**MEDIA HIGHLIGHTS**

- **The New York Times**: Polio and Measles Could Surge After Disruption of Vaccine Programs
- **The Telegraph**: Nearly 100m babies at risk of measles and polio due to cancelled vaccination services
- **STAT**: WHO warns millions of children at risk as COVID-19 pandemic disrupts routine vaccinations
- **WIRED**: Polio Is Nearly Wiped Out. COVID-19 Could Halt That Progress
- **Scientific American**: Coronavirus Pandemic Threatens to Derailed Polio Eradication - but There’s a Silver Lining

**PARTNER HIGHLIGHTS**

- **GPEI**: Donors Pledge to Strengthen Immunization and Accelerate Fight Against COVID-19
- **UNICEF**: Declining vaccination rates in the Democratic Republic of the Congo could lead to resurgence in deadly diseases
- **GPEI**: Canada Announces New Commitments to GPEI Endgame Strategy
- **WHO**: WHO Contribution of Polio Resources to COVID-19 Response

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**LEADERSHIP HIGHLIGHT**

- **Framework for Decision-Making: Implementation of Mass Vaccination Campaigns in the Context of COVID-19**: Ahead of the Global Vaccine Summit on 4 June, WHO, UNICEF and Gavi, the Vaccine Alliance **warned** in a press release that COVID-19 is disrupting life-saving immunization services around the world, putting millions of children – in rich and poor countries alike – at risk of diseases like diphtheria, measles and polio. According to new data, measles and polio vaccination campaigns, in particular, have been badly hit, with measles campaigns suspended in 27 countries and polio campaigns put on hold in 38 countries. WHO has now issued advice to help countries determine how and when to resume mass vaccination campaigns. The guidance notes that countries will need to make specific risk assessments based on the local dynamics of COVID-19 transmission, the health system capacities, and the public health benefit of conducting preventive and outbreak response vaccination campaigns.

- **GPEI Updated Urgent Country and Regional Recommendations in the Context of the COVID-19 Pandemic**: Based on the recent WHO guidance, the GPEI published an update to the 24 March Polio Oversight Board (POB) list of recommendations related to polio eradication efforts for countries and regions in the context of the COVID-19 pandemic. The GPEI is now recommending that countries start planning for the safe resumption of polio vaccination campaigns, especially in polio high-risk countries. In all cases, these decisions will be made in close collaboration with national immunization and other health programmes, after a careful risk-benefit analysis that ensures the benefits of carrying out the activity outweigh the risks of COVID-19 transmission among frontline workers and communities. These recommendations will be reviewed and updated by the GPEI Strategy Committee as needed, including when additional evidence becomes available.
Across the African Region, the Polio Eradication Programme – coordinated by the WHO Regional Office for Africa - is now directing around 60-70% of its combined resources and expertise toward the COVID-19 response, while dedicating the remaining time to ongoing surveillance for polio and planning for the resumption of mass vaccination campaigns once the situation has stabilized.

Today, over 2,000 polio staff from WHO, UNICEF, the Polio STOP program and CDC, along with the corresponding infrastructure and networks, are currently being used to support COVID-19 responses in 36 countries from provincial to district levels, particularly in the areas of disease surveillance (30%), contact tracing (20%), risk communication (20%), data management and reporting (15%) as well as outbreak response preparedness and coordination.

Polio staff are also training and sensitising national health staff and communities on the prevention and detection of COVID-19, while providing them with protective equipment and screening tools. A quarter of staff are dedicating more than 80% of their time towards COVID-19 efforts, with 65% of staff anticipating a commitment of six months or longer.

Additionally, contact tracing has been a central pillar of the polio programme’s support in the COVID-19 response in the African Region. In Zimbabwe, for example, an adapted ODK software application is now being used by over 100 disease surveillance officers to conduct case investigation and contact tracing across nearly all provinces where COVID-19 cases have been confirmed.

“With Zimbabwe’s first COVID-19 case, we used paper tools to facilitate data management during case investigation and contact tracing, but our contact tracers faced many challenges with follow up and reporting, which prompted our move to electronic platforms,” says Manes Munyanyi, Deputy Director Health Information and Surveillance Systems for Zimbabwe’s Ministry of Health and Child Care. “Using digital tools for outbreak responses cannot be overemphasized as the technology provides responders with data management, visualization and information dissemination platforms that support informed decision making at all levels.”
ANGOLA

The polio team is supporting the provincial and municipal emergency plans for COVID-19, which includes engaging communities and training community volunteers in the detection and reporting of COVID-19. Among others, polio staff have supported the training of activists, traditional healers, church leaders as community focal points to help detect suspect cases, as well as follow up among communities around two border entry points on potential cases reported.

BURKINA FASO

The polio team is supporting communications activities to strengthen the COVID-19 response, including by updating communications training modules to help integrate COVID-19 aspects into the polio programme. The team has also designed a leaflet on how to effectively use masks and gloves in the fight against COVID-19, and helped finalize communications materials for community surveillance of vaccine-preventable diseases and unusual events.

CAMEROON

In addition to training and technical support across four regions, the polio team in Cameroon has placed a big emphasis on community sensitization and awareness raising, including promoting preventive measures among communities in four districts, and sensitizing women attending child vaccination and antenatal clinics in four additional communities.

CÔTE D’IVOIRE

In Côte d’Ivoire, local NGOs and social workers have led community engagement activities in greater Abidjan to address issues related to stigma and discrimination on the ground in the context of COVID-19.

DEMOCRATIC REPUBLIC OF THE CONGO

In the DRC, there has been various trainings and community dialogues around COVID-19. More than 1,700 community volunteers and 670 health care providers were briefed on the prevention of COVID-19, more than 1,000 community leaders were sensitized on the virus, and 85 community dialogues were held with the support of the community volunteers and the Community Action Cell (CAC).

People maintaining physical distancing while waiting to wash their hands outside a health center in the suburbs of Abidjan, Côte d’Ivoire.

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From the beginning, the polio surveillance network has been activated to support COVID-19 efforts, with community volunteers reporting rumors of suspected COVID-19 cases and community health workers trained in COVID-19 case definition conducting house-to-house visits to identify suspected cases. The team has also established a community based active case search and health education programme, providing community surveillance training and health education materials.

**ETHIOPIA**

**NIGER**

There has been extensive use of the radio to sensitize communities on COVID-19 in Niger. Specifically, radio stations have disseminated information about the order of the Governor of the region of Zinder making it compulsory to wear masks in public and partially public services. Additionally, heads of cantons, villages, neighborhoods, and religious leaders have been sensitized on health precautions to prevent COVID-19.

**SOUTH SUDAN**

Polio teams have been supporting the country’s COVID-19 state response plan, which includes active surveillance through raising community awareness and social mobilization. The team has supported the development of simplified messaging for communities and has conducted 17 community sensitization sessions in seven payams (administrative divisions) on prevention and detection of COVID-19.

**TOGO**

Polio teams have continued to sensitize communities on COVID-19 in three districts: Ntifafakomé, Tamé and Massouhoin. Their activities have included briefing of the 51 community leaders in the districts of D2 and D4 of Lomé Commune.

**UGANDA**

The polio team has mentored over 200 health workers in health facilities on active case finding for COVID-19, supplementing this with sensitization of over 500 community members within the health centers.

A billboard in Abidjan, Côte d’Ivoire, with COVID-19 prevention messages.

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