CEO Board Report

Seth Berkley, MD Chief Executive Officer

GAVI Alliance Board meeting Geneva, Switzerland

11-12 June 2013

Overview of presentation

- Results
- Accelerated vaccine support
- Hot topics
- Expenditure and resources horizon view
- Opportunities and challenges
- Board agenda: key decisions and discussions



Progress Report 2012 launched today Print and multimedia package





Impact in the Meningitis Belt



Impact:

Number of MenA cases:

	2008	2012
Niger	842	0
Burkina Faso	156	0
Mali	16	0



Price of vaccine package falls

Change in the total cost to fully immunise a child with pentavalent, pneumococcal and rotavirus vaccines Selected vaccine package price (US\$)



^{*} Future targets are not publicised to avoid setting a minimum price.

April 2013:
 new lowest price for pentavalent vaccine:
 US\$ 1.19 per dose



Source: UNICEF Supply Division, 2013

HPV vaccine price drops - May 2013



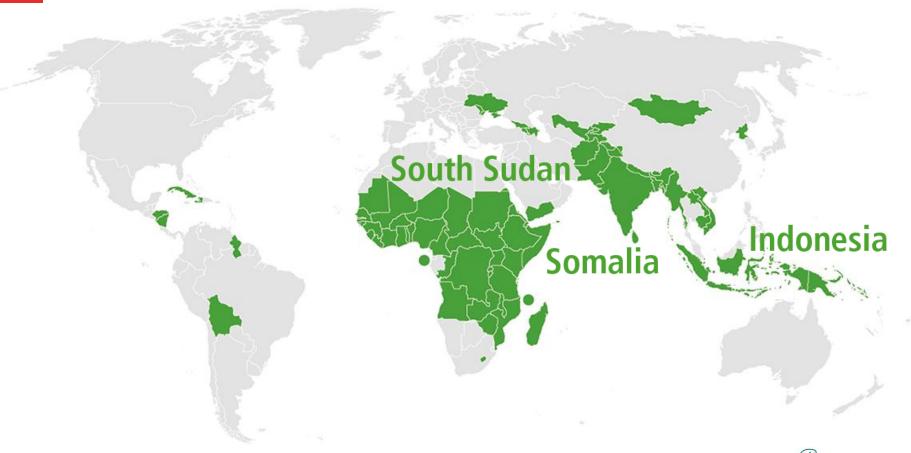








Pentavalent vaccine in all 73 GAVI countries by 2014



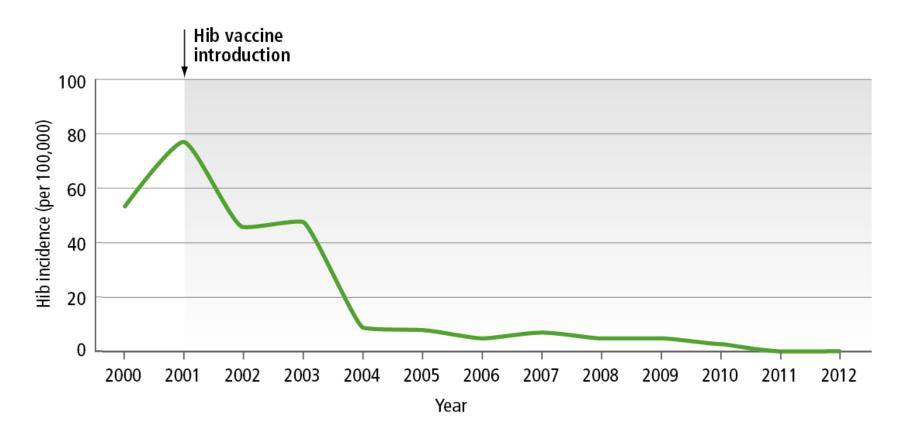
Source: GAVI Alliance, 2013

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Impact on the ground

Eliminating Hib meningitis in Kenya (Kilifi district)





Donors rank GAVI in top two: MOPAN multilateral aid review - December 2012

- Multilateral Organisation Performance Assessment Network (MOPAN) includes 13 donors representing over 70% of GAVI's resources
- Country-level surveys in 15 GAVI-eligible countries
- "GAVI is strongly promoting a corporate focus on the achievement of results"
- "Relationships management is one of GAVI's strengths"
- "GAVI support of country ownership and its alignment and harmonisation...highly appreciated by survey respondents"
- Room for improvement includes indicators for Paris Declaration commitments

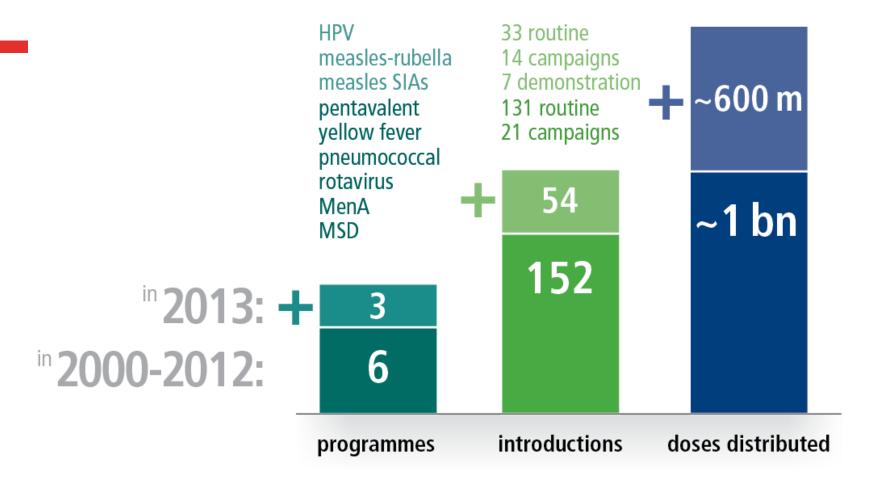
High level panel prioritises immunisation in post-2015 agenda



Accelerated vaccine support

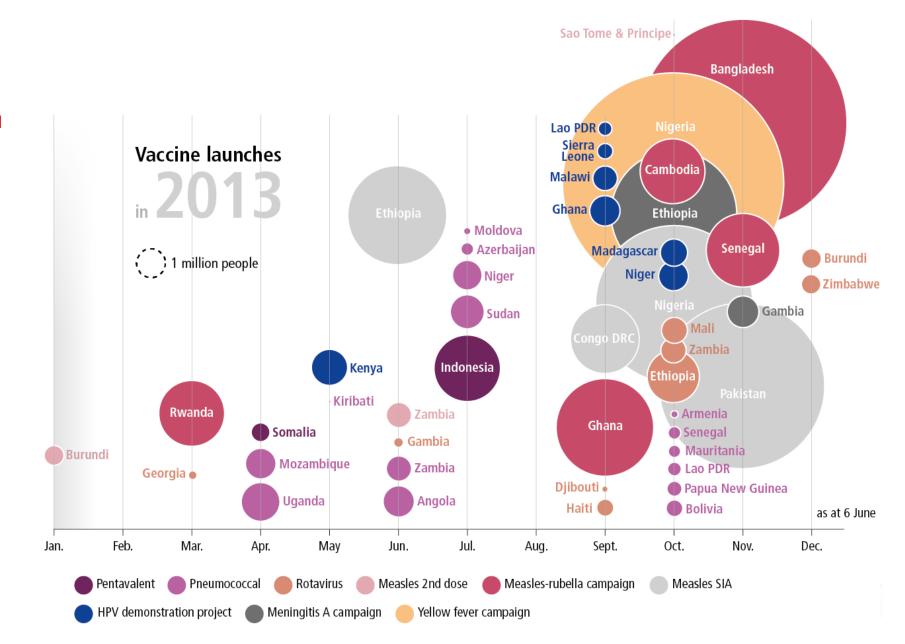


Accelerating vaccine support to developing countries





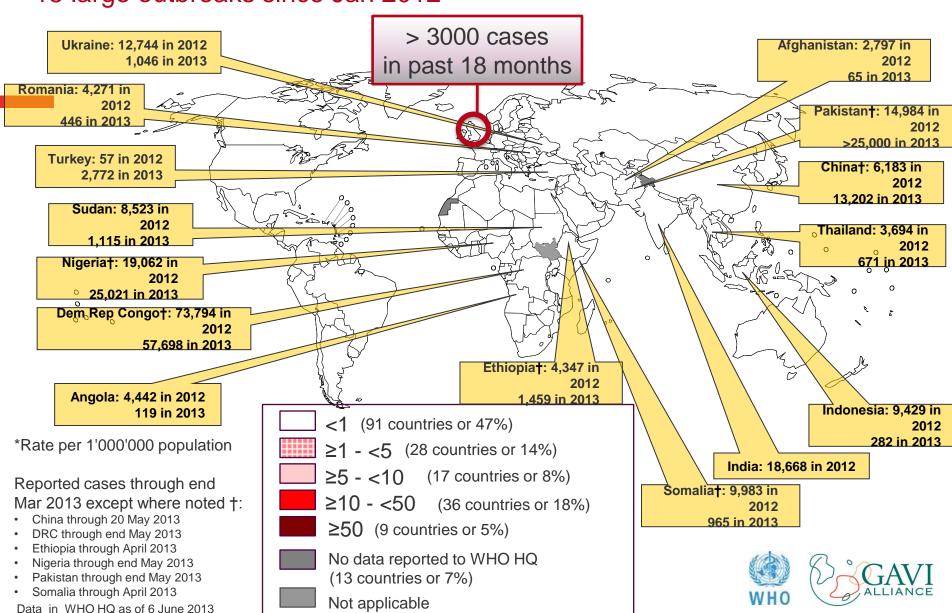
Vaccine introductions 2013



Hot topics – a quick scan around the world

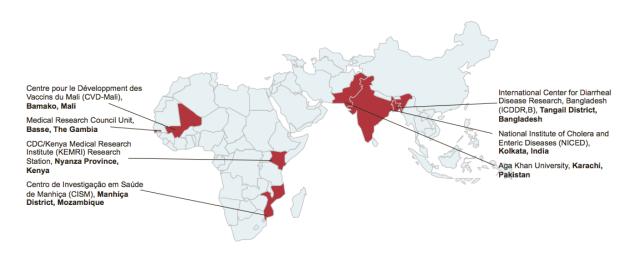


Reported Measles Incidence Rate: April 2012 – March 2013 15 large outbreaks since Jan 2012



Largest study of childhood diarrhoeal diseases confirms rotavirus as leading cause

Global Enteric Multicenter Study (GEMS)



- Study of over 22,000 children in sub-Saharan
 Africa and South Asia
- Nearly 8.5-fold increased risk of death in infancy for moderate to severe diarrhoea

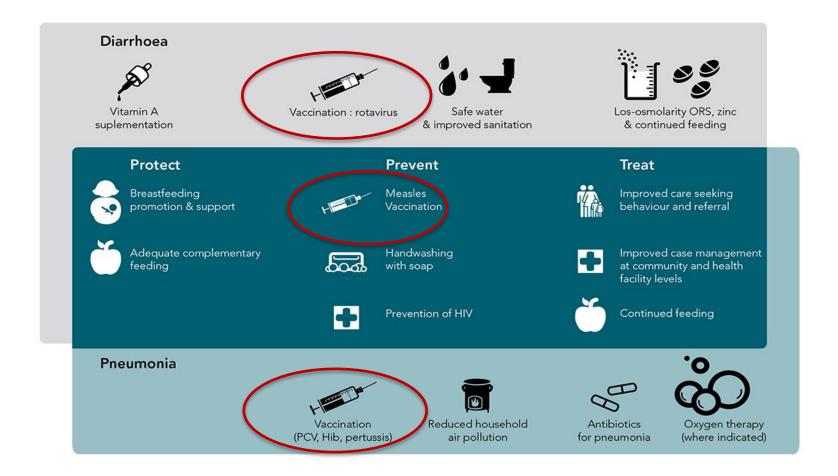
"...rotavirus is the most common cause of moderate-tosevere diarrhoea at every site during the first year of life...

"Therefore, rotavirus vaccination should be deployed in all countries"

The Lancet, 14 May 2013



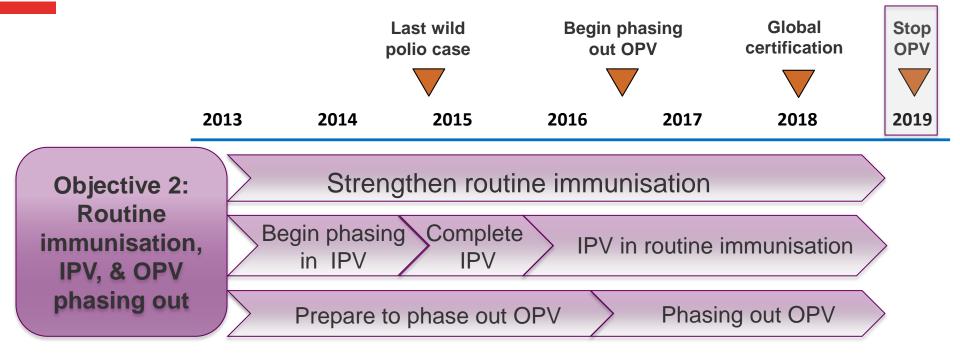
Integrated Global Action Plan for Pneumonia and Diarrhoea - WHO & UNICEF, April 2013



Source: The integrated Global Action Plan for Pneumonia and Diarrhoea, Unicef/WHO 2013 (adapted from PATH)



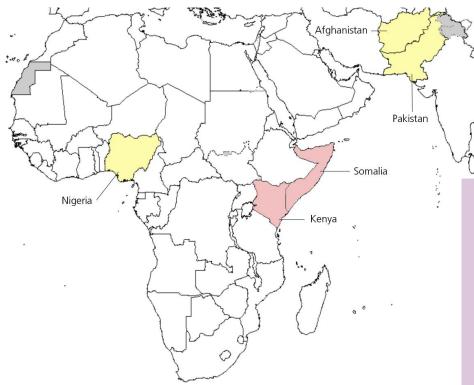
Polio Eradication and Endgame Strategic Plan (2013-2018)



2024 – estimated stop to polio vaccination



Wild poliovirus February - June 2013



- Endemic country
- Country with WPV case in previous 6 months

Excludes vaccine derived polioviruses and viruses detected from environmental surveillance.

- Historically, the lowest number of cases of wild poliovirus in the fewest countries ever
- Re-spread to countries with new outbreaks in Somalia and Kenya
- With eradication, the proportion of vaccine-derived poliovirus is growing higher



Power of vaccines recognised in prevention of noncommunicable diseases (NCDs)

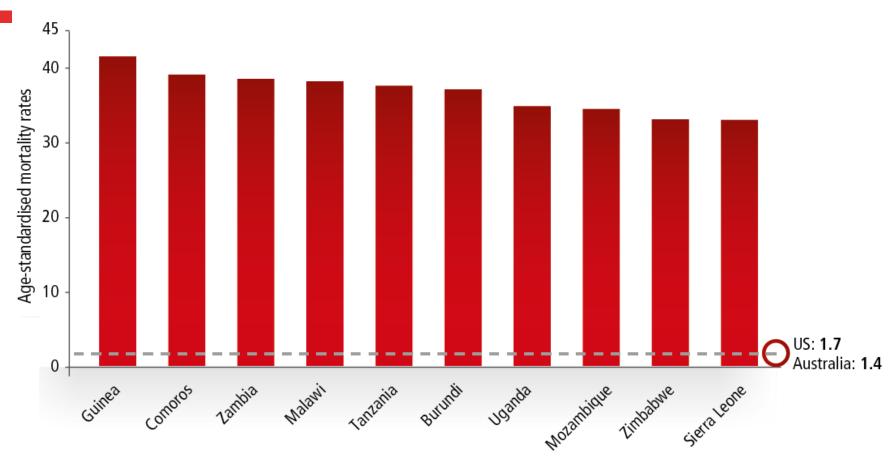
- Adoption of Global Monitoring Framework for NCDs by WHA
- Recognises vaccines in cancer prevention -Hep B and HPV vaccines are key indicators
- Becomes part of country national planning for prevention of NCDs



66th World Health Assembly, May 2013

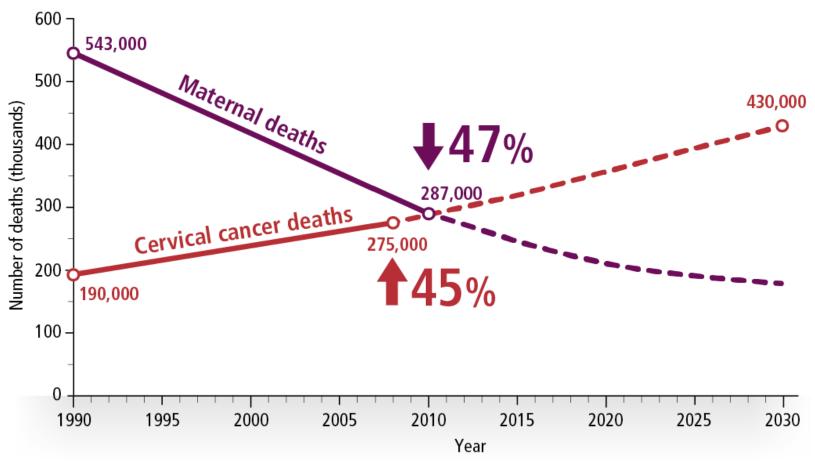


Cervical Cancer Global Crisis Card: top 10 mortality rates are GAVI-eligible countries





Global maternal and cervical cancer mortality





Ten countries approved for HPV vaccine demonstrations

- Kenya
- Ghana
- Lao PDR
- Madagascar
- Malawi
- Niger
- Sierra Leone
- Tanzania
- Mozambique
- Zimbabwe



Mariam, first girl to receive GAVI-supported HPV vaccine – Kenya, May 2013

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HPV demo projects: examples of country choices for integrating other services

Country	Complementary interventions
Kenya	Hygiene, nutrition, de-worming
Madagascar	Adolescent sexual reproductive health and HIV AIDS prevention
Malawi	Gender-based violence
Niger	Youth friendly services



HPV vaccine partnerships













































International Agency for Research on Cancer



global cancer control









World Health Organization







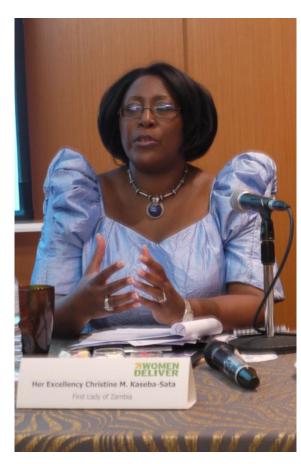






Senegal's Minister of Health and Zambia's First Lady advocate for vaccines









GAVI's new catalytic programme: measles-rubella vaccine

- Rolled out in Rwanda, May 2013
- Five more countries in 2013 –
 Bangladesh, Senegal, Cambodia,
 Ghana, Vietnam
- Campaigns catalyse self-financed routine immunisation
- Over 700,000,000 girls and boys immunised in nearly 50 countries by 2020





First baby delivered to sitting board member

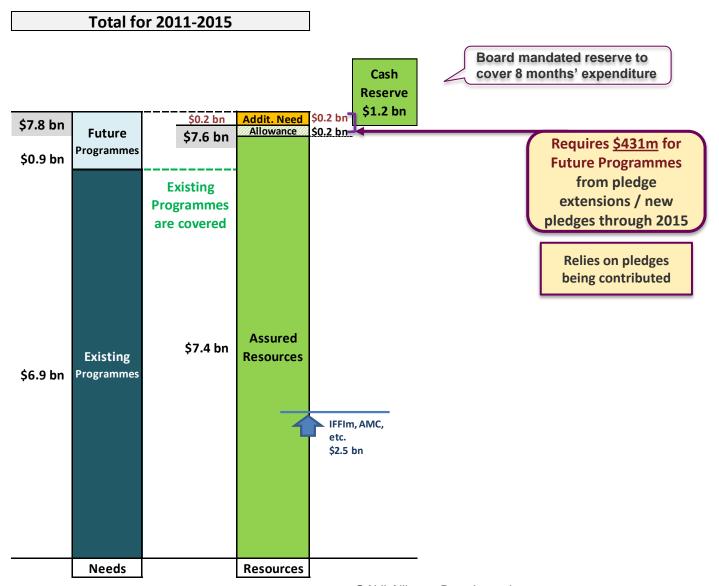




Expenditure and resources

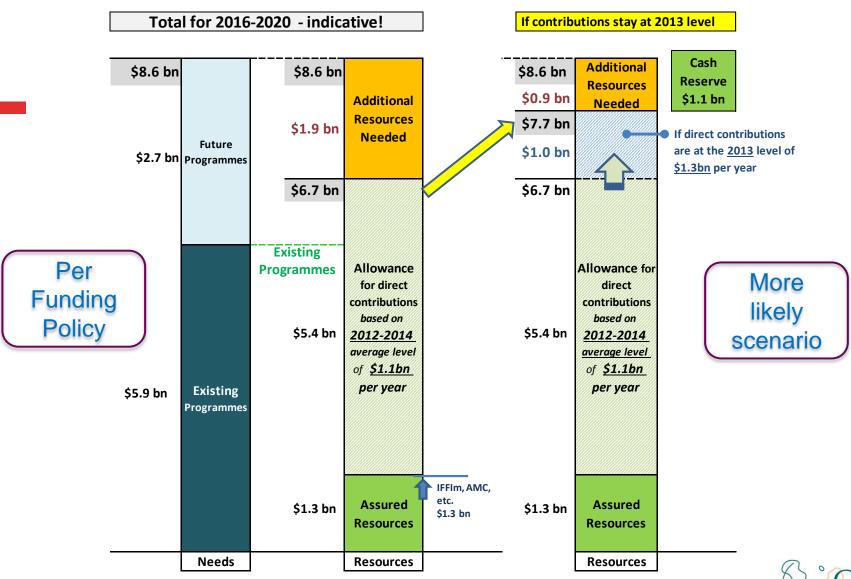


Needs and resources 2011-2015





Needs and resources 2016-2020 indicative!



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Opportunities and challenges



Alliance supply chain strategy: initial examples

Tracking and tracing vaccines through bar codes





Streamline and improve transparency of short-term forecasting

Country

Short term forecast

Global Sources

New cold chain technology to market







Private sector expertise









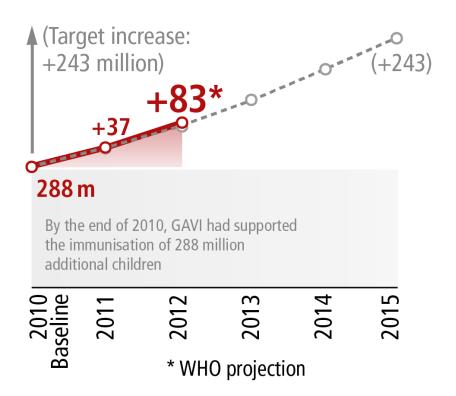


Delivering on our promise: 4 million future deaths prevented



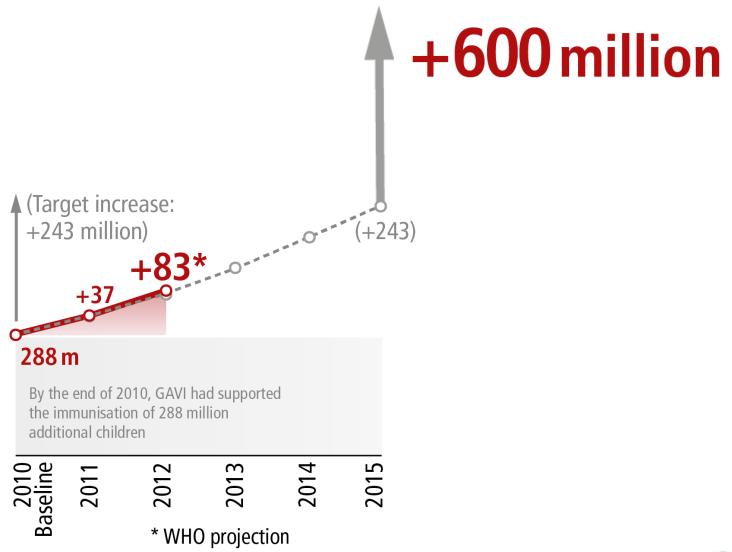


Number of additional children reached



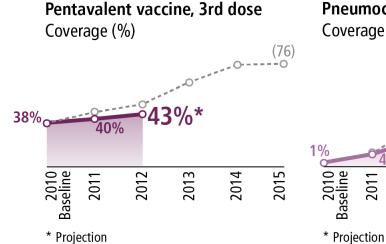


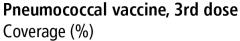
Plus people immunised through campaigns

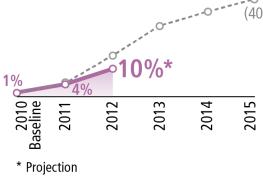




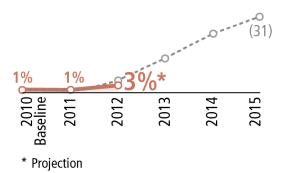
Coverage of new and underused vaccines







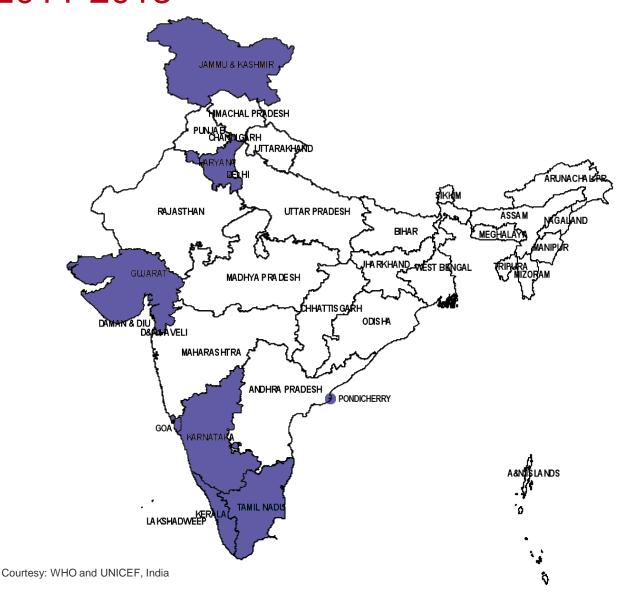
Rotavirus vaccine, last dose Coverage (%)



- Supply constraints
- Country readiness
- In-country coverage



India: pentavalent vaccine introductions 2011-2013





Supply constraints: pneumococcal and rotavirus vaccines

Pneumococcal vaccine

- High demand
- Manufacturing problems
- Supplies may not be available for new applicants until 2015

Rotavirus vaccine

- High demand for 2-dose vaccine supplies may not be available for new applicants until 2015 or 2016 at the earliest
- 3-dose vaccine available now
- New suppliers in future



India: public private partnership develops breakthrough rotavirus vaccine - *Rotavac*

- Efficacious phase 3 clinical trials halves (56%) number of severe rotavirus diarrhoea in low-resource settings – comparable to existing rotavirus vaccines
- Low price Bharat Biotech announces US\$ 1 per dose
 (3 doses)
- PPP Bharat Biotech, Gol (DBT), NIH, CDC, Stanford University, PATH, BMGF, DfID, Research Council of Norway
- Formulation issues

India: 100,000 rotavirus deaths per year



Country readiness: Uganda's pneumococcal launch













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Business Plan priority country focus: WHO and UNICEF lead on improving coverage and equity

Lowest coverage countries (<70%)

Afghanistan

DRC
Guinea
Haiti
South Sudan
Mauritania
Ethiopia
PNG
Cote d'Ivoire
Somalia
Cameroon
Timor Leste

Both low coverage and large inequities



Largest inequities in coverage

Yemen
India
Pakistan
Mozambique
Vietnam
Madagascar

WHO (and other partners) lead

Joint lead

UNICEF lead



Nigeria: encouraging developments

- Background
 - Alarming stockouts in 2011 and early 2012
 - 2011 DTP3 coverage 47%
 - Partners' concern around polio campaigns undermining routine immunisation

- Government and partners re-invigorate efforts
- Government reports 53% decline in number of unimmunised children in 12 months to March 2013



Nigeria: GAVI support

- GAVI with Government and partners developing new tailored approach – state focus
- Cash support for increasing coverage
 - Previous HSS support reprogrammed.
 - US\$ 50 m nearly half for cold chain (US\$ 21m)
 - Nigeria may request US\$ 80 m (2014-18) plus potentially US\$ 20 m in performance payment related to DTP3 and MCV1 coverage (PBF)
- Vaccine support
 - Pentavalent currently phasing in nationwide on track with ambitious plan
 - Pneumococcal approved, introduction subject to supply
 - 2013 campaigns for Meningitis A, Yellow Fever, measles



Health Systems Strengthening (HSS) support

- Focus on immunisation outcomes with performance-based funding
- More results driven:
 - Integrate campaigns into national health systems
 - Synergies with broader maternal and child health
 - Strengthening information systems/data quality
 - Better technical support and capacity building
- Stronger grant management and accountability
- More effective collaboration through the International Health Partnership (IHP+)



HSS: greater focus on results

Inputs and activities



Intermediate indicators



Outcomes



Impact

Strengthening human resources

Improving health infrastructure

Improving management (including cold chain)

Increasing community outreach

Availability of health service infrastructure

Availability of supplies & equipment

Availability of skilled health care workers

Availability of outreach services

Data availability and quality

Stockout rate

National wastage rate

GAVI mandatory indicators:

- DTP-3 coverage;
- Dropout rate (DTP1- DTP3);
- Equity in coverage (among districts and wealth quintiles);
- MCV1 coverage;
- Fully immunised child

Under 5 mortality

Under 5 mortality by cause of death, sex and age

Maternal mortality

Percentage of children under 5 years who are stunted

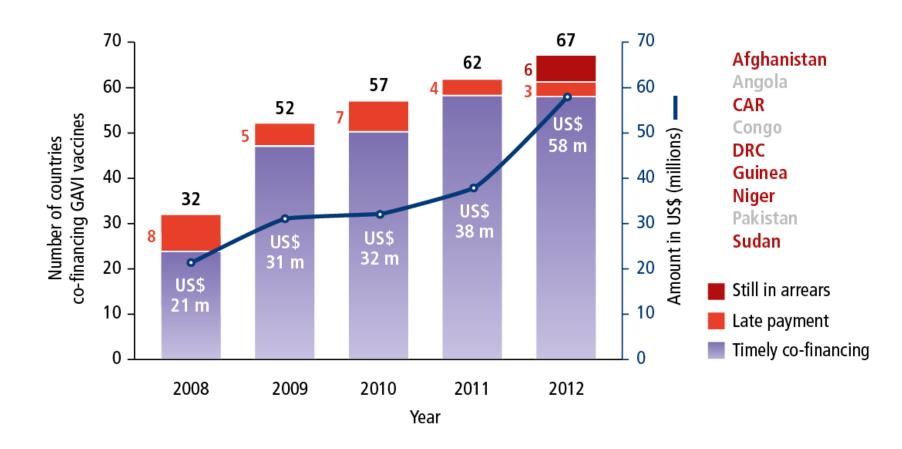


New HSS proposals: India as an example

- Last polio case 2011 significant polio infrastructure
- Applying lessons learned from states which raised routine coverage while stopping polio, and moving staff to areas with low coverage
- In parallel with Gol-WHO discussions about sustainability and integrating resources more fully into Gol systems
- Electronic Vaccine Intelligence Network will enable real-time information on cold chain temperatures and vaccine stocks
- Pilot for PPP model in Uttar Pradesh and Bihar to improve vaccine and logistics supply chain from state to last cold chain points



Co-financing: fulfilment of commitments





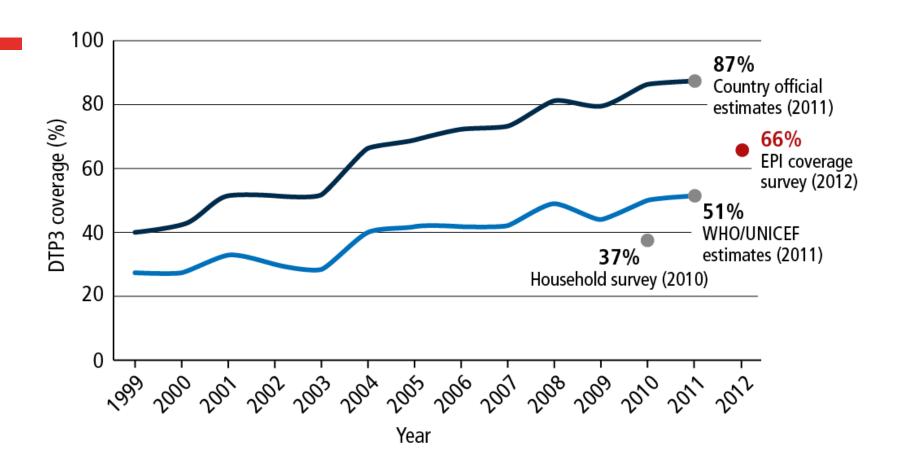
Working closely with graduating countries

- Facilitating tiered pricing
- Technical assistance
- Cross-Alliance Task Team on immunisation financing and sustainability
 - Monitoring of co-financing performance
 - Updating fiscal space analysis
 - Assessing potential bottlenecks for graduation and developing transition plans
 - Steering country, regional and global advocacy efforts on financial sustainability





The challenge of rigorous data DTP3 coverage: Ethiopia





World Bank recommits to health and GAVI

"Specific actions from the World Bank Group must be part of a wider change in how we work together as a global health community."

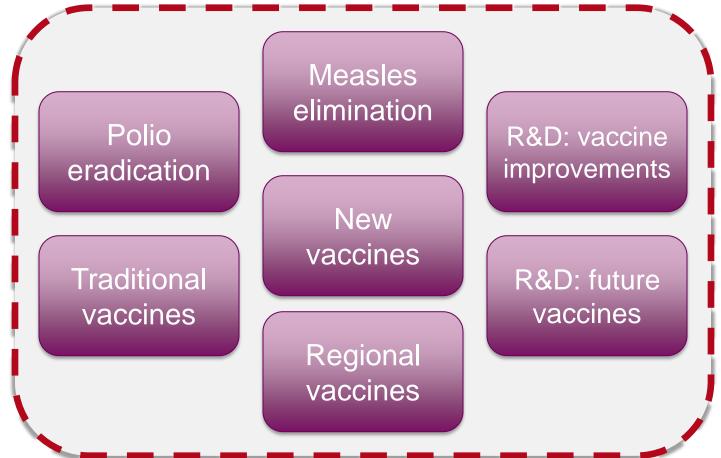
Dr Jim Yong Kim, President, World Bank, addresses World Health Assembly, May 2013





The immunisation landscape

Synergies and shared learnings





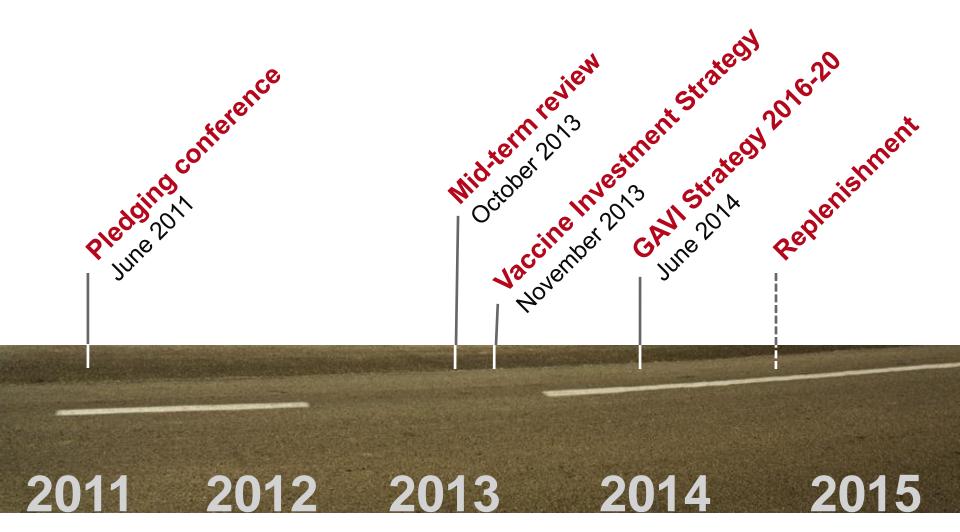
Comprehensive immunisation services



Looking ahead



Road to replenishment





Delivering on the promise: messages

The GAVI Alliance is delivering on its promise – and your role in this is vital.

Together we demonstrate:

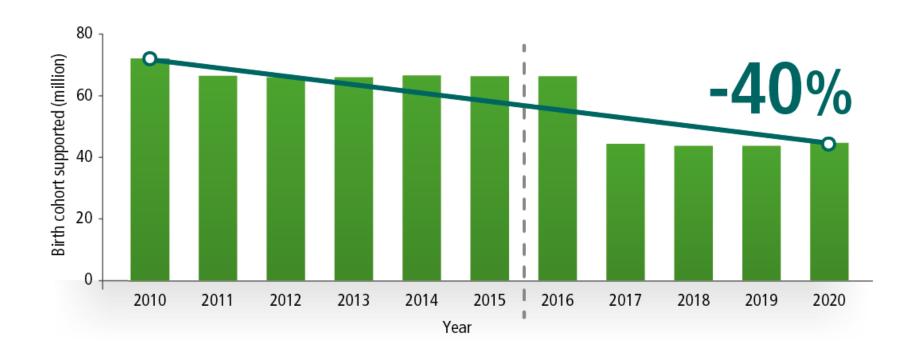
- Results, value for money and return on investment
- A sustainable business model for development
- An innovative public private partnership

Long-term, predictable funding is critical to our work of saving lives and protecting people's health.



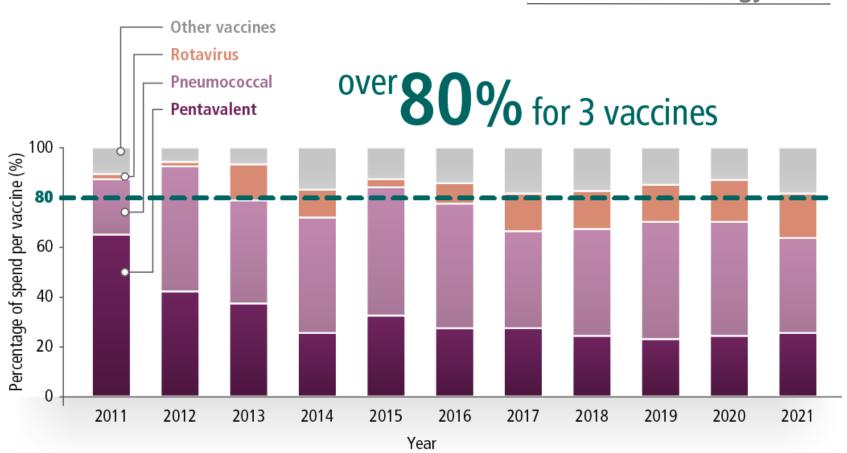
GAVI-supported birth cohort will be cut by 40% by 2020

Birth cohort of GAVI countries eligible for new support (million children)



Projected share of spend per vaccine

Excludes Vaccine Investment Strategy



Strategy Discussion Questions

Parameters for the GAVI Strategy for 2016-2020

Context

What do you think are the key contextual changes in the 2016-2020 period that could affect the strategic directions of the Alliance?

Mission

To what extent, if at all, do you think GAVI's mission should be modified?

Strategic goals

- To what extent are these appropriate for GAVI's next phase, 2016-2020?
- To what extent should GAVI place emphasis on one or another of these goals?

Eligibility

• In the next strategy period, to what extent, if at all, should GAVI's eligibility criteria be modified?

Operating model

To what extent is GAVI's current operating model appropriate/"fit for purpose"?

Operating principles

To what extent do you see these as still "fit for purpose"?

GAVI Alliance strategy development process



Expanding the base

- World Economic Forum
- Islamic Development Bank
- Vaccines Summit
- Women Deliver
- Tokyo International Conference on African Development (TICAD)













Board agenda: key decisions and themes for discussion

Key decisions:

- Inactivated polio vaccine and routine immunisation
- First decisions on Vaccine Investment Strategy
- Grant application, monitoring and review changes
- Themes for discussion:
 - Strengthening routine immunisation
 - Road towards the replenishment
 - Priority countries





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