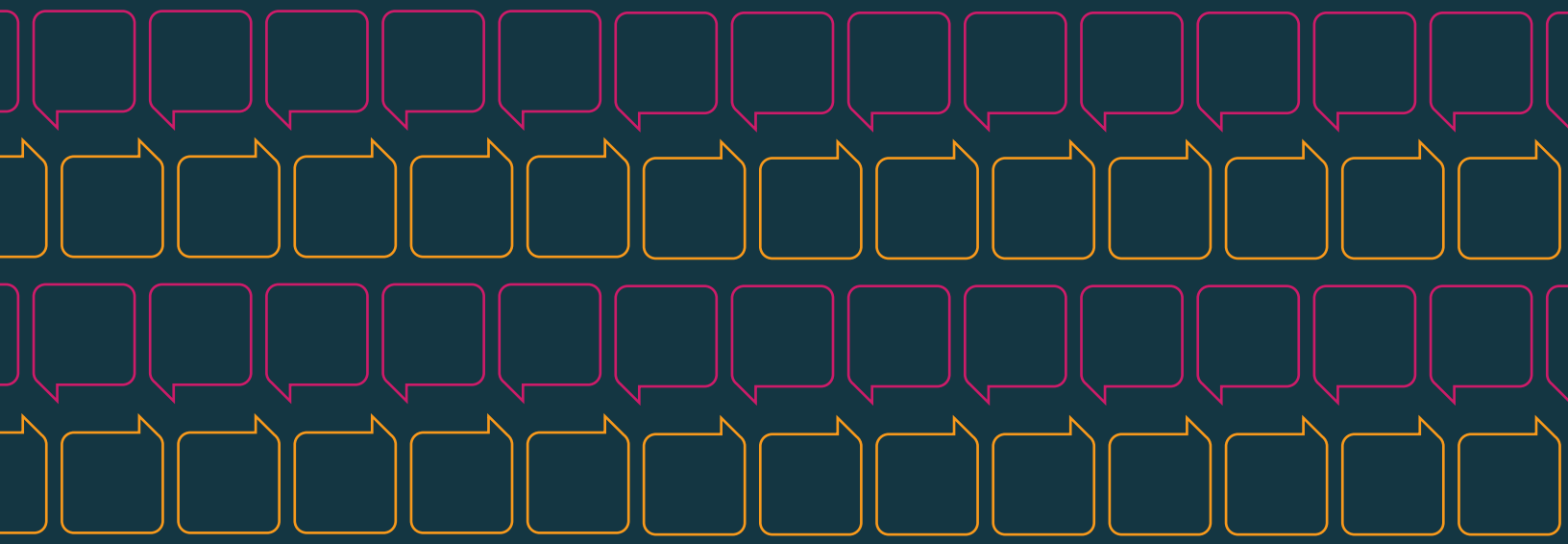
SUMMARY REPORT

LEARNING NETWORK FOR COUNTRIES IN TRANSITION

LAUNCH EVENT: MAY 4TH AND 5TH, 2017



JULY 2017

LNCT
Learning Network for
Countries in Transition

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Acknowledgements

This report is the outcome of the launch event for the Learning Network for Countries in Transition (LNCT) organized by the Bill & Melinda Gates Foundation, Gavi, the Vaccine Alliance, and Results for Development (R4D), in Geneva, Switzerland, on May 4th and 5th, 2017. The organizers wish to extend their gratitude to the country representatives, experts, and partners who participated in these meetings and provided their invaluable insights.

INTRODUCTION

A large number of Gavi countries are transitioning or expected to transition out of Gavi support in the next few years. By 2020, half of the 73 Gavi countries are projected to have transitioned, be currently transitioning, or be close to entering the accelerated transition phase.

The transition from Gavi support is a new challenge, so there is an opportunity to capture experiences as countries go through the process and utilize country-to-country peer learning to address common challenges in immunization financing and programming. Sharing and synthesizing experiences across countries can generate new knowledge and lead to a rich source of information for how to apply good practices.

To this end, a new initiative, the Learning Network for Countries in Transition (LNCT, pronounced as "linked") has been launched with support from the Bill & Melinda Gates Foundation (BMGF) and Gavi, with Results for Development (R4D) leading network coordination and technical facilitation. LNCT aims to support Gavi countries as they transition away from Gavi support by building a community that facilitates information sharing between countries, captures and documents promising practices, nurtures positive peer support, and promotes collaborative development of strategies and tools among member country teams. This report provides details of the launch event for LNCT, which was held on May 4th and 5th, 2017, in Geneva, Switzerland.

NETWORK STRUCTURE AND MEMBERSHIP

The structure of the network was designed through a consultative scoping process with countries and partners in 2016. Throughout this scoping process, 17 countries were engaged to provide feedback through a series of meetings, and all expressed interest in joining a peer learning initiative for Gavi transitioning countries. A landscape analysis of existing networks/engagements found that, while many networks address issues relevant for transition, each had differing geographic coverage and no network existed specifically for transition. Lessons learned from these existing learning networks/engagements such as the Joint Learning Network for Universal Health Coverage (JLN for UHC), the Better Immunization Data (BID) Learning Network, and the UNICEF Vaccine Procurement Practitioners Network were applied in the design of this work.

LNCT was launched with an initial cohort of 12 countries, focusing on countries from various regions that are, with the exception of Sudan, already in the accelerated transition or fully self-financing phases: Armenia, the Republic of the Congo, Georgia, Ghana, Indonesia, the Lao People's Democratic Republic, Moldova, Sri Lanka, Sudan, Timor-Leste, Uzbekistan, and Vietnam. A 13th country, Angola, was unable to attend the launch event after being invited, but has expressed interest in participation moving forward. To date, 26 countries have crossed the eligibility threshold for Gavi support. LNCT was designed to start with a smaller cohort of countries at the onset, with potential membership expansion in 2018 and 2019.

LAUNCH EVENT OBJECTIVES

Logan Brenzel (BMGF), Chris Wolff (BMGF), Hind Khatib-Othman (Gavi), and Cheryl Cashin (R4D) welcomed participants to the launch event for the Learning Network for Countries in Transition. The objectives of the meeting were to:

1. Begin a longer-term process and series of engagements with countries to share experience on Gavi transition-related issues
2. Develop a community of engagement around specific Gavi transition-related issues for participating country practitioners and development partners
3. Introduce a peer learning approach to addressing transition challenges
4. Explore in depth which priority Gavi transition challenges might be amenable to peer learning
5. Build consensus on next steps for topics, engagement, and the structure of the platform

The launch event was attended by country teams from the 12 member countries as well as partner organizations at the country and global level. Country teams generally consisted of individuals in the following roles:

- Immunization program manager or their delegate
- Individual who oversees the immunization program along with other programs in the Ministry of Health (MoH)
- Individual who manages the overall budget preparation of the MoH
- Individual who is the focal point on health/social sectors within the Ministry of Finance (MoF)

Box 1. Peer Learning Approach and Engagement Modalities

Peer learning, also called joint learning, is an approach that has been successfully used in the JLN for UHC to make progress on common technical challenges through country-led experience sharing and knowledge co-production. The approach is centered around the identification of a relatively specific technical challenge that is common among participating countries. The knowledge co-production processa entails:

1. Identifying a common technical challenge and the underlying contextual conditions
2. Sharing experiences and strategies practitioners in different contexts have used to address this challenge
3. Documenting country experience using a standardized approach
4. Finding gaps in knowledge
5. Building common solutions (through tools/exchanges) that can be adapted and implemented in different contexts
6. Developing a shared vision and roadmap for filling knowledge gaps

Possible engagement modalities that can be used as a technical initiative moves through this peer learning process include:

Modality	Description	Best Suited For
Longer-term topic exploration	• Same people involved in multiple engagements • Fewer people in each country experience the exchange • Relatively high time commitmen	• Deep experience sharing • New knowledge creation and thorough, generalizable knowledge products
Shorter-term topic exploration	• Involvement of more people from each country • Lower time commitment	• Coverage of more topics with less depth of experience-sharing • Creation of quick knowledge products that may be less thorough and generalizable
Virtual exchange	• Involvement of more countries and more people from each country • Low time commitment • Has requirements for speed of internet connectivity	• Coverage of more topics with less depth of experience-sharing • May not lead to knowledge product
Smaller individual country learning exchanges	• Host country takes on greater responsibility of organizing study tours and site visits • Fewer countries and few people in each country experience the exchange	• Deep experience sharing • Targeting to specific country learning needs • May not lead to knowledge product

Reference:

a) Joint Learning Network for Universal Health Coverage (2015). JLN's Unique Approach. http://fiveyears.jointlearningnetwork.org

MEETING CONTENT AND STRUCTURE

The structure of the meeting was designed primarily for community building and to introduce the peer learning approach (see Box 1) in the context of Gavi transition. Most sessions were structured as small group interactions involving eight to ten people from three to five different countries. Each group was paired with a technical facilitator who spoke in the working language for the group (English, French, or Russian). Where additional translation was needed, real time translation with headsets was provided. The hope was to build a respectful and enjoyable space for country teams to meet each other, begin to share experiences, and build the LNCT community.

Facilitated Peer Learning Demo

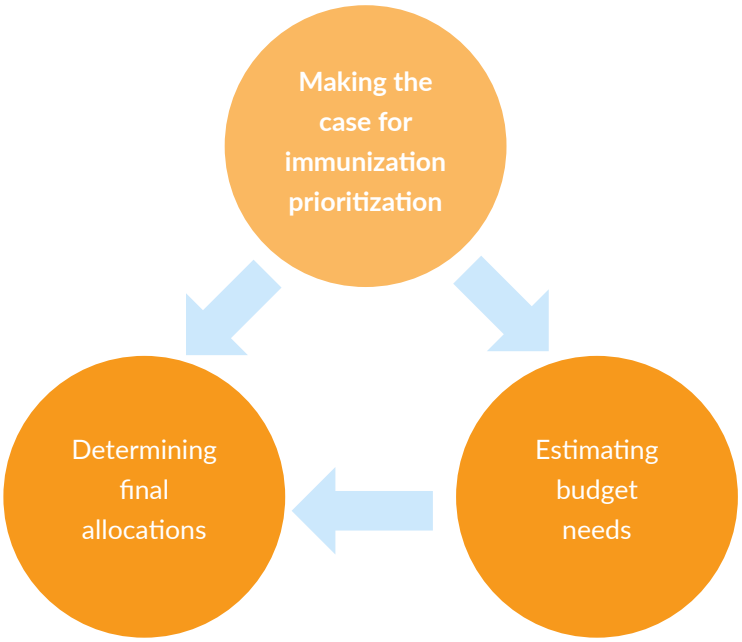
The first of these small group sessions introduced the peer learning approach. This was done through a facilitated demo session using a pre-identified transition challenge: budget prioritization and allocation for immunization. This topic was identified as relevant and of interest prior to the meeting through the pre-meeting survey and country team interviews. The demo session introduced the process of utilizing a relatively generic country "cycle", populating it with experiences that are common among countries within the identified topic, and working through a collective problem-solving exercise to understand what countries are doing in practice to address the problem.

The demo session was organized around a common country "cycle" for advocating for and getting the budget allocation for immunization. This common cycle, illustrated in the figure below, was reviewed and validated with participants at the meeting, prior to the breakout sessions, to ensure that the framework would resonate with all countries in the group.

The small group facilitated sessions generated output to populate the generic framework with country experiences. Questions asked during the facilitated sessions included:

- What are the country processes for budget prioritization/allocation for immunization?
- What are the steps and challenges in your country?
- What is actually budgeted for immunization in your country?
- Which institutions/stakeholders are involved in which steps?
- What is the timing?

Facilitators used the probing questions to map (on flip charts) commonalities among challenges that usually arise across countries and solutions have been used in the past. The challenges and experiences that were discussed are summarized in the tables below.



MAKING THE CASE FOR IMMUNIZATION PRIORITIZATION

Challenge	Relevant Country Experience
Immunization is a clearly stated priority, but there is still a need to make a case for it year after year, especially if there is a change in government. There is an even greater need regarding adequate (and often shared) operational costs for training, monitoring and evaluation, communication, and community involvement.	• Ghana: Held internal meetings before budget planning to show key priorities, build the case, present to MoF, and provide annual analysis showing achievements of the program • Sri Lanka: Justified the case from a financial perspective • Sudan: Showed decision-makers the results and high performance of the immunization program. Connected decision-makers with more voices (beneficiaries and donors) to show benefits of immunization.
Demonstrating efficiency - If MoF perceives MoH as not using funds efficiently, then it could make MoF reluctant to increase funding.	• Sri Lanka: Linked investment in immunization to the decrease in disease burden • Georgia: Analyzed reduced hospitalization for vaccine-preventable conditions • Armenia: Showed reduction of child hospitalization due to rotavirus infection after the vaccine was introduced • Ghana: In addition to quantitative evidence, showed compelling anecdotal evidence of decreased MenA burden
New vaccine introduction	• Sri Lanka: Switched from killed to live Japanese encephalitis (JE) vaccine and reinvested efficiency gains from using a lower-priced vaccine to introduce a measles-mumps-rubella (MMR) vaccine

ESTIMATING BUDGET NEEDS

Challenge	Relevant Country Experience
Linking multi-year plans to corresponding yearly budgets	Countries discussed their five-year plans and the intersection with annual budgets including Armenia, Ghana (for routine immunization only), Indonesia, Moldova, Sri Lanka, Sudan, Uzbekistan, and Vietnam
Credible data for projecting accurate budget estimates	Indonesia: Uses an integrated information system linking data from local to national level so needs can be aggregated
Vaccine price changes	Armenia and Georgia: Indicated challenges with budgeting using vaccine prices that may change before procurement occurs
Currency fluctuations	Georgia: Indicated challenges with budgeting due to fluctuations in currency exchange rate with the US Dollar

DETERMINING FINAL ALLOCATIONS

Challenge	Relevant Country Experience
Timeliness of budget release	Timor-Leste: Created a central medical goods procurement institution called Servico Autonomo Medicamentos e Equipamento de Saude (SAMES) that has its own subaccount and can receive transferred funds from the MoF more quickly to use in vaccine procurement
Unexecuted budgets – Due to delays in budget release, discrepancies between subnational and national level plans, complex bureaucratic approval process	Lao PDR: Allows the MoH to reallocate funding internally without requiring approval from the MoF, though the reallocation can only be done in urgent circumstances. For example, if the immunization program faced low coverage in some areas, unspent budget from other MoH activities can be used.

Outputs from Session

Several themes emerged from this session which warrant further exploration. For example, across groups, participants were interested in understanding and assessing the underlying causes of poor budget execution (timeliness, oversight, gaps in approval chain). Furthermore, participants across countries raised questions regarding core data analytics to benefit immunization, including:

- How can routine immunization data be more effectively used as a source of strategic information?
- What experiences, expertise, and challenges can be shared around using this data to its fullest potential?

Before moving forward through a longer-term engagement on either of these topics (or others that emerge), additional work is needed to understand the current country processes and gaps in knowledge. We need this information to understand what guidance and/or tools would be useful in addressing gaps, underutilization of data due to lack of capacity, weak or underdeveloped data systems, or fragmentation in information sources. It is critical to ensure that the direction of possible engagement is worthwhile, of interest and importance for most of the participant countries, and can lead to fruitful exchanges and products.

In the short to medium term, a variety of "quick wins for learning" emerged from the launch event discussions as relevant and timely products that that can be taken up by LNCT immediately:

1. **Documenting country experiences with efficiency gains (completed and in progress) to get more value for money in immunization programs.**

During the small group discussions, many countries shared interest in and experiences around successful, or in-progress, mechanisms of gaining efficiency within their immunization programs. Broadly, these fell under four categories:

a. Adequate budgeting and timely budget release such as Timor-Leste's creation of a central medical goods procurement institution to increase timeliness of budget release for vaccine procurement.

b. Programmatic gains such as moving from outreach to fixed sites, for which initial experiences from Lao PDR can be drawn, with high interest for learning from Sudan.

c. Procurement choices such as Sri Lanka's experience reinvesting efficiency gains from using the lower-priced live JE vaccine to introduce a MMR vaccine, and procurement modalities such as introducing two presentations instead of just one (e.g. a single dose vial for sparsely populated areas and a multi-dose vial for more densely populated areas) to reduce wastage.

d. Supply chain and logistics such as shifting from absorption refrigerators to solar direct drive refrigerators.

2. **Guidance and documentation of country experience using data and core data analytics to make a strong case for immunization**

Much discussion arose around using data analytics to make a strong case for immunization. This includes guidance on the types of analytics that can be done to strengthen decision-making on new vaccine introduction, support specific budget requests for immunization, and show immunization program results. As a "quick win for learning", additional country experience on data and data analysis will be synthesized, with guidance on what is useful to make the case, sample materials for countries to populate, and key reference articles. These materials would be discussed

and validated during the next engagement.

3. **WhatsApp group on vaccine hesitancy, and potentially other topics for discussion.**

Within the subset of participating countries that face a challenge with vaccine hesitancy, countries considered how peer learning could be applied to this topic. Participants were interested in continuing the discussion and sharing experiences on this topic of vaccine hesitancy via an informal discussion channel, such as a WhatsApp group. Network coordinators would create this WhatsApp group and add the interested participants to it. Additional WhatsApp groups could be created if interest emerges for informal discussion on other topics.

Exploring Common Transition Challenges

An active workshop exercise, titled "Mountain and Lake", was used to understand in greater depth common transition challenges that participating countries faced. The topics were vaccine procurement, vaccine hesitancy, decision-making on new vaccines, changing service delivery models to achieve better coverage and equity, and addressing gaps in surveillance and data. These topics were selected based on a review of country documents, such as Gavi transition plans, and a pre-workshop survey. During the exercise, groups rotated to different topics, each written on separate posters, and identified the major challenges; key strategies, steps, or tools; and "vision of success" related to the topic. Upon rotation, groups could reinforce what previous participants wrote on the poster by underlining things they agreed with, and making edits or additions to the poster.

Contents written on the posters during this exercise are summarized in the following table.

This exercise shed greater light on which topics could be relevant and interesting for participants, amenable to peer learning, and explored further as technical initiatives in future LNCT engagements.

Additional topics that can be considered for future engagements include linking immunization to the broader UHC and health system financing context, management of post-transition issues, polio end-game impact on transition, best practices and skills for advocacy efforts, and institutional development for leadership and coordination. A key point that emerged from this session is the need to link with other networks that are already working on some of these topics. For example, UNICEF's Vaccine Procurement Practitioners Network is an existing resource and space for engagement on the topic of procurement. Additionally, participants noted that network coordinators need to maintain a compilation of all information generated during brainstorming sessions, such as this "Mountain and Lake" exercise, and build on the information moving forward.

Country Spotlights

Over the course of the two-day meeting, representatives from Lao PDR, Sri Lanka, and Timor-Leste shared experiences from the immunization programs of their respective countries during country spotlight sessions. Dr. Samitha Ginige presented on Sri Lanka's experience with direct procurement of vaccines, key requirements for obtaining affordable quality vaccines, and introduction of the HPV vaccine after Gavi transition. Dr. Anonh Xeuatvongsa presented on Lao PDR's plans and efforts to change service delivery models from outreach to fixed site. Mr. Manuel Mausiry presented on Timor-Leste's experiences and challenges in prioritizing financing for immunization.

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COMMONALITIES IN GAVI TRANSITION

Topic	Challenges	Key Strategies, Steps, or Tools	Vision of Success
Vaccine procurement	• Accurate costing and budgeting for quality vaccines • Market monopolies • Small market size • Rigid national regulations on procurement • Lack of transparency • Vaccine prices • Availability of needed vaccines • Storage capacity • Domestic funding • Prepayment/Cash flow management	• Knowledge and capacity on procurement • National policies and regulations • Timely procurement plans well-coordinated between departments • Market information and competition • Procurement through UNICEF • Transparent procedures	Effective, transparent procurement to ensure timely availability of safe, high-quality and affordable vaccines
Vaccine hesitancy	• Uncertainty on quality of vaccines and fear of side effects • Spreading of anti-vaccination information • Acceptance of multiple doses • Campaigns give impression that vaccination comes to you • Religious/ethnic/cultural practices and beliefs	• Long-term communications strategy involving community, religious, and political leaders • Media campaign, such as a website with evidence-based information (separately targeting health workers and the community) • Anthropological work; Knowledge, Attitude, and Practices (KAP) surveys • Enforcing laws and policies on rights and protection of children • Strong surveillance and response system for adverse events following immunization (AEFI) • Ensure quality of vaccines and immunization services	Ensuring every targeted group is vaccinated and the value of immunization is well accepted

COMMONALITIES IN GAVI TRANSITION

Topic	Challenges	Key Strategies, Steps, or Tools	Vision of Success
Decision-making on new vaccines	• Political pressures • Lack of data analysis and tools to facilitate decision-making • Managing priorities • Lack of fiscal space • Capacity for data collection and analysis	• Formal and rigorous review process for new vaccine introduction • Mentality of evidence-based approaches and decision-making • Functioning National Immunization Technical Advisory Group (NITAG), National Regulatory Authority (NRA), and Interagency Coordinating Committee (ICC) • Surveillance and data quality • Multi-dimensional analysis and justification (e.g. burden of disease, programmatic feasibility, cost-effectiveness analysis, budget impact analysis, regulations, acceptability, phased or not introduction, literature review)	Timely and evidence-based introduction of cost-effective new vaccines
Changing service delivery models to achieve better coverage and equity	• Reaching hard-to-reach zones and groups • Low community awareness of important of immunization • Availability of staff at community level • Insufficient budget • Geographic barriers • Low motivation and accountability of health workers • Efficient private sector	• National immunization and health plans built in an inclusive and collaborative manner • Strengthen maternal and child health, and primary health care, as a platform for service delivery • Effective public-private partnerships for equitable coverage • Strengthen role of community, NGOs, and religious groups • Incentives and motivations of all stakeholders • Supportive supervision and information sharing • Good reporting • Collaborate with Ministry of Education on reaching school-age children	Using a sustainable mix of delivery models to achieve eradication and elimination of vaccine-preventable diseases

COMMONALITIES IN GAVI TRANSITION

Topic	Challenges	Key Strategies, Steps, or Tools	Vision of Success
Addressing gaps in surveillance and data	• Low awareness of symptoms of vaccine-preventable diseases (VPDs) • Low use of health services to treat VPDs • Poor capacity for data collection and analysis • Lack of legal provisions for surveillance of VPDs • Inadequate infrastructure for VPD surveillance (e.g. lack of digitalized data at facility level)	• Train community members on symptoms and reporting of VPDs via regular health education campaigns, public media • Improve data collection infrastructure • Epidemiology training for health workers	Well-functioning VPD surveillance system providing accurate and detailed data for planning and budgeting

MEETING EVALUATION AND FEEDBACK

The launch event was well-received by country teams and partner participants alike. Many country participants indicated that they benefited greatly from interacting with colleagues from different countries and learning from their experiences. Several attendees also emphasized that they enjoyed the style of the meeting, focusing on facilitated small group sessions and active workshop activities, as it kept the meeting interesting and engaging.

Feedback for the launch event was solicited via a form and through individual conversations between network coordinators and country teams. The feedback form received 15 responses rating the meeting across various dimensions such as meeting content, and meeting facilitation, hotel accommodation, catering and food, and travel arrangement. Each of these dimensions received over 85% "good" or "very good" ratings, with the remaining responses being "neutral".

Participants also provided constructive feedback on what can be improved for future in-person engagements. The lessons learned include improving the availability of translated documents, such that presentation slides are provided in a second/third language ahead of time and shared documents for group work are translated. Additionally, future meetings will aim to include a site visit

"It was a very useful meeting. We got in touch with our colleagues from different countries and learned a lot from their experience. Also, the methodology of the meeting was very nice and encouraged us to learn more."

— Dr. Elmuez Eltayeb Ahmed Elnaiem, Director of PHC, Ministry of Health of Sudan

"I think this network is long overdue. It really provides us with an opportunity to share country experiences.."

— Dr. Emmanuel Odame, Director of Policy Planning Monitoring and Evaluation, Ministry of Health of Ghana

in a member country with useful experiences to share on the topic of the meeting.

NEXT STEPS

Moving forward from the launch event, this peer learning initiative will formalize its identity and governance, as well as prepare for future engagements in-person and online. As the first step in formalizing its identity, this initiative will officially be named the Learning Network for Countries in Transition, or LNCT (pronounced as "linked") for short. A meeting participant suggested the name "LNCT", and it was subsequently approved in the vote on names.

LNCT is envisioned as a country-driven initiative with its governance structured around a country core group comprised of high-level, multi-stakeholder decision makers in the MoH, MoF, NITAG, and/or national health insurance agency. This core group will be responsible for managing the overall engagement of the country and will help identify the right people for each specific engagement. Country core groups will include individuals from member countries who are committed to long-term engagement with LNCT. Depending on the topic, specific LNCT meetings may be attended by individuals with relevant technical expertise who are not part of the country core group, but decision-making and strategy discussions will remain with the country core group. It was decided at the launch meeting that one individual within the country core group will be nominated by countries as their focal point for day-to-day communication with the network coordinators. Network coordinators are responsible for facilitating conversations among country core groups and managing the organization of in-person and virtual engagements.

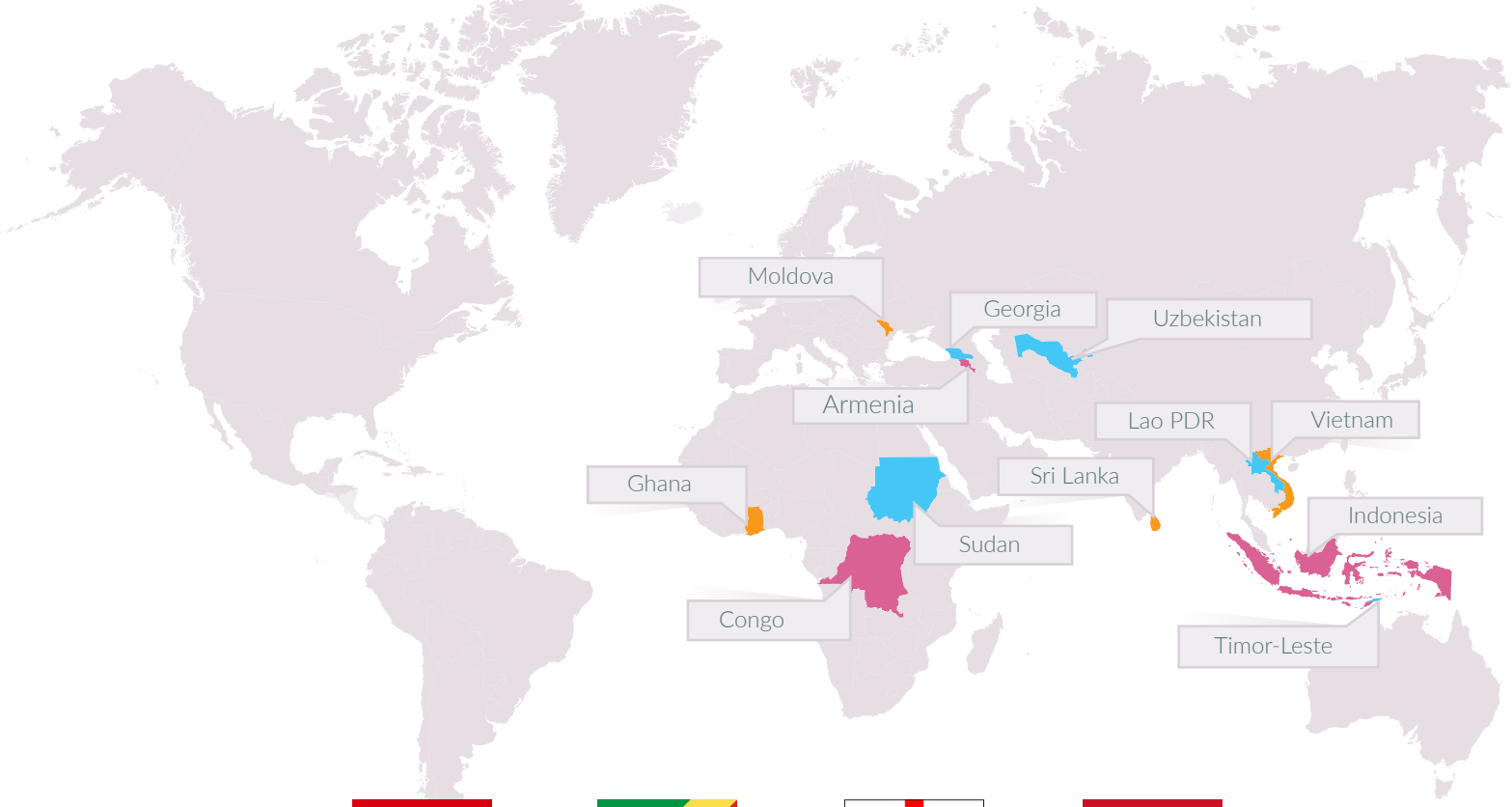
Upcoming outputs from the network coordinators include LNCT's website, further discussion and/or survey on topic selection, and organization of a second in-person meeting towards the end of 2017. A prototype of the website was presented at the launch event and received general approval from meeting attendees. Development of the full website based on the prototype will take place in summer 2017. The website will include a public view and a members-only view to protect members' confidential information and discussions. On the website, member country teams and partners will be able to find and share resources on immunization and Gavi transition; post and answer questions on a discussion forum; receive the latest news relevant for immunization programs; and access a calendar of events, beginning with LNCT events and building up to include relevant events from other networks or partners.

To build on conversations on topic selection and engagement modalities that began in the launch event, the network coordinators will work over the coming months to understand more details on the topics and associated modalities of most interest to member countries, and the country processes around these topics.

Furthermore, the team will work to collect country experience around the "quick wins for learning" outlined above, and will work to further understand how countries would like to engage around progress and challenges in the development and implementation of Gavi transition plans moving forward. These products will be discussed as part of the second in-person meeting in late 2017. The network coordinators will identify a suitable location (preferably an exemplar country for the topic to be discussed). As early objectives, the second engagement will be used to look closely at a country with good practices, engage around the quick wins that surfaced during the launch meeting, and engage around country transition plans.

APPENDIX: LAUNCH EVENT PARTICIPANTS

COUNTRY PARTICIPANTS



Armenia

Congo

Georgia

Ghana

Indonesia

Lao PDR

Moldova

Sri Lanka

Sudan

Timor-Leste

Uzbekistan

Vietnam

APPENDIX: LAUNCH EVENT PARTICIPANTS

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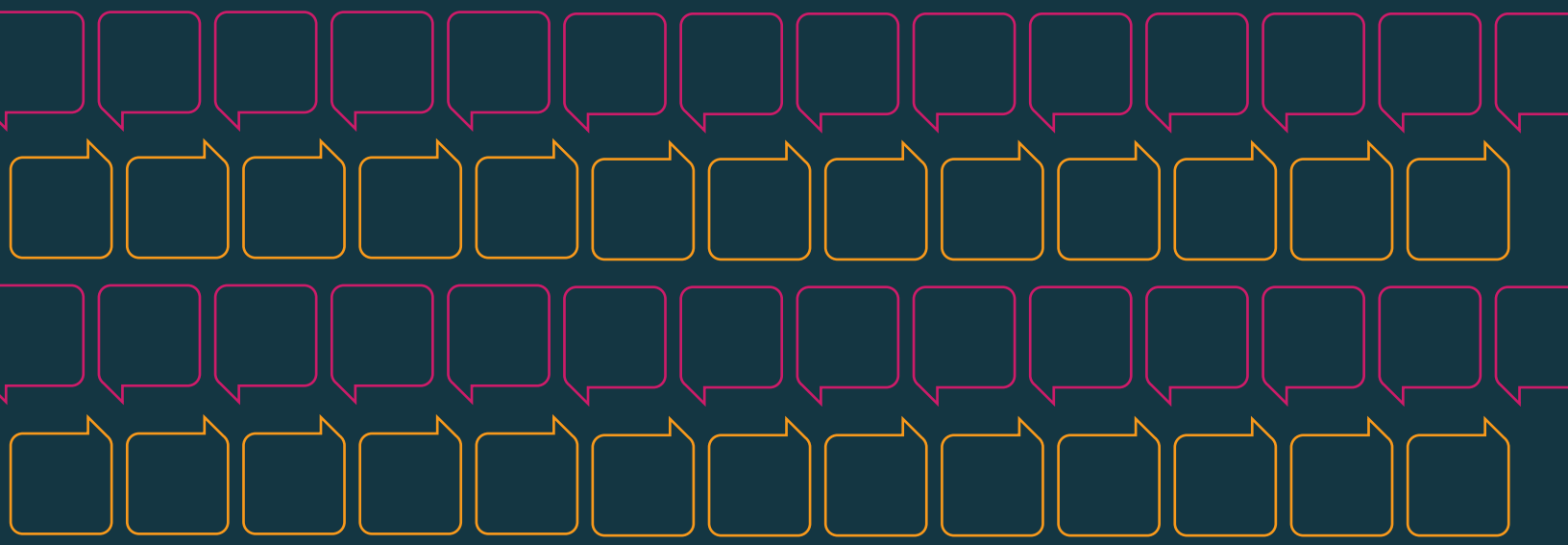

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