GAVI Alliance Strategy
2016-2020

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GAVI Alliance Board meeting
Phnom Penh, Cambodia
21-22 November 2013
Context for GAVI 4.0

First phase 2000-2006
- Launch of GAVI at WEF, 2000
- Penta and YF

Second phase 2007-2010
- Merger of the Vaccine Fund and GAVI Alliance Boards, 2008
- PCV, rota
- HSS

Third phase 2011-2015
- First resource mobilisation meeting, 2011
- Completing penta, accelerating PCV and rota
- Launch of HPV, MR
- Experience on critical challenges to coverage and equity

GAVI 4.0 2016-2020
- Involved in all aspects of immunisation
- Fully immunised child
- Modernisation of systems
- Data revolution
GAVI strategy 2016-2020: development process

**April-June 2013**
- Assess appetite for changes
  - Individual Board member interviews

**July-Nov 2013**
- Test strategic shifts
  - Further consultation
    - MTR
    - Public consultation (web)
    - WHO Regional Committee Meeting
  - Landscape analysis
  - EC guidance

**Nov 2013-Apr 2014**
- Define the new GAVI strategy
  - Design strategic framework based on strategic shifts: vision, mission, strategic goals, operating principles

**Apr-June 2014**
- Complete new GAVI strategy
  - Refine
  - Add targets and indicators

**Objective for today:**
- Decision on strategic shifts
- Guidance on strategic framework
- Direction on next steps

**High level update in CEO report on process and feedback on interview process**

**Engage the Board at its retreat to discuss draft strategy document**

**Present the new strategy for approval**
## Evolution of GAVI’s birth cohort

Million children, GAVI 73, given current graduation policy

<table>
<thead>
<tr>
<th>Year</th>
<th>Eligible</th>
<th>Graduated</th>
<th>Graduating</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>75.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>75.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>69.0</td>
<td>7.4</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>69.5</td>
<td>7.4</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>70.0</td>
<td>7.4</td>
<td>26.1</td>
</tr>
<tr>
<td>2015</td>
<td>69.5</td>
<td>8.3</td>
<td>44.9</td>
</tr>
<tr>
<td>2016</td>
<td>78.2</td>
<td>7.3</td>
<td>27.3</td>
</tr>
<tr>
<td>2017</td>
<td>78.6</td>
<td>7.3</td>
<td>27.8</td>
</tr>
<tr>
<td>2018</td>
<td>79.0</td>
<td>7.3</td>
<td>35.7</td>
</tr>
<tr>
<td>2019</td>
<td>79.3</td>
<td>8.2</td>
<td>35.4</td>
</tr>
<tr>
<td>2020</td>
<td>79.7</td>
<td>32.9</td>
<td>11.8</td>
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In 2010: 73 countries eligible

2011-2015, 20 countries graduating

Main cause for 2016 decrease is graduation of India

2016-2020, Cote d'Ivoire, Lao PDR, Lesotho, Nigeria, Sao Tome e Principe, Sudan, Vietnam, and Zambia are forecasted to graduate

-54%
GAVI’s current programmes are expected to deliver great impact in 2011-15 and projections 2016-20 show a further increase.

**Children immunised**

<table>
<thead>
<tr>
<th></th>
<th>2011-2015</th>
<th>2016-2020</th>
</tr>
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<tbody>
<tr>
<td>Millions</td>
<td>243</td>
<td>301</td>
</tr>
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</table>

+24%

**Future deaths averted**

<table>
<thead>
<tr>
<th></th>
<th>2011-2015</th>
<th>2016-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Millions</td>
<td>3,9</td>
<td>5,9</td>
</tr>
</tbody>
</table>

+51%

Source: SDF V7.0
Decision on suggested strategic shifts

1. Play a central convening role in global immunisation
   - Convening, aligning, strengthening and coordinating or funding around immunisation in developing countries

2. Deepen GAVI’s focus on improving coverage and equity of access to immunisation, including through innovative investments to modernise immunisation systems
   - Information systems and data quality
   - Supply chain infrastructure
   - Demand-side interventions

3. Review the eligibility and graduation criteria and the forms of support offered to graduating countries, to ensure sustainable graduation from GAVI support
   - Explore potential “baskets” of indicators beyond GNI
   - Explore ways in which GAVI can work with graduating countries to ensure sustained impact

4. Continue to leverage the core strengths of GAVI Alliance partners and also strengthen engagement with a wider network of institutions
Next steps

Questions to explore further

- Further refine the strategic shifts especially:
  - What vision, mission, strategic goals, indicators
  - Potential criteria for eligibility and graduation beyond GNI and menu of support options
  - Priority areas for innovative investments and process to do so;
  - The potential role of private sector;

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Process

- Engagement of constituencies in the development of options
- Engagement of the Board at the retreat in April 2014
- Decision at the Board meeting in June 2014
Recommendations (1/2)

- Approve the proposed set of strategic shifts for the period 2016-2020:
  a) Play a central convening role in global immunisation;
  b) Deepen GAVI’s focus on improving coverage and equity of access to immunisation, including through innovative investments to strengthen immunisation;
  c) Review the eligibility and graduation criteria and the forms of support offered to graduating countries, in order to ensure sustainable graduation from GAVI support - this should include review of criteria beyond GNI;
  d) Continue to leverage the core strength of GAVI Alliance partners and also strengthen engagement with a wider network of institutions in order to ensure successful achievement of strategic goals and targets.
Recommendations (2/2)

- Request the Secretariat, working together with Alliance partners, to define:
  
a) Priority areas for GAVI to make innovative investments to strengthen immunisation, and the process to do so;

b) Potential criteria for eligibility and graduation beyond GNI and a potential menu of support options for graduating countries;

c) The potential role of future innovative financing products and private sector engagement;

d) The organisational arrangements between the Secretariat and Alliance partners in order to ensure strong programme oversight, accountability and risk management;

e) The strategic objectives and indicators for each strategic goal