

COUNTRY PROGRAMMES STRATEGIC ISSUES

BOARD MEETING
Hind Khatib-Othman
2-3 December 2015, Geneva

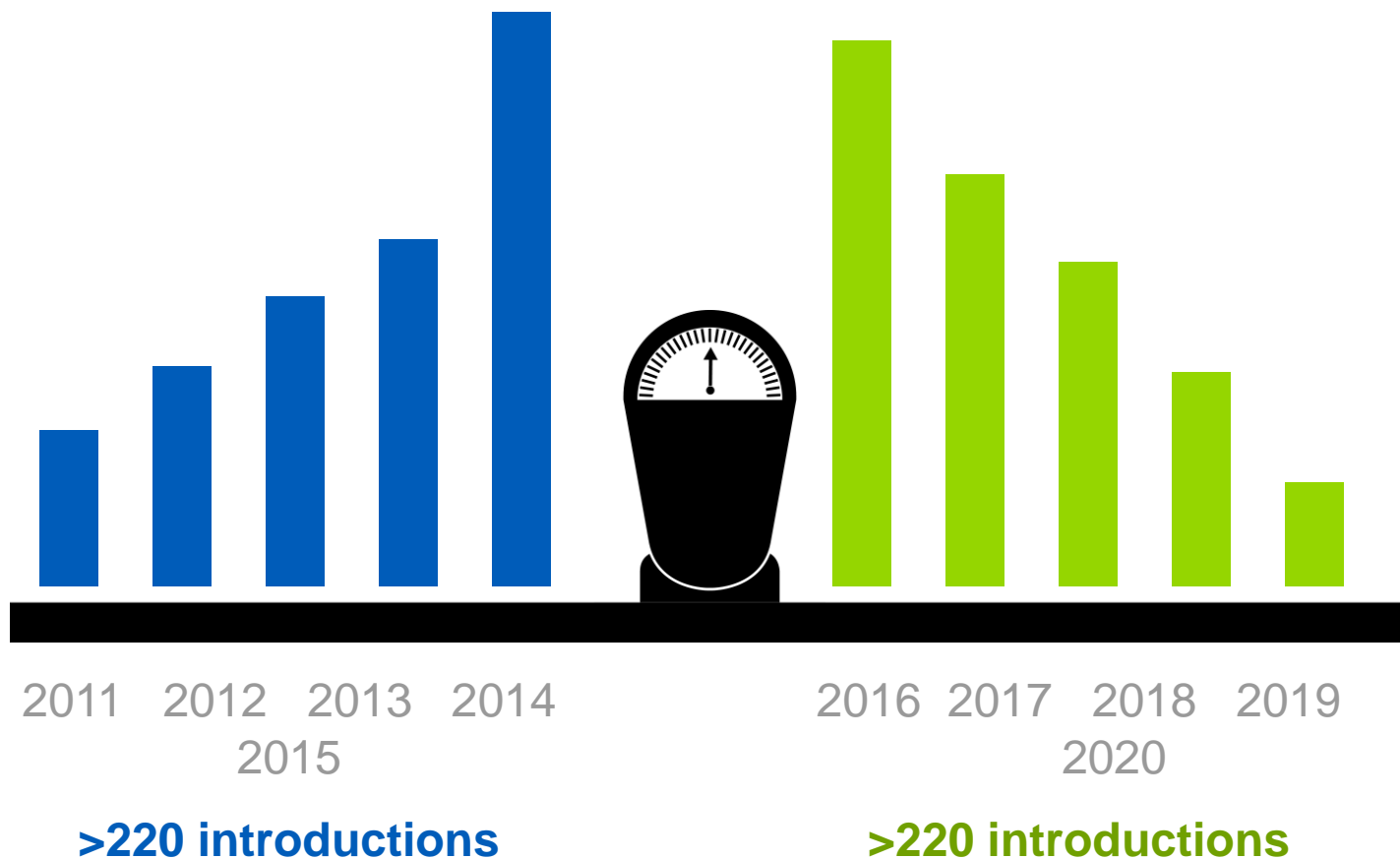


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Context and overview

- Over **220 routine introductions, SIAs or campaigns** completed 2011-15 and ~ **220** projected 2016-20
- **HSS investments** have facilitated progress on key indicators but innovation and **re-focussing on coverage and equity** needed
- **Co-financing** payments expected to **exceed USD 100m for 2014, 4 countries on track to successfully transition** out of Gavi support by end 2015, however **Angola and Congo are facing serious challenges**
- The Secretariat and Alliance is **gearing up to support the new strategy**

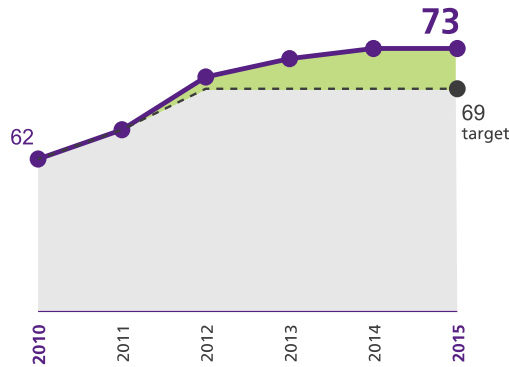
Continued focus on vaccine introductions



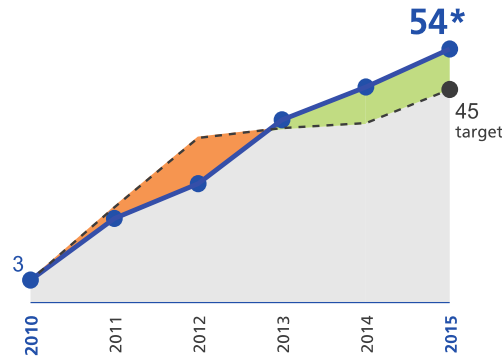
Source: Vaccine Implementation data; data as of 15 September 2015. Unconstrained introduction dates were used for all vaccines except yellow fever and rotavirus vaccines.

2011-15 introduction targets surpassed a year ahead of schedule

Pentavalent vaccine
number of countries

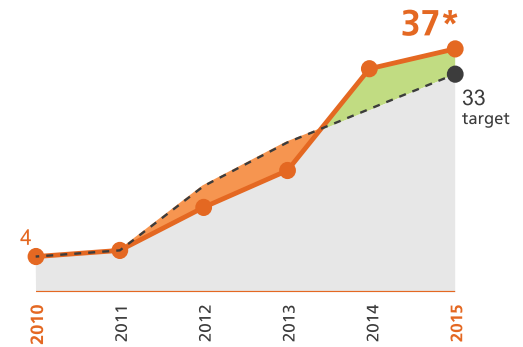


Pneumococcal vaccine
number of countries



*As of end Nov 2015

Rotavirus vaccine
number of countries



*As of end Nov 2015

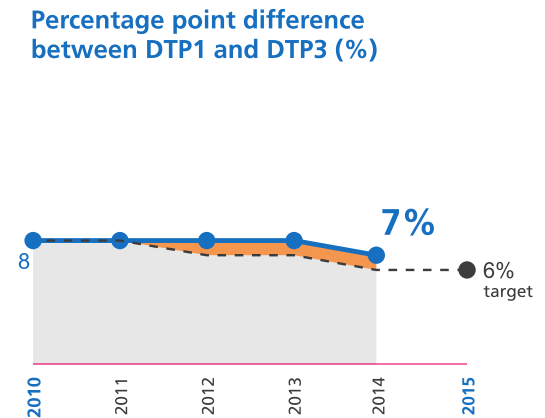
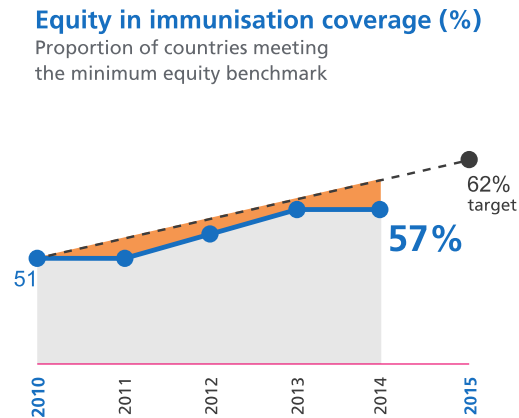
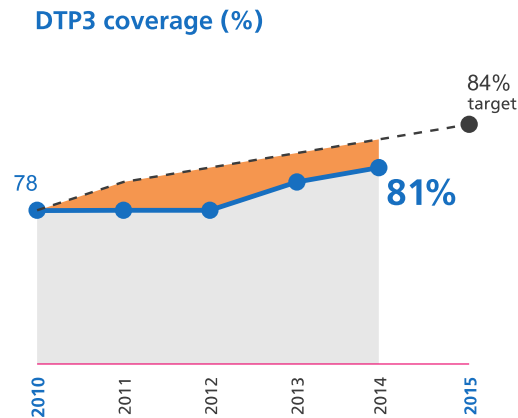
However, we are not on track to achieve our targets for coverage of the same vaccines:

- Slower roll out in large countries

- Country readiness
- Slower roll-out in large countries
- Supply constraints

- Supply constraints
- Country preference

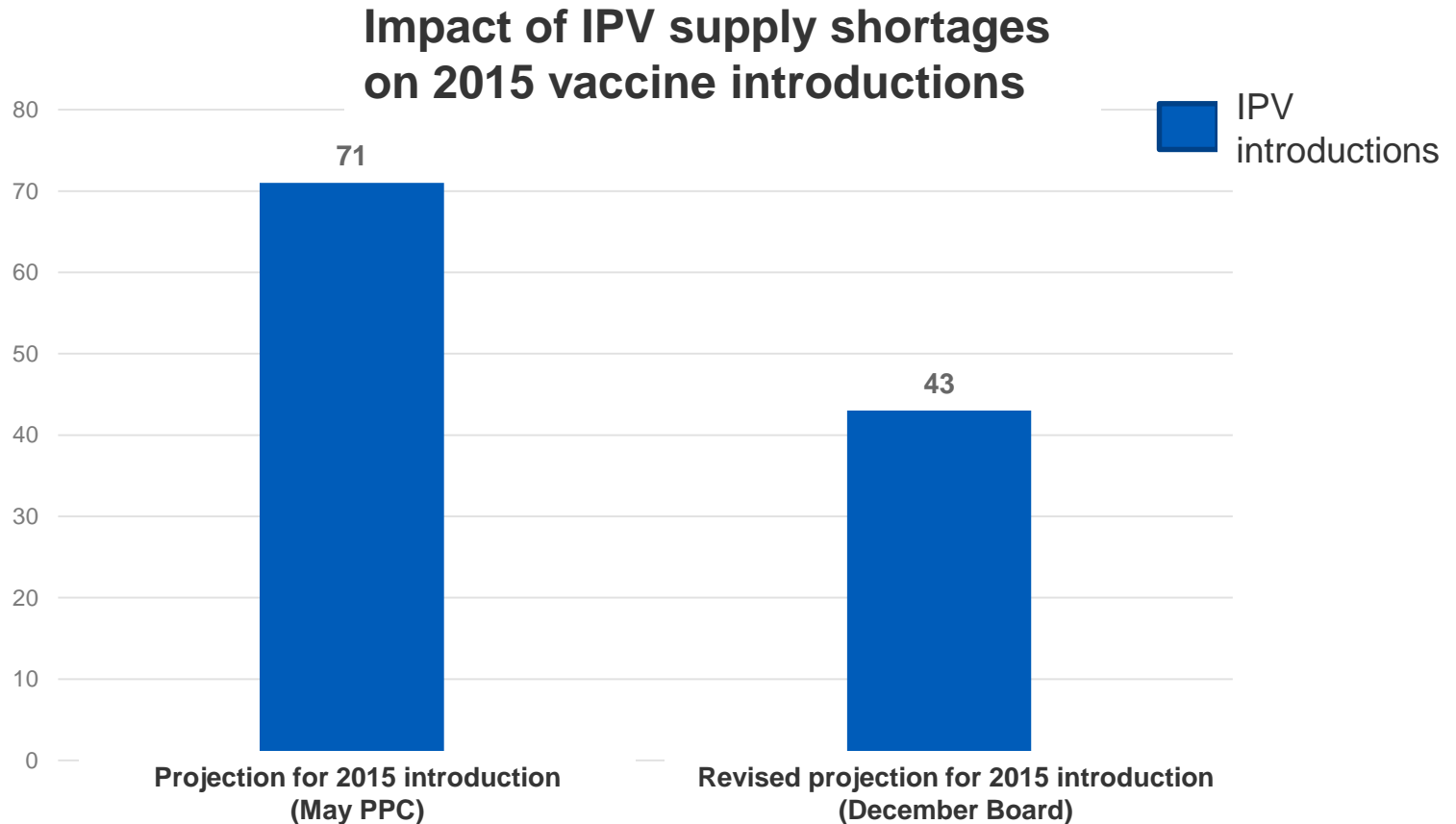
Some progress on coverage and equity indicators made, but innovation and re-focussing on coverage and equity needed



Increasing ownership and self-financing

- **Co-financing obligations keep increasing and have exceeded US\$ 100 million for 2014**
 - As of end of November 2015, 14 of the 17 countries that defaulted on their 2014 co-financing obligations had already paid off their arrears
 - 33 countries have already completely fulfilled their 2015 obligations and 16 have made partial payments, which is greater than last year
- **In 2015 we are intensifying our engagement in transition, including the rollout of the revised policy**
 - Bhutan, Honduras, Mongolia and Sri Lanka are expected to successfully transition out of Gavi support
 - Nine countries are partially transitioning out (countries will fully finance one or more vaccines); of these only Angola and Congo are facing serious challenges

IPV supply shortages resulted in the deferral of introductions



- Supply constraints anticipated until 2017

Rota uptake plateauing

Reasons include:

- Declining diarrheal disease burden and mortality
- Low vaccine effectiveness
- Competing prevention measures (e.g. oral rehydration solution, WASH)
- Increased number of vaccines in EPI schedule
- Mis-match between preferred presentation and available supply



Polio legacy becoming a more important question

Gavi: proposed way forward

- Country-driven, country-specific approach
- Integrated in national programmes
- No resources/mandate to take over partners' human resource networks
- Focus on equitable and sustainable immunisation coverage
- Health system strengthening and Partners' Engagement Framework are key instruments for support



New country-focused approach to deliver on Gavi strategy, 2016-2020

- ① **More proactive and country-tailored grant management**
- ② **Partners' Engagement Framework including targeted country assistance**
- ③ **New, transformational approaches: cross-cutting strategic focus areas**
- ④ **Prioritisation: intensified focus on 20 countries**



More risk based grant management

Approach	Risk categories	Sample countries (<i>not exhaustive</i>)
1. Estimate relative risk of country programmes	Highest	<ul style="list-style-type: none"> • Pakistan • Nigeria • DRC • Ethiopia • Kenya
2. Segment countries according to composite risk index into risk categories	High	<ul style="list-style-type: none"> • Bangladesh • Afghanistan • Guinea • Yemen • Uganda
	Moderately high	<ul style="list-style-type: none"> • Niger • CAR • Somalia • Sudan • Indonesia
3. Use segmentation to inform staffing and grant management	Lower	<ul style="list-style-type: none"> • Rwanda • Benin • Nepal • Moldova

- **Introduce dedicated SCMs**
 - Already for Nigeria, DRC, Pakistan
 - In progress for Ethiopia and India
 - Kenya planned for 2016
- **Reallocate portfolio (and staff up) to improve risk/SCM ratio**

More proactive vaccine management

- Improved operational forecast
- Stock assessment for central-level warehouses
- Yearly validation of wastage rates and redefinition of recommended rate
- Enhanced planning process with Alliance partners and other relevant stakeholders
- Redesign of the UNICEF SD procurement authorization process



More systematic monitoring and follow up

Self-Customization

Dashboard

Help

Bangladesh Reporting Performance Framework

Filter

Chart Status

Chart Type

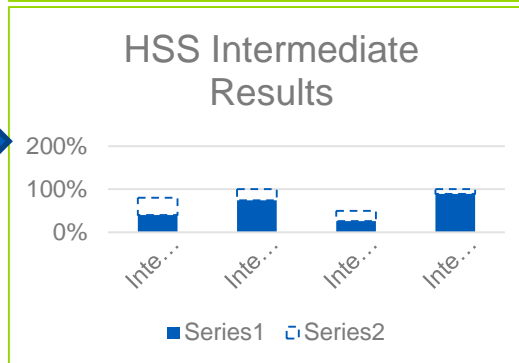
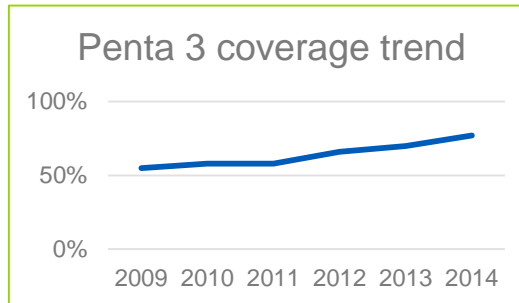
Indicator Type

Data Source

Download PDF

Indicator Name	Notes	Chart	Source	2013	2014	2015	2016	2017
<div> <div>OUTCOME</div> <div>Close</div> </div>								
DIC 1.1	Pentavalent 3 coverage at the national level (Penta 3)	<input checked="" type="checkbox"/>	PENTA HSS	Target	100	100	100	100
			Admin (JRF)	100	100			
			Official (JRF)	100	100			
			Survey	100	100			
			VIEWS	100	100			
DIC 1.2	Pentavalent 3 coverage at the subnational level	<input checked="" type="checkbox"/>	PENTA HSS	Target	100	100	100	100
			Admin (JRF)	100	100			
			Official (JRF)	100	100			
			Survey	100	100			
			VIEWS	100	100			
DIC 1.3	Measles containing vaccine (MCV1) coverage at the subnational level (MCV1)	<input checked="" type="checkbox"/>	MEASLES HSS	Target	100	100	100	100
			Admin (JRF)	100	100			
			Official (JRF)	100	100			
			Survey	100	100			
			VIEWS	100	100			
DIC 1.4	Measles containing vaccine (MCV2) coverage at the subnational level (MCV2)	<input checked="" type="checkbox"/>	MEASLES HSS	Target	100	100	100	100
			Admin (JRF)	100	100			
			Official (JRF)	100	100			
			Survey	100	100			
			VIEWS	100	100			

Agreed indicators to monitor grant portfolio, aligning with national M&E plans



Understanding and analysing results against established baselines

Helps identify gaps where more TA or investments to strengthen country systems are needed



Proactive grant management and informed decision-making

More bottom-up and targeted country assistance


Secretariat / Alliance partner activities:

(under PEF 'targeted country assistance' component)

Past activity

Current activity

Future activity

- 
- Facilitate/contribute to **joint appraisal**
 - Help identify **country's support / TA needs** (*bottom-up*)
 - Develop and consolidate **core Alliance partner TA proposals** for each country – activities, milestones, staffing, \$ (*bottom-up + top-down*)
 - Conduct in-country **government/partner discussions** to adjust and prioritize TA proposals (vs country needs + coverage/equity/sustainability goal)
 - Hold **HQ-level cross-partner discussions** to finalize country TA packages based on in-country work and available financial envelope
 - Finalize **partner agreements and associated accountability milestones**
 - **Implement / monitor implementation**

Main considerations:

- **Country-needs focus, looking across *full spectrum* of Gavi support**
- **Complementarity, non-duplication; reflecting comparative advantage**
- **Learning year, iteratively adjusting process; to be streamlined in future**

Questions

- How can the Alliance ensure that decisions on **new vaccine introductions are taken consistently with the key goals of increasing sustainable and equitable coverage?**
- How can the Alliance more appropriately **incentivise the use of Rotavirus immunisation as part of an integrated approach?**
- Does the Board agree with Gavi's proposed approach to the **polio legacy?**
- What more should the Alliance do in cases where there is low political will and how should the Alliance prepare for the possibility of **programmes failing?**

Decision: Co-financing arrears

The Gavi Board:

- a) **Strongly urged** Angola and Congo Republic to pay their its co-financing arrears in full no later than 31 January 2016 (the “Payment Date”) and requested the assistance of Alliance partners in encouraging the Governments to do so;
- b) **Requested** the Chair of the Gavi Board to convey the Gavi Board’s concerns for the children of Angola and the Congo Republic;
- c) **Decided** that, in the event that the Governments of Angola and the Congo Republic does not pay their its co-financing arrears in full on or before the Payment Date, support for those vaccines for which co-financing arrears remain after the Payment Date and Health Systems Strengthening support for both countries the country will be suspended from the Payment Date until the co-financing arrears are paid in full.

THANK YOU



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