



JOINING FORCES FOR EFFECTIVE VACCINATION DELIVERY

COVID-19 has changed individuals, communities, societies, and countries worldwide. The direct and indirect impact of COVID-19 extends beyond health. The pandemic's toll on livelihoods, education, food security, mental health, and delivery of non-COVID-19 related services is devastating – putting USAID's investments across all sectors at risk. Yet, within this devastation, there is resiliency. People are adapting, and this adaptation is driving innovation. COVID-19 vaccines, developed within an unprecedented timeframe, give the world hope. Vaccines, however, do not save lives – vaccination does. We need an unprecedented vaccination delivery strategy for this titanic logistical challenge. Countries and foreign assistance agencies, with support from implementing partners such as URC, should prepare to support joint vaccination efforts now.

URC'S GUIDING PRINCIPLES

Time is critical. To minimize delays, COVID-19 vaccination strategy and delivery efforts require a multi-prong Plan-Deliver-Provide approach based on these core guiding principles:

- **Country-led contextualized strategy.** An effective COVID-19 vaccination strategy relies on plans tailored to each country's target populations and unique circumstances, including their supply chain and health service delivery system;
- **Operational partnerships consolidating thought leadership and resources.** Effective vaccination is not just a health activity. It requires resources and collaboration well beyond health – both within and between countries where public, development, and private sector efforts come together. It requires mobilizing communications outreach with evidence-based information;
- **Leveraging existing funding mechanisms.** Capitalizing on existing partnerships, relationships, and expertise that are well-positioned for fast and effective mobilization is key; and
- **Continuous monitoring of the results and learning for larger global impact.**

USAID's pandemic preparedness experience as well as existing funding mechanisms and collaborations can support host-country governments defeat COVID-19. We cannot afford to fail.

URC'S OFFER: FOCUSING ON PATIENTS AND HEALTH SYSTEMS

Countries need to prepare at an extraordinary pace to carry out COVID-19 vaccination. Prompt and careful planning will save years of donor investments and reduce deaths and suffering. URC's established networks and partnerships are in place to assist with the development and rollout of vaccination strategies tailored to each country.

URC has expertise in health service delivery and in working with host-country governments and stakeholders at local, regional, and national levels. We have worked with global actors, including Gavi – the co-lead of the COVAX initiative – WHO, UNICEF, the World Bank, and others.

EVIDENCE OF URC EXPERTISE

For more than 50 years and in 90 countries, URC has built health system resilience by helping host-country governments: expand coverage and quality of health services; improve laboratory capacity to diagnose and manage infectious diseases; strengthen information and surveillance systems for collecting and analyzing data; build capacity for using data for decision making and learning; and improve infection prevention and control. For example:

- In Mongolia, with funding from the Millennium Challenge Corporation and in collaboration with the national government, URC designed and led a pilot for the introduction of the multi-dose HPV vaccines in school settings;
- In the Philippines, under a USAID project and in collaboration with WHO and UNICEF, URC supported the Department of Health's "door-to-door" measles, mumps, and rubella campaign led by community health workers nationwide with targeted advocacy and communication outreach;

URC's COVID-19 Vaccination Strategy: Plan-Deliver-Provide

PLAN	DELIVER	PROVIDE
<ul style="list-style-type: none"> • Select country-specific vaccination targets and means of vaccine delivery • Identify and address country-specific regulatory and legal constraints • Quantify demand and define budgets (public vs. humanitarian assistance) for: <ul style="list-style-type: none"> – Vaccines – Personal protection equipment (PPEs) – Other vaccination supplies 	<ul style="list-style-type: none"> • Manage emergency procurements and shipments ensuring transparency and safeguards from corruption in COVID-constrained settings <ul style="list-style-type: none"> – Customs – Quality assurance • Handle “tarmac-to-service delivery points” (SDPs) <ul style="list-style-type: none"> – Cold chain transportation and storage – In-country logistics by public and private companies – Track and trace technologies, including GS1 for increased visibility, transparency, and surveillance 	<ul style="list-style-type: none"> • Design target population strategy to ensure vulnerable groups are reached and there is cost effective use of limited resources • Design and deliver communication campaign and messages for: <ul style="list-style-type: none"> – Health workers and health administrators; targeted priority populations; and the general population • Support vaccination services at health care SDPs and/or “door-to-door” special campaign efforts to: <ul style="list-style-type: none"> – Reach rural and urban populations – Engage private and public providers – Maximize coverage using all levels of health care facilities, community health workers, pharmacists, military, etc. without straining the health system • Conduct vaccination training and other targeted capacity-building efforts on: <ul style="list-style-type: none"> – Pre- and post-vaccination counseling – Infection prevention and control, including use of PPEs, handwashing, social distancing, and waste disposal – Managing side effects – Second dose follow-up • Carry out vaccination coverage monitoring to: <ul style="list-style-type: none"> – Monitor second dose administration – Identify lost-to-follow-up patients – Record and aggregate adverse events and analyze trends

- In the Philippines and Uganda, URC led assessments of health care facility preparedness for the COVID-19 response. Results were used to develop action plans;
- In Uganda, under a USAID project and in coordination with the Ugandan government, civil society organizations, and the private sector, URC demonstrated substantial improvements in TB outcomes by strengthening the systems to identify TB cases and retain TB patients in care;
- In Botswana and Mozambique, URC developed emergency supply chain playbooks to serve as an essential tool to support the country with strategic information on commodity planning, utilization, and resource allocation; and
- URC held USAID's global TB project for 10 years and developed innovative digital approaches for tracking TB patients.

A positive spill-over effect of the pandemic should be stronger and better performing health systems. URC is poised to continue our support to countries worldwide to ensure that people, no matter where they live, can access this life-saving vaccine.

URC PANDEMIC EXPERTS

URC's COVID-19 efforts are guided by a team of renowned experts: Dr. Dennis Carroll and Dr. Carlos Cuéllar. For nearly 15 years, Dr. Carroll directed USAID's Pandemic Influenza and Other Emerging Threats Unit. He was responsible for the agency's programs addressing new and emerging disease threats, leading the response to the H5N1 avian influenza and H1N1 pandemic viral threats. Dr. Cuéllar is a public health professional and epidemiologist recognized globally for his work in health systems strengthening, health service delivery, and health care quality. Dr. Cuéllar has led the President of Bolivia's COVID-19 Advisory Board and counseled the Bolivian Ministry of Health on the COVID-19 response, including vaccination preparedness.

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