COVID-19 RESPONSE GUIDANCE

Use of Gavi Support to Maintain, Restore and Strengthen Immunisation in the Context of COVID-19

Updated as of October 2020

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Gavi
The Vaccine Alliance

KEY AUDIENCE

Immunisation programme managers, Gavi Secretariat country teams, Alliance partners including civil society organisations, and other stakeholders responsible for and supporting the delivery of immunisation in Gavi implementing countries.

Use this guidance to understand how Gavi can support countries to maintain, restore and strengthen immunisation services through and beyond COVID-19.

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DEFINITIONS

Zero-dose children
are those that have not received any routine vaccine. For operational purposes, Gavi defines zero-dose children based on lack of the first dose of diphtheria-tetanus-pertussis containing vaccine (DTPcv1). Every year, more than 10.5 million zero dose children are added to the number of unvaccinated in Gavi supported countries.

Underimmunised children
are those who have not yet received their third dose of DTPcv (DTPcv3).

Missed communities
are home to clusters of zero-dose and underimmunised children, even before the COVID-19 pandemic. These communities often face multiple deprivations and vulnerabilities, including lack of basic services, socio-economic inequities and gender related barriers.

1 Introduction

Leaving no one behind with immunisation is the overarching goal of Gavi's new strategy for 2021-25. To reduce inequities in immunisation, the key focus of Gavi's future support is to build and strengthen immunisation services that sustainably reach children and communities who are missed by immunisation and other critical health services.

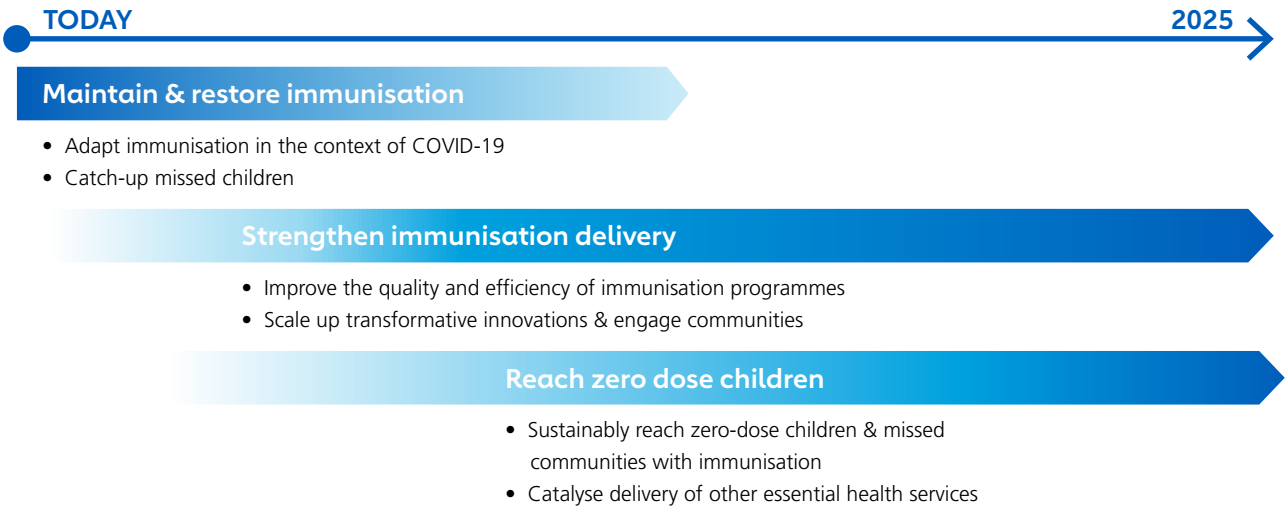
The COVID-19 pandemic is having a major impact on continuity of primary health care services, particularly immunisation. Disruption of immunisation services due to COVID-19 increases the risk of vaccine preventable diseases (VPDs) and outbreaks. Existing health and economic inequities are being exacerbated, putting the most disadvantaged and poorest communities at even greater risk. In this context, the Alliance's vision of achieving equity in immunisation is more important than ever.

Immunisation is an essential health service that should be prioritised for the prevention of communicable diseases and maintained during the COVID-19 pandemic. A recent study suggests that for every person likely to be infected by COVID-19 during an immunisation session, over 80 vaccine-preventable deaths can be prevented by maintaining routine immunisation (RI) services, highlighting the importance of identifying strategies to continue to deliver immunisation.

Key Points in this Guidance

- Despite the variable trajectory of COVID-19 in different countries, it has adversely impacted immunisation programmes nearly everywhere. Gavi support can be tailored to **maintain and restore immunisation and implement measures to strengthen programmes** (section 2). This document provides guidance on how Gavi support can be used for this purpose during the acute phase of the pandemic over the next **12-18 months**.
- WHO has issued guidance on how **immunisation services should be safeguarded and adapted** to ensure safe and effective delivery, including the use of IPC measures to prevent COVID-19 transmission during immunisation sessions and protect frontline workers, communication to communities, vaccine management and restoration of information systems (section 3).
- Disruptions in immunisation services will likely result in children missing vaccinations; **these children, as well as those missed even before the pandemic, should be caught up primarily through routine immunisation** (e.g. catch up in RI, intensified RI, additional PIRIs, etc) **and integration with upcoming planned immunisation activities, preventive campaigns** (section 4).
- All interventions should be designed to contribute to the **equity, quality, efficiency and sustainability** of immunisation programmes, which are the key objectives of Gavi support. Maintaining and restoring immunisation is an opportunity to lay foundations for **longer-term strengthening** of immunisation services and rebuild better, ultimately enhancing programmatic and financial sustainability (section 5).

Gavi's support to countries to deliver on equity in the context of COVID-19



2 Supporting national immunisation programmes in the context of COVID-19

Key Points

- To address the challenges faced by countries in maintaining immunisation services due to COVID-19, Gavi will support efforts to restore and adapt immunisation services and to safely and rapidly catch up missed children while laying a foundation for overall strengthening of the immunisation programme.
- Gavi HSS support for these activities can be accessed via reprogramming of current support or by accessing up to 25% of the countries next HSS allocation ceiling.
- Additional targeted country assistance (TCA) is available until the end of 2020 to enlist the support of local partners such as CSOs, faith-based organizations, humanitarian actors that bring the voices of marginalised communities to the table.

As stakeholders engage in the multi-stakeholder dialogue, the following principles should underpin planned interventions:

Equity and Gender: Interventions should be designed to reach both those newly missed due to COVID-19-related disruptions and those persistently missed prior to the pandemic, by connecting missed populations and communities with routine services. Special attention is needed to address the various ways in which socioeconomic and gender-related barriers can influence immunisation outcomes at the individual, household and the community level, for men and women, girls and boys.

Quality: Innovative and effective approaches should be scaled up in critical programmatic areas. These could include community involvement in the planning and monitoring of tailored service delivery models and disease surveillance, improved supply chain visibility and vaccine management, empowered and enabled facility and district health planners to use data for better quality and acceptance of services, and ensuring that infection prevention and control measures (IPC) in the delivery of immunisation services.

Efficiency and Integration: Countries should seek to increase efficiency, such as through integrated service delivery and intersectoral collaboration and align Gavi support with other donor support and domestic investments and systems. This is an opportunity to work with communities, caregivers, civil society organisations (CSOs), local authorities, institutions and other partners to reach the most disadvantaged who are hit the hardest by the pandemic.

Sustainability: A combination of evidence-driven, well-coordinated delivery strategies to reach both newly and previously missed populations in a sustainable manner should be prioritised. Gavi strongly encourages countries to increase domestic investments to implement these strategies, and utilise any external additional resources, including Gavi's, in a catalytic manner.

The multi-stakeholder dialogue template can be accessed at the following links:
English | Español | Français | Русский

2.1 How countries can use Gavi support

Health Systems Strengthening

Existing Health Systems Strengthening (HSS) grants can be rreprogrammed for activities to maintain, restore and strengthen immunisation in the context of COVID-19 in accordance with the process laid out in the Gavi Guidelines on Reporting and Renewals.[1]

Countries receiving a performance payment for 2019 performance are encouraged to also use this funding to address these needs. In exceptional circumstances, where there are insufficient funds to be reprogrammed within a country's existing HSS grant, countries can access up to 25% of their next HSS allocation ceiling. Countries wishing to access a portion of their next HSS allocation ceiling should speak with the Senior Country Manager (SCM) to determine eligibility for this option.

Countries undertaking the full portfolio planning process can plan for these activities as part of their new HSS grants In general, these funds should be used as per Gavi's existing guidance with some exceptions for specific activities as noted on page 8. This funding should consider not only how activities are programmed, but who should be designing and implementing them.

Civil society (CSO) engagement in the planning and implementation of HSS should be detailed within the request for Gavi support. Particular effort should be giving to identifying CSOs that have trusted relationships and opportunities to engage with unreached communities.

Targeted country assistance

Additional targeted country assistance (TCA) is available until the end of 2020 to enlist the support of local partners such as CSOs, faith-based organizations, humanitarian actors that bring the voices of marginalised communities to the table.

These actors have an important role in supporting community-based implementation of activities to maintain, restore and strengthen equitable immunisation in countries with clearly identified technical assistance (TA) needs. These needs should be further discussed with the immunisation programme manager and the SCM. Guidance material can be found here.

As part of this exercise, countries should also review their 2020 TCA plans[2] to ensure this remains aligned with reprogrammed HSS support. Gavi has developed a catalogue of good TA practices to improve delivery of immunisation services, maintain RI and reach zero dose children.

In line with WHO guidance, Gavi supports catching up missed children primarily through RI with heightened focus on reaching disadvantaged and missed communities.

Gavi also encourages integrating additional antigens into upcoming planned preventive campaigns for multi-antigen delivery. Countries should also consider dovetailing funding from domestic and other multilateral and bilateral sources to reap cost efficiencies through multi-intervention delivery.

For example, integrating with sexual and reproductive health services, malaria bed-nets, deworming, iron and folic acid supplementation, nutritional or other interventions with immunisation can help build community trust and demand for services in line with WHO guidance.

1 *See "Updates of operational budgets and work plans, budget reallocations and reprogramming" on page 24*
2 *2020 TA plans can be found in the Country hub.*

Accessing Gavi Support

The table below describes priority interventions that can be funded with Gavi support.

The subsequent sections describe some of the key activities, strategies and approaches which countries could consider implementing with Gavi support, building on several guidance documents issued by WHO and linked throughout.

Accessing Gavi Support

Reprogramming or additional funding requests for proposed interventions should be:

- **Consistent with WHO / UNICEF guidance for each country's context** (e.g., maintaining essential health services based on WHO recommendations for each transmission scenario)
- **Based on a robust needs assessment** (e.g., demand interventions should address specific drivers of reduced uptake based on local context and setting)
- **Catalytic and part of a national approach for restoring all primary care services.** Countries should provide an overview of funding needs and resources and, where possible, linkage to a COVID-19 recovery plans for primary care services and funding from other donors and financing institutions. Countries should demonstrate how they have explored opportunities for harmonising funding from multiple sources for integrating immunisation activities with other PHC interventions.
- **Accompanied by a revised workplan, budget and a revised grant performance framework (GPF),** including revised indicators, as well as financial reports. The application should include an explanation (e.g. a simple theory of change) for how Gavi support will contribute to overall efforts to maintain, restore and strengthen immunisation with equity as the central goal.

Available Gavi Support

Health Systems Strengthening Support (HSS)

In general, this support should be used in line with existing Gavi guidance. Priority areas for support include:

- Activities to identify missed communities and zero-dose children – including those missed due to COVID-19 and those who were previously being missed. This includes:
  - New approaches to triangulate existing data from surveillance, surveys, and SIAs and to generate data, such as sub-national or targeted surveys
  - Geo-enabled data platforms (for digital master facility lists, redefine catchment areas, identify missed settlements, assess accessibility of services, and mapping of functioning immunisation service delivery points
  - Micro-census carried out by CBOs; rapid assessments using remote data collection methods
  - Social listening and rumour tracking (traditional and online media including sentiment analysis)
- Digitalisation and geo-enabling of microplan development
- Assessing vaccine stock availability and supporting possible redistribution of vaccines
- Remote collection of demand data
- Establishing catch-up in RI (e.g., policy, schedules, training, communication, information systems to record doses outside target age range) and innovative outreach and safe delivery strategies for high risk groups (e.g. using alternative locations such as pharmacies and schools)
- Engaging CSOs, CBOs and communities to identify missed communities and strengthen service delivery – including providing capacity where required due to diversion of public sector health services to the COVID-19 response
- Use of various media channels to inform about resumption of safe services: public service announcements, radio and TV talk shows, news broadcasts, print advertisements, social media postings
- Adapting training protocols in the context of COVID-19 (e.g., greater use of digital technologies) including for adaptive management practices to enable health workers and supervisors to respond to evolving needs for service planning
- Additional risk assurance-related activities which provide credible assurance that activities have been carried out in accordance with the programmatic objectives and funds spent in line with the approved budget

Continued on following page

Accessing Gavi Support

- **Community-owned and country-led.** Countries should take stock of who is geographically and operationally well-positioned to expand or support immunisation services. This can include professional associations and other civil society stakeholders at national, sub-national and community levels. The inclusion and presence of CSOs and local community representatives in the multi-stakeholder dialogue is critical to ensure equity, efficiency, quality and sustainability.

Available Gavi Support

Targeted Country Assistance*

- Identification of zero dose communities, design of interventions to reach them and monitoring impact of interventions including gender-related barriers to immunisation and strategies to address them
- Support to HSS implementation (i.e. ensuring that all the programmatic priorities supported through HSS are supported by TCA)
- Regular assessment of impact of COVID on RI
- Design of interventions to maintain, restore and strengthen immunisation services
- Regular review of impact of interventions

Areas to be Deprioritised for Gavi Funding

PPE & IPC Commodities

- Gavi expects that countries have a comprehensive plan for equipping frontline health services with adequate PPE and IPC commodities.
- Gavi discourages the use of HSS funding for such commodities. However, where a critical shortage of PPE will hinder essential immunisation activities, Gavi can exceptionally consider a limited contribution to the national plan for procurement of PPE and IPC commodities. This funding should be only for the purpose of immunisation.

Capital investment

- The use of Gavi HSS is strongly discouraged for capital investment (e.g. procurement of vehicles, construction and substantial renovation of facilities).

Salary support, transport costs & incentives

- This support is only eligible for Gavi funding for the purpose of recruitment or redeployment of health workers to areas with large numbers of underimmunised and zero dose children for a limited period of time with a plan for government to take over.
- Gavi will not support the payment of risk allowance for health workers.

Printing

- Gavi strongly discourages the use of its funding to produce large quantities of printed materials for communication and learning. By default, Gavi would expect countries to fund such routine costs.

Training

- Gavi would also discourage investments in traditional models of cascading face to face trainings and support digital strategies for skills enhancement.

Reporting

Reporting on achievement of activities to maintain, restore and strengthen immunisation should occur through the online Gavi Country Portal. Reprogramming of existing HSS funds can have implications for relevant metrics related to both vaccine and HSS grants. Countries are encouraged to monitor operational indicators (e.g. percent of facilities offering immunisation, percent of immunisation sessions conducted disaggregated by strategy, etc.) to understand the effects of COVID-19 on routine immunisation. Please refer to the annex for more information.

** 2020 TA plans can be found in the Country hub.*

3 Safeguarding and adapting immunisation

Key Points

- Ensuring that immunisation and other PHC services can be provided safely should be countries' highest priority.
- In line with WHO guidance, Gavi funding should be used for the following priority interventions: communicating clearly and engaging countries in the resumption of safe vaccination services, supporting frontline health workers, assessing vaccine stock levels and bringing information systems back online in an integrated, system-wide approach.

Ensuring that immunisation and other PHC services can be **provided safely** should be countries' highest priority. WHO has provided interim guidance on assessing the risk of continuing, suspending and resuming both routine and supplemental immunisation servicesand how to adapt these services in the context of COVID-19, and this guidance will continue to be updated as the pandemic situation evolves mass vaccination can pose a particular risk due to large numbers of people gathering in one site; the decision to implement these activities should weigh the short- and medium-term public health consequences of conducting these immunisation activities against a potential increase in COVID-19 transmission. Where immunisation services can be safely provided, measures should be put into place to ensure frontline health workers, facility staff, clients and care givers are protected against COVID-19 infection.

In line with WHO guidance, Gavi funding should be used for the following priority interventions:

Communicating clearly and engaging communities in the resumption of safe vaccination services to address fear of COVID-19 infection, rebuild confidence in the system and increase uptake. This includes explaining measures to reduce infection risk, countering misinformation and rumours and educating on the importance of catching up children who have missed vaccination and other interventions. It is most effective to use frontline health workers, both facility- and community-based, and trusted community health advocates / CSOs to deliver these messages, but various media can also be used, both individually (e.g. SMS reminders) and collectively (e.g. public service announcements, radio and TV talk shows and news broadcasts, print advertisements, social media postings, etc.).

Supporting frontline health workers through training in the use of properly sized and fitted personal protective equipment (PPE) and IPC-related commodities and occupational safety, risk communication skills and planning of services that might require adaptive management approaches applied by health workers and their supervisors. With the need for physical distancing, alternative approaches to traditional classroom training and standalone supervision could reduce the risk of transmission and increase efficiency in the use of resources. WHO has made available digital technologies, such as online slides, interactive webinars and e-learning apps. Gavi encourages the deprioritisation of traditional approaches for training in existing workplans and replacement with digital solutions where possible.

Assessing vaccine stock levels. Stock levels need to be reviewed and reported on at least quarterly. Given variable service provision and access during the pandemic, it is particularly critical that programme managers map inventory at all levels. As catch-up vaccination in RI is instituted, vaccine consumption might temporarily rise before stabilising. The supply of vaccines may also be impacted and hence adjustment of resupply frequency and stock levels will need to account for available cold chain equipment capacity. Expired vaccines have to be immediately replaced and should account for redeployed, relabelled or additional doses required. Support to regularly assess stock availability and redistribute vaccines should be prioritised for Gavi support.

Bringing information systems (e.g., coverage, supply chain, surveillance, demand, adverse events following immunisation, etc) back online in an integrated, system-wide approach. Information needs include operational data such as functionality of immunisation services, completion of immunisation sessions and vaccine stock levels, as well as the impact of COVID-19 on RI coverage. Remote collection of demand data will also be critical to inform response efforts. Setting new programme targets will be critical during review and preparation of national plans, and Monitoring and Evaluation plans.[3]

4 Reaching missed children

Key Points

- Once immunisation services are restored, Gavi support can be used to develop and adjust strategies to reach both newly and persistently missed communities.
- Immunisation programme managers, in collaboration with local health planners, primary health care teams, and community representatives, will need to identify where missed children are and why they have not been vaccinated, and develop tailored approaches to reach missed children and close immunity gaps, with a focus on routine immunisation.

Once immunisation services are **restored**, Gavi support can be used to develop and adjust strategies to reach both newly and persistently missed communities. Immunisation programme managers, in collaboration with local health planners, primary health care teams, and community representatives, will need to:

Identify **where** missed children are and **why** they have not been vaccinated → **Develop tailored approaches to reach missed children and close immunity gaps** occurring before, during and after the pandemic, with a focus on catch-up through RI

3 The multi-stakeholder dialogue is also an opportunity to take stock of the National Immunisation Strategy or comprehensive multi-year plan (cMYP) and the Theory of Change

4.1 Identifying where missed children are and why they missed vaccination

COVID-19 disruptions can result in communities who previously had access to services now missing vaccination and other PHC interventions. Pre-existing inequities could be further exacerbated, which can further increase immunity gaps in these communities. The following are priority Gavi-supported interventions to understand where the missed children are and why they are being missed.

Where are the missed children and their communities?

To identify areas with immunisation service disruptions and high numbers of missed children, multiple data sources will need to be reviewed and compared.

These data sources include administrativ data on trends in coverage at subnational level, community-based registries, home-based records, programme performance data pre- and post-COVID-19 (including extent of service disruption), VPD surveillance data and information on zero-dose children identified during campaigns. Where possible, geospatial interventions could be used to detect missed settlements, refine population estimates in each catchment area and assess accessibility to immunisation services.

When available data are insufficient or of poor quality, coverage surveys targeted to different geographical and socioeconomic contexts can identify zero-dose and underimmunised children, link them back to RI services and understan better the reasons for non-vaccination. Data from other sectors should also be considered, including nutritional surveys, education statistics, poverty surveys, access to basic services data, etc. All opportunities should be explored to identify new partners or leverage existing partners who have expertise in data collection, management and analysis.

Why are these children being missed?

It is important to understand the availability of and access to the nearest PHC services inclusive of immunisation, and perceptions about the convenience and acceptability of services should be examined.

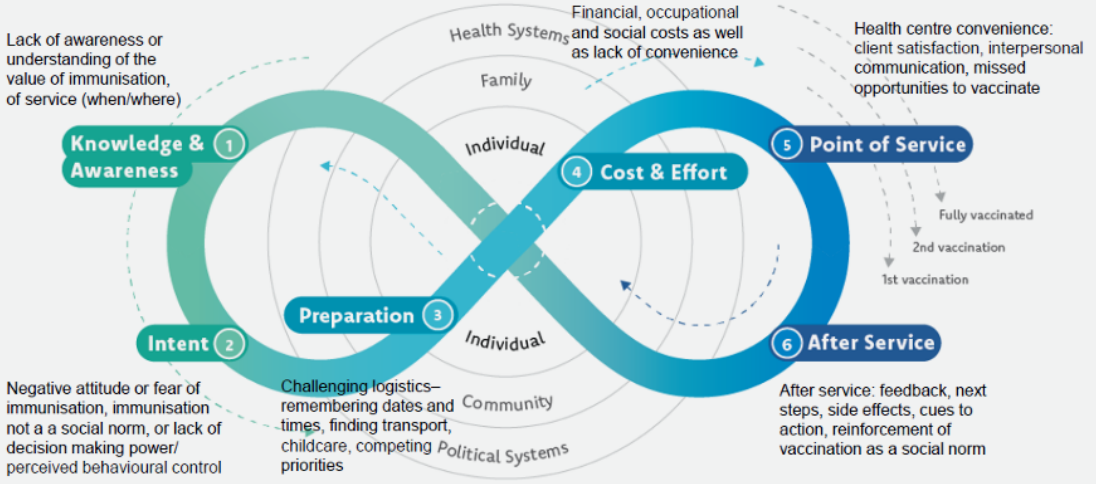
Some communities are newly missed due to COVID-19-related disruption and can be more readily reached. Those who are persistently missed face more profound barriers to vaccination; for example, they are part of communities living in inaccessible areas, ethnic minorities, migrants, or face gender-related or economic barriers. There can be multiple, concurrent reasons for children being missed that require multidimensional approaches to address.

Identifying and addressing gender-related barriers and additional intersecting barriers faced primarily by caregivers, health workers or children and adolescents can be of immense value in understanding who is being missed and why. For example, gender inequalities mean caregivers, often women, may have had limited access to education and lack understanding of the need for immunisation services or not be allowed or empowered to access them. In addition, distance to facilities, hours of immunisation and quality of services can make it more difficult for female caregivers to access immunisation services for their children. Countries also need to be aware of the gender-related dimensions of the COVID-19 pandemic and its exacerbation of persistent gender inequalities and build gender-responsive strategies into intervention design.

The below illustration describes a diagnostic flow to help understand the caregiver journey to immunisation. This simple schema is a useful tool to help local teams diagnose local access barriers and help guide the design of effective interventions. Technical assistance for this can be included in the 2021 TCA and support needs, including realignment for HSS. Once barriers are understood and identified, Gavi funds can be utilised to ensure services are responsive to the needs of all.

BARRIERS TO IMMUNISATION ON THE CAREGIVER JOURNEY

One simple diagnostic and planning tool called the 'the caregiver journey' maps critical points from the perspective of caregivers' experience with the immunisation system. Barriers to immunisation can exist at any of these points, and solutions can lie on both the service demand and service provision sides. This locally driven problem-solving approach can help local planners understand where the barriers are and propose contextualised solutions. More details on this tool can be found in the UNICEF toolkit.



4.2 Strengthening engagement with communities and caregivers

Trust is an important outcome of continuous community engagement and emerges from the quality and nature of relationships between local communities and service providers before, during and after the caregiver journey. In many countries, trust may have been damaged by the COVID-19 pandemic.

In many countries, trust may have been damaged by the COVID-19 pandemic. Physical distancing measures, and in some cases social isolation of high-risk groups and loss of livelihoods resulting from restrictions of movement, will have placed significant stressors on individuals, families and communities. Engagement strategies must therefore consider the range of situations experienced by community members, including both caregivers and health workers so that the network of connected relationships can continue to be strengthened. This allows for emerging issues to be addressed as they occur which in turn contributes to resilience and quality of services. Clear information should be provided to address service disruption and safety measures for resumed services while reinforcing the benefits of immunisation. Given the proliferation of rumours and misinformation around COVID-19 and immunisation, programme managers need to promptly address these concerns. Systematic efforts for social listening as well as sentiment analysis should be adopted so that communication can be continuously adapted and tailored to the local and emerging context.

Local key informants, community health committees and community health workers as well as CSOs providing support to disadvantaged and vulnerable communities during the pandemic can actively engage caregivers on the importance of immunisation during the pandemic, check immunisation status and provide information on how to access services. Service delivery interventions should be strongly coordinated with these approaches to ensure high uptake of immunisation while support should equally focus on ensuring quality and safety of services provided by competent health workers.

The following key areas are encouraged, with further detail in the Demand Hub guidance:

Social data:
More frequent collection of data, insights and sentiment analysis to identify concerns, rumours, misinformation relating to the pandemic and to discover reasons for under-vaccination.

Service experience:
Caregivers and health workers have many concerns about COVID-19 so taking steps to provide safety and reassurance, to improve overall service experience and to proactively build and restore trust.

Behavioural interventions:
Using social data to design behavioural interventions for increased hygiene, infection control as well as acceptance and uptake of immunisation.

Managing risk and building resilience:
including developing standard operating procedures and health systems capacity for managing crises, strategies for social listening and engagement, risk communication. This should also include strengthening countries capacity, infrastructure and resources to educate, build community resilience and communicate about vaccine safety, vaccine benefits and the diseases they prevent.

CSO / CBO engagement:
Including last mile service delivery and identification and engagement of communities who may have become more vulnerable due to COVID-19; influencing of policy making, priority setting and resource allocation process; mobilising of influencers and champions.

4.3 Determining suitable delivery strategies to catch up missed children

Where immunisation service disruptions resulted in an accumulation of individuals susceptible to one or more VPDs, catch-up vaccination will likely be required and should be planned as soon as possible. Gavi support can be used to establish mechanisms for routine catch-up vaccination, to conduct catch-up activities through RI (e.g. intensified RI) and through leveraging upcoming planned preventive campaigns (e.g. for multi-antigen delivery) through the provision of additional vaccine doses.

Routine immunisation, as the cornerstone of immunisation service delivery, should be the primary mechanism for catching up missed children. If not already in place, policies and practices for catch-up vaccination through RI (e.g. through an enabling policy framework and standard catch-up schedule) should be instituted.

Care should be taken to record these doses; if there is no existing process for this (in particular doses given outside target age range), an interim approach should be developed (e.g., recording in home-based records and cross-checking through coverage surveys later) and used in all settings and sessions.

Countries should start by revising their immunisation micro-plans to account for both newly and chronically missed children to ensure they are rapidly reached.

Multiple strategies should be considered including: increasing the frequency and number of fixed site sessions and the proportion of mobile and outreach sessions; adjusting fixed site opening hours to meet needs of the caregivers and clients; establishing trusted and community-appropriate mobile teams for hard-to-reach communities; and identifying where approaches such as additional periodic intensification of routine immunisation (PIRIs) might be needed in the local context.

ESTABLISHING CATCH-UP IN ROUTINE IMMUNISATION

"No one should miss out on the right to the protection that vaccines offer, simply because they are not able to access services in time."

Leave No One Behind: Guidance for Planning and Implementing Catch-up Vaccination, World Health Organisation.

Every encounter with the immunisation system and the health system is an opportunity to identify the need to vaccinate. If routine catch-up vaccination is not yet established as an essential component of the routing immunisation system, countries should institute routine catch-up through the development of appropriate legislation, policies and trainings. This also provides an opportunity to institutionalise vaccination along the life course and beyond the COVID-19 pandemic.

WHO guidance on catch-up vaccination indicates that all countries should have a catch-up vaccination policy and schedule in place to provide information and clarity to health workers on the importance of providing vaccination to those who have missed doses, how to assess eligibility and permissible age ranges and how to correctly record catch-up doses. National immunisation technical advisory groups should provide technical guidance on the development of the schedule.

Countries will need to review their existing policies and programmes to ensure there are no inadvertent restrictions to establishing catch-up vaccination, ensure adequate communication of revised policies and procedures, adapt vaccine stock management as necessary, develop appropriate training for health workers, and design strategies for engagement with communities. Approaches to record these doses (particularly where given outside target age ranges) should also be put in place.

Any strategy should be accompanied by strategic health workforce planning to ensure that well-prepared and skilled health workers are available and responsive to plan and deliver immunisation services in a changing context. This can include, for example, the reallocation of health workers to priority areas or recruitment of additional staff. Gender-related barriers should be identified and removed, such as changing the timing of immunisation services to when caregivers are available and transport is safe and holding immunisation sessions at places more easily accessed by female and male caregivers, while also accounting for the needs of female health workforce.

The decision on strategy, or combination of strategies, to use for catch-up will depend on many factors and will be context-specific. While each individual child should be offered all age-appropriate vaccines during health system encounters, at a population level, the provision of certain vaccines will be more urgent given local epidemiology (e.g., risk of outbreak). Countries should consider both the pre-existing gaps in population-level immunity (e.g. previously unreached children and communities) alongside the additional impact of COVID-19 on local disease epidemiology and transmission dynamics for key VPDs. WHO recommends that countries undertake a risk assessment, to determine the highest priority vaccines and target areas for catch-up. To facilitate this exercises, WHO recommends the use of Vaccination in Acute Humanitarian Emergencies: a Framework for Decision Making.

The selected delivery strategy(ies) for catching up missed children should be adapted in line with WHO guidance to ensure safe conduct and the national COVID-19 response and recovery plan and should be accompanied by tailored communication to address underlying causes for reduced trust and demand.

When selecting a delivery strategy(ies) the following should be considered:

If delay or disruption to immunisation services is minimal in extent (e.g. limited effects on coverage; RI services largely maintained; etc.) and duration (i.e. time period) in a specified geographic area (e.g. national vs. sub-national as per country context) it is unlikely that significant immunity gaps would have accrued and as such catch-up should occur through RI services. Resuming previously scheduled preventive campaigns in line with WHO recommended risk-benefit analyses should be strongly considered.

Priority for intensified catch-up activities should be given to communities with large numbers of zero-dose and underimmunised children before the pandemic. These communities are at higher risk of outbreaks and overall lack access to basic health services, while newly missed children as a result of the pandemic have a higher likelihood of being reached through standard RI activities. Diseases with higher epidemic potential should also be prioritised for catch-up (e.g. measles).

Certain VPDs with lower herd immunity thresholds or less potential for outbreaks (e.g. PCV, RV, HPV) or VPDs for which previous wide-age range campaigns have been carried out (e.g. MenA) are unlikely to require catch-up activities beyond those conducted in routine.

Upcoming planned preventive campaign or a routinely scheduled immunisation activity (e.g. Child Health Days, PIRIs) should be leveraged to integrate COVID-19 catch-up needs, making any needed adjustments (e.g. age range, geographic scope, inclusion of additional vaccines or other interventions, etc). Mechanisms should be in place to efficiently monitor those strategies (e.g. through real time monitoring) and to link identified missed children back to routine services.

5 Laying foundations for strengthened systems

Key Points

- The COVID-19 crisis has also surfaced several gaps in some countries' immunisation systems, such as weak vaccine stock management and visibility, outdated data systems, increased community mistrust and poor experience, and overstretched human resources.
- Responding to the pandemic has driven innovation and the ability to adjust quickly; this can provide further opportunity to strengthen these and other areas, using lessons learned to build more inclusive, equitable and resilient immunisation systems capable of withstanding future disruption.

With an emphasis on equity, quality, efficiency and sustainability, some key areas of focus for Gavi support include:

- Improving **vaccine management and visibility,** including through improved monitoring. This will allow better vaccine forecasting, minimising wastage and facilitating redistribution of vaccines and supplies through the system as needed. If quarterly reporting on vaccine stock levels is not already in place, such reporting should be urgently instituted to inform decision-making on additional doses needed. Quarterly (or more frequent) stock reporting at both national and subnational levels is a critical prerequisite for avoiding both stock-outs and oversupply as well as for renewing vaccine doses provided by Gavi.
- Exploring new approaches to strengthen **last mile supply chain.** This includes, for example, involving new partners such as from the private sector, meeting cold chain needs by equipping hard-to-reach facilities with solar refrigerators or long-term passive storage devices, increasing vaccine distribution points to accommodate high density or mobile populations and integrating with other health products where appropriate.
- Scaling up **digital information systems** including electronic logistics management and information systems (eLMIS). This should be linked to improved capacity to transition from paper systems in resource-constrained settings (including ensuring HBRs for clients) to enable more robust data generation, collection, monitoring, use and management; for example, use of data to monitor intensified RI efforts at national and sub-national levels and adaptive management to address implementation issues.
- Building a competent and adaptive **health workforce,** prepared for post-pandemic needs through introducing new approaches and digital tools during pre- and in-service learning, that enable health workers and their managers to continuously improve performance and share best practices.
- Intensifying engagement to increase **caregiver trust** in accessing health services, including in the safety and impact of vaccination; build capacities of local health authorities and health care providers to engage communities in defining needs and designing tailored services to their needs to improve experiences at all steps of the "caregiver journey".
- Enhancing and diversifying **partnerships and collaboration** at all levels, particularly within missed communities and CSOs.
- Enforcing **sustainable IPC measures** into routine protocols.
- Effectively **integrating immunisation with other PHC services,** especially for underserved communities.

With a national public health emergency concerning the Covid-19 outbreak declared by many countries, the response to the pandemic also offers opportunities for a full country-led planning approach, increased implementation oversight of the national response plan and strengthened results-based accountability between the national authorities and communities.

Opportunities for Innovation

Gavi support can be used to initiate longer-term strategies in these areas and others where systems-level improvements are needed. The Alliance has developed an initial, non-exhaustive list of 21 innovations that are agnostic of providers and tools and which countries could implement depending on their specific needs and context. It includes innovations that have been previously tested in low- and middle-income country settings, have reached a certain level of maturity and would have a reasonable timeline to be implemented in light of the pandemic. Specialised advice can be provided by the Gavi Secretariat to help guide countries to identify the most suitable solutions and their availability in their country context and setting.

Download the Gavi Innovation Catalogue

Please reach out to your SCM for any questions or further information.

Thank you.

Annex: Monitoring and reporting on maintaining, restoring and strengthening immunisation

Reporting of achievement for maintain, restore and strengthen immunisation related activities will occur through the Grant Performance Framework (GPF) via the online Gavi Country Portal. The GPF guidelines describe the structure and intended use cases of the GPF. The GPF includes both core and tailored indicators[4]. We encourage countries to use these guidelines to understand monitoring and reporting implications of this reprogramming and/or new application.

There are implications for relevant metrics related to both vaccine and Health System and Immunisation Strengthening (HSIS) grants within the scope of this reprogramming and/or new application. A few key important points are outlined below.

Reporting requirements by type of vaccine support

Type of Gavi Support	Reporting Requirements	Platform for Gavi Reporting
Vaccines	Stocks at all levels on a quarterly basis	Gavi Country Portal: Stock Level Reporting
Reprogrammed and/or new HSS funds	**Indicator:** number of children vaccinated as a result of routine immunisation activities As per WHO's recommendations, countries are encouraged to record the number of doses administered by antigen, dose and age range including all relevant age range to reflect the country's catch-up policy (e.g. children > 23 months)	Gavi Country Portal: Grant Performance
Immunisation campaigns	**Indicator:** percent of children vaccinated during the campaign who did not receive the concerned antigen through routine immunisation (i.e. antigen-specific zero-dose)	Gavi Country Portal: Grant Performance

Annex continued on following page

4 *Core indicators are mandatory, based on standard definitions and are already, in almost every case, being monitored and reported by countries – particularly through the 4 Joint Reporting Form (JRF) which countries submit to WHO and UNICEF annually. Of note, Gavi will automatically populate data for the majority of these core indicators using publicly available data (i.e. JRF, surveys, etc.). Because grant objectives are country specific, core indicators need to be complemented by additional tailored indicators at the outcome, intermediate result and activity levels. This will ensure the GPF provides an overview of key result chains and largest budget areas for Gavi support provided to a country.*

Reporting against vaccine-specific core indicators

Reporting for routine immunisation coverage indicators (i.e. coverage and # of children vaccinated) will remain unchanged. Indeed, Gavi will automatically populate this data using publicly available data (i.e. JRF, surveys, etc.). They appear in grey colour in the Country Portal. As per WHO's guidance on catch-up vaccination, the number of doses administered during a Periodic Intensification of Routine Immunisation (PIRI) is reported through the routine immunisation administrative system.

Monthly tally sheets should be aligned to the country's catch-up policy; for example, if vaccines will be administered to children aged greater than 24 months, then the tally sheet should be tracking the number of doses administered by age range. For more details, please refer to Page 15 of WHO's guidance on catch-up vaccination.

Regular reporting for supplementary immunisation activities includes achieved coverage as per the administrative system as well as findings from the post-campaign survey. Countries are encouraged to use WHO's Reference Manual on Vaccination Coverage Cluster Surveys as well as Gavi's Guidance for Post-campaign surveys to measure campaign-vaccination coverage of Gavi supported campaigns when designing the post-campaign survey. This will facilitate the reporting against the proportion of missed children vaccinated during the Gavi-supported campaign which is a result that Gavi will track for countries that will implement a Gavi-supported campaign as of 2021. Reporting on this indicator does not require additional data collection burden as the post-campaign survey should capture this data point.

Targets for 2020 will not be revised for vaccine grants. Countries are encouraged to include a short narrative in case of underperformance of specific vaccine programmes, including immunisation campaigns.

Reporting against HSIS tailored metrics

When countries reprogramme HSIS funds, changes to the Grant Performance Framework are likely warranted as outlined in the GPF guidelines. Depending on retained, cancelled and/or new activities proposed for Gavi's support to Maintain, Restore and Strengthen Immunisation, tailored metrics may need to be added and/or deleted. Newly proposed tailored indicators should be informed by the HSIS Metrics Catalogue. For example, 1-2 process indicators can be added to understand if catch-up vaccination activities or demand promotion activities are conducted as per approved reprogramming.

Targets for tailored indicators will not be revised for the year 2020. Countries are asked to submit a short narrative in case of underperformance for each relevant metric in the GPF landing page as they complete their reporting for 2020 (which is due on Mar 31st, 2021).