Sixth GAVI Board Meeting

GAVI

THE GLOBAL ALLIANCE FOR VACCINES & IMMUNIZATION

Partnering with The Vaccine Fund

Ottawa, Canada

17 October 2001

SIXTH GAVI BOARD MEETING
Ottawa, 17 October 2001
FINAL SUMMARY REPORT

1. Into Implementation: Reports from the Field

Discussion

- The Board greatly appreciated the comprehensive overviews of the health and immunization situations in Africa and Central & Eastern Europe/Central Asia.
- Some of the lessons learned from the initial use of GAVI funds are:
  - In Mali and Kenya: use of performance contracts;
  - In Tanzania: use of HIPC funds;
  - In Ghana: re-inforcement of infrastructure;
  - In Zimbabwe: organization of local immunization days in low performing districts; and
  - In Rwanda: microplans for low performing districts reviewed by the ICC.
- Some of the regional concerns raised are:
  - GAVI is perceived as another project or organization rather than an alliance
  - Sustainability of national immunization programmes is a source of concern;
  - Unmet needs of countries not eligible for funding from the Vaccine Fund, and how GAVI experience can be used in such countries;
  - The need for strategies to define, identify and reach the harder to reach populations;
  - Unmet needs in countries eligible for funding from the Vaccine Fund (e.g., support for new vaccine introduction costs in countries which receive system strengthening funds but in which this amount is small); and
  - Conflicting messages on measles control.
- The presentations amply illustrated that with resources flowing from the Vaccine Fund, GAVI Partners at all levels – national, regional and global – are in an implementation phase of actively supporting countries in strengthening routine immunization and introducing new vaccines.
- Both presentations highlighted the need for increased efforts to identify new financing mechanisms to improve sustainability. The example of Tanzania using HIPC relief to increase its immunization budget is an extremely important example; and there is a need to explore how this can be related to other countries' situations. The Board may wish to revisit this issue in subsequent discussions (a HIPC and Health meeting on 3-7 December 2001 in Nairobi may be of interest to Board members). Leveraging additional resources, including more long-term bilateral funding, is also a message that needs to be advocated.
- The other major challenge in country programs is insufficient managerial capacity. We should also keep in mind that the new Global Fund to Fight AIDS, TB and Malaria demands systems that can deliver.
- The enthusiasm and momentum generated by GAVI should not be lost; in the past we have seen immunization coverage rise following the influx of support and attention, and then dwindle. The challenge now is to integrate these initiatives and ensure that GAVI support leads to sustainable immunization services, strengthened advocacy efforts to increase demand for immunization. Another objective of GAVI support is to strengthen health systems over a longer-term perspective. One strategy would be to identify precise

indicators that demonstrate how the polio initiative contributed to strengthening health systems in developing countries.

- GAVI needs to consider its role with respect to middle-income countries (GNP above $1,000 per capita).

DECISIONS

The Board:

1.1 Agreed that the next Board meeting agenda should also include presentations from the field, Asia was considered to be the most appropriate choice to be considered at this time.

1.2 Agreed that a future Board meeting should allow for an in-depth discussion of the issue of financial sustainability.

1.3 Welcomed the suggestion that ideas on how to support middle- income countries should be on the agenda of the next Board meeting.

1.4 Agreed that regional representatives should regularly be invited as observers to future Board meetings.

2. Roles and Responsibilities

Discussion

- As GAVI is now moving from an initial phase of proposal development and approval to a new phase of implementation, monitoring, evaluation, and taking stock of lessons learned, it is an appropriate time to consider the roles and responsibilities of the GAVI mechanisms and the GAVI partners and ways of working, while keeping in mind the guiding principles agreed upon earlier.
- Even though GAVI is thought to have a light structure, the organogram is actually quite complex, with task forces, regional working groups, etc.[1]
- The perception that GAVI has a lean Secretariat is not quite accurate – the Working Group is acting as a virtual secretariat, with the distinction that the members remain in the partner agencies.[2] What is important is that there is clear accountability for priority tasks assigned by the Board, and that the authority of the Working Group does not exceed that given to the Secretariat.
- Board representatives from developing countries requested clarification on their role, including the delineation of their constituencies and responsibilities for consultation. In order to function effectively they need more support and more time to process and act upon the documents they receive. It may be that the Secretariat could provide additional logistical and communication support to the new Board member from India, as it is now doing for the Minister of Health of Mali.

[1] Currently, the GAVI Secretariat and the Independent Review Committee are the only mechanisms that are completely supported by the Secretariat's budget; teleconference costs for the Working Group and Board are also covered by the Secretariat. Task forces are primarily supported by Partners (the Financing Task Force receives funding from the Secretariat because of the budgetary constraints of the World Bank); regional working groups are completely funded by Partners.

[2] The Working Group, composed of partner representatives located within the partner agencies, work part-time for the Working Group and all costs are covered by the partners.

- The role of the national ICCs should not be confused with that of partners at the national level; ICCs have been created to improve collaboration between partners, not as implementation mechanisms. The same principle applies to all GAVI coordinating mechanisms at all levels.
- As we review the Terms of Reference on Task Forces and we consider devolving specific functions of the Task Forces back to GAVI Partners, while keeping in sight the coordination component– this could be done through a lighter structure than a Task Force.
- An external review of the functions of the Working Group, Task Forces and other GAVI mechanisms may be helpful, in order to design options for the future.
- We need to be careful about how we portray the relationship between GAVI, the Vaccine Fund and the global immunization community – the Vaccine Fund is not at the core of our work but a specific and limited effort within the larger context.
- Capacity building efforts must be within the context of the health system, indeed health systems improvements should be an indicator for capacity building. However, we should not should dilute our own focus on immunization activities.

DECISIONS

The Board:

2.1 Decided to further develop the "Roles and Responsibilities" paper, taking into account discussions and any further input based on the paper, and the time frames agreed upon in the Proto-Board meeting3. Specific decision points to be put to the Board at the next meeting.

2.2 Requested the Working Group to report back to the Board as soon as possible with further clarification on:

2.2.1 The relationship between the Working Group, Secretariat and Board; and

2.2.2 The relationship between the GAVI Board and the Fund Board.

2.3 Recommended that the Working Group consider undertaking a cost analysis of the various GAVI mechanisms and the structure as a whole (direct costs as well as costs assumed by Partners).

2.4 Agreed that GAVI needs to remain flexible and informal, but that work plans should be more outcome-focused.

2.5 Requested that the Working Group present the Board with options, when appropriate, rather than single recommendations; decision-making needs to be done at the Board level.

2.6 Requested that GAVI elaborate its work plans linked to outputs so that progress may be more easily monitored – and should take the form of a business plan.

2.7 Requested that the analysis of financial contributions to immunization be produced urgently to assure that the Vaccine Fund was not replacing other sources of funding.

[3] The documents and decisions made by the GAVI Proto-Board were subsequently adopted by the GAVI Board at its first meeting.

3. Opening Window # 3 of the Vaccine Fund to support R&D

Discussion

- R&D issues vary according to the kind of problem they address. For example, the need for disease burden studies is an obvious gap in R&D funding. However, development of new vaccines, or adaptation of existing vaccines for developing country settings – such as a stabilized measles vaccine – are more complex issues and additional research needs to be undertaken .
- Funding to pharmaceutical companies should not necessarily be ruled out – as long as it goes to support clinical development of a vaccine targeted for developing countries and no commercial incentive exists for that vaccine.
- While we cannot oblige the Vaccine Fund to purchase future products, we must consider the effect on companies' investment in product development if there is no assured market.
- Before specific funding decisions are taken by the Board, the various 'push' and 'pull' options should be well defined, e.g., whether research grants, advance purchase, tax incentives, or other tools would be the most effective in accelerating vaccine development. Before any decision is taken to fund a pharmaceutical company a *quid pro quo* agreement would be needed to ensure access for developing countries.

DECISION

The Board:

3.1 Agreed that the proposed guidelines should be taken forward for final approval by the Board, subject to modification based on the issues raised in the discussion.

4. Vaccine Vial Monitors (VVMs)

Discussion

- The adoption of VVMs is a high priority among the GAVI Partners; UNICEF and WHO have already signed on to a policy calling for VVMs on all EPI vaccines.
- The concept of using VVMs on all EPI vaccines, supported by the public sector, is to provide the health worker at the peripheral level a standard tool with which to assess vaccine viability, thereby enhancing quality control.
- WHO indicated that it is working closely with UNICEF and vaccine manufacturers to resolve outstanding technical issues on VVMs, and that it will be calling a technical meeting to review VVM implementation for all interested parties .
- The Board members from the vaccine industry urged the GAVI Board to not adopt a global mandate regarding VVMs, recommending instead that each vaccine be addressed individually taking into account the supply challenges due to having only one VVM supplier and the relative stability of the different vaccines.

DECISION

The Board:

4.1 Requested that a realistic and yet urgent timeline be developed for the eventual adoption of VVMs for all EPI vaccines.

5. China Memorandum of Understanding (MOU)

Discussion

- Development of an MOU with a country that has been approved for support by the GAVI Board will not become standard practice – it will only be explored under special circumstances, such as in large countries where the Vaccine Fund will be investing a large sum, and in those countries where the ICC thinks such memoranda are needed.
- Concern was expressed that the Board had been under pressure to make a rapid decision in order to capture an opportunity for publicity that did not in the end materialize. It was suggested that due process should be followed in future.
- The Board supported the proposed guidelines for the MOU with China developed by the sub-group (composed of Mali, Norway, United Kingdom, CVP, and the GAVI Secretariat) which participated in a teleconference with China ICC representatives one day prior to the Board meeting. Accordingly, the MOU should cover the following points:
  - AD syringes: The MOH proposal that the central government will contribute hepatitis B vaccine and related syringe costs, but that counties will contribute to the cost of syringes for the other EPI vaccines, is acceptable[4];
  - Procurement: The MOH proposal of using an open, national competitive tenders managed by MOH and MOF is acceptable. It might be advisable to include a procurement specialist in the process;
  - User fees: The Board will accept that China will charge a low service fee for hepatitis B, in line with the fee charged for other EPI vaccines. It hopes that such service fee will eventually be phased out;
  - Implementation arrangements, including:
  - that the ICC will monitor immunization generally, not just GAVI-supported aspects;
  - the need for accountability and independent auditing;
  - the need for county-level implementation plans;
  - monitoring arrangements that maximize the use of existing health information systems;
  - roles and reporting arrangements for the project office and manager; and
  - the need to address the question of disposal of AD syringes:
- There are four basic options on whom should sign the MOU on behalf of GAVI: a designated member of the Board, the Chair of the Board, the President of the Vaccine Fund, or the Executive Secretary of the Secretariat.

[4] The central government is expecting to partially fund syringes in Western provinces, according to the MOH.

DECISIONS

The Board:

5.1 Requested that the MOU with China be developed based on the guidelines presented and be approved by the Board before finalization.

5.2 Agreed that UNICEF would submit a proposal to the Board for the most appropriate signatories for the MOU on behalf of GAVI.

6. Other Business

- UNICEF confirmed that the availability of combination DTP-hepB and DTP-hepB-Hib vaccines for 2002 had been reduced from 30 million to 20 million doses. It was estimated that this reduced quantity would be sufficient for those countries that had already started the introduction of these vaccines, but that no new countries would be able to introduce combination DTP-hepB or DTP-hepB-Hib vaccines during 2002. The situation for 2003 would be clearer by the end of 2001.
- UNICEF also confirmed the relative scarcity of yellow fever vaccine during 2001, and that the priority had been to build up a 2 million dose stockpile, in close collaboration with WHO and other partners in the Inter-agency Consultative Group (ICG) that was set up to monitor outbreak response. The stockpile had enabled immediate support to the Côte d'Ivoire outbreak earlier this year. In addition, three countries had received small quantities of vaccines based on GAVI approvals. Availability for 2002 and beyond was considerably greater which would enable good response to those countries applying for yellow fever vaccine through GAVI.
- The Board welcomed the announcement made by Canadian Minister for International Cooperation Maria Minna who said that her country would be contributing US $6.4 million (10 million Canadian Dollars) to The Vaccine Fund over three years and that the amount would be re-evaluated at the government's next budget meeting in February 2002.
- The Board appreciated the presentation given by American Red Cross Senior Technical Advisor Mark Grabowsky at the dinner preceding the Board meeting, which outlined his organization's commitment to measles control efforts.
- The next **teleconference** to discuss the recommendations from the independent review committee based on the fifth round of proposal review will be held during the week of **26-30 November 2001**.
- The next **meeting** of the Board will be on **19-20 June 2002**. Location still to be determined, depending on the location of the Partners' meeting later in the year – at least one of the Board meetings should be held in a developing country. Suggestions for agenda items include:
  - Reports from the field: Asia;
  - Review of Vaccine Fund strategic plan;
  - Research & development – opening Window # 3
  - Progress on strengthening NGO involvement in GAVI;
  - The role of GAVI in middle-income countries;
  - Capacity building;
  - Financial sustainability, and
  - Alignment with accelerated disease control initiatives.
- In order to allow for adequate consultation, documents for the next Board meeting will need to be circulated well in advance – two weeks at the very least.

Sixth GAVI Board Meeting
17 October 2001

Final Agenda

Welcome by The Honourable Maria Minna, Minister for International Cooperation, Canada
Introduction by Carol Bellamy, GAVI Board Chair and Executive Director, UNICEF

I. Into Implementation: update from the Field
Dr. Jean Marie Okwo Bele – WHO Regional Office for Africa
Philip D. O'Brien – UNICEF Regional Office for CEE/CIS and the Baltic States

II. Roles and responsibilities of GAVI and the Vaccine Fund

III. Directions for development of MOU with China

IV. Summary and conclusions, other business

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Annex 3.
Slide presentation on Progress and Challenges, Central and Eastern Europe, Commonwealth of Independent States and the Baltic States
(Philip D. O'Brien) .....

Annex 4.
Slide presentation on Update on Preparing Guidelines for Use of Window #3 (The R&D Window) of the Vaccine Fund.
(Mike Levine) .....

Annex 5.
Slide presentation on Update on GAVI & Vaccine Fund. Availability of VVMs
(Steve Landry) .....

Annex 6.
Slide presentation on Update on Capacity Building Activities
(Paul Fife) .....

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(Jean-Jacques Bertrand) .....

Annex 1

Introductory Comments

Carol Bellamy

Sixth GAVI Board Meeting
Ottawa, 17 October 2001

Carol Bellamy
Introductory Comments

Welcome to everyone and thank you again to the Canadian Government for hosting this sixth GAVI Board meeting.

As this is the first Board meeting that I will officially chair, I would like to take the opportunity to mention some of the critical issues that I envision us addressing during the next two years.

First, I would like to continue to build on and strengthen the unprecedented partnership that has been built in the first two years of GAVI. It is a growing partnership as evidenced by all of you joining us here today.

Secondly, as the final country applications will be submitted over the coming year, we will be increasingly shifting our attention to supporting and monitoring implementation at country level. Accurate data collection and analysis will be critical to this process. And, partner coordination through ICCs will remain important for effective monitoring as well as for needs-identification and resource mobilization-both internally and externally.

Finally, as the GAVI process moves increasingly to regional and country action, mechanisms set up at the start of GAVI will need to be re-visited to be lighter at the global level and more responsive and relevant at local level.

At our last Board meeting in London, and in the subsequent Board telecon, we called for a review of GAVI at two levels—one is a review of the various coordinating mechanisms, including the relationship between GAVI and the Vaccine Fund, and the second is a review of progress made as well as challenges faced at country level.
Tremendous work has been achieved at country and regional level in supporting preparation of multi-year plans, country applications, and assessments of national immunization programmes, and we are at a turning point where we have a critical mass of countries who have received resources and we have an opportunity to assess lessons learned.

I welcome our regional colleagues and others. It is an exciting time, as we move forward and demonstrate the flexibility and responsiveness which characterizes GAVI. We should be candid in our feedback and ready to adjust our course where we can improve it.

Thank you and I look forward to a productive meeting.

Annex 2

Update on Immunization Activities in the African Region

Presentation by
Dr. Jean-Marie Okwo-Bele

Annex 2

Update on Immunization Activities in the African Region

Update on Immunization Activities in the African Region

J.M. Okwo-Bele
Vaccine Preventable Diseases Unit, WHO/AFRO

Ottawa, 17 October 2001

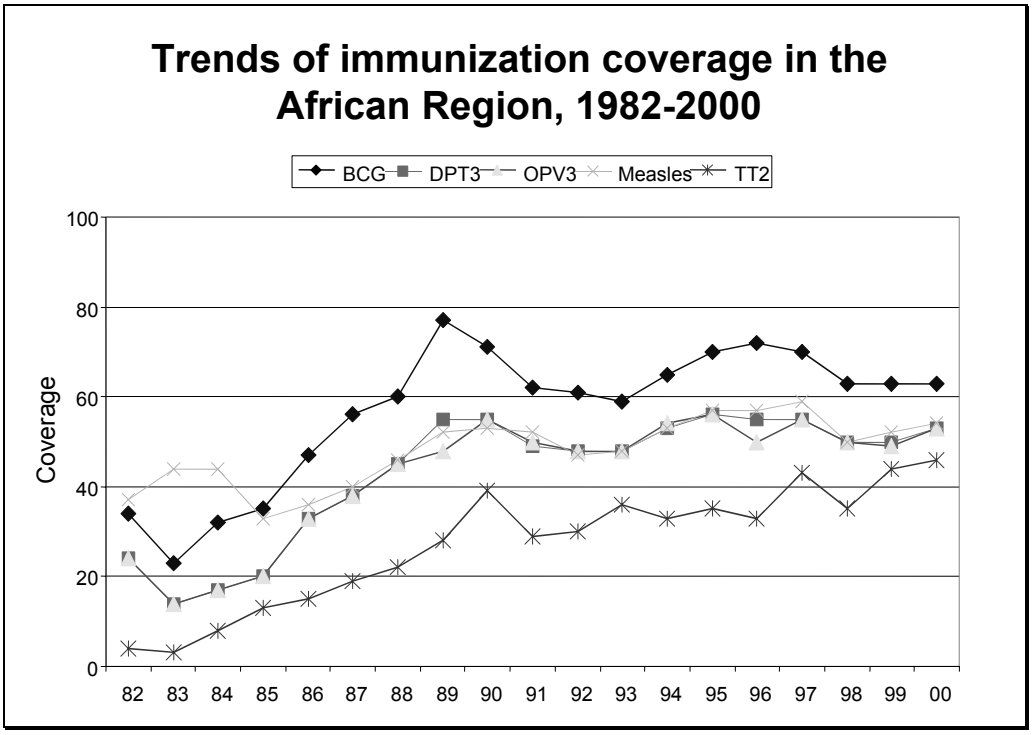
Slide 1

Acknowledgement :

Regional GAVI Partners
(ADB, BASICS, CVP/AMP, Red Cross, UNICEF, WAHO, WHO, Bilateral Aid Agencies)
EPI Managers
African Representative at GAVI Board
WHO/AFRO Colleagues
GAVI Secretariat

Slide 2

Slide presentation on Update on Immunization Activities in the African Region (continued)



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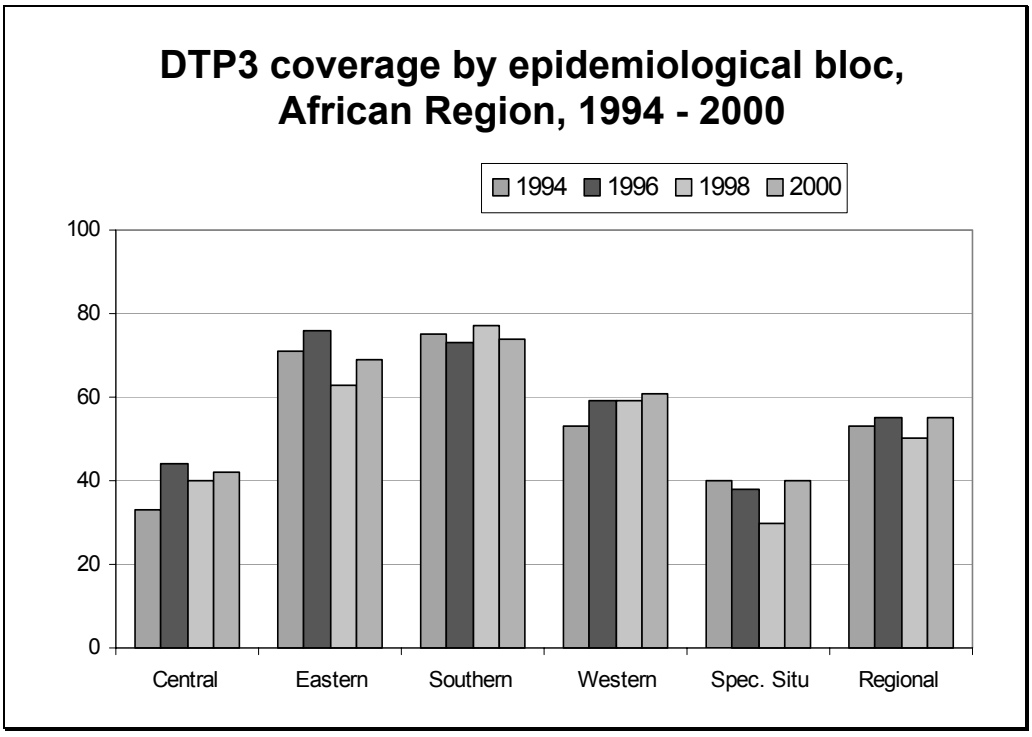

Slide 4

Slide presentation on Update on Immunization Activities in the African Region (continued)

Assessment of barriers to routine immunization in a low performing country

- LGA / DISTRICT LEVEL
  - Lack of capacity building and personnel
  - Gross lack of cold chain
  - Lack support visits
  - No microplan for routine immunization
  - No local monitoring of coverage
  - No reliable working indicators
  - No social mobilization
  - Misappropriation of inputs

Source: S. Foster, Sept 01

Slide 5

Assessment of barriers to routine immunization in a low performing country

- STATE / INTERMEDIATE LEVEL
  - Lack of support visits to LGA
  - Insufficient capacity building for supervisors and service providers
  - Lack of Logistics – Transport and inadequate operational funds
  - No standard reporting format for immunization services
  - No forum for feedback (review meeting)
  - Lack of social mobilization for routine vaccination

Source: S. Foster, Sept 01

Slide 6

Slide presentation on Update on Immunization Activities in the African Region (continued)

The needs identified at regional level

- Balanced approach (routine, disease surveillance and control, innovations) as indicated in the regional 5-yr EPI strategic plan
- Need for broadening agenda of established ¨Polio-funded¨ regional and sub-regional structures
- Need for coordination of global and regional initiatives in support of national immunization programmes
- Need for increased technical assistance and funding.

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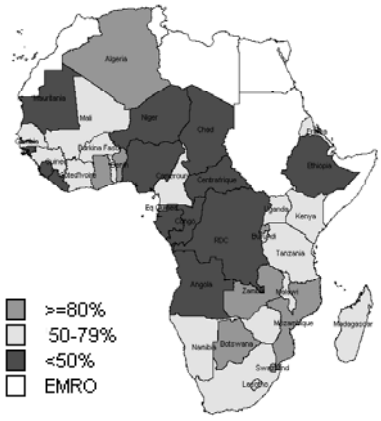
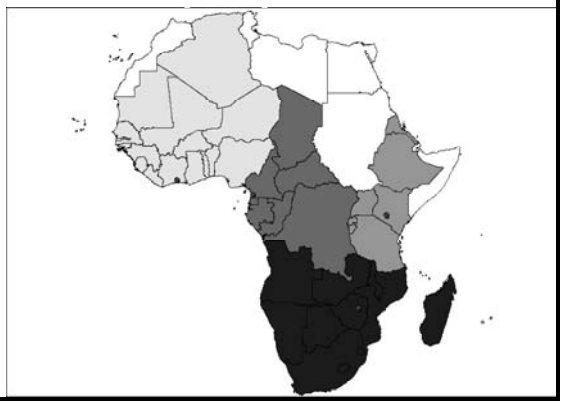
DPT3 coverage in 2000



Resources include:
-UNICEF, WHO EPI/Polio Erad. Staff and Consultants
-AMP/CVP, BASICS Staff
-Funds from TFCC and other sources



GAVI related activities:
-EPI reviews
-GAVI applications with various attachments
-MYP

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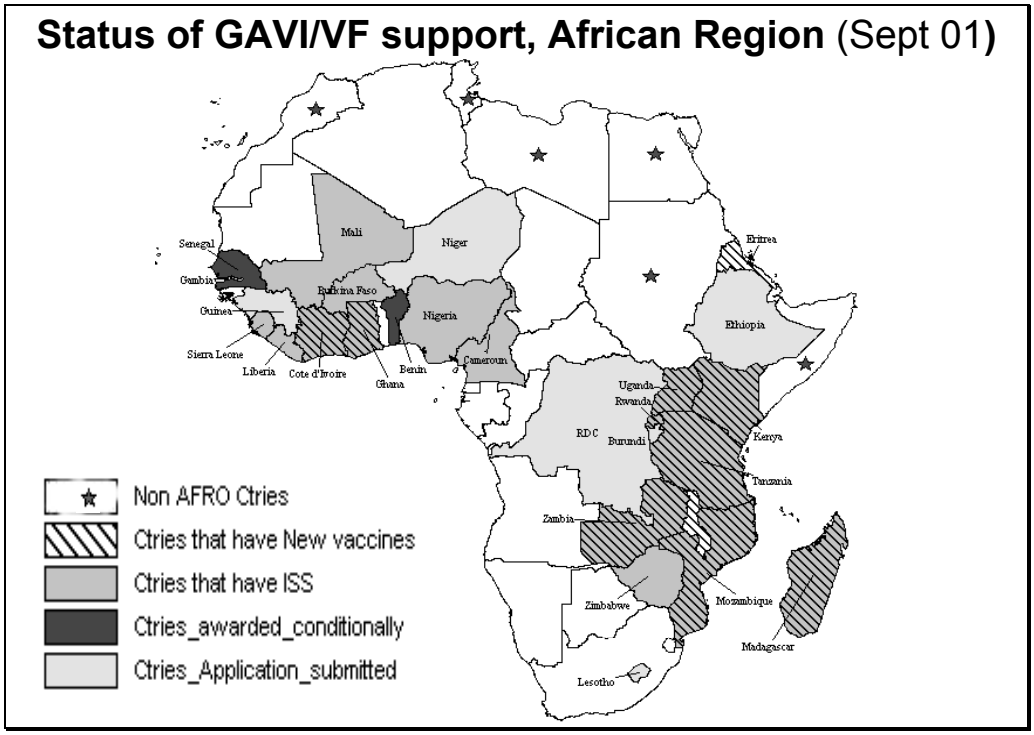
Slide presentation on Update on Immunization Activities in the African Region (continued)



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At country level

- Requests prepared and submitted quickly to GAVI Secretariat
  - Further to strong advocacy by GAVI Secretariat at the level of Health Ministers
  - Strong involvement of national EPI teams
  - Partners support secured through ICC
  - Technical assistance organized thru RWG/SRWG
  - ... despite heavy EPI agenda in the region (Polio NIDs, AFP surveillance, Measles NIDs, inter-county training activities, etc)

Slide 10

Slide presentation on Update on Immunization Activities in the African Region (continued)

GAVI/VF have already reached the districts : a critical factor for success

Countries	Activities funded	Observations
■MALI ($429,000 in Jan 01)	■Microplanning workshop for 5 districts ■Operations budgeted in microplans of 13 districts	■District microplans approved by ICC ■Report on use of funds made to ICC quarterly ■Performance contract signed with districts
■GHANA ($265,400 in Dec 00)	■Procurement of motor bikes, computers, copyiers ■Training / microplanning /data management	■VF for infrastructure strengthening and not recurrent costs ■Checks through Internal Audit (Gov.) and External Audit (partners)

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VF already at operational level ...

Countries	Activities funded	Observations
■KENYA ($644,000 in Feb 01)	■Mobile and outreach vaccinations ■Vaccine distribution and collection ■Data collection	■Performance contract agreed upon with districts ■Misplaced expenditures identified ■Financial audit system established
■TANZANIA ($607,000 in Nov 00)	■22 national supervisors trained to support low performing districts ■Advocacy, microplanning workshops and Outreach	■$22,8 million allocated for EPI by Government through HIPC/PRSP Initiative, between 2000-2004

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Slide presentation on Update on Immunization Activities in the African Region (continued)

VF already at operational level ...

Countries	Activities funded	Observations
■ZIMBABWE ($636,000 Not yet in)	■3 rounds of Local immunization Days (LIDs) in low performing districts (to be held annually) ■Training	■MOH advanced own money to EPI to start preparation of LIDs
■RWANDA ($454,000 in Oct 00)	■National level planning workshop followed by district microplanning ■Review of 39 district microplans by ICC and Regional Directors	■Districts received 50% of funds allocated ■Financial and technical reports expected for review by ICC

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Positive contribution of GAVI initiative in the region

- Involvement of Government at level of Health Ministers at the planning phase, a critical factor toward country ownership of EPI and sustainable financing
- Provision of funds for strengthening routine EPI
- Financing introduction of new vaccines for poor countries (finally)
- Consolidating need for coordination and partnership at country level (ICC)
- Introducing output-based award system
- Supporting use of AD syringes for all immunization activities

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Slide presentation on Update on Immunization Activities in the African Region (continued)

Some Gaps that GAVI Board may consider for our future work in immunization for Africa

- GAVI perceived as another Project / Organisation
- Still important financing gaps (eg cold chain, training)
- Conflicting messages of partners on measles control
- Surveillance, incl. lab support seems not adequately covered
- Alliance as real ¨umbrella¨ for all immunization activities
- More advocacy to further increase internal and external resources
- Consensus building on strategies and ways forward
- Specific funding required

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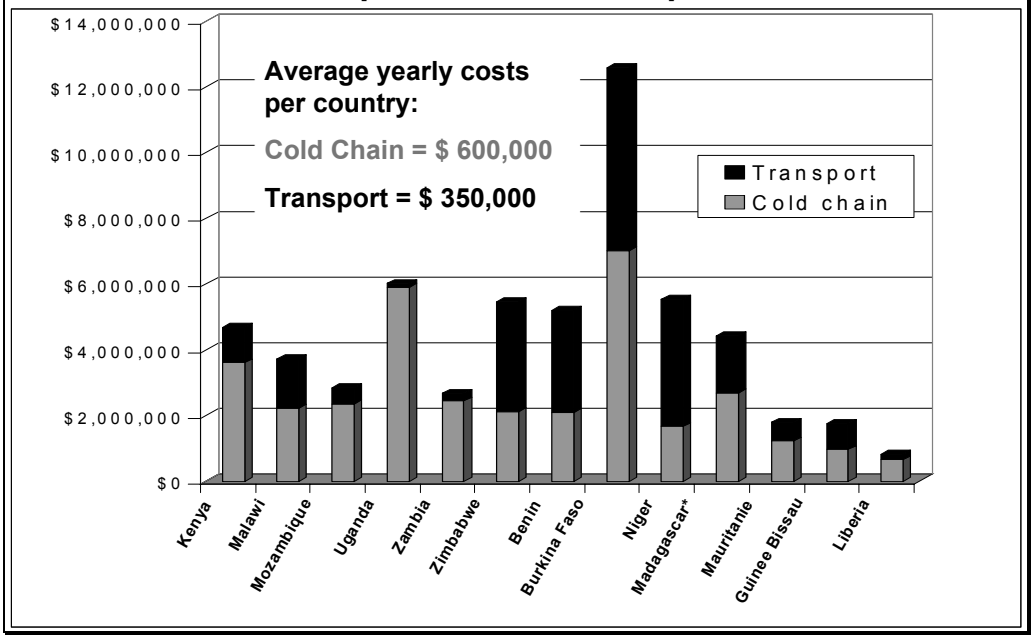
Five year costs of cold chain and transport rehabilitation plans



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Slide presentation on Update on Immunization Activities in the African Region (continued)

Mobilizing Government funding for support to EPI – the case of Tanzania

- Government's provides :
  - Block grants to districts to support ¨essential Health package¨ incl. EPI recurrent costs
  - Funds for procurement of vaccines & injection materials (10% of total vaccine costs)
- Support received / anticipated from HIPC/PRSP Initiative :
  - 2000/2001 - $ 1,892,482
  - 2001/2002 - $ 3,469,787
  - 2002/2003 - $ 9,521,746
  - 2003/2004 - $ 8,133,719

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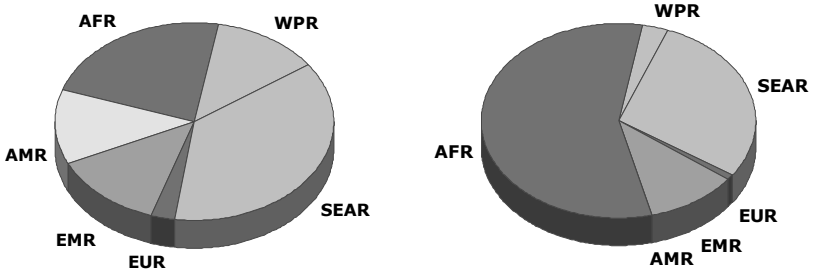
Addressing accelerated measles control goal to dramatically reduce number of measles-associated deaths



Africa with unacceptably high burden
While cost effective strategies are available

Source: WHO - 1999 World Health Report

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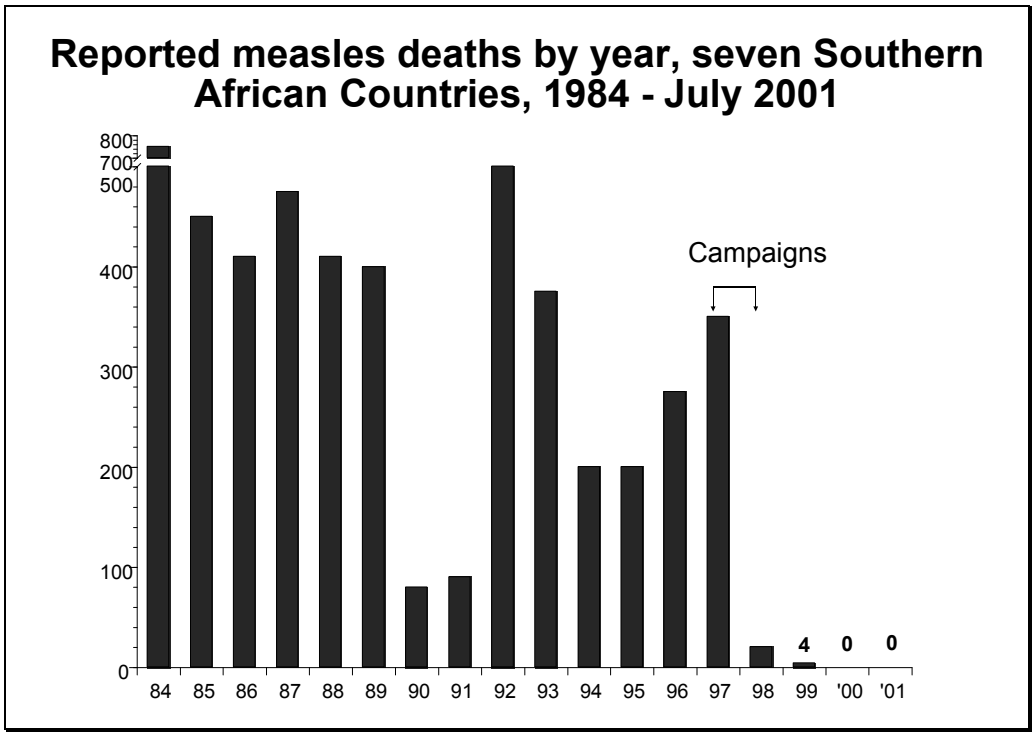
Slide presentation on Update on Immunization Activities in the African Region (continued)



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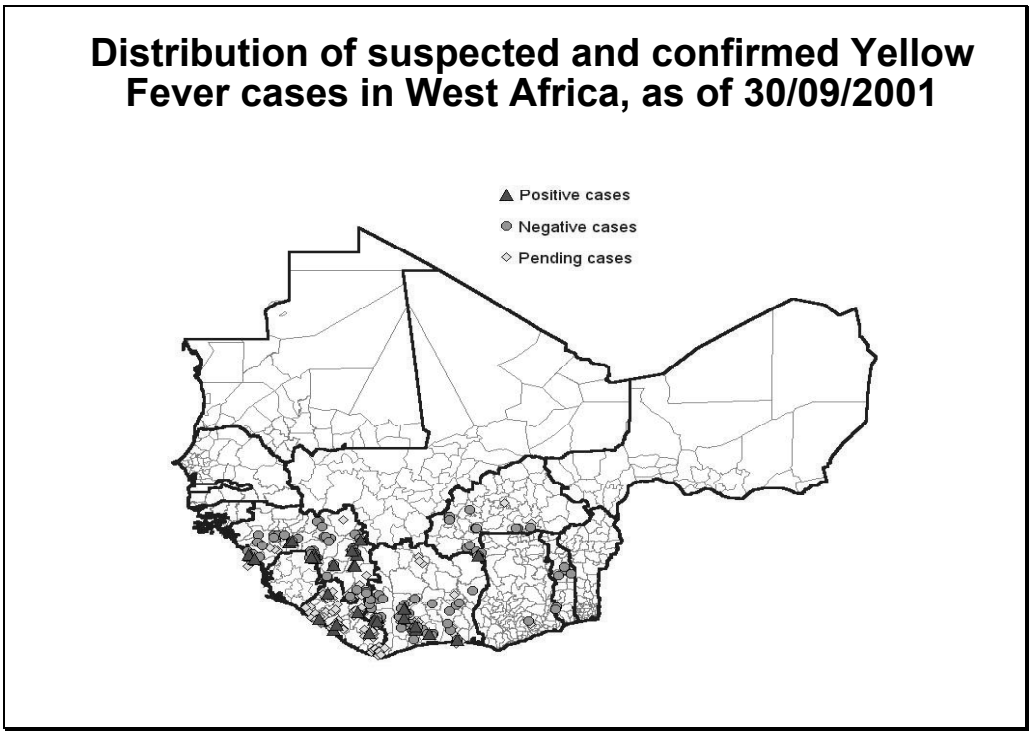

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Slide presentation on Update on Immunization Activities in the African Region (continued)

In Summary

- Regional EPI coverage flat at medium levels resulting in high levels of morbidity, outbreaks and deaths of vaccine preventable diseases
- Countries seized the opportunity of ¨GAVI¨ to get additional funds (mainly for district level activities) as well as New Vaccines and Yellow Fever vaccines as needed
- Speed in applying for GAVI/VF was facilitated by high level advocacy and important support from available and EPI structures, established mainly for Polio Eradication
- Perceived gaps in some EPI components (cold chain, capacity building, social mobilisation, disease control and surveillance) and in mobilisation of bilateral partners

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Conclusions

- GAVI : a timely initiative for EPI in the region
  - Additional resources are accessible
  - High level involvement (Governments and partners) secured
- Medium / Long term potentials are important
  - Sustainable financing for EPI
  - Capacity building in all aspects of EPI
  - Spill over to other health programmes (partnership, results-based contract, Injection safety...)
- Need focus, consistency, attention to field implementation
- Need to reinforce capacities of UNICEF and WHO to provide TA and facilitate M&E.

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Slide presentation on Update on Immunization Activities in the African Region (continued)

Our main activities for the near future

- At sub-regional level
  - Arrange support to countries for all to apply to GAVI/VF, latest by mid-2002.
  - Assist countries to produce comprehensive EPI 2002 workplans
- At regional level
  - In December, agree on regional priorities for 2002 as well as roles and responsibilities
  - Review structures and functionning of SRWGs
  - Address mobilisation of internal resources in selected countries

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Our recommendations

- Sustain involvement of Health Ministers
  - Regional Committee meetings
  - Annual review meetings at sub-regional level
- Plan for longer term (15 years) and actively advocate & support countries to take over most of the costs
- Strengthen current regional / sub-regional structures (engagement of bilateral partners, assignment of roles to implementing agencies, rotating chairmanship)
- Further invest in training and capacity building
- Address disease control initiatives (measles, yellow fever control) under ¨GAVI umbrella¨

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Annex 3.

Progress and Challenges

Central and Eastern Europe, Commonwealth of Independent States and the Baltic States

Presentation by
Philip D. O'Brien
UNICEF Regional Office for CEE/CIS and the Baltic States

Annex 3

Progress and Challenges, Central and Eastern Europe, Commonwealth of Independent States and the Baltic States

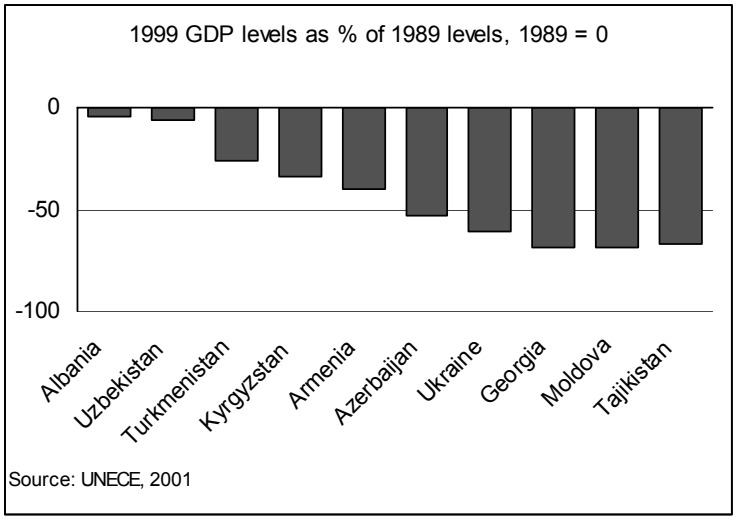
Global Alliance for Vaccine Initiative (GAVI) - progress and challenges

Central and Eastern Europe, Commonwealth of Independent States and the Baltic States

Philip D. O'Brien
UNICEF Regional Office for CEE/CIS and the Baltic States

Slide 1

GDP trends of GAVI countries



Slide 2

Slide presentation on Progress and Challenges, Central and Eastern Europe, Commonwealth of Independent States and the Baltic States (continued)

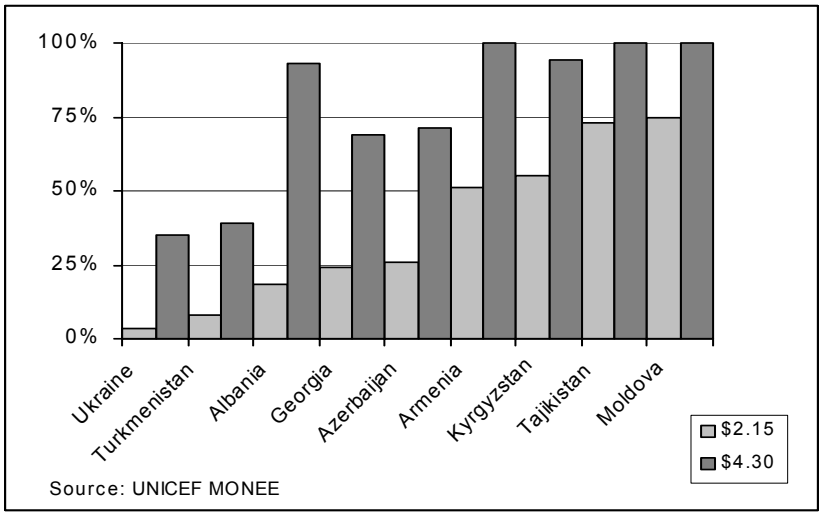
GNI per capita of selected countries

1999 Gross National Income per capita (current US$)			
Lower Middle Income Group (GNI per capita $756-$2,995)		GNI <$1,000	
Bosnia and Herzegovina	$1,210	Tajikistan	$170
Kazakhstan	$1,290	Kyrgyzstan	$300
Bulgaria	$1,390	Moldova	$410
Romania	$1,510	Armenia	$490
FYR Macedonia	$1,660	Azerbaijan	$560
Russia	$1,750	Georgia	$620
Latvia	$2,500	Uzbekistan	$640
Belarus	$2,550	Turkmenistan	$690
Lithuania	$2,640	Ukraine	$770
		Albania	$930
		FR Yugoslavia	$990 (2000)

Source: World Bank

Slide 3

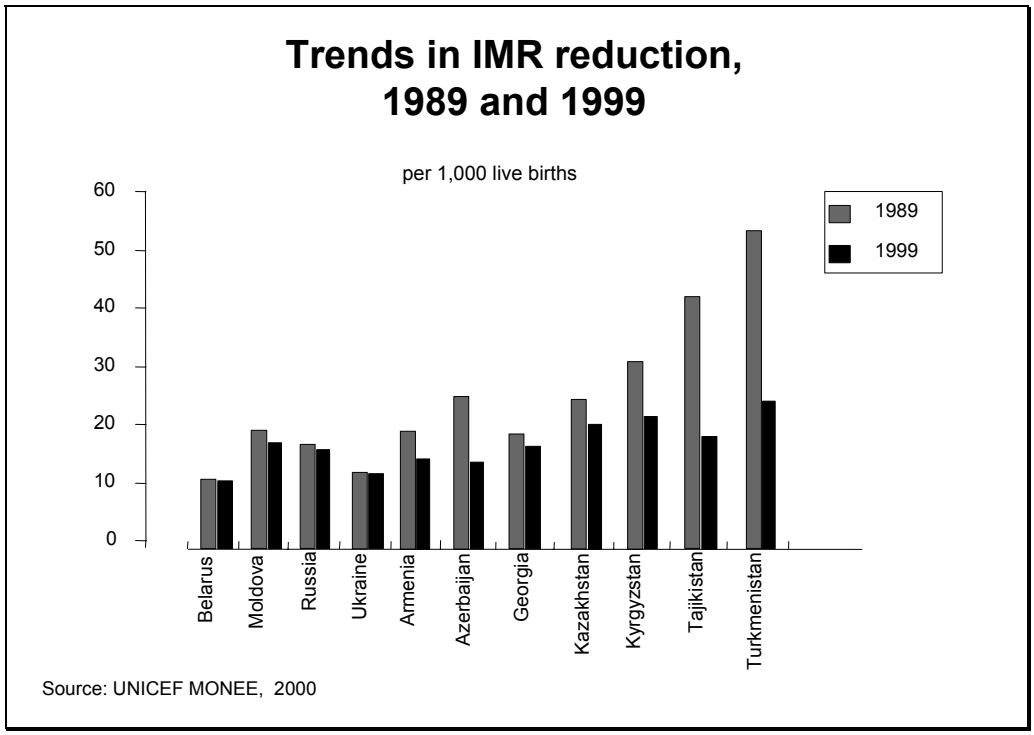
Proportion of children living in absolute poverty



Source: UNICEF MONEE

Slide 4

Slide presentation on Progress and Challenges, Central and Eastern Europe, Commonwealth of Independent States and the Baltic States (continued)



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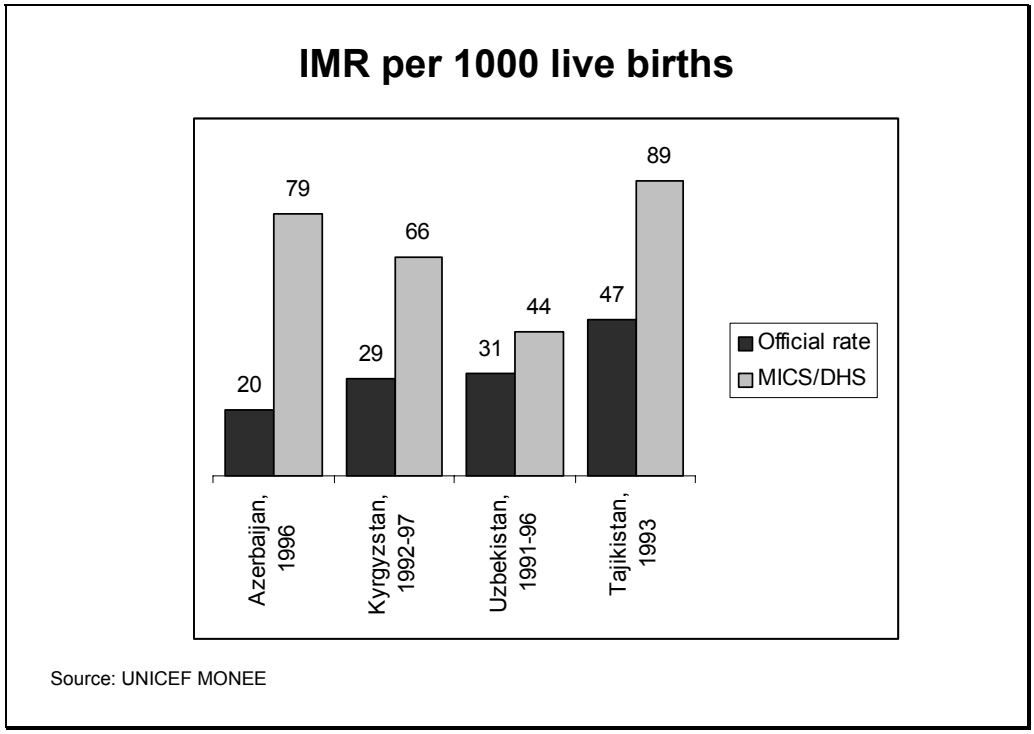
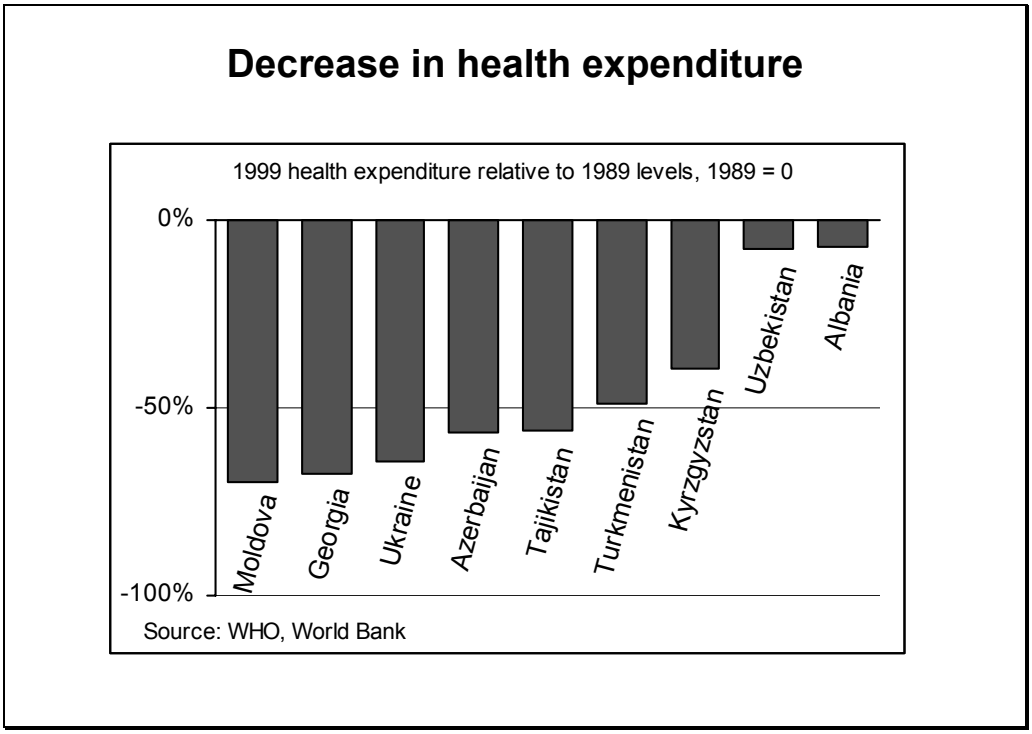


Slide 6

Slide presentation on Progress and Challenges, Central and Eastern Europe, Commonwealth of Independent States and the Baltic States (continued)



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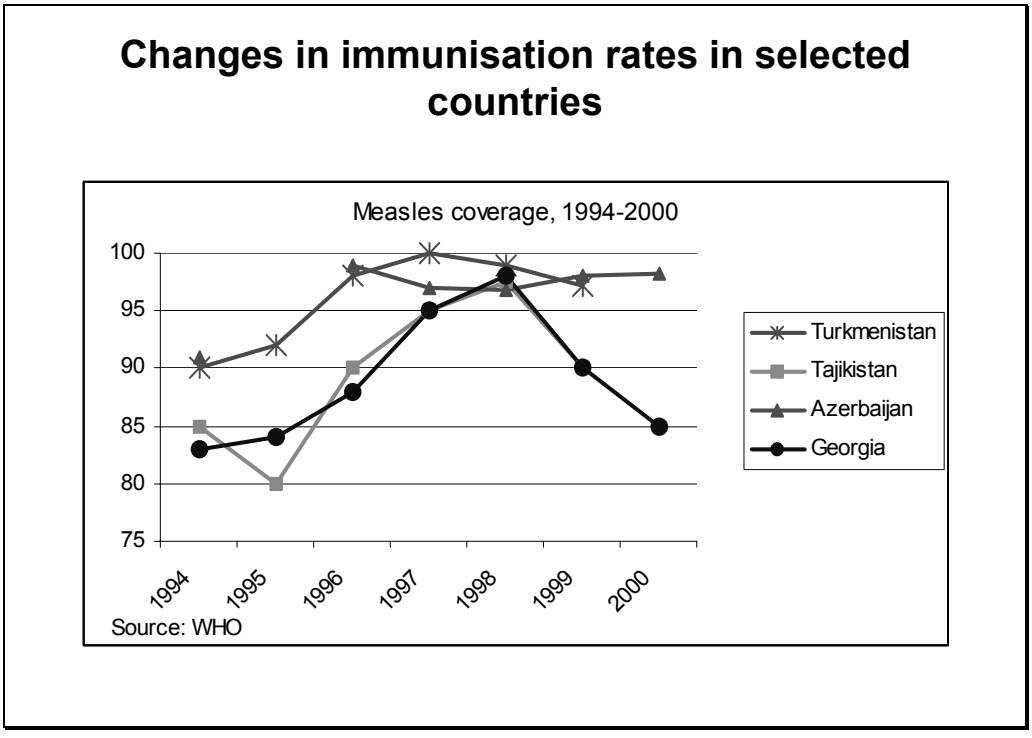
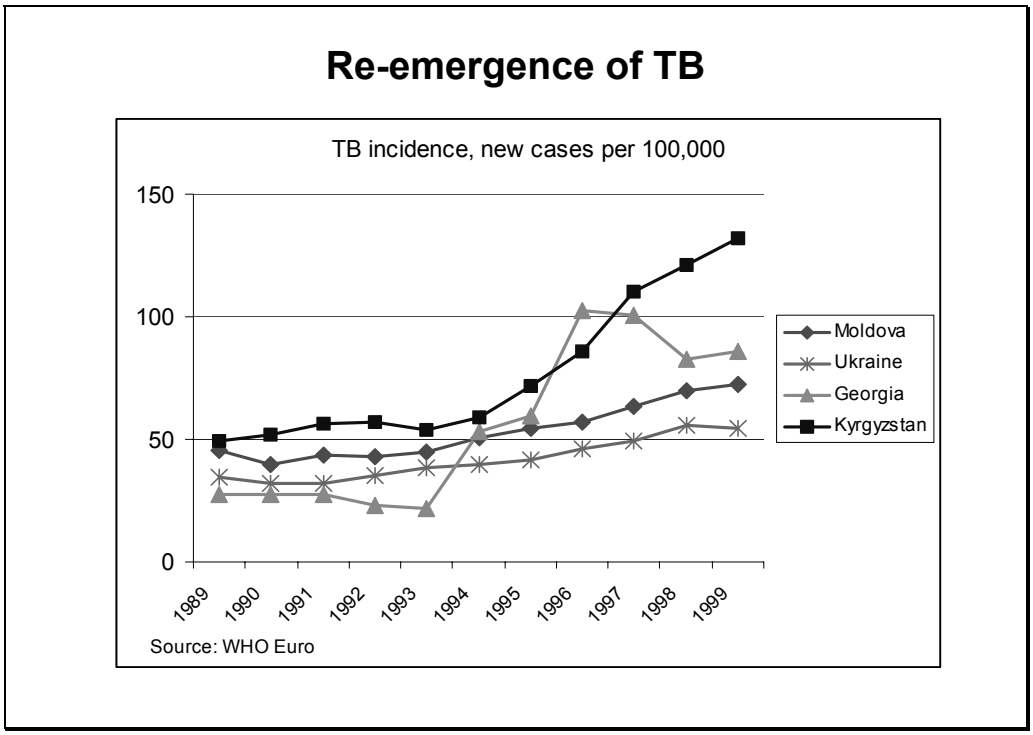


Slide 8

Slide presentation on Progress and Challenges, Central and Eastern Europe, Commonwealth of Independent States and the Baltic States (continued)



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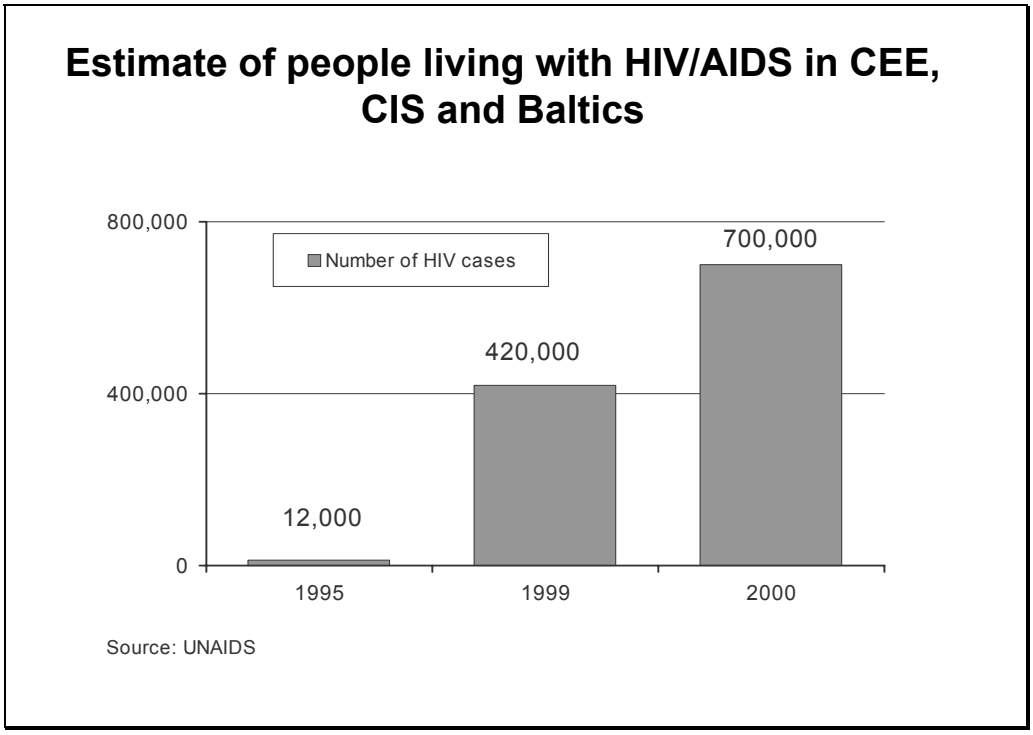


Slide 10

Slide presentation on Progress and Challenges, Central and Eastern Europe, Commonwealth of Independent States and the Baltic States (continued)

GAVI in the CEE/CIS

- Interagency Co-ordinating Committee (ICC) functional in 11 countries
- Immunisation assessments carried out in 11 countries
- 4 countries eligible for immunisation services investment
  - *3 countries were approved for grants amounting to $313,000 of which 50% already received*
  - *Georgia applied in Oct 2001*
- Support to safe injection practices
  - *6 countries applied as of 1st Oct 2001*

Slide 11

GAVI in the CEE/CIS

- 7 countries approved for hepatitis B vaccines
  - *vaccines bundled with syringes and needles valued at $2,850,000 to cover national requirements through 2002*
- 2 countries received conditional approval for hepatitis B vaccines and 2 applied in Oct 2001
- 7 of 11 countries are eligible to receive $100,000 for introduction of hepatitis B
- Albania and Kyrgyzstan approved for Hib vaccines subject to submission of introduction plans

Slide 12

Slide presentation on Progress and Challenges, Central and Eastern Europe, Commonwealth of Independent States and the Baltic States (continued)

Regional co-ordination

- European GAVI Working Group - the regional mechanism for co-ordination
- Members
  - *WHO, UNICEF, PATH/CVP, VHPB, CDC, USAID, DFID, ADB and the World Bank*
- A total of 36 missions to 11 countries undertaken by Working Group members in 2001

Slide 13

Key assessment findings

- Lack of training
- Cold chain in need of upgrading
- Low sub-regional immunisation coverage
- Unsustainable immunisation financing

Slide 14

Slide presentation on Progress and Challenges, Central and Eastern Europe, Commonwealth of Independent States and the Baltic States (continued)

Actions: training

- 2 regional capacity building workshops
- In Tajikistan, more than 1,000 health personnel trained on cold chain management, SIP and calculation of vaccine coverage
- In Turkmenistan, 24 training workshops on Adverse Events Following Immunisation
- In Azerbaijan, nation-wide training on SIP

Slide 15

Actions: cold chain

- Cold chain and safe immunisation practices further assessed in 5 countries
- Ukraine cold chain study on risks of freezing hepatitis B vaccine
- Results of assessments assisted countries in leveraging funds for cold chain upgrade
- Feasibility studies on local production of AD syringes in Ukraine and Uzbekistan proposed

Slide 16

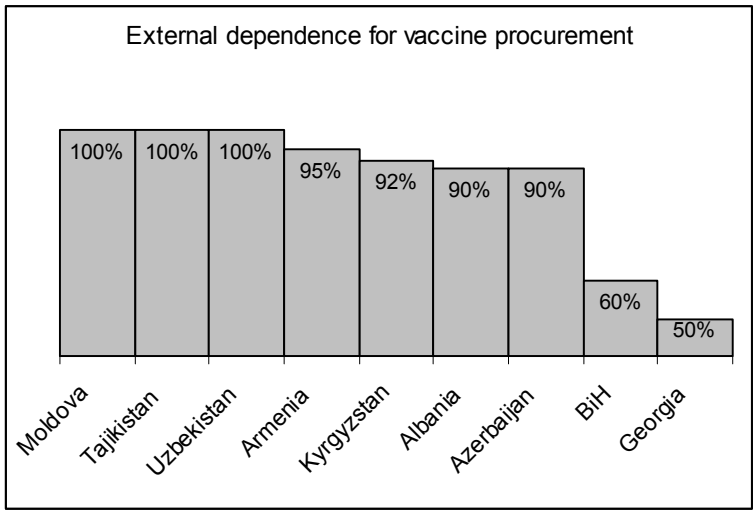
Slide presentation on Progress and Challenges, Central and Eastern Europe, Commonwealth of Independent States and the Baltic States (continued)

Actions: sub-national coverage

- New target - at least 80% coverage in all districts
- Who has been missed?
  - *Review of effectiveness of routine immunisation and supplementary initiatives focusing on low coverage in sub-national levels*
- Development of immunisation coverage monitoring tool - the Ukraine Health Information System to be disseminated to other countries

Slide 17

Immunisation financing

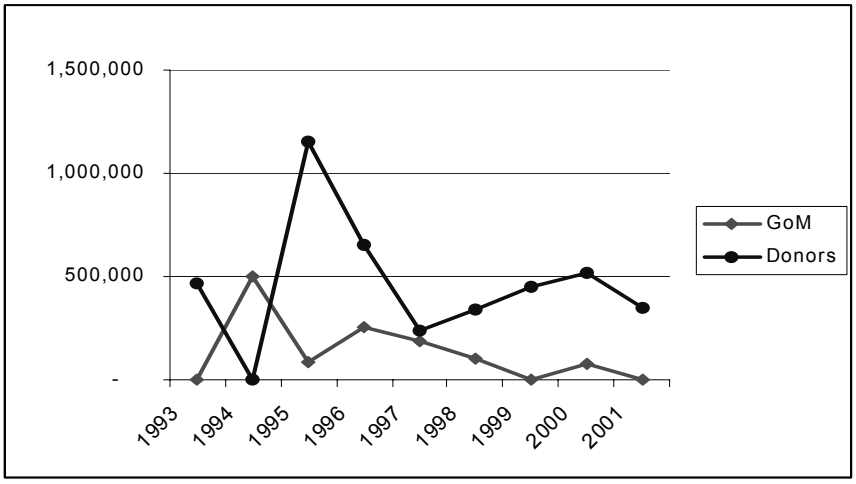


Source: UNICEF/WHO

Slide 18

Slide presentation on Progress and Challenges, Central and Eastern Europe, Commonwealth of Independent States and the Baltic States (continued)

Financing of vaccine, syringes, cold chain equipment, Moldova



Source: UNICEF Country Office

Slide 19

Actions: sustainable financing

- Review of sustainability of immunisation financing in 5 countries undertaken
- Ministries of Finance and Planning have become members of the ICCs
- Vaccine Independence Initiative
  - *extended agreements in 3 countries, Turkmenistan, Uzbekistan and Kyrgyzstan*
  - *being introduced in Albania*
  - *planned for Bosnia and Herzegovina*

Slide 20

Slide presentation on Progress and Challenges, Central and Eastern Europe, Commonwealth of Independent States and the Baltic States (continued)

Regional concerns

- Reaching hard-to-reach populations
- Lack of appropriate waste disposal of syringes and needles
- Participation of countries in GAVI global processes

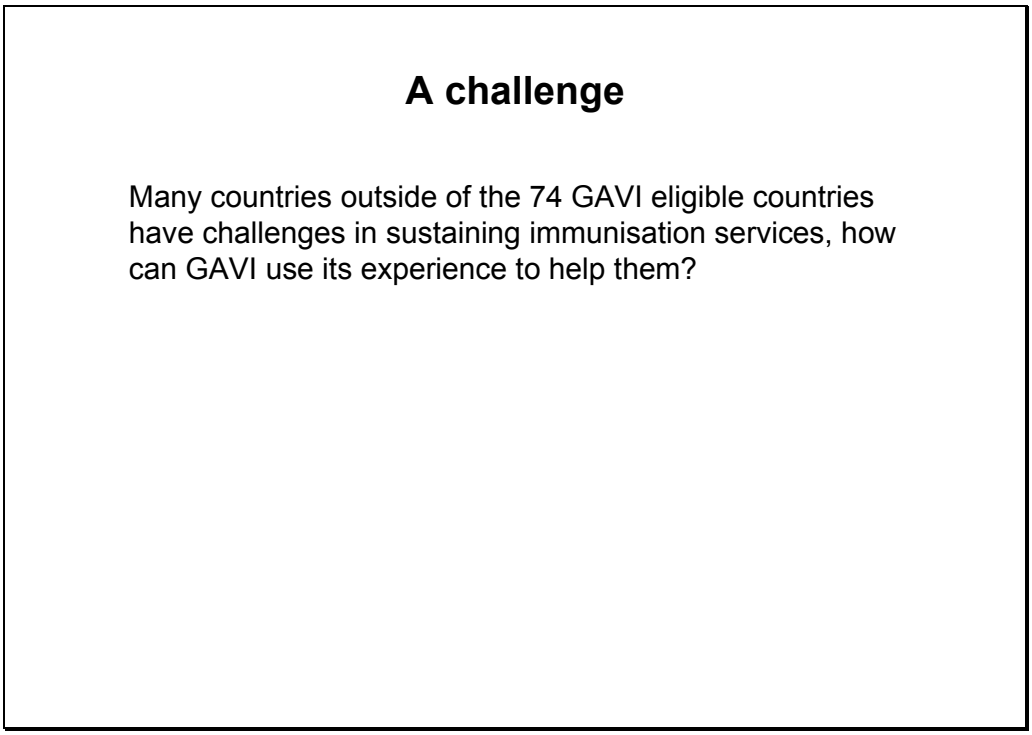
Slide 21

Regional concerns

- Sustainability of national immunisation programmes in the context of decreasing health investments and competing health priorities
- Financial disbursement to governments
- Countries eligible for immunisation services investments funds are currently ineligible for $100,000 support to hepatitis B introduction

Slide 22

Slide presentation on Progress and Challenges, Central and Eastern Europe, Commonwealth of Independent States and the Baltic States (continued)


A challenge
Many countries outside of the 74 GAVI eligible countries have challenges in sustaining immunisation services, how can GAVI use its experience to help them?

Slide 23

Annex 4.

Preparing Guidelines for Use of Window #3 (The R&D Window) of the Vaccine Fund

Presentation by
Mike Levine, University of Maryland,
GAVI Working Group

Annex 4

Preparing Guidelines for Use of Window #3 (The R&D Window) of the Vaccine Fund

Preparing guidelines for use of window #3 (the r&d window) of the vaccine fund

- Focused research and development projects play a critical role in addressing glaring gaps in **ACCESS, EQUITY** and **INVESTMENT**
- The "Vaccine Technologies" projects will expand **ACCESS** by improving immunization practicality and efficiency
- The pneumococcal conjugate, live oral rotavirus and meningococcal A conjugate vaccine projects will enhance **EQUITY**

GAVI

Slide 1

GAVI task force on R&D meetings

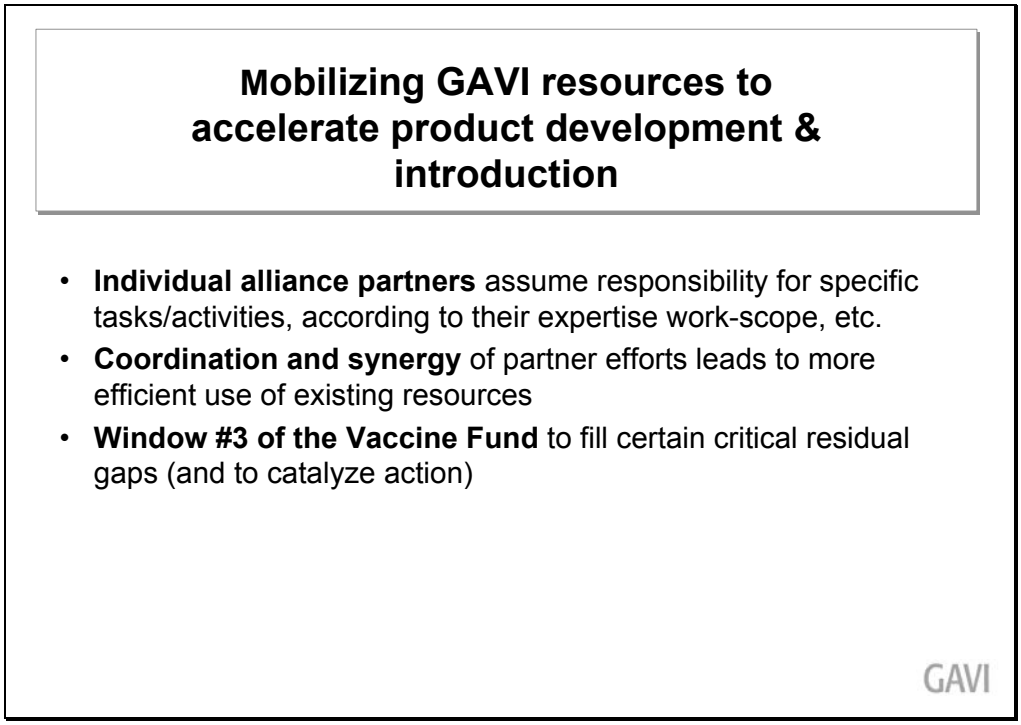
- To set 3 focused research & development agendas
- Map R&D landscape
- Identify strengths in R&D
- Detect gaps & hurdles that will impede accelerated development & introduction
- Propose priorities
- Establish liaison with other TFs
- Communicate meeting outcomes to broad R&D and public health communities

(*Meningococcal*	Geneva	2/2001)
Pneumococcal	Bethesda	4/2001
Rotavirus	Geneva	5/2001

GAVI

Slide 2

Slide presentation on Preparing Guidelines for Use of Window #3 (The R&D Window) of the Vaccine Fund (continued)



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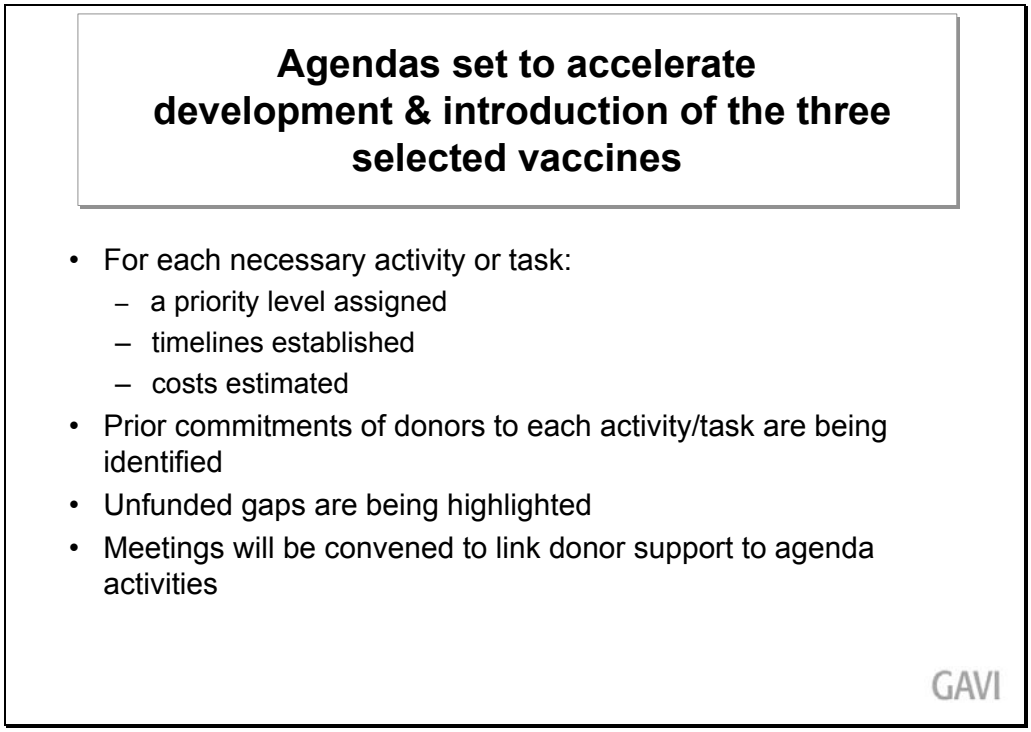
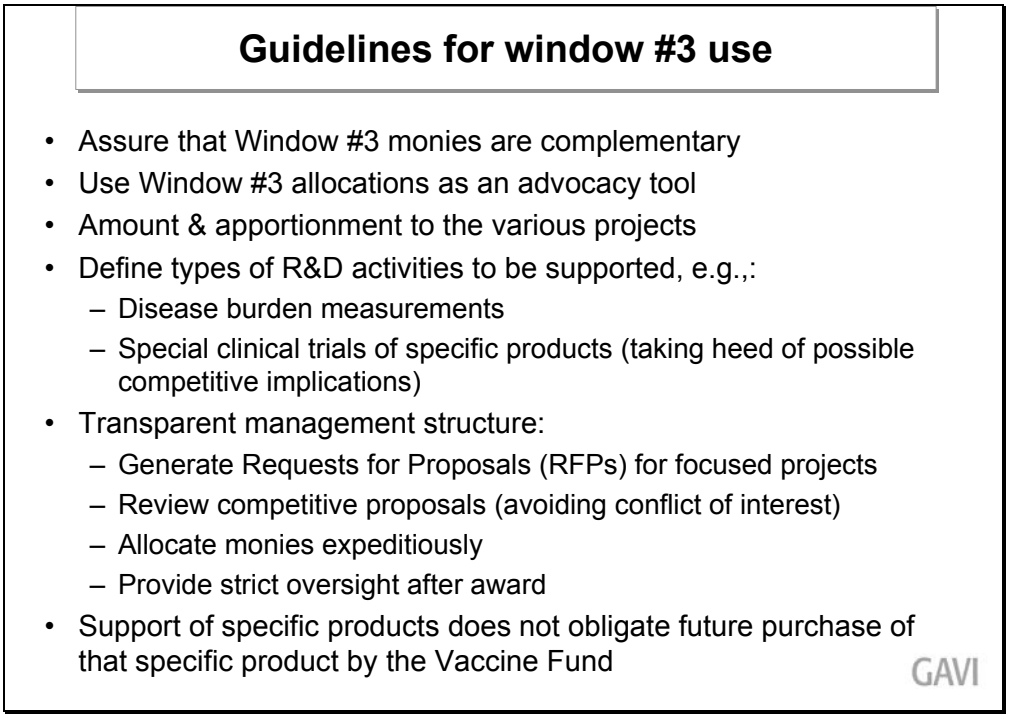


Slide 4

Slide presentation on Preparing Guidelines for Use of Window #3 (The R&D Window) of the Vaccine Fund (continued)



Slide 5

Annex 5

GAVI & Vaccine Fund. Availability of VVMs

Presentation by
Steve Landry, USAID
GAVI Working Group Member

Annex 5

GAVI & Vaccine Fund. Availability of VVMs

GAVI & Vaccine Fund
Availability of VVMs

GAVI Board Meeting
October 17, 2001
Ottawa, Canada

Slide 1

Historical perspective

- Vaccine quality at point of delivery dependent on;
  - well functioning cold chain, and
  - strict adherence to conservative EPI guidance
- Best practices available at the the time - in fact, no real indication of the quality of vaccine with regard to heat exposure

Slide 2

Slide presentation on GAVI & Vaccine Fund. Availability of VVMs (continued)

Opportunity

- Time-temperature indicators known as Vaccine Vial Monitors available since the late 1980s
- Applied to each vial of vaccine - changes color to indicate heat exposure of the vaccine
- Available on all OPV procured through UNICEF since 1996
- Available on vast majority of OPV supplied by partners

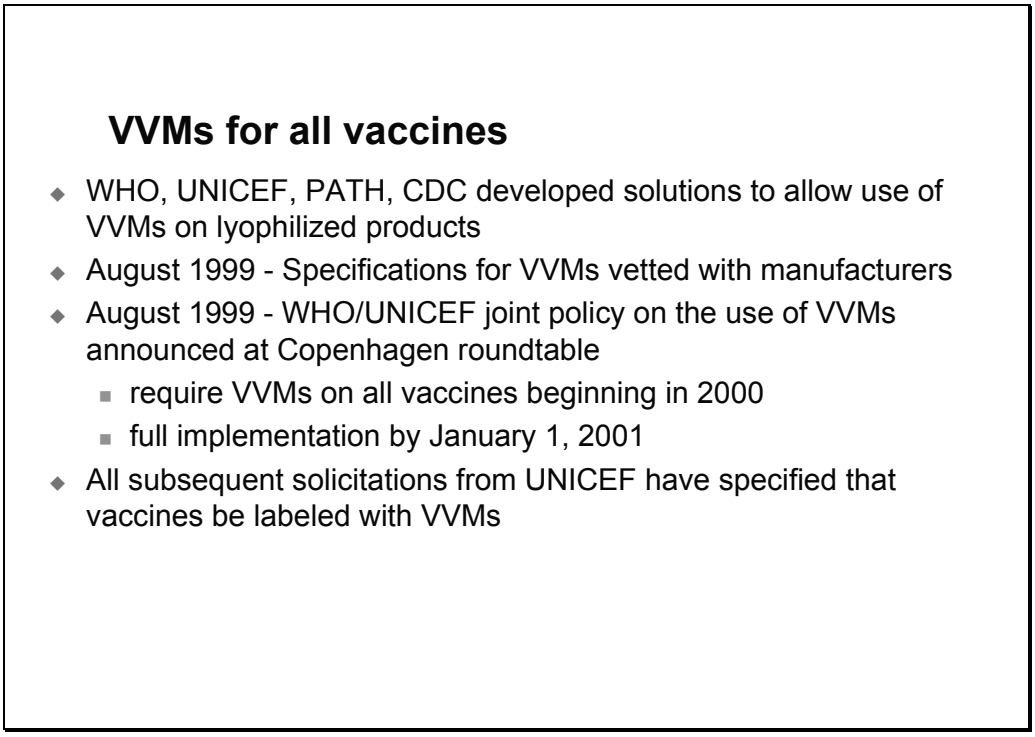
Slide 3

Experience with VVM-labeled OPV

- Early field experience very positive. Quality of the vaccine still dependent on;
  - well functioning cold chain
  - adherence to EPI guidance
- Now have independent tool for determining heat exposure of individual vials of vaccine
- VVMs help to ensure quality of OPV while
  - identifying deficiencies in cold chain
  - allowing for improved stock management
- When used together with the Multidose Vial Policy results in savings of up to $5 - 10 million per year

Slide 4

Slide presentation on GAVI & Vaccine Fund. Availability of VVMs (continued)



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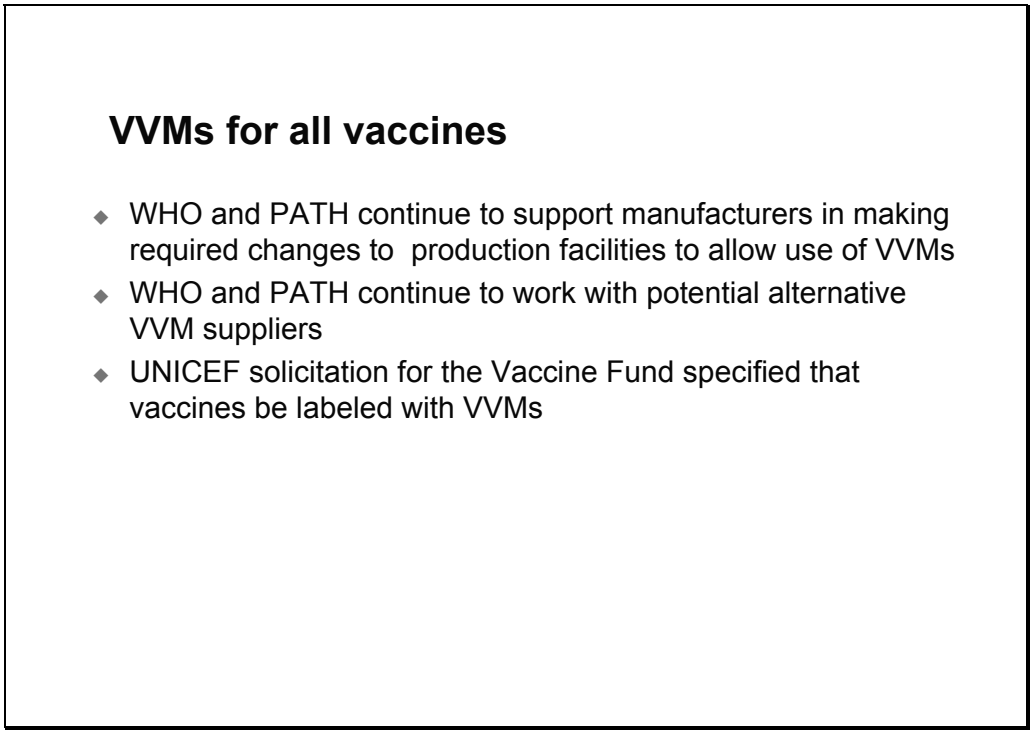


Slide 6

Slide presentation on GAVI & Vaccine Fund. Availability of VVMs (continued)

VVMs for all vaccines

- Summer 2001-UNICEF solicits concerns regarding provision of VVM-labeled vaccine from the manufacturers
- WHO, UNICEF, PATH respond to technical issues raised by manufacturers
- Several manufactures have made offers that meet UNICEF specifications (VVM-labeled)
- Several manufacturers have requested additional time to make the changes needed to provide VVM-labeled product

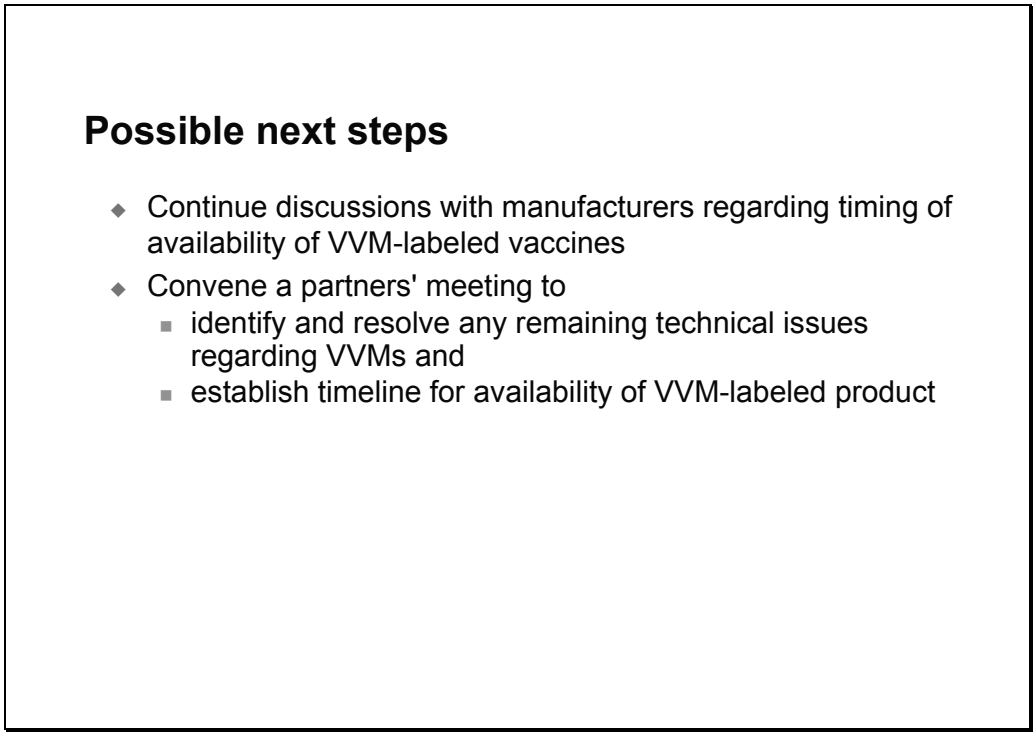
Slide 7

Manufacturers' concerns

- Single VVM supplier
- Technical Constraints
  - Potential inconsistency between shelf life of VVM and vaccine
  - Reliability of VVMs
- Implication for flexibility of stock management

Slide 8

Slide presentation on GAVI & Vaccine Fund. Availability of VVMs (continued)



Slide 9

Slide 10

Slide presentation on GAVI & Vaccine Fund. Availability of VVMs (continued)

Possible next steps

- Encourage UNICEF to include schedules for the availability of products that fully meet specifications (VVM-labeled) in future agreements with manufacturers
- Encourage GAVI partners that support the provision of vaccines for use in developing countries to ensure that vaccines provided are labeled with VVMs

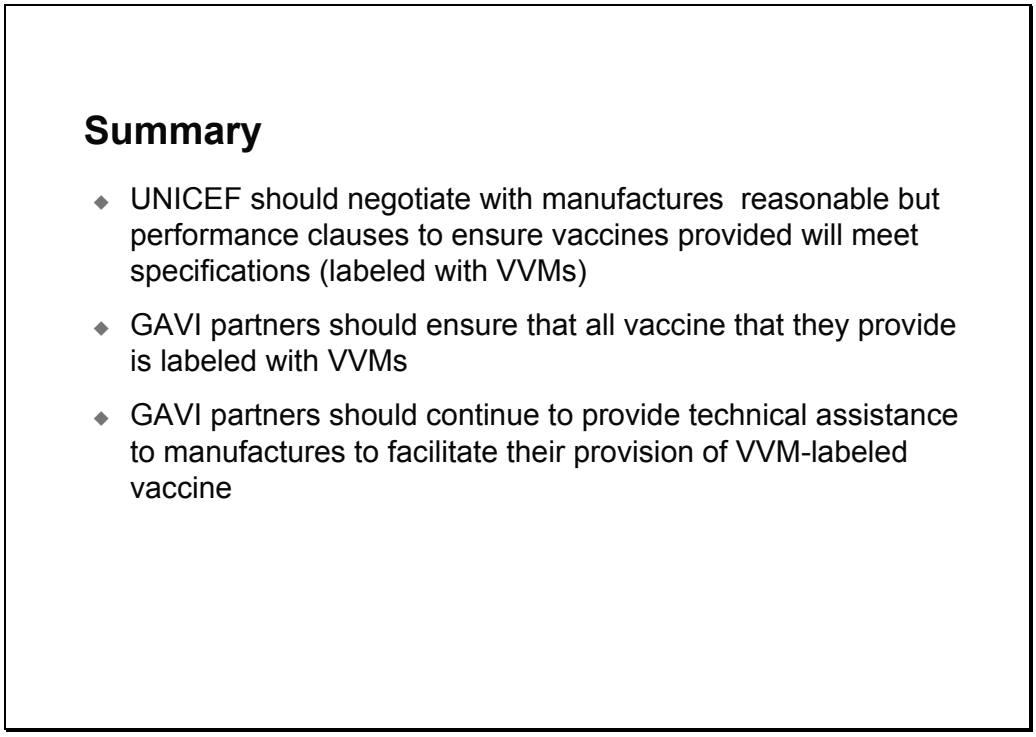
Slide 11

Summary

- VVMs are extremely valuable tools - helping to ensure the quality of vaccines delivered
- Following meetings with partners and UNICEF has specified that all vaccines that it procures should be labeled with VVMs (beginning in 2000)
- Several manufactures have made the required investments and are providing meeting UNICEF specification- they should be recognized for their effort

Slide 12

Slide presentation on GAVI & Vaccine Fund. Availability of VVMs (continued)



Slide 13

Annex 6

Update on Capacity Building Activities

Presentation by
Paul Fife, UNICEF,
GAVI Working Group

Annex 6

Update on Capacity Building Activities

GAVI Global Alliance for Vaccines and Immunization

Update on capacity building activities

Sixth Meeting of the GAVI Board
Ottawa, 17 October 2001

Slide 1

Update on capacity building activities

- GAVI partners support a range of capacity-building activities at country, regional and global level
- Capacity building is a main component of GAVI Task Force workplans (TFCC, FTF)
- An “ad hoc” inter-task force sub-group is consolidating the strategic thinking around capacity building
  - Concept Paper on Capacity Building
  - Application of strategy at country, regional and global level

Slide 2

Slide presentation on Update on Capacity Building Activities (continued)

GAVI framework for capacity building

- Defines capacity building in immunization as the sustained strengthening of immunization systems
- Places emphasis on addressing four health systems functions
  - Immunization operations
  - Management / stewardship
  - Financing
  - Human and institutional resources
- Makes use of a five-step approach that reinforces three key GAVI instruments
  - Assessment (Common Assessment Tool)
  - Plan (national multi-year plans)
  - Country-based monitoring (through ICC)

Slide 3

Measuring capacity - the core indicators

- Application of the Common Assessment Tool with a full set of indicators will help assess capacity and actions needed at national, district and service delivery level
- Immunization indicators are being reviewed and “rationalized” according to each of the four health system functions
- An indicator framework will help to measure progress at local level - and a sub-set at regional and global level for tracking progress
- Data collection tools will support standardization of Core Indicators
  - UNICEF/WHO joint annual reporting form
  - GAVI annual report and mid-term review
  - Common Assessment Tool

Slide 4

Slide presentation on Update on Capacity Building Activities (continued)

Immunization-related training initiatives

- Inventory of training activities undertaken and catalogued according to operational components and health system function
  - Immunization financing
  - Generic training materials
- Further analysis and work is needed:
  - Unmet training needs (and at which levels)
  - Use of existing materials
  - Ways of making training more effective
- Critical actions
  - Engage regional level
  - Improving methodologies and support for training
  - Secure partner commitment to expand support to capacity building

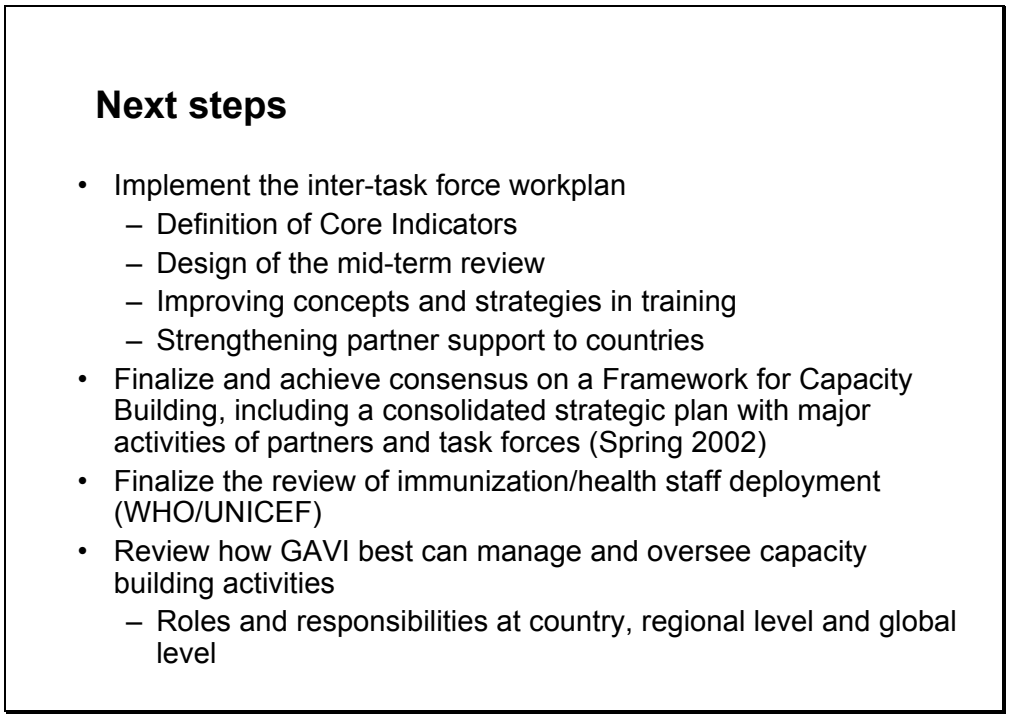
Slide 5

"Entry points" at country level

- Reinforce the quality of the regular planning and management process
  - Assessments and Programme Reviews
  - Development of annual and multi-year plans
  - Monitoring and evaluation frameworks
- Focus on the mid-term review
  - Special support to countries scheduled in 2002
  - Deployment of Immunization Advisors/partner agency staff
  - Include activities that need to be done in conjunction with the mid-term review process
    - Financial sustainability (FTF)
    - Assessment of training strategies and needs
    - Institutional mapping

Slide 6

Slide presentation on Update on Capacity Building Activities (continued)



Slide 7

Annex 7

Roles and Responsibilities: The Vaccine Industry

Presentation by
Jean-Jacques Bertrand, Aventis,
GAVI Working Group Member

Annex 7

Roles and Responsibilities: The Vaccine Industry

Aventis

Aventis Pasteur

Roles and Responsibilities:

The Vaccine Industry

Jean Jacques Bertrand
GAVI Board
October 17, 2001

October 15, 2001

Slide 1

Aventis

Aventis Pasteur

Roles & responsibilities: vaccine Industry

REMARKS

Industry announced a five-point action plan, which included our collective commitment to:

- Supplying high quality vaccines to the world's poorest populations;
- Investing in the development and supply of new breakthrough vaccines on a worldwide basis;
- Developing technologies to facilitate the distribution and administration of vaccines;
- Contributing to the education of immunization providers in the GAVI eligible countries; and
- Working to engage other private sector organizations in the mission of GAVI.

October 15, 2001

Slide 2

Slide presentation on Roles and Responsibilities: The Vaccine Industry (continued)

Aventis

Aventis Pasteur

African initiative - page 1

Purpose:
Demonstrate AvP support for GAVI and the Vaccine Fund*, in the development of effective and sustainable training capacity for immunization program managers.*

Main Objective:
Strengthen **technical capacities; management skills;** and, **professional behaviour** of immunization program managers and technicians.

October 15, 2001

Slide 3

Aventis

Aventis Pasteur

African initiative - page 2

Plan:

- The initative will consist of **professional training for persons involved in immunization** in the francophone countries of the Central/West sub-region of GAVI's African Regional Working Group.
- The initiative will run for a period of five years; one training session each year for an average of 40-50 managers of immunization programs, for a total of up to 250 managers in the 5 years.
- A 4 week introductory course followed by 44 weeks of tutoring including a distance learning component, with academic accreditation through the participation of African Universities, and assessed using GAVI's Common Assessment Tools.

October 15, 2001

Slide 4

Slide presentation on Roles and Responsibilities: The Vaccine Industry (continued)

Aventis

Aventis Pasteur

African initiative - page 3

Implementation:

- Aventis Pasteur will delegate implementation of the project to the Association pour l'Aide a la Medecine Preventive (AMP), who will work with all GAVI partners in the field, including the regional offices of UNICEF and WHO.

Expected Outcomes:

Improvement in immunization infrastructure, as assessed by GAVI's Common Assessment Tools:

- improvement in knowledge in vaccinology
- improvement in delivery of safe and delivery of vaccines
- improvement in management and planning of immunization programs
- improvement in countries' access to GAVI opportunities and the Vaccine Fund

October 15, 2001

Slide 5

Aventis

Aventis Pasteur

List of contacts made by AvP prior to the announcement:

PATH: Mark Kane; James Maynard
GAVI Secretariat: Tore Godal
Vaccine Fund: Jacques Francois Martin
Industry Working Group: all members via Jackie Keith
Industry CEOs: informed by Jean Jacques Bertrand on Oct 11 call
UNICEF/ATF: Heidi Larson; Paul Fife
GAVI Working Group: Michel Zaffran; Amie Batson; Steve Landry
GAVI Regional Working Group: Okwo Bele
UNICEF Regional office: Rima Salah

NOTE: All individuals were contacted in person, (either face to face or on the phone), and the feedback from all ranged from positive to extremely positive.

October 15, 2001

Slide 6

Original: English

For information
and/or to obtain copies of this document,
please contact:

GAVI Secretariat
c/o UNICEF
Palais des Nations
CH-1211 Geneva 10
Switzerland

Tel: +41 22 909 5019
Fax: +41 22 909 5931
E-mail: gavi@unicef.org
www.vaccinealliance.org

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