

Annex E: Update on the progress achieved in the Strategic Focus Areas

In 2015, six Strategic Focus Areas (SFAs) were identified where cross-cutting strategies might be able to deliver transformational impact and lead to improved coverage and more equitable immunisation systems (a new Gavi Engagement Framework for implementing the 2016-2020 Strategy, June 2015 Board). These included supply chain; data; demand generation; leadership, management and coordination; political will; and sustainability. The below provides updates on the progress achieved to date (note that the supply chain update is addressed in the strategy progress update).

1. Data

- 1.1 2016 was the first year of implementing the Data SFA, in which the Alliance detailed its approach to supporting country data strengthening and Special Investments at global / regional levels. The Data Strategy is articulated around three priority areas: Immunisation Delivery, Coverage and Equity (DCE); Vaccine Safety (Safety) and Vaccine Preventable Disease (VPD) Surveillance. Building upon the early learning from 2016, 2017 PEF Special Investments in data will focus on PEF priority countries, incorporate new ways to support country planning and implementation of data strengthening activities, and drive the 'use' of data. These investments will deliver a complementary series of guidance documents, tools and methodologies across DCE, Safety and VPD Surveillance as well as key capacity building activities in the AFRO region. Specific updates on Special Investments in the three priority areas are detailed below.
- 1.2 In addition to direct investments through PEF, the Data SFA has also had key achievements in other areas such as through ensuring Data related guidance is included in Gavi guidelines on PEF, HSS and New Vaccine Support (NVS) and JAs as well as enhanced monitoring of country implementation of data strengthening plans. Being a broad and crosscutting area, the Data Strategy engages individuals from multiple teams within each partner and this has been acknowledged as a challenge. To overcome this challenge and facilitate the Alliance's work in Data, 2016 also saw the initial development of a Data SFA Results framework, a new partner collaboration framework and in 2017 a partner coordination group will be established to better facilitate planning and coordination of Gavi support for country data strengthening. The Results framework and the partner coordination group will be a step change for the Data strategy and facilitate the identification of transformational approaches for future investments in the three priority areas.
- 1.3 **DCE update:** Early achievements in this area include: coverage estimates for first dose of rubella and first dose of IPV available for the first time; development of an EPI module for DHIS2 (District Health Information Software). This year, investments in DCE will yield a methodology for triangulation of various data

sources to strengthen target population estimates; strengthened subnational and official coverage estimates; revised WHO/UNICEF (WUENIC) immunisation coverage estimates; and a methodology for country-led equity assessments.

- 1.4 **Safety update** In addition to capacity building in GAVI-supported countries, 2016 investments in vaccine safety delivered field training materials for AEFI investigation. Future efforts will focus on the development of AEFI guidelines for PEF priority countries and this year the final results from the African Intussusception Surveillance Network will be released.
- 1.5 **Surveillance update** Global coordination and strengthening of sentinel site surveillance networks continued in 2016. Some of the previous surveillance investments will naturally transition in 2017-2018 from Special Investment funding to TCA or HSS, as tools, guidance and methods developed at global or regional levels are used and implemented at country level.

2. Leadership, Management and Coordination (LMC) approach

2.1 Gavi has continued the initial roll out of the interventions aiming at improving leadership, management and coordination (LMC) of immunisation programmes in Gavi-eligible countries, including in the following areas:

- a) Strengthening the structures, capabilities, processes and management practices of **Government EPI teams** at the national level (or sub-national level for devolved structures);
- b) Improving the functionality of **national Coordination Forums** such as Interagency Coordination Committees (**ICCs**); and
- c) Improving **National Immunisation Technical Advisory Groups' (NITAGs)** ability to advise countries on their immunisation programmes

2.2 Strengthening Government EPI teams

- a) In the first half of 2017, the Gavi Secretariat continued to roll out the **Programme Capacity Assessments (PCAs)** and has now communicated Grant Management Requirements (GMRs) to 19 countries. Common findings include:
 - Low level of capacity in several areas such as programme management and oversight, including: poor managerial capabilities and high vacancy rates in EPI teams; suboptimal ICC oversight; poor monitoring, evaluation and performance management by the EPI; low absorption capacity of funds in country and implementation delays of HSS grants; and poor financial management capacities

- The period since March 2016 when the first PCAs were rolled out has been a period of learning and ongoing adaptation. The Secretariat continues to invest in strengthening the quality of the assessments, including through monitoring the capabilities of contractors conducting the reviews; embedding team members in assessment teams; identifying the best sequencing of a PCA vis-à-vis other evaluations such as a Joint Appraisals (JAs) or programme audits; and ensuring more precise scoping of assessments
- b) To address the weaknesses identified through the PCAs, JAs and other processes, Gavi has started to roll out a flexible ‘menu of interventions’ for countries as follows:
- **New Gavi operational guideline for funding HR capacity:** This new guideline (available at www.gavi.org/library/gavi-documents/guidelines-forms/) clarifies that countries in initial self-financing and preparatory transition phases can receive time-limited funding for critical and specific new positions at the management level in (central) governments through HSS funds with strict conditions that will ensure sustainability.¹ The guideline has already been implemented for example in Guinea where new positions will be funded in the future HSIS grant under the condition that the government takes over funding from 2019 onwards.
 - **EPI Management Partner:** this support involves embedding a high calibre professional (‘Management Partner’) with a strong managerial background into the EPI team for a 1-2 year period. The Management Partner assists the EPI team on specific projects and provides day-to-day coaching. Gavi has contracted the **Aspen Management Partnership for Health** to implement this programme in Malawi beginning in June, and is finalising a partnership in Papua New Guinea. Other countries which will benefit from this support including potentially Madagascar, Mali, Sudan and Zambia.
 - **Enhance EPI performance management practices:** institutions with strong experience in this area will support strengthening of an EPI performance management system. The support will focus, for example, on helping countries ensure that follow-up actions are taken to address key operational bottlenecks of the EPI and high-level review meetings are held effectively with key EPI stakeholders. Gavi and CHAI have recently signed a partnership with CHAI to roll out this intervention in Uganda, and are currently concluding negotiations to extend this support to Kenya.

¹ Gavi will not get into the business of building parallel hiring mechanisms over the medium to long term

- **EPI Management Training:** Gavi is currently finalising the selection of a partner to design and implement an innovative training course for EPI managers and core EPI staff. An advisory panel composed of independent experts, Ministries of Health, Gavi partners and Secretariat staff is currently reviewing a short list of applications received from renowned global universities, African management initiatives, and global health implementers.

2.3 Improving the functionality of national Coordination Forums (ICCs, HSCCs or equivalent bodies)

- a) As part of its ‘support package’ to strengthen the Coordination Forums Gavi has published **guidance for Coordination Forums** which include requirements and recommendations regarding their mandates, membership principles and governance. Countries are asked to report their adherence when they apply for new support. Gavi has also published a set of standard tools, including templates for Terms of Reference, agendas, meeting minutes and follow up actions. Countries are encouraged to use these standard tools where appropriate (available at www.gavi.org/support/coordination/).
- b) The functionality of Coordination Forums hinges upon key factors such as clear Terms of Reference, a good understanding of members’ roles and an effective MoH secretarial function. To strengthen these areas Gavi is contracting expanded partners identified through a RfP to **support coordination forums in ~10 countries** (e.g. Pakistan, Chad, Congo Rep.).

2.4 Improving NITAG’s ability to advise countries

- a) Gavi has **worked with expanded partners** to establish and strengthen NITAGs – to facilitate evidence-based national decision making and policy development. Support has included training of MoH staff, NITAG members and partner staff on roles, responsibilities, processes and technical methodologies to assess evidence and develop evidence-based recommendations including on decisions and programme issues related to rotavirus, measles, MR and HPV vaccines.
- b) **Country demand** for technical support to strengthen NITAGs is increasing. In 2016, 16 Gavi countries – 13 in the African region – requested assistance from Alliance partners in their Joint Appraisals; additional support for NITAGs is also provided to transitioning countries via transition grants. Gavi will work with partners and stakeholders to determine an appropriate scope of support for the needs of NITAGs.

2.5 Next steps

- a) The Secretariat has initiated a more comprehensive mapping of the needs identified in country against the appropriate interventions. This will ensure that the available LMC support for EPI teams and Coordination Forums is rolled out in a way that is prioritised and aligned with needs expressed by countries and assistance provided by other partners. The support will be

monitored and assessed using the same standards applied for other assistance provided under the PEF and HSS.

- b) Gavi will continue to engage with countries to identify the specific LMC issues. This will be done through the various processes that have been put in place in the new strategy period, including the PCAs, JAs, and the new Country Engagement Framework (CEF).

3. Sustainability

- 3.1 The Sustainability SFA, through extensive consultations with Alliance partners, has developed its 2017 workplan around the four priority areas endorsed by the PPC in May 2016: budgeting and planning, alignment between immunisation and health financing, resource tracking and procurement of vaccines. The below update will focus on activities at the global and regional levels that are being funded under the PEF to improve sustainable immunisation financing rather than on the Alliance's comprehensive approach to sustainability.
- 3.2 WHO will develop operational guidance to improve the efficient use of available resources for immunisation – particularly relevant given growing fiscal constraints in some countries – and identify best practices on annual immunisation planning and budgeting. Additional work will be undertaken to improve the reporting quality of key immunisation financing indicators by developing an alignment strategy and implementation roadmap to promote greater consistency between data collected using the SHA (System of Health Accounts) 2011 methodology and JRF indicators. The World Bank, in response to a knowledge gap identified through partner consultations, will develop a capacity building curriculum around financial sustainability to enhance the understanding of partners and countries of issues and possible solutions. It will also engage intensely in two select Gavi priority countries to map fund flows and communication channels, and to identify action-oriented plans to remove bottlenecks in the short- and long-term. Lessons will be identified and disseminated in the form of case studies to encourage cross-country learning. In the area of procurement, UNICEF will seek, through the Vaccine Practitioners Procurement Network, to strengthen country capacity to use market analysis information to develop optimised procurement strategies. UNICEF will also establish a database on immunisation budgets and expenditures in select Gavi countries for the period of 2014-2016 to map possible discrepancies between national immunisation budgets, actual execution rates and the values reported in the JRF and cMYPs.
- 3.3 The Sustainability SFA is also supporting greater interaction and collaboration among Gavi countries in the area of transition through a co-investment in the Peer-Learning Network of Gavi transitioning countries, which will bring together select countries undergoing transition to share their experiences, identify common needs and do joint problem solving.
- 3.4 The development of sustainability tracers, another priority of the Sustainability SFA, is also ongoing, in close collaboration with Alliance partners, other SFAs leads and their respective teams. Building, to the extent possible, on currently reported indicators and data sources, sustainability tracers will provide the

Alliance with a common set of markers that will be applied across all countries transitioning after 2020 to assess, on a regular basis, the extent to which the results achieved with Gavi support are likely to be sustainable after transition. As identified by the Sustainability SFA, tracers will be developed along three main dimensions: financing, integration and institutional/human capacities critical for sustainability.

4. Demand Promotion

- 4.1 Revised Programmatic guidance on Demand Promotion (DP) encourages countries to move away from generic ‘awareness raising’ materials to more evidence-based, tailored, targeted, behaviour-focussed packages of DP interventions with robust monitoring and evaluation. The Alliance will use this guidance to support investment decisions for countries applying through the CEF in 2017 and for potential adjustments and improvement of DP activities in Gavi-funded programmes, such through joint appraisals in priority countries with high drop-out and/or other identified demand-side barriers. Demand promotion elements in the PCAs are being reviewed as well.
- 4.2 Working with Emory University the Alliance has completed a review of the latest evidence on the effectiveness of different DP strategies and message designs. A brochure summarising this evidence base and a Powerpoint Tool to facilitate decision making on how to integrate the findings into countries’ routine DP activities will be disseminated in Q2.
- 4.3 The DP SFA group is currently supporting the development of a menu of existing resources on M&E of DP interventions, in order to address the systematic lack of appropriate M&E in the demand space. In addition, a menu of technical assistance activities has been incorporated into the new PEF guidelines for 2017. Spanning support for improved demand-related data collection and research to institutional capacity building and tailoring of messages to specific populations, it should provide countries with a wider range of options to consider as they determine how best to improve their demand interventions.

5. Political Will

- 5.1 Political will work under Gavi’s SFA aims to create an enabling public policy environment for the implementation of Gavi’s 2016-2020 strategy. The focus of the work under this SFA has shifted from the global level to increasingly also seeking outcomes at the regional and national level.
- 5.2 In January 2017 all African Heads of State (54 countries) endorsed the Addis Declaration on immunisation (ADI) during the 28th African Union Summit, through significant advocacy and outreach efforts by the Secretariat and Alliance partners. Gavi is now working with the Africa Union, WHO Africa region, Alliance partners and CSOs on the Roadmap for the implementation of the plan.
- 5.3 At the global level Gavi is also engaged in several activities, including in a push to ensure that increased efforts towards immunisation are included in the Agenda 2030; in ensuring the strengthening of immunisation related resolutions

at the World Health Assembly, G20, G7; and in bringing visibility to the human, economic and developmental value vaccines can bring through linking them to the Sustainable Development Goals (SDGs).

- 5.4 At the national level the Secretariat is currently selecting up to three PEF countries to pilot targeted political will building efforts. Countries are selected based on several considerations, including the status of immunisation high inequities or conflict, countries' transition status, as well as geo-political and national dynamics, such as government policies and legislature, parliamentary committees, party-policy platforms, and the work of CSOs.
- 5.5 In the selected countries, Gavi will develop national tailored approaches outlining country-centric political will building activities. Learnings from these countries will help provide guidance to the Secretariat and develop products for other Gavi-eligible countries.
- 5.6 Commitments made at the global, regional or national levels need to be advocated for and followed up. The Secretariat will therefore continue to work with national level influencers and will track government's progress against commitments made in the area of vaccines.