Country Programme Update

Hind Khatib-Othman

GAVI Alliance Board meeting
Geneva, Switzerland, 11-12 June 2013
Introduction

- Vaccine indicators – how are we doing?
- Vaccine implementation scale up
- Health systems and policy implementation
- Co-financing and graduating countries
- Country stories
Indicators – how are we doing against our vaccine introduction targets?

Number of vaccine introductions for Pentavalent, Pneumococcal conjugate and Rotavirus vaccine, 2010-2012, number of countries

Source: GAVI Alliance, 2012
Indicators – how are we doing against our vaccine coverage targets?

Percentage of vaccination coverage for Pentavalent, Pneumococcal conjugate and Rotavirus vaccine, 2010-2012

Vaccines launched for 2013

GAVI Alliance Board meeting
11-12 June 2013

Vaccine launches planned for 2013

Vaccine launches in 2013

1 million people


Rwanda  Somalia  Mozambique  Uganda  Kenya  Kiribati  Ethiopia  Bangladesh  Afghanistan  Moldova  Azerbaijan  Liberia  Angola  Djibouti  Indonesia  Ghana

Pentavalent  Pneumococcal  Rotavirus  Measles 2nd dose  Measles-rubella campaign  Measles SIA

HPV demonstration project  Meningitis A campaign  Yellow fever campaign
Improving country outcomes: strengthened stewardship and enhanced grant & programme management

Stronger, broader partnerships

Accountability

Vaccine introduction

Financial & programmatic sustainability

System strengthening

Results
Nigeria – where partnership really counts

- Deteriorating performance resulted in greater commitment from partners to better coordinate:
  - Improving supply-chain
  - GAVI engagement at state level
  - Funding local outreach
  - Enhancing technical support
  - Promoting coordinated approaches between polio eradication and routine immunisation
- Complete national Pentavalent introduction by year end
- Measles, Yellow Fever and Meningitis A preventive campaigns this year
Health system strengthening and financial sustainability

- Stronger focus of HSS on immunisation
  - Revised HSS Application Form and Guidelines including reprogramming guidelines

- Driving for results
  - Strengthening monitoring and evaluation frameworks – focusing on intermediate results
  - Performance based funding

- Stronger grant management and accountability
  - SG2 Management Team

- Sustainability is at core of our mission
  - Increasing levels of co-financing
  - Expanding the scope of engagement with graduating countries
HSS portfolio snapshot; funding approvals and disbursements, 2007-2014

Source: GAVI Alliance, 31 May 2013
Increasing trend in country’s domestic resources for co financing vaccines, 2008-2012
Working closely with graduating countries

- Facilitating tiered pricing
- Technical assistance
- Cross-Alliance Task Team (immunisation financing and sustainability)
  - Monitoring of co-financing performance
  - Updating fiscal space analysis
  - Assessing potential bottlenecks for graduation and developing transition plans
  - Steering country, regional and global advocacy efforts on financial sustainability
Since December 2012 – examples of 4 great achievements

- **Kenya**: HPV demonstration
- **Nepal**: HSS Approval
- **Somalia**: Penta launch
- **Kiribati**: PCV launch
Thank you
Photo credits

- Slide 12: Honduras, GAVI/2012/Leila Nimatallah.
- Slide 13: Kenya, GAVI/2013/Karel Prinsloo. Schoolgirls look at a friend getting an injection after they had been vaccinated against cervical cancer at the Central Primary School in Kitui in Eastern Kenya.
- Slide 13: Nepal, GAVI/2012/Diane Summers
- Slide 13: Somalia, GAVI/2013 High level representatives of the Government as well as the GAVI Alliance, UNICEF and the World Health Organization, gathered at the Villa Somalia, the presidential residence, to mark the historic day
- Slide 13: Kiribati/2013, GAVI/2013/Raj Kumar. On May the 6, 2013, Kiribati launched the pneumococcal vaccine. Kiribati is the smallest and most remote country to receive GAVI support. 103,000 people live across three islands.
- Slide 14: Pakistan, GAVI PATH Doune Porter. Three generations of a family turn-up for a vaccination session in the village of Chinkowindi. Health workers explain that a decade ago, villagers were suspicious of vaccines, but witnessing the powers of modern medicine firsthand is changing minds.