



28 JULY 2020

Across Gavi-eligible countries, we have seen a consistent increase in cases since March 2020. Within the past fortnight, the number of cases has increased by 38%. Since the start of the pandemic, **70** (out of 73) Gavi-eligible countries have reported cases, with over 2.5 million confirmed cases and 59,106 deaths. India has reported the third-highest number of cases in the world (1.4 million), while Pakistan (273,000) has the second-highest total among Gavi-eligible countries and the twelfth highest 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 situation in Pakistan – the Gavi-eligible country with the sixth-highest number of “zero-dose” children – is concerning. This report highlights some impacts on routine immunisation (RI) in the country due to the pandemic.

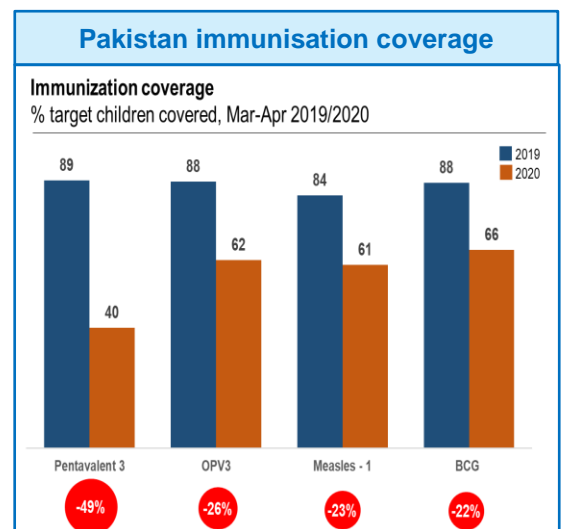


Photo: Physical distancing during immunisation session in an urban slum in Karachi  
Photo credit: IRD and Department of Health, Sindh, Pakistan

Of the total number of COVID-19 cases reported in Pakistan, 43% are in Sindh province, followed by 33% in Punjab province. The capital, Islamabad, accounts for 5% of cases, while Balochistan, Pakistan's largest province, has 4% of cases. The country went into a nationwide lockdown on 1 April, which continued for over a month. Pakistan's Honourable Minister for Planning, Development & Special Initiatives, Asad Umar, fears that around 18 million people may lose their jobs in the country due to the lockdown imposed to contain the spread of the virus. While RI has partially continued, outreach sessions were suspended. As a result, especially during the lockdown, the reduction in immunisation uptake was over 50%, mostly in slum areas and places dependent on outreach for service delivery. In addition, more than 150 Expanded Programme on Immunization (EPI) polio health workers have contracted COVID-19.

In April and May, large parts of Punjab faced vaccine stock-out (for pentavalent, measles and BCG), triggered by

COVID-19-related flight disruptions. The pandemic has significantly impacted immunisation in the country: an estimated 1 million-plus children had missed their doses by 1 July 2020. Efforts towards recovery are underway: enhanced outreach activities started at the beginning of June in the most impacted districts. However, after 2 weeks, the government imposed a “smart lockdown” in 30 cities, with an aim to contain the spread of the virus while reducing the economic impact. As part of its recovery efforts, the government is considering additional strategies (such as extended service delivery and demand promotion) to reduce the disruption to immunisation, while supporting COVID-19 prevention efforts. The country will also proceed with polio supplementary immunisation activities (SIAs) in response to an outbreak of circulating vaccine-derived poliovirus (cVDPV). The government, in collaboration with Alliance partners, continues to work on plans to maintain, restore and strengthen immunisation efforts, with an emphasis on tailored services adapted to the needs of the community within the COVID-19 context.



Source: Pakistan EPI Management Information Systems

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

Among other Gavi-eligible countries, those in the Asian region continue to report the highest number of cases, driven by Bangladesh and Indonesia, in addition to India and Pakistan. Among Gavi-eligible countries in Africa, Nigeria, Ghana and Cameroon are reporting the highest number of cases; while in the Americas, Bolivia is reporting the most cases, followed by Honduras. In terms of cumulative cases per 100,000 people, the Asian region is the least affected; meanwhile, Armenia, Bolivia and Moldova are the most affected.<sup>2</sup> At 26.3%, Yemen has the highest case fatality rate (CFR), followed by Chad at 8.5%, while Pakistan is at 2.1%.

### Impact on routine immunisation (RI)

Out of 68 Gavi-supported vaccine introductions projected to take place in 2020, 44 introductions have been impacted due to COVID-19: **39 are confirmed delays**, and a further 5 are at risk of delay. Sixteen Gavi-eligible countries (including Central African Republic, Haiti and Nigeria) have reported shipment delays, while approximately ten<sup>3</sup> countries are reporting stock-outs at central or subnational level due to COVID-19. Earlier this month, UNICEF reported more than 80 shipments globally per week, which is higher than pre-crisis levels, and the backlog of shipments is decreasing gradually, with ~220 pending<sup>4</sup> as of early July. The resumption of higher levels of shipment services will potentially help resolve these stock-outs in the near future.



Photo: Comoros receiving PPE in country through Gavi-UNICEF Supply Division pre-financing mechanism  
Photo credit: UNICEF Comoros

Anecdotal evidence across Gavi-eligible countries indicates that there is a moderate to high impact on demand for RI services in 65% of countries; and in 57% of countries, there is a moderate to high impact on RI service delivery. This impact is primarily driven by factors such as: lack of transport; physical distancing; fear of visiting a health facility due to transmission risk; and limited outreach. The lack of PPE continues to be a major concern, as many countries do not have sufficient supplies. Reports suggest that health workers have voiced concerns about attending health facilities due to the risk of transmission without adequate PPE.

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-19 levels. Further, monthly administrative data collected by WHO indicate there were significant drops in the number of administered doses for DTP in March and especially April of this year, when compared with last year. However, this should be interpreted with caution, as reporting is incomplete; thus, this may be overestimating the drop in coverage. Preventing and controlling vaccine-preventable disease (VPD) outbreaks continues to present challenges across multiple Gavi-eligible countries, a situation that has been exacerbated by the disruptions to immunisation services caused by COVID-19. However, currently available surveillance data suggest that cases of measles, one of the most outbreak-prone VPDs, generally remain below the very high levels seen in 2019. Earlier this month, vaccine introductions and campaigns that were delayed due to COVID-19 resumed in several Gavi-eligible countries (e.g. measles campaigns in Central African Republic, Ethiopia, Democratic Republic of the Congo and Nepal; rotavirus introduction in Nepal; diphtheria and oral polio vaccine immunisation campaign in Yemen).



Photo: Day 1 of oral polio vaccine campaign in Aden, Yemen  
Photo credit: UNICEF, Aden

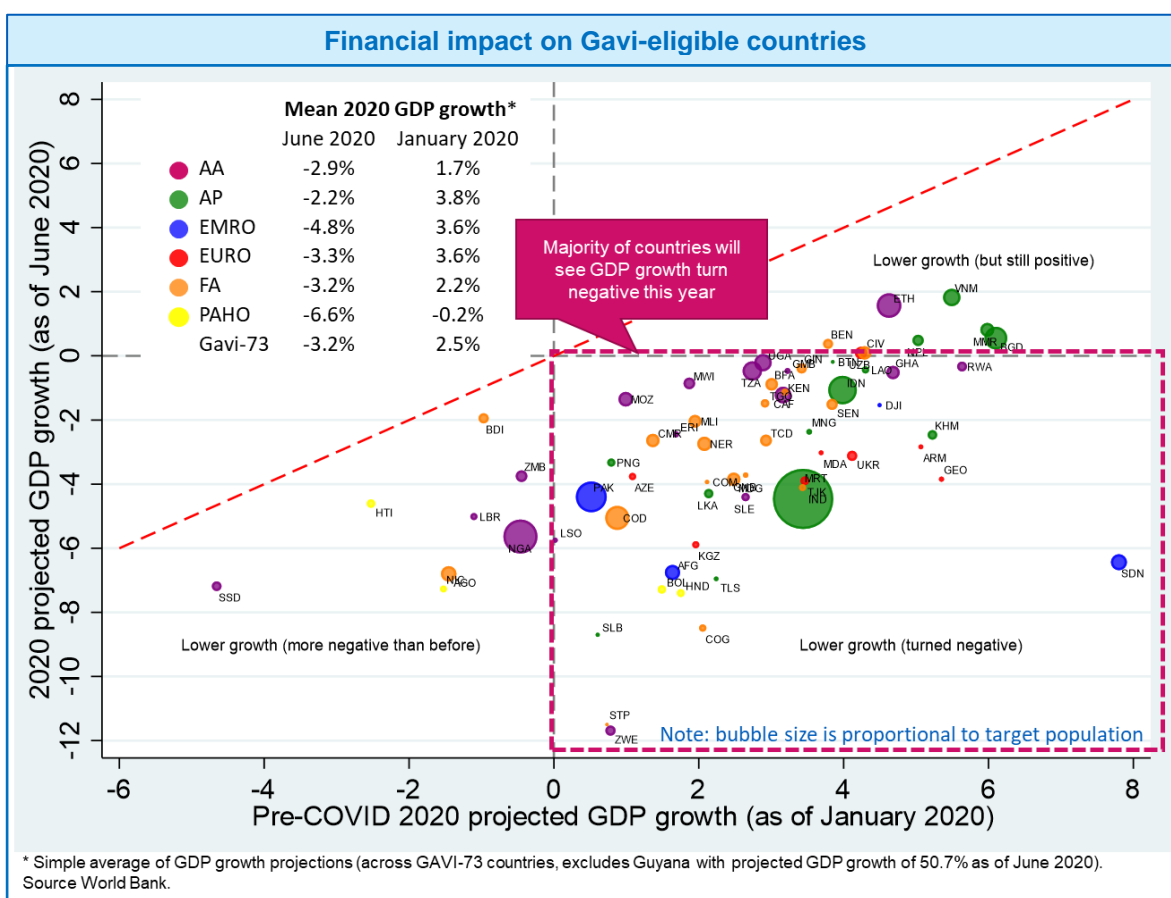
<sup>2</sup> Armenia (1.3K cases), Bolivia (569 cases) and Moldova (566 cases) per 100,000 people.

<sup>3</sup> Angola, Burkina Faso, Burundi, Cameroon, Ethiopia, Guinea, Haiti, Kenya, Lesotho and Sao Tome and Principe.

<sup>4</sup> 248 pending shipments as of 30 June.

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

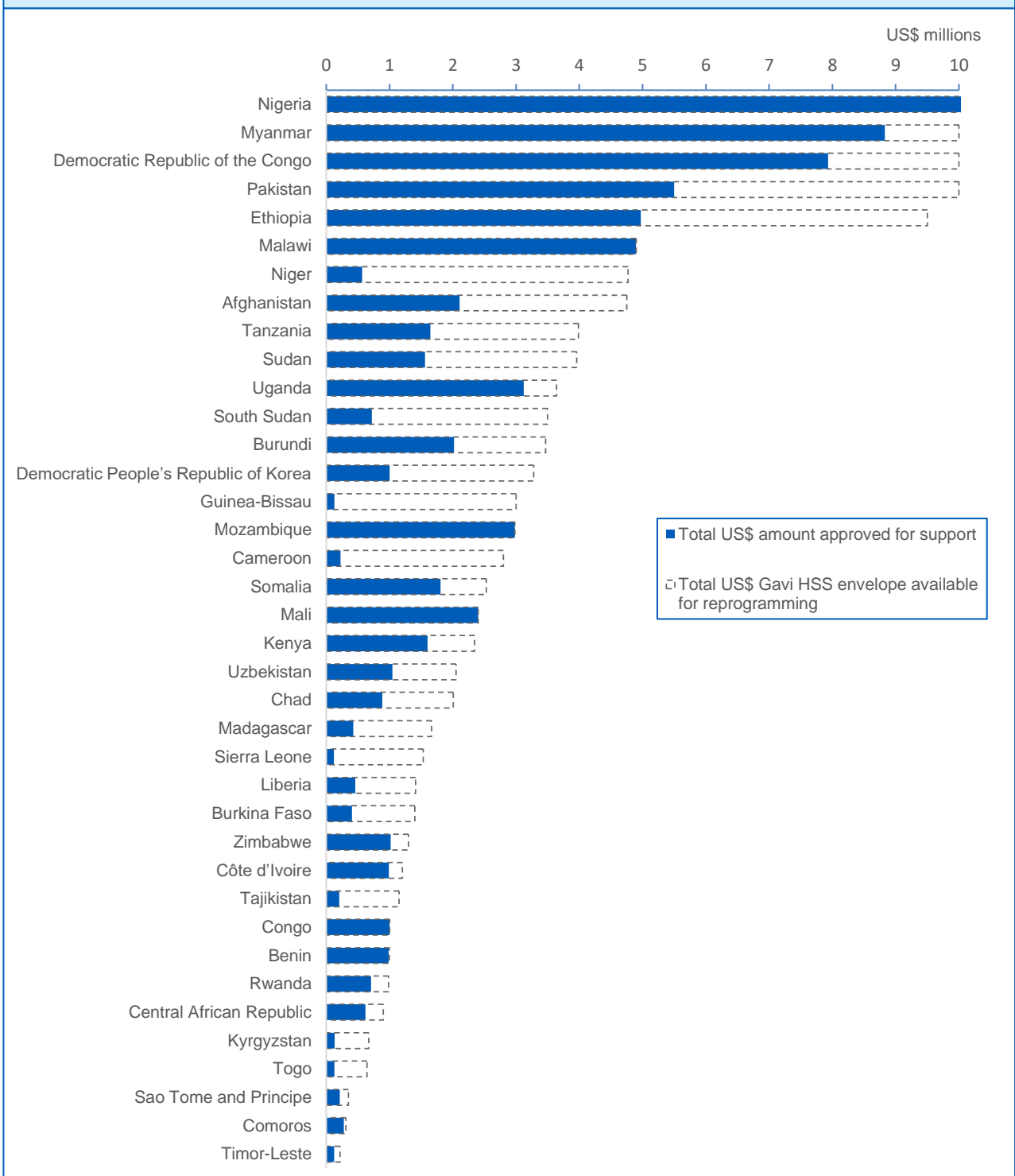
- > **Fifty-nine**<sup>5</sup> reprogramming applications have been approved so far, totalling **US\$ 79.7 million**. Of these, **42** are health system strengthening (HSS) reprogramming applications totalling **US\$ 76 million**. On average, countries have reprogrammed 61% of their potential reprogramming ceiling. Seventeen (17) reprogrammings are for partners' engagement framework (PEF) Targeted Country Assistance (TCA) and post-transition engagement (PTE) reprogramming, totalling US\$ 3.7 million. An additional 34 are no-cost extensions.
- > Gavi's largest area of support continues to be infection prevention and control (IPC), at about 54%.
- > To respond to the fiscal impact of COVID-19 on immunisation programmes, the Gavi Board approved 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. Based on 2020 GDP projections before and after COVID-19, most Gavi-eligible countries may be affected by negative growth.



- > Nine Gavi-eligible countries have requested co-financing waivers so far. There are ongoing discussions between the country and Alliance partners to identify the needs and funding options.
- > A summary of HSS reprogramming requests as of 28 July is below (*further details on approved requests are available in Annex 1*).

<sup>5</sup> Four countries have submitted multiple applications.

### 38\* Gavi-eligible countries with HSS funds reprogrammed for COVID-19 response



\*The total number of applications is mentioned as 42 on the previous page, as 4 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                              | 9,500,000  | 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>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                              | 3,468,205  | PPE, lab equipment, IPC, logistics support, communication activities and disease surveillance training   |
| <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>Somalia</b>                                 | 1,806,100                              | 2,530,000  | PPE, risk communication, disease surveillance, case management, IPC  |

| Country                               | Total US\$ amount approved for support | Total US\$ Gavi HSS envelope available for reprogramming | Main components of reprogrammed support  |
|---------------------------------------|--|--|--|
| 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  |

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|--|--|--|---|
| 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 in support to COVID-19 and other vaccine-preventable diseases (VPDs); IPC and surveillance and supervision related to COVID-19 and other VPDs.  |
| <b>Total</b>   | <b>76,012,626</b>                      | <b>124,206,933</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 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  |

| Country                          | Total US\$ amount approved for support | Total US\$ Gavi HSS envelope available for reprogramming | Main components of reprogrammed support   |
|----------------------------------|--|--|---|
| 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; and equip the central medical store for vaccines with two new compressors                 |
| Ethiopia                         | 200,500                                | No ceiling applicable                                    | Support post COVID-19 Routine Immunization coverage improvement activities, supervision and monitoring & no-cost extension (CDC/CDC-F)  |
| 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   |



| Country            | Total US\$ amount approved for support | Total US\$ Gavi HSS envelope available for reprogramming | Main components of reprogrammed support  |
|--------------------|--|--|--|
| 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 |
| <b>Total:</b>      | <b>3,820,423</b>                       |  |  |