Update from the GAVI Alliance

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Chief Executive Officer

Strategic Advisory Group of Experts on Immunization (SAGE)
Geneva, Switzerland, 5-7 November 2013

Update from the GAVI Alliance

- Mid-Term Review – 30 October
- Programmatic update
- Policy and market shaping update
- Looking forward (GAVI Alliance Strategy 2016-2020, supply chain, polio)

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DELIVERING TOGETHER
on the 2011–2015 strategy
Mid-Term Review report, October 2013
midtermreview.gavialliance.org

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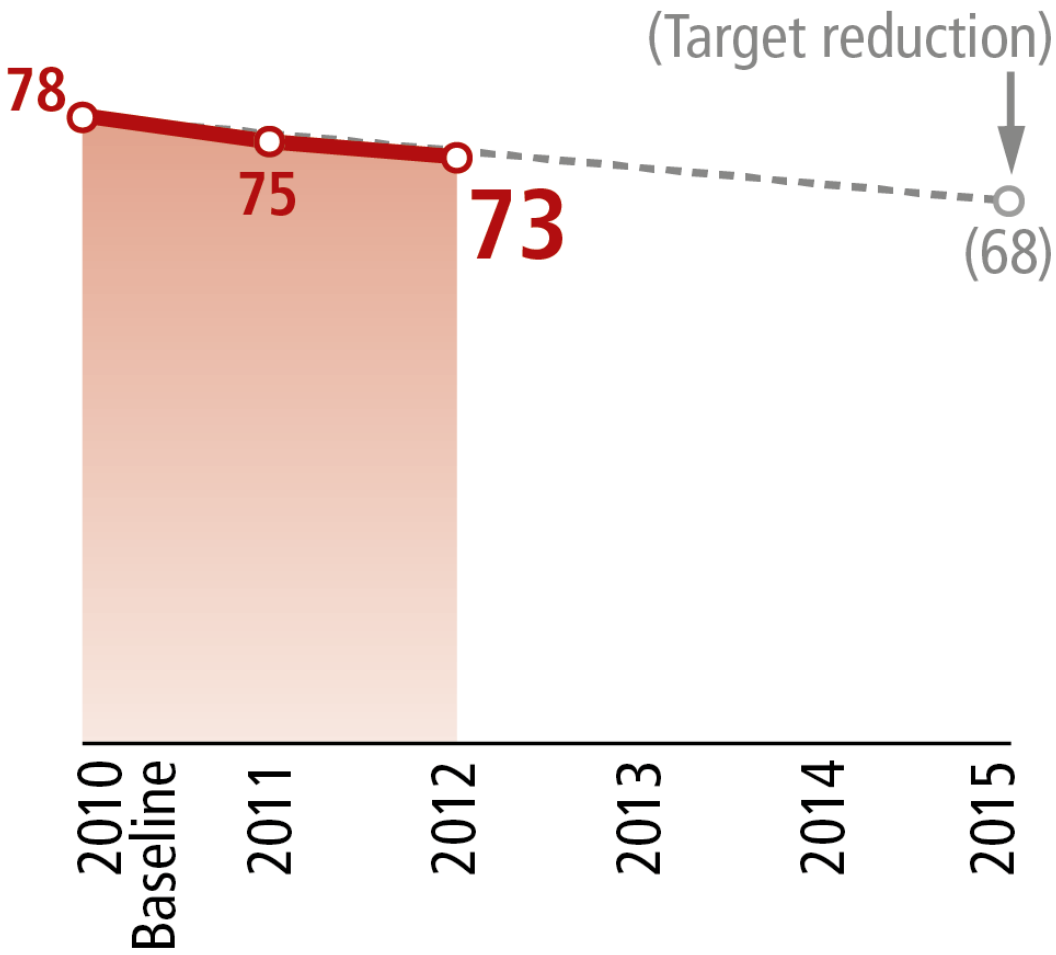
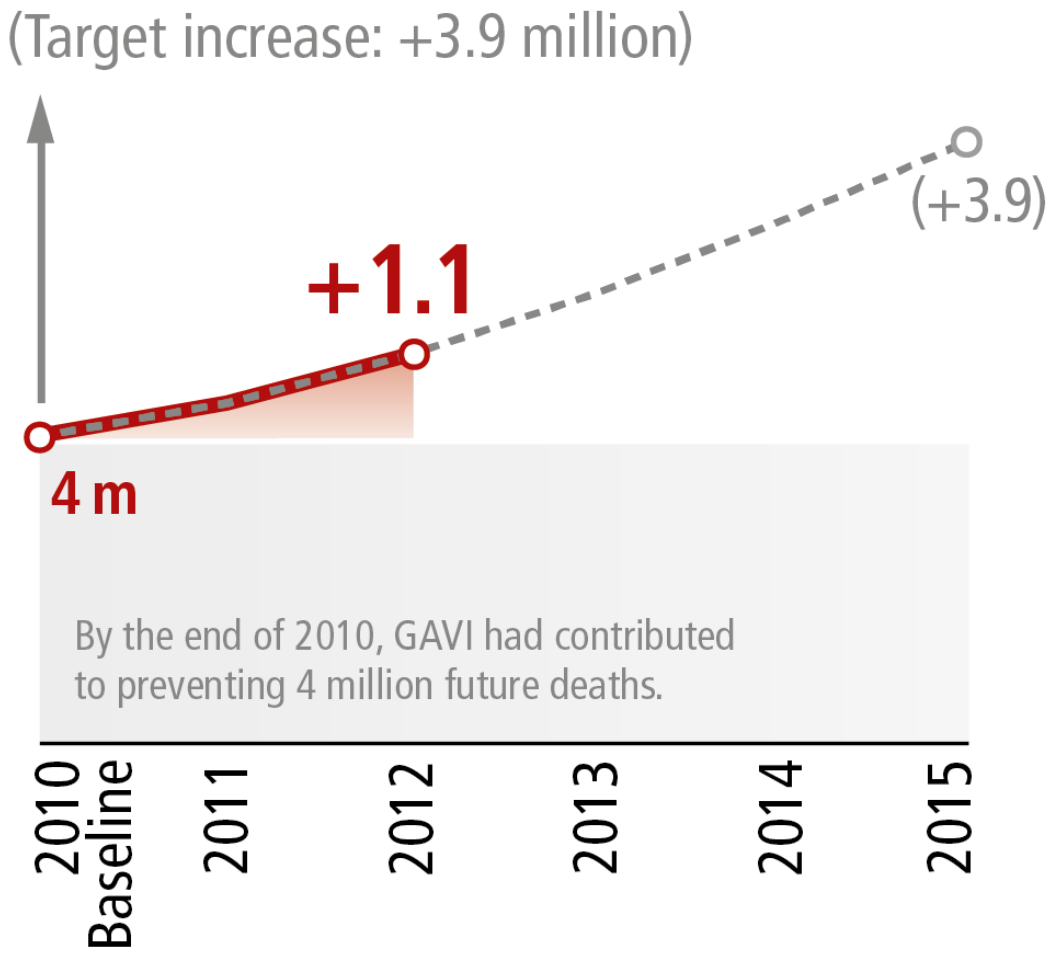
GAVI ALLIANCE
Saving children's lives and protecting people's health by increasing access to immunisation in poor countries
Search
INTRO
IN PICTURES
IN WORDS
IN DATA
INTERVIEW
KYRGYZSTAN
Strengths
Strong government commitment, excellent record on co-financing, very high immunisation rates.
Challenges
Poor infrastructure, geographical barriers, health workforce migration, anti-vaccine movement.
Overview
Kyrgyzstan, a former Soviet republic, is the second poorest country in Central Asia, and much of the population still depends on herding, farming and foraging methods that have not changed for generations. Yet the country can claim one of the highest immunisation rates in the world, sustained despite ethnic conflict and two revolutions. The country has achieved this through a well-organised system that endured beyond the Soviet era and is carried on by paramedic workers like Sanovar Partieva.
GAVI support for Kyrgyzstan
✓ Pentavalent vaccine funding
✓ Expanded beyond vaccine procurement to help strengthen immunisation services and systems
✓ Support for 1,600 Village Health Committees – door to door volunteers who educate families
✓ Funding for vaccination calendars
Vaccine coverage
96%
WHO/UNICEF estimates for DTP3 coverage
Funds committed 2001-2016: $US 10,751,342
PENTAVALENT VACCINE
HEALTH SYSTEM STRENGTHENING
HEPB MONO
IMMUNISATION SERVICES SUPPORT
VACCINE INTRO. GRANT
INJECTION SAFETY SUPPORT

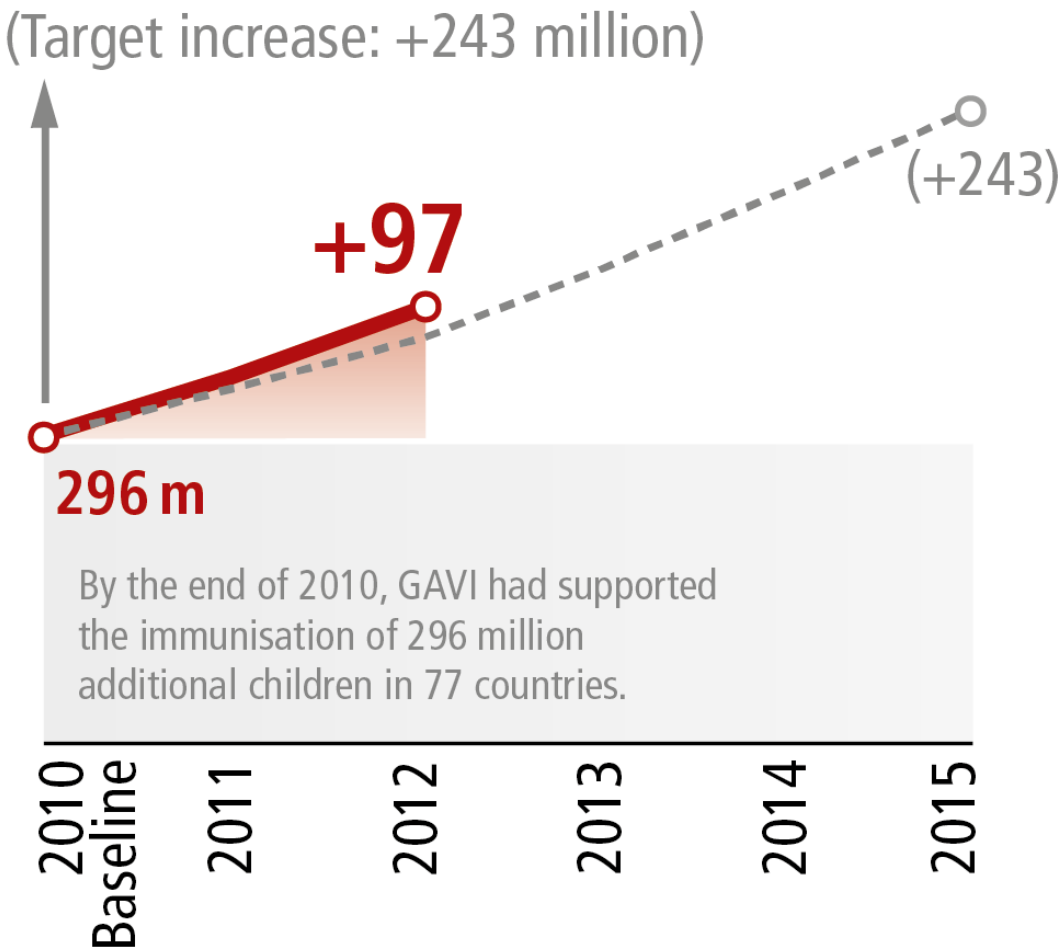
Under-five mortality rate in GAVI-eligible countries (per 1,000 live births)



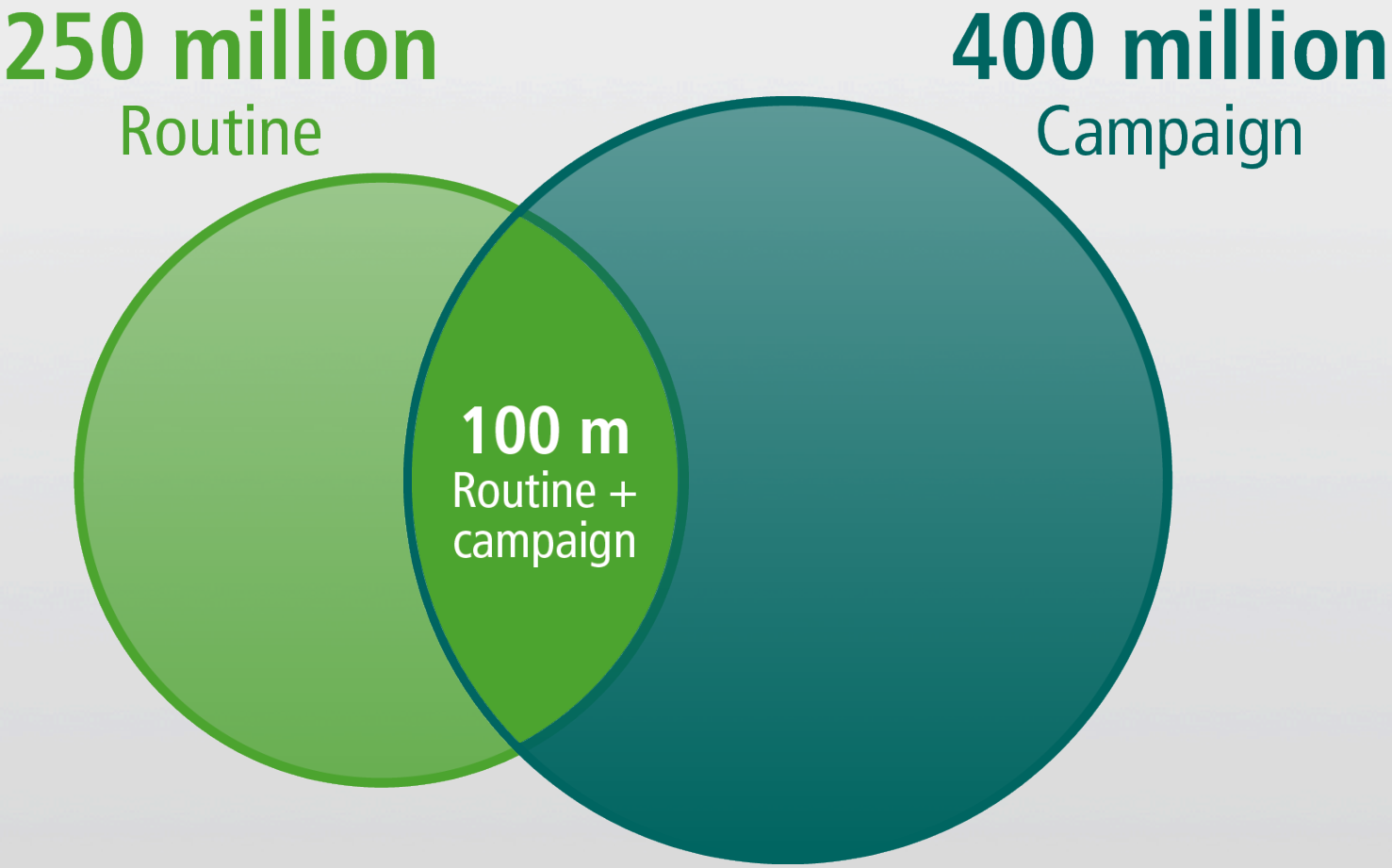
On track to avert 3.9 million deaths through routine immunisation *(number of additional deaths averted)*



On track to immunise 243 million additional children



...and many more through campaigns

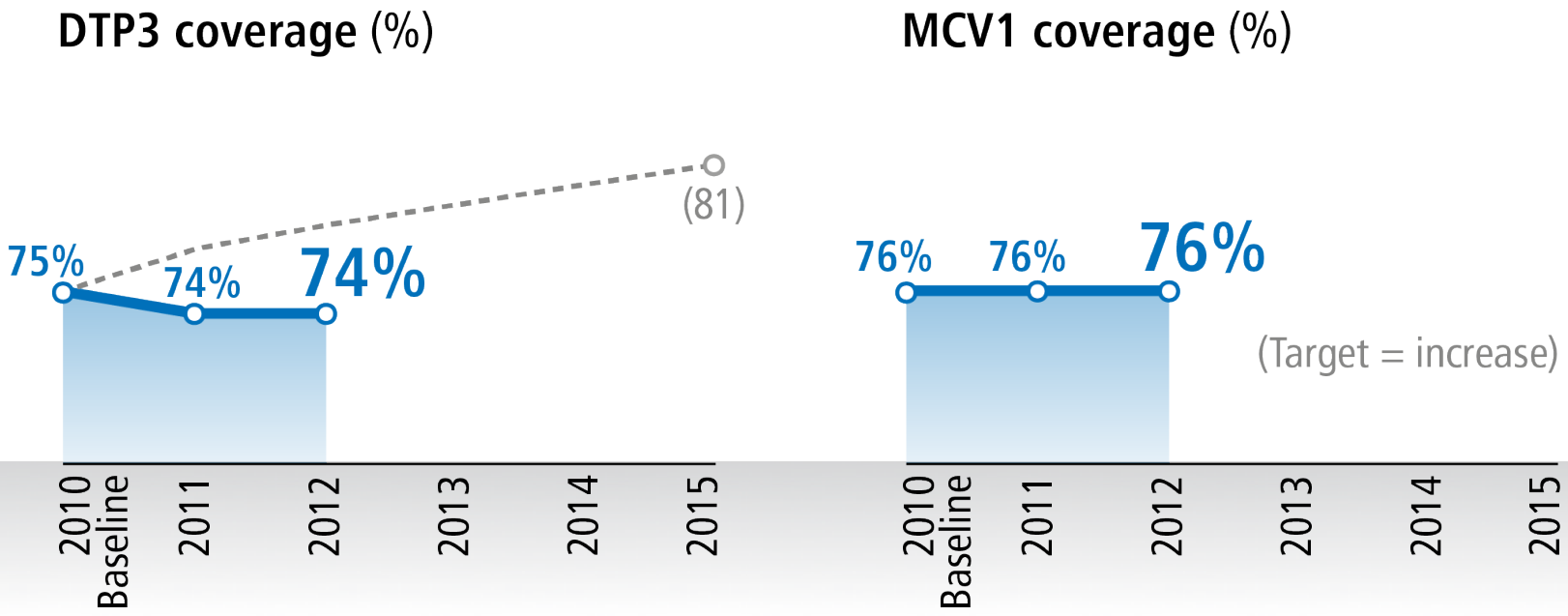


Total: 550 million unique individuals

Key performance indicators overview

MISSION	Under-five mortality rate	
	Number of future deaths averted	
	Number of additional children fully immunised	
SG1	Country introductions of vaccines	
	Coverage of new and underused vaccines	
SG2	Drop-out rate	
	Coverage of three doses of diphtheria-tetanus-pertussis vaccine (DTP3)	
	Equity in immunisation	
	First dose of measles vaccine (MCV1) coverage	No target
SG3	Total resources mobilised to meet demand	
	Country investment in vaccines per child	No target
	Fulfilment of co-financing commitments	
SG4	Total cost to fully immunise a child with pentavalent, pneumococcal & rotavirus vaccines	No target
	Security of supply (number of products offered as % of 5-year target)	

Challenge: vaccine coverage depends on good health systems



Programmatic update

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Finishing the job – pentavalent vaccine introductions

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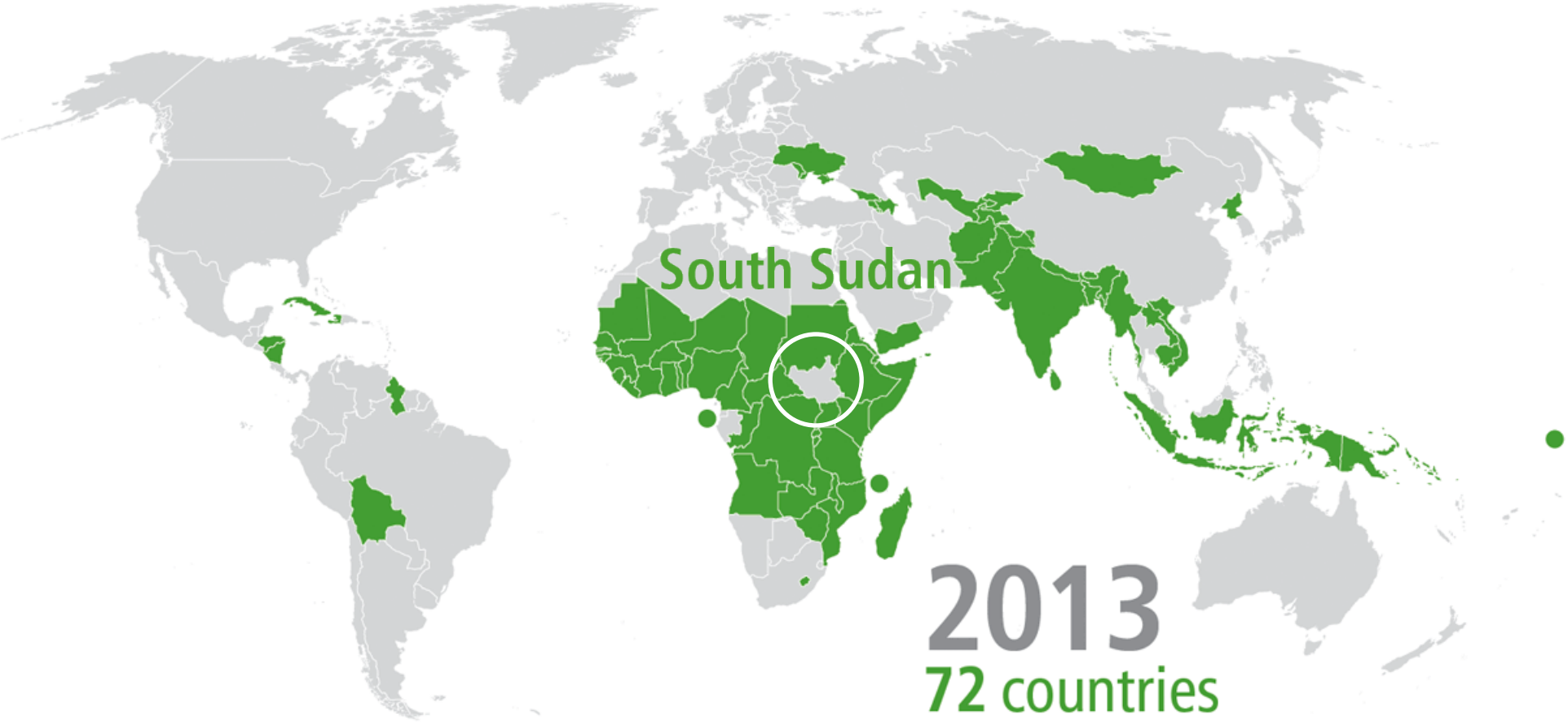
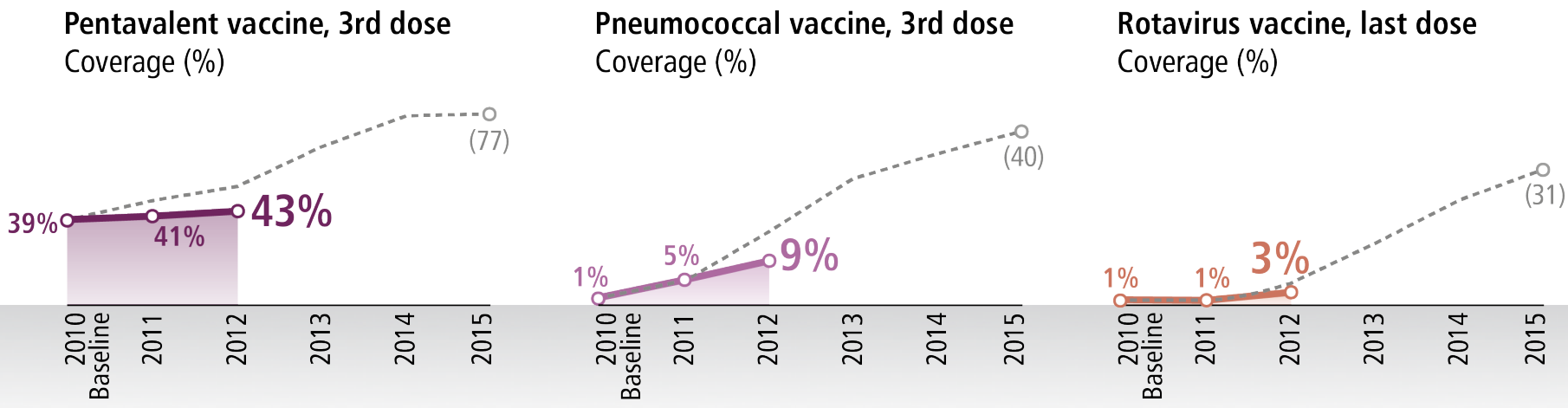


Challenge: delayed introductions put at risk vaccine coverage targets

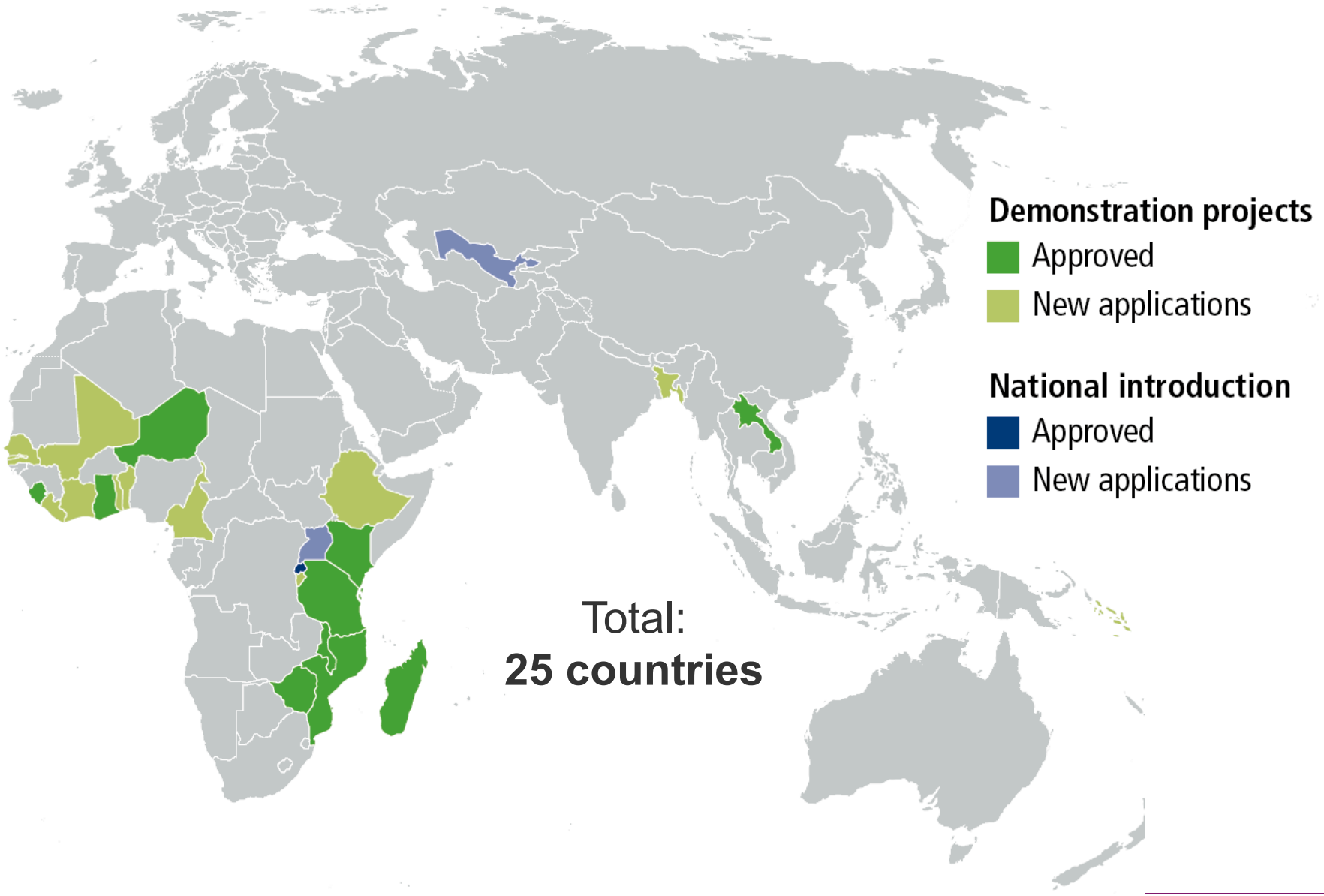


- Large country readiness

- Country readiness
- Supply

- Supply
- Country preference

Demand for HPV vaccines, 2012-2013



Update on other programs

Measles and Rubella

- Growing Measles 2nd Dose demand result of successful advocacy
- MR: campaigns conducted in Rwanda and Ghana paving way for routine introduction / donations secured from SII
- Measles SIAs start: Measles in Ethiopia, DRC, Nigeria

Yellow Fever

- Maintain high routine coverage following campaigns
- Persisting supply shortage

Meningitis A Conjugate Vaccine

- Dramatic reduction of endogenous cases of Meningitis A in countries where SIA completed
- Strengthen measurement of campaigns coverage

Japanese Encephalitis

- Prequalification of appropriate JE vaccine in October 2013
- Windows of support open subject to Board approval
- 5 countries from SEARO and WPRO expected to introduce by 2016

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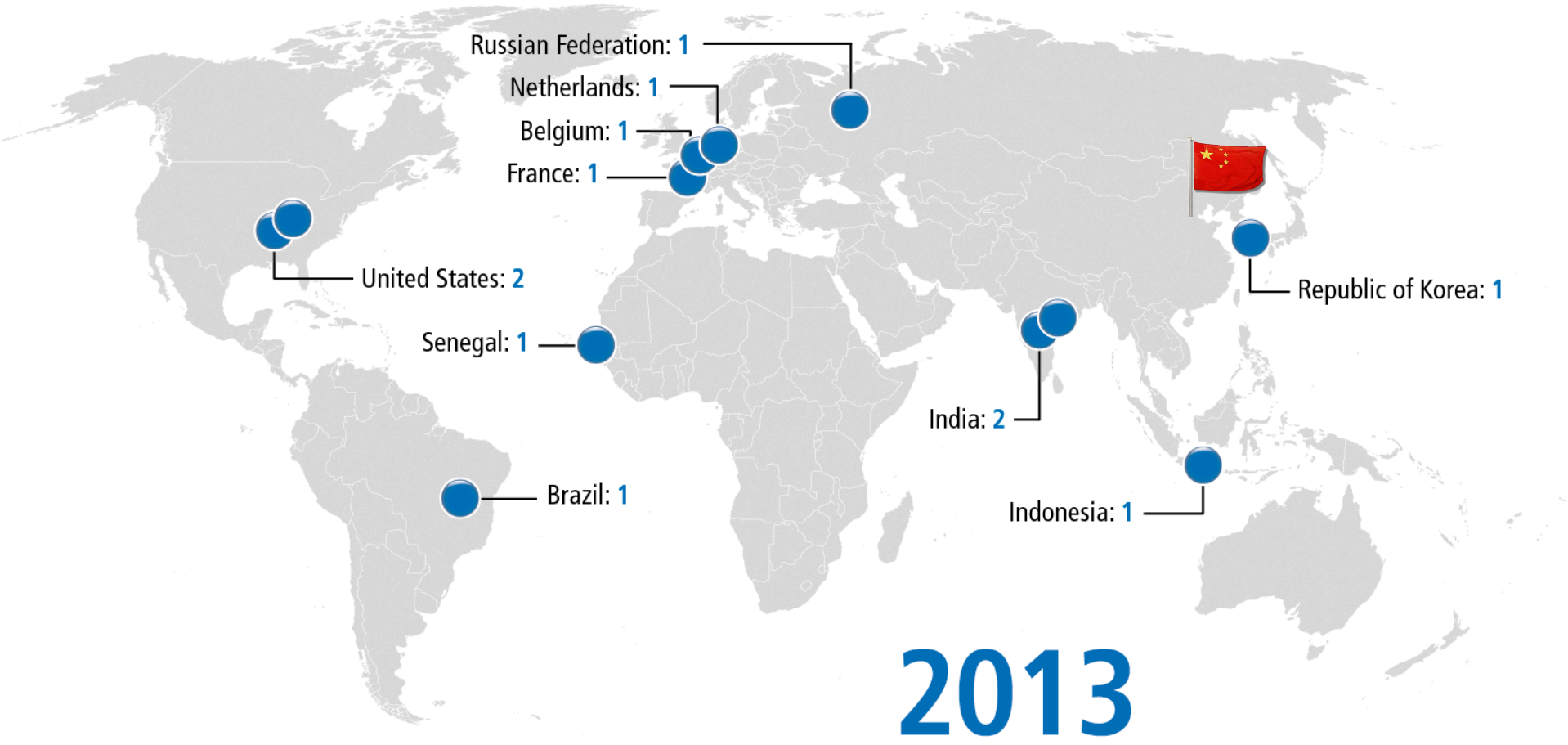
Vaccine supply 2013: 13 suppliers from 11 countries of production



Source: UNICEF Supply Division, 2013 data (as of 31 July)

Note: Merck & Co. produces Rotavirus vaccine in the US and HPV vaccine in the Netherlands

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GAVI HSS: greater focus on results

Inputs and activities

Strengthening human resources

Improving health infrastructure

Improving management (including cold chain)

Increasing community outreach

Intermediate indicators

Availability of health service infrastructure

Availability of supplies & equipment

Availability of skilled health care workers

Availability of outreach services

Data availability and quality

Stockout rate

National wastage rate

Outcomes

GAVI mandatory indicators:

- DTP-3 coverage;
- Dropout rate (DTP1- DTP3);
- Equity in coverage (among districts and wealth quintiles);
- MCV1 coverage;
- Fully immunised child

Impact

Under 5 mortality

Under 5 mortality by cause of death, sex and age

Maternal mortality

Percentage of children under 5 years who are stunted

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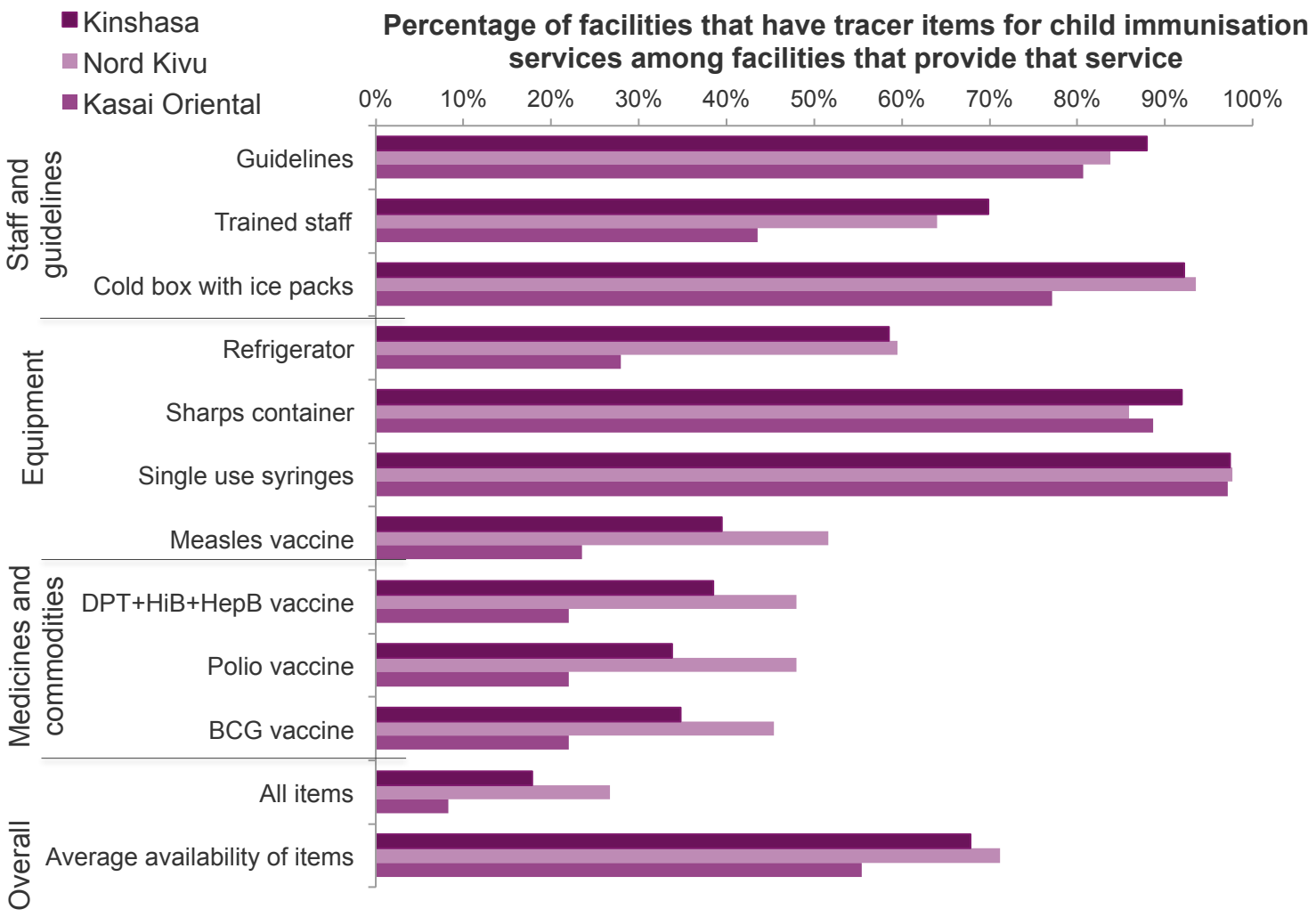
Intermediate results – DR Congo (2012)



Source: Service Availability and Readiness Assessment (SARA); complemented by a Data Quality Report Card (DQRC)

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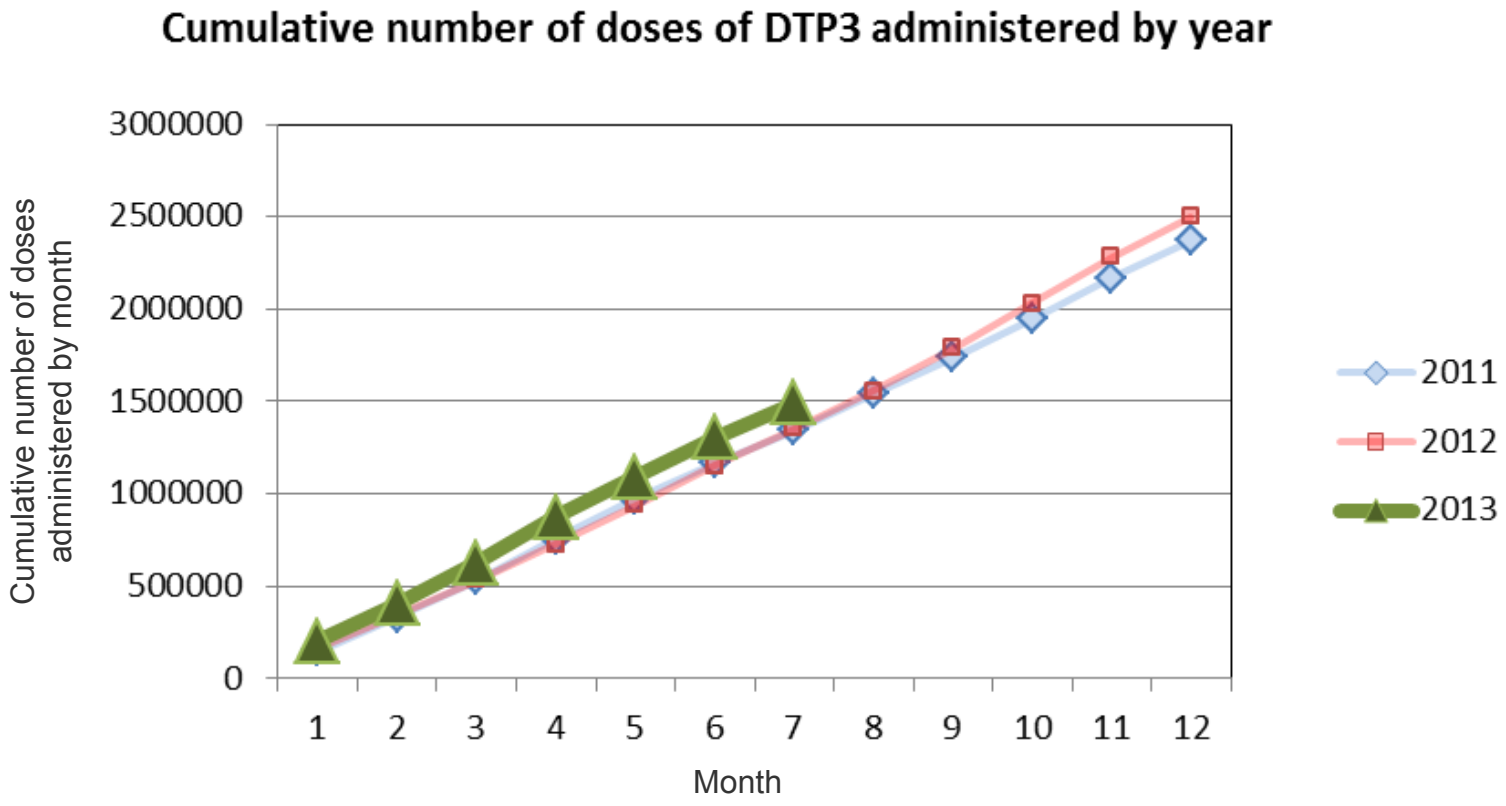
Intermediate results – DR Congo

Reports on number of doses completed up to July 2013



In 2013, there is a 10% increase in cumulative number of doses administered up to July

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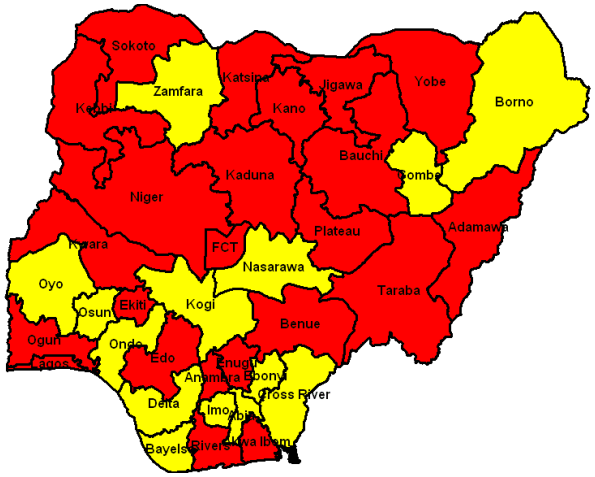
Data-driven solutions: Nigeria sub-national surveys (August 2012/2013)

Key: Coverage/session

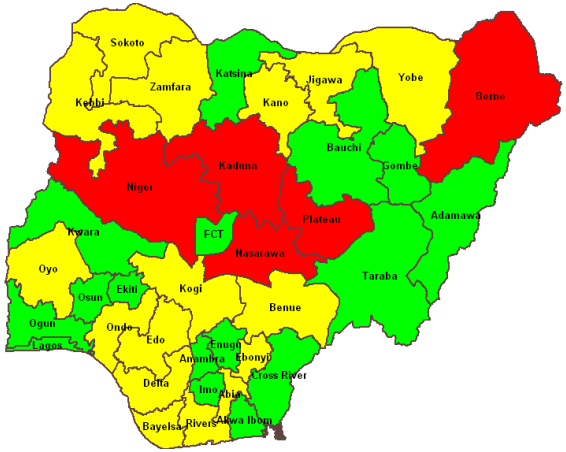
- < 50 %
- 50 - 79.99%
- Above 80 %

2012

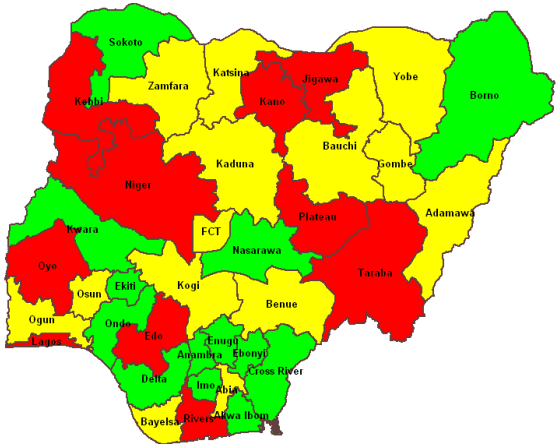
DPT3 Coverage = 38 %



Fixed Sessions Conducted

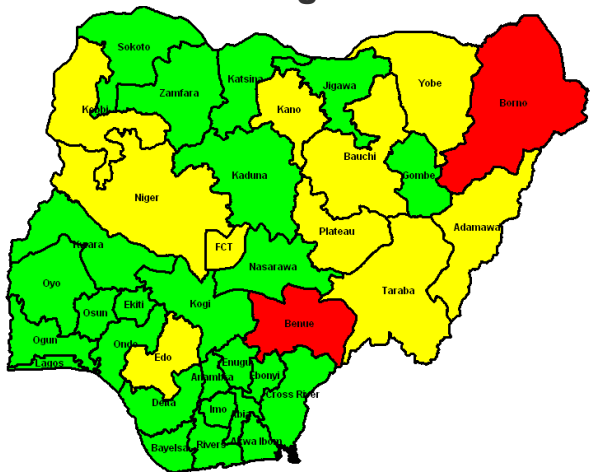


Outreach Sessions Conducted



2013

DPT3 Containing antigen: coverage = 82%



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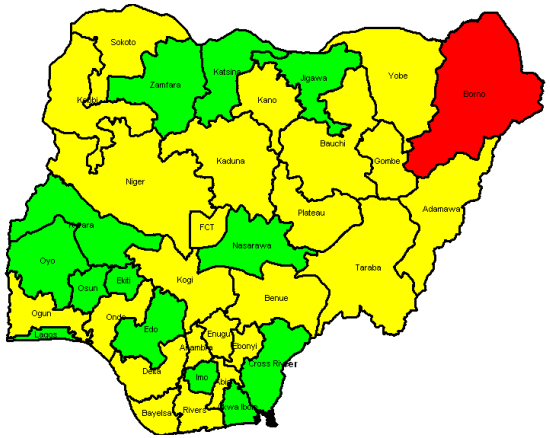

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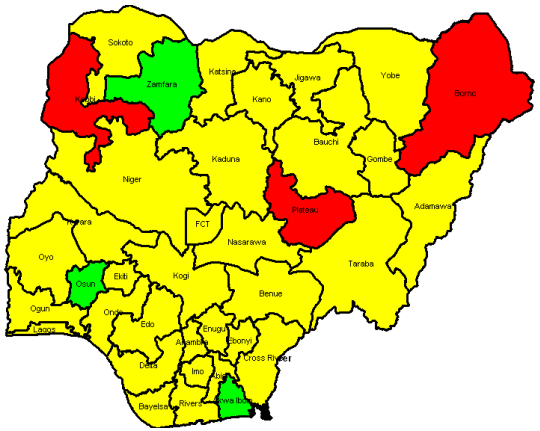

GAVI priority country focus: WHO and UNICEF lead on improving coverage and equity

Lowest coverage countries (<70%)

Afghanistan
DRC
Haiti
Mauritania
PNG
Somalia
Uganda
Guinea
South Sudan
Ethiopia
Côte d'Ivoire
Cameroon
Timor Leste

WHO (and other partners) lead

Both low coverage and large inequities

Nigeria
CAR
Chad
Liberia

Joint lead

Largest inequities in coverage

Yemen
India
Pakistan
Mozambique
Vietnam
Madagascar

UNICEF lead

World Health Organization

unicef

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Policy update

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Policy Reviews 2013

- **Gender Policy review:**
  - Evidence shows that gender-related factors affect a child's chances of being immunised
  - Revised policy focuses on helping countries to analyse and where relevant address gender-related barriers to accessing immunisation services
- **Transparency & Accountability Policy review:**
  - Revised policy includes:
    - An expanded scope to cover vaccines
    - Adding policy principles that emphasise prevention and strengthening of country systems
    - A focus on continuous monitoring of grants based on risk assessments
- Both reviews will be presented to Board November 2013

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Vaccine Investment Strategy: PPC Recommendations

New investments in YF and cholera; potential interest in malaria window from 2016

- **Malaria:** Signal support and anticipate future consideration to open a window from 2016, pending final trial results, licensure, WHO recommendation and assurance of country demand and affordable price
- **Cholera**: catalytic investment in global stockpile
  - Enlarged stockpile to fight epidemics, shape cholera vaccine market and gain experience with routine vaccine use
- **Yellow fever**: fund additional campaigns
  - Cover remaining unvaccinated populations in at risk countries
- **Rabies:** operational feasibility of routine support unclear; support evidence generation and re-evaluate in next VIS
- **Influenza**: weak evidence base; re-evaluate in next VIS

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GAVI's engagement with graduating countries

- GAVI's current engagement is around implementation of the co-financing policy to achieve financial sustainability of the vaccines introduced with GAVI support
- PPC recently discussed GAVI's need to broaden its approach to graduation due to:
  - large number of countries currently in graduation status, and the pace at which additional countries will enter graduation phase
  - graduating countries experiencing a wider range of challenges than previously anticipated
  - the graduation phase representing the last opportunity that GAVI has to positively support countries, both financially and technically
- GAVI Board will discuss a strengthened approach in November

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GAVI strategy 2011–2015

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

1 The vaccine goal
Accelerate the uptake and use of underused and new vaccines:

2 The health systems goal
Contribute to strengthening the capacity of integrated health systems to deliver immunisation

3 The financing goal
Increase the predictability of global financing and improve the sustainability of national financing for immunisation

4 The market shaping goal
Shape vaccine markets to ensure adequate supply of appropriate, quality vaccines at low and sustainable prices

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GAVI strategy 2016-2020: developmental process

April- June 2013

1 **Assess appetite For changes** → **June 2013 Board**

- Individual Board member interviews

July- Nov 2013

2 **Test strategic shifts** → **Nov 2013 Board**

- Test hypothesis with Board constituencies
- Landscape analysis by Secretariat to provide context
- EC (September): guidance on strategic shifts
- Other consultations (Public survey, SAGE, RCM)

Nov 2013-Apr 2014

3 **Define the new GAVI strategy** → **Apr 2014 Board retreat**

- Mission, strategic goals, operating principles
- Detailing of some workstreams

Apr-June 2014

4 **Complete new GAVI strategy** → **June 2014 Board**

- Refine mission, strategic goals, operating principles
- Define targets and indicators

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Looking forward: Future landscape

- **Population changes**
  - SSA growing share of <5-yo, increasing percentage of LICs
  - Ageing of populations
  - Bulk of immunised and poor in MICs
- **Disease changes**
  - Globally NCDs increasing, but infectious diseases important in poorest countries
  - Regional diseases need to be targeted

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Looking forward: Future landscape

- **Graduation**:
  - Sustainability critical
  - More challenging/fragile countries remain
  - Large countries: equity
  - Reduced birth cohort/market-shaping power

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Looking forward: New 2016-2020 Strategy

- **Building on the Alliance's strengths**
  - Immunisation-focused – across value chain
  - Improving on equity and coverage
  - Market shaping and sustaining GAVI graduating countries
  - Strengthening and modernising systems, especially in challenged countries

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Open points to be explored going forward

Overarching questions

- What is GAVI's **vision**?
- To what extent should GAVI be viewed as **time limited**?
- What is the balance between GAVI being a **development organisation** and aiming at **health impact**?
- To what extent should GAVI serve **'poor people'** as opposead to **'poor countries'?**
- What type of **organisational footprint** does the Alliance need to deliver against impact expectations?

Relating to specific strategic shifts

- **Innovative investments in immunisation systems**
  - Which priority areas for investments?
  - Which channels to best realise these investments?
- **Review eligibility and graduation**
  - Graduation criteria beyond GNI? Which ones? With what implications?

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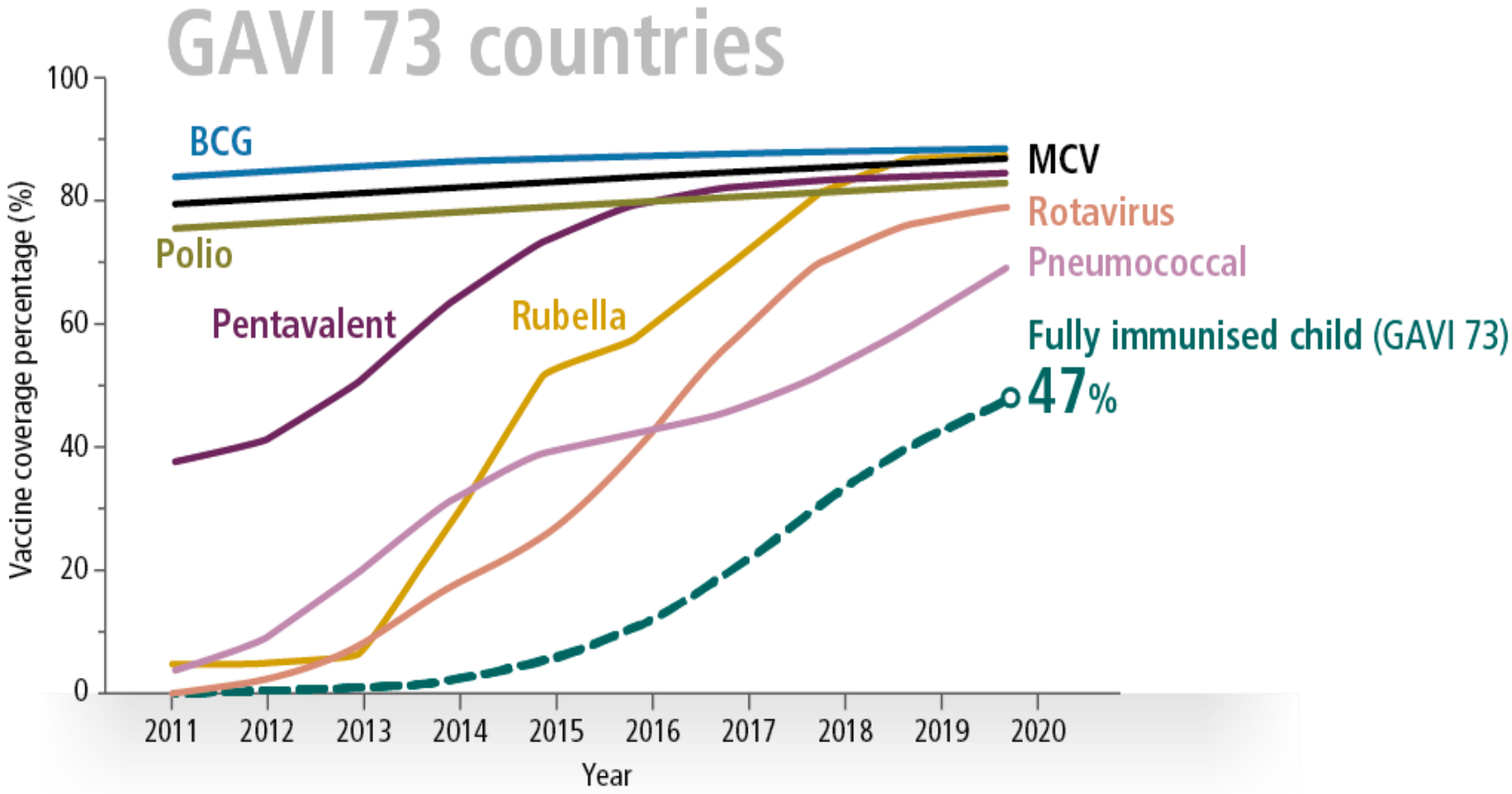
GAVI support will rapidly ramp-up number of fully immunised children from low base



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Grant Application, Monitoring and Review: Key changes

- Stronger country ownership and planning through Expression of Interest and use of country plans
- Strengthened routine grant monitoring with differentiated approach based on country risk/impact
- More use of in-country mechanisms to inform grant monitoring and renewals
- Strengthened accountability through a High Level Alliance Review Panel with cross-Alliance membership
- Better strategic perspective through full portfolio review with each c.5 year country planning cycle

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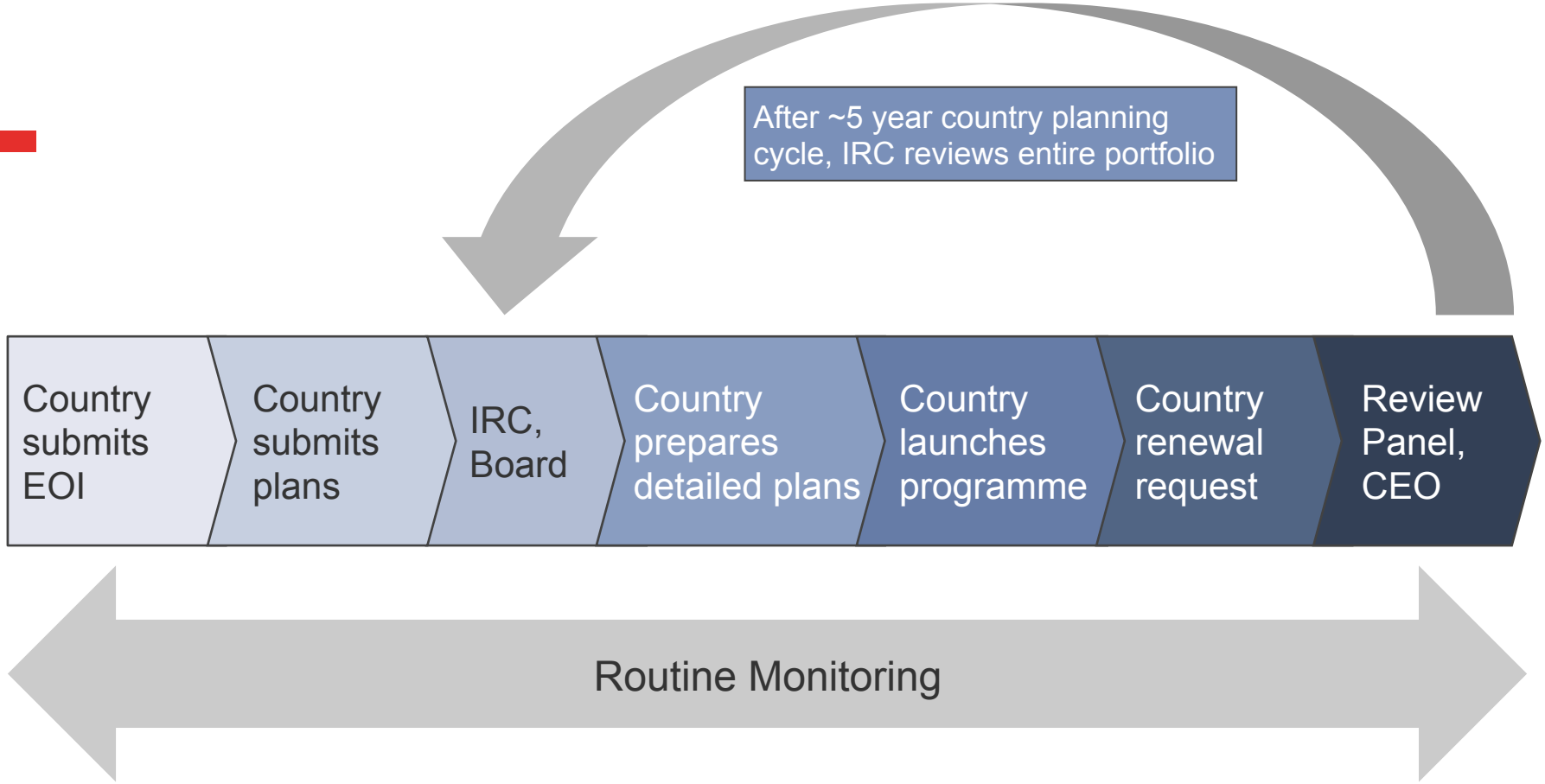
Overview of new programme cycle



GAVI Alliance Supply Chain Management: Priority areas

EXAMPLE WORK STREAMS

People & Practice

- Increase quality and quantity of pre-service and in-service training
- Increase professional recognition of logisticians

Data for managemen

- Increase knowledge share between projects
- Target funding where needed, foster scale up of successful projects

Cold chain strengthening

- Incentivize technical innovation to meet needs
- Support countries to improve equipment selection and maintenance solutions

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GAVI engagement on polio

- **Objective of GAVI's complementary role**:
  - Recognising the Global Polio Eradication Initiative's (GPEI) responsibility for eradicating polio, GAVI's overall objective related to polio eradication is to **improve immunisation services in accordance with GAVI's mission and goals** while supporting polio eradication **by harnessing the complementary strengths** of GAVI and GPEI in support of countries.
- **GAVI to engage on Polio Eradication and Endgame Objective 2**:
  - Routine Immunisation strengthening, and IPV in routine programmes

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Country specific analyses of the impact of IPV introduction

Impact on GAVI:

- Forecasted acceleration from 131 total vaccine introductions 2000-12
- 19 introductions in 2011
- 31 in 2012
- 47 in 2013
- 79 in 2014 (including 13 for IPV)
- 123 in 2015 (including 59 for IPV)

Impact on countries:

- Few forecasted for more than two introductions in 2014
- 25 countries forecasted to introduce two vaccines in 2015
- 13 countries forecasted for three introductions in 2015

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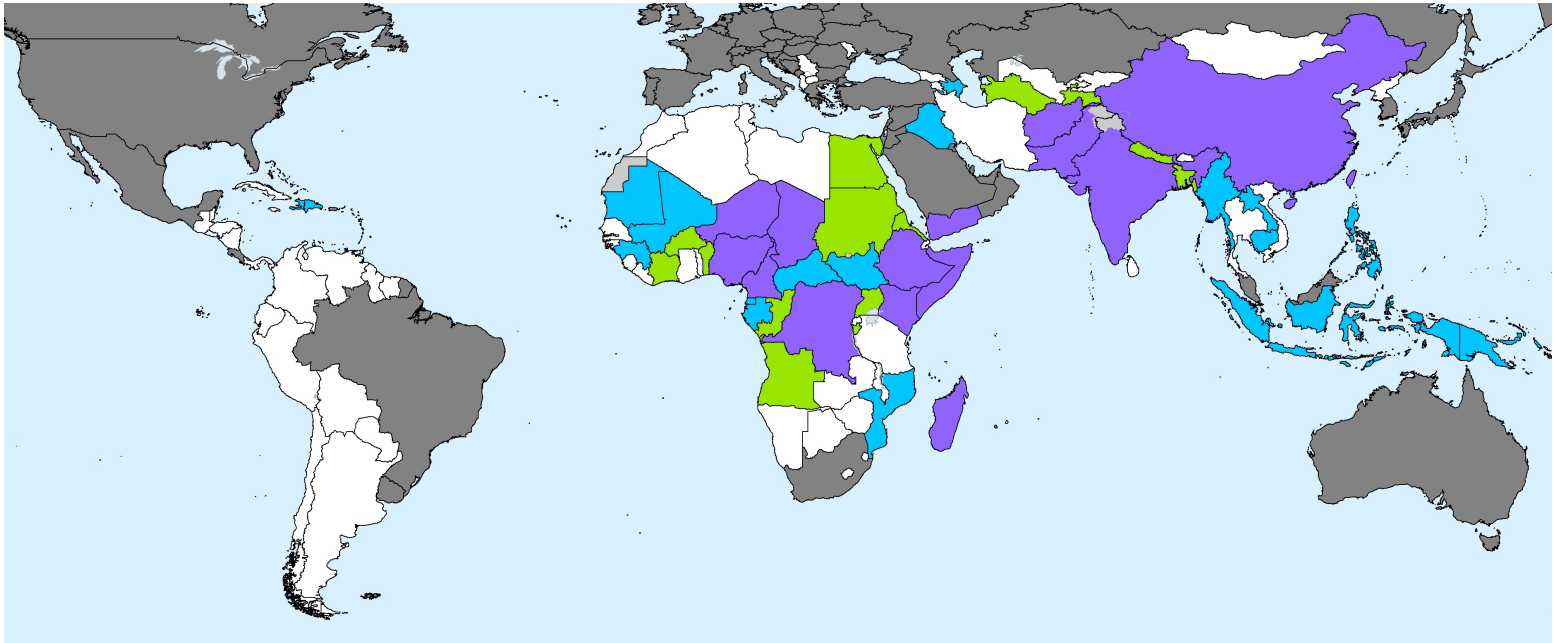
Clear prioritisation of countries for IPV introduction – most Tier 1 and Tier 2 are GAVI countries



Tier 1: Highest Priority (e.g. countries with ongoing transmission)

Tier 2: High priority (e.g. large countries with low coverage)

Tier 3: Medium priority (e.g. adjacent to tier 1 country)

Tier 4: Lowest priority (e.g. other countries using only oral polio vaccines)

Countries already using IPV

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IPV: Recommended policy exceptions

- Unique challenges of Endgame
  - Very rapid uptake
  - IPV use time-limited
  - Limited health impact for any single country, BUT broader global benefit

- Therefore, we recommend exceptions to several GAVI policies
  - Eligibility and Graduation
  - Co-financing
  - Prioritisation

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