Annex C: Gavi 5.0/5.1 dashboard and update on key metrics

This is a technical report providing definitions of and progress against Mission and Strategy Goal indicators in the new Gavi 5.0 measurement framework. The technical report is populated based on available data and updated bi-annually. The newly available data for 2022 included in this report relates to Mission Goal M1, and Strategy Goals S1.4, S3.1, and SG4.

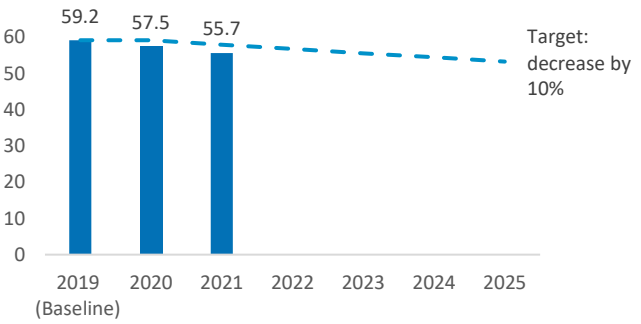
Note on target trajectories:

In the below graphs, the dotted lines represent the projected annual trajectory that was forecasted when we set 2025 targets with the PPC/Board in May 2021; our assumption was that coverage would return to 2019 coverage levels in 2021, with the exception of India which would take until 2022. This was noted in a footnote in the PPC paper on the 5.0 Measurement Framework at the time (PPC-2021-Mtg-2-Doc 04):

> To account for COVID-19-related disruptions and recovery, it is assumed that vaccine coverage returns to 2019 levels by 2021, with the exception of India, which we assume returns to 2019 levels in 2022 and sub-national three doses of pneumococcal conjugate vaccine (PCV3) scale up takes an additional year.

Gavi 5.0 Mission Indicators

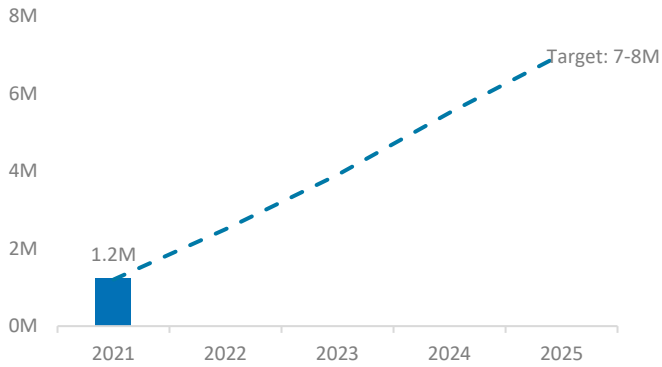
M.1: Under-five mortality rate – *Updated April 2023*



By increasing access to immunisation and enabling equal access to new and underused vaccines, Gavi support is contributing to the reduction in under-five deaths from vaccine-preventable diseases.

Gavi countries saw an under-five mortality rate of 55.7 deaths per 1,000 live births in 2021. At the portfolio level we are on track to reach the 10% reduction target by 2025 – in 2021, Gavi countries have achieved a 6% reduction from baseline.

M.2: Number of future deaths averted with Gavi support – *Updated Sept 2022*

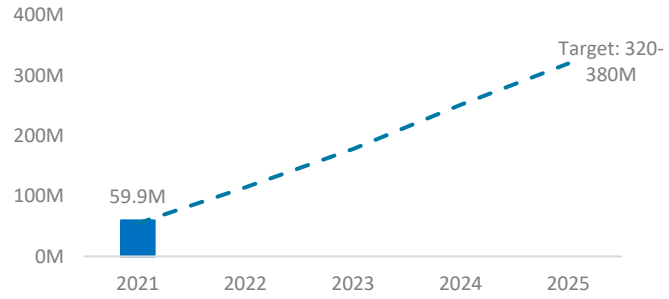


This indicator estimates the impact of Gavi-supported vaccinations in terms of averting future deaths from vaccine-preventable diseases.

More than 1.2m future deaths were averted by Gavi-supported vaccinations in 2021. The cumulative number of deaths averted from 2000 through 2021 is more than 16.2m.

This indicator will be updated in Sept 2023.

M.3: Number of future disability-adjusted life years (DALYs) averted – *Updated Sept 2022*

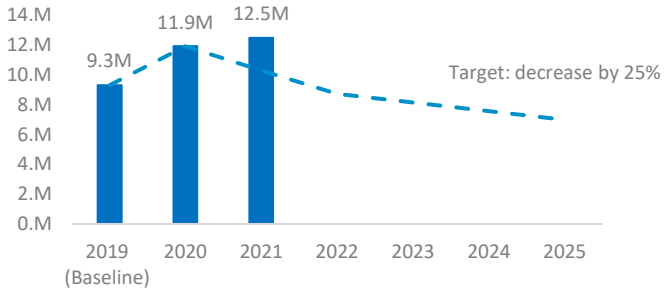


Disability-adjusted life years (DALYs) measure the number of healthy life years lost due to disability or premature death. Reduction in overall disease burden from vaccine-preventable diseases is one of the ultimate impact measures of Gavi support.

More than 59m future disability-adjusted life years (DALYs) were averted by Gavi-supported vaccinations in 2021.

This indicator will be updated in Sept 2023.

M.4: Reduction in number of zero-dose children – *Updated Sept 2022*

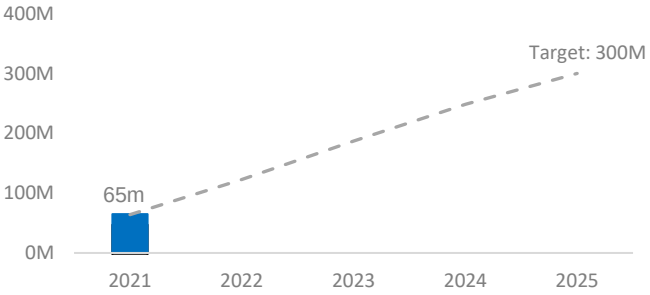


The indicator serves as an equity measure, giving an indication of the reach of routine immunisation services to missed communities, with an emphasis on regularly reaching children who are being missed by routine immunisation.

In 2021, there were 12.5m zero-dose children in Gavi57 countries, representing a 34% increase since 2019.

This indicator will be updated in Sept 2023.

M.5: Unique children immunized through routine immunisation with Gavi – *Updated Sept 2022*



This indicator tracks the number of children immunized with the last recommended dose of at least one vaccine delivered through routine systems with Gavi support.

Countries immunized more than 65 million unique children through routine immunisation with Gavi support in 2021. As of 2021, Gavi-supported countries have immunized more than 981 million unique children with Gavi support since 2000.

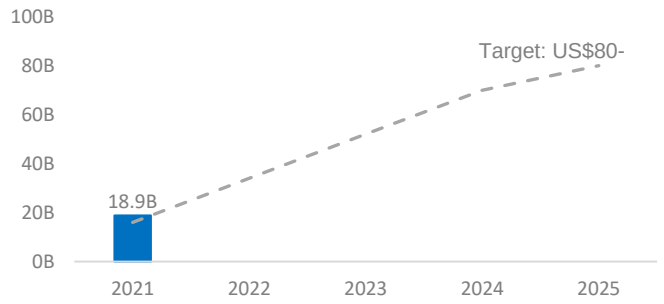
This indicator will be updated in Sept 2023.

M.6: Economic benefits generated through Gavi-supported immunizations – *Updated Sept 2022*

Gavi-supported vaccines have impact beyond health benefits to include the direct and indirect economic benefits of averting illness, death, and long-term disability.

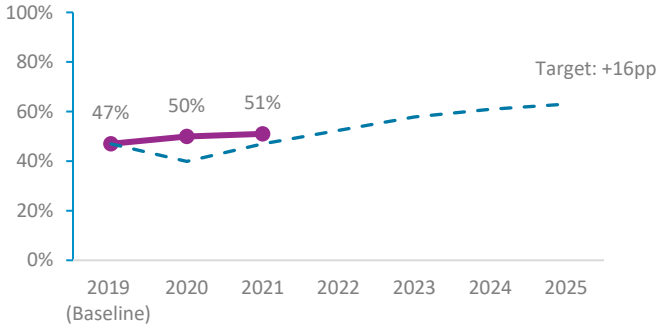
In 2021, more than US$18.9 billion of economic benefits were generated through Gavi-supported immunizations.

This indicator will be updated in Sept 2023.



Strategy Goal 1: Introduce and scale up vaccines

S1.1: Breadth of protection – *Updated Sept 2022*

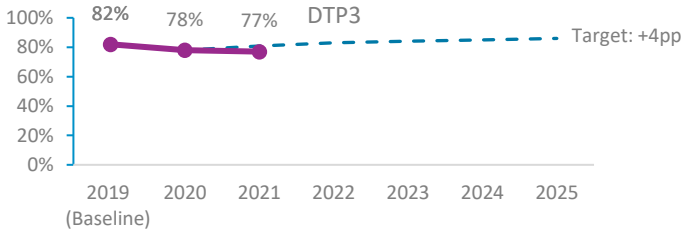


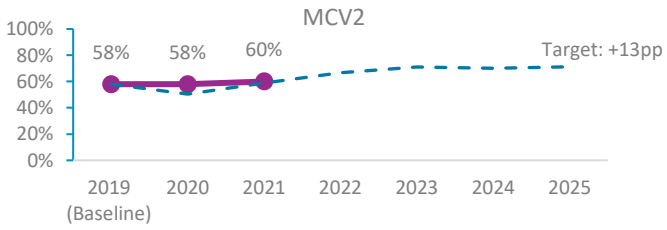
Summary measure of prioritized vaccine introductions, rate of scale up of newly introduced vaccines, and vaccine coverage; this measures the extent to which countries have introduced and scaled up Gavi-supported vaccines.

Gavi57 saw BOP of 51% in 2021 against an implied target of 63% by 2025 (+16pp from 2019).

This indicator will be updated in Sept 2023.

S1.2: Vaccine coverage (SDG indicator 3.b.1): DTP3, MCV2, PCV3, HPV2 – *Updated Sept 2022*





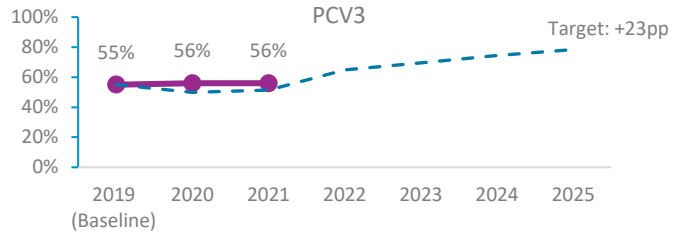
Measures access to four vaccines, including the newly available or underutilized vaccines, at the national level.

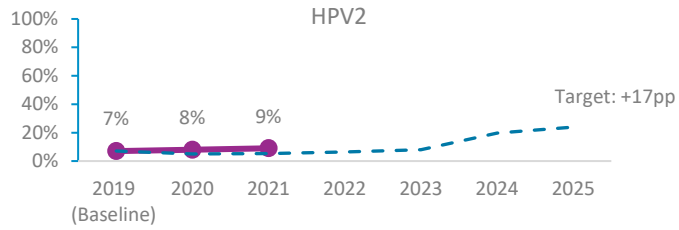
Across the 4 vaccines in SDG 3.b.1, MCV2, PCV3, and HPVC were all trending slightly higher in 2021 than originally projected when Gavi 5.0 targets were set, whereas DTP3 coverage was off track.

DTP3 coverage in Gavi57 overall decreased from 82% in 2019 to 77% in 2021, a decrease of -5pp. 8 (14%) Gavi57 countries saw an increase in DTP3 coverage from 2019 to 2021, and 34 (60%) had an estimated decline in DTP3 coverage.

Similar to PCV3, MCV2 coverage among Gavi57 also increased slightly from 2019 to 2021, from 58% to 60% respectively. MCV2 coverage increased in 21 (37%) Gavi57 countries from 2019 to 2021, and 19 (33%) experienced a decrease in MCV2 coverage.

Among Gavi57 countries, PCV3 coverage increased slightly from 55% in 2019 to 56% in 2021. 11 (19%) Gavi57 countries experienced an increase in PCV3 coverage from 2019 to 2021, 27 (47%) saw a decrease in PCV3 coverage.

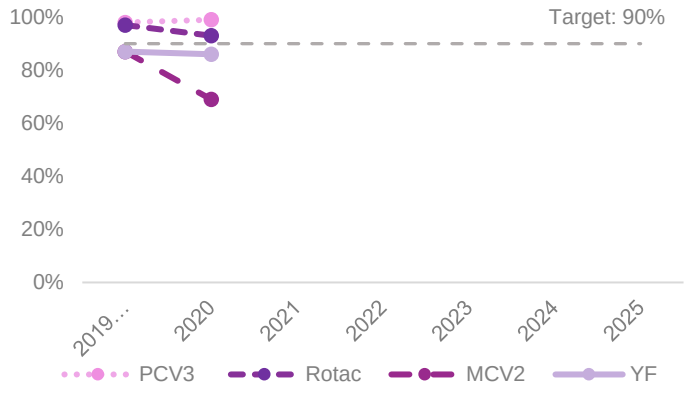




At the portfolio level, HPVC coverage increased modestly among Gavi57 countries, from 7% in 2019 to 9% in 2021. HPVC coverage increased in 10 (18%) Gavi57 countries from 2019 to 2021, and 5 (9%) saw a decrease in HPVC coverage.

This indicator will be updated in Sept 2023.

S1.3: Rate of scale-up of new vaccines: PCV3, Rotac, MCV2, YF – *Updated Sept 2022*



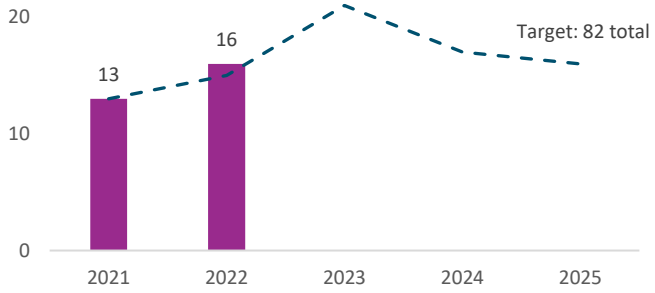
This metric evaluates whether new introductions are achieving high coverage within a reasonable timeframe as measured by WUENIC data.

In 2021, coverage of the new vaccines relative to the benchmark vaccines in 2021 was as follows: PCV3 98%, Rotac 96%, YFV 91%, MCV2 78%.

Coverage of MCV2 (relative to the benchmark vaccine of MCV1) is the only vaccine under the target of 90% relative coverage with a decline in 2021, driven by slower scale up in several countries that introduced MCV2 just before the COVID-19 pandemic.

This indicator will be updated in Sept 2023.

S1.4: Vaccine introductions – *Updated April 2023*



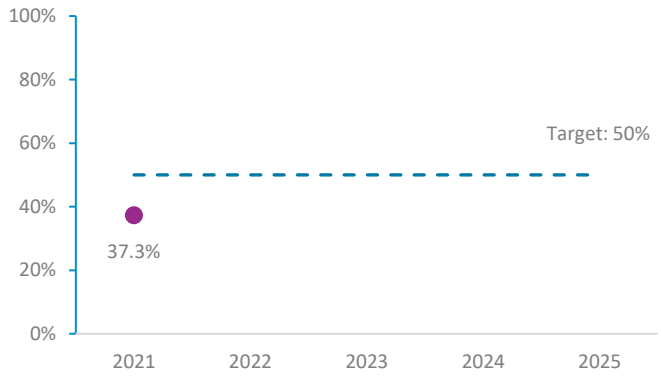
This indicator allows us to monitor incremental change in numbers of countries introducing under-used vaccines into the routine immunisation schedule, with Gavi support.

In 2022, 16 new routine introductions took place against a target of 15. The cumulative total for introductions 2021-22 is 29, which is on track against the total target of 82 routine introductions by 2025.

S1.5: Country prioritisation of vaccines

Indicator held in abeyance pending ramp-up of VIS agenda.

S1.6: Measles campaign reach – *Updated Sept 2022*

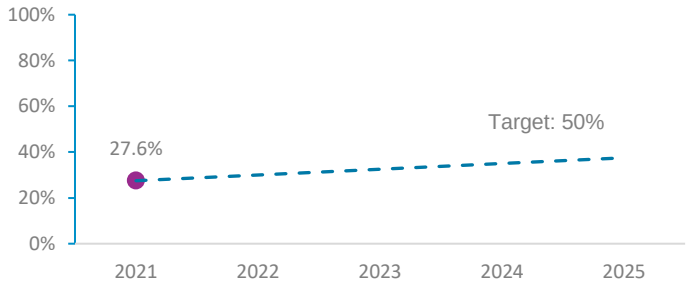


Measures the reach and quality of Gavi-supported MCV campaigns.

In 2021, 37.3% of under 5 children previously unvaccinated against measles received an MCV dose in a Gavi-supported preventive MCV campaign.

This indicator will be updated in Sept 2023.

S1.7: Timely outbreak detection and response – *Updated Sept 2022*



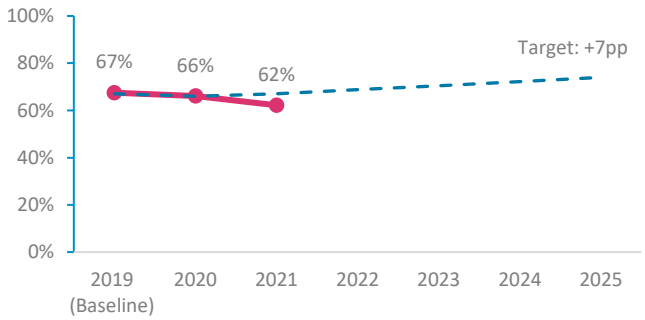
Monitors timeliness of responses to vaccine-preventable disease outbreaks for diseases for which there are established outbreak global response mechanisms (measles, yellow fever, meningococcus, cholera and Ebola).

In 2021, the proportion of globally supported outbreak responses which met the timely detection and response criteria for 2021 is 27.6%, slightly above the 2021 milestone of 27.5%.

This indicator will be updated in Sept 2023.

Strategy Goal 2: Strengthen health systems and equity in immunisation

S2.1: Geographic equity of DTP3 coverage – *Updated Sept 2022*



By focusing on performance among the lowest coverage districts, this indicator measures how well Gavi-supported countries are able to increase coverage in areas with the limited access to immunisation services.

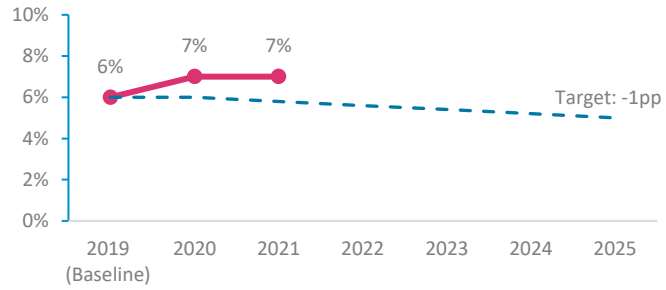
Geographic equity of DTP3 coverage fell to 62% in 2021, down from 67% in 2019. This indicator is based on the average unweighted DTP3 coverage in the 20% of districts with the lowest coverage in each country, demonstrating that the most vulnerable districts have taken a substantial step back in 2021.

This indicator will be updated in Sept 2023.

S2.2: DTP dropout – *Updated Sept 2022*

This indicator is defined as the drop-out rate between first and third doses of diphtheria-tetanus-pertussis-containing vaccines.

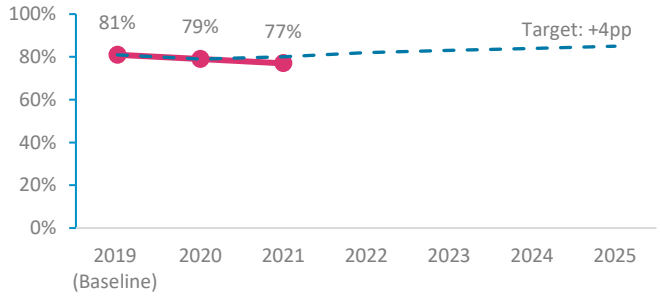
DTP drop-out increased overall in Gavi57 countries from 6% in 2019 to 7% in 2021. In 2021, no progress was made towards the target of a 1pp reduction by 2025. As compared to last year's WUENIC estimates, it is now estimated



that drop-out increased by 1pp between 2019 and 2020 (6% to 7%).

This indicator will be updated in Sept 2023.

S2.3: MCV1 coverage – *Updated Sept 2022*

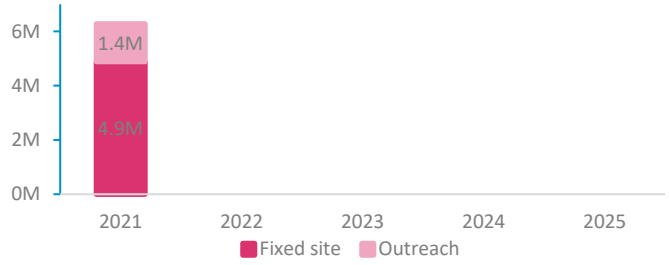


This indicator aims to measure access to measles-containing vaccines through routine immunisation.

At portfolio level, MCV1 coverage patterns in 2021 were similar to those of DTP3. MCV1 coverage in Gavi57 countries decreased by 2pp between 2019 and 2020, falling from 81% to 79%. It then fell again by 2pp between 2020 and 2021, dropping from 79% to 77%.

This indicator will be updated in Sept 2023.

S2.4: Number of immunisation sessions – *Updated Sept 2022*

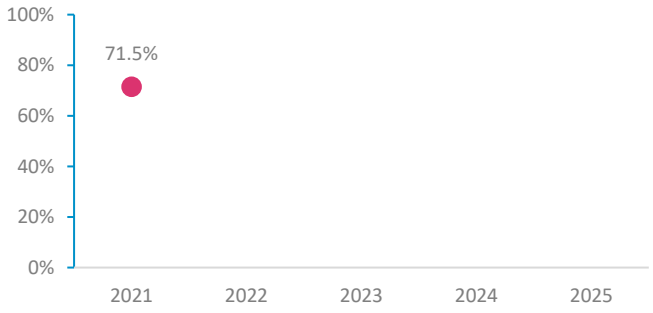


Increasing immunisation sessions is a key desired output of HSS investments, and an intermediate result in the causal pathway to increasing vaccine coverage.

In 2021, 6.3m immunisation sessions were conducted in Gavi-supported countries, with 4.9m taking place in fixed site facilities and 1.4m in outreach facilities.

This indicator will be updated in Sept 2023.

S2.5: Stock availability at facility level – *Updated Sept 2022*



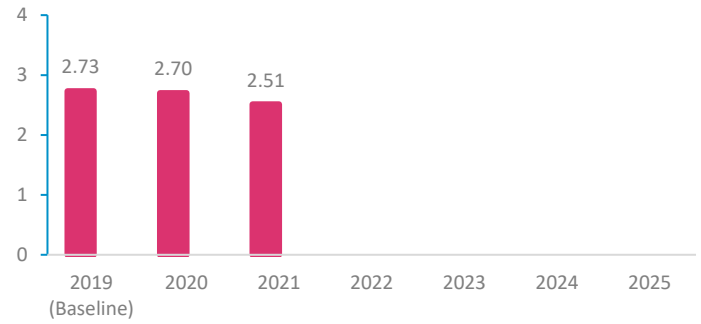
This indicator measures the capacity of countries to forecast and distribute vaccines to health facilities making them available when needed to reach zero dose children.

On average, full stock availability for both DTPcv and MCV at the service delivery level across Gavi57 countries was 71.5% in 2021.

Data quality issues related to reporting accuracy, completeness, and interpretation of this indicator, per triangulation with EVMA reports, limit generalizability of these findings.

This indicator will be updated in Sept 2023.

S2.6: EPI management capacity – *Updated Sept 2022*



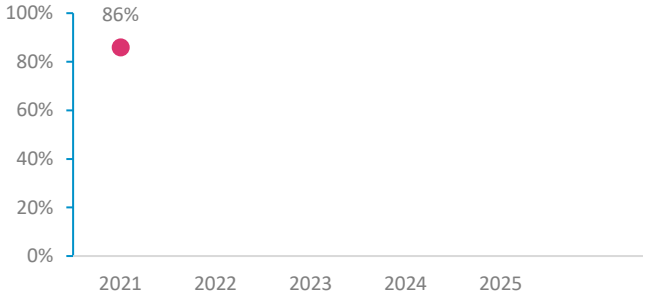
Strengthened institutional capacity for programme management and monitoring is on the critical pathway to programmatic and financial sustainability.

Data from 37 countries show deterioration of capacity in the last two years, down to 2.51 in 2021. Improvements in capacity in previous years were nullified in 2021.

Note: LMC redesign is currently still underway, with review and update of results framework planned in Q4 2022. Future values of this indicator will likely not be comparable to 2021 value, due to potentially different assessment.

This indicator will be updated in Sept 2023.

S2.7: Percent of countries implementing tailored plans to overcome demand barriers – *Updated Sept 2022*



Indicator provides insights into demand-related causes of success or failure for vaccination; helps to drive actions. Methods for measuring progress on demand are still evolving. A process-focused measure based on data reported by countries to the JRF suggests that in 2021, 49 out of 57 countries (86%) of Gavi countries reported implementing behavioral or social strategies to address under-vaccination.

This indicator will be updated in Sept 2023.

S2.8: Percent of countries addressing gender-related barriers – *Updated Sept 2022*

Most countries delayed their Full Portfolio Planning (FPP) processes in 2021. However, support for gender analysis and programme design and implementation was provided to Mozambique, South Sudan, Afghanistan, Pakistan, Kenya and Rwanda. In South Sudan, the analysis found that there was a lack of men's involvement in immunisation programming despite their role in decision-making in the family and that services were not available at appropriate times or locations for female caregivers. In Kenya, geospatial mapping helped identify broad regions in the northern and north-eastern parts of Kenya where gender-related social disadvantage coincides with low immunization coverage (less than 80% DPT1 coverage). Some simple measures are proposed such as holding vaccination services at more convenient times and locations for mothers, while more complex initiatives are also proposed such as integrating immunisation services into other health services already used by the community.

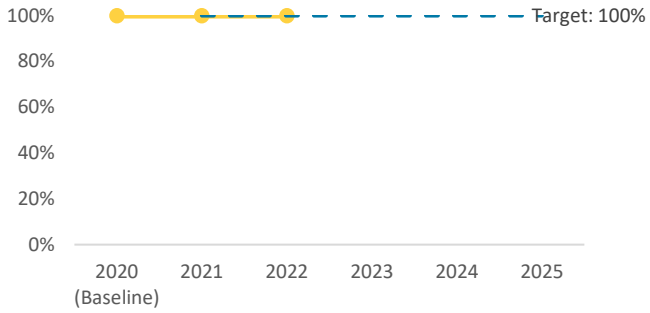
Of the two HSS applications reviewed and approved by the IRC in 2021 (Kyrgyzstan Republic and northwest of Syria), both proposals identified gender-related barriers to immunisation. These included geographic distance to health clinics, financial and cultural restrictions to women's mobility, and low education levels of women associated with lower immunisation coverage of children. The interventions needed to overcome these barriers were identified although not clearly budgeted for. A sample of the types of activities planned included having female volunteers in vaccination teams and running a KAP survey to better understand gender-related barriers (northwest of Syria) and engaging religious leaders on HPV vaccination issues and concerns to get their support to reduce withdrawals from HPV vaccination for religious reasons (Kyrgyzstan Republic).

This indicator will be updated in Sept 2023.

Strategy Goal 3: Improve sustainability of immunisation programs

S3.1: Co-financing fulfilment* – *Updated April 2023*

The fulfilment of co-financing commitments is a measure of country commitment to financing

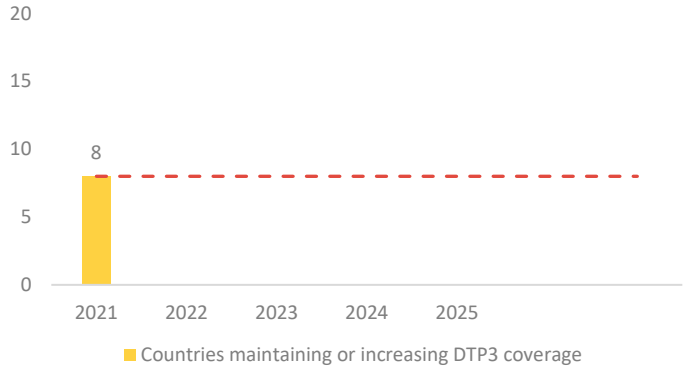


vaccines. Co-financing serves as a mechanism to support countries on a path toward greater sustainability.

In 2022, most Gavi-eligible countries have been able to maintain or increase domestic resources for co-financing of Gavi-supported vaccines. Excluding countries whose co-financing obligation was exceptionally waived*, 100% of countries fully met their 2022 co-financing obligation.

*Note: Pending decision on waiver request for South Sudan.

S3.2: Preventing backsliding in Gavi-transitioned countries – *Updated Sept 2022*



This indicator measures the sustainability of immunisation systems in former-Gavi countries, as demonstrated through the capacity to maintain or increase DTP3 coverage following transition from Gavi support – reflecting Gavi's new approach to engaging with middle-income countries.

As of 2021, 8 former-Gavi MICs-eligible countries maintained or increased DTP3 coverage in 2020 and 2021 compared to 2019, while 9 MICs-eligible countries did not maintain DTP3 coverage.

This indicator will be updated in Sept 2023.

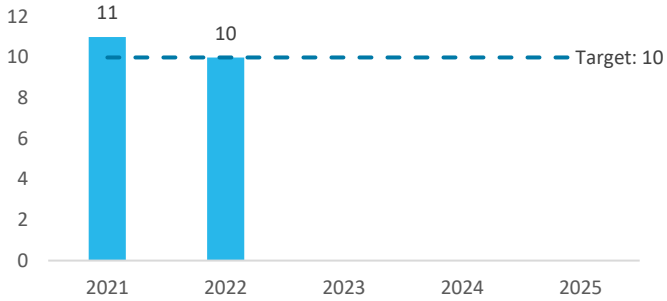
S3.3: Vaccine introductions in Gavi-transitioned and never-Gavi eligible countries

New vaccine introductions are a core driver of Gavi's achievement through the MICs Approach. This indicator measures the number of new vaccine introductions (PCV, rotavirus, HPV) in former- and never-Gavi countries eligible under the MICs Approach.

The MICs approach was approved by the Gavi Board in June 2022, and no introductions occurred in former- and never-Gavi MICs in 2022. As such, this indicator will be reported on for the first time in April 2024.

Strategy Goal 4: Ensure healthy markets for vaccines and related products

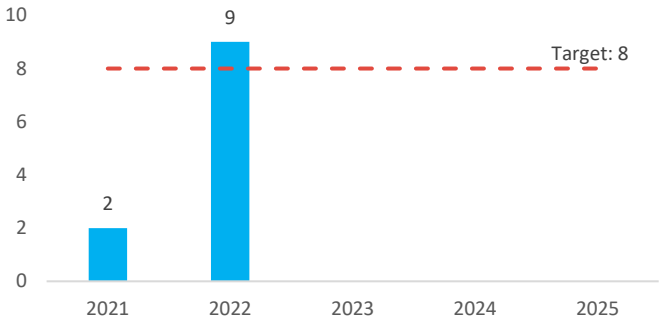
S4.1: Healthy market dynamics – *Updated April 2023*



Number of markets exhibiting sufficient levels of healthy market dynamics to ensure sustainable market dynamics for vaccines and immunisation-related products at affordable prices.

10 markets were assessed as exhibiting acceptable levels of healthy market dynamics, compared to 11 in 2021 and against a target of 10. The market that regressed in 2022 was Rotavirus (RV).

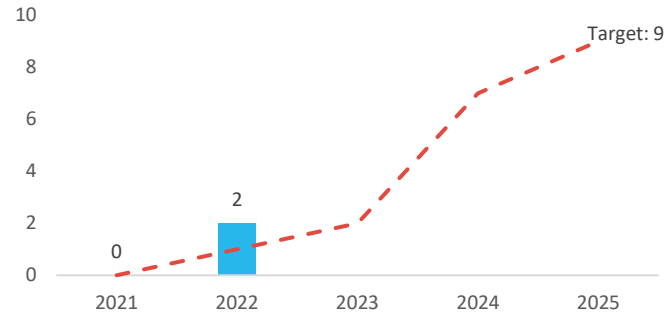
S4.2: Incentivize innovations – *Updated April 2023*



Number of innovative products within the pipeline of commercial-scale manufacturers to ensure the availability of quality and suitable vaccines products for countries.

The Vaccine Innovations Prioritisation Strategy sees continued success with unprecedented progress. In 2022, five MAP pipeline candidates have made progress in R&D and two products have received approval for CTC labelling. The progress in 2022 has brought the overall achievement to 9, meeting the Alliance target for 2025 well in advance of schedule.

S4.3: Scale-up innovations – *Updated April 2023*



Number of vaccines and immunisation-related products with improved characteristics procured by Gavi, which gives an indication of whether countries are adopting products with improved characteristics for use.

Two new products with improved characteristics were procured in 2022. A liquid rotavirus vaccine was procured, improving the ease of delivery for healthcare workers. A new presentation for a yellow fever vaccine was also procured, changing from ampoule to vial containers, improving its cold chain footprint.