Partners’ Engagement Framework

GAVI BOARD MEETING
Anuradha Gupta
7-8 December 2016
PEF is a new paradigm

- PEF is a new model aimed at purposeful partnerships
- Replaces the Business Plan model applied in 2011-2015
- Funds TA to countries via partners to boost immunisation
- Seeks to leverage the comparative advantage of partners
4 key principles of PEF

Country Focus • Differentiation • Transparency • Accountability
1. Country focus

- Enhanced resources at country level, both financial and physical
- Transfer of skills and capacity to country staff
- Sustained dialogue with countries
- New opportunities of country leadership / harmonised partnerships

ICC meeting in Pakistan
2. Differentiation

- More intensive focus on 20 priority countries
- Account for 84% of under-immunised children in Gavi-eligible countries
- Contribute to 85% of measles-related child deaths
- Have lower breadth of protection
- Selected based on scale and severity of challenges
2. Differentiation
2. Differentiation

Nigeria  Tier 1

DTP3: 56%
Under-immunised children: 2,913,900
GNI: $2,820
2. Differentiation

Nigeria Tier 1
- DTP3: 56%
- Under-immunised children: 2,913,900
- GNI: $2,820

CAR Tier 2
- DTP3: 47%
- Under-immunised children: 79,000
- GNI: $320
2. Differentiation

Nigeria  Tier 1  
DTP3: 56%  
Under-immunised children: 2,913,900  
GNI: $2,820

CAR  Tier 2  
DTP3: 47%  
Under-immunised children: 79,000  
GNI: $320

Rwanda  Tier 3  
DTP3: 98%  
Under-immunised children: 6,900  
GNI: $700
3. Transparency

- Country by country information
- Open dialogue among stakeholders
- Full view of partner-wise resources, deliverables, and performance

“...The JA assisted MoPH and partners to identify gaps, weakness and the need for TA through PEF... The support also improved mutual accountability between MoPH and partners, particularly UNICEF and WHO.”

*Dr Najobullah Safi, A/Director General Preventive Medicines, Ministry of Public Health, Afghanistan*
4. Accountability

Alliance accountability framework

Enables Boards to track performance of the Alliance

- Strategy indicators and targets
- Alliance KPIs
  - PEF performance management
    - PEF Functions
    - Targeted country assistance
    - Strategic focus areas
  - Secretariat performance management
    - Corporate Performance (CPM)
    - Team Performance (TPM)
    - Individual Performance (PMP)
  - Country grant performance management
    - Grant performance framework (PF)
    - Joint Appraisal
    - Independent evaluations
4. Accountability

- Country-level information and analysis
- Funding linked to delivery
- Review mechanisms at global and regional levels
- Evaluation of TA, including 360° online survey
What we are already seeing

- Enhanced dialogue between global and country levels
- Adjustment of structures and procedures by WHO/UNICEF
- Increased communication, coordination and clarity of roles among partners
- Better and more timely country level information
- Proactive role by SCMs
Country-level implementation of TA takes off

Progress on TCA milestones – first reporting cycle 2016

*Due to the late disbursement of funds to the World Bank (July 2016), they are only reporting on end-year milestones.

Source: TCA milestone reporting (as of September 2016)
A country view of progress

PEF priority countries by % of TCA milestones on track

- **0-19%**
  - Chad
  - Haiti
  - Mozambique
  - Yemen

- **20-39%**
  - Niger
  - Somalia
  - South Sudan

- **40-59%**
  - CAR
  - Kenya
  - Madagascar
  - Nigeria
  - Pakistan

- **60-79%**
  - Myanmar
  - Uganda

- **80-100%**
  - Afghanistan
  - DRC
  - Ethiopia
  - India
  - Indonesia
  - PNG

Source: TCA milestone reporting (as of September 2016)
Staff recruitment by region and by partner

<table>
<thead>
<tr>
<th>Region</th>
<th>Staff hired</th>
<th>Staff budgeted</th>
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<tr>
<td><strong>WHO</strong></td>
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<tr>
<td>AFRO - Francophone</td>
<td>35%</td>
<td>75%</td>
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<tr>
<td>AFRO - Anglophone</td>
<td>25%</td>
<td>75%</td>
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<tr>
<td>PAHO/EMRO/EURO</td>
<td>32%</td>
<td>68%</td>
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<td>SEARO/WPRO</td>
<td>17%</td>
<td>83%</td>
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<td><strong>UNICEF</strong></td>
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<td>Total staff</td>
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*Source: Partner mid-year reporting (as of July 2016)*
Convergent and tailored TCA in Timor-Leste

- A composite plan by WHO/UNICEF
- Dedicated staff recruited
- Experienced program manager from Sri-Lanka + nationals deployed at district levels
- Robust communication/feedback loops
- Close coordination with government: weekly review meetings
- TCA an integral part of overall Gavi support portfolio
- Aligned with transition needs
Convergent and tailored TCA in Timor-Leste

HR for health 2012

3.4 staff per 10’000 population
Convergent and tailored TCA in Timor-Leste

HR for health

2016

18.4 staff per 10’000 population
Convergent and tailored TCA in Timor-Leste

Cold Chain expansion

2013

Health posts: with cold chain

208

4%
Convergent and tailored TCA in Timor-Leste

Cold Chain expansion 2015

Health posts: 208 with cold chain 66%
Convergent and tailored TCA in Timor-Leste

Cold Chain expansion

2017

Health posts: with cold chain

208

+ 105 new

100%
TCA in Indonesia - a large, transitioning country

- First time dedicated WHO staff for RI: 1 international + 1 national
- Located within the Ministry
- Close engagement leading to new traction
- MR, JE, HPV being introduced
- Appetite for Rota and PCV: 55% child mortality due to diarrhea, pneumonia
- Vaccine introductions delinked from indigenous production
- MR campaign to cover 70 million; opportunity for horizontal catch up
- JKN, largest insurance scheme; getting cash strapped; 'prevention' is the new buzzword; WB's influence being leveraged
Using sub-national data to determine TCA needs

Myanmar - Routine Penta3 Coverage 2012-2015

2012
Number of Townships with <80% coverage = 116

2013
Number of Townships with <80% coverage = 183

2014
Number of Townships with <80% coverage = 57

2015
Number of Townships with <80% coverage = 48
Bringing together PEF and HSIS to strengthen data

Afghanistan

Challenge
• Improving coverage
• Poor quality data
• Ineligible for PBF
• Fragile setting

Levers

<table>
<thead>
<tr>
<th>HSS</th>
<th>PEF</th>
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<td>1. CTA flexibilities for data quality improvements</td>
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<td>2. TCA for HR</td>
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<td>3. Data SFA for understanding lessons</td>
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Early outcome
• Country reporting on Performance Framework
• Informed discussion at JA/HLRP 2016
• Opportunity to adjust Gavi support
Early country impressions

- “PEF ensures that TA provided by different partners is country driven and owned by the national entities.”
  
  Dr Imad El Din A M Ismail, Federal Ministry of Health, Sudan

- “The PEF process allowed the Government to identify its own priority technical support needs in different areas.”
  
  Dr Dorothy Ochola Odongo MD, Chief Health, UNICEF Sudan Country Office

- “The JA provided not only a great opportunity to review progress of current grants and Gavi investments, but to strategically discuss many of Somalia’s health systems bottlenecks for improving immunisation.”
  
  From new HSS application from Somalia

- “JA, which is well aligned with the Niger planning process, ensures harmonization between the different areas of TA provided by our partners WHO, UNICEF and JSI. It also guarantees better engagement from participants, including CSOs, which is important in the process to achieve our goals on coverage and equity.”
  
  MoH Niger
In conclusion

Further progress would hinge on:

• Countries taking advantage of the additional leadership opportunities that PEF presents

• Alliance continuing to move away from institutional positions towards a shared approach
Women bringing children for immunisation in Sudan – let us support them together

THANK YOU