



**Report to the
GAVI Alliance Board**
12-13 June 2012

Subject:	Options for enhancing GAVI's investment in measles prevention
Report of:	Seth Berkley, Chief Executive Officer
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Agenda item:	12
Category:	For Decision
Strategic goal:	SG1 - Underused and new vaccines

Section A: Overview

1 Purpose of the report

- 1.1 In line with the conclusions of the Board retreat in Oslo in April, 2012, the Secretariat has developed options and a recommendation to provide additional financial support for measles vaccination in GAVI eligible countries.

2 Recommendations

- 2.1 The Secretariat recommends that the Board:
- (a) **Requests** the Secretariat to put in place the necessary arrangements in accordance with Annex 2, Option 2 of Document 12, for six large countries at high risk of measles outbreaks (Afghanistan, Chad, DR Congo, Ethiopia, Nigeria, and Pakistan) to be able to receive GAVI support for measles vaccines and operational costs until these countries are forecasted to have implemented a measles-rubella (MR) campaign, or by no later than 2017. This support would be provided in collaboration with the Measles & Rubella Initiative (MR Initiative, formerly the Measles Initiative).
 - (b) **Approves** US\$ 55 million to be made available to the MR Initiative through the UN Foundation for use through 2017 for outbreaks and other emerging needs requiring rapid responses, using the mechanism described in Annex 2, Option 1.
 - (c) **Requests** the Secretariat - given the importance of measles as an indication of country support for routine immunisation – to develop an indicator for measles first dose routine vaccine coverage as part of the achievement of GAVI's 2011-2015 Strategy for review by the Evaluation Advisory Committee.

3 Executive Summary

- 3.1 The aim of increased investment by GAVI in measles prevention is to provide a long strategy for control through high routine coverage.
- 3.2 After reaching its lowest level in 2007, estimated measles mortality has plateaued at around 140,000 measles-related deaths. Although campaigns have helped achieve a dramatic decline in measles related deaths, the public health community recognizes that increased routine coverage is critical to sustainably controlling measles.
- 3.3 GAVI's investments in strengthening health systems to deliver routine immunization, improving sustainability of national financing for immunization, efforts to support delivery of second dose measles, and its newly approved programme to reduce morbidity and mortality from rubella through the introduction of MR are essential to improving efforts for the prevention of measles deaths. Further, the GAVI processes which include an integrated approach to planning, implementation and follow up could provide a "game changing" context for the global transmission of the measles virus.
- 3.4 At its retreat in April, the Board reviewed a series of options for increasing GAVI's investment in measles vaccination to help avoid further measles resurgence before and during the MR vaccine roll-out and requested that the Secretariat prepare a paper for the Board in June.
- 3.5 The Secretariat recommends that support for outbreaks be provided through a grant to the MR Initiative directly (option 1, below). This position is aligned with that of the MR Initiative.
- 3.6 With regard to providing support for planned campaigns, three options are proposed, as summarized below. A more detailed description can be found in Annex 2.
 - (a) Option 1: GAVI would provide all funds to the MR Initiative. In this option, GAVI's added value would be primarily to address the MR Initiative's funding gap.
 - (b) Option 2: Utilize GAVI's application system and review processes. For those country applications approved by the Board, funds for vaccines would flow to UNICEF Supply Division and funds for operational costs would flow to countries, or WHO and/or UNICEF (if requested by the countries). This approach would help ensure: integration of measles prevention with other interventions and with the health systems planning process more broadly, appropriate preparation and follow up of campaigns (e.g. review and endorsement by the interagency coordinating committee, conduct of an effective vaccine management assessment and post introduction evaluation, etc.); and synergies with GAVI's health systems investment to strengthen immunization. Such an approach would also strengthen country ownership by making countries responsible for coordinating and implementing introduction support.

- (c) Option 3: Utilize GAVI's application system, and then provide operational funds to the MR Initiative for further disbursement to WHO and UNICEF. The main added value of using GAVI process would be to approve applications increasing integrated planning and strengthening of routine measles coverage per above. However the default of providing operational support to UNICEF or WHO through the MRI may decrease country ownership.
- 3.7 The Secretariat proposes that option 2 be used to support planned campaigns. Of note, the MR Initiative has expressed a preference for options 1 or 3. Their position statement can be found in Annex 3.

4 Context

Background

- 4.1 Since 2004, the GAVI Alliance has allocated US\$ 197 million in financial support to the MR Initiative. This includes investments in measles vaccination campaigns (US\$ 176 million) and the remainder for support for routine second opportunity for vaccination.
- 4.2 Funds from GAVI for campaigns were allocated through a Memorandum of Understanding with the UN Foundation (UNF) between 2004-08 on behalf of the then Measles Initiative. The funds were for use in 69 GAVI-eligible countries. The funds were used to vaccinate 344 million children, and helped to avert 860,000 deaths. Funding for measles second dose is provided to countries through the regular GAVI application process. Three countries are receiving support and an additional nine countries have been recently approved for support.
- 4.3 In November 2011, the Board decided to open a funding window for rubella vaccination campaigns to reach primarily cohorts between the ages of 9 months and 14 years with the combined measles-rubella vaccine in countries funding the introduction of routine MR vaccine. The projected budget for this investment through 2020 is US\$ 554 million. The Measles & Rubella Initiative has requested that the funding be provided through them, per option 3.
- 4.4 At its retreat in April, the Board reviewed a series of options for increasing GAVI's investment in measles vaccination to help avoid further measles resurgence before and during the MR vaccine roll-out and requested that the Secretariat prepare a paper for the Board in June.

Rationale for investment

- 4.5 Measles is one of the most contagious diseases in the world, can cause serious illness, life-long disability and death, and requires 95% vaccine coverage to reach herd immunity. Prior to the discovery of measles vaccines, it is estimated that measles infected over 90% of children before they reached 15 years of age and caused more than two million deaths annually worldwide. Measles vaccines are highly effective, safe and relatively inexpensive (between US\$ 0.19 and US\$ 0.42 per dose).

- 4.6 WHO recommends that countries aiming to reduce measles mortality achieve coverage >90% at the national level and >80% in each district. In many countries this will mean continuing supplemental immunization activities (SIAs or campaigns) as they increase coverage. WHO also recommends that for countries that have relied on regular SIAs to achieve high population immunity, cessation of SIAs should be considered only when >90% immunization coverage has been achieved at the national level for both first and second dose of measles for a period of at least three consecutive years. Once routine measles coverage is above 80%, countries can introduce MR through wide-age SIA's, supported by GAVI, and begin to fund MR through domestic resources. The MR Initiative anticipates that the majority of GAVI eligible countries will need to continue more targeted MR follow-up SIAs after the wide-age MR catch-up SIAs and maintain high quality rubella surveillance to closely monitor trends in rubella epidemiology. As coverage increases, the timing between targeted follow-up SIA's is lengthened until they are no longer necessary.
- 4.7 GAVI's initial decision was to support measles supplementary immunization activities (SIAs) through the Measles Initiative (recently re-launched as the Measles & Rubella Initiative), a partnership founded in 2001 by WHO, UNICEF, American Red Cross, United Nations Foundation, and U.S. Centers for Disease Control and Prevention. The MR Initiative's partners have since expanded to include bilateral agencies, civil society organizations, and professional societies.
- 4.8 The MR Initiative coordinates global strategic planning, and country-level activities, planning, technical support, and financial inputs for strategy implementation including disease surveillance and vaccination activities. It has focused primarily on implementing SIAs, for which the MR Initiative receives and reviews plans of action from countries. The UNF allocates funds through WHO and UNICEF for operational and vaccine costs. WHO and UNICEF allocate funds for operational costs according to the unique context in each country. The MR Initiative's systems have demonstrated their ability to rapidly and flexibly respond to the evolving epidemiology of measles, and apply funds quickly where needed.
- 4.9 Significant progress toward measles mortality reduction has been made since the launch of widespread measles vaccination programmes, primarily supported through the Measles Initiative. In 2000, an estimated 535,300 children died of measles globally. By 2010, improved vaccine coverage resulted in an estimated 74% reduction in measles deaths, contributing significantly towards efforts to meet Millennium Development Goal 4 (reduce child mortality by two-thirds).

- 4.10 However, the emphasis on SIAs has not led to sustained high routine immunization coverage. An on-going cycle of SIAs largely funded by international donors has been necessary, particularly in a number of large countries which are most at-risk of outbreaks. In addition, over the last three years, progress in reducing the numbers of measles cases and deaths has stalled, due largely to outbreaks in Africa and Europe as well as the continued high measles disease burden in India.
- 4.11 The MR Initiative requires countries to provide 50% of estimated operational costs to support their SIAs, however not all countries have been able to do so. Anecdotal suggestions are that about 25% of funds are available from national sources. Increasing and maintaining high routine measles coverage and predictable funding for financial sustainability of measles control remain challenges in many countries, particularly in large countries most at risk of outbreaks.
- 4.12 GAVI's systems promote a comprehensive approach for immunization services and GAVI funding can catalyse a sustainable response to measles control in the countries still struggling with coverage. Through its investments in health systems strengthening, GAVI has and will increase its investment in strengthening routine immunization systems and increasing routine vaccination coverage. Further, the Board has decided that GAVI should continue to strengthen the incentives for countries to improve routine immunization coverage by explicitly linking payments to increases in routine measles coverage through its new performance-based funding mechanism.
- 4.13 GAVI's application system reinforces the potential impact of GAVI's investments. GAVI promotes country-ownership through country applications, and inter-agency coordination in countries around country plans through which integrated approaches to improving routine measles coverage can be articulated. The independent review committee provides additional quality control. GAVI's systems support operational funds flowing to countries, if they pose a low risk following a Financial Management Assessment (FMA), or to GAVI partners, specifically WHO and/or UNICEF.
- 4.14 The MR Initiative anticipates that support for measles and rubella vaccination requires approximately \$200-350M per year through 2015 (Annex 1). It estimates the shortfall to be approximately \$128M through 2015, after assuming support from GAVI for MR campaigns and commitments from other donors. In 2010 and 2011, approximately \$20M each year was spent for outbreaks and other emerging needs that require rapid responses, which is included in the totals above.
- 4.15 At its April 2012 retreat, the Board considered an investment option for supporting measles SIAs in additional countries. A central question for such support is the added value that GAVI could bring, as opposed to a model where donors provide funding directly to the MR Initiative or other partners. These three options and a summary of the added value of investment by GAVI are as follows:

- (a) Option 1: GAVI would provide all funds to the MR Initiative. In this option, GAVI's added value would be primarily to address the MR Initiative's funding gap.
 - (b) Option 2: Utilize GAVI's application system and review processes. For those country applications approved by the Board, funds for vaccines would flow to UNICEF Supply Division and funds for operational costs would flow to countries, or WHO and/or UNICEF (if requested by the countries). This approach would help ensure: integration of measles prevention with other interventions and with the health systems planning process more broadly; appropriate preparation and follow up of campaigns (e.g. review and endorsement by the interagency coordinating committee, conduct of an effective vaccine management assessment and post introduction evaluation, etc.); and synergies with GAVI's health systems investment to strengthen immunization. Such an approach would also strengthen country ownership by giving the potential for countries to be responsible for coordinating and implementing introduction support.
 - (c) Option 3: Utilize GAVI's application system, and then provide operational funds to the MR Initiative for further disbursement to WHO and UNICEF. The main added value of using GAVI process to approve applications would be increasing integrated planning and strengthening of routine measles coverage per above. However the default of providing operational support to UNICEF or WHO through the MRI may decrease country ownership and is not in line with GAVI's operating principles to "support national priorities, integrated delivery, budget processes and decision making."
- 4.16 It is estimated that six large countries are at high risk of outbreaks prior to the time when they are forecasted by the MR Initiative to introduce MR, the last in 2017. These countries are Afghanistan, Chad, Democratic Republic of Congo, Ethiopia, Nigeria, and Pakistan. Uganda was identified in April 2012 but has since conducted an SIA. Seven smaller and less at-risk countries were also considered but could be supported through on-going MR Initiative mechanisms and contributions, should they need to conduct SIAs. It is anticipated that the six countries above could most benefit from the integrated focus, including on increased routine immunization coverage and sustainability, which are part of GAVI's systems. GAVI could provide support for measles SIAs through its application and review mechanisms, and request the MR Initiative to coordinate planning, technical, and civil-society support. However, countries that have completed an FMA and signed an MOU with GAVI, could receive the operational funds directly. This would incentive country ownership and accountability as described above. If requested by the country, operational funds could also be provided to countries or through WHO, UNICEF or other partners (see Annex 2, Option 2). In this case, we would ask the MR Initiative to advise on appropriate allocation of technical assistance.

- 4.17 With regard to the issue of co-financing operational support, GAVI would require countries to provide operational costs in line with GAVI policies. Depending on other decisions by the Board in June, 2012 (please see Paper 13 on Vaccine Introduction Grants), this would mean that countries would be expected to co-finance 20% of operational costs, equivalent to \$0.15/person. This is less than the approximately \$0.30/person that the MR Initiative requires countries co-finance, although as noted, above, the full amount is not necessarily reliably available. Moving forward, measures could be put in place to link release of vaccines to demonstrated proof of country contribution or intent to contribute (e.g. signed statement by Ministry of Health, Ministry of Finance or the Interagency Coordinating committee).
- 4.18 From mid-2012 through 2017, the MR Initiative requires approximately \$110M in order to respond to outbreaks and other emerging needs. GAVI's systems emphasize longer-term planning and integrated strengthening of immunization systems, while the more nimble MR Initiative systems are, among their attributes, well suited for rapidly evolving and outbreak situations. GAVI could consider supporting 50% of the estimated need (\$55M) as part of a comprehensive investment in measles. The rationale is that outbreak response is not GAVI's primary mandate suggesting GAVI not provide 100% of the amount, leaving the remainder to be raised from other donors. The application and flow of funds if GAVI provides support to the MR Initiative, is described in greater detail in Annex 2, Option 1.

5 Next steps

- 5.1 If the Board approves the proposed allocation for measles, the Secretariat would consult the MR Initiative and other appropriate stakeholders to define application requirements, IRC review criteria, and monitoring requirements.

6 Conclusions

- 6.1 Additional investments in measles present an opportunity for GAVI to leverage its support of other vaccines and health systems strengthening to provide a sustainable long term strategy for measles control.
- 6.2 While recognizing the continued need to flexibly respond to outbreaks, application of the GAVI model would help increase the possibility of sustainably controlling measles through an integrated approach to health systems strengthening to support vaccine coverage. The GAVI model of providing funding directly to countries (unless they request otherwise) has the potential to increase country ownership. Overall, GAVI's contributions would help prevent short-term deaths, while supporting countries to achieve sustainable, high coverage needed for the future.

Section B: Implications

7 Impact on countries

- 7.1 Measles is a major cause of mortality, suggesting that additional support from GAVI as part of an integrated and sustainable approach would be valuable for countries during the transition to control through strengthened routine systems. It is important that the support, particularly for rubella-containing vaccines, results in high coverage to prevent congenital rubella syndrome or SIA's need to be conducted frequently.
- 7.2 The options presented to the Board in Annex 2 reflect various mechanisms for supporting countries as they implement measles and measles rubella vaccination. While option one represents a stream-lined application system coordinated through international partners, option two provides an opportunity for a more integrated, sustainable, and country driven approach. The relative benefits of each approach should be seen in light of the unique challenges to preventing measles deaths.
- 7.3 A targeted approach, identifying only six countries to receive measles vaccine support from GAVI, may raise questions about GAVI not using an open process. It also highlights the importance of the MR Initiative's on-going support to countries, such as where MR follow-up SIAs remain necessary after routine rubella introduction.
- 7.4 India is not included in this paper, as support will be considered by the Board at a future meeting.

8 Impact on GAVI Stakeholders

- 8.1 WHO and UNICEF provide technical support to countries in the planning for SIAs. The technical support is complemented by their ability to assist countries programming funds most efficiently at the country level. Channelling funds for operational support directly to countries may impact the roles of WHO and UNICEF in terms of coordination and planning. It may also mean that the organizations require additional support for country staff and activities.
- 8.2 The functions of the MR Initiative could be impacted. Support by GAVI increases the predictability of financing going to measles and may strengthen advocacy activities, both of which could strengthen the MR Initiative. However, GAVI's systems could also cause confusion with or hamper existing models of application and country support by the MR Initiative if some countries are supported by one mechanism while others are supported through another mechanism. Mitigating this will require close collaboration between the MR Initiative and GAVI to ensure technical support and necessary resources are available to countries at the correct times, and that partners continue to be appropriately resourced to provide that support.

- 8.3 Closer collaboration between GAVI and MR Initiative could improve synergies between measles control and other vaccine initiatives, particularly in light of the fact there is considerable overlap between MR Initiative partners and GAVI stakeholders.

9 Impact on the Business plan/ Budget/ Programme Financing

- 9.1 This paper projects future funding of approximately \$160M. It is estimated that these funds would be sufficient to support measles activities in the targeted countries through their forecasted introduction of MR, the last of which is 2017. The cost has not been included in the latest financial forecast update (see Document 04) that is being presented to the Board at this meeting.
- 9.2 WHO and UNICEF may seek additional funds through the business plan in order to fund their technical support to measles activities in the six countries targeted by these funds.

10 Risk implication and mitigation

- 10.1 In addition to the strengths and challenges highlighted in for each of the options presented in Annex 2, there is a risk that one or more countries does not increase its routine coverage, does not choose to introduce MR vaccine, and/or does not maintain population immunity. In the case of the proposed support for measles, this could mean that in 5 years, GAVI and other international partners will be in a similar situation as today for that country. Strong partner collaboration will be necessary to support countries and mitigate this risk. This risk also needs to be balanced against the potential opportunity to achieve more sustainable measles control in one or more large countries. In the case of rubella, if coverage is not sufficiently high following campaigns, such as through poor planning or implementation, the risk is that countries could face increases in the incidence of congenital rubella syndrome. Mitigating against this is partner support and a rigorous application process intended to be sure that countries are well prepared prior to starting.
- 10.2 The MR Initiative has not projected the full financial shortfall through 2017, except for outbreak response as noted above. A decision by the Board to fund additional measles activities will offset much but may not offset all of the MR Initiative's shortfall. In addition, there is a risk that GAVI support could lead current MR Initiative donors to discontinue support. In order to mitigate against this, donors and other board members could consider continuing contributing directly to the MR Initiative, or advocating on behalf of the MR Initiative, to ensure current donors don't decrease support and for the remaining parts of its shortfall.
- 10.3 The MR Initiative has a proven strategy for preventing measles deaths, primarily through implementation of SIAs. Decisions to use other application or funding mechanisms to provide support have the risk of GAVI being blamed if there are measles increases. Mitigating against this would be a request from the GAVI Board for the MR Initiative partners to continue providing its guidance to countries regardless of the flow of operational funds, including the technical coordination and oversight.

- 10.4 Flexible systems are critical for measles control activities. While GAVI's systems support longer-term planning and predictability, changes may need to be made based on "real time" information, such as in the age targeted for an SIA, as the epidemiology changes from year to year. Mitigating this would require a close collaboration and technical oversight from partners. It would also require flexibility from GAVI, such as releasing funds earlier or later than planned or incorporating a larger target group, if recommended by technical partners.
- 10.5 There is a risk that countries will not co-finance operational costs, or that countries will mis-use funds. Mitigating these is the opportunity to reinforce co-financing requirements across GAVI investments in countries, support for integrated and longer-term planning, and oversight through the Transparency and Accountability Policy. In option 2, countries may choose to have the operational support for campaigns channelled through WHO and UNICEF as is currently the procedure for some fragile states. In options 1 and 3, cash would go through the MR Initiative, who would be responsible for further tracking of disbursements.
- 10.6 Providing this magnitude of support for measles could mean that countries decrease their own spending or planned spending in this area or view the investment by GAVI as a "one off." There is also the perception that if a country cannot finance through national sources a critical low cost vaccine such as measles, then they don't have the political commitment necessary to either sustain introduction or introduce other more expensive vaccines. As such, a critical part of this intervention will be to guarantee that countries do indeed co-pay part of the operational costs and following a GAVI supported campaign, commit in full to taking on the cost of routine implementation.
- 10.7 The decision on how to channel cash operational support for measles SIAs (through the MR Initiative or through countries/and or WHO/UNICEF) would set a precedent with regard to flow of funds for operational support for GAVI's rubella programme. As mentioned above, the MR Initiative has requested that this support be provided to them through the UN Foundation.

11 Legal and governance implication

- 11.1 Any GAVI support for measles vaccines to the six countries would be included in the grant arrangements between GAVI and the relevant countries.
- 11.2 If the Board approves that US\$55 million be made available to the MR Initiative through the UN Foundation for outbreaks and other emerging needs requiring rapid responses, appropriate legal arrangements with the UN Foundation will be put in place to facilitate that support.

12 Consultation

- 12.1 Donors to the GAVI Board and the founding MR Initiative partners (WHO, UNICEF, American Red Cross, US Center for Disease Control and Prevention, and the UN Foundation) were consulted during the development of this report. The MR Initiative's position is presented in Annex 3, reflecting that the MR Initiative would like all measles and MR funds to flow as shown in Annex 2, Option 1.
- 12.2 Alternatively, the MR Initiative would also support the option outlined in Annex 2, Option 3. This uses the advantages of the independent review of the GAVI IRC process, while enabling the provision of support to countries by founding partners of the MR Initiative.

13 Gender implications

- 13.1 None

14 Implication for the Secretariat

- 14.1 The epidemiology of measles requires special consideration. Flexibility may be required by the Secretariat to adjust the exact timing of funds coming to countries and potentially the age targeted by campaigns, depending on evolving surveillance data.
- 14.2 It is anticipated that for three countries that are forecasted to require SIAs in 2013, a special IRC will need to be convened, and a decision brought to the GAVI Alliance Board or Executive Committee, likely in advance of the December 2012 meeting. The Secretariat would need to consider appropriate evaluation methods for its support, in consultation with the Evaluation Advisory Committee. Further, GAVI would add measles vaccine coverage as an indicator for achievement of GAVI's 2011-2015 Strategy. The rationale for this is that increasing coverage relates to wider GAVI investments in comprehensive multi-year planning and health system strengthening, and requests the Secretariat to develop an appropriate metric.
- 14.3 The magnitude of funding proposed would be likely to require a dedicated staff to coordinate more regularly with the MR Initiative during the implementation and follow-up of this commitment.

Section C: Annexes

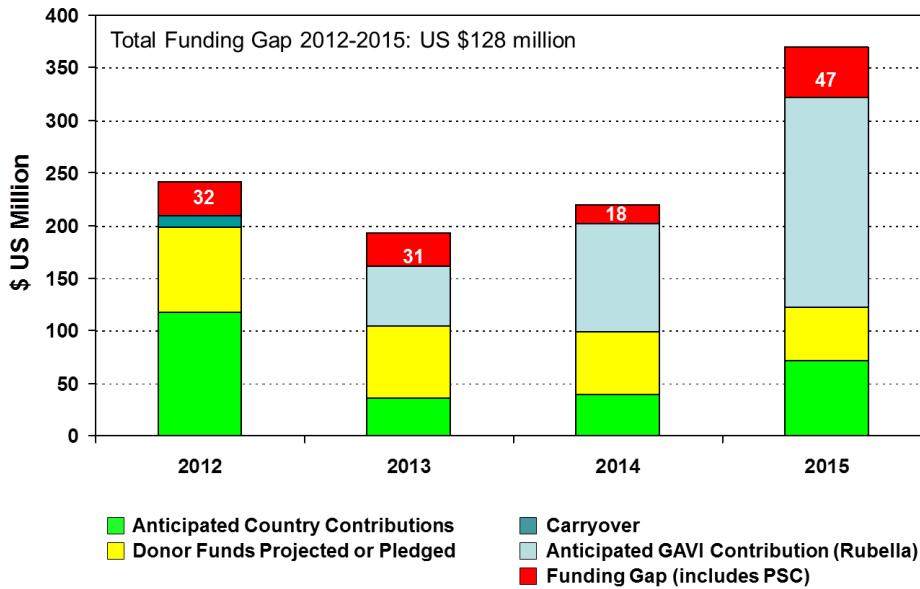
Annex 1: MR Initiative funding

Annex 2: Three options for application system and funding flows

Annex 3: Statement provided by the MR Initiative: Background and position on GAVI's support to countries

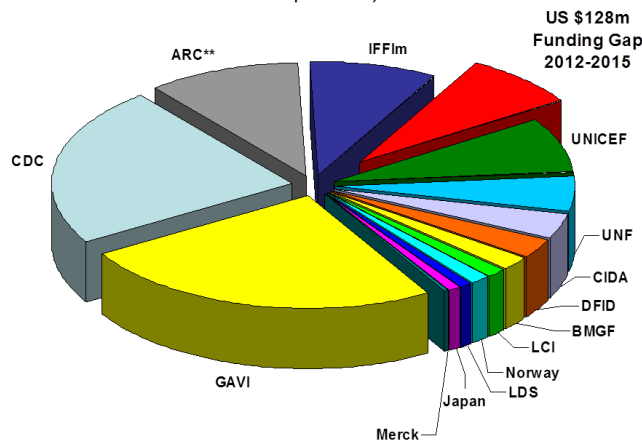
Annex 1: MR Initiative funding (Provided by the MR Initiative, May, 2012)

Measles Initiative Financial Resource Requirements, Projections, Funding Gap 2012-2015



External Contributions since 2001* and Projections and Funding Gap for 2012-2015

Total: \$1.6 billion (excluding country contributions for SIAs, and direct social mobilization funding by partners)

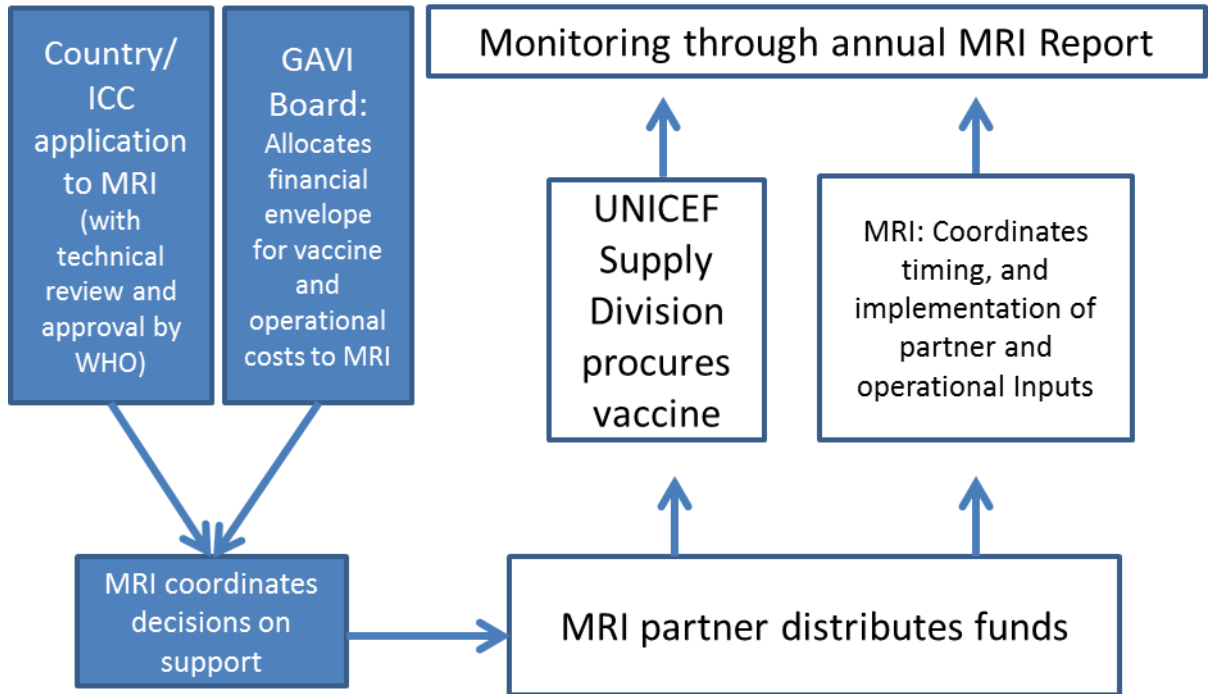


*excludes direct social mobilization funding by American Red Cross, LDS and Lions Clubs International

**includes ARC and partners: ARC chapter contributions, BD, Herman and Katherine Peters Foundation, Anne Ray Charitable Trust, and others.

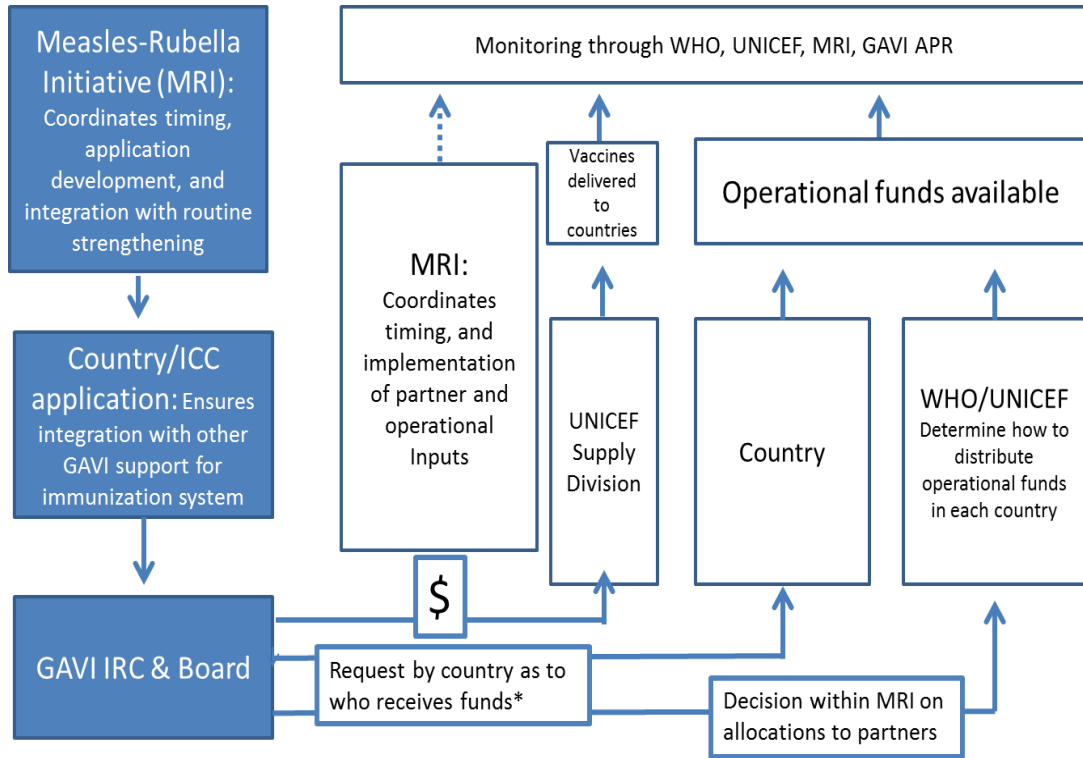
Annex 2: Three options for application and funding flows

Option 1: MR Initiative application system; Funding flows from GAVI to MR Initiative



Strengths	Challenges
Continuity and single coordinated support mechanisms for measles, particularly important in countries with weak health systems where follow-up campaigns are needed every 2-3 years	Non-binding agreement with countries to provide operational costs
Technical oversight closely linked to funding support to countries (i.e., quality assurance mechanism)	No independent mechanism to judge country plans; Technical review done only by ICC and partners
Flexibility to adapt measles control strategies and timelines through epidemiological driven prioritization	Not necessarily integrated with other vaccine (except polio in some cases) and health system strengthening activities
Positive experience with previous managed GAVI funds; established system	Extra step relative to giving funds directly to a partner or country.
Full engagement of five founding MR Initiative partners regarding technical oversight of program including monitoring and evaluation	MR Initiative is not a legal entity
	GAVI's added value primarily advocacy and assistance with fund-raising

Option 2. GAVI application system; Funding flows through GAVI systems to countries, or WHO or UNICEF coordinated with MR Initiative

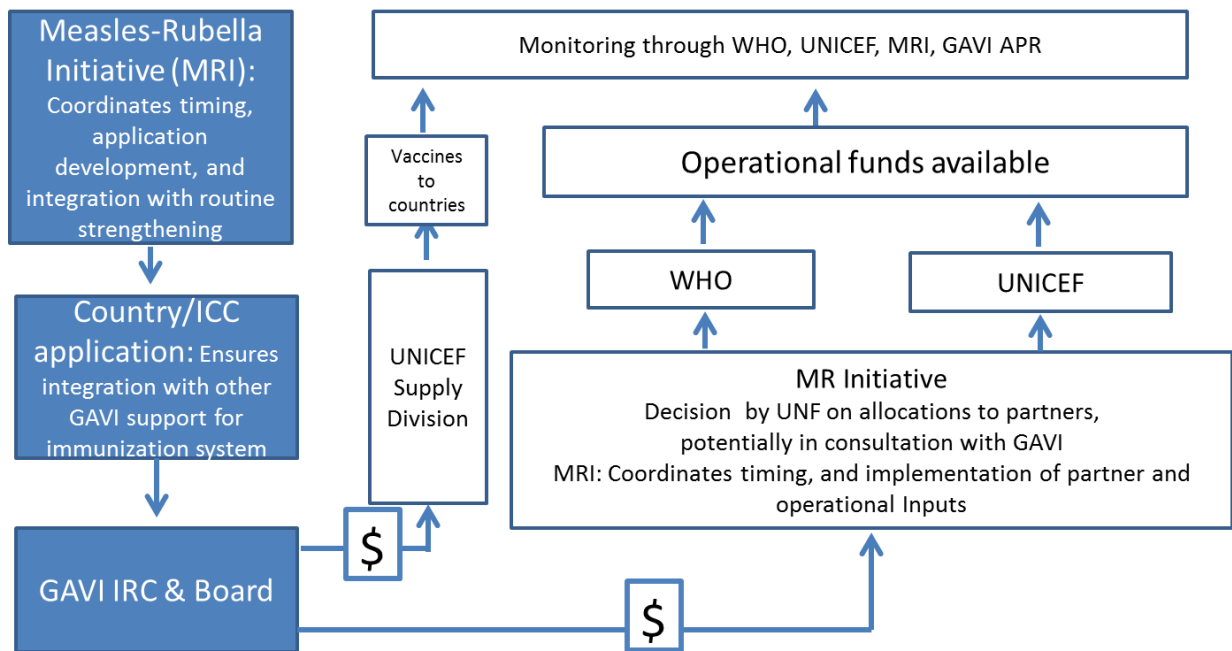


*Countries could only receive funds directly if found to pose a low risk following a Financial Management Assessment. This is the approach currently used with regard to Meningitis A and Yellow Fever where countries also have the option to assign the operational cash support to partners.

Strengths and challenges of this approach are presented on the following page.

Strengths	Challenges
Uses GAVI review mechanisms, requiring integration measles with wider immunization and GAVI-supported activities	Unclear if flexibility to rapidly adjust funds according to needs; slower response to changing disease epidemiology; potential delays in release of funds
Funds distributed according to country context. Increased country ownership, or outsourced oversight of operational costs, according to country	Additional costs associated with GAVI processes (e.g. IRC and Board time)
Common funding channel for immunization support to countries	Countries no longer accountable to the technical support agencies (WHO & UNICEF), which risks a loss of strong support at country level from WHO and UNICEF; Currently this support is strengthened by channeling funding; Potential loss of technical oversight of the MR Initiative in quality assurance
GAVI potentially supports partners through business plan	Fragments support to measles and rubella control; GAVI not designed to lead disease control or elimination efforts
Coordination with GAVI advocacy platform	Creation of parallel funding mechanism for eligible countries; if short duration would support for campaigns in six countries go back to MRI?
Increased country ownership or outsourced oversight of operational costs at country level according to country	Reported challenges in use of GAVI health system funding (HSS) to achieve results in immunization
Enhanced attention to the transition from measles to MR may enhance use of both vaccines	

Option 3: GAVI application system; Funding flows from GAVI to MR Initiative



A similar approach was used in the initial Meningitis A conjugate vaccine introduction campaigns, with operational costs provided to international agencies (in that case, WHO and UNICEF).

Strengths	Challenges
Independent review committee to review plans	Extra step relative to giving funds directly to a partner or country.
Continuity in support for measles, particularly important in countries with weak health systems where follow-up campaigns are needed every 2-3 years,	Unclear if flexibility to rapidly adjust funds between countries according to needs
Flexibility to adapt measles control strategies through epidemiological driven prioritization; Responds easily to rolling and dynamic timeframes; MRI arbitrates partner roles	Additional costs associated with GAVI processes (e.g. IRC and Board time)
Technical oversight closely linked to funding support to countries (i.e., quality assurance mechanism)	Creation of parallel funding mechanism for eligible countries
Positive experience with previous managed GAVI funds	
Track record of expertise and complementary skills of the five founding partners	
Engagement of five founding agencies committed to measles and rubella goals	

Annex 3: Statement provided by the MR Initiative

Background and position on GAVI's support to countries

Authored by the MR Initiative partners

Background

The Measles and Rubella Initiative (MR Initiative), formerly the “Measles Initiative”, is a partnership dedicated to supporting countries to create a world without measles, rubella and congenital rubella syndrome (see Measles and Rubella Strategic Plan, 2012-2020). Although its core partners include the American Red Cross, United Nations Foundation, UNICEF, US Centers for Disease Control and Prevention and the World Health Organization, many other partners including international, bilateral, civil society and private organizations have contributed extensively to measles mortality reduction and elimination and rubella and CRS prevention through the MR Initiative. These include GAVI, the Bill & Melinda Gates Foundation, DFID, NORAD, Lions Club International, International Paediatric Association, the American Academy of Paediatrics, national and sub-national chapters of the International Federation of the Red Cross/Red Crescent, and others. Measles elimination and rubella and CRS prevention activities, particularly supplementary immunization activities (SIAs), require extensive partnerships at global, national, and subnational levels to provide the multisectoral support needed to ensure quality and equity of service delivery, effective advocacy and social mobilization, and ultimately, universal access.

The MR Initiative has provided an integrated and coherent approach to prevention of measles and rubella throughout the world. It promotes collaboration rather than competition between partners – leading to a situation in which the whole is greater than the sum of the parts. The breadth of partners allows the Initiative to not only formulate global strategies but also to translate them through regional and national levels to subnational and local level implementation. The MR Initiative increases efficiency and effectively brings together the strengths of many partners with expertise in different areas in a collaborative framework. This is evidenced by the ability to achieve a 100% implementation rate of available funds. The partnership is structured so that each partner agency can have input into the way the Initiative works and can receive recognition for its accomplishments.

The MR Initiative is country-driven, basing its support for implementation of vaccination activities on formal country requests. These requests are in the form of plans of action approved by in-country MOH-led immunization coordinating mechanisms. Support provided by the MR Initiative includes:

- financial (bundled measles vaccine for SIAs and operational costs for SIAs, routine system strengthening, and surveillance including laboratory support);

- technical (vaccination and surveillance strategies, program planning, strengthening routine immunization);
- operational (outbreak investigations and response, monitoring and evaluation, and advocacy, social mobilization and communication); and
- vaccine security (the sustained, uninterrupted supply of affordable, quality vaccines) through joint planning, long term forecasting and communicating with suppliers, using UNICEF Supply Division as the lead partner in vaccine procurement.

Funding from the MR Initiative is channelled through the UN Foundation at no additional cost and is made available to countries via WHO/EPI and UNICEF/Program Division (see Operating Procedures of the MR Initiative). Key operating principles of the MR Initiative include flexible, timely support to countries enabling rapid response to changing epidemiology, and the combination of on-the-ground technical support and financial/vaccine support to assure the quality of vaccine delivery.

GAVI has been a major partner, contributing through the Measles Investment Case I and II, a total of US\$ 197 million during 2005 – 2008 for measles mortality reduction activities (\$21 million for introduction of a routine measles 2nd dose and \$176 for measles supplementary immunization activities (SIAs)). The funds for SIAs were efficiently allocated during 2006-2009 to 69 GAVI-eligible countries through an MOU with the UN Foundation (on behalf of the Measles Initiative) leading to the vaccination of 344 million children. In November 2011, the GAVI Board approved approximately US\$550 million for rubella vaccine introduction that will be used for wide-age range campaigns with MR vaccine.

In June 2012, the GAVI Board will consider whether to increase the GAVI investment in measles over the period 2012-2015 with the goal of preventing a major resurgence in measles. This so-called “Measles Plus” investment may include support for:

- follow-up measles campaigns in countries with large numbers of unvaccinated infants (e.g. Afghanistan, Pakistan, DRC, Nigeria Ethiopia, and Chad), and
- outbreak response fund.

GAVI fund disbursement mechanisms

Traditional GAVI mechanisms of fund disbursement for measles second dose (MCV2) introduction have included full funding directly to the respective country for both vaccine and introduction (operational) costs. For vaccines used in campaigns against meningitis and yellow fever, GAVI has disbursed funds through UNICEF Supply Division (SD) for bundled vaccine and through WHO and UNICEF with a 75%-25% split for operational costs. Considering these two mechanisms together with the mechanism used for the Measles Investments Cases, there are at least 3 options that

can be considered for disbursement of GAVI funds for the campaign components of RCV introduction, measles follow-up campaigns and the measles outbreak response funds:

1. **Directly to the MR Initiative** (then to WHO, UNICEF and potentially other entities)
2. **Directly to WHO and UNICEF**
3. **Directly to countries**

Conclusion:

Funding for SIAs requires different considerations than funding for new vaccine introduction. The magnitude and intensity of SIAs require extensive technical and operational support from all partners. Flexibility in funding allocation is needed as partner capacity varies by country, and the required size and timing of SIAs may change based on changing measles and rubella epidemiology. This is particularly important for the outbreak response fund, but is also relevant to planned MR or monovalent measles campaigns.

Funding through the MR Initiative is the preferred mechanism because it provides a single, streamlined approach to partner support of all measles elimination and rubella and CRS prevention, and avoids establishing a parallel process for some countries. It would allow for greater strategic, technical and operational oversight from all relevant Initiative partners while retaining country ownership, and facilitate a flexible, customized, joint approach to funding allocation that considers specific country needs and capacities. Finally, it would ensure uniform reporting and accountability to GAVI and other Initiative partners. Overhead costs would be the same as if funds were provided directly to WHO and UNICEF.

Funding through WHO and UNICEF, while preferable to direct country disbursement, would limit flexibility in fund management and distribution to WHO, UNICEF and other partners, whose presence and capacity vary by country. Flexibility could be further reduced by the rules and regulations of the respective UN Organizations in specific circumstances.

Direct country disbursement could adversely affect the ability of MR Initiative partners to provide adequate technical and operational support, inhibit multisectoral and civil society engagement, reduce flexibility in resource allocation, face obstacles and delays due to particular government rules and policies, and create risks of using measles/rubella funds for other purposes.