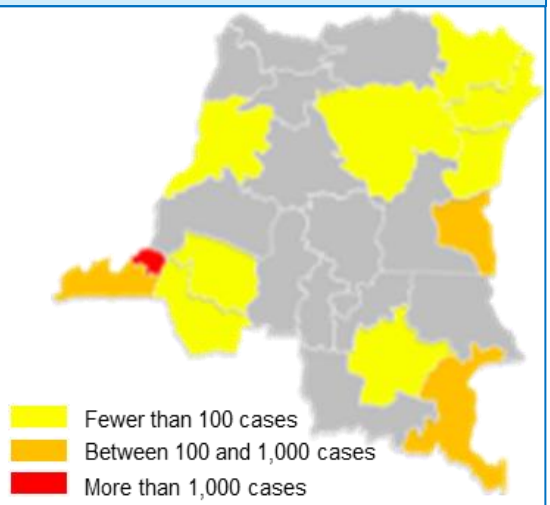
COVID-19 SITUATION REPORT #16

25 AUGUST 2020

Across Gavi-eligible countries, we have seen a consistent increase in cases since March 2020. In the past fortnight, the number of cases has increased by 30%. Since the start of the pandemic, **70** (out of 73) Gavi-eligible countries have reported cases, with over 4.6 million confirmed cases and 93,535 deaths. India has reported the third-highest number of cases in the world (3 million), although reports last week indicated a drop in the growth rate of daily cases – signalling a possible flattening of the curve. Pakistan has the second-highest number of cases among Gavi-eligible countries and the twelfth-highest in the world (293,000). Recent reports indicate that the curve may be flattening in Pakistan, as the number of daily new cases continues to decline. The Democratic People's Republic of Korea,[1] Kiribati and Solomon Islands have not yet reported any cases. These three countries are fully focused on prevention and preparedness efforts, including physical distancing, raising awareness, orienting health workers and safe sanitation practices.

The last three Situation Reports profiled India, Pakistan and Nigeria; this report will focus on the Democratic Republic of the Congo (DRC). DRC has the second-highest number of "zero-dose" children in Africa (i.e. who are still not receiving even the first dose of basic vaccinations); has a fragile health system; and is plagued with multiple vaccine-preventable diseases (VPDs), making it potentially vulnerable to the effects of the COVID-19 pandemic.

COVID-19 cases map – DRC



Source: WHO

DRC reported its first COVID-19 cases on 10 March. Since then, there has been a steady rise in the number of cases, with the country reporting 9,810 cases as of today. On 24 March, the country declared a state of emergency that continued until 22 July, after which the country began to ease its restrictions. Some 17 provinces have now been affected by the virus, including the eastern provinces of North and South Kivu, which host internally displaced persons and refugees. There are indications that testing capacity has increased since June; however, it is still low – at 4 tests per 1 million people – compared with other countries. (Nigeria is at 19 tests, Ghana is at 42, India is at 619, South Africa is at 378, while the United Kingdom is at 2,390.)

COVID-19 is not the only outbreak that the country is currently dealing with. An Ebola outbreak was declared on 1 June after a cluster was detected in the Mbandaka area of Équateur province and has since spread to 11 health zones. In addition, the country has also been tackling a cholera outbreak. Further, in August 2020, the death toll from the ongoing measles outbreak – the world's worst – surpassed 7,000, according to the latest data from WHO. However, there are indications that the measles outbreak is abating.

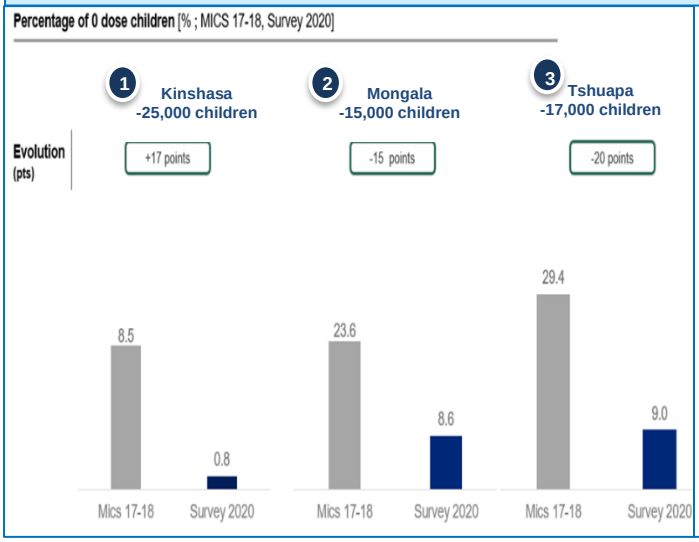
In 2019, the DRC Ministry of Health (MoH), Vaccine Alliance partners and other partner aid agencies vaccinated more than 18 million children under the age of five across the country. However, in some areas, routine immunisation coverage remains low, and 25% of the reported measles cases are in children over the age of five.

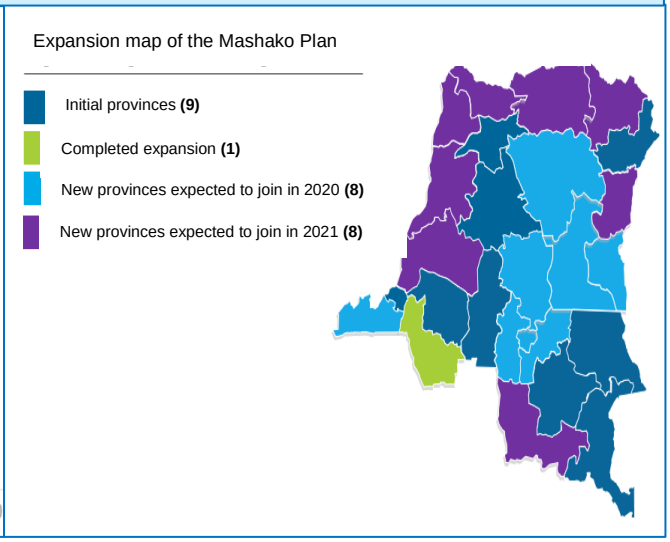
The latest WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), based on findings from the Multiple Indicator Cluster Survey (MICS) implemented in 2017–2018, indicate a 24% drop from the 2013 immunisation coverage survey in coverage for the third dose of diphtheria-tetanus-pertussis-containing vaccine (DTP3), 19% for inactivated polio vaccine (IPV) and 25% for yellow fever vaccine. However, positive early results from the Mashako Plan, based on subnational surveys conducted in early 2020 prior to the COVID-19 outbreak,

[1] The Democratic People's Republic of Korea has reported what it describes as the country's first suspected COVID-19 case.

indicate that the country may be reversing these trends: a sharp reduction in the number of zero-dose children was observed over the past 18 months. (Launched in October 2018, the Mashako Plan aims to boost vaccine coverage by 15 percentage points within 18 months, protecting 220,000 additional children.) The MoH continues to focus on expansion to new provinces, despite delays in implementation due to the COVID-19 pandemic.

Mashako Plan key statistics

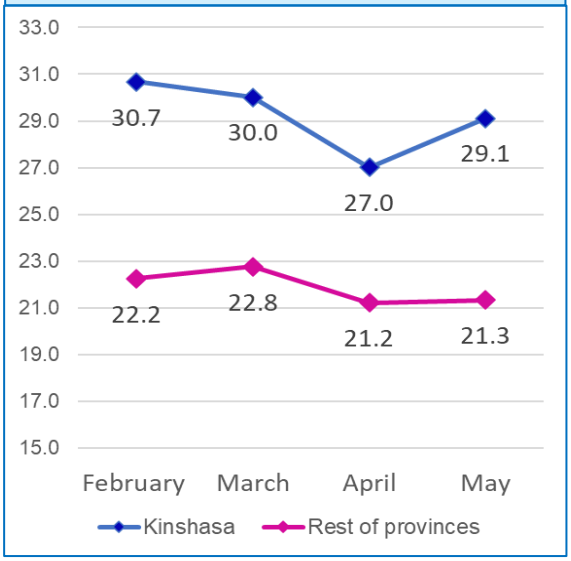




Source: Acasus

The COVID-19 pandemic is causing new challenges in recent efforts to improve immunisation coverage: health workers without access to adequate personal protective equipment (PPE) to conduct immunisation sessions; fear of transmission among parents; and the spread of misinformation and rumours about the virus, including that it is a "disease of the rich." Data from the DRC's Expanded Programme on Immunization (EPI) application identified a decrease of 10% in average attendance of children at immunisation sessions in Kinshasa in April 2020, when compared to March 2020. This decline is, however, limited to 7% in other provinces where the EPI application is deployed. The difference in drop in demand between Kinshasa and other provinces can be attributed to the high concentration of COVID-19 cases in Kinshasa (90%).

Children's average attendance per immunisation session, 2020

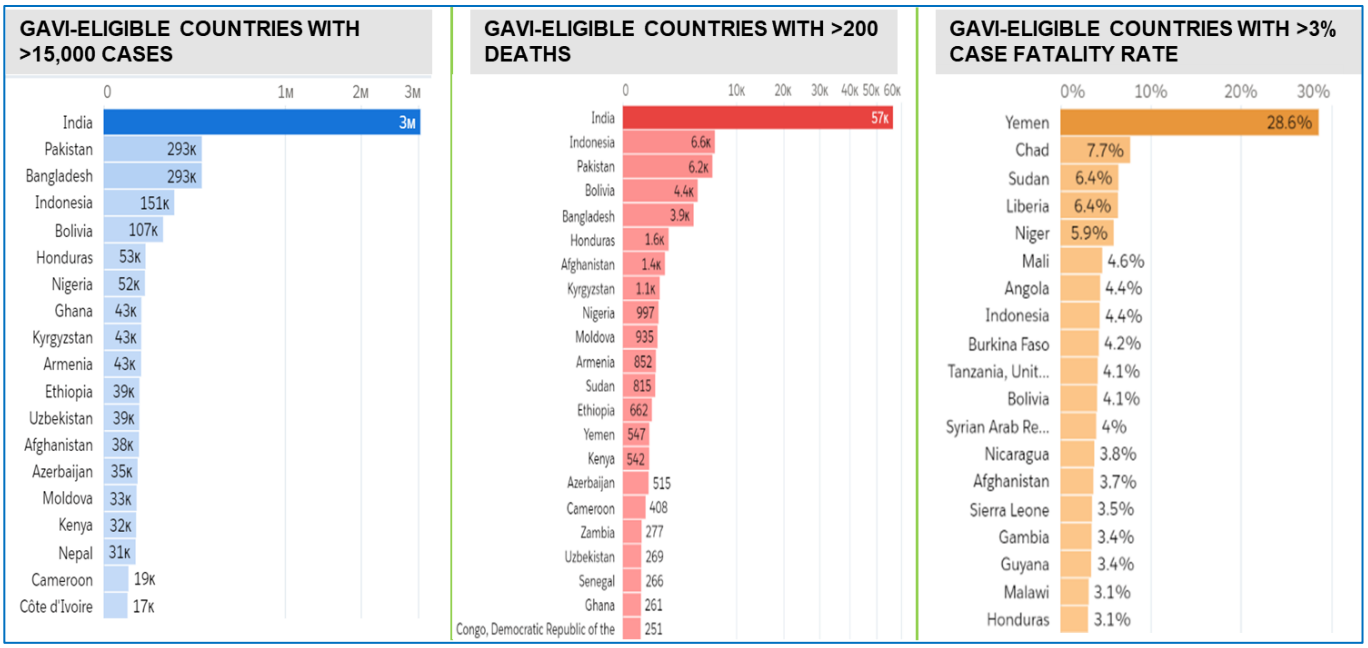


To limit the impact of COVID-19 on routine immunisation (RI) demand and service delivery, the DRC MoH put in place some key measures. These included: (i) early issuance (30 March) of directives to maintain RI services in the COVID-19 context; and (ii) a communication campaign through television and social media to combat the spread of false rumours. Nonetheless, the acute impact of COVID-19 on the country continues to be a cause for concern. According to a report from UNICEF, the declining attendance at immunisation sessions may leave children at an increased risk of contracting VPDs such as polio, measles and yellow fever.

In this context, while national funding for vaccines has long been a key challenge towards improving coverage, DRC has been recognised for its recent efforts to boost national investments in vaccines. In April–May 2020, the DRC government disbursed US$ 16.4 million for the purchase of vaccines – double what it spent in 2019 – in accordance with the commitment made at the National Forum on Immunization and Polio Eradication in July 2019. This has led to effective government funding of traditional vaccines (e.g. to prevent tuberculosis and measles) and co-financing of new vaccines (e.g. to prevent rotavirus diarrhoea and pneumococcal pneumonia). DRC has fully fulfilled its commitments to co-finance Gavi-supported vaccines in 2019 and 2020. The funds provided by the DRC government to procure vaccines will also help consolidate the results of the Mashako Plan.

COVID-19 situation across other Gavi-eligible countries

Gavi-eligible countries account for approximately 19% of total global COVID-19 cases and 10% of deaths. This proportion is continuing to grow over time. Several of the most affected countries are those that have transitioned from Gavi support (Armenia, Bolivia, Honduras and Moldova). Africa is the most affected region in terms of having the highest case fatality rates (CFR), after Yemen at 28.6%. These high CFRs could partly be attributed to lower testing rates; as a result, many cases may be undetected. DRC has a CFR of 2.6% and Nigeria is at 2%, while India and Pakistan are at 2.1%.



Impact on routine immunisation (RI)

Out of 68 Gavi-supported vaccine introductions and campaigns projected to take place in 2020, 44 have been impacted due to COVID-19: **39 are confirmed delays,** and a further 5 are at risk of delay. A number of Gavi-eligible countries have resumed campaigns and vaccine introductions, as reported last month: Ethiopia (measles campaign), Eritrea (meningococcal introduction), Nepal (rotavirus introduction), Solomon Islands (rotavirus introduction), Yemen (diphtheria and oral polio vaccine campaigns) and Zambia (leveraged Child Health Week to include a catch-up campaign for IPV). Early reports indicate a reduced turnout in some campaigns (for example, Ethiopia), thereby emphasising the need to intensify demand efforts as countries maintain, restore and strengthen immunisation services.

Eighteen Gavi-eligible countries have reported shipment delays, while approximately seven[2] countries are reporting stock-outs at central or subnational level due to the COVID-19 pandemic. UNICEF reported approximately 50 vaccine deliveries in week 34 (17 August) – which is within the pre-pandemic range. Although there are still a number of countries that are difficult to access through commercial flights, this number is declining. Charter flights are still required to reach more destinations compared with before the pandemic. The backlog of shipments is at the lowest level since week 15 (20 April) and continues to decrease, but additional efforts are required to bring it down to the pre-pandemic level.

There are delays in the implementation of Gavi's Cold Chain Equipment Optimisation Platform (CCEOP); however, the situation is slowly improving. The Vaccine Alliance is working with governments to secure special arrangements for continued deployment of CCEOP wherever feasible and with manufacturers to manage the cost of storing devices where this is not possible.

[2] Angola, Burkina Faso, Cameroon, Ethiopia, Guinea, Haiti and Sao Tome and Principe.

Impact on co-financing and assurance mechanisms

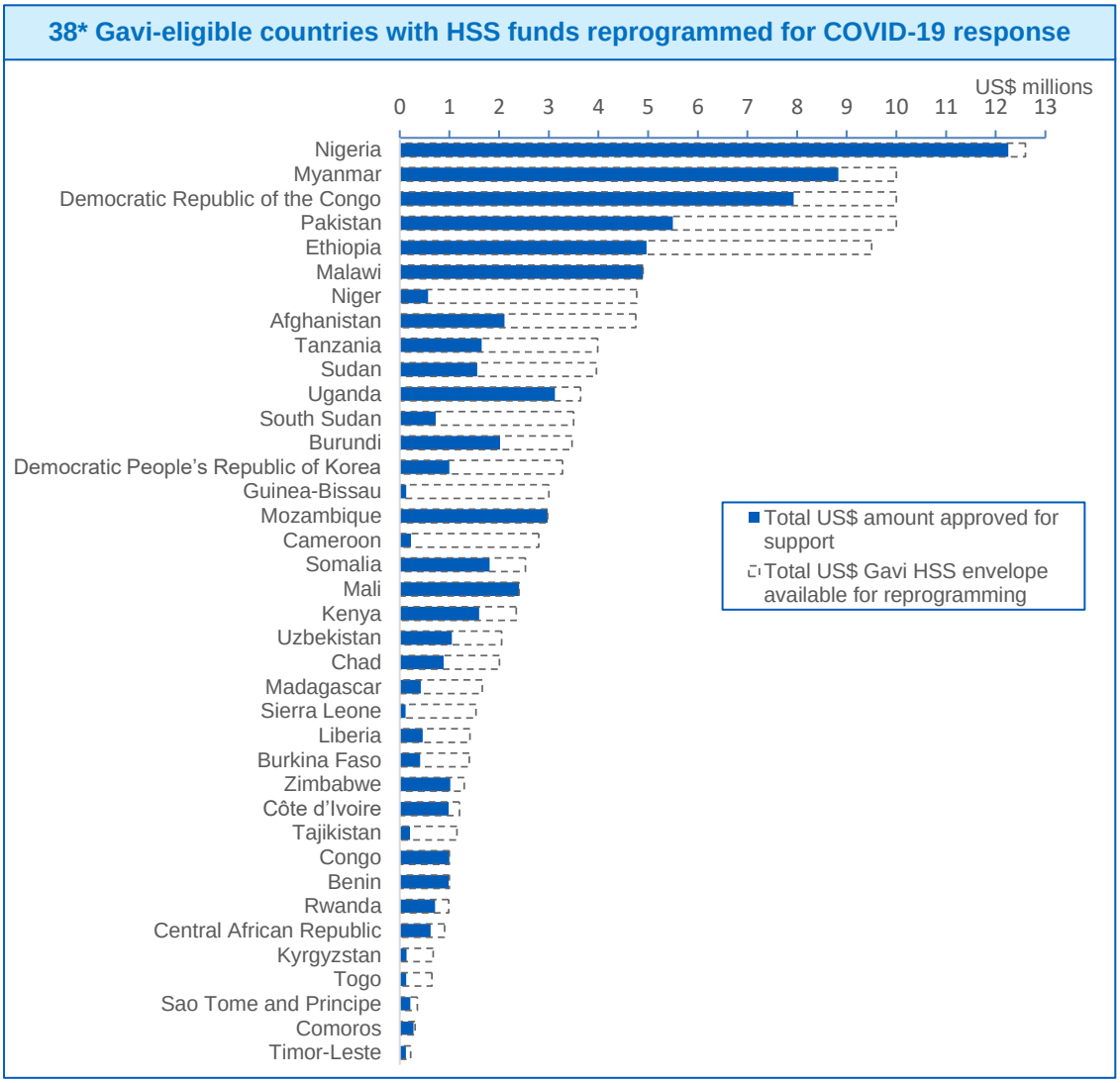
Eleven Gavi-eligible countries have requested co-financing waivers so far. Following Alliance advocacy and engagement to identify needs and possible solutions, six have identified ways to meet their 2020 co-financing obligations.

In a substantial number of Gavi-eligible countries, appropriate alternative measures have been put in place as services provided by oversight mechanisms have been impacted due to the COVID-19 pandemic. In addition, Gavi continues to establish fiduciary oversight mechanisms where necessary.

A. GAVI COUNTRY PROGRAMMES UPDATE ON COVID-19 RESPONSE

- **Fifty-nine**[3] reprogramming applications have been approved so far, totalling **US$ 79.86 million.** Of these, **42** are health system strengthening (HSS) reprogramming applications totalling **US$ 76 million**. On average, countries have reprogrammed 61% of their potential reprogramming ceiling. Twenty-one (21) reprogrammings are for partners' engagement framework (PEF) Targeted Country Assistance (TCA) and post-transition engagement (PTE) reprogramming, totalling US$ 3.86 million. An additional 33 are no-cost extensions.
- Gavi's largest area of support continues to be infection prevention and control (IPC), at about 54%.

- A summary of HSS reprogramming requests as of 25 August is below *(further details on approved requests are available in Annex 1*).



**The total number of applications is mentioned as 42 above, as 4 countries have submitted multiple applications.*

[3] Four countries have submitted multiple applications.

B. ANNEX 1: FURTHER DETAILS ON REPROGRAMMING APPLICATIONS APPROVED

Country	Total US$ amount approved for support	Total US$ Gavi HSS envelope available for reprogramming	Main components of reprogrammed support
HSS reprogramming applications approved			
Nigeria	12,254,953	12,600,000	Hygiene and infection control training for health workers, infection control supplies, surveillance activities, laboratory testing materials, risk communication and community engagement and coordination and oversight
Myanmar	8,830,447	10,000,000	Disease surveillance, infection prevention and control (IPC), laboratory readiness, coordination, community engagement and risk communication
Democratic Republic of the Congo	7,932,056	10,000,000	Logistics, IPC, coordination, risk communication and community engagement
Pakistan	5,499,990	10,000,000	PPE equipment for frontline immunisation workers for six months
Ethiopia	4,971,000	9,500,000	Infection control supplies; risk and behavioural communication; community, civil society and media engagement
Malawi	4,897,012	4,900,000	Immediate infection prevention efforts, including protection of health workers; strengthening screening and diagnostic efforts; and coordination
Uganda	3,120,539	3,642,000	IPC supplies, laboratory supplies, risk communication
Mozambique	2,980,000	2,980,000	PPE for health workers; development and production of communication materials aimed at the public to encourage the adoption of preventive behaviours and to inform of the continuity of essential programmes
Mali	2,400,000	2,400,000	Disease surveillance equipment, sanitisation materials, lab equipment and PPE
Afghanistan	2,106,722	4,750,000	Diagnostic capacity, IPC and hygiene, infection and laboratory supplies
Burundi	2,019,478	3,468,205	PPE, lab equipment, IPC, logistics support, communication activities and disease surveillance training
Tanzania	1,646,534	3,984,622	PPE
Kenya	1,599,206	2,346,000	Capacity building on COVID-19 case management; coordination (national and county); PPE procurement; communication support; IT to support coordination
Sudan	1,560,519	3,960,000	Hygiene and infection control training for health workers, infection control supplies, disease surveillance activities (including community-based surveillance), support to the establishment of isolation centres, supervision activities
Somalia	1,806,100	2,530,000	PPE, risk communication, disease surveillance, case management, IPC
Uzbekistan	1,047,500	2,050,000	PPE, health worker training and communication
Zimbabwe	1,016,560	1,300,000	Rapid test kits, PPE, test kits

Congo	1,000,000	1,000,000	Diagnostic devices, PPE, medical equipment and treatment, laboratory consumables
Democratic People's Republic of Korea	1,000,000	3,280,000	Training of trainers and refresher training of laboratory personnel; laboratory procurement and installation of diagnostic machines; procurement of lab reagent and supplies; IPC and sample collection kits for laboratory and rapid response team (RRT) staff; joint monitoring with WHO and Ministry of Public Health
Côte d'Ivoire	987,833	1,204,674	Communication and community mobilisation activities
Benin	986,438	998,000	IPC measures in health facilities and communities; supply and management of PPE; community engagement; social and behavioural change communication (SBCC); disease surveillance
Chad	884,721	2,007,342	IPC, PPE, disease surveillance and communication
South Sudan	720,410	3,500,000	Disease surveillance, training, contact tracing, RRTs, IPC and case management
Rwanda	707,161	984,474	Contact testing; RRT transport; quarantine centres
Central African Republic	620,806	900,000	PPE and advocacy communications
Niger	568,153	4,770,000	PPE; support to epidemiological surveillance, monitoring and risk assessment; community communication activities and support for equipment and facilities for remote working
Liberia	459,221	1,410,000	Communication to address rumours that impact routine immunisation
Madagascar	425,907	1,664,000	PPE; strengthening hygiene and sanitation measures; risk prevention and community engagement; coordination; screening; disease surveillance
Burkina Faso	407,933	1,401,000	Procurement of PPE for health workers; social mobilisation through communication; laboratory supplies; disease surveillance
Comoros	277,704	308,560	Procurement of PPE; strengthening hygiene and sanitation measures; IPC; communication for risk prevention and community engagement; capacity building for COVID-19 patient care; coordination, screening (laboratory) and disease surveillance
Cameroon	226,188	2,800,000	Risk communication and community engagement
Sao Tome and Principe	212,600	350,000	PPE
Tajikistan	205,046	1,150,000	Social mobilisation and communication
Kyrgyzstan	134,000	670,000	Disease surveillance, training, communication and PPE
Togo	129,000	645,000	Expansion of testing capacity to subnational level
Timor-Leste	124,580	219,056	Training, operational costs and transportation
Sierra Leone	118,997	1,534,000	Health worker capacity strengthening, training, procurement, social mobilisation and disease surveillance
Guinea-Bissau	127,311	3,000,000	Risk communication and community engagement on COVID-19 and vaccine-preventable diseases (VPDs); IPC, surveillance and supervision related to COVID-19 and VPDs

Total	**76,012,626**	**124,206,933**	
Partners' engagement framework (PEF) Targeted Country Assistance (TCA)/post-transition engagement (PTE) reprogramming applications approved			
Timor-Leste	336,275	No ceiling applicable	PTE support reallocated for operational, training and communication support; and cold chain improvements
Congo	160,040	No ceiling applicable	Training of health workers, patient tracking; supervision
Guinea-Bissau	134,000	No ceiling applicable	Communication strategy, disease surveillance, supervision, infection control and training
Madagascar	523,254	No ceiling applicable	Roll-out of communication activities in nine priority regions; training of health workers on COVID-19; documenting CSOs' role in COVID-19 response
Benin	99,598	No ceiling applicable	Reinforcement of human resources to improve planning and implementation of equity in immunisation in the context of COVID-19
Liberia	320,126	No ceiling applicable	Disease surveillance: support contact tracers' training and conduct contact tracing
Bhutan	50,041	No ceiling applicable	Procurement of cold boxes and vaccine carriers; training of student nurses; monitoring; demand generation
Cambodia	36,030	No ceiling applicable	Reallocation of funding and no-cost extension
Uzbekistan	32,500	No ceiling applicable	No-cost extension for 2019 TCA and reprogramming for safety training for health care workers; communication strategy
Zimbabwe	19,696	No ceiling applicable	Finalise and roll out trainings (if possible, virtual) for community health workers on COVID-19 prevention, case identification and referrals – aligned with village health worker trainings; training for 2,000 community health workers in 23 districts
Congo	160,040	No ceiling applicable	Training of health workers; patient tracking
Senegal	50,000	No ceiling applicable	Disease surveillance; patient tracking
South Sudan	45,000	No ceiling applicable	Contact tracing; reporting
Gambia	22,500	No ceiling applicable	Provide technical support to the adaptation/adoption of the guidelines on the operationalisation of antenatal care (ANC), postnatal care and immunisation in the context of COVID-19
Ghana	21,961	No ceiling applicable	Reprogramming for development and adaptation of relevant plans; capacity building for implementation of guidelines related to surveillance, case management and IPC
Eritrea	140,000	No ceiling applicable	Develop social mobilisation information, education and communication (IEC) materials with the Expanded Programme on Immunization (EPI) for demand creation in light of COVID-19; support resumption of mobile outreach activities
Angola	1,353,862	No ceiling applicable	PPE; supervision to carry out technical adjustments in EPI for COVID-19; expand digital Logistic Platform for vaccines to 12 provinces; equip the central medical store for vaccines with 2 new compressors
Ethiopia	200,500	No ceiling applicable	Support routine immunisation coverage improvement activities, supervision and monitoring; no-cost extension (CDC/CDC-F)

Kiribati	119,880	No ceiling applicable	Support for staff member leading PTE implementation beyond the current programmatic timeline; data strengthening activities
Mongolia	17,000	No ceiling applicable	Support for routine immunisation activities
Georgia	10,500	No ceiling applicable	Risk communication
Kyrgyzstan	Not applicable	No ceiling applicable	No-cost extension for 2019 TCA and assessment; reprogramming for rehabilitation plan for national vaccine store; support for district-level trainings on new guidelines on adverse events following immunisation (AEFI)
Haiti	Not applicable	No ceiling applicable	No-cost extension and reprogramming for COVID-19 response
Bangladesh	Not applicable	No ceiling applicable	No-cost extension
Burkina Faso	Not applicable	No ceiling applicable	No-cost extension
Congo	Not applicable	No ceiling applicable	No-cost extension
Central African Republic	Not applicable	No ceiling applicable	No-cost extension
Democratic Republic of the Congo	Not applicable	No ceiling applicable	No-cost extension
Vietnam	Not applicable	No ceiling applicable	No-cost extension
Uganda	Not applicable	No ceiling applicable	No-cost extension
Senegal	Not applicable	No ceiling applicable	No-cost extension
Sierra Leone	Not applicable	No ceiling applicable	No-cost extension
Niger	Not applicable	No ceiling applicable	No-cost extension
Nigeria	Not applicable	No ceiling applicable	No-cost extension
Ghana	Not applicable	No ceiling applicable	No-cost extension
Afghanistan	Not applicable	No ceiling applicable	No-cost extension
Pakistan	Not applicable	No ceiling applicable	No-cost extension
Sudan	Not applicable	No ceiling applicable	No-cost extension
Nepal	Not applicable	No ceiling applicable	No-cost extension
Nicaragua	Not applicable	No ceiling applicable	No-cost extension
Papua New Guinea	Not applicable	No ceiling applicable	No-cost extension
Liberia	Not applicable	No ceiling applicable	No-cost extension
South Sudan	Not applicable	No ceiling applicable	No-cost extension
Lao PDR	Not applicable	No ceiling applicable	No-cost extension
Myanmar	Not applicable	No ceiling applicable	No-cost extension
Tanzania	Not applicable	No ceiling applicable	No-cost extension
Kenya	Not applicable	No ceiling applicable	No-cost extension
Malawi	Not applicable	No ceiling applicable	No-cost extension
Syria	Not applicable	No ceiling applicable	No-cost extension

Solomon Islands	Not applicable	No ceiling applicable	No-cost extension
Djibouti	Not applicable	No ceiling applicable	No-cost extension
Yemen	Not applicable	No ceiling applicable	No-cost extension
Zimbabwe	Not applicable	No ceiling applicable	No-cost extension
Tajikistan	Not applicable	No ceiling applicable	No-cost extension
University of Oslo	115,000	No ceiling applicable	Support countries that have expressed the need to install the new DHIS2 COVID-19 surveillance packages aligned with WHO recommendation
Total:	**3,967,803**		