KEY EVENTS AND UPDATES
We welcome the success of the replenishment conference in Berlin for Gavi, the Global Vaccine Alliance, which has mobilized more than USD 7.5 billion to vaccinate an additional 300 million children by 2020.

G7 communiqué
Successful replenishment, January 2015
World Health Assembly, May 2015: immunisation prominent

Global Vaccine Action Plan (GVAP):
• Progress debated
• Resolution on vaccine price transparency to increase access for low- and middle-income countries

Polio session:
• Noted “strong progress in IPV introductions in close coordination with Gavi”

Special side session with low-coverage countries
Global health security: hot topic at World Health Assembly

- Ebola crisis, antimicrobial resistance highlight need for global surveillance
- Contingency fund for emergency health crises agreed at WHA
- International Health Regulations based on voluntary self-evaluations:
  - Fewer than 1 in 5 member states complied by 2012 deadline
  - Need for independent assessments


Gavi Board meeting 10–11 June 2015
African Vaccination Week: DR Congo introduces inactivated polio vaccine, April 2015
Alliance-wide mission to Pakistan: Focus on strengthening routine immunisation
First Lady of Chad commits to supporting domestic coverage and equity, May 2015
Although a general trend towards increased coverage for the three doses of the DPT vaccine is evident since 2010, there are causes for concern…

However, overall increases in immunisation coverage has generated considerable optimism…

as Gavi has launched plans to immunize 300 million people and save 6 million lives in 2016-2020.
Gavi Board Chair meets with Japanese MPs’ “League on Vaccines”, May 2015
Perspective
The Next Epidemic — Lessons from Ebola

Perhaps the only good news from the tragic Ebola epidemic in Guinea, Sierra Leone, and Liberia is that it may serve as a wake-up call: we must prepare for future epidemics of diseases that may spread more effectively than Ebola. There is a significant chance that an epidemic of a more contagious disease will occur sometime in the next 20 years, potentially more infectious diseases during the 20th century, including the ongoing pandemic.
REPLENISHMENT
Replenishment conference: US$ 7.539 billion mobilised for 2016–2020

Total includes US$ 110m in cash & investment drawdown and market shaping savings.

Bill & Melinda Gates Foundation: US$ 1.55 bn
United Kingdom: US$ 1.573 bn

United States: US$ 800 m
Norway: US$ 969 m
Germany: US$ 720 m
European Commission: US$ 240 m
Netherlands: US$ 300 m
Australia: US$ 206 m
France: US$ 212 m
Sweden: US$ 206 m
Canada: US$ 459 m
Italy: US$ 120 m

Saudi Arabia: US$ 25 m
Ireland: US$ 18 m
Qatar: US$ 10 m
China: US$ 5 m
Luxembourg: US$ 5 m
Other private sector donors: US$ 5 m
Oman: US$ 3 m
Alwaleed bin Talal Foundation: US$ 1 m
IFPW: US$ 1 m
India: US$ 1 m

FX rates are those published in Bloomberg on 23 January 2015 as an average of those forecasted for the period 2016-2019.
New contributors

China: US$ 5 million
Oman: US$ 3 million
Qatar: US$ 10 million
Saudi Arabia: US$ 25 million
Alwaleed bin Talal Foundation: US$ 1 million

International Federation of Pharmaceutical Wholesalers
3-year partnership aimed at increasing the expertise of supply chain managers
A more diverse financial base

Donor pledges

**London, 2011**
- 9 donors (29%)
- US$ 4.345 billion

**Berlin, 2015**
- 9 donors (43%)
- US$ 7.539 billion

3 donors
- 69%
- US$ 3.25 bn
- 54%
- Other 3%
China: from implementing country to Gavi donor

- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015

Catalytic Gavi support
Self-financing vaccines
Supplier of Gavi-funded vaccines
Gavi donor

Gavi Board meeting
10–11 June 2015
Countries increasing their co-financing contributions

2011–2015
US$ 440 m

2016–2020
US$ 1.1 bn*

* Projections based on ADF version 10

Source: Gavi data as of 1 June 2015

Gavi Board meeting
10–11 June 2015
Announcements from manufacturers, January 2015

1 manufacturer:
  • expanded yellow fever vaccine production
  • inactivated polio vaccine for Gavi countries

6 manufacturers:
  1 manufacturer: reduced pentavalent vaccine price
  5 manufacturers: Gavi prices or fixed prices for graduated countries for set time periods

2 potential new products:
  • pentavalent vaccine in compact, prefilled injection system
  • 4-dose vial presentation for pneumococcal vaccine

Balance supply & demand
Cost of vaccine
Appropriate products

Gavi Board meeting 10–11 June 2015
VACCINE INTRODUCTIONS
Bangladesh
Pneumococcal and inactivated polio vaccines
Pakistan
Measles Supplementary Immunisation Activities (SIA)
Solomon Islands
HPV demonstration project
Democratic Republic of the Congo
Inactivated polio vaccine
Lao PDR
Japanese encephalitis vaccine
Japanese encephalitis: 70,000 cases each year

- More than 3 BILLION PEOPLE live in JE-endemic countries in Asia-Pacific
- 8 countries eligible for Gavi support for JE campaigns
- ~70,000 CASES
- Up to 20,000 DEATHS
- Up to HALF of survivors suffer permanent disability

Source: WHO (www.who.int/mediacentre/factsheets/fs386/en)
From campaign to routine: meningitis A vaccine

- Dec 2014: MenAfriVac prequalified for routine immunisation
- Ghana first to apply, expected to introduce in 2016
- More applications expected this year
- Co-administration possible with yellow fever, measles and rubella vaccines
- WHO organising workshop in June/July to support countries that want to apply
2015 expected to be the peak year for Gavi-supported vaccine introductions

Source: Vaccine Implementation data; May 2015 introductions plus Strategic Demand Forecast version 11. Unconstrained introduction dates were used for all vaccines except yellow fever and rotavirus vaccines.
2015 is a transition year

1. Implementation of current strategy
   - Introductions and new vaccines
   - HSS
   - Sustainability of financing

2. Preparing for implementation of 2016-20 strategy
   - Continue with
     - Introductions and new vaccines
     - HSS
     - Sustainability of financing

Moving towards country centric approaches
- Coverage and equity
- Sustainability
Immunisation coverage starting to rise again

Coverage with the third dose of DTP-containing vaccines (%)

- Increase in 2013 for first time in this strategy period
- Countries immunising more children than ever with Gavi support
- 2014 coverage data to be released in July

DTP3 coverage in 17 low-performing Gavi countries, 2010-2013

Average increase: 15%

* Country selected for focus support when 2010 or 2011 coverage was below 70%

Gavi Board meeting
10–11 June 2015
Full country evaluations: health system strengthening

District level estimates – fully vaccinated child coverage (with BCG, measles, polio and DTP3)

Zambia

Bangladesh
Full country evaluations: under-5 mortality, 2000 and 2013

- **Bangladesh**
- **Mozambique**
- **Uganda**
- **Zambia**
Punjab Province, Pakistan: importance of quality of data

% fully immunised children


Gavi Board meeting
10–11 June 2015
Gavi HSS support to Sri Lanka, 2008 - 2013: strengthening integrated services

Helped rebuild maternal and child health services in 10 conflict-affected districts:

- Training and equipping health workers, renovating clinics, improving monitoring

Many maternal and child health indicators improved, including:

- Children 1-5 using primary healthcare services: from 65% to 83%
- Districts with sufficient basic health infrastructure: from 54% (many were war damaged) to 98%

Source: Sri Lanka annual progress reports
Polio and routine immunisation strengthening

- Use of polio resources to strengthen routine immunisation (RI) continues to improve in focus countries
- Important links between Gavi 4.0 and polio + RI strengthening
- Future use of polio assets as part of “Polio Legacy” unclear

Note: Philippines, Haiti also have between 1-10 polio funded personnel but are not displayed

Source: GPEI partner HR databases
India: improved microplanning based on the polio experience

Microplanning of more than 400,000 polio high-risk settlements used for routine immunisation strengthening

Gavi Board meeting 10–11 June 2015
Gavi health system strengthening (HSS) support to India

12 states receive Gavi HSS support, 8 for transitioning polio assets to routine immunisation
Leveraging polio infrastructure to strengthen routine immunisation

GOI “Mission Indradhanush” builds on Gavi-support & aims to expand full immunisation coverage from 65% in 2014 to at least 90% in the next 5 years.

201 high-priority districts
Innovation: electronic Vaccine Intelligence Network (eVIN), India

Pilot project in Bareilly & Shahjahanpur District, Uttar Pradesh

- Streamlining vaccine logistics and temperature management
- Stock-outs virtually eliminated within first 6 months of implementation
- To be scaled up in three Indian states with Gavi HSS support

Stock-out instances on session days, District 2
Need for increased investment in cold chains to reach coverage and equity targets

90% of cold chain out-dated technology

60% of fridges frequently expose vaccines to excessive heat and/or cold

20% of cold chain not functioning

20% of facilities that planned cold chain don’t have it

Note: Estimations for 55 countries eligible for platform funding (excluding India)
Source: CCEM data, country data, WHO, NPHCDA, team analysis
Innovative Cold Chain Equipment Platform to help increase coverage and equity

If implemented the Platform will:

- **Increase funding available** for cold chain equipment through **catalytic support** for innovative technologies

- Help countries **adopt new technologies** to expand and extend their cold chains to improve **coverage and equity**

- **Incentivise manufacturers** to accelerate innovation at lower prices through **market shaping** efforts
Innovation: controlled temperature chain for meningitis A campaigns

2014:
Togo, Cote d’Ivoire, Mauritania

- Good compliance
- Very low wastage due to exposure to > +40°C
- No severe adverse events
- Positive response from health workers

Considering CTC in 2015:
DRC – target population 2 million

May 2015:
13-valent pneumococcal vaccine pre-qualified for CTC
Optimisation pilot of the vaccine supply chain in Come district, Benin

- Two-year improvements
- US$ 500,000 cost savings if scaled up
- Partners involved: Benin’s Ministry of Health via the EPI team, AMP, Bill & Melinda Gates Foundation, WHO, UNICEF, Project Optimize, PATH, VMI-HERMES team and Gavi
SUSTAINABILITY
Increasing ownership and self-financing

Co-financing level (per dose)

- Initial self-financing
- Preparatory transition
- Accelerated transition
- Becomes fully self-financing

Vaccine price

Years

Phase 1
Enters preparatory transition phase

Phase 2
Enters accelerated transition phase

Phase 3
Becomes fully self-financing

Working titles
More countries co-finance late as requirements increase

- 2008: US$ 21m
- 2009: US$ 31m
- 2010: US$ 32m
- 2011: US$ 36m
- 2012: US$ 63m
- 2013: US$ 88m
- 2014: US$ 78m
- 2015: US$ 112m

* Guinea and Sierra Leone in 2014, CAR in 2013

Source: Gavi data as of 15 May 2015

Gavi Board meeting
10–11 June 2015
...but more vaccine programmes are co-financed on time

Source: Gavi data as of 15 May 2015
24 countries in accelerated transition phase, 4 set to become fully self-financing from 2016

Note: Cuba and the Ukraine are no longer receiving Gavi vaccine support.
Vaccine prices continue to fall

Cost to fully immunise a child with pentavalent, pneumococcal and rotavirus vaccines down by 39% since 2010

Source: UNICEF Supply Division, 2015
Vaccine prices continue to fall

Cost to fully immunise a child with pentavalent, pneumococcal and rotavirus vaccines down by 39% since 2010

Source: UNICEF Supply Division, 2015
More secure vaccine supply

2001: 5 suppliers from 5 countries of production

- Belgium 1
- France 1
- Switzerland 1
- Senegal 1
- Republic of Korea 1

Source: UNICEF Supply Division
More secure vaccine supply

2014: 16 manufacturers* from 11 countries of production

* Includes 14 Gavi suppliers and 2 manufacturers of prequalified Gavi vaccines.
** One US manufacturer also produces in the Netherlands.

Note: Country of production represents country of national regulatory agency responsible for vaccine lot release.

Source: UNICEF Supply Division and WHO list of pre-qualified vaccines, 2014
Ebola update

• 9 May: Liberia declared Ebola-free
• Cases in Guinea and Sierra Leone increasing again

• Severe impact on health services, large reductions in immunisation coverage
• Catch-up campaigns for immediate needs, HSS support over the long term

Source: WHO Ebola situation reports
Ebola strategy and support will depend on vaccine development and approval

Number of vaccines

<table>
<thead>
<tr>
<th>Stage</th>
<th>Number of Vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preclinical with expression of interest</td>
<td>7</td>
</tr>
<tr>
<td>Phase I</td>
<td>5</td>
</tr>
<tr>
<td>Phase II</td>
<td>2</td>
</tr>
<tr>
<td>Phase III</td>
<td>1</td>
</tr>
</tbody>
</table>

Possible funding with expression of interest

Gavi Board meeting
10–11 June 2015
Wild Poliovirus Cases\(^1\), Previous 6 Months\(^2\)

- Wild poliovirus type 1

Endemic country

\(^1\)Excludes viruses detected from environmental surveillance.

\(^2\)Onset of paralysis 20 November 2014 – 19 May 2015

**IMB Report, May 2015 – Afghanistan, Pakistan:**
- 100% of world’s wild polio cases in past 6 months
- “Afghanistan: Worrying stagnation”
- “Pakistan: Recent positive moves but early days”

**Wild poliovirus cases, Pakistan and Afghanistan,**

Source: Data in WHO HQ as of 19 May 2015
Canada’s measles incidence rate (17.8 per million) is comparable to that of Burkina Faso (16.5 per million)

Reported Measles Incidence Rate*
Apr 2014 to Mar 2015 (12M period)

Data source:
Monthly reporting system, Data in HQ as of 4 May 2015
Reported cases in yellow boxes represent suspected cases reported by national bulletins or other sources:

*Rate per 1'000'000 population

Canada's measles incidence rate (17.8 per million) is comparable to that of Burkina Faso (16.5 per million)
Gavi-supported measles and measles-rubella vaccine programmes in 23 countries

Introductions and campaigns as of 31 May 2015

Source: Gavi data as of 31 May 2015
New impact data: meningitis A vaccine

450 million people live in Africa's "meningitis belt" across 26 countries.

More than 215 million people vaccinated since 2010.

450 million people threatened.

**IMPACT:**

Number of meningitis A cases:

<table>
<thead>
<tr>
<th>Country</th>
<th>in 2008</th>
<th>in 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niger</td>
<td>842</td>
<td>0</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>156</td>
<td>0</td>
</tr>
<tr>
<td>Mali</td>
<td>16</td>
<td>0</td>
</tr>
</tbody>
</table>

Niger, Burkina Faso, Mali

450 million people vaccinated since 2010.

Gavi: The Vaccine Alliance
New impact data: cholera vaccine

Number of reported cases by week in Nsanje, Chikwawa and Blantyre districts, Malawi, 10 February – 19 April 2015

Arrows show 1st and 2nd rounds of vaccination campaigns in Nsanje

Source: Situation Report - Cholera outbreak Malawi, 27 April 2015.
Malaria vaccine: large-scale phase 3 trial in Sub-Saharan Africa

Promising results:
55% reduction in cases over first year of follow-up, 36% reduction over 48-month period

WHO may give recommendations in October

Challenges:
• Efficacy wanes over time without booster dose, uncertain if severe malaria shifts to older age groups
• Challenging implementation: four-dose vaccine outside usual EPI schedule, coordinated rollout with malaria interventions, only in sub-Saharan Africa

Could make significant contribution to malaria control in combination with other measures
Malaria vaccine: Vaccine Investment Strategy, 2013

…the Board will consider opening a window if and when the vaccine is licensed, recommended for use by the WHO Strategic Advisory Group of Experts and the Malaria Programme Advisory Committee and WHO prequalified.
In 2016–2020, Gavi-supported programmes will avert 250 million DALYs*

This is equivalent to preventing nearly all premature mortality and disability caused by HIV in Gavi-supported countries

* DALYs = disability-adjusted life years: years of potential life lost due to premature mortality and years of productive life lost due to disability

Note: This assumes constant number of DALYs estimated for HIV in 2012 will occur annually over 2016–2020 period.

Gavi Board meeting
10–11 June 2015
The sustainable development goals

Three streams

July 2015
Financing
Financing for Development Summit in July: focus on financing the SDGs

September 2015
Defining
SDGs and targets to be endorsed at high-level summit, September 2015

March 2016
Monitoring
Indicators to be finalised by first quarter 2016
Monitoring the SDGs: vaccine indicators

• 17 goals and 169 targets, each with multiple potential indicators
  • Consensus to dramatically reduce the number of indicators

• Gavi working with WHO, UNICEF and other partners to include immunisation indicator(s)

• Proposed: "Reach and sustain 90% national coverage for all vaccines in national programmes”
  • Based on GVAP indicator

• Routine immunisation coverage best tracer for measuring strength of health system
Global Financing Facility for reproductive, maternal, newborn, child and adolescent health

• To be launched in Addis in July

• Gavi represented on Investors (steering) Group – Deputy CEO

• Potential to leverage additional finance from domestic resources, donors and World Bank IDA
Risk management strengthening

50+ measures ongoing or completed, including:

- **Three-level organisation for fiduciary control:**
  1. Reinforced Country Programmes department, stronger country systems
  2. Risk control, monitoring and management
  3. Audit and investigations providing objective assurance

- **Country risk matrix** – currently amending our approach based on the country risk profile

- **Risk committee**, chaired by CEO

- **New Head of Risk** due to start in June
Submission for Executive Team meeting
Risk Register Q1 2015

Reference: (to be inserted by EO)
FROM: Ciara Goldstein, Adrien de Chasemartin
DATE: 18 May 2015
CC: Meegan Murray-Lopez

To: Executive Office

Introduction
The Gavi risk register has been updated for the first quarter 2015. The information for each risk was updated by the relevant business leader in the Secretariat, and built on partners’ detailed input through their deliverables report. The memo below provides a summary of the high and new risks in the past quarter.

The Executive Team is asked to:
- Review the risks described in this paper and discuss in more detail 1-2 key risks and whether there are appropriate mitigation strategies in place.

1. Top Risks identified in the quarter
   The top risks are the ones for which the Secretariat assesses the residual level risk (i.e., the risk after the mitigation strategy will have been implemented) as high.

   Each top risk is described, with detail on the evolution, results of previous mitigation efforts and any new mitigation activities initiated.

For Q1 2015 the following are top risks:
- Countries do not fulfill their co-financing requirements
  All countries that were in default for 2013 paid their arrears in time to avoid a suspension of their vaccines. Out of the 17 countries that were in default in 2014, 12 made partial payments for their vaccines. Five of the 17 countries that were in default in 2014 co-financing obligations and/or paid off their arrears from the previous year. Five defaulters are graduating countries.

   The IF&S Task Team has been increasing its engagement with defaulters and countries struggling with financing immunisation. To address the default situation, countries were informed of their default status and the IF&S TT is coordinating follow-up actions. Already 6 countries paid

Risk register on mygavi:
http://beta.gavi.org/dashboard.action
Repayment of misused funds

100% of countries have agreed to reimburse misused funds

Repayments since the December Board meeting:

- Cameroon: US$ 1 m
- Malawi: US$ 0.25 m

TOTAL: US$ 10.7 m
REIMBURSED TO DATE: US$ 7.6 m

No new cases

100% of countries have agreed to reimburse misused funds
<table>
<thead>
<tr>
<th>Mission</th>
<th>Strategic enablers</th>
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</thead>
</table>
| To save children’s lives and protect people’s health by increasing equitable use of vaccines in lower income countries | **A**) Country leadership management & coordination | (1) Strengthen institutional capacity for national decision-making, programme management and monitoring 
(2) Support availability and use of quality data for country-level decision making |
| **B**) Resource mobilisation | (1) Secure long-term predictable funding for GAVI Alliance programmes as a prerequisite for continued success 
(2) Harness the capacity of the private sector, including through innovative finance mechanisms and contributions from vaccine manufacturers |
| **C**) Advocacy | (1) Strengthen national political and subnational commitment for immunisation 
(2) Strengthen global political commitment for immunisation, health and development |
| **D**) Monitoring & Evaluation | Support GAVI as a learning Alliance through (i) Effective routine programme monitoring and management and (ii) Regular evaluation of the relevance, effectiveness, impact, and efficiency of the GAVI Alliance’s investments to inform evidence-based policy development |

<table>
<thead>
<tr>
<th>Principles</th>
<th>Country-led: Respond to and align with country demand, supporting national priorities, budget processes and decision-making</th>
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<tbody>
<tr>
<td>Community-owned: Ensure engagement of communities to increase accountability and sustain demand and impact</td>
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<tr>
<td><strong>Globally engaged:</strong> Contribute to the Global Vaccine Action plan, align with the post 2015 global development priorities and implement the aid effectiveness principles</td>
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<tr>
<td><strong>Catalytic &amp; sustainable:</strong> Provide support to generate long term sustainable results including country self-financing of vaccines through the graduation process</td>
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<table>
<thead>
<tr>
<th>Goals</th>
<th>1 Accelerate equitable uptake and coverage of vaccines</th>
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<tbody>
<tr>
<td>a) Increase coverage and equity of immunisation</td>
<td></td>
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<tr>
<td>b) Support countries to introduce and scale up new vaccines</td>
<td></td>
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<tr>
<td>c) Respond flexibly to the special needs of children in fragile countries</td>
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<tr>
<td>2 Increase effectiveness and efficiency of immunisation delivery as an integrated part of strengthened health systems</td>
<td></td>
</tr>
<tr>
<td>a) Contribute to improving and comprehensive immunisation programmes, including fixed, outreach and supplementary components</td>
<td></td>
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<tr>
<td>b) Support improvements in supply chains, health information systems, demand generation and gender sensitive approaches</td>
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<tr>
<td>c) Strengthen engagement of civil society, private sector and other partners in immunisation</td>
<td></td>
</tr>
<tr>
<td>3 Improve sustainability of national immunisation programmes</td>
<td></td>
</tr>
<tr>
<td>a) Enhance national and sub-national political commitment to immunisation</td>
<td></td>
</tr>
<tr>
<td>b) Ensure appropriate allocation and management of national human and financial resources to immunisation through legislative and budgetary means</td>
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<tr>
<td>c) Prepare countries to sustain performance in immunisation after graduation</td>
<td></td>
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<tr>
<td>4 Shape markets for vaccines and other immunisation products</td>
<td></td>
</tr>
<tr>
<td>a) Ensure adequate and secure supply of quality vaccines</td>
<td></td>
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<tr>
<td>b) Reduce prices of vaccines and other immunisation products to an appropriate and sustainable level</td>
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<tr>
<td>e) Incentivise development of suitable and quality vaccines and other immunisation products</td>
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<table>
<thead>
<tr>
<th>Objectives</th>
<th>1 Reach of routine coverage: penta3 and measles first dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Breadth of protection: average coverage across all supported vaccines</td>
<td></td>
</tr>
<tr>
<td>3 Equity of coverage and barriers Distribution by:</td>
<td>Geography</td>
</tr>
<tr>
<td>4</td>
<td>Wealth quintiles</td>
</tr>
<tr>
<td>5</td>
<td>Education status of mothers / female caretakers</td>
</tr>
<tr>
<td>6</td>
<td>Fragile state status</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Goal-level indicators</th>
<th>Aspiration 2020</th>
<th>Disease dashboard</th>
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</thead>
<tbody>
<tr>
<td><strong>Integrated:</strong> Foster integration of immunisation with other health interventions, harmonising support by the GAVI Alliance with other partners’</td>
<td></td>
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<tr>
<td><strong>Innovative:</strong> Foster and take to scale innovation in development models, financing instruments, public health approaches, immunisation-related technologies and delivery science</td>
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<tr>
<td><strong>Collaborative:</strong> As a public private partnership, convene immunisation stakeholders and leverage the strengths of all Alliance partners through shared responsibility at both global and national level</td>
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<tr>
<td><strong>Accountable:</strong> Maximise Alliance cooperation and performance through transparent accountability mechanisms</td>
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</table>

| Supply chain DRAFT: rolling average Effective Vaccine Management scores |
| Data quality DRAFT: difference between administrative coverage and surve |
| Access, demand & service delivery DRAFT: penta1 coverage and drop out |
| Integration DRAFT: increased oral rehydration coverage following rotavirus vaccine introductions |
| Civil society & private sector DRAFT: % of countries with civil society or private sector partners in national plans |
| Co-financing: % countries fulfilling co-financing commitments |
| Country investments in routine immunisation: % countries with increasing investment in routine immunisation per child |
| Programmatic sustainability: % countries on track for successful graduation |
| Strengthen institutional capacity for national decision-making, management & monitoring: TBD |

<table>
<thead>
<tr>
<th>Disease</th>
<th>Empirical measures of health outcomes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
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<tr>
<td>Rotavirus diarrhea</td>
<td></td>
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<tr>
<td>Measles</td>
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<table>
<thead>
<tr>
<th>Disease</th>
<th>TBD</th>
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<tbody>
<tr>
<td>Disease</td>
<td>Difference between vaccine markets where supply Gavi and</td>
</tr>
<tr>
<td>Disease</td>
<td>Immunisation products with improved characteristics procured by Gavi</td>
</tr>
<tr>
<td>Disease</td>
<td>Healthy market dynamics: TBD</td>
</tr>
<tr>
<td>Disease</td>
<td>Adequate and uninterrupted supply: % vaccine markets where supply Gavi meets demand</td>
</tr>
<tr>
<td>Disease</td>
<td>Reduction in price: Reduction in weighted average price of fully vaccinating a child with pentavalent, pneumococcal and rotavirus vaccines</td>
</tr>
<tr>
<td>Disease</td>
<td>Innovation: % vaccines and immunisation products with improved characteristics procured by Gavi</td>
</tr>
</tbody>
</table>
New policies and approaches to support countries

Access to Appropriate Pricing

Targeted changes to the transition policy

Revised co-financing policy
Partners’ Engagement Framework: new structure

Partners’ Engagement Framework (PEF) ~$160 million 8%

1. Foundational support: Long-term funding for core partners (WHO, UNICEF, World Bank, CDC, CSO) for engagement and coordination in key programmatic areas (subject to transparent annual accountability mechanisms)

2. Targeted country assistance: Country-driven assistance plan
   - Prioritisation of countries
   - Assistance to include management support

3. Special investments in strategic focus areas:
   - Supply chain
   - Data
   - Demand generation
   - Sustainability
   - Leadership, management and coordination

Gavi Board meeting
10–11 June 2015
Preparing for the 2016–2020 strategy: potential investments and impact

Based on the latest financial forecast, Gavi has the capacity to fully finance projected country demand for vaccines, each country’s ceiling for HSS support and all currently considered new initiatives.
What Gavi, the Vaccine Alliance has achieved together in the past 15 years

>500,000,000 children immunised

>7,000,000 future deaths averted