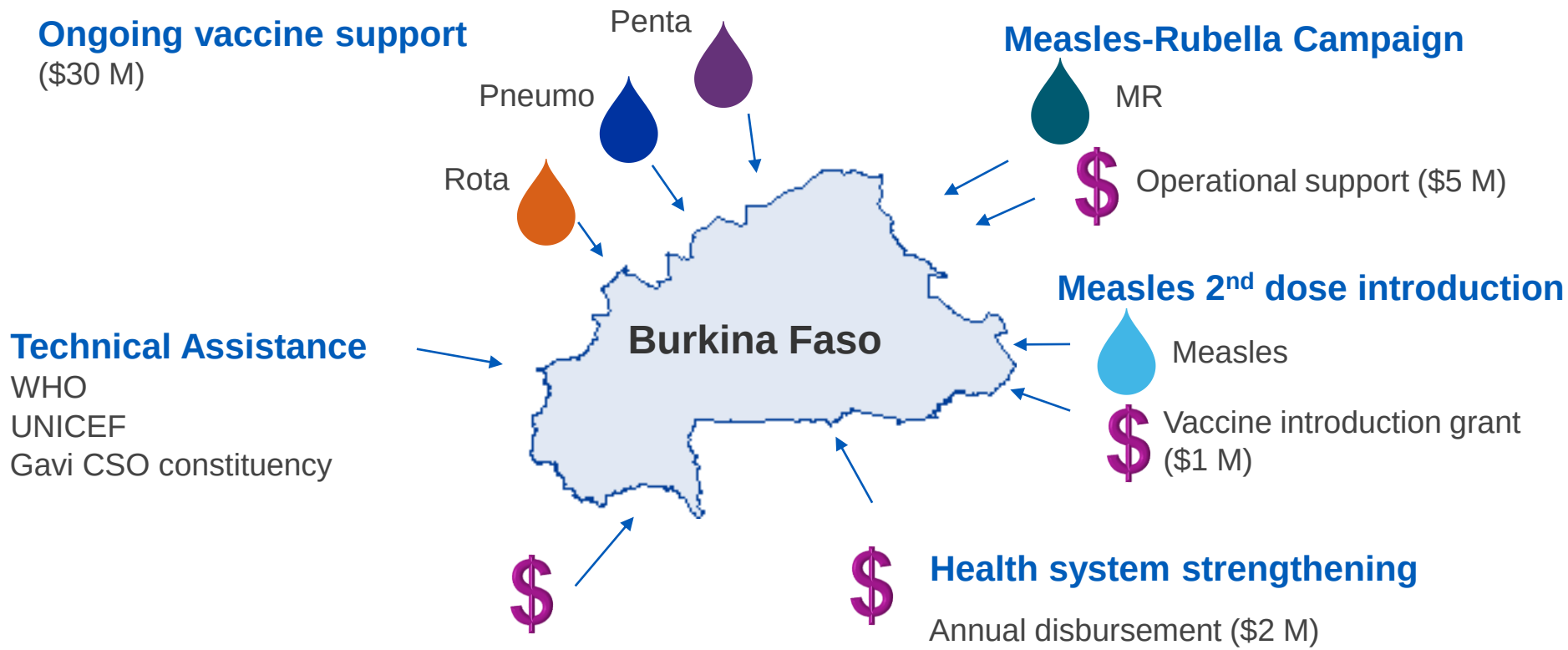
HEALTH SYSTEM AND IMMUNISATION STRENGTHENING SUPPORT

BOARD MEETING
Alan Brooks and Judith Kallenberg
22-23 June 2016, Geneva

Gavi
The Vaccine Alliance

The Alliance provides multiple forms of immunisation-related country support

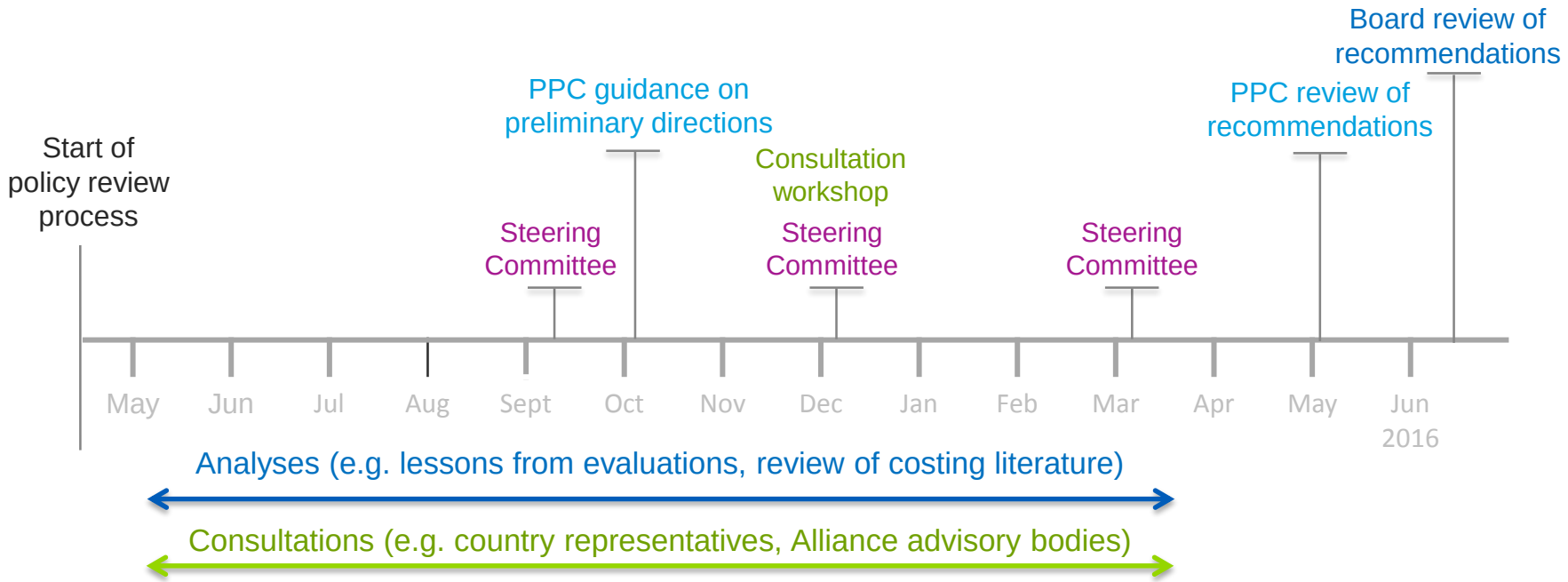
Example: Alliance support to Burkina Faso in 2014



HSIS Review

Objective: Optimise the use of HSIS support to catalyse progress on the goals of Gavi's 2016-2020 strategy

- Focus on equity and sustainability



Lessons learned

Key strengths of the current model

- Support through governments in **country-led process**
- Technical assistance through the PEF to **support implementation**
- **Support for operational costs** of new vaccine introductions and campaigns (e.g. VIGs and Ops)

Key areas for improvement

- **Insufficient strategic prioritisation** of investments
- **Fragmented planning** for different grants
- **Insufficient responsiveness to new data and evidence** during the grant lifecycle
- HSS resource allocation methodology across countries **does not reflect relative needs** of immunisation programmes
- Method for calculating total envelope for support does not enable **predictable and equitable allocation** across countries

Overview of proposed changes

Programming
-Strategic prioritisation of investments to reach unreached children

Sustainability
-Tailored support (focus and amount) by country transition phases

Architecture
-Integrated and responsive support model

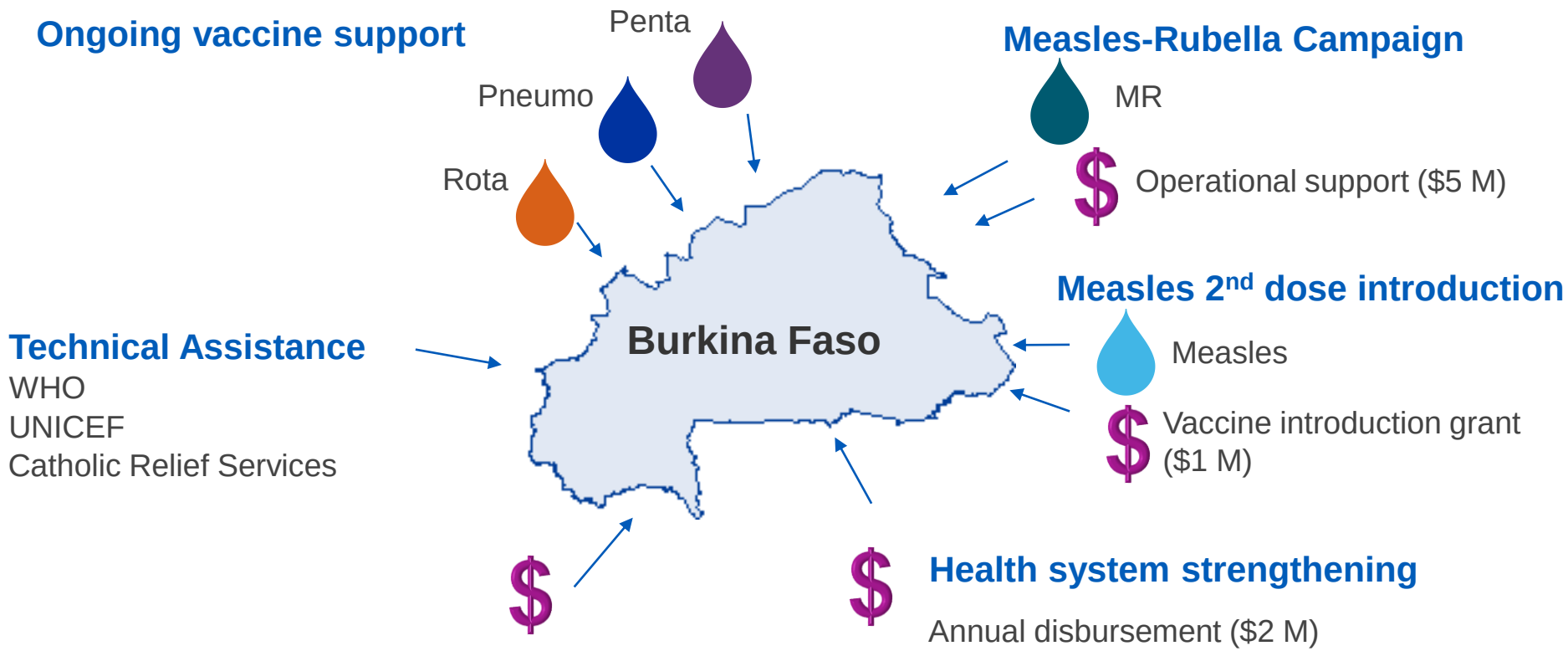
Resource allocation
-Predictable and equitable allocation of resources

-More funding for lower coverage countries

Support countries to reach all children, regardless of geography, socioeconomic status, or gender-related barriers, today and in the future

Current approach: multiple, fragmented forms of support

Example: Alliance support to Burkina Faso in 2014

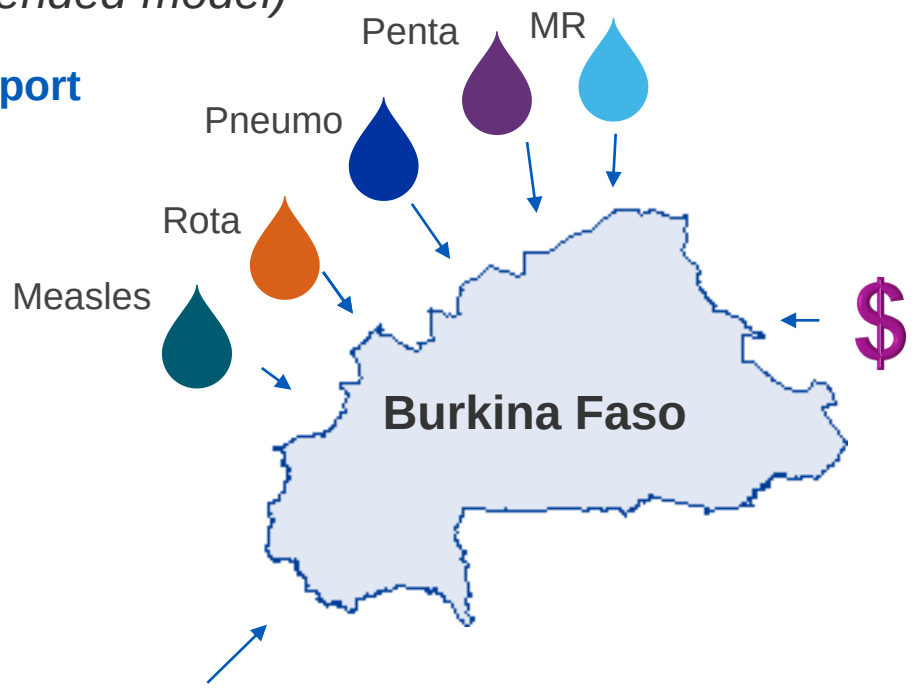


Recommendation

Integrated approach to strengthening health systems and immunisation

Example: Alliance support to Burkina Faso in 2014 (illustrative to show recommended model)

Vaccine Support



Health System and Immunisation Strengthening (HSIS) Support

Integrated support for:
- System strengthening
- One-time costs of vaccine introductions, campaigns, product switches

Technical Assistance

WHO
UNICEF
Catholic Relief Services

Recommendation

Overall resource envelope: to ensure predictable and equitable allocation

Current approach

- 15-25% of programmatic expenditure allocated to “cash programmes” (on a 3-year rolling average basis)

Proposed approach

- Set minimum of US$ 1.3 billion* for HSS disbursements for grant programme years in the 2016-2020 strategic period
- Additional resources subject to Board decision
- Doing away with the proportional ceiling for “cash programmes”

*As included in Gavi’s 2016-2020 forecast as presented to the Board in December 2015 (projected **16%** of Gavi programmatic expenditure in 2016-2020)

Recommendation

Promoting country ownership of measles immunisation through a vaccine co-financing requirement

Problem: reliance on periodic follow-up or "recurrent" measles and measles-rubella (MR) campaigns to avoid measles outbreaks in countries with low routine measles coverage

> "…the Technical Working Group considered it important to require co-financing measles or MR vaccines for follow-up campaigns to **avoid perverse incentives**…and to encourage **country ownership**. The **amount and mechanism** needs to be further determined during the preparatory year…"
>
> -Gavi's Measles & Rubella Strategy

Recommendation

Promoting country ownership of measles immunisation through a vaccine co-financing requirement

Problem: reliance on periodic follow-up or "recurrent" measles and measles-rubella (MR) campaigns to avoid measles outbreaks in countries with low routine measles coverage

Recommendation: strengthen country ownership by requiring **co-financing of vaccines** used in measles and MR follow-up campaigns

	Co-financing requirement
Low-income	2%
Phase 1 and Phase 2	5%

Recommendations

The Gavi Programme and Policy Committee recommended to the Gavi Board that it:

(a) **Approve** the Framework guiding implementation of Gavi's Health System and Immunisation Strengthening support attached as Annex A to Doc 04 to the PPC;

(b) **Approve** the Implications for previous Board decisions and Board-approved policies, as well as the implementation plans as set out in Annex B attached to Doc 04 to the PPC, noting that the PPC recommended implementation immediately following the Board decision, taking into account feasibility for countries and realistic timelines for ensuring smooth and efficient scale up of implementation;

(c) **Approve** the modifications to Gavi's Co-Financing Policy regarding co-financing for measles and measles-rubella follow-up campaigns as set out in Appendix 2 to Doc 12;

(d) **Agree** that an amount of at least US$ 1.3 billion is available for HSS disbursements (including performance payments) for grant programme years in the 2016-2020 strategic period, with additional funding being subject to future Board decisions.

THANK YOU

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Reach every child
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