

COVID-19 Vaccine Delivery Partnership

Situation Report: July 2022

This report is produced by the COVID-19 Vaccine Delivery Partnership (CoVDP). It covers the month of July 2022.

AT A GLANCE

- A global increase in COVID-19 cases and deaths continued throughout July with more than **28 million** new cases and **63 000** additional deaths in the four weeks leading up to August 1st
- 12.3 billion vaccines administered globally, an increase of 300 million from end of June
- **Fifty-nine out of 194** WHO member states have now vaccinated more than 70% of their population in line with the global target. In July, **Laos** and **Nepal** crossed this milestone.
- Three more countries (**Comoros, Lesotho** and **Liberia**) have gone beyond 40% putting the total number of countries with primary series coverage at or above 40% at **131 out of 194**
- The number of countries below 10% primary series coverage remained at 11 (Burkina Faso, Burundi, Cameroon, the Democratic Republic of the Congo, Haiti, Madagascar, Malawi, Mali, Papua New Guinea, Senegal and Yemen).
- Among the AMC92, **three-quarters of healthcare workers** have received a complete primary series and **62% of those aged 60 and older** have complete primary series coverage

GLOBAL SITUATION OVERVIEW¹

The global increase in both COVID-19 cases and deaths that started at the end of May 2022, with the earlier detection of the BA4 and BA5 variants in South Africa, continued throughout July with cases and deaths increasing in every region except Africa which experienced a smaller surge, especially in southern Africa, in May. The most recent surge is largely driven by the Omicron BA4 and BA5 sub-variants. By the end of July, the weekly reported caseload stood at 6.7 million new cases and 15 600 deaths. This represents a month-on-month increase of 1.2 million cases and 5 700 deaths.

Globally, 62% of the population had completed a primary vaccination series but only 17% in low-income countries (LICs), this is at 1 percent increase compared to June. In Africa – the region with the lowest average vaccination rate globally - the proportion of the population that has completed their primary series increased from 19% to 20%.

For more on the global situation please check:

- [Coronavirus disease \(COVID-19\) Weekly Epidemiological Update](#)
- [Monthly COVID-19 Operational Update](#)
- [WHO COVID-19 Dashboard](#)
- [UNICEF COVID-19 Vaccine Market Dashboard](#)
- [Global Dashboard for Vaccine Equity](#)
- [Country readiness and delivery Infohub](#)

¹ Source data for global overview: COVID-19 Vaccine Delivery Partnership data

ADVANCED MARKET COMMITMENT (AMC) COUNTRIES

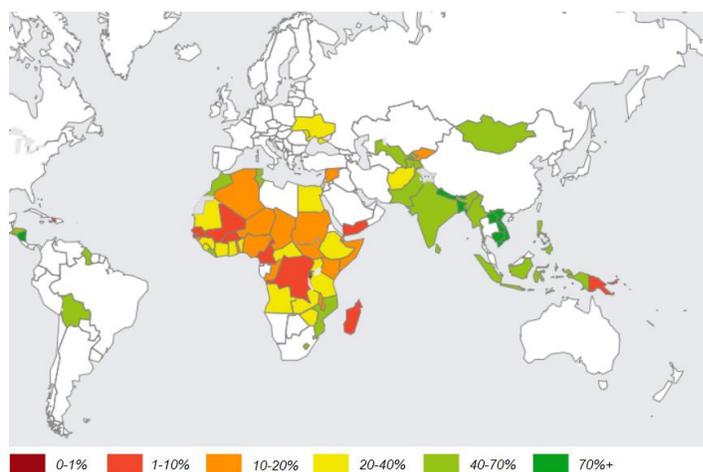
Across the 92 [COVAX Advanced Market Commitment \(AMC92\)](#) countries, primary series coverage passed the 50 per cent milestone by early August (up from 28% in January 2022).

The WHO Africa and European regions continue to have the lowest vaccination coverage rates with 80% and 60% unvaccinated populations respectively.² Laos and Nepal reached the global target of 70%, bringing the total number of AMC92 countries at or above 70% coverage with a complete primary series to 10 (including Bangladesh, Bhutan, Fiji, Maldives, Nicaragua, Rwanda, Samoa and Vietnam) (**Figure 1**).



A client receives his COVID-19 jab at Temeke Clinic in Dar Es Salaam, Tanzania, ©UNICEF Tanzania

Figure 1: Population coverage with a complete primary series across AMC participants (92) as of 12 August 2022



Concerning national targets, by early August, three countries had met their national targets on time: Bangladesh exceeded its 70% target, Mongolia and Sri Lanka reached their target of 66% and 67% respectively with a complete primary series. Six AMC countries are currently on track to meet their national targets for primary series coverage, (Central African Republic, Guyana, Liberia, Rwanda, Viet Nam and Zambia) (**Figure 3**).

Among the 5.3 billion COVID-19 vaccine doses delivered to the AMC countries³ by early August, a total of 4.5 billion doses have been administered, an increase of 161 million doses compared to the beginning of July (**Figure 2**).⁴

More than a third of AMC92 countries saw an upward trend in daily vaccinations rate in July including several countries that were at or below 10% complete primary series coverage in January 2022: Afghanistan, Burkina Faso, Central African Republic, Côte d'Ivoire, Cameroon, Malawi, Mali, Niger, Solomon Islands, Somalia, South Sudan, Sudan, Tanzania, Uganda, and Zambia).

² Only 6 countries in the EURO region are also AMC92 participants. These include: Ukraine, Republic of Moldova, Kosovo, Kyrgyzstan, Tajikistan and Uzbekistan.

³ [Gavi AMC list of countries, data as of July 5th](#)

⁴ Two AMC countries are not vaccinating: Eritrea and DPR Korea

Figure 2: Current breakdown of vaccine doses along manufacturer-to-administration chain across the AMC92 as of 12 August 2022

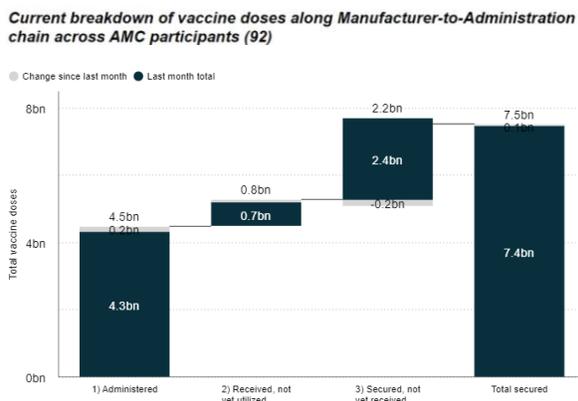
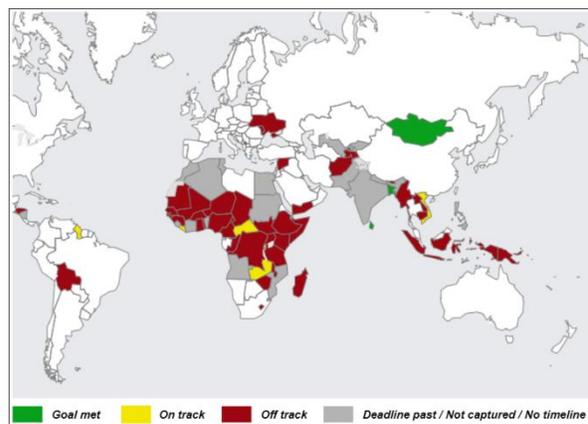


Figure 3: Status of progress against individual country coverage targets across the AMC92 as of 04 August 2022



HIGH-PRIORITY GROUPS

The COVID-19 Vaccine Delivery Partnership is focusing on supporting countries to reach high-priority groups such as healthcare workers, the elderly, those living with co-morbidities, and pregnant women. The completeness and timeliness of data reported relating to these groups continues to pose a challenge. Currently, 70 out of the 90 AMC countries vaccinating against COVID-19 report data on persons aged 60 or more and health care workers.

In July, complete primary series coverage for healthcare workers and older populations remained stable. Among the AMC92, three-quarters of healthcare workers have received a complete primary series (Figure 4). And 62% of those aged 60 and older have complete primary series coverage (Figure 5).

As many healthcare workers and elderly people have been vaccinated several months ago and taking into account that the current generation of vaccines partially lose their effectiveness after 4-6 months, the administration of booster doses is needed in many LMICs. However, booster uptake is low across the AMC92. Most AMC92 entities are below 10% booster coverage and in 39 countries, booster coverage is currently estimated to be below 1%. Across the 34 countries of concerted support, only a few countries have started to introduce booster doses (e.g. Côte d'Ivoire, Ghana and Zambia).

Figure 4: Health care worker vaccination coverage across reporting AMC countries (04 August 2022)

Breakdown view by WHO region

Region	Count of part.	% of total AMC HCWs in rep. AMCs	% of HCWs w/ c.p.s.* across rep. AMCs
AFR	33	83 %	46 %
AMR	5	83 %	70 %
EMR	6	72 %	54 %
EUR	5	100 %	48 %
SEAR	6	91 %	100 %
WPR	15	100 %	98 %
Total	70	87 %	74 %

Figure 5: Vaccination coverage among older populations across reporting AMC countries (04 August 2022)

Breakdown view by WHO region

Region	Count of part.	% of tot. AMC old. ad. in rep. AMCs	% of old. ad. w/ c.p.s.* across rep. AMCs
AFR	30	82 %	28 %
AMR	5	82 %	54 %
EMR	7	70 %	50 %
EUR	5	96 %	31 %
SEAR	8	97 %	78 %
WPR	15	100 %	78 %
Total	70	90 %	62 %

PROGRESS ON COVID-19 VACCINE ROLL-OUT: CHALLENGES AND BEST PRACTICES⁵

PROGRESS IN THE 34 COUNTRIES FOR CONCERTED SUPPORT

Average vaccination coverage among the 34 countries for concerted support rose to 15% by early August, a 5-fold increase since January. No additional countries have crossed the 10% threshold and currently, 11 countries remain below 10% (**Table 1**).

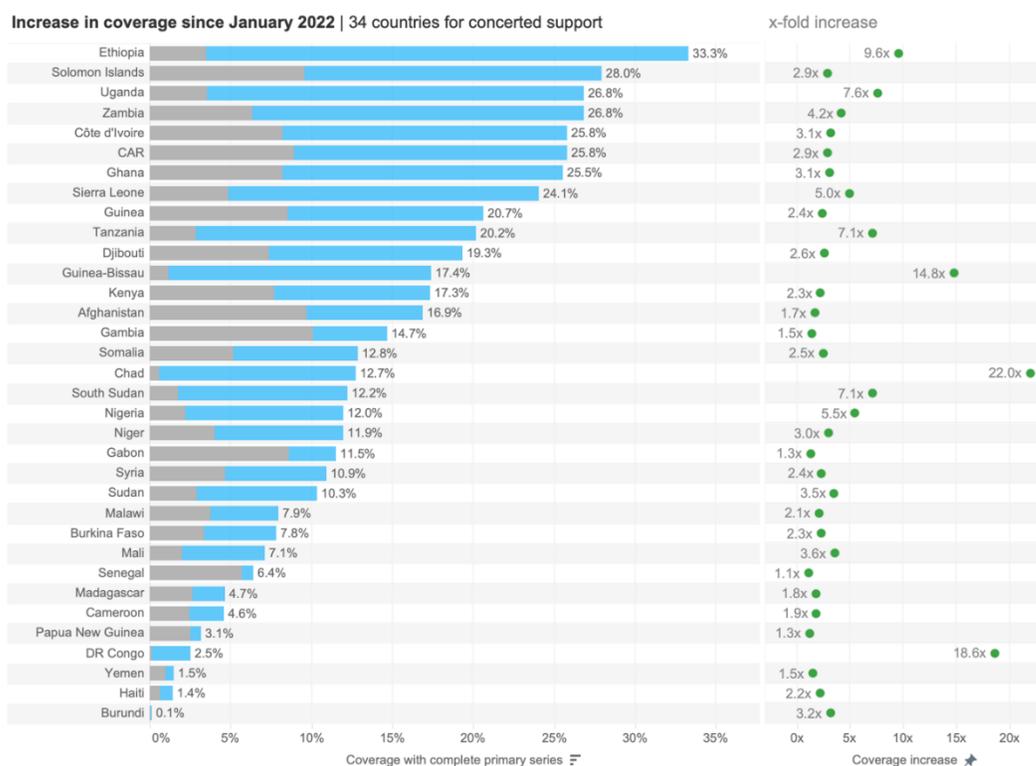
Several countries made significant progress in July. Tanzania increased its primary series coverage from 7% at the end of June to 20% by early August. Côte d'Ivoire has also seen a jump from 21% to 26%, Zambia from 16% to 27%, and Afghanistan from 13% to 17%.

Table 1: Vaccination coverage ranges among the 34 CoVDP Countries for Concerted Support (04 August 2022)

Vaccination coverage ranges	Countries
>30% (n=1)	Ethiopia
20-30% (n=8)	Central African Republic, Côte d'Ivoire, Ghana, Guinea, Sierra Leone, Solomon Islands, Tanzania, Uganda, Zambia
10-20% (n=13)	Afghanistan, Chad, Djibouti, Gabon, Gambia, Guinea-Bissau, Kenya, Niger, Nigeria, Somalia, South Sudan, Sudan, Syria
<10% (n=11)	Burkina Faso, Burundi, Cameroon, Democratic Republic of the Congo, Haiti, Madagascar, Malawi, Mali, Papua New Guinea, Senegal, Yemen

⁵ Leveraging the “One Team” across Ministries, country, regional, and global partners, the CoVDP committed to coordinating concerted support to the 34 countries with COVID-19 vaccination coverage at or under 10% as of 15 January 2022, with the objective to support increasing coverage.

Figure 6: Increase in coverage since January 2022 for the 34 countries for concerted support



Despite some encouraging progress on overall vaccination rates, many of the 34 countries for concerted support continue to face important challenges. Like many other LMICs, several of the 34 countries have experienced [significant backsliding in essential immunization](#).

Among the countries that remain below 10%, many face competing pressures including conflict (Mali, Burkina Faso, DRC, Yemen) and political instability (Haiti, Papua New Guinea), impacting their ability to achieve national coverage targets. Except for Ethiopia, Central African Republic and Afghanistan, countries that face **humanitarian challenges** continue to see slow increases in vaccination uptake and the data on how many refugees and internally displaced people are reached through vaccination campaigns remains patchy with data collection in these settings particularly difficult. Access issues in remote areas with weak infrastructure also increases the cost and complexity of administering vaccines to populations in need of humanitarian assistance. This is a particular challenge in the Sahelian belt and parts of Central Africa with many countries facing heavy rains from July through to September.

Operational challenges persist in many countries with low vaccination coverage rates, including logistical challenges in reaching remote areas (especially during the rainy season in the Sahelian belt, parts of Central Africa, South Sudan, but also conflict-affected countries like Syria and Yemen), data backlogs (Uganda, Malawi, Tanzania, Zambia), and difficulties and delays in processing health worker payments. In Guinea-Bissau, this has translated into large-scale healthcare worker strikes that are disrupting vaccination efforts and the general provision of primary care services. Similarly, Malawi faced significant backlogs in getting healthcare personnel and vaccinators paid; these are being addressed. In Chad, there are growing concerns that incentive-based payments for COVID-19 vaccinators and a simultaneous freeze on new health care worker recruitments are creating additional disincentives for health care workers to return to performing routine health services.

Yet, many countries continue to progress on vaccination despite these challenges – not least by finding tailored and creative solutions. With regard to the decline in childhood immunization rates, some countries have managed to use COVID-19 vaccine delivery as a means to strengthen essential immunization systems. In Iraq for instance, integrated

immunization services that included COVID-19 vaccinations have enabled the country to **identify thousands of zero-dose children** and bring them back into the essential immunization system. Similarly, COVID-19 vaccination drives in rural Ethiopia have led to hundreds of unregistered zero-dose children being identified that now receive essential immunization services.

To overcome some of the humanitarian challenges, the COVDP is engaging with humanitarian partners such as the Red Cross and IOM to **fast-track financing** to enable these partners to act as vaccine providers in regions affected by humanitarian crises in DRC and Nigeria. In Uganda, which is home to 1.5 million refugees – the largest refugee population in Africa – an **accelerated vaccination campaign targeting refugee settlements** through outreach posts that include healthcare workers, refugee welfare officers and village health teams, has been deployed since mid-June to reach refugees who are significantly less likely than the average population to have been vaccinated. Using radio and print materials in local languages, as well as home visits to identify high-priority groups such as the elderly, pregnant women and disabled people, the outreach campaign is aiming to reach 80% of refugees with COVID-19 vaccinations.



Lillian Aciro, an enrolled nurse in Maaji III refugee camp, is getting ready to deliver vaccines in the settlement, ©UNICEF Uganda/ Hugh Rutherford

Following a high-level CoVDP mission in June, Central African Republic benefitted from technical assistance to assess its cold chain needs and received funding to **procure additional cold chain equipment** that will support both the deployment of COVID-19 vaccines but also other essential immunization products. In Sierra Leone, vaccinators have been equipped with android phones to ensure that **vaccination data is captured immediately**, reducing the need for manual input.

To enhance the management of vaccine shelf life, several countries have piloted **innovative strategies to increase vaccine consumption rates**. In South Sudan, 588 vaccination outreach centres were deployed nationally, leading to a vaccine consumption rate of 86%. In Malawi, the “finish-a-vial” campaign targeted vaccinators with incentives such as free lunch and financial payments to encourage the full usage of vials, thus reducing open vial wastage. In Niger, health workers monitored and reported daily vaccine usage rates to inform vaccine deployment strategies and redeploy vaccines to other sites to reduce the risk of dose expiry.

POLITICAL ADVOCACY AND ENGAGEMENT

The COVID-19 Vaccine Delivery Partnership continued its political and country engagement with several high-level missions and capitalized on other global and country-level platforms to advocate for COVID-19 vaccinations.

The **ACT-A Facilitation Council** and **High-Level Political Forum on Sustainable Development** in July provided opportunities to present the significant progress that many LMICs have achieved since January 2022, highlighting that investments in country-level vaccine delivery continue to pay off.

Tanzania

4-7 July

The CoVDP held initial discussions with the Health Minister on the margins of the 75th World Health Assembly and agreed to conduct a high level mission focused on political advocacy. The delegation met with the Vice President, the Minister of Finance representative, the Minister of Local Government (PORALG) and Health.

Key outcomes:

- Tanzania agreed to support a ‘whole of government’ approach to COVID-19 vaccination that mobilizes all sectors of the government and the economy, and which will include 3-4 nationwide, synchronized campaigns by December 2022.
- To reach frontline workers, the Ministry of Health proposed to engage Tourism, Education and Home Affairs.
- CoVDP will support Tanzania with funding to facilitate Government led regional and district-level mobilization and monitoring, provide technical and financial support to scale up vaccination among the refugee and migrant populations, leverage WHO support to the information management and data systems and UNICEF support for increasing and documenting vaccine demand efforts, particularly among priority groups.
- CoVDP continues to provide technical assistance to Tanzania to develop “One Plan” and “One Budget”.



Tanzania's Health Minister Hon. Ummu Mwalimu is engaging with the crowds at the Saba Saba event to raise awareness of the importance of COVID-19 vaccinations, ©UNICEF Tanzania

Democratic Republic of the Congo

12-15 July

Upon request of the national COVID-19 vaccination coordinator, CoVDP partners conducted a follow-up technical mission to the **Democratic Republic of the Congo**. Many of the current delays in vaccine roll-out in DRC are due to coordination challenges.

Key outcomes:

- The delegation discussed a potential replication of CoVDP's desk officer model to strengthen linkages between the national and the provincial levels in country
- Agreed to develop a specific plan for Kinshasa to quickly vaccinate the urban population and the mobilization of TA support through UNICEF and WHO to strengthen administrative processes currently delaying the start of COVID-19 vaccination campaigns.
- Given that community engagement and demand generation continue to be significant hurdles for the uptake of COVID-19 vaccines, technical experts from WHO and UNICEF participated in the mission and provided recommendations, including emphasizing the importance of data and analysis-driven Risk Communication and Community Engagement (RCCE)



The Secretary General of Wadi Fira province in Chad gets vaccinated in public, © Ministère de la Santé de la République du Tchad/ Dr. Tamadji

Chad 12-15 July

Building on the momentum created by the strong uptick in primary series coverage in **Chad** in Q2 of 2022 – enabling the country to go from 6% primary series coverage to 13% after the first campaigns - a delegation of the CoVDP visited N’Djamena to meet government counterparts and local partners.

During the mission, the strong leadership of the new Minister of Health during his first 100 days in office was recognized as one of the key ingredients in the success of the country’s first wave of campaigns which enabled it to reach 52% of its national vaccination target in just a few days, including more than 10 000 healthcare workers, refugees and nomads.

Key outcomes:

CoVDP partners have committed to support the country in navigating these challenges and have used political engagement to encourage country partners to seek:

- a resolution of the hiring freeze
- a coordinated approach to using up more than 100 000 Pfizer doses set to expire in August
- technical support to assist funding applications
- advocacy to unblock more than US\$9 million in pending funding requests
- technical assistance to complete the country’s current acceleration phase
- assisting in the transition towards integration with essential health services.

Guinea-Bissau 26-28 July



Nurses at the Cuntum health facility in Bissau, ©UNICEF Guinea-Bissau/ Delfim Mendes

While the country has made significant progress in increasing the vaccination coverage rate from just 1.2% in January to 17.4% by the end of July, the country’s healthcare system is facing significant challenges that also hamper ongoing vaccination efforts.

CoVDP delegation met with the government to discuss the country’s strategy on COVID-19 vaccination with a focus on how to reach high-priority groups, the introduction of booster doses, the transfer of COVID-19 coordination from a designated High Commissioner for the COVID-19 response to the Ministry of Public Health and the recent healthcare worker strikes.

Key outcomes:

- The government agreed to conduct two integrated COVID-19 campaigns in September and October and to work with UNICEF and WHO to clear any outstanding incentive payments to its healthcare workers, in preparation for the upcoming campaigns.
- CoVDP is engaged in advocacy for the successful transition of coordination from the high commission to the MOH and will secure funding to support the acceleration phase of its COVID-19 vaccination plan.

FUNDING

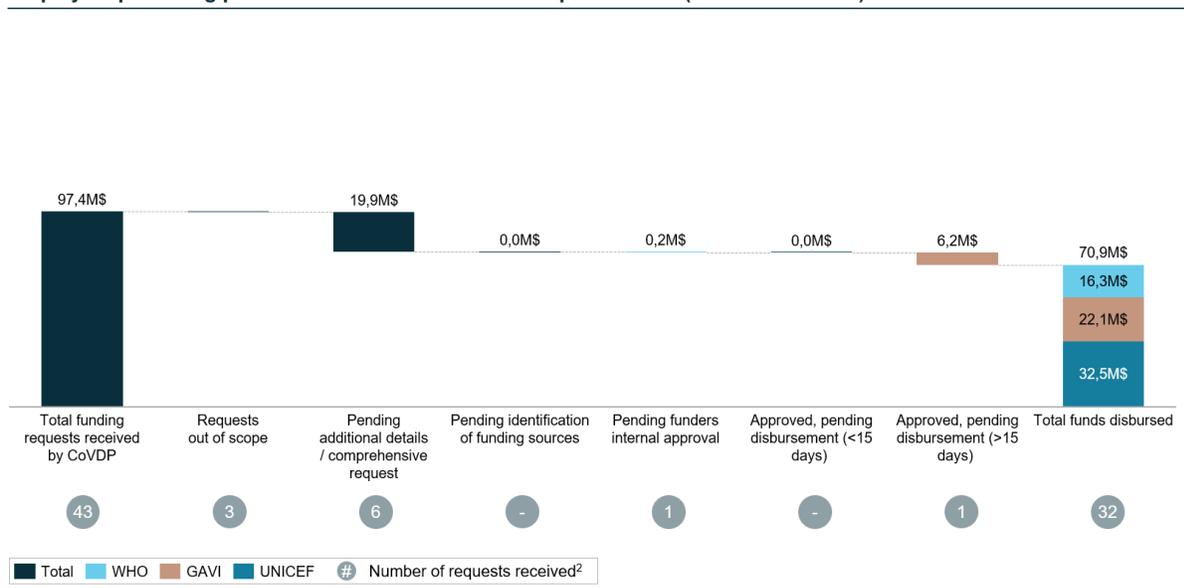
The CoVDP disbursed an additional US\$18.7 million across three countries in July, to cover short-term funding gaps that would have otherwise hindered the delivery of vaccines.

- Somalia received US\$10.2 million
- Malawi received US\$2.7 million
- Sudan received US\$5.8 million

This brings the total volume of funds disbursed since January to US\$70.9 million across 11 countries⁶ (up from US\$52.2 million in June).

Figure 7: Overview of funding requests received, pending, approved and disbursed, as of 31 July 2022

Step by step Funding process and overview of where requests stand (M\$ - all countries)



In addition to funding coordination, alignment and disbursement, the COVDP and in-country partners have also provided technical assistance to multiple countries for the development of “One Budget” which enables governments to more accurately identify funding needs and align partners around one single budget against which they can identify gaps and target their financial support.

Primarily via UNICEF’s country offices, Cameroon, Nigeria, Sierra Leone, Tanzania, Sudan, and Malawi received support in July to create their “One Budget” in line with the “One Plan”.

To date, Malawi, Sudan, Tanzania, and Sierra Leone have submitted drafts of their “One Budget”.

⁶ Burkina Faso, Chad, DRC, Ethiopia, Sierra Leone, South Sudan, Nigeria, Sudan, Somalia, Kenya, Malawi and Djibouti.

SPOTLIGHT - COVID-19 VACCINE INTEGRATION WITH ESSENTIAL HEALTH SERVICES

The majority of countries that have reached a high level of COVID-19 vaccination have gone through a period of acceleration through mass vaccination campaigns. However, given the high cost of mass vaccination campaigns and its impact on other essential health services especially in countries with limited and/ or fragile health infrastructure, countries are beginning to integrate COVID-19 vaccinations with existing services.

This is happening in some countries, with COVID-19 vaccine administration building on existing immunization program services. Less advanced, are efforts to systematically co-deliver COVID-19 alongside other vaccinations or primary health care services at the service delivery point. Countries need to optimize delivery platforms for the provision of COVID-19 vaccination through a life-course approach and via integrated packages of health services for target populations.

Why?

- Firstly, the most likely future scenario for the COVID-19 pandemic is there will be periodic spikes in cases that need to be managed through the continuous provision of booster shots, with a focus on high-risk groups.
- Secondly, to render COVID-19 vaccination sustainable, its delivery needs to shift away from costly mass vaccination campaigns to more cost-effective delivery through existing systems.
- Thirdly, COVID-19 vaccinations offer a unique opportunity to strengthen immunization programmes, services and health systems that should be leveraged.



At the Alem Gena health centre in Oromia State (Ethiopia), women are being screened and offered COVID-19 vaccinations as part of regular childhood immunization visits of their infants, ©UNICEF Ethiopia/ Demissew Bizuwerk

Strategies to integrate COVID-19 with immunization programmes and primary health care differ from one country to another and are constantly evolving.

In Central African Republic, COVID-19 vaccinations are combined with national campaigns to vaccinate against polio and reach children with vitamin A supplements and deworming treatment. This has reduced the overall cost of vaccine deployment while ensuring that a wider group of people can be reached with the COVID-19 vaccination.

In regions in Ethiopia, caregivers are screened and offered COVID-19 vaccinations as part of their visit to the health facility to have their children vaccinated. Similarly, youth-friendly clinics offer free screening and COVID-19 vaccination services as part of their regular health services.

In Nigeria, some states adopt a “whole family” approach, combining COVID-19 vaccination with healthcare services like childhood vaccination, malnutrition, and screening for non-communicable diseases. In Tanzania, people living with HIV/AIDS are offered COVID-19 vaccinations as part of their clinic visits to receive anti-retroviral therapy (ART).

CoVDP partners, underpinned by WHO-UNICEF programmatic guidance, will support national governments across the AMC92 countries with a focus on the 34 countries for concerted support to integrate COVID-19 vaccinations more systematically into immunization program services and primary health care. In some countries, this will require building on existing integration initiatives and experiences, while other countries need support to initiate the process of integration.

Technical assistance - primarily from UNICEF and WHO - to map out existing initiatives, develop tailored integration plans and monitoring & evaluation frameworks, as well as additional investments through Gavi's CDS third funding window and partners such as the Global Fund and the World Bank will be essential to ensuring that populations can benefit from long-term, sustainable access to COVID-19 vaccination.

COUNTRY SNAPSHOTS

United Republic of Tanzania

At the end of July, 20% of Tanzania's population had completed their primary series – a 7-fold increase from January 2022 when the primary series coverage was less than 3% of its population. The country's progress has been remarkable. Until late May 2022, the country had primary series coverage levels of around 6%. This changed dramatically throughout July with an additional 9 million people vaccinated in the span of just a few weeks.

Tanzania used innovative outreach methods to increase its administration rate. In the Chamwino District, the participation of students to support vaccination efforts helped increase the administration rate on weekends by a factor of 25. The campaigns also focused on reaching high-priority groups. In Dar es Salaam, COVID-19 vaccination was offered in routine HIV care and treatment facilities to reach the immunocompromised.

To reach the elderly, the government collaborated with NGOs such as HelpAge and Chavita to mobilize the elderly and get them vaccinated. Communities were mobilized through targeted approaches that leveraged community influencers such as religious authorities, local government authorities, community health workers and faith-based organizations. Tanzania also mobilised USAID and US-CDC implementing partners, - that together with UNICEF and WHO provided technical and financial support for microplanning, expansion of outreaches and implementation of campaigns. This all contributed to the dramatic increase in coverage. The country has also developed a One Budget which is currently being refined.

The country has made strides in elevating COVID-19 vaccinations as a health priority. Under the leadership of the Minister of Health Hon. Ummu Mwalimu, large-scale social mobilization has taken place through opportunistic leveraging of large-scale public events such as the Saba Saba event in Dar Es Salaam, football games and concerts/music events. Various types of media channels were used to reach the population with key messages about the importance of vaccines, including public awareness campaigns such as "Ujanja Kuchanja" (meaning "it's smart to get vaccinated"). Press releases, media briefings, radio talk shows, expert interviews and social media were used to reach as many people as possible. Youth leaders, community health workers and volunteers all played a major part in this large-scale mobilization by providing critical vaccine information through tailored inter-personal communication with those not yet vaccinated, thus building trust in the vaccine's effectiveness.

South Sudan

Since January 2022, South Sudan has increased its COVID-19 primary series coverage 7-fold, reaching 13% by early August 2022. The country has also reached a relatively high level of primary series coverage among healthcare workers, vaccinating 78% of the health workforce.

Despite the introduction of the vaccine in April 2021, vaccine uptake in South Sudan remained low during the first 9 months of its introduction. A lack of funding, low demand due to lack of information, misinformation and other factors, a very limited number of vaccination sites, stringent conditions on who could administer the vaccine and short shelf lives all contributed to creating a very challenging environment for vaccine delivery initially.

Only after the roll-out of a pilot program to accelerate vaccine uptake through decentralized vaccination campaigns at the county level did vaccination numbers start to climb. Since then, the strategy has been rolled out to all counties with support of different county level partners and is a key driver of the higher vaccination numbers seen currently.

In practice, the decentralized approach has involved the large-scale mobilization of society, the expansion of mobile and fixed vaccination sites, the lifting of restrictions on non-nurse, qualified vaccinators, the adoption of bottom-up micro-planning approaches with the strong involvement of states and counties, and the application of targeted approaches to reach key target populations (eg. mobilization of women leaders and faith-based organizations) among others. Community-based social mobilization efforts involving local and religious authorities, door-to-door campaigns, and large-scale public communications campaigns have also contributed to enhancing awareness about the benefits of the vaccine and generating demand for it which has ultimately led to higher vaccination numbers.

With additional funding from partners, the government of South Sudan is now planning to triple the number of vaccination sites and recruit additional vaccinators that will provide integrated immunization services beyond COVID-19 thus leveraging the existing COVID-19 funding to strengthen essential immunization. The additional fixed and mobile vaccination sites will also enable the country to reach remote areas and specifically target high-priority groups including the elderly, internally displaced persons and refugees through mobile clinics and outreach activities.

ANNEX I: COVID-19 Vaccination Coverage and Supply Trends as of 08 July 2022⁷

Figure 8: Change in proportion of vaccine doses along manufacturer-to-administration chain over the last six months across AMC participants (92) as of 08 July 2022 (all doses from all sources)

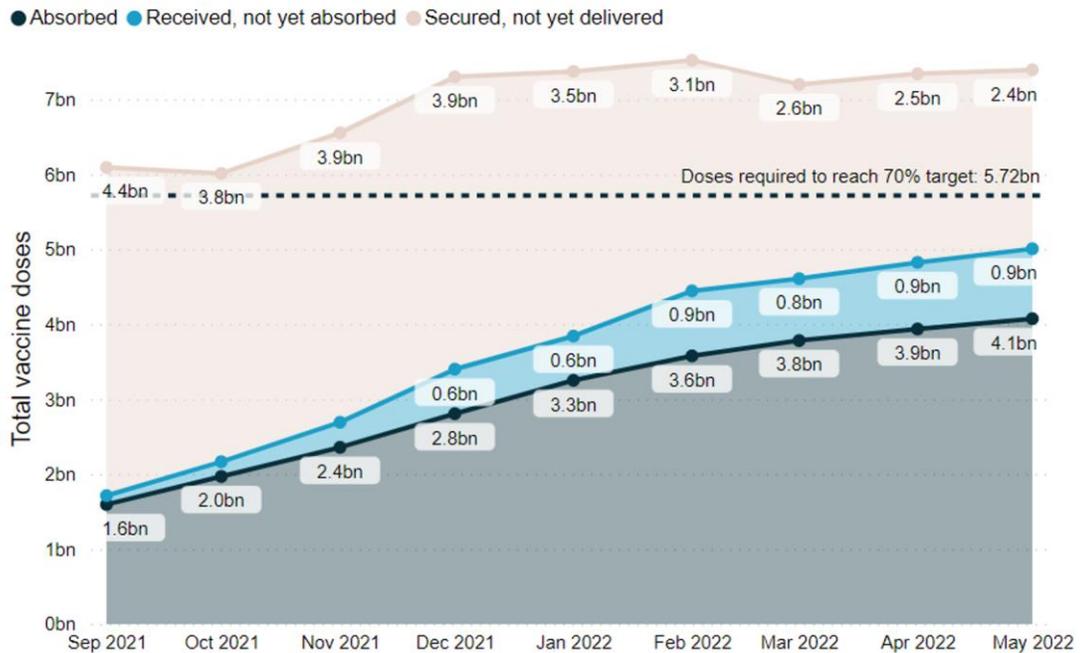
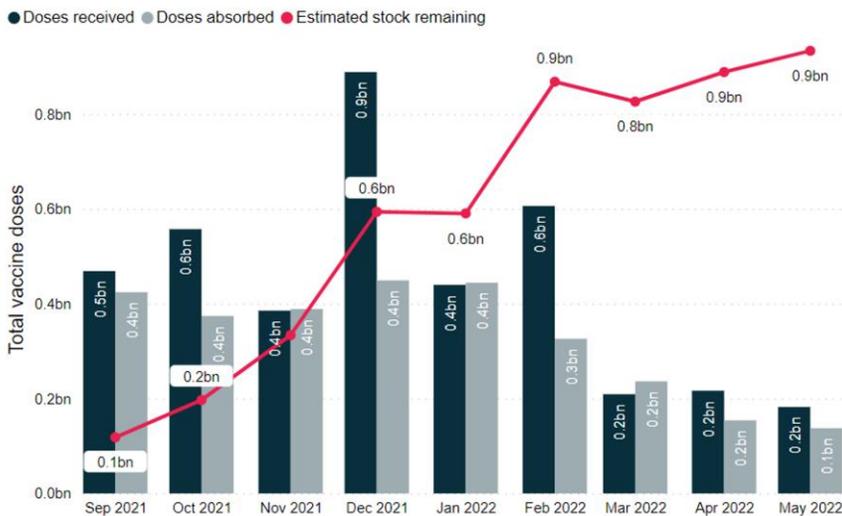
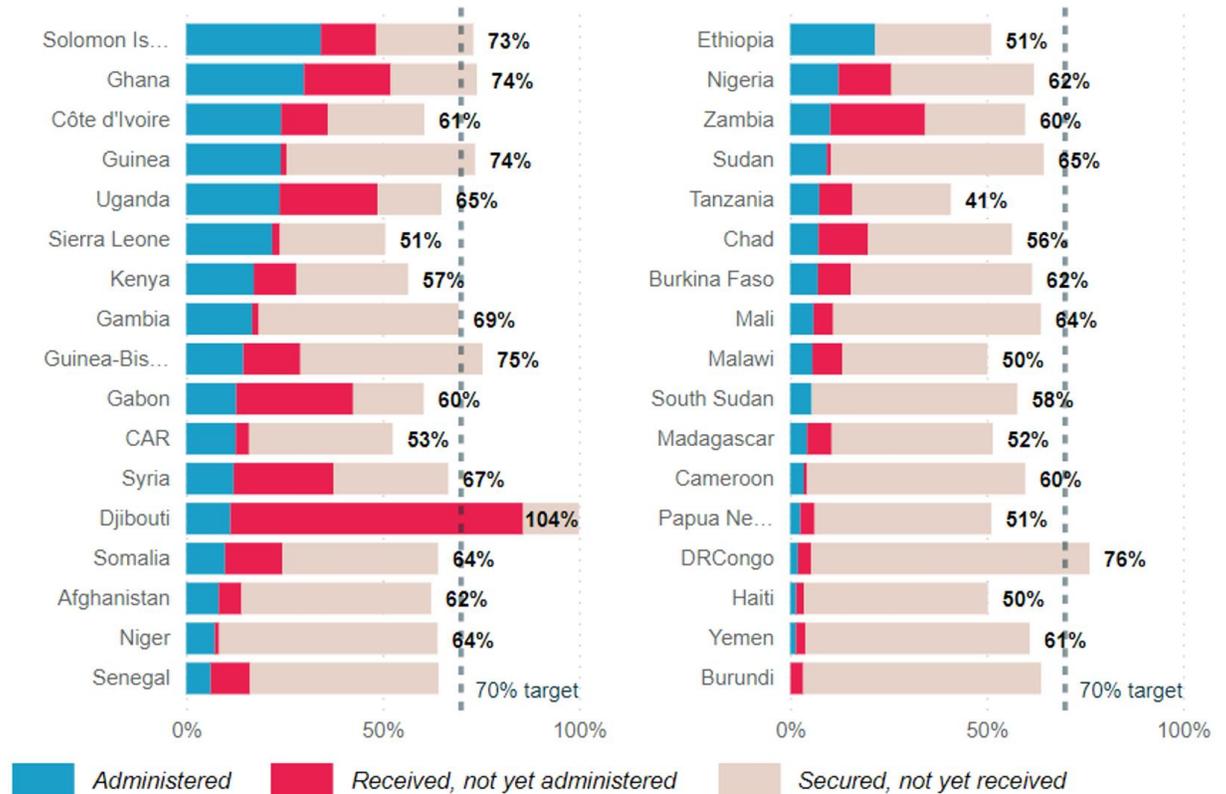


Figure 9: Monthly vaccine supply received and absorbed and estimated stock remaining over the past six months across AMC participants (92) as of 08 July 2022



⁷ Source: CoVDP infohub

Figure 10: Current breakdown of vaccine courses along manufacturer-to-administration chain as percent of population across Concerted Support Countries (34) as of 08 July 2022 (doses received from all sources)



FOR ADDITIONAL INFORMATION, PLEASE CONTACT:

- **CoVDP:** Diane Abad-Vergara, abadvergarad@who.int
- **Political advocacy and engagement:** Nisha Schumann, schumannn@who.int
- **Country engagement:** Richard Mihigo, rmihigo@gavi.org
- **Technical assistance coordination:** Diana Chang Blanc, changblancd@who.int
- **Data and monitoring:** Marta Gacic-Dobo, gacicdobom@who.int
- **Humanitarian:** Ann Lindstrand, lindstranda@who.int
- **Vaccine demand planning:** Benjamin Schreiber, bschreiber@unicef.org
- **Funding:** Benjamin Schreiber, bschreiber@unicef.org