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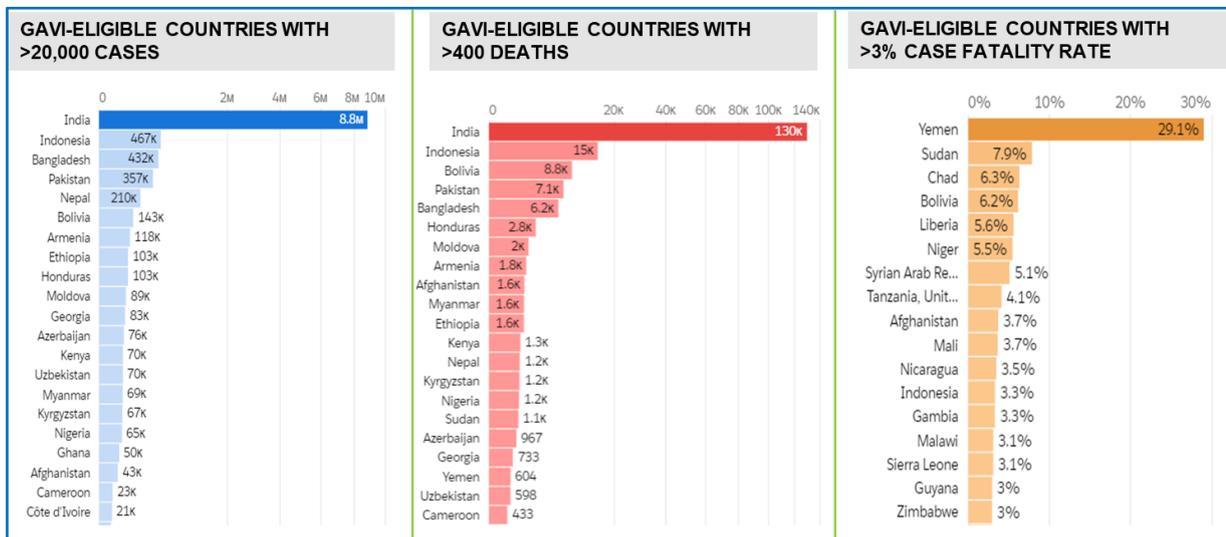
Across Gavi-eligible countries, we have seen a consistent increase in COVID-19 cases since March 2020. In mid-March 2020, shortly after the World Health Organization (WHO) characterised COVID-19 as a pandemic, 39 Gavi-eligible countries were reporting about 620 cases and 10 deaths. Today, nearly all Gavi-eligible countries (71 out of 73) have been impacted by the virus, with more than **11.8 million confirmed cases** and **194,462 deaths**. The number is driven primarily by India, which represents approximately 75% (over 8.8 million) of confirmed cases. However, the country is reporting a steep decline in new daily COVID-19 cases over the past weeks and a recovery rate of 93%. The Democratic People's Republic of Korea¹ and Kiribati have not yet reported any cases. These two countries are fully focused on prevention and preparedness efforts, including physical distancing, raising awareness, orienting health workers and safe sanitation practices.



This is the final publication of the Situation Report. Important updates on COVID-19 will be provided through regular engagement with Alliance and other partners on relevant forums. For continually updated data on COVID-19 in Gavi-eligible countries, please refer to Gavi's [COVID-19 dashboard](#) and visit our [COVID-19 response web page](#).

COVID-19 situation across Gavi-eligible countries

Gavi-eligible countries account for approximately 21% of total global COVID-19 cases (down from 25% in the last month) and 15% of deaths. 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 29.1%. These high CFRs could partly be attributed to lower testing rates.



Impact on routine immunisation (RI)

Out of 68 Gavi-supported vaccine introductions and campaigns projected to take place in 2020, 42 have been impacted due to COVID-19: **39 are confirmed delays**, and a further 3 are at risk of delay. A number of Gavi-eligible countries have resumed campaigns and vaccine introductions: Burkina Faso (monovalent oral polio vaccine for outbreak response), Central African Republic (measles vaccine campaign), Ethiopia (measles vaccine campaign), Eritrea (meningococcal vaccine introduction), Nepal (rotavirus vaccine introduction; measles-rubella vaccine campaign Phase 2), Somalia (integrated measles campaign), Solomon Islands (rotavirus vaccine introduction), Uganda (yellow fever vaccine reactive campaign), Uzbekistan (human papillomavirus vaccine Phase 2; measles vaccine campaign), Yemen (diphtheria vaccine and oral polio vaccine campaigns) and Zambia (leveraged Child Health Week to include a catch-up campaign for inactivated polio vaccine).

¹ The Democratic People's Republic of Korea reported what it describes as the country's first suspected COVID-19 case, but it has yet to be confirmed.

Eighteen Gavi-eligible countries have reported shipment delays, while approximately six² countries are reporting stock-outs at central or subnational level due to COVID-19. The number of stock-outs has reduced from 18 in April at the peak of COVID-19. UNICEF has been reporting that the backlog of shipments is steadily reducing and that all Gavi-eligible countries are being reached.

There are some delays in cold chain equipment optimisation platform (CCEOP) implementation, but the situation has been significantly improving.



Photo: Measles campaign that has been integrated with oral polio vaccine, vitamin A and albendazole (deworming), Somalia
Photo credit: WHO Somalia team

Impact on co-financing

Twelve Gavi-eligible countries have requested co-financing waivers so far. Alliance partners have been regularly engaged in conversations with each Ministry of Health to understand the impact of COVID-19 on immunisation programmes. In some cases, the strength of the Alliance was harnessed to establish a dialogue with the Minister of Finance or even at the head of state level. This resulted in elevating vaccine financing on the government's agenda, mobilising resources to meet co-financing obligations or triggering a broader dialogue on the country's medium- to long-term commitment to vaccines.

Through the Alliance's advocacy and engagement efforts, five countries have identified ways to meet their 2020 co-financing obligations.



A. UPDATE ON COVAX FACILITY

- > COVAX is the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator, co-led by Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI) and WHO.
- > The COVAX Facility has now received 66 signed commitment agreements from self-financing participants. On 2 November, Gavi held the first meeting of the COVAX Shareholders Council, which had representation from 56 of the economies in the Facility, as well as representation from the European Commission, Germany, Norway and Iceland as part of Team Europe. The meeting focused on governance topics; the COVAX Facility portfolio; and regulation, liability and indemnification.
- > On 13 November, the COVAX Facility released the application and guidance documents ("application package") for eligible economies to: (i) confirm participation in the COVAX Facility; and (ii) request support as part of COVAX. This comprises COVID-19 vaccines, as well as the cold chain equipment and technical assistance needed to prepare for the delivery of COVID-19 vaccines. All 92 Gavi COVAX Advance Market Commitment (AMC)-eligible economies are welcome to apply for participation in the COVAX AMC.
- > The first AMC Engagement Group meeting is scheduled for 19 November and will bring together Gavi COVAX AMC donors and the 92 Gavi COVAX AMC participants into a single consultative body.
- > Discussions have started between partners in the ACT Accelerator and the World Bank on how to coordinate support to countries for vaccine procurement and delivery. It has been agreed to develop a single tool for countries to assess their readiness for introduction, integrating the WHO's Vaccine Introduction Readiness Assessment Tool (VIRAT) and the World Bank's Vaccine Readiness Assessment Framework (VRAF) tool.

² Angola, Burkina Faso, Ethiopia, Guinea, Lesotho and Somalia.

B. GAVI COUNTRY PROGRAMMES UPDATE ON COVID-19 RESPONSE

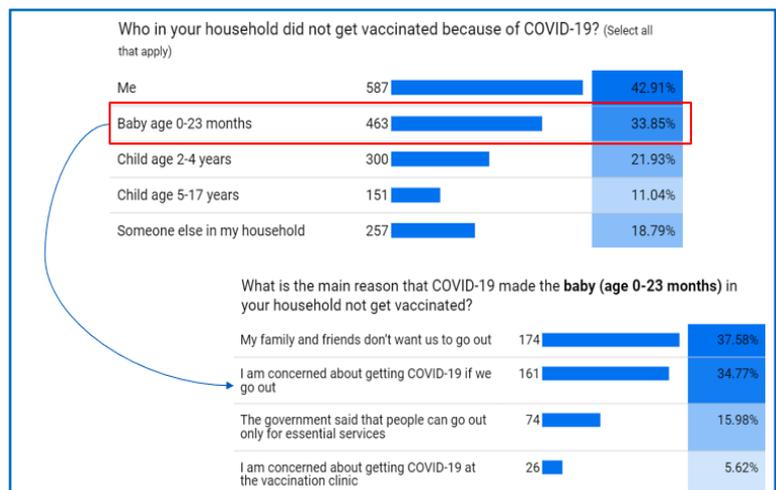
- > At the beginning of the pandemic, Gavi made available up to US\$ 200 million as immediate funding to support countries in responding to COVID-19 and protecting immunisation services. To date, US\$ 80 million has been reprogrammed.
- > Gavi pivoted to the next phase of support to help countries maintain, restore and strengthen their immunisation programmes. [The programming guidance](#) is aligned with WHO's technical guidance and with Gavi's 2021–2025 strategy (i.e. Gavi 5.0), with equity at the heart of Gavi's mission.

One of the repercussions of the pandemic is that widespread rumours and misinformation are increasingly damaging trust and confidence in immunisation. Under Gavi 5.0, a **more systematic approach to social listening and engagement to mitigate the risks of vaccine hesitancy** is a key investment focus for Gavi's strategic focus areas. In an effort to address misinformation and vaccine hesitancy, Gavi has put several approaches in place, such as:

- > Partnering with [Premise](#) (a 2019 [INFUSE](#) pacesetter) to augment the availability of longitudinal data on perceptions about immunisation and reasons for under-vaccination during the COVID-19 pandemic.
 - ❖ The first of 12 rounds of data collection began on 10 October in nine countries. This data is useful for understanding: trends in a dynamic situation; which demand issues are circulating; and the differences across subgroups. However, it is not useful for accurately understanding population prevalence, as the Premise data is based on a pool of smartphone users with internet access, so is skewed towards users who are: (1) educated; (2) young; and/or (3) male.
 - ❖ Data collected by Premise uses an adapted set of behavioural and social drivers of immunisation (BeSD) tools. This initiative is part of a wider Demand Hub effort, led by WHO, to scale the use of these tools across Gavi's portfolio to collect demand-side data in a more systematic way – and, potentially, in more representative platforms.

❖ Initial results based on 4,033 responses show:

- > Over 70% of respondents said it is easy to access vaccination services.
- > Over 65% of respondents said that distance to the vaccination clinic is still the main barrier to accessing vaccination services.
- > Vaccine hesitancy seems to be skewed to younger age groups, number of children in the household, religious affiliation and low educational levels in the pool of respondents.



- > The impact of COVID-19 on routine immunisation is relevant, as about 33% of respondents mentioned that no one in their household had been vaccinated due to COVID-19.

- > Engaging with media through interviews, opinion editorials and letters to the editor.
- > Promoting positive pro-vaccine content through Gavi's flagship #VaccinesWork platform and on social media.
- > Stepping up its cooperation with Alliance partners, civil society organisations, the private sector and others to amplify positive action (e.g. the UN's [Verified](#) initiative and [Pause campaign](#), [Team Halo](#)).
- > Working closely with Alliance partners through the Demand Hub to tailor support to help meet the needs of Gavi-eligible countries to address health misinformation, and to rebuild vaccine confidence and trust.
- > The Demand sub-working group of the COVAX Facility's Country Readiness and Delivery (CRD) workstream is designing the demand-side tools and guidance for the introduction of COVID-19 vaccines, wherever possible building on existing tools and approaches.