

Covid-19 vaccination coverage to meet the global target

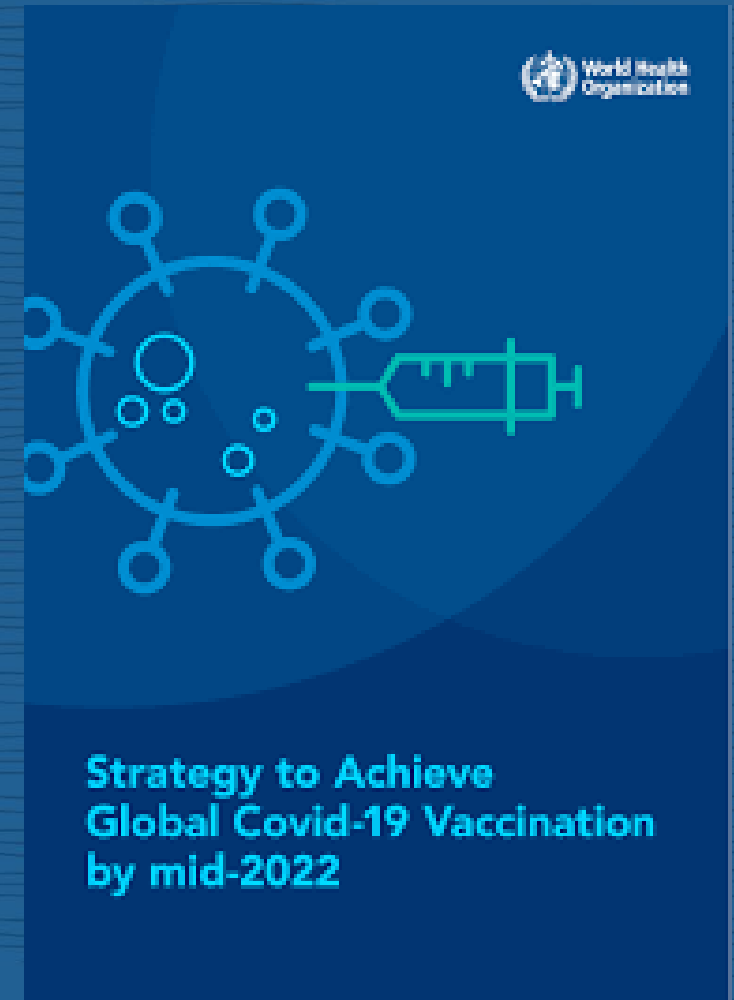
Strategy to Achieve Global COVID-19 Vaccination by Mid-2022



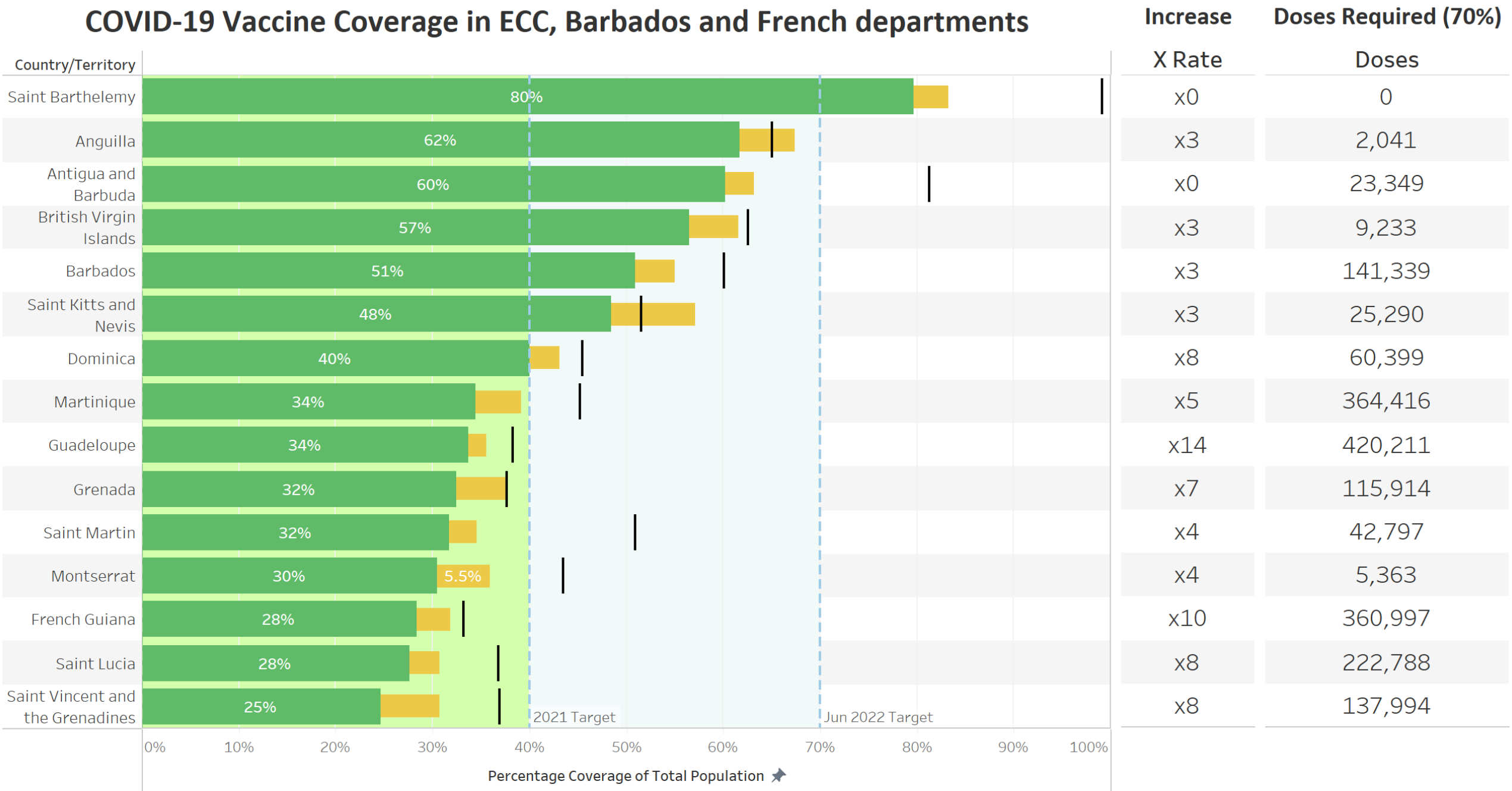
The goal is to substantially increase population immunity globally to protect people everywhere from disease, protect the health system, fully restart economies, restore the health of society, and lower the risk of new variants.

- 10% full vaccination population coverage in all countries by the end-September 2021,
- 40% in all countries by end-2022

Achievement of 70% coverage with COVID-19 vaccines in all countries



COVID-19 Vaccine Coverage in ECC, Barbados and French departments



Legend

■ Coverage Dose 1

■ Coverage Dose 2

■ Estimated Coverage - Jun 2022

Barbados and the Eastern Carribben Reaching the Global Target by June 30th 2022

Country	Coverage January 24th	2nd Dose Daily Rate*	Days to 70% coverage	Daily Rate Required for Jun-30 (155 days)
Anguilla	61.6%	6	211	8
Antigua and Barbuda	60%	94	104	57
Barbados	50,9%	184	298	350
British Virgin Island	56.5%	11	372	26
Dominica	40%	56	386	134
Grenada	32.4%	44	965	271
Montserrat	30.5%	3	656	13
Saint Kitts and Nevis	48.5%	18	640	74
Saint Lucia	27.6%	94	831	495
Saint Vincent and the Grenadines	24.6%	110	459	318
Total		602		1746

Strategies



Establish **updated national COVID-19 vaccine targets and plans** defining: i) dose requirements and ii) financial and programmatic resource needs to guide internal planning and external support.

- **Monitor vaccine demand and uptake carefully to rapidly adapt immunization services** and ensure continuity of vaccine supplies.
- Commit to equitable distribution of vaccines in line with the **WHO stepwise approach**.
- Revise national vaccination strategies, policies and prioritization as needed to harness emerging evidence in order to maximize the impact of existing, and new vaccines.

Strategies



1. Develop COVID-19 National Vaccination Plan 2022
2. To Include the forecasting matrix
3. To include strategies to reach the Highest priority-use
4. Better understand the situation of vaccine hesitancy
5. Improve Data quality
6. Capacity Development

Roadmap for Prioritizing

WHO SAGE ROADMAP FOR PRIORITIZING USE OF COVID-19 VACCINES

An approach to optimize the global impact of COVID-19 vaccines, based on public health goals, global and national equity, and vaccine access and coverage scenarios

First issued 20 October 2020

Updated: 13 November 2020

Updated: 16 July 2021

Latest update: 21 January 2022

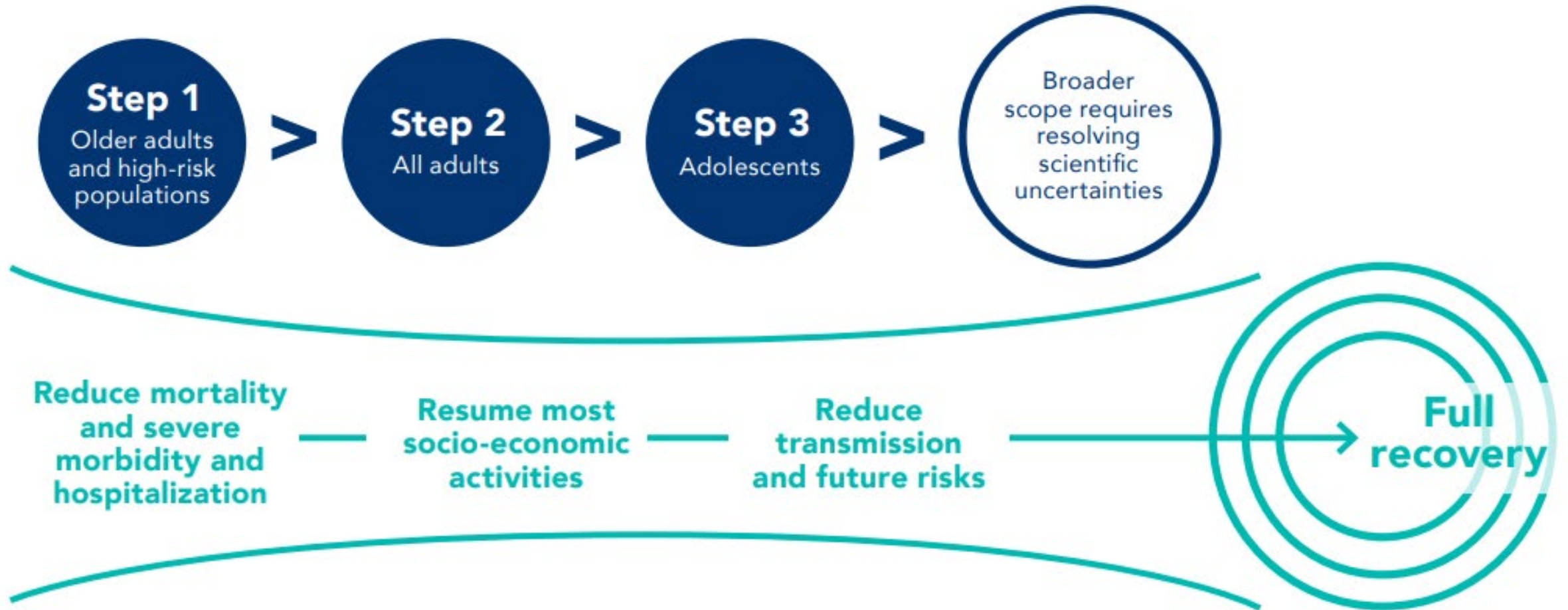


Within a priority-use group, increasing the **primary vaccination series coverage rate** has a greater impact on reducing hospitalizations and deaths than to increase the booster dose coverage rate.

Increasing the booster dose coverage rate for **higher priority-use groups** will usually yield greater reductions in severe disease and death than use vaccine supply to increase the primary vaccination series coverage rates of lower priority-use groups.

Figure 1.

Health and socio-economic goals drive the global COVID-19 vaccination strategy



I. Highest priority-use

Older adults
Health workers
Immunocompromised persons

Primary series + Additional dose* / Booster**

II. High priority-use

Adults with comorbidities
Pregnant persons
Teachers and other essential workers
Disadvantaged sociodemographic subpopulations at higher risk of severe COVID-19

Primary series + Booster

III. Medium priority-use

Remaining adults
Children and adolescents with comorbidities

Primary series + Booster

IV. Lowest priority-use

Healthy children and adolescents

**Primary series +
Booster**

(booster doses in children below the age of 12 years have not yet been assessed)

Update

Interim recommendations for use of the Pfizer–BioNTech COVID-19 vaccine, BNT162b2, under Emergency Use Listing

Interim guidance

First issued 8 January 2021

Updated 15 June 2021

Updated 19 November 2021

Updated 21 January 2022



World Health Organization

Background

This interim guidance has been developed on the basis of the advice issued by the Strategic Advisory Group of Experts (SAGE) on Immunization at its extraordinary meeting on 5 January 2021 (1) and updated during its extraordinary meeting on 27 May 2021 (2) further updated on 19 November 2021 and on 19 January 2022 (3).

Declarations of interests were collected from all external contributors and assessed for any conflicts of interest. Summaries of the reported interests can be found on the [SAGE meeting website](#) and [SAGE Working Group website](#).

The guidance is based on the evidence summarized in the background document on mRNA vaccine BNT162b2 (Pfizer-BioNTech) against COVID-19 (4) and further updated based on new data derived from scientific publications.

[Annexes](#) (5) which include GRADE and evidence-to-recommendations (ETR) tables have also been updated to reflect the updated recommendations. All referenced documents are available on the SAGE COVID-19 webpage: <https://www.who.int/groups/strategic-advisory-group-of-experts-on-immunization/covid-19-materials>.

These interim recommendations refer to the mRNA vaccine BNT162b2, manufactured by Pfizer and BioNTech. The International nonproprietary name (INN) is Tozinameran. The vaccine is also known as Pfizer-BioNTech COVID-19 Vaccine or Comirnaty. In the subsequent text the vaccine will be referred to as BNT162b2.

On 31 December 2020, BNT162b2 was granted WHO's Emergency Use Listing (EUL).



Approved Pediatric Use

Intended use of Pediatric Formulation Persons aged 5 – 11 years.

Please note: The pediatric Pfizer vaccine has a different **formulation** and **dosage** than the Pfizer vaccine authorized for adults.

The pediatric dose is 10µg, while the adult dose is 30µg

The reconstitution of the pediatric vaccine uses a different volume of diluent than the adult vaccine