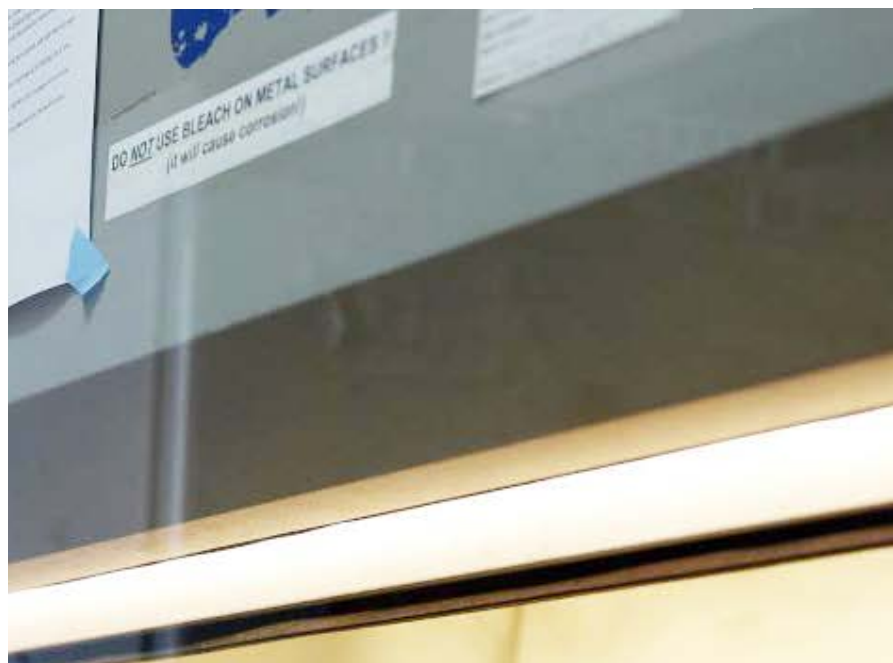




World Health  
Organization

African Region



# COVID-19 VACCINATION IN THE WHO AFRICAN REGION

## MONTHLY BULLETIN

AUGUST 2022

DATE OF ISSUE: 10 SEPTEMBER 2022  
DATA AS REPORTED BY 4 SEPTEMBER 2022  
ISSUE NO. 7





# WHAT AT A GLANCE



DOSES RECEIVED FROM  
THE COVAX FACILITY

**66.6%**



EXPIRED DOSES OF ALL  
DOSES RECEIVED

**2.2%**



COUNTRIES THAT HAVE  
ADMINISTERED FEWER THAN  
50% OF DOSES RECEIVED

**15**



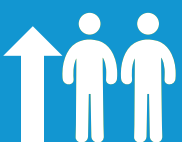
DECREASE IN DOSES  
ADMINISTERED IN AUGUST  
2022 COMPARED TO JULY  
2022

**39%**



HEALTH-CARE WORKERS  
THAT HAVE COMPLETED  
THE PRIMARY SERIES IN  
THE AFRICAN REGION

**49.7%**



COUNTRIES THAT HAVE  
ACHIEVED THE TARGET OF  
70% OF THEIR POPULATION  
HAVING COMPLETED THE  
PRIMARY SERIES

**2**



VACCINE DOSES RECEIVED  
PER 100 POPULATION

**60.8**



DOSES ADMINISTERED  
OF ALL DOSES RECEIVED

**62.4%**



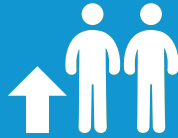
COUNTRIES THAT HAVE  
ALREADY REPORTED EXPIRED  
DOSES

**35**



THE REGION'S POPULATION  
THAT HAS COMPLETED THE  
PRIMARY SERIES

**20.3%**



COUNTRIES YET TO SURPASS  
10% OF THEIR POPULATION  
WITH THE COMPLETE  
PRIMARY SERIES

**6**



COUNTRIES THAT HAVE  
ACHIEVED BETWEEN 40%  
AND 69% COVERAGE OF  
THEIR POPULATION WITH THE  
COMPLETE PRIMARY SERIES

**8**



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## SUMMARY

As of 4 September 2022, a total of 235 million people in the African Region had completed the primary COVID-19 vaccination series, representing 20.3% of the Region's population. Two countries in the African Region have surpassed the target of 70% of their population fully vaccinated: Mauritius (75.3%) and Seychelles (76.3%). Following a quality control of data conducted at country level in Rwanda, the percentage of people who have completed the primary series has been found to be below 70%. Eight countries have recorded a percentage of between 40% and 70% of people who have completed the primary series: Mozambique (40.0%), Eswatini (41.1%), Sao Tome and Principe (46.1%), Comoros (46.5%), Botswana (53.1%), Liberia (56.8%), Cabo Verde (52.4%) and Rwanda (66.3%).

Six countries have fewer than 10% of their population who have completed the primary vaccination series: Burundi (0.1%), Democratic Republic of the Congo (3.0%), Cameroon (4.5%), Madagascar (5.1%), Senegal (6.5%) and Mali (7.5%). 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%). This figure includes 35 countries that have submitted reports on booster shots to the WHO Regional Office for Africa (WHO AFRO). Benin is the only country with no data on booster doses available at national level. In the 35 countries that submitted reports to WHO AFRO, 13.2% of people who have completed the primary series have received at least one booster dose.

Data from 26 countries show that 49.7% of health-care workers have completed the primary series.

A total of 706 million doses of COVID-19 vaccines have been delivered in the African Region, including 66.6% from the COVAX Facility. This represents 60.8 doses per 100 population. Of the doses received, 62% have been administered. Fifteen out of 46 countries (33%) have administered fewer than 50% of doses received. The number of doses administered decreased by 39% in August 2022 compared to July 2022 (this figure increased by 9% in July 2022 compared to June 2022). On average, 6.1 million doses were administered per week in August 2022, compared to 199 million in July 2022.

Thirty-two countries had less than 30% of their population fully vaccinated at the end of July 2022. Among these 32 countries, Eswatini (12.4%), Chad (8.8%), Côte d'Ivoire (7.3%) and United Republic of Tanzania (7.1%) recorded the highest percentage of people who completed the primary series in August. Thirty-five out of 46 countries have reported expiry of vaccines. The number of expired doses

accounts for 3.5% of doses received in the 35 countries and 2.3% of doses received in the African Region. Senegal (25.4%), Madagascar (23.3%), Algeria (18.8%), Namibia (11.3%) and Sao Tome and Prince (10.9%) recorded the highest percentage of expired doses in relation to those received.

The WHO AFRO continued to provide technical and financial support to Member States to scale up COVID-19 vaccination with a special focus on the 14 priority countries to address equity gaps in COVID-19 vaccination coverage. The support provided by WHO AFRO through its Vaccine Pillar and efforts made by countries to improve the quality and coverage of COVID-19 vaccination were recognized by the WHO Director-General and the Regional Director for Africa at the Seventy-second session of the Regional Committee for Africa held in Lomé, Togo, from 22 to 26 August 2022. They urged countries to focus on reaching 100% of the highest priority groups with the primary series and assured them of the commitment and support of WHO.

This issue of the Bulletin shares lessons from the Manyara Region in the United Republic of Tanzania in closing the gap in COVID-19 vaccination uptake through a mass vaccination campaign using door-to-door vaccination, fixed facility-based posts, mobile outreach, and events-based approaches for vaccination service delivery.

The experience of the International Federation of Red Cross and Red Crescent Societies in supporting vaccination demand creation in Zambia is also discussed. The updated global COVID-19 vaccination strategy in a changing world, published by WHO in July 2022, is also summarized in this issue.



# 1. COVID-19 VACCINATION SITUATION UPDATE

## 1.1. VACCINES RECEIVED

As of 4 September 2022, a cumulative total of 706 550 063 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, 470 million (66.6%) were from COVAX, 159 million (22.5%) from bilateral cooperation arrangements, 63 million (8.9%) from the African Vaccine Acquisition Trust (AVAT), 8 million (1.1%) purchased by governments, and 6 million (0.8%) from unspecified sources (Figure 1).

Johnson & Johnson, Pfizer/BioNtech, Sinopharm and Oxford/AstraZeneca account for 32.0%, 19.2%, 14.2% and 13.0% of vaccines received in the Region, respectively. Table 1 shows the distribution of doses received in the WHO African Region as of 4 September 2022 by type of vaccine.

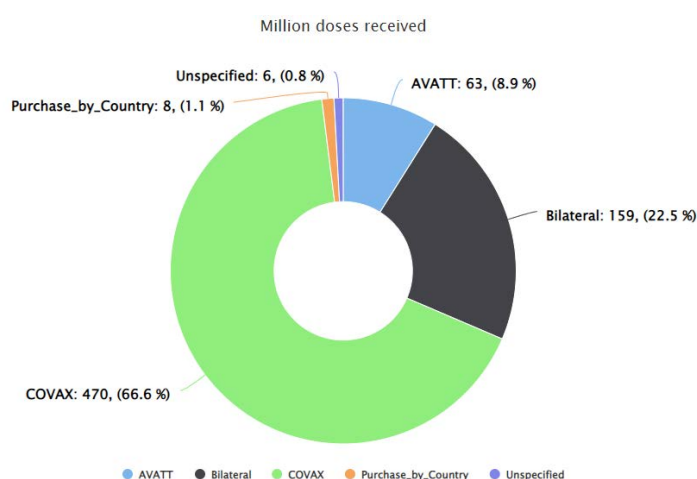


Figure 1. Doses of COVID-19 vaccines received in the African Region by source, as of 4 September 2022

**“Of the doses received, 470 million (66.6%) were from COVAX, 159 million (22.5%) from bilateral cooperation arrangements, 63 million (8.9%) from the African Vaccine Acquisition Trust (AVAT), 8 million (1.1%) purchased by governments, and 6 million (0.8%) from unspecified sources”**

Table 1. Cumulative doses of vaccines received as of 31 July 2022 by type of vaccine

Vaccines	Doses received	% doses received
Johnson & Johnson	225 905 195	32.0
Pfizer/BioNtech	135 815 817	19.2
Sinopharm	100 340 759	14.2
Oxford/AstraZeneca	91 831 000	13.0
Sinovac	50 147 400	7.1
Moderna	37 421 340	5.3
Covishield	25 800 540	3.7
Sputnik V/Light	1 907 450	0.3
Covaxin	365 000	0.1
Not specified	37 015 562	5.2
<b>Total</b>	<b>706 550 063</b>	<b>100</b>

**“On average,  
60.8 doses  
have been  
received per  
100 population”**

On average, 60.8 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 (6.4 doses per 100 population), Democratic Republic of the Congo (15 doses per 100 population), and Madagascar (21.2 doses per 100 population) have received the lowest number of doses per 100 population.

## 1.2. EXPIRED DOSES

The cumulative number of expired doses had increased from 15 007 013 by the end of July 2022 to 16 358 409 as of 4 September 2022 (a 10.2% increase). Of the expired doses, 12 828 125 have not yet been destroyed (77.6% of all expired doses). Thirty-five out of 46 countries have reported expiry of vaccines. The number of expired doses accounts for 3.5% of doses received in the 35 countries and 2.3% of doses received in the African Region. Senegal (25.4%), Madagascar (23.3%), Algeria (18.8%), Namibia (11.3%) and Sao Tome and Principe (10.9%) recorded the highest percentage of expired doses in relation to those received (Figure 2).

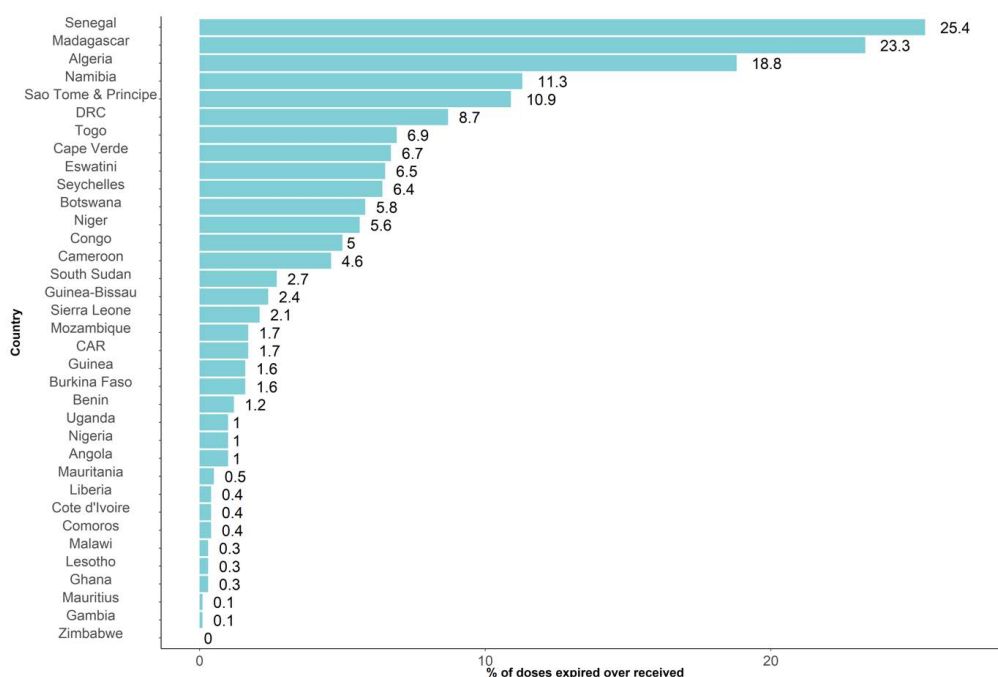
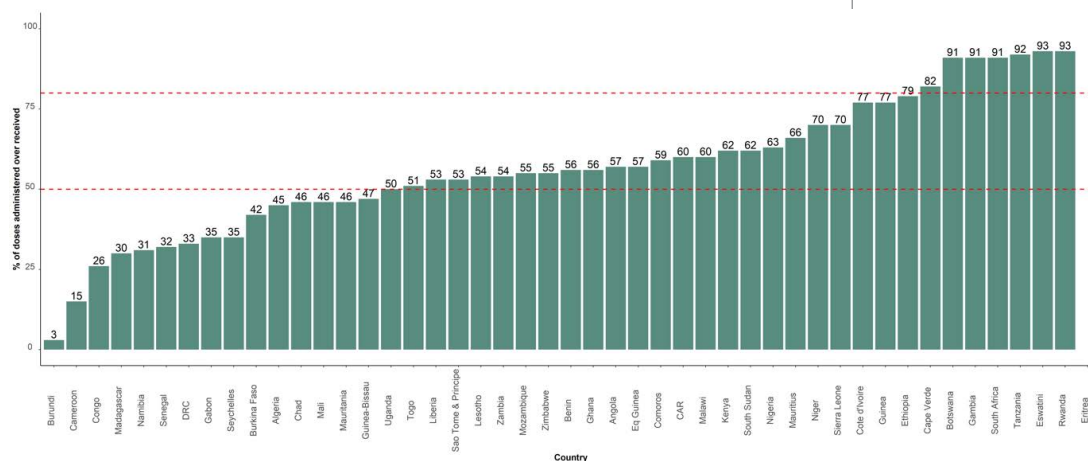


Figure 2. Expired doses as a percentage of COVID-19 vaccine doses received by country in the African Region (data as of 4 September 2022)

## 1.3. COVID-19 VACCINES ADMINISTERED

Of the 706 million doses received, 440 920 338 have been administered, representing 62.4%. Administered doses as a percentage of all doses received ranged from 2.6% in Burundi to 93% in Eswatini (Figure 3). Fifteen out of 46 countries (33%) have administered fewer than 50% of doses received (19 countries at end-July 2021). Figure 3 presents the distribution of doses administered in the African Region by month of reporting as of 4 September 2022.

Figure 3. Administered doses as a percentage of COVID-19 vaccine doses received by country in the African Region (data as of 4 September 2022)





**“On average, 6.1 million doses were administered per week in August 2022, compared to 10.9 million in July 2022.”**

The number of doses administered decreased by 39% in August 2022, compared to July 2022 (this figure increased by 9% in July 2022 compared to June 2022). On average, 6.1 million doses were administered per week in August 2022, compared to 10.9 million in July 2022. Figure 4 presents the distribution of doses administered by month in the African Region

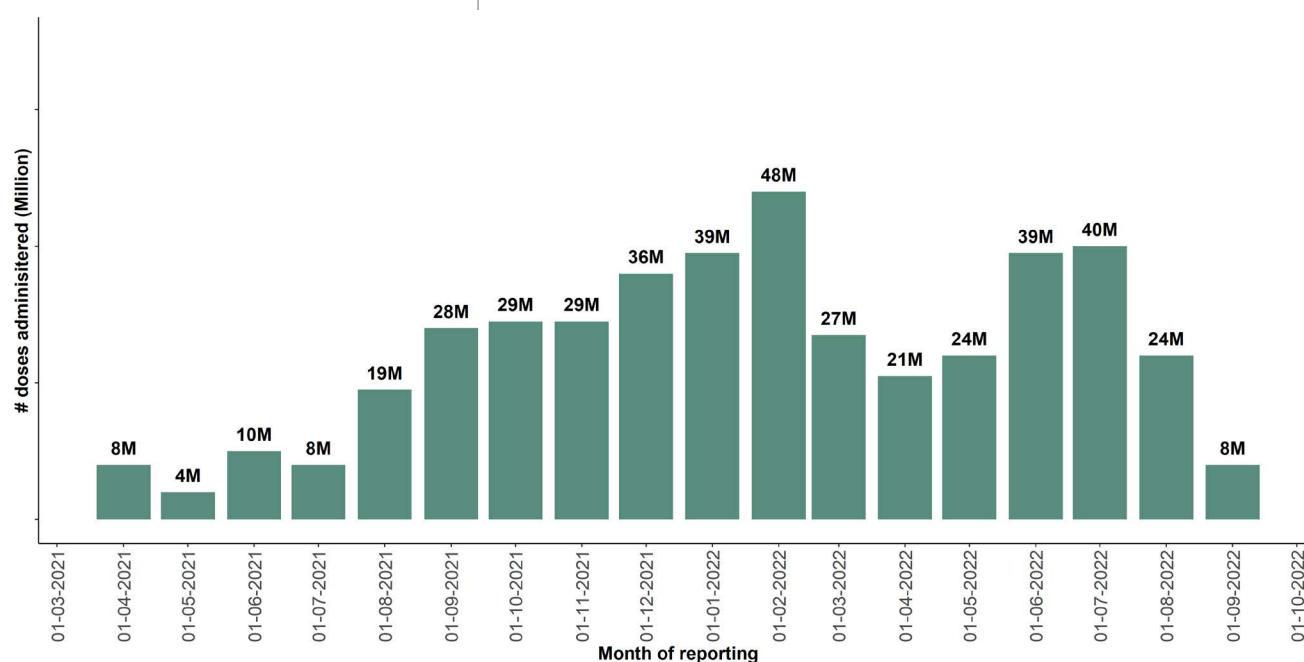


Figure 4. Number of COVID-19 vaccine doses administered by month in the African Region (data as of 4 September 2022)

### Vaccine doses administered to children

Twenty-four countries in the African Region have reported administering doses to children. In these countries, cumulative doses administered to children account for 7.2% of all doses administered (Table 2).

**Table 2. COVID-19 vaccines doses administered to children in 24 countries in the African Region (data as of 4 September 2022)**

Country	Doses administered to children	Total doses administered	% doses administered to children
Lesotho	240 922	1 102 069	21.9
Comoros	162 083	804 403	20.1
Eswatini	138 838	772 287	18.0
Angola	3 892 465	22 297 104	17.5
Guinea	989 145	7 423 194	13.3
Botswana	355 354	2 871 301	12.4
Mauritania	377 121	3 251 620	11.6
Cabo Verde	94 536	853 757	11.1
Kenya	2 230 051	21 104 874	10.6
Rwanda	2 695 642	26 054 302	10.3
South Africa	2 644 863	37 487 964	7.1
Mauritius	160 019	2 580 909	6.2
Togo	199 569	3 274 089	6.1
Seychelles	11 901	214 152	5.6
Uganda	1 328 161	25 120 036	5.3
Ethiopia	2 667 086	52 509 414	5.1
Sierra Leone	202 091	3 940 973	5.1
Namibia	37 073	947 273	3.9
Zambia	312 359	9 015 082	3.5
Ghana	395 139	19 055 059	2.1
Malawi	88 349	4 323 160	2.0
Côte d'Ivoire	219 241	18 304 332	1.2
Mali	31 622	2 990 301	1.1
Burkina Faso	19 462	3 740 943	0.5
<b>Total</b>	<b>19 493 092</b>	<b>270 038 598</b>	<b>7.2</b>

## 1.4. GENERAL POPULATION COVERAGE

As of 4 September 2022, a total of 298.9 million people had received at least one dose of the COVID-19 vaccine, representing 25.7% of the African Region's population (23.6% by the end of July 2022), while 235.9 million people had received the required number of vaccine doses in the primary series, representing 20.3% of the African Region's population (18.5% by the end of July 2022). Globally, 62.2% of the population had been fully vaccinated as of 4 September 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 who have completed the primary series by month in the African Region.

**"20.3% of the African Region's population have completed the primary vaccination series as of 4 September 2022."**

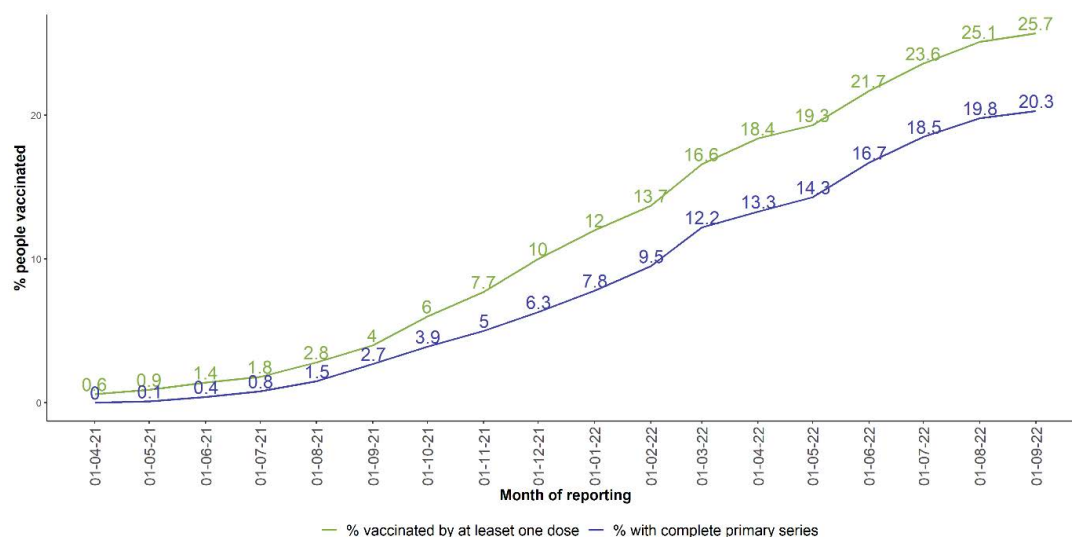


Figure 5. Percentage of people who have received at least one vaccine dose and people who have completed the primary series against COVID-19 by reporting month in the African Region (data as of 4 September 2022)

Figure 6 presents the percentage of people who have completed the primary series by country. Two countries have surpassed the target of 70% of their population fully vaccinated: Mauritius (75.3%) and Seychelles (76.3%). Following quality control of data conducted at country level in Rwanda, the percentage of people who have completed the primary series has been reduced to 66.3%.

Eight countries have recorded a percentage of people who have completed the primary series between 40% and 70%: Mozambique (40.0%), Eswatini (41.1%), Sao Tome and Principe (46.1%), Comoros (46.5%), Botswana (53.1%), Liberia (56.8%), Cabo Verde (52.4%) and Rwanda (66.3%).

Thirty countries have recorded percentages of people who have completed the primary series between 10% and 40% (29 countries in July 2022). Six countries have yet to vaccinate more than 10% of their population: Burundi (0.1%), Democratic Republic of the Congo (3.0%), Cameroon (4.5%), Madagascar (5.1%), Senegal (6.5%) and Mali (7.5%).

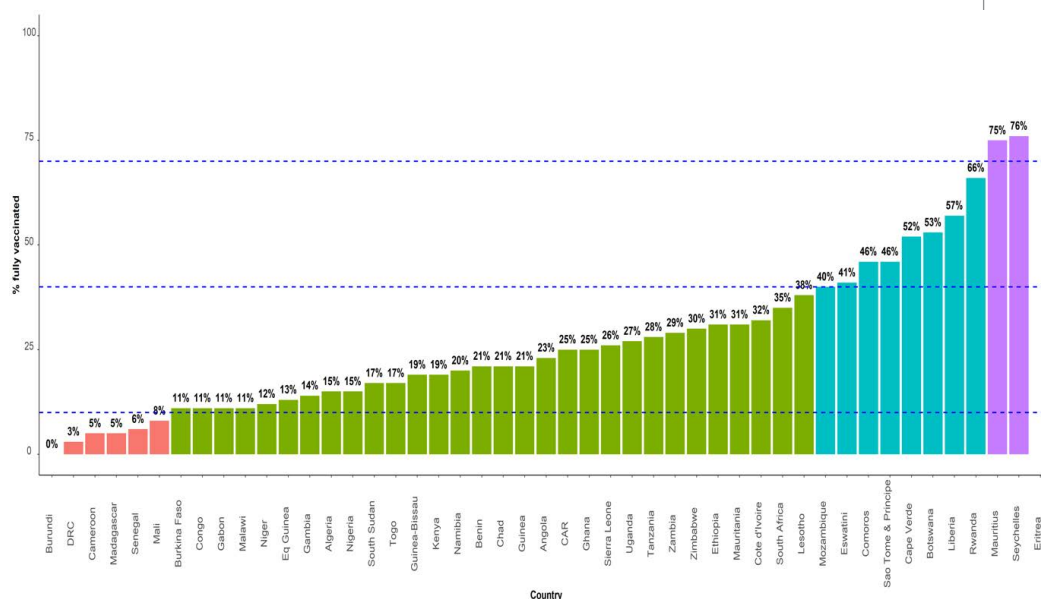


Figure 6. Proportion of people who have completed the primary vaccination series against COVID-19 by country in the African Region (data as of 4 September 2022)



Figure 7 shows the geographical distribution and percentage of the population who have completed the primary series by country in the African Region.

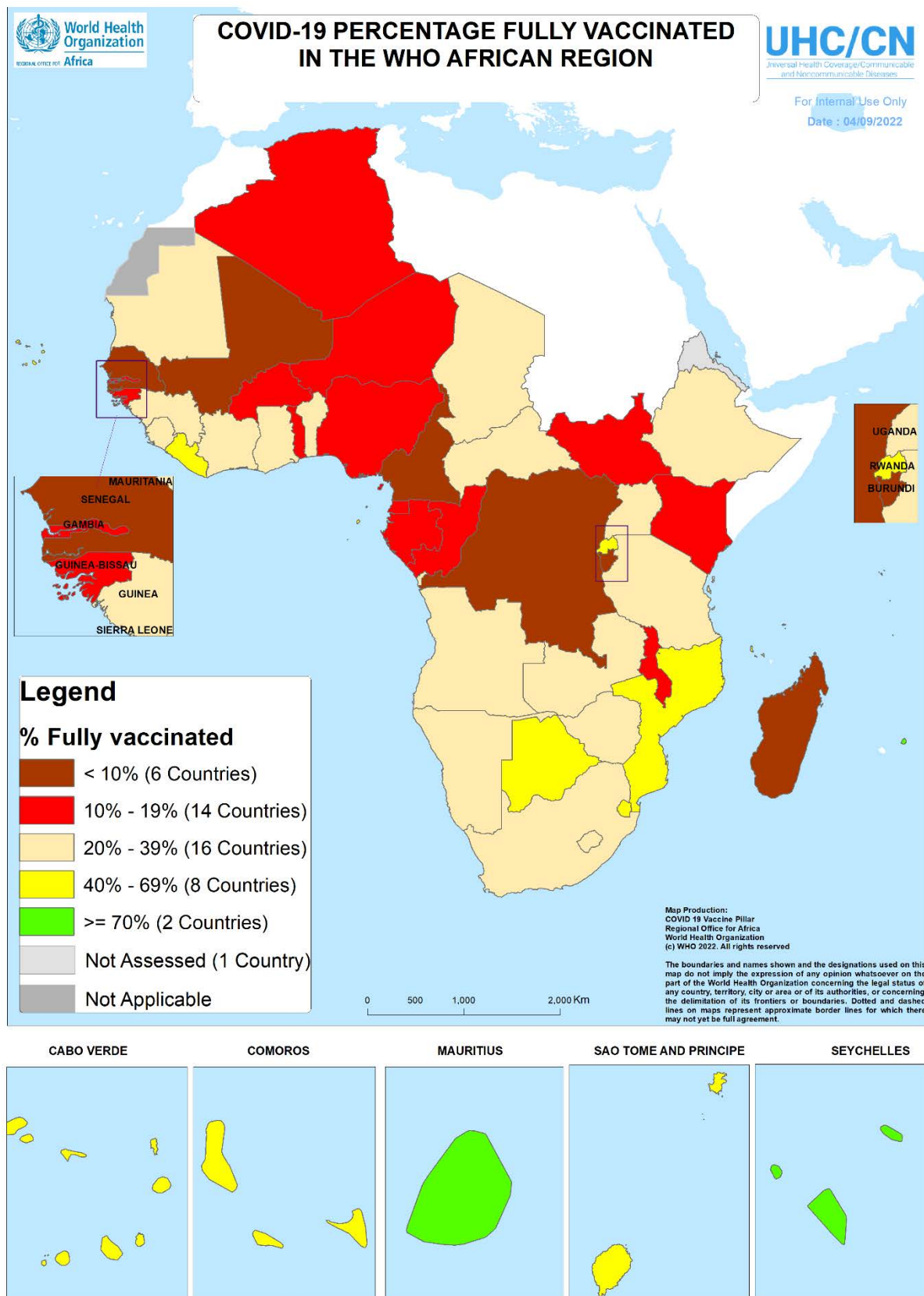


Figure 7. Proportion of people who have completed the primary vaccination series against COVID-19 (fully vaccinated) by country in the African Region (data as of 4 September 2022)

Figure 8 shows the percentage of people who have completed the primary series (fully vaccinated) at the end of July 2022 and in August 2022 in the 32 countries that had less than 30% of people fully vaccinated at the end of July 2022.

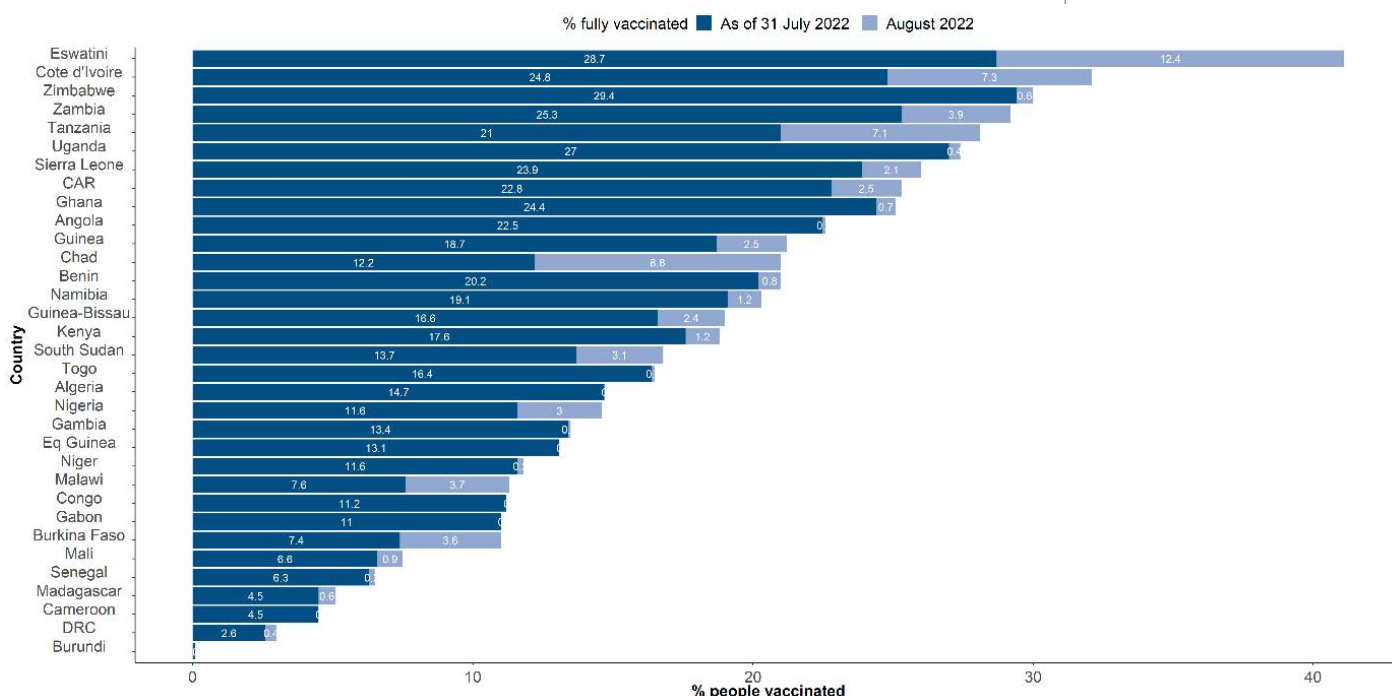


Figure 8. Percentage of people who have completed the primary series (fully vaccinated) at the end of July 2022 and August 2022 (data as of 4 September 2022) in the 32 countries that had less than 30% of people fully vaccinated at the end of July 2022

Among these 32 countries, Eswatini (12.4%), Chad (8.8%), Côte d'Ivoire (7.3%) and United Republic of Tanzania (7.1%) recorded the highest percentages of people who completed the primary series in August 2022.

In the **United Republic of Tanzania**, following WHO's success in implementing COVID-19 vaccination in Manyara Region in July 2022, healthy competition ensued among technical and financial partners. Each partner stepped up their support for the roll-out of COVID-19 vaccination in their assigned areas. This contributed to maintaining the upward trend in COVID-19 vaccination coverage.

**Chad** implemented the second phase of its national vaccination campaign from 14 to 23 July 2022 in 13 regions out of 23, using the Johnson & Johnson vaccine. The increase in August is mainly due to a delay in the transmission of reports related to the mass vaccination campaign from some regions.

**Côte d'Ivoire** carried out a mass vaccination campaign from 15 to 28 July 2022. Following this campaign, the country started to implement a performance-based financing strategy for COVID-19 vaccination, providing bonuses to health facilities and districts based on their

performance in COVID-19 vaccination uptake. This has helped to keep up the momentum in vaccination uptake after the mass vaccination campaign.

In **Eswatini**, the increase recorded in August resulted from clearance of a backlog in data reporting.

Booster doses are being administered to fully vaccinated people in 36 out of 46 countries in the African Region (78%), including 35 that submitted reports on booster shots to WHO AFRO; Benin is the only country with no data on booster doses available at national level. In the 35 countries that submitted reports to WHO AFRO, 13.2% of people who have completed the primary series have received at least one booster dose. Figure 9 presents the distribution of the the proportion of people who have completed the primary series and have received booster doses in the African Region as of 4 September 2022.

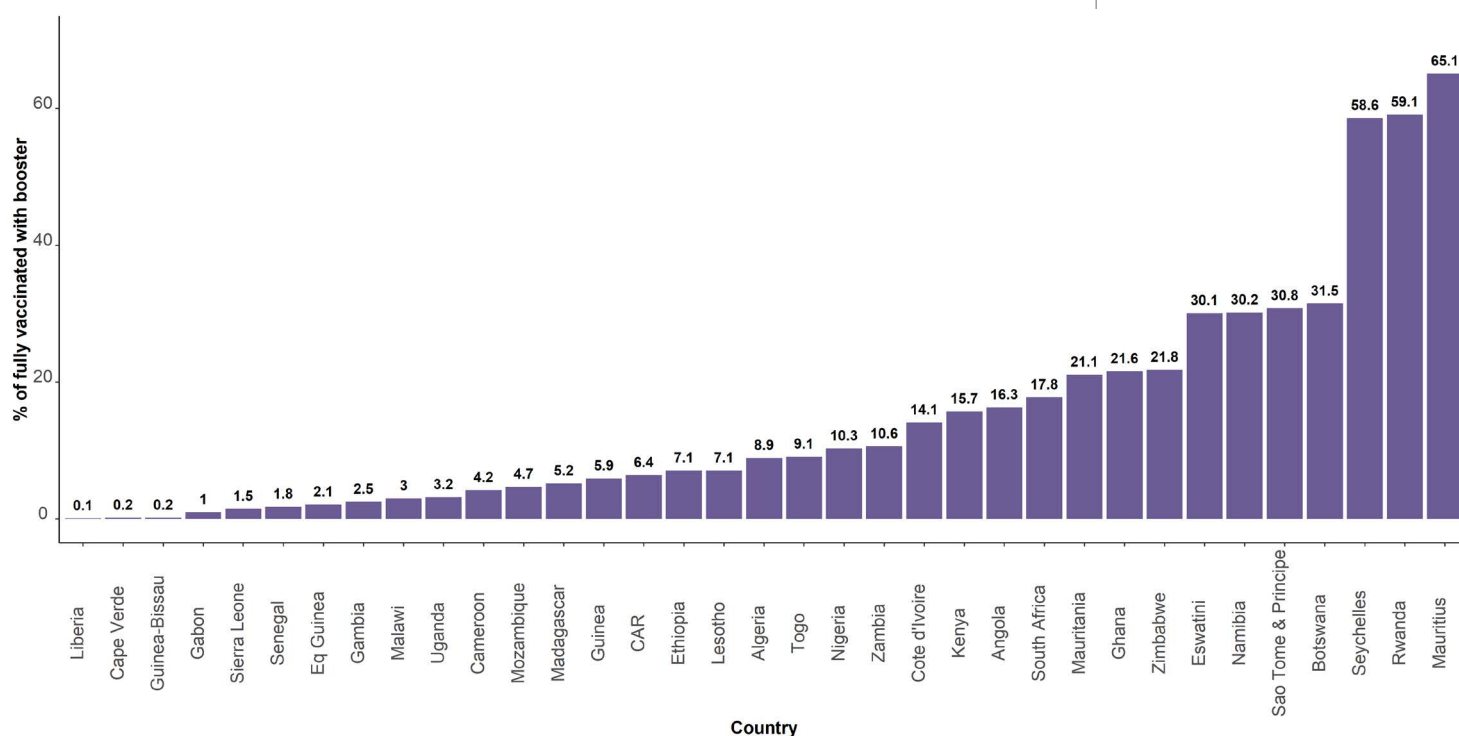


Figure 9. Proportion of people fully vaccinated who have received booster doses in 35 countries in the African Region (data as of 4 September 2022)

## 1.5. COVERAGE IN HIGH PRIORITY GROUPS

Health-care workers will be used in this issue as a tracer for all high priority groups.

Twenty-five countries have reported data on the number of health-care workers who have completed the primary series. In these 25 countries, 49.7% of health-care workers have completed the primary series. Figure 10 presents the distribution of the proportion of health-care workers with complete primary series by country.



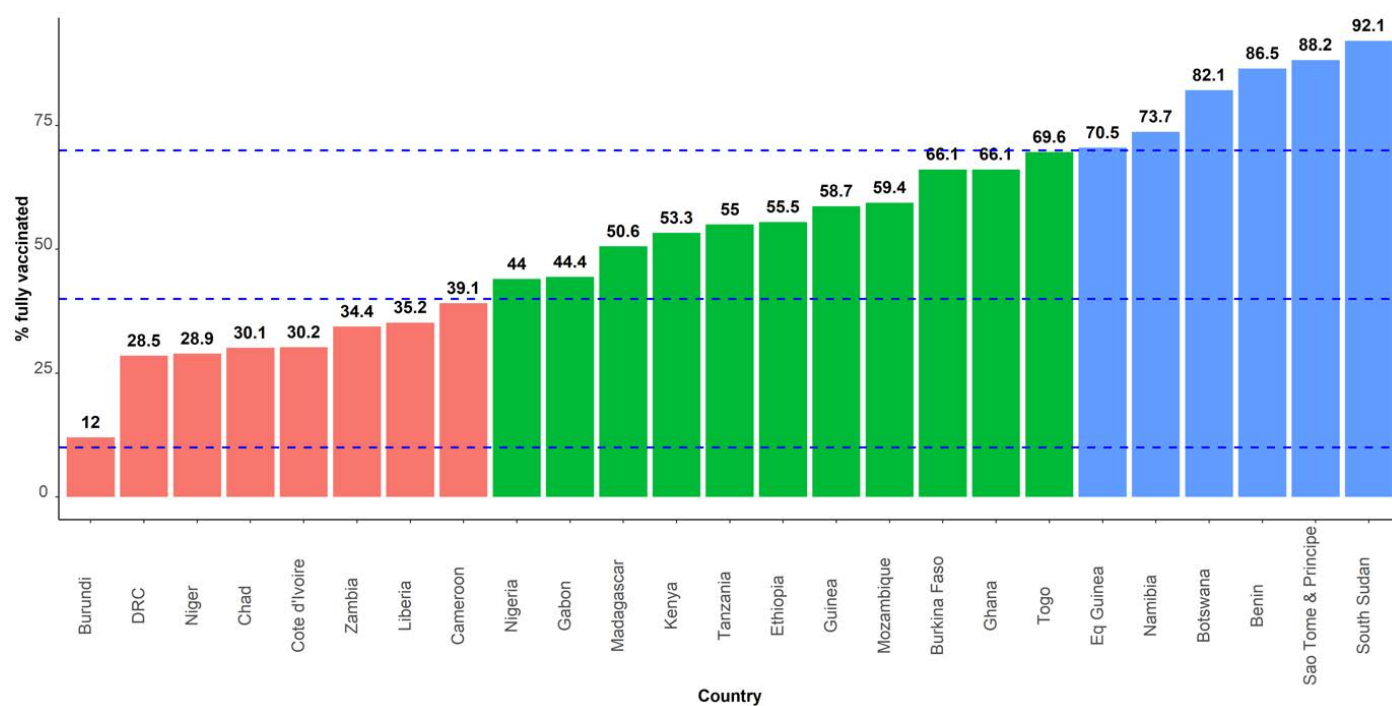


Figure 10. Proportion of health-care workers who have completed the primary vaccination series against COVID-19 (fully vaccinated) in 26 countries in the African Region (data as of 4 September 2022)

## 2. WHO/AFRO OPERATIONS UPDATE

The WHO AFRO continued to provide technical and financial support to Member States to scale up COVID-19 vaccination with a special focus on the 14 priority countries<sup>1</sup> to address equity gaps in COVID-19 vaccination coverage. The support provided by WHO AFRO through its Vaccine Pillar and efforts made by countries to improve the quality and coverage of COVID-19 vaccination were recognized by the WHO Director-General and the Regional Director for Africa at the Seventy-second session of the Regional Committee for Africa held in Lomé, Togo, from 22 to 26 August 2022. They urged countries to focus on reaching 100% of the highest priority groups with the primary series and assured them of the commitment and support of WHO.

In August 2022, COVID-19 vaccination activities were disrupted by the ongoing responses to the wild poliovirus and the circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreaks in many countries. As a result, COVID-19 vaccination campaigns were conducted only in seven countries: Malawi, Mozambique, Uganda, Burkina Faso, Côte d'Ivoire, Gambia, and Togo. Efforts to reach more people with COVID-19 vaccines is expected to peak in the coming months.

As part of efforts to remove financial barriers to improving COVID-19 vaccination in the African

Region, funding alignment and planning meetings were held with countries to review plans and budgets for vaccination activities. In August 2022, funding was released to Sierra Leone and DRC to support planned activities through this process.

Malawi conducted an intra-action review (IAR) to assess its COVID-19 vaccine roll-out, document what worked well and what did not, and formulate recommendations for improving COVID-19 vaccine roll-out in line with the SAGE roadmap for prioritizing use of COVID-19 vaccines. One of the key challenges that was identified from the IAR was the huge backlog of unentered data and the need for technical support to develop a reliable real-time data management system for the management of COVID-19 vaccination data. A COVID-19 Improvement Plan was subsequently developed and a multistakeholder Post IAR Implementation Committee has been put together to oversee the implementation of the Improvement Plan.

WHO AFRO participated in country engagement missions of the COVID-19 Vaccine Delivery Partnership (CoVDP) in Mali, Guinea-Bissau, Zambia, Burkina Faso, and Cameroon. The major recommendations and outcomes of these missions were as follows:

<sup>1</sup> Burkina Faso, Gambia, Senegal, Niger, Nigeria, Cameroon, Chad, Democratic Republic of Congo, Burundi, United Republic of Tanzania, South Sudan, Malawi, Madagascar and Mali.

## **a) Mali**

- The Government, through the Minister of Health, is committed to leading the vaccine roll-out to increase coverage and protect the population.
- The Ministry of Health should continue to revamp COVID-19 vaccination activities in the country and address identified bottlenecks.
- Governors and political leaders in all provinces should be actively involved in COVID-19 vaccination and serve as advocates.
- The development of One Plan and One Budget is critical to ensure complementarity and avoid duplication.
- The Government agreed to step up efforts aiming at improving data management and sharing among all stakeholders to foster transparency.
- The Government and Partners agreed to establish a digital payment system for vaccinators, volunteers, supervisors, and all actors to ensure that incentives are paid in time.

## **b) Burkina Faso**

- It is critical to strengthen collaboration between the Minister of Health, traditional rulers and religious leaders to build public trust for COVID-19 vaccination.
- The Government agreed to conduct mass campaigns and advance resources for planning and implementation to ensure successful campaigns.
- The Government, Gavi, UNICEF, and partners agreed to continue to work collaboratively in security-compromised areas of the country to roll out COVID-19 vaccination.
- The Government agreed to integrate COVID-19 vaccination with other activities such as routine immunization and other preventive and promotional activities to boost COVID-19 vaccination indicators.

## **c) Cameroon**

- The Government of Cameroon and the Minister of Health should reinvigorate COVID-19 vaccination activities in the country.
- The Government should support partners' coordination to promote complementarity and efficiency, and thus increase COVID-19 vaccination coverage.
- The Government and Partners agreed to improve the fluidity of disbursements to fund COVID-19 vaccination so as to prevent delays in the implementation of planned activities.

## **d) Guinea-Bissau**

- The Government of Guinea-Bissau, the Minister of Health, and national leadership should coordinate regularly for the management of COVID-19 vaccination activities.
- The Government agreed to step up its efforts in supporting COVID-19 mass vaccination campaigns to help increase vaccination rates.

## **e) Zambia**

- The Government and the Minister of Health should continue to revamp COVID-19 vaccination activities in the country and address identified gaps.
- The Minister of Health and Partners agreed to implement mass vaccination campaigns in the coming months to increase vaccination rates.





### 3. CLOSING THE INTENTION-ACTION GAP IN COVID-19 VACCINATION UPTAKE IN THE UNITED REPUBLIC OF TANZANIA'S MANYARA REGION, UNITED REPUBLIC OF TANZANIA

The United Republic of Tanzania was one of the African countries that rolled out COVID-19 vaccination late, starting in July 2021. The national leadership of Tanzania was initially hesitant to implement public health and social measures as part of the COVID-19 response. The United Republic of Tanzania is one of a few African countries where no form of public restriction was instituted. This resulted in widespread mistrust, misconceptions and an infodemic of misinformation, as well as low-risk perception.

In July 2021, following a reversal of the national position as a result of national and international advocacy, COVID-19 vaccination was rolled out with widespread public education and communication on the importance of vaccination against COVID-19. Several independent studies found that more than two thirds of Tanzanians were willing to get vaccinated but that only a few visited any health facility for vaccination. Closing the intention-action gap was, therefore, not just a priority but a necessity, as were innovative, result-oriented strategies.

With the technical support of WHO and partners, Tanzania set out to vaccinate at least 40% of its target population across all regions during an intensified campaign implemented from 26 June to 5 July 2022. Partners were allocated to support regions where they were already providing technical and financial support, to avoid fragmentation and duplication of efforts. A comprehensive national/regional microplan was developed with the technical support of WHO. Partners were assigned to work closely with regions

**“Several independent studies found that more than two thirds of Tanzanians were willing to get vaccinated but that only a few visited any health facility for vaccination.”**

to develop district/council-based implementation plans including mass vaccination campaigns, fund the campaigns and provide supportive supervision during training, implementation, and post implementation review workshops.

In addition to supporting all other regions with overarching technical support, WHO was assigned the region of Manyara during the June-July mass vaccination campaign, a region of two million inhabitants, divided into seven district councils. Manyara was the worst performing region in Tanzania with 3.7% of people fully vaccinated as at 26 June 2022. WHO collaborated with two other partners; Jhpiego and Clinton Health Access Initiative (CHAI) to support Manyara Region to achieve the set targets.



Door-to-door vaccination in Manyara Region

The leadership of Manyara Region was in the driver's seat for the COVID-19 response in the region, including vaccination. Before the campaign, WHO led high-level advocacy with the authorities of the region. The advocacy meeting, presided over by the regional commissioner, was held on 24 June 2022 with seven district commissioners, the Regional Administrative Secretary, heads of security agencies and directors and members of the Regional Health Management Team (RHMT). During the meeting, the region's performance, showing Manyara as the worst performing region among the 31 regions of the United Republic of Tanzania, was discussed. This was critical to gaining buy-in from the leadership teams. Another critical element highlighted during the meeting was the impact of COVID-19 on the socioeconomic development of Manyara Region. This in turn resulted in the Regional Commissioner leading advocacy engagements to the region's seven district councils. District commissioners, district/council directors, honourable councillors, community and political leaders participated in these advocacy meetings. The local leaders and influencers at the grassroots level were subsequently involved in mobilizing their communities for vaccination at public gatherings.

The target for Manyara Region was to vaccinate 213 434 people, representing 10% of the region's population. In collaboration with other partners and local authorities, WHO provided technical leadership, supported pre-campaign planning, implementation, and post-campaign activities. WHO public health experts, including an immunization specialist, risk communications and community engagement (RCCE) specialist, and M & E officers were deployed to support different technical areas including coordination, risk communication and community engagement, finance and administration, data management, and





Community sensitization and health education on COVID-19 vaccination in Manyara

monitoring and evaluation for a successful campaign. In addition, WHO funded the initial campaign in Manyara from 27 to 30 June 2022; Jhpiego funded the extension of the campaign from 1 to 5 July 2022 and provided motivational tokens to Ward Executive Officers (WEOs), District Executive Officers (DEOs) and Village Executive Officers (VEOs), while CHAI trained vaccinating teams in the Babati District Council.

Service delivery strategies during the campaign included door-to-door vaccination, fixed posts at health facilities, mobile outreach, event-based approaches (in markets, churches, bus terminals, mosques etc.). A total of 157 051 individuals (74% of 213 434 targeted for the campaign) were vaccinated using J&J vaccine. Sixty-seven per cent of the people vaccinated during the nine-day campaign were reached through the house-to-house strategy, 25% through outreach campaigns and 8% through the event-based strategy (Table 3). Consequently, the percentage of the population with complete primary vaccination series in Manyara Region increased from 3.7% to 10.8 %. The region's position also improved from 26th to 18th at the end of the campaign.

**Table 2. COVID-19 vaccines doses administered to children in 24 countries in the African Region (data as of 4 September 2022)**

District Council (DC)/Town Council (TC)	Population	Target for the 9-day campaign	Vaccination strategy used				% campaign target vaccinated
			House-to-house	Out-reach	events	TOTAL	
Hanang DC	389 247	40 954	21 661	5 907	645	28 213	69%
Mbulu DC	270 412	28 646	9 411	4 923	1 805	16 139	56%
Babati TC	132 521	14 286	5 023	912	2 318	8 253	58%
Babati DC	440 049	49 251	31 320	5 717	1 344	38 381	78%
Simanjiro DC	249 379	27 681	20 119	7 639	5 235	32 993	119%
Kiteto DC	340 300	36 120	11 739	11 758	641	24 138	67%
Mbulu TC	181 437	16 496	6 732	1 736	466	8 934	54%
<b>Total</b>	<b>2 003 345</b>	<b>213 434</b>	<b>106 005</b>	<b>38 592</b>	<b>12 454</b>	<b>157 051</b>	<b>74%</b>



Daily progress monitoring was conducted during the campaign with feedback on the status of indicators, coverage, and gaps. Data on vaccination coverage from the first five days of the campaign informed mop-up activities that started from the fifth to the ninth day of the campaign, focusing on underperforming areas.

## Lessons learnt/key success factors/innovations

- Advocacy for regional political commitment and leadership, and community ownership were fundamental to the success of the vaccination campaign.
- Partner mapping and allocation to specific regions for region-based support prevented duplication of efforts and ensured healthy competition among partners and easy coordination of partner support.
- Using event-based approaches (vaccination at social, religious, sports, cultural events and festivals) contributed to increased vaccination uptake. About 6% of the total number of people vaccinated were reached at events.
- Leveraging existing community structures and capacities was key, particularly the involvement of local leaders and influencers at the grassroots level as opposed to initial strategies of using community health workers who were not known in the communities.
- Re-branding the renewed campaign, given the socioecological context of the COVID-19 response in Tanzania which was previously not favourable, generated momentum for the communities to take up COVID-19 vaccines.







## 4. PARTNER FOCUS: INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES PROVIDES DEMAND-GENERATION SUPPORT FOR COVID-19 VACCINATION ROLL-OUT IN ZAMBIA

The Zambia Red Cross Society (ZRCS) is implementing the 'Stop the Spread' project, supported by the International Federation of Red Cross and Red Crescent Societies (IFRC)/Coca-Cola Foundation. The project is scheduled to run from April 2022 to October 2022 with the objective of reducing the transmission of COVID-19 and saving lives. Through this project, the ZRCS has been working closely with the Ministry of Health (MoH) on the COVID-19 response and vaccination roll-out in four districts: Petauke, Katete, Kabwe and Ndola. To reach the set target of 70% individuals fully vaccinated as per the WHO strategy, Zambia through the MoH Expanded Programme on Immunization (EPI) Unit conducted its first mass vaccination campaign in May 2022 in all 116 districts, targeting eligible individuals aged 12 years and above. Strategies included fixed, outreach, and mobile vaccine sites.

The ZRCS engaged and trained 200 volunteers (50 per district) as well as 115 health care workers in vaccine campaign management, and risk communication and community engagement (RCCE) approaches in readiness for the campaign in the four supported districts. Teams comprising of Red Cross volunteers, vaccinators from the Ministry of Health (MoH), and data recorders were constituted to conduct social mobilization activities and provide vaccine services at strategic points such as schools, markets, churches, and

community meeting places. The volunteers went from door to door, disseminating key messages on the vaccines, debunking myths and misconceptions, and encouraging vaccine uptake as well as giving reminders through the use of public address systems to those needing booster shots and second doses. The ZRCS supported setting up mobile vaccination points at strategic places and in some places, tents were set up and people received vaccination services as close to their homes as possible.

A total of 50 facilities in total were supported and 464 community outreach sites were set up in the four districts. With guidance from the MoH, in some remote places, the ZRCS provided vaccines within the community where volunteers engaged the local leadership, who in turn mobilized their communities for health education sessions. This helped to debunk some of the myths and misconceptions circulating among the communities. The ZRCS also printed and distributed 8000 posters during the campaign with COVID-19 messages. These posters were put up in strategic places where people could easily see them and get the message. The mobilization teams were able to access hard-to-reach communities.



COVID-19 vaccination field teams moving in the communities

Through this intervention, 269 572 individuals were reached with messages on COVID-19 vaccination in the selected facilities supported by ZRCS. Out of these, 123 941 accepted and received vaccines.

### Some of the key lessons learnt were:

- Use of volunteers within their localities makes communities more comfortable and confident about the vaccine services being provided.
- Engagement of local leadership has been beneficial in building trust in the community as local leaders in the four districts have embraced the vaccination roll-out activities themselves, leading to a ripple effect being experienced in the communities.
- Mobile vaccination sites are an effective way to reach hard-to-reach communities.

The ZRCS will continue working closely with the MoH in creating demand for COVID-19 vaccines.



Door to door vaccination in Ndola district

## 5. TECHNICAL/SCIENTIFIC UPDATE: GLOBAL COVID-19 VACCINATION STRATEGY IN A CHANGING WORLD

### Background

On 22 July 2022, WHO published [“Global COVID-19 Vaccination Strategy in a Changing World: July 2022 Update”](#). This new strategy is an update to [the previous strategy](#) which outlined goals and targets for the first half of the year 2022, requiring urgent action from the global community to vaccinate 70% of the world’s population against COVID-19 by mid-2022.

At present, nearly every country in the world is using COVID-19 vaccines, and over 12 billion doses have been administered, resulting in an estimated 19.8 million deaths averted in 2021.<sup>2</sup>

However, because of the characteristics of SARS-CoV-2 and the currently available vaccines, viral transmission is continuing. Repeated waves of disease and the potential for the emergence of new variants continue to present risks and challenges. It is critical for Member States to swiftly respond to potential new waves of the disease and ensure sustainability of COVID-19 vaccination beyond 2022 to protect health, as well as social and economic systems.

Complete vaccine coverage, including boosters, of the most at-risk population, is required to sustain and enhance the momentum of reductions in severe disease and deaths. As of June 2022, sixty-eight out of 194 WHO Member States had vaccinated more than 80% of their health workers and 57 Member States had vaccinated more than 80% of older adults (60+), including nine in the WHO African Region.

The progress of COVID-19 vaccination needs to be sustained and enhanced, with immediate-term vaccination campaigns to accelerate coverage and ultimately integration into delivery platforms for life-course vaccination. Research innovation and development are needed to achieve improved COVID-19 vaccine products in order to substantially reduce SARS-CoV-2 transmission.

### Updated goals and tactics

The global COVID-19 vaccination goals and targets remained anchored in the principles of (i) national and global equity; (ii) quality, safety

<sup>2</sup> Watson, Oliver J., et al. Global impact of the first year of COVID-19 vaccination: a mathematical modelling study. *The Lancet Infectious Diseases*. 2022. doi:10.1016/S1473-3099(22)00320-6



and efficacy; and (iii) integration into primary health care and a broader set of COVID-19 control measures.

## **Goal 1 – Sustain and enhance momentum to reduce mortality and morbidity, protect health systems, and resume socioeconomic activities, with existing vaccines.**

- **Step 1** – leverage currently authorized vaccines to urgently vaccinate all those in highest and high-priority use groups<sup>3</sup> with effective vaccine schedules, including boosters
- **Step 2** – countries should sustain and enhance momentum for achieving coverage of medium-priority use groups
- **Step 3** – all countries should have the opportunity to extend the coverage further and build population immunity, including vaccination of low priority use groups.

### **Monitoring Framework:**

- *Progress towards reaching an aspirational target of 100% of health-care workers and 100% of older populations (60+) and other priority risk groups with primary and booster doses*
- *Countries' trajectory towards broader population immunity, measured as progress against a 70% of total population target.*

## **Goal 2 – Accelerate development and access to improved vaccines to achieve durable, broadly protective immunity and reduce transmission.**

- **Objective 1** – increased financial and technical investment in fundamental innovation towards achieving more durable, broadly protective and transmission-reducing vaccines
- **Objective 2**—distributed manufacturing and access agreements targeting early availability of vaccine products with improved attributes for all countries in alignment with WHO recommendations, including through regional collaboration and greater manufacturing autonomy in regions.

### **Monitoring framework:**

- *Number of COVID-19 vaccine products with improved attributes in Phase II/III clinical trials and authorized*
- *Supply agreements targeting availability of vaccine products with improved attributes for all countries.*

<sup>3</sup> Please see the full document: [“WHO SAGE Roadmap for Prioritizing Use of COVID-19 Vaccines” for the break-down of the priority use groups.](#)



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 COVID-19 Vaccination dashboard:

<https://rebrand.ly/AFROCovid-19Dashboard>

➤ 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/>

**APPENDIX: DOSES ADMINISTERED AND VACCINATION COVERAGE BY COUNTRY IN THE WHO AFRICAN REGION (DATA AS OF 4 September 2022)**

Country	# Doses received	# Doses administered	# Vaccinated by at least one dose	# Fully vaccinated	% Doses administered	% Vaccinated by at least one dose	% Fully vaccinated
Algeria	33 876 400	15 267 442	7 840 131	6 481 186	45.1	17.7	14.7
Angola	38 848 267	22 297 104	14 220 830	7 814 121	57.4	41.2	22.6
Benin	6 541 590	3 687 739	3 682 329	2 730 222	56.4	28.3	21
Botswana	3 148 925	2 871 301	1 502 742	1 373 738	91.2	58.1	53.1
Burkina Faso	8 977 290	3 740 943	2 677 083	2 425 909	41.7	12.1	11
Burundi	802 400	20 733	18 845	18 248	2.6	0.2	0.1
Cameroon	12 200 490	1 854 436	1 569 870	1 226 658	15.2	5.8	4.5
Cabo Verde	1 045 840	853 757	356 355	308 382	81.6	60.6	52.5
Central African Republic	2 568 280	1 549 713	1 455 323	1 378 300	60.3	26.7	25.3
Chad	8 476 860	3 876 928	3 739 193	3 611 617	45.7	21.8	21
Comoros	1 366 879	804 403	423 255	382 032	58.8	51.5	46.5
Congo	3 236 630	833 210	695 760	654 119	25.7	11.9	11.2
Côte d'Ivoire	23 624 190	18 304 332	10 721 755	8 817 755	77.5	39	32.1
Democratic Republic of the Congo	14 394 340	4 756 847	4 386 801	2 873 726	33	4.6	3
Equatorial Guinea	860 000	488 738	270 109	214 032	56.8	16.5	13.1
Eritrea							
Eswatini	830 880	772 287	491 715	489 620	92.9	41.2	41.1
Ethiopia	66 795 810	52 509 414	43 111 242	36 707 357	78.6	35.8	30.5
Gabon	1 630 600	569 829	310 170	257 122	34.9	13.2	11
Gambia	894 093	815 861	452 514	357 390	91.3	17.1	13.5
Ghana	34 047 598	19 055 059	11 371 567	8 251 886	56	34.6	25.1
Guinea	9 630 810	7 423 194	5 118 927	2 873 584	77.1	37.8	21.2

Country	# Doses received	# Doses administered	# Vaccinated by at least one dose	# Fully vaccinated	% Doses administered	% Vaccinated by at least one dose	% Fully vaccinated
Guinea-Bissau	1 443 670	673 091	593 076	392 459	46.6	28.8	19
Kenya	33 958 650	21 104 874	13 460 152	9 985 687	62.1	25.4	18.8
Lesotho	2 033 170	1 102 069	1 631 364	872 661	54.2	71.5	38.3
Liberia	6 622 860	3 505 634	3 503 705	2 949 694	52.9	67.5	56.8
Madagascar	6 129 676	1 809 232	1 522 375	1 460 761	29.5	5.3	5.1
Malawi	7 193 670	4 323 160	3 041 539	2 247 799	60.1	15.3	11.3
Mali	6 490 400	2 990 301	2 203 178	1 652 448	46.1	10.1	7.5
Mauritania	7 102 490	3 251 620	2 005 049	1 423 899	45.8	43.4	30.9
Mauritius	3 915 940	2 580 909	1 021 934	977 728	65.9	78.7	75.3
Mozambique	34 777 686	18 966 670	13 456 303	12 851 614	54.5	41.9	40.1
Namibia	3 047 115	947 273	586 652	514 155	31.1	23.2	20.3
Niger	6 469 660	4 531 782	3 740 079	2 978 762	70	14.8	11.8
Nigeria	106 124 380	67 216 328	43 817 495	31 134 717	63.3	20.5	14.6
Rwanda	28 117 820	26 054 302	9 116 923	8 921 137	92.7	67.7	66.3
Sao Tome & Principe	431 020	226 808	127 161	102 883	52.6	57	46.1
Senegal	6 780 898	2 136 463	1 473 795	1 090 400	31.5	8.7	6.5
Seychelles	612 000	214 152	85 397	81 204	35	80.2	76.3
Sierra Leone	5 617 390	3 940 973	2 904 587	2 189 123	70.2	34.5	26
South Africa	41 178 026	37 487 964	23 745 965	20 723 826	91	40	34.9
South Sudan	3 050 170	1 899 297	1 849 007	1 807 028	62.3	17.2	16.8
United Republic of Tanzania	26 019 570	23 907 698	19 764 470	17 884 028	91.9	31.1	28.1
Togo	6 405 510	3 274 089	2 159 001	1 430 562	51.1	25	16.5
Uganda	50 252 820	25 120 036	18 386 089	12 560 355	50	40.1	27.4
Zambia	16 579 500	9 015 082	7 876 354	5 682 972	54.4	40.4	29.2
Zimbabwe	22 397 800	12 287 461	6 443 003	4 797 684	54.9	40.3	30
<b>Total</b>	<b>706 550 063</b>	<b>440 920 538</b>	<b>298 931 169</b>	<b>235 960 590</b>	<b>62.4</b>	<b>25.7</b>	<b>20.3</b>





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Correspondence on this publication may be directed to:

Dr Phionah Atuhebwe, COVID-19 Vaccine Pillar Lead (atuhebwe@who.int)

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

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### Editorial Team

Benido Impouma, UCN Director  
Phionah Atuhebwe, Vaccines Pillar Lead  
Franck Mboussou, Vaccination Information  
Monitoring and Evaluation Sub-pillar Lead  
Bridget Farham, Scientist.

### Contributors

Sheillah Nsasiirwe  
Ajiri Atagbaza  
Daniel Oyaole  
Arish Bukhari  
Leacky Kamau  
Lisa Sthreshley  
Joseph Biey  
Charlotte Kabore  
Fred Osei-Sarpong  
Cyrus Kihoro  
Pamela Mitula  
Messeret Eshetu Shibeshi  
Petus Amos  
Gilson Paluku  
Ado Bwaka  
Oniovo Efe-Aluta  
Shafique Nass (WCO Tanzania)  
Onuekwe Chima Emmanuel WCO Tanzania  
Hanna Mekonnen Tiezazu (IFRC)  
Yvonne KABAGIRE (IFRC)

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and Non-communicable Diseases