

# CEO Board Update

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**Seth Berkley, MD**

6 June 2018, Geneva, Switzerland



# 1

## KEY DEVELOPMENTS IN OUR GLOBAL LANDSCAPE

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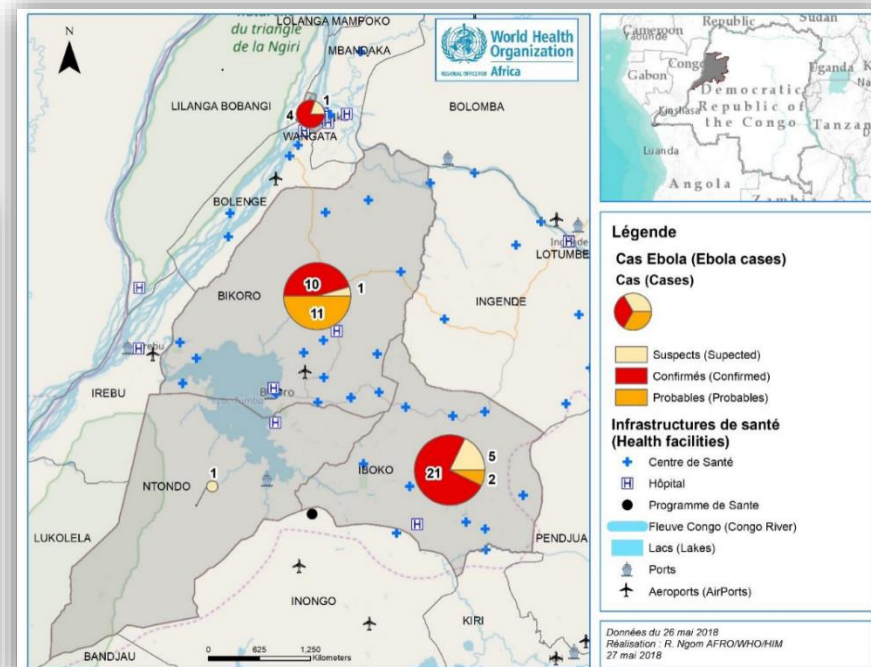
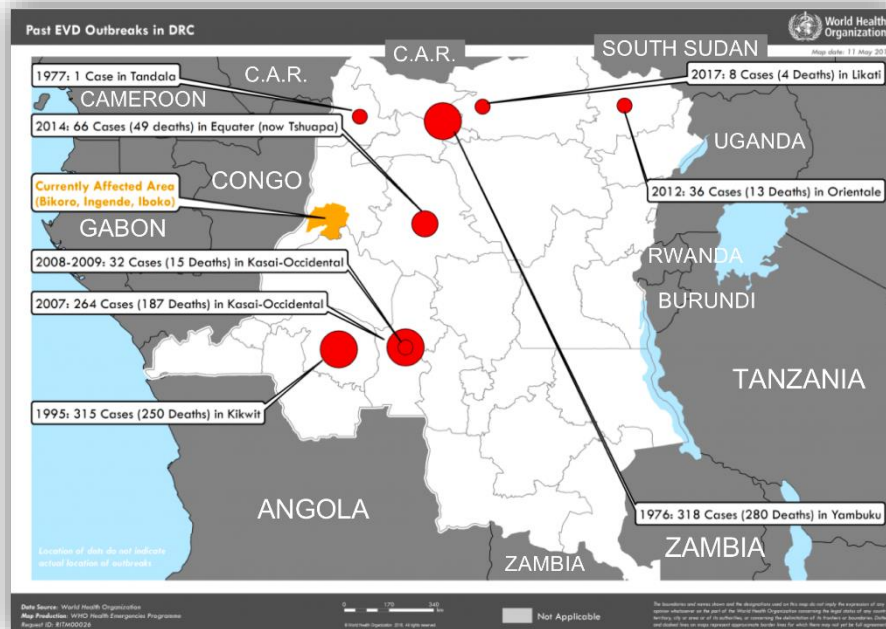
Board meeting  
6-7 June 2018

# Re-emergence of Ebola in DRC

- Ninth DRC outbreak since discovery in 1976
- 56 reported cases, 25 reported deaths
- Vaccine doses available *via* Gavi Advance Purchase Commitment (APC)
- First use of vaccine since the 2014 West African outbreak
- First dose given 13 days after outbreak declared, 1,199 vaccinated to date
- Gavi provided US\$1m for operational costs to deploy vaccine



## Ebola in DRC –historical & current

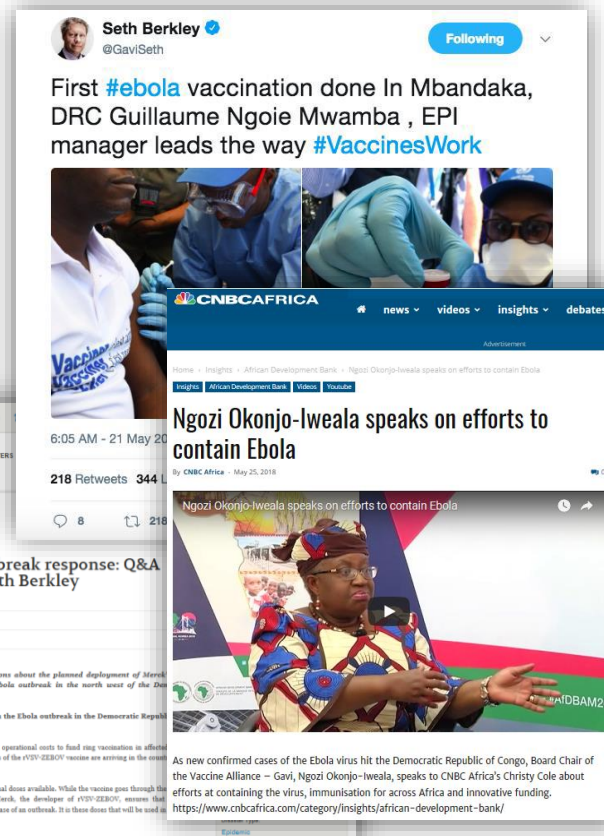


Source: UN dispatch, May 2018



# Milestones to Ebola vaccine availability

- **2014-2016** West African outbreak
- **2014** Board approved funding envelope for Ebola
- **2015** Gavi offered an APC to all manufacturers that had a vaccine in Phase I+
- **Late 2015** Gavi Board approved one agreement, prepayment to Merck contingent on their commitment to:
  - Apply for WHO Emergency Use Assessment Listing by end 2015
  - Ensure 300,000 doses of investigational vaccine available
  - Submit for licensure by end of 2017
- **More than 17,500 doses deployed in DRC**



# Continued threat of epidemic diseases without vaccines

## Key epidemic diseases without licensed vaccines

**THE TIMES OF INDIA**  
INDIA

India Maharashtra Delhi Karnataka Tamil Nadu Telangana Uttar Pradesh West Bengal Gujarat

NEWS / INDIA NEWS / NIPAH VIRUS: KERALA GOVERNMENT ADVISORY AGAINST TRAVELLING TO 4 NORTHERN DISTRICTS

### Nipah virus: Kerala government advisory against travelling to 4 northern districts

PTI | Updated: May 24, 2018, 10:33 IST

Download the Deep Learning eBook & Get Started in 11 Lines of MATLAB Code.  
Download the Deep Learning eBook & Get Started in 11 Lines of MATLAB Code.



**HIGHLIGHTS**

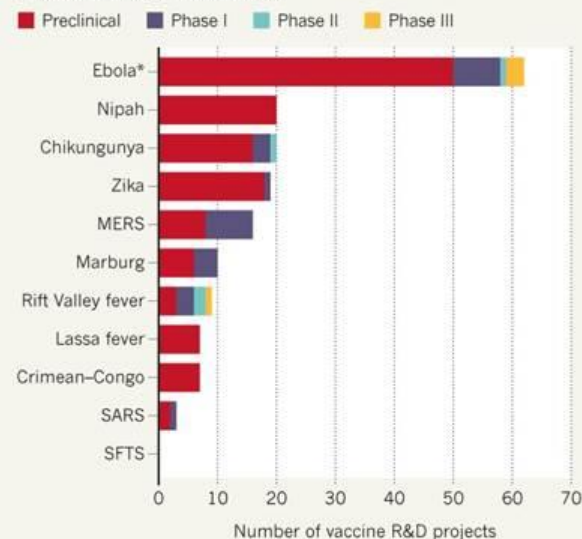
- Travellers have been advised to avoid Kozhikode, Malappuram, Waynad and Kannur
- The state government has called for an all-party meeting at Kozhikode on May 25 to discuss the issue
- Ten people have lost their lives to Nipah in Kozhikode and Malappuram districts so far

THIRUVANANTHAPURAM: With 10 deaths due to the deadly Nipah virus being

Recurrence of Nipah  
Kerala, India, 20  
deaths confirmed

### VACCINE PIPELINES

For many dangerous pathogens, most vaccines are still at the preclinical stages of development.



\*Preclinical estimated; phase I numbers include prime-boost regimens and novel candidates.

©nature

Nature article January 2017 quoting CEPI data, D.Butler  
*Billion-dollar project aims to prep vaccines before epidemics hit*

Board meeting  
6-7 June 2018

## CEPI news

### Recent disbursements

US\$37.5m to Themis Bioscience to develop Vaccines against Lassa Fever and MERS (March)

US\$56m to Inovio to develop DNA Vaccines against Lassa fever and MERS (April)

US\$10.4m IAVI partnership to develop a VSV vaccine candidate against Lassa fever (May)



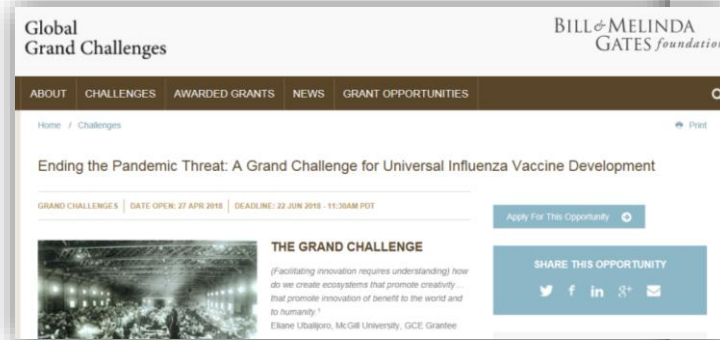
**Board meeting**  
**6-7 June 2018**

### This meeting

- Board will discuss epidemic VIS

Norway exploring use of IFFIm to frontload their support for CEPI

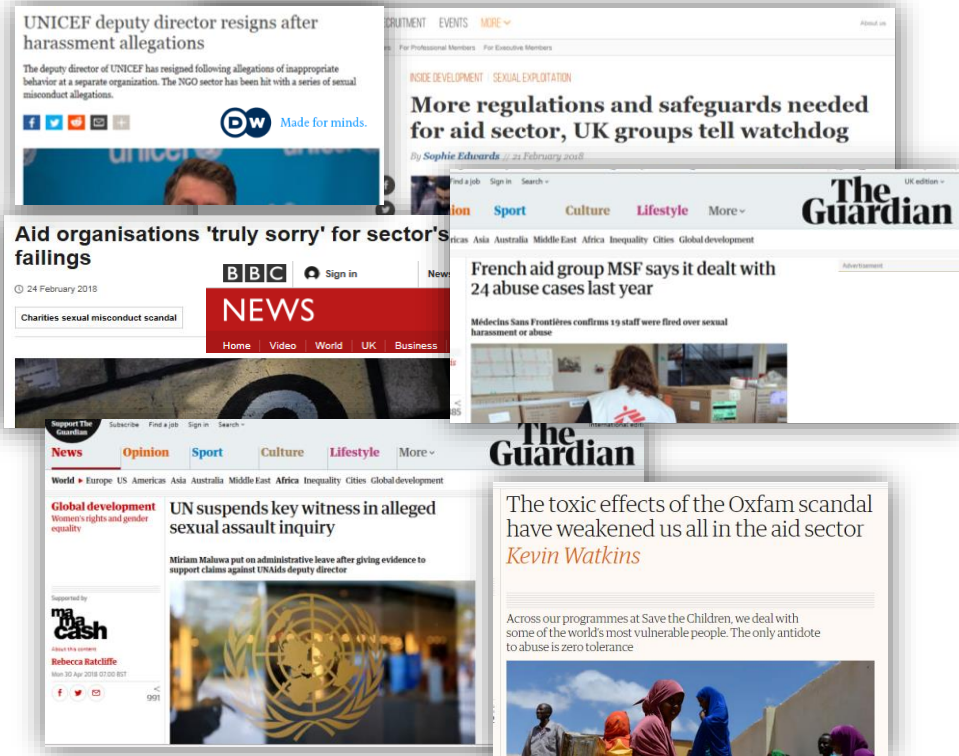
# A Grand Challenge for Universal Flu vaccination



- Funding announced from BMGF & Google
- US\$ 12m seed funding with individual grants for proof of concept work



# Safeguarding -significant issue for the development sector



***What does Gavi already have in place?*** Comprehensive policies, code of conduct, training for managers, Staff Council, Ombudsman, Whistleblower hotline

***What more are we doing?*** Revising wording in contracts & policies, rolling out training to all employees, looking for synergies with partners

# Improved SDG indicators adopted



Immunisation Indicators: 2  
Other health Indicators: 25  
Other Indicators: 205

## Improved SDG indicators adopted:

**3.b.1** Proportion of the population covered by immunisation national programme

Includes DTP3, PCV3, MCV2, HPV2 coverage

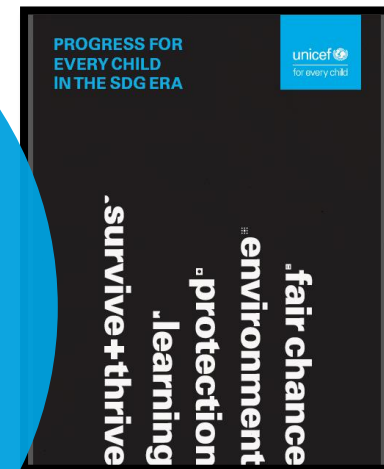
## UHC indicator adopted:

**3.8.1** Coverage of essential health services

Immunisation included as a tracer intervention

*'Over half a billion of the world's children live in 64 countries that lack sufficient data for us even to assess if they are on or off track for at least *two-thirds* of all child-related SDG indicators'*

*'Even for early days, the outlook the report reveals is foreboding'*



UNICEF March 2018

# Our ever complex operating environment

**Roadmap for Implementing the Addis Declaration on Immunization Advocacy, Action, and Accountability**

**GENERAL ASSEMBLY OF THE UNITED NATIONS**

President About Meetings Main Committees News Documents All Sessions

**Schedule of General Assembly plenary and related meetings**

71st session

**SUSTAINABLE DEVELOPMENT KNOWLEDGE PLATFORM**

HOME HIGH-LEVEL POLITICAL FORUM STATES SDGs TOPICS UN SYSTEM STAKEHOLDER ENGAGEMENT PARTNERSHIPS RESOURCES ABOUT

**Refugees and Migrants**

HOME GLOBAL RESPONSE COMPACT FOR MIGRATION COMPACT ON REFUGES

Home

**Global Compact on Refugees**

**World Health Organization**

About us Health topics News Countries

**Social determinants of health**

3 – 26 May 2018 all-day

**WHO called to return to the Declaration of Alma-Ata**

International conference on primary health care

The Alma-Ata Declaration of 1978 emerged as a major milestone of the twentieth century in the field of public health, and it identified primary health care as the key to the attainment of the goal of Health for All. The following are excerpts from the Declaration:

- The Conference strongly reaffirms that health, which is a state of complete physical, mental, and social well-being, and not merely the absence of disease or

**UN News**

WHERE WE WORK

Migration, UN reform and sustainable development among 2018 priorities, says Assembly President

**High-Level Political Forum on Sustainable Development**

VOLUNTARY NATIONAL REVIEWS DATABASE

SEARCH INPUTS TO THE HLPF

INTRODUCTION OBJECTIVES SDGS FOLLOW-UP AND REVIEW MEMBERS STRUCTURE UN AND OTHER SDGS MAJOR GROUPS SECRETARIAT

**HLPF 2018**

**G20**

ARGENTINA 2018

**ABOUT THE G20**

**UHC2030**

UHC2030 is the global movement to build stronger health systems for universal health coverage

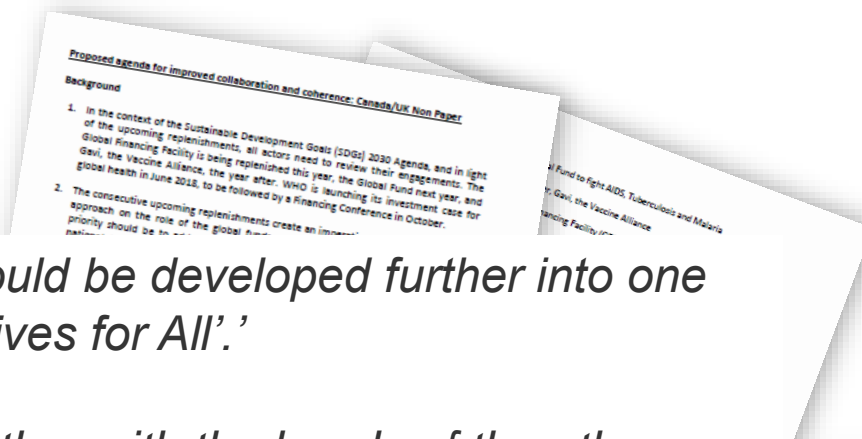
UHC2030 provides a multi-stakeholder platform to promote collaborative working in countries and globally on health systems strengthening. We advocate increased political commitment to universal health coverage (UHC) and facilitate accountability and knowledge sharing.

**Gavi**

The Vaccine Alliance

**Board meeting**  
**6-7 June 2018**

# Several initiatives to simplify health architecture



*'We believe that all global efforts should be developed further into one joint 'Global Action Plan for Health Lives for All'.'*

*'propose that WHO ... guides – together with the heads of the other relevant organisations – the elaboration of such a plan to be presented by October 2018 at the WHS'*

*globally and in-country – would enable improved delivery of results, particularly on: health financing; health systems strengthening; results frameworks; monitoring and evaluation; risk management; partner engagement; and global public goods'*

6-7 June 2018

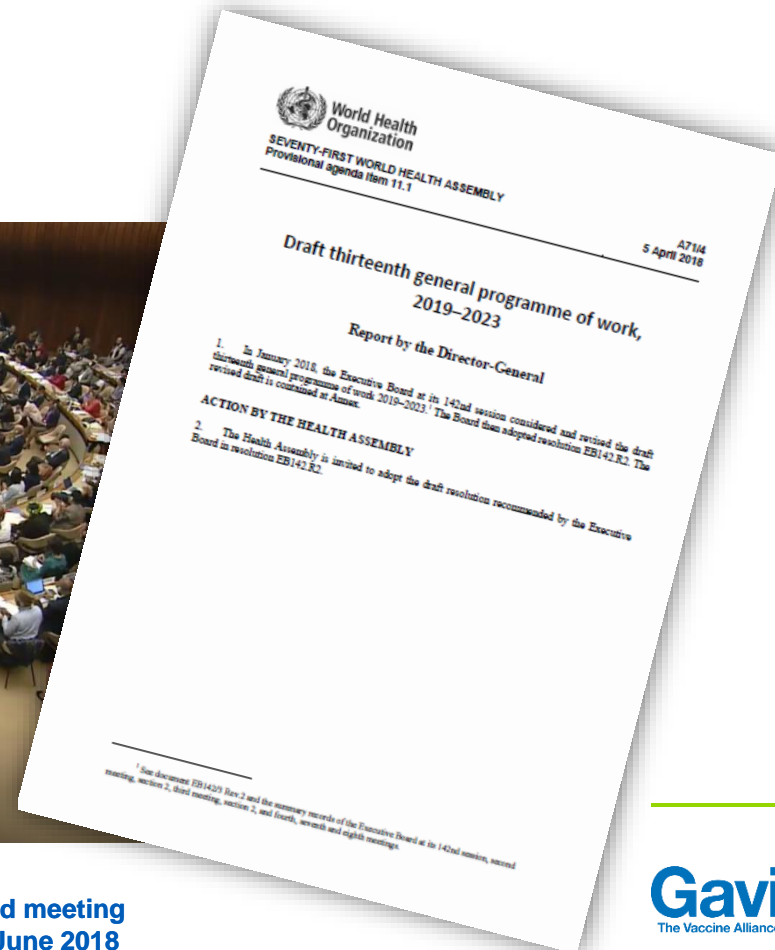




# World Health Assembly 2018



Board meeting  
6-7 June 2018



## Changes in Alliance leadership

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Henrietta H. Fore  
Executive Director  
UNICEF



Cyrus Ardalan  
IFFIm Chair

## Ministers of Finance meeting

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*An opportunity for  
Ministers to share their  
experiences &  
approaches to health  
budgeting and transitions*

# Gavi recognised by AidData: 'Listening to Leaders' - perceived helpfulness of development partners

## Change 2014 to 2017

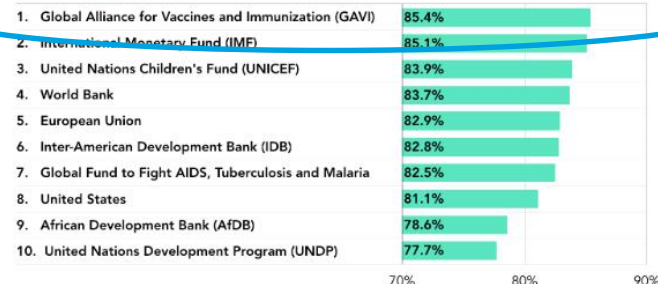
Adjusted 2014 Survey Rank* (Measuring 2004-2013)	2017 Survey Rank (Measuring 2010-2013)	Net Change
1. GAVI Alliance**	1. GAVI Alliance	0
2. IMF	2. IMF	0
3. World Bank	3. UNICEF	+2
4. GEF**	4. World Bank	-1
5. UNICEF	5. European Union	+3
6. Denmark	6. IDB	+1
7. IDB	7. Global Fund	+3
8. European Union	8. United States	+5
9. Sweden	9. AfDB (Africa)	+7
10. Global Fund	10. UNDP	+5



## Listening to Leaders 2018

Which partners receive the highest marks for helpfulness in implementation?

### Most Helpful Partners



Helpful defined as being of assistance in implementing policy changes



# The road to Mid-Term Review

Got vaccines? Got life!



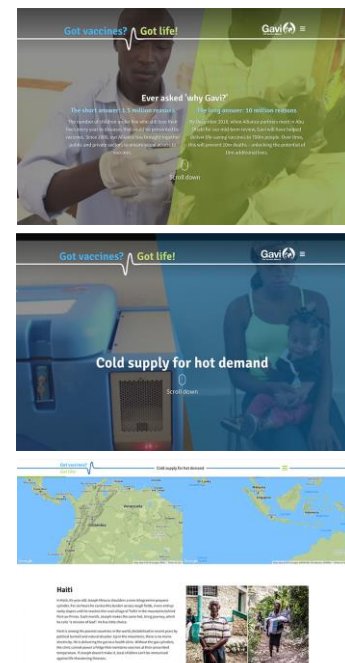
Our mid-term review will take place in the United Arab Emirates in December this year

As one of @Gavi's first donors from the region, the #UAE is a committed and long-standing partner.

Find out more [ow.ly/sKqk30jyps9](https://ow.ly/sKqk30jyps9) – with @UAEAid #UAEAid



1:36 am - 29 Apr 2018



gotlife.gavi.org

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## Mid-Term Review: objectives

- Accountability exercise midway through our five-year strategy period
- Culminates in a high-profile event in Q3/Q4 in 2018



- report back to donors on progress towards commitments made in the 2016-2020 Investment Opportunity
- secure continued support from donors and partners
- discuss Gavi progress, achievements and challenges
- lay the foundations for next replenishment

2016

2018

2020

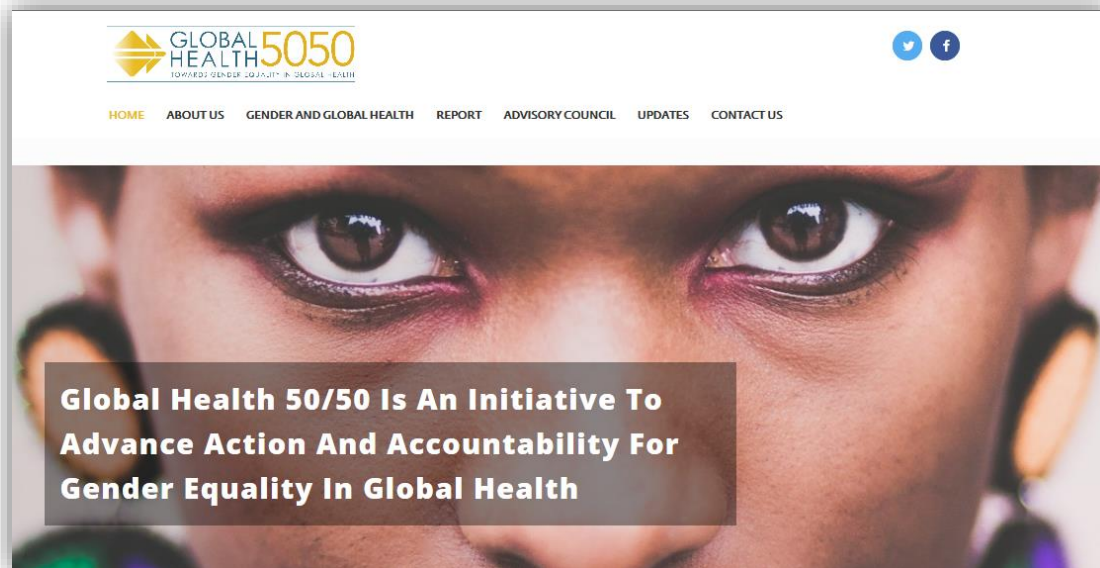
# Work to support gender equity

## Gavi given *top ranking*

Global Health 50/50: review of gender-related policies at 140 global health organisations

Looking at programmatic work & workplace balance

Gavi's Gender Policy is an important consideration in programmatic work – to support our Coverage & Equity agenda and reaching the 5<sup>th</sup> child



# 2

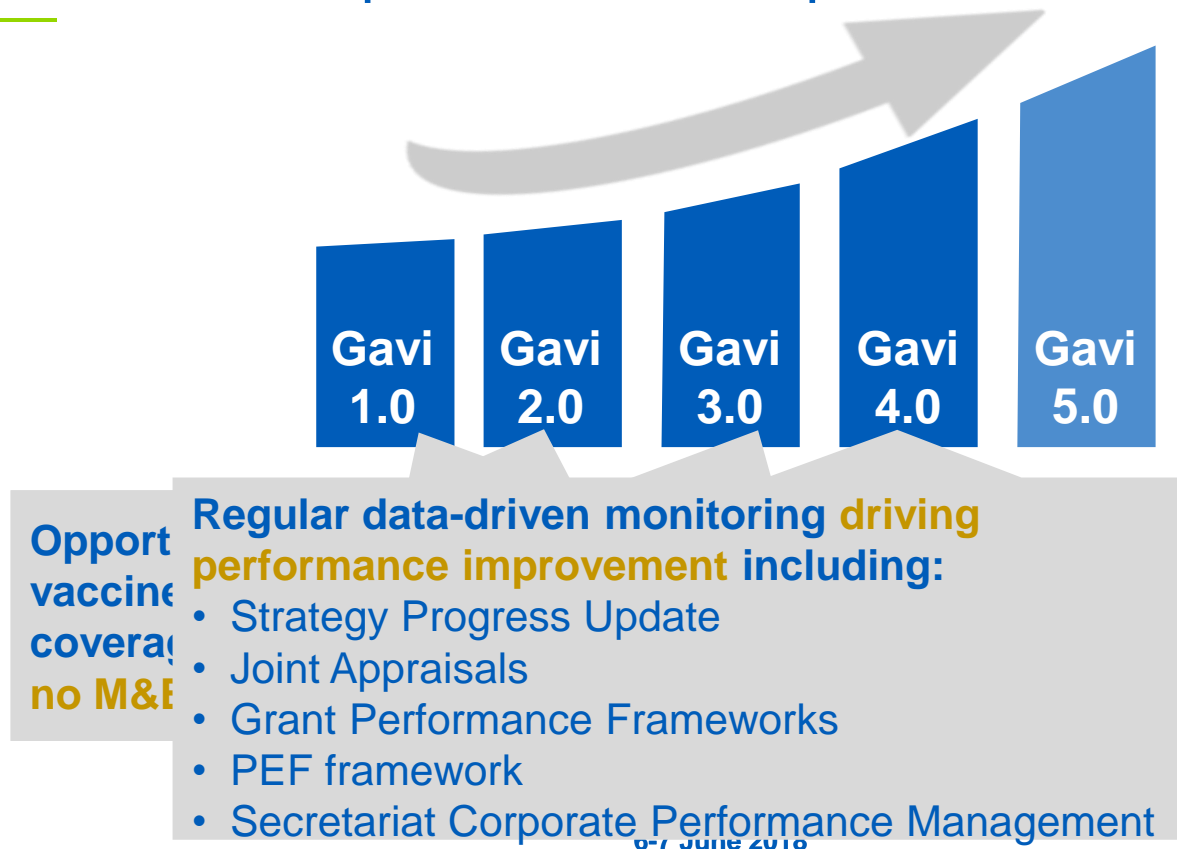
## UPDATE ON OUR STRATEGY

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Board meeting  
6-7 June 2018

# Gavi making progress on its journey to build a culture of data-driven continuous performance improvement





# Experience tracking 2016-20 strategy progress revealed four types of issues with some indicators

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**Thresholds** can mask important developments and create misincentives



**Limited accuracy** of some indicators in capturing developments



**Data quality** and **availability** of some indicators limited

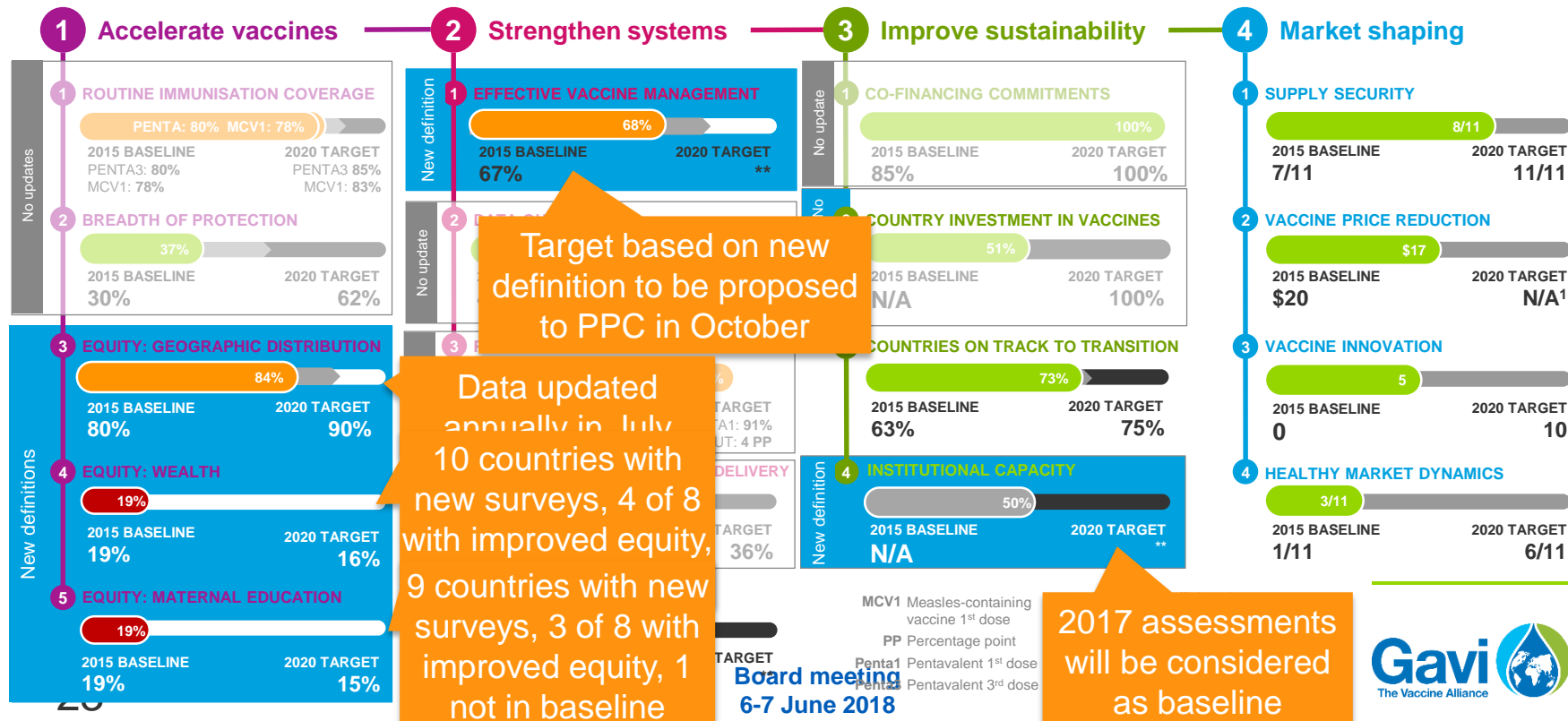


**Partial alignment** of some indicators with the Alliance's strategies and investments

Guiding principles for revision included **strong rationale for change**  
and maintaining **same level of ambition in targets**

# 2016–2020 INDICATORS STRATEGY PROGRESS

- 5 ON TRACK
- 2 MODERATE DELAYS / CHALLENGES
- 2 SIGNIFICANT DELAYS / CHALLENGES
- 2 TRACKING TREND ONLY/ DATA INCONCLUSIVE

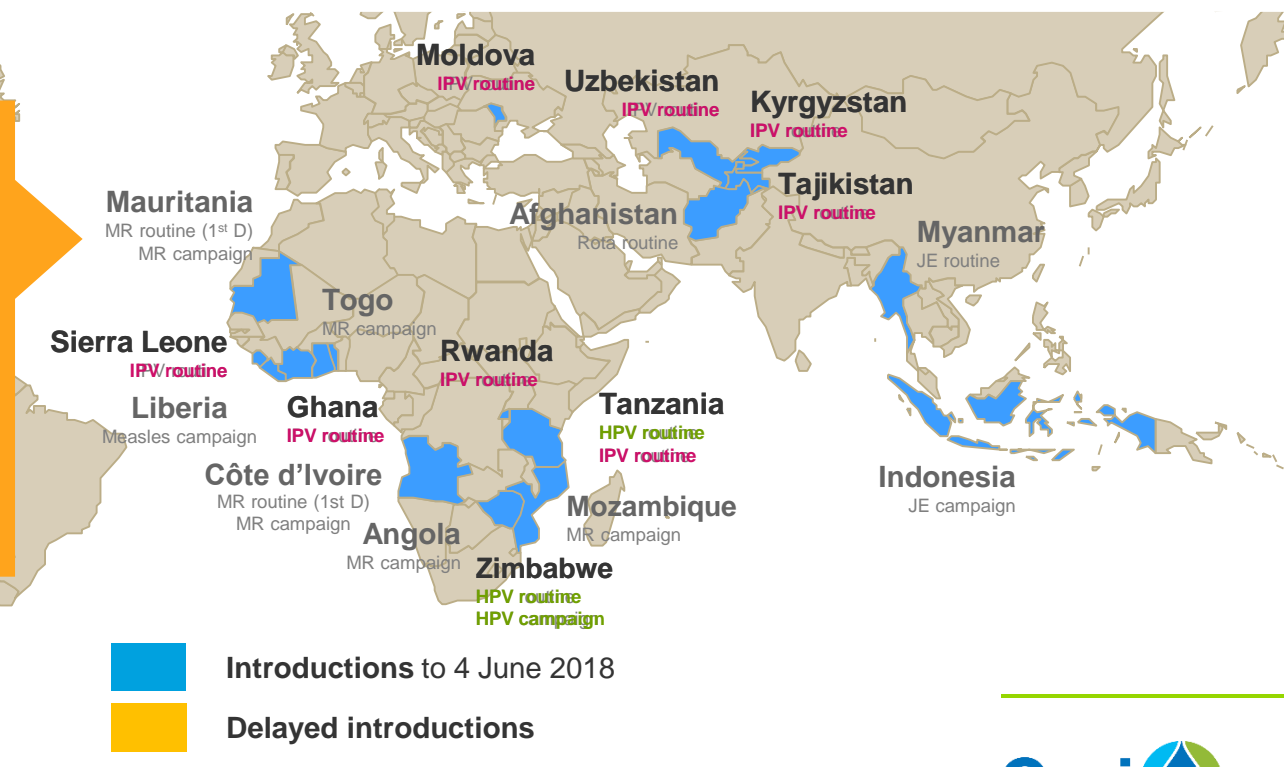


# 22 introductions achieved so far in 2018 - on track for 52 target by year end

1 Accelerate vaccines

## 11 delays in 2018:

- 4 due to **weak financial management** systems (2 in Gambia, 2 in Togo)
- 6 due to country **readiness issues** (2 in Chad, Côte d'Ivoire, Kenya, Niger)
- 1 due to **unresolved audit issue** (Cameroon)

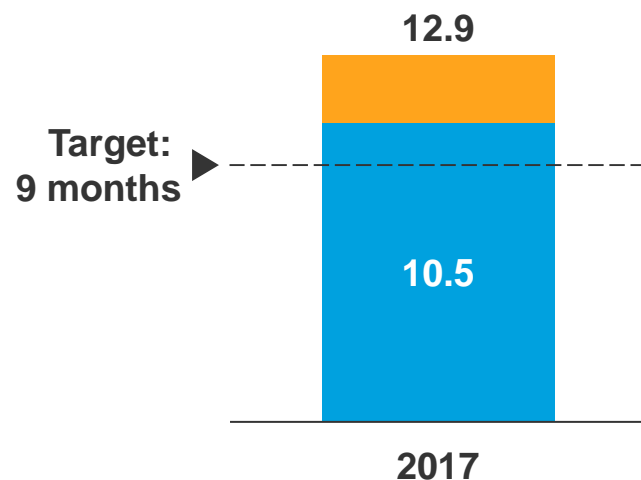


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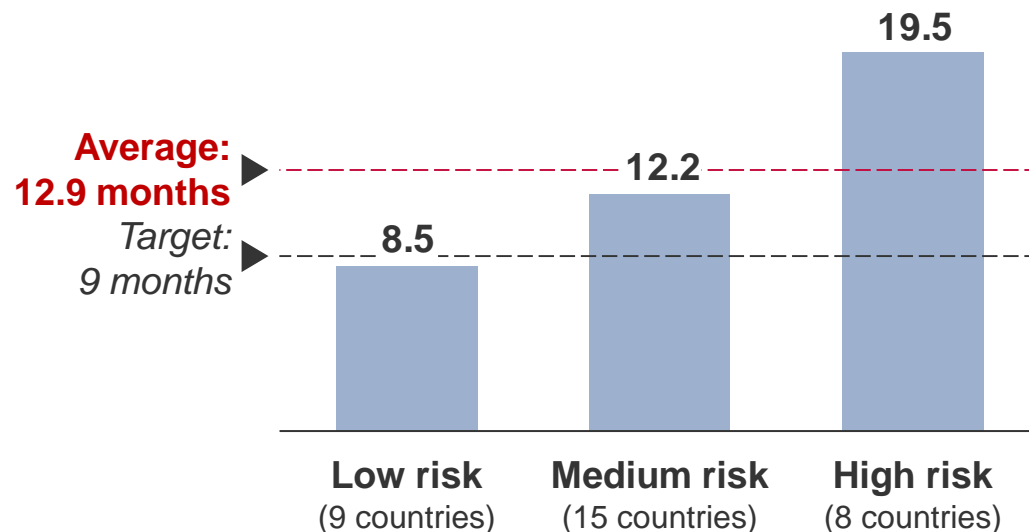
# Time to disburse above target, driven by higher risk countries

2 Strengthen systems

## Time to disburse (months)



## Time to disburse by country profile (in months)



Time with outliers

Time without outliers

# Targeting and tailoring Gavi's HSS

## *Afghanistan - fragile country, 65% penta 3 coverage*

### 2 Strengthen systems

#### Lack of access to reliable services

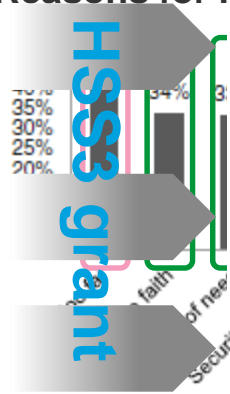
*449 of 536 health sub-centres not offering immunisation*

#### Gender-related barriers

*75% of vaccinators male*

*Inadequate demand, understanding of, and confidence in, vaccines*

Reasons for low



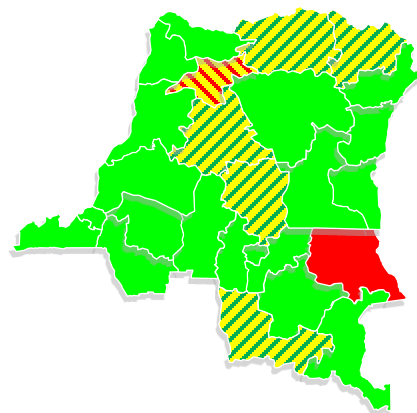
- *Add immunisation in 310 sub-centres including equipping with cold chain*
- *Support 15 mobile health teams for nomadic (Kuchi) population*
- *Recruit 300 more female vaccinators – target of 40% of vaccinators female vaccinators in 2878 villages*
- *Work with 14,400 religious leaders to raise awareness / demand*
- *Build communication capacity of health workers / school teachers*
- *Toll free information line in two languages – half staff are female*



# DRC challenge: routinely reaching most children with immunisation but, less than half fully immunised

2 Strengthen systems

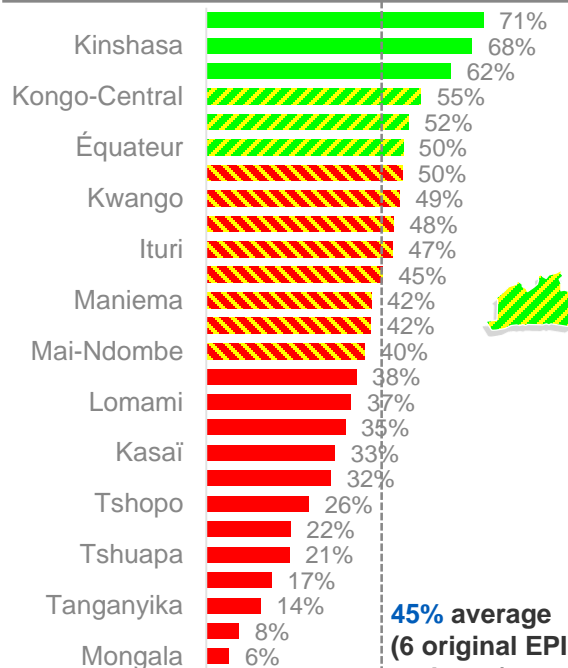
Penta 1 coverage, National average **81%**



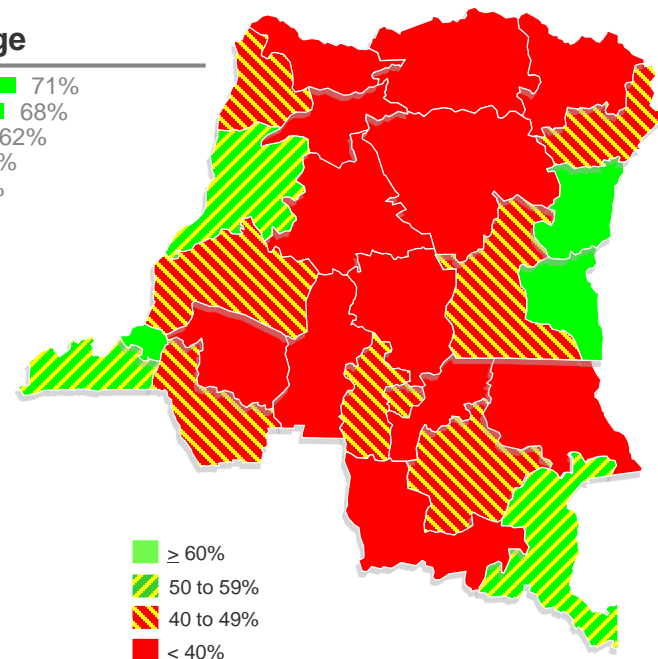
≥ 70% 69 to 55% 40 to 45% < 40%

**94% of children have received at least one vaccine**

## % of full immunisation coverage



**45% average**  
(6 original EPI antigens)



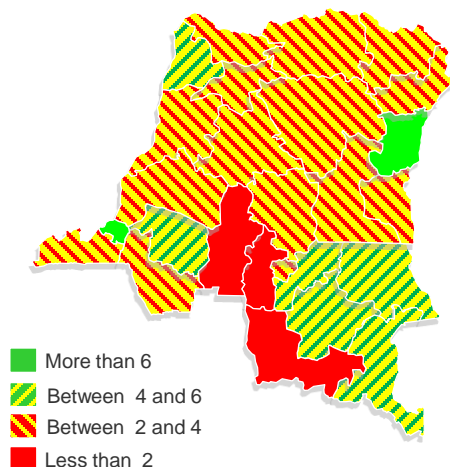
≥ 60%  
50 to 59%  
40 to 49%  
< 40%

# Massive disparities in availability of immunisation sessions

## 2 Strengthen systems

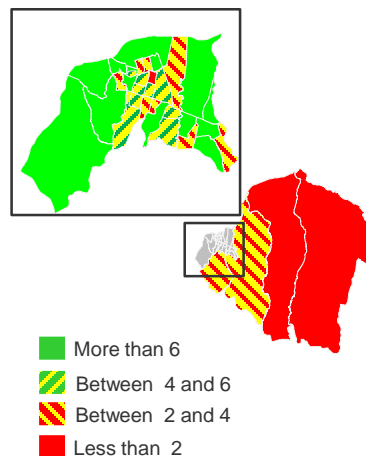
### Frequency of immunisation sessions

#### NATIONAL level overview



**x11** more immunisation sessions from one province to another

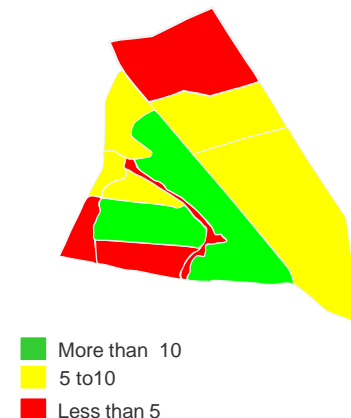
#### PROVINCIAL level overview (Kinshasa)



**x7** more immunisation sessions from one health zone to another

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#### HEALTH ZONE level overview (Limeté)



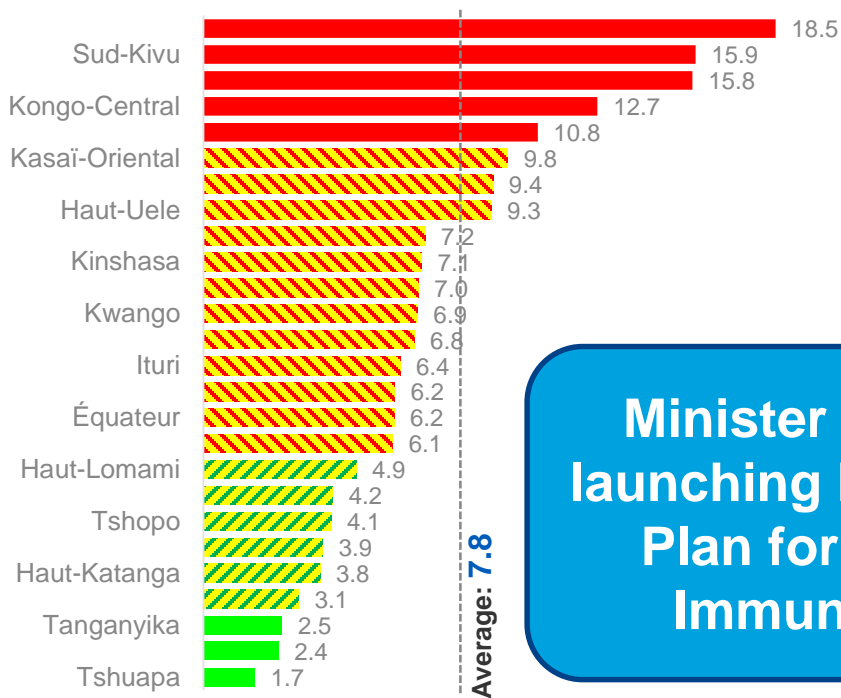
**x15** more immunisation sessions from one health center area to another

SOURCE: DVD-MT Décembre 2017, Zone de santé limeté

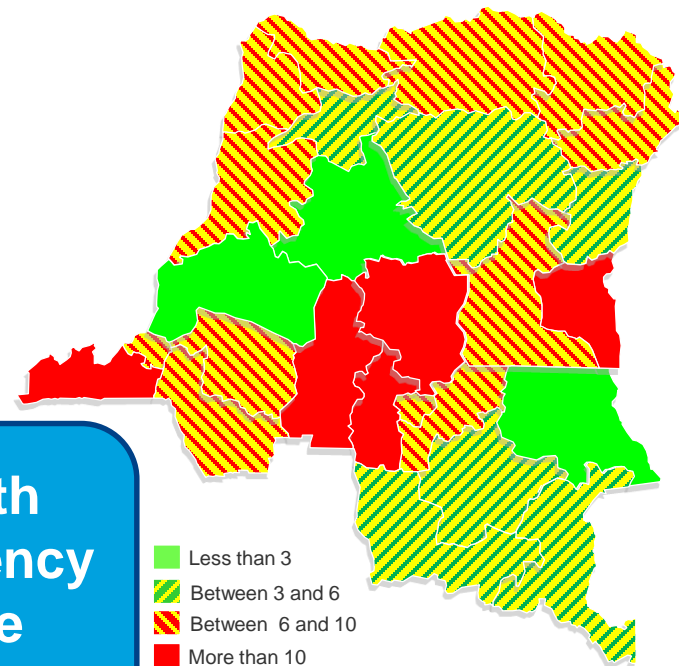
# Health zones averaging a stock out every 6 weeks but large variation across the country

2 Strengthen systems

## Number of stockout occurrences in 2017 by Zone de Santé



Minister of Health  
launching Emergency  
Plan for Routine  
Immunisation



Analysis performed for 6 antigens :  
BCG, Penta, VPO, VAR, VAA and PCV

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# Installations of Cold Chain Equipment in first 2 countries

## 11 deployments to be complete in 2018

2 Strengthen systems

### 2018 CCEOP deployment plan

#### 2 deployments complete or ongoing

- Haiti (complete)
- DRC (ongoing)

> **24,800** refrigerators  
installed by end of 2018

> **72,200** by 2022

#### 9 deployments to be complete by end of 2018

- Pakistan
- Kenya
- Djibouti
- S. Sudan
- Niger
- Sierra Leone
- Liberia
- Uganda
- Malawi

#### 23 deployments to start in 2018 and continue until 2022

- |              |                   |                 |
|--------------|-------------------|-----------------|
| • Guinea     | • Kyrgyzstan      | • CAR           |
| • Togo       | • Ethiopia        | • Côte d'Ivoire |
| • Tanzania   | • Somalia         | • Gambia        |
| • Cameroon   | • Rwanda          | • Nepal         |
| • Eritrea    | • Solomon Islands | • Benin         |
| • Vietnam    | • PNG             | • Mauritania    |
| • Myanmar    | • Burkina Faso    |                 |
| • Uzbekistan |                   |                 |
| • Senegal    |                   |                 |
| • Madagascar |                   |                 |

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# Majority of transitions on track, 3 higher risk countries proposed to receive post-transition support

3 Improve sustainability

US\$30 million approved by Dec. Board to support post transition countries with Technical Assistance and Advocacy



16 countries transitioned to date

↳ 8 countries transitioned end of 2017

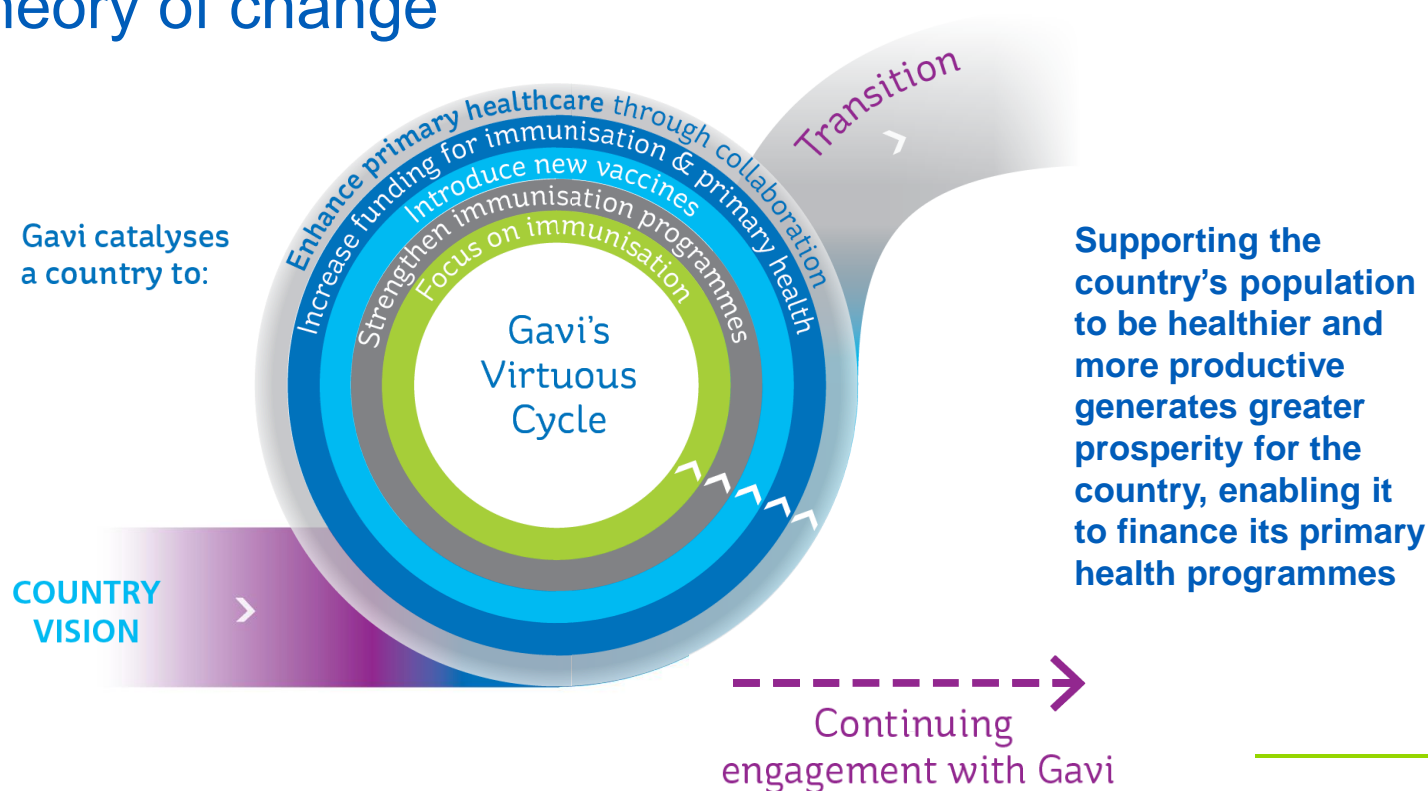
↳ 3 of which are high-risk countries with specific approach for post-transition as requested by PPC

9 countries in accelerated transition

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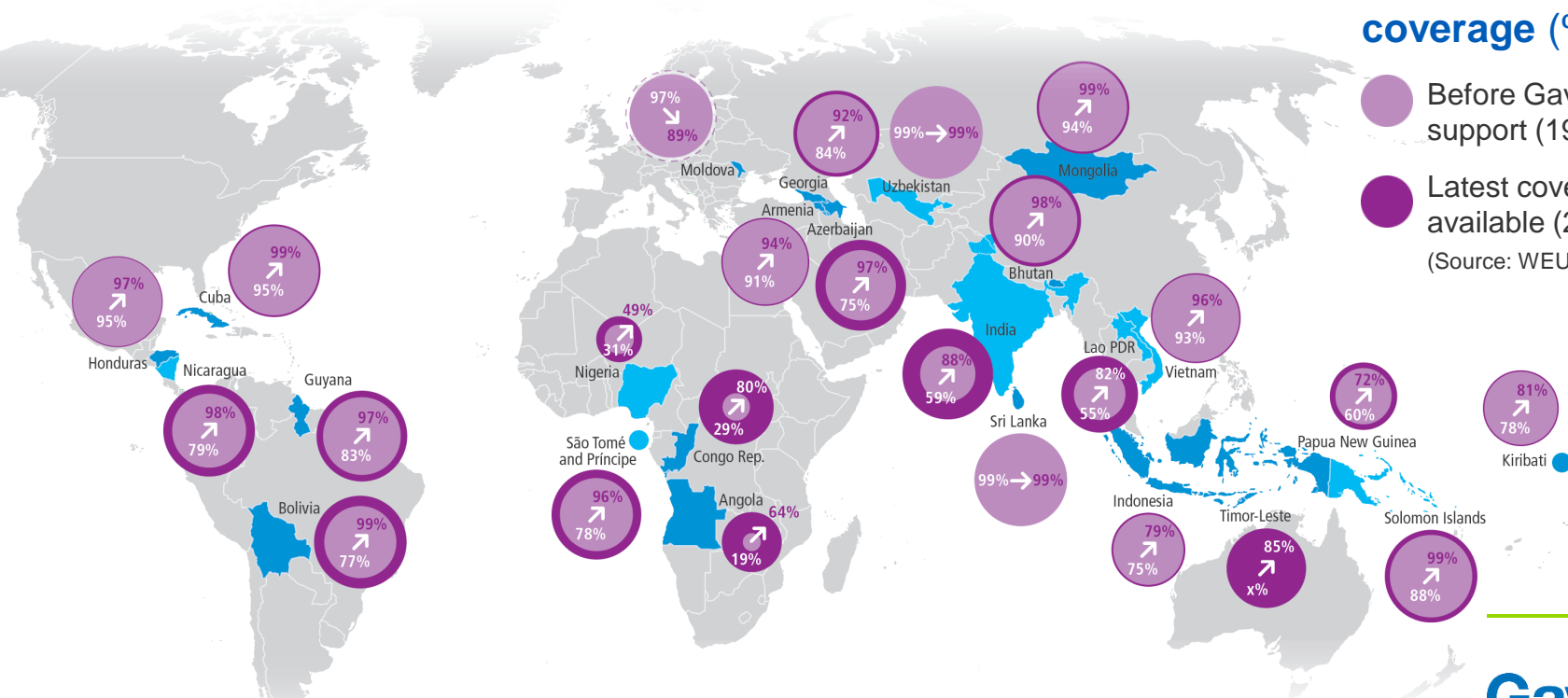
# Gavi's theory of change



# Country transition from Gavi support data (DTP3 coverage comparing 2016 to 1999)

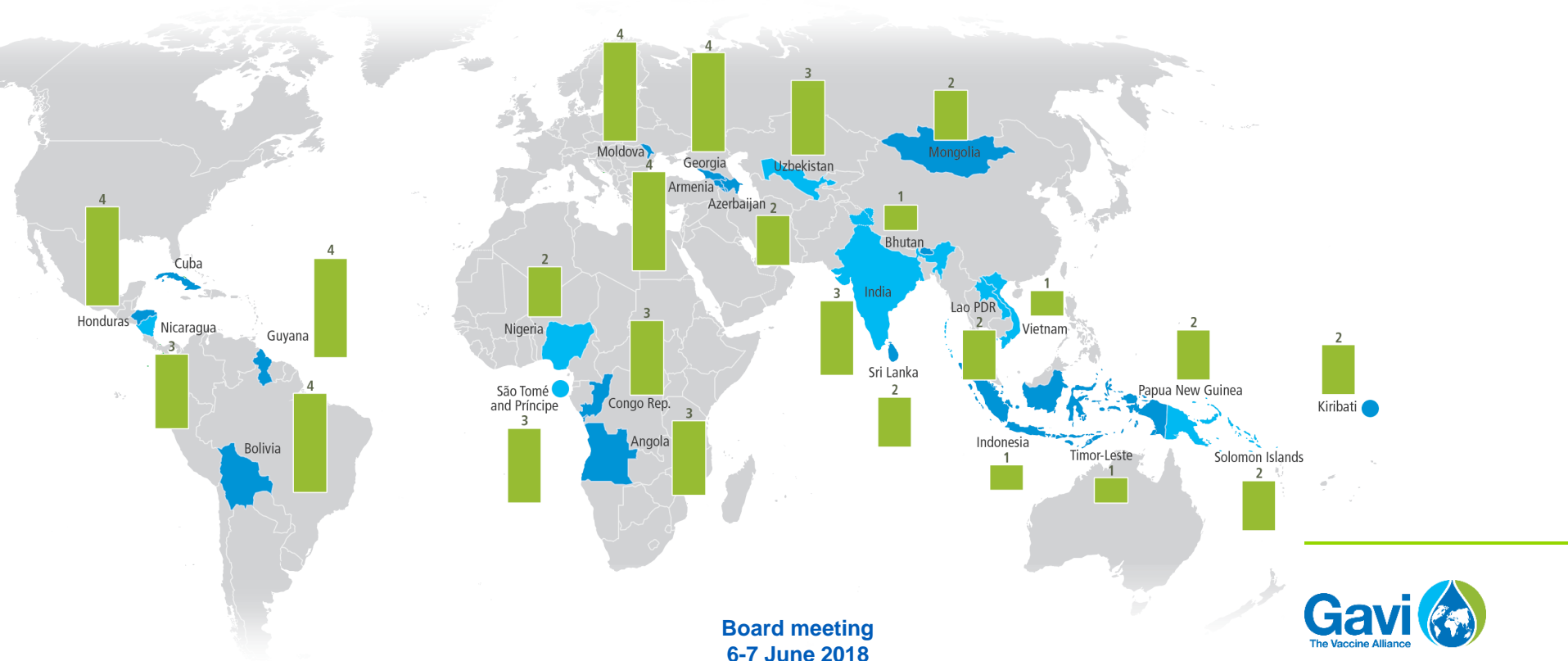
## Immunisation coverage (%):

- Before Gavi support (1999)
- Latest coverage data available (2016)  
(Source: WEUNIC, 2016)



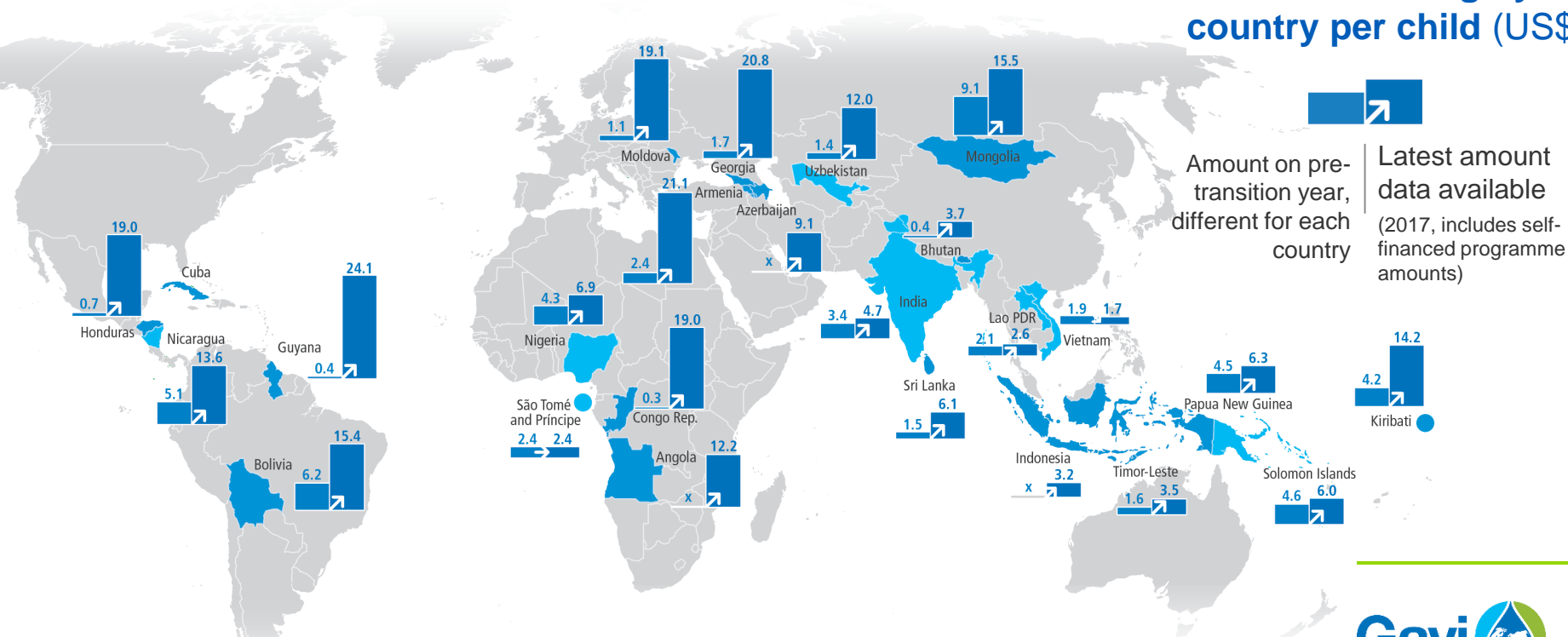
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# Country transition from Gavi support – new vaccine introductions (Pentavalent, PCV, Rotavirus, HPV, up to 2017)



# Country transition from Gavi support data (US\$ per child on immunisation comparing pre & post transition)

## Annual financing by country per child (US\$):



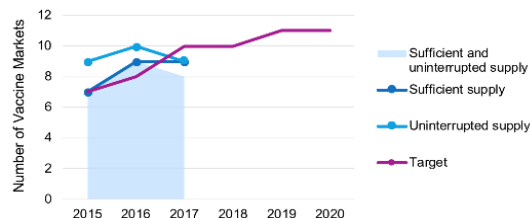
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# Market shaping indicators – 2017

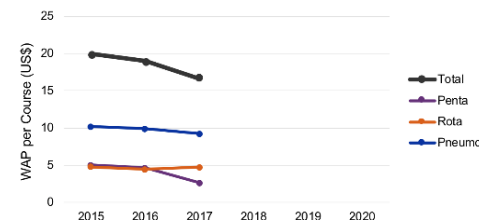
4 Market shaping

4 ALL ON TRACK

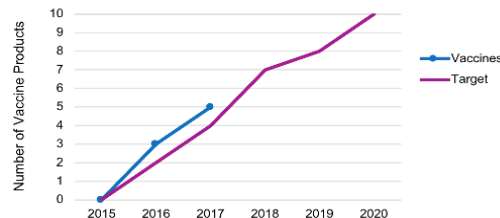
## 1 Number of vaccine markets with sufficient & uninterrupted supply of appropriate vaccines



## 2 Weighted average price per course: Pentavalent, Rotavirus and Pneumococcal



## 3 Number of products with improved characteristics procured



## 4 Number of Gavi vaccine markets with moderate or high healthy market dynamics

Vaccine markets	Gavi vaccine markets' level of healthy market dynamics	
	2016	2017
Pentavalent	Moderate	Moderate
PCV	Low	Moderate
Yellow Fever	Low	Moderate
Cholera	Low	Low
J1	Low	Low
Meningitis A	Low	Low
MR	Low	Low
Measles	Low	Low
Rotavirus	Low	Low
IPV	Moderate	None
IPV	None	None

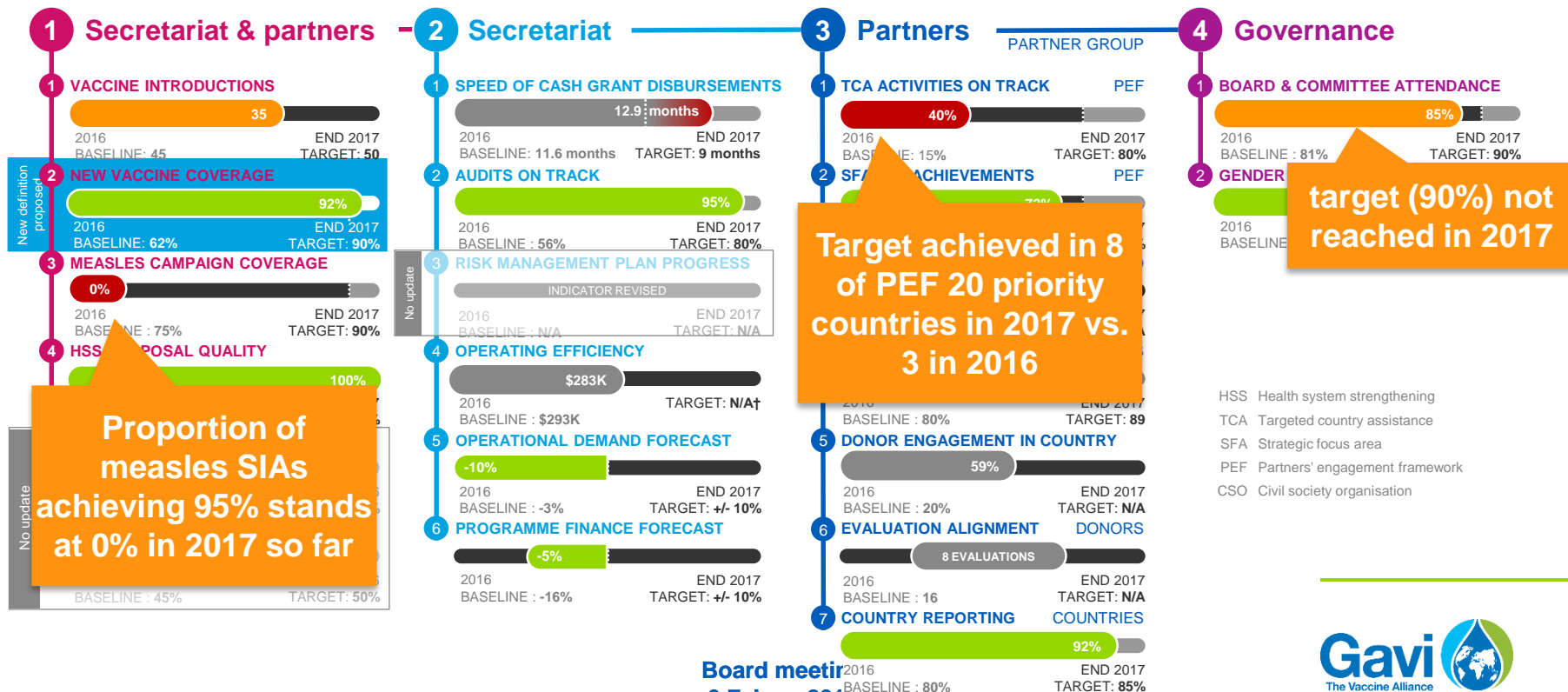
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# 2016–2020 INDICATORS

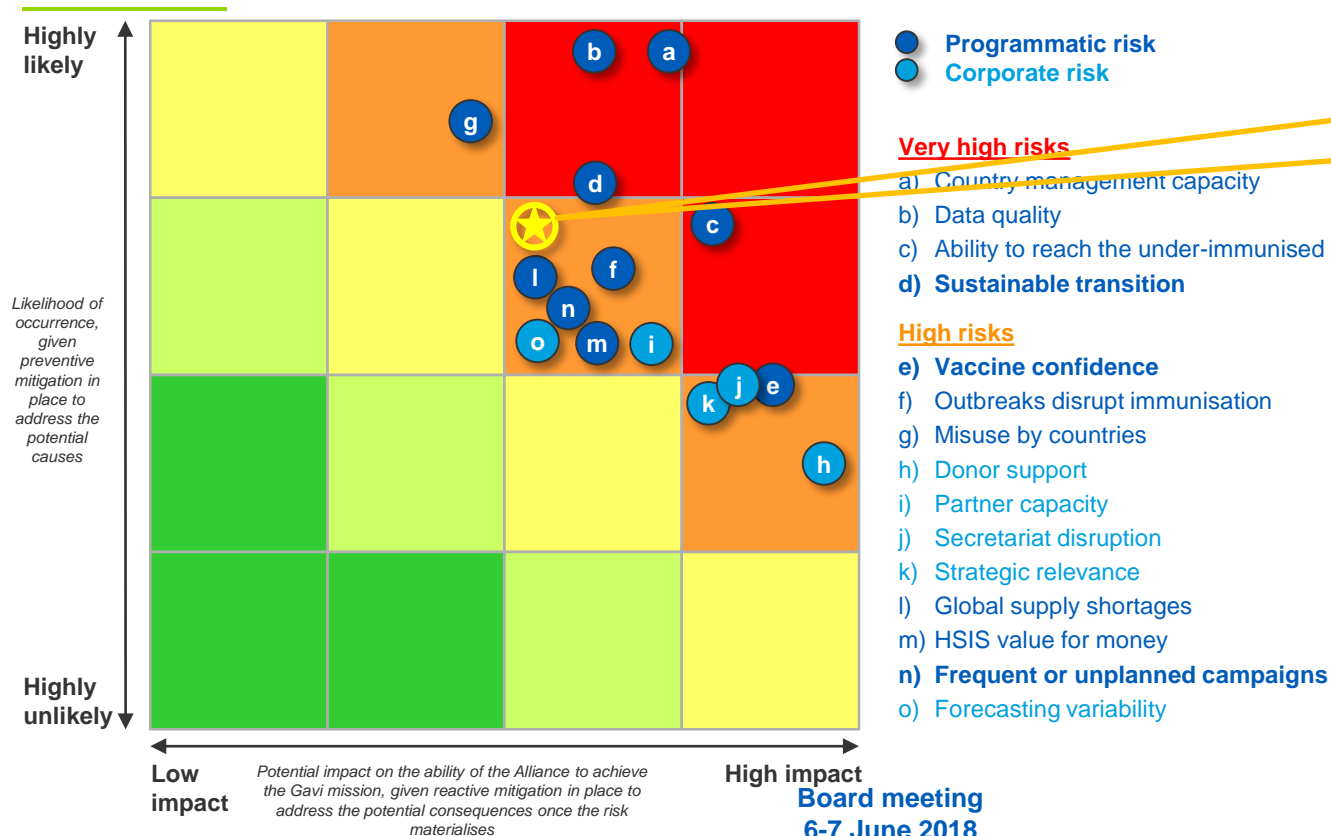
## ALLIANCE PROGRESS

- 9 ON TRACK
- 2 MODERATE DELAYS / CHALLENGES
- 3 SIGNIFICANT DELAYS / CHALLENGES
- 4 TRACKING TREND ONLY
- 3 NO UPDATE



Board meeting  
6-7 June 2018

# No substantial changes to Gavi's overall risk profile since last Risk & Assurance Report



**NEW**  
**Polio transition**

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# 3

## REPORTING BACK ON PREVIOUS BOARD DECISIONS

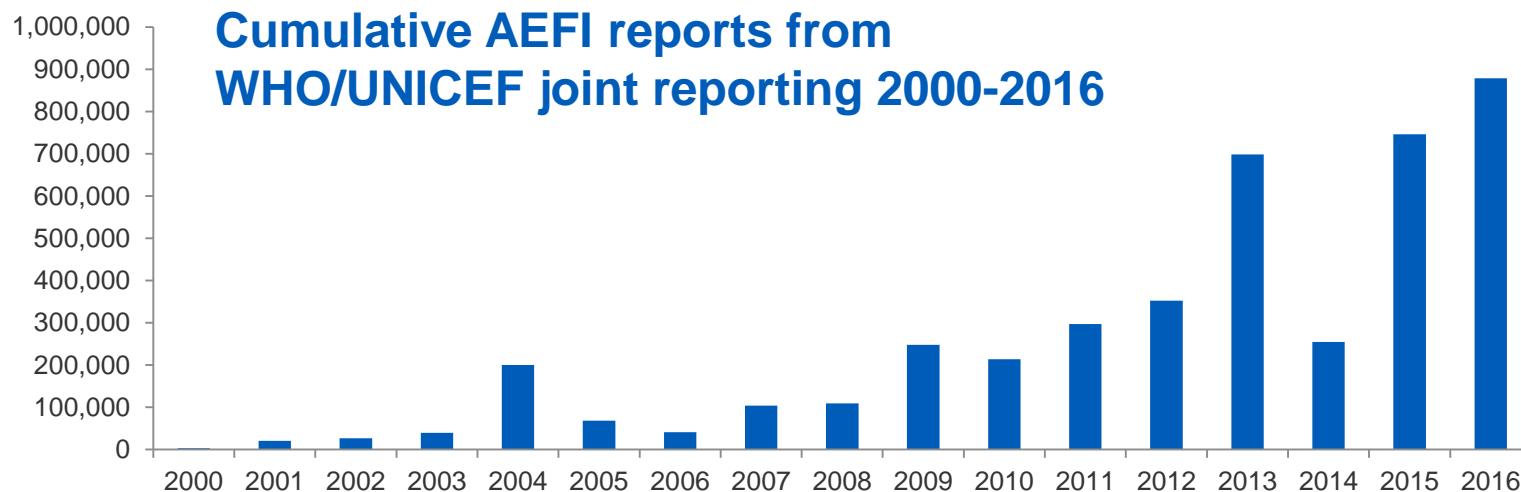
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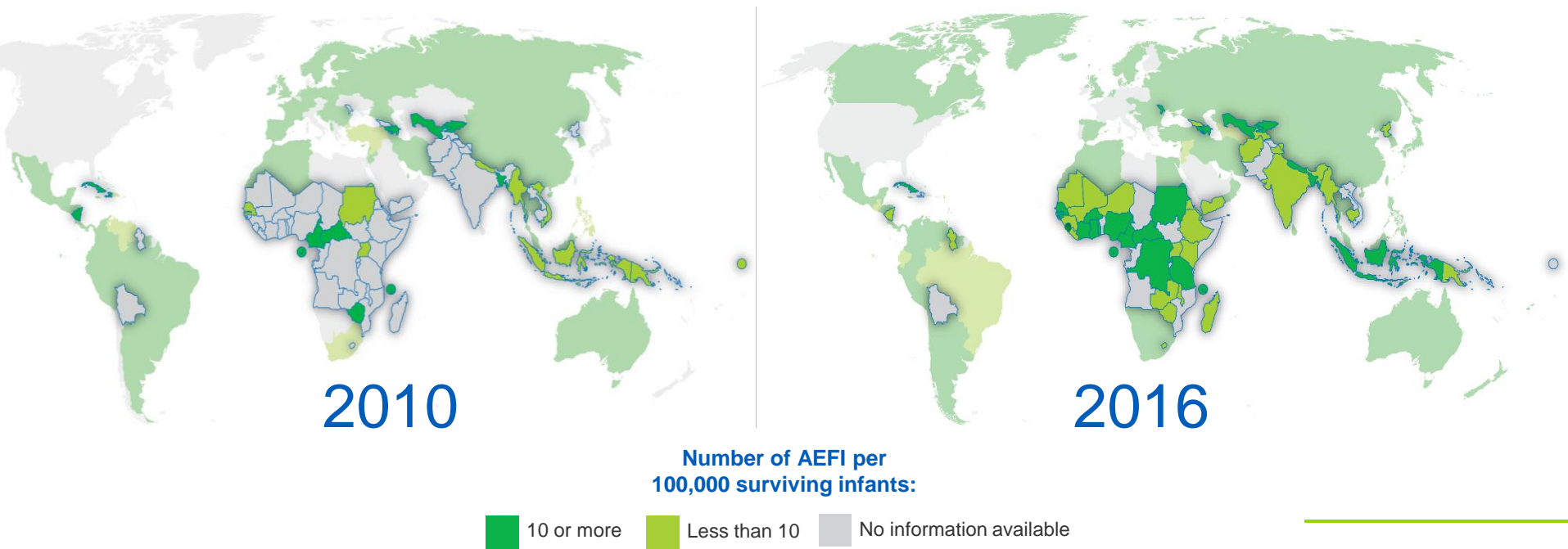
# AEFI Reports

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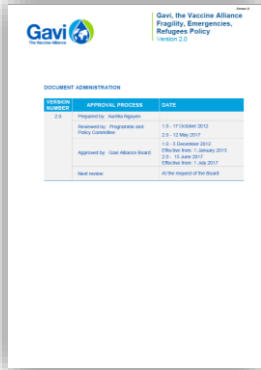
# AEFI Reports *(Gavi 68 countries highlighted)*

***Gavi has invested in Vaccine safety since 2001***



**Board meeting  
6-7 June 2018**

# Fragility Emergency Refugee Policy has allowed proactivity & to reach groups we didn't before in 7 countries to date



## Examples - flexibilities from FER Policy

**Emergencies:** support for additional operational costs for RI through alternative modalities & additional HSS up to 50% of ceiling

**Refugees:** host countries may request additional doses of already approved vaccines + broader age / antigen range

**Bangladesh** RI among Rohingya refugees *via* FER. Cholera through stockpile/ICG.



**Yemen** broader antigen introduction & HSS *via* FER. Cholera through stockpile/ICG.



**Uganda** routine vaccine doses for South Sudanese refugees *via* FER.





# Syria crisis enters its 8<sup>th</sup> year

## Achieved a great deal

- uninterrupted supply of vaccines contributed to reported improvement in 2017 coverage
- routine services revitalised in the NW part of Syria
- no new Polio cases since 2017
- cold chain equipment procurement underway

## ...but it remains a country in crisis

- significant concerns on the spread of measles
- 13.1 million people need assistance
- only 50% of intended aid delivered in 2017
- <50% of health facilities are functional
- Humanitarian Response Plan largely underfunded in 2017

**Gavi support ends in December 2018**

**Board decision to be taken on continued funding, guidance welcome**

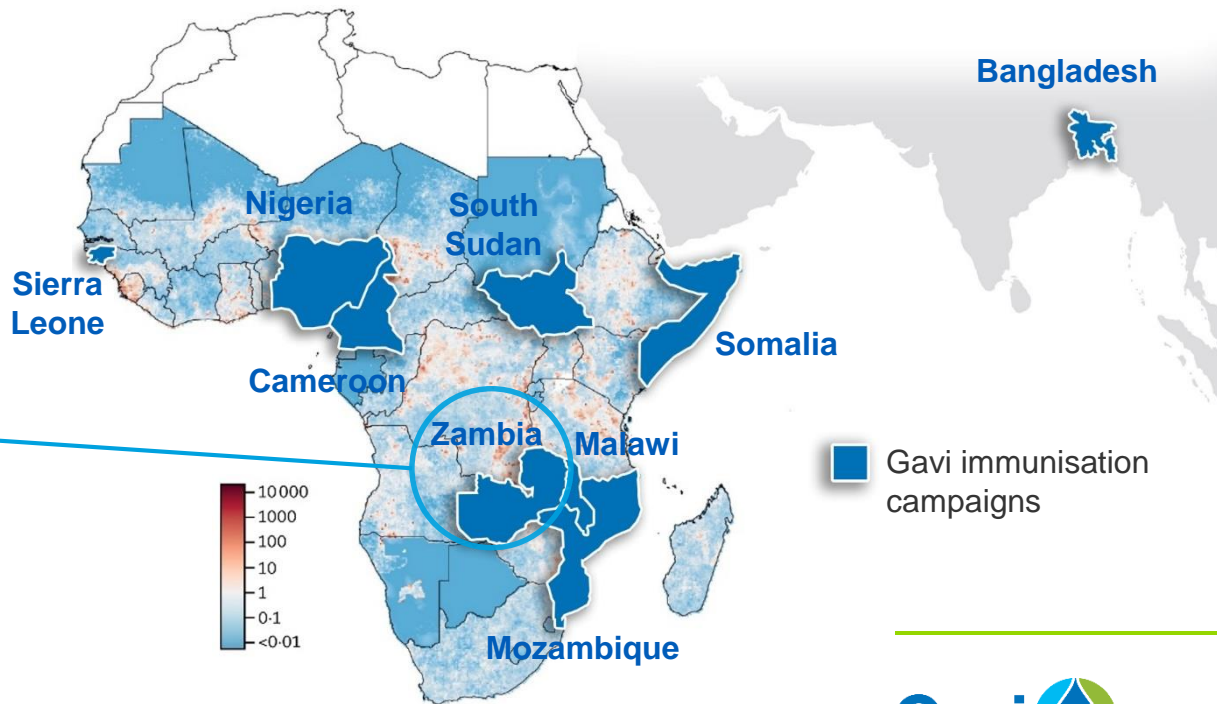
**Board meeting  
6-7 June 2018**

# Burden of Cholera – Gavi campaigns in 2017

## WHA18 Cholera resolution

- Cholera recognised as priority
- Called for enhanced, integrated prevention and response

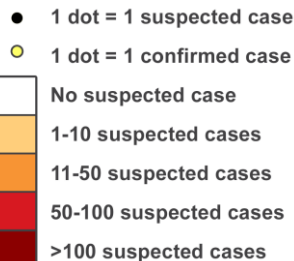
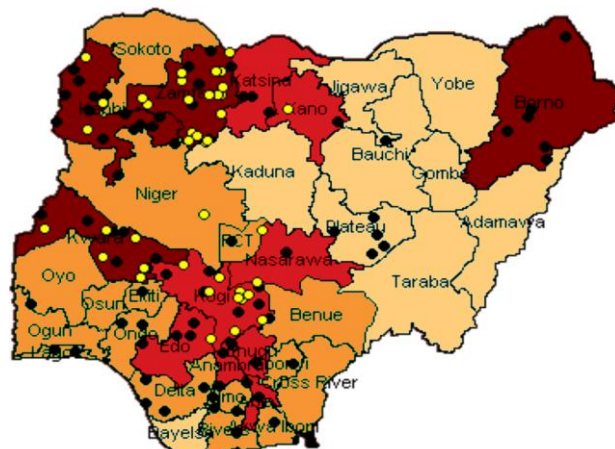
A Annual incidence per 100 000 people



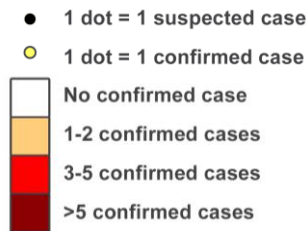
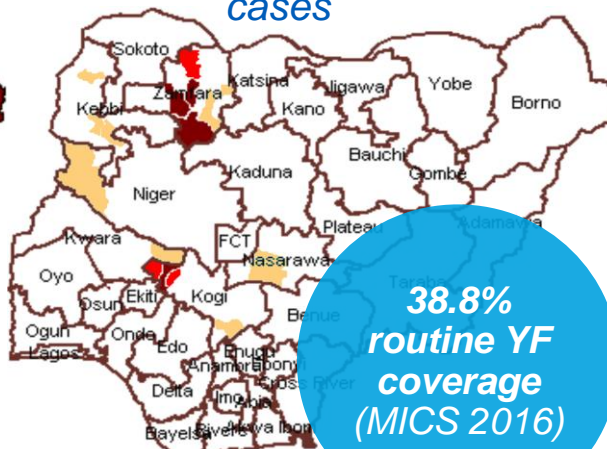
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# Widespread outbreak of YF in Nigeria

## April 2018

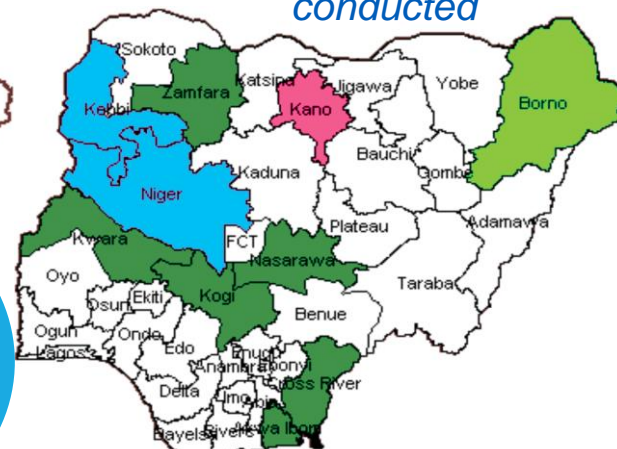


## April 2018 – confirmed cases



**38.8%**  
routine YF  
coverage  
(MICS 2016)

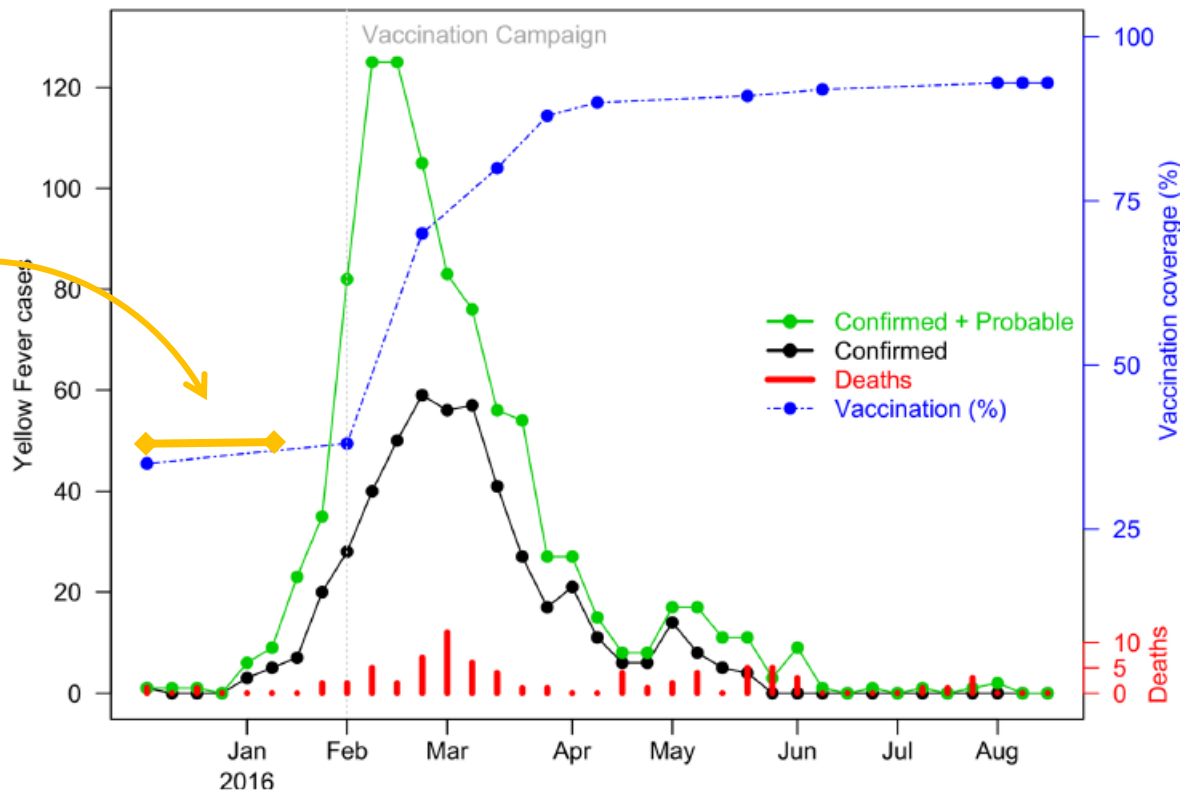
## April 2018 – campaigns conducted



Data source: Nigeria CDC

# Gavi considering new investment in strengthening Yellow Fever surveillance and laboratory capacity (*Luanda, Angola*)

Time required for identification and laboratory confirmation of outbreak index case





# Progress on implementing Yellow Fever EYE Strategy but significant ways to go

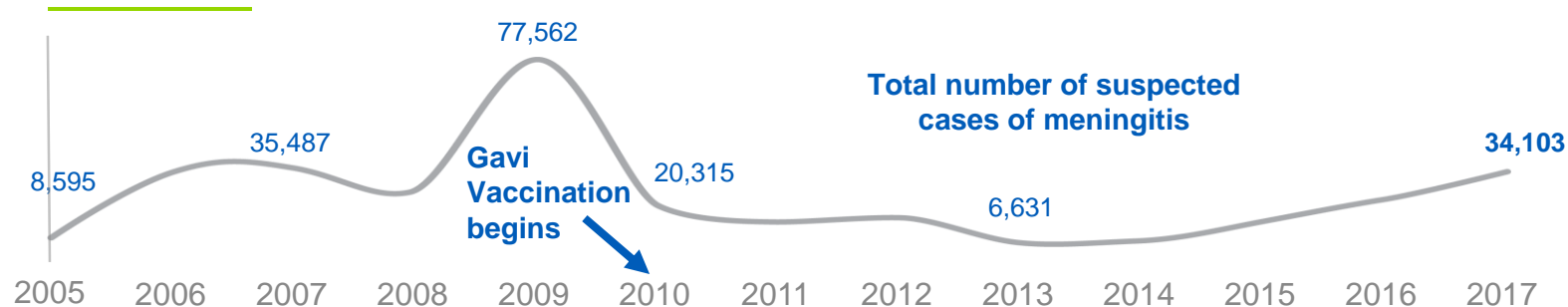


Some movement on applications for introductions / campaigns:

- Campaigns – Ghana, DR Congo
- RI – Kenya expanding geographic scope
- EYE plan endorsed by AFRO

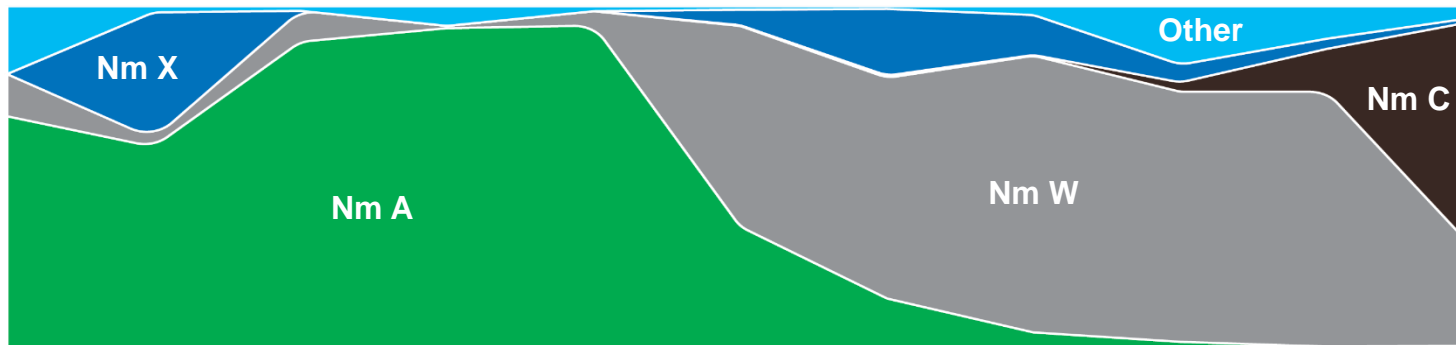


# Africa's Meningitis belt: 2005 -17 dominant serogroup change



Source: Trotter C. (8 December 2017) Stockpile needs for epidemic meningitis response 2018-2022. Report prepared for WHO

## Comparative proportions of serogroup prevalence:



Source for 2005-2015: Trotter CL, Lingani C, Fernandez K, et al. Impact of MenAfriVac in nine countries of the African meningitis belt, 2010-15: an analysis of surveillance data. *The Lancet Infectious diseases* 2017; 17(8): 867-72

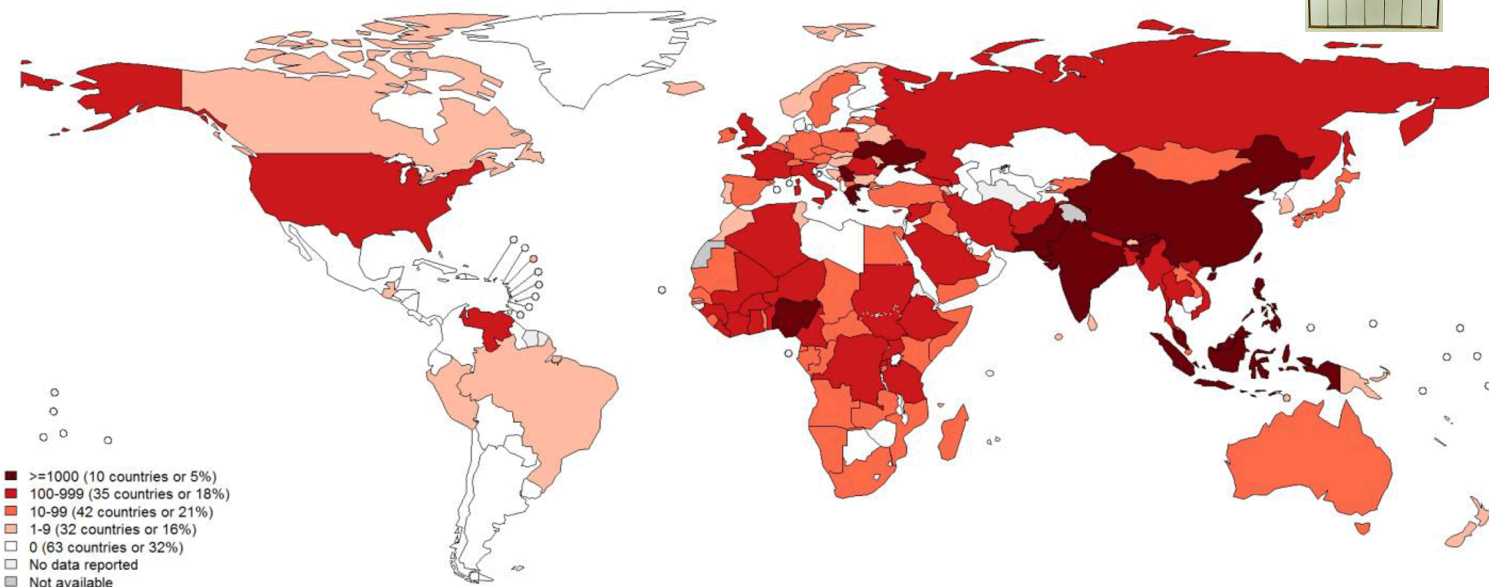
Source for 2016-2017: Meningitis Weekly Bulletin, Inter country support team – West Africa.

Note: Refers only to *Neisseria meningitidis* (Nm) cases and not those cause by *Streptococcus pneumoniae* or *Haemophilus influenzae* type b. Disease burden is strongly underestimated. Only 3-19% of suspected cases are confirmed and serotype identified

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# Measles outbreaks continue to be a problem despite record low mortality 6 months 09/2017 - 02/2018



Top 10*	
Country	Cases
India	18515
Ukraine	6184
Nigeria	3157
Serbia	2822
Pakistan	2048
Indonesia	1959
Greece	1740
Philippines	1684
China	1567
Malaysia	1167

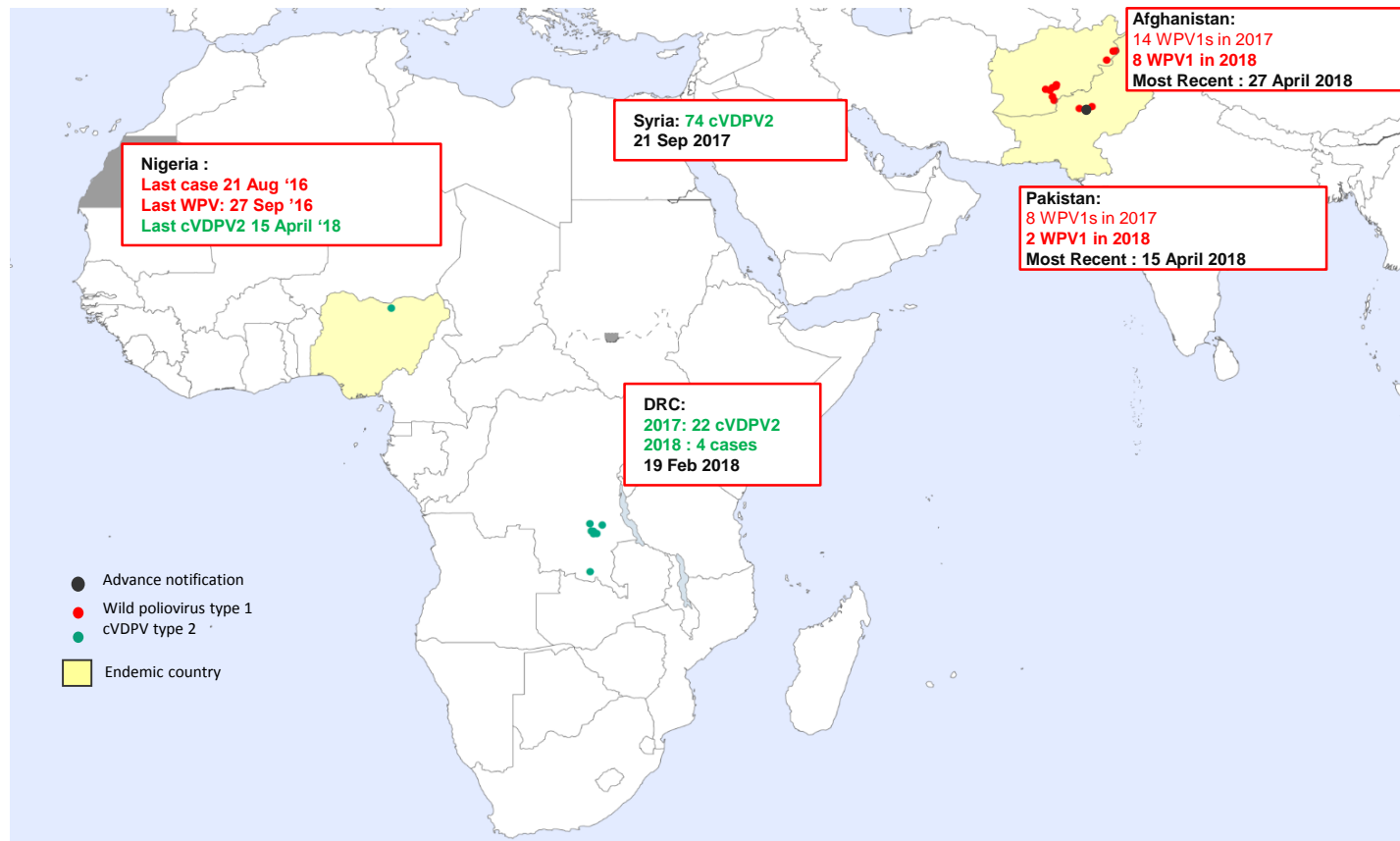
Notes: Based on data received 2018-April

\*Countries with highest number of cases for the period

#### Disclaimer:

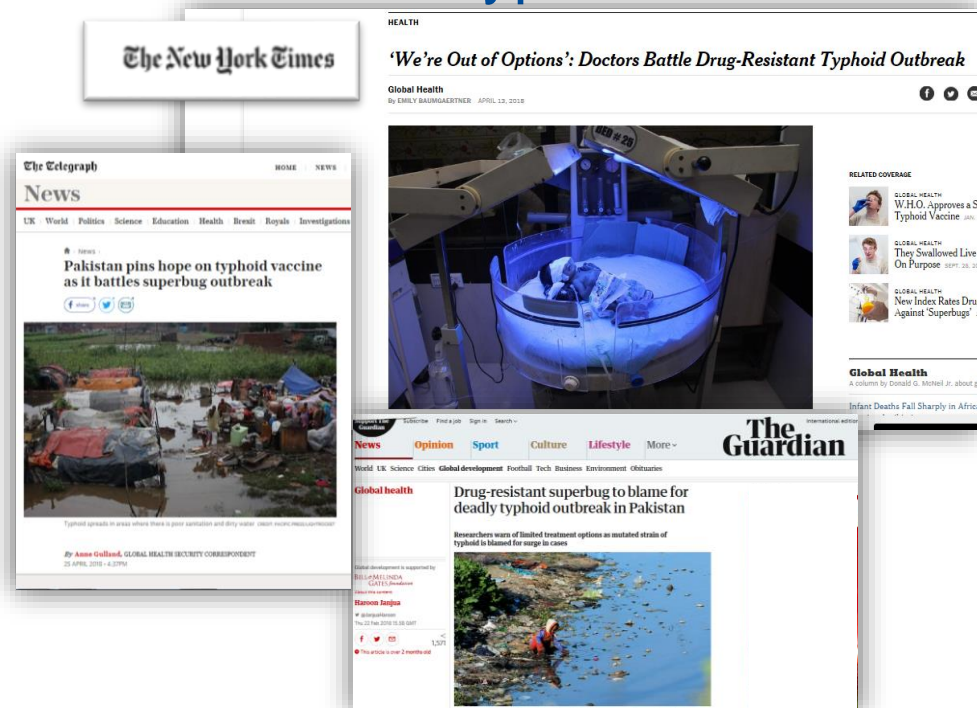
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

# Three countries still Polio-endemic, ten Wild Poliovirus cases to date in 2018



# Extensive levels of drug resistance seen in Typhoid

- At least 850 cases in 14 Pakistan districts since 2016
- 1 imported case UK
- 250,000 BMGF & Bharat funded doses allocated
  - 150,000 shipped, 50,000 used
- Pakistan has applied for Gavi support as risk-based campaign & national routine



# Reflections from our Board Retreat



Board meeting  
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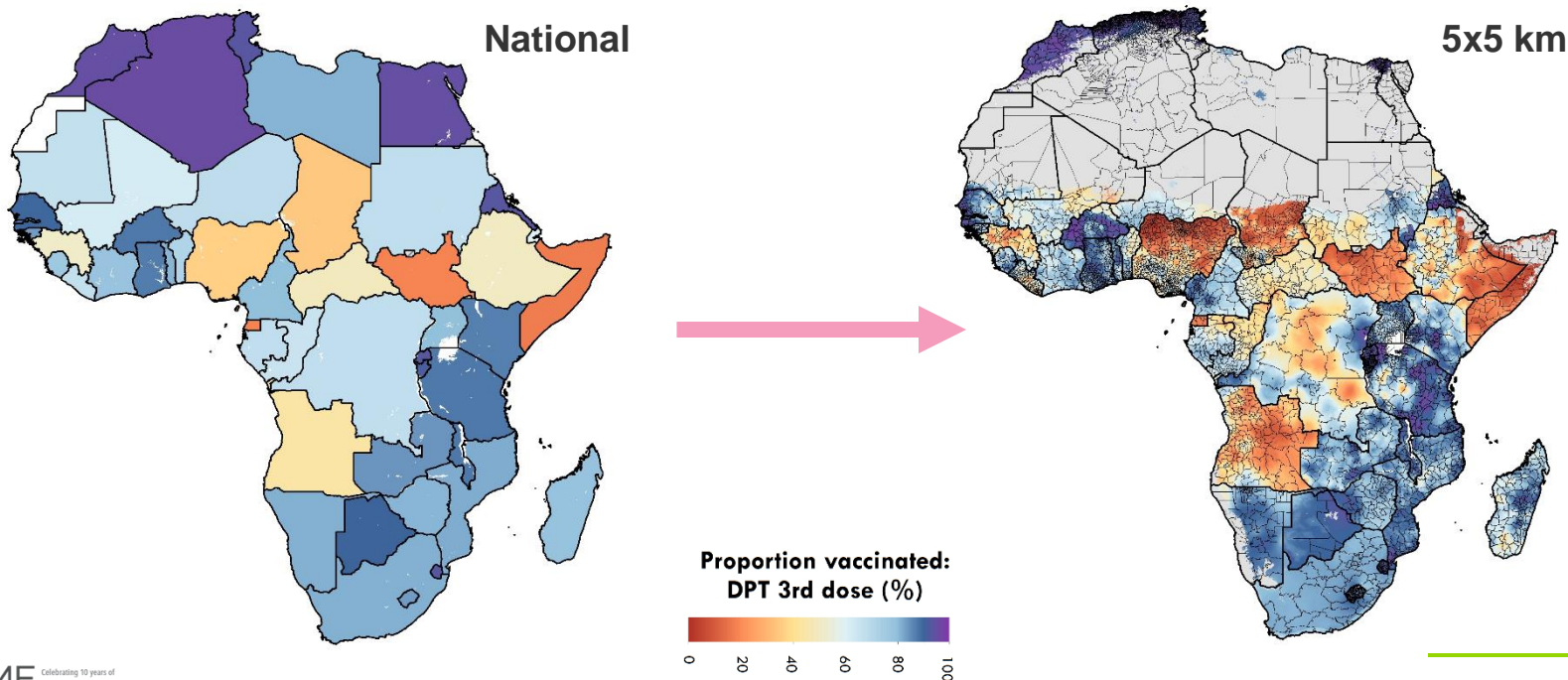


# Key Coverage & Equity take-aways from Board retreat

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- We are making progress in most countries, progress in fragile countries has plateaued
- Appreciation of data & desire to see more subnational information & systematic analysis
- Encouraged Gavi to continue to differentiate support based on each country need, be more flexible and tailor interventions at sub-national level
- Most Board members indicated willingness to accept higher risk appetite in fragile settings
- Immediate follow-up: Changes to HSIS framework and FER policy recommended by PPC

# Importance of subnational data





## Focus on urban immunisation – *Pakistan*

- Estimated 400,000 under-immunised children living in urban areas in Pakistan, many of whom reside in urban slums
- UNICEF / CSO profile of Karachi & Hyderabad urban slums showed poor immunisation availability for urban poor
- Development of 9 city concept notes for investment & technical assistance
- Pakistan using US\$16M of Gavi HSS to support urban strategy
- Expanded partners to develop an urban roadmap for Karachi & guidance for the engagement of urban CSOs

# Urban immunisation

**15.7 million** under-immunised children live in Gavi-countries

Of these, **6.4 million** live in urban areas

**An estimated 40% of under-immunised children are in urban areas**

*2016 data*

## Reasons:

- Urban poor areas often not in data collection & national surveys
- Due to rapid population growth, public services generally insufficient to meet needs of urban poor communities, increased use of private clinics
- Developing political will to improve service delivery is complex (e.g. marginalised populations often live in slums, engagement with leadership of municipalities)
- Urban populations are diverse and often mobile (Kampala's daytime population is 3m during the day but 1m at night due to commuters)

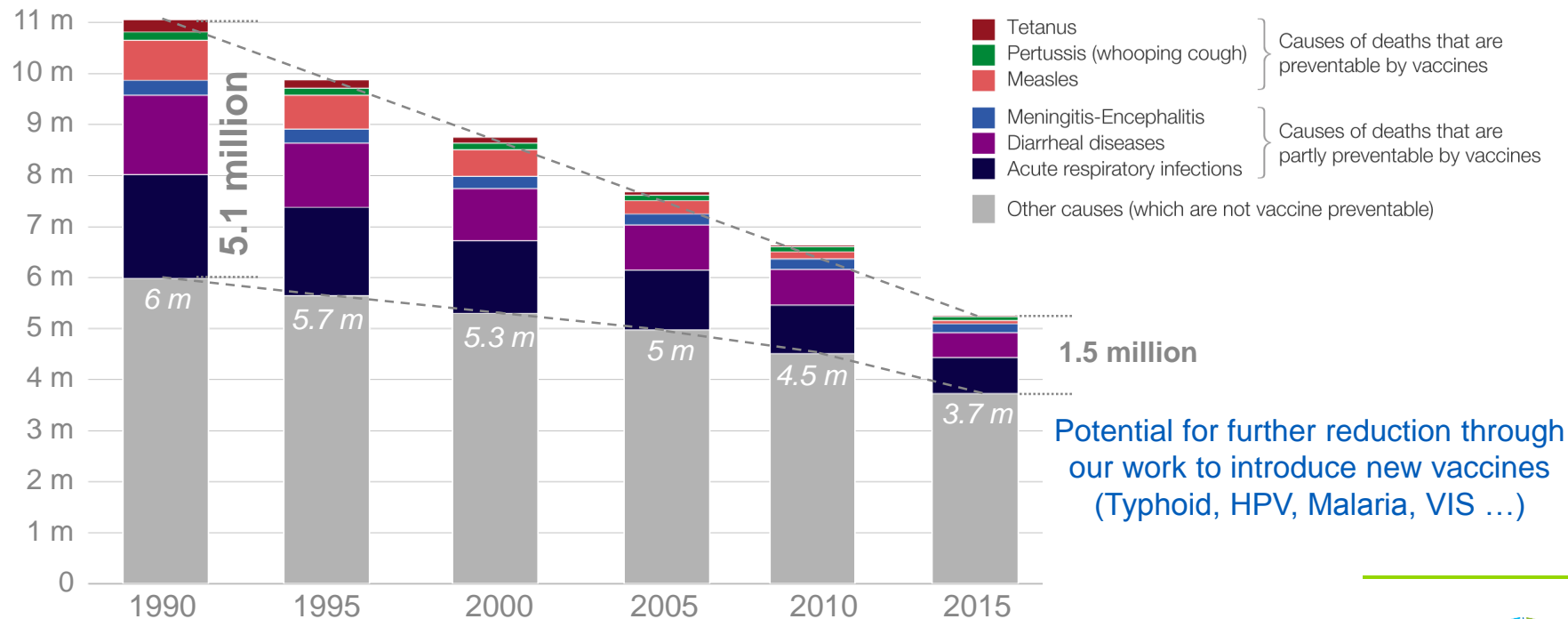
## Our journey to Gavi 5.0

*‘the beauty of success here is that our job is getting a bit more complicated’*



Bill Gates,  
Gavi Partners breakfast, Davos, January 16<sup>th</sup> 2018

# Global number of child deaths per year (by cause of death)



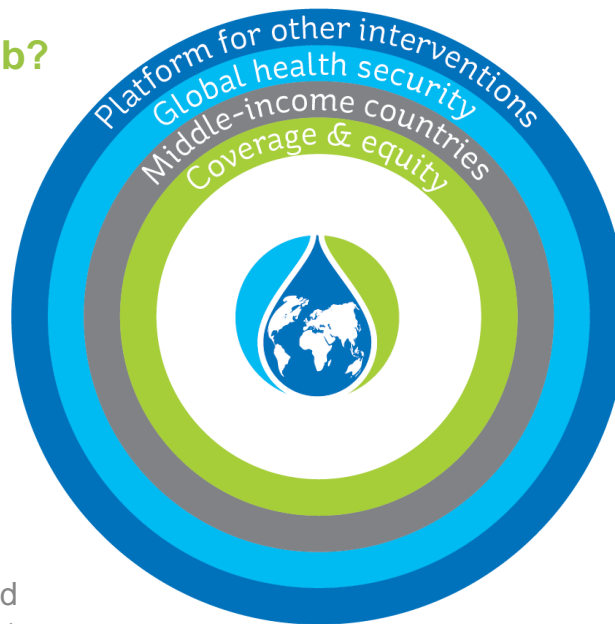
# Gavi has started process to define 2021-2025 strategy

## How does Gavi finish the job?

18 of 1,000 children will be dying of vaccine-preventable diseases in 2020; at current pace, U5 mortality SDG target will be missed.

## How can the Gavi/ immunisation platform be used to accelerate the scale-up of other health interventions?

Immunisation: 8 touchpoints per child in first 9 years of life, 500m touchpoints each year worldwide.



## To what extent should Gavi engage in reaching the unreached in MICs?

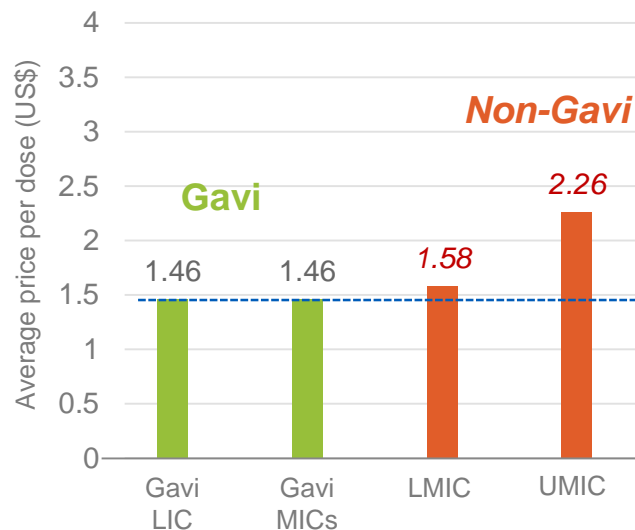
More than two-thirds of world's poor live in MICs today; more than half of underimmunised in MICs in 2025.

## How can Gavi's tools contribute to global health security?

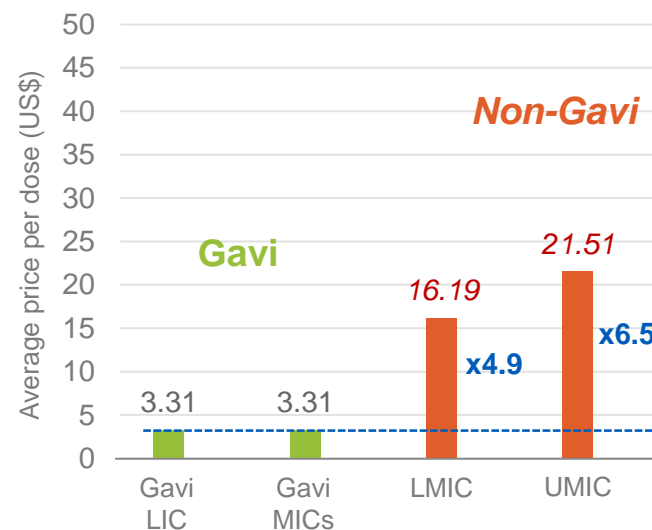
Number of outbreaks has grown steadily from 1980 to 2010, over 3-fold increase.

# Non-Gavi MICs paid considerably higher prices per dose in non-mature markets

## Pentavalent



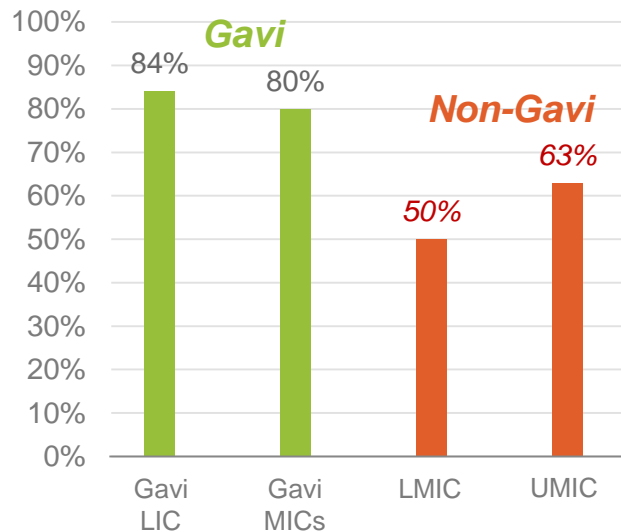
## PCV



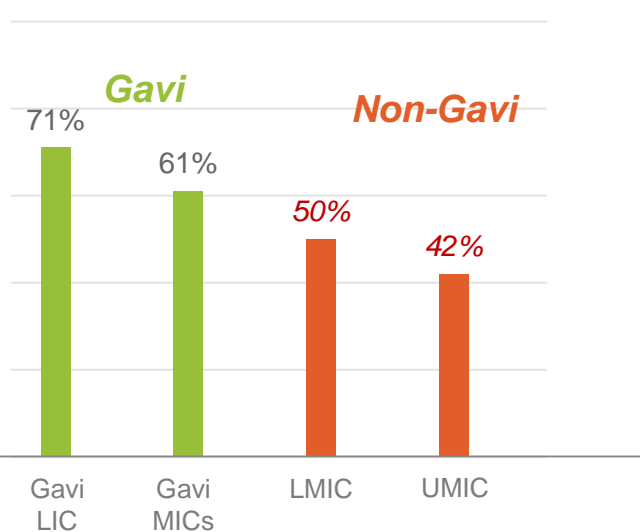


# Non-Gavi MICs lag behind Gavi countries in new vaccine introductions

## % of countries with PCV

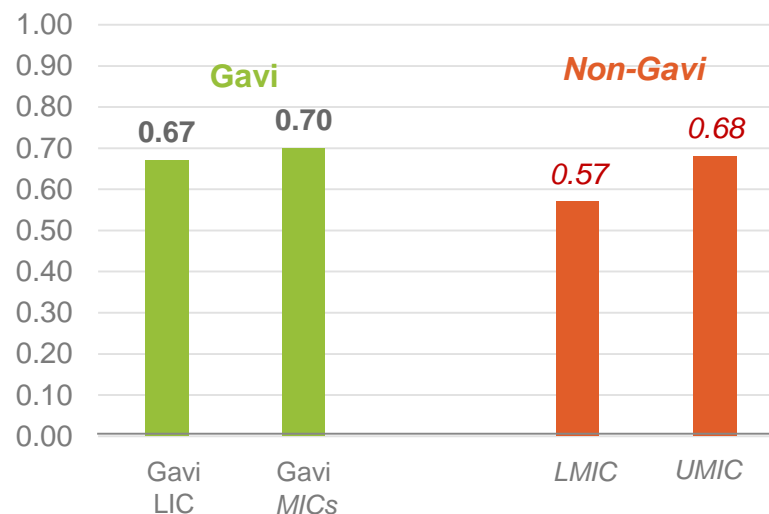


## % of countries with rotavirus



# Effective vaccine management

## Composite



Composite score of countries: for National, sub-national, lowest distribution and service point for all 9 quality criteria: Storage capacity, maintenance, stock management, vaccine management, information systems, infrastructure, temperature control, vaccine arrival and distribution

# 4

## AGENDA FOR THIS MEETING

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# Our Meeting Agenda

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Changes to agenda structure

New: Board decisions dashboard

## Decision points

- Consent agenda
- Successful transition of Nigeria from Gavi support
- Engagement with countries post-transition
- Vaccine Investment Strategy
- Gavi's engagement in Polio eradication

# 5

## ALLIANCE UPDATE

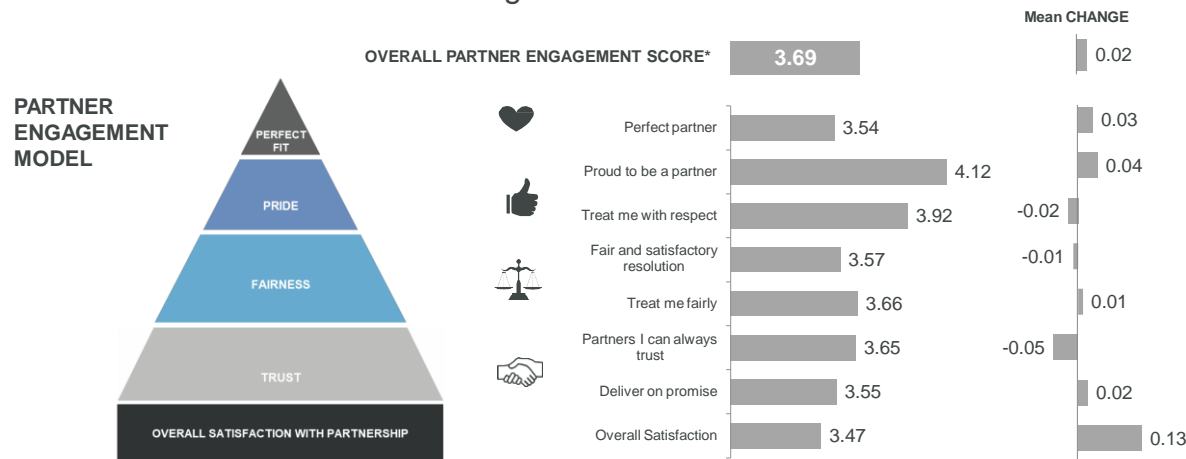
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# Alliance Health Survey

While Overall Satisfaction with the partnership has considerably improved, the more emotional dimensions are unchanged



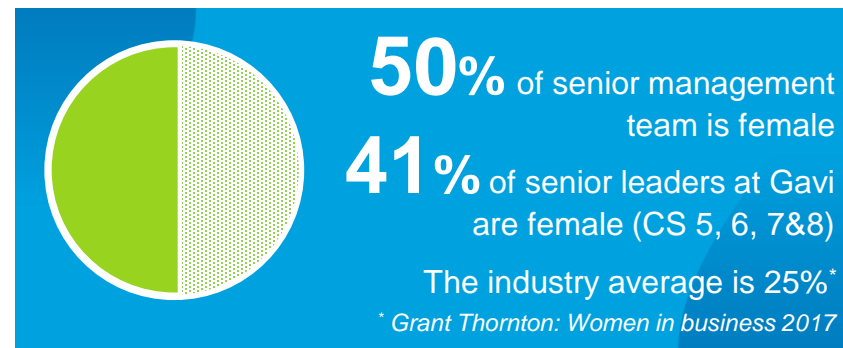
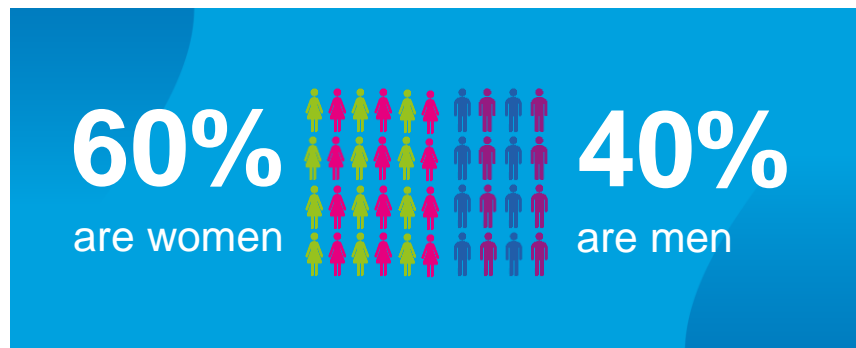
The increase in Overall Satisfaction indicates a positive change in terms of the rational aspects of the partnership. However, perceptions regarding the emotional, experiential aspects such as respect for each other, mutual trust and fairness have remained relatively weak.

Please note: Given the population/sample changes we cannot have a 1:1 comparison of present and past data. This is only an indication of the trend/changes.

## Example Interventions to date

- Alliance leadership engagement plan
- Joint Alliance leadership comms
- Regular Alliance-wide discussions
- Alliance onboarding guide
- Alliance directory & connectivity guide

# Gender balance



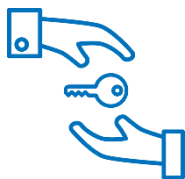
	M	F	% M	% F
Board Members	15	13	54%	46%
Alternate Board Members	9	9	50%	50%
Market-Sensitive Decisions Committee	7	7	50%	50%
Governance Committee	8	4	67%	33%
Audit and Finance Committee	7	3	70%	30%
Investment Committee	4	2	67%	33%
Programme and Policy Committee	11	9	55%	45%

## Governance / Board representation

Board meeting  
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# Global Health Campus



**Building  
handover**

*February 22nd*



**Move  
completed**

*end March*



**Move  
completed**

*April 19th*



**Move  
completed**

*April 23rd*



**Gavi  
move**

*end June*

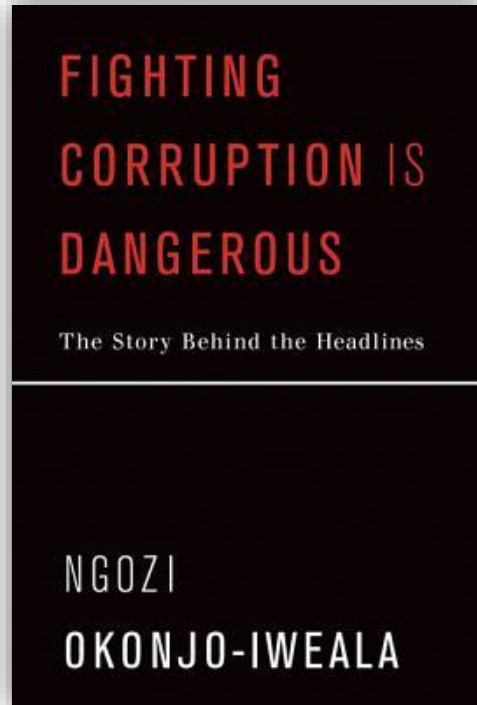


**Move  
planned**

*August 20th*



## Compelling book launch pertinent to our work



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# THANK YOU

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