The GAVI Alliance Strategy 2011-2015 and Business Plan

The GAVI Alliance Strategy defines the Alliance’s operating principles, strategic goals, objectives and progress indicators based on its mission. The Business Plan describes the actions to be undertaken to achieve the Strategy.

The GAVI mission: “To save children’s lives and protect people’s health by increasing access to immunisation in poor countries”

GAVI’s mission is supported by four strategic goals:

1. Accelerate vaccines
   - Accelerate the uptake and use of underused and new vaccines by strengthening country decision-making and introduction.

2. Strengthen capacity
   - Contribute to strengthening the capacity of integrated health systems to deliver immunisation.

3. Increase predictability and sustainability
   - Increase the predictability of global financing and improve the sustainability of national financing for immunisation.

4. Shape the market
   - Shape vaccine markets to ensure adequate supply of appropriate, quality vaccines at low and sustainable prices for developing countries.

The 2011–2015 Strategy also includes three cross-cutting areas:
- Monitoring and Evaluation
- Advocacy, Communication and Public Policy
- Policy Development
The Vaccine Goal

Accelerate the uptake and use of underused and new vaccines

Accelerating the uptake of new and underused vaccines is GAVI’s core business and represents the majority of its expenditure.

As many as 100 new vaccine introductions across GAVI-eligible countries are forecasted between 2011 and 2015. The majority of these introductions are pneumococcal and rotavirus vaccines.

In its second decade, GAVI aims to confront the world’s two biggest child killers – pneumonia and diarrhoea – by accelerating introduction of routine pneumococcal and rotavirus vaccines in the poorest countries. GAVI is also taking the first steps to introduce vaccines against cervical cancer (human papillomavirus or HPV) and rubella, which causes birth defects in newborns.

The Alliance will maintain momentum on yellow fever, hepatitis B and Hib vaccines, while also supporting meningitis A and measles (second dose) vaccines.

All members of the Alliance work to support countries in their decision-making and vaccine-introduction processes by:

- ensuring countries have the information, data, policy standards and systems they need; and
- supporting the introduction process through technical assistance and training.

The Health Systems Goal

Contribute to strengthening the capacity of integrated health systems to deliver immunisation

While countries are responsible for their health systems, GAVI’s role is to help ensure that their health systems are effective in delivering vaccines.

This is achieved through three strategic objectives:

- contributing to resolving constraints in delivering immunisation;
- increasing equity in access to services (including gender equity); and
- strengthening civil society engagement in the health sector.

GAVI is working closely with other agencies including WHO, the World Bank, and the Global Fund to Fight AIDS, TB and Malaria to better streamline and harmonise with country systems through the Health Systems Funding Platform (HSFP).

Through performance-based financing approaches, GAVI will invest in national health strategies and ensure incentives exist to help improve immunisation outcomes and equity in immunisation coverage.

The Alliance will continue to raise awareness of the important role civil society organisations (CSOs) play in immunisation and child health, and to encourage CSO engagement in the national planning and implementation processes.

Advocacy, Communication and Public Policy

Scaled-up communication and advocacy efforts are critical for engaging stakeholders.

There are three priorities:

- raise understanding of the value of health, immunisation and GAVI through enhanced communications and targeted media relations;
- mobilise and empower new networks of advocates to inform GAVI’s policies, support fundraising and help achieve its strategic goals;
- engage in development aid policy settings to ensure endorsement of GAVI, immunisation and health.

Renewed emphasis will also be placed on enhanced communications with GAVI-supported countries and reputational risk and crisis communications management.
Monitoring and Evaluation (M&E) is essential for improving performance and ensuring the Alliance is using its resources effectively.


GAVI is committed to supporting countries to improve the availability and quality of their immunisation-related data.

Policy Development

GAVI is regularly adapting its policies to ensure that countries are supported in the most effective and efficient way to reach the 2015 targets defined through this Strategy.
GAVI Alliance Strategy 2011-2015

Mission
To save children’s lives and protect people’s health by increasing access to immunisation in poor countries

Operating principles
As a public-private partnership including civil society, the GAVI Alliance plays a catalytic role providing funding to countries and demonstrates “added-value” by:

1. Advocating for immunisation in the context of a broader set of cost-effective public health interventions
2. Contributing to achieving the Millennium Development Goals (MDGs)
3. Supporting national priorities, integrated delivery, budget processes and decision-making
4. Focusing on innovation, efficiency, equity, performance and results
5. Maximising cooperation and accountability among partners through the Secretariat
6. Ensuring gender equity in all areas of engagement

Strategic goals
1. Accelerate the uptake and use of underused and new vaccines
2. Contribute to strengthening the capacity of integrated health systems to deliver immunisation
3. Increase the predictability of global financing and improve the sustainability of national financing for immunisation
4. Shape vaccine markets

Goal-level indicators

<table>
<thead>
<tr>
<th>Strategic goals</th>
<th>Mission indicators:</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Under-five mortality rate in GAVI-supported countries:</td>
</tr>
<tr>
<td>2</td>
<td>Number of additional future deaths averted:</td>
</tr>
<tr>
<td>3</td>
<td>Number of children fully immunised with GAVI support:</td>
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<tr>
<td>4</td>
<td></td>
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<tr>
<td><strong>TARGET 2015:</strong></td>
<td><strong>TARGET 2011-15:</strong></td>
</tr>
<tr>
<td>68 per 1000 live births</td>
<td>3.9 million</td>
</tr>
<tr>
<td><strong>Notes:</strong> All targets achievable with full funding</td>
<td><strong>(Baseline values indicated in brackets refer to 2010)</strong></td>
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</tbody>
</table>

**Notes:** All targets achievable with full funding

(Baseline values indicated in brackets refer to 2010)

GAVI Alliance Strategy 2011-2015

Mission indicators:

- Under-five mortality rate in GAVI-supported countries:
- Number of additional future deaths averted:
- Number of children fully immunised with GAVI support:
- Drop-out rate: percentage point drop out between DTP1 and DTP3 coverage
- DTP3 coverage: % of surviving infants receiving 3 doses of DTP-containing vaccine
- Measles First Dose (MCV1) coverage: increased coverage
- Equity in immunisation coverage: % of GAVI-supported countries where DTP3 coverage in the lowest wealth quintile is +/- 20% points of the coverage in the highest wealth quintile
- Resource mobilisation: resources mobilised as a % of resources needed to finance forecasted country demand for vaccine support
- Country investments in vaccines per child: average government expenditure on vaccines per surviving infant
- Fulfilment of co-financing commitments: % of countries that meet their co-financing commitments in a timely manner
- Reduction in vaccine price: change in weighted average price per child to fully immunise with pentavalent, pneumococcal and rotavirus vaccines
- Number of products offered as a % of five-year target

<table>
<thead>
<tr>
<th>Strategic objectives</th>
<th>Goal-level indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Increase evidence-based decision-making by countries</td>
<td>Country introductions of underused and new vaccines: number of GAVI-supported countries introducing underused and new vaccines</td>
</tr>
<tr>
<td>2. Strengthen country introduction to help meet demand</td>
<td>Coverage of underused and new vaccines: coverage of underused and new vaccines in GAVI-supported countries (% of target population)</td>
</tr>
<tr>
<td><strong>TARGET 2015:</strong></td>
<td><strong>TARGET 2011-15:</strong></td>
</tr>
<tr>
<td>Penta: 69 (62)</td>
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</tr>
<tr>
<td>Pneumo: 45 (3)</td>
<td>Pneumo: 45 (3)</td>
</tr>
<tr>
<td>Rota: 33 (4)</td>
<td>Rota: 33 (4)</td>
</tr>
<tr>
<td>Penta: 77% (39%)</td>
<td>Penta: 77% (39%)</td>
</tr>
<tr>
<td>Pneumo: 40% (1%)</td>
<td>Pneumo: 40% (1%)</td>
</tr>
<tr>
<td>Rota last dose: 31% (1%)</td>
<td>Rota last dose: 31% (1%)</td>
</tr>
<tr>
<td><strong>TARGET 2015:</strong></td>
<td><strong>TARGET 2011-15:</strong></td>
</tr>
<tr>
<td>DTP3 coverage: 81% (75%)</td>
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<tr>
<td>Measles First Dose (MCV1) coverage: increased coverage</td>
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</tr>
<tr>
<td>Equity in immunisation coverage: 62% (51%)</td>
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</tr>
<tr>
<td>Resource mobilisation: n/a*</td>
<td>Resource mobilisation: n/a*</td>
</tr>
<tr>
<td>Country investments in vaccines per child: increased investment (US$ 3.8)</td>
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</tr>
<tr>
<td>Fulfilment of co-financing commitments: 100% (86%)</td>
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</tr>
<tr>
<td>Reduction in vaccine price: future targets are not publicised to avoid setting a floor to a minimum price</td>
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<td>Number of products offered as a % of five-year target</td>
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</tbody>
</table>

**Cross-cutting**

- Monitoring and Evaluation
- Advocacy, Communication and Public Policy
- Policy Development

Information current as of October 2013