



08 SEPTEMBER 2020

Across Gavi-eligible countries, we have seen a consistent increase in cases since March 2020. At the very beginning of the 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 **5.8 million confirmed cases** and **110,800 deaths**. The number is driven primarily by India, which represents 69% (over 4 million) of confirmed cases. Reports a fortnight ago indicated a drop in the growth rate of daily cases in India – signalling a possible flattening of the curve. However, yesterday India overtook Brazil as the country with the second-largest number of confirmed COVID-19 cases in the world. Bangladesh overtook Pakistan with the second-highest number of cases among Gavi-eligible countries and the fourteenth-highest in the world (324,000). The Democratic People's Republic of Korea¹ 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 last four Situation Reports profiled India, Pakistan, Nigeria and the Democratic Republic of the Congo; this report will focus on Ethiopia, the country with the third-highest number of “zero-dose” children in Africa. Ethiopia has overtaken Nigeria to become the most affected Gavi-eligible African country, with 57,466 confirmed cases. In the past week, the number of confirmed cases in Ethiopia has grown by 15.7% (compared to 2.2% in Nigeria, 16.1% in India and 5% in the United States of America). This report also highlights the measles follow-up campaign that was launched in Ethiopia on 30 June despite the challenges of the pandemic.

A state of emergency was declared in Ethiopia on 8 April 2020, when the country recorded 55 confirmed COVID-19 cases and 2 deaths. The government refrained from going into lockdown in an effort to preserve the country's economy. As of August, the government has been debating lifting the state of emergency or temporarily extending it for a further three months. Recently, an 80% spike in COVID-19 cases over a span of 12 hours was recorded, which was attributed to the testing campaign, launched in early August, aiming to conduct 200,000 tests.



Photo: Measles follow-up campaign launched on 30 June, Ethiopia. Photo credit: Ministry of Health, Ethiopia



Photo: Measles follow-up campaign, Ethiopia. Photo credit: Ministry of Health, Ethiopia

In addition to the COVID-19 pandemic, the country is also grappling with cholera and yellow fever outbreaks in parts of the country. As per WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), DTP3² coverage has stagnated at 69% since 2017, while MCV1³ coverage was under 60% in 2019. According to a Ministry of Health (MoH) update, there was a 14% decline in pentavalent and MCV1 coverage from January 2020 to April 2020. The decline in coverage in the first quarter of 2020 could be attributed to the

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

² Third dose of diphtheria-tetanus-pertussis-containing vaccine.

³ First dose of measles-containing vaccine.

reduced number of outreach sessions and demand for immunisation – primarily driven by restriction of movement; fear of contracting the virus; and shortage of personal protective equipment (PPE) for health workers. Following intense sensitisation efforts by the MoH, service uptake resumed in the second quarter. However, human papillomavirus (HPV) vaccine second-dose vaccination was postponed to October 2020 due to school closures. A measles follow-up campaign, targeting 14.9 million children aged under five, was initially planned for April but was postponed in light of the pandemic.



Photo: Measles follow-up campaign, Ethiopia. Photo credit: Ministry of Health, Ethiopia

However, following a National Immunization Technical Advisory Group (NITAG) recommendation that the measles follow-up campaign should be conducted, the MoH launched the campaign on 30 June under WHO's pandemic guidance, and it has now been completed. The supplementary immunisation activities (SIAs) were done over 10 days to limit crowds and comply with COVID-19 protection measures. Each vaccination team had six members, including a health worker assigned to carry out COVID-19 screening and education. Reports indicate that, overall, the campaign was successful, with provisional MoH results showing more than 90% coverage. The success was attributed to some key interventions, including: (i) the availability of PPE (funded through non-Gavi sources) and other logistics inputs in adequate quantities; (ii) school closures and other COVID-19 precautions encouraging children and caretakers to stay at home; (iii) strong pre- and intra-campaign social mobilisation activities; (iv) the proximity of vaccination sites to the communities and, in some places, the use of mobile teams; and (v) extended campaign implementation days. Though overall the campaign was successful, it was not without

challenges. Mass political protests erupted the week the measles follow-up campaign was launched, following the murder of a popular singer. This affected four regions (Addis Ababa, Oromia, Dire Dawa and Harari), where the campaign resumed only once the security situation had stabilised. Four deaths attributed to adverse events following immunisation (AEFI) were reported: two each in Amhara and Gambella regions. The post-campaign coverage survey has not yet started, but the MoH is finalising negotiations with the entity tasked to do this. A national review will be conducted later this month.



Photo: Transport challenges faced during the measles follow-up campaign, Ethiopia. Photo credit: Ministry of Health, Ethiopia

The MoH also recently announced that the switch from PCV10⁴ to PCV13 would take place starting at the end of August. Some health facilities have already switched to PCV13, while others will switch once they finish their stock of PCV10. A virtual switch training was conducted for a half-day in early August with more than 127 participants. The new PCV13 has arrived in the country, and distribution to districts and health facilities is ongoing.

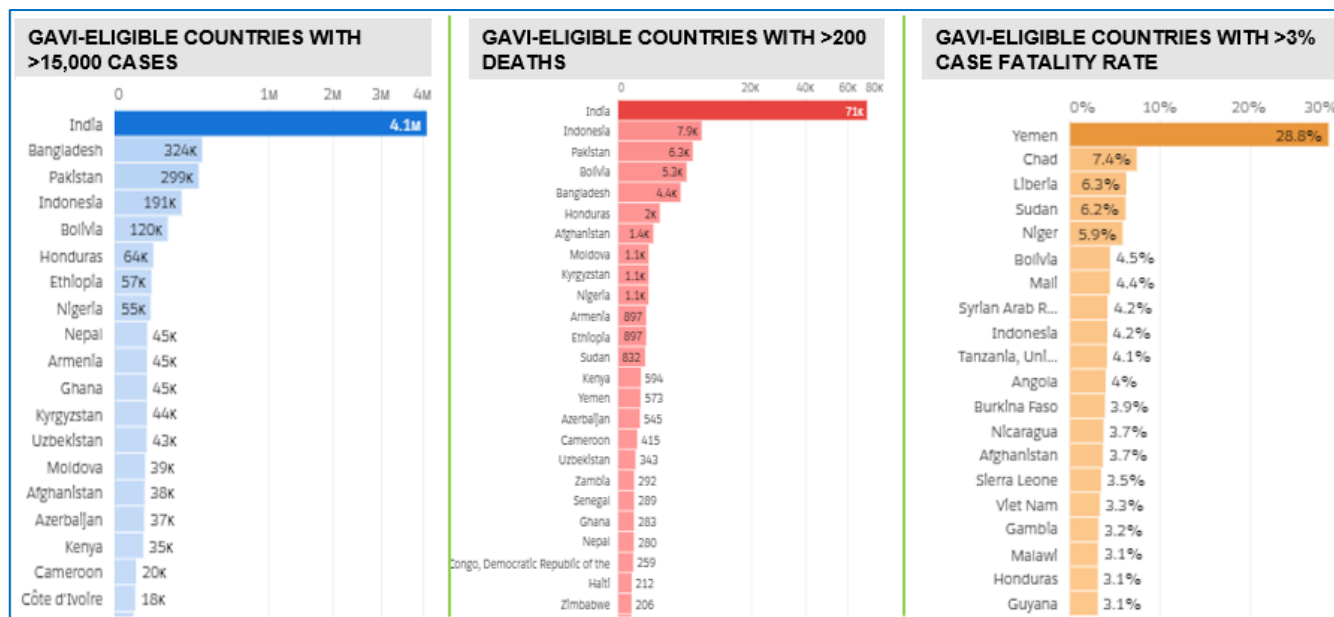
In addition to ensuring minimal disruption to health services, the government has been focused on the broader COVID-19 response. These measures include: (i) strengthening community surveillance to improve case-finding; (ii) expanding laboratory capacity for testing samples; (iii) improving the quality of care at quarantine centres, following a reduction in the quarantine period from 14 to 7 days; and (iv) incentivising local production of items (e.g. PPE) to prevent supply shortages.

COVID-19 situation across other Gavi-eligible countries

Gavi-eligible countries account for approximately 21% of total global COVID-19 cases and 12% 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, Honduras and Republic of Moldova). Africa has the highest case fatality rates (CFR), after Yemen at 28.6%. These high CFRs could partly be attributed to lower testing rates; as a result, many

⁴ 10-valent pneumococcal conjugate vaccine.

cases may be undetected until they are far advanced. Ethiopia has a CFR of 1.6%, Nigeria is at 2%, India is at 1.7% 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), Solomon Islands (rotavirus introduction), 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 seven⁵ countries are reporting stock-outs at central or subnational level due to COVID-19. UNICEF has been reporting vaccine deliveries within the range of pre-COVID-19 pandemic levels.

Impact on co-financing and assurance mechanisms

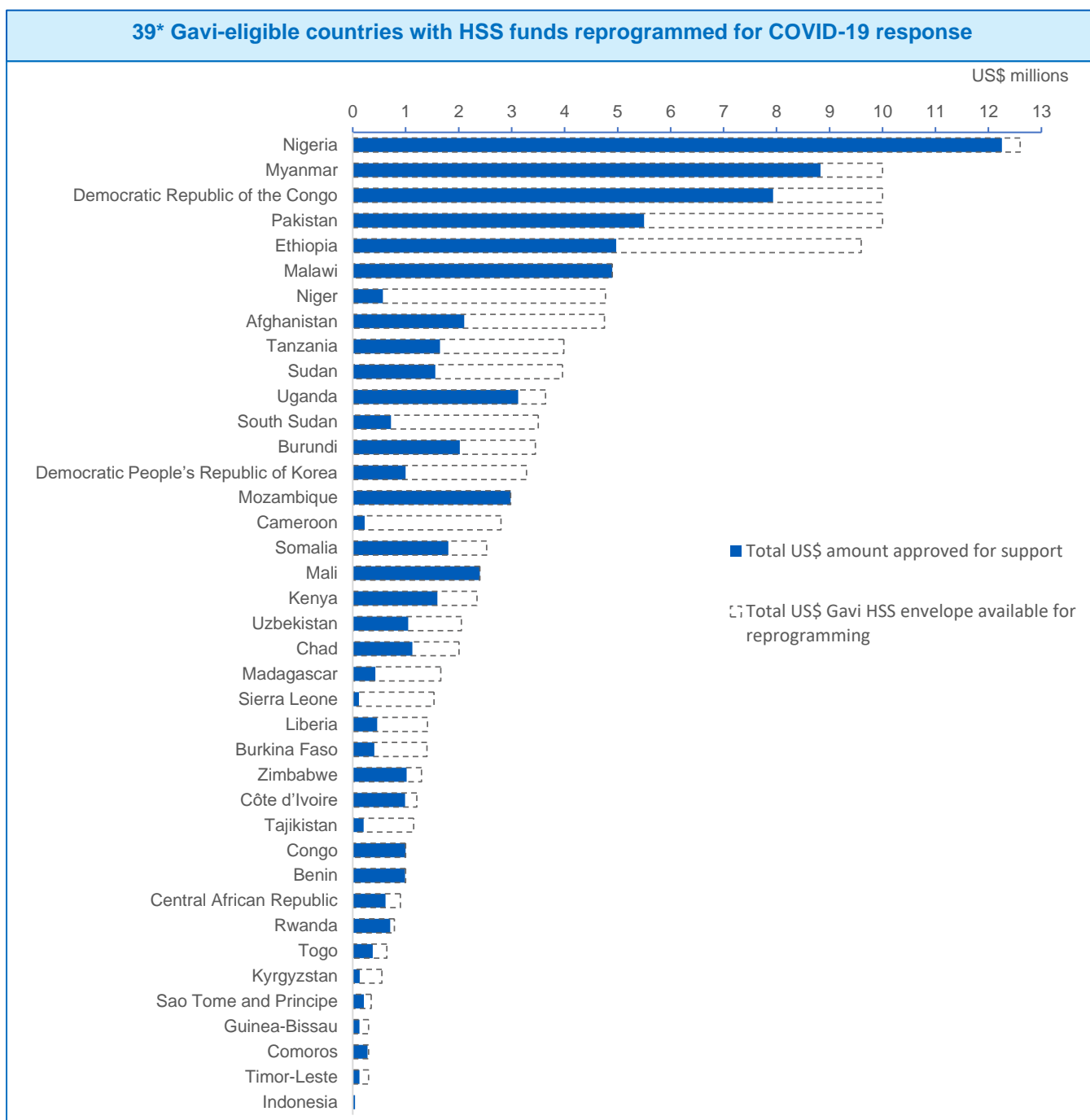
Eleven Gavi-eligible countries have requested co-financing waivers so far. Following Alliance advocacy and engagement to identify needs and possible solutions, four have identified ways to meet their 2020 co-financing obligations.

A. GAVI COUNTRY PROGRAMMES UPDATE ON COVID-19 RESPONSE

- > **Sixty-two⁶** reprogramming applications have been approved so far, totalling **US\$ 80.5 million**. Of these, **45** 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%. Going forward, Gavi is encouraging countries to leverage other sources of funding specifically for personal protective equipment (PPE).
- > **Gavi is phasing out** the 10% flexibilities that were focused on the immediate response, and will shift to supporting countries to resume immunisation services and rapidly catch up children who were missed due to disruptions in immunisation services.

⁵ Angola, Burkina Faso, Ethiopia, Guinea, Lesotho, Somalia and Sao Tome and Principe.
⁶ Five countries have submitted multiple applications.

> A summary of HSS reprogramming requests as of 8 September is below (further details on approved requests are available in Annex 1).



*The total number of applications is mentioned as 45 on the previous page, as 6 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
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	9,597,000	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	3,450,000	PPE, lab equipment, IPC, logistics support, communication activities and disease surveillance training
Somalia	1,806,100	2,530,000	PPE, risk communication, disease surveillance, case management, IPC
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	3,958,000	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
Chad	1,126,264	2,007,342	IPC, PPE, disease surveillance and communication
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

Country	Total US\$ amount approved for support	Total US\$ Gavi HSS envelope available for reprogramming	Main components of reprogrammed support
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	3,278,000	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
Côte d'Ivoire	987,833	1,208,000	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
South Sudan	720,410	3,500,000	Disease surveillance, training, contact tracing, RRTs, IPC and case management
Rwanda	707,161	784,084	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
Togo	379,340	645,000	Expansion of testing capacity to subnational level
Comoros	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
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	550,000	Disease surveillance, training, communication and PPE
Guinea-Bissau	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
Timor-Leste	124,580	300,000	Training, operational costs and transportation
Sierra Leone	118,997	1,534,000	Health worker capacity strengthening, training, procurement, social mobilisation and disease surveillance
Indonesia	45,455	No ceiling applicable	Purchase of PPE, maintain immunisation services in provinces with high COVID impact
Total	76,549,963	121,337,048	

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

Country	Total US\$ amount approved for support	Total US\$ Gavi HSS envelope available for reprogramming	Main components of reprogrammed support
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 nine 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
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 2 new compressors
Ethiopia	200,500	No ceiling applicable	Support post COVID-19 routine immunisation coverage improvement activities; supervision and monitoring; no-cost extension (CDC/CDC-F)
Kiribati	119,880	No ceiling applicable	Maintain staff member who is leading the implementation of PTE beyond the current programmatic timeline; data strengthening activities
Mongolia	17,000	No ceiling applicable	Support for routine immunisation activities
Georgia	10,500	No ceiling applicable	Risk communication

Country	Total US\$ amount approved for support	Total US\$ Gavi HSS envelope available for reprogramming	Main components of reprogrammed support
Comoros	93,000	No ceiling applicable	Support in establishing community-based surveillance and a data quality survey
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
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

Country	Total US\$ amount approved for support	Total US\$ Gavi HSS envelope available for reprogramming	Main components of reprogrammed support
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:	4,060,803		