CEO Board Update

Seth Berkley, MD
28 November 2018, Geneva, Switzerland
KEY DEVELOPMENTS IN OUR GLOBAL LANDSCAPE
Welcome to the Global Health Campus; a space for collaboration
Collaboration is the essence of how we work - further expansion of Gavi partners

5 core Alliance partners

72 implementing country governments

53 donors (26 Sovereign)

17 vaccine manufacturers*

>70 expanded partners & CSOs**

50 private sector partners

> 10 research agencies

*2017 data** funded under PEF
Continued realignment of global health

**Growing multisectorality**
- Refugee Summit & Compact
- Climate change
- UHC & Emergencies call for action
- Fragility
- Global Health Security

**Enhanced collaboration**
- 11 organisations launch Global Action Plan for Healthy Lives and Well-being for All to help accelerate progress towards health SDGs

**Renewed focus on primary health care**
- Global community recommits to primary healthcare as the foundation for UHC.
- Immunisation recognised as fundamental
A roadmap to strengthen collaboration in global health and accelerate progress towards health SDGs

Agreed:

- **Common midpoint milestones**
  1. Sustainable financing
  2. Frontline health systems
  3. Community and civil society engagement
  4. Determinants of health
  5. R&D, innovation and access
  6. Data and digital health
  7. Innovative programming in fragile and vulnerable states and for disease outbreak responses

- **Mapping roles**

- **7 accelerators**
The role of primary health care in achieving the health-related SDGs

‘...strengthening PHC is the most inclusive, effective and efficient approach...

.....PHC is a cornerstone of a sustainable health system for UHC and health-related SDGs’ November, 2018

‘...of 200 essential health packages, 90% can be delivered through PHC’ October, 2018
Immunisation - highest coverage of key health interventions

Global coverage of UHC tracer indicators for health interventions

- Immunisation (DTP3)
- Family planning
- Sanitation
- Antenatal care
- TB treatment
- Bednets
- HIV treatment

Reaching the last child with immunisation can provide the platform to reach every household with a basic package of PHC interventions.

Source: UHC Global monitoring report

Board meeting
28-29 November 2018
Within PHC, the wider benefit of immunisation

Children reached through routine immunisation worldwide (DTP1) 90% 10%

Towards universal health coverage

Build out system to reach the remainder
## Human Capital Index

New tool to help Governments understand impact of investments on long-term economic development?

### Country | Ranking
--- | ---
Singapore | 1
UK | 15
Switzerland | 20
USA | 24
**Vietnam** | **48**
Indonesia | 87
Kenya | 94
India | 115
Afghanistan | 133
Pakistan | 134
Ethiopia | 135
Uganda | 137
Congo DR | 146
Nigeria | 152
**Chad** | **157**

- **Highest Gavi country:** Indonesia
- **PEF Tier 1 countries:** Uganda, Chad
- **Lowest Gavi country:** Chad
The role of vaccines in preventing AMR is gaining traction

‘…bringing additional, and more effective, vaccines to market could have a huge impact on AMR. Vaccines already play a critical role, with an impressive track-record of reducing AMR’
Vaccine news – the big 3

**TB**
- ~10m new cases/yr ~25% world's population infected
- Phase IIb clinical trial result of M72/AS01; 54% protection in latent TB: 2 recombinant fusion proteins and GSK adjuvant.
- Multidrug-resistant TB remains a public health crisis & GHS threat

**HIV**
- ~2m new cases/yr
- 2 vaccines in efficacy trials, data 2020/2021:
  - Ad26 (Mosaic)/GP140
  - ALVAC-HIV/GP120

**Malaria**
- >200m cases/yr
- RTS,S vaccine implementation pilots to begin in Q1-Q2 2019 in Ghana followed by Kenya, Malawi

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*Lancet* Vol 392 July 21, 2018
Disruptions to rotavirus vaccine supply

- Major supplier (currently 90% of Gavi volume) – problem with manufacturing
- Minor supplier – unexpected reduction of supply; withdrawal from Gavi market
- Two new prequalified suppliers
- Central level stockout in some countries, no programme interruptions expected but delay for new launches

Geographic distribution of Rotavirus-associated mortality rates among children <5 2016 data

*JAMA Pediatrics.* 2018;172(10):958-965
Most cervical cancer deaths are in poor countries

Cervical cancer deaths, cervix uteri (per 100,000):

- ≥ 17
- 5 to 16.9
- 0 to 4.9

Nearly all high-mortality countries are Gavi-supported

Most recent Gavi countries to have introduced: Tanzania, Zimbabwe, Senegal

Introduction of HPV vaccine:
- National HPV programmes

Only 15% of doses were for high-mortality countries in 2018

Sources: IVB database as at 10 October 2018, Gavi partner estimates, October 2018; SAGE meeting October 2018
Acceleration in Gavi countries approved for HPV support

- 30% of Gavi countries approved for national roll-out – will reach 25M girls in first year of routine introduction and multi-age cohort

- Supply should improve in 2019 (from 6m to 20m doses)

- Potential new supply pressures:
  - New recommendations for expanded age ranges/use
  - Commitment to Cervical cancer elimination, May 2018; modelling suggests will take at least 67-87 years globally

_Brisson, M et al, Potential for Cervical Cancer elimination: a comparative modeling study, SAGE October 2018_
Brazil latest IFFIm donor – funding to 2038
The Road to Replenishment

Discussion with countries & partners about the importance of domestic RM

US$ 1.05 of US$ 2bn target

2015
Gavi Pledging Conference

2019
IDA Replenishment

Sept. 2019
UNGA (Global Action Plan/UHC2030)

Mid-2019
Gavi Investment case

Mid-2019
Gavi Strategy

Nov. 2018
VIS Strategy/Gavi 5.0

5-6 Nov. 2018
GFF Replenishment

9-11 Dec. 2018
Gavi Mid-Term Review

2020
Gavi replenishment (date TBC)

Oct. 2019
GFATM Replenishment

2019
Gavi Strategy

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MTR report; full details of our mid term reporting
Update on progress to our MTR targets

- Immunise 300m additional children: 127m/300m
- Prevent 5–6m future deaths: 2.5m/5–6m
- Transition 20 countries: 16/20

- All countries co-financing: 100%/100%
- Vaccine price indicator: US$ 17
- Healthy vaccine markets: 3/6
- US$ 80–100bn in economic benefits: US$ 50bn
Great progress on our strategy but not without challenges

<table>
<thead>
<tr>
<th>Goal</th>
<th>Immunising 300 million more children</th>
<th>Increasing co-financing and transition</th>
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<tbody>
<tr>
<td>Progress</td>
<td>Immunise 300m additional children 127m 300m</td>
<td>Prevent 5-6m future deaths 2.5m 5–6m</td>
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<tr>
<td>Making progress: from 2016 to 2017, Gavi helped countries to reach an additional 127 million children – usually with more than one vaccine. This is helping to avert 2.5 million future deaths, which represents 42% of the 2020 target. Children are being reached with more vaccines than ever before; average coverage for the last dose of nine Gavi-funded vaccines has risen by 11 percentage points since 2015.</td>
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<td>Making progress: empowering countries to take ownership of their vaccination programmes is core to the Alliance’s business model. Gavi-supported countries are allocating an ever-greater proportion of domestic resources towards immunisation. Of 20 countries due to transition out of Alliance support by 2020, 16 are already fully self-financing their vaccine programmes. Eight of these have been fully funding their vaccines and maintaining coverage rates for over a year.</td>
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<td>Adapting to challenges: while coverage in Gavi-supported countries has increased slightly, it has not progressed as fast as expected, especially in fragile countries. The Alliance has adopted a range of new responses, including advocating for increased and sustained immunisation coverage through strategic focus areas to improve coverage.</td>
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<td>Adapting to challenges: despite maintaining high immunisation coverage rates, some transitioned countries face programmatic challenges, while several are transitioning without having introduced critical vaccines. Five countries – Angola, the Congo, Nigeria, Papua New Guinea and Timor-Leste – face more deep-rooted obstacles to increasing</td>
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</table>
MTR online platform with deep dive on data
Countries financing growing share of Gavi-supported vaccine programmes

% of expenditure on Gavi-supported vaccine financed by countries

Note: Includes expenditure on Penta, PCV, Rota, MR, HPV, YF and MenA vaccines in 68 Gavi-eligible and transitioned countries
Transitioned countries increasing investment in immunisation

Country financing per child for Gavi-supported vaccines, US$

- Angola
- Armenia
- Azerbaijan
- Bhutan
- Bolivia
- Congo
- Georgia
- Guyana
- Honduras
- Indonesia
- Kiribati
- Moldova
- Mongolia

Board meeting
28-29 November 2018
First wave of transitioning countries maintaining coverage

Coverage with DTP3-containing vaccines in countries self-financing for >1 year

- Sri Lanka, 99%
- Mongolia, 99%
- Bhutan, 98%
- Guyana, 97%
- Honduras, 97%
- Kiribati, 90%
- Moldova, 88%
- Indonesia, 79%

Some later transitioning countries seeing coverage decline, highlighting risk of backsliding.
MTR campaign

Protecting the adult within every child

Got vaccines? Got life!

Protecting the adult within every child
You don’t just stop at being healthy now you can take all the opportunities that life has to offer.

Anuradha Gupta, aged 7
When I was born, children in India were not vaccinated against measles. I was infected and was lucky to survive. The child of our domestic help was not as fortunate and died.

Bill Roedy, aged 4
My most vivid memory of growing up in Waltham, Massachusetts, was making my first tackle for my junior American football team.

Fatimatou Zahra Diop, aged 8
Holidays at my Grandma’s in Saint-Louis remain a special childhood memory. I’m the one wearing white trousers and a little top.
Strategy: *mid point of Gavi 4.0*

### 2016–2020 INDICATORS STRATEGY PROGRESS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2015 Baseline</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accelerate vaccines</td>
<td>30%</td>
<td>62%</td>
</tr>
<tr>
<td>Strengthen capacity</td>
<td>45%</td>
<td>53%</td>
</tr>
<tr>
<td>Routine Immunisation Coverage</td>
<td>79%</td>
<td>89%</td>
</tr>
<tr>
<td>Effective Vaccine Management</td>
<td>67%</td>
<td>72%**</td>
</tr>
<tr>
<td>Breath of Protection</td>
<td>41%</td>
<td>62%</td>
</tr>
<tr>
<td>Data Quality</td>
<td>45%</td>
<td>53%</td>
</tr>
<tr>
<td>Penta1 Coverage &amp; Drop-out</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>EQUITY: Geographic Distribution</td>
<td>44%</td>
<td>84%</td>
</tr>
<tr>
<td>EQUITY: Wealth</td>
<td>19%</td>
<td>16%</td>
</tr>
<tr>
<td>INTEGRATED HEALTH SERVICE DELIVERY</td>
<td>32%</td>
<td>42%</td>
</tr>
<tr>
<td>EQUITY: Maternal Education</td>
<td>19%</td>
<td>15%</td>
</tr>
<tr>
<td>Civil Society Engagement</td>
<td>16%</td>
<td>15%</td>
</tr>
<tr>
<td>MCV1 Measles-containing vaccine 1st dose</td>
<td>N/A</td>
<td>2.7**</td>
</tr>
<tr>
<td>Penta1 Penta2 Penta3 1st dose</td>
<td>N/A</td>
<td>2.7**</td>
</tr>
<tr>
<td>Penta1 Penta2 Penta3 3rd dose</td>
<td>N/A</td>
<td>2.7**</td>
</tr>
</tbody>
</table>

### 2016-2020 Strategy: Progress Challenges and Risks

**BOARD**

*Anuradha Gupta*

*28-29 November 2018, Geneva*
REPORTING BACK ON PREVIOUS BOARD DECISIONS
Fragility in Gavi countries in 2018

**Flexibilities for Fragility**
- Fragile countries list updated July 2018
- Ethiopia & Nigeria no longer included. Fragile countries comprise only 18% of the under-immunised, compared to 48% in 2017

**No longer classified as fragile**
(Ethiopia, Nigeria)

**Accelerated transition**
(Republic of the Congo*, Papua New Guinea)

* Pending Board decision on eligibility

**Flexibilities for Emergencies**
- South Sudan, Yemen & Zimbabwe

**for Refugees**
- Bangladesh, Uganda, Rwanda, Tanzania

Board meeting
28-29 November 2018
In 2017, of 9 highest countries receiving refugees, **8 are Gavi countries**, *UNHCR 2017*

Over 2.7m fled to another country, 88% from S. Sudan, Syria & Myanmar

*Number in thousands*

Note: New registrations can include people who arrived prior to 2017 & in some cases where reporting is by governments, may also include newborns
Syria

DTP3 coverage

- Classified as low income by World Bank in July so Gavi eligible from January 2019
- No-cost extension of current support on consent agenda

TARGET 2015: 90%

Syrian Arab Rep.: 48%
‘Yemen is undeniably the world's worst humanitarian crisis by far’  
WFP, November 2018

- Estimated 85,000 children have died from malnutrition; Outbreaks of Cholera, Diphtheria and Measles

- Gavi approach:
  - Emergency reprogramming
  - Integrated outreach
  - Waived co financing; World Bank now financing
  - 09/18 pioneered meeting with Houthi health team (Sanaa) & Minister of Health, Government of Yemen - build trust & develop HSS3: technical, not political
Papua New Guinea – Context

- Fragile Country in Accelerated Transition (2020)

- Health system in crisis, economy struggling, declining health budget

- Downward trend in immunisation coverage over past 5 years
  - National DTP3 @ 51% (2017, official country estimate)
  - 60 of 89 districts with <50% DTP3 coverage

- 2016 Audit / Investigation found extensive misuse of funds and mismanagement of vaccines
  - 93% of misuse repaid; commitment received on balance

- 2018:
  - Severe earthquakes
  - Polio (25 cases of cVDPV1; 9 of 22 provinces)
  - Measles, pertussis outbreaks
PNG: Board approved strategy to 2020

- CCEOP
- Increased HSS (Service delivery, Advocacy/Social Mobilisation, Supply Chain/Cold Chain, Transition prep)
- Exceptions for comprehensive MR campaign
- Increased TCA
- Board to review progress in 2019 & agree on next steps
India: strengthening the world’s largest immunisation programme


US$ 500 million Gavi investment 2016-2021

Increase in coverage: 70-88% DTP3 (2008 - 2017)
India: *ambitious new vaccines agenda accelerated with Gavi support*

- **Gavi’s catalytic support**
  - Rotavirus: 20% birth cohort for 3 years
  - Measles-Rubella: ~40% of campaign target population
  - Pneumococcal: ~20% birth cohort for 3 years
India: Unlocking domestic resources

Government of India financing for selected Gavi-supported interventions

* Estimated expenditure for 2018-19 based on vaccine procurement orders and state budgets
Indonesia: Vaccine hesitancy disrupting MR campaign

Aceh
Coverage 10.57%
Anti-vaccination efforts are getting more sophisticated

**Russian Trolls Used Vaccine Debate to Sow Discord, Study Finds**

Twitter accounts that were used to meddle in the 2016 presidential election also sent both pro- and anti-vaccine messages and insulted parents.

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**Weaponized Health Communication: Twitter Bots and Russian Trolls Amplify the Vaccine Debate**

David A. Broniatowski PhD, Amelia M. Jamison MAA, MPH, SiHua Qi SM, LuLuwah AliKulaib SM, Tao Chen PhD, Adrian Benton MS, Sandra C. Quinn ... (show all authors)
Measles increase globally for first time in decades

Change in number of measles cases 2016-2017

Global  Gavi  Africa  Europe  Eastern Med.  Americas

x1.3  x1.5  x2  x4.5  x4.8  x63

WHO / CDC data
Confirmed & probable EVD cases by week of illness onset

Worst outbreak in DRC history. As of 27 November:
- **Total cases: 419** (372 confirmed)
- **Total deaths: 240** (193 confirmed)
- 40 healthworkers infected, 12 deaths

~36,000 people vaccinated to date
- Uganda vaccinating health workers; Rwanda & S. Sudan are preparing
- Gavi supporting operational costs in DRC, has signalled willingness to support in other countries

WHO

Gavi
The Vaccine Alliance
Polio, Independent Monitoring Board report

‘Progress towards interrupting polio transmission globally has stalled and may well have reversed’

- Highly critical of current situation
  - 27 WPV1 cases so far in 2018 vs 15 at this point in 2017
- Specifically calls out closer cooperation between Gavi & GPEI
- Requested focus on RI
- Gavi & GPEI discussing how to optimise work at country level
ALLIANCE UPDATE
New Immunisation leadership, WHO

Kate O’Brien
Director of Department of Immunization, Vaccines and Biologicals, WHO

Ann Lindstrand
Coordinator, EPI, WHO
Richard Sezibera, PPC Chair, Foreign Minister, Rwanda
Showcasing the Alliance

September’s lakeside exhibition - *Vaccine Heroes*

Using social media / Facebook live to extend our message with alliance partners
Diversity in the Gavi secretariat

73 nationalities

55% of 2017-18 recruits have both private & public sector experience

17% of Gavi supported countries

All staff:
- 60% women
- 40% men

SMT:
- 50% women
- 50% men

First Global Health organisation certified by the EQUAL-SALARY Foundation

Board meeting
28-29 November 2018
Finance system and process transformation (FIND)

Today
- Axapta (Gavi’s current ERP) near end of vendor support
- Separate systems: inefficient, increasing risk of error
- Recent shocks to Control Environment, increasing Cyber Security threats

Tomorrow (Q2/3 2019) – SAP
- Gavi-configured
- Multiple integration with grant systems, others
- System-driven safeguards
- Security & time-proofed from globally-maintained systems
- Real-time data from a single source
AGENDA FOR THIS MEETING
Our agenda

Decision items

• Finance update
• Risk & Assurance report
• IFFIm & CEPI
• Approaches to Fiduciary Risk management in Gavi’s Cash Grants
• Vaccine Investment Strategy
• Gavi 5.0
• Approval of selected targets for 2016-2020 Strategic Indicators
• Polio
• Pandemic Influenza Preparedness

Consent Agenda

• Committee Chair appointments
• Board/Committee member appointments
• Independent Review Committee appointments
• Review of Board Travel Policy
• CEO Authorisation to represent Gavi at IFFIm General Meeting
• Ongoing and planned support for Syria
• Gavi supported measles and rubella immunisation activities: amendment to HSIS support framework
• Post-transition plans for Angola and Timor-Leste and Congo Republic’s eligibility for Gavi support
THANK YOU
Global resurgence of measles

Cases in **2018 to date** (November WHO report):

**189,392**

Total cases in **2017**: **149,357**