



Executive summary

February 2022



In 2021 the supply of COVID-19 vaccines was the biggest challenge facing the world. A year on, the key concerns facing countries are waning immunity and the practicalities of administering vaccines to adolescents and children.

A webinar, organised by the BMJ in partnership with the Asian Development Bank, the UK Government's Better Health Programme and the UK National Health Service, explored the lessons learnt in administering COVID-19 booster and paediatric vaccines. Experts from Malaysia, Philippines and the United Kingdom discussed successful strategies for delivering this next stage of mass vaccination.



UK Government

The webinar had 979 participants from 55 countries. Five key messages came out of the webinar:



1. Develop a simple and clear strategy

The UK's vaccination strategy to reduce morbidity and mortality could be easily understood by the general public. This clear vision underpinned the way that different groups of the population were prioritised for primary and booster vaccine doses. In the Philippines, the message - Pamilyang Bakunado, Protektado (a family that is vaccinated is protected) – is proving successful in encouraging high take-up of paediatric vaccines.



“We need science and good data to support our vaccination programme and the need for any future booster doses.”

Dr Hisham



2. Respond swiftly to the data

Good surveillance data is vital to monitor infection rates, pharmacovigilance and to find evidence of waning immunity. Malaysia's nationally comprehensive surveillance data showed that the effectiveness of the primary vaccine doses, particularly CoronaVac (Sinovac), wanes within 3-5 months. Following the data closely allowed the government to rapidly roll out a vaccine booster programme. Similarly, excellent monitoring in the UK allowed for a swift response to the “express freight train” of the Omicron wave with booster doses offered to the most vulnerable before a winter surge in infections. The next variant of SARS-CoV-2 may be worse than Omicron and a clear leadership strategy is vital in order to be able to quickly react to any new evidence that emerges.



3. Be flexible

In Malaysia a large proportion of the ethnic Chinese population were hesitant about coming forward for the recommended Pfizer booster dose, preferring to have the Chinese-made CoronaVac vaccine. Health officials recognised that it was important to be flexible and let people have a choice of vaccine rather than none. Flexibility over where vaccines are delivered is also vital. In the Philippines for example, vaccination services have been brought closer to local communities by using a wide range of spaces including primary care clinics, pharmacies and churches. Training up non-healthcare workers to deliver vaccines, as has successfully occurred in the UK, is an example of a country developing a creative response to a huge demand on health services.



4. Communicate information clearly

The spread of misinformation about vaccination through social media is an issue facing all countries. Independent expert advice from a body such as the UK's Joint Committee on Vaccination and Immunisation (JCVI) is extremely valuable in order to build trust in a vaccination programme. In the Philippines, there was an intensive programme to communicate clear information about the paediatric vaccination programme including town hall meetings and local assemblies. Experts and respected organisations such as Save the Children were also used to disseminate accurate information about vaccination through social and traditional forms of media. Educating healthcare workers first so they can disseminate information to the general public is also crucial.



“Independent expert advice is really important to build trust in a vaccination programme.”

Mr Earnshaw



Concentrate on morbidity and mortality. We have been lucky with Omicron in that it doesn't seem to produce the same level of hospitalisation and death as Delta. Expect the unexpected as this is going to change again and it is important to be able to flex and respond. Finally, keep delivery simple and use established systems where possible.”

Dr Leach



5. Consider practicalities

There are a number of practicalities that need to be considered when setting up a paediatric COVID-19 vaccination programme. For example, extra physical space within the vaccination centre for parents or guardians will be needed. More time for vaccination will be necessary to allow parents to ask questions. Parents, and children depending on their age, will need to be given clear information so that they can make informed consent. Procedures must be in place to ensure there is no chance of inadvertent administration of an adult dose instead of a paediatric dose of vaccine. There should also be consideration of how to make the vaccination area more child friendly and attractive. Offering a range of times so that it is easier for parents to bring children after work can also help increase uptake. In the UK, using schools to deliver paediatric vaccines has proved successful in reducing disparities.



Vaccination is the game-changer. We found with Delta and with Omicron areas with high vaccination rates had shorter surges. For any vaccine rollout, it is important to educate our healthcare workers first as they are our best advocates.”

Dr Cabotaje