

Summary report on the

Twenty-third meeting of the Eastern Mediterranean Regional Working Group on Gavi, the Vaccine Alliance

WHO-EM/EPI/350/E

Muscat, Oman
15–16 December 2017



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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Contents

1.	Introduction.....	1
2.	Summary of discussions	2
3.	Conclusions.....	7
4.	Recommendations.....	7

1. Introduction

The twenty-third meeting of the Eastern Mediterranean Regional Working Group on Gavi, the Vaccine Alliance, was held from 15 to 16 December 2017, in Muscat, Oman. It was organized by the World Health Organization (WHO) as Chair of the Regional Working Group and attended by ministry of health staff from both immunization and health system departments in Gavi-supported countries of the WHO Eastern Mediterranean Region, as well as representatives from the Bill & Melinda Gates Foundation, Centers for Disease Control and Prevention (CDC), Gavi Secretariat, United Nations Children's Fund (UNICEF) and WHO staff from headquarters, the Regional Office and country offices.

The objectives of the meeting were to:

- review progress in implementing Expanded Programme on Immunization (EPI) activities supported by Gavi;
- identify weaknesses and gaps and recommend corrective measures;
- brief and update participants on the available new Gavi window of support and new Gavi policies;
- review progress on the implementation of Gavi partners' engagement framework (PEF) activities, under targeted country assistance; and
- review implementation of the health system strengthening-agreed activities that should improve EPI access and coverage in Gavi-eligible countries.

The meeting was the first to be held with the updated terms of reference agreed upon at the twenty-second meeting of the Regional Working Group on Gavi. The regional working groups are the primary regional forums for Gavi partner and programme coordination, consensus building, and monitoring the implementation of Gavi resources and support, in the context of Gavi's PEF.

The meeting was opened by Dr Akjemal Magtymova, WHO Representative in Oman, who highlighted the support of Gavi in supporting countries to achieve the goals of Global Vaccine Action Plan and the Eastern Mediterranean Vaccine Action Plan 2016–2020. Dr Nadia Teleb, WHO Regional Advisor for Vaccine Preventable Diseases and Immunization, noting WHO's role in Chairing the Regional Working Group since the inception of Gavi, welcomed UNICEF as the new Chair and stressed the importance of the Group for the successful utilization of Gavi support. Ms Nicolette Selman, Gavi Regional Head of Country Support, acknowledged the progress achieved in some countries, and encouraged all countries to achieve the global immunization goals.

2. Summary of discussions

Gavi updates on coverage and equity, the fragility, emergencies and refugees policy, and the PEF framework

It was noted that the Gavi 2016–2020 strategy necessitates new ways of working. The Gavi Alliance needs to renew the focus of its investments to improve coverage and equity in the Region. Participants were briefed on the fragility, emergencies and refugees policy that was approved by the Gavi Board in June 2017, in response to a changing global context. Afghanistan, Somalia, Sudan and Yemen are the countries affected by the policy in the Region. The key principles for PEF were outlined as being country focus, differentiation, transparency and accountability. It was agreed that for 2018, PEF targeted country assistance planning will be done through the One TA Plan.

Gavi's flexible approach was welcomed by participants, who requested greater clarity on flexibility regarding yellow fever and meningitis, as

well as specific plans for refugee and cross-border activities. The need to simplify processes was also highlighted by participants.

Cross-cutting challenges and opportunities for improving coverage and equity in the Region

Participants were briefed that the average Penta3 coverage for 2016, as per WHO/UNICEF estimates, for the six GAVI support-receiving countries in the Region was 73%, compared with 91% for the remaining 16 countries. An estimated 3.7 million infants in the Region did not receive their third dose of diphtheria-tetanus-pertussis (DTP) vaccine in 2016, with 98% of them living in countries facing difficult situations.

Opportunities to improve the situation are provided by the implementation of the Eastern Mediterranean Vaccine Action Plan and the reporting of its progress in the WHO Regional Committee for the Eastern Mediterranean, as well as by utilizing the support available through Gavi and its partners, and using Joint Appraisals as an opportunity to focus on the issues.

Building political will to improve coverage and equity through high-level missions and the empowerment of national immunization technical advisory groups and civil society organizations are also important, as is the gradual building of Polio Eradication Initiative support to EPI.

The capacity of UNICEF and WHO regional offices in terms of number of staff needs to be enhanced. The Gavi Secretariat was requested to ensure that regional offices are kept informed of all communication with countries to facilitate effective follow up.

Participants pointed out that Gavi-related requirements change very fast, without allowing adequate time for countries to understand the new requirements and adjust.

Gavi support to countries

Group work was undertaken to review the experience of the implementation of Gavi support to countries in 2017 and plan for 2018. The groups discussed how to achieve sustainable coverage and equity, Gavi Joint Appraisal planning and implementation, and the Gavi targeted country assistance process and outcomes.

Participants highlighted that the one year timeframe for technical assistance does not provide an opportunity for proper planning. Also, in most technical assistance plans there are too many milestones, which need to be reduced. For better technical assistance planning, WHO, UNICEF, and other partners should first agree the activities needed by the country with the ministry of health. Once the activities are agreed, the budget should be discussed among the Gavi Secretariat and its partners only. An annual data desk review should be done before Joint Appraisals.

Leadership, management and coordination

The objectives of Gavi-supported leadership, management and coordination activities are to roll-out an approach and a menu of specific interventions at the country-level to strengthen the leadership, management and coordination of immunization programmes. Participants suggested that a mechanism should be found to minimize the turnover of trained staff. Mid-level management training and leadership, management and coordination processes should complement each other.

Data quality and surveillance

The Afghanistan team shared its experience of improving data quality through implementation of a data quality improvement plan. It was stressed that disintegrated data should be used for analysis and planning. In security compromised areas there are limited options other than using reports by vaccinators. There is also a need to build nongovernmental organization data quality capacity.

The Somalia team shared its experience on improving the surveillance system and country capacity. Somalia has an integrated measles and acute flaccid paralysis (AFP) surveillance system, and the country is in the process of drafting a five-year measles plan. There was discussion on the rash and fever definitions that should be followed by countries near elimination. A decrease in funding by partners for measles surveillance was highlighted as a risk for many countries, including Somalia.

Supply chain

The experience of Djibouti was shared and concern expressed that the 2011 effective vaccine management (EVM) assessment in the country had found that the indicators were below the desired level, and that these had further deteriorated by the second EVM assessment.

Political will and sustainability

It was observed that building political will in countries is important for strengthening legislative and regulatory frameworks, achieving sustainable immunization financing, developing vaccine confidence, and creating a demand for immunization as a right.

Steps towards a successful transition

The Sudan team described the country's experience of planning for a successful transition from Gavi support. It was noted that conducting cost-benefit studies and developing advocacy material for high-level governmental decision-makers, the community, partners, health professionals and the media, are useful to support the transition process.

Innovative service delivery models to reach missed children

Participants were informed that simultaneous improvements in supply and demand enhance service quality and accountability, and promote and sustain community demand. It was pointed out that service delivery models and tailored approaches should consider all available options. Pakistan shared its plans and the steps taken to reach the urban population and those living in slum areas. A 10% increase in immunization coverage in these urban areas could potentially increase the country's stagnating immunization coverage by 2%.

Maintaining immunization coverage through integrated outreach strategies

The experience of Yemen in mainlining immunization coverage during a humanitarian emergency situation was shared, noting WHO's role in initiating outreach activities a few years ago. It was suggested that partners support the government in the provision of other services, as needed by the population. The efforts of partners in the country in maintaining the immunization coverage at almost the same level in a difficult situation was commended.

3. Conclusions

Participants of the meeting:

- recognized the strong partnerships within Gavi for improving immunization coverage and equity;
- expressed concern regarding more or less stagnant immunization coverage in Gavi-supported countries;
- commended the efforts of health workers and partners in all the countries facing humanitarian emergencies, in particular Yemen, to maintain reasonable immunization coverage and the continuation of immunization activities under difficult situations;
- considered the Joint Appraisal process to be helpful in monitoring the progress of Gavi-support utilization and planning; and
- welcomed Gavi's flexibility and tailored approach that takes into account the needs of countries in difficult situations.

4. Recommendations

Improving routine immunization

To Member States

1. Analyse coverage and equity, and determine why coverage is low and inequitable in specific populations and where the unimmunized children are.
2. Identify constraints and challenges.
3. Target and tailor strategies to address coverage and equity constraints and enhance immunization outcomes.

To partners and Gavi Secretariat

4. Support countries in the above-mentioned activities.

Health system strengthening

To Member States

5. Review implementation progress regularly, identify bottlenecks and take remedial actions in consultation with in-country partners.

To partners

6. WHO to expedite the streamlining of administrative processes to support countries in implementing planned activities in a timely manner.

Gavi application processes

To Member States

7. Conduct the application development process in a coordinated and comprehensive manner following a specific timeline and allocating enough time.
8. Governments should take the lead and have ownership of the application development process.

To partners

9. WHO should be more engaged in supporting country teams in the application development process to ensure quality.
10. Support better documentation in countries of the relevant information required for the application process.

To Gavi Secretariat

11. The Independent Review Committee (IRC) should make the necessary arrangements to better understand the country context, requiring direct engagement with the country team where needed.

12. IRC should reconsider the limited timeline available for country responses to their recommendations.
13. Gavi Secretariat should work more with IRC on the recommendations, as they may be able to provide information from available documents.
14. Application templates should be simplified and streamlined, with inclusion of all important sections in alignment with the guidelines.
15. The online portal should be more user friendly for easier access, including for the orientation of new users.
16. Allow an alternate submission platform.
17. Avoid frequent changes in guidelines and forms unless the need is critical.

Leadership, management and coordination

To Gavi Secretariat

18. Identify a mechanism for leadership, management and coordination capacity-building (training) for selecting the right person, retention after capacity-building, and avoiding turnover.

Joint Appraisal

To Member States

19. Take the opportunity of the Joint Appraisal for programme review, in advance of, or during, the Joint Appraisal.
20. Conduct advanced planning for the comprehensive technical assistance plan that can be finalized during the Joint Appraisal.

To partners

21. Engage more with the process for better planning and implementation of Joint Appraisal missions.
22. Ensure adequate funding for activities from foundational support.

To Gavi Secretariat

23. Include as additional indicators for leadership, management and coordination, the number of stakeholders involved in policy/strategy development and implementation, and the number of programme reports documented/disseminated.
24. Synchronize the Joint Appraisal, PEF targeted country assistance review and approval of new targeted country assistance support, for optimum benefit to countries.

PEF targeted country assistance

To Member States

25. Ensure long term planning in a holistic manner to identify the need for technical assistance.

To partners

26. Ensure the quality and timeliness of technical assistance is identified.

To Gavi Secretariat

27. Modify the technical assistance planning template to capture staff and activity costs separately in a separate worksheet.
28. Extend the duration of the grant beyond two years for better planning.
29. Issue standard guidance to senior country managers on the number and formulation of milestones for mid and end of year.

Data quality and surveillance

To Member States

30. Provide a plan for the continuation/expansion of surveillance activities, so that WHO can develop a proposal to secure the required funding from partners.

31. Put more effort into improved data quality, analysis and availability, to allow evidence-based discussions during the Joint Appraisal.

To partners

32. WHO should develop a proposal based on country needs for continuation/expansion of surveillance activities.
33. Provide the required technical support to Pakistan for coverage evaluation survey granularity for big cities and country official estimates.

To Gavi Secretariat

34. Allow the leverage of existing resources for continuation of important surveillance activities.

Political will and sustainability

To Member States

35. Sudan should communicate with the Gavi Secretariat and WHO to fix the dates for the programme capacity assessment (Gavi Secretariat) and EPI review (WHO) to avoid overburdening the national immunization programmes with assessments, as both are planned for Q1 of 2018.

To partners

36. Organize a high-level mission for Sudan as it enters the accelerated transition phase for Gavi graduation.
37. Organize a high-level mission to Djibouti to advocate for strengthening immunization systems and improving immunization coverage.

To Gavi Secretariat

38. Share the protocol for programme capacity assessment for Sudan with WHO, so that the EPI review module can be amended to avoid duplication.

Innovative service delivery models

To Member States

39. Identify missed children, and prepare strategies and activities to reach them.

To partners

40. UNICEF should share their experience of urban immunization, for instance at EPI manager/regional working group meetings.



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