



LNCT

Learning Network for
Countries in Transition



Ask Gavi – Programmatic and Policy Updates, Gavi 5.0 and COVID-19

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Agenda

- COVID-19: health, economic and immunisation programme impacts
- Gavi's responses to COVID-19
- Update on Gavi 5.0 and its operationalisation

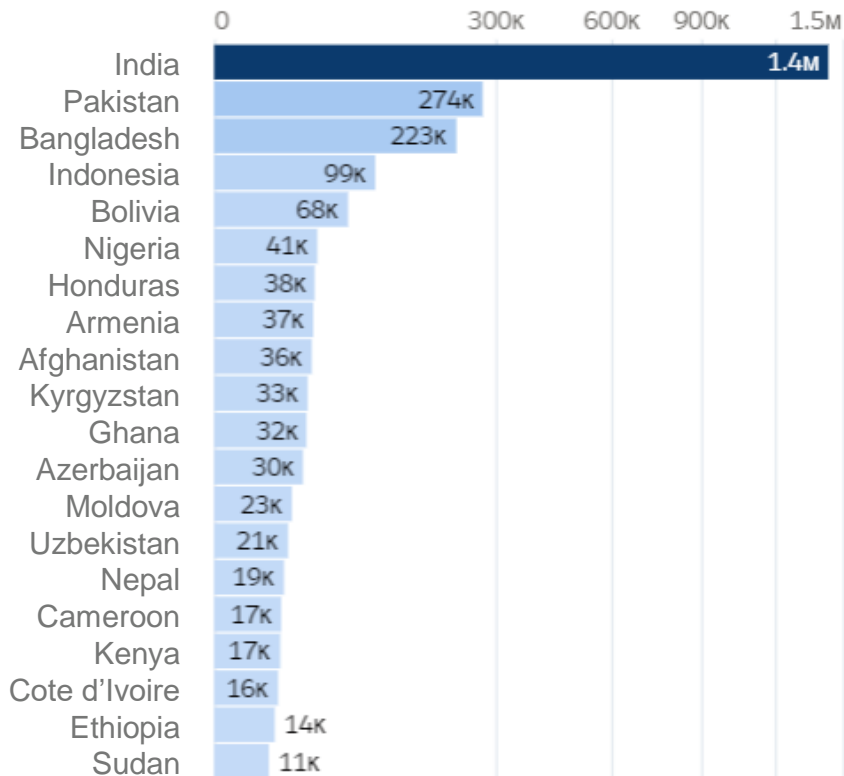
COVID-19: health, economic and immunisation programme impacts



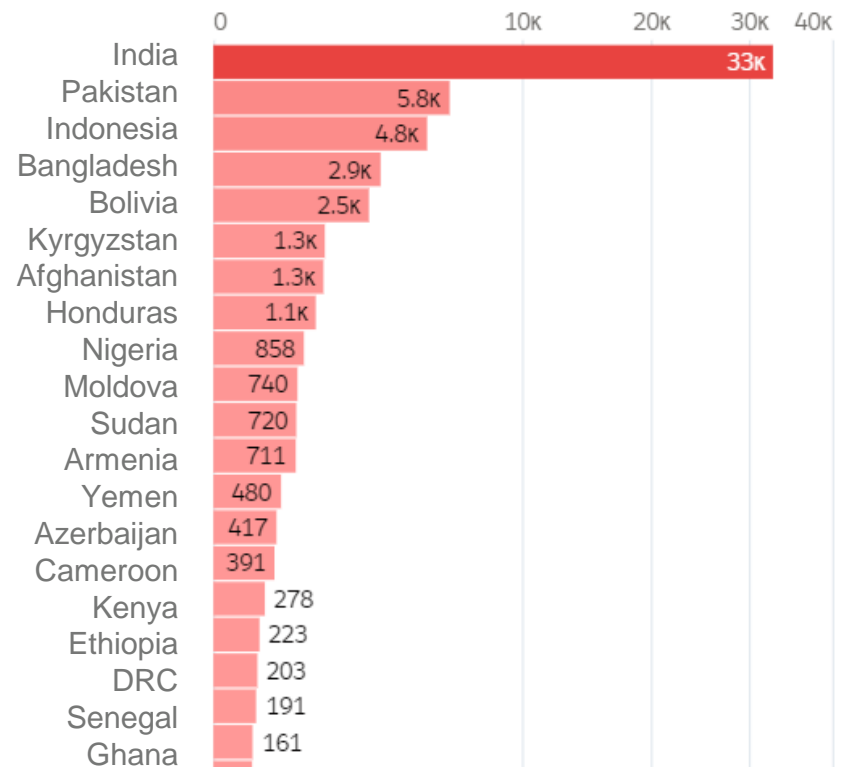
COVID-19: Cases and deaths (absolute numbers)

- 70¹ affected Gavi countries (Cases: 2,605,737; Deaths: 60,180)
- Gavi countries account for approx. 16% of total global COVID-19 cases and 9% of deaths. As cases decrease in non-Gavi countries, this share is likely to increase
- 3/4 of these cases are in India, Pakistan, Bangladesh and Indonesia – which have significant numbers of zero-dose children.

GAVI COUNTRIES WITH >10,000 CASES



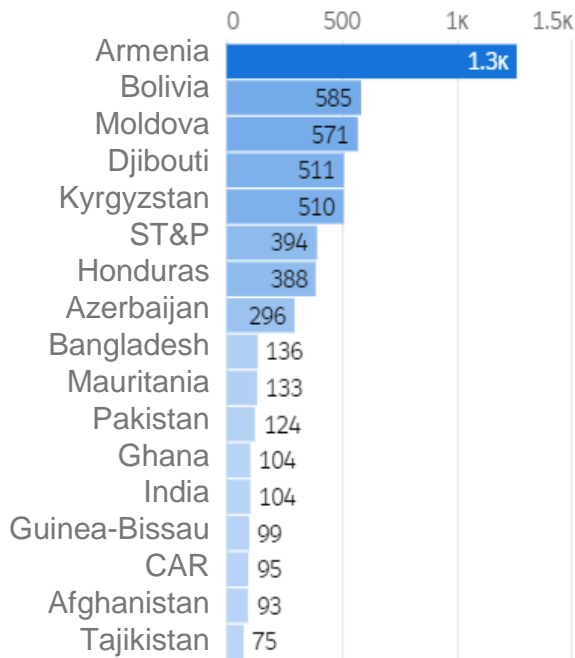
GAVI COUNTRIES WITH >160 DEATHS



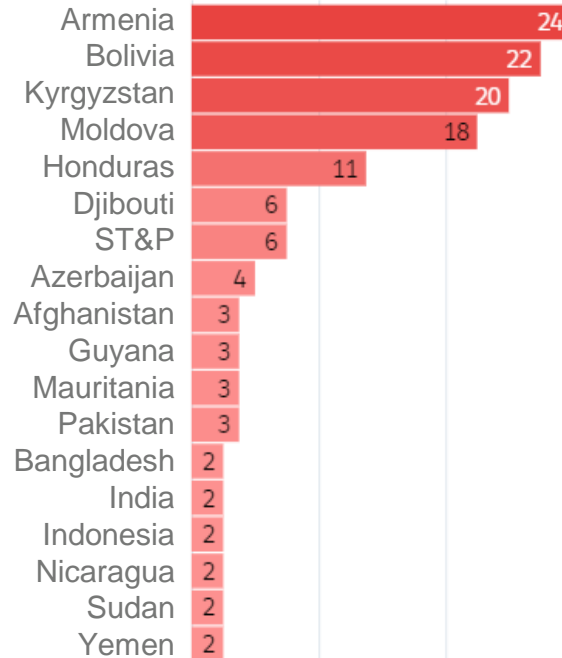
COVID-19: Cases and deaths (population share)

- **Armenia** is the most affected in terms of **cases (1.3k)** and **deaths (24) per 100,000 people** followed by Bolivia
- **Yemen** has the highest Case Fatality Rate at 28.5%, but some concerns around data and reporting
- **Africa** is the most affected region in terms of having the highest Case Fatality Rates; Chad, Liberia, Niger, Burkina Faso, Mali, Tanzania, and Angola all have CFRs higher than 4%

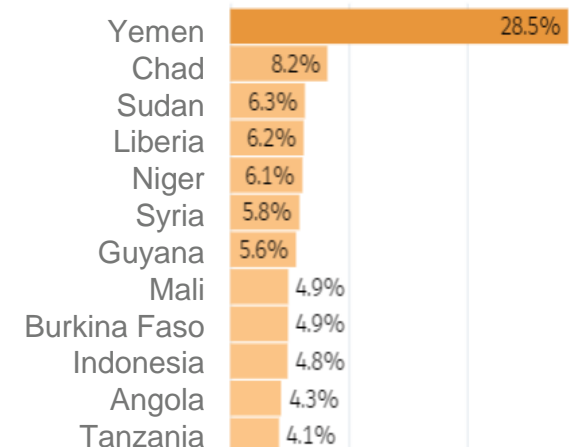
GAVI COUNTRIES WITH >70 CASES PER 100K PEOPLE



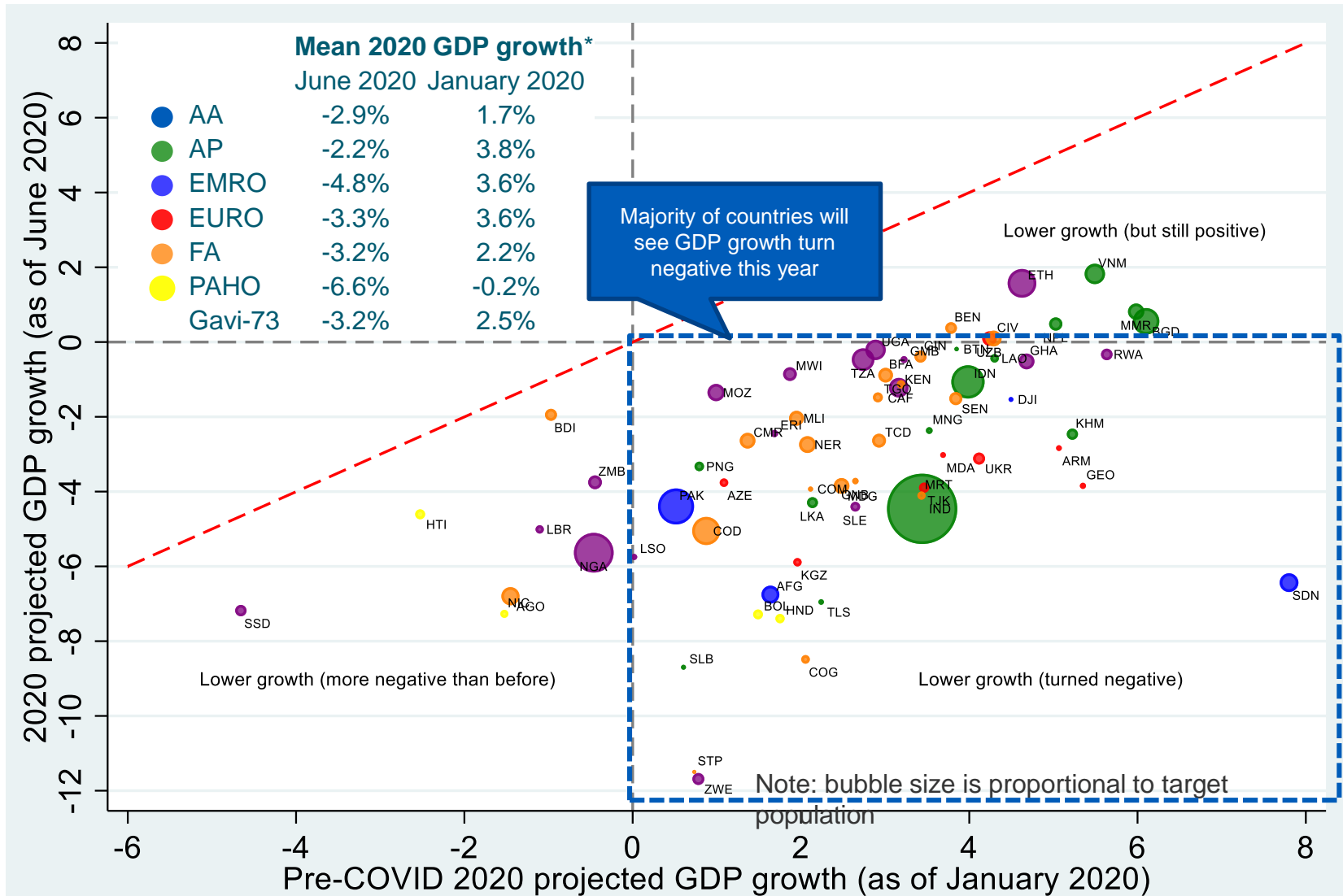
GAVI COUNTRIES WITH >1 DEATHS PER 100K PEOPLE



GAVI COUNTRIES WITH >4% CASE FATALITY RATE



COVID-19: Economic impact

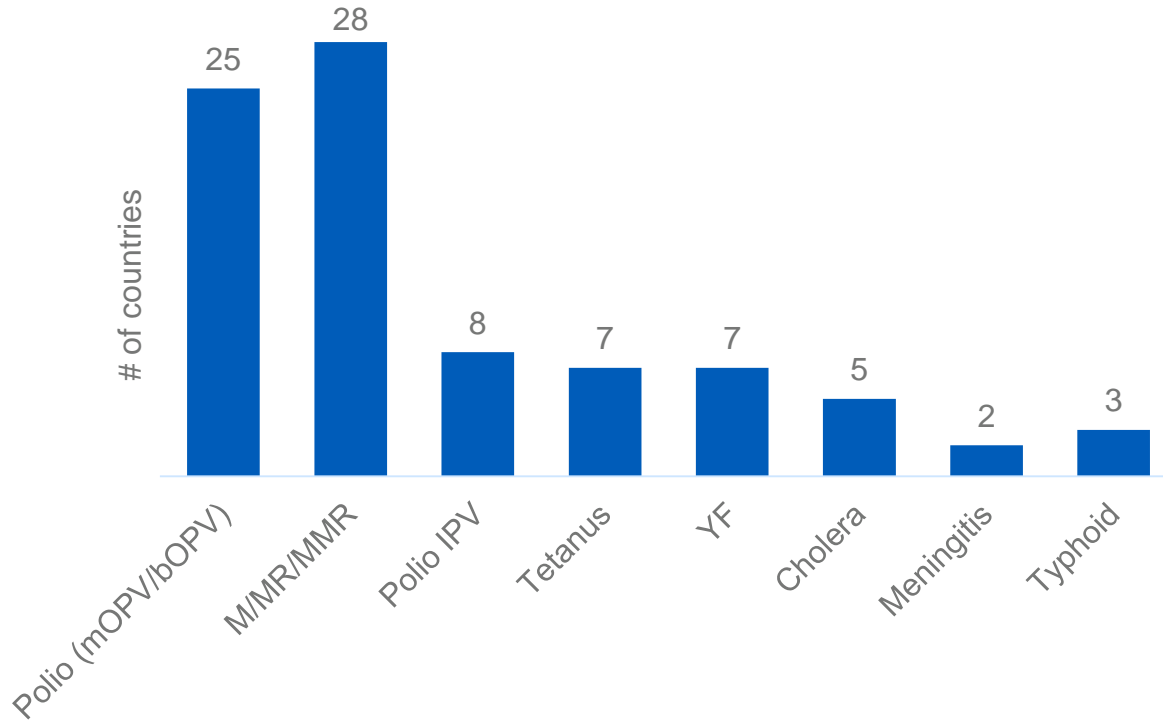


* Simple average of GDP growth projections (across GAVI-73 countries, excludes Guyana with projected GDP growth of 50.7% as of June 2020).
Source World Bank.



COVID-19: Mass vaccination campaigns & outbreak response

NUMBER OF COUNTRIES WITH CAMPAIGNS AND OUTBREAK RESPONSES AFFECTED PER ANTIGEN



- Globally, many mass campaigns and outbreak responses affected by COVID-19 – (primarily polio and measles campaigns)
- AFRO is the most affected region, with Polio IPV and OPV campaigns the most severely affected
- PAHO is the most affected region for MR
- Gavi is working closely with countries based on WHO guidance to minimise disruption and prepare for catch-ups
- 56 countries with at least 1 VPD campaign affected and 103 total campaigns postponed (fully or partially)

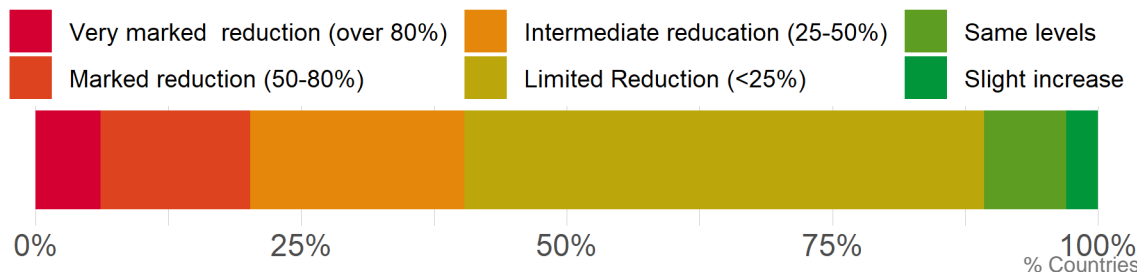
Source: WHO IVB repository as of 15/07/20

1. 56 countries with at least one VPD campaign affected, many countries have several across multiple antigens; this includes non Gavi-eligible countries
2. Affected due to COVID-19 includes campaigns and outbreak responses that are postponed (fully or partially) due to COVID (not including countries that “Might Postpone”)

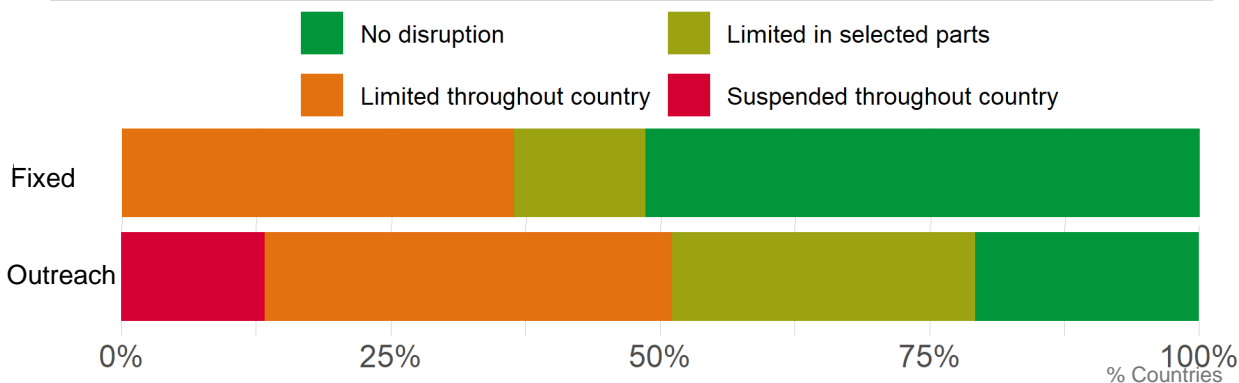
Note: Polio includes 13 mOPV; 12 bOPV

COVID-19: Key risks to routine immunisation

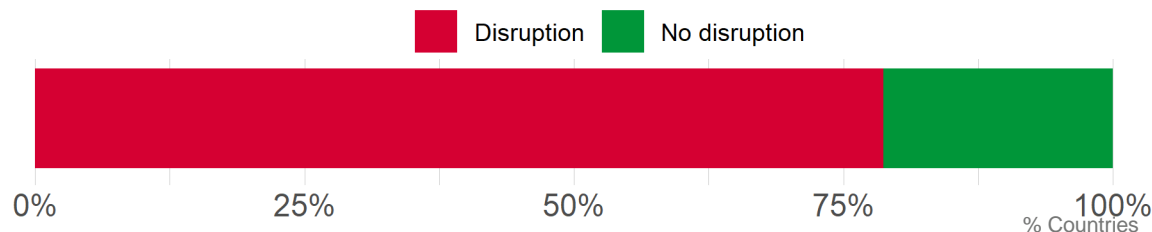
Compared to pre-COVID vaccination levels, vaccination in May saw:



Disruption to immunisation at fixed sites and outreach services



Disruption to demand for immunisation services



Key take-aways from the Pulse Survey:

- **Drop in coverage** – significant drops in immunisation coverage (>30%) when compared to pre-COVID levels. Some of this disruption could be a result of government lockdown policies limiting users from traveling to health facilities
- **Disruption to immunisation** – disruption to fixed sites was limited with about half of the countries seeing no disruption and the other half having limited disruption to RI. There was more disruption to outreach services with the majority of countries reporting some kind of disruption.
- **Disruption to demand for immunisation** – Over 75% of countries surveyed noted a disruption to demand

COVID-19: Vaccines stock-out risks

- Now more than 50 vaccine deliveries a week across 73 countries
- Although there are still some hard-to-reach countries, the number of countries with shipment delays is declining
- Charters are required to reach more destinations than compared to before the COVID-19 outbreak

SITUATION IN GAVI COUNTRIES

Shipment Delays (18 countries)	Angola Benin Bhutan Burundi	Cameroon CAR Cote d'Ivoire DPRK Guinea Bissau	Haiti Lesotho Mali Nigeria	Sao Tomé & Principe Sierra Leone Tajikistan Togo Uzbekistan
Low stocks / below buffer (20 countries)	Angola(IPV, Rota) Bangladesh Benin* Bhutan Burundi	Cameroon (YF, OPV) CAR (MenA) Chad (IPV, bOPV) DRC (PCV*) DPRK	Ghana (MenA*) Guinea Bissau Kenya Liberia* Mali (Rota)*	Myanmar (PCV, JE, IPV) Sao Tomé (Penta) Somalia (IPV, Penta) Tanzania (Penta)* Togo (OPV)
Stock-outs at central level (12 countries)	Angola Armenia (HepA*, Men.*) Burkina Faso (YF*,IPV, Rota*)	Cameroon DRC (Td*) Guinea-Bissau*	Haiti Indonesia (IPV*, HPV*, PCV*) Kenya*	Lesotho (MR & bOPV) Liberia (YF*) Sao Tomé (YF, Penta)
Stock-outs at subnational level (2 countries)	Guinea (some facilities did not receive vaccines)	Ethiopia (low stock at some health facilities)		

*Due to other reason such as co-financing delay/default; BCG stock-outs reported in Guinea Bissau, Sao Tome, DRC, Togo, Mali, DPRK, Pakistan, Benin, Zambia & Cameroon

Gavi's response to COVID-19



Gavi's immediate response

- Countries can reallocate up to 10% of their existing Gavi HSS grant to support COVID-19 response to mitigate its impact on routine immunization.
- Flexibilities to repurpose Gavi technical support implemented by partners to COVID-19 response:
 - Technical Country Assistance (TCA) for Gavi eligible countries
 - Post-Transition Engagement support for former-Gavi countries.
- Fast-tracked approvals
- Requirement waived for countries with expiring Comprehensive Multi-Year Plans in 2020 & 2021 (on request).



- \$76m of support approved in 43 countries
- 54% used for IPC and PPE
- Alignment with national COVID-19 plans
- Coordination with other financiers.

Gavi's response to support countries mitigate the fiscal impact of COVID-19 on immunisation

- Gavi is engaging in dialogue with countries to understand and, on a case-by-case basis, mitigate potential risk of default on outstanding vaccine co-financing obligations for 2020.
- In 2021, Gavi countries will remain in their current (2020) eligibility phase.
- In 2021, levels of vaccine co-financing will be maintained at current (2020) levels.
 - Please note that changes in the quantity of vaccines or new vaccine introductions may imply a difference in total co-financing amounts between 2020 and 2021.
 - In effect, the level of co-financing per dose will stay the same in 2021 as it is in 2020.
 - Annual increases in the level of co-financing per dose will resume in 2022.
 - Please note that the application of this measure to countries receiving Gavi support through tailored strategies (Nigeria and PNG) is still under discussion.

Gavi's interim response to support Gavi-eligible countries

- Gavi is currently exploring approaches to maintain, restore and strengthen immunisation programmes in Gavi-eligible countries affected by COVID-19. Key priorities include:
 - Enhanced focus on equity and gender in immunisation
 - Catching up missed children through tailored, integrated, efficient approaches
 - Tackling growing vaccine hesitancy and rumors
 - Re-imagining surveillance
 - Promoting innovation and broadening partnerships
- The resumption of immunization services cannot wait until the availability of a COVID-19 vaccine. Immunization services must now adapt to the changed environment.
- To this end, some of the approaches to support Gavi-eligible countries under consideration include:
 - frontloading access to HSS funding to provide additional financing to adapt immunisation services to COVID-19 and enable accelerated catch-up
 - more flexibility in the use of Gavi funds to support adaptations to service delivery – e.g. supporting increased operational costs for campaigns
 - streamlined Gavi processes
 - accelerated approaches to engage new partners and adopt innovative approaches.

Gavi's interim response: support to former-Gavi countries

- Gavi's Board has recently approved the allocation of up to US\$ 20 million to strengthen political will and provide targeted, time-limited support for former-Gavi countries affected by COVID-19 to mitigate backsliding risks and restore immunisation coverage of vaccines introduced with Gavi support in that country .
- Operationalisation of this support is still under development, although at this stage the expectation is that this new support will be different to post-transition support:
 - This support is expected to be highly targeted, reflecting the limited financial envelope available.
 - Gavi funds will generally only be deployed when countries are unable to secure alternative sources, such as when multilateral development banks and other donors, are exhausted.
 - Financing for vaccines are not included as part of this package of support.
- Communication on the details of this support will likely be made in the coming weeks.

Update on Gavi 5.0



Gavi, the Vaccine Alliance strategy 2021 - 2025

Vision



Leaving no-one behind with immunisation



Mission 2025

To **save lives** and **protect people's health** by increasing **equitable and sustainable use of vaccines**

Mission indicators

- **Child mortality reduction** tbd
- **Lives saved** tbd
- **Future DALYs averted** tbd
- **Equity indicator** tbd

- **People (male & female) vaccinated with Gavi support across the life course** tbd
- **People (male & female) vaccinated with Gavi support against outbreak-prone diseases** tbd
- **Economic benefits unlocked** tbd

Principles

- **Missed communities, first priority:** Prioritise children missing out on vaccination including among migrants, displaced and other vulnerable populations
- **Gender focused:** Identify and address gender-related barriers to promote immunisation equity
- **Country-led, sustainable:** Bolster country leadership to sustainably deliver and finance immunisation
- **Community owned:** Ensure community trust and confidence in vaccines by engaging communities in planning, implementation and oversight of immunisation
- **Differentiated:** Target and tailor support to national and subnational needs including fragile contexts

- **Integrated:** Strengthen immunisation as a foundation for integrated primary health care to reach unserved communities in support of universal health coverage
- **Adaptive, resilient:** Help countries leverage immunisation to address the challenges of climate change, Global Health Security, antimicrobial resistance and other major global issues
- **Innovative:** Identify and leverage innovative products, practices and services to reach everyone with immunisation
- **Collaborative, accountable:** Collaborate across stakeholders to achieve the SDGs in a transparent, coordinated and accountable manner

Goals

1 INTRODUCE AND SCALE UP VACCINES

2 STRENGTHEN HEALTH SYSTEMS TO INCREASE EQUITY IN IMMUNISATION

3 IMPROVE SUSTAINABILITY OF IMMUNISATION PROGRAMMES

4 ENSURE HEALTHY MARKETS FOR VACCINES AND RELATED PRODUCTS

Objectives

- A** Strengthen countries' **prioritisation of vaccines** appropriate to their context
- B** Support countries to **introduce and scale up coverage of vaccines** for prevention of endemic and epidemic diseases
- C** Enhance **outbreak response** through availability and strategic allocation of vaccine stockpiles

- A** Help countries extend immunisation services to regularly **reach under-immunised and zero-dose children** to build a stronger primary health care platform
- B** Support countries to ensure **immunisation services** are **well-managed, sustainable**, harness **innovation** and meet the needs of all care givers
- C** Work with countries and communities to build resilient **demand**, and to identify and address **gender-related barriers** to immunisation

- A** Strengthen national and subnational **political and social commitment** to immunisation
- B** Promote **domestic public resources for immunisation and primary health care** to improve allocative efficiency
- C** Prepare and engage **self-financing countries** to **maintain or increase performance**

- A** Ensure sustainable, **healthy market dynamics** for vaccines and immunisation-related products at affordable prices
- B** Incentivise **innovation** for the development of **suitable vaccines**
- C** Scale up **innovative immunisation-related products**

Enablers

- Secure **long-term predictable funding** for Gavi programmes
- Ensure **global political commitment** for immunisation, prevention and primary health care
- Use **evidence, evaluations and improved data** for policies, programmes and accountability
- **Leverage the private sector**, including through innovative finance mechanisms and partnerships

Update on Gavi 5.0 and its operationalisation

- **Despite COVID-19, Gavi 5.0 is more relevant than ever:**
 - A core focus on unreached and under-immunised children with equity as the organising principle
 - More differentiated, tailored and targeted approaches for Gavi eligible countries
 - An increased focus on programmatic sustainability
 - A stronger emphasis on supporting countries in prioritising vaccine introductions
 - Providing limited and catalytic support for select former and potentially never Gavi-eligible middle income countries (MICs)
- **However, priorities will shift in response to COVID-19**
 - Gavi is now heavily engaged in supporting equitable access and delivery of COVID-19 vaccines
 - Deferring of Vaccine Investment Strategy implementation
 - Elements of 5.0 operationalisation to be paused in recognition of changing context and limited country capacity to implement new policies
- **Nonetheless, several policy shifts have already been made:**
 - Increased equity focus to determine country HSS ceilings – now reflects number of zero-dose and under-immunised children
 - Discontinuation of performance-based funding approach
 - Integration of Gavi's Cold Chain Equipment Optimisation Platform (CCEOP) into HSS grants
 - Removal of the programme readiness filter that requires at least 70% of DTP3 to access new vaccine support.

Gavi 5.0 MICs approach – in development

- Prior to COVID-19, Gavi was developing an approach to institutionalise engagement with former Gavi-eligible countries and was exploring approaches to engage with never Gavi-eligible middle-income countries (MICs).
- The development of the MICs approach has since been paused due to COVID-19.
- Gavi's Board has now requested that a proposed MICs approach be brought to it by the end of 2020 for consideration.
- Gavi is exploring approaches to tackle the causes of backsliding and to address the bottlenecks that prevent sustainable new vaccine introductions. Extensive country consultations to inform development of the MICs approach have already taken place.
- Further information will be communicated based on the decision of Gavi's Board.
- The MICs approach, subject to approval by Gavi's Board, will sit along side the vaccine pricing announcements made by vaccine manufacturers that many former Gavi-eligible countries already benefit from.

Thank you



www.gavi.org