



16 JUNE 2020

**Seventy** (out of 73) Gavi-eligible countries have reported 824,259 confirmed cases and 20,641 deaths. The number of cases is increasing at an average rate of 4% from the previous day. Though this number still accounts for a small proportion, about 11% of global COVID-19 cases, it is alarming that this share has increased by 8% within 1 month. 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, orientating health workers and safe sanitation practices.



The Asian region continues to be the most affected, primarily driven by India, and followed by Pakistan, Bangladesh, Indonesia and Afghanistan. India is reporting over 300,000 cases, raising concerns as India begins to reopen more public spaces after a 10-week lockdown. The western state of Maharashtra – the country's most industrialised state – is the worst hit, reporting its third-highest single-day spike of 3,427 new COVID-19 cases. Mumbai, Maharashtra's capital and home to more than 18 million people, is the worst-hit Indian city, with more than one-fifth of India's infections. Reported cases in the African region are also on the rise, driven by Nigeria, Ghana, Cameroon and Senegal. Nigeria is reporting more than 16,000 confirmed cases. All states have reported cases, and Lagos, Federal Capital Territory and Kano are the most affected. Following a sudden spike in deaths in Kano, Nigeria's Minister of Health announced that more than 50% of these unexplained deaths were triggered by or due to COVID-19, in the face of pre-existing ailments. Amongst Gavi-eligible countries, Yemen has the highest case fatality rate (23%), followed by Chad (8%), Niger (7%), Sudan, Burkina Faso, Mali, Indonesia and Mauritania (all at 6%).

### 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. About 18 Gavi-eligible countries (including Angola, Bangladesh, Central African Republic, Chad, Democratic Republic of the Congo, Kenya, Nigeria and Pakistan) have reported shipment delays, while approximately 12 countries are reporting stock-outs at central or sub-national level<sup>1</sup> due to COVID-19. However, UNICEF is now reporting 42 shipments per week, which is almost back to the pre-crisis baseline. The backlog of shipments is also stable, but not reducing either, as approximately 250 shipments are pending. UNICEF is launching a dedicated project to understand the balance of contributory causes to delayed shipments – whether it is country demand slowdown and storage constraints, or shipping and logistics limitations.

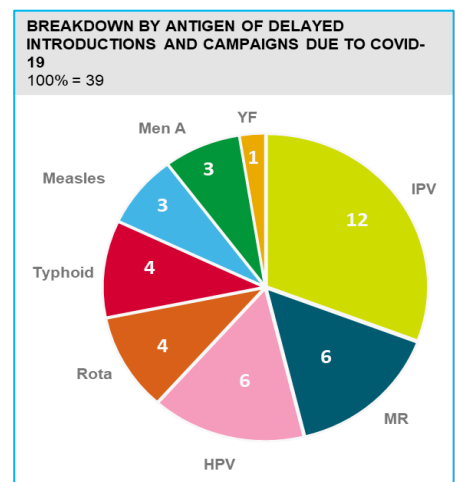


Photo: RI continues with social distancing measures in Health and Wellness Centre in Chhattisgarh, India. Photo credit: Anjali Ray, ANM (health worker)

Despite the increasing COVID-19 cases, there are efforts to continue RI with adapted protocols per WHO guidance. However, preliminary results, based on responses from 52 countries<sup>2</sup> to a recent qualitative pulse survey on essential health services conducted by WHO, indicate that countries' immunisation services are impacted the highest amongst all essential health services: 63% of countries reported facility-based RI disruption, and 73% of countries reported disruption for RI outreach. More than 75% of countries noted decreased outpatient volumes as a main cause for disruptions, followed by restricted movements due to lockdown.

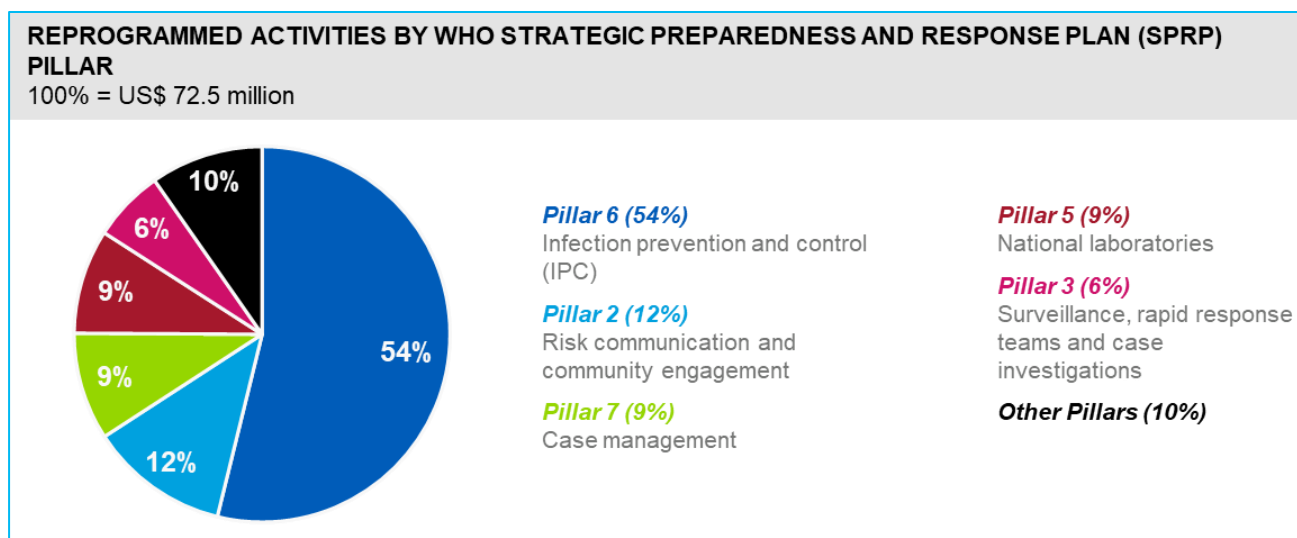
<sup>1</sup> Benin, Burkina Faso, Cameroon, Democratic Republic of the Congo, Ethiopia, Haiti, Guinea, Lesotho, Pakistan, Sao Tome and Principe, Senegal

<sup>2</sup> Mix of Gavi-eligible and non-Gavi-eligible countries. PAHO countries excluded from the survey.

Reports suggest that in Pakistan there has been a 49% drop in Penta3<sup>3</sup> coverage in March/April 2020, as compared with the same month last year. Somalia has reported a 9% drop for Penta3 vaccination in the first quarter of 2020, compared with the first quarter of 2019. In the Democratic Republic of the Congo, there has been 10% drop in RI attendance in April 2020 in Kinshasa, and a drop in other provinces of about 6%. Gavi is engaging closely with countries to address these concerns and intends to initiate a maintain and restore immunisation dialogue instead of the annual Joint Appraisals<sup>4</sup> this year. A supplementary critical factor identified as causing RI disruptions is insufficient personal protective equipment (PPE) provided for health care workers. Further, the very volatile market is putting pressure on global prices of PPE, due to high demand and increase in prices of raw materials, which has affected the quantities of masks, gloves, etc., that can be procured. UNICEF Supply Division (SD) has established four contracts with manufacturers totalling US\$ 36.1 million (or 90%) of the US\$ 40 million pre-payment from Gavi. The commodities include diagnostic test kits, PPE and gloves. Several Gavi-eligible countries have noted an increase in infection among health care workers. In Afghanistan, for example, more than 8% of the total confirmed COVID-19 cases are among health care staff. Data from the [International Council of Nurses](#) shows that on average, 6% of all confirmed cases of COVID-19 are among health care workers.

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

- > **Fifty-one** reprogramming applications have been approved so far, of which **36** health system strengthening (HSS) reprogramming applications totalling **US\$ 72.5 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).



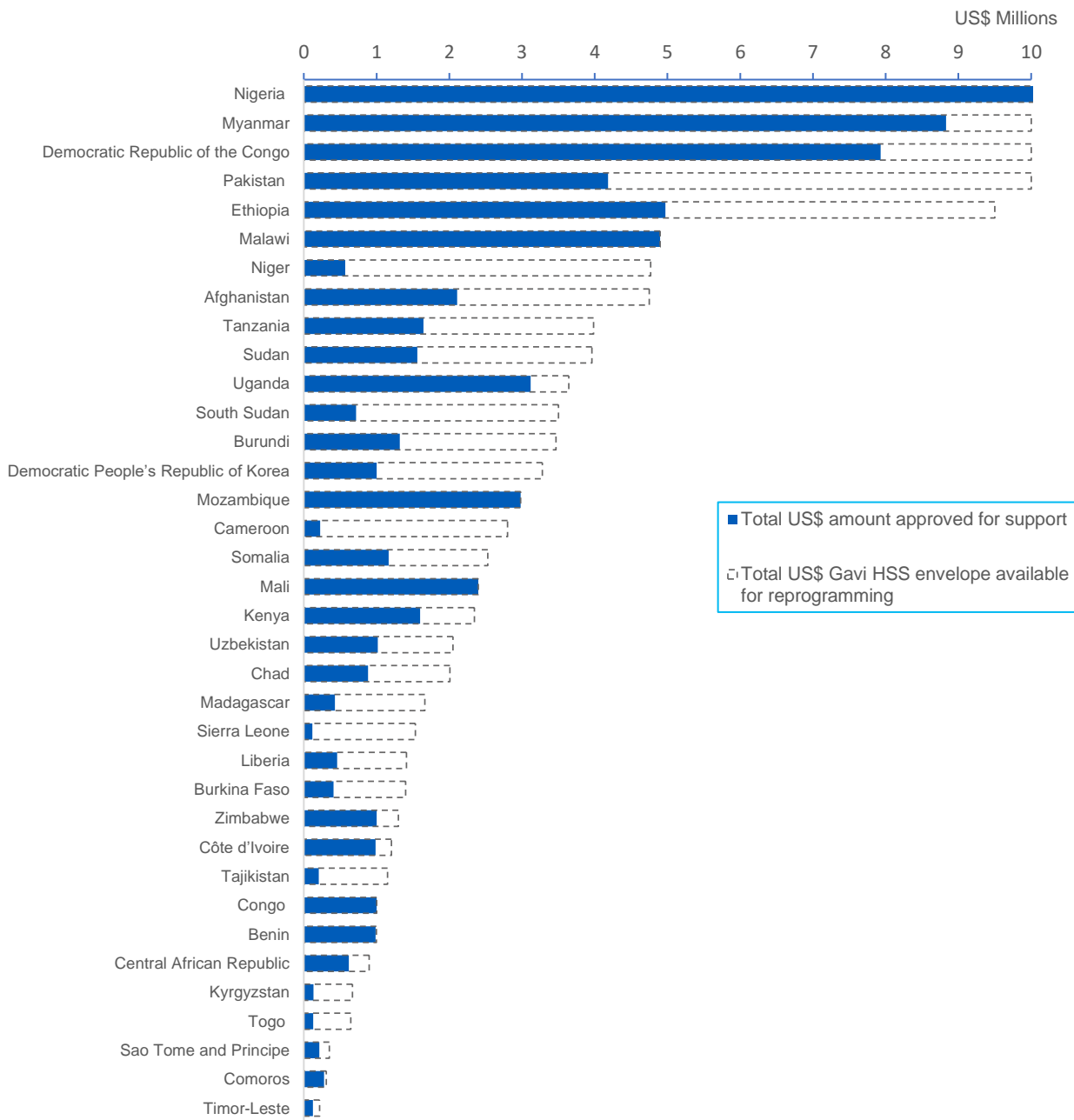
- > On 4 June, the Access to COVID-19 Tools (ACT) Accelerator announced the [COVID-19 Global Vaccine Access Facility](#) (Covax Facility), as a global mechanism aimed at ensuring equitable access to COVID-19 vaccines for all countries. As an element of the Facility, the Gavi Advance Market Commitment for COVID-19 Vaccines (Gavi Covax AMC) will serve as a financing instrument aimed at supporting access to vaccines for developing countries. Over US\$ 500 million in financial commitments were pledged for the Gavi Covax AMC. AstraZeneca became the first vaccine manufacturer to sign up to the Gavi Covax AMC; under the terms of a Memorandum of Understanding, [AstraZeneca will guarantee 300 million doses](#) of the COVID-19 vaccine it is developing in collaboration with the University of Oxford.

<sup>3</sup> Third dose of pentavalent vaccine

<sup>4</sup> The Joint Appraisal is a key element of the annual performance review and renewal process. It is an annual, country-led, multi-stakeholder review of the implementation progress and performance of Gavi's support to the country, and its contribution to improved immunisation outcomes. The outcomes of the Joint Appraisal serve to inform the renewal of Gavi support for a further year. The Joint Appraisal also informs the focus of technical assistance provided by Alliance partners.

- > A key component of being ready to deliver at scale will be ensuring there is sufficient cold chain available. The Alliance is leading overall efforts to ensure sufficient cold chain capacity is in place to scale up COVID-19 vaccines rapidly, as part of the ACT Accelerator connector on health systems.
- > Since the onset of the COVID-19 crisis, the Gavi Secretariat has actively engaged with key Alliance partners, donors, private sector and civil society organisations (CSOs) to ensure complementarity and non-duplication in funding. This includes:
  - ❖ Fortnightly or monthly updates with Ministries of Health and partners to discuss COVID-19 impact and progress/implementation of reallocations (where applicable); share challenges and risks; and ensure a coordinated dialogue with government counterparts. Some examples include: in Rwanda, a weekly health sector call is convened by USAID, during which updates on COVID-19 are shared. Further, there is a shared file which provides a live update on support to the Ministry of Health on COVID-19-related priorities. In Myanmar, the Alliance is collaborating to participate in national COVID-19 platforms. In Kyrgyzstan, Alliance partners and other donors participate in regular coordination calls to understand their funding plans and avoid duplication.
  - ❖ Regular Regional Working Group calls discuss the evolving situation in each region and Gavi countries, reviewing broader risks and impact and capturing key developments in Gavi countries in the region.
  - ❖ Close engagement with UNICEF SD on pre-payment of funds for procurement of PPE.
- > In addition to ongoing coordination and monitoring, managing Gavi's exposure on fiduciary risks has been a key consideration in planning Gavi's support for the COVID-19 response. Gavi has allowed some flexibilities in fund reallocation arrangements, budget request formats and use of cost estimates. However, at the same time, Gavi has maintained its normal standards of accountability, including as follows:
  - ❖ **Funding modality and risk assurance measures:** In order to maintain an agile response, Gavi has maintained existing HSS implementation and fund flow arrangements. This includes countries where additional oversight mechanisms (eg, fiscal agents) were already in place. In circumstances where services provided by oversight mechanisms are impacted due to COVID-19, appropriate alternate measures have been put in place. For example, in Chad, due to restricted movement, the fiduciary agent will rely on digital evidence of activities taking place at defined locations matched with immunisation records, rather than paper-based documentation. In the Democratic Republic of the Congo, due to limited assurance on the work of the fiduciary agent, a focus on essential services is being followed. Further, at sub-national level, some activities will be transferred temporarily to UNICEF, and discussions are ongoing to develop direct payments from central Ministry of Health through mobile payments.
  - ❖ **Reporting:** Programmatic reporting includes a short narrative on COVID-19 activities, and financial reporting is streamlined into standard HSS reporting. In addition, there is ongoing monitoring by Gavi country teams with in-country counterparts. Furthermore, as PPE is the largest area of support from Gavi, additional reporting has been established for Gavi's US\$ 40 million pre-payment for PPE procurement.
  - ❖ **Coordination:** Gavi has also been collaborating with other agencies to share their experiences and to understand which flexibilities they may have adopted. Moreover, as the Global Fund to Fight AIDS, Tuberculosis and Malaria's COVID-19 Response Mechanism is in place with an initial allocation of US\$ 500 million, targeted discussions to seek synergies and pursue areas of collaborated have been initiated.
- > Summary of HSS reprogramming requests as of 16 June is below (*further details on approved requests are available in Annex 1*)

### 36 Gavi-eligible countries with HSS funds reprogrammed for COVID-19 response



## 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>Ethiopia</b>	4,971,000	9,500,000	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>Pakistan</b>	4,184,219	10,000,000	PPE equipment for frontline immunisation workers for six months
<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>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	3,960,000	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
<b>Burundi</b>	1,317,918	3,468,205	PPE, lab equipment, IPC, logistics support, communication activities and disease surveillance training
<b>Somalia</b>	1,166,095	2,530,000	PPE, risk communication, disease surveillance, case management, IPC
<b>Uzbekistan</b>	1,016,560	2,050,000	PPE, health worker training and communication

Country	Total US\$ amount approved for support	Total US\$ Gavi HSS envelope available for reprogramming	Main components of reprogrammed support
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
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; and 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 sub-national level

Country	Total US\$ amount approved for support	Total US\$ Gavi HSS envelope available for reprogramming	Main components of reprogrammed support
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
<b>Total</b>	<b>72,473,318</b>	<b>120,222,459</b>	
<b>Partners' engagement framework (PEF) Targeted Country Assistance (TCA)/post-transition engagement (PTE) reprogramming applications approved</b>			
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 immunization in Benin in the context of the COVID-19 epidemic.
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 and 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
Kyrgyzstan	50,000	No ceiling applicable	No-cost extension for 2019 TCA and assessment; reprogramming for rehabilitation planning of national vaccine store; support for district-level trainings on new guidelines on adverse events following immunisation (AEFI)
Haiti	30,600	No ceiling applicable	No-cost extension and reprogramming for COVID-19 response

Country	Total US\$ amount approved for support	Total US\$ Gavi HSS envelope available for reprogramming	Main components of reprogrammed support
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) in light of COVID-19 for demand creation; support resumption of mobile outreach activities
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



Country	Total US\$ amount approved for support	Total US\$ Gavi HSS envelope available for reprogramming	Main components of reprogrammed support
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
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
<b>Total:</b>	<b>2,346,661</b>		