

COVID VACCINE DEPLOYMENT AND ROLL OUT PLAN

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Background

- The COVID-19 pandemic has affected the country resulting in 34 949 positive cases and 1382 deaths as of 11 February 2021
- The high numbers of both positive cases and deaths has prompted the country to plan for the introduction of a vaccine
- The country has already secured 200 000 doses of the vaccine which will be administered to priority groups country
- In addition, an operational budget to fund the implementation of planned activities is in place and has been shared with Treasury
- The country COVID-19 vaccination and deployment plan identifies key areas for successful roll out of the vaccine.

Objectives of the meeting

- Outline the roll out plan and deployment Plan framework
- To appraise stakeholders on the country state of readiness for introduction

Objectives of the National Roll out and Deployment Vaccination Plan

- The National Roll out and Deployment and Vaccination Plan (NDVP) is a guiding document that provides a framework for:
- Designing strategies for the deployment, implementation and monitoring of the COVID-19 vaccine(s) in the country
- Ensuring the plan and related financing is well aligned to the Zimbabwe COVID-19 recovery and response and support plans, and that implementation is fully integrated into national governance mechanisms.

OBJECTIVE OF COVID VACCINATION

Broad Objective

- To enable high quality vaccination services and reduce morbidity and mortality due to Covid 19 disease

Specific Objectives

- To vaccinate eligible population on a voluntary basis for free
- Vaccinate minimum 60% of the total population to achieve herd immunity .
- To initiate vaccination through eligible high risk target populations
- To provide adequate vaccines & supplies for the activity
- To ensure availability of functional cold chain equipment at all levels
- To monitor progress, AEFIs, and provide corrective action
- Create demand for immunization

Regulatory Framework

- The COVID-19 vaccine is an emergency vaccine registered by MCAZ under Emergency use Authority, this is in terms of section 75 of Medicines and Allied Substances Control Act.
- The Pharmacovigilance and Clinical Trials Committee will implement vaccine vigilance plans to monitor the safety and effectiveness of the COVID-19 vaccine in use.
- The vaccine consignment shall be physically verified and cleared by MCAZ upon arrival
- The consignment shall be cleared on the basis of the standard vaccine lot release documentation
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Regulatory Framework

- Ministry will set up and implement the safety monitoring plan to enable swift detection of any Adverse Events Following Immunization (AEFI)
- Ministry to consider a study to confirm immunogenicity of the product in the local population

Planning and coordination

- Established (or engage an existing committee) a National Coordinating Committee (NCC) for COVID-19 vaccine introduction with terms of reference, roles and responsibilities and regular meetings
- The Inter- Agency Coordinating Committee (ICC) was tasked to spearhead planning and preparations for COVID-19 vaccination.
- The National COVID-19 Response Coordinator was coopted into the ICC with the Permanent Secretary being the chair of the committee.
- Public Partnership initiatives will be coordinated by Ministry of Finance and Development
- The MoHCC will implement effective deployment of the COVID-19 vaccines through the National EPI program

Resources and funding

- The total estimated operational budget for COVID-19 vaccination over all phases is USD 6,778,777
- The total estimated cost for phase 1 stage 1 is USD1,3 million
- Budget summary for Phase 1 stage 1 and for all stages is indicated in the tables below

Overall Operational budget

Overall Budget	
Item Description	Cost USD
Planning and Training	909165
DSA and lunch for Vaccinators	1442600
Fuel for Outreach Teams	21000
Preparedness Aseessments	118700
Support Supervision	234850
Coverage Survey	200822
Post Implementaion Evaluation	19460
Advocacy and Communication	1268450
Vaccine Distribution	30750
AEFI surveillance	46620
Data Coolection and Tools	1216360
PPE	1200000
Waste Management	70000
Total Cost	6778777

Budget Breakdown for Phase 1 Stage 1

Item Description	Amount (USD)
National Planning and Training	2 640
Provincial Planning and Training	45 480
Vaccination	741 577
Supportive Supervision	136 364
Advocacy and Communication	262 240
Logistics Vaccine Supply and cold Chain	14 530
Data Management	27 678
Total	1 202 831
Public Private	

Target populations for Vaccinations

	Population	% of Population
Phase 1 (stage 1 and 2)	3 662 279	22%
Phase 2	3 050 855	18.4%
Phase 3	3 050 855	18.4%
Subtotal	9 763 988	58.8%
Total population under 16 yrs	6 795 000	41.2%
Total Populations	16 558 987	100%

Target Population for Phase 1 Stage 1

Department/Ministry	Total	Health Workers for Vaccination
Ministry of Health	49 000	49 000
Ministry of Health Private Sector		
Zimbabwe Defence Forces	30 000	3 000
Zimbabwe Prison Service	50 000	500
Zimbabwe Prisons Service and Correctional Centre	13000	700
ZIMRA		
Immigration		

Target groups for vaccinations

Phase 1 - population at high risk

- **Stage 1**

Front line Workers (eg Health Workers ,Ports of Entry Personnel ZIMRA, Immigration Customs, Security and others)

- **Stage 11**

VHW ,Chronic Illnesses, Elderly Population ≥ 60 years, Inmates Prison Population & others in confined settlements including Tongogara refugee camp

Phase 2

Lecturers, All School Staff Population and other staff at medium risk depending with the epidemiological picture of the disease

Phase 3 Population at low risk

Training

- Development & adaption of training materials for all activities
- The Ministry has arranged trainings of trainers (TOTs) for provincial and district trainers.
- Provincial and district trainers will in turn train health workers at service delivery centers.
- EPI will support planning and conduct of the TOTs..
- Online, in-person and blended learning (combination of online and in-person) are the most common methods which will be used to train staff.
- Areas of training to include; vaccine storage, communication, surveillance, vaccination and M & E, Management of AEFI & Waste Management

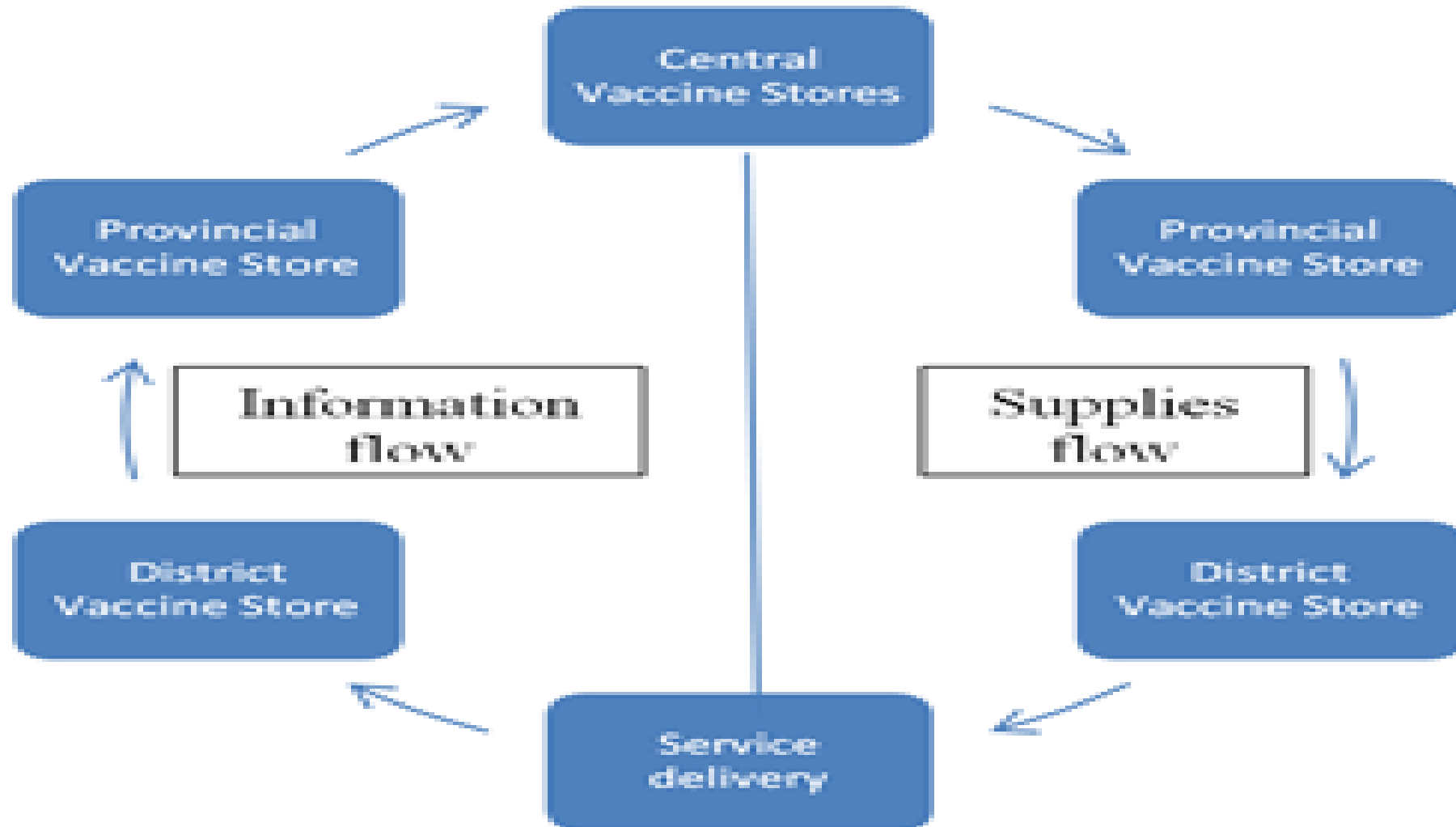
Vaccination (Service Delivery)

- The actual administration of the vaccine will be done at fixed and outreach points
- 1-2 outreach teams will be allocated per rural district depending on the size of the district with 5 people per team
- Harare City will be allocated 11 teams, Bulawayo 4 teams and Chitungwiza 2 teams
- Vaccination teams will require fuel, lunch and daily subsistence allowances.
- The assumption is vaccination will be conducted over 10 days in the first round and 5 days in the second round
- Supervisors drawn from head office, provinces and districts will monitor planning, implementation and outcomes.

Supply Chain Management

- The immunization supply chain of Zimbabwe consists of four levels which are Central, Provincial, District and service delivery.
- Vaccine distribution follows this channel from the Central Vaccine to 10 Provincial and 63 district vaccine stores; and then to more than 1,800 service delivery facilities.
- The Central Vaccine Stores distributes vaccines to Provincial Vaccine Stores
- Provinces distribute vaccines to district vaccine stores and districts to service delivery as well.
- Distribution of Covid-19 vaccine will follow the existing distribution structure of routine vaccines and supplies.
- The vaccine will be received at the airport ,distributed to provinces and districts under police escort

Vaccine Distribution Flow Chart





Supply Chain

- Distribution planning is based on target population per province
- Ensure adequate supply of potent vaccine to all eligible populations
- Ensure functional cold chain equipment at all levels
- There will be police escort accompanying ZEPI distribution vans
- Distributed to provincial cold rooms with capacity of 9m³ under police escort
- Distributed to districts with cold chain capacity of an average 200 litres(2-3 refrigerators)
- Logistical support for vaccine distribution & cold chain management throughout the period from planning to implementation
- Supply fuel for central level & provincial standby generators



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Cold chain Capacity Description

Level of Service	Description	Net Capacity	Average Age
National	Zhendre WICR	8 – 10 m ³	8
	Haier WICR metres	8 – 10 m ³	8
	Walk In Freezer Room	8 m ³	30
Provincial	Haier WICR	8 m ³	8
	Zhendre WICR	8 m ³	8
	Vestfrost MK304,	105 litres	15
	Vestfrost MF314	218 litres*	15
	Electrolux CH46OE	442 litres	
District	Dometic TCW3000 AC	150 litres**	9
	Dometic TCW2000 AC	126.5 litres**	9
Service Delivery Level	SunDanzer BFRV50	54 litres	4
	True Energy BLF100	99 litres	6
	Sibir V110GE	32 litres	15
	Electrolux RCW42	24 litres	20

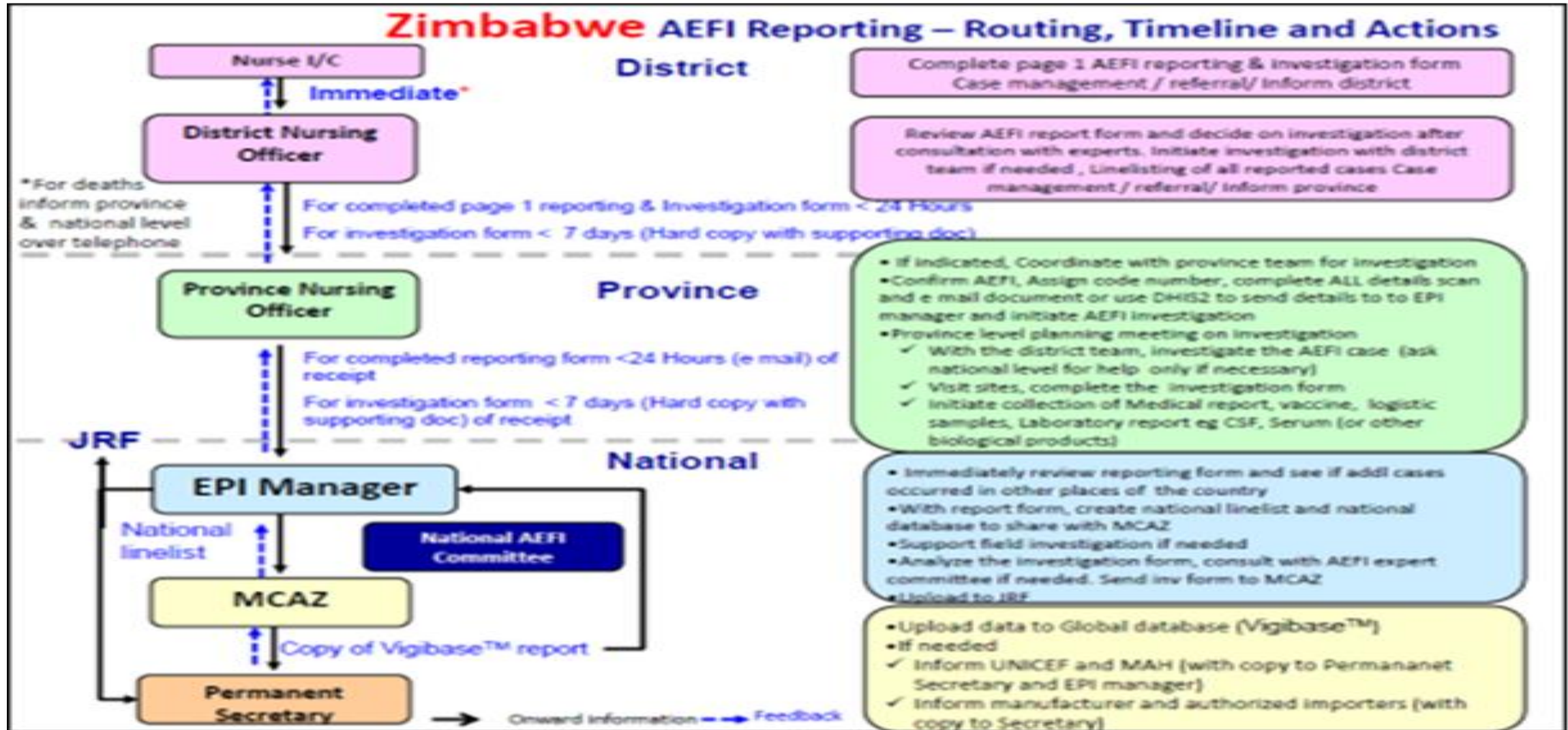
Information Dissemination (Advocacy Communication and Social Mobilization)

- Advocacy meetings and activities to be conducted at all levels
- National vaccination launch to be conducted virtually to rally all stakeholders for COVID 19
- Social Mobilisation done at all levels in order to create demand for the vaccine
- Community mobilisation for vaccination will be conducted via
 - Radio and TV programs & announcements
 - Interpersonal communication with target groups
 - Newspapers articles and advertisements
 - Social media campaigns; Facebook, Whatsapp, Twitter
 - Bulk SMSes
 - Billboards, banners, posters and body media
- Crisis Communication – addressing serious AEFIs

Vaccine Safety Monitoring and Management of AEFI and Injection Safety

- In partnership with MoHCC- ZEPI, the National Pharmacovigilance & Clinical Trials Committee, MCAZ, are the main drivers of vaccine safety surveillance
- COVID-19 vaccine safety surveillance will be guided by already existing MoHCC's Adverse Events Following Immunization (AEFI) surveillance guidelines and the WHO COVID-19 vaccines safety surveillance manual.
- Safety surveillance for COVID-19 vaccine will be further strengthened through additional:
 - Training of national stakeholders and investigation teams
 - Training of national AEFI committee on causality assessment of adverse events following COVID-19 vaccination
 - Training and preparation of health care workers on identification, management and reporting of potential cases of anaphylaxis and ensuring availability of comprehensive emergency tray at all vaccination points.
 - The trainings will be provided as part of a comprehensive COVID-19 vaccine introduction trainings.
- Instituting active surveillance of Adverse Events of Special Interest following COVID-

ZIMBABWE AEFI REPORTING



Biohazard and immunization waste management

- Management of waste related to COVID-19 vaccination requires special attention due to the infectious nature of the virus.
- Waste generated from Covid-19 vaccination will be according to the country's existing waste management guidelines for treatment of health waste.
- There will be waste segregation at point of generation following existing protocols.
- All medical waste will be incinerated either at point of generation if there is a functional incinerator or at some central incineration point in which case transport will provided to move the waste to the incineration point.

MONITORING & EVALUATION

- Development of an M & E Framework to guide planning & implementation
- There will be pre vaccination demographic data collection
- Conduct Preparedness Assessment to assess readiness at all levels
- Development of data collection tools; i.e. tally sheets, summary sheets, vaccination cards
- Consolidation and reporting of the number reached will be done on a daily basis using existing platforms and structures
- Disease surveillance will include AEFI monitoring
- There will be blood collection to determine antibodies before and after vaccination.
- Conduct a Post Campaign Coverage Survey to validate administrative data
- Conduct a Post Introduction Evaluation to assess the quality of the introduction of the COVID-19 vaccine and help inform future introductions

TENTATIVE TIMELINE OF ACTIVITIES

ACTIVITY	PERIOD
PLANNING	ONGOING
TRAINING	12-16 FEBRUARY
PROCUREMENT	08 -15 FEBRUARY
VACCINE DISTRIBUTION	15-26 FEBRUARY
COLD CHAIN INVENTORY	ONGOING
ADVOCACY, COMMUNICATION & MOBILISATION	FROM 08 FEBRUARY
MONITORING & EVALUATION	FROM 08 FEBRUARY
VACCINATION	18 FEBRUARY