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EDITORIAL



Dear Readers,

This quarterly Bulletin developed by the Gavi Country Programme Department, aims to share with you information, updates, tools and resources, and most importantly to serve as a cross-country learning platform.

In this edition, you will learn from Dr Jetri Regmi and Lokdarshan Koirala about the very first Gavi supported IPV launch in Nepal, and from Guy Aho Tete Benissan about the launch of the Francophone CSOs Platform. You will also get some insight on Gavi's successful pledging Conference from Dr Abdoulaye Sawadogo who delivered a very powerful testimony in Berlin.

This is YOUR bulletin! Your stories, successes and experiences can be of invaluable help and interest to your peers in support of our joint goals: increased immunisation coverage and equity.

Happy reading!

Hind Khatib-Othman
Managing Director
Country Programmes

Share your stories and experiences!

Your contributions and feedback are most welcome. Do not hesitate to share them with us at countries@gavi.org

EXPERIENCES FROM THE GROUND

IPV launch in Nepal

Nepal was the first Gavi-supported country to introduce the inactivated polio vaccine (IPV) in September 2014, less than one year after the Gavi Board initiated the programme in November 2013. Nepal's success can largely be attributed to introducing IPV as an integrated part of its strong Expanded Program on Immunisation.



Dr. Jetri Regmi is a surveillance medical officer with the WHO in Nepal. Her role is to ensure

that vaccines reach all children in the area she is responsible for, which lies just besides the district where she grew up as a child.

1. What were the biggest things that helped a successful IPV introduction?

We worked a lot on developing the health worker knowledge and capacity to introduce IPV. The role of our Female Health Care volunteers was essential, so it was important to make sure they were also well trained. We used the mass media to tell parents that this injectable vaccine would help boost immunity along with the oral polio

vaccine (OPV). Education really helped overcome the fears and concerns of health workers and caretakers.

2. How have you seen routine immunisation being strengthened through IPV introduction? We take immunisation very seriously in Nepal. We don't want to miss a single child for any vaccine. The IPV introduction was a great opportunity to speak with local leaders and communities about the importance of immunisation and have them reinforce their commitment through the introduction.

3. What were your biggest challenges for the IPV introduction and how did you overcome them? Dealing with

cases of health worker apathy and their reluctance to go to remote or difficult

areas. You don't have a lot of power over them so you need to inspire and influence them so that they can recognise and see the importance of their role for child health.

4. What advice would you give to other countries getting ready for IPV introduction? Take the necessary time and resources to properly train and motivate your health workers and have as little time as possible between the training and the actual introduction.

5. What do you love most about your job? It is seeing a child in their parent's arms right after they have been vaccinated. It's a happy day for me because I know that this child will be protected and has a better chance at a healthy life.

Fully immunised villages in Nepal



"Where many people see it a challenge, we see it as an opportunity," says Lokdarshan Koirala.

It is a commonly heard phrase in Nepal, but it rings especially true in Ward 9 of one of Nepal's largest city, Pokhara. As the Ward Secretary, Koirala is steadfast in his commitment to health and immunisation.

Out of 28 wards in Pokhara sub-metropolitan city, Ward 9 is one of only two so far that has the notable distinction of being declared 'fully

immunised' by the government. It is a great source of pride that has required a lot of community involvement.

"No village wants to be the last one designated as 'fully immunised', so there is an element of healthy competition. Everyone is involved, from schools to businesses," says Koirala.

Koirala has a rigorous and creative 24-point plan on how to achieve, verify and sustain the 'fully immunised' status of his ward. This without exceeding the initial budget envelope. He announced a financial reward of 1000 Nepalese rupees from his own salary for anyone who can find an unimmunised child. So far, none has been given.

In addition to trainings and meetings, he has engaged local artists to donate their time to create murals promoting immunisation. He also worked with local car companies to make megaphone announcements in villages from their vehicles. There are also penalties if anyone is found to have misrepresented vaccination in their village.

"We have come to the conclusion that full vaccination can be guaranteed if we leverage people's participation, use local resources appropriately, as well as truly own and participate in the programme," says Koirala.

EXPERIENCES FROM THE GROUND

Launch of a civil society platform for Francophone Africa



Guy Aho Tete Benissan, REPAOC Regional Coordinator, is a member of Gavi's CSO Constituency Steering

Committee.

African countries face significant challenges in terms of maternal and child health with very disparate immunisation coverage within countries. Despite some progress, there are still many countries facing fragile health systems and important inequities in access to health services, especially for the most remote populations.

As part of the community, civil society organisations (CSOs) can help address these challenges. Very often, they are the only health care provider in underserved areas and in fragile states. They can help generate demand and help define health policies to ensure that these are

meeting community needs. Finally, CSOs play a key watchdog and monitoring role to hold governments accountable to their commitments.

In Anglophone African countries, CSOs are fully mobilised and much more coordinated than CSOs in Francophone Africa when it comes to advocating for strengthening health systems and equitable access to healthcare services. As a result, information sharing and coordination around advocacy campaigns is not optimal in the francophone Africa region. The Francophone civil society in Africa is a largely untapped resource for improving health policies and systems – but this is now changing with the birth of a new platform: **the Francophone African Organisations for Strengthening Health Systems and Immunisation - OAFRESS**.

The idea of creating a regional platform started back in 2011 (read my blog on Vaccineswork.org to learn

more about the history of the platform) and it came to life in Senegal in 2014 thanks to Gavi's financial support – which marks a genuine recognition of the key role that we, the CSOs, play in the field.

This new platform, which is now also a member of the broader [Gavi CSO platform](#), aims to bring together and unite francophone African CSOs for a more coordinated advocacy work around immunisation financing and equitable access to immunisation and vaccines in our region. We are hoping to help build in-country advocacy capacity, educate CSOs on health policy issues in the region, develop strategic partnerships and activities for a stronger political and financial mobilisation at the regional level for women and children's health. Please do not hesitate to visit our new [OAFRESS website](#), which offers a regional information hub for our members and partners. If you are interested in joining us, please [contact us!](#)



EXPERIENCES FROM THE GROUND

Testimony from Gavi's successful pledging conference



Dr Abdoulaye Sawadogo,
Chief medical Officer
covering the district of
Sigh-Noghin,
Ouagadougou, Burkina
Faso

Upon return from the Gavi pledging conference held in Berlin last January, I was so happy to know that an additional 300 million children would be vaccinated between 2016 and 2020 thanks to Gavi. Indeed, we have successfully mobilised enough donors to collect \$7.5 billion in pledges. This is real good news for my country, Burkina Faso, and for all our countries.

Gavi had invited me to share the story of Judicaël Dectounda, a child who contracted meningitis at the age of three. Today, deaf and dumb, he and his family are still suffering from the consequences of the disease. His education is a costly and a heavy burden on his parents, and he faces tremendous difficulties to communicate with people of his age.



Dr Abdoulaye Sawadogo in Burkina Faso with Judicaël and his mother

I chose to take Judicaël's example to illustrate the devastating effect of meningitis in Burkina Faso. Unfortunately, Judicaël is not an isolated case and this devastating disease is a scourge in many other African countries. But above all, and through Judicaël's story, I wanted to send a message of hope. Vaccination campaigns against meningitis have been organised since 2010

by the government with support from Gavi and its partners. Thanks to them, epidemics such as the one that affected 250,000 people and disabled Judicaël in 1997, are ancient history.

For my country, Gavi's call to donors represents a great hope to see the fear and stigma associated with meningitis and other diseases go away. Parents, health workers, government, they can all spend their money and their efforts for other priorities. We, doctors have a say: "Prevention is better than cure". In Berlin, I saw the world's leaders and the vaccine manufacturers committed to working together to save millions of lives. Whether we are pledging new contributions, renewing commitments on the vaccine prices, or just administering vaccines which is part of my daily routine, I have the feeling that we are all part of the same team and that it is undeniable that in Berlin, we made a big step towards the final victory.

For more information, please visit:
<http://www.gavi.org/pledging2015/>



Dr Abdoulaye Sawadogo with Anuradha Gupta, Gavi's Deputy CEO, and Dr Faiza Ibrahim at the Berlin Pledging Conference

WHAT'S NEW AT GAVI ?



2016-2020 Gavi Strategy

At its 2014 June meeting, the Gavi Board adopted its new strategy for 2016-2020. Three themes guided the new 2016-2020 framework: consolidation and sustainability; coverage and equity; innovation and ambition.

Gavi support will continue to be driven by country priorities. The new strategic enablers defined in support of improved immunisation coverage and equity are: country leadership, management and coordination; resource mobilisation; advocacy; monitoring and evaluation.

This new strategy will strengthen collaboration and alignment between Alliance partners and other immunisation and health stakeholders (in particular with civil society and the private sector).

For more information:

<http://www.gavi.org/About/Strategy/Phase-IV-2016-20/>

Supply Chain Strategy

The Vaccine Alliance partners designed and launched a new supply chain strategy, with four initiatives to help countries put the fundamentals in place for improved immunisation supply chains.

The three primary objectives of the supply chain strategy are to: ensure availability of the right vaccines and supplies, maintain their potency throughout the supply chain and use resources efficiently. The development of this strategy further supports the broader Gavi 2016-2020 Strategy.

For more information, read the Gavi Supply Chain Strategy factsheet:

<http://www.gavi.org/library/publications/gavi-fact-sheets>

Joint appraisals

To ensure grant decisions are fully grounded in the country context and actions to address constraints are owned by in-country stakeholders, Gavi is introducing in-country multi-stakeholder Joint Appraisals.

Joint Appraisals are developed by the Interagency Coordinating Committee (ICC) and Health System Coordinating Committee (HSCC) or equivalent in each country.

They assess the performance of Gavi support, identify challenges and opportunities, review future targets and suggest actions. They should be completed as part of and —add value to—the existing in-country annual health sector review process.

For more information, please contact countries@gavi.org

New Gavi Brand

Gavi is now the short name of the Alliance, no longer a difficult acronym! The new branding clearly positions Gavi, the Vaccine Alliance, in its core area of expertise: global health, partnerships and an active player in the global vaccine mission.

The new logo of Gavi, the Vaccine Alliance, represents its core values:

Equity: A world map reflects the Gavi mission to redress global inequities in access to new and underused vaccines

Partnerships: Two hands embracing the world represent how the Gavi Alliance seeks to unite key public private stakeholders around a common mission.

Innovation: Bright, vibrant logo colours represent the pioneering approaches that Gavi seeks to develop by drawing on the expertise of the Partners.

Sustainability: Green symbolises the focus on sustainability through Gavi support to countries, and on enabling progress towards self-sufficiency.



We encourage you to use the new Gavi logo. Download it and find out how to use it: <http://bit.ly/1CRmnr4>

GAVI & YOU

Nadia Lasri, Senior Country Manager (SCM), tells us about her recent in-country visit in DRC:

I just came back from a 2 weeks long visit in DRC. After a first week dedicated to Joint Reporting Form and Annual Progress Report peer review, I spent the 2nd week working with the Ministry of Health, partners (UNICEF and WHO at the country and regional level, Gates Foundation and CDC, among others) and civil society. We made a lot of progress on a supply chain strengthening system, on EPI financing, on a global financing facility and on the implementation of a Memorandum of Understanding on harmonization and alignment between partners. I also met members of Parliament to discuss challenges around co-financing. Do not hesitate to reach out to me to get details on any aspect of this visit: nlasri@gavi.org



Tools, resources and links:

- **IPV resources:** you can access a variety of helpful resources related to IPV Introduction, OPV Withdrawal and Routine Immunisation Strengthening on the WHO website: http://www.who.int/immunization/diseases/poliomyelitis/endgame_objective2/en
- **Vaccines work webpage:** Building on the #vaccineswork social community, this blog powered by Gavi features discussion on global immunisation and welcomes insightful, creative and accessible content from a range of immunisation partners: <http://www.vaccineswork.org>
- **PATH's Vaccine Resource Library (VRL)** offers high-quality, scientifically accurate materials on specific diseases as well as vaccines and immunisation topics addressed by PATH's work: <http://www.path.org/vaccineresources>
- Download the new Gavi logo and brand guidelines at <http://bit.ly/1CRmnr4>

Share your experience!

This is **YOUR** Bulletin. Please share your stories and learnings with all the Bulletin readers! If you wish to see some specific information or topics featured in our next edition, please share your ideas with us at: countries@gavi.org

Contacts

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Meet your new SCMs



Hamidreza Setayesh

Hamidreza joined Gavi on 12 March 2015 as Senior Country Manager, Country Support – Country Programmes. He is the focal point for Pakistan.

Hamidreza is a medical graduate (MD) with further studies in public health (MPH) and international law (LLM). Prior to joining Gavi, he worked with UNAIDS, Unicef, and for the Iranian Government. He speaks fluent Persian, English and Dari, has a good understanding of Arabic and some French. His email address is: hsetayesh@gavi.org



Ekaterina ('Katya') Rykovanova

Katya joined Gavi on 23 March 2015 as Senior Country Manager, Country Support – Country Programmes. Her country portfolio includes Armenia, Azerbaijan, Djibouti, Georgia and Moldova.

Katya has a Master's Degree in European Studies from the University of Geneva. Prior to joining Gavi, she worked at the Global Fund to Fight AIDS, Tuberculosis and Malaria. She speaks fluent Russian, French, English and Spanish. Her email address is: krykovanova@gavi.org