

GAVI'S MEASLES AND RUBELLA STRATEGY

BOARD MEETING

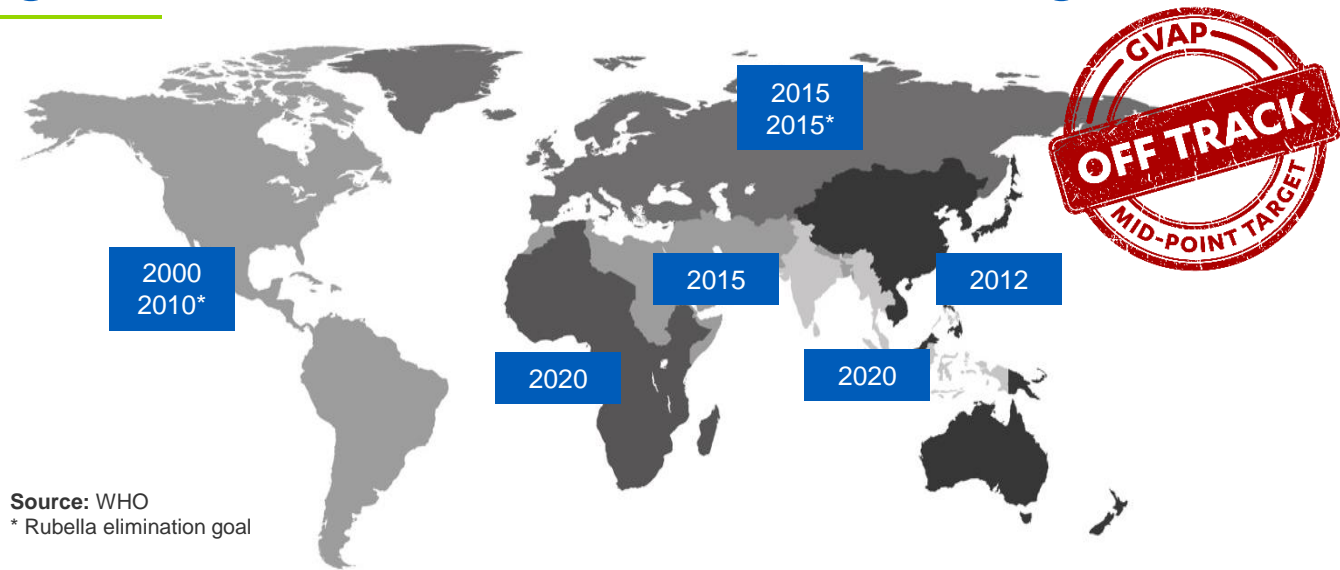
Stefano Malvoti

2-3 December 2015, Geneva

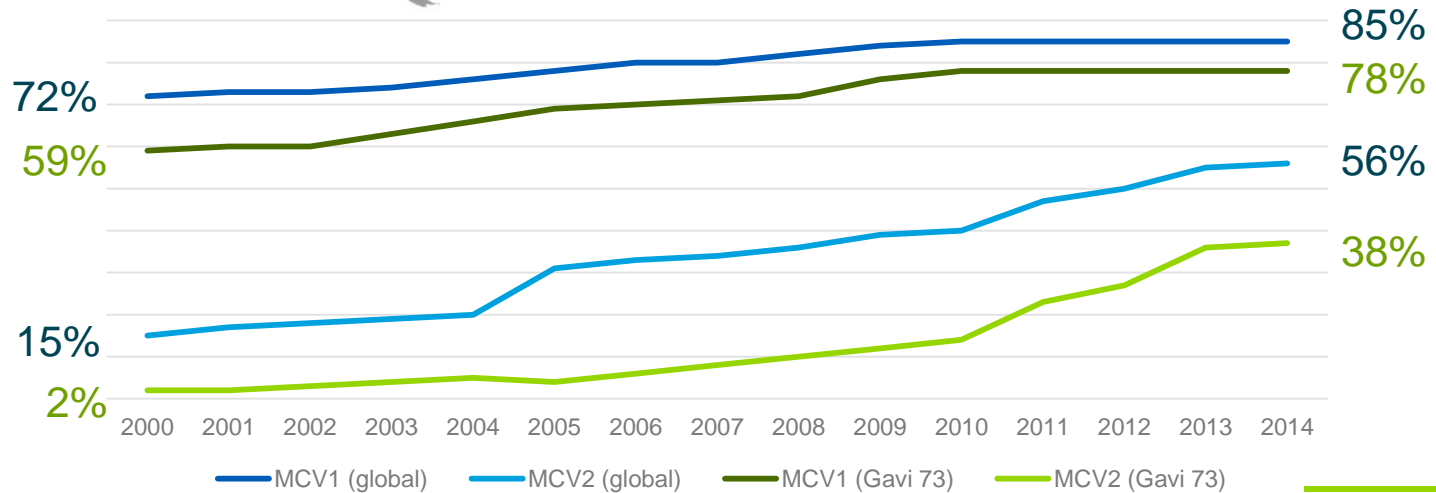


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MCV1 coverage stagnated for past 5 years putting at risk achievement of GVAP goals



Source: WHO
* Rubella elimination goal



Source: WHO/UNICEF coverage estimates 2014 revision. July 2015. Immunization Vaccines and Biologicals, (IVB), World Health Organization. 194 WHO Member States. Date of Slide: 1 Oct 2015.

Board meeting
2-3 December 2015



Gavi's current measles and rubella support fragmented, limited in scope and time

Routine measles
second dose
(duration of 5 years)

Measles-Rubella
campaigns
(below 15 years) before start of
routine

Measles SIA
6 high risk countries for population
below 5 years of age

Outbreak response
fund to Measles -
Rubella Initiative
(US\$ 55m through to 2017)

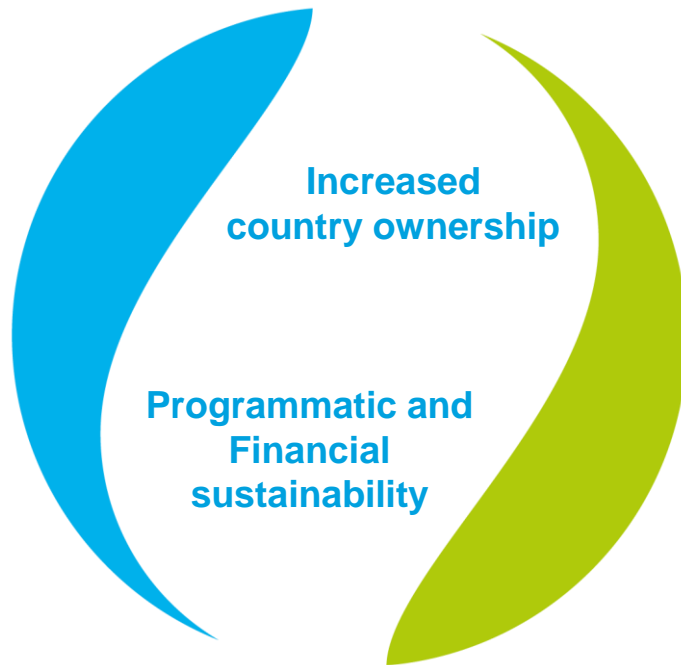
**Gavi disbursed US\$550M by end 2014.
US\$ 700M more forecasted by 2020**

Strategy aimed at ensuring best pragmatic return on investment

Measles still common in many developing countries

More than 95% of measles deaths occur in countries with low per capita incomes and weak health infrastructures

Proposed principles



Measles control is on continuum towards elimination

Gavi support should be to contribute to countries along this continuum through improved disease control

New strategy: a paradigm shift to trigger major changes in the approach to measles

- **Integrated long term planning** - 5 year rolling plan part of cMYP
- **Promotes ownership and sustainability** - countries to fully finance measles first dose
- **Improved sustainable routine immunisation** - 2nd year of life platform
- **Focus on high quality of SIAs** - appropriate incentives, monitoring
- **Data-driven, targeted SIAs** - sound subnational data, modeling
- **Leverages on Polio-legacy** - microplanning, surveillance

Set up of appropriate incentives to be addressed in the Direct Financial Support Policy Review: SIA operational costs, incentives based on SIA performance

Proposed strategy: a paradigm shift in Measles support

Current support

- Routine **measles 2nd** dose for 5 years
- Wide age **initial MR catch-up SIA**
- **Measles follow up SIA** for 6 countries
- **Outbreak** response fund

Proposed support

- Routine **cofinancing of Measles or MR vaccines**
- Wide age **initial MR catch-up SIA**
- **Measles or MR follow up SIA** to **all Gavi eligible countries**
- **Outbreak** response fund

SIA = Supplementary Immunisation Activities

One of the 'best-buys' in Gavi portfolio:
low additional cost, higher impact

~220m

USD

**additional
investment**

~320k

**additional
deaths averted**

1 death averted = ~700 US\$

Decision: Measles And Rubella Strategy (1/2)

The Gavi Programme and Policy Committee recommended to the Gavi Board that it:

- a) **Approve** a comprehensive measles and rubella strategy for Gavi as set out in section B, 5.5-5.16 of Doc 10 to the PPC (the proposed “Measles and Rubella Strategy”), as amended by discussions at the PPC, and noting the additional funding for the current strategy period (2016-2020) amounts to approx. US\$ 220 million.
- b) **Note** the importance of enhancing Gavi’s approach to supporting countries for measles and rubella, and **request** the Secretariat and the Alliance partners to: (i) ensure Measles and Rubella Strategy is fully incorporated in the countries’ immunisation programmes and plans, (ii) implement through the use of already existing mechanisms such as the Joint Appraisals and High Level Review Panel, with any necessary modifications; and (iii) put in place mechanisms that better leverage strengths in the Alliance, in order to improve the planning, efficiency and effectiveness of campaigns.

Decision: Measles And Rubella Strategy (2/2)

The Gavi Programme and Policy Committee requested that the Gavi Board:

- c) **Note** that the implication of the new strategy is that funding for the 2021-2025 period is estimated to be approx. US\$ 500 million.

THANK YOU



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