

Summary of LNCT Discussion Group: COVID-19 Impact on Immunization Programs

Overview

On April 30, 2020, LNCT organized a special peer learning discussion group for countries to discuss the pandemic's impact on immunization programs and responses across countries. Several LNCT countries – Georgia, India, and Indonesia – shared their current experiences and concerns for the immunization program, changes that have been made to immunization activities, how services are being delivered as a result of the pandemic, and any impact already seen on the use of immunization services. Gavi also joined the discussion to describe its programmatic commitments to help countries respond to the pandemic.

The discussion group had a total of 81 attendees – 38 from LNCT countries, 11 from other MICs and LICs, and 32 from HICs (primarily staff from Gavi and partner organizations). LNCT provided simultaneous interpretation for French, Portuguese, and Russian participants. Throughout the discussion, participants were able to raise questions to the speakers. LNCT also conducted three polls at different points to get more information from the participants.

Key Considerations

Immunization services are being disrupted for various reasons during the COVID-19 pandemic. These include disruptions to supply chain, fear of going to health facilities, lack of access to public transportation, and local government policies leading to some services being stopped. With these widespread disruptions to services, countries are most concerned about how to deliver immunizations safely and how to assure caregivers that they can safely bring children for immunization. More support is needed to ensure that disease surveillance is able to continue, and to find effective alternatives to outreach services during the pandemic.

Impact on Routine Immunization Services

Countries are navigating how to mitigate impact to vaccine preventable diseases during these unprecedented times. Some countries have stopped immunization services entirely for some period and others have continued services in only certain parts of the country and with modifications, like physical distancing measures and reduced hours. It's challenging to know what is happening throughout the country, since in many cases, local governments are making these decisions. Some countries, such as Georgia, have issued specific guidance on how to provide immunization, but not all countries have. It will be important for countries to strategize a post-pandemic recovery plan that focuses on re-establishing immunization services and prioritizes catching-up children who missed their vaccinations.

Georgia

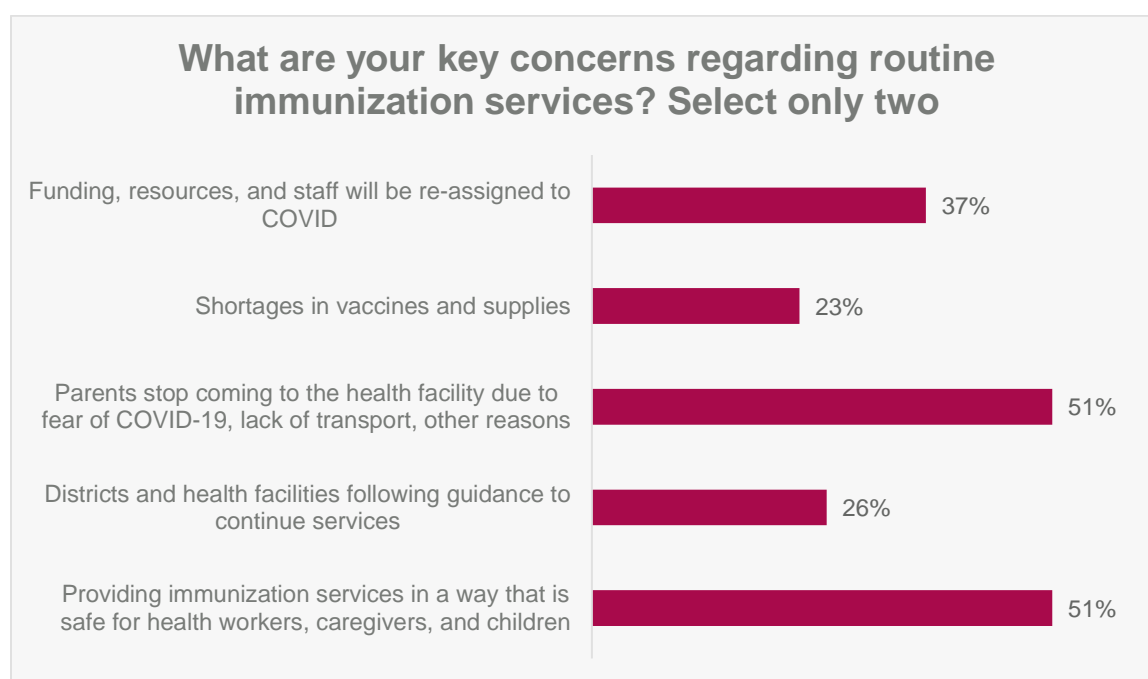
In Georgia, there were 517 confirmed cases of COVID-19 as of April 29, 2020. In March 2020, the Parliament approved a nation-wide state of emergency aimed at combating the spread. The quarantine measures that Parliament implemented include:

- Movement of persons by foot or any other types of transportation during the daily curfew from 9 pm to 6 am prohibited for the period of emergency
- Meetings, social gatherings, events prohibited
- Schools and universities shifted to online and distance-learning format

- Employees ordered to work from home
- State borders shut down

In March, the Ministry of Health began to provide health facilities with information and guidance on how to safely carry out vaccination services during the pandemic. Based on WHO recommendations, the Ministry of Health adopted measures such as physical distancing, temperature screening, and decreased working hours. The Ministry of Health has also created a hotline for people to call into with questions. The most common questions have been from parents regarding the safety of getting vaccinations during the pandemic and regarding transportation to the health facilities.

Even with these measures, the coverage rate for all antigens has decreased in the first quarter of 2020 compared with 2019 because parents stopped coming to health facilities, either from fear of COVID-19 or lack of transport means, and some health facilities discontinued services. Also, since Georgia experienced a big measles outbreak of 4,000 cases in 2019, they provided additional measures to conduct a catch-up campaign for all unvaccinated children under 18. Currently, the catch-up campaign is paused and there's a concern that another measles outbreak will take place this year.



Most participants are primarily concerned with being able to provide safe immunization services and parents not coming to health facilities. Following the pandemic, it will be imperative that countries implement strategies on how to catch up on missed vaccinations. Participants were also concerned that funding, resources, and staff (including surveillance staff) are being diverted from immunization to COVID-19 response.

Changes to Funding for Immunization Services

India has not seen any reduction in financial resources for immunization services. Interim steering groups have been formed and they're mobilizing resources from the Ministry and have created an Emergency Response & Health Preparedness package around \$1 billion. The package will be used for the development of diagnostics, COVID dedicated treatment facilities, centralized procurement, ventilators, and PPE. Another \$30,000 has been sanctioned for health workers' insurance coverage in the case they get infected with COVID-19 while treating COVID patients.

In Indonesia, there are multiple funding sources within the decentralized government structure. In a survey that was sent out to all facilities, most facilities said they would try to mobilize resources from the local government; about 93% of these respondents said they're confident that the local governments would allocate funds from domestic resources, 50% from the district said they would get funds from district authorities, and 35% said they believe they'll get resources from the national government.

Implementing the WHO's Guiding Principles for Immunization Activities

Indonesia

As of April 28, 2020, Indonesia had 9,511 confirmed cases of COVID-19 in all 34 provinces. All health services in Indonesia are being impacted by the pandemic. The Ministry of Health has issued guidance for health and immunization services during COVID-19. The guidelines encourage all facilities to maintain services as scheduled, apply physical distancing and other preventive measures, use of PPE for health workers, and modify services to minimize risk of infection at immunization facilities (i.e. providing hand washing and wearing masks).

The Ministry of Health conducted an email survey to analyze the impact of the pandemic on immunization services. The survey got responses from over 5,000 health facilities. According to the preliminary results, more than 80% of health facilities said that immunization services are interrupted, with 30% of outreach for immunization services completely stopped. Fixed health facilities were still open with modified services. Since local government policies were adopted, the results differed by province; for example, movement in Jakarta province was restricted, so there were no immunization services outside of the fixed health centers.

To boost community awareness on immunization during World Immunization Week, the Ministry of Health moved activities online and used a range of virtual platforms and digital activities, including:

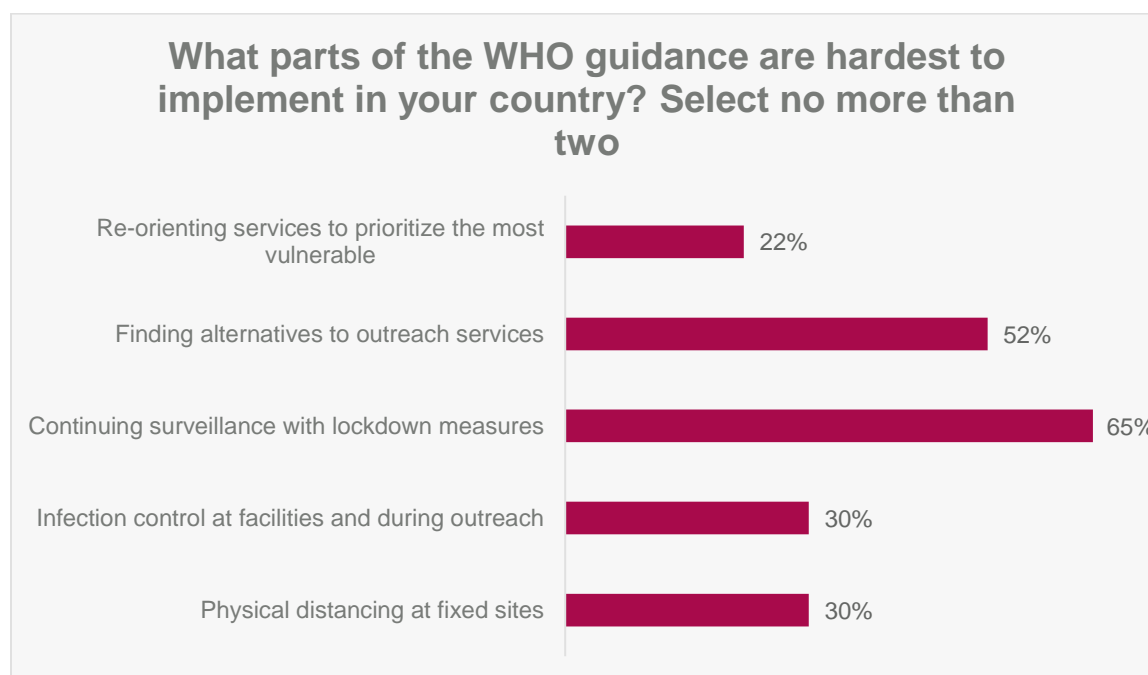
- Photograph competition
- TV and radio talk shows with prominent clinicians and government officials
- Information, education, and communication (IEC) outdoors
- Media gatherings in collaboration with UNICEF and WHO
- Webinar for health workers and general community
- Video broadcasting with distance learning platform in high-risk areas
- SMS blast integrated with COVID-19 response

The challenge now is considering how to restore services after the pandemic. The Ministry of Health is consulting with the NITAG on strategies and policies for this approach. They've identified provinces and districts with a high burden of the pandemic and also identified limited capacity and low performance of surveillance of vaccine preventable diseases. Other considerations include how to apply sweeping and follow-up tracking, ensure vaccines, provide PPE and transportation to health workers, implement a human resources refreshment program, and work together with community leaders to develop demand generation and community engagement. During the outbreak, many families are not going to the facilities, so the Ministry is working with community and religious leaders and providing them with messaging.

India

At the end of March, India implemented a three-week national lockdown, which was then extended by an additional 19 days until May 3. The lockdown categorized districts into 3 zones – red zones (hotspot districts), orange zones (non-hotspot districts but confirmed cases), and green zones (non-infected districts). In both red and orange zones, they used a standard microplanning tool to identify containment zones, creating a 3 km radius from the epicenter of confirmed cases plus a 5 km buffer zone created around the epicenter. In these containment zones, the entry and exit points are being identified and people are not allowed to enter or exit. Sectors of 50 households in hard-hit areas are visited by a team of designated health workers each day. These health workers help identify suspected cases. If a red zone has 14 days of zero new cases, they can shift into orange zone; after an additional 14 days of zero new cases, they can then move into green zone. The categorization of zones is dynamic and updated on a weekly basis.

In India, immunization is considered an essential health service and thus immunization services are to continue though the outbreak. Because there's an increased cohort of un-immunized children, posing a risk during the outbreak, the government recognizes it needs to be immediately addressed. Immunization services in India are delivered via three platforms – delivery facility birth dose, fixed sessions, and outreach sessions. In red zones, vaccinations are only delivered during delivery facility birth dose. In orange and green zones, vaccinations are being delivered through all three platforms, with some modified services, including physical distancing, hand washing, and respiratory hygiene practices by both beneficiaries and service providers. The Ministry has been in contact with EPI officers at the state-level, who have reported that services in the green zones are being provided within the guidelines, although they're seeing some hesitancy around attending outreach sessions. Better measures are needed to see whether health workers are adhering to the guidelines in the other zones.



In response to WHO's interim guidance for immunization, most participants found that the guidance to continue surveillance during lockdown and to design alternatives to outreach services were the most difficult to implement. More follow up is needed to understand whether resources constraints, surveillance staff being overwhelmed with COVID-19, physical movement restrictions, or other factors are behind the answer around difficulties with continuing surveillance. Similar follow up is also needed to understand the challenges around alternatives to outreach services.

Measuring Whether Health Facilities are Following Guidelines

Currently, the Ministry of Georgia is not able to measure how well health facilities are following the guidelines; however, since the data is showing that the vaccination rates are decreasing, there's an assumption that some health facilities are not following the guidelines to continue immunization services. They are awaiting April coverage rate data in order to compare to previous months and determine next steps. In India, they have also found it challenging to assess whether health workers are adhering to the guidelines in all areas and think that better measures are needed. Monitoring tools are currently being modified to incorporate certain indicators that will allow the Government of India to check whether they're adhering to the guidelines or not. Indonesia's health facility survey indicated that at least some facilities have interrupted immunization services, despite guidance to maintain services.

Gavi Response

Gavi quickly reacted to the pandemic by immediately making programmatic commitments to support countries in their COVID-19 response. Countries can now reallocate up to 10% of their existing Gavi health systems strengthening (HSS) grant to support response to mitigate the impact on routine immunization. Gavi has also made additional flexibilities available to re-focus technical support funded through the Partners' Engagement Framework, including Technical Country Assistance (TCA), and Post-Transition Engagement support. Assessment of flexibilities is done on a case-by-case basis at the request of countries.

Gavi and WHO conducted a pulse survey to assess the extent of disruption to routine immunization due to the pandemic; the survey results will direct specific actions and help support priority health system interventions in countries. Additionally, Gavi is strategizing post-pandemic recovery to make sure countries can re-establish immunization services and prioritize catching-up on un-immunized children and will continue tuning in to countries to see the impact of COVID-19 in the recovery and beyond.

Wrap-up and Next Steps

There are no clear answers for how to effectively mitigate impacts to national immunization programs during the unprecedented COVID-19 pandemic. Countries are testing different strategies and working closely with partners and subnational governments, but the results of these efforts will not be known for some time. Nearly all participants in the discussion group expressed interest in future discussions to continue to share information about different mitigation strategies and their outcomes. LNCT plans to organize follow-up discussion groups in the coming months. Additionally, LNCT will use the information learned from the discussion to design other activities to support countries.

