PROGRAMME BULLETIN

Your platform to share successes, stories and best practices

December 2016 – 5th Edition

Sharing experiences, learning together

We are relaunching the Bulletin as a **platform for countries to share experiences, ideas and best practices**. This first edition highlights examples of how countries are implementing Gavi-supported programmes. Each story describes real-life challenges, how countries responded and the final results. By sharing our partners' experiences, the Vaccine Alliance is fostering an interactive community where all countries can benefit from lessons learned in programme delivery.

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EDITORIAL

Dear Alliance partners,

We are happy to share the new edition of the Programme Bulletin, illustrating four countries' best practices in implementing Gavi programmes. These examples illustrate how country tailored interventions, along with the right tools and a flexible approach allow for greater progress.

The first year of our new 2016-2020 strategic period has seen the development of a number of changes in the Alliance's engagement with countries. These will help set solid foundations for accelerated, equitable and sustainable uptake and coverage of vaccines. The Alliance's approach is becoming more country-centric with interventions better tailored to countries' needs, contexts and opportunities.

To this effect, the Partners' Engagement Framework (PEF) has progressed from design to implementation, identifying areas that require assistance through partners, and thereby enabling country driven sets of activities. Looking ahead, the new Health Systems and Immunisation Strengthening (HSIS) policy will help strengthen the process of targeting Gavi investments while the Country Engagement Framework (CEF) will also allow Gavi to channel its support to countries more efficiently. Liberia (see page 8), along with four other pilot countries, is among the first countries to follow the principles of this integrated approach to Gavi support. In addition, Programme Capacity Assessments (PCAs) are conducted before the Alliance provides new support to any country. They allow us to independently review a country's immunisation programme, as well as its financial and vaccine management capacity.

Such tools, among other programmatic policies, contribute to understanding country contexts, building in-country capacity and strengthening each country's sense of ownership and political commitment. These are essential elements to strengthen the sustainability of immunisation programmes and allow transitioning countries to successfully phase out of Gavi support. In 2016, five countries, including Honduras (featured on page 11), have reached the end of Gavi support. Another 16 are in the accelerated transition phase.

Strong engagement from implementing partners at all levels was key to these early successes and we thank each one of you for your adaptability and patience in building solid foundations for Gavi's new architecture. The Secretariat and Alliance partners are still working on aligning, interlinking, and improving these tools. The Gavi Board is meeting this week in Cote d'Ivoire to continue tailoring support to different country contexts. We look forward to continuing to work with you in 2017 to build on our existing improvements and develop sustainable and equitable immunisation programmes.

We hope the Bulletin stories will give you an overview of some successful country initiatives and look forward to continue hearing your stories, experiences and successes.

Hind Khatib-Othman
Managing Director, Country Programmes




Niger strengthens its supply chain

INAUGURATION OF LARGEST NEW, MODERN WAREHOUSE IN WEST AFRICA

Vaccine availability and quality is dependent on the supply chain, from the manufacturer to the most far-flung communities. In a number of countries, particularly in sub-Saharan Africa, supply chains need to be reorganised in order to meet current and future challenges. This article describes how Niger, with support from Gavi, successfully increased its vaccine storage capacity.

Context: Niger faced with the urgent need to double its vaccine storage capacities

Located in the heart of western Africa, Niger is a country with a host of challenges: difficult climactic conditions, strong population growth, low education level, isolation, and recurrent crises and epidemics. In this context, vaccine-preventable diseases represent a true public health problem, and are one of the main causes of mortality, particularly in children under five.

To fight these diseases, Niger implemented an Expanded Programme on Immunisation (EPI) in 1987. In the early days, the initial storage capacity for vaccines was 50 m^3 at the central level. In 2014, it had gradually increased to 260 m^3. However, the introduction of new vaccines, combined with an increasing population, created additional storage needs. In addition to needing to store a larger quantity of vaccines, the introduction of new vaccines also entailed a considerable increase in the quantities of injection materials and other supplies to be stored. In 2014, the positive storage capacity (storage at temperatures above 0°C) estimated for 2017 was approximately 339 m^3, representing a gap of 62% with respect to needs, as shown by the second effective vaccine management assessment (EVM 2014).

Key messages

Context. In order contend with the introduction of new vaccines together with the increasing population, Niger must transform its supply chain and double its vaccine storage capacities.

Approach. Gavi funding of US$ 1,000,000 for the supply chain from 2014 to 2016. Implementation of an interagency coordination committee.

Results. A modern storage facility was built and four cold rooms procured. Strengthened storage capacity and quality at the central level (additional 300 m^3) and regional level thus covering all necessary requirements.

Factors of success for building a new vaccine warehouse:
- Country's strong leadership and ownership;
- Inclusiveness and strong ownership among stakeholders;
- Set up of a technical monitoring team with all key partners;
- Regular monitoring for learning and adaptation.

This situation affected key supply chain objectives: availability, quality and efficiency. It forced the Niger EPI team to increase the supply and distribution frequency of vaccines and injection material.

"Strengthening immunisation coverage requires transforming the supply chain", explained Dr Marthe Sylvie Essengue Elouma, Gavi Regional Coordinator for Francophone Africa. "This chain is an integral part of a strong health system, which is essential for protecting the populations' health. No child should be excluded, in particular from immunisation, when it could save that child's life."

Front and side views of the modern EPI vaccine and supply storage facility in Niger

Approach: Targeted funding, close monitoring and effective implementation

In order for the introduction of the pneumococcal (PCV), rotavirus (Rota) and inactivated poliovirus (IPV) vaccines to proceed, Niger took the initiative to strengthen its central storage capacity and to submit an **application for Gavi support for the supply chain**. The objective of this funding, supported by the ELMA Vaccines and Immunization Foundation, the British development agency (DFID) and the Bill & Melinda Gates Foundation (BMGF), was to help countries meet urgent supply chain needs. It aimed to fill gaps in the short term which were not covered by the activity plan or health system strengthening support (HSS).

As a result, in November 2014, Gavi approved **US$ 1,000,000 for Niger to strengthen its supply chain,** with a focus on cold rooms and vaccine storage facilities.

The implementation of the project began in 2015. An **interagency coordination committee for immunisation (ICC)** bringing together all stakeholders (WHO, UNICEF, Ministry of Health, John Snow, Inc. (JSI)) was set up to enable the programme to proceed smoothly.

Throughout the process, evaluation meetings with field visits were carried out. Minutes of these meetings were documented as things progressed, and shared with all partners involved. Progress reports were sent to Gavi every six months.

At all stages of the process, the Ministry of Health (MPH) in collaboration with the technical monitoring committee, UNICEF and WHO, was responsible for monitoring and verifying building compliance and equipment installation. Close monitoring allowed for prompt action to be taken when needed. The MPH was also involved in choosing the equipment, training workers, monitoring and in preventive maintenance of the equipment. Companies responsible for construction and installation were selected based on a nationwide tender organised by the UNICEF country office. All construction work for the vaccine storage facility was carried out in the Immunisation Directorate's (ID) parcel in Niamey. Weekly building site meetings bringing together UNICEF, the construction company, the technical control office and the engineering consulting firm made it possible to closely monitor the project's progress.

TECHNICAL MONITORING COMMITTEE

The technical monitoring committee met every week, drafted and shared meeting minutes, and included:
- The ID director and logistics team
- The director of infrastructure and health equipment for the MPH
- The director of financial resources and materials for the MPH
- The MPH public procurement officer
- The procurement manager for UNICEF
- The architect for UNICEF
- the UNICEF EPI Focal Point
- the WHO logistics expert
- the director of civil protection
- the representative of the managing director for the Société d'Exploitation Eaux Niger (Niger's water company)
- the engineering consulting firm representative
- the JSI logistics expert

Results: Strengthened storage capacity to cover needs through 2020 for the entire country

- **Storage capacity strengthened at central level:**

Supply chain support from Gavi made it possible for Niger to:

- **Build a modern storage facility for vaccines and supplies** (syringes, safety boxes and accumulators) able to accommodate 10 vaccine storage rooms, with a total capacity of 400 m³ and equipped with eight cold rooms. The building

Left: *Members of the technical monitoring committee*

Right: *Cold rooms under the storage facility*

was equipped with surveillance and monitoring devices to ensure the sustainability of EPI supply chain strengthening, as well as for the storage facility's security.

- **Procure four positive cold rooms** (for temperatures above 0°C) **each one 40 m3**, installed and functional. Three other positive cold rooms and one negative cold room (for temperatures below 0°C), were provided by the Common Fund as part of implementing Niger's health development plan with Gavi HSS support.

As a consequence, at the central level between 2014 and 2016, **positive cold room storage capacity increased from 130 m3 to 410 m3**, (for an estimated need of 339 m3) and **negative cold room storage capacity increased from 30 m3 to 50 m3.** All necessary requirements were therefore covered.

"Every quarter, approximately **28,000,000 vaccine doses** pass through the new storage facility to supply Niger's eight regions. Added to this are **1,450,000 doses of measles vaccine (MCV)** intended for epidemic response", explained Dr Amadou Tidjani Harouna, interim Immunisation Director.

- **Storage capacity strengthened at regional level :**

Remaining funds from Gavi support made it possible to conduct additional supply chain strengthening activities at the regional level, including the construction of cold rooms, reparation of generators, training of health workers, and installation of solar refrigerators.

- **Introduction and planning of new vaccines:**

Gavi's contribution has made it possible to guarantee increased immunisation coverage for the entire country, through strengthening the EPI supply chain at the central and regional levels. Building storage spaces made it possible to meet current and forecasted needs for storing equipment appropriately, as well as ensuring quality is maintained and vaccines are transported under suitable conditions across the entire supply chain.

Dr Tidjani pointed out that "Gavi funding for the supply chain has made it possible to introduce new vaccines. Building this storage depot facilitated **the introduction of new vaccines such as pneumococcal 13-valent, inactivated polio vaccine (IPV), human papilloma virus (HPV) and rotavirus.** In addition, procuring refrigerators, freezers, cold boxes and vaccine carriers strengthened vaccine storage and transportation capacity at the operational levels.
This strengthening of the distribution chain, combined with the construction of this storage facility, made it possible to **plan and schedule the introduction of additional vaccines** through 2020 (meningitis A, hepatitis B at birth, measles and rubella)."

During the official inauguration of the storage facility, **the Minister of Health for Niger Mr. Kalla Moutari** asserted that the storage facility was crucial. "It has helped ensure that our vaccines are stored properly. Because of this, the health of vulnerable social strata--women and children in particular--has been strengthened as predicted by the Health Development Plan (HDP), as well as in the context of international commitments our country has subscribed to", he said.

"Building this modern storage facility, the largest in the sub-region, dovetails perfectly with the country's needs in aiming to facilitate the introduction of new vaccines. This will make it possible to meet vaccine storage capacity needs until beyond 2020, and carry out the introduction of new vaccines in the long term with little difficulty," the Minister added.

Niamey, 12 May 2016, during the official inauguration ceremony for the modern EPI vaccine and supply storage facility, sponsored by the Ministry of Public Health and technical and financial partners.

Lessons learned: What Niger would like to share with other countries

The following elements helped achieve a successful outcome:

- **Country's strong leadership and ownership --** Niger initiated the application for support, then conducted and monitored programme implementation, making it possible to meet certain challenges regarding building permits and facilitating administrative procedures for project activities. Dr Tijani highlighted the importance of ownership by the Public Health (MPH) health authorities.
- **Inclusiveness and strong ownership among stakeholders** -- A functional multi-sector monitoring committee bringing together all stakeholders, met once a week at the EPI level (made easier by being in the same location) to ensure the project was going smoothly. "The monitoring committee was particularly effective by virtue of its multi-sector composition and the regularity of its meetings", emphasised Dr Tidjani.
- **Regular monitoring for learning and adaptation** -- Monitoring included field visits, assessment meetings and half-yearly reports shared with all of the partners involved. According to Dr Tidjani, the regularity of monitoring committee and technical committee meetings, as well as close technical monitoring of the work site, were key elements for implementing such a programme.
- **Availability of funding** -- The needs identified were consistent and simultaneous with the available funding source corresponding to Gavi support for the supply chain.
- **Close technical monitoring** -- The inspection office played a key role in closely monitoring the quality of the construction. Dr Tidjani also pointed out the importance of drafting and implementing a **maintenance plan for the storage facility.** A **model plan for a modern storage facility** developed specifically by Gavi for this programme is now available by contacting the Gavi Secretariat.

Way forward: Maintaining this investment in Niger and in the other countries of the region

Technical support for Niger: Gavi will continue to support the Ministry of Public Health through technical assistance via JSI, which will allow to use the new equipment efficiently and appropriately. This support comes as part of the cold chain equipment optimisation platform. UNICEF will continue maintenance rounds for regional generators, as well as training health workers from health centers that have had solar refrigerators installed.
Dr Tidjani emphasised that mapping cold rooms before storing vaccines will also make it possible to continue supporting this initiative in Niger.

In the other countries of the region:

Côte d'Ivoire and Mali have also benefitted from Gavi supply chain support in order to meet urgent needs for their supply chains.

The regional leadership conference for the health and immunisation supply chain was held in June 2016 in Abidjan, funded by Gavi and facilitated by the Agency for Preventive Medicine (AMP). This meeting brought together 100 participants from 11 countries in Africa, with the aim of raising awareness on the importance of investments for modernising the supply chain. The delegates made an appeal for action targeted to political authorities and technical and financial partners to renew and increase efforts and investments in financial, material and human resources in the supply chain and health logistics.

FOR MORE INFORMATION

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A rapid response

HOW LIBERIA REVIVED IMMUNISATION SERVICES AFTER THE EBOLA OUTBREAK

Situation:

With a population of 4.105 million, Liberia's human development index for 2013 was 0.412, (175th/187 countries). Liberia has spent the last 13 years recovering from two civil wars that spanned from 1989 to 2003, which had collateral effects on the health services. In 2015, its GNI per capita was of US$455[1].

Following the end of the civil war and thanks to concerted efforts, coverage rates for diphtheria tetanus pertussis 3rd dose (DTP3) followed an upward trend, reaching 80% in 2012 (DTP3 coverage had fallen down to 31% in 2004) [2].

Gavi support in Liberia started in 2007 with the introduction of the yellow fever vaccine. The pentavalent vaccine was then introduced in 2008, and the pneumococcal conjugate vaccine (PCV) in 2014.

In March 2014 the Ebola Virus Disease (EVD) outbreak started in Liberia, and reached an alarming peak in Q4 after a short period of stagnation of the transmission. With 4,608 deaths reported, Liberia had the highest death toll in this outbreak. Due to large scale national and international efforts, transmission declined in early 2015, and no case were reported since March 2015.

The EVD outbreak had a profound impact on the health system. A large number of Health Care Workers died during the outbreak (371 cases and 179 deaths including four vaccinators). The outbreak resulted in a general reduction in service delivery and utilisation.

The EVD outbreak disrupted routine immunisation and led to the closure of a number of EPI fixed and outreach sites. Out of 534 health facilities normally delivering EPI services, only 423 were reporting in December 2014.

In accordance with the guidance for Immunisation Programs in the African Region in the Context of Ebola the planned supplementary immunisation activities (Polio and measles SIAs) were also cancelled. Also affected were the introduction of new vaccines (notably rotavirus, IPV & HPV), Post-introduction evaluation (PIE) for pneumococcal vaccine and the carrying out of Effective vaccine management (EVM).

Key Messages

Situation:
In 2014, an Ebola Virus Disease outbreak severely affected Liberia's health system. Basic healthcare services including routine immunisation were disrupted, and the introduction of new vaccines was canceled.

Approach:
Liberia's Ministry of Health, in close partnership with Gavi, WHO and UNICEF, rapidly responded by implementing an EPI recovery plan over a two year period. The plan aimed at restoring accessible and acceptable immunisation services in all parts of the country by dedicating resources to identified priorities.

Results:

Within a six month time frame, immunisation services were strengthened at all levels and outreach services re-established.

Factors of success for an EPI recovery plan:
- **Strong collaboration between partners;**
- **High political commitment;**
- **Upfront identification of priorities and resources;**
- **Rapid mobilisation and close oversight**.

[1] World Bank reported data
http://data.worldbank.org/indicator/NY.GDP.PCAP.CD

[2] WHO UNICEF estimates, 2016 data
http://apps.who.int/immunization_monitoring/globalsummary/estimates?c=LBR

Table 2 shows the effect of the EVD outbreak on some of the indicators being monitored by the Ministry of Health (MoH).

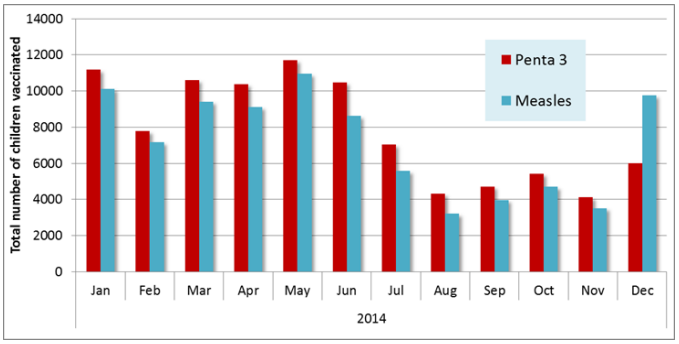
Table 2: Indicators monitored by the MoH

Indicators	2013	Pre-Ebola (Q1 of 2014)	During Ebola crisis (Q3 of 2014)	2015
Health Management Information Systems (HMIS) completeness	83%	86%	50%	78%
Institutional deliveries	46%	48 %	24%	48%
Fully immunised children	65%	58%	26%	54%
4 antenatal care visits completed	54%	63%	28%	52%
Antenatal care iron folate distribution		40%	29%	
Intermittent preventive treatment of Malaria in pregnancy	40%	52%	20%	37%

A deeper and even more disruptive effect was due to the lack of confidence of parents and caretakers and the fear of any health intervention. Parents hence stopped bringing their children to health facilities for immunisation.

As a result, coverage rates of pentavalent and measles vaccines went respectively down from 89% and 74% in 2013 to 61% and 53% in 2014, with a sharp decrease in the number of fully immunised children:

Graph 1: Monthly coverage of the number of children vaccinated



Approach:

In this context, Liberia, with support from Gavi partners WHO and UNICEF, prepared an **EPI recovery plan**.

The objective of the plan was to restore accessible immunisation services in all parts of the country, so as to ensure protection from vaccine preventable diseases. The total budget of the recovery plan amounted to US$ 2,811,269.

The plan aimed at assisting Liberia in the early phase of EPI recovery, with the understanding that further support would be required over the mid-term, initially limited however by the implementation and absorptive capacity of a health system that was deeply affected by the EVD outbreak.

Selected areas proposed as priorities for the EPI recovery plan were:

Service delivery: facilities were requested to establish an outreach plan, and health facilities received a lump sum to support transport and allowances. "Training of trainers" (TOT) sessions for immunisation supervisors were set up and all service providers were trained using the Immunisation in Practice Modules. Integrated monthly monitoring and supervision were put in place. Additional rounds of periodic intensification of routine immunisation (PIRI) were supported by advocacy and social mobilisation.

Logistics and supply management: the recovery plan also contributed to the cost of a number of items, i.e. generators, vehicles and operation cost for vaccine distribution, cold room maintenance, and installation of 100 units of new technology Solar Direct Drive vaccine refrigerators (SDDs) which avoid freezing of vaccines. These SDDs were equitably distributed to counties, contributing to increased coverage and equity of immunisation services. Ministry of Health technicians were trained on installation and preventive maintenance to guaranty the sustainable functioning of the cold chain equipment.

Figure 1: Maintenance training for new technology Solar Direct Drive vaccine refrigerators

Advocacy and communication: additional technical capacity was required in order to rebuild confidence in the health system. In coordination with the Ministry, UNICEF trained vaccinators on the importance of communication through capacity building modules.

Programme management: microplanning training for health workers was conducted in all 534 health facilities offering immunisation services, followed by the revision of micro plans for routine immunisation for each of those health facilities. A quarterly review of the EPI Programme was conducted with the involvement of key stakeholders and Parliamentarians from the Parliament's Health Committee. To improve data management, laptops were procured for central and county levels EPI supervisors.

In support to this EPI recovery plan, the **Gavi Board approved in December 2014 a set of measures** which aimed to contribute to the recovery of health and immunisation systems in countries like Liberia most impacted by EVD. These measures included:

- **Vaccines, related injection safety devices, and programmatic support were provided** to restore coverage for immunisation programmes in 2015-2016;
- The **Health Systems Strengthening (HSS) budget was reprogrammed** to meet arising needs and appropriate activities were defined;
- The **HSS funding ceilings were doubled** to support recovery activities for the health system towards re-establishing effective immunisation services;
- **Gavi waived the co-financing requirements** for 2014-2015, based on request endorsed by the Immunisation Coordination Committee (ICC) or other relevant body;
- Gavi approved a funding of US$ 500,000 to **support civil society organisation (CSO) projects** in the three Ebola impacted countries to perform communication activities.

To ensure successful resumption of suspended EPI activities, the country ensured that the plan was **inclusive of all partners involved** (EPI, WHO, UNICEF), and that it was **fully aligned with the national recovery plan timing.** Liberia's EPI recovery plan was discussed during a Gavi field visit in March 2015, and priorities for Gavi support were identified with the MoH and the Alliance partners, and subsequently submitted for ICC review and approval. Coordination with other development partners (Global Fund, World Bank) was ensured in order to coordinate support and avoid duplication.

In May 2015, Gavi's High Level Review Panel approved support to Liberia's EPI recovery plan. To ensure rapid implementation of agreed activities, about US$2.41 million was disbursed through UNICEF, while US$400,254.39 cash support was reprogrammed within the Ministry of Health for the production of immunisation data tools (e.g. monitoring charts, ledgers, summary books, etc.) and other recurrent immunisation activities.

The ICC was responsible for the follow-up of the programmatic and financial execution of the recovery plan. Gavi elaborated with the technical partners a performance framework to support the quarterly review of the activities implemented, on the basis of proposed expected results, indicators and timetable.

In parallel to the EPI recovery plan, the country also developed an **investment plan for building a resilient health system in Liberia,** with the following key priorities:

- Health workforce recruitment, training and capabilities.
- Epidemic response and preparedness improvement
- Improved health infrastructure to respond to population needs.

GAVI SUPPORT TO LIBERIA EPI RECOVERY PLAN IN NUMBERS

Reprogramming of US$ 400,254.39 out of the Health System Strengthening (HSS) grant to support the EPI recovery plan in 2013.

Doubling of HSS funding ceilings for the 2015-2019 period (equivalent to US$ 14.1 million proposed for Liberia); and **prioritisation** of the implementations of activities directly contributing to the recovery efforts.

Waiver of Gavi co-financing:
- for 2014: US$233,681.55;
- for 2015: US$ 237,000.

Funding envelope of US$ 500,000 to **support CSOs projects** in the three Ebola impacted countries (Liberia, Sierra Leone, Guinea) to perform communication activities

Results:

As early as mid-2015, **immunisation services were strengthened at all levels** and outreach services re-established. Vaccines of assured quality were available in adequate quantities at all levels, and new vaccines were introduced. All counties and health facilities developed micro-plans which strengthened coordination and re-established supportive supervision at all levels. Funding coupled with effective communication and enhanced cold chain capacity increased coverage at national and sub-national levels within a year. As an example, Penta3 80/90 target was reached, and dropout rate between Penta1 and Penta3 at national level was 8% for the calendar year January to December 2013.

Suspended EPI activities were resumed, including: Polio and Measles Supplementary Immunisation Activities (SIAs), New Vaccines Introductions, Pneumo Post-Introduction Evaluation (PIE), Effective Vaccine Management Assessment (EVMA), and the development of a Comprehensive multi-year plan 2016-2020 (cMYP).

Coverage rates for routine vaccination went back towards an upward trend. And in 2016, Liberia introduced the rotavirus vaccine and undertook an HPV demonstration project, illustrating the progressive return of the population's trust in a functioning health/immunisation system. UNICEF's Communication for Development initiative (C4D) effectively supported the HPV demo in two counties where over 93% target girls were vaccinated with HPV vaccine. An HPV training module was developed and the first set of trainers were trained in September 2016, with a plan to deploy more trainer and social mobilisers over the coming months.

Lessons learned:

Strong collaboration between partners, political commitment, and rapid mobilisation was key to drive such an ambitious approach. All partners were consulted to identify key priorities and resources were allocated based on these identified priorities. There was close oversight in order to respect deadlines.

The success of Liberia's recovery plan has helped **define an approach that can be taken in similar situations.**

Gavi is now working with Liberia under the newly designed Country Engagement Framework (CEF), aimed at focusing investments in key areas needed to improve coverage, equity and sustainability. In September 2016, a Gavi visit helped define priorities under the CEF and prepare an HSS proposal along with a cold chain equipment optimisation platform (CCEOP) application which was recently recommended for approval. This framework will ensure continuum of successful immunisation activities building on Liberia's recovered EPI.

FOR MORE INFORMATION

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Sustainability in Honduras

WHAT IT TAKES TO TRANSITION OUT OF GAVI SUPPORT

Situation

Honduras is a small country in Central America with a population of approximately 8.5 million people. More than two-thirds of households live in poverty, and nearly 50 percent live in extreme poverty. Despite periods of political instability, economic crisis and growing insecurity due to organised crime, Honduras stands out as a great performer on vaccine programmes and immunisation sustainability.

The expanded programme on immunisation (EPI) is one of the best performing health programmes within the Secretaría de Salud (SESAL) equivalent to the Ministry of Health. It is a high priority for the Minister of Health and the government and counts on commited and long standing experts within its team.

GAVI SUPPORT TO HONDURAS

Gavi has disbursed over US$ 37 million in Honduras since 2004, through the following types of support:

New vaccine support (NVS)

Vaccines requiring co-financing:
- Rotavirus vaccines (Rota) (2008-2015)
- Pneumococcal vaccines (PCV) (2010-2015)

Vaccines not requiring co-financing:
- Inactivated polio vaccines (IPV) (2015-2017)
- Human papillomavirus vaccine (HPV) (2016). This catalytic support follows a Gavi Board decision to provide transitioning countries an opportunity to introduce "late arrival" vaccines*.

Health system strengthening (HSS)
- HSS1 grant of $2.185 million (2008-2014)
- HSS2 grant of $5.450 million (2015-2016)

Transition grant:
- Transition grant of $378,912 (2014 -2015)

*Gavi financed 50% of the introductory year's total required doses, while the government financed the other 50%. From the second year onwards, the government would fully finance all doses while accessing Gavi's preferential price.

Key Messages

Context. In 2011 Honduras entered an accelerated transition phase during which they gradually assumed increased responsibility for the financing and procurement of Gavi vaccines.

Approach. Honduras followed the Gavi comprehensive transition framework which included: transition assessment in 2014, Gavi-supported transition plan for the last two years of support, implementation of plan and monitoring framework.

Results. Honduras counts among the first five countries to fully self-financing its Gavi supported vaccines as of January 1st, 2016.

Factors of success for programmatic and financial sustainability:
- **Institutional capacity;**
- **Government commitment;**
- **Proactive engagement from implementing partners and Gavi Secretariat;**

Gavi support in Honduras started in 2008 with the introduction of rotavirus vaccine. Since then, Honduras has **sustained coverage for most antigens over 90%** [3] (diphtheria-tetanus-pertussis-containing vaccines (DTP_3), rotavirus vaccines (Rota) and pneumococcal vaccines (PCV)). [4]

Showing a high sense of **ownership** for vaccine financing, the country immediately started contributing to the cost of Gavi-supported vaccines by co-financing the required vaccine doses. This was possible in part thanks to Honduras' national legislation, which protects government funds to purchase vaccines for public programmes.

As the Honduran economy grew, in 2011 it became one of the first Gavi countries to cross **Gavi's eligibility threshold.** The country started gradually assuming increased responsibility for the financing Gavi-supported vaccines with the aim to fully self-finance all vaccines by 2016.

[3] WHO and UNICEF estimates of immunisation coverage: 2015 revision

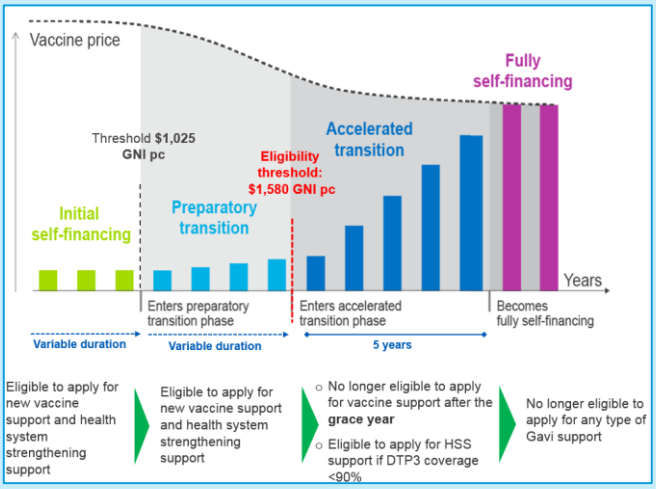
[4] There has been a slight decline of DTP_3 coverage since 2012 (below 90%) due to a denominator issue which should be resolved by the new census from the national institute of statistics

GAVI'S COMPREHENSIVE APPROACH TO SUSTAINABILITY

The long-term goal of Gavi support is to ensure that countries can independently sustain high immunisation coverage and ensure equal access to life-saving vaccines.
The Alliance has developed a comprehensive approach to sustainability with eligibility, transition and co-financing policies being at the heart of Gavi's catalytic funding model.

Gavi support is aimed at lower-income countries, it is time-limited and directly linked to the governments' ability to pay for vaccines, depending on which phase of the Gavi transition process they have reached. Countries' ability to pay, is determined by their Gross National Income (GNI) per capita (Atlas method) as published annually by the World Bank.

In the initial self-financing phase, countries pay a small amount towards their vaccine costs. When they move to the preparatory transition phase, the price fraction of their co-financing increases by 15% per year. Finally, as their GNI per capita grows further, they enter the accelerated transition phase – a five-year period when Gavi support is phased out through gradual increase of co-financing to reach 100% of vaccine costs at the end of that period.



Eligibility thresholds calculated based on World Bank GNI per capita for 2017

Approach: good planning and coordinated efforts

Through the transition process, Gavi and Honduras worked together following the guidelines of the Alliance comprehensive transition framework. The transition framework includes the following key elements: transition assessment, transition plan, implementation of plan and monitoring framework.

To guide Honduras in this process and develop a high quality transition plan, good preparation and review of previous assessments was crucial. In 2014, two years before becoming fully self-financing, Honduras conducted a **transition assessment to develop a transition plan** for 2014 and 2015. The assessment focused on immunisation performance, institutional capacity and financial sustainability. It was done through an intensive exercise and consultative process involving the government, Gavi Secretariat and Alliance partners. The assessment benefited from extensive background work and analysis that the government conducted for their annual planning process. Notably, it built on a detailed SWOT analysis carried out by the Ministry of Health in collaboration with Alliance partners, and on the EPI five-year plan for 2011-2015.

The transition plan highlighted priority **areas that required strengthening during the transition** phase with **detailed costs** and **agreed timeline by the government and all partners**. The different sources of funding to support the required activities were also identified.

The following eight areas of engagement were identified:

1. Political priorities and legal framework
2. Cold chain and supplies
3. Human resources development
4. Information system
5. Public health surveillance of vaccine preventable diseases (VPDs)
6. Supervision and evaluation
7. Social mobilisation
8. Strengthening integrated health services networks

The **implementation of the transition plan** was possible thanks to **technical assistance, capacity building and catalytic investments.** A **Gavi transition grant of US$ 378,912** was approved in 2015.

Some of the transition plan activities successfully implemented were:

- A legal consultant was recruited to support the development of regulations for the new Vaccine Act of the Republic of Honduras (which expands legislature to protect budget space for service delivery in addition to routine vaccines procurement).
- A Data Quality Assessment was carried out with an improvement plan for addressing specific challenges in data quality.
- Support was provided to define the place of the EPI within the SESAL organisational structure, in the context of health reforms and restructuring. Honduras' EPI Manager, Dr Molina, highlighted this as one of the biggest challenge during transition: "The main challenge was the new organisational development of the Ministry of Health, initiated in 2014, which implies the extinction of the health programs entity. Gavi's support, through the joint appraisal process, has helped SESAL to maintain to date the core structure of the Expanded Program on Immunization (PAI) and initiate a review process in 2016 to ensure a legal framework."

Close and regular **monitoring** of activities was key:

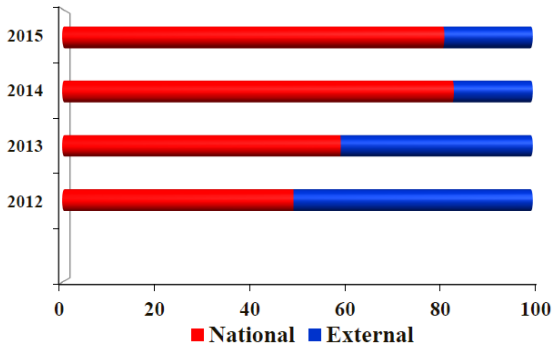
- On a **quarterly basis**, partners reported on the implementation status of activities through Gavi's **grant performance monitoring framework**.
- **On an annual basis, the Joint Appraisal** (JA) reviewed all activities, assessed progress and readiness, and allowed for adjustments needed.
- **Post-transition needs and strategic actions** were presented during the 2016 JA, which included an application for technical support for the introduction of the human papillomavirus vaccine (HPV). This HPV introduction falls under Gavi decision to provide transitioning countries an exceptional opportunity to introduce "late arrival" vaccines.

Results: Honduras fully self-financing its Gavi supported vaccines

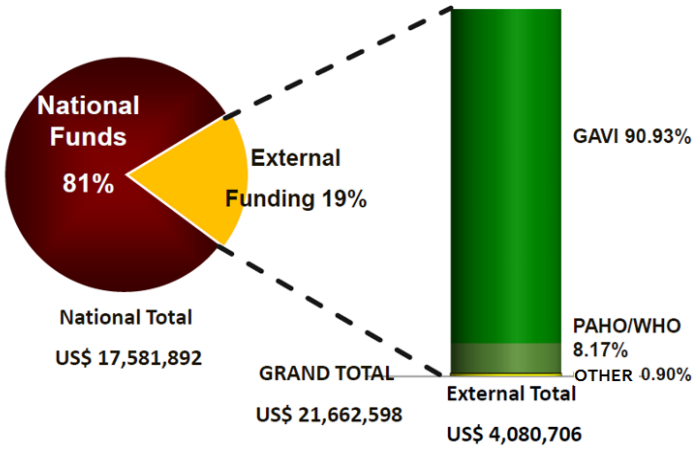
As of 1st January of 2016, Honduras has **transitioned out** of Gavi support by fully self-financing **rotavirus and PCV** vaccines.

After transition Honduras still receives Gavi support for IPV and HPV which are not co-financed vaccines. For HPV national introduction Gavi financed 50% of the introductory year's total required doses, while the government financed the other 50%. From the second year onwards, the government will fully finance all doses while accessing Gavi's preferential price.

A clear indicator of the smooth transition process is shown by **the rising proportion of government EPI funding**. Honduras' proportion of EPI funding has risen from 20% in 2012 to 81% in 2015. The government **met all its Gavi co-financing commitments,** even in a situation of political instability and economic crisis (including a frozen health budget) between 2009 and 2012.

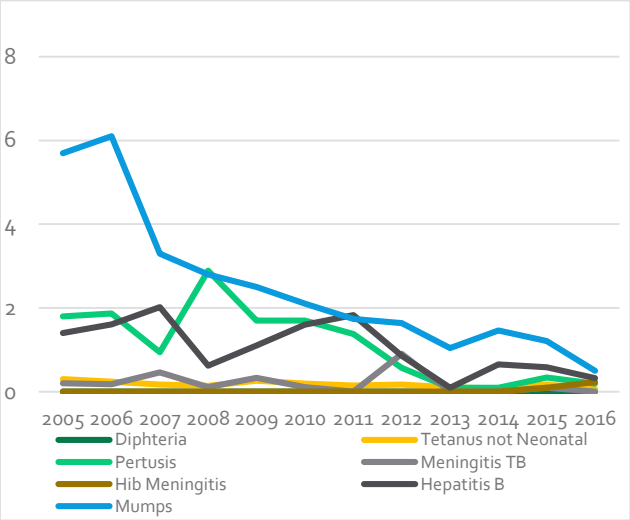


Graph 2: EPI Financing proportion (National/External). EPI/SESAL



Graph 3: Financing of Immunisation Programme. EPI/SESAL

In parallel, Honduras has successfully expanded its national immunisation programme. The impact of EPI's performance over the years is evident from the **reduction in VPDs** in the last decade as shown in graph 1 below. Gavi supported vaccines have played a critical role in these efforts of decreasing VPDs in Honduras.



Graph 1: Incidence of VPDs in Honduras 2005-2016 (week 36 of 2016). Source: Admin data EPI/SESAL Honduras

Honduras health system strengthening achievements cover the following areas:

- Cold-chain strengthening;
- Improvement in health service access and coverage for priority areas through delivery of basic maternal and child healthcare service equipment to health facilities;
- Assistance with health promotion, disease prevention and control, and healthcare in selected communities.

Honduras invested an additional US$ 750,000 in its health systems during HSS1 grant period, as a way of showing its political commitment in order to guarantee financial sustainability for investments made with Gavi support.

The partnership with Gavi has stimulated a **close relationship between the SESAL and the Ministry of Finance** on planning related to immunisation programme funding.

The transition process put Honduras on a trajectory towards programmatic and financial sustainability with the following achievements:

- proven track record and country ownership for vaccine financing;
- expanded immunisation programmes with vaccines of public health importance;
- strengthened health system.

"Gavi respects our politics, programmes and laws. We've worked shoulder to shoulder and learned a lot", said Yolani Batres, Honduras Minister of Health, describing the relationship with Gavi.

DEFINITION OF SUCCESSFUL TRANSITION

Countries have **successfully expanded their national immunisation programmes** with vaccines of public health importance and sustain these vaccines post-transition with **high and equitable coverage** of target populations, while having **robust systems** and **decision-making processes** in place to support introduction of future vaccines.

Gavi HSS support in Honduras :

Improvement in health service access and coverage for priority areas

Strengthening the EPI information system

Lessons learned:

Honduras' success in the transition process lies in the effort of Government and Alliance partners. Key lessons learned include the following:

Institutional capacity is essential. Honduras has strong planning processes and a knowledgeable institutional EPI with committed and long standing experts within its team.

Government commitment is crucial to ensure sustainability. Political will and engagement contributed to Honduras' successes in increasing and sustaining high immunisation rates. The approval of the Vaccine Law (Ley de Vacunas), has guaranteed the sustainability of the programme by guaranteeing annual budget allocation for vaccine procurement.

Proactive engagement with transitioning countries is needed and planning should be undertaken before the transition assessment is carried out, to ensure conditions for a successful transition. "It is a tough process. We've succeeded because of strict planning and very good programming. Insisting the Ministry of Health does the necessary planning years and not months before transition is also essential. Transition can be a very long and challenging process", pointed out Minister of Health Yolani Batres.

Strong transition assessment and plan are key:

- Multi-partner support to facilitate the process;
- Country ownership of the assessments and plan is critical;
- Ensure alignment with existing national plans;
- In-depth analysis of challenges and proactive country preparation ahead of the assessment.

According to Dr Molina, Honduras EPI Manager, collaboration was key. "The joint appraisal process allowed SESAL, Gavi and partners to comprehend the programmes' status analysis, including enablers and constraints, as well as to jointly prioritise lines of action to overcome obstacles", she reported.

"Stick to a planned, programmed process. Negotiate with your ministries of health and finance. Reach out to people at the highest possible levels. For instance, we have a great relationship with our President Hernández", added Honduras Minister of Health Yolani Batres.

While providing feedback on the process, Dr Molina, Honduras EPI Manager, shared the following advice:

- The country should have a good programmes' status analysis identifying obstacles and accordingly proposing lines of action in the different components to be included in the transition plan.
- The analysis and proposed plan should be reviewed in a participatory manner by a health multidisciplinary team and partners.
- Based on experience and on the EPI's specific situation analysis in each beneficiary country, the transition plan should contribute to overcome the main obstacles to the effective delivery of immunisation services.

Looking ahead

"The future looks good. We need to keep Honduras in a position to be able to afford new vaccines", said Minister of Health Yolani Batres.

After Gavi support ends

Gavi's market shaping efforts aim to make life-saving vaccines and other immunisation products more accessible and affordable for lower-income countries. When Gavi's financial support stops, price commitments from manufacturers help countries sustain their immunisation programmes.

Fully self-financing countries can:

- choose to be included in UNICEF tenders on behalf of Gavi countries, and may benefit from manufacturers offering Gavi or similar prices, for specific vaccines for five years. This applies to both vaccine introduced with Gavi support and new introductions without Gavi support.

- access UNICEF's VII (Vaccine Independence Initiative) revolving fund dedicated to short-term financing to help countries meet payment terms for buying vaccines.

For the Gavi supported countries in the Americas, Gavi will work with the PAHO Revolving Fund to develop an approach for countries to procure vaccines via the Revolving Fund[5].

[5] For PCV there is a special arrangement between UNICEF Supply Division, PAHO Revolving Fund and Gavi due to the pneumococcal Advance Market Commitment.

Improved Gavi support for more countries to achieve financial sustainability

Honduras is one of five Gavi self-financing countries which is already fully financing all its Gavi supported vaccines. In 2016, sixteen countries are in the accelerated transition phase.

Gavi's experience in assessing the readiness and needs of the current wave of transitioning countries is helping to improve future assistance to transitioning countries. It is expected that over the next few years, Gavi will consider a range of additional instruments—financial and non-financial— that could ensure a smooth and sustainable self-financing process.

As the transition process advances, Gavi and transitioning countries should continue to contribute to global collective thinking about how developing countries can successfully end their dependence on donor aid and achieve self-sufficiency.

"Any country's aim has to be to achieve financial sustainability", concluded Honduras Minister of Health Yolani Batres.

Left: Country and Alliance partners working together in Honduras

Right: Minister of Health of Honduras Yolany Batres presenting Honduras transition during Gavi Board, June 2016

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Nepal: Empowering women to increase vaccine coverage

FEMALE HEALTH VOLUNTEERS REACH CHILDREN IN THE HIMALAYAS

Community health workers (CHWs) are central to the public sector health systems in many countries. They perform a variety of functions including educational, preventive, and curative health services and are key to improving health outcomes within target communities. This article reviews the practices and lessons learned from Nepal's CHWs in improving immunisation coverage.

Situation: High but inequitable coverage

Nepal's Expanded Programme on Immunisation (EPI), launched in 1979, is solid and well performing. It is one of the government's highest priority programmes. Vaccination is provided free of cost to children and the government works closely with Gavi, the Vaccine Alliance since 2002.

In addition to support received by Gavi and other partners including WHO and UNICEF, Nepal is highly committed to financing immunisation with national resources. In the past five years, each year, the government has financed between 38% and 67% of the overall expenditure on immunisation (see Figure 1 below)

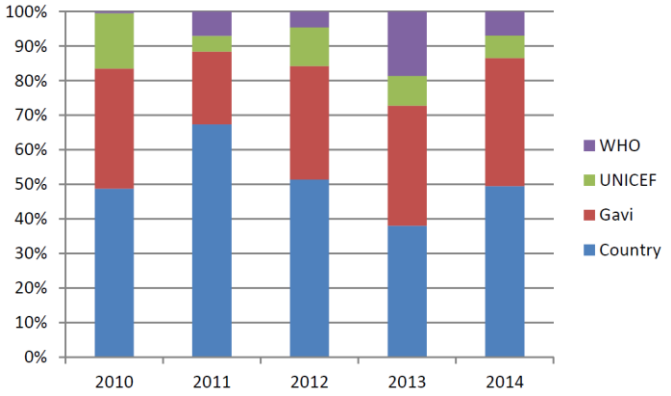

Figure 1: ***Overall financing for immunisation from all sources*** *(Government and Donors), 2010-2014*

Gavi support to Nepal since 2002 totals US$ 83.9 million, through several grants. Current Gavi grants include new vaccine support (NVS) for: pentavalent vaccine, inactivated polio vaccine (IPV), pneumococcal vaccine (PCV), human papillomavirus vaccine (HPV) demonstration programme, measles second dose (MSD), and Japanese encephalitis (JE) vaccine campaign; as well as support for health systems strengthening (HSS).

Key Messages

Context. Nepal has successfully achieved high immunisation coverage however the immunisation performance is affected by geographic isolation of some communities, periodic presence of health workers, and hard to reach urban slums population.

Approach. The Nepali Female Community Health Volunteers (FCHVs) play a crucial role as an interface between immunisation services and the community.

Results. FCHVs contribute to the improvement of health indicators and gain empowerment through their role.

Factors of success for FCHW to reach more children:
- **High quality training;**
- **Linkages with the community;**
- **Ownership and trust;**
- **Appropriate recognition.**

Donor support combined with national financing has contributed to the expansion of immunisation activities, which has been instrumental to the reduction of child mortality. In 2009, Nepal was selected among the 72 Gavi countries as a country award recipient for the highest reduction in under-five mortality - which reduced by 66% between 1990 and 2009[6].

Nepal has also been successful in achieving overall high immunisation coverage: Diphtheria-tetanus-pertussis (DTP_3) national coverage was 91% in 2015 and has been consistently above 90% since 2011[7]. Moreover, a Nepal UNICEF Multiple Indicator Cluster Survey showed that 84.5% of children received all vaccinations in the routine immunisation in 2014. Nepal's indicator of wealth equity in immunisation was at 10.8% points in 2015 [8] (this is the difference between DTP_3 coverage in the poorest wealth quintile and DTP_3 coverage in the least poor quintile. Gavi sets the minimum equity benchmark at 20 percentage points between these two quintiles).

[6] UN Inter-agency Group for Child Mortality, Levels & Trends in Child Mortality, 2010 estimates

[7] WHO and UNICEF estimates of immunisation coverage: 2015 revision

[8] Nepal HSS proposal 2015

However some populations are still excluded from immunisation services. The 2011 Demographic and Health Surveys (DHS) showed that 3% of children in Nepal had never received any vaccination and 13% had not received full coverage with all routine vaccines. Equitable access to immunisation services is affected by the geographic isolation of remote villages, the periodic presence of health workers, and hard to reach urban slums population.

Approach: The Nepali Female Community Health Volunteer programme

In order to expand the outreach of health services, as well as to enhance Nepal's primary health care network and improve community participation, the Nepali Ministry of Health and Population (MHP) began a Female Community Health Volunteer (FCHV) programme as early as 1988.

FCHV are volunteer women, whose role is to promote health within their own community. They are settled in remote communities situated a half-day's walk or more from clinics or hospitals.

FCHVs are recruited within each locality, known as a village development committee (VDC) and are selected by pre-established village Mothers' Groups. Before beginning to serve their communities, FCHVs complete an initial 18-day training organised in the nearest health facility under the direction of the District health office. The initial training for FCHVs focuses on family health care with an emphasis on health education and promotion regarding immunisation, diarrhoea control, nutrition, hygiene, acute respiratory infection, maternal health and family planning. Additional trainings are provided regularly, supplementing and reinforcing what the women originally learnt. Once trained, FCHVs receive a certificate and are each given a toolkit including a manual, a medicine kit, and other communication signboards and charts (See Fig.2).

Figure 2: ***Materials provided for FCHVs****, Female Community Health Volunteer (FCHV) National Survey 2014 Nepal*

Health promotion and health education are the main focus areas of FCHV work. The FCHVs are the **primary social motivators** for immunisation and play a crucial role in mobilising decision makers and following up on children who are overdue for a vaccine. Over the years, delivery and administration of preventive commodities such as condoms, pills, oral rehydration salts packets, vitamin A capsules and iron tablets, have been added to their work. In many districts FCHVs have also become the main distributors of polio periodic national immunisation to children under the age of five.

FCHVs have become a key interface between immunisation delivery and the community, and are essential to extending immunisation coverage. They conduct awareness programmes explain the importance of life-saving vaccines, when and where children can be vaccinated. These awareness programmes are run as group discussions, counselling session and incorporated during the antenatal check-up sessions.

Formative research conducted in 2013 by UNICEF highlighted that FCHVs were perceived as the most reliable source of information regarding immunisation in Nepal. They are an **effective medium to disseminate information regarding new vaccines** and make them accepted, in a context where the lack of information and the fear of side effects can be a challenge.

Nepal's National Health Sector Programme (NHSP) (the government's strategic plan) plans for an increase of FCHVs in the health sector workforce. Through its HSS grants, Gavi supports FCHVs components of the country's NHSP. These components include the creation of additional FCHV positions (1700 between 2010 and 2014), and the training of FCHVs to manage delivery of maternal and child health and immunisation services, particularly in hard to reach areas.

SHAKEN BUT NOT DESTROYED

How Nepal's immunisation system survived an earthquake
When the devastating 7.8 earthquake hit Nepal in April 2015, many female community-health volunteers were victims themselves. Months later, while the struggle to rebuild lives and livelihoods continues, most have resumed their work and continue to remain the backbone of many of Nepal's public-health programmes. In a **Gavi video** Nepali people on the front-lines of the national health system tell their stories of a remarkable recovery and show why vaccination is going from strength to strength in the mountain kingdom (www.gavi.org/library/audio-visual/videos/shaken-not-destroyed---how-nepal-s-immunisation-system-survived-an-earthquake).

STATEMENTS FROM THE FIELD

Bina Tuladhar has been an FCHV for five years. In her notebook Bina lists the names and ages of all the children under five years of age living in her ward. "I visit all of them at least once every two months. If a child gets sick the mother often comes to me first and then I tell her to go to the Village Health Worker for treatment", she reported. From her list she can tell which children are falling behind in their shots and can encourage families to remain up to date with their child's immunisation calendar[1].

A vaccinator related his experience as "....I have been working in this area since 2046 B.S (1989 AD), I work here endlessly and even the FCHVs have been working tirelessly. They also hold monthly meetings with mother groups and talk about immunisation. So the parents and the community have information regarding the benefits of vaccines which gives them a positive outlook towards immunisation services..... "

Results: Empowered women benefit health outcomes

Their role as volunteers grants FCHVs an elevated social position and earns them the respect of their communities. They are the foundation of Nepal's community-based primary health care system and are a key referral link between the health services and communities. FCHVs have made a significant contribution to women's leadership and empowerment at the Village Development Committee level.

The FCHV programme is a successful example of assigning health related duties to capable community members with minimal training.

Since the beginning of the FCHV programme, **health indicators demonstrate a constant progression:**

- Nepal sustained **high immunisation coverage** during the last five years: above 90% for DPT3 and polio and above 85% for measles vaccine (MCV1) [9].
- IPV and PCV **vaccines were successfully introduced** in the routine immunisation.
- Under five mortality rate reached 36 deaths per 1,000 live births in 2015 (it was at 141 in 1990 and 81 in 2000)[10].
- NHSP II target for immunisation has been met: Nepal has achieved Polio free status, Measles Mortality Reduction Goal, Maternal and Neonatal Tetanus Elimination status, and control of Japanese Encephalitis.

Picture 1: FCHVs celebrating achievement of the 'fully immunised village development committee'

Lessons learned:

Several factors are essential for FCHV's success in contributing to increase immunisation coverage and equity.

Qualified, experienced and dedicated human resource: The success of the FCHV Programme in Nepal is characterised by low attrition rate, high motivation, and high levels of involvement across a range of health services. The role of FCHVs to deliver treatments rather than just promoting utilisation of available health services increase their motivation level. FCHVs have also proven to be successful in carrying out clearly defined, concrete tasks over a short and specific time period such as national health campaigns. Moreover consulting FCHVs to develop technical guidelines and plan vaccine introductions like IPV has led to greater ownership and endorsement.

Continuous training and regularity of supportive supervision is essential for FCHVs' effectiveness and motivation. As an example, FCHVs learnt how to collect data for monitoring and evaluation. Educating and empowering FCHVs has proven to provide sustainable and higher quality health services.

Community linkages and ownership: FCHVs live in the community in which they serve and establish close relationships with families. They are therefore well received by the community.

Community awareness: Community acceptance for health education from FCHVs is an important programme success. FCHVs' effective and culture-appropriate health education highly impact how the community understand vaccination and perceive its importance and hence influence the community's decisions on vaccination.

[9] WHO and UNICEF estimates of immunisation coverage, 2015 revision

[10] UN Inter-agency Group for Child Mortality, Levels & Trends in Child Mortality, 2015 estimates

Picture 2: FCHVs' interpersonal communication training at village level

Compensation: To support FCHVs' activities and motivation Nepal has established a district level endowment **fund** allowing FCHVs to borrow money for income-generating activities. Once retired FCHVs continue receiving similar monetary compensation and benefits (free essential health care, dress allowance, celebrations). Non-monetary incentives such as **community recognition and public appreciation** in the form of awards, certificates, ceremonies are also critical motivators for their work.

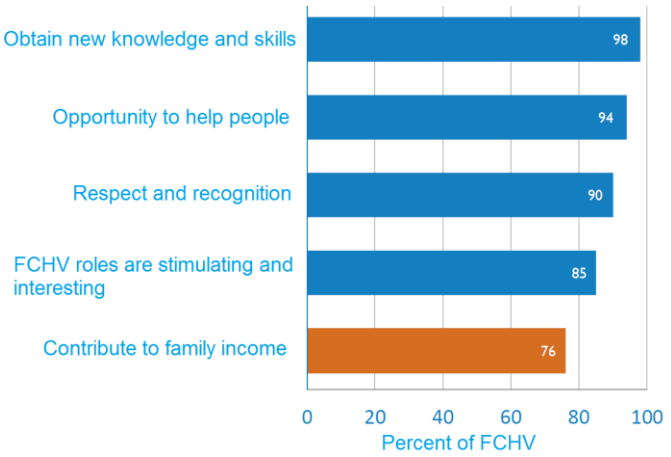

Figure 3: ***Factors Affecting FCHVs Motivation to Work as Volunteers****, Female Community Health Volunteer (FCHV) National Survey 2014*

Assurance of regular supply of commodities and attention to the supply chain allow FCHVs to provide the quality of service that they were trained to provide.

However, FCHVs **are not as effective in urban areas** because of more ethnically diverse, shifting populations, and weaker community cohesion.

Way forward:

Full immunisation

In 2015, Nepal has a full immunisation coverage of 84.5% and has successfully implemented the full immunisation programme in 10 district out of 75. The full immunisation programme aims to reach every child through immunisation services and reduce child morbidity and mortality associated with vaccine preventable diseases. Mobilisation of local communities, ownership, and leadership are the key aspects of the full immunisation programme and FCHVs will play a great role to achieve Nepal's objective to declare full immunisation in 2,000 VDCs and 50 municipalities by 2019 (in 2015, Nepal's Joint appraisal report states that 969 VDCs and 39 municipalities have been declared fully immunised).

Further development of the FCHV programme

The next iteration of FCHV programme may be to create a **professional network of community health-care workers,** with greater oversight, introducing compensation and frequent training, which would build on Nepal's growing female-literacy rate. As stated by Nirola, community-health director of the NGO Possible: "it's about taking female community-health volunteers to the next level" [11].

Moreover, the complex topographical terrain of Nepal raises the potential need to **tailor FCHV roles and activities by geographic setting.** For example FCHVs could play a relatively expanded role in more remote communities. This would make better use of available resources and increase immunisation coverage and equity.

With regards to underserved urban populations, **investing in urban FCHVs** could help increase the access to health care.

[11] The Women Who Keep Nepal Healthy, V. Hua, The Atlantic 2015

Other countries

Other types of community health workers (CHWs) programmes have been successfully developed in many part of the world, either as part of large-scale national programmes; or through local mobilisation, often facilitated by NGOs:

- Most of the **South Asian countries** have well integrated Community Health Workers into their national health services programme.
- In **Pakistan** Gavi catalysed the existing female health workers into becoming vaccinators to improve the access to immunisation services.
- In **sub-Saharan Africa,** CHWs have been identified as one strategy component to address the growing shortage of health workers.
- In **Brazil** and **China,** CHWs have been institutionalised and integrated into health services.

Community health workers can be extremely effective to work as a complimentary force promoting utilisation of available health services and the link between the community and the health system.

FOR MORE INFORMATION

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