Key Performance Highlights

BOARD MEETING
Anuradha Gupta
6-7 June 2018, Geneva, Switzerland
Gavi’s total spend was $1.8 billion in 2017

- **Country-level Gavi support**: $1.6 billion (72%)
- **Vaccines**: $1.6 billion (72%)
- **Cash-based programs**: $0.4 million (24%)
- **Technical assistance**: $0.06 million (4%)

**Global & regional level Gavi activities**: $0.19 billion

**Operating expense ratio**: 6.8%

**Overhead ratio**: 2.5%
More and more children are protected against killer diseases… still much more to do

<table>
<thead>
<tr>
<th>Year</th>
<th>hib3</th>
<th>mcv2</th>
<th>pcv3</th>
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<tbody>
<tr>
<td>2013</td>
<td>5</td>
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<td>2014</td>
<td>15</td>
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<tr>
<td>2015</td>
<td>27</td>
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<tr>
<td>2016</td>
<td>40</td>
<td></td>
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<tr>
<td>Coverage (dtp3)</td>
<td>No. of countries</td>
<td>No. of under-immunised children</td>
<td></td>
<td></td>
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<tr>
<td>&gt;90%</td>
<td>30</td>
<td>0.8m under-immunised</td>
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<tr>
<td>80% - 89%</td>
<td>17</td>
<td>3.9m under-immunised</td>
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<tr>
<td>70% - 79%</td>
<td>10</td>
<td>4.7m under-immunised</td>
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<tr>
<td>60% - 69%</td>
<td>4</td>
<td>1.3m under-immunised</td>
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<td></td>
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<tr>
<td>&lt;60%</td>
<td>7</td>
<td>4.8m under-immunised</td>
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</table>

*All numbers relate to 68 countries supported by Gavi*
New evidence/learnings are being used to refocus and synergise Gavi support for C&E

New focus on 11 districts

- Initially HSS was not targeted at the districts with highest number of missed children
- Equity Assessment highlighted **11 districts with greatest equity challenges**
- **HSS reallocated** and **PEF TCA synergised** to target these districts; **CSO involvement intensified**
- HSS now focused on districts with **half of under-immunised**
New insights into patterns of inequality in PEF Tier 1 countries, including gender dimensions

Vulnerability is often compounded

Ethiopia

A child whose mother is over 20 years old and primary-school educated, and who lives in a male-headed household is 6.7 times more likely to be vaccinated.

Nigeria

A child of a teenage mother with no education, living in a poor household in a rural area of the North West region has 1/1000 chance of being vaccinated.

Gavi is mainstreaming pro-equity and gender-based interventions

- Joint appraisal templates
- Application guidelines
- Programming guidance
- Data deep-dives

Examples of approaches to address gender-related barriers

- Pakistan: building-up lady health workforce
- Zimbabwe: communications targeted at uneducated women
- Senegal: night and weekend immunisation sessions

*Based on a new analysis currently being concluded by WHO, funded under PEF*
Rural coverage is currently a much bigger challenge than urban... but this picture is changing.
Gavi intensifying focus on urban immunisation strategies

Gavi commencing support for urban immunisation strategies in 7 of the 10 countries with highest number of under-immunised in urban areas

- **India**: 1.32m
- **Nigeria**: 0.86m
- **Indonesia**: 0.53m
- **Pakistan**: 0.39m
- **Angola**: 0.32m
- **Congo, Dem Republic of**: 0.27m
- **Ethiopia**: 0.21m
- **Somalia**: 0.13m
- **Afghanistan**: 90K
- **Cameroon**: 80K
Partners play a key role: 55% partner funding under PEF was at country level (TCA) in 2017

Progress on PEF TCA milestones in 20 PEF Tier 1 & 2 countries is improving

*Based on PEF portal reporting*
Challenging contexts require unconventional approaches

PEF Targeted Country Assistance (TCA) 2018

Yemen

64% 36%
National staff Sub-national staff

Staff supported at national and subnational level through HSS and PEF TCA

TCA includes support to UNICEF for outreach to children and women in security compromised and inaccessible areas.
Lack of progress in most fragile countries emerged as a key concern at the Board retreat.

Investment in fragile countries under PEF TCA:
- 2016: $22m
- 2017: $31m
- 2018: $37m

Partner support under PEF is being intensified in fragile countries:
- 2018 partner staffing ($):
  - Fragile: 47%
  - Non fragile: 53%
Campaigns hurting routine immunisation has been identified as a key risk

**MEASLES & MEASLES-RUBELLA (MR) CAMPAIGNS**

<table>
<thead>
<tr>
<th>Country</th>
<th>% Applications for Measles &amp; MR Campaigns</th>
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<tbody>
<tr>
<td>Rwanda</td>
<td>97%</td>
</tr>
<tr>
<td>Malawi</td>
<td>92%</td>
</tr>
<tr>
<td>Lesotho</td>
<td>92%</td>
</tr>
<tr>
<td>DRC</td>
<td>89%</td>
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<tr>
<td>Chad</td>
<td>82%</td>
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<tr>
<td>Cambodia</td>
<td>75%</td>
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</table>

**ONLY 1 OF 6 SURVEYED CAMPAIGNS MET 95% COVERAGE TARGET IN 2017**

- Rwanda: 97%
- Malawi: 92%
- Lesotho: 92%
- DRC: 89%
- Chad: 82%
- Cambodia: 75%

* 2018 applications include those submitted to the March IRC only
^ Survey results awaited for 6 countries
New approaches are being pioneered…

- Two-way linkage between routine immunisation and 2019 campaign
- Routine immunisation line-lists to be used to identify campaign target children
- Each vaccinated child will receive a 3-part vaccination card
- 3-part card used to identify children who have not received two doses of MR vaccine and vaccinate them in the next 3 months through routine immunisation sessions

- Performance-based per diems proposed for vaccinators and supervisors in next measles campaign
- Joint campaign for 2 antigens (Yellow Fever and Measles) to create efficiency gains and reduce disruption in routine immunisation
- Mobile banking payments for vaccinators and supervisors during campaign
- Twinning of national health inspection directorate with international audit firm
"The important thing is to not stop questioning."

Einstein
THANK YOU