



**IMMUNIZATION
AGENDA 2030**

BIG CATCH-UP

**INFORMATION PACK
FOR REGIONAL AND COUNTRY
TEAMS**

Last updated: March 7th, 2024



This document summarizes key information for countries at various stages of their BCU activities

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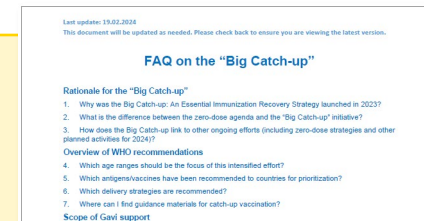
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For more information, please refer to the BCU FAQ:

- A more detailed Big Catch-up Frequently Asked Questions (FAQs) document is available online ([link](#))
- This document will be updated on a rolling basis and covers: (i) the rationale for the Big Catch-up, (ii) WHO recommendations for catch-up vaccination, (iii) the scope of Gavi support for the Big Catch-up, (iv) MEL



BCU Rationale and Ambition

Rationale: The Big Catch-up (BCU) is a global initiative launched in April 2023 to close immunization gaps caused by the backsliding of immunization coverage during the COVID-19 pandemic, restore global immunization levels, and strengthen immunization systems so that catch-up activities become an integral part of immunization programmes

Ambition : The goal of the BCU is to reach and vaccinate all un- and under-immunized children up to at least five years of age. The BCU is built on three pillars:

1 Catch-up missed children

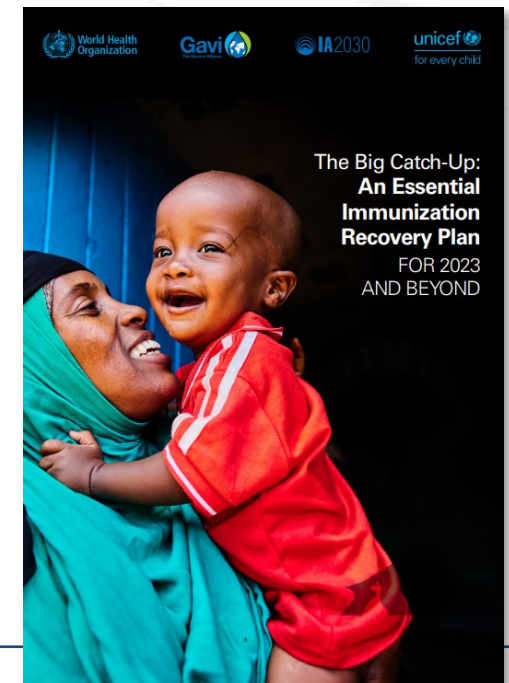
Reach children who missed vaccination during 2020-2022, some of which was due to the pandemic (this includes the 2019 zero-dose and under-immunized children as part of the accumulated susceptible cohort)

2 Restore immunization programmes

Restore vaccination coverage in 2023 back to at least 2019 coverage levels

3 Strengthen immunization programmes

Strengthen immunization systems within Primary Health Care, to improve program resilience & resume the trajectory of the IA2030 goals & targets



BCU Context

How does the
BCU link to
other ongoing
efforts?

- The Big Catch-Up (BCU) is designed to **support ongoing immunization targets** that are already priorities for all immunization programmes (i.e., Gavi 5.0 ambition and the IA2030 goal),
- BCU has the specific aim of accelerating catch-up immunization by 2025 through systematic efforts to respond to the growth un- and under-immunized children during the pandemic
- Countries may not need to develop a specific BCU plan as catch-up activities are likely to be already planned for in other routine programming, but for countries that have developed one, it is important for these plans to be aligned with existing immunization activities and campaigns (e.g., those included in HSS and EAF and other operational plans)

For more information:

- Detailed guidance on what the Big Catch-up is and how it links to ongoing efforts is available online ([link](#))
- Additional guidance from WHO also includes [policy recommendations for interrupted and delayed vaccination](#) and [implementation guidance on catch-up vaccination](#) as an ongoing strategy for all immunization programmes

BCU Support

Vaccine Support

- **All antigens^{1,2}** in Gavi's portfolio can be supported, with the following conditions (*full detail on next slide*):
 - **Support cannot be used for the introduction of new vaccines:** support only if the antigen was already in a country's routine programme during the pandemic period when children targeted for catch-up were due to be immunized; for vaccines introduced during the pandemic, only post-introduction cohorts will be supported with BCU doses, including for IPV2
 - The timing of deliveries is **subject to supply availability**
- **Co-financing:** Gavi Board has approved **fully-financed doses** for BCU (**no co-financing required**). However, all Gavi financial obligations for non-BCU doses must be met (a country in default can apply but will not be approved for BCU doses until the default situation is addressed)
- **Target group:** Cohorts who should have been immunized during 2019-2022, but were missed;
 - Children up to at least five years of age are eligible, provided this is in line with the country's catch-up policy; cohorts missed in 2023 are not eligible under BCU. Doses for catch-up activities for 2023 cohort children can be requested via the standard MYA revision process³
 - BCU support follows **WHO guidelines for catch-up eligibility**; where country policies indicate narrower age-range eligibility than WHO, Gavi will provide BCU support in alignment of WHO recommendations, conditional on evidence that national policy revision is in progress⁴

Delivery Support

- Gavi encourages countries to **leverage available delivery support** (CDS, TCA, HSS, or EAF grants)⁵ to support the delivery of catch-up doses, and if these are insufficient, consider other potential funding sources. Gavi will check whether adequate funding is available to support catch-up implementation as part of the review process

TA

- Countries have been asked to revisit their TCA and CDS TA plans to accommodate new needs, and communicate these to their SCM, WHO, and UNICEF CO and RO to specify any remaining critical gaps.
- These gaps have been **communicated to Gavi for review** (note – any additional TA gaps identified would need to be evaluated on an exceptional basis)

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RECAP: UNDERSTANDING THE BIG CATCH-UP



Antigen Eligibility

Program Name	Doses Covered ¹			Comments
IPV (routine)	1	2		<ul style="list-style-type: none"> Can request both first and second doses for the years in which IPV2 was already introduced; for years prior to IPV2 introduction, only one dose can be requested Countries who already have fractional IPV introduced can request this as normal (those requesting fractional IPV who do not currently have it introduced, to be flagged for closer review)
Pentavalent (routine)	1	2	3	
Measles-rubella (routine)	1	2		
Measles (routine)	1	2		
Pneumococcal (routine)	1			<ul style="list-style-type: none"> In alignment with Gavi's funding policy for a PCV catch-up campaign at introduction, the BCU support for PCV catch-up will be 1-dose for all children 1-5y
Rotavirus (routine)	1	2	3	<ul style="list-style-type: none"> Rota catch-up is only <math><2y^2</math> therefore only 2022 cohort eligible for catch-up doses. 2 or 3 doses can be requested, depending on the country schedule.
Yellow fever (routine)	1			
Meningitis A (routine)	1			
Typhoid conjugate (routine)	1			
Japanese encephalitis (routine)	1	2		<ul style="list-style-type: none"> For Gavi-supported routine programmes in at risk countries
HPV (routine)	1			<ul style="list-style-type: none"> Catch-up doses for HPV will be operationalized through the HPV revitalization strategy

- **Not supported by Gavi for BCU:** Oral Polio Vaccine, Malaria Routine, Oral Cholera Vaccine, C19
- **Reminder:** Support cannot be used for the introduction of new vaccines; first doses are only covered if vaccine is part of RI programmes

Notes: (1) Support only if the antigen/dose was already in a country's routine schedule during the pandemic period when children targeted for catch-up were due to be immunized; for introductions during the pandemic, only post-introduction cohorts will be supported with BCU doses. (2) Table 3: WHO recommendations for routine immunization ([link](#))

Key: ■ Dose can be requested for 2019-2022 cohorts, funded by BCU
■ Dose can be requested for 2022 cohort only
■ Dose can be requested but is not funded by BCU

Guidelines for Dose Calculations

Parameters	Guidance	Tolerance for Deviation
Eligible birth cohorts	2019-2022	Time period can be narrower, but not wider
Target age groups	Age cohort of 12 and 59 months, missed during the pandemic	Target population can be narrower, but not wider
Data source	<ul style="list-style-type: none"> WUENIC for coverage UNDP for population 	Explanation to be provided if different data sources used
Antigen eligibility	All Gavi-portfolio antigens with programmes active during the period from 2019 to 2022, whether Gavi-funded or self-funded. Big Catch-Up cannot be used to introduce an antigen	None
Product schedule	Number of doses per course of catch-up vaccination should follow country catch-up schedule as recommended by Vaccine Programme Guidelines and WHO vaccine position papers (link)	None
Wastage rates	4-10% depending on the antigen per <i>WHO Normative Reference for single- and multi-dose vials</i>	Explanation to be provided for higher wastage rates, particularly those >20% or not line with MYA approved rates



Note: Avoid risk of double counting missed children, and use the correct number of doses for zero dose vs. under immunized

Example:

- 1000 children: 800 have DTP1, 750 have DTP2 and 600 have DTP3
- There are therefore 400 total missed children: 200 zero dose + 200 under immunized (and not 200 + 250 + 400 = 850)
- For these 400 missed children, 850 doses are needed, because:
 - 200 need 3 doses (Total – DTP1 = Zero Dose children)
 - 50 need 2 doses (DTP1– DTP2 = those with only 1 dose so far)
 - 150 need 1 dose (DTP2 - DTP3 = those with 2 doses so far)

- Countries should **consider local contextual factors when applying these guidelines** and are encouraged to provide underlying assumption and calculations in their submission
- Note – these guidelines are relevant for countries that have not yet submitted to Gavi; countries that have submitted are not expected to re-submit, although follow ups may be required to clarify calculations where applicable

RWG Endorsement

- When developing plans, countries need to ensure that **key elements of the technical checklist are covered**, and that any RWG feedback shared during RWG review is addressed
 - This includes providing adequate detail on delivery strategies for catch-up activities, and how human resource implications of these activities will be addressed
 - The technical checklist should also confirm that the **UNICEF Supply Division Template** has been completed
- RWG endorsement is required as part of country submissions** on the Gavi portal, and is completed using a standard RWG technical checklist
 - Regional Working Groups (RWGs) are **responsible for reviewing catch-up plans** to ensure that they are programmatically robust and that catch-up targets are fully aligned to the dose requirements shared with UNICEF Supply Division
- Once Submitted, Gavi Secretariat will then conduct a light-touch internal review (*see next slide*).

SECTION		Mark with an "X" in the appropriate column				Comments or recommendations (If questions are marked "partially" or "no" please provide remarks)
		Yes	Partially	No	Do not know or cannot assess	
Planning, Coordination, and Service Delivery	1a. Does the plan clearly describe a target age for catch up vaccination activities beyond one year of age?					
	1b. Does the plan clearly identify a priority population for catch up vaccination activities (e.g. zero-dose populations, conflict affected areas, urban poor, refugees, internally displaced persons)?					
	1c. Does the plan identify specific antigens to be used for catch up vaccination activities?					
	1d. Does the plan adequately describe the delivery strategy for catch-up vaccination activities (e.g. venue and modality of delivery, equity/gender considerations), especially for the highest priority populations?					
Costing and funding	2a. Is the plan accompanied by cost estimates and a reasonable budget for planned activities?					
	2b. Are funding sources clearly described, including secured funding sources?					
Vaccine supply	3a. Does the plan quantify the additional vaccines needed to execute catch-up activities and is the estimation methodology sound? (e.g. including targets, wastage, buffer, etc.)					
	3b. Does the plan take into account current stock levels and unshipped approvals / deliveries in the pipeline?					
	3c. Does the plan describe how the country will meet additional vaccine needs (e.g. request additional doses from Gavi, use current approved doses, use other partner funding for vaccine, etc.)					
	3d. If Gavi resources are to be used, is the country able to cover its co-financing obligations?					
Human resources and training	4a. Does the plan adequately outline how to address the human resource implications of supporting catch-up vaccination activities?					
Demand generation	5a. Does the plan adequately describe a demand generation and community engagement plan?					
Monitoring and evaluation	6a. Does the plan adequately describe a mechanism for recording and reporting catch up vaccination doses?					
	6b. Does the plan adequately describe the system to monitor and report?					

Note: The RWG Technical Checklist can be viewed here ([link](#))

Submission Process

1. Go to the [Gavi Portal](#).
2. Go to the bottom of the page where it says, “Dose Request Revision Support” and click “Start New.”



3. Pick the (approved routine) antigen(s) to be revised / to use in the BCU. Note that only the following antigens are eligible for catch-up: Measles/measles-rubella, Inactivated polio vaccine, Pentavalent, Yellow Fever and Meningitis A (where applicable). Also, countries can only request doses of these vaccines that are **part of their current programming**.
4. Tick "Catch up" box & respond to a few qualitative questions.
5. Report on **stock** (minimum mandatory is stock for the requested antigens).

6. Confirm the vaccine presentation(s) by antigen.

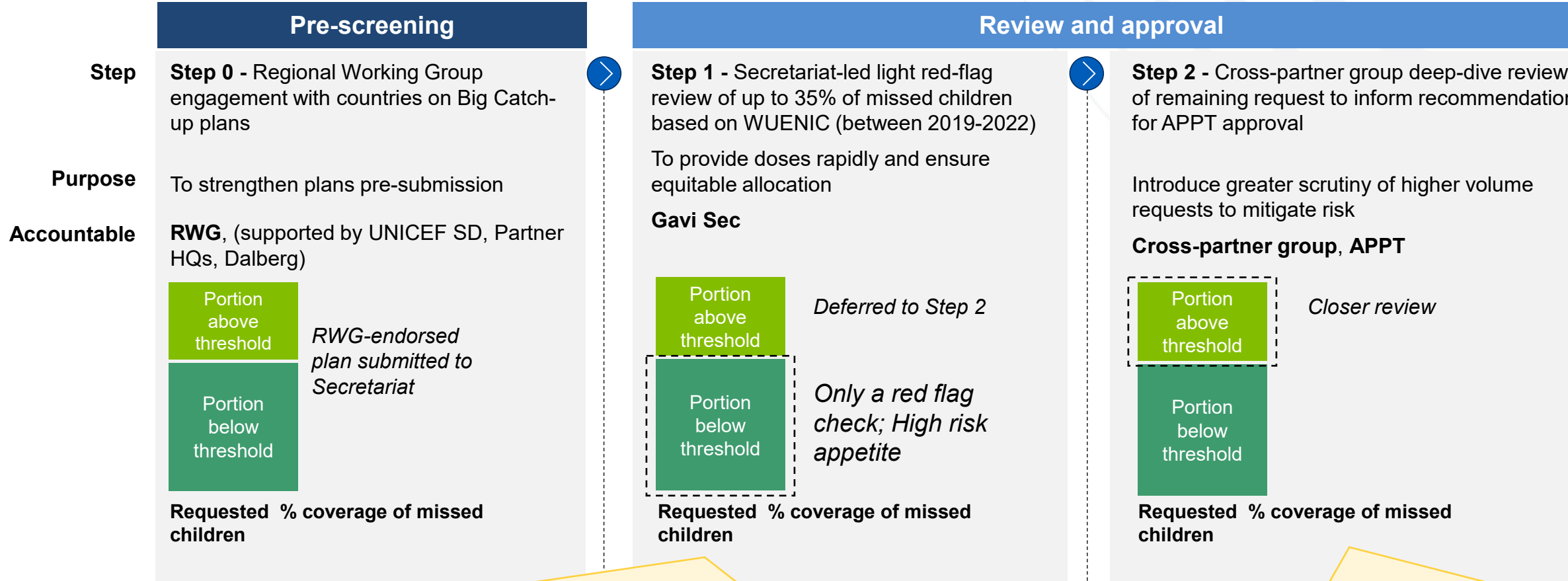
7. Attach catch-up specific documents:

- **Policy or plan** which underlies your catch-up request (Note: you can attach either your catch-up vaccination policy and schedule OR attach your catch-up operational plan, or equivalent)
- **Regional Working Group (Partner) review** of the country's catch-up policy or plan – Technical Checklist, including RWG endorsement, and Supply Division template completion
- Minister of Health and Minister of Finance **signatures**

Note on MOF signatures: MoF signatures not needed at time of submission, but countries should communicate their BCU application to the MoF for visibility. MoF signatures will be required for Step 2 allocations, and should therefore be shared prior to May 15th

- Countries should submit requests for BCU doses through the Gavi portal before the **15th May submission deadline**
- To minimize delays in the review process, countries should not submit to the portal until they have **all the required documents**

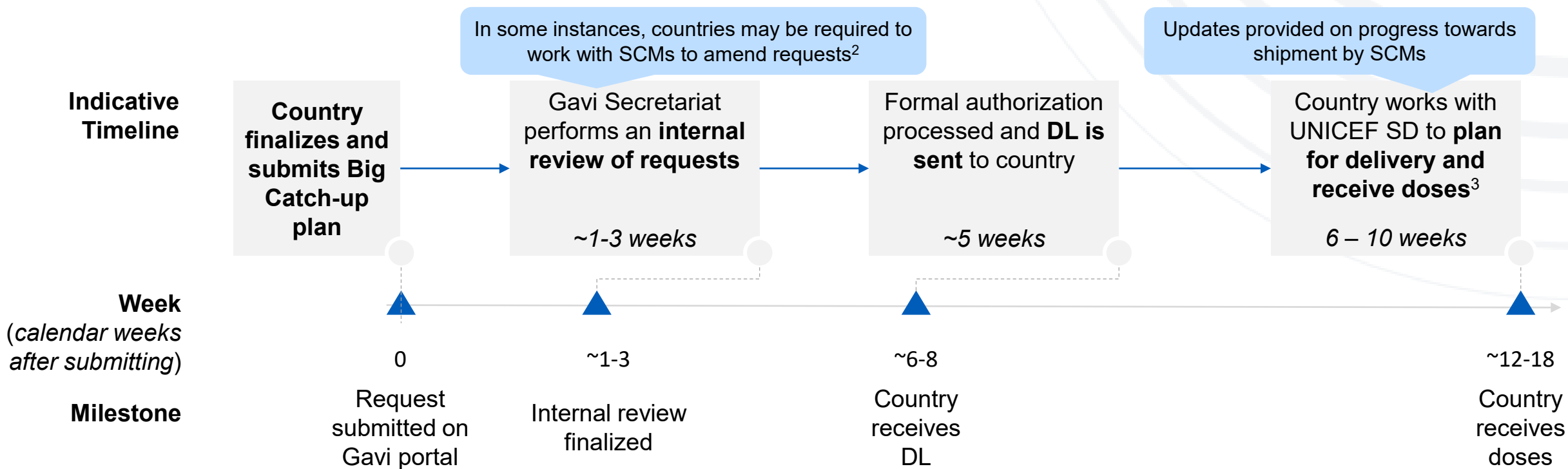
Review Process



- The Step 1 volume allocation should be sufficient to reach approximately 35% of missed children (for approved antigens) between 2019-2022, calculated using WUENIC data
- 35% is approximate**; the context of the plan will be considered, meaning Step 1 allocations may be higher or lower (see BCU [FAQ document](#) for more info)

- Further detail on the **Step 2 process** will be made available in the coming weeks
- If more information or clarifications on a country plan is required as part of this review, this will be communicated to countries

Application Timelines (Step 1)



- Countries approved for Step 1 should expect a DL in ~7 weeks and vaccine delivery within 18 weeks
- The timings for each step are **indicative estimates only**, subject to change (e.g., based on a country’s plan completeness, volume of plans submitted, supply availability, country timelines and other contextual factors)
- **Step 2** will commence after the completion of Step 1, and it will involve similar timelines for post-approval processing

1. DL – Decision Letter; SCM – Senior Country Manager; 2. If a country goes through the additional 10 working days to amend its request, it should expect to receive a DL in ~8 calendar weeks and delivery of vaccines in ~14-18 calendar weeks; 3. Includes production and delivery lead-time

Activity Guidance

What delivery strategies are recommended?

- Country measures should focus on catch-up, recovery, and strengthening through a **systems-strengthening approach** and **acute actions** as needed to close accumulated immunity gaps and build better systems that enable the sustainability of immunization programmes
- While there is urgent need to close immunity gaps accumulated since 2019, the emphasis must be on **building better systems to enable immunization programmes** as well as short-term strategies
 - Recommended **short term strategies** include intensified catch-up efforts through RI delivery, expanded vaccination outreach (i.e., PIRI strategies), and supplementary immunization activities (SIAs)
 - **On-going efforts to build a system of continuous catch-up** should include establishing catch-up vaccination policies and schedules to at least 5 years of age, implementing MOV reduction strategies, and integrating catch-up activities within existing childcare systems (e.g., nurseries, pre-school, etc.,)
 - For areas with persistently high numbers of missed children, **additional measures to sustain immunization strengthening** can include community-level assessments to understand root cause barriers to immunization (e.g. behavioral and social drivers of vaccination assessments)





For more information:

- Detailed guidance from WHO on planning and implementation of catch-up vaccination is available online ([link](#))
- Delivery strategies are also explained in detail in the BCU Frequently Asked Questions (FAQs) document ([link](#))



Approach to Monitoring

How will we monitor, evaluate and learn from the Big Catch-up?

- Countries are approaching catch-up using different strategies, timelines, and data systems, meaning they will require **contextual and adapted approaches and support for monitoring BCU efforts**
- We are recommending a **multi-pronged approach for monitoring, evaluation and learning** of the BCU, balancing short-term solutions with longer term updates to recording and reporting systems, using:
 -  **Readiness monitoring** to track progress toward implementation readiness;
 -  **Administrative information systems** (ideally adapted as much as possible) – to estimate children reached and catch-up coverage achieved (more information on next slide)
 -  **Targeted assessments and real-time monitoring** – for rapid course correction (more information on slide 15); and
 -  **Case studies and surveys** – to provide coverage estimates, qualitative insights and learnings after catch-up activities have been conducted. (more information on slide 15);

Note: Please refer to [Monitoring and reporting of essential immunization catch-up in the context of the Big Catch-up](#) (Interim Guidance) for guidance on country-level and global monitoring of catch-up vaccination, both in the context of the Big Catch-up and best practices for monitoring ongoing catch-up vaccination.

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Monitoring and reporting of
essential immunization catch-up in
the context of the Big Catch-Up
Interim guidance
31 January 2024

Monitoring Outcome Indicators



What to outcomes should be monitored?

Reminder: National monitoring outcome indicators should be **collected via administrative reporting / recording systems** to monitor catch-up activities

These include the **number / proportion of catch-up target population vaccinated** at least one vaccine-dose :

- **DTP1**, by age cohort
- **DTP3**, by age cohort
- **IPV1** (and IPV2 as appropriate) by age cohort
- **MCV1**, by age cohort
- **MCV2**, by age cohort
- Any **other dose** prioritized (e.g., YF)



What system strengthening measures are recommended?

As part of the BCU, several measures are recommended to **transform the admin information system to monitor catch up**

- 1 Update home-based records, tally sheets and other **in-facility recording tools** to capture vaccinations administered to children in catch-up eligible age range
- 2 Emphasize retention and use of **home-based records** for life course
- 3 Enable recording of older-age catch-up vaccinations in **health information systems** (DHIS2 etc.)
- 4 Update **standard operating procedures (SOP)** and **training of health care workers** to ensure proper ascertainment and recording of doses administered outside usual ages

Targeted Assessments and Impact Indicators

**What additional assessments and monitoring should be carried out?**

We recommend additional, targeted monitoring measures **during** catch-up activities to support rapid course corrections

1 Rapid Convenience Monitoring (RCM):

- Conduct immediate post-big catchup activity rapid convenience assessments

2 Behavioral and social drivers of vaccination surveys (BeSD, comparing caregivers of ZD and FI children 12-59m of age)**3 Other Existing Rapid Assessment Tools**

- Mini-PIE rapid assessment methodology
- Missed Opportunities for Vaccination methodology

**What is the role of case studies & surveys?**

We recommend additional measures **after** catch-up activities to provide qualitative insight on coverage and learnings

1 Studies

- Deep dives to document lessons learned and long-term impact on health systems (permanent changes, life course strategies for reducing zero dose)

2 Surveys

- Assess coverage and timeliness for older children (where dates available)

3 Other Approaches





- Incorporate BCU long-term impact questions into other existing program assessments (EPI reviews, etc)

Gavi Monitoring Requirements

Gavi will require some standard reporting to monitor implementation of additional doses provided

- **What is the monitoring form?** Gavi has developed a monitoring form, designed for self-reporting of the progress and challenges towards the development and roll-out of policies, tools and activities associated with BCU plans
- **How will the information reported through this form be used?** The purpose of this form is to provide accountability for fully funded doses provided by Gavi, to inform the decision to approve/ship additional doses to missed children, and to document learnings from BCU
- **How and when the form should be submitted to Gavi?** Gavi is working with WHO and UNICEF regional teams to determine a streamlined reporting mechanism. Reporting timelines will be quarterly (however additional data may be requested to provide input into the Step 2 dose approval process).
- **Other recommended BCU monitoring and reported actions:** The Gavi Alliance partners recommend that all countries use the Thrive360 system for routine vaccine supply and usage reporting. This data will be used by Alliance partners to monitor vaccine consumption.

As part of this monitoring, countries will be expected to report on:

-  **Readiness:** progress (and challenges) towards the development and roll-out of policies, tools and activities associated with BCU plans
-  **Results:** progress towards planned vaccination goals (e.g., PIRIs, SIAs, MOVs), including reporting the number of additional children reached through BCU
-  **Assessments:** information about BCU-specific assessments conducted since the beginning of their BCU plan implementation during the reporting period
-  **Program learning and adaptation:** Key successes and key challenges during the BCU reporting period

Note: Detailed guidance for reporting will be provided as part of the form