KEY EVENTS AND UPDATES
Ebola: a human security challenge

>17,000 cases
>6,000 deaths

Source: Ebola response roadmap situation report, 3 December 2014
Why is Ebola different?

Affects the entire region, continent

• **WB**: Ebola could cost West Africa US$ 32 billion by 2015

• **IMF**: sub-Saharan Africa growth forecast down from 5.5% to 5% (largely Ebola)

• Morbidity and mortality from other diseases on the rise
Why is Ebola different?

Risk of further spread
Liberia: HPV demonstration project launch postponed from Nov 2014 until… April 2015?
July 2014 global public health milestone: pentavalent in all 73 Gavi-supported countries

Introducing pentavalent independently of Gavi funding
September 2014: first introduction of inactivated polio vaccine (IPV) – Nepal
Acting on the call: ending preventable child and maternal deaths

June 2014
UNGA week: Gavi and vaccines feature
Aid Transparency Index, October 2014: Gavi remains in top “very good” category

<table>
<thead>
<tr>
<th>VERY GOOD</th>
<th>GOOD</th>
<th>FAIR</th>
<th>POOR</th>
<th>VERY POOR</th>
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<td>55. Poland, MFA</td>
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<td>45. EIB</td>
<td>60. UK, MOD</td>
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<td>30. U.S., PEPFAR</td>
<td>46. EBRD</td>
<td>61. Germany, AA</td>
</tr>
</tbody>
</table>

Gavi Board meeting
9-10 December 2014
VACCINE INTRODUCTIONS
Vaccine introductions in 2014

Bangladesh

Mali

Liberia

Jan.

Feb.

Mar.

Apr.

May

Jun.

Jul.

Aug.

Sept.

Oct.

Nov.

Dec.

1 million people*

Pentavalent vaccine

Pneumococcal vaccine

Rotavirus vaccine

Measles 2nd dose vaccine

Measles campaign

Measles-rubella vaccine

HPV demonstration project

HPV national introduction

Meningitis A campaign

IPV

* Refers to annual birth cohort (for vaccine introductions) or target population (for vaccine campaigns)

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9-10 December 2014
Vaccine introduction targets reached one year in advance

Cumulative country introductions

Pentavalent vaccine
- Actual: 62, 65, 70, 72, 73, 73*
- Target: 69

Pneumococcal vaccine
- Actual: 3, 16, 24, 38, 45, 57*
- Target: 45

Rotavirus vaccine
- Actual: 4, 5, 12, 18, 33, 42*
- Target: 33

* Projections (SDF10)

Source: Gavi data as of 30 November 2014.
South Sudan
Pentavalent vaccine
Vietnam
Measles-rubella campaign
Senegal
HPV demonstration project
Senegal
Rotavirus vaccine
Niger Rotavirus and pneumococcal vaccines
Tanzania
Measles-rubella campaign
12 additional states in India
Pentavalent vaccine
Nepal
Inactivated polio vaccine
Acceleration of IPV introductions: Gavi vaccine support, 2011–2015

Source: Gavi data as of 1 December 2014.
Note: Only the first phase of introductions and campaigns is included.
IPV implementation showcases successful fast-track approach

Gavi Board opens window of support.

1st IPV introduction in Nepal – within 1 year of Board decision.

All Gavi-supported countries expected to have introduced IPV – within 2 years of Board decision.

Source: Gavi data as of 2 December 2014.

* Ukraine has introduced IPV independently of Gavi financing.
IPV: after successful roll-out, four big issues remain

Wastage
- WHO recommended multi-dose vial policy for IPV = significantly reduced wastage

Supply
- Delays in scaling up capacity of 10-dose vial, delayed prequalification of 5-dose vial = short-term constraints in availability

Demand
- GPEI using IPV in campaigns (capped at 8m doses, not financed by Gavi) in some endemic areas = increasing demand

Flexibility of financing
- Gavi’s usual ability to move funds through time restricted by funding envelope = reduced flexibility
India to introduce rotavirus, rubella, polio and Japanese encephalitis vaccines

“The introduction of four new lifesaving vaccines will play a key role in reducing childhood and infant mortality and morbidity in the country.”

Narendra Modi, Prime Minister of India
Status of pentavalent vaccine introductions in India

• Already introduced in 12 states
• Dec 2014–Jan 2015: 8 additional states
• From April 2015: remaining 16 states
• 27 million children in 36 states covered by the end of 2015

Data as of 1 December 2014.
BROADER LANDSCAPE
Post-2015: Sustainable Development Goals

Three aspects to development of SDGs:

- The goals
- Financing the agenda
- Monitoring and indicators

Gavi calling for:

- Good health central to prosperity
- Concise, easy-to-communicate goals
- Bold and ambitious indicators
- Value of public-private partnerships

New financing models – domestic financing, ODA and leveraging markets

A data revolution

The goals

Value of public-private partnerships

Financing the agenda

Monitoring and indicators

Gavi Board meeting
9-10 December 2014
Global Financing Facility for reproductive, maternal, neonatal, child and adolescent health

Launched September 2014
SAGE: five out of six Global Vaccine Action Plan targets off track

Only vaccine introduction target on track for 2015

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Gavi Board meeting 9-10 December 2014
Reduce child mortality by two-thirds

12.7 million deaths in 1990

17 million deaths if accounting for population growth (based on 1990 mortality rate)

6.3 million deaths in 2013

4.2 million deaths in 2015

MDG 4
Reduce child mortality by two-thirds

Pneumonia and diarrhoea leading causes of death
Estimated annual rate of reduction in under-five mortality at the global level in 2000–2013, by cause

Source: The Lancet  (DOI:10.1016/S0140-6736(14)61698-6)
Terms and Conditions
Reported measles incidence rate*,
October 2013 – September 2014

*Rate per 1'000'000 population

Data in HQ as of 11 November 2014.
Data source: surveillance DEF file


USA: > 600 cases from 1 January to 31 October- highest since 2000

UK: 1,200 cases so far in 2014 – the most since 1994

Australia: > 300 cases so far in 2014 – twice as many as in 2013

Japan: > 3-fold increase in cases in Jan-Feb 2014 compared with 2013

USA: > 600 cases from 1 January to 31 October-

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Wild Poliovirus Cases\(^1\), last 6 Months\(^2\)

**IMB Report, October, 2014 – Pakistan:**
- “Pakistan’s polio programme is a disaster”
- Home to 80% of world’s polio cases in 2014
- Pakistan polio virus paralysed 38 children in Syria and Iraq in last year

**IMB Report, October, 2014 – Nigeria:**
- Hope to stop transmission by early 2015
- In last decade, Nigeria virus has infected 26 other countries
- In 2013, Nigeria polio virus caused large outbreaks in Horn of Africa and Central Africa

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**Table:**

<table>
<thead>
<tr>
<th>Country</th>
<th>Onset of most recent case</th>
<th>Number of districts</th>
<th>Total WPV (All type 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameroon</td>
<td>09-Jul-14</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Nigeria</td>
<td>24-Jul-14</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>AFR</td>
<td>24-Jul-14</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Afghanistan</td>
<td>20-Oct-14</td>
<td>11</td>
<td>15</td>
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<tr>
<td>Pakistan</td>
<td>01-Nov-14</td>
<td>29</td>
<td>170</td>
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<td>Somalia</td>
<td>11-Aug-14</td>
<td>2</td>
<td>3</td>
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<tr>
<td>EMR</td>
<td>01-Nov-14</td>
<td>42</td>
<td>188</td>
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<tr>
<td>Global</td>
<td>01-Nov-14</td>
<td>45</td>
<td>192</td>
</tr>
</tbody>
</table>

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\(^1\)Excludes cases caused by vaccine-derived polioviruses and viruses detected from environmental surveillance.

\(^2\)Onset of paralyses 19 May – 18 November 2014
Wild poliovirus cases, 2009–2014

Number of confirmed wild poliovirus cases

Source: Data in WHO HQ as of 18 November 2014

November 2012:
Last reported case of wild poliovirus type 3
Polio and routine immunisation

Gavi collaborates with GPEI on immunisation system strengthening in polio focus countries:

- **AFR:** Nigeria, South Sudan, DR Congo, Chad, Ethiopia, Angola
- **EMR:** Pakistan, Afghanistan, Somalia
- **SEAR:** India

**Progress and way forward:**

- 8/10 countries developed annual integrated EPI plans
- Accountability frameworks to help strengthen routine immunisation (RI)
- Improved RI an essential component to polio eradication
Less time on polio campaigns = + 20,000 vaccinator days for routine immunisation/month

Vaccinator time spent on special campaigns, Punjab provinces

- 2012: 8%
- 2013: 11%
- 2014 (Jan–May): 30%
- 2014 (Jun–Oct): 8%

Source: Roadmap team
Carriage prevalence of *streptococcus pneumoniae* bacteria, pre- and post-vaccine


Gavi Board meeting
9-10 December 2014
Substantial reduction in pneumococcal disease in South Africa thanks to vaccines

Invasive pneumococcal disease cases by age group

Rotavirus vaccination prevents 6 out of 10 diarrhoea hospitalisations in South Africa

New vaccines approaching licensure

**Malaria vaccine:**
- RTS,S tested in large-scale clinical trial in Africa, including > 15,000 children and infants
- Vaccine efficacy: 46% in young children, 27% in infants
- Efficacy data from 32 months follow-up including booster expected early 2015
- Anticipate WHO recommendation in October 2015

**Dengue vaccine:**
- Phase three clinical trial included 20,000 Latin American children aged 9-16
- Shown to reduce risk of infection by 60%
- SAGE will soon advise WHO on any recommended use of dengue vaccines.

Sources:
- www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001685
RESOURCE MOBILISATION
New pledges since the June Board meeting

Sovereign donors:
- **Australia**: A$ 50 million for 2015 (US$ 44 million)
- **Japan**: US$ 8.7 million for 2014

Private sector donors:
- **Lions Clubs International Foundation**: US$ 3 million in-kind for 2014–2017, matched by the Bill & Melinda Gates Foundation and DFID
- **“La Caixa” Foundation**: €1 million for 2014 (US$ 1.4 million)

Closing the gap for 2016–2020 – building momentum:
- **European Commission**: €175 million*
- **Norway**: at least US$ 1.1 billion
- **United Kingdom**: £1 billion
- **Canada**: C$ 500 million
- **Germany**: indication to pledge €500 million**
- **Netherlands**: €250 million requested by Dutch Parliament

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** For 2015-2020.
Exchange rates as of 1 December 2014.
First IFFIIm Sukuk bonds raise US$ 500 million

• Sukuk = financial certificate that complies with Islamic law

• Largest ever Sukuk issuance in the public market

• Over-subscribed

• Diverse investor base:
  • 68% Middle East and Africa
  • 21% Asia
  • 11% Europe

• Expanding engagement with Islamic world
Co-financing update

By 2013, co-financing will have more than tripled in comparison to 2008

* Defaulted both in 2012 and 2013.
Source: Gavi data as of 5 December 2014.
Graduating countries: 1\textsuperscript{st} wave entered graduation in 2011, 2\textsuperscript{nd} wave in 2012–2020

<table>
<thead>
<tr>
<th></th>
<th>1\textsuperscript{st} wave</th>
<th>2\textsuperscript{nd} wave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under-5 mortality rate(^1)</td>
<td>✓ Successful transition to self-financing</td>
<td>✓ Successfully introduced most/all Gavi vaccines</td>
</tr>
<tr>
<td>GNI per capita at entering graduation(^5)</td>
<td>✓ Projected vaccine costs affordable (at Gavi price)</td>
<td>✓ High impact due to high burden of vaccine-preventable diseases</td>
</tr>
<tr>
<td>2013 total fertility Rate(^2)</td>
<td>✓ Low risk to sustainability of vaccine programmes</td>
<td></td>
</tr>
<tr>
<td>Vaccines introduced(^3)</td>
<td>× Missed opportunities for vaccine introductions</td>
<td>× Higher fiscal burden following graduation</td>
</tr>
<tr>
<td>Average length of graduation period (years)(^4)</td>
<td></td>
<td>× Faster pace of financial scale-up required</td>
</tr>
</tbody>
</table>

2. Total Fertility Rate; Source: UN World Population Prospects, accessed October 2014
3. Modeled using GAVI’s Adjusted Demand Forecast
4. 1\textsuperscript{st} wave obtained from GAVI Secretariat, 2\textsuperscript{nd} wave modeled
5. World Bank GNI per capita 2013 and earlier, modeled starting in 2014
World Bank Group supporting country graduation efforts in 2015

- Health financing assessments in graduating countries – findings to support dialogue on sustainable financing

- Graduation missions to support assessments and plans, building on health financing dialogue and working with Ministers of Finance

- Discussion paper on role of health insurance mechanisms in financing immunisation service delivery

Will help shape World Bank involvement in 2016–2020 strategy
Further reduction in vaccine prices

Cost to fully immunise a child with pentavalent, pneumococcal and rotavirus vaccines reached a new low in mid 2014 – but more needs to be done

* Future targets are not publicised to avoid setting a minimum price.
Further reduction in vaccine prices

Cost to fully immunise a child with pentavalent, pneumococcal and rotavirus vaccines reached a new low in mid 2014 – but more needs to be done.

Future targets are not publicised to avoid setting a minimum price.
Vaccine roadmaps

Development

7 completed
- HPV, pentavalent, yellow fever, rotavirus, measles-rubella, IPV, Japanese encephalitis, pneumococcal (2014)

1 update
- Pentavalent (2014)

3 in development
- Cholera, HPV update, meningitis

2 on hold
- Typhoid, malaria

Implementation

Gavi Secretariat coordinates interventions in close cooperation with partners

Stakeholders include
- Secretariat, UNICEF Supply Division, Bill & Melinda Gates Foundation, WHO
Japanese encephalitis vaccine

- First tender concluded July 2014
- Gavi’s first Chinese vaccine supplier
- GAVI-supported campaigns forecast to require > 75 million doses 2015–2020
- Secured sufficient supply to meet increasing demand through 2016
- First introduction expected in Lao PDR 2015
Vaccine delivery innovation: Uniject for pentavalent vaccine

- Prequalified in November 2014

- New delivery model:
  - Simplifies vaccine administration
  - Reduces missed opportunities by ensuring syringe and vial always available together
  - Facilitates outreach

- Will explore making available to Gavi-supported countries
Immunisation coverage increasing: reaching more children than ever before

Coverage of third dose of DTP-containing vaccines increased to 76% in Gavi-supported countries

Progress towards vaccine coverage goals, but still behind target

Coverage in Gavi-supported countries (%)

- **Pentavalent vaccine**
  - 3rd dose
  - Actual: 39, 44, 43, 53, 56*, 69*%
  - Target: Not shown

- **Pneumococcal vaccine**
  - 3rd dose
  - Actual: 5, 10, 19, 31*, 40*%
  - Target: Not shown

- **Rotavirus vaccine**
  - Last dose
  - Actual: 1, 1, 3, 7%
  - Target: 24*, 16*%

- Projections (SDF10)

Gavi Board meeting
9-10 December 2014
Investment for 36 HSS grants recommended for approval, January 2011 – October 2014

- Procurement & supply chain management: US$ 214 m (26%)
- Service delivery: US$ 177 m (21%)
- Health workforce and human resources: US$ 161 m (20%)
- Health information systems: US$ 109 m (13%)
- Programme management: US$ 76 m (9%)
- Empower community and other local actors: US$ 69 m (8%)
- Other: US$ 25 m (3%)

TOTAL: US$ 831 m
2013 intermediate results: Burundi

All but grant utilisation was stable or improved

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline (2012 unless otherwise specified)</th>
<th>2013 result</th>
<th>2013 target</th>
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<tbody>
<tr>
<td>% of community health workers trained</td>
<td>50</td>
<td>90</td>
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<tr>
<td>Availability of community health workers</td>
<td>50</td>
<td>80</td>
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<tr>
<td>% of facilities with functioning cold chains</td>
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<tr>
<td>Timeliness of district reporting</td>
<td>80</td>
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<td>% of districts reporting negative drop-out rates</td>
<td>70</td>
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<tr>
<td>% of districts report a verification factor equal to or greater than the DTP3 coverage</td>
<td>70</td>
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<tr>
<td>Gavi grant execution rate</td>
<td>80</td>
<td>90</td>
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</tbody>
</table>
Improvement of stocks – further improvement expected

Pentavalent vaccine - projected number of countries with “appropriate” stock levels (central warehouse + 1 level), by the end of 2014

Definitions: Understocked = less than 4 months of stock, overstocked = more than 8 months of stock

Gavi Board meeting 9-10 December 2014
Full country evaluation: preliminary district level summary, Zambia

Mpika

CHILD HEALTH OUTCOMES

INTERVENTIONS

KEY

Gavi Board meeting
9-10 December 2014
Full country evaluation: preliminary trends in sub-national coverage and equity, Bangladesh

DTP3-containing vaccination coverage by district, 1995-2013
Full country evaluation: biomarkers for rubella antibody positivity in pre and post MR campaign, Bangladesh

Gavi Board meeting
9-10 December 2014
Inequities in Immunization take many forms

Immunization inequities by population characteristics, Madagascar, 2011

Source: MDG survey, 2013; CI refers to 95% confidence interval; OR = Odds ratio
New programme review model: first year experience

• High-level panel: Gavi Secretariat, WHO, UNICEF and Independent Review Committee members

• 70 countries reviewed in 2014

• More in-depth look at programmes, strengthens links to business plan and HSS

• Workload for partners and Secretariat higher than expected – increased engagement and accountability

• Partner joint appraisals welcomed:
  • strengthens partnerships
  • grounds discussions in country context
Supply chain fund: Example – Mali support

- Gavi funded **110 solar fridges, 24 electrical fridges + temperature recorders for 1,000 fridges** to help prepare for rotavirus vaccine roll-out

- Because of catalytic aspect of Gavi supply chain fund, Mali government **self-financed 11 additional refrigerators**

- Supply chain fund is financed by the ELMA foundation to help quickly address gaps
New Gavi-funded solar fridge and freezer in Maiduguri, Nigeria

The only functioning fridge at Yarwa PHC
Controlled temperature chain (CTC) for meningitis A vaccines

Modelled impact on cold chain costs in three regions in Chad, 2011 (cost in US$ per person vaccinated)

Chad campaign (without CTC)  |  Modelled scenario (with CTC)
---|---
Transport system  |  0.05  |  0.04  
Human resources  |  0.09  |  0.06  
Cold chain systems  |  0.10  |  0.02  

Note: data shown are actual costs recorded in the mass vaccination campaign run in three regions of Chad in December 2011 and the costs estimated in a modelled scenario in which a CTC was implemented.

6

RISK MANAGEMENT

Gavi Board meeting
9-10 December 2014
First articulation of comprehensive risk management approach

- Operationalisation: initial focus on strengthening fiduciary risk management in Gavi Secretariat
- Other elements to be developed as part of risk management implementation plan in 2015
Misuse of funds 2000–2014

100% of countries have agreed to reimburse misused funds

Repayments since the June Board meeting:

- Sierra Leone: US$ 0.5 m
- Madagascar: US$ 0.3 m

TOTAL: US$ 10.3 m
REIMBURSED TO DATE: US$ 6.2 m

New cases:

- Nigeria: US$ 2.2 m
Gavi-Nigeria joint letter of understanding

The GoN agrees… to reimburse Gavi for any amounts identified as inappropriately used.

Systemic weaknesses in financial controls… may have led to the inappropriate use of funds.

The way forward… underlines our common commitment to saving children’s lives through an effective immunisation program.
GOING FORWARD
Ebola: 4 recommended areas for Gavi action

1. Production & Procurement funding
2. Funding vaccine roll-out
3. Future outbreak preparedness
4. Recovery of health and immunisation systems

Diagram:
- # cases ( illustrative)
- Time
- Current outbreak
- Potential future outbreak (magnitude unknown)
- Future outbreak with stockpile present

Gavi Board meeting
9-10 December 2014
Business plan 2015: a bridging plan

2015
A Transition Year

Culmination of 2011-2015
Consolidation of work
Gathering further momentum on current goals

Precursor to 2016-2020
Laying ground for coverage and equity
Country-level leadership, plans and implementation
Four main areas in implementation of 2016–2020 strategy

1. Country engagement model/coverage & equity
   - Plans for improving coverage & equity
   - Gavi programme/support to improve coverage & equity
   - Alliance model at country level

2. Global strategies, policies & programmes
   - **Started:**
     a) Supply chain
     b) Eligibility, graduation, co-financing
     c) Private sector
     d) ATAP
     e) Innovation/market shaping
     f) Data strategy
   - **In pipeline:**
     g) HSS formula
     h) Leadership, management & coordination
     i) Non-financial instruments for sustainability
     j) Demand generation

3. Business plan redesign
   - New processes and funding
   - Coordination & engagement mechanisms
   - Organisational review

4. Indicators & targets
   - Develop indicators, baseline & targets
Vaccines

While we are making huge strides in reducing preventable child deaths, 6.3 million children around the world still die each year before their fifth birthday. Nearly all of these children live in poor countries and succumb to preventable or treatable illness, many of which are vaccine-preventable. Gavi, the Vaccine Alliance, works to ensure access to new and underutilized vaccines for the poorest countries so that where you are born does not determine whether you receive lifesaving vaccines. Together with Gavi, we can end preventable child deaths.

Take action for millions of kids now
It would of course be a crime if we funded our efforts against Ebola in poor countries, or of leadership and coordination by the UN, or of leadership and coordination by the UN. The Ebola epidemic isn’t just a failure of our value system. It’s also a failure of our value system. If governments the world over had promised to fight extreme poverty and diseases, the three countries in question would have had stronger national immune systems.
Gavi Board meeting
9-10 December 2014
Ongoing Efforts To Vaccinate Children Against Polio, Measles, and Other Deadly Diseases

Immunizing Africa, Connecting Children to a Healthy Future for All

How to immunize the world: DCSEU, Gavi's, and the Global Health Initiative

PM pledges $500M to vaccinating kids worldwide

Fixing 'Ebolanomics' in pursuit of vaccines and drugs

Progress towards Ebola vaccine would have been faster had bioterrorism research been completed

Botschafterinnen in Sachen Krebs

Frankfurter Allgemeine Sonntagszeitung, 30.11.2014, Nr. 48, S. 56

Afrika kennt noch andere Probleme als Ebola. Gegen Viren, die Krebs führt sie jetzt ein.
Building global momentum

Germany
Leadership in action

“Together, we can support Gavi, the Vaccine Alliance in its endeavour to vaccinate 300 million children between 2016 and 2020, thus helping to save lives. Together, we can succeed in reaching all children in our world and giving them the chance to live a healthy life”

Dr Angela Merkel
German Federal Chancellor
Reach every child: Gavi pledging conference

Berlin, 27 January 2015

“Health is a key area… a main focus of our G7 presidency. Our start in the year 2015 will be the replenishment conference of Gavi.”

Angela Merkel
Federal Chancellor, Germany
15 years of saving lives:
what we have achieved together

- > 280 intros & campaigns
- From 3 to 11 vaccines
- Pentavalent in 73/73 countries
- Injection safety in 68 countries
- HSS support to 65 countries
- Pneumo vaccine in 45 countries
- HPV support to 24 countries
- US$ 9bn committed
- US$ 5bn via vaccine bonds
- US$ 250m in co-financing
- Pentavalent price down 40%
- From 5 to 16 vaccine suppliers
- Vaccine coverage up to 76%
- 500m children immunised
- > 6m future deaths prevented
15 years of saving lives: what we have achieved together

- 280 intros & campaigns
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YEARS OF SAVING LIVES TOGETHER
THANK YOU