

Appendix D: Update on specific countries (DRC, India, Nigeria, Pakistan and Syria)

1. Introduction

As requested by the PPC this Annex provides a detailed overview of in-country operations, strategic issues and challenges encountered in four of the most complex Gavi eligible countries, DRC, India, Nigeria and Pakistan. It also provides a short update on the 2016 December Gavi Board approved time-limited support to Syria. A portfolio overview of performance against key issues of the PEF 10 countries is provided in the Country Programmes update to the PPC and Annex E to the Country Programmes update provides country summary sheets for these 10 countries.

2. Democratic Republic of Congo (DRC)

2.1 Context

- a) The political and security situation in DRC remains uncertain ahead of elections expected to take place before the end of 2017 and this may have an impact on the EPI programme.
- b) The security situation in Kasai provinces has also worsened. More than 400 people have been killed, including 2 UN staff in March 2017 and more than 200,000 have been displaced since August 2016.
- c) Macroeconomic situation
 - In December 2016 DRC's Central Bank announced a reduction in the country's 2016 GDP growth from 4.3% to 2.5%, and down from 9.5% and 6.9% in 2014 and 2015 respectively, in part due a sharp decline in global commodity prices.
 - As a result, DRC's fiscal space remains constrained. The 2016 national budget has been revised and decreased by 22% in May 2016 (from €7,86 billion to €6,13 billion) and the 2017 budget proposes a further 15% cut, with the health budget being reduced from 9.3% to 6.8% of the total budget. This budget has not been approved (an interim budget has been approved until April 2017).

2.2 Ebola Outbreak

- a) As of 14 May 2017, 19 cases have been notified and 3 deaths have been registered in the Bas Uele province. Of these 2 Zaire-type Ebola cases have been confirmed by the national laboratory INRB. A response plan has been approved by local authorities. At this stage this does not include plans for using a vaccine to respond to the outbreak and there has been no formal request from the DRC government for rVSV-ZEBOV vaccine (300,000 doses available) or for

financial support from Gavi. Nevertheless, Gavi is working with partners to prepare the cold chain in case a request is made.

2.3 Measles Outbreak

- a) In February 2017 the Alliance has supported the third and last phase of the Supplementary Immunisation Activity (SIA) in response to a measles outbreak. The phase 3 has covered 8 of the 9 targeted provinces (Haut Katanga, Lualaba, Haut Lomami, Kasai Central, Kasai, Kasai Oriental, Lomami, and Sankuru). The province of Tanganyika was not targeted by the measles campaign due to security reasons (the campaign was postponed to the end of April 2017). Administrative coverage of the measles campaign for phases 1, 2 and 3 have been reported at 101.9%, 99.8% and 103.5% respectively, representing a total of 16.4 million children from 6 to 59 months vaccinated during the 3-phase measles campaign. The accuracy of the administrative coverage data remains, however, uncertain (with a discrepancy of up to 18-20 percentage points with independent monitoring) and seems to be contradicted by a measles outbreak in Maniema in October 2016 (only 2 months after the SIA). The Minister of Health launched in March 2017 an audit mission to the Maniema province to address the issue of recurrent outbreaks of measles and cholera in DRC. Findings from the audit are expected by May 2017.

2.4 Yellow Fever 2016 Post-Campaign Vaccination Coverage

- a) DRC has implemented three yellow fever response campaigns between May and August 2016, with Gavi contributing a budget of over US\$ 13.7 million, including operational costs. The post-campaign evaluation report (based on an independent survey) released in November 2016 by WHO estimated the vaccination coverage to be at 97.8% after the campaign.

2.5 Supply chain

- a) The country is strengthening its supply chain by using HSS funding to improve, among others, the storage and preservation of vaccines and essential drugs. In that context, UNICEF, with HSS funding, is managing the construction of 3 vaccine and essential drugs commodity Hubs (warehouses) in Kinshasa, Lubumbashi and Kisangani. The Kinshasa hub's construction is on track and will be completed by end June 2017 and the other two hubs by June 2018. The country has also been approved for CCEOP funding, including the delivery of 2,087 solar refrigerators, which will enable 75% of all health facilities to be equipped.
- b) In addition, Gavi funds technical assistance to set up effective logistics and management of cold and dry storage space and to ensure the professional management of vaccines and health products. The TA provider (imperial health sciences) was pre-selected and a fully costed business plan is expected by mid-May 2017. Gavi has also invested in

the renovation and extension of storage space of 10 regional distribution Stores (CDR) - 5 of which were renovated jointly with the Global Fund. Moreover, 43 health centres have also been renovated.

2.6 Data quality

- a) Together with the Global Fund, DfID and the WB Gavi is part of a multi-donor project for HMIS-DHIS2. This project aims to scale up the MoH's internet connectivity, and will allow for the integration of DHIS2 and the online reporting of data. To date 341 health zones have been connected and it is expected that, by end of April, all 516 health zones will be connected.
- b) As of end January 2017, completeness for HMIS 2016 data was 62% nation-wide (against 25% in Jan 2016 for the 2015 data). Most of the non-reporting provinces were those without internet connection.
- c) On-going discussions are held with GF, WB and PMI USAID to conduct a national in-depth Data Quality Review with in-site verifications. A MICS is also planned for end 2017 and discussions as is an immunisation coverage survey.

2.7 Audit

- a) Following the discovery of a total of 1.2 million of questioned expenditures (out of 39 million) in a 2015 audit, with the largest part relating to the 2013 and 2014 measles campaign operating costs, clarifications have been received from the Ministry of Health's partners and a final report on the audit work, which estimates that the management of Gavi's funds in DRC is partially satisfying, was issued in March 2017 and submitted to the Minister of Health. On the basis of the audit report's findings, Gavi will require reimbursement of unjustified expense by DRC.

2.8 PCA

- a) A Programme Capacity Assessment (PCA) has been completed in 2016. On the basis of the PCA recommendations, which mainly focused on strengthening assurance mechanisms and the financial management of Gavi grants, the Secretariat is finalising Grant Monitoring Recommendations.

2.9 Programme management

- a) Due to a lack of monitoring at provincial level, the Ministry of Health, with PWC assistance, is recruiting programme managers in 8 provinces. The managers will be responsible for the management of Gavi's grants at the provincial level and for liaising with civil society organisations and other partners to ensure better coordination. The managers will also work closely with the fiduciary agent to ensure effective implementation and use of funds.

2.10 Co-Financing

- a) As part of an exceptional agreement, the World Bank is funding the 2016 co-financing obligation from the Government subject to the government paying its 2015 and 2017 obligations. 2015 arrears were paid in November 2016, payments for 2017 have not yet been made.

3. India

3.1 Country context / key developments

- a) The Government of India announced the budget for the new fiscal year, with an agenda that focuses on “Transform, Energize and Clean India’, including an increase of more than 27% for the year 2017-2018.
- b) For the first time in 15 years, a new National Health Policy 2017 was approved by the Cabinet in March. The Policy focuses on assuring healthcare for all and proposes raising public health expenditure to 2.5% of the GDP in a time-bound manner (from the current 1.3%).
- c) The NITI Aayog (the Government’s policy think tank) along with the Ministry of Health launched a “Performance on Health Outcomes’ index, which will serve as an input for providing performance-based incentives in the States to improve health outcomes. Full immunisation coverage is one of the key indicators.
- d) The Government also announced an action plan to eliminate Measles by 2020, and plans for infant and maternal mortality reduction. Gavi support for measles and rubella contributes to these goals.
- e) Momentum on new vaccines expansions trigger an increased level of anti-vaccine/anti-foreign establishment lobbies. Active media monitoring and risk management is in place.
- f) India entered the accelerated transition phase in 2017, as projected.

3.2 Programmatic updates

- a) The Gavi-supported pentavalent vaccine and IPV programmes were both successfully transitioned to the Government of India in 2016. The average ~US\$ 60 million/year support (~US\$ 280 million over 5 years) has unlocked domestic resources of double this amount per year for these two vaccines, which the Government now self-procures.
- b) The start of 2017 is marked with an unprecedented level of activities in the immunisation programme, and Gavi’s new vaccines support starts to take shape:
 - **Measles-Rubella:** the Gavi-supported first phase of the MR campaign launched in five states (~9% of the 410 million target population) in February. This marked the start of the largest MR campaign in Gavi’s portfolio. Programme challenges included inadequate operational resources and surfacing of anti-vaccine

social media campaigns. The Government is delaying the start of the next phase, to allow sufficient time for planning and course corrections.

- **Rotavirus:** the Government of India self-funded a Phase 2 expansion of rotavirus vaccine in another five states starting in February (reaching ~30% of birth cohort in nine states in total). Planning for the Gavi-supported Phase 3 expansion is underway.
- **PCV:** the Gavi-supported Phase 1 started in three states in May (~8% of birth cohort). Two other states will follow in 2018.
- **IPV:** given positive experiences with the intradermal fractional dose (fIPV) approach in the initial states, the Government switched the entire country to fIPV approach in the first quarter, given the global supply shortage situation.
- **HPV:** one state (Punjab) used its own funding to introduce HPV in late 2016 in two small districts. Further expansion with different delivery strategies in Punjab is planned in 2017. This could be a trend setter with other states following suit ahead of national introduction.

As the new vaccine introductions have taken priority, HSS2 is yet to be finalised. However, given the scale of the domestic budget and the fact that some components of the HSS1 support (demand generation and supply chain) have been granted a no-cost extension, there is no disruption of activities.

- c) In January, Gavi and Unilever announced a new, global partnership to promote immunisation and handwashing with soap. The 3-year partnership will start in India. The scope of the joint programme is being defined

3.3 Market shaping update

- a) Gavi partners have worked together to facilitate the introduction of PCV of a recently pre-qualified 4 dose vial that contains a preservative. The pre-qualification, local licensure and shipment of vaccine to support the launch were all accomplished on an accelerated schedule with excellent support from all parties. Vaccine has been provided through Advanced Market Commitment (AMC) supply agreements where a lower price of US\$ 3.05 effective in January 2017 has been agreed with the manufacturer for the recently prequalified 4 dose-vial of PCV13. This lower price is valid for all procurement through the AMC and brings potential savings of approximately US\$ 16 million from 2017- 2020.
- b) In the pentavalent market, the large volume increase from India and steady demand from Gavi, combined with a healthy supply base, have contributed to a ~50% decrease in the lowest prices awarded by

UNICEF; with both GOI and UNICEF securing similar prices. See Market Shaping Update for detail on results.

- d) Gavi support for MR campaigns was facilitated by procurement through UNICEF as well as a donation from the vaccine manufacturer. UNICEF is currently leading the procurement strategy and tender that will allow for procurement of the Gavi-supported rotavirus vaccine.
- e) The Secretariat and partners together continue to foster relationships with personnel engaged in the supply and procurement of vaccines. Planned interactions include a discussion on supply of JE vaccine from a single manufacturer and opportunity to avoid shortages; information sharing and early planning for the Government on the procurement of PCV; and continued information sharing on the supply of IPV.
- f) Gavi has encouraged and is happy to assist the Government to further develop its communication with manufacturers, building from the meeting held in August 2015 in Delhi. Communication of program accomplishments, plans and needs to both public and private sector manufacturers will help to build a secure base of vaccine supply. Gavi continues regular communication with public sector vaccine manufacturing entities as well as private sector manufacturers who currently supply vaccine for Gavi funded programmes.

3.4 Next steps:

- a) On the programmatic front, the near-term milestones include completion of design of the HSS2 support, MR campaign phase 2 and Rotavirus vaccine phase 3 expansion in late 2017. (See Fig. 1 for timeline and milestones.)

Fig. 1 2017-2018 timeline and milestones

Programme	2017		2018		Key milestone/Update
	1H	2H	1H	2H	
MR vaccine	■	■		■	<ul style="list-style-type: none"> • Phase 1 campaign, Feb 2017 (Gavi-funded) • Phases 2 and 3 campaign, 2017/2018 (Gavi-funded) • Phase 4 campaign, 2018 (Government-funded) • Routine MR procurement continues (Government-funded)
Rotavirus vaccine	■				<ul style="list-style-type: none"> • Phase 2 expansion, Feb 2017 (Government-funded) • Phase 3 expansion, late 2017 tbc (Gavi-funded)
PCV vaccine	■				<ul style="list-style-type: none"> • Phase 1 start, May 2017 (Gavi-funded)
HSS1 support	■				<ul style="list-style-type: none"> • No cost extension to 2017
HSS2 support		■			<ul style="list-style-type: none"> • Proposal approval in Q2 2017 • Implementation start in 2017

- b) The Secretariat will continue to engage and share information with Government officials in both the procurement and the programme departments, seeking to continue a relationship based on mutual sharing of information. Next steps will also include, as requested, assistance to the Government on engaging with manufacturers and securing further procurement savings on PCV based on higher volumes.

4. Nigeria

4.1 Key developments

- a) A new leadership (Executive Director) has joined the National Primary Health Care Development Agency (NPHCDA) in January 2017.
- b) The new Executive Director (ED) visited the Gavi Secretariat in March to share his vision and ambition for the next two years: to re-position NPHCDA so it can fully deliver on its mandate. To achieve this the ED is planning to reorganise the structure of the Agency, to re-deploy Human Resources to states and provinces, and to introduce financial management reforms within NPHCDA. The ED's top programmatic priorities are: i) the strengthening of Nigeria's routine immunisation programme, ii) improving the quality and management of data, iii) polio eradication, and iv) implementing the country's Primary Health Care agenda.
- c) The country entered the accelerated transition phase on 1 January 2017 and is projected to transition from Gavi support on 1 January 2022 under current policies. In this context, the country's cMYP was revised (available as of April 2017) to reflect as close-to-reality as possible the country's immunisation needs and investments for the period until 2021.
- d) A Programme Capacity Assessment (PCA) was completed in December 2016 and the final report has been shared with the Ministry of Health and the NPHCDA. Resulting Grant Management Requirements (which also incorporate recommendations from the 2014 audit) and necessary actions that have to be in place before any disbursements to country can be undertaken are currently being discussed with government counterparts.
- e) The Federal Minister of Health sent to Gavi a letter reiterating the commitment of the Federal Minister of Finance to reimburse the misused fund of US\$ 5.4 million in 2017. The FMOH could not specify the date(s) of reimbursement. Gavi has been informed that the amount has been included in the country's national budget which was passed by the National Assembly on 12 May 2017.
- f) Additional documentation to justify the 2 outstanding audit issues – namely, the validation of fixed assets register and the long standing advances to states and staff – was due on 31st March 2017. A letter from NPHCDA was received a few days prior to the deadline requesting Gavi for a four-week extension to submit said documentation. Given the recent shift in leadership in the NPHCDA, Gavi exceptionally allowed an extension until 30 April 2017. The Gavi audit team was in Nigeria in the week of 1st May, to work with NPHCDA on these, the work is progressing but not yet finalised.

- g) The Nigeria Centre for Disease Control (NCDC) is coordinating a national emergency response to the ongoing cerebrospinal meningitis (CSM) outbreak, which started in December 2016. As at April 17, 2017, 8,057 suspected cases have been reported; 230 (3%) are laboratory confirmed. A total of 745 deaths (9.2%) have been recorded across 6 states — Zamfara, Sokoto, Katsina, Kebbi, Niger, and Yobe.
- h) The International Coordinating Group (ICG) has sent 500 000 doses of meningitis C-containing vaccine to Nigeria to combat the epidemic. The vaccines, funded by Gavi, the Vaccine Alliance, have been administered in Zamfara and Katsina states, which are the worst affected by the outbreak. An additional 820 000 doses of a meningitis C conjugate vaccine – a donation from the UK government to the World Health Organization (WHO) - is being sent to the country.

4.2 Programme update

- a) The country plans a follow-up measles SIA in 2017/2018 targeting 33 million children between 9 months and 5 years of age. Gavi is coordinating a partnership between WHO, UNICEF, BMGF, CDC and the Secretariat to support the country in the development of an optimum mid- and long-term Measles plan.
- b) Although new programmes are on hold until Nigeria has reimbursed the funds identified as misused under the previous audits, the Country Engagement Framework (CEF) was presented to the country and stakeholders. Nigeria is anticipated to apply for HSS2, CCE OP, MSD, additional support for yellow fever campaign and HPV national, a transition grant and a PCV switch grant. Given its transition status 2017 is the last year when Nigeria is eligible to apply for Gavi support.

4.3 Next steps

- a) In order to mitigate fiduciary risks in NPHCDA management of Gavi cash grants, a number of measures will be put in place. They include:
 - An agreed Action Plan of remedial measures based on audit recommendations to strengthen internal controls in the financial management of Gavi grants
 - A Coordination Unit whose principal role and responsibility will be to manage Gavi cash grants -- (based on GMRs that are yet to be agreed with FMoH and FMF leadership)
 - A fiduciary agent to validate improvements in systems and processes, to address financial management gaps and internal control weaknesses, to provide oversight on the utilisation of Gavi cash grants, and to facilitate capacity building within the NPHCDA
- b) Gavi will continue to be engaged very closely with the government and all other in-country stakeholders in the preparation of the CEF process. Gavi will also work to develop a Nigeria strategy to assist the country

achieve its programmatic and financial sustainability goals. A framework of the strategy will be presented to October PPC.

- c) A high-level mission with leadership from across the Alliance is due to visit Nigeria in June this year to further accelerate progress on coverage, equity and sustainability of immunisation.

5. Pakistan

5.1 Country context / key developments

Pakistan is the largest recipient of Gavi support to date, with over US\$ 1,125 million committed until 2018, and one of the largest Gavi-eligible countries in terms of annual birth cohort (over 5 million children). According to the latest Demographic and Health Survey in 2013, only 54% of children receive a full course of every vaccine in the immunisation schedule and 1.35 million children do not receive their 3rd dose of pentavalent vaccine. WHO/UNICEF estimates of national immunisation coverage in Pakistan have been flat lining at 72% for the past years although there are clear signs of progress, in particular in Punjab which accounts for half of the country's birth cohort (a 2016 Punjab Health Survey indicates penta-3 coverage of 85% for children below 12 months). There are substantial inequities in immunisation coverage between and within regions and provinces.

Polio remains a major challenge for Pakistan, which is one of only three remaining countries with endemic polio. It accounts for 2 out of the 5 cases of wild polio viruses detected worldwide to date in 2017 (down from 7 for the same period in 2016). Out of 20 polio cases detected in 2016 in Pakistan, 16 (80%) had never received any routine vaccine doses. This comes after several years of prioritisation of polio over routine and has resulted in enhanced attention to the importance of routine immunisation.

5.2 Successes

- a) There has been recent progress in improving immunisation coverage in Pakistan. There is strong political commitment and leadership with the Chief Minister personally undertaking performance reviews backed by independent surveys and real time data enabled through large scale deployment of technology including the use of Android phones to track absenteeism among vaccinators and immunisation coverage at immunisation sessions. In addition to Punjab, other provinces are also showing signs of progress by addressing major bottlenecks in immunisation delivery and improving their monitoring and accountability systems. Balochistan, for example, has significantly increased domestic financing for immunisation and KP has almost doubled immunisation human resources. Still, progress is uneven between and within provinces.
- b) Vaccine financing and procurement (of co-financing share and non-Gavi supported vaccines) remains a concern following the devolution in 2011. In December 2016 the Cabinet created the possibility of

procurement through UNICEF which, once implemented, is expected to result in timely procurement going forward.

- c) Following commencement of the National Immunisation Support Project (NISP) in November 2016 – which is partially financed through a multi-donor trust fund by Gavi, the World Bank, USAID and Bill & Melinda Gates Foundation - and approval of the provincial PC-1s¹ (in February 2017), significant domestic resources are now invested in routine immunisation and a substantial portion of staff salaries are moved to the recurrent side of the budget. Operational costs are gradually being moved from development side to recurrent side of budget. Vaccine costs are expected to transition to the recurrent side of budget in 2021, following termination of current PC-1.
- d) Pakistan is a PEF Tier 1 priority country and has thus had a High Level Alliance Mission every year since 2015 to mobilise political engagement in routine immunisation. The latest mission took place in February and March 2017 and noted the momentum that has been building up over the last 3 years.
- e) While provinces are making progress, the mission noted inadequacy of availability of human resources in financial management, monitoring and evaluation, and procurement which were to be in place to support implementation of the project. Performance of the NISP will be monitored through bi-annual joint monitoring missions by an agreed results framework, which includes all Gavi core indicators and the World Bank's Disbursement Linked Indicators (DLIs) with tailored targets for each of the provinces.
- f) Pakistan's application to the Cold Chain Equipment Optimisation Platform (CCEOP) was approved with an estimated budget of US\$ 25 million. The co-investment component of same amount will come from NISP resources. In addition, there will be around US\$ 10 million investment on non-CCEOP equipment, bringing the total investment for cold chain to US\$ 60 million in the next 4 years. An ongoing supply chain system redesign exercise is helping the country gain maximum cost-efficiency while addressing equity matters in the design.
- g) Rotavirus vaccine was introduced in 6 districts of Punjab province in January 2017, through self-financing of initial doses, however the national roll-out, supported by Gavi, is delayed due to unavailability of vaccine doses from the manufacturer.

5.3 Challenges

- a) Disparities in immunisation coverage and equity between and within provinces remain a major challenge in Pakistan. While Punjab reaches an overall 86% DTP-3 coverage², districts like Rajanpur and DG Khan

¹ Planning Commission form 1 (Government of Pakistan budget and workplan instruments).

² Government of Punjab, Bureau of Statistics. Punjab Health Survey, round-1, 2016

within Punjab lag behind the rest of province (respectively with 45% and 69%). Sindh and Baluchistan struggle at 50% or below. Delivery of immunisation in urban slums and hard-to-reach areas has been a challenge. Pakistan is selected as a focus country for the coverage and equity work of the Alliance and various strategies are being explored for addressing these challenges with engagement of country stakeholders.

- b) Insecurity in some parts of the country limits programme delivery and outreach. Health staff involved in vaccination, in particular in the polio programme, continue to be the subject of attacks.
- c) The immunisation service delivery system in Pakistan is not yet functioning cohesively, affecting quality of services, access and demand. Funding for immunisation is increasing, however disbursements remain unpredictable, affecting programme sustainability. Staffing allocation is often insufficient and deployment is often suboptimal, short of required skills and competencies. The vaccine management, supply system and cold chain need further expansion and optimisation.
- d) Pakistan continues to have major issues with immunisation data quality. In the absence of a recent census³ and reliable population denominator, administrative coverage lacks adequate validity. Data for monitoring and accountability has improved in parts of the country, in particular Punjab through use of mobile technology, other provinces are exploring use of information technology and mobile phones for improving data quality.

5.4 Learning – past and future

- a) In Pakistan, where health is a fully devolved subject, a province-centric approach to immunisation is more relevant and effective. With the approval of 5-year provincial PC-1s, the commitment of provincial finance ministries to fund immunisation is secured until 2020.
- b) In Punjab, the following factors have been critical to a rapid uptake of vaccines: strengthened routine immunisation through stronger synergy with polio; comprehensive monitoring, supervision and accountability, enhanced use of technology for better collection and utilisation of data; strong commitment of the province's political leadership to bring the various elements together. This experience is being studied and expanded to other provinces. Khyber Pakhtunkhwa province has started applying part of Punjab's experience. Balochistan is the next province to benefit from Punjab's experience by rolling out smartphone based monitoring systems, funded by Gavi.
- c) Partners' capacity to provide timely and effective support has been a concern in Pakistan and is strengthened through the Partners'

³ The latest census dates back to 1998. A new census has started in March 2017.

Engagement Framework - Targeted Country Assistance. A total of 19 staff (11 WHO and 8 UNICEF) is supported by Gavi through Partners' Engagement Framework in 2017, with the majority based in provinces and Areas.

5.5 Next steps

- a) Continue to support the implementation of the NISP, through strong engagement with the federal and provincial governments and bi-annual joint monitoring and supervision missions.
- b) Enhance the role of the National Interagency Coordination Committee to monitor and provide oversight over the implementation of the NISP.
- c) Continue to address equity issues with a focus on delivery of health and immunisation services in urban slums and through learnings from polio.
- d) Launch a Gavi funded, country-wide district level coverage evaluation survey to take stock of progress across all provinces
- e) Support the country's application for measles-SIA in 2017 and development of a 5-year measles/Rubella strategy.

6. Syria

- a) On 8 December 2016, the Gavi Board approved time-limited support for the immunisation of children in Syria, with an annual amount of up to US\$ 25 million for 2017 and 2018 for the procurement of vaccines and cold chain equipment through UNICEF. In accordance with the Board decision, UNICEF, in consultation with WHO and CSO implementing partners, developed a detailed proposal, aligned with the 2017 Syrian Humanitarian Response Plan (HRP) agreed between UNOCHA and the Syrian Government in February 2017. Health partners in the three hubs Damascus, Amman and Gaziantep coordinate the HRP activities per the 'Whole of Syria' approach. The HRP 2017 requirement for immunisation is estimated at US\$ 33.9 million of which US\$ 23 million (68%) is for programme supplies and equipment, including vaccines.
- b) The UNICEF led proposal was submitted to the Gavi Secretariat on 4 May. The proposal is being reviewed by independent experts from the IRC pool. The proposal presents three options for Gavi to support the current national vaccine schedule and procure cold chain equipment. All options are well within the total budget available. It is proposed to implement a cold chain inventory to identify gaps and develop a cold chain replacement plan for the whole of Syria in 2017. This will inform the 2018 cold chain equipment needs. UNICEF, WHO and partners report on HRP results and fund utilisation on an annual basis through a consolidated emergency report. Programmatic reporting of Gavi

grant performance will be done through the Grant Performance Framework on a semi-annual basis.