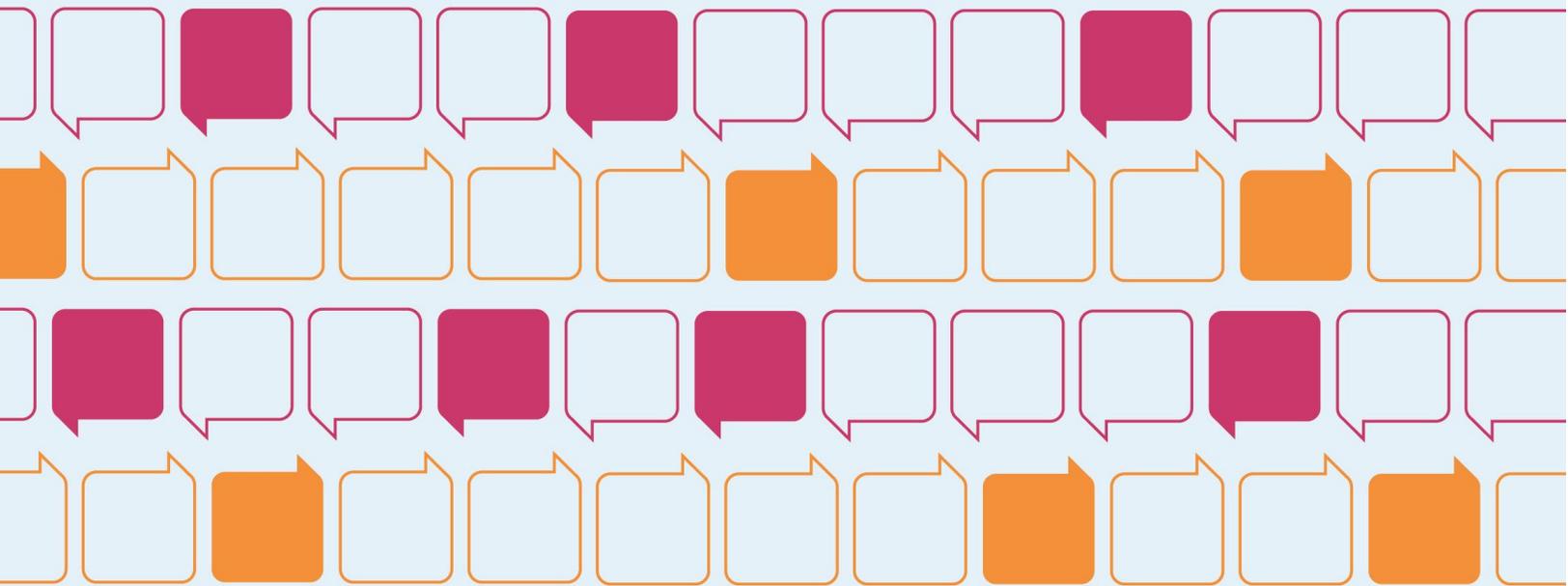


# Learnings from LNCT's Regional Webinar: *Ask the Experts on Covid- 19 Vaccine Roll-Out in the European Region*

September 2021



On May 18, 2021, Curatio International Foundation (CIF), in partnership with the Learning Network for Countries in Transition (LNCT), gathered five LNCT member countries from the European region – Armenia, Azerbaijan, Georgia, Moldova, and Uzbekistan – for an “Ask the Expert” regional webinar during which countries and local partners discussed issues around the roll-out of COVID-19 vaccines, based on country experiences. About 60 participants, including country representatives, as well as country- and regional-level partner organizations, attended the webinar.

Each country presented on their nation’s progress, challenges, and lessons learned on COVID-19 roll-out, including key topics like vaccine demand and uptake, financing and vaccine procurement, service delivery, future outlook, and expected support from donors and partners. Prior to the webinar, the participant countries shared their questions and concerns with COVAX, WHO, and UNICEF regional offices. During the session, they received answers to these from the partner organization representatives and also received regional updates around anticipated future support for COVID-19 vaccine roll-out.

A few **key themes that arose** from the discussion are outlined below.

- The participating countries are using a variety of COVID-19 vaccines from different manufacturers, depending on their market availability, as well as countries’ access and ability to properly store them.
- Azerbaijan took country ownership of financing the vaccines, allowing them to initiate vaccination sooner, in January 2021, with vaccines procured through a bilateral deal.
- Armenia, Georgia, Moldova, and Uzbekistan introduced COVID-19 vaccines in March 2021. Armenia began implementation with vaccines donated by Russia, whereas Moldova, Georgia, and Uzbekistan were supplied with vaccines through COVAX. Due to insufficient government funding, the European countries needed more time to reprogram their internal budgets, allocate external funds, and negotiate with vaccine manufacturers and other countries for sufficient vaccine supply. In addition, there was a high reliance on the timely supply of vaccines from COVAX. All the countries admitted that the procurement process was difficult, particularly when it came to the ambiguity in vaccine prices and high costs and called upon the international community to improve the mechanisms of communication, vaccine affordability, and equity.
- Cold chain infrastructure for the storage, transportation, and service delivery of the vaccines were significant constraints limiting the selection and introduction for most of the participant countries. Cold chain equipment was mostly procured with external support.
- Uncertainties in vaccine supply (globally and within countries), along with insufficient vaccine doses, were considerable barriers to implementing an effective vaccine delivery strategy, proactive communication activities, and timely large-scale vaccination campaigns.
- Delivery of COVID-19 vaccination services took place mostly at primary health care (PHC) facilities. In some cases, hospital infrastructure was also used. In Armenia and Uzbekistan, mobile groups were successfully deployed to reach rural areas.
- High COVID-19 morbidity among health workers (HWs), coupled with increased workload impacted the availability of human resources for the delivery of COVID-19 vaccines.

- Limited monitoring and supervision activities for routine immunization and other preventive services was flagged in all five countries.
- The countries used a step-by-step vaccine uptake strategy to ensure that priority groups benefitted from the limited number of initially available doses and that immunization systems were prepared for large scale COVID-19 immunization. Vaccination of HWs and elderly populations was the highest priority for all the panelist countries, with gradual expansion to other high-risk professions and age groups.
- All the countries stated common concerns with a wide variety of vaccine hesitancy, misinformation, and disinformation issues. Most challenging was the lack of confidence and low vaccine uptake among HWs, particularly in the beginning of the vaccine roll-out process when evidence-based information was not sufficiently available.
- The countries were seeking communication resources and other tools from global partners to address the challenge of managing rumors spread via social media and to develop comprehensive communications strategies. They also mentioned the preference for particular COVID-19 vaccines among HWs and the general population which was also impacting vaccine demand.
- Although the countries plan to continue their negotiation with vaccine manufacturers and other countries, they recognize the importance of partnership with COVAX, despite certain difficulties with the platform's communication and vaccine supply. They recognize international support in cold chain and logistic issues, as well as in trainings and communication, will remain crucial.

The countries acknowledged that they were not prepared for such a crisis. Comprehensive epidemiological surveillance and **successful crisis management are fundamental in the new reality and could be achieved through several initiatives:**

- Establishing a strong coordinating body with executing power and well-defined responsibilities
- Actively involving local governments and other sectors in vaccine promotion and facilitating access to vaccination in their communities
- Generating demand among HWs and general population
- Engagement of media and citizens

Several conclusions for **how countries should move forward** were addressed:

- Expanding vaccine-eligible population as more vaccines become available
- Expanding vaccination service delivery through the establishment of delivery sites in urban areas, interlocation of vaccination at rural ambulatories, and the introduction of mass vaccination centers in main urban areas, and operating mobile groups, where necessary
- Continuing AEFI monitoring to explore, carefully study, and openly communicate every severe adverse event
- Combating vaccine hesitancy by continuously updating evidence-based information and providing effective communication campaigns
- Developing effective communication and incentive mechanisms to increase uptake among population

During the “Ask the Expert” session, representatives from COVAX, WHO, and UNICEF commented on the countries’ presentations and answered their **questions about vaccine safety and the future outlook for COVID-19 vaccines**.

- As new agreements with vaccine manufacturers were signed, COVAX will provide all the agreed doses to the panelist countries by the end of 2021. COVAX continues to negotiate with vaccine suppliers and manufacturers to extend the vaccine’s short shelf life.
- WHO underlined that the monitoring of vaccine uptake in priority groups remains extremely important and is often dismissed when countries extend vaccines to the general population. As the existing vaccine supply has been limited, a better understanding of the barriers and enablers of vaccine uptake in each priority group would maximize the impact of immunization interventions. Studying HWs and building their vaccine confidence would also influence general vaccine uptake, as HWs are generally the population’s most trusted sources for information.
- Vaccine safety monitoring is critical to maintain the resilience in national immunization programs and to adequately inform HWs and the general population on adverse events following COVID-19 vaccination. The WHO is conducting ongoing research of real-time data from 43 countries and developing a global database of AEFI that will enable easy access for all the countries participating in the process. Armenia and Azerbaijan were called to join Georgia, Moldova, and Uzbekistan, in reporting information to the database.

At the end of the session, UNICEF highlighted its **regional and country-based initiatives aimed at addressing vaccine hesitancy and capacity building**:

- Social media listening and engagement is taking place in 16 countries from the region, and they will leverage these digital insights to understand key concerns of the general population. The insights gained from this initiative will help reveal the information gap and support the establishment of guidelines that will be crucial to improve decision-making and communication capacity, which should result in greater confidence in the health care system.
- Capacity building among HWs around interpersonal communication on immunization, including COVID-19 vaccines, the development of evidence-based communication packages, and setting up message-boxes in health facilities.
- Engaging the most vulnerable groups by developing resource packages on global evidence to generate and track the changes in attitude, beliefs, and expectations of the population and HWs.

The CIF team compiled feedback from the participant countries, and they demonstrated an interest in further exchange around country experiences with the COVID-19 vaccine roll-out, as well as continuing communication with international partners. LNCT will plan to bring stakeholders together to discuss the most pressing topics again in future learning engagements. If you would like to discuss how your country is progressing with COVID-19 vaccination and share lessons learned with the rest of the LNCT network, we encourage you to write about it on our [discussion forum](#).