IMMUNIZATION IN HUMANITARIAN RESPONSE and PARTNER COORDINATION

GAVI Board - 13 June 2017, Geneva

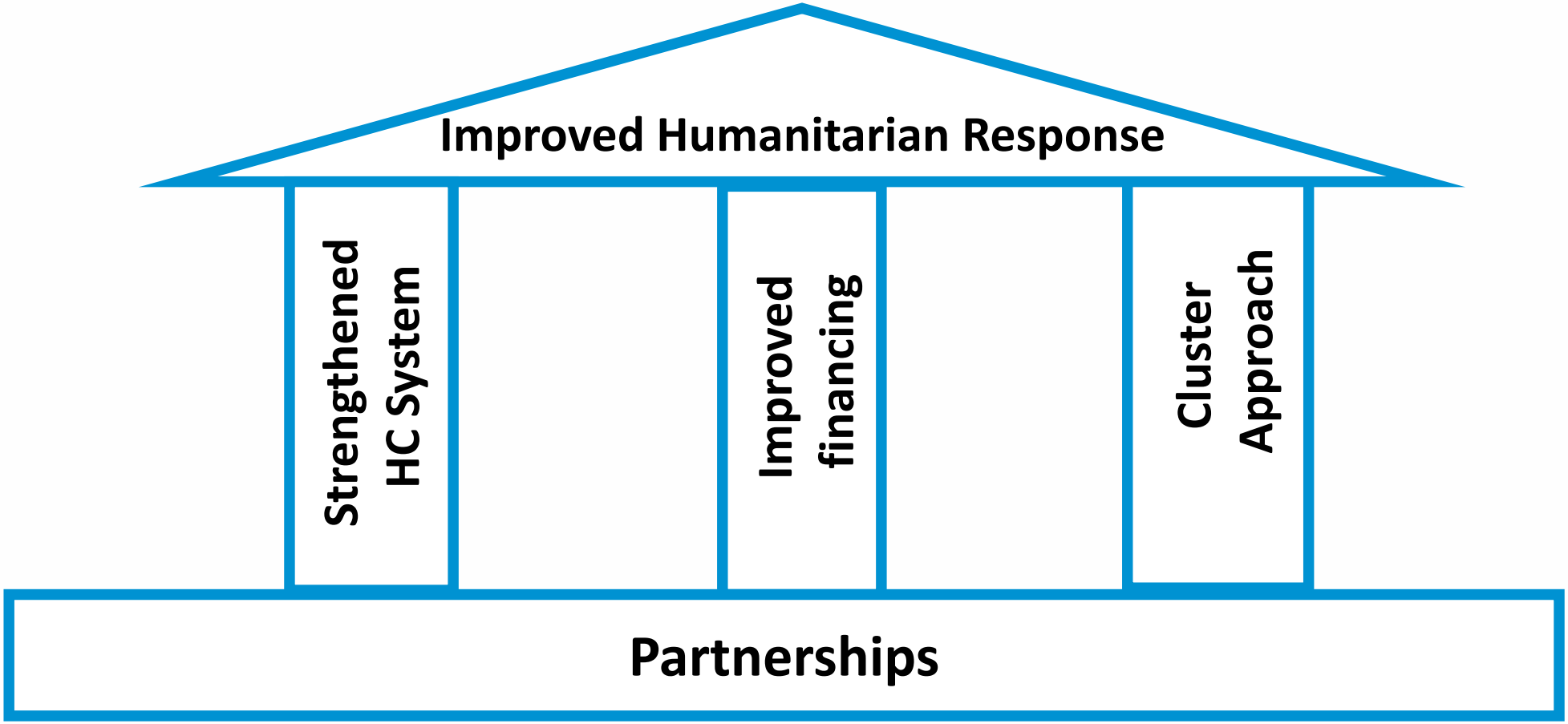
SCALE OF HUMANITARIAN RESPONSE NEEDS

128.6 million
TOTAL PEOPLE IN NEED

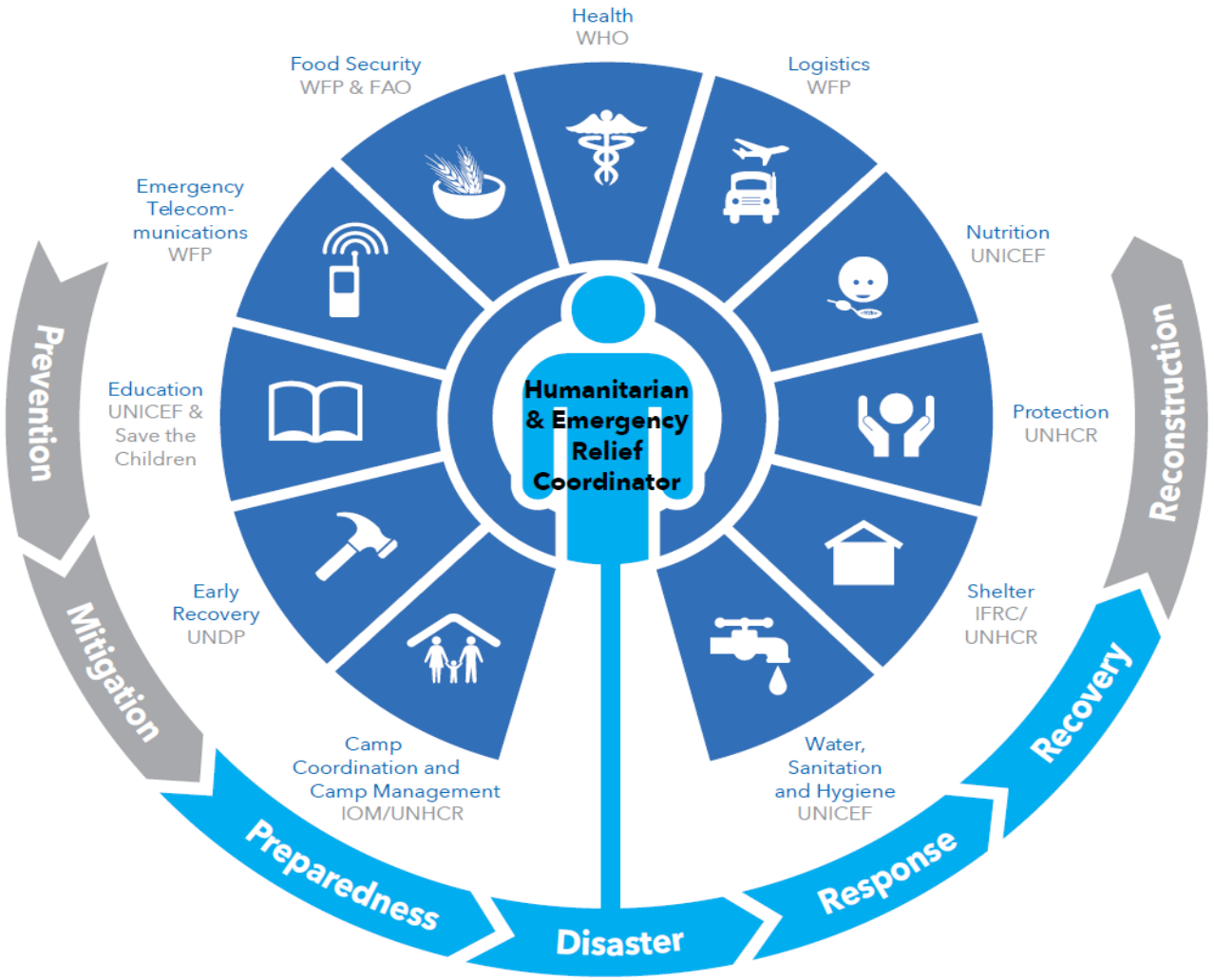
92.8 million
TOTAL PEOPLE TO RECEIVE AID

US$22.2 billion
TOTAL REQUIREMENTS

HUMANITARIAN REFORM 2005



HUMANITARIAN CLUSTERS



A more effective response:

HUMANITARIAN FUNDING MECHANISMS

1. Flash Appeal

2. UN Central Emergency Response Fund (CERF)
   - 2016: Health - $79M; WASH -$48M;Health & Nutrition – $44M
   - Life-saving criteria – includes immunization, reactive mass vaccination campaigns, social mobilisation BUT does not fund vaccines.

3. Country-based pooled funds (CBPFs)

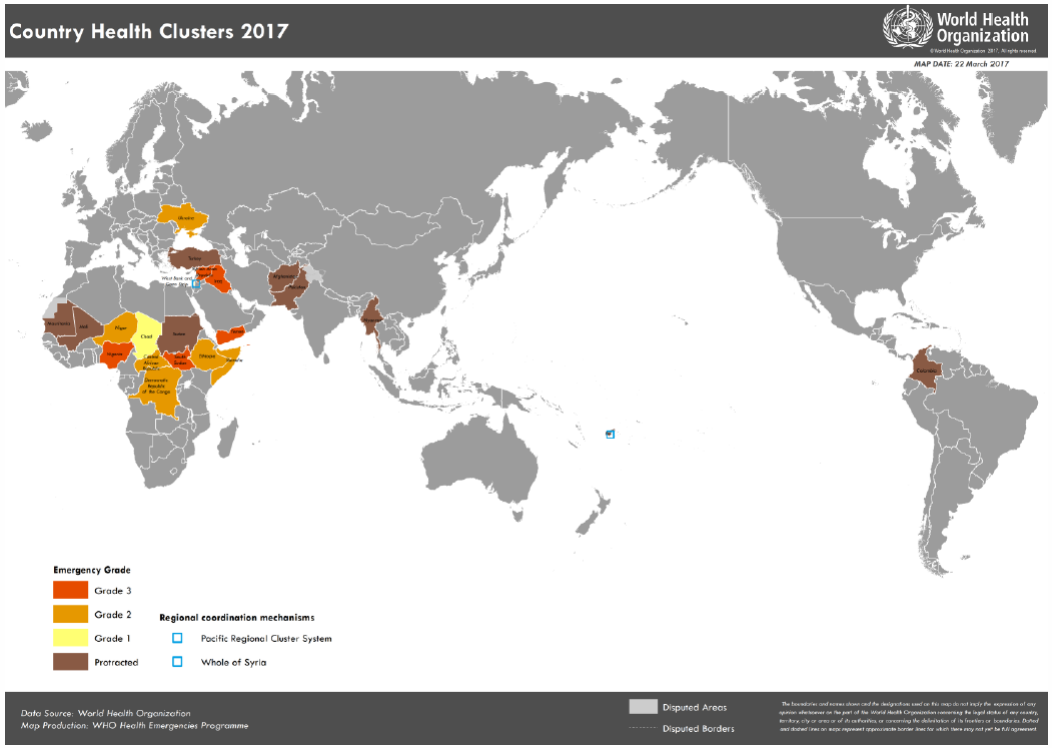
4. Government donors – bi & multi-lateral

COLLECTIVE ACTION

- The Global Health Cluster is a platform for organizations to work in partnership to ensure **collective action** results in more timely, effective and predictable response to health emergencies.

- Currently **23 Country Health Clusters to** meet the health needs of approximately **60.5 million people** (as of March 2017).

- Health Cluster supports national coordination efforts.



HEALTH CLUSTER

World Health Organization

HEALTH CLUSTER PARTNERS

- The Health Cluster leverages **operational, technical** and **coordination** capacities of its partners.
- There are **49** Health Cluster partners at the global level and more than **300*** partners in countries.
- Partners include international organizations and UN agencies, nongovernmental organizations, academic and training institutes and donor agencies.
- **Health Cluster closely coordinates & jointly implements with Nutrition & WASH Clusters**

* This is an estimated number.

SIX CORE CLUSTER FUNCTIONS

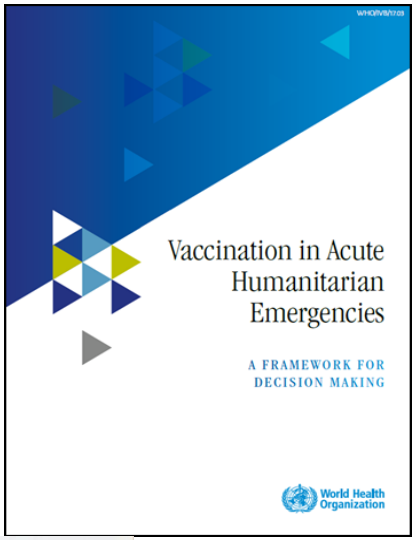
1. **Support service delivery**
   - Humanitarian Response Plan; strategic priorities; avoid duplication
2. **Inform the HC/HCT strategic decision making**
   - Needs assessment; gap & vulnerability analysis; prioritise /target population
3. **Plan & implement cluster strategies**
   - Micro-planning; apply common standards; define funding needs
4. **Monitor & evaluate performance**
   - Service access; coverage
5. **Preparedness & contingency planning**
   - Build national capacity
6. **Advocacy on behalf of affected people & cluster partners**
   - Identify gaps**;** raise concerns e.g. access, protection

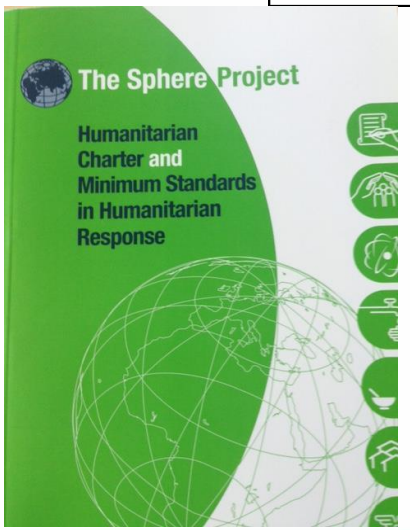
Accountability to the Affected Population

OPERATIONAL MODALITIES FOR IMPLEMENTATION OF IMMUNIZATION IN HUMANITARIAN RESPONSE

- Actions guided by **WHO SAGE Guidance** and **SPHERE Standards**

- Often through **mass campaign** – “one-off” or periodic
- **Direct support** through existing MoH structures
- **Indirect support** through national & international NGO partners
- Delivery through **fixed structures**
- **Mobile teams**
- Delivery of vaccine **alone or integrated package** – e.g. vitamin A, deworming, bed-nets, nutritional screening, health camps





HEALTH CLUSTER LINKS WITH NUTRITION AND WASH CLUSTERS

- Nutrition and WASH clusters - key stakeholders in measles and cholera control respectively
- Partner overlap among clusters
- Mutual use of cluster platforms at country level
- Coordination at global level:
  - Through Inter-cluster Coordination Group
  - Development of standard operating procedures
  - WASH cluster member of Global Task Force on Cholera Control
- At country level - joint operational planning

ROLES AND RESPONSIBILITIES IN HUMANITARIAN RESPONSE

Organization	Role						
	Coordination	Vaccine supply	Funding	Vaccine procurement to country	In-country vaccine delivery	Technical support	Monitoring
1. UNICEF		√	√	√	√	√	√
2. ICG		√					
3. CDC			√			√	
4. MSF				√	√	√	√
5. IFRC	√			√		√	√
6. GAVI			√				
7. Global Fund			√				
8. CERF			√				
9. Bilateral Donors			√				
10. Vaccine manufacturers		√					
11. Other civil society & UN organizations	√				√	√	√

ADDRESSING CHALLENGES TO VACCINE SUPPLY

- Quick access to affordable vaccine supply at times of emergencies an issue: lengthy bilateral price negotiations often unsuccessful
- Existing options offered limited solutions:
  - Access to GAVI pricing only possible for GAVI-supported countries and in line with GAVI policies
  - ICG only covering certain vaccines
  - Price arrangements for some vaccines through UNICEF SD
- The '**Humanitarian Mechanism**' was launched in May 2017 by WHO, UNICEF, MSF and Save the Children. The mechanism currently offers PCV from GSK and Pfizer at ~3US$ per dose. More offers from manufacturers are being encouraged. Access to mechanism is for all countries and all procurement types.
- New proposed GAVI Policy on Fragility, Emergency and Refugees will provide further access to GAVI-supported countries.

KEY MESSAGES ON GAVI SUPPORT …

GAVI support should :

1. Be channelled **through existing** humanitarian coordination mechanisms.
   - GHC normative role in the absence of ICCs & NITAGS

2. Not be ‘standalone’ but linked to other humanitarian support – **aim to be mutually reinforcing**.

3. Be coordinated & monitored through humanitarian coordination & accountability mechanisms – **avoid duplication**.

4. The humanitarian coordination mechanism is well placed to ensure ‘accountability’ of GAVI investments through existing monitoring and accountability mechanisms.