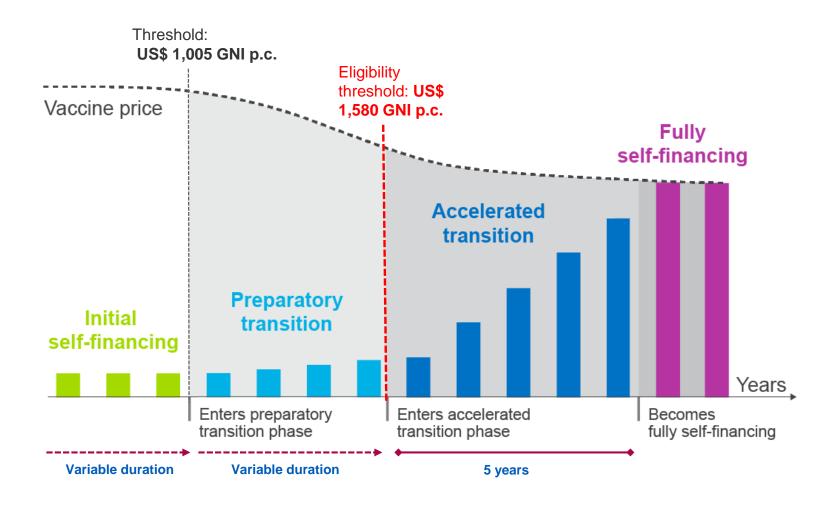


Managing the Gavi transition

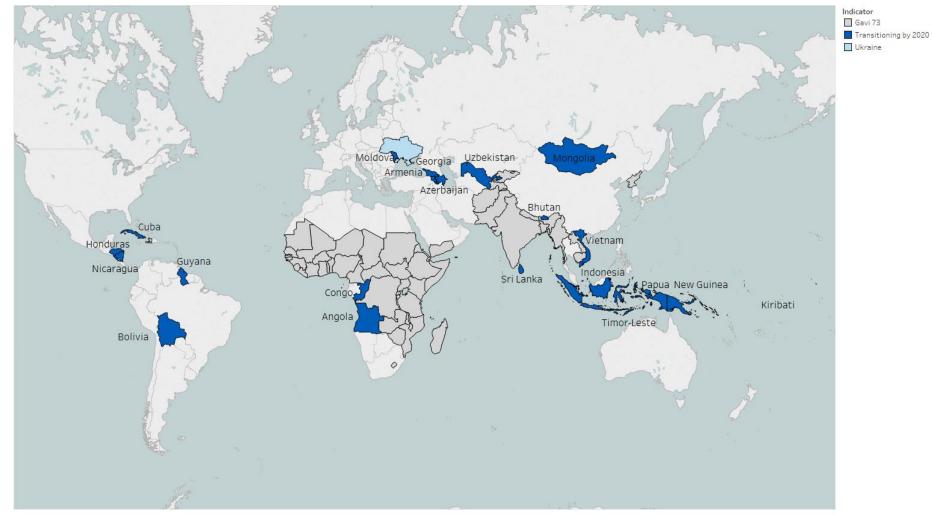
Day 1

Santiago Cornejo Director, Immunisation Financing & Sustainability, Gavi December 2017

Eligibility, transition and co-financing policies are at the heart of Gavi's catalytic funding model

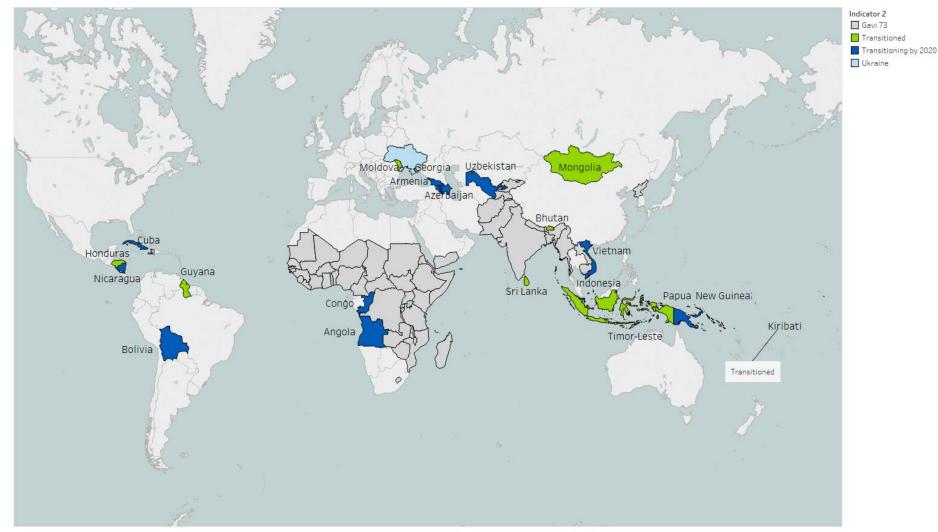


Twenty-one countries will have transitioned by 2020



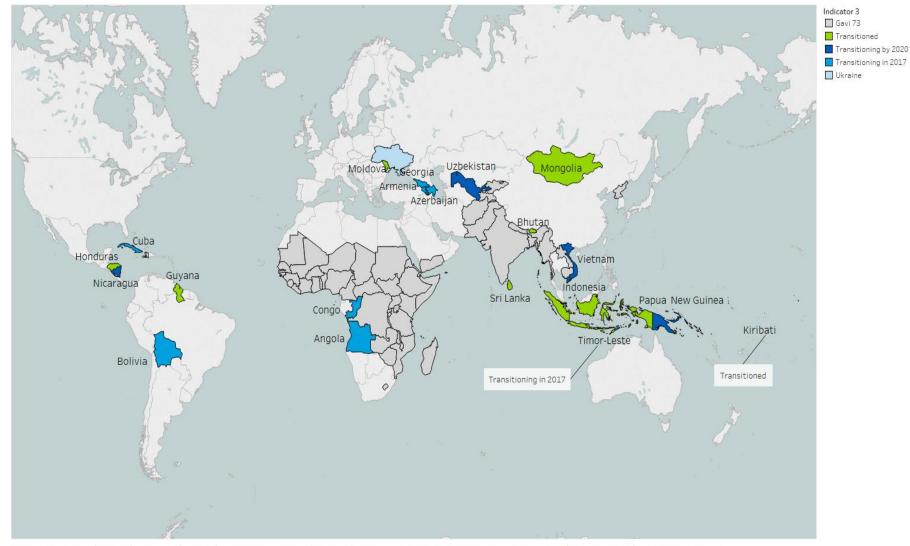
Map based on Longitude (generated) and Latitude (generated). Color shows details about Indicator. The marks are labeled by Country. Details are shown for Country. The view is filtered on Exclusions (Country, Indicator), which keeps 73 members.

Nine countries have already transitioned



Map based on Longitude (generated) and Latitude (generated). Color shows details about Indicator 2. The marks are labeled by Country. Details are shown for Country. The view is filtered on Exclusions (Country, Indicator 2), which keeps 73 members.

Eight countries ending support this year



Map based on Longitude (generated) and Latitude (generated). Color shows details about Indicator 3. Details are shown for Country. The view is filtered on Exclusions (Country, Indicator 3), which keeps 73 members.

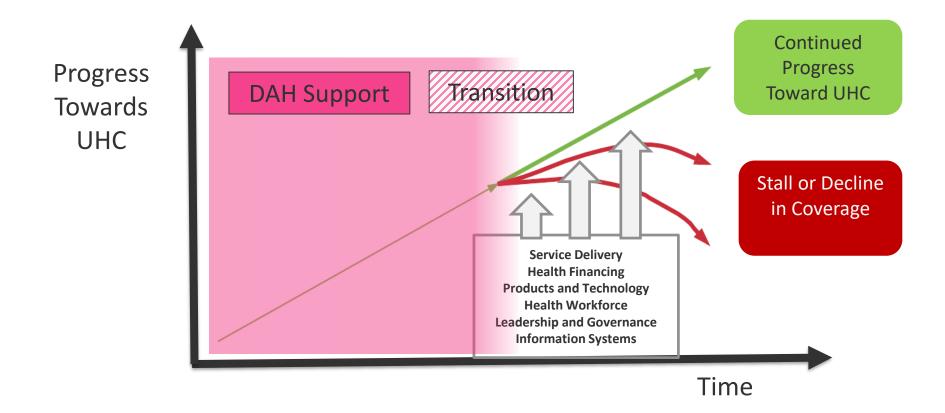
What would be a "successful" transition from the Gavi perspective

- In June 2015, the Board adopted an aspirational vision for successful transitions:
- "Countries have successfully expanded their national immunisation programmes with vaccines of public health importance and sustain these vaccines post-transition with high and equitable coverage of target populations, while having robust systems and decisionmaking processes in place to support introduction of future vaccines."



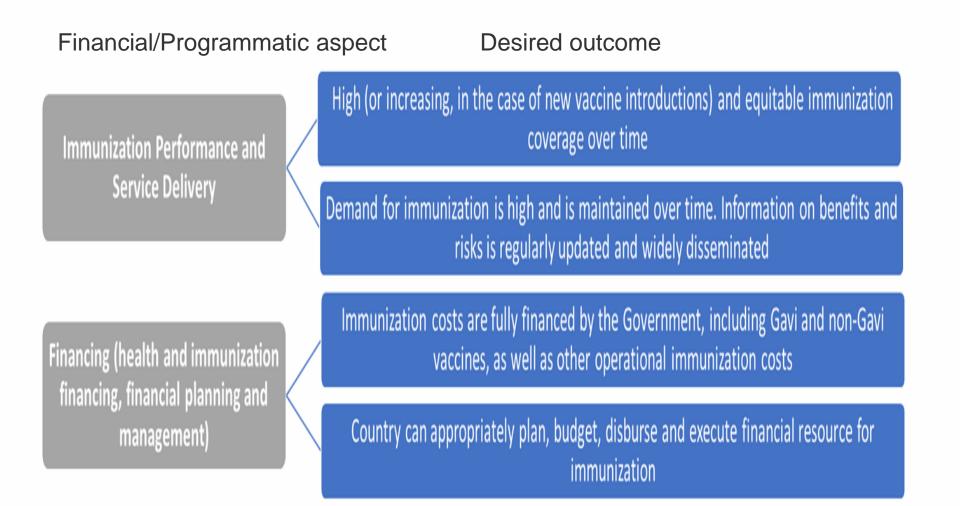
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Ensuring Programmatic and Financial Sustainability to Sustain Progress Towards UHC



Adapted from *Ajay Tandon et al. World Bank.* The "Health Financing Transition" & Fiscal Space for Universal Health Coverage. WB Flagship Course. October 2017

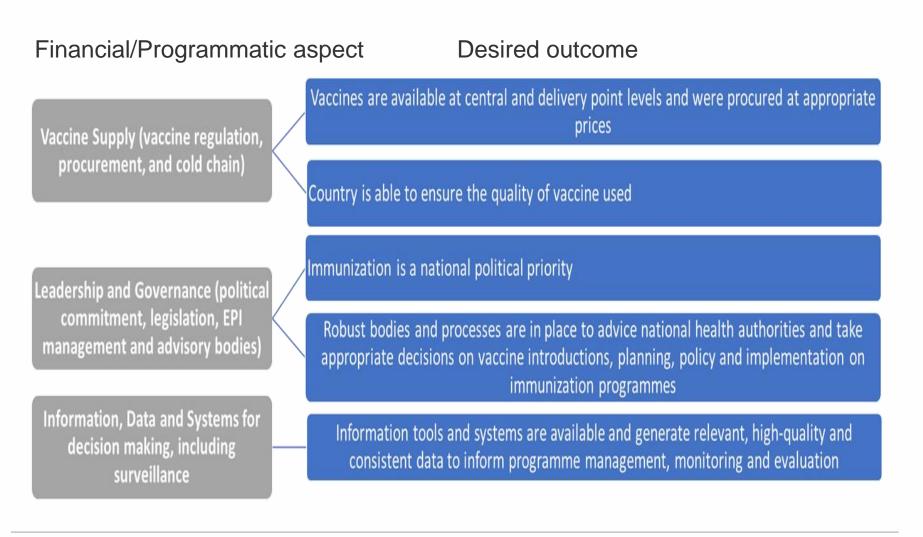
Examined more closely...





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Examined more closely...





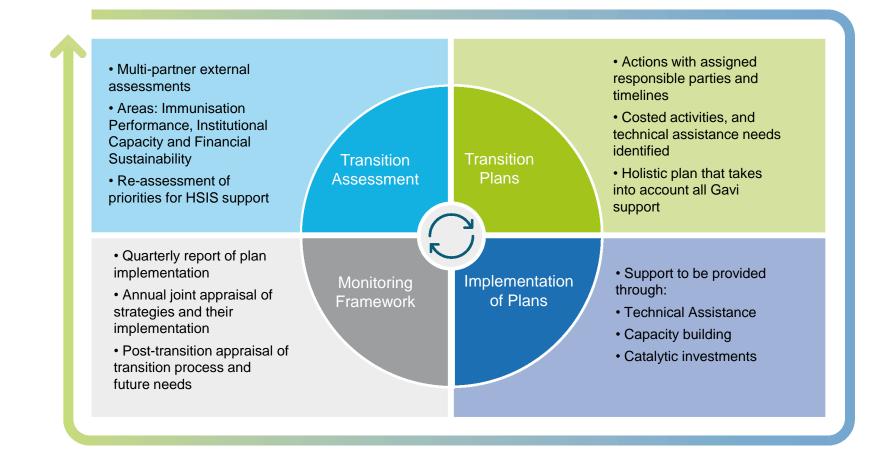
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Transition analysis: Countries transitioning 2016-2025

		Country	Birth Cohort (TSD)	DTP3 Coverage	Coverage Trend	Equity	Vaccines Introduced	Inst Capacity	Vaccine Financing
- [5 - 2020	Armenia	38						
Transition year (last year of support)		Honduras	169		-				
		Uzbekistan	651		•				
		Nicaragua	119		-				
		Moldova	41		│				
		Georgia	52						
		Guyana	15		-				
		Bolivia	255						
		Bhutan	13		-				
		Viet Nam	1,560		▲				
		Sri Lanka	314		🗕 🔶				
		Mongolia	67		🔶 🚽				
	01	Azerbaijan	183					NA	
	Ō	Cuba	111		-			NA	NA
		Kiribati	3			NA			
		Timor-Leste	44						
		Indonesia	4,947					NA	
		Angola	1,177		-				
		Congo Republic	171		+				
		Papua New Guinea	219		-				
		Ukraine	203					NA	NA
	-2025	Sao Tome	6						
		Cote d'Ivoire	867						
		Sudan	1,348		-				
		India	25,7333						
	2021	Solomon Islands	17		-				
		Lao PDR	179		I III				
	2	Nigeria	7,322						

Note: **DTP3 coverage:** green: >90%, amber: >80-90%, red: <=80%. **Coverage trend** over the past 3 years. Increasing coverage: >2pp. No change: -2pp to 2pp. Decreasing coverage: <-2pp; **Geographic equity**: green = >90% of districts have >80% DTP 3 coverage; amber: >80-90% of districts >80%; red: <=80% of districts >80%; **Vaccines introduced**: green if 4 core vaccines introduced (Penta, PCV, Rota, HPV), amber if 3, red if 2 or 1; **institutional capacity**: World Bank CPIA Index data for "Quality Public Administration" and "Building HR"; green: avg. score >3 and none <2.8; amber: avg <=3 and none <2.8; red: one <2.8 (2.8 is consistent with World Bank threshold) **Vaccine financing**: green: if vaccine spend as share of Government Expenditure (GE) <0.1% and as share of Government Health Expenditure (GHE) <1%; amber: if share of GHE >=0.1% or share of GE >=1% Red: If GE and GHE above threshold; n/a: reference ata source not available; Timor-Leste: coverage data likely artificially low; **Source:** WUENIC 2016, survey, WHO repository, UNICEF, World Bank, Gavi strategic demand forecast

Engaging countries on transition-related issues through a comprehensive framework



Countries are managing transition but Gavi can support, where needed, with:

- Development of transition plans to systematically identify and address barriers that countries may face as they transition: government action plan ("one plan")
- Providing additional transition support (e.g. technical assistance, capacity building)
- Reprogramming HSS if required
- Pricing commitments post transition
- Positioning Gavi transition within the broader health financing transition
- High level advocacy



Why monitor the transition plan/grant/transition management?

- To translate transition plan into practical changes, activities and meaningful results
- To monitor progress, achievements, obstacles and issues
- To make the needed adjustments and take the corrective measures
- To request the needed support and assistance in close coordination with local and external partners
- To report to decision makers and to adjust policies, budgets and strategies



Good management of the transition will allow to

- Link the path of activities to intended effects or outcomes
- Understand the boundaries of the plan
- Adjust course to allow for unanticipated changes
- Compare actual outcomes with the expected outcomes of the policy
- Expand activities or mobilize new players to reach the goals



LNCT can assist you through:

- Sharing of experiences and resources
- Jointly identifying best practices, common challenges and working through solutions
- Peer monitoring of transition management
- Your ideas or needs.....



Country's key questions for managing transition

- Are we on the right track to sustainably finance and efficiently manage our immunization program and to take full responsibility and ownership for it post graduation?
- Is Gavi providing the needed support to strengthen country capacities to successfully manage the Gavi transition and post transition periods?
- How can LNCT better support you in this process?

