Global COVID-19 vaccination coverage progress

More than 12.1 billion doses of COVID-19 vaccines have been administered globally since February 2021 and 126 of the 194 WHO Member States have vaccinated more that 40% of their population whilst 58 countries have reached more than 70% of their population. Sixty-one percent of the world population has been vaccinated with the primary series of COVID-19 vaccines, but only 13% in low income countries (LICs) and 18% in Africa. The WHO Africa and Eastern Mediterranean regions account for the largest proportion of those remaining unvaccinated (80% and 49% of their populations, respectively, Figure 1).

Figure 1: Population coverage with a complete primary series across AMC participants (92) as of 2 June 2022

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1 Recognizing the urgency of transforming vaccine doses into immunized communities, UNICEF, WHO, and Gavi launched the CoVDP in January 2022, an inter-agency initiative building on existing resources globally, regionally and in-country to accelerate COVID-19 vaccination in countries with the lowest coverage. The CoVDP primarily supports the 34 countries that were at or below 10% coverage in January 20222 and provides urgent, concerted support to a small, rotating list of countries. The CoVDP works with countries to understand bottlenecks to vaccination, and support them to access urgent operational funding, technical and surge assistance, political engagement and demand and supply planning required to plan, implement and scale their vaccination response and monitor progress towards targets. The COVID-19 Vaccine Delivery Partnership aligns around the principle of One Country Team led by government and partners, One Plan, One Budget and One Support Team.

2 Source data for global overview: COVID-19 Vaccine Delivery Partnership data
Advanced Market Commitment country coverage progress

- Among the 5.1 billion COVID-19 vaccine doses delivered to the vaccinating Advance Market Commitment (AMC) countries, a total of 4.1 billion doses have been administered as of 2 June 2022 (an increase of 1 billion doses from 22 April 2022, Figure 2). Of this, 430 million doses have been delivered and 209 administered in the 34 countries targeted for CoVDP concerted support that had vaccination coverage at or below 10% as of 15 January 2022. This represents an increase of 96 million doses delivered since 28 April 2022 and 118% increase of overall doses administered since 15 January 2022.

- Among the 81 vaccinating AMC countries that have defined a national coverage target and timeline, six (7%) are estimated to be on track to achieve their coverage target by the indicated timeline (down from nine on 28 April 2022) and three AMC countries have already met their national coverage targets (Figures 3 and 4).

3 Gavi AMC list of countries
4 Two AMC countries are not vaccinating: 1) Eritrea, 2) DPR Korea
5 Ghana, Honduras, Laos, Vanuatu, Zambia, Zimbabwe
6 Bangladesh, Sri Lanka, Mongolia
COVID-19 vaccination progress among high-risk groups

Vaccinating high priority groups most vulnerable to severe COVID-19 disease is a priority; however, many in these groups are still insufficiently vaccinated and while the reporting has improved, it is still low as countries prioritize vaccination strategies that optimize overall vaccination coverage. Furthermore, many LICs do not have booster shots as part of their national strategy. The CoVDP has been supporting countries with acceleration through vaccination campaigns, and will continue to do so over the next two to three months, with a focus on high priority groups in all countries for concerted support and other AMC-92 countries with relatively low and stagnating vaccination rates.

- Among the 68 AMC participants reporting on healthcare worker vaccination coverage (increased by four since 28 April 2022), an estimated 75% of targeted health workers have completed their primary series vaccination. This coverage is estimated highest in the Americas, South East Asia, and Western Pacific regions and lowest in the Africa, Eastern Mediterranean, and European regions (Figure 5).
- Among the 63 AMC participants reporting on vaccination coverage among older populations (increased by four since 28 April 2022), an estimated 57% of those have completed their primary series of vaccination. Coverage is estimated the highest in the Americas, Eastern Mediterranean, and South East Asia regions and lowest in the Africa, European, and Western Pacific regions (Figure 6).
PROGRESS ON COVID-19 VACCINE ROLL-OUT: CHALLENGES AND BEST PRACTICES

**CoVDP Countries for Concerted Support progress toward COVID-19 vaccination coverage targets**

Among the 34 countries for concerted support with 10% coverage or less as of 15 January 2022, coverage has increased from three to ten percent. Among these countries, 16 have made modest, but steady, progress reaching over 10% coverage, with some countries like Central African Republic, Cote d’Ivoire, Ghana, Uganda, and the Solomon Islands, reaching vaccination levels exceeding 20% coverage. Since last month, eighteen countries remain below 10% coverage, among which 13 are also facing humanitarian emergencies (Table 1; Table 2, Annex IV).

Two of the 34 countries for concerted support are estimated to be on track to meet their national coverage target (Ghana and Zambia), while none are on track to achieve the WHO 70% coverage target by June 2022.

---

7 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.

8 Burundi, Haiti, DR Congo, Yemen, Papua New Guinea, Madagascar, Cameroon, Malawi, Mali, S. Sudan, Tanzania, Senegal, Niger, Nigeria, Burkina Faso, Sudan, Syria, Somalia
Table 1: Vaccination coverage ranges among the 34 CoVDP Countries for Concerted Support (2 June 2022)

<table>
<thead>
<tr>
<th>Vaccination coverage ranges</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;10% (n=18)</td>
<td>Burundi, Burkina Faso, Cameroon, DR Congo, Haiti, Madagascar, Malawi, Mali, Niger, Nigeria, Papua New Guinea, Senegal, Somalia, South Sudan, Sudan, Syria, Tanzania, Yemen</td>
</tr>
<tr>
<td>10-20% (n=11)</td>
<td>Afghanistan, Chad, Djibouti, Ethiopia, Gabon, The Gambia, Guinea, Guinea-Bissau, Kenya, Sierra Leone, Zambia</td>
</tr>
<tr>
<td>&gt;20% (n=5)</td>
<td>Central African Republic, Cote d’Ivoire, Ghana, Uganda, Solomon Islands</td>
</tr>
</tbody>
</table>

Engagement with a number of delegations at the World Health Assembly and CoVDP high-level missions to Central African Republic, Malawi, and South Sudan in early June (to be reported on in Issue 4) have indicated there is momentum towards increased COVID-19 vaccination coverage in a number of countries. Discussions with Djibouti, Malawi, Mali, Niger, South Sudan and Tanzania focused on concrete plans to increase vaccination coverage and they welcomed CoVDP and partner engagement. DRC and Nigeria continue to take steps toward increasing coverage and using doses. The CoVDP is also working closely with countries to understand key bottlenecks and timely actions for appropriate CoVDP support (technical assistance, funding, political advocacy, etc.). However, many countries are approaching rainy season, which will make vaccine distribution in these contexts challenging in coming months.

The CoVDP has been engaging with the United Nations High Commissioner for Refugees (UNHCR), International Federation of Red Cross (IFRC) and the International Organization for Migration (IOM) to identify approaches to reach populations in fragile contexts. In the next two months, the CoVDP will continue to prioritize country missions to countries to support vaccine acceleration and

Figure 7: Proportion of coverage achieved within the past month, two months, and greater than two months of total across Concerted Support Countries (34) as of 2 June 2022

FUNDING

To enable effective roll-out of COVID-19 vaccines, the CoVDP partners are rapidly mobilizing resources to address country-level funding gaps. The Partnership aims to disburse flexible funding from Gavi, UNICEF
and WHO within 10 to 15 working days. In addition, CoVDP is playing a key role coordinating stakeholders and funders, such as the Africa Centers for Disease Control (Africa CDC) and the United States Agency for International Development (USAID), to ensure alignment on funding gaps and to avoid duplication. Bilateral funding has also been committed to support COVID-19 vaccine delivery. This includes funding from Germany, through its Last Mile Initiative, that has committed EUR 1.3 billion to help accelerate global immunization coverage and uptake, as well as EUR 300 million from the EU and US$ 732 million from Canada announced during the Global COVID-19 Summit convened by the United States President Joe Biden, held in May 2022.

The CoVDP also provides timely financial assistance to urgent requests from countries for COVID-19 vaccination. Since January 2022, the Partnership has facilitated rapid disbursement of US$ 45 million to nine countries (Burkina Faso, Chad, DRC, Ethiopia, Sierra Leone, Sudan, South Sudan, Somalia, and Nigeria).

In Sudan, the CoVDP was able to coordinate funding from Gavi, WHO and UNICEF to fill a US$ 21.8 million funding gap and enable vaccination campaigns from July to December, targeting 8.9 million people with vaccinations – equivalent to 20% of the total population. US$ 7.2 million was made available from the UN agencies to cover the most imminent funding needs, with another US$ 14.6 million to be provided in the coming months through Gavi’s CDS funding. To further facilitate the identification and deployment of funding, CoVDP has agreed with funders and key stakeholders on the key principles of the One Budget, including harmonized cost and activity categories and the reflecting of resources available from all sources.

**Figure 8: Current overview of available external financing (committed and disbursed) per capita for COVID-19 vaccine delivery across Concerted Support Countries (34) as of 03 June 2022 (Data source: UNICEF COVID-19 Vaccine Financial Monitoring (C19VFM) database)**
In Sierra Leone, the CoVDP mobilized US$ 1.5 million within eight days for data management and waste management. In Nigeria, the CoVDP mobilized US$ 5 million within four days to bundle COVID-19 vaccination with measles and yellow fever campaigns and fund vaccine logistics.

POLITICAL ADVOCACY AND ENGAGEMENT

During the month of May, the CoVDP accelerated political engagement at the national, regional, and global levels. During the UN Crisis Management Team (UN CMT) and the Partnership of Maternal, Neonatal and Child Health (PMNCH)’s Lives in the Balance Summit, CoVDP highlighted the need to specifically address COVID-19 vaccine delivery bottlenecks in humanitarian settings and reaching target populations in those settings that are most at risk of being excluded from vaccination (e.g., refugees, migrants, women, the elderly and immune-compromised).

From 9 to 11 May 2022, a high-level political engagement mission took place in Senegal – one of the countries experiencing low vaccination uptake with six percent vaccination coverage. The CoVDP met with the Minister of Health, religious and community leaders, the former Minister of Health and current State Minister to the President and the Director of Institut Pasteur. The government agreed to focus on a period of accelerated activity, target high-priority groups and provide booster doses for healthcare workers. Additionally, the Ministry of Health adopted a US$ 16 million COVID-19 Vaccination Acceleration Plan and moved towards establishing a Covid-19 Vaccine Monitoring Committee, which has a direct reporting line to the Minister of Health.

During the World Health Assembly, CoVDP conducted bilateral meetings with a number of Ministerial missions, including from the Central Africa Republic, Chad, Djibouti, Lebanon, Malawi, Mali, Niger, Kenya, South Sudan, Tanzania, and Zambia. These exchanges with the delegations representing the Ministries of Health were critical to discussing country challenges and ways in which the CoVDP can support country efforts to accelerate uptake. Beyond these bilateral meetings, CoVDP also engaged some key financial and technical partners including the Bill & Melinda Gates Foundation, the German delegation, USAID, the World Bank, and Africa CDC. There was broad support for CoVDP’s ask to accelerate COVID-19 vaccination over the next three two four 3-4 months with a particular focus on high-priority groups.

COVID-19 VACCINE DEMAND AND UPTAKE

Many countries are grappling with a shift in the risk perception of COVID-19 disease following the Omicron wave, which has resulted in a noticeable decline of demand at country level and slowed uptake of COVID-19 vaccines. Countries are managing multiple competing priorities, such as polio vaccination campaigns (e.g., Malawi, Zambia, and other countries in the Africa Sahel region). The CoVDP has been supporting national efforts to strengthen community demand for vaccination. For example, in Nigeria where there is a >40% dropout between the 1st and 2nd doses and the CoVDP partners are engaging with the Nigerian Red Cross to leverage their network of volunteers to support government community sensitization activities for COVID-19 vaccination. Additionally, there are efforts through the CoVDP One Country Team to harness the role of traditional and religious leaders to mobilize communities for further vaccine uptake. In Cameroon, religious leader engagement for COVID-19 vaccination campaigns was essential to manage vaccine refusal and accelerate the demand for vaccination in priority communities. In Kenya, over 200 COVID-19 vaccination centers were created at places of worship (mosques and churches) in 23 counties to-date, and is expected to roll out in 30 counties. Religious leaders have been encouraging worshipers to take up COVID 19 vaccinations, before or after prayers, and also inform them to keep COVID 19 prevention measures.
There will be a Global Event on Vaccine Demand 22 to 23 June 2022 (to be reported on in the June SitRep). The purpose of this event will be to: a) address vaccine demand following the change in risk perception caused by the COVID-19 Omicron variant; b) identify best practices to reach high priority groups (strategies and channels); c) address vaccine hesitancy especially amongst health care workers. Please see link below in “upcoming meetings” to register.

DELIVERY SPOTLIGHT – CURBING VACCINE HESITANCY AND GENERATING VACCINE DEMAND THROUGH COMMUNITY ENGAGEMENT, THE CASE OF MADAGASCAR

In 2019, WHO named vaccine hesitancy among the Top Ten Threats to Global Health, and prioritised curbing this phenomenon under its 13th General Programme of Work, launched in 2019.

One of the most critical lessons learned from the pandemic on vaccine hesitancy is that vaccination programmes need to go beyond the individual to look at the social determinants of vaccine intake through:

- Social constructions that determine how people think and feel;
- Social constructions that shape community behaviours and practices;
- Socioeconomic circumstances that influence and enable motivation; and
- Practical access issues to vaccines

Community engagement needs to be a central component of strategies seeking to successfully introduce and generate demand for COVID-19 vaccines, particularly in cases where hesitancy is high.

In this regard, Madagascar’s experience showcases a successful example of community engagement. In Q4 2021, the country was experiencing extensive vaccine hesitancy. Despite the first doses arriving in May 2021, a survey revealed that 32% of the Malagasy population was reluctant to get vaccinated. 44% of respondents cited community and religious leaders’ rhetoric on immunisation as a primary reason for hesitancy.

Madagascar, with the support from delivery partners launched community engagement campaigns to generate demand and reduce the figures cited above:

- The country launched community-level campaigns in 22 sub-regional sites, mobilising testimonies from social, cultural, and religious leaders on local TV and radio. Printed media publications were also introduced in 109 districts to sensitize priority target groups.
- Community-based demand generation activities also included 158 mobile teams. Vaccination campaign-branded mobile groups circulated radio messages, songs, and vaccine information across 114 health districts. These mobile groups also received data credits for wireless connection, enabling live data entry to monitor the campaign’s progress.
- To target priority groups, bespoke vaccination sites were established within military hospitals, centres dedicated to healthcare workers, and centres of the Malagasy Association of Diabetics.

Vaccine delivery partners and funding contributed to the success of the May-December 2021 community-based demand generation and vaccination campaigns. 20,000 jabs per day were administered during the
first vaccination campaign, resulting in **80% of individuals reached during the campaign being fully vaccinated**. In total, **1 million individuals** were vaccinated in 6 months.

**COUNTRY SPOTLIGHT**

**Best practices on COVID-19 vaccination and strategies for identifying and vaccinating priority groups**

With a population of 8.5 million people, Sierra Leone launched its COVID-19 vaccination campaign on 15 March 2021 with an aim to immunize a target population of 5.6 million people, representing the total population over 12 years of age. To date, the country has received 4.4 million COVID 19 doses and utilised 71% of these doses to reach 42.7% of its target population with at least 1 dose of COVID-19 vaccines. From the start, the country has run periodic surge campaigns with a four-phase approach. Phases one and two targeted health care workers and the elderly (over 60 years of age) and utilised a combination of fixed and mobile strategies to reach these priority groups. Seventy-two teams were formed with four teams per district. Phase three expanded to include the population over 18 years of age, with the number of teams increasing to 299 and a combination of mobile, outreach and fixed strategies. Phase four further expanded to include the population over 12 years of age and the number of teams increased to 1,385. Each team composed of two vaccinators, one data recorder, one data entry clerk and one mobilizer/crowd controller. All 1,500 health facilities (PHUs) were involved in the surge campaigns and no additional health workers were needed to form the 1,385 teams. The surge capacity campaigns were run at both national and sub-national levels.

To reach its elderly and other priority groups, the country has utilised different pathways. This has included: implementing a door-to-door outreach strategy; providing transportation for elderly to get to health facilities; engaging with religious leaders and going to churches on Sunday and mosques on Fridays to vaccinate; having outreach teams go to special clinics to reach persons with comorbidities; integrating other vaccines to be implemented during campaigns and with school vaccine delivery and hard-to-reach areas. These pathways contributed to the success in vaccine uptake and steady increase in coverage. Sierra Leone will continue to scale up its best practices to other districts in the country and continue the periodic use of surge campaigns to increase COVID-19 vaccination. The country will prioritize its DHIS2 data entry, develop policy and guidelines for integrating COVID-19 vaccination into routine health services and continue to mobilize resources to strengthen routine immunisation and COVID-19 vaccination. The national COVID-19 coverage of total population is currently 18%, a 13% point increase from 15 January 2022, and 100% of health workers have been reported as fully vaccinated.
Upcoming meetings and deadlines:

- **14 June 2022**: Training on COVAX Collaboration Platform on how to make an Allocation Decision for R16 (10:30-11:20AM CET and 04:00-05:00PM CET - please write to CovaxCountryComms@gavi.org if you have not received an invitation)


- **21 June 2022**: Deadline for COVAX Participants to submit their Allocation Round 16 Decisions

- **21 June 2022**: Monthly COVAX Country-Facing Staff Briefing (12:30 CET – please write to CovaxCountryComms@gavi.org if you have not received an invitation)

- **22-23 June 2022**: COVID-19 Vaccine Demand Global Event on Innovative and Effective Strategies to Enhance Vaccine Confidence, Uptake and RCCE. Register [here](#).

- **22-23 June 2022**: Gavi Board Meeting

- **28 June 2022**: Monthly COVAX Participant Briefing (9:00-10:30 AM CET and 4:00-5:30 PM CET - please write to CovaxCountryComms@gavi.org if you have not received an invitation)
ANNEX I: Overview of key monitoring indicators and trends in the 34 countries for concerted support (1/2) – 2 June 2022

<table>
<thead>
<tr>
<th>Country</th>
<th>Coverage</th>
<th>Coverage change in past month</th>
<th>Daily vs. rate</th>
<th>Daily vs. rate needed for country target</th>
<th>x-fold scale-up for country target</th>
<th>Daily vs. rate needed to reach 70% target</th>
<th>x-fold scale-up for 70% target</th>
<th>Coverage trend</th>
<th>Daily vs. rate trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>12.2%</td>
<td>0.3%</td>
<td>20%</td>
<td>5K</td>
<td>134K</td>
<td>27</td>
<td>1,037K</td>
<td>211</td>
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<tr>
<td>Burkina Faso</td>
<td>7.4%</td>
<td>0.0%</td>
<td>35%</td>
<td>0K</td>
<td>380K</td>
<td>1101</td>
<td>903K</td>
<td>2615</td>
<td></td>
</tr>
<tr>
<td>DR Congo</td>
<td>1.3%</td>
<td>0.1%</td>
<td>22%</td>
<td>52K</td>
<td>1,329K</td>
<td>26</td>
<td>4,368K</td>
<td>85</td>
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<tr>
<td>Ethiopia</td>
<td>18.5%</td>
<td>0.0%</td>
<td>23%</td>
<td>0K</td>
<td>205K</td>
<td>*</td>
<td>2,812K</td>
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<tr>
<td>Ghana</td>
<td>20.4%</td>
<td>1.7%</td>
<td>18%</td>
<td>110K</td>
<td>124K</td>
<td><strong>on track</strong></td>
<td>859K</td>
<td>8</td>
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<td>Kenya</td>
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<td>30%</td>
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<td>1,814K</td>
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<td>Nigeria</td>
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<td>0.9%</td>
<td>18%</td>
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<td>1,063K</td>
<td>5</td>
<td>8,728K</td>
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<td>Sierra Leone</td>
<td>18.4%</td>
<td>1.9%</td>
<td>40%</td>
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<td>83K</td>
<td>38</td>
<td>220K</td>
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<tr>
<td>Somalia</td>
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<td>0.2%</td>
<td>20%</td>
<td>4K</td>
<td>81K</td>
<td>19</td>
<td>514K</td>
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<tr>
<td>Sudan</td>
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<td>1K</td>
<td>285K</td>
<td>268</td>
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<td>67K</td>
<td>122</td>
<td>887K</td>
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<td>CAR</td>
<td>21.5%</td>
<td>1.0%</td>
<td>13%</td>
<td>5K</td>
<td>2K</td>
<td><strong>on track</strong></td>
<td>100K</td>
<td>19</td>
<td></td>
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<tr>
<td>Chad</td>
<td>12.7%</td>
<td>0.0%</td>
<td>24%</td>
<td>2K</td>
<td>76K</td>
<td>34</td>
<td>387K</td>
<td>175</td>
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<tr>
<td>Côte d’Ivoire</td>
<td>20.6%</td>
<td>0.0%</td>
<td>70%</td>
<td>18K</td>
<td>840K</td>
<td>48</td>
<td>840K</td>
<td>46</td>
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<td>Djibouti</td>
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<td>1.5%</td>
<td>40%</td>
<td>1K</td>
<td>16K</td>
<td>31</td>
<td>36K</td>
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<tr>
<td>Gabon</td>
<td>11.5%</td>
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<td>40%</td>
<td>0K</td>
<td>33K</td>
<td>520</td>
<td>70K</td>
<td>1082</td>
<td></td>
</tr>
</tbody>
</table>

* Degree of scale-up needed: 0-1 fold, 2-5 fold, 6-10 fold, 10+ fold

Notes: Country targets are initial data. Countries with only end of year targets were assigned a temporary mid-year (30 June) target equivalent to half of their end of year targets, pending additional data from the countries. Hasse required to reach targets assume doses administrated are of products requiring a two-dose primary series, except where country-reported data are available. Trend lines include data from 01/01/21 to 02/02/2022.
## CoVDP Situation Report: May 2022

### Table: Vaccine Coverage and Daily Vaccine Rates

<table>
<thead>
<tr>
<th>Country</th>
<th>Coverage</th>
<th>Coverage change in past month</th>
<th>Country coverage target June 2022</th>
<th>Daily vs. rate</th>
<th>Daily vs. rate needed for country target</th>
<th>x-fold scale-up for country target</th>
<th>Daily vs. rate needed to reach 70% target</th>
<th>x-fold scale-up for 70% target</th>
<th>Coverage trend</th>
<th>Daily vs rate trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gambia</td>
<td>14.7%</td>
<td>1.5%</td>
<td>15%</td>
<td>6K</td>
<td>3K</td>
<td>on track</td>
<td>85K</td>
<td>10</td>
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<tr>
<td>Guinea</td>
<td>19.1%</td>
<td>0.0%</td>
<td>16%</td>
<td>1K</td>
<td>70K</td>
<td>on track</td>
<td>407K</td>
<td>714</td>
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<tr>
<td>Guinea-Bissau</td>
<td>17.4%</td>
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<td>17%</td>
<td>0K</td>
<td>6K</td>
<td>on track</td>
<td>50K</td>
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<tr>
<td>Haiti</td>
<td>1.1%</td>
<td>0.0%</td>
<td>70%</td>
<td>0K</td>
<td>501K</td>
<td>1195</td>
<td>501K</td>
<td>1195</td>
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<td></td>
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<tr>
<td>Madagascar</td>
<td>4.2%</td>
<td>0.4%</td>
<td>17%</td>
<td>12K</td>
<td>100K</td>
<td>16</td>
<td>997K</td>
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<td>55</td>
<td>859K</td>
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<tr>
<td>Mali</td>
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<td>0.3%</td>
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<td>208K</td>
<td>42</td>
<td>772K</td>
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<tr>
<td>Niger</td>
<td>6.4%</td>
<td>0.0%</td>
<td>21%</td>
<td>0K</td>
<td>236K</td>
<td>3494</td>
<td>1,077K</td>
<td>15917</td>
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</tr>
<tr>
<td>Papua New Guinea</td>
<td>3.0%</td>
<td>0.0%</td>
<td>10%</td>
<td>0K</td>
<td>43K</td>
<td>101</td>
<td>426K</td>
<td>1009</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senegal</td>
<td>6.3%</td>
<td>0.0%</td>
<td>26%</td>
<td>5K</td>
<td>185K</td>
<td>34</td>
<td>628K</td>
<td>115</td>
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<tr>
<td>Solomon Islands</td>
<td>24.2%</td>
<td>3.8%</td>
<td>25%</td>
<td>1K</td>
<td>4K</td>
<td>3</td>
<td>18K</td>
<td>16</td>
<td></td>
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</tr>
<tr>
<td>South Sudan</td>
<td>5.7%</td>
<td>0.3%</td>
<td>25%</td>
<td>2K</td>
<td>86K</td>
<td>39</td>
<td>287K</td>
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</tr>
<tr>
<td>Syria</td>
<td>9.1%</td>
<td>0.4%</td>
<td>35%</td>
<td>7K</td>
<td>291K</td>
<td>42</td>
<td>728K</td>
<td>106</td>
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</tr>
<tr>
<td>Tanzania</td>
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<td>0.8%</td>
<td>47%</td>
<td>45K</td>
<td>1,620K</td>
<td>36</td>
<td>2,613K</td>
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<tr>
<td>Uganda</td>
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<td>0.9%</td>
<td>33%</td>
<td>50K</td>
<td>182K</td>
<td>4</td>
<td>1,344K</td>
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</tr>
<tr>
<td>Yemen</td>
<td>1.4%</td>
<td>0.0%</td>
<td>10%</td>
<td>0K</td>
<td>138K</td>
<td>284</td>
<td>1,119K</td>
<td>2345</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zambia</td>
<td>16.0%</td>
<td>3.3%</td>
<td>12%</td>
<td>0K</td>
<td>61K</td>
<td>on track</td>
<td>471K</td>
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<td></td>
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</tbody>
</table>

**Degree of scale-up needed:**
- 0-1 fold
- 2-5 fold
- 6-10 fold
- 10+ fold

*Data not available due to reporting issues. Initial targets were set at the start of the year. Targets may be adjusted as more accurate data becomes available. Countries with only one target or no targets assigned are shown as grey.*

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**COVID-19 Vaccine Delivery Partnership**
ANNEX II: COVID-19 Vaccination Coverage and Supply Trends as of 2 June 2022

Figure 6: Change in proportion of vaccine doses along manufacturer-to-administration chain over the last six months across AMC participants (92) as of 2 June 2022 (all doses from all sources)

Figure 7: Monthly vaccine supply received and absorbed and estimated stock remaining over the past six months across AMC participants (92) as of 2 June 2022

Source: CoVDP infohub
Figure 8: Current breakdown of vaccine courses along manufacturer-to-administration chain as percent of population across Concerted Support Countries (34) as of 2 June 2022 (doses received from all sources)
ANNEX III: Summary of available donor funding for COVID-19 vaccine delivery

As of 03 June 2022, the total recorded available external funding for COVID-19 vaccine delivery across 132 low-and-middle income countries stands at US$3.09 billion. Of these resources, US$2.76 (89%) have been allocated to AMC participating countries, with the remaining US$0.33 billion (11%) for self-financing countries. The thirty-four countries prioritized for concerted support by the CoVDP have recorded US$1.42 billion, or 46% of the total recorded external funding.

Figure 9: Summary of available external funding\(^{10}\) for COVID-19 vaccine delivery allocated to AMC-92 countries as of 03 June 2022

<table>
<thead>
<tr>
<th>AMC Participants</th>
<th>Available External Funding by WHO Region and Income Classification (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AFR</td>
</tr>
<tr>
<td></td>
<td>$1388m</td>
</tr>
<tr>
<td>LIC</td>
<td>$1052m</td>
</tr>
<tr>
<td>LMIC</td>
<td>$1654m</td>
</tr>
<tr>
<td>UMIC</td>
<td>$53m</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. of countries</th>
<th>40</th>
<th>10</th>
<th>11</th>
<th>6</th>
<th>9</th>
<th>14</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of total</td>
<td>50%</td>
<td>4%</td>
<td>13%</td>
<td>5%</td>
<td>18%</td>
<td>9%</td>
</tr>
<tr>
<td>Average per capita (US$)</td>
<td>2.82</td>
<td>3.40</td>
<td>1.65</td>
<td>1.77</td>
<td>2.69</td>
<td>19.36</td>
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</table>

<table>
<thead>
<tr>
<th>No. of countries</th>
<th>26</th>
<th>53</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of total</td>
<td>38%</td>
<td>60%</td>
<td>2%</td>
</tr>
<tr>
<td>Average per capita (US$)</td>
<td>1.88</td>
<td>3.81</td>
<td>19.99</td>
</tr>
</tbody>
</table>

\(^{10}\) “Available external funding” indicates funding disbursed to countries, where data on disbursements are not available, funding commitments have been included. Does not include funding from WHO or Africa CDC, for which data was not available at the time of writing.

Gavi funding reflects data on direct disbursements to countries and funding disbursed to countries via UNICEF. Additional Gavi funding has been disbursed to organizations, who are responsible for the disbursement of funds to country-level. As of 2nd of June 2022, total Gavi funding to support country roll-out of COVID-19 vaccine is US$527m.
## ANNEX IV: COVID-19 VACCINATION COVERAGE PROGRESS SINCE 15 JANUARY 2022

Table 2: CoVDP Countries for Concerted Support (CCS) COVID-19 vaccination coverage of primary series\(^{11}\) among total population between 15 January to 2 June 2022, based on magnitude of change in coverage from 15 January 2022 to 2 June 2022\(^{12}\)

<table>
<thead>
<tr>
<th>Country</th>
<th>CCS baseline coverage 15 Jan 2022</th>
<th>Coverage 30 Mar 2022</th>
<th>Coverage 28 April 2022</th>
<th>Coverage 2 June 2022</th>
<th>% point increase from 28 April to 2 June 2022</th>
<th>% point increase from 15 Jan to 2 June 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>3%</td>
<td>18%</td>
<td>22%</td>
<td>23%</td>
<td>1%</td>
<td>20%</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>1%</td>
<td>17%</td>
<td>17%</td>
<td>17%</td>
<td>&lt;1%</td>
<td>16%</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>9%</td>
<td>18%</td>
<td>20%</td>
<td>24%</td>
<td>4%</td>
<td>15%</td>
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<tr>
<td>Ethiopia</td>
<td>4%</td>
<td>18%</td>
<td>19%</td>
<td>19%</td>
<td>&lt;1%</td>
<td>15%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>5%</td>
<td>14%</td>
<td>14%</td>
<td>18%</td>
<td>4%</td>
<td>13%</td>
</tr>
<tr>
<td>Cote d’Ivoire</td>
<td>8%</td>
<td>17%</td>
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<td>13%</td>
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<tr>
<td>Ghana</td>
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<td>16%</td>
<td>16%</td>
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<td>4%</td>
<td>12%</td>
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<tr>
<td>Zambia</td>
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<tr>
<td>CAR</td>
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<td>22%</td>
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<td>12%</td>
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<td>12%</td>
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<tr>
<td>Guinea</td>
<td>8%</td>
<td>19%</td>
<td>19%</td>
<td>19%</td>
<td>&lt;1%</td>
<td>11%</td>
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<tr>
<td>Kenya</td>
<td>8%</td>
<td>15%</td>
<td>16%</td>
<td>17%</td>
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<td>9%</td>
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<tr>
<td>Djibouti</td>
<td>7%</td>
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<td>11%</td>
<td>13%</td>
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<td>6%</td>
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<tr>
<td>Nigeria</td>
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<td>6%</td>
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<tr>
<td>The Gambia</td>
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<td>13%</td>
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<tr>
<td>Tanzania</td>
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<td>5%</td>
<td>7%</td>
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<td>Sudan</td>
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<td>6%</td>
<td>8%</td>
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<tr>
<td>South Sudan</td>
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<td>4%</td>
<td>5%</td>
<td>6%</td>
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<td>4%</td>
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<td>Syria</td>
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<tr>
<td>Somalia</td>
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<td>8%</td>
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<td>4%</td>
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<td>Yemen</td>
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<tr>
<td>Madagascar</td>
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<tr>
<td>Papua New Guinea</td>
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<td>3%</td>
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<tr>
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<td>6%</td>
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<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

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11. Source: COVID-19 Vaccine Delivery Partnership data
12. Coverage of total population
ANNEX V: COVID-19 VACCINE RESOURCES

- COVID-19 vaccine introduction toolkit
- Considerations for choosing COVID-19 vaccine products Eng | French
- Microplanning guide
- For all countries, various tools and guidance and vaccine confidence and uptake are available here, including:
  - Demand planning guide
  - Planning and budgeting template (Excel)
  - Behavioural and social drivers: tools and guidance to assess and address low uptake
  - Conducting community engagement guide
  - Misinfo. management guide
  - Vaccine safety surveillance manual, communications chapter
  - Health worker conversation guide
  - Communicating on Covid 19 Vaccines in a Changing Environment
  - Explainers
- For all countries monitoring tools and guidance available here including:
  - Monitoring COVID-19 vaccination: Considerations for the collection and use of vaccination data
  - DHIS2 COVID-19 module developed and rolled out to interested countries

FOR ADDITIONAL INFORMATION, PLEASE CONTACT:

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- 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: Florence Nordman, fnordman@unicef.org
- Funding: Benjamin Schreiber, bschreiber@unicef.org