



November 2013

Welcome to the second edition of the GAVI Alliance Programme Bulletin, the **quarterly information resource, launched earlier in 2013, specifically for implementing partners in all countries supported by GAVI.**

New!

You can now [sign up online](#) to receive the Programme Bulletin in English, French or Spanish

In this edition you will find a focus on GAVI's co-financing policy and on the monitoring and evaluation framework for Health System Strengthening, complementing other policy and programme information.

In addition, in order to assist us to enhance our dialogue with in-country partners and improve the quality of our communication, we are seeking your feedback on how the Bulletin helps you understand GAVI policies and programmes. Please share your perspective by filling out the **online feedback form**: <https://mygavi.wufoo.com/forms/gavi-programme-bulletin-feedback-form/>

And as always, your contributions to the Bulletin are very welcome. Feel free to share your experience by email: countries@gavialliance.org. Happy reading!

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2014 IRC and country submission cut off dates

Related downloads

- *Application guidelines and related information*
www.gavialliance.org/country/

The following dates apply for 2014 applications for new vaccine support and health system strengthening. Updated application forms and guidelines will be released in early 2014 with details on application processes and requirements, including elements of the proposed redesign of the broader application, monitoring and review systems.

Dates in 2014 for new vaccine support and health system strengthening

Cut-off date for submissions*	IRC meeting	Applications considered	Application materials
24 Jan. 2014	27 Feb. – 7 March 2014	New Vaccine Support (NVS) and Health System Strengthening (HSS)	2013 guidelines, and existing IRC TOR
1 May 2014	23 June – 4 July 2014	All windows	To be released in early 2014
15 Sept. 2014	10 – 21 Nov. 2014		

* From 2014 onwards, GAVI will be accepting country applications on a rolling basis. If a country misses the cut off dates for a given round, the application will be reviewed in the next round.

About GAVI's co-financing policy

Related downloads

- *GAVI Alliance co-financing policy*
- *Vaccine co-financing: frequently asked questions*
- *Immunisation financing toolkit: a resources for policy makers and programme managers*

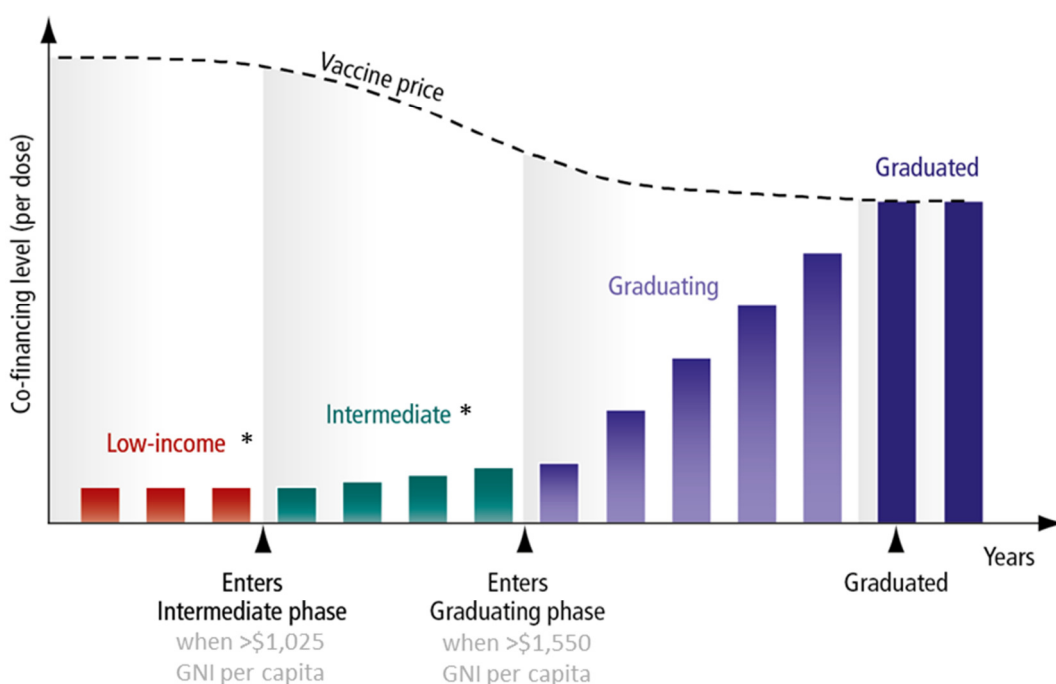
www.gavialliance.org/about/governance/programme-policies/co-financing/

GAVI has pioneered a co-financing model which lays the ground for enhanced **country ownership** and **long-term sustainability** of national vaccine financing.

So that countries contribute to the cost of the vaccines they receive, the co-financing policy requires a proportion of the vaccine doses to be procured with non-GAVI funds. The overall objective is to prepare countries for phasing out of GAVI support for new vaccines, recognising that the time frame for attaining financial sustainability will vary across countries.

Co-financing levels are determined by each country's expected ability to pay. As economically stronger countries approach graduation, co-payments will gradually increase to cover the full cost of vaccines.

GAVI's co-financing model



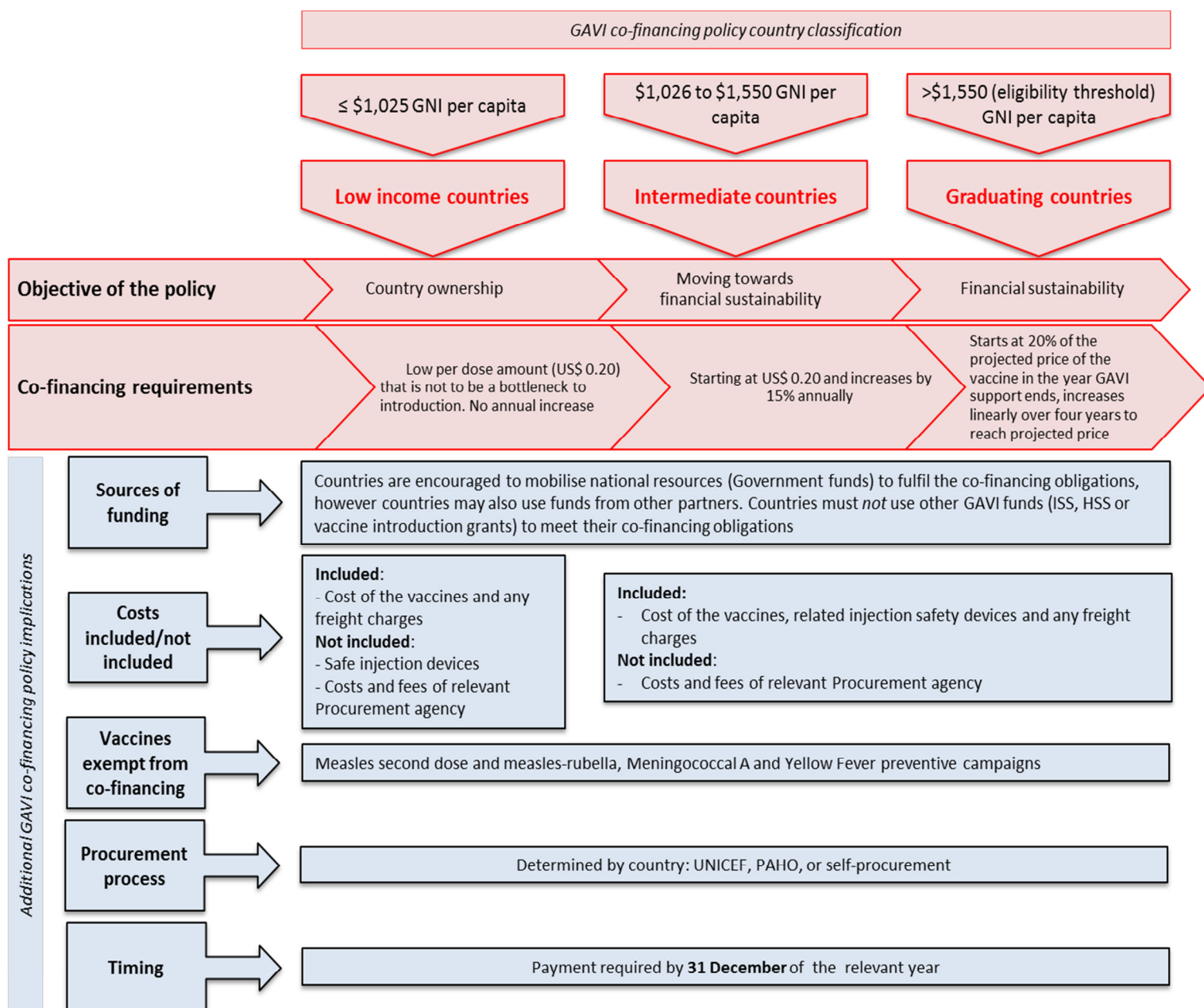
* The number of years for low-income and intermediate phases may vary as they are determined by the GNI/capita level of the country.

Countries are encouraged to follow national procedures and regulations for the fulfilment of co-financing. As an alternative to procuring the required co-financing amount through either UNICEF or PAHO's Revolving Fund, a country may therefore self-procure the required portion of the GAVI-supported vaccines, with the exception of pneumococcal vaccine. Due to the AMC agreement, countries must procure the co-financing requirements for pneumococcal vaccine through UNICEF Supply Division in order to access the agreed price.

GAVI co-financing policy at a glance

The co-financing contributions are established on the basis of a country's income and are calculated on a per dose level. The three country groupings and their related co-financing policy implications are outlined below.

The co-financing GNI thresholds indicated below apply to 2013 and are revised annually based on World Bank data published in July of each year. This allows countries one year to adjust their budgets after the release of new GNI data.



Planning for IPV Introduction

Key dates

21-22 November 2013: *Final decisions on GAVI's support and policies for IPV will be reviewed and considered by the GAVI Alliance Board*

December 2013:
Opening of GAVI application window for IPV

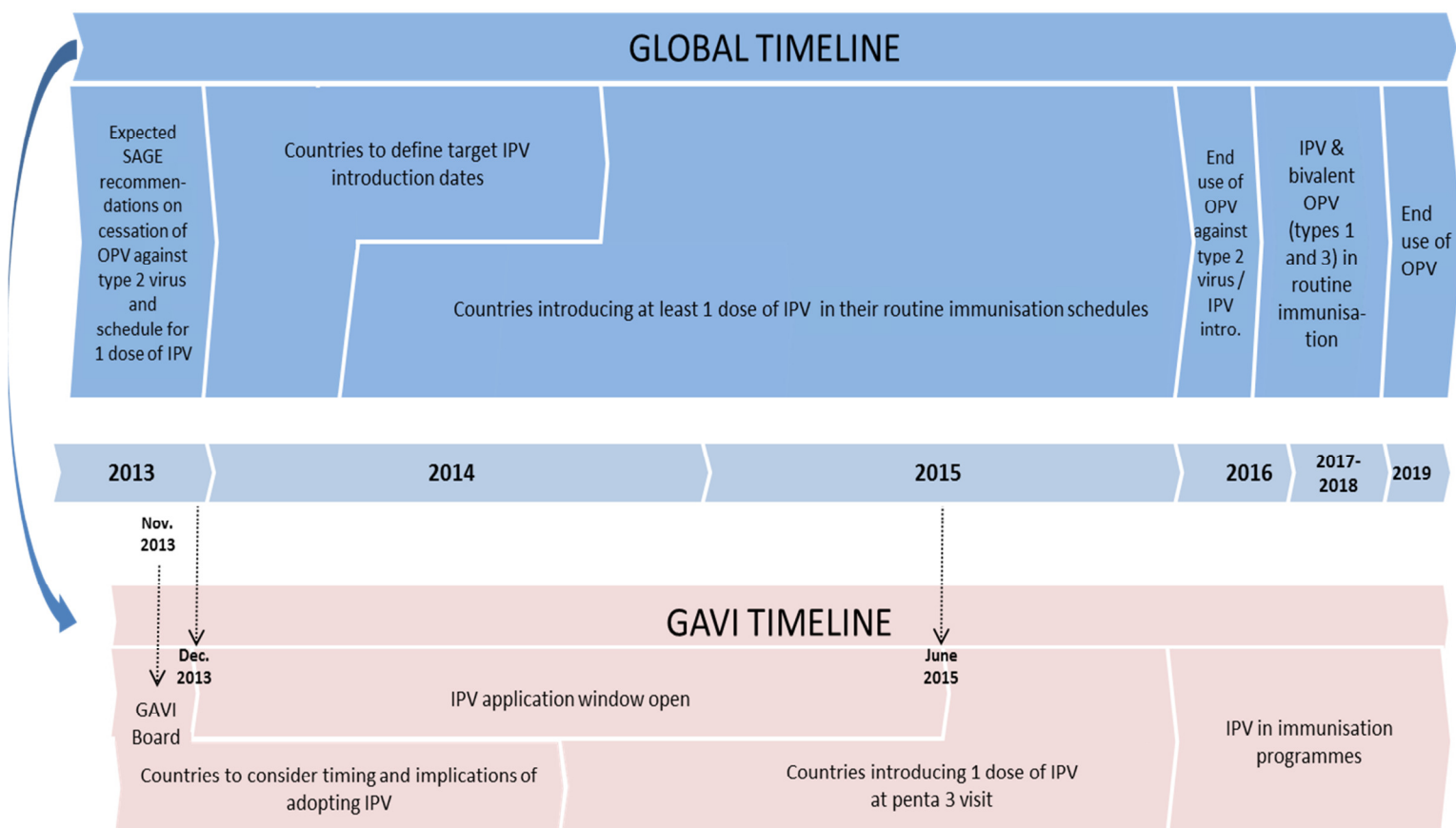
In May 2013, the WHA endorsed the *Polio Eradication and Endgame Strategic Plan 2013-2018*, which calls on countries to strengthen routine immunisation services and introduce at least one dose of Inactivated Polio Vaccine (IPV) into immunisation schedules by the end of 2015.

At its meeting in June 2013, the GAVI Alliance Board recognised the importance of strong partnership and complementarity between the GAVI Alliance and the Global Polio Eradication Initiative (GPEI) in support of GPEI's responsibility for eradication efforts.

GPEI and GAVI Alliance partners are now working together to assist countries in considering the implications of the *Endgame Plan*. **A decision in November by the GAVI Alliance Board will determine how GAVI will provide support for countries to introduce one dose of IPV.** Recommendations going to the Board include that GAVI provide support to GAVI eligible and graduating countries for IPV, and that IPV be exceptionally exempted from GAVI's usual requirements for country co-financing.

Countries have recently received a formal communication from GAVI about this process, and will be informed of the Board decisions as soon as possible. To support initial planning for the IPV introduction, the timeline below illustrates the successive phases for IPV introduction at a global level, highlighting the specific timing that applies to GAVI countries.

IPV Introduction timeline

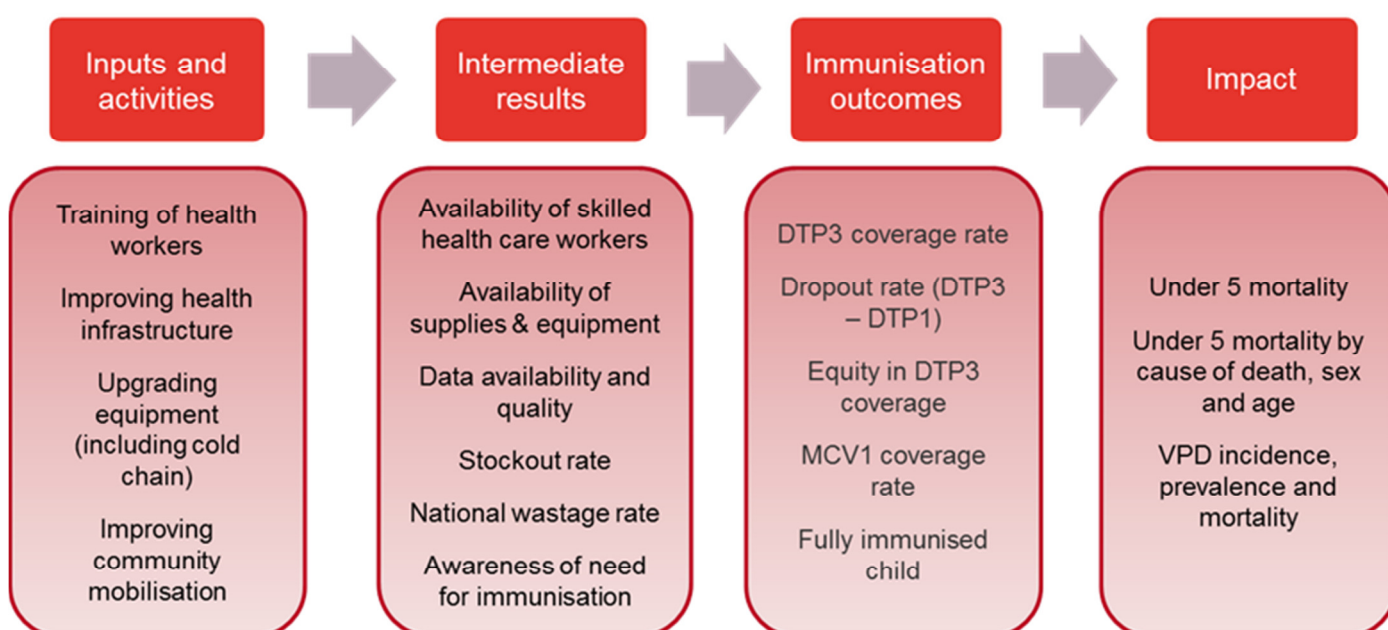


HSS cash support – Strengthening Monitoring & Evaluation

Focus on results

GAVI's health system strengthening (HSS) cash support aims at addressing system bottlenecks to achieve better immunisation outcomes, including coverage and equity. In line with this results-oriented approach, HSS grant applications from countries need to be based on a strong bottleneck and gap analysis, and present a clear results chain demonstrating the link between proposed activities and improved immunisation outcomes. GAVI's result chain and M&E framework is based on the M&E framework of the International Health Partnership, IHP+.

Illustrative results chain for GAVI HSS cash support



More information

Countries are required to include a strong M&E framework in their HSS application, aligned with national M&E plans and processes. For more details:

www.gavialliance.org/support/apply/hsfp/

Questions on GAVI's HSS support and results framework?

Contact:

gavihss@gavialliance.org

Focus on data quality

In order to report on intermediate results, countries may use their routine information systems and are also encouraged to use GAVI HSS cash support to strengthen routine information systems and improve data quality, including surveys and the institutionalisation of routine mechanisms to track data quality improvements over time.

Upcoming M&E workshop

WHO regularly convenes workshops on GAVI HSS support – an upcoming one will focus on monitoring for results, with countries which are part of the first phase of GAVI's performance based funding (PBF) approach. The current tentative dates of the workshop are November 27-29, in Addis Ababa, Ethiopia. This workshop will be an opportunity to further discuss the PBF approach, review and improve M&E frameworks for GAVI HSS grants, and focus on methods for strengthening information systems and improving data quality.

On consultation with partners, future similar workshops may be convened and materials shared with other countries.

Interactive map “Delivering Together”



www.gavialliance.org/delivering

From the donors' front: GAVI's Mid-Term Review

On 30 October 2013, GAVI brought together more than 150 partners in Stockholm, including donors, potential donors, implementing countries, the private sector, civil society and vaccine manufacturers for its 2013 Mid-Term Review (MTR). The aim was to take stock of the progress the Alliance has made in reaching its goals halfway through its five-year strategy (2011-2015), as agreed with donors when they committed an additional US\$ 4.3 billion to GAVI in June 2011.

The event's co-hosts Sweden and Ghana, represented by Hillevi Engström, Minister for International Development Cooperation and His Excellency Dramani Mahama, President of Ghana, respectively together with GAVI Alliance Board Chair Dagfinn Hoybraten, formally opened the event.

In the margins of the MTR, the [GAVI website](http://www.gavialliance.org) ran a series of online human interest stories from the frontlines of immunisation, illustrating the successes and challenges of developing country efforts to deliver life-saving vaccines. Over the last couple of weeks, our website showcased stories from 12 different countries across Africa and Asia, starting with [Ethiopia](#), [Kenya](#), [Kyrgyzstan](#) and [Nigeria](#).

GAVI also recently shared its online MTR report with all donors which is posted online at: <http://www.gavialliance.org/>; this report examines how the Alliance is delivering on promises made in 2011.

Drawing on the lessons of the past two and a half years and feedback from the MTR meeting, GAVI will develop its next strategy for the period 2016-2020. The Alliance will also step up preparations for its next replenishment period (2016-2020) with the major pledging meeting anticipated late 2014 or early 2015.

Key policies for Board review in November 2013

The next GAVI Board meeting will take place on 21-22 November 2013 in Phnom Penh, Cambodia. The following new or updates to policies are expected to be brought to the Board for consideration and decision:

- **Graduating Policy**
Objective of the new policy: to broaden the scope of engagement to better prepare countries for graduation and strengthen sustainability of the immunisation program.
- **Transparency and Accountability Policy**
Objective of the new policy: to ensure GAVI cash support is used according to programme objectives and in accordance with best practice for financial management.
- **Gender Policy**
Objective of the new policy: to ensure a gender perspective in the design, planning, and delivery of vaccinations and other health services.



➤ **Vaccine Investment Strategy**

Objective of the new policy: determine new vaccines to be supported by GAVI for the 2015-2019 phase.

➤ **IPV support plans**

Final decisions on GAVI's support and policies for IPV will be reviewed and considered by the GAVI Alliance Board.

Civil Society Organisation in-country engagement

Recognising the contribution made by Civil Society Organisations (CSOs) towards increasing immunisation rates, GAVI established its first ever direct partnership with CSOs to its business plan implementation in 2011. The funds, managed by Catholic Relief Services (CRS), support country-level civil society to build capacity of national CSO platforms for effective engagement in expanding immunisation coverage under the health system strengthening.

Through this grant CRS and its CSO partners are contributing to GAVI's Strategic Goal 2: "Contribute to strengthening the capacity of integrated health systems to deliver immunisation".

What has been done so far?

CSO reach extends from community mobilisation, behaviour change communication activities, and influencing governments, to providing timely immunisation activities in hard-to reach communities. CRS and partners have already made significant progress in the 14 target countries identified:

- 14 country-level civil society organisation networks have been established*.
- 128 civil society organisations actively playing leadership roles.

Selected examples of recent progress from Q3 2013:

- **HSS Proposal Development:** CRS supported the CSOs in Kenya, Nigeria and Ghana to hold preparation meetings where discussions on their participation in HSS with the National government took place.
- **Capacity building:** CRS held three face to face workshops on Practical Financial management for NGOs, Project management for Development Professionals, and Media and communications.
- CRS **advocacy** consultant worked with the CSO platforms in Kenya, Guinea, Chad, Uganda, Ghana, Haiti, Malawi, Burkina Faso, and Liberia to finalize advocacy strategies; Review and monitor advocacy work plans; and cascade advocacy skills to platform members.
- The India Platform undertook an **exchange study visit** in Ghana, where they learned more about how the Ghana coalition was formed, how it coordinates its members, the relationship with EPI and ministry of health, and how the coalition functions.

*The 14 countries are: Burkina Faso, Chad, DRC, Ethiopia, Ghana, Guinea, Haiti, India, Kenya, Liberia, Malawi, Nigeria, Pakistan, Uganda.

Learn more about CSO's engagement

Read the bi-annual newsletter of the GAVI CSO constituency, *The Civil Society Dose*:

www.gavialliance.org/library/publications/other-publishers/

Who is your GAVI focal point

Dr Marthe Sylvie Essengue Elouma is the Head of Country Team for the AFRO Francophone region. In this capacity, Marthe Sylvie manages a team of Country Responsible Officers and Programme Officers, who are together responsible for all aspects of GAVI's support and relationship with 20 francophone countries in the West, Central and Southern Africa.

After starting her career as a general practitioner in her home country Cameroun, Marthe Sylvie joined the WHO headquarters in Geneva where she supported AFRO countries in developing stronger health systems. Building on her experience in public health at both national and international levels, Marthe Sylvie joined GAVI in 2007, where she further increased her expertise in immunisation programmes and health systems in Sub Saharan Africa.

Marthe Sylvie spends fifty per cent of her time traveling to Sub Saharan Africa, coordinating efforts of key stakeholders in the region to improve immunisation performances and monitor the implementation of GAVI support.

Dr Marthe Sylvie Essengue Elouma

**Head of Country Team, AFRO
Francophone Region**



"Many of the AFRO francophone countries suffer from weak health systems and underperforming immunisation programmes. A constant dialogue with all key stakeholders on the ground is essential to address each country's specific situation and needs."

Programme update – Measles and Rubella vaccines

Related downloads

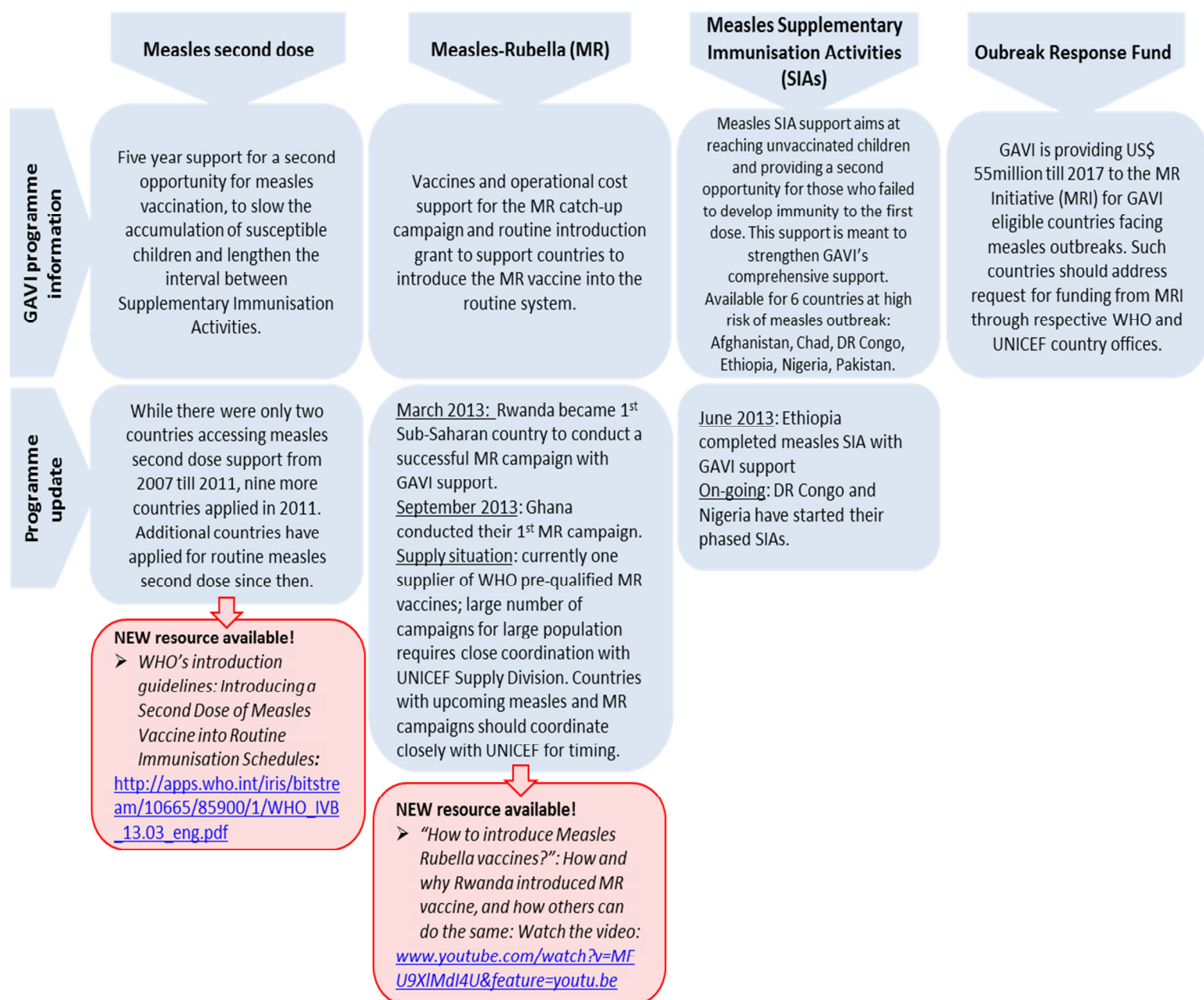
- Application guidelines and related FAQs:

www.gavialliance.org/support.apply/

GAVI is helping protect against measles and rubella through new vaccine support programmes and outbreak response funding.

Find your way through the four main types of support GAVI provides for measles containing vaccines, and check out the new online resources.

GAVI support for Measles and Rubella vaccines





Highlights from recent publications and other resources

- **Updated WHO position paper on *haemophilus influenzae* type b vaccines**
Published in English and French on 27 September 2013 in the WHO Weekly Epidemiological Record – <http://www.who.int/wer/2013/wer8839.pdf>. Grading tables presenting the level of scientific evidence underpinning the key recommendations of the paper, together with a list of key references, slides for presentations and a one-page summary are available at <http://www.who.int/immunization/documents/positionpapers/en/index.html>. Arabic, Chinese, Russian and Spanish translations of the position paper will be posted on the appropriate language pages (click on tabs at top right of page) of <http://www.who.int/immunization/documents/positionpapers/en/index.html> in due course
- **Three modules on use of MenAfriVac™ (meningitis A vaccine) in a controlled temperature chain (CTC) during campaigns**
[Online modules](#) that provide countries with guidance on when and how to take advantage of the use of the vaccine for a period of up to 4 days at temperatures of up to 40°C in a controlled temperature chain:
 1. Guidance for immunization programme decision-makers and managers ([WHO/IVB/13.04](#))
 2. Training module for organizing immunization sessions ([WHO/IVB/13.05](#))
 3. Adaptation guide and Facilitators guide ([WHO/IVB/13.06](#))
 All available at: http://www.who.int/immunization/documents/WHO_IVB_13.04_5_6/en/index.html
- **Apply for Health System Strengthening Reprogramming**
Download the HSS reprogramming material: <http://www.gavialliance.org/support/apply/hss/>
- **GAVI's Immunisation Insights newsletter**
Update on immunisation and child survival: www.gavialliance.org/library/news/immunisation-insights/

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