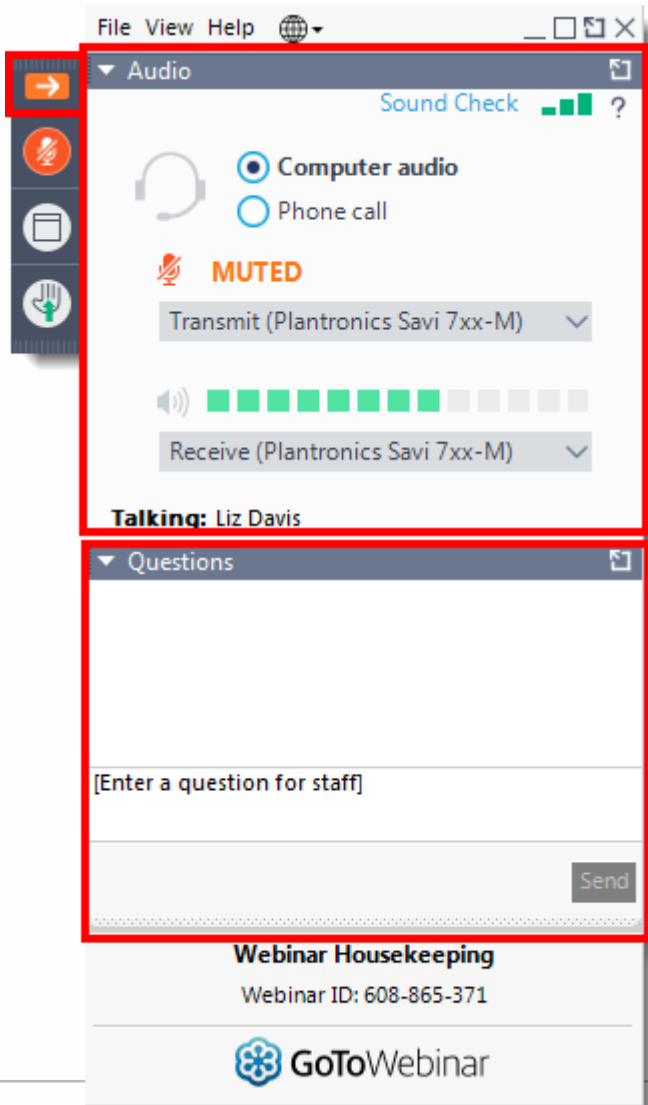


GoToWebinar Audio Tips



Your Participation

Open and close your control panel

Join audio:

- Choose **Mic & Speakers** to use VoIP
- Choose **Telephone** and dial using the information provided

Submit questions and comments via the Questions panel



LNCT

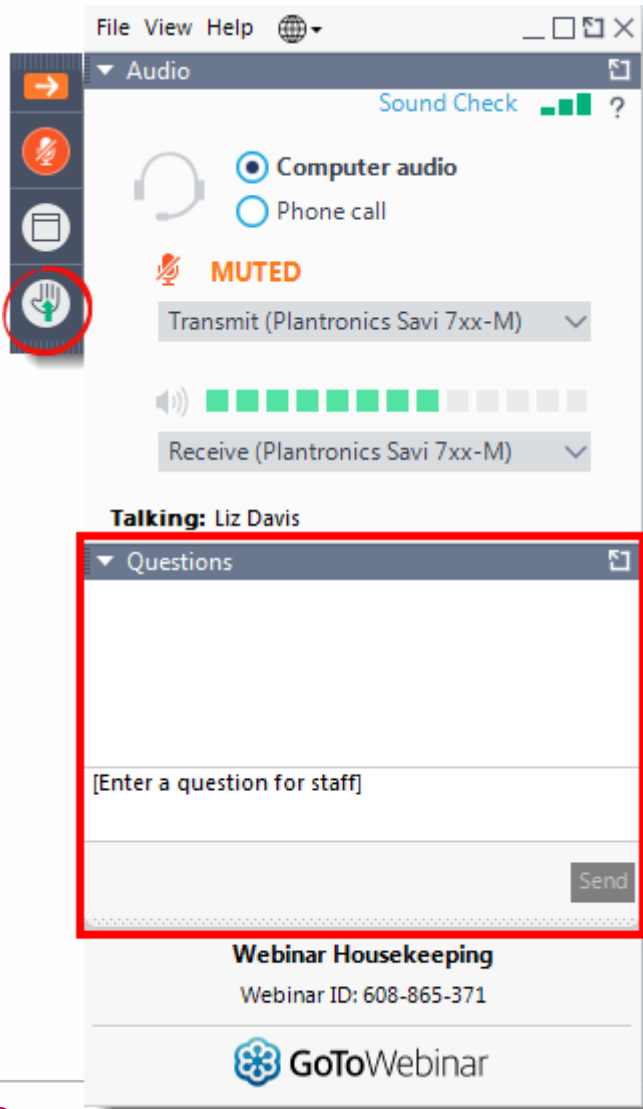
Learning Network for
Countries in Transition

Discussion Group: COVID-19 Impact on Immunization Programs



April 30, 2020

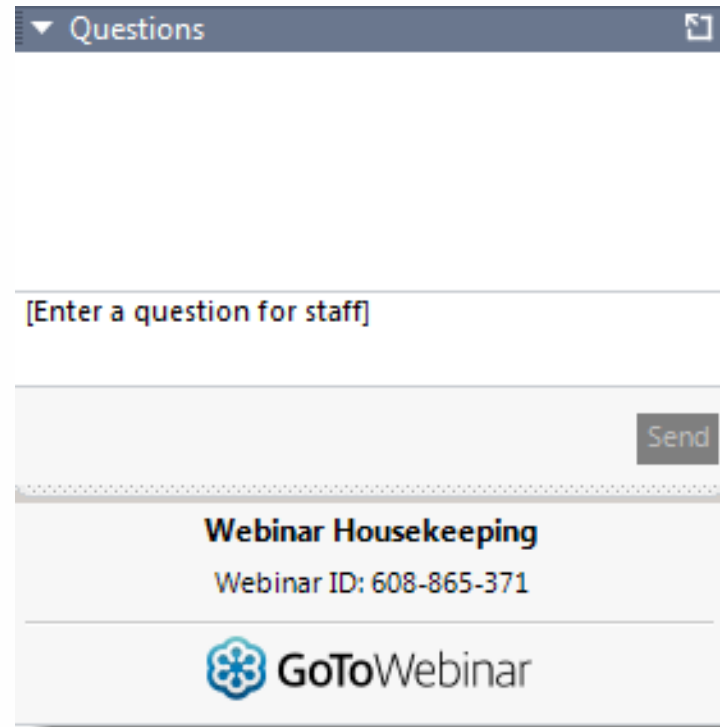
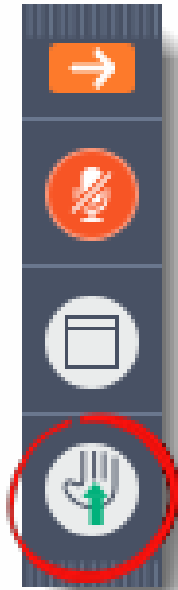
GoToWebinar Q&A Tips



Your Participation

- We will be having a moderated Q&A discussion with our panelists during this webinar.
- Please feel free to submit questions as they arise via the “Questions” panel on your screen.

How to raise your hands for verbal questions



- Please raise your hand to be unmuted for verbal questions.
- The moderator will unmute one participant at a time.

Goals of this Discussion Group

- Connect LNCT countries to share the experiences of immunization programs under COVID-19
- Document initial responses by NIPs to adapt service delivery to ensure safety and minimize transmission, and to mitigate potential negative effects
- Identify areas where LNCT and other partners could provide support during the pandemic
- Answer any questions related to Gavi response and flexibilities for Gavi funding

Disruptions from COVID-19

- Air travel suspended or reduced
- School closures
- Curfews and stay-at-home orders
- Physical distancing orders
- Urban public transport suspended or reduced
- Rumors and mis-information
- Economic activity significantly reduced

1) Impact on Routine Immunization Services

- Did health facilities stay open? Did they change hours?
- Is there guidance to the public about continuing immunization during the pandemic?
- Is there guidance to health facilities regarding how to implement physical distancing?
- Has NIP issued guidance regarding how to continue immunization services safely? How is that guidance being implemented?
- Have visits to health facilities decreased?

Vietnam



Dang Thi Thanh Huyen,
Vice Head, National EPI
Office, Ministry of Health,
Vietnam

Georgia



Lia Jabidze,
EPI Manager, Georgia
National Center for
Disease Control and
Public Health

COVID-19 situation and the government regulations in Georgia

In Georgia, as of April 29, 2020 there are:

- CONFIRMED COVID19 CASES - 517
- RECOVERED - 168
- FATAL OUTCOME - 6
- UNDER QUARANTINE – 5,153

On March 2020 the Parliament of Georgia approved the nationwide State of Emergency aiming at combating the coronavirus epidemic

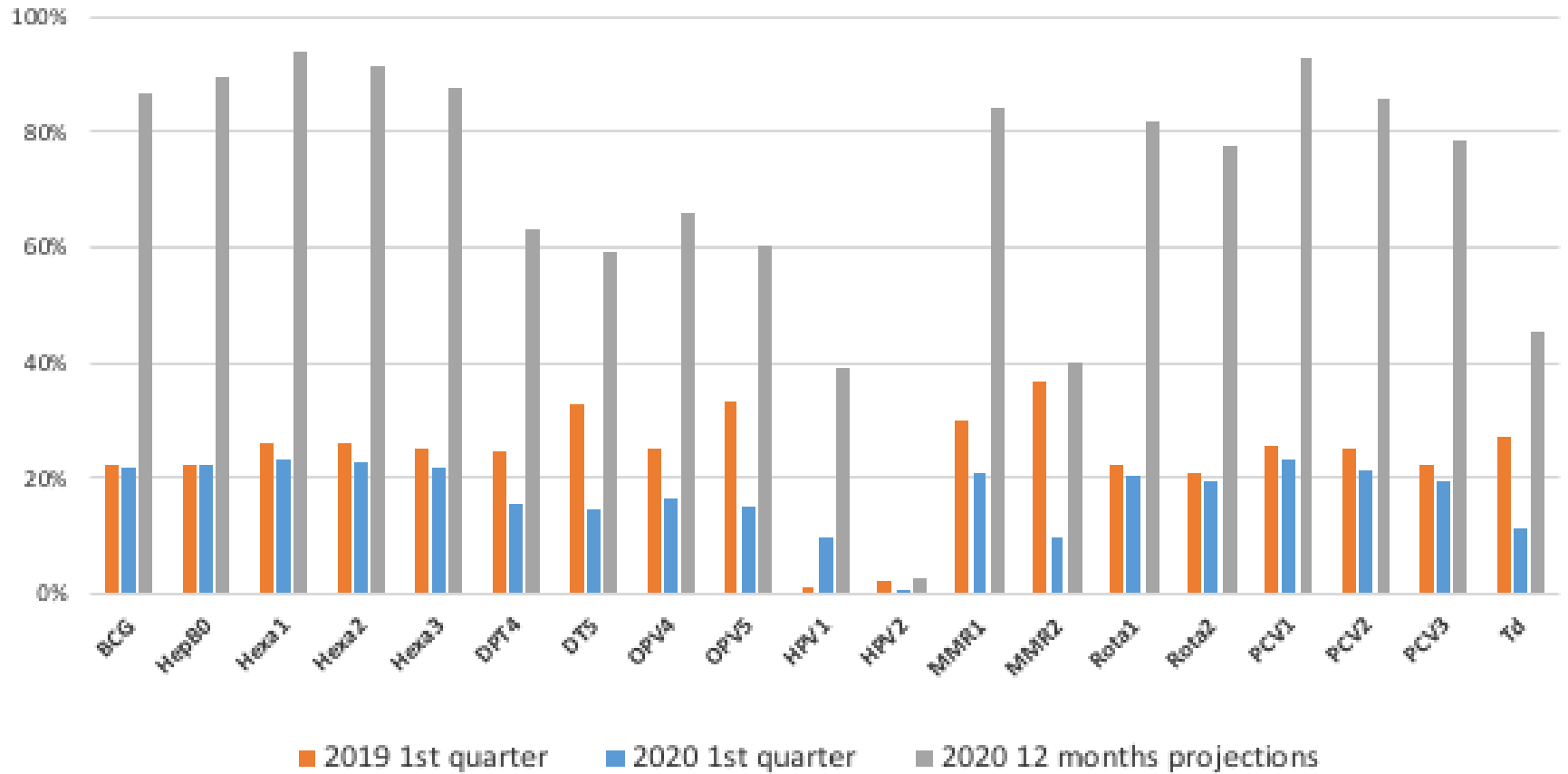
The Quarantine measures include:

- the movement of persons by foot or by the any types of transport is prohibited for the period of emergency from a daily curfew from 09:00 pm to 06:00 am
- prohibited all types of meetings, social gatherings, events etc.,
- schools and universities shifted towards online and distance-learning methods
- the main part of institutions and their employees work online
- the state borders are closed

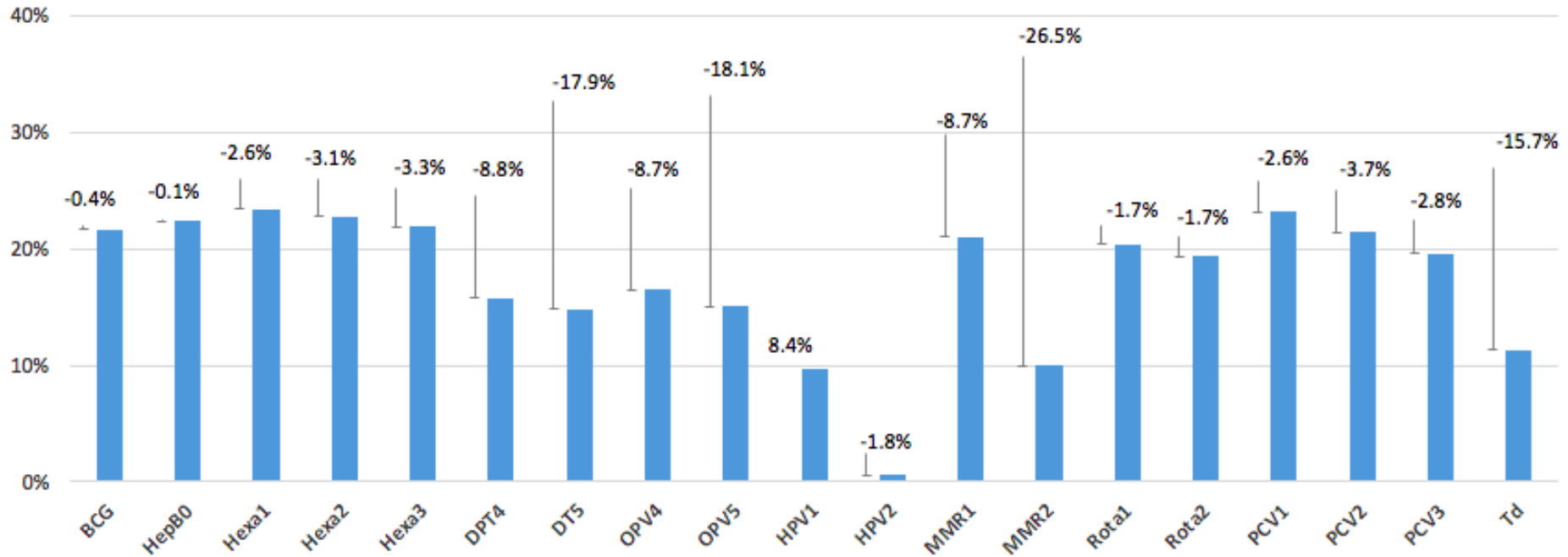
Measures for providing immunization services

- Based on the WHO recommendations the MoH adopted and shared the guidance about continuing immunization services during pandemic
- The physical distancing measures and temperature screening are carried out at health facilities
- Guidance how to continue immunization services safely is in place
- Health facilities stay open and some of them changed the working hours
- Nevertheless, the coverage rate for all antigens decreased by 2% due to:
 - parents stop coming to health facilities due to fear of COVID-19, lack of transport means, other reasons
 - health facilities do not follow the guidance and discontinue services

Coverage rates by antigen in the 1st quarters of 2019, 2020 & 2020 forecast



Vaccination coverage change by antigen (in %) 2019 to 2020 1st quarters



1) Impact on Routine Immunization Services

- Did health facilities stay open? Did they change hours?
- Is there guidance to the public about continuing immunization during the pandemic?
- Is there guidance to health facilities regarding how to implement physical distancing?
- Has NIP issued guidance regarding how to continue immunization services safely? How is that guidance being implemented?
- Have visits to health facilities decreased?

Other comments?

Poll Q1: What are your **key** concerns regarding routine immunization services? Select only two

- a) Providing immunization services in a way that is safe for health workers, caregivers, children
- b) Districts and health facilities do not follow guidance and discontinue services
- c) Parents stop coming to the health facility due to fear of COVID-19, lack of transport, other reasons
- d) Shortages in vaccines and supplies, including protective equipment for health workers
- e) Funding, resources, and immunization staff (including surveillance staff) are re-assigned to COVID-19

Poll Q1: What are your **key** concerns regarding routine immunization services? Select only two

- a) Providing safe immunization services
- b) Districts and health facilities continue services
- c) Parents stop coming to the health facility
- d) Shortages in vaccines and supplies
- e) Funding, resources, and staff re-assigned to COVID

2) Implementing the WHO Guiding Principles for Immunization Activities

- Fixed site immunization with physical distancing and infection control measures
- VPD surveillance with physical distancing and infection control measures
- Adapting outreach or mobile services to ensure the safety of health workers and the community
- Where services are limited, prioritizing populations with increased risks of VPD

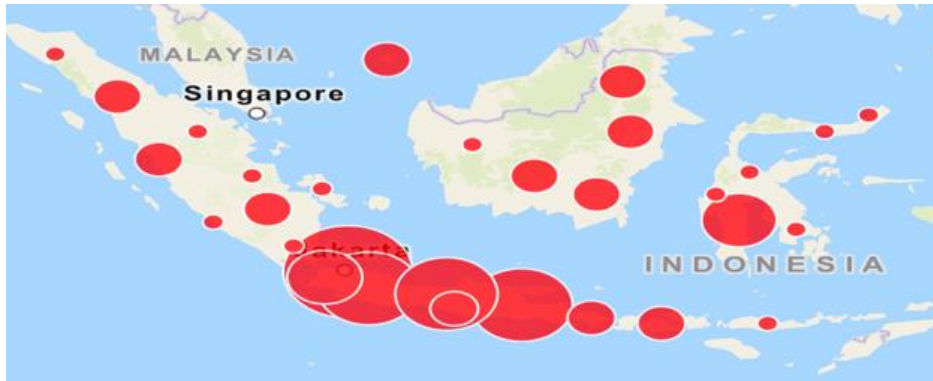
Indonesia



Syamsu Alam,
Head of Subdivision
for Basic Immunization, EPI
Unit Directorate of Surveillance
and Health Quarantine Ministry
of Health, Indonesia



Hashta Meyta
Technical Officer EPI,
Ministry of Health,
Indonesia



Immunization Program during Covid-19 Response in Indonesia

Covid-19 Situation, on 28 April 2020

- Number of confirmed cases: 9.511
- Number of provinces: 34 of 34
- Number of district: 297 of 514

MOH has distributed the guidance for immunization service and Guidance Health Services for U5Y old during Covid-19 response: In general

- Maintain services as scheduled
- Apply physical distancing, and preventive measurement
- Modify services to minimize risk of infection at immunization facilities
- Conduct quick survey (impact of COVID-19 pandemic on immunization services)
- Adopt local government policy





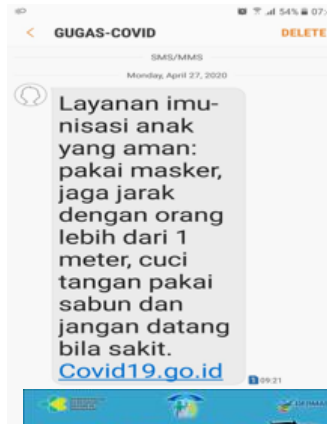
Panduan Pelayanan Kesehatan Balita Pada Masa Tanggap Darurat COVID-19
Bagi Tenaga Kesehatan



Immunization Program during Covid-19 Response in Indonesia

During WIW 23-30 April 2020, boosting community awareness on immunization:

- Photograph competition
- TV and Radio Talk show
- IEC outdoors
- Media gathering
- Web binary for health workers, and general community,
- Video broadcasting at distance learning platform
- SMS blast integrated with Covid-19 Response respond



Immunization Program during Covid- 19 Response in Indonesia

How to restore services after pandemic:

- Consultation to NITAG for strategies and policies
- Identify provinces/districts with high burden and limited capacity/low performance surveillance VPDs
- Apply sweeping, defaulter tracking and DOFU
- Ensure vaccine and logistic in place with adequate PPE
- Human resources refreshment program
- Demand creation and community engagement



India

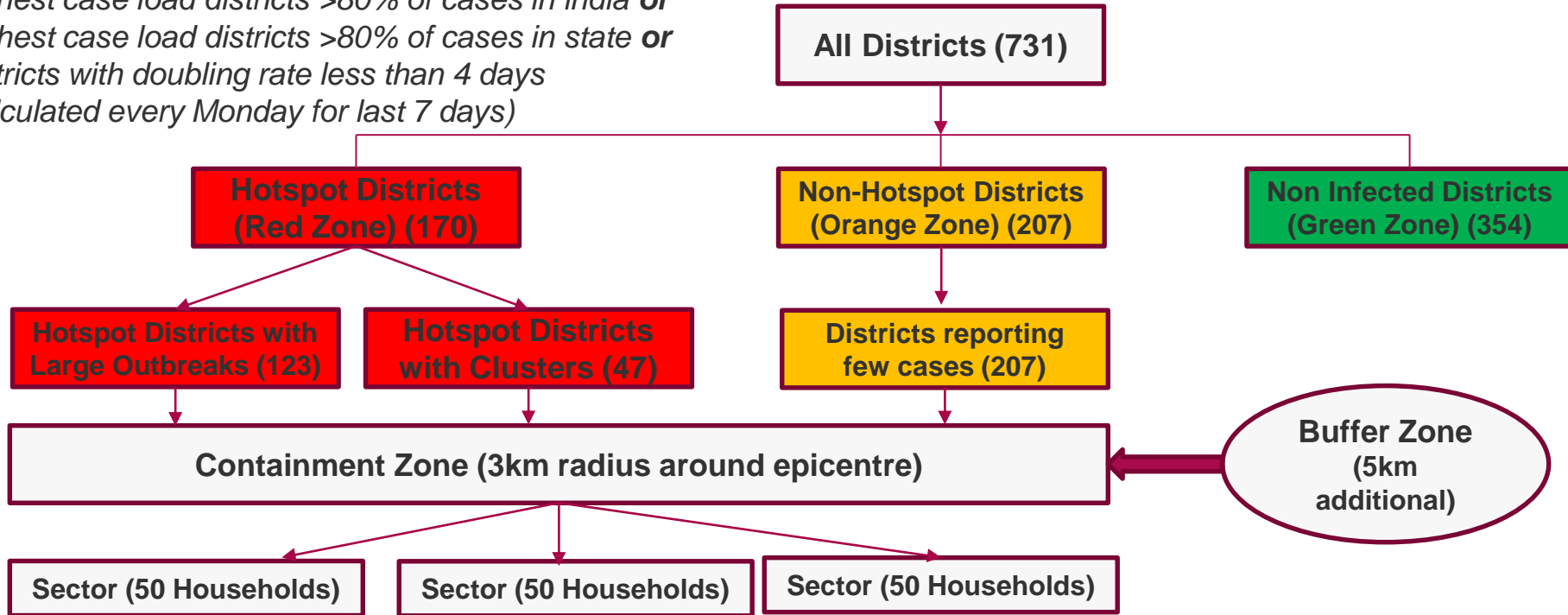


Dr. Kapil Singh,
National Project Officer
Gavi Secretariat
Health System
Strengthening Project
Immunization Division,
MoHFW, GoI

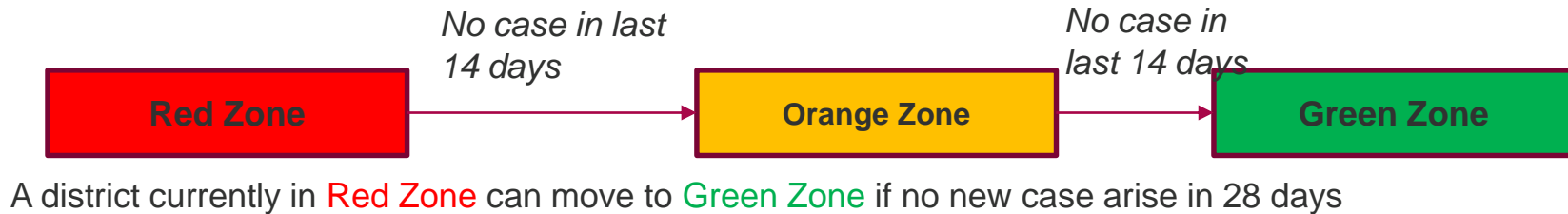
CLASSIFICATION OF DISTRICTS IN INDIA

Hotspot (Red Zone): Inclusion Criteria

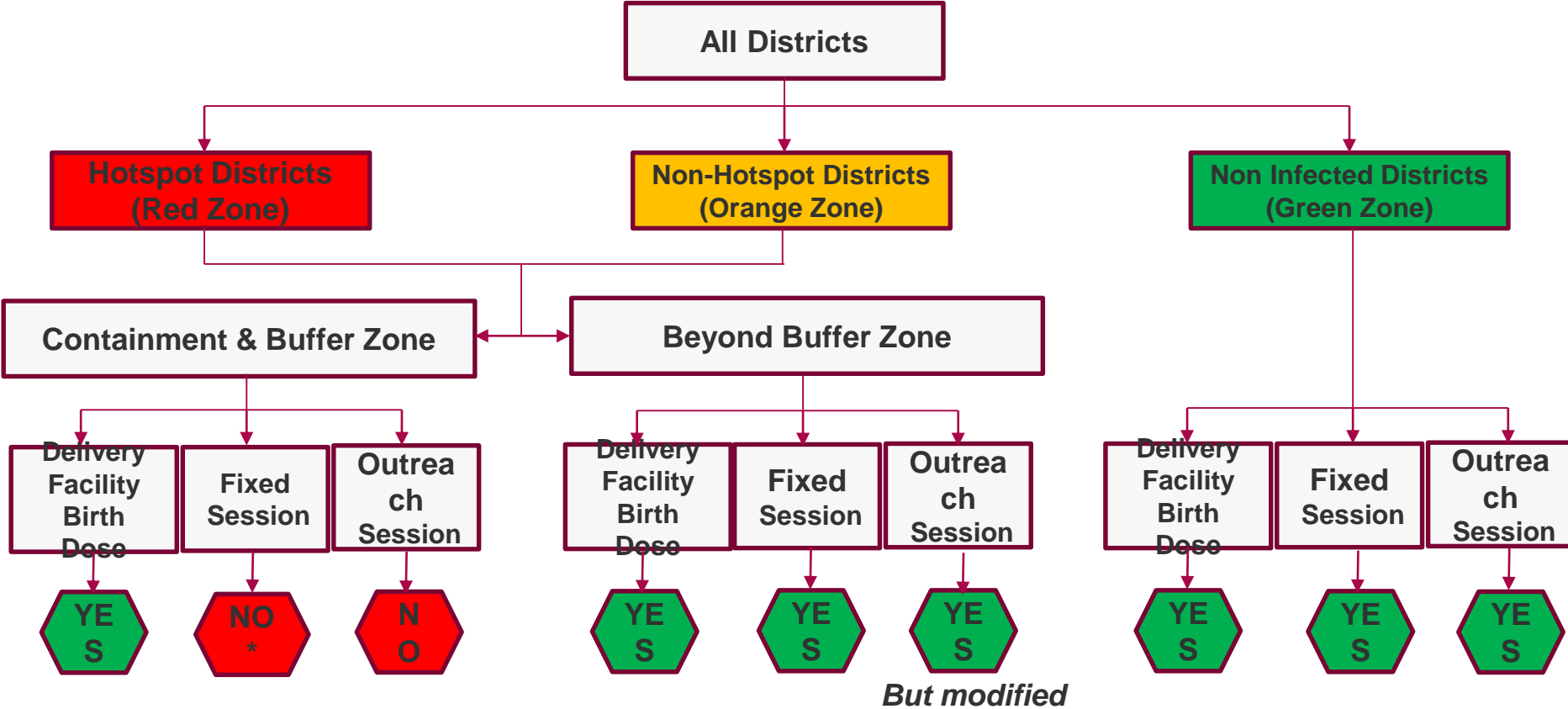
Highest case load districts >80% of cases in India **or**
 Highest case load districts >80% of cases in state **or**
 Districts with doubling rate less than 4 days
 (calculated every Monday for last 7 days)



Criteria for shifting zones



IMMUNIZATION SERVICES IN THREE DISTRICT CATEGORIES



Note: Physical distancing, hand washing & respiratory hygiene need to be maintained irrespective of district zones by beneficiary & service provider; Weekly categorization into Hotspot, Non-Hotspot & Non-Infected districts is a dynamic process hence immunization service guidelines are to be implemented as per the updated category

Poll Q2: What parts of the WHO guidance are hardest to implement in your country?

Select no more than two

- a) Physical distancing at fixed sites
- b) Infection control at facilities and during outreach
- c) Continuing surveillance with lockdown measures
- d) Finding alternatives to outreach services
- e) Re-orienting services to prioritize the most vulnerable

Poll Q2: What parts of the WHO guidance are hardest to implement in your country?

- a) Physical distancing at fixed sites
- b) Infection control at facilities and during outreach
- c) Continuing surveillance with lockdown measures
- d) Finding alternatives to outreach services
- e) Re-orienting services to prioritize the most vulnerable

Why?

3) Impact on Planned NIP Activities

- Cancelled World Immunization Week events
- Postponed Supplemental Immunization Activities
- Postponed school-based immunization activities
- Postponed trainings and workshops
- Delay in response to reports of VPD

Vietnam



Dang Thi Thanh Huyen,
Vice Head, National EPI
Office, Ministry of Health,
Vietnam

3) Impact on Planned NIP Activities

- Cancelled World Immunization Week events
- Postponed Supplemental Immunization Activities
- Postponed school-based immunization activities
- Postponed trainings and workshops
- Delay in response to VPD reports

Other comments?

Gavi Response & Funding Flexibility



Joanna Wisniewska,
Senior Programme
Manager, Immunisation
Financing &
Sustainability, Gavi

Gavi offers flexibilities to countries for COVID-19 response

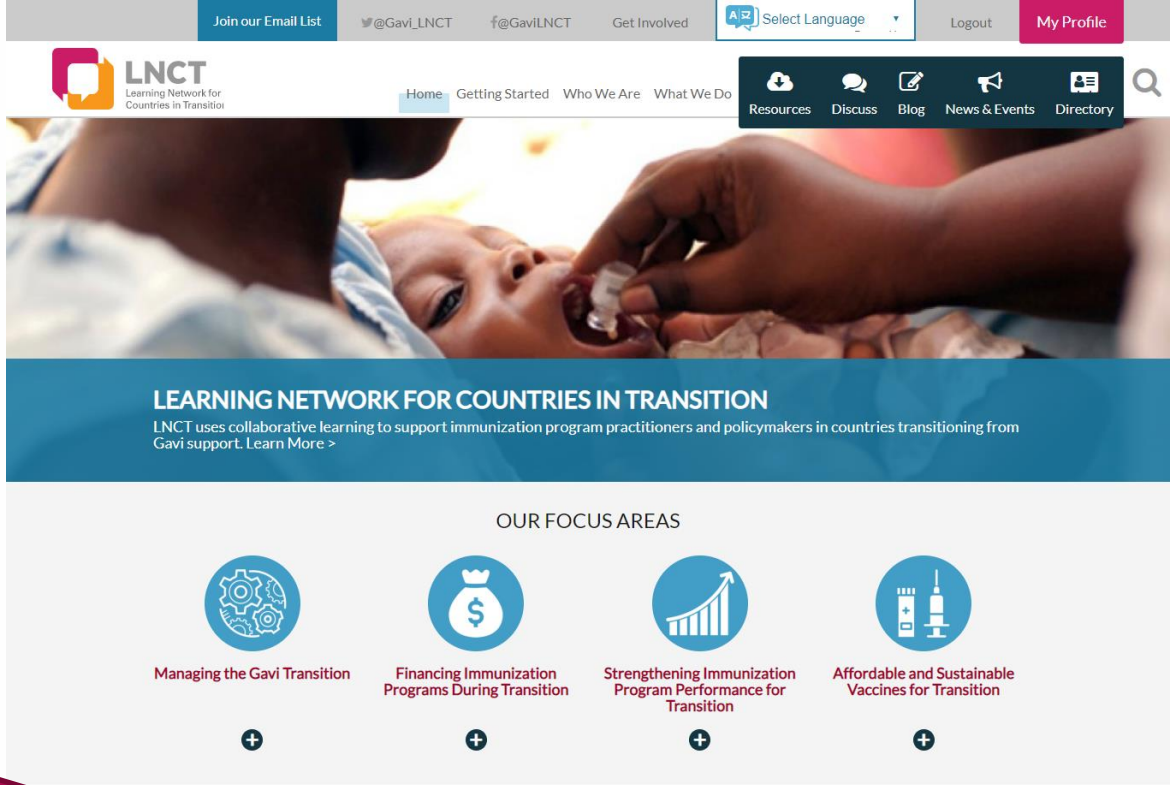
- Gavi made immediate programmatic commitment to support Gavi countries in their response to COVID-19
 - Countries can reallocate up to 10% of their existing Gavi HSS grant to support COVID-19 response to mitigate its impact on routine immunization.
- Gavi has also made available additional flexibilities to re-focus technical support funded through the Partners' Engagement Framework, including Technical Country Assistance (TCA) for Gavi eligible countries and Post-Transition Engagement support for fully self-financing countries. Assessment of flexibilities is done on case by case basis and at request of countries.
- Potential areas of support:
 - Hygiene and infection control training for health workers
 - Infection control supplies
 - Surveillance activities (including community-based surveillance)
 - Laboratory testing material
 - Risk / behavioral communication
 - Community, civil society and/or media engagement
 - Coordination and oversight
- Decision making:
 - Country requests are reviewed by Gavi teams who make a recommendation based on a number of factors
 - Rapid engagement with Alliance partners & Global Fund to confirm that they are not planning to fund the same activities in a given country.
 - Gavi aims to close the decision making within 5 days and if sufficient funds are available in-country, these can be reallocated immediately.

Gavi & Alliance partners collaborate to support Covid-19 response

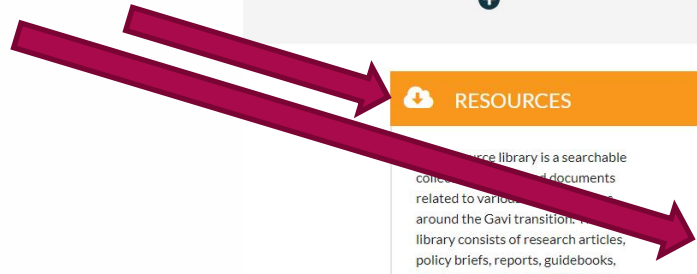
- Gavi continues to work closely with Alliance partners to mitigate the impact of COVID-19 on RI and other essential health services in Gavi-supported countries. Examples:
 - Gavi coordinates closely with UNICEF Supply Division on procurement issues, stocks & shipments, etc.
 - Gavi & WHO conduct a pulse survey to assess the extent of disruption to RI due to the pandemic; results will direct specific actions and help support priority health systems interventions in countries, including supply chain challenges.
- COVID-19 will have detrimental impact on routine immunisation (RI). The impact will likely be complex and multi-dimensional, making it difficult to quantify as of today, but Gavi has begun strategizing about post-pandemic recovery to make sure countries can re-establish immunisation services and prioritise catching-up on missed children.
- Gavi is tuning in to hear from countries how they see the impact of Covid-19 in the recovery phase and beyond:
 - Coverage levels?
 - Supply chains?
 - Challenges in demand and public trust?
 - Misinformation, rumors and vaccine hesitancy?
 - Vaccine investments: governments prioritizing vaccine financing after being sensitized to the importance of preventive measures in Covid-19 context?
 - Innovations, new partnerships resulting from COVID-19?

Poll Q3: Would you attend other discussion groups? When should we schedule next one?

- a) One month
- b) Two months
- c) Three months
- d) Don't need to hold another



Explore the LNCT website: www.lnct.global



RESOURCES

Resource library is a searchable collection of documents related to various topics around the Gavi transition. The library consists of research articles, policy briefs, reports, guidebooks, country data, and other resources pertinent to Gavi transition or immunization programs generally. You can filter the resources by topic, type, or country. Some resources are available to LNCT members only and will require logging in to view.

[VIEW ALL RESOURCES](#)

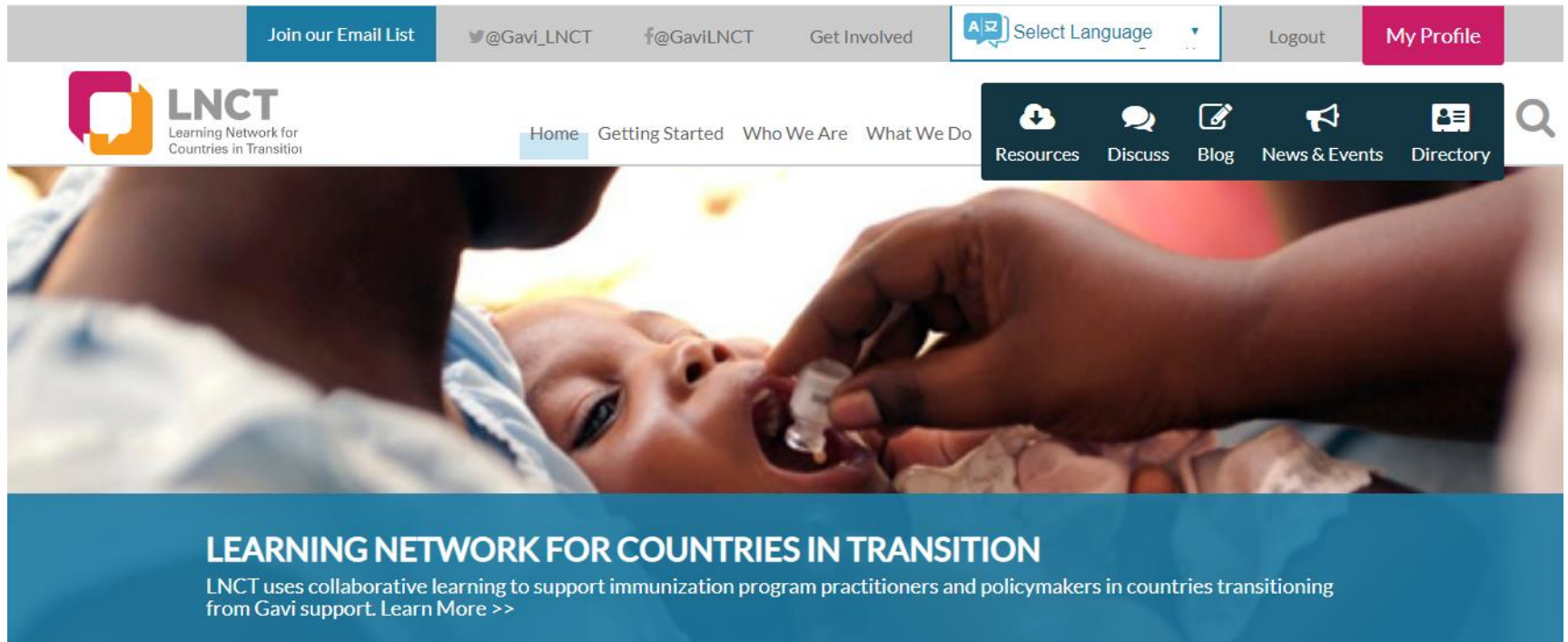
Featured Resources

*****COVID-19 Resources*****
April 1, 2020
[COVID-19](#) [Data](#) [Guidebooks and Manuals](#)

WHO Guide for Clinical Case Management and Infection Prevention and Control During a Measles Outbreak
April 14, 2020 | World Health Organization
[Guidebooks and Manuals](#)

LNCT Webinar Resources: Key Considerations for Integrating Immunization with Other Primary Health Care Services
March 31, 2020
[LNCT Webinars](#)

Explore the LNCT website: www.lnct.global



The screenshot shows the top portion of the LNCT website. At the top, there is a navigation bar with several links: "Join our Email List", social media handles for Twitter (@Gavi_LNCT) and Facebook (@GaviLNCT), "Get Involved", a "Select Language" dropdown menu, "Logout", and "My Profile". Below this is the LNCT logo, which consists of two overlapping speech bubbles (one purple, one orange) and the text "LNCT Learning Network for Countries in Transition". To the right of the logo is a horizontal menu with "Home" (highlighted), "Getting Started", "Who We Are", and "What We Do". A dark blue dropdown menu is open, showing icons and labels for "Resources", "Discuss", "Blog", "News & Events", and "Directory", along with a search icon. The main content area features a large photograph of a healthcare worker administering a vaccine to a young child. Below the photo is a blue banner with the text "LEARNING NETWORK FOR COUNTRIES IN TRANSITION" and a sub-headline: "LNCT uses collaborative learning to support immunization program practitioners and policymakers in countries transitioning from Gavi support. Learn More >>".