Meeting of the Regional Working Group on Immunization for GAVI-supported countries in the Western Pacific

18–20 January 2016
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WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

MEETING REPORT

MEETING OF THE REGIONAL WORKING GROUP ON IMMUNIZATION
FOR GAVI-SUPPORTED COUNTRIES IN THE WESTERN PACIFIC

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

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GAVI, THE VACCINE ALLIANCE

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The views expressed in this report are those of the participants of the Meeting of the Regional Working Group on Immunization for Gavi-supported Countries in the Western Pacific, 2016, and do not necessarily reflect the policies of the conveners.
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Keywords:
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The Regional Working Group (RWG) on Immunization for Gavi-supported countries in the Western Pacific is the major mechanism for partner and programme coordination, consensus building and advocacy at the regional and subregional level for countries supported by Gavi, the Vaccine Alliance. It acts as a bridge for information flow between country and global levels.

Currently, six RWGs exist, located in the Eastern and Southern African Subregion, the Western and Central African Subregion, the European Region, the Eastern Mediterranean Region, the South-East Asian Region and the Western Pacific Region.

The Western Pacific RWG serves the following key functions:

1) it coordinates activities related to national immunization programmes, including cross-cutting areas, with the primary focus on the Gavi Partner Engagement Framework (PEF), targeted country assistance and strategic focus areas; and
2) it acts as a forum for the exchange of information and experience for Gavi-supported countries and partners in the Region.

The RWG seeks to align national immunization programmes with fundamental strategies and frameworks outlined at the global, regional and country levels, namely:

- the Global Vaccine Action Plan (GVAP) endorsed by the World Health Assembly; and
- regional action frameworks on immunization, along with health system strengthening (HSS), including universal health coverage, and others.

This year Gavi will implement a new five-year business plan 2016–2020 that includes new country requirements on grant application, monitoring and reporting and co-financing. The implications for countries and partners of this new plan are significant and their in-depth review was a key element of the 2016 RWG.
1. INTRODUCTION

1.1 Meeting organization

The meeting was attended by 12 participants from seven Member States, one temporary adviser, one observer and the RWG Secretariat. This included Gavi staff, United Nations Children’s Fund (UNICEF) staff from the Regional Office for East Asia and the Pacific and country offices, and staff from WHO headquarters, the Regional Office for the Western Pacific and country offices. The list of participants is included in Annex 1 and the programme of the meeting in Annex 2.

1.2 Meeting Objectives

The objectives of the meeting were:

1) to inform the members of the RWG and national immunization managers of the new Gavi 2016–2020 Business Plan and strategy and to discuss the implications of this plan for Gavi-supported activities in the Western Pacific;
2) to review Gavi-supported activities in the context of the GVAP, and to coordinate partners’ support for upcoming challenges, including new grant applications, monitoring and reporting, joint appraisals, graduation assessments, cofinancing and sustainability; and
3) to develop terms of reference, membership criteria and a workplan for the RWG.

2. PROCEEDINGS

2.1 Opening session

Dr Shin Young-soo, WHO Regional Director for the Western Pacific, welcomed the participants to the Regional Working Group on Immunization for Gavi-supported Countries in the Western Pacific, 2016. He noted the challenges that would need to be overcome as countries in the Region made the transition from Gavi support to relying on domestic resources. He remarked that countries in the Region were making real progress towards meeting ambitious but achievable immunization goals. For example, last year Cambodia was verified as having eliminated deadly endemic measles. Now partners must work together to sustain these hard-won gains in vaccine-preventable diseases.

2.2 Global and regional updates and Gavi new policy update

2.2.1 Global and regional overview: GVAP progress in the Western Pacific

The Decade of Vaccines is at a critical midpoint, with the Strategic Advisory Group of Experts (SAGE) on Immunization finding that five of the six midpoint targets of the Global Vaccine Action Plan (GVAP) remain off track. There are reasons, however, to be optimistic. Globally, four additional countries have been validated as having eliminated maternal and neonatal tetanus. Africa has not had a case of wild poliovirus since 2014 and the Americas were the first WHO region to be certified as having eliminated rubella.
In the Western Pacific Region similar successes and challenges exist. The Region remains free of wild poliovirus circulation, but there is an ongoing type 1 circulating vaccine-derived poliovirus (cVDPV) outbreak in the Lao People’s Democratic Republic. Measles virus transmission had a historically low transmission rate in 2012, but then faced a resurgence of endemic transmission from China, the Philippines and Malaysia in 2013–2015. Stagnating routine coverage levels in a number of countries reveal the challenge of reaching hard-to-reach, underserved and marginalized populations.

Dr Carsten Mantel and Dr Sergey Diorditsa noted that, if the gains made by some countries in the first half of the decade were made by others, then there was hope that the goals of the GVAP would be achieved. Common factors that have facilitated success include improved data quality, community involvement, availability of immunization services, efforts to strengthen health systems, vaccine availability and strong leadership and accountability. It was agreed that each year a report on the regional progress of GVAP implementation would be submitted to the SAGE.

2.2.2 Gavi strategy 2016–2020 and strategic priorities

Dr Ranjana Kumar outlined the changes in Gavi’s business plan and strategy for 2016–2020 and pointed out the enhanced commitment to improving coverage and equity in immunization. The Board has given guidance to support countries in so-called strategic focus areas. These include data quality, supply chain, demand promotion and strengthening core capacity in managing programmes.

The Board approved a new Partners’ Engagement Framework (PEF) that will guide and revitalize the coordination and harmonization of roles, responsibilities and activities of the Alliance partners at national, regional and global level. The PEF will fund three streams, including (1) long-term support for key partners playing a lead role in programmatic areas based on institutional mandate (foundational support); (2) technical assistance to countries (targeted country assistance – TCA); and (3) potential special investments in strategic focus areas (SFAs) which are critical for the strategy period 2016–2020. Funding for TCA will be determined based on country-expressed need, particularly through the joint appraisals.

Twenty countries, including only Papua New Guinea from the Western Pacific Region, have been identified for priority attention based on various factors such as large birth cohort, weak immunization coverage, fragility and certain risk assumptions. These priority cases are referred to as tier 1 and 2 countries under the PEF by Gavi. The other six Gavi recipient countries in the Region are referred to as tier 3 countries.

Gavi underscored the importance of better alignment and coordination of technical assistance and Gavi business needs with countries’ priorities and annual workplans. It is suggested that an Alliance-wide joint workplan should be prepared to support countries better and not to place an additional burden on them.
2.2.3 Regional Working Group – objectives, structures, operations

Regional working groups have been in existence since Gavi’s inception. But for them to play a more central role in coordination, oversight and troubleshooting of country-specific immunization issues, they will need to be revitalized, strengthened and properly resourced. As many countries in the Region move away from Gavi eligibility, it is important to adapt the RWG to ensure it works effectively to coordinate partner support. The inclusion of non-Gavi countries (using non-Gavi funds) and the participation of national ministry of health staff members may be considered.

Discussions identified the need to distinguish the role of the RWG from other mechanisms such as the Technical Advisory Group (TAG) on Immunization and Vaccine-Preventable Diseases in the Western Pacific Region. It was agreed that RWGs should continue to be held either at the end of the year or at the beginning of a new year. In addition, an extended RWG focusing on specific issues (e.g. vaccine prices) will be held in the same week as the TAG meeting in the Western Pacific.

2.2.4 New Gavi measles and rubella elimination strategy of support

Following Board approval of a new measles–rubella (MR) elimination strategy, Gavi support will be expanded to cover the following areas:

(a) all-age MR campaign followed by rubella vaccine in routine immunization (RI) (existing)
(b) measles second dose (MSD) in RI for a period of five years (existing)
(c) measles or MR follow-up campaigns (new)
(d) MR vaccine (one or two doses) in RI (new)
(e) outbreak response through the MR Initiative (existing).

Gavi support for (c) and (d) will be available from 2017. Funding for follow-up campaigns and routine MR vaccine will include country cofinancing details, which will be described in the revised guidelines in last quarter of 2016. In the Western Pacific Region, Cambodia, the Lao People’s Democratic Republic and Solomon Islands are eligible to receive expanded MR support. Both the Lao People’s Democratic Republic and Solomon Islands have expressed interest in applying for MSD support in 2016.

2.2.5 Measles–rubella elimination in the Western Pacific Region

Dr Takashima noted that the Region had made significant progress in regional measles elimination since 2003. By 2012, the target year for regional elimination, the Region had recorded its lowest measles incidence in history. However, 2013–2015 saw a Region-wide measles resurgence, with the incidence eight times higher in 2014 than in 2012. This was caused by (i) the resurgence of measles virus transmission in endemic countries, (ii) large-scale outbreaks in countries with previous periods of low or undocumented measles transmission following importation from endemic countries, and (iii) multiple importations from endemic countries to those that had achieved or were approaching measles

1 More details on the Gavi strategy can be found at http://www.gavi.org/about/governance/gavi-board/minutes/2015/2-dec/.
elimination. Of particular interest in the Region are measles outbreaks in Cambodia and Mongolia, which were earlier validated for elimination of measles.

To address these issues, the TAG provided a set of comprehensive recommendations to countries and to WHO in its Twenty-fourth meeting in June 2015. During the RWG it was identified as critical for Gavi-supported countries in the Region that were affected by large-scale or nationwide measles outbreaks following importation in 2013–2015 actively to consider, plan, prepare and implement preventive and proactive measles-containing vaccine (MCV) supplementary immunization activities (SIAs) before residual or accumulated susceptible populations triggered future outbreaks. Discussion covered the challenges of accessing funds in a timely manner during outbreaks.

2.2.6 Country presentations (Mongolia and Papua New Guinea)

**Mongolia**

Although Mongolia experienced no measles cases for nearly five years from June 2010, in March 2015 an outbreak occurred with over 21,000 suspected cases. Almost half (49.1%) of reported cases were 15 to 24-year-olds, signifying that there was an immunity gap for measles in this age group. In response, a measles SIA campaign was held from May to June 2015 targeting children from six months to six years, achieving 64% coverage. The surveillance standards for measles and rubella and the national strategy for measles elimination were revised and surveillance efforts were enhanced. In 2016, MR SIAs will target 15 to 25-year-olds, and a national serosurvey on measles and rubella will be conducted.

**Papua New Guinea**

In 2015, Papua New Guinea introduced the Special Integrated Routine EPI Strengthening Programme (SIREP), the quarterly implementation of the Expanded programme on immunization (EPI). This was undertaken with additional maternal and child health and other essential services in order to reach every child and achieve high immunization coverage. Mr Johnnie Arava explained that SIREP Plus had been launched in August 2015, adding delivery of three new vaccines, MR, inactivated polio vaccine (IPV) and pneumococcal conjugate vaccine (PCV-13). The rollout of the programme revealed key challenges in cold chain and logistics capacity, issues with population denomination figures, and a shortage of funds for transport to access hard-to-reach areas amongst other challenges.

2.2.7 Review of Gavi-supported health systems strengthening (HSS) proposals in WPR

Dr Ayesha de Lorenzo reviewed HSS support provided to the Region over the last year. Throughout the Region, health systems challenges were seen in programme management, decentralization, economic and financial stability and climate change. Both Solomon Islands and Papua New Guinea are submitting new proposals for HSS support in 2016. There are synergies across their applications, including measles outbreaks and common objectives of integrating service delivery, strengthening cold chain capacity and increasing demand generation.

The joint appraisal experience over 2015 was found to be positive, enabling partner engagement at regional and country levels and allowing in-depth understanding of issues. However, challenges arose from a lack of standard operating procedures, leading to confusion over membership, information to be collected and report endorsement. Deadlines were found to be too tight and feedback from the high-level review panel was lacking.
2.2.8 Immunization supply systems and equity in WPR countries: realities, opportunities and challenges

Dr Wang Xiaojun shared the outcomes from the Meeting on Improving Immunization Supply Chain and Immunization Equity, convened by UNICEF’s East Asia and Pacific Regional Office in October 2015. The aim of the Meeting was to identify practical solutions to accelerating progress in the two programme areas concerned, with increased synergy. The focus of the meeting aligned with the priorities set out in the new Gavi strategy 4.0. The Meeting outcomes were expected to affect the priority-setting of national immunization programmes. Country participants shared their best practices and chronic or emerging challenges, and developed a set of focused actions for 2016 and beyond. Dedicated attention was given to tracking progress effectively in the two areas. UNICEF’s East Asia and Pacific Regional Office is working with countries to ensure the proposed actions can be adequately incorporated into workplans and progress can be regularly monitored. These efforts should contribute to delivering the desired results emphasized in the new Gavi strategy.

2.2.9 Country presentations (Lao People’s Democratic Republic, Cambodia and Kiribati)

Lao People’s Democratic Republic

Dr Anonh Xeuavongsa reported that inequity in vaccination service delivery in the Lao People’s Democratic Republic was evident and was affected by population distribution, location of residence and ethnicity. In particular, this has affected the Hmong community; 80% of measles cases from 2011 to 2015 and 100% of the vaccine-derived poliovirus cases and deaths in 2015 to 2016 occurred in the Hmong community.

In efforts to address inequity, the Lao People’s Democratic Republic has implemented the principles of inclusiveness across the programme and simplified microplanning guidelines. A programme of periodic intensified routine immunization is being piloted to address lack of access in hard-to-reach/high-risk areas in Phongsaly. Increased efforts are being made to monitor population characteristics in routine immunization. The main challenges are to define inequities and tailor approaches to meet specific needs, such as targeting communication strategies and service delivery.

Cambodia

Mr Ork Vichit presented immunization activities addressing hard-to-reach areas and immunization inequity in Cambodia. In all, 1832 villages were identified as high-risk communities, including urban poor areas, remote rural villages, ethnic communities and migrant populations. Mr Vichit discussed the disparity of immunization coverage according to wealth, mother’s education and province. Following the adoption of high-risk community strategies, Cambodia conducted three rounds of high-risk community outreach services in 2014 and 2015. It was stated that tremendous progress had been made in the implementation of the high-risk communities’ strategy implementation. A health centre approach was found to be more efficient and less costly than the operational district approach, and led to higher data quality.

Kiribati

Mr Beia Tawaia reported that 16% of newborn babies in Kiribati did not receive a timely hepatitis B birth dose and were at risk of perinatal infection. A project was implemented over six months to address both provision and demand barriers in order to improve coverage in hard-to-reach areas.
Links were enhanced between health facilities and communities to increase access to vaccination for newborn infants. Nurses and village health volunteers communicated to caretakers the importance of hepatitis B prevention through vaccination. As a result, an increase in hepatitis B birth dose coverage was noted on all the islands. Recommendations were made to continue with the efforts and conduct a detailed survey and analysis to assess the knowledge of caregivers and the impact of improved linkages between health facilities and communities.

2.3 Sustainability and next steps in Western Pacific countries

2.3.1 Overview of eligibility, transition and cofinancing

Gavi support, focused on lower-income countries, is time-limited, catalytic and directly linked to governments’ ability to pay for vaccines. Its overall objective is to put countries on a trajectory towards financial sustainability while acknowledging that for some of them in the short/medium term, it will be enhancing country ownership of vaccine financing.

The recent policies revision saw cofinancing for countries in the preparatory transition phase linked to prices, with the eligibility threshold based on a three-year rolling average of gross national income (GNI) per capita. Those updates were aimed at supporting countries in making holistic decisions on presentation choices, as well as bringing greater predictability and ensuring better preparation for the transition process for progressive phasing out of Gavi support.

A greater emphasis has also been placed on engaging with countries in transition, planning at an earlier stage and offering access to Gavi or similar prices for five years post-transition, as part of an effort for a successful transition out of Gavi support.

Questions raised on this subject addressed issues around eligibility and ensuring appropriate pricing, as the majority of these countries are either in or will be entering the accelerated transition phase. Receiving cofinancing information as early as possible to ensure appropriate budgetary planning was also highlighted as a key issue.

2.3.2 Financial sustainability: eligibility and cofinancing performance and projections in Western Pacific countries

Within the seven Western Pacific Region Gavi countries, six are either already in the accelerated transition phase or are about to enter that phase in the next few years. Countries that entered the accelerated transition phase earlier on have a limited portfolio of Gavi-supported vaccines, while countries that will be entering this last phase in the coming years will have a more comprehensive portfolio of Gavi-supported vaccines.

Overall, cofinancing amounts are increasing steadily, and projections show the need for a continued increase in national vaccine funding, be it as cofinancing or as self-financing after transition. Based on the fiscal space analysis, with Gavi support in line with its policies, and assuming that countries continue procuring vaccines through the UNICEF Supply Division, these countries will have sufficient fiscal capacity to pay for vaccines.

One clear message voiced during the presentation was the need for more scientific data on cost-effectiveness that could be used to support decision-makers in choosing whether or not to introduce
new vaccines. It was also highlighted that there was a need to understand better the impact of new vaccine introductions on delivery costs and other programmatic costs.

2.3.3 Transition planning: process and support

Gavi’s engagement with countries in transition aims to ensure their readiness to finance sustainably and manage and develop immunization programmes efficiently after Gavi support is phased out.

Gavi has drawn up a transition assessment and planning approach to identify the bottlenecks and mitigate those through additional support and strengthening of country capacities to manage the post-transition period successfully. A transition plan is formulated nationally in coordination with partner organizations and Gavi. Its aim is to identify operational recommendations and define activities to be implemented in the short and medium term, with a clear indication of verifiable deliverables, timelines, actors, costs and sources of funding. It should be a comprehensive roadmap that brings together all relevant activities from different sources in a harmonized, coherent framework, and should be aligned with existing national plans and recent assessments. Additional Gavi funding to support the transition plan is limited and should support critical activities that are difficult to fund by the country/partners. Country ownership in this process is key, and partners’ support should focus on facilitation and guidance.

Lessons learnt include the fact that an earlier engagement with countries on transition and the active participation of national ministries of finance and health and national EPI are critical.

2.3.4 Programmatic and financial issues for sustainability

Dr Jorge Mendoza described the basic elements to understand and consider when planning for sustainability in immunization programmes, adding that the different terms used to describe sustainability were not synonymous, but provided different perspectives conceptualizing sustainability. Definitions can be grouped into three categories, each representing a perspective on sustainability, which refer either to the preservation of effects or the preservation of the institution/programme/approach that generates those effects.

These categories are: sustainability as maintaining health benefits; sustainability as a continuation of programme activities within an organization's structure; and sustainability as building the capacity of the community for which the effects are sought. Measurement of sustainability will be driven by those perspectives.

Within this conceptual framework, the presenter noted that a sustainable programme did not necessarily produce sustained effects or outcomes, and that not all interventions should continue for long periods of time, as people, circumstances and the initial reason for a desired effect might also change. Participants were encouraged to plan for sustainability and measure it accordingly. They were warned that attention to sustainability would continue as scarce resources would need to be efficiently and effectively allocated.

2.3.5 Vaccine procurement and prices

Dr Wang Xiaojun explained that UNICEF had played a key role in procuring immunization supplies for about 100 countries annually, including vaccines, injection devices and cold chain equipment. In 2015, UNICEF procured vaccines valued at US$ 1.71 billion. Since 2000, the value of Gavi’s annual
vaccine procurement through UNICEF has increased significantly. UNICEF’s procurement is focused on achieving vaccine security. In the past decades, UNICEF has made tremendous efforts to increase access to affordable vaccines for children in need and to ensure a healthy vaccine market. There has also been a significant decrease in the projected cost of vaccines per fully immunized child since 2008. On the other hand, supply constraints have been observed with a number of products in recent years, including BCG, IPV and PCV. Many efforts are being made to mitigate the risks of vaccine shortage. The relevant UNICEF website (http://www.unicef.org/supply/index_54052.html) has much information on procurement services.

2.3.6 Advocacy and political will for sustainability

Since 2008, the Sabin Vaccine Institute Sustainable Immunization Financing (SIF) programme has been working with 22 Gavi-eligible countries – including three Western Pacific Region countries (Cambodia, Mongolia, Viet Nam) – to find sustainable, domestic financing arrangements for national immunization programmes. Examples of new practices favouring sustainable immunization financing in SIF countries were presented.

The advocacy work spans four domains: legislation, forming domestic advocacy coalitions, developing financing mechanisms, and budget and resource tracking. Achieving sustainable immunization financing involves institutional change in any or all of these domains and tailoring messages and incentives to appeal to each key public institution concerned with immunization financing (ministries of health, ministries of finance, parliaments, subnational governments).

2.3.7 Priorities and plan for transition (2016)

Participants worked with the Secretariat to identify upcoming plans and responsibilities (see Table 1).

Table 1. Countries’ progress and plans

<table>
<thead>
<tr>
<th>Country</th>
<th>Eligibility status</th>
<th>Activities so far</th>
<th>Transition plan</th>
<th>Next steps</th>
<th>Priorities for 2016</th>
<th>Roles and responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mongolia</td>
<td>Fully self-financing</td>
<td>Graduation assessment in 2013</td>
<td>Developed and followed</td>
<td>Post-transition assessment (not obligatory)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kiribati</td>
<td>Fully self-financing from 2017</td>
<td>Small population country</td>
<td>No</td>
<td>Post-transition assessment in 2017 (not obligatory)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>Accelerated transition</td>
<td>Graduation assessment in 2014</td>
<td>2017</td>
<td>New HSS application expected in 2016</td>
<td>WHO</td>
<td></td>
</tr>
<tr>
<td>Viet Nam</td>
<td>Accelerated transition</td>
<td></td>
<td>2016</td>
<td>Transition plan to be made</td>
<td>March 2016</td>
<td>Gavi</td>
</tr>
<tr>
<td>Lao People’s Democratic Republic</td>
<td>Preparatory transition (entering accelerated transition expected from)</td>
<td></td>
<td>2016</td>
<td>Transition plan to be made</td>
<td>May 2016</td>
<td>Gavi</td>
</tr>
<tr>
<td>Country</td>
<td>Transition Details</td>
<td>Graduation Assessment</td>
<td>Transition Plan</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>Preparatory transition (entering accelerated transition expected from 2017)</td>
<td>Graduation assessment in 2015 (before change in eligibility)</td>
<td>No Transition plan in 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambodia</td>
<td>Initial self-financing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.4 Gavi grant application, renewal, monitoring and reporting

2.4.1 Guidelines, 2016

The new guidelines were released in November 2015 with the following changes:

(a) No ‘Expression of Interest’ will be required. Country interest for new applications will be discussed during joint appraisal or other country missions.

(b) The guidelines on the Gavi website have been structured in a visually friendly manner – general, support specific for a vaccine or HSS, application instructions and application form.

(c) Except for human papillomavirus (HPV) demo support, all applications will be made through the country portal. A single designated government official will take responsibility for the submission.

(d) The same country portal will be used to populate the performance framework and submission of other reports. Consequently, no separate annual progress report will be required.

The newest addition for Gavi funding is the Cold chain equipment optimization platform (CCEOP). There are two opportunities for countries to apply for CCEOP this year, with 1 May and 9 September as the deadlines. All Gavi recipient countries in the Western Pacific Region – except Mongolia and Kiribati – are eligible. The country coinvestment expected from Cambodia is 20% of the needs, whereas for other countries it will be 50%. Further guidance is available at [http://www.gavi.org/support/apply/](http://www.gavi.org/support/apply/).

Other applications for Gavi support in 2016 are expected from Solomon Islands (rotavirus and MSD) and the Lao People’s Democratic Republic (MSD). Applications for CCEOP are likely to be spread over 2016 and 2017.

2.4.2 Country presentations (Viet Nam, Solomon Islands)

**Viet Nam**

Viet Nam will make the transition from Gavi support in 2020 and is now undergoing transition plan preparation. Government financing for EPI has increased from VND 94 billion in 2001 to VND 386 billion in 2016. A new comprehensive multi-year plan (cMYP) was developed for 2016–2020 which prioritized vaccine-preventable disease elimination and accelerated control, as well as accessing populations in hard-to-reach areas and improving the cold chain. Over the next two years, IPV, bivalent oral polio vaccine (bOPV), rotavirus and Japanese encephalitis vaccines will be introduced.
Solomon Islands

The Ministry of Health of Solomon Islands has positioned EPI as its top priority in the National Health Strategy for 2016–2020. A separate budget line item has been created in 2016’s budget. There is an increase in the provincial focus, with continuous supportive supervision and monitoring by the national to provincial level. Immunization coverage has remained stagnant for the past few years. However, with support from Gavi through a new vaccine introduction grant and health system strengthening grant, there is an opportunity for Solomon Islands to improve, especially at the district/zonal level.

Gavi supported the introduction of nationwide PCV-13 and IPV in 2015 and an HPV demonstration project for two provinces in 2015. The Ministry of Health will decide on national scaling up for HPV after conducting a post-introduction evaluation and coverage survey in February/March 2016. Solomon Islands has submitted a new HSS proposal for the next five years. The country is considering introducing the rotavirus vaccine and MR second dose before graduating from Gavi support.

2.4.3 Overview of changes introduced in application, monitoring and review process in 2016: background, rationale and implications

Gavi is introducing changes across its grant cycle in 2016. Countries will now submit applications, make requests for renewals (vaccines and HSS), report on grant performance and submit and save key documents and reports through a new Gavi country portal.

The country portal will be launched in phases. The first phase for new applications was opened for the January 2016 submission deadline, with the key reporting functionalities and sections of the portal expected to go live in April 2016. Gavi will continue to communicate with and update colleagues on the portal as more sections become accessible.

A key part of the portal is the grant performance framework. Gavi’s grant performance framework is an upfront agreement between a country and Gavi on the key metrics used to monitor and report on progress of all Gavi grants during their implementation. This routine reporting on programmatic performance will be complemented with regular financial reporting. There is only one performance framework covering all Gavi grants active in a country. The grant performance framework will be used as a basis for discussion in the joint appraisal; however, the analysis of progress achieved will be captured through the joint appraisal report.

Further guidance and training materials regarding the new portal and performance framework tool are available on the Gavi website and via the portal itself.

2.4.4 Learning from 2015 joint appraisals and planning for 2016

The in-country joint appraisal (JA) of progress was perceived as a more inclusive and participative process in comparison with the desk-based review by an independent review committee in the past. The JA template provided flexibility and structure that allowed clear work distribution among team members. Three challenges identified in 2015 were: (a) clustering of the appraisals between May and August, (b) scheduling challenges due to competing priorities among Gavi, WHO and UNICEF colleagues, and (c) lack of alignment between transition assessment (TA) needs identified in JA and final approvals. It was agreed to spread the appraisal across 10 months (February to November), to
carry out advance planning for all key activities including the JAs, and to clarify the TA scope early in the year.

For 2016, full JAs are expected for four countries: Papua New Guinea, Viet Nam, Cambodia and the Lao People’s Democratic Republic. For Solomon Islands, a country with a small population but with several active funding streams and challenges, an appraisal in the last quarter of 2016 is considered appropriate. In this way, it would effectively cover a two-year period.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

RWG members and national immunization managers are now aligned with the new Gavi 2016–2020 Business Plan and prepared for the implications on activity planning. Initial work on developing the new country performance frameworks has begun and a calendar of upcoming activities in the Region has been developed. Member States, WHO, UNICEF and Gavi will continue the practice of joint planning.

Achievement of the Global Vaccine Action Plan at this point is behind schedule, but there is reason to be optimistic. Specific challenges were identified in the prevention of potential future measles outbreaks and in advocating to decision-makers concerning the value of investment in EPI.

The RWG will continue to meet on a yearly basis, following revision of its terms of reference. In addition, an extended RWG will be held in the same week as the meeting of the Regional Technical Advisory Group. It will cover specific programmatic issues (such as vaccine pricing) and will be open to all interested countries in the Western Pacific Region. An RWG Secretariat (Gavi/UNICEF/WHO) meeting will be held within the first half of each year. One annual RWG report will be published by the coordinating agency.

3.2 Recommendations

3.2.1 Recommendations for Member States

1) Member States are encouraged to provide feedback on the usability of the country portal system and performance frameworks under the new Business Plan.

2) Member States are encouraged to revisit and discuss Gavi performance frameworks as a part of the joint appraisal process.

3) The Lao People’s Democratic Republic and Viet Nam may wish to conduct a transition assessment in 2016.

4) Papua New Guinea may consider national introduction of HPV vaccine in 2016, and Solomon Islands may consider rotavirus vaccine introduction in the same year.

5) Member States that were affected by large-scale or nationwide measles outbreaks following importation in 2013–2015 may proactively consider planning, preparing and implementing preventive and proactive MCV SIAs before residual or accumulated populations susceptible to
measles trigger future measles outbreaks.

6) Member States are encouraged to continue to participate actively in the RWG.

3.2.2 Recommendations for the RWG Secretariat

1) Gavi may consider clarifying the terms of reference of joint appraisals in order to make them more beneficial to Member States. The role of the RWG in reviewing joint appraisals should be clarified.

2) WHO is requested to submit a regional report on the implementation of the Global Vaccine Action Plan to SAGE each year prior to its April meeting.

3) WHO, UNICEF and Gavi are requested to coordinate with and support countries eligible for Gavi support (Cambodia, the Lao People’s Democratic Republic, Papua New Guinea, Solomon Islands) in planning, preparing and implementing preventive and proactive MCV SIAs in 2017–2018. This will help to avoid future outbreaks of measles due to measles virus importation from endemic countries.

4) WHO is encouraged to support requests from countries to produce specific data to convince governments of the value of investment in EPI.

5) WHO, UNICEF and Gavi are requested to finalize the terms of reference of the RWG and distribute them to Member States. Gavi may consider allocating funds to regional offices to cover meeting costs.
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ANNEX 2: Programme of Activities

**Activity/agenda item/subject of presentation** | **Presenter**
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**Day 1 – Monday, 18 January**

08:00–08:30 | Registration

08:30–09:00 | **Opening session**
- Welcome remarks by the Responsible Officer | Dr Sergey Diorditsa
- Opening remarks of the Regional Director | Dr Shin Young-soo
- Self-introduction
- Administrative announcements | Dr Sergey Diorditsa
- Group photo

**SESSION 1: Global/regional updates and Gavi new policy update**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>09:00–09:15</td>
<td>1.1 Global and regional overview: Global Vaccine Action Plan (GVAP) progress in the Western Pacific Region (WPR)</td>
<td>Dr Carsten Mantel, Dr Sergey Diorditsa</td>
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<tr>
<td>09:15–09:45</td>
<td>1.2 Gavi strategy 2016–2020 and strategic priorities</td>
<td>Dr Ranjana Kumar</td>
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<tr>
<td>10:00–10:30</td>
<td>1.3 Regional Working Group – objectives, structures, operations</td>
<td>Dr Carsten Mantel</td>
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<tr>
<td>10:30–12:00</td>
<td>Discussion</td>
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<tr>
<td>13:00–13:15</td>
<td>1.4 New Gavi measles and rubella elimination strategy of support</td>
<td>Dr Raj Kumar</td>
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<tr>
<td>13:15–13:30</td>
<td>1.5 Measles–rubella elimination in WPR</td>
<td>Dr Y. Takashima</td>
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<tr>
<td>13:30–13:45</td>
<td>1.6 Country presentations</td>
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<tr>
<td>13:45–14:00</td>
<td>– Mongolia: measles outbreak issues</td>
<td>Dr Demberelsuren</td>
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<td>14:00–14:15</td>
<td>Discussion</td>
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<td>14:30–15:15</td>
<td>1.7 Review of Gavi-supported health systems strengthening (HSS) proposal in WPR</td>
<td>Dr A. de Lorenzo</td>
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<tr>
<td>15:15–16:00</td>
<td>1.8 Immunization supply systems and equity in WPR countries: realities, opportunities and challenges</td>
<td>Dr Wang Xiaojun</td>
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<tr>
<td>16:00–16:20</td>
<td>1.9 Country presentations</td>
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<td></td>
<td>– Lao People’s Democratic Republic: equity (microplanning) and integrated supply chain (iSC)</td>
<td>Dr A. Xeuatvongsa</td>
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Day 2 – Tuesday, 19 January

SESSION 2: Sustainability and next steps in WPR countries

08:30–09:00 2.1 Overview of eligibility, transition and cofinancing policies and changes
Ms Maria Patyna

09:00–09:20 2.2 Financial sustainability: eligibility and cofinancing performance and projections in WPR countries
Ms Maria Patyna

09:20–09:50 Discussion

09:50–10:15 2.3 Transition planning: process and support
Ms Maria Patyna

10:30–10:45 2.4 Programmatic issues for sustainability
Dr J. Mendoza & Dr A. de Lorenzo

10:45–11:00 2.5 Vaccine procurement and prices
Dr Wang Xiaojun

11:00–11:15 2.6 Advocacy and political will for sustainability
Dr M. McQuestion

11:15–11:30 Discussion

11:30–12:00 2.7 2016 priorities and plan for transition (new plans, monitoring and evaluation, WPR/UNICEF/Gavi roles and responsibilities, etc.)
Dr Raj Kumar

12:00–12:30 Discussion

SESSION 3: Gavi grant application, renewal, monitoring and reporting

14:00–14:45 3.1 2016 guidelines
Dr Raj Kumar

– Revision of HSS and new and underused vaccines support (NVS) guidelines
– Gavi data requirements
– Application rounds for 2016: tips for good applications

14:45–15:25 3.2 Country presentations
Prof Dang Duc Anh

– Viet Nam
– Solomon Islands
Ms Jennifer Anga

15:40–16:00 Discussion
<table>
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<tr>
<th>Time</th>
<th>Session Description</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>16:00–16:30</td>
<td>3.3 Overview of changes introduced to application, monitoring and Gavi review processes in 2016: background, rationale and implications</td>
<td>Ms Laura Craw</td>
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<tr>
<td>16:30–17:00</td>
<td>Discussion</td>
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**Day 3 – Wednesday, 20 January**

**SESSION 3 (continued): Gavi grant application, renewal, monitoring and reporting**

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<tr>
<th>Time</th>
<th>Session Description</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>08:30–09:15</td>
<td>3.4 Overview of new country portal, including demonstration (structure, benefits, access rights, etc.)</td>
<td>Ms Laura Craw</td>
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<tr>
<td>09:15–09:30</td>
<td>Discussion and questions</td>
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<tr>
<td>09:30–10:00</td>
<td>3.5 Grant performance frameworks and progress to date with introductions</td>
<td>Ms Laura Craw</td>
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<tr>
<td>10:00–10:15</td>
<td>Discussion</td>
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<tr>
<td>10:30–10:50</td>
<td>3.6 Learning from 2015 joint appraisals</td>
<td>Dr Raj Kumar</td>
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<tr>
<td>10:50–11:15</td>
<td>3.7 Planning for joint appraisals in 2016</td>
<td>Dr Raj Kumar</td>
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<tr>
<td></td>
<td>– High Level Review Panel (HLRP) meetings and related deadlines</td>
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<td></td>
<td>– Essential requirements for the joint appraisals</td>
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<tr>
<td>11:15–11:45</td>
<td>Discussion</td>
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<tr>
<td>11:45–12:00</td>
<td>3.8 Summary of agreed joint appraisals in 2016</td>
<td>Dr Ranjana Kumar</td>
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<tr>
<td>12:00–12:30</td>
<td>Closing remarks</td>
<td>Dr Sergey Dioditsa</td>
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