

Report from Gavi

Meeting of the Strategic Advisory Group of Experts on Immunisation

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April 2017, Geneva



Reach every child.

www.gavi.org

Overview

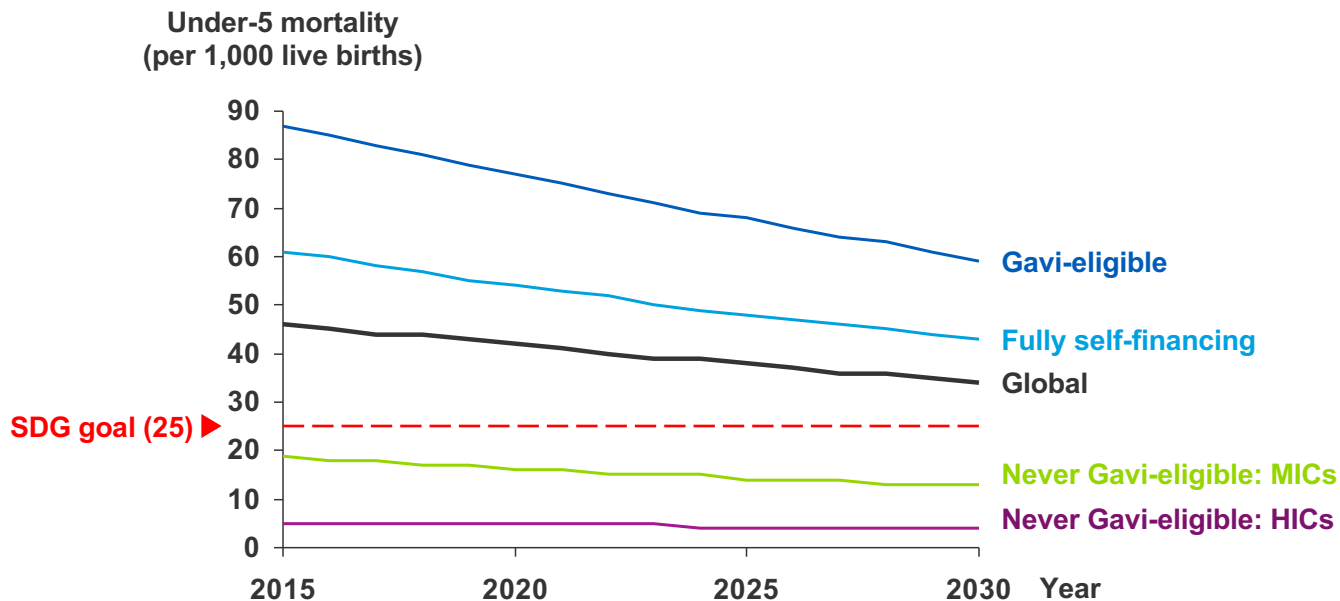
1. Gavi overview
2. Gavi Board update
3. Topics for discussion at SAGE

1

Gavi overview

How are mortality rates projected to develop?

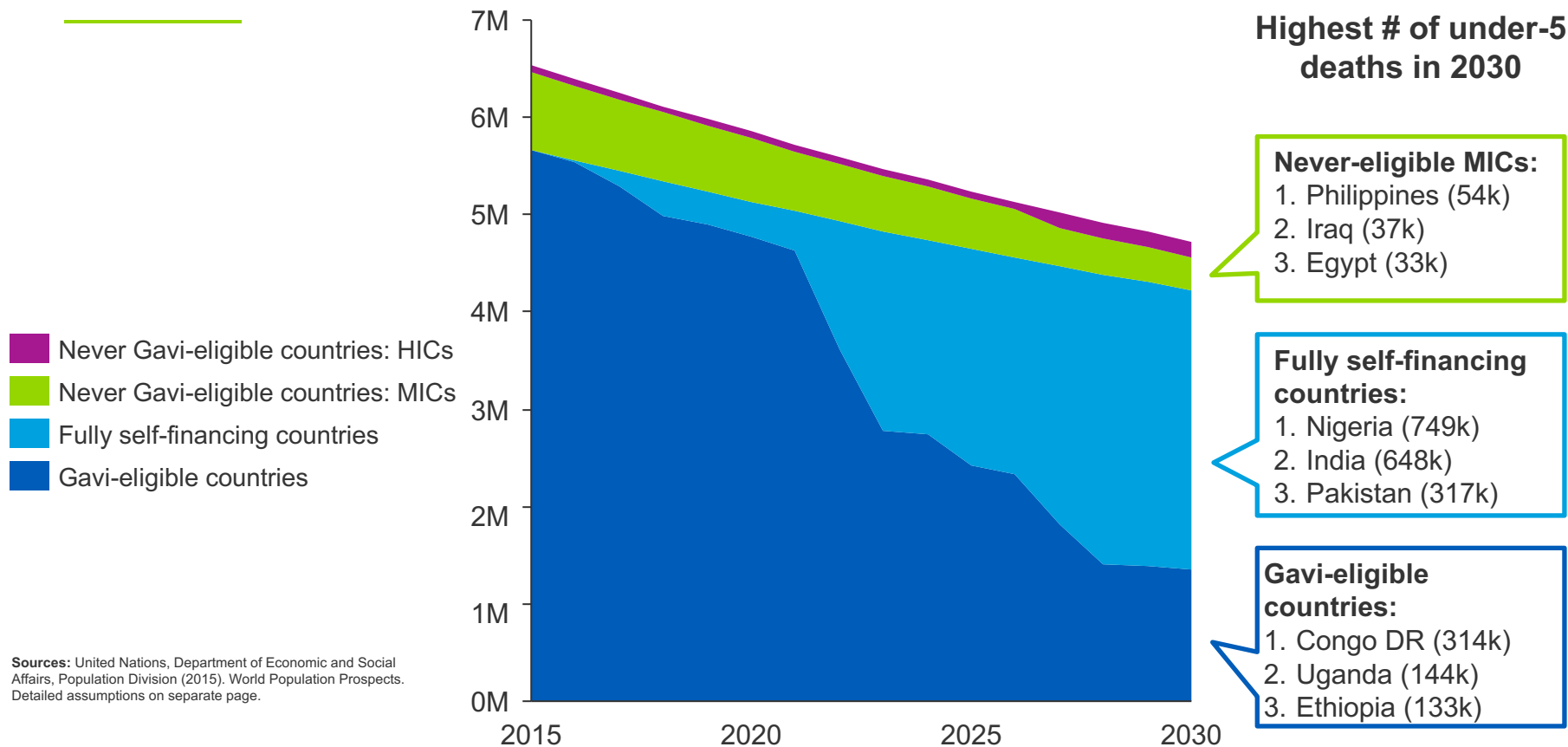
View by Gavi eligibility



Sources: United Nations, Department of Economic and Social Affairs, Population Division (2015).
World Population Prospects. Detailed assumptions on separate page.

How are the number of under-5 deaths projected to develop?

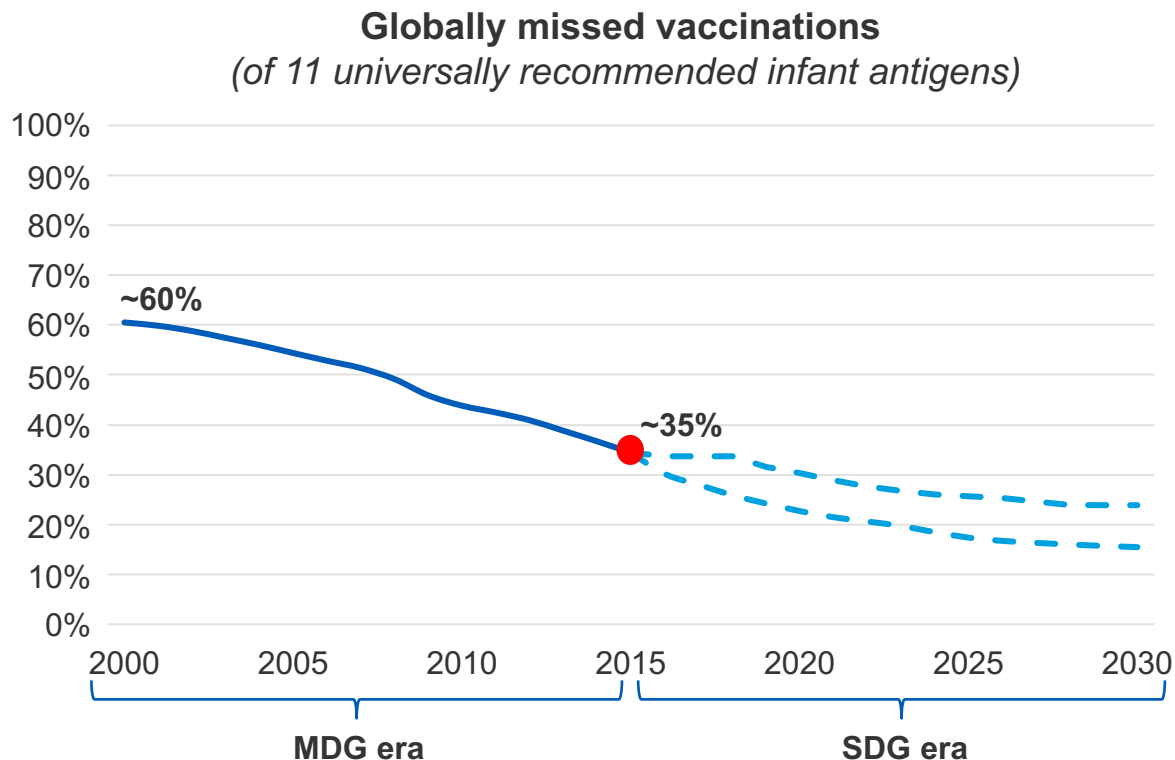
View by Gavi eligibility



“Every child – every vaccine” by 2030

What we are measuring:

Out of all possible full vaccinations of the 11 universally recommended infant antigens that should have occurred globally, which share has not occurred?



Note: Universally recommended infant antigens include Penta, Rota, BCG, PCV, Polio, Measles 1st dose, Rubella

2 SDG targets mention “vaccines” specifically

Target 3.8

“Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and **access to safe, effective, quality and affordable essential medicines and vaccines for all**”

Target 3b.

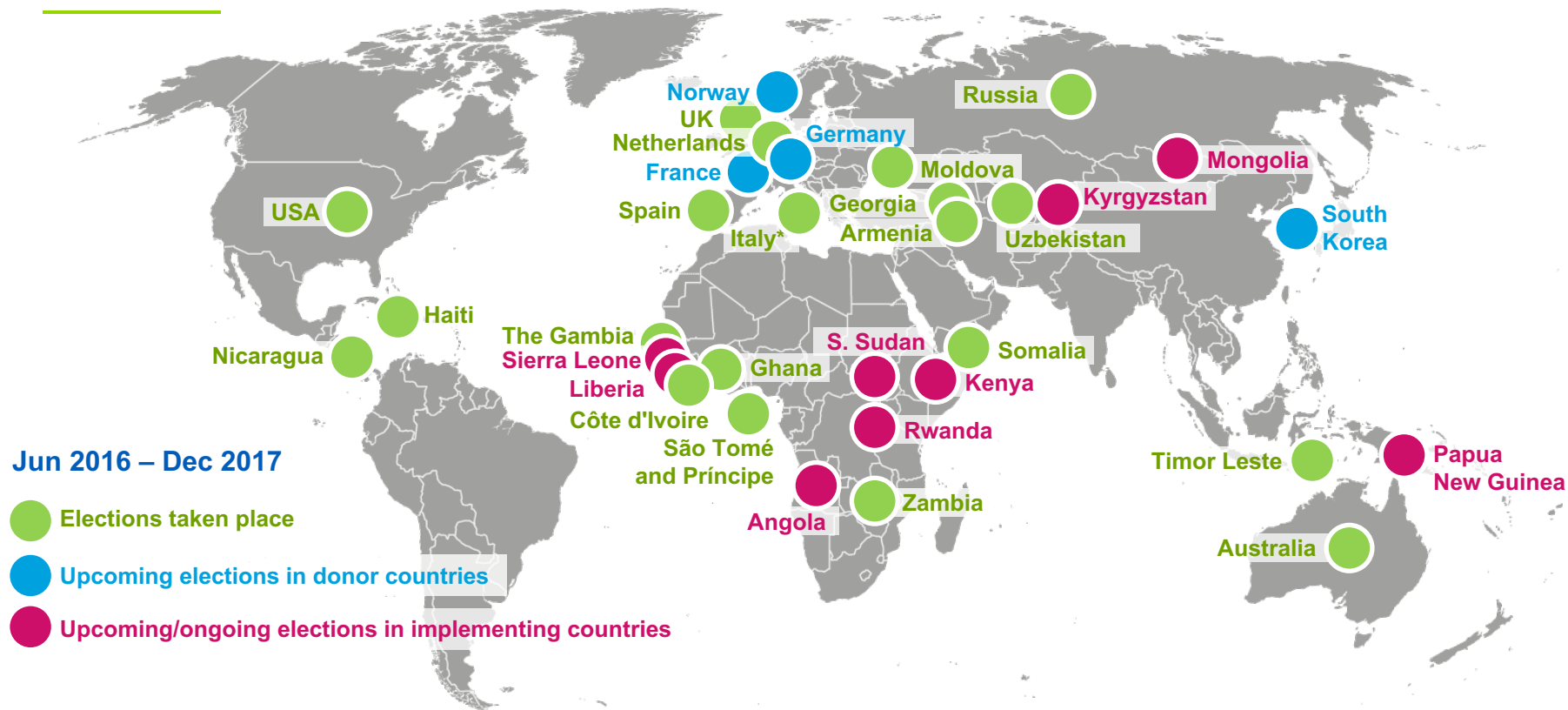
“ Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, **provide access to affordable essential medicines and vaccines**, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.”

African Heads of State political commitment to immunisation



“To ensure and facilitate universal access to immunisation by allocating adequate domestic resources and securing new investments to strengthen national immunisation programmes as well as mount strong advocacy campaigns to achieve the Global Vaccine Action Plan goals and overall health care delivery systems”

Elections in donor and implementing countries



Antivax movement



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FEAR FACTOR

Mewat fathers are standing guard outside schools after rumours about injections causing sterility

School attendance in this Haryana district fell to as low as 5% after a doctored video began to do the rounds on social media.

Menaka Rao
Published Mar 23, 2017.




The Washington Post

To Your Health

Trump's vaccine views are at odds with those of most Americans, study says

By Lena H. Sun February 2 at 12:00 PM



The image shows two medical syringes lying on a dark surface. The syringe in the foreground is labeled 'MMR (Measles, Mumps, Rubella)' and has a green plunger. The syringe behind it is labeled 'VAR (Varicella)' and has a white plunger.

Jim Carrey @JimCarrey

Follow

I love our vaccines! Save our kids! Let the truth be known! [traceamounts.com](https://www.traceamounts.com)
[nyurl.com/kg94qv](https://www.nyurl.com/kg94qv)

India partnership strategy

Acceleration in new vaccine introductions

	2011-2015	2016				2017				2018
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Pentavalent	✓			Transition to domestic funding						
Measles & rubella						✓		✓		✓ ✓*
Pneumococcal							✓			✓
Rotavirus		✓*				✓*	✓*		✓ tentative	
HPV					✓* one state					
IPV	✓ Some states	✓ all states		Transition to domestic funding						

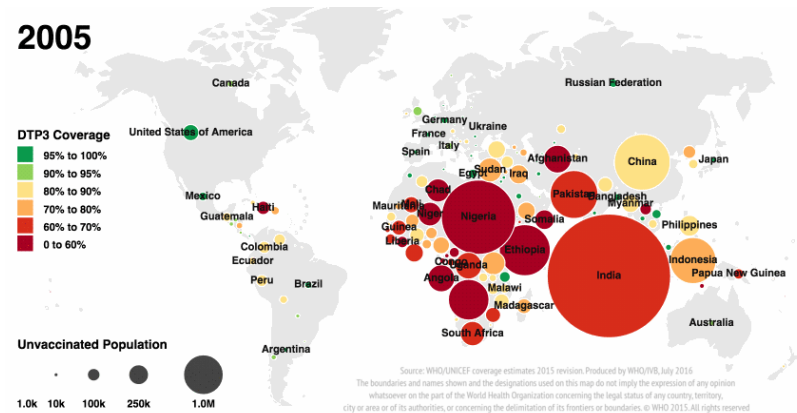


✓ Expansion to additional states/union territories – ✓* Funded by the Government of India

Nigeria risk: critical need to get back on track

- 7th lowest coverage among Gavi-supported countries - below e.g. Afghanistan, Mali, DRC
- 2nd highest number of unimmunized children in the world
- Acute fragility, especially in northern eastern states
- Entered accelerated transition in 2017 (period 2017-21)
- Misuse of funds
- No longer polio free
- Serious issues with data quality

DTP3 immunisation coverage, 2005-2015

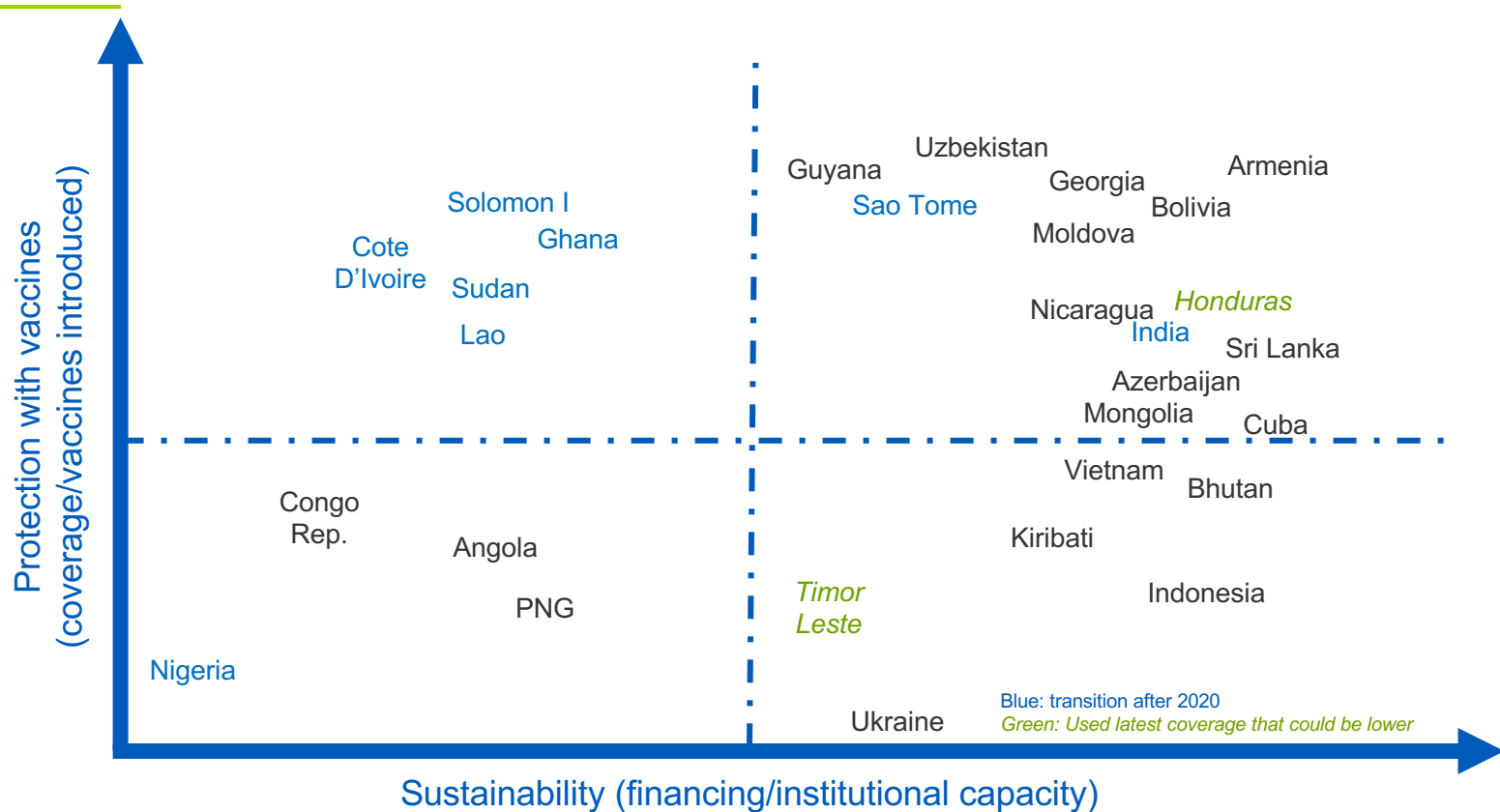


Nigeria risk: moving in the right direction

- Visit with Mark Dybul and President Buhari in July 2016
- New leadership of National Primary Healthcare Development Agency has taken charge in Jan. 2017
- Commitment to repay misused funds
- Plan to improve country systems
- Plan for Alliance-wide visit Q2 2017



Illustrative «Transition Matrix»



Health system strengthening

Moving out of the “data-free zone”

2014-16: Introducing, establishing and improving reporting compliance of Performance Frameworks

Completeness

- 80% of countries reporting in 2016 (on 2015 data) reported against over 80% of their metrics due

Results

- 45% of reporting countries achieved at least 80% of their tailored intermediate results, up from 7% in 2014

Analysis of 2015 target achievement

- Assess quality of metrics
- Analyse trends over time
- Understand reasons for variation in performance between different categories of indicators

Activity Category	All HSS Tailored Indicators (337 total)	
	# indicators meeting target	% indicators meeting target
Service Delivery	36	32%
Health and Community Workforce	32	47%
Procurement & Supply Chain Management	34	41%
Health Information Systems	40	42%
Community & Other Local Actors	6	43%
Policy and Governance	22	44%
Health Financing	8	44%
Program Management	16	50%
Other	3	60%
Total	197	41%

Cold chain equipment optimization platform

Progress has been made, but the Alliance is learning how to accelerate and address early implementation challenges.

DRC CCEOP-like implementation



- 2500+refrigerators, from Gavi HSS, installed in 10 months
- Innovative **supplier-led implementation model** (supplier accountable for in-country distribution, installation and training)

- Increased **number of immunisation** sessions → increasing coverage rate
- Reduction in vaccine collection frequency
- Reduction in recurrent costs

INFUSE: Innovation For Uptake, Scale, and Equity

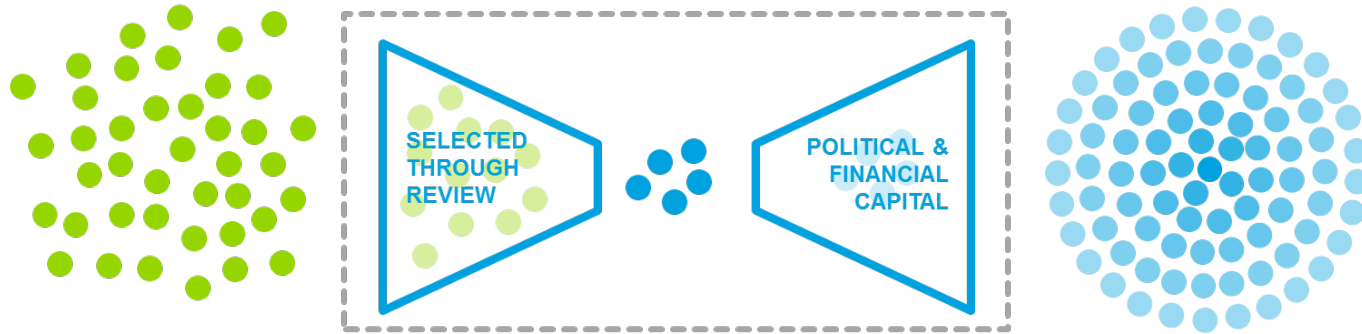
Proven concepts
respond to
INFUSE call for
innovation

Expert Review to
identify **most
promising**

Leading
concepts or
Pacesetters
identified

Pacesetters
presented to
**countries and
corporations to
consider and
resource**

Resulting
partnerships **scaled
for global impact**



Energize The Chain

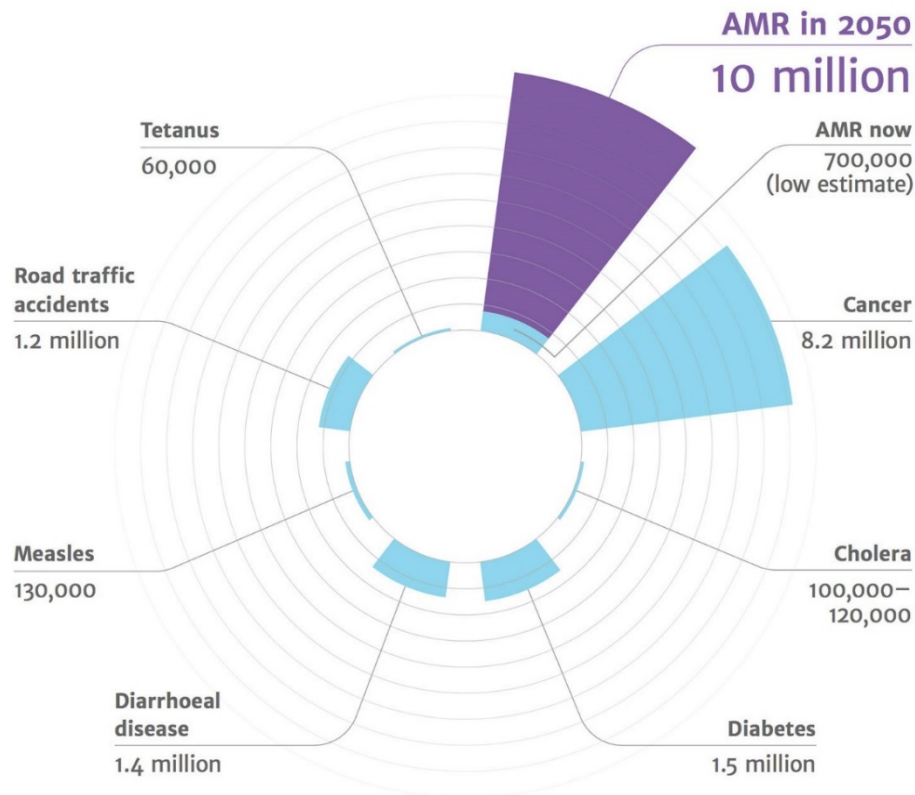


2

Gavi Board update

Antimicrobial resistance: Fast becoming significant global health issue

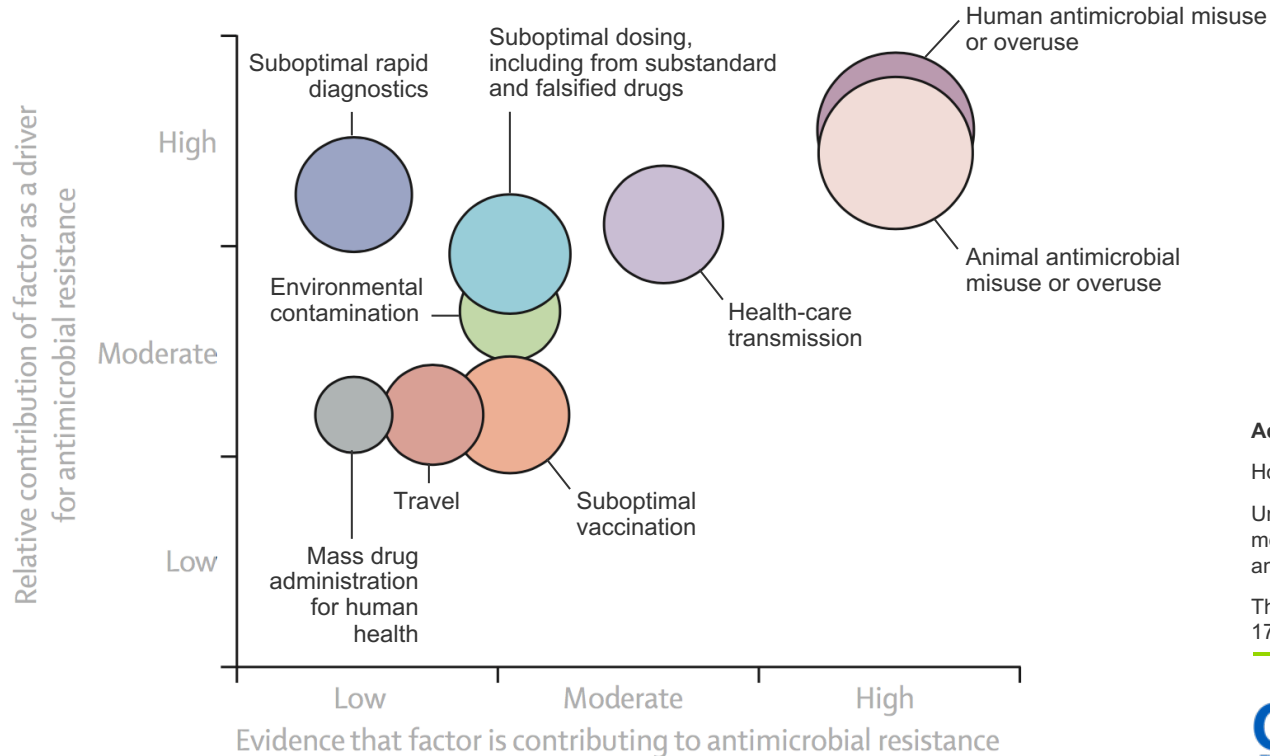
Annual cause
of deaths,
worldwide



The Review on
Antimicrobial Resistance,
Chaired by Jim O'Neill

Tackling Drug-resistant
Infections Globally:
Final report and
recommendations

Increasing AMR: underlying factors



Adapted from:

Holmes A, et al.

Understanding the mechanisms and drivers of antimicrobial resistance.

The Lancet, 2016; 387: 176-87

Gavi's support for emergency vaccine stockpiles

**Strategic
design**

**Effective
implementation**

Accountability

Gavi's increased investment yellow fever and global EYE strategy

- Gavi Board approved an up to \$150 million increment in resources to the Alliance's existing Yellow Fever control support for the period 2017-2020.
- Investment centred on improving sustainable immunisation in alignment with Coverage and Equity agenda
- Working in coordination with Alliance partners to establish a stronger YF governance to improve the coordination, management and implementation of the EYE strategy
- Continue to work with manufacturers to realise supply increases through 2021

Fragility and emergencies

“Gavi to support immunisation of children in Syria”

Abidjan, 8 December 2016 - Gavi, the Vaccine Alliance has announced a special commitment aligned with the Syrian Humanitarian Response Plan (HRP) to help partners purchase vaccines and cold chain equipment that will protect children living in war-torn Syria from deadly infectious diseases.

“In the absence of a political solution in Syria, and with millions lacking access to the most basic healthcare, we want to help vulnerable children that are now at-risk of deadly preventable diseases,” said Dr Ngozi Okonjo-Iweala, Chair of the Gavi Board, which approved the decision on Thursday.



 Credit: UNICEF/UN018097/AI-Issa

\$25 million for vaccines and cold chain 2017-18

Grade 2/3 emergency
in 11 Gavi countries
65 million displaced
people worldwide

**New policy (board decision June):
*Fragility, Emergencies, Refugees***



Makeshift shelters and new tents in a section for new arrivals at Ifo, one of the three refugee camps at Dadaab in north-east Kenya. © UNHCR/E.Hockstein (<http://www.unhcr.org/african-union-summit.html>)

New Gavi HPV programme

December 2016 Board decision:

Countries apply directly for national introduction, with an option of phased roll-out.

Support for multi-age cohort vaccinations (9-14 years of age) in the first year of introduction:

- 100% support for vaccines for the additional cohorts
- Operational support of up to US\$ 0.65 per targeted girl of those cohorts

FINANCIAL AND VACCINE SUPPORT

*Routine Cohort (e.g. 9 yrs.)	
Vaccines Support	Co-financing
Vaccine Introduction Grant (VIG)	\$2.40 / targeted girl
*Additional Cohorts (e.g. 10-14 yrs.)	
Vaccines Support	No Co-financing (Gavi supported)
Operational Cost	0.65\$ / 0.55\$ / 0.45\$ / targeted girl (aligned to new HSIS policy per the transitioning stage)

3

Topics for discussion at SAGE

In 2018 the Gavi Alliance Board will decide on future funding for new vaccines and vaccination approaches

Potential candidate investments ('long list')

Incremental investments

- OCV endemic*
- Mening B, C, W, X, Y, Z
- Hep B birth dose
- PCV catch-up
- Ebola*
- TT/TD*

Already licenced

- Dengue
- Influenza
- Rabies PEP
- Hepatitis E
- Malaria
- Acellular pertussis

Under development

- RSV
- Group B strep
- Norovirus
- ETEC
- Zika



For these three vaccines, some key information will inform the VIS assessment of candidates

Oral cholera vaccines

- Current investment: Support for global stockpile
- Considerations for VIS: Guidance on schedule, age groups, delivery strategies in different settings and countries

Ebola vaccines

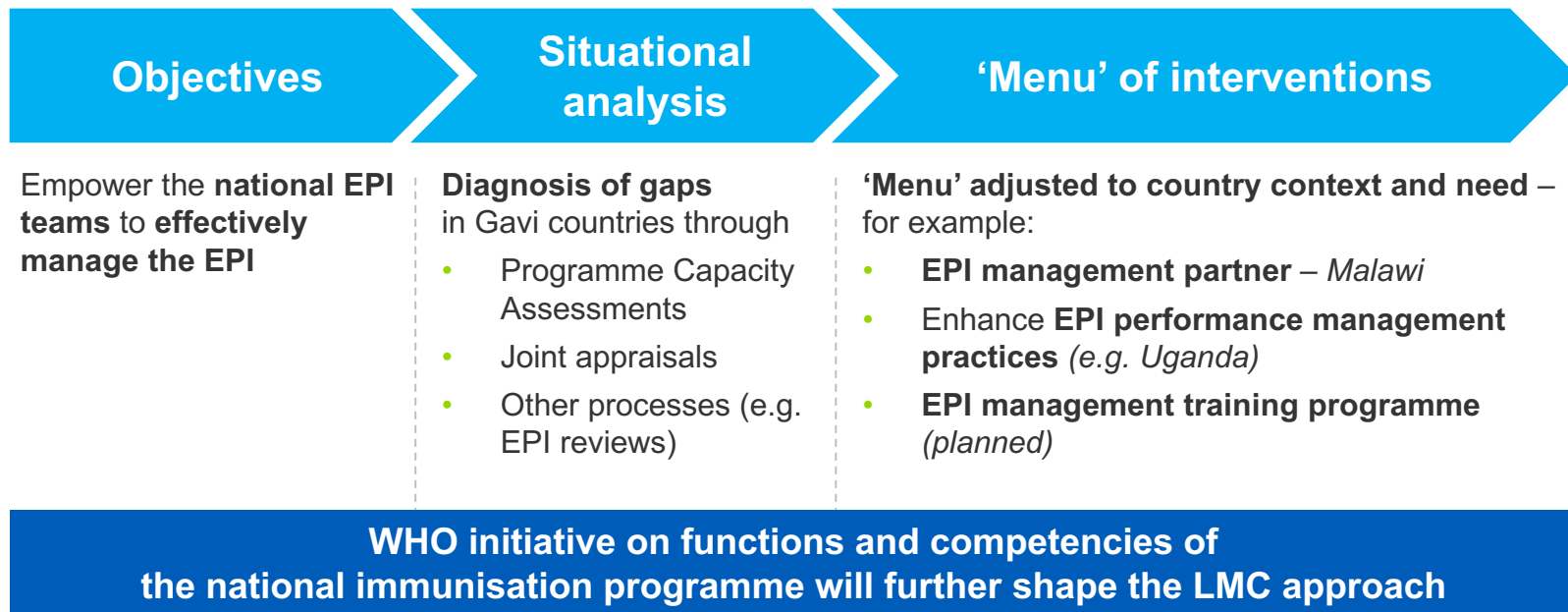
- Current investment: Commitment to fund first generation vaccine in stockpile
- Considerations for VIS: Delivery strategies, including pre-emptive use in health care workers

Diphtheria vaccines

- Current investment: 3 doses as part of penta
- Considerations for VIS: Guidance on schedule, maternal use, implementation feasibility, use of passive immunisation products

Gavi has launched the 'LMC approach'

Gavi's Leadership, Management and Coordination approach



Supporting evidence-informed national decisions on new vaccine introductions and NITAGs

- One-time support (2015-2016) to SIVAC Initiative, implemented by Agence de Medicine Preventive's Health Policy and Institutional Development (AMP-HPID)
- Increasing number of eligible countries prioritizing Gavi resources (HSIS and TCA) to establish and strengthen NITAGs
- A comprehensive approach to be developed based on lessons learned, SAGE guidance and ongoing SIVAC evaluation

Urban settings

Urban Challenges

- Urban areas in Gavi priority countries contain a major share of unvaccinated children
- EPI systems and delivery strategies often fail to address the needs of the urban poor, especially those in slums
- Efforts to improve urban immunization have largely been absent from Gavi support, which has been biased to more remote areas with low coverage

Work to date

4 workstreams:

- Urban data, research, and evaluations
- Policy analysis
- Strengthening Civil Society & Private Sector Engagement
- Mainstreaming urban issues in Alliance processes

Moving Forward

- Provide urban immunization situation and policy analyses to countries
- Mobilize technical assistance for improved urban service delivery models in selected countries and document results
- Document best practices and revised workplan for 2018

Collaboration with GPEI

- Managing the global IPV supply situation including support for fractional-dose IPV (fIPV)
- Gavi's future support of IPV (post-2018) will be reviewed and a Board decision expected by the end of 2017
- Continued collaboration with country-level polio transition planning and engagement in the development in a Post-certification Strategy (PCS)

4

CONCLUSION

THANK YOU



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