccination Campaign

Figure 12 presents the evolution of the cumulative percentage of people having completed the primary vaccination series (fully vaccinated) by month of reporting.

Figure 12. Percentages of people that have been fully vaccinated and those that have received at least one dose. MVC: Mass Vaccination Campaign

Four out of 15 counties have surpassed 70% of people who have completed the primary vaccination series as of 26 July 2022 (Figures 13 and 14).
COVID-19 VACCINATION IN THE WHO AFRICAN REGION

Figure 13. Cumulative percentage of people having completed the primary series for COVID-19 Vaccination by county in Liberia (data as of 26 July 2022).

Figure 14. Geographical distribution of the cumulative percentage of people who have completed the primary series for COVID-19 Vaccination in Liberia (data as of 26 July 2022)
Key lessons learnt from Liberia were:

- The community-based vaccination approach of leveraging community structures to create demand, community ownership and taking the vaccines to the communities enhanced trust in the vaccination process, which increased the vaccination uptake.

- Data-driven planning and assigning partners to support specific regions increased transparency, accountability, and better coordination of partners.

- Decentralizing decisions to the County Health Teams (CHTs) including on operations, finance and planning as well as monitoring, improves the effectiveness of vaccination activities.

- Timely provision of operational funds and payment of health worker allowances was integral in keeping teams motivated.

- Strong political leadership, coordination, collaboration, and partnership through the Incident Management Team are also worth mentioning.
The COVID-19 pandemic created an urgent need to vaccinate a larger, non-traditional population, posing new challenges in identifying and reaching high-risk groups. To increase the uptake of COVID-19 vaccines, JOHN SNOW INC (JSI), through Gavi-funded activities and the USAID-funded MOMENTUM Routine Immunization Transformation and Equity Project that it leads with other consortium partners, used people-centred models for vaccination. This approach helps to bring services closer to individuals, improve service quality and accountability, incorporate health worker and client perspectives and needs, and bring people to services through community engagement and the development of a social norm. People-centred models focus the delivery of immunization services to be responsive to the needs of individuals and communities, including addressing barriers to accessing immunization services due to age, location, social and cultural norms, and gender-related factors. Adapting and applying these approaches has helped African countries improve the reach of services and increase demand for immunization services to control the pandemic.

JSI provides COVID-19 vaccination support in multiple African countries including the Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Malawi, Mozambique, Nigeria, Niger, South Sudan and United Republic of Tanzania. Examples from Ghana and Mozambique demonstrate the importance of engaging the community, including non-traditional health partners, to successfully reach target groups.

### Ghana experience

In Ghana, through Gavi funding, JSI supported the Ghana Health Services (GHS) and the Expanded Programme on Immunization (EPI) to generate COVID-19 vaccine demand in accordance with the National Deployment and Vaccination Plan (NDVP). JSI’s technical assistance included engaging the National Immunization Technical Advisory Group, the media, and community groups to create vaccine awareness and confidence. It also facilitated the roll-out of COVID-19 vaccines by engaging national partners and building health worker capacity to address hesitancy and misinformation.

JSI’s approach to microplanning in six project-supported districts involved engaging community leaders and informal groups in COVID-19 vaccine deployment planning, implementation, and review of exercises. As part of the microplanning process, the
team organized a workshop whose participants included market queens (female traditional heads), driver union representatives, religious leaders and traditional rulers. This group served as a resource to support the districts in addressing issues related to the planning and implementation of the COVID-19 vaccination campaigns. Their input helped identify high-risk groups and vaccination sites to increase vaccine access to under-resourced populations, which led to an increase in the number of vaccination sites as well as the number of people seeking vaccination. Some leaders of commercial transport services arranged free transport to vaccination sites and provided spaces at market centres and lorry stations to expand COVID-19 vaccine delivery points. The drivers who provided rides to vaccination sites refused to carry passengers not wearing masks, thereby improving the level of compliance with protocols. Religious leaders observed COVID-19 protocols in their churches and encouraged their congregants to follow their example. They also allowed health workers from the subdistrict level to disseminate information about COVID-19 in their churches, while some churches even served as vaccination sites. These actions complemented Government efforts to ease the severity of the first and second waves, enabling it to lift lockdowns earlier. Community stakeholders also promoted conversations on COVID-19 vaccination on the WhatsApp platform and tracked misinformation and disinformation, which they shared with health workers.

Mozambique experience

In Mozambique, the JSI-led MOMENTUM Routine Immunization Transformation and Equity consortium of partners worked with the Government and local organizations to increase vaccine demand at the national level and in the two provinces of Nampula and Zambezi. To overcome vaccine hesitancy and misinformation, the project supported each district health authority in these provinces in creating a crisis management committee to coordinate efforts; each committee comprises key government staff, religious and other community leaders, and health-care workers. The project trained committee members on key messages and their dissemination and on how to help community members recognize and stop the spread of rumours and misinformation. Following the training, committee members led community engagement, mobilization, and coordination of campaign efforts. The committee engages community members, relays messages and provides leadership in the campaign efforts.
In Ile and Molumbo districts, the project reached an estimated 699,347 individuals with COVID-19 messages broadcast on radio and television. The use of mass media included question and answer sessions on routine immunization, human papillomavirus and COVID-19 vaccination. The project also trained religious leaders in the two districts to promote demand for routine immunization and COVID-19 vaccination in churches, mosques, and communities. The religious leaders shared messages on the importance of vaccination during services and sensitized followers on the need to get vaccinated. They also talked about the myths surrounding the COVID-19 vaccination.

**Key lessons learnt:**

- Tailored community engagement strategies are key to addressing barriers to COVID-19 vaccination uptake

- The need to use people-centred approaches for vaccination, to take services closer to individuals and increase access especially for vulnerable and high-risk groups.
The WHO Strategic Advisory Group of Experts (SAGE) updated the interim recommendations for the use of the Janssen Ad26.COV2.S vaccine, also known as the Johnson & Johnson, or J&J COVID-19 vaccine in June 2022, based on the latest scientific evidence.

What’s changed?

Previously, the vaccine received Emergency Use Listing (EUL) for a single dose at 0.5 ml as primary vaccination series. Results from additional Phase 3 efficacy studies using a two-dose regimen 2-6 months apart, showed superior efficacy and immunogenicity results as compared to a single dose.
What are the main recommendations?
Countries can now choose to use the Janssen Ad26.COV2.S COVID-19 vaccine as a schedule with a single dose or two doses for primary vaccination series, taking the following considerations into account:

<table>
<thead>
<tr>
<th>TWO DOSES</th>
<th>SINGLE DOSE</th>
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<tr>
<td><strong>Given improvements in vaccine supplies and accessibility, countries should offer a second dose beginning with the highest priority populations as indicated in the WHO SAGE prioritization roadmap.</strong></td>
<td><strong>In case of vaccine supply constraints or vaccine delivery challenges. For example, a single dose may be a preferred option for vaccinating hard-to-reach populations such as nomads, refugees and migrants or remote communities where delivering a second dose is programmatically challenging. Even in these populations, WHO recommends that all efforts should be made to provide two doses, in particularly to the highest and high priority-use groups.</strong></td>
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<tr>
<td>An inter-dose interval of 2-6 months apart. If administration of the second dose is delayed beyond 6 months, it should be given at the earliest opportunity.</td>
<td></td>
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<td>A longer inter-dose interval between the two doses (6 months rather than 2 months) has been shown to result in a larger increase in humoral immune responses (ELISA titres). Countries could therefore consider an inter-dose interval of up to 6 months.</td>
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<tr>
<td>The same Janssen vaccine or a different EUL COVID-19 vaccine product can be used for a second dose.</td>
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<td>The need for, and timing of, additional doses beyond two doses remains to be determined.</td>
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To date, 2 countries (Gabon and Angola) are reportedly already implementing the two-dose primary vaccination schedule for the Johnson and Johnson vaccine in the African Region.

For more details, please see the full document “Interim recommendations for the use of the Janssen Ad26.COV2.S (COVID-19) vaccine.”

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 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
- AFRO Country Profile Dashboard: https://worldhealthorg.shinyapps.io/Covid19countryProfileDashboard/
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COVID-19 VACCINATION IN THE WHO AFRICAN REGION

Contributors
Sheillah Nsasiirwe
Ajiri Atagbaza
Daniel Oyaole
Arish Bukhari
Lisa Streshley
Charlotte Kabore
Fred Osei-Sarpong
Cyrus Kihoro
Pamela Mitula
Messeret Eshetu Shibeshi
Petus Amos
Gilson Paluku
Ado Bwaka
Oniovo Efe-Aluta
Adolphus Clarke (WCO Liberia)
Sofo Ali Akpajiak (JSI Ghana)
Grace Chee (JSI HQ)
Rebecca Fields (JSI HQ)
Neide Guesela (JSI Mozambique)
Henry Nagai (JSI Ghana)
Emmanuel Nuworzah (JSI Ghana)
Vanessa Richart (JSI HQ)
Lora Shimp (JSI HQ)
Betuel Sigauque (JSI Mozambique)

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