

JOINT ALLIANCE UPDATE ON COUNTRY PROGRAMMES

BOARD MEETING

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gavi.org



1

JOINT ALLIANCE UPDATE ON COUNTRY
PROGRAMMES

Programme performance

Overview of country programme performance as at Q1 2024

10.2 million

Number of zero-dose children (2022 – no change)

▲ 14.1% above baseline year (2019)

10 (Q1 2023) 13 (Q1 2024)

Reported outbreaks of vaccine-preventable diseases (which Gavi supports with reactive campaigns) (Mar 2024)

▲ Q1 2024: 5 Meningitis, 5 Cholera, 3 Yellow Fever

3 (Q4 2022) 1 (Q4 2023)

Stockouts (Q4 2023), vaccine doses in stock in country (Dec 2023)

▼ Q1 2024 stockouts: Liberia human papillomavirus (HPV)

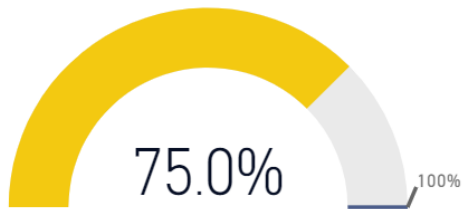


Number of countries with fully approved full portfolio planning (FPP) complying with Board decision (10% Civil Society Organisations (CSO) allocation) (March 2024)

7.9

Time to Disbursement in months (Jan 2024)

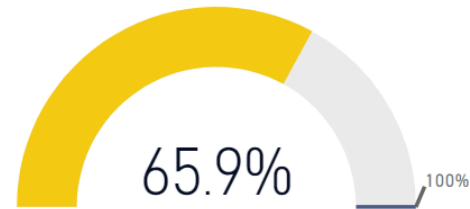
▼ Reduction of 1 month, compared to Aug 2023



Percent of grant funds utilised (health systems strengthening (HSS)) (Dec 2023)



HSS expenditure	
Dec 2022	US\$ 1.1 billion
Dec 2023	US\$ 846.4 million



Percent of grant funds utilised (Covid-19 Delivery Support (CDS)) (Dec 2023)



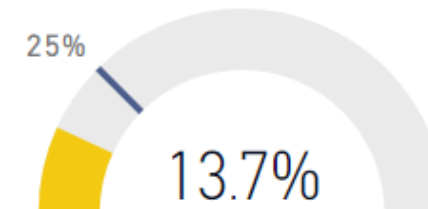
CDS expenditure	
Dec 2022	US\$ 229.4 million
Dec 2023	US\$ 415.6 million



Age of cash balance in-country (Dec 2023)



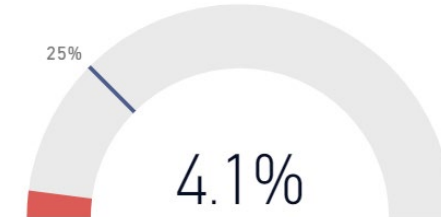
Decrease in cash > 18 months	
Dec 2022	US\$ 159.4 million
Dec 2023	US\$ 116.8 million



Funding disbursed (vs approved and latest forecast) (Mar 2024)



Disbursements	
Mar 2023	US\$ 117.1 million
Mar 2024	US\$ 104.6 million



Country co-financing obligation (Mar 2024)

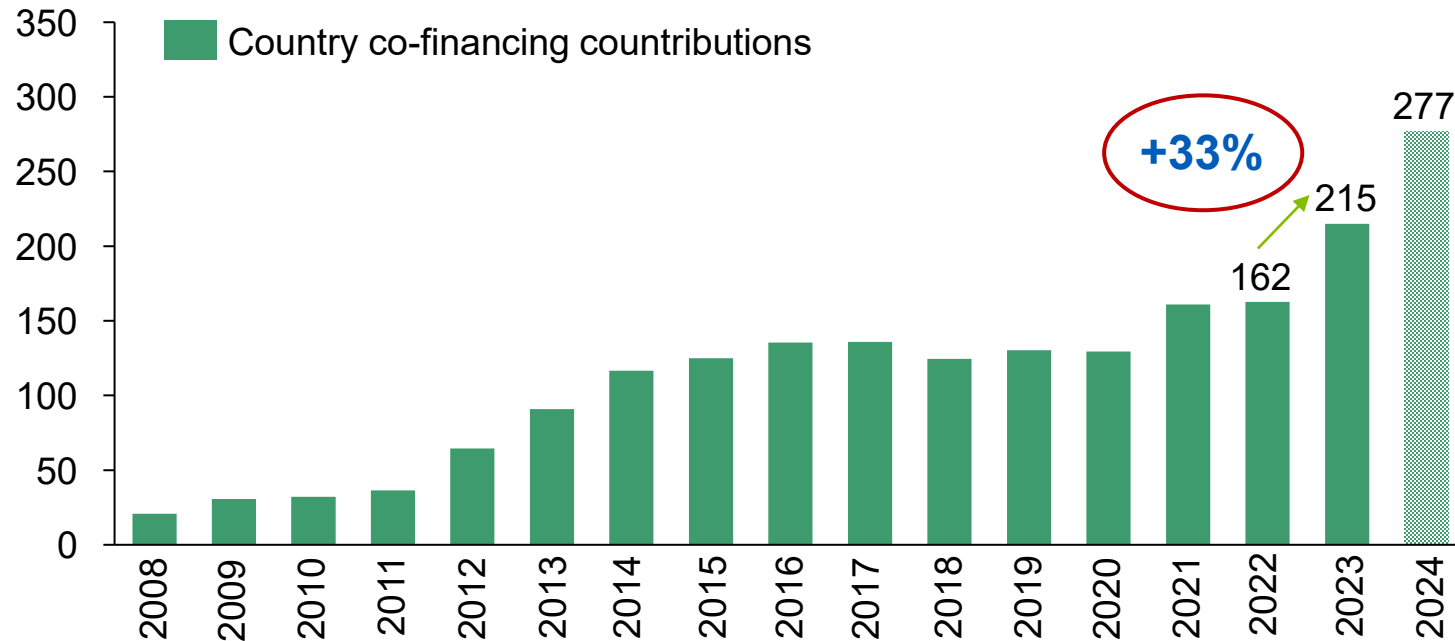


Decrease of US\$ 48 million in contributions, compared to March 2023

Countries continue to meet co-financing obligations despite material increase since 2022

Country co-financing contributions by year

US\$ million, 2008-2024



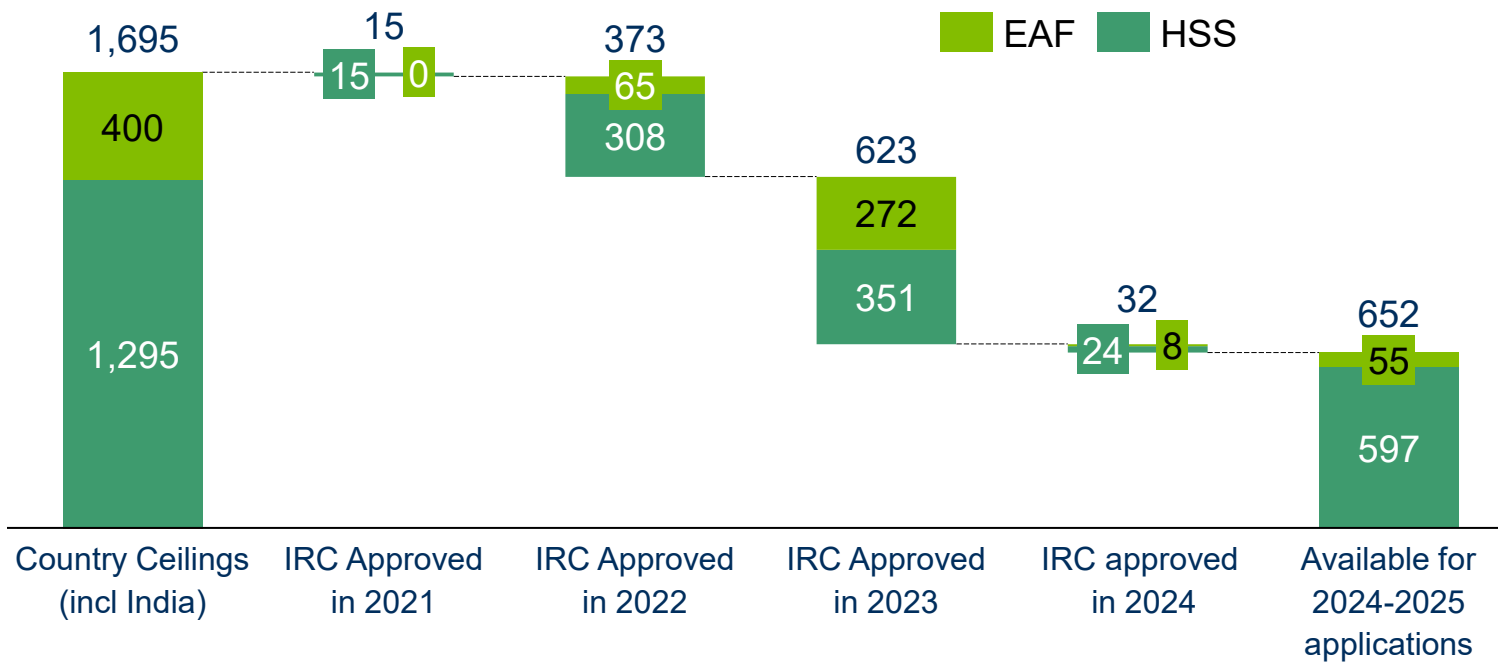
- Total co-financing obligations for 2023 amount to US\$ 215 million, a 33% increase from 2022 driven by a handful of countries in accelerated and preparatory transition phases.*
- Four countries were granted a co-financing waiver for humanitarian crisis in 2023 for a total amount of US\$ 8.5 million compared to three waivers valued at US\$ 1.9 million in 2022.**
- Co-financing obligations will increase an additional 29% in 2024
- Q1 2024 co-financing payments are behind Q1 2023 despite increase in obligations

*Nigeria, Bangladesh, Cameroon and Côte d'Ivoire account for 68% of this total increase of co-financing in 2023, where Nigeria, alone, makes up 47%

**Somalia, Sudan, Syria and Yemen received co-financing waivers in 2023.

Countries refocusing on routine immunisation with record acceleration in zero-dose programming

5.0 HSS and EAF IRC approved funding
US\$ millions



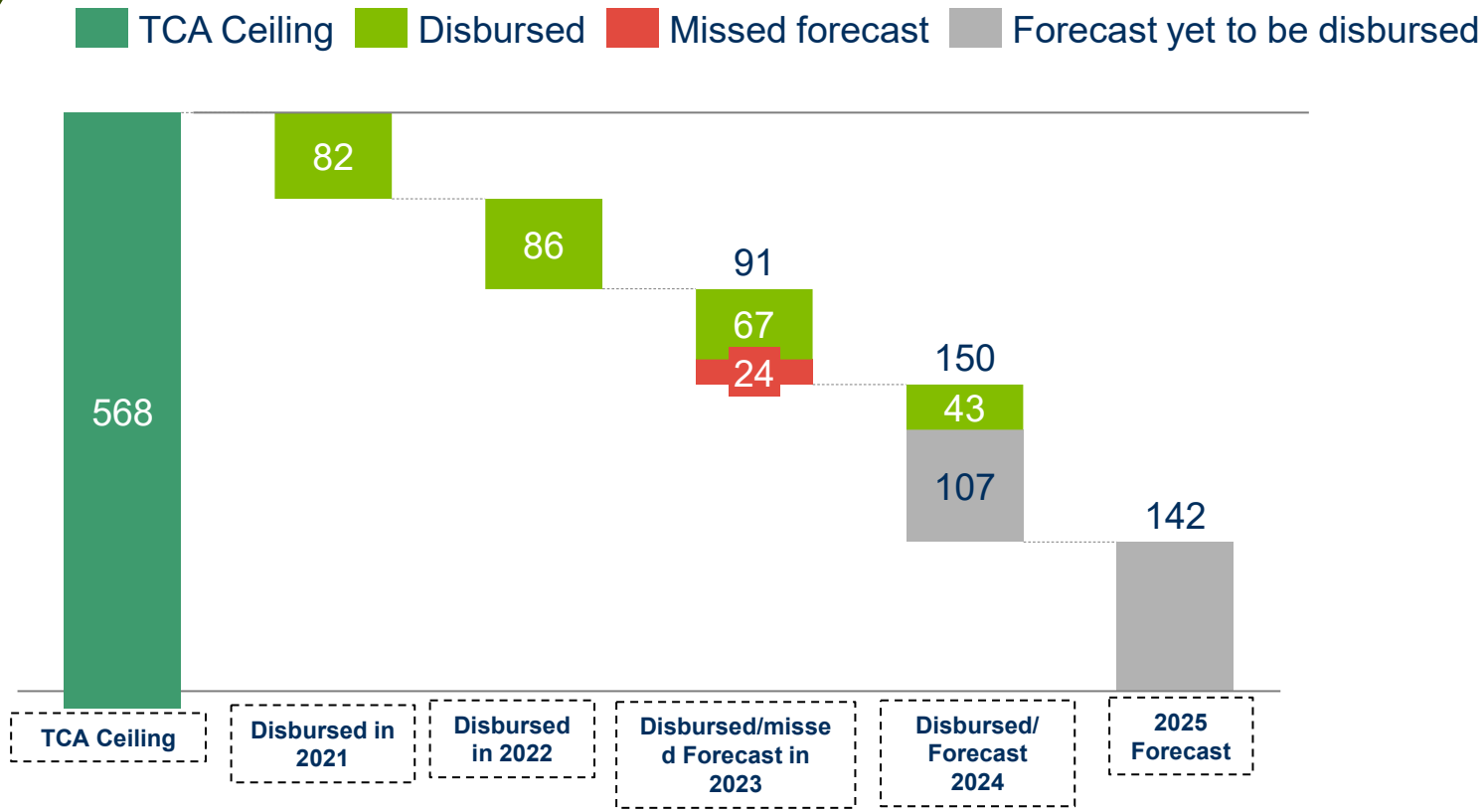
2023:

- **> 40 countries** approved for new HSS or Equity Accelerator Fund (EAF) grants
- **45%** funding dedicated to identifying and reaching zero-dose children
- **31** vaccine introductions and campaigns

2024 critical to **accelerate implementation:**

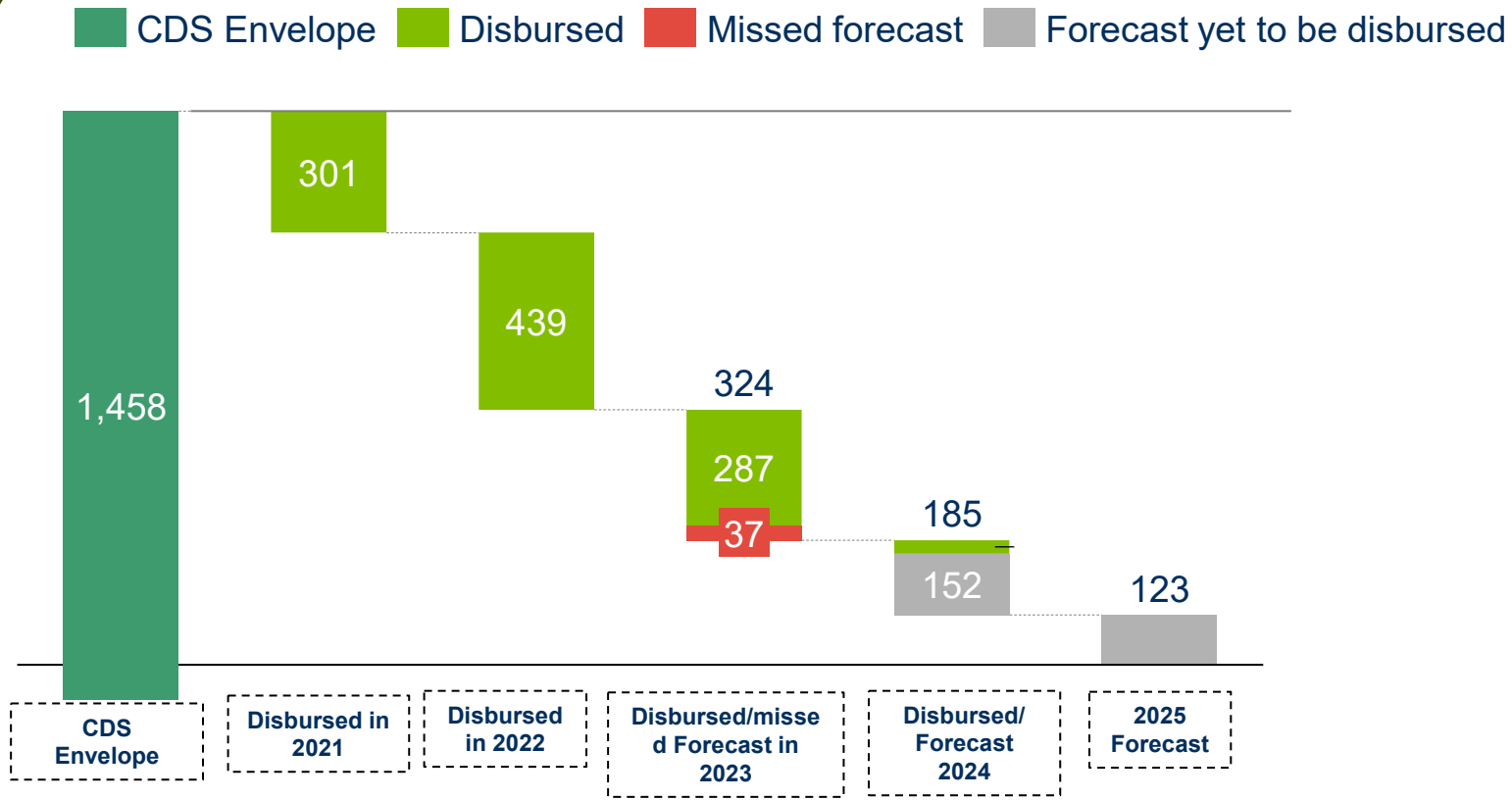
- **48** vaccine introductions and campaigns planned
- **30** IRC applications approved for cash and vaccine value of US\$ 175 million

Overview of Disbursement Vs Forecast –TCA 5.0



- 2021 and 2022 disbursements came in line with historical forecast data.
- 74% of forecast was met in 2023 for TCA*: \$24M underspent (impacted also by delayed GRs) and delays in CSO & HPV vs V21 forecast.
- 43M disbursed in Q1 2024 with planned disbursement** of 29M in Q2, 2024.
- A reallocation exercise is planned for June 2024 to address potential under-disbursement due to high 2024 & 2025 forecast.

Overview of Disbursement Vs Forecast –CDS 5.0



- 2021 and 2022 disbursements came in line with historical forecast data.
- 89% of forecast was met in 2023 for CDS*: \$37M underspent delays in CDS III implementation together with HFSE project vs V21 forecast.
- 33.2M disbursed in first 4 months of 2024 with planned disbursement** of 37M for the remaining Q2, 2024.
- A reprogramming of CDS available funding exercise is ongoing to address the identified urgent countries' needs.

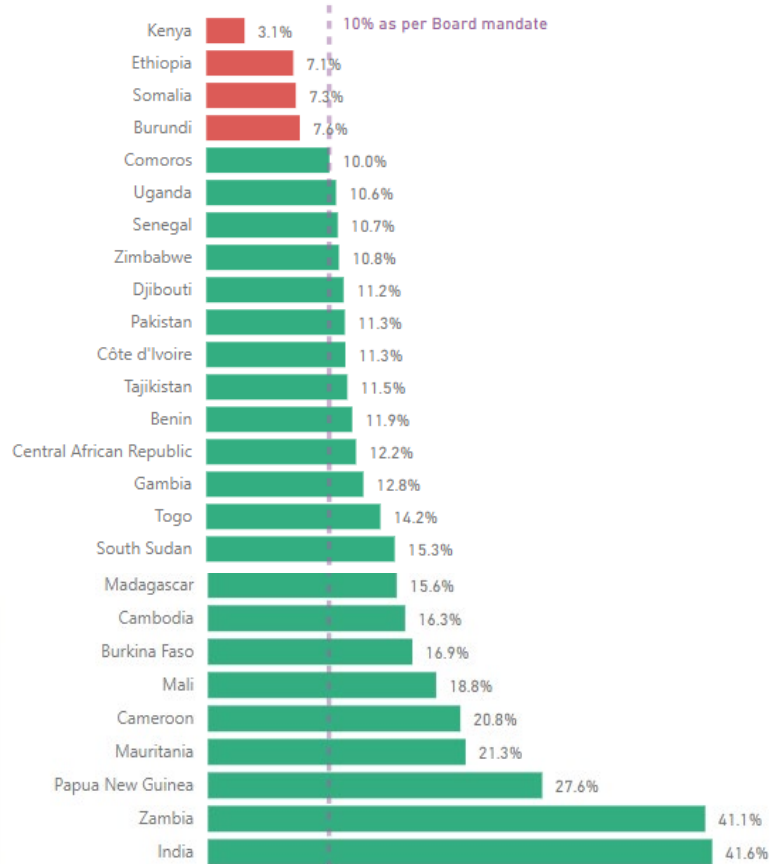
85% countries adhere to the CSO Board Decision

% Countries with fully approved FPP complying with the board decision (HSS, EAF and TCA only)



84.6%

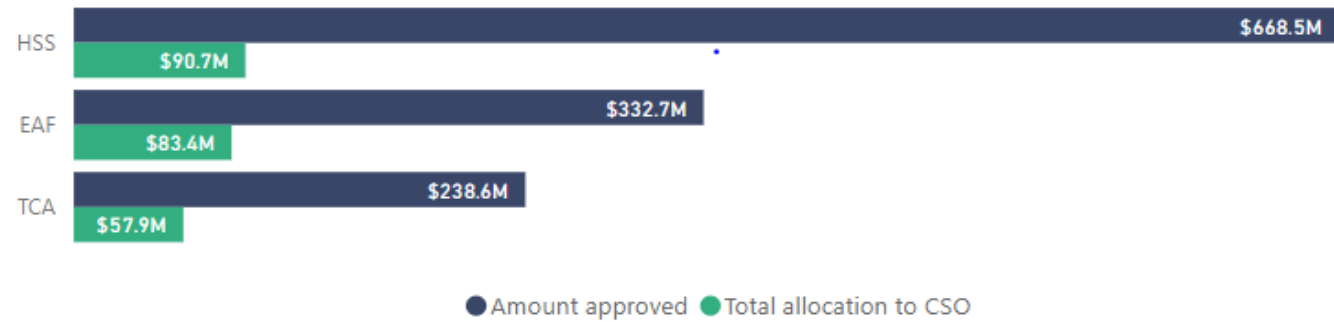
% of CSO allocation by Country (fully approved FPP complying with Board decision (HSS, EAF and TCA only) as at March 2024



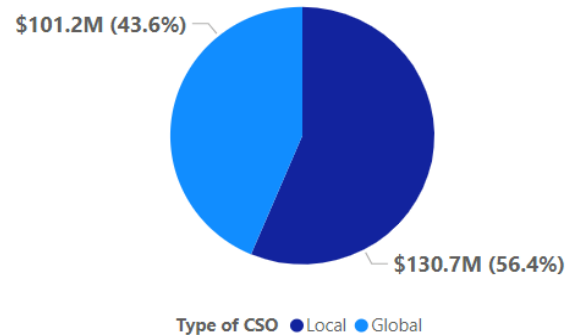
Funds allocated to CSO against approved amount as at March 2024



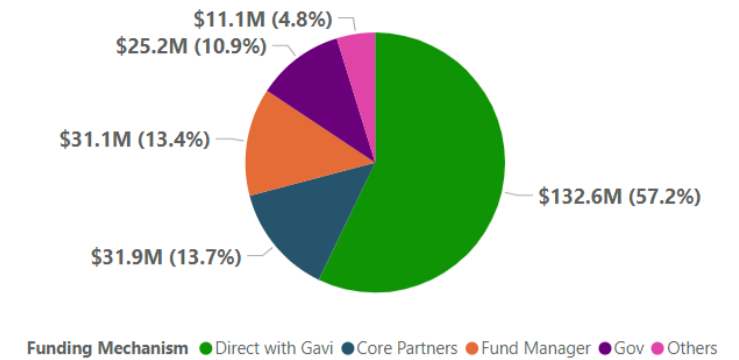
Allocation to CSOs by funding lever as at March 2024



Global vs Local



Funding Mechanism



Cumulatively 45% of HSIS funding through use of country systems (UCS) against a target of 55% at the end of Gavi 5.1

Cohort 1 - 2021

Countries with relatively **strong public financial management (PFM) systems**, and countries scheduled to transition to use of government systems

List of Countries

- 1. Côte d'Ivoire 
- 2. Tanzania 
- 3. Gambia 
- 4. Guinea 

Cohort 2 – 2022/2023

Relatively **medium PFM systems**, whose assessment in line with use of government systems

List of Countries






- 1. Benin 
- 2. Cameroon 
- 3. Angola 
- 4. Nigeria 
- 5. Kenya 

Kenya was delayed as per original timeline but will progress within the strategic period.

Cohort 3 – 2023/2024

Countries with relatively **weaker PFM systems**, whose assessment in line with use of government systems

List of Countries

- 1. Comoros 
- 2. Lesotho 
- 3. Tajikistan 
- 4. Congo 
- 5. Bangladesh 

Lesotho , Congo & Tajikistan expected for Q2 2024

 Done

 On track

 Delayed

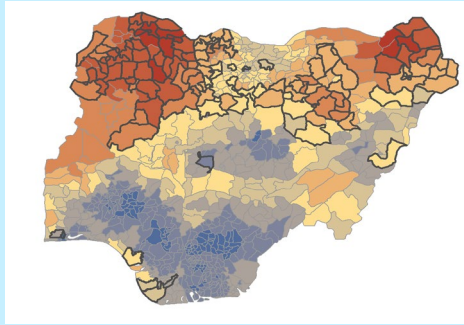
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Segment- specific views

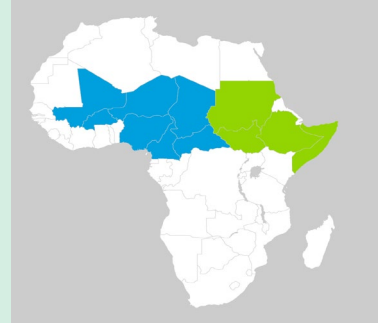
Recapping the 2024 focus areas for the Alliance

High Impact Countries



- Focus on **HPV** in **Ethiopia, India** and **Nigeria**
- Accelerate **use of country systems**
- Strengthen national and **subnational** political and social commitment

Fragile & Conflict Countries



- Prioritise **FPP/EAF, CDS** and **zero-dose immunisation programme (ZIP)** applications
- Reinvigorate **Alliance coordination and technical leadership** role
- Strengthen attention on **data shortcomings** for strategic alignment

Core Countries



- Focus on **HPV, measles, malaria, cholera**
- Routine Immunisation (RI) recovery and zero-dose - Support **FPP/EAF applications**
- Support countries in **accelerated transition**
- Advocacy on **domestic financing**

Middle-Income Countries



- Prioritise **backsliding support** and **HPV vaccine introductions**
- Build **political will** for and accelerate pneumococcal conjugate vaccine (**PCV**) and **Rotavirus** vaccine introductions
- Continue supporting **fragile MICs**

Enhance technical assistance (TA), strengthen expanded programme on immunisation (EPI) capacity, support countries to channel funds back to country systems, the Big Catch-up RI recovery plan

High Impact countries: Progress against focus areas in Q1 2024

Key focus areas



HPV in Ethiopia, India, Nigeria



Accelerate **use of country systems**



Strengthen **national and subnational** political and social commitment

Efforts made / underway

- **Ethiopia:** Multi-age cohort (MAC) campaign delayed till Q4 2024 due to supply constraints.
- **India:** MAC campaign scheduled for Q4 2024; supply concerns remain.
- **Nigeria:** MAC campaign launched followed by RI in 16 Phase 1 States. Reached nearly **5 million girls**. Phase 2 is planned to kick-off in May 2024.

- **Democratic Republic of Congo (DRC) & Ethiopia:** Above 70% disbursement through UCS in 2023.
- **Nigeria:** 7% disbursement through UCS in 2023 following partial return of funds at federal level. Expansion to States dependent on FPP proposals.
- **Pakistan:** Previously out of scope. An assessment underway.
- **India:** Out of scope at government's request.

- **DRC:** Joint mission with Bill & Melinda Gates Foundation & United States Agency for International Development (USAID) to Lualaba Province.
- **Ethiopia:** Routine monitoring mission to Afar Region (pastoral, low RI coverage).
- **India:** Launch of Expanded Immunisation Action Group (IAG) planned for May 2024.
- **Nigeria:** High Level Alliance Mission to Sokoto State (fragile context; low RI coverage) and Joint mission with Bill & Melinda Gates Foundation to Kano State (high zero dose burden)
- **Pakistan:** Monitoring mission to all 4 provinces; development of Provincial Engagement Strategy.

High Impact countries – successes, weaknesses, opportunities, threats (SWOT)

Successes

- Strong focus on **Must Wins**
- **99%** disbursement vs. 2023 cash forecast
- **100%** of 2023 co-financing obligations
- Approved **Malaria applications** for **DRC, Ethiopia** and **Nigeria**
- **High Level Mission** to Nigeria
- **Strengthened collaboration** across the broader Alliance in Nigeria and DRC

Opportunities

- Shifting focus to **implementation, monitoring and learning in 2024.**
- **FPP:** DRC and Nigeria
- **Joint Appraisal (JA):** Provincial JA in Pakistan
- **Alliance Health:** New ways of working
- **Leveraging partnerships:** Bill & Melinda Gates Foundation, Children's Investment Fund Foundation, Power of Nutrition, USAID

Weaknesses

- **Country capacity** and **competing priorities**
- Increasing **zero-dose** and **measles** burden
- Suboptimal **vaccine stock visibility** especially at health facility level
- Fragmentation and low accountability of TA
- Suboptimal pivot to **subnational programming**

Threats

- **Suboptimal segment differentiation** in terms of inadequate Secretariat staff resources and complex processes to support adequate subnational engagement.
- **Macro-economic & fiscal space** constraints negative impact on traditional vaccines, introduce new vaccines and co-financing payments.



Concerted efforts towards reaching zero-dose children in humanitarian settings

Zero-dose Immunisation Programme learnings

- Gavi's own understanding of "Beyond Government Reach" is evolving
- Substantial subset of ZIP populations reside in humanitarian settings
- Requires **new and different strategies**
- Policy barriers at national level impede progress
- ZIP programmes can plan for **climate change**
- Differentiated secretariat processes
- **US\$ 75 million requested** under Gavi 6.0 to continue support in humanitarian settings based on learnings

Fragility, Emergencies & Displaced Populations (FED) policy implementation

- **> US\$ 50 million** in support delivered
- Exploration under way for use of FED in Somalia, Bangladesh, and Myanmar among others
- Aiming to establish a mechanism for **outbreak response** to support operational costs
- Development of standard operating procedures, trend analysis, learning documents, and risk identification and mitigation tools proceeding through 2024
- Ongoing engagement with the Global Fund to Fight AIDS, Tuberculosis and Malaria for collaboration opportunities

Fragile & Conflict countries: Progress against focus areas in Q1 2024

Key focus areas



Prioritise **FPP/EAF, CDS and ZIP** implementation



Reinvigorate **Alliance coordination** and technical leadership role



Strengthen attention on **data shortcomings** for strategic alignment

Efforts made / underway

- Implementation of Gavi 5.1 grants & ZIP programming to humanitarian settings
- **Adjust ZIP to incorporate additional humanitarian settings** to meet immunisation needs.
- Focus on **ZIP learnings dissemination** to global communities of practice.

- Joint Alliance missions: **Yemen and South Sudan** in Q1
- Monthly **regional coordination meetings** with WHO regional office for the Eastern Mediterranean (EMRO) / Middle East & North Africa (MENA) to align on areas for country support

- **CAR:** additional significant investment in District Health Information System (DHIS2)/ Coverage Survey
- **Somalia:** new FPP have several, planned data-focused interventions
- **South Sudan:** Funded an embedded data focal point; national EPI survey and updates to DHIS2
- Data quality improvement plans underway in rest of the F&C countries

Enhance TA, strengthen EPI capacity, support countries to channel funds back to country systems, the Big Catch-up RI recovery plan

Fragile & Conflict countries – SWOT

Successes

- **Must-win focus**
- **High absorption against disbursement**
- Number of funding **application submission approved**; **new strategies and partners** for zero-dose children and under-immunised communities
- **Dedicated FED and ZIP staff** recruited enable operationalisation and sharing of lessons learned



Challenges

- **Country capacity and competing priorities**
- Responding to fragility and conflict needs with **Gavi's (low) risk appetite and burdensome systems**
- Inadequate **Secretariat staff allocated** to meet country needs
- **Inability to travel** in country due to insecurity



Opportunities

- **FED** and shared learnings are being operationalised
- **ZIP learnings** how to design delivery to overcome the structural, social & political barriers for population groups
- Focus to **implementation, monitoring and learning in 2024**.
- Fine-tuning **fragility and humanitarian focus for Gavi 6.0**



Threats

- **Instability and insecurity**
- **Strong adherence to EPI practices** has the potential to stifle innovation
- **Top-down programming, one-size fits all** > community-led EPI programming impedes ability to reach missed communities
- Government **ability to fund traditional vaccines and meet co-financing payments**.



Core countries: Progress against focus areas in Q1 2024

Key focus areas



Focus on **HPV, measles, malaria, cholera**



RI / ZD - Support **FPP/EAF** applications & **Big Catch-Up (BCU)**



Support countries in **accelerated transition**



Advocacy on **domestic financing, country capacity**

Efforts made / underway






- **HPV:** Benin intro, Burkina MAC approved; Cameroon MAC to be submitted in May.
- **Malaria:** Cameroon, Burkina Faso introduced. Uganda, Kenya scale up plans approved
- **Measles:** Senegal, Kenya, Guinea Bissau – M/MR follow-up campaigns approved
- **Supply constraints** on HPV and oral cholera vaccine (OCV) communicated to affected countries.

- **FPP/EAF:** 3 FPP, 5 CCEOP* approved - 100% approval rate.
- **BCU: 7 countries** approved for step 1 as planned.
- **Joint Alliance missions** with focus on RI and BCU in Guinea, Madagascar, Togo.

- Transition roadmap development with focused missions to **5 countries** in Q1/Q2.
- Approval of transition roadmap for **Sao Tome** by Government early 2024.

- **Sao Tome** – dedicated budget line for vaccine financing in 2024 budget
- **Djibouti** – Government co-signed a joint MoU with the World Bank to reinforce health and immunisation financing
- **Ghana** – strong support from Hope for Future Generation, CSO engaged on immunisation financing advocacy
- **Leadership Management Coordination TA** to support EPI capacity in place in Djibouti, Cameroon, Burundi, Mozambique. Progressing in Nepal with discussions started in Tajikistan and Kyrgyzstan
- **PFM strengthening** ongoing in Comoros and assessments progressing for Lesotho, Tajikistan and Congo

Intensifying transition preparedness: progress in transition roadmaps in eight core countries in accelerated transition

Country and transition status	Progress and Status	Expected timeline to finalisation
Laos (end of 2025)		Draft roadmap discussed with country. Finalisation Q1 2024 following FPP.
Solomon Islands (end of 2025)		Roadmap drafted by partners – with government leadership. Awaiting political endorsement of same. Transition focused mission Q3 2024
Sao Tome (end of 2026)		Endorsed by Prime Minister in Feb. 2024
Bangladesh (end of 2029)		Technical discussions initiated, finalisation by end Q2 2024 after elections. Transition focused mission planned in April 2024
Cote d'Ivoire (end of 2029)		Health sector sustainability plan finalized in Feb. 2024. Elaboration of immunisation-specific transition roadmap in Q2/Q3 2024
Djibouti (end of 2029)		Transition roadmap endorsed by Prime Minister in June 2023. MoU signed with World Bank in April 2024 in support of health and immunisation financing
Ghana (end of 2029)		Roadmap formulation launched at high level immunisation financing roundtable in Oct. 2023. Finalised and endorsed in Dec. 2023
Kenya (end of 2029)		Discussion initiated in Sept. 2023. Process to hire transition consultant in progress

Core countries – SWOT

Successes

- Progressing on timely co-financing
- Quality of applications and high approval rate
- HPV revitalisation progressing
- Malaria vaccine intros progressing
- Joint Alliance missions and advocacy efforts
- Regional Working Groups engagement revived



Challenges

- Country capacity and competing priorities
- Supply constraints HPV and OCV
- CCE maintenance
- Local CSO capacity
- Ramp up in co-financing obligations
- Sustainable transition (programmatic and financial)



Opportunities

- Focus on implementation, quality of execution of approved funding.
- Integration across must wins
- Alliance Health: New ways of working
- Operational excellence – focus on differentiation and simplification.
- Operationalisation LMC support
- Collaboration with GFATM and WB



Threats

- Outbreaks
- Natural disasters
- Macro-economic and fiscal space challenges
- Misinformation and distrust in vaccines
- Upcoming national elections



Middle Income countries: Progress against focus areas in Q1 2024

Key focus areas



Continue prioritising **HPV, PCV and RV** introductions



Accelerate implementation of **backsliding support** to Former Gavi countries



Continue supporting **fragile MICs**

Efforts made / underway

- **6** new vaccine introductions, expected to surpass 2025 New Vaccine Introductions target in 2024
- **13** more introductions expected in 2024/2025
- It has proven **catalytic**, triggering decision-making and advancing introductions
- **5** Former Gavi eligible countries receive Targeted Intervention support
- **2** co-investments with the World Bank: Indonesia and Honduras
- Support provided as well via **Regional and Global level TA** with UNICEF and WHO, **Linked collaborative learning platform** and Expanded partners' work (PATH & Sydney Children's Hospital Network (SCHN)), enhancing innovation and peer-to-peer learning
- **3** countries are receiving support: Venezuela (ending in June 2024); Lebanon and Sri Lanka
- **2** countries in the pipeline: Ukraine and Occupied Palestinian territory
- **9 million children** will be reached with all routine vaccines in these countries, also benefitting neighboring countries

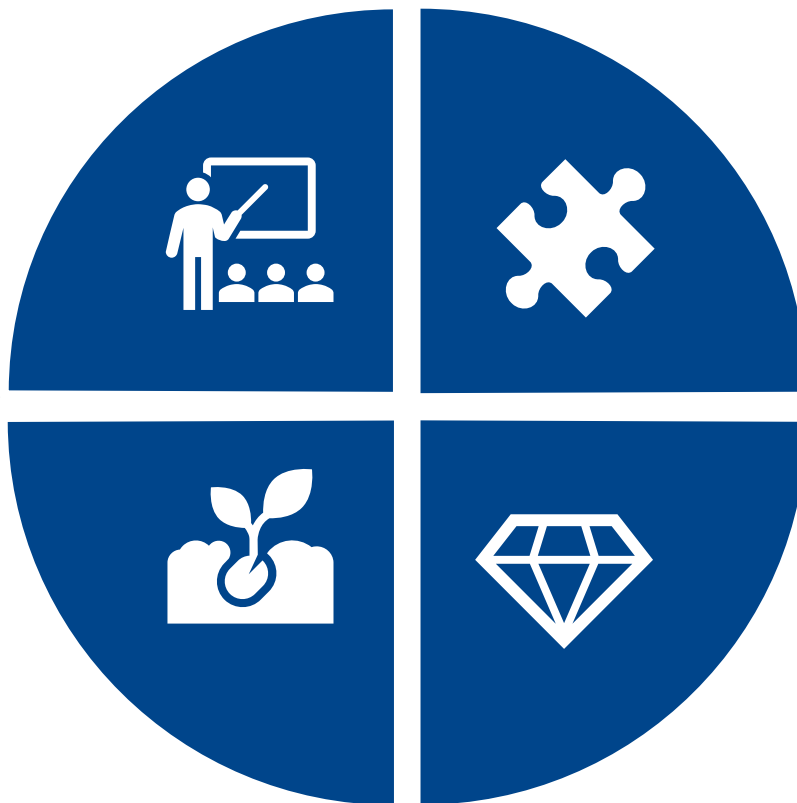
Middle Income countries segment – SWOT

Successes

- **MICs Approach has been fully operationalised** and is in its accelerated implementation phase
- **Catalytic support has proven critical to unlock new introductions and strengthen the breadth of protection**
- Many countries have similar support needs, making it **efficient to engage at the regional level**
- Countries strongly **value peer-to-peer learning and procurement related support**

Opportunities

- **Addressing gaps in RI**, a preliminary step for new introductions in countries with performance issues
- Potential to **leverage new introductions platform for future critical priority vaccines** (e.g. TB, dengue)
- Leveraging partnerships with **Multilateral Development Banks** and **other funders** (Global Fund) can have a multiplier effect in MICs



Challenges

- **Vaccine stockouts** experienced over the last 12 months in a subset Former-Gavi countries (e.g. Viet Nam, Angola, Indonesia, Sri Lanka) might affect backsliding target
- **Outbreaks** experienced in some MICs (e.g. Sri Lanka, Philippines)
- Some countries have **persistent gaps** in their programme, which limit the feasibility of new introductions (e.g. Philippines)
- Vaccine pricing and **financial sustainability** are still a key issue for many
- **Vaccine hesitancy** affects a subset of MICs

Threats

- Growing **inequities** at sub-national level including large % of zero dose children in a **subset of countries** (e.g. Indonesia, Philippines, Angola)
- Fragility support has proven critical, but **more MICs are classified as Fragile** than originally envisaged (e.g. Occupied Palestinian Territories, Sri Lanka)
- **Vaccine Supply:** HPV vaccine supply constraints may impact ability to introduce before 2025.

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PROGRAMMES

Programmatic deep dives

3

Where we are with the Zero-Dose/Big Catch-Up



- **WHO-UNICEF-Gavi Secretariat Alliance Task Team coordinates global Big Catch-Up efforts**
- **Regional Working Groups lead regional coordination**



Countries are developing plans - to date of the 31 countries that have submitted applications, 17 have been approved in part or in full; **approvals currently amount to ~US\$129M**. Current forecast indicates up to \$310M needed for BCU plans.



- **Countries are encouraged to use existing funding** to support delivery
- Flexibility to reprogramme already allocated grants
- **Funds for traditional vaccines (Measles, Td, bOPV and BCG) is still a challenge.**



Shipment plans finalised for **8 countries**, with **first doses delivered end of March 2024** and deliveries on going

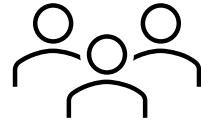
Next steps include:



- ▶ launched second phase of reviews for largest requests
- ▶ further developing/deploying the monitoring, evaluation & learning strategy

COVID-19 Programme Progress in 2024 and Plans for 2025

SCOPE



- **Population:** single dose annually, focused on **high-risk groups**
- **Eligibility:** **Gavi54 at 100%** and **AMC37 at 50%** procurement support and CDS delivery support. Several Non-AMC37 Fragile MICs have expressed interest but are not currently eligible

SUPPLY



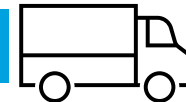
- **Products for 2024:** **UNICEF/PAHO tendered doses** (Pfizer, Bio E Corbevax) and **COVAX APA J&J** spillover doses delivered until Apr 2024
- **Products for 2025** will be confirmed according to UNICEF/PAHO tender

ACHIEVEMENTS



- **Applications for 2024 doses** were held in two waves in July and October 2023
- **High-Level Review Panel (HLRP)-approved doses for 2024: 68 million doses for 58 countries** including the 50% reduction for AMC37 and a 10 million dose “preponement” contingency
- **Deliveries** from January-April 2024, totaled **5.5 million doses** to **20 countries** with remaining doses to be delivered by UNICEF/PAHO Q2-Q4 2024

THE ROAD AHEAD



- **Applications for 2025 doses** will be held in June-July 2024
- **Estimated 2025 demand is 30-40 million doses.** Post-2025 estimates are being prepared for Vaccine Investment Strategy.

Analysis of new HSS / EAF grants shows significant progress in demand and gender - key shifts prioritised by the Alliance for Gavi 5.1



Demand



~ **US\$ 173 million**
HSS/EAF/TCA funds allocated to demand and community engagement

Gavi 5.1 shifts required

- **Scale-up of new approaches** (e.g. human centred design (HCD) and new measurement tools

Average Key Shift Score

2.4 / 3

To-date, substantial progress made

- Multi-country Behavioural and Social Drivers (BeSD) planned for Q3 2024 and 2025
- >34 countries scaling up human centered design
- 11,000 participants enrolled in digital demand course
- Multi-faith partners from 6 countries convened in Panama in February



Gender



- Gender **mainstreamed into Gavi programming**
- Secretariat and Alliance-wide **capacity building**
- Addressing **gender-related barriers to immunisation**

1.8 / 3

- 34 countries have initiated or planned gender analysis for 2024.
- 13 countries have completed gender analysis
- 88% of applications address common barriers faced by caregivers
- 66% address common barriers faced by health workers
- Enhanced technical assistance to be launched in 15 countries in 2024

Country Case Study: Adapting Immunisation Service Delivery to Overcome Gender Barriers in Greater Accra, Ghana



©UNICEF/UNI1404618/Kokoroko

Examined the gender-responsive strategies Ghana EPI has implemented to boost immunization rates in the urban and peri-urban areas of the Greater Accra region where **time and physical barriers were major challenges for caregivers.**

Recommendations and Opportunities

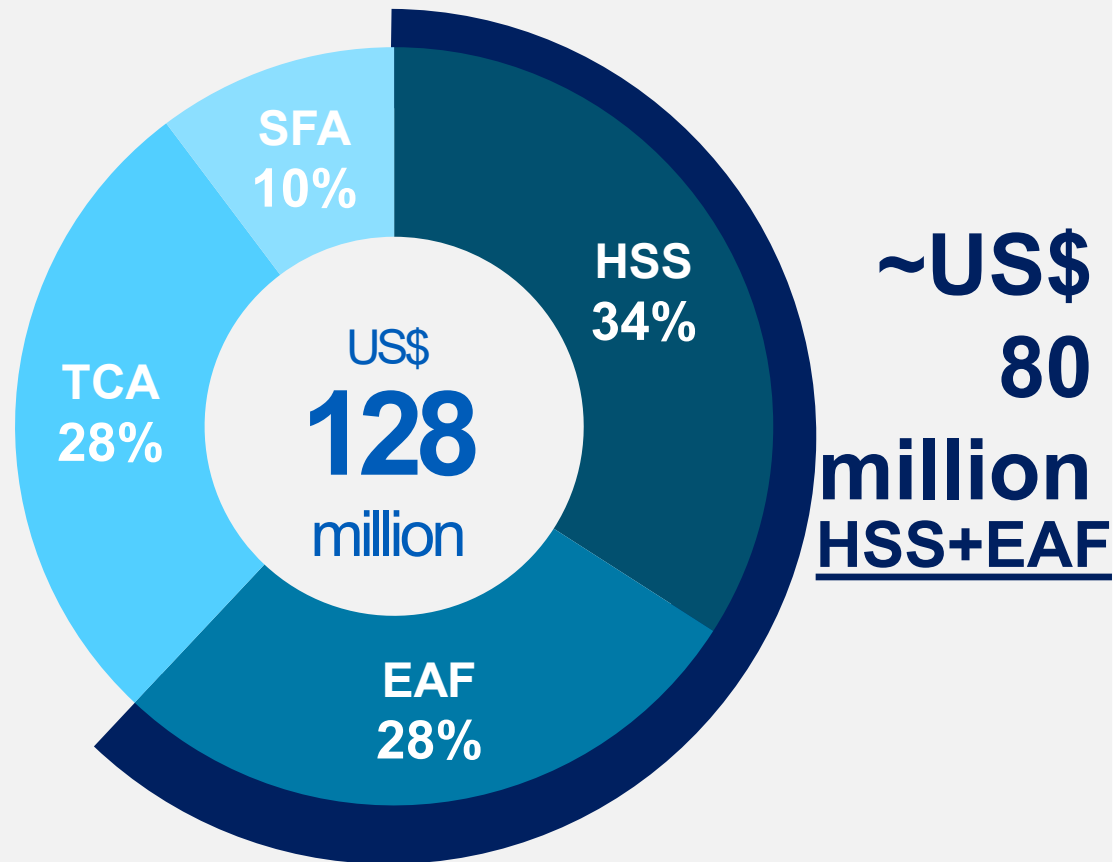
1. Enhance male engagement without disadvantaging women.
2. Support healthcare workers amid increased workload
3. Focus on adolescent girls and young mothers
4. Enhance formal mechanism for monitoring and evaluation

Ghana EPI's multi-pronged strategy included:

- ▶ **Market & Weekend Clinics:** Enable caregivers to bring children without taking time off work.
- ▶ **Container Clinics** strategically placed in urban areas for improved accessibility.
- ▶ **Training for healthcare workers:** To enhance respect and empathy towards caregivers.
- ▶ **Home Visits:** During clinic off-hours to reach families and vaccinate missed children.
- ▶ **Community engagement**
 - ▶ Leveraging women's leadership of **Queen mothers and market queens** - traditional community leaders.
 - ▶ **Male caregivers'** were encouraged to attend clinics, leading to increased attendance, even in their wives' absence.

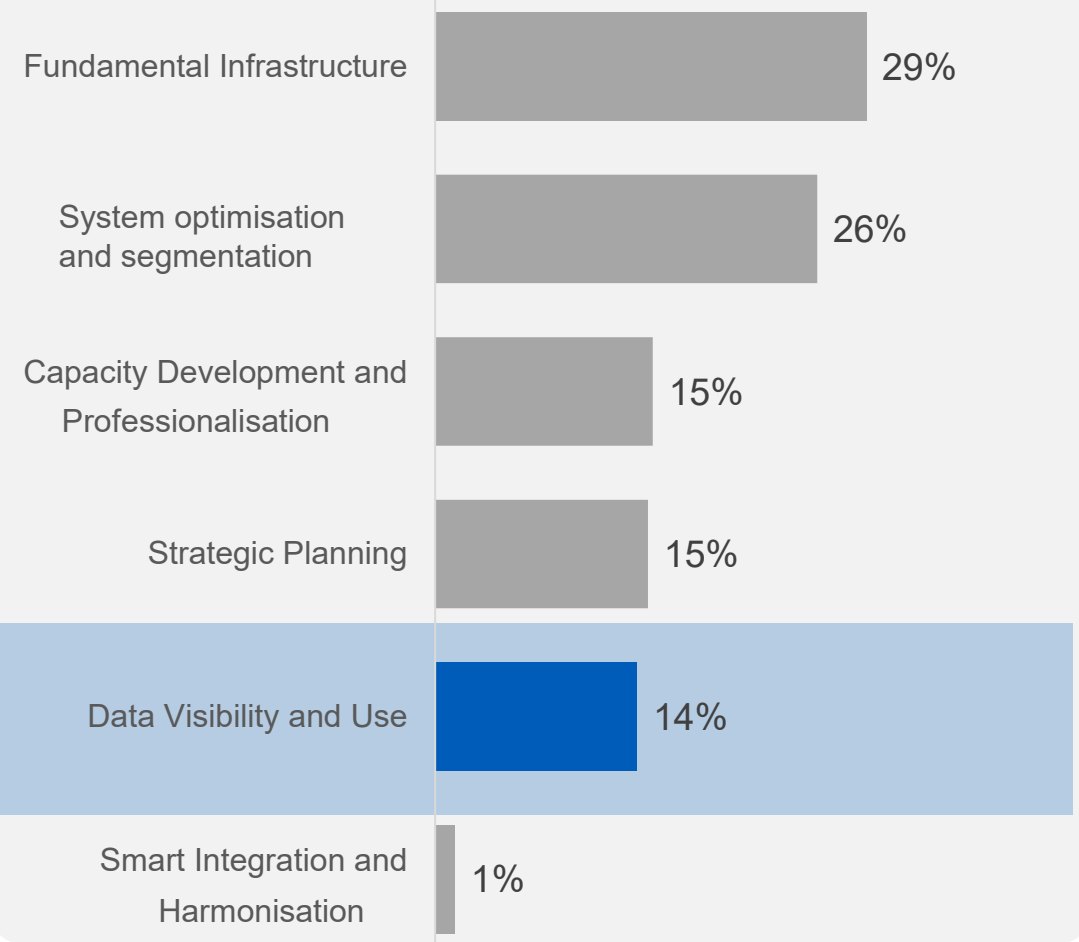
Significant investments in Gavi 5.0/5.1 in supply chain and stock management

New funding for supply chain approved in Gavi 5.0/5.1, US\$ million (excludes CCEOP)



~12.5% of HSS and EAF investments in Gavi 5.0/5.1 have been allocated to supply chain

Allocation of supply chain investments by objective



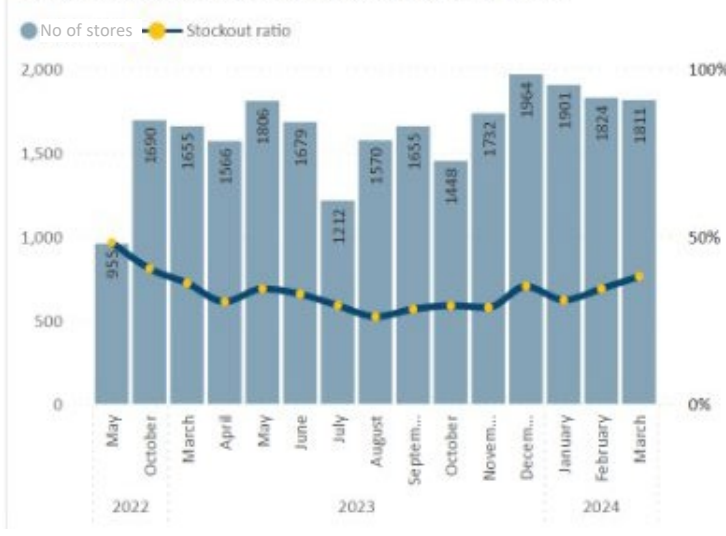
Stockouts at central level on a downward trend but district / health facility level remain challenged

Country Deep Dive: Nigeria

#Countries reporting stockout of at least one routine antigen - Central Store



#Stores reporting stockout of at least one routine antigen - All countries



Key drivers of stock out

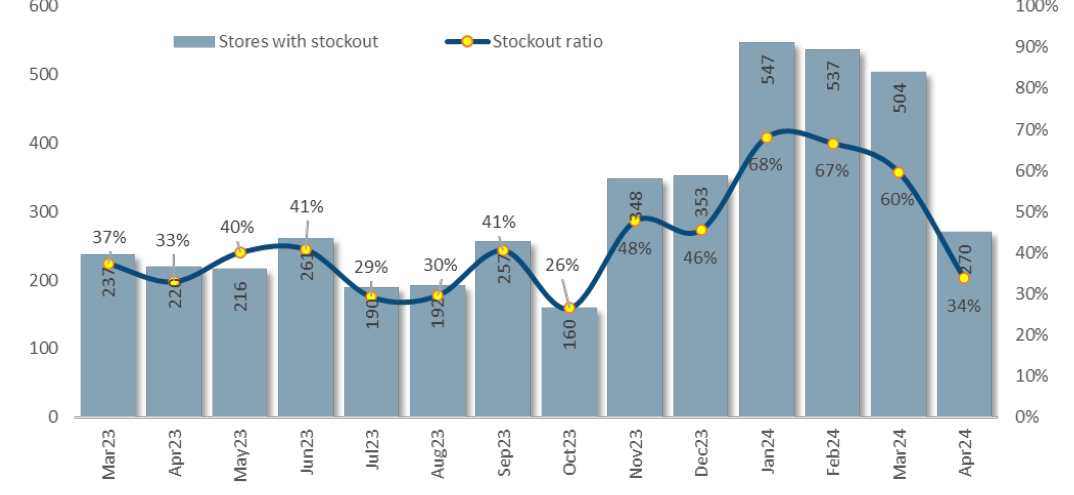
- Consistent **delay in release of co-financing**
- **Suboptimal systems** for vaccine delivery
- **No real time stock visibility** at health facility
- **Lack of dedicated funding for last-mile delivery**, reliance on health workers covering costs
- Introduction of HPV causing a peak in Jan 2024

Current measures taken

- **Weekly situation review** by VMSs* at NLWG/SLWGs* to inform distribution/redistribution
- **UNICEF supports** distribution as a **stop-gap measure**.
- Deployment of **OpenLMIS*** up to the **LGA*** levels
- **Data Control Towers** launched late 2023
- Deployment of Vaccine Management Specialists

- >75% of stockouts due to delayed government financing, inadequate lead time planning or other in-country issues.
- 30% subnational districts do not report regularly, most are in high-impact and fragile countries.
- Most national systems (eLMISs) do not reach the last mile
- ~12.5% (~\$80m) of HSS and EAF investments in Gavi 5.0 have been allocated to supply chain

Number of subnational stores reporting at least one stockout of a routine antigen excluding HPV



*VMS: vaccine management systems; NLWG/ SLWG – national level/ sub-national level working groups; LMIS – logistics management information systems; LGA – local government areas; HF – health facility; iSC – immunisation supply chain

Mitigate supply & demand imbalance risk – lessons from the rotavirus experience

- **UNICEF alerts Gavi of potential supply & demand imbalance** at presentation and country level; discusses mitigation approaches
- **Maintain adequate buffer stock** (3 months at central level) in countries to help manage unexpected supply constraints and avoid forced switches
- Ensure **sufficient supply allocation** for catching up missed children in routine

1. More clarity & agility

Status: agreed and ongoing

In the event of a supply disruption forcing a switch:

- **Align Alliance responsibilities for compulsory switch processes**
- **Formalise procedure & timelines for reviewing & approving switches**, mobilise cross-Alliance SWAT team
- **Revise approach for switch grant amounts, eligibility, and disbursement** (considering particular challenges of “forced switches”) for rapid approval (Gavi VP)

2. Better monitoring & readiness

Status: in discussion

- **Strengthen** switch decision making & implementation **TA** at global and regional level and provide more **flexible mechanisms** to mobilise TA locally
- **Regularly brief country & Alliance technical teams** about new vaccine options and their trade-offs
- Establish **processes to obtain a 1st, 2nd and 3rd product choice** and **routinely request and record country preferences** for product, presentation or schedule switches

4

JOINT ALLIANCE UPDATES ON COUNTRY
PROGRAMMES

New Vaccine Introduction

Malaria: Experiences and lessons from early country implementations

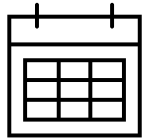
Experiences and lessons



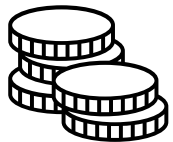
Criticality of **Risk Communication and Community Engagement (RCCE)**



Importance of **Coordination between NMCP and EPI** and joint planning with Alliance partners and donors



Malaria **vaccine schedule** encouraged to be **aligned to other routine vaccines** to improve coverage. Fourth dose aligned to MCV2 increased coverage from 50% to 80%



Programme funding: mismatch between target cohort based VIGs and resources required for a sub-national introduction

Alliance and partner support on country implementation



Peer learning workshops: Douala, Accra, Cotonou, Lilongwe to share best practices and lessons learned



Cameroon, January 2024

Malaria Vaccine Coordination Team (MVCT)



HPV revitalisation remains on track, but supply issues put upcoming launches at risk of delay

Recent launches & applications

 **Togo**

Nov'23 (R+MAC)

Introduced in Nov'23, with a **1-week MAC** for girls aged 9 to 14, targeting **0.7 million girls**

 **Kosovo**

Feb'24 (R+MAC)

Launched a mainly **school-based campaign** for 12-year old cohort under MICs strategy; aiming to reach over **12k girls in 2024**

 **Tanzania**

Apr'24 (MAC)

Launched a delayed **MAC** focused on **increasing uptake** of HPV routine vaccines & move to **9 year routine**; MAC targeting **~4 million girls** from 9- to 14-years old

Applications approved since Oct'23: Burundi (R+MAC), Tajikistan (R+MAC), Benin (R+MAC), Angola (VCF+OOC), India (R+MAC)

Targeted 2024-2025 launches & applications

12 Intros

Examples

 **Timor-Leste** (Q3'24)

 **Mali** (Q4'24)

 **Nepal** (Q1'25)

 **Pakistan** (Q4'25)

16 MACs

Examples

 **Nigeria ph.2** (Q2'24)

 **Ethiopia** (Q4'24)

 **Burkina Faso** (2025)

 **Mozambique** (2025)

 **India**

2024 (R+MAC)

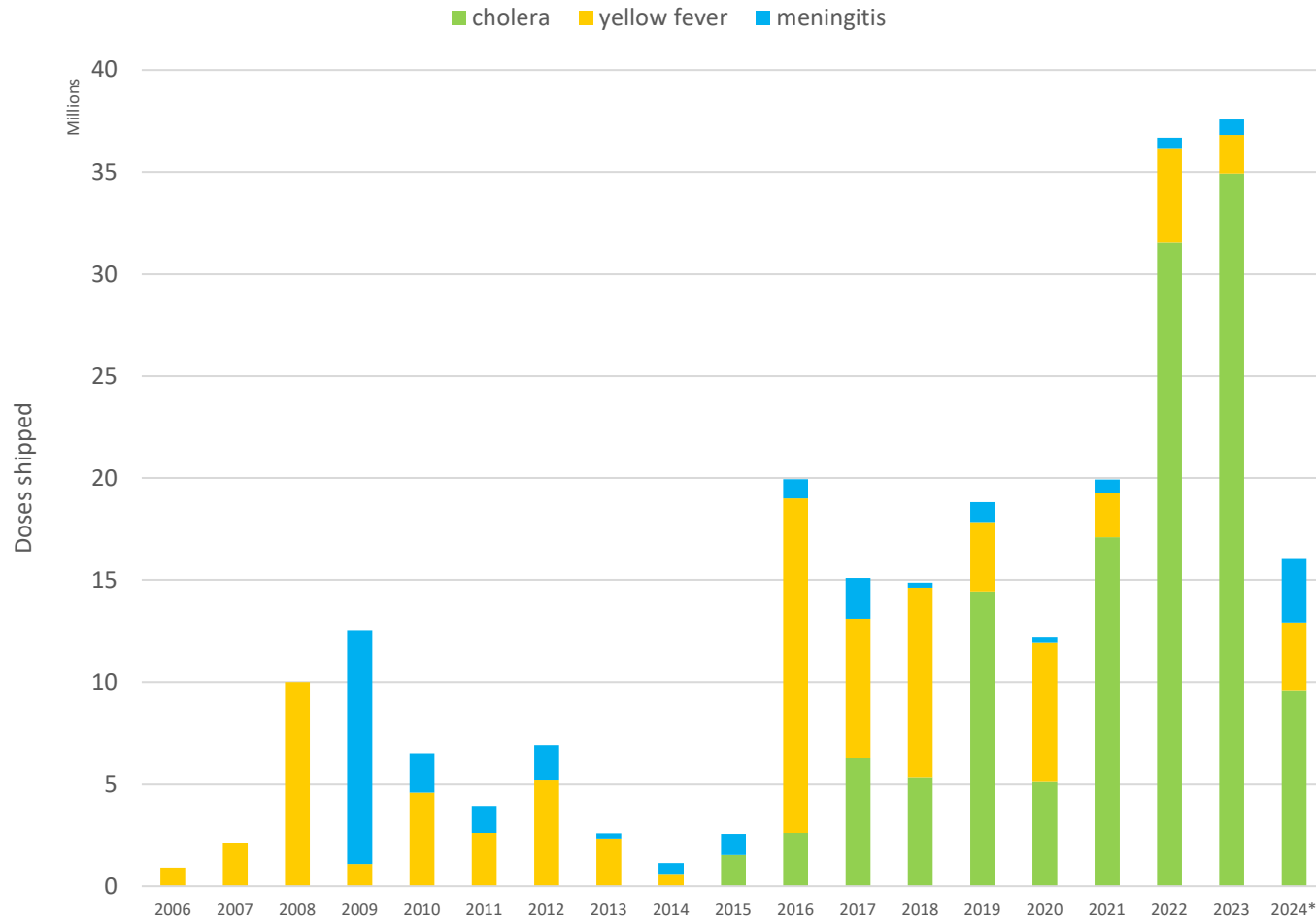
Single largest contributor to the 5.1 target

Several MACs delayed to 2025 due to supply constraints

Upcoming applications (<12 months): Ghana (R+MAC), Cuba (R, Apr'24), Tunisia (R, Apr'24), Comoros (R+MAC, Apr'24), Pakistan (R+MAC, May'24), DRC (R, May'24)

Non-exhaustive

Increase in outbreak response needs for oral cholera vaccine and multivalent meningitis conjugate vaccine



- Cholera outbreaks have **increased since 2021**
- Gavi working with partners to ensure **appropriate outbreak response and to resume as soon as possible *preventive* OCV campaigns**
- Shipment of 3.1 million doses of MenFive conjugate vaccine to Nigeria and Niger (first implementers)
- Vaccine support for typhoid (Pakistan) and diphtheria (Nigeria and Guinea) outbreaks

* Preliminary data as of 20th April 2024

Strengthening Alliance approach to Measles-Rubella (MR) prevention and control

Context

- 15/16 countries approved for Big Catch-Up include M/MR
- In 2023 and March 2024, 100% of applications to IRC approved
- Over past 12 months, 30 Gavi countries experienced large or disruptive outbreaks
 - Outbreak Response Fund supported 6 countries in 2023, and 2 in 2024 to date
 - Timeliness of response remains an issue, task team commissioned by the Immunisation Agenda 2030 Partnership Council
 - Middle-income countries like Sri-Lanka lack outbreak response support

Approaches to improve timeliness and quality of preventive campaigns

- MR Partnership (MRP) end-to-end campaign tracker launched in Q4 2023
- MR TA funding secured in Q4 2023 and process being set up to recruit and place consultants
- Post campaign coverage survey rolled out

Progress on VIS 2018: PPC recommended unpausing of the design of the new programmes in May 2023

DTP-containing vaccine boosters

- **Launched with the Hexavalent Programme** due to need for alignment (Booster1 = Hexa4).
- **Operational support:** Vaccine Introduction Grant (VIG) for each booster: second year of life (2YL), 4-7yrs, 9-15yrs to introduce individually or combined.
- **Co-financing:**
 - Gavi will co-finance the 2YL booster (penta, DTP, or hexa)
 - Td is below co-financing threshold
- **2024 priorities for DTP boosters & Hexavalent**
 - Mapping with partners for appropriate pacing
 - Development of communications materials
 - Provision of TA (TCA) for decision making and planning
 - Evidence generation & advocacy

Rabies Postexposure prophylaxis (PEP) and Hepatitis B birth dose (HepB BD) vaccines

- Cross-partner teams developing programme design
- Programmes launch planned for **12 June 2024** with 1st opportunity to apply by **15 July 2024** & thereafter in **September 2024**
- Subsequently, 3 opportunities for application every year (IRC windows)
- Working with Gavi country teams and WHO to concretise list of early adopter countries
- TA will be provided to support the application process

Cross-partner coordination teams developing programme design to all VIS2018 unpaused

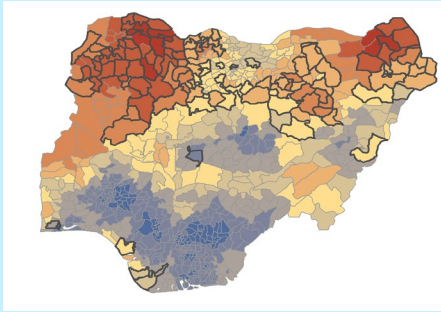
JOINT ALLIANCE UPDATE ON COUNTRY
PROGRAMMES

Looking ahead

5

Looking Ahead: Focus areas for the Alliance for 2024

High Impact Countries



- Maintain **execution focus** on approved 5.1 grants
- Accelerate **subnational programming** pivot
- Follow-up on initiatives to **strengthen Alliance health** & improve ways of working
- Focus on **'Improve'** to review resources + simplify business processes & tools

Fragile & Conflict Countries



- Focused implementation of 5.1 grants and ZIP programming to humanitarian settings.
- Vaccine launches: PCV/Rota, Malaria and HPV.
- **FED operationalisation underway**

Core Countries



- **HPV, Measles, Malaria, Cholera**
- **Stagnating countries and drop-out DTP 1-3.**
- Countries in **accelerated transition**
- Advocacy **political will, domestic financing and timely co-financing**

Middle-Income Countries



- Accelerate **backsliding** support implementation
- Tackle access barriers for **HPV, PCV** and **Rota** introductions, socialise MICs Financing Facility
- Strengthen engagement with **fragile MICs**

Enhance TA, strengthen EPI capacity, support countries to channel funds back to country systems, the Big Catch-up RI recovery plan

EPI@50 and the Humanly Possible campaign

- 154 million lives. Six lives a minute. Every day for the last 50 years.
- Of the substantial gains in reduction of infant mortality over the past 50 years, 40% is directly attributable to vaccination
- Immunisation is one of humanity's greatest achievements.
- Let's show the world what's #HumanlyPossible.



Thank you