

SUPPORTING PAPER 7: SUMMARY OF FEEDBACK RECEIVED FROM THE QUESTIONNAIRE TO EPI MANAGERS

Respondent profile	
Number of EPI managers contacted	76
Number of responses received	21
Regional mix of respondents	<ul style="list-style-type: none"> • AFRO: 12 • AMRO: 2 • EMRO: 1 • EURO: 0 • SEARO: 3 • WPRO: 3

Overall view that EPI managers have not understood the purpose/ issue being questioned in most of the survey questions. Usefulness of this source of evidence is hence very poor. The responses do not readily lend themselves to aggregation.

The main area where responses have been particularly useful is with respect to ISS as well as some of the broader non-program specific questions (captured in ‘other’ below).

INS

- Most of the country EPI managers noted that GAVI INS support led to the adoption of AD syringes for immunisation, and where in use before, GAVI support strengthened their use (for example, in Malawi and Comoros).
- While some countries (e.g. Malawi) report that disposable syringes continue to be used in other health sectors, EPI managers in Uganda and Nepal note that GAVI INS was catalytic in the introduction of AD syringes in the curative health sector as well.
- Most countries note that safety boxes are used to store injection waste and waste is disposed by burning and burying. A limited number of countries (7 of 21 countries that responded to the question on waste management) use incinerators where they are available. Of these, the EPI manager in Laos reported that incinerators were available in every province of the country.
- With respect to the impact of GAVI INS on broader waste management policies, two responses are particularly interesting: (i) Comoros, where GAVI INS is stated to have resulted in the roll out of safety boxes in other parts of the health systems; and (ii) Ethiopia, where the introduction of safety boxes through GAVI INS has improved waste management in the broader health sector. A few EPI managers acknowledge the positive impact of GAVI INS on the environment through the introduction of safe waste disposal practices (in relation to disposal methods that were previously with in practice in some countries e.g. throwing used syringes in rivers).

- All 19 countries that responded to the question on sustainability of use of AD syringes, noted continued use after GAVI support (eight of them reported use of government funding), while one country noted that continued use is subject to availability of necessary funding.

HSS

- Since country EPI managers do not handle/ manage HSS programs, they appear to not have understood/ interpreted this question correctly. More generally, the responses include the following:
 - Some countries have indicated delays in processing of their proposals and also disbursement of the subsequent tranches of funding. It appears that these delays may have been caused by inadequate communication by the Secretariat to the countries (for example, a country noted that they had submitted a proposal and an FMA was conducted, but they were not clear on why there were delays), as well as issues on reporting on the use of funds. For instance, the EPI manager of Malawi is of the view that a possible reason for the second tranche of approved HSS funds not being disbursed to the country may be lack of information in the APRs on the results of activities funded with the first tranche.
 - Most of the HSS funding is planned for downstream activities. Training of health personnel, recurrent costs for transportation and support for cold chains appears to be an important health system/ immunisation constraint in a few countries – especially in the context of their plans to introduce new vaccines.
- Comments on the value add of GAVI HSS as compared to other HSS donors include:
 - GAVI is considered to be less complex and more flexible than Global Fund HSS support.
 - GAVI HSS funding is relatively more effective since the supported activities are in line with government priorities.
 - While GAVI HSS provides an opportunity for EPI and government planning departments to interact, this interaction could have worked better.
 - Delays in approvals/disbursements have resulted in slow implementation of planned activities.

ISS

- Flexibility of use of ISS (and HSS) funding is regarded as very useful by all respondents, in terms of (i) allowing the government to own the program; and (ii) allowing different sub-regions with different resources and costs to use the funds as appropriate.
- Performance-based funding is considered catalytic in the strengthening of immunisation activities and consequent improvement in coverage rates. Responses on the usefulness of the performance based approach for ISS funding are as follows:

- Appropriateness of the indicator to measure performance was questioned (for example, it was noted that EPI extends beyond DTP, etc). However, it was also noted that DTP3 is a simple indicator to measure.
 - Many noted the problem with the data on improvements of coverage rates.
 - Some regard this as an effective approach – but note that this needs to be better managed. More investments in improvement of data quality are required.
 - The difficulty of increasing coverage rates beyond 80% and the consequent impact of reduced rewards was noted. It was noted that increasing access and utilisation of vaccines for the last 10-20% of the population is difficult and more resources are required. It is believed that rewards should be related not just to improvement in performance but also to the maintenance of high performance.
 - Performance-based funding should take into account specific country contexts.
 - Some EPI managers did not understand how this performance based approach functions.
- 9 of 21 respondent countries note the important of ISS funding in supporting their coverage rates. In the absence of other sources of funds for immunisation systems strengthening, if ISS funding is not available, their coverage rates are expected to fall.

CSO

All respondents are generally aware of the GAVI CSO program. Most agreed that CSOs are important in advocacy/ sensitising the population to immunisation. Their support is also important in health service delivery, particularly with respect to hard to reach populations in remote areas.

There are a mix of responses on whether countries are keen to apply for CSO support.

- An issue noted as to why countries have not applied for CSO funding is delayed selection of the relevant organisations to be involved in the proposal development process/ lack of responsibility for the application being picked up by any organisation/ department.
- One of the respondents mentioned that it is important to use the government as the channel for funds in order to avoid creating parallel systems.
- Criteria for selection of NGOs is not considered sufficiently transparent.

Other

Role of WHO and UNICEF

- Most EPI managers have viewed the support of GAVI partners (primarily WHO and UNICEF) as very useful in developing country proposals, management of funds, implementation and monitoring of activities (although one of the respondents was not aware of the role of WHO and UNICEF in GAVI). The nature/ type of support has

varied based on the country context/ program being applied for. For example, partner support is provided to engage consultants for HSS.

- However, an issue highlighted is the lack of GAVI country presence – partners do not understand the precise requirements of GAVI as well as what the Secretariat does. It is felt that the GAVI Secretariat is not close to the issues faced in EPI (for example, GAVI tends to rely on the APRs/ other audits which are not all that reflective of the country successes and failures; GAVI interaction in country is more at the Ministerial level, where the main issues do not get exposed). A suggestion was made that GAVI should have a focal point for countries, or at least more focal points than at present.

GAVI processes

Some of the respondents indicate that they find the GAVI application process fairly cumbersome¹, requiring considerable amount of time input (4 of 13 responses noted this specifically), and there were also some comments on the disbursement process being slow. The respondents that commented negatively on the GAVI processes mentioned that WHO/ UNICEF are more flexible and easier.

The following are key points of positive feedback on GAVI processes:

- One of the comments was also that the proposal application process and forms have improved over the years, and are dynamic and participatory.
- One of the countries that regarded the GAVI processes as timely and efficient noted that the proposal development process needed extensive team work from the country team and had the added advantage of improving ownership and team building for implementation.
- Another respondent noted that disbursement of GAVI funds through the government system helped improve the capacity of the Central and Provincial/ District EPI staff to manage the funds properly, and would indirectly strengthen the country financial management system.
- While it is pointed out that putting together the required multi-year and annual plans for immunisation is difficult, it is also acknowledged that these conditions enable greater efficiency and accountability.
- Other features of the GAVI process that are considered helpful are the peer review of applications at the pre-submission stage and deadlines for application submission.

Suggestions for GAVI to improve its efficiency/ effectiveness

The following suggestions were provided (please note that these are a summary of individual suggestions by EPI managers as against the collective opinion of all respondents):

- GAVI application and monitoring requirements should be made less cumbersome and necessary templates should be made available to countries in a timely manner.

¹ For example, there are comments that the number of attachments and signatures required is cumbersome. It was also expressed that it was difficult to get the Ministry of Finance to sign as they didn't have much information on GAVI. A comment was also made on the delays by GAVI in providing the template for the APRs for the year.

- GAVI focal points should be provided for greater access to information/ clarifications from countries.
- Setting up and training of a pool of experts at the national level for preparation of applications.
- Advocacy from GAVI to affirm Government commitment and accountability for the funding support.
- Some countries highlighted the financial strain of GAVI's co-financing policy and suggested a review.
- Strengthen technical capacity of WHO and UNICEF and minimise creation of additional technical agencies.
- Program specific suggestions:
 - The ISS mechanism of funding for countries with coverage rate of >80% needs to be reviewed, given the difficulty/ expense of reaching the last 20% of the population. This has repercussions on the subsequent amount of rewards that countries could receive.
 - Cash support needs to keep in mind capacity constraints (an example was cited of the quantum of ISS rewards being too high in relation to absorption capacity).
 - Improvement in official communication with regard to problems in provision of approved vaccines.
 - Countries need assistance in understanding and monitoring their system wide barriers in relation to applying for HSS funding
 - Provision of HSS support in kind, in addition to cash support, given the issues with local procurement. (However it was also noted that the downside of support in kind would be that local capacity for procurement would not be built).
 - Greater time period between approval of NVS applications and date of introduction of new and underused vaccines to allow for preparation.
 - Criteria for allocation of HSS funds should be more tailored to specific country contexts. For instance, the EPI manager of Sao Tome and Principe is of the view that the criteria ought to be reviewed for a country as small as theirs.
 - Support for strengthening disease surveillance to assess the impact of new vaccine introduction.