

# COUNTRY PROGRAMMES STRATEGIC ISSUES - ALLIANCE'S PRESENTATION TO THE BOARD

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## BOARD MEETING

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WHO; Hind Khatib-Othman  
10-11 June 2015, Geneva



World Health  
Organization



# 2015 is a transition year

## 1 Implementation of current strategy

- Introductions and new vaccines
- HSS
- Sustainability of financing

## 2 Preparing for implementation of 2016-20 strategy

- Continue with
- Introductions and new vaccines
  - HSS
  - Sustainability of financing



# Main successes and challenges during reporting period

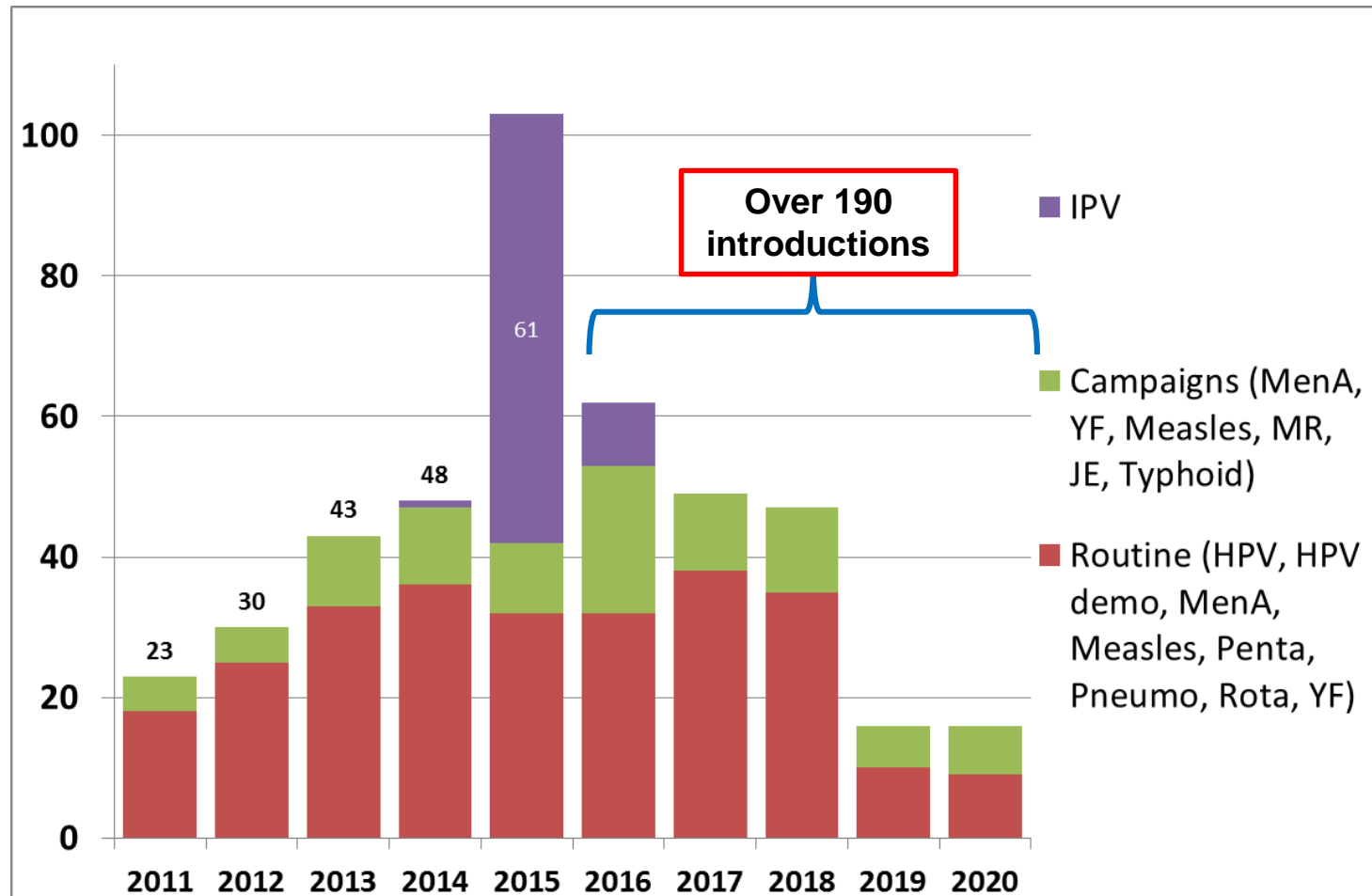
## Successes

- Continued high number of introductions and campaigns
- All expected IPV applications approved, implementation started in 10 countries
- First Japanese Encephalitis introduction in Lao PDR
- Men A application for Ghana's routine immunisation programme
- All 2013 defaulters paid their arrears

## Challenges

- Supply shortages (IPV, Yellow Fever)
- Closing the gap on coverage and equity targets
- Recurrent defaulters
- Emergencies, particularly Ebola
- Vaccine management
- Coordination at country level

# Strategic Goal 1: Continued large number of introductions and campaigns in next strategy period

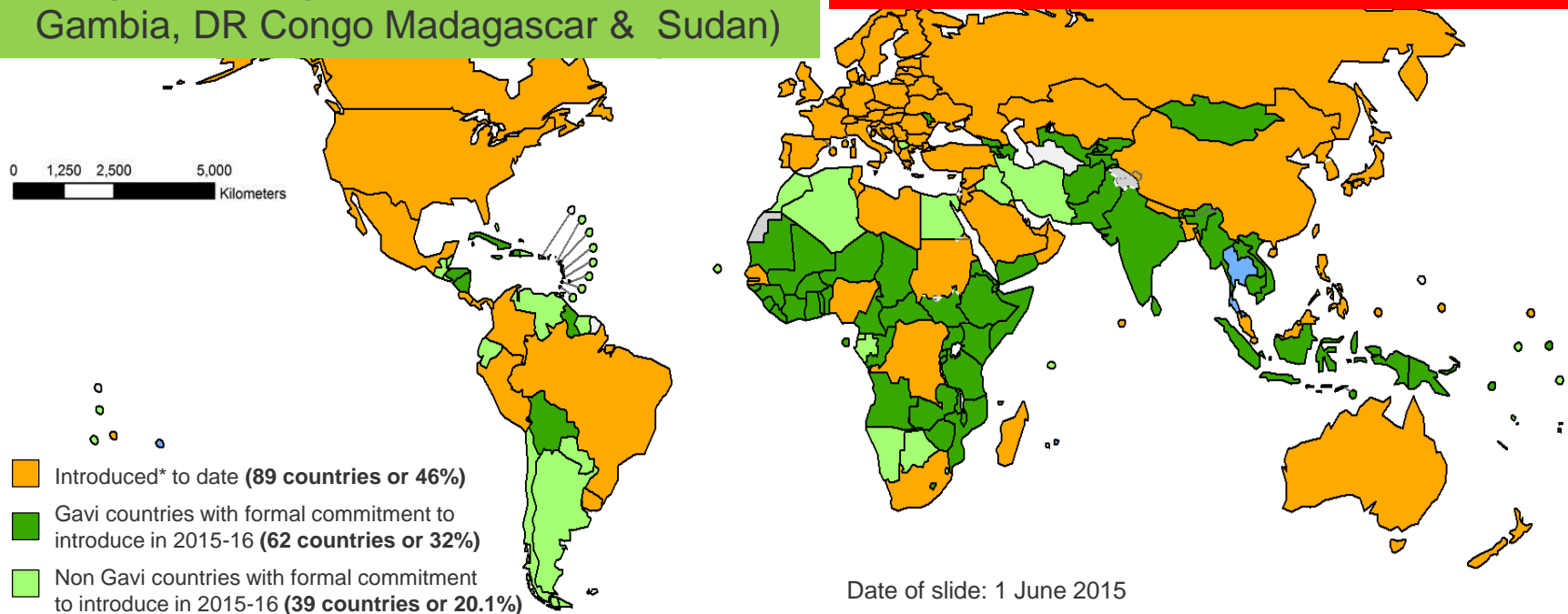


Source: Vaccine Implementation data ; May 2015 introductions plus SDF v11.  
Base Unconstrained intro dates were used for all vaccines except Yellow Fever and Rota

# Strategic Goal 1: IPV introductions: alliance's vaccine support, 2011–2015

- 71 applications approved; 10 countries have already introduced: Nepal, Senegal, Bangladesh, Nigeria, Comoros, DPRK, Gambia, DR Congo Madagascar & Sudan)

- Very tight vaccine supply: High risk countries can introduce in 2015. Lower risk countries will have to introduce during 2016



Date of slide: 1 June 2015

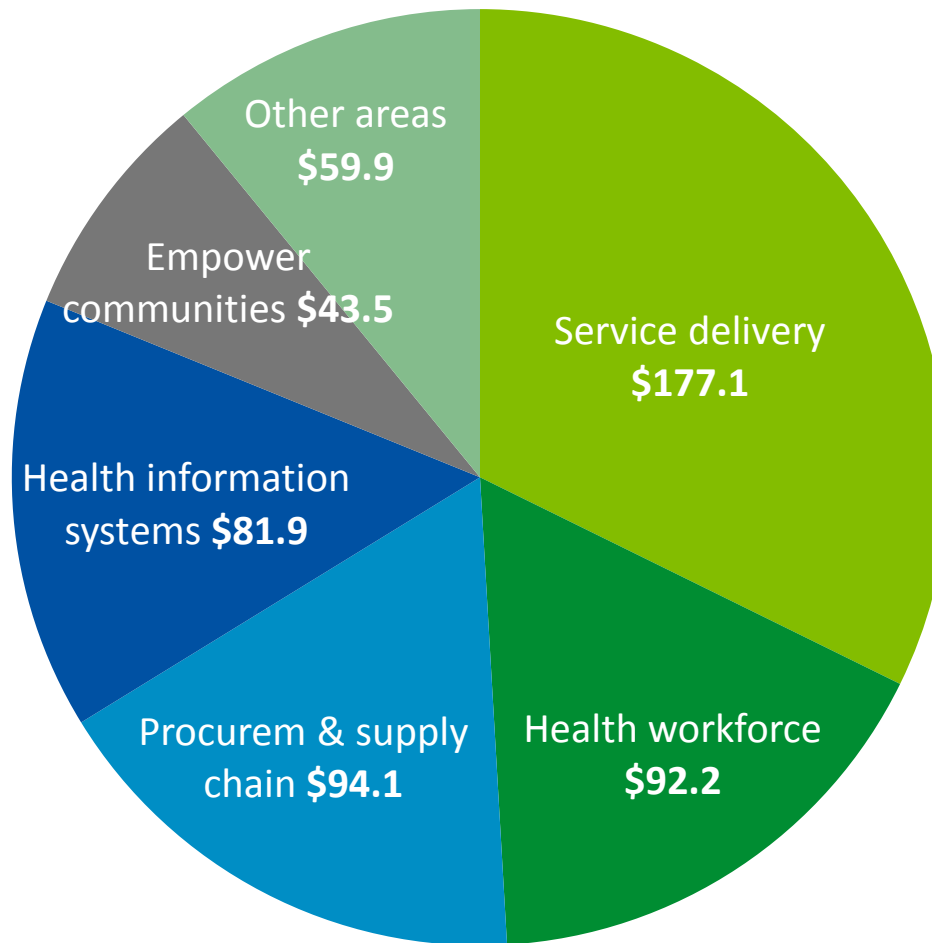
Data source: WHO/IVB Database, as of 1 June 2015

Map production Immunization Vaccines and Biologicals (IVB), World Health Organization

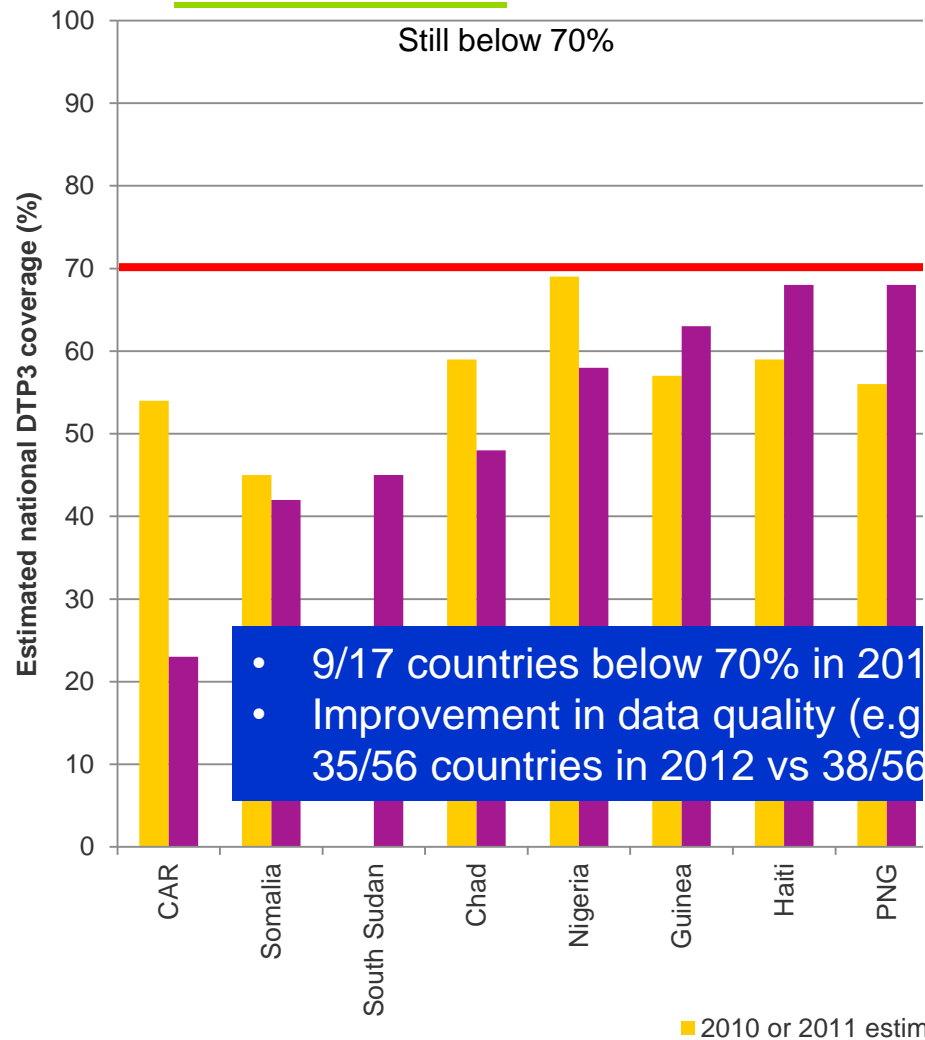
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. ©WHO 2015. All rights reserved.

\* Includes introductions in some parts of the country only

## Strategic Goal 2: Investments of 31 HSS grants recommended for approval, 2011-2014



# Strategic Goals 2: DTP3 coverage in 17 Gavi “low-performing countries”, 2010 - 2013



- Country selected for focus support when 2010 or 2011 coverage was below 70%

# Strategic Goals 2: Shifting the focus to the most marginalised children – reaching every community



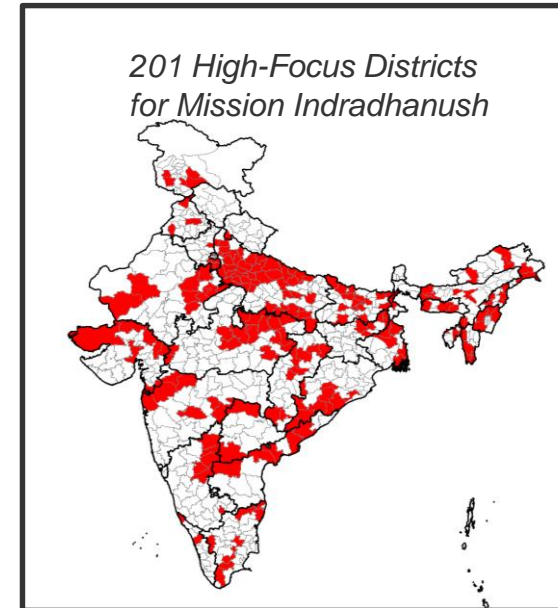
Adapted from WHO



# Strategic Goals 2: India mission indradhanush: From polio to routine immunisation

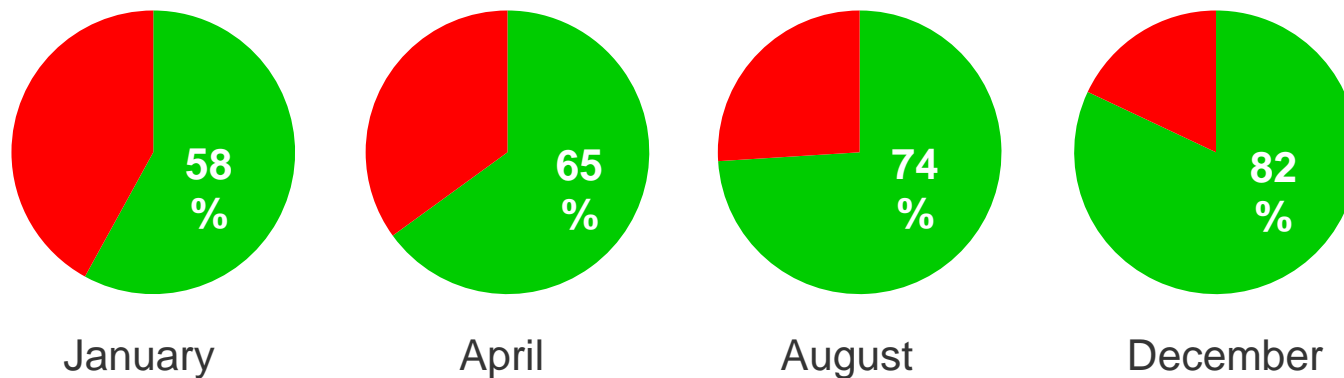
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- Building on Polio Assets
- Linking with GAVI HSS
- Targeted Actions:
  - 201 high risk districts
  - Micro-plans for 400,000 high risk settlements
  - Active engagement polio partners
  - Catch up campaign 4 times/year
  - Communication Strategy
- **Goal: 65% → 90% Coverage (2020) (fully immunised child)**



## Strategic Goals 2: Nigeria use of polio funded staff for routine immunisation supervision

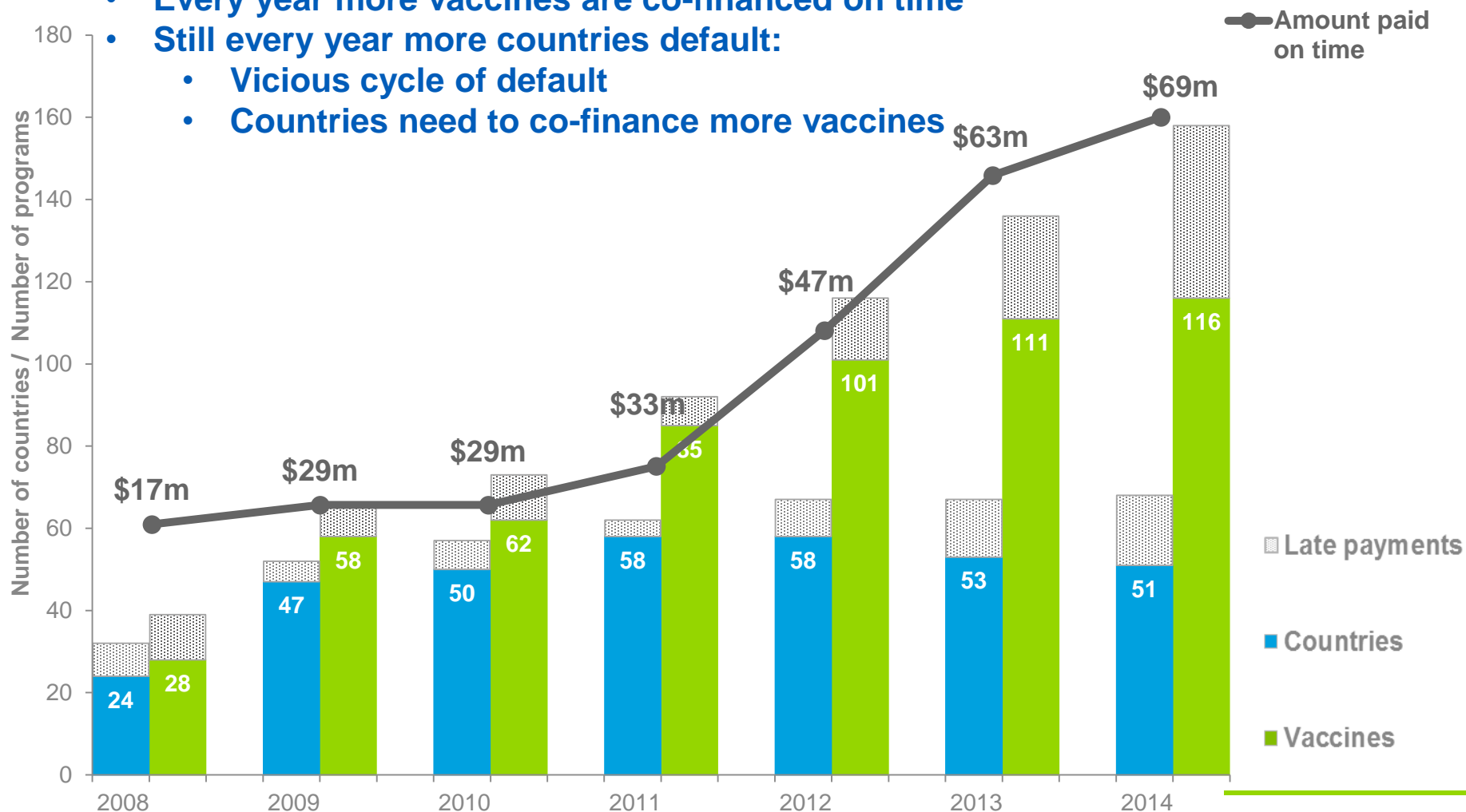
Proportion of supervised health facilities  
where RI sessions were held as planned.



Source: NRTRIS Database

# Strategic Goal 3: Evolution of timely co-financing payments by country and vaccines

- Every year more vaccines are co-financed on time
- Still every year more countries default:
  - Vicious cycle of default
  - Countries need to co-finance more vaccines



## Alliance's in-country work, going forward.

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**THANK YOU**

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