COVID-19 vaccine roll-out in South-East Asia Region

An overview

South-East Asia Region Immunization Technical Advisory Group Meeting
10 August 2021
COVID-19 roll-out guided by “National Deployment and Vaccination Plans”

- NDVPs developed by all 11 countries in the Region
- NDVP development guided by vaccine introduction readiness assessments – operational plans/roadmaps followed
- Focus on planning for key components to support vaccination of 20% popn.
- Systematic reviews of NDVPs by partners to support refinements
- Vaccine roll-out adjusted based on availability of vaccines, epidemiology

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>Partial</th>
<th>No</th>
<th>Dk</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulatory preparedness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning, coordination and service delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costing and funding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supply chain and waste management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human resources and training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demand generation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccine safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring and evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVID-19 surveillance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
COVID-19 vaccine roll-out in South-East Asia Region
A snapshot

- **# of countries vaccinating**: 10/11
- **# of vaccines available/used**: 8*
- **Total doses administered**: > 650 mn
- **Individuals vaccinated with one dose**: > 496 mn (24.0%)
- **Individuals fully vaccinated**: > 154 mn (7.5%)
- **Health workers, frontline workers, elderly populations prioritized in all countries**
- **5 countries expanded to all adults**

*AZ, Covaxin, Janssen, Moderna, Sinopharm, Sinovac, SputnikV, Pfizer

Data as of 9 August 2021
COVID-19 vaccination per 100 population

First dose* administered per 100 population

Fully vaccinated individuals per 100 population

*for vaccines that require two doses

The boundaries and names shown and the designations used on all the maps 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 or of its authorities, of concerning the delimitation of its frontiers or boundaries.

Data as of 9 August 2021
Vaccination trends by type of vaccines and by dose

India

Indonesia

Thailand

Timor-Leste
Coverage of priority populations

Data as of:
- India 26 July 21
- Indonesia 06 July 21
- Nepal 25 July 21
- Sri Lanka 30 June 21
- Thailand 28 June 21
- Timor-Leste 28 June 21

Source: NITAG report submitted by Member States
Availability of vaccines by source

- COVAX supply*: 6%
- Donations**: 3%
- Bilateral deals & domestic manufacturing: 91%

**COVAX supply includes donation from US and Japan governments
**Donations from Australia, Bulgaria, China, Croatia, Denmark, India and Portugal

---

### Number of doses

- **India**: 508,664,759
- **Indonesia**: 133,325,010
- **Bangladesh**: 0
- **Thailand**: 0
- **Sri Lanka**: 0
- **Nepal**: 0
- **Myanmar**: 0
- **Bhutan**: 0
- **Maldives**: 0
- **Timor-Leste**: 0

---

* *COVAX supply includes donation from US and Japan governments
**Donations from Australia, Bulgaria, China, Croatia, Denmark, India and Portugal*
AZ-SII vaccine is the most commonly used vaccine

**Number of doses**

India: 50,864,759
Indonesia: 13,325,010
Bangladesh: [chart]
Thailand: [chart]
Sri Lanka: [chart]
Nepal: [chart]
Myanmar: [chart]
Bhutan: [chart]
Maldives: [chart]
Timor-Leste: [chart]
COVID-19 vaccine utilization rates high

Utilization of doses available 30 days back

Utilization of doses available 15 days back

Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor-Leste
Emergency Use Authorization granted to several COVID-19 vaccines using expedited pathways

<table>
<thead>
<tr>
<th>Country</th>
<th>AZ-SII</th>
<th>AZ-SKBio</th>
<th>Sinopharm</th>
<th>Pfizer</th>
<th>Janssen</th>
<th>Moderna</th>
<th>Sinovac</th>
<th>AZ-Japan</th>
<th>AZ-Australia</th>
<th>Covaxin (BB)</th>
<th>Sputnik V</th>
<th>AZ/SiamBio</th>
<th>AZ-Italy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Bhutan</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>India</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Indonesia</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maldives</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Myanmar</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nepal</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thailand</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
## Communication and Risk Management activities ongoing

<table>
<thead>
<tr>
<th>Activities</th>
<th>Bangladesh</th>
<th>Bhutan</th>
<th>India</th>
<th>Indonesia</th>
<th>Maldives</th>
<th>Myanmar</th>
<th>Nepal</th>
<th>Sri Lanka</th>
<th>Thailand</th>
<th>Timor-Leste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand generation and community engagement plan for COVID-19 vaccine</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>In progress</td>
<td>Yes</td>
</tr>
<tr>
<td>Risk communication strategy addressing misinformation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>In progress</td>
<td>Yes</td>
<td>In progress</td>
<td>In progress</td>
<td>Yes</td>
</tr>
<tr>
<td>Social and behavioural data applied to generate demand and acceptance of COVID-19 vaccines</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Planned not started</td>
<td>Yes</td>
<td>In progress</td>
<td>In progress</td>
<td>In progress</td>
</tr>
<tr>
<td>Health Workers and other stakeholders trained on demand generation, interpersonal communication, and crisis communications</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>In progress</td>
<td>Yes</td>
<td>In progress</td>
<td>In progress</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Status as of 10 August 2021
Key Achievements & Initiatives – ROSA Countries

**Evidence generation**
- Community Rapid Assessment (time series) in India, Pakistan, Afghanistan, Nepal
- Observational studies, sentiments analysis, KAP studies, phone and social media surveys, etc

**Large scale community mobilization**
- Islamic Foundation of Bangladesh engaged 20,000 religious leaders and Imams to promote preventive behaviors in 7 bordering districts.
- When face to face interaction was not possible innovation to reach audiences remotely: partnerships with Facebook in India, Clubhouse & Tik Tok in Maldives, etc
- ROSA preparing for a high-level dialogue with the religious leaders

**Reaching most vulnerable and isolated population groups in local languages/gender responsive programming**
- Braille, TV programmes for people with impaired hearing, and materials in 12 languages in Nepal

**Coordination/knowledge sharing/fundraising/deep dive**
- Coordination: RCCE CO Catch Ups/ROSA ESAR & MENA coordination/Asia-Pacific RCCE WG
- High Level Thematic Deep Dives: Community Engagement
- 9th ROSA-SEAR webinar series to be held

---

**Current Progress**

**SOCIAL Listening**

**Regional work**
- Delivery of 2nd draft test regional report and integrating feedback from RO and CO
- Developed a centralized database and dashboard template for countries
- Frame pilot projects with T4D
- Strengthening of IoT platform

**Country support**
- Guidance on social listening strategy (Workflow, Hiring, Gaps and needs)
- Provision of analytical and reporting tool kit (Centralized database, analysis and reporting template)
- Support with online social listening set up (COVID-19 and vaccinations search, step-by-step instructions)
<table>
<thead>
<tr>
<th>Country</th>
<th>Challenges</th>
<th>Progress Made</th>
</tr>
</thead>
</table>
| DPRK        | No IPs in country to provide TA to government counterparts. No possibility of in country TA. | • WHO generic material has been shared with country teams.  
• Materials are being contextualized in preparation for training when conditions become more favorable. |
| Indonesia   | Bottleneck with some religious leaders on Halal/Haram following declaration of A/Z vaccine as Haram by MUI. Ongoing fear of AEFI from public. | • Powerful advocacy and lobbying work overshadowed the negative discussion fueled by the Haram declaration. The issue of haram is no longer prominent in the country.  
• Conducted refresher orientation on how to communicate about AEFI.  
• Educational materials on AEFI in different formats were produced and disseminated. |
| Myanmar     | Military takeover and Civil Disobedience Movement resulting in disruption of immunization services and rolling out of national COVID vaccine deployment plan. | • Discussions made with Gavi for COVAX facility and finding ways to work with private sectors and INGOs.  
• International consultant recruited to support developing communication strategy on COVID-19 vaccination. |
| Thailand    | Vaccine hesitancy high among volunteer health workers in southern most provinces. They play important role in communicating with public. | • Training for volunteer health workers planned with local partner. |
| Timor-Leste | Misinformation and rumours have resulted in some hesitancy, especially following a death that was confirmed as not being a result of the vaccination. But it still caused alarm and hesitancy. | • With support from UNICEF and WHO, MOH has been spearheading efforts to address misinformation and rumours, including related to death.  
• A national leader getting the vaccine boosted vaccine uptake. UNICEF and WHO supported MOH to work on posters with leaders taking the vaccines and shared it widely, including in street posters.  
• UNICEF and WHO are supporting a surge vaccination campaign by municipality, including awareness raising and community dialogue. |
Cold chain capacity generally sufficient – adjustments/augmentation in some countries

- Manageable capacity for vaccines requiring $+2^\circ$ to $+8^\circ$C temperature for 20% population - required adjustments and augmentation

- Immediate needs for UCC equipment for the countries have eased out due to longer shelf-life for Pfizer and Modern vaccines at $+2^\circ$ to $+8^\circ$C

- 9/10 eligible countries applied for CCE support through COVAX facility; eight approved, one under review
Vaccine product related serious adverse events

<table>
<thead>
<tr>
<th>Country</th>
<th>Condition</th>
<th>Number</th>
<th>Rate per 100,000 doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>Anaphylaxis</td>
<td>3</td>
<td>0.03</td>
</tr>
<tr>
<td>Bhutan</td>
<td>Anaphylaxis</td>
<td>10</td>
<td>2.07</td>
</tr>
<tr>
<td>India</td>
<td>Anaphylaxis</td>
<td>3</td>
<td>0.0008</td>
</tr>
<tr>
<td>Indonesia</td>
<td>Anaphylaxis</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Maldives</td>
<td>Anaphylaxis</td>
<td>12</td>
<td>2.85</td>
</tr>
<tr>
<td>Nepal</td>
<td>Anaphylaxis</td>
<td>3</td>
<td>0.13</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Anaphylaxis</td>
<td>6</td>
<td>0.47</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>TTS</td>
<td>6</td>
<td>0.47</td>
</tr>
<tr>
<td>Thailand</td>
<td>Anaphylaxis</td>
<td>TBA</td>
<td></td>
</tr>
<tr>
<td>Thailand</td>
<td>TTS</td>
<td>2</td>
<td>0.03</td>
</tr>
</tbody>
</table>

CAUSALITY ASSESSMENTS BY VACCINE

AstraZeneca/Covishield | Sinopharm | Sinovac | Covaxin

AEFI surveillance picking up
Monitoring mechanisms

- Monitoring system developed in all countries for registering persons
- Countries providing vaccination cards/certificates in various formats (hard/electronic)
- Challenges to data management systems
  - Identifying priority groups in the system
  - Literacy with use of mobile apps for registration
  - Availability of convenient electronic devices for field workers
  - Tracking for second dose and migrant populations
  - Dedicated human resource
• Areas assessed – Planning, Coordination & Funding, Supply Chain & Waste mgt., Risk communication, Safety surv., Trg, M&E

• Success factors:
  • Strong political leadership
  • Multi-sectoral coordination & collaboration at natl. & district level
  • Timely dissemination of information on vaccines to public + use of media
  • Use of digital technology – Bhutan Vaccine System (BVS) for registration, AEFI reporting, follow-up and mgt.
  • Mock-drill

• Challenges: Securing budget and clarity on financial guidelines, clear guidelines on eligibility criteria, distribution of vaccine, updating BVS
Vaccine effectiveness studies in the Region

- Six countries of the Region have reported completed/ongoing/planned VE studies
  - Bangladesh, Bhutan, India, Indonesia, Sri Lanka, Thailand
- Vaccines being/planned to be evaluated
  - AstraZeneca, Moderna, Covaxin, Sinovac, Sinopharm
- Most studies on health care workers and high-risk groups
- Most studies on symptomatic infections and hospitalizations
  - One study on heterologous schedule (Bhutan)
  - One study on duration of protection (Indonesia)
  - One study on household transmission (Indonesia)
  - Two studies on VE against Variants of Concern (Indonesia, Thailand)
Enablers

- Strong political will and commitment of governments and health professionals
- Strong partner coordination at Regional and national level – capacity building and country support
- Timely development of plans and guidelines, strengthened cold chain and logistic management and monitoring
- Cooperation among countries and vaccine donations
- Experience of Measles-Rubella/polio/JE SIAs and new vaccine introductions
- Involvement of national and subnational polio/immunization staff – polio transition in action
- Accelerated vaccine authorization processes & acceptance of quality assured vaccines
Challenges

- Vaccine availability - supply not able to meet demand
- Multiple sources of vaccine
- Multiple types of vaccines
  - Monitoring coverage, effectiveness and safety
- Short residual shelf life of vaccines
- AEFI management and data sharing
- Vaccination status of cases not being used for programmatic decisions
- Budgeting and funding
- Several unknowns – learning ‘on-the-fly’ – changing information on use of available vaccines
- Impact of COVID-19 vaccination on RI, SIAs, VPD surveillance, new vaccine introductions
Summary & next steps

• 10/11 countries in Region vaccinating – high level of preparedness proved useful

• Multiple vaccines – multiple sources of vaccines – high utilization rates

• Priority groups - focus for coverage

• Several challenges remain

• NDVPs/operational plans will have to remain flexible to adapt to evolving situation

• Supplies likely to increase substantially during the coming months – readiness for the ramp-up – planning, cold chain, human resource, service delivery

• Continued strengthening of AEFI surveillance, incl. causality assessments

• Monitoring & evaluation important - mini-cPIEs and Vaccine Effectiveness studies, use of epidemiological data for programmatic decisions