#### January 2023



COVID-19 information note 23

### Accelerated COVID 19 vaccination campaign, Somalia September–December 2022: 41.7% people fully vaccinated

The effect of the coronavirus disease 2019 (COVID-19) vaccination roll-out continues to be felt across the world as shown by the declining numbers of COVID-19 cases and deaths. Somalia has also contributed to this global effort to protect society and has increased its prevalence of people fully vaccinated against COVID-19 since early 2021. However, certain factors have affected Somalia's capacity to sustain the COVID-19 vaccination programme including: the unavailability of required doses of vaccines; operational costs; some competing priorities such as outbreaks of circulating vaccine-derived poliovirus, measles and cholera; and the evolving repercussions of drought in the country in addition to unpredictable security situation. As a result, the country has been unable to achieve the target of 40% fully vaccinated individuals.

Through United Nations intra-agency coordination on COVID-19 led by the United Resident and Nations Humanitarian Coordinator for Somalia, WHO support and technical guidance, and UNICEF facilitation of logistics and communications, plans were made with the Ministry of Health to accelerate COVID-19 vaccination across all of during states the country September-December 2022. This campaign was based on technical analysis and lesson learnt from COVID-19 vaccination to date. The technical mission of COVID-19 vaccine

#### **Highlights**

- During September to December 2022 an accelerated COVID 19 vaccination campaign was implemented in all states in Somalia in two phases.
- As of 31 December October 2022, 8 726 329 doses of the COVID-19 vaccine had been administered and 41.7% of the population is fully vaccinated.
- Vulnerable populations were targeted during this phase of campaign leading to 1 781 077 (48%) internally displaced people, 1 009 277 (27%) rural dwellers, 296 846 (16%) nomadic people and 7483 (16%) refugees being fully vaccinated.
- Routine immunization was also improved in low performing and drought-affected districts: more than 69 000 zero-dose children, 113 000 children needing the measles vaccination, and 25 000 pregnant women needing the tetanus vaccination were identified and vaccinated as part of this campaign.

delivery partnership in June 2022 contributed to setting a realistic target for COVID-19 vaccination coverage for the country by December 2022 and the strategy to achieve that target based on the lessons learned to date in Somalia and other fragile countries.

The early planning meeting of state directors-general and managers of the Expanded Programme on Immunization paved the way for the implementation of the campaign. Focus was placed on a strategy that targeted the districts with low vaccination coverage and vulnerable populations through involvement of frontline polio workforce of WHO, community health workers and organization of outreach services which enabled the vaccinators to go house-to-house and deliver the vaccines. An agreement among the states was key for roll-out of the plan and this strategy.

The required vaccines and logistics for the accelerated COVID 19 vaccination campaign were made available to the country through the COVAX facility. The vaccine designated for the campaign was the Johnson and Johnson vaccine which requires just one dose to achieve fully vaccinated status. The campaign was financially supported by donors such as the USAID and GAVI the vaccine alliance.

The operational and logistic plans were developed well ahead of time within district-level microplans to assess needs and define the strategies based on resource allocation. Expected outcomes were modelled before the campaign. Table 1 shows the expected and actual outcomes of the campaign and indicates that most areas reached the expected target or close to it.

# Table 1. Expected and actual outcome of theaccelerated COVID-19 vaccination campaign,September-December 2022

State/ Region	Percentage of the population fully vaccinated, in August before the start of campaign	Expected percentage fully vaccinated after the campaign	Actual percentage fully vaccinated after the campaign
Banadir	48.73	72	86.5
Galmudug	13.87	80	81.9
Hirshabelle	6.62	30	72.0
Jubaland	19.26	53	45.7
South West	11.80	57	29.6
Puntland	8.57	28	46.4
Somaliland	9.29	19	18.8
Whole country	15.5	35	41.7



The campaign started on 6 September 2022 in Banadir region; Galmudug was the last to start on 10 October 2022. It was implemented in 12 regions and 102 districts with established supervisory staff: 83 at the state level and 1729 team supervisors. Overall, 37 623 vaccinators, data collectors, social mobilizers and others were trained, and more than 5000 teams were deployed for this accelerated campaign.

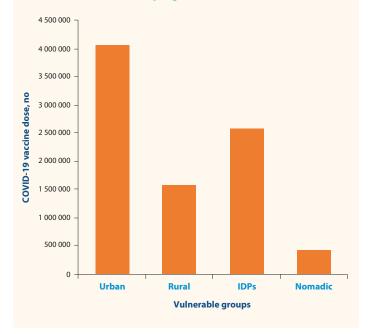
Vulnerable groups were targeted in the campaign, in particular, high-risk populations living in hard-to-reach areas, refugees, internally displaced people and other marginalized groups who often miss out on key preventive interventions.

As of 31 December 2022, 8 726 329 doses of the COVID-19 vaccine had been administered in the country. As per the real-time data collected from the online vaccine delivery system (developed by the Ministry of Health with technical support from WHO), 41.7% (6 529 808) of the population are fully vaccinated and 7.7% (2 196 521) have received one dose of a two-dose COVID 19 vaccine. This makes the vaccination rate per 100 population to 55.7.

The official country statistics show that the number of internally displaced people is about 3.7 million. The accelerated vaccination campaign specifically targeted this population and other vulnerable groups. Data collected after the campaign show that the vaccination teams succeeded in fully vaccinating 1 781 077 (48%) internally displaced people, 1 009 277 (27%) rural dwellers, 296 846 (16%) nomadic people and 7483 (16%) refugees. After this accelerated

campaign, the number of total doses of COVID-19 vaccine administered among urban and rural dwellers, IDPs and nomadic populations are shown in Figure 1.

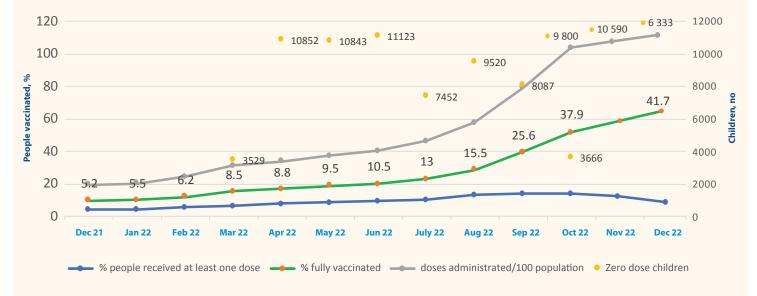
Figure 1. Doses of COVID-19 vaccine administered to urban, rural and nomadic communities, and internally displaced people (IDP), Somalia during the accelerated campaign



The vaccination campaign targeted females and males equally and female vaccination improved from 19% fully vaccinated before the campaign to 46%. The percentage who received the first dose is about the same that receiving the second dose.

The accelerated COVID-19 vaccination campaign provided an opportunity to improve routine immunization by identifying zero-dose children (children who had not received any of the routine childhood vaccines) and vaccinating them (Figure 2). This was done by deploying integrated outreach teams in low performing and drought-affected districts. These teams provided routine immunization, COVID-19 vaccination, zinc and vitamin A supplements, oral rehydration salts, as well as basic clinical consultation and medicines. Since March 2022, integrated teams have identified and vaccinated more than 69 000 zero-dose children, more than 113 000 children needing the measles vaccination, and more than 25 000 pregnant women needing the tetanus vaccination.

## Figure 2. Trend in COVID 19 vaccination and identification and vaccination of zero-dose children, Somalia, March–October 2022



The COVID-19 vaccination campaign faced a number of challenges.

- Logistics and operational challenges for delivery of vaccines in a timely manner from Nairobi and distribution to the states from Mogadishu was challenging and sometimes delayed the implementation of planned campaigns. WHO is trying to address these challenges by coordinating with partners and developing reliable forecasting and logistics plans.
- Because of security, infrastructure and logistical issues, the operational cost per dose of COVID-19 vaccination in Somalia has been comparatively high. This cost will remain a challenge because of the operational environment.
- A perceived low risk of COVID-19 among communities remains a challenge and vaccination partners need to implement risk communication activities to raise people's risk perception of COVID-19.
- The fragile health system in Somalia coupled with gaps in capacity resulted in implementation delays in COVID-19 vaccination. WHO is addressing this problem by improving coordination and communication with partners and holding mentoring and supervision missions at regular intervals.
- Disease outbreaks and humanitarian issues have occurred and are ongoing for measles, cholera, circulating vaccine-derived poliovirus and drought. At times, these have led to competing priorities for the health system. WHO is working to maintain the momentum of COVID-19 vaccination while at the same time responding to these other issues.
- An intersectoral approach within the health system and with other external stakeholders and integration are vital to adequately tackle COVID-19 and other health issues in Somalia. Therefore, WHO continues to advocate for multi-sectoral engagement for addressing the country's health problems such as low routine vaccination coverage, high burden and risk of deaths among women and children under 5.



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