CEO Board Update

Seth Berkley, MD

29 November 2017, Vientiane, Lao PDR

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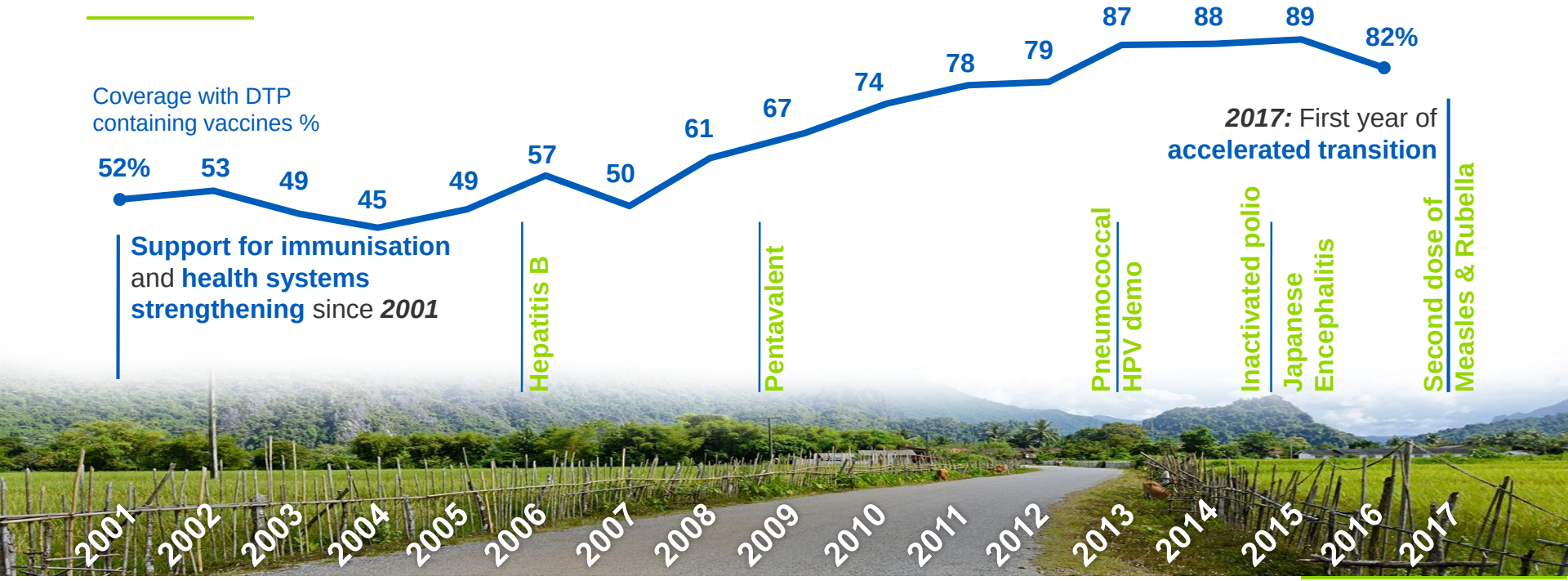
Remembering Olga Popova

Valued friend to Gavi 2009-2014 as a PPC Member, alternate Board Member & Governance Committee Member

Lao PDR's road to transition



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KEY DEVELOPMENTS IN OUR GLOBAL LANDSCAPE

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New WHO leadership team

Dr Tedros, Director General

New Gavi Board representation

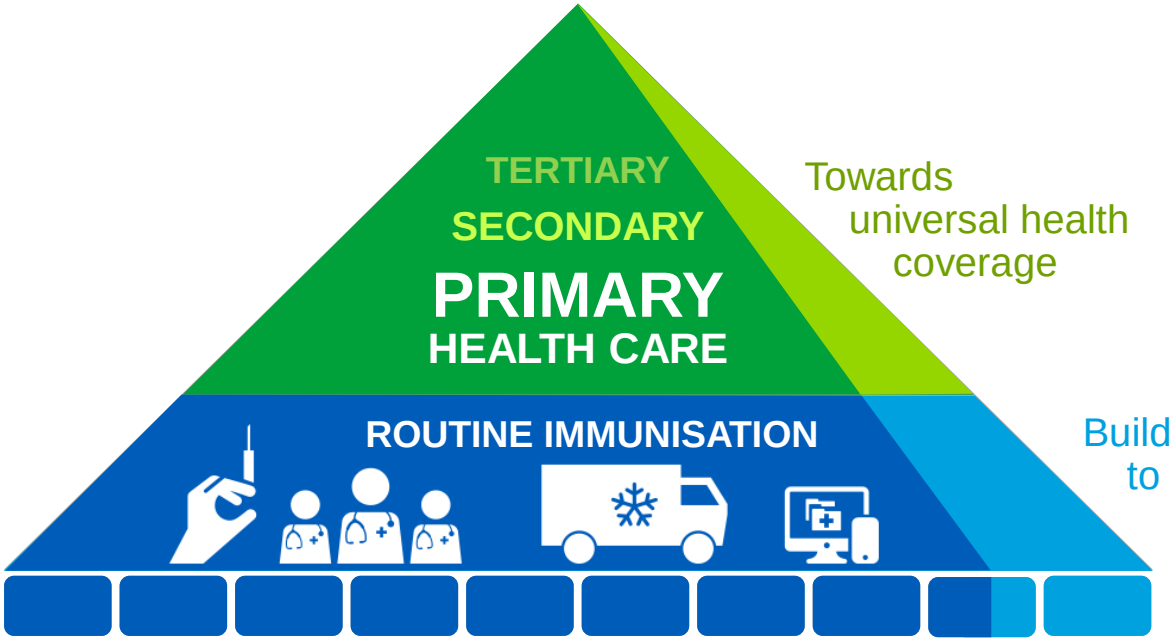
Dr Soumya Swaminathan
Deputy Director-General for Programmes

Dr Princess Nothemba (Nono) Simelela
Assistant Director-General for Family, Women, Children and Adolescents

Bold work plan for 2019-2023; new ways of working, more accountability, outcomes focus & partnership with two important areas for Gavi:

- the role immunisation plays in Universal Health Care
- the importance of immunisation and how measured in the Sustainable Development Goal indicators

The wider benefit of immunisation



Children reached through **routine immunisation** worldwide **86%** | **14%**

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Leadership changes for partners

Tony Lake

Search process begun for UNICEF leadership

Peter Sands

New Global Fund Executive Director

Gavi's work has a direct relationship with 14 of the 17 Sustainable Develop

Goal 17: Partnership for the Goals

Immunisation progress over the last few decades was transformed by a public-private approach that combined the best of both sectors to develop, test, finance and deliver affordable vaccines to more children in need

Goal 8: Decent work and economic growth

Parents of immunised and healthy children are able to work and engage in economic activity. Healthy children grow into a productive future workforce that builds household incomes and stronger economies

Goal 1: No poverty

Health is Wealth: For every US$ 1 invested in immunisation in low- and middle-income countries, there is an estimated US$ 48 net benefit of longer, healthier lives

Goal 5: Gender equality

In most countries and at the global aggregate level, immunisation reaches girls and boys equally

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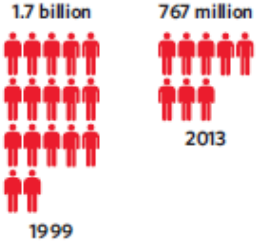
Non-health SDGs setting bold aspirations

Goal 1: End poverty in all its forms everywhere

Number of people living in extreme poverty **fell significantly**



Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture

2000-2002 to about 11 per cent in 2014-2016. Globally, about 793 million people were undernourished in 2014-2016, down from 930 million in 2000-2002.

Goal 6: Ensure availability and sustainable management of water and sanitation for all

5.2 billion people used a "safely managed" drinking water service in 2015

2.9 billion people used a "safely managed" sanitation service in 2015

Goal 7: Ensure access to affordable, reliable, sustainable and modern energy for all

- In 2014, 85.3 per cent of the global population had access to electricity, up from 77.6 per cent in 2000. However, 1.06 billion people still lived without this basic service.

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Immunisation indicator for Sustainable Development Goals

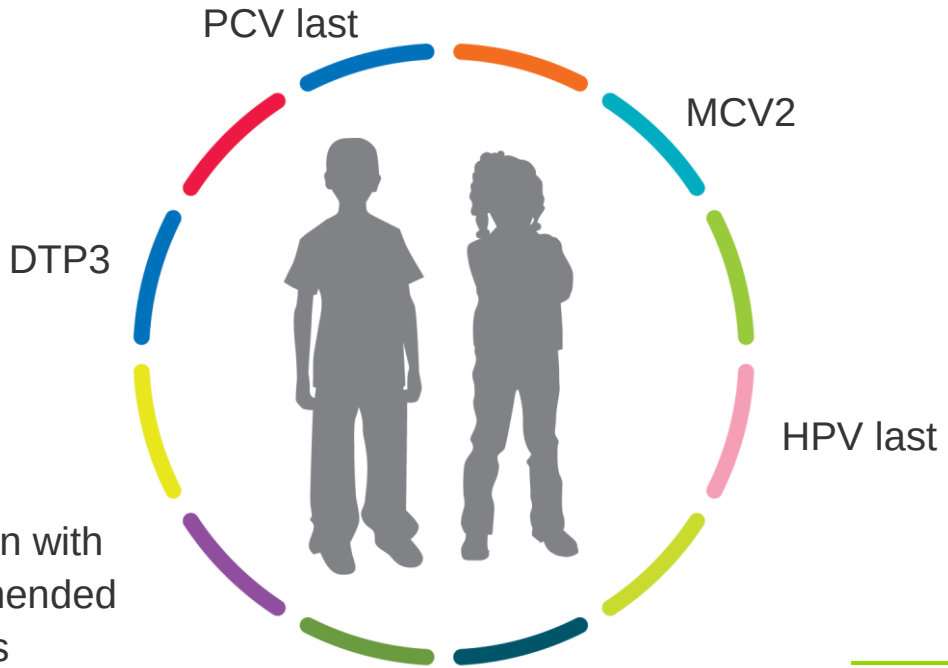
How to measure?

Likely indicator:

- DTP3
- PCV last dose
- MCV2
- HPV last dose

Long-term goal:

- Child-centric view: full immunisation with all 12 vaccines universally recommended by WHO for children & adolescents



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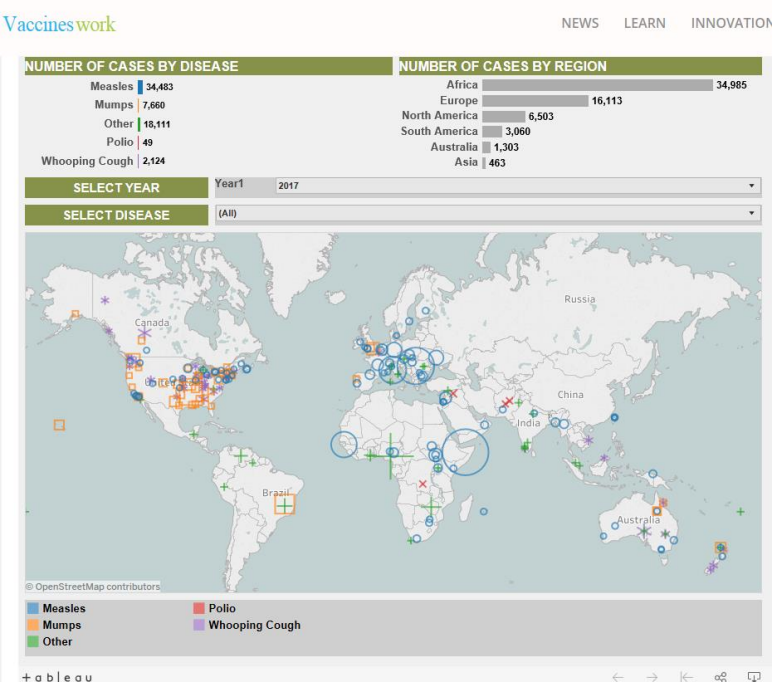
Vaccine hesitancy, impact in Gavi countries

Increasing use of digital platforms to support the alliance's work

Through Social Media watching, we see hesitancy hotspots

positive neutral negative



Outbreak map, managed by Gavi, housed on Vaccines Work

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Changes to our donor landscape

Donor Country Governments

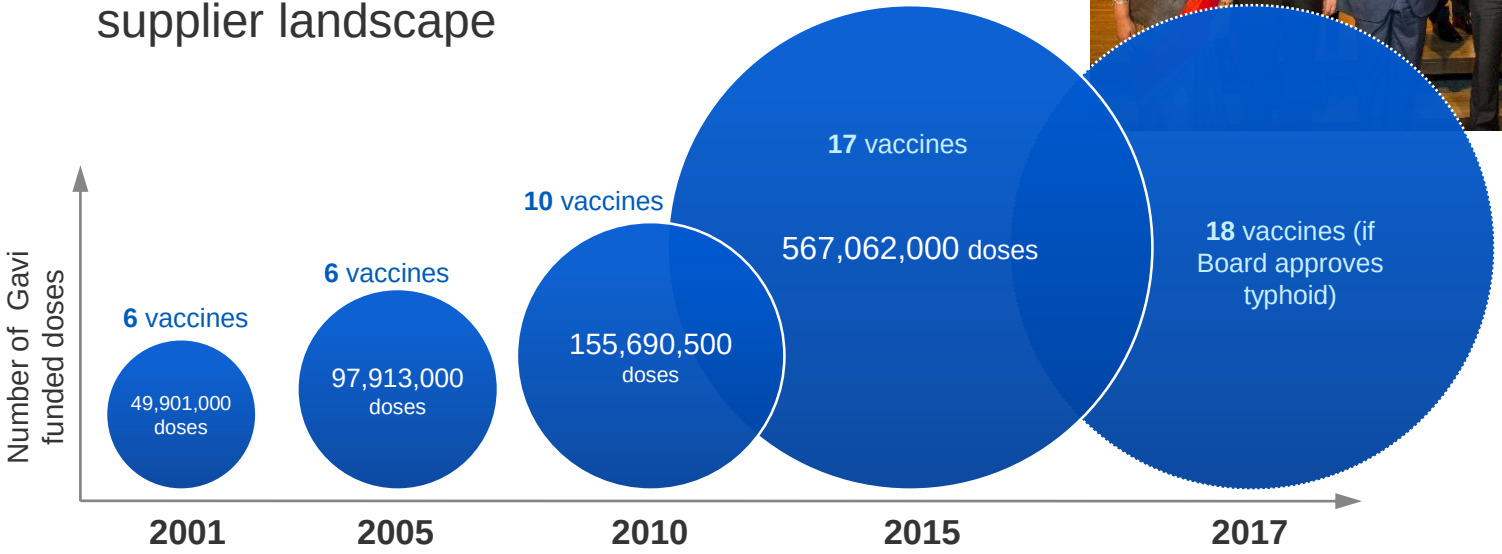
Norway
Sweden
Netherlands
Denmark
Germany
United Arab Emirates
India
Republic of Korea
Japan

Elections

New contributions

Manufacturer landscape

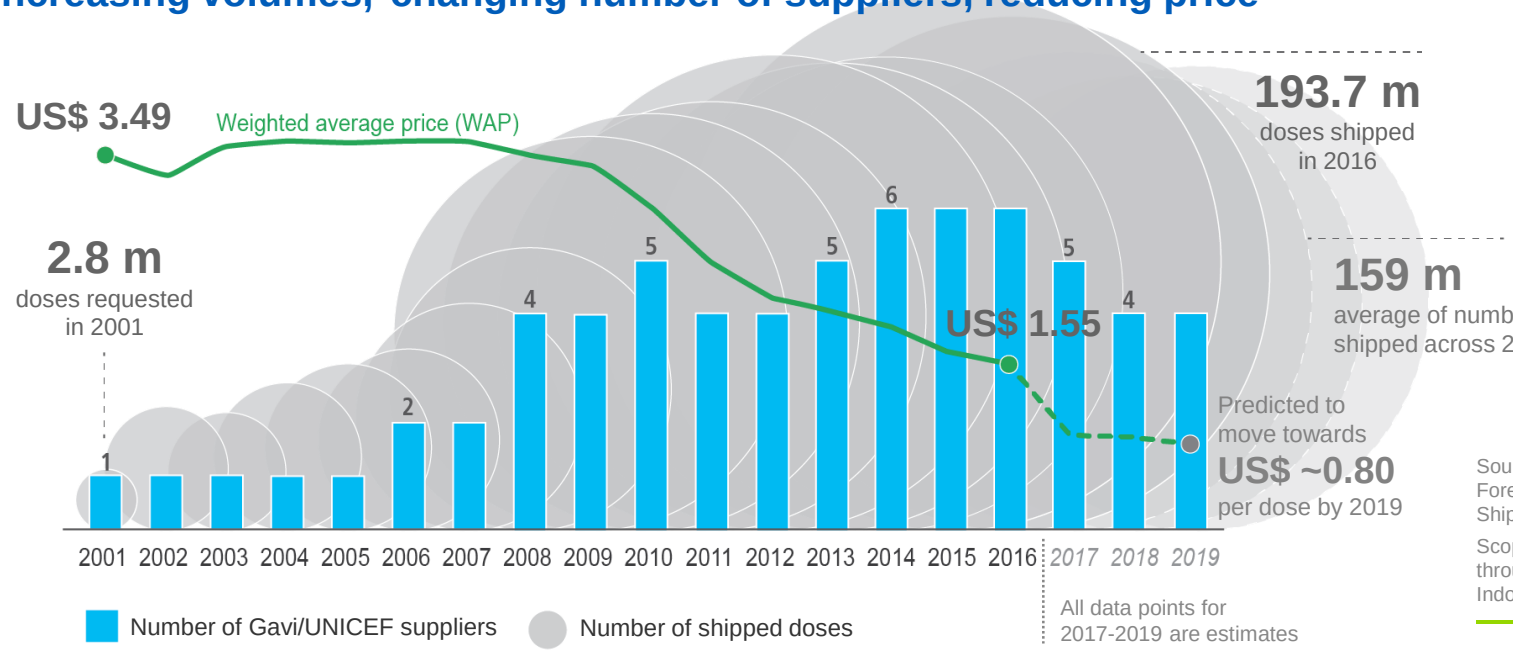
- Leadership changes since last replenishment
- Increasingly diverse & complex supplier landscape



Evolution of the penta market

how Gavi has been a catalyst for market shaping through growing demand

Increasing volumes, changing number of suppliers, reducing price



Source: Gavi Base Demand Forecast, based on UNICEF Shipment Data

Scope: Gavi countries procuring through UNICEF (excluding Indonesia)

New groups to accelerate vaccine R&D

BILL & MELINDA GATES foundation

OVERVIEW: The Bill & Melinda Gates Medical Research Institute

The Bill & Melinda Gates Foundation is establishing a non-profit medical research organization that will combat diseases that disproportionately impact the poor in low- and middle-income countries by accelerating progress in translational science. The formal name of the organization will be the Bill & Melinda Gates Medical Research Institute.

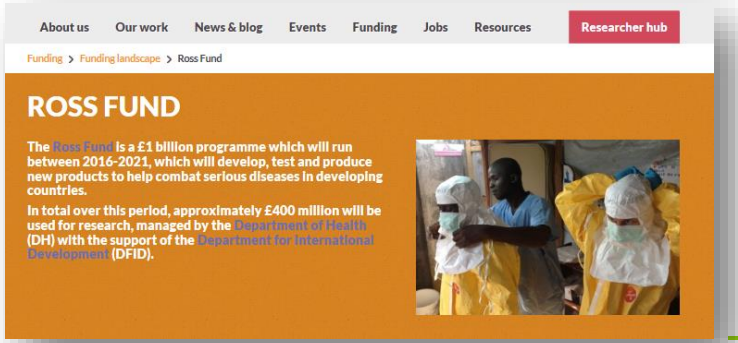
The foundation anticipates that the initial focus of the institute will be to enhance the product development pipeline for malaria, tuberculosis, and enteric and diarrheal diseases.

Since 1990, the global health product development pipeline has produced dozens of high-impact interventions that have helped to save more than 100 million lives. The institute intends to build on this progress by capitalizing on novel platforms and new strategies that could increase the identification, selection, and optimization of novel candidates for drugs, vaccines, diagnostics, and medical devices.

3 targets

- Middle East Respiratory Syndrome
- Lassa fever
- Nipah

Based on the potential to become global public health emergencies and have a feasible development approach for a vaccine



Next– call for proposals for platform technologies

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REPORTING BACK ON PREVIOUS BOARD DECISIONS

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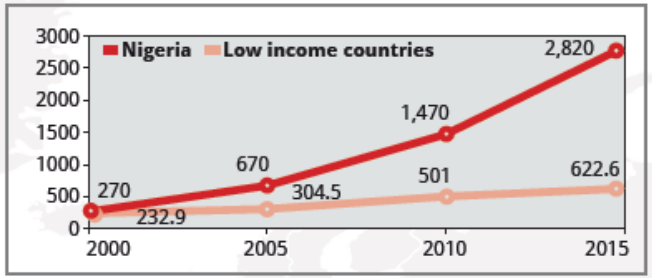
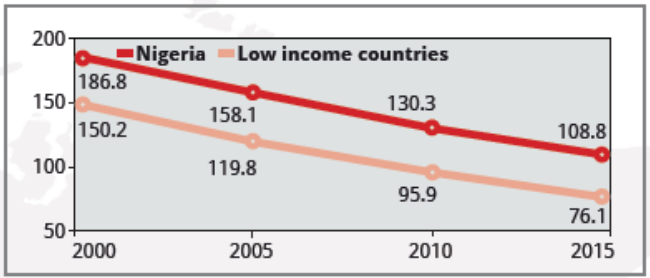
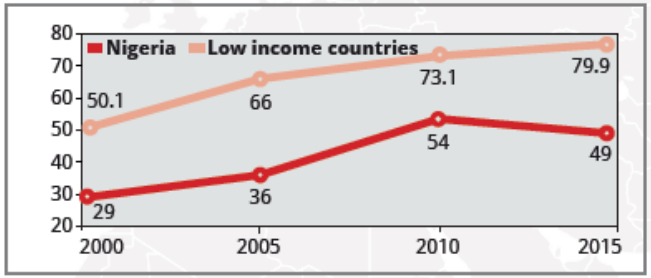
Nigeria in transition case study



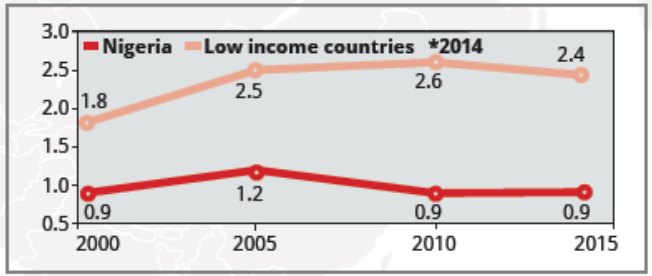
3: GNI PER CAPITA (US$). NIGERIA AND LIC RATE[22]



4: MORTALITY RATE, UNDER 5. NIGERIA AND LIC RATE[24]



5: IMMUNISATION RATE. NIGERIA AND LIC RATE[23]



6: HEALTH EXPENDITURE, PUBLIC (% OF GDP). NIGERIA AND LIC RATE[25]

‘Nigeria illustrates that focusing on economic indicators alone to determine access to donor financing is a high-risk strategy’

Results UK ‘The impact of UK aid’ November 2017

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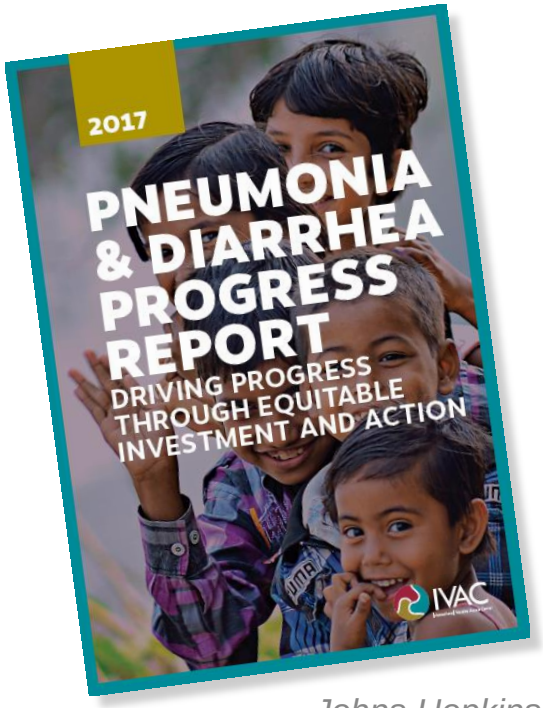
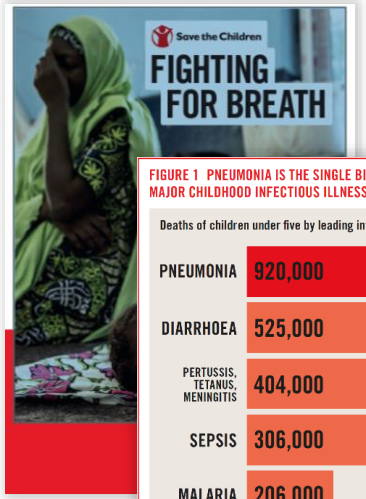
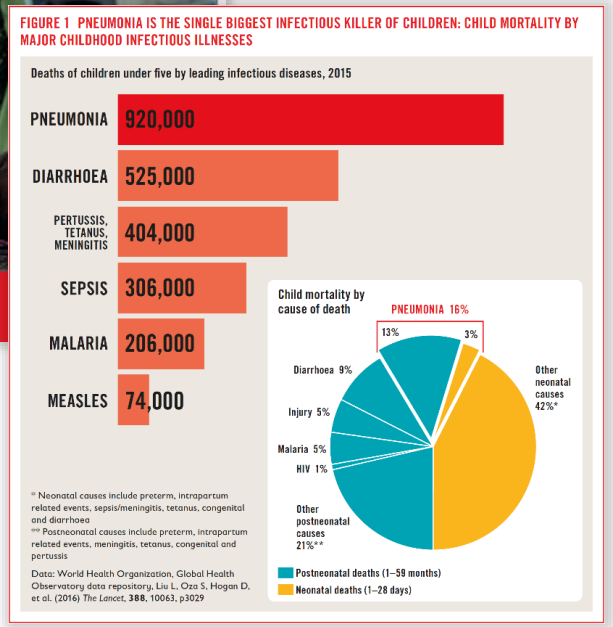
Pneumonia & diarrhoea remain leading killers of children



Johns Hopkins IVAC, November 2017



Save The Children, October 2017



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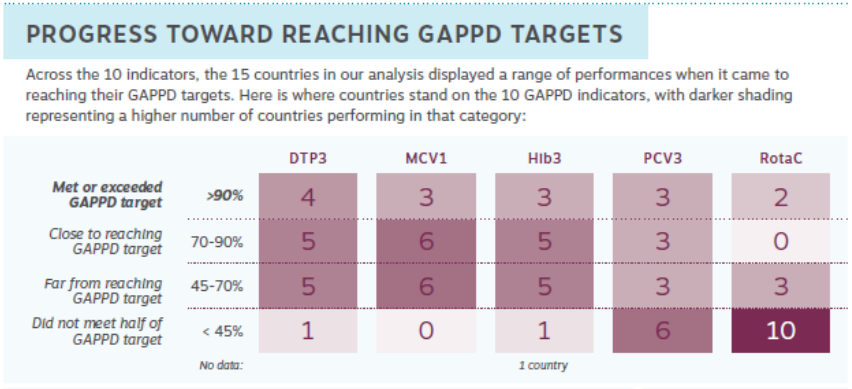
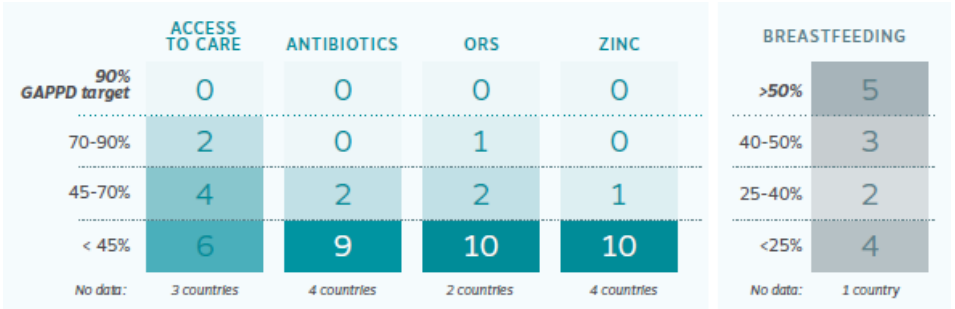
Scale-up of immunisation ahead of other pneumonia and diarrhoea interventions

- Vaccine coverage performance outweighs non vaccine performance
- Of the 15 countries in this report, none met the non-vaccine intervention targets for Pneumonia or Diarrhoea

Vaccine Interventions



Non-vaccine Interventions



Source: Johns Hopkins IVAC, November 2017

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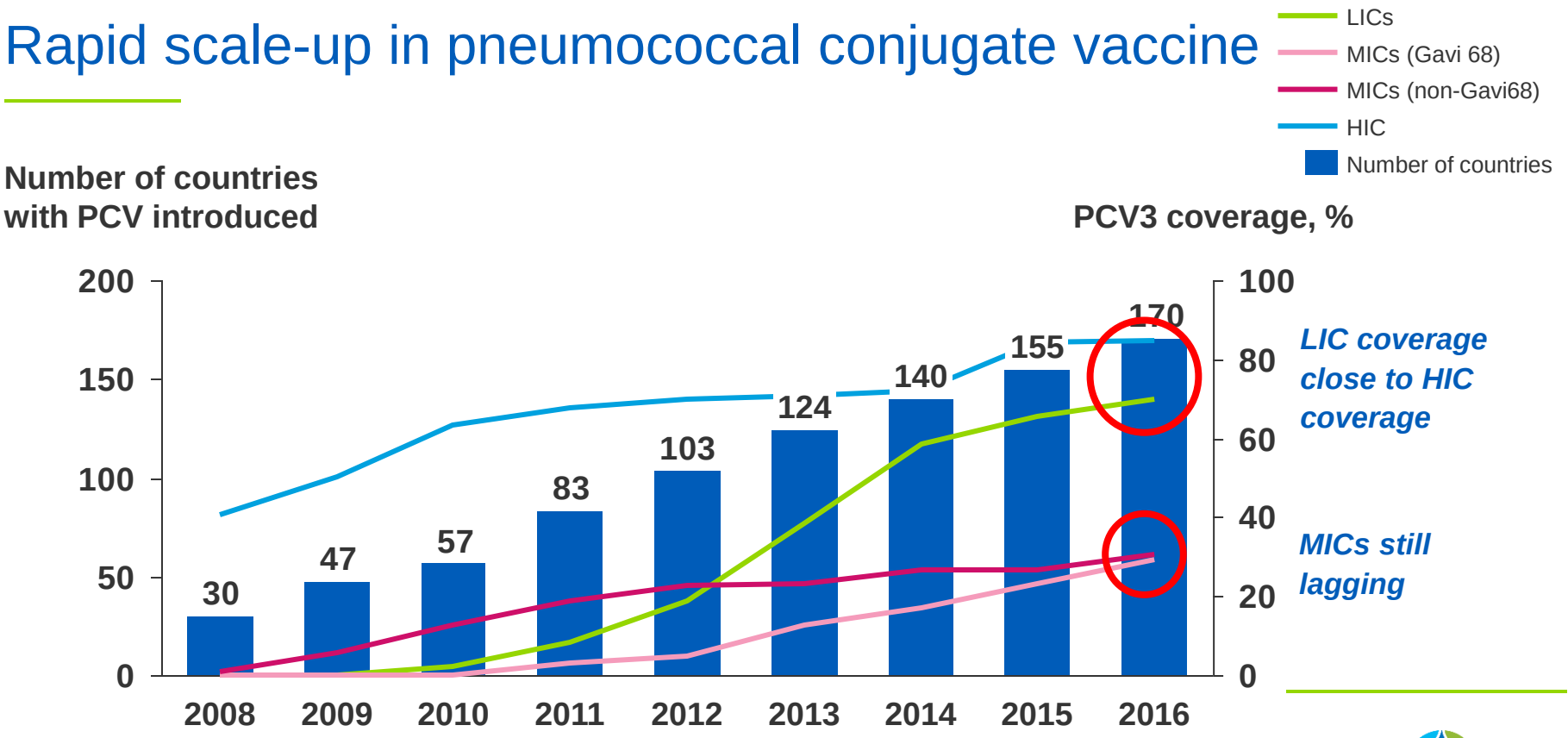
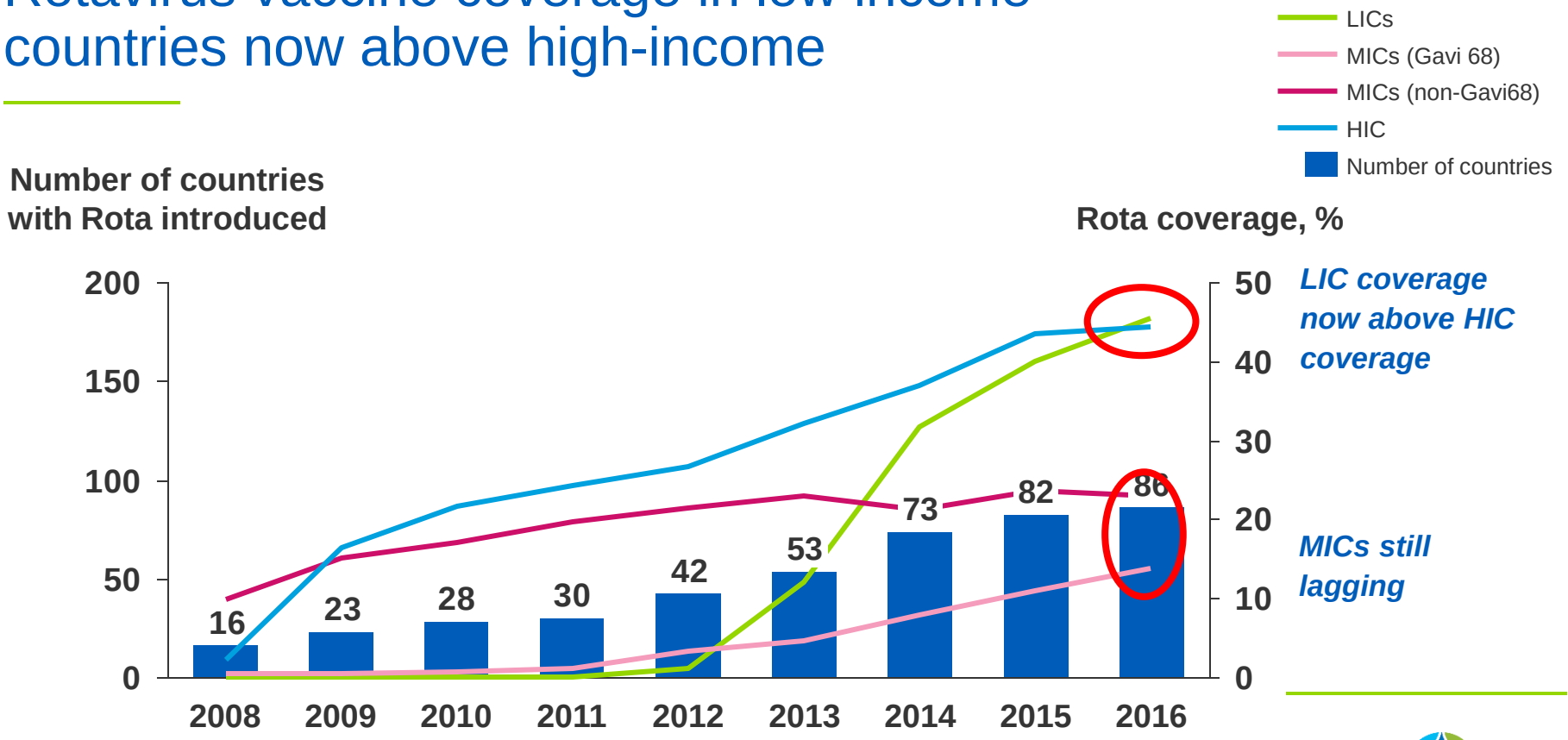
Rapid scale-up in pneumococcal conjugate vaccine



Source: WUENIC data, July 2017 release

Rotavirus vaccine coverage in low income countries now above high-income



Source: WUENIC data, July 2017 release

Scaling up pneumococcal and rotavirus vaccine in India

'In India, by introducing and scaling up coverage of vaccination programs targeting pneumonia and diarrhoea, India could save over US$ 1 billion each year in economic benefits and avert more than 90,000 needless child deaths each year'.

Johns Hopkins, IVAC2017

Political commitment from PM Modi: Intensified Mission Indradhanush: Aim to reach 90% full immunisation coverage by 2018

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Continued acceleration in India

	June 2017	November 2017
Measles-rubella vaccine	• Phase 1 campaign in **5 states reaching >33 million**	• Phase 2 campaign in **8 states reaching >28 million** to date
Pneumococcal vaccine	• Initial launch in May in **3 of highest burden states**	• **>0.5 million** immunised to date
Rotavirus vaccine	• Expanded to **4 new states** in addition to 4 from 2016 (domestically financed)	• Expanded to **another 1 state** • **>11 million** immunised to date
Penta3 coverage	• 2015 WUENIC: **87%, 3.2M under-immunised**	• 2016 WUENIC: **88%, 2.9 million under-immunised**

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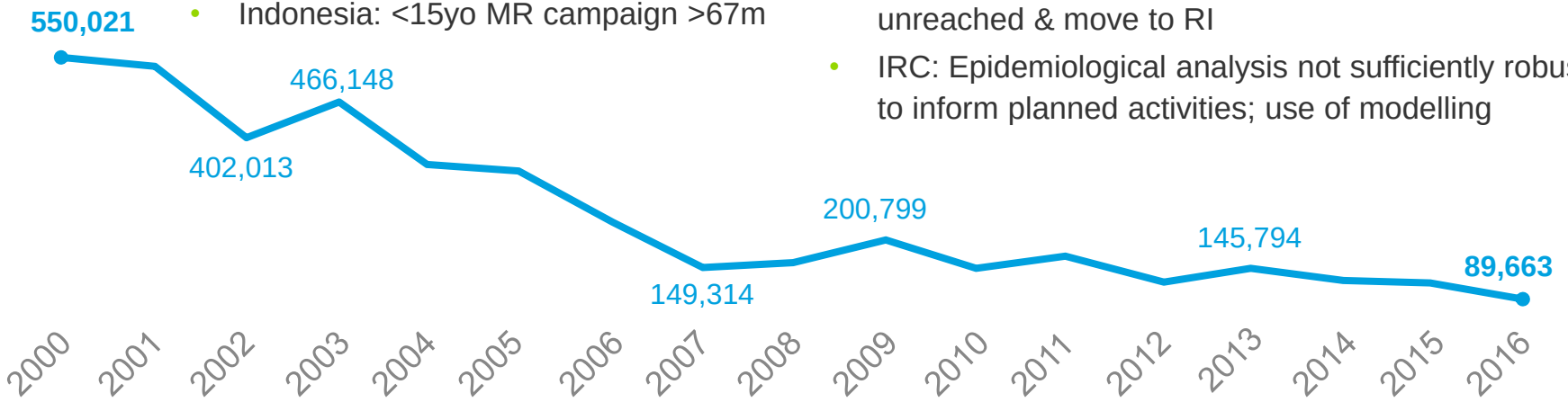
Measles mortality at record low

Gavi progress in 2017

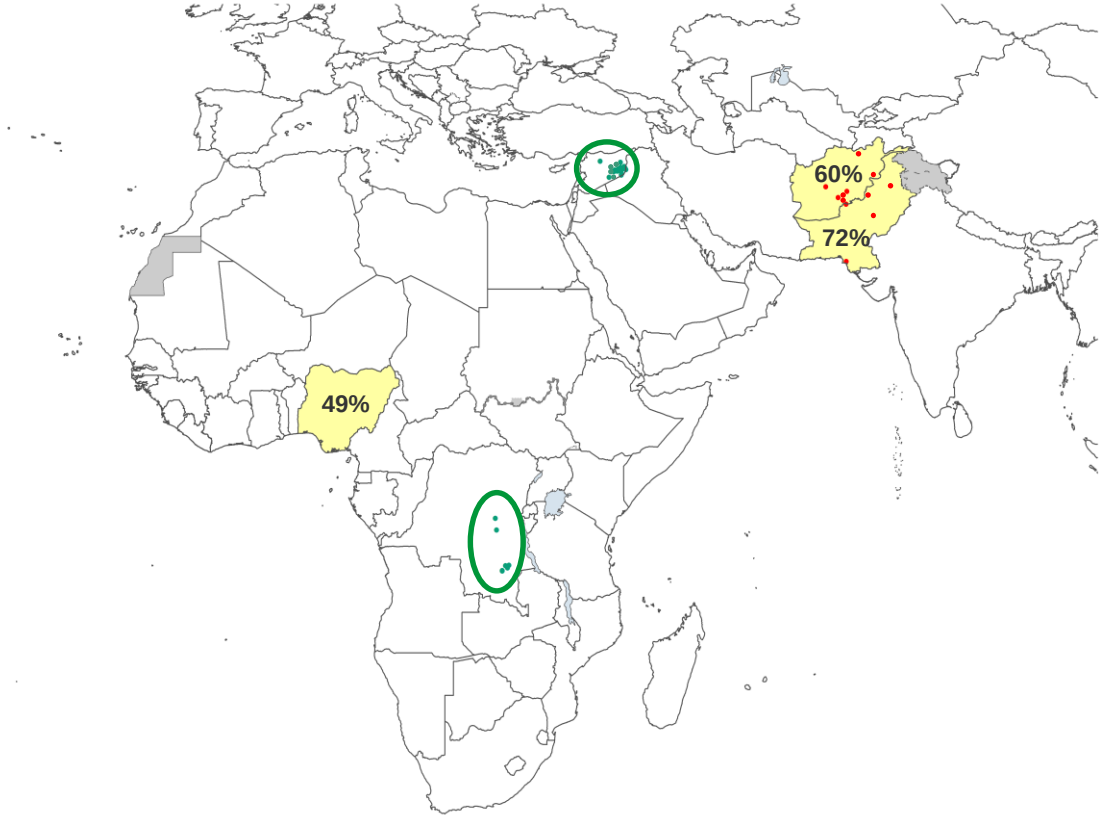
- 10 measles / MR campaigns in 2017 and 1 routine introduction (Lao PDR)
- India: largest ever MR campaign >400m
- Indonesia: <15yo MR campaign >67m

Challenges

- Long term planning and budgeting
- MCV1 coverage in Gavi73 countries flat at 78%
- Campaigns still business as usual vs. focus on unreached & move to RI
- IRC: Epidemiological analysis not sufficiently robust to inform planned activities; use of modelling



Low polio3 coverage – risk to achieving & sustaining eradication



- WPV type 1
- cVDPV type 2
- Endemic country

Cases to date in 2017
Data source: GPEI; WUENIC 2016

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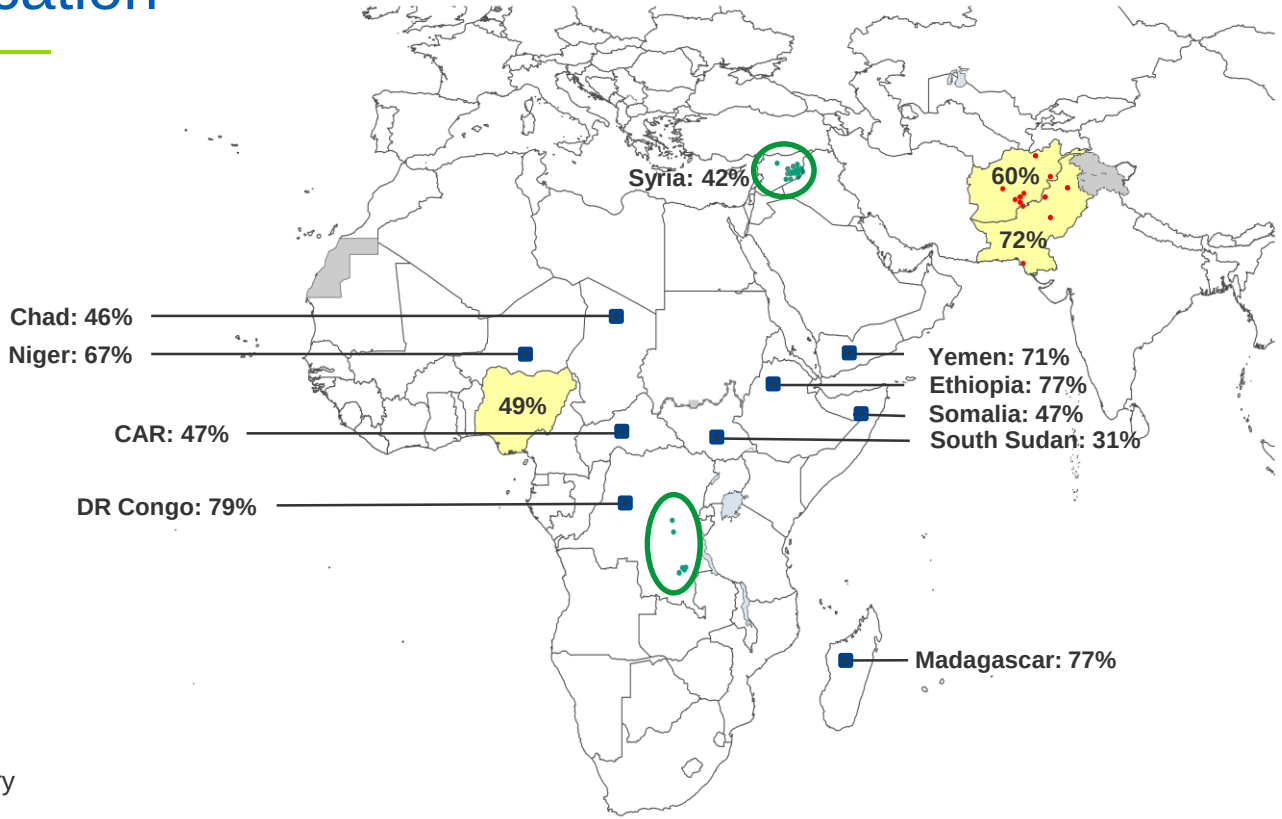
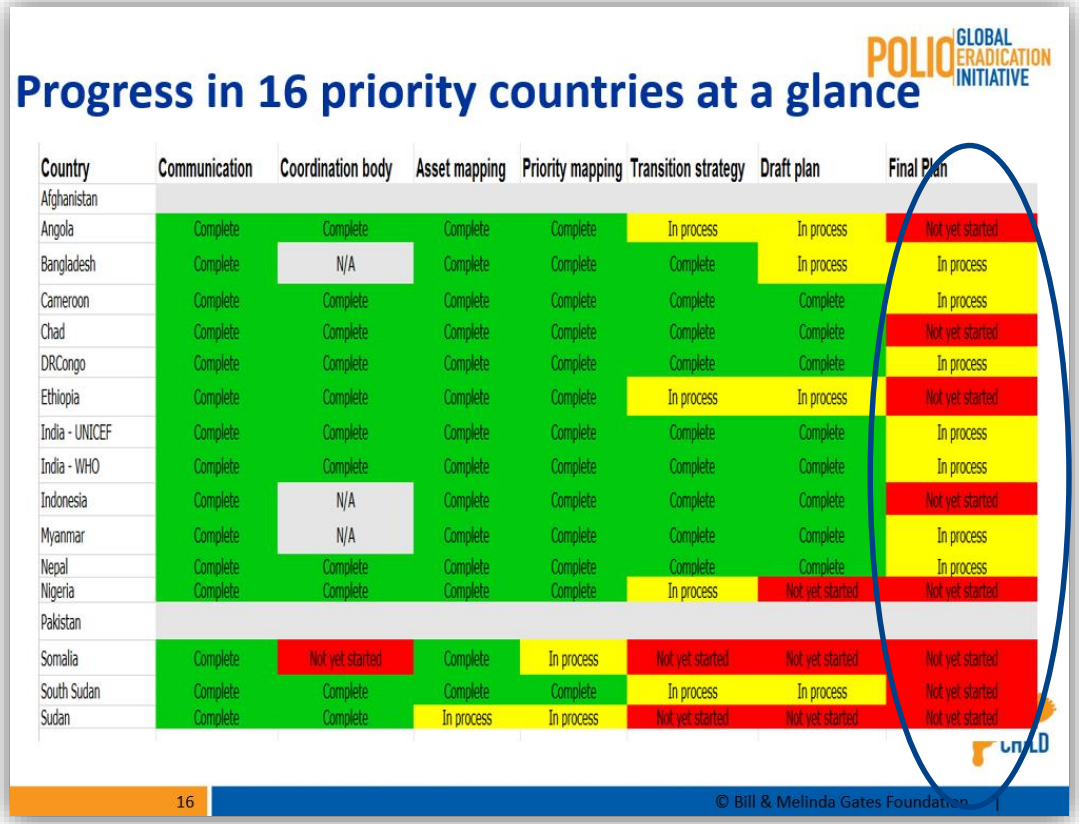
Low polio3 coverage – risk to achieving & sustaining eradication



Cases to date in 2017
Data source: GPEI; WUENIC 2016

Polio Transition – no country yet to finalise their plan



Progress in 16 priority countries at a glance

POLIO GLOBAL ERADICATION INITIATIVE

Country	Communication	Coordination body	Asset mapping	Priority mapping	Transition strategy	Draft plan	Final Plan
Afghanistan							
Angola	Complete	Complete	Complete	Complete	In process	In process	Not yet started
Bangladesh	Complete	N/A	Complete	Complete	Complete	In process	In process
Cameroon	Complete	Complete	Complete	Complete	Complete	Complete	In process
Chad	Complete	Complete	Complete	Complete	Complete	Complete	Not yet started
DRCongo	Complete	Complete	Complete	Complete	Complete	Complete	In process
Ethiopia	Complete	Complete	Complete	Complete	In process	In process	Not yet started
India - UNICEF	Complete	Complete	Complete	Complete	Complete	Complete	In process
India - WHO	Complete	Complete	Complete	Complete	Complete	Complete	In process
Indonesia	Complete	N/A	Complete	Complete	Complete	Complete	Not yet started
Myanmar	Complete	N/A	Complete	Complete	Complete	Complete	In process
Nepal	Complete	Complete	Complete	Complete	Complete	Complete	In process
Nigeria	Complete	Complete	Complete	Complete	In process	Not yet started	Not yet started
Pakistan							
Somalia	Complete	Not yet started	Complete	In process	Not yet started	Not yet started	Not yet started
South Sudan	Complete	Complete	Complete	Complete	In process	In process	Not yet started
Sudan	Complete	Complete	In process	In process	Not yet started	Not yet started	Not yet started

16

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Syria

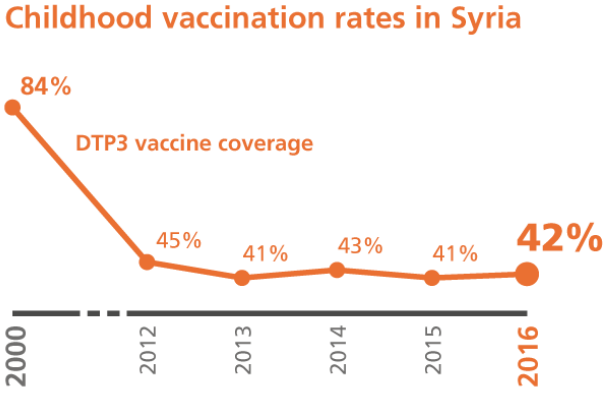
August 2017 – first Gavi grant disbursement

2017 UNICEF progress report

- Increased coverage
- 31 Health Facilities reopened

Unfortunately continued challenges

- Outbreaks: cVDPV2 70 cases, Measles 7,000 cases
- Cold chain & vaccine attack in al-Mayadin, near Deir al-Zor, Eastern Syria (October) – centre of polio outbreak
  - Loss of 100,000 measles, 35,000 polio doses & equipment



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2017


REUTERS

#WORLD NEWS OCTOBER 13, 2017 / 11:57 PM

WHO says attack on Syria vaccine store leaves children at risk

Reuters Staff 2 MIN READ

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Yemen – Acute Humanitarian Crisis

Growing humanitarian crisis

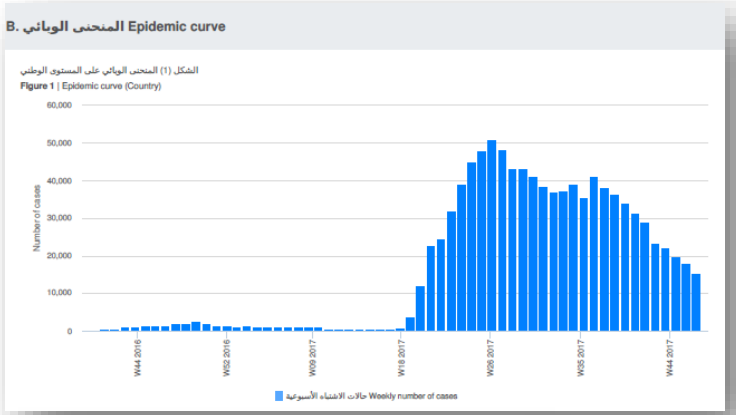
- >60% of people **food insecure**, >30% depend on food aid
- >50% need help to access **drinking water** and **sanitation**
- ~50% of health facilities non-functional, **>10M people lack access to basic healthcare**

Ongoing outbreaks

- **Cholera:** Over 950,000 cases. Waning but continued risk
- **Diphtheria:** 120 cases diagnosed, 14 deaths. >1m children at risk

Response

- Partners working to deliver food, fuel & vaccines – 1.9M routine vaccine doses (mainly penta / PCV) arrived this week
- WHO and UNICEF conducting outreach campaigns with Gavi support – constrained by access challenges and blockade



Board meeting
29-30 November 2017

Source: WHO Weekly Epidemiological Bulletin (21 November 2017), UN OCHA

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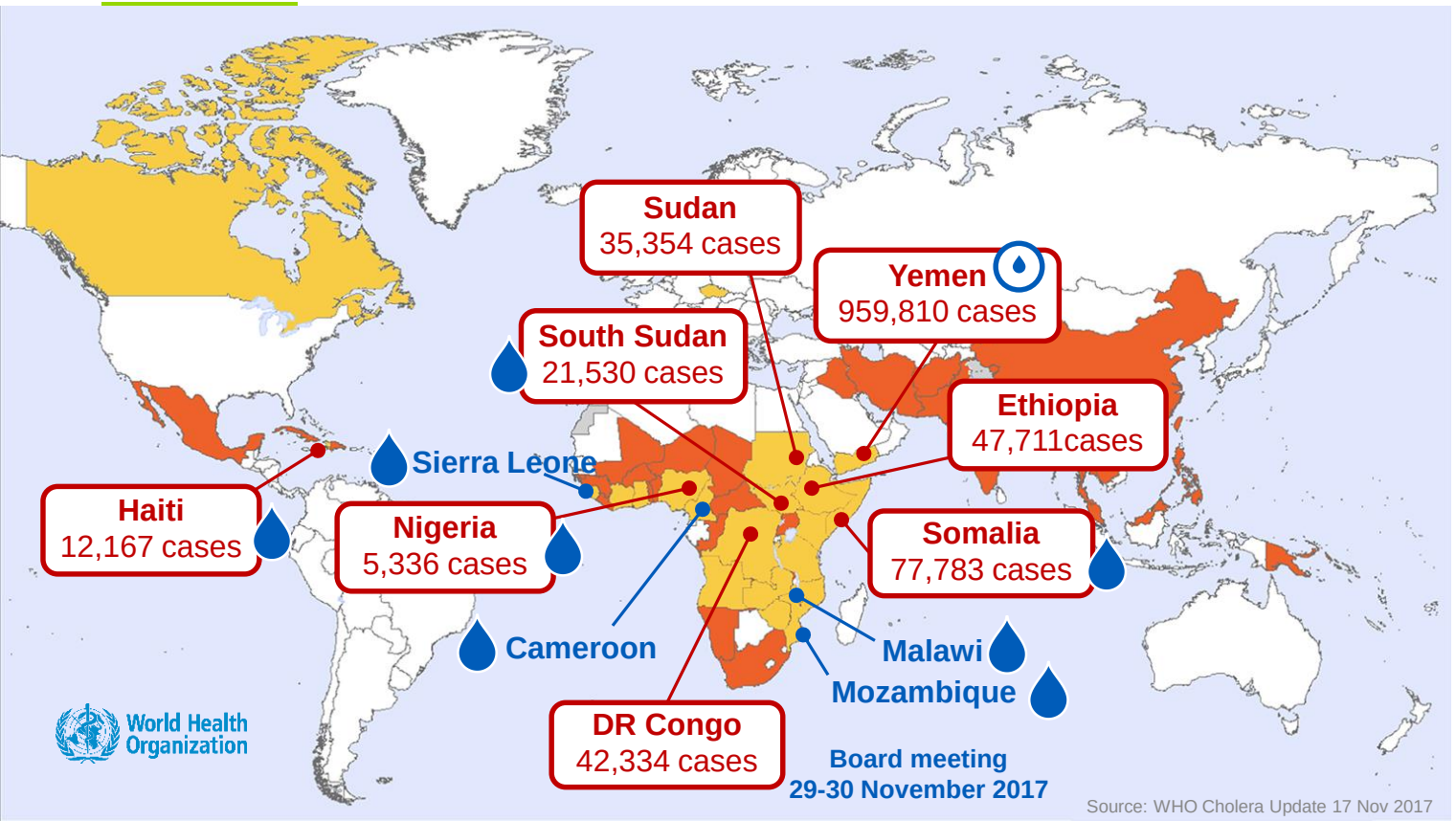
Cholera: affected countries, October 2017



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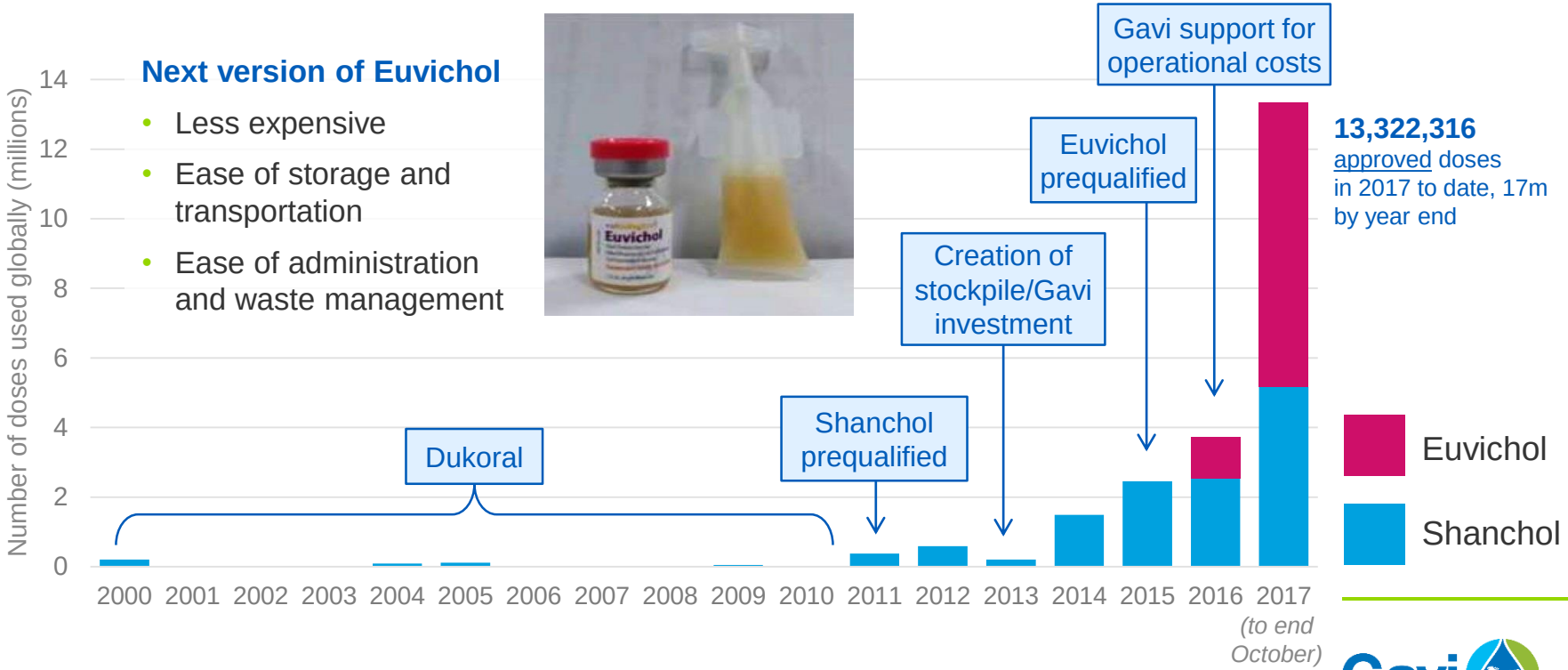
Oral cholera vaccine: impact of our investment

Next version of Euvichol

- Less expensive
- Ease of storage and transportation
- Ease of administration and waste management



13,322,316
approved doses in 2017 to date, 17m by year end

Ending Cholera Strategy

International Coordinating Group

- Board-approved support based on key principles
  - Stockpiles part of comprehensive disease strategy
  - Transparency & accountability in decision-making
  - Coherent, Alliance-wide forecasts and procurement
- Decision criteria more transparent, information shared in real time & Gavi Secretariat observing ICG discussions
- Independent evaluation recommendations
  - Formal governance structure with new oversight body
  - Clearer definition of roles and responsibilities
  - More standardised reporting
  - Continue to strengthen linkages with disease control strategies; create global strategy for meningitis control

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Slow progress in implementing Eliminating Yellow Fever Epidemics strategy

Mass preventive campaigns

- ✗ Ghana
- ✗ Nigeria
- ✗ Sudan
- ✗ DR Congo (application January 2018)

New applications for routine YF vaccination

- ✗ Ethiopia
- ✗ Sudan
- ✗ South Sudan
- ✗ Uganda

Strengthened governance and accountability

- ✓ Global level governance structure has been formed
- ✗ Key working groups not yet operational

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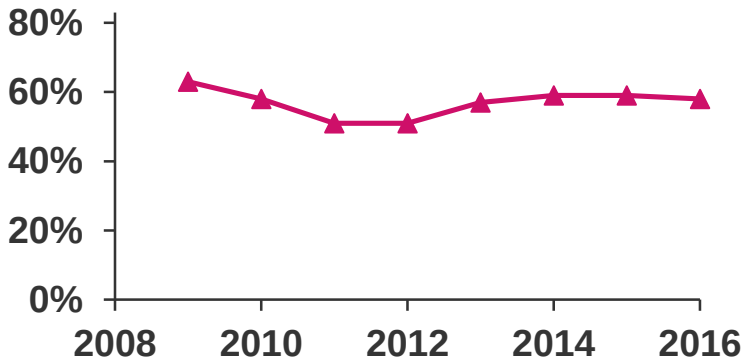
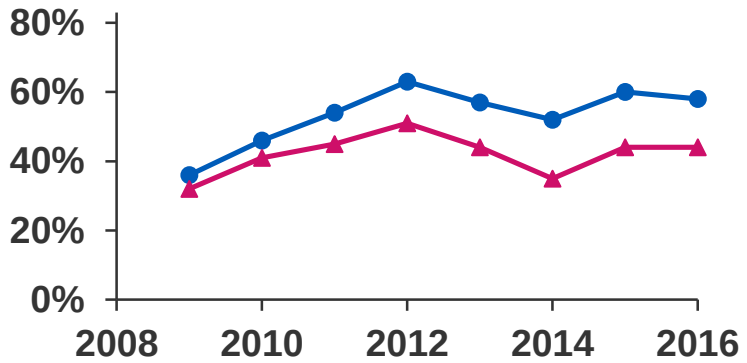
Yellow Fever coverage stagnant, tracking below MCV1 given same time

YF coverage across 22 at-risk countries

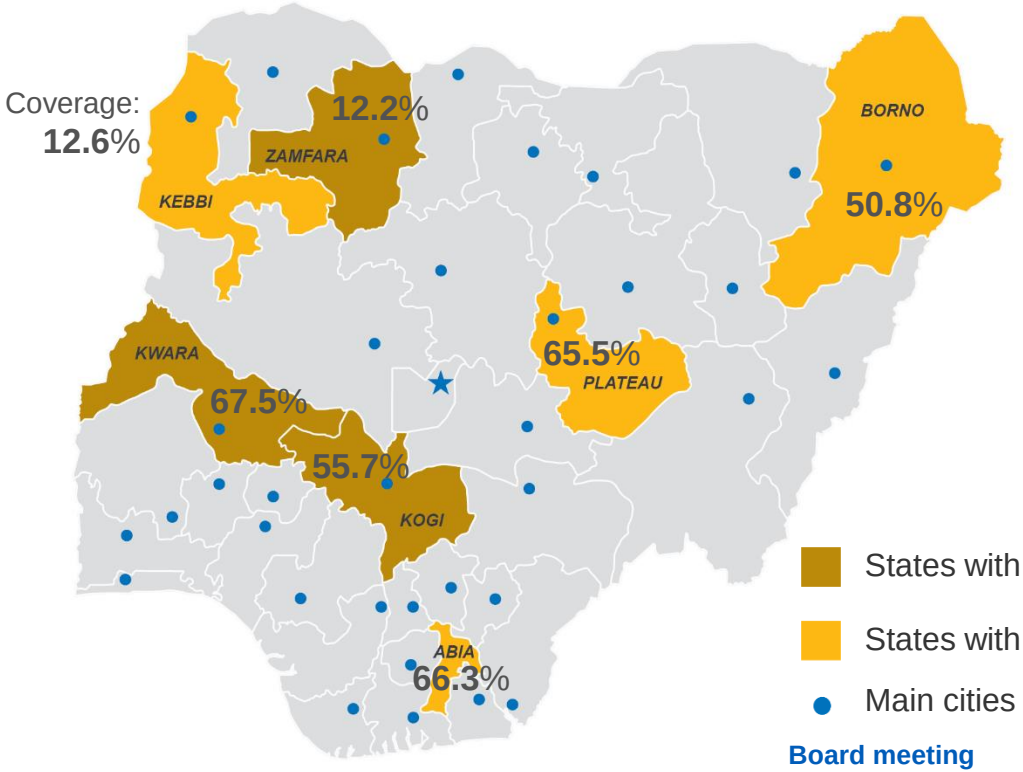


Chad – MCV1 and YF



Yellow Fever MCV1

Nigeria yellow fever outbreak



- **179 suspected cases, 15 confirmed. 2 confirmed deaths**
- **ICG approved a 960,000 doses in October and 1.4M doses in November for outbreak response**
- **61M doses approved for preventive campaign in 2012, only 12M shipped due to supply constraints**

Source: NICS survey, Nigeria CDC

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Campaigns & Routine Immunisation of Meningitis A vaccine have led to virtual elimination of disease

Nigeria

- IRC approved 36m+ doses for catch-up campaign, 6m for routine
- Majority of doses produced: risk of expiry if not used

>287m people

vaccinated in 2010-2016

21out of 26 countries

partially or totally vaccinated by MenAfriVac

IMPACT:

Number of meningitis A cases:

	in 2008	January - 2 July 2017
Niger	842	0
Burkina Faso	156	0
Mali	16	0

Sources:
www.who.int/csr/disease/meningococcal/Bulletin_Meningite_S26_2017.pdf
2010–2016: >235mn (until Feb 2016) people vaccinated:
http://immunizationinafrica2016.org/releases/2016/2/23/as-meningitis-nears;
4,069,239: target group for MenA - WHO administrative coverage JRF file - Ghana, Niger, Senegal, Sudan (2016)

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Ebola

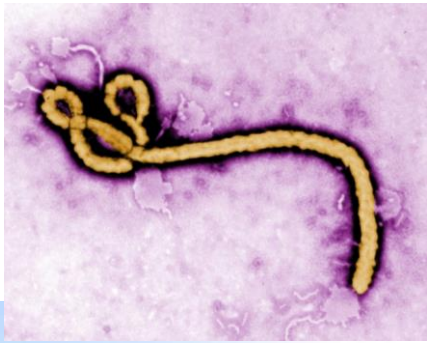
Advanced Purchase Commitment with Merck VSV-EBOV for stockpile

- Accelerated review timelines:
  - Priority Medicine scheme (EMA)
  - Breakthrough Therapy designation (FDA)
- Submission to be completed in 2018
- 300k investigative doses still available in the event of an outbreak

SAGE working group to reconvene H1 2018

Chinese approval for local Ad-5-EBOV vaccine

- Chinese Academy of Military Medical Sciences' Bioengineering Institute & CanSino Biologics



3

STRATEGIC ISSUES FOR DISCUSSION

The importance of data to accelerate progress on coverage and equity

Board meeting
29-30 November 2017

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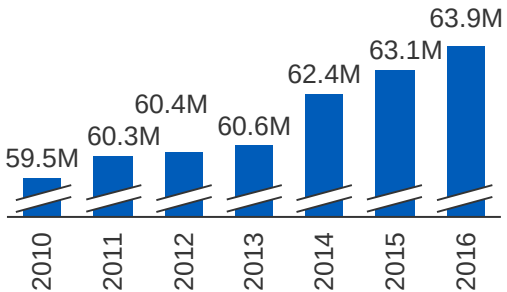
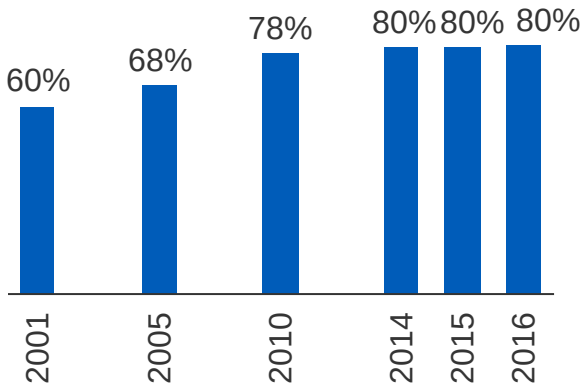
Above trend to immunise 300M children this period but challenges in reaching the fifth child

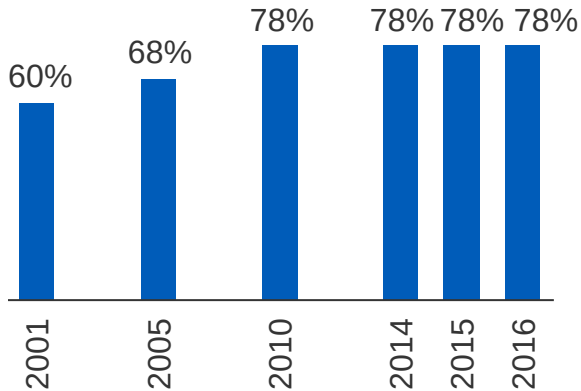
Children immunised with DTP3/PENTA3 (Gavi68)



DTP3/PENTA3 (Gavi68)



MCV1 (Gavi68)

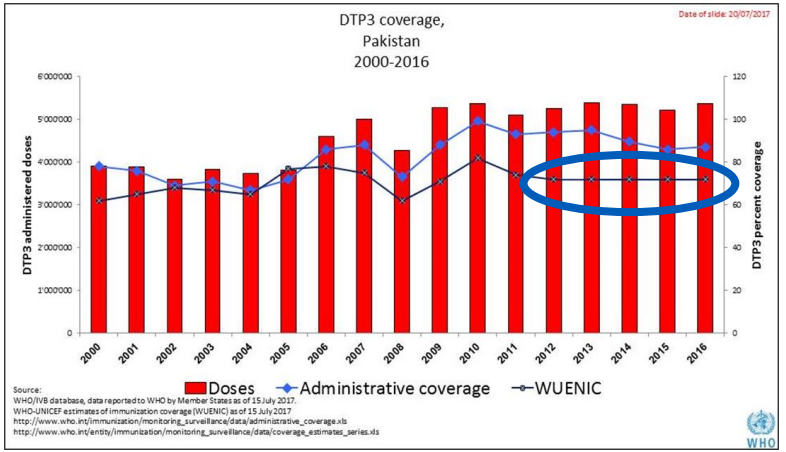


WHO-UNICEF Estimates of 2016 Immunisation Coverage (release July 2017), UN Population Division (2017)

Challenges with WUENIC data – Pakistan example

Coverage: Punjab	2012 DHS	2014 Punjab MICS	2016 Punjab Health Survey
DTP3	62.5%	71.7%	85.2%
MCV1	49.7%	71.6%	84.6%

- Tremendous progress since 2012
- Population of Punjab represents nearly half of Pakistan



WUENIC estimate unchanged since 2012 (72%)

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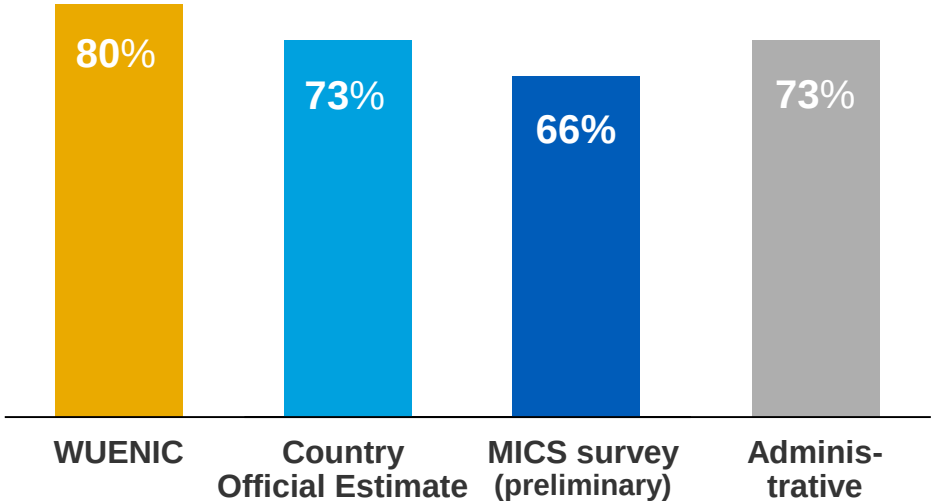
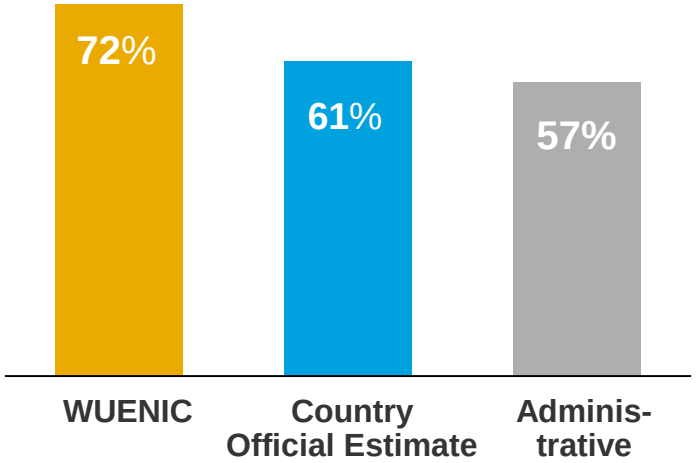
What does this mean in reality? Challenges with WUENIC data

Congo Republic



PNG



WHO-UNICEF Estimates of 2016 Immunisation Coverage (release July 2017), UN Population Division (2017)

Data issue is broader than immunisation

WUENIC Grade of Confidence defined:

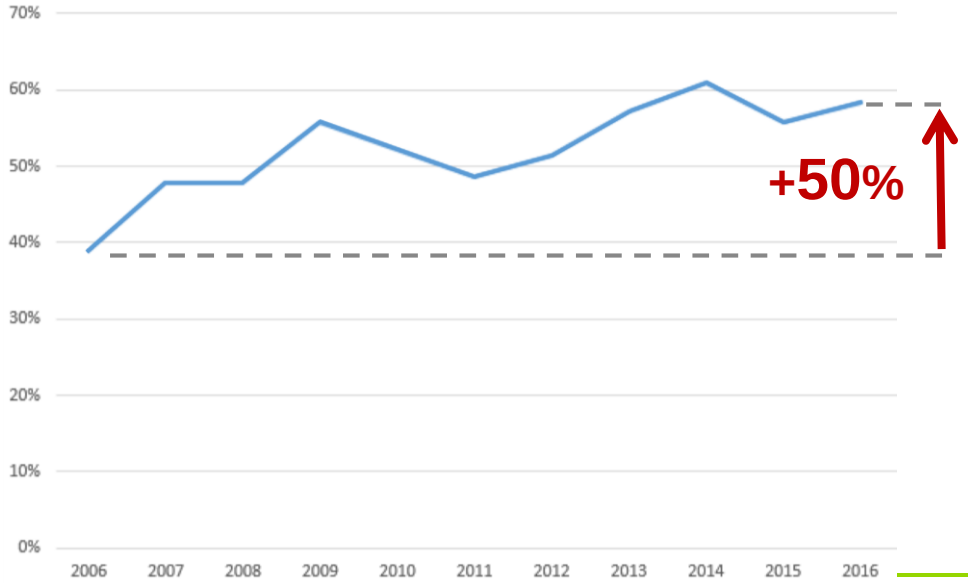
- Administrative coverage
- Official coverage
- Survey coverage

All declining as drivers of uncertainty

- Population data

Largest (and growing) driver of uncertainty

Proportion of Gavi73 where coverage estimates are challenged due to inconsistent population data



WHO-UNICEF Estimates of 2016 Immunisation Coverage (release July 2017), UN Population Division (2017)

Our data journey

Past

- HSS not targeted and a “data-free zone”
- Data investments limited and fragmented
- Limited visibility on technical support
- Light-touch Secretariat engagement with countries

Today

- GPFs for every grant with intermediate HSS indicators
- Data SFA: Joined up approach to data strengthening
- PEF: Full transparency on TCA
- New tools: Surveys every 5 years, data triangulation etc.
- Enhanced dialogue: more SCMs, Joint Appraisals using data etc.

Future vision

- Transformation in country data systems based on 21st century, digital technologies
- Data available to all those who need it
- Data used to track children & allow follow-up with parents

How do we accelerate progress?

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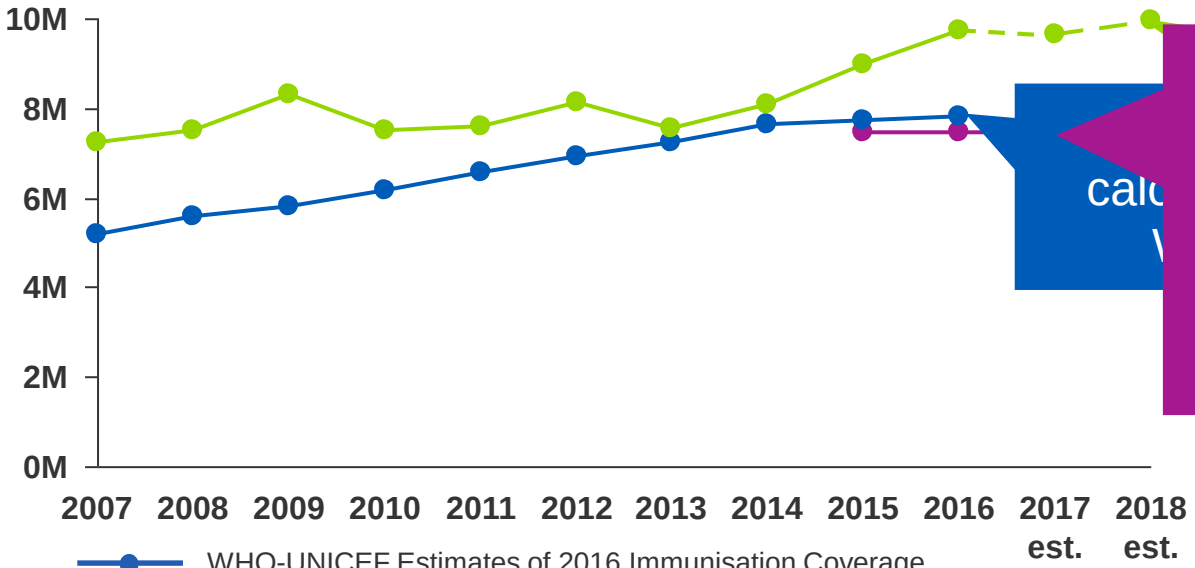
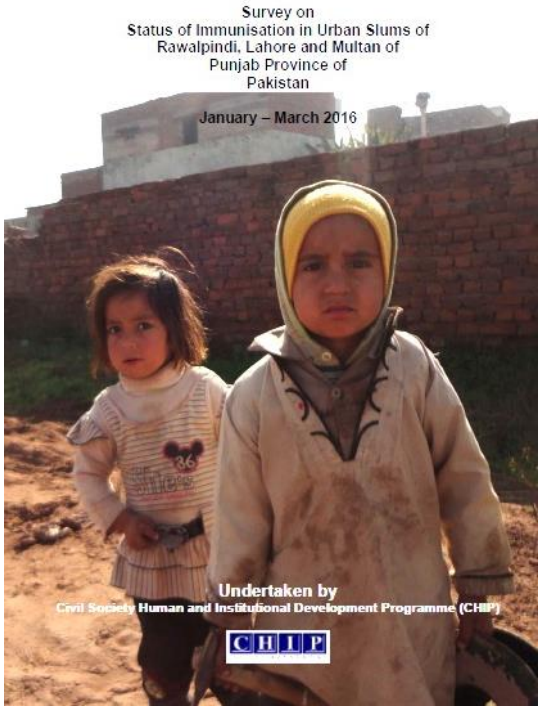
Triangulation critical to address data challenges – comparing shipment and consumption data in Ethiopia

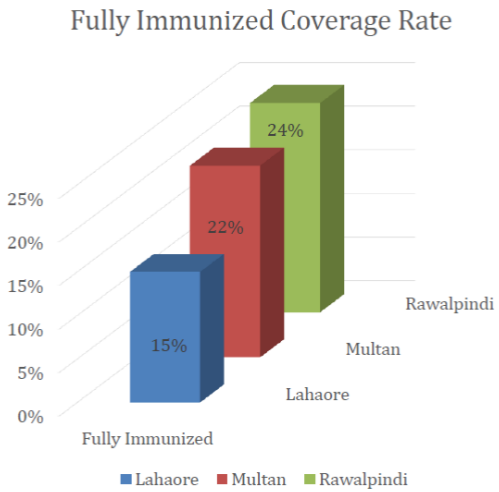
Pentavalent vaccine consumption, doses

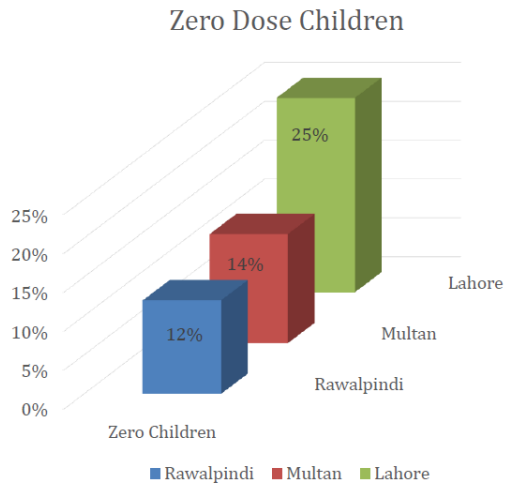


Predicted consumption: Gavi algorithm (shipments, stock changes)

Civil Society Organisations helping to strengthen data: Coverage survey in 3 Urban Slums, Punjab province







Many of the under-immunised are in **slums** vs **rural areas**

How digital data is supporting the world's largest immunisation programme

Complex environment

~27M newborns
~30M pregnancies
~100M <5 years of age

~27,000 facilities
(95% sub-district)

>650M doses
>9M immunisation sessions

+

Barriers to Digitalisation:

- Access to
  - Electricity
  - Computers
  - Internet
- Data entry operators

→ eVIN

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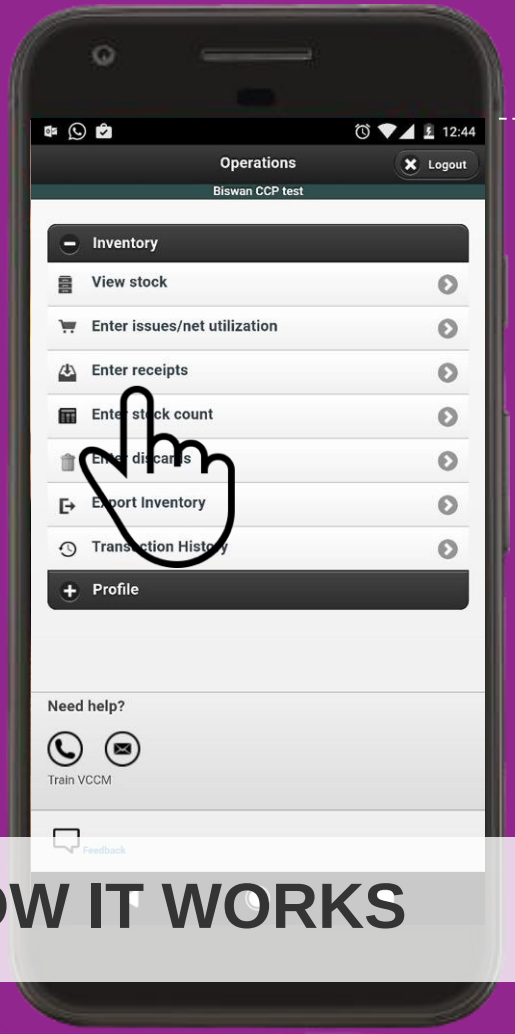
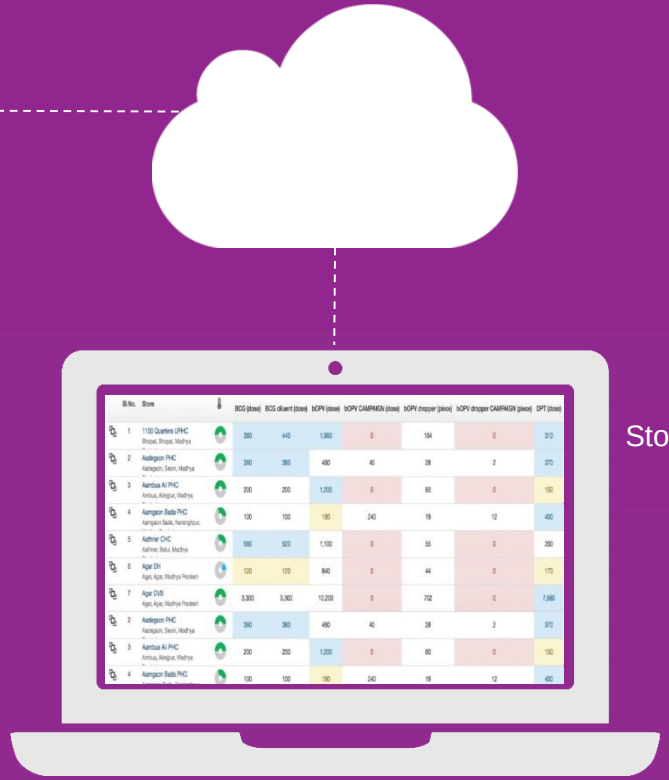


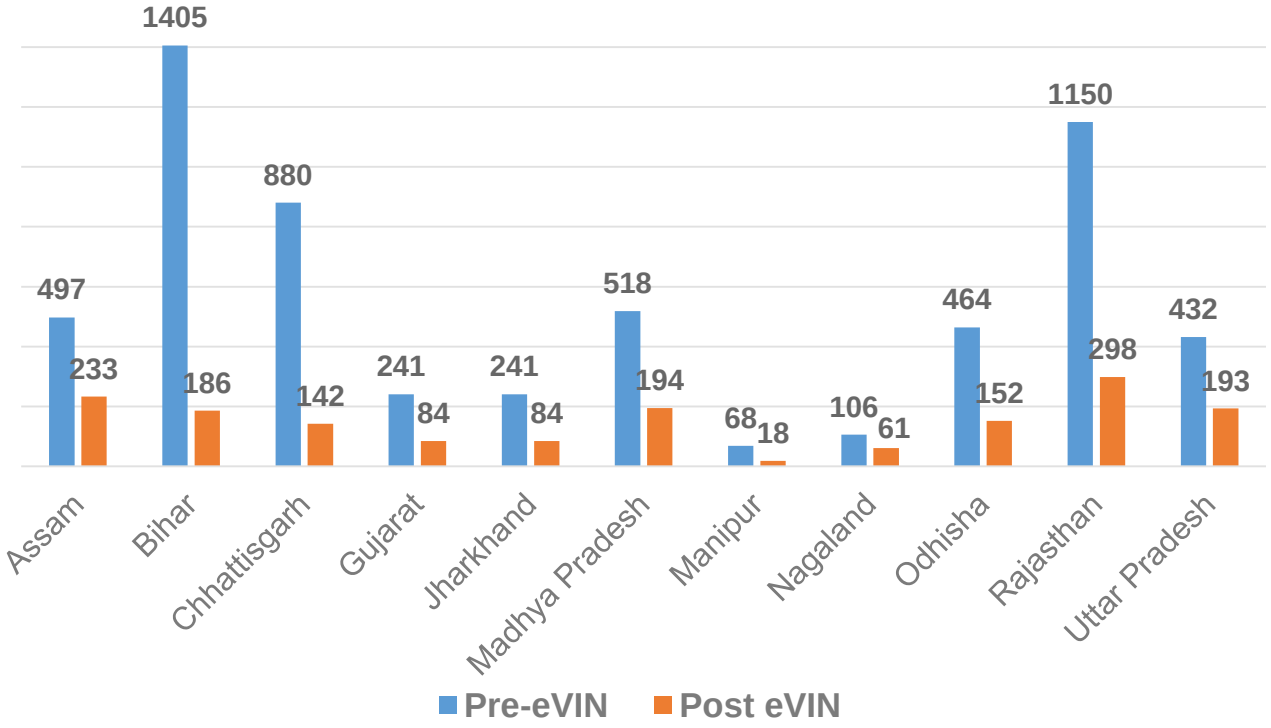


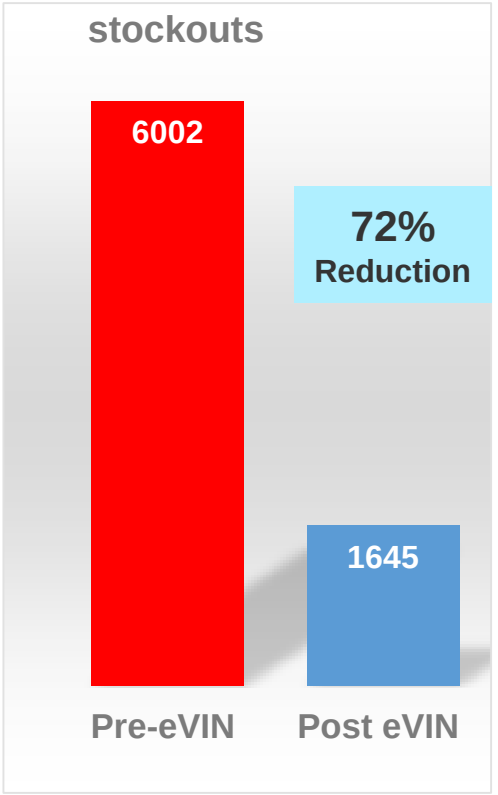
Stock information

HOW IT WORKS

eVIN

Stock Out Reduction – Post eVIN





We are expanding our partnerships with innovative projects beyond data too

CREATE “CLUSTERS” OF FIRMS THAT PROVIDE PROVEN SOLUTIONS & INNOVATIONS FROM WHICH COUNTRIES CAN SEEK SUPPORT

Private Sector Partners

Supply Chain

DHL, UPS, FIT, IFF, mPedigree, Imperial Health Sciences, logistimo, Agility, DHL, Energize the Chain, Parsyl, zipline

Data Management

Google, ZENYSIS, BROADREACH, FLOWMINDER.ORG, NEXLEAF ANALYTICS, orange, IRD, vodafone, PHILIPS, KhushiBaby, ZENYSIS, Shifo, logistimo, AKROS

Demand Generation

Unilever, MEDIC MOBILE, giftedMom

3

STRATEGIC ISSUES FOR DISCUSSION

Balancing sustainability and new vaccine introductions

Board meeting
29-30 November 2017

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Balancing sustainability & new vaccine introductions

	Vietnam	Angola
Coverage (DTP3)	**96%**	**64%**
Number of vaccines introduced	**8**	**11**
General government health expenditures as a proportion of general government expenditures *(in 2014, the year with the most recent available data)*	**14.2%**	**5%**
Vaccines as % general health expenditure *(projection at time of transition)*	**0.1%**	**1.2%**
Co-financing history	Never defaulted	Multiple defaults (2011, 2012, 2013, 2014 & 2015)
Other	*Strong health system; want to introduce PCV & Rotavirus 2021-2025.*	*High burden of disease including HPV. Applied once for HPV but turned down by IRC.*

Effects of Vaccine introductions on RI

Vaccine 30 (2012) 7582–7587

Contents lists available at SciVerse ScienceDirect

Vaccine

journal homepage: www.elsevier.com/locate/vaccine

The impact of new vaccine introduction on the coverage of existing vaccines: A cross-national, multivariable analysis

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Coverage
Longitudinal

ABSTRACT

Background: A surge of new and underutilized vaccine introductions into national immunization programmes has called into question the effect of new vaccine introduction on immunization and health systems. In particular, countries deciding whether to introduce a new or underutilized vaccine into their routine immunization programme may query possible effects on the delivery and coverage of existing vaccines. Using coverage of diphtheria–tetanus–pertussis (DTP) vaccine as a proxy for immunization system performance, this study aims to test whether new vaccine introduction into national immunization programs was associated with changes in coverage of three doses of DTP vaccine among infants.
Methods and findings: DTP3 vaccine coverage was analyzed in 187 countries during 1999–2009 using multivariable cross-national mixed-effect longitudinal models. Controlling for other possible determinants of DTP3 coverage at the national level these models found minimal association between the introduction of Hepatitis-, *Haemophilus influenzae* type b-, and rotavirus-containing vaccines and DTP3 coverage. Instead, frequent and sometimes large fluctuations in coverage are associated with other development and health systems variables, including the presence of armed conflict, coverage of antenatal care services, infant mortality, the percent of health expenditures that are private and total health expenditures per capita.
Conclusions: Introductions of new vaccines did not affect national coverage of DTP3 vaccine in the countries studied. Introductions of other new vaccines and multiple vaccine introductions should be monitored for immunization and health systems impacts.

1. Introduction

Routine childhood immunization is considered one of the most cost-effective public health interventions [1]. In the past twenty years, the development of childhood vaccines to prevent Hepatitis B (HepB), *Haemophilus influenzae* type b (Hib), rotavirus, and pneumococcal disease has been groundbreaking. The urgency to meet Millennium Development Goals (MDG), particularly MDG-4 which aims to reduce child mortality by two-thirds, made expanding access to these vaccines a global health priority. The adoption gap between rich and poor countries has narrowed following many policy decisions by low- and lower-middle income countries to introduce these new vaccines into national immunization programmes. [2–4]

Recognizing the importance of sustaining and strengthening health systems, the WHO Strategic Advisory Group of Experts on immunization recommended exploring the impact of new and underutilized vaccine introduction (NUVI) on immunization and health systems [5]. NUVI may interact with any or all of the six health systems building blocks [6]: service delivery; health workforce; health information systems; access to essential medicines; financing; leadership/governance. This analysis aims to understand whether the introduction of a new vaccine is associated with changes in routine immunization coverage, as measured by the coverage of three doses of diphtheria–tetanus–pertussis (DTP3). To that end, this study will use a number of approaches to explore this question building eventually into a set of multivariable models.

Why might NUVI influence the coverage of existing vaccines? On one hand, there is the 'house of cards' analogy where the introduction of an additional vaccine to an already weak immunization system exacerbates vaccine and injection supply stock-outs and complicates already poor management systems by requiring training and supervision activities. On the other hand, routine coverage may be strengthened if new resources associated with NUVI bolster health worker training and skills, are tied to education or

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http://dx.doi.org/10.1016/j.vaccine.2012.10.036

- Introduction of new vaccines did not affect coverage of DTP3 vaccine in the countries studied
- Of many scenarios tested, only one proved to be associated with changes in DTP3 and the direction was positive
- Introductions of other new vaccines & multiple vaccine introductions should be monitored for immunisation and health systems impacts

Centre for Health Economics and Policy Analysis, The Bill and Melinda Gates Foundation, International Vaccine Access Center, published October 2012

4

ALLIANCE UPDATE

Board meeting
29-30 November 2017

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Alliance Health Survey

Activities underway:

- Alliance directory for in-country and HQ colleagues
- On boarding pack for new colleagues joining the alliance
- IT solutions to share information
- Across alliance get-togethers
- Joint communication from leadership

Follow-up survey Q1 2018

- UNICEF & WHO expanding to CDC & World Bank

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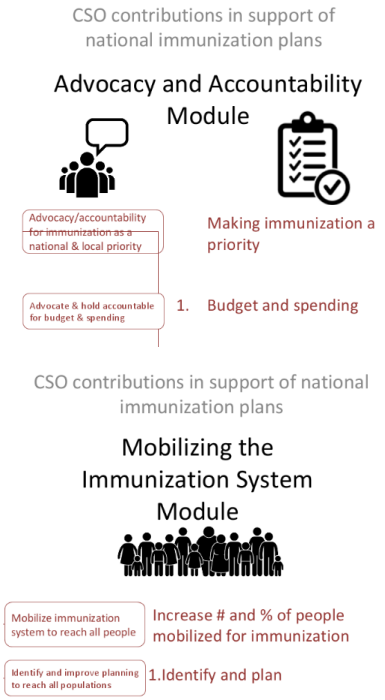
Civil Society Organisation – stronger engagement




GAVI CSO CONSTITUENCY NEWSLETTER

Issue # 1

Gavi CSO Constituency *Newsletter*

November 2017

IN THIS ISSUE

Gavi CSO Constituency
for Immunisation and Stronger Health Systems

Helping to reach Every Child with Immunisation and Health Services

Welcome to the first edition of the Gavi CSO Constituency Newsletter!

Earlier this year many of you completed a survey which looked at how we communicate as a constituency. In response, the Gavi CSO Steering Committee has been very busy – firstly we have revamped our website and will be populating it more often with news and blogs from every corner of our

In this newsletter, we will bring you the most important updates from around our Constituency and from Gavi; share best practices from the Gavi-supported CSO platforms around the world; and introduce you to the members of the Gavi CSO Steering Committee. We hope you find this useful and look forward to

CSO Submission to the GVAP Report

Multiple initiatives to support communication and activities for increased CSO contribution to immunisation

Gavi People Survey

19 June 1-day Gavi Leadership Team offsite dedicated to GPS

23 June High-level results presentation to all staff

13/14 Sept. Directors' 2-day meeting to discuss GPS results & define path forward

22 Sept. Special all staff in DC & Geneva, deep dive into results, identify key drivers of challenges & potential solutions

17 Nov. Senior Management Team all-day meeting

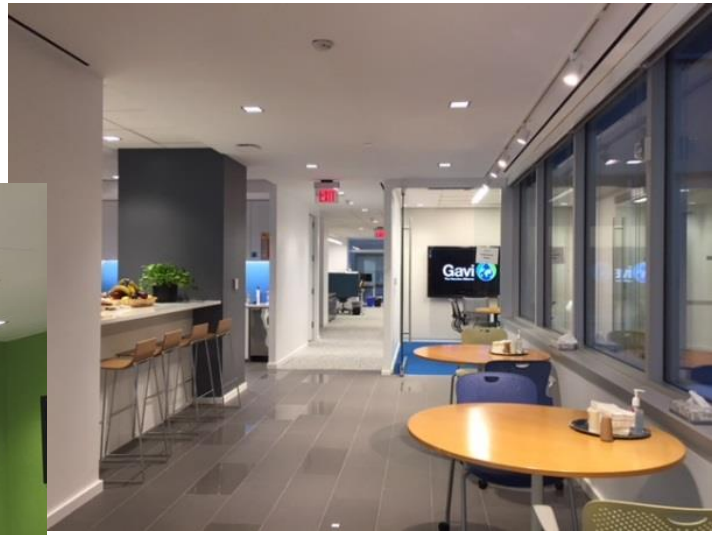
GPS results roll-out to teams

Discussions within each team to identify their priorities

Development of team and organisational action plans

JUNE | JULY | AUGUST | SEPTEMBER | OCTOBER | NOVEMBER | DECEMBER

Update on secretariat facilities, Washington



Board meeting
29-30 November 2017

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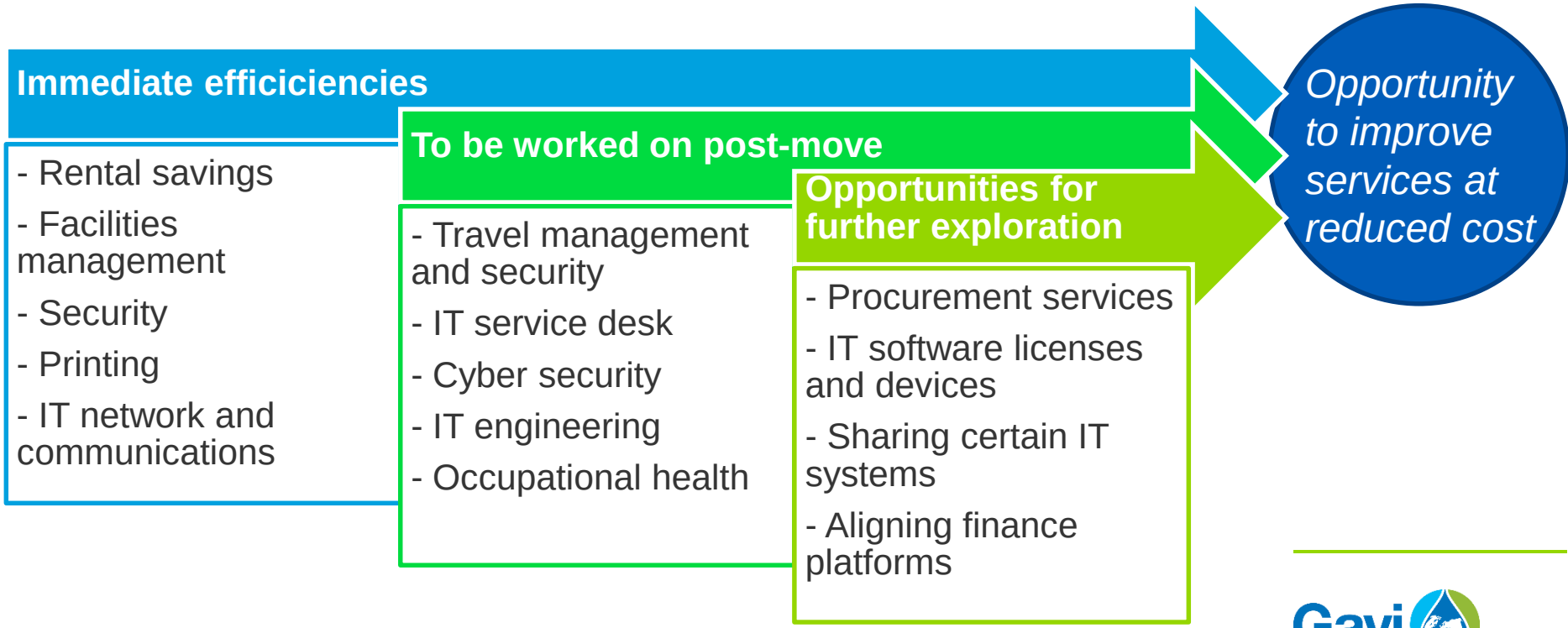
Update on secretariat facilities, Geneva Global Health Campus

Board meeting
29-30 November 2017

Operational efficiencies at Global Health Campus



Programmatic collaboration with the Global Fund

Knowledge sharing

Joint advocacy at global and country level

Coordinating programmatic investments

Aligning and contributing to each other's policies

5

BOARD AGENDA

Board meeting
29-30 November 2017

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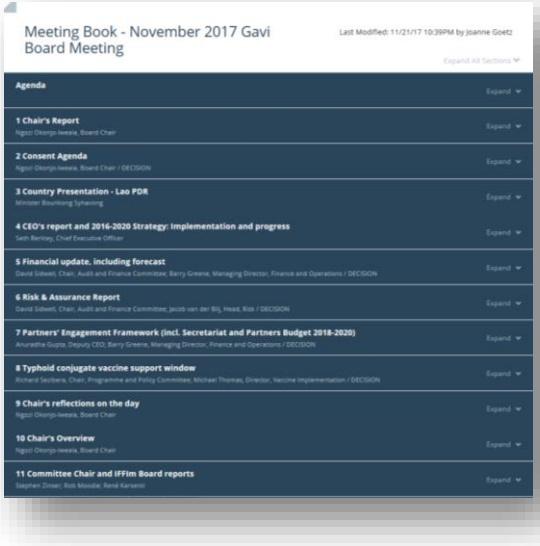
Ambitious agenda, important decisions

- Financial forecast
- Risk & Assurance Report
- Partners' Engagement Framework & budget
- Typhoid containing vaccine support
- Country programmes & strategic issues
- Vaccine Investment Strategy
- Country engagement post-transition
- Nigeria & PNG strategies

25% reduction in length of Board pack



Strategic rationale
Portfolio balance
Outcome and impact
Feasibility
Value for money
Risk
Other

Investment trade-off framework

Board meeting
29-30 November 2017

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Thank you

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