Country Programmes Update

Hind Khatib-Othman

GAVI Alliance Board meeting Phnom Penh, Cambodia 21-22 November 2013

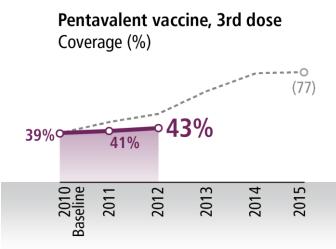


Country programmes

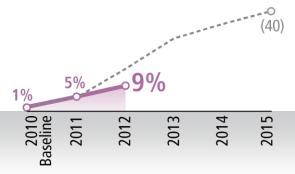
- Vaccine implementation
- Country support
- Health system strengthening and financial sustainability



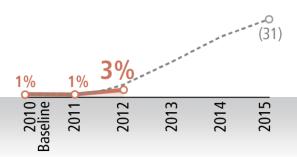
Targets – how are we doing?



Pneumococcal vaccine, 3rd dose Coverage (%)



Rotavirus vaccine, last dose Coverage (%)



Large country readiness

- Country readiness
- Supply

- Supply
- Country preference



Active management to improve performance

Pentavalent Vaccine

- Focus on large countries Indonesia, Nigeria and India
- Active management to support countries in case of AEFI

Pneumococcal Conjugate Vaccine

- Third AMC award improved supply availability in short & long term
- Strong demand continues (58 countries applied)
- Successful introductions coverage levels generally in line with Penta from 2nd year

Rotavirus Vaccine

- Strong product preference continuing imbalance vs. supply
- Maximise doses (recent increase in supply)
- Continue to encourage development of new products/presentations



Examples of deeper country engagement

- Broader partnerships & collaboration at regional & country level
- All major on-going HSS proposals reprogrammed
- Country tailored approaches
- Encouraged & supported accelerated introduction of Pentavalent in Indonesia
- Maintained immunisation services through conflict in Mali



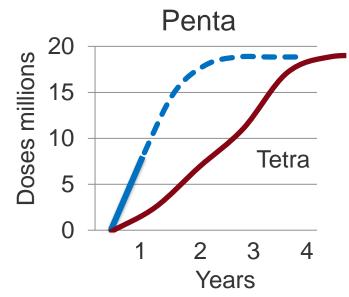
GAVI and fragile states: a country by country approach

- Tailored approaches for DRC and Nigeria completed in November
- Context analysis completed for Pakistan & Afghanistan
- CAR, Haiti and South Sudan starting late 2013/early 2014
- Chad, Cote d'Ivoire, Guinea and Somalia starting late 2014



Indonesia – accelerated pentavalent introduction

- Launched August 2013. Will complete by 2015 instead of 2017
- GAVI funding gave manufacturer confidence to build stock
- Timely completion of cascade training for health workers
- Introduction twice as fast as tetra
- An additional 2 million infants immunised by
 2015



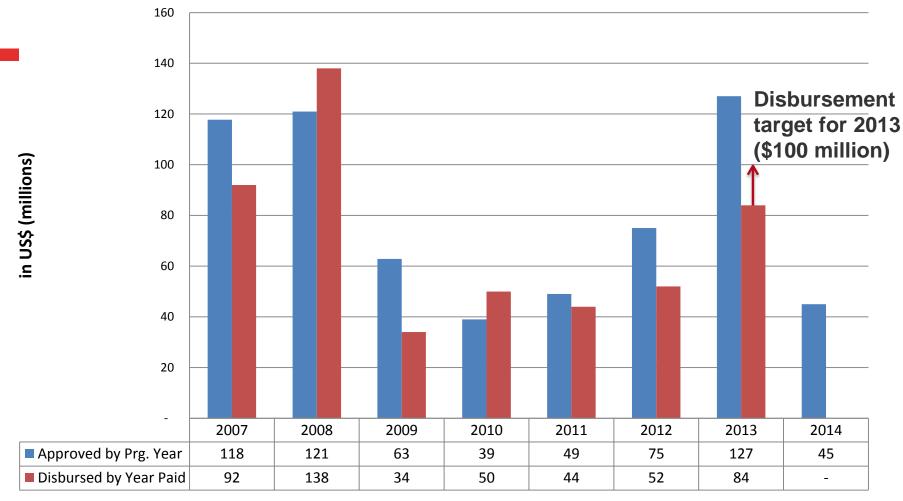


Mali – Maintaining service delivery in fragile states

- Collaborated with government and partners to ensure maintenance of immunisation services
 - Maintained vaccine shipment and close monitoring of stock levels
 - Programmes in hard-to-access areas delivered through CSOs
- Maintained HSS implementation but transferred funds from Government to WHO
- Country was able to submit proposal and has been approved for rotavirus vaccine introduction in 2014



HSS Grant approvals and disbursements for 2007-2014, as of 14 November 2013





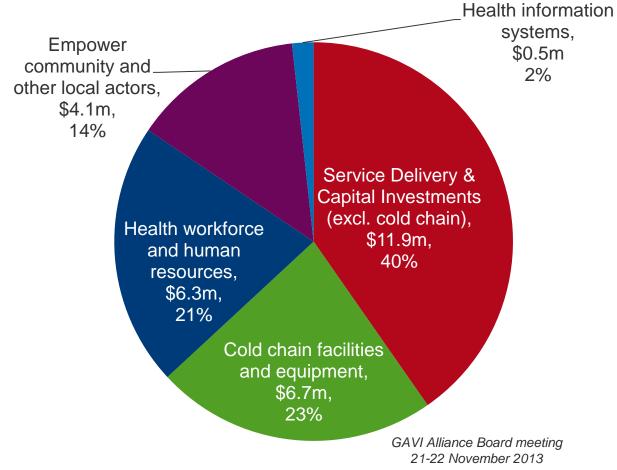
Approved HSS grants: countries deliver on GAVI's mission

- Supply chain and cold chain strengthening
 - Ethiopia: current grant strengthens the capacity and management of cold chain systems at all levels
- Strengthening human resources for health
 - Afghanistan: trained over 4500 community health workers with an additional 5500 proposed to improve access to immunisation services
- Improving information systems
 - Ghana and Liberia: focused on improving reporting and data quality for better measurement of immunisation and other health outcomes



Engagement with Civil Society

Analysis of approved HSS grant funding for CSO-related activities in the 15 countries approved in 2012 (5 largest categories of activities shown)



- All 15 countries approved in 2012 engaged CSOs in the development and planning of HSS proposals
- Majority of these grants (10/15) included budgets for CSOrelated activities – \$30 million of total budget (\$175 million)



Approved HSS grants: examples of equityrelated activities

- Afghanistan: train volunteer community health workers from/for the Kochi people
- Bangladesh: fill vacant posts to permit genderappropriate MCH services
- Malawi: improve equity of service delivery to hard to reach children



 Myanmar: renovate health centres close to hard to reach areas



Focus on results – illustrative results chain for GAVI HSS grants

Inputs and activities



Intermediate results



Immunisation outcomes



Impact

Training of health workers

Improving health infrastructure

Upgrading equipment (including cold chain)

Improving community mobilisation

Availability of skilled health care workers

Availability of supplies & equipment

Data availability and quality

Stockout rate

National wastage rate

Awareness of need for immunisation

DTP3 coverage rate

Dropout rate (DTP3 – DTP1)

Equity in DTP3 coverage

MCV1 coverage rate

Fully immunised child

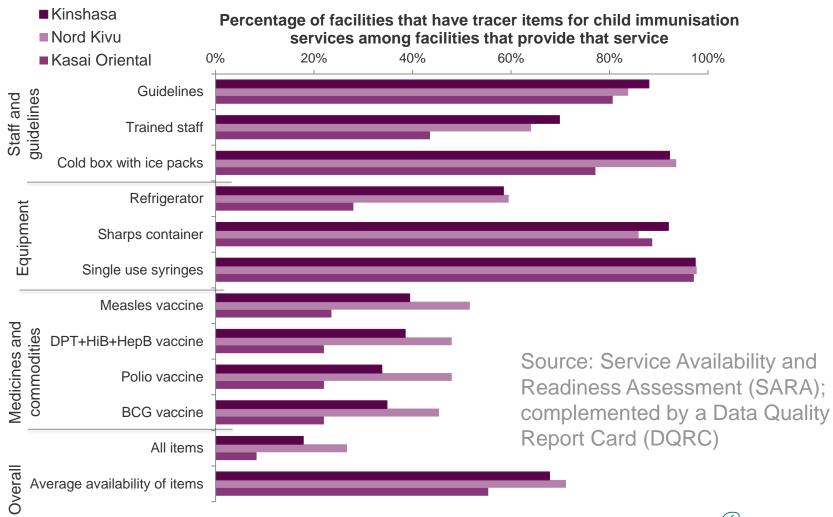
Under 5 mortality

Under 5 mortality by cause of death, sex and age

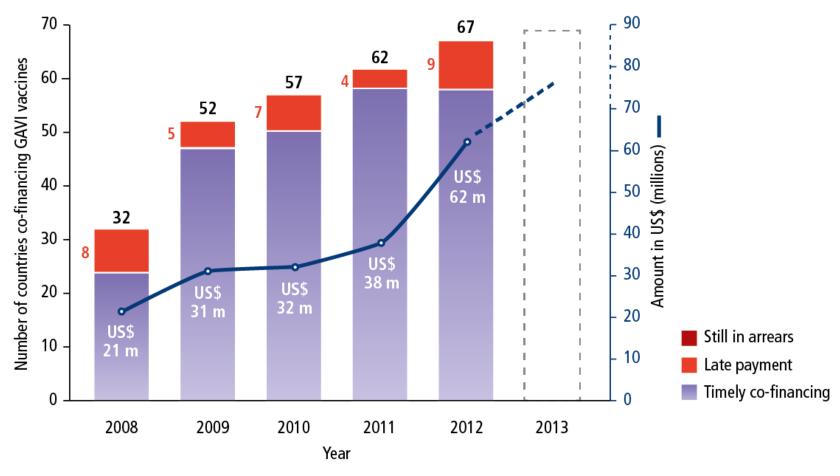
VPD incidence, prevalence and mortality

- Adapted from the M&E framework of IHP+
- Intermediate results for health system performance

Intermediate results – DR Congo (2012)

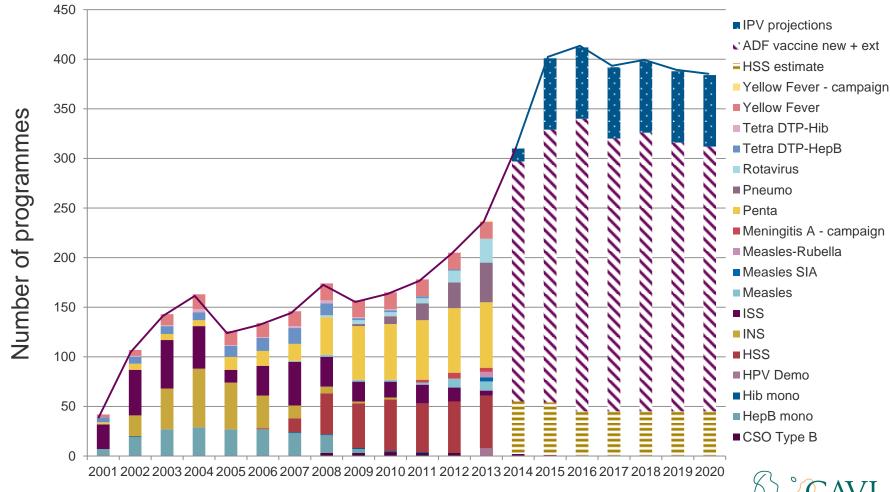


Co-financing: countries fulfilling commitments





GAVI funded programmes 2001-2013, and projected programmes 2014-2020



Thank you!







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