HEALTH SYSTEM AND IMMUNISATION STRENGTHENING SUPPORT

BOARD MEETING
Alan Brooks and Judith Kallenberg
22-23 June 2016, Geneva
The Alliance provides multiple forms of immunisation-related country support

Example: Alliance support to Burkina Faso in 2014

**Ongoing vaccine support**  
($30 M)

**Technical Assistance**  
WHO  
UNICEF  
Gavi CSO constituency

**Immunisation Strengthening Support**  
Annual disbursement ($1 M)

**Measles-Rubella Campaign**

- Operational support ($5 M)
- Vaccine introduction grant ($1 M)

**Measles 2nd dose introduction**

- Measles

**Health system strengthening**

- Annual disbursement ($2 M)

**Burkina Faso**

- Penta
- Pneumo
- Rota
Objective: Optimise the use of HSIS support to catalyse progress on the goals of Gavi’s 2016-2020 strategy

- Focus on equity and sustainability
Lessons learned

**Key strengths of the current model**

- Support through governments in **country-led process**
- Technical assistance through the PEF to **support implementation**
- **Support for operational costs** of new vaccine introductions and campaigns (e.g. VIGs and Ops)

**Key areas for improvement**

- **Insufficient strategic prioritisation** of investments
- **Fragmented planning** for different grants
- **Insufficient responsiveness to new data and evidence** during the grant lifecycle
- HSS resource allocation methodology across countries **does not reflect relative needs** of immunisation programmes
- Method for calculating total envelope for support does not enable **predictable and equitable allocation** across countries
### Overview of proposed changes

<table>
<thead>
<tr>
<th>Programming</th>
<th>Sustainability</th>
<th>Architecture</th>
<th>Resource allocation</th>
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<tbody>
<tr>
<td>- Strategic prioritisation of investments to reach unreached children</td>
<td>- Tailored support (focus and amount) by country transition phases</td>
<td>- Integrated and responsive support model</td>
<td>- Predictable and equitable allocation of resources - More funding for lower coverage countries</td>
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Support countries to reach all children, regardless of geography, socioeconomic status, or gender-related barriers, today and in the future
Current approach: multiple, fragmented forms of support

*Example: Alliance support to Burkina Faso in 2014*

**Ongoing vaccine support**
- Penta
- Pneumo
- Rota

**Technical Assistance**
- WHO
- UNICEF
- Catholic Relief Services

**Immunisation Strengthening Support**
- Annual disbursement ($1 M)

**Measles-Rubella Campaign**
- MR
- Operational support ($5 M)

**Measles 2nd dose introduction**
- Measles
- Vaccine introduction grant ($1 M)

**Health system strengthening**
- Annual disbursement ($2 M)
Integrated approach to strengthening health systems and immunisation

Example: Alliance support to Burkina Faso in 2014 (illustrative to show recommended model)

Vaccine Support
- Penta
- Pneumo
- Rota
- Measles

Technical Assistance
- WHO
- UNICEF
- Catholic Relief Services

Health System and Immunisation Strengthening (HSIS) Support
Integrated support for:
- System strengthening
- One-time costs of vaccine introductions, campaigns, product switches

Burkina Faso

Board meeting 22-23 June 2016
Overall resource envelope: to ensure predictable and equitable allocation

Current approach

• 15-25% of programmatic expenditure allocated to “cash programmes” (on a 3-year rolling average basis)

Proposed approach

• Set minimum of US$ 1.3 billion* for HSS disbursements for grant programme years in the 2016-2020 strategic period
• Additional resources subject to Board decision
• Doing away with the proportional ceiling for “cash programmes”

*As included in Gavi’s 2016-2020 forecast as presented to the Board in December 2015 (projected 16% of Gavi programmatic expenditure in 2016-2020)
Promoting country ownership of measles immunisation through a vaccine co-financing requirement

**Problem:** reliance on periodic follow-up or “recurrent” measles and measles-rubella (MR) campaigns to avoid measles outbreaks in countries with low routine measles coverage

“…the Technical Working Group considered it important to require co-financing measles or MR vaccines for follow-up campaigns to avoid perverse incentives…and to encourage country ownership. The amount and mechanism needs to be further determined during the preparatory year…”

-Gavi’s Measles & Rubella Strategy
Promoting country ownership of measles immunisation through a vaccine co-financing requirement

**Problem:** reliance on periodic follow-up or “recurrent” measles and measles-rubella (MR) campaigns to avoid measles outbreaks in countries with low routine measles coverage

**Recommendation:** strengthen country ownership by requiring co-financing of vaccines used in measles and MR follow-up campaigns

<table>
<thead>
<tr>
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<th>Co-financing requirement</th>
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<td>Low-income</td>
<td>2%</td>
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<tr>
<td>Phase 1 and Phase 2</td>
<td>5%</td>
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Recommendations

The Gavi Programme and Policy Committee recommended to the Gavi Board that it:

(a) **Approve** the Framework guiding implementation of Gavi’s Health System and Immunisation Strengthening support attached as Annex A to Doc 04 to the PPC;

(b) **Approve** the Implications for previous Board decisions and Board-approved policies, as well as the implementation plans as set out in Annex B attached to Doc 04 to the PPC, noting that the PPC recommended implementation immediately following the Board decision, taking into account feasibility for countries and realistic timelines for ensuring smooth and efficient scale up of implementation;

(c) **Approve** the modifications to Gavi’s Co-Financing Policy regarding co-financing for measles and measles-rubella follow-up campaigns as set out in Appendix 2 to Doc 12;

(d) **Agree** that an amount of at least US$ 1.3 billion is available for HSS disbursements (including performance payments) for grant programme years in the 2016-2020 strategic period, with additional funding being subject to future Board decisions.
THANK YOU

Gavi
The Vaccine Alliance

Reach every child
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