

COUNTRY PROGRAMMES DELIVERY PRESENTATION

BOARD MEETING

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26-27 June 2023, Geneva, Switzerland

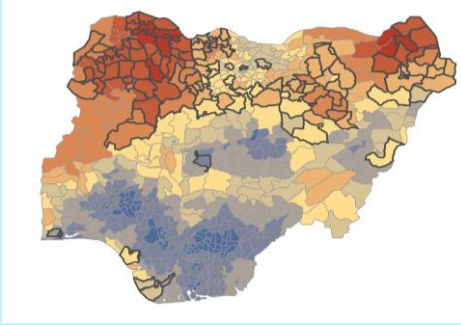


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Planning & Execution

Tailored Approach by segment – focus on 2023 Must Wins

High Impact Countries



- Subnational focus in all countries
- Use of accountability frameworks (Democratic Republic of Congo, Nigeria, India)

Fragile & Conflict Countries



- Zero-dose Immunisation Programme (ZIP)
- Fragilities, Emergencies and Displaced Populations (FED) Policy

Core Countries



- Human papillomavirus (HPV) relaunch, malaria, measles, cholera
- Targeted outbreak response
- Accelerated transition support

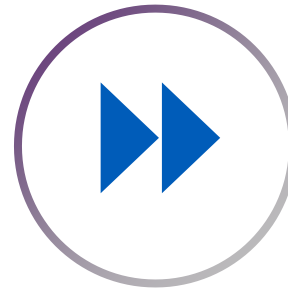
Middle-Income Countries



- Mitigating and preventing backsliding
- Reducing zero-dose children by 230,000
- Driving sustainable introduction of key missing vaccines, including HPV

Focus on increasing country capacities that continue to be stretched due to competing priorities

Aim to increase country ability to:



Plan and prioritise

One plan per country and country heat maps for prioritisation

Coordinate

Enhance Expanded Programme on Immunization (EPI) management capacity through Leadership Management and Coordination (LMC)

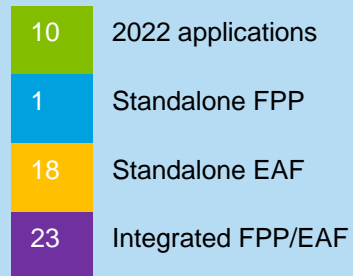
Execute at pace

Action plans to increase absorption capacity

Review and report

Periodic country reviews to monitor progress against targets

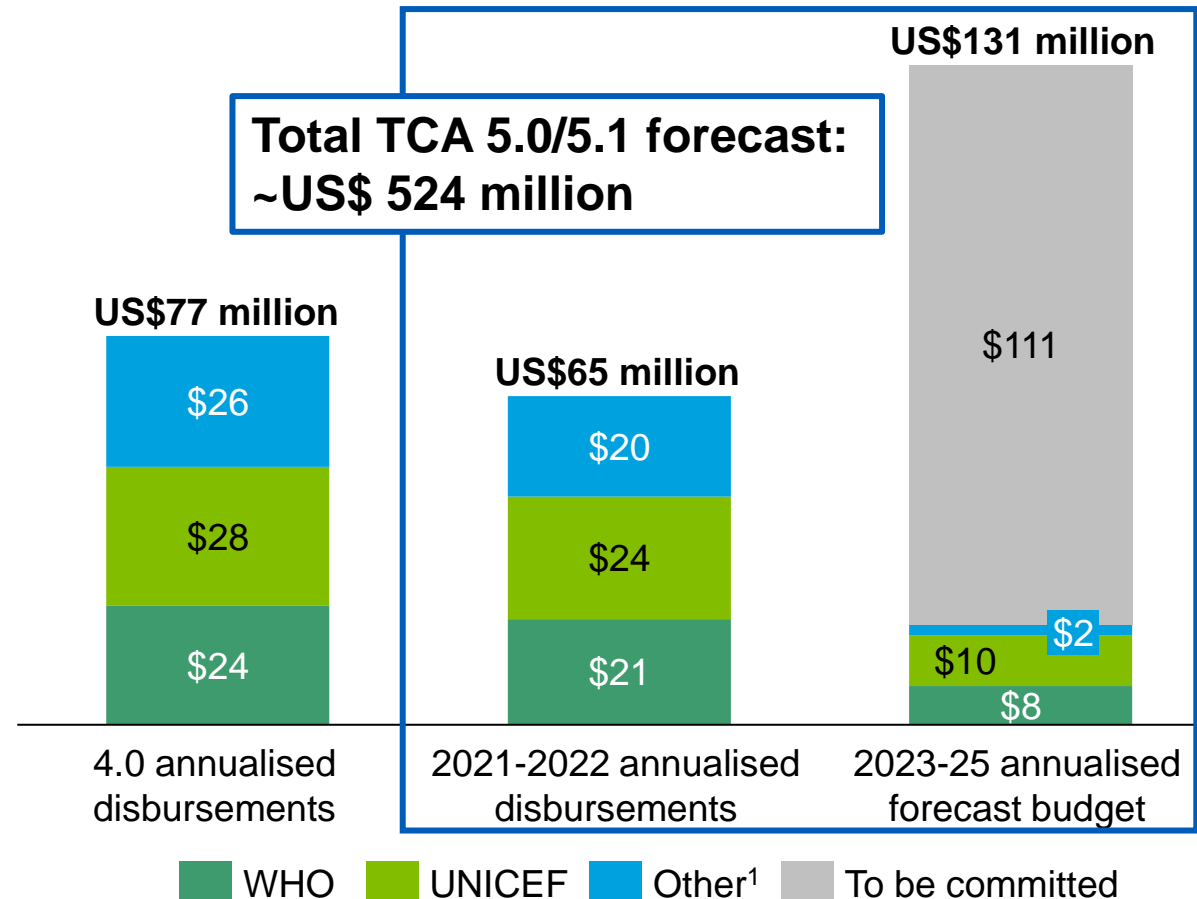
Accelerating and Aligning National Immunisation Strategy (NIS) and Full Portfolio Planning (FPP) / Equity Accelerator Fund (EAF) as >30 FPP and EAF applications are expected in 2023



In 2023, **14 Countries** are either planning to develop or have begun developing an NIS

Given the increase in FPP applications, Targeted Country Assistance (TCA) funding will be further allocated to execute approved country plans

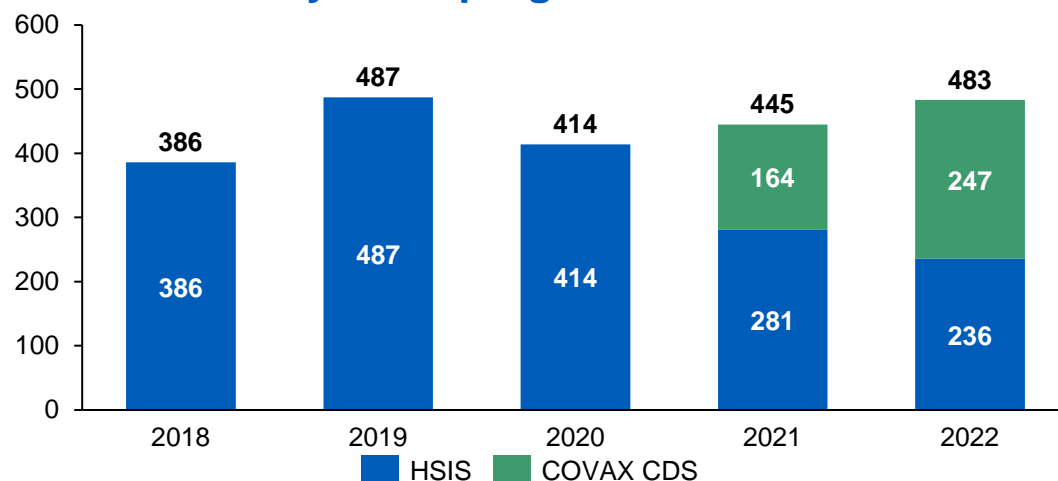
TCA: Gavi 4.0 and Gavi 5.0/5.1, US\$ million



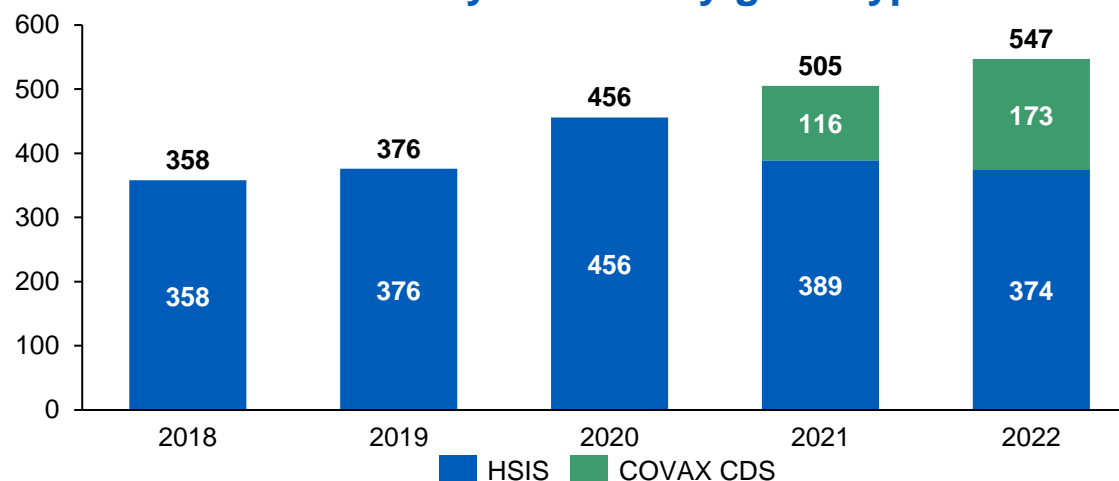
1. Other partners refers to World Bank, CDC/F, Expanded and Local partners. For Local partners, annualised Gavi 4.0 share of TCA is US\$ 1.2 million or 2.0%

Record levels of cash disbursements; Country absorptive capacity increasing

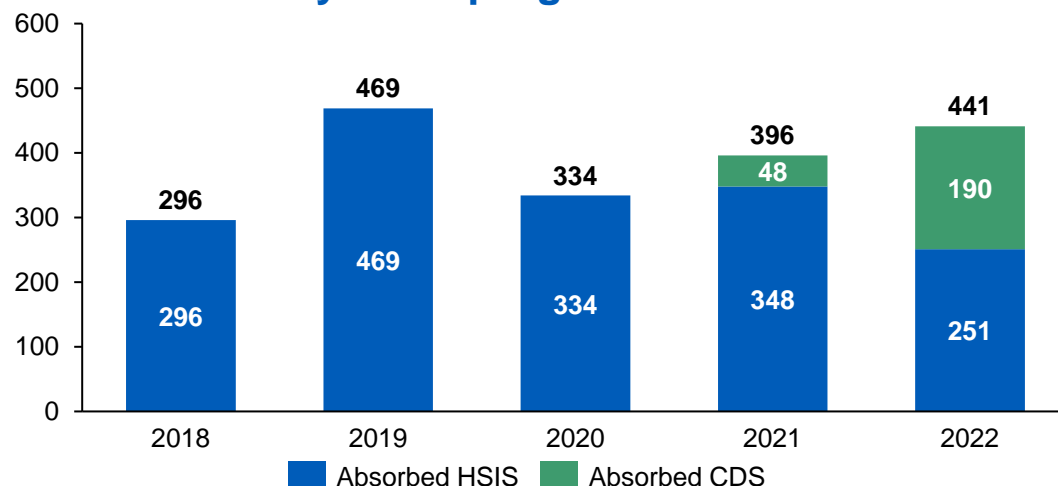
US\$ million **Country Cash programme disbursements¹**



US\$ million **Cash in country balance by grant type**



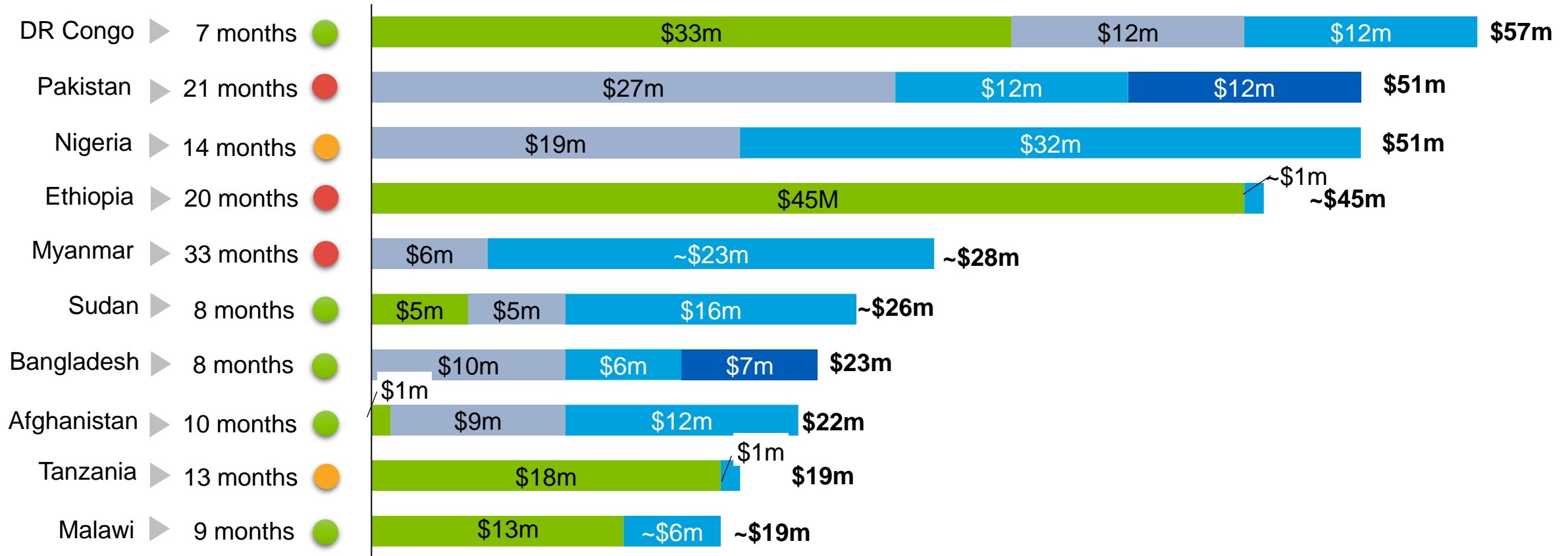
US\$ million **Country Cash programme funds absorbed**



- ① Gavi tracks Country facing cash programmes cash balances (HSIS and COVAX CDS on a 6-month basis.** This data provides oversight on the pace of programme absorption and insight into excess/idle balances (e.g. closed programmes) to address
- ② Overall cash balance** at December 2022 was US\$ 547 million, US\$ 42 million more than prior year and due to COVAX CDS. HSIS balances broadly at historical norms.
- ③ 2022 cash absorption** was **US\$ 441 million**, US\$ 251 million in Core HSIS and US\$ 190 million for COVAX CDS

Action plans being developed to support execution at pace in top priority countries

Cash balances and age¹ for Top 10 Countries by Implementors, as of 31 December 2022



MoH & Other* WHO UNICEF World Bank (MDTF)

Progress and Efforts in Q1 2023

Disbursed	Annual Forecast
March 2022	March 2023

	High Impact countries (5)	Fragile & Conflict countries (12)	Core countries (40)
DTP3 coverage (admin vs. 2019)	+ 4%	+ 1%	+ <1%
COVID-19 coverage for older adults and health care workers	<div>Older adults<div><div>71%</div><div>84%</div></div></div> <div>HCW<div><div>86%</div><div>92%</div></div></div>	<div>Older adults<div><div>14%</div><div>25%</div></div></div> <div>HCW<div><div>27%</div><div>33%</div></div></div>	<div>Older adults<div><div>39%</div><div>50%</div></div></div> <div>HCW<div><div>63%</div><div>66%</div></div></div>
Planned Vaccine Introductions /campaigns 2023	4	3	16
Disbursements March YTD (Vaccines, HSS, EAF, TCA, CDS)	<div><div>29%</div><div>71%</div></div>	<div><div>33%</div><div>67%</div></div>	<div><div>20%</div><div>80%</div></div>
Funding	<ul style="list-style-type: none">Mixed absorption47% co-financing obligations fulfilled; early payments by DRC and Nigeria	<ul style="list-style-type: none">Strong funds disbursement with high historical absorption rates4% co-financing payments fulfilled and 1 waiver approved (Syria)	<ul style="list-style-type: none">Cash disbursements under CDS progressed; HSS catch-up in 202320% co-financing payments fulfilled
Zero-dose children	<ul style="list-style-type: none">Greater investment in demand and service delivery	<ul style="list-style-type: none">ZIP enabling new ways of working with Civil Society (CSO) partners to reach Zero-Dose	<ul style="list-style-type: none">Tailored Zero-Dose strategies.
Distinctive challenges	<ul style="list-style-type: none">Higher programmatic and fiduciary risksSupply chain gaps impacting vaccine stock availability	<ul style="list-style-type: none">Data issues widespread; 4 countries lack WUENIC updatesLimited health infrastructure and accessibility	<ul style="list-style-type: none">Resurgence of outbreaksEight countries in accelerated transition

Progress made across catalytic targeted approaches



1

Advancing Zero-Dose Immunisation Programme (ZIP) to extend reach to unreachable zero-dose children

- Phased operationalisation initiated
- Activities commenced in Horn of Africa; Sahel imminent

2

Optimising Fragility, Emergency and Displaced population (FED) policy's potential

- Flexibilities of ~US\$ 22 million provided to 15 fragile countries
- Ongoing capacity and process optimisation to facilitate execution

3

Scaling up Accountability Frameworks (AF)

- Functional AF in place in Democratic Republic of Congo (DRC) and Nigeria
- Planned introductions in Ethiopia, India and Pakistan

Tailored support based on needs for Middle-Income Countries (MICs) with support also extended towards fragile MICs



- ❖ **US\$ 4.4 million disbursed** to restore coverage and reach zero-dose
- ❖ MoU for Technical Assistance with WHO finalised



- ❖ **US\$ 8 million co-investment with the World Bank (WB) approved**
- ❖ Gavi-WB Administration Agreement signed; country grant agreement in progress



- ❖ **Urgent support request for HPV, Pneumococcal conjugate vaccine (PCV) and Rotavirus introductions** submitted
- ❖ Review of **Targeted Interventions** application on-going
- ❖ Potential co-investment with **WB's Investing in Nutrition and Early Years (INEY)** project under review











- ❖ **US\$ 28 million support** to maintain RI approved
- ❖ Grant agreements with PAHO and UNICEF signed, and funds disbursed



- ❖ **US\$ 14 million support** to maintain RI approved
- ❖ Disbursements to UNICEF & WHO being processed

Progress on transition through Gavi-funded Transition Roadmaps

Country and transition date	Transition Roadmap Status	Expected timeline to finalisation
Laos (end of 2025)		September / October 2023
Solomon Islands (end of 2025)		Q4 2023
Sao Tome (end of 2026)		August 2023
Bangladesh (end of 2029)		September / October 2023
Cote d'Ivoire (end of 2029)		Q4
Djibouti (end of 2029)		June 2023
Ghana (end of 2029)		Q3 2023
Kenya (end of 2029)		TBC

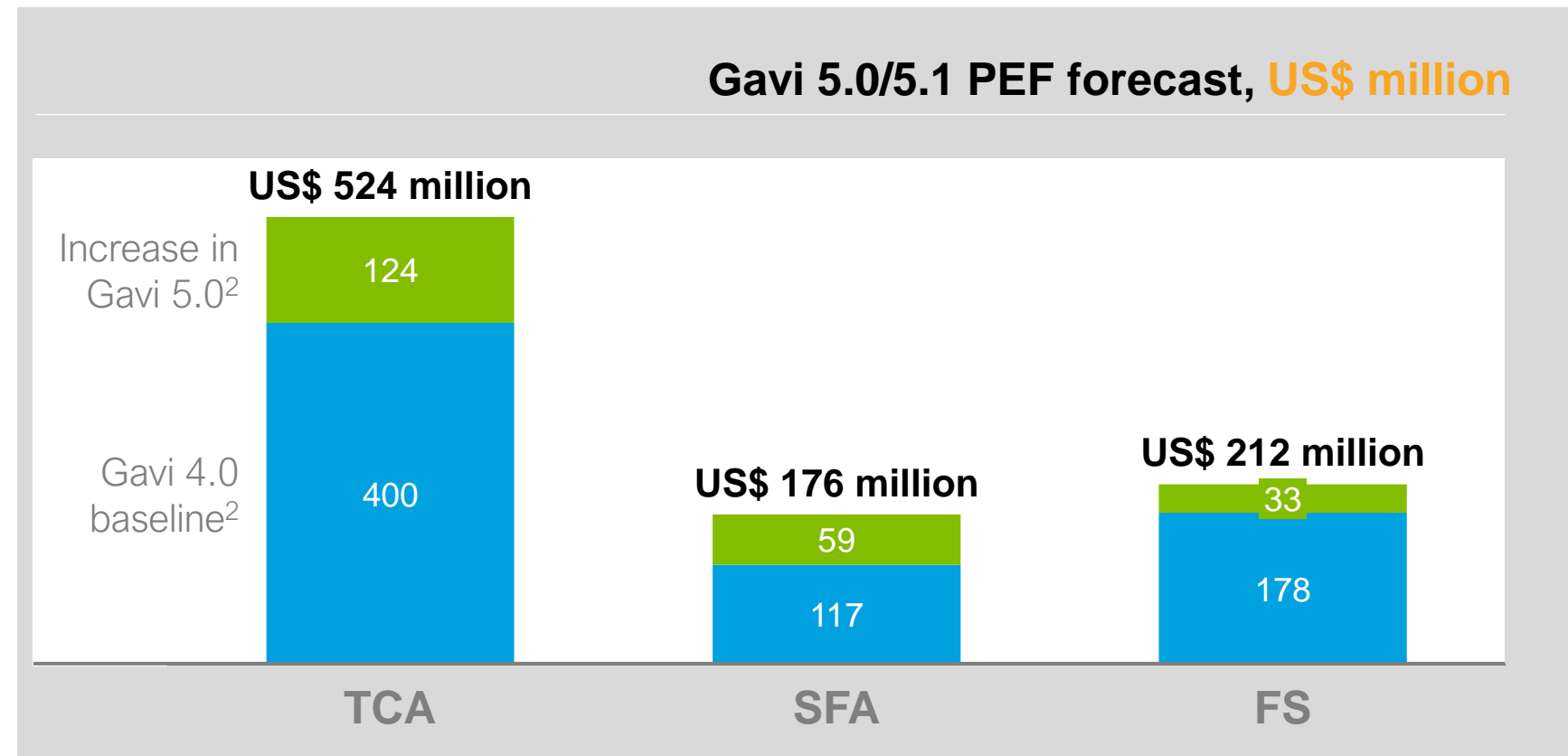
- Following December 2023 Board decision to extend Accelerated Transition (AT) timelines **co-financing obligations were adjusted** for countries in AT
- **Additional support** that can be provided to eligible countries in Gavi 5.0 identified
- **Engagement with countries in AT is being intensified**, including missions to all 8 core countries
- Agreement for 8 core countries in AT (Nigeria and Papua New Guinea (PNG) have special approaches) to prepare country-owned Transition Roadmaps including **specific activities needed to prepare** for transition
- Roadmap activities to be **funded through existing funding levers**

2

Thematic areas

Gavi 5.0/5.1: PEF envelope increased from US\$ 694 million in Gavi 4.0 to US\$ 912 million in Gavi 5.0/5.1, strengthening country-level focus further

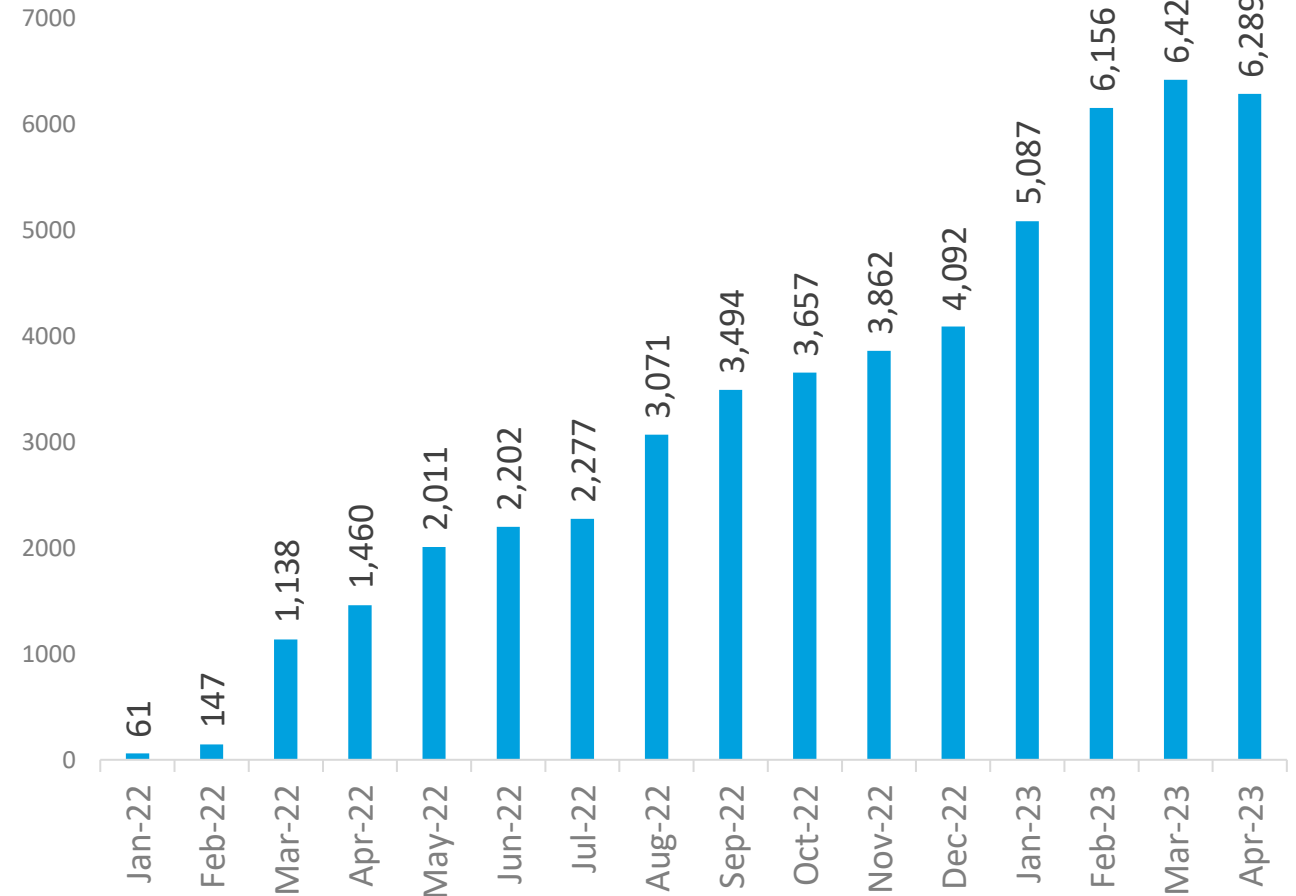
- In line with Partners' Engagement Framework (PEF) focus, **TCA remains largest bucket** with greatest absolute growth in Gavi 5.0/5.1
- **Strategic Focus Area (SFA) and Foundational Support (FS) also increasing (~50%;19%),** reflective of 'enabler' role at global and regional level.
- **TCA investments complement health systems strengthening (HSS),** with largest funding share going to service delivery



Gavi systems' strengthening approach drives improvements in iSC performance and enhances vaccine availability

- **Reduction in vaccine stockouts** with active stock monitoring using **Thrive360** and a coordinated response by alliance partners and countries to address root causes.
- **Improved country-level vaccine management** – composite Effective vaccine management (EVM) score has increased to **72.6% from 70.3% in 2019** and 66% in 2014.
- **Expanded storage capacity** - half of the estimated health facility refrigerator needs in Gavi-supported countries now met, **60% of which solar powered** – comprising >66,000 units through CCEOP, >4,000 units through COVAX and >90,000 units through UNICEF.
- **Improved cold chain management capacity** with **20 countries beginning digitalisation journey**, 12 countries supported with Cold Chain Equipment Optimisation Platform (CCEOP) applications.

Number of Stores Regularly Reporting



Exploring new solutions for supply challenges can address inequities and coverage barriers

Challenges	Solutions
Inadequate funding for traditional vaccine and in-country vaccine distribution	Advocate for sustainable financing, including domestic allocations.
Weak cold chain maintenance systems	Capacity building for local personnel, including role for private and academic sectors.
Waste management capacity	Investments planned within HSS and WB supported COVID-19 vaccination funding.
In-country technical capacity – data use and managing digital platforms	Digital capacity building for logistics staff; Thrive 360 Country Data Control Towers

Opportunities



Health Facility Solar Electrification

► Solarise 1,000 health facilities across 4 countries



Last-mile delivery Initiative (DRIVE)

► Develop an effective and scalable model for last mile vaccine delivery in 15 countries



New analysis on emissions

► 350,125 tons CO2 caused by 4 main drivers
50% of which can be offset by solarisation and upcycling plastics

Progress and efforts on CSO engagement



Effective CSO selection and engagement integrated in Gavi's funding model

Streamlined **grant process** being adapted to CSOs and introduction of complementary **funding channel for CSO engagement**



Strategic and operational framework for CSO engagement being implemented

Operational Plan, Risk, Communications, Gender, Localisation (underway) Strategies, Monitoring & Learning framework



Process/tools for FPP dialogues and reviews to ensure 10% allocation to CSOs

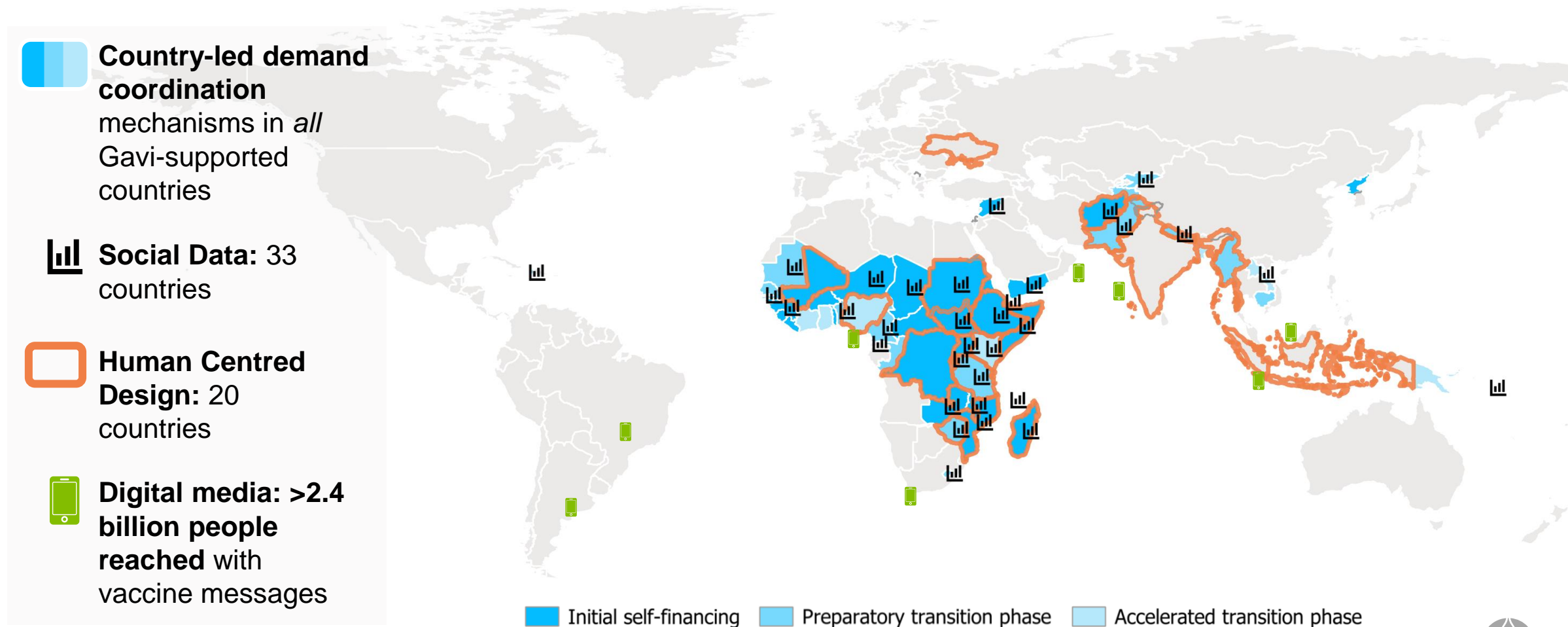
By Q1, 70% of countries with approved FPPs adhering to Board mandate, follow-up with others to increase \$ allocated for CSOs



KPIs for CSO allocation, disbursement, partner diversification integrated in the MPM framework

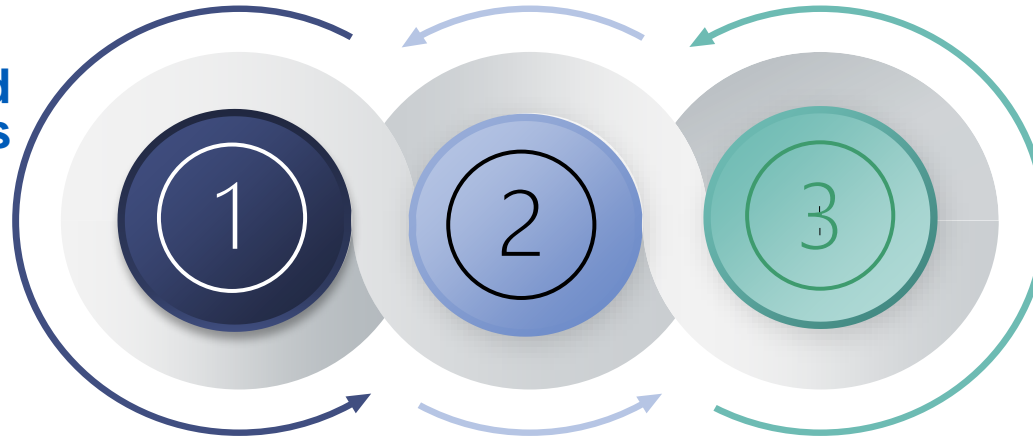
Out of the total approved \$ for EAF, TCA & HSS, **23% (US\$ 141 million) is allocated to CSOs directly/indirectly**

Gavi invests in strengthening coordination, design and reach of evidence-informed demand generation activities



Gavi investments expands partner and CSO engagement to innovate and scale gender transformative programming

Gender Analysis being rolled out to inform NIS and FPPs



Gender mainstreamed into demand activities leveraging Alliance capacity

Improved availability of tools and capacity

Share positive stories from trusted messengers in Sumenep, Indonesia



Bring vaccines to places and events that women frequent in megacities of Pakistan.







Engage men as vaccine advocates through a gender equity promoting app.



3

New Vaccine Introductions

Concerted Alliance towards Gavi-supported countries' HPV programmes

<div></div> <div>Decision-making / application in-process</div>	<div></div> <div>Approved, not yet introduced</div>	<div></div> <div>Introduced routine, delayed MAC</div>	<div></div> <div>Introduced routine + MAC</div>
<div>Planned 2023</div> <div>Benin, Burundi, Nepal, Tajikistan</div> <div>Planned 2024</div> <div>Ghana, Djibouti Pakistan</div> <div>Guinea-Bissau</div> <div>Haiti</div> <div>Prioritised MICs</div> <div>Angola Kosovo</div> <div>Eswatini Mongolia</div> <div>Indonesia Tunisia</div> <div> Philippines</div>	<div>Planned 2023</div> <div>Bangladesh</div> <div>Cambodia</div> <div>Nigeria</div> <div>Togo</div> <div>Timor Leste (PTE)</div> <div>India</div> <div>Planned 2024</div> <div>Mali</div>	<div>Planned 2023</div> <div>Ethiopia Zambia</div> <div>Planned 2024</div> <div>Burkina Faso Mozambique</div> <div>Cameroon Myanmar</div> <div>Cote d'Ivoire Senegal</div> <div>Liberia Sierra Leone</div> <div>Malawi Tanzania</div>	<div>Coverage</div> <div><70%</div> <div>Kenya</div> <div>Lao PDR</div> <div>Lesotho</div> <div>Mauritania</div> <div>Solomon Islands</div> <div>The Gambia</div> <div>Zimbabwe</div> <div>≥70%</div> <div>Eritrea</div> <div>Sao Tome e</div> <div>Principe</div> <div>Kyrgyzstan</div> <div>Rwanda</div> <div>Uganda</div>



Vaccination contre le papillomavirus Expérience du Burkina Faso

Kargougou J.L.C Robert, Ministre de la santé
Burkina Faso

June 2023



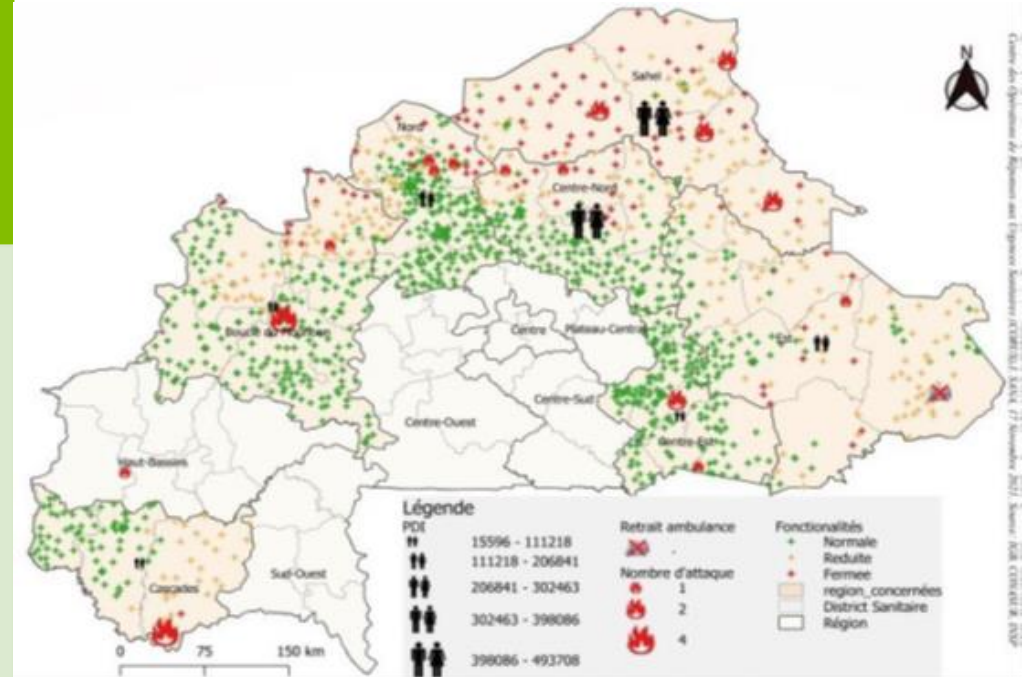
Contexte de la vaccination contre le papillomavirus

Contexte sécuritaire

- 200 CSPS fermés ou fonctionnant à minima
- Personnes déplacées interne
- 316 245 filles de neuf ans

Cancer du col de l'uterus au BFA (Globocan 2020)

- 1132 nouveau cas/an
- Incidence : 20/100.000 femme
- Mortalité : 11/100.000



Les défis existent, mais nous sommes résilients !

Les étapes clés de la vaccination contre le papillomavirus au Burkina Faso



2015

Phase pilote

- DS rural et urbain
- >90% de couverture

2022

Introduction du HPV

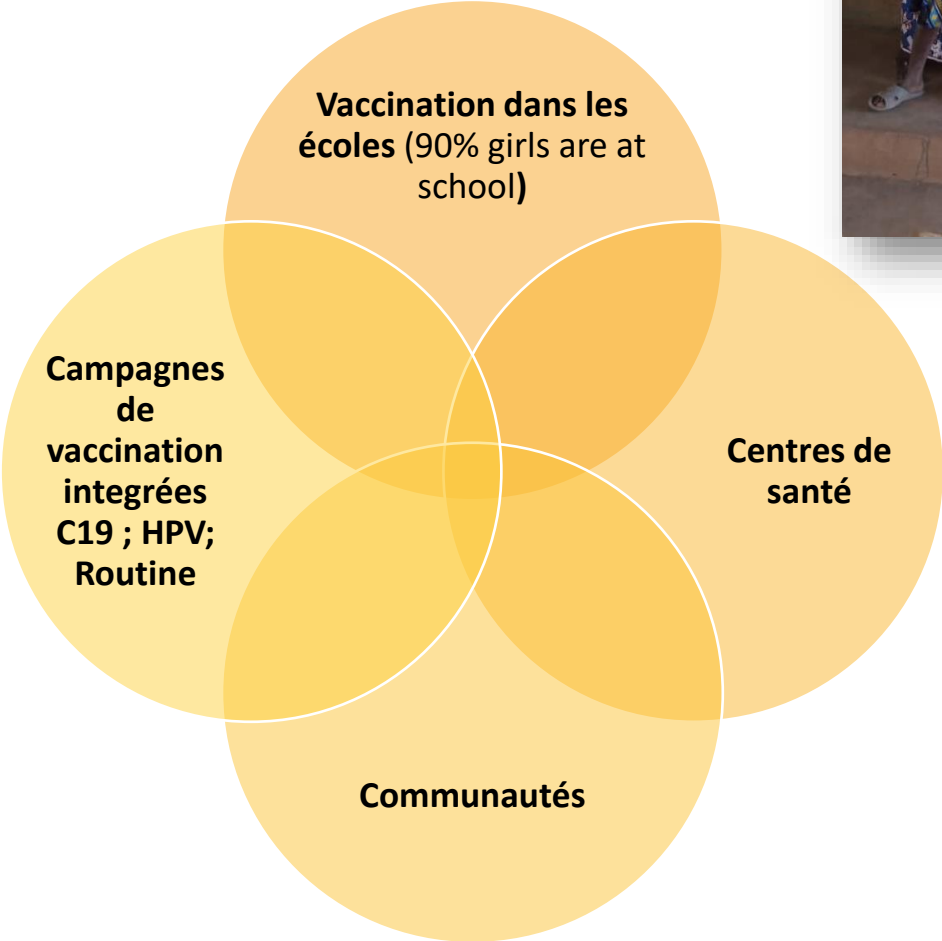
- Lancement
- période C19

2023

Phase d'accélération

- Recommandation du GTCV pour la dose unique
- Intégration à la vaccination C19
- Intensification dans les grandes villes

Stratégie utilisées pour l'atteinte des cibles au Burkina Faso



Performances

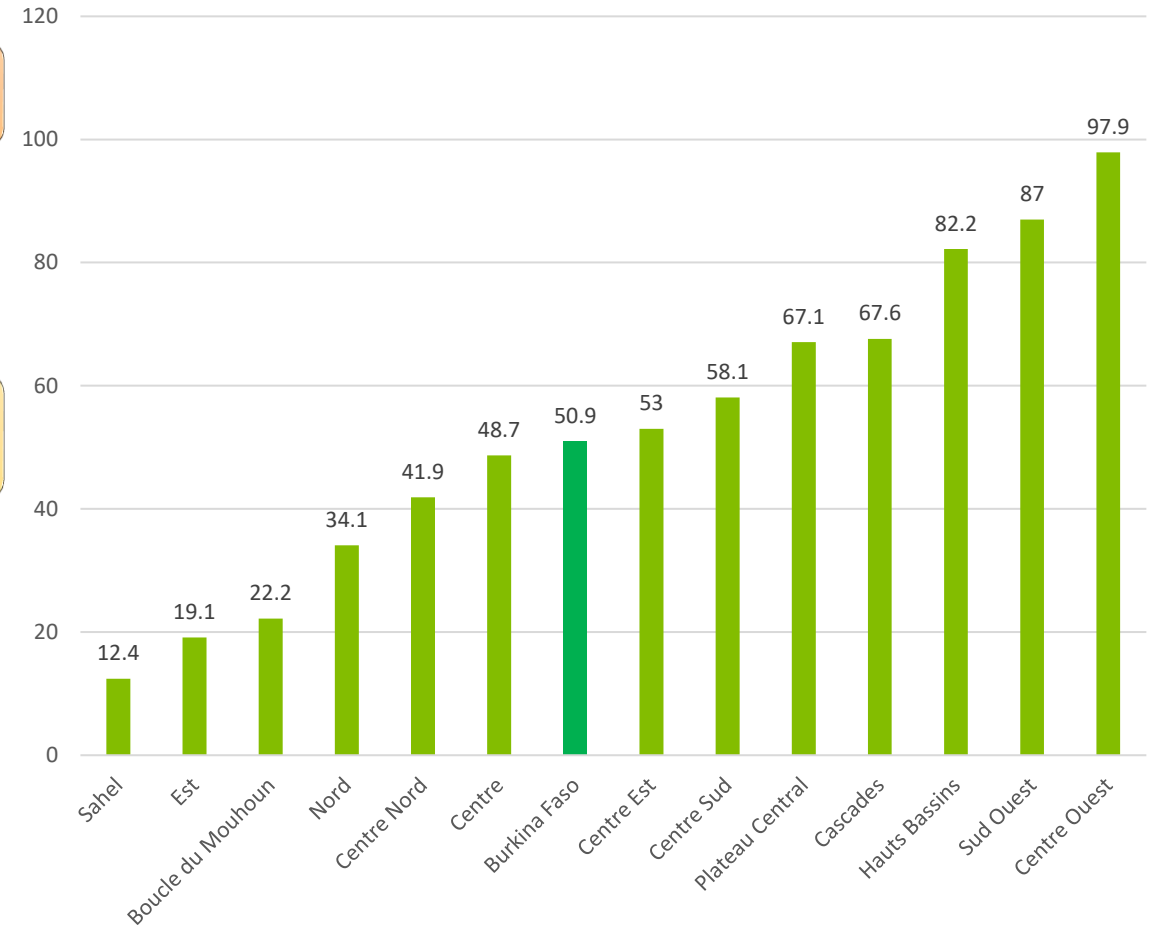
2022

- Cible 316.245 (filles de 9 ans)
- CV attendue 60%
- CV An 1 = **70%**

2023

- Cible 420.113 (filles de 9 et 10 ans)
- CV cible 90%
- CV en Juin 2023
 - 7% en Routine
 - 50% de l'objectif annuel atteint en juin grâce à l'intégration à la campagne C19 avec 3 regions avec plus de 80% de CV en Juin.

Performance de la vaccination contre le HPV au Burkina Faso
Juin 2023 (%)



Facteurs clés de succès

Planification
participative impliquant
l'**éducation** et la société
civile

Engagement politique
multisectoriel

Implication des médias,
des sociétés de santé,
de la société civile, des
agents de santé
communautaires

Engagement actif de la
communauté et des
leaders
communautaires

Ressources pour la
vaccination de
proximité

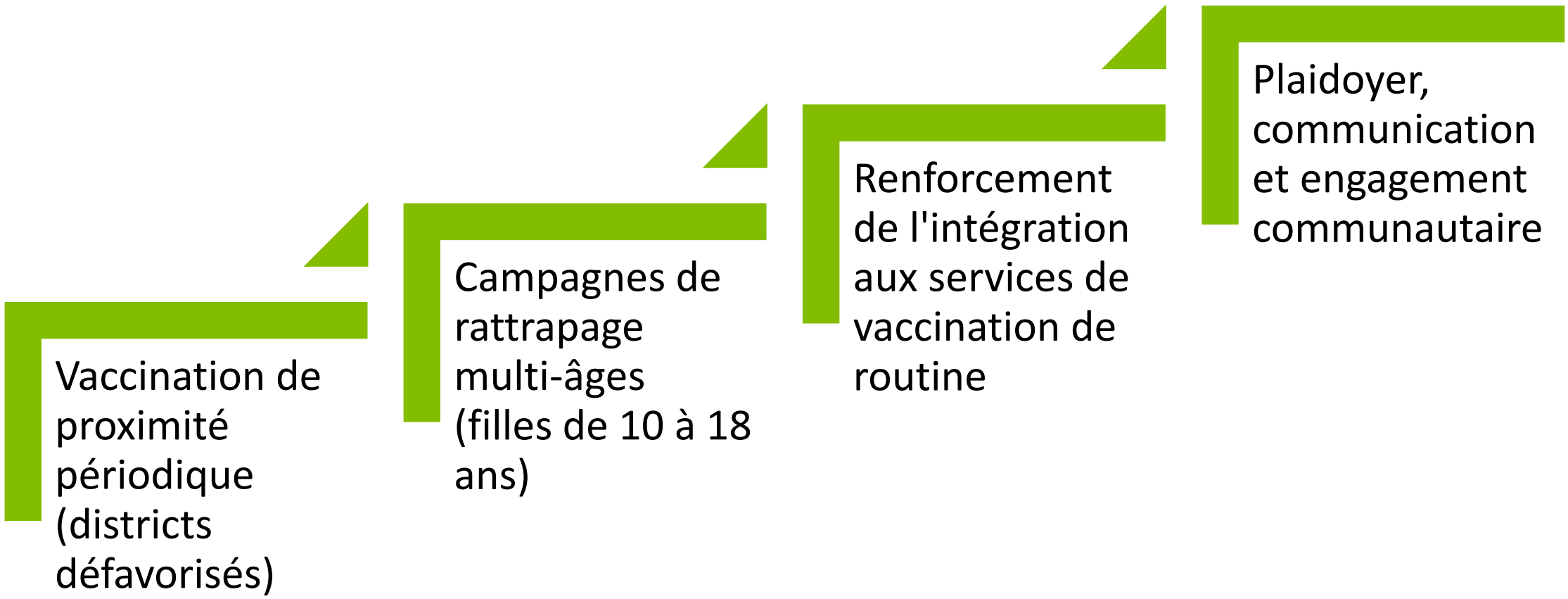


Défis de la mise en œuvre de la vaccination



Stratégies clés du plan d'accélération de la vaccination contre le papillomavirus 2023/24

Objectif : 95 % des filles âgées de 9 à 18 ans vaccinées d'ici à la fin de 2024



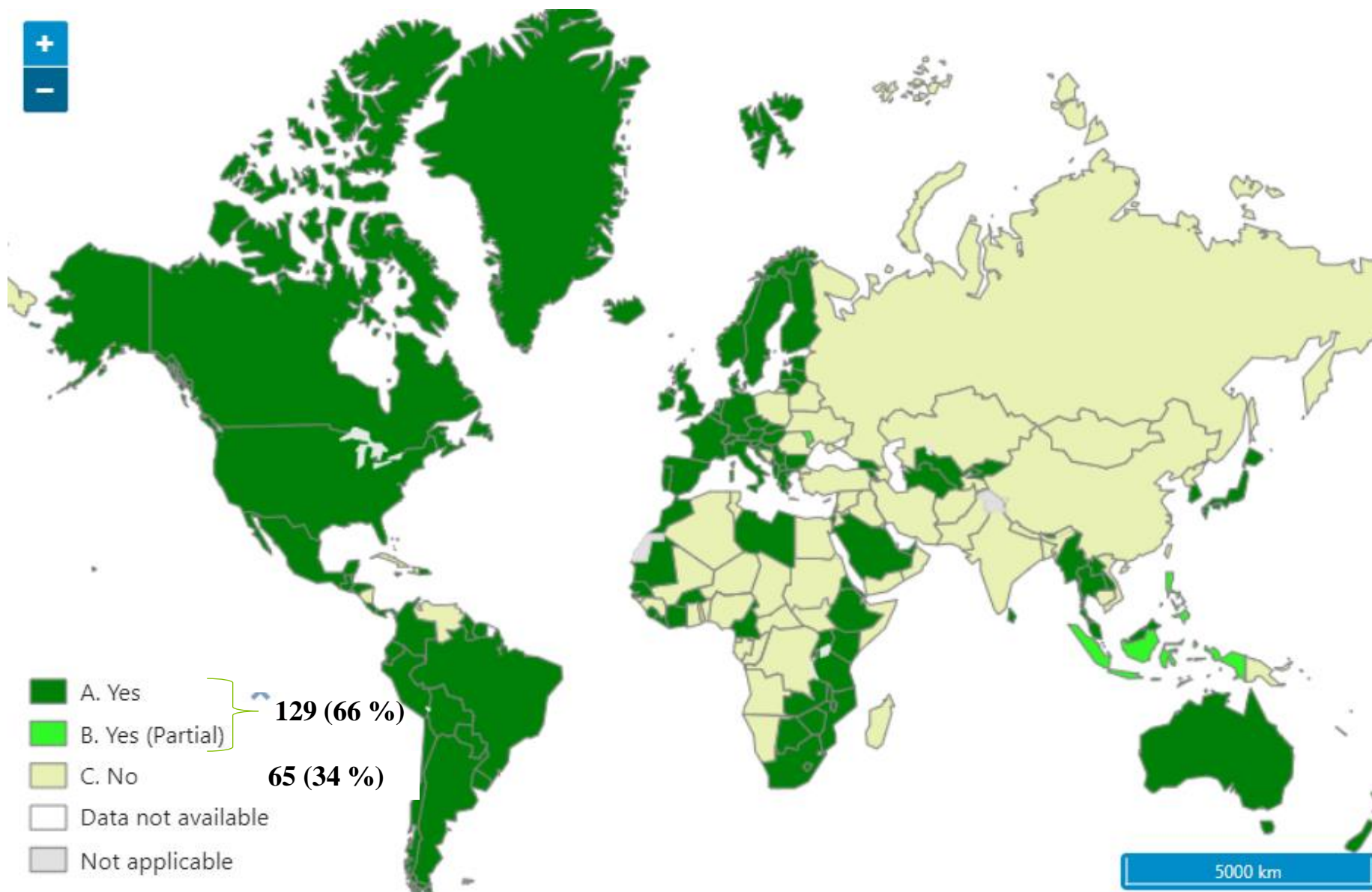
Vaccination de proximité
périodique
(districts défavorisés)

Campagnes de rattrapage multi-âges
(filles de 10 à 18 ans)

Renforcement de l'intégration aux services de vaccination de routine

Plaidoyer, communication et engagement communautaire

Au niveau mondial, 129 pays ont introduit des vaccins contre le papillomavirus, mais l'Afrique francophone et lusophone est à la traîne.



Appel à l'action de la circonscription

Nous devons donner la priorité au rattrapage des baisses de performances en mettant l'accent sur les pays confrontés à des défis multiples.

Nous devons renforcer le soutien à l'Afrique francophone et lusophone pour la vaccination contre le papillomavirus.

Nous devons consacrer plus de ressources à la vaccination contre le HPV et considérer des plans de 3 à 5 ans pour permettre aux pays d'introduire et d'atteindre les performances avant le passage à la routine

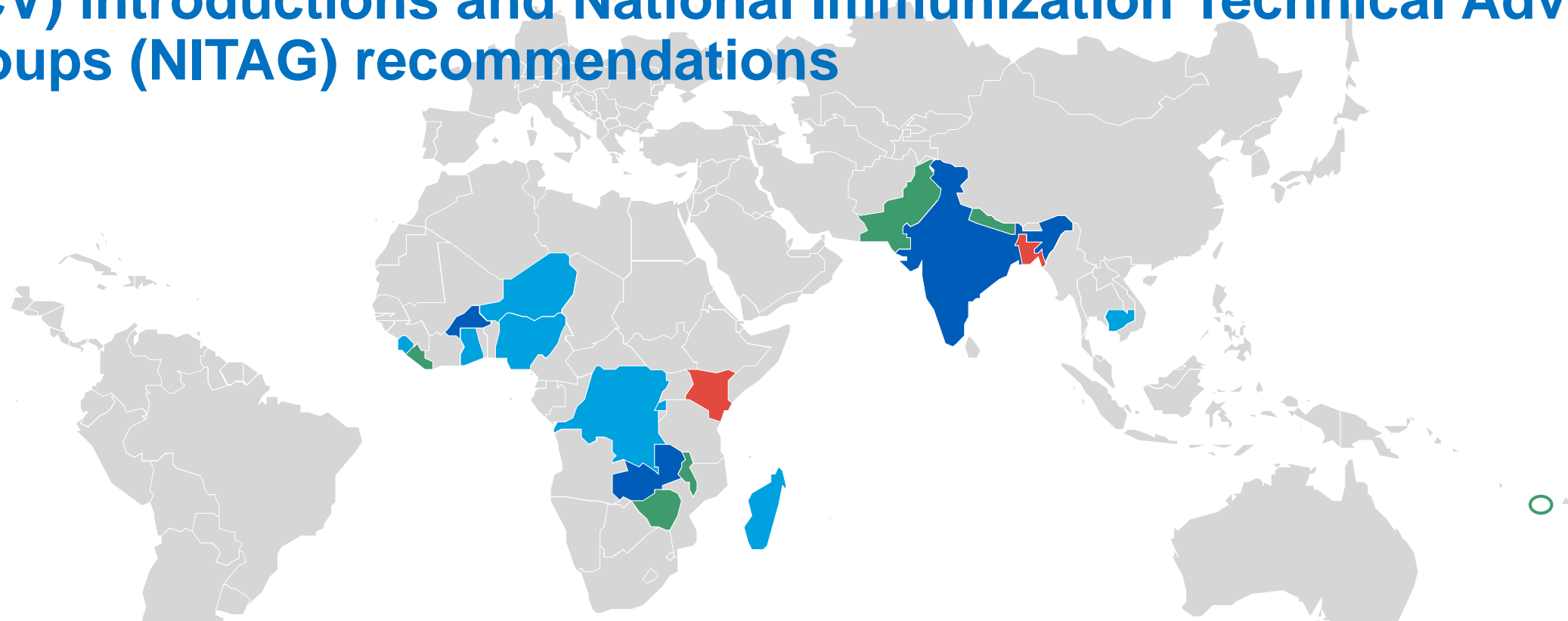


Malaria vaccine programme roll-out and scale-up

	Country	IRC outcome	Allocation Framework outcome
1	Benin	Approval	Doses allocated
2	Burkina Faso	Approval	Doses allocated
3	Burundi	Approval	Doses allocated
4	Cameroon	Approval	Doses allocated
5	DRC	Approval	Doses allocated
6	Liberia	Approval	Doses allocated
7	Mozambique	Approval	Not allocated
8	Niger	Approval	Doses allocated – partial
9	Sierra Leone	Approval	Doses allocated
10	Sudan	Approval	Not allocated
11	Uganda	Approval	Doses allocated
12	Central African Republic	Being reviewed by the June IRC	
13	Nigeria		
14	South Sudan		

- 3 malaria vaccine implementation programme (MVIP) countries approved in November 2022
- First Independent Review Committee (IRC) review of non-MVIP countries 13-24 March 2023
 - 11 of 13 submitted applications approved
 - Doses allocated to 9 countries (one partial allocation) for Phase 1 introductions due to supply constraints
 - Introductions planned in Q1-Q2 2024
- 3 additional countries are being reviewed by the June IRC
- A second product (R21) currently being reviewed for WHO recommendation and possible Prequalification (PQ)

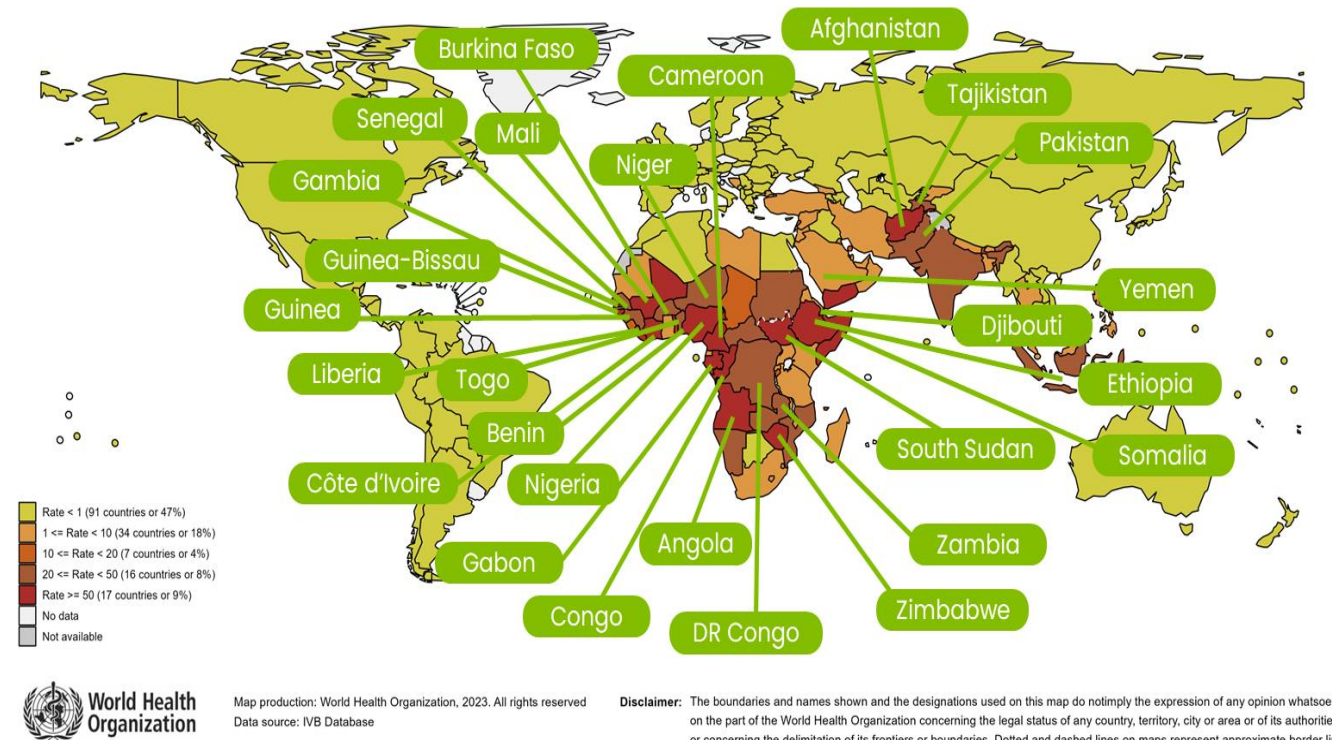
Alliance efforts advancing Typhoid conjugate vaccines (TCV) introductions and National Immunization Technical Advisory Groups (NITAG) recommendations



<i>TCV introduced or approved</i>	<i>TCV Gavi applications reviewed November 2022</i>	<i>TCV recommended by NITAG</i>	<i>Evidence review for TCV decision-making underway</i>
Liberia, Nepal, Pakistan, Zimbabwe; Malawi (planned Q2 2023), Samoa (non-Gavi)	Bangladesh, Kenya	Burkina Faso, India, Zambia	Cambodia, Ghana, DRC, Madagascar, Niger, Nigeria, Sierra Leone, Uganda

Changing global measles epidemiology requires more timely preventive M/MR campaigns to save children's lives

- **Increased numbers** of susceptible children, measles outbreaks and deaths
- **Campaign quality strengthening** to address known weaknesses
- Need for **greater country, regional, global engagement** at leadership level
- **New modeling evidence** indicates that well-timed, **lower coverage measles SIAs can outperform delayed, high coverage campaigns (IDM)** - timeliness is essential part of SIA quality
- **Delayed campaigns** in Gavi-eligible countries
- **Current situation is critical** and requires concerted approach

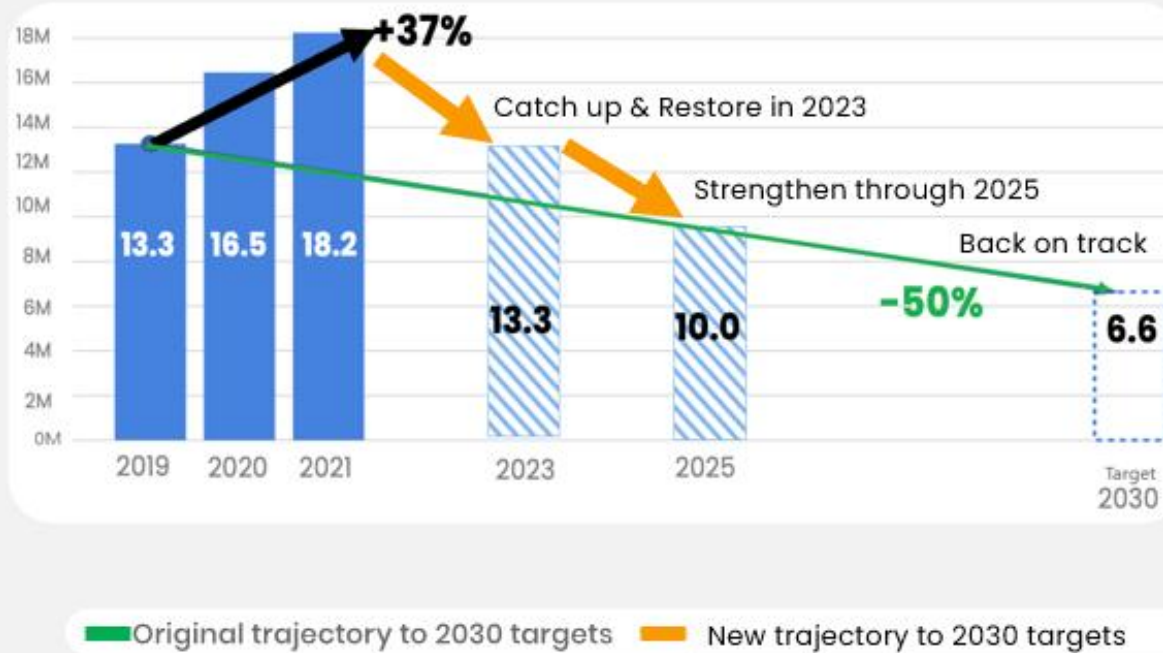


Recommended Actions to Strengthen Alliance Approach to measles rubella (MR) Supplemental Immunisation Activity (SIA)



Approximately 67 million children to be immunised globally in 2023–2025 to be back on track

Zero-dose children (million)



Catch up
2023-25

47 million children
All countries

Cumulative zero dose
children from pandemic
years (2019-2021)

Restore
2023

16 million children
15 countries

2021 coverage DTP1
returns to 2019 level

Strengthen
By 2025

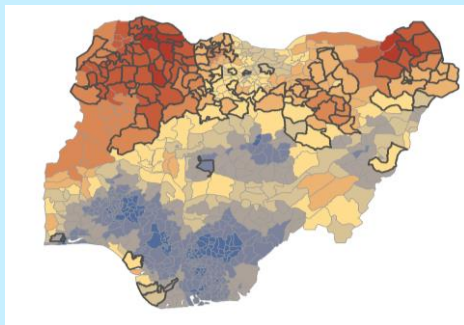
4 million children
All countries

Get back on 2030
goal trajectory



Looking ahead: Focus areas for Alliance

High Impact Countries



- **HPV** in Ethiopia, India, Nigeria
- Accelerate use of **country systems**
- Strengthen national and **subnational** political and social commitment

Fragile & Conflict Countries



- Prioritise **FPP/EAF, CDS and ZIP** applications
- Reinvigorate **Alliance coordination and technical leadership** role
- Strengthen attention on **data shortcomings** for strategic alignment

Core Countries



- Focus on **HPV, measles, malaria, cholera**
- Support **FPP/EAF applications**
- Support countries in **accelerated transition**
- Advocacy on **domestic financing**

Middle-Income Countries



- Prioritise **backsliding support and HPV vaccine introductions**
- Build **political will** for and accelerate **PCV and Rotavirus** vaccine introductions
- Continue supporting **fragile MICs**

Enhance TA, strengthen EPI capacity, support countries to channel funds back to country systems, the Big Catch-up RI recovery plan

Thank you