



## Welcome!

July 2013

Welcome to the first edition of the GAVI Alliance Programme Bulletin, a **new information resource designed specifically for implementing partners in all countries supported by GAVI.**

This Bulletin comes at a time when the immunisation landscape in GAVI-supported countries is changing faster than ever before. We have seen a significant increase in the number of GAVI-supported vaccine introductions in the past year, greater emphasis on strengthening routine immunisation systems and an approach that is gradually more country-tailored. In this expanding environment, we are looking to supplement our information exchange with GAVI country partners to help build a stronger understanding of GAVI support and our joint efforts.

The Bulletin will aim at **facilitating information sharing and dialogue** on GAVI programmes and support to countries. Topics to be covered include:

- New developments in GAVI policies and processes
- Immunisation systems and sustainable financing
- Country achievements and exchanges of best practices
- Peer-review publications and articles on specific vaccines

In this first edition, in addition to other content, you will find information related to the **launch of the 2013 application round** for New Vaccines Support (NVS), Human Papillomavirus (HPV) vaccine Demonstration Programmes, and Health System Strengthening (HSS) support, and an **update of key decisions from the GAVI Board meeting** that took place on 11-12 June 2013. Going forward, the Bulletin will be distributed on an approximate quarterly basis.

## Your input is welcome

Your feedback and contributions to this Bulletin are important to us.

If you have any comments, please email us at [countries@gavialliance.org](mailto:countries@gavialliance.org) or submit online via: [www.gavialliance.org/country](http://www.gavialliance.org/country)

**Your contributions and feedback** on the Bulletin are also very welcome. Please share your country experience or provide your comments on GAVI's information resources through GAVI's online feedback link at: [www.gavialliance.org/country/](http://www.gavialliance.org/country/) or email [countries@gavialliance.org](mailto:countries@gavialliance.org).

Happy reading!

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## Opening of GAVI 2013 application round

GAVI is pleased to announce the launch of the 2013 application round for GAVI New Vaccines Support (NVS), Human Papillomavirus (HPV) vaccine Demonstration Programmes, and Health System Strengthening (HSS) support. This presents an opportunity for countries to implement vaccines that protect against diseases causing substantial morbidity and/or mortality, and to strengthen the capacity of integrated health systems to deliver immunisation.

The launch of GAVI 2013 application round is one of the most important milestones in the GAVI calendar, supporting developing countries to **increase immunisation coverage rates, and strengthen routine immunisation services and primary health care health systems** in order to make a positive impact in the lives of millions of children.

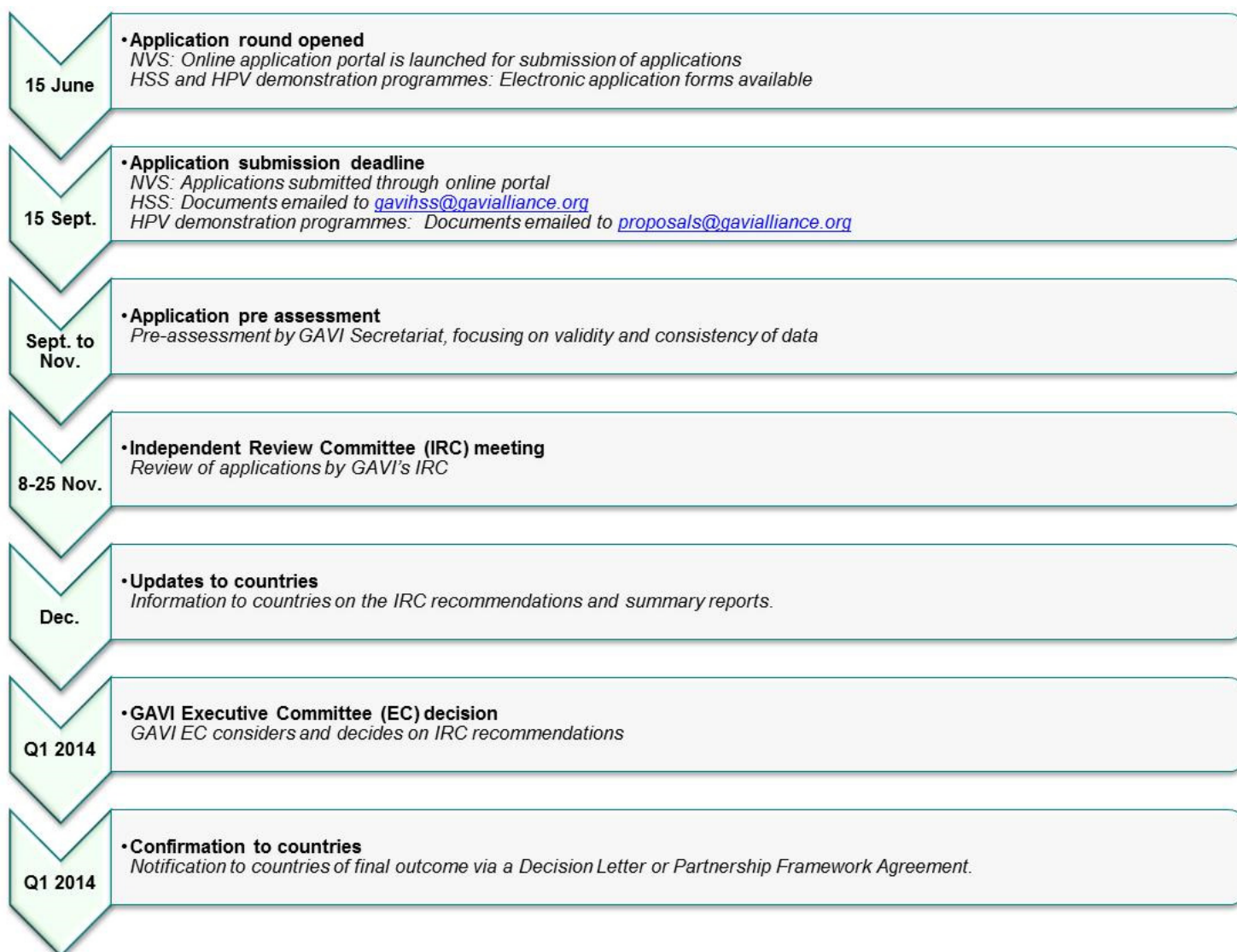
The application form and guidelines have been updated for all three programmes in 2013, providing important details on the application process, requirements and programme-specific considerations.

### Related downloads

- *GAVI 2013 application guidelines and forms*
- *Frequently asked questions*
- *Technical guidance notes*

[www.gavialliance.org/country](http://www.gavialliance.org/country)

### Application process and corresponding timeline for 2013





## Application requirements for GAVI support

### Key dates

15 September 2013:

#### Application deadline

for NVS, HSS and HPV

demonstration programmes

A number of mandatory documents are required to support a complete application. These documents must be uploaded to the online application form for New Vaccine Support (NVS), and attached to the electronic submission for Health System Strengthening (HSS) and Human Papillomavirus (HPV) vaccine demonstration programmes.

The list below provides an overview of the mandatory documents for the three types of support. Please see the relevant guidelines for more details on each of these requirements: [www.gavialliance.org/country/](http://www.gavialliance.org/country/)

### Checklist of mandatory documents

	New vaccines	Health systems
Signatures: Minister of Health / Finance / Education (HPV only)	✓	✓
Terms of reference & signatures of Health Sector Coordinating Committee members		✓
Signatures of members of the Inter-Agency Coordinating Committee + minutes	✓	
Comprehensive multi-year plan (cMYP)	✓	✓
Vaccine assessments (EVM of PIE, EPI reviews)	✓	✓
Improvement Plan based on EVM and progress report on the improvement plan	✓	
Vaccine introduction plan	✓	
HSS Monitoring & Evaluation Framework		✓
Detailed work plan and budget		✓
National health, M&E and Immunisation plan		✓

### Vaccine introductions in 2013

Vaccine	Q1 2013 introductions	Q2 2013 introductions	Q3 2013 projections	Q4 2013 projections
Yellow Fever				1 country
Meningitis A				2 countries
Measles 2 <sup>nd</sup> dose	Burundi		1 country	1 country
Measles Rubella	Rwanda		1 country	3 countries
Pentavalent	Indian states	Somalia	Indonesia phase I	
HPV		Kenya	4 countries	2 countries
Measles SIA		Ethiopia	1 country	2 countries
Rotavirus	Georgia		3 countries	6 countries
Pneumococcal		Uganda, Mozamb. Kiribati, Angola	5 countries	7 countries
<b>TOTAL</b>	<b>3 countries</b>	<b>7 countries</b>	<b>16 countries</b>	<b>24 countries</b>

## Related downloads

- [NVS and HPV application guidelines](#)
- [NVS FAQs](#)

[www.gavialliance.org/country](http://www.gavialliance.org/country)

## Overview of GAVI vaccine support

GAVI support covers a wide range of vaccines as listed below. For each supported vaccine, a specific delivery strategy may be selected. On the basis of GAVI's programmatic policies, some vaccine-specific flexibilities apply, including the option of requesting a one-off vaccine introduction grant or operational support for campaigns, as well as co-financing requirements. Further details on vaccine-specific requirements and options are shown below.

### GAVI supported vaccines

✓ Yes      ✗ Not applicable

Vaccine	Delivery strategy	Co-financing requirement for vaccines	Vaccine introduction grant	Campaign operational cost support
Yellow fever	Routine	✓	✓	✗
Meningococcal A conjugate	Campaigns	✗	✗	✓
Measles-rubella	Catch-up campaigns	✗	✗	✓
Measles-rubella	Intro into routine	Country pays full cost	✓	✗
Measles second dose	Routine	GAVI pays full cost for 5 years, then country	✓	✗
Human Papillomavirus	Routine – for national introduction	✓	✓	✗
Human Papillomavirus	Demo - Programme			✗
Pentavalent (DTP-HepB-Hib)	Routine	✓	✓	✗
Pneumococcal	Routine	✓	✓	✗
Rotavirus	Routine	✓	✓	✗

## Related downloads

*GAVI co-financing policy*  
<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

*GAVI introduction grants and operational support policy*  
<http://www.gavialliance.org/about/governance/programme-policies/vaccine-introduction-grants-and-operational-support-for-campaigns/>



**Dr Ranjana Kumar**

**Head of Country Team, Asia and Western Pacific Region**

“A fundamental principle in GAVI's business model is that immunisation programmes are owned and driven by the country. Our role is to support the country in realising successful immunisation programmes.”

### Who is your GAVI focal point?

Trained as a paediatrician, Dr Ranjana Kumar has over 20 years of experience in implementing and coordinating maternal and child health programmes with a strong focus on the Asia Pacific region. Dr Kumar's previous experience ranges from providing clinical services, to setting up systems for child survival and safe motherhood in urban settings and leading on the UK Government's nationwide support on Reproductive and Child Health in India.

Ranjana joined the GAVI Alliance in 2007 as Country Responsible Officer for nine countries in WHO's South-East Asia region. Ranjana served as a Senior Specialist for Health Systems for two years prior to her appointment as Head of Country Team for the Asia-Pacific region in 2012. As such, Ranjana is responsible for all aspects of GAVI's relationship with GAVI's 16 eligible countries and key stakeholders in the region.



## Health system strengthening and performance based funding

### Related downloads

- *HSS application materials*
- *HSS approach and application process*
- *HSS and PBF guidance note*

[www.gavialliance.org/support/apply/hsfp/](http://www.gavialliance.org/support/apply/hsfp/)

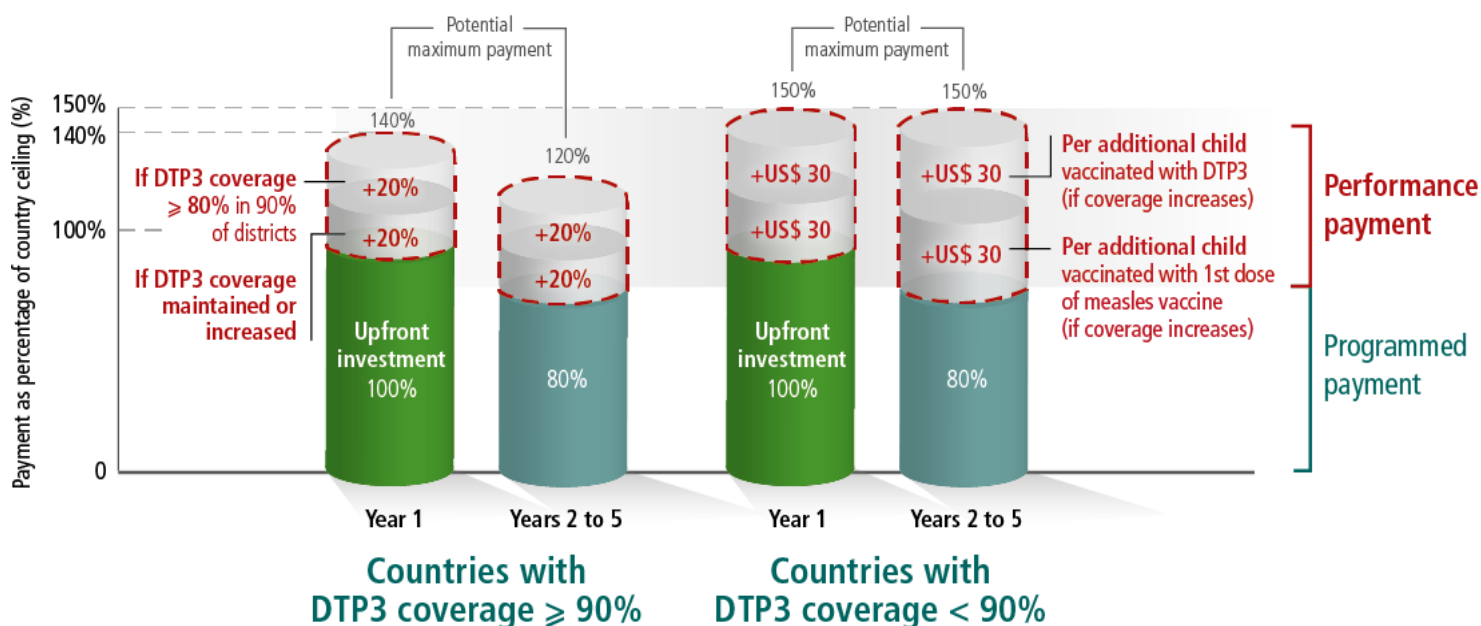
Performance based funding (PBF) is the default approach for all health system strengthening (HSS) cash support. PBF is designed to create incentives for countries to improve immunisation outcomes by strengthening health systems.

As approved by the GAVI Board in November 2011, countries approved for HSS grants in 2012 and onwards will be implementing their grants with PBF. With PBF, GAVI's HSS cash support will be split into two different types of payments: **1) a programmed payment**, based on progress in implementation and on achievement of intermediate results, and; **2) a performance payment**, based on improvements in immunisation outcomes.

The key elements of GAVI's PBF approach are as follows:

- GAVI calculates the **total funding envelope** for each country (referred to as country ceiling), based on the country's gross national income per capita and total population, and communicates this directly to countries.
- **In the first year, all countries will receive 100% of the annual country ceiling** as an upfront investment. After the first year, countries will receive 80% of the annual country ceiling as the programmed payment if progress in implementation and achievement of intermediate results is satisfactory.
- **Countries may earn additional payments as performance payments**, which may exceed the annual country ceiling, for a maximum potential payment of 150% of the annual ceiling.

### GAVI's performance based funding approach for HSS cash support



Note: All payments are made by GAVI in accordance with GAVI's policies and procedures. Performance payments for a given year will be made the following year, based on performance of the indicators listed and data verification. Programmed payments for years 2-5 will be determined based on implementation and performance of the HSS grant.



## Update on GAVI Board meeting 11-12 June 2013

### Help inform GAVI strategies

Join the **online Vaccine Investment Strategy consultation** to provide your inputs on future vaccine priorities, potential introduction timelines and implications for public health programmes:

<https://www.113.vovici.net/se.ashx?s=13B2588B423A2AA.D&c=en-US>

For queries please contact:

[VIS@gavialliance.org](mailto:VIS@gavialliance.org)

**\*\*Survey closes**

**31 July 2013\*\***

Join the **online Gender policy consultation** to provide your views, insights and experiences which will help inform the revised GAVI Gender policy:

<https://mygavi.wufoo.eu/forms/gavi-alliance-gender-policy/>

For queries

contact: [public\\_consultation@gavialliance.org](mailto:public_consultation@gavialliance.org)

**\*\*Survey opens 29 July 2013**

**closes 16 August 2013\*\***

### Related downloads

- *Papers from the June 2013 Board meeting*
- *GAVI CEO report to the Board*

[www.gavialliance.org/about/governance/gavi-board/](http://www.gavialliance.org/about/governance/gavi-board/)

Key decisions were taken at the recent GAVI Board meeting which took place in Geneva, Switzerland on 11-12 June 2013:

#### **Vaccine investment strategy**

The Vaccine Investment Strategy (VIS) process is underway in 2013 and the Board reviewed the results of a first round of analysis and consultations, including with a large number of countries, on potential new priorities for GAVI's future programmes. The initial assessment considered 15 vaccines and a variety of criteria, including the potential effect of new vaccine interventions on a range of life-threatening diseases, the cost and user-friendliness of vaccines, their potential to benefit vulnerable groups and outbreak prevention.

The GAVI Alliance Board decided to narrow the choice of vaccine options based on selected criteria and asked for further research on five remaining vaccines under consideration: **oral cholera vaccines, seasonal influenza vaccines (for pregnant women), malaria vaccines, rabies vaccines (post-exposure) and additional mass campaigns with yellow fever vaccines.** In the coming months GAVI will evaluate these options in more detail. This will include further consultations with countries to help us understand priorities, for example, for the online consultation currently underway, see the link to the left. Final decisions on future vaccine support are expected to be taken at the November 2013 GAVI Alliance Board meeting. GAVI's support for vaccines already in its portfolio remains unchanged.

#### **Role of the GAVI Alliance in the introduction of inactivated polio vaccine**

The Board recognised the importance of strong partnership and complementarity between the GAVI Alliance and the Global Polio Eradication Initiative in eradicating polio. **The Board supported the GAVI Alliance playing a lead role in the introduction of Inactivated Polio Vaccine (IPV) into routine immunisation services** in countries GAVI currently supports, as recommended by the World Health Organization and as part of the Polio Eradication Endgame Strategic Plan. Accordingly, the GAVI Secretariat was requested to present a long-term strategy by November 2013 on how GAVI will support the introduction of Inactivated Polio Vaccine in its partner countries using GAVI's structures, policies and processes where possible.

#### **Grant application, monitoring and reviews**

The Board **approved the principles and key elements of the proposed changes to GAVI's application, monitoring, and review mechanism.** These changes relate to how the Alliance reviews both new applications for support and requests for renewal of existing support, from January 2014 onward. Some elements will be introduced already in 2013, such as the Expression of Interest, which will initiate the process for application in 2014 for new support from GAVI. More details on the revised mechanism will be shared as soon as available, and in the meantime initial details are outlined in a 'Grant application and monitoring review' frequently asked questions (FAQ) document and in the 2013 New Vaccines Support application guidelines, both accessible on the GAVI web site: <http://www.gavialliance.org/support/apply/>



## Improved online resources for countries

### Country hub

A compilation of resources specifically for GAVI-eligible and graduating countries, to support the implementation of effective, evidence-based immunisation programmes.

**Apply for support**

Learn about the two main types of GAVI support and related information on the application process and requirements:

- New vaccine support
- Health system strengthening

**NEW:** Updated forms and guidelines are now available for GAVI new vaccine support, human papillomavirus demonstration programme and health system strengthening support. Deadline for applications is 15 Sept 2013. [Apply](#)

**GAVI policies**

Click here to consult the GAVI programmatic policies including country eligibility, co-financing, fragile states, graduation among others.

**Policies include:**

- Co-financing policy
- Graduating countries policy
- Fragility and immunisation policy

**Save the date**

Note the important opening and deadline dates for application submissions.

More in the [apply for support](#) section.

	Round opens for application submission	Deadline for application submissions
New and underused vaccine support		

**Country pages**

Detailed information on each GAVI-eligible country.

- Key country stats
- Access country proposals, reports, audits and plans
- Overview of GAVI support by year & type of support
- Breakdown of GAVI support

A new page on the GAVI web site has been launched with content and resources that are specifically dedicated to GAVI countries:

[www.gavialliance.org/country/](http://www.gavialliance.org/country/)

Content on this page includes:

- Information on **applying for GAVI support**
- Links to all **GAVI policies**, including recently changes
- Details on key **dates and deadlines**
- References to **information resources** of partners
- Updates on **country progress** and achievements

We particularly welcome any comments, questions or suggestions in relation to this page and its content, so please don't hesitate to reach out to us via the form or email address: [countries@gavialliance.org](mailto:countries@gavialliance.org)

### Share your own country experience!

Should you wish to feature a relevant story from your country in the next edition of the Bulletin, contact us at: [countries@gavialliance.org](mailto:countries@gavialliance.org)

## Country progress: Eritrea

In each edition of the Programme Bulletin, we will take a closer look at how a country – in this case, Eritrea – is using its GAVI support to increase access to vaccines and improve the performance of its immunisation system.

Eritrea is achieving consistently good progress in its immunisation programme, reaching DTP3 coverage above 95% in recent years (WHO/UNICEF estimates), but with a GNI below US\$ 600 (World Bank, 2011). Since 2002, Eritrea has received GAVI support for immunisation system strengthening, since 2008 for health systems strengthening, for the introduction of pentavalent vaccine in 2008 and for a second dose of the measles vaccine in 2012.

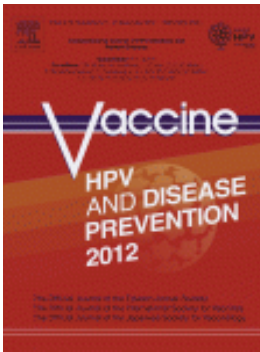
To prepare for the recent vaccine introductions, Eritrea planned well for cold chain maintenance. According to the latest Effective Vaccine Management (EVM) assessment, to support any further expansion of the immunisation programme, the country requires only minor improvements to vaccine temperature monitoring, distribution management and information systems.

In late 2012, the GAVI Independent Review Committee approved a reprogramming of HSS support with an increased focus on addressing weaknesses identified by the EVM and gaps in the health system that inhibit effective immunisation service delivery. Areas of focus include the building of staff accommodation in remote areas, the provision of photovoltaic power, and increased funding to build incinerators for effective waste management.

The Government of Eritrea is fully convinced of the benefits of immunisation and health investment in general, and with strong civil society support, helps to ensure that the population understands the value of national health and growth.



## Highlights from recent publications



➤ *Prevention of cervical cancer and other HPV-related cancers: Comprehensive Control of HPV Infections and Related Diseases (Vaccine), and a WHO/ICO report on HPV and related cancers in GAVI countries:*

<http://www.hpvcentre.net/hpvpublications.php>

➤ *Evidence of rotavirus vaccine effectiveness in lower income settings: Effectiveness of monovalent rotavirus vaccine in Bolivia: case control study, British Medical Journal.* <http://www.bmj.com/content/346/bmj.f3726>

➤ *Global Enteric Multicenter Study (GEMS) confirmed that rotavirus is the overall leading cause of moderate-to-severe diarrhea in children under two years of age in the developing world*

**Burden and aetiology of diarrhoeal disease in infants and young children in developing countries (the Global Enteric Multicenter Study, GEMS)**

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60844-2/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60844-2/abstract)

➤ *Studies on Haemophilus influenzae Type b Conjugate Vaccination that demonstrate the impact and cost-effectiveness of Hib vaccines:*

**Impact of Haemophilus influenzae Type b Conjugate Vaccine in Mongolia: Prospective Population-Based Surveillance, 2002-2010.**

<http://www.ncbi.nlm.nih.gov/pubmed/23773599>

**Impact of Introduction of the Haemophilus influenzae Type b Conjugate Vaccine into Childhood Immunization on Meningitis in Bangladeshi Infants.**

<http://www.ncbi.nlm.nih.gov/pubmed/23773597>

**Cost-Effectiveness of Haemophilus influenzae Type b Conjugate Vaccine in Low- and Middle-Income Countries: Regional Analysis and Assessment of Major Determinants.**

<http://www.ncbi.nlm.nih.gov/pubmed/23773595>

➤ *GAVI's yearly analysis of progress towards its strategic goals: GAVI 2012 Progress Report –* <http://gaviprogressreport.org/2012/>

## General resources

WHO New and Under-utilised Vaccine Implementation (NUVI) resources:

<http://www.who.int/nuvi/reference/en/index.html>

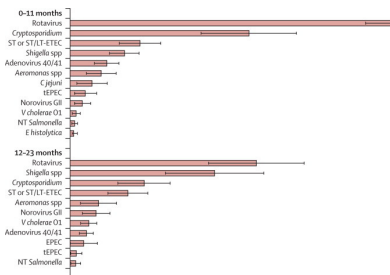
UNICEF immunisation technical and policy documents:

[http://www.unicef.org/immunization/index\\_documents.html](http://www.unicef.org/immunization/index_documents.html)

The Global Vaccine Action Plan 2011-2020 (GVAP):

[www.gavialliance.org/library/publications/other-publishers/](http://www.gavialliance.org/library/publications/other-publishers/)

GAVI's Immunisation Insights newsletter – update on immunisation and child survival: [www.gavialliance.org/library/news/immunisation-insights/](http://www.gavialliance.org/library/news/immunisation-insights/)



Above: Attributable incidence of pathogen-specific moderate-to-severe diarrhoea from the GEMS study (study details at right, which includes the full chart, cropped here).

It was noted that rotavirus dominated during the first two years of life, with an incidence during infancy more than double that of any other pathogen.

### CONTACT AND SUBSCRIBER INFORMATION FOR THE PROGRAMME BULLETIN

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PROVIDE FEEDBACK OR CONTENT:

SEND FEEDBACK TO [countries@gavialliance.org](mailto:countries@gavialliance.org)

UNSUBSCRIBE:

SEND UNSUBSCRIBE TO [countries@gavialliance.org](mailto:countries@gavialliance.org)

DOWNLOAD THE BULLETIN FROM GAVI WEBSITE: [www.gavialliance.org/country/](http://www.gavialliance.org/country/)

