



# Reaching Covid-19 vaccine priority target groups

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**16<sup>th</sup> TechNet Conference**  
Shaping a resilient and adaptive immunization program



# Reaching Covid-19 vaccine priority target groups

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# HOW THE SUPPLY CHAIN WILL PLAY FOR COVID-19 VACCINE DEPLOYMENT



- To be efficient the options of Supply Chain should be adapted to the type of vaccine to be delivered, the vaccination strategy/scenario to be implemented to reach the target population,
- What do we know for COVID-19 vaccine so far?
  - **Still some unknowns on the vaccines & the cold chain requirements for the vaccines**
- What do we know for the scenario so far?
  - **We do know that, to reduce mortality and protect healthcare systems, prioritized population groups are defined:**
    - *Frontline workers in health and social care setting (3% of the national population)*
    - *High risk Adults ( adult > 65 years old & adults with comorbidities) (17% of the national population)*

**Note** : *these groups are obviously not the standard groups targeted by existing vaccination programs in countries ( RI, mass campaign)*



**REACHING THE PRIORITY TARGET GROUPS  
*IN THE DEVELOPING COUNTRIES' CONTEXT***



Target population	Potential delivery strategies	How to locate /number the target	How reachable is the target	Comments
<b>Frontline workers</b> in health and social care settings	Fixed site using the health facilities	Robust and satisfactory microplanning: list of health facilities, need to engage with professionals associations, the private sector, etc.	the target population is easy to track: Estimated reachable: (99-100% target population ?)	Build confidence, promote demand
<b>Adults &gt; 65 years old</b>	<i>Fixed &amp; outreach and mobile strategies, using multisectoral &amp; coordinated approaches &amp; delivery sites: Pension service, Ministries, Villages,..</i>	<i>Robust and satisfactory microplanning including hard to reach, nomadic, minority groups; clear need of community engagement: families, traditional leaders, religious institutions, CSOs, NGOs, Community-based associations</i>	the target population is difficult to track: estimated reachable: ??	<i>Run specialized communication/ awareness campaign to address hesitancy</i>
<b>Adults with comorbidities</b>	<i>Fixed &amp; outreach and mobile strategies, using multisectoral &amp; coordinated approaches &amp; delivery sites: Specialized healthcare services, Ministries, etc..</i>	<i>Robust and satisfactory microplanning, including specialized healthcare Institutions, Patients support groups, CSOs, NGOs,..</i>	the target population is difficult to track. Estimated reachable: ??	<i>Run specialized communication/ awareness campaign to address hesitancy</i>



**REACHING THE PRIORITY TARGET GROUPS  
*IN DEVELOPED COUNTRIES' CONTEXT***



Target population	Potential delivery strategies	How to locate /number the target	How reachable is the target	Comments
<b>Frontline workers</b> in health and social care settings	Fixed site using the health facilities	Robust and satisfactory microplanning, list of health facilities engage with professionals associations, & the private sector,	the target population is easier to track. Estimated reachable: <b>(99-100%) target population?)</b>	Build confidence, promote demand
<b>Adults &gt; 65 years old</b>	<i>Fixed &amp; outreach and mobile startegies, using multisectoral &amp; coordinated approaches &amp; delivery sites: pharmacies, doctors' offices large cars parking areas, hit &amp; run, transit points..</i>	<i>Robust and satisfactory microplanning including using Patients list from family doctors/pharmacists/retirement home/Active adults can be joined by emails, Patients support groups, CSOs, NGOs,..</i>	the target population is easier to track. Estimated reachable: <b>(90-100%) target population ?)</b>	<i>Run specialized communication/ awareness campaign to address hesitancy</i>
<b>Adults with comorbidities</b>	<i>Fixed &amp; outreach and mobile strategies using multisectoral &amp; coordinated approaches &amp; delivery sites: Specialized healthcare services, pharmacies, doctors' offices, retirement home, etc..</i>	<i>Robust and satisfactory microplanning including using patients list from family doctors/pharmacists/retirement home/Active adults can be joined by emails.... Patients support groups, CSOs, NGOs,</i>	the target population is easier to track. Estimated reachable: <b>(80-100%) target population ?)</b>	<i>Run specialized communication/ awareness campaign to address hesitancy</i>



# CONCLUSION

- Effective community engagement has already been central to the global response to the COVID-19 pandemic and this should be expected to continue to be the case when meeting the anticipated demand for the COVID-19 vaccine once it is available
- Delivery strategies and experiences from previous diseases (Ebola, H1N1,..) and innovative multisectoral & coordinated approaches & delivery sites will be needed to reach the priority target groups
- Critical is the community engagement in shaping the deployment strategies and in supporting their implementation.
- Additional considerations to the vaccine deployment are how the deployment options can integrate other health products to the vaccine delivery (e.g. therapeutics, diagnostics,...)





# Reaching Covid-19 vaccine priority target groups

*Adult immunization delivery platforms in WHO Europe Region*

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# Delivery platforms for COVID-19 vaccines to reach adults

## What can we learn from past experiences?



- Out of 53 WHO Europe Member States:
  - 49 have vaccination programs for adults
    - Median =7 vaccinations.
  - 48 have influenza vaccination policies for HCWs
  - 48 have influenza vaccination policies for adults with high-risk chronic conditions
  - 42 issued recommendations for vaccination of residents of long-term care facilities

- **Immunization service provision platforms:**
  - ✓ Primary care physicians / nurses - in most countries
  - ✓ Dedicated immunization services - group of countries
  - ✓ By public health institutions - in some countries
  - ✓ Occupational health services - important in HCW influenza vaccination
  - ✓ Influenza vaccination in (some) pharmacies (6+2 countries)
  - ✓ drive-through vaccination sessions in fields, carparks and recreational areas

- **Common issues: \*\***
  - Coverage not monitored in all countries
  - LOW/SUBOPTIMAL vaccination coverage among HCWs
  - The increasing vaccination hesitancy among HCWs is of concern, given their role as trusted sources of information/influencers about vaccines.

Vaccination Programs for Adults in Europe, 2019, <https://pubmed.ncbi.nlm.nih.gov/31968652/> & JRF Reports, 2019

Vaccination of healthcare personnel in Europe: Update to current policies. Vaccine. 2019 Dec 10;37(52) & JRF Reports, 2019

[https://ec.europa.eu/health/sites/health/files/vaccination/docs/2018\\_vaccine\\_services\\_en.pdf](https://ec.europa.eu/health/sites/health/files/vaccination/docs/2018_vaccine_services_en.pdf)

Vaccination of healthcare workers: is mandatory vaccination needed? Review Expert Rev Vaccines. 2019 Jan;18(1):5-13. <https://pubmed.ncbi.nlm.nih.gov/30501454/>