



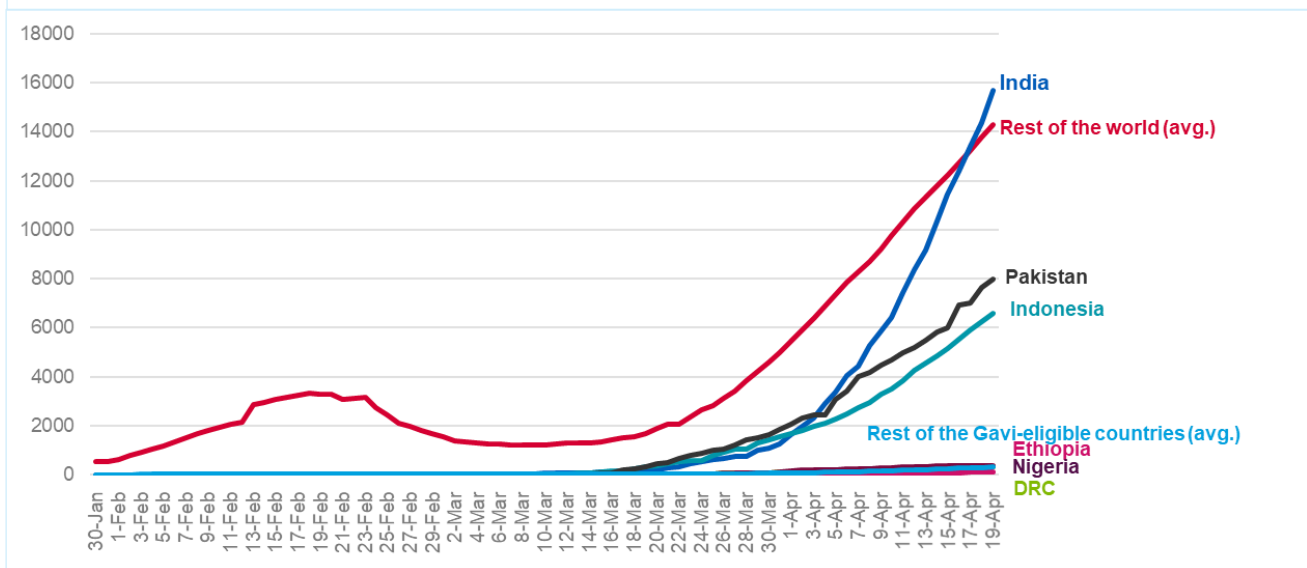
21 APRIL 2020

Sixty-seven (out of 73) Gavi-eligible countries have reported 54,218 COVID-19 confirmed cases and 1,889 deaths. Although most Gavi-eligible countries have confirmed COVID-19 cases, these countries account for a small proportion, about 2%, of global COVID-19 cases and deaths. A number of explanations have been floated in relation to the scale of the pandemic in Gavi-eligible countries, such as:



- > COVID-19 surveillance is weak, and there could be an upsurge of excess deaths
- > Gavi-eligible countries have younger populations, while the high-risk group has been observed to be those over age 60
- > Several Gavi-eligible countries have implemented lockdown and physical distancing measures, relatively early in their epidemics
- > The onset of COVID-19 in Gavi-eligible countries is recent; the risk of rapid local transmission still remains, especially as the southern hemisphere moves to winter, assuming COVID-19 could be seasonal

Evolution of cumulative COVID-19 cases in Gavi-eligible countries with highest concentration of zero-dose children, compared to average cumulative cases in non-Gavi-eligible countries



### Impact on routine immunisation

While routine immunisation (RI) is largely maintained in most countries, there is early evidence of the impact on immunisation services due to COVID-19. A recent WHO assessment across countries in the WHO Regional Office for Africa region, for example, points to 46% of countries partially or fully halting outreach services, and 67% of countries have cancelled or delayed planned supplemental immunisation activities (SIAs). To date across all Gavi-eligible countries, 21 mass and preventive campaigns supported by Gavi are either suspended or postponed. While availability of supplies to countries has largely been maintained so far, the longer the situation persists, the greater the risk of countries reaching critical supply levels. At service level, however, potential stock-outs can be anticipated due to reduced supply or disrupted in-country distribution. There is indication of reduced demand in some countries due to: lack of personal protective equipment (PPE) for health workers; a drop in health centre attendance by mothers; psychological factors (eg, fear of infection, false rumours); and lack of communication, coordination and community engagement specific to COVID-19 response.

## Gavi Secretariat's engagement towards COVID-19 response

Since the onset of the COVID-19 crisis, the Gavi Secretariat has actively engaged with all Gavi-eligible countries to offer Gavi support towards countries' National Preparedness and Response Plans. This engagement has been driven by the Secretariat's Senior Country Managers (SCMs), leveraging all the Alliance stakeholders in a complementary fashion:

- > **United Nations and World Bank Alliance partners** – near daily communication with WHO and UNICEF is taking place, as well as with the World Bank task team leaders or in-country teams, given the World Bank's very large commitment to COVID-19 response. The focus is on sharing understanding of the impact on RI in particular, discussing mitigation and how Alliance resources could be used to support – including reprogramming use of Targeted Country Assistance (TCA) funding (or post-transition support) to WHO and UNICEF.
- > **Expanded partners** – as detailed earlier in the report, the SCMs continue to liaise with the Secretariat's wide range of expanded partners in order to triangulate information, recognise how some of their work can be used for the COVID-19 response and understand the impact of COVID-19 on their work. Collaboration with expanded partners includes adjusting the 2020 workplan in line with the focus on COVID-19 response and due to delays on recruitment/travels of international staff to countries.
- > **Health sector donors** – regular dialogue with key bilateral and multilateral donors is ongoing, usually through an existing development partner group or in other countries through a dedicated COVID-19 coordination group. The focus is on sharing donor views on the government plan and sharing each donor's likely support in order to avoid duplication and identify possible synergies.
- > **Global Fund and Global Financing Facility (GFF)** – similarly, the Secretariat is in constant dialogue with its Global Fund counterparts and, where relevant, GFF focal points, in order to coordinate response and funding.
- > Finally, the Secretariat is leveraging regular **Regional Working Group** calls, to discuss the evolving situation in each region and in Gavi countries, reviewing broader risks and impact, and capturing key developments in Gavi countries in the region.

Building on strong Alliance networks and close government relationships has greatly helped accelerate the Secretariat's ability to rapidly respond to country needs. However, there remain limitations and challenges, which the Secretariat is trying to mitigate, including:

- > Challenges in timely information and communication with countries due to remote working and inability to travel. The Secretariat's close relationship with the United Nations, the World Bank and other Alliance partners helped mitigate this.
- > Some countries have faced challenges in coordinating their national COVID-19 response plan, thus delaying the development of the request to Gavi. While the Secretariat has limited resources to directly impact these broader planning efforts, in these cases, SCMs are working directly with Alliance partners and each government's Expanded Programme on Immunization (EPI) to process in parallel reprogramming needs and adjust as the plans take shape. Partial approval of support has avoided delays, in cases where certain parts of the request remained unclear.
- > The Secretariat is also noticing that the COVID-19 situation is becoming increasingly politicised in a number of countries, leading to changes in government/Ministry of Health positions and new actors (eg, Disaster Response Committees under the prime minister/president) that override the Ministry of Health. It thus becomes a more difficult environment to navigate.



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

- > Twenty-seven COVID-19 reprogramming applications totalling US\$ 39 million of support have so far been approved – this represents 59% of the countries' available allocation.
- > A further 12 applications are currently being reviewed for a further US\$ 24 million.

- > Summary of reprogramming requests as of 21 April is below (*further details on approved requests are available in Annex A*).

Application status	Countries
<b>HSIS reprogramming applications approved</b> <b># 20 countries</b>	> Tajikistan > South Sudan > Afghanistan > Democratic Republic of the Congo > Mali > Liberia > Timor-Leste > Zimbabwe > Kenya > Malawi > Ethiopia > Kyrgyzstan > Mozambique > Myanmar > the Sudan > Sierra Leone > Togo > Côte d'Ivoire > Sao Tome and Principe
<b>Targeted Country Assistance (TCA) post-transition engagement reprogramming applications approved</b> <b># 7 countries</b>	> Vietnam > Uganda > Guinea-Bissau > Bangladesh > Bhutan > Senegal > Sierra Leone
<b>Applications under review</b> <b># 12 countries</b>	> Nigeria > Timor-Leste (2nd application) > the Congo > Rwanda > Burkina Faso > Ghana > Cameroon > Comoros > Niger > Benin > Uganda <sup>1</sup> > Tanzania

Since Gavi offered its flexibilities towards COVID-19 response, partners continue to reprioritise their response, with over 10 requests to reallocate Targeted Country Assistance (TCA) so far. Along with the Secretariat, United Nations partners and civil society organisations, Gavi's **expanded partners** continue to support Ministries of Health in their COVID-19 response efforts. As part of Gavi's COVID-19 flexibilities, expanded partners can reallocate savings from any activities anticipated to be delayed or cancelled due to the pandemic. The reallocation is carried out based on discussions with the Secretariat, Alliance partners and each government's EPI. The Secretariat has committed US\$ 26 million for 54 expanded partners out of US\$ 100 million committed for 2020 to partners' engagement framework (PEF) TCA. Gavi's expanded partners are supporting COVID-19 response in areas such as:

- > **Data management:** Partners are working with governments to track COVID-19, including data around suspected cases, monitoring hospital readiness and building robust data platforms using optimised network designs.
- > **Management coordination:** Partner assistance towards building effective teams, coordinating partner support and providing ministries with relevant leadership and management trainings has been crucial in responding to the COVID-19 challenges faced by countries.
- > **Media and advocacy:** Several innovative support efforts have been implemented through partners around media and advocacy. For example, organising dedicated slots on live TV and radio for doctors and health experts to discuss community precautions; participating in community engagement activities; leveraging health hotlines to expand reach; and using brands and platforms to deliver credible, essential health messages and supportive content around COVID-19.
- > **Training and technical support mechanisms:** Partners are assisting in the development of community health worker guides; providing trainings on online collaboration platforms; and offering in-country support through supply-chain assistance, predictive analytics and machine learning support.

<sup>1</sup> Uganda's application has been put on hold as a new Ministry of Health Incident Manager for COVID -19 pandemic has been appointed, and currently the existing costed response plan dated February 2020 is being re-reviewed with estimates and projections being higher.



## B. ANNEX A: FURTHER DETAILS ON APPROVED REQUESTS

Country	Total US\$ amount approved for support	Total US\$ Gavi HSS envelope available for reprogramming	Main components of reprogrammed support
<b>HSIS reprogramming applications approved</b>			
<b>Myanmar</b>	7,400,000	10,000,000	Disease surveillance, laboratory readiness, coordination, community engagement and risk communication
<b>Democratic Republic of the Congo</b>	6,001,751	10,000,000	Logistics, infection prevention and control (IPC), coordination, risk communication and community engagement
<b>Ethiopia</b>	4,900,000	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>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	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>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>Burundi</b>	1,317,928	3,468,205	PPE, lab equipment, IPC, logistics support, communication activities and surveillance training
<b>Sudan</b>	1,260,000	3,960,000	Hygiene and infection control training for health workers, infection control supplies, surveillance activities (including community-based surveillance), support to the establishment of isolation centres, supervision activities

Country	Total US\$ amount approved for support	Total US\$ Gavi HSS envelope available for reprogramming	Main components of reprogrammed support
Zimbabwe	1,020,000	1,300,000	Rapid test kits, PPE, test kits
Côte d'Ivoire	987,833	1,204,674	Communication and community mobilisation activities
South Sudan	720,410	3,500,000	Surveillance, training, contact tracing, rapid response teams, IPC and case management
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 surveillance
Sao Tome and Principe	212,600	350,000	PPE
Kyrgyzstan	134,000	670,000	Surveillance, training, communication, PPE
Togo	129,000	Not applicable	Expansion of testing capacity to sub-national level
Timor-Leste	124,580	219,056	Training, operational costs and transportation
Sierra Leone	119,000	1,534,000	Health worker capacity strengthening, training, procurement, and social mobilisation and surveillance
Tajikistan	59,339	1,150,000	Social mobilisation and communication
Liberia	24,970	1,410,000	Communication to address rumours that impact routine immunisation
<b>Total</b>	<b>38,672,055</b>	<b>65,731,439</b>	
<b>Targeted Country Assistance (TCA)/post-transition engagement reprogramming applications approved</b>			
Bhutan	50,041	Not applicable	Procurement of cold boxes and vaccine carriers, training of student nurses, monitoring and demand generation
Guinea-Bissau	70,000	Not applicable	Communication strategy, surveillance, supervision, infection control and training
Sao Tome and Principe	30,302	Not applicable	Prevention, preparation and response activities
Zimbabwe	19,696	Not 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

Country	Total US\$ amount approved for support	Total US\$ Gavi HSS envelope available for reprogramming	Main components of reprogrammed support
<b>Bangladesh</b>	Not applicable	Not applicable	No cost extension
<b>Vietnam</b>	Not applicable	Not applicable	No-cost extension
<b>Uganda</b>	Not applicable	Not applicable	No cost extension
<b>Senegal</b>	Not applicable	Not applicable	No cost extension
<b>Sierra Leone</b>	Not applicable	Not applicable	No cost extension
<b>University of Oslo</b>	115,000	Not applicable	Support countries that have expressed the need to install the new DHIS2 COVID-19 surveillance packages aligned to WHO recommendation
<b>Nigeria</b>	Not applicable	Not applicable	No cost extension
<b>Ethiopia</b>	Not applicable	Not applicable	No cost extension
<b>Ghana</b>	Not applicable	Not applicable	No cost extension
<b>Total:</b>	<b>285,039</b>		