Guidance for country level support proposals under post-transition engagement

The purpose of this document is to provide information on Gavi Alliance’s post-transition engagement (PTE) and help guide country level stakeholders to submit successful proposals for support under PTE.

Why Gavi Alliance continues to engage with transitioned countries?

The Gavi Alliance Board, at its meeting in November 2017, approved continued Gavi Alliance engagement with all countries after they have transitioned from Gavi support. The goal of this engagement is to ensure that these countries sustain the gains achieved with Gavi support and mitigate potential risks to the sustainability of now self-financed vaccine programmes.

The Alliance has made approximately US$ 20 million available for country level post-transition engagement support. The funding envelope is available up until end-2020 for Gavi partners to address specific challenges facing transitioned countries, if it is requested by countries themselves. The objective of PTE support is to help reduce the chance that vaccines will be dropped from the national schedule after transition, achieve and maintain high coverage and equity, ensure that countries have the skills and decision-making processes necessary to introduce additional vaccines in the future, and maintain financial and political commitment to immunisation.

Which countries are eligible?

Any country that has or will have transitioned from Gavi support by the end of 2019 is eligible to apply for post-transition engagement support, noting that the support must be implemented in full by the end of 2020.¹

How to request PTE support?

PTE support to partners in eligible countries is designed to be based on a bottom-up approach, reflecting the needs of the country to address specific risks or take advantage of opportunities that will help to ensure the sustainability of a strong EPI programme. Activities funded through PTE support are expected to be time-limited and targeted toward specific risks or opportunities with clear expected results that leverage domestic resources and can be sustained by the country independently beyond this time window.

To request Gavi PTE support, MoH should email a final version of a completed copy of Annex 1 to the relevant Gavi Senior Country Manager (SCM). The document should be accompanied

¹ Eligible countries: Bhutan, Honduras, Mongolia, Sri Lanka, Guyana, Indonesia, Kiribati, Moldova, Armenia, Azerbaijan, Bolivia, Cuba, Georgia, and Vietnam (only for 2020). Angola and Timor-Leste are also transitioned countries but already have separately funded country-tailored support based on identified specific risks to the sustainability of their vaccination programmes.
by a covering letter, signed and/or stamped by an appropriate authority within MoH (such as a delegated authority of the minister or permanent secretary) to indicate MoH endorsement. Annex 1 is the template (Excel spreadsheet) provided for country stakeholders to detail their support request. The completed template serves as the application document and is the basis on which support requests will be reviewed.

The starting point for submitting a support request is for country stakeholders, in collaboration with the Gavi Alliance, to discuss and document any risks, opportunities and gaps to the sustainability of the EPI programme. This assessment will identify specific risks to the immunisation programme or opportunities to strengthen immunisation outcomes, how the country is currently addressing these risks and opportunities, and gaps in the current approach in response to the risks and opportunities (see Figure 1).

**Figure 1** (see Annex 1):

<table>
<thead>
<tr>
<th>Risk, opportunities and gaps assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe risk to the immunisation programme or opportunity to strengthen immunisation outcomes</td>
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</table>

Following documentation of the risks, opportunities and gaps, the template requires a description of the proposed activity specifically targeting each identified risk/opportunity and gap, which Alliance partner or other partner will carry out the activity, and what results are expected (see Figure 2).

There needs to be an explanation of how the proposed activities will have an impact and why it is the most effective way of addressing the identified gap. As partners will be the recipients of the PTE support, reporting on activity progress will be done by those partners through the online Partner Portal ([http://pef.gavi.org](http://pef.gavi.org)) and submitted by end-June and end-November (as relevant) for the duration of the activity.

**Figure 2** (see Annex 1):

<table>
<thead>
<tr>
<th>Proposed activity</th>
<th>Proposed Partner</th>
<th>Expected Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the activity that targets the risk, opportunity and identified gap; how it addresses the gap; and why it is the most effective way of addressing the gap</td>
<td>Alliance partner or other existing / new partner</td>
<td>Reporting timeframe: (some or all of the following: June 2019, Nov 2019, June 2020, Nov 2020, June 2021)</td>
</tr>
</tbody>
</table>

Lastly, the support request should describe how domestic resources will be leveraged, how the benefits of the support will be sustained, the expected duration of support, and a detailed justification of the budget for each proposed activity – including programmes support costs, where relevant (see Figure 3).

**Figure 3** (see Annex 1):

<table>
<thead>
<tr>
<th>Domestic resources used</th>
<th>Sustainability</th>
<th>Expected Duration</th>
<th>Budget Assumptions</th>
<th>Total Budget (in US$ million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe how the current support can leverage domestic resources to strengthen the immunization program</td>
<td>Describe how the support will be sustained by the country or no longer needed</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The proposed activity should demonstrate leveraging of a domestic resource – either directly or indirectly – to result in a greater strengthening of the immunisation programme compared to the impact of the activity without the domestic resource (i.e. a catalytic impact).
The domestic resources could be in the form of domestic funding of the proposed activity (which generates benefits from increased domestic ownership, budgeting and planning) or could be non-financial, such as human resources, institutional capacity, private sector involvement, or harnessing legal frameworks.

**The proposed activity should demonstrate sustainability:** there should be an explanation of how the outcomes of the proposed activity will be sustained beyond the period of PTE support, or why the activity will be no longer needed beyond that time. Sustainability may be demonstrated if the activity is expected to be taken over and continued by country governments, partners or other stakeholders after PTE support ends. One-off investment requests need to demonstrate how a particular or unique opportunity is being targeted which generates a lasting impact on immunisation outcomes. The need to demonstrate sustainability implies that proposals requesting support for recurrent, operational EPI costs are unlikely to be approved.

Please note that as PTE support is funded under the Partners’ Engagement Framework (PEF), **funding for successful proposals will be provided to partners rather than directly to government / MoH.**

**How much PTE support funding is available for eligible countries?**

Consistent with the bottom-up design, eligible countries do not have an allocated amount of PTE support funding nor are they automatically entitled to support. The amount of funding that is made available to a country will be determined by the overall funding envelope and the quality of the country’s support request. This in turn will depend on whether the request adheres to principles set out below.²

The total funding amount contained in a support request should take into account the need, size, and absorptive capacity of the country, particularly given the time-limited nature of the support. The absorptive capacity of the country can be informed by the history of previous support in the country, such as whether there were implementation delays or unspent funds.

**What is the timeframe for submissions and approval process?**

MoH can submit a completed copy of Annex 1 to the relevant Gavi SCM at any time for comments and feedback on what revisions are likely to be needed for approval to be granted. At the same time, partners that are selected to carry out proposed activities should submit their relevant section of the support request for review at the regional or global level within their organisation. Once both MoH, selected partners, and Gavi agree that the support request has been sufficiently revised then the final version should be formally endorsed by MoH and submitted to the SCM for formal review by the Secretariat at the Managing Director level.

While the submission timeframe now has more flexibility, country stakeholders should note that the timing of a formal review is subject to the availability relevant Gavi Managing Directors. MoH should consult the relevant Gavi SCM on when final submissions should be made to avoid hold-ups in the approval process.

² Out of 14 eligible countries, seven have submitted proposals for PTE support as at January 2019. Three of these proposals have been approved and four have not been approved.
What are the principles that guide approval of post-transition support?

- **Targeted strategy**: proposed activities should address specific gaps in current approaches to mitigate risk or seize opportunities leading to the highest returns as measured by the strength of the immunisation programme.
- **Effectiveness**: Support requests should explain how proposed activities impact on immunisation outcomes and why they are expected to be the most effective way of addressing identified gaps in the immunisation program.
- **Prioritisation**: proposed activities should target the risks and opportunities that have the greatest impact on immunisation outcomes.
- **Results oriented**: the expected outputs and outcomes should be clear and measurable.
- **Recognition of absorptive capacity / bandwidth**: The limited time to carry out activities (funding up to end-2020) means that support requests should demonstrate that partners can be expected to complete the proposed activities within the expected time-frame.
- **Appropriate utilisation of partners**: proposed partners should demonstrate that they are best placed to successfully carry out the activity. Support requests that seek to do this by reaching out to new partners are particularly welcome.
- **Harmonised approach**: proposed activities should build on or complement other risk mitigation strategies being implemented by government or other partners to strengthen the immunisation program. Consultation across a wide group of stakeholders as well as significant engagement with the Gavi Secretariat can be expected to improve the harmonisation of support requests.
- **Innovative approaches**: support requests which utilise innovative approaches to solve problems or propose activities that would normally be beyond the risk appetite of the government but have a high expected return (taking into account risk) will be viewed positively.
- **Leveraging of domestic resources**: support requests should demonstrate how proposed activities will utilise domestic resources (funding, legal frameworks, institutions, partnerships, etc.) to strengthen the immunisation programmes beyond the impact of the activity on its own.
- **Sustainability**: support requests should demonstrate that the gains from proposed activities will be sustained beyond Gavi support (or no longer needed). One-off investment requests will have to demonstrate how they seize a particular/unique opportunity in the operating environment. This principle implies that proposed activities should not, in general, replicate the support received prior to transition.
- **Value for money**: budget assumptions should be clear, and given the expected outcomes, the proposed budget should represent value for money compared to alternative use of the proposed funding.
- **Continued country support for the immunisation program**: PTE support is subject to countries continuing to fund vaccines introduced through Gavi.
Examples of activities from successful support requests

The examples, below, are provided to give country stakeholders ideas on the type of activities contained in requests that have been approved for Gavi support. Please note that these examples are only a brief summary of proposed activities and supporting rationale, and are specific to the particular context of the countries that submitted the support requests.

- Technical assistance in the form of training of trainers to support the planned introduction of new fully self-financed vaccines (Programme Implementation, Coverage & Equity)
  - Country identified a high risk that the planned vaccine introductions might fail. The current approach to vaccine management and vaccination protocols was not suited to handle the new vaccines.
  - Addressing this technical capacity gap was a clear priority for the EPI programme to help improve immunisation outcomes in the country.
  - The activity will utilise effective methods to rapidly improve the relevant technical skills of health workers and EPI technicians.
  - The expected output was at least 2 health workers from every health facility in the country was trained on the introduction of the vaccines. The contents of a draft training agenda was attached to the submission.
  - The activity will leverage the following domestic resources:
    - government provided human resources (trainers and health workers etc.);
    - the institutional capacity of MoH (administration, infrastructure, transport capacity); and
    - government fully self-financed procurement of the vaccines to be introduced.
  - The activity will not be needed after support ends. The capacity building will lead to a sustained improvement in technical skills within the health workforce.
  - Detailed budget assumptions were submitted (15 separate budget lines spread across 4 sub-activities).

- Trials of new and innovative approaches to demand generation in the face of increasing vaccine hesitancy (Demand generation).
  - There is an increasing risk of vaccine hesitancy, further intensified by disease outbreaks in neighbouring countries.
  - Existing approaches to demand generation are not able to specifically target the root causes of vaccine hesitancy.
  - This gap, if left unaddressed, would likely result in reduced coverage and a greater risk of VPD outbreaks.
  - The activity will develop a new strategy to specifically mitigate the risk by trialling new approaches and innovations to demand promotion, especially those that focus on behavioural insights. Partnerships with key religious groups, media outlets and social media / bloggers, educational institutions, and NGOs will form a key part of the strategy. Another key component of the activity will be on capacity building of health care workers to improve messaging on the benefits of vaccinations to families and addressing any issues of false contraindications around vaccination.
  - The new strategy will leverage existing domestic resources devoted to demand generation activities by refocusing them in a targeted and strategic way to address increasing vaccine hesitancy.
The expected outcome is **more robust and sustained** demand for vaccines beyond the period of support. There will also be ongoing benefits from understanding which approaches to demand generation have the greatest impact when faced with growing vaccine hesitancy.

- **Activities that explore the use of new technologies to address the challenge of hard to reach populations (Supply Chain).**
  - Country identified a **risk** that the influx of migrants in hard to reach border areas will result in VPD outbreaks affecting migrants and local indigenous populations, and placing stress on the health sector in the long term.
  - **Current approaches** to outreach in these areas are prohibitively expensive. Routine immunisation and vaccination campaigns are not being carried out for vulnerable populations which is a significant **gap** in the EPI programme.
  - The activity will provide for **pre-assessment** on the suitability of drones for the delivery of vaccine supplies, the **trial** use of drones for deliveries, and the procurement of a boat as an additional means of service delivery.
  - The expected outcome is that 95% of the target population in hard to reach communities are vaccinated.
  - The activity will **leverage** government funding for fuel, personnel to operate drones, maintenance of drones, and salaries for personnel to operate the boat.
  - Government is committed to take over the ongoing costs of fuel, maintenance and personnel, as required, for the operation of the drones and boat to ensure that the benefit of the activity is **sustained** over time.

- **Improvements to the supply chain through co-investment with government to upgrade cold chain equipment (Supply Chain)**
  - There is a **risk** that vaccine doses will be damaged due to exposure to inappropriate temperatures.
  - The government is already continually investing in cold chain equipment but there is a **gap** of a specific number of refrigerators that cannot be funded within budget.
  - The proposed activity is a **co-investment** by Gavi for the refrigerators which **leverages** government funding, leading to **ongoing benefits** of a more efficient and reliable vaccination program. Following the co-investment, the government is committed **sustaining** the benefits to the immunisation programme by funding the replenishment of refrigerators as old units are retired.

- **Improvements to immunisation data collection, analysis and reporting system (Data)**
  - The information system for primary health care in the country is based on an outdated manual data collection process which represents a **risk** to the effectiveness of VPD surveillance, management of the vaccine programme, and health practitioner decision-making.
  - Government has partially developed an electronic information system but the information collected is not suited to reporting on immunisation activity. This lack of functionality represents a significant **gap** in the needs of the immunisation programme.
  - The **proposed activity** will enable immunisation relevant data to be accessed and analysed in real time at a disaggregated level. The user interface will also be improved and will facilitate the printing of vaccination cards at clinics and a system for sending vaccination reminders to parents.
  - The activity will **leverage** the considerable investment that the government has already made in the information system. Government will also provide for **ongoing**
maintenance of the system. The expected outcome will be a sustained improvement in decision-making within the immunisation programme.

Lessons from the previous round of support requests

- A number of proposals were seen as continuation of existing support by partners, and did not focus on addressing specific strategic risks, opportunities and gaps to ensure the sustainability of a strong EPI programme.
  - These proposals tended to not be grounded in a strong assessment of risks to performance of the immunisation programme or gaps in the approach to mitigate these risks. This led to a lack of prioritisation of proposed interventions, with important gaps unaddressed.
  - The proposed activities were, in many cases, of a similar nature to the support funded by Gavi prior to the country’s transition (such as salaries for technical assistance, and funding for workshops etc.). In these circumstances, the rationale for continuing with the same type of support was often weak – in particular, there was a lack of explanation on:
    - why the proposed activities were different from prior support and how they would address the identified gap when prior Gavi support could not; or
    - why a continuation of the same type of support was critical for addressing the identified gap and how this would be achieved and sustained despite the time-limited, once-off nature of PTE support.
- The assessment of risks, opportunities and gaps needed to be stronger.
  - Support requests are not required to be accompanied by a concept note or narrative. However, countries that provided additional documentation were able to communicate a more detailed analysis of challenges to the immunisation programme and provide better justification for requested support.
- A small number of support requests only proposed the involvement of a single partner to deliver proposed activities despite there being clear cases of other risks, opportunities and gaps in the country that could best be addressed by other partners.
  - This suggested that there was possibly a lack of diversity of stakeholder engagement during the consultation process for the requests.
- There was often a poor demonstration that domestic resources were going to be leveraged which, together with the proposed activity, would strengthen immunisation outcomes beyond the expected impact of the activity on its own (i.e. catalytic impact).
  - Support requests needed to better describe how domestic resources would be used to make the proposed support more effective.
  - Some support requests described the expected impact of the proposed activity on the immunisation programme rather than the catalytic impact. The use of the term catalytic impact in an earlier version of the guidance document for PTE support may have created confusion, and this term has now been replaced with “leveraging domestic resources to strengthen the immunisation programme”.
- There was a general lack of focus on sustainability.
  - Some support request sought funding for consultancies and staff positions, or other recurrent cost (such as lab equipment), with no clear plans to fund these activities out of domestic resources in the long run. Without domestic funding the activities could not continue beyond the period of support and, therefore, the gains from the activities would not be sustained.
Also the requests did not provide an adequate explanation of how this final support from Gavi would leave the EPI team with the necessary skills and knowledge to lead the immunisation programme without continued assistance.

- Successful support requests were the result of strong collaboration between EPI, in-country/regional partners and the Gavi Secretariat.
  - Through an iterative process, this collaboration led to clear incremental improvements in the quality of proposals based on received feedback.
- In some cases there was insufficient detail provided to justify proposed budgets.
- A number of support requests were for amounts of funding that were large relative to previous amounts of Gavi support.
  - This highlights a potential problem of absorptive capacity when these countries have also experienced significant delays to implementation of prior support.