

SUBJECT: GAVI SUPPORTED MEASLES AND RUBELLA IMMUNISATION ACTIVITIES: AMENDMENT TO HSIS SUPPORT FRAMEWORK

Agenda item: 10g

Category: For Decision

Section A: Introduction

- Based on a recommendation from the Programme and Policy Committee (PPC) this paper asks the Board to approve flexibilities under Gavi's Health System and Immunisation Strengthening (HSIS) support framework. These flexibilities aim to support a better balance between Supplementary Immunisation Activities (SIAs) and routine immunisation (RI) activities in the implementation of the Gavi Alliance Board approved Measles and Rubella Strategy.
- In its discussions, the PPC acknowledged that while SIAs remained an important instrument to ensuring rapid increase in population immunity, Gavi support structures should be clearly aligned to the goals of strengthening routine immunisation, achieving high immunity, and avoiding over-reliance on SIAs.
- The PPC voiced overall support for the decision to provide more flexibilities to countries in undertaking SIAs. PPC members also noted that it was important to be consistent in terms of the guidance provided to countries and proposed that Gavi work closely with some select countries to operationalise these flexibilities. Gavi, through the Alliance Coordination Team (ACT), should carefully monitor the implementation of the flexibilities in these countries and report back on progress made.
- PPC members further acknowledged the need for coherence in guidance across the Strategic Advisory Group of Experts (SAGE) on Immunization, the WHO Regional Immunisation Technical Advisory Groups, and other technical working groups and agreed that it was important that SAGE provided clear guidance on the frequency and implementation of subnational SIAs. Alliance partner regional and country offices would need to ensure appropriate implementation at the regional and national level.

Section B: Facts and Data

- 1.1 In December 2015, the Gavi Board approved the Measles and Rubella (MR) Strategy. Under the strategy, **Gavi has disbursed from 2017 to date**

approximately US\$ 300 million, with US\$ 230 million¹ on vaccines and US\$ 70 million on operational costs for M/MR catch-up and follow-up campaigns.

- 1.2 The investments under the MR strategy, coupled with Gavi's overall investments in measles control since 2005, have directly contributed to a 84% decline in the global number of estimated measles deaths since 2000². However, in order to sustain this achievement and see further progress, coverage for MCV1, MCV2 and SIAs must be significantly improved. Currently, **the key Alliance indicators for MR have not been met. Average MCV1 coverage in the Gavi 68 countries has remained unchanged at 78%** during 2015-2017. Among 12 Gavi supported countries conducting nationwide M/MR SIAs in 2017-2018, only one achieved the 95% coverage target as determined by a post-campaign coverage survey³.
- 1.3 **The Gavi MR Strategy is primarily focused on disease control, rather than elimination, as 50% of Gavi eligible children live in countries with less than 80% MCV1 coverage** (and a minimum of 95% coverage with two doses is generally recommended for elimination).
- 1.4 The drive to achieve mortality reduction and measles elimination oftentimes leads **countries to opt for nationwide M/MR SIAs over activities aimed at increasing routine coverage**. In countries with low MCV1 coverage national measles follow-up SIAs are conducted every 2-3 years⁴. Mass vaccination outbreak responses to other life-threatening diseases further intensify the reliance on campaigns and can divert focus and resources away from RI.
- 1.5 With MCV1 coverage determining the frequency of campaigns, **several countries appear to be stuck in a vicious cycle of low RI coverage and repeated vaccination campaigns with inadequate coverage**.⁵
- 1.6 These issues were discussed at the PPC in October 2017, and the PPC underscored the importance of RI in all immunisation efforts, noting that more was required to improve the planning and implementation of SIAs with a view to strengthening RI efforts.
- 1.7 In addition, **Gavi's Independent Review Committee (IRC) has repeatedly raised concerns with the quality and approach to MR campaigns** based on country's applications. In particular the IRC has highlighted country's continued reliance on nationwide campaigns that do not reach the unreached as they are not appropriately tailored and targeted, missed opportunities to strengthen RI services, disconnects and overlaps between outbreak

¹ This includes US\$ 125 million for India and US\$ 27 million for Indonesia MR catch-up campaigns.

² Estimated global measles deaths have decreased from 550,100 deaths in 2010 to 89,780 deaths in 2016, see WHO, Weekly Epidemiological Record, 27 October 2017.

³ Rwanda achieved >95% coverage. Preliminary results at this time indicate that Burundi may also have achieved >95% coverage.

a) ⁴ Current WHO guidance for frequency of M/MR follow-up SIAs is determined by MCV1 coverage (i.e. every 2 years if MCV1 <60%; every 3 years if MCV1 is ≥60% and <79%; and every 4+ years if MCV1 ≥80%).

⁵ E.g. Chad (MCV1 coverage of 57% in 2013 declining to 37% in 2017), and Ethiopia (MCV1 coverage remaining at 65% for 3 years since 2015).

responses, preventative SIAs and routine strengthening, as well as the potential to use SIAs as an integrated platform to support the delivery of other vaccines and priority interventions.

- 1.8 Based on the issues identified above, it is **imperative that the Alliance takes action to support countries to plan and implement high quality campaigns tailored to reach missed children and strengthen RI**. In order to do this, the Gavi Secretariat and Alliance technical partners will develop a more detailed plan/roadmap (with timelines and designated lead agencies) including the following approaches:
- a) Add an **amendment to Gavi's HSIS support framework** specifically for M/MR follow-up SIAs that would provide flexibility in the allocation of operational (ops) costs to rebalance incentives between SIAs and RI (this is discussed in greater detail below).
 - b) **Update Gavi's application guidelines (2019)** to underline the importance that Gavi-supported SIAs i) are tailored and targeted; ii) achieve high coverage, iii) are leveraged to strengthen RI, iv) identify opportunities for synergies with other interventions, v) work towards that countries progressively absorb an increasing proportion of HR costs; and vi) have stronger fiduciary management and budgetary controls.
 - c) Intensify efforts to **improve implementation at the country level** through better planning, real-time monitoring of programme performance and expenditures, as well as coordination across partners and countries (e.g., mandatory readiness assessment monitoring by partners).
 - d) Provide **global normative guidance through SAGE** and its working groups on classification of measles endemic countries and refining recommendations on vaccine delivery strategies (e.g., sub-national SIAs, selective SIAs, multi-antigen SIAs and Periodic Intensification of Routine Immunisation (PIRIs)).
- 1.9 Specifically, in order to implement a) above the **Gavi Alliance Board is asked to approve an amendment to the HSIS support framework on the use of ops costs specifically for M/MR follow-up SIAs**.
- 1.10 **Gavi's current incentive structure for campaigns, particularly for M/MR follow-up campaigns, may inadvertently promote SIAs** with large target populations, such as nationwide SIAs. Under the current HSIS support framework, countries may apply for ops costs for campaigns, including M/MR follow-up SIAs, based on the target population and the amount specified in the framework⁶. This provides an economic incentive for conducting regular national campaigns to access the maximum amount of ops cost support, rather than tailoring activities to the country's epidemiological situation and context through sub-national, targeted SIAs to reach consistently missed

⁶ US\$ 0.65/ targeted person for initial self-financing countries; US\$ 0.55/targeted person for preparatory transition countries; US\$ 0.45/targeted person for accelerated transition countries.

children and/or enhanced and tailored RI activities targeted to low performing districts. Also, in practice, countries are used to conducting nationwide SIAs based on guidance from technical partners, rather than using risk targeted approaches based on country context and capacity.

- 1.11 The proposed amendment, if approved, would provide flexibility for countries applying for follow-up M/MR SIAs to request up to the full amount of ops costs based on the nationwide 9-59m target population to conduct immunisation activities that are tailored to the country's epidemiologic situation and/or targeted at reaching zero dose and one dose children, for example, through targeted intensification of RI (e.g PIRIs or PIRI-like approaches or supplemental outreach sessions). Doing so would also recognise that reaching missed children may be more expensive as these children will, for example, be in geographically hard to reach areas. The proposed amendment would allow countries to budget higher cost activities to reach previously not reached children.
- 1.12 Putting this amendment into practice means that countries can apply for M/MR follow-up SIAs based on current scheduling/WHO guidance but with the flexibility to, should epidemiologic and programmatic data indicate so, conduct immunisation activities specifically targeted at reaching the 5th child/consistently missed children. These activities could include a national SIA, a sub-national SIA, and/or special strategies and intensified RI activities. **Activities aimed at strengthening RI should be consistent, aligned and complementary to any HSS funding** received by the country. Gavi's HSS support further allows for reprogramming or reallocation of funds, if additional priority activities are identified.
- 1.13 If the Gavi Alliance Board approves this amendment, the Secretariat will work with Alliance partners to operationalise this in some select countries as part of a learning agenda to reach consistently missed children. Specific guidance to countries will be provided in the 2019 guidelines and country applications will follow Gavi's standard policies and processes. **All applications will be subject to a review by the IRC, and will require strong supporting epidemiological and programmatic analysis in order to be recommended for approval.** The PPC will be provided with an update on the implementation of this amendment through the annual IRC/HLRP update.
- 1.14 If approved there is a **risk that this policy amendment does not result in a change in country applications** in the near to medium term because either it will take time and iterations with countries and partners to clearly define what constitutes acceptable enhanced RI activities, or national SIAs remain preferred. The policy amendment could result in countries abandoning national follow-up SIAs altogether in favour of targeted approaches that strengthen routine service delivery but fail to prevent large measles and rubella outbreaks. To mitigate these risks it is important that **SAGE provides guidance on subnational SIAs for adoption by countries**, as is currently being discussed (as the current practice based on WHO guidance to date has been to conduct nationwide SIAs). Technical partners are also requested to support countries to analyse and interpret their

data at the sub-national level to inform planning and implementation of targeted actions to reach low performing districts and under-served communities. To further mitigate these risks, the 2019 application guidelines will provide examples of good practices. **WHO and technical partners are requested to urgently review and update guidance on the appropriate frequency of M/MR follow-up SIAs** based on the country context, in order that countries do not continue to be stuck in the vicious cycle of weak routine coverage and frequent SIAs.

Section C: Actions requested of the Board

The Gavi Alliance Programme and Policy Committee recommends to the Gavi Alliance Board that it:

Approve the following wording to be included as Annex B to Gavi's HSIS support framework

Annex B – Operational Cost Support for Measles Containing Vaccines

In order to encourage countries to strengthen routine immunisation for measles containing vaccines (MCV) and reach zero and one dose children, countries are able to apply for operational costs support for M/MR follow-up supplementary immunisation activities (SIAs) up to the national 9-59 month population, to be used for national SIAs, subnational SIAs and enhanced routine immunisation activities targeted at reaching missed children.