

November 2024 IRC Debrief

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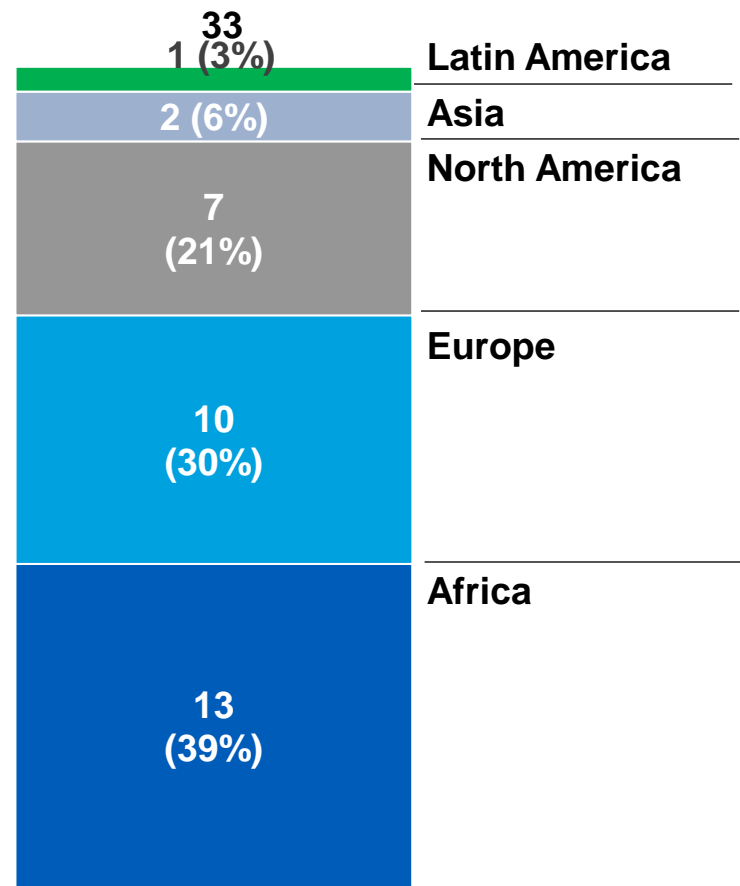
Country best practices



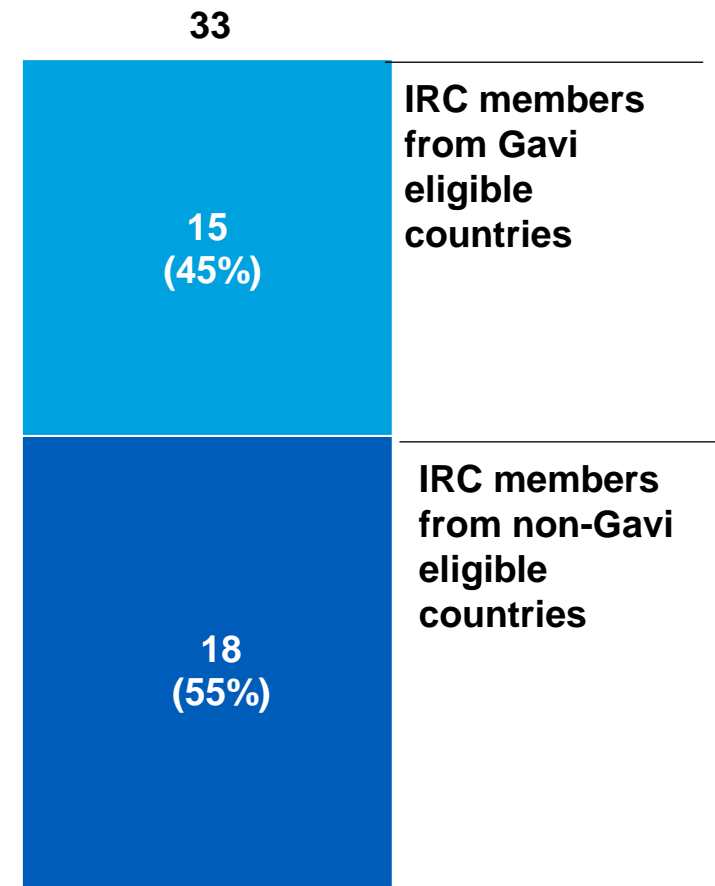
2024 November IRC composition

33 IRC members participated in the reviews, taking place from 29 October to 15 November

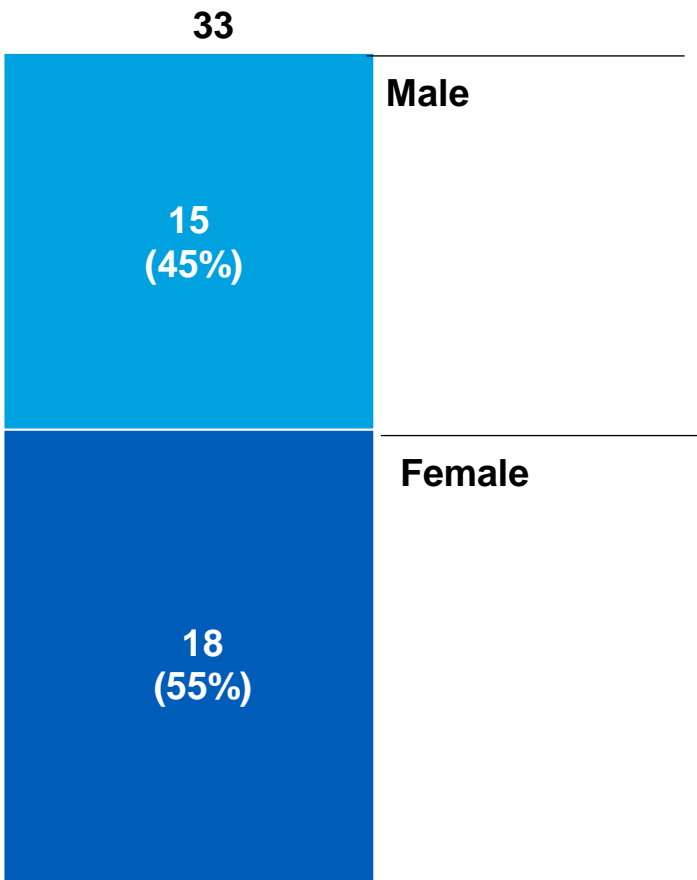
Region of origin



Gavi-eligible countries



Gender



November review window outcomes – 1/2

30 countries applied for 46 support types

45 were recommended for approval by the IRC

10 countries submitted applications for multiple supports

CCEOP	Prev. Ebola	HepB	Hexa	HPV RI+MAC	MR fu	ITU	Malaria
<div><div>✔</div> Lesotho</div> <div><div>✔</div> South Sud.</div> <div><div>✔</div> Syria NW</div> <div><div>✔</div> Yemen</div>	<div><div>✔</div> CAR</div>	<div><div>✔</div> Congo</div> <div><div>✔</div> Eritrea</div> <div><div>✔</div> Mozamb.</div> <div><div>✔</div> Uganda</div>	<div><div>✔</div> Burundi</div> <div><div>✔</div> Madag.</div> <div><div>✔</div> Senegal</div> <div><div>✔</div> Syria NW</div>	<div><div>✔</div> Djibouti</div> <div><div>✔</div> Madag.</div> <div><div>✔</div></div>	<div><div>↺↻</div> Burundi</div> <div><div>✔</div> Comoros</div> <div><div>✔</div> Pakistan</div> <div><div>✔</div> Syria NW</div> <div><div>✔</div> Togo</div> <div><div>✔</div> Zimbabwe</div>	<div><div>✔</div> Cambodia</div> <div><div>✔</div> Côte d'Ivo.</div> <div><div>✔</div> Mozambique</div> <div><div>✔</div> Niger</div> <div><div>✔</div> Nigeria*</div> <div><div>✔</div> Syria DA</div> <div><div>✔</div> Yemen</div>	<div><div>✔</div> Ethiopia</div> <div><div>✔</div> Guinea-Bissau</div> <div><div>✔</div> Zambia</div> <div><div>✔</div> Côte d'Ivo</div> <div><div>✔</div> Liberia</div> <div><div>✔</div> Mali</div> <div><div>✔</div> Sudan</div>
MMCV	IPV2	OCV	Rabies	TCV	YF Camp & RI	Rota	
<div><div>✔</div> Niger</div>	<div><div>✔</div> Tanzania</div>	<div><div>✔</div> Kenya</div>	<div><div>✔</div> Côte d'Ivoire</div> <div>Madagascar</div>	<div><div>✔</div> Niger</div>	<div><div>✔</div> Ethiopia</div> <div><div>✔</div></div>	<div><div>✔</div> Cambodia</div>	



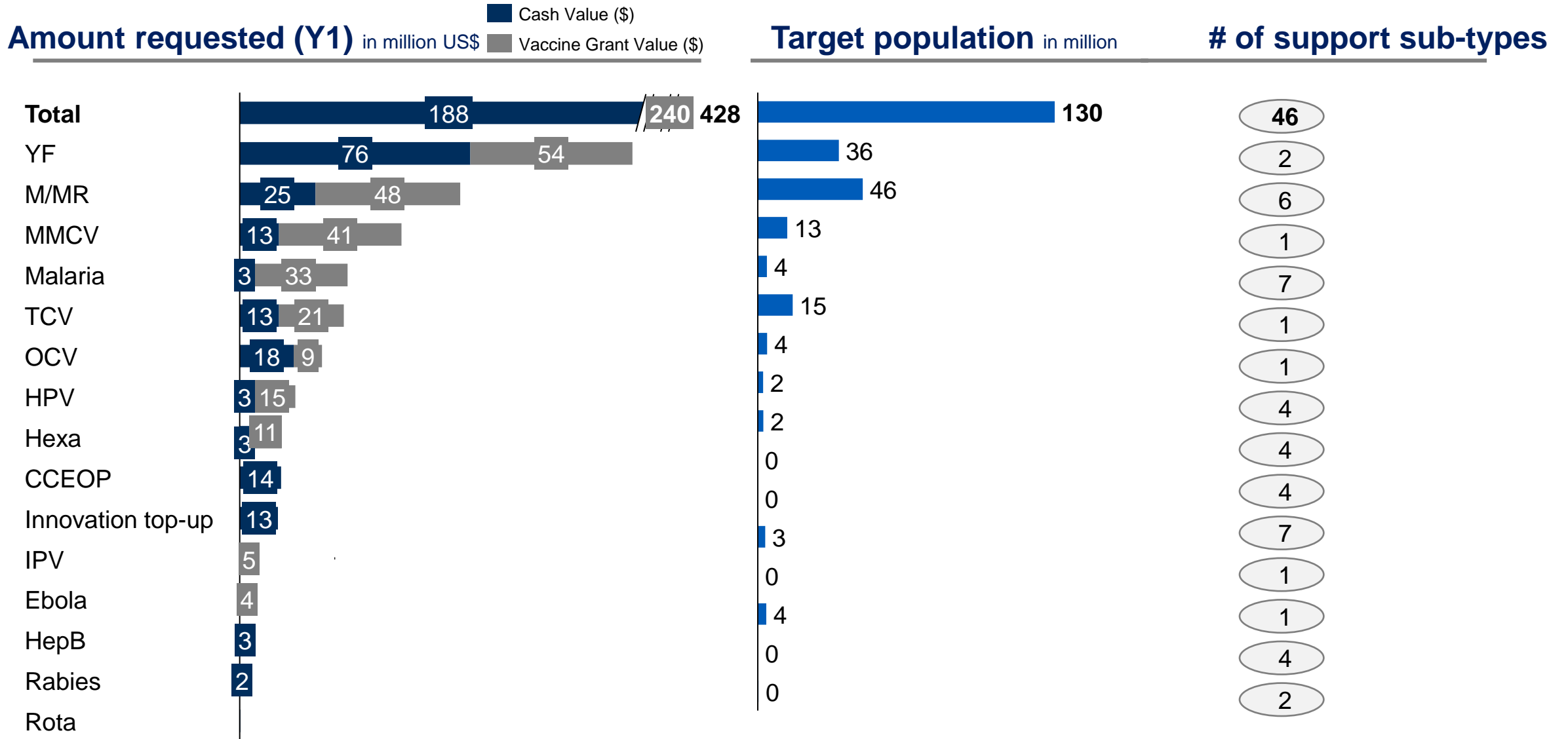
Approved (45 supports)



Re-review (1 application)

* 2nd submission following previous re-review recommendation

November review window outcomes – 2/2



Excludes 5 FPPs to be reviewed end of Nov/Dec. Cost estimates are based on amounts requested, and may be subject to adjustments. Vaccine costs and target population are estimates for the first year only. OCV numbers are for the first year only for a multiyear campaign.

Other reviews scheduled/in progress

- **Afghanistan** FPP (HSS, ITU)
- **DRC** in-country (CCEOP, HSS, TCA, HPV RI & MAC)
- **Guinea** (CCEOP, HSS, TCA)
- **Rwanda** (HSS, EAF, ITU, HepB)
- **Sierra Leone** (HSS, TCA, HepB, TCV)
- **Nepal** (HSS, EAF)

** All are expected to be finalised before the end of the year*



Celebrating successes

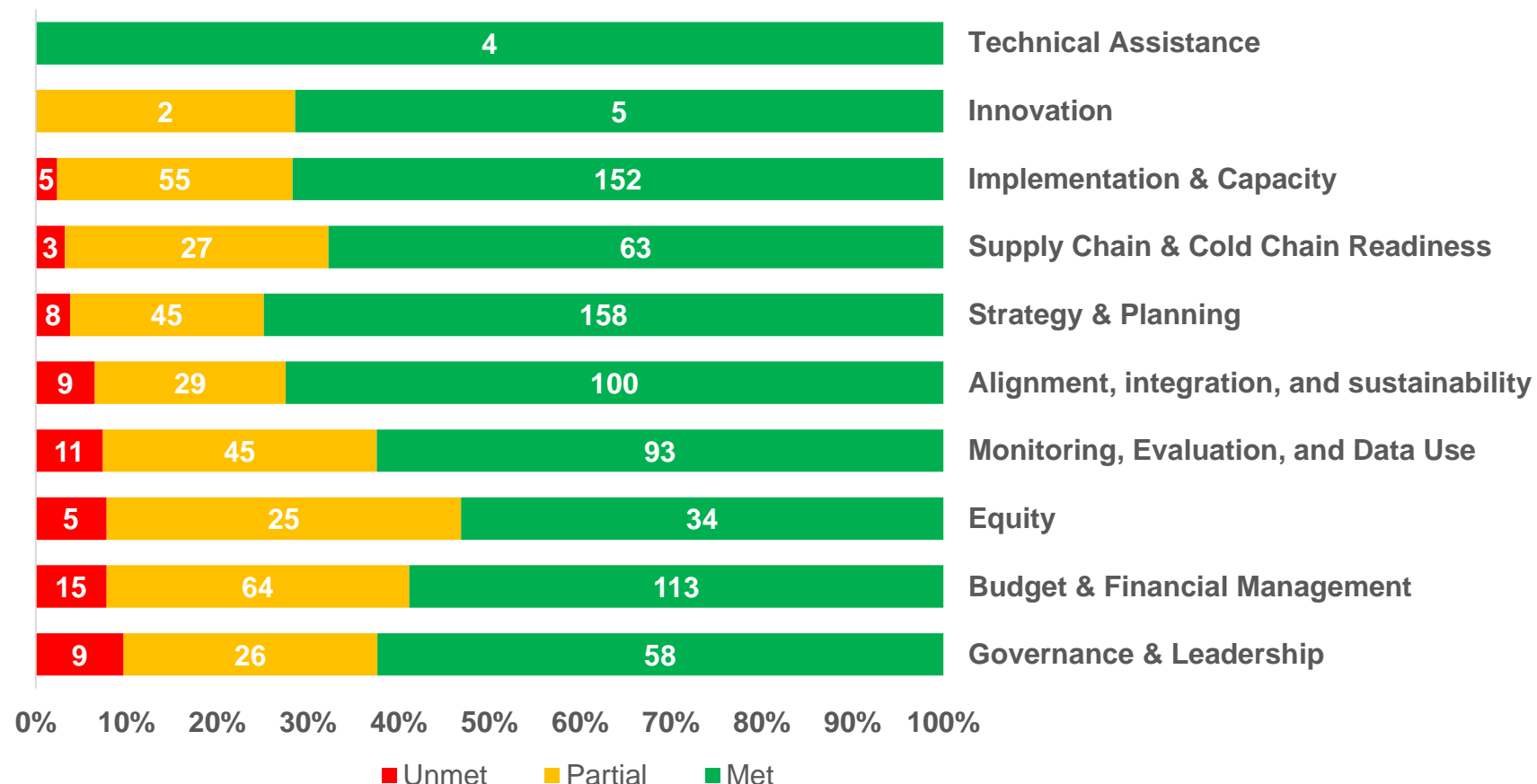
- **First applications** approved for
 - **preventive Ebola** vaccination
 - **rabies** post-exposure vaccination
 - **multivalent meningococcal conjugate** vaccine (MMCV)
- Countries leveraging **One Health** for **rabies** post-exposure introductions
- **EPI calls** continue to **provide context and clarity**, building trust between EPI teams, IRC, and Gavi and technical partners



How well did applications meet review criteria?

- **94%** critical or moderately critical criteria were met (or partially met)
- Only **6%** of critical or moderately critical criteria were unmet
- **Technical assistance & innovation** criteria categories with no unmet criteria
- Categories with most unmet criteria (%): **Equity, Governance, Budget** reflected in IRC's missed opportunities that will be highlighted

Critical and moderately critical criteria across categories: Proportion of 'Met', 'Partial', and 'Unmet'



Based on consolidated reports when available, primary reviewer and cross-cutters input otherwise (Pakistan MR, Burundi MR, Burundi Hexa, Senegal Hexa)

Missed opportunities to highlight

1. **Equity and integration:** reaching children born in and outside health facilities
2. Frequent submission of **individual requests without demonstrating integration** with existing FPP and other requests— maximising integration opportunities
3. Enhancing vaccine governance: Limited evidence of **NITAG and ICC engagement** for new vaccines and campaigns in some countries (evidence of in-country technical body which is informing applications)



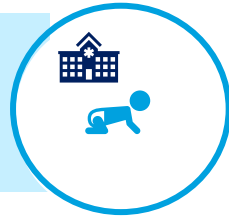
1. Equity and integration: reaching babies born in and outside health facilities

Hep B Birth Dose – illustrative example

Situation

66%

Children in Health Facility



34%

Children outside Health Facility, with mobile brigades



Implications

- ZD children
- Under-immunized children
- Poor health outcomes e.g. malnutrition



Time-limited VIG budget



Lack of technical support



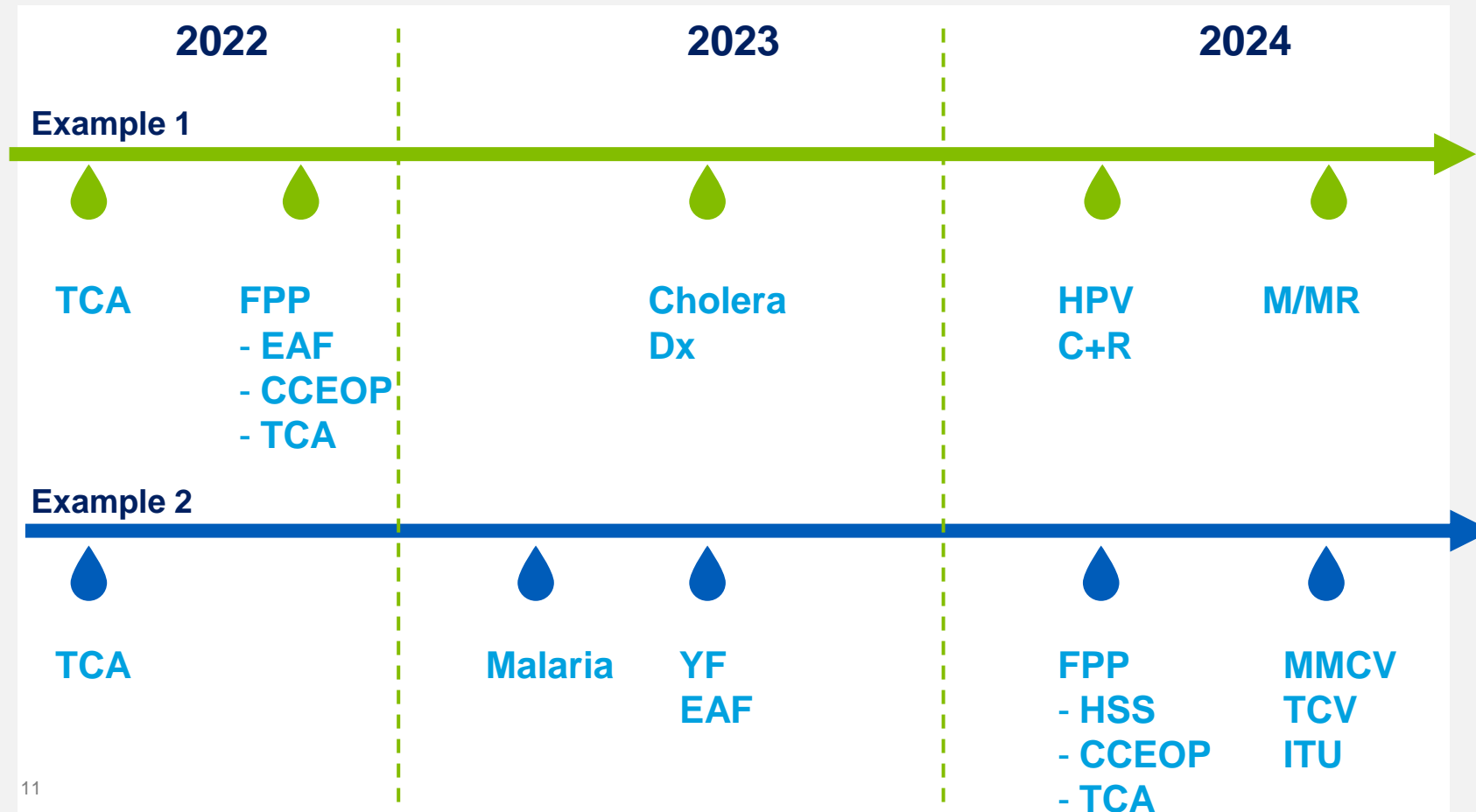
Misinterpretation of guidelines

IRC Recommendations

- Countries to demonstrate how **existing grants can support children** out of health facilities
- Gavi guidance to be explicit on **budgeting outreach activities** for all children irrespective of location
- Countries and technical partners to **leverage existing Gavi and other donor funds** (e.g., Safe Motherhood from USAID, TGF)

2. Frequent stand-alone submissions result in fragmentation & inefficiencies at programmatic and financial level

Countries submissions in the past 3 years– illustrative example



IRC Recommendations

- Gavi and technical partners to support countries for **integrated planning** in the lead up to Gavi 6.0
- Countries encouraged to submit **a single, consolidated application** that encompasses all immunisation and health system strengthening needs (or to seek opportunities to integrate planned interventions with existing grants)

3. Enhancing vaccine governance

Ideal situation

Technical Advisory Group
(NITAG)

Coordination Forum
(ICC)



Timely critical input into country applications for Gavi support, with clear role differentiation between NITAG and ICC, and inclusive representation of CSOs and women-led groups

Current suboptimal practice



- **Unclear role differentiation** between NITAG and ICC **limiting independence**
- **Delayed NITAG** application review **limiting critical technical input** into decision making & application



- **Insufficient details in application** (e.g ICC meeting minutes) to allow assessment of **representativeness of CSOs and women-led groups** in ICC

IRC Recommendations

Gavi and partners to encourage and support countries to

- have active NITAGs
- strengthen guidance on having separate bodies
- ensure NITAG recommendations precede ICC endorsement
- submit details on engagement of CSOs and women led groups in ICC

4. Addressing vaccine-specific challenges

Key issues observed	Description	Country examples	Recommendations
OCV & TCV: Inadequate Integration of WASH funding and OCV and TCV Plans	<ul style="list-style-type: none"> Insufficient effort made to leverage WASH funding with OCV and TCV applications 	<ul style="list-style-type: none"> Kenya Niger 	<ul style="list-style-type: none"> Gavi to request countries applying for OCV and TCV support to demonstrate integration of WASH activities
Rabies: Lack of established systems for vaccine delivery and management beyond established PEP facilities	<ul style="list-style-type: none"> Countries applying for rabies vaccine support do not have an established system for making the vaccines available in healthcare facilities which are not currently managing rabies exposure; requiring collaboration with new entities (EPI vs existing PEP) 	<ul style="list-style-type: none"> Madagascar Cote d'Ivoire 	<p>Gavi and partners to:</p> <ul style="list-style-type: none"> Support countries develop a system for health facilities readiness to manage rabies exposure. Design a system for inter-facility communication and vaccine distribution or patient referral
OCV: Preventive Cholera vaccination campaigns target areas based on risk rather than disease burden	<ul style="list-style-type: none"> Criteria used to select areas for OCV campaigns sometimes target areas not only on the basis of burden but also based on numerous risk factors for cholera. This has led to planned vaccination in populations that are at low risk of cholera 	<ul style="list-style-type: none"> Kenya (1.5 M out of 20 M people targeted live in areas with no confirmed cholera in the past 6 years) 	<ul style="list-style-type: none"> The Global Task Force on Cholera Control and WHO to revise recommendations on cholera vaccine and develop criteria that prioritize disease burden

5. Availability and inclusion of surveillance data

Key issues observed	Description	Country examples	Recommendations
MR surveillance data presented was inadequate to guide vaccination strategy	<ul style="list-style-type: none">Applications lack MR surveillance performance indicators, vaccination status of cases by age group, or other key elements to guide vaccination strategy	<ul style="list-style-type: none">Burundi MRfu (surveillance indicators)	<ul style="list-style-type: none">Gavi and partners to ensure countries follow WHO measles and rubella surveillance guidelines, and integrate findings and analyses in applications
No detailed post-introduction plan for disease surveillance	<ul style="list-style-type: none">No detailed post-introduction plan for disease surveillance in application to allow impact assessment of introduction	<ul style="list-style-type: none">Cambodia (Rota)Niger (TCV)Congo (HepB BD)	<ul style="list-style-type: none">Countries to provide detailed information in application on plans for post-introduction surveillance (to follow WHO guidelines)Partners to encourage countries to integrate typhoid and rotavirus surveillance where feasible

6. Financial budgeting in applications

Key issues observed	Description	Country examples	Recommendations
Inflated budgets with unallocated budget items	<ul style="list-style-type: none"> Countries present general budget lines not allocated to specific activities just to reach the ceiling. This practice creates confusion and false expectations to countries 	<ul style="list-style-type: none"> Pakistan MR fu (\$4.4 M out of \$19M) Burundi Hexa (\$27k out of \$125k) 	<ul style="list-style-type: none"> Gavi to remove those unallocated activities from budget at the pre-screening stage
Low ceiling allocation	<ul style="list-style-type: none"> Countries with low target population have insufficient Ops ceiling that does not allow to fund some critical activities like PCCS (there is no minimum Ops amount) 	<ul style="list-style-type: none"> Comoros MR fu: 101,759 target population and \$55,977 ceiling for Ops 	<ul style="list-style-type: none"> Gavi to review the allocation formula for low population to allow minimum funding for Ops where they don't have existing cash grants Gavi to create a "stockpile budget" for PCCS when country budgets are small
Lack of Government-endorsed Per Diem Policies	<ul style="list-style-type: none"> Use of UN per diem policies to support the costing of HR-related and events-related costs, which were sometimes outdated or not disclosed Non provision of Government approved per diem policies 	<ul style="list-style-type: none"> Djibouti HPV, Zambia Malaria, Côte d'Ivoire coast, Madagascar, Mali, Burundi MR&Hexa, Mozambique HepB, Uganda HepB, Pakistan MR, CAR Ebola 	<ul style="list-style-type: none"> Countries to develop and adopt their own per diem policies which reflect standardised Govt practices. Gavi to ensure that the most updated per diem policies are provided with the application documents



Country best practices (1/2)

Best practice	Explanation	Countries
Integration of grants in line with Lusaka agenda	<ul style="list-style-type: none">Grants have been strategically integrated to support the goals outlined in the Lusaka agenda, ensuring that resources are effectively allocated to strengthen health systems and align with regional priorities.	<ul style="list-style-type: none">ZambiaEthiopia
Collaborations between EPI, NMCP, and MMCT	<ul style="list-style-type: none">Effective coordination and shared goals in improving health outcomes. This collaboration has led to streamlined efforts, ensuring that vaccination, malaria control programs and maternal health initiatives are aligned for greater impact	<ul style="list-style-type: none">EthiopiaCôte d'IvoireMadagascar
Leveraging of Global Fund investments	<ul style="list-style-type: none">Synergies leveraged between Malaria vaccine introduction activities and Global Fund-supported activities especially ITN mass distribution campaigns.Leveraged Global Fund investments to conduct a comprehensive gender and equity analysis.	<ul style="list-style-type: none">ZambiaEthiopia
Holistic integrated approach for rabies prevention using One Health platform	<ul style="list-style-type: none">Solid national control plan for rabies, with close collaboration between Ministries of health, agriculture and livestock, environmentCrucial role of the national One Health platform in better rabies control, in enhancing surveillance, communication, and community participation.	<ul style="list-style-type: none">Côte d'IvoireMadagascar



Country best practices (2/2)

Best practice	Explanation	Countries
Reaching displaced girls with the support of humanitarian organisations	<ul style="list-style-type: none">MOH plans to work closely with humanitarian organizations to identify and reach HPV-eligible girls among refugee, displaced and mobile populations	<ul style="list-style-type: none">Djibouti
CCEOP used to support health facility solarisation project which will strengthen service delivery especially in fragile setting	<ul style="list-style-type: none">Supporting the Health Facility Solar Electrification project (HFSE) benefiting both health facilities and over 20% of the population especially in fragile settings	<ul style="list-style-type: none">Syria
Presentation of surveillance data to evaluate impact & guide strategy	<ul style="list-style-type: none">Surveillance performance indicators and vaccination status of cases were presentedCRS surveillance existing and data presented	<ul style="list-style-type: none">Comoros, PakistanPakistan
Positive trajectory in the analysis of gender barriers & interventions used to address them	<ul style="list-style-type: none">In the last two years, gender analysis and gender responsive interventions have been included more often than before	<ul style="list-style-type: none">EthiopiaTogoZambia

Acknowledgements

Gavi Secretariat

- Gavi Executive Team for their continued support
- FD&R team for their excellent support to the meeting and the innovations brought to strengthen the IRC processes
- Other secretariat colleagues, including SCMs, VP, HSIS, PFM, IF&S and VFGO team members

Partners

- Alliance partners who attended and provided insight and clarifications during the deliberations of the IRC

Countries

- Countries' EPI teams and partners who engaged with IRC to clarify application issues
- Everyone engaged in implementing these impactful programmes!

Thank you