



# Conference re-opening

Dan Brigden (WHO)

Diana Chang-Blanc (WHO)

Sena Kwawu (Board member, VillageReach)

Peter Okebukola (McKinsey & Co)

Adama Sawadogo (UNICEF)



**16<sup>th</sup> TechNet Conference**

Shaping a resilient and adaptive immunization program



# 16<sup>th</sup> TechNet Conference: Opening **Day 2**

Adama Sawadogo (UNICEF)

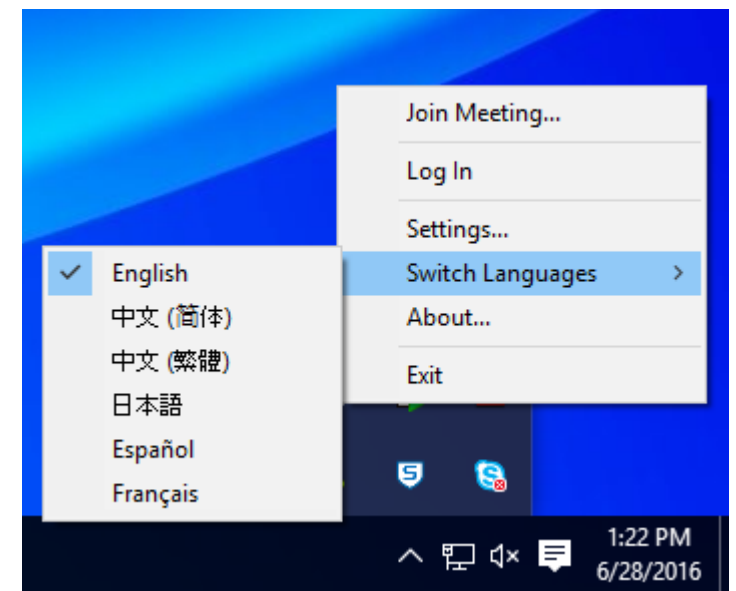
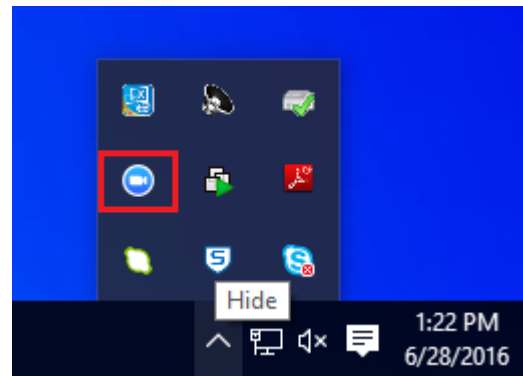


**16<sup>th</sup> TechNet Conference**

Shaping a resilient and adaptive immunization program

Want to switch audio from English to **French** or **Spanish**?

<https://support.zoom.us/hc/en-us/articles/209982306-Change-your-language-on-Zoom>







Welcome back!



# The agenda for dummies: Four key themes



Tuesday, October 20

Wednesday, October 21



ISC strategies



**Effective vaccine  
management**



Responding to  
Covid-19



**Cold chain equipment**



# The agenda for dummies: format

## Day 2 (times in CET):

- 09:00-12:00 – Short presentations (6x30min)
- 15:00-16:00 – Plenary presentation
- 16:00-17:00 – Breakout sessions #1 (3x60min)
- 17:00-18:00 – Breakout sessions #2 (3x60min)
- 18:00-18:30 - Plenary presentation
- 18:30-19:30 – Manufacturer Marketplace
- 19:30-22:30 – Short presentations (repeated from earlier)



# Where to find all slides

**Everything** presented at the conference (slides, videos, contact details, etc.) can be found on our Conference page:

[www.technet-21.org/conference/2020](http://www.technet-21.org/conference/2020)





# Plenary presentations



1. The impact of Covid-19 on immunization services and guiding principles for immunization activities during severe disruptions  
**Diana Chang-Blanc (WHO EPI)**
2. Love in the time of COVID: How can resilient supply chains save health systems in the long term?  
**Peter Okebukola (McKinsey & Co)**
3. Building resilience in a fast changing world  
**Sena Kwawa (Board Member, VillageReach)**
4. Wrap-up and breakout session introduction  
**Dan Brigden (WHO EPI)**

# **The impact of Covid-19 on immunization services and guiding principles for immunization activities during severe disruptions**

**Diana Chang Blanc, IVB/EPI**  
**TechNet Conference, 20-21 October 2020**

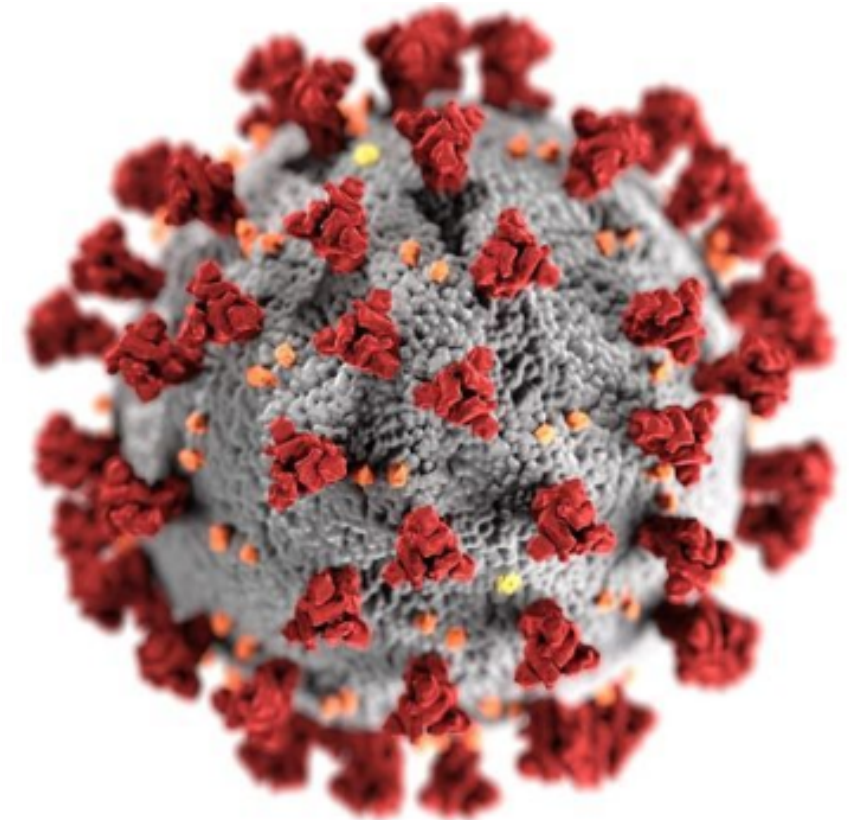


**World Health  
Organization**

# Significant immunization service interruptions as a result of COVID-19



- Service delivery disruptions and mass vaccination campaign suspensions
- Decreased access due to physical distancing and transportation reductions
- Concerns by caregivers and health workers about COVID-19 exposure
- Supply chain interruptions
- High risk populations at increased risk for immunization inequity
  - COVID-19 morbidity and mortality
  - Economic impact



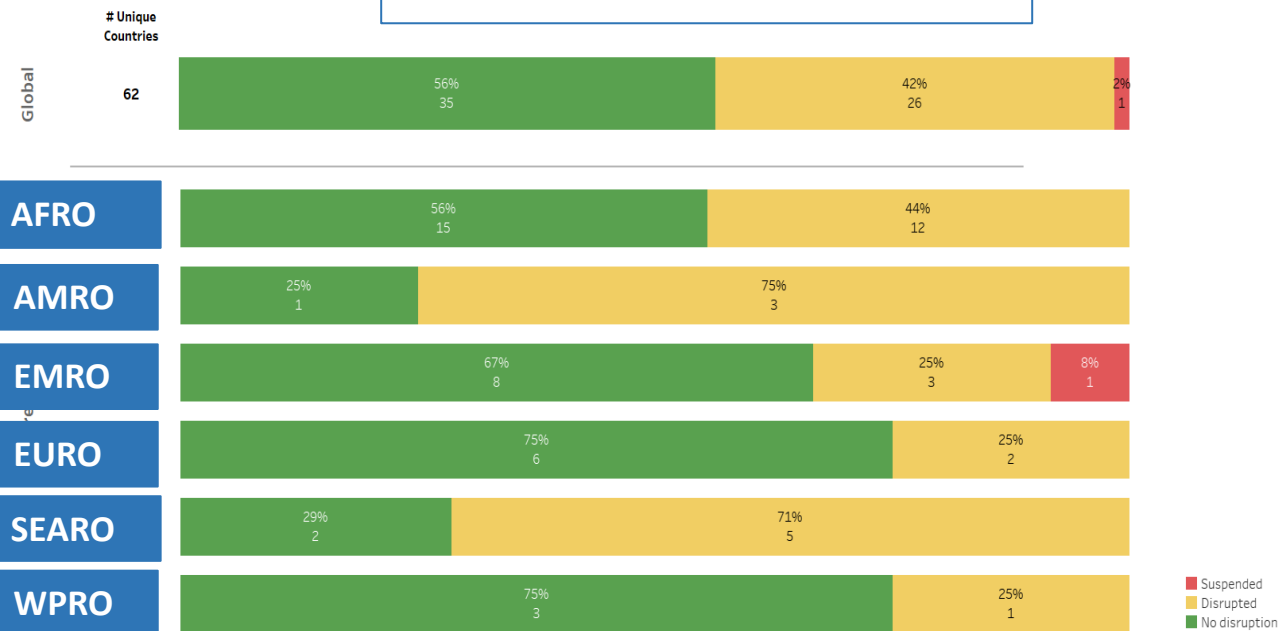


# Immunization Pulse Poll: Fixed Post and Outreach

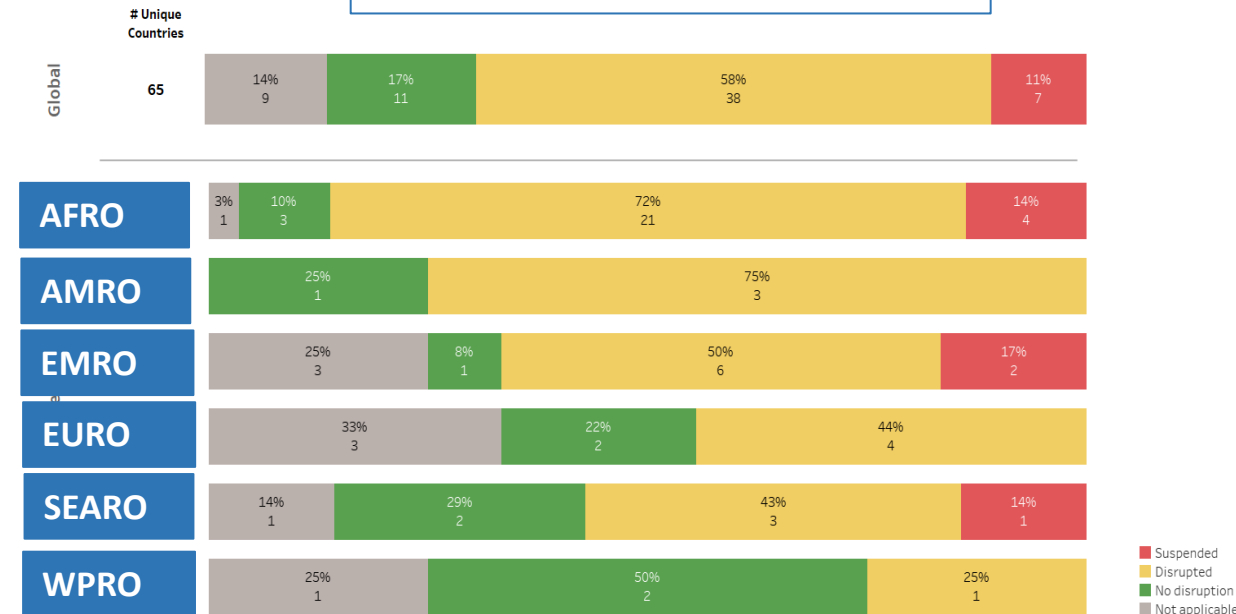
Based on single calculated status per country

## Reported Immunization Service Disruptions in May 2020 due to COVID-19

### FIXED POST ACTIVITIES



### OUTREACH ACTIVITIES

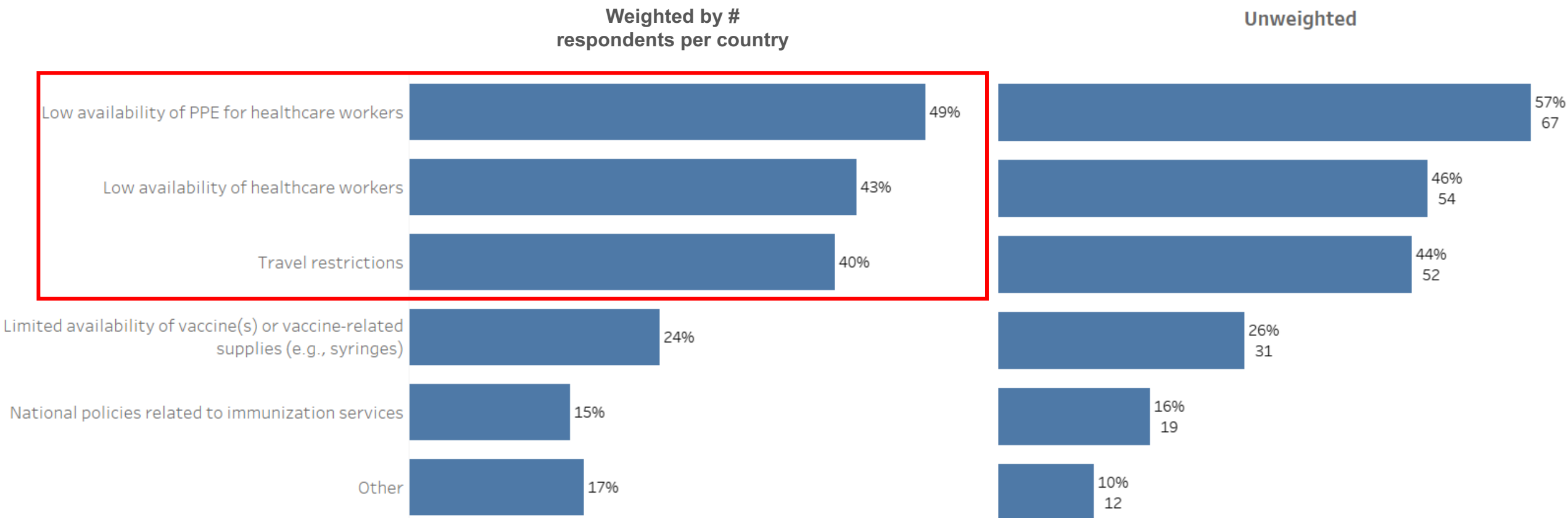


# Respondents = 260  
# Countries/territories = 82

Source: Immunization Pulse Poll 2, Question 7. Displayed percentages are of the calculated single status for disruption level in a country based on the majority response from that country. **11**  
The data collected are subject to limitations inherent to voluntary self-reporting, self-selection bias, not all countries responded, countries with only one response vis-à-vis countries with many, possibility of fraudulent responses and not having a sampling frame to make inferences. Furthermore, the information about each country does not represent official reporting from Member States to WHO or UNICEF. Thus, the results presented here need to be interpreted with caution and do not represent in any way a WHO or UNICEF position regarding any country or territory for which one or more replies were received.

# Reasons for disruption: Global

Reasons reported for disruption to availability of immunization services due to COVID-19 in month of May

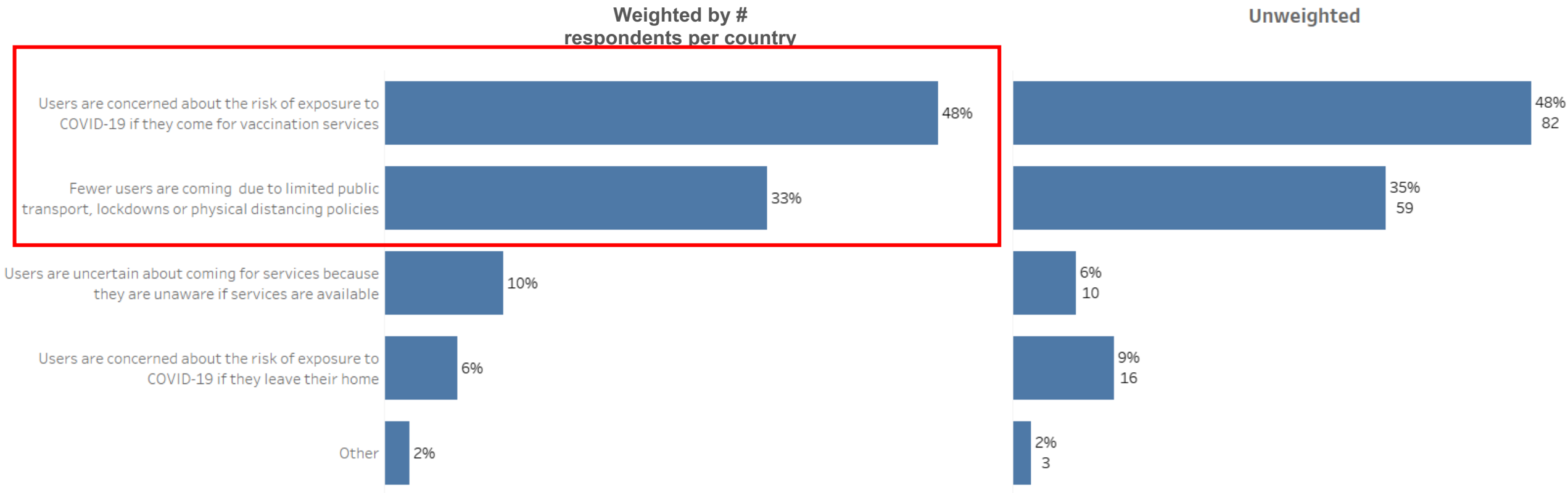


Source: Immunization Pulse Poll 2, Question 9. Includes both national & sub-national respondents. Results weighted by # respondents per country.

The data collected are subject to limitations inherent to voluntary self-reporting, self-selection bias, not all countries responded, countries with only one response vis-à-vis countries with many, possibility of fraudulent responses and not having a sampling frame to make inferences. Furthermore, the information about each country does not represent official reporting from Member States to WHO or UNICEF. Thus, the results presented here need to be interpreted with caution and do not represent in any way a WHO or UNICEF position regarding any country or territory for which one or more replies were received.

# Reasons for demand disruption: Global

Reasons reported for disruption to demand for immunization services due to COVID-19 in month of May



Source: Immunization Pulse Poll 2, Question 11. Includes both national & sub-national respondents. Results weighted by # respondents per country.

The data collected are subject to limitations inherent to voluntary self-reporting, self-selection bias, not all countries responded, countries with only one response vis-à-vis countries with many, possibility of fraudulent responses and not having a sampling frame to make inferences. Furthermore, the information about each country does not represent official reporting from Member States to WHO or UNICEF. Thus, the results presented here need to be interpreted with caution and do not represent in any way a WHO or UNICEF position regarding any country or territory for which one or more replies were received.



# Pulse survey on continuity of essential health services during the COVID-19 pandemic



Interim report – 27 August 2020



Pulse survey on continuity of essential health services during the COVID-19 pandemic



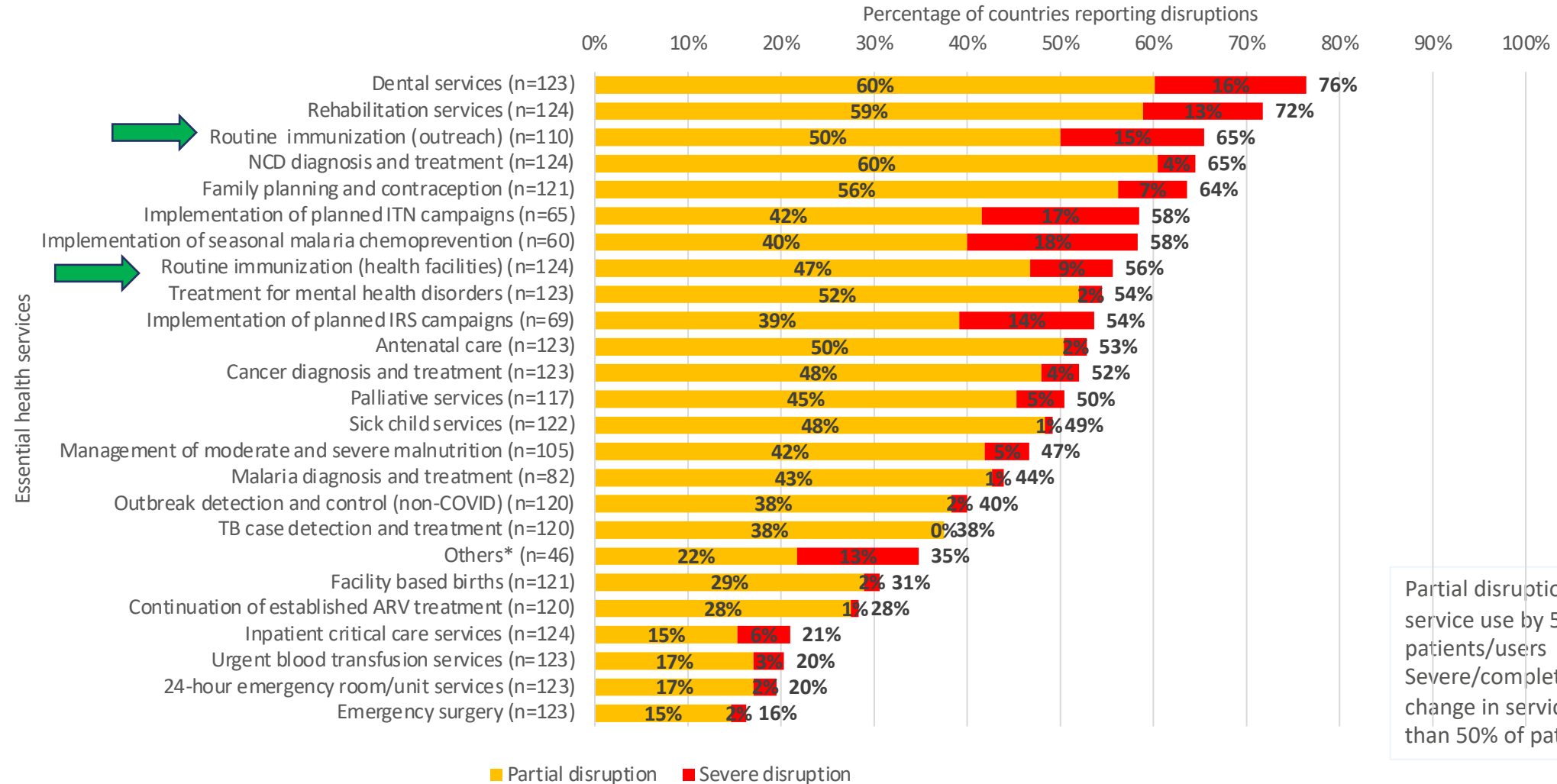
Interim report  
27 August 2020

- Assess impact of the COVID-19 pandemic on 25 tracer health services across the life course
- 124 country key informants during May-August 2020. SEARO (91%); WPRO (69%); AFRO (64%); EURO (64%); EMRO (59%); PAHO (35%)

[https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS\\_continuity-survey-2020.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2020.1)

# Countries reported at least partial disruptions in all 25 tracer services

Percentage of countries reporting disruptions to 25 tracer services

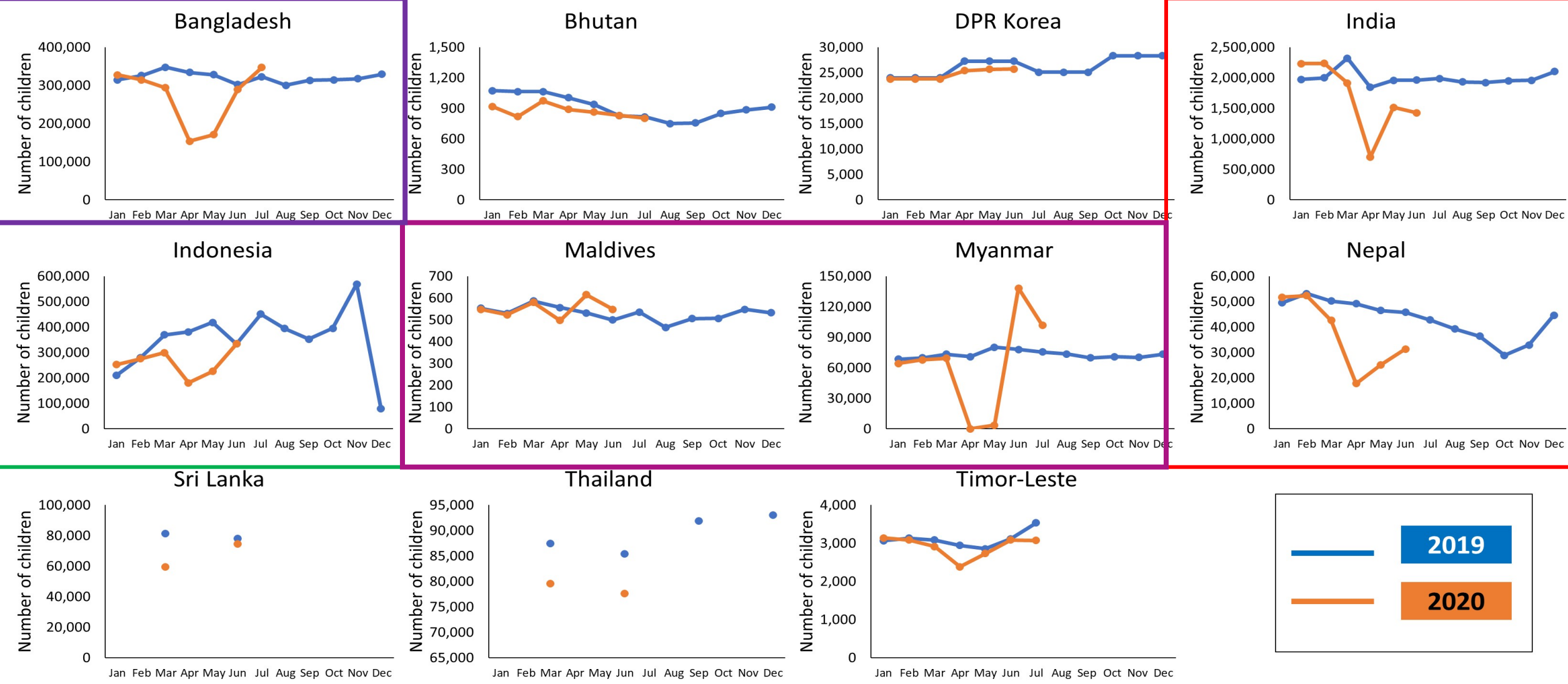


Partial disruption: change in service use by 5-50% of patients/users  
 Severe/complete disruption: change in service use by more than 50% of patients/users

# Regional dashboard South East Asia – qualitative assessment

Country	COVID-19 transmission scenario	Routine immunization sessions			Disruption of vaccine supplies		Demand for vaccination	VPD surveillance (MR, AFP and Environmental surveillance)- case investigation, sample transport and lab test	Policy/ Guidance
		RI sessions stopped at any time	Planned sessions currently functioning	Infection prevention and control measures	Stock-outs/ low-stocks at national level	Districts reported stock-outs	Status		National guidelines for immunization/ VPD surveillance during COVID-19 developed
Bangladesh	Community	Yes	Partially	Partially	Low stocks	No	Some decline	Partially affected	Yes
Bhutan	Sporadic	No	Fully	Fully	Low stocks	No	No decline	Partially affected	Yes
DPR Korea	No cases	No	Fully	Fully	Low stocks	No	No decline	Not affected	Yes
India	Clusters	No	Partially	Partially	Not affected	No	No decline	Partially affected	Yes
Indonesia	Community	Yes	Partially	Partially	Not affected	No	Some decline	Partially affected	Yes
Maldives	Clusters	Yes	Fully	Fully	Low stocks	Few	No decline	Not affected	Yes
Myanmar	Clusters	Yes	Fully	partially	Low stocks	No	No decline	Partially affected	Yes
Nepal	Clusters	Yes	Partially	fully	Low stocks	No	No decline	Partially affected	Yes
Sri Lanka	Clusters	Yes	Fully	Fully	Not affected	No	No decline	Partially affected	Yes
Thailand	Clusters	No	Fully	partially	Not affected	No	No decline	Partially affected	Yes
Timor-Leste	Sporadic	Yes	Fully	Fully	Not affected	No	No decline	Partially affected	Yes

# Regional dashboard South East Asia - Quantitative assessment



\*Quarterly data available for Sri Lanka and Thailand ; Q1 Q2, Q3 and Q4 data plotted against end of each quarter respectively  
 Source: Monthly routine immunization data from member states

# Impacts of COVID-19 Pandemic on Immunization and Control and Elimination of Vaccine-Preventable Diseases (1)

## 1. Programme Management and Logistics

- National and provincial EPI staffs repurposed to COVID-19 response (KHM, MNG, PHL, VNM, FSM, GUM, WHO COs & RO)
- Reduction of vaccines stock at national / subnational level due to travel restrictions (PNG, VNM)
- Performance of regular programme affected by travel restriction, restriction of working space at the office, “Work From Home” (WHO COs & RO)
- Performance of regular programme affected by preparation for COVID-19 vaccine introduction and deployment (WHO COs & RO)

## 2. Immunization Activities

- Temporal disruption of routine immunization services (VNM, MNP, TUV, GUM)
- Suspension of some or all outreach activities (LAO, PLW, MNP)
- Suspension of school-based immunization activities (PNG)
- Postponement of mass vaccination campaigns (MYS, PHL, PNG, VNM, GUM)
- Decline in reporting rate for routine immunization (PNG)
- Vaccination coverage decreased for certain antigens (e.g. MCV, DPT, etc.) compared with the same period of 2019 (LAO, MNG, MYS, PHL, PNG, VNM)

## 3. VPD Surveillance

- Decline in VPD surveillance performance (KHM, PHL, PNG, VNM)

## 4. Risk of VPD Outbreaks

- Increased risk of outbreaks or resurgence of measles, rubella, diphtheria and emergence of VDPV
- Delayed outbreak response (e.g. cVDPV in PHL & MYS)

High-risk groups are ..

Not only adults over 65 years and



those with pre-existing conditions



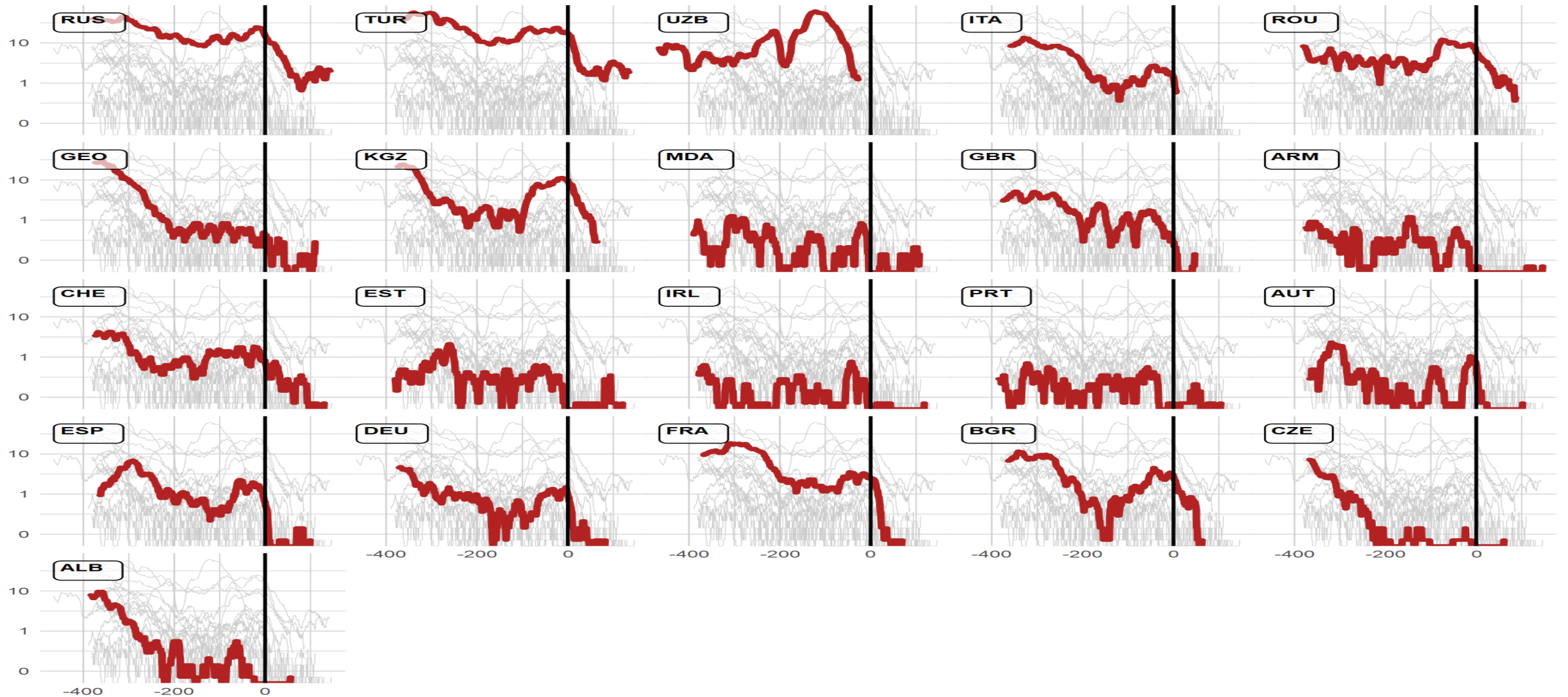
But also unimmunized children





# Sharp decline in suspected Measles and Rubella case reporting in countries after implementation of lock-down measures (EUR)

**Suspected MR cases per day**



Days relative to date of first lock-down measure



# Disruptions to Global Measles Rubella Lab Network

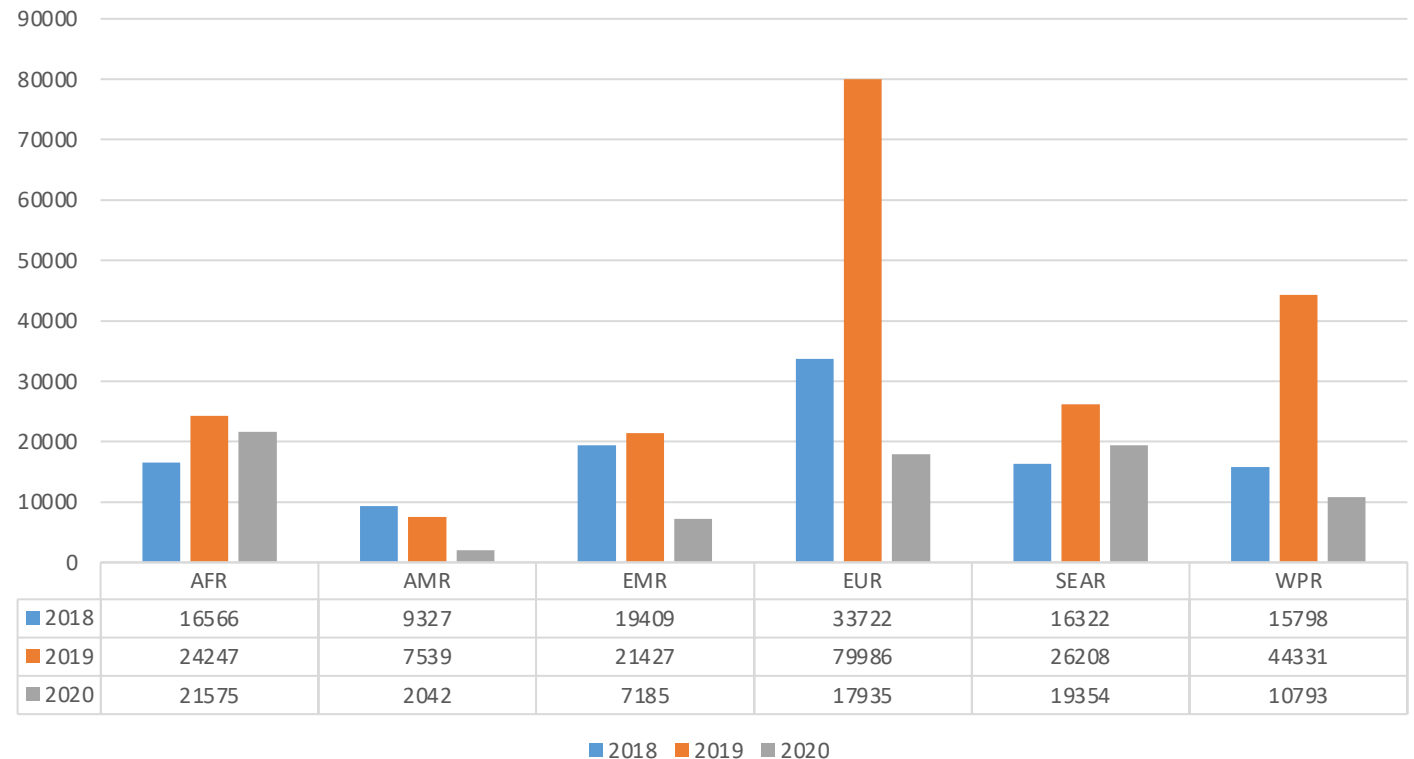
## Laboratories reporting substantial disruption of routine measles and rubella surveillance activities due to COVID-19

- Decreased field surveillance due to safety issues with sample collection
- Global shortage of reagents for molecular testing due to demands for COVID-19 testing
- Shipment of samples and reagents delayed because of disruption in international air travel
- Staff diverted to testing for COVID-19 and impacted by lockdowns

## Caveats

- Data completeness and seasonality vary by country and region
- 2019 was not a typical year – 2018 may be better comparison

Number of specimens received in GMRLN through August  
Years 2018, 2019 and 2020\*



\*Number based on WHO (vpdata) report for August 2020. Note that there is a 1-2-month lag in data reporting. Chart shows data from August reports for 2018, 2019, 2020.

# Infection Prevention and Control for Immunization

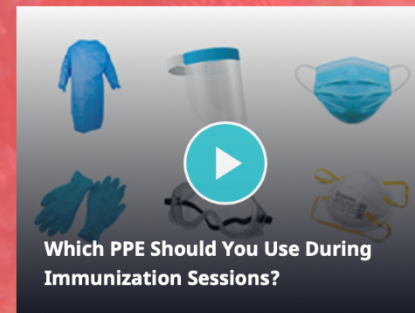
## 1. Interactive Webinar, 29 May 2020- 'IPC for immunization during COVID-19'

- 873 registrants, more than 100 countries
- Session recording, slides, resources and the Q&A available on <https://boostcommunity.org/news/8982>

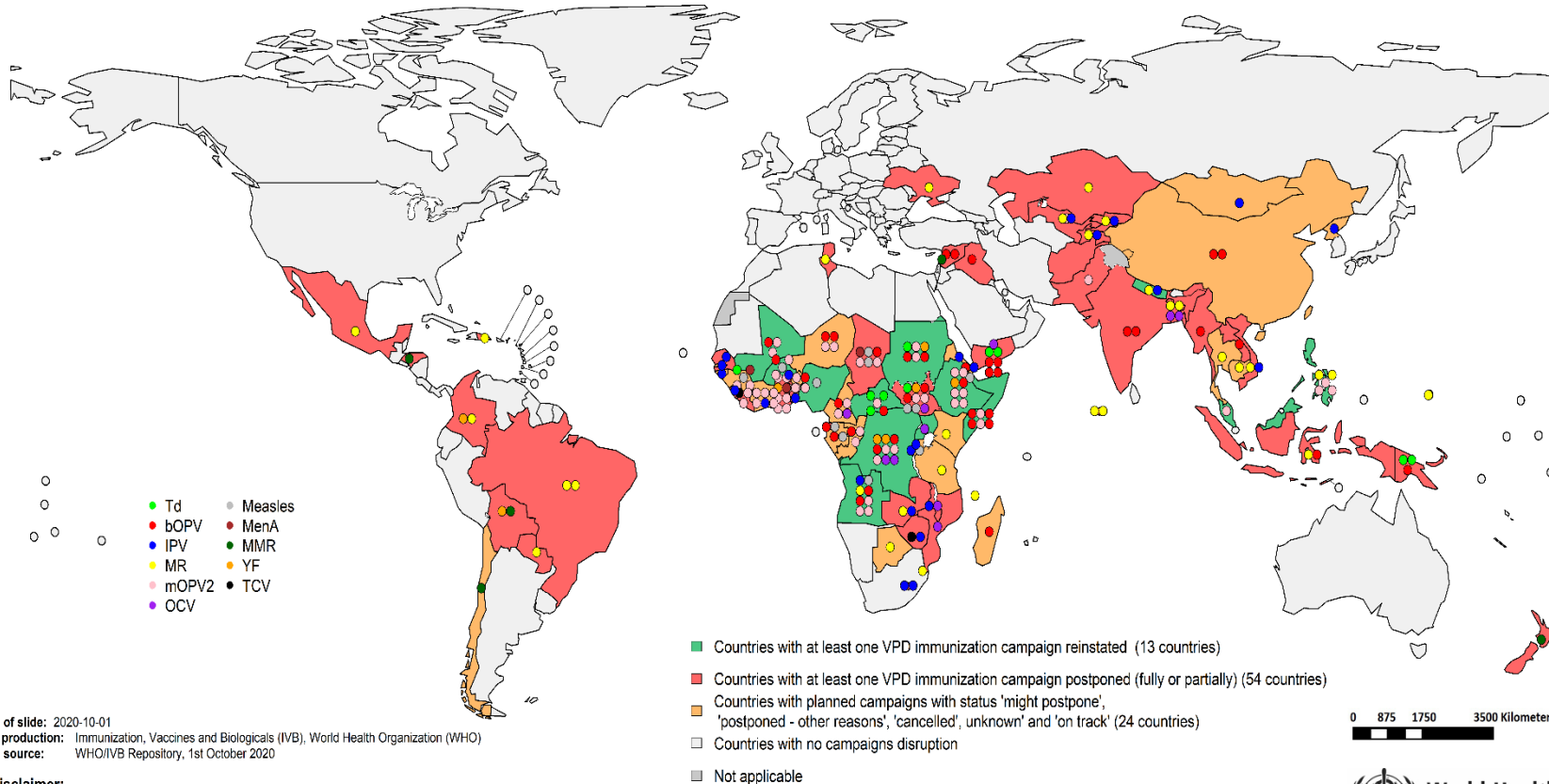
## 2. Three videos on the IPC for Immunization in COVID-19 context in English, French and Spanish

- IPC Standard Precautions During the COVID-19 Outbreak (<https://watch.immunizationacademy.com/en/videos/527>)
- Organizing Safe Immunization Sessions During COVID-19 Outbreaks (<https://watch.immunizationacademy.com/en/videos/605>)
- Which PPE Should You Use During Immunization Sessions? (<https://watch.immunizationacademy.com/en/videos/608>)

### Featured Resources



# VPD campaigns postponed due to COVID-19, 1 October 2020



**Date of slide:** 2020-10-01  
**Map production:** Immunization, Vaccines and Biologicals (IVB), World Health Organization (WHO)  
**Data source:** WHO/IVB Repository, 1st October 2020

**Disclaimer:**  
 The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area nor of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.  
 World Health Organization, WHO, 2020. All rights reserved



**15 May 2020:** 199 campaigns in 66 countries with at least one VPD campaign postponed,

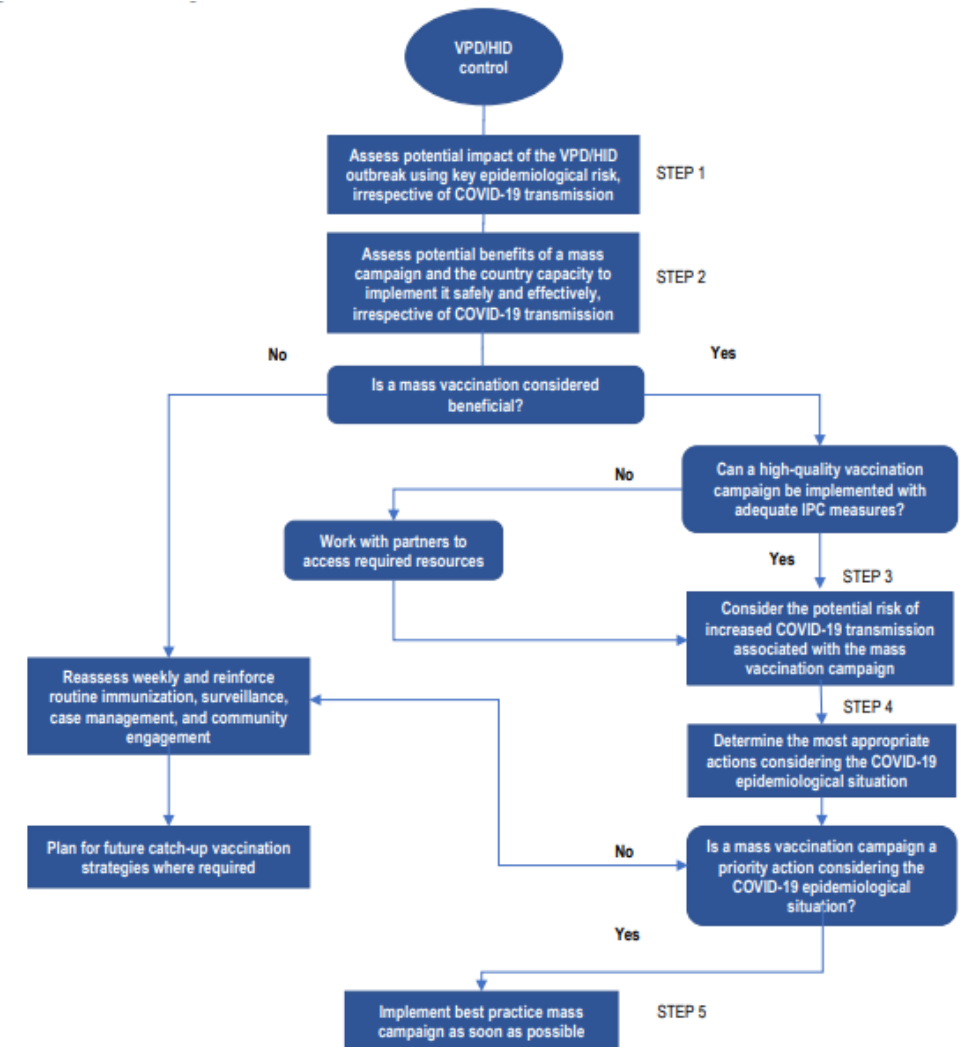
**1 October 2020:** 90 campaigns in 54 countries with at least one VPD campaign postponed,

**Reinstated in spite of COVID-19:** CAR, Ethiopia, Somalia have reinstated Measles campaigns; Nepal with MR; Angola with bOPV, Sudan with IPV catch-up and Mali with Td campaigns.

Angola, Burkina Faso and Malaysia have reinstated outbreak response activities with mOPV2; the Philippines with bOPV; DRC and Nigeria with Measles and Uganda with YF.

# Framework for decision-making: Implementation of mass vaccination campaigns in the context of COVID-19

- Common framework for decision making for mass vaccination campaigns
- Evaluating the risks and benefits of conducting vaccination campaigns to respond to vaccine preventable diseases/high impact diseases (VPD/HID) outbreaks
- Considerations and recommendations for implementing a mass vaccination campaign in the context of COVID-19



<https://www.who.int/publications-detail/framework-for-decision-making-implementation-of-mass-vaccination-campaigns-in-the-context-of-covid-19>

# Costs of COVID-19 adaptations for routine immunization outreach



The **operational cost per dose** of delivering immunization through outreach services during COVID-19 could increase by:



- **11-14%** by adding handwashing stations and hand sanitizer at outreach sites
- **45-61%** through adding PPE (masks, gloves, goggles)
- **9-42%** to add staff to support crowd control and infrared temperature screening
- **40-119%** to increase the frequency of outreach with smaller session sizes
- **10-11%** due to increased outreach volumes to compensate for reductions in facility-based coverage

**Overall, implementing these measures results in an estimated cumulative increased operational cost per dose ranging from 20% to 129%**

# Costs of COVID-19 adaptations for campaigns

The **operational cost per dose** of an immunization campaign held during COVID-19 could increase by:

- **5-20%** through adding PPE and IPC measures
- **10-26%** to support physical distancing and screening
- **8-32%** due to additional per diems resulting from changes in delivery strategy
- **10-40%** when operational costs such as transport and social mobilization are increased



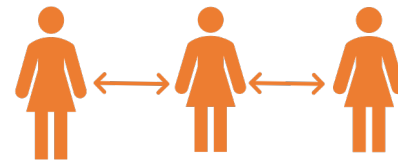
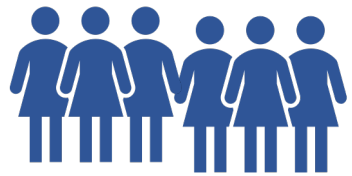
**Overall, implementing these measures results in an estimated cumulative increased operational cost per dose ranging from 49% to 154%**



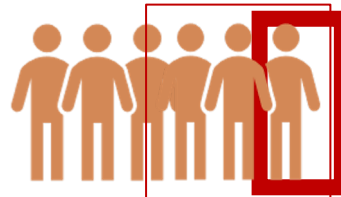
# Interventions to reduce risk of COVID-19 transmission during Ethiopia Measles SIA, 2020

## Pre-COVID

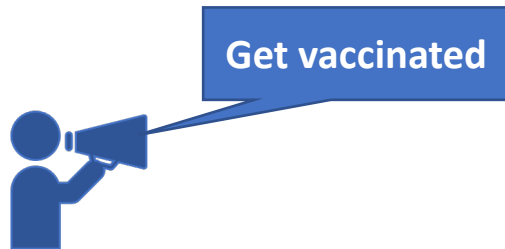
## Post COVID



**Training-**  
Smaller session, distancing,  
**Mask, hand sanitizer, extra HW\***



**Teams-**  
**Extra HW to screen and ensure distancing\***  
**Mask\*, hand sanitizer\***



**Sites/Implementation-**  
Hand washing stations and sanitizer for clients  
Added communication message  
**3 extra campaign days\***



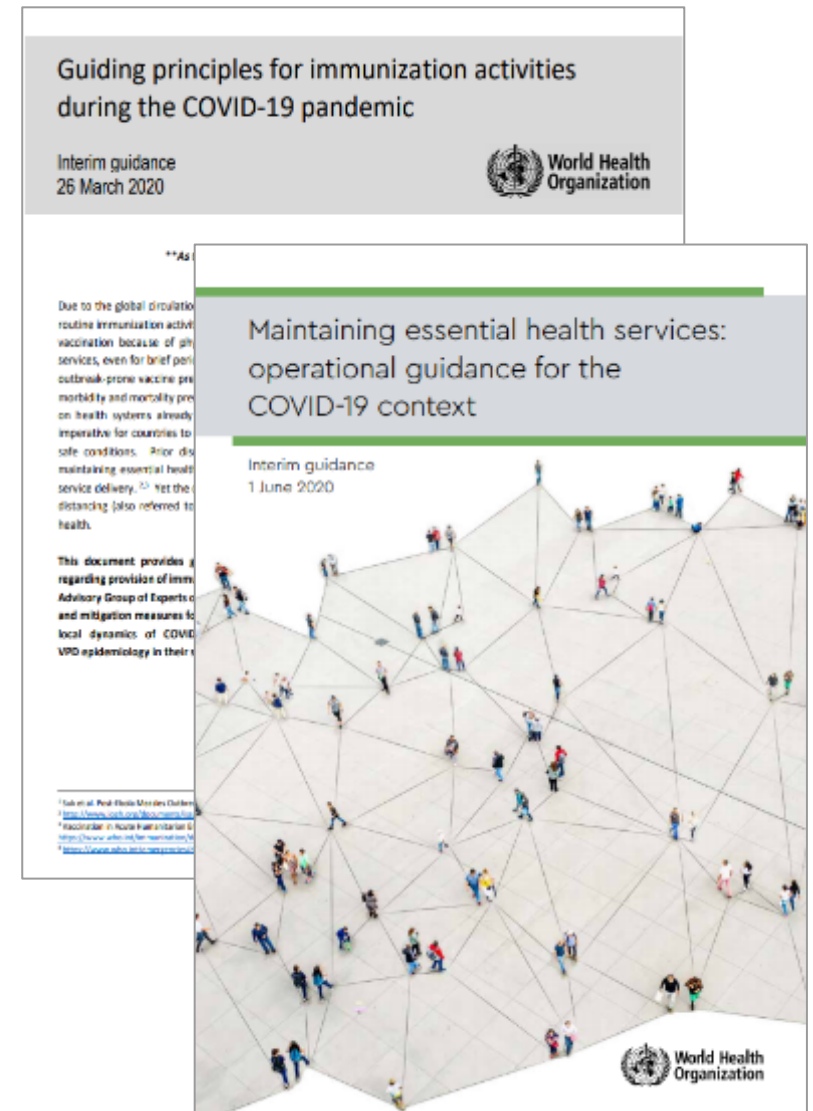
**\* Red indicates CDC support (US\$2 million)**

# WHO Guidance on maintaining health services during COVID-19

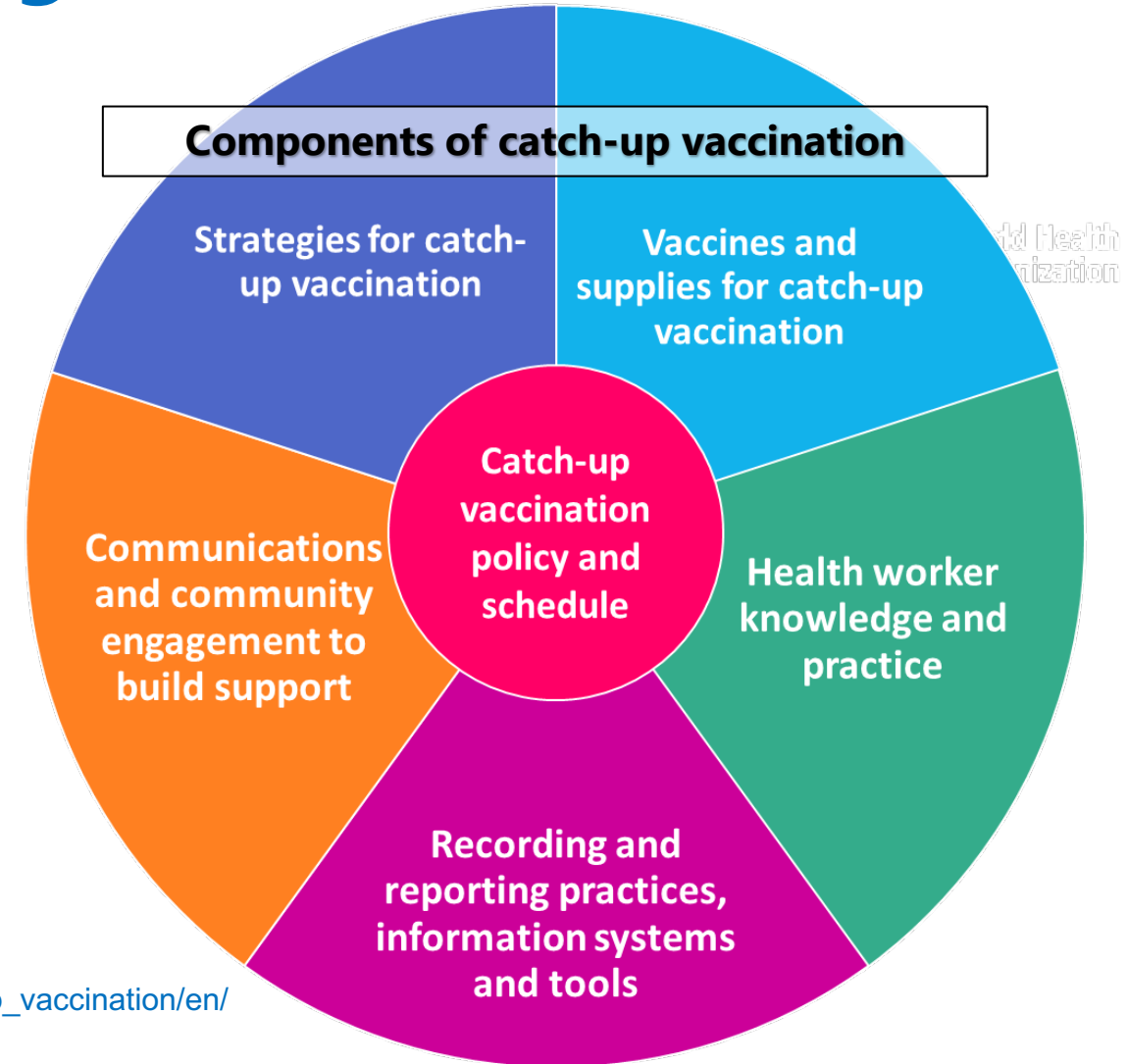
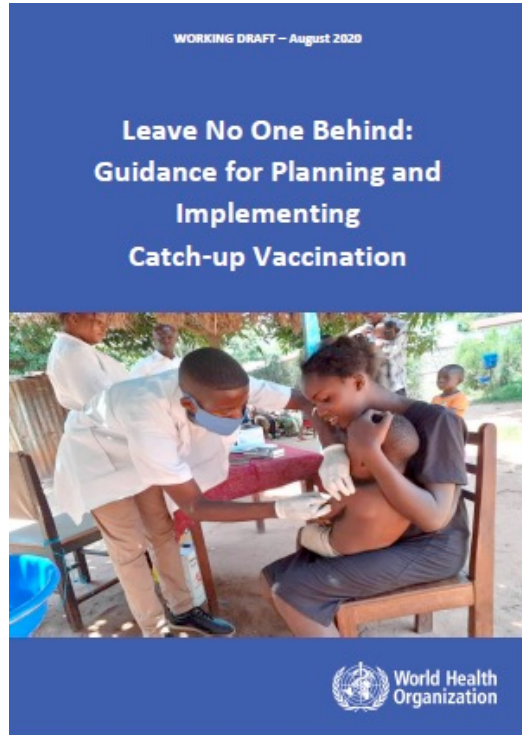
- Prioritize immunization as a core health service
- Maintain ongoing routine immunization delivery (with COVID-19 protection measures in place)
- Plan for **catch-up vaccination** as early as possible
- Implement catch-up activities in parallel with ongoing services
- Follow WHO interim guidance issued:

<https://www.who.int/publications-detail/guiding-principles-for-immunization-activities-during-the-covid-19-pandemic-interim-guidance>

<https://www.who.int/publications-detail/10665-332240>



# Guidance for planning and implementing catch-up vaccination strategies



[https://www.who.int/immunization/programmes\\_systems/policies\\_strategies/catch-up\\_vaccination/en/](https://www.who.int/immunization/programmes_systems/policies_strategies/catch-up_vaccination/en/)

# Framework for decision-making

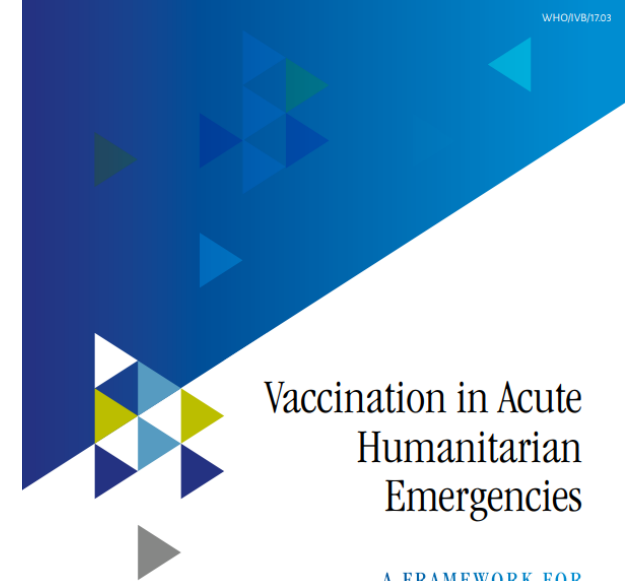
- **WHO Vaccination in Acute Humanitarian Emergencies: a Framework for Decision Making** outlines an evidence-based approach that can be adapted to help prioritize vaccines and strategies for catch-up.

**Step 1: Conduct an epidemiological risk assessment** for each VPD based on general risk factors (e.g., population immunity, burden of disease, etc.), as well as risk factors associated with the cause of the service interruption (e.g., acute conflict, pandemic, etc.).

**Step 2: Consider each vaccine and its amenability for various delivery strategies** based on vaccine characteristics (e.g. availability in sufficient quantities, cold chain requirements, etc.) and operational factors for delivery.

**Step 3: Assess contextual factors and competing needs** (e.g., ethical, political, security, economic, logistic, and other considerations and constraints)

- Framework and VPD risk-assessment worksheets: <https://apps.who.int/iris/bitstream/handle/10665/255575/WHO-IVB-17.03-eng.pdf>
- e-Tool and e-Learning also available: [www.who.int/immunization/programmes\\_systems/policies\\_strategies/vaccination\\_humanitarian\\_emergencies](http://www.who.int/immunization/programmes_systems/policies_strategies/vaccination_humanitarian_emergencies)



A FRAMEWORK FOR  
DECISION MAKING

# Global and Regional guidance immunization related – COVID-19

## [www.technet-21.org/topics/covid-19](http://www.technet-21.org/topics/covid-19)

### Immunization in the context of COVID-19 pandemic

Frequently Asked Questions (FAQ)  
16 April 2020



Polio eradication programme continuity: implementation in the context of the COVID-19 pandemic

Interim guide: May 2020 update v2.0

### Bacille Calmette-Guérin (BCG) vaccination and COVID-19

Scientific brief  
12 April 2020



Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic

Interim guidance  
May 2020



### Guiding principles for immunization activities during the COVID-19 pandemic

Interim guidance  
26 March 2020



**\*\*As the COVID-19 pandemic evolves, this document and accompanying FAQ will be revised as necessary.\*\***

Due to the global circulation of the virus causing COVID-19 and the current pandemic, there is risk of disruption to routine immunization activities due to both COVID-19 related burden on the health system and decreased demand for vaccination because of physical distancing requirements or community reluctance. Disruption of immunization services, even for brief periods, will result in increased numbers of susceptible individuals and raise the likelihood of outbreak-prone vaccine preventable diseases (VPDs) such as measles.<sup>1</sup> Such VPD outbreaks may result in increased morbidity and mortality predominantly in young infants and other vulnerable groups, which can cause greater burden on health systems already strained by the COVID-19 response. The high potential for VPD outbreaks makes it imperative for countries to maintain continuity of immunization services wherever services can be conducted under safe conditions. Prior disease outbreaks and humanitarian emergencies have underscored the importance of maintaining essential health services such as immunization, and effectively engaging communities in planning and service delivery.<sup>2-4</sup> Yet the complexity and global reach of the COVID-19 response with respect to mandatory physical distancing (also referred to as social distancing) and economic impact on households is unprecedented for public health.



TEMPORARILY SENSITIVE HEALTH PRODUCTS IN THE SUPPLY CHAIN: PROCEDURES ON IMMUNIZATION CHAIN: INTERIM UPDATE ON COVID-19 RESPONSE, 15 May 2020

WHO and UNICEF joint statement encouraging greater health commodity supply chain integration for temperature-sensitive pharmaceuticals where appropriate: updated to provide interim guidance for COVID-19 response

Due to the global circulation of the virus causing COVID-19 and the current pandemic, the World Health Organization (WHO) and UNICEF:

To that end, WHO and UNICEF:  
1. Reiterate that safety and proper organization of temperature-sensitive pharmaceuticals should be considered, including but not limited to COVID-19 diagnostics and therapeutics, cephalosporins

### Global guidance (immunization specific)

Title	Author	Year	Type	Language
Bacille Calmette-Guérin (BCG) vaccination and COVID-19	World Health Organization	2020	Document	English
Interim guidance for the poliomyelitis (polio) surveillance network in the context of coronavirus disease (COVID-19)	World Health Organization	2020	Document	English
Framework for decision-making, implementation of mass vaccination campaigns in the context of COVID-19, 22 May 2020	World Health Organization	2020	Document	Arabic, Chinese, English, French, Russian, Spanish
Guiding principles for immunization activities during the COVID-19 pandemic: interim guidance, 26 March 2020	World Health Organization	2020	Document	Arabic, Chinese, English, French, Portuguese, Russian

### Immunization in the context of the SARS-COV2 (COVID-19) pandemic

Operational guidelines for National Immunization Programs in the WHO African Region

IVD program, WHO AFRO

21 April 2020

## COVID-19

### El programa de inmunización en el contexto de la pandemia de COVID-19

Versión 2: 24 de abril 2020<sup>1</sup>

#### Objetivo

- Brindar orientaciones respecto al funcionamiento de los programas de inmunización en el contexto de la pandemia de COVID-19.

#### Consideraciones clave

- En diciembre del 2019 se identificó un nuevo coronavirus (SARS-CoV-2) como el agente causal de una enfermedad respiratoria aguda grave (COVID-19) en Wuhan, China. (1,2) El virus se propagó a diferentes países y la Organización Mundial de la Salud (OMS) declaró una pandemia el 11 de marzo del 2020. (3)
- Hay todavía algunas incertidumbres en la historia natural del SARS-CoV-2, incluyendo fuentes, mecanismos de transmisión y persistencia del virus en el medio ambiente. Se ha documentado la transmisión de persona a persona, con un período de incubación de 2 a 14 días.
- Por el momento no hay una vacuna disponible contra COVID-19. La OMS ha impulsado un proyecto (4), el cual tiene como objetivo coordinar y acelerar el desarrollo de esta vacuna. Al 23 de abril, hay 6 vacunas candidatas que ya han iniciado ensayos clínicos y 77 que están en fase preclínica. (5)
- Mientras tanto, en el contexto de la pandemia COVID-19, los sistemas de salud se enfrentan a un incremento



Guidance on routine immunization services during COVID-19 pandemic in the WHO European Region

Interim guidance  
20 May 2020

Framework for decision-making: implementation of mass vaccination campaigns in the context of COVID-19



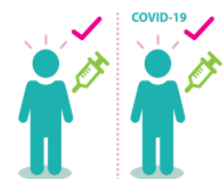


**1** Следует ли прививать моего ребенка во время пандемии COVID-19?

Да, важно, чтобы ваш ребенок своевременно получил **все плановые прививки**; они защитят его от многих опасных заболеваний сейчас и в будущем. Если в связи с карантинными мероприятиями из-за COVID-19 вакцинация в вашем регионе временно приостановлена, убедитесь в том, чтобы в последующем ваш ребенок получил все пропущенные дозы.

**2** Безопасно ли прививать моего ребенка во время пандемии COVID-19?

Да, ваш ребенок может быть привит. COVID-19 не создает какой-либо специфический риск, связанный с вакцинами или с вакцинацией.



**3** Нам сказали, что из-за COVID-19 следует оставаться дома как можно больше. Следует ли отложить прививки моему ребенку до окончания пандемии?

Нет. Важно продолжать своевременно вакцинировать вашего ребенка, насколько это возможно, **даже во время пандемии COVID-19**. Органы здравоохранения делают все возможное, чтобы службы иммунизации продолжали работать. Кроме того, максимально здоровое начало жизни является неотъемлемым правом вашего ребенка. В медицинских учреждениях принимаются меры для сведения к минимуму риска передачи COVID-19 во время дней иммунизации. В виду необходимости, в некоторых регионах плановая вакцинация может быть временно приостановлена; в таких случаях наверстывающая иммунизация будет предложена, как только учреждение вернется к нормальному функционированию.

**4** Способны ли вакцины для плановой иммунизации защитить моего ребенка или меня от заражения COVID-19?

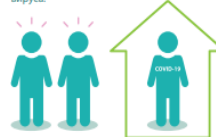
В настоящее время **нет доказательств** того, что вакцинация против других заболеваний, таких как полиомиелит или туберкулез, может предотвратить заражение COVID-19 или снизить тяжесть симптомов заболевания.

**5** Может ли мой ребенок получить плановые прививки, если у него кашель или лихорадка (а тест на COVID-19 не проводился)?

Если ваш ребенок плохо себя чувствует, **обязательно сообщите об этом своему врачу**, прежде чем доставить его в медицинское учреждение. Ваш лечащий врач посоветует, следует ли отложить вакцинацию.

**6** Что делать, если у моего ребенка результат теста на COVID-19 положительный, но симптомы заболевания не тяжелые?

Хотя слабо выраженные симптомы заболевания не обязательно являются противопоказанием к вакцинации, чрезвычайно важным является то, чтобы **каждый человек с положительным результатом теста на COVID-19 оставался изолированным**; это исключит заражение других, а также дальнейшее распространение вируса.



# Commendable efforts by countries to maintain routine immunization services; few examples

- drive-through vaccination sessions in fields, car parks and recreational areas – **United Kingdom of Great Britain and Northern Ireland**
- webinars for health care workers on safe management of immunization sessions - **Ukraine**
- scheduling vaccination services during specific hours of the day and using separate room - **Armenia**
- specific guidance to avoid crowding and waiting times in health facilities, allocation of time slots for vaccination session - **Azerbaijan**
- information leaflets and letters on COVID-19 and immunization to parents to remind them about the importance of vaccination including reminder phone calls - **Netherlands**

Data source: Mapping of routine immunization services during COVID-19 in discussion with national immunization managers

Press-release **Austria**: Involving Universities to stress the importance of vaccination



COVID-19-Pandemie: „Es darf jetzt keinen Anstieg bei Erkrankungen geben, die durch Impfungen vermeidbar sind“



# Utilized Strategies



Photos courtesy of Facebook: EPI-BENI

**Institutional vaccination**

**Vaccination in strategic places, like pharmacies, stadiums, day care centers, cultural centers, banks, schools, work areas, grocery stores**

**Vaccination according to sex and ID number**

**Adaptation of vaccination centers and vaccination complying with security measures**



Ex: Ministry of Health, Brazil

**Vaccination in cars**

**Follow-up on vaccination and calling on absentees**

**Integration with other health and government programs**

**Health worker referrals**



Photos courtesy of Facebook: EPI-BENI

**Vaccination in the community**

**Work with community leaders**

**Use of social media**

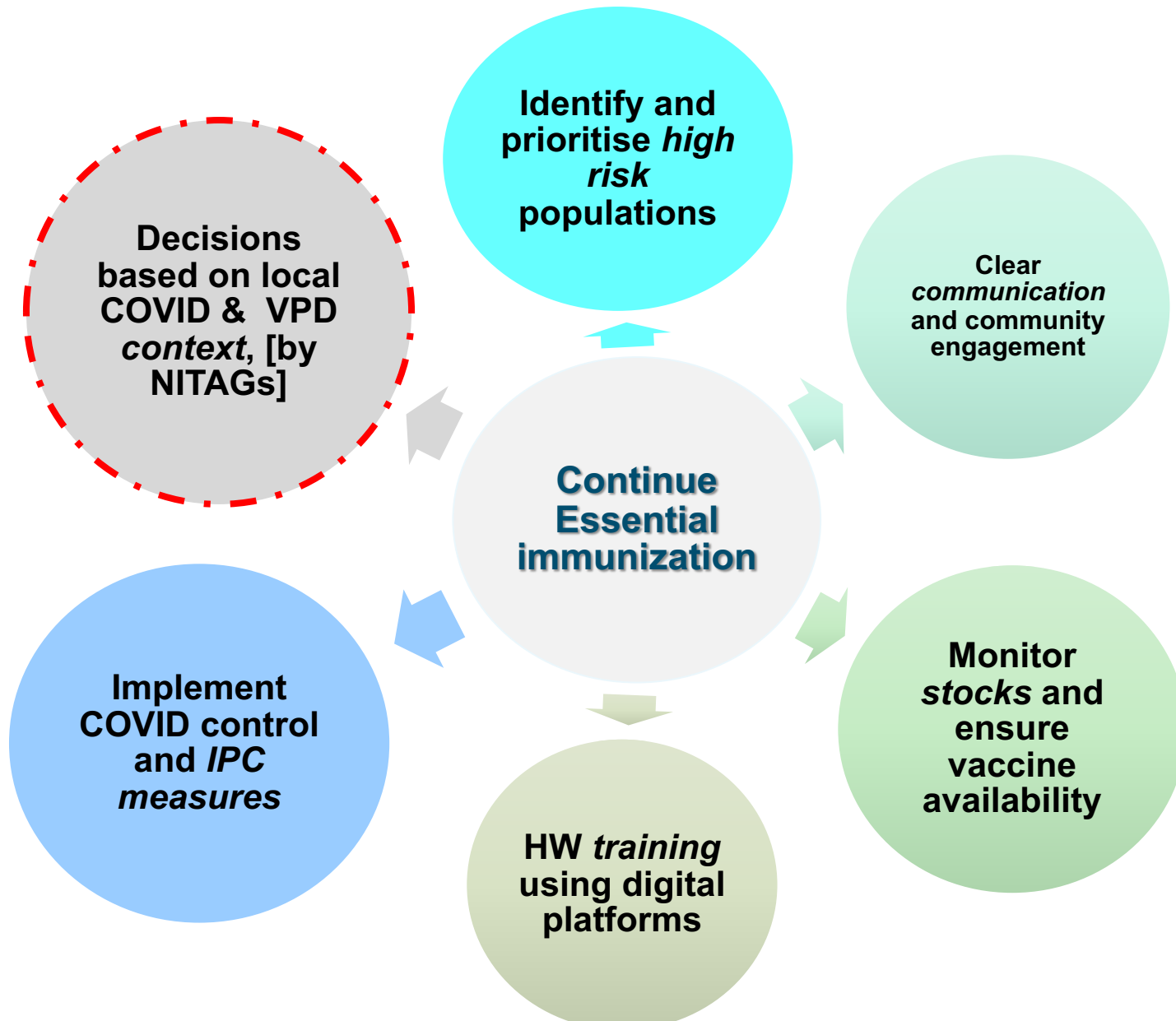
**Changes in opening hours**



**Vaccination at home**

*Results from the Sixth Survey on the NIP Situation in the Region of the Americas, IM/PAHO Focal Points, August 2020*

# Way forward

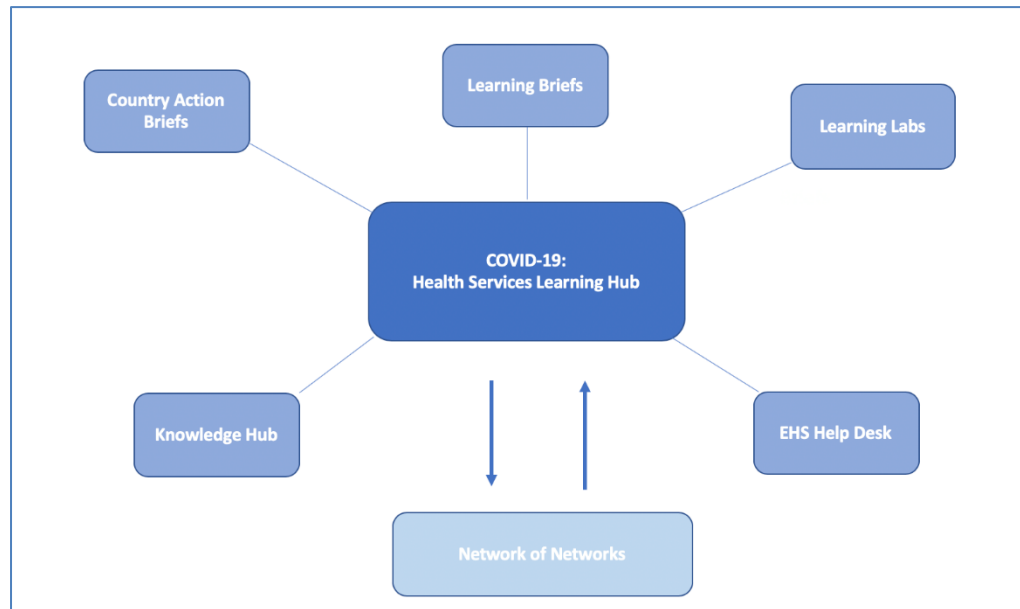


- Availability of Global & regional guidelines on continuity of essential services
- Virtual meetings and remote technical support to countries
- Surveys/Assessments conducted
- Strategic activities to close immunity gaps
- Polio SIAs in response to cVDPV2 outbreaks

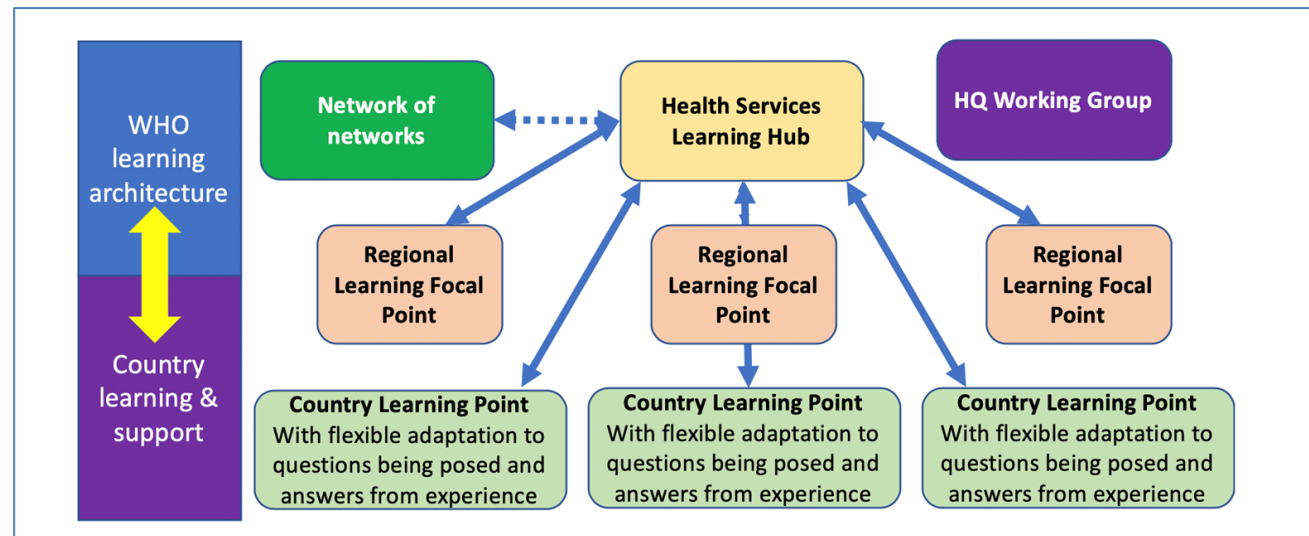
# COVID-19: Health Services Learning Hub (HLH)

**Goal** Drive activated learning to maintain essential health services in context of COVID-19 pandemic – and transform health services for the future.

## Architecture



## Operation



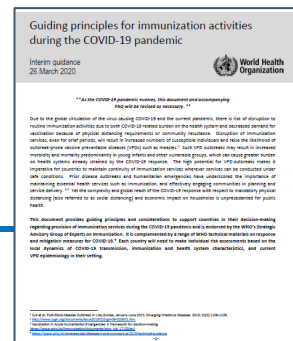
# Conclusion

- Immediate negative impact of COVID-19 on immunization and VPD surveillance reported in many countries; ongoing monitoring by WHO
- Routine immunization coverage and surveillance performance declined most notably in March-April; PPE shortages and demand issues
- Health worker staff task-shifted toward COVID-19 response but returning
- Evidence that countries are now resuming routine immunization and mass vaccination campaign planning – ‘new normal’ of co-existing with COVID-19
- Early signs of recovery visible in some countries; ongoing support provided
  - Fixed services resumed
  - Mass vaccination campaigns executed or planned
- Readiness for COVID-19 vaccine deployment initiated

# Key Revisions to WHO Guiding Principles Statement

## Elements enhanced from 26 March version

- Underlines importance of preserving immunization as an **essential health service** that should be prioritized for the prevention of communicable diseases and safeguarded for continuity
- Reinforces importance for countries to have ongoing **catch-up vaccination policies and strategies** that are activated during severe disruptions
- Emphasizes need for countries to weigh the short- and medium-term public health consequences of implementing or postponing mass vaccination campaigns, and assess associated risks of implementation
- Underscores importance of **prioritization on vulnerable populations and outbreak-prone VPDs** – attempting to maximize impact with the resources available



## New language

- Reframed to broaden focus from COVID-19 pandemic to withstanding **immunization programme shocks**
  - *Immunization as an Essential Health Service: Guiding principles for immunization activities during times of severe disruption, including during the COVID-19 pandemic*
- Encourages flexibility, constant re-assessment and adjustment during severe disruptions
- Shaped upon core principles of **IA2030** – people-centred, country-owned, partnership-based, and data-guided
- Emphasis on **health workers**
  - Protecting, training and empowering health workers for their safety and for community safety
  - Discourages re-assignment of health workers away from immunization services
- Highlights importance of instilling **public confidence and having crisis communication plans**
- Promotes using crisis as opportunity to **integrate with and strengthen primary health care and attain equity goals**



**IF I ONLY KNEW THEN**

**WHAT I KNOW NOW™**

*The Lessons of Life and  
What They're Trying to  
Teach You*

**Robert Wolff**





**Thank you**



# Day 2: Breakout sessions

Dan Brigden (WHO HQ)



**16<sup>th</sup> TechNet Conference**

Shaping a resilient and adaptive immunization program

# Where are we?



## Day 2 (times in CET):

- 09:00-12:00 – Short presentations (6x30min)
- 15:00-16:00 – Plenary presentation
- 16:00-17:00 – Breakout sessions #1 (3x60min)
- 17:00-18:00 – Breakout sessions #2 (3x60min)
- 18:00-18:30 - Plenary presentation
- 18:30-19:30 – PIN Marketplace
- 19:30-22:30 – Short presentations (repeated from earlier)



# Choose a stream...



	Stream #1	Stream #2	Stream #3
	T3	T4	T4
16:00-17:00	<p><b>Data use for supply chain management: From zero to hero</b></p> <p>Mod: Adriana Alminana (JSI)</p>	<p><b>Four countries' approaches to cold chain management during Covid-19</b></p> <p>Mod: Matt Morio (PATH)</p>	<p><b>WHO PQS – Your cold chain's first line of defense</b></p> <p>Isaac Gobina (WHO)</p>
	T4	T3	T3
17:00-18:00	<p><b>Cold chain innovations - Learnings from field evaluations of freeze protection and energy harvesting</b></p> <p>Sandeep Kumar (PATH); Surendra Uranw (BPKIHS); Abdoulaye Gueye (PATH)</p>	<p><b>EVM2: A new tool for resilient programmes and continuous ISC performance improvement</b></p> <p>Mod: Maricel Castro (WHO)</p>	<p><b>Building a more resilient supply chain through design</b></p> <p>Mod: Wendy Prosser (JSI) &amp; Dalia Khattab (JSI)</p>
18:00-18:30	<b>Return to Plenary</b>		