Context and overview

• Over **220 routine introductions, SIAs or campaigns** completed 2011-15 and ~ **220** projected 2016-20

• **HSS investments** have facilitated progress on key indicators but innovation and **re-focussing on coverage and equity** needed

• **Co-financing** payments expected to exceed USD 100m for 2014, **4 countries on track to successfully transition** out of Gavi support by end 2015, however **Angola and Congo are facing serious challenges**

• The Secretariat and Alliance is **gearing up to support the new strategy**
Continued focus on vaccine introductions

Source: Vaccine Implementation data; data as of 15 September 2015. Unconstrained introduction dates were used for all vaccines except yellow fever and rotavirus vaccines.
2011-15 introduction targets surpassed a year ahead of schedule

However, we are not on track to achieve our targets for coverage of the same vaccines:

- Slower roll out in large countries
- Country readiness
- Slower roll-out in large countries
- Supply constraints
- Country preference
- Supply constraints

*As of end Nov 2015
Some progress on coverage and equity indicators made, but innovation and re-focussing on coverage and equity needed.

**DTP3 coverage (%)**
- 2010: 78%
- 2011: 80%
- 2012: 81%
- 2013: 81%
- 2014: 84%
- 2015: 81%

**Equity in immunisation coverage (%)**
- Proportion of countries meeting the minimum equity benchmark
- 2010: 51%
- 2011: 53%
- 2012: 54%
- 2013: 55%
- 2014: 57%
- 2015: 57%

**Percentage point difference between DTP1 and DTP3 (%)**
- 2010: 8%
- 2011: 8%
- 2012: 8%
- 2013: 7%
- 2014: 6%
- 2015: 6%
Increasing ownership and self-financing

- **Co-financing obligations keep increasing and have exceeded US$ 100 million for 2014**
  - As of end of November 2015, 14 of the 17 countries that defaulted on their 2014 co-financing obligations had already paid off their arrears
  - 33 countries have already completely fulfilled their 2015 obligations and 16 have made partial payments, which is greater than last year

- **In 2015 we are intensifying our engagement in transition, including the rollout of the revised policy**
  - Bhutan, Honduras, Mongolia and Sri Lanka are expected to successfully transition out of Gavi support
  - Nine countries are partially transitioning out (countries will fully finance one or more vaccines); of these only Angola and Congo are facing serious challenges
IPV supply shortages resulted in the deferral of introductions

Impact of IPV supply shortages on 2015 vaccine introductions

- Supply constraints anticipated until 2017
Rota uptake plateauing

Reasons include:

• Declining diarrheal disease burden and mortality
• Low vaccine effectiveness
• Competing prevention measures (e.g. oral rehydration solution, WASH)
• Increased number of vaccines in EPI schedule
• Mis-match between preferred presentation and available supply
Polio legacy becoming a more important question

Gavi: proposed way forward

• Country-driven, country-specific approach
• Integrated in national programmes
• No resources/mandate to take over partners’ human resource networks
• Focus on equitable and sustainable immunisation coverage
• Health system strengthening and Partners’ Engagement Framework are key instruments for support
New country-focused approach to deliver on Gavi strategy, 2016-2020

1. More proactive and country-tailored grant management

2. Partners’ Engagement Framework including targeted country assistance

3. New, transformational approaches: cross-cutting strategic focus areas

4. Prioritisation: intensified focus on 20 countries
More risk based grant management

**Approach**

1. Estimate relative risk of country programmes
2. Segment countries according to composite risk index into risk categories
3. Use segmentation to inform staffing and grant management

**Risk categories**

- Highest
- High
- Moderately high
- Lower

**Sample countries (not exhaustive)**

- **Highest**
  - Pakistan
  - Nigeria
  - DRC
  - Ethiopia
  - Kenya
- **High**
  - Bangladesh
  - Afghanistan
  - Guinea
  - Yemen
  - Uganda
- **Moderately high**
  - Niger
  - CAR
  - Somalia
  - Sudan
- **Lower**
  - Rwanda
  - Benin
  - Nepal
  - Moldova

- **Introduce dedicated SCMs**
  - Already for Nigeria, DRC, Pakistan
  - In progress for Ethiopia and India
  - Kenya planned for 2016

- **Reallocate portfolio (and staff up) to improve risk/SCM ratio**

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*Board meeting 2-3 December 2015*
More proactive vaccine management

- Improved operational forecast
- Stock assessment for central-level warehouses
- Yearly validation of wastage rates and redefinition of recommended rate
- Enhanced planning process with Alliance partners and other relevant stakeholders
- Redesign of the UNICEF SD procurement authorization process
More systematic monitoring and follow up

Agreed indicators to monitor grant portfolio, aligning with national M&E plans

Understanding and analysing results against established baselines

Helps identify gaps where more TA or investments to strengthen country systems are needed

Proactive grant management and informed decision-making
More bottom-up and targeted country assistance

**Secretariat / Alliance partner activities:**
(under PEF ‘targeted country assistance’ component)

- Facilitate/contribute to joint appraisal
- Help identify country’s support / TA needs *(bottom-up)*
- Develop and consolidate core Alliance partner TA proposals for each country – activities, milestones, staffing, $ *(bottom-up + top-down)*
- Conduct in-country government/partner discussions to adjust and prioritize TA proposals (vs country needs + coverage/equity/sustainability goal)
- Hold HQ-level cross-partner discussions to finalize country TA packages based on in-country work and available financial envelope
- Finalize partner agreements and associated accountability milestones
- Implement / monitor implementation

**Past activity**
**Current activity**
**Future activity**

**Main considerations:**
- Country-needs focus, looking across full spectrum of Gavi support
- Complementarity, non-duplication; reflecting comparative advantage
- Learning year, iteratively adjusting process; to be streamlined in future
Questions

• How can the Alliance ensure that decisions on **new vaccine introductions are taken consistently with the key goals of increasing sustainable and equitable coverage**?

• How can the Alliance more appropriately **incentivise the use of Rotavirus immunisation as part of an integrated approach**?

• Does the Board agree with Gavi’s proposed approach to the **polio legacy**?

• What more should the Alliance do in cases where there is low political will and how should the Alliance prepare for the possibility of **programmes failing**?
Decision: Co-financing arrears

The Gavi Board:

a) **Strongly urged** Angola and Congo Republic to pay their co-financing arrears in full no later than 31 January 2016 (the “Payment Date”) and requested the assistance of Alliance partners in encouraging the Governments to do so;

b) **Requested** the Chair of the Gavi Board to convey the Gavi Board’s concerns for the children of Angola and the Congo Republic;

c) **Decided** that, in the event that the Governments of Angola and the Congo Republic does not pay their co-financing arrears in full on or before the Payment Date, support for those vaccines for which co-financing arrears remain after the Payment Date and Health Systems Strengthening support for both countries will be suspended from the Payment Date until the co-financing arrears are paid in full.
THANK YOU