Country Programmes Update

Hind Khatib-Othman

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Phnom Penh, Cambodia
21-22 November 2013
Country programmes

- Vaccine implementation
- Country support
- Health system strengthening and financial sustainability
Targets – how are we doing?

- **Pentavalent vaccine, 3rd dose**
  - Coverage (%)
  - 2010 Baseline: 39%
  - 2011: 41%
  - 2012: 43%
  - (77)

- **Pneumococcal vaccine, 3rd dose**
  - Coverage (%)
  - 2010 Baseline: 1%
  - 2011: 5%
  - 2012: 9%
  - (40)

- **Rotavirus vaccine, last dose**
  - Coverage (%)
  - 2010 Baseline: 1%
  - 2011: 1%
  - 2012: 3%
  - (31)

- **Large country readiness**
- **Country readiness**
- **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 2\textsuperscript{nd} 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

![Graph showing doses over years for Penta and Tetra vaccinations]
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

<table>
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<th>Year</th>
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<th>Disbursed by Year Paid</th>
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<td>2014</td>
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Disbursement target for 2013 ($100 million)
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 CSO-related activities – $30 million of total budget ($175 million)
Approved HSS grants: examples of equity-related activities

- **Afghanistan**: train volunteer community health workers from/for the Kochi people

- **Bangladesh**: fill vacant posts to permit gender-appropriate 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

- Adapted from the M&E framework of IHP+
- Intermediate results for health system performance
Intermediate results – DR Congo (2012)

Source: Service Availability and Readiness Assessment (SARA); complemented by a Data Quality Report Card (DQRC)
Co-financing: countries fulfilling commitments

Source: GAVI Alliance, November 2013
GAVI funded programmes 2001-2013, and projected programmes 2014-2020
Thank you!