

# CEO Board report

***Seth Berkley MD***  
***CEO***

*GAVI Alliance Board meeting*  
*Washington DC, USA, 12-13 June 2012*



# Overview of presentation

- New results
- Accelerated activities
- Expenditure and resources – horizon view
- Opportunities and challenges
- Board agenda: key decisions and themes for discussion

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# Progress Report 2011

## New look and multi media package



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# Pneumococcal and rotavirus vaccines rollouts in Ghana and Rwanda



Acceleration from June to December 2012:

9 pneumococcal vaccine introductions

6 rotavirus vaccine introductions

Photos: GAVI/2012/Olivier Asselin and UNICEF/2012/Cyriaque Ngoboka

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# Christabel Emmanuel – first baby to receive pentavalent at Nigeria launch, 7 June



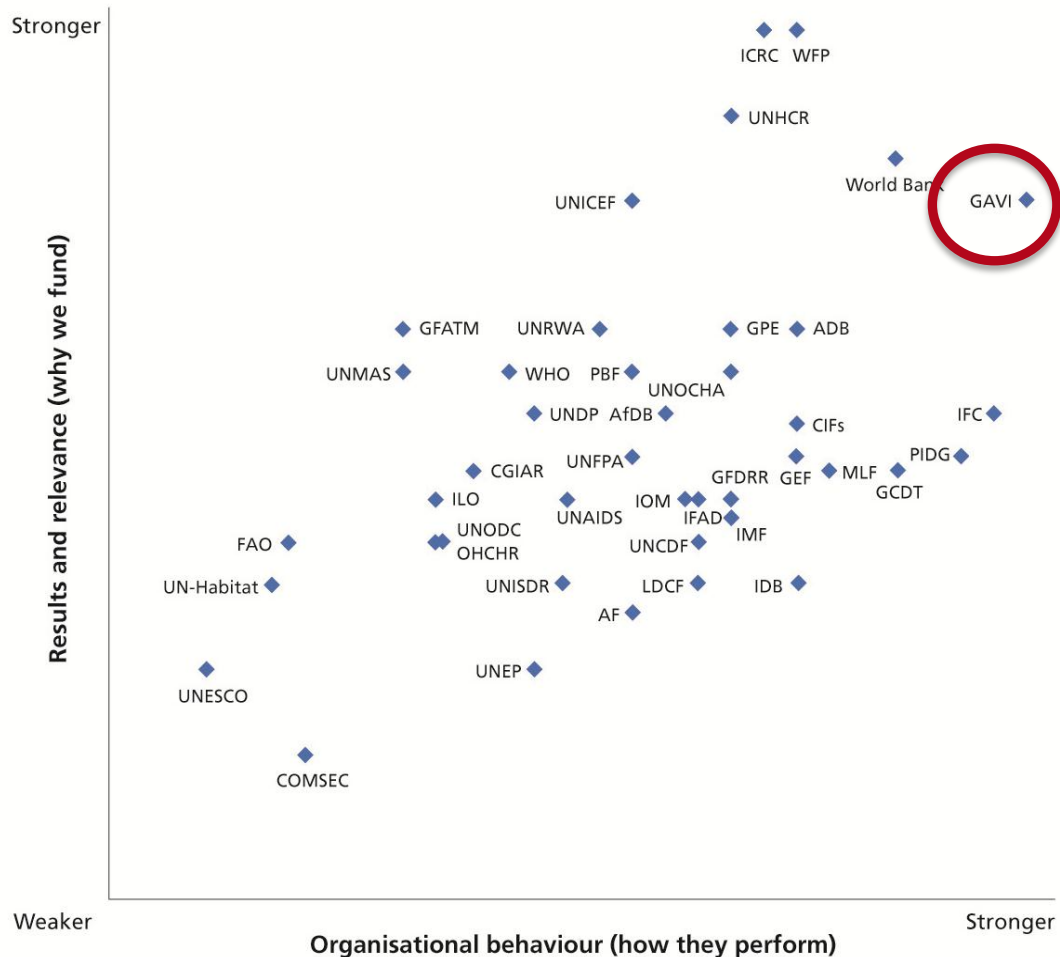
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# Australian multilateral aid review rates

## GAVI a top performer – March 2012

Summary of criteria ratings



*“GAVI has consistently been able to demonstrate significant achievements against its strategic goals and overall mandate.”*

# Immunisation ranked in top three investments to tackle world's biggest problems

Nobel Laureates rank childhood immunisation as one of the three most cost-effective solutions to advance global welfare.

“..spending about US\$ 1 billion annually would save 1 million child deaths and have benefits 20 times higher than the costs.”





# Women Deliver Top 50 award to GAVI for prioritising HPV vaccines – International Women’s Day



**GAVI recognised for work to accelerate introduction of HPV vaccines in developing countries**

*Health News, 8 March 2012*

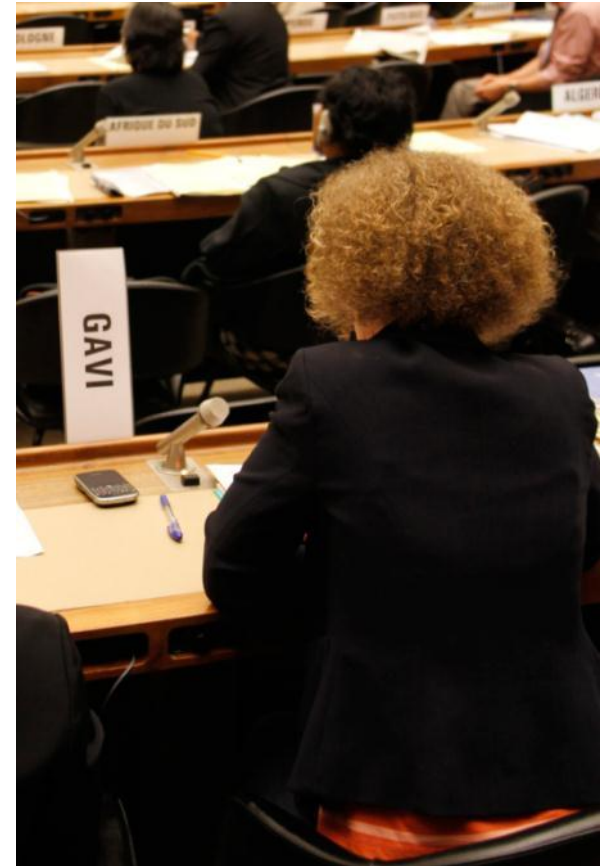
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# World Health Assembly endorsed the Global Vaccine Action Plan



- GAVI programmes central to Action Plan
- Annual accountability report to WHO regional committees



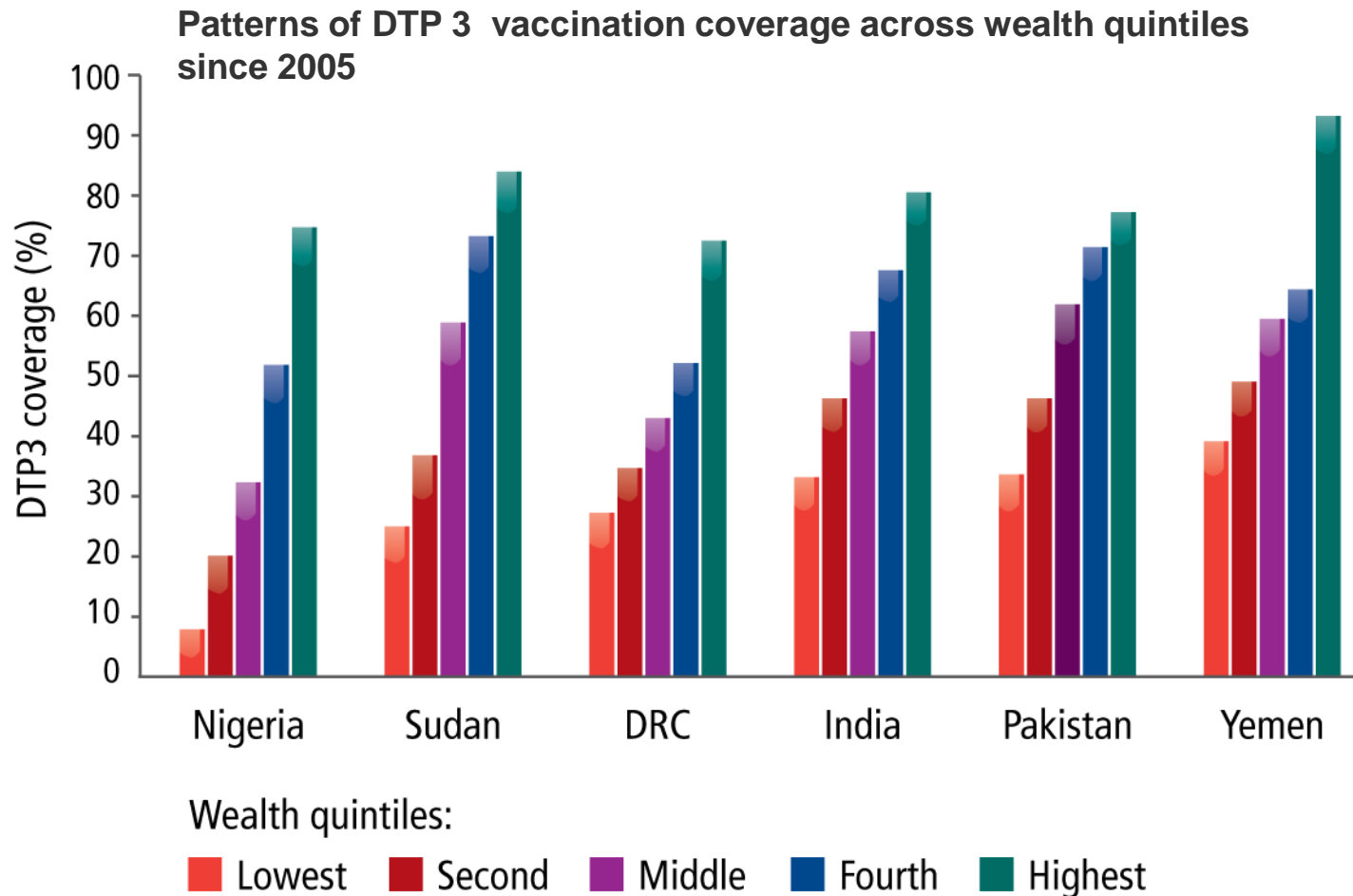
# Save the Children report highlights inequalities in immunisation



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# Children from poor families less likely to be fully immunised



Source: DHS and MICS data (since 2005)  
Courtesy: Save the Children UK, 2012

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# Child mortality – key data points

## ■ Good news

- Decline from >12 million in 1990 to 7.6 million in 2010 (35%)
- Accelerating rate: from 1.9% per year 1990–2000 to 2.5% per year 2000–2010

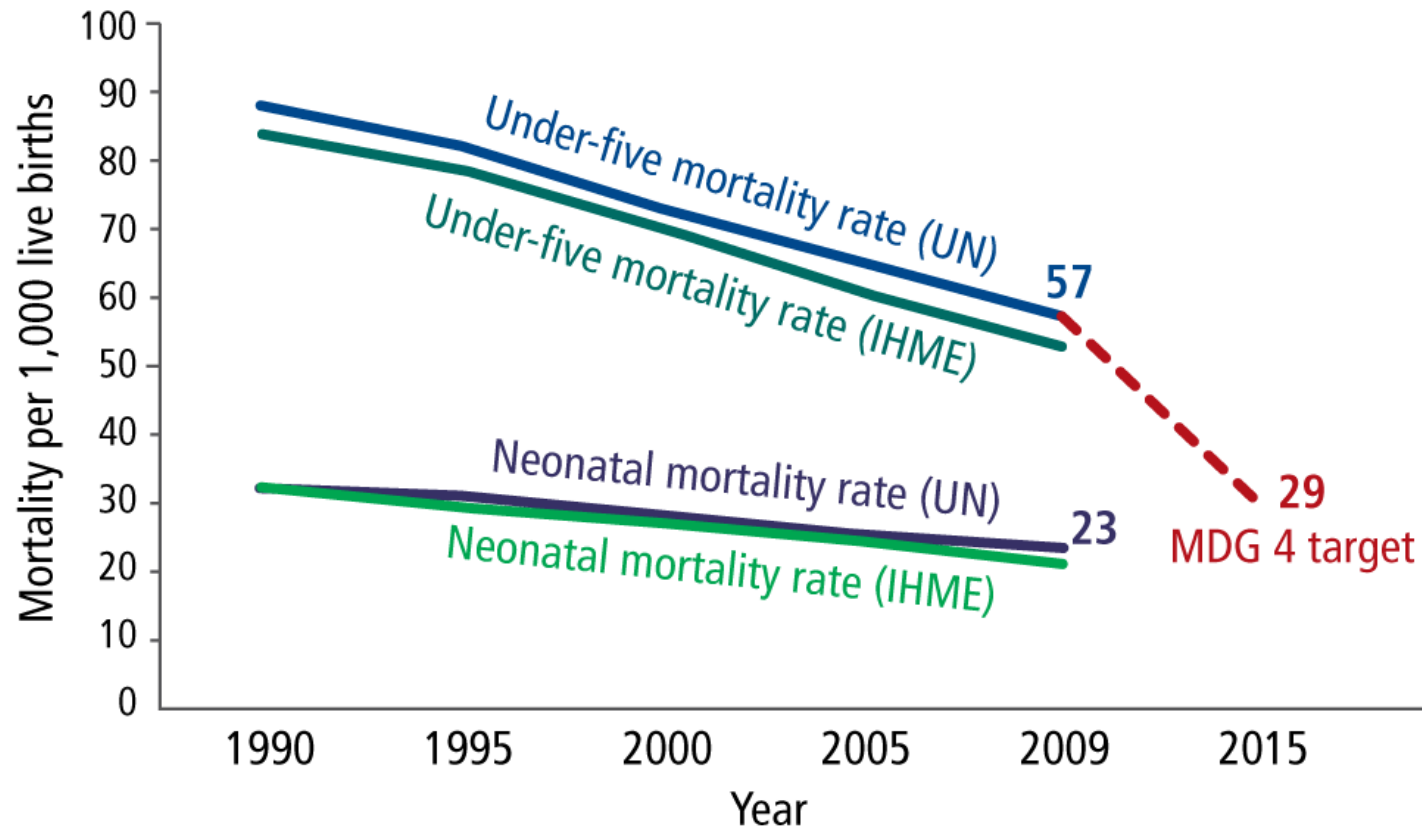
## ■ Bad news

- 21,000 children die every day (2010)
- Many countries NOT on track to reach MDG 4 (reduce under-five mortality by two thirds)

Source: Child Mortality Report 2011, estimates developed by the UN Inter-agency Group for Child Mortality Estimation

# Countdown report 2012 – global progress to MDG 4 for child survival

## 3.1 million neonatal deaths, 40% of all under-five deaths

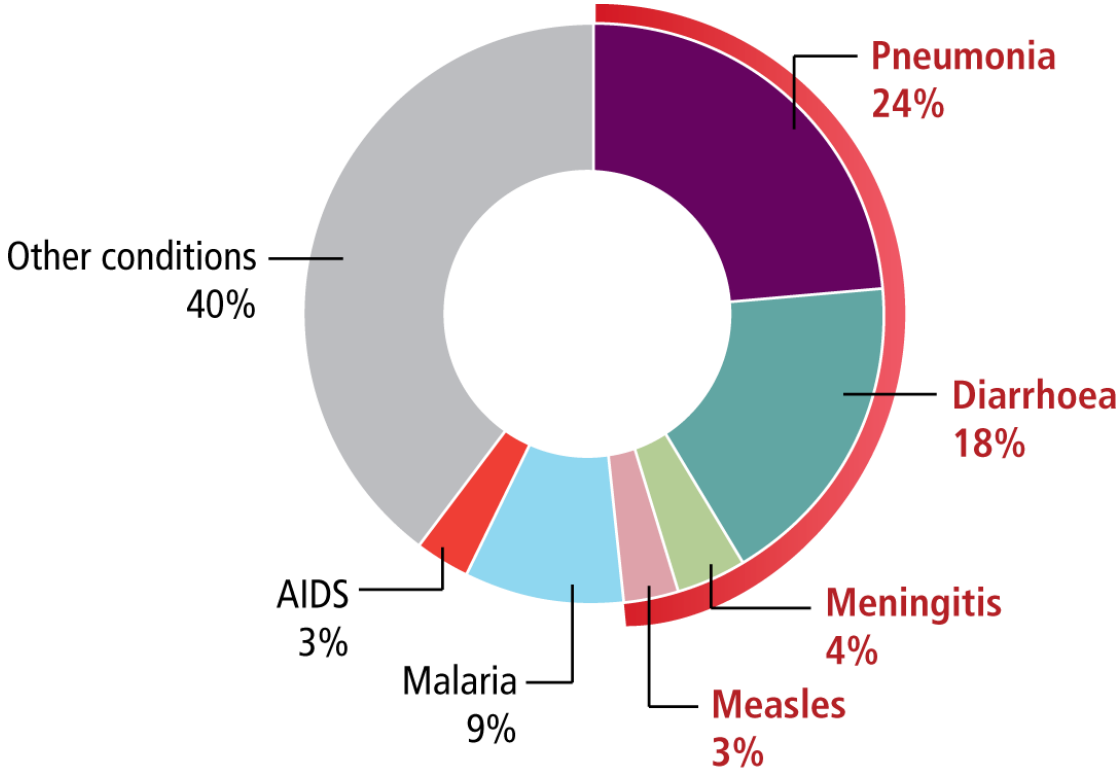


Courtesy: Countdown to 2015: Data for action and accountability, 2012

Source: U5MR (UN): [www.childinfo.org](http://www.childinfo.org) / [www.childmortality.org](http://www.childmortality.org) and NMR (UN): Oestergaard et al 2011 PLoS updated for 2010



# Infectious causes of child deaths 1–59 months GAVI-eligible countries – 2010 estimates



Source: CHERG, WHO and UNICEF 2012

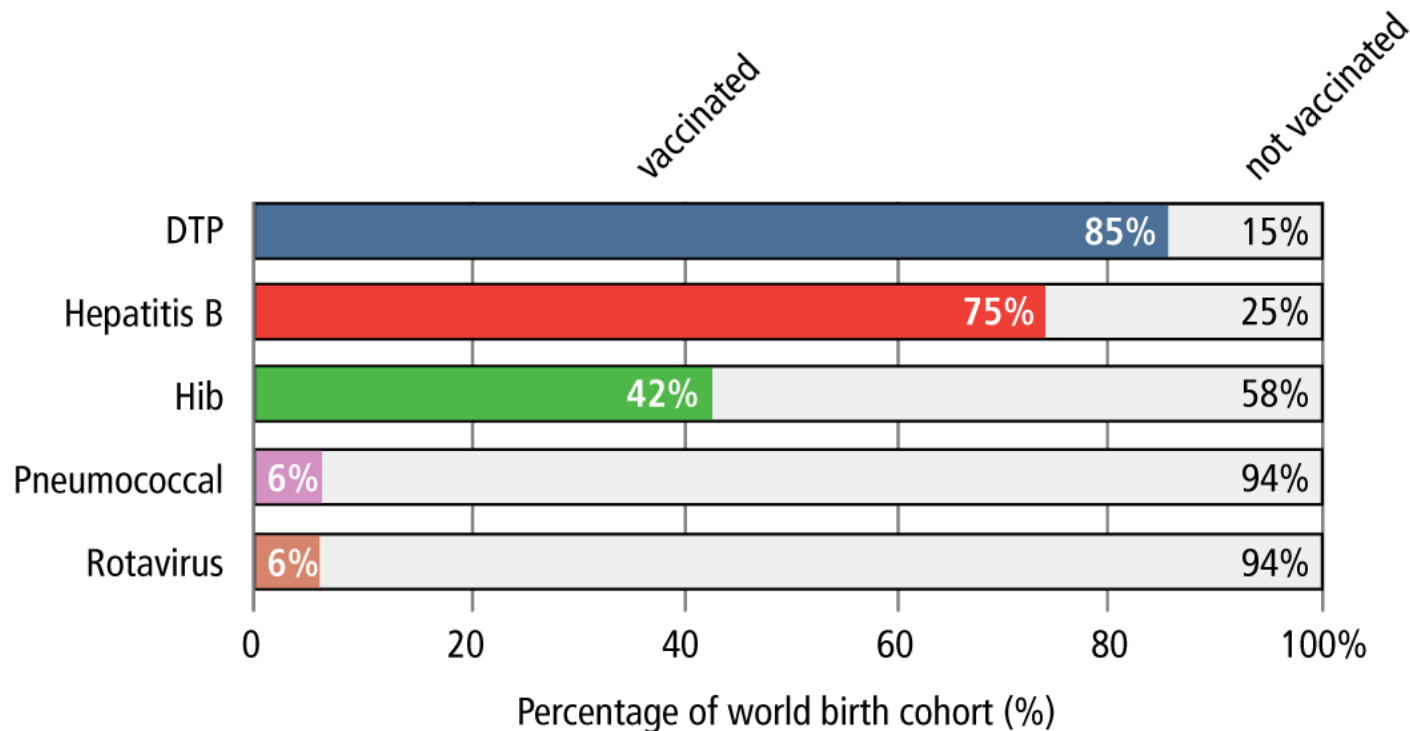


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# Taking stock: the immunisation gap

129 million surviving newborns in 2010:



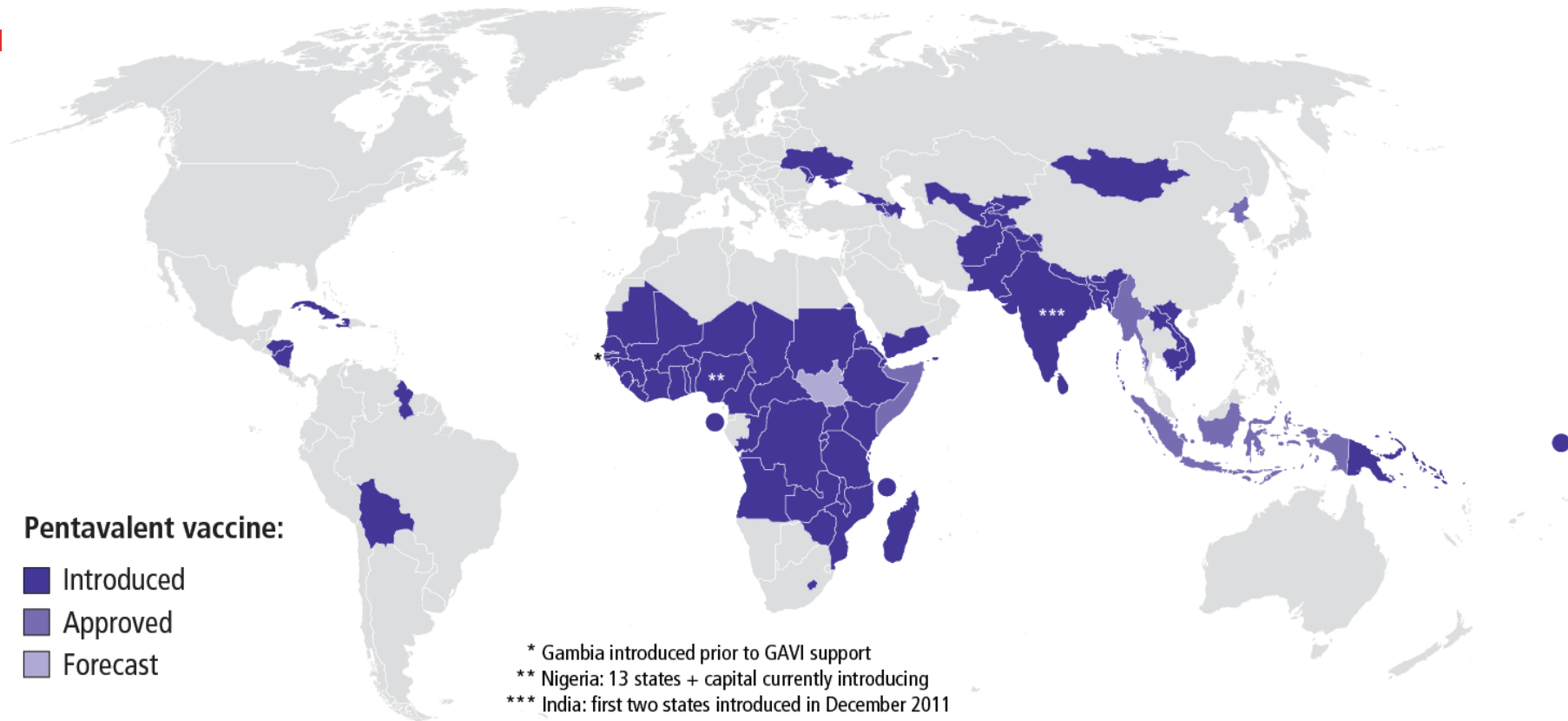
Note: Coverage refers to the third dose of each vaccine.

Sources: WHO/UNICEF coverage from September 2011; United Nations, Department of Economic and Social Affairs, Population Division (2011). World Population Prospects: The 2010 Revision, CD-ROM Edition.

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# Pentavalent vaccines: actual, approved and forecast introductions to 2015

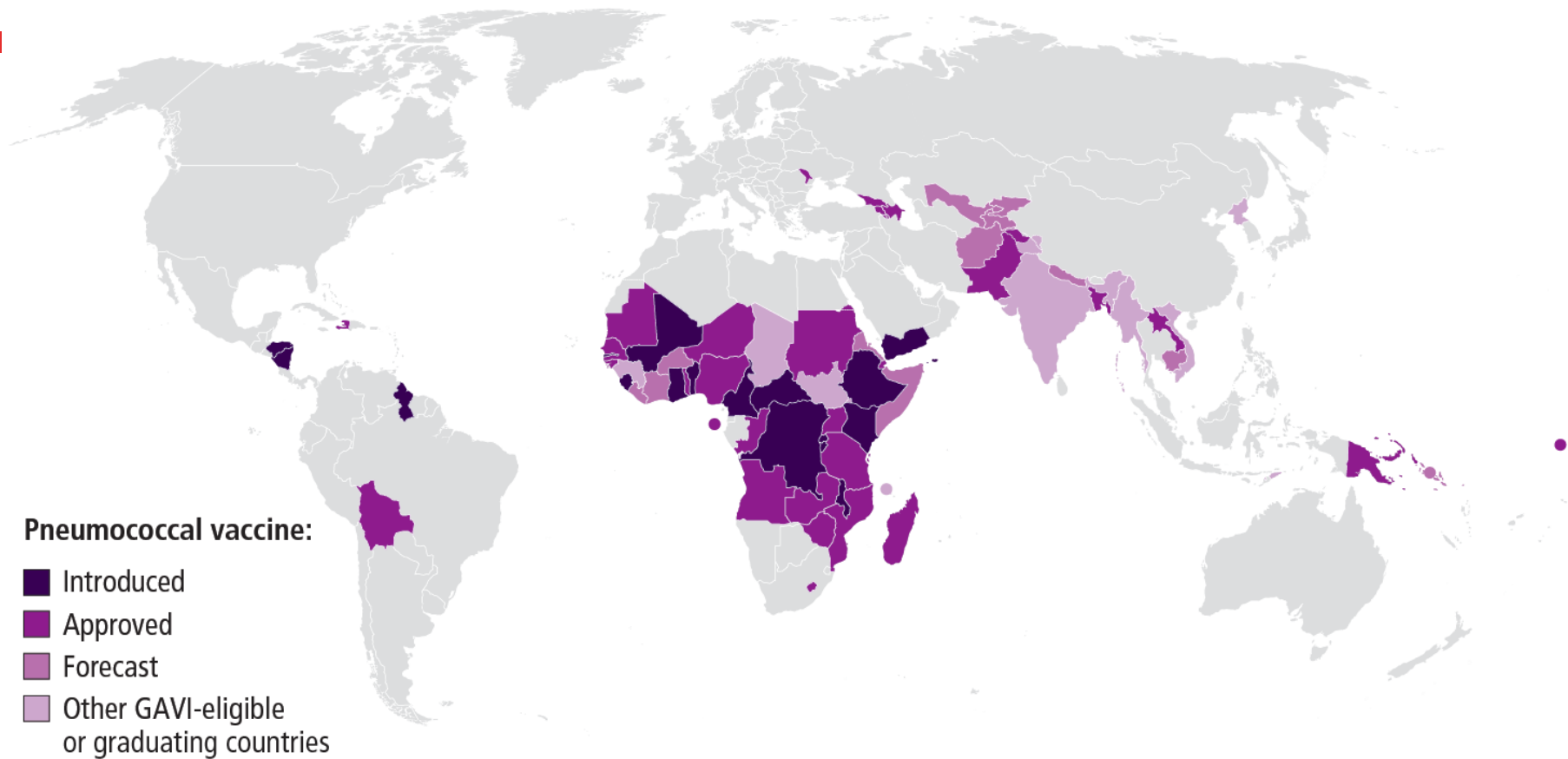


Source: GAVI Alliance, April 2012

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# Pneumococcal vaccine: actual, approved and forecast introductions to 2015

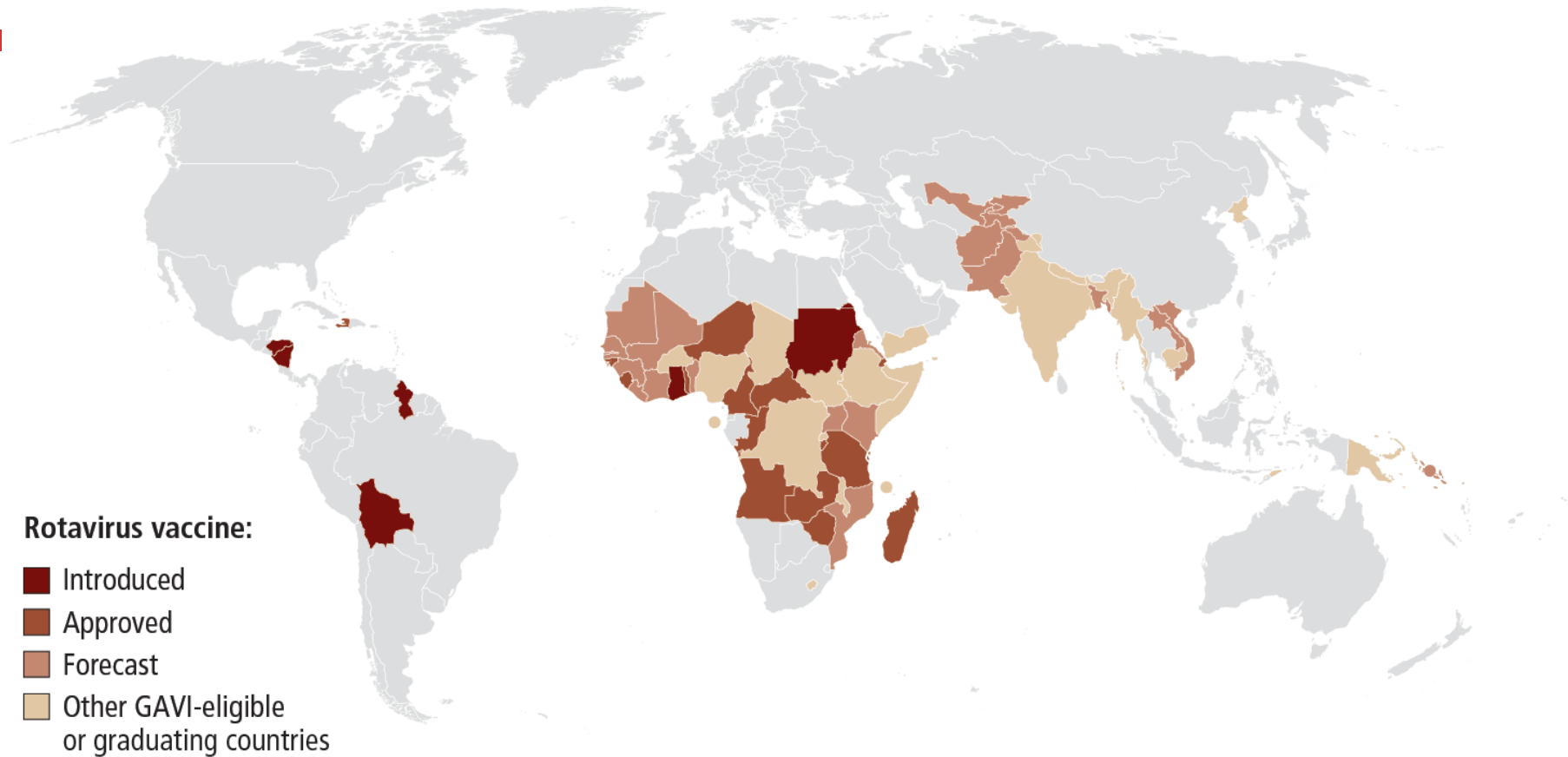


Source: GAVI Alliance, April 2012

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# Rotavirus vaccine: actual, approved and forecast introductions to 2015



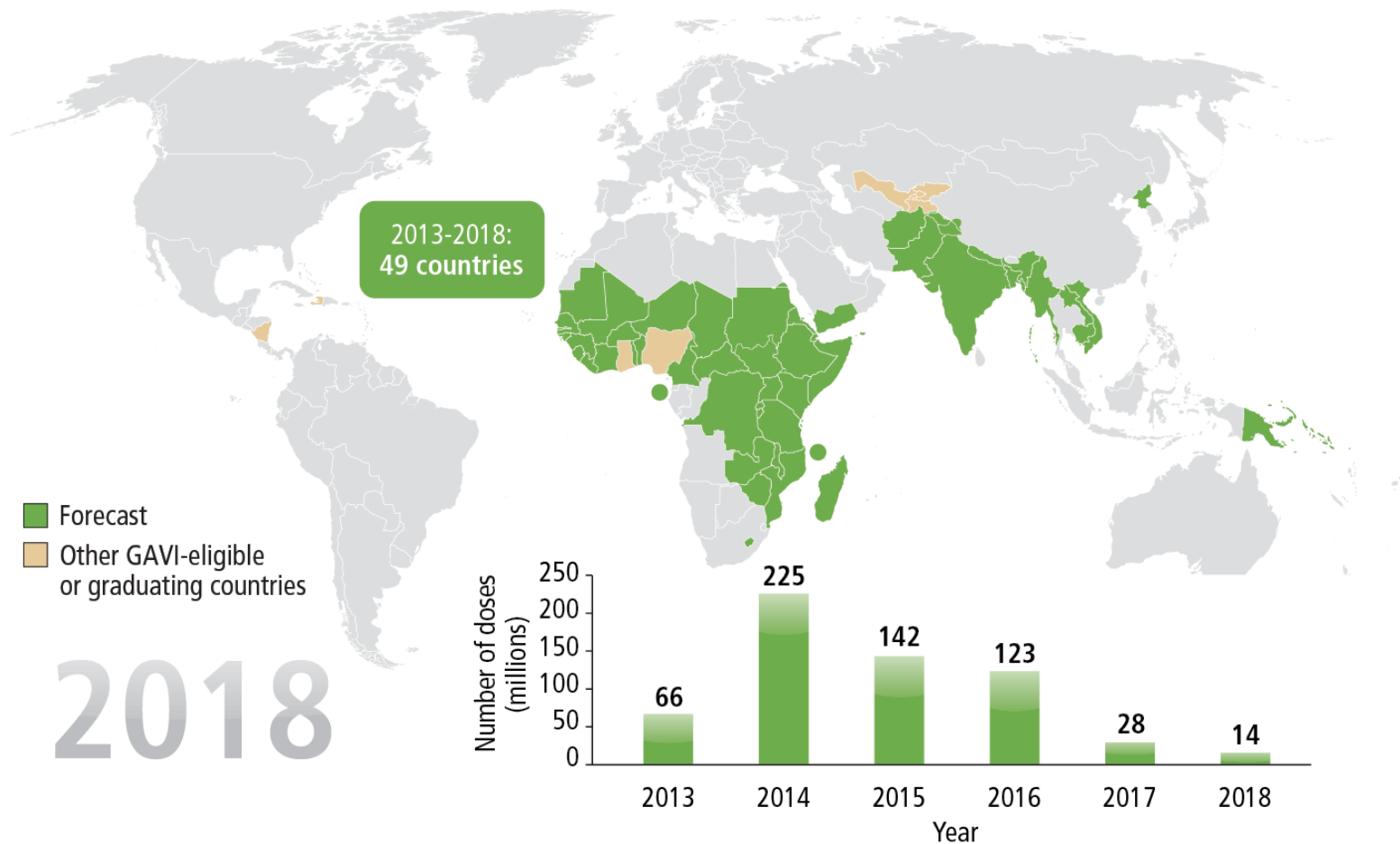
Source: GAVI Alliance, April 2012

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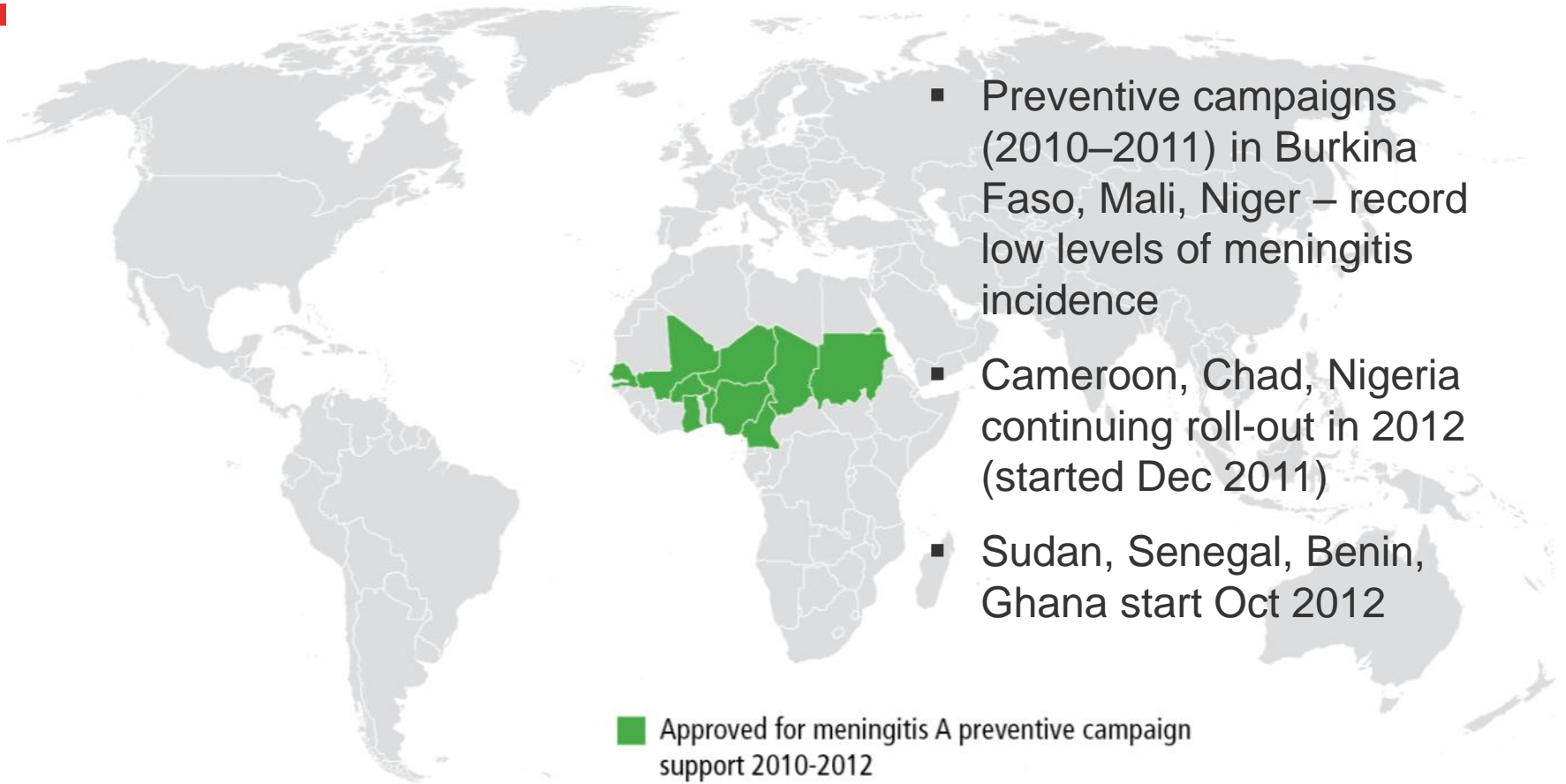


# GAVI to support rubella immunisation in 49 countries



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# Meningitis A vaccine



Source: GAVI Alliance data as at June 2012

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# Meningitis surveillance in Burkina Faso

## Number of confirmed cases, 2008–2012

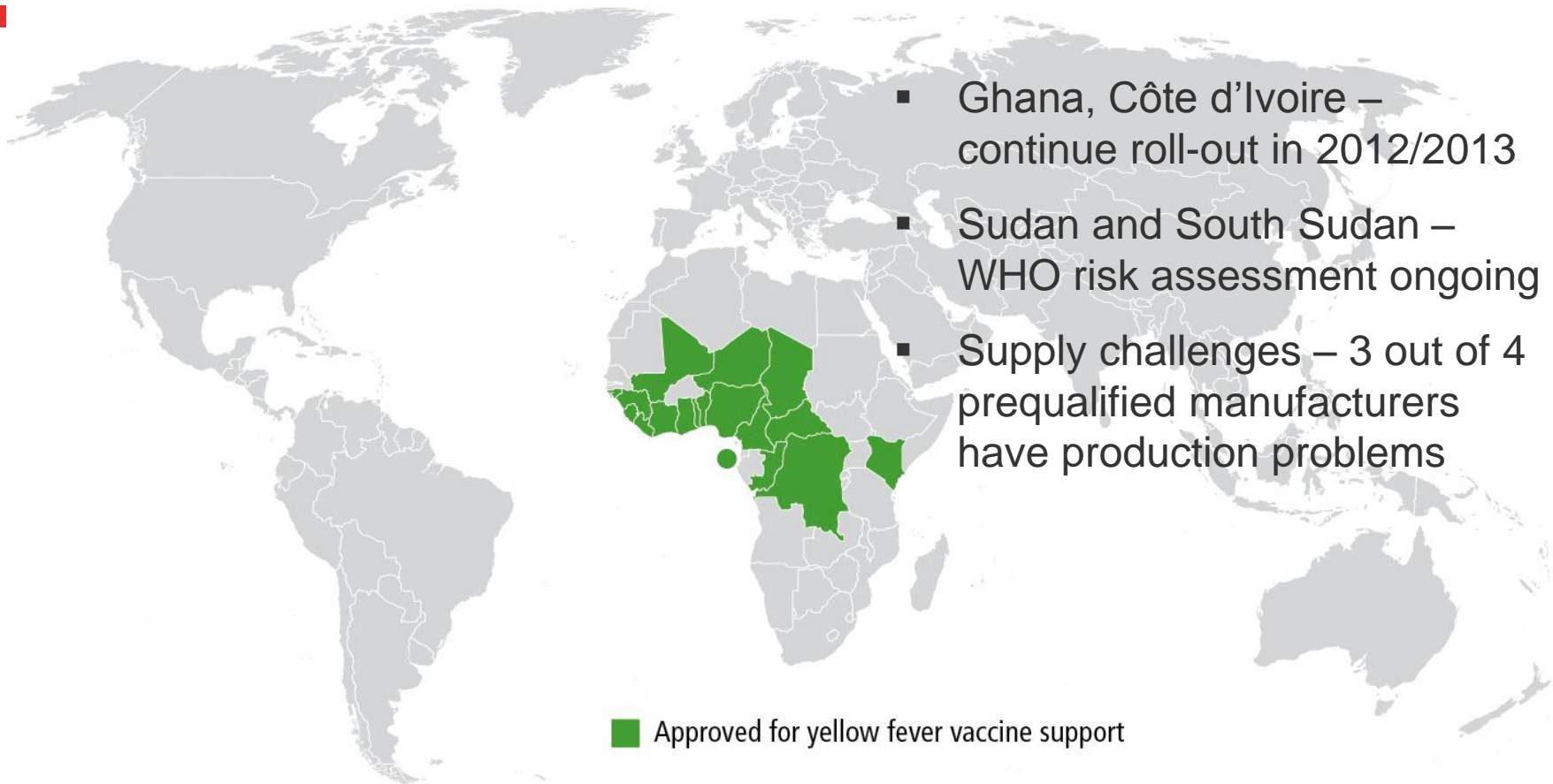
<i>Year</i>	<i>N° of cases</i>	<i>N° spinal taps</i>	<i>Mening A</i>
<b>2008</b>	<b>10 401</b>	<b>241</b>	<b>156</b>
<b>2009</b>	<b>4 723</b>	<b>275</b>	<b>36</b>
<b>2010</b>	<b>6 732</b>	<b>469</b>	<b>66</b>
<b>2011</b>	<b>3 155</b>	<b>2 714</b>	<b>4</b>
<b>2012</b> Week 17	<b>5 300</b>	<b>2 094</b>	<b>0</b>

Source: MoH Burkina Faso  
 Courtesy: World Health Organization

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# Yellow fever vaccine



Source: GAVI Alliance data as at June 2012

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# Steps taken after Board decision to introduce HPV vaccines

- Secured price reduction commitment from industry
- National introductions for countries with demonstrated ability to deliver HPV vaccines
  - Criteria for support finalised, guidelines and application forms developed
  - Application round currently open to 31 August
- By 2015, 6 countries are forecast\* to introduce nationally, starting in 2013

\* SDF v5.0

# HPV demo projects engages new partners



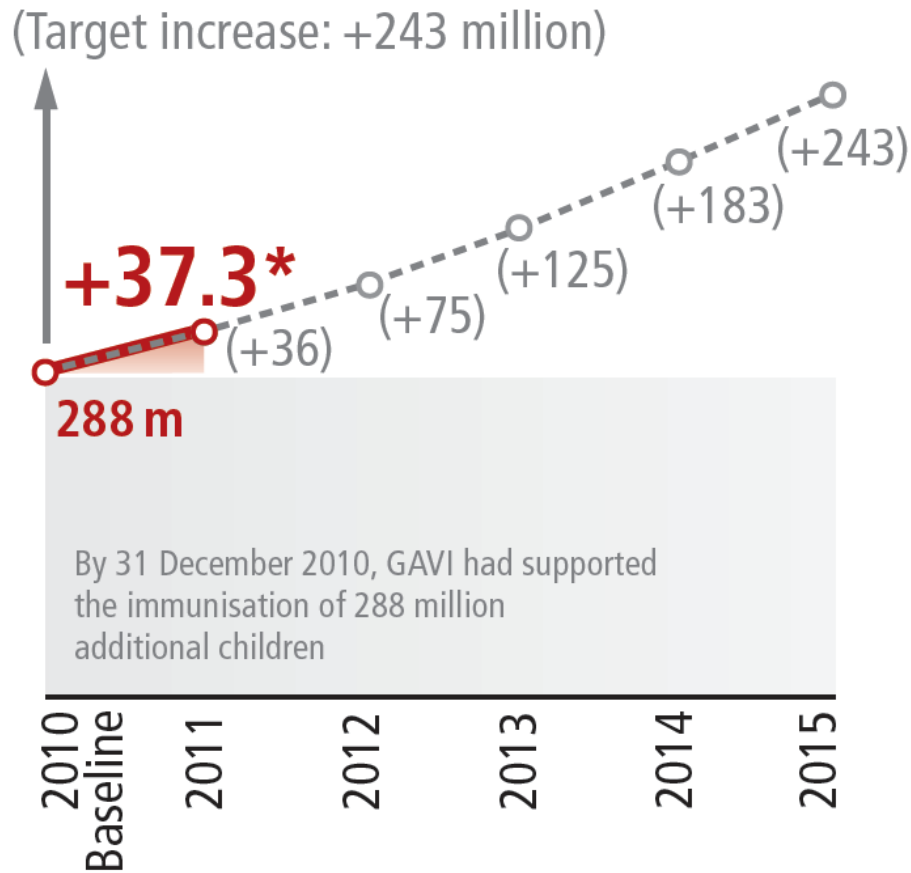
Photo: © UNICEF/NYHQ2011-0733/Asselin

- Wide consultation with adolescent and reproductive health, cancer, education, academic and research partners, including WHO, UNICEF, UNFPA, UNESCO, UNAIDS, American Cancer Society, UICC, CEDPA, JHPIEGO, Zimbabwe University, LSHTM
- Demonstrate by doing: immunise 50% of district using planned strategy
- Application round for support opens Q3/2012
- By 2015, 13 countries forecast\* to start demonstration projects

\* SDF v5.0



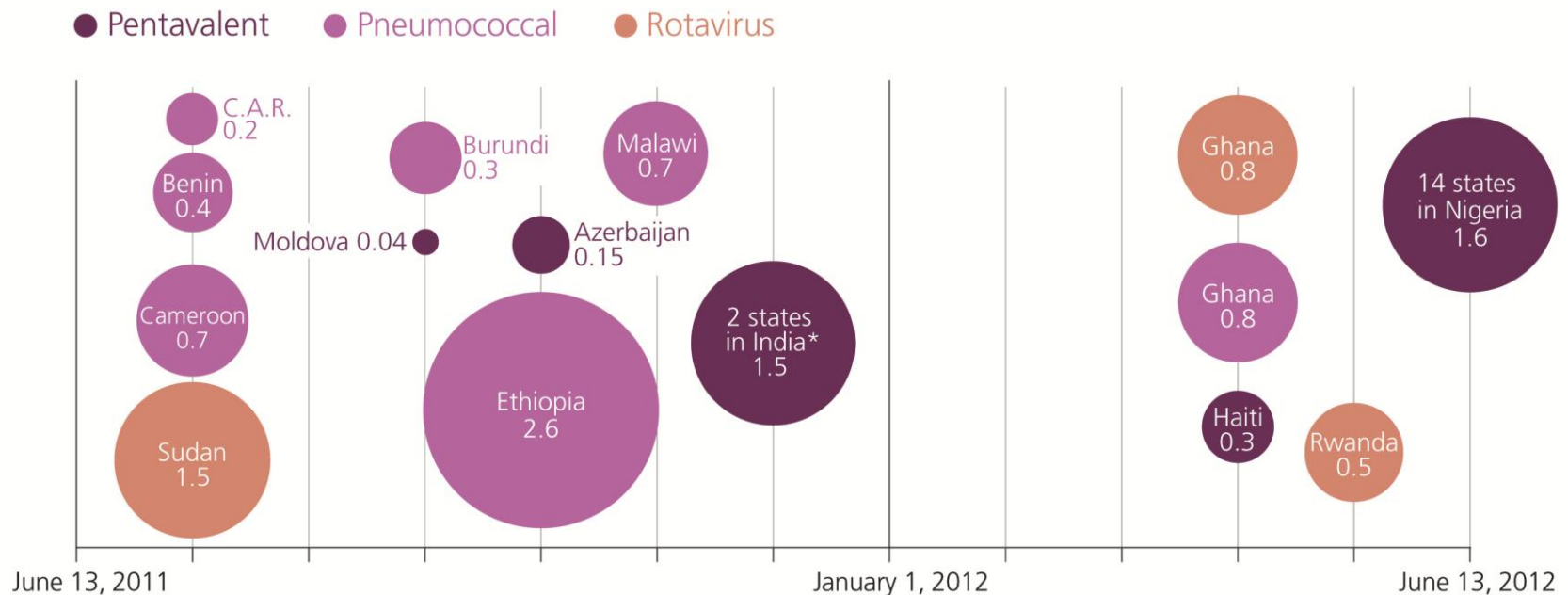
# Number of additional children fully immunised with GAVI support (millions)



\* WHO projection - sources: WHO impact estimates; WHO/UNICEF immunisation coverage estimates and United Nations Population Division population estimates

# Vaccine introductions since 13 June 2011: pentavalent, pneumococcal, rotavirus

## Number of newborns (millions)



\* Tamil Nadu & Kerala

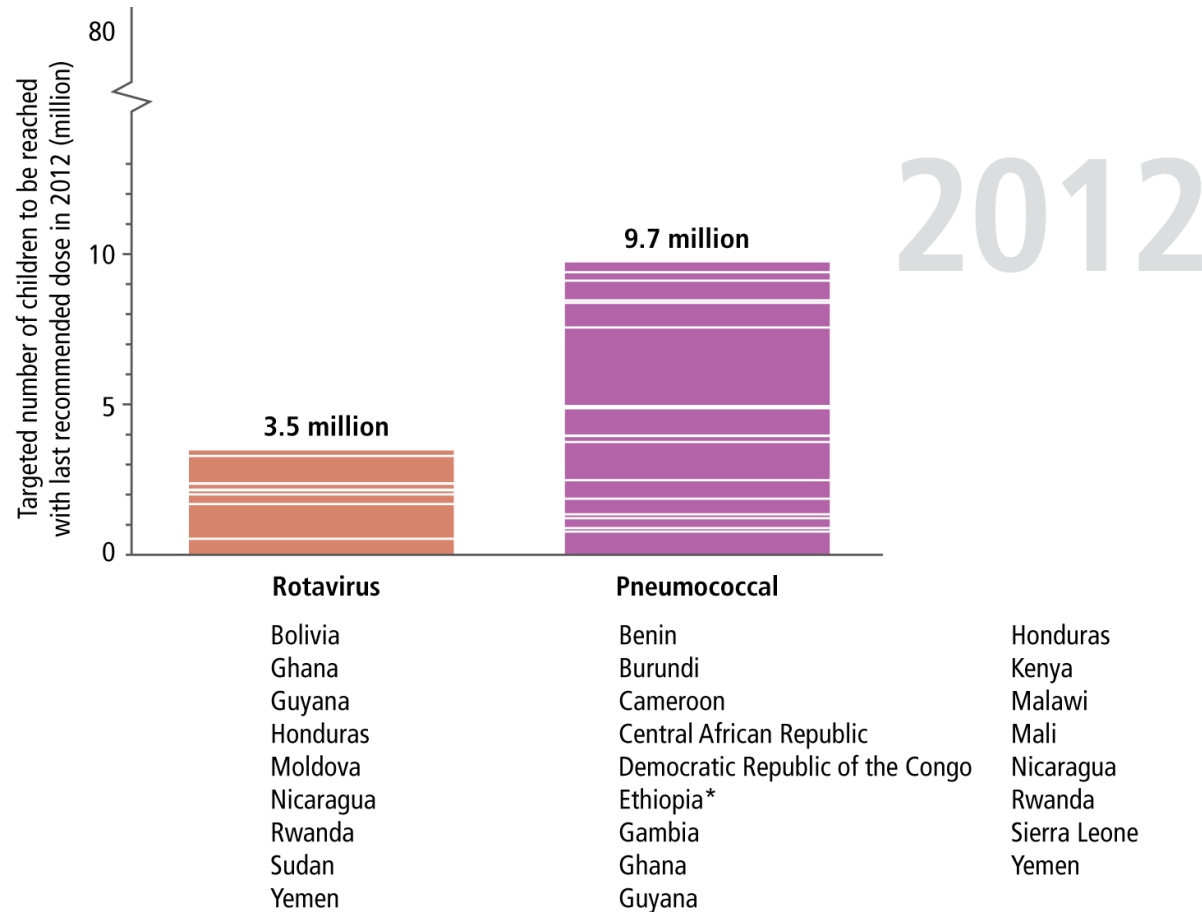
Sources: UN DESA, Population Division, 2011: World population prospects, 2010

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# Estimated number of children immunised

## Country targets



Source: GAVI Annual Progress Reports (APRs), April 2011

\* Ethiopia is APR from 2010, estimates for 2012

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# Measles – canary in the coalmine

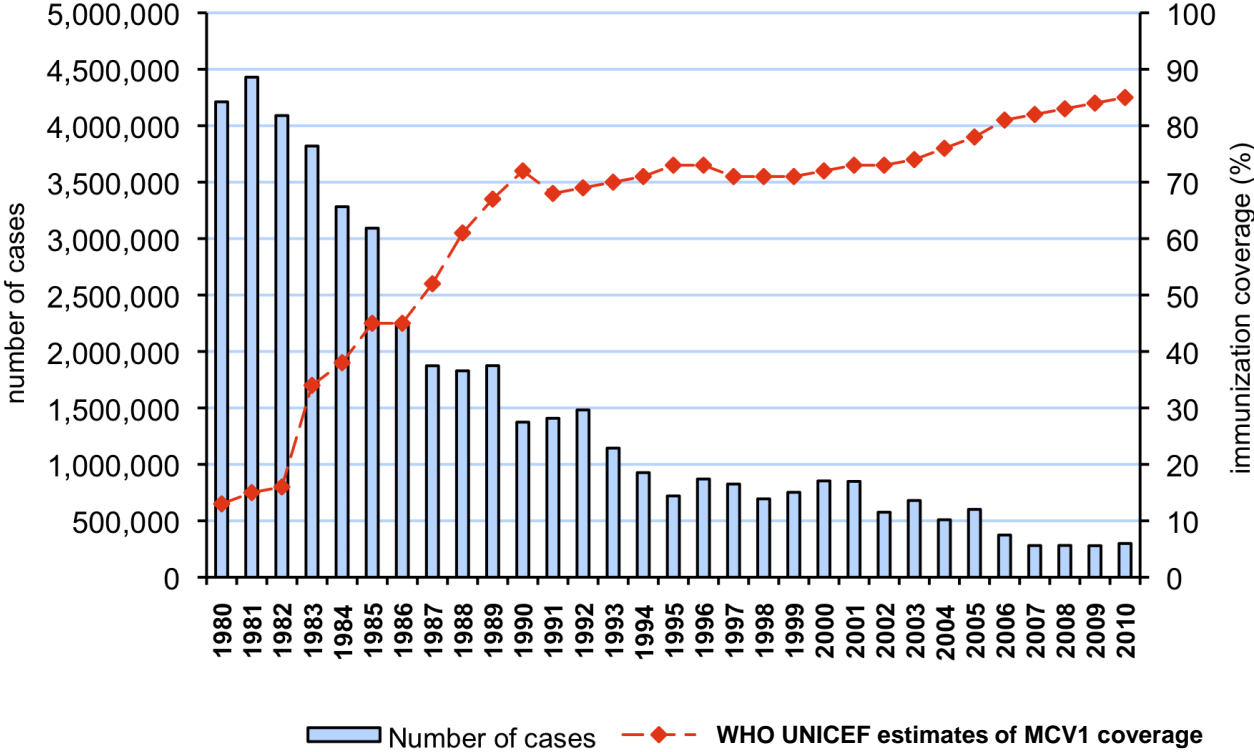


Welsh miner Charlie Williams, with canary, in Dinas mine, Rhonda Valley, in 1965

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# Measles – progress to date

**Measles global annual reported cases and MCV1 coverage, 1980 to 2010**

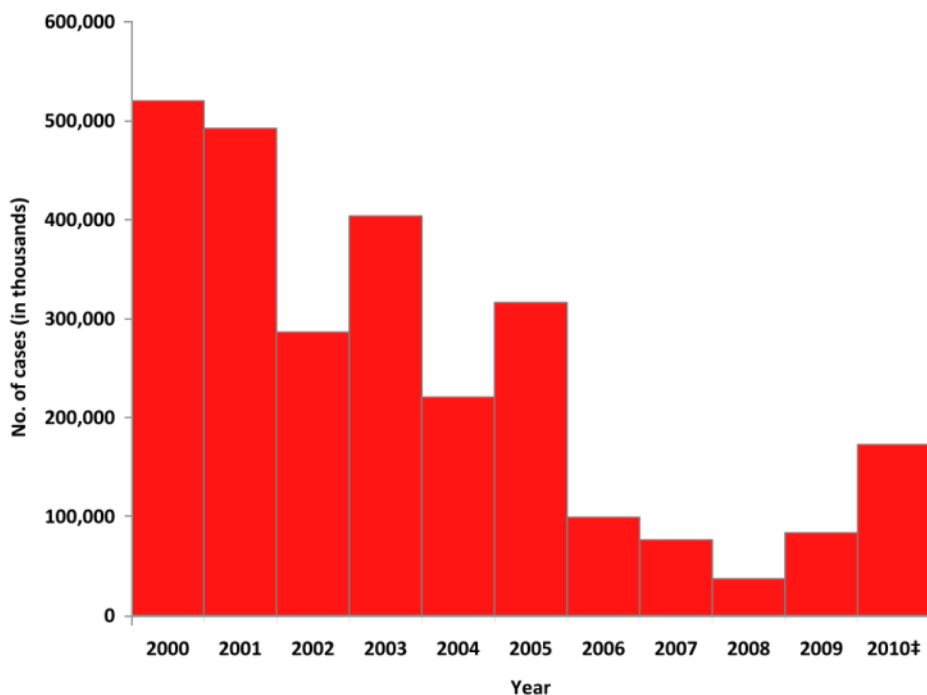


Data shows dramatic drop in measles incidence since 1980s

Courtesy: The Measles & Rubella Initiative, 2011



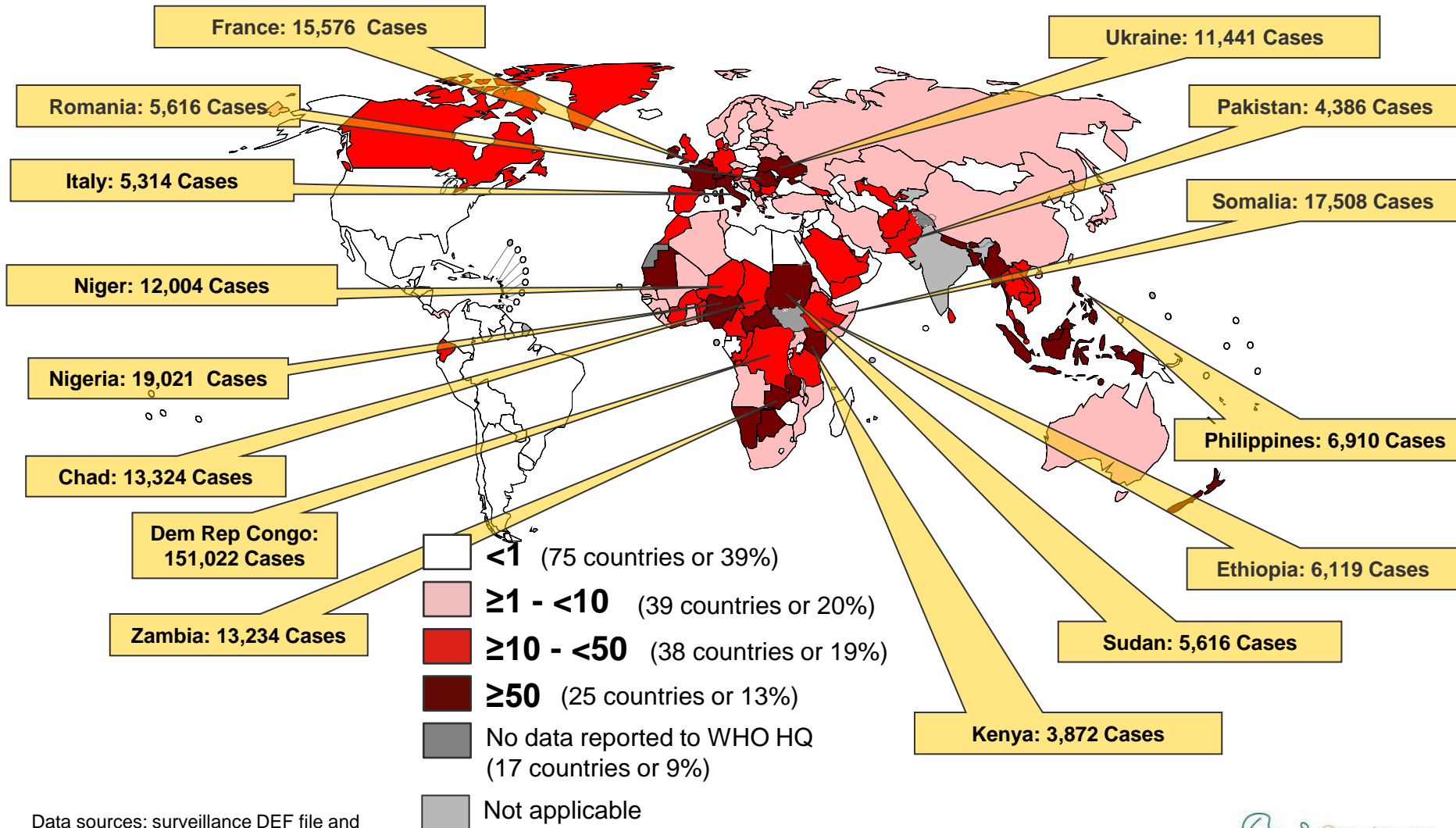
# Resurgence of measles



## In AFRO region:

- 4-fold increase since 2008
- Large outbreaks in Burkina Faso (2009), S. Africa (2010), and DRC (2011)
- Outbreaks in drought affected Horn of Africa
  - High case-fatality

# Reported measles incidence rate, January to December 2011, and number of reported measles cases in 15 large outbreaks, January 2011 to May 2012



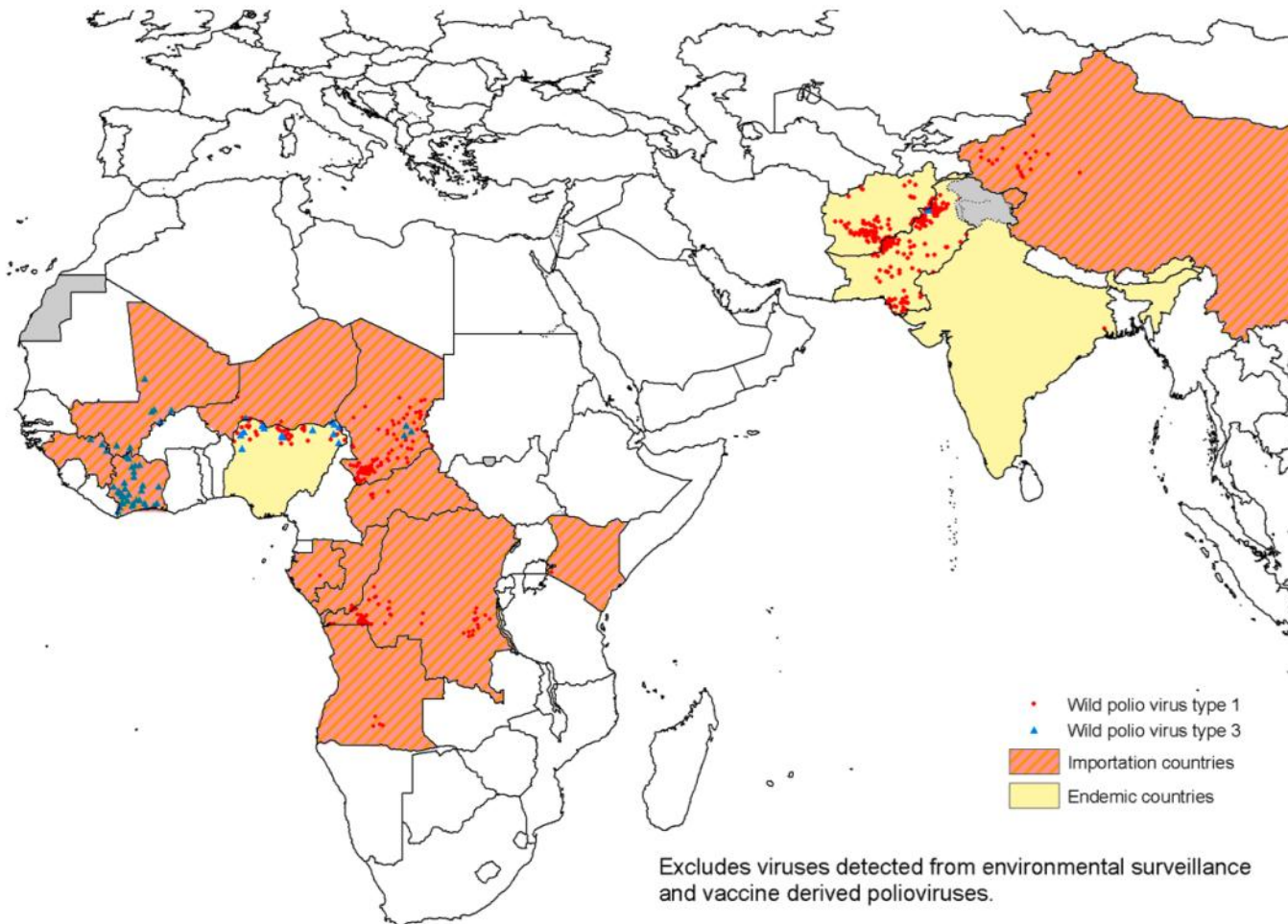
Data sources: surveillance DEF file and country reports received at WHO IVB  
Data in HQ as of 30 May 2012

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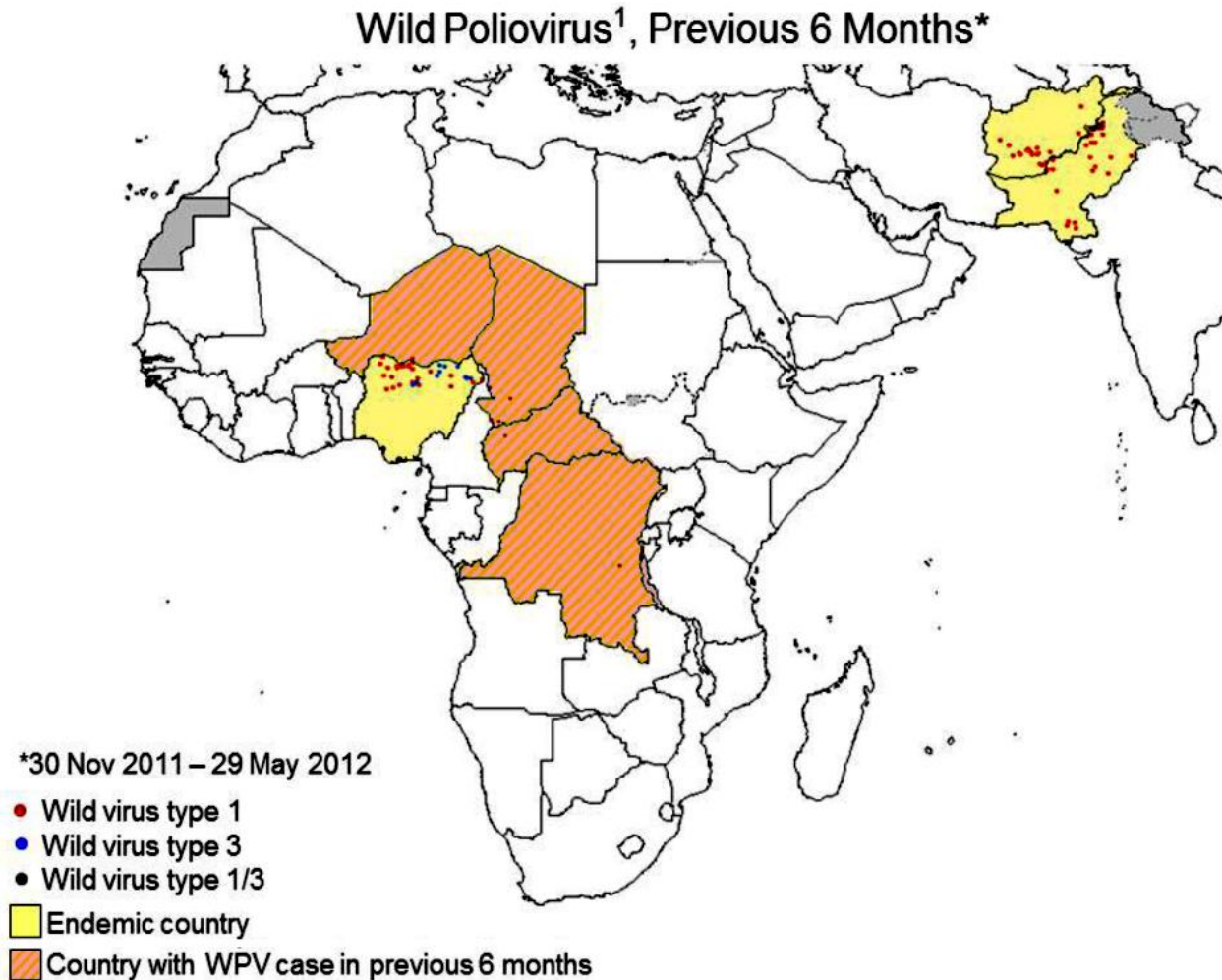




# Wild poliovirus cases 2011



# Wild poliovirus cases November 2011– May 2012



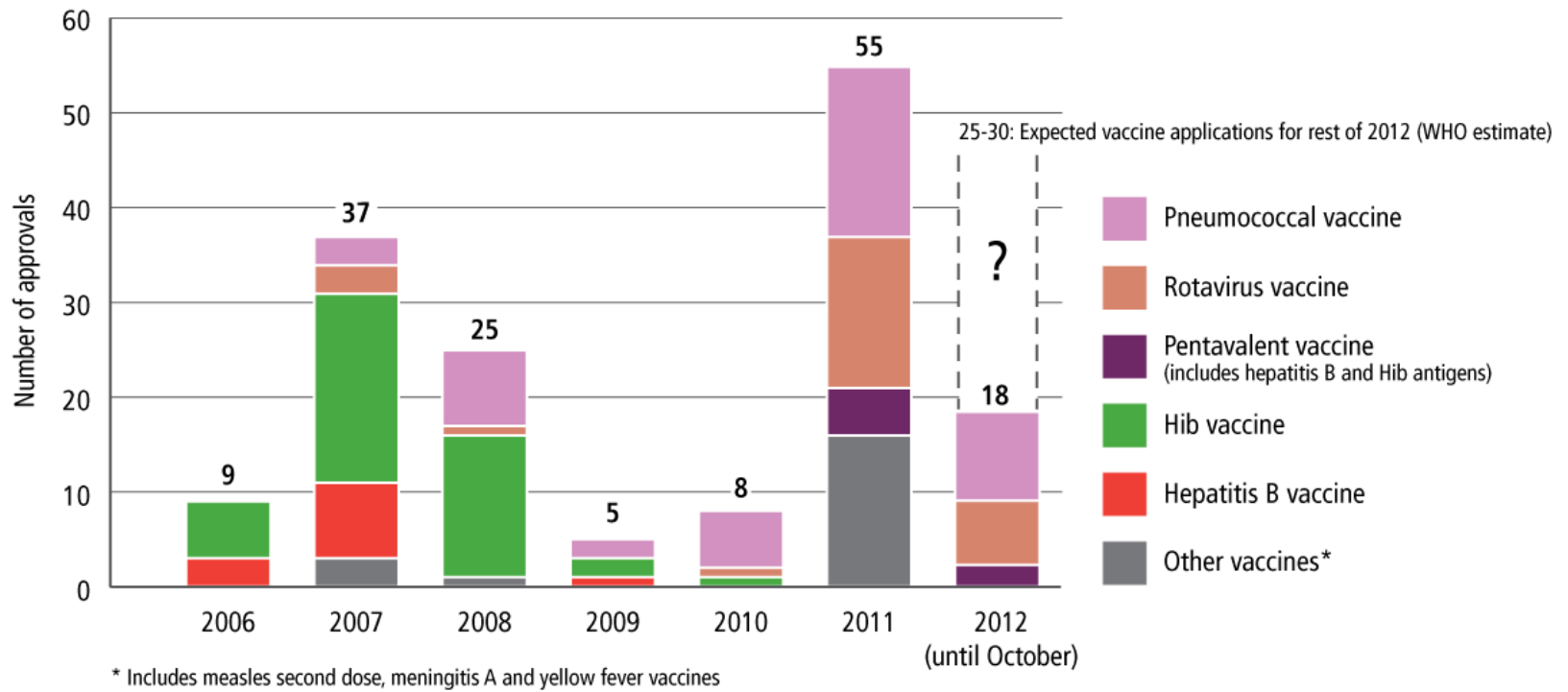
<sup>1</sup>Excludes viruses detected from environmental surveillance and vaccine derived polioviruses.

Data in WHO HQ as of 29 May 2012

Courtesy:  
The Global Polio Eradication Initiative

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# Country demand: 18 new vaccine applications approved in April 2012



Note: In 2011 the majority of countries were approved for pentavalent vaccine, rather than for Hib and hepatitis B vaccine separately. Therefore, from 2011 onwards GAVI changed its reporting method to include the combination pentavalent vaccine only.

Source: GAVI Alliance data as of 30 April 2012

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# Co-financing update 2011

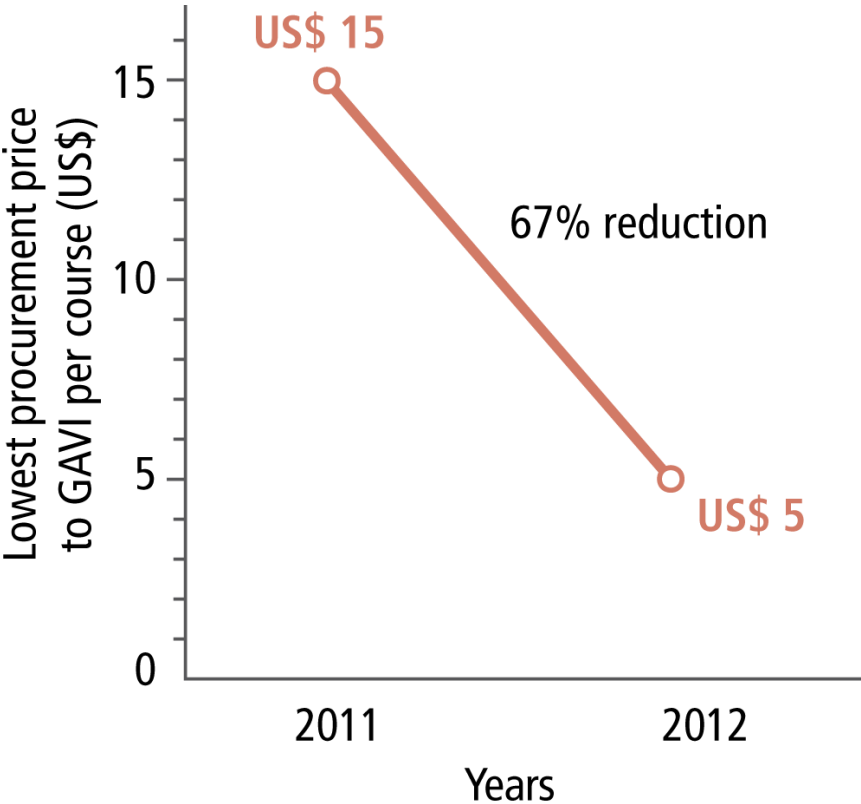
- Most countries are fulfilling their obligations
- Country performance for 2011:
  - 60 countries met their commitments
  - DRC and CAR remain in default
  - 4 countries originally defaulted but 2 already paid the arrears
- Total amount co-financed for 2011: US\$ 37 million (representing 8% of GAVI vaccine support to co-financing countries)
- Total amount co-financed since 2008: US\$ 120 million (representing 9% of GAVI vaccine support to co-financing countries)

# Market shaping – supply security and price

## New pentavalent supplier

India-based BioE's pentavalent vaccine now prequalified by WHO in both liquid and freeze-dried presentations

## New GAVI price for rotavirus vaccine

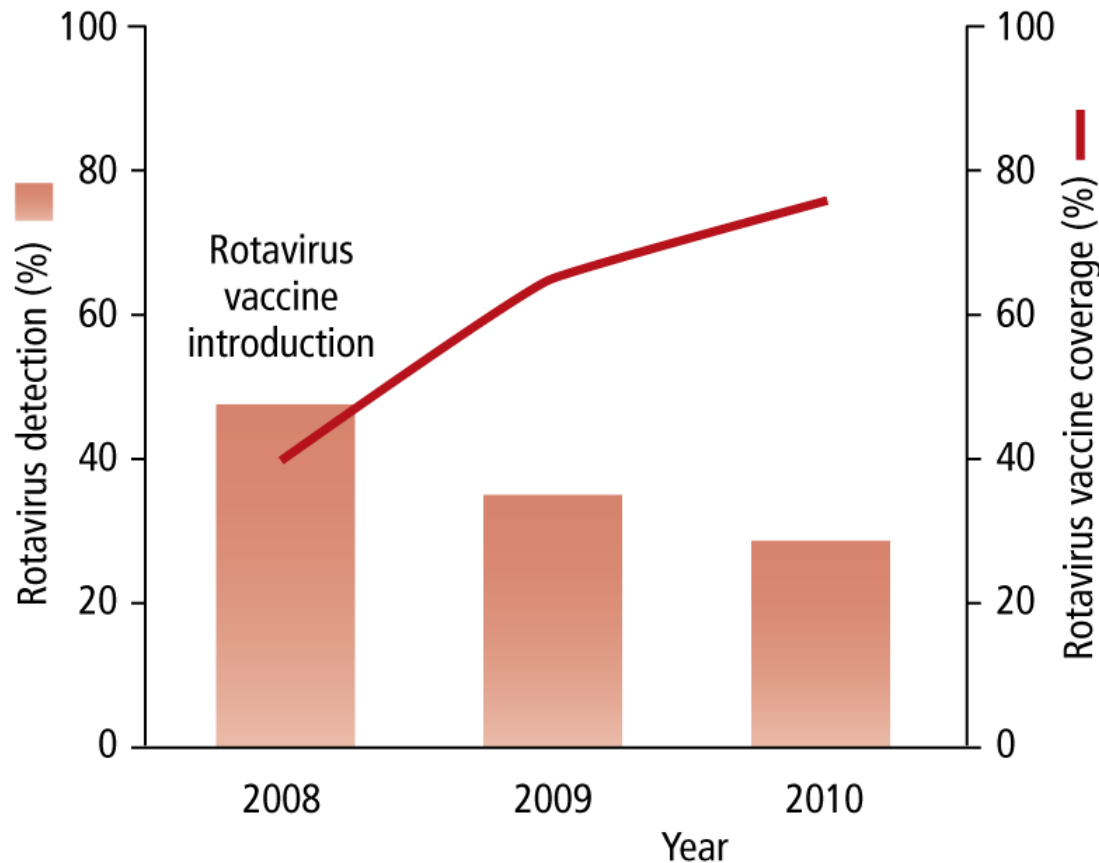


Sources: PAHO, 2011; UNICEF Supply Division, 2012; WHO 2012



# Rotavirus detection and vaccine coverage in Bolivia

Percentage rotavirus detection in children <5 years of age, hospitalised with diarrhoea, and rotavirus vaccine coverage, sentinel surveillance, Bolivia, 2008-2010\*



\* Annual RV detection presented only for years with 12 months data reported and at least 100 stool specimens tested



# Reaching the unvaccinated

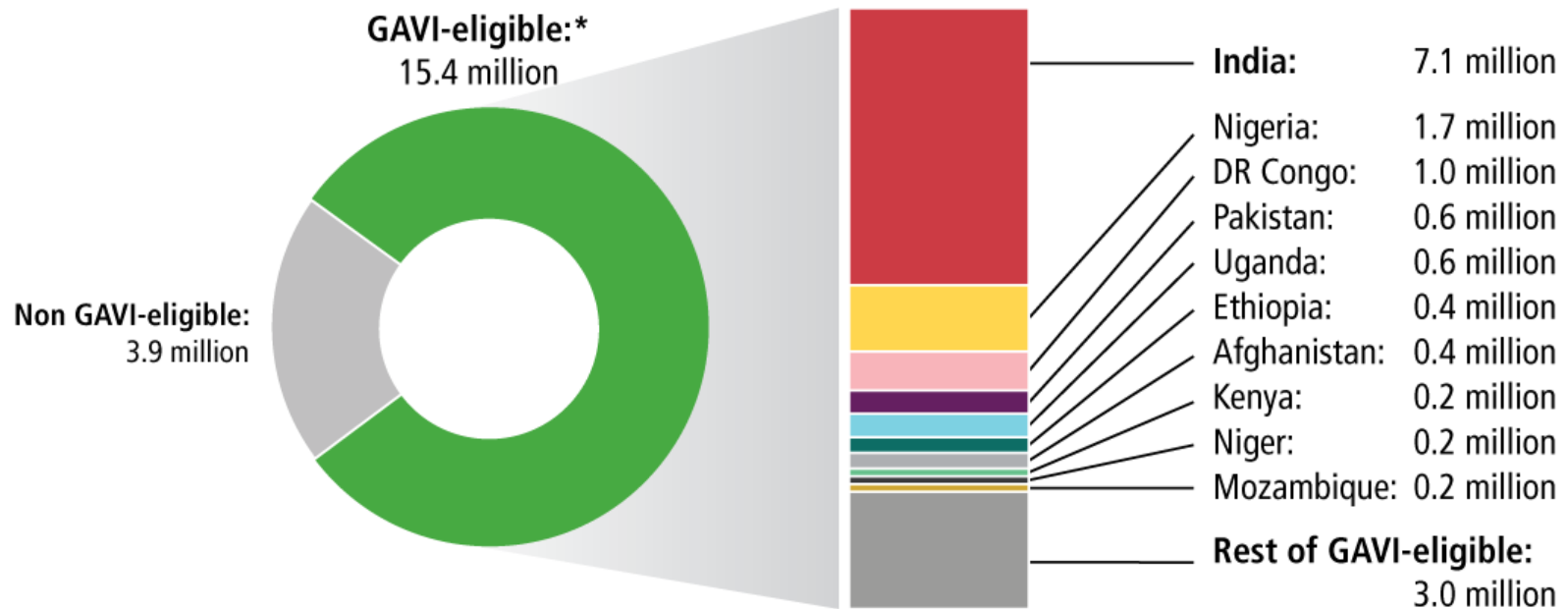


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# Over 19 million children still missing out

Global number of under-five children unimmunised with 3 doses of DTP

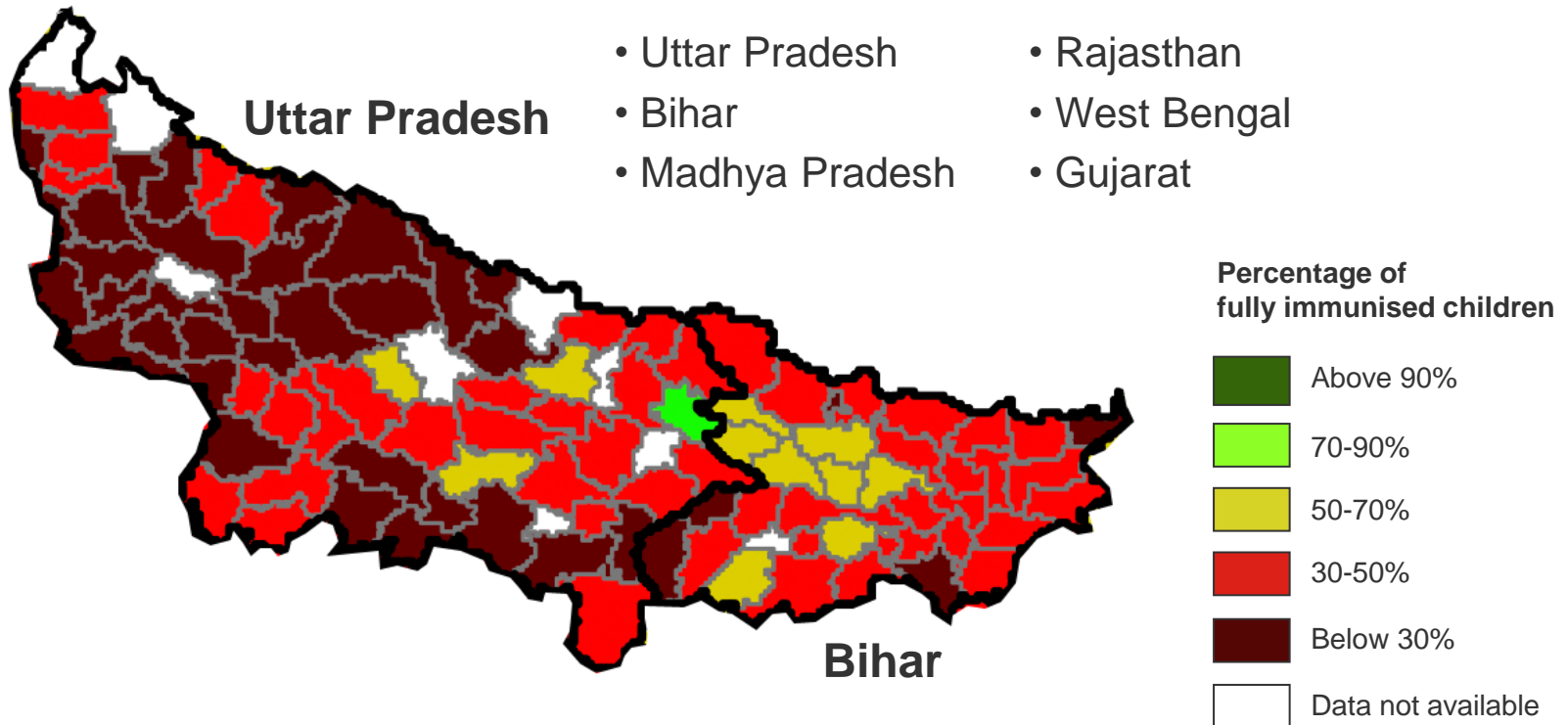


\*From 2011, GAVI has 57 eligible countries.

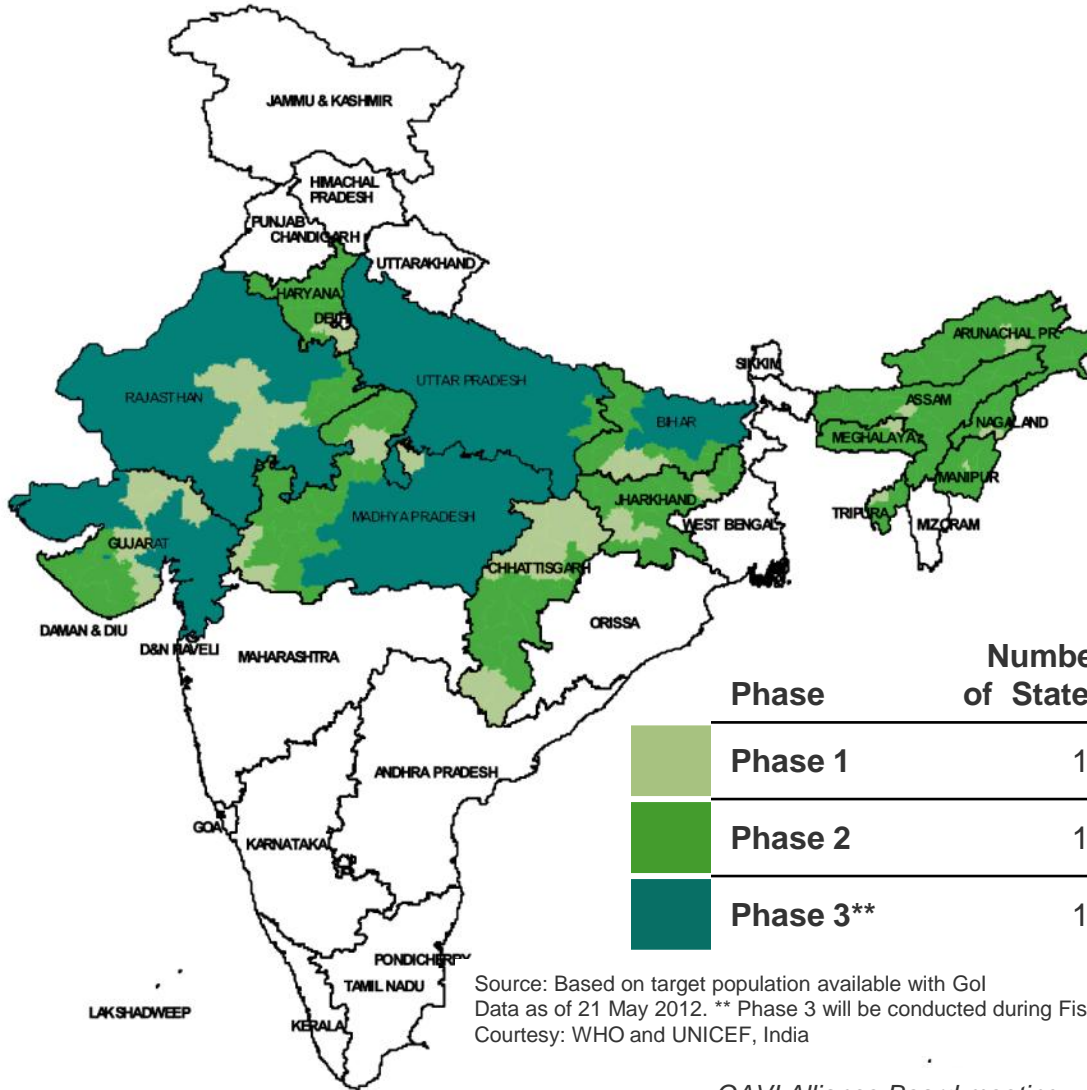
# Wide variations in immunisation coverage

**69% of partially and un-immunised children in 6 states:**

- Uttar Pradesh
- Bihar
- Madhya Pradesh
- Rajasthan
- West Bengal
- Gujarat



# MCV2 introduction through catch-up campaigns



## Target population:

- ~ 130 million children 9 months – 10 years of age
- 361 districts in 14 states

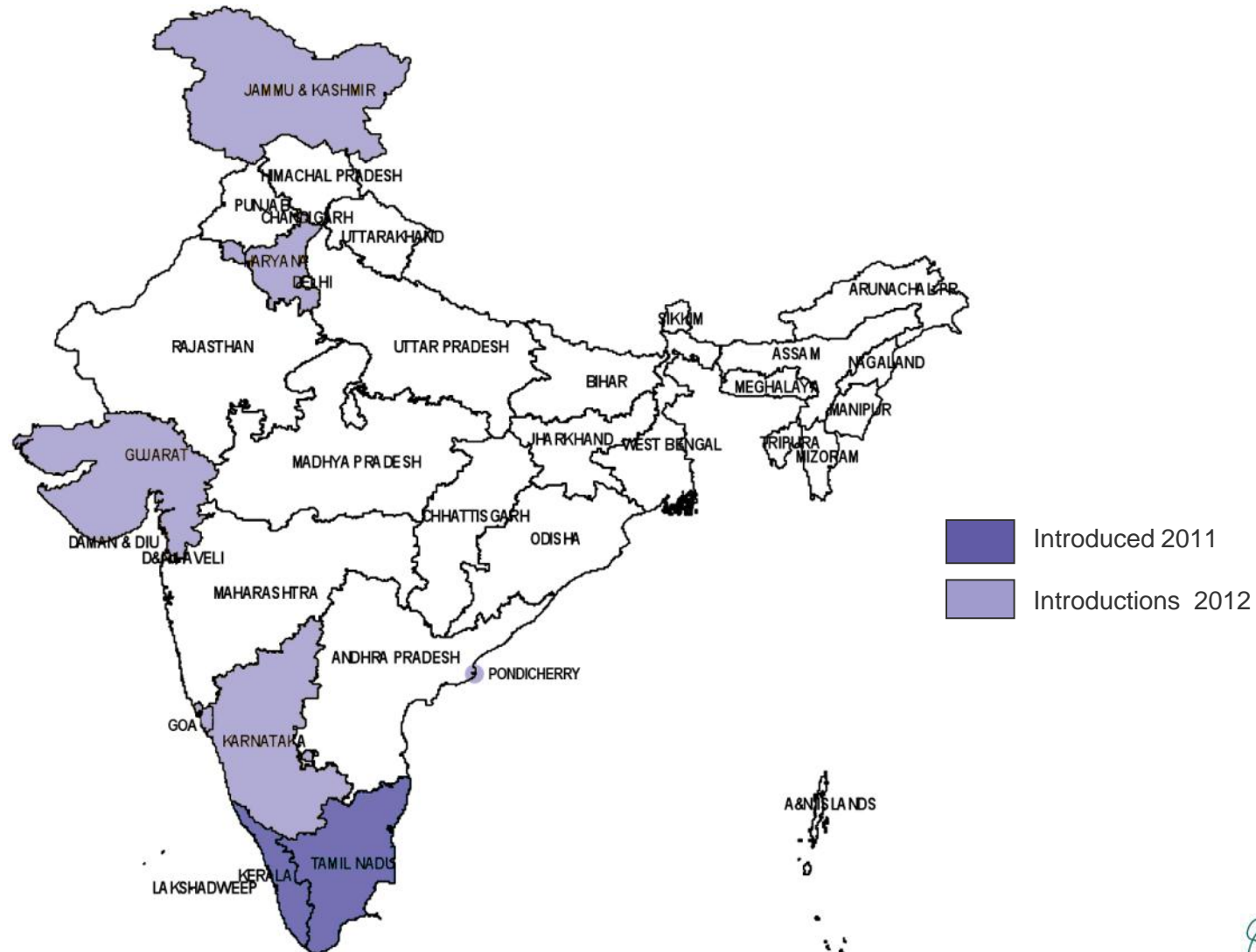
Phase	Number of States	Number of Districts	Target Population (9 m - 10yrs)	% Coverage
Phase 1	13	45	13,845,686	87.2
Phase 2	14	157	42,931,906	89.3*
Phase 3**	15	159	~ 73,000,000	

Source: Based on target population available with Gol  
 Data as of 21 May 2012. \*\* Phase 3 will be conducted during Fiscal Year 2012-2013  
 Courtesy: WHO and UNICEF, India

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# Pentavalent vaccine introductions 2011–2012

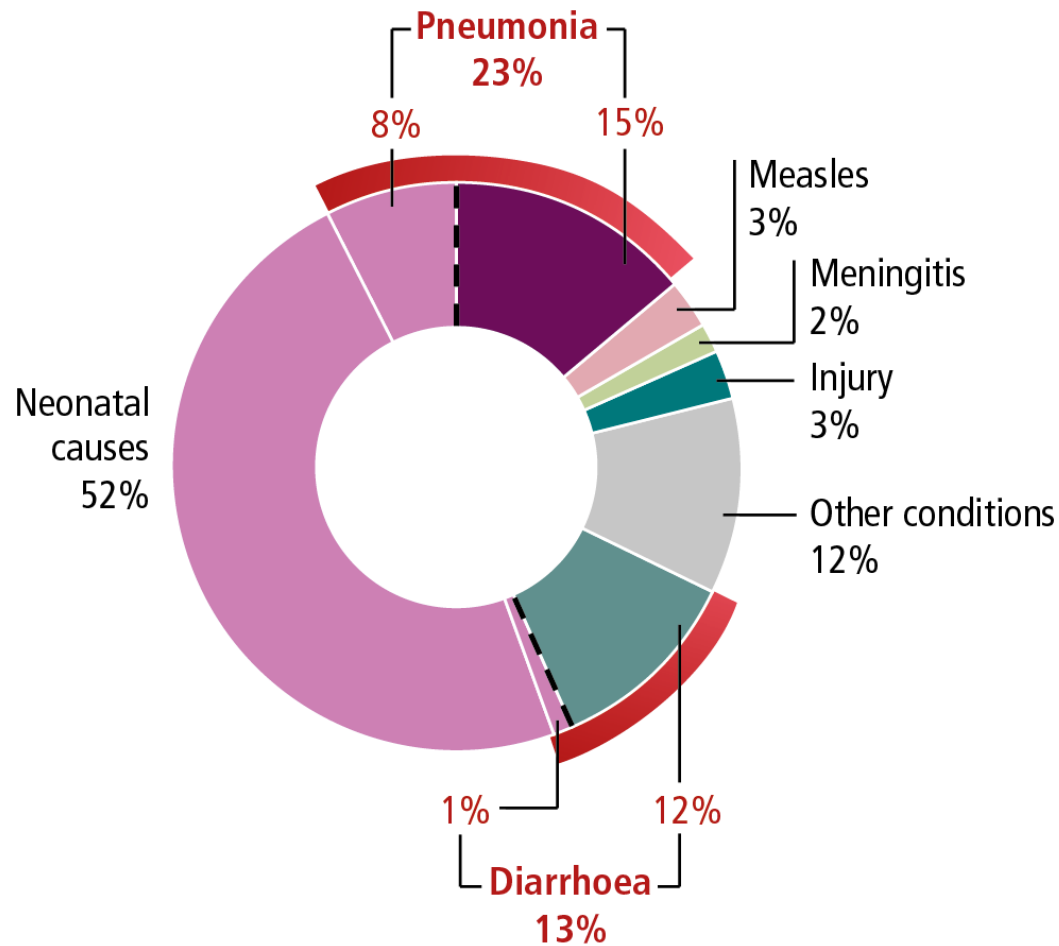


Courtesy: WHO and UNICEF, India

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# India: causes of under-five mortality – 2010 estimate



Source: CHERG, WHO and UNICEF 2012

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# Health system strengthening

- As of March 2012, 54 active HSS grants. Total approved grants US\$ 442m, about 80% disbursed to date
- Transition to immunisation-linked outcomes progressing
- Interagency Technical Advisory Group for HSS reporting to CEO, chaired by Dr Anders Nordström
- New performance-based approach – guidelines to countries by end of 2012

# Health systems funding platform

- Nine HSFP applications reviewed by HSFP IRC in May 2012
- Quality of proposals improving with increased focus on immunisation, but still limitations to be addressed
- Strengthened peer review and GAVI stewardship for proposal preparation, more to be done
- Cash-based support needs to be more country tailored and responsive to changing environment



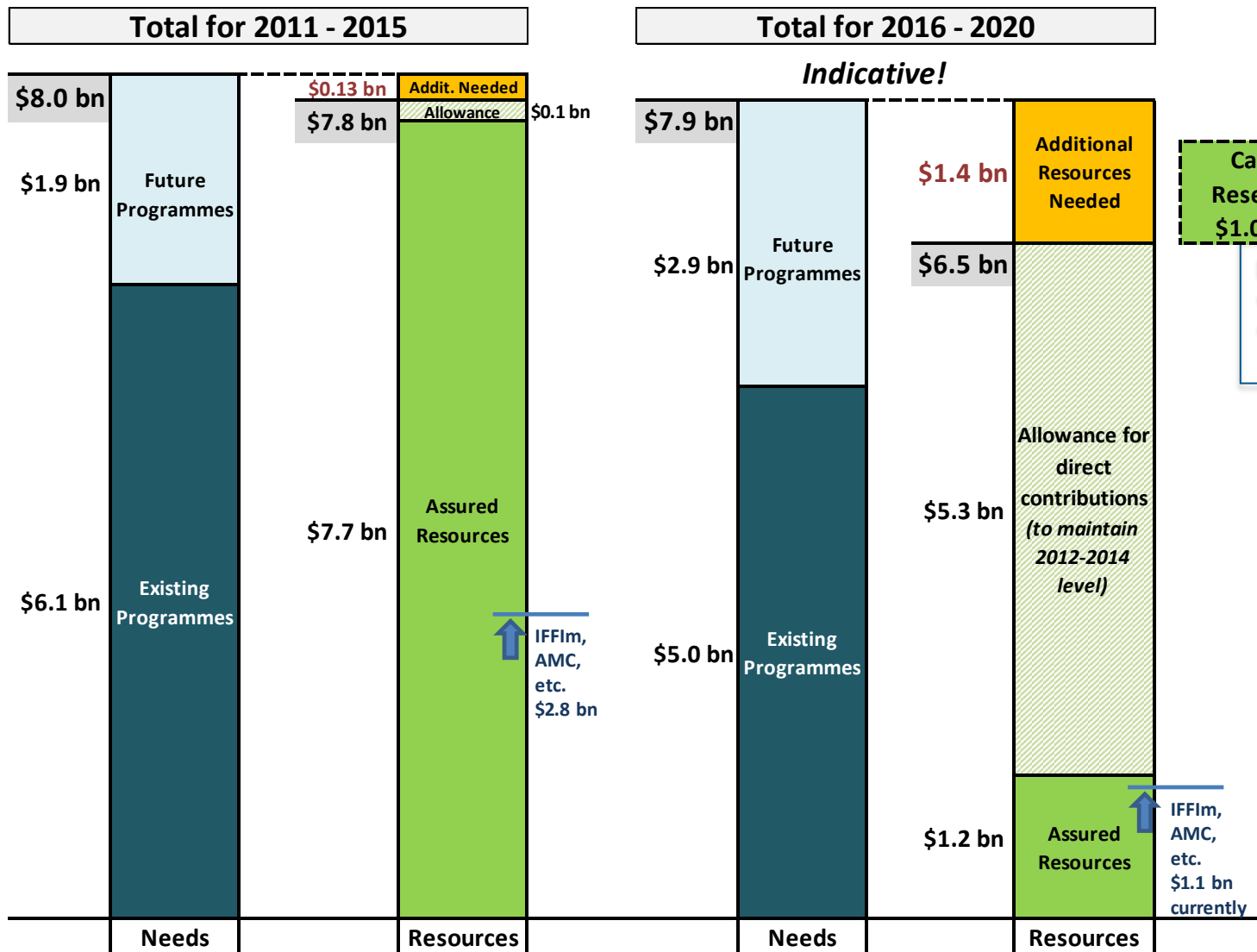
# Tailored approach to countries

- “Fragile states”: immunisation performance not statistically linked to ‘fragility’ e.g. 14 countries <70% DTP3, 8 are ‘fragile’ and 6 ‘not fragile’
- Framework to identify challenges faced by subset of countries to access and leverage GAVI support e.g. persistently low coverage; poor governance; no functioning government
- Tailored approach: based on country-specific challenges propose flexibilities in GAVI policies and how they could be better applied
- Next steps: Country consultations (March-August) & public consultation (June-July), PPC review Oct, Board consideration Dec 2012

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# Needs and resources through 2020



# GAVI Matching Fund: new partners

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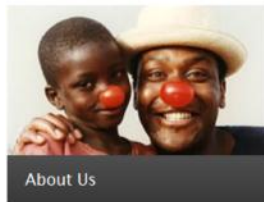
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# Immunisation data quality assessment – improving coverage data systems

- IDQA redesigned to improve quality of data systems
  - Country-led assessment tool
- Quality assurance of reported DTP3 and PCV3 data
- Capacity building – linked to multi-year improvement plan
- Pilot in 2012 – Ghana, Uganda, Bolivia



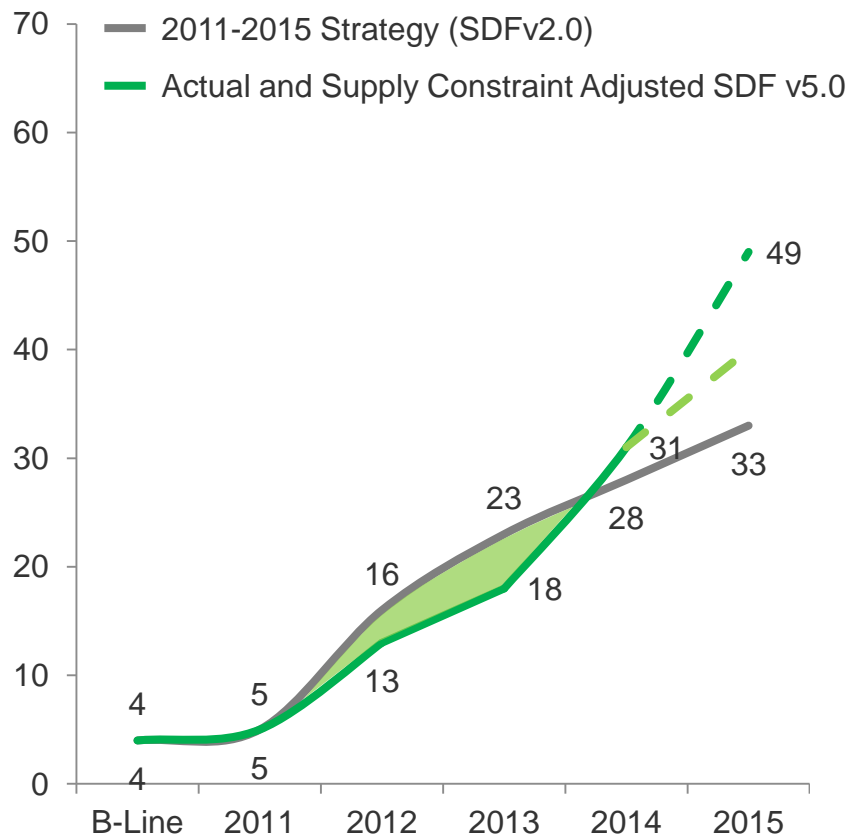
# Supply capacity constraints



Photos: GAVI/07/Edy Purnomo

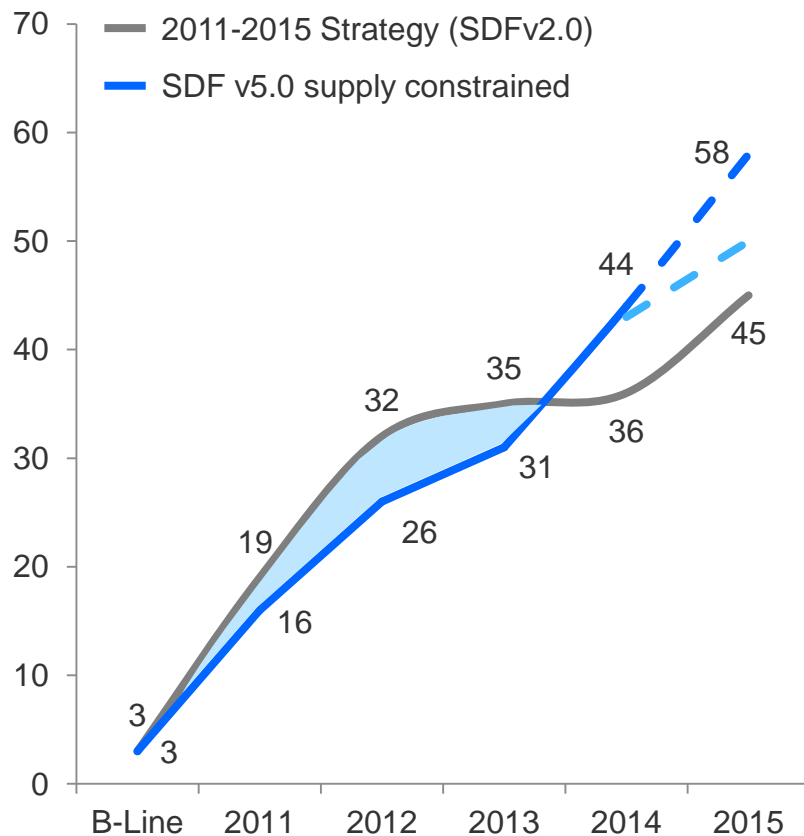


# Rotavirus vaccine: cumulative introductions versus 2011–2015 Strategy



- 8 roll-outs in 2012
- Currently predict 2-5 will introduce in 2013
- 2014-15 will see intros back on track
- Up to 9 approved countries delayed for a year
- Readiness continues to be potential bottleneck

# Pneumococcal vaccine: cumulative introductions versus 2011–2015 Strategy



- 16 roll-outs in 2011
- 10 roll-outs in 2012
- Currently predict 5 will introduce in 2013
- 2014-15 will see intros back on track
- Delays of a year effecting up to 15 countries
- Readiness continues to be potential bottleneck

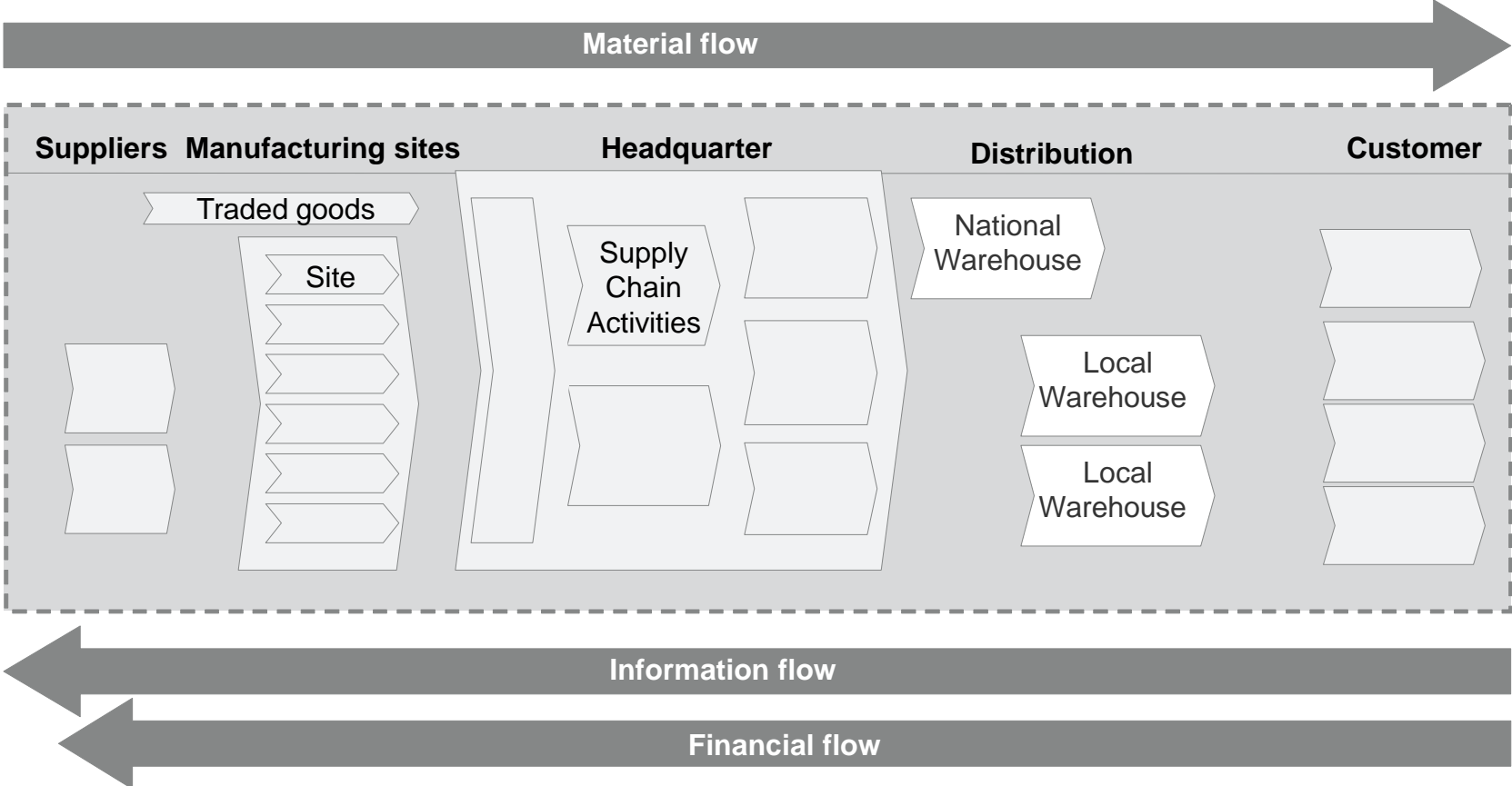
# Changing context for GAVI business

- From replacement vaccine (e.g. pentavalent) to vaccines that change and expand the immunisation schedule
- Short-term supply capacity constraints
- From US\$ 100s of millions to US\$ 1bn+ each year
  - Accelerated pace of vaccine introductions
  - Vaccines more costly and more valuable
- Heightened focus on results and value for money

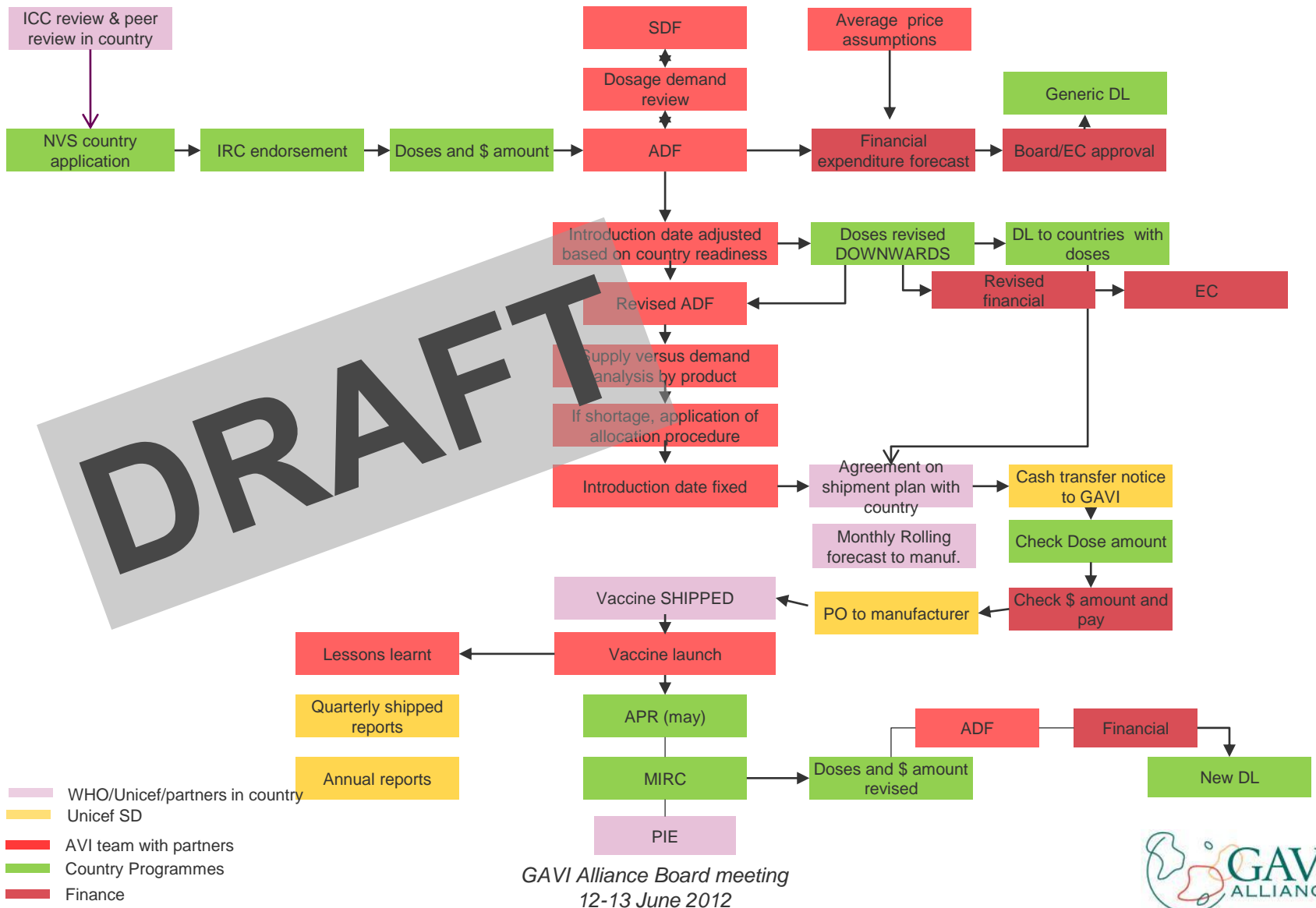
# The Alliance: adapting to changing context

- Starting with time-limited cross cutting country team through July to review business model
- Core principles:
  - Work closely with partners
  - Solutions developed and eventually implemented at operational level in countries, with countries
  - Some changes out of bounds: e.g. in-country GAVI secretariat staff
- Areas of focus: **country delivery**: end-to-end vaccine supply chain, evaluating countries' readiness and plans, country application and IRC process
- Other topics, such as knowledge management, to be considered at a later time

# High-level generic supply chain

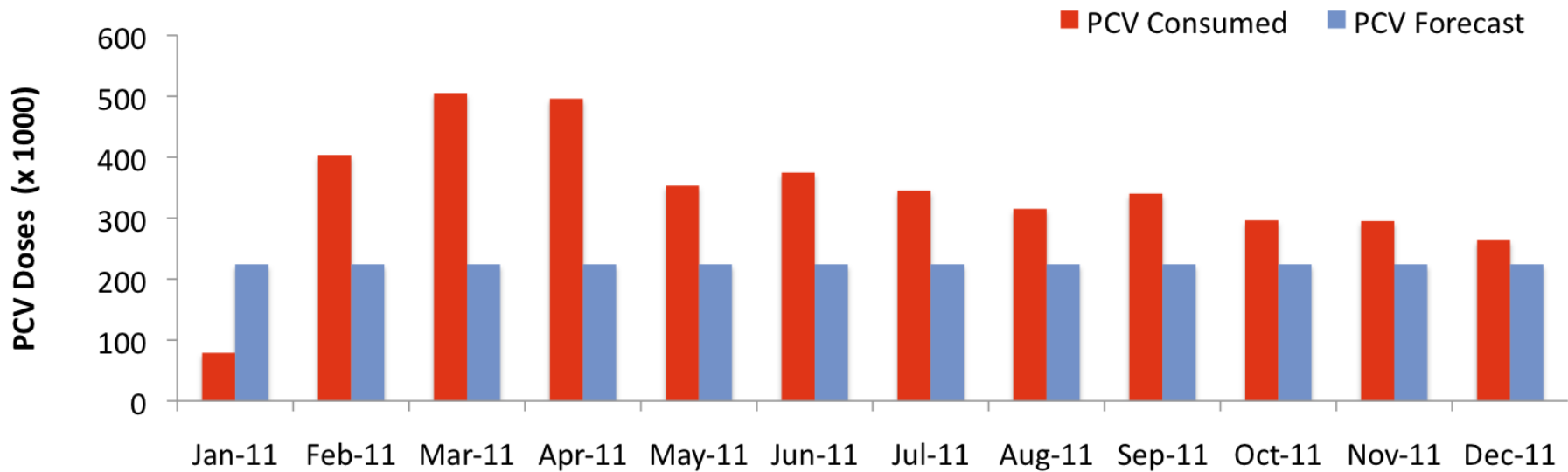


# Supply Chain Management across the Alliance



Similarly PCV consumption in Kenya indicates that, in the year of introduction, consumption was >50% above the original yearly forecast

### PCV doses consumed and forecasted by month Kenya, 2011



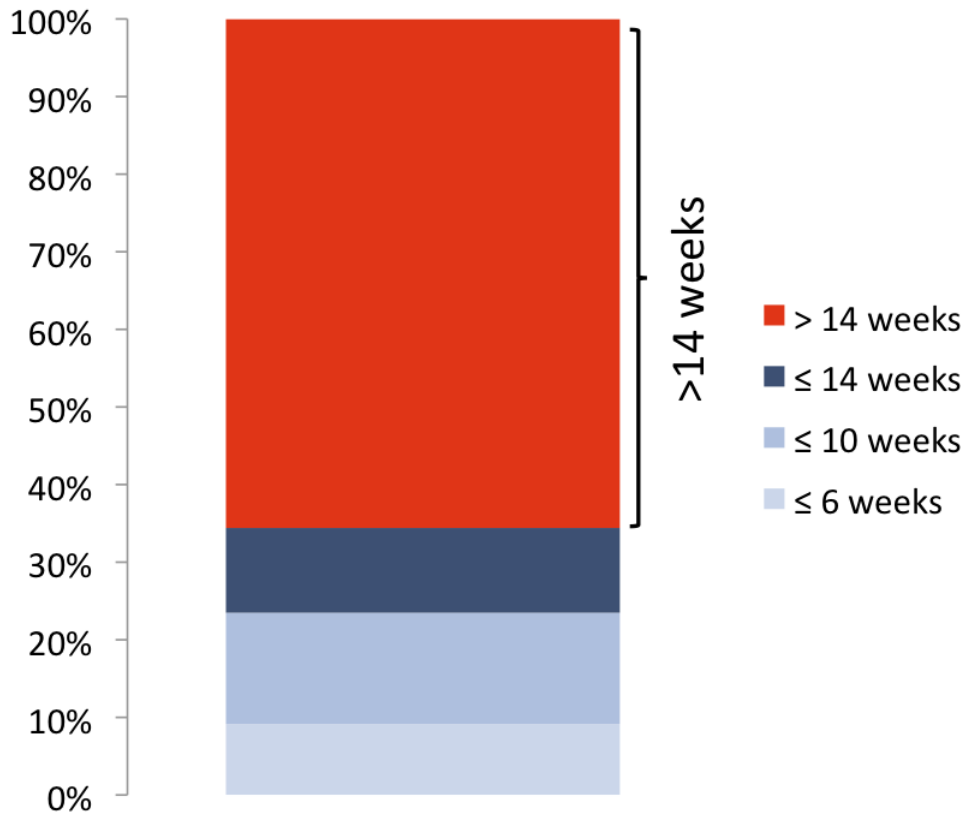
- In 2011, Kenya consumed 50% more PCV (1.3 million PCV doses) than initially forecasted. This estimate is likely conservative\* as there were stock outs shortly after introduction and a high dropout between PCV doses in the first 6 months

\* Kenya was less constrained in PCV supply because it received PCV supplies for Q4 2010 assuming the introduction would be one quarter earlier

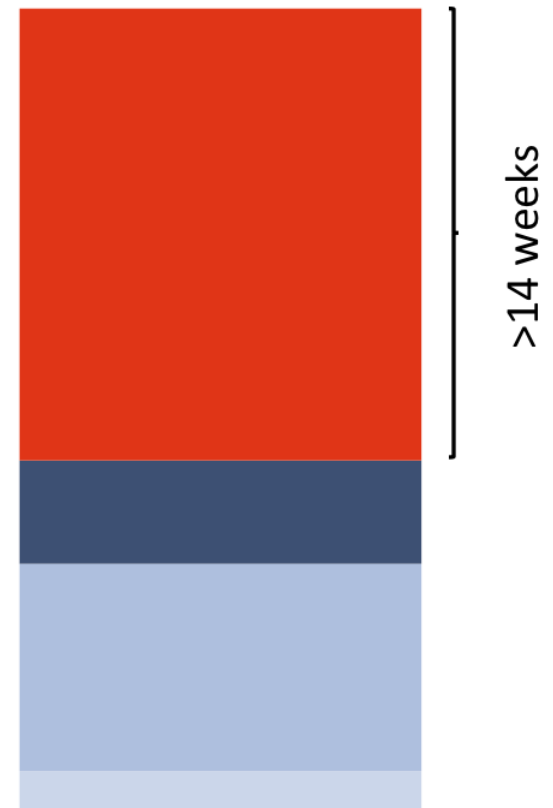


More than half the children in Malawi and Ethiopia presenting to facilities for PCV1 were above 14 weeks (3.5 months) old, and had likely already received Penta3

**Age distribution of children receiving PCV1  
Malawi, 2011**



**Age distribution of children receiving  
PCV1  
Ethiopia, 2011**



Note: 14 weeks was selected as the standard cut off for Penta3. As per Malawi's guidelines, children above 52 weeks (1 year old) are not eligible for PCV.

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# Key decisions

- Measles plus
- Programme funding policy
- Business plan priorities
- Vaccine introduction grants and campaign operational support
- Continued special studies funding
- CSO support

# Key themes for discussion and guidance

- Supply capacity constraints
- Long-term funding strategy
- Impact of global economic situation
- Risks and change management

# Thank you

## Save the Date

**GAVI Alliance 5<sup>th</sup> Partners' Forum**

**5-7 December 2012**

**Dar es Salaam, Tanzania**



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