

**Learning Network for Countries in Transition
Country Launch Meeting**

Partner Q&A Panel, May 5, 2017

Moderator: Helen Saxenian, R4D

Panelists: Melissa Malhame, Gavi; Santiago Cornejo, Gavi; Miloud Kaddar, R4D; Ulla Griffiths, UNICEF; Philipp Kalpaxis, UNICEF SD; Thomas O'Connell, WHO; David Evans, World Bank

Question 1: When might a cheaper WHO-prequalified rotavirus vaccine become available?

Response: (Gavi) From market intelligence, we understand a new vaccine may be available in 2018 at \$1/dose. Two things to know about this vaccine: (1) it is a three-dose course; and (2) storage conditions will require it to be frozen for most of the time in the supply chain. You can access additional information about it here: <http://www.gavi.org/about/market-shaping/detailed-product-profiles/>

Question 2: What are the prospects for supply availability of inactivated polio vaccine (IPV)? How long will Gavi finance it for transitioning countries?

Response: (Gavi) We expect that the supply of IPV will continue to be constrained globally through 2019, with the situation improving by 2020. The Global Polio Eradication Initiative (GPEI) has a mechanism to prioritize IPV distribution as needed depending on the country's risk profile for polio. The current structure of financing for IPV through Gavi will continue through the end of 2018. We are beginning to explore the funding situation for IPV support post-2018. By the end of 2017, there should be more clarity as to whether IPV support will continue after 2018.

Question 3: Can you address the shortage of yellow fever vaccines?

Response: (Gavi) Yellow fever vaccine is available for routine immunization programs and emergency response. Doses for use in preventative campaigns are being prioritized by the Global Strategy to Eliminate Yellow Fever Epidemics (EYE) based on certain criteria including risk and readiness for campaign implementation. Reach out to your Gavi Senior Country Manager if you would like to find out more information on the situation for your specific country.

Question 4: Will countries who procure vaccines through UNICEF SD have continuing access to prices that are the same as or similar to prices Gavi pays after transition—especially for pneumococcal conjugate vaccine (PCV) and rotavirus?

Response: (Gavi) For PCV, the answer is yes when procured through UNICEF SD because of the Advanced Market Commitments (AMC). If rotavirus has already been introduced with Gavi support, the

price will continue if procured through UNICEF Supply Division. Market conditions for penta result in the prices being nearly the same.

Question 5: If my country adopts a new vaccine after Gavi transition can it get a price similar to the one that Gavi pays?

Response: (Gavi) This will depend on the vaccine, its market conditions, and the procurement channels. For pentavalent vaccine, the market is very competitive. One can expect similar prices if procured through UNICEF Supply Division. For pneumococcal vaccine, a country can purchase the vaccine at the price established by the AMC. For HPV and rotavirus vaccines produced by Merck, the manufacturer has agreed to prices similar to the one Gavi pays in some circumstances. The price available to the country for a specific product is determined by the manufacturer and not by Gavi.

Question 6: WHO pre-qualified vaccines have high quality, but they are sometimes too expensive for countries so they procure non-pre-qualified vaccines. Is there some way to classify non-pre-qualified vaccines that is not so black and white?

Response: (Gavi, UNICEF) WHO pre-qualification was originally intended as guidance for UN agencies to ensure a level of confidence in the quality of the products procured by UN agencies. Some manufacturers have chosen not to get certain vaccines pre-qualified, but that does not mean that they would not meet the pre-qualification standards. There will certainly be some non-pre-qualified vaccines that would meet the pre-qualification standards. But there are others that would not meet those standards. It is up to the country to make these judgments.

You can find additional information on WHO pre-qualification here:

<https://extranet.who.int/prequal/>

(R4D) If a vaccine is pre-qualified by WHO, this is an important reference but it is not a full guarantee. Countries should establish and build a national regulatory authority (NRA) to undertake the required functions according to its status. For more information:

http://www.who.int/immunization_standards/national_regulatory_authorities/role/en/

Question 7: How can I join the Vaccine Procurement Practitioners Network and attend annual meetings?

Response: (UNICEF) This network was piloted in 2015 in 20 countries. The plan is to extend the network to more countries over time. Please express your country's interest and willingness to participate to UNICEF. Participation will be prioritized, but opportunity will be given to most countries. See:

<http://www.vppnetwork.org/>

Question 8: UNICEF procurement services require pre-payment. Is it possible to work with UNICEF without pre-payment?

Response: (UNICEF) UNICEF cannot waive the pre-payment requirement because of its financial rules: UNICEF is not allowed to assume any financial risk on behalf of countries. That said, UNICEF is aware of the challenge of the pre-payment requirement for some countries, so some options have been found to address it. For example, some countries reserve a balance of funds in their UNICEF account in order to pre-finance procurement for early in the fiscal year. Some countries obtain a letter of guarantee from a commercial bank that meets the pre-payment requirement. The Vaccine Independence Initiative (VII) can allow bridge financing of vaccine purchases. But the VII will not solve all issues for all vaccines for all countries, since it currently has a fund of ~US\$15m, which UNICEF aims to expand over time. UNICEF will work with individual countries to find tailored solutions if the pre-payment requirement is an impediment. There is no single approach that works for all countries. For more information and options, contact Jonathan Weiss (jmweiss@unicef.org) and Mathias Thomann-Arenhorst (mthomannarenhorst@unicef.org) at UNICEF Supply Division.

Question 9: Is it possible for UNICEF Supply Division to procure vaccines that are not currently on UNICEF's published price list (e.g. hexavalent)?

Response: (UNICEF) UNICEF publishes prices for vaccines for which UNICEF has entered into long-term contract. But that does not mean that UNICEF cannot procure other vaccines. UNICEF has procured some vaccines for several countries outside of those with a long-term contract. UNICEF's ability to do so depends largely on market availability. It will procure non-WHO-prequalified vaccines only on a very exceptional basis (e.g. no availability of WHO-prequalified vaccines; the country has the means to ensure the quality; the same supplier has other pre-qualified vaccines).

Question 10: Does UNICEF have a plan to train countries in procurement?

Response: (UNICEF) Yes, but UNICEF's capacity to do so is limited by available resources and funding. Examples of training include:

- Annual Vaccine Procurement Practitioners Exchange Forum
- Vaccine Procurement Practitioners Network (www.vppnetwork.org)
- Specific targeted technical assistance to countries

(Gavi) If training is needed in procurement as a priority for successful transition, countries can identify this in their transition plans.

Question 11: If my country's GNI per capita falls below Gavi's eligibility threshold what does that mean for my country's status?

Response: (Gavi) Gavi reviews eligibility status every year by comparing the average of the last three years of a country's GNI p.c. to Gavi's current eligibility threshold. GNI p.c. is taken from the World Bank's publication of GNI p.c., released in July, for the previous year. These data are available on Gavi's website. If a country in the accelerated transition phase has its three-year average GNI p.c. fall below the eligibility threshold, the country would again become Gavi-eligible.

Question 12: Will country-level technical assistance on immunization continue once a country is fully transitioned?

Response: (UNICEF, WHO) Almost all countries are members of the United Nations. WHO and UNICEF service all member states and have offices in the majority of countries. Hence, in philosophy, mandate, and commitment, the answer is yes, technical assistance from WHO and UNICEF will continue even after a country transitions from Gavi support. However, WHO and UNICEF receives substantial support from Gavi for technical assistance in Gavi-eligible countries. These funds will also end when a country transitions. As a consequence, the reality is unfortunately that funding for WHO and UNICEF technical assistance for non-Gavi countries is highly constrained.

Question 13: Is the World Bank actively working with transitioning countries on institutional development? What other types of support?

Response: (World Bank) The World Bank is supporting institutional development in transitioning countries. When the country transitions from IDA, it is no longer eligible for World Bank IDA credits (at concessional interest rates). Countries can continue to borrow on IBRD terms (and some are also eligible for a mix of IDA/IBRD). This is not specific to health, and the focus of attention is macroeconomic and fiscal policies in general.

The Health Financing Global Practice in the World Bank also works with countries on strengthening health financing strategies overall in the search for Universal Health Coverage (UHC). This is broader than immunization, but includes the capacity to finance needed services. As part of this work, there have been a number of recent discussions with Gavi and the Global Fund on harmonization of actions around transition, and Gavi contributes to a multi-donor trust fund to support countries on transition financing for health.

Technical assistance to strengthen RMNCAH services (reproductive, maternal, neonatal, child and adolescent health, which includes immunization) and to develop the financing system to support this, including for transition, is funded through the Global Financing Facility trust fund, which can also leverage additional IDA or IBRD loans if the country wishes.

Question 14: What if Gavi adds an important new vaccine to its menu after my country has fully transitioned? Will there be a new window for support?

Response: (Gavi) Gavi's Board at a recent meeting included some discussions about Gavi's engagement with countries post-transition, including the situation described in the question: if an important new vaccine is added to Gavi's menu of support. The Gavi Board will continue to discuss and explore opportunities for Gavi's engagement.

Question 15: GNI per capita does not capture the income/wealth of the country very well. Will Gavi reconsider eligibility criteria?

Response: (Gavi) Gavi acknowledges the limitations of the indicator, but it is the best that is available. The Gavi Board reviewed eligibility indicators in 2015 and will not reopen its eligibility criteria during this strategic period (2016-2020).

Question 16: What could partners do to support the Addis Declaration on Immunization?

Response: (UNICEF) UNICEF intends to help all African countries use this declaration for advocacy to increase government commitment and funding for immunization.

Question 17: To what extent will partners support general health service delivery strengthening and community engagement for immunization?

Response: (Gavi) These are priority areas in light of Gavi's mission of improving coverage and equity. Delivery of immunization relies on the delivery of primary health services. Gavi does not have the reach on its own, but is working with other partners such as the World Bank in transition dialogue to raise the importance of primary health care, including integration.

(World Bank) Technical support and learning exchanges are important, but the Bank also offers financing through its lending instruments. For immunization, the work of the Global Financing Facility described earlier is also important for improving coverage and equity with Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) services.

Question 18: What mechanisms are in place for countries and partners to monitor the transition process?

Response: (Gavi) The mechanism during the transition period is the Joint Appraisal, which is the country-driven process to review progress against the country's own plan and targets. Post-transition, Gavi is examining a set of indicators around coverage and financing to support the process.