

# CEO Board Update

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**Seth Berkley, MD**

6 June 2018, Geneva, Switzerland



# 1

## KEY DEVELOPMENTS IN OUR GLOBAL LANDSCAPE

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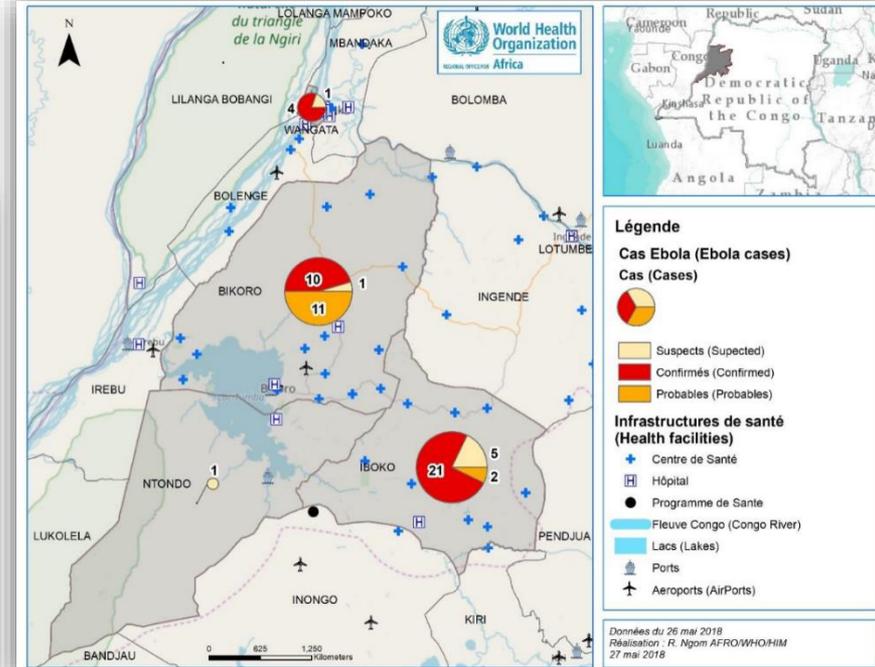
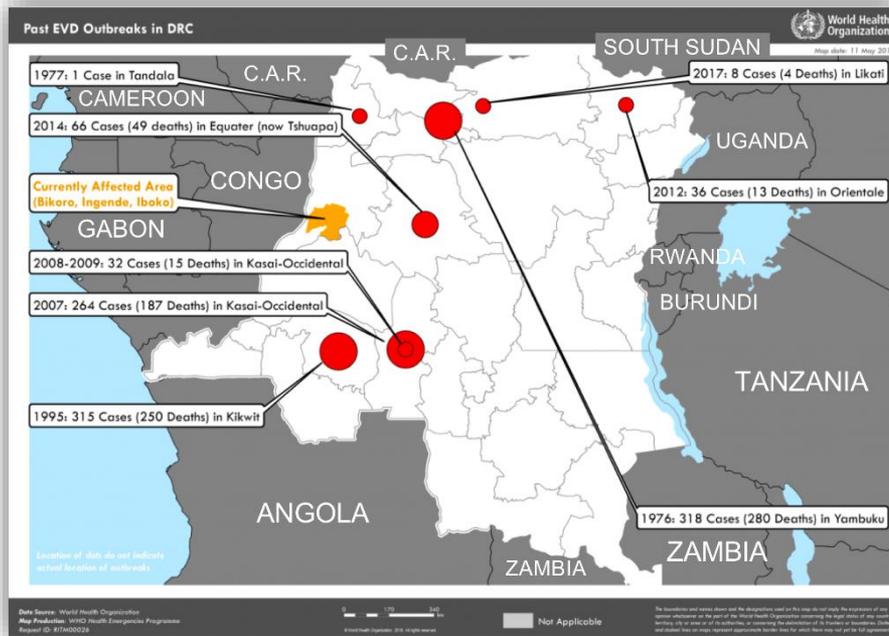
Board meeting  
6-7 June 2018

# Re-emergence of Ebola in DRC

- Ninth DRC outbreak since discovery in 1976
- 56 reported cases, 25 reported deaths
- Vaccine doses available *via* Gavi Advance Purchase Commitment (APC)
- First use of vaccine since the 2014 West African outbreak
- First dose given 13 days after outbreak declared, 1,199 vaccinated to date
- Gavi provided US\$1m for operational costs to deploy vaccine



## Ebola in DRC –historical & current



### 4 districts 29/05:

- Bikoro
- Wangata
- Iboko
- Ntondo

Source: UN dispatch, May 2018

# Milestones to Ebola vaccine availability

- **2014-2016** West African outbreak
- **2014** Board approved funding envelope for Ebola
- **2015** Gavi offered an APC to all manufacturers that had a vaccine in Phase I+
- **Late 2015** Gavi Board approved one agreement, prepayment to Merck contingent on their commitment to:
  - Apply for WHO Emergency Use Assessment Listing by end 2015
  - Ensure 300,000 doses of investigational vaccine available
  - Submit for licensure by end of 2017
- **More than 17,500 doses deployed in DRC**

**Seth Berkley** @GaviSeth  
Following

First #ebola vaccination done In Mbandaka, DRC Guillaume Ngoie Mwamba , EPI manager leads the way #VaccinesWork

6:05 AM - 21 May 2015  
218 Retweets 344 Likes

**DR Congo Ebola outbreak response: Q&A with Gavi CEO Dr Seth Berkley**

REPORT from GAVI Alliance  
Published on 19 May 2015 — View Original

Gavi CEO Dr Seth Berkley answers questions about the planned deployment of Merck ZEBOV vaccine to contain the ongoing Ebola outbreak in the north west of the Democratic Republic of Congo (DRC).

Question: What is Gavi doing to help contain the Ebola outbreak in the Democratic Republic of Congo (DRC)?

Seth Berkley: Gavi is providing US\$ 4 million in operational costs to fund ring vaccination in affected north-west DRC. Thousands of investigational doses of the rVSV-ZEBOV vaccine are arriving in the country to contain the outbreak.

Gavi was instrumental in making these investigational doses available. While the vaccine goes through the process, a stock agreement between Gavi and Merck, the developer of rVSV-ZEBOV, ensures that investigational doses of the vaccine are available in case of an outbreak. It is these doses that will be used to contain the outbreak.

Q: What will the US\$4 million pay for?

**Ngozi Okonjo-Iweala speaks on efforts to contain Ebola**

By CNBC Africa - May 25, 2018

As new confirmed cases of the Ebola virus hit the Democratic Republic of Congo, Board Chair of the Vaccine Alliance - Gavi, Ngozi Okonjo-Iweala, speaks to CNBC Africa's Christy Cole about efforts at containing the virus, immunisation for across Africa and innovative funding.  
<https://www.cnbc.com/africa/category/insights/african-development-bank/>

# Continued threat of epidemic diseases without vaccines

## Key epidemic diseases without licensed vaccines

THE TIMES OF INDIA  
INDIA

India Maharashtra Delhi Karnataka Tamil Nadu Telangana Uttar Pradesh West Bengal Gujarat

NEWS / INDIA NEWS / NIPAH VIRUS: KERALA GOVERNMENT ADVISORY AGAINST TRAVELLING TO 4 NORTHERN DISTRICTS

### Nipah virus: Kerala government advisory against travelling to 4 northern districts

PTI Updated: May 24, 2018, 10:33 IST

Download the Deep Learning eBook & Get Started in 11 Lines of MATLAB Code.  
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**HIGHLIGHTS**

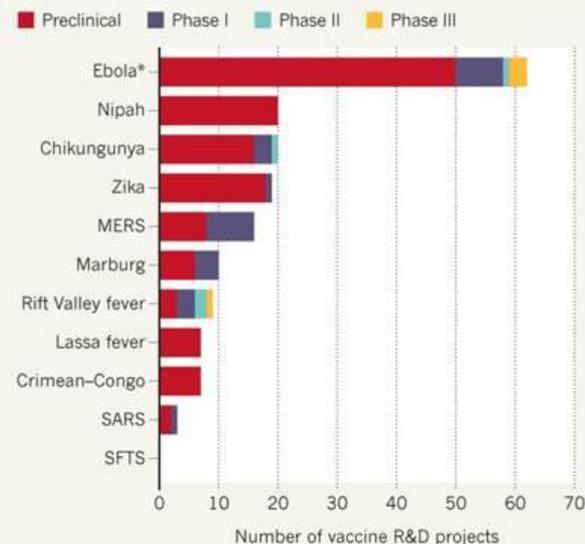
- Travellers have been advised to avoid Kozhikode, Malappuram, Waynad and Kannur
- The state government has called for an all-party meeting at Kozhikode on May 25 to discuss the issue
- Ten people have lost their lives to Nipah in Kozhikode and Malappuram districts so far

THIRUVANANTHAPURAM: With 10 deaths due to the deadly Nipah virus being

Recurrence of Nipah Kerala, India, 20 deaths confirmed

### VACCINE PIPELINES

For many dangerous pathogens, most vaccines are still at the preclinical stages of development.



\*Preclinical estimated; phase I numbers include prime-boost regimens and novel candidates.

©nature

Nature article January 2017 quoting CEPI data, D. Butler  
*Billion-dollar project aims to prep vaccines before epidemics hit*

Board meeting  
6-7 June 2018

## CEPI news

### Recent disbursements

US\$37.5m to Themis Bioscience to develop Vaccines against Lassa Fever and MERS (March)

US\$56m to Inovio to develop DNA Vaccines against Lassa fever and MERS (April)

US\$10.4m IAVI partnership to develop a VSV vaccine candidate against Lassa fever (May)

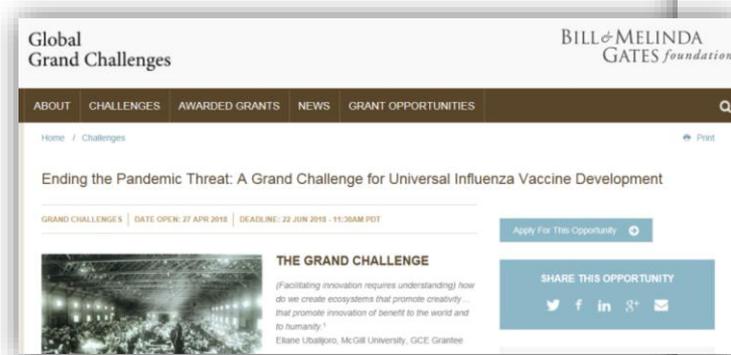


### This meeting

- Board will discuss epidemic VIS

Norway exploring use of IFFIm to frontload their support for CEPI

# A Grand Challenge for Universal Flu vaccination

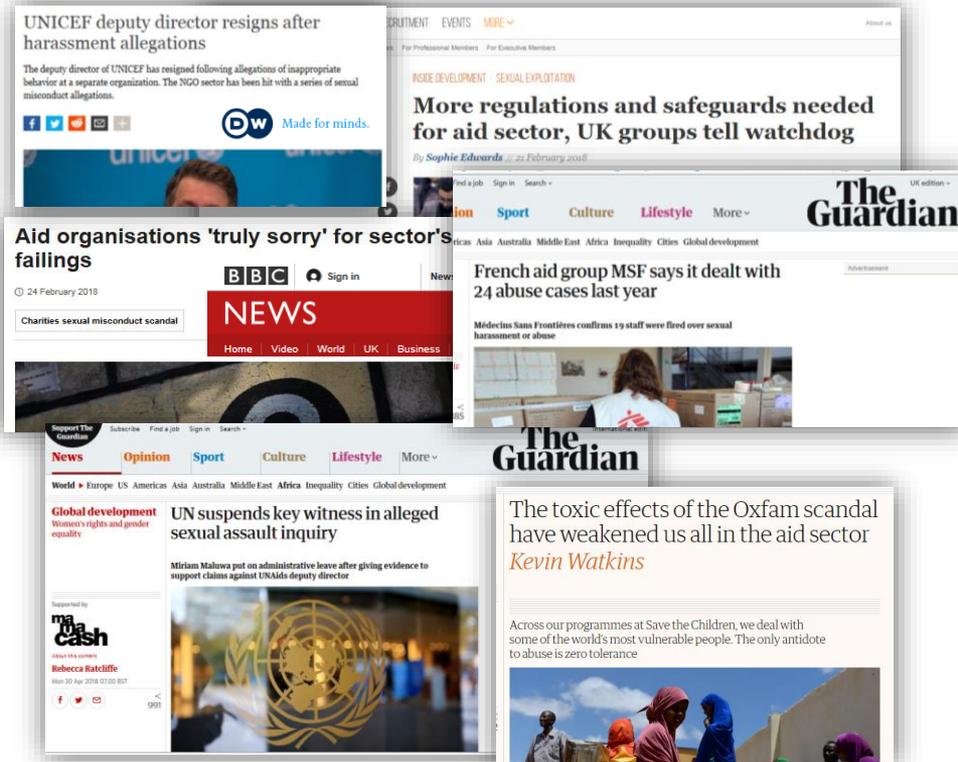


- Funding announced from BMGF & Google
- US\$ 12m seed funding with individual grants for proof of concept work

# Safeguarding - significant issue for the development sector

***What does Gavi already have in place?*** Comprehensive policies, code of conduct, training for managers, Staff Council, Ombudsman, Whistleblower hotline

***What more are we doing?*** Revising wording in contracts & policies, rolling out training to all employees, looking for synergies with partners



# Improved SDG indicators adopted



Immunisation Indicators: 2  
 Other health Indicators: 25  
 Other Indicators: 205

## Improved SDG indicators adopted:

**3.b.1** Proportion of population covered by all vaccine-preventable national programmes

Includes DTP3, PCV3, MCV2, HPV2 coverage

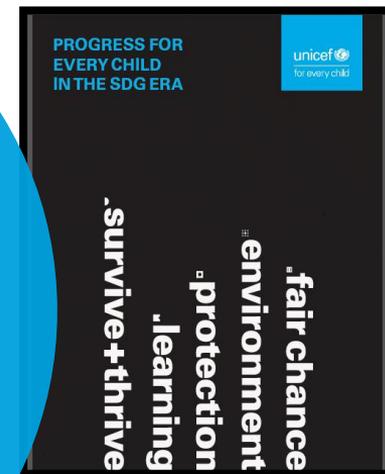
## UHC indicators adopted:

**3.8.1** Coverage of essential health services

Immunisation included as a tracer intervention

*'Over half a billion of the world's children live in 64 countries that lack sufficient data for us even to assess if they are on or off track for at least two-thirds of all child-related SDG indicators'*

*'Even for early days, the outlook the report reveals is foreboding'*



UNICEF March 2018

# Our ever complex operating environment

Roadmap for Implementing the Addis Declaration on Immunization Advocacy, Action, and Accountability



## GENERAL ASSEMBLY OF THE UNITED NATIONS

President About Meetings Main Committees News Documents All Sessions

### Schedule of General Assembly plenary and related meetings

#### SUSTAINABLE DEVELOPMENT KNOWLEDGE PLATFORM

71st session



HOME HIGH-LEVEL POLITICAL FORUM STATES SIDE SDGS TOPICS UN SYSTEM STAKEHOLDER ENGAGEMENT PARTNERSHIPS RESOURCES ABOUT



## HIGH-LEVEL POLITICAL FORUM ON SUSTAINABLE DEVELOPMENT



VOLUNTARY NATIONAL REVIEWS DATABASE



SEARCH INPUTS TO THE HLPF

INTRODUCTION OBJECTIVES SDGS FOLLOW-UP AND REVIEW MEMBERS STRUCTURE UN AND OTHER IGDs MAJOR GROUPS SECRETARIAT

HIGH-LEVEL POLITICAL FORUM

High Level Political Forum on Sustainable Development (HLPF) was is Conference on Sustainable Development



UN News

Migration, UN reform and sustainable development among 2018 priorities, says Assembly President



## H6 PARTNERSHIP

A CATALYST FOR TRANSFORMATION IN THE UN TO DELIVER HEALTH RESULTS FOR PEOPLE



uhc2030

UHC2030 is the global movement to build stronger health systems for universal health coverage

UHC2030 provides a multi-stakeholder platform to promote collaborative working in countries and globally on health systems strengthening. We advocate increased political commitment to universal health coverage (UHC) and facilitate accountability and knowledge sharing.



ABOUT THE G20

UN English Français Русский Español

## Refugees and Migrants

HOME GLOBAL RESPONSE COMPACT FOR MIGRATION COMPACT ON REFUGEE

Home

### Global Compact on Refugees



Hassan Shan camp, not accommodate people

World Health Organization

About us Health topics News Countries

Social determinants of health

WHO called to return to the Declaration of Alma-Ata

International conference on primary health care

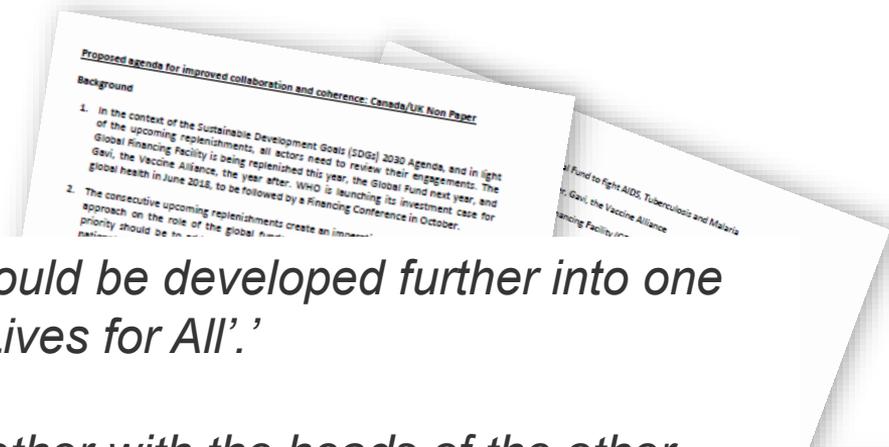
The Alma-Ata Declaration of 1978 emerged as a major milestone of the twentieth century in the field of public health, and it identified primary health care as the key to the attainment of the goal of health for All. The following are excerpts from the Declaration:

- The Conference strongly reaffirms that health, which is a state of complete physical, mental, and social well-being, and not merely the absence of disease or

### Board meeting 6-7 June 2018



## Several initiatives to simplify health architecture



*'We believe that all global efforts should be developed further into one joint 'Global Action Plan for Health Lives for All.'*



*'propose that WHO ... guides – together with the heads of the other relevant organisations – the elaboration of such a plan to be presented by October 2018 at the WHS'*

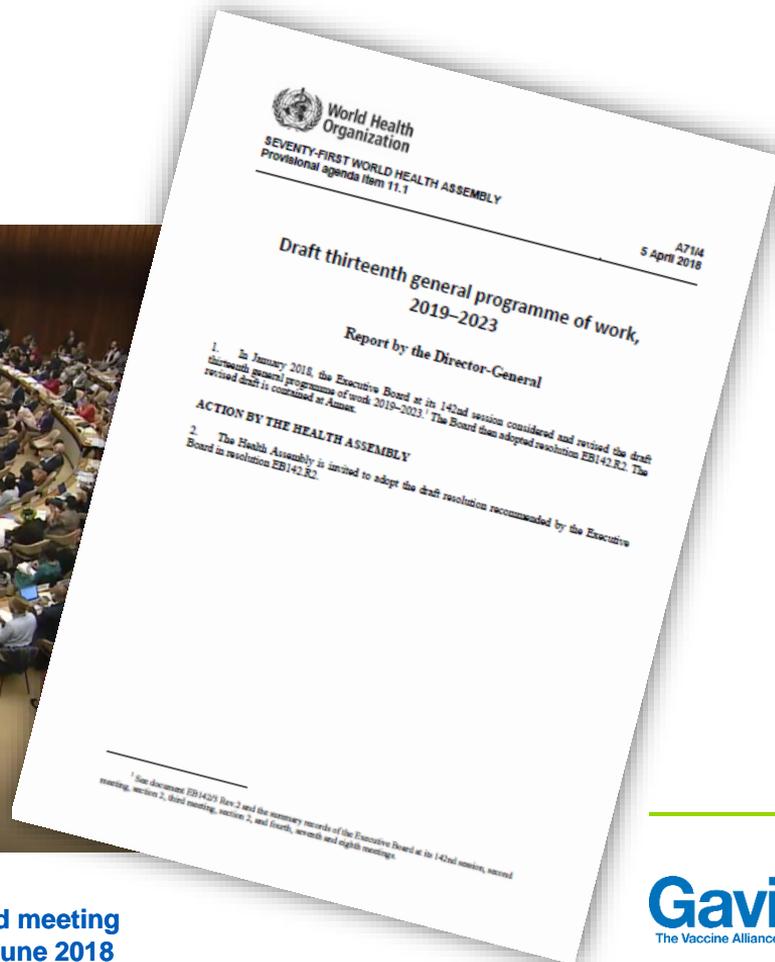
*globally and in-country – would enable improved delivery of results, particularly on: health financing; health systems strengthening; results frameworks; monitoring and evaluation; risk management; partner engagement; and global public goods'*



6-7 June 2018



# World Health Assembly 2018



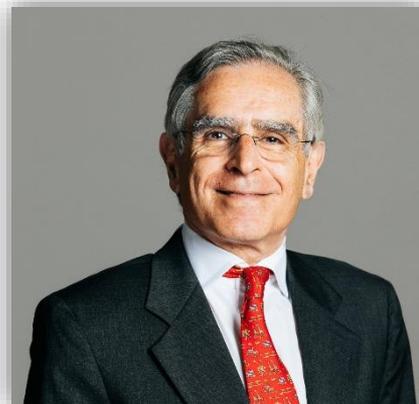
Board meeting  
6-7 June 2018

## Changes in Alliance leadership

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Henrietta H. Fore  
Executive Director  
UNICEF



Cyrus Ardalan  
IFFIm Chair

## Ministers of Finance meeting

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*An opportunity for  
Ministers to share their  
experiences &  
approaches to health  
budgeting and transitions*

# Gavi recognised by AidData: ‘Listening to Leaders’ - perceived helpfulness of development partners

## Change 2014 to 2017

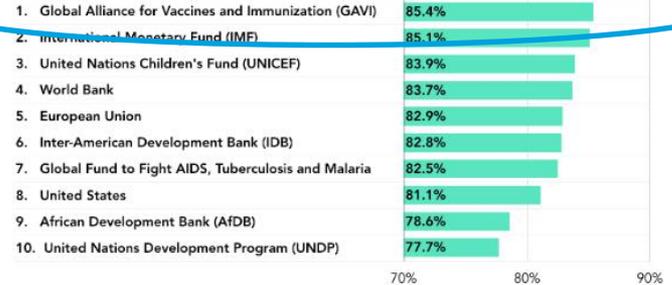
Adjusted 2014 Survey Rank* (Measuring 2004-2013)	2017 Survey Rank (Measuring 2010-2015)	Net Change
1. GAVI Alliance**	1. GAVI Alliance	0
2. IMF	2. IMF	0
3. World Bank	3. UNICEF	+2
4. GEF**	4. World Bank	-1
5. UNICEF	5. European Union	+3
6. Denmark	6. IDB	+1
7. IDB	7. Global Fund	+3
8. European Union	8. United States	+5
9. Sweden	9. AfDB (Africa)	+7
10. Global Fund	10. UNDP	+5



## Listening to Leaders 2018

Which partners receive the highest marks for helpfulness in implementation?

### Most Helpful Partners



Helpful defined as being of assistance in implementing policy changes

# The road to Mid-Term Review

Got vaccines? Got life!

MONDAY, MAY 28 2018 | Forex Advertising

THE GULF TIME

## EMIRATES BUSINESS

### UAE TO HOST GAVI 2018 MID-TERM REVIEW IN DEC

Admin April 18, 2018 Local News

Abu Dhabi / WAM

Reem bint Ibrahim Al Hashimy, Minister of State for International Cooperation, announced that the UAE will host the Gavi 2018 mid-term review. The high-level conference will be held in Abu Dhabi on December 10-11, and will lay out a vision for the future of the Gavi model, providing an opportunity to take stock of Gavi's performance halfway through the current strategic period 2016-2020.

The conference will outline new ways of working with partners, allowing Gavi to forge new alliances with private sector and adopt transformative solutions to advance the global immunisation agenda. At its 2015 replenishment conference in Berlin, Gavi committed to immunise 300mn additional kids in 2016-2020 strategic period, saving five to six million lives, and securing economic benefits of \$80-100 billion globally.

The mid-term review will assess Gavi's progress towards this ambitious goal. It will also be an opportunity to celebrate the 10th anniversary of Gavi's trailblazing innovative finance instruments, such as vaccine bonds through International Financing Facility for Immunisation and Advance Market Commitment for pneumococcal vaccine. UAE was the first Gavi donor from MENA region, making its first commitment of \$33 million to Gavi in 2011.

Our mid-term review will take place in the United Arab Emirates in December this year



As one of @Gavi's first donors from the region, the #UAE is a committed and long-standing partner.

Find out more [ow.ly/sKqk30jyps9](https://ow.ly/sKqk30jyps9) – with @UAEAid #UAEAid

With innovation being integral to the UAE Foreign Assistance policy, we look forward to continuing to work together with Gavi to support innovative health approaches that make a real difference to developing countries, ensuring that every child is protected with life-saving vaccines.

HE Reem Al Hashimy,  
UAE Minister of State for International Cooperation

Gavi #VaccinesWork



1:36 am - 29 Apr 2018

Got vaccines? Got life!

Ever asked 'why Gavi?'

The short answer: 1.5 billion lives. The long answer: 10 billion reasons.

The number of children in the world who are not protected by vaccines is 1.5 billion. That's why we need more people like you. Together, we can protect 1.5 billion lives. That's why we need more people like you. Together, we can protect 1.5 billion lives.

Scroll down

Got vaccines? Got life!

Cold supply for hot demand

Scroll down



Got vaccines? Got life!

Scroll down



Haiti

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gotlife.gavi.org

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Gavi  
The Vaccine Alliance



## Mid-Term Review: objectives

- Accountability exercise midway through our five-year strategy period
- Culminates in a high-profile event in Q3/Q4 in 2018



- report back to donors on progress towards commitments made in the 2016-2020 Investment Opportunity
- secure continued support from donors and partners
- discuss Gavi progress, achievements and challenges
- lay the foundations for next replenishment

2016

2018

2020

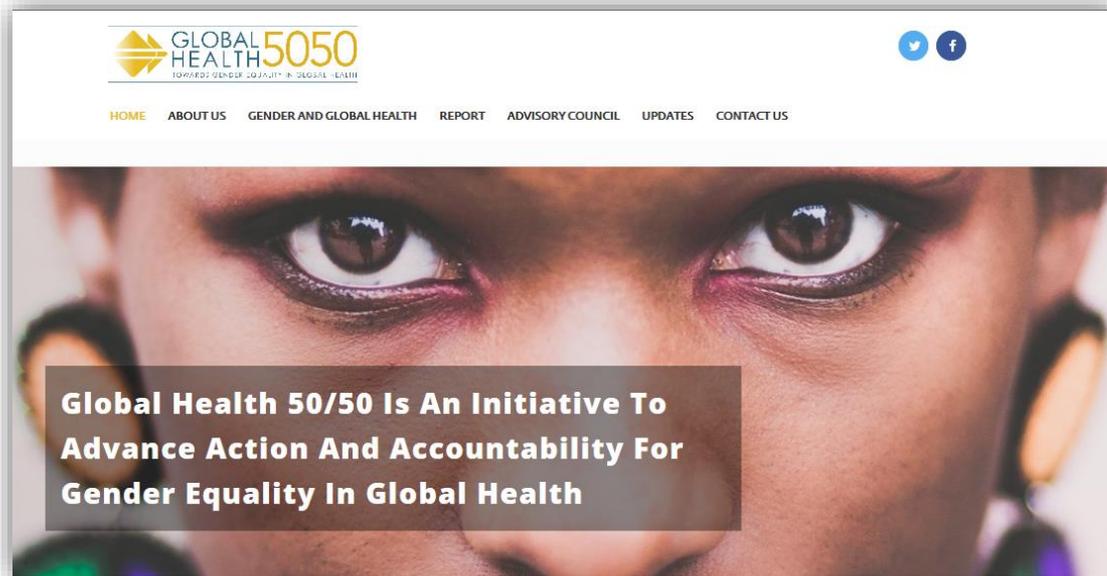
# Work to support gender equity

## Gavi given *top ranking*

Global Health 50/50: review of gender-related policies at 140 global health organisations

Looking at programmatic work & workplace balance

Gavi's Gender Policy is an important consideration in programmatic work – to support our Coverage & Equity agenda and reaching the 5<sup>th</sup> child



# 2

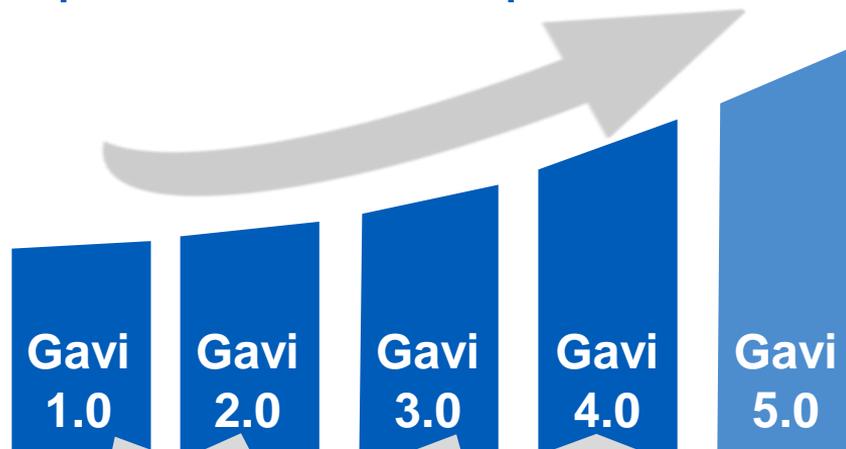
## UPDATE ON OUR STRATEGY

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# Gavi making progress on its journey to build a culture of data-driven continuous performance improvement



Opport  
vaccine  
coverag  
no M&E

Regular data-driven monitoring **driving performance improvement** including:

- Strategy Progress Update
- Joint Appraisals
- Grant Performance Frameworks
- PEF framework
- Secretariat Corporate Performance Management

07 June 2018

# Experience tracking 2016-20 strategy progress revealed four types of issues with some indicators

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**Thresholds** can mask important developments and create misincentives



**Limited accuracy** of some indicators in capturing developments



**Data quality** and **availability** of some indicators limited

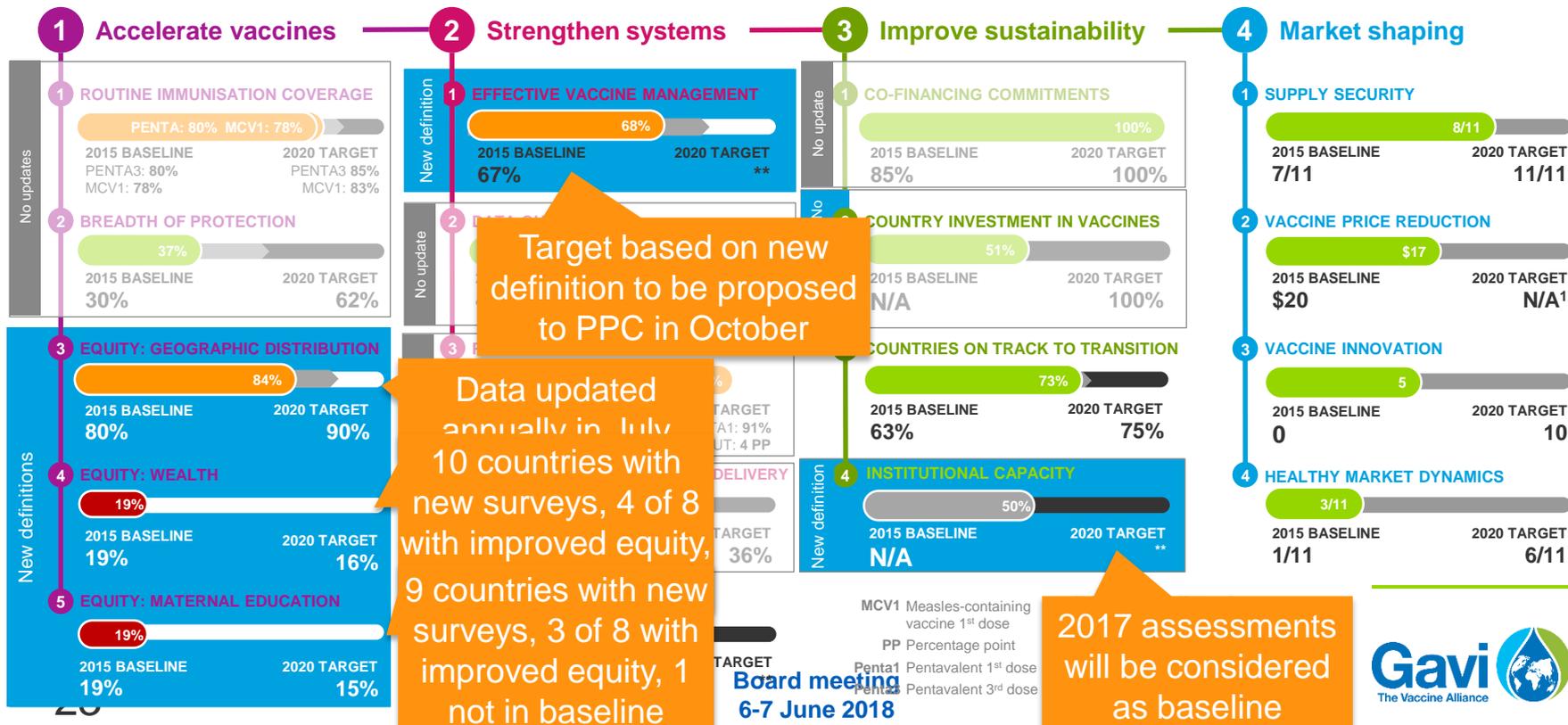


**Partial alignment** of some indicators with the Alliance's strategies and investments

Guiding principles for revision included **strong rationale for change** and maintaining **same level of ambition in targets**

# 2016–2020 INDICATORS STRATEGY PROGRESS

- 5 ON TRACK
- 2 MODERATE DELAYS / CHALLENGES
- 2 SIGNIFICANT DELAYS / CHALLENGES
- 2 TRACKING TREND ONLY/ DATA INCONCLUSIVE

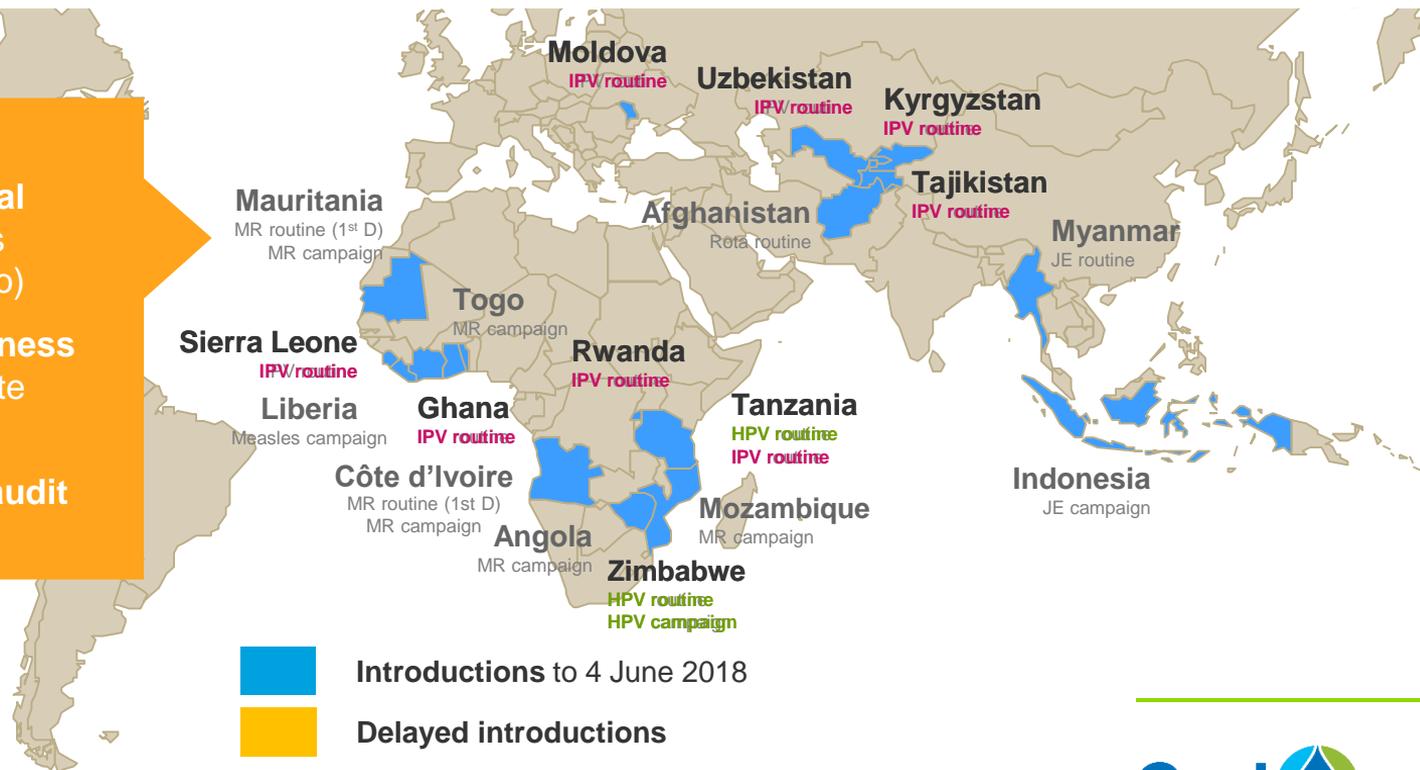


# 22 introductions achieved so far in 2018 - on track for 52 target by year end

1 Accelerate vaccines

## 11 delays in 2018:

- 4 due to **weak financial management** systems (2 in Gambia, 2 in Togo)
- 6 due to country **readiness issues** (2 in Chad, Côte d'Ivoire, Kenya, Niger)
- 1 due to **unresolved audit issue** (Cameroon)

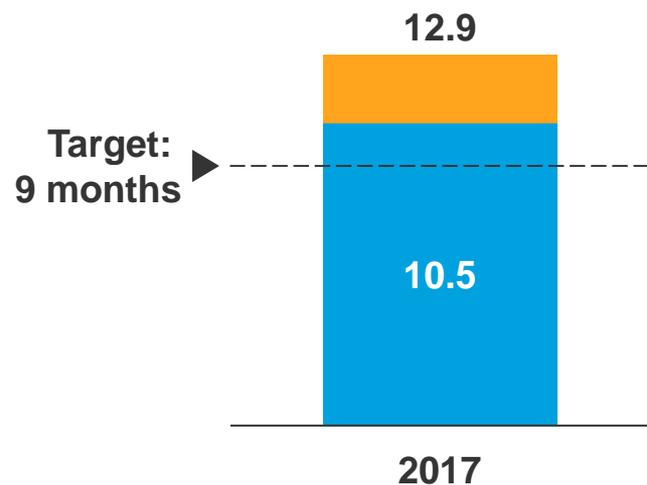


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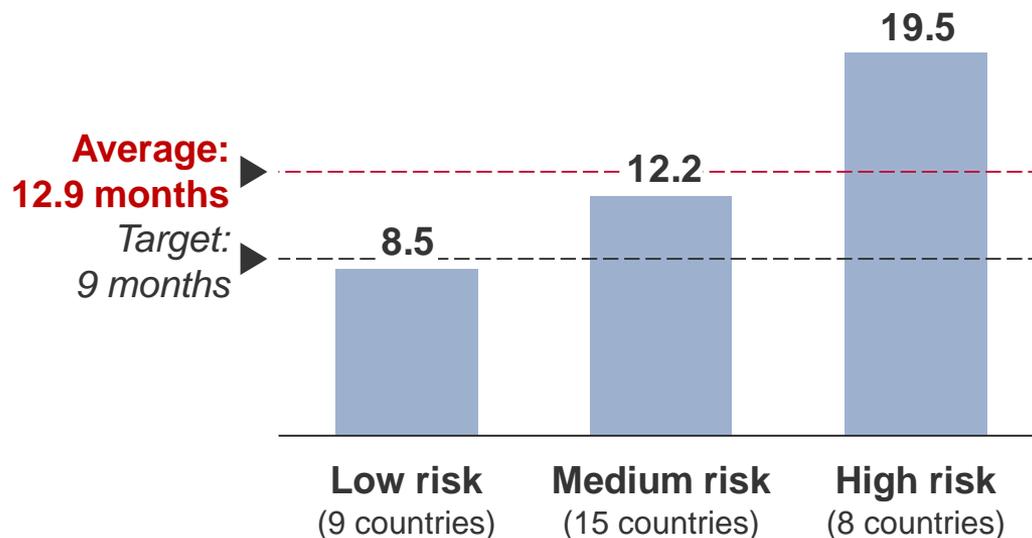
# Time to disburse above target, driven by higher risk countries

2 Strengthen systems

## Time to disburse (months)



## Time to disburse by country profile (in months)



Time with outliers

Time without outliers

# Targeting and tailoring Gavi's HSS

## Afghanistan - fragile country, 65% penta 3 coverage

### 2 Strengthen systems

#### Lack of access to reliable services

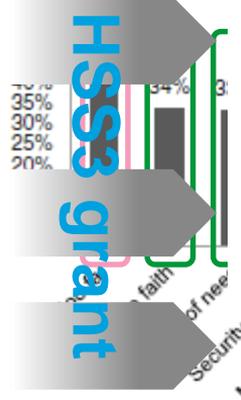
449 of 536 health sub-centres not offering immunisation

#### Gender-related barriers

75% of vaccinators male

Inadequate demand, understanding of, and confidence in, vaccines

Reasons for I

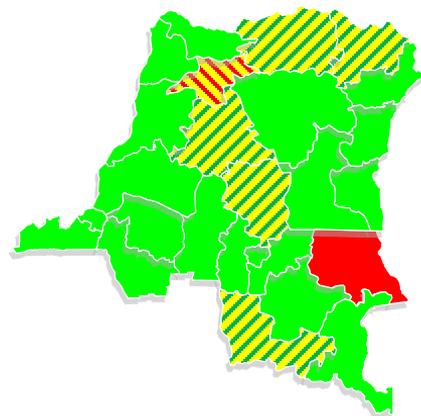


- Add immunisation in 310 sub-centres including equipping with cold chain
- Support 15 mobile health teams for nomadic (Kuchi) population
- Recruit 300 more female vaccinators – target of 40% of vaccinators female vaccinators in 2878 villages
- Work with 14,400 religious leaders to raise awareness / demand
- Build communication capacity of health workers / school teachers
- Toll free information line in two languages – half staff are female

# DRC challenge: routinely reaching most children with immunisation but, less than half fully immunised

2 Strengthen systems

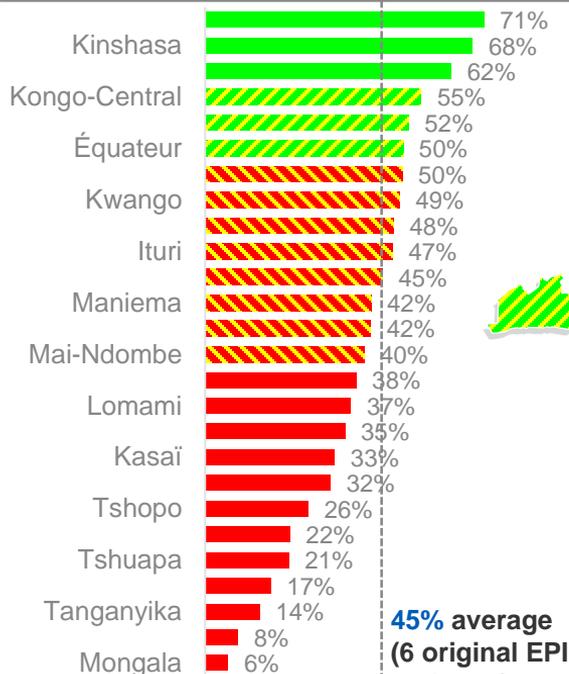
Penta 1 coverage, National average **81%**



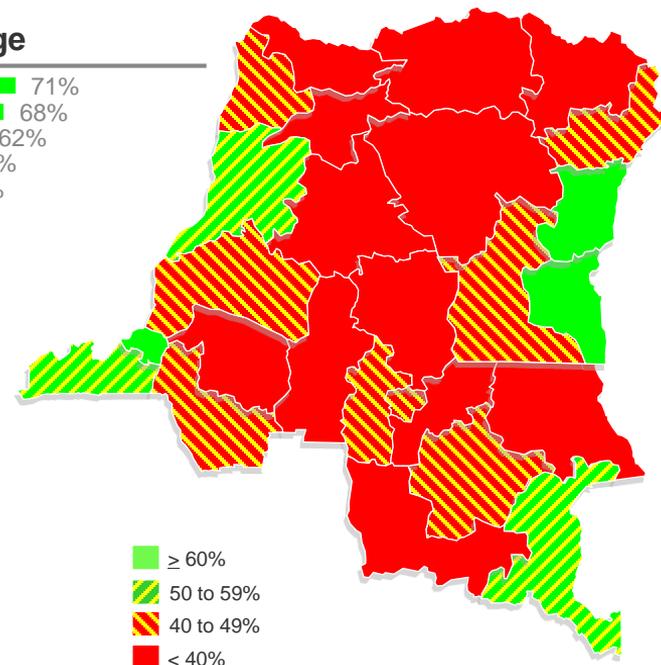
■ ≥ 70% 
 ▨ 69 to 55% 
 ▨ 40 to 45% 
 ■ < 40%

**94% of children have received at least one vaccine**

## % of full immunisation coverage



**45% average**  
(6 original EPI antigens)



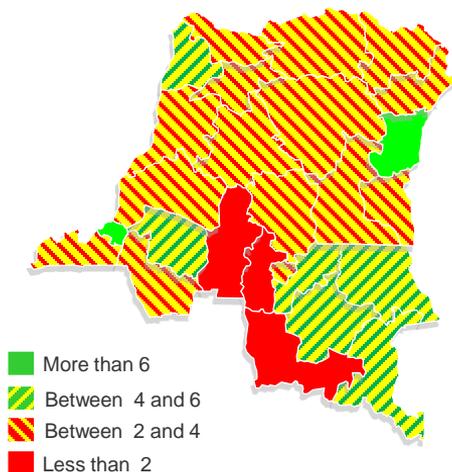
■ ≥ 60% 
 ▨ 50 to 59% 
 ▨ 40 to 49% 
 ■ < 40%

# Massive disparities in availability of immunisation sessions

2 Strengthen systems

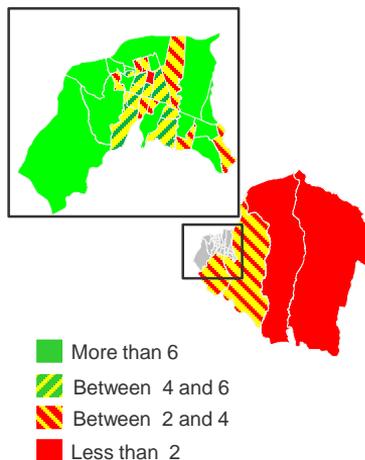
## Frequency of immunisation sessions

### NATIONAL level overview



x11 more immunisation sessions from one province to another

### PROVINCIAL level overview (Kinshasa)



x7 more immunisation sessions from one health zone to another

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### HEALTH ZONE level overview (Limeté)



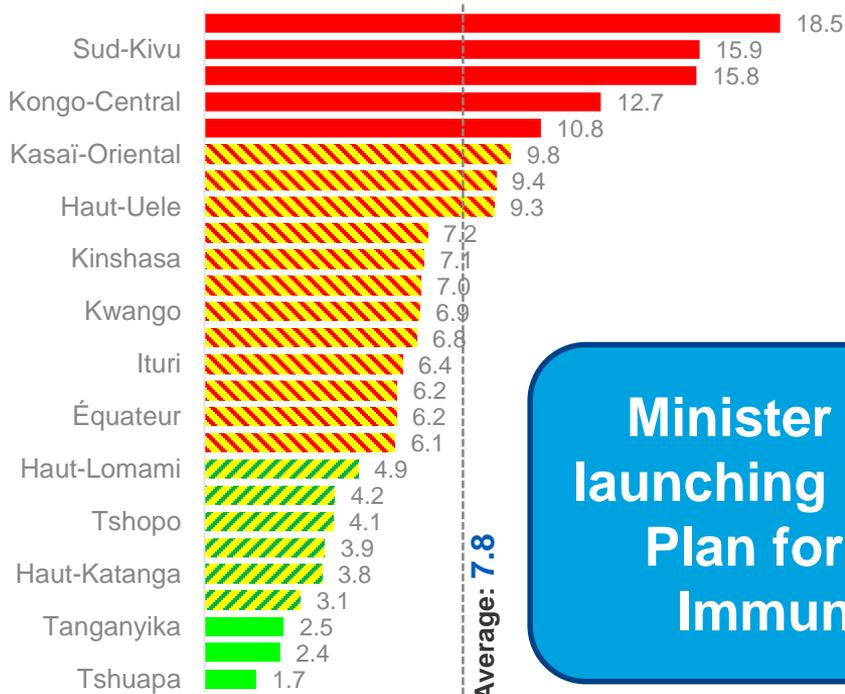
x15 more immunisation sessions from one health center area to another

SOURCE: DVD-MT Décembre 2017, Zone de santé limeté

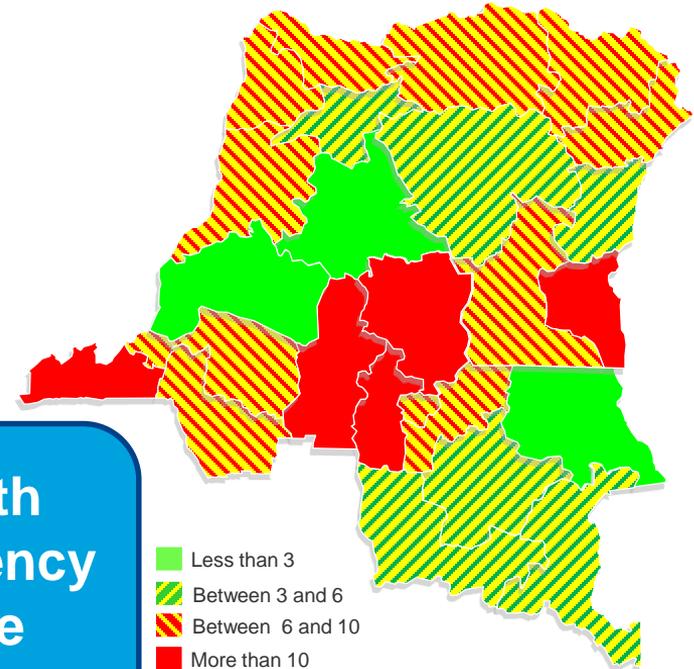
# Health zones averaging a stock out every 6 weeks but large variation across the country

2 Strengthen systems

## Number of stockout occurrences in 2017 by Zone de Santé



Minister of Health  
launching Emergency  
Plan for Routine  
Immunisation



Analysis performed for 6 antigens :  
BCG, Penta, VPO, VAR, VAA and PCV

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# Installations of Cold Chain Equipment in first 2 countries

## 11 deployments to be complete in 2018

2 Strengthen systems

### 2018 CCEOP deployment plan

#### 2 deployments complete or ongoing

- Haiti (complete)
- DRC (ongoing)

> **24,800** refrigerators installed by end of 2018

> **72,200** by 2022

#### 9 deployments to be complete by end of 2018

- Pakistan
- Kenya
- Djibouti
- S. Sudan
- Niger
- Sierra Leone
- Liberia
- Uganda
- Malawi

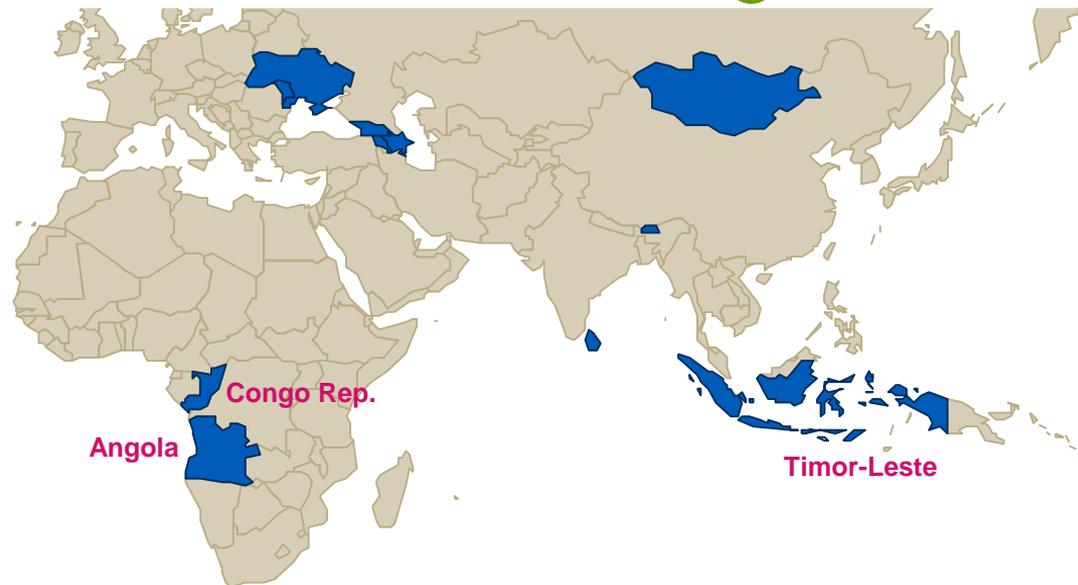
#### 23 deployments to start in 2018 and continue until 2022

- Guinea
- Togo
- Tanzania
- Cameroon
- Eritrea
- Vietnam
- Myanmar
- Uzbekistan
- Senegal
- Madagascar
- Kyrgyzstan
- Ethiopia
- Somalia
- Rwanda
- Solomon Islands
- PNG
- Burkina Faso
- CAR
- Côte d'Ivoire
- Gambia
- Nepal
- Benin
- Mauritania

# Majority of transitions on track, 3 higher risk countries proposed to receive post-transition support

3 Improve sustainability

US\$30 million approved by Dec. Board to support post transition countries with Technical Assistance and Advocacy



16 countries transitioned to date

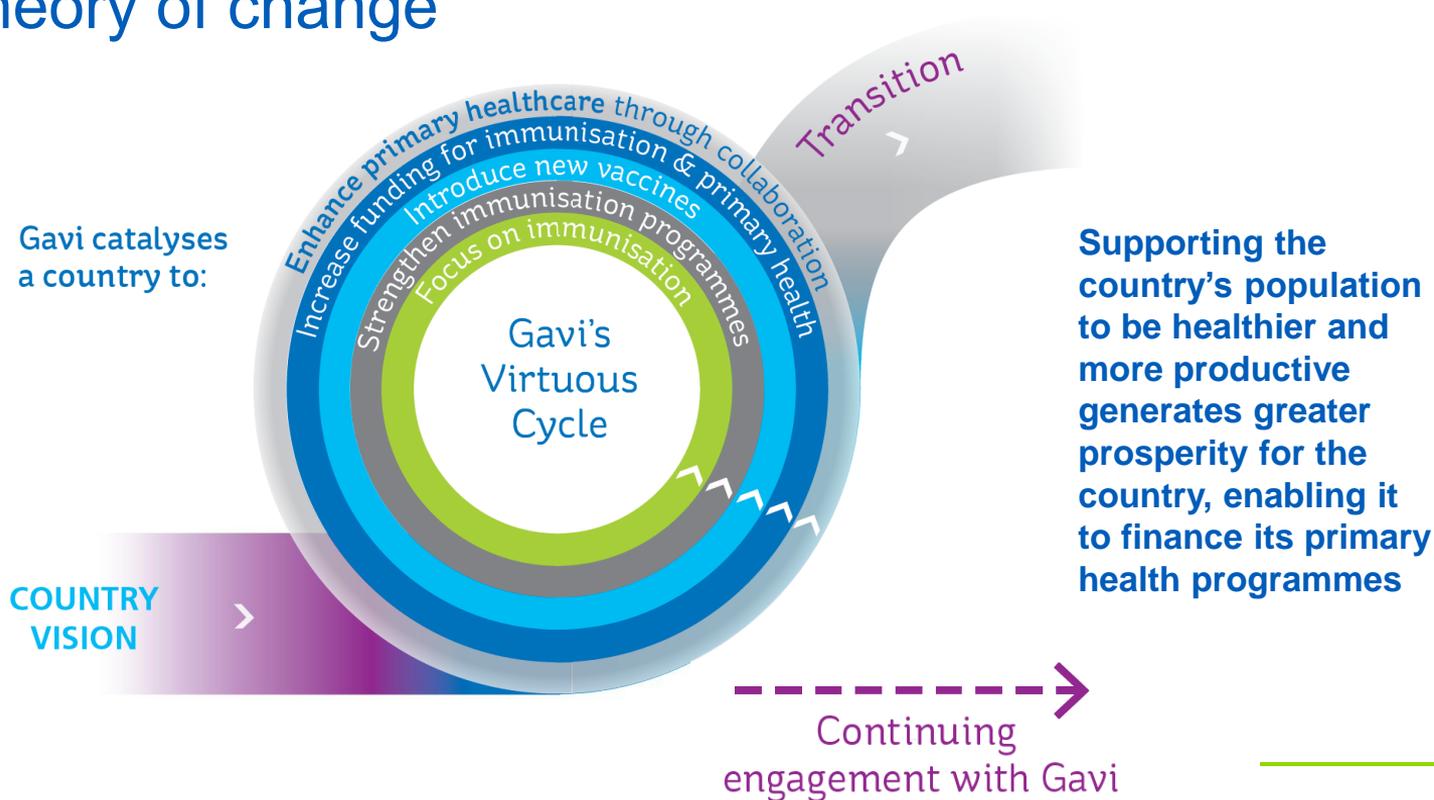
↳ 8 countries transitioned end of 2017

↳ 3 of which are high-risk countries with specific approach for post-transition as requested by PPC

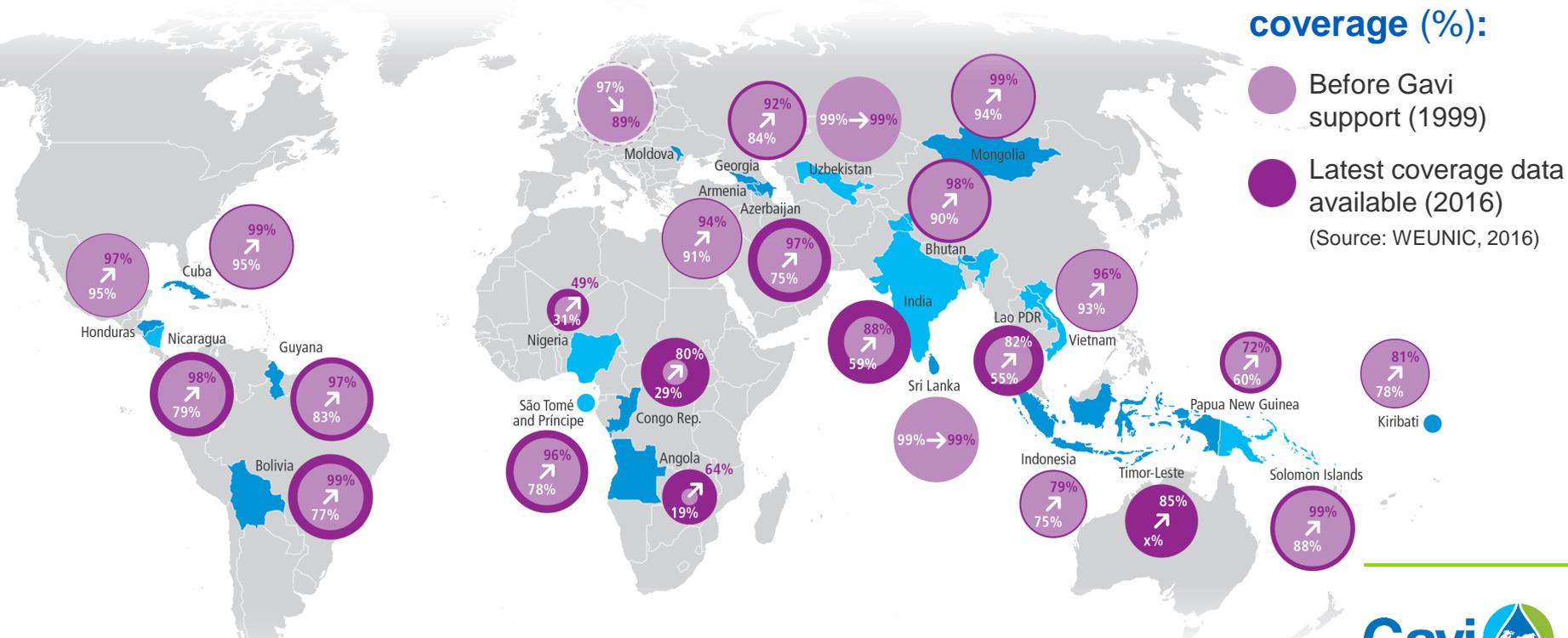
9 countries in accelerated transition

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# Gavi's theory of change

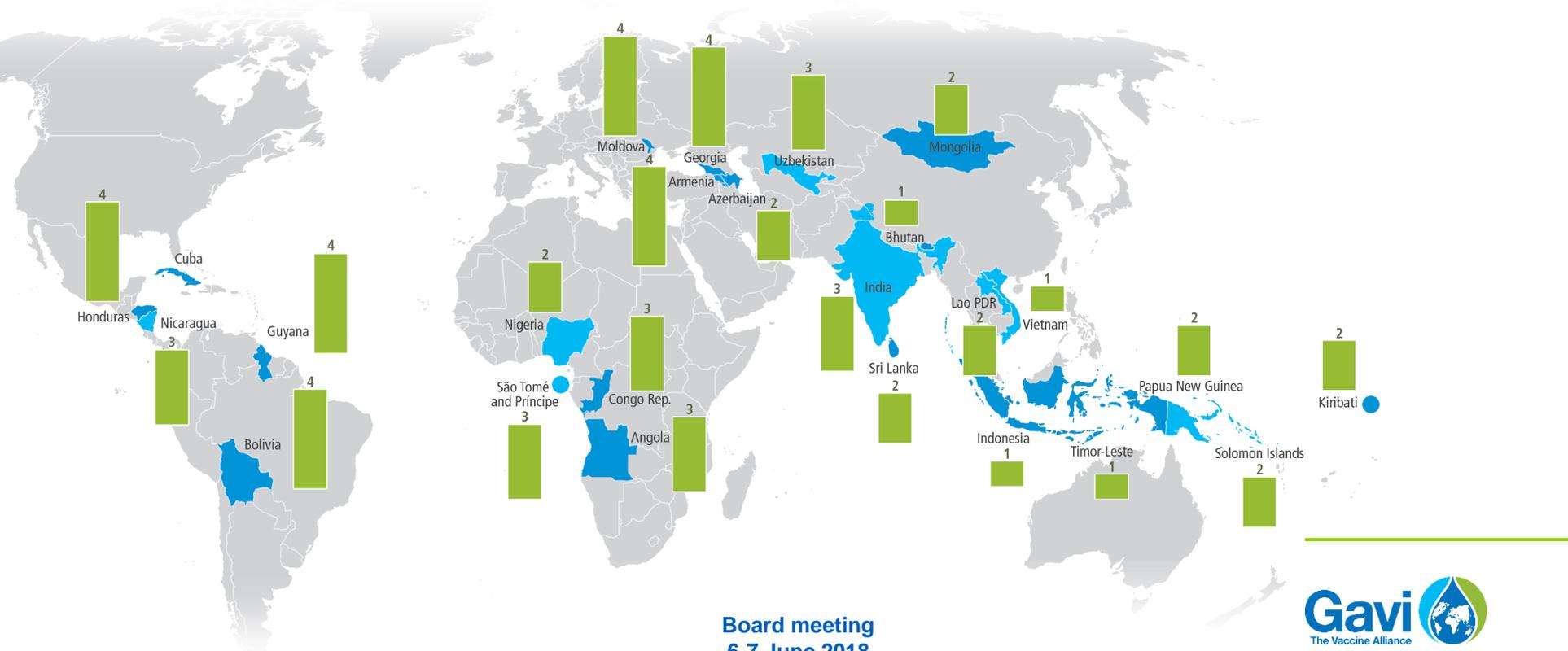


# Country transition from Gavi support data (DTP3 coverage comparing 2016 to 1999)



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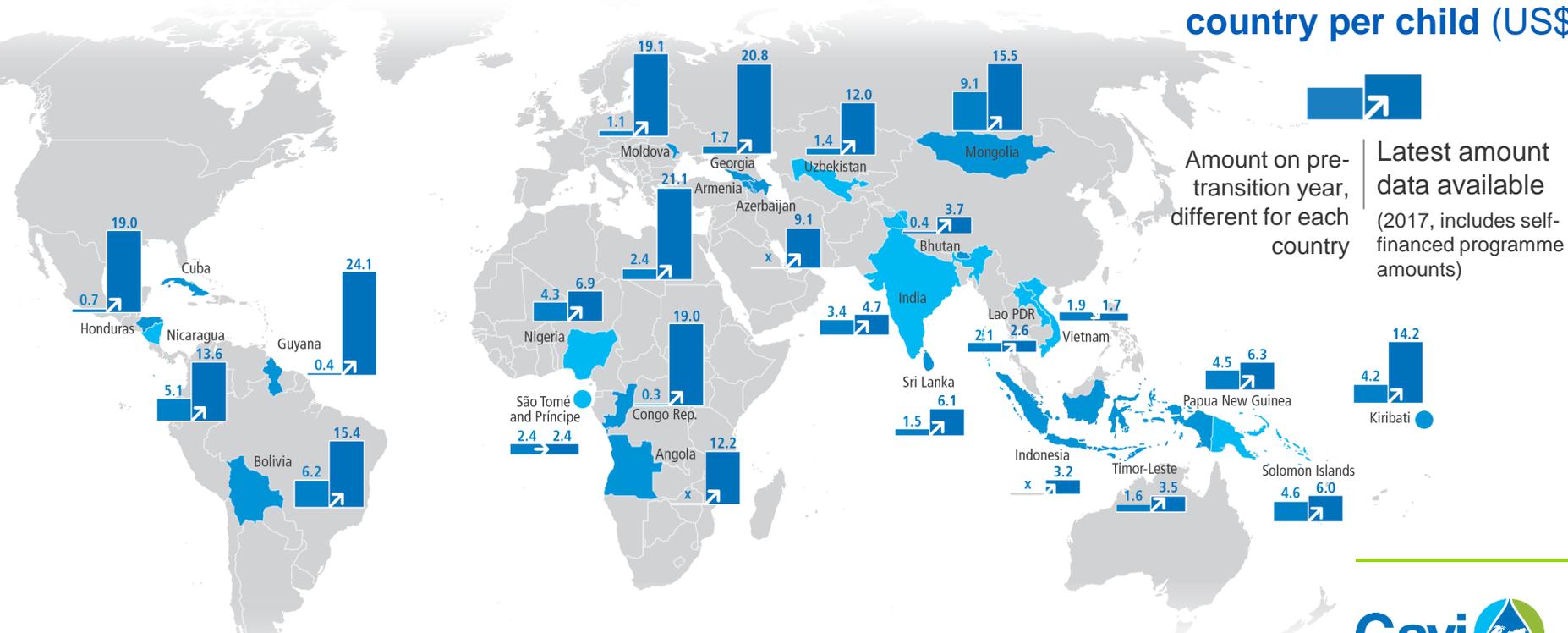
# Country transition from Gavi support – new vaccine introductions (Pentavalent, PCV, Rotavirus, HPV, up to 2017)



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# Country transition from Gavi support data (US\$ per child on immunisation comparing pre & post transition)

## Annual financing by country per child (US\$):



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# Market shaping indicators – 2017

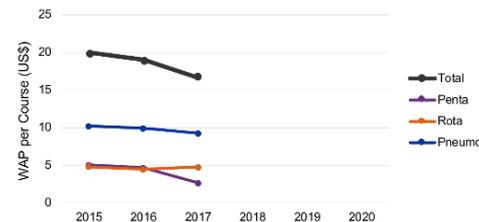
4 Market shaping

4 ALL ON TRACK

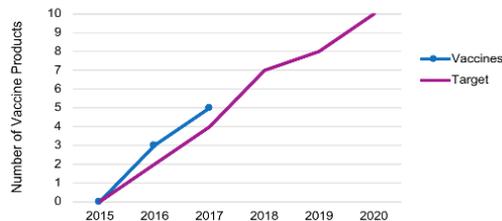
## 1 Number of vaccine markets with sufficient & uninterrupted supply of appropriate vaccines



## 2 Weighted average price per course: Pentavalent, Rotavirus and Pneumococcal



## 3 Number of products with improved characteristics procured



## 4 Number of Gavi vaccine markets with moderate or high healthy market dynamics

Vaccine markets	Gavi vaccine markets' level of healthy market dynamics	
	2016	2017
Pentavalent	Moderate	Moderate
PCV	Low	Moderate
Yellow Fever	Low	Moderate
Cholera	Low	Low
JE	Low	Low
Meningitis A	Low	Low
M/R	Low	Low
Measles	Low	Low
Rotavirus	Low	Low
HPV	Moderate	None
IPV	None	None

Board meeting  
6-7 June 2018

# 2016–2020 INDICATORS

## ALLIANCE PROGRESS

- 9 ON TRACK
- 2 MODERATE DELAYS / CHALLENGES
- 3 SIGNIFICANT DELAYS / CHALLENGES
- 4 TRACKING TREND ONLY
- 3 NO UPDATE

### 1 Secretariat & partners



**Proportion of measles SIAs achieving 95% stands at 0% in 2017 so far**

### 2 Secretariat



### 3 Partners

PARTNER GROUP



**Target achieved in 8 of PEF 20 priority countries in 2017 vs. 3 in 2016**



### 4 Governance

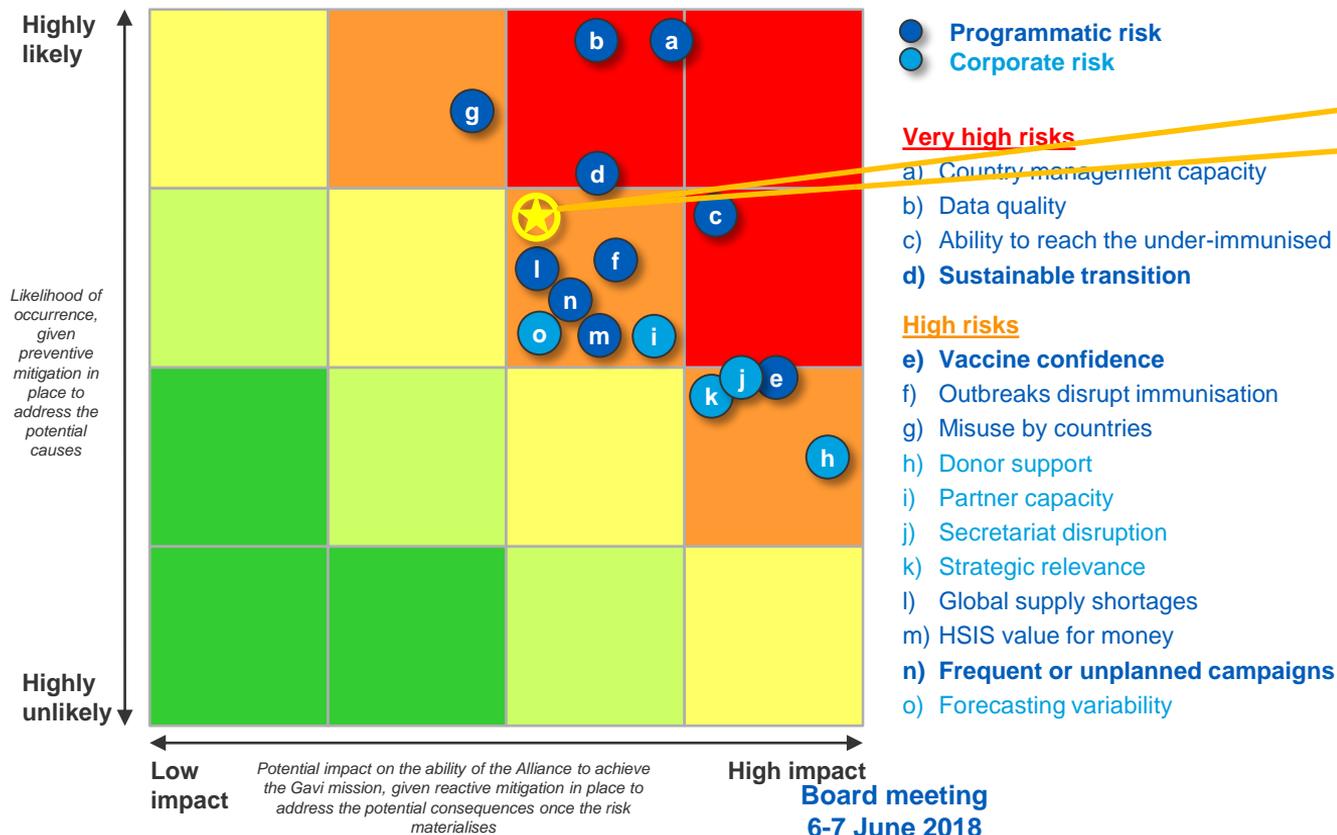


**target (90%) not reached in 2017**

- HSS Health system strengthening
- TCA Targeted country assistance
- SFA Strategic focus area
- PEF Partners' engagement framework
- CSO Civil society organisation

**Board meeting**  
6-7 June 2018

# No substantial changes to Gavi's overall risk profile since last Risk & Assurance Report



Board meeting  
6-7 June 2018

# 3

## REPORTING BACK ON PREVIOUS BOARD DECISIONS

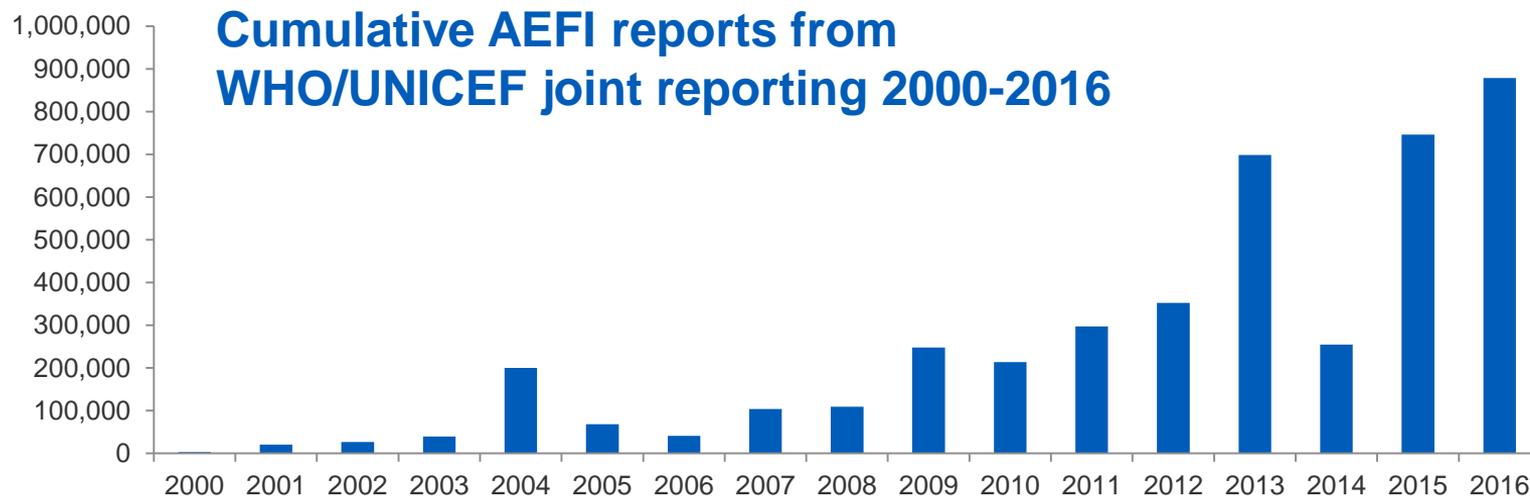
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Board meeting  
6-7 June 2018

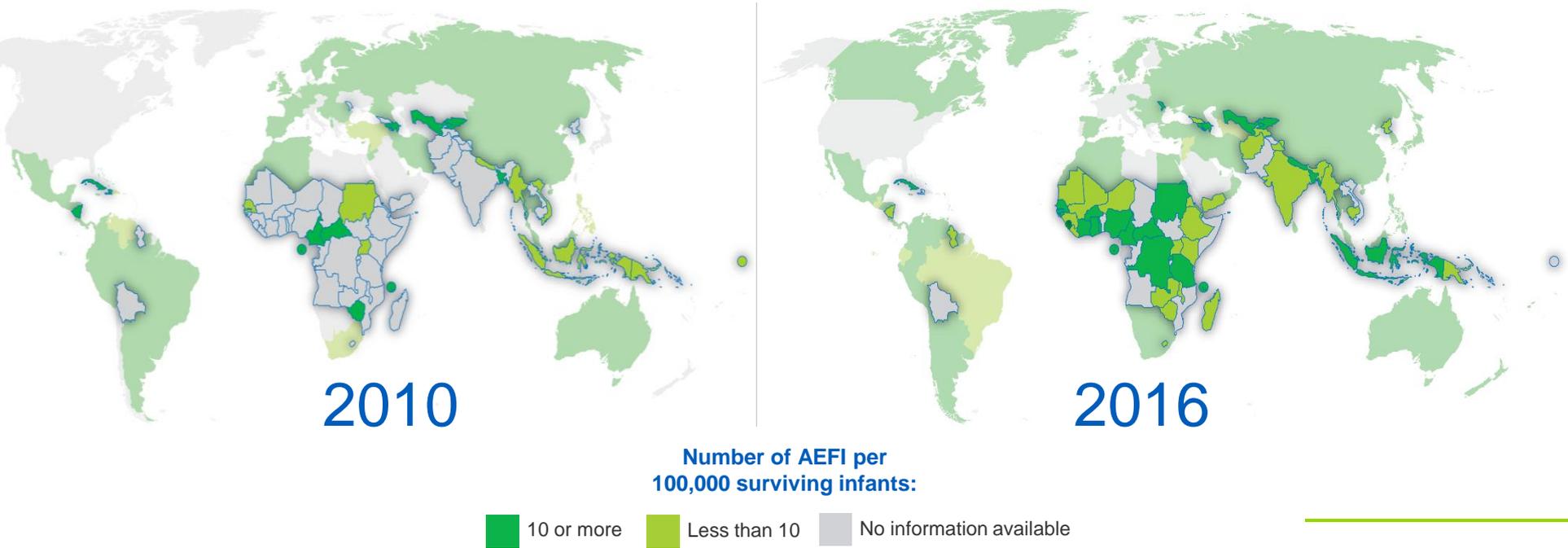
# AEFI Reports

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# AEFI Reports *(Gavi 68 countries highlighted)*

***Gavi has invested in Vaccine safety since 2001***



**Board meeting  
6-7 June 2018**

# Fragility Emergency Refugee Policy has allowed proactivity & to reach groups we didn't before in 7 countries to date



**Gavi, the Vaccine Alliance**  
Fragility, Emergencies, Refugee Policy  
Version 2.0

VERSION	APPROVAL PROCESS	DATE
2.0	Proposed by: Amr Alkhatib Reviewed by: Management and Policy Committee Approved by: Gavi Alliance Board	1.0 - 11 October 2015 2.0 - 12 May 2017 1.0 - 10 November 2015 Effective from: 11 January 2016 2.0 - 12 May 2017 Effective from: 7 July 2017

Next version: At the request of the Board

## Examples - flexibilities from FER Policy

**Emergencies:** support for additional operational costs for RI through alternative modalities & additional HSS up to 50% of ceiling

**Refugees:** host countries may request additional doses of already approved vaccines + broader age / antigen range

**Bangladesh** RI among Rohingya refugees *via* FER. Cholera through stockpile/ICG.



**Yemen** broader antigen introduction & HSS *via* FER. Cholera through stockpile/ICG.



**Uganda** routine vaccine doses for South Sudanese refugees *via* FER.



# Syria crisis enters its 8<sup>th</sup> year

## Achieved a great deal

- uninterrupted supply of vaccines contributed to reported improvement in 2017 coverage
- routine services revitalised in the NW part of Syria
- no new Polio cases since 2017
- cold chain equipment procurement underway

## ...but it remains a country in crisis

- significant concerns on the spread of measles
- 13.1 million people need assistance
- only 50% of intended aid delivered in 2017
- <50% of health facilities are functional
- Humanitarian Response Plan largely underfunded in 2017

**Gavi support ends in December 2018**

**Board decision to be taken on continued funding, guidance welcome**

**Board meeting  
6-7 June 2018**

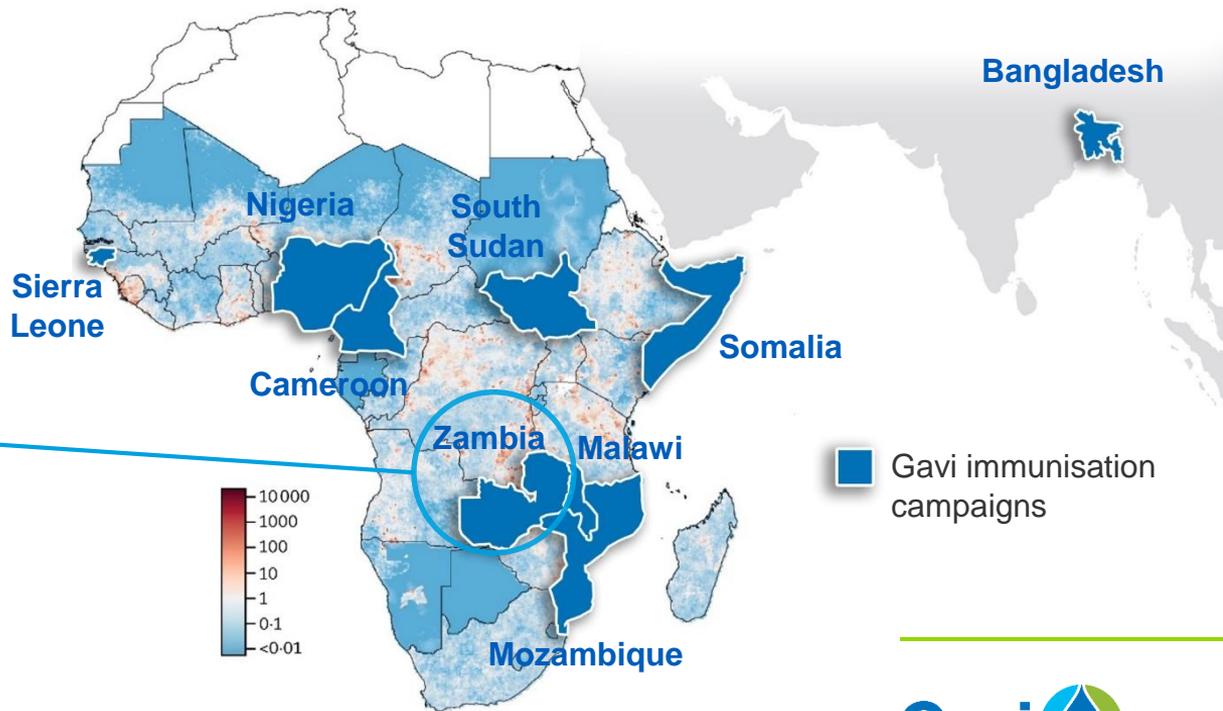
# Burden of Cholera – Gavi campaigns in 2017

A Annual incidence per 100000 people



## WHA18 Cholera resolution

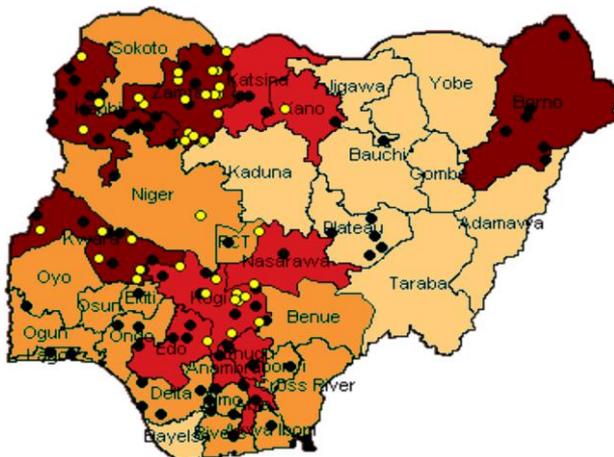
- Cholera recognised as priority
- Called for enhanced, integrated prevention and response



Board meeting  
6-7 June 2018

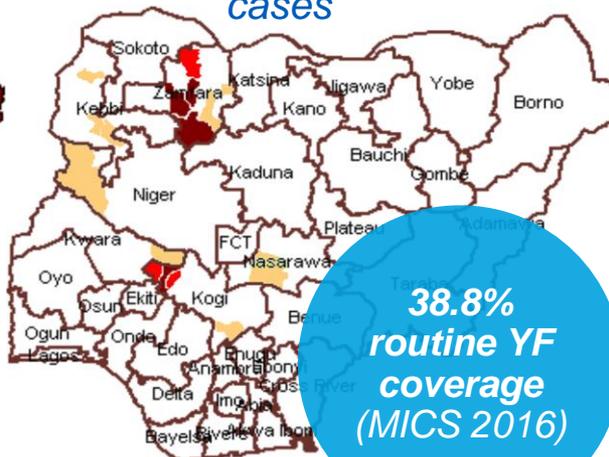
# Widespread outbreak of YF in Nigeria

## April 2018



- 1 dot = 1 suspected case
- 1 dot = 1 confirmed case
- No suspected case
- 1-10 suspected cases
- 11-50 suspected cases
- 50-100 suspected cases
- >100 suspected cases

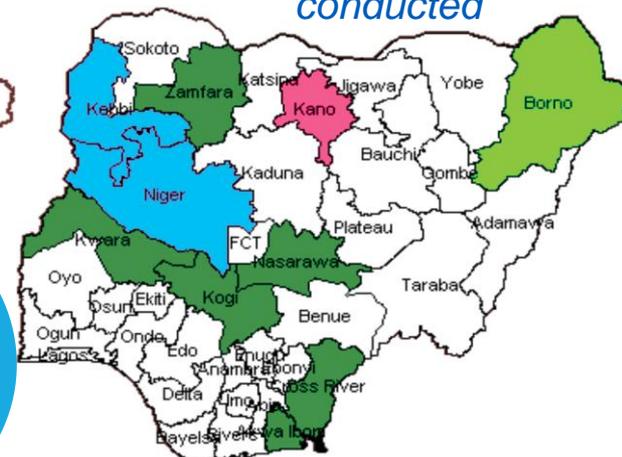
## April 2018 – confirmed cases



- 1 dot = 1 suspected case
- 1 dot = 1 confirmed case
- No confirmed case
- 1-2 confirmed cases
- 3-5 confirmed cases
- >5 confirmed cases

**38.8%**  
routine YF  
coverage  
(MICS 2016)

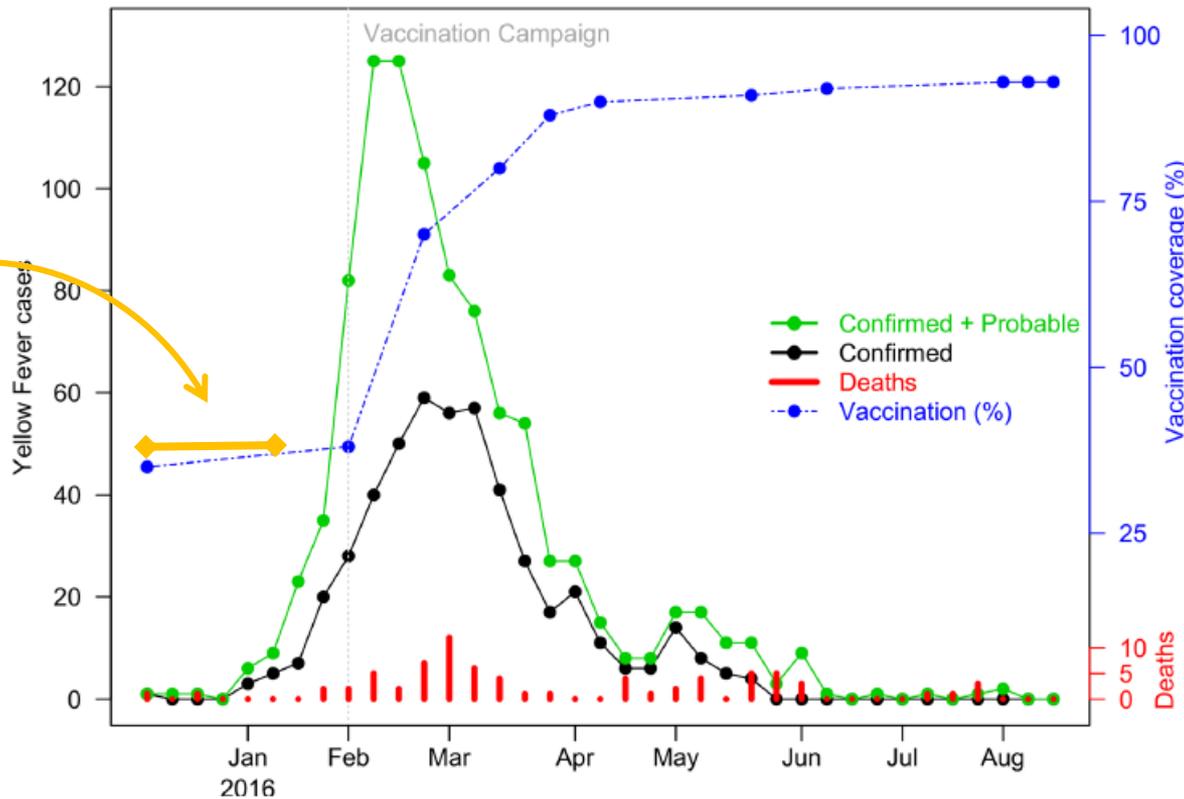
## April 2018 – campaigns conducted



- States without any YF immunization activity
- States completed YF preventative mass vaccine coverage
- States with YF immunization activity in some LGAs
- States with confirmed YF and planned RVC in some LGAs
- States with confirmed YF to have ICG request completed

# Gavi considering new investment in strengthening Yellow Fever surveillance and laboratory capacity (*Luanda, Angola*)

Time required for identification and laboratory confirmation of outbreak index case



# Progress on implementing Yellow Fever EYE Strategy but significant ways to go



**Eliminate yellow fever epidemics by 2026**

**Key competencies for success**

- Affordable vaccines and sustained vaccine market.
- Strong political commitment at global, regional and country levels.
- High level governance with long-term partnerships.
- Synergies with other health programmes and sectors.
- Research and development for better tools and practices.

**OUR VISION**  
A world without yellow fever epidemics.

**OUR MISSION**  
Coordinate international action and help at-risk countries to prevent yellow fever outbreaks and to prepare for those which might still occur. We aim to minimize suffering, damage and spread by early and reliable detection and a rapid and appropriate response.

Photo credit: WHO/Unicef/Shareise

World Health Organization

Some movement on applications for introductions / campaigns:

- Campaigns – Ghana, DR Congo
- RI – Kenya expanding geographic scope
- EYE plan endorsed by AFRO

Top Global Tweets

**Soumya Swaminathan** @doctorsoumya | 12,128 followers

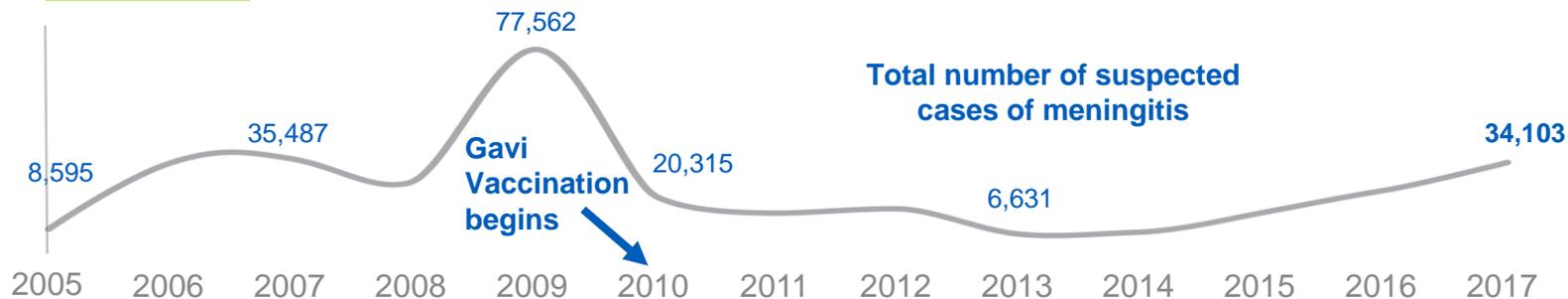
Activity | Map | Analyse | Visualise | Alert

@EYE regional kick off meeting in Abuja. Yellow fever epidemics reflect not a failure of science but of commitment. @WHO @UNICEF and @gavi launch new strategy to eliminate YF by 2026 @DrTedros @WHOAFRO @MoetiTshidi

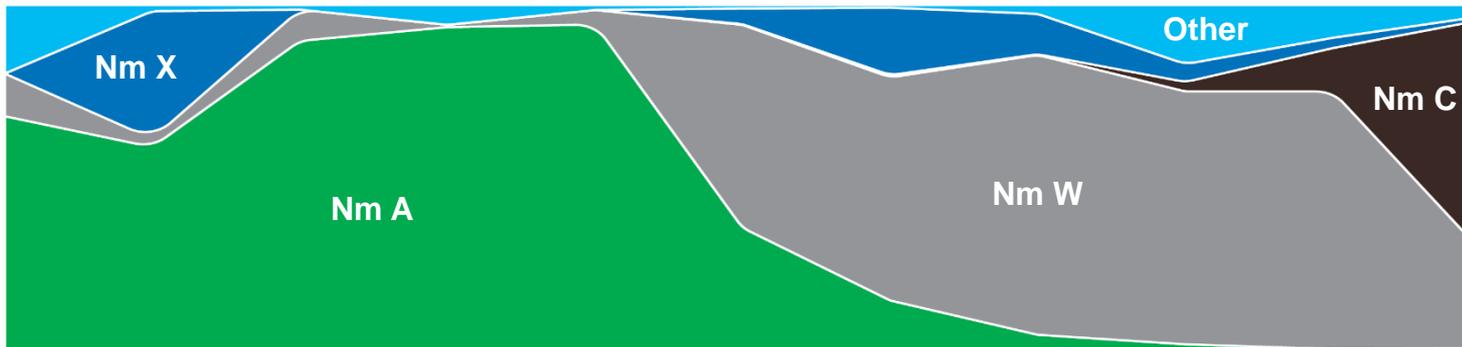


2 months ago · Twitter for iPhone · en

# Africa's Meningitis belt: 2005 -17 dominant serogroup change



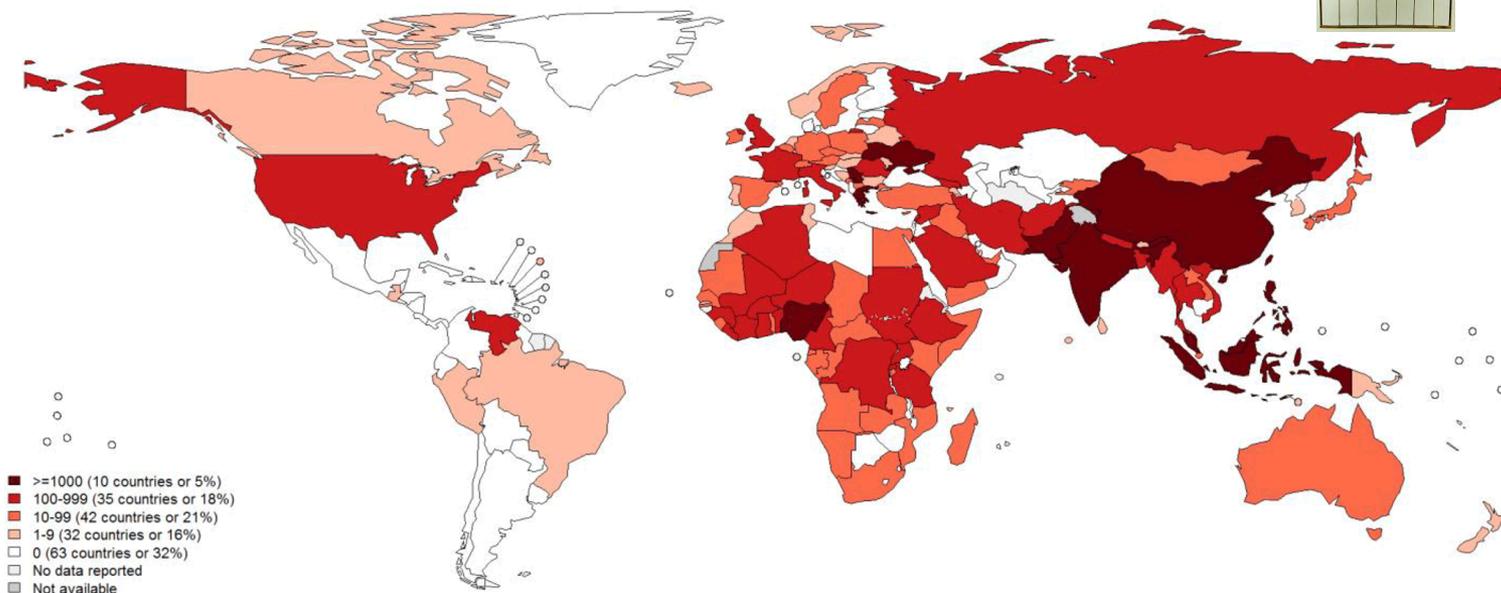
## Comparative proportions of serogroup prevalence:



Note: Refers only to *Neisseria meningitidis* (Nm) cases and not those cause by *Streptococcus pneumoniae* or *Haemophilus influenzae* type b. Disease burden is strongly underestimated. Only 3-19% of suspected cases are confirmed and serotype identified

**Board meeting  
6-7 June 2018**

# Measles outbreaks continue to be a problem despite record low mortality 6 months 09/2017 - 02/2018

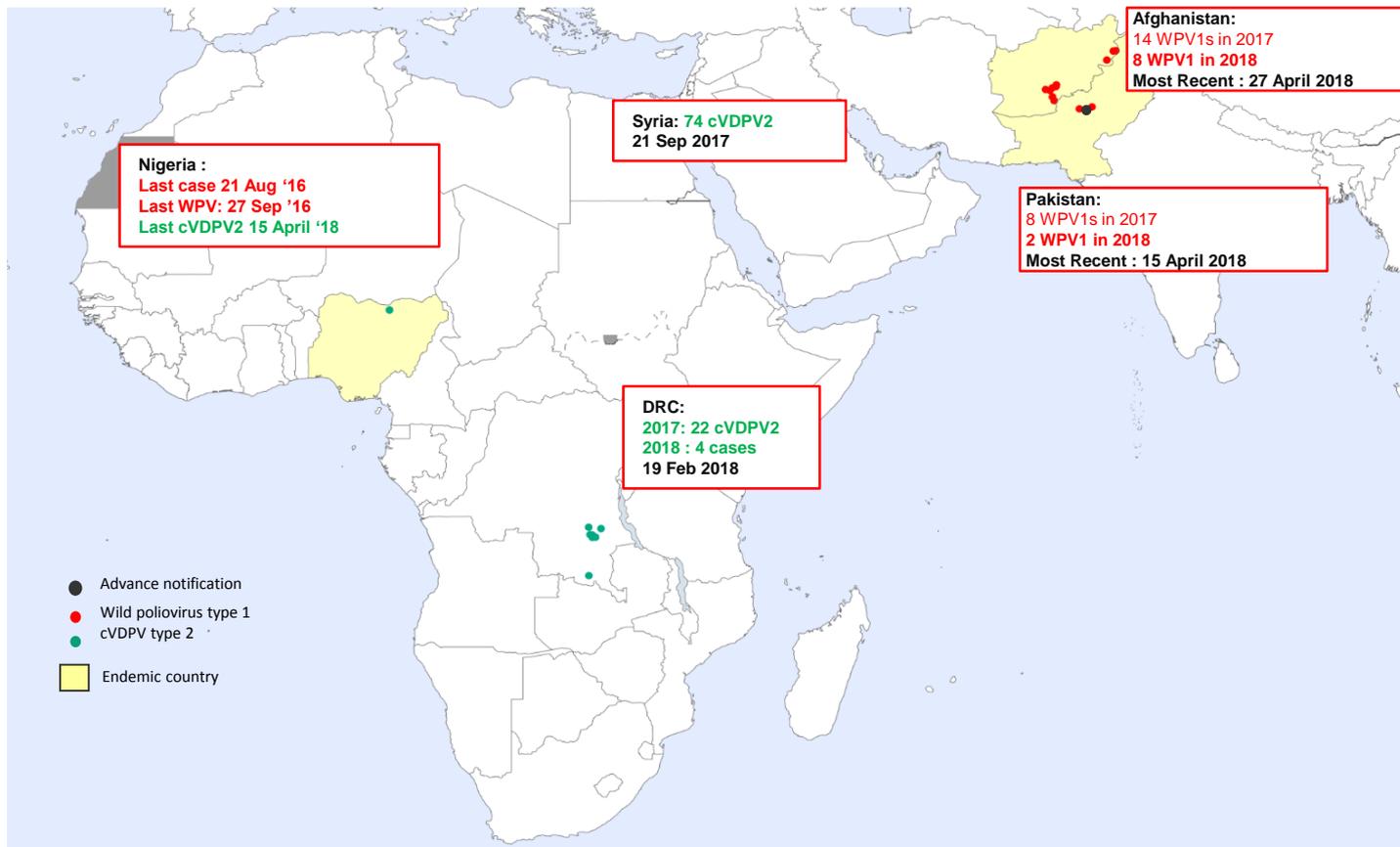


Top 10*	
Country	Cases
India	18515
Ukraine	6184
Nigeria	3157
Serbia	2822
Pakistan	2048
Indonesia	1959
Greece	1740
Philippines	1684
China	1567
Malaysia	1167

Notes: Based on data received 2018-April

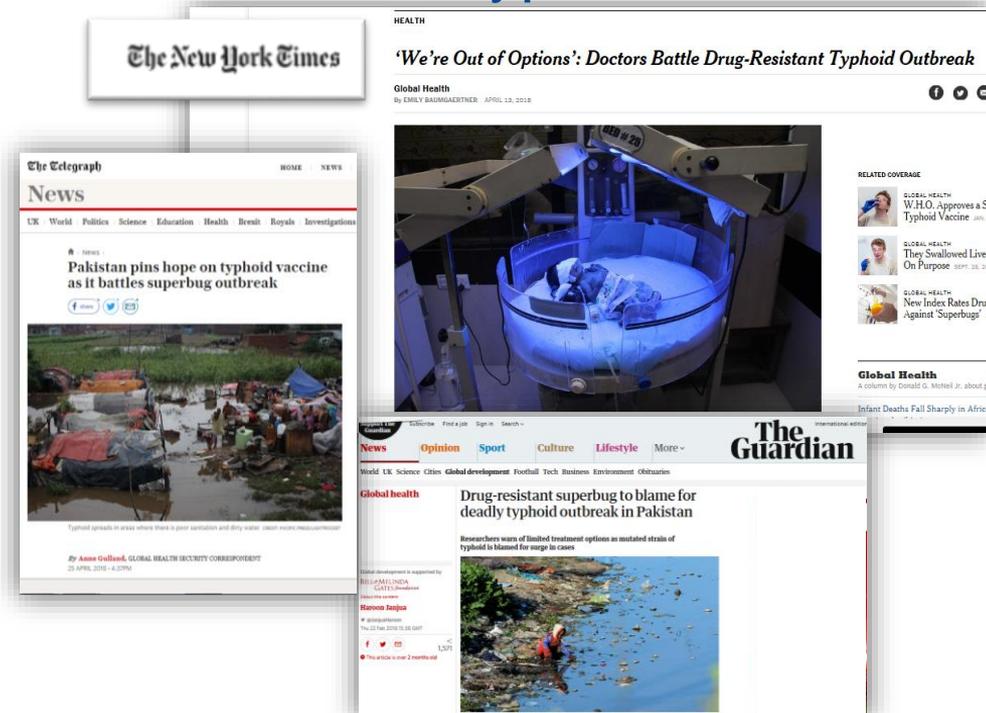
\*Countries with highest number of cases for the period

# Three countries still Polio-endemic, ten Wild Poliovirus cases to date in 2018



# Extensive levels of drug resistance seen in Typhoid

- At least 850 cases in 14 Pakistan districts since 2016
- 1 imported case UK
- 250,000 BMGF & Bharat funded doses allocated
  - 150,000 shipped, 50,000 used
- Pakistan has applied for Gavi support as risk-based campaign & national routine



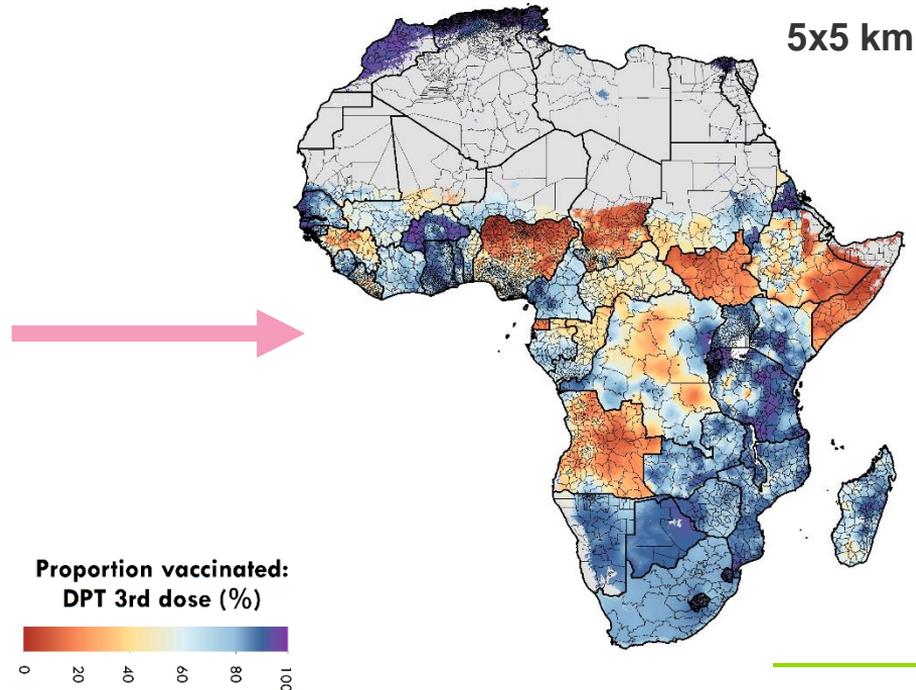
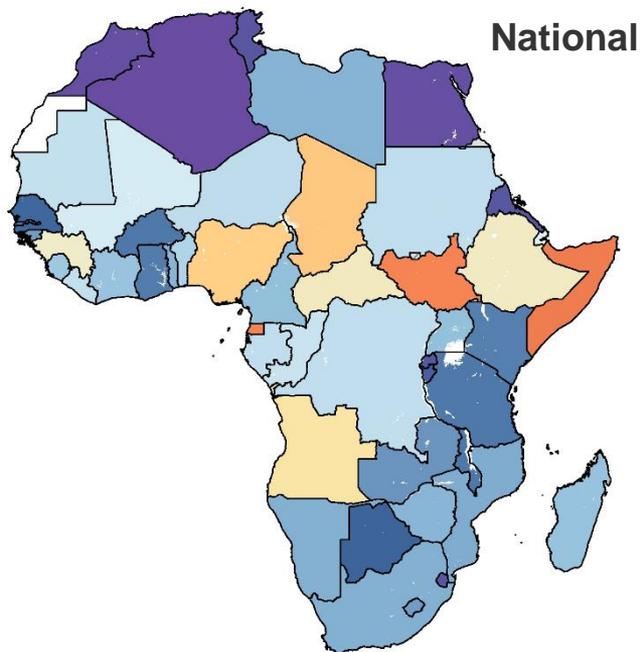


# Key Coverage & Equity take-aways from Board retreat

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- We are making progress in most countries, progress in fragile countries has plateaued
- Appreciation of data & desire to see more subnational information & systematic analysis
- Encouraged Gavi to continue to differentiate support based on each country need, be more flexible and tailor interventions at sub-national level
- Most Board members indicated willingness to accept higher risk appetite in fragile settings
- Immediate follow-up: Changes to HSIS framework and FER policy recommended by PPC

# Importance of subnational data



## Focus on urban immunisation – *Pakistan*

- Estimated 400,000 under-immunised children living in urban areas in Pakistan, many of whom reside in urban slums
- UNICEF / CSO profile of Karachi & Hyderabad urban slums showed poor immunisation availability for urban poor
- Development of 9 city concept notes for investment & technical assistance
- Pakistan using US\$16M of Gavi HSS to support urban strategy
- Expanded partners to develop an urban roadmap for Karachi & guidance for the engagement of urban CSOs

# Urban immunisation

**15.7 million** under-immunised children live in Gavi-countries

Of these, **6.4 million** live in urban areas

**An estimated 40% of under-immunised children are in urban areas**

*2016 data*

## Reasons:

- Urban poor areas often not in data collection & national surveys
- Due to rapid population growth, public services generally insufficient to meet needs of urban poor communities, increased use of private clinics
- Developing political will to improve service delivery is complex (e.g. marginalised populations often live in slums, engagement with leadership of municipalities)
- Urban populations are diverse and often mobile (Kampala's daytime population is 3m during the day but 1m at night due to commuters)

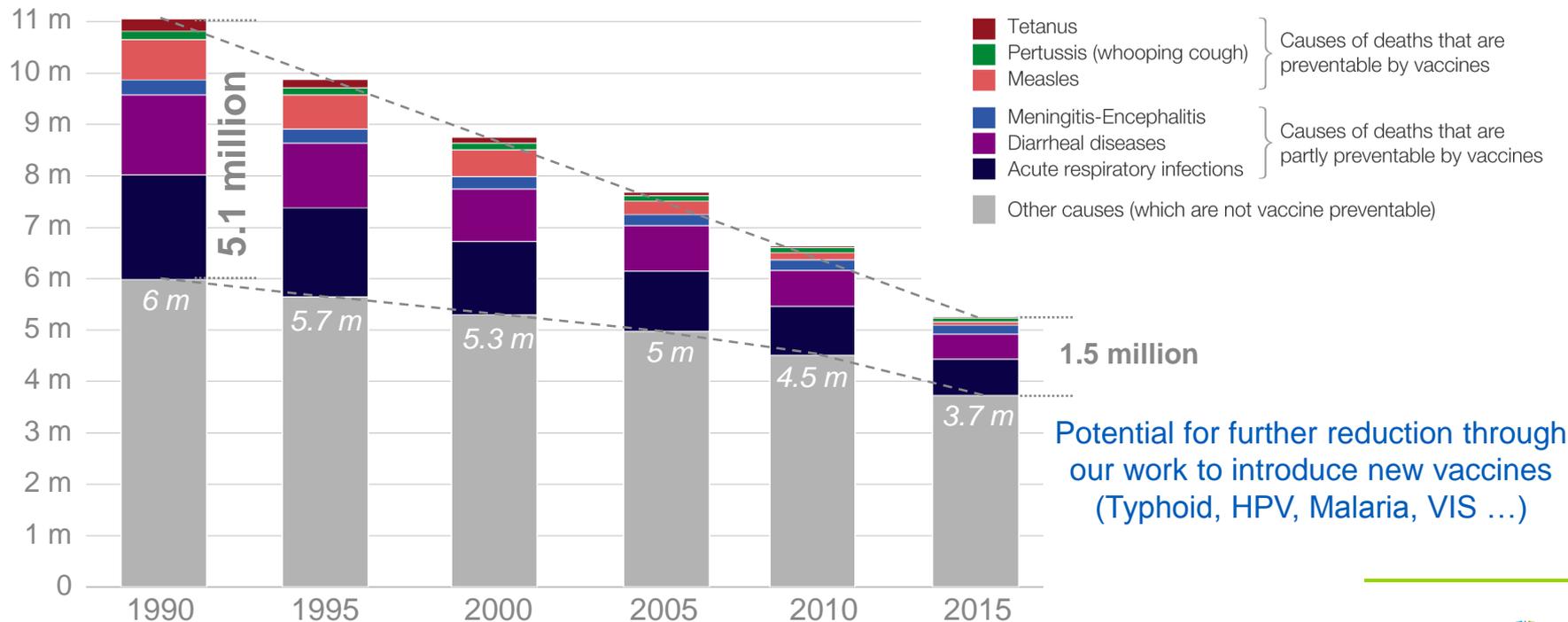
## Our journey to Gavi 5.0

*‘the beauty of success here is that our job is getting a bit more complicated’*



Bill Gates,  
Gavi Partners breakfast, Davos, January 16<sup>th</sup> 2018

# Global number of child deaths per year (by cause of death)



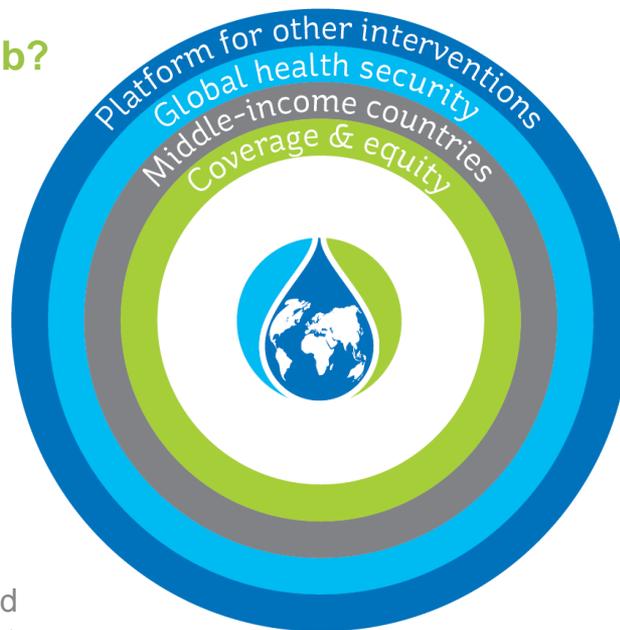
# Gavi has started process to define 2021-2025 strategy

## How does Gavi finish the job?

18 of 1,000 children will be dying of vaccine-preventable diseases in 2020; at current pace, U5 mortality SDG target will be missed.

**How can the Gavi/ immunisation platform be used to accelerate the scale-up of other health interventions?**

Immunisation: 8 touchpoints per child in first 9 years of life, 500m touchpoints each year worldwide.



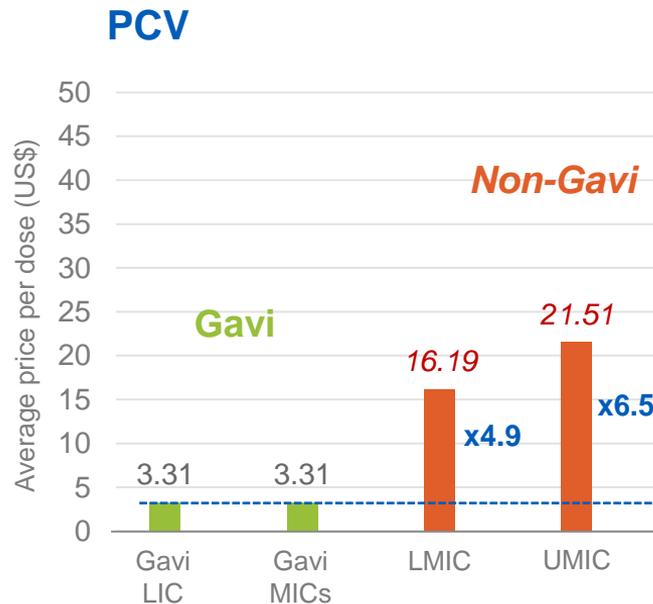
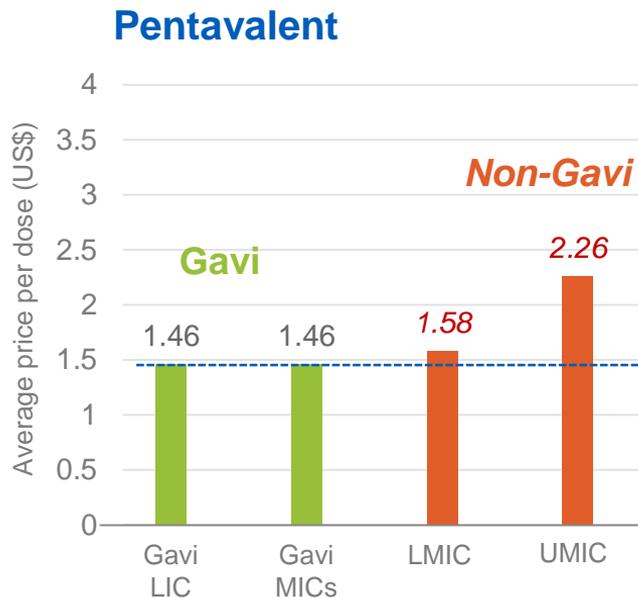
## To what extent should Gavi engage in reaching the unreached in MICs?

More than two-thirds of world's poor live in MICs today; more than half of underimmunised in MICs in 2025.

## How can Gavi's tools contribute to global health security?

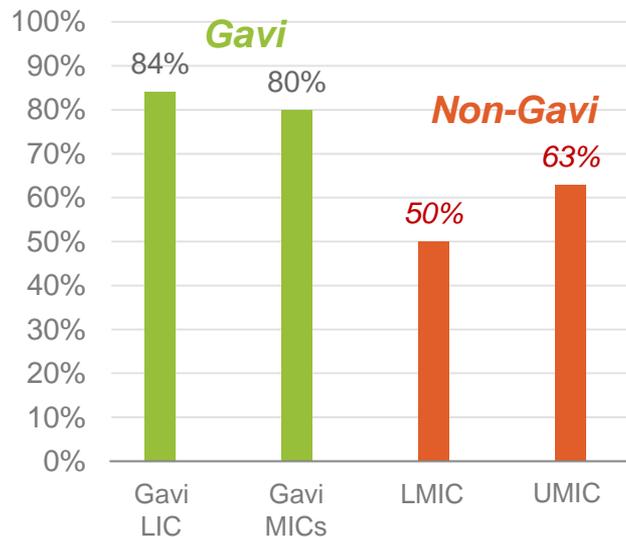
Number of outbreaks has grown steadily from 1980 to 2010, over 3-fold increase.

# Non-Gavi MICs paid considerably higher prices per dose in non-mature markets

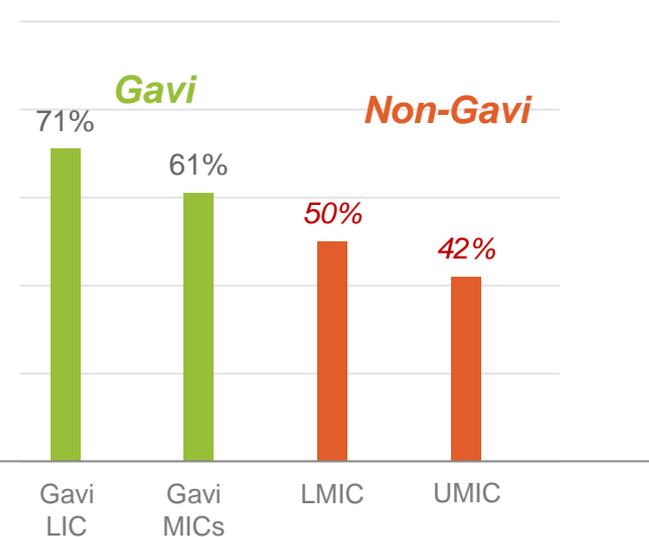


# Non-Gavi MICs lag behind Gavi countries in new vaccine introductions

## % of countries with PCV

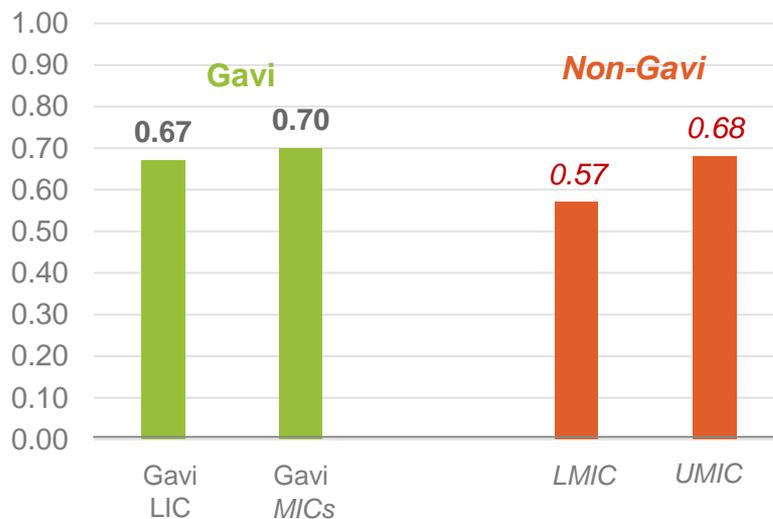


## % of countries with rotavirus



# Effective vaccine management

## Composite



Composite score of countries: for National, sub-national, lowest distribution and service point for all 9 quality criteria: Storage capacity, maintenance, stock management, vaccine management, information systems, infrastructure, temperature control, vaccine arrival and distribution

# 4

## AGENDA FOR THIS MEETING

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# Our Meeting Agenda

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Changes to agenda structure

New: Board decisions dashboard

## Decision points

- Consent agenda
- Successful transition of Nigeria from Gavi support
- Engagement with countries post-transition
- Vaccine Investment Strategy
- Gavi's engagement in Polio eradication

# 5

## ALLIANCE UPDATE

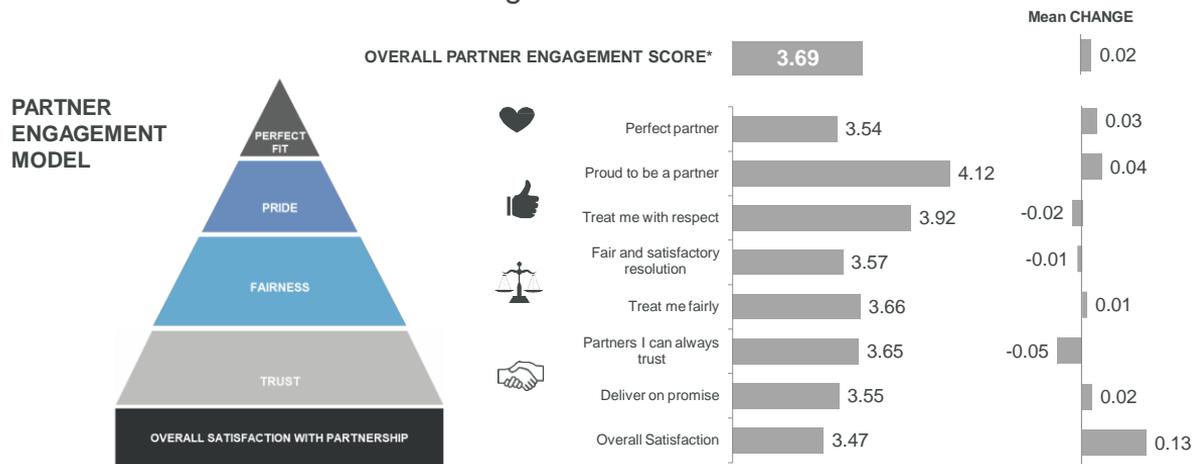
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Board meeting  
6-7 June 2018

# Alliance Health Survey

While Overall Satisfaction with the partnership has considerably improved, the more emotional dimensions are unchanged



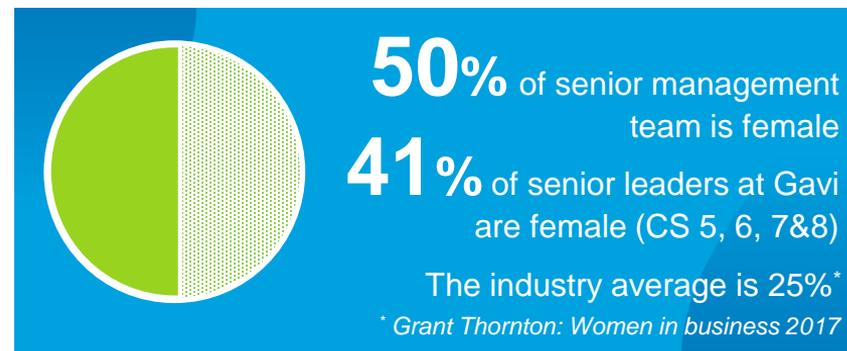
The increase in Overall Satisfaction indicates a positive change in terms of the rational aspects of the partnership. However, perceptions regarding the emotional, experiential aspects such as respect for each other, mutual trust and fairness have remained relatively weak.

Please note: Given the population/sample changes we cannot have a 1:1 comparison of present and past data. This is only an indication of the trend/changes.

## Example Interventions to date

- Alliance leadership engagement plan
- Joint Alliance leadership comms
- Regular Alliance-wide discussions
- Alliance onboarding guide
- Alliance directory & connectivity guide

# Gender balance

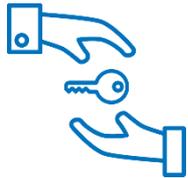


	M	F	% M	% F
Board Members	15	13	54%	46%
Alternate Board Members	9	9	50%	50%
Market-Sensitive Decisions Committee	7	7	50%	50%
Governance Committee	8	4	67%	33%
Audit and Finance Committee	7	3	70%	30%
Investment Committee	4	2	67%	33%
Programme and Policy Committee	11	9	55%	45%

## Governance / Board representation

Board meeting  
6-7 June 2018

# Global Health Campus



**Building handover**

*February 22nd*



**Move completed**

*end March*



**Move completed**

*April 19th*



**Move completed**

*April 23rd*



**Gavi move**

*end June*

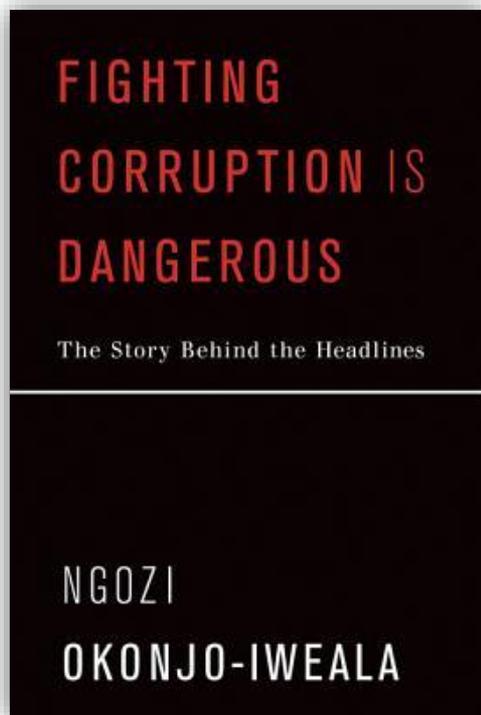


**Move planned**

*August 20th*



## Compelling book launch pertinent to our work



Board meeting  
6-7 June 2018

# THANK YOU

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[www.gavi.org](http://www.gavi.org)