

# GAVI 5.0 – THE ALLIANCE'S 2021-25 STRATEGY

BOARD MEETING

**Seth Berkley**

28-29 November 2018, Geneva, Switzerland



Reach every child

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

# As the world moves from MDGs into SDGs, 'Gavi 5.0' is an opportunity to contribute to the SDG vision

Number of children dying under 5 years old (millions)

12.6

5.8

4.2 MDG4 target

Minimum to achieve SDG target (25/1000 U5 mortality rate)  
2.8

1990

2015

2030

*\*Minimum target if all countries above the SDG target of 25 U5 death per 1,000 births reach it while countries already below 25/1,000 remain constant*

# Gavi 5.0 to consider a number of contextual factors representing new opportunities and challenges

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## Population growth & urbanisation

Over a quarter of the world population in Africa by 2050; an **additional 2bn urban people** across Africa and Asia by 2050



## Climate change

Climate change key driver for **outbreaks** and other global health security challenges



## Conflict and displacement

**68.5m people displaced**; 85% of them in **developing countries**



## Re-shaping development landscape

Global community to intensify **collaboration** to accelerate progress on **SDG agenda**

# New challenges require to continue to innovate and learn from ongoing efforts to remove immunisation barriers

Scaling innovations at the core of Gavi model...



Co-Financing & Transition policy



MenAfriVac

...and will be essential to overcome new challenges



# As countries transition out, increasingly contrasted situations in Gavi portfolio

## Cambodia: “Strong performance”



### DTP3 COVERAGE

93%

### GEOGRAPHIC EQUITY

78%

### BREADTH OF PROTECTION

67%

### EFFECTIVE VACCINE MANAGEMENT

68%

## Guinea: “Weak systems”



### DTP3 COVERAGE

45%

### GEOGRAPHIC EQUITY

76%

### BREADTH OF PROTECTION

17%

### EFFECTIVE VACCINE MANAGEMENT

40%

## South Sudan: “Widespread conflicts”



### DTP3 COVERAGE

26%

### GEOGRAPHIC EQUITY

30%

### BREADTH OF PROTECTION

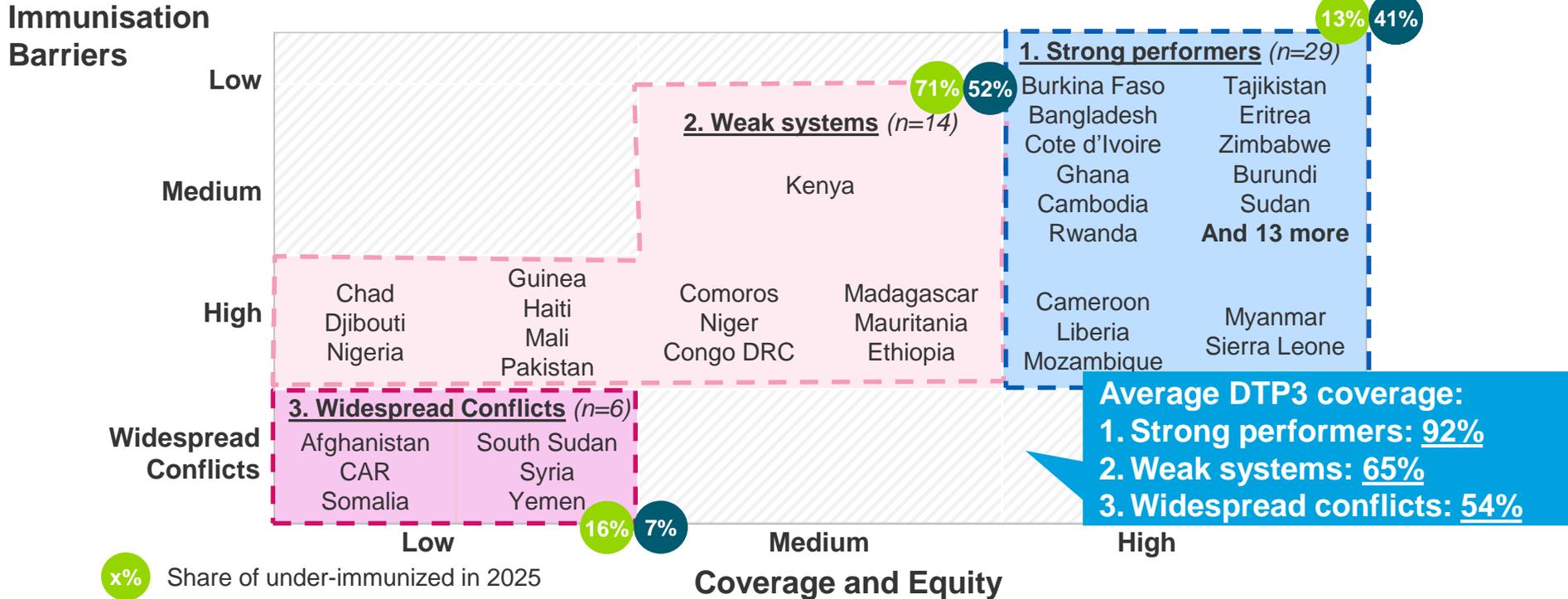
7%

### EFFECTIVE VACCINE MANAGEMENT

39%

# The Alliance's post-2020 model requires more targeted approaches to drive equitable coverage

**Post-2020 Gavi portfolio of 49 countries\***

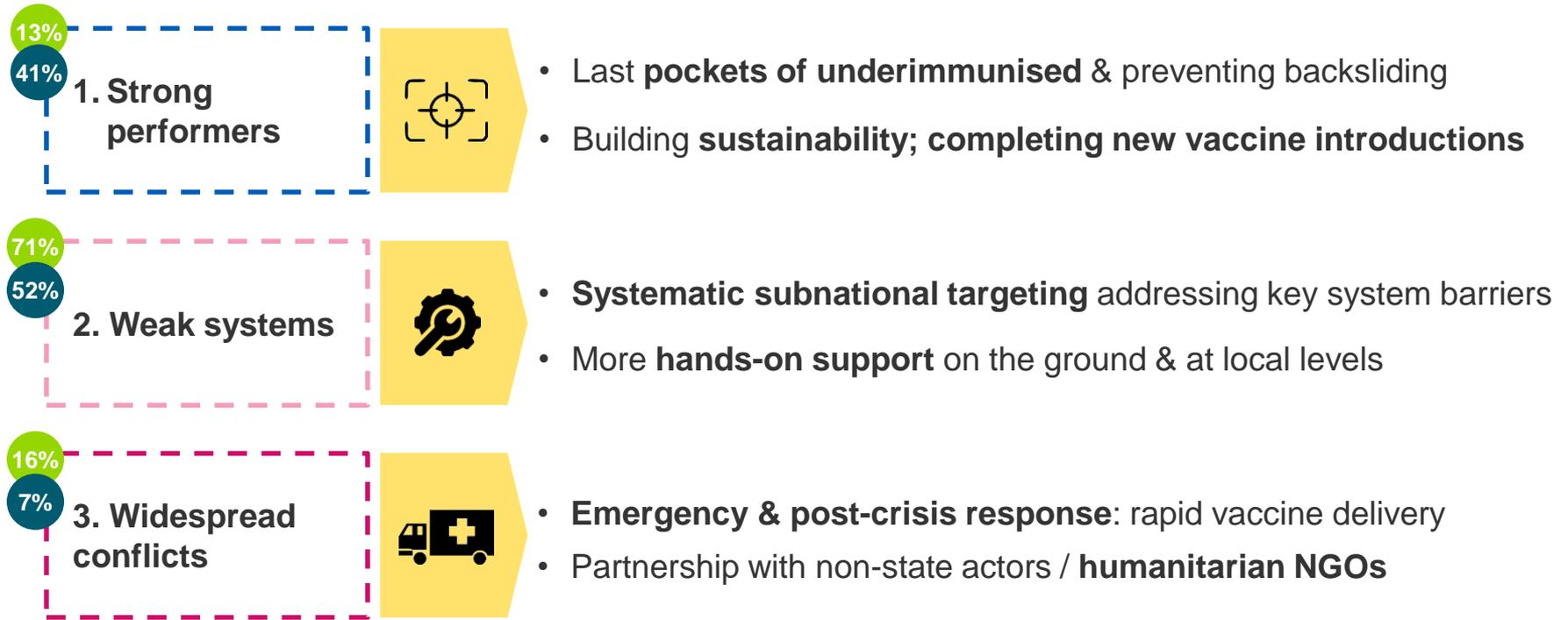


**x%** Share of under-immunized in 2025

**x%** Share of birth cohort in 2025

\*Includes countries eligible for the entire 2021 / 2025 period

# Gavi's programmatic goals and operating model could differ across the three segments

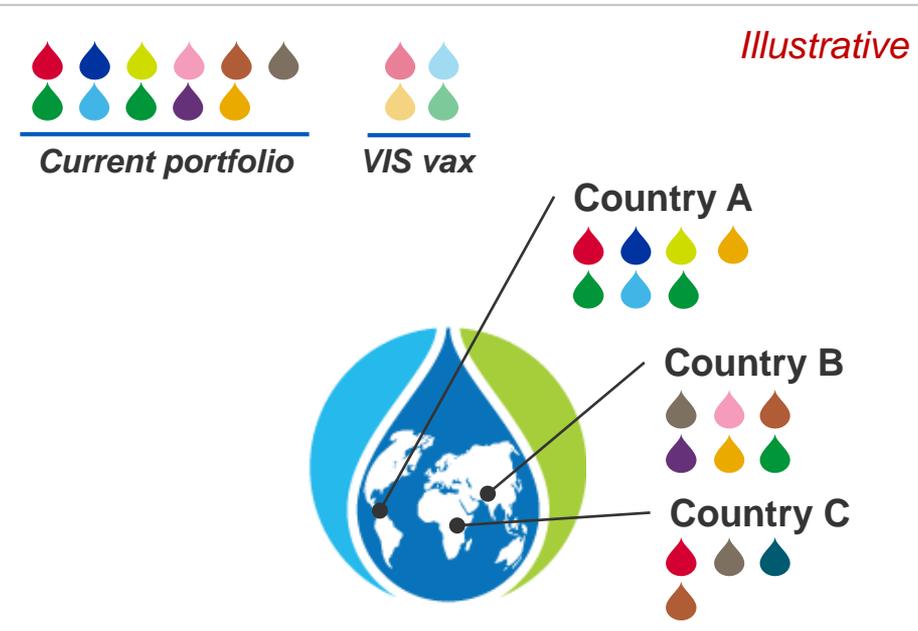


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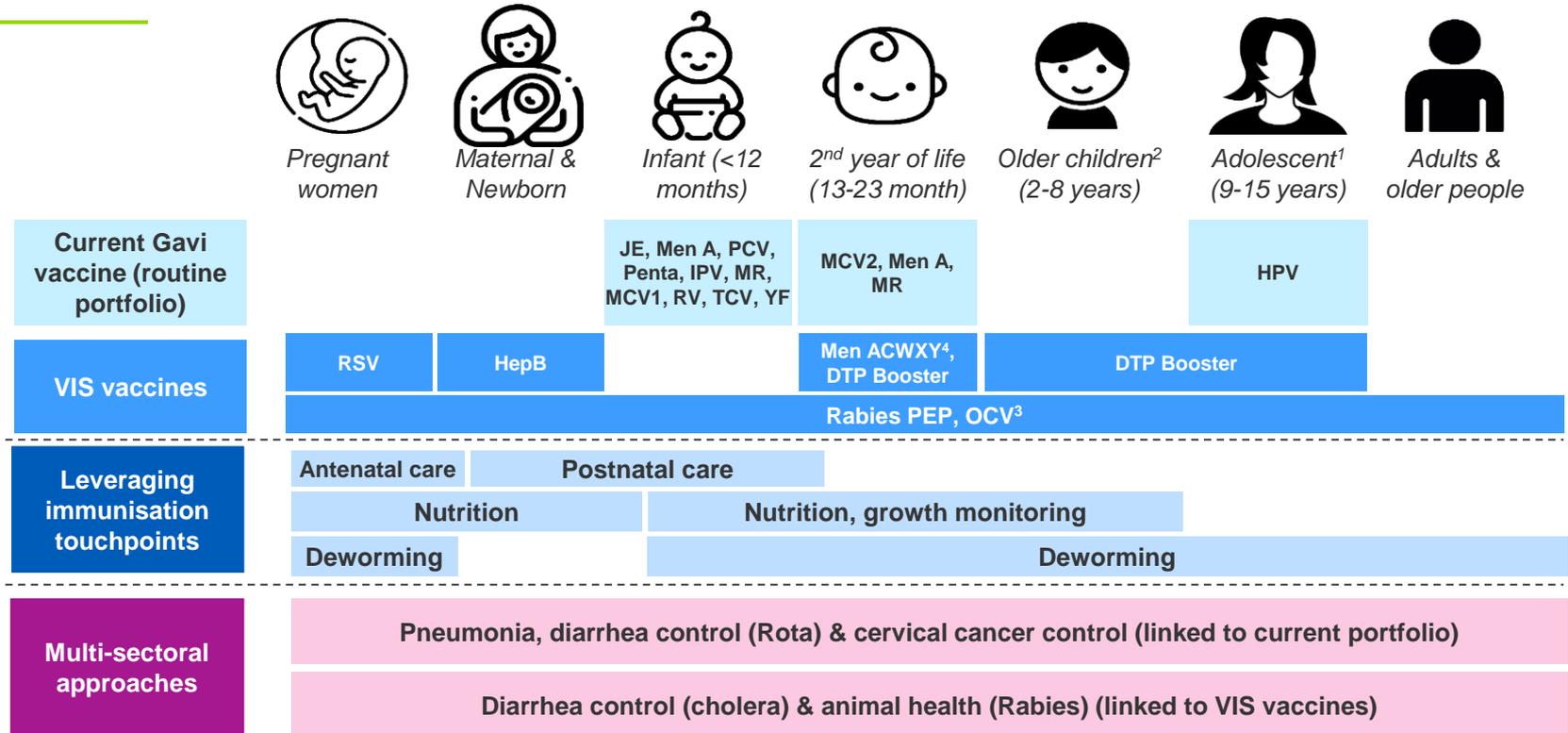
# More differentiated approach to vaccine support also needed with increasingly diverse portfolio of vaccines

As Gavi's portfolio evolves, **vaccines increasingly have different value for each country...**



... and countries **need to prioritise to maximise impact and sustainability** based on their context

# Strengthening touchpoints and further integration with other health interventions will be critical



1. Adolescent girls 2. Mostly corresponds to school entry; In theory, Gavi is supporting MCV2 at school entry, but Gavi countries have so far chosen to introduce MCV2 in the second year of life 3. To be introduced in campaigns 4. Includes current vaccines RI, potential RI vaccines in VIS

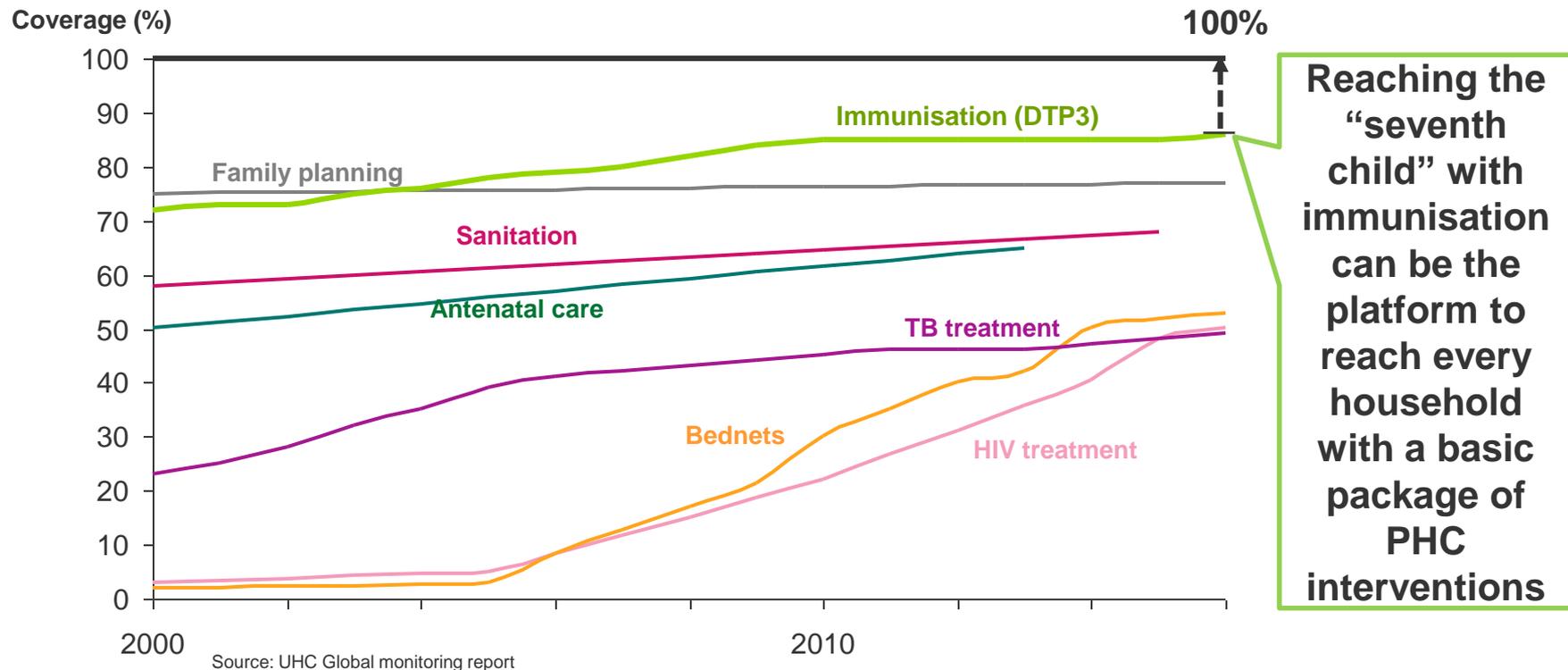
# HSS investments to continue to be more targeted to address diverse sets of challenges

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# The Alliance's HSS agenda will be essential to reach underserved and build foundations for UHC

## Global coverage of UHC tracer indicators for health interventions



# Alliance already leveraging the 'platform' to achieve progress beyond SDG 3 – more can be done

2 ZERO HUNGER



Tackling **malnutrition** along with **MR campaigns** in CAR, Niger, Sierra Leone

7 AFFORDABLE AND CLEAN ENERGY



**Solar-powered fridges** lowering the global **carbon footprint**

16 PEACE, JUSTICE AND STRONG INSTITUTIONS



Bringing **conflict parties** to **one table** in **Yemen**



4 QUALITY EDUCATION

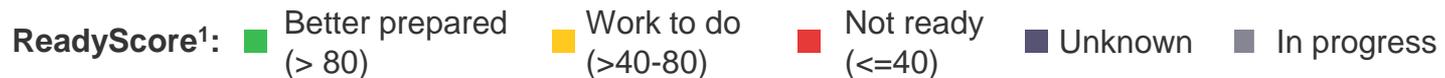
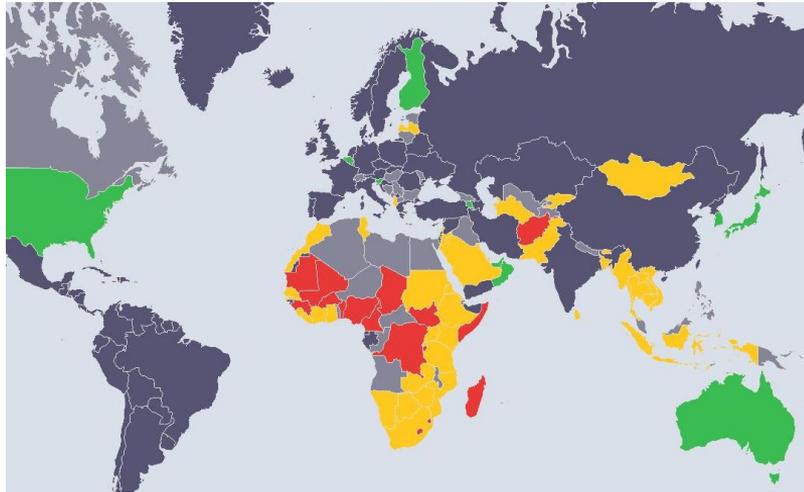


**Partnering** with education sector in Togo to couple **HPV** with **hygiene and health** messaging

**Global community needs to intensify collaboration to accelerate progress on the SDG agenda**

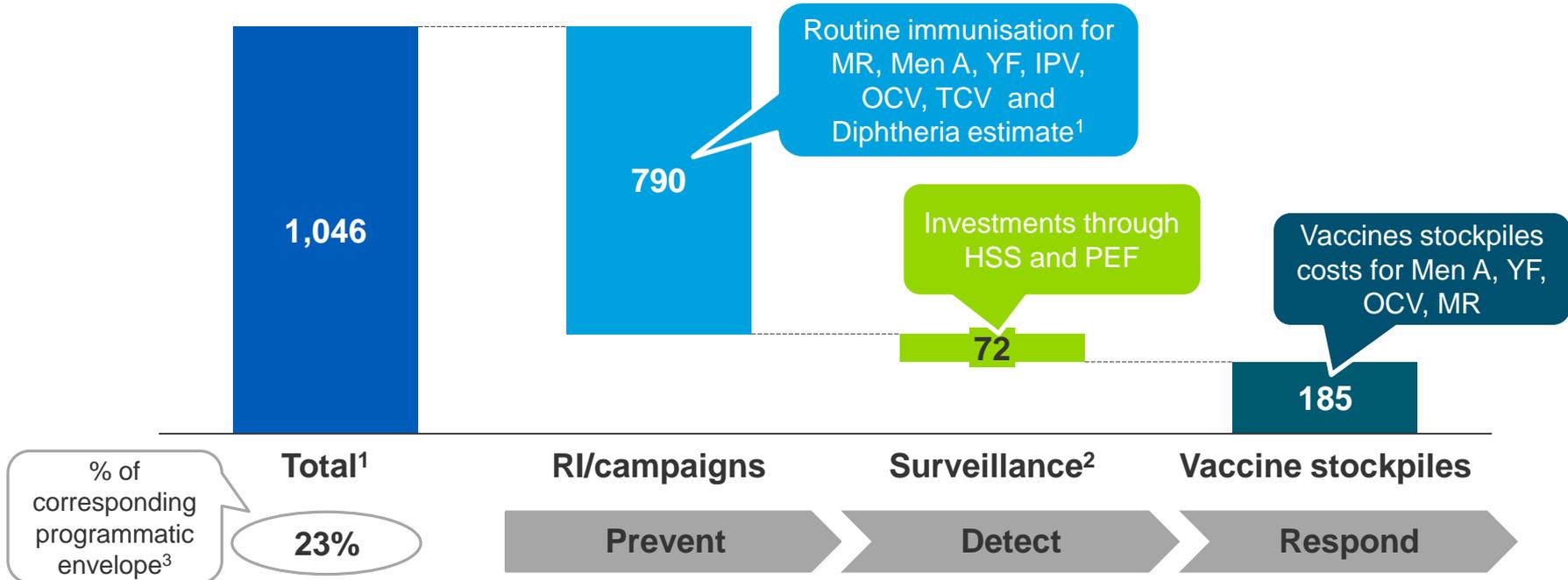
# Gavi Countries not well prepared to respond to potential outbreaks

## JEE assessment - overview



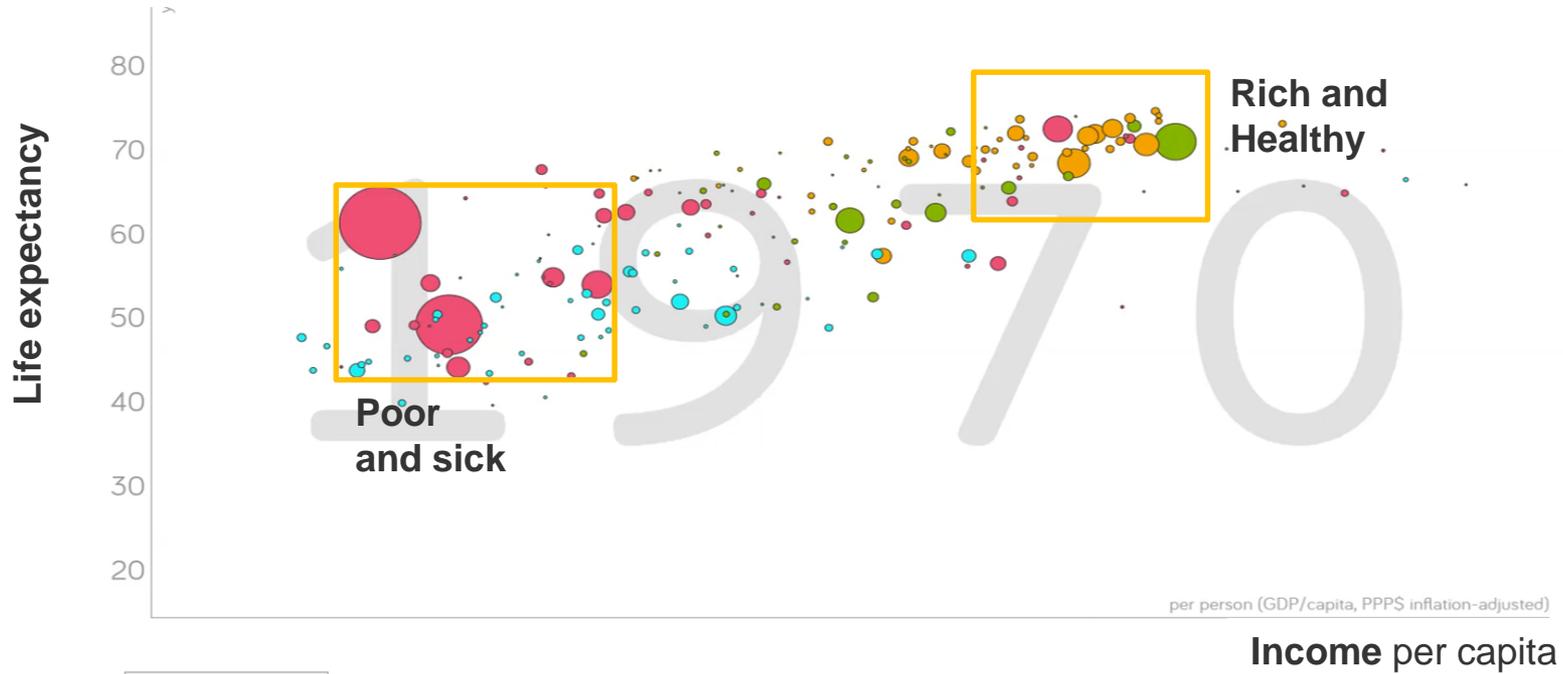
# Already key contributor to global health security, Gavi could strengthen its approach through HSS support

## Gavi investments into epidemic VPD control (since 2016, \$M)



1. Includes vaccines procurement (RI and campaigns), ops and VIGS for 2016-2018 period, PEF TCA and SFA for 2016-2018 period and HSS funds for 2016-2017. All amounts are approvals. 2. Surveillance is also indirectly contributing to prevent (by guiding vaccines introduction) and respond (by triggering outbreak response) 3. Programmatic envelope based on expenditure estimate for 2016-2018

# Since the 70's the world has changed dramatically; outdated perceptions & models need to be challenged



Key  
Colours: world regions  
● Population size

Source: Gapminder.com (based on 1990 – 2016 World Bank's GDP per capita PPP adjusted)

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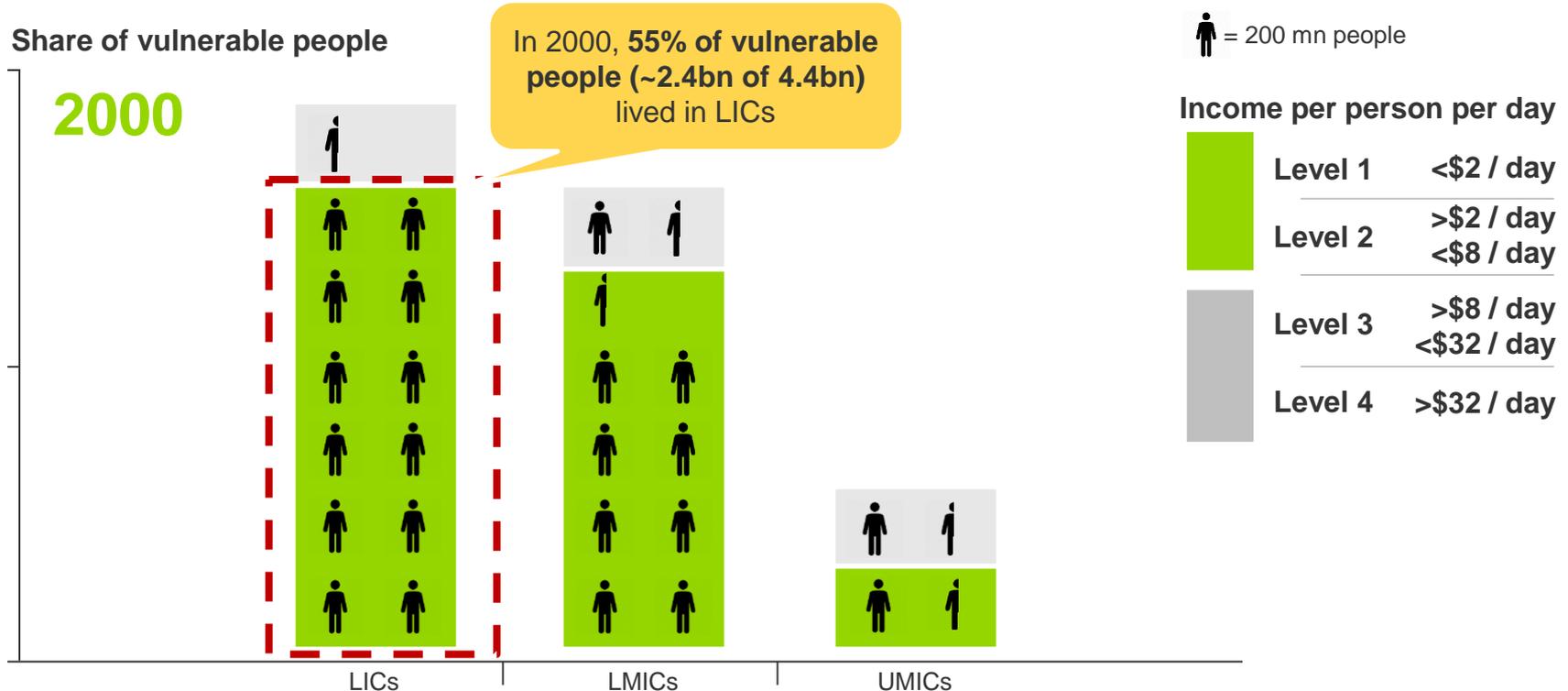
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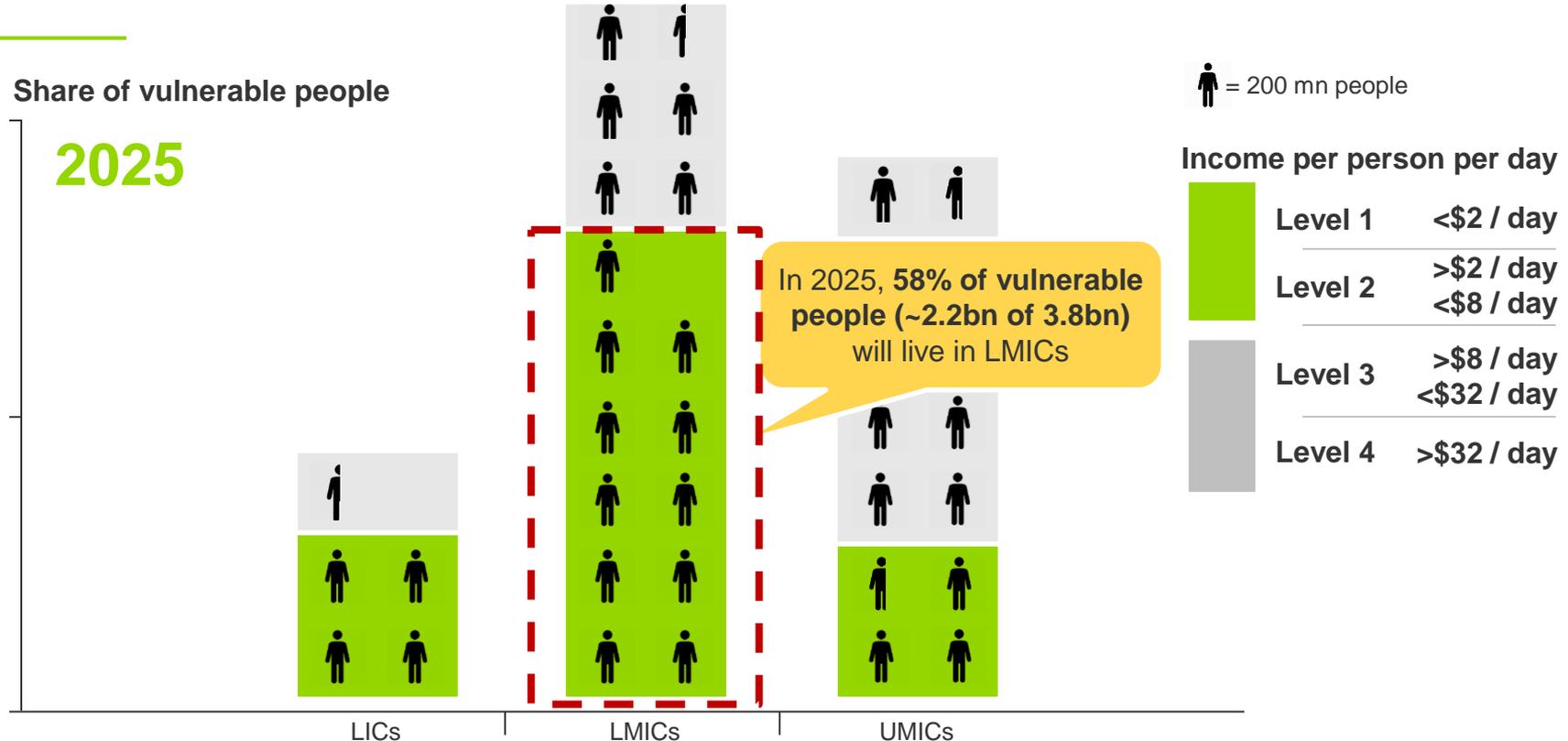
# In 2000, 55% of vulnerable people lived in Lower Income Countries



Note: World Bank 2000 country classification has been applied

Source: Gapminder.com

# In 2025, almost 60% of vulnerable people will live in LMICs and ~80% across all Middle Income Countries

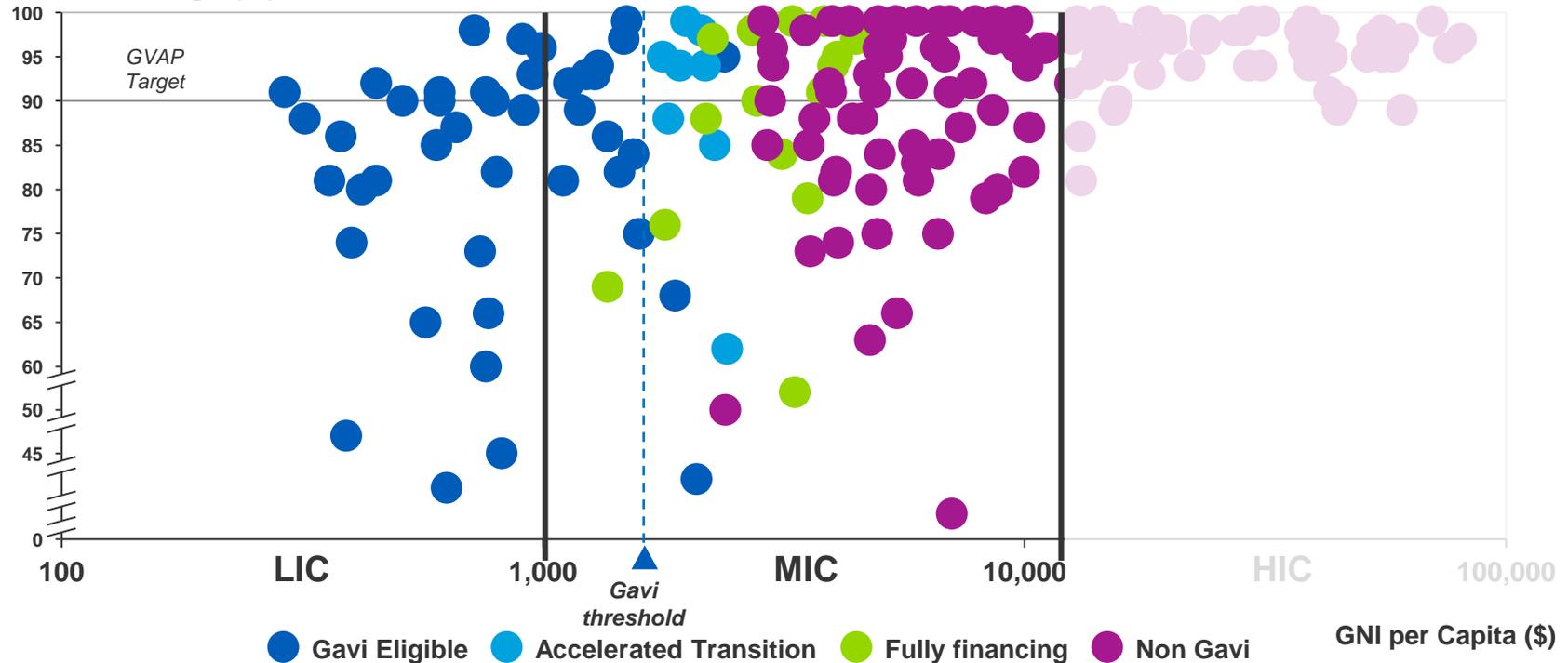


Note: World Bank 2017 country classification has been applied

Source: Gapminder.com

# Some Middle Income Countries are lagging behind on immunisation coverage

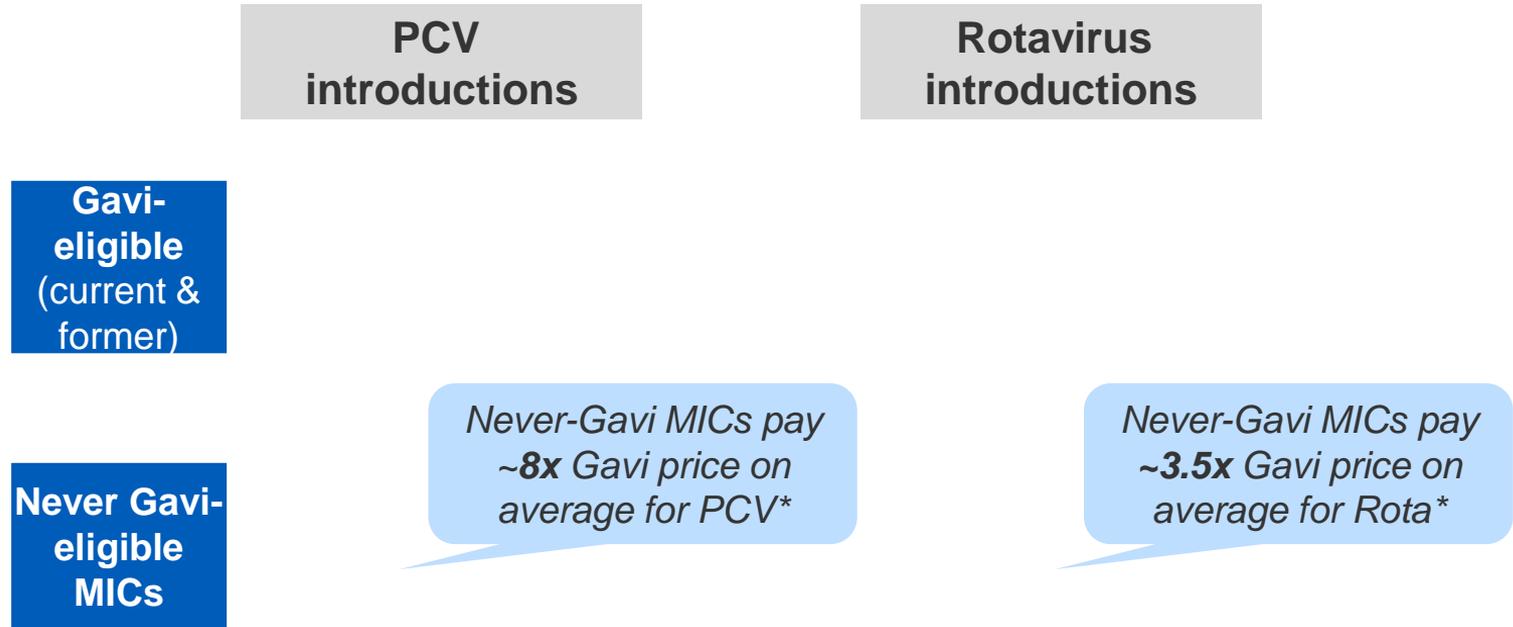
DTP3 Coverage (%)



Note: Non-Gavi countries refer to countries that have not been part of Gavi-72

Source: World Bank, WUENIC Coverage Estimates

# Never-Gavi Middle Income Countries lagging behind Gavi-eligible countries on vaccine introductions



Note: Gavi-Eligible refers to Gavi 72 and Never-Gavi refers to countries not part of Gavi 72

Source: Vaccine Launch Database for Gavi-eligible countries; JHU IVAC View-Hub for PCV, Rota and PATH Global Overview for HPV for non-Gavi countries; Includes Phased/ Subnational and Regional introductions; Gavi Eligible excludes Syria; \*Based on set of countries with publicly available data from V3P Database (September 2018 Extract)

# Non-Gavi eligible Middle Income Countries facing different types of challenges

**Introductions**

**DTP3 Coverage**

**Geographic Equity**

**Strong health system,  
missing vaccines**

**Chronic crises  
& coverage lagging behind**

**Slipping coverage and  
lacking introductions**

# The Alliance could consider engaging with non-eligible MICs to help them reach their immunisation goals

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*PRELIMINARY*



**Maximise the impact of countries' domestic investments to reach their vulnerable children with life-saving vaccines**

# In 5.0, Gavi's mission more relevant than ever and key features of its model still fit-for-purpose

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- ▶ **Gavi more relevant than ever** as the world shifting from MDGs to SDGs
- ▶ Continuing **introductions agenda** and progress on **equitable coverage to remain Gavi's focus**
- ▶ A more **differentiated approach** across key **segments of countries** critical to drive progress
- ▶ Reaching the unreached require **enhanced coordination with other HSS donors** to unlock key health system bottlenecks
- ▶ HSS could include a stronger focus on **helping countries to prevent, detect and respond to future outbreaks**
- ▶ Alliance could engage in **non-eligible MICs** through mostly **non-financial support** to help them reach their immunisation goals

# Building a strong platform in Gavi 5.0 will be critical for post-2025 blockbuster vaccines

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## Critical successes in Gavi 5.0

- ✓ Equitable coverage – *no-one left behind*
- ✓ Resilient health systems
- ✓ Strengthened immunisation platform for other health interventions

## Post-2025 potential vaccines



**HIV**

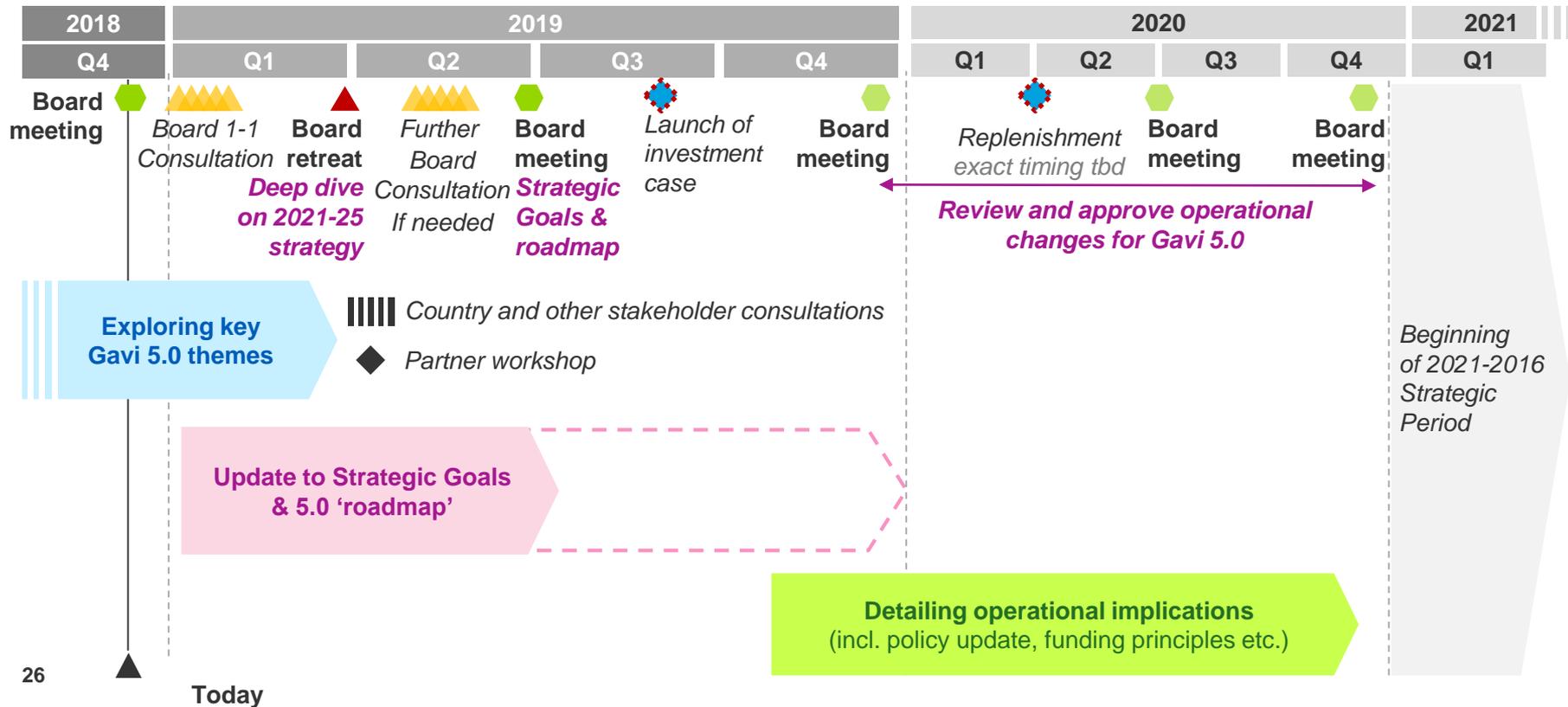


**Malaria**



**Tuberculosis**

# Gavi 5.0 development timeline to ensure alignment with 2020 replenishment



**THANK YOU**

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