

## Annex B: Paragraphs referenced in decision points for the MICs Approach

## Paragraphs 4.1-4.5 of Document 04 to October 2020 PPC

4.1 In light of COVID-19, it is proposed that the MICs Approach be **implemented gradually**, recognising that in the next 18 months, most countries, the Secretariat and the Alliance will not have capacity to engage beyond responding to the COVID-19 pandemic and introducing new COVID-19 vaccines. **The primary focus over the next 18 months will be on preventing and mitigating backsliding in former-Gavi countries, whilst prioritising countries with large numbers of zero-dose children<sup>1</sup>.** 

## 4.2 Support for former-Gavi countries

- (a) Primary focus: Preventing and mitigating backsliding. Two Pillars of support originally presented to the Board in June 2020 are proposed for initial engagement with former-Gavi countries, namely political will building and enhancing the immunisation ecosystem. The Secretariat also proposes to deploy some targeted interventions to meet the increased needs in former-Gavi countries. Engagements would only focus on countries where there are meaningful opportunities to deliver impact and would thus not take place in all countries. Activities could include<sup>2</sup>:
  - Advocating to keep routine vaccination on the political agenda in a way that prioritises equity, including by bringing the voices of the marginalised to the table.
  - Providing technical assistance to help countries re-establish routine immunisation services by developing plans to communicate and engage communities towards the resumption of safe vaccination services, rebuilding confidence in the system, and designing strategies for identifying and catching up missed communities.
  - **Targeted interventions** to restore coverage and catch up missed children, while fostering integrated service delivery and promoting supportive innovations (e.g. digital tools).
  - Fostering peer-to-peer learning through, for example, the Learning Network for Countries in Transition (LNCT), the Vaccine Procurement Practitioner's Network (VPPN), and regional networks such as the Pan American Health Organization (PAHO) Revolving Fund (RF), disseminating examples of best practices on returning to fully functioning routine immunisation services.
- (b) Secondary focus: Laying the groundwork for future successful introductions of PCV, rotavirus, and HPV vaccines by leveraging

<sup>&</sup>lt;sup>1</sup> Four former-Gavi countries have notable numbers of zero-dose children: Angola, India, Indonesia, and Ukraine. Data from WUENIC. 2018.

<sup>&</sup>lt;sup>2</sup> This draws on Gavi's 'Maintain, Restore and Strengthen' guidance (October 2020).

**COVID-19 vaccine introductions.** Only if opportunities present themselves, the Secretariat proposes to leverage the Alliance's engagement in the COVAX Facility where there are ways to lay the groundwork for the introduction of future non-COVID-19 vaccines<sup>3</sup>. **This activity would take place exceptionally, with light-touch, opportunistic investments** that build on Alliance COVID-19 vaccine delivery support, making incremental investments to broaden the relevance of planned engagements. Considering current knowledge, and recognising that target populations and delivery modes for the target vaccines may differ, opportunities might include:

- Technical assistance through partners at regional and country level such as to improve data systems to identify missed communities; ensure vaccine introduction strategies are equitable and consider gender-specific requirements; harmonise regional regulatory approaches; review supply chains and identify potential efficiencies; and share knowledge on maximising domestic resources for immunisation, e.g. by switching to less expensive products.
- Working at a community level to build trust in new vaccines, generate demand, and counter vaccine hesitancy, a growing concern in several MICs even before the pandemic.
- Working through regional country-led platforms, such as the African Union and the South Eastern European Health Network, for example, to build political will for new vaccine introductions, and the capacity to develop a persuasive investment case.

## 4.3 Support to never-Gavi LMICs and other never-Gavi IDA-eligible economies

- (a) **Strengthening relationships.** The Gavi COVAX AMC92 presents a clear opportunity to strengthen Alliance relationships with never-Gavi LMICs and IDA-eligible economies. Whilst Alliance partners already work with many of these countries, engagement in immunisation can be limited due to funding constraints and the Secretariat itself has had limited engagement. As these relationships evolve, if opportunities emerge to build on planned COVID-19 vaccine delivery support to facilitate the future introduction of non-COVID-19 vaccine introductions, these may be exceptionally taken as per 4.2(b) above.
- 4.4 Finally, although not a priority, some former-Gavi countries and never-Gavi LMICs and IDA-eligible economies have already initiated the process to introduce PCV, rotavirus, or HPV vaccines, particularly given the sunset of the PCV AMC<sup>4</sup>. In these very few cases, the MICs Approach proposes to provide targeted support through political will building and technical assistance to enable vaccines to be introduced successfully and sustainably. Activities could include supporting evidence-based decision making to

<sup>4</sup> Indonesia has recently been approved for access to the PCV AMC. Ukraine has submitted an application. Some never Gavi-eligible Pacific Islands are also exploring PCV, rotavirus and HPV vaccine introductions.

<sup>&</sup>lt;sup>3</sup> Note that no activities will be planned in countries that are not missing PCV, rotavirus, or HPV vaccines.

- assess the most relevant and sustainable vaccine product<sup>5</sup>, ensuring that missed communities are targeted by new vaccine introductions from the start, or enabling access to vaccines through UNICEF Supply Division (SD).
- 4.5 **Principles and ways of working:** Even as the MICs approach will be implemented gradually, it will still deliver on several fundamental principles, in line with Gavi 5.0, over the first 18 months of engagement.
  - (a) The Approach will seek to improve **inter-country equity** by helping to create the environment for future, successful vaccine introductions in more countries. The Approach will also seek to advance **intra-country equity**, taking an equity lens to mitigating backsliding by focusing on missed communities and catching up never-reached children, and ensuring that new vaccine introductions are equitable. **Taking equity as an organizing principle**, **the Approach will thus help to advance the zero-dose agenda**, as over four million zero-dose children live in countries proposed for MICs scope, many in missed communities<sup>6</sup>.
  - (b) The Approach will also work to **mobilise and maximise domestic resources**, **building political will** to prioritise immunisation even amidst growing budget pressures, and providing technical assistance to help countries find efficiencies and create fiscal space to support new vaccine introductions.
  - (c) New and traditional partners will play a critical role in the delivery of the MICs Approach, particularly through regional and country offices in line with their comparative advantages. Significant emphasis will be placed on working with expanded and non-traditional partners including the Global Fund to Fight AIDS, Tuberculosis and Malaria, and Civil Society Organisations (CSOs). In particular, attention will be focused on seeing if and how final guidance on Maintain, Restore and Strengthen and engaging with civil society can be effectively translated to work with former-Gavi countries.
  - (d) The Approach will be differentiated, with more support for countries with greater needs and lower income levels. Given the constraints brought by COVID-19, initial engagement will be highly targeted, prioritising former-Gavi countries with the greatest impact opportunities.

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<sup>&</sup>lt;sup>5</sup> Activities will be in line with the Gavi 5.0 Supply and Procurement Strategy

<sup>&</sup>lt;sup>6</sup> Across proposed MICs, the majority of zero-dose children live in Angola, India, Indonesia, and Ukraine (former Gavi-eligible), and Egypt and the Philippines (never Gavi-eligible).