

Maintaining Immunization Supply Chain Operations in the context of COVID-19:

Considerations for the National Logistics Working Groups

Situation overview

Immunization is a core health service that should be prioritized for the prevention of communicable diseases and safeguarded for continuity during the COVID-19 pandemic, where feasible. The United Nations Children's Fund (UNICEF) statement on [maintaining routine immunization during the response to the COVID-19 outbreak](#) provides a clear message on the need to sustain immunization services throughout the pandemic. The World Health Organization (WHO) issued the guidelines listed below to guide governments and development partners on delivering the immunization programme at global and regional levels. All resources provide specific insights into country responses in the areas of supply and logistics.

Global guidance

- [Guiding principle for immunization activities during the COVID-19 pandemic](#)
- [Immunization in the context of the COVID-19 pandemic: FAQs](#)
- [COVID-19: Operational guidance for maintaining essential health services during an outbreak to guide country immunization programmes](#)
- [WHO/UNICEF Joint Statement on Temperature-Sensitive Health Products in the Expanded Programme on Immunization Cold Chain: Interim Update on Covid-19 Response, 15 May 2020](#)

Region-specific

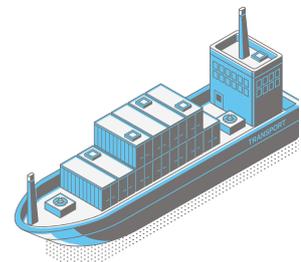
- [Immunization in the context of the SARS-COV2 \(COVID-19\) pandemic – Operational guidelines for National Immunization Programs in the WHO African Region](#)

- [Guidance on routine immunization services during COVID-19 pandemic in the WHO European Region](#)
- [The Immunization Program in the Context of the COVID-19 Pandemic – Version 2 \(24 April 2020\)](#)
- [Routine immunization services during the COVID-19 pandemic \(Western Pacific Region\)](#)

For more information: refer to the TechNet-21 page:

<https://www.technet-21.org/en/topics/covid-19>

Currently, there is a significant strain on the supply chain due to logistics disruption and limitations resulting from physical distancing, overstretched workforces, flight cancellations and trade restrictions. Under the immunization programme, countries have recorded modified schedules for immunization sessions, as well as variable vaccine demand and supply. This is a serious concern in countries that are simultaneously battling outbreaks of measles, cholera and polio and responding to COVID-19 cases. Ongoing support to countries includes forecasting vaccine supply and monitoring stock status, factoring in the available cold chain equipment capacity. This is supported by close communication with countries on programmatic interruptions, market intelligence from global suppliers and advocacy with government leadership on the importance of continued immunization. Gavi-supported countries can also reprogramme their health systems strengthening grants for COVID-19 response.



National Logistics Working Group Business Continuity Plan

WHO and partners have recommended that all governments begin rigorous planning using a risk-based approach to intensify routine immunization and vaccination campaigns once the COVID-19 pandemic is under control. Immunization programmes need to remain robust to reach those in need and be prepared for a roll out of the new COVID-19 vaccines when they become available.

The National Logistics Working Groups (NLWGs) and similar coordination groups are known to coordinate all supply and logistics matters within the Expanded Programme on Immunization. This leadership role is crucial for supply chain coordination at country level, especially during the COVID-19 pandemic.

The NLWG business continuity plan (BCP) is a useful guide which defines the actions to maintain immunization supply chain operations in an emergency. The BCP will increase supply chain resilience in the face of potential disruptions and improve the group's ability to operate during emergencies. The main objectives of these plans are to guarantee the safety of staff and assets, maintain critical supply operations and ensure the immunization programme's ability to deliver a swift and effective emergency response with adequate supplies.

This plan should include a risk assessment, critical services and functions, a communication plan and a safety plan, outlining roles and responsibilities. NLWGs should develop a BCP to enhance the Expanded Programme on Immunization's response to immunization supply issues and potential challenges during the COVID-19 pandemic with the following objectives in mind:

- Protect the health, supply and logistics workforce as part of infection prevention and control measures.

- Maintain oversight and provide guidance on immunization supply chain for routine immunization and supplemental immunization activities as soon as the public health situation amid COVID-19 allows.
- Ensure preparedness for a new COVID-19 vaccine when it becomes available.

Principles:

The BCP for supply and logistics should be tailor-made to country context, specificities and scenarios and aligned to immunization programme continuity plans to enhance country preparedness, planning and communication while protecting lives and investment.

Scenarios:

It is recommended that the continuity plan takes into account the country's susceptibility to potential outbreaks of vaccine preventable diseases (for example, measles, yellow fever, meningitis, cholera or polio) as well as COVID-19 transmission scenarios (no cases, sporadic cases, clusters of cases, community transmission) as part of [critical preparedness, readiness and action planning](#). The development and implementation of the continuity plan should employ a flexible approach based on the country scenario. The [WHO European Region guidance on routine immunization services during the COVID-19](#) pandemic describes a decision algorithm to help national authorities take decisions related to the continuing operation of immunization services. However, each country has unique epidemiological, operational and contextual characteristics and this should be taken into consideration. This is echoed in the guidance issued by the Pan American Health Organization (PAHO) [in the document Immunization programme in the context of COVID-19](#).

Functions:

Depending on the context, scenario and the decision algorithm, the BCP should focus on the following functions with possible integration with primary health care opportunities outlined in the [Immunization in the context of the COVID-19 pandemic](#):

FAQs:

- Anticipating disruptions and adjusting stock levels to cover at least three months at national and subnational levels. Otherwise, more frequent shipments should be considered.
 - Strengthening vaccine stock monitoring and reporting on supply shortages and overstocking, especially in the case of cancelled campaigns, where overstocking may be of particular concern.
 - Planning procurements in advance and considering possible delays in both manufacturing and transportation.
 - Coordinating with relevant agencies on the shipment of vaccines where flights are available.
 - Determining the cold chain surge capacity using available cold chain inventory data.
 - Modifying vaccine receipt and distribution schedules, where required, to avoid excess burden on the cold chain.
 - Checking vaccine supply availability, shipment schedules and budget availability with supplier(s) – the fund allocation should be aligned with this revised supply schedule.
 - Ensuring vaccine availability for a month or more at the facility level to reduce the need for health workers to travel to collect vaccines.
- Taking steps to minimize the risk of COVID-19 transmission to health workers and the supply chain workforce (for example, introducing staggered work schedules, providing protective equipment, employing physical distancing or encouraging remote working, where feasible). This will need to become a standard component of immunization service delivery (and the supply chain) in the immediate future.
 - Providing support for the storage of COVID-19 laboratory reagents, where feasible.
 - Leveraging primary health care distribution channels and opportunities to work collaboratively across a range of commodities for last mile delivery.

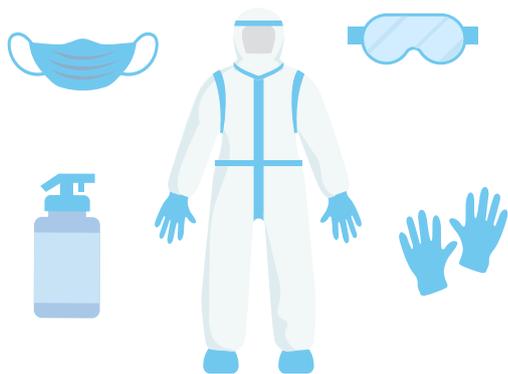
Timelines:

The WHO [COVID-19 Strategic Preparedness and Response Plan operational planning guidelines](#) state that pandemic response plans should initially cover the period of up to 30 April 2020. However, a modification of this timeline is recommended with changing policy, epidemiological and operational contexts, considering the horizon of the current response plans in many countries and increasing rates of infections across countries. This planning horizon should be regularly assessed and adjusted to align with the global COVID-19 pandemic response in consultation with the Interagency Coordination Committee, the National Immunization Technical Advisory Group (NITAG) and relevant authorities.

Key considerations for the immunization supply chain

- a. The safety of the immunization supply chain workforce is a priority

Put in place measures to protect the country immunization supply chain workforce from COVID-19 infection.



Recommended actions

- Establish and disseminate [Infection Prevention and Control guidelines](#) to all Expanded Programme on Immunization staff and those responsible for supply to help mitigate the COVID-19 spread as they carry out their daily activities.
- Ensure that managers provide personal protective equipment (PPE), as well as crosscheck and verify awareness of personnel on the COVID-19 infection prevention measures at cold chain stores, vaccine distribution points and health facilities.
- Allocate dedicated human resources to managing and reporting on end-to-end supply chain activities.
- Limit health worker exposure to risk by implementing direct delivery of immunization supplies and vaccines to health facilities to alleviate workload and accessibility challenges.
- Consider task shifting to mitigate increasing workload and staff shortages.

- b. Immunization supply chain programme management and coordination

The BCP should include mechanisms to enhance coordination of actions, without duplication, across all partners to support gradual resumption of immunization supply chain operations.

Recommended actions

- Provide guidance ensuring adequate leadership capacity (part- or full-time, depending on context) to manage, implement and regularly review the BCP for immunization supply chain activities.
- Review and revise the immunization supply chain workplan to accommodate disruptions and changes caused by the pandemic response.
- Advocate with the national authorities to include basic immunization supply chain tasks (regular reporting, cold chain maintenance, vaccine stock management activities) as essential services to be maintained during the response to the COVID-19 outbreak.
- Arrange remote and collaborative working tools to monitor the various workstreams and facilitate real-time communication.
- Map all key supply chain activities, prioritizing them according to their level of importance and urgency, in order to maximize available resources.
- Mobilize national and sub-national working groups and include suggestions on how they can maintain clear communication channels.
- Recommend a shift in operational decision-making to sub-national levels, with clear guidance from the Ministry of Health, so that local authorities can make decisions on immunization services.

c. Immunization supply chain partnerships and coordinating mechanisms

NLWGs should leverage partnerships, especially in the private sector, to address challenges in supply and logistics to attempt to integrate the immunization supply chain with that of other health commodities post-COVID-19 according to relevant policies.

Recommended actions

- Keep track of and amplify ongoing support for the COVID-19 response provided by member organizations represented in the NLWG, the Interagency Coordination Committee and the NITAG.
- Leverage cooperation with other non-immunization development partners and the private sector during the COVID-19 response, to pitch for their inclusion into the NLWG.

d. Cold chain management

The COVID-19 pandemic has had a significant impact on countries' cold chain systems, requiring flexibility and agility to deliver comprehensive health services and manage surplus vaccine stores and other cold chain commodities. See the [WHO/UNICEF Joint Statement on Temperature-Sensitive Health Products in the Expanded Programme on Immunization Cold Chain: Interim Update on Covid-19 Response, 15 May 2020](#) for more guidance.

Recommended actions

- Assess the existing cold chain capacity, the supply chain system design, policies and vaccine stock inventory prior to integration of non-vaccine products into the vaccine cold chain system to guide prioritization and decision-making.
- Maintain best storage and handling practices including proper labelling and segregation as a precondition to integration to clearly distinguish non-vaccine products from vaccines and diluents.

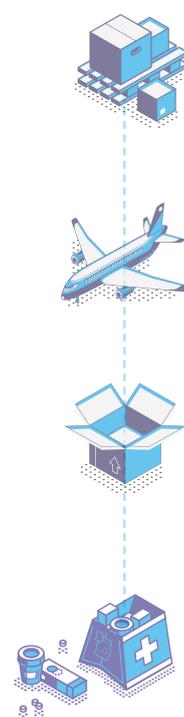
e. Immunization supply chain planning

Plan for the resumption of immunization activities as soon as the COVID-19 situation allows by outlining activities that will follow and the different scenarios that may play out.

Recommended actions

- Develop plans and budgets for resumption of outreach sessions, vaccination campaigns and new vaccine introductions (where applicable), during the pandemic.
- Restock vaccines and related supplies, update requirements, and reposition stocks internally within the country/ districts as a priority for re-establishing the immunization services.
- Ensure fund disbursement to sub-national levels for effective planning.
- Gather and use input from communities to increase accountability, facilitate triangulation of immunization supply chain data and empower communities to demand supplies.

For more information, guidance and support, contact the Immunization Supply Chain Steering Committee (ISC2) via mwotogbe@unicef.org and obessat@gavi.org



Annex: BCP Template

Areas for Consideration for Business Continuity Planning by National Logistics Working Groups

Table of Contents

I.	Scope:	1
II.	Goals and Objectives:.....	1
III.	Business Impact Analysis:.....	1
IV.	Key Business Functions and Recovery Priorities:.....	2
V.	Recovery Plan:.....	2
VI.	Recovery Team:.....	2
VII.	Resources:	3
VIII.	Maintenance Protocols:	3
IX.	Employee Contact List:	4
X.	COVID-19 Considerations:.....	4
1	COVID-19 Risks	4
2	Remote Working Policies:.....	6
3	Communication During the COVID-19 Pandemic:	6
4	Key Business Functions:.....	6

I. Scope:

Define the scope and aim of the business continuity plan.

II. Goals and Objectives:

List the goals and objectives of the plan.

III. Business Impact Analysis:

Outline the expected impact (risk) of the pandemic on business activities.

IV. Key Business Functions and Recovery Priorities:

Outline essential business functions and recovery priorities. Information should include core iSC SOPs, IT systems, and data backups.

V. Recovery Plan:

Define the activities needed to allow your business and recovery priorities to continue. Include a list of recovery tasks.

VI. Recovery Team:

Outline the roles, responsibilities and contact details of the recovery team

Team Roles:

Team Responsibilities:

Team Contact Details

VII. Resources:

List the resources- financial, IT and other resources needed for your recovery plan, including the expected source of these resources.

VIII. Maintenance Protocols:

List the protocols for monitoring and maintaining the business continuity plan.

IX. Employee Contact List:

List critical ISC staff and their contacts; These are the staff whose activities are critical for the continuity of the immunization services

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X. COVID-19 Considerations:

This section focuses on the precautions and processes put in place to prepare the activities to be performed with the constraints and outcomes of the COVID-19 pandemic. EPI continuity plan should already cover pandemics. For this template example, we are focusing on the impact of the current COVID-19 pandemic and how NLWG can ensure support to immunizations activities

1 COVID-19 Risks

List the potential risks the country iSC system may face during the COVID-19 pandemic. Include reasons and solutions to mitigate these risks.

- Get NITAG, ICC and/or MoH approval for assessing the risks faced by the country iSC system. The BCP should be included into the EPI continuity plan.
- Make a list of existing staff who will be assigned and repurposed to perform the risks and needs assessments
- Identify gaps in staffing, and make a list of surge staff needed, with generic job descriptions.
- Prepare premises, assets, and communications tools to be used when the situation worsens
- Make a list of expected logistics needs with reference to the list of prepositioned assets.
- Make a list of donors and partners who could fund emergency operations, with their contact details and templates for proposals.
- Make a list of contacts who need to be notified.
- Make sure that the relevant SOPs are available in the annex to the BCP

The chart below is only indicative as the pandemic evolution is different across countries. However, it is generally admitted that most of the countries supported by Gavi/UNICEF are on phase 2 to 3 hence it is easier to deal with the current situation and have a preparedness plan for the event of the pandemics evolution to stages 3 or 4.

RISK AND BUSINESS IMPACT ASSESMENT

	Risk Level (1 = low; 5 = high)	Impact on Immunizations services	Impact on SC workforce	Impact on country stockpile, vaccine management	Impact on cold chain	Impact on distribution capacities	Impact on data integrity
Covid-19 expansion mitigated / put under control (no new case, no outbreak)							
Phase 3 or 4 of covid-19 in specific regions - partial lockdown							
covid-19 expansion accelerated in specific regions - total country lockdown							
Covid-19 retraction with VPD outbreaks in one or several regions							
covid-19 expansion accelerated in specific regions coupled with outbreaks (measles, polio...)							
New covid-19 vaccine available for mass campaign							
Enter Scenario							
Enter Scenario							
Enter Scenario							

2 Remote Working Policies:

As activities have been slowed down or cancelled and staff asked to work from home, there may be need to establish remote working policies. In this section, list the tools, technology, costs, and software required to set up remote working.

- *How to contact regional focal points?*
- *What tools to use (WhatsApp platform for continuous discussions, Skype, Zoom, Google Meetings, Facebook Rooms ...)*
- *Are the stakeholders used to the communication? (Quick training needed?)*
- *Funding mechanism of the working and reporting tools*

3 Communication During the COVID-19 Pandemic:

List the different communication channels the coordination body will make use of during the pandemic. This should include details for communication with partners, regional and provincial focal points, senior management, private sector partners and donors.

4 Key Business Functions:

Make a list of all iSC operations, sorted into three groups:

- are **critical and need to be maintained** in the country (cold chain maintenance, stock management and reporting, distribution, etc)
- **can be relocated or performed remotely** (supportive supervision, devolution to lower levels focal points, etc)
- **can be suspended temporarily** (trainings, face-to-face meetings, etc)

For each activity that needs to be maintained, whether remotely or not, provide the following information:

- a list of staff required and their qualifications
- a list of identified office staff who can be repurposed, and their training needs in order to perform the assigned tasks
- a list of resources required to perform the operations
- a list for each programme of where the operations will be carried out, including possible relocation places.

Make sure that relevant SOPs are attached to the BCP.