

# Report from Gavi, the Vaccine Alliance

Meeting of the Strategic Advisory Group of  
Experts on Immunisation (SAGE)

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Dr. Seth Berkley, CEO  
8 October 2019, Geneva



# Lasker~Bloomberg Public Service Award honours the Vaccine Alliance

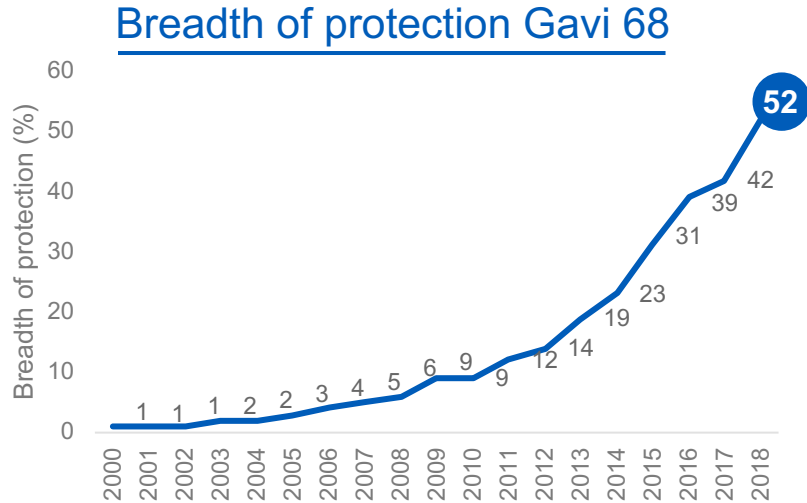
*For providing sustained access to childhood vaccines around the globe, saving millions of lives, and for highlighting the power of immunization to prevent disease*



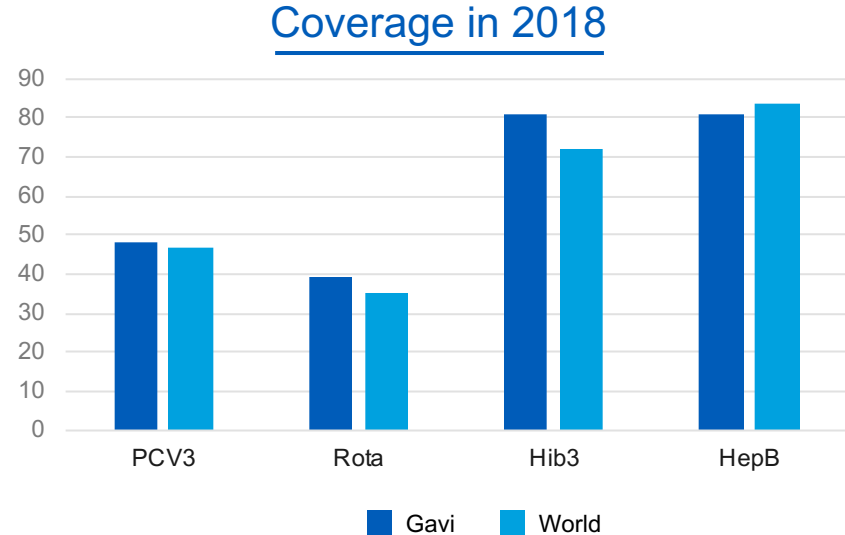
# 1

## Forward look to Gavi 5.0

# Success in scaling up new vaccines and increasing coverage in Gavi countries

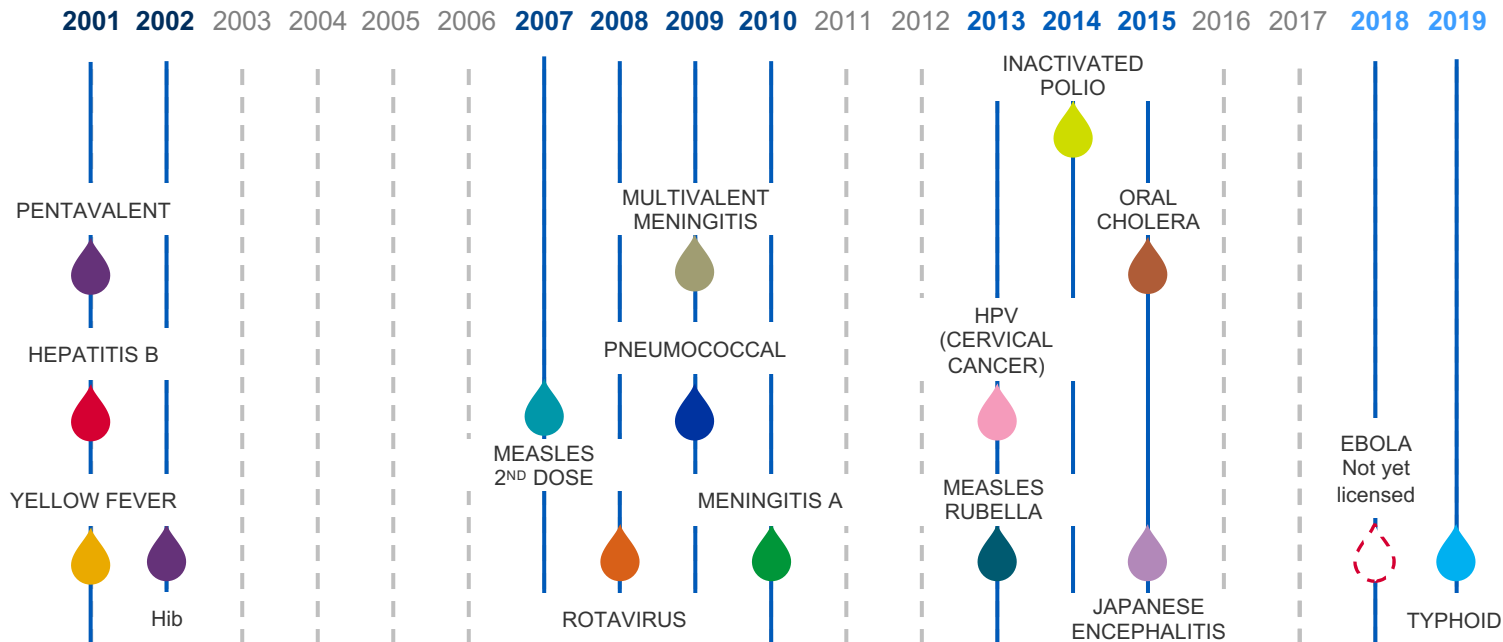


Rapid scale up of new vaccines  
in Gavi supported countries



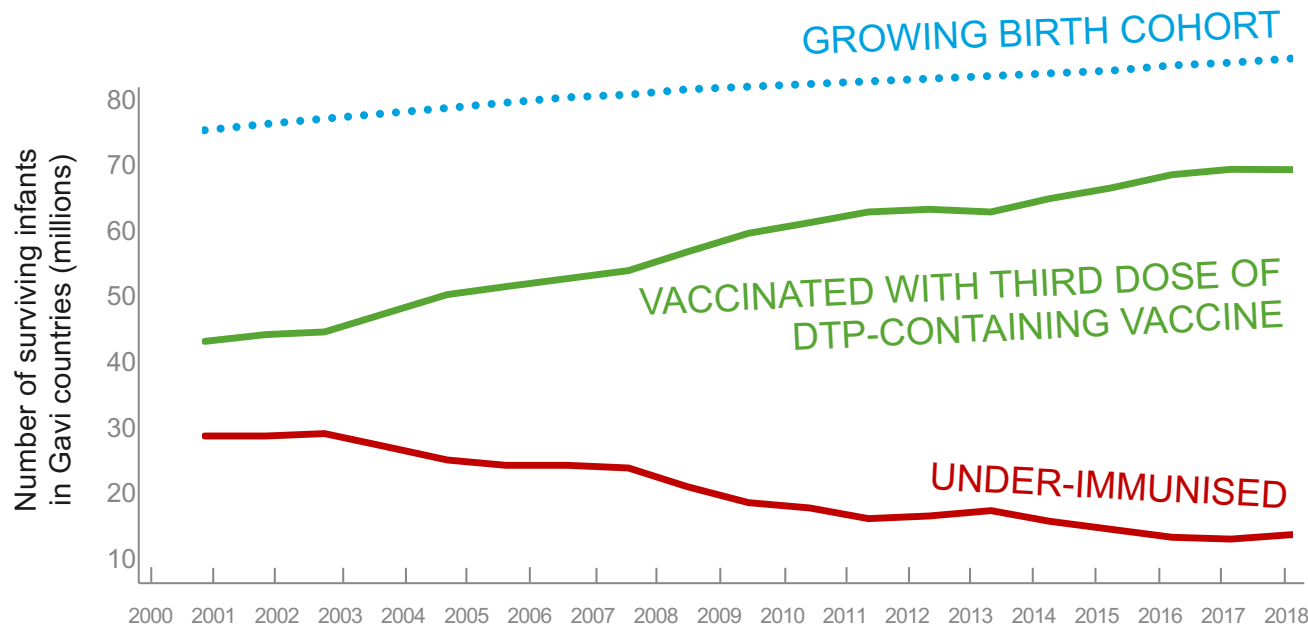
Coverage of select antigens now higher  
in Gavi supported countries vs. global

# Expanding vaccine portfolio and life course approach to vaccination



>430 introductions and campaigns since 2000

# Significant coverage gains since Gavi's inception yet children being missed



- In last ~20 years, succeeded in vaccinating 4 in 5 children in Gavi supported countries
- Keeping pace with population growth will increasingly be a challenge
- Reaching 5 in 5 children will require new thinking and new approaches

Source: WUENIC 2019 update

# Meeting our 2030 aspiration of reaching 5 out of 5 children will require major shifts in strategy

## Major strategic shifts

- **Equity** as the **organising principle** (reaching under-immunised and zero-dose children)
- **Differentiated, tailored** and **targeted** support for countries
- Increased focus on **programmatic sustainability**
- Supporting countries in **prioritising vaccine introductions**
- Catalytic support for **Middle Income Countries**

## Examples of programmatic changes

Enhanced focus on **gender, communities, demand** and **innovation**; **Service delivery** meeting needs of care givers

Specific **subnational approaches** to reach underserved; tailored **grant management**; new rapid survey methodology to track

Incentives for more deliberate mix of **delivery strategies**; decreasing funding of **recurrent cost** over time

Technical support for stronger evidence-based **introduction decisions**

Institutionalising Gavi's **post-transition support**

# Transition from Gavi 4.0 to 5.0 in the context of broader shifts





# Strategic shift 1: equity as the organising principle for Gavi 5.0

## Hard-to-reach communities are growing



### Urban slums

*By 2050, over 2 billion more people  
in urban areas in Africa & Asia*



### Remote communities and nomadic populations



### Conflict settings

*>70 million people displaced  
worldwide; 84% refugees in  
developing countries*

## Implications (examples)

**Specific approaches to reach  
zero dose children**

**Enhanced focus on**

- gender
- communities
- demand
- innovation

**Service delivery** meeting  
needs of care giver

# Significance & programmatic implications of targeting zero dose children & their communities

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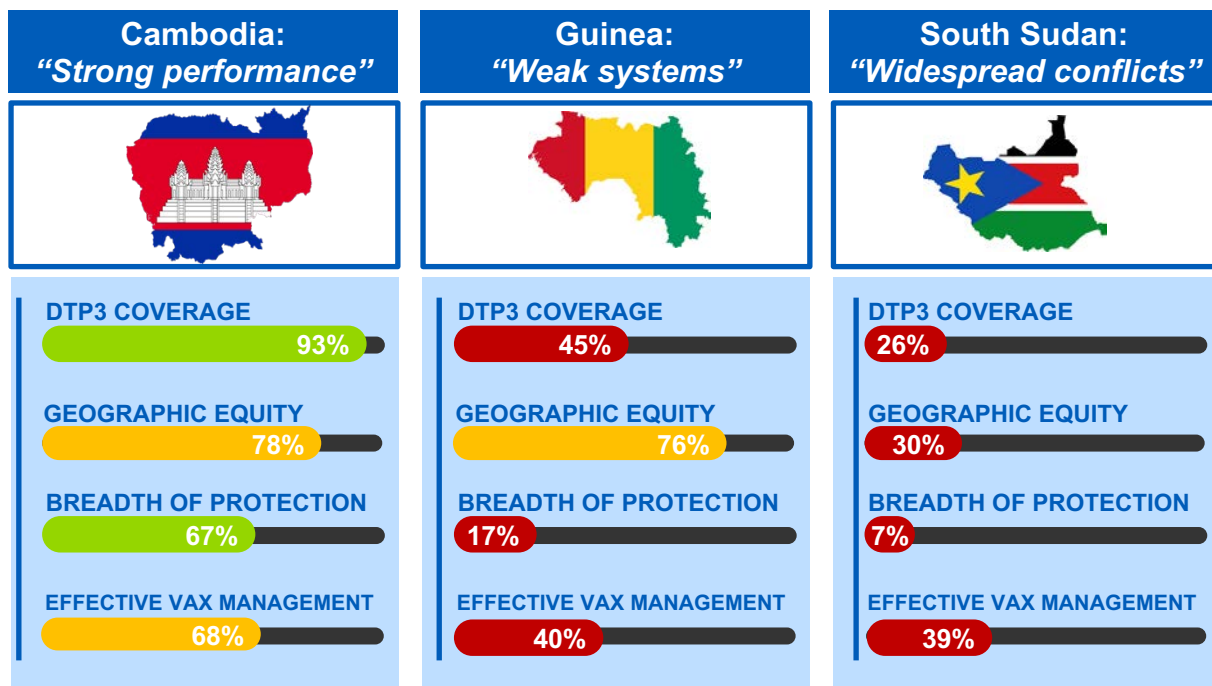
- Key part of equity agenda:  
2/3<sup>rd</sup> zero dose live below poverty line
- Link to PHC / prevention
- Reach of routine immunisation
- Measure of equity & need for appropriate indicator
- Acknowledge existing working definitions used in other programmes (e.g, polio)



*Credit: Unicef*

# Strategic shift 2: differentiated, tailored and targeted support for countries

Gavi 5.0 portfolio will become increasingly differentiated



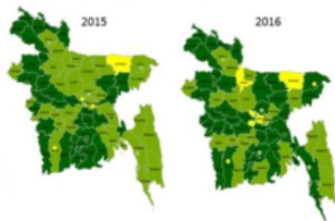
Implications (*examples*)

- Specific **subnational approaches** and engagement to reach underserved; new ways to measure
- New ways of working with **conflict countries**
- Tailored, differentiated and more efficient **grant portfolio management**

# Future plans will build on existing guidance to countries to improve coverage and equity

## 2019 application guidance

### *In requesting and renewing support:*



- **Analyse coverage and equity situation** and determine why coverage is low or inequitable in specific populations

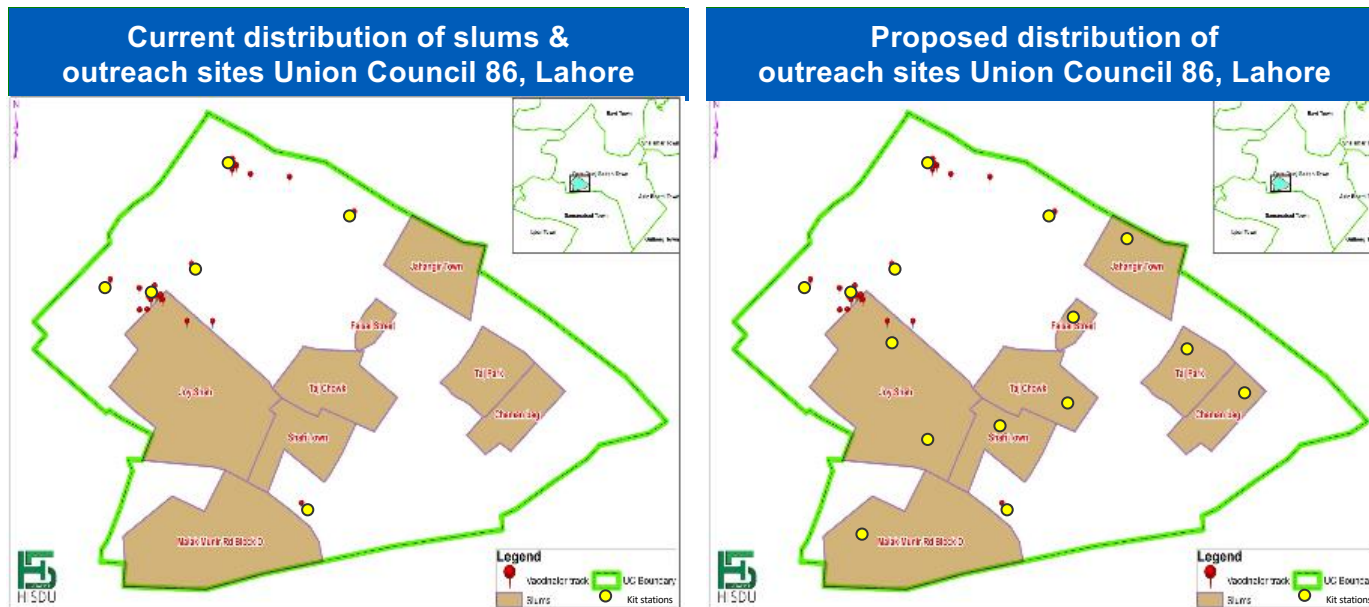
Interventions for Health System Strengthening through the Gavi Alliance	Health System Building Blocks						
	Leadership and Governance	Health Financing	Health Workforce	Essential Medical products and technologies	Health Service Delivery	Health MIS	
Vaccine Introduction							
Vaccine Security							
Service Delivery							
Surveillance							
Cold Chain and Effective Vaccine Management							
Data improvement							
* Depicted as significant because the group listed these as Major/Significant/Mild							
Not a bottleneck	Mild Bottleneck	Significant Bottleneck	Major bottleneck				

- **Identify constraints and challenges** underlying the performance of the immunisation system



- **Target and tailor** investments and measurements to address coverage and equity constraints and enhance immunisation outcomes

# Example from Lahore, Pakistan: improving access to EPI services using detailed community level data

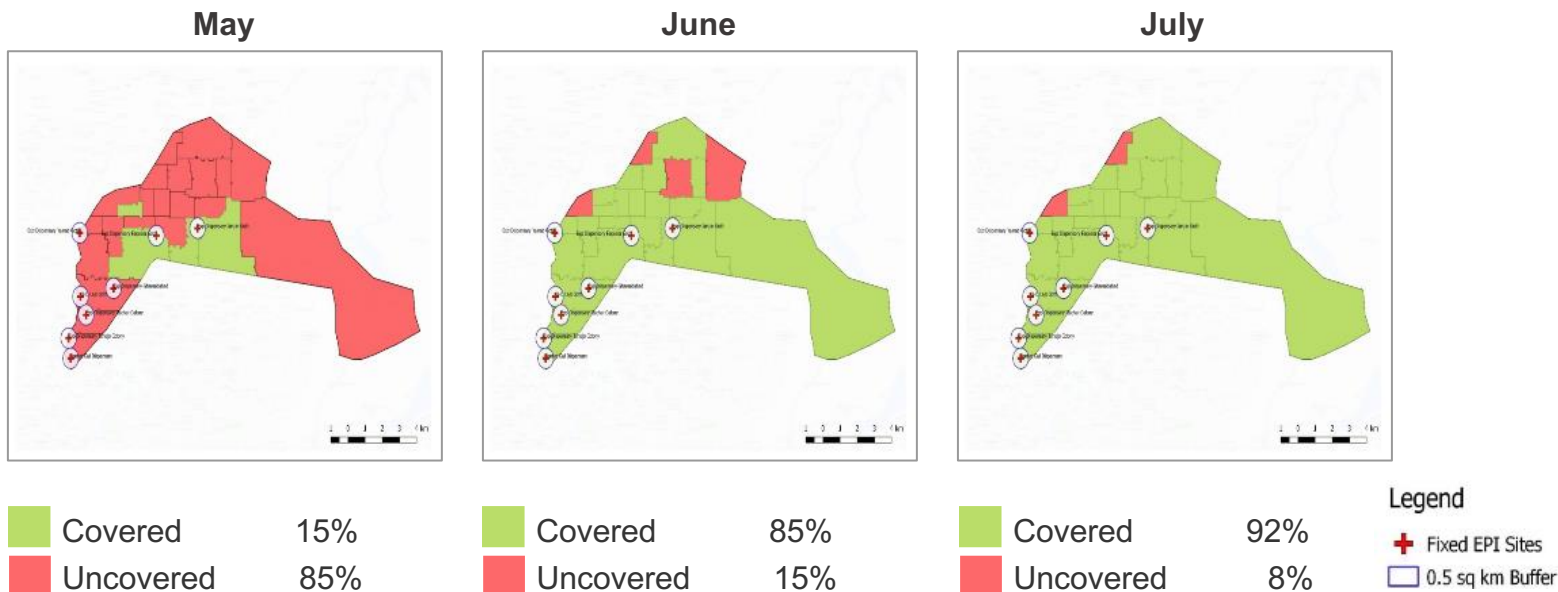


1: Vaccinator entries from May 2019 EVACCS data

Source: HISDU GIS Mapping

# Example from Karachi, Pakistan: monitoring progress of vaccinator visits in urban communities

## Highest polio-risk Union Council in Karachi



\*Every polygon represents a population of 10,000.

The polygon is considered covered if a vaccinator has visited the population least once in the month

All data from 2019

# Data will be key to developing a comprehensive subnational view of immunisation coverage and equity

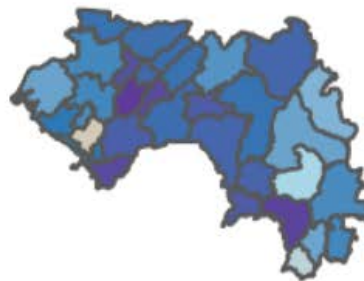
## Guinea



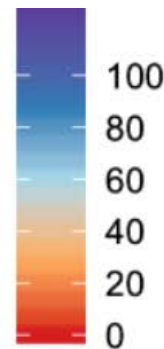
IHME



Admin



DTP3  
Coverage (%)



- Subnational targeted investments represent 70% of Gavi health systems grants
- Data requirements for targeting and monitoring are different
- **Data challenge – ensuring timely and accurate data, country ownership and accountability**

# Strategic shift 3: increased focus on programmatic sustainability before countries transition

## Some transitioning countries facing programmatic challenges

### Examples of transitioning countries with major programmatic challenges



Angola



Nigeria



Timor  
Leste



Congo  
Rep.



PNG

### Examples of transitioned countries with specific programmatic bottlenecks



Honduras



Armenia



Moldova

## Earlier engagement on programmatic sustainability (*examples*)

Incentives for **more deliberate mix of delivery strategies**

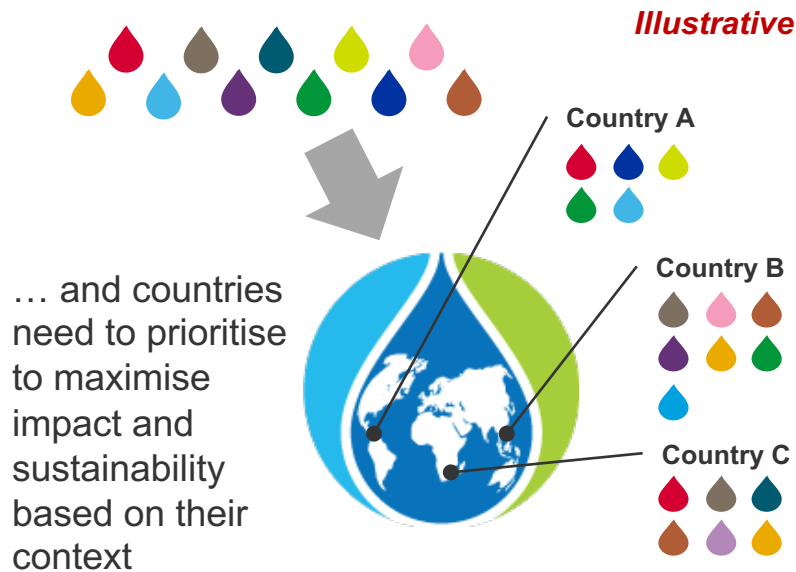
More deliberate approach to providing **short-term systems support vs. long-term systems strengthening**, e.g.

- Decreasing **funding of recurrent costs** over time
- Ensuring **ratio of gap filling vs. capacity building**



# Strategic shift 4: supporting countries in prioritising introductions in context of growing vaccine portfolio

As Gavi's portfolio evolves, vaccines increasingly have different value for each country ...



**Implications: Technical support for stronger evidence-based introduction decisions**

# In 5.0, Gavi will also play a more strategic role in outbreak prevention, detection and response

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Yellow fever  
vaccine  
stockpile and  
diagnostics



Measles  
outbreak  
response



Meningitis  
vaccine  
stockpiles



Oral cholera  
vaccine  
stockpiles

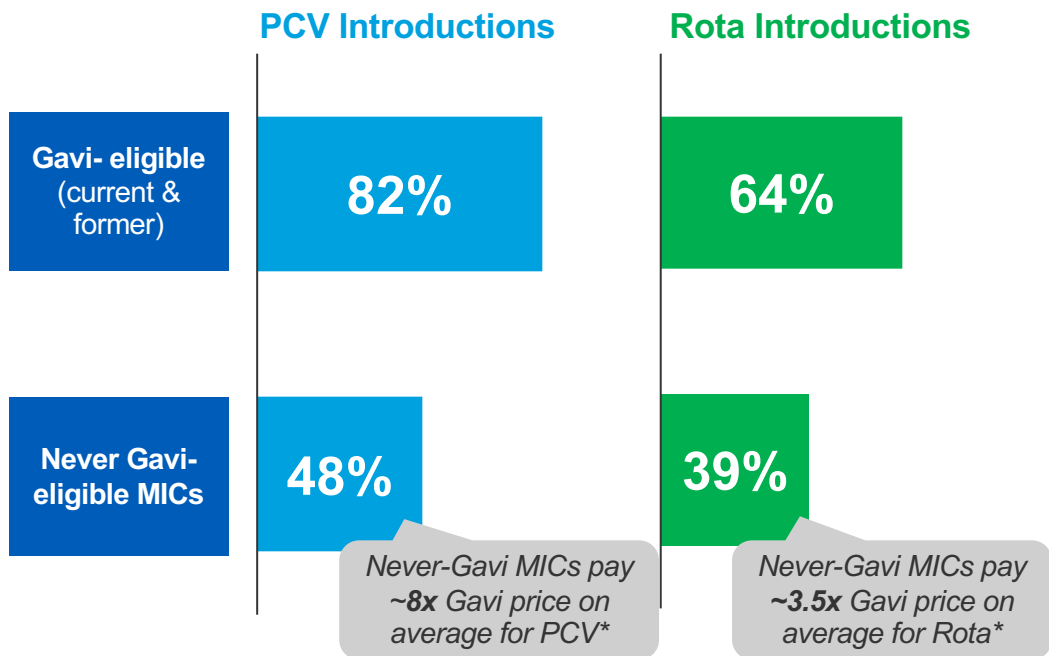


Ebola  
vaccine  
response

More than 140m people protected with >170m doses from  
Gavi-funded stockpiles and outbreak response funds since 2006

# Strategic shift 5: scoping ongoing on catalytic support for Middle Income Countries for Board consideration

**MICs facing common immunisation related challenges,  
e.g. on vaccine introductions**



**More deliberate MICs engagement**

**Institutionalising post-transition support and exploring catalytic support for never Gavi-eligible MICs**

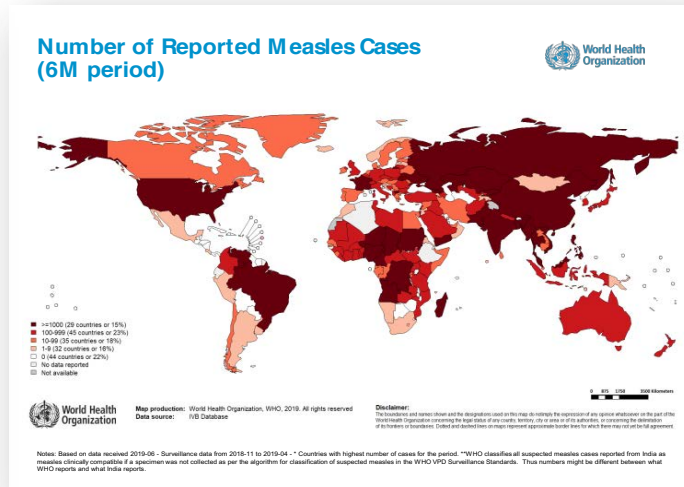
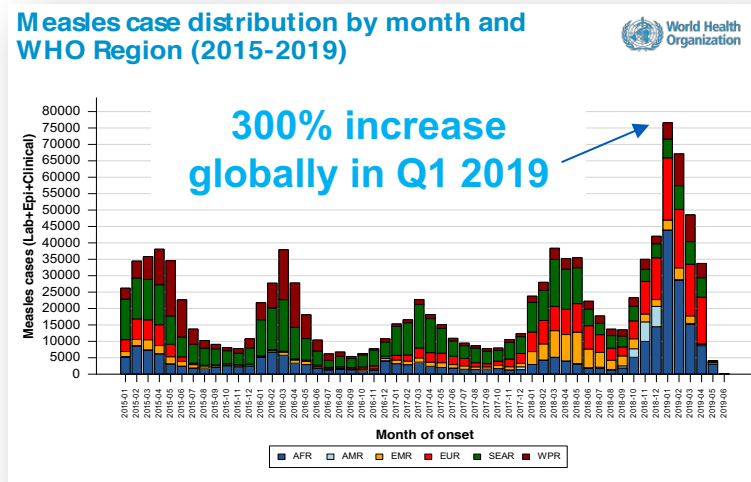
- Advocacy and political will
- Market shaping
- Strengthen decision-making, regulatory processes and immunisation know-how

# 2

## Report back to SAGE

# Measles: global resurgence highlights urgency of closing immunity gaps

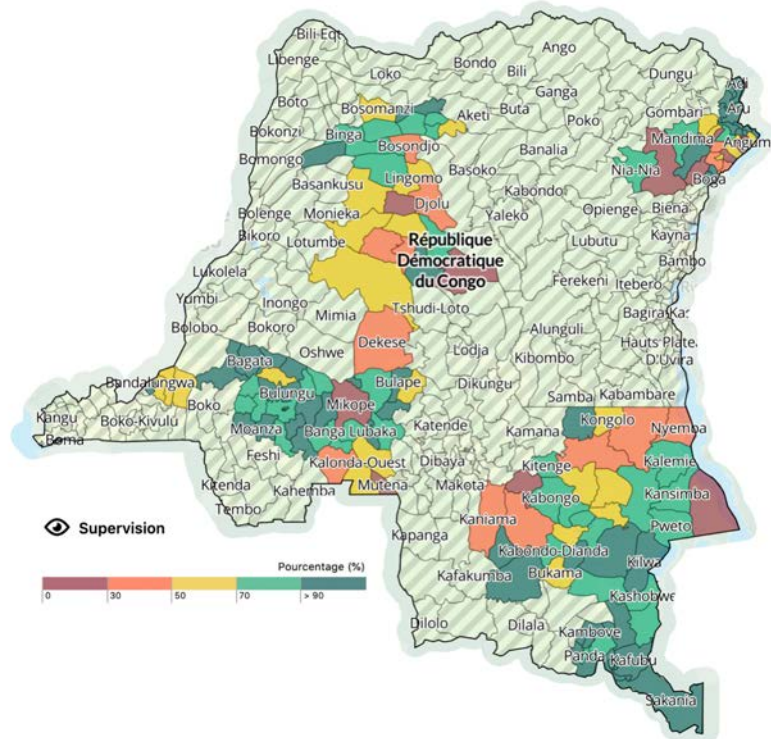
- Globally: importance of reaching missed children for control
- All countries need local knowledge, analysis, adaptation. However, different strategies will be required for high routine coverage vs. low routine coverage settings and equity analyses
- Transitioning countries: particular importance of strategies that factor in long-term sustainability



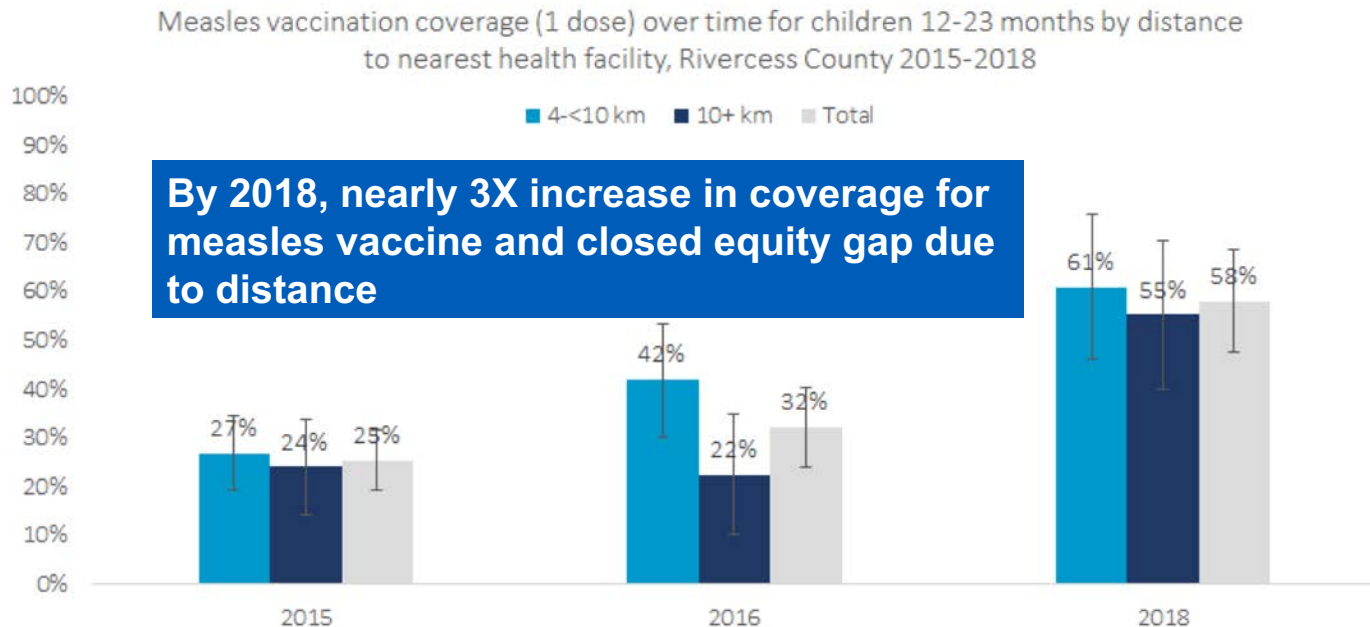
# DRC's Mashako plan: a tailored strategy to address low routine coverage and systems strengthening

Progress in 9 Mashako provinces since January 2019 against a backdrop of measles and Ebola outbreaks:

- **Supervision:** 51 percentage point (p.p) increase in health areas supervised monthly by mobile application until July
- **Immunisation service availability:** 26 p.p increase in health areas that organise at least one immunisation session weekly until September
- **Cold chain functionality:** 18 p.p increase in cold chain functionality until September
- **Political leadership:** Meeting in July 2019 chaired by President Tshisekedi with all Provincial Governors; signed declaration to strengthen RI and end polio

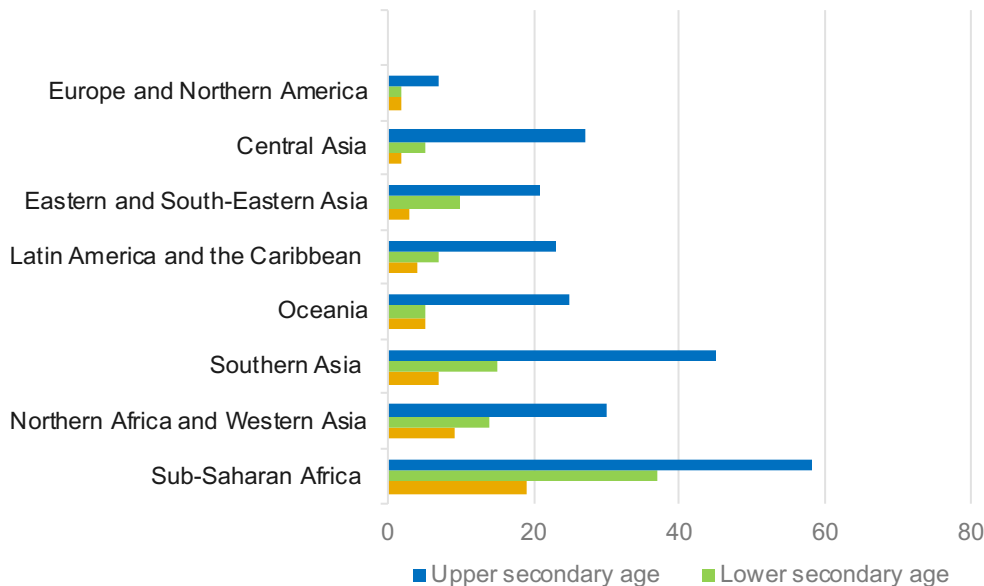


# Liberia: leveraging digital technology to increase vaccine coverage in hard-to-reach areas



# HPV: prioritising older age cohort in supply constrained environment may inadequately address programmatic challenges

**Out-of-school rate by region, and age group, 2018 (UNESCO)**



In many Gavi countries most 14 year olds are in secondary school with a stark drop-off in enrolment after primary school

- Supply constraint disproportionately affects Gavi countries w/ 80-85% of disease burden - duration of constraint unknown
- Focus on older cohort means high outreach needs and costs and risk of poor coverage
- Vaccine delivery across both primary and secondary schools has high financial costs and threatens programmatic sustainability
- Switching age cohorts confuses public messaging and threatens confidence



# Malawi: factors guiding country's cohort selection

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**Malawi has one of the highest cervical cancer incidence and mortality rates in the world**

**Between 9 and 14 years there is a significant increase in girls out of school**

- 5% of 9 year olds are out of school vs. 37% of 14 year olds
- Of 14 year old girls in school, 20% are in primary vs. 42% in secondary school.

**Given challenges of achieving good coverage with upper age cohort, Malawi chose to introduce with the younger age cohort**

# How can we address setbacks to polio eradication?

## WPV threat continues

- 85 cases to date in 2019 vs. 25 in 2018

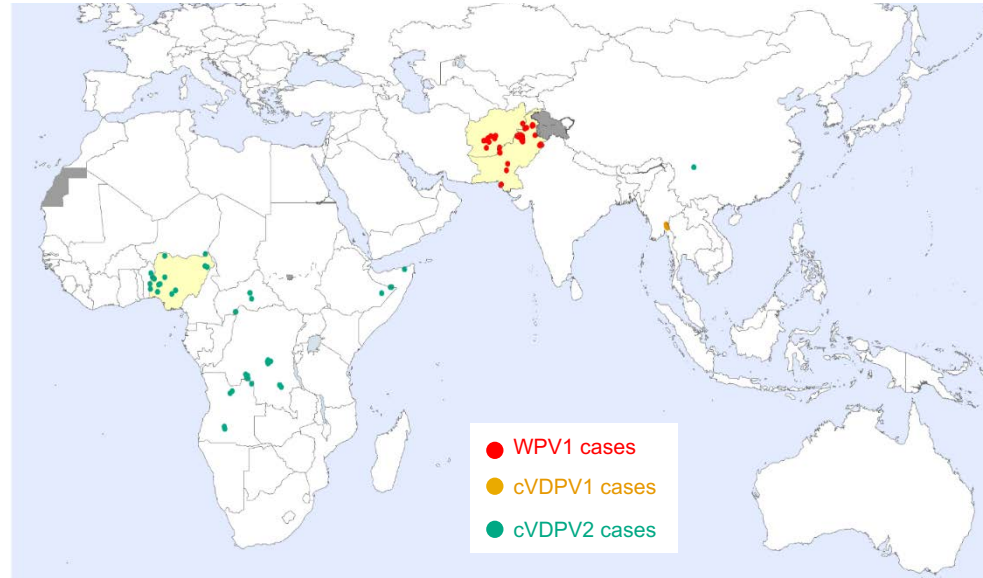
## Increasing emergence of VDPV outbreaks

- 9 countries with cVDPV2 outbreaks in 2019, some multiple
- Vaccination with mOPV seeds potential for future outbreaks
- Situation likely to deteriorate until availability of nOPV2

## Opportunities to course correct

- Aggressively strengthen routine programmes in priority countries and geographies
- Look for long term sustainability

## Wild poliovirus & cVDPV cases, previous 6 months



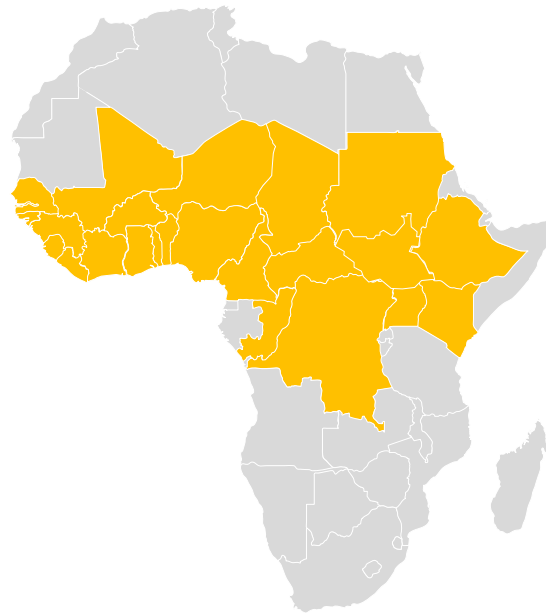
Source: GPEI; Excludes viruses detected from environmental surveillance  
Onset of paralysis: 14 February 2019 – 13 August 2019

# Gavi Yellow Fever diagnostic procurement support available

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## Gavi support focused on assuring commercial availability of yellow fever diagnostic assays

- In the meantime, Gavi-eligible countries classified as yellow fever high risk under EYE strategy can now apply for yellow fever diagnostic procurement support
  - Countries with <50 samples per year from suspected yellow fever cases encouraged to send samples to neighbours for testing until surveillance more sensitive
- Gavi support initially focused on yellow fever ELISA reagents and consumables
- Gavi secretariat working with WHO, UNICEF, and other partners to make validated ELISA and PCR test kits available



# Board will consider Ebola vaccine programme pending prequalification & recommendation

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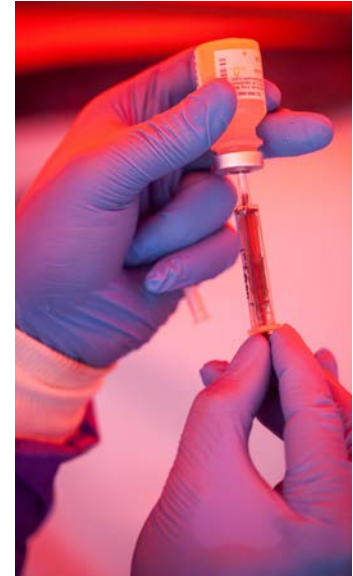
## Future licensed Ebola vaccine programme

- **Emergency stockpile** and pending SAGE recommendation, **preventive vaccination in high risk groups/** countries outside of outbreak (e.g. HCWs/FLWs)
- Approach anticipates programme evolution given **multiple uncertainties**
- Opportunity to learn and refine Gavi's approach to **investment decision making for emerging infectious diseases**

# Ebola vaccines raise strategic questions relating to the pipeline, manufacture & optimal use

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- **Manufacturing:** How can we accelerate sustainable manufacturing approaches which are cost effective even with unpredictable demand?
- **Second generation products:** How to incentivise development of second-generation products e.g. other strains, multi-strain, improved cold chain, alternative platforms?
- **Evolving use cases:** What learning mechanism is needed for new strategies and use cases? How is the position of vaccines relative to other disease control approaches likely to shift?
- **Decision making:** What will countries need for decision making?



# Board will decide on funding for Malaria pilots for 2021-2023 period

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- RTS,S malaria vaccine pilots underway in Malawi, Ghana and Kenya
- Data will inform WHO policy recommendation on broader use of RTS,S/AS01 as early as 2021
- Board will consider funding completion of pilot RTS,S introductions (2021-2023)
- Manufacturing of donation doses is ongoing until end 2020



# 3

## Investment case 2021-2025



# Gavi 4.0 to 5.0 – preliminary impact forecasts for the next strategic period

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## Maintaining impact despite country transitions:

**~300 million**

Children immunised

**~7– 8 million**

Deaths averted

## Economic benefits:

**US\$ 80-100 billion**

## Newer vaccines preventing more deaths:

**30-50%**

More deaths averted from PCV and rotavirus

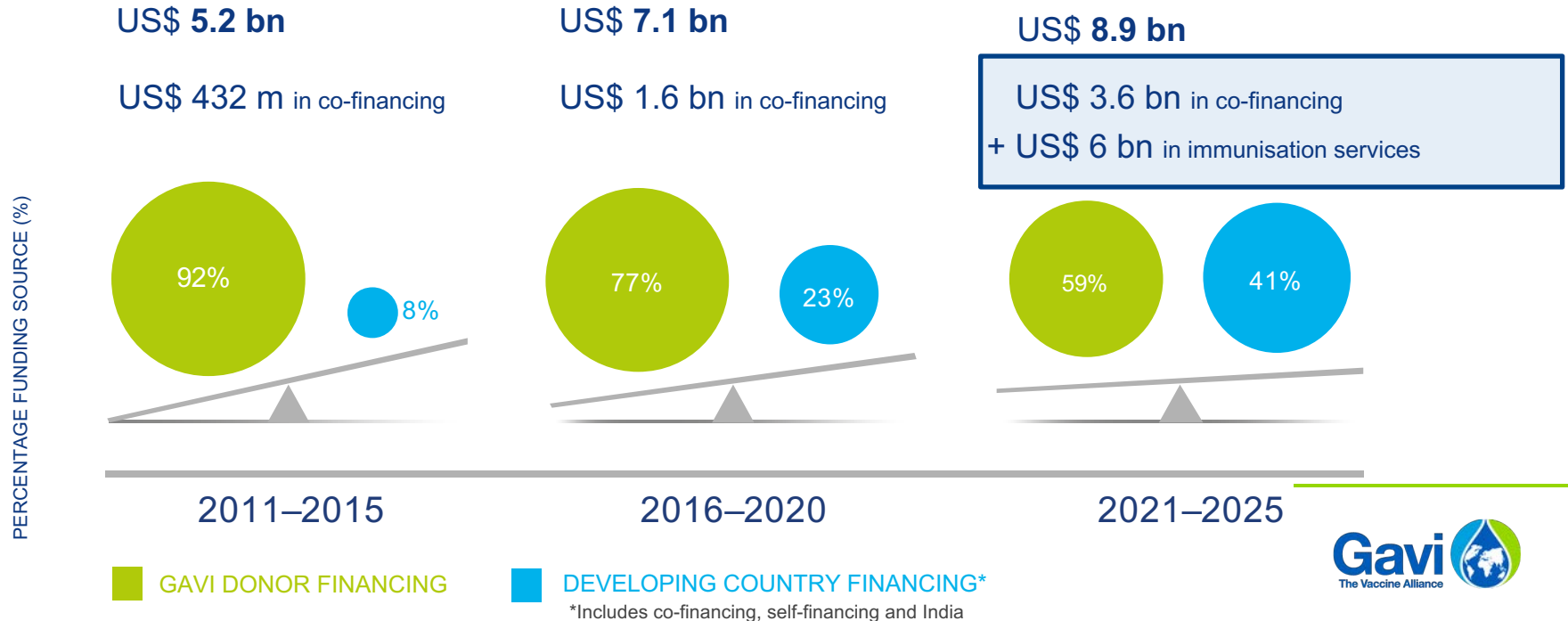
**Significantly higher impact**

From HPV



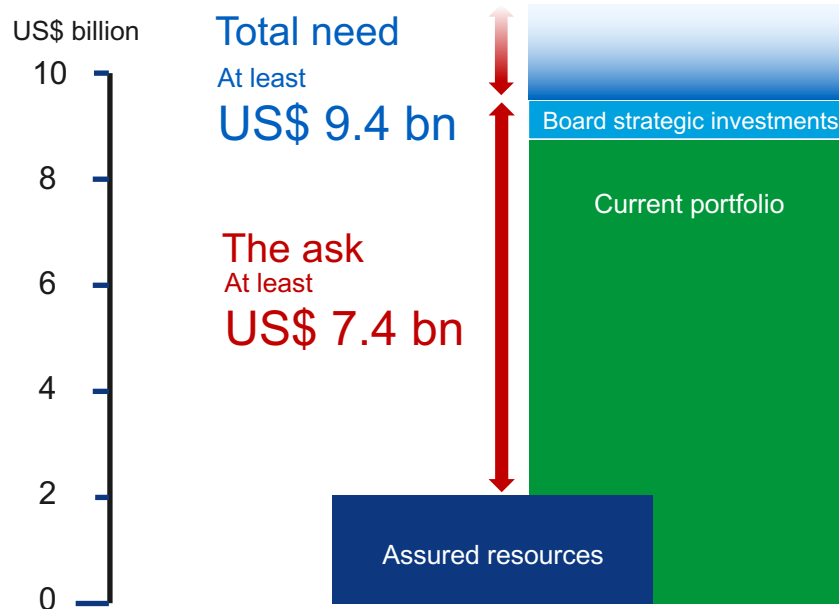
# Countries increasing share of vaccine financing

## VACCINE COSTS

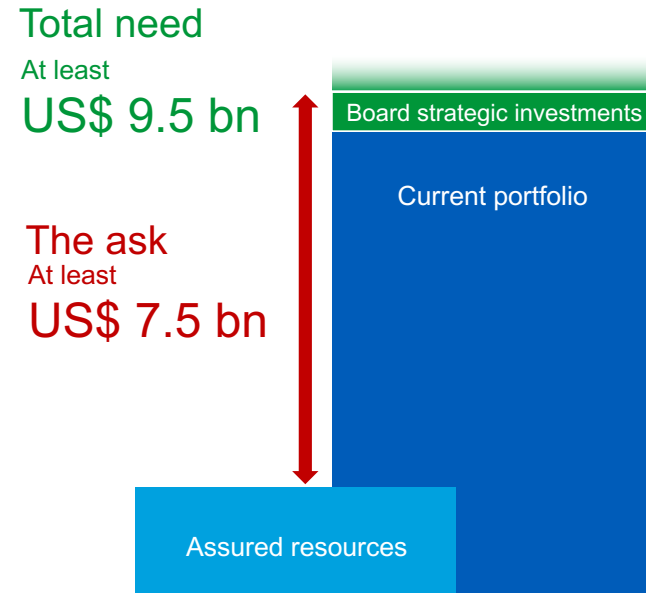


# Resources needed for 2021-2025

2021-2025

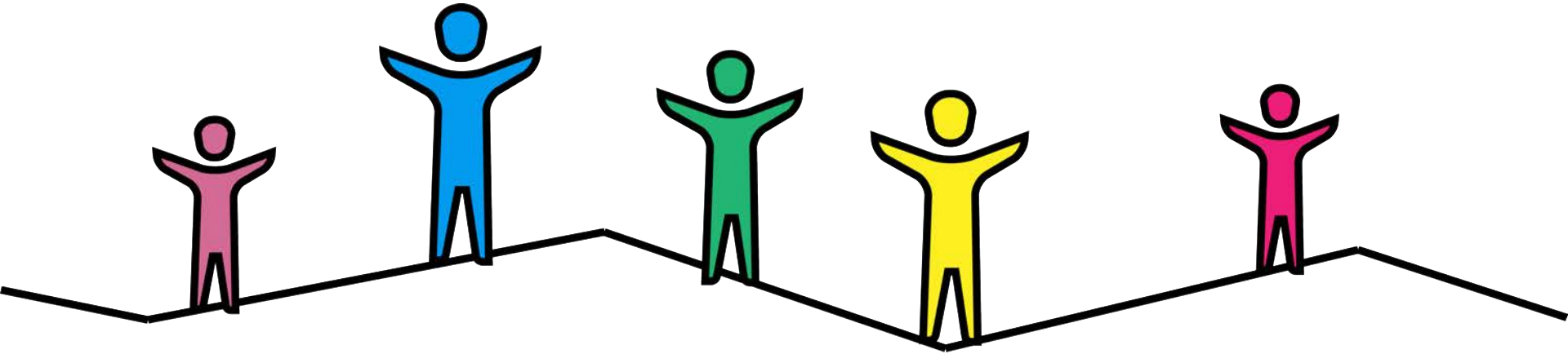


2016-2020



Leaving no one behind by 2030

By 2030, together we can reach every child



# THANK YOU

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Reach every child

[www.gavi.org](http://www.gavi.org)