CEO Board Update

Seth Berkley, MD
29 November 2017, Vientiane, Lao PDR
Remembering Olga Popova

Valued friend to Gavi 2009-2014 as a PPC Member, alternate Board Member & Governance Committee Member

Board meeting 29-30 November 2017
Lao PDR’s road to transition

Support for immunisation and health systems strengthening since 2001

Coverage with DTP containing vaccines %

- 2001: 52%
- 2002: 53%
- 2003: 49%
- 2004: 45%
- 2005: 49%
- 2006: 57%
- 2007: 50%
- 2008: 61%
- 2009: 67%
- 2010: 74%
- 2011: 78%
- 2012: 79%
- 2013: 87%
- 2014: 88%
- 2015: 89%
- 2016: 82%

2017: First year of accelerated transition

- Hepatitis B
- Pentavalent
- Second dose of Measles & Rubella
- Japanese Encephalitis
- Inactivated polio
- Pneumococcal
- HPV demo
- Measles & Rubella

Board meeting
29-30 November 2017
KEY DEVELOPMENTS IN OUR GLOBAL LANDSCAPE
New WHO leadership team

Dr Tedros, Director General

New Gavi Board representation
Dr Soumya Swaminathan
Deputy Director-General for Programmes

Dr Princess Nothemba (Nono) Simelela
Assistant Director-General for Family, Women, Children and Adolescents

Bold work plan for 2019-2023; new ways of working, more accountability, outcomes focus & partnership with two important areas for Gavi:

• the role immunisation plays in Universal Health Care
• the importance of immunisation and how measured in the Sustainable Development Goal indicators

Board meeting
29-30 November 2017
The wider benefit of immunisation

Children reached through routine immunisation worldwide 86% | 14%

Towards universal health coverage

Build out system to reach the remainder
Leadership changes for partners

Tony Lake
Search process begun for UNICEF leadership

Peter Sands
New Global Fund Executive Director

Board meeting
29-30 November 2017
Gavi’s work has a direct relationship with 14 of the 17 Sustainable Development Goals.

**Goal 1: No poverty**
Health is Wealth: For every US$ 1 invested in immunisation in low- and middle-income countries, there is an estimated US$ 48 net benefit of longer, healthier lives.

**Goal 5: Gender equality**
In most countries and at the global aggregate level, immunisation reaches girls and boys equally.

**Goal 17: Partnership for the Goals**
Immunisation progress over the last few decades was transformed by a public-private approach that combined the best of both sectors to develop, test, finance and deliver affordable vaccines to more children in need.

**Goal 8: Decent work and economic growth**
Parents of immunised and healthy children are able to work and engage in economic activity. Healthy children grow into a productive future workforce that builds household incomes and stronger economies.

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**Goal 8: Decent work and economic growth**
Parents of immunised and healthy children are able to work and engage in economic activity. Healthy children grow into a productive future workforce that builds household incomes and stronger economies.
Non-health SDGs setting bold aspirations

Goal 1: End poverty in all its forms everywhere

Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture

Goal 6: Ensure availability and sustainable management of water and sanitation for all

Goal 7: Ensure access to affordable, reliable, sustainable and modern energy for all

In 2014, 85.3 per cent of the global population had access to electricity, up from 77.6 per cent in 2000. However, 1.06 billion people still lived without this basic service.
Immunisation indicator for Sustainable Development Goals

How to measure?

**Likely indicator:**
- DTP3
- PCV last dose
- MCV2
- HPV last dose

**Long-term goal:**
- Child-centric view: full immunisation with all 12 vaccines universally recommended by WHO for children & adolescents
Vaccine hesitancy, impact in Gavi countries

Board meeting
29-30 November 2017
Increasing use of digital platforms to support the alliance’s work

Through Social Media watching, we see hesitancy hotspots

- positive
- neutral
- negative

Outbreak map, managed by Gavi, housed on Vaccines Work
Changes to our donor landscape

Elections
New contributions

Board meeting
29-30 November 2017
Manufacturer landscape

- Leadership changes since last replenishment
- Increasingly diverse & complex supplier landscape

Key developments

Previous Board decisions

Strategic questions for discussion

Alliance update

Board agenda

97,913,000 doses

6 vaccines (if Board approves typhoid)

Vaccine manufacturers

2001

567,062,000 doses

2005

155,690,500 doses

2010

17 vaccines

2015

10 vaccines

2017

18 vaccines
Evolution of the penta market

how Gavi has been a catalyst for market shaping through growing demand

Increasing volumes, changing number of suppliers, reducing price

- Number of Gavi/UNICEF suppliers
- Number of shipped doses

Key developments

- Previous Board decisions
- Strategic questions for discussion
- Alliance update
- Board agenda

Board meeting
29-30 November 2017

193.7 m doses shipped in 2016
159 m average of number of doses shipped across 2017-2019

Source: Gavi Base Demand Forecast, based on UNICEF Shipment Data
Scope: Gavi countries procuring through UNICEF (excluding Indonesia)

- 193.7 m doses shipped in 2016
- 159 m average of number of doses shipped across 2017-2019
- All data points for 2017-2019 are estimates

- US$ 3.49
- Weighted average price (WAP)
- 2.8 m doses requested in 2001
- Predicted to move towards US$ ~0.80 per dose by 2019

Increasing volumes,
reducing price

- 193.7 m doses shipped in 2016
- 159 m average of number of doses shipped across 2017-2019
- All data points for 2017-2019 are estimates

- US$ 3.49
- Weighted average price (WAP)
- 2.8 m doses requested in 2001
- Predicted to move towards US$ ~0.80 per dose by 2019

Increasing volumes,
reducing price
New groups to accelerate vaccine R&D

3 targets
• Middle East Respiratory Syndrome
• Lassa fever
• Nipah

Based on the potential to become global public health emergencies and have a feasible development approach for a vaccine

Next—call for proposals for platform technologies
REPORTING BACK ON PREVIOUS BOARD DECISIONS
Nigeria in transition case study

‘Nigeria illustrates that focusing on economic indicators alone to determine access to donor financing is a high-risk strategy’

Results UK
‘The impact of UK aid’ November 2017
Pneumonia & diarrhoea remain leading killers of children

Save The Children, October 2017

FIGURE 1: PNEUMONIA IS THE SINGLE BIGGEST INFECTIOUS KILLER OF CHILDREN. CHILD MORTALITY BY MAJOR CHILDHOOD INFECTIOUS ILLNESSES

Deaths of children under five by leading infectious diseases, 2015

- PNEUMONIA: 920,000
- DIARRHEA: 525,000
- PERTUSSIS, TETANUS, MENINGITIS: 404,000
- SEPSIS: 306,000
- MALARIA: 206,000
- MEASLES: 74,000

- Child mortality by cause of death:
  - Pneumonia: 1%
  - Other infectious causes: 42%
  - Other non-infectious causes: 29%
  - Maternal causes: 5%
  - Other causes: 1%

Note: Deaths are projected for children under the age of five. Mortality statistics do not include other infectious diseases (e.g., tuberculosis, HIV/AIDS).


Johns Hopkins IVAC, November 2017

Board meeting
29-30 November 2017
Scale-up of immunisation ahead of other pneumonia and diarrhoea interventions

- Vaccine coverage performance outweighs non vaccine performance
- Of the 15 countries in this report, none met the non-vaccine intervention targets for Pneumonia or Diarrhoea

Vaccine Interventions

<table>
<thead>
<tr>
<th>Vaccine Interventions</th>
<th>Non-vaccine Interventions</th>
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<tr>
<td>PROGRESS TOWARD REACHING GAPPD TARGETS</td>
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<tr>
<td>Close to reaching GAPPD target</td>
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<td>Per from reaching GAPPD target</td>
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<td>Did not meet half of GAPPD target</td>
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</table>

<table>
<thead>
<tr>
<th>Non-vaccine Interventions</th>
<th>ACCESS TO CARE</th>
<th>ANTIBIOTICS</th>
<th>ORS</th>
<th>ZINC</th>
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<td>ZINC</td>
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</table>

Source: Johns Hopkins IVAC, November 2017
Rapid scale-up in pneumococcal conjugate vaccine

Number of countries with PCV introduced

PCV3 coverage, %

Source: WUENIC data, July 2017 release
Rotavirus vaccine coverage in low income countries now above high-income

Number of countries with Rota introduced

Rota coverage, %

LIC coverage now above HIC coverage

MICs still lagging

Source: WUENIC data, July 2017 release

Board meeting
29-30 November 2017

Rotavirus vaccine coverage in low income countries now above high-income

Previous Board decisions

Strategic questions for discussion

Alliance update

Board agenda
Scaling up pneumococcal and rotavirus vaccine in India

‘In India, by introducing and scaling up coverage of vaccination programs targeting pneumonia and diarrhoea, India could save over US$ 1 billion each year in economic benefits and avert more than 90,000 needless child deaths each year’.

Johns Hopkins, IVAC2017

Political commitment from PM Modi: Intensified Mission Indradhanush: Aim to reach 90% full immunisation coverage by 2018
## Continued acceleration in India

### Measles-rubella vaccine
- Phase 1 campaign in 5 states reaching >33 million
- Phase 2 campaign in 8 states reaching >28 million to date

### Pneumococcal vaccine
- Initial launch in May in 3 of highest burden states
- >0.5 million immunised to date

### Rotavirus vaccine
- Expanded to 4 new states in addition to 4 from 2016 (domestically financed)
- Expanded to another 1 state
- >11 million immunised to date

### Penta3 coverage
- 2015 WUENIC: 87%, 3.2M under-immunised
- 2016 WUENIC: 88%, 2.9 million under-immunised
# Measles mortality at record low

## Gavi progress in 2017
- 10 measles / MR campaigns in 2017 and 1 routine introduction (Lao PDR)
- India: largest ever MR campaign >400m
- Indonesia: <15yo MR campaign >67m

## Challenges
- Long term planning and budgeting
- MCV1 coverage in Gavi73 countries flat at 78%
- Campaigns still business as usual vs. focus on unreached & move to RI
- IRC: Epidemiological analysis not sufficiently robust to inform planned activities; use of modelling
Low polio3 coverage – risk to achieving & sustaining eradication

Cases to date in 2017
Data source: GPEI; WUENIC 2016

Board meeting
29-30 November 2017
Low polio3 coverage – risk to achieving & sustaining eradication

Cases to date in 2017
Data source: GPEI; WUENIC 2016

Board meeting
29-30 November 2017
Polio Transition – no country yet to finalise their plan

Progress in 16 priority countries at a glance

<table>
<thead>
<tr>
<th>Country</th>
<th>Communication</th>
<th>Coordination body</th>
<th>Asset mapping</th>
<th>Priority mapping</th>
<th>Transition strategy</th>
<th>Draft plan</th>
<th>Final plan</th>
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</table>

Board meeting, 29-30 November 2017
Syria

August 2017 – first Gavi grant disbursement

2017 UNICEF progress report

• Increased coverage
• 31 Health Facilities reopened

Unfortunately continued challenges

• Outbreaks: cVDPV2 70 cases, Measles 7,000 cases
• Cold chain & vaccine attack in al-Mayadin, near Deir al-Zor, Eastern Syria (October) – centre of polio outbreak
  • Loss of 100,000 measles, 35,000 polio doses & equipment
Yemen – Acute Humanitarian Crisis

Growing humanitarian crisis
- >60% of people food insecure, >30% depend on food aid
- >50% need help to access drinking water and sanitation
- ~50% of health facilities non-functional, >10M people lack access to basic healthcare

Ongoing outbreaks
- Cholera: Over 950,000 cases. Waning but continued risk
- Diphtheria: 120 cases diagnosed, 14 deaths. >1m children at risk

Response
- Partners working to deliver food, fuel & vaccines – 1.9M routine vaccine doses (mainly penta / PCV) arrived this week
- WHO and UNICEF conducting outreach campaigns with Gavi support – constrained by access challenges and blockade

Source: WHO Weekly Epidemiological Bulletin (21 November 2017), UN OCHA
Cholera: affected countries, October 2017

Countries reporting cholera, 2010-2016

Countries reporting cholera, 2017

Approved for Gavi vaccine support in 2017

- Sudan: 35,354 cases
- South Sudan: 21,530 cases
- Yemen: 959,810 cases
- Ethiopia: 47,711 cases
- Nigeria: 5,336 cases
- Somalia: 77,783 cases
- DR Congo: 42,334 cases
- Cameroon
- Sierra Leone
- Mali
- Mozambique
- Malawi
- Cameroon

Source: WHO Cholera Update 17 Nov 2017
Oral cholera vaccine: impact of our investment

Next version of Euvichol
- Less expensive
- Ease of storage and transportation
- Ease of administration and waste management

Gavi support for operational costs
Euvichol prequalified
Creation of stockpile/Gavi investment

13,322,316 approved doses in 2017 to date, 17m by year end

Dukoral
Shanchol prequalified

Euvichol
Shanchol

Board meeting
29-30 November 2017
Ending Cholera Strategy
International Coordinating Group

- Board-approved support based on key principles
  - Stockpiles part of comprehensive disease strategy
  - Transparency & accountability in decision-making
  - Coherent, Alliance-wide forecasts and procurement

- Decision criteria more transparent, information shared in real time & Gavi Secretariat observing ICG discussions

- Independent evaluation recommendations
  - Formal governance structure with new oversight body
  - Clearer definition of roles and responsibilities
  - More standardised reporting
  - Continue to strengthen linkages with disease control strategies; create global strategy for meningitis control
Slow progress in implementing Eliminating Yellow Fever Epidemics strategy

Mass preventive campaigns
- Ghana
- Nigeria
- Sudan
- DR Congo (application January 2018)

New applications for routine YF vaccination
- Ethiopia
- Sudan
- South Sudan
- Uganda

Strengthened governance and accountability
- Global level governance structure has been formed
- Key working groups not yet operational

Board meeting
29-30 November 2017
Yellow Fever coverage stagnant, tracking below MCV1 given same time

YF coverage across 22 at-risk countries

Chad – MCV1 and YF
Nigeria yellow fever outbreak

- 179 suspected cases, 15 confirmed. 2 confirmed deaths
- ICG approved a 960,000 doses in October and 1.4M doses in November for outbreak response
- 61M doses approved for preventive campaign in 2012, only 12M shipped due to supply constraints

Source: NICS survey, Nigeria CDC
Campaigns & Routine Immunisation of Meningitis A vaccine have led to virtual elimination of disease

>287m people vaccinated in 2010-2016

21 out of 26 countries partially or totally vaccinated by MenAfriVac

Nigeria
- IRC approved 36m+ doses for catch-up campaign, 6m for routine
- Majority of doses produced: risk of expiry if not used

IMPACT:
Number of meningitis A cases:

<table>
<thead>
<tr>
<th>Country</th>
<th>2008</th>
<th>2017</th>
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<tbody>
<tr>
<td>Niger</td>
<td>842</td>
<td>0</td>
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<tr>
<td>Burkina Faso</td>
<td>156</td>
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<tr>
<td>Mali</td>
<td>16</td>
<td>0</td>
</tr>
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</table>

Sources:
Ebola

Advanced Purchase Commitment with Merck VSV-EBOV for stockpile
- Accelerated review timelines:
  - Priority Medicine scheme (EMA)
  - Breakthrough Therapy designation (FDA)
- Submission to be completed in 2018
- 300k investigative doses still available in the event of an outbreak

SAGE working group to reconvene H1 2018

Chinese approval for local Ad-5-EBOV vaccine
- Chinese Academy of Military Medical Sciences’ Bioengineering Institute & CanSino Biologics
STRATEGIC ISSUES FOR DISCUSSION

The importance of data to accelerate progress on coverage and equity
Above trend to immunise 300M children this period but challenges in reaching the fifth child

Challenges with WUENIC data – Pakistan example

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>DTP3</td>
<td>62.5%</td>
<td>71.7%</td>
<td>85.2%</td>
</tr>
<tr>
<td>MCV1</td>
<td>49.7%</td>
<td>71.6%</td>
<td>84.6%</td>
</tr>
</tbody>
</table>

- Tremendous progress since 2012
- Population of Punjab represents nearly half of Pakistan

WUENIC estimate unchanged since 2012 (72%)
What does this mean in reality?
Challenges with WUENIC data

<table>
<thead>
<tr>
<th>Country</th>
<th>Official Estimate</th>
<th>MICS survey (preliminary)</th>
<th>Administrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congo Republic</td>
<td>80%</td>
<td>73%</td>
<td>66%</td>
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<tr>
<td>PNG</td>
<td>72%</td>
<td>61%</td>
<td>57%</td>
</tr>
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</table>

Data issue is broader than immunisation

WUENIC Grade of Confidence defined:

- Administrative coverage
- Official coverage
- Survey coverage
- Population data

All declining as drivers of uncertainty

Largest (and growing) driver of uncertainty

Proportion of Gavi73 where coverage estimates are challenged due to inconsistent population data

## Our data journey

### Past
- HSS not targeted and a “data-free zone”
- Data investments limited and fragmented
- Limited visibility on technical support
- Light-touch Secretariat engagement with countries

### Today
- GPFs for every grant with intermediate HSS indicators
- Data SFA: Joined up approach to data strengthening
- PEF: Full transparency on TCA
- New tools: Surveys every 5 years, data triangulation etc.
- Enhanced dialogue: more SCMs, Joint Appraisals using data etc.

### Future vision
- Transformation in country data systems based on 21st century, digital technologies
- Data available to all those who need it
- Data used to track children & allow follow-up with parents

---

**How do we accelerate progress?**

Board meeting, 29-30 November 2017
Triangulation critical to address data challenges – comparing shipment and consumption data in Ethiopia

Pentavalent vaccine consumption, doses

- Consumption algorithm
- Predicted consumption: Gavi algorithm (shipments, stock changes)
- Country request and shipping data

Board meeting
29-30 November 2017
Civil Society Organisations helping to strengthen data: Coverage survey in 3 Urban Slums, Punjab province

Many of the under-immunised are in slums vs rural areas
How digital data is supporting the world’s largest immunisation programme

Complex environment

- ~27,000 facilities (95% sub-district)
- ~27M newborns
- ~30M pregnancies
- ~100M <5 years of age
- >650M doses
- >9M immunisation sessions

Barriers to Digitalisation:

- Access to
  - Electricity
  - Computers
  - Internet
  - Data entry operators

Board meeting
29-30 November 2017
HOW IT WORKS

Geographic information

Temperature & Inventory information

Temperature over time

State-based information

Stock information
## Stock Out Reduction – Post eVIN

### Key developments

- **Pre-eVIN**
- **Post eVIN**

<table>
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<tr>
<th>State</th>
<th>Pre-eVIN</th>
<th>Post eVIN</th>
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<tbody>
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<tr>
<td>Utter Pradesh</td>
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**Stock Out Reduction**: 72% Reduction

**Board meeting**: 29-30 November 2017
We are expanding our partnerships with innovative projects beyond data too.

CREATE “CLUSTERS” OF FIRMS THAT PROVIDE PROVEN SOLUTIONS & INNOVATIONS FROM WHICH COUNTRIES CAN SEEK SUPPORT

Supply Chain

Data Management

Demand Generation
STRATEGIC ISSUES FOR DISCUSSION

Balancing sustainability and new vaccine introductions
## Balancing sustainability & new vaccine introductions

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<tbody>
<tr>
<td><strong>Coverage (DTP3)</strong></td>
<td>96%</td>
<td>64%</td>
</tr>
<tr>
<td><strong>Number of vaccines introduced</strong></td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td><strong>General government health expenditures as a proportion of general government expenditures (in 2014, the year with the most recent available data)</strong></td>
<td>14.2%</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Vaccines as % general health expenditure (projection at time of transition)</strong></td>
<td>0.1%</td>
<td>1.2%</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>Strong health system; want to introduce PCV &amp; Rotavirus 2021-2025.</td>
<td>High burden of disease including HPV. Applied once for HPV but turned down by IRC.</td>
</tr>
</tbody>
</table>
Effects of Vaccine introductions on RI

• Introduction of new vaccines did not affect coverage of DTP3 vaccine in the countries studied

• Of many scenarios tested, only one proved to be associated with changes in DTP3 and the direction was positive

• Introductions of other new vaccines & multiple vaccine introductions should be monitored for immunisation and health systems impacts
Alliance Health Survey

Activities underway:
- Alliance directory for in-country and HQ colleagues
- On boarding pack for new colleagues joining the alliance
- IT solutions to share information
- Across alliance get-togethers
- Joint communication from leadership

Follow-up survey Q1 2018
- UNICEF & WHO expanding to CDC & World Bank
Civil Society Organisation – stronger engagement

Multiple initiatives to support communication and activities for increased CSO contribution to immunisation

Board meeting 29-30 November 2017
Gavi People Survey

19 June 1-day Gavi Leadership Team offsite dedicated to GPS

23 June High-level results presentation to all staff

13/14 Sept. Directors’ 2-day meeting to discuss GPS results & define path forward

22 Sept. Special all staff in DC & Geneva, deep dive into results, identify key drivers of challenges & potential solutions

17 Nov. Senior Management Team all-day meeting

GPS results roll-out to teams

Discussions within each team to identify their priorities

Development of team and organisational action plans

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

Board meeting
29-30 November 2017
Update on secretariat facilities, Washington
Update on secretariat facilities, Geneva Global Health Campus
Operational efficiencies at Global Health Campus

Immediate efficiencies
- Rental savings
- Facilities management
- Security
- Printing
- IT network and communications

To be worked on post-move
- Travel management and security
- IT service desk
- Cyber security
- IT engineering
- Occupational health

Opportunities for further exploration
- Procurement services
- IT software licenses and devices
- Sharing certain IT systems
- Aligning finance platforms

Opportunity to improve services at reduced cost
Programmatic collaboration with the Global Fund

Knowledge sharing

Joint advocacy at global and country level

Coordinating programmatic investments

Aligning and contributing to each other’s policies

Board meeting, 29-30 November 2017
BOARD AGENDA
Ambitious agenda, important decisions

- Financial forecast
- Risk & Assurance Report
- Partners’ Engagement Framework & budget
- Typhoid containing vaccine support
- Country programmes & strategic issues
- Vaccine Investment Strategy
- Country engagement post-transition
- Nigeria & PNG strategies

25% reduction in length of Board pack

Investment trade-off framework
Thank you