

CEO BOARD UPDATE

Seth Berkley, MD

26 June 2019
Geneva, Switzerland



1.

GLOBAL DEVELOPMENTS AND TRENDS



The road to Gavi's 2020 Replenishment



Jan. 2015
Gavi Pledging
Conference
Berlin



9-11 Dec. 2018
Gavi Mid-Term
Review
Abu Dhabi



Jun. 2019
Gavi 5.0 Strategic
Framework



Aug. 2019
Gavi Investment Launch
TICAD
Japan



Mid-2020
Gavi Pledging
Conference
London



Jan. 2020
Gavi 20th Anniversary
Davos

The road to Gavi's 2020 Replenishment



Jan. 2015
Gavi Pledging
Conference
Berlin

Oct. 2019
Global Fund
Replenishment
Lyon

Jan. 2020
Gavi 20th Anniversary
Davos

Sept. 2019
UNGA
New York

Aug. 2019
Gavi Investment Launch
TICAD
Japan

Nov. 2018
Global Financing
Facility
Replenishment
Oslo

Nov. 2019
GPEI Replenishment
Abu Dhabi

9-11 Dec. 2018
Gavi Mid-Term
Review
Abu Dhabi

Mid-2020
Gavi Pledging
Conference
London

Jun. 2019
Gavi 5.0 Strategic
Framework



Gavi engagement: G7 Health Ministers meeting

- Focus on PHC, including launch of universal knowledge initiative
- Vaccine hesitancy as a global problem
- Concerns on Global Health Security
- North-South, South-North learning



Collaboration with partners



Empowered lives.
Resilient nations.



WORLD BANK GROUP



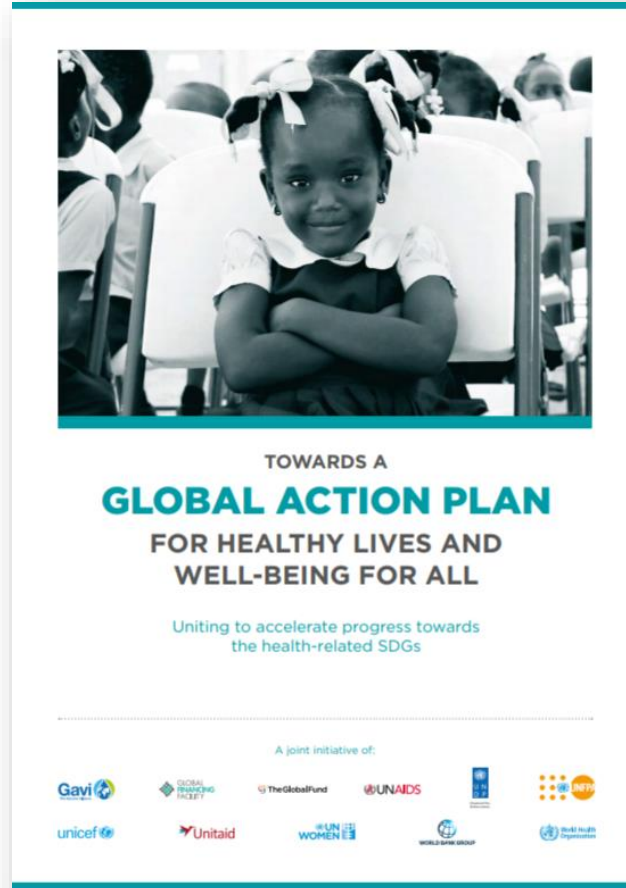
World Food Programme



Collaboration with partners



Empowered lives.
Resilient nations.



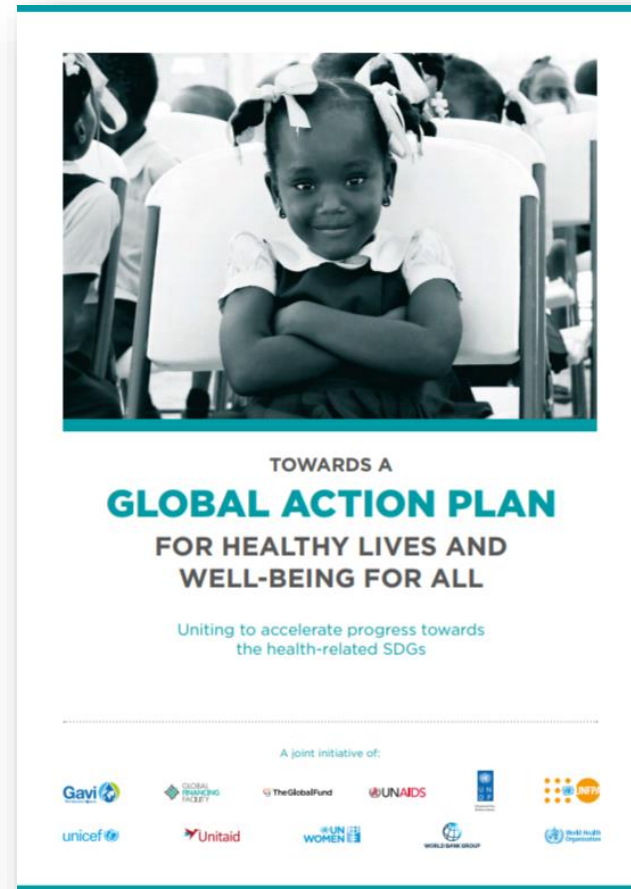
Core Alliance partners



Collaboration with partners



Empowered lives.
Resilient nations.



**Co-leading GAP
Financing Accelerator**



Collaboration with partners



Empowered lives.
Resilient nations.



HPV vaccine



WORLD BANK GROUP



World Food Programme

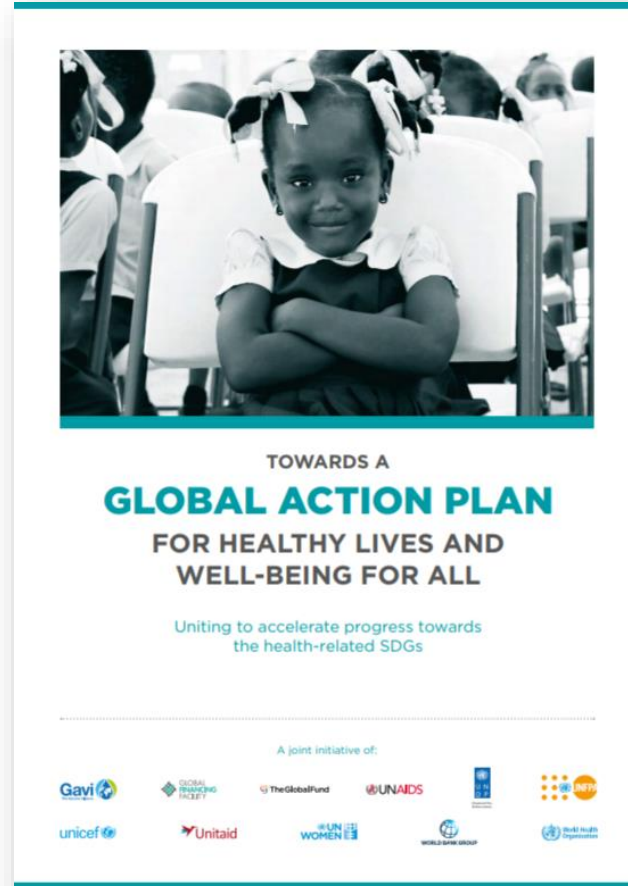


World Health Organization

Collaboration with partners



Empowered lives.
Resilient nations.



National
collaborations



WHO reform

10 April 2019, Stockholm, Sweden,
Inaugural WHO Partners Forum



World Health
Organization



Government Offices of Sweden

Inaugural WHO Partners Forum

Collaborating with partners for impact



Credit: WHO TV studio

WHO reform

- Major structural and personnel changes
 - Complex implementation including down through organisation
- >Significant changes in leadership on immunisation and primary health



WHO reform

- Major structural and personnel changes
- Complex implementation including down through organisation

-> Significant changes in leadership on immunisation and primary health

“Most significant reform in 71-year-history”

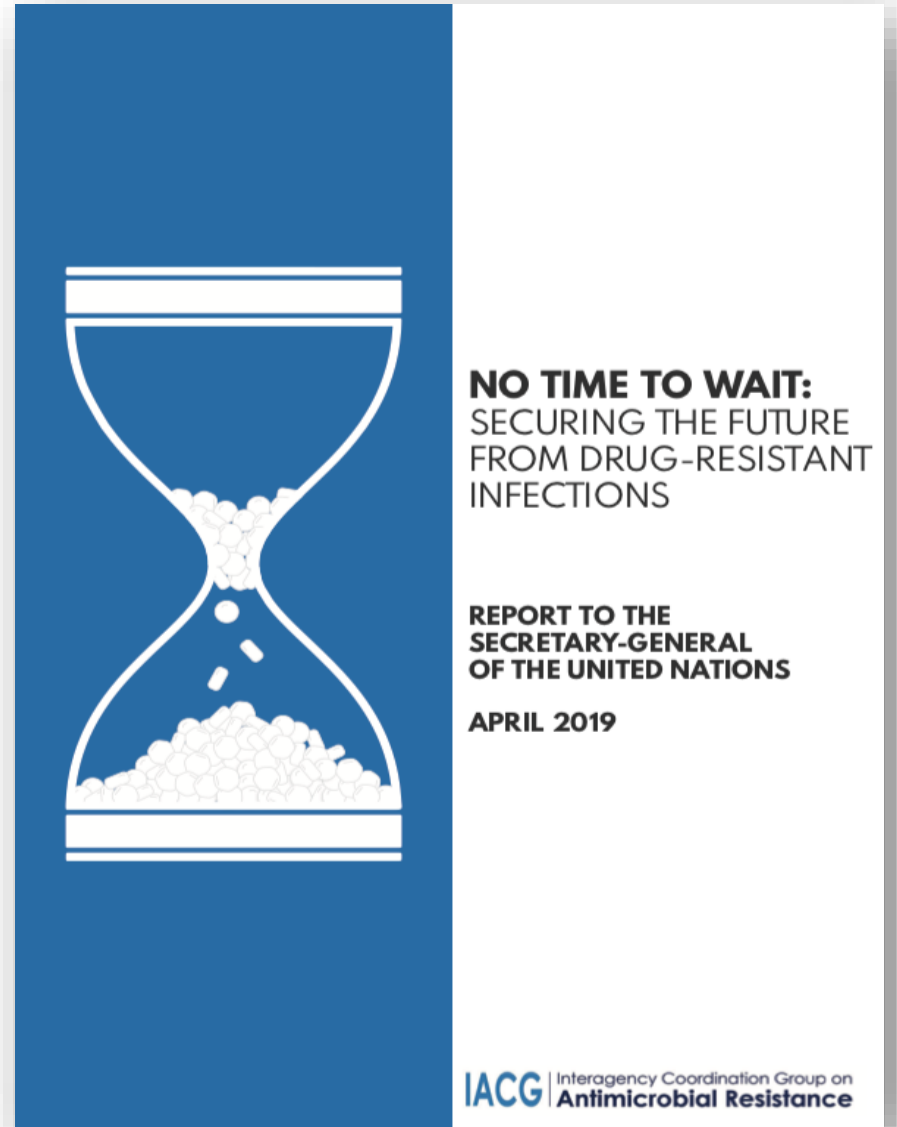
- Dr Tedros



Antimicrobial resistance

UN Interagency Coordination Group (IACG) on Antimicrobial Resistance report recognises critical role of vaccines

“A sustained effort is needed to spur increased innovation in medicines, diagnostics, vaccines and safe and effective alternatives to antimicrobials...”



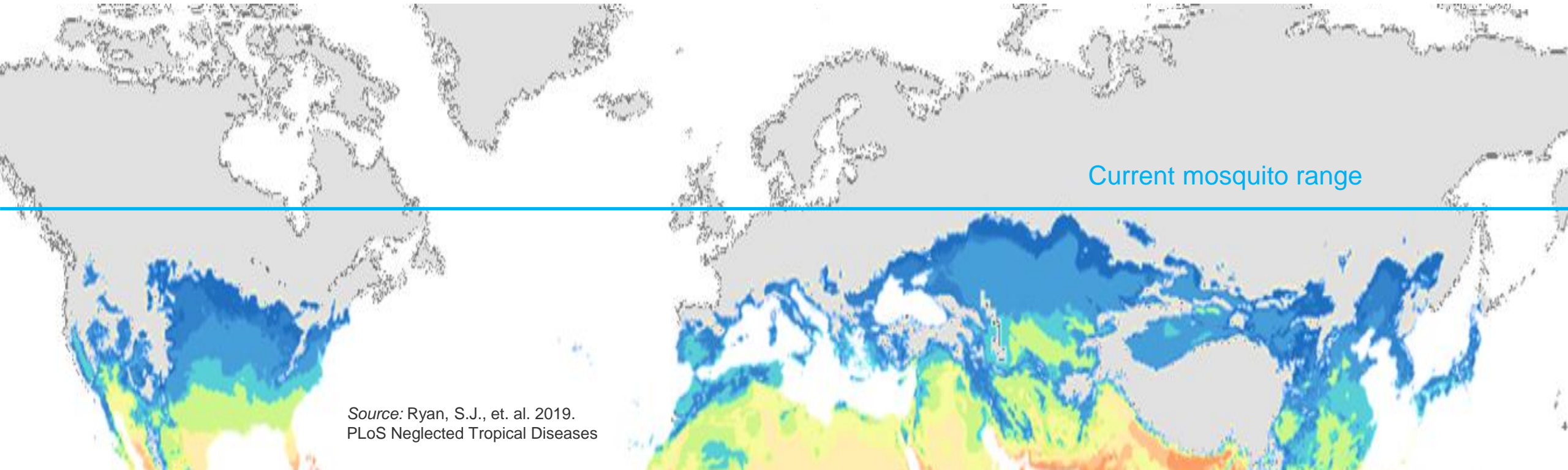
Growing health impact of climate change

- *Aedes aegypti* mosquitoes continues to extend its range north
- Mosquito vector of yellow fever, Dengue, Zika, Chikungunya viruses
- 900 million more people at risk of infection by 2080



Predicted habitable range by 2080

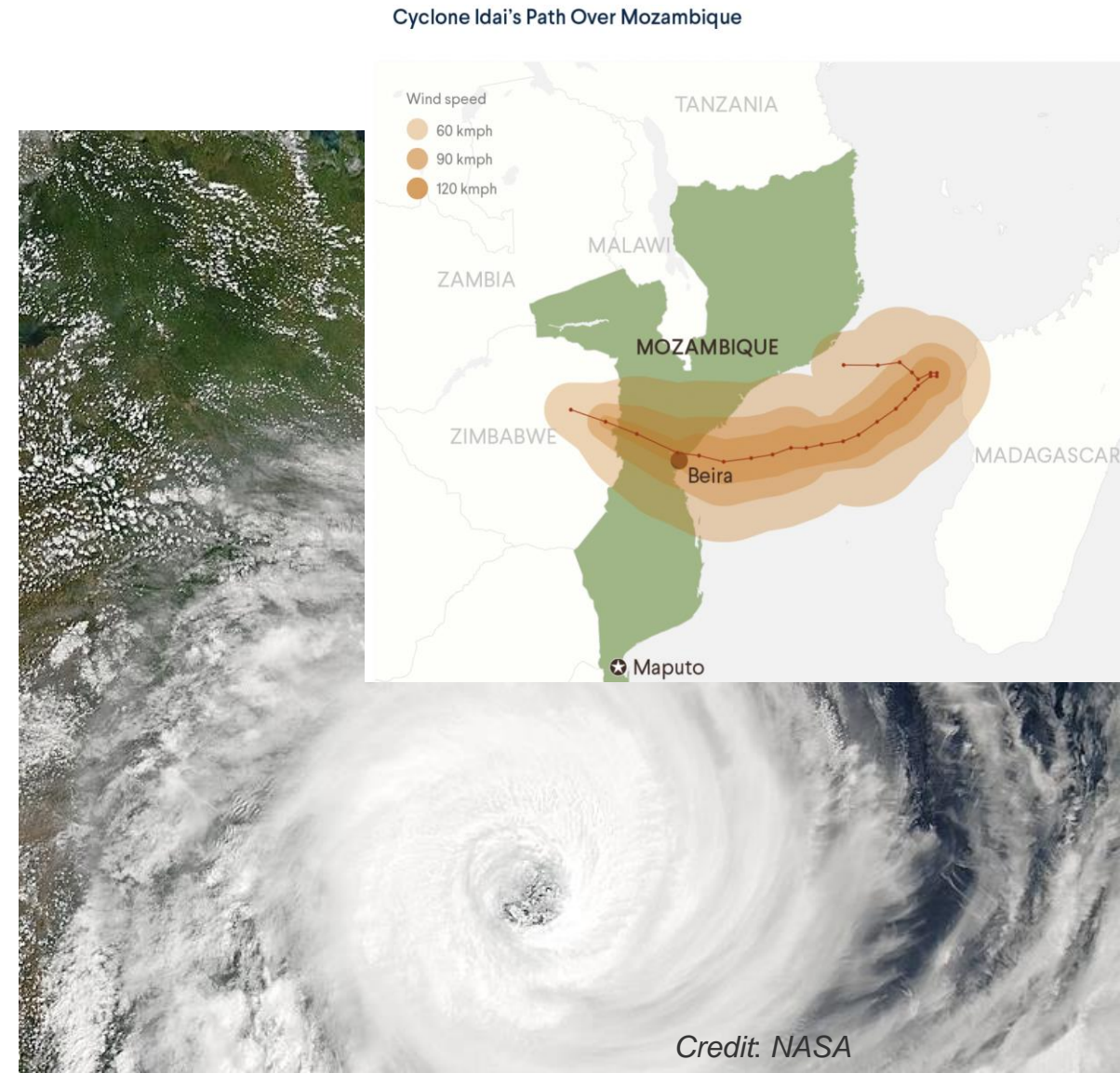
Current mosquito range



Source: Ryan, S.J., et. al. 2019.
PLoS Neglected Tropical Diseases

Growing health impact of climate change

- Cyclone Idai, third worst in history, devastated Mozambique, Malawi and Zimbabwe:
 - >1000 killed
 - ~ USD 2 billion damages
 - Cholera outbreaks
- Cyclone Kenneth subsequently hits disaster-stricken Mozambique
- Such events may become the 'new normal'



2.

REPORTING BACK

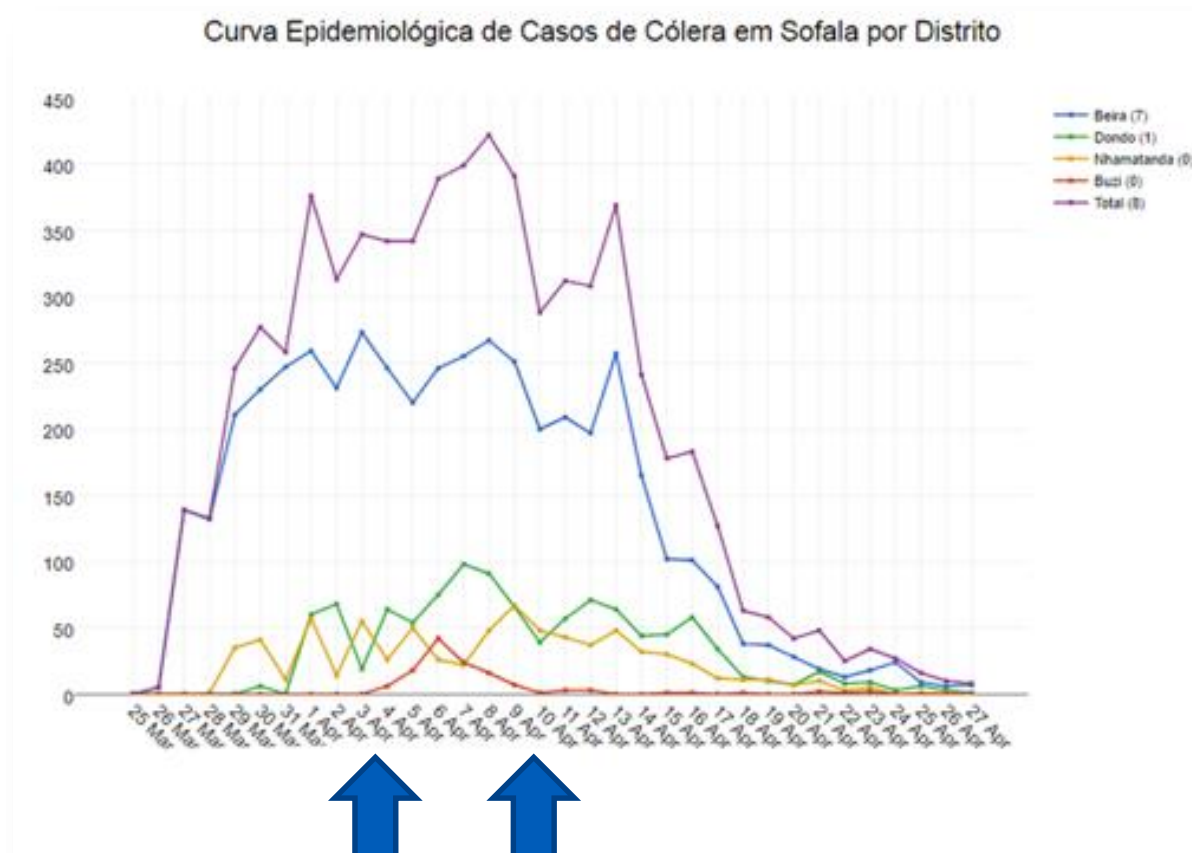


Credit:

Oral cholera vaccine (OCV)

Cholera cases in Sofala Province,
Mozambique post Cyclone Idai

- Gavi funded ~900,000 doses and operational costs to respond to cholera outbreak after Cyclone Idai
- Rapid decline in cases demonstrates impact of OCV
- Continued growth in use of OCV stockpile globally in 2019:
 - Cameroon
 - DRC
 - Ethiopia
 - Nigeria
 - Somalia
 - Zambia
 - Zimbabwe

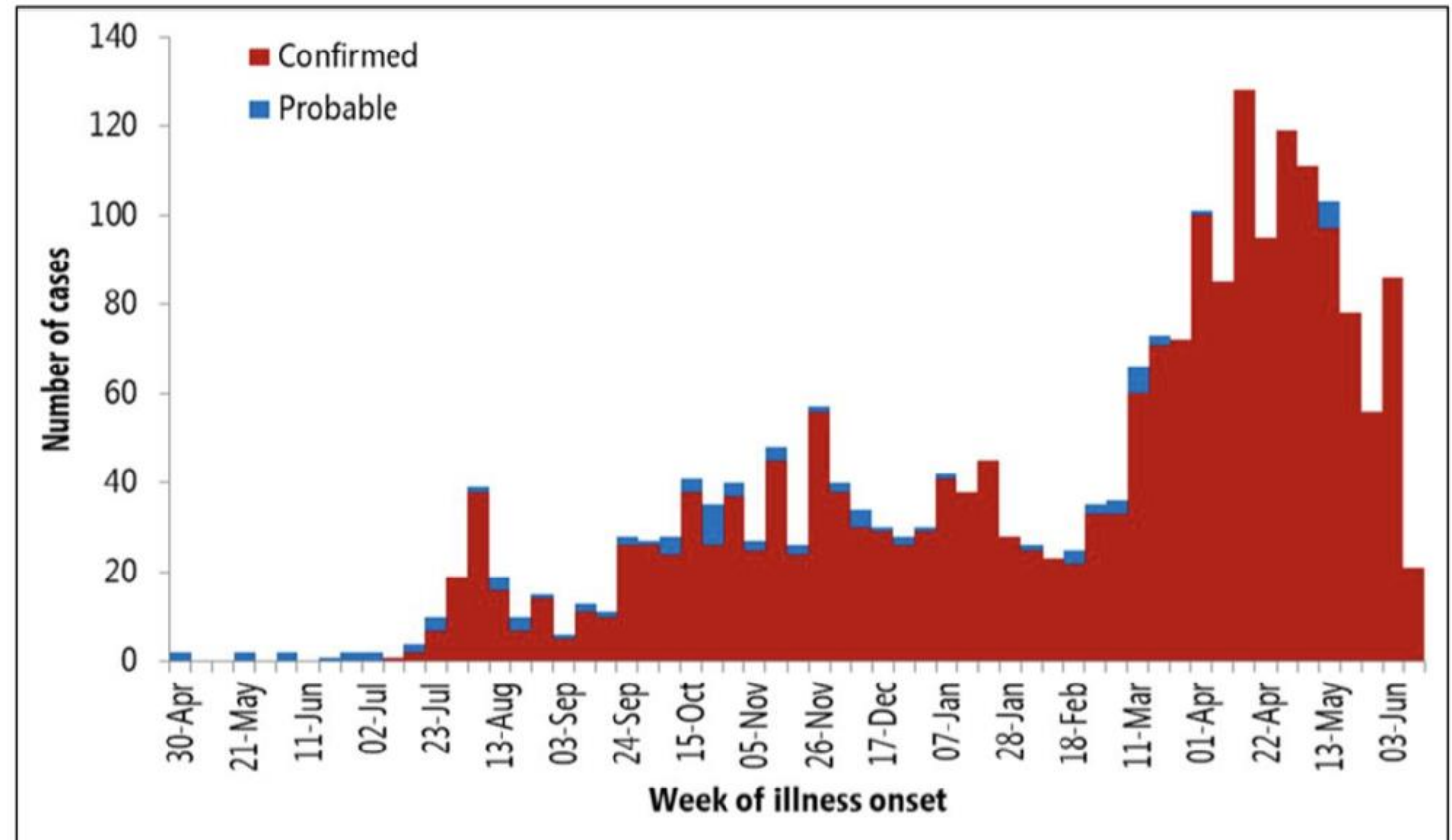


Start of
OCV campaign

Completion of
OCV campaign

Ebola escalating in DRC

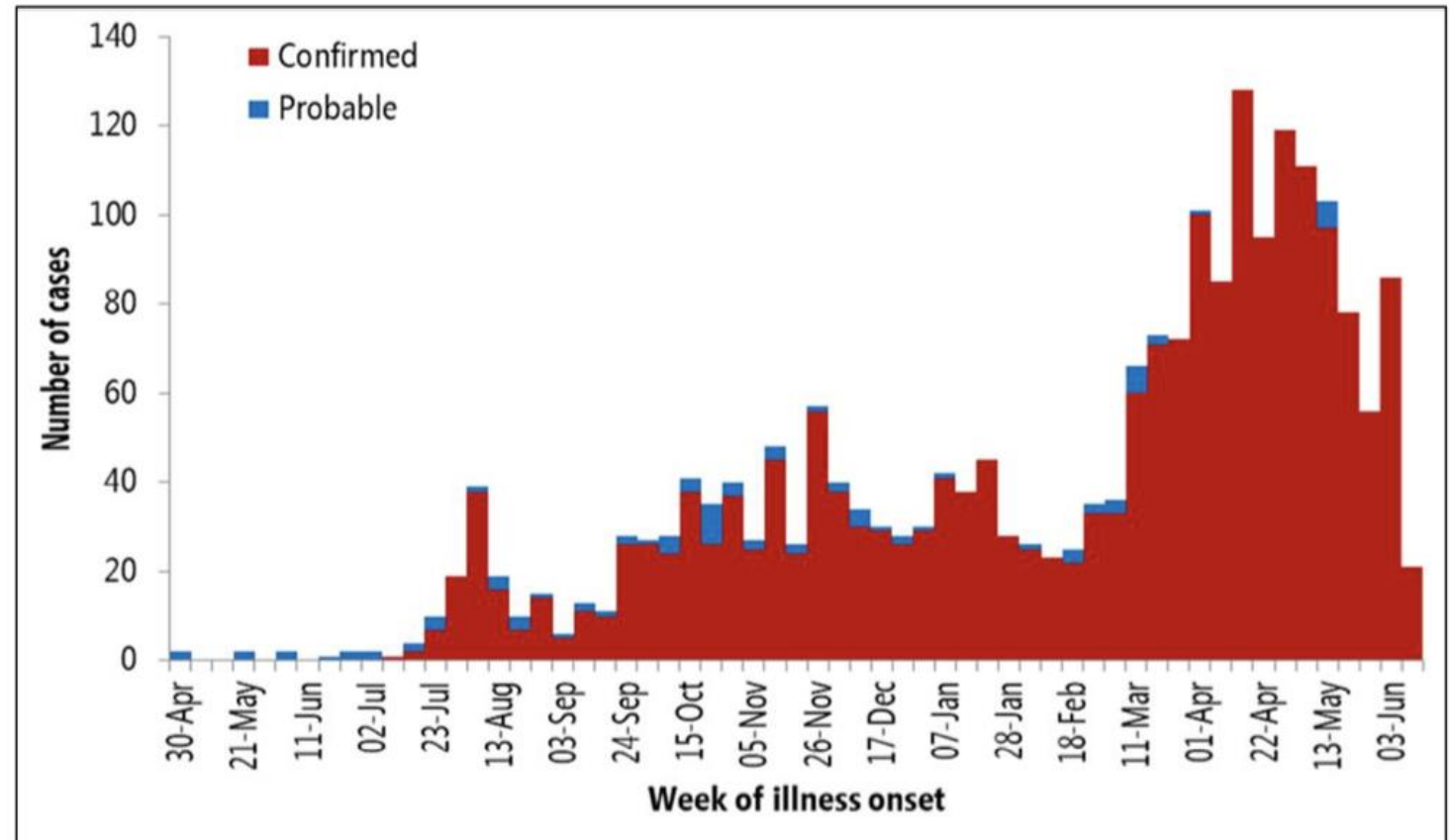
- **Second largest Ebola outbreak in history**



Source: WHO SitRep (24 June 2019)

Ebola escalating in DRC

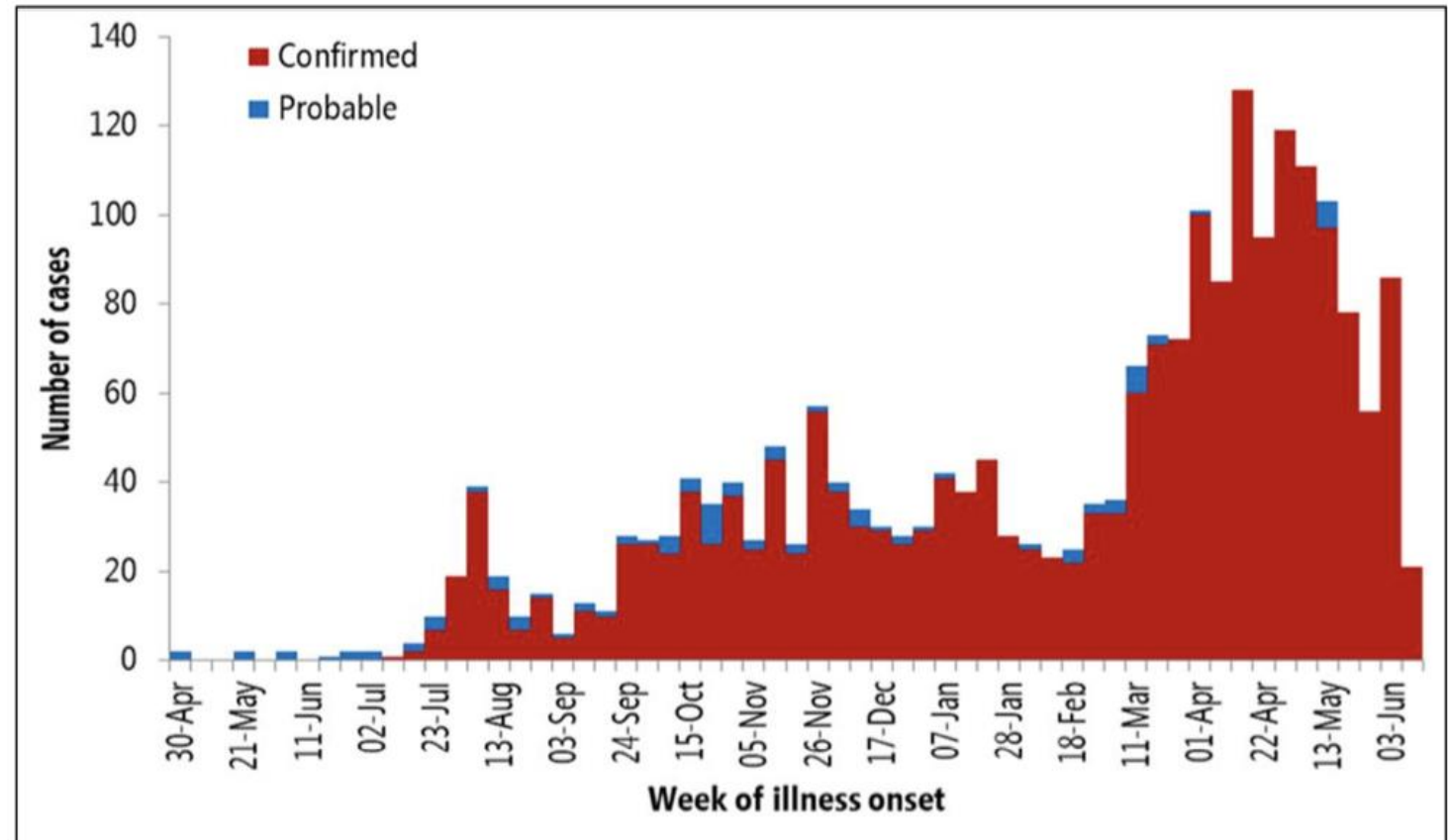
- **Second largest Ebola outbreak** in history
- **>2,200 cases and >1,500 deaths** in DRC – continued spread



Source: WHO SitRep (24 June 2019)

Ebola escalating in DRC

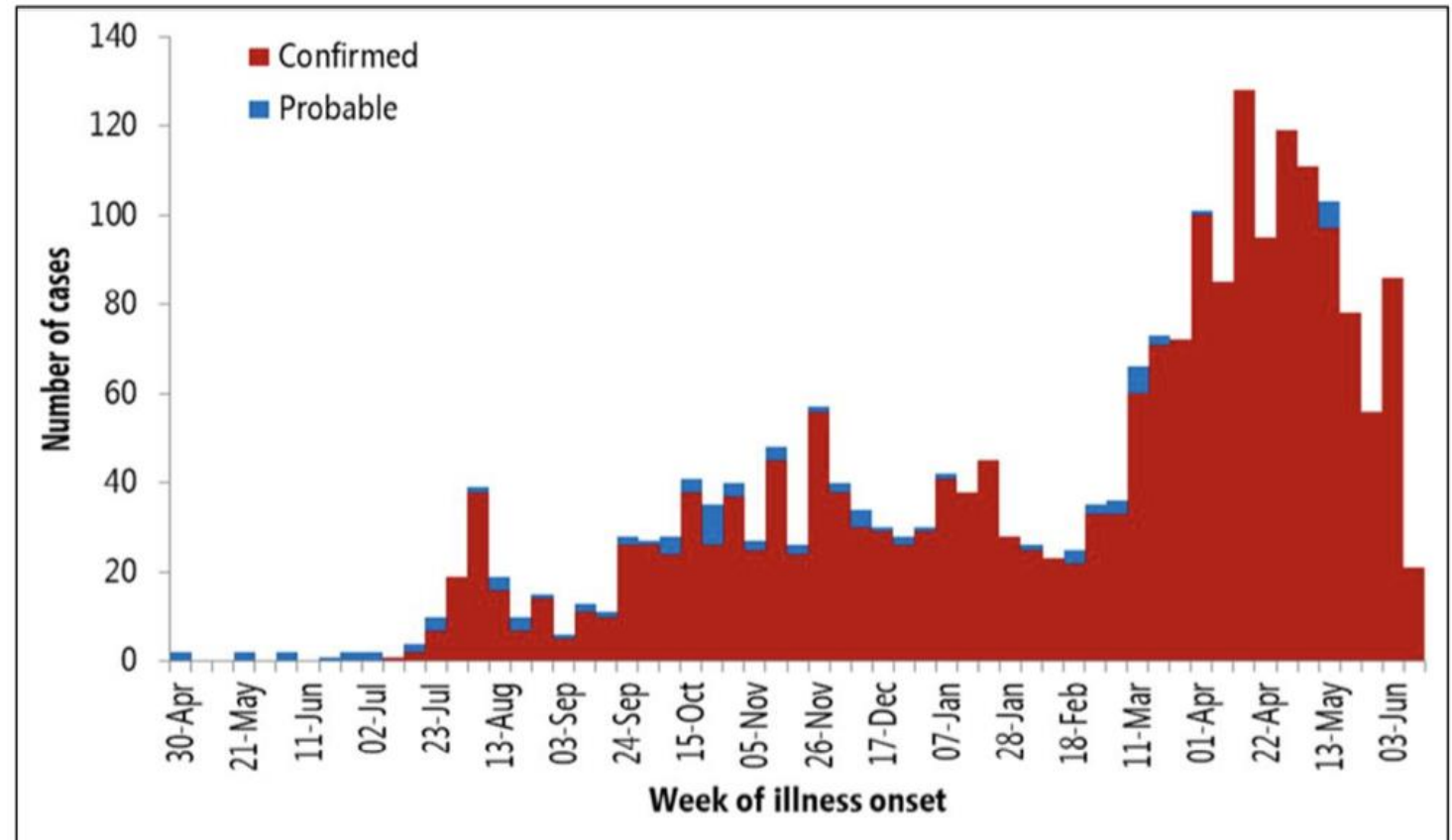
- **Second largest Ebola outbreak** in history
- **>2,200 cases and >1,500 deaths** in DRC – continued spread
- **16 health zones** (districts) have notified at least one EVD confirmed case over the last 21 days



Source: WHO SitRep (24 June 2019)

Ebola escalating in DRC

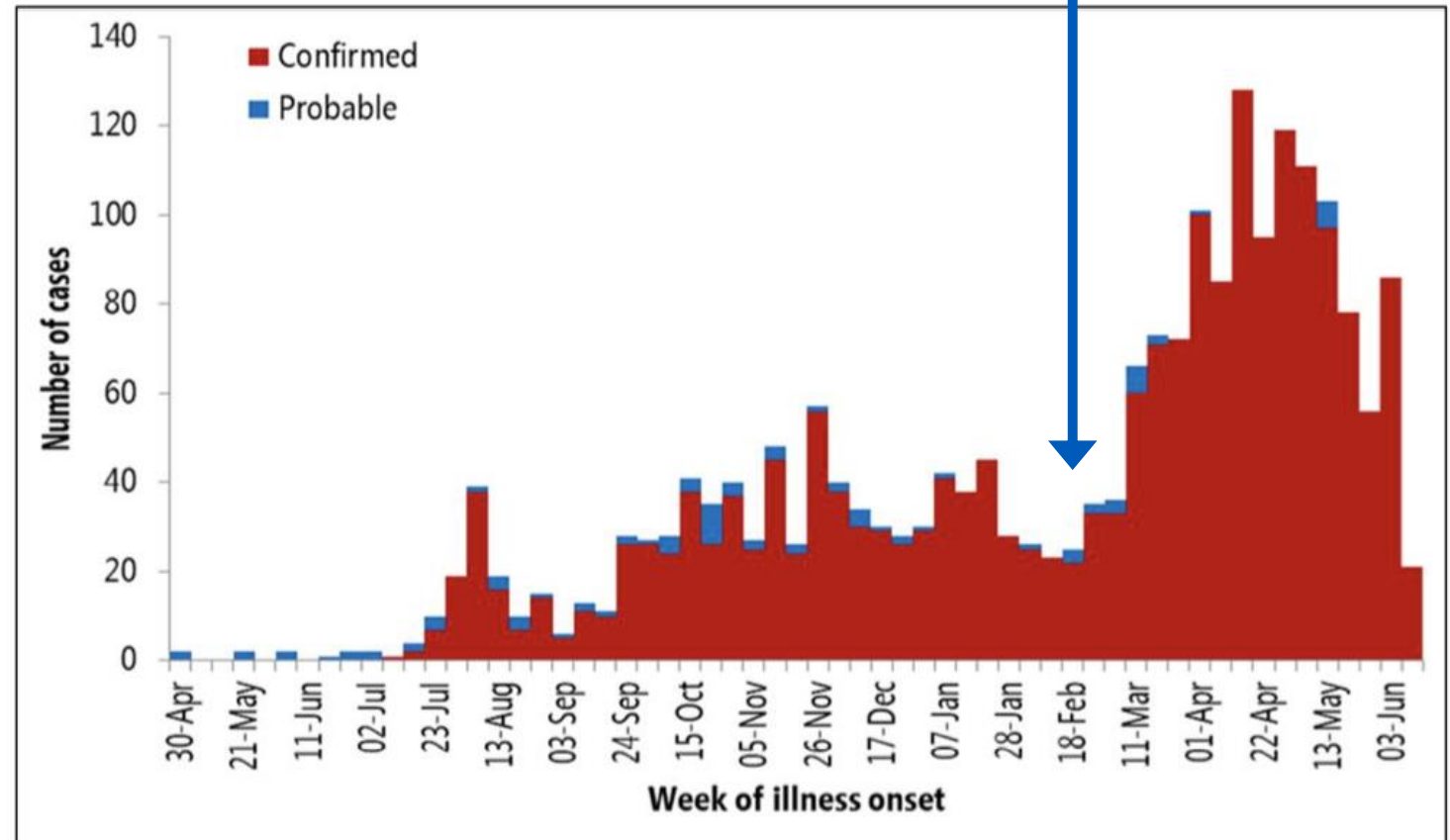
- **Second largest Ebola outbreak** in history
- **>2,200 cases and >1,500 deaths** in DRC – continued spread
- **16 health zones** (districts) have notified at least one EVD confirmed case over the last 21 days
- **First cross-border infections** with 3 deaths in Uganda but not yet public health emergency of international concern



Source: WHO SitRep (24 June 2019)

Ebola escalating in DRC

- **Second largest Ebola outbreak** in history
- **>2,200 cases and >1,500 deaths** in DRC – continued spread
- **16 health zones** (districts) have notified at least one EVD confirmed case over the last 21 days
- **First cross-border infections** with 3 deaths in Uganda but not yet public health emergency of international concern



Source: WHO SitRep (24 June 2019)

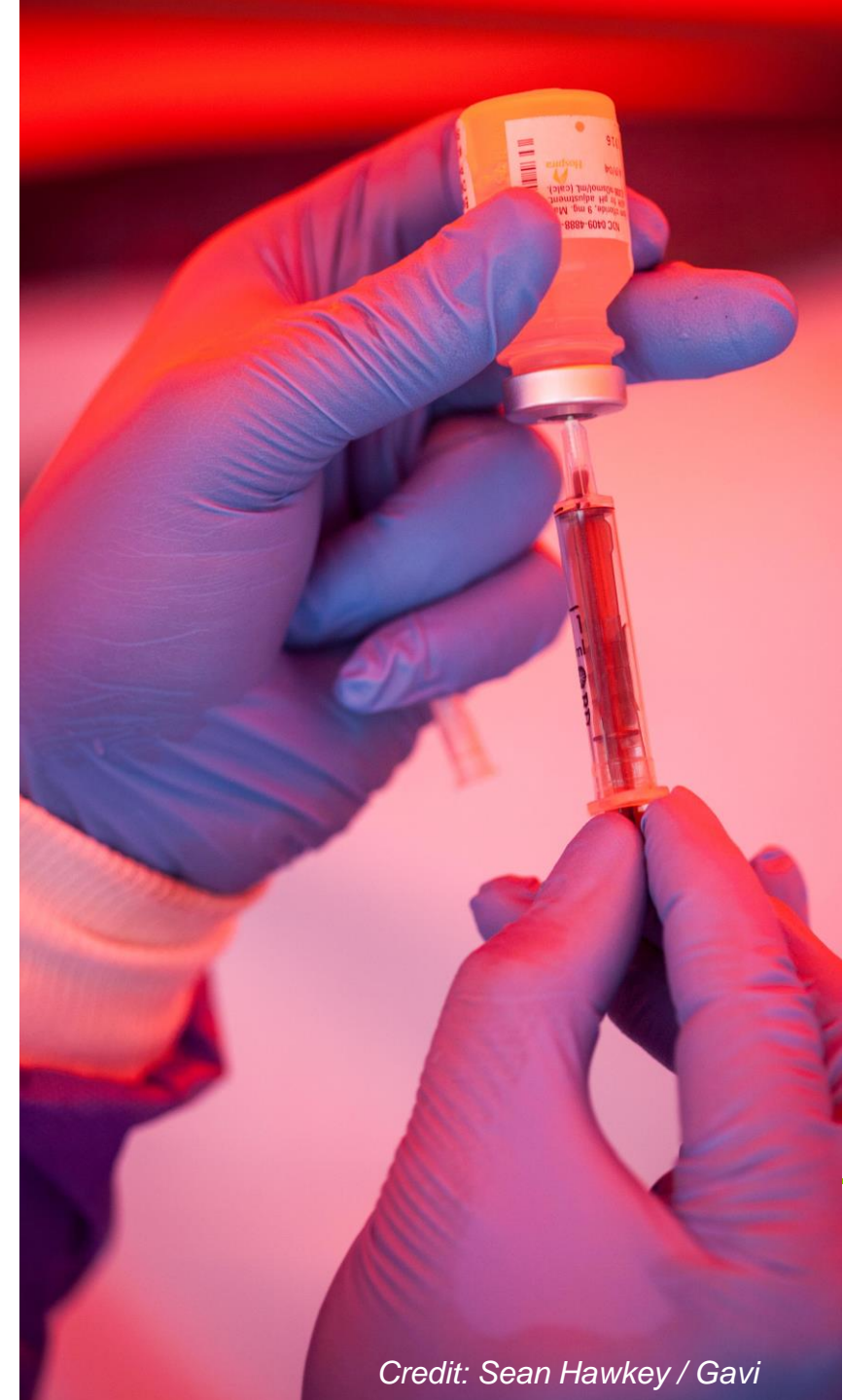
Vaccines critical part of Ebola response

- **>135,000 people vaccinated in DRC. Challenges of violence and community distrust**
 - Ebola vaccine available in part due to Advanced Purchase Commitment
 - Gavi provided >\$15M in operational support
- **5,000 high-risk frontline individuals already received preventive vaccination in Uganda (165 clinics).**
 - 2,500 in South Sudan and 1,400 in Rwanda
 - Burundi to start shortly
- In response to recent spread to **Uganda, outbreak vaccination initiated** with ~3,400 doses sent from DRC



Ebola vaccine efficacy confirmed

- Data from Equateur and North Kivu Ebola immunisation (DRC) indicates 97.5% efficacy of vaccine – confirming results of 2015 Guinea trial
- WHO Strategic Advisory Group of Experts on Immunisation recommends adjusted dosing
- >250,000 doses (1 ml) available for shipment; more vaccine expected over the coming year

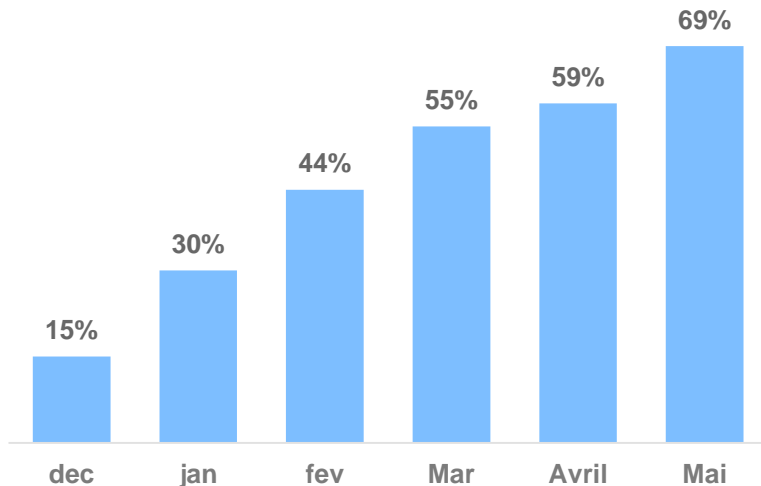


DRC: Early progress in efforts to strengthen routine immunisation

- Latest survey shows **coverage <50%**
- With Alliance support, **Minister of Health has devised ‘Mashako Plan’** to raise coverage
- Initial focus on **nine provinces – to be expanded** through next HSS

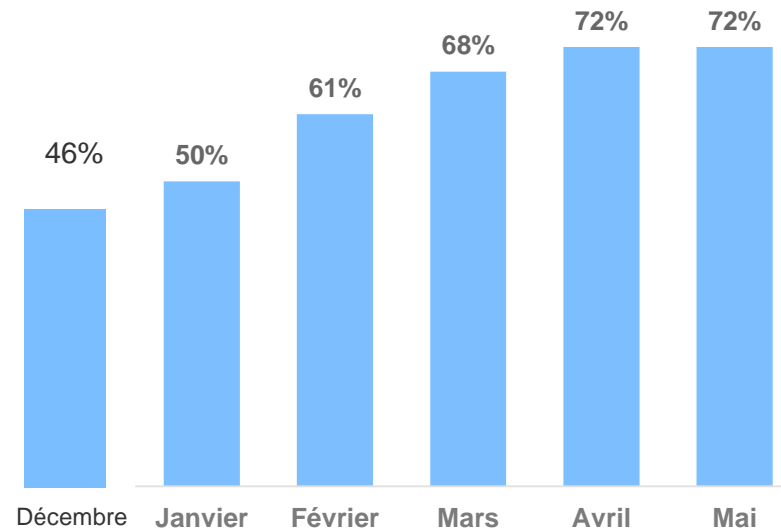
Supervision

Supervisions des centres de santé dans 9 provinces



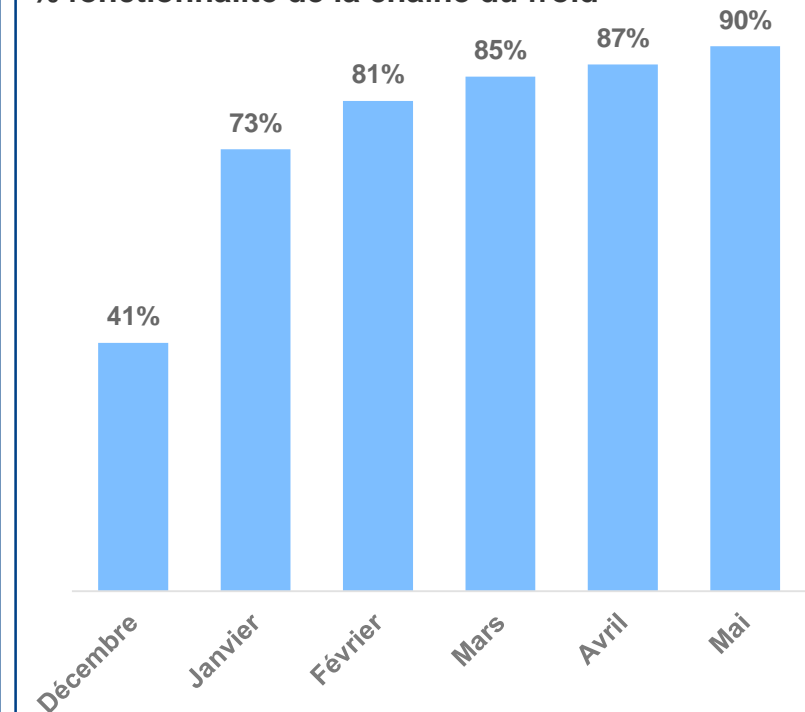
Sessions

% d'aires supervisées respectant le minimum de séances à organiser



Cold chain

% fonctionnalité de la chaîne du froid

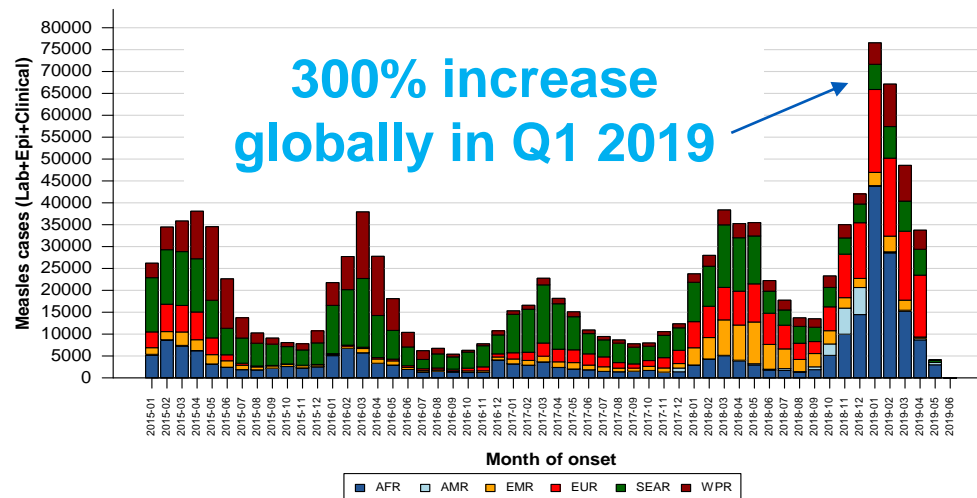


Note: December represents partial data as monitoring app not yet fully deployed

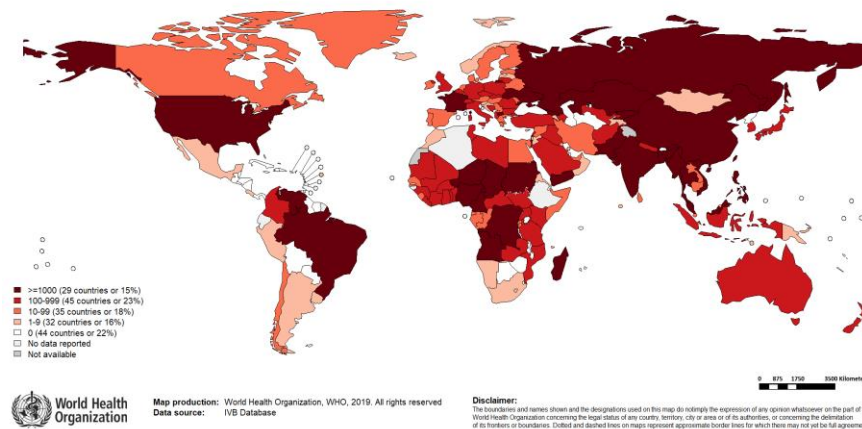
Global resurgence of measles

- Since January 2018, 47 of 53 (WHO) European countries
- Measles again endemic in all 6 WHO regions

Measles case distribution by month and WHO Region (2015-2019)



Number of Reported Measles Cases (6M period)



Map production: World Health Organization, WHO, 2019. All rights reserved
Data source: IVD Database

Disclaimer:
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the determination of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

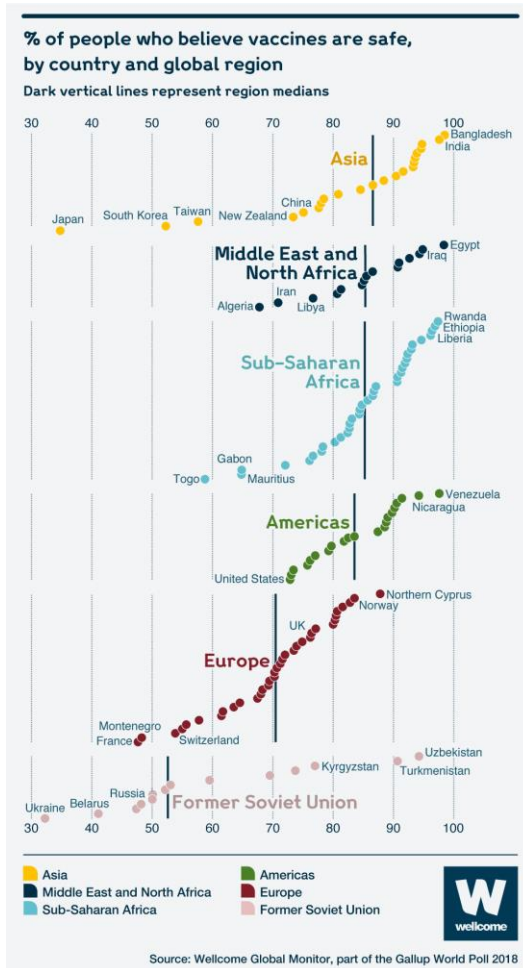
Notes: Based on data received 2019-06 - Surveillance data from 2018-11 to 2019-04 - * Countries with highest number of cases for the period. **WHO classifies all suspected measles cases reported from India as measles clinically compatible if a specimen was not collected as per the algorithm for classification of suspected measles in the WHO VPD Surveillance Standards. Thus numbers might be different between what WHO reports and what India reports.

Vaccine hesitancy

Low trust in vaccines ‘a global crisis’

Hesitancy now among top 10 global health threats, says WHO

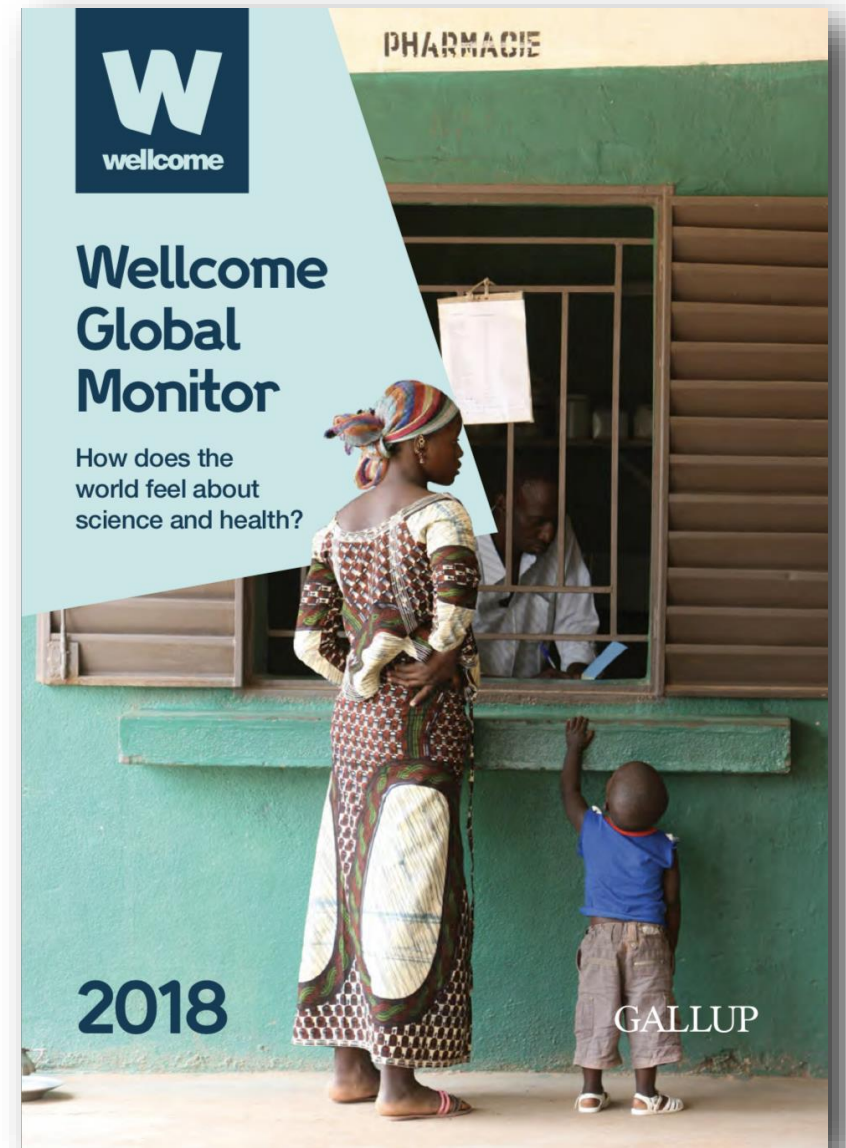
Vaccine hesitancy



Low trust in vaccines ‘a global crisis’

Hesitancy now among top 10 global health threats, says WHO

Globally, around eight in 10 people agree vaccines are safe, and nine in 10 people worldwide say their children have been vaccinated



Vaccine hesitancy



- Social media enables misinformation to spread rapidly and broadly
- Gavi increasingly engaged:
 - Wrote to 11 digital and social media platform CEOs requesting response
 - Op-ed co-authored with Congress Rep. Dr. Ami Bera, Chair of Oversight and Investigations Subcommittee of the House Foreign Affairs Committee, highlighting problem
- Twitter, Instagram and others beginning to take action – e.g., banning anti-vax hashtags, redirecting traffic to trusted sites



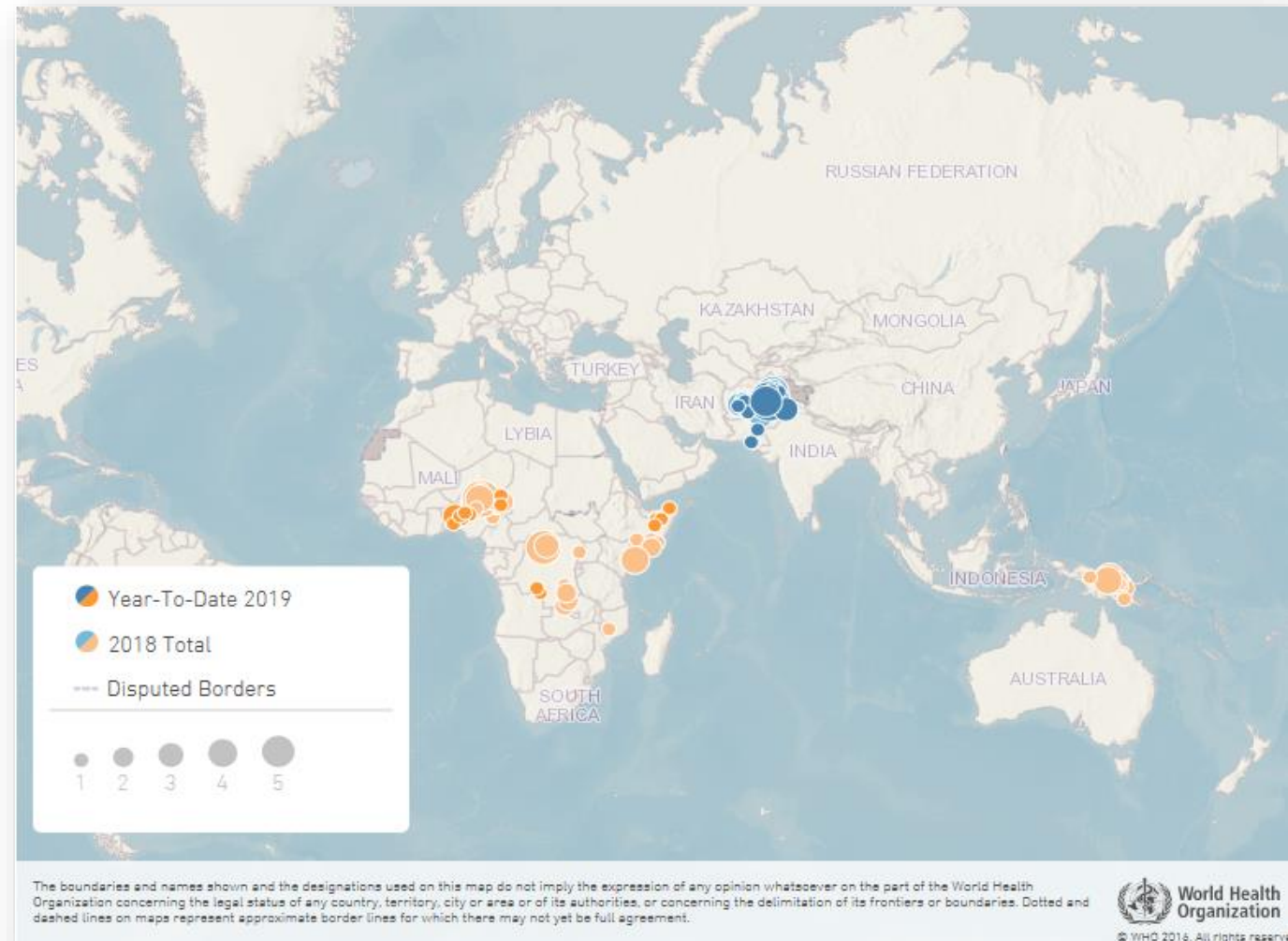
When it comes to vaccine misinformation, social media needs to be proactive in finding solutions

BY REP. AMI BERA (D-CALIF.) AND SETH BERKLEY, OPINION CONTRIBUTORS — 04/19/19 01:35 PM EDT
THE VIEWS EXPRESSED BY CONTRIBUTORS ARE THEIR OWN AND NOT THE VIEW OF THE HILL



Polio eradication status

- 34 wild polio cases to date this year, compared to 33 in whole of 2018 – 26 in Pakistan alone (vs. 3 in all of 2018)
- Vaccine-derived polio cases in seven countries already in 2019:
 - Angola
 - Central African Republic
 - DR Congo
 - Ethiopia
 - Niger
 - Nigeria
 - Somalia
- Growing Gavi-GPEI collaboration to strengthen routine immunisation
- Gavi CEO now on Polio Oversight Board



Source: GPEI, 22 June 2019

Typhoid Conjugate Vaccine (TCV)

First data from large-scale TCV efficacy trial

- Interim analysis from site in Nepal estimated 82% vaccine efficacy
- Bangladesh and Malawi data available in 6-12 months

Initial roll-out of TCV with Gavi support - strong demand

- Zimbabwe - First Gavi-supported non-trial TCV use in Africa. 325,000 people vaccinated in response to outbreak in Harare
- Pakistan - large outbreak of extremely drug-resistant disease; first Gavi-supported routine TCV introduction – phase 1 scheduled for Q4 in 2019



Malaria pilots launched

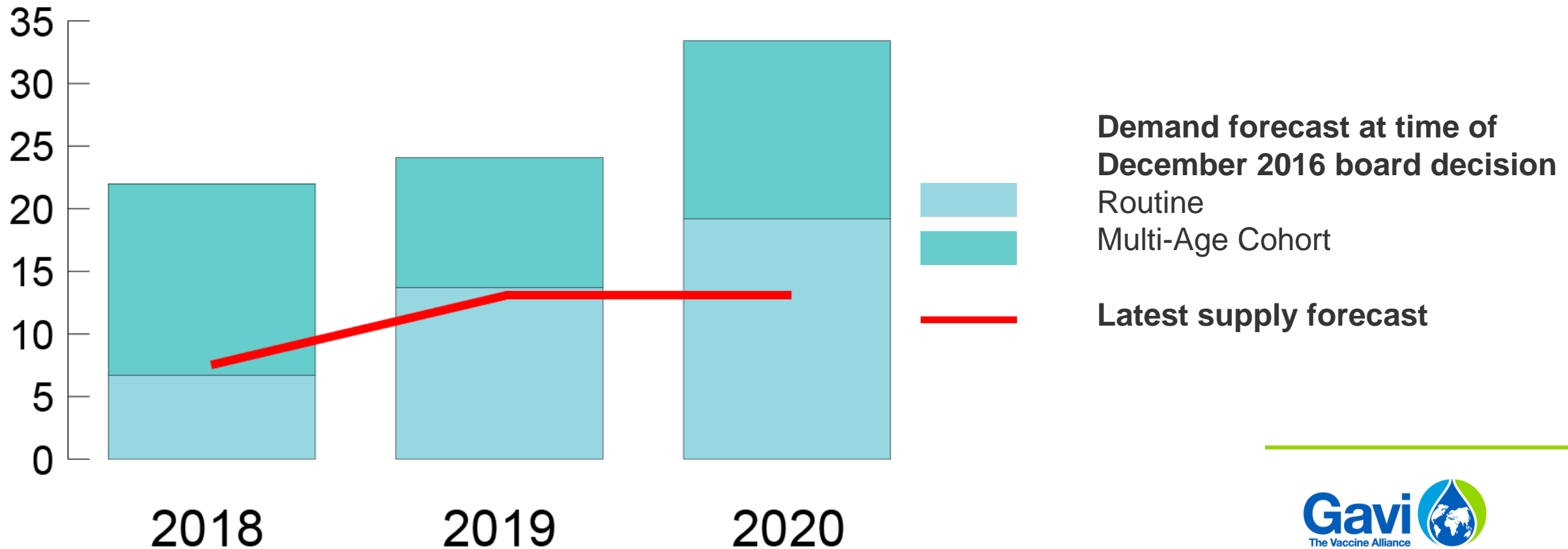
- First pilots of RTS,S malaria vaccine launched in Malawi and Ghana; Kenya launching soon
- Will test impact, cost-effectiveness and safety in real-world setting, and feasibility of 4-dose schedule
- Data will inform initial WHO policy recommendation on broader use of RTS,S/AS01 as early as 2021 based on safety data
- Board to decide on funding for second phase in December



Credit: WHO / M. Nieuwenhof

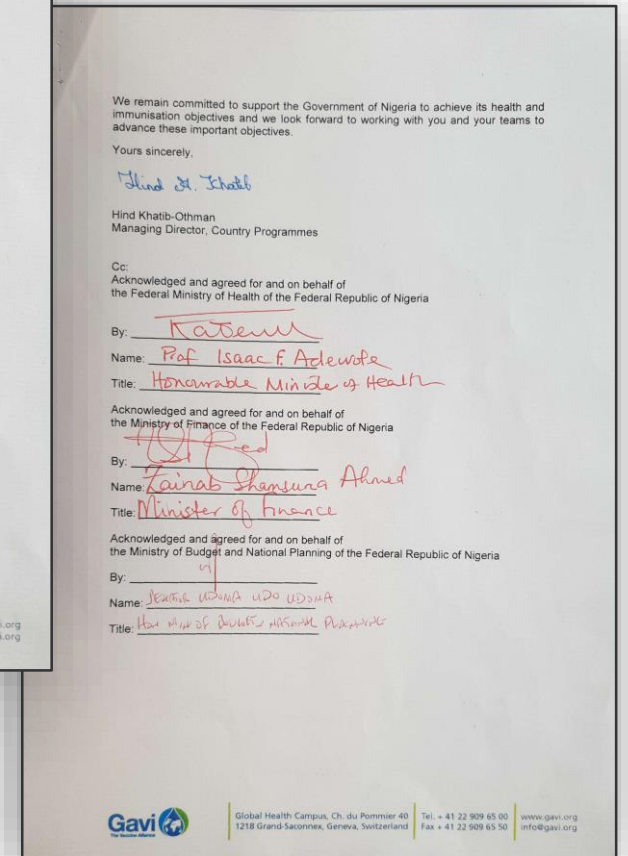
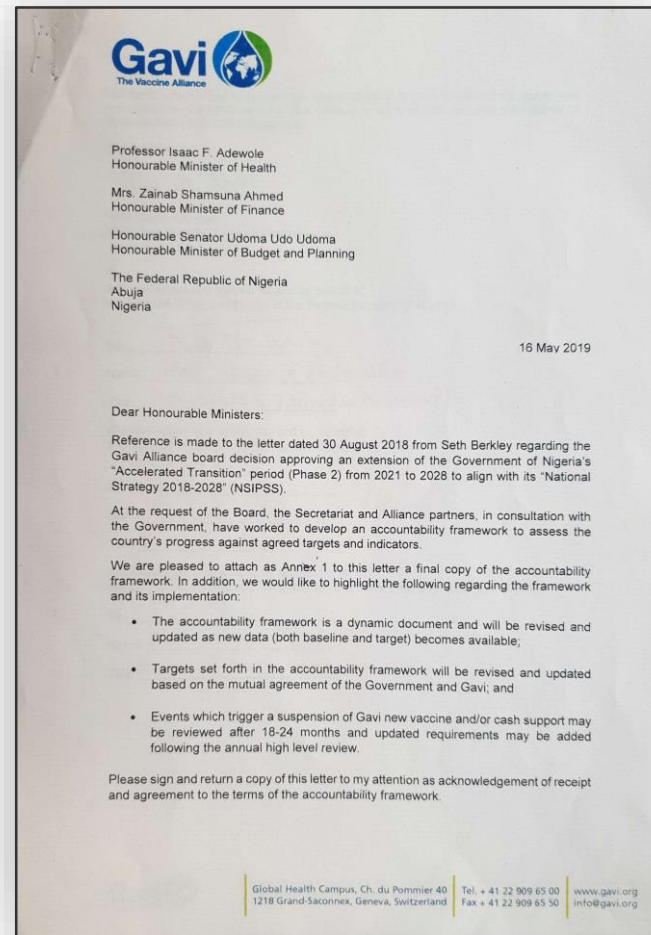
HPV supply constraints continue to delay vaccine scale-up

Million doses



Nigeria: Progress

- **Accountability Framework signed by Ministers of Health, Finance, and Budget and Planning**
- **Applications approved for measles second dose; yellow fever, Meningitis A and measles campaigns; HSS phase I and CCEOP**
- **Survey data shows rise in Penta 3 coverage, from 33% (MICS/NICS 2016) to 50.9% (DHS 2018)**



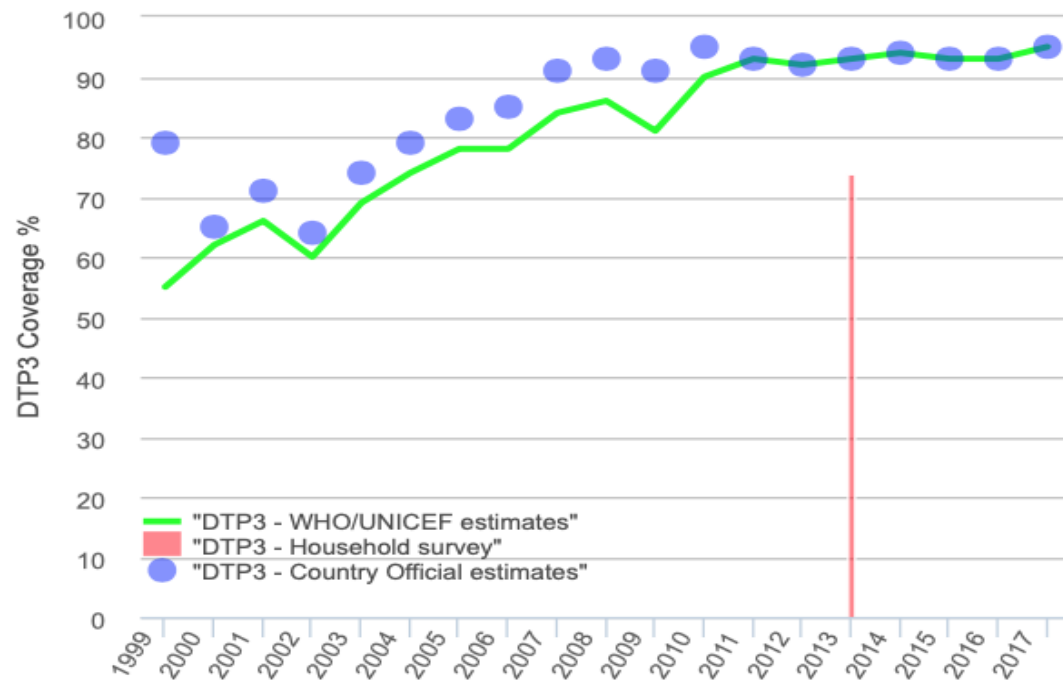
Syrian Arab Republic now Gavi-eligible

- Continued crisis
 - 5.6M children need humanitarian assistance; ~0.5 M in hard-to-reach camps
 - UNHCR report (2019): Syria single largest source of refugees – 6.7 million of 70 million worldwide
- Through Gavi support, partners aimed to vaccinate ~3M children (<5y) in Syria during World Immunisation Week in end April 2019
- Complex negotiations with the Government on future support



Sudan: success at risk?

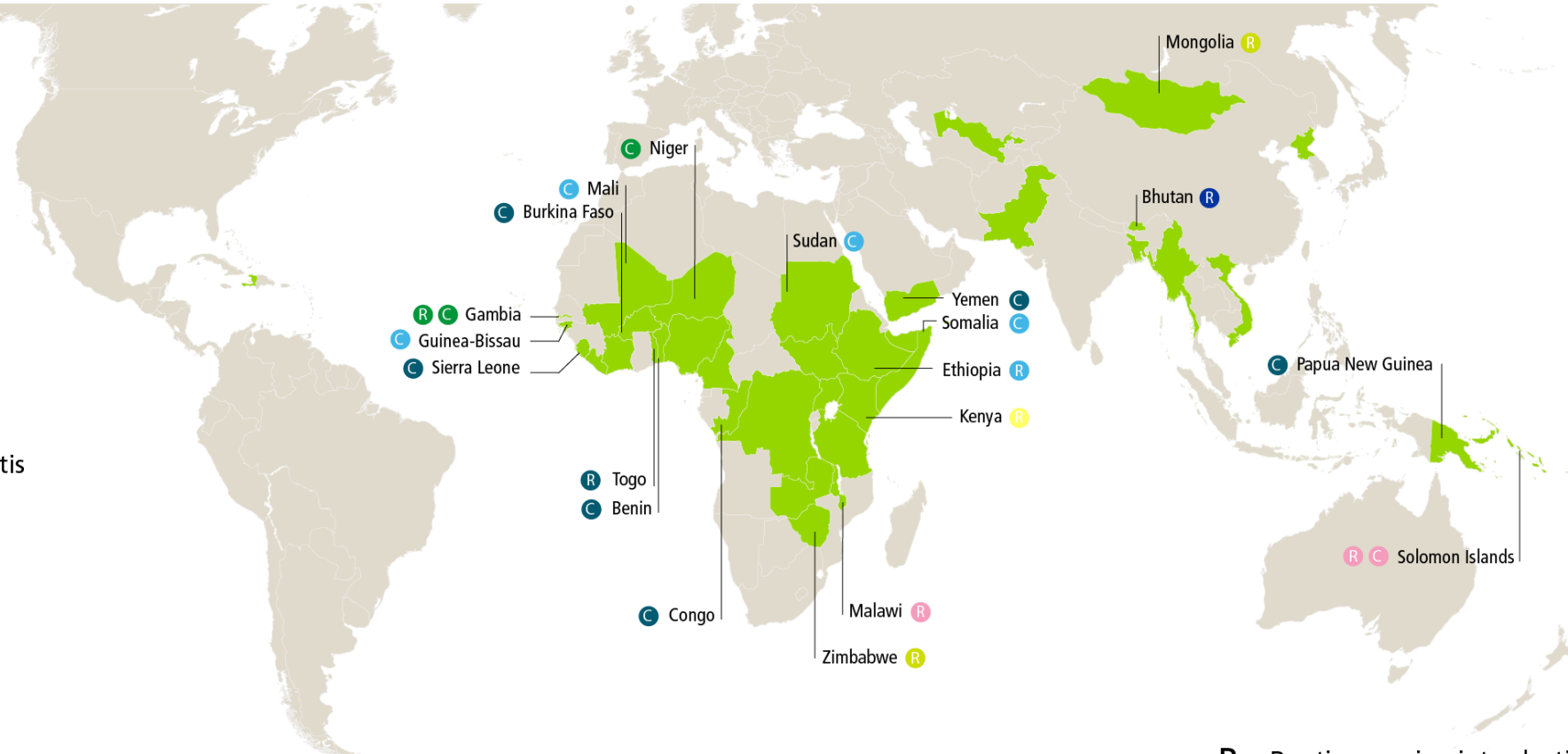
- High-performing country, with DTP3 coverage rising from 62% in 2000 to 95% in 2017
- Was on track for transition in 2025 but political unrest and violence may put performance at risk



Credit: CNN

Vaccine introductions

- Typhoid
- Pneumococcal
- Rotavirus
- Measles
- Meningitis A
- Measles-rubella
- Human papillomavirus
- Japanese encephalitis
- Inactivated polio
- Yellow fever

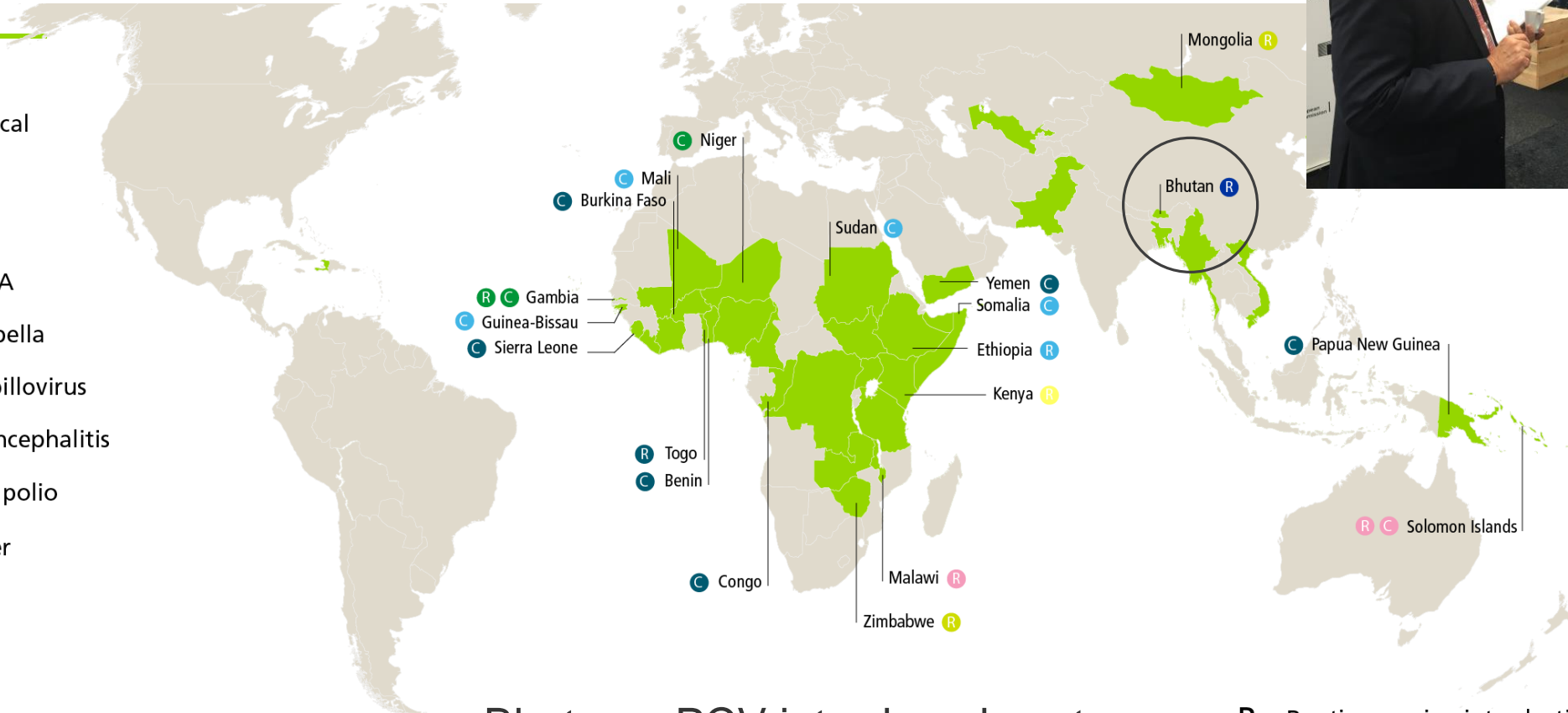


R Routine vaccine introduction
C Immunisation campaign

20 vaccine introductions to date in 2019

Vaccine introductions

- Typhoid
- Pneumococcal
- Rotavirus
- Measles
- Meningitis A
- Measles-rubella
- Human papillomavirus
- Japanese encephalitis
- Inactivated polio
- Yellow fever



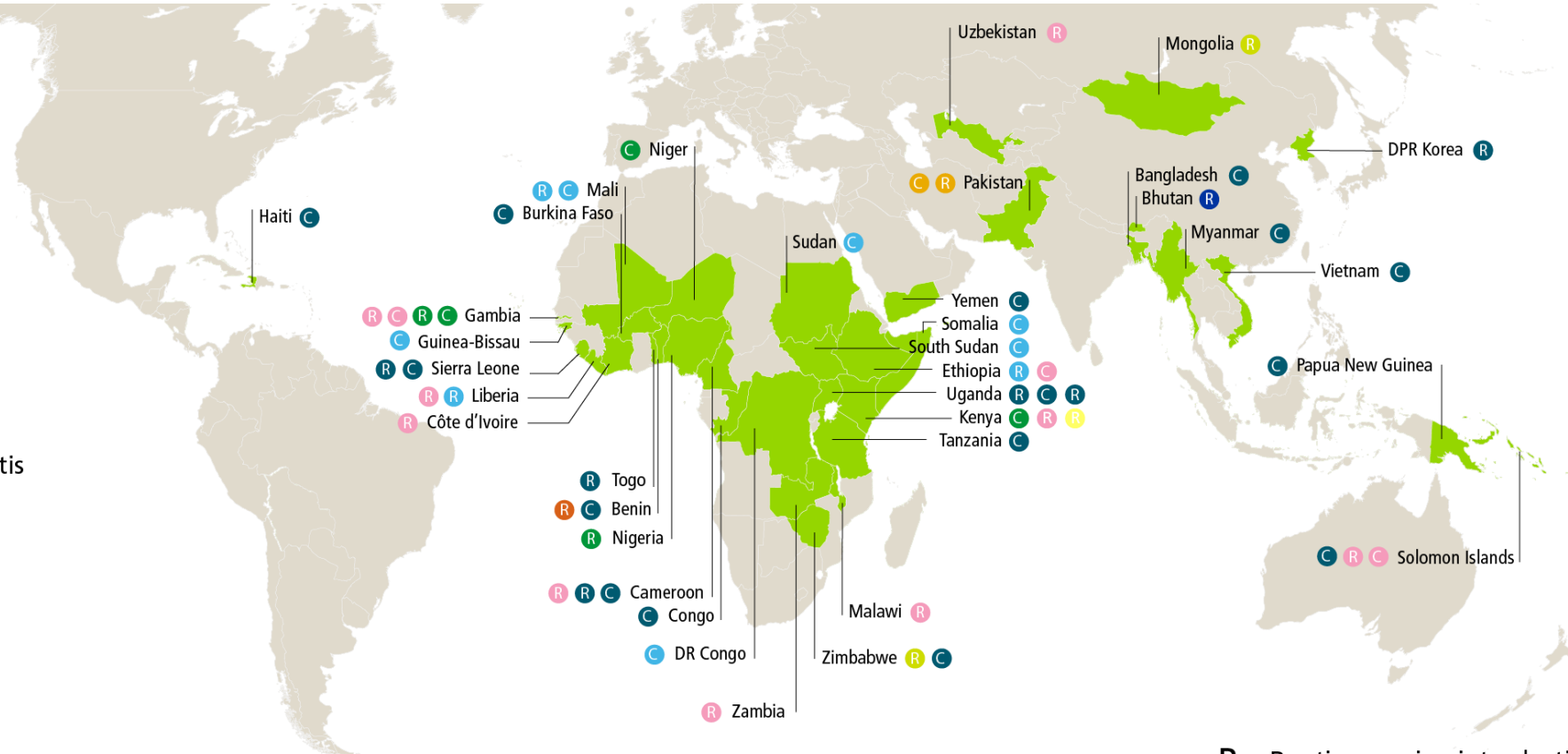
20 vaccine introductions to date in 2019

Bhutan – PCV introduced post-transition with catalytic support

- R Routine vaccine introduction
- C Immunisation campaign

Vaccine introductions

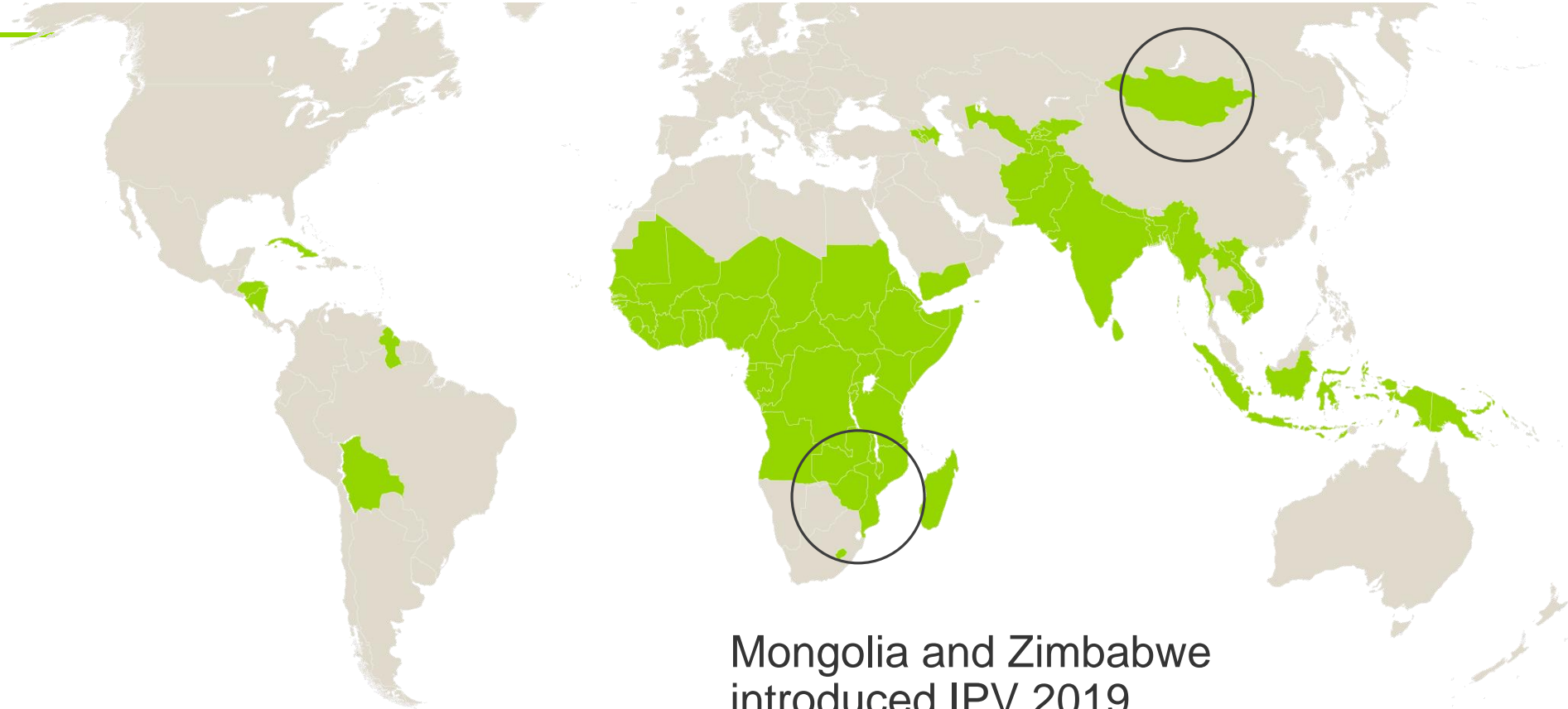
- Typhoid
- Pneumococcal
- Rotavirus
- Measles
- Meningitis A
- Measles-rubella
- Human papillovirus
- Japanese encephalitis
- Inactivated polio
- Yellow fever



R Routine vaccine introduction
C Immunisation campaign

~35 vaccine introductions to follow in 2019

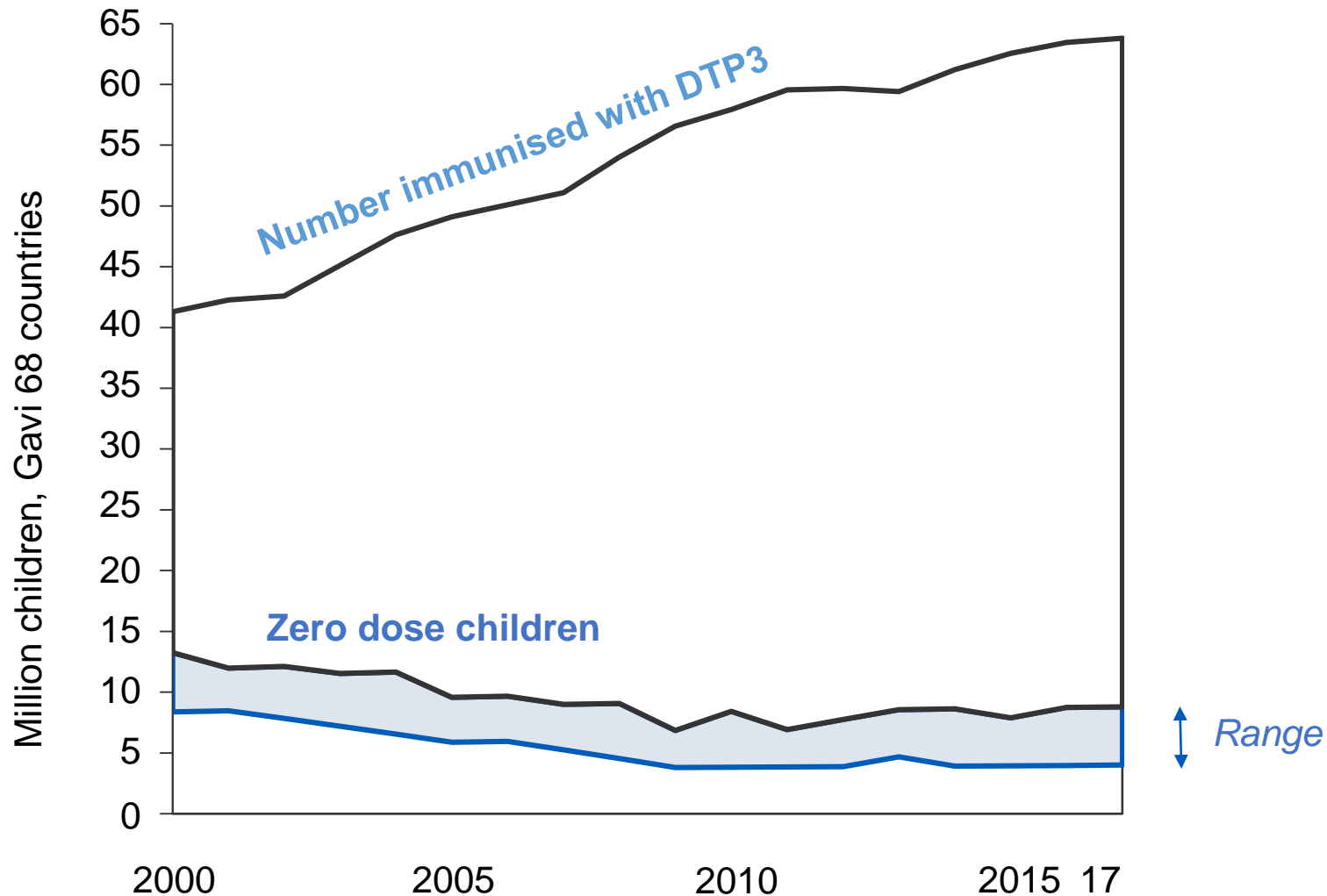
Vaccine introductions



Mongolia and Zimbabwe
introduced IPV 2019

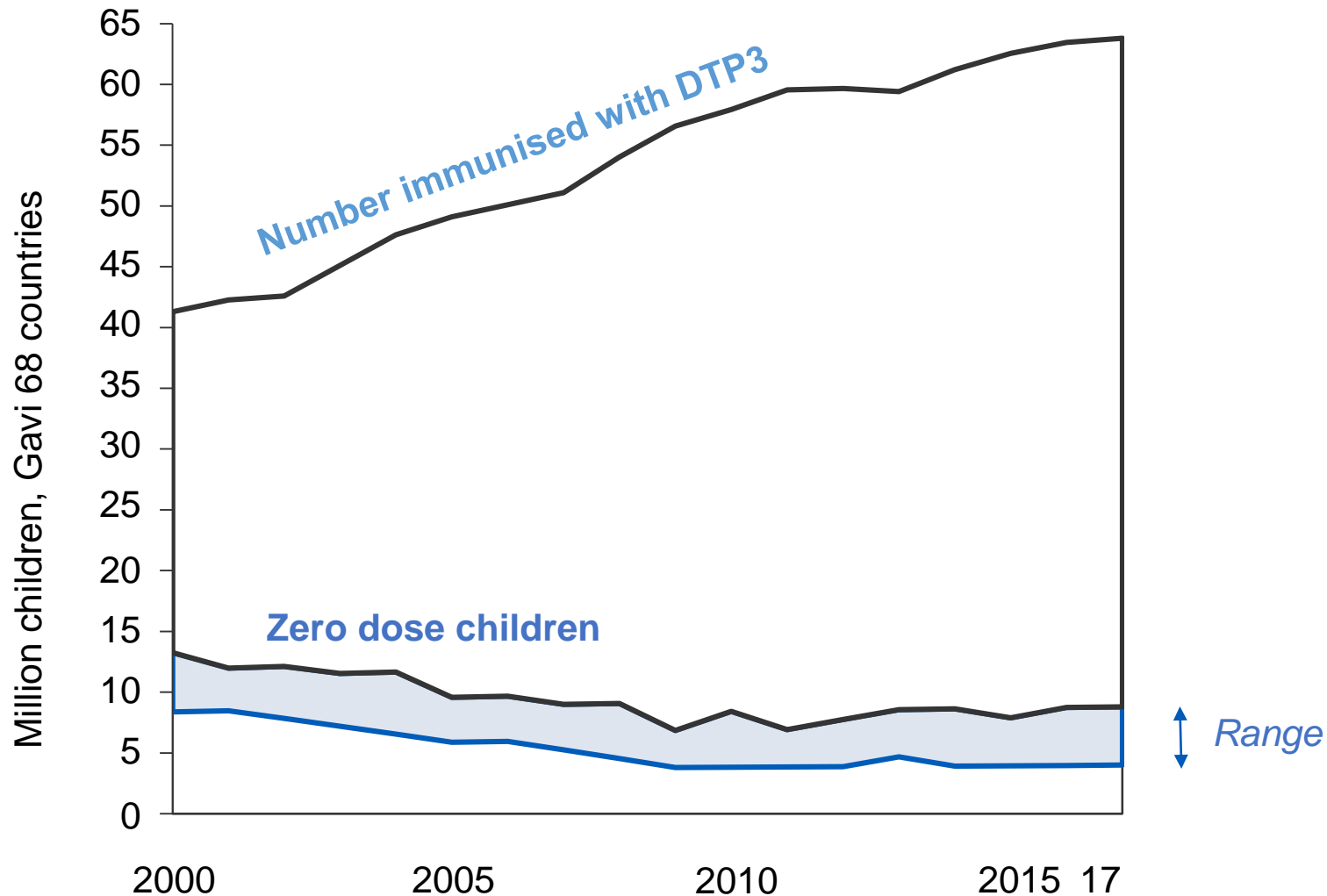
All 73 Gavi-supported
countries now introduced IPV

Coverage & equity: Reaching more children but struggling to reach zero-dose



- 50% increase in number of children immunised with DTP3 since 2000, and a 40% reduction in number of under-immunised despite population growth

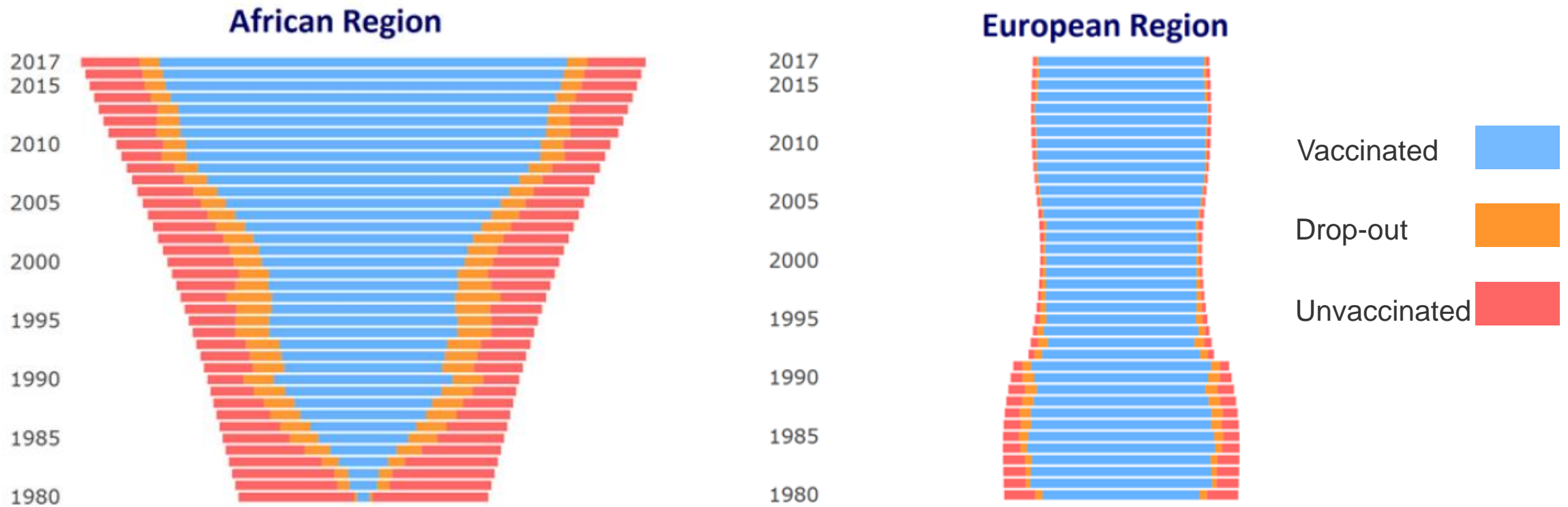
Coverage & equity: Reaching more children but struggling to reach zero-dose



- 50% increase in number of children immunised with DTP3 since 2000, and a 40% reduction in number of under-immunised despite population growth
- Number of zero dose stagnant - key challenge for Gavi 5.0

Population growth outpaces vaccine coverage increase: coverage 'plateau' in Africa

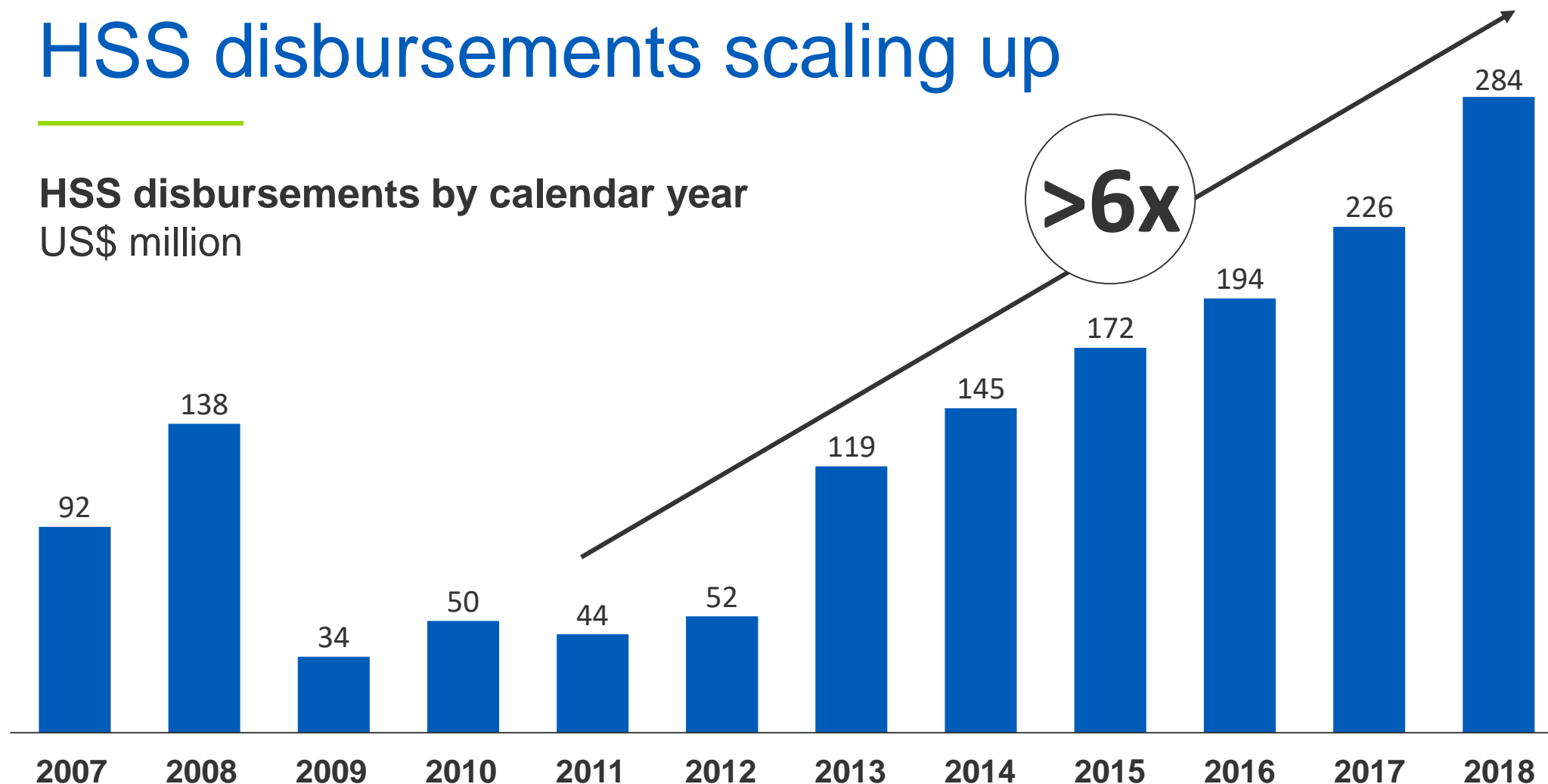
Target population and vaccinated by WHO region over time



Source: Katherine O'Brien, WHO IVB

HSS disbursements scaling up

HSS disbursements by calendar year
US\$ million



HSS impact in fragile context: Central African Republic

- **New HSS grant began in 2017** with focus on improving service delivery and supervision, supported by increased TCA
- **Strong leadership from Minister** and robust partnership among Alliance partners
- Preliminary survey results indicate improvement in coverage, with admin coverage **increasing by 20pp to 74%** between 2017 and 2018
- Now **equipping 50% of facilities with cold chain** to offer regular immunisation services (from 20% equipped today)

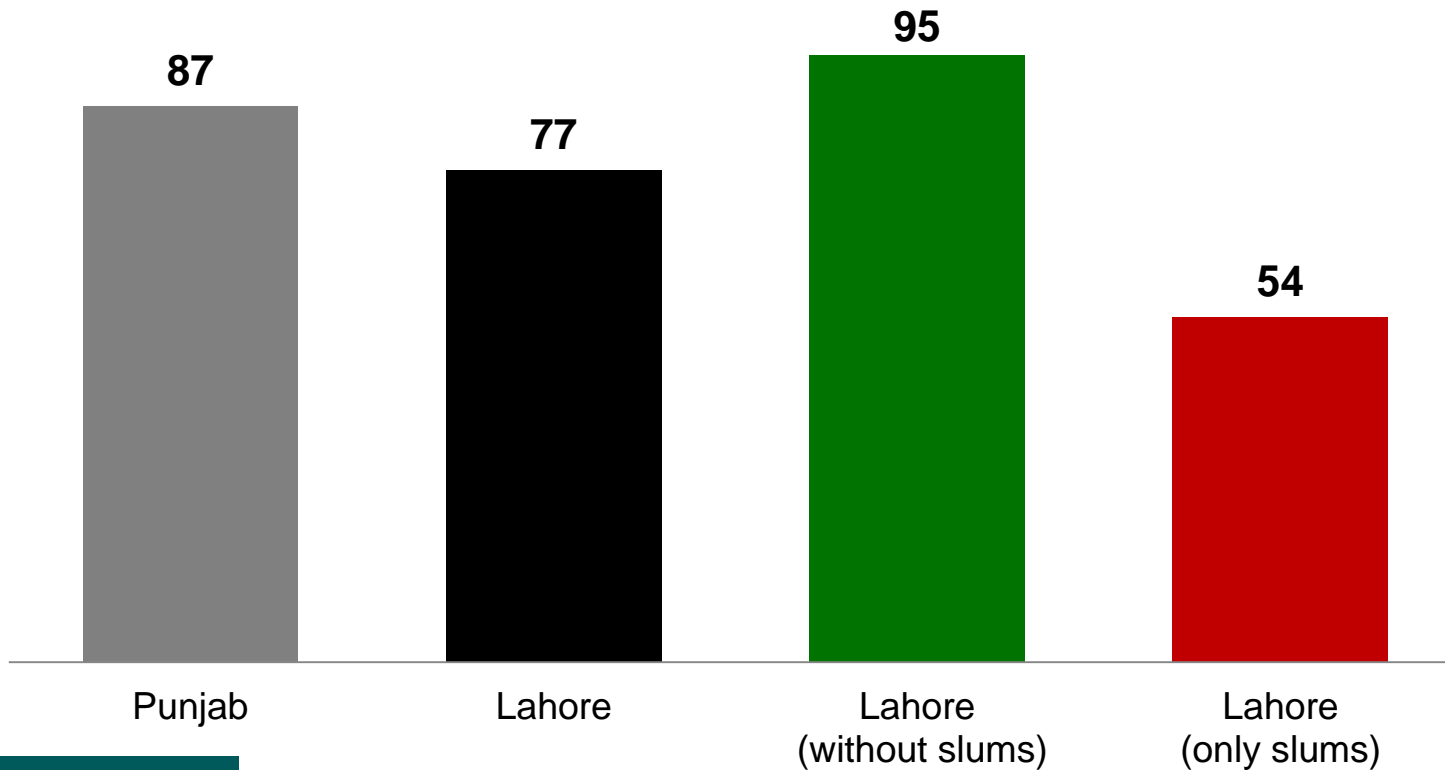


Credit: MSF

Pakistan: Reaching unreached in urban slums

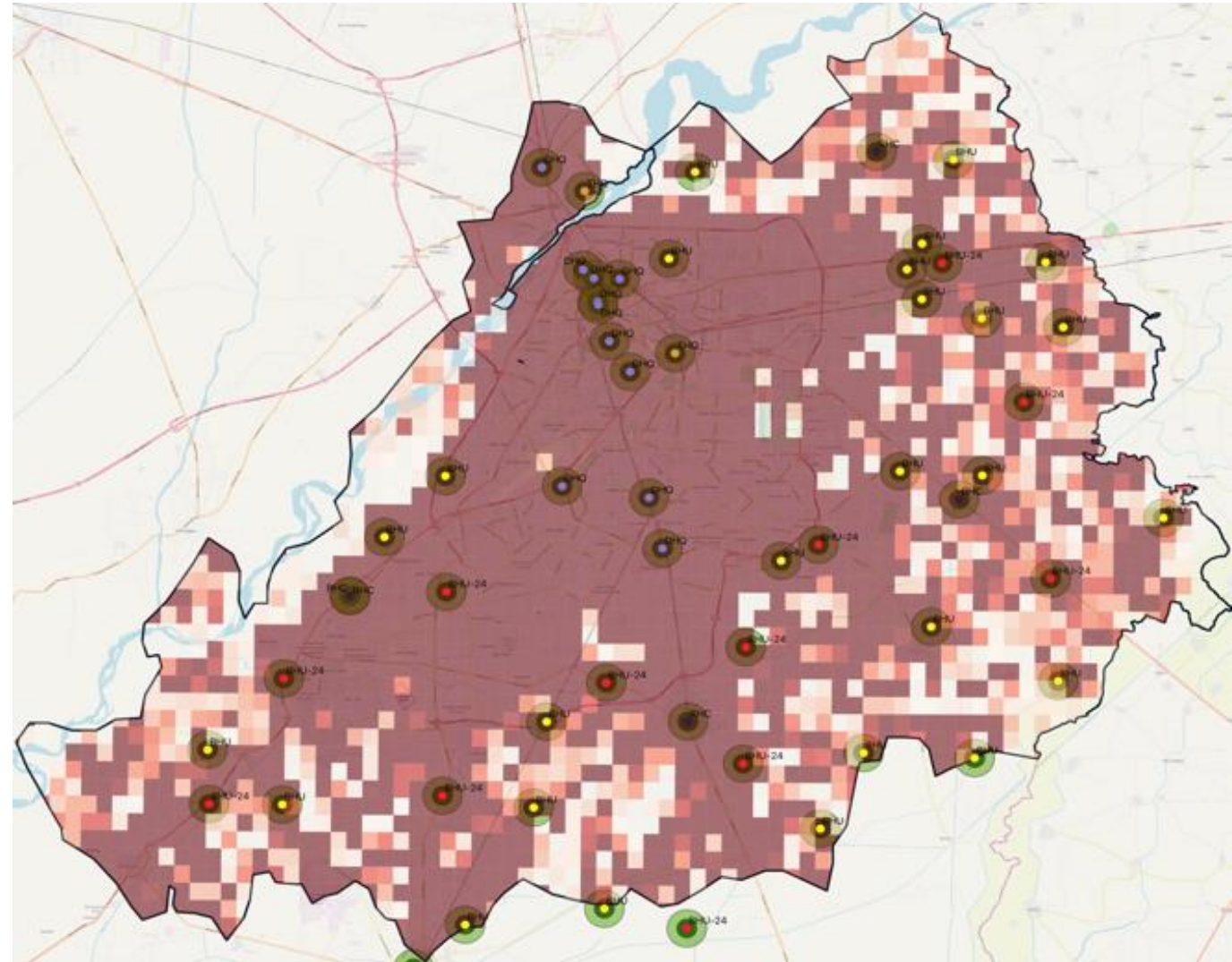
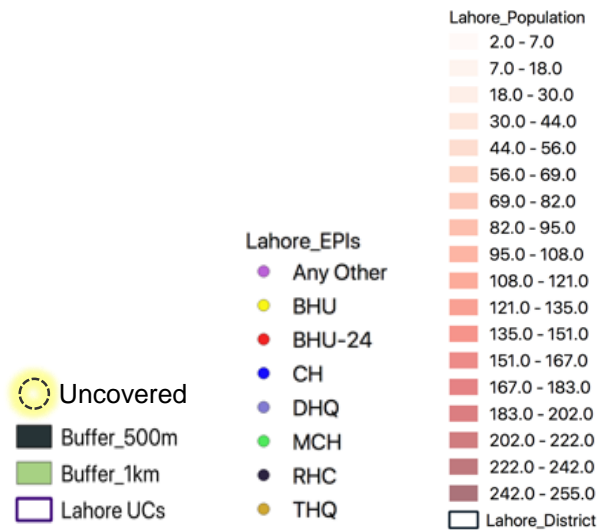
Children in slums are least likely to be immunised

Penta 3 coverage %



Pakistan: Reaching unreached in urban slums

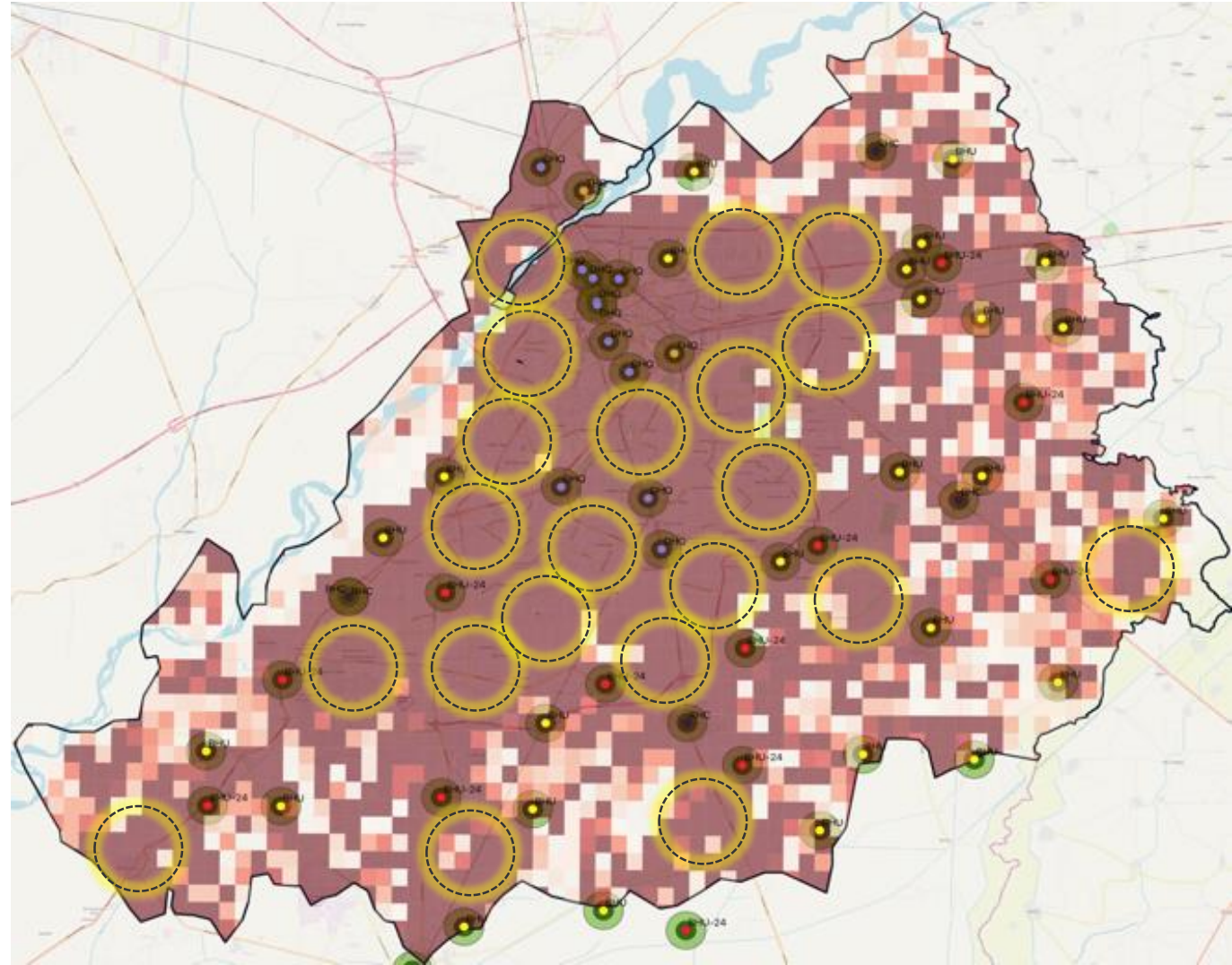
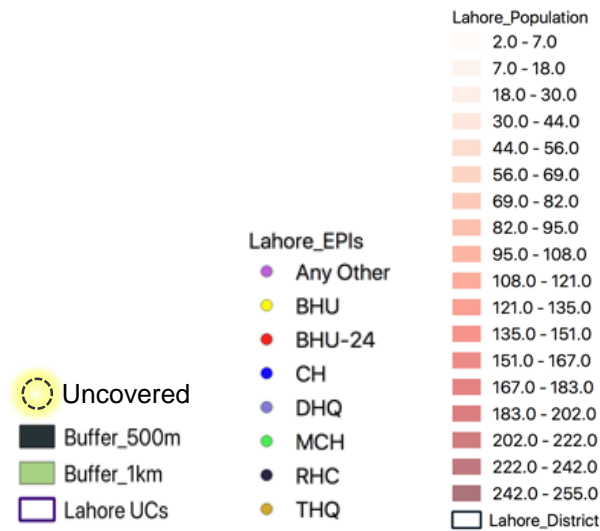
In Lahore, many large, densely populated areas are poorly covered by public facilities



Note: Fixed sites shown on map do not include EPI fixed sites as currently their coordinates are unavailable Source: Roadmap Team analyses, MEA data, Evaccs Dec 2018 data, Landscan

Pakistan: Reaching unreached in urban slums

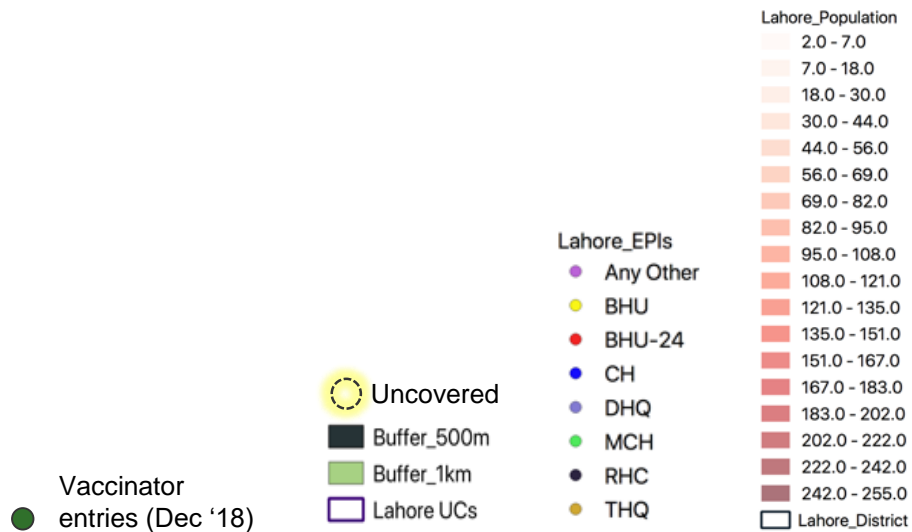
In Lahore, many large, densely populated areas are poorly covered by public facilities



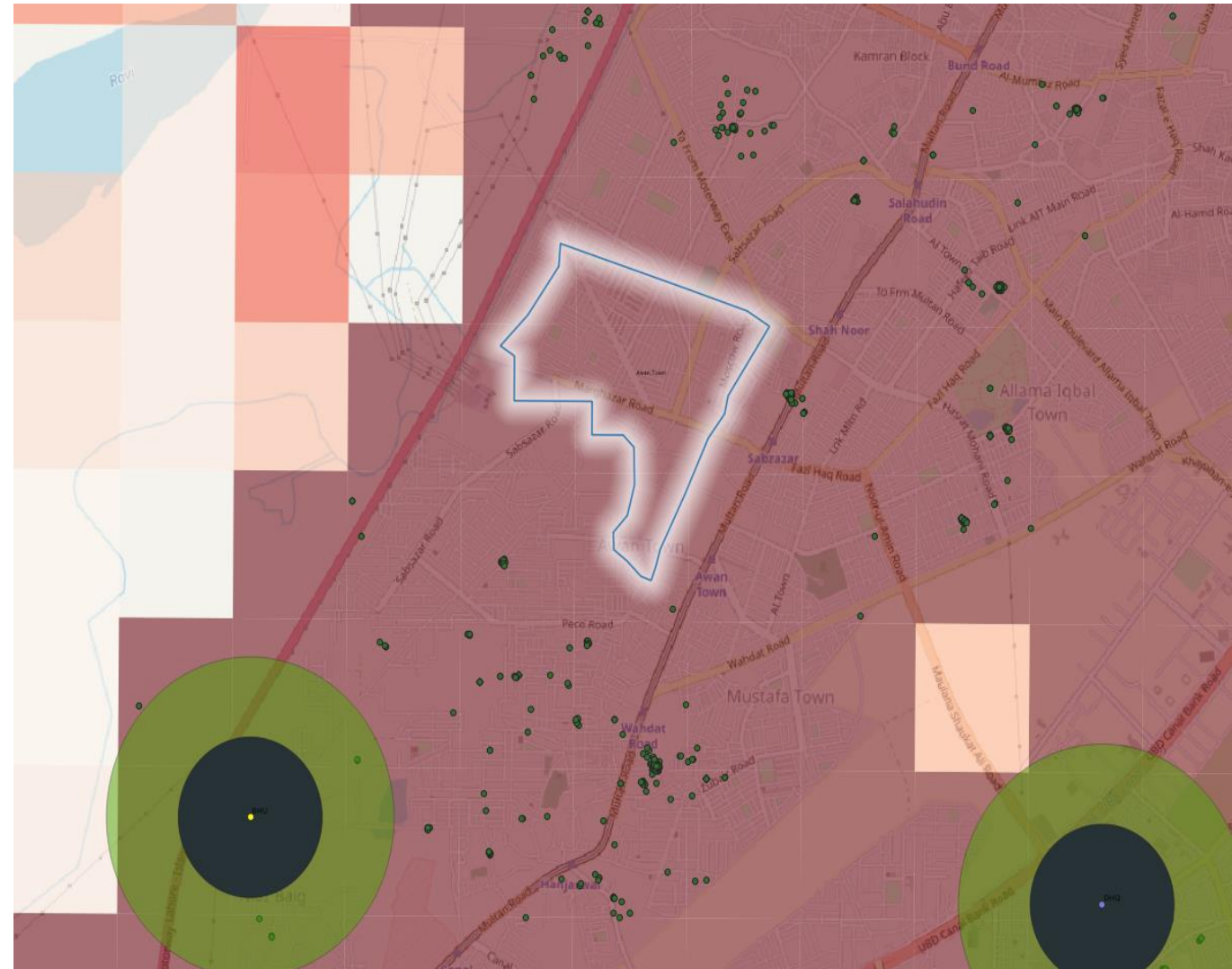
Note: Fixed sites shown on map do not include EPI fixed sites as currently their coordinates are unavailable Source: Roadmap Team analyses, MEA data, Evaccs Dec 2018 data, Landscan

Pakistan: Reaching unreached in urban slums

Example of a poorly-served Urban Centre with a large slum

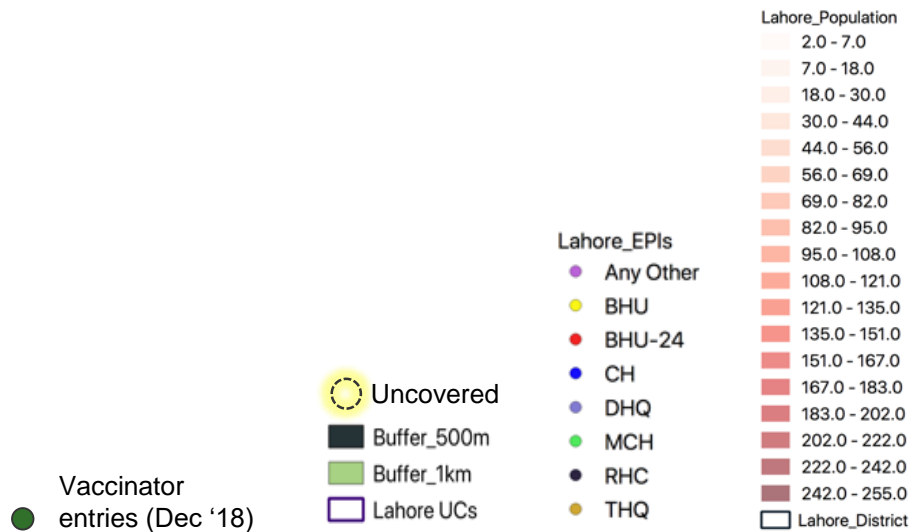


Note: Fixed sites shown on map do not include EPI fixed sites as currently their coordinates are unavailable Source: Roadmap Team analyses, MEA data, Evaccs Dec 2018 data, Landscan

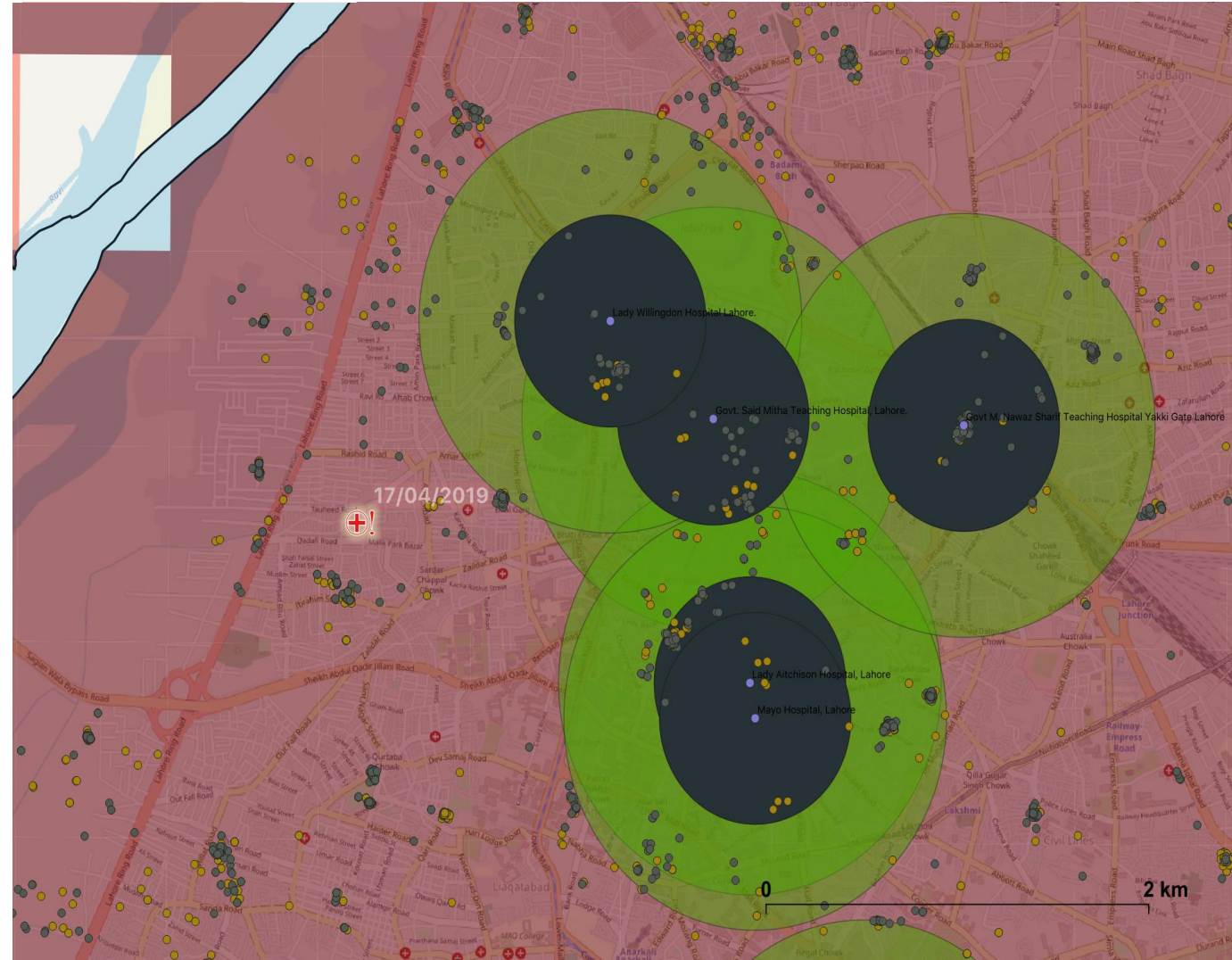


Pakistan: Reaching unreached in urban slums

Lahore: polio case occurs outside served areas



Note: Fixed sites shown on map do not include EPI fixed sites as currently their coordinates are unavailable Source: Roadmap Team analyses, MEA data, Evaccs Dec 2018 data, Landscan

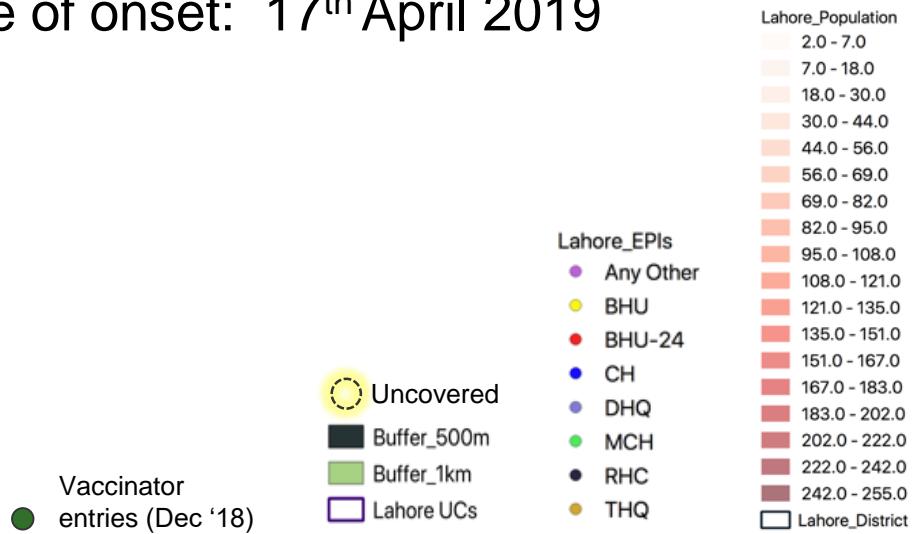


Pakistan: Reaching unreached in urban slums

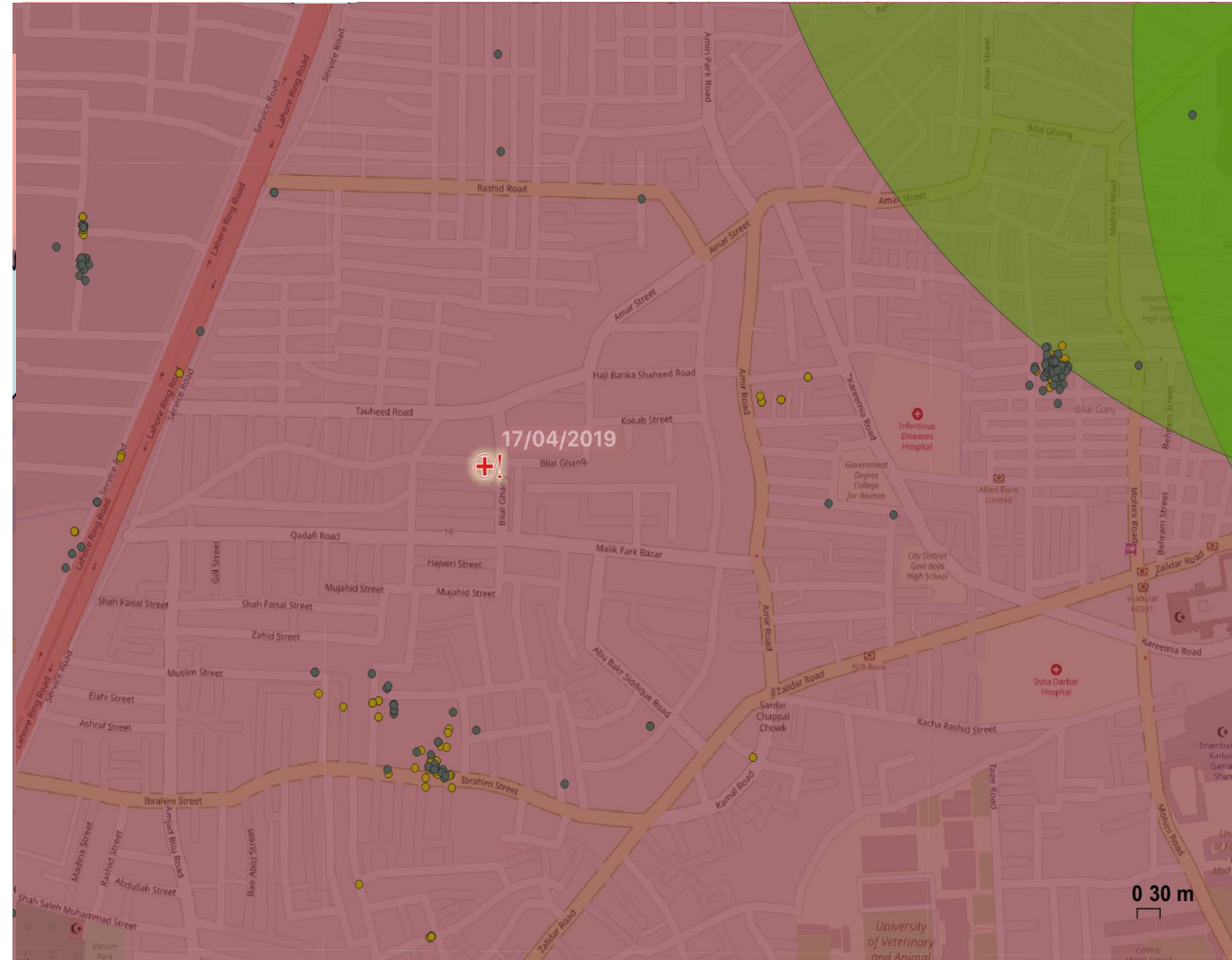
Lahore: polio case occurs outside served areas

(Zoomed)

Date of onset: 17th April 2019



Note: Fixed sites shown on map do not include EPI fixed sites as currently their coordinates are unavailable Source: Roadmap Team analyses, MEA data, Evaccs Dec 2018 data, Landscan



Pakistan: Reaching unreached in urban slums

Granular micro-plans needed to ensure adequate service delivery and reach the unreached

Example digital map of DG Khan



Source: Roadmap Team analyses, and EPI

Unilever partnership demonstrates importance of demand for C&E

- ‘Successful Start’ partnership to educate parents and make immunisation core component of successful parenting
- Initial roll-out in two low performing districts engaged 44,000 households in two districts (2.4M population)
- Scale-up begins in July to a further 580,000 households in 14 districts (>15M population)



Unilever partnership demonstrates importance of demand for C&E

- ‘Successful Start’ partnership to educate parents and make immunisation core component of successful parenting
- Initial roll-out in two low performing districts engaged 44,000 households in two districts (2.4M population)
- Scale-up begins in July to a further 580,000 households in 14 districts (>15M population)



Growing use of drones for immunisation



Ghana: Four distribution centres providing vaccines to over 2,000 health facilities over four years; 600 flights a day, operating 24/7 to serve 12 million citizens



Credit: Isaac Griberg / GAVI



Credit: Isaac Griberg / GAVI

<p>Vision</p>	 <h2>Leaving no-one behind with immunisation</h2>			
<p>Mission 2025</p>	<p>To save lives and protect people's health by increasing coverage and equitable use of vaccines</p>	<p>Mission indicators</p>	<ul style="list-style-type: none"> • Child mortality reduction tbd • Lives saved tbd • Future DALYs averted tbd • People (male & female) vaccinated with Gavi support across the life course tbd • People vaccinated with Gavi support against outbreak-prone diseases tbd • Economic benefits unlocked tbd 	
<p>Principles</p>	<ul style="list-style-type: none"> • Missed communities, first priority: Prioritise children missing out on vaccination including among migrants, displaced and other vulnerable populations • Gender focused: Apply a gender lens to removing barriers for immunisation • Country-led, sustainable: Bolster country leadership to sustainably deliver and finance immunisation • Community owned: Ensure community trust and confidence in vaccines by engaging communities in planning, implementation and oversight of immunisation • Differentiated: Target and tailor support to national and subnational needs including fragile contexts • Integrated: Strengthen immunisation as a foundation for integrated primary health care to reach unserved communities in support of universal health coverage • Adaptive, resilient: Help countries leverage immunisation to address the challenges of climate change, Global Health Security, antimicrobial resistance and other major global issues • Innovative: Identify and leverage innovative products, practices and services to reach everyone with immunisation • Collaborative, accountable: Collaborate across stakeholders to achieve the SDGs in a transparent, coordinated and accountable manner 			
<p>Goals</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 24%;"> <h3>1 INTRODUCE AND SCALE UP VACCINES</h3> </div> <div style="width: 24%;"> <h3>2 STRENGTHEN HEALTH SYSTEMS TO INCREASE EQUITY IN IMMUNISATION</h3> </div> <div style="width: 24%;"> <h3>3 IMPROVE SUSTAINABILITY OF IMMUNISATION PROGRAMMES</h3> </div> <div style="width: 24%;"> <h3>4 ENSURE HEALTHY MARKETS FOR VACCINES AND RELATED PRODUCTS</h3> </div> </div>			
<p>Objectives</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 24%;"> <ul style="list-style-type: none"> A Strengthen countries' prioritisation of vaccines appropriate to their context B Support countries to introduce and scale up coverage of vaccines for prevention of endemic and epidemic diseases C Enhance outbreak response through availability and strategic allocation of vaccine stockpiles </div> <div style="width: 24%;"> <ul style="list-style-type: none"> A Help countries extend immunisation services to regularly reach under-immunised and zero-dose children as a platform for stronger primary health care B Support countries to ensure immunisation services are well-managed, sustainable, harness innovation and meet the needs of all care givers C Work with countries and communities to build resilient demand, and to leverage gender to address immunisation barriers </div> <div style="width: 24%;"> <ul style="list-style-type: none"> A Strengthen national and subnational political and social commitment to immunisation B Promote prioritisation of domestic public resources for immunisation and primary health care to improve allocative efficiency C Prepare and engage self-financing countries to maintain or increase performance </div> <div style="width: 24%;"> <ul style="list-style-type: none"> A Ensure sustainable, healthy market dynamics for vaccines and immunisation-related products at affordable prices B Incentivise innovation for the development of suitable vaccines C Scale up innovative immunisation-related products </div> </div>			
<p>Enablers</p>	<ul style="list-style-type: none"> • Secure long-term predictable funding for Gavi programmes • Ensure global political commitment for immunisation, prevention and primary health care • Use evidence, evaluations and improved data for policies, programmes and accountability • Leverage the private sector, including through innovative finance mechanisms and partnerships 			

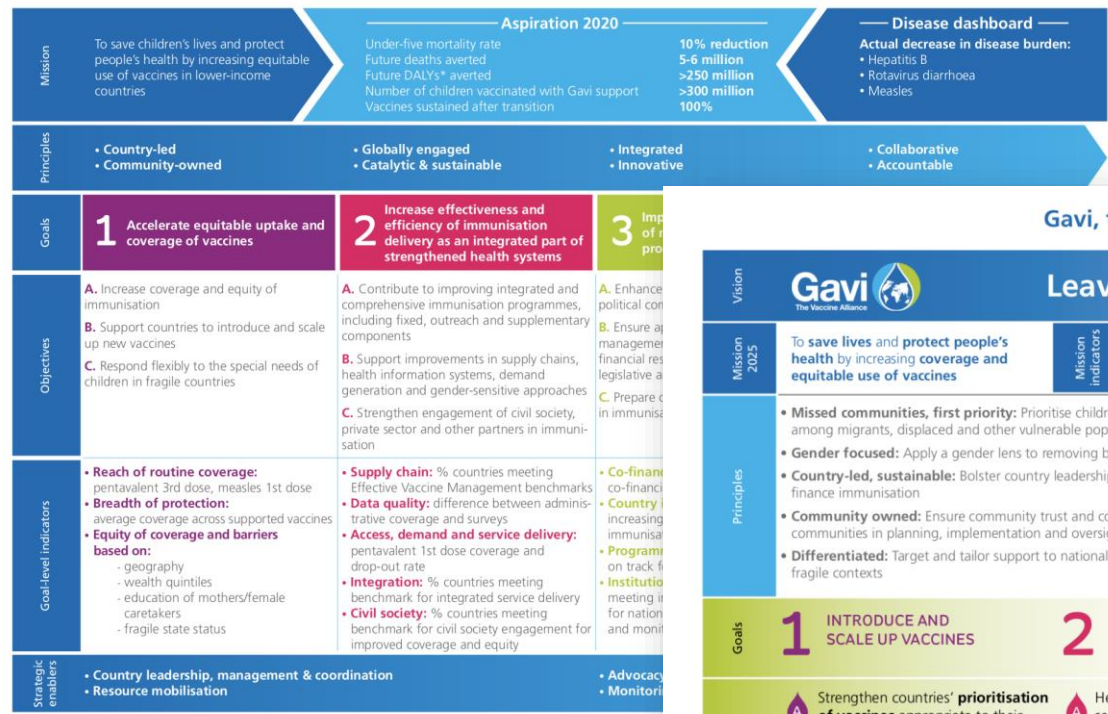
GAVI Alliance Strategy 2011-2015

Notes: All targets achievable with full funding
(Baseline values indicated in brackets refer to 2010)

Mission	To save children's lives and protect people's health by increasing access to immunisation in poor countries	Mission indicators: <ul style="list-style-type: none"> Under-five mortality rate in GAVI-supported countries: TARGET 2015: 68 per 1000 live births (78) Number of additional future deaths averted: TARGET 2011-15: 3.9 million (0) Number of children fully immunised with GAVI support: TARGET 2011-15: 243 million (0)
Operating principles	As a public-private partnership including civil society, the GAVI Alliance plays a catalytic role providing funding to countries and demonstrates "added-value" by:	<ol style="list-style-type: none"> Advocating for immunisation in the context of a broader set of cost-effective public health interventions Contributing to achieving the Millennium Development Goals (MDGs) Supporting national priorities, integrated delivery, budget processes and decision-making Focusing on innovation, efficiency, equity, performance and results Maximising cooperation and accountability among partners through the Secretariat Ensuring gender equity in all areas of engagement
Strategic goals	1 Accelerate the uptake and use of underused and new vaccines	2 Contribute to strengthening the capacity of integrated health systems to deliver immunisation
Strategic goals		3 Increase the predictability of global financing and improve the sustainability of national
Strategic goals		4 Shape vaccine markets

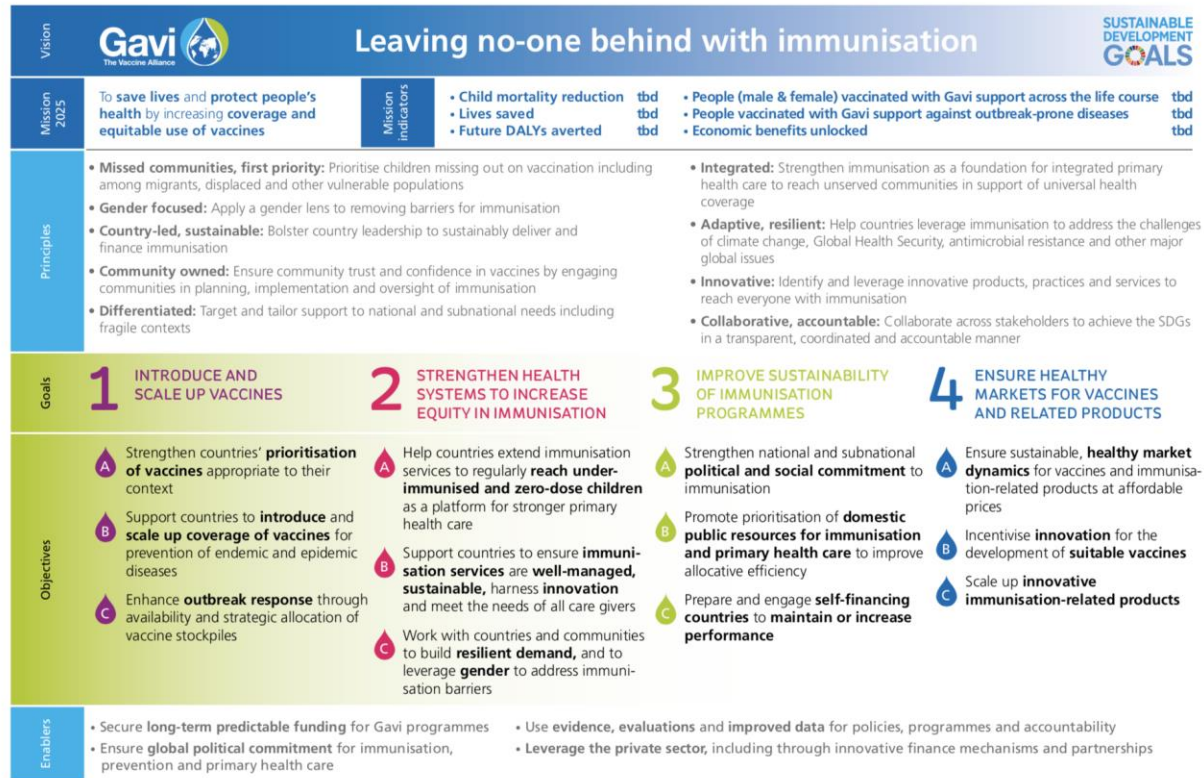
Goal-level indicators	<ul style="list-style-type: none"> Country introductions of underused and new vaccines: number of GAVI-supported countries introducing underused and new vaccines TARGET 2015: Pentavalent: 69 (62), Pneumo: 45 (3), Rota: 33 (4) Coverage of underused and new vaccines: coverage of underused and new vaccines in GAVI-supported countries (% of target population) TARGET 2015: Pentavalent: 77% (39%), Pneumo: 40% (1%), Rota last dose: 31% (1%) 	<ul style="list-style-type: none"> Drop-out rate: percentage point drop out between DTP1 and DTP3 coverage TARGET 2015: 10 (12) DTP3 coverage: % of surviving infants receiving 3 doses of DTP-containing vaccine TARGET 2015: 81% (75%) Measles First Dose (MCV1) coverage: TARGET 2015: increased coverage (76%) Equity in immunisation coverage: % of GAVI-supported countries where DTP3 coverage in the lowest wealth quintile is +/- 20% points of the coverage in the highest wealth quintile TARGET 2015: 62% (51%)
Strategic objectives	<ol style="list-style-type: none"> Increase evidence-based decision-making by countries Strengthen country introduction to help meet demand 	<ol style="list-style-type: none"> Contribute to the resolving of the major constraints to delivering immunisation Increase equity in access to services Strengthen civil society engagement in the health sector
Cross-cutting	<ul style="list-style-type: none"> Monitoring and Evaluation Advocacy, Communication and 	

Gavi, the Vaccine Alliance strategy, 2016-2020



* Disability-adjusted life years (DALYs) is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death.

Gavi, the Vaccine Alliance strategy 2021 - 2025



Gavi 5.0: the Alliance's 2021-25 strategy framework

Gavi 4.0 to Gavi 5.0: Key shifts



Leaving no one behind with immunisation

- Equity as organising principle – focus on zero-dose children
- More differentiated, tailored and targeted support for countries
- Enhanced focus on demand, communities and gender
- Strengthened approach to programmatic sustainability
- More systematic attention to preventing & responding to outbreaks
- More deliberate approach to innovation

Gavi 4.0 to 5.0 – Sustained impact in next period

Preliminary impact forecasts, 2021-2025

Maintaining impact despite country transitions:

~300 million

Children immunised

~7 million

Deaths averted

Newer vaccines preventing more deaths:

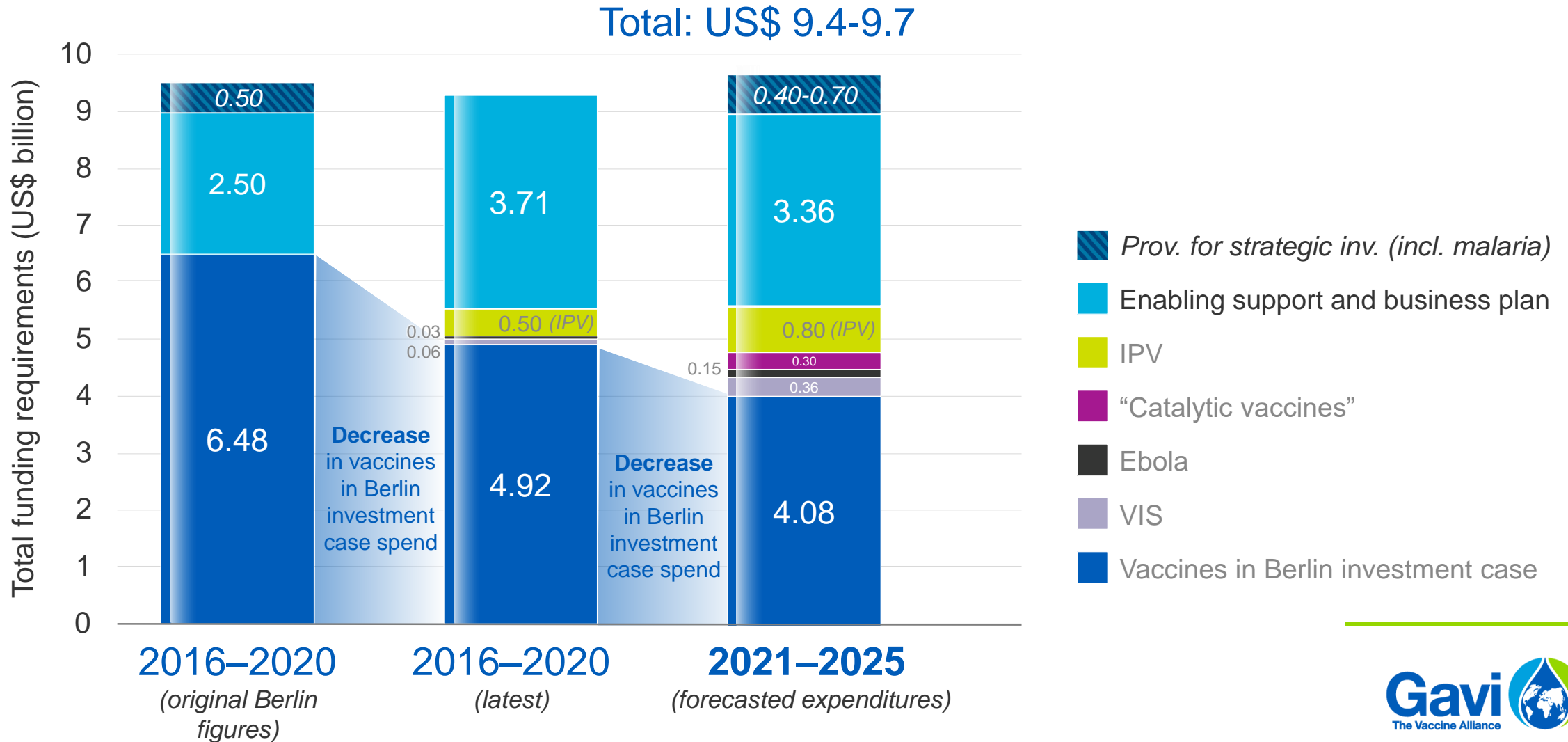
30-50%

More deaths averted from PCV and rotavirus

Significantly higher impact

From HPV

2021-2025 funding scenarios



Gavi 5.0 – Greater outcomes and value for money

Preliminary impact forecasts

Unique children immunised with Gavi support

2000-2017

~700 million

2018-2025

>400 million

Total: >1.1 billion

Deaths averted by 2025

2000-2017

10 million

2018-2025

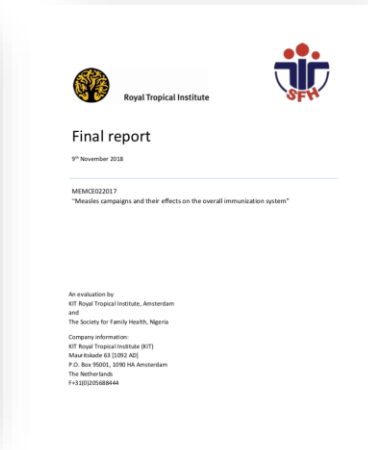
~12 million

Total: ~22 million

Gavi 4.0 evaluations: Learning to inform Gavi 5.0 strategy



PBF



Measles



CSO



HSS



CCEOP



GENDER

- “Review of Gavi’s **Performance-Based Funding** Component of its Health System Strengthening Support” (September 2018)
- “**Measles** campaigns and their effects on the overall immunization system” (November 2018)
- “Evaluation of Gavi’s Support to **Civil Society Organisations**” (November 2018)
- “Review of **Health System Strengthening** Support” (March 2019)
- “Evaluation of the **Cold Chain Equipment Optimization Platform**” (April 2019)
- “Evaluation of Gavi’s **Gender Policy**” (May 2019)

3.

ALLIANCE UPDATE



IFFIm update

Norway contributes NOK 600 million to IFFIm to fund CEPI's development of new vaccines for developing country epidemic diseases



The Islamic Development Bank Group (IsDB) invests US\$ 50 million in a Sukuk bond issued by IFFIm aimed at accelerating funding for immunisation efforts

Changes in partner Board leadership

Shanelle Hall
Former Deputy Executive Director

Omar Abdi
Deputy Executive Director for Programmes



unicef 



Changes in partner Board leadership

Tim Evans, Senior Director
Health, Nutrition and Population Global Practice

Muhammed Pate
Global Director for Health, Nutrition
and Population, and Director of Global
Financing Facility



Changes in partner Board leadership

Soumya Swaminathan
Chief Scientist

Peter Salama, Executive Director
Universal Health Coverage/ Life Course



Global Health Campus comes to life



Credit: Eric Bridiers / GAVI



Credit: GAVI



Credit: Jacques Schmitz / GAVI



Credit: Jacques Schmitz / GAVI

Retirement of long-serving senior staff



Hind Khatib-Othman
MD Country Programmes



Barry Greene
MD Finance & Operations

New Managing Director, Finance and Operations

Assietou Diouf

MD Finance & Operations



New Managing Director, Country Programmes

Thabani Maphosa
MD Country Programmes

Start: 1 September 2019

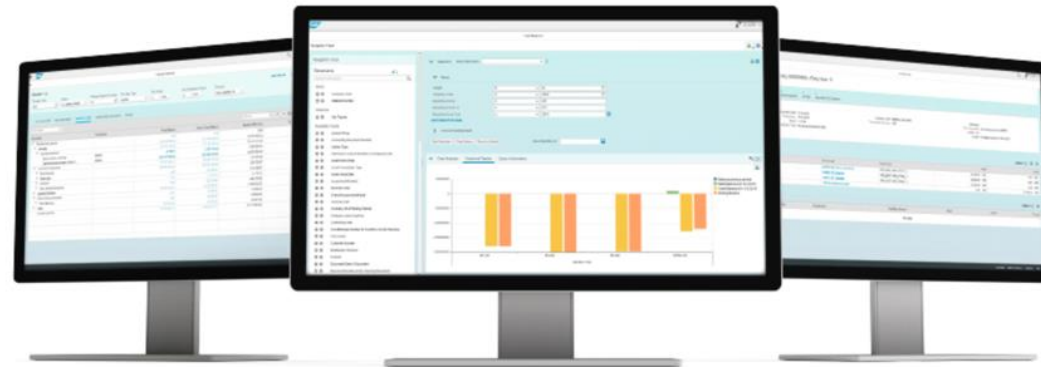


Updating Secretariat systems

Go live date for ERP phase 1 (SAP S/4HANA for Finance) – Oct. 2019
Multi-year Secretariat effort and investment



Engage a cloud-based finance ERP for
the digital age



4.

AGENDA FOR THIS MEETING



Our agenda

Board agenda

1. 2016-2020 Strategy: Progress, Challenges and Risks
2. Replenishment 2020
3. Road to Replenishment
4. Gavi 5.0: The Alliance's 2021-2025 Strategy
5. Gavi 5.0: Operationalising the Alliance's 2021-2025 Strategy
6. Review of the Strategy for Papua New Guinea
7. Co-financing arrangements for Inactivated Poliovirus Vaccine (IPV) post 2020
8. Committee Chair and IFFIm Board reports
9. Report from Audit & Investigations

Consent agenda

1. Delegation of Board Chair Recruitment to Governance Committee
2. Committee Chair appointments
3. Board/Committee member appointments
4. Appointment of Treasurer
5. Evaluation Advisory Committee Terms of Reference
6. Appeals Tribunal
7. Audit & Investigations Terms of Reference
8. Currency Hedging Policy
9. Gavi Evaluation Policy
10. Cold Chain Equipment Optimisation Platform
11. Financial Update



THANK YOU

