



30 JUNE 2020

Across Gavi-eligible countries, we have seen a consistent increase in cases since March 2020. Within the month of June alone, the number of cases has more than doubled, with **70** (out of 73) Gavi-eligible countries reporting over 1 million confirmed cases and 32,363 deaths. This number now accounts for 12% of global cases, up by 5% from only 3 weeks ago. The Democratic People's Republic of Korea, Kiribati and Solomon Islands have not yet reported any cases. These three countries are fully focused on prevention and preparedness efforts, including social distancing, raising awareness, orienting health workers and safe sanitation practices.



Nearly 71% of reported cases and nearly 74% of reported deaths in Gavi-eligible countries are in India, Pakistan, Bangladesh and Indonesia. India leads in cases and in deaths but has a moderately low case fatality ratio (CFR) of ~3%. While Indonesia is fourth in total cases, it has the highest CFR of the four countries (5.5%). There are increasing concerns about the spread of the disease in Africa, as cases in several countries continue to spike. Some of these spikes could be attributed to increased testing capacity but may also be related to the easing of restrictions or lockdowns. Among Gavi-eligible African countries, Nigeria, Ghana and Cameroon have reported the highest number of cases, although the Democratic Republic of the Congo (DRC) has the third most deaths. Generally, the CFR in these countries has been low (<3%). However, in several fragile and conflict-affected countries, such as Chad, Niger and Burkina Faso, we have seen CFRs of between 6% and 9%.¹ South Africa currently has the most cases (80,412) and deaths (1,674) on the continent.

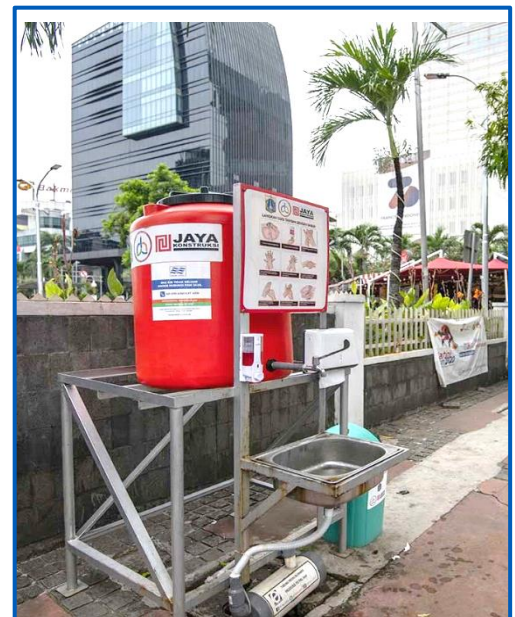


Photo: Installation of sidewalk handwashing stations, Indonesia. Photo credit: UNICEF/2020/Arimacs Wilander

In order to gain some forward-looking perspective, three COVID models, produced by Imperial College London, London School of Hygiene & Tropical Medical and the WHO Regional Office for Africa, explore the country-level trajectory of COVID-19. Key insights include: (i) the numbers of COVID-19 infections and deaths in developing countries are expected to be lower than those seen in higher-income countries due to relatively younger populations and a lower burden of non-communicable diseases; (ii) intensive social distancing (ie, lockdowns) can effectively suppress the pandemic but only for the period of the intervention; (iii) in the absence of health system investments, in order for health systems to cope with the increased burden (ie, demand for intensive care units staying remaining below the available capacity), suppression strategies must be sustained over the entire period of the pandemic, until a COVID-19 vaccine or treatment is available. Nonetheless, it is important to note that the trajectory of COVID-19 is inherently unpredictable. Japan, for example, has one of the world's oldest populations and has not seen the devastating deaths of the United States or Italy. Brazil is hot and wet, and it is now the epicentre of the disease.

Impact on routine immunisation (RI)

Out of 68 Gavi-supported vaccine introductions projected to take place in 2020, 45 introductions have been impacted due to COVID-19: **39 are confirmed delays**, and a further 6 are at risk of delay. Twenty-one Gavi-eligible countries (including Angola, Bangladesh, Benin, Central African Republic, Chad, DRC, Haiti, Kenya, Nigeria and Pakistan) have reported shipment delays, while approximately 13 countries are reporting stock-outs at central or subnational level² due to COVID-19. However, UNICEF is now reporting 53 shipments per week, which is almost back to the pre-crisis baseline, and the pending backlog of shipments is now at ~248³ as of last week.

¹ High CFRs could be linked to how deaths are counted, number of tests performed and challenges in case notification

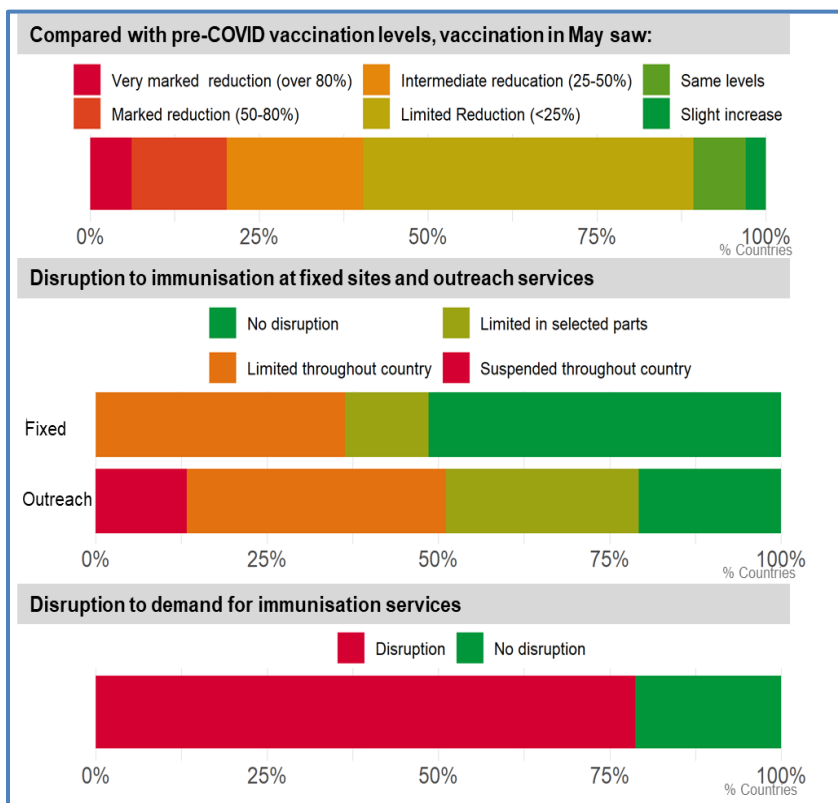
² Benin, Burkina Faso, Cameroon, Democratic Republic of the Congo, Democratic People's Republic of Korea, Ethiopia, Haiti, Guinea, Lesotho, Pakistan, Sao Tome and Principe, Senegal

³ 250 pending shipments as of 16 June 2020

As several mass immunisation campaigns were suspended to prevent the spread of COVID-19, there is further risk of vaccine-preventable disease (VPD) outbreaks as a result of accumulating immunity gaps. A total of 30⁴ Gavi-eligible countries have reported VPD outbreaks, especially measles. According to the [Measles & Rubella Initiative](#), 178 million people are at risk of missing measles shots in 2020. As the pandemic persists, WHO issued a decision-making framework in May 2020 for countries to cautiously restart vaccination campaigns based on their epidemiological context. But the obstacles to restarting immunisation programmes are significant: countries continue to report low vaccine stocks; health workers are diverted to the COVID-19 response, and lack of sufficient personal protective equipment (PPE) is causing fear of infection; an intensified spread of rumours and misinformation is keeping parents from attending health care facilities or allowing outreach at home; and there is a need for immunisation services to be redesigned to minimise the risk of COVID-19 transmission.

Preliminary results from the second COVID-19 Immunization Pulse Survey conducted by WHO, UNICEF and Gavi indicate that more than 75% of countries responding (48 of 68 Gavi-eligible countries) saw a reduction in vaccination levels in May compared with pre-COVID levels. Outreach immunisation services are reportedly more disrupted than fixed sites. And 78% of countries have indicated disruption in demand.

Movement restrictions in place in 43 Gavi-eligible countries are making it difficult for parents to bring children to appointments – one of the key drivers of reduced demand levels signalled by 40 Gavi-eligible countries. As was highlighted in a rapid assessment carried out by UNICEF in Indonesia, caregivers are anxious about contracting COVID-19, and, in some cases, fears may outweigh the willingness to bring children for immunisation. Encouragingly, the Indonesia assessment recorded strong public support for continuing immunisation services during the pandemic if appropriate safety precautions are in place. Health workers raised fears of transmission due to limited availability of personal protective equipment (PPE). In addition, there are concerns that caregivers are not revealing their exposure, complying with self-isolation measures or taking precautions such as wearing a mask – factors that can result in trust issues developing between health workers and caregivers.



Source: (2nd) Immunization Pulse Survey 4-18 June 2020. Pulse Survey includes data from ~40 Gavi-eligible countries and ~80 national-level respondents

Rumours and misinformation around health and immunisation topics, including COVID-19 vaccines, are spreading at unprecedented speed and intensity across all regions. In the 40 Gavi-eligible countries experiencing or anticipating reduced demand for immunisation, 15 countries have noticed an increase in the spread of misinformation and rumours; and 21 note a moderate or high impact recently on public trust related to immunisation.

The Government of Pakistan, in an effort to inform both risk communication and programme response, is building on its experience in polio eradication, as well as recent measles and typhoid campaigns, to step up the systematic collection, analysis and use of social media data. In Pakistan, [Viamo has partnered with UNICEF](#) to send awareness messages on physical distancing in 60 high-risk locations using targeted mass messaging (TMM), aiming to reach at least 7 million listeners.

⁴ Angola, Bangladesh, Benin, Burkina Faso, Burundi, Cambodia, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Côte d'Ivoire, Ethiopia, Ghana, Indonesia, Kenya, Lao People's Democratic Republic, Mali, Mozambique, Nepal, Niger, Nigeria, Papua New Guinea, Senegal, Somalia, South Sudan, Togo, Uganda, Uzbekistan, Yemen, Zambia

UNICEF, WHO and IFRC are leading the global Risk Communication and Community Engagement (RCCE) response for COVID-19. Vaccine Alliance partners in the Demand Hub are coordinating closely so that immunisation-specific demand-side work is coordinated and harmonised – not just within the RCCE response, but also with polio eradication. UNICEF support is also being provided to several countries in West and Central Africa, where rumours circulating about the testing of COVID-19 vaccines have created concerns about trust in immunisation more generally. In addition to social media monitoring, UNICEF and IFRC are working with community-based organisations to feed back rumours from the field – for example, in the DRC, using community listening techniques developed as part of the Ebola response.

Gavi-eligible countries are taking advantage of the COVID-19 response reallocation flexibilities to implement adequate strategies to improve risk communication and strengthen community engagement at country level. Through the reprogrammed health system strengthening support, Benin, Burkina Faso, Burundi, Cameroon, Chad, Côte d’Ivoire, Comoros, DRC, Madagascar, Niger and Togo are developing communication strategies to mobilise local influencers and the community, to encourage protective behaviours, and to address the spread of misinformation.

Gavi is looking for ways to strengthen partnerships with civil society organisations (CSOs). For example, in Kenya, Gavi’s existing relationship with KANCO, whose members focus on health advocacy and health programming, is being harnessed to provide information and support around the COVID-19 response. Gavi has also signed a new Memorandum of Understanding with IFRC to prioritise the needs of “zero-dose” children and missed communities, and to help facilitate work in several fragile settings.

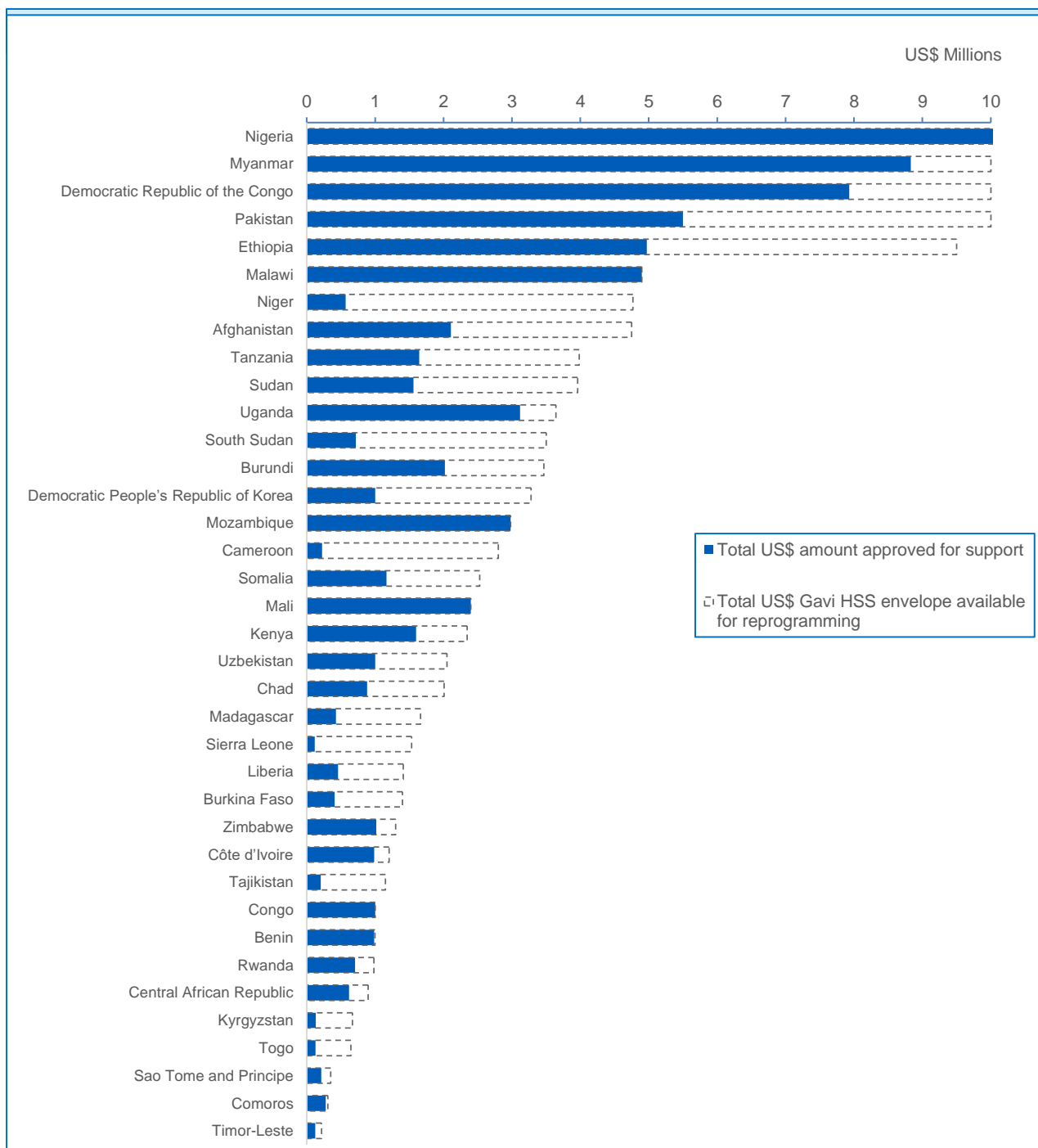


Photo: Efforts to continue measles outbreak response immunisation with social distancing measures, Mwenga, DRC
Photo credit: EPI Twitter account

A. GAVI COUNTRY PROGRAMMES UPDATE ON COVID-19 RESPONSE

- > **Fifty-three** reprogramming applications have been approved so far totalling **US\$ 77.5 million**. Of these, **37** are health system strengthening (HSS) reprogramming applications totalling **US\$ 75.2 million**. On average, countries have reprogrammed 60% of their potential reprogramming ceiling. Fifteen (15) reprogrammings are for partners’ engagement framework (PEF) Targeted Country Assistance (TCA) and post-transition engagement (PTE) reprogramming totalling US\$ 2.3 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%.
- > The Alliance has begun to operationalise its support to countries to scale up catch-up immunisation and restart immunisation services. This support will be grounded in a set of key principles:
 - ❖ continued focus on vaccine-preventable disease (VPD) control;
 - ❖ equity as an organising principle to reach the most marginalised communities, especially those with large numbers of “zero-dose” and under-immunised children;
 - ❖ integrated primary health care approach to recovery; and
 - ❖ seizing opportunities to reimagine immunisation, by working with new partners and introducing innovation to help countries rebuild better.
- > In addition to the above principles, the Vaccine Alliance is responding to the fiscal impact on immunisation programmes through flexibilities such as: (i) preserving countries’ eligibility status and co-financing at 2020 levels for 2021; and (ii) offering flexibilities to countries’ 2020 co-financing obligations where well-justified and based on individual country context.

> Summary of HSS reprogramming requests as of 30 June is below (further details on approved requests are available in Annex 1).



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	1,166,095	2,530,000	PPE, risk communication, disease surveillance, case management, IPC
Uzbekistan	1,016,560	2,050,000	PPE, health worker training and communication
Zimbabwe	1,000,000	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
Total	75,197,810	121,206,933	

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 9 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
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
Ethiopia	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:	2,266,061		