



Advancing community health worldwide.

Shifting Priorities in Immunization and Nutrition Programming in the COVID-19 Response

Weekly COVID-19 Response
Coordination Call

May 1, 2020

Agenda -- 9:00 – 10:30 am EDT

Welcome and Introduction of Moderator by Lisa Hilmi, Executive Director, CORE Group

Featured Speaker: Anuradha Gupta, Deputy CEO, GAVI

Remarks will provide an overall framing of immunization programs during COVID-19 with additional information on how this relates to GAVI 5.0 and COVID-19 immunization development.

Pause for Discussion—Round 1

Panel of Presenters

Pause for Discussion—Round 2

COVID Resource Corner – Julie Dargis, Senior Advisor, Global COVID-19 Response, CORE Group
Specific COVID Resources for Immunizations and Nutrition

Closure



Panel of Presenters

- **Rosana Oliveira Macedo**, Head of Nutrition at the Federal Hospital “Hospital Federal dos Servidores do Estado” at Rio de Janeiro and partner of **Smile Train** will discuss: *Telehealth Nutrition Counseling: Supporting mothers of children with cleft during COVID*
 - **Camila Beni Ferreira**, **Smile Train** Program Manager in Brazil will translate/assist
- **Rebecca Fields**, Senior Technical Advisor, Immunizations, **John Snow, Inc.** will present: *Learning on-the-ground of the effects on immunization in the countries where JSI works and serves as a resource to Ministries and communities on policies and guidance from WHO/UNICEF*
- **Dr. Samuel Usman**, Secretariat Director, Chief of Party and Country Manager of **CORE Group Partners Project (CGPP), Nigeria** will: *offer insights on the integrated nature of coordinating a country-level response to COVID-19, including creative solutions to support immunization campaigns during COVID-19*



Let us know what you think!

Use the Chatbox during the presentations to share your thoughts.

- What immediately needs to be done to raise awareness of the importance of sustaining immunization programs during the COVID-19 Response?
- What are some creative solutions that you can suggest to address nutrition needs of children and communities during COVID-19?

Select comments will be Live-Tweeted by the CORE Group team during the webinar!



Immunisation Programming during COVID-19 Response: Gavi, the Vaccine Alliance

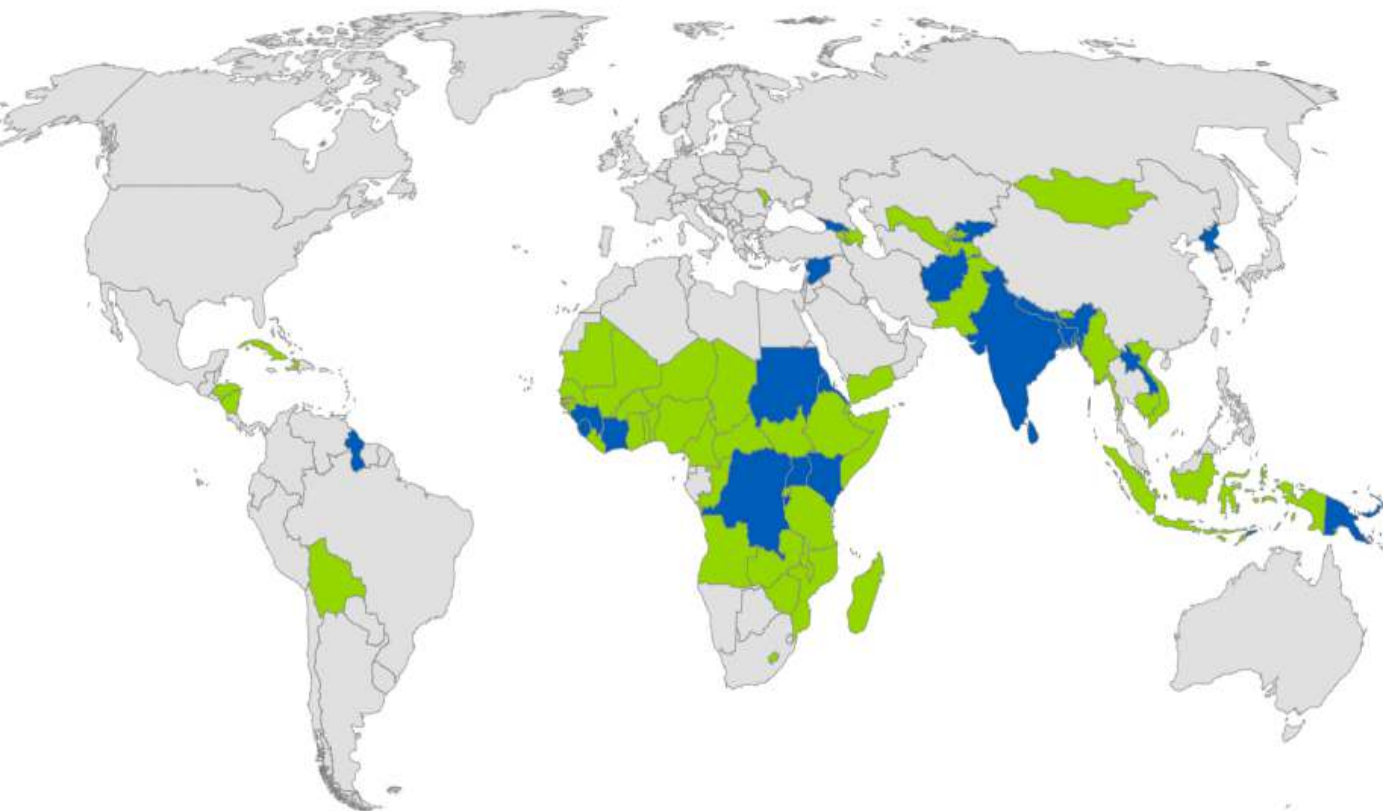
CORE Group Webinar

Anuradha Gupta, DCEO

1 May 2020



Gavi-eligible countries account for ~2% of global COVID-19 cases and deaths*

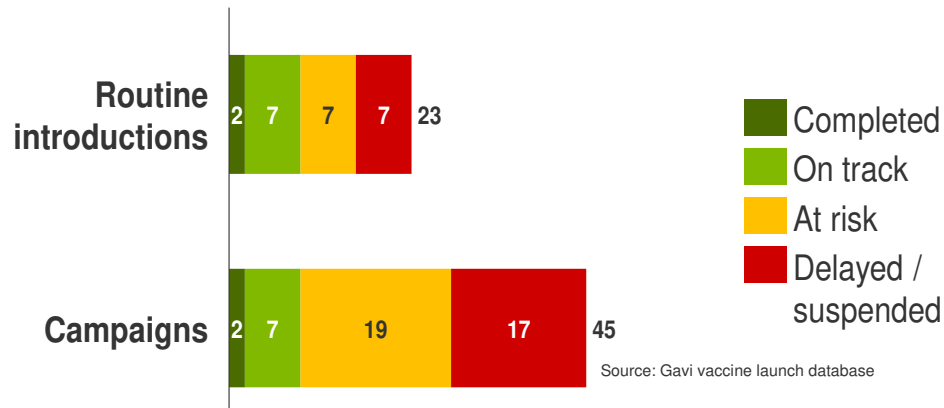


- 67 out of 73 countries reporting cases.
- Over half of cases/deaths in 3 large Asian countries (India, Pakistan, Indonesia)
- 22 countries are in complete lockdown

*As of 28 April 2020

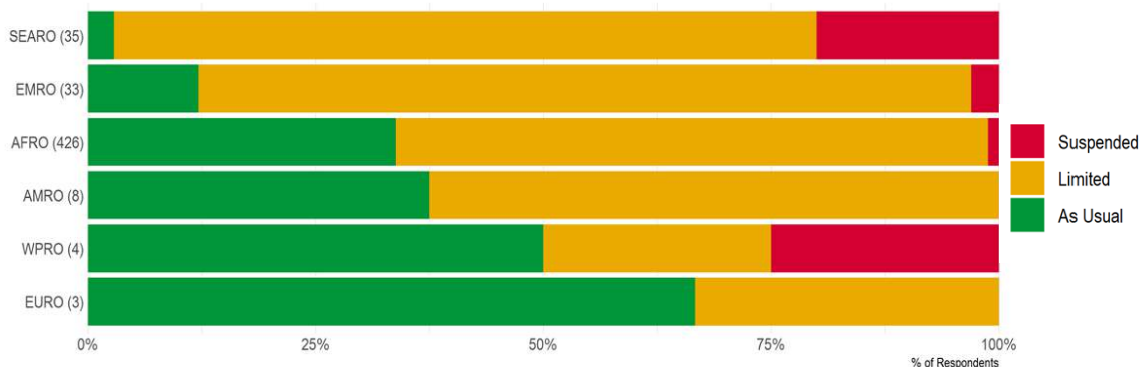
■ Complete Lockdown ■ Limited/ partial lockdown

COVID-19 pandemic will likely have a devastating impact on immunisation programmes in LDCs



- 14 **vaccine introductions** and 36 **campaigns** delayed/ suspended or at risk*
- Fixed site routine services continuing but disruptions due to social distancing
- Outreach suspended in most countries
- Drop in demand due to lockdown
- Low availability of health workforce
- ~18 Gavi-eligible countries at risk of vaccine stock-outs

Disruption in routine immunisation services



Source: WHO/UNICEF Immunization Pulse Survey, April 14-24 2020

* As of 30 April 2020

Gavi: Immediate and interim response to COVID-19

Respond & protect

- Re-allocation of up to 10% of HSS, PEF TCA and post transition support for immediate preparedness

Maintain & restore routine immunisation

- **Sustain immunisation during the pandemic and ensure rapid recovery** through catch-up immunisation and systems strengthening

COVID 19 vaccine development & roll-out

- Engage with development of and equitable access to COVID-19 vaccines

Alliance coordination approach:

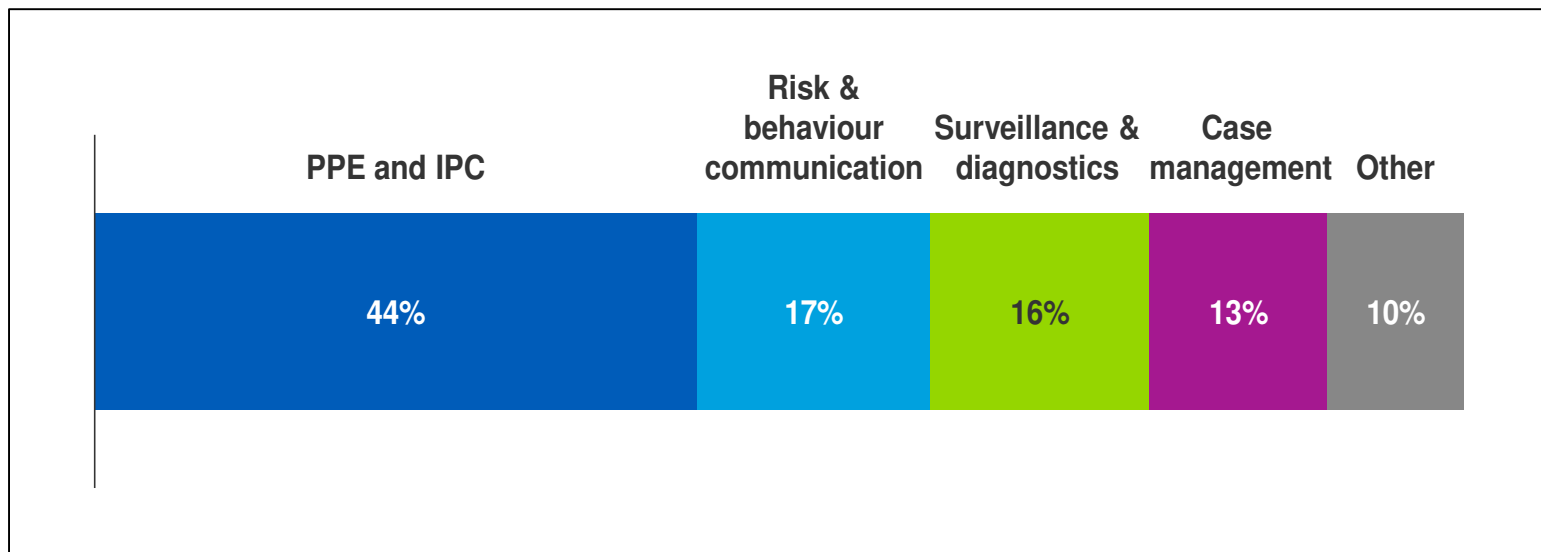
Global level:

- Coordination with Alliance Partners
- Leveraging expanded partners and CSO platforms
- ACT Accelerator: Co-leading vaccine pillar

Country level:

- Support tied to COVID-19 response & preparedness plans
- Regular engagement with Governments and in-country WHO, UNICEF, UN Partners, World Bank and key bilateral donors

Use of Gavi-supported reprogrammed HSS funds



Implications for Gavi 5.0 priorities: 'leave no one behind' and equity remain defining principles

1

Introduce and scale up vaccines

- Restoring immunisation coverage
- Surveillance and access to stockpiles for VPD outbreaks;
- Roll out of future COVID-19 vaccine

2

Health systems to increase equity in immunisation

- Focus on zero dose and marginalised communities
- Differentiated, targeted, tailored approaches
- Involve local partners, communities; subnational focus

3

Sustainability of immunisation programmes

- Flexibilities regarding co-financing, transition
- continuing to incentivise countries to transition successfully

4

healthy markets for vaccines and related products

- Focus on un-interrupted supply during pandemic;
- Equitable access for future COVID 19 vaccine;

Anticipate timeline delays to Gavi 5.0 operationalisation due to COVID-19 pandemic

Adapting replenishment approach in response to COVID-19



The replenishment will culminate on 4 June.

On the planned event we are monitoring situation in discussion with UK.

With less travel, our allies around the world are even more important to assure completion of pledges underway.

We are relying on ➡

- Peer-to-peer outreach by donors
- In-country champions
- Advocacy at a distance
- Stepping up our media presence
- Making the natural link between the epidemic and our existing work and potential role on a future vaccine

...with the aim of securing early pledges to maintain momentum

THANK YOU!





TELEHEALTH NUTRITION COUNSELING: SUPPORTING MOTHERS OF CHILDREN WITH CLEFT DURING COVID

Smile Train (ST) Telehealth

Due to COVID-19, all ST partner cleft centers in Brazil are closed.

ST Brazil created a program to assist partners to start treating cleft patients and guiding families remotely

Partners have had to reinvent themselves and be creative so patients can continue to receive quality treatment

Since April 15th +750 patients have received online treatment in nutrition, speech therapy, first consultation



ST Telehealth - Nutrition

APAC is a ST partner based in Rio de Janeiro

Nutritionist Rosana Macedo (working in the field for 28 years) is responsible for cleft patients' nutritional development

Nutrition services are essential for children born with cleft because they experience so many feeding challenges

Although the cleft center is closed, Rosana quickly found new ways to connect with her patients through WhatsApp and Facebook video calls.

During this time, she has been:

- **Available 24/7 to cleft patients/parents – receiving many unscheduled calls throughout the day**
- **Performing scheduled consultations on patients – including newborn patients (first consultations) – to guide and assist parents**
- **Checking regularly on patients that are part of the Smile Train Nutrition Grant**
- **Meeting other professionals of the center to discuss patients to decide best course of action**
- **Making videos for Smile Train – answering parents' questions**

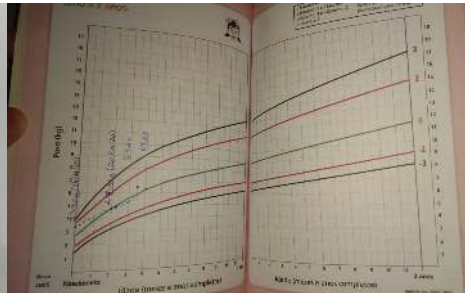




ST Telehealth - Nutrition

During the calls, she aims to do a consultation as she would to at the center.
Parents are guided in the following topics:

- Challenges with feeding due to cleft
 - The importance of breastfeeding
 - If necessary, the correct use of formula (different types, proportions, amount per child weight, etc)
 - How to evaluate growth and development
 - Food introduction
- Hydration
- Laxative and constipating foods



She has been **very creative in finding solutions** and teaching mothers on how to measure the development of the children:

Weight: taken at health clinics, if possible, or guides the mother to weight herself holding the baby

Arm Circumference: guides parents to measure the arm/calf circumference through illustrations or during the online consultations

The Impact of Nutrition Telehealth

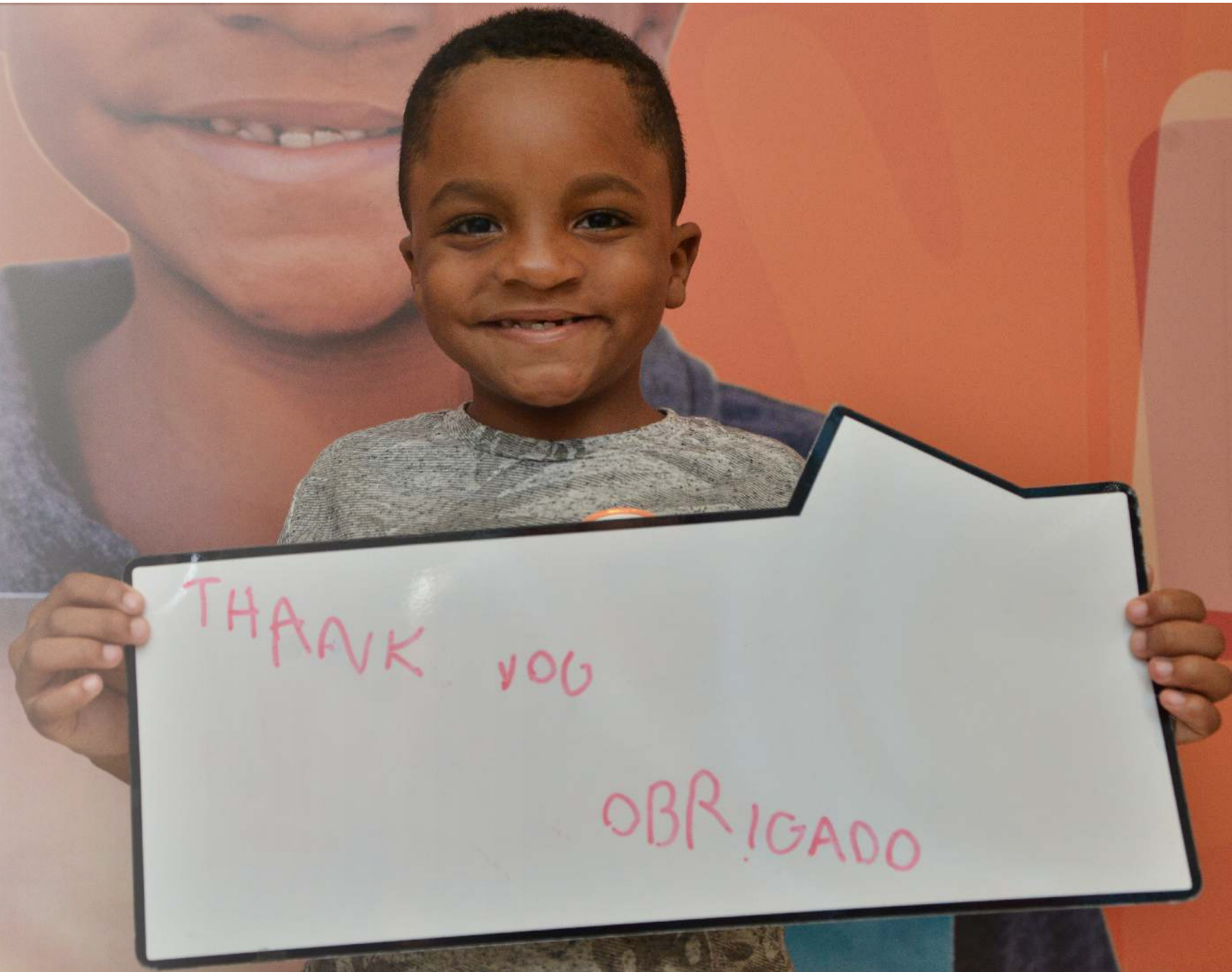
1. Children maintain healthy nutritional status at home
2. Parents are empowered to monitor growth and development of their children
3. Families feel supported and can get questions/concerns answered
4. When hospitals reopen, children will be fit for safe surgery

“As a health professional who works not only with cleft patients but also at a federal hospital (reference for COVID-19); I believe it is my duty to assist my cleft patients through telecare, not only to provide the technical assistance, but also to give emotional support to the parents of my cleft patients.” Rosana Macedo, Nutritionist

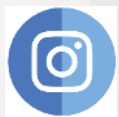
“GRATITUDE that is the word to describe everything that it has been done do for my cleft baby or better yet, for our whole family ... even in the moment of a pandemic.” Karen Sacramento, Mother of Henrique Luiz Sacramento



Thank you



Siga-nos:



Emerging learning: effects of COVID-19 on immunization

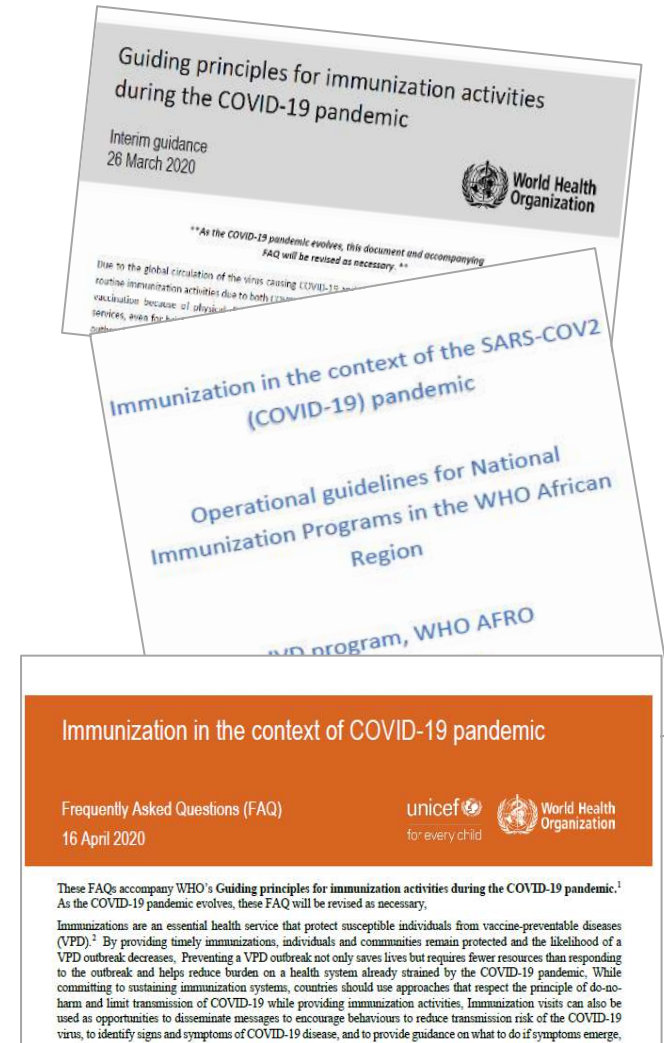


Rebecca Fields, Senior Technical Advisor
John Snow, Inc.

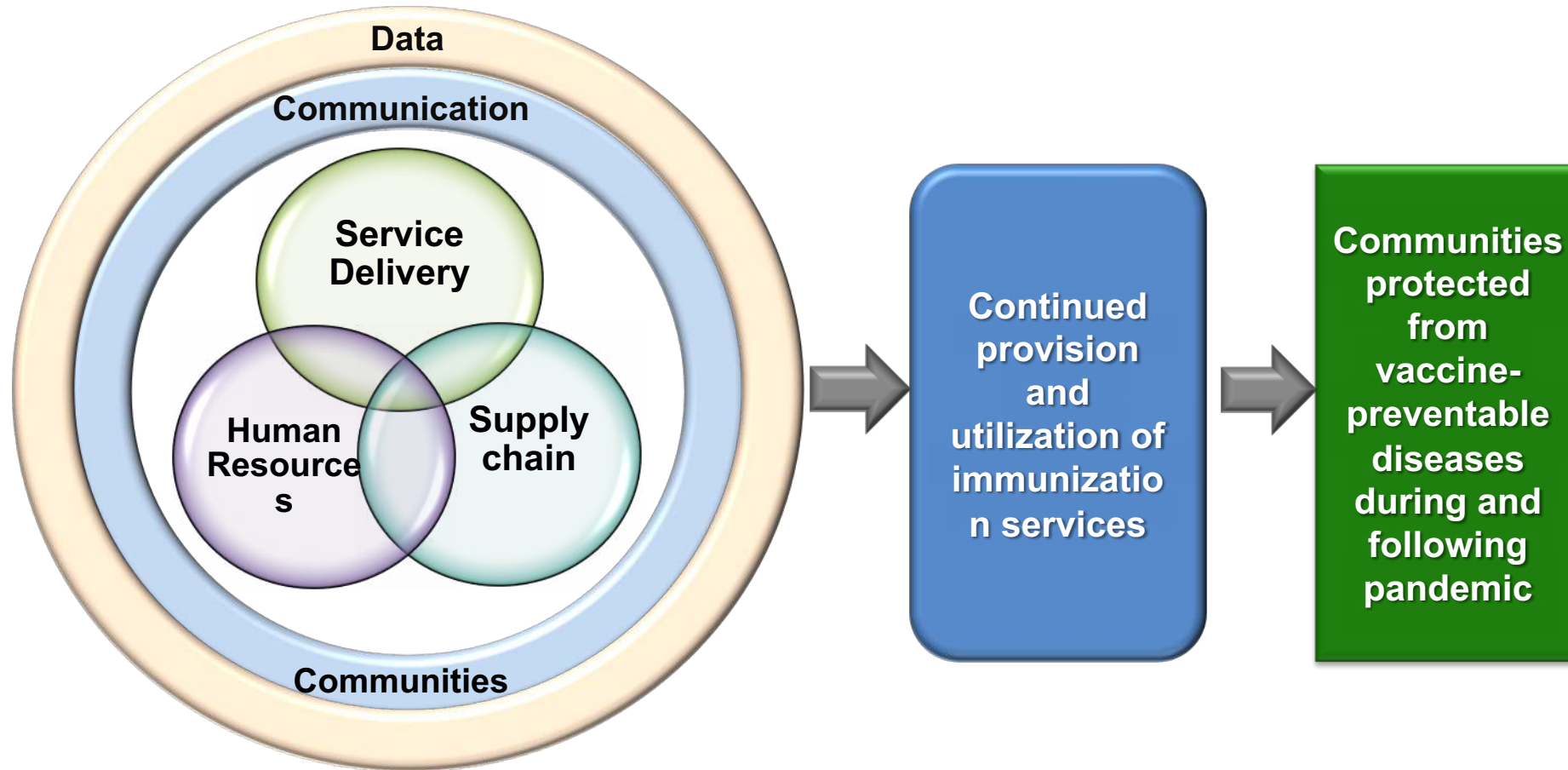
CORE Group Coronavirus Global Response Coordination Call #9
May 1, 2020

WHO Guiding Principles for Immunization and COVID-19:

1. Immunization is a core health service that should be prioritized and safeguarded for continuity
2. VPD surveillance should be maintained and reinforced in conjunction with efforts for COVID-19 surveillance
3. If immunization services are negatively impacted, countries will need catch-up vaccination for the period post COVID-19 outbreak
4. Mass vaccination campaigns should be temporarily suspended
5. Conducting **outbreak response** mass vaccination campaigns will require a careful risk-benefit analysis on a case-by-case basis



Immunization and covid-19: Finding and addressing vulnerable points



Emerging effects of covid-19 on immunization (I)

Based on information from WHO, Gavi situation reports, informal inputs from JSI field staff and other partners - as of 4/29/20

- Gavi: Lockdowns in 23 Gavi-eligible countries → concerns of declining uptake of service/ coverage.
- WHO: immunization services suspended, disrupted or possibly disrupted in over 65 countries – data incomplete
 - outreach services cut in many places: safety concerns, logistical obstacles
- Gavi: 35 mass vaccination campaigns in Gavi-eligible countries either suspended by >6 months or are at risk of delay/suspension.
- Too early to broadly assess effect on coverage. Emerging evidence suggests variation across and within countries
 - 65% drop in immunization across Sindh Province, Pakistan after lockdown
 - More pronounced impact in urban than rural areas noted at this time: e.g., no real effect as yet in rural Tanzania (no lockdown);
 - But data are far from complete and active monitoring being stepped up

Emerging effects of covid-19 on immunization (II)

Based on information from WHO, Gavi situation reports, informal inputs from JSI field staff and other partners - as of 4/29/20

- Supply chain interruptions: at least 21 countries reporting vaccine shortages at national level due to interruptions in international flights; stockouts at facilities due to internal transport problems, diversions of transport for other purposes
- PPE use variable due to availability and acceptability
 - Rural Ethiopia: reports that HW use of masks gives rise to distrust
- Adjustments to service delivery introduced in some places
 - Basic social distancing measures
 - extension of hours of services
 - more frequent sessions to reduce number of clients/sessions
- Immunization staff at national levels working but attention diverted from normal system strengthening activities
- Strategic communication limited: detecting rumors; SMS texting for appointments
- Variable levels of credibility in the pandemic in places reporting few or no cases



JSI's support for strategic communication on covid-19 in India

Immunization Technical Support Unit - managed by JSI; provides immunization guidance and strategic communications support to national Universal Immunization Program and states, plus Ministry of Health and Family Welfare



- Developed Ministry's Community and Social Media engagement strategy for COVID -19 and dissemination plan
- social media key messages and graphics on covid-19 disseminated through Twitter and other media
- Steered development of two videos on “corona warriors”
- Developed action plan for states to generate awareness generation on Covid-19 for persons with disabilities
- Developed a draft advisory to address stigma towards COVID -19 among health workers and COVID-19 positive persons and their families.

Resources – more u

- WHO Guiding Principles for immunization activities during the COVID-19 pandemic- https://apps.who.int/iris/bitstream/handle/10665/331590/WHO-2019-nCoV-immunization_services-2020.1-eng.pdf
- WHO: Immunization in the context of COVID-19 pandemic: frequently asked questions (FAQ), 16 April 2020 - <https://apps.who.int/iris/handle/10665/331818>
- WHO/AFRO: Immunization in the context of the SARS-COV2 (COVID-19) pandemic: Operational guidelines for National Immunization Programs in the WHO African Region <https://www.technet-21.org/en/forums/discussions?controller=attachment&task=download&tmpl=component&id=744>
- Gavi information on covid-19: <https://www.gavi.org/vaccineswork/covid19>
- *Forthcoming*: WHO guidance/decision support tool for case by case determination on conducting outbreak response
- Unicef: COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement: https://www.unicef.org/ukraine/media/5396/file/covid_marginalized_eng.pdf

COVID-19 Situation In Nigeria

Samuel Usman, MD
Director-Chief of Party, Nigeria
Secretariat, CGPP



CORE In Nigeria

- ❑ CGPP Nigeria is an 8-year multi-partner Project providing financial and technical support to boost Nigeria's Polio eradication and Routine Immunization strengthening efforts.
- ❑ Nigeria successfully completed an initial grant cycle of 3 years (2013-2017).
- ❑ Second Grant cycle is 5 years (2017 to 2022)
- ❑ It is funded by USAID through World Vision US.
- ❑ Budget for current Grant cycle of 5 years is over \$20 million
- ❑ CGPP is presently operational 7 countries
- ❑ Works in 5 of the 11 Polio High Risk States in Nigeria

COVID-19: Nigeria –April 2020

- First laboratory confirmed COVID-19 reported on 27 February 2020
 - Italian citizen residing in Nigeria travel from Milan, Italy via Istanbul to Lagos (arrival on 24 February)
 - Mild symptoms and isolated in IDH, Lagos
 - A total of 17
- As at 30th April, 2020, a total of 1728 confirmed cases of COVID-19; 307 discharged with 51 deaths; 34 states plus FCT have active cases. Only 2 states without infection
- Target is to conduct 3,000 tests daily but this has not been possible for several systemic reasons

WHAT CGPP IS DOING

- CGPP key staff are participating actively in the state COVID-19 task force, State Emergency Preparedness & Response (EPR) committee, Rapid response team and Risk communication committee meetings
- CGPP VCMs integrated COVID–19 specific messages in their House-to-House (H2H) visit activities especially on Personal Hygiene, Hand washing and Social distancing (Infection Prevention and Control)
- Support the plan and implementation of risk communication activities in the State
- The CGPP supported the state in the development of the incident action plan and training of RRT team on case investigation and infection prevention and control
- Distribution of Hand Sanitizers
- Reprinting and distribution of COVID-19 IEC materials translated into local languages – Hausa
- Sensitization of community informants and Traditional leaders
- Training of CGPP volunteers on signs, symptoms, and preventive measures

KEY CHALLENGES

1. Logistics for sample movement is difficult and expensive
2. Unavailability of Test Kits
3. Ventilators in very short supply: only about 500 in a country of 200 million people
4. Caregivers/persons consider the disease as one for the rich with other myths & misconception promoted across communities on COVID-19
5. The restriction of the vehicular movement in the state due security forces has affected project activities
6. Inadequate COVID-19 IEC Materials across settlements and communities we serve on Covid-19. Distribution is also a challenge
7. Inadequate knowledge management systems in place due to many reasons

What we are doing to address some of these challenges

- Advocacy to donors and partners through multiple platforms
- In the face of scarce and unavailable IEC materials, VCMs now sensitize caregivers during H2H visits with the talking points and conduct demonstrations on hand washing.
- Use of smartphones/ODK to send data from the communities without congregating at the LGA for data entry/ submission.
- The volunteers engage with risk communication messages and talking points developed to debunk the myths and misconceptions.
- CGPP Team developed talking points in Hausa on COVID-19 shared with the volunteers as messaging on COVID-19 awareness-raising
- Myth bursters being developed and disseminated via various platforms like viral videos, offline platforms like Blue Tooth, WhatsApp etc.



VCM sensitizing caregiver on respiratory practice; covering of the mouth when coughing or sneezing with the elbow during compound meeting in Rigasa Ward of Igabi LGA



Sensitization of mothers on Covid-19 by VCMs prior to an RI session at Kofa IDP Camp Clinic, Konduga LGA on 15/04/2020. Photo by Aisha Abba Sheriff, VWS.



Sensitization of caregivers on Covid-19 using FAQs in Hausa language by VCM in Maisandari D, MMC on 17/04/2020 Gomari Ward, Jere LGA on 09/04/2020. – Photo by Binta Haruna, VWS.



Surveillance training: VCM and Community informants maintain social/physical distance to wash their hands before entering the training venue at PHCC Fika photo by Haruna Iliyasu [LGAC]

THANK YOU

Closure

Visit our website **COVID-19 Global Pandemic Response page** to learn more about CORE Group and Member Programs and Resources.

<https://coregroup.org/resources/2019-novel-coronavirus-global-response-coordination/>

You can also upload COVID-specific resources there.

Thank you for your active participation!

