



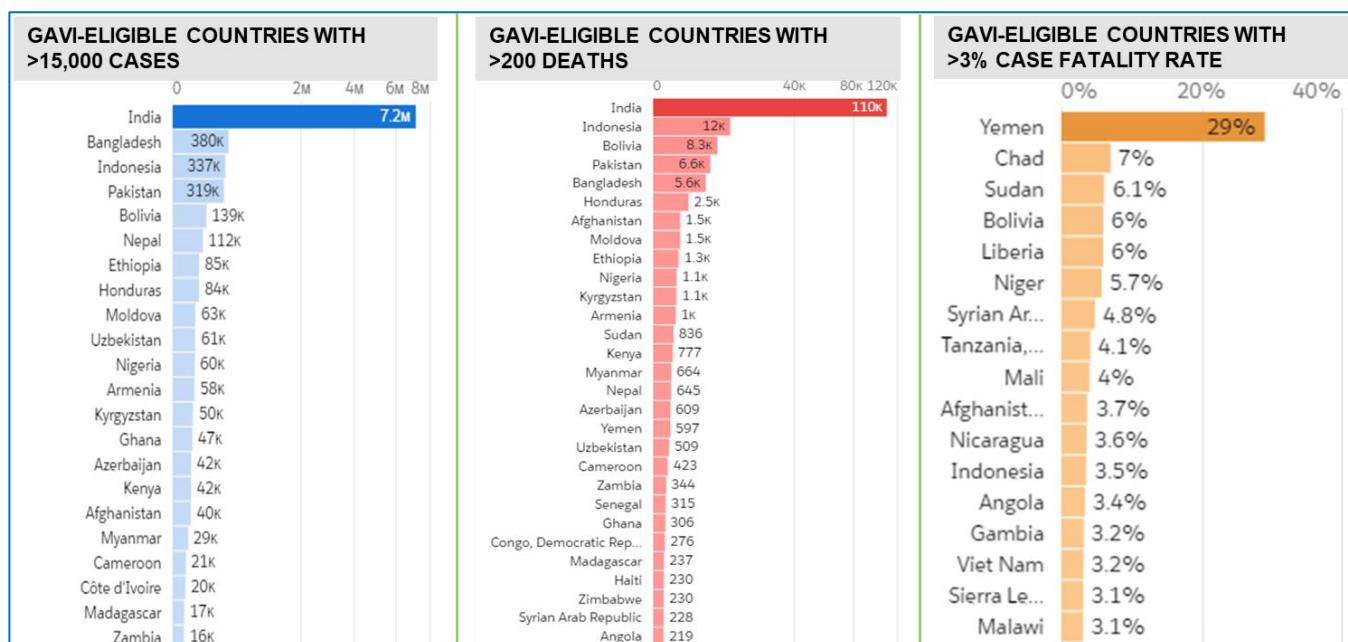
15 OCTOBER 2020

Across Gavi-eligible countries, we have seen a consistent increase in COVID-19 cases since March 2020. In mid-March 2020, shortly after 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 **9.4 million confirmed cases** and **162,245 deaths**. The number is driven primarily by India, which represents approximately 77% (over 7.2 million) of confirmed cases. However, with recoveries exceeding new cases for most of the last month, at 87% India has recorded the highest recovery rate in the world. As of 3 October, Solomon Islands reported its first officially confirmed COVID-19 case. The Democratic People's Republic of Korea<sup>1</sup> 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.



## COVID-19 situation across Gavi-eligible countries

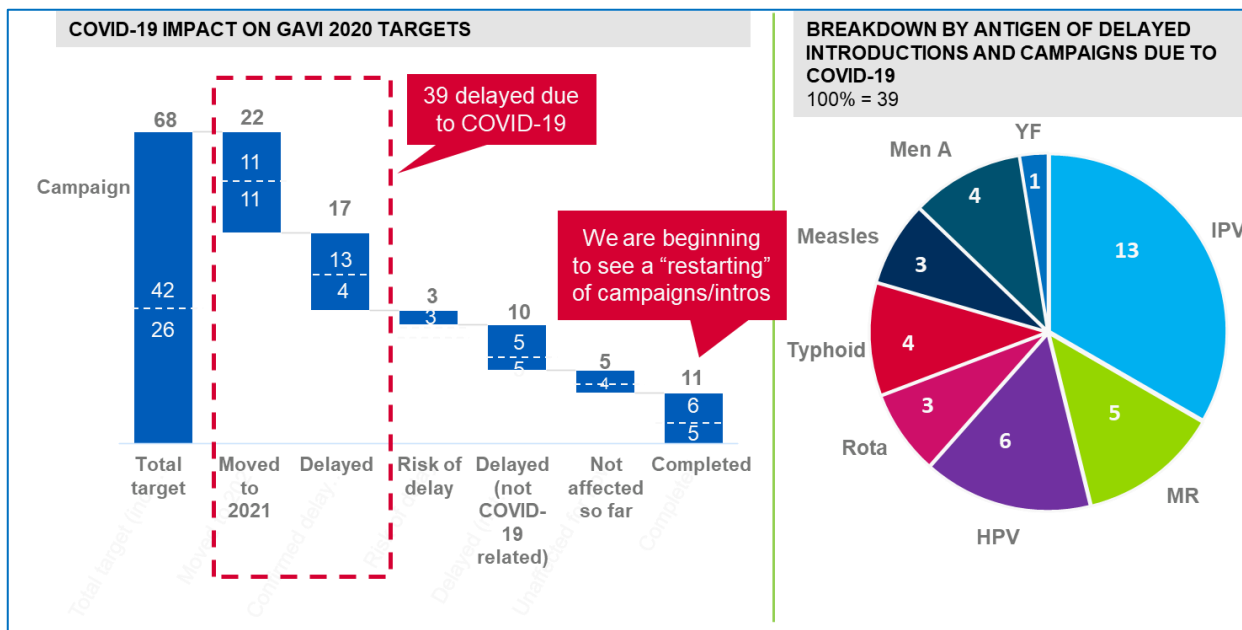
Gavi-eligible countries account for approximately 25% of total global COVID-19 cases and 15% of deaths. This proportion is continuing to grow over time. Several of the most affected countries are those that have transitioned from Gavi support: Armenia, Bolivia (Plurinational State of), Honduras and Republic of Moldova. A number of African countries have the highest case fatality rates (CFR), after Yemen at 28.9%. These high CFRs could partly be attributed to lower testing rates; as a result, many cases may be undetected until they are far advanced.



## 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: 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), 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).

<sup>1</sup> 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 six<sup>2</sup> countries are reporting stock-outs at central or subnational level due to COVID-19. UNICEF has been reporting that the overall the shipment trend has been stabilising, with approximately 45–50 vaccine shipments delivered per week. Both the number of shipments and the number of countries reached per week are within the range of pre-COVID-19 pandemic levels. This has led to a progressive reduction of the backlog of shipments, with only a handful of long-standing shipments pending; these are being booked and consolidated as required.

There are some delays in cold chain equipment optimisation platform (CCEOP) implementation. Where additional costs have been incurred due to COVID-19, these costs have been covered under the CCEOP buffer.

### Impact on co-financing

Twelve Gavi-eligible countries have requested co-financing waivers so far. Following Alliance advocacy and engagement to identify needs and possible solutions, five 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.
- > Gavi is coordinating the development and implementation of the COVAX Facility, the global procurement mechanism of COVAX. The COVAX Facility will make investments across a broad portfolio of promising vaccine candidates (including those being supported by CEPI) to make sure at-risk investment in manufacturing happens now.
- > Gavi is also coordinating the development and implementation of the Gavi COVAX Advance Market Commitment (AMC), the financing instrument that will support the participation of 92 low- and middle-income countries and economies in the COVAX Facility.

The goals of the COVAX Facility and AMC include:

- ❖ to support the largest actively managed portfolio of vaccine candidates globally
- ❖ to deliver 2 billion doses by the end of 2021
- ❖ to offer a compelling return on investment by delivering COVID-19 vaccines as quickly as possible
- ❖ to guarantee fair and equitable access to COVID-19 vaccines for all participants
- ❖ to end the acute phase of the pandemic by the end of 2021

<sup>2</sup> Angola, Burkina Faso, Ethiopia, Guinea, Lesotho and Somalia.

In September, the Gavi Board approved the allocation of US\$ 150 million from core resources (for initial funding) to prepare AMC92 economies to deliver COVID-19 vaccines, focusing on urgent technical assistance and cold chain needs with priority for 56 Gavi-eligible economies and others on a case-by-case basis. The Board decision provides Gavi core funding resources to meet **urgent technical assistance (TA) and cold chain equipment (CCE) needs**.

Gavi is now moving to operationalise this funding and to structure the allocation as follows:

- > **Geographic prioritisation:** prioritising support for 56 Gavi-eligible countries, with a more selective approach being used for other AMC economies and a dedicated approach for India support (to be confirmed at the December meeting of the Gavi Board)
- > **Technical prioritisation:** targeting a ~ 50/50 split between CCE and TA investments, while retaining a reserve to allow flexibility to respond to urgent needs

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

- > Gavi recently launched its guidance on the use of Gavi funding to support countries in their efforts to maintain, restore and strengthen (M&R&S) immunisation services and reach missed children in the context of COVID-19. The programming guidance is aligned to WHO's technical guidance and to Gavi's 2021–2025 strategy, with equity at the heart of Gavi's mission.
- > Gavi has partnered with Premise to augment availability of longitudinal data on perceptions about immunisations and reasons for under-vaccination during the COVID-19 pandemic. The first round of 12 rounds of data collection began on 10 October in at least nine countries. There is still an opportunity for Gavi-eligible countries to participate.
- > Gavi is working on developing a “social listening” dashboard and is supporting the review of UNICEF's “Vaccine Misinformation Management Field Guide” to help address rumours and misinformation around immunisation.
- > Multi-stakeholder dialogues (MSDs), which have temporarily replaced the traditional Joint Appraisal to ensure that Gavi's continuing support to the Expanded Programme on Immunization (EPI) is aligned with current realities, have commenced. Most countries plan to conduct their MSD by the end of the year. Detailed plan of upcoming MSDs can be found here.
- > Pakistan recently concluded a successful MSD, which was attended in-person by country counterparts representing every province, and virtually by Vaccine Alliance and other partners. Over 100 people attended the event (in different time zones, from Seattle to Bangkok) over two days (6–7 October). The core of the discussions was centred around maintaining, restoring and strengthening immunisation services, and the “zero-dose” child agenda was robustly discussed as part of the next health system strengthening (HSS) grant planning. The implementation status of the additional HSS funds that are targeted to Polio Super High-Risk Union Councils was also discussed. The country presented its routine immunisation status and recovery plan. The MSD was particularly useful to enable the country, Gavi's country team and Alliance partners to align on the impact of COVID-19 and the recovery plan. It was also tailored to discuss the full portfolio planning process – an integrated approach through primary health care, COVAX, integration of measles-rubella and typhoid conjugate vaccine campaigns, and other critical topics.
- > The Alliance recently launched an Innovation Catalogue with a list of 21 non-exhaustive innovations that countries could consider, depending on their specific needs and context to maintain and restore immunisation services. The catalogue highlights some key areas of innovation that can help drive the innovation agenda, such as: (i) traceability of vaccines/supply chain visibility; (ii) digital training and supervision of health workers; (iii) new approaches to community engagement and demand interventions (e.g. user-centred design).

## C. ADDITIONAL COVID-19 SPECIFIC RESOURCES

- > *Maintaining, restoring and strengthening immunisation programmes programmatic guidance*
- > *Link to COVID-19 folder for all reference documents*
- > *Link to live M&R&S Q&A*
- > *COVID-19 dashboard*
- > COVID-19 M&R&S team can be emailed at: *covid-19m&r&steam@gavi.org*