



Report to the GAVI Alliance Board

21-22 November 2013

Subject:	The Road to Replenishment 2016-2020: Resourcing GAVI's long-term country demand
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Agenda item:	12
Category:	For Information
Strategic goal:	SG3 - Financing: global predictability/nat'l sustainability

Section A: Overview

1 Purpose of the report

- 1.1 This report presents the roadmap of the Replenishment for the 2016-2020 period, and the outcomes and conclusions of the Mid-Term Review (MTR) held on 30 October 2013.

2 Recommendations

- 2.1 This report is for information only

3 Executive summary

- 3.1 On 30 October 2013 in Stockholm, over 150 participants including the World Health Organization, UNICEF, the World Bank, the Bill & Melinda Gates Foundation, implementing countries, public and private donors, civil society organisations, research and technical agencies, and vaccine manufacturers met for the GAVI Alliance's Mid-Term Review (MTR) co-hosted by the Minister for International Development Cooperation of Sweden and the President of Ghana. Participants reviewed progress made towards delivering the four strategic goals and the related objectives of the 2011-2015 strategy.
- 3.2 Participants welcomed the Alliance's encouraging results towards averting approximately 3.9 million deaths by 2015. They acknowledged the critical role played by GAVI in providing access to new vaccines in record time to children in low and middle income countries. Given the centrality of programmatic and financial sustainability of the GAVI model, they also welcomed the catalytic

resource mobilisation model with the strong momentum built by donors being accompanied by increasing co-financing and active market shaping.

- 3.3 Despite these impressive results, significant challenges remain to address the important cohort of unimmunised children and faster progress is needed to save children in the poorest regions. In Sub-Saharan Africa and South Asia - which represent 4 out of 5 under-five deaths - the current rate of reduction in childhood mortality will make it impossible to reach MDG4 and 5 before 2028¹. Several participants at the MTR stressed the importance of (i) providing appropriate country tailored approaches in particular for fragile states and the growing pool of graduating countries, (ii) strengthening routine immunisation and improving equity and (iii) improving supply chain management and data quality. They also called for even more ambition in further exploring innovation in the business model and new financing instruments to continue as “a premier league” global health organisation. Against this backdrop and the post 2015 development agenda, GAVI is developing its 2016-2020 strategy², and GAVI’s second Replenishment will be essential to ensure continued and accelerated impact.
- 3.4 Collaborative efforts from all partners including continued long-term donor funding coupled with sustained country co-financing and active market shaping will be critical to consolidate and extend the gains achieved so far, confront the challenges featured at MTR and further scale up impact. To that end, GAVI’s Long-term Funding Strategy is focused heavily on four primary components: (i) maintaining the leadership and contributions of the top three donors, (ii) expanding efforts to increase contributions from the next nine donors, (iii) replenishing IFFIm as part of the broader GAVI Replenishment and (iv) further broadening the donor base by developing emerging donors and private sector engagement.
- 3.5 Building upon the lessons learned from the first Replenishment, the Secretariat will lead the Replenishment process and ensure joint donor and stakeholder ownership. A phased approach is being considered to provide direction and prioritisation within each period. During Phase I, a focused high-level meeting hosted by Commissioner Pielbags in cooperation with the Africa Caribbean and Pacific Group of States (ACP) Secretariat in Brussels will focus on demonstrating country need and demand for GAVI vaccines in the 2016-2020 strategic period and building the case for investing in GAVI. Phase II will focus on GAVI’s response to country demand for vaccines and developing resource scenarios and the replenishment ask. A pledging conference will anchor Phase III and is anticipated as a high-visibility event to acknowledge donor pledges. The date for the conference (Q4 2014 or Q1

¹ See UNICEF, *Committing to Child Survival: A Promise Renewed*, Progress Report 2013, UNICEF, New York, 2013.

² See Board Paper: GAVI Alliance Strategy 2016-2020

2015) will be determined by the host selection and the trends in the broader donor environment (elections, other pledging events, economic fluctuations, etc...).

- 3.6 To support the Replenishment, the Secretariat is taking an integrated approach to external stakeholder and Alliance partners engagement. This strategy aligns GAVI's advocacy, media & communications, and resource mobilisation outreach to donor markets.

4 Risk implication and mitigation

- 4.1 Please see section C

5 Financial implications: Business plan and budgets

- 5.1 The budgetary impact is already addressed within the 2013-2014 business plan.

Section B: Content

6 GAVI's Mid-term Review

6.1 Mid-Term Review: highlighted results

- 6.2 The MTR illustrated that the Alliance is on course to reach its target of immunising an additional 243 million children and thereby avert 3.9 million future deaths between 2011 and 2015. Midway through the strategy period, the Alliance has also immunised an additional 106 million children through campaigns (84 million through meningitis and 22 million through yellow fever campaigns).

- 6.3 The Alliance's impact was underscored by Health Ministers from select GAVI implementing countries who presented their countries' results and commitments to date. Countries highlighted their sustained progress in immunisation thanks to GAVI support, their strong commitment to contribute domestic resources through co-financing, and their commitment to take ownership of challenges in achieving equity. Implementing countries coming closer to graduation voiced their needs for continued support during the transitional phase.

- 6.4 There was recognition that despite a challenging financial climate and continued uncertain external environment, donors have met their annual payment commitments to date, allowing GAVI to finance its planned country programme expenditures. Within two years of the GAVI Alliance pledging conference in June 2011, public and private donors have already committed through legally binding agreements 91% of the US\$ 7.4 billion in funding pledged for the 2011–2015 strategic period (see Annex A).

- 6.5 It was recognised that this funding - including innovative finance mechanisms – has played a catalytic role in progressively scaling up country co-financing and active market shaping, and illustrates GAVI’s dynamic and collaborative resource mobilisation model in action. Long-term commitments channelled through the International Finance Facility for Immunisation (IFFIm) and the Advance Market Commitment (AMC) - which account for nearly 30% of GAVI’s resources for the 2011-2015 period - as well as long-term direct support agreements, are at the core of the predictable funding required to support GAVI’s programmes.
- 6.6 With this certainty, as highlighted at the MTR by Ministers of Health and other Alliance partners, implementing countries have since been able to embark on sustainable immunisation programmes resulting in improved immunisation and healthier and more productive populations. Between 2010 and 2013 immunisation coverage in GAVI-supported countries has dramatically increased: from 40-51% for pentavalent, from 1-20% for Pneumococcal, and from 1-7% for Rotavirus³.
- 6.7 Furthermore, as GAVI countries have become more prosperous they enter the graduation phase and have moved towards full national financing of their immunisation programmes. By the end of 2015, 22 countries will have entered the graduation phase. Country co-financing payments since January 2011 have already reached a collective US\$ 125 million – ahead of the US\$ 100 million mark originally foreseen by 2015.
- 6.8 Partners at the MTR also highlighted the Alliance’s contribution to improving vaccine markets for developing countries, and acknowledged that active market shaping has incentivised vaccine manufacturers to decrease the cost of immunising a child with pentavalent, pneumococcal and rotavirus vaccine by one third.
- 6.9 Participants challenged GAVI to build further on being in the “premier league” of global health organisations and to more visibly communicate the success of the Alliance and the broader progress being made in global immunisation.
- 6.10 Mid-Term Review: highlighted challenges**
- 6.11 MTR participants recognised that there are multiple dimensions of equity (economic, geographic, gender, ethnic) which need to be addressed. Reliable data and information systems are key parts of the health system that need to be strengthened in order to improve equity. Communication and demand are key considerations too, as equity is not just about access and the supply side, but availability, acceptability, affordability and ultimately use. Further emphasis was placed on the need to communicate the value of and success

³ Please see Country Update paper: Board-2013-Mtg-2-Doc X)

to date of immunisation programmes to drive demand and understanding of the broader impact of vaccines. Civil society representatives highlighted their continued willingness to work with GAVI in these areas and help amplify success stories to deepen the broader public understanding of GAVI's work.

- 6.12 Participants welcomed GAVI's initial work on modernising the supply chain systems in GAVI implementing countries and agreed that innovations to improve vaccine supply chains in-country, and internationally, are crucial to reach every child with life-saving vaccines whilst maximising efficiency. It was evident during the discussion that the private sector has best practices and innovations that can be leveraged to improve vaccine supply chains; however these solutions need to be country-driven and scalable.
- 6.13 Given the importance of the work remaining to reach the unimmunised, Alliance partners and donors placed significant emphasis on accelerating both financial and programmatic sustainability. They highlighted the need to reflect upon the role of innovative finance (such as the AMC, IFFIm, and the private sector) moving into the next strategic period. Donors and partners agreed that strengthening routine immunisation, more effective health system strengthening, focusing on equity and the hardest to reach child, as well as ensuring tailored country approach and strong attention to successful graduation would be crucial themes for further action.
- 6.14 Vaccine manufacturers highlighted the need for improved regulatory harmonisation across different markets to make supply more efficient by improving costs and time-to-market. Also emphasised was the need to strengthen platforms for discussion and communication between countries and manufacturers regarding supply needs.
- 6.15 A meeting of donors to IFFIm in the margins of the MTR highlighted a growing need to position IFFIm in the context of the Replenishment and to address key issues such as the evolving purpose of the mechanism and barriers to uptake by emerging economies. Donors were supportive of IFFIm and the flexibility and sustainability it affords GAVI programmes and countries, yet felt there is a need to strengthen the IFFIm investment case and further define the value for money of the mechanism while exploring other innovative mechanisms.
- 6.16 Following the feedback from Alliance partners GAVI's CEO presented reflections on the future direction of GAVI including the importance of building upon GAVI's existing strengths. It was acknowledged that there is still much to be done to immunise every child and that success will require a renewed focus on coverage, equity, and new tools (including data quality and supply chain) as well as enhanced efforts to address sustainability and ensure the successful graduation of countries from GAVI support. The Alliance must also continue to learn together to address these challenges and maintain the progress thus far.

- 6.17 It was recognised that GAVI operates in a changing landscape and to remain in the 'premier league' of international development organisations it must adapt and improve its model as necessary. This includes remaining ambitious and leveraging the important opportunities ahead: new vaccines coming down the pipeline, creating synergies with other programmes, shifting focus to the fully immunised child, supporting immunisation across the value chain and helping the most challenged countries to leapfrog system improvements.

7 Status of fundraising efforts

- 7.1 Leading up to and building upon the MTR, GAVI's resource mobilisation efforts have been focused on bridging financing from the 2011-2015 strategic period to the upcoming 2016-2020 period. Work has been accelerated to sign remaining funding agreements (US\$ 666 million) and secure extensions from donors who have not yet pledged through 2015 (Australia, the European Commission, Ireland, Japan, Sweden, and the USA). In addition, with the latest expenditure forecast⁴ amounting to US\$ 7.6 billion, US\$ 201 million of additional contributions still need to be mobilised to meet country demand for the 2011-2015 period. An initial amount of pledges in the range of US\$ 500 million is also being sought now to serve as a base for 2016-2020 and ensure uninterrupted programmes at country level. In accordance with GAVI's Programme Funding Policy, programme funding decisions made during 2014 require sufficient resources to be available through 2016, and early funding announcements would provide the GAVI Board with visibility on a base of resources for future GAVI programme funding decisions. Delays in securing financial visibility could run the risk to GAVI of being unable to approve new programmes.
- 7.2 New developments since the June 2013 GAVI Board meeting include a renewed commitment from the United States (US\$ 138 million for 2013) bringing their total contribution to GAVI to over US\$ 1 billion since inception, an announcement at the MTR by Honourable Hillevi Engstrom, Minister for International Development of Sweden of an increased contribution to GAVI to a total amount over two years of \$ 129 million for the period of 2013-2014, a renewed and increased 5-year commitment from Korea of US\$ 5 million (a 500% increase), and a signed commitment of US\$ 1.1 million from the OPEC Fund for International Development (OFID). The Swedish, OFID, and Korean commitments are all to be matched by the Bill & Melinda Gates Foundation Challenge Grants.
- 7.3 Tailored strategies and partnerships to expand and diversify the donor base according to the Long-term Funding Strategy⁵ are continuing. Focused efforts

⁴ See Document [x]: financial Forecast Update, GAVI Board November 2013

⁵ See December 2012 Long-term funding strategy paper (Board-2012-Mtg-3-Doc 07)

in emerging economies including Brazil, China, India and the Middle East are being accelerated and the US\$ 200 million in challenge grants from the Bill & Melinda Gates Foundation – pledges that are conditional upon GAVI raising new funding from other donors – has also served a catalytic role in broadening and diversifying GAVI's donor base.

- 7.4 The Brazilian Ministry of Health has indicated their intention to begin support to GAVI in 2014 according to an accelerated schedule over 10 years, and indications from India suggest that a first pledge to GAVI is being considered.
- 7.5 An enhanced and growing partnership with China is emerging and is aligned with the country's focus on further strengthening South-South Cooperation on health related issues. At the first Ministerial Forum of China-Africa Health Development held in Beijing in August 2013 and attended by 48 Ministers of Health and three Heads of State, vaccines and immunisation were listed among the key priorities for China-Africa health cooperation, and the GAVI Alliance is seen as an existing multilateral mechanism that could be leveraged for this purpose. Other avenues of engagement are being developed in particular around the Japanese Encephalitis vaccine for which a Chinese manufacturer received WHO Pre-Qualification in October 2013.
- 7.6 GAVI is strengthening engagement within the Middle East and was for the first time featured at the Islamic Conference of Health Ministers held in Jakarta in October. Building from this broad base of visibility, GAVI is now deepening relationships with core countries, most notably United Arab Emirates, Saudi Arabia and the State of Qatar. UAE's Minister for International Cooperation & Development attended the MTR where she expressed a strong and continued support to GAVI. In addition, GAVI partnered with Majid Al Futtaim (MAF) Finance in Dubai and raised AED460,000 (US\$125,000), during the Holy Month of Ramadan, with a goal 'to provide vaccines for 5,000 children in the world's most needy countries'. This campaign, launched in both print and electronic media and through e-mail/text circulation to over 400,000 customers of MAF's Credit Card holders, also helped raise awareness on immunisation in the region and the work GAVI Alliance undertakes.
- 7.7 GAVI's deepening engagement with the private sector is evolving from being about money only to forming strategic partnerships that provide significant money, business skills or advocacy – or a combination of the above. Since its launch in 2011, the GAVI Matching Fund has proven highly effective in attracting the private sector to GAVI's cause. It has brought on board 12 partners, who have contributed US\$ 74 million, or US\$ 148 million including the matches from the United Kingdom's Department for International Development (DFID) and the Bill & Melinda Gates Foundation. Through the fund, GAVI is now leveraging in-kind contributions of significant know-how and voice. The Lions Clubs International Foundation partnership brings to GAVI 1.35 million members who can advocate for vaccine use, particularly in

hard-to-reach environments. The partnership with Comic Relief has brought enormous visibility for GAVI and global immunisation in the United Kingdom and may also do so in the US. Vodafone's current work in Mozambique has the potential to provide scalable supply chain and data solutions. GAVI will seek to engage additional specialised firms in a Supply Chain Centre of Excellence (SCCOE) focused on addressing vaccine supply chain challenges.

- 7.8 GAVI is engaged in a concerted new financial product development exercise, focused not on developing new products for their own sake, but on innovating one or more new products to address core business needs, particularly those anticipated in the 2016-2020 period. These needs include issues such as modernising the supply chain and cold chain, leveraging resources of Development Finance Institutions, utilising results-based funding, and dealing with the challenges of graduated and other Lower Middle Income Countries. Some of these products, if launched, could have a favourable resource mobilisation effect – and all of them are envisaged to make the GAVI model more impactful and effective.

8 The road to Replenishment

- 8.1 While the Mid-Term Review highlighted rapid progress in access to new vaccines and that immunisation remains a key driver of development, it also highlighted the need for much stronger emphasis on equity and programmatic sustainability. Indeed, faster progress must be achieved to save children in the poorest regions. In Sub-Saharan Africa and South Asia which represent 4 out of 5 under-five deaths the current rate of reduction in childhood mortality will make it impossible to reach MDG4 and 5 before 2028⁶. Against this backdrop and the on-going formulation of the Post-2015 development agenda, GAVI's second Replenishment represents a prime opportunity for continued and accelerated impact.
- 8.2 Tentative estimates of country demand in 2016-2020 for GAVI current vaccines indicate that resource needs for scaling up impact to address the challenges presented at the MTR and avert an additional 6 million future deaths may be in the range 15-22% higher than for 2011-2015⁷ period. Some incremental resources may be required for new programmes based on future Board decisions on the Vaccine Investment Strategy and the 2016-2020 GAVI Alliance Strategy.
- 8.3 Collaborative efforts from all partners including continued long-term donor funding coupled with sustained country co-financing (estimated to reach

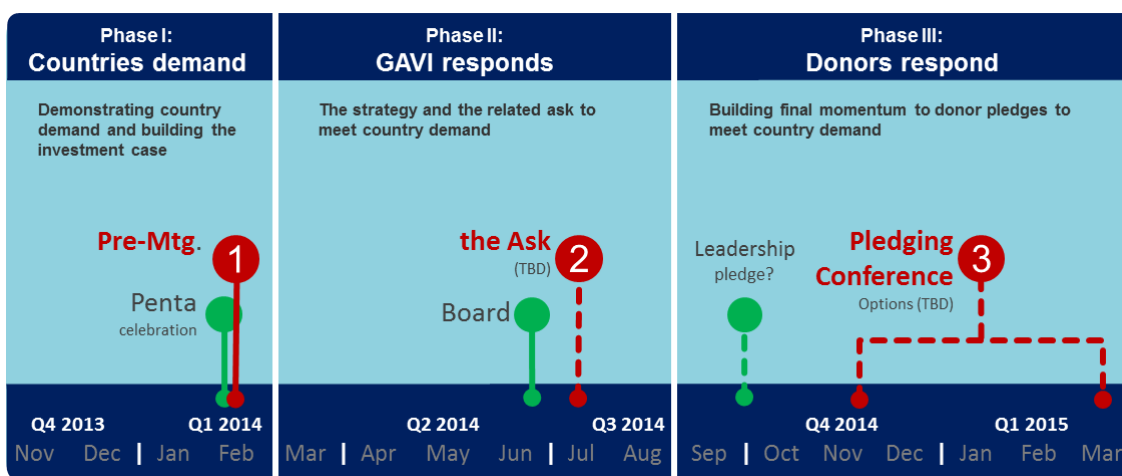
⁶ See UNICEF, *Committing to Child Survival: A Promise Renewed, Progress Report 2013*, UNICEF, New York, 2013.

⁷ See Document [X]: financial Forecast Update, GAVI Board November 2013

approximately US\$ 1 billion for the 2016–2020 period) and active market shaping will be essential to consolidate and extend the gains achieved so far, confront the challenges featured at MTR and further scale up impact. To that end, GAVI’s Long-term Funding Strategy is focused heavily on four primary components: (i) maintaining the leadership and contributions of the top three donors, (ii) expanding efforts to increase contributions from the next nine donors, (iii) replenishing IFFIm by at least US\$ 1 billion as part of the broader GAVI Replenishment and (iv) further broadening the donor base by developing emerging donors and private sector engagement.

- 8.4 GAVI is now entering the critical replenishment phase to resource long-term country demand for vaccines (see Annex B). Building upon the lessons learned from the first Replenishment, the Secretariat will lead the Replenishment process and ensure joint donor and stakeholder ownership.
- 8.5 The 2014 critical path to the Replenishment is currently being developed with a phased approach to provide direction and prioritisation within each period (please see figure 1 below). It is important to note that these phases are not static and will overlap as GAVI needs to be responsive to the donor environment.

Figure 1: GAVI’s critical path to Replenishment



- 8.6 Building upon the October 2013 Mid-Term Review of GAVI’s first Replenishment, Phase I will focus on demonstrating country need and demand for GAVI vaccines in the 2016-2020 strategic period and building the case for investing in GAVI. A Pentavalent celebration where South Sudan is the final GAVI country to launch the vaccine will highlight GAVI’s success in rolling out Pentavalent in all GAVI countries and will continue to build confidence in GAVI’s model of development. At the MTR, the European Commission invited donors and countries to Brussels in February 2014 for a focused high-level pre-replenishment meeting in cooperation with the African, Caribbean, and Pacific Group of States (ACP) Secretariat to discuss with

implementing countries their demand for GAVI vaccines and support for the 2016-2020 period.

- 8.7 Leading up to the Pre-Replenishment Meeting, GAVI will develop and test the investment case (or case for support). The investment case will lay out compelling reasons to invest in GAVI and link donor priorities to arguments that resonate with each donor. It is important to note that the investment case differs from the GAVI strategy, with the former focusing on 'why invest' and the latter focusing on the 'what and how' of GAVI's strategic priorities.
- 8.8 Phase II will focus on developing GAVI's response to country demand for vaccines, resource scenarios, and the replenishment ask. During that period GAVI will carry out extensive donor visits to seek critical support for its replenishment.
- 8.9 Phase III will focus on the donors' response to meet country demand for vaccines. In order to build momentum towards a pledging conference and to provide flexibility in the pledging schedule for those donors who may need to mitigate election cycles, a number of leadership pledges will be encouraged. A pledging conference will anchor Phase III and is anticipated as a high-visibility event to acknowledge donor pledges. The date for the conference (Q4 2014 or Q1 2015) will be determined by the host selection and the trends in the broader donor environment (elections, other pledging events, economic fluctuations, etc...).
- 8.10 To support the Replenishment, the Secretariat will lead an integrated approach to external stakeholder and Alliance Partners engagement. A strategy is being developed to align GAVI's advocacy, media & communications, and resource mobilisation outreach to donor markets. It will leverage a strengthened GAVI Alliance brand, key advocacy partners, and champions through tailored donor markets events and campaigns to support replenishment objectives and GAVI strategic goals.

Section C: Implications

9 Risk Implications

- 9.1 Due to the ODA cuts in some key donor countries resulting from a lasting financial and economic crisis in many regions, and the proximity of other major replenishment efforts, the risk of decreased support from existing donors or inability to increase further donor investments in GAVI is not insignificant. The risk of loss of predictability of funding for countries especially nearing the end of the current funding cycle (2014-15) and into the 2016-2020 period is also noted. Hence, a successful Replenishment that engages all stakeholders and donors will be crucial for ensuring continuity of GAVI programmes at country level.

- 9.2 Sufficient visibility of, and confidence in long-term GAVI funding is critical to GAVI's ability to agree on long-term arrangements with industry and shape vaccine markets. Without these assurances manufacturers may be less willing to commit to price reductions and sufficient levels of production (often requiring long lead times) for GAVI countries. Given the potential new tenders opening beyond 2015 this is a critical issue.

10 Impact on GAVI stakeholders

- 10.1 See above

11 Impact on Secretariat

- 11.1 The Replenishment will require substantial input and commitment from the entire Secretariat (as well as significant engagement of Alliance partners, Board, and stakeholders). Building upon the lessons learned from GAVI's first Replenishment, the Secretariat is implementing the structures necessary to align teams across the organisation and ensure the efficient use of resources.

12 Legal and governance implications

- 12.1 It should be noted that a number of new donors are asking for a seat at the Board in consideration of their contributions. This is a matter which may be considered as part of the Board and Committee Self-Evaluation, which will be conducted shortly. Its results will be reported to the Board during the board retreat in April 2014.
- 12.2 Another challenge emerging from discussions with some new and emerging donors is that they cannot make donations directly to GAVI because its status does not meet their definition of an international organisation. In addition, the use of innovative finance mechanisms may be hindered by legal issues and tax deductibility limitations especially when considering contributions from the private sector.

13 Consultation

- 13.1 Throughout 2014 GAVI will carry out on-going consultations with donors, partners, countries, and other stakeholders to inform the Replenishment strategic plan and engage all members of the Alliance.

14 Gender implications

- 14.1 This resource mobilisation update has no implications on gender.

Section D: Annexes

Annex A: GAVI contributions and proceeds for 2011-2015

Includes pledges for 2011 - 2015 made through 30 September 2013

US\$ million

Donor	Amount Pledged	Period of Pledge		Proceeds in 2011 - 2015
		Direct	IFFIm / AMC ¹	
Australia	235	2011 - 2013	I	277
Brazil ²	3			0
Canada	160	2011 - 2015	A	257
Denmark	18	2011 - 2013		18
European Commission (EC)	53	2012 - 2014		53
France	481	2011 - 2015	I	431
Germany	187	2011 - 2015		187
Ireland	12	2011 - 2014		12
Italy	439		I, A	496
Japan	27	2011 - 2013		27
Luxembourg	6	2011 - 2015		6
Netherlands	240	2011 - 2015	I	188
Norway	779	2011 - 2015	I, A	733
Republic of Korea	1	2011 - 2012		1
Russia	40		A	43
South Africa	5		I	3
Spain	60	2011	I	41
Sweden	239	2011, 2013 - 2015	I	233
United Kingdom	2,378	2011 - 2015	I, A	2,338
United States of America	540	2011 - 2014		540
Bill & Melinda Gates Foundation	1,320	2011 - 2015	A	1,334
"la Caixa" Foundation	8	2011 - 2013		8
Absolute Return for Kids (ARK)	3	2012 - 2013		3
Anglo American plc	3	2011 - 2013		3
JP Morgan	2	2011		2
Children's Investment Fund Foundation	7	2012 - 2013		7
Comic Relief	12	2012 - 2014		12
LDS Charities	4	2012 - 2013		4
HH Sheikh Mohamed bin Zayed	33	2011 - 2013		33
OFID	1	2013		1
Vodafone (contribution in kind) ³	0	2013 - 2015		0
Dutch Postcode Lottery	3	2013		3
Prudential	0.2	2013		0.2
Statoil	0.2	2013		0.2
Lions Club International (LCIF)	15	2014 - 2015		15
Other Private Donors	2	2011 - 2013		2
TOTAL	7,315			7,310

Investment Income	165
Provision for pledges not fully contributed	(100)
Transfer (to)/from cash and investment reserve	(17)

ASSURED RESOURCES FOR 2011 - 2015 **7,358**

\$7.4 bn

Notes:

1- IFFIm / AMC: I= IFFIm pledge for 2011 - 2015; A = AMC pledge for 2011 - 2015

2- In June 2011, Brazil pledged \$20 million to IFFIm. Grant agreement discussions still ongoing and hence no proceeds can be currently attributed

3- Vodafone has made a contribution-in-kind of €1.2 million covering the period 2013-2015

Annex B: GAVI's Long-term Funding Strategy

