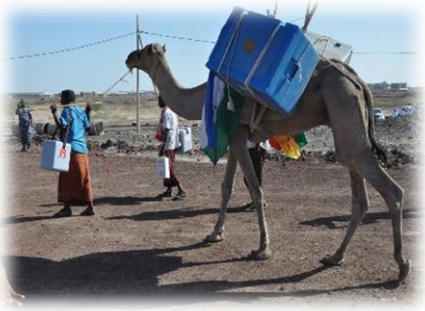
Programme Bulletin

Your platform to share successes, stories and best practices

October 2015 – 4th Edition

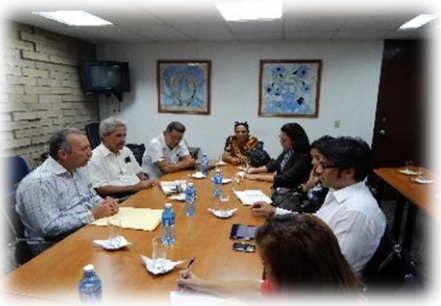
SUMMARY

EXPERIENCES FROM THE GROUND



Highlights from 2015 World/African Immunisation Week in Ethiopia & Pakistan……P.2

Ethiopia PATH Staff Metchal Gebreyesus and Lubna Hashmat, Chief Executive Officer of Pakistan CSO Platform (CHIP) share best practices around World/African Immunisation Week in Ethiopia and Pakistan.



What makes a successful joint appraisal?……P.3

Building on his experience in the PAHO region, Gavi SCM Homero Hernandez shares tips and guidance to help countries prepare and conduct successful joint appraisals.

Best practices from India……P.5

This section provides highlights of successful innovative initiatives implemented in India with UNICEF support, emphasising the key role of front line health workers, CSOs, and Imams in promoting immunisation and strengthening the health delivery system.

UPDATES FROM COUNTRY PROGRAMMES

GAVI & YOU

EDITORIAL

Dear Readers,

We hope you enjoyed reading our previous edition of this Bulletin specially developed for our in-country partners. By showcasing your stories, experiences, and successes, we hope to foster cross-country learning and to share innovative ideas to ultimately help countries increase immunisation coverage and equity.

This edition features key highlights from World/African Immunisation Week, examples of successful initiatives and best practices from Africa and India. It also provides tips about how to conduct successful joint appraisals and how to define technical assistance needs featuring examples from Afghanistan and Liberia. There is also a full section on Gavi updates.

Finally, this Bulletin features new staff and new tools and resources, such as our brand new Advocacy for Immunisation Platform to help countries conduct successful advocacy efforts.

Enjoy the 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

Highlights from 2015 African Vaccination Week in Ethiopia

This year, the African Vaccination Week (AVW) was celebrated from 24 to 30 April under the theme "Vaccination a gift for life". Metchal Gebreyesus, advocacy and communications advisor at PATH Ethiopia shares how AVW was celebrated in Ethiopia.

AVW was celebrated for the fifth time, aiming to raise public awareness and conduct intensive vaccination activities.

The week started with radio and TV spots, panel discussions, and a press release by the Federal Ministry of Health and Regional Health Bureaus.

The AVW launching was held in the presence of Dr. Zufan Abera, senior advisor for the State Minister of Health, his excellency Mr. Awol Arba, Vice President of Afar regional State and representatives of Federal parliament and WHO, UNICEF, PATH, CHAI, CCRDA/CORE Group , Rotary , IFHP and JSI-UI-FHS. Children song (written by PATH) gave color to the launching ceremony and transmitted important messages about vaccination, emphasising that it is a gift for life.

Consultative meetings was another important activity of the launching which was attended by senior officials, representatives of partners, stakeholders. Participants discussed about the challenge and progress of the immunisation programme and gave important insights to improve the

immunisation coverage in general and mechanism to reaching hard to reach communities in particular.

Due to a number of media spot transmission and various sensitisation and social mobilisation activities, which started one week before the launching date, a high number of children were vaccinated during the catch-up immunisation activities conducted during the whole week in all health facilities throughout the country.

Highlights from 2015 World Immunisation Week in Pakistan

Throughout World Immunisation Week (WIW), Pakistan CSOs implemented multiple activities to raise awareness about the importance of immunisation in several Provinces, including Gilgit Baltistan, Khybera Pakhtunkhwa, Punjab, and Sindh.

Pakistan CSOs Coalition for Health and Immunisation (PCCHI) is a group of CSOs that are working to strengthen immunisation coverage in all provinces of Pakistan through social mobilisation,

service delivery and capacity building interventions. According to Lubna Hashmat, chief executive officer facilitating the CSO 'Civil Society Human and Institutional Development Programme (CHIP)', "*CSOs of PCCHI have independent community development programmes in their respective geographical areas along with specific focus on increasing immunisation coverage and improving maternal and child care. PCCHI works in harmony with Federal and Provincial Expanded Programme on Immunisation (EPI) and district health departments to complement each other's efforts for increasing immunisation coverage in Pakistan.*"

The variety of activities including puppet shows, interactive theatre performance, article writing competition, poster competition, quiz competition, radio programmes, competition between babies who have completed immunisation course, discussion forums, public demonstrations, interactive talks with religious leaders, awareness raising sessions in schools, vaccination campaigns, and dissemination of educational pamphlets and awareness raising sessions, especially with parents and decision-makers, were very helpful in raising awareness level of masses about importance of immunisation of children and women. It was also very helpful in increasing harmony between CSOs and Department of Health to come forward and cooperate for increasing immunisation coverage in Pakistan.

For more information, please visit: http://www.chip-pk.org/wp-content/uploads/2015/02/Newsletter-April-June-2015.pdf

What makes a successful joint appraisal?

A joint appraisal is an annual, in-country multi-stakeholder review of the implementation progress and performance of Gavi's vaccine and cash support to countries, and of its contribution to improved immunisation outcomes. The appraisal helps identify bottlenecks to the national immunisation programme, and enables to see where greater investments and efforts are needed.

Homero Hernandez, Gavi SCM for the PAHO region, shares tips and guidance to help countries prepare and conduct successful joint appraisals (JA).

Q. Why do countries need to do JA?

A. *Previously, to renew funding, countries submitted an annual progress report (APR) to the Gavi Secretariat along with a request for the next year's vaccine and cash support. The renewal decisions were based on an annual desk review by the independent review committee (IRC) with limited dialogue or grounding in country context.*

As part of the redesign efforts, the JA process and the high level review panel (HLRP) were introduced, to move the discussion on grant implementation progress and future needs to the country level and engage more effectively those most familiar with the Gavi support. The outcomes of the JA serve as the main source of information provided to the HLRP, and is an entry point for identifying technical assistance needs in countries.

Q. What are the roles and responsibilities of different partners?

A. *To conduct a successful JA, it is critical for all the major immunisation stakeholders working at country level to be involved. JA usually gather Gavi's core partners, WHO, UNICEF, the World Bank, CDC, representatives from the Bill and Melinda Gates Foundation, donor and CSO representatives, etc. The Gavi SCM is also present in person for JA.*

Q. How can SCMs help countries prepare for their JA? What tools have proved to be useful?

A. *One of the success factors is to get started and prepared early. A key tip is not to wait until the country runs low on funds to start the process. To help countries, I usually send the templates early and they have found it helpful as it triggers dialogue among partners at an early stage.*

We had initially developed some tools but they were not fit for purpose at country level, so Gavi conducted a wide consultation process, received great feedback and improved the written guidelines and templates for conducting JA. They are also available on the Gavi website.

Q. What have been some of the challenges you noticed in some countries?

A. *The challenges I noticed from my experience in Haiti and Cuba were mostly a lack of general understanding of the processes at country-level. The importance of preparedness – both partners as well as government counterparts, can make the joint appraisal visits much more efficient. I remember in my first visit for Haiti's JA, we had to spend two and a half full days just writing the JA report because there no draft report had been prepared in advance.*

Q. Could you share some tips to help countries conduct successful JA?

A. *EPI Managers and technical partners really need to be well prepared for technical assistance (TA)-related discussions. It's critical for countries to have completed an analysis of the current TA and to have identified the TA needs for the future before the JA takes place.*

My last missions for JA in Haiti and Cuba were very successful because countries were well-prepared, well-organised, and engaged in the process. To share some good practices, we had regular teleconference calls gathering all the participants of the JA to discuss about the information needed/missing, and to develop the agenda and scope of work, etc. The government designated a draft rapporteur who prepared a draft report ahead of time for review and finalisation during the JA visit. There was also a good division of tasks among partners according to the field of expertise.

I have also appreciated the field visits organised around the JA as I was able to see firsthand the realities and challenges in the field. I truly recommend these approaches to all countries.

For more information, please visit: http://www.gavi.org/Support/Joint-appraisals

Define technical assistance needs: Taking the experience of Afghanistan

The country-led joint appraisal (JA) process is certainly one of the best avenues to help countries identify their technical assistance (TA) needs to support implementation of Gavi's investment in the country. The JA conducted in Afghanistan shows a concrete example of the linkages between the JA and the identification of the TA needs. The JA was co-convened by the Ministry of Public Health (MOPH) and Gavi, and included representatives from the Ministry of Public Health, WHO, UNICEF, the ICC and the HSCC, including CSOs. They jointly reviewed progress made, identified health systems and immunisation-related bottlenecks and challenges, and brainstormed together on the categories of TA support needed to address these bottlenecks and challenges.

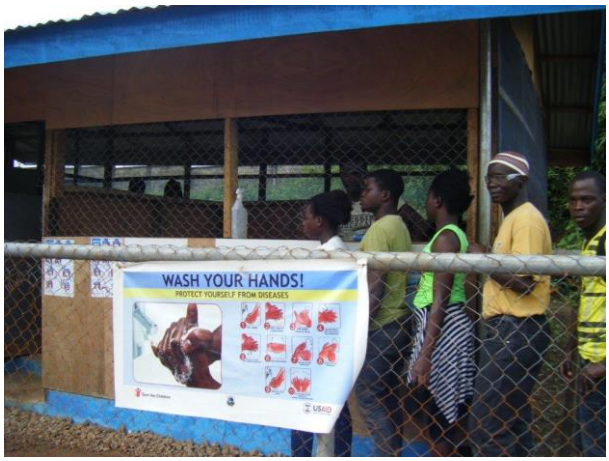
The Afghanistan JA revealed some of the most significant bottlenecks, including: coverage and equity challenges, cold chain capacity and infrastructure issues, poor awareness and demand for immunisation in the community level, limited capacity for data collection, analysis and monitoring. The country and its partners identified specific TA needs to address each of the challenges– ie. TA needs for training community members to reach the hard to reach populations and to increase awareness and demand for immunisation; TA needs for supporting the implementation of the effective vaccine management improvement plan to address some of the cold chain related issues, etc.

The good news is that the request for information (RFI) launched by Gavi in June 2015 has helped identify 56 partners (from global, regional, and local level) interested in providing technical assistance to all Gavi-supported countries to accelerate progress on coverage, equity, and sustainability of immunisation. The JA process provided the opportunity to discuss options on the best partners that could provide the TA along with the traditional partners (WHO, UNICEF, CDC, the World Bank) to help address the bottlenecks identified.

Perspectives from Ebola-affected countries: Taking the example of Liberia

The Ebola epidemic had a devastating impact on the health systems in the affected countries with disruptive effects on childhood immunisation programmes. In Liberia, the Ebola virus disease (EVD) outbreak led to infrastructure and commodities disruptions (many health facilities were closed or un/understaffed during the outbreak); it reduced human resources for health (a lot of health workers died); interrupted new vaccines introduction; weakened referral systems; and disrupted quality of care including infection control. Very importantly, the drop in immunisation coverage in light of the Ebola crisis led to an outbreak of measles and pertussis. They resulted in a loss of confidence of caretakers and mothers in health services, including immunisation. There were substantial increased refusals for service due to misconceptions and fears post-EVD. This led to a distrust in government broadly, and immunisation services specifically affecting coverage which dropped by approximately 30% in Liberia.

In order to tackle the disease, a series of strict safety and prevention measures were adopted, including mandatory temperature checks and hand washing in a variety of urban and rural areas. The strong commitment, discipline and collaboration between the Government and its partners have been instrumental to address the crisis. Now, efforts are still ongoing to consolidate the health system post crisis and the recent joint appraisal process conducted in Liberia successfully identified the country's technical assistance needs. For example, to overcome the challenges related to community perceptions and confidence in the health system, a strong emphasis will be put on communications and messaging as well as community engagement. A strong partnership between the Government, community and religious leaders, NGOs and civil society organisations is also essential.



On another note, to expedite national restoration efforts of the health system including catch-up vaccination campaigns, Gavi has applied a high level of flexibility in approving and disbursing funds for EPI recovery plan support as previously decided by the Board. This flexible and country-tailored approach has enabled the 3 Ebola-affected countries to not only reach those children who missed their routine vaccines but also to strengthen national efforts on routine immunisation programmes as a key element of the primary health care system. In support of these national restoration efforts, Gavi is also funding Civil Society Organisations from these countries to rebuild confidence in the health system. The fact that as of June 2015, no further outbreaks of VPDs have been reported already illustrate the success of the combined endeavours and flexible approach to the restoration of health systems in these countries.

Best practices from India *(Special thanks to the advocacy & communication section, UNICEF India)*

An alternate vaccine delivery system to increase immunisation coverage and equity

Odisha registred AVDS driver Pooranchandra and his Tikkakaran Express

In India, the Government is developing an alternate vaccine supply chain by making use of community-based organisations and civil society members in order to establish a strong system of vaccine delivery. The Government's alternate vaccine delivery system (AVDS) is an innovative programme in the vaccine distribution system, leveraging registered AVDS auto drivers who are taking care of collecting boxes of vaccines and supplies, loading them in their auto rickshaw, and distributing them to health centres. AVDS drivers also return the unused vaccines the same day, preventing any wastage. This initiative started showing great results in helping increase immunisation coverage and reaching hard-to-reach sites in the Odisha state.

Learn more about the AVDS initiative by watching this video: http://unicf.in/BNY-Odisha

The role of "ASHAs" (Accredited Social Health Activists) in promoting routine immunisation among primitive tribal groups

The ASHAs - India's frontline health workers - are an integral and critical link in the country's health delivery system. The Government of India's recently launched a routine immunisation campaign, "Mission Indradhanush", which puts special emphasis on the significant role played by ASHAs. They go to hard-to-reach areas and help identifying and tracking unimmunised children. They also educate, mobilise, and encourage communities to vaccinate all under and unimmunised children. ASHAs have shown to be particularly helpful in reaching and educating primitive tribal groups living in Alaudiya in Jharkhand about the importance and the benefits of immunisation to protect children against deadly diseases.

Asrita (ASHA in Jharkhand) educating women about the importance of immunisation

Learn more about the ASHAs by watching this video: https://www.youtube.com/watch?v=vQGGLgceW0s

Engaging Religious Leaders to Promote Vaccines and Immunisation

Imam Shamme Alam of Pakwada raising awareness among community members

Along with civil society and community health workers, Imams play a key role in contributing towards children's health, with the belief that 'service to humanity is the greatest religion'. Imams address communities every day, encouraging parents to get their children fully immunised by explain the importance of immunisation. A major challenge for community health workers under Mission Indradhanush's complete immunisation programme is to change the mindsets of families. In this regards, the support received from Imams is critical, as they use their influence among community members to ensure the healthy future of each child.

Learn more about the key role played by Imam Shamme Alam, of Pakwada, Moradabad who through his efforts has become an integral part of Mission Indradhanush by watching this video: https://www.youtube.com/watch?v=tWTTzfo2r70

Engaging in Gavi's decision-making processes

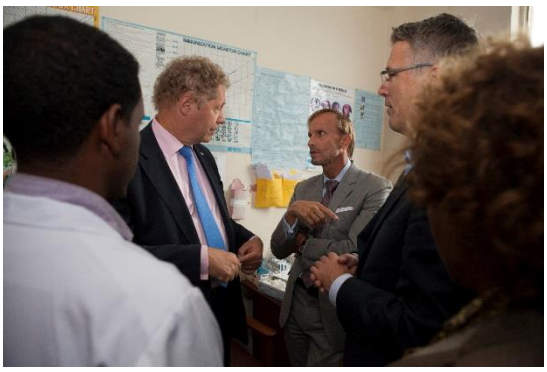
In June 2015, the Board decided to amend Gavi's eligibility & transition policy and to provide additional flexibility to allow countries like Ghana to better prepare and plan their transition out of Gavi support. Ghana's contribution to the Board discussion on graduation was critical to provide the country context in these discussions. Now Ghana will have two additional years to the five year graduation, which means that Ghana will be fully self-financing its immunisation programme by 2022. The Board believes that the additional support will provide the required time to adequately prepare and plan for the transition. Just like Ghana, you can engage in Gavi's decision-making processes at any time by leveraging your Board representative. Following WHO's regional division, each region has a Board representative nominated by its eligible constituency (see Gavi Board members here). The next Board meeting will be taking place on 3-4 December 2015 in Nepal. Have your voice heard through your Board representative!

Update on IPV

By 19 October, 25 countries have successfully introduced the Inactivated Polio Vaccine (IPV) in their routine programmes with Gavi support, and over 17 new IPV introductions are planned before the end of 2015. Despite progress made, many countries are currently facing delays in introducing IPV due to supply constraints as a consequence of reduced availability from manufacturers and of increased demand from supplementary immunisation activities (SIAs) and countries. Given the situation, a number of lower risk countries are now expected to introduce IPV in 2016 rather than in 2015 as initially planned. The introduction of IPV is a critical step to manage any potential risks associated with the next phase, where countries worldwide will switch from the trivalent OPV to the bivalent OPV, removing the type 2 component of the vaccine as type 2 wild poliovirus has already been eradicated. This in turn will lead to the complete removal of the live-attenuated oral vaccine, necessary to eliminate the risk of vaccine-associated polio outbreaks. According to the October 2015 SAGE decision, the switch is scheduled for April 2016.

Update on Gavi-Global Fund joint high level mission to Ethiopia

On 13-17 July 2015, Gavi and the Global Fund jointly organised a high level donor mission to Ethiopia. The purpose of this mission was to gain a strategic overview of Ethiopia's progress towards health related Millennium Development Goals (MDGs), as well as Global Fund and Gavi's portfolio of investments for HIV, tuberculosis, malaria, immunisation and HSS programmes. This joint mission was a great opportunity for the Global Fund and Gavi to harmonise and align their views in terms of support and collaboration for strengthening health systems in Ethiopia. They were able to review internal control environment and risk management, and to get an overview of the partnership environment and the opportunities for strengthening health care delivery systems as well as equity and coverage in Ethiopia. A key outcome of this joint mission includes the commitment of Gavi and the Global Fund to better align and cooperate to maximise the use of resources and impact in Ethiopia. The fact that the Global plans to move from project-based funding to the pooled funding mechanism with Gavi is a concrete example of this new joint cooperation. This joint partnership is also critical for strengthening the coherence and the coordination of the policy dialogue at country level.



Update on vaccine coverage and equity

The Alliance has supported important progress in improving equity in vaccine access within countries. Despite progress made, significant challenges remain to ensure full equitable access to immunisation within and across Gavi countries. Nearly 15 million children a year are still not reached with DTP3 in the 73 Gavi countries, and in a third of these countries, coverage remains under 80%. The Gavi 2016-2020 strategy has an enhanced focus on increasing coverage and equity of immunisation, and in ensuring progress is sustainable given that more than 20 countries are due to transition out of Gavi support by 2020. To enhance equity in vaccine access across countries, Gavi will maintain its efforts to accelerate introduction of new vaccines and strengthen its engagement with countries to better respond to individual needs through focused approaches and tailored support in a number of priority countries. Gavi will increasingly coordinate efforts with other partners and respond to countries' technical assistance needs.

New tools, resources and links

A new 'Advocacy for Immunisation' web-platform!

Gavi commissioned PATH and the International Vaccine Access Center (IVAC/JHU) to develop a new web-platform to help health advocates improve immunisation systems and access to life-saving vaccines. It was developed in response to a high demand from in-country stakeholders for advocacy capacity and skills strengthening, and with significant input and support from WHO, UNICEF, and Gavi and numerous immunisation partners at global and country level. It is intended for anybody interested in learning more about advocacy for immunisation – from those new to advocacy to more experienced advocates.

Divided in 5 learning modules – **THINK, PLAN, CREATE, ACT, ASSESS** – the advocacy platform provides a comprehensive end-to-end guide to vaccine and immunisation advocacy, including worksheets, documents, real illustrative stories, and resources, to help health advocates develop their advocacy strategies and implementation plans in support of strengthened immunisation programmes and increased coverage and equity.

Global and country users can share stories, country case-studies, toolkits, best practices examples of successful advocacy efforts, and other materials to enrich this tool and share their knowledge and experiences with fellow advocates and champions, by emailing ACinfo@path.org. This tool is also be available in French!

Be a voice for change in immunisation! Join the community champions for immunisation!
Visit: http://advocacy.vaccineswork.org

- **WHO UNICEF coverage estimates (WUENIC), 2014 revision -** Data, country profiles and publications on methodology available from: www.who.int/immunization/monitoring_surveillance/routine/coverage/en/index4.html (as of 15 July 2015)
- **WHO Data, statistics, and graphics:** http://www.who.int/immunization/monitoring_surveillance/data/en
- **New WHO guide 'Immunisation in Practice – A practical guide for health staff'** - Available in English and French at www.who.int/immunization/documents/training/en (as of July 2015)
- **New WHO practical guide for the design, use and the promotion of home-based records in immunisation programmes:** http://apps.who.int/iris/bitstream/10665/175905/2/WHO_IVB_15.05_eng.pdf
- **WHO Guidance and materials on the OPV Switch:** http://who.int/immunization/diseases/poliomyelitis/endgame_objective2/en
- **Measles risk assessment tool:** this tool identifies areas not meeting measles programmatic targets in order to guide and strengthen measles elimination programme activities and reduce the risk of outbreaks: www.ncbi.nlm.nih.gov/pubmed/25976980
- **SAGE meeting-related documents (April 2015):**
  - SAGE meeting report: www.who.int/wer/2015/wer9022/en/
  - Brief meeting summary: www.who.int/immunization/sage/meetings/2015/april/Summary_SAGE_april_2015.pdf
  - Background documents : www.who.int/immunization/sage/meetings/2015/april/en/index.html
- **Outcomes of the 68th World Health Assembly (May 2015):** www.who.int/mediacentre/events/2015/wha68/en
- **14th TechNet conference on immunisation supply chain and logistics: Current challenges, innovations, future prospects** (held in May 2015 in Bangkok): See the videos of the presentations: www.technet-21.org/home/about/tc2015
- **Vaccine management and logistics - logistics support - controlled temperature chain (CTC):** www.who.int/immunization/programmes_systems/supply_chain/resources/tools/en/index6.html

MEET YOUR SCMs

Colette Selman

Colette joined Gavi on 27 April 2015 as Regional Head in Country Support – Country Programmes. She manages the European, Eastern Mediterranean and Latin American regions.

Colette has an MSc in Development Management from the London School of Economics and MAs in International Relations and Social Anthropology. Prior to joining Gavi, she worked at the Global Fund, the European Commission, and in various countries around the world. She speaks Dutch, English and French with a good understanding of Spanish. Her email address is: cselman@gavi.org

"I am very excited to have joined the Gavi family and very much look forward to working with country stakeholders and partners towards improving immunisation outcomes and sustainability of Gavi investments in the EMRO, EURO and PAHO regions."

Antonia Pannell

Antonia joined Gavi on 1 May 2015 as Senior Country Manager, Country Support – Country Programmes. Her country portfolio includes Kenya, Rwanda, and Tanzania.

Antonia has a Masters in Public Health. Prior to joining Gavi, Antonia worked at the World Health Organisation in Geneva. Prior to that, she spent ten years working for health NGO, including five years in the field. She speaks English and French. Her email address is: apannell@gavi.org

"I am really looking forward to visiting each of the Gavi countries in my portfolio and to our continued engagement going forwards."

Magdi Ibrahim

Former Gavi Consultant, Magdi joined Gavi on 1 June 2015 as Senior Country Manager, Country Support – Country Programmes. His country portfolio includes Burkina Faso, Guinea, Ivory Coast, Mali, and Togo.

Magdi has a Doctorat d'Etat in Medicine, with a qualification in Community and Public Health. Prior to joining Gavi, he worked in Yemen and Jordan as a consultant, and as a Fund Portfolio Manager at The Global Fund. He has strong field experience implementing humanitarian and integrated development programmes. He speaks French, English, Arabic, and Spanish. His email address is: mibrahim@gavi.org

"I look forward to continued collaboration and to helping different in-country stakeholders and technical partners address challenges!"

Cyril Nogier

Cyril joined Gavi on 22 June 2015 as Senior Country Manager, Country Support – Country Programmes. His country portfolio includes Mozambique, Zimbabwe, and Eritrea.

Cyril has a Masters in health economics, health technology management and management as well as an engineering diploma. Prior to joining Gavi, he worked at the Swiss Tropical and Public Health Institute in Basel, taught health economics and financing in Switzerland, and worked for various NGOs. He speaks French, English, Spanish, and Portuguese. His email address is: cnogier@gavi.org

"I am eager to meeting and working jointly with countries and partners for strengthening immunisation coverage and equity."

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

Subscribe, unsubscribe or provide feedback: countries@gavi.org
Download the Bulletin from Gavi website: www.gavi.org/country