

UPDATE FROM GAVI, THE VACCINE ALLIANCE

SAGE MEETING
Seth Berkley, CEO
14 April 2015, Geneva



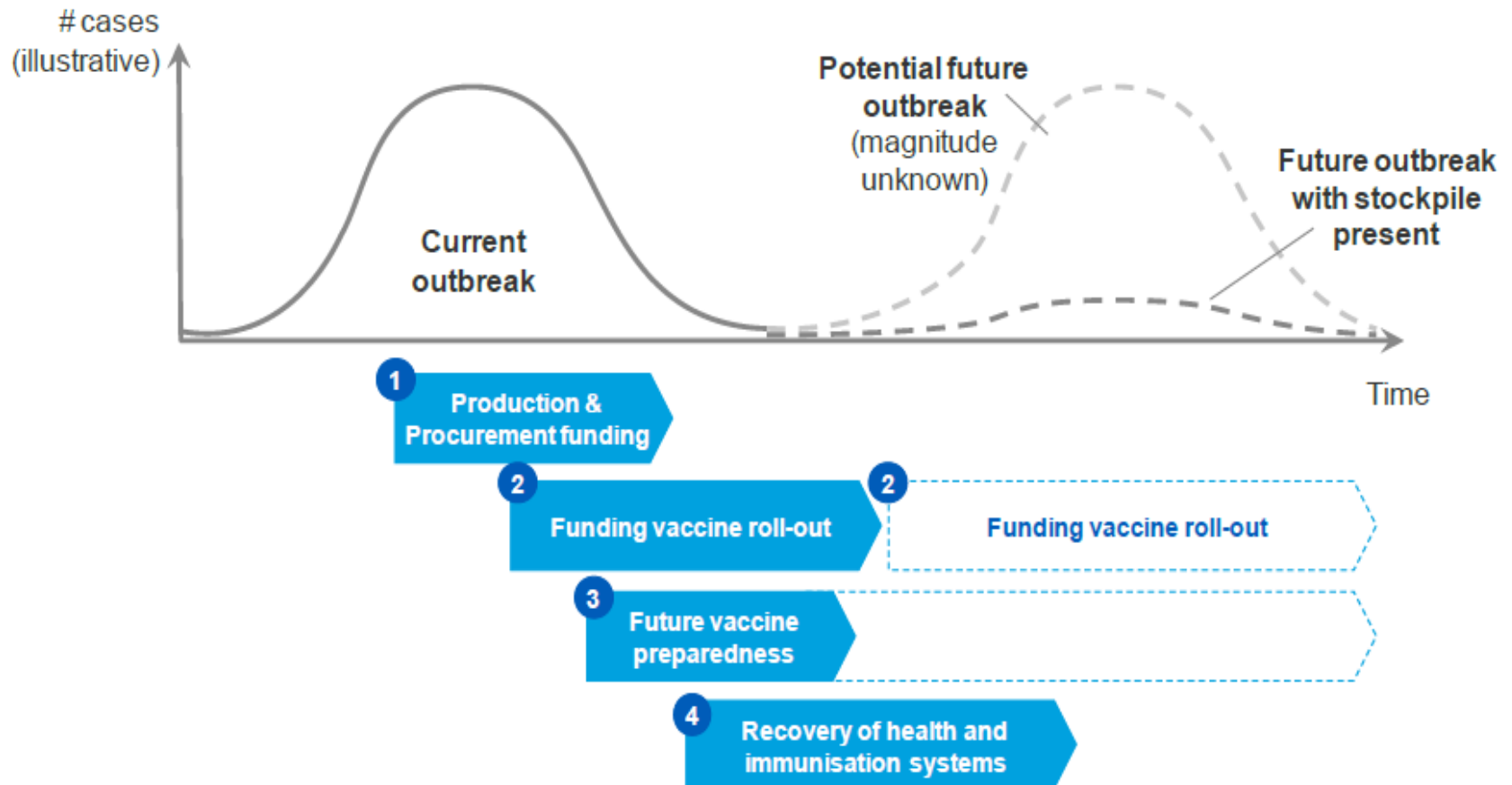
OBJECTIVES

- **Recent key Board decisions**
- **Update on Gavi 2016-2020 strategy**
- **Programmatic update**
- **Policy update**
- **Full Country Evaluations**

1

RECENT KEY BOARD DECISIONS

EBOLA: DECEMBER BOARD DECISION APPROVED GAVI ENGAGEMENT IN 4 AREAS



VACCINE PRODUCTION: GAVI TO BALANCE POTENTIALLY CONFLICTING GOALS

**Preparedness
for unknown
evolution of the
epidemics**

**Availability of
supply for
products of
unknown
development
outcome**

**Responsible
stewardship of
funds**

Ebola raises many new issues

- **Unprecedented amount of uncertainty involved; situation changes daily**
- **Unique for Gavi to commit to assist with unapproved vaccine**
- **Executive Committee engaged and holding frequent, exceptional teleconferences**
- **Secretariat is speaking to manufacturers almost daily**
- **Efficacy data may be impossible to obtain; validation of animal models and joint submission with human data**

RECOVERY OF HEALTH AND IMMUNISATION SYSTEMS: SITUATION ANALYSIS

- **Primary Health Care services** affected in all 3 countries: Coverage decreased by 20-40 %; estimated 250,000 children under immunized due to Ebola
- **Cold chain** in 3 countries historically weak. Ebola outbreak impacted maintenance activities & caused lack of energy sources for refrigerators
- **National medical stores** generally report adequate stocks (1-2 quarters); some stock short dated but no systematic indication of issues except Measles in Liberia (167k doses expiring March) and Pentavalent in Guinea (6k doses expiring in June)
- **Data quality**, particularly in Sierra Leone, still source of concern
- Speed of operations affected by availability of **in-country health care workers** and partners' resources (some concerns re. local offices in Guinea) and concerns of communities about health services

RISK MANAGEMENT: SIGNIFICANTLY STRENGTHENED OVER RECENT YEARS

2009	<ul style="list-style-type: none">▪ Transparency and Accountability (TAP) policy; TAP team▪ Internal Audit function reporting to Gavi CEO and Board
2011	<ul style="list-style-type: none">▪ Separation of TAP team from Country Programmes (CP) team▪ Independent Review management from CP to Policy & Performance▪ Risk Register introduced▪ Reform of CP team towards stronger stewardship role
2013	<ul style="list-style-type: none">▪ Expansion of TAP policy to management of vaccines▪ New grant management approach, increasing focus on fiduciary risk management▪ Internal Auditor's report of Enterprise Risk Management: Gavi has solid core of mechanisms for managing risk but needs to gauge risk appetite
2014	<ul style="list-style-type: none">▪ Board approves Gavi Risk Policy & enhanced Risk management

NEW RISK MANAGEMENT VISION STRUCTURED AROUND 3 LINES OF DEFENCE

3rd line: Independent assurance of 1st and 2nd line

Audit & Investigations

- Internal audit
- Country audit
- Whistle-blower reporting
- Investigations & Counter-Fraud

2nd line: Risk control, monitoring and management

Risk function

Programme Financial Assessment (FMAs, MRs)

Monitoring & Evaluation

Finance

Other functions as part of **Country Team** approach

1st line: Oversight and management of risk within core business

Reinforced **Country Programmes** Department

Stronger **country systems**

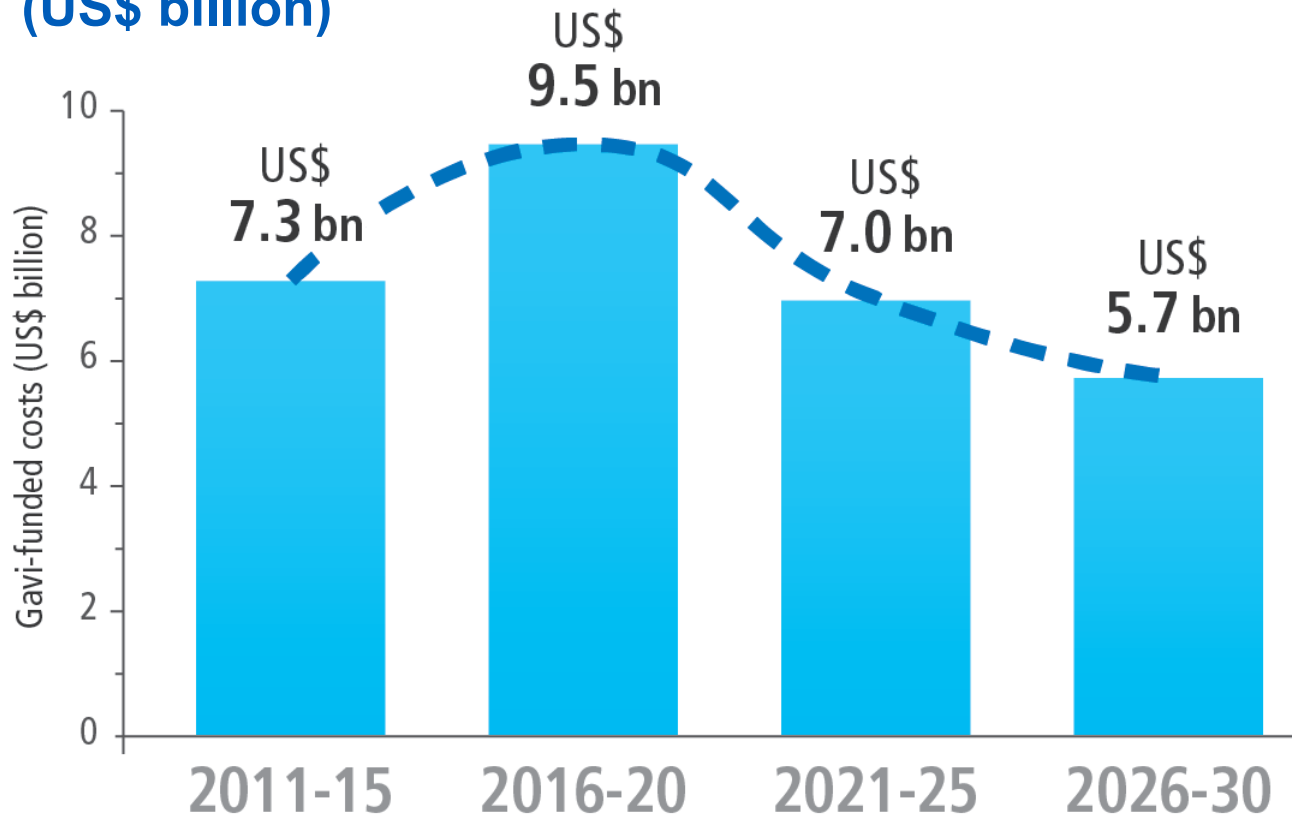
Enhanced collaboration with **partners** in-country

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UPDATE ON 2016-2020 STRATEGY PERIOD

2016–2020: THE PROJECTED PEAK OF INVESTMENTS

(US\$ billion)



Expected cumulative number of **graduated countries** by end of periods:

1 country

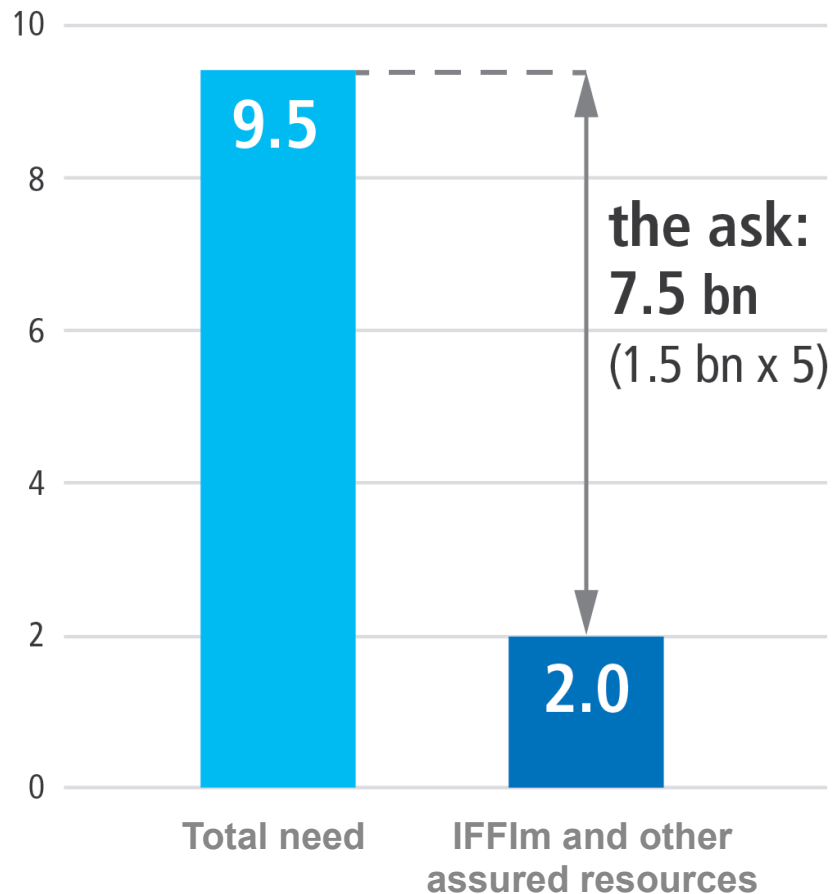
22 countries

29 countries

40 countries

SUCCESSFUL REPLENISHMENT: THE ASK FOR 2016–2020

(US\$ billion)

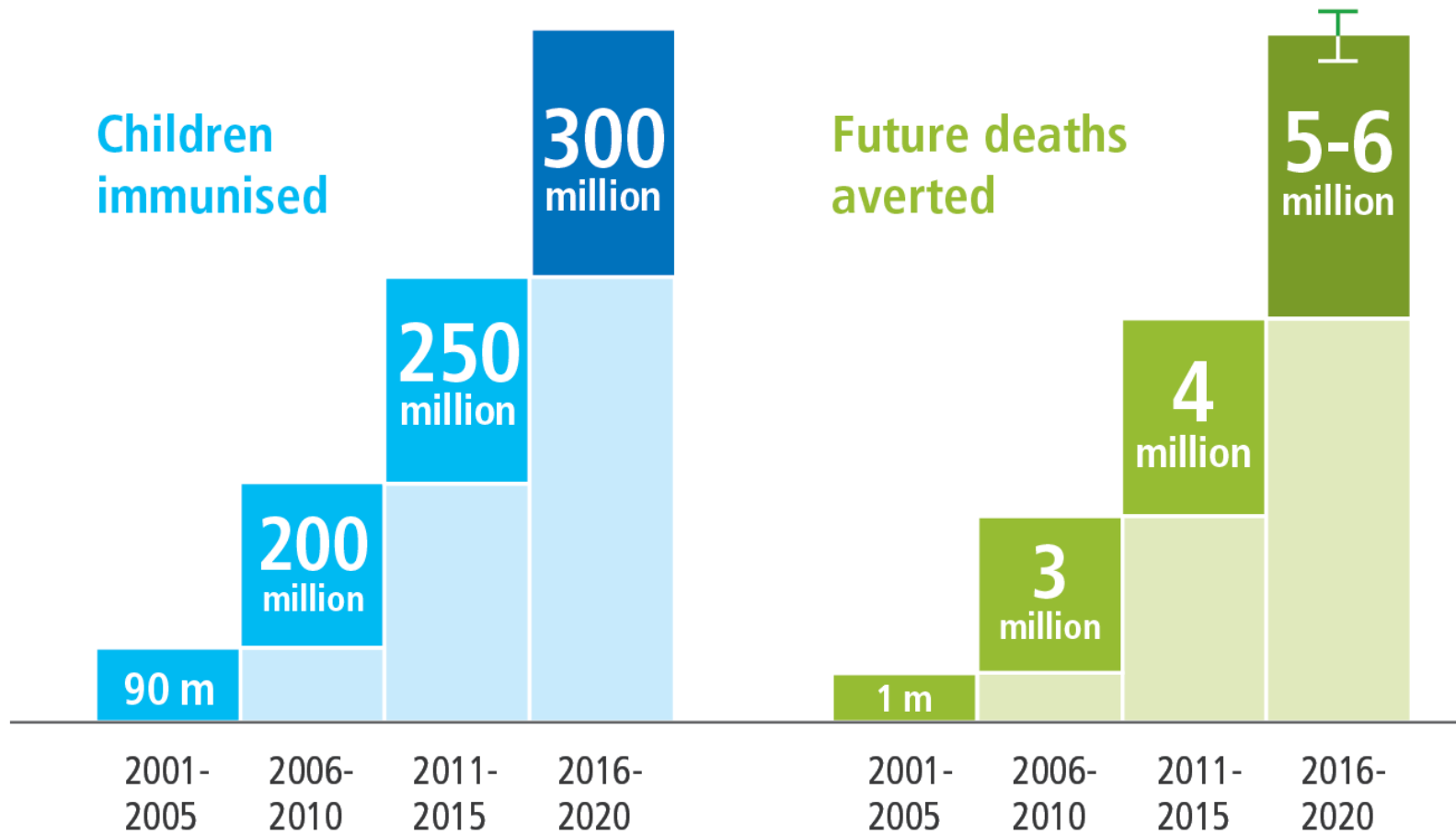


US\$ 7.5 billion

additional funding
needed for immunisation
programmes through to 2020

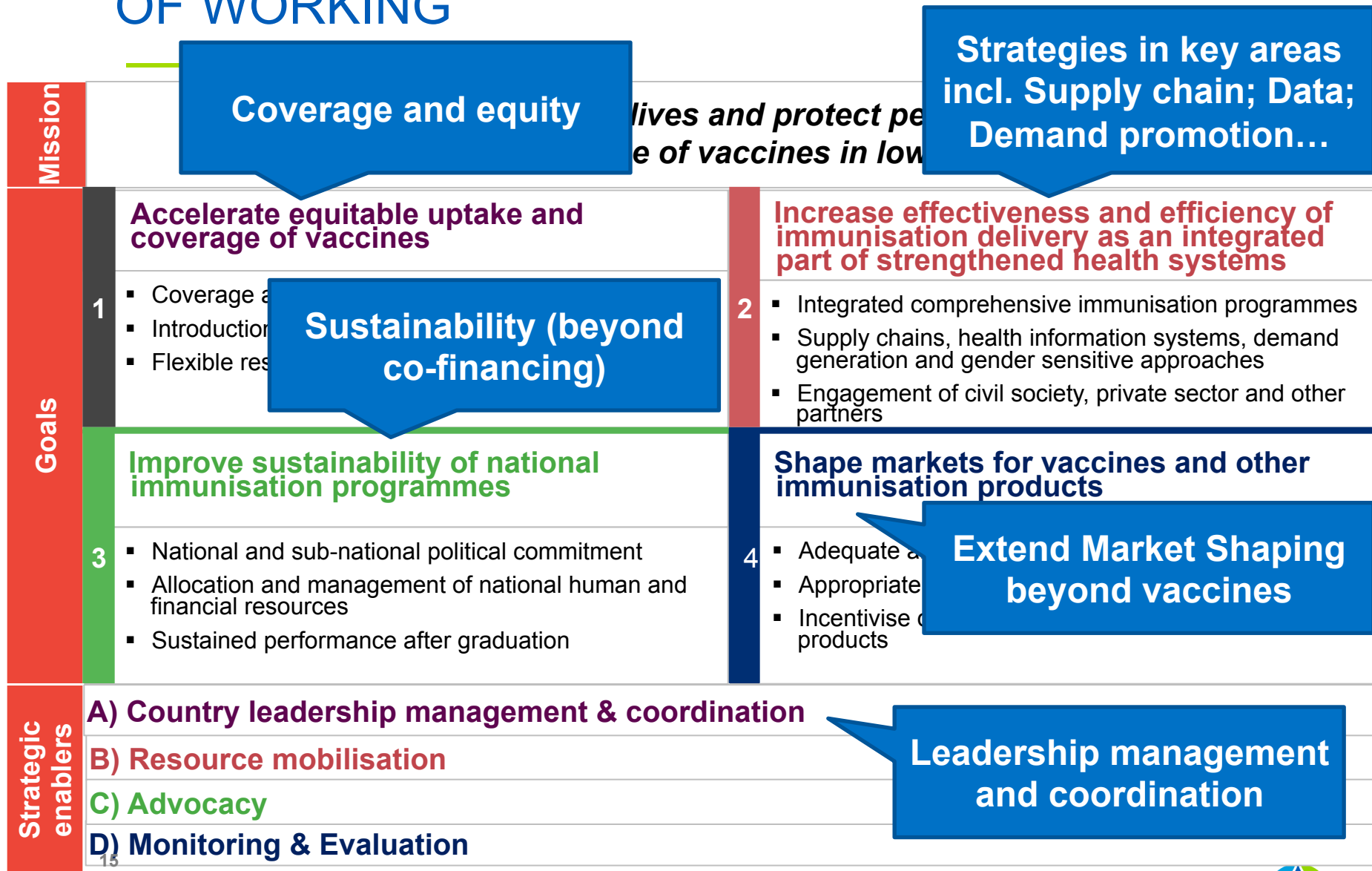


ACCELERATING IMPACT



Sources: Gavi strategic demand forecasts 9 and 10,
Investing together for a healthy future: the 2016–2020 investment opportunity.

THE 2016-20 STRATEGY WILL REQUIRE NEW WAYS OF WORKING



FOUR MAIN AREAS IN IMPLEMENTATION OF 2016–2020 STRATEGY

1 Country engagement model/ coverage & equity

- Plans for improving coverage & equity
- Gavi programme/support to improve coverage & equity
- Alliance model at country level

2 Global strategies, policies & programmes

Started:

- Supply chain
- Eligibility, graduation, co-financing
- Private sector
- ATAP
- Innovation/market shaping
- Data strategy

In pipeline:

- HSS formula
- Leadership, management & coordination
- Non-financial instruments for sustainability
- Demand generation

3 Business plan redesign

- New processes and funding
- Coordination & engagement mechanisms
- Organisational review

4 Indicators & targets

- Develop indicators, baselines & targets

PARTNERS' ENGAGEMENT FRAMEWORK: THREE PILLARS ENDORSED BY BOARD

COUNTRY FOCUS

- Country-centric planning
- Harmonised technical assistance & grants
- Prioritisation of countries for concerted action

RISK MANAGEMENT/ GRANT OVERSIGHT

- Comprehensive risk approach
 - New risk policy
 - 3 lines of defence
 - Beefing up primary prevention
- Strengthening programmatic/fiduciary oversight (incl. 'GAMR')

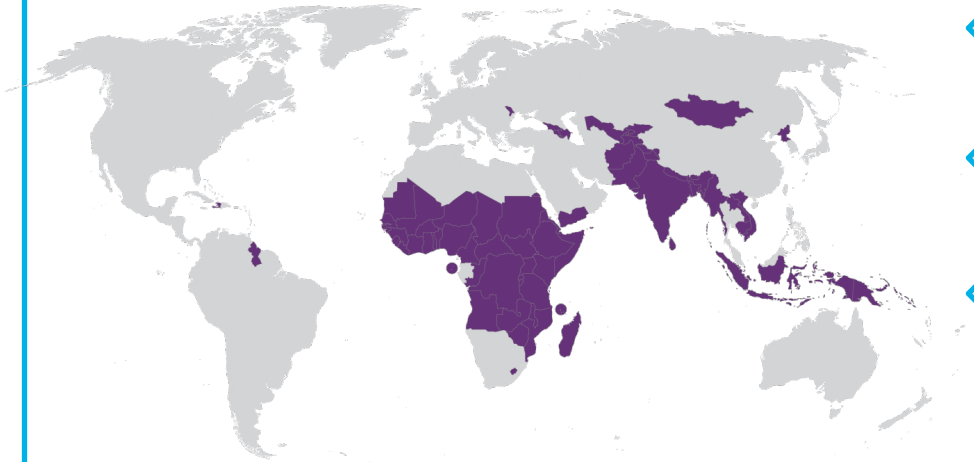
PURPOSEFUL PARTNERSHIPS

- Strengthening and coordination of existing partnerships
- Leveraging comparative advantage
- Extending partnerships, eg, regional/country institutions
- Enhancing accountability for outcomes

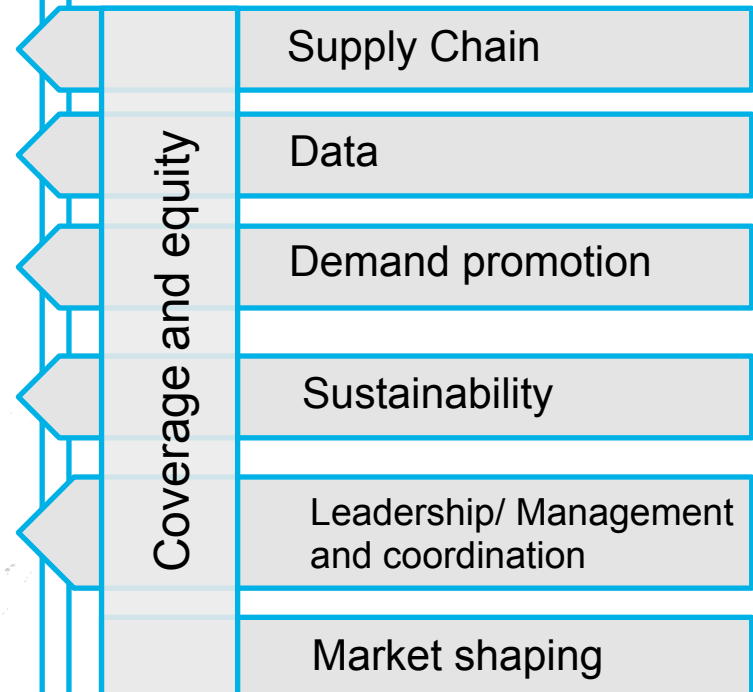
PARTNERS' ENGAGEMENT FRAMEWORK: NEW STRUCTURE

Targeted country assistance:


- Country driven assistance plan
- Prioritisation of countries
- Assistance to include management support



Potential strategic focus areas



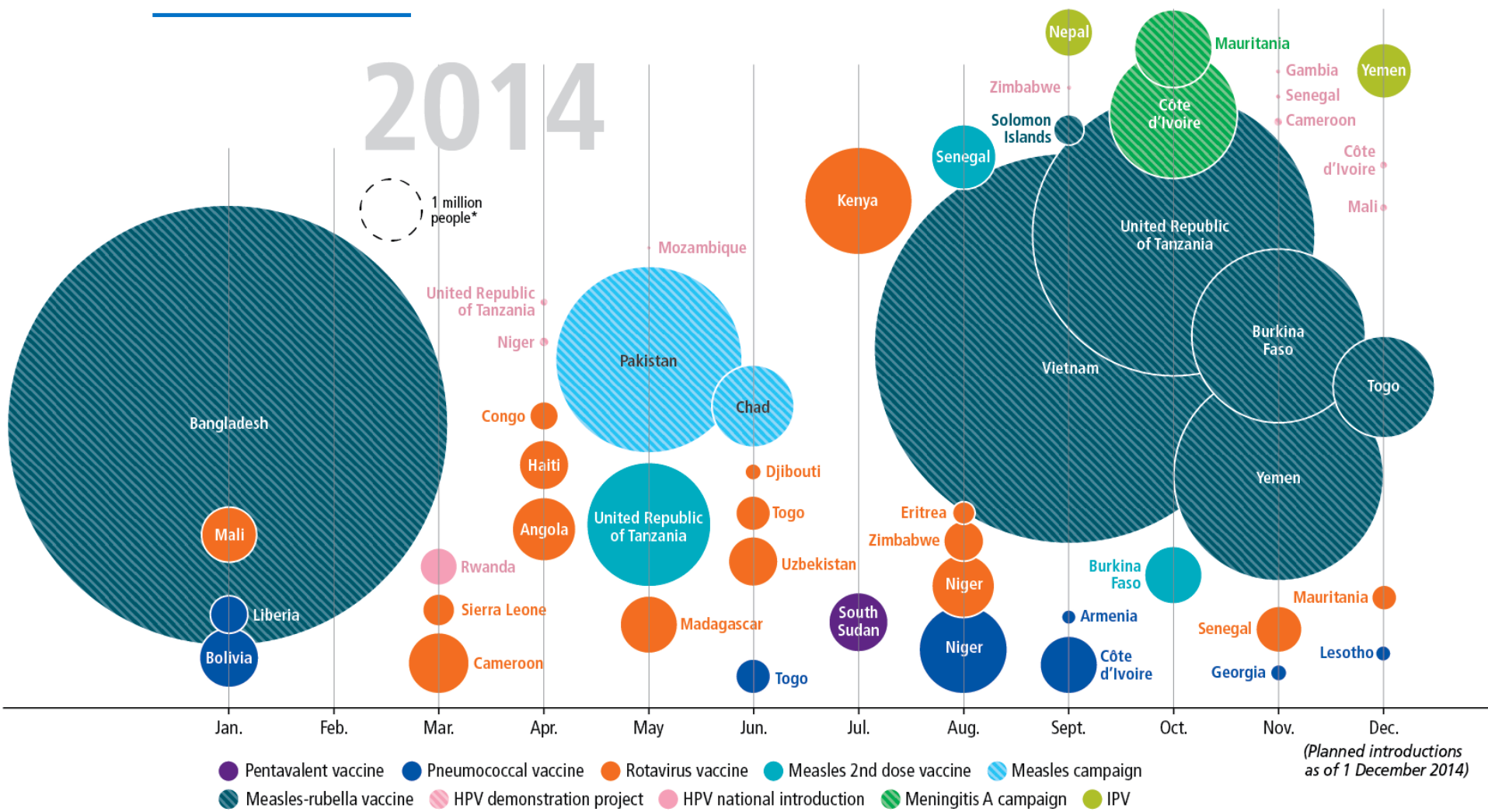
Foundational Support: Funding for core partners (WHO, UNICEF, World Bank, CDC, CSO) for engagement and coordination in key programmatic areas

Mission	To save children's lives and protect people's health by increasing equitable use of vaccines in lower income countries		Aspiration 2020 <ul style="list-style-type: none">< 5 mortality rateFuture deaths avertedFuture DALYs averted# of children vaccinated with GAVI support		TBD <ul style="list-style-type: none">5-6 million>250 million>300 million	Disease dashboard <ul style="list-style-type: none">Empirical measurements (TBD) of health impact to which GAVI Alliance contributed in pneumonia, diarrhoea, Hepatitis B and measles		
Principles	<div><ul style="list-style-type: none">Country-led: Respond to and align with country demand, support national priorities, budget processes and decision-makingCommunity-owned: Ensure engagement of communities to sustain demand and impactGlobally engaged: Contribute to the Global Vaccine Action Plan, align with 2015 global development priorities and implement the aid effectiveness principlesCatalytic & sustainable: Provide support to generate long term sustainable results including country self-financing of vaccines through the graduation process</div> <div><ul style="list-style-type: none">Integrated: Foster integration of immunisation with other health interventions, harmonising other partners'Innovation: Promote innovation in development models, financing mechanisms, immunisation-related technologies and deliveryLeadership: Establish a public-private partnership, convene immunisation stakeholders and leverage the strengths of all Alliance partners through shared responsibility at both global and national levelAccountable: Maximise Alliance cooperation and performance through transparent accountability mechanisms</div>							
Goals	1 Accelerate equitable uptake and coverage of vaccines		2 Increase effectiveness and efficiency of immunisation delivery as an integrated part of strengthened health systems		3 Improve sustainability of national immunisation programmes		4 Shape markets for vaccines and other immunisation products	
Objectives	<ul style="list-style-type: none">a Increase coverage and equity of immunisationb Support countries to introduce and scale up new vaccinesc Respond flexibly to the special needs of children in fragile countries		<ul style="list-style-type: none">a Contribute to improving integrated and comprehensive immunisation programmes, including fixed, outreach and supplementary componentsb Support improvements in supply chains, health information systems, demand generation and gender sensitive approachesc Strengthen engagement of civil society, private sector and other partners in immunisation		<ul style="list-style-type: none">a Enhance national and sub-national political commitment to immunisationb Ensure appropriate allocation and management of national human and financial resources to immunisation through legislative and budgetary meansc Prepare countries to sustain performance in immunisation after graduation		<ul style="list-style-type: none">a Ensure adequate and secure supply of quality vaccinesb Reduce prices of vaccines and other immunisation products to an appropriate and sustainable levelc Incentivise development of suitable and quality vaccines and other immunisation products	
Goal-level indicators	<ul style="list-style-type: none">Reach of routine coverage: penta3 and measles first doseBreadth of protection: average coverage across all supported vaccinesEquity of coverage<ul style="list-style-type: none">Geographic distributionWealth quintile distributionGender-related barriersFragile countries		<ul style="list-style-type: none">Supply chain: rolling average Effective Vaccine Management assessment scoresData quality: [two candidates: Grade of Confidence and difference between administrative coverage and survey]Access, demand and service delivery: penta1 coverage and penta1 to 3 drop outIntegration: [two candidates: promotion of comprehensive approaches to targeted diseases and increased oral rehydration coverage following rota introductions]Civil society & private sector: In process		<ul style="list-style-type: none">Co-financing: % countries fulfilling co-financing commitmentsCountry investments in routine immunisation: % countries with increasing investment in routine immunisation per child (with amount and %)Programmatic sustainability: % countries on track for successful graduation		<ul style="list-style-type: none">Healthy market dynamics: % Gavi vaccine markets where supply meets demandReduction in price: Reduction in weighted average price of fully vaccinating a child with penta, pneumo and rotaInnovation: # vaccines and immunisation products with improved characteristics	
Strategic enablers								

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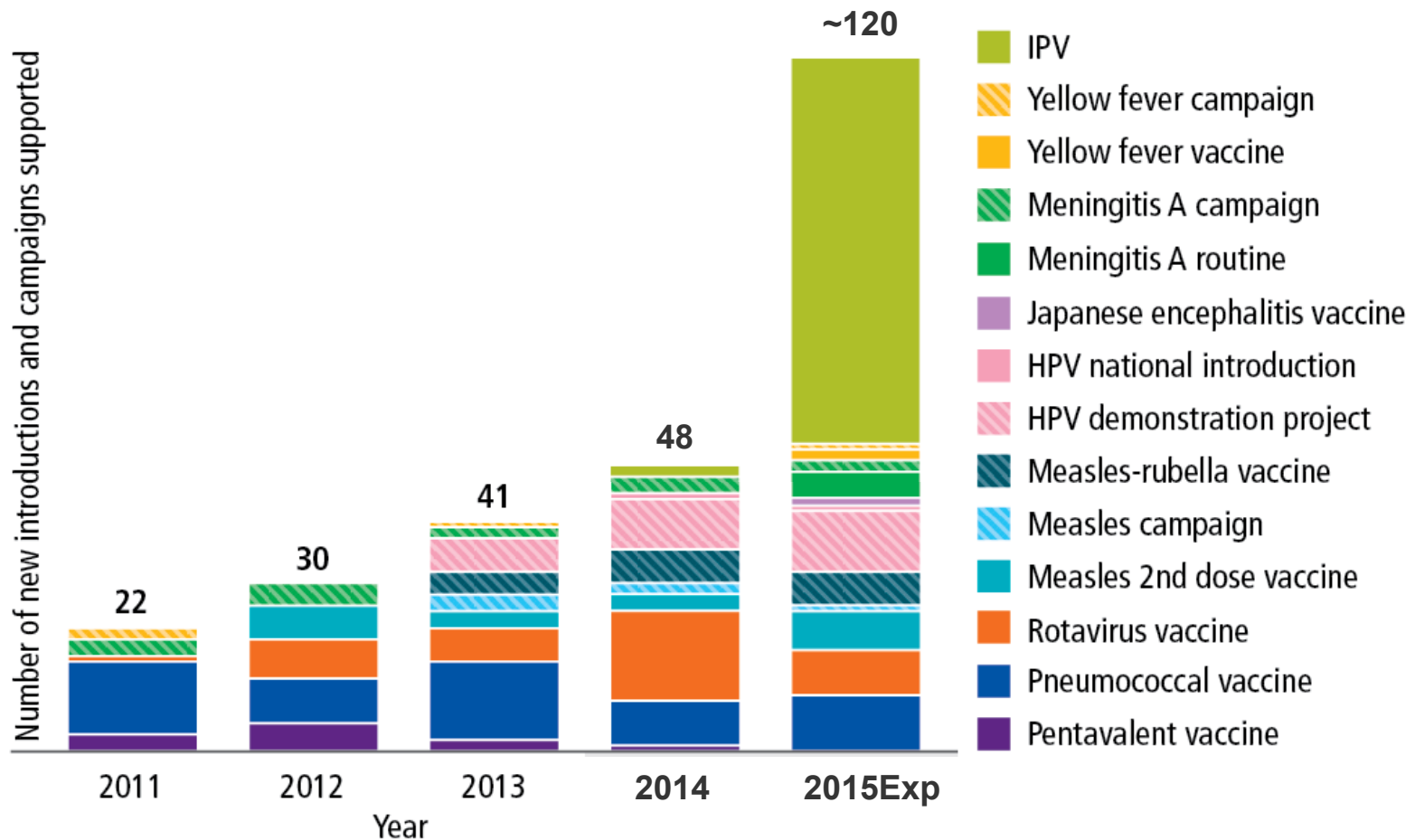
PROGRAMMATIC UPDATE

VACCINE INTRODUCTIONS IN 2014



* Refers to annual birth cohort (for vaccine introductions)
or target population (for vaccine campaigns)

ACCELERATION OF IPV INTRODUCTIONS: GAVI VACCINE SUPPORT, 2011–2015

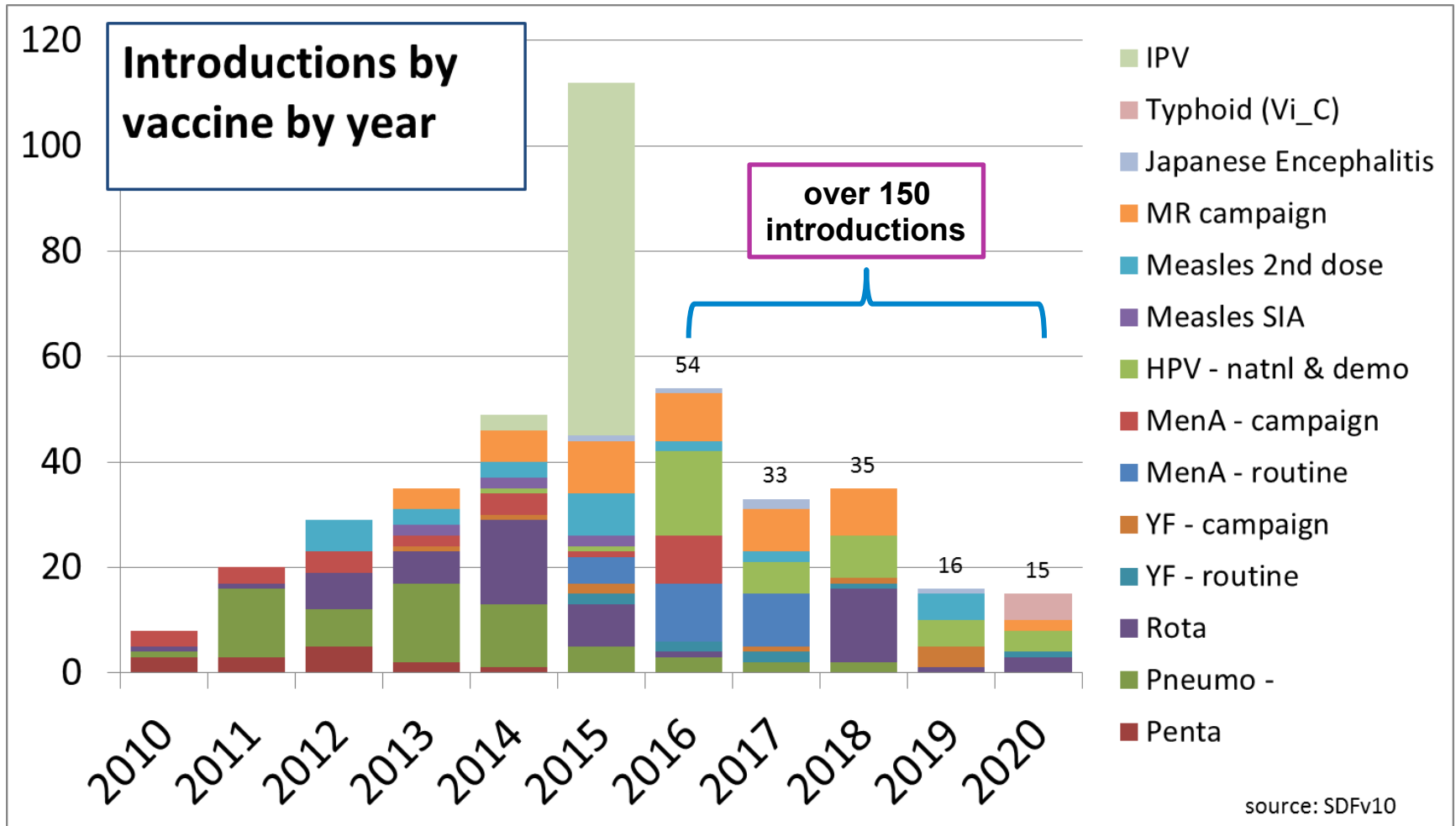


OCV doses via stockpile and EVD vaccine may be introduced in 2015

Source: Gavi data as of March 2014

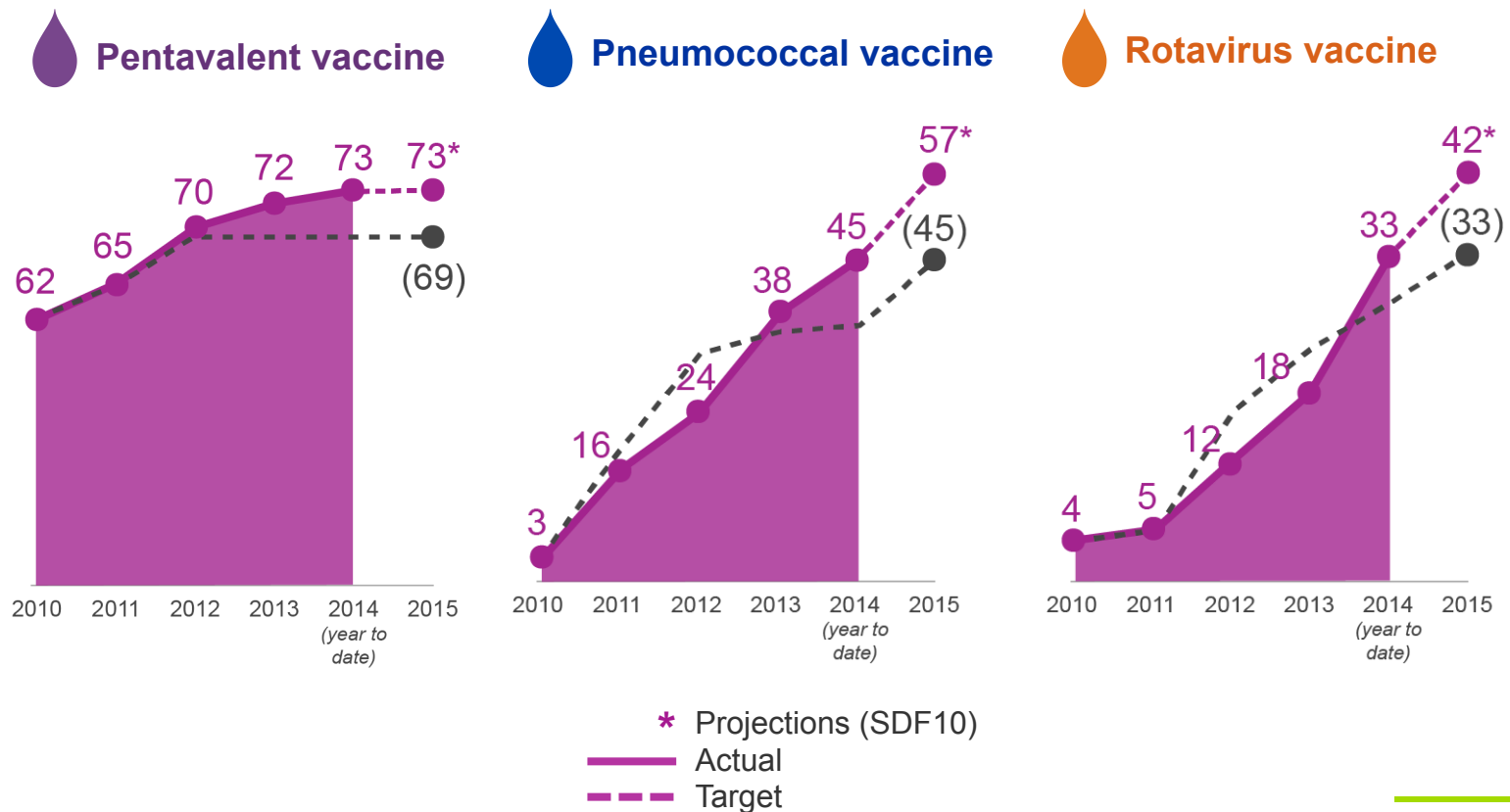
Note: Only the first phase of introductions and campaigns is included.

CONTINUED HIGH LEVEL OF INTRODUCTIONS IN NEXT STRATEGY PERIOD



VACCINE INTRODUCTION TARGETS REACHED ONE YEAR IN ADVANCE

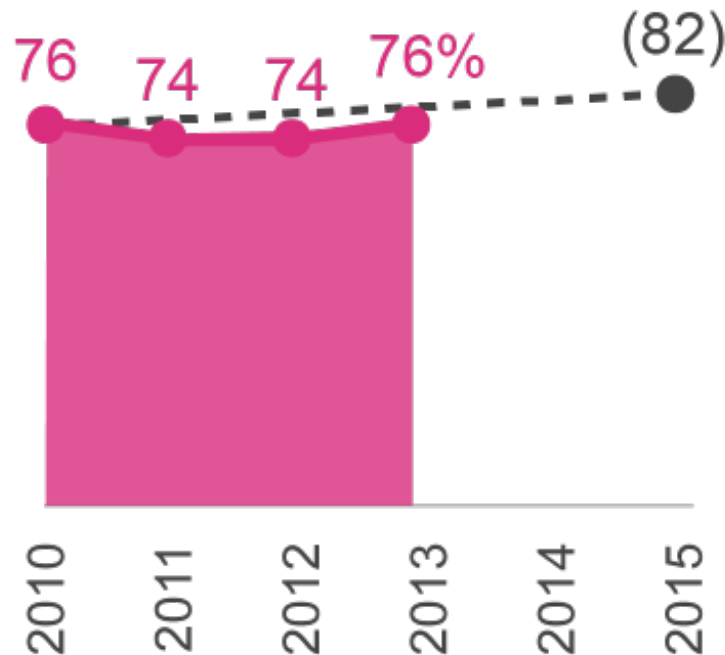
Cumulative country introductions



Source: Gavi data as of 30 November 2014.

COVERAGE INCREASING: REACHING MORE CHILDREN THAN EVER BEFORE

Coverage of third dose of DTP-containing vaccines increased to 76% in Gavi-supported countries



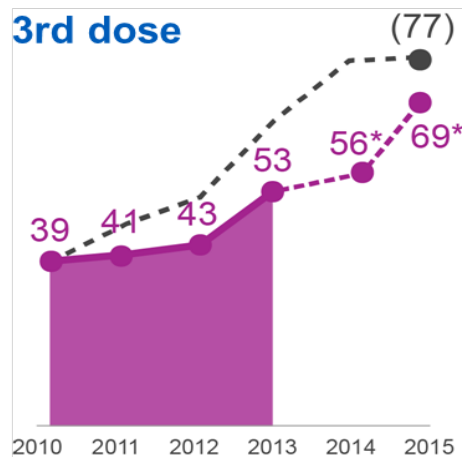
Source: WHO/UNICEF Estimates of National Immunization Coverage, July 2014.

PROGRESS TOWARDS VACCINE COVERAGE GOALS, BUT STILL BEHIND TARGET

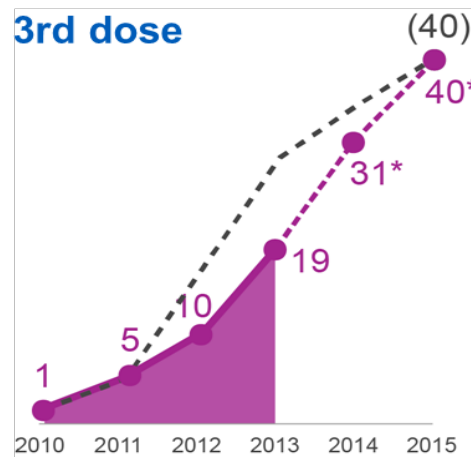
Coverage in Gavi-supported countries (%)



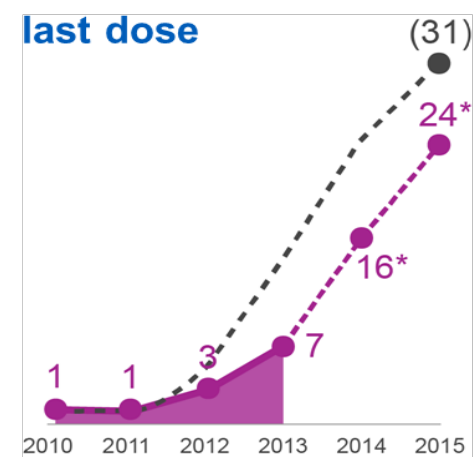
Pentavalent vaccine



Pneumococcal vaccine



Rotavirus vaccine

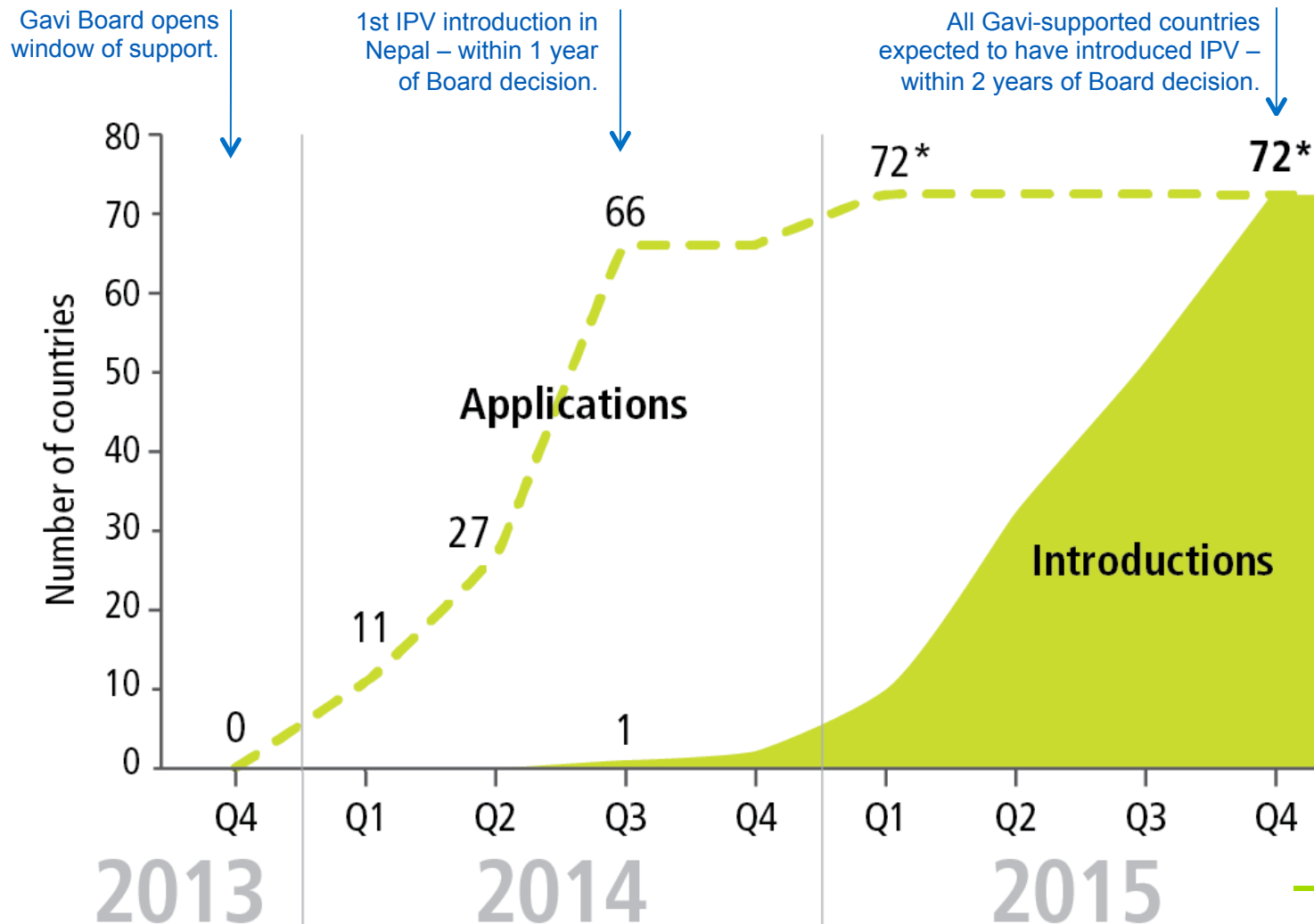


★ Projections (SDF10)

— Actual

- - - Target

IPV IMPLEMENTATION SHOWCASES SUCCESSFUL FAST-TRACK APPROACH



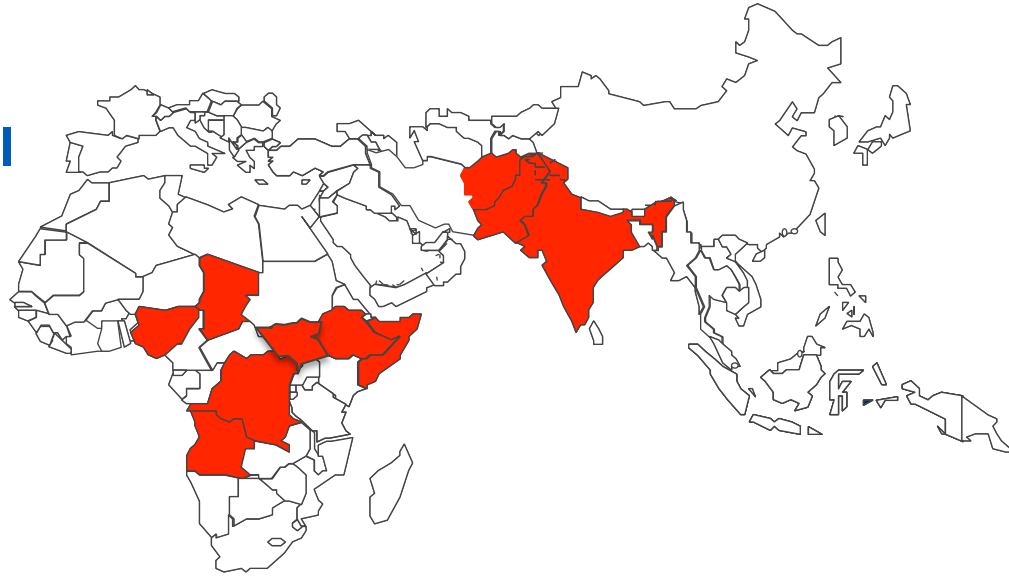
Source: Gavi data as of 2 December 2014.

* Ukraine has introduced IPV independently of Gavi financing.

Polio, routine immunisation and Gavi

Gavi collaborates with GPEI on immunisation system strengthening in polio focus countries:

- **AFR:** Nigeria, South Sudan, DR Congo, Chad, Ethiopia, Angola
- **EMR:** Pakistan, Afghanistan, Somalia
- **SEAR:** India

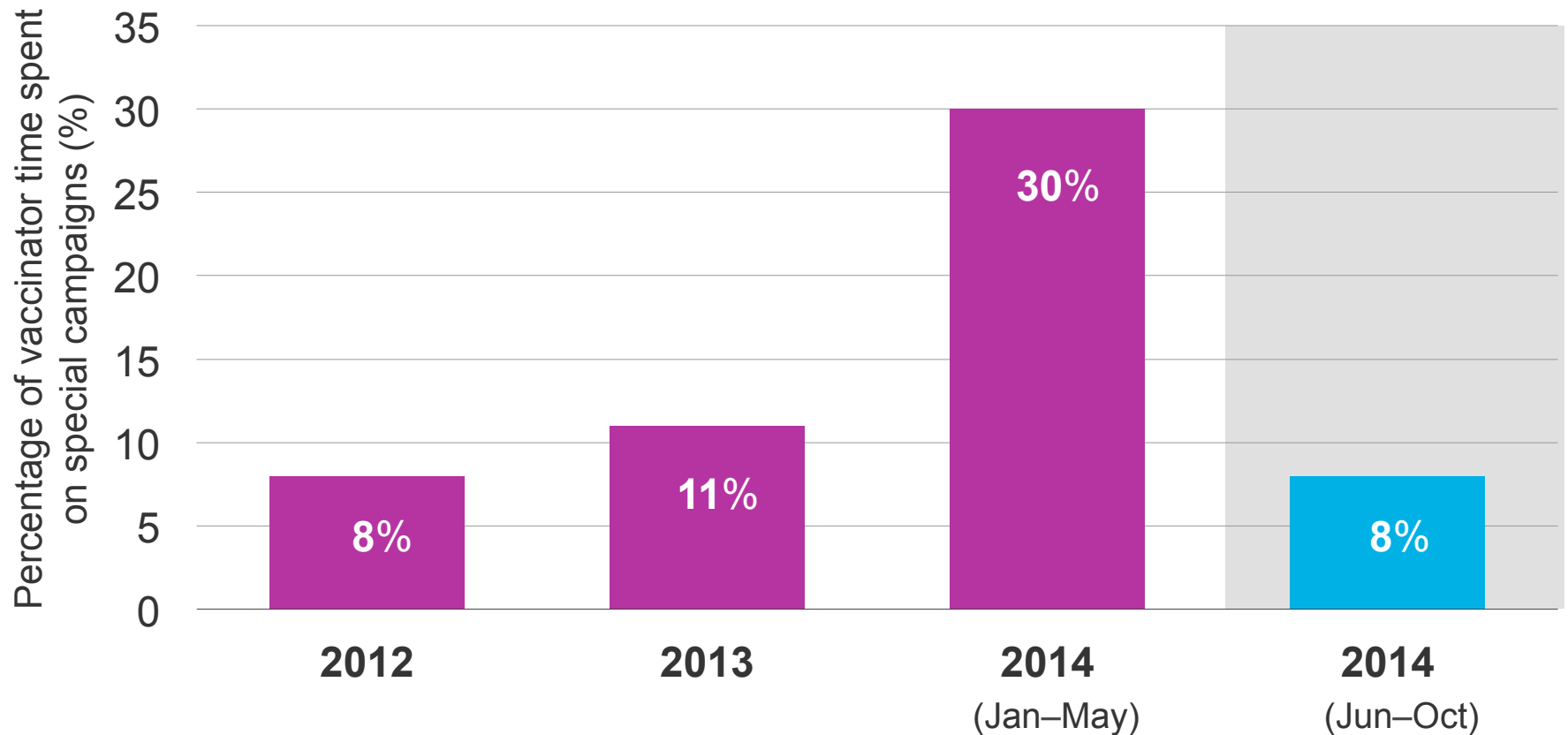


Understanding synergies with Gavi 4.0:

- Importance of robust, costed and ICC approved annual EPI plans
- Changing the dialogue from “*whether*” polio assets support broader immunization activities to “*how*” and “*what*”
- RI strengthening and Polio Legacy

LESS TIME ON POLIO CAMPAIGNS = + 20,000 VACCINATOR DAYS FOR ROUTINE IMMUNISATION

Vaccinator time spent on special campaigns, Punjab state



Source: Roadmap team

IPV: AFTER SUCCESSFUL ROLL-OUT, FOUR BIG ISSUES REMAIN

Wastage

- WHO recommended multi-dose vial policy for IPV
= **significantly reduced wastage**

Supply

- Delays in scaling-up capacity of 10-dose vial, delayed pre-qualification of 5-dose vial = **short-term constraints in availability**

Demand

- GPEI using IPV in campaigns (capped at 8m doses, not financed by Gavi) in some endemic areas = **increasing demand**

Flexibility of financing

- Gavi's usual ability to move funds through time restricted by funding envelope = **reduced flexibility**

MEASLES & RUBELLA: NEW GAVI STRATEGY WILL BUILD ON EXISTING PROGRAMMES

Routine Measles second dose

(duration of 5 years)

Measles-Rubella campaigns

*(below 15 years) before start of
routine*

Measles SIA

*6 high risk countries for
population below 5 years of age*

Outbreak response fund to Measles Rubella Initiative

(US\$ 55m through to 2017)

HPV PROGRAMME TO REACH 1 MILLION VACCINATED GIRLS IN 2015



1 million girls vaccinated

1

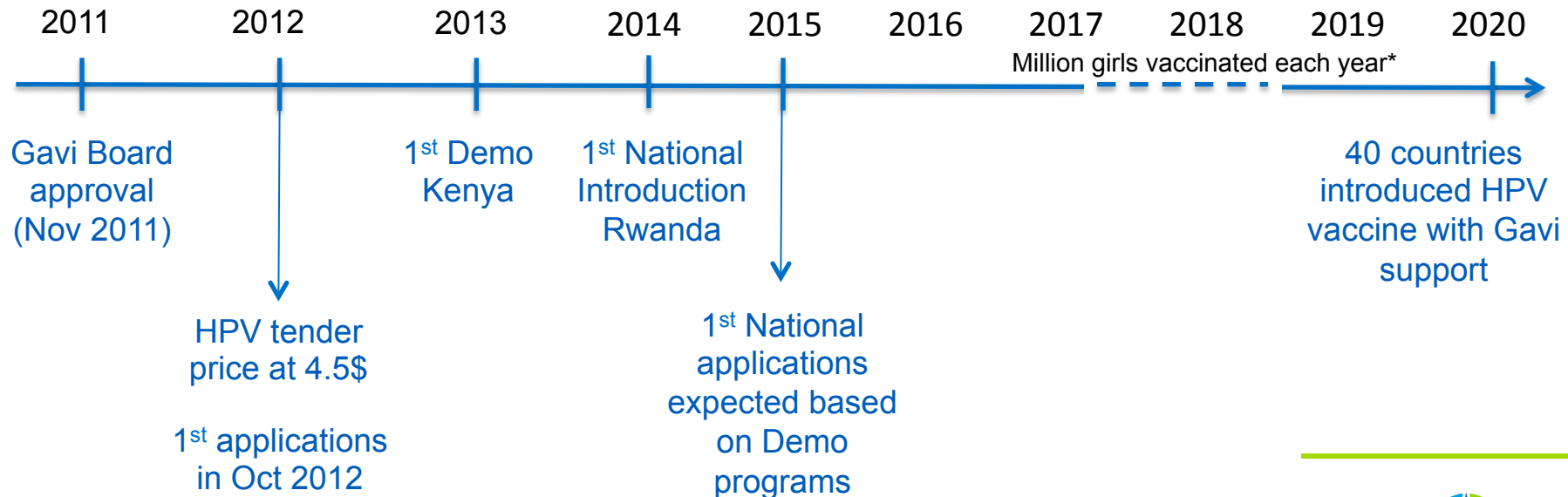
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8

10

12



JAPANESE ENCEPHALITIS VACCINE

- First tender concluded July 2014
- Gavi's first Chinese vaccine supplier
- GAVI-supported campaigns forecast to require >75 million doses 2015-2020
- Secured sufficient supply to meet increasing demand through 2016
- First introduction in Lao PDR April 2015



INDIA – GAVI FORMULATING 2016-20 ENGAGEMENT STRATEGY

- Over 30% of world's under-immunised children
- Highest global burden of vaccine-preventable diseases
- Finalising roll-out of penta to all states with catalytic Gavi support
- New government committed to introduce IPV, rota, JE and rubella



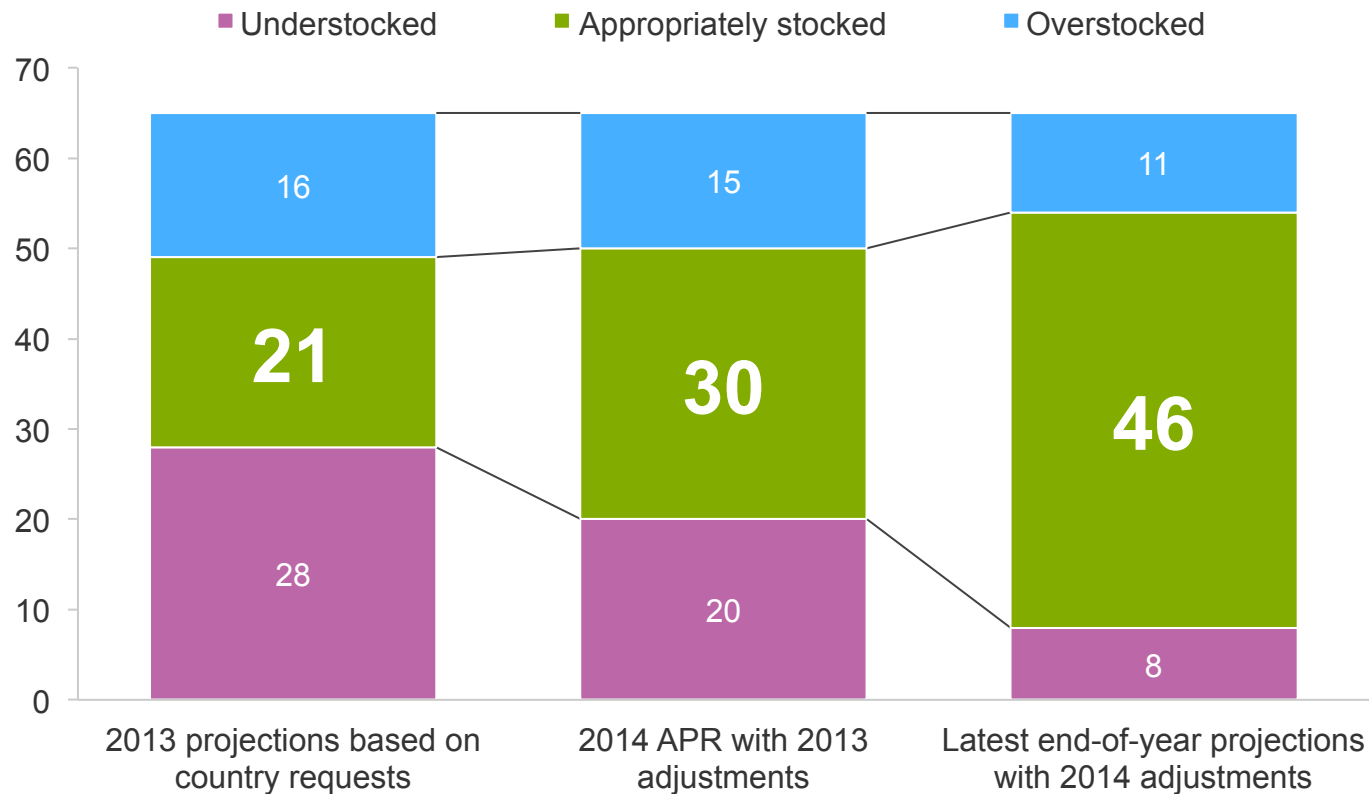
Gavi currently developing comprehensive strategy for engagement with India 2016-20

NEW PROGRAM REVIEW MODEL: FIRST YEAR EXPERIENCE

- **High-level panel: Gavi Secretariat, WHO, UNICEF and Independent Review Committee members**
- **70 countries reviewed in 2014**
- **More in-depth look at programmes, strengthens links to business plan and HSS**
- **Workload for partners and Secretariat higher than expected – increased engagement and accountability**
- **Partner joint appraisals welcomed:**
 - strengthens partnerships
 - grounds discussions in country context

IMPROVEMENT OF STOCKS – FURTHER IMPROVEMENT EXPECTED

Pentavalent vaccine - projected number of countries with “appropriate” stock levels (central warehouse + 1 level), by the end of 2014

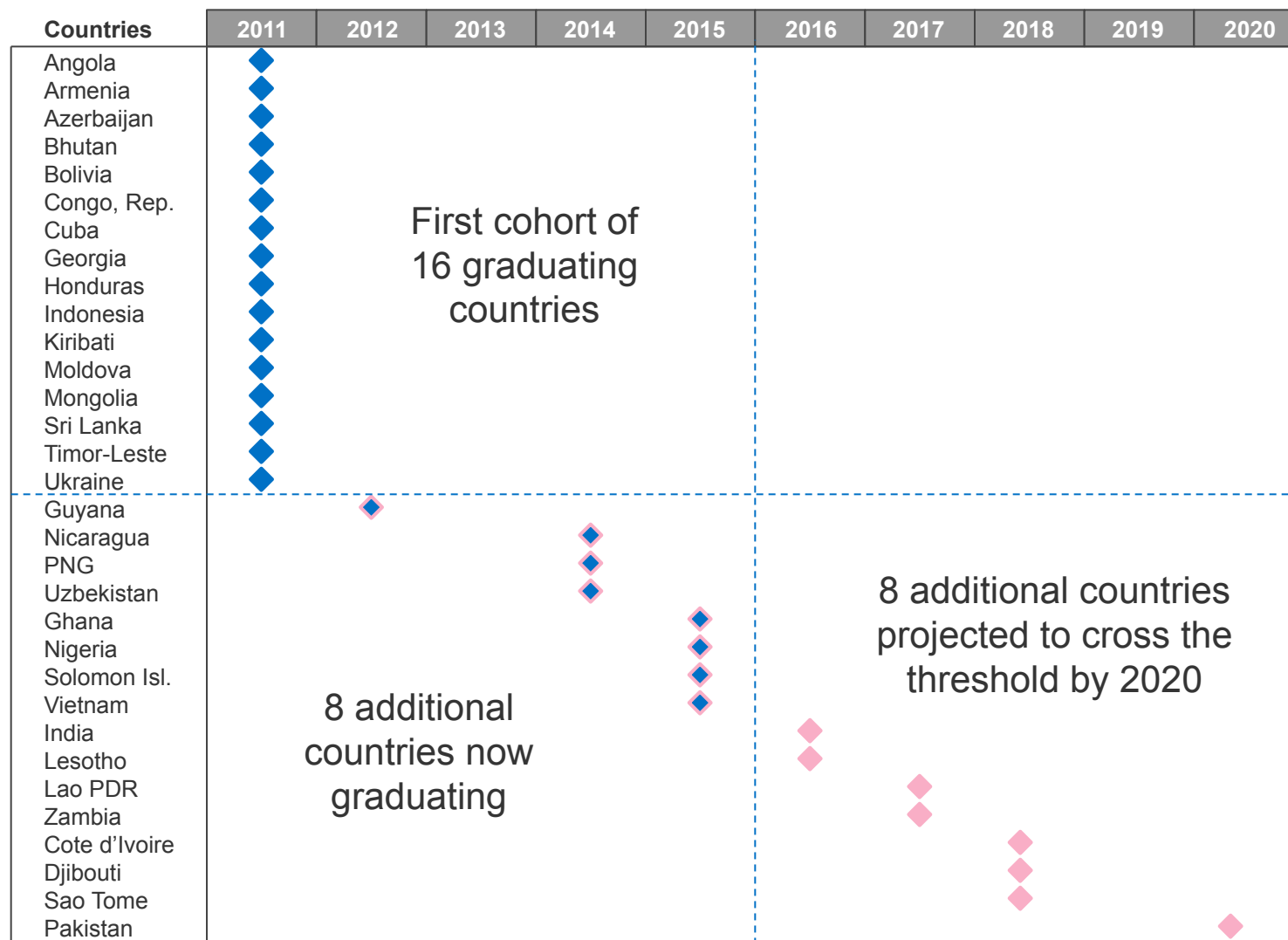


*Definitions: Understocked = less than 4 months of stock,
overstocked = more than 8 months of stock*

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POLICY UPDATE

COUNTRY TRANSITIONS OUT OF GAVI SUPPORT



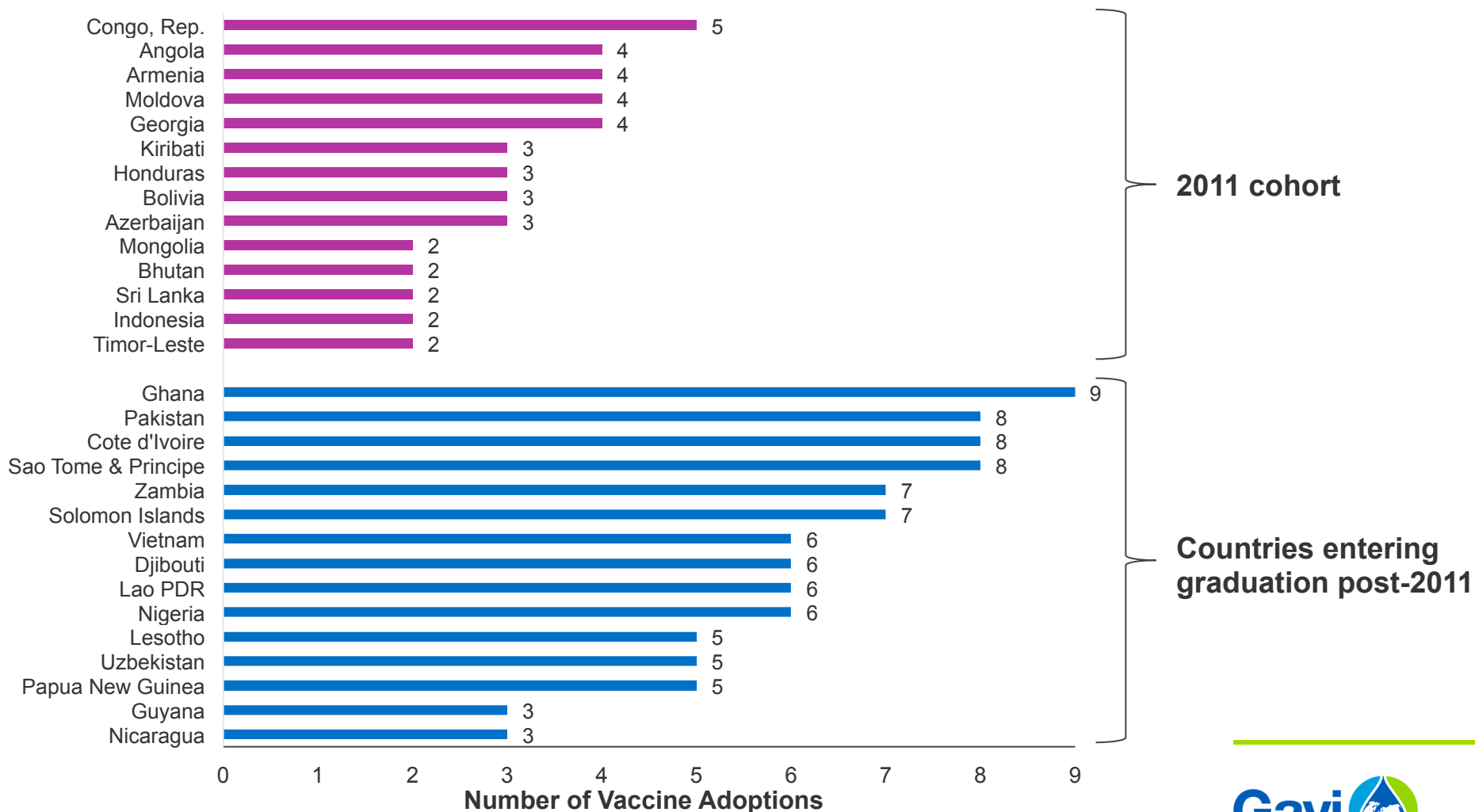
Graduating countries: 1st wave entered graduation in 2011, 2nd wave in 2012–2020

	1 st wave	2 nd wave
Under-5 mortality rate ¹	✓ Successful transition to self-financing	✓ Successfully introduced most/all Gavi vaccines
GNI per capita at <i>entering</i> graduation ⁵	✓ Projected vaccine costs affordable (<i>at Gavi price</i>)	✓ High impact due to high burden of vaccine-preventable diseases
2013 total fertility Rate ²	✓ Low risk to sustainability of vaccine programmes	
Vaccines introduced ³	✗ Missed opportunities for vaccine introductions	✗ Higher fiscal burden following graduation
Average length of graduation period (years) ⁴		✗ Faster pace of financial scale-up required

1. Source: World Bank World Development Indicators, accessed September 2014.
2. Total Fertility Rate; Source: UN World Population Prospects, accessed October 2014
3. Modeled using GAVI's Adjusted Demand Forecast
4. 1st wave obtained from GAVI Secretariat, 2nd wave modeled
5. World Bank GNI per capita 2013 and earlier, modeled starting in 2014

FIRST WAVE ON TRACK TO SUCCESSFUL GRADUATION BUT WITH FEWER VACCINES INTRODUCED

Projected number of vaccines adopted with Gavi support¹ before losing eligibility, for current and future graduating countries



SECRETARIAT HAS UNDERTAKEN AN IN-DEPTH REVIEW OF GAVI'S 'ELGRACO' POLICIES

Recommendations:

- build on existing policies and strategies
- optimise Gavi's catalytic model to help achieve the health impact and financial sustainability goals in the 2016-2020 strategy
- enhance Gavi's approach to supporting successful country transitions to full self-financing

Data & situation analysis discussed at recent board retreat

- *Revised Eligibility and Transition Policy*
- *Revised Co-financing policy*

4 May: PPC review of recommendations for Board decision in June

ACCESS TO APPROPRIATE PRICING

Objective: Support access to appropriate pricing so that countries can sustain immunisation programmes begun with Gavi support and continue to introduce new life-saving vaccines

Several gaps in access to appropriate pricing for Gavi graduates have been identified:

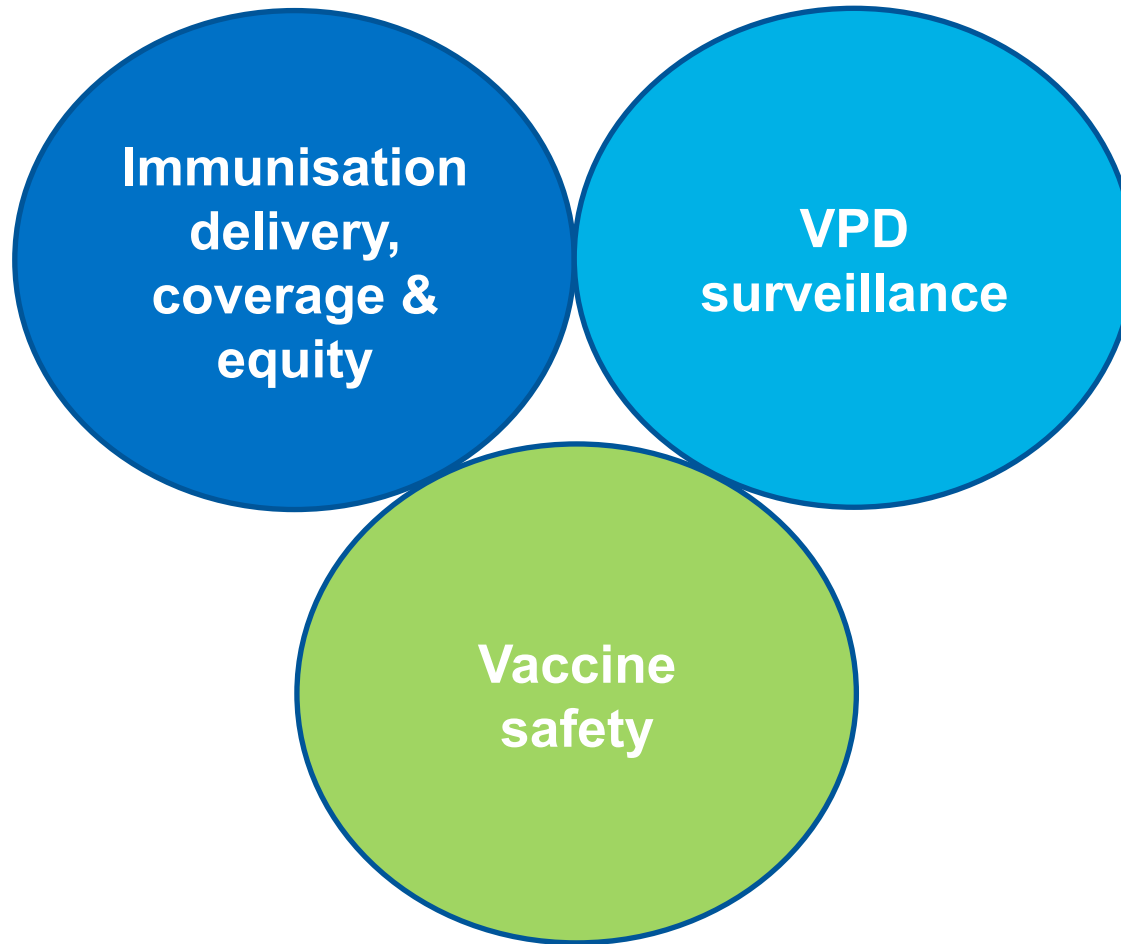
- Several manufacturers have made price commitments, but significant gaps related to timeframe and scope
- Many countries have low payment efficiency or national tender requirements; could be barrier to accessing pricing through commitments
- Low procurement capacity a challenge for countries that choose to self-procure

ACCESS TO APPROPRIATE PRICING

A recommendation will be brought to Gavi Board:

- Goal is to provide comprehensive access to appropriate pricing by addressing these interlinked gaps
- Solution will draw on existing initiatives, including building off of and helping to operationalise price commitments
- Access to appropriate pricing part of broader approach to ensure countries successfully transition out of Gavi
- MIC Strategy to be discussed at this meeting is a complementary initiative that can further support countries beyond pricing

INVESTMENTS IN DATA AND MEASUREMENTS: THREE PROPOSED AREAS OF FOCUS



5

FULL COUNTRY EVALUATIONS

GAVI FULL COUNTRY EVALUATIONS 2014

Stream of funding	Mozambique	Uganda	Zambia	Bangladesh
PCV	X	X	X	X
Rotavirus vaccine	X		X	
Measles second dose	X		X	
Human papillomavirus vaccine	Demo	National		Demo
Inactivated polio vaccine	X	X	X	X
Measles-rubella Campaign				X
Cash-based support through Health Systems Strengthening	X	X	X	X



IHME



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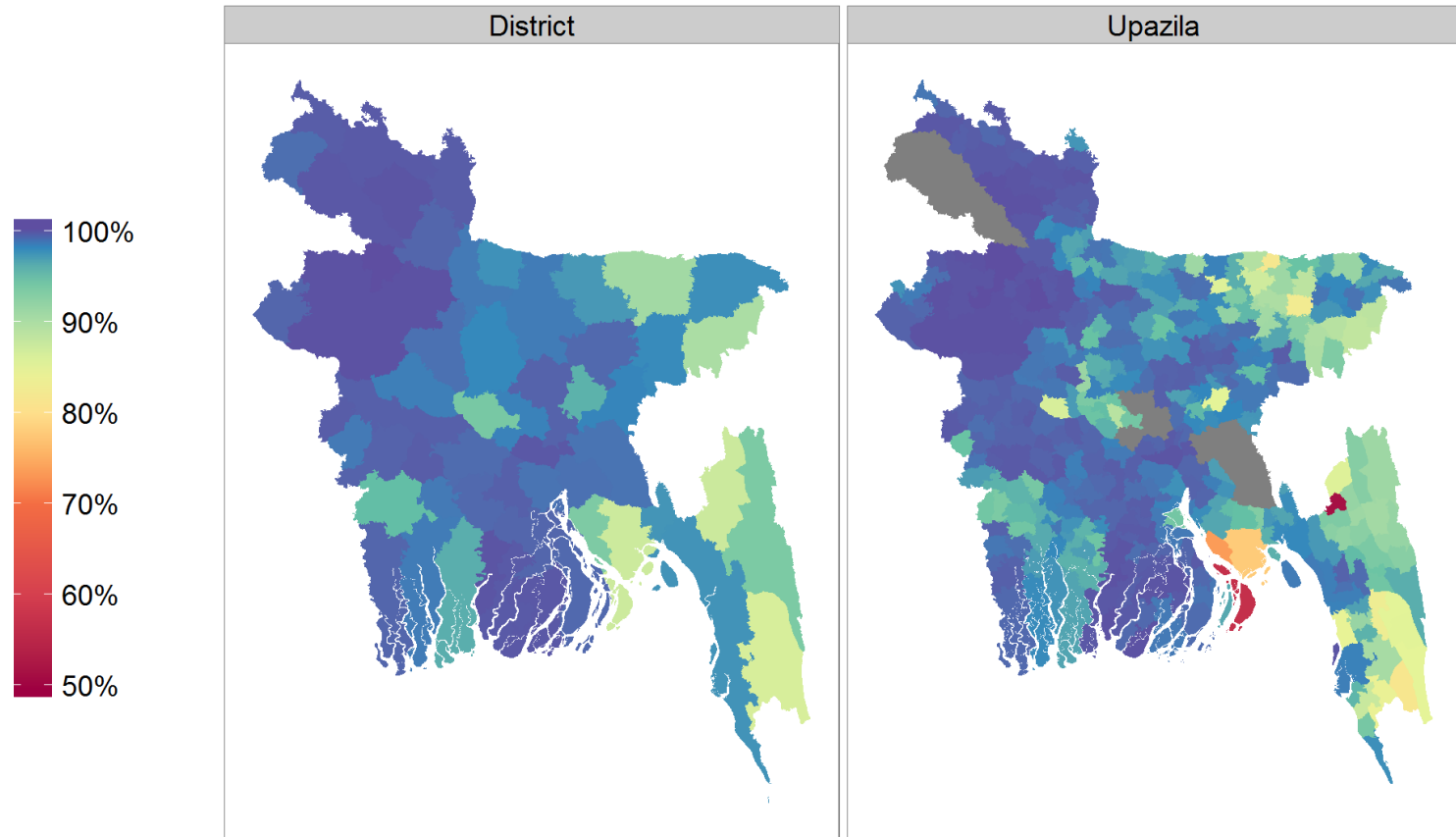


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PENTA3 VACCINATION COVERAGE IN BANGLADESH, 2013: UPAZILA LEVEL

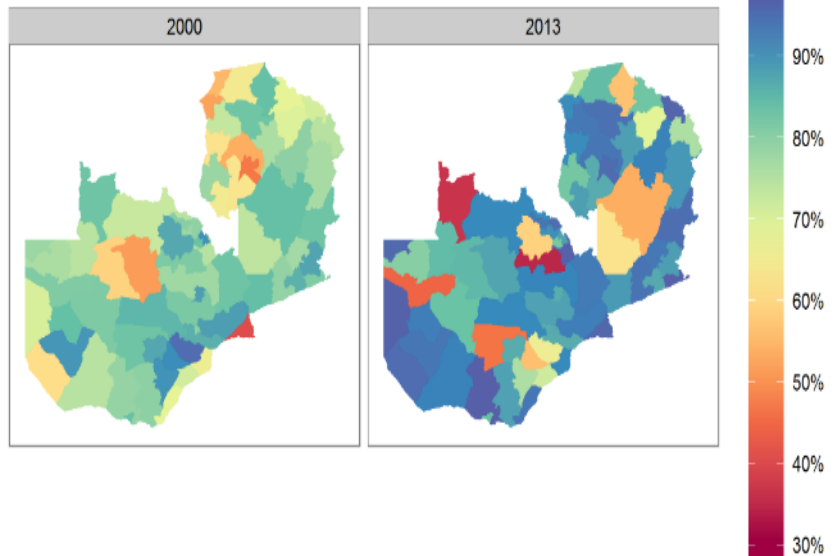
Small Area Estimation



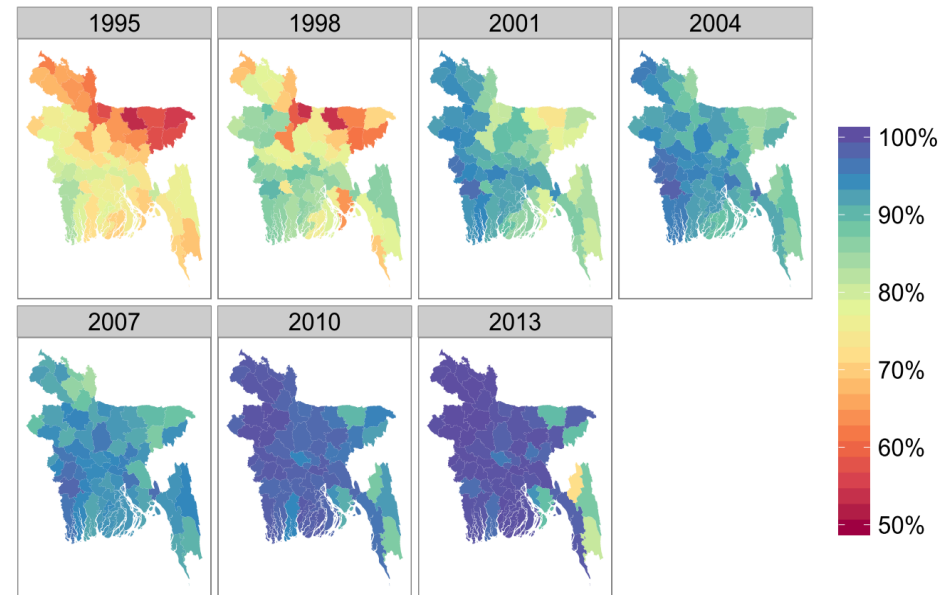
HEALTH SYSTEM STRENGTHENING

- District level – Fully Vaccinated Child coverage

Zambia



Bangladesh



15 YEARS OF SAVING LIVES

15

YEARS
OF SAVING
LIVES
TOGETHER

THANK YOU



Reach every child
www.gavi.org