



INVESTING
TOGETHER
FOR A HEALTHY
FUTURE

A WORLD FREE FROM VACCINE-PREVENTABLE DISEASES



THE 2016–2020
INVESTMENT OPPORTUNITY
Executive Summary

www.gavi.org



A PROVEN TRACK RECORD

Since 2000, Gavi, the Vaccine Alliance has driven unprecedented progress in immunisation. Through the leadership of developing countries, supported by the other Gavi partners, close to half a billion children have been immunised, which will lead to 6 million lives saved.¹ Donors have acknowledged these achievements by endorsing Gavi as “very good value for money”² and by committing nearly US\$ 12 billion in funding to date.

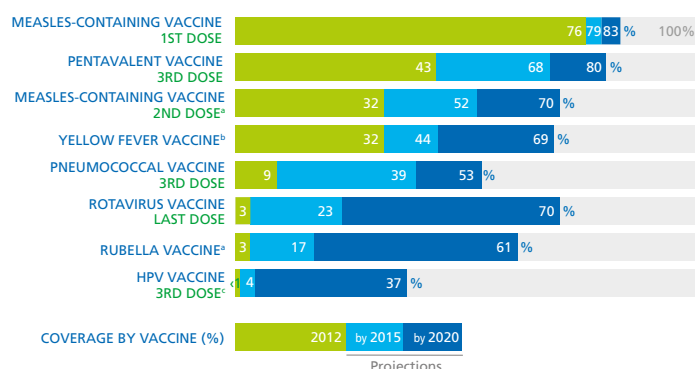
Gavi is recognised as a leader in innovative and sustainable approaches to development, supporting countries to secure a healthy and prosperous future. Joint investments and engagement by the public and private sectors are yielding social and economic returns far beyond what any country or agency could achieve alone.

THE OPPORTUNITY

We have before us the opportunity to build upon and consolidate the gains achieved so far by investing together in the unfinished agenda of global immunisation.

As the world nears the 2015 deadline for the Millennium Development Goals, Gavi is continuing to scale up current interventions and is looking ahead to the next chapter – aspiring to a world free from vaccine-preventable diseases. However, one in five children worldwide are not fully protected even with the most basic vaccines, and only a minority have access to the full range of new, powerful vaccines against the most fatal diseases. Most of these underimmunised children live in Gavi-supported countries.³

> Figure 1 SCALE-UP OF IMMUNISATION IN GAVI-SUPPORTED COUNTRIES BY 2020



^a 2012 coverage estimates are based on country official reported figures

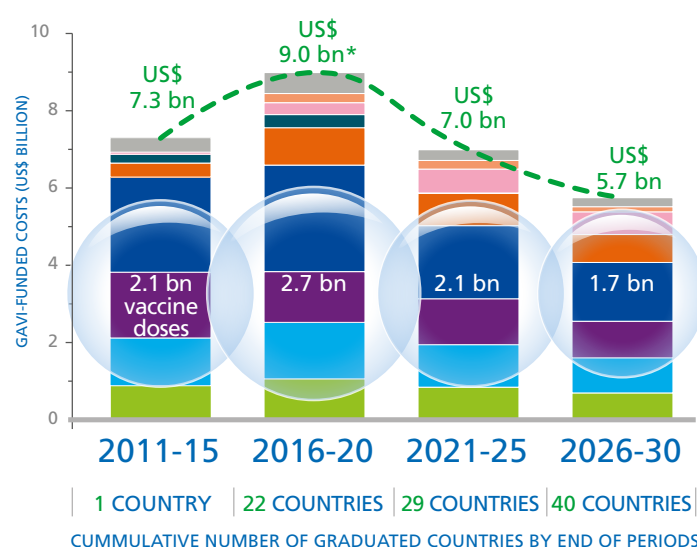
^b Target population and coverage estimates are based on 32 yellow fever-endemic Gavi-supported countries in Africa.

^c Target population for HPV3 is 9-13 year old girls, 2012 coverage estimates derived from SDF projections about scale-up.

If Gavi is able to mobilise US\$ 7.5 billion in additional investments for the 2016–2020 period, Gavi-supported countries can immunise a further 300 million children, resulting in 5 to 6 million lives saved. This would increase by more than 10-fold (from less than 5% to 50%) the proportion of children who are fully protected with the 11 vaccines recommended by WHO for infants in all countries.⁴

This unprecedented scale-up in immunisation coverage will generate between US\$ 80 and US\$ 100 billion in economic benefits⁵ – equivalent to nearly three quarters of the total Official Development Assistance (ODA) contributed by OECD DAC donors in 2013.⁶

> Figure 2 AN ACCELERATION OF INVESTMENT TODAY LEADS TO A MORE SUSTAINABLE FUTURE



VACCINE DOSES PURCHASED

- OTHER VACCINES
- TYPHOID VACCINE
- HPV VACCINE
- MEASLES & MR VACCINES
- ROTAVIRUS VACCINE
- PNEUMOCOCCAL VACCINE
- PENTAVALENT VACCINE
- ENABLING SUPPORT**
- BUSINESS PLAN

* not including provision for strategic investments

** HSS & cash-based support for vaccine programmes

Country ownership and long-term sustainability are at the heart of the Gavi model. Gavi support is based on country demand, and all countries pay a share of the cost of their vaccines that are funded by Gavi. This helps to ensure that immunisation programmes are sustained after Gavi's financial support ends.

From a 20-year perspective (see figure 2), the coming five years are likely to be the peak of investment for Gavi.⁷ Over the long term, needs are expected to decrease as 22 countries are graduating from Gavi support by 2020. In the following five-year periods, the required Gavi financing will continue to decrease, with a growing number of countries graduating from Gavi support and fully financing their own immunisation programmes.

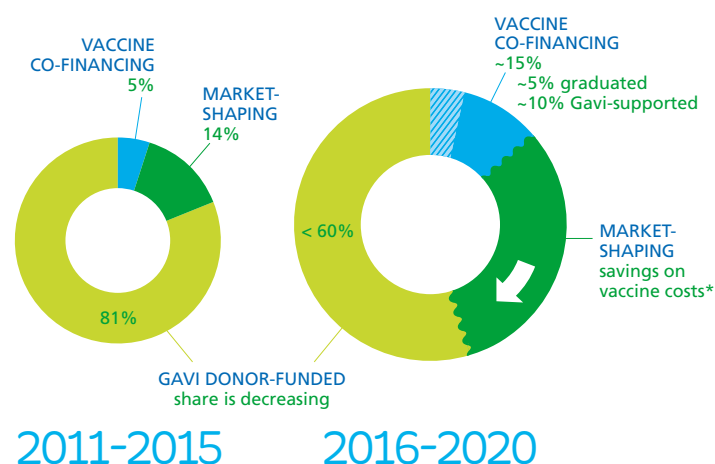
INVESTING TOGETHER: AN ADDITIONAL US\$ 7.5 BILLION NEEDED TO SAVE 5 TO 6 MILLION LIVES

Realising the goal of a healthy and sustainable future requires bold investments by all partners, with Gavi-supported countries at the forefront. With growing economies they will nearly triple their co-financing contributions in 2016–2020 compared with the previous five-year period, contributing US\$ 1.2 billion to the cost of new vaccines.

Gavi's work with vaccine manufacturers to supply high-quality vaccines at lower prices to developing countries will continue to break down barriers of access, even in the poorest countries and the most marginalised communities. From 2010 to 2013 the Vaccine Alliance secured a 37% reduction in the total vaccine cost to immunise a child with pentavalent, pneumococcal and rotavirus vaccines.

Gavi needs to secure additional resources of US\$ 7.5 billion to respond to country demand and meet the total expenditure need of US\$ 9.5 billion for 2016–2020.¹⁰ Gavi expects to have resources of US\$ 2 billion already available for the next strategic period. The replenishment ask of US\$ 7.5 billion (US\$ 1.5 billion per year) assumes continued vaccine price reductions. If vaccine manufacturers respond to this challenge, and as country co-financing levels increase, Gavi donors' share of financing could be reduced from approximately 80% in 2011–2015 to less than 60% in 2016–2020.

> **Figure 3** PROJECTED IMPACT OF DYNAMIC RESOURCE MOBILISATION MODEL ON DONOR SHARE OF TOTAL FINANCING



* Compared to 2010 baseline price

WHY GAVI, THE VACCINE ALLIANCE

As a 21st century public-private development partnership, Gavi, the Vaccine Alliance applies market-based approaches to help solve public health challenges. Gavi draws on the strengths and complementarities of all the key stakeholders in global immunisation, including implementing and donor governments, the World Health Organization, UNICEF, the World Bank, the Bill & Melinda Gates Foundation, civil society, the vaccine industry, research and technology institutes and private companies, to redress global inequities in access to vaccines. By creating synergies, coordinating existing systems and avoiding duplication, the Vaccine Alliance is having an impact far beyond what could be achieved by any one country or organisation alone.

The Vaccine Alliance has a proven track record in delivery, efficiency and transparency, which has been commended in recent donor and multilateral evaluations.⁸ Gavi was also ranked second of 67 development agencies and donor governments in the 2013 Aid Transparency Index.⁹ Gavi's efficient operating model ensures that US\$ 0.97 of every dollar invested goes towards providing vaccines and delivering immunisation services to children in need.

TOWARDS A HEALTHY FUTURE

Now is the time to:

- **accelerate impact** by introducing life-saving vaccines in countries that have yet to do so, and by strengthening the systems needed to deliver routine immunisation.
- **reach every child** in Gavi-supported countries with life-saving vaccines, including those who have fallen through the cracks of inequity and are not fully protected even with the most basic vaccines, and expand access to new, improved vaccines.
- **ensure the gains and investments of the past 15 years are consolidated and sustained** so countries can increase their immunisation coverage and eventually take over full financing of their immunisation programmes. Consistent and catalytic support in this period will be fundamental to the success of the 22 countries expected to graduate from Gavi support by 2020.



¹ The term lives saved is used throughout this document to denote the impact of the Vaccine Alliance investments in terms of future deaths averted through the prevention of death due to infectious diseases in childhood as well as death due to cancer in adulthood. Immunisation averts deaths over the lifetimes of vaccinated children by providing immunological protection from a young age. Some vaccines, for example human papillomavirus (HPV) vaccine, prevent deaths due to cancer decades in the future, through protection conferred at the time of immunisation.

² UK Multilateral Aid Review Report, 2011: <https://www.gov.uk/government/publications/multilateral-aid-review>

³ Gavi-supported countries refers to the 72 countries currently supported by the Vaccine Alliance.

⁴ These are the five antigens included in the pentavalent vaccine (diphtheria, tetanus, pertussis, Haemophilus influenza type B and hepatitis B), Bacillus Calmette–Guérin, polio, measles, rubella, pneumococcus and rotavirus vaccine. The HPV vaccine is not listed here because it targets a different age group.

⁵ Preliminary findings from Johns Hopkins and GVAP Steering Committee (2014), Costing, Financing, Gap, and Return on Investment Analysis for the Global Vaccine Action Plan (GVAP).

⁶ OECD DAC = The Organisation for Economic Cooperation and Development's Development Assistance Committee. According to the OECD, donors contributed a total of US\$ 134.8 billion in net official development assistance (ODA) in 2013, <http://www.oecd.org/newsroom/aid-to-developing-countries-rebounds-in-2013-to-reach-an-all-time-high.htm>

⁷ Considering Gavi's existing vaccine portfolio and not including future Board approval of new vaccines.

⁸ http://aid.dfat.gov.au/Publications/Pages/693_6999_8205_7111_6531.aspx
http://www.mopanonline.org/upload/documents/MOPAN_2012_Gavi_Final_Vol_1_Issued_December_2012.pdf
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/297523/MAR-review-dec13.pdf
<http://www.government.se/sb/d/11747/a/122004>

⁹ http://reliefweb.int/sites/reliefweb.int/files/resources/2013-Aid-Transparency-Index_0.pdf

¹⁰ Including US\$ 0.5 billion provision for strategic investments, such as strengthening supply chains, improving immunisation coverage and equity, modernising data systems and providing catalytic support to countries graduating from Gavi support as agreed by the Board.

Cover photos: Gavi/2014/Evelyn Hockstein (front),
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