

# Session 2

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## Better, and Better-executed, Transition Plans

*Gavi Vision for Transition Planning and Lessons Learned about Transition Planning*

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Learning Network for  
Countries in Transition

# Gavi Vision for Transition Planning and Lessons Learned about Transition Planning

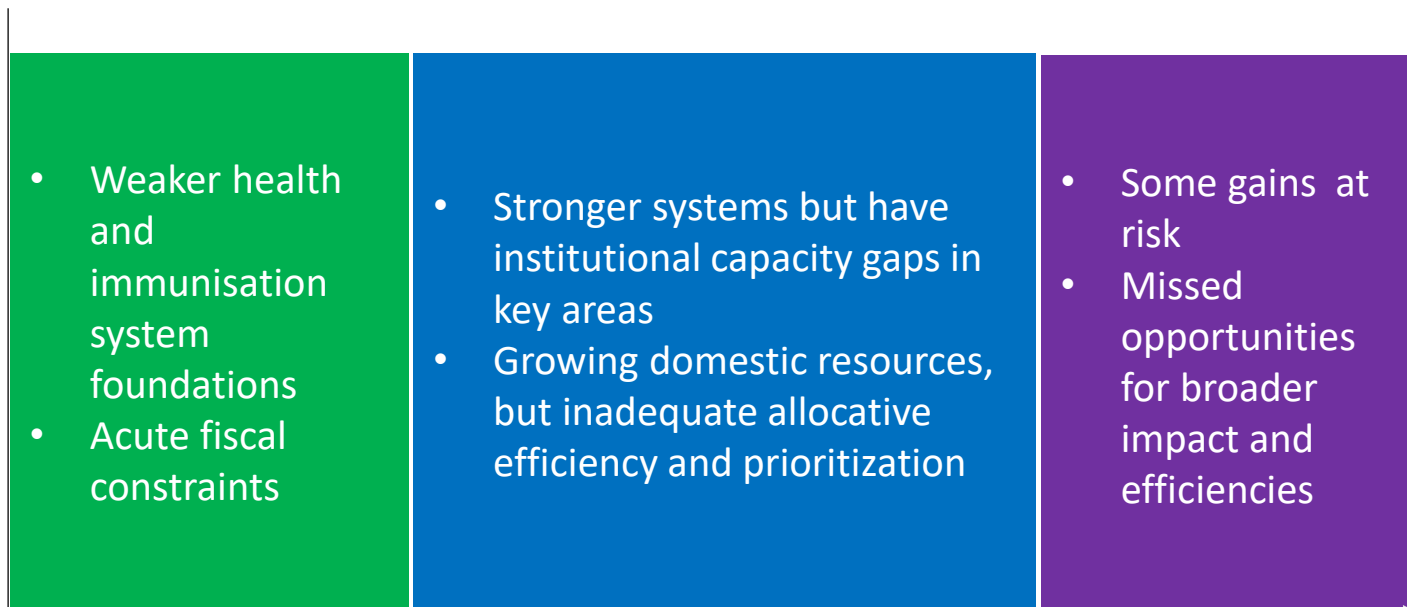
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Tangerang, Indonesia  
Juillet 2019

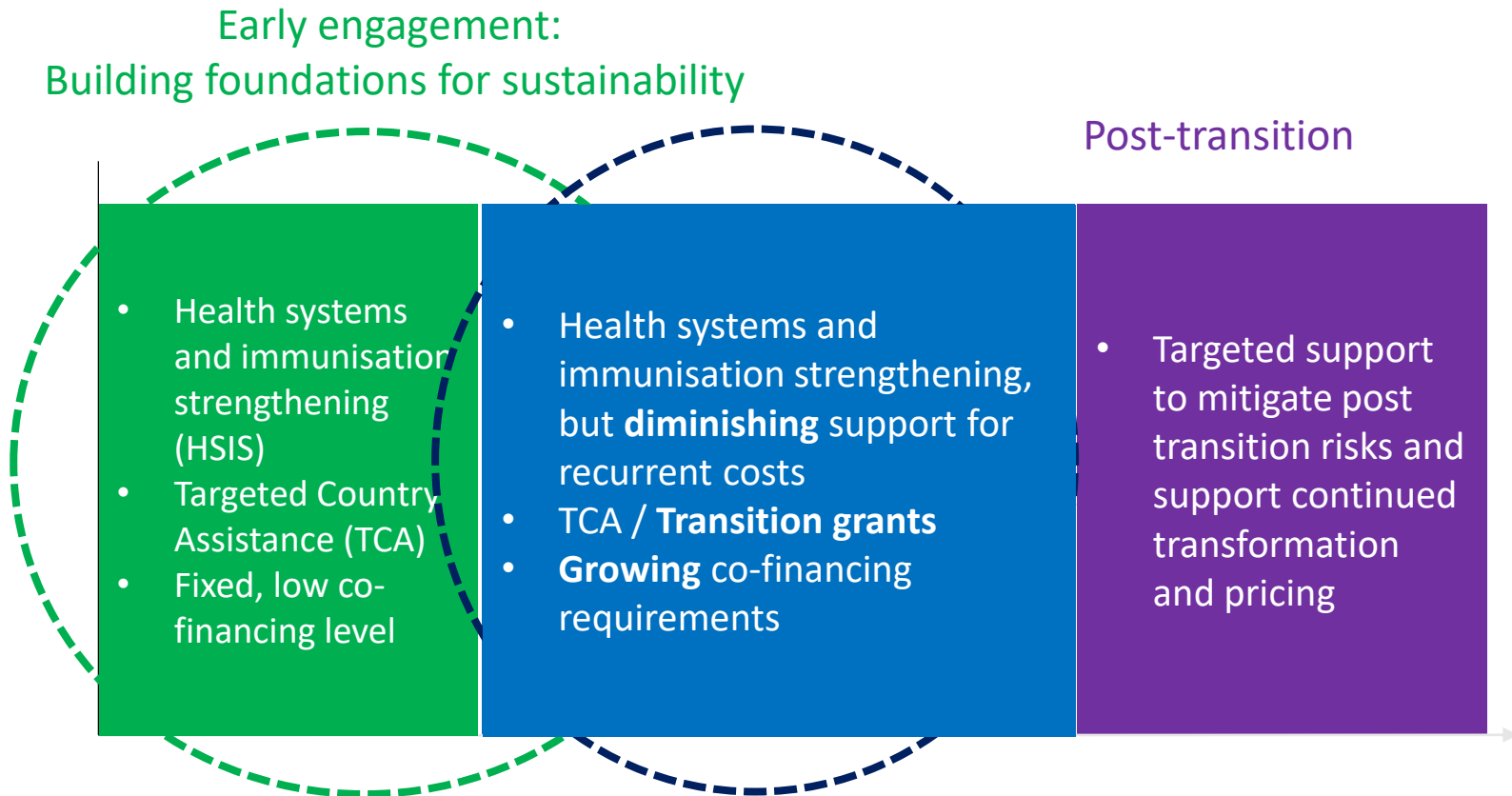
Santiago Cornejo

# Countries tend to face different programmatic and financing challenges at different development stages...

*Schematic representation of main programmatic and financing bottlenecks to immunisation along the development continuum*



# Evolving needs require evolving types of engagement and support

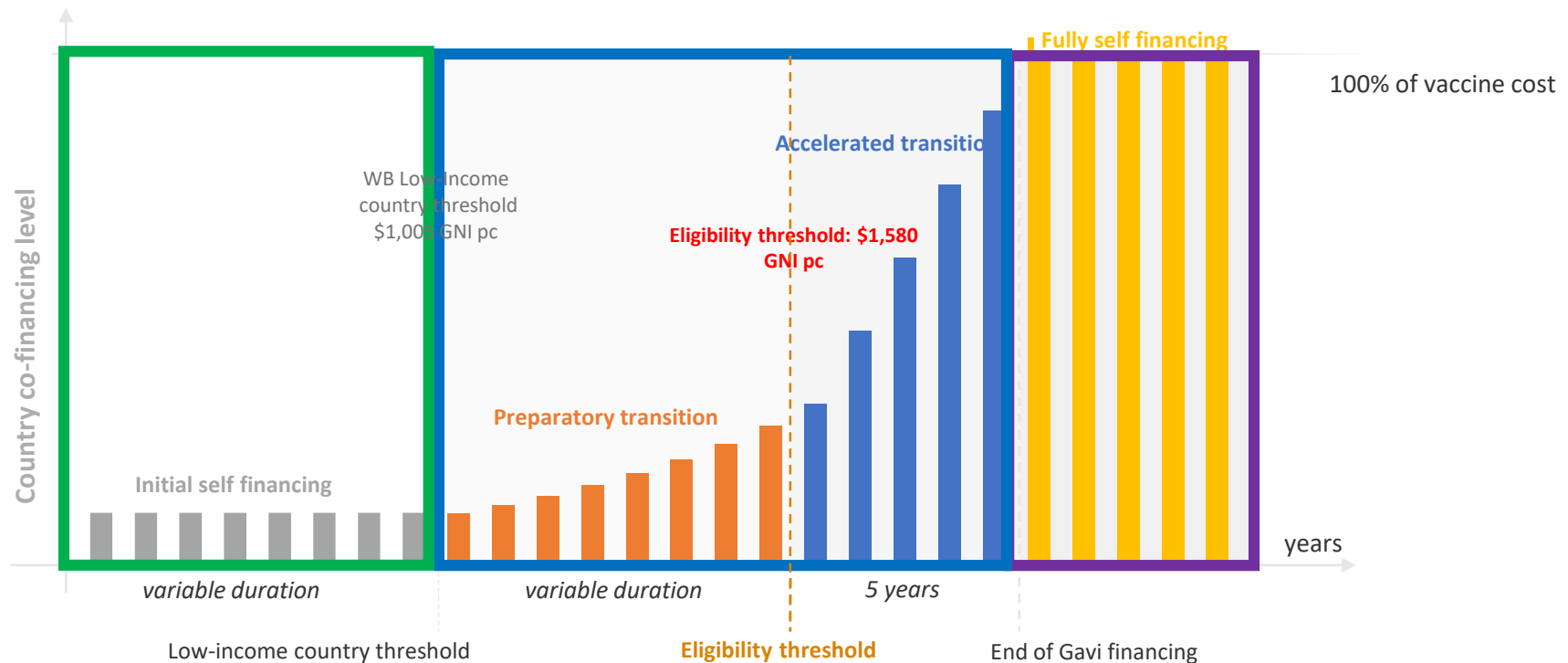


- Preparing for transition
- ❖ These are not absolute categories: actual country realities sit somewhere on this continuum
  - ❖ First wave of transitioning countries aligned with this model

The eligibility, transition and co-financing policies provide the institutional framework for Gavi's engagement...



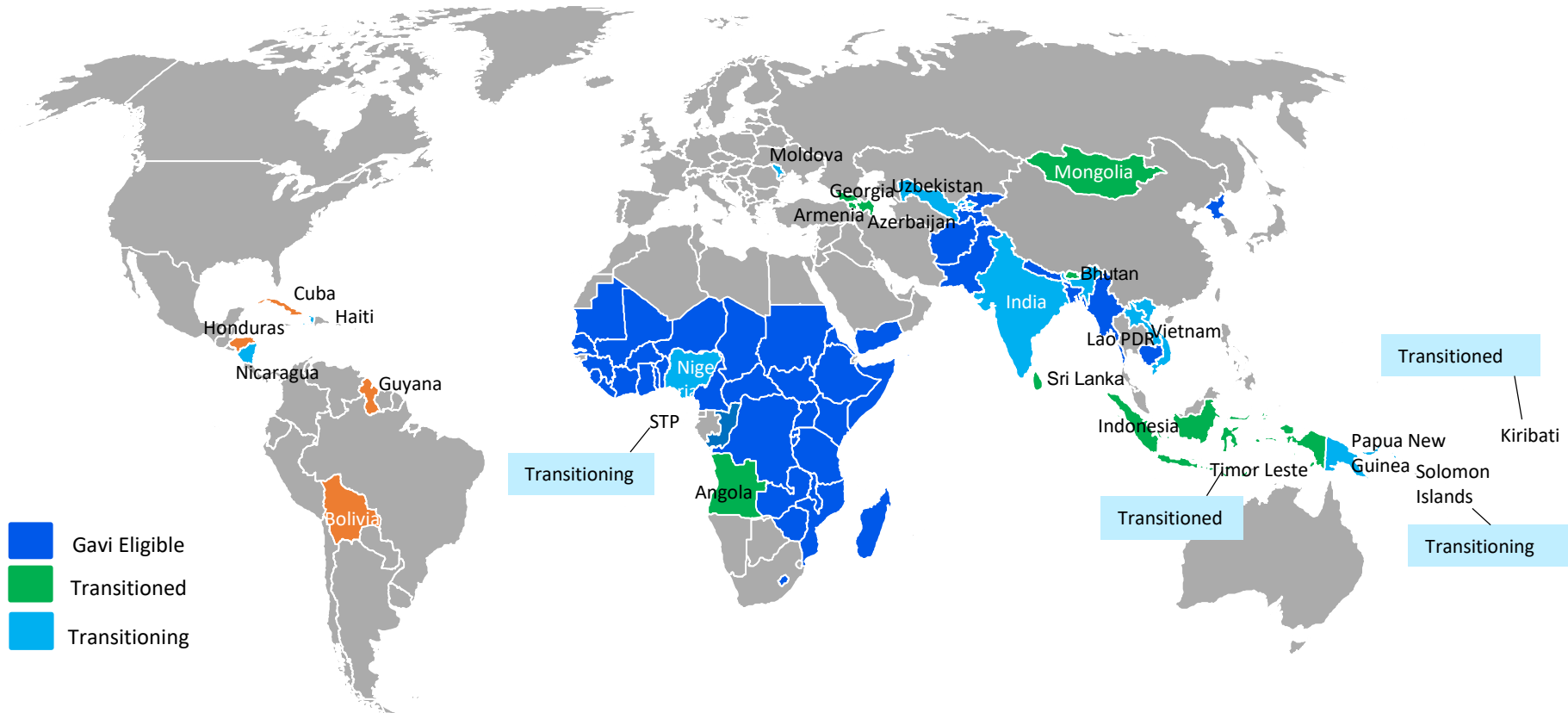
... and serve as key mechanism for domestic resource mobilization and financial sustainability



# Gavi's transition approach: key components

- Financial and programmatic sustainability
  - Domestic financing is key, but it is not enough
  - Programmatic sustainability requires critical national capacities, e.g., planning and budgeting, procurement, etc.
- Integrate “sustainability” in the design of Gavi's engagement
  - Getting the sequencing of interventions right: Addressing systemic bottlenecks early on
  - Adapting support to needs and reflecting the transition status: Reducing support for recurrent costs
- Conduct transition assessments and plans to mitigate risks
  - Conduct the assessments and plans before entering transition to guide all Gavi investments
  - Comprehensive approach beyond the programme to leverage all opportunities in the sector

15 countries\* have already transitioned and 9 countries are still in transition. 40 vaccine programmes are self-financed.

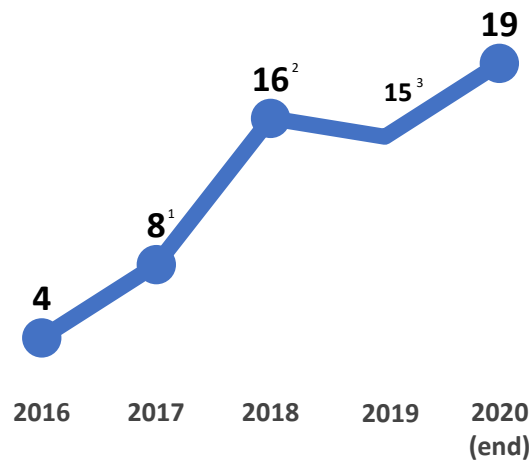


\*The number of countries got reduced from 16 to 15 as the Republic of the Congo's 2017 GNI fell below Gavi's eligibility level, making Congo eligible for support again.



# Four more countries expected to transition by the end of 2020

## Countries transitioned out of Gavi support



## Strong performance after more than one year without Gavi support



### Sustained or improved coverage

All countries transitioned for >1 year maintaining or improving coverage



### Fully funding vaccine programmes

Avg. investment per child **up >400%**



10 transitioned countries **introduced HPV and Measles-Rubella** with one-time catalytic funding from Gavi

- 1) 8 countries transitioned before 2017: Bhutan, Honduras, Mongolia, Sri Lanka, Guyana, Indonesia, Kiribati, Moldova;
- 2) 8 countries transitioned at the end of 2017: Angola, Armenia, Azerbaijan, Bolivia, Congo Rep., Cuba, Georgia, Timor Leste.
- 3) Subsequently Congo's 2017 GNI fell below Gavi's eligibility level, making Congo eligible for support again.

# Most countries broadly on track on key dimensions of coverage, equity, vaccine introductions, financing and institutional capacity

		Country Name	Birth Cohort	Coverage	Coverage Trend	Equity	Inst. Capacity	Vaccine Financing	Vaccines Introduced
Transition year (last year of support)	2015 – 2020	Angola	1,160,571						
		Armenia	37,820						
		Azerbaijan	163,712				N/A		
		Bhutan	14,084						
		Bolivia	244,950						
		Cuba	122,721				N/A	N/A	
		Georgia	51,446						
		Guyana	15,347						
		Honduras	193,798						
		Indonesia	4,806,445				N/A		
		Kiribati	3,105			N/A			
		Moldova	40,362						
		Mongolia	69,383			N/A			
		Sri Lanka	310,936						
		Timor-Leste	43,310						
		Viet Nam	1,543,906						
		Nicaragua	116,796						
		Papua New Guinea	215,204						
		Uzbekistan	635,229						
Transition year (last year of support)	2021-2025	India	24,280,341						
		Lao PDR	154,187						
		Solomon Islands	16,812						
		Sao Tome	6,538						
		Sudan	1,263,137						
		Cote d'Ivoire	836,856						

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/Introduced sub-nationally or scheduled for introduction in 4.0 period: 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 General Government Health Expenditure (GGHE) <1%; amber: if either share of GE >=0.1% or share of GGHE >=1% Red: If both GE and GGHE above threshold; n/a: reference data source not available; Source: WUENIC 2016, survey, WHO repository, UNICEF, World Bank, Gavi strategic demand forecast

# Findings on transition observed so far

1. **Immunisation financing:** fiscal space does not seem to be the main challenge in most of the first-wave countries
  - Critical issues are weak planning, budgeting and execution processes and broader financing of the sector
2. **Programme performance:** generally high coverage programmes, but important capacity gaps were observed on vaccine introductions
  - Also a subset with low coverage (e.g. PNG, Congo Rep, Nigeria, Angola)
3. **Institutional capacities:** critical gaps and areas for strengthening (e.g., regulation, procurement, supply chains, data systems)

# Findings on transition observed so far

- 4. Common concerns about losing supportive environment that is associated with being part of the Alliance
  - Anti-vaccination lobby
  - Technical assistance post-Gavi
  - Prioritisation of immunisation
- 5. Greater realisation that engagement with sub-national levels is critical for sustainable coverage and equity, which requires engagement with a wide range of stakeholders
  - Within the ministry of health and across ministries (e.g. MoF)
  - National and subnational authorities and parliamentarians
  - Across external partners (e.g. The World Bank, Global Fund)
  - Civil society, communities and private sector

# The Alliance provides targeted **post-transition support** to the 'Gavi family' of countries

## Bottleneck

## Existing post-transition support

### Vaccine prices



- Predictability and stability for vaccine prices
- Access to prices similar to those paid by Gavi for a limited duration\*

### Introductions of new vaccines



### Catalytic support to new introductions

10 transitioned countries received catalytic funding to incentivise missed introductions

### Programmatic bottlenecks



### Targeted mitigation of specific programmatic bottlenecks

Post-transition support to mitigate programmatic risks

**Support to post-transition countries provided on a case-by-case basis**

\*Depending on vaccines and manufacturers

# Principles guiding the post-transition support

- **Targeted strategy**: addressing specific gaps & mitigating specific risks
- **Prioritisation**: activities results-oriented and targeting the greatest impact on immunisation outcomes
- **Harmonised approach**: building on or complementing other risk mitigation strategies by government or other partners
- **Sustainability**: the benefits from the proposed activities should be sustained beyond the period of Gavi support (or no longer needed).
- **Leveraging of domestic resources** (funding, legal frameworks, institutions, partnerships, etc.) to strengthen the immunisation programmes beyond the impact of the activity on its own (i.e. catalytic impact).
- Post-transition support will be subject to **countries continuing to fund vaccines** introduced through Gavi.

# Important lessons

- ❖ Sustainability has two components: financial and programmatic
- ❖ Early engagement and planning
  - Addressing health systems bottlenecks and institutional constraints
  - Progressive phasing out of support
- ❖ Provide predictability and transparency
  - Flexibility to adapt and adjust approach (Evolving or learning agenda)
  - Using experiences to guide current policy review
- ❖ There is no silver bullet: getting the basics right is key
  - There is no substitute for appropriate regular planning, budgeting and execution
  - Prioritization, prioritization and prioritization
  - Wide-ranging inclusion of stakeholders

THANK YOU

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# Georgia's Transition Planning Process

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Experiences from a fully self-financing country

Tangerang, Indonesia  
July 2019

Ekaterine Adamia

# *Demographic and Socio-Economic Situation, 2018*



**Population – 3 726 500**

**Birth rate (per thousand population) – 13.7**

**Mortality rate (per thousand population) – 12.5**

**Life expectancy at birth – 74.0**



**Maternal Mortality (per 100000 live birth) – 13.1  
(2017)**

**Infant mortality (per 1000 live birth) – 8.1**

**Under 5 mortality rate (per 1000 live birth) – 9.8**



**GDP per capita (at current prices) – 4346 \$US**

**GDP real growth – 4.7%**



**Government expenditure on health as % of GDP – 3%**

**General Government expenditure on health per capita (USD) – 117**

# *National immunization Program*

## ***State Immunization program in Georgia launched in 1996.***

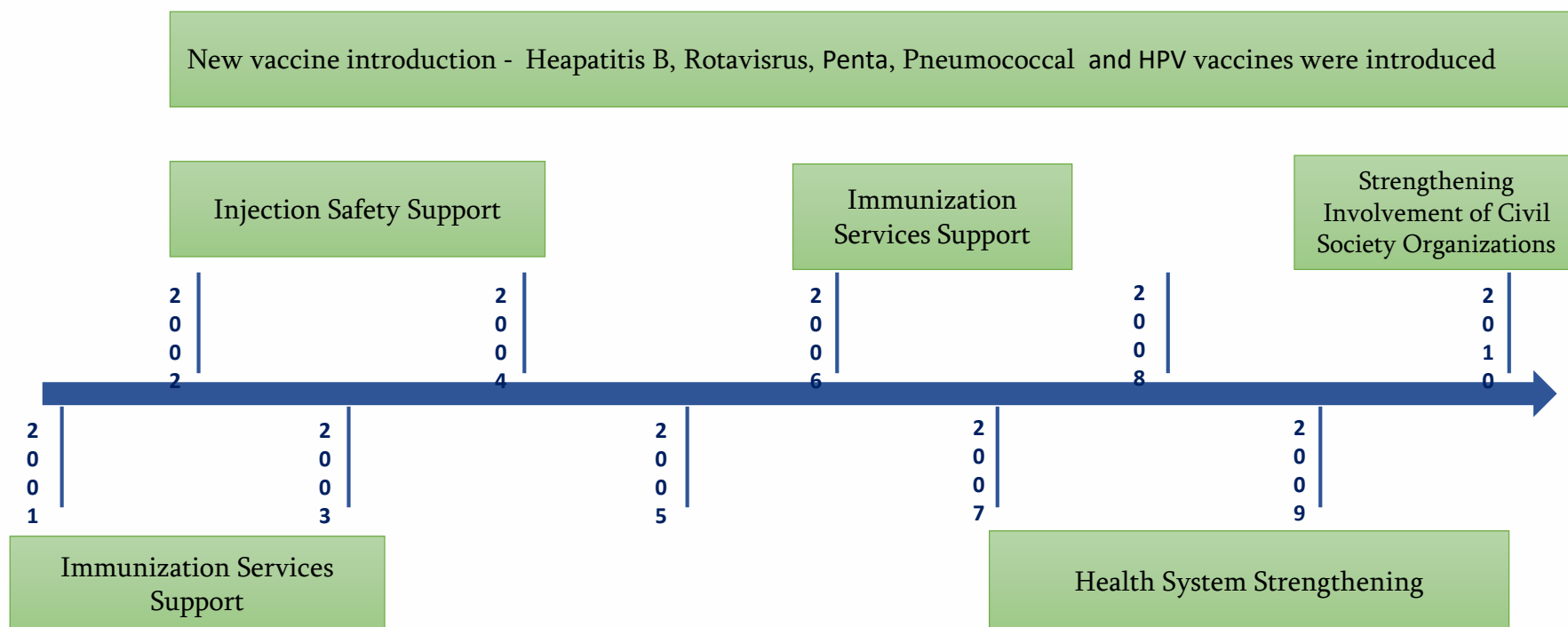
**Goal:** Efficiently protect the country population from VPDs and ensure the high coverage and quality services according to the Global and Regional targets.

**Covers** vaccination against 12 infectious *diseases: Tuberculosis, Hepatitis B, Diphtheria, Pertussis, Tetanus, Poliomyelitis, Measles, Mumps, Rubella, Hib, Rota, Pneumococcal*

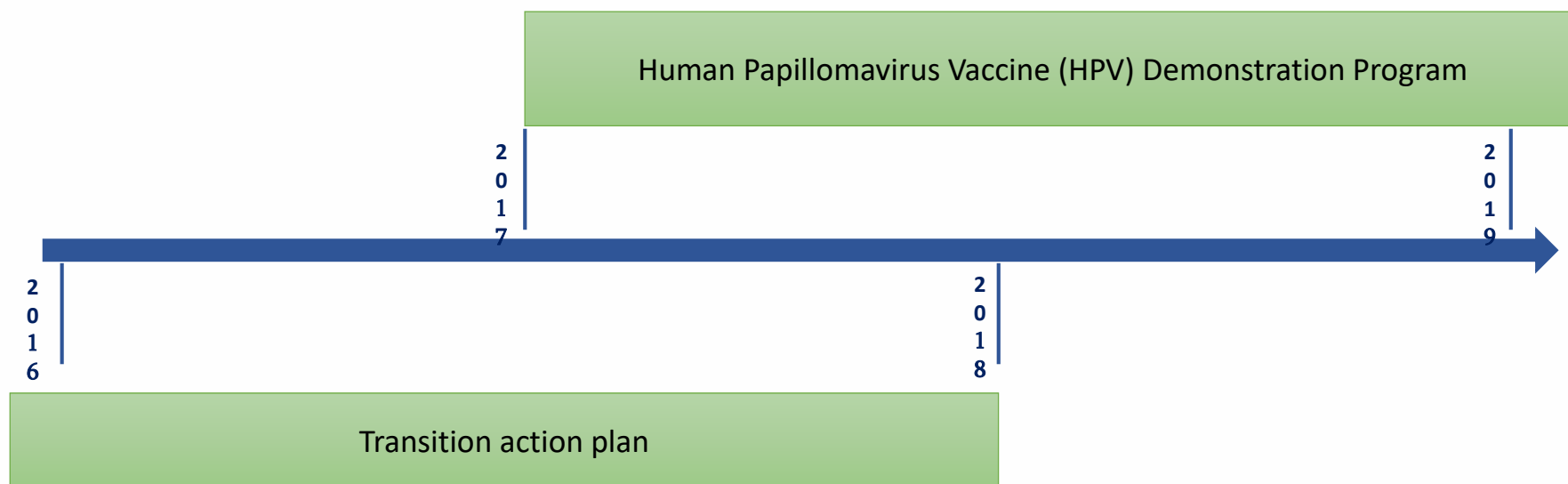
**Regulated** by the Law on Public Health and MoLHSA Decree #01-57n

- All routine immunization vaccines (except Hexavalent) procured through UNICEF Supply Division procurement mechanism to assure uninterrupted supply, high quality and balanced costs
- By government decision, all vaccines procured for routine vaccination are WHO prequalified
- **Funding** of the program significantly increased past years from 4 mln GEL in 2012 to 22.4 mln in 2019.

# GAVI support for Georgia



# GAVI support for Georgia



# *Gavi transition plan*

***the graduation plan was developed for the period from 2016 to 2018***

- in 2012 Georgia faced the situation when it was included in the list of countries, who co-finance new vaccines, and as their economies grow, are expected to finance an increasing share until they are self-financing.
- the main goal was - Continue strengthening resource mobilization capacities to maximize NIP program's ability to be self-sustainable following transition from Gavi support .
- two mission with members from WHO, UNICEF and GAVI, in 2012 and 2014, in order to assess graduation challenges and to develop action plan to address.
- Ministry of Health, National Center for Disease Control, Ministry of Finance, Health Committee of the Parliament of Georgia, In-country partners were participated in the development of a transition plan.

## Transition plan – key activities (1)



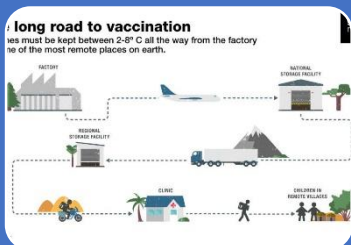
## Evidence-based decision making support to the NIP and strengthening the NITAG

- Strengthening the NITAG through capacity building activities
- Monitoring performance and ensuring that NITAG meets WHO criteria
- Supporting new vaccine introduction and strengthening implementation



## Communication and advocacy (including advocacy for resource mobilization)

- Strengthen communications and advocacy through strategic planning and implementation
- Strengthen resource mobilization capacity and efforts for increased domestic funding for the programme
- Address vaccine hesitancy and resistance



## Strengthen vaccine management and immunization logistics

- Institutionalize best vaccine management practices
- Systematic documentation and review of cold chain performance
- Capacity building activities
- Cold Chain Equipment needs

## Transition plan – key activities (2)



### Vaccine procurement

- Procurement of quality assured products
- Strengthen monitoring of procurement performance
- Strengthen government self-procurement capacity



### Programme performance and data quality

- Generate evidence to identify gaps and low performing areas/population groups
- Improve immunization coverage among low performing areas/population groups
- Strengthen immunization data quality



### Strengthening pharmacovigilance function (AEFI surveillance system) of the National Regulatory Authority

- Strengthening AEFI surveillance system (pharmacovigilance function)



### Communication support on sustainable immunization financing and strengthening immunization legislation

- Communication with parliamentarians/ decision-makers
- Strengthening immunization legislation



## *General Observations - Strengths*

- Health became N1 priority for the Government
  - Health budget doubled
  - Universal Health Care introduced
  - Service provision restructured (polyclinics in urban, PHC providers in rural)
  - School physician system being introduced
  - Content of benefit package expanded
  - Ministry of Health became the main purchaser for health services
- Comprehensive health management information system (e-health) successfully developed and introduced (integrated with civil and birth registry, unique ID number, 30 modules)

## *General Observations - Strengths*

- Access to immunization services guaranteed under minimum basic package
- High vaccination coverage at national level sustained
- Successful expansion of the Programme;
- National Immunization Programme re-established at the national level
- Strong Immunization Coordination Council to strengthen decision-making process
- National Immunization Technical Advisory Group recently established to provide evidence-based recommendations

## Key achievements (1)

### *Immunization financing*

- ***Funding of the NIP increased significantly since 2012 from 4 M GEL to 22.4 M GEL in 2019; not only for routine vaccination, but also other components, such as rabies vaccines***
- *with a significant devaluation of the national currency of the country, additional funds were allocated for the needs of the immunization program in the state budget*
- ***In increasing the budget of the immunization program, special support was received from the country's parliament, which lobbied our increased costs to the Ministry of Finance.***
- ***We work closely with the Ministry of Finance, with NITAG, with the Immunization Coordination Committee***
- *in the promotion of immunization included famous persons, art figures, athletes, etc.*

## Key achievements (2)

### *Evidence-based Decision-making*

#### ➤ ***core advisory bodies to support the NIP are in place:***

- *Interagency Coordination Committee (ICC)*
- *National Immunization Technical Advisory Group (NITAG)*
- *National Regulatory Authority (NRA)*
- *National Polio Certification Committee*
- *National Verification Committee for Measles & Rubella Elimination*
- *National Immunization Safety Committee.*

#### ➤ *Georgia has benefited from WHO support in terms of activities carried out to make evidence based decisions (Rotavirus and invasive bacterial disease surveillance, post-vaccine introduction cost-effectiveness analysis of PCV, IB-VPD surveillance to estimate case fatality ratios for pneumococcal meningitis admissions, Serotype replacement monitoring etc.).*

## *Key achievements (3)*

### *Programme Performance & Data Quality*

- ***The comprehensive Health Management Information System (HMIS) is an innovative system successfully developed and introduced** (integrated with the civil and birth registry, based on unique ID number, about 30 modules) by the MoLHSA*
- ***Immunization coverage survey in three major cities (Tbilisi, Kutaisi and Batumi) and rest of Georgia was implemented with GAVI, US CDC and WHO support.** The final report developed both in Georgian and English languages.*

## *Key achievements (4)*

### *Communications & advocacy*

- ***Immunization Communication Strategy and Action Plan as well as Crisis Communication Plan was developed with UNICEF's support.***
- ***The comprehensive Multi-year Action Plan (cMYP) for Immunization 2017-2021 is adopted, following the main goals of the European Vaccine Action Plan (EVAP).***

## Key achievements (5)

### *Vaccine Management & Procurement*

- *To assure uninterrupted supply, high quality and balanced costs, **all routine immunization vaccines (except Hexavalent) are procured through UNICEF procurement mechanism and all vaccines procured for routine vaccination are WHO prequalified.***
- *Logistics of the vaccines and injection safety equipment is managed by NCDC at National level and by municipal PHC at the local level.*
- ***Effective Vaccine Management assessment was conducted in 2018 By GAVI and WHO support.***
- *Besides, WHO provided technical support in development of integrated national regulations on storage of vaccines and pharmaceuticals requiring cold chain, including development/adaptation of vaccine management SOPs.*

## *Key achievements (6)*

### *Quality Assurance*

*Strengthening pharmaco-vigilance function (AEFI surveillance system) of the NRA*

- ***GAVI and WHO supported development of a Strategic Plan for NRA (Short-, Mid- & Long-Term Planning) and capacity building of NRA by ensuring participation in trainings and workshops (marketing authorization process, licensing of medicinal products (vaccines) and etc.).***



# Challenges

- *Sustainability of the National Immunization Program*
- *Strengthening of monitoring and evaluation system.*
- *Institutionalize the best vaccine management practices.*
- *low coverage areas that still require technical support and assistance for vaccination.*
- *mandatory vaccination*

Thank you!



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# São Tomé and Príncipe's Transition Planning Process

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Experiences from Accelerated Transition

Tangerang, Indonesia  
July 2019



# DEMOCRATIC REPUBLIC OF SÃO TOMÉ AND PRINCIPE

Location: Gulf of Guinea

Population: 201.000

surface area: 1001 Km<sup>2</sup>



# STP transition process

- How are you developing your transition plan?
  - Who leads? **Reproductive health program/DCS**
  - Who is involved (in the government and partners)? **WHO, UNICEF, GAVI, UNFPA, NGOs, Health Districts and Central Offices of the Ministry of Health**
  - How do these individuals contribute? **In group and plenary work, presentations, information and reports available at their level**
  - What are the components of the plan you are developing? **Strengthening of the Health System, National Vaccination Plan and Cold Chain, assessment of indicator performance**
  - How are you creating buy-in?
- If you have started implementation of the plan, what steps are you taking to put the plan into action? **Implementation of the strengthening of management capabilities, preparation of health accounts, updating of essential tools such as Strategic Plans**
- What does success look like?
  - What are your goals for your transition plan development process?
  - What are your goals for transition plan implementation?

# What is working well?

- What strategies have you used for planning or implementation that have worked well? What was the result?
  - **Field visits**
  - **Interviews**
  - **Group work**
  - **Plenaries**
  - **Documentary review**
  - What challenges have you overcome? How did you do it?
  - **Getting everyone involved**
  - **Obtaining reliable health information**

# Challenges

- Have a functional Health Information System (SIS, Portuguese acronym) that responds and is the entity that responds according to the information of the National Health Service
- Accountability of public assets.
- Partner policies must be in close alignment with the Ministry of Health policies and with other SUSTAINABLE DEVELOPMENT OBJECTIVES and Development Objectives
- Preparation of the national health policy and the HR strategic plan;
- Having the Ministry of Health as their grant manager;
- Constitution of the NITAG;
- Make the planning office effectively functional;
- Training and valuation of HR;
- Promote a culture of control and internal audits;
- Develop and enhance traditional medicine;
- Financing of the health system.
- **Coordination**
- **Leadership**
- **Very lengthy acquisition and payment process**
- **Difficulties in identifying Technical Assistance**
- Improve coverage and equity by strengthening immunisation systems
- Sustainability of the PAV and support systems

# Challenges

## What strategies have you tried so far to overcome these challenges?

- Structural organization of the Administrative and Financial Directorate and the Ministry of Health.
- Greater dynamics in the asset control.
- Strengthening of the Administrative and Financial Directorate for better management of the National Health.
- DHIS2 Installation
- Cold chain for the conservation of vaccines.
- Reinforcement of rolling stock for the vaccination system.
- Training of those responsible (PAV, SIS, DAF, RSS, FNM, GM).
- Agreement with NGOs
- Implementation of the RSS cell.
- Constitution of the Committee on Health Financing
- Acquisition, installation and training of TOMPRO accounting software
- **Focus on objectives**
- **Strict compliance with procedures**
- **Communication and transparency**
- **Support from partners (WHO, UNICEF, UNFPA)**
- Evaluation of priority actions for the current year and projection of priorities for the following year.



# Lessons learned

- What advice would you give to countries just starting to develop their transition plans?
  - **Careful identification of the management cell**
  - **Strong Government Engagement**
  - **Strong partnership with partners**
  - **Develop a participatory process from conception to implementation**

# Support from LNCT

- **Technical support and examples of successful experiences**
- **Implementation process**
- **Strengthening of HR capacities**
- **The best model for financing the health system**
- **DHIS2 implementation process**
- How would you like to receive this support?
  - **Seminars and face-to-face training**
  - **Study visits**
  - **Bibliography**
  - **Success stories**

**THANK YOU**

GRACIAS  
ARIGATO  
SHUKURIA  
JUSPAXAR  
DANKSCHEEN  
TASHAKKUR ATU  
SUKSAMA  
BOHRET  
BIYAN  
SHUKRIA  
GRAZIE  
MEHRBANI  
PALNES  
BOLZİN  
MERCİ



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# Transition planning process in the Ivory Coast

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## Preparatory transition experiences

Tangerang, Indonesia  
July 2019

Prof. Mamadou Samba, Director General of Health

# Ivory Coast process

- Who is managing this?
  - The Director General of Health
- Who is involved?
  - Ministry of Health
  - Other Ministries (Economy and Finance, Budget, Women, Family and Children, Planning)
  - Technical and Financial Partners (WHO, UNICEF, AMP, Dalberg, Village Reach, etc.)
  - Civil society (FENOSCI, etc.)
- How do these people contribute?
  - Workshops and development of working sessions for strategies and planning
  - By first defining the EPI and government priorities through which partners and other stakeholders should align
- What are the components of the plan that you are developing?
  - Governance and leadership
  - Funding for vaccination
  - The generation of demand and the Service offering
  - The health information system

# Ivory Coast process

- How long will it take?
  - Expected to be finalized in 6 months
  - Given the need to align it with the country's other strategic plans, it can go up to a year
  - Now, we are at the stage of defining the priority issues, the definition of the strategies and activities of the transition.
- What information do you use to define the priorities of your transition plan?
  - **The theory of change tool**
  - **Mid-term evaluations of the 2016-2020 multi-year comprehensive plan** and other health financing surveys prepared by the WHO and the World Bank
- What will success look like?
  - Ensure that the transition plan is integrated with other national strategic plans
  - Ensure the buy-in of stakeholders

## What works well?

- The involvement of other Ministries, Technical and Financial Partners and civil society alongside the Ministry of Health in this process of analysis and planning **to define an overall and inclusive approach to the Gavi transition plan**

## Challenges

- To regularly have government decision makers and resource persons and other partners involved in our working sessions
  - Our strategy: to personally involve the highest decision makers first and to ask them to make their experts available to the Ministry of Health in order to participate

## Support from LNCT

- We would like to have LNTC accompaniment via the exchange of experiences with other countries which have already passed our stage
  - Webinars
  - Calls with other countries
  - Discussions on the online forum
  - Intercountry visits for exchanges of specific experiences
- **Question:** How has the Government managed to mobilize long-term domestic funding for immunization through incidental taxation? Or other approaches?



Thank you!