

Update on the Gavi Board meeting 2-3 December 2015

The Alliance set ambitious targets for 2011-15. During the last five years, we have seen unprecedented progress in immunisation with more children reached than ever before and a dramatic acceleration in vaccine introductions. The average coverage in the 73 Gavi countries reached 81% in 2014, the first time it has exceeded 80%. This is an increase of 3 points since 2010 and means nearly 65 million children in Gavi countries are now being reached with three doses of a DTP-containing vaccine. Thirty-two Gavi-eligible countries now have coverage of over 90%, a sign of the growing strength of many immunisation programmes. It also means that the unreached are increasingly concentrated in a set of large and fragile states, with 20 countries accounting for ~90% of under-immunised children.

During the last five years, we have seen unprecedented progress in immunisation with more children reached than ever before and a dramatic acceleration in vaccine introductions. The average coverage in the 73 Gavi countries reached 81% in 2014, the first time it has exceeded 80%. This is an increase of 3 points since 2010 and means nearly 65 million children in Gavi countries are now being reached with three doses of a DTP-containing vaccine. Thirty-two Gavi-eligible countries now have coverage of over 90%, a sign of the growing strength of many immunisation programmes. It also means that the unreached are increasingly concentrated in a set of large and fragile states, with 20 countries accounting for ~90% of under-immunised children.

Despite progress made, nearly one in five children is not being reached with the most basic vaccines and only a very small proportion receive all 11 vaccines universally recommended for infants by WHO.

Moreover, only 15 countries have achieved the Global Vaccine Action Plan's equity target of ensuring 80% coverage in every sub-national district. Gavi's new strategy for 2016-2020 calls for innovative approaches and robust data to identify and reach the remaining pockets of under-immunised children and support countries in improving coverage and equity.

Against this backdrop, the Gavi Board has decided on the following areas:

Gavi's measles and rubella strategy

The Board approved Gavi's new measles and rubella strategy, providing a single coherent approach on measles and rubella immunisation. The strategy aims primarily at increasing routine immunisation coverage and puts a strong focus on timely and fact-based planning of measles-rubella interventions. Countries will now be required to self-finance the first dose of measles vaccine in their national immunisation programme, and have a long term budgeted plan for measles and rubella activities, to ensure financial and programmatic sustainability. As such, routine immunisation will be complemented, as needed, by higher-quality, better-planned, more targeted and independently monitored campaigns. Gavi's comprehensive support for measles and rubella will provide countries with predictable financing and hopefully, strengthen country ownership.

Gavi's strategic partnership with India

Historically, given its size, Gavi has limited its support to catalytic funding to India. Recognising the country's strong political commitment for universal immunisation coverage and the country's forthcoming transition out of Gavi support, the Board approved a comprehensive Gavi-India partnership strategy. This partnership is designed to help India achieve greater and more equitable coverage, strengthen vaccine delivery systems in poorly performing regions, and accelerate rollout of new vaccines, while also ensuring that a robust plan is in place for India's transition including scaling up domestic investment in immunisation. The strategy calls for stronger collaboration with vaccine manufacturers in India who are also a key source of supply for Gavi, accounting for nearly 60% of our vaccine volume. This strengthened collaboration between Gavi and India will help manage global supply security of vaccines and optimise cost-savings for all Gavi countries.

Partners' Engagement framework (PEF)

In June, the Board approved the structure and governance process for the Partners' Engagement framework (PEF) – a new mechanism for the Alliance to design, coordinate, and fund partners' technical support. I am pleased to report that the Board approved the funding envelopes to make the PEF operational in 2016 which will focus primarily on addressing countries' needs and enhancing accountability for outcomes at country level.

Data strategic focus area

As part of the 2016-2020 strategy, the Alliance identified six strategic focus areas (SFAs) where cross-cutting strategies might deliver transformational impact: supply chain; data quality, availability and use; in-country leadership, management and coordination; demand promotion; in-country political will; as well as financial and programmatic sustainability. The Board discussions focused on the data SFA, as the supply chain SFA was previously approved and other SFAs will follow in 2016 if a transformational theory of change is developed.

The data SFA, developed by the Secretariat in collaboration with the Alliance partners, defines three areas of focus to guide Gavi engagement in data: immunisation delivery, coverage and equity, vaccine-preventable diseases (VDP) surveillance, and vaccine safety surveillance and response. The Board approved this approach, which aims to be country-centric and respond to data needs at country level.

Gavi's 2016-2020 Strategy goal level indicators and targets

The Board approved the remaining strategic goal-level indicators not included among the set already approved by the Board in June 2015.