

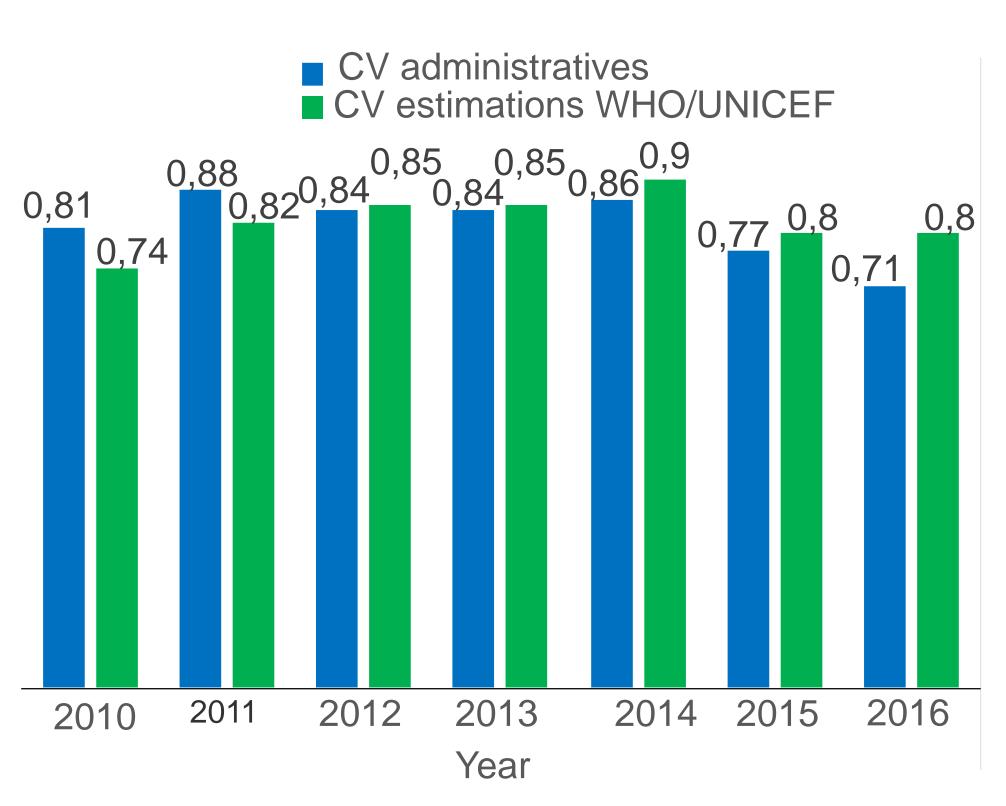
CONGO

Managing the Transition from Gavi Assistance

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1. Background Information

DTP3 coverage in Congo from 2010 to 2016



Where the country is in terms of the timing of transition of Gavi support:

Co-financing required: 2004-2018

New vaccine introductions with Gavi support:

- YF in 2004
- HepB in 2007 (tetravalent)
- Hib in 2009, pentavalent
- PCV in 2012
- Rota in 2014
- IPV in 2016

Planned introductions:

- MR in 2018, Gavi providing 50% for vaccines
- Tetanus and diphtheria (Td) in 2018: Fully funded by domestic resources
- HPV in 2019 : Domestic resources
- Hepatits B birth dose in 2020 : domestic resources

Sources of financing for vaccine expenditures, 2015-2017

- Government budget
- GAVI
- China

2. Financing

	2015	2016	2017
Vaccine purchases by the government	US\$1,813,789	US\$,047,203	US\$488,000
Vaccine purchases by Gavi	US1,484,149	US\$289,018	
Vaccine purchases by China			US\$525,000
TOTAL	US\$,297,938	US\$1,336,221	US\$1,013,000

Main challenges

- Low allocation
- Slow disbursement of funds

Solution

Creation of a line item included in the MoH budget in 2016

3. Procurement

All EPI vaccines are supplied by UNICEF SD

Main Challenge

Sustainable funding of vaccine purchases

Implemented solution

- Validation of the 2018-2022 cMYP at an ICC meeting on 9 November 2017
- Advocacy by the Minister of Health for immunization financing on 10 November 2017 in presence of Ministers of planning, social affairs and partners including Gavi.

4. NITAG

No NITAG established

5. Coverage and Equity

Coverage and equity challenges

- 83% of health districts have not achieved penta3 vaccination coverage of 80% or more
- Low-performing health districts are found in both urban and rural areas
- Accessibility problems are related to insecurity in the Pool Department and geographical obstacles in the Likouala Department

Correctives measures

- Strengthening collaboration with NGOs in the Pool Department, for displaced populations in the neighboring Bouenza Department
- Strengthening logistics for mobile and out reach strategies in the Likouala Department
- Strengthen managerial capacities at all levels
- Ensure availability of quality vaccines at all levels.

7. Transition plan

Areas	Transition plan activities				
Immunization	 Establish a budget line item for 				
financing	the purchasing of vaccines.				
	 Advocacy towards 				
	parliamentarians to				
	secure vaccine financing				
Strenghtening of HR	 Capacity building 				
National Regulatory	Strengthen NRA				
Authority NRA	 Market authorization 				
	 Develop pharmacovigilance 				
Supply, storage and	 Strengthen Drugs, Pharmacy an 				
distribution of	laboratories entity within MoH fo				

quality control of vaccines

Pursue cold chain expansion

Successes

vaccines

- Establishment of budget line item for vaccine purchases
- Strengthening capacities of local field actors
- Elaboration of standards and norms for the EPI and guidelines including for supervision
- Cold Chain maintenance
- cMYP development for 2018-2022

6. Transition Grant

Transition grant amount is \$486,810 US dollars:

Funding Sources	2015	2016	Total (USD)
Gavi	221,201	191,609	412,810
WHO	69,000	0	69,000
Sabin	5,000	0	5,000
Total (USD)	295,201	191,609	486,810

Items	Disbursed amount (USD)	Amount received ** (USD)	Amount spent** (USD)	Balance (USD)	Utilisation rate
Transition plan	377,671	352,964	331,995	20,96 9	94%

8. Key Lessons

To successfully transition from Gavi support, country should ensure timely disbursement of funds for vaccines and immunization

Ownership is moving forward with the strengthening of coordination among within Ministry of health and the restructuring of the ICC

9. Further Thoughts

Timely disbursement of funds for vaccines and operations



