Summary report on the

Nineteenth meeting of the Eastern Mediterranean Regional Working Group on the GAVI Alliance

Cairo, Egypt
15–16 November 2012
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1. Introduction

The WHO Regional Office for the Eastern Mediterranean organized the 19th meeting of the Eastern Mediterranean Regional Working Group on the GAVI Alliance in Cairo, Egypt, from 15 to 16 November 2012.

The meeting was attended by national EPI managers and national focal points for health system strengthening from Afghanistan, Djibouti, Pakistan, Somalia, Sudan, South Sudan and Yemen, as well as by representatives of the GAVI secretariat, staff of the United Nations Children’s Fund (UNICEF) and WHO staff from headquarters, the Regional Office and country offices.

The objectives of the meeting were to:

- Update participants on new GAVI policies, new vaccine availability and new health system strengthening funding modalities;
- Review country progress in implementing GAVI processes related to the different windows in order to reach the goals;
- Identify weaknesses and gaps and recommend corrective measures;
- Discuss challenges and constraints related to GAVI activities faced by countries;
- Agree on the technical assistance needed by countries in order to adequately implement GAVI processes; and
- Enhance the collaborative approach of EPI and health system strengthening at country level.

The meeting started with updates from the countries receiving GAVI support, who presented their progress on GAVI activities related to immunization and health system strengthening. This was followed
by briefings from WHO staff and the GAVI secretariat on matters such as new policies and structures, the availability of new vaccines and linking comprehensive multiyear plans with national health plans. A panel discussion took place on ways to improve application submissions and the flow of information related to GAVI support and on the steps needed to ensure financial sustainability. Participants made a number of general and specific recommendations for countries and partners.

2. Summary of discussions

Last year a number of countries in the WHO Eastern Mediterranean Region witnessed unprecedented civil unrest and other disturbances. Despite the high risk of negative impacts on national immunization coverage, reported data show that there was only a slight decrease from 91% to 88% of the regional average of DPT3 coverage. This was due mainly to the efforts of countries and to high public demand for immunization.

Many colleagues from national EPI and health system strengthening teams were not aware of the recent evaluation of civil society organizations by GAVI.

The new message conveyed by GAVI secretariat in various meetings (18th Regional Working Group meeting, side meetings during the Regional Committee) and during this meeting as well, is that the GAVI health system strengthening proposals must be ensure clear links with immunization outcomes. However no clear guidelines for this purpose are yet available in writing. As a result there is still some confusion among immunization and health system strengthening teams at country level.
3. **Recommendations**

*To all countries*

1. Strengthen the leadership role of national health sector coordination committees (NHSCC) or equivalent bodies to ensure that health system strengthening efforts work in harmony towards the overall objective of strengthening the national immunization programme and increasing immunization coverage.

2. Ensure that the comprehensive multiyear plan (cMYP) for immunization is updated whenever required. An annual action plan must be derived from cMYP and should be implemented in letter and spirit.

3. Link the cMYP to national health plans. Whenever a new health plan is developed or amended, efforts should be made to ensure that EPI requirements per the cMYP are fully imbedded in the national health plans. The EPI team should take lead in this.

4. Ensure that all planned health system strengthening activities (old and new applications) will contribute to the achievement of targets for immunization and maternal and child health.

5. Consider disease burden, cost-effectiveness and sustainability in national decision-making with respect to the introduction of new vaccines.

6. Ensure timely completion of the draft APR 2012 to be shared with the GAVI Core Regional Working Group.

*To the GAVI Alliance*

7. Provide a clear guideline regarding new GAVI performance-based support (PBS) window, clearly defining the roles, responsibilities, disbursement mechanisms, indicators and
expected outcomes for EPI and health system strengthening under this window.

8. Under the policy of “country tailored specific approach”, reconsider the co-financing mechanism for fragile states, whereby there actual economic situation is considered with regard to requirements for co-financing.

9. Consult EPI and health system strengthening teams at country level regarding the design of GAVI support windows.

10. Collaborate closely with the Regional Office and with country teams regarding planning and undertaking of evaluations.

11. Ensure that the reward mechanism under PBS gives countries that have already attained high coverage (DPT3 > 90%) reasonable benefit and does not penalize the country for its achievement.

12. Develop a mechanism for evaluation of EPI and health system strengthening contributions towards strengthening the health systems and increasing the immunization coverage.

To partners

13. Undertake advocacy country visits to ensure adequate and sustainable support for immunization programme. This is particularly requested by South Sudan.

14. Regularly undertake GAVI Alliance (i.e. WHO, UNICEF and GAVI secretariat) plus partner’s country missions for monitoring GAVI support utilization and rapidly reviewing the performance of the immunization programme.

15. Continue to provide technical assistance.
Recommendations to specific countries

To Afghanistan

16. Ensure that proper preparations are made before introduction of pneumococcal vaccine, as outlined in the introduction plan.
17. Complete the coverage evaluation survey at the earliest opportunity (preparations started in mid 2011).

To Djibouti

18. Ensure that pneumococcal vaccine is introduced planned ensuring that the satisfactory preparatory activities are undertaken.
19. Prepare and finalize for the first time GAVI HSS support and health systems funding platform application for an amount of US$ 3 million.

To Pakistan

20. Without further delay, implement the recommendation of the 18th Regional Working Group meeting to ensure the utilization of GAVI ISS funds (approximately US$10 million) with the Government of Pakistan for benefit of the programme.
21. Expedite the delayed process for the government budget (PC1) for the US$3.5 million and US$6.6 million funding and finalize implementation at provincial level by mid 2013 in order to be eligible for new support.
22. Monitor the implementation of provincial plans of action for EPI developed in December 2011.
23. Ensure timely procurement of the co-financed share of pentavalent vaccine to avoid entering into default status.
To Somalia

24. Prepare thoroughly for successful introduction of the pentavalent vaccine.
25. Expedite implementation of the reprogrammed health system strengthening over 4 years instead of 5 years (2012–2015)
26. Undertake an effective vaccine management assessment as soon as possible.

To Sudan

27. Discuss with the concerned authorities the importance of providing of national resources for the sustainability of the programme. In this regard, gradual financing of the basic vaccines should be considered.
28. Pay the major portion of the GAVI co-payment for 2012, which is still due and should be paid before end 2012 so that country does not default.

To South Sudan

29. Expedite implementation of the second year health system strengthening funding. Finalize the financial audit of Ministry of Health funds related to health system strengthening. Prepare for the new health systems funding platform application (2014–2015).
30. Consider applying to the GAVI window for yellow fever vaccination campaign support.
31. Consider the alarming position of low GAVI funds available for 2012, to start negotiating for support within country partners immediately.
32. Respond to GAVI regarding the conditions for approval of the pentavalent vaccine application, before 24 January 2013.

To Yemen

33. Expedite implementation of remaining health system strengthening activities for 2012.
35. Urgently make plans to undertake an effective vaccine management assessment in order to respond to GAVI regarding the conditions for measles rubella vaccine application before 24 January 2013.