

Summary of LNCT-VPPN Joint Virtual Discussion on COVID-19 Impact on Immunization Programs

Overview

With the COVID-19 pandemic straining health systems around the world, countries need support to minimize the potential negative effects on immunization programs. The peer-learning approach offers a unique benefit in this situation as it gives countries and other technical experts the ability to quickly share innovations and practical solutions.

The Learning Network for Countries in Transition (LNCT) and UNICEF's Vaccine Procurement Practitioners Network (VPPN) collaborated on a joint virtual discussion to discuss new concerns, challenges, and responses to COVID-19. Between March 24 and April 30, our networks collected responses around the question, "Does COVID19 pose new challenges for immunization programming and/or the transition from Gavi assistance in your country?" The joint discussion garnered a total of 16 responses from countries, technical experts, and network coordinators. At the end of this period, LNCT hosted a 90-minute [virtual peer learning discussion group](#) on April 30. This discussion group enabled countries to discuss the pandemic's impact on immunization programs and responses across countries. Several LNCT countries – Georgia, India, and Indonesia – shared their current experiences and concerns for the immunization program, changes that have been made to immunization activities, how services are being delivered as a result of the pandemic, and impact already seen on the use of immunization services. Gavi also joined the discussion to describe its programmatic commitments to help countries respond to the pandemic.

Below are excerpts from the joint discussion.

Country Challenges

Countries indicated that a diverse range of challenges due to COVID-19, including human resources, vaccine supply, and vaccine demand, would impact upon national immunization programs.

Yes, it poses a new challenge, because it will affect the functioning of the vaccination program, both by human resources and in material and consumable resources, which may lead to a decrease in vaccination coverage. It will lead to a decrease in demand for services due to the quarantine decreed in many countries, it may lead to the rupture of stock for vaccines, due to the ban and cancellation of means of air transport, due to the delay in sending vaccines. Covid 19 will consume the world economy, weakening the economy of the countries as it is investing in the fight against this scourge, and may lead the country to fail to comply with the transition plan due to weak financial resources. – São Tomé and Príncipe

It is principally important to continue Vaccination without interruption, at the usual age. With the coronavirus epidemic, it is very dangerous to leave little ones under the risk without the necessary and essential protection. In order to increase the safety of immunization services, we have instructed primary care facilities to rearrange vaccination schedules by assigning concrete date and time for the vaccination for each child. For this reason each appointment for the vaccination is agreed by phone

call to minimize waiting time, and loading corridors. We warn parents that some infections (measles, pneumococcus, pertussis, HIB) cause exactly the same respiratory system damage, just like the new coronavirus. And timely vaccination protects children from the complications caused by this infection. – *Georgia*

Georgia has taken steps to minimize COVID19 epidemic containment measures effect on immunization services through guidance and instructions to primary health care providers and communication with the public. However, we know little how this has translated into practice. The strict measures will continue about one more month, so our further actions depend on the first analysis of 2020 immunization coverage data. What we know now upcoming Immunization Week activities will be fully based on media sources to spread immunization supporting messages. – *Georgia*

Partner Responses & Resources

Global development partners responded to country concerns by informing them how they're mitigating risk and also encouraging them to express challenges on the discussion forums and global surveys.

UNICEF ships approximately 30-40 per cent of all vaccines produced globally mostly using passenger airfreight. We are experiencing major disruptions of shipments by air as restrictions on international travel and passenger flights have increased globally, in addition to airport closures. There is a global reduction of airline carrying capacity for passengers and supplies, and additional pressure on the limited capacity on cargo aircrafts which also impacts vaccines shipments. Specific regions such as West Africa are more severely impacted given that vaccine shipments often originate from or transship in Europe, and key carriers have cancelled flights. UNICEF Current Actions: UNICEF is working in close collaboration with UN agencies and partners, including WHO, Gavi, PAHO and BMGF to review the impact on logistics, and risk mitigate impact on the supply chain for essential medicines. We are reviewing the list of shipments on PO to identify PRIORITY shipments, focusing on outbreak response and countries where there are critical stock levels, to communicate with our Shipping and Logistics Team to arrange air shipment. We are continuing to work closely with our FFWs on flight options, including charters, to meet country supply requirements. Our ability to plan and prioritize shipments will require information from our Country Offices. UNICEF has communicated the logistics challenges we are currently experiencing, and to further inform prioritization of shipments, we have requested information through our Regional Offices from Country Offices on country stock levels, consumption and when they anticipate stocks to be at critical levels. In addition, we will be collecting programme intelligence as countries may be re-adjusting program delivery to comply with social distancing measures that may impact cold chain capacity if they are not consuming the vaccines as planned while at the same time receiving additional shipments of vaccines. With the information we gather from countries, we will be better able to determine priorities, opportunities for consolidation of shipments (where feasible), and inform suppliers so that industry can best manage production. – *UNICEF SD*

As of 7 April, UNICEF has shipped more than 4.4 million gloves, 786,450 surgical masks, 199,631 N95 respirators, 203,435 gowns and 13,128 goggles in support of 26 countries as they respond to the pandemic. Close collaboration with other UN agencies is also taking place to ensure alignment and effective response. – *UNICEF SD*

Our colleagues who work in operations supporting vaccination programmes are rather busy at the moment (some of them have started to work locally as medics in their home countries), so I'm not sure if they can immediately contribute to the current discussion on the forum, however, I know there will be a lot of experience to contribute in the coming months as we start to see the real impact of COVID-19 on the functioning of immunization programmes. This article seems to sum up well some of the concerns: Polio, measles, other diseases set to surge as COVID-19 forces suspension of vaccination campaigns

<https://www.sciencemag.org/news/2020/04/polio-measles-other-diseases-set-surge-covid-19-forces-suspension-vaccination-campaigns#>. And I haven't yet had the chance to read this full piece, but also looks of interest Risks and benefits of sustaining routine childhood immunisation programmes in Africa during the Covid-19 pandemic: <https://cmmid.github.io/topics/covid19/control-measures/EPI-suspension.html> – *MSF*

Any country experience on how you are managing human resource safety, shortages and scheduling due to curfews, lockdowns and restrictions in the immunization programme especially with vaccine delivery and supplies? We should think about the current COVID-19 situation and post-COVID-19 too. What impacts should we expect? Open to thoughts and ideas. – *UNICEF SD*

The World Health Organization (WHO), in coordination with Boost, UNICEF and Gavi, has created a survey to better understand how immunization programs and vaccine-preventable disease (VPD) surveillance are being affected by the COVID situation - <https://danovaroc.typeform.com/to/W1PIRG>. This poll is also available in French: <https://danovaroc.typeform.com/to/M7FBCn>. The results of this global survey will be shared with all who participate (organized by country) in order to assist you and your colleagues in your program planning. *One person can complete one questionnaire per country, but if someone is in a position to give info on two or more countries, s/he can fill a second form for that other country. – *Sabin Vaccine Institute*

"Governments worldwide should club together into a "solidarity purchasing club" to make a large advanced purchase commitment..." to procure COVID19 vaccines once available. Who would agree with this strategy? Thought provoking reading. <https://time.com/5820963/end-pandemic-free-vaccine-worldwide/> – *UNICEF SD*
