

SUBJECT: ENGAGEMENT WITH COUNTRIES POST-TRANSITION

Agenda item: 06

Category: For Decision

Section A: Introduction

- The purpose of this paper is to respond to the request of the Gavi Alliance Programme and Policy Committee (PPC) and Board to provide a more detailed analysis of gaps and opportunities to sustain and improve programmatic performance post-transition from Gavi support in Angola, Congo Republic and Timor-Leste, and outline actions that the Alliance can take to address them.
- Angola, Congo Republic and Timor-Leste are post-conflict countries that from 2004 to 2014 experienced unprecedented economic growth driven by high commodity prices. In spite of these positive developments, they exhibit continued dependency on commodity exports, weak institutional capacities, and limited human resources. There are signs of improving political will towards immunisation, but these countries remain vulnerable to setbacks in programmatic performance particularly due to weak institutions, inadequate service delivery, and high dependency on technical partners and donors.
- The Secretariat and Alliance partners, in close collaboration with the governments of Angola, Congo Republic and Timor-Leste, identified areas of support and interventions to assist them in addressing these gaps. The PPC reviewed the proposed actions and recommended that the Board approve them as an initial approach of post-transition engagement for these three countries with an additional allocation of US\$ 20 million. The PPC also acknowledged that some of the proposed actions might not be ambitious enough and requested the Secretariat to present robust individual country plans for these three countries to the PPC at its next meeting.

Section B: Engagement with countries post-transition: Angola, Congo Republic and Timor-Leste

1. Introduction

- 1.1 At its Retreat in 2017, the Board conducted a deep dive on the risks related to transition. As a result, five countries were identified as higher risk: Nigeria, Papua New Guinea (PNG), Angola, Congo Republic and Timor-Leste. At its last meeting, the Board requested the Secretariat to engage with Alliance partners in Angola, Congo Republic and Timor-Leste to undertake a more

detailed analysis of the risks to successful transition and to consider options for how these risks could be mitigated by the Alliance.

- 1.2 The Secretariat undertook a comprehensive and inclusive process to inform the recommendations. This process included a desk review of available documents, Alliance-wide missions in each country with representatives from global, regional and country levels, and inclusion of in-country bilateral agencies due to their critical role in the sustainability of the health sector.
- 1.3 Sections 2.2 to 2.10 of this paper summarise for the three countries the context, gaps and needs and actions recommended for approval by the PPC to sustain and improve immunisation programme performance. Annex A presents the sections recommended for approval by the PPC. Additional information on proposed interventions, expected outcomes and milestones is available in Annex B of the PPC paper (available on BoardEffect).¹

2. Analysis and Proposed Approach

- 2.1 **The three countries discussed in this paper did not benefit from substantial Gavi support, receiving only limited health systems investments² or transition support during their engagement with Gavi.** These countries received only 2-3 years of transition support, while other transitioning countries can now benefit from a full 5 years of transition support. The reasons for these countries not receiving substantial Gavi support are mostly linked to Gavi's model at the time. The Secretariat had very limited capacity to proactively engage with countries. Gavi's model has evolved significantly with the introduction of a more country-centric approach, with more Senior Country Managers (SCMs) in place, more robust transition planning and grants, strategic Targeted Country Assistance (TCA), etc. These changes have allowed Gavi to improve and enhance the dialogue and engagement with countries to raise awareness about sustainable and equitable coverage and successful transition. However, these improvements were introduced only at the very end of the transition phase for Angola, Congo and Timor-Leste. Through this review, it has become evident that intensified engagement is starting to demonstrate positive results, just as Gavi support is ending for these countries (all three countries transitioned from Gavi support at the end of 2017).

Angola

- 2.2 **Angola is still recovering from nearly 40 years of conflict that severely damaged the country's infrastructure, public administration and social fabric.** Angola benefited from unprecedented economic growth mainly driven by the oil sector, with an annual average growth rate of 7.9% between

¹ Answers to the five questions from the PPC and Board and additional analysis and detailed description of risks for each country are available on BoardEffect (Appendix 1 and 2 respectively).

² The average HSS investment per surviving infant in Angola and Congo was US\$ 5 and US\$ 30, respectively, compared to US\$ 50 in non-transitioning countries. Even in Timor-Leste, which received US\$ 72 of HSS investments per surviving infant, it is important to consider its unique circumstances as a very young, post-conflict country, with significant infrastructure development needs.

2004 and 2014. The country is now facing severe economic headwinds with the drop in the price of oil, its main economic driver. Angola's health system is weak with substantial under-investment in Primary Health Care (PHC) resulting in PHC facilities being in an advanced state of disrepair (lack of water, electricity, cold chain, etc.). Demand for immunisation also remains very low, and there are still significant issues in skills and capacities in the EPI programme and the health sector. It has been a serial defaulter on co-financing commitments with low and declining coverage levels (penta3 at 64% in 2016), and difficulties in preventing outbreaks (recent Yellow Fever outbreak). As a result, Angola is **amongst the ten countries with the highest number of under-immunised children**, with a striking equity challenge: 78% of these children are concentrated in 26 out of 166 districts, mostly in urban and peri-urban areas.

- 2.3 **The government has shown important signs of greater commitment to tackling this situation.** This renewed political engagement has already been reflected in financial commitments by the government, which has moved from being a recurrent defaulter to fully self-financing all vaccines. The government is also prioritising investments in PHC, including negotiating a World Bank (WB) loan of US\$ 110 million (on standard, non-concessionary IBRD terms) on service delivery and decentralisation for maternal and child health improvements. The government has also committed to recruiting and training 1,000 additional health workers, 700 of which have already been deployed to the decentralised level.
- 2.4 The following initial approach by the Alliance is proposed to support ongoing efforts:
 - a) **Advocacy and political will:** Increase Alliance efforts with a multi-year, comprehensive advocacy strategy complemented with embedded technical assistance at directorial level in the Ministry of Health to support planning, budgeting and decision-making for immunisation.
 - b) **EPI and human resources capacity building:** Implement a capacity building approach with new partnerships for critical areas of the EPI at national level and immunisation service delivery at sub-national levels, including: (i) a tripartite partnership with universities and governments in Brazil, Angola and Sao Tome to combine tailored academic and professional twinning (with the Learning Network for Countries in Transition (LNCT)); (ii) the introduction of the successful private sector Strategic Training Executive Programme (STEP) to train logisticians; and (iii) a peer to peer capacity building programme on vaccine procurement (LNCT/UNICEF SD).

- c) **Strengthening service delivery to the under-immunised:** Boost immunisation coverage in 18 priority urban districts (with the highest number of the under-immunised) through an urban strategy that composes of: (i) co-investing in the WB project to strengthen governance and financing of immunisation services at sub-national level and to influence the selection of the project's districts to the ones with the largest number of under-immunised (the project is currently targeting only 2 out of the 18 districts with the most under-immunised children), (ii) cover all cold chain needs in these districts through a one-off investment in equipment and strengthening vaccine tracking and stock management (with UNICEF and private sector partners such as Logistimo via the Gavi INFUSE programme), (iii) increase demand for immunisation services in these districts by partnering with a telecommunication company and UNICEF to enrol all children with an SMS reminder, (iv) improve data quality by contributing to the District Health Information System 2 (DHIS2) rollout through a one-off investment in these 18 districts to complement WB and Global Fund investments in other districts.

Congo Republic

- 2.5 Although it is one of Sub-Saharan Africa's main oil producers, the Congo Republic has been unable to transform economic growth into better access to basic services. **Nearly half of the population lives in poverty, a situation that is exacerbated by falling oil revenues.** Government health expenditures have been historically low and focused mainly on tertiary care to the detriment of PHC and immunisation. **Due to the under-investment in PHC, health facilities are deteriorating** and only one third of available cold chain equipment meets WHO standards. Moreover, **funding is often not available on a timely basis at facility level** to deliver immunisation services (e.g. conduct outreach activities). **Also there is limited capacity at the EPI programme and service delivery level.** The country was a recurrent Gavi co-financing defaulter and is now experiencing declining immunisation coverage (falling from 90% in 2014 to 80% in 2016 according to WUENIC but official government estimates suggest coverage is nearer 70%).
- 2.6 **The Government has shown initial signs of greater commitment to addressing these challenges.** After intensive high-level Alliance advocacy and policy dialogue with national authorities, 11% of the 2018 budget is now allocated to the health sector, compared to less than 5% over the past years, including a well-funded EPI budget line. The government has also launched focused efforts to revitalise the PHC network throughout the country.
- 2.7 The following initial approach by the Alliance is proposed to support ongoing efforts:

- a) **Advocacy and political will:** Intensify efforts with a comprehensive multi-year advocacy strategy which includes high-level Alliance missions, continuous follow-up in global and regional events and technical missions, and increased targeting of Ministry of Finance. Advocacy would be complemented by new embedded technical assistance at the planning department in the Ministry of Health.
- b) **EPI and health workers capacity building:** Strengthen EPI capacity in management and procurement. For management, expand the approach utilised to strengthen the management of the ICC to the EPI (using an extended partner); and for procurement, introduce peer-to-peer capacity building (LNCT /UNICEF SD). It is also proposed to partner with the *Agence Française de Développement* (AFD) and the national training centre (CIESPAC) to adapt training curricula for national and subnational levels to address identified human resources bottlenecks (insufficiently trained, rapidly aging health work force).
- c) **Strengthening supply chain:** Supplement Gavi HSS efforts in cold chain with a one-off investment to procure cold chain equipment for approximately 350 facilities and finalise upgrading cold-chain throughout the whole country, including facilities under the PHC rehabilitation strategy. The equipment would be complemented with the training of logisticians with the STEP training programme.
- d) **Demand promotion:** Scale-up the Technology for Demand (T4D) demand promotion project. This SMS reminder project, supported with Gavi HSS and aimed at boosting immunisation coverage, has already shown promising uptake after a relatively short period of implementation (almost a quarter of the birth cohort enrolled after 6 months of implementation). The scale up will aim to reach all children by 2020.
- e) **Explore options** to leverage the existing **WB project** to tackle district-level bottlenecks to prioritise and execute domestic financing for the delivery of immunisation services (the WB project reaches 48% of the population).

Timor-Leste

- 2.8 **Timor-Leste is a relatively young country – only becoming a sovereign state in 2002 – and still recovering from conflict**, with many of its institutions not yet fully formed. Since independence, Timor-Leste has experienced high economic growth but this has slowed in recent years due to high dependence on petroleum resources, amidst falling global prices and depleted oil fields. Gavi's support has been critical for improving the overall performance of the programme and to fill acute capacity gaps. However, **the EPI programme is still heavily reliant on partner support**, with partners not necessarily resourced to sustain support. Despite efforts to train new health personnel, the sector in general suffers from **a lack of staffing capacity as well as a lack of skilled personnel**. Inadequate cold chain coverage due to gaps in electricity in remote areas also hold back

improvements to immunisation coverage. Progress on DTP3 coverage has been insufficient and remains uncertain (2016 WUENIC estimate of 85% compared to the latest DHS survey indicating a coverage of 62%).

- 2.9 **The government has recognised the importance of investing more in the social sectors, including health.** It has consistently demonstrated high political commitment to immunisation by never defaulting on co-financing payments and, although it has introduced only the pentavalent vaccine out of the core Gavi vaccines, it is interested in introducing a rotavirus vaccine and has already independently procured vaccines to conduct a measles-rubella (MR) follow-up campaign. The government also prioritised investments in PHC, by rehabilitating PHC facilities and recruiting and training 1,000 additional health workers in Cuba.
- 2.10 The following initial approach by the Alliance is proposed to support ongoing efforts:
- a) **EPI and health workers capacity building:** bolster partner capacity to train and transfer skills (in addition to gap filling) to the EPI in key areas, such as cold chain management (mainly through UNICEF) and EPI management (twinning arrangement with Sri Lanka supported by WHO). Efforts would also seek to strengthen the long-term sustainability of capacity building of health workers by adding a focus on immunisation needs to initiatives supported by bilateral partners (e.g. USAID's and others' efforts to strengthening the country's own health training institute (INS) and the Australian government-funded Partnership for Human Development).
 - b) **Catalytic vaccine support:** Timor-Leste has previously introduced four vaccines on its own but the quality of past introductions, as evidenced by post introduction evaluations, did not match those carried out with Gavi support. Gavi catalytic support and processes for the rotavirus vaccine introduction and MR campaign would provide an opportunity to mitigate the risk of a poorly managed introduction and campaign, and would help to achieve health impact through improvement in population immunity and strengthening of routine immunisation.
 - c) **Strengthening supply chain:** Complement Gavi HSS efforts by procuring cold chain equipment and solar cold chain for about 75 health facilities to finalise upgrading the cold-chain throughout the whole country. The investment in equipment would be one-off support but the training of logisticians (above) and maintenance would require longer-term efforts.
 - d) **Strengthening governance/institutions:** Further strengthen the NITAG and the emerging National Regulatory Agency (NRA) by co-investing with Australian institutions – which commenced under the transition plan – to provide an opportunity for continued strengthening of immunisation governance and evidence-based decision-making in a cost-effective manner.

- 2.11 The PPC reviewed the proposed actions and recommended them for Board approval as an important first step to help address critical institutional capacity gaps and service delivery constraints that jeopardise the sustainability of immunisation programmes in Angola, Congo Republic and Timor-Leste. To fund these activities, the PPC recommended an additional allocation of US\$ 20 million. The PPC acknowledged that the proposed package of actions might not be ambitious enough and that some activities will need to extend beyond 2020 to ensure financial and programmatic sustainability of immunisation programmes in these three countries (e.g. advocacy efforts, institutional development and capacity building of human resources). Therefore, PPC requested the Secretariat to develop robust individual country plans, with associated costs, for PPC review at its next meeting.

Section C: Actions requested of the Board

The Gavi Alliance Programme and Policy Committee recommends to the Gavi Alliance Board that it:

- a) **Approve** the initial approach to post-transition engagement in Angola, Congo Republic and Timor-Leste set out in Annex A to Doc. 06;
- b) **Approve** within the overall Partners Engagement Framework an additional amount of US\$ 20 million for the engagement of post-transition support for Angola, Congo Republic and Timor-Leste for the period of 2018-2020; and
- c) **Request** the Secretariat to present robust individual country plans for those three countries to the PPC at its next meeting.

With respect to (a) above, please note that Annex A replicates Sections 2.6-2.16 of Doc 06 to the PPC that the PPC recommended for Board approval.

Annexes

Annex A: Sections recommended for approval by the PPC

Additional information available on BoardEffect

Appendix 1 (in May 2018 PPC meeting book): Annex A to Doc 06 *Implications/Anticipated impact*

Appendix 2 (in May 2018 PPC meeting book): Annex B to Doc 06 *Mitigation strategies and expected outcomes and milestones*

Appendix 3 (in PPC Library – Additional materials for May 2018 meeting): Appendix 1 to Doc 06 *Specific Questions from PPC for Angola, Congo Republic and Timor-Leste*

Appendix 4 (in PPC Library – Additional materials for May 2018 meeting): Appendix 2 to Doc 06 *Detailed Analysis of Risks for Angola, Congo Republic and Timor-Leste*

Appendix 5 (in PPC Library – Additional materials for May 2018 meeting): Appendix 3 to Doc 06 *Investment Framework*