GAVI Work Plan Update

I. Executive summary

After some initial delays in obtaining resources and transferring them to the implementing partners the funding flows are now satisfactory. The early delays have mostly been recovered (with the exception of the Africa Bacterial Meningitis Network, see page 8) and overall work plan implementation is on track (see next page).

On-going work such as country proposal and monitoring reviews have not been affected.

For new areas the initial efforts have mostly been to develop tools and guidelines, consult with countries and prepare for later implementation. The experiences from this stage has been important in many respects; the major issues are discussed separately below.

In the work plan area of alleviating systems barriers discussions and agreements with stakeholders have been delayed. Assessment of barriers in countries is on-going. As requested the Board will get a specific opportunity to review progress in this area at the December Board meeting.

The indications of interest for an immunization pilot for IFF has resulted in considerable development work. If this project materializes it can be expected to have a major impact for immunization financing.

The overall financing of the work plan is so far proceeding according to plan although some uncertainties remain. At the time of the December Board meeting the overall financing picture should be more clear. No action is proposed at this stage.

A 2004-05 Work Plan overview (as approved by the Board in December 2003) and an overall summary of progress are provided on the next two pages.

Work Plan Overview

	Priority Area	Targets
Strengthening service delivery	Health information and monitoring systems	1. DQS methodology and other tools finalized. 2. All countries with failed DQAs have received timely and adequate support 3. DQS systematically used by at least 10 countries 4. HMIS and EPI specific reporting coordinated, where possible
	Contributing to alleviation of system-wide barriers	5. Agreement by major health sector stakeholders on joint efforts to address health systems barriers. 6. ICCs strengthened with stronger links to NGOs and higher level national health coordination committees 7. Efforts in 10 high-performing and 10 low-performing countries undertaken, lessons learned, documented and best practices shared.
	Enhanced efforts in large population countries	8. Seven large population countries have made analysis of the barriers and possible solutions, and have agreed with their ICCs on action plans. 9. GAVI and partners have established new policies to support the seven large population countries. 10. Lessons from ADCs applied in the large population countries as appropriate 11. The large population countries are back on track or show tendency of getting back on track in immunization coverage.
Ensuring access to vaccines and related products	Procurement / Supply of existing products	12. Minimal divergence between vaccine forecasts and uptake. 13. Establish planning processes for vaccines provision, with focus on hepB, Hib and YF and support to other GAVI vaccine initiatives.
	Development and introduction of new, near-term products	14. Technologies for immunization: prioritization reviews, evaluations and advocacy. 15. Monitor the progress towards establishing the public health benefit and demand for rotavirus and pneumococcal vaccines in developing countries.
Securing long-term financing	Managing process for country support from Vaccine Fund	16. All eligible countries that qualify and are interested in GAVI/VF support for ISS, new vaccines and injection safety, will have applied and will have been approved. 17. DQAs conducted in relevant countries. 18. Coverage surveys carried out when needed for allocation of performance-based grants
	Financial sustainability	19. All funded countries have developed their FSPs according to proposal schedule, with lessons learned and experiences shared with countries and partners. 20. All countries assisted to integrate FSPs into their national planning and budgetting processes which may include PRSPs and MTEFs 21. Role of FTF in coordinating partner inputs and assuring funds for financial sustainability work to be transferred to partner(s) with their future roles and responsibilities clearly defined 22. All funded countries have had their FSPs reviewed. 23. New global and country level financing mechanisms developed and tested.
	Recapitalization of The Vaccine Fund	24. Long-term GAVI/Vaccine Fund resource mobilization (2006 - 2015) plan fully aligned with long term GAVI strategic planning (2006-2015) and new funding. 25. Vaccine Fund resource mobilization level of $400 million/year achieved by end of 2006 (interim 2005 milestone for this effort is roughly $325 million/yr).
Strategic planning & monitoring	Setting priorities	26. Long-term (through 2015) strategic plan, including Vaccine Fund priorities and policies, developed and approved. 27. GAVI 2006-07 work plan developed and approved.
	Monitoring progress	28. Process to monitor progress of GAVI and respond to emerging needs established and ongoing.
Other	Alliance coordination	29. Secretariat: Support for governing bodies, coordination and communication. 30. RWG: coordination of partners efforts in the regions

II. Latest information on GAVI work plan implementation

Priority area	Comment
Health information and monitoring systems	On track
Alleviation of system-wide barriers	Target on stake-holder agreements postponed by 6 months. Reduced number of countries -10 instead of 20- in first phase.
Enhanced efforts in seven large population countries	Target on identification of bottlenecks and priority activities for acceleration delayed by 3 months – country analysis will be ready by October.
Adequate supply of existing vaccines	Target 12 Minimal divergence. No decision on VPP. 5-month delay of recruitment of a full-time assistant in WHO to maintain demand forecast. Target 13. Establish planning processes for vaccines provision... : On track. Target 16. All eligible countries...: Generally on track. Based on country demand a brief review of country proposals has been added in the second quarter 2004.
Late stage development and intro new vaccines and technologies	On track
Managing the country support process	The modalities for support to countries to improve reporting quality still not decided. Otherwise on track
Financial sustainability	On track
Recapitalization of Vaccine Fund	On track
Setting priorities	On track but major new developments such as IFF
Monitoring progress	African Pediatric Bacterial Meningitis Network activities delayed by 4 months
Secretariat core costs	On track
RWG coordination	On track

III. Major issues

1. The challenges to reach immunization targets in most of the seven large population countries

In 2002, over 50% of the world's 33 million unimmunized children lived in 7 large-population countries - Bangladesh, DRCongo, Ethiopia, India, Indonesia, Nigeria and Pakistan-. UNICEF and WHO, with other partners (ie USAID, Basics, CDC, CVP) have worked with MOH in these countries to initiate joint assessments of the health service delivery and immunization barriers in order to develop a set of actions and resource requirements for coverage improvements.

The actual process was designed by the countries themselves. Most countries included national level workshop and consultative meetings of immunization stakeholders. In one country

(Pakistan), an external firm was commissioned to conduct the study to identify barriers to immunization coverage. National strategic plans and annual work-plans were used as the main working materials. ICC role was critical to review and endorse the plan.

"Coverage Improvement Plans" (CIPs) endorsed by national ICCs are available for two countries (DR Congo and Bangladesh) and in preparation in two other countries (Ethiopia and Indonesia). Updated Immunization Strategic Plans are in an advanced stage of development for India and Nigeria.

Most country plans consistently presented a long list of barriers, which can be grouped into three categories, ie :

i. Programme and Resources Management

- Insufficient and untrained human resources at peripherral levels
- Weak supervision system and poor quality of monitoring data
- Lack of funds for recurrent activities
- Weaknesses in management of funds available

ii. Logistics and Service delivery

- Shortage of cold chain and transport equipment
- Vaccine stock out and unsafe injection practices
- Missed opportunities, invalid doses
- Lack of outreach activities

iii. Creation of Demand for Immunization

- Lack of awareness of immunization quality
- Lack of community participation and user-friendly communication materials

For DR Congo and Bangladesh, select barriers, relevant for the status of programme development, were chosen strategically for the formulation of the CIPs for 2004-05. DR Congo plan aims at expanding access to immunization services through strengthening training for managers and peripheral health workers, expansion of cold chain infrastructure and transport equipment. In Bangladesh, improving the weaknesses of the service delivery system, mobilizing NGOS and effective communication to reduce drop out are the main strategies proposed in the plan.

Apart for $3 million gaps for DR Congo, the financial resources to cover the needs identified in these 2 complete CIPs are available from local sources (including the immunization services support from GAVI/VF).

Lessons learnt so far and next steps:

- National leadership is a key to coordinate the multi-partners efforts. Unfortunately, some countries have fairly weak national immunization teams. Advocacy by GAVI partners is required to help bridge the gaps and bring to completion the preparation and implementation of CIPs.
- Local immunization partners have the challenging task to ensure that the implementation of CIPs is monitored regularly.

- By October 2004, an analysis of plans from the seven countries will provide further insights on the role of the GAVI Alliance and partners in support of immunization activities in these seven large population countries.

2. Recapitalization of the Vaccine Fund

- The Vaccine Fund has devoted considerable time over the last year to building a fully qualified resource mobilization team which can develop and implement, in partnership with the GAVI Secretariat, effective advocacy and fundraising strategies in donor countries such as Germany, Italy, Japan and Australia. As part of this, we also have strengthened our communications capacity.
- This new team has launched in late February, 2004, the Campaign for Child Immunization with the goal of promoting universal donor support of GAVI and raising on an annual basis by 2006 at least $400 million. The campaign launch was held in London, subsequent events are planned in Berlin, Rome and Tokyo.
- TVF has produced a best estimate of the cost of funding the GAVI commitments to eligible countries, assuming all do request such support. Our research confirms that the total funding needed for the first phase of GAVI, meaning through 2006, is approximately $400 million per year, the stated fundraising goal of the Campaign.
- The VF Resource Mobilization Team is now almost completely staffed (with 16 staff). The managers and their assistants are in place, have been properly briefed and are initiating strategies and for GAVI and VF principals in capitals. In all instances, VF regional managers are attempting to inform the national committees for UNICEF of their plans in their territories.
- The Vaccine Fund Board Executive Committee and staff have devoted serious attention to board building over the past year resulting in the addition of three new board members joining the organization's board; Michel Camdessus of France, former Managing Director of the IMF; Dr. Rita Sussmuth of Germany, former President of the Bundestag; and Jocelyn Davis, CPA and financial advisor and former CFO of a major American association.
- The launch of the Global Leadership Council is planned to be held in late February 2005, on/around the first anniversary of the launch of the Campaign.
- Joint efforts between the VF-GAVI has resulted in the annual progress brochure issued in late February, extensive collaboration on development of advocacy and communications strategy, sharing of staffing and budgetary resources and cooperation on development of country-based success stories for advocacy purposes.

3. Challenges for financial sustainability: bridge financing for recently introduced vaccines

From preliminary analyses of national Financial Sustainability Plans and feedback from countries, many countries receiving GAVI/Vaccine Fund support for new antigens will not be able to fully finance these costs when GAVI/VF support ends. Countries and their development partners had assumed vaccine prices would decrease over the GAVI/VF period and that national development partners would provide significant additional funds to support enhanced immunization programs. With increasing and competing demands on limited health budgets, a number of countries are exploring their options including continuing to request increases in support from national partners, selecting less expensive vaccine presentations and, in a few cases, dropping Hib altogether. The FTF has been exploring the potential implications of GAVI/VF

providing bridge financing to support countries make an effective transition from GAVI/VF to national and partner financing of new vaccines (being submitted separately to the Board at the July 2004 meeting with the paper, "Bridge Financing for Select Vaccine Products").

4. Process for strategic priority setting including use of investment case framework

The overall plan for GAVI long-term strategic priority setting is being implemented. However, new developments have resulted in major details being added or modified.

Thus a draft investment case framework has been developed by the WB and piloted through the measles investment case. The framework is proposed to be the basis for developing and reviewing strategic priorities (being submitted separately to the Board at the July 2004 meeting with the paper, "Investment Case Framework").

The IFF initiative and its subsequent application to an immunization pilot IFF has been a major undertaking. WHO, UNICEF and the Vaccine Fund have worked in close collaboration with TVF on the development of the IFF Immunization Pilot proposal including the costing of all immunization needs between 2005 and 2015. This will also ensure the availability of data for later discussions on the Investment Case Framework.

If an IFF immuniztion pilot materilaizes it will undoubtely result in significant new financial resources for immunization with subsequent implications for GAVI's strategic priority setting processes.

IV. Progress to date

The work plan has only been in force for six months. Most of the action plans under the different targets have started with preparatory and planning activities, development of guidelines and testing of tools. It is therefore little quantitative information to report on. Below follows short statements for areas where specific and quantitative information is available; it is to be seen as illustrative not comprehensive.

Health information and monitoring systems

- The DQS tool has been piloted in 3 countries (Nepal, Morocco and Togo) and the experience will be available by the end of June.
- Staff from all regions have been briefed in the DQS methodology (either at regional meetings or during a briefing on Monitoring Tools held at WHO/HQ Geneva in April 2004.
- All regions are currently preparing plans for DQS implementation in their Region. DQS workshops are being tentatively discussed and planned in EURO (Bulgaria); AFRO (Tanzania); SEARO (Indonesia); and one country in AMRO in 2004.
- All regions have launched the recruitment process for an M&E focal points: AFRO has identified 2 candidates, EURO and EMRO have already filled the positions.
- Digital district-level mapping under development for priority countries
- At regional level, WHO is continuously providing support to countries on DQA follow-up (Annex 1). WHO HQ activities have included a DQA report reviews held with the WPRO Office regarding Lao and Cambodia. A consultant has been identified to provide technical

assistance to Mozambique (August 2004); support to Nigeria has been postponed due to competing priorities; partners from 5 local institutions (from 5 different countries) have been briefed on monitoring and data quality issues.

Contributing to alleviation of system-wide barriers

- The process for selecting high- and low performing countries is on-going, taking into acount the significant overload encountered by countries. The tools and the guide were developed and the barriers approach has been piloted in Uganda and Zambia.
- In order to proceed it has been found necessary to facilitate the barrier assessment in countries. Assistance and facilitation is now underway in 9 countries (Uganda, Zambia, Ghana, Sierra Leone, Guyana, Rwanda, Gambia, Lao PDR and Vietnam).
- A special report will be presented to the December Board.

Managing the process for country support from the Vaccine Fund

- Sixteen progress reports were reviewed in the Jan-Feb review. An extra proposal review has been implemented in May with 6 country proposals reviewed. 69 progress reports are expected for the June and October monitoring reviews.
- Seventeen DQAs and three coverage surveys are planned for implementation in 2004. Two companies have been contracted to carry out the 2004 DQA and auditors, including nationals, have been trained.

Financial sustainability

- FTF has put in place a multi-partner global-regional-national system for financial sustainability planning and implementation.
- At the global level, FTF has placed responsibility and oversight for financial sustainability work to a core group of partners who are deeply engaged in financial sustainability planning and implementation.
- Given the workload, the World Bank is recruiting a Global Financial Sustainability Implementation Coordinator to be based at WHO. Expected start date: August 2004.
- 32 Financial Sustainability Plans have been reviewed to date (with 4 countries having been reviewed twice) and 36 plans are expected for review in 2004; some countries have started implementation; 60+ countries will begin implementing FSPs in 2005 (Annex 2).
- Financial sustainability planning in China and Indonesia is progressing well; India will not be submitting a financial sustainability planning work to GAVI though the government is costing out its multi-year plan using GAVI financial sustainability planning tools.
- The FTF continues to be committed to linking national financial sustainability work to strategic thinking about broader national and global financing mechanisms.

Monitoring progress

- The ISS evaluation study has been carried out in six countries (Mali, Mozambique, Cambodia, Madagascar, Tanzania and Kenya) and the draft report is under review prior to the Board submission.
- Draft proposals have been completed to measure impact in the areas of wastage, injection safety, yellow fever, Hep B and Hib. These proposals have been presented to the M&E sub-group for review and their recommendations are being incorporated into the proposals prior to re-review in June. It is planned that these assessments will start in Q4 2004.
- WHO has provided data analysis for monitoring countries and GAVI global progress, and has highlighted problems of data consistency in GAVI 2004 Progress and Challenges Report. On-going discussions between GAVI Secretariat and WHO with the assistance of the M&E sub-group are aimed to resolve this.
- Due to late receipt of funds contracts for the staff of the **Africa Pediatric Bacterial Meningitis (PBM) Surveillance Network,** had to be suspended temporarily for the first part of the year. The team is back on contract although activities are delayed.
- Two microbiologist consultants identified and recruitment process initiated.
- Laboratory external quality assurance (EQA) programme funded for second year (in cooperation with WHO Lyon, AFRO EQA programme in South Africa and AFRO CSR)
- Planning for the launch of Phase II (2004-05, GAVI funded) activities at annual meeting including:
- schedule of visits to all sites,
- for countries planning to introduce Hib vaccine in the coming years an intensive programme of external quality assurance and technical assistance,
- review of administrative and technical performance to date (2001-2003, CVP funded)
- review of Hib vaccine impact in 5 countries that introduced with GAVI-VF support
- Integration with NetSpear East African surveillance network (Pneumo-ADIP funding) initiated.

V. Financing

- Overall the financing of the work plan is materializing as budgeted. Due to a late start there were initial delays in the receipt of funds from the donors which led to some delays in the disbursement from Secretariat to the work plan implementers. Thanks to the timely payment of Board member dues this year we are now back on track and disbursements can be made when required.
- The secretariat has established a good system for cash flow analysis and efforts to ensure 2005 work plan funding will start early to avoid any liquidity problems for next year.
- The major changes in funding are that the available interim ADIP funding amounts to $400,000 less than anticipated but that the Canadian contribution of $1.5 million has been larger than budgeted for. Aventis has made a contribution to the immunization financing database of $30,000. The original budget of $200,000 for industry contributions may have been too high. The preparations for the EU contribution of € 3 million is moving ahead although final commitment has still not been received.

ANNEX 1

Update on follow-up with countries that failed their DQAs

VAM, June 2004

AFRO

DQAs

Burkina Faso

Burkina Faso have received long-term support from the Centers for Disease Control to improve their monitoring system.

Cameroon

It is unclear if Cameroon will undertake a coverage survey in 2004 following their failed DQA in 2002. WHO is seeking clarification. In the interim no in-country technical assistance has been given specifically for improving monitoring systems. If Cameroon elect to undertake a coverage survey in 2004 WHO will provide technical assistance.

Côte d'Ivoire

There is a major problem with security in the country. Immunization services are only being undertaken in parts of the country. M&E activities have been suspended for the moment.

Guinea

No information has been received from the regional office or country.

Kenya

Kenya have received long-term technical assistance from CDC. Their monitoring system is much improved and they are convinced that they will pass the DQA this year.

Madagascar

Khadija Mshambachika, AFRO Regional Office met with the Madagascar Immunization Focal Point. Madagascar have agreed to schedule a time with AFRO to be trained on the use of the Data Quality Self-Assessment tool, once the tool is completed in June 2004.

Mozambique

The MOH, Mozambique requested technical assistance after Mozambique failed it's DQA in 2002. A consultant will be deployed to Mozambique in August 2004 to:

- Review DQA findings and recommendations with the EPI manager and WHO/EPI Focal Pt in charge
- Explore practical actions to be undertaken (what, where, and when)
- Prepare a plan to address the recommendations

Nigeria

The GAVI Strategic Framework has provided fund for increasing national capacity in the form of a full time WHO staff member. The recruitment process is underway. In the interim period AFRO will deploy a consultant to help with routine immunization in Nigeria.

Nigeria's top priority is polio eradication, so the person recruited will be working on routine monitoring systems within this context.

AMRO

Haiti

There is a major problem with security in the country.

A VAM representative will meet with the PAHO regional counterparts and the Haiti EPI Manager to discuss follow up activities during the forthcoming PAHO meting: Prevention Effectiveness: Decision Analysis and Economic Evaluation, June 28-July 1, 2004, PAHO/ Washington, D.C.

EMRO

DQAs

Sudan

The MoH has taken the DQA recommendations into consideration and has accordingly developed an action plan to improve the routine reporting system. Country reports, and country visits conducted by the RWG members have confirmed the progress made in this area. Sudan is ready for an official DQA (planned for 2004).

Yemen

The DQA recommendations were discussed in the national ICC and a decision has been taken to develop and implement an action plan to improve the reporting system. Yemen have requested a cluster survey before the end of 2004 (an official letter was sent to the GAVI secretariat on the 28th of February 2004). Yemen will then take a second DQA in 2005.

WPRO

A VAM staff member visited the WPRO to hold discussions with the WPRO Regional Adviser on follow up activities to improve monitoring at the regional office and in WPRO countries. These included Cambodia (which has passed the DQA) and Lao (which has failed the DQA). Following these discussions the WPRO Regional Adviser, visited Lao in June 2004 to discuss follow up activities.

Summary Chart

Region	Country	Failed DQA	F/U Activity
AFRO	Burkina Faso	2002	Long term TA provided by CDC.
	Cameroon	2002	AFRO seeking clarification with the country about whether they will take a coverage survey or a DQA in 2004.
	Côte d'Ivoire	2002	Security problem. M&E activities suspended.
	Kenya	2002	Kenya have received long term TA from CDC.
	Madagascar	2003	AFRO Regional office met with the Madagascar focal point. A date will be set for DQS training in 2004.
	Mozambique	2002	A consultant to follow up recommendations of the DQA in August 2004.
	Nigeria	2002	Focus on polio. Funding provided for a national staff member under GAVI Strategic Framework to start 2004. In the interim a consultant will be deployed.
EMRO	Sudan	2002	MoH has developed a long-term plan of action. Visit from RWG members to review progress in 2003.
	Yemen	2003	Action plan prepared. Cluster coverage survey requested for 2004.
WPRO	Lao	2003	Visit to Regional office by VAM, visit to country by the Regional Advisor

ANNEX 2

Submission schedule of Financial Sustainability Plans

Region	November 2002	November 2003	November 2004	November 2005
AFRO	Côte d'Ivoire Ghana [1] Kenya Malawi [1, 2] Mali Mozambique Rwanda Tanzania [1]	Burkina Faso Burundi Cameroon [2] Comoros [2] Gambia Madagascar Sierra Leone [2] Uganda Zambia	Benin Central African Republic Congo DR Djibouti Eritrea Ethiopia Guinea Lesotho Liberia Mauritania Niger Sao Tome Senegal Togo Zimbabwe	Angola Chad DR Congo Guinea-Bissau Nigeria
WPRO	Cambodia Lao PDR	Viet Nam	China [4]	
EURO	Kyrgyzstan	Armenia Azerbaijan [2] Tajikistan Uzbekistan	Albania Bosnia & Herzegovina Georgia Moldova Turkmenistan Ukraine	
AMRO	Guyana [1]	Haiti		Honduras
EMRO		Pakistan [2]	Afghanistan Sudan Yemen	Somalia
SEARO			Bangladesh Bhutan India [4] Indonesia [4] Korea DPR Myanmar Nepal Sri Lanka	
Total Countries (65)	**12**	**16**	**30** [3]	**7**
FSP Re-submission	**0**	**4**	**6**	
Total FSP Expected	**12**	**20**	**36**	

1. FSP re-submission requested in November 2003
2. FSP re-submission requested in November 2004
3. Total does not include Big 3 countries
4. Special case countries where the FSP may not be developed.