

Options for enhancing GAVI's investment in measles prevention

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Background and aim of increased GAVI engagement

- Estimated measles mortality has plateaued around 140,000 deaths.
- Increased routine coverage critical to sustainably controlling measles
- Outbreaks possible (e.g. every 3–5 years) unless coverage is high
- GAVI support:
 - Long-term strategy for control in six countries through high routine coverage
 - outbreak prevention

GAVI's commitments to measles control

- US\$ 176 million since 2004 through Measles Initiative to support campaigns
- Routine measles second dose
- Investments in health systems to improve immunisation coverage
- Measles-rubella through wide-age campaigns and adoption of routine
- Performance-based funding with measles coverage indicator

GAVI's systems can strengthen measles control through integrated approach

- Comprehensive approach for immunisation services and measles control
- Country ownership and financial contribution
- Independent review process
- Measles indicator as indicator of GAVI Alliance success

Proposal for enhanced support

- Six large countries estimated by WHO at high risk of outbreaks prior to introducing MR vaccine

Country	DTP3 (2010)	Measles1 (2010)
Afghanistan	66	62
DR Congo	63	68
Chad	59	46
Ethiopia	86	81
Nigeria	69	71
Pakistan	88	86

- Response to outbreaks and emerging needs

Three options for support

- Outbreak: MR Initiative application and disbursement systems (option 1)
- Planned campaigns in six countries:
 - MR Initiative application and disbursement systems (option 1)
 - GAVI application, approval and disbursement systems (option 2)
 - GAVI application and approval; MR Initiative disbursement systems (option 3)

Key risks

Overall:

- Country doesn't increase routine coverage and/or doesn't introduce MR
- Countries decrease own/planned spending in this area

Option-specific:

- Less country ownership (options 1 & 3)
- Risk of outbreaks if GAVI systems delay support (options 2 & 3)

Projected cost estimates (US\$ millions)

	2012	2013	2014	2015	2016	2017	Total
Outbreak funds – pass to MR Initiative	5	10	10	10	10	10	55
Funds for vaccines by proposals – up to 6 countries (US\$ 0.42/ dose)	0	21	3	17	1	-	42
Funds for operational costs – up to 6 countries (US\$ 0.65/ person)	0	33	4	26	1	-	65
Total potential commitment by year	5	65	17	53	12	10	162

Recommendation to the GAVI Board (1)

- **Approves** the Secretariat to put in place the necessary arrangements in accordance with Annex 2, Option 2 of Doc 12, for six large countries at high risk of measles outbreaks (Afghanistan, Chad, DR Congo, Ethiopia, Nigeria, and Pakistan) to be able to receive GAVI support for measles vaccines and operational costs until these countries are forecasted to have implemented a measles-rubella (MR) campaign, or by no later than 2017. This support would be provided in collaboration with the Measles & Rubella Initiative (MR Initiative, formerly the Measles Initiative).

Recommendation to the GAVI Board (2)

- **Approves** US\$ 55 million to be made available to the MR Initiative through the UN Foundation for use through 2017 for outbreaks and other emerging needs requiring rapid responses, using the mechanism described in Annex 2, Option 1 of Doc 12.

Recommendation to the GAVI Board (3)

- **Requests** the Secretariat – given the importance of measles as an indication of country support for routine immunisation – to develop an indicator for measles first dose routine vaccine coverage as part of the achievement of GAVI's 2011-2015 Strategy for review by the Evaluation Advisory Committee.



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