



2016-2020
Mid-Term Review report
EXECUTIVE SUMMARY

Published November 2018

Gavi 2016–2020: saving lives and building sustainability

At Gavi's 2015 pledging conference in Berlin, donors committed an unprecedented US\$ 7.5 billion to support the "2016–2020 Investment Opportunity". The scale of funding reflected both the Alliance's track record of delivering results and the level of ambition behind its 2016–2020 goals.

Midway through the reporting period, the Vaccine Alliance is set to deliver on these commitments, with more children being immunised with more vaccines than ever before. However, faster progress is needed in order to find and immunise the final 20% who are still missing out on basic childhood vaccines and lift coverage, especially in fragile settings.

The Mid-Term Review report describes Gavi's progress in delivering on its 2020 goals, adjusting to its remaining challenges and setting out a vision for the future.

2016–2020 Investment Opportunity goals

- immunise 300 million more children and avert 5–6 million future deaths
- transition 20 countries^a out of Gavi support to fully fund their immunisation programmes
- ensure healthy vaccine markets, with manufacturers supplying vaccines at affordable prices
- generate US\$ 80–100 billion in economic benefits in Gavi-supported countries

All results illustrated in these graphs, with the exception of the number of transitioning countries, use 2016–2017 data.

Goal	1 Immunising 300 million more children	2 Increasing co-financing and transition
Progress	<div data-bbox="132 776 767 925"> <p>Immunise 300m additional children 127m 300m</p> <p>Prevent 5–6m future deaths 2.5m 5–6m</p> </div> <p>Making progress: from 2016 to 2017, Gavi helped countries to reach an additional 127 million children – usually with more than one vaccine. This is helping to avert 2.5 million future deaths, which represents 42% of the 2020 target. Children are being reached with more vaccines than ever before; average coverage for the last dose of nine Gavi-funded vaccines has risen by 11 percentage points since 2015.</p>	<div data-bbox="833 776 1449 925"> <p>Transition 20 countries 16 20</p> <p>All countries co-financing 100% 100%</p> </div> <p>Making progress: empowering countries to take ownership of their vaccination programmes is core to the Alliance's business model. Gavi-supported countries are allocating an ever-greater proportion of domestic resources towards immunisation. Of 20 countries due to transition out of Alliance support by 2020, 16 are already fully self-financing their vaccine programmes^b. Eight of these have been fully funding their vaccines and maintaining coverage rates for over a year.</p>
Adapting	<p>Adapting to challenges: while coverage in Gavi-supported countries has increased slightly, it has not progressed as fast as expected, especially in fragile countries. The Alliance has adopted a range of new responses. These include both targeting populations with disproportionately low coverage rates or the highest numbers of underimmunised children; and channelling most health system strengthening (HSS) grants into a number of strategic focus areas to improve coverage.</p>	<p>Adapting to challenges: despite maintaining high immunisation coverage rates, some transitioned countries face programmatic challenges, while several are transitioning without having introduced critical vaccines. Five countries – Angola, the Congo, Nigeria, Papua New Guinea and Timor-Leste – face more deep-rooted obstacles to increasing coverage. Alliance partners are addressing these challenges through more systematic post-transition engagement and tailored plans.</p>

Delivering beyond our goals

In addition to the commitments set out in the Investment Opportunity, the Alliance has responded to several urgent challenges in the global health landscape. These include both a rise in fragility and disease outbreaks and the need for increased or new support for critical immunisation programmes.

Fragility

Gavi's 2017 policy on fragility, emergencies and refugees allows the Alliance to respond more flexibly to immunisation challenges in countries with fragile settings. Under the new policy, the Alliance was able to fund vaccines for Rohingya refugees in Bangladesh, including measles-rubella, pneumococcal, inactivated polio and pentavalent. In addition, 900,000 doses of oral cholera vaccine helped to prevent a widespread outbreak among refugees in the Cox's Bazar camp.

Due to the civil conflict in Syria and the resulting lack of economic data, it was not clear whether the country was eligible for Gavi support. Nevertheless, given the emergency situation, in 2017 the Gavi Board approved exceptional support of up to US\$ 25 million annually for the 2017–2018 period to help procure vaccines and cold chain equipment.

a – In "The 2016–2020 Investment Opportunity", Gavi set a goal of 22 countries transitioning out of support by 2020. Since this document's publication, Ghana has again become eligible for Alliance support, while the Ukraine is not considered as transitioning in this period. The latter is due to the country choosing not to receive any support in the 2011–2015 period, not being included in the co-financing policy and not being eligible for post-transition engagement.



b – The Republic of the Congo's 2017 GNI fell below Gavi's eligibility level. In November 2018, the Gavi Board will discuss whether to make the Congo eligible for support again.

The future

Gavi is on track to meet its Berlin commitments of immunising an additional 300 million children and preventing 5–6 million future deaths by 2020. The Alliance is also on course to achieve its transition goals, with 16 countries now fully self-financing their immunisation programmes. Vaccine prices continue to come down, while half of the six target vaccine markets are enjoying healthy dynamics. As a result, vaccination programmes in Gavi-supported countries have already led to US\$ 50 billion in future economic benefits since 2016.

However, in order to further its mission and to reach the remaining 20% of children who are still missing out on basic vaccines, the Alliance must keep learning from its experiences and continue to adapt its model accordingly. The increased collaboration and adaptation helping Gavi achieve its goals will become ever more mission-critical. Climate change, population growth, migration and urbanisation are all inexorable realities. For the Alliance, this is a huge

concern. The fifth child will not only be the last to be reached, but also the most difficult – especially given the rise in fragility.

In 2025, most people living in extreme poverty will be in middle-income countries, which are not eligible for Gavi funding. Furthermore, while the number of disease outbreaks has multiplied more than three-fold in recent decades^c, this could pale in comparison with the repercussions of higher population density and more people migrating to urban settings. The Alliance is assessing how its business model should adapt to this shifting environment for the final decade of the Sustainable Development Goals (SDGs).

Gavi is well placed to turn these challenges into opportunities. It will continue to help countries introduce new vaccines and protect millions of people from illness, disability and death, breaking the vicious cycle of poverty. Together with its partners, the Alliance is ready to continue to take bold steps along the path set out in Berlin.

3 Ensuring healthy vaccine markets



Making progress: building healthy vaccine markets is critical to Gavi's long-term success. Market shaping activities have generated US\$ 764 million in savings since 2016 by ensuring sufficient supply of quality vaccines at affordable prices, while the weighted average cost of fully immunising a child with three life-saving vaccines fell by 17%. Three vaccine markets are showing moderate or high healthy market dynamics – 50% of the 2020 target.

Adapting to challenges: supply issues for a few critical vaccines continue to jeopardise the Alliance's ability to meet country demand, hampering some introductions. The exit of one manufacturer from the pentavalent market shows the risks of over-supply, high competition and decreasing prices. While this is an expected part of market development, it needs to be carefully and transparently managed.

4 Immunisation's wider impact on development



Vaccines have far-reaching benefits for global development. Healthy children can go to school and grow up to become productive adults while parents can work instead of looking after sick children, thus significantly boosting a country's economy. Since 2016, Gavi-supported vaccinations have generated long-term economic benefits of over US\$ 50 billion.

By reaching approximately 65 million children annually in Gavi-supported countries, vaccination also contributes to universal health coverage, which is part of the third SDG. Immunisation connects the vast majority of families with the primary health system up to five times in the first year of a child's life – more than any other health intervention. It ranks among the most equitable interventions, disproportionately benefiting the most marginalised populations.

Goal

Progress

Adapting

Disease outbreaks

Gavi works with partners to support integrated solutions to disease outbreaks, combining routine immunisation and preventative campaigns with investments in stockpiles for selected vaccines. For example, the Alliance is supporting the implementation of the WHO Global Strategy to Eliminate Yellow Fever Epidemics (EYE), as well as a comprehensive approach to combat measles through strengthened routine programmes, campaigns and outbreak response.

New Ebola vaccine

In 2016, Gavi announced an Advance Purchase Commitment with Merck, providing US\$ 5 million towards the procurement of an Ebola vaccine once

licensed, prequalified and recommended by WHO. Under the agreement, Merck agreed to create a stockpile of 300,000 doses of the experimental vaccine for emergency use while licensure was being pursued. The Democratic Republic of the Congo became the first country to use this new vaccine in response to two outbreaks in 2018.

Polio eradication

The extension of the timeline for polio eradication to 2021, at the earliest, has risked exhausting Global Polio Eradication Initiative (GPEI) funds. As a result, the Gavi Board decided in 2018 to extend support for the inactivated polio vaccine (IPV) by drawing on core Gavi funding for 2019 and 2020. The Alliance is currently evaluating its continued support for IPV beyond 2020.

Gavi and GPEI are also exploring how to better coordinate efforts to improve routine immunisation coverage in the poorest-performing districts of priority countries.

India partnership

The Gavi-India partnership, launched in 2016, helps to accelerate the Government's ambitious immunisation agenda to introduce new vaccines and increase the proportion of fully immunised children to over 90%. The initiative, which is set to continue until India's transition in 2021, also includes support for HSS in provinces with particularly low coverage rates.

^c – Smith KF, Goldberg M, Rosenthal S et al. Global rise in human infectious disease outbreaks. *Journal of the Royal Society Interface*, 2014, 11(101): 20140950.

<http://gotlife.gavi.org/collaboration>

<http://gotlife.gavi.org/demographics>

<http://gotlife.gavi.org/fragility>

<http://gotlife.gavi.org/gender>

<http://gotlife.gavi.org/health-systems>

<http://gotlife.gavi.org/market-shaping>

<http://gotlife.gavi.org/outbreaks>

<http://gotlife.gavi.org/sustainability>

Continuing to leverage the comparative advantages of Gavi's public-private partnership will be critical to addressing the challenges that have emerged in the current reporting period.

