CEO Board presentation

Seth Berkley MD
2nd December 2015
Geneva
THE BIGGER PICTURE
Gavi’s involvement
UN Sustainable Development Summit, Sep 2015
From MDGs 4, 5 and 6 to new global health goal

Ensure healthy lives and promote well-being for all at all ages

- **Target 3.2**: ...end *preventable deaths* of … children under 5 years

- **Target 3.8**: Achieve UHC … access to quality essential health-care services and to safe, effective, quality and affordable essential medicines and *vaccines for all*

- **Target 3b**: Support the *research and development of vaccines* …provide access to *affordable essential* medicines and *vaccines*...
Gavi proposes vaccine indicator

- Based on the Global Vaccine Action Plan:
  
  “Reach and sustain 90% national coverage and 80% in every district with all vaccines in national programmes”

- Decision expected: March 2016

The Board was shocked to learn that the perhaps single most relevant indicator in the health sector, **immunisation coverage**, is not currently being considered as an individual item in the SDG monitoring framework.
MDG4: Reduce child mortality by two-thirds

- Number of children dying under 5 years old (millions): 17.5 (1990) and 5.9 (2015)
- MDG4 target: 4.2

If accounting for population growth (based on 1990 mortality rate).

Gavi recognised as successful financing model:

“We will support relevant initiatives, such as Gavi, the Vaccine Alliance....

“...existing mechanisms, such as the International Finance Facility for Immunisation, might be replicated to address broader development needs.”
Migration: top 10 destinations for refugees

Diseases know no borders

1.6 million
Pakistan

868 thousand
Iran

565 thousand
Kenya

376 thousand
Ethiopia

373 thousand
Chad

303 thousand
Jordan

267 thousand
Turkey

589 thousand
Germany

301 thousand
China

Developing regions host 86% of world’s refugees

Sources: More than 4 million refugees in 2014, Jornal de Noticias; UNHCR Global Trends 2014
Ebola: focus on global health security

7 Nov
Sierra Leone declared Ebola free

End Nov
Three new cases in Liberia

Today
Guinea, 4 weeks to go

• Five global reviews on global health preparedness

• Vaccines an important part of the discussion: “An international vaccine development fund is urgently needed [to] avert a repetition of the Ebola crisis.”

Less than 1/3 of the world is prepared to respond to outbreaks

By 2012 deadline, <20% of countries met core capacity requirements under WHO International Health Regulations

By 2014, this had only increased to 30%

Only 13/73 Gavi countries have achieved 75% of requirements for preparedness, response, surveillance and labs

Source: Report to the Director-General of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation, November 2014
Continued resurgence of measles

Number of reported measles cases with onset date from Apr 2015 to Sep 2015

Data in WHO HQ as of 9 November 2015

US: big outbreak - first measles death in 12 years, July
China: ~ 40,000 cases Jan-Sept
DR Congo: ~ 20,000 cases Jan-Sept
Australia: outbreak in Aug-Sept

Number of cases

(49 countries or 25%) 0
(29 countries or 15%) 1 - 9
(45 countries or 23%) 10 - 99
(30 countries or 15%) 100 - 999
(10 countries or 5%) ≥1000
(31 countries or 16%) No data reported to WHO HQ
Not applicable
Boost routine immunisation to eliminate measles

- **Coverage**: DTP3 has increased but measles flat-lining
- **Routine immunisation**: only half of children get 2nd dose measles vaccine through routine system
- **Coordination**: need more cohesive approach with routine immunisation at the core

Coverage in Gavi-supported countries

Looking back:
Wild poliovirus cases May-October 2011

Data in WHO HQ as of 31 October 2011

Board meeting
2-3 December 2015
Wild poliovirus cases\(^1\), May-November 2015\(^2\)

- Nigeria no longer polio endemic
- Africa on its way to becoming polio-free

\(^1\) Excludes viruses detected from environmental surveillance
\(^2\) Onset of paralysis 18 May – 17 November 2015

Data in WHO HQ as of 17 November 2015

Declaration

We, the members of the Global Commission for the Certification of Poliomyelitis Eradication, conclude today, 20\(^{st}\) September 2015, that indigenous wild poliovirus type 2 has been eradicated worldwide.

Anthony Adams, Chair
Supamit Chunsuntiwat
Rose Gana F. Leke
Arlene King
Yagob Al Marou
David M. Salisbury

Bali, Indonesia
cVDPV cases\textsuperscript{1}, May-November 2015\textsuperscript{2}

- Excludes viruses detected from environmental surveillance.
- Onset of paralysis 18 May – 17 November 2015

Data in WHO HQ as of 17 November 2015

\textsuperscript{1}

\textsuperscript{2}
IPV introduction delays but SAGE still recommends April switch to bivalent OPV

Number of Gavi-supported countries that have introduced IPV

Objective set by Board in Nov 2013

Actual/projected country introductions of IPV

Target set in Nov 2013

Current status: 34 introductions

Switch tOPV / bOPV

~ 19 countries to introduce after the switch

Board meeting 2-3 December 2015
How polio resources can help strengthen routine immunisation

- **People**: experienced public health workers, social mobilisers, volunteers
- **Outreach**: have access to hard-to-reach households
- **Planning**: maps and micro-plans to reach neglected communities
- **Data and surveillance**: monitoring and analysis, real-time global surveillance, GIS and response capacity

**Gavi: proposed way forward**

- No capacity/mandate to take over partners’ human resource networks
- Country-driven, country-specific approach
- Integrated in national programmes
- Focus on equitable and sustainable immunisation coverage
- Health system strengthening and Partners’ Engagement Framework key instruments for support
Board Chair-elect: Ngozi Okonjo-Iweala
New contribution from the Republic of Korea

“Health and children are a priority for Korea’s development cooperation policy and Gavi is our partner.”

Lee Yongsoo, Director-General Development Cooperation Cooperation
A more diverse financial base

Donor pledges
London, 2011

9 donors
29%
US$ 1.25 bn

3 donors
69%

US$ 4.345 billion

Donor pledges
Berlin, 2015

9 donors
43%
US$ 3.25 bn

3 donors
54%

US$ 7.539 billion

GAVI UPDATES
2011-2015 RESULTS
2016-2020 REACHING EVERY CHILD
GEARING UP

BIGGER PICTURE

Gavi
The Vaccine Alliance

Board meeting
2-3 December 2015
Examples of donor growth
Visiting Ethiopia with DFID and the Global Fund, July 2015
Fifth award for IFFIm Sukuk, October 2015

Islamic Finance Deal of the Year

Global Finance Magazine

Previous Sukuk awards:

• Financial Times’ Achievement in International Finance Award
• Islamic Finance News’ Social Impact Deal of the Year 2014
• EMEA Finance’s Best Supranational Sukuk
• Euromoney’s Innovation in Islamic Finance
Vaccine introductions

Afghanistan: inactivated polio vaccine
Vaccine introductions

Pakistan: inactivated polio vaccine
Vaccine introductions

Papua New Guinea: measles-rubella vaccine + IPV
Vaccine introductions

Nigeria (Northern states): measles vaccine campaign
Vaccine introductions

Uganda: HPV national introduction
Vaccine introductions

**Eritrea:** pneumococcal vaccine
Vaccine-type invasive pneumococcal disease incidence in children under 2, the Gambia

Before and after pneumococcal vaccine introduction (PCV13)

Incidence per 100,000 population

Before PCV13 (2008-2010)

After PCV13 (2013-2014)

82% Reduction


Note - other age groups available: 2-4 years, 5-14 years, >15 years; also: PCV7 type only, PCV 13 type only, NVT, and all-type. Data here (PCV13 type, under 2) show highest impact.
Hospital admissions for diarrhoea before and after rotavirus vaccine introduction, Rwanda

Vaccine stockpiles

Cameroon: first Gavi-funded doses from OCV stockpile
Vaccine stockpiles

**Niger**: meningitis A,C,Y,W conjugate vaccine stockpile
2011-2015 RESULTS
Mission indicators

Under-five mortality rate in Gavi-eligible countries
(per 1,000 live births)

Number of future deaths averted
(millions)

Number of children immunised
(millions)

*Projection
Vaccine goal indicators: country introductions

**Penta-valent vaccine**
Number of countries

- 2010: 62
- 2011: 69 (target)
- 2012: 
- 2013: 
- 2014: 
- 2015: 73

**Pneumococcal vaccine**
Number of countries

- 2010: 3
- 2011: 
- 2012: 
- 2013: 
- 2014: 45 (target)
- 2015: 54*

**Rotavirus vaccine**
Number of countries

- 2010: 4
- 2011: 
- 2012: 
- 2013: 
- 2014: 
- 2015: 33 (target)
- 2016: 37*

*As of end Nov 2015

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Board meeting
2-3 December 2015
Vaccine goal indicators: coverage

- **Pentavalent vaccine, 3rd dose**
  - Coverage (%)
  - 2010: 39
  - 2011: 57
  - Target: 77%

- **Pneumococcal vaccine, 3rd dose**
  - Coverage (%)
  - 2010: 1
  - 2011: 28
  - Target: 40%

- **Rotavirus vaccine, last dose**
  - Coverage (%)
  - 2010: 1
  - 2011: 15
  - Target: 31%
Health systems goal indicators

DTP3 coverage (%)

- 2010: 78%
- 2011: 78%
- 2012: 78%
- 2013: 78%
- 2014: 81%
- 2015: 84%

Equity in immunisation coverage (%)

- Proportion of countries meeting the minimum equity benchmark
- 2010: 51%
- 2011: 51%
- 2012: 51%
- 2013: 51%
- 2014: 57%
- 2015: 62%

Percentage point difference between DTP1 and DTP3 (%)

- 2010: 8%
- 2011: 8%
- 2012: 8%
- 2013: 8%
- 2014: 7%
- 2015: 6%
All key performance indicators available online

www.gavi.org/results/goal-level-indicators/

Board meeting
2-3 December 2015
First four countries transitioning from Gavi support, 31 December 2015

- Honduras
- Sri Lanka
- Bhutan
- Mongolia
2016–2020: REACHING EVERY CHILD
Our main tasks 2016-2020

- Maintain momentum of vaccine introductions
- Increase coverage and equity
- Strengthen routine immunisation
- Ensure sustainability
Finish the job: continued focus on vaccine introductions

>220 introductions

Sources: Vaccine Implementation data as of 15 September 2015. Unconstrained introduction dates used for all vaccines except yellow fever and rotavirus vaccines.
Immunisation coverage in 73 Gavi-supported countries

Coverage with three doses of DTP-containing vaccine

A closer look

81%
# Immunisation coverage in Gavi-supported countries

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Coverage by vaccine (%)</th>
<th>Projections</th>
<th>by 2015</th>
<th>by 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles-containing vaccine</td>
<td></td>
<td>by 2015</td>
<td>79</td>
<td>83</td>
</tr>
<tr>
<td>1st dose</td>
<td></td>
<td>by 2020</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Pentavalent vaccine</td>
<td></td>
<td></td>
<td>72</td>
<td>86</td>
</tr>
<tr>
<td>Measles-containing vaccine</td>
<td></td>
<td></td>
<td>48</td>
<td>56</td>
</tr>
<tr>
<td>2nd dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yellow fever vaccine</td>
<td></td>
<td></td>
<td>53</td>
<td>80</td>
</tr>
<tr>
<td>Pneumococcal vaccine</td>
<td></td>
<td></td>
<td>39</td>
<td>51</td>
</tr>
<tr>
<td>Rotavirus vaccine</td>
<td></td>
<td></td>
<td>21</td>
<td>70</td>
</tr>
<tr>
<td>Rubella vaccine</td>
<td></td>
<td></td>
<td>20</td>
<td>77</td>
</tr>
<tr>
<td>HPV vaccine</td>
<td></td>
<td></td>
<td>2</td>
<td>45</td>
</tr>
</tbody>
</table>

Coverage refers to the final dose of each vaccine, unless otherwise stated.

- **a** Target population and coverage estimates are based on 32 yellow fever-endemic Gavi-supported countries in Africa.
- **b** Target population for HPV is 10 year old girls.

Source: Gavi strategic demand forecast version 12.

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Gavi updates

2011-2015 results

2016-2020 reaching every child

Gearing up
Routine immunisation coverage has increased rapidly in many Gavi countries

<table>
<thead>
<tr>
<th>Year</th>
<th>&lt; 50%</th>
<th>50-59%</th>
<th>60-69%</th>
<th>70-79%</th>
<th>80-89%</th>
<th>&gt; 90%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>17 countries</td>
<td>13 countries</td>
<td>4 countries</td>
<td>14 countries</td>
<td>11 countries</td>
<td>12 countries</td>
</tr>
</tbody>
</table>

Routine immunisation coverage
Routine immunisation coverage has increased rapidly in many Gavi countries

<table>
<thead>
<tr>
<th>Year</th>
<th>&lt; 50%</th>
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<th>60-69%</th>
<th>70-79%</th>
<th>80-89%</th>
<th>&gt; 90%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td></td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td></td>
<td></td>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
<td></td>
<td>15</td>
<td></td>
<td>16</td>
</tr>
</tbody>
</table>
Routine immunisation coverage has increased rapidly in many Gavi countries.

- **1999**: 3 countries (< 50%)
- **2004**: 2 countries (50-59%)
- **2009**: 6 countries (60-69%)
- **2014**: 16 countries (70-79%), 17 countries (80-89%), 28 countries (> 90%)
Routine immunisation coverage has increased rapidly in many Gavi countries.

<table>
<thead>
<tr>
<th>Year</th>
<th>Coverage</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>&lt; 50%</td>
<td>5</td>
</tr>
<tr>
<td>2004</td>
<td>50-59%</td>
<td>2</td>
</tr>
<tr>
<td>2009</td>
<td>60-69%</td>
<td>4</td>
</tr>
<tr>
<td>2014</td>
<td>70-79%</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>80-89%</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>&gt; 90%</td>
<td>32</td>
</tr>
</tbody>
</table>
“Ceiling effect” as coverage increases

Average percentage point change in five-year period by baseline coverage level, third dose DTP-containing vaccine

Average % change in 5 year period

0

5

Average percentage point change in five-year period by baseline coverage level, third dose DTP-containing vaccine

Routine immunisation coverage

< 50%

50-59%

60-69%

70-79%

80-89%

> 90%
New country-focused approach to deliver on our strategy, 2016-2020

- Aligned, integrated and holistic package of support for countries
- Prioritisation: intensified focus on 20 countries
- Partners’ Engagement Framework including targeted country assistance
- Cross-cutting strategic focus areas
20 priority countries

10 countries most under-immunised children

India
Nigeria
Pakistan
Indonesia
Ethiopia
Congo, DR
Uganda
Chad
Kenya
Afghanistan

Representing 75% of under-immunised children in Gavi countries

10 countries high inequities\(^1\) or conflict

Somalia
South Sudan
Central African Republic
Yemen
Madagascar
Niger
Mozambique
Haiti
Myanmar
Papua New Guinea

\(^1\) High inequity is defined as >20% coverage difference between highest and lowest wealth quintile in DHS surveys after 2010.
Priority country: India

• **Coverage:** world’s largest number of under-immunised children

• **Equity:** poorest states have similar income levels to poorest Gavi-supported countries

• **Catalytic partnership** to launch pneumococcal, rotavirus, rubella, human papillomavirus vaccines

“India’s rich experience in universal immunization and particularly its experience this year with the Mission Indradhanush could be shared with all countries.”

-- Narendra Modi, Indian Prime Minister

**Mission Indradhanush:** building on Gavi HSS grant to mainstream polio resources into routine immunisation
Gavi’s investment per child in the 15 Gavi-eligible countries with the biggest birth cohorts

Children under-immunised with DTP3 in 2014

- India
- Indonesia
- Nigeria
- Pakistan
- Bangladesh
- Mozambique
- Tanzania
- Bangladesh
- Congo, DR
- Afghanistan
- India
- Gavi investment per child (US$)
- Sudan (the)
- Ethiopia
- Kenya
- Uganda
- Vietnam
- Angola
- Bangladesh
- Mozambique
- Tanzania
- India
- Indonesia
- Nigeria
- Pakistan
- Bangladesh
- Congo, DR
- Afghanistan
- Sudan (the)
Priority country: Madagascar

Intensification of activities for coverage & equity

ISSUES

<table>
<thead>
<tr>
<th>Supply chain</th>
<th>Human resources</th>
<th>Service delivery &amp; community</th>
<th>Data &amp; planning</th>
<th>Financing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapid deployment of solar-drive fridges in all health centres</td>
<td>Increased staffing in Centres de Santé de Base</td>
<td>Outreach and micro-planning Community mobilisation through health workers</td>
<td>Increased availability of data collection tools (registries, vaccination cards)</td>
<td>Advocating for sufficient financing</td>
</tr>
<tr>
<td></td>
<td>Health worker training</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SOLUTIONS
Proposed approach to data: what the Alliance aims to achieve by 2020

Focus areas

Data for Immunisation Delivery, Coverage & Equity (DCE)

Vaccine-preventable disease surveillance

Vaccine safety

Goals for 2020

Improve the availability, quality, use of data & strengthen health workforce data use capability

Strengthen country surveillance systems & create networks

Identify AEFI & investigate, respond efficiently and address public concerns
Sustainability: 21 countries in accelerated transition phase

Countries in accelerated transition phase

Set to become fully self-financing from 2016

Note: Cuba and the Ukraine are no longer receiving Gavi vaccine support.

Board meeting
2-3 December 2015
DELIVERING ON THE NEW STRATEGY

Alliance gearing up
Improving the way we work: examples

- **Risk management**: new organisational structure, dedicated risk function, new Head of Risk
- **Knowledge management**: country portal facilitating communications between countries and partners
- **Simplification**: eg revised programme funding policy
- **Grant management**: streamlining disbursement and review processes
- **Human resources**: performance and talent management
Streamlining Board documentation

June 2015:
608 pages + 9 additional documents on myGavi

December 2015:
466 pages, no additional documents on myGavi

myGavi: not just Board meeting documents and presentations, but also:

- Up-to-date calendar of all Board and Board Committee meetings
- Up-to-date list of all Board and Board Committee members
- Statutes, by-laws and committee charters
- Board member reference book
- Policy handbook
- Quarterly risk report and risk register
Partners’ Engagement Framework in action: Afghanistan

- **Enhanced national capacity:** 4 of 6 national officers moved from partner offices to health ministry
- **Stronger alignment:** less duplication between partners, more harmonised support
- **More transparent:** country has visibility on Gavi-funded support (limited insight into partners’ submissions)
- **More targeted:** added support from new partner to build financial management capacity (country priority)
- **Increased value for money:** 23% reduction in budget with reduced spend on travel and consulting
Strengthened grant management: responding to Yemen crisis

- **Tailoring support to countries**
- **Re-allocation:** HSS funds rapidly re-allocated to support integrated outreach
- **Result:** 1,900 mobile teams reached 70,000 children in September
- **Going forward:** continued use of funds for integrated outreach, channelled through partners
# Gavi recognised for country engagement

**A Snapshot of Development Partner Communication and Performance (October 2015)**

Based on interviews with 6,750 policymakers and practitioners in 126 low- and middle-income countries.

## Frequency of Communication (1-6)

|----------------|------------|--------|--------|------|--------|----------|--------|--------------|------------|

## Usefulness of Advice (1-5)

|---------|--------|---------------|------------|---------------|---------------|------|----------|--------|------------|

## Agenda-Setting Influence (0-5)

|---------------|--------|-------|------|-------|-------|----------------|-------|--------|----------------|

## Helpfulness in Reform Implementation (0-5)

|------------|--------|-------|----------------|---------------|-------|--------|-------|--------|----------------|

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*Board meeting*

2-3 December 2015
Eight areas of potential collaboration between Gavi and the Global Fund
Growing business: More proactive management of programmes & risk

1. **Vaccines**
   - Number of vaccines supported:
     - 2011: 6
     - 2015: 12
     - Increase: 2x

2. **Grants**
   - Number of doses per year (USD millions):
     - 2011: 247
     - 2015: 590
     - Increase: 2x

3. **Co-financing**
   - Cash grants disbursement per year (USD millions):
     - 2011: 68
     - 2015: 372
     - Increase: 5x

4. **PEF**
   - Number of active grants (vaccines and cash):
     - 2011: 150
     - 2015: 470
     - Increase: 3x
Board retreat in Beijing, China, April 2016
Adapting to the frictionless economy
Adapting to the frictionless economy?
CHANGING ROLES
From President Kikwete.

To private citizen Kikwete.
Board meeting
2-3 December 2015
Special Envoy Høybråten