

GUIDANCE ON INVESTMENTS WITH POTENTIAL FOR HIGH IMPACT ON COVERAGE AND EQUITY

1. Background

Gavi is working continuously to identify and share insights on activities determined to have a high potential for impact relative to improved immunisation outcomes leading to higher coverage and equity. Countries are strongly encouraged to consider investing in the activities below according to the country-specific bottlenecks and objectives identified in its proposal. The activities draw upon a range of sources, including WHO's Global Routine Strategies and Practices document, but are not exhaustive. The document is likely to be updated regularly as Gavi continues into and further considers its investments as part of the 2016-2020 Strategic Period. The identified bottlenecks are aligned with the health system building blocks.

2. Bottleneck: Supply chain

An effective and efficient supply chain system is essential for the management of existing and new vaccines and health commodities. Key investments can enable the successful roll-out of new vaccines and support more equitable access to hard-to-reach populations.

Examples of investments with high potential for impact on coverage and equity include:

- Ensuring **supply chain managers** with the appropriate expertise, authority and resources are in place to oversee the supply chain.
- Developing **supply chain management and improvement plans**, which are integrated into and implemented through broader immunisation and health sector investments.
- Developing relevant and feasible **supply chain performance dashboards**, to help monitor and implement improvements.
- **Redesigning the immunisation supply chain system**, to help raise coverage and better enable the introduction of new vaccines.

To support countries with improving their supply chains and contribute to efforts that will strengthen the coverage and equity of immunisation, Gavi has established the **Cold Chain Equipment Optimisation Platform**, which aims to:

1. accelerate both the upgrade of existing equipment and the deployment of higher-performing, innovative devices to health facilities in Gavi-supported countries;
2. extend the cold chain into health facilities which have no equipment; and
3. incentivise stronger cold chain equipment management and maintenance.

Further information on the Cold Chain Equipment Optimisation Platform is available at: www.gavi.org/library/documents/gavi-documents/guidelines-and-forms/guidance-for-cce-optimisation-platform/

3. Bottleneck: Data and data quality

Strengthening information systems and improving data quality are of fundamental importance both to countries and to Gavi. Gavi requires that countries have in place routine mechanisms to independently assess the quality of administrative data and track changes in data quality over time. Countries are strongly encouraged to include in their proposals **actions to strengthen data systems**, and to demonstrate how their grant will be used to help implement recommendations or agreed action items coming from previous data quality assessments.

In particular, investments in data are recommended to address the following three focus areas:

- **Immunisation disease, coverage and equity data** is critical to improve the efficiency and effectiveness of immunisation programmes. For this purpose, **systems, technologies and tools** can be improved by, for example, implementing next-generation immunisation e-registries or solutions that improve availability and reliability of vital registration and population estimates used for denominators. Moreover, **building people skills** is recommended, in particular with the aim of improving data collection and analytical capacity, accompanied by clear mandates and appropriate incentives.
- **Vaccine-preventable disease surveillance data** is needed to inform disease prevention and programme management. Investments are recommended to support **building the surveillance capabilities** required to address these needs. Examples include investments to improve people's data collection, analysis and usage skills, actions to strengthen laboratory capacity and interventions to link different surveillance systems.
- **Vaccine safety data** is required to ensure resilience and sustainability of immunisation programmes. Investments are encouraged to support building vaccine safety capabilities in the fields of **monitoring, detection, investigation, response and communication of Adverse Event Following Immunisation (AEFI)**. Examples include the strengthening/ building of national AEFI committees, improvement of reporting systems and development of national response and communication plans.

4. Bottleneck: Leadership, Management and Coordination

Government teams or departments responsible for managing Expanded Programme on Immunisation (EPI) programmes; coordination fora (such as Inter-Agency Coordination Committees for Immunisation (ICCs), Health Sector Coordinating Committees (HSCCs)); and immunisation technical advisory groups (e.g. NITAGs) all play a critical role in the delivery of effective Gavi-supported programmes.

The need for strong leadership, management and coordination amongst these groups has been growing due to the increasing complexity of many EPI programmes, with the addition of several new vaccines over the last few years. This growing complexity has put a stronger emphasis on sound policymaking and programme delivery.

Government EPI teams or departments

To effectively implement an EPI programme, national and sub-national EPI teams or departments need an appropriate team size, skills mix, and management structure, with adequate management capabilities and performance management systems that monitor programmatic and financial performance and address obstacles to implementation.

When formulating a Gavi HSS proposal, applicants are encouraged to consider **the major bottlenecks and gaps which limit effective management of the EPI programme, and what support would most effectively address these**. The support requested should be tailored for specific country needs. Non-exhaustive examples of activities that could be considered for inclusion in HSS proposals include:

- Assessment of capabilities and skills in EPI teams or departments and implementation of a plan for capability building
- Approaches to reduce turnover, increase attractiveness of team positions and improve team or department performance (consistent with Gavi guidelines on the use of direct financial support for salaries, top ups and incentives, as outlined in Section 5.2 of HSS Guidelines)
- Temporary support to fill established or additional positions within EPI teams to deliver on grants, when accompanied with a clear HR plan including eventual transition of support
- Development or expansion of performance management systems to monitor programmatic or financial performance of the EPI programme

Coordination fora such as ICCs and HSCCs

To effectively oversee and coordinate Gavi-supported programmes, fora such as ICC and HSCCs need appropriate membership and governance with strong capabilities and adequate systems and tools in place to support decision-making.

When formulating an HSS proposal, applicants are encouraged to consider **the major bottlenecks and gaps which limit effective functioning of coordination fora, and what support would most effectively address these**. The support requested should be tailored for specific country needs. Non-exhaustive examples of activities that could be considered for inclusion in HSS proposals include:

- Support for the administration of the committee, such as coordination of agendas and participant logistics, minute taking and follow up on decisions taken
- Technical assistance to collect and analyse additional information for ICC/HSCC decision making or to support decision implementation

NITAGs and other immunisation technical advisory groups

NITAGs are a key forum for ensuring national EPI policies are evidence-based and technically sound. To provide effective, independent expert advice, NITAGs require membership comprising appropriate areas of expertise, adequate tools and support for the development of technical recommendations, and management of conflicts of interest.

When formulating an HSS proposal, applicants are encouraged to consider **the major bottlenecks and gaps which limit effective functioning of NITAGs, and what support would most effectively address these**. The support requested should be tailored for specific country needs. Non-exhaustive examples of activities that could be considered for inclusion in HSS proposals include:

- Administrative and secretarial support to NITAGs, such as development of agendas, support on participant logistics, minute taking and follow up on recommendations made
- Technical assistance to build the capacity of NITAG members to generate and synthesize data and information, to consider evidence and to develop technical recommendations accordingly
- Other capability building mechanisms such as peer-to-peer exchange of NITAG members with other well-established technical advisory bodies

5. Bottleneck: Demand for Immunisation and Community Engagement

Countries are strongly encouraged to develop proposals for demand-side interventions to improve uptake of services and reduce drop outs. Non-exhaustive examples of activities that could be considered for inclusion in HSS proposals include:

- Activities to leverage the power of social data, such as design and implementation of research to inform planning and mechanisms for evaluation, and to address key knowledge gaps, together with analysis of attitudes, practices and beliefs.
- Support for strengthening participatory planning of service design and delivery (e.g. social mobilisation micro-planning and mapping at the sub-national levels that make use of social data).
- Building strategic community and civil society partnerships. This could be strategic partnerships with key civil society groups and professional medical associations at country level (to create more energy and excitement around immunisation, to promote immunisation as a basic right, and to create social norms around immunisation and other 'healthy actions'), and/ or partnerships with local and international NGOs and other civil society organisations who have the capacity to engage and mobilise communities on the ground.
- Activities to increase the professionalism of frontline health workers (e.g. fostering positive attitudes, professionalism and good interpersonal communication skills to help gain community trust, help shape knowledge, and respond more effectively to community demands for better quality services; and investments in mechanisms to provide tangible rewards for good services and to provide valuable motivation for often hard-pressed, overworked and underpaid staff).
- Engagement to shift social norms through advocacy and use of new/ mass media (such as capacity development of media to understand and appropriately articulate immunisation issues; capacity development of national and sub-national health promotion teams; and working with celebrity PSAs, newsreels, and templates that provide key information, and advocacy for immunisation across a range of media).