

COUNTRY PROGRAMMES – STRATEGIC ISSUES

BOARD MEETING

Hind Khatib-Othman

29-30 November 2017, Vientiane, Lao PDR



Reach every child

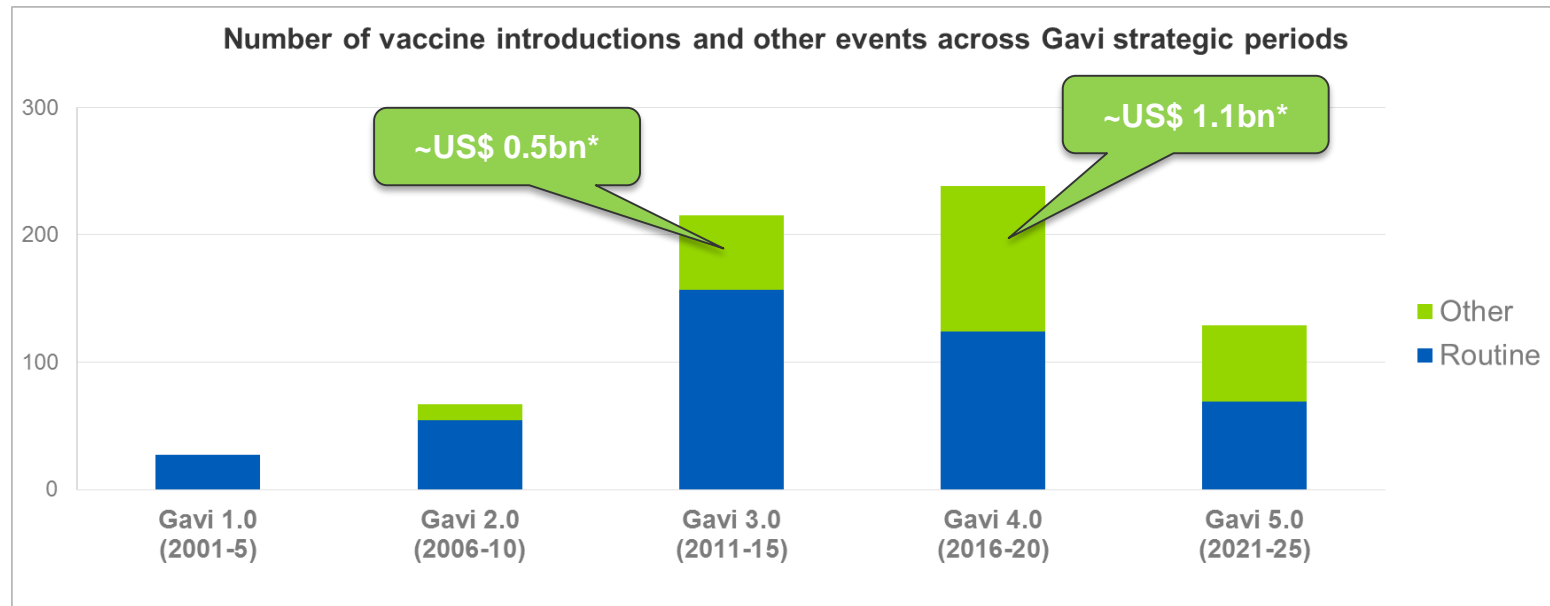
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FOR INFORMATION

Additional actions to ensure vaccination campaigns are supportive of routine immunisation

During 2016-2020, campaigns will account for ~40% to 50% of Gavi supported immunisation events, compared to ~20% in 2011-2015



*US \$ amount invested in other events

PPC endorsed potential approaches to ensure campaigns are benefitting Routine Immunisation Systems

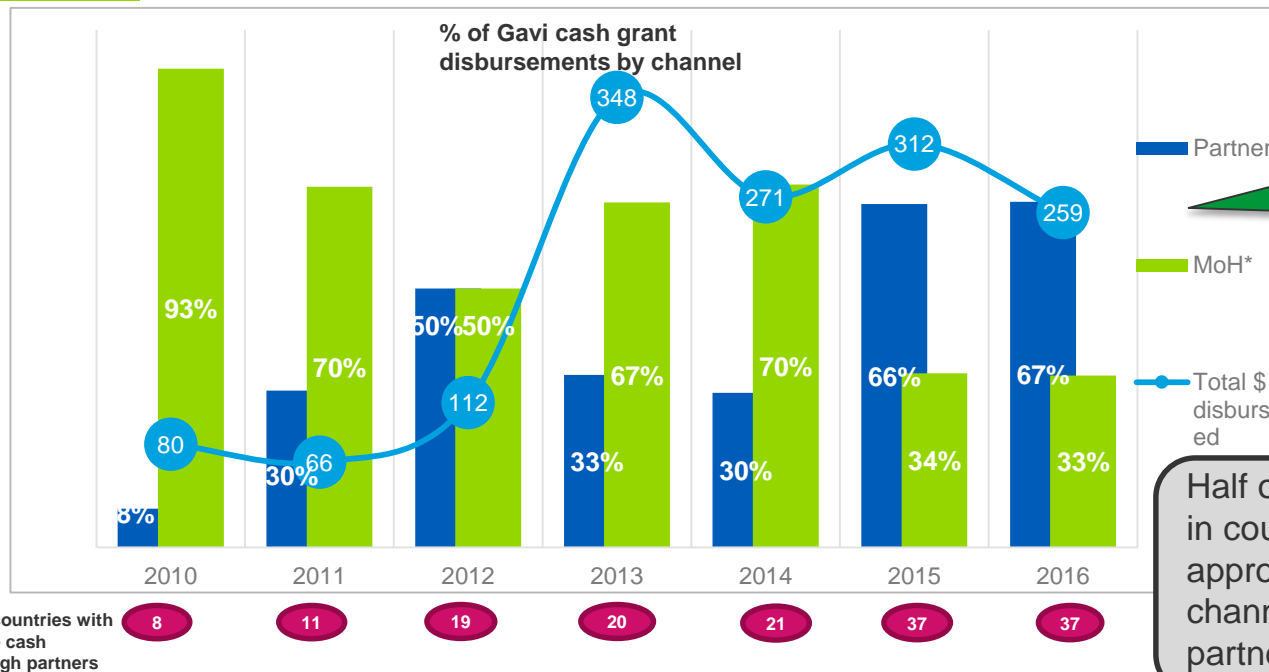
- Programme focus remains on **raising routine coverage** as a **top priority**
- Prioritise **alternative delivery strategies** (e.g. PIRIs or child health days) that improve routine coverage
- Promote **multiple interventions** at the same time
- Explore and evaluate the possibility of funding **expanded partners** with comparative advantages
- Ensure **better planning** of campaigns as well as **adherence to timelines and best practice** in new WHO Field Guide – otherwise no/delay campaign
- Include **interventions that deliberately target the strengthening of RI** in the planning of campaigns

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FOR INFORMATION

Channelling funds away and back to government systems

Two thirds of cash support channelled away from governments in 2016



Funding flow modalities for 34 grants under review

Half of the cash grants in countries approaching transition channelled through partners

*Includes small amounts through providers including SANRU, PWC, Dometic, KPMG, GIZ, Edes, Red Cross, McKinsey
 NOTE: Cash support does not include PEF amounts

Funding modality decisions

Quantitative and Qualitative Criteria

- Misuse
- Demonstration of political will
- Weakness of in-country systems
- Third party assessments
- Effectiveness of available risk mitigation and assurance options
- Impact of suspension on in-country systems
- Other considerations

Risk based assessment by Secretariat

- **Prescriptive** action may be triggered, e.g. in case of credible evidence of pervasive fraud in context of inadequate or unreliable country systems
- In other cases action only taken based on a pro-active, risk and case by case **assessment**, considering a wide range of factors

Country Case Study: DRC

Case study: DRC



Hybrid Solution

- 30% of the cash grants are being channelled through the MoH using an embedded Fiduciary Agent (FA), jointly contracted with the Global Fund and expanded to cover selected provinces, enabling funds to reach sub-national levels with sufficient oversight
- WHO/UNICEF conduct all procurements (50%) and UNOPS delivers construction/renovation works under a turnkey contract (10%)
- A CSO is engaged as a sub-beneficiary of the MoH, with oversight from the FA (10%)

Capacity building efforts; Capacity and performance assessment

Financial management capacity building

- Efforts to strengthen in-country financial/stock/programme management capacity and systems under way, including through Strategic Focus Areas
- Not traditionally core to Gavi's mandate
- Significant scale up needed but unlikely to be a rapid solution

Capacity/Performance Assessment

- Work with Alliance partners underway, but further discussions needed regarding
 - Capacity assessments of in country partner offices to manage additional grants
 - Sharing of relevant information
 - Assessments of programmatic performance

Moving back to government systems

- **Decisions taken on a pro-active, risk-, and case by case basis**
- **Minimum requirements before funds can be moved back to government systems include:**
 - Relevant **Grant Management Requirements** (GMRs) have been addressed
 - Financial management and procurement systems have been assessed as satisfactory through a **follow up PCA-assessment**
 - If applicable, **reimbursement of misused funds** has occurred in accordance with Gavi policies
 - There is **strong political in-country will** to avoid any recurrence of misuse, if applicable
 - **Satisfactory external audit reports** have been received

Secretariat to continue working on establishing appropriate thresholds for moving funding away from governments and on a clear plan, including milestones, for moving funding back to government systems



Country Case Study: Malawi

Case study: Malawi



Transitioning funding back to government

- All cash grants to be channelled through a Programme Implementation Unit (PIU, jointly funded with the Global Fund)
- A Fiscal Agent will provide further oversight on Gavi grants – PIU functionality will be reviewed jointly by Global Fund and Gavi in 2018
- The Fiscal Agent to include programmatic and financial capacity building in its scope of work
- Procurement activities of high value/high risk items to be managed by UNICEF

THANK YOU



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South Sudan – worsening economic and financial situation



Photo credit: Gavi's Senior Country Manager's and Regional Head's visit to Juba during Penta launch, 2014

- Severe macroeconomic challenges and increasing political instability
- Immunisation programme heavily dependent on external financing
- Country paid co-financing in 2014, but could not meet 2015 and 2016 co-financing requirements (Board approved continuation of support in 2016)
- It is unlikely that future co-financing requirements will be met (at least 2017 and 2018)

Gavi to present to the next PPC a medium-term approach to replace reactive approvals of continuation of support despite countries' default status



Campaigns can have positive and negative effects on Routine Immunisation efforts

Potential positive effects of campaigns on RI

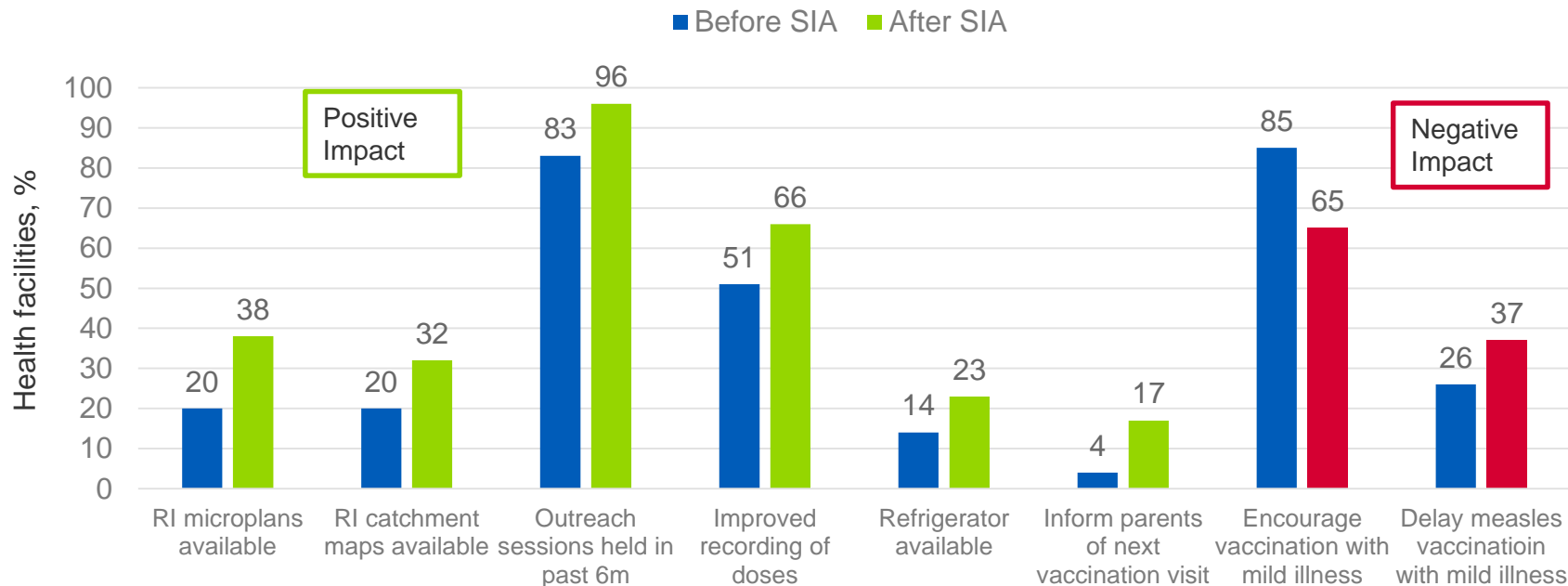
- Promote Coverage and Equity
- Increase population immunity
- Replenish cold chain equipment
- Advance immunisation safety
- Increase political visibility of immunisation
- Increase demand

Potential negative effects of campaigns on RI

- Divert scarce human and financial resources
- Create perverse incentives
- Perpetuate a vicious cycle
- Enhance risk of AEFIs
- Increase fiduciary risk
- Increase resistance from communities to receiving multiple doses

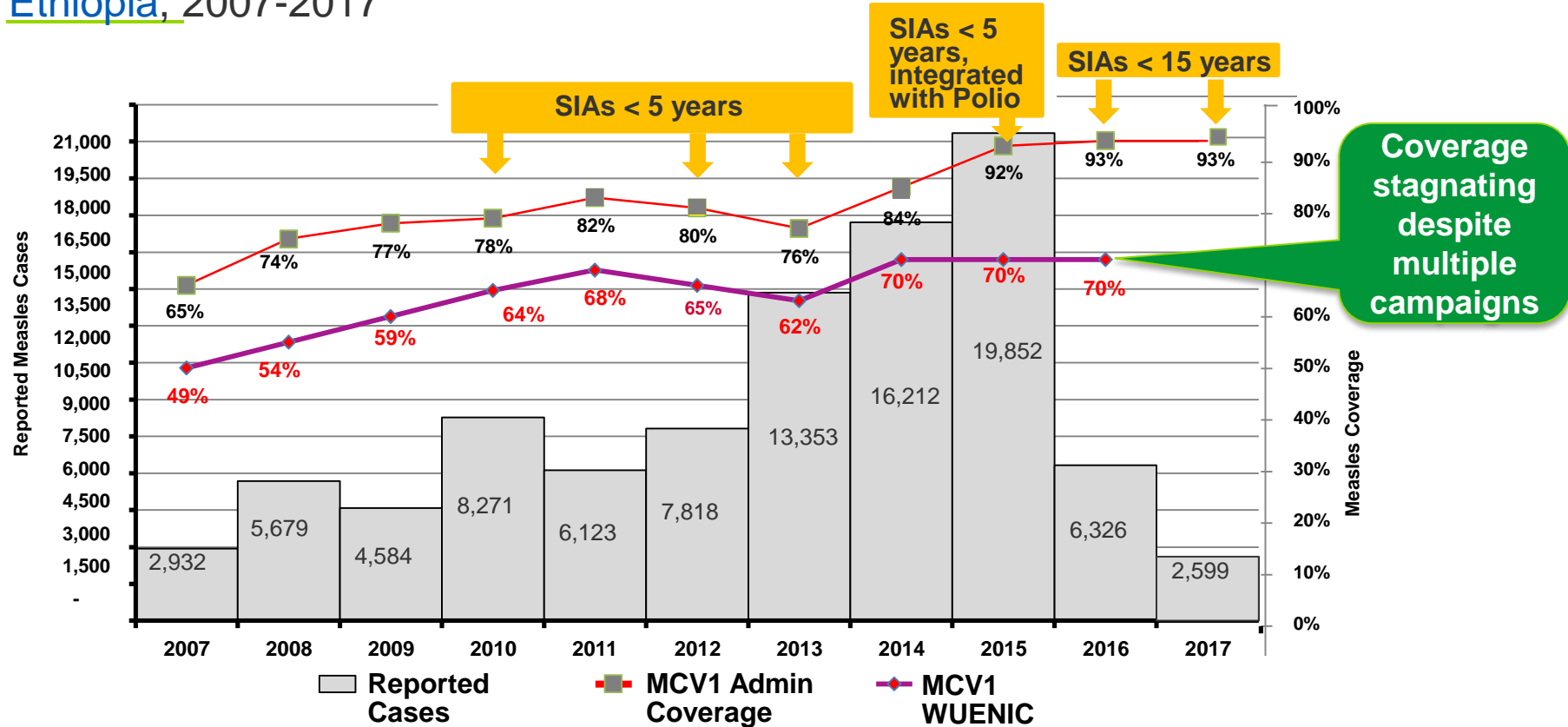
Mainly **positive** effects of campaign observed on routine immunisation in Nepal

Changes in RI system indicators before vs. after 2012 MR/Polio SIA



Multiple national measles SIAs needed to control measles in country with low coverage

Ethiopia, 2007-2017



Multiple and frequent campaigns leave little time for routine services – little improvements in RI coverage



In Nigeria, in 2015-2016, **37 rounds of subnational/national campaigns were conducted** (2 measles, 35 polio*)

DTP3 coverage is <50% (WUENIC) and is at 33% according to latest National Indicator Cluster Survey study

In 2015-2016 OPV coverage remained at <50%, coverage with IPV increased from 30% to 49% (WUENIC)

MCV1 coverage in 2016 51%. Since 2011, this has stayed <55% (WUENIC)

Photo credit: NPHCDA measles follow up campaign 2015 report

* Nigeria is one of the last countries undergoing extensive polio eradication efforts

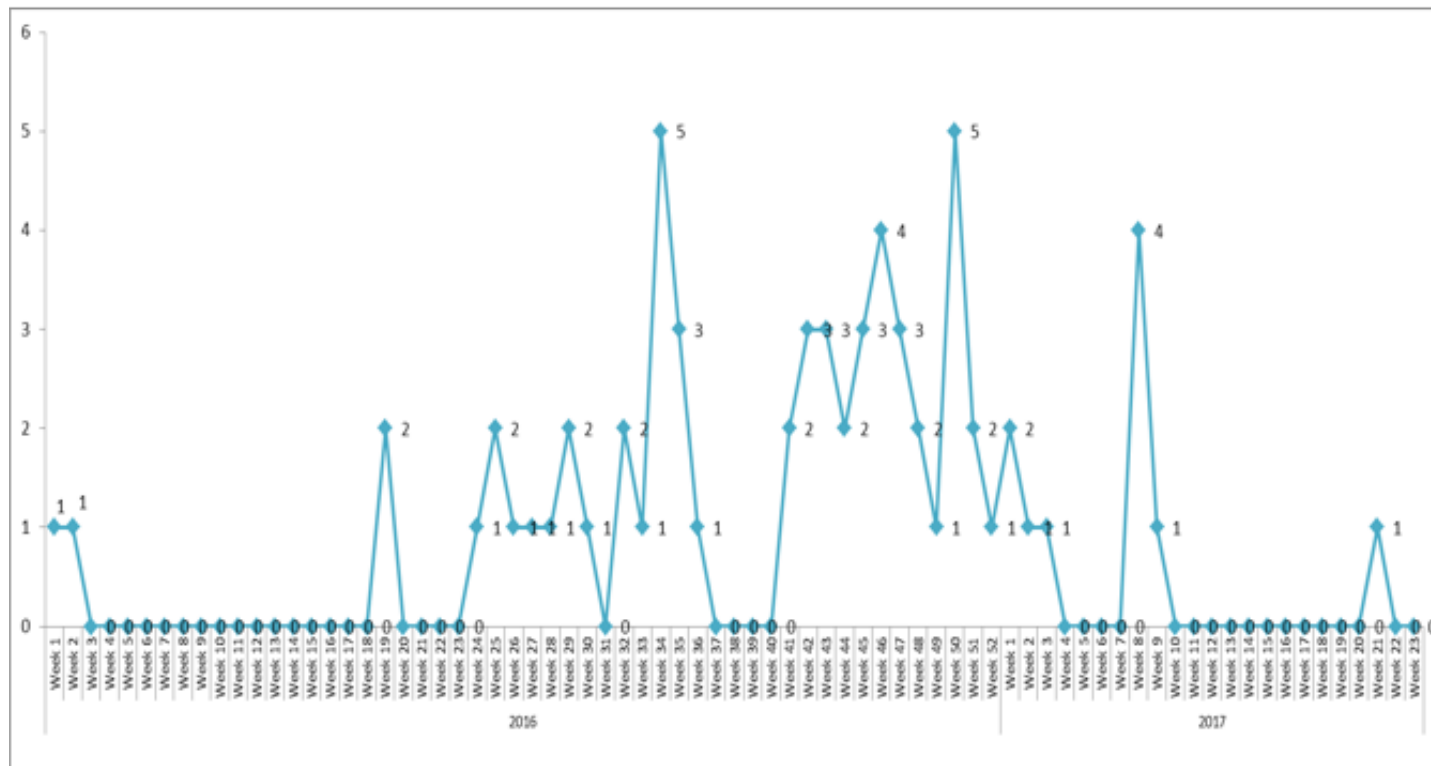
Lessons to be learnt from 2017 MR follow-up campaign in Cambodia

- Campaign advanced to April-May (from September) because of ongoing small outbreaks threatening elimination status
- Post campaign coverage survey found low coverage (74.9%) particularly in areas that had been targeted with 2 prior outbreak response vaccination activities and/or quarterly PIRs
- Possible reasons include:
 - Mothers refusal given multiple previous vaccination activities
 - Guidelines around campaign planning timelines and preparation (e.g., release of funds) were compromised due to the advancement of the campaign

Conclusions

- Strong routine immunisation is key to ensuring high coverage and equity - campaigns should be used to strengthen and supplement routine immunisation
- Campaigns are an important tool in the immunisation armory to rapidly increase population immunity, especially in areas with low coverage/poor health infrastructure
- While fixed post vaccine delivery & campaigns represent two ends of the spectrum, there are a number of hybrid options (e.g., outreach, PIRI, etc.)
- Focus needs to be on improving planning and addressing quality of campaigns and any negative impact on immunisation systems
- Type, scale and duration of campaign needs to be adapted to each country context and linked to risk of disease outbreaks

Epi-curve of measles outbreak, Cambodia 2016-2017(Week-21), N=66



Immunization responses to measles outbreak 2016-2017

