

13 September 2024

IRC debrief meeting

Agenda

1. **September review window outcomes & tailored IRC review outcomes**
2. **Celebrating success!**
3. **Country best practices**
4. **Key opportunities**



September review window | IRC outcomes

Countries	Support Types	Recommendation	US\$ Cash requested	Highlights
5			\$ 15,292,032	
Afghanistan	M follow-up	Approval	\$10,431,152	<ul style="list-style-type: none">Expanded age range recommended, from 9 months to 10 years (with strong consideration to include 6-9 months cohort)
Ethiopia	Hep B birth dose	Approval	\$2,409,867	<ul style="list-style-type: none">Implementation plan draws on lessons learned from past pilots
Sudan	Hep B birth dose	Approval	\$2,338,910	<ul style="list-style-type: none">Well planned community-based delivery strategy with registration of children
Lesotho	MR follow-up	Approval	\$112,103	<ul style="list-style-type: none">Strong country commitment to significantly improve campaign based on lessons learnt
Indonesia	Hexa	Approval	N/A	<ul style="list-style-type: none">Second Hexa application, first from a MICS country

Other IRC reviews since June| IRC outcomes



Country	Support Type	Recommendation	US\$ recommended approval	Highlights
5			\$292,661,825	
Nigeria FPP	HSS	Approval	133,000,657	<ul style="list-style-type: none"> In-country IRC review Strong representation and voices from Government, CSOs and partners ITU recommended for re-review Savings from calculation errors could cover digital microplanning (requested in ITU) Country recommended to rethink approach for ITU and resubmit
	TCA	Approval	24,000,000	
	MR intro with catch-up	Approval	27,849,933	
	PCV Switch	Approval	2,111,505	
	ITU	Re-review	N/A	
	HPV top-up	Approval	3,998,411	
Niger FPP	HSS	Approval	28,510,399	<ul style="list-style-type: none"> Geneva based review with Niger delegation Strong EPI ownership Identification and quantification of vulnerable populations by geographic location Robust epi analysis with information from outbreaks
	TCA	Approval	4,395,450	
	CCEOP	Approval	5,708,316	
	Mfu campaign	Approval	3,303,412	
Pakistan	HPV intro	Approval	6,627,990	<ul style="list-style-type: none"> In-country standalone vaccine application Engagement with Regional and Provincial EPI managers Phased roll-out planned across regions
	HPV multi age campaign	Approval	8,289,391	
	MCV 5-dose switch	Approval	1,641,924	
Sudan	FED: CCE cross boarder hub	Approval	2,350,981	<ul style="list-style-type: none"> Remote review. Time-sensitive IRC review
DRC	MR intro with catch-up	Approval	39,760,831	<ul style="list-style-type: none"> Remote review. De-coupled from DRC FPP MR will have a step-wise approach for campaign and introduction, CRS surveillance in place Rota switch- well functioning NITAG discussion
	Rota switch	Approval	1,112,625	

Celebrating successes

- ❖ This round saw the review and **recommendation for approval of the first two Hep B birth dose applications**
- ❖ Great to see another application for **Hexavalent vaccine**
- ❖ Applications, including from fragile countries, **demonstrating continued high value and interest** in Gavi's expanding vaccine portfolio
- ❖ IRC continues **seeing strong applications**, mostly **aligned with global strategies and guidelines**






Country best practices (1/2)

Thematic area	Best practice	Explanation	Countries
Health System Strengthening 	Community engagement	<ul style="list-style-type: none">• Health extension program, a village-based community health worker program with trained and compensated CHW, plays a crucial role in the immunisation program.• Engagement of community midwives as vaccinators given the high proportion of home deliveries (70%), with registration of infants with routine immunisation.	<ul style="list-style-type: none">• Ethiopia, Hep B BD• Sudan, Hep B BD
Vaccine Introduction 	Vaccine rollouts build on lessons learned	<ul style="list-style-type: none">• Lessons learned from vaccine programs / pilots absorbed for new vaccine introductions. e.g. Indonesia Hexa, Ethiopia Hep B BD.• Lesotho MR fu campaign learned from previous unsuccessful campaign and plans to make corrections in upcoming SIA.	<ul style="list-style-type: none">• Indonesia, Hexavalent• Ethiopia, Hep B BD• Lesotho, MRfu

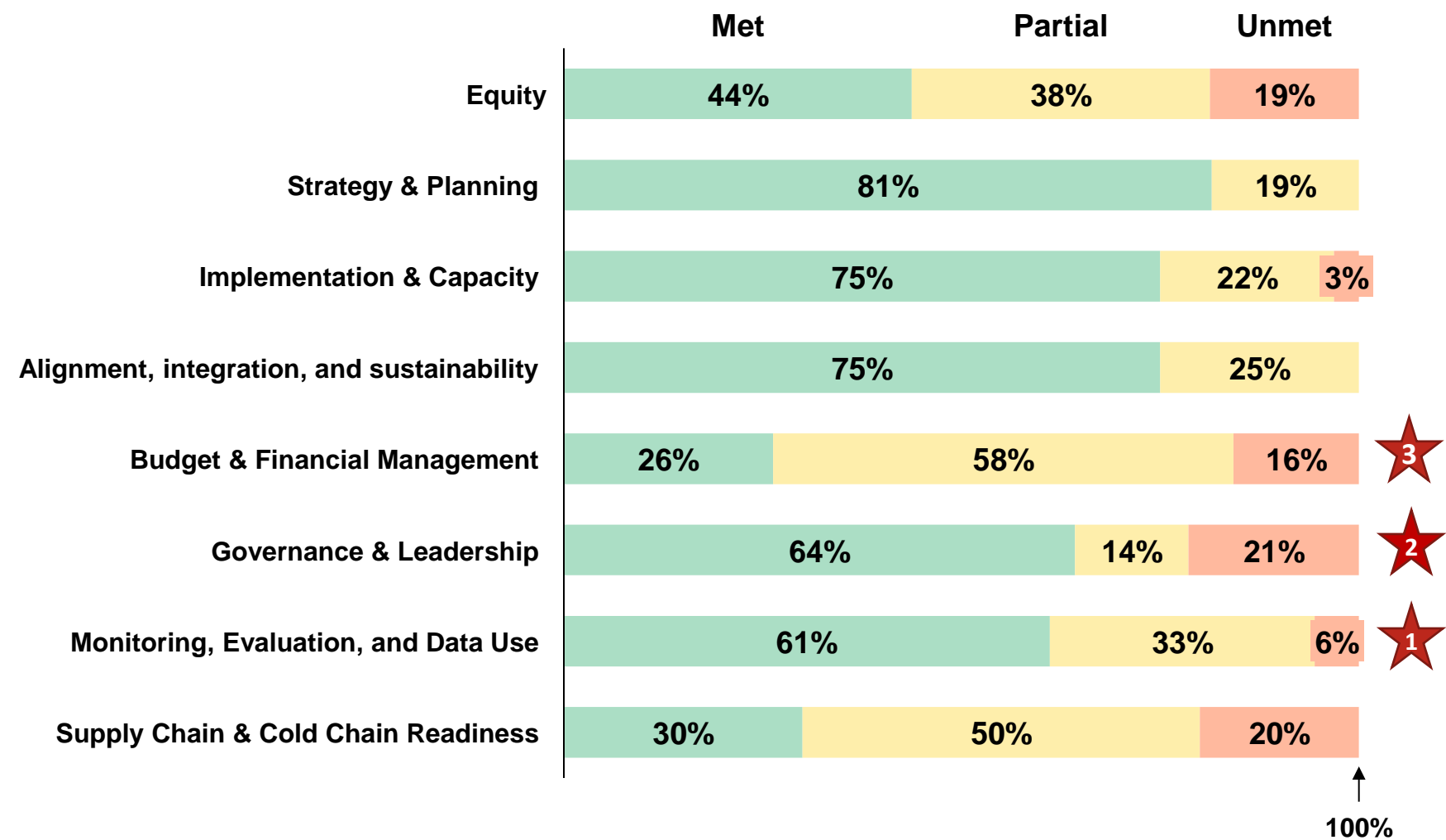


Country best practices (2/2)

Thematic area	Best practice	Explanation	Countries
Supply Chain 	Cold chain equipment (CCE) detailed quantification and costing	<ul style="list-style-type: none">• Sudan submitted an application with detailed needs in CCE and dry storage, with a proper quantification at every health pyramid level with costing (budgeting) elements, yet these needs should be met via the upcoming CCEOP application.• Afghanistan submitted an application with very detailed needs in terms of CCE and dry storage at all levels, with detailed quantities and costs.	<ul style="list-style-type: none">• Sudan, Hep B BD• Afghanistan, Mfu
Governance 	ICC and NITAG	<ul style="list-style-type: none">• Well-functioning ICC and NITAG's are instrumental;• Indonesia submitted detailed deliberations and discussions of their ITAGI meetings.	<ul style="list-style-type: none">• Indonesia, Hexa
Data and Digital System 	Electronic health system	<ul style="list-style-type: none">• Digitalized interoperable immunisation system to have better projection and distribution plan based on remaining stock, history of consumption, pace of vaccination, wastages, and active immunisation sites.	<ul style="list-style-type: none">• Indonesia, Hexa

How well did applications meet review criteria?

Proportion of 'Met', 'Partial', and 'Unmet' Criteria Across Categories (preliminary analysis based on initial IRC document review before plenaries)



General observations

- Most review criteria were fully or partially met
- The lowest % of **met** criteria was observed for equity-related criteria, budget-related elements and supply chain

Critical review criteria

- Of critical review criteria, across all applications only 6% (6/102) were not met
- Unmet critical related to:
 - budget issues (3),
 - governance (2) and
 - data (1)
- Unmet critical criteria have associated **action points** to be addressed by countries

Key opportunities to highlight

1. New vaccines (Heb B birth dose): possible challenges linked to **incomplete guidance for health workers** and **ten-dose vials for home-based births and vaccination**
2. Risks linked to tight **planning and preparation timelines**
3. Opportunities to improve guidance on dealing with **currency fluctuations and budget flexibilities under FED policy**



New vaccines (Hep B birth dose)

Key issues observed	Description	Recommendations
Incomplete guidance for health workers at-birth vaccines	<ul style="list-style-type: none">Guidance on timing and spacing for health workers is missing for the three at-birth vaccines (OPV, BCG, Hep B) when they are not administered simultaneously. (Ethiopia & Sudan Hep B birth dose)	<ul style="list-style-type: none">Technical partners to support countries in formulating clear recommendation/ guidance for administering the three at-birth vaccines, when they are not given simultaneously to avoid delayed or missed vaccinations.
Suitability of multi-dose Hep B vaccine vials for household-based vaccinations	<ul style="list-style-type: none">Currently, only 10-dose Hep B vials are procured through Gavi. This may lead to reluctance of vaccinators to vaccinate at home and to delayed or missed vaccinations and high wastage. However, costs of Hep B single dose presentation are significantly higher than multi-dose presentation. (Ethiopia & Sudan Hep B birth dose)	<ul style="list-style-type: none">Gavi should explore feasibility of adding to portfolio single dose presentation of Hep B vaccine to facilitate the possibility that babies born out of facility receive timely Hep B vaccination.

Risks linked to tight planning and preparation timelines

Key issues observed	Description	Recommendations
Countries are preparing late for new vaccine introduction; leading to a short timeline between application submission and planned launch	<ul style="list-style-type: none">Planning/preparation in country is expected between November 2024 through March 2025 with introduction/implementation starting April 2025 (5-6 months timeline before launch and may not have supply according to UNICEF). This is a short timeline for a new vaccine introduction and not aligned with Gavi submission timelines (Ethiopia Hep B birth dose).Experience from previous campaign in 2022 (one month for preparation) resulted to unsuccessful implementation (Lesotho, MRfu).	<ul style="list-style-type: none">Partners to support countries in timely preparation and timely submission of applications.For routine introductions and campaigns, countries to account for sufficient planning (12-18 months before the intro date) or adjust the launch date.

Guidance on currency fluctuations and budget flexibilities under FED policy

Key issues observed	Description	Recommendations
Applications did not consider emerging macroeconomic issues including exchange rate volatility and hyperinflation	<ul style="list-style-type: none">• Several countries experienced economic challenges leading to hyperinflation and volatile exchange rates and did not offer strategies to mitigate those risks.• Ethiopia: Budget was submitted before devaluation of 100% of the exchange rate of the local currency. Therefore, inflation is expected to accelerate. The application did not consider these issues.• Afghanistan's local currency devaluated during 2023 and appreciated in 2024. Mitigation plan is still under reflection and was not presented with the proposal.• Sudan's inflation rate reached 136.67 percent in the first half of 2024. Currency had depreciated slightly. No provisions in the application for these issues.• Nigeria (FPP)*: Country experienced high devaluation during 2024. The foreign exchange rate used for budget is lower than current rates leading to potential savings. The savings may however not compensate the inflation rate, which is expected to be $\approx 24\%$ in 2024.	<ul style="list-style-type: none">• Gavi and partners to support countries in developing mitigation strategies for inflation & currency fluctuations risks.• Gavi to develop budgeting guidelines for unstable macroeconomic and hyperinflationary environments.
Under flexibilities granted by FED policy, country budgets sometimes significantly higher than Gavi ceiling limits	<ul style="list-style-type: none">• FED policy leaves space for a large margin of interpretation on budget leading to uncertainty.• e.g.: Sudan Hep B birth dose presented a budget above the ceiling of \$1,465,873 by \$873,037 ($\approx > 60\%$) including several expenses that are covered by the exceptional approval. The budget was presented to IRC without secured funding for this gap either from FED funds or other donors.	<ul style="list-style-type: none">• Gavi's FED policy to clarify the budget policies, including providing upper limit aligned with country context.

Others : Supply Chain, Cold Chain Readiness & Disease surveillance data

Key issues observed	Description	Recommendations
EVM/ Comprehensive Improvement Plan (cIP) does not have timelines	<ul style="list-style-type: none">Comprehensive improvement plan submitted without specific timelines, risking program implementation.E.g. Lesotho submitted its 2024 EVM assessment and submitted a report with a roadmap of cIP without specific timelines.	<ul style="list-style-type: none">Gavi and UNICEF to support the country to revise its cIP and schedule activities with specific and reasonable timelines.
Inadequate and insufficient information on dry storage capacity	<ul style="list-style-type: none">Countries do not consistently provide information on their dry storage capacity for NVS and for campaigns.	<ul style="list-style-type: none">Gavi Secretariat to review application requirements and prescreening forms in line with IRC review criteria.
Disease Surveillance data not required for MICs applications	<ul style="list-style-type: none">Disease surveillance data is essential to assess vaccine preventable disease burden, identify high risk areas and devise a strategy for effective vaccine introduction.(E.g. Indonesia Hexa)	<ul style="list-style-type: none">Gavi should encourage countries to submit disease surveillance data for MICs submissions as part of their application process.

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, MICS and VFGO team members

Partners

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

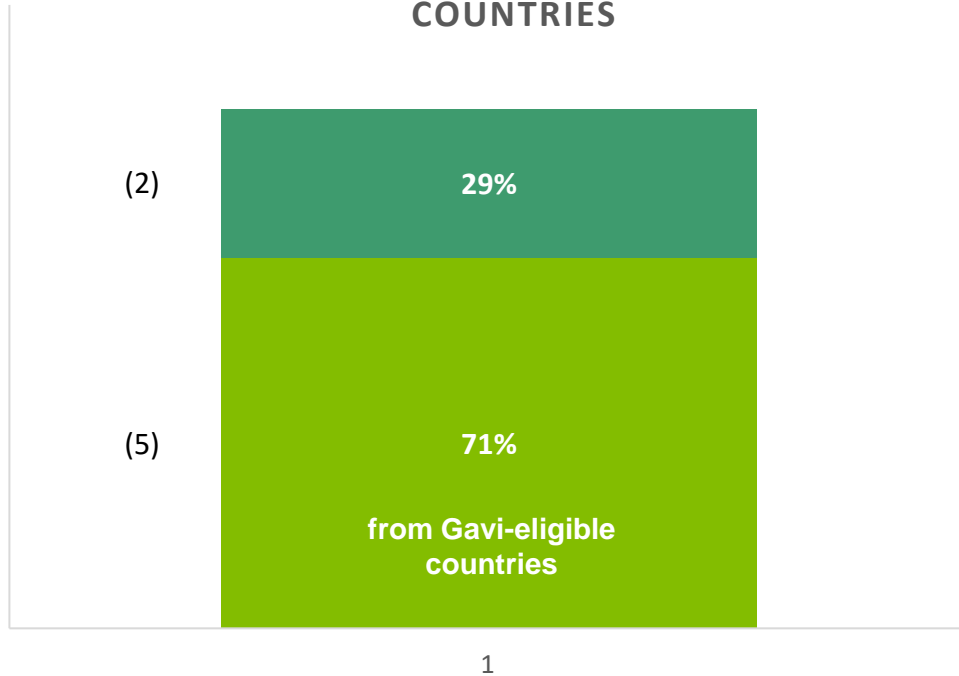
Countries

- All applicants for the commitment and fruitful dialogue during the reviews

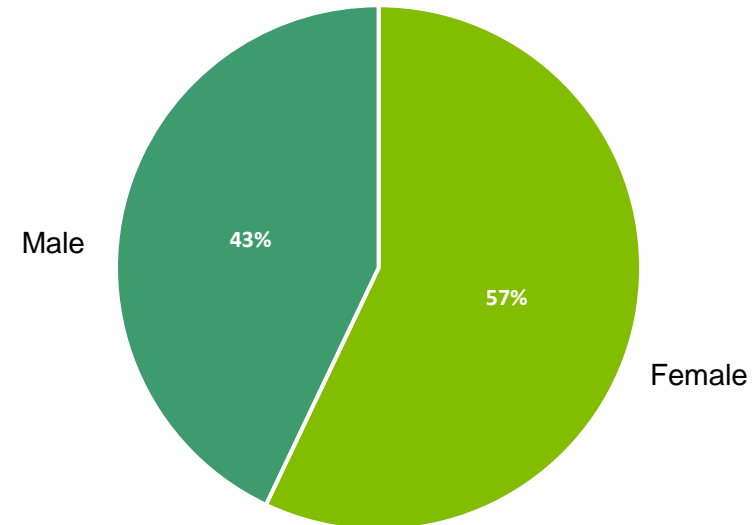
2024 September IRC composition

Thank you to the IRC members who participated in this review round (n=7)!

IRC REVIEWERS FROM GAVI ELIGIBLE COUNTRIES



Gender distribution



Thank you