

# Partners' Engagement Framework

GA VI BOARD MEETING  
Anuradha Gupta  
7-8 December 2016



Fridge being transported in Madagascar

# PEF is a new paradigm

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- PEF is a new model aimed at purposeful partnerships
- Replaces the Business Plan model applied in 2011-2015
- Funds TA to countries via partners to boost immunisation
- Seeks to leverage the comparative advantage of partners



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Partners providing TA



## 4 key principles of PEF



**Country Focus • Differentiation • Transparency • Accountability**

# 1. Country focus

- Enhanced resources at country level, both financial and physical
- Transfer of skills and capacity to country staff
- Sustained dialogue with countries
- New opportunities of country leadership / harmonised partnerships



ICC meeting in Pakistan

## 2. Differentiation

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- More intensive focus on 20 priority countries
- Account for 84% of under-immunised children in Gavi-eligible countries
- Contribute to 85% of measles-related child deaths
- Have lower breadth of protection
- Selected based on scale and severity of challenges

## 2. Differentiation

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### Nigeria Tier 1



DTP3: 56%  
Under-immunised  
children: 2,913,900  
GNI: \$2,820



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### CAR Tier 2



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Under-immunised  
children: 79,000  
GNI: \$320





## 2. Differentiation

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Under-immunised  
children: 2,913,900  
GNI: \$2,820

### CAR Tier 2



DTP3: 47%  
Under-immunised  
children: 79,000  
GNI: \$320



### Rwanda Tier 3



DTP3: 98%  
Under-immunised  
children: 6,900  
GNI: \$700

### 3. Transparency

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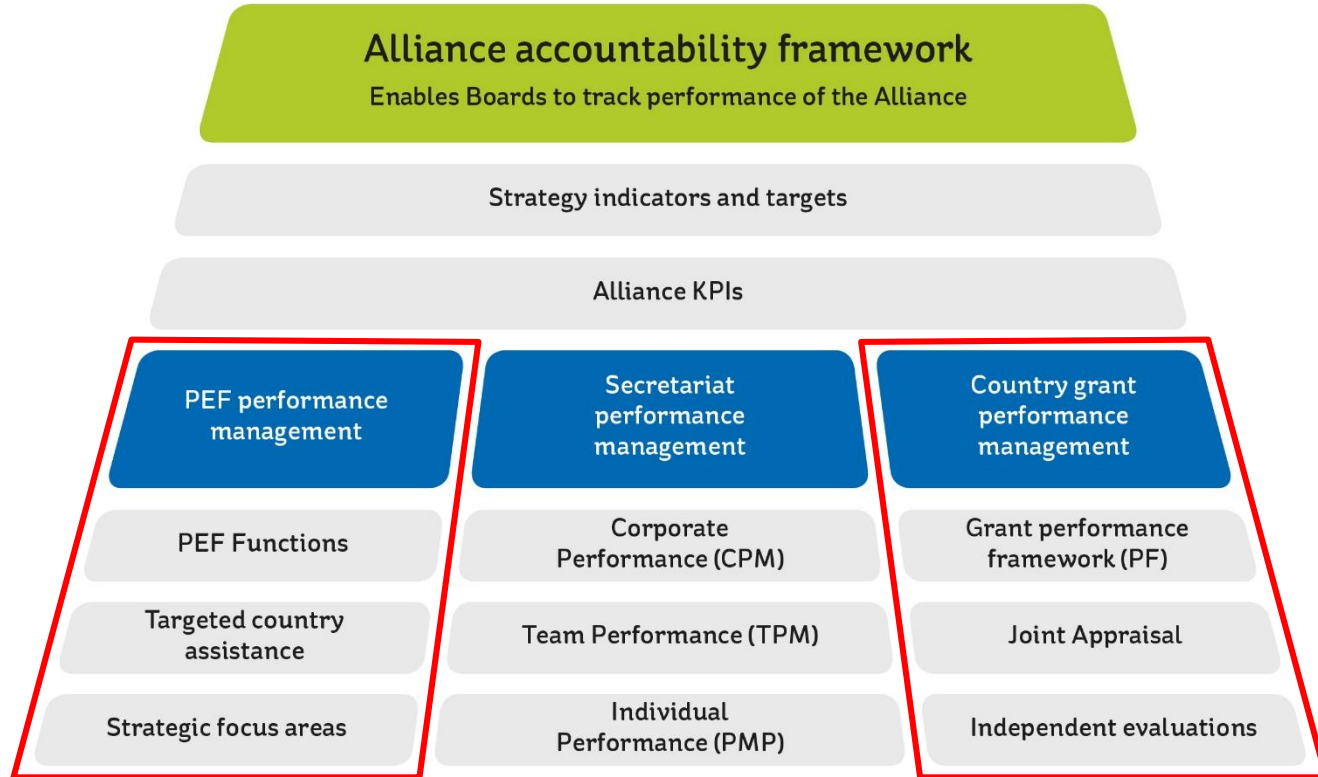
- Country by country information
- Open dialogue among stakeholders
- Full view of partner-wise resources, deliverables, and performance

“ The JA assisted MoPH and partners to identify **gaps, weakness and the need for TA** through PEF... The support also improved **mutual accountability** between MoPH and partners, particularly UNICEF and WHO.”

*Dr Najobullah Safi, A/Director General  
Preventive Medicines, Ministry of Public Health,  
Afghanistan*

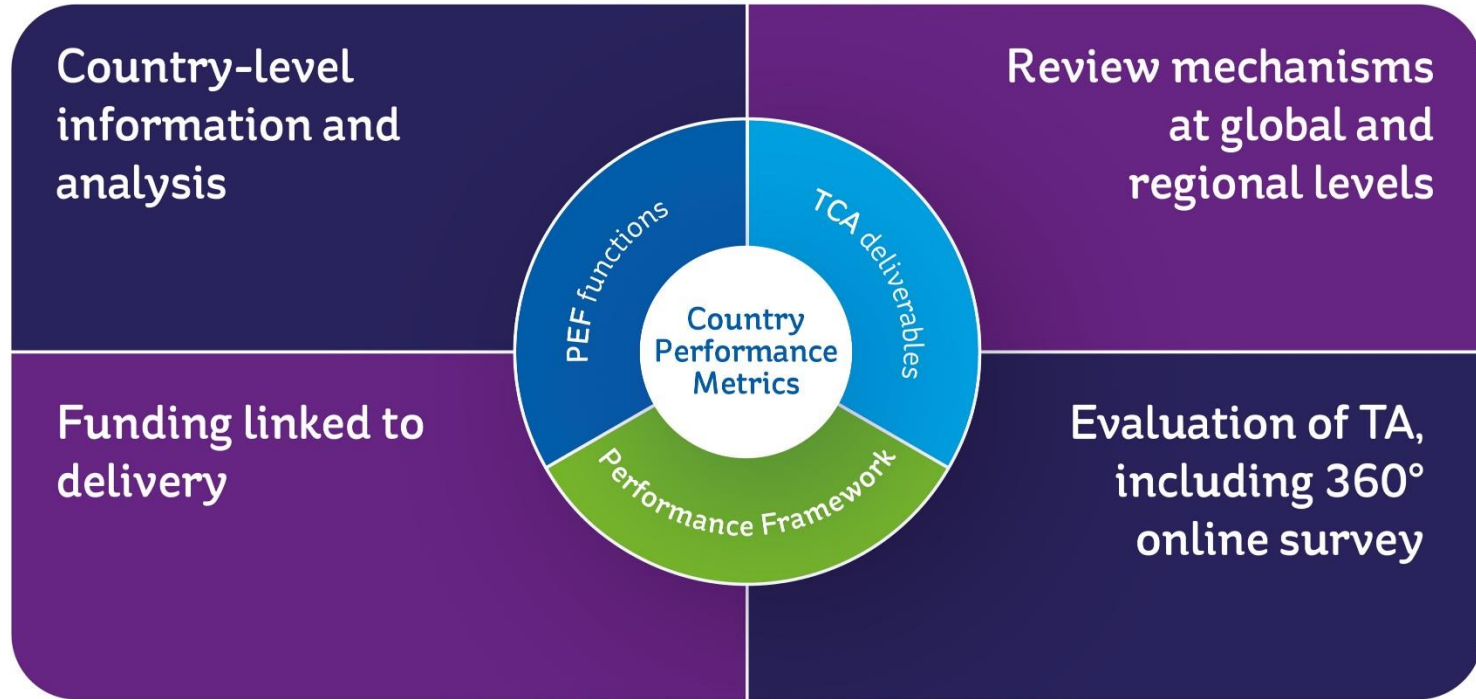
## 4. Accountability

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# What we are already seeing

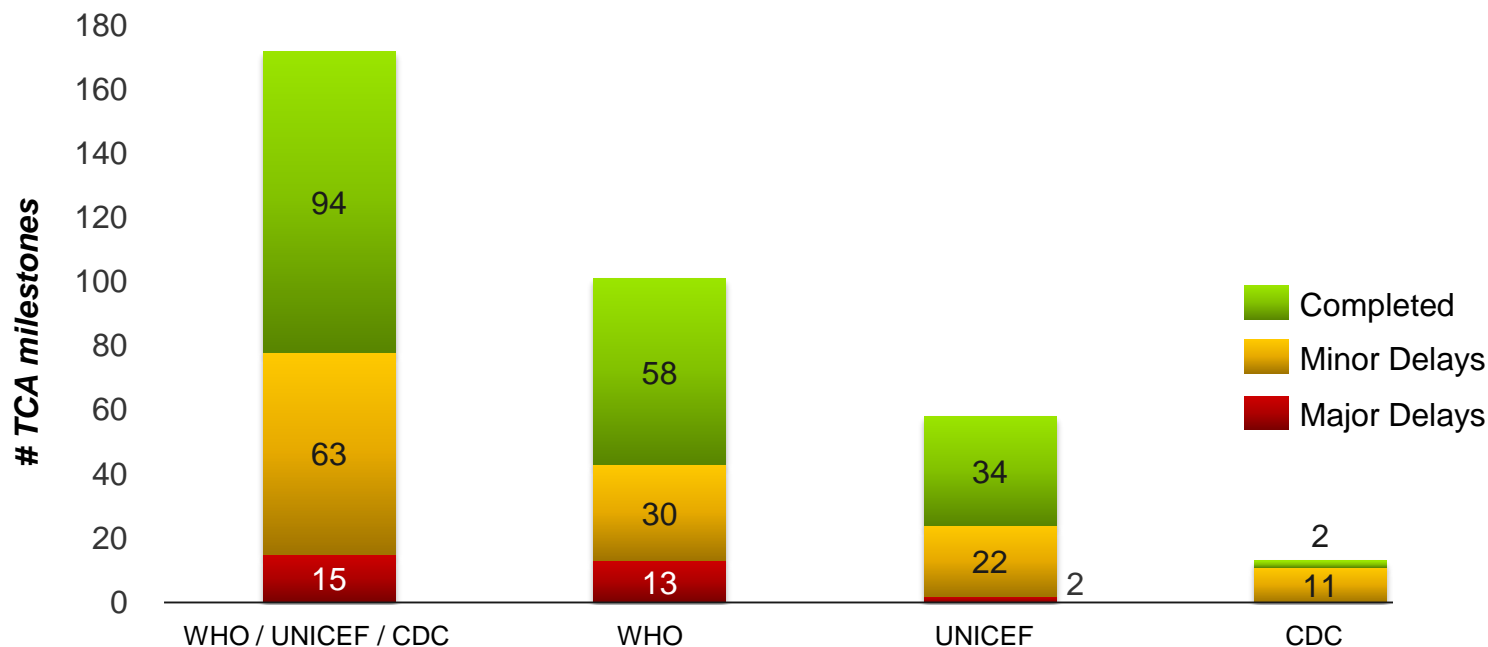
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- Enhanced dialogue between global and country levels
- Adjustment of structures and procedures by WHO/UNICEF
- Increased communication, coordination and clarity of roles among partners
- Better and more timely country level information
- Proactive role by SCMs



# Country-level implementation of TA takes off

Progress on TCA milestones – first reporting cycle 2016

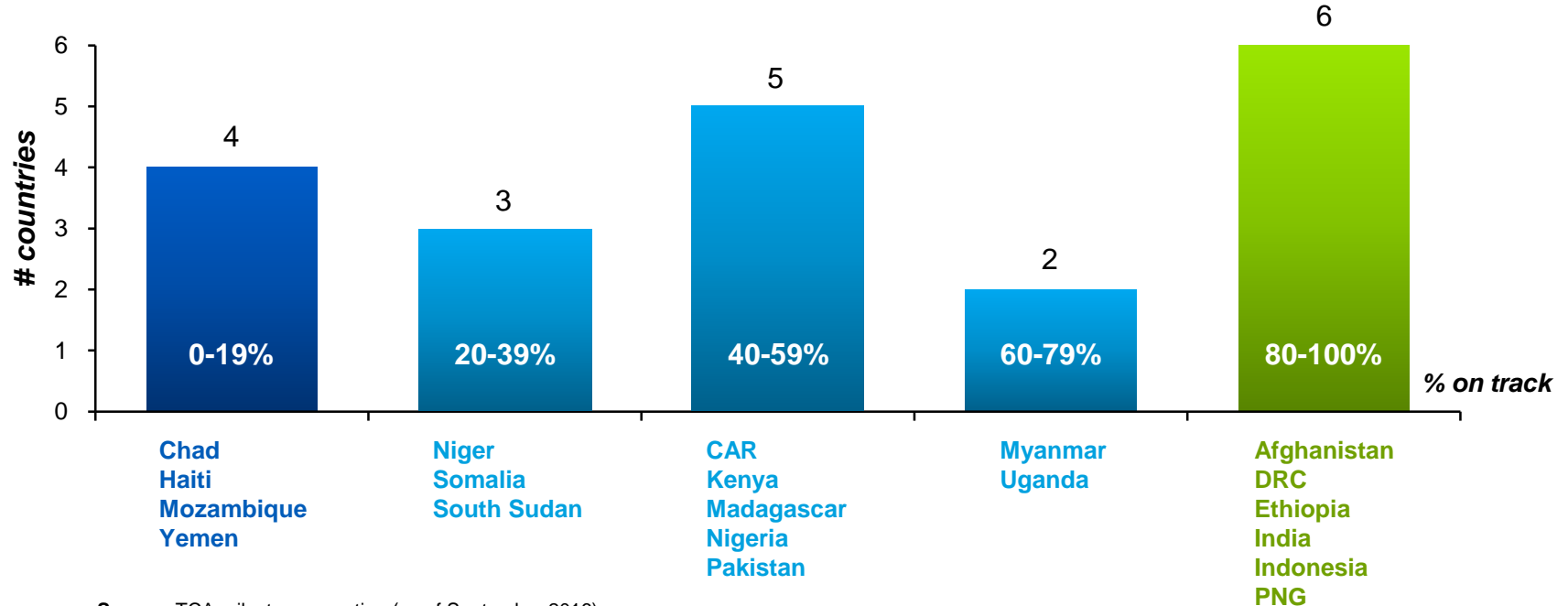


\*Due to the late disbursement of funds to the World Bank (July 2016), they are only reporting on end-year milestones.

Source: TCA milestone reporting (as of September 2016)

# A country view of progress

PEF priority countries by % of TCA milestones on track



Source: TCA milestone reporting (as of September 2016)

# Staff recruitment by region and by partner

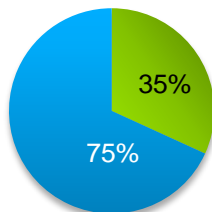
AFRO - Francophone

AFRO - Anglophone

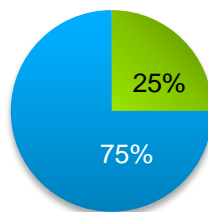
PAHO/EMRO/EURO

SEARO/WPRO

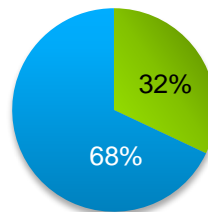
WHO



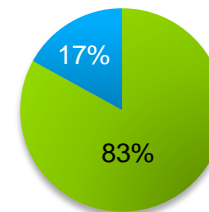
Total staff  
18



Total staff  
21



Total staff  
26



Total staff  
9

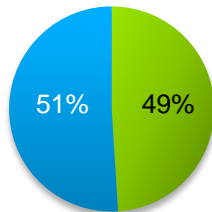
UNICEF



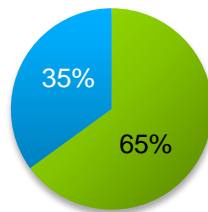
Staff hired



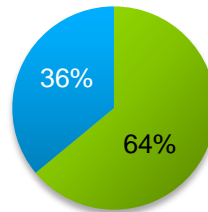
Staff budgeted



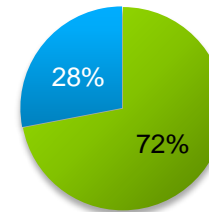
Total staff  
35



Total staff  
34



Total staff  
28



Total staff  
25

Source: Partner mid-year reporting (as of July 2016)

# Convergent and tailored TCA in Timor-Leste

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- A composite plan by WHO/UNICEF
- Dedicated staff recruited
- Experienced program manager from Sri-Lanka + nationals deployed at district levels
- Robust communication/feedback loops
- Close coordination with government: weekly review meetings
- TCA an integral part of overall Gavi support portfolio
- Aligned with transition needs

# Convergent and tailored TCA in Timor-Leste



HR for health

2012



**3.4 staff** per 10'000 population



# Convergent and tailored TCA in Timor-Leste



## HR for health

2016



18.4 staff per 10'000 population

# Convergent and tailored TCA in Timor-Leste

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## Cold Chain expansion

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2013

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Health posts: with cold chain

208

4%



# Convergent and tailored TCA in Timor-Leste



## Cold Chain expansion

2015

Health posts: with cold chain

208

66%



# Convergent and tailored TCA in Timor-Leste



## Cold Chain expansion

2017

Health posts: with cold chain

208

+

100%

105 new



# TCA in Indonesia - a large, transitioning country



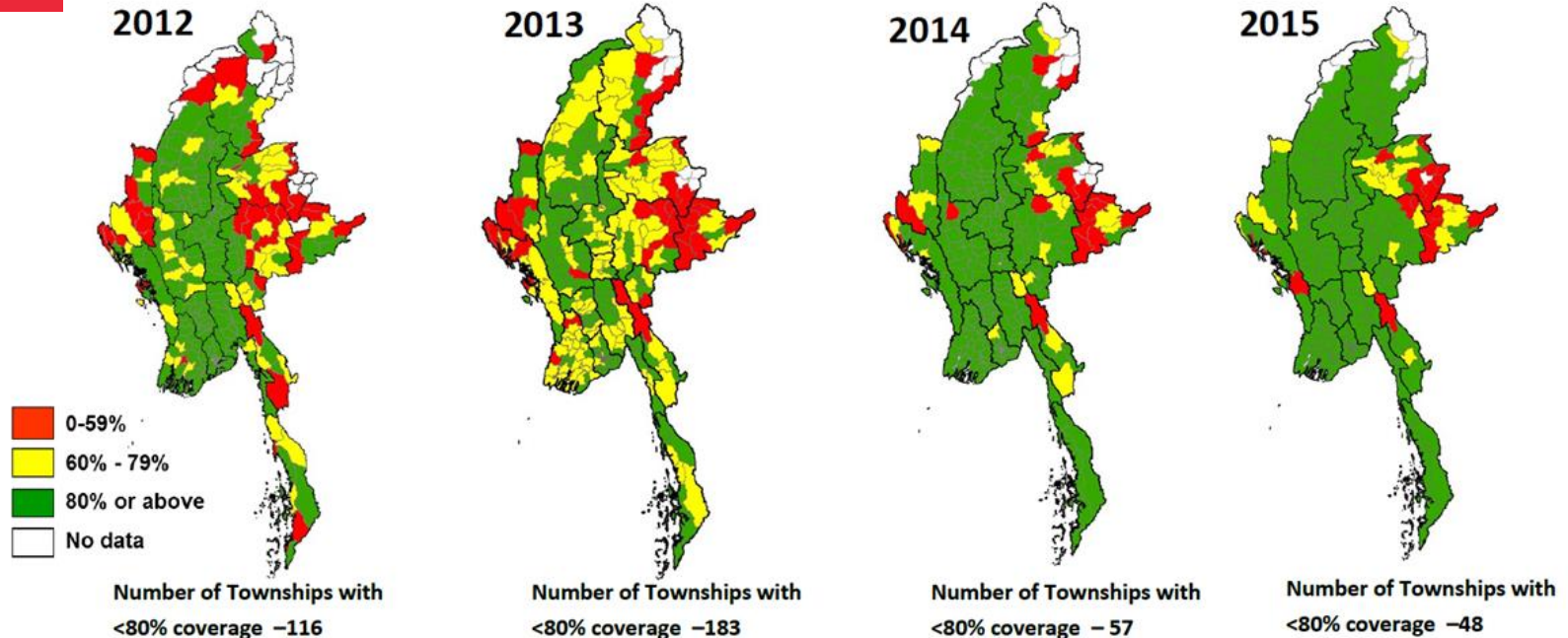
- First time dedicated WHO staff for RI: 1 international + 1 national
- Located within the Ministry
- Close engagement leading to new traction
- MR, JE, HPV being introduced
- Appetite for Rota and PCV: 55% child mortality due to diarrhea, pneumonia
- Vaccine introductions delinked from indigenous production
- MR campaign to cover 70 million; opportunity for horizontal catch up
- JKN, largest insurance scheme; getting cash strapped; 'prevention' is the new buzzword; WB's influence being leveraged



# Using sub-national data to determine TCA needs



## Myanmar - Routine Penta3 Coverage 2012-2015



# Bringing together PEF and HSIS to strengthen data

## Afghanistan



### Challenge

- Improving coverage
- Poor quality data
- Ineligible for PBF
- Fragile setting

### Levers

#### HSS

1. CTA flexibilities for data quality improvements

#### PEF

2. TCA for HR
3. Data SFA for understanding lessons

### Early outcome

- Country reporting on Performance Framework
- Informed discussion at JA/HLRP 2016
- Opportunity to adjust Gavi support

# Early country impressions

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- “PEF ensures that TA provided by different partners is **country driven and owned by the national entities.**”  
*Dr Imad El Din A M Ismail, Federal Ministry of Health, Sudan*
- “The PEF process allowed the Government to identify **its own priority technical support needs** in different areas.”  
*Dr Dorothy Ochola Odongo MD, Chief Health, UNICEF Sudan Country Office*
- “The JA provided not only a **great opportunity to review progress** of current grants and Gavi investments, but to **strategically discuss** many of Somalia’s **health systems bottlenecks** for improving immunisation.”  
*From new HSS application from Somalia*
- “JA, which is **well aligned with the Niger planning process**, ensures **harmonization between the different areas of TA** provided by our partners WHO, UNICEF and JSI. It also guarantees **better engagement** from participants, including **CSOs**, which is important in the process to achieve our goals on coverage and equity.”  
*MoH Niger*

# In conclusion

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## Further progress would hinge on:

- Countries taking advantage of the additional leadership opportunities that PEF presents
- Alliance continuing to move away from institutional positions towards a shared approach



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Health Minister, Niger, discussing JA at ICC



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JA participants in Somalia



Women bringing  
children for  
immunisation  
in Sudan –  
let us support  
them together