GAVI 5.0 – THE ALLIANCE’S 2021-25 STRATEGY

BOARD MEETING
Seth Berkley
28-29 November 2018, Geneva, Switzerland
As the world moves from MDGs into SDGs, ‘Gavi 5.0’ is an opportunity to contribute to the SDG vision.

Number of children dying under 5 years old (millions):
- 1990: 12.6
- 2015: 5.8
- MDG4 target: 4.2
- Minimum to achieve SDG target: 2.8 (25/1000 U5 mortality rate)

*Minimum target if all countries above the SDG target of 25 U5 death per 1,000 births reach it while countries already below 25/1,000 remain constant.*
Gavi 5.0 to consider a number of contextual factors representing new opportunities and challenges

**Population growth & urbanisation**

Over a quarter of the world population in Africa by 2050; an **additional 2bn urban people** across Africa and Asia by 2050

**Climate change**

Climate change key driver for **outbreaks** and other global health security challenges

**Conflict and displacement**

68.5m people displaced; 85% of them in **developing countries**

**Re-shaping development landscape**

Global community to intensify **collaboration** to accelerate progress on **SDG agenda**
New challenges require to continue to innovate and learn from ongoing efforts to remove immunisation barriers

Scaling innovations at the core of Gavi model…

<table>
<thead>
<tr>
<th>Gavi 1.0</th>
<th>Gavi 2.0</th>
<th>Gavi 3.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auto-disable syringes</td>
<td>Co-Financing &amp; Transition policy</td>
<td>Controlled Temperature Chain (CTC)</td>
</tr>
</tbody>
</table>

…and will be essential to overcome new challenges

<table>
<thead>
<tr>
<th>Gavi 4.0</th>
<th>Gavi 5.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEF</td>
<td>LMC</td>
</tr>
</tbody>
</table>

MenAfriVac
As countries transition out, increasingly contrasted situations in Gavi portfolio

Cambodia: “Strong performance”
DTP3 COVERAGE: 93%
GEOGRAPHIC EQUITY: 78%
BREADTH OF PROTECTION: 67%
EFFECTIVE VACCINE MANAGEMENT: 68%

Guinea: “Weak systems”
DTP3 COVERAGE: 45%
GEOGRAPHIC EQUITY: 76%
BREADTH OF PROTECTION: 17%
EFFECTIVE VACCINE MANAGEMENT: 40%

South Sudan: “Widespread conflicts”
DTP3 COVERAGE: 26%
GEOGRAPHIC EQUITY: 30%
BREADTH OF PROTECTION: 7%
EFFECTIVE VACCINE MANAGEMENT: 39%
The Alliance’s post-2020 model requires more targeted approaches to drive equitable coverage.
Gavi’s programmatic goals and operating model could differ across the three segments

1. Strong performers
   - Last pockets of underimmunised & preventing backsliding
   - Building sustainability; completing new vaccine introductions

2. Weak systems
   - Systematic subnational targeting addressing key system barriers
   - More hands-on support on the ground & at local levels

3. Widespread conflicts
   - Emergency & post-crisis response: rapid vaccine delivery
   - Partnership with non-state actors / humanitarian NGOs

Share of under-immunized in 2025
Share of birth cohort in 2025
More differentiated approach to vaccine support also needed with increasingly diverse portfolio of vaccines

As Gavi’s portfolio evolves, **vaccines increasingly have different value for each country**...

... and countries **need to prioritise to maximise impact and sustainability** based on their context.
Strengthening touchpoints and further integration with other health interventions will be critical.

1. Adolescent girls
2. Mostly corresponds to school entry; In theory, Gavi is supporting MCV2 at school entry, but Gavi countries have so far chosen to introduce MCV2 in the second year of life.
3. To be introduced in campaigns.
4. Includes current vaccines RI, potential RI vaccines in VIS.

**Current Gavi vaccine (routine portfolio)**
- Pregnant women
- Maternal & Newborn
- Infant (<12 months)
- 2nd year of life (13-23 month)
- Older children (2-8 years)
- Adolescent (9-15 years)
- Adults & older people

**VIS vaccines**
- RSV
- HepB
- Men ACWXY4, DTP Booster
- DTP Booster
- Rabies PEP, OCV3

**Leveraging immunisation touchpoints**
- Antenatal care
- Postnatal care
- Nutrition
- Nutrition, growth monitoring
- Deworming
- Deworming

**Multi-sectoral approaches**
- Pneumonia, diarrhea control (Rota) & cervical cancer control (linked to current portfolio)
- Diarrhea control (cholera) & animal health (Rabies) (linked to VIS vaccines)

---

1. Adolescent girls
2. Mostly corresponds to school entry; In theory, Gavi is supporting MCV2 at school entry, but Gavi countries have so far chosen to introduce MCV2 in the second year of life.
3. To be introduced in campaigns.
4. Includes current vaccines RI, potential RI vaccines in VIS.
HSS investments to continue to be more targeted to address diverse sets of challenges
The Alliance’s HSS agenda will be essential to reach underserved and build foundations for UHC.

Global coverage of UHC tracer indicators for health interventions

Reaching the “seventh child” with immunisation can be the platform to reach every household with a basic package of PHC interventions.

Source: UHC Global monitoring report
Alliance already leveraging the ‘platform’ to achieve progress beyond SDG 3 – more can be done

- **2. Zero Hunger**: Tackling malnutrition along with MR campaigns in CAR, Niger, Sierra Leone
- **16. Peace, Justice and Strong Institutions**: Bringing conflict parties to one table in Yemen
- **7. Affordable and Clean Energy**: Solar-powered fridges lowering the global carbon footprint
- **4. Quality Education**: Partnering with education sector in Togo to couple HPV with hygiene and health messaging

Global community needs to intensify collaboration to accelerate progress on the SDG agenda
Gavi Countries not well prepared to respond to potential outbreaks

JEE assessment - overview

ReadyScore¹: Better prepared (> 80)  Work to do (>40-80)  Not ready (≤40)  Unknown  In progress

Source: PreventEpidemics.org Oct 2018  ¹. Across prevent, detect, respond and protect from other public health threats
Already key contributor to global health security, Gavi could strengthen its approach through HSS support.

Gavi investments into epidemic VPD control (since 2016, $M)

<table>
<thead>
<tr>
<th>Total¹</th>
<th>RI/campaigns</th>
<th>Surveillance²</th>
<th>Vaccine stockpiles</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,046</td>
<td>790</td>
<td></td>
<td>185</td>
</tr>
</tbody>
</table>

- **RI/campaigns**: Routine immunisation for MR, Men A, YF, IPV, OCV, TCV and Diphtheria estimate¹
- **Surveillance**: Investments through HSS and PEF
- **Vaccine stockpiles**: Vaccines stockpiles costs for Men A, YF, OCV, MR

% of corresponding programmatic envelope³: 23%

1. Includes vaccines procurement (RI and campaigns), ops and VIGS for 2016-2018 period, PEF TCA and SFA for 2016-2018 period and HSS funds for 2016-2017. All amounts are approvals. 2. Surveillance is also indirectly contributing to prevent (by guiding vaccines introduction) and respond (by triggering outbreak response) 3. Programmatic envelope based on expenditure estimate for 2016-2018.
Since the 70’s the world has changed dramatically; outdated perceptions & models need to be challenged.

Key

Colours: world regions

Population size

Source: Gapminder.com (based on 1990 – 2016 World Bank’s GDP per capita PPP adjusted)
Since the 70’s the world has changed dramatically; outdated perceptions & models need to be challenged.
Since the 70’s the world has changed dramatically; outdated perceptions & models need to be challenged.

Most of the world now in the ‘middle’

Divide between countries not as relevant, focus should be on vulnerable people wherever they are.

Source: Gapminder.com (based on 1990 – 2016 World Bank’s GDP per capita PPP adjusted)
In 2000, 55% of vulnerable people lived in Lower Income Countries (LICs).

Share of vulnerable people:

- **2000**
  - **55%** of vulnerable people (~2.4bn of 4.4bn) lived in LICs.

Note: World Bank 2000 country classification has been applied.

Source: Gapminder.com
In 2025, almost 60% of vulnerable people will live in LMICs and ~80% across all Middle Income Countries.

Note: World Bank 2017 country classification has been applied
Source: Gapminder.com
Some Middle Income Countries are lagging behind on immunisation coverage

DTP3 Coverage (%)

Note: Non-Gavi countries refer to countries that have not been part of Gavi-72
Never-Gavi Middle Income Countries lagging behind Gavi-eligible countries on vaccine introductions

**Gavi-eligible (current & former)**

**Never Gavi-eligible MICs**

**PCV introductions**

Never-Gavi MICs pay ~8x Gavi price on average for PCV*

**Rotavirus introductions**

Never-Gavi MICs pay ~3.5x Gavi price on average for Rota*

Note: Gavi-Eligible refers to Gavi 72 and Never-Gavi refers to countries not part of Gavi 72

Source: Vaccine Launch Database for Gavi-eligible countries; JHU IVAC View-Hub for PCV, Rota and PATH Global Overview for HPV for non-Gavi countries; Includes Phased/Subnational and Regional introductions; Gavi Eligible excludes Syria; *Based on set of countries with publicly available data from V3P Database (September 2018 Extract)
Non-Gavi eligible Middle Income Countries facing different types of challenges

**Introductions**

**DTP3 Coverage**

**Geographic Equity**

- Strong health system, missing vaccines
- Chronic crises & coverage lagging behind
- Slipping coverage and lacking introductions

Source: World Bank, WUENIC Immunization Coverage, JRF Release 2018, Vaccine Launch Database for Gavi-eligible countries; JHU IVAC View-Hub for PCV, Rota and PATH Global Overview for HPV for non-Gavi countries; Includes Phased/ Subnational and Regional introductions
The Alliance could consider engaging with non-eligible MICs to help them reach their immunisation goals.
In 5.0, Gavi’s mission more relevant than ever and key features of its model still fit-for-purpose

- **Gavi more relevant than ever** as the world shifting from MDGs to SDGs
- Continuing **introductions agenda** and progress on **equitable coverage** to remain Gavi’s focus
- A more **differentiated approach** across key **segments of countries** critical to drive progress
- Reaching the unreached require **enhanced coordination with other HSS donors** to unlock key health system bottlenecks
- **HSS could include** a stronger focus on **helping countries to prevent, detect and respond to future outbreaks**
- **Alliance could engage in non-eligible MICs** through mostly **non-financial support** to help them reach their immunisation goals
Building a strong platform in Gavi 5.0 will be critical for post-2025 blockbuster vaccines

Critical successes in Gavi 5.0

- Equitable coverage – no-one left behind
- Resilient health systems
- Strengthened immunisation platform for other health interventions

Post-2025 potential vaccines

- HIV
- Malaria
- Tuberculosis
Gavi 5.0 development timeline to ensure alignment with 2020 replenishment

<table>
<thead>
<tr>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4</td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board meeting</td>
<td>Board 1-1 Consultation</td>
<td>Further Board Consultation</td>
<td>Launch of investment case</td>
</tr>
<tr>
<td></td>
<td>Deep dive on 2021-25 strategy</td>
<td>Strategic Goals &amp; roadmap</td>
<td>Board meeting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Replenishment exact timing tbd</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Board meeting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Board meeting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Beginning of 2021-2016 Strategic Period</td>
</tr>
</tbody>
</table>

Exploring key Gavi 5.0 themes
- Country and other stakeholder consultations
- Partner workshop

Update to Strategic Goals & 5.0 ‘roadmap’

Detailing operational implications (incl. policy update, funding principles etc.)
THANK YOU

Reach every child
www.gavi.org