



24 SEPTEMBER 2020

Across Gavi-eligible countries, we have seen a consistent increase in cases since March 2020. In mid-March 2020, shortly after WHO characterised COVID-19 as a pandemic, 39 Gavi-eligible countries were reporting about 620 cases and 10 deaths. Today, nearly all Gavi-eligible countries (**70** out of 73) have been impacted by the virus, with more than **7.5 million confirmed cases** and **136,663 deaths**. The number is driven primarily by India, which represents approximately 75% (over 5.6 million) of confirmed cases. However, at over 4.3 million, India has recorded the highest recovery rate in the world. The Democratic People's Republic of Korea,<sup>1</sup> 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 Alliance's next strategic period, Gavi 5.0, beginning in 2021 with an emphasis on leaving no one behind and reaching "zero-dose" children, builds on the current Gavi 4.0 focus on coverage and equity. Nearly two thirds of zero-dose children (i.e. children who are still not receiving even the first dose of basic vaccinations, measured for operational purposes by children who have not yet been reached with a single dose of diphtheria-tetanus-pertussis-containing vaccine) are concentrated in only six Gavi-eligible countries: Nigeria (20%), India (18%), Pakistan (9%), Indonesia (7%), Democratic Republic of the Congo (DRC) (6%) and Ethiopia (5%). The last five Situation Reports profiled India, Pakistan, Nigeria, DRC and Ethiopia. This report will focus on the last of the six countries: Indonesia.

Following this report, Gavi will transition to a monthly publication of the Situation Report, from 15 October onwards.

Indonesia's first COVID-19 cases were confirmed in early March 2020. Within a month, cases had been identified across all 34 provinces. As of today, Indonesia has the fourth-highest number of confirmed cases (241,000) among Gavi-eligible countries and the second-highest number of deaths (9,400). It is also the country worst affected by the virus in South-East Asia in terms of number of deaths. A report from Reuters indicated that the country has one of the world's highest rates of child deaths from the virus. In the past week, the number of confirmed cases in Indonesia has grown by 12.1% (compared to 1.8% in Nigeria, 13.6% in India and 6.6% in Ethiopia).<sup>2</sup> Given the recent surge in

**Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces, as of 11 September 2020**



Source: WHO/Government of Indonesia website

cases and deaths, the Indonesian capital of Jakarta has re-imposed restrictions to contain the spread of the virus. Although cities have been particularly impacted, the infection has also been transmitted to remote rural areas.

Earlier in April, the Ministry of Health (MOH) in Indonesia, with UNICEF support, conducted a "Rapid Assessment: Impact of COVID-19 Pandemic on Immunization Services in Indonesia." The assessment revealed that in nearly 84% of health facilities, immunisation services were significantly disrupted due to the COVID-19 outbreak and government policy of physical distancing measures. Various reasons were cited for the cause of disruption to

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

<sup>2</sup> These three countries have shown a reduction in the weekly growth rate compared to a fortnight ago: Nigeria (2.2%), India (16.1%) and Ethiopia (15.7%).

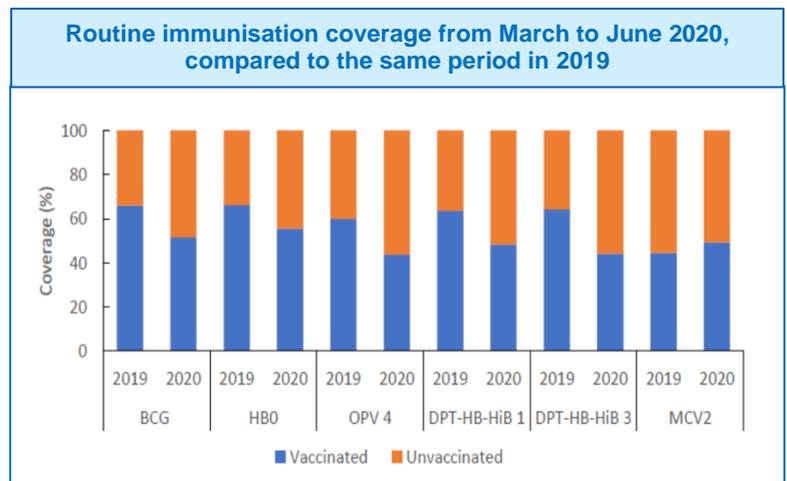


Photo: COVID-19 restrictions messages on local stalls, Indonesia.  
Photo credit: UNICEF/2020/Arimacs Wilander

immunisation services, such as: inadequate understanding of the MOH guidance; high risk of local transmission of COVID-19; insufficient funds as a result of diverting support to the outbreak response plan; limited number of dedicated vaccinators, who were diverted to tackle the COVID-19 pandemic; transport disruptions due to travel restrictions; and closure of schools. Further, health workers were afraid of being infected due to the limited availability of personal protective equipment (PPE) required for safe vaccination practices. Anecdotal reports reveal concerns that there is an increased risk of transmission from community members who have just returned from cities with a high prevalence of COVID-19. There is also an impression that the majority of caregivers do not reveal their exposure or comply with the national guideline of 14 days

of self-isolation. A recent immunisation perception survey in Indonesia conducted in July showed that there is a high demand for safe and timely vaccination services during the COVID-19 outbreak. Respondents strongly supported the government policy to continue immunisation services with safety precautions.

The national immunisation programme data has already shown a decline in vaccination coverage; measles and rubella coverage decreased by 13% between January and March 2020, indicating that thousands of children will be at risk of increased morbidity and mortality from vaccine-preventable disease (VPD) outbreaks. According to reports from WHO, there has been an increase in monthly vaccination coverage for all available VPDs, ranging from 3% to 41%, from May 2020 to June 2020. However, the overall coverage in June 2020 remained 10% to 20% lower than in June 2019 (with the exception of MCV2,<sup>3</sup> which remained stable).



Source: Expanded Programme on Immunization (EPI) Unit, Ministry of Health Indonesia

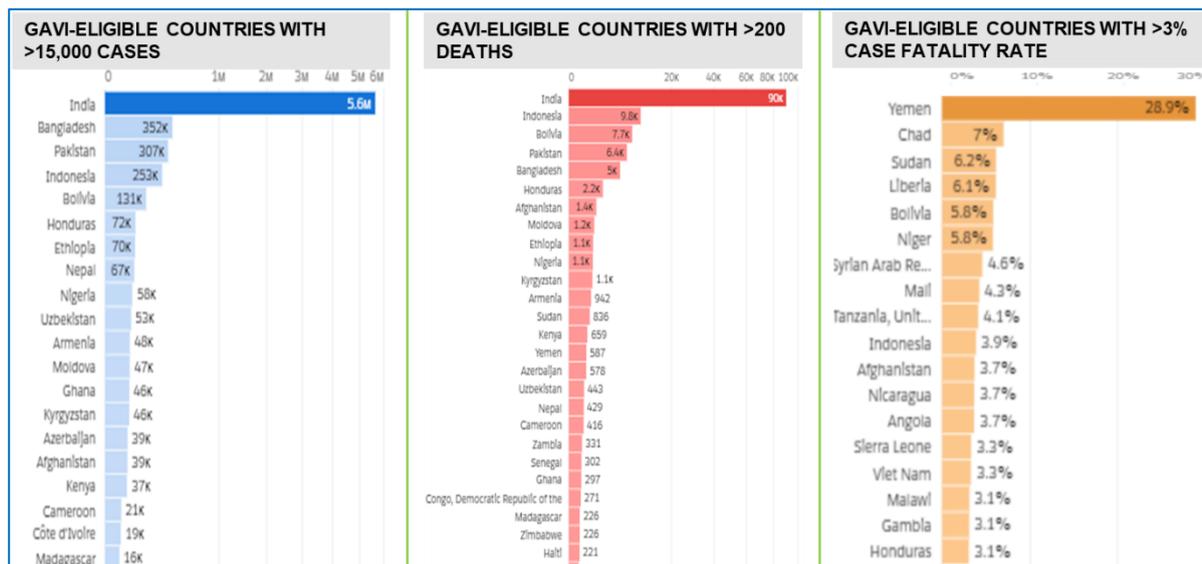
The Government of Indonesia has taken several measures – such as physical distancing, restrictions on domestic and international travel, and closure of schools and recreation centres – to contain the spread of the virus. To limit the impact of the pandemic on essential health services and to ensure the safe continuation of immunisation services, the MOH has issued guidelines based on WHO global guidance. The guidelines emphasise continuing routine immunisation services while maintaining physical distancing and other infection prevention and control (IPC) measures. In response to the Rapid Assessment survey and to mitigate the risks of VPDs, the government has identified strategies such as: leveraging the community to collect data on vaccinations; restoring fixed and outreach sessions, and increasing the frequency of these services; harnessing social media for communication; and engaging local leaders in COVID-19 response efforts.

### COVID-19 situation across other Gavi-eligible countries

Gavi-eligible countries account for approximately 23% of total global COVID-19 cases and 13% 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 (Plurinational State of), Honduras and Republic of Moldova. A number of African countries have the highest case fatality rates (CFR), after Yemen at 28.9%. These high CFRs could partly be

<sup>3</sup> BCG: Bacillus Calmette–Guérin  
DTP-hepB-Hib1/3 (diphtheria, tetanus, pertussis, hepatitis B, *Haemophilus Influenza* type B – first dose/third dose)  
HBO: hepatitis birth dose  
MCV2: second dose of measles-containing vaccine  
OPV: oral polio vaccine

attributed to lower testing rates; as a result, many cases may be undetected until they are far advanced. Indonesia has a CFR of 3.9%, Nigeria is at 2%, India and Ethiopia are at 1.6%, and Bangladesh is at 1.4%.



### 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 4 are at risk of delay. A number of Gavi-eligible countries have resumed campaigns and vaccine introductions: Central African Republic (measles campaign), Ethiopia (measles campaign), Eritrea (meningococcal introduction), Nepal (rotavirus introduction; measles-rubella campaign Phase 2), Solomon Islands (rotavirus introduction), Uganda (yellow fever reactive campaign), Uzbekistan (HPV Phase 2; measles campaign), Yemen (diphtheria and oral polio vaccine campaigns) and Zambia (leveraged Child Health Week to include a catch-up campaign for inactivated polio vaccine).

Eighteen Gavi-eligible countries have reported shipment delays, while approximately six<sup>4</sup> countries are reporting stock-outs at central or subnational level due to COVID-19. UNICEF has been reporting that the overall shipment trend has been stabilising, with approximately 45–50 vaccine shipments delivered per week. Both the number of shipments and the number of countries reached per week are within the range of pre-COVID-19 pandemic levels. This has led to a progressive reduction of the backlog of shipments, with only a handful of long-standing shipments pending; these are being booked and consolidated as required.

There are some delays in cold chain equipment platform (CCEOP) implementation. Where additional costs have been incurred due to COVID-19, these costs have been covered under the CCEOP buffer.

### Impact on co-financing

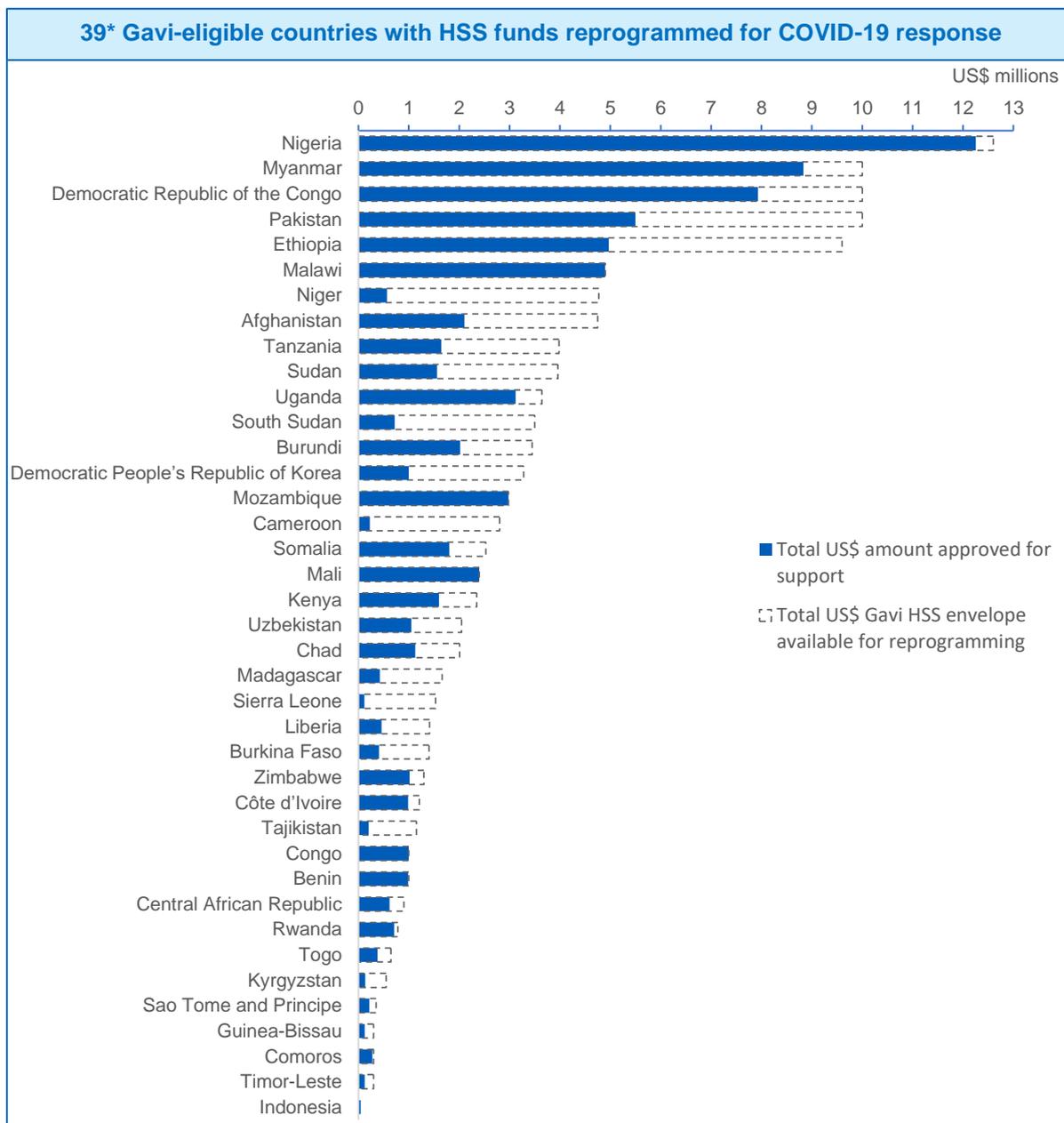
Twelve Gavi-eligible countries have requested co-financing waivers so far. Following Alliance advocacy and engagement to identify needs and possible solutions, four have identified ways to meet their 2020 co-financing obligations.

## A. GAVI COUNTRY PROGRAMMES UPDATE ON COVID-19 RESPONSE

- > **Sixty-nine<sup>5</sup>** reprogramming applications have been approved so far, totalling **US\$ 80.5 million**. Of these, **47** are health system strengthening (HSS) reprogramming applications totalling **US\$ 76.5 million**. On average, countries have reprogrammed 61% of their potential reprogramming ceiling. Twenty-two (22) reprogrammings are for partners' engagement framework (PEF) Targeted Country Assistance (TCA) and post-transition engagement (PTE) reprogramming, totalling US\$ 4 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%.

<sup>4</sup> Angola, Burkina Faso, Ethiopia, Guinea, Lesotho and Somalia.  
<sup>5</sup> Eight countries have submitted multiple applications.

- > Personal protective equipment (PPE) has arrived in most countries that requested PPE support through Gavi, and distribution has begun. Sudan was able to conduct its first set of intensified immunisation activities in low-performing localities due to availability of adequate PPE for health workers. Going forward, Gavi is encouraging countries to leverage other sources of funding specifically for PPE.
- > Gavi has phased out the 10% flexibilities that were focused on the immediate response and is shifting to supporting countries to resume immunisation services and rapidly catch up children who were missed due to disruptions in immunisation services.
- > A summary of HSS reprogramming requests as of 24 September is below (*further details on approved requests are available in Annex 1*).



\*The total number of applications is mentioned as 47 on the previous page, as 8 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
<b>HSS reprogramming applications approved</b>			
<b>Nigeria</b>	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
<b>Myanmar</b>	8,830,447	10,000,000	Disease surveillance, infection prevention and control (IPC), laboratory readiness, coordination, community engagement and risk communication
<b>Democratic Republic of the Congo</b>	7,932,056	10,000,000	Logistics, IPC, coordination, risk communication and community engagement
<b>Pakistan</b>	5,499,990	10,000,000	PPE equipment for frontline immunisation workers for six months
<b>Ethiopia</b>	4,971,000	9,597,000	Infection control supplies; risk and behavioural communication; community, civil society and media engagement
<b>Malawi</b>	4,897,012	4,900,000	Immediate infection prevention efforts, including protection of health workers; strengthening screening and diagnostic efforts; and coordination
<b>Uganda</b>	3,120,539	3,642,000	IPC supplies, laboratory supplies, risk communication
<b>Mozambique</b>	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
<b>Mali</b>	2,400,000	2,400,000	Disease surveillance equipment, sanitisation materials, lab equipment and PPE
<b>Afghanistan</b>	2,106,722	4,750,000	Diagnostic capacity, IPC and hygiene, infection and laboratory supplies
<b>Burundi</b>	2,019,478	3,450,000	PPE, lab equipment, IPC, logistics support, communication activities and disease surveillance training
<b>Somalia</b>	1,806,100	2,530,000	PPE, risk communication, disease surveillance, case management, IPC
<b>Tanzania</b>	1,646,534	3,984,622	PPE
<b>Kenya</b>	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
<b>Sudan</b>	1,560,519	3,958,000	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
<b>Chad</b>	1,126,264	2,007,342	IPC, PPE, disease surveillance and communication
<b>Uzbekistan</b>	1,047,500	2,050,000	PPE, health worker training and communication
<b>Zimbabwe</b>	1,016,560	1,300,000	Rapid test kits, PPE, test kits

<b>Congo</b>	1,000,000	1,000,000	Diagnostic devices, PPE, medical equipment and treatment, laboratory consumables
<b>Democratic People's Republic of Korea</b>	1,000,000	3,278,000	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
<b>Côte d'Ivoire</b>	987,833	1,208,000	Communication and community mobilisation activities
<b>Benin</b>	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
<b>South Sudan</b>	720,410	3,500,000	Disease surveillance, training, contact tracing, RRTs, IPC and case management
<b>Rwanda</b>	707,161	784,084	Contact testing; RRT transport; quarantine centres
<b>Central African Republic</b>	620,806	900,000	PPE and advocacy communications
<b>Niger</b>	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
<b>Liberia</b>	459,221	1,410,000	Communication to address rumours that impact routine immunisation
<b>Madagascar</b>	425,907	1,664,000	PPE; strengthening hygiene and sanitation measures; risk prevention and community engagement; coordination; screening; disease surveillance
<b>Burkina Faso</b>	407,933	1,401,000	Procurement of PPE for health workers; social mobilisation through communication; laboratory supplies; disease surveillance
<b>Togo</b>	379,340	645,000	Expansion of testing capacity to subnational level
<b>Comoros</b>	277,704	300,000	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
<b>Cameroon</b>	226,188	2,800,000	Risk communication and community engagement
<b>Sao Tome and Principe</b>	212,600	350,000	PPE
<b>Tajikistan</b>	205,046	1,150,000	Social mobilisation and communication
<b>Kyrgyzstan</b>	134,000	550,000	Disease surveillance, training, communication and PPE
<b>Guinea-Bissau</b>	127,311	300,000	Risk communication and community engagement on COVID-19 and vaccine-preventable diseases (VPDs); IPC, surveillance and supervision related to COVID-19 and VPDs related to COVID-19 and VPDs
<b>Timor-Leste</b>	124,580	300,000	Training, operational costs and transportation
<b>Sierra Leone</b>	118,997	1,534,000	Health worker capacity strengthening, training, procurement, social mobilisation and disease surveillance
<b>Indonesia</b>	45,455	No ceiling applicable	Purchase of PPE, maintain immunisation services in provinces with high COVID impact
<b>Total</b>	<b>76,549,963</b>	<b>121,337,048</b>	

**Partners' engagement framework (PEF) Targeted Country Assistance (TCA)/post-transition engagement (PTE) reprogramming applications approved**

<b>Timor-Leste</b>	336,275	No ceiling applicable	PTE support reallocated for operational, training and communication support; and cold chain improvements
<b>Congo</b>	160,040	No ceiling applicable	Training of health workers; patient tracking; supervision
<b>Guinea-Bissau</b>	134,000	No ceiling applicable	Communication strategy, disease surveillance, supervision, infection control and training
<b>Madagascar</b>	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
<b>Benin</b>	99,598	No ceiling applicable	Reinforcement of human resources to improve planning and implementation of equity in immunisation in the context of COVID-19
<b>Liberia</b>	320,126	No ceiling applicable	Disease surveillance: support contact tracers' training and conduct contact tracing
<b>Bhutan</b>	50,041	No ceiling applicable	Procurement of cold boxes and vaccine carriers; training of student nurses; monitoring; demand generation
<b>Cambodia</b>	36,030	No ceiling applicable	Reallocation of funding and no-cost extension
<b>Uzbekistan</b>	32,500	No ceiling applicable	No-cost extension for 2019 TCA and reprogramming for safety training for health care workers; communication strategy
<b>Zimbabwe</b>	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
<b>Congo</b>	160,040	No ceiling applicable	Training of health workers; patient tracking; supervision
<b>Senegal</b>	50,000	No ceiling applicable	Disease surveillance; patient tracking
<b>South Sudan</b>	45,000	No ceiling applicable	Contact tracing; reporting
<b>Gambia</b>	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
<b>Ghana</b>	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
<b>Eritrea</b>	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
<b>Angola</b>	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
<b>Ethiopia</b>	200,500	No ceiling applicable	Support routine immunisation coverage improvement activities; supervision and monitoring; no-cost extension (CDC/CDC-F)
<b>Kiribati</b>	119,880	No ceiling applicable	Support for staff member leading PTE implementation beyond the current programmatic timeline; data strengthening activities
<b>Mongolia</b>	17,000	No ceiling applicable	Support for routine immunisation activities
<b>Georgia</b>	10,500	No ceiling applicable	Risk communication

<b>Comoros</b>	93,000	No ceiling applicable	Support in establishing community-based surveillance and a data quality survey
<b>Kyrgyzstan</b>	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)
<b>Haiti</b>	Not applicable	No ceiling applicable	No-cost extension and reprogramming for COVID-19 response
<b>Bangladesh</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Burkina Faso</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Congo</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Central African Republic</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Democratic Republic of the Congo</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Vietnam</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Uganda</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Senegal</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Sierra Leone</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Niger</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Nigeria</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Ghana</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Afghanistan</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Pakistan</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Sudan</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Nepal</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Nicaragua</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Papua New Guinea</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Liberia</b>	Not applicable	No ceiling applicable	No-cost extension
<b>South Sudan</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Lao PDR</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Myanmar</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Tanzania</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Kenya</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Malawi</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Syria</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Solomon Islands</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Djibouti</b>	Not applicable	No ceiling applicable	No-cost extension

<b>Yemen</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Zimbabwe</b>	Not applicable	No ceiling applicable	No-cost extension
<b>Tajikistan</b>	Not applicable	No ceiling applicable	No-cost extension
<b>University of Oslo</b>	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
<b>Total:</b>	<b>4,060,803</b>		