



Gavi Full Country Evaluations

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Full Country Evaluations Technical Briefing

Tuesday, 9 June 2015

Outline

- Overview
- Key Findings
 - New vaccine introductions
 - Human papillomavirus (HPV) vaccine
 - Health system strengthening
- Use of Gavi FCE findings
- Gavi FCE in 2015-16

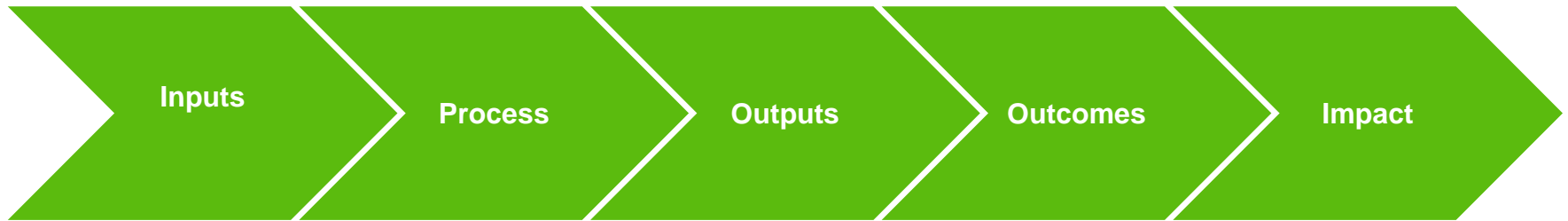
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Gavi Full Country Evaluations: Overview

- Conducted in four countries:
Bangladesh, Mozambique, Uganda, and Zambia
- Goal: Examine and quantifying barriers to and drivers of immunization program improvement, with emphasis on Gavi, the Vaccine Alliance
- Evaluates all relevant Gavi support across all phases
- 2013-2016
- Consortium of partners

Prospective monitoring & evaluation platform



Resource tracking

Observation
Document review
Key Informant interviews

Health facility surveys
HMIS

Household surveys
DBS
Small-area estimates

Vaccine effectiveness

Systematic secondary data analysis with complementary primary data collection

Principles of the Gavi FCE

- **Harmonizing** monitoring and evaluation activities in each country by leveraging and integrating available data;
- **Strengthening country ownership and capacity**, by partnering with in-country institutes and undertaking shared learning activities; and
- **Providing timely, regular, and systematic feedback** to countries, Gavi, and partners.

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Gavi FCE evaluation in 2014

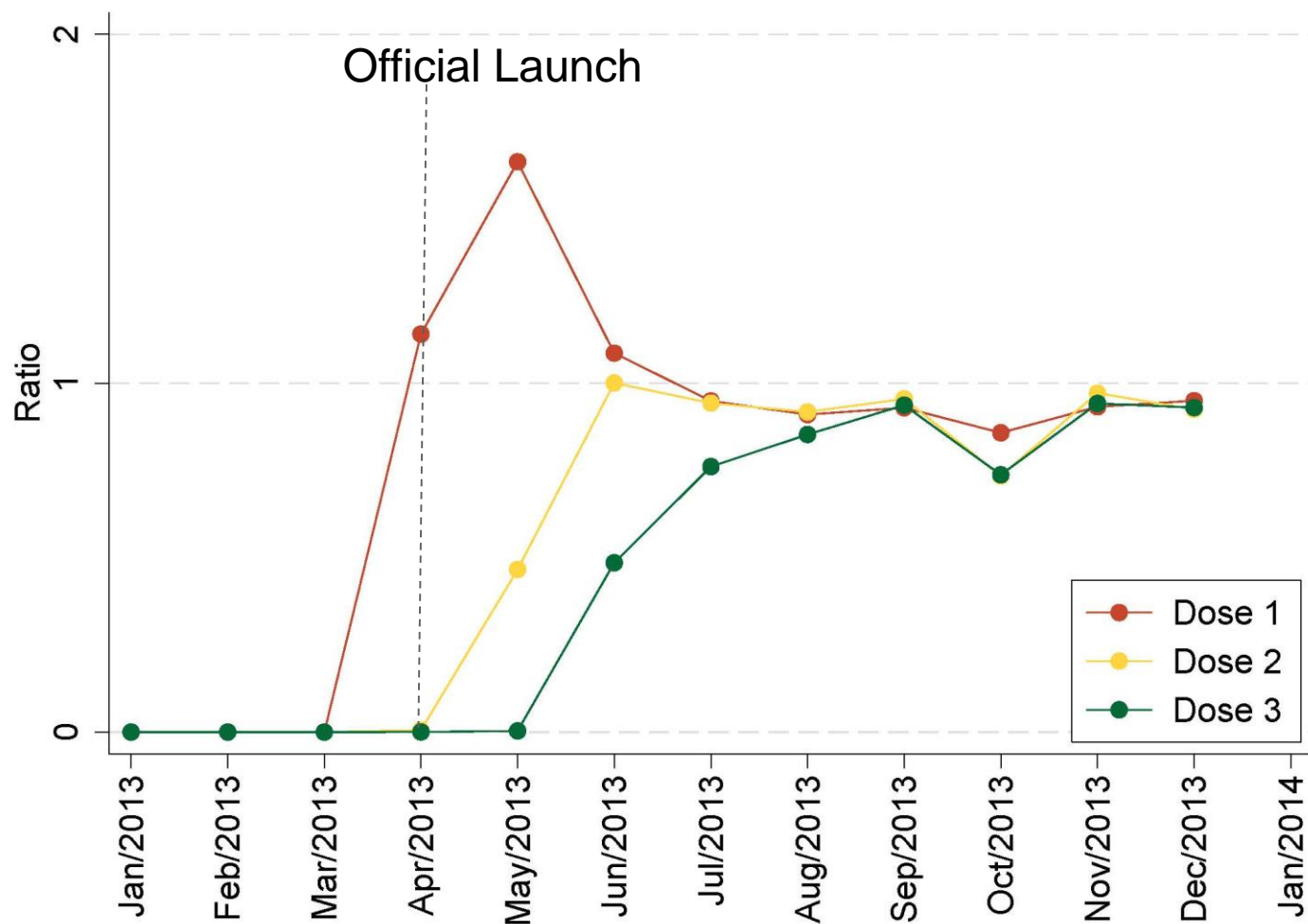
Stream of funding	Mozambique	Uganda	Zambia	Bangladesh
PCV	X	X	X	X
Rotavirus vaccine	X		X	
Measles second dose	X		X	
Human papillomavirus vaccine	Demo	National		Demo
Inactivated polio vaccine	X	X	X	X
Measles-rubella Campaign				X
Cash-based support through Health Systems Strengthening	X	X	X	X

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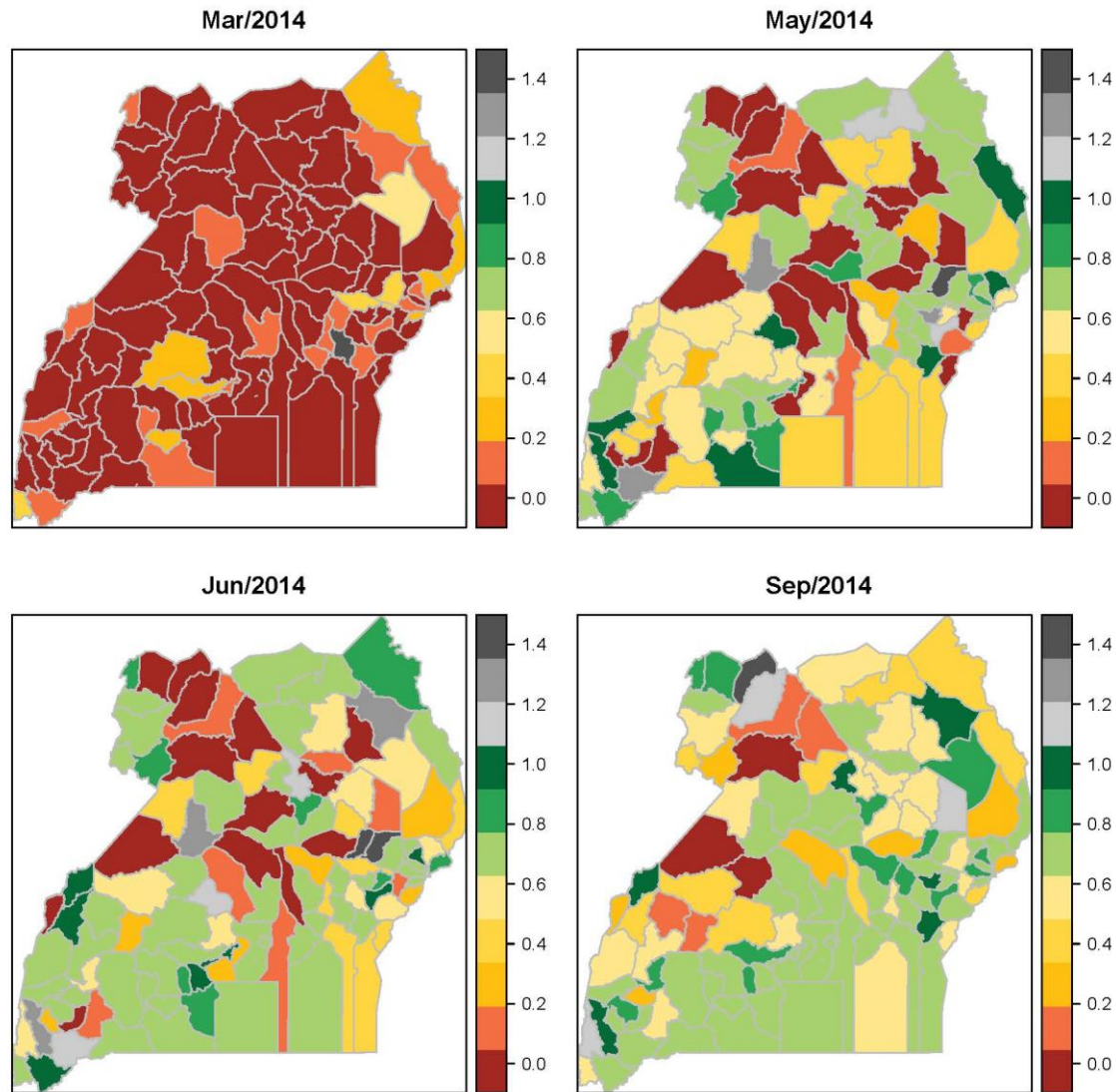
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Mozambique PCV:Pentavalent ratio

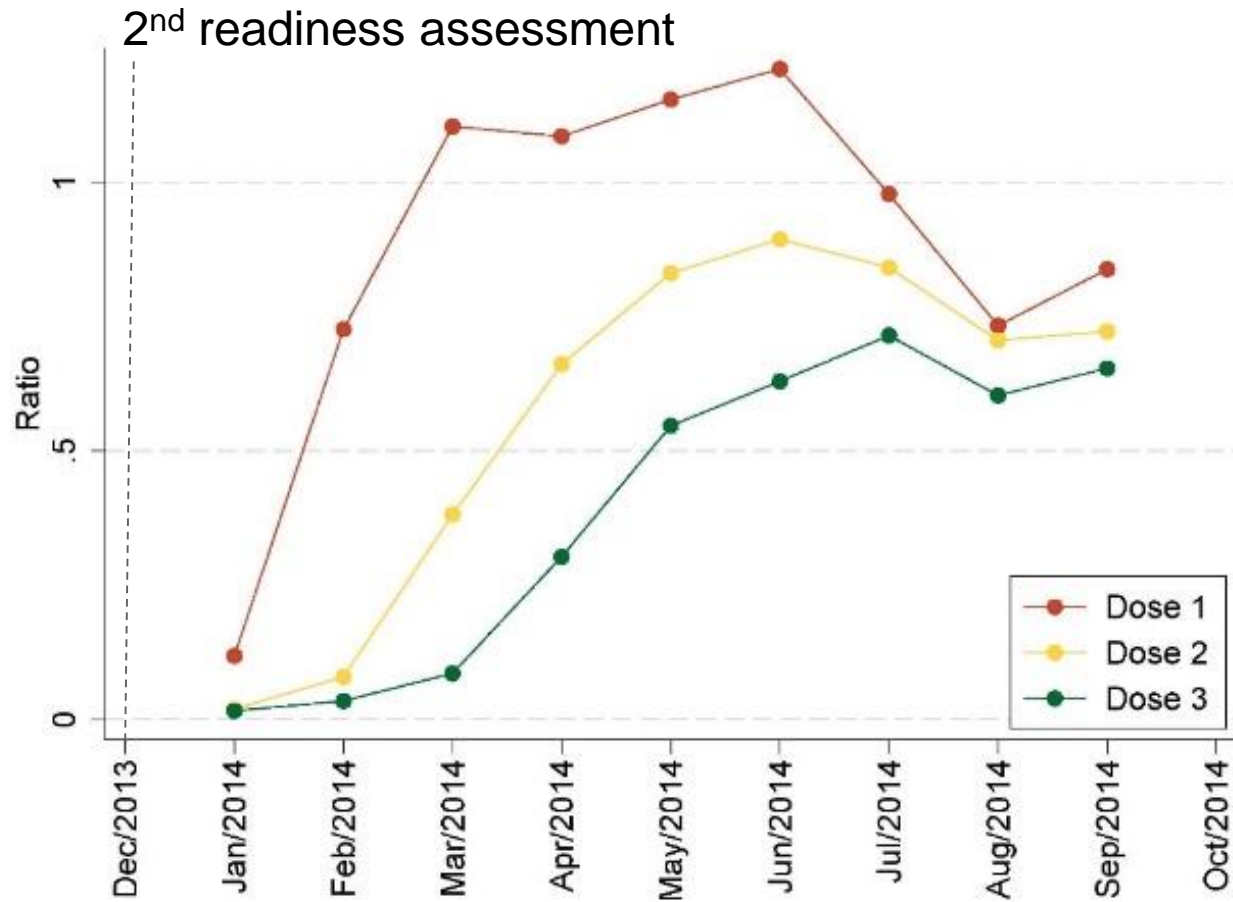
A ratio of 1 indicates that PCV has the same number of doses delivered as pentavalent vaccine



Uganda PCV3: Pentavalent3 ratio by district



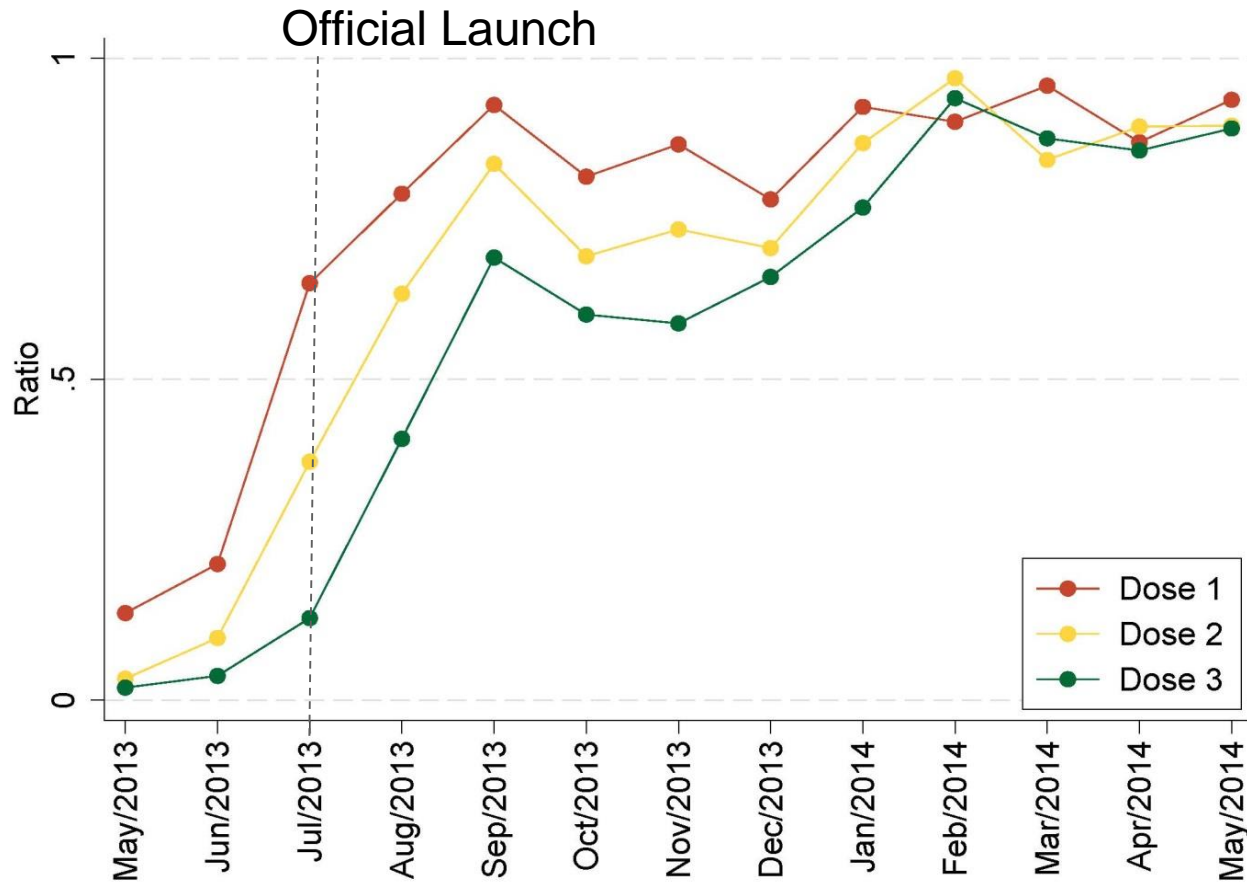
Uganda PCV:Pentavalent ratio



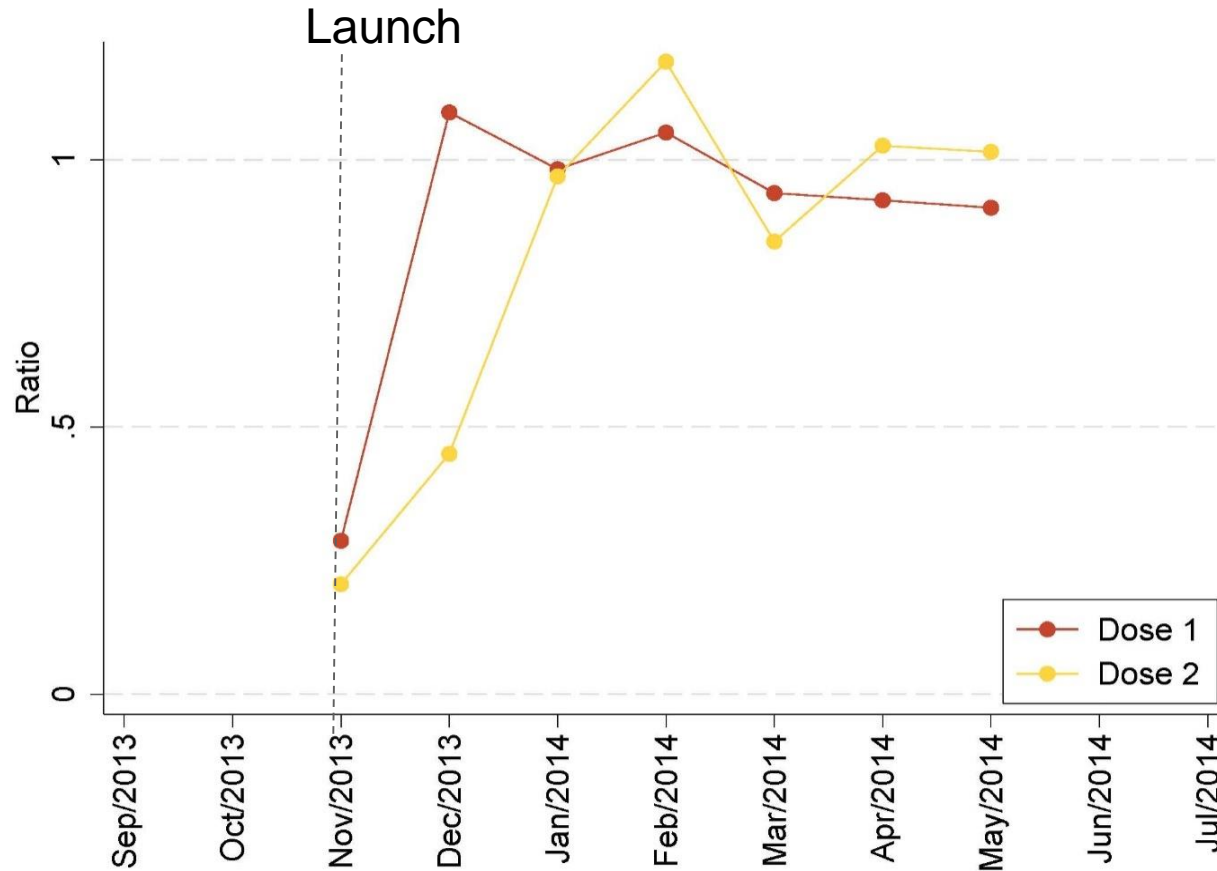
PCV stock-outs in Uganda (Q4, 2014)



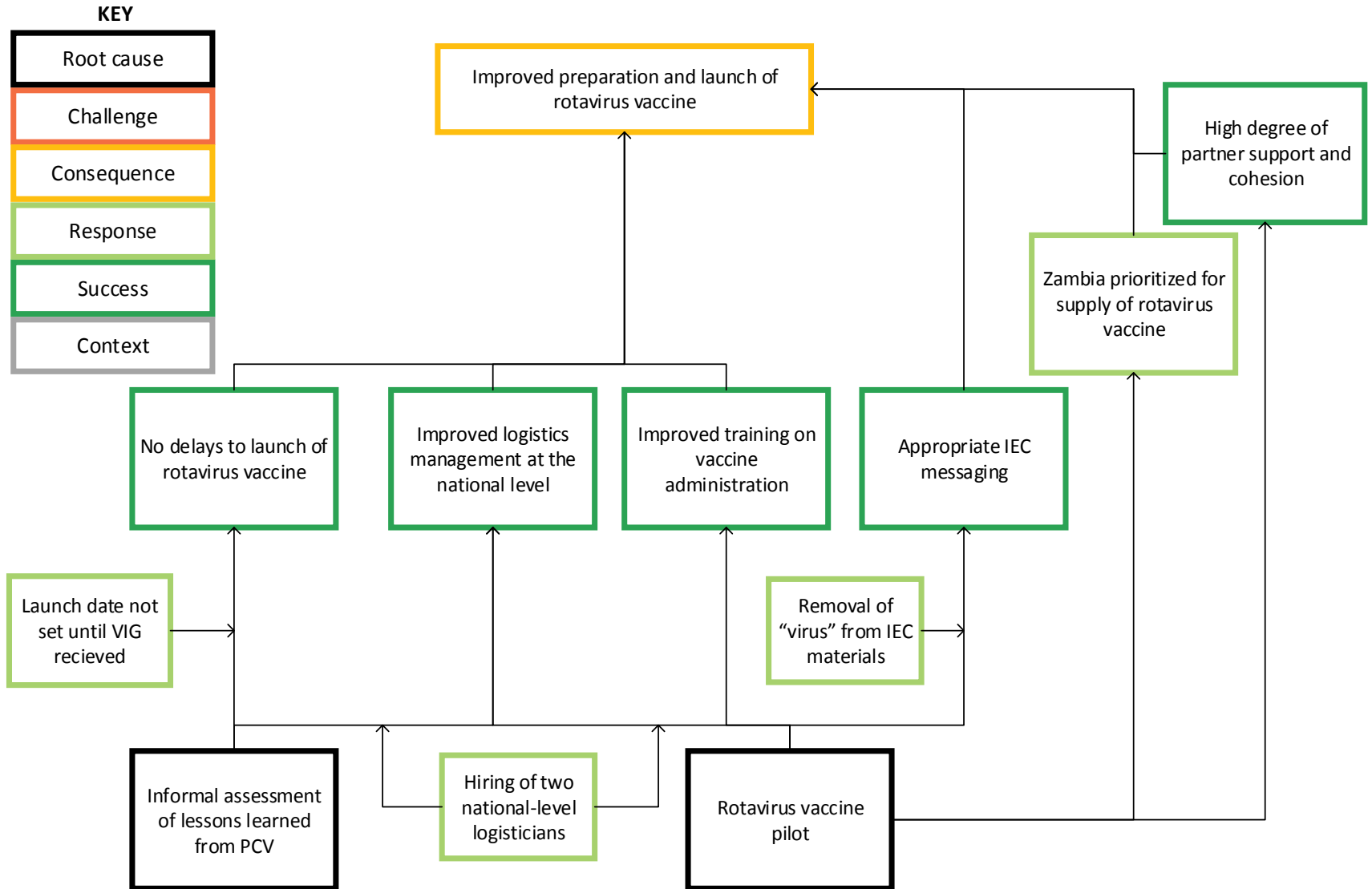
Zambia PCV: Pentavalent ratio



Zambia Rota:Pentavalent ratio

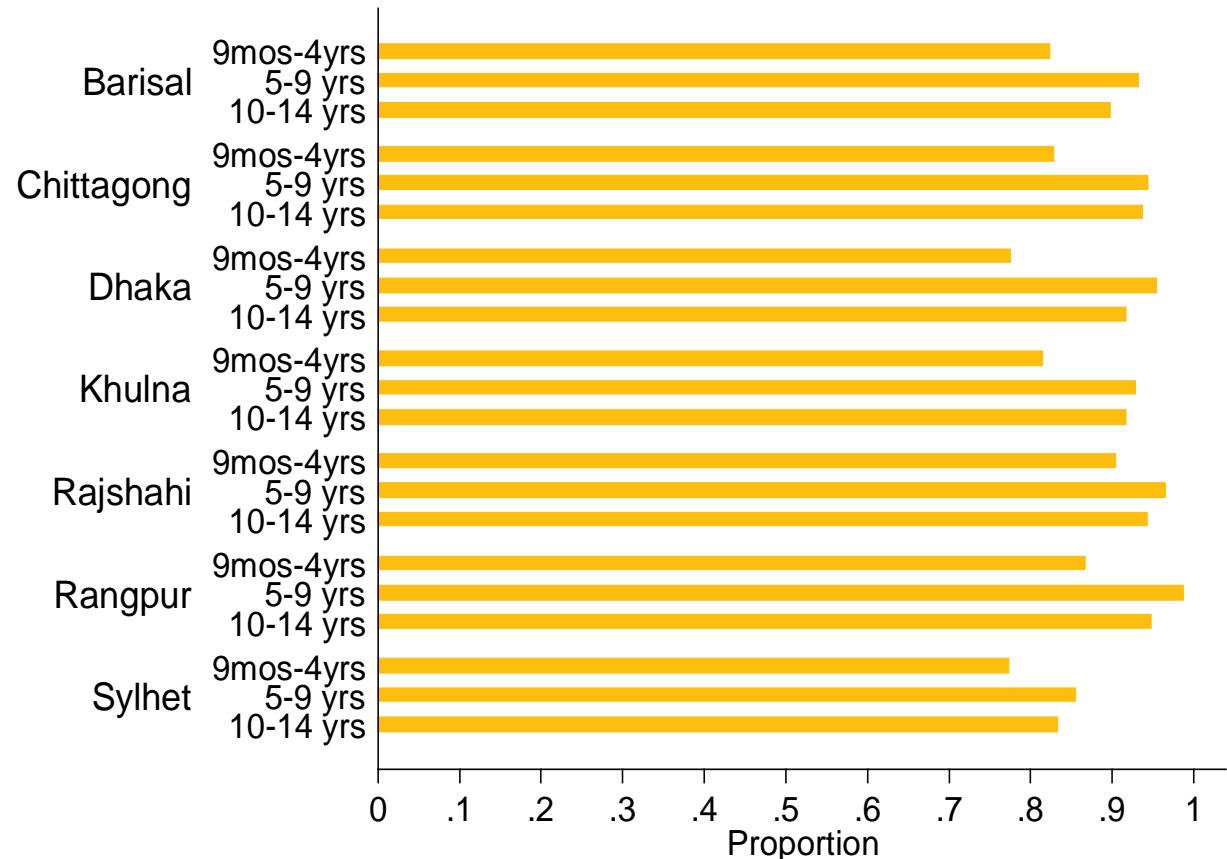


Zambia Rotavirus vaccine introduction

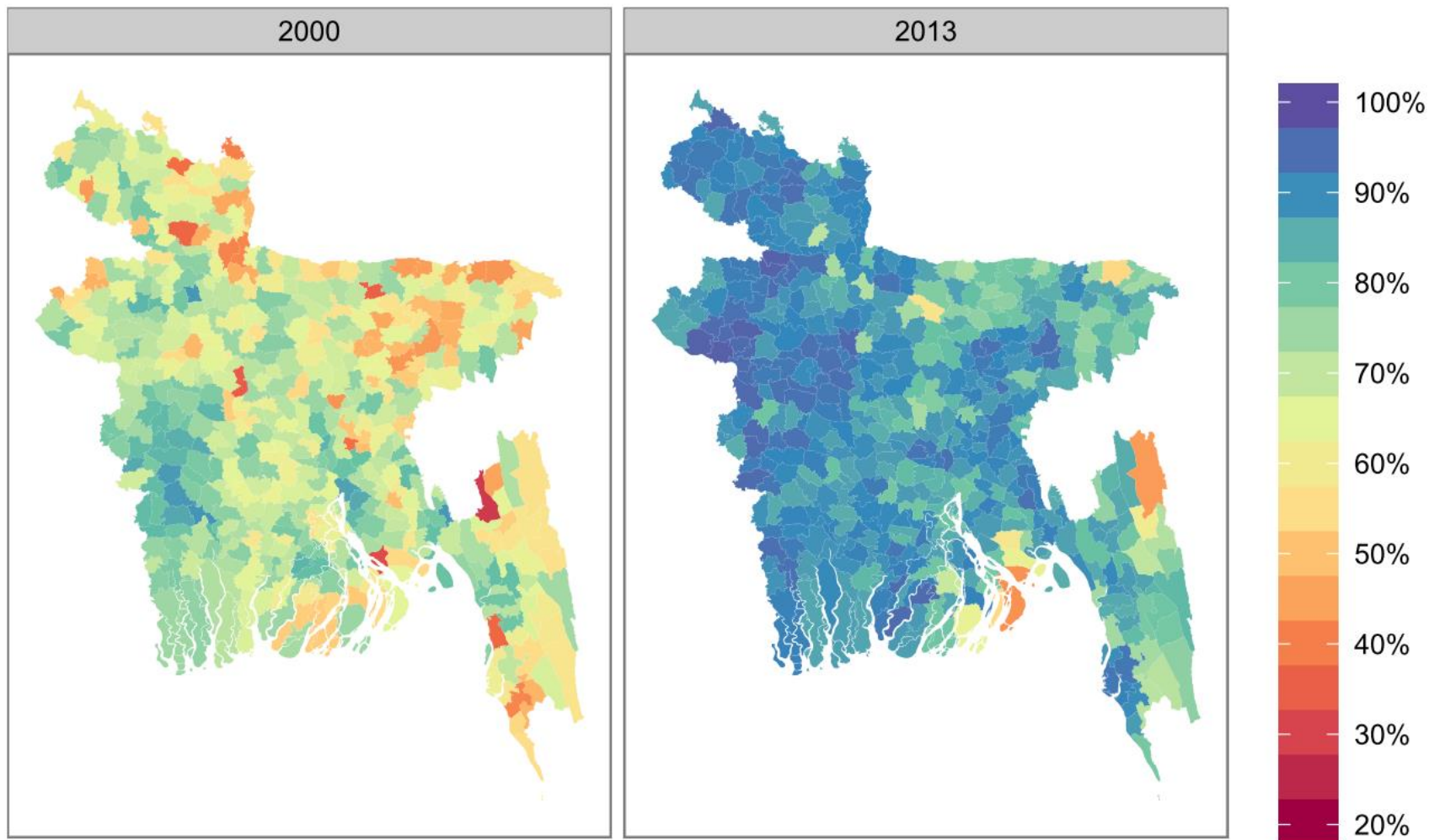


Bangladesh MR Campaign vaccine coverage

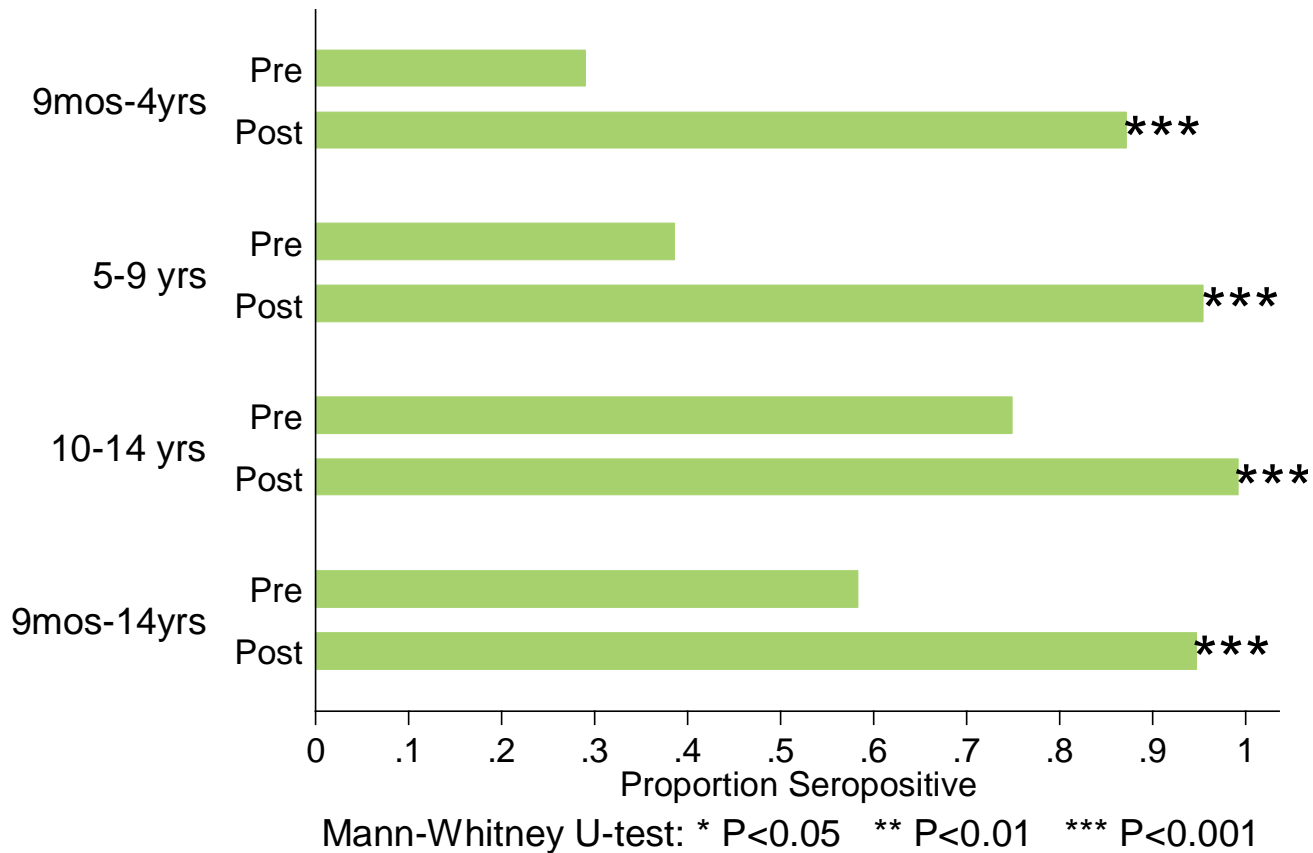
- Target population of 52 million children of 9m–15yrs
- January – February 2014
- Post-campaign survey coverage of 90%



Full vaccination coverage, Bangladesh



Rubella antibody prevalence (pre vs post)



New vaccine introduction key findings

- Overall, new vaccines being introduced at levels comparable to existing vaccines
 - Exception is Uganda
- Learning occurring between vaccine introductions but could be better maximized
- In addition to achieving high campaign coverage, Bangladesh MR campaign had primarily positive impacts on routine EPI
- Reach of new vaccines limited by existing system constraints; system strengthening is critical to reduce inequality

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HPV vaccine: Demonstration vs Learning

The primary objective of the HPV vaccination demonstration programme is to allow countries to learn by doing.

HPV demonstration project
application guidelines

.....[countries must] have demonstrated ability to deliver a complete multi-dose series of vaccines to at least 50% of a one-year cohort ...

Application guidelines for national HPV
introduction

Mozambique: Demonstration site selection

- Mozambique's initial application for Gavi support identified 3 diverse demonstration sites
- Approved application focused on Manhica district, a comparatively better off site
- Government funds two additional demonstration sites

“The government wanted to expand to various districts but Gavi was concerned that if they didn't run a good quality demo project it would affect their ability to apply for a national program.”

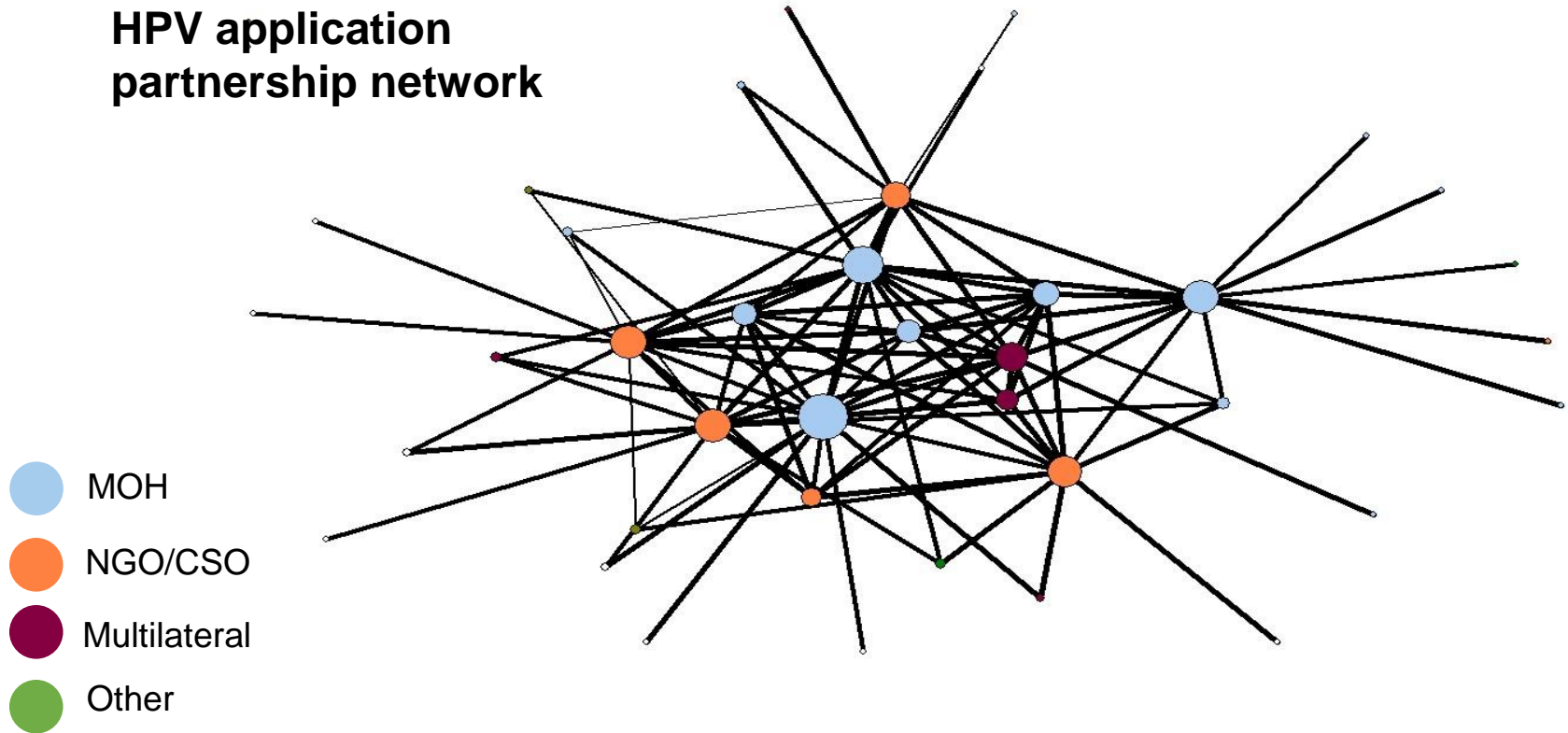
Global KII

Uganda: Financial feasibility of delivery model

- Demonstration project began in 2008
- Delivery model based on school and child health days; expanded to 14 districts in 2012
- IRC review in 2013 of Uganda application for national introduction cites lack of budget info for cost of delivery; approved March 2014
- Citing financial feasibility constraints, Uganda switches to a previously untested delivery model based on routine EPI

Uganda: HPV vaccine application partnership

HPV application partnership network



Ties weighted by reported trust score, nodes colored by organization type and sized by “degree centrality” (i.e., how many ties they have). Each node represents an individual.

HPV vaccine key findings

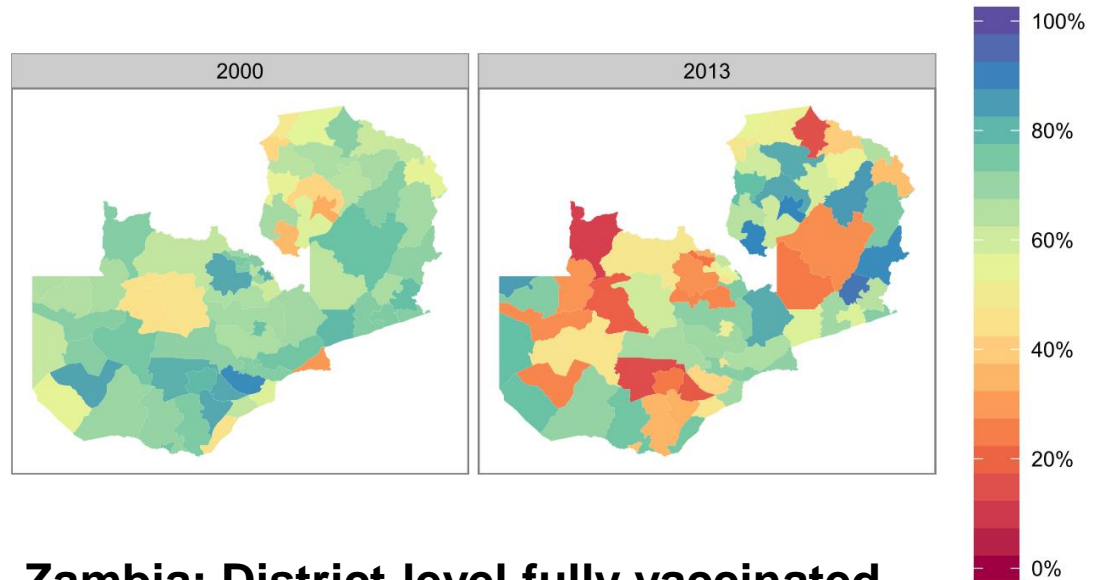
- Insufficient and underutilized technical guidance to ensure design and implementation of demonstration projects are made with an eye toward national introduction
 - Identifying target population
 - Delivery model(s) to test and how to refine them over time
 - Financial and programmatic feasibility
- Potential pathways from the demonstration project to national introduction are not well articulated
 - What are the options for countries once the demonstration project is completed?
 - Is a staged or sequential approach to national rollout an option?

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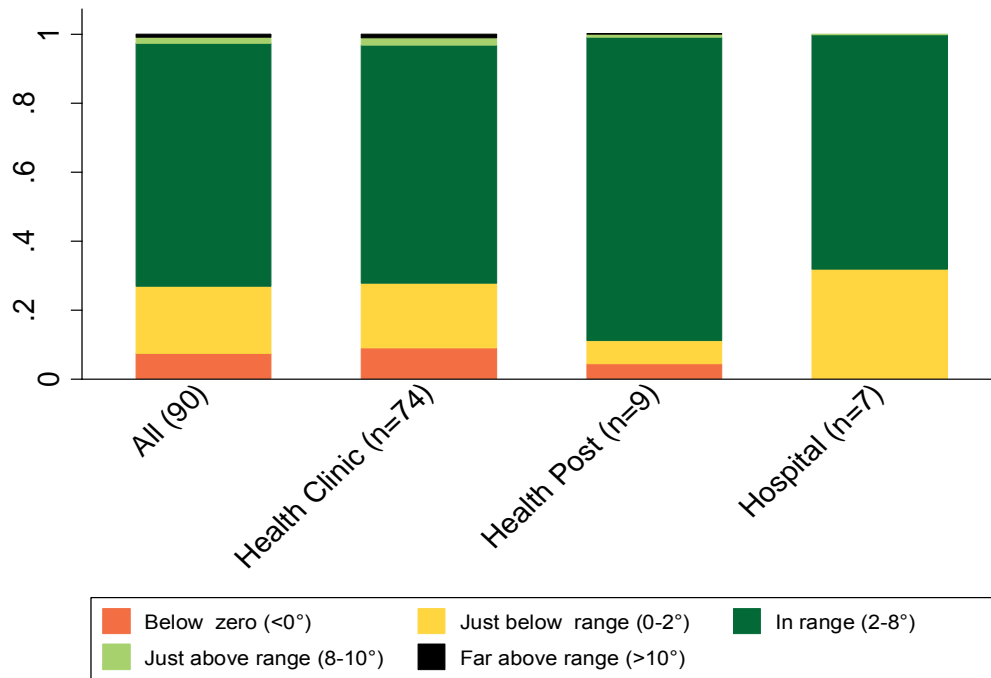
Health system strengthening

Ability to fully reach the target population with new vaccines is hampered by the persistent limitations of the immunization delivery system



Zambia: District-level fully vaccinated child (BCG, Measles, OPV3, DTP3/Penta3) coverage

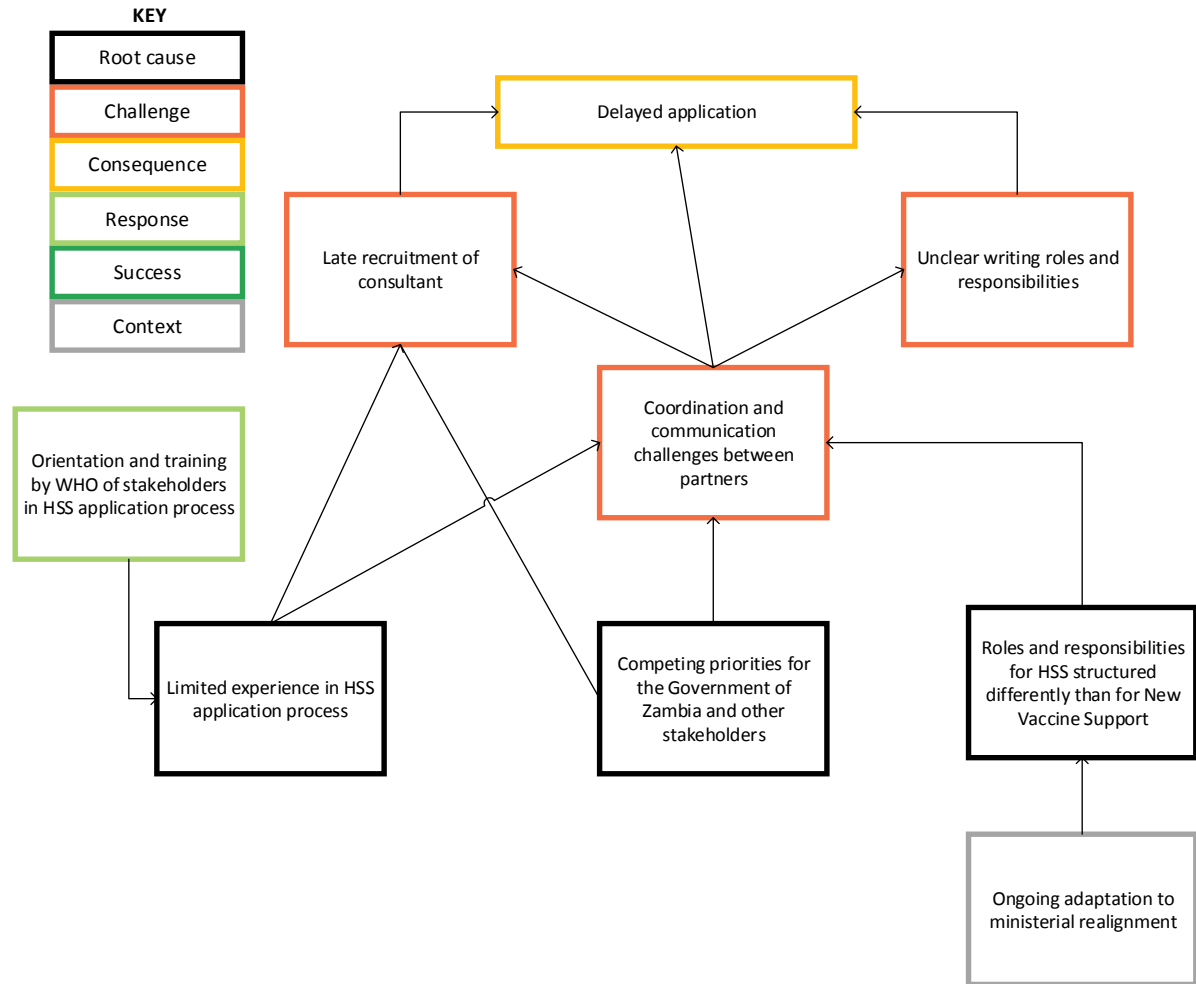
Vaccine storage equipment in or out of range, health facility survey, Zambia



Zambia: HSS application

HSS involves coordinated efforts at the country level, which involves partners even at the proposal stage... Capacity varies widely: staffing, interactions between Gavi and country; coordination between departments (Dept. of Planning, EPI, M&E, and HMIS). There is challenge in bringing these departments together."

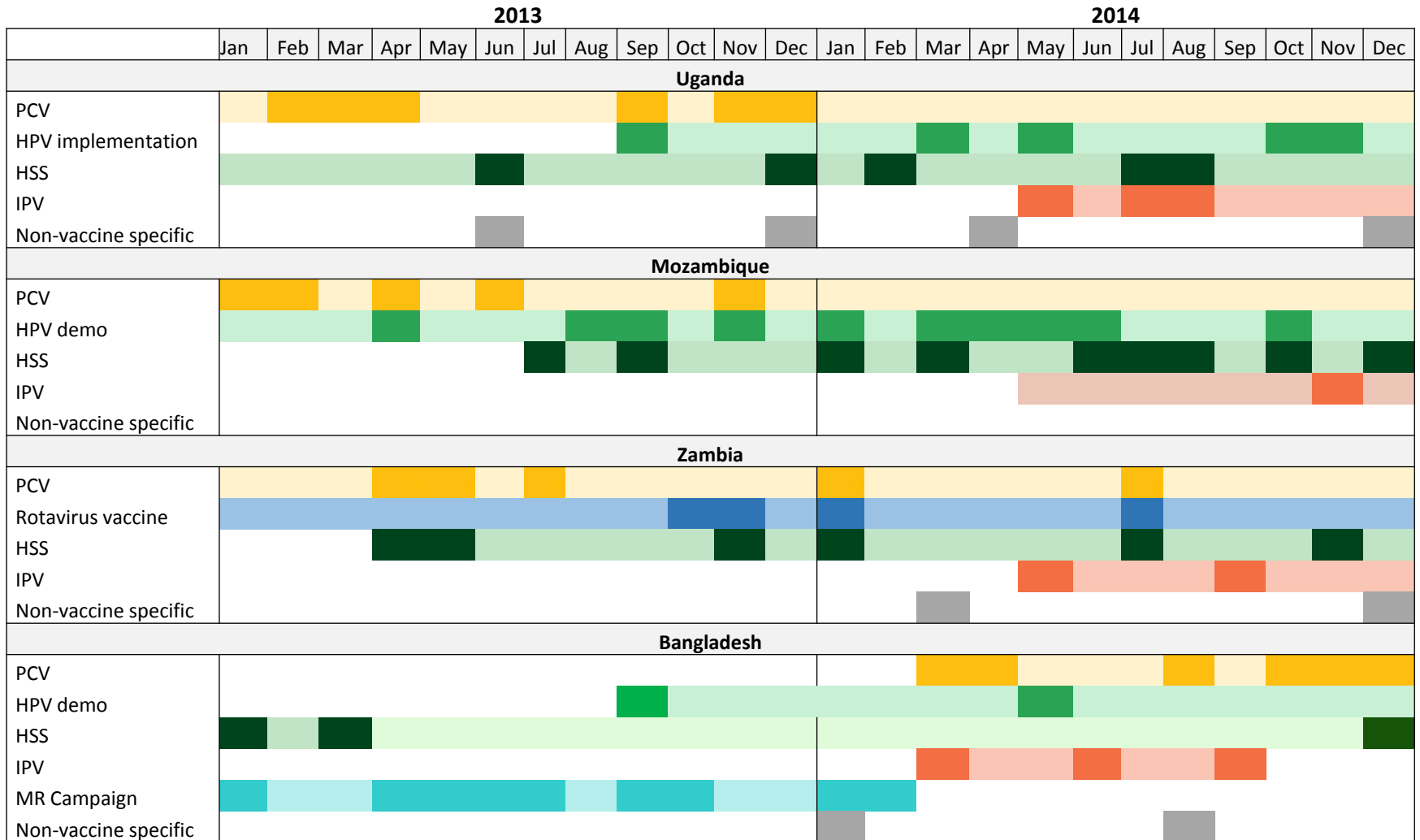
Global KII



Key Findings HSS

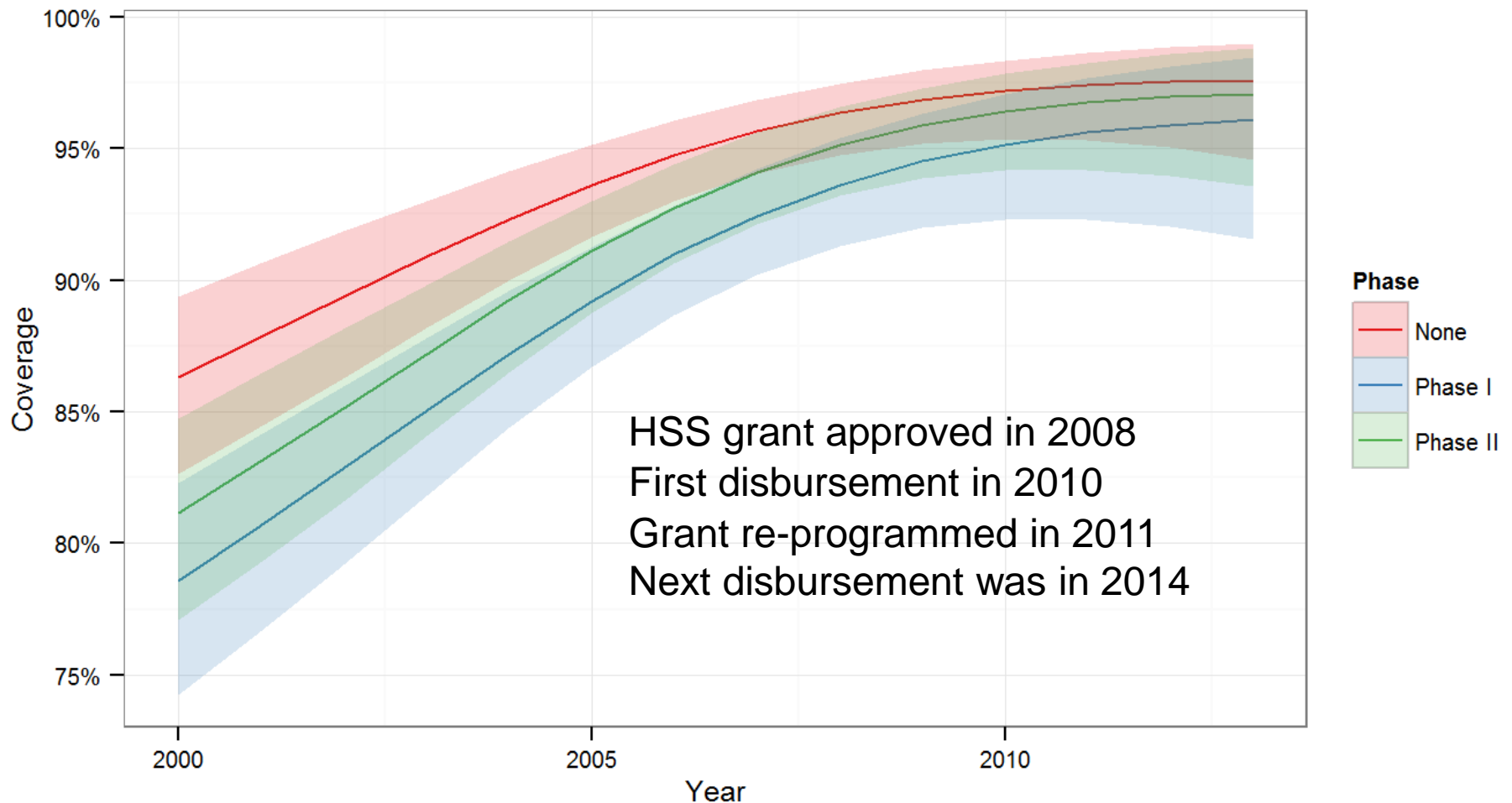
- Gavi FCE countries at different stages of HSS implementation
 - Limited and slow implementation to allow outcome/impact measurement
- Multiple barriers, some previously documented
 - De-prioritization in comparison to new vaccine introductions
 - Coordination among funders and implementing agencies
 - Financial management requirements → disbursement
 - Procurement
 - Country planning and implementation capacity
 - Implementation → Reprogramming → Further delays
- Direct implications on new vaccine introductions

Planning and implementation capacity



Outcome/impact assessment of HSS

Bangladesh: Estimated DTP3 coverage with 95% uncertainty in Phase I, Phase II HSS districts compared to non-HSS districts (first HSS grant).



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Use of Gavi FCE Findings in Zambia

- Robust engagement with policy makers which is leading to translation of findings into improved implementation and planning, for example:
 - Health facility survey findings raised questions related to need to better monitor stock-outs and use of vaccines, vaccine wastage and cold chain temperatures → EPI logistics unit developing mechanism for better monitoring
 - Findings on negative impact of rescheduling of preparation activities for PCV and rotavirus vaccine → Partners (UNICEF) advocating for better planning for IPV
 - Findings on faster rotavirus vaccine scale up → EPI adjusting assumptions about scale up in first year from 60% to 80-90% coverage (lower assumption of coverage partly explained rotavirus vaccine stock-outs).
 - District-level estimates of vaccine coverage → guiding targeting of districts under HSS
 - Findings broadly → inform development of cMYP and Zambia child survival strategy

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Gavi FCE in 2015-2016

- Broadened outcome and impact assessment
 - Integrated health facility and household surveys including biomarker measurement
 - Causal analysis based on small-area estimates
 - Vaccine effectiveness
- Key cross-country focus areas presently identified
 - Health system strengthening (new PBF support window)
 - Partnership including technical assistance
 - Multiple support streams including multiple vaccine introductions
- Assessment and baseline for new policies and procedures
 - Grant management and monitoring including joint appraisal
 - Partner engagement framework
 - 2016-2020 strategy