

CEO Board report

Seth Berkley, MD
Chief Executive Officer

GAVI Alliance Board meeting
Dar es Salaam, United Republic of Tanzania
4-5 December 2012



Tanzania – pneumococcal and rotavirus dual launch 6 December



Photo: Rift Valley Children's Fund-USA, Inc

100 millionth person vaccinated against meningitis A, Nigeria, week of 3 December



Photo: UNICEF/2012/Nigeria

China signals expansion of collaboration with GAVI – Beijing, 12 September

- Chinese Government's first high-level meeting with GAVI Alliance
- Minister of Health indicates interest in multilateral aid efforts in health.



Photo:GAVI/2012/China, 12 September

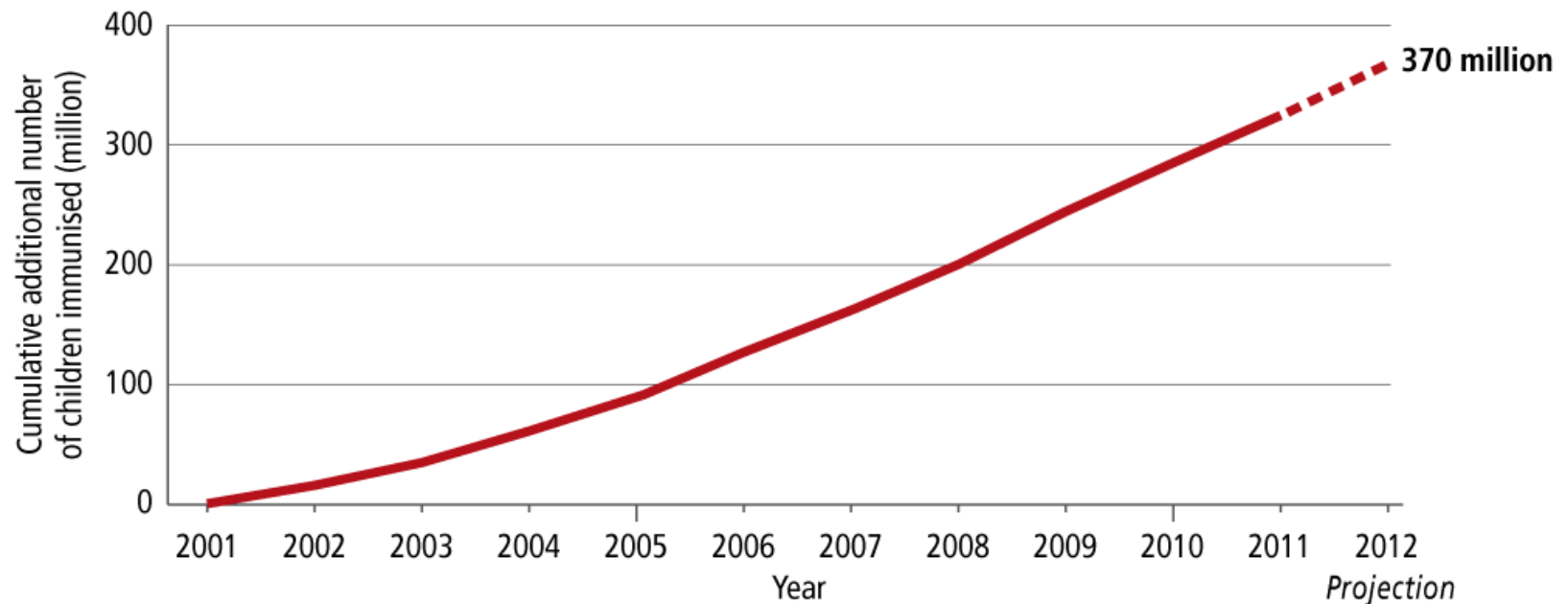
Minister of Health, Professor Chen Zhu

Resource mobilisation – priority outreach to Middle East

- Over half of children immunised with GAVI support 2000-2010 live in the 33 Organisation of Islamic Cooperation Member States
- GAVI's first publication in Arabic

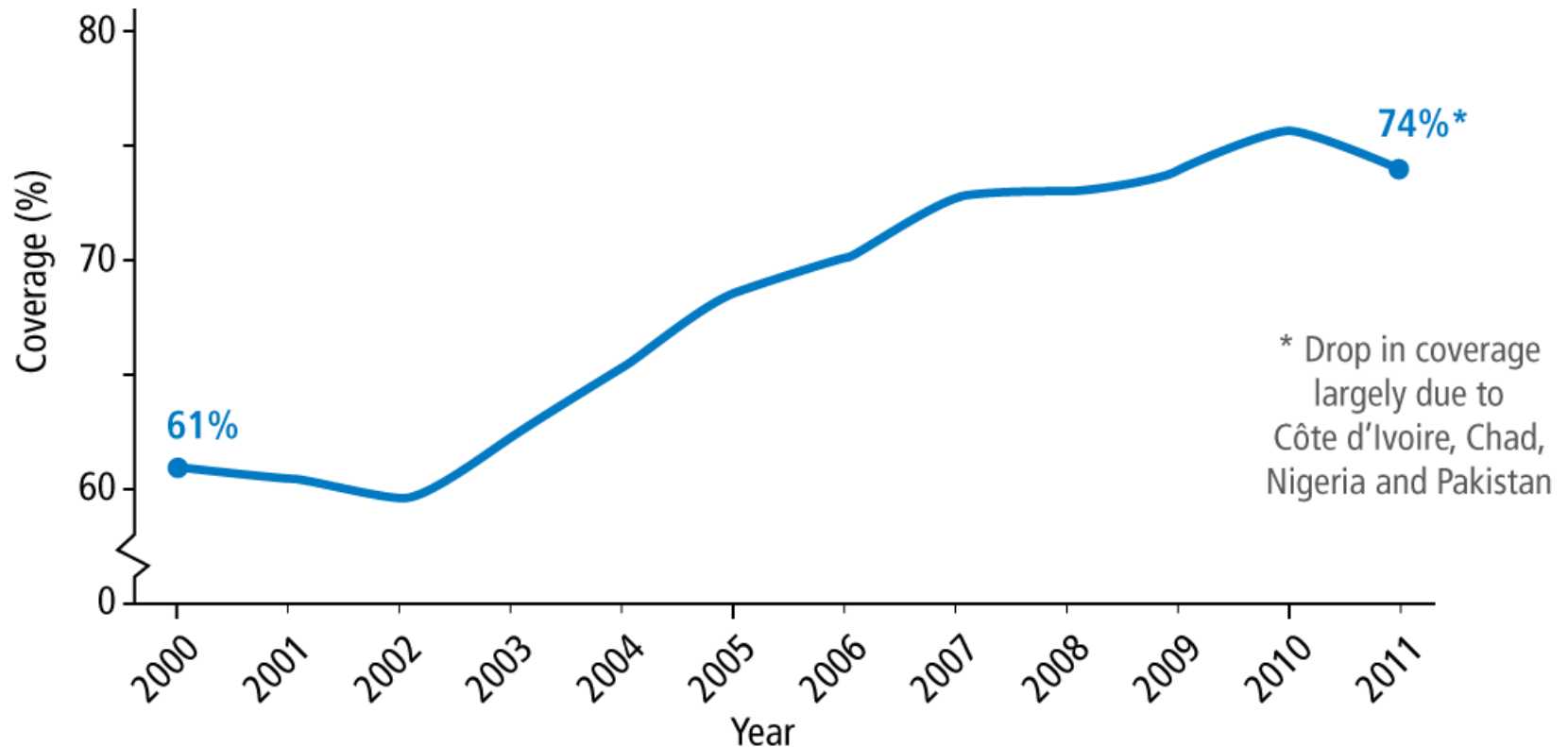


Countries have immunised an additional 370 million children with GAVI support



Sources: WHO-UNICEF coverage estimates for 1980-2011, as of July 2012. Coverage projections for 2012, as of September 2012. World Population Prospects, the 2010 revision. New York, United Nations, 2010; (surviving infants)

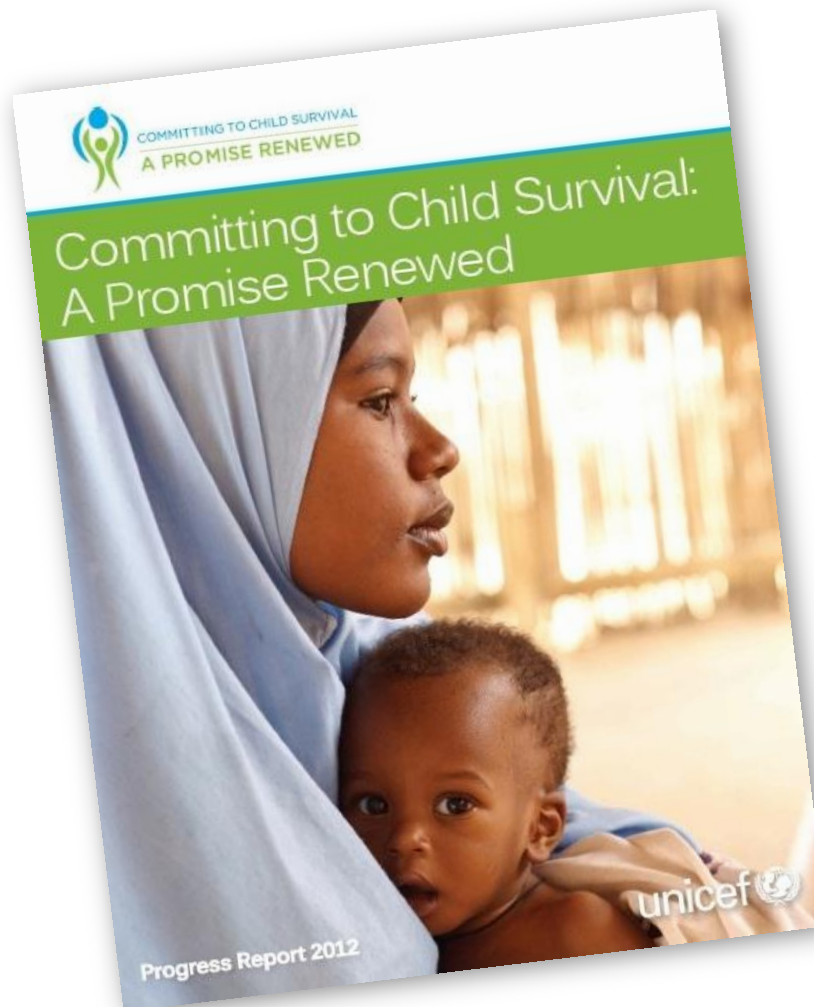
DTP3 immunisation coverage in 73 GAVI-supported countries



Source: WHO/UNICEF vaccine coverage estimates (July 2012)

Note: This estimate includes the 73 countries supported by GAVI 2011–2015

UNICEF report highlights progress but not enough – September 2012



Good news

- Under 5 child deaths fall from >12 million in 1990 to 6.9 million in 2011 (41%)

Bad news

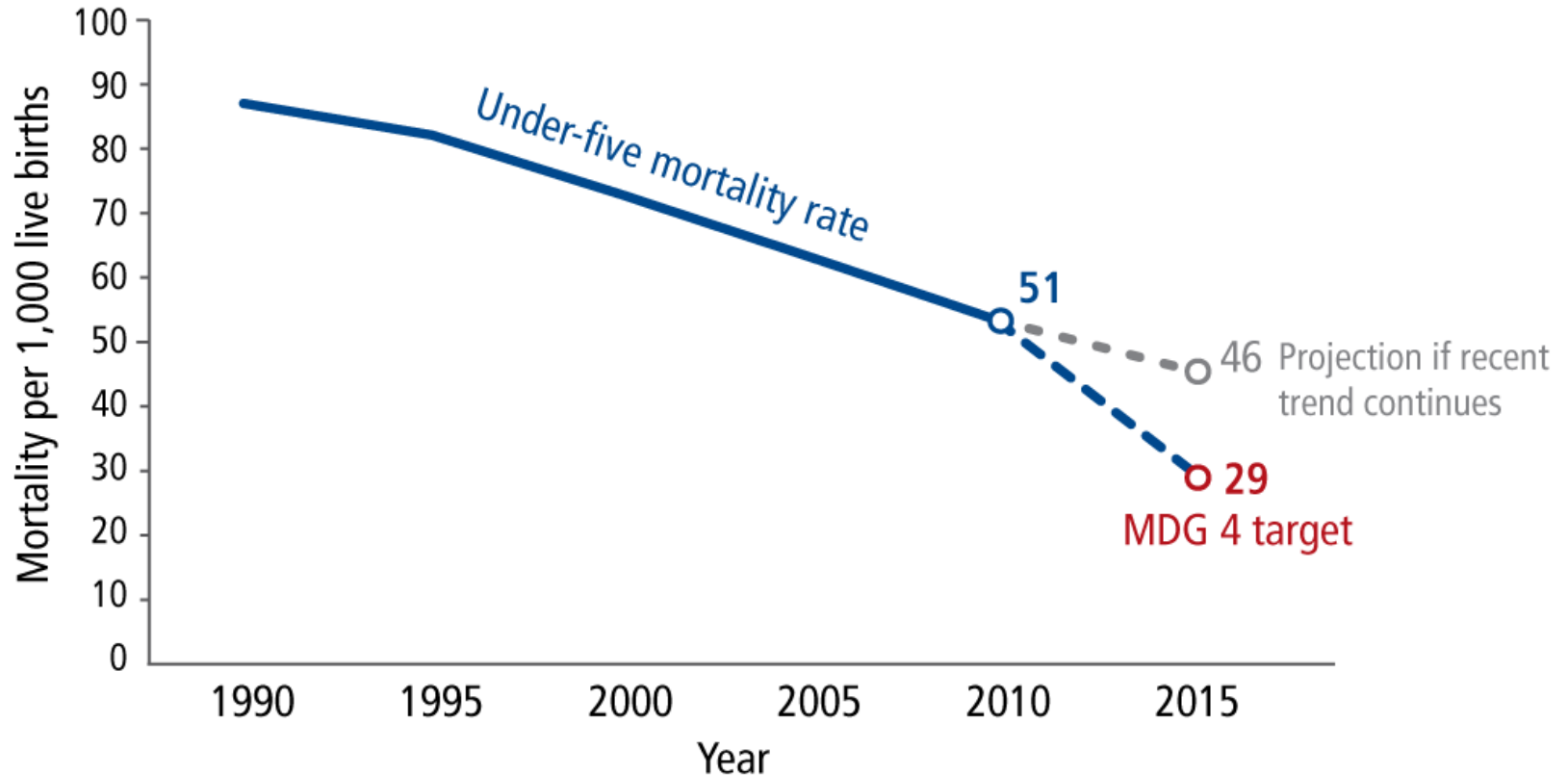
- 19,000 children still die each day

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Global progress to MDG 4 for child survival

The global under-five mortality rate fell by 41% from 1990 to 2011



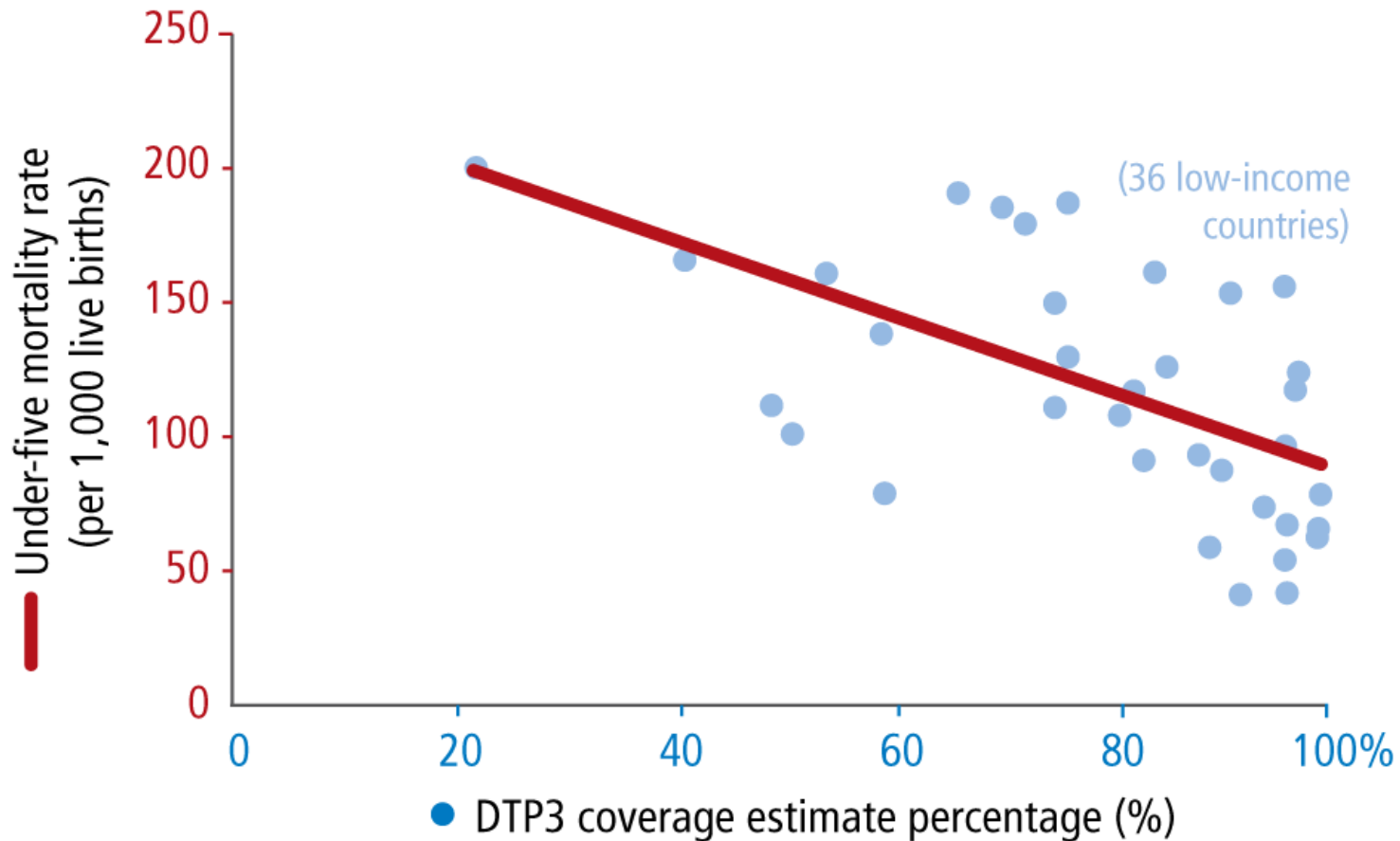
Source: The UN Inter-agency Group for Child Mortality Estimation (IGME), Levels and Trends in Child Mortality: Report 2012. UNICEF, New York, 2012.
http://www.WHO.int/gho/child_health/en/index.html

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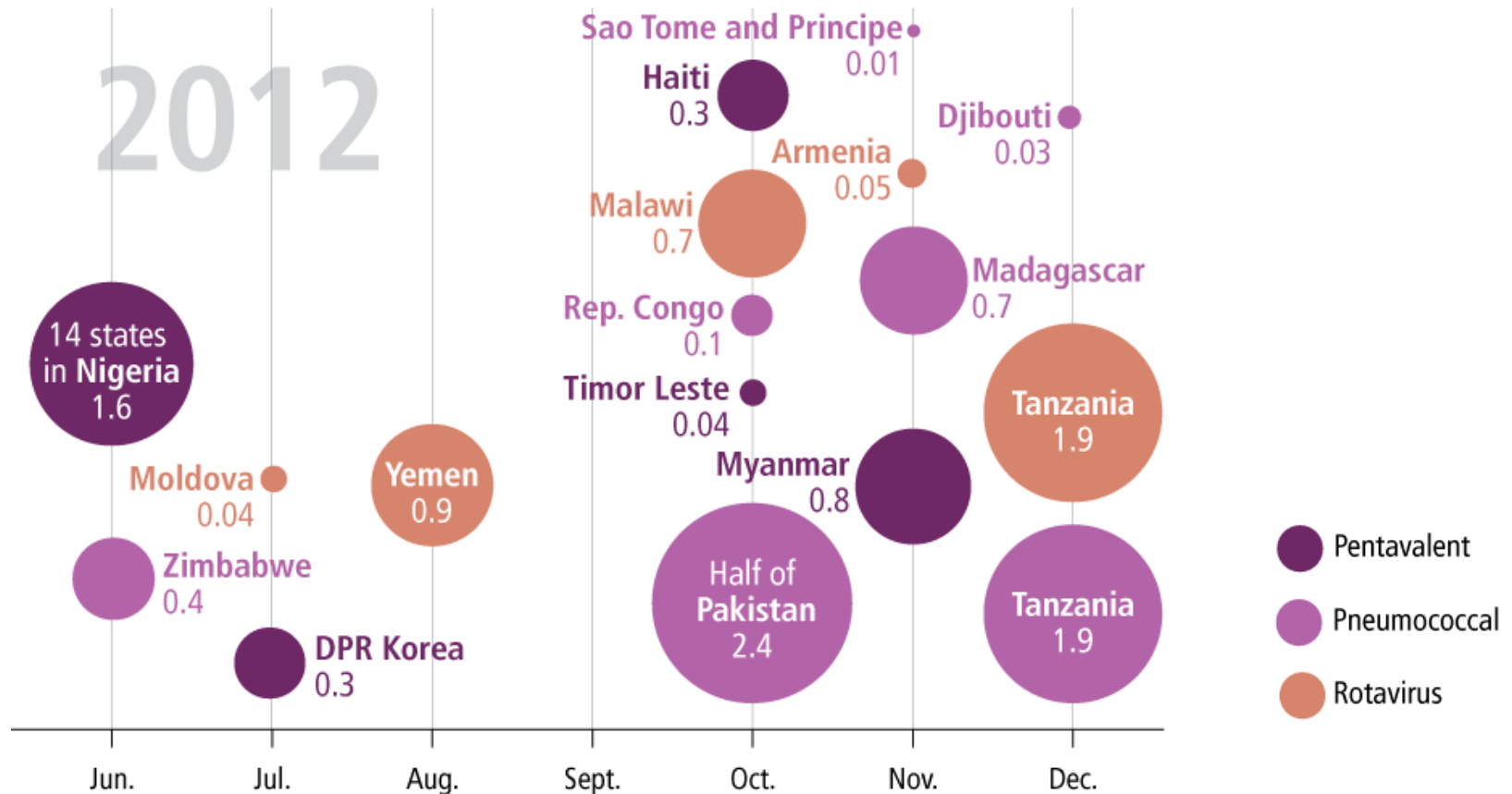
Higher DTP3 coverage correlates with lower child mortality

Example in 36 low-income countries ($R^2 = -0.6$)



Vaccine introductions since last Board meeting: pentavalent, pneumococcal, rotavirus

Number of newborns (millions)



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

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**Republic
of Congo**



Zimbabwe



Pakistan

DPR Korea



Malawi



Yemen





Timor-Leste

Haiti



Nigeria





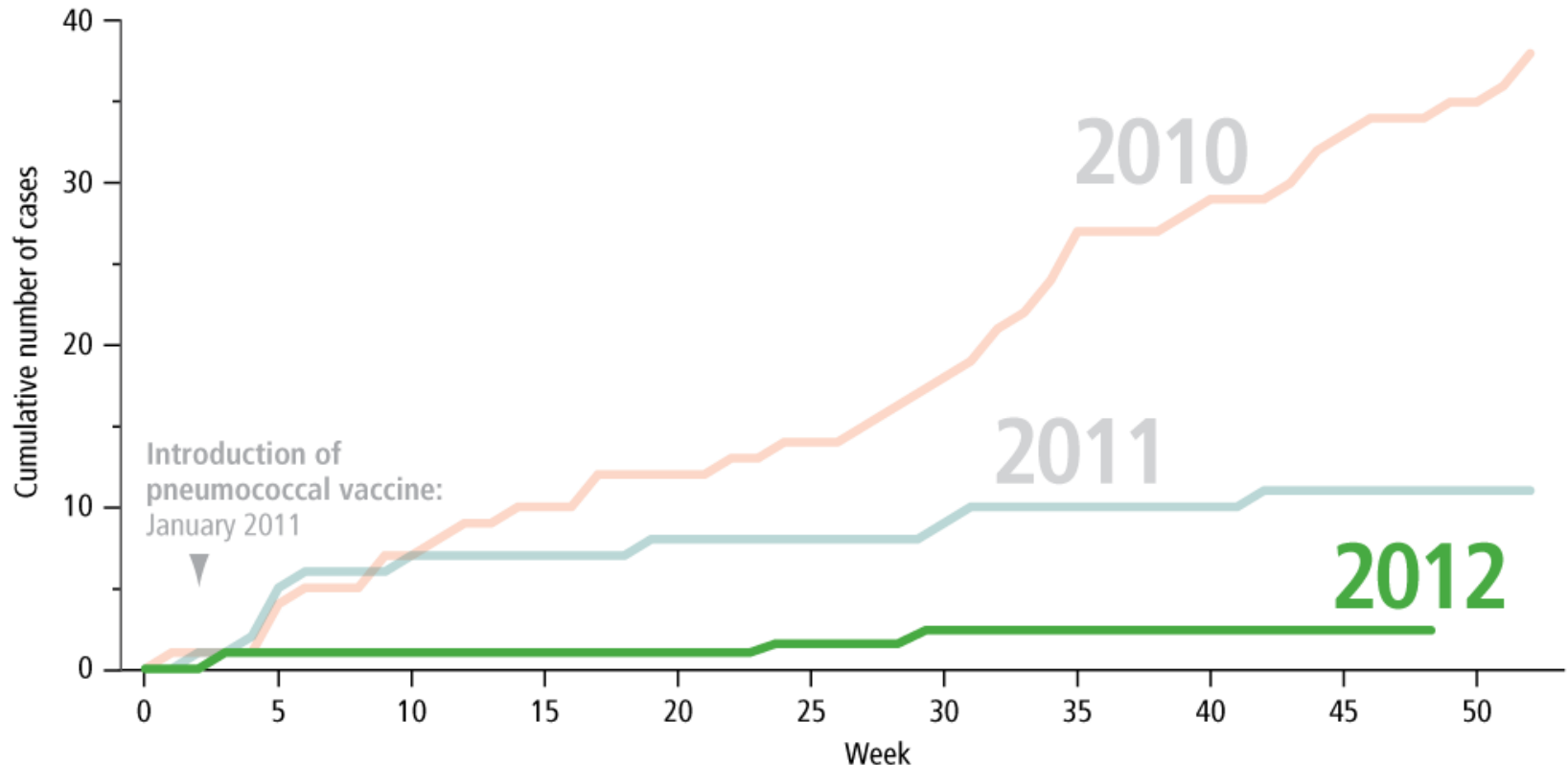
Eritrea

Myanmar



Early impact of pneumococcal vaccine in Kenya

Cumulative admissions of children under five for invasive pneumococcal disease, Kilifi District Hospital



Source: Pneumococcal Conjugate Vaccine Impact Study Kilifi.
<http://www.kemri-wellcome.org/pcvis-current%20disease%20surveillance>

World Bank/IMF Annual meeting in Tokyo

Immunisation lauded as engine for economic growth

“Traditionally, macro-economists thought of health as an indicator of development, not as an instrument of development... a new argument is out there, **healthier means wealthier**” -

David Bloom, Professor of Economics and Demography, Harvard School of Public Health



Photo:GAVI/World Bank-IMF meeting Tokyo, 12 October 2012

“ ...the time has come for us to look at how to make these achievements sustainable ...over time, we take over this financing.” - Donald Kaberuka, President, African Development Bank

The value of vaccines: measuring beyond lives saved

Preliminary results indicate expanded immunisation in 73 countries in 2011–2020 could avert:

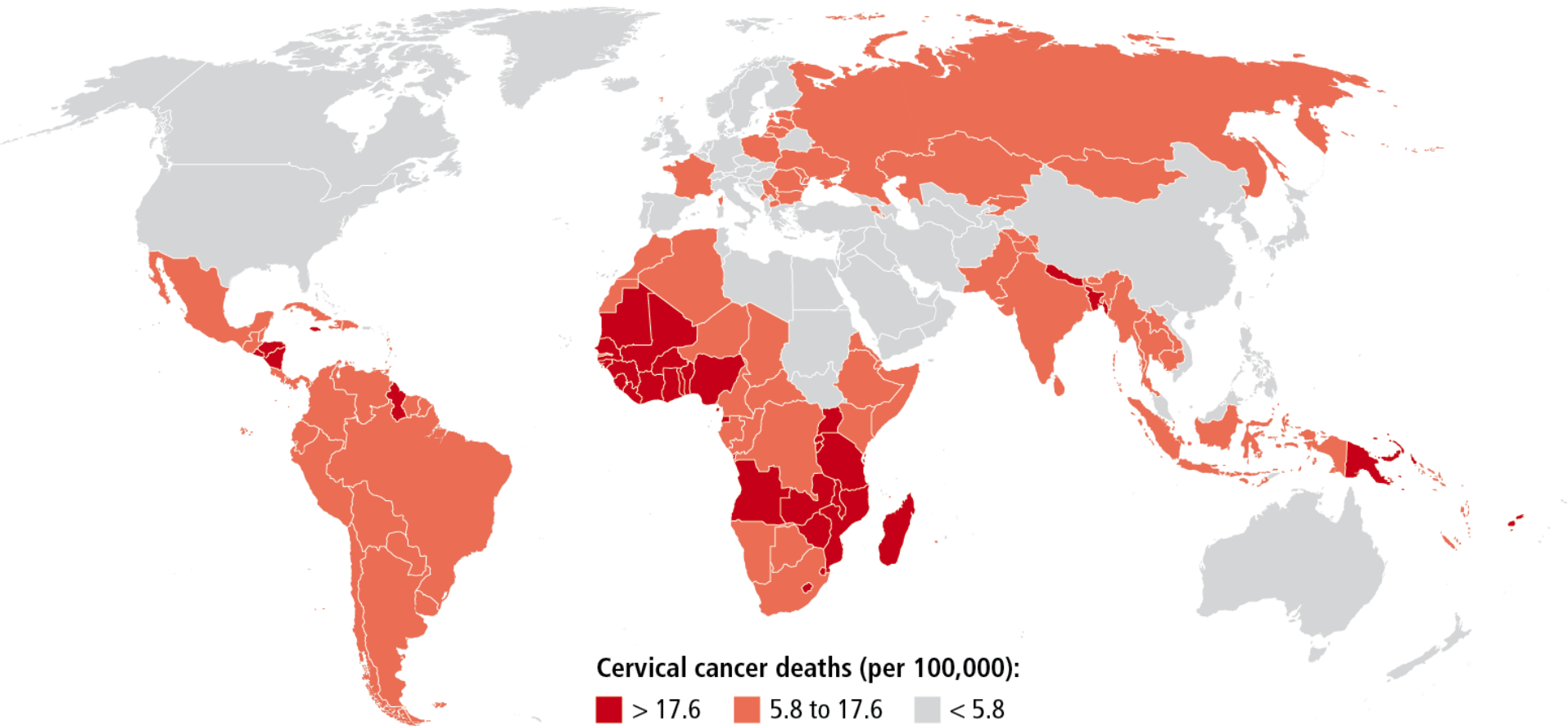
- >10 million future deaths
- >500 million cases of illness
- >3 million long term disabilities
- >US\$2 billion in treatment costs
- >US\$400 million lost caretaker wages
- >US\$200 billion in lost productivity due to disability and death

Human papillomavirus vaccine extends GAVI reach in new target population

- **National introduction:**
 - two applications received (Rwanda, Uganda)
 - up to 13 expected by 2015
 - first introduction in 2014
- **Demonstration programme:**
 - 15 applications received / 9 approvals with clarifications
 - first introduction in 2013
- Over 32m girls projected to be immunised by 2020
- Collaboration among cancer, women, reproductive, adolescent, school health key requirement for success
- Opportunities for building/strengthening adolescent health programmes

Global burden of cervical cancer

275,000 deaths in 2008, most of which were in developing world



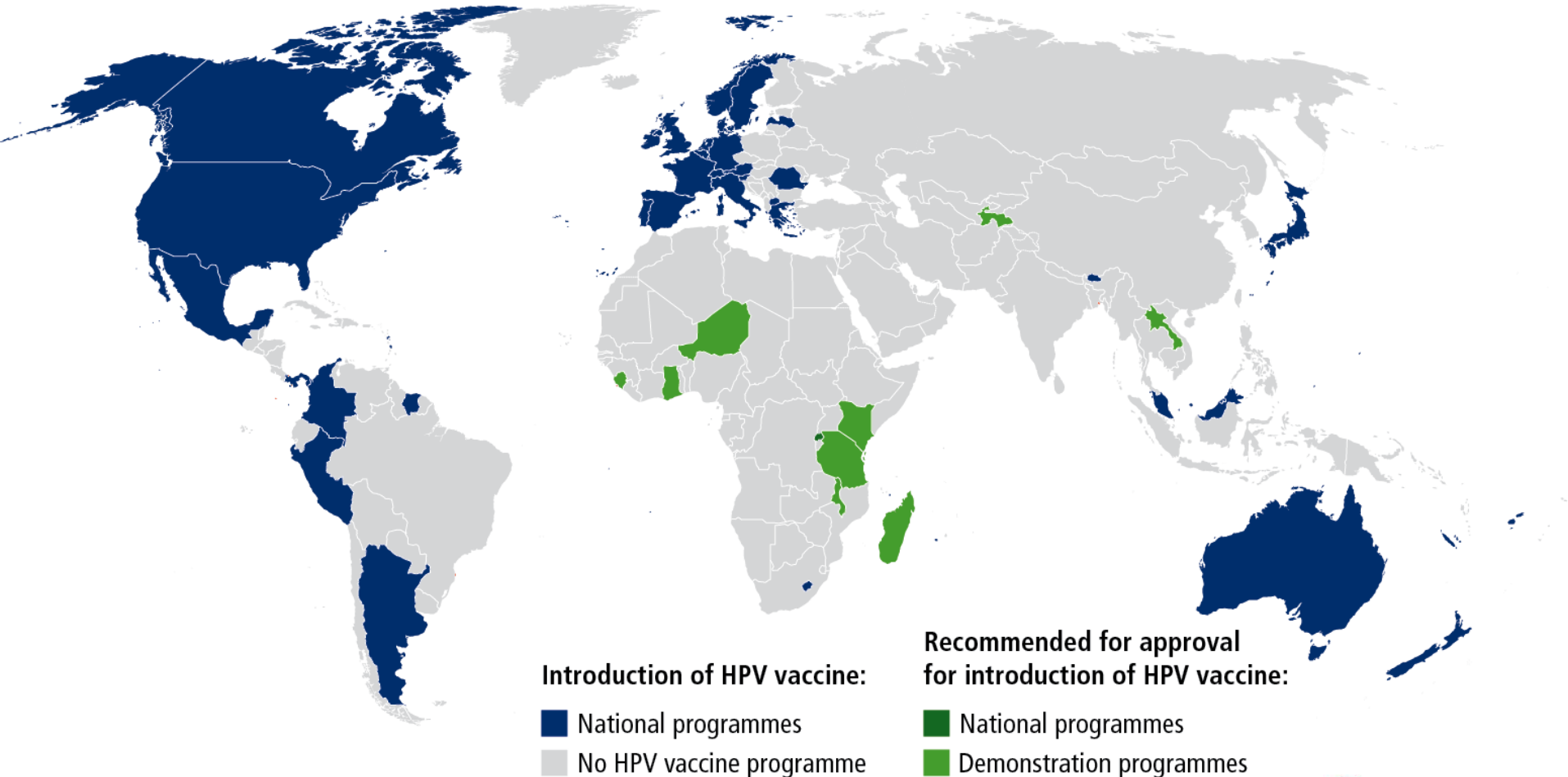
Source: Globocan 2008, International Agency for Research on Cancer. Courtesy of Progress in Cervical Cancer Prevention: The CCA Report Card, August 2011

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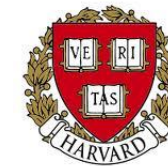


HPV vaccine: introductions and applications for GAVI support

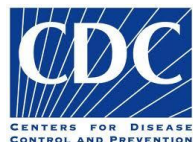
Status as of November 2012



HPV vaccine demonstration projects – broad range of partners



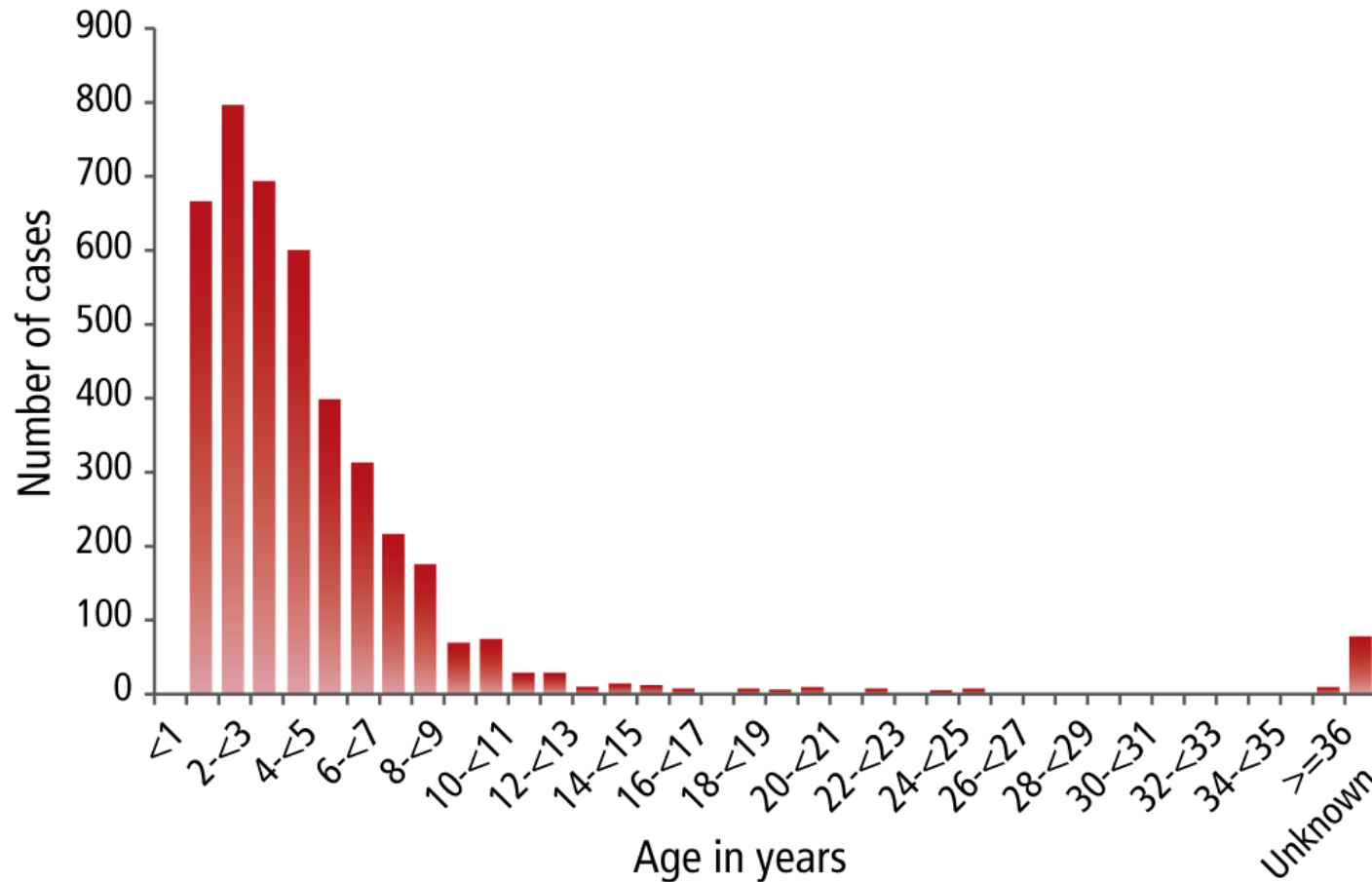
International Agency for Research on Cancer



Measles update

- Outbreak response:
 - MoU with UN Foundation for Measles & Rubella Initiative (MRI)
 - MRI working on standard operating procedures
- Priority countries for Supplementary Immunisation Activities:
 - Ethiopia, DR Congo, Nigeria applied in 2012
 - Target age range and budget will exceed previous forecast

Reported number of measles cases, Pakistan, 2011-2012

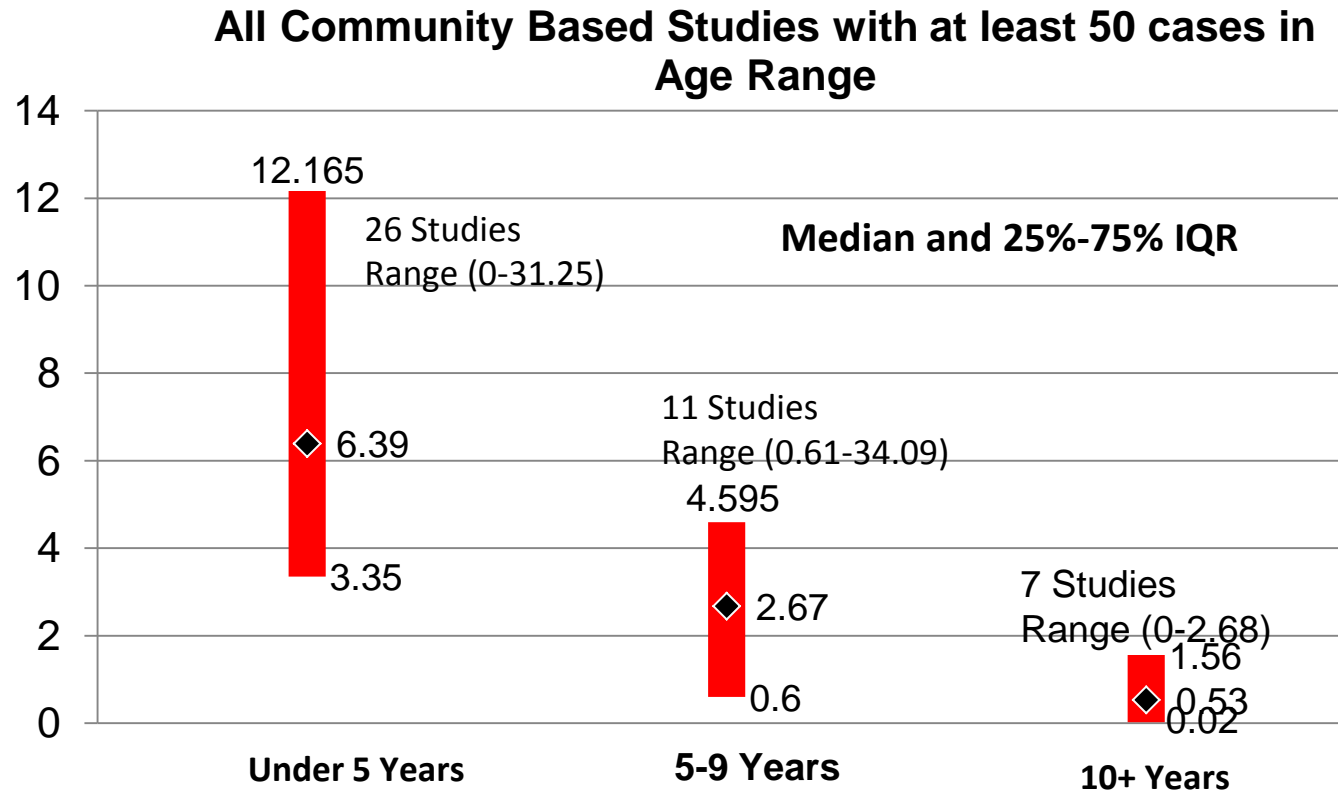


Source: WHO EMRO, provided Nov. 2012

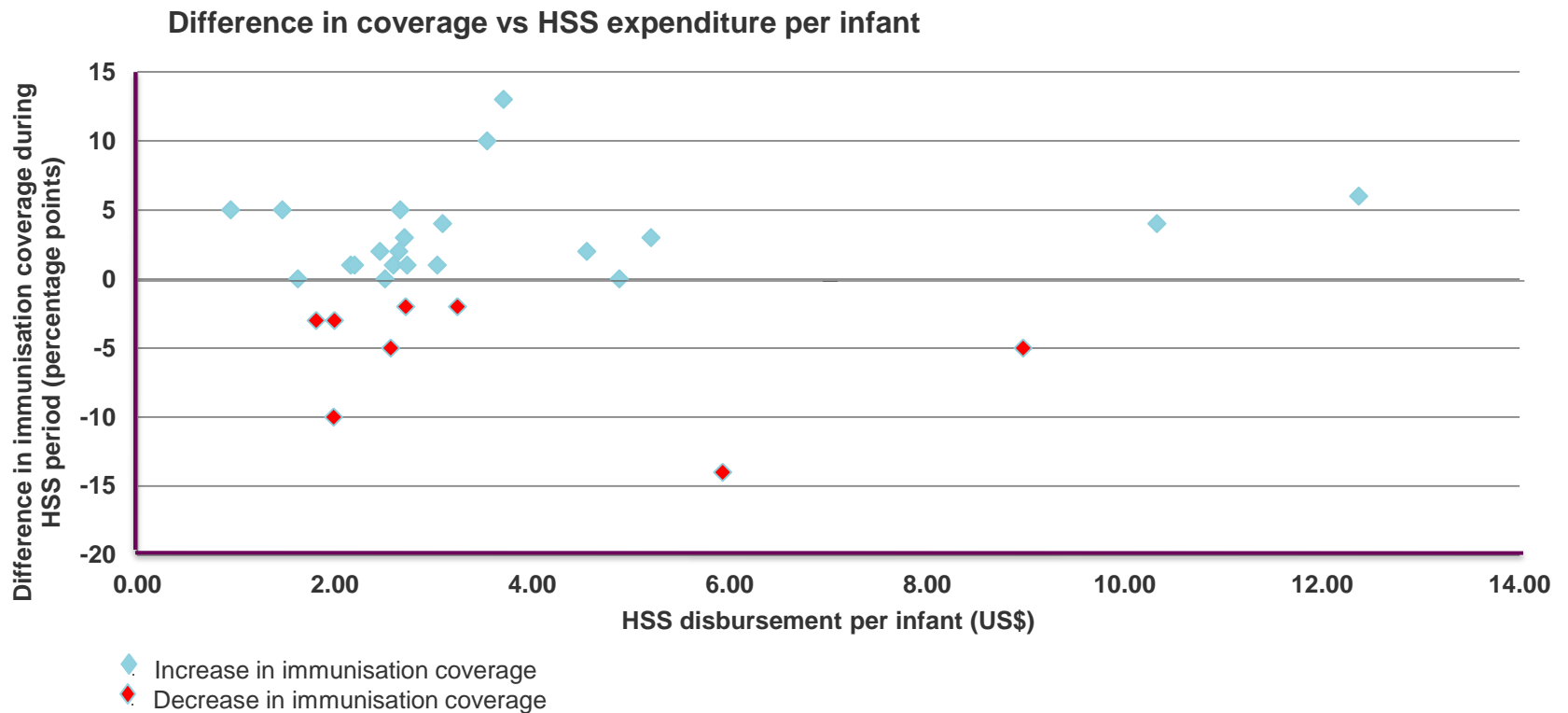
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Proportion of measles cases that are fatal by age group



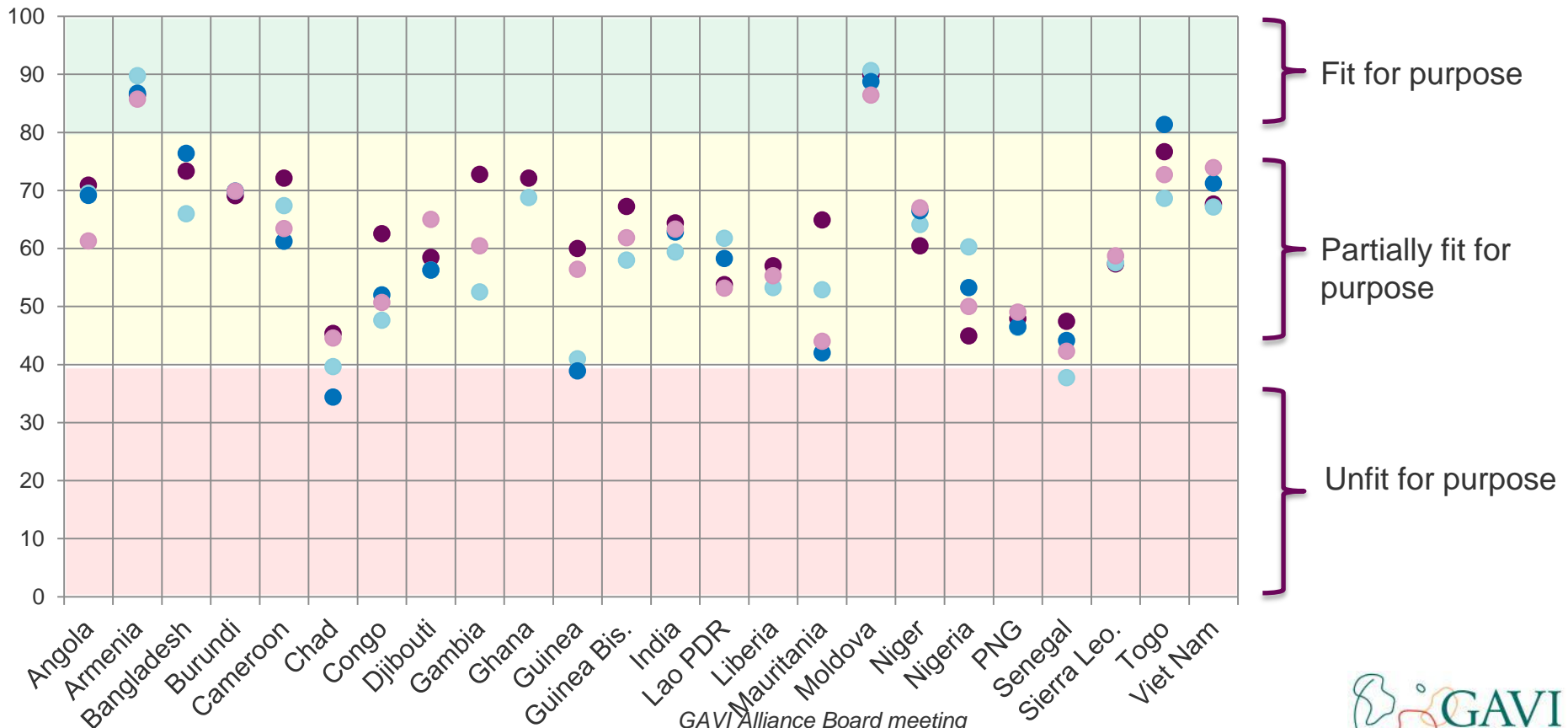
Investments in HSS have not increased immunisation coverage



Vaccine management infrastructure in many countries is not fit for purpose

EVM level performance (2010/2011)

● Primary ● Sub-national ● Lowest delivery ● Service point

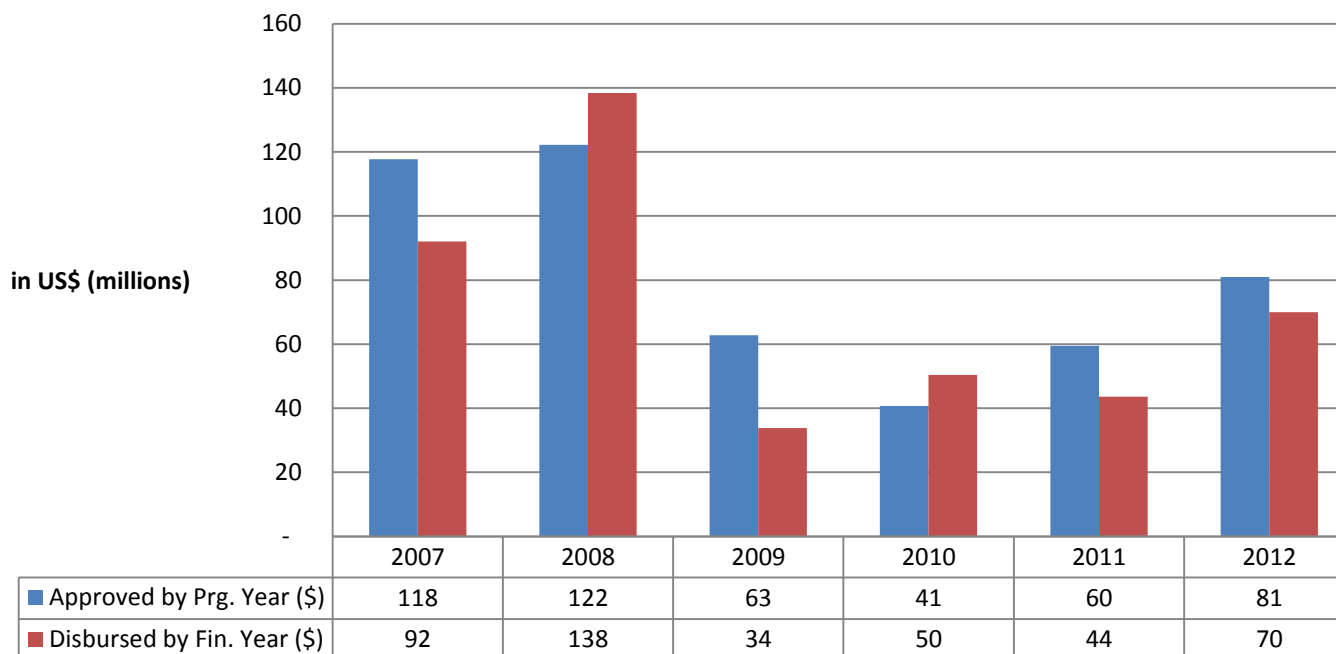


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HSS portfolio snapshot

HSS Funding Amounts 2007-2012
as of 1-Nov-2012



CEO's Technical Advisory Group health system strengthening meeting

Key challenges:

- HSS and ISS investments failed to improve immunisation indicators in some countries
- Disbursements below target
- While proposals become more immunisation focused, sustainability and equity issues need greater attention
- More effective technical assistance needed
- A single HSS support model does not work in diverse country contexts

CEO's Technical Advisory Group – HSS conclusions

- HSFP not feasible in every country – needs reframing to be more context-specific
- Explore how improved IHP+ tools and mechanisms could meet key partner needs
- Enhanced monitoring with intermediate HSS indicators
- Adjust original Performance Based Funding model to better serve country needs
- Explore additional methods for implementation support and TA to countries, and widen circle of implementing partners








Pakistan Lady Health Workers: an HSS example

- Many mothers and pregnant women not accessing immunisation services because vaccinators are male
- HSS grant supported immunisation training of 15,000 community-based Lady Health Workers
- Catalysed government to plan training for all 100,000 LHW
- Households in LHW areas have 15% more immunised children
- Working with government to resume HSS funding










Photo:UNICEF/NYHQ2012-1322/Asad Zaidi_Pakistan_LHW

Business plan indicators (1/2)

	Indicators	On track for 2015	Comments
MISSION	▪ Under five mortality rate		▪ No issues of note at present
	▪ Number of future deaths averted		<ul style="list-style-type: none"> ▪ Off track in 2011; Should catch up by 2015 ▪ Variability due to regular revision of burden of disease data
	▪ Number of children fully immunised		▪ On track
SG1	▪ Country introductions of underused and new vaccines (Pentavalent, Rotavirus, Pneumococcal)		▪ Delays in annual targets 2011-12 but catch up expected by 2015
	▪ Coverage of underused and new vaccines		
	— Penta 3		▪ Delayed for 2011 but potential to catch up by 2015 with scale up in India and Nigeria
	— Rota last		▪ Although the number of introductions will be on track by 2015, the coverage in GAVI countries overall will be delayed
	— Pneumo 3		▪ Should be on track despite delays in introduction dates

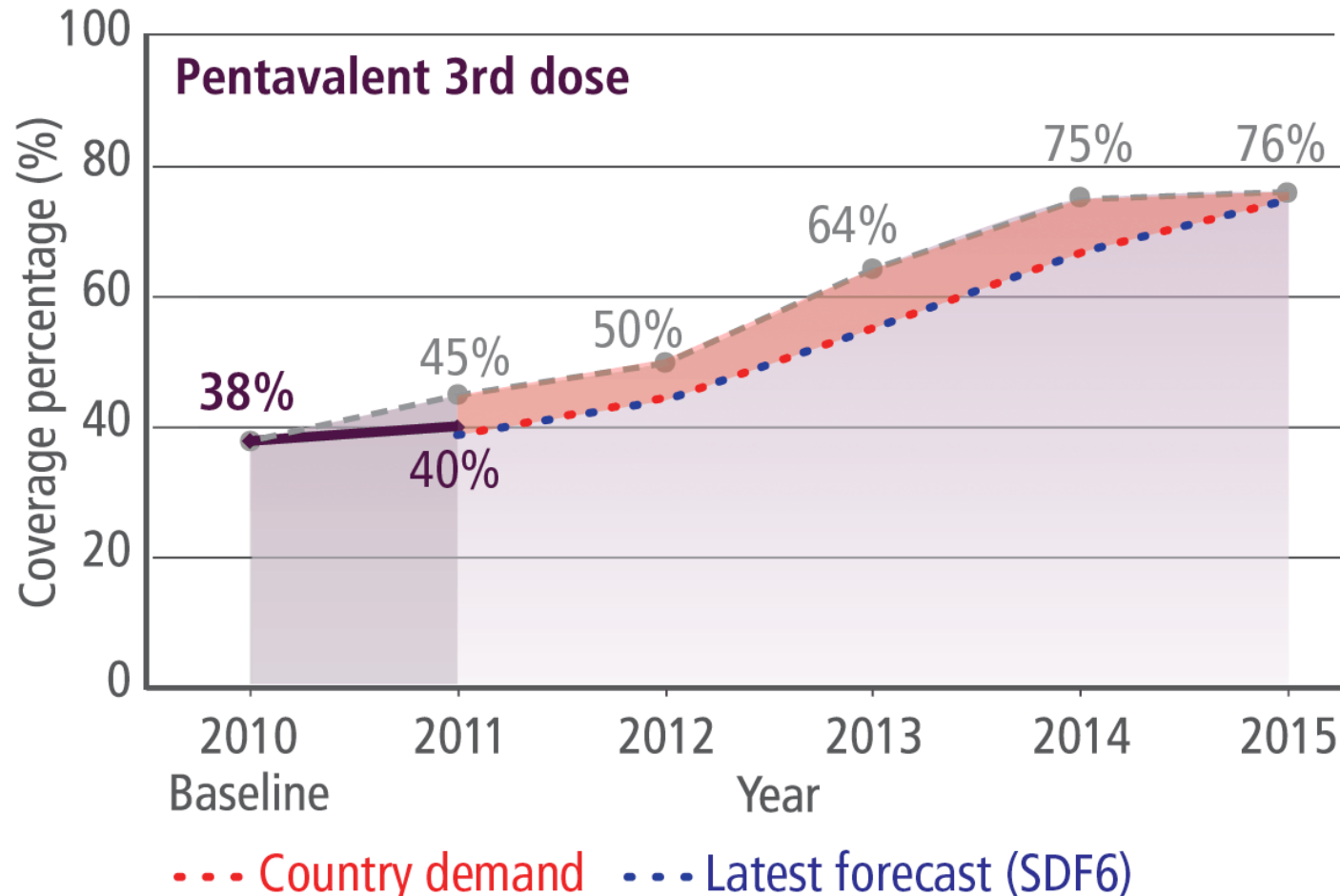
Business plan indicators (2/2)

	Indicators	On track for 2015	Comments
SG2	▪ DTP3 coverage		<ul style="list-style-type: none"> ▪ Off track in 2011 mostly due to decreasing coverage in Chad, Nigeria and Pakistan ▪ Significant risks of not reaching the target by 2015
	▪ DTP1-DTP3 dropout rate		<ul style="list-style-type: none"> ▪ On track for 2011, but significant risk by 2015
	▪ Equity in immunisation coverage		<ul style="list-style-type: none"> ▪ Off track in 2011; Significant risks by 2015
SG3	▪ Resource mobilisation		<ul style="list-style-type: none"> ▪ On track
	▪ Country investments in vaccines per child	NA	<ul style="list-style-type: none"> ▪ Indicator being revised
	▪ Fulfillment of co-financing commitments		<ul style="list-style-type: none"> ▪ Target is 100%; currently one country in default (partial payment received)
SG4	▪ Reduction in vaccine price to fully immunise with penta, pneumo and rota		<ul style="list-style-type: none"> ▪ On track
	▪ Security of supply: number of products offered as a percentage of five year target		<ul style="list-style-type: none"> ▪ On track

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Coverage of pentavalent vaccine

Large countries are the challenge ahead



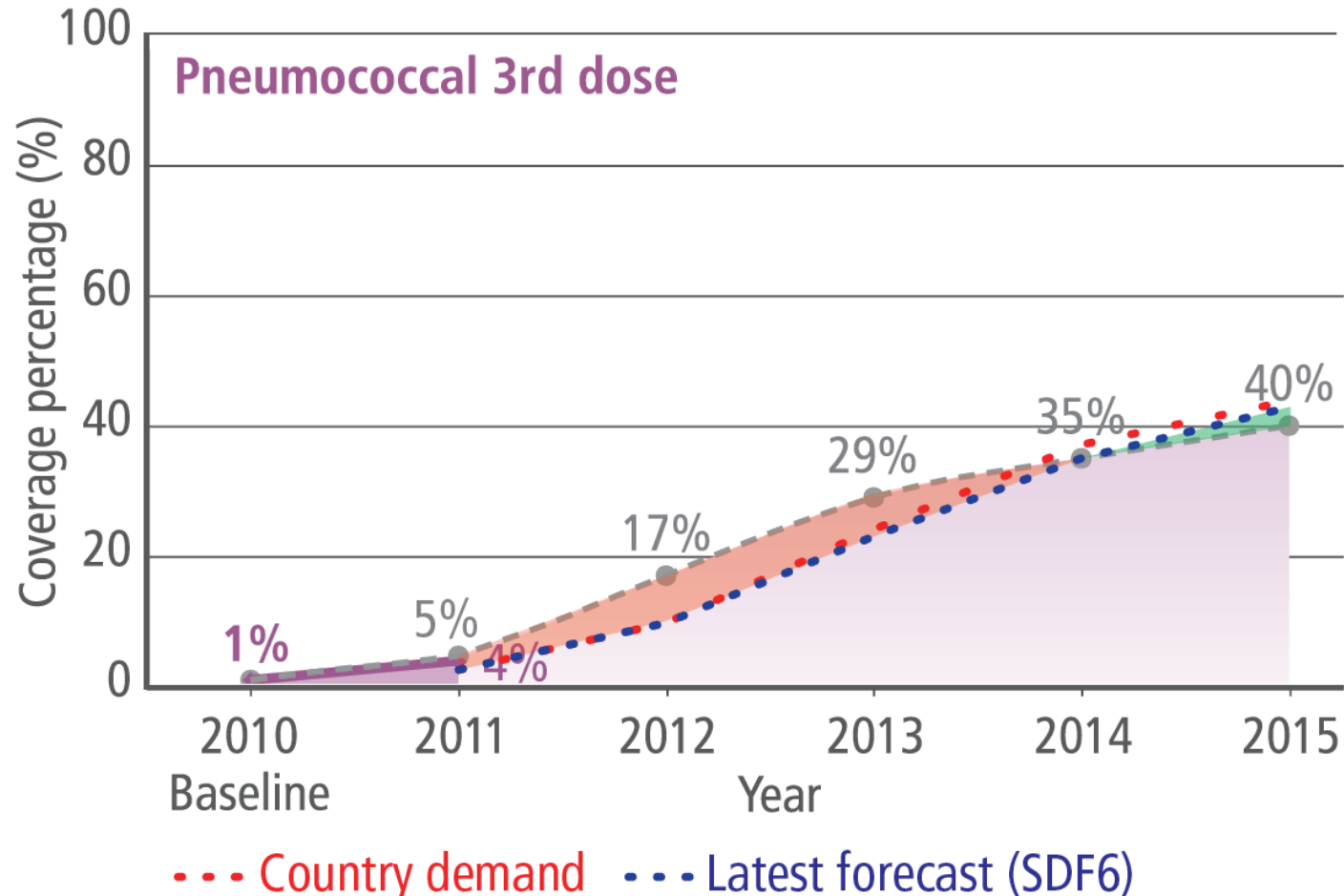
Source:

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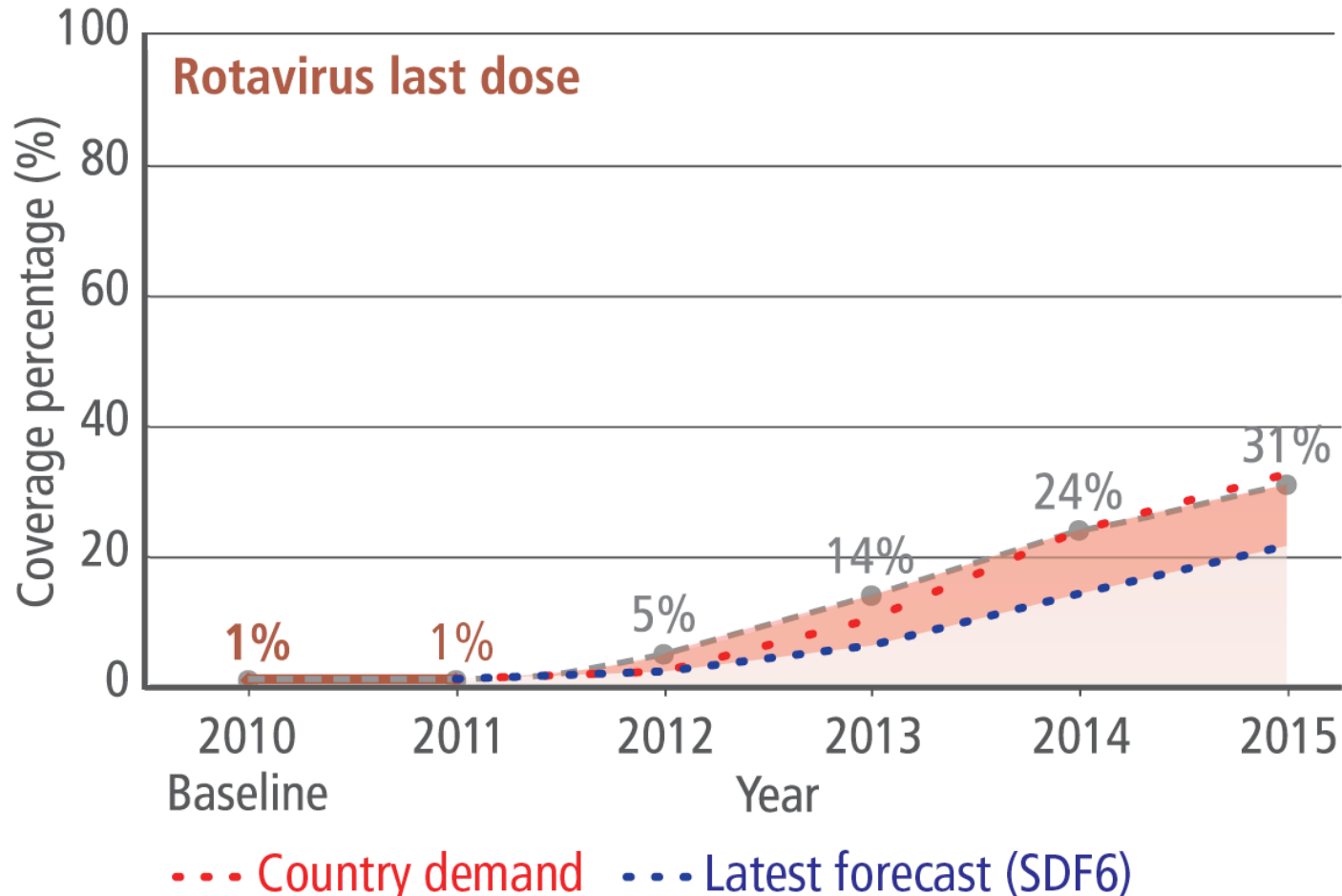
Coverage of pneumococcal vaccine

Supply and country readiness still affecting roll-out



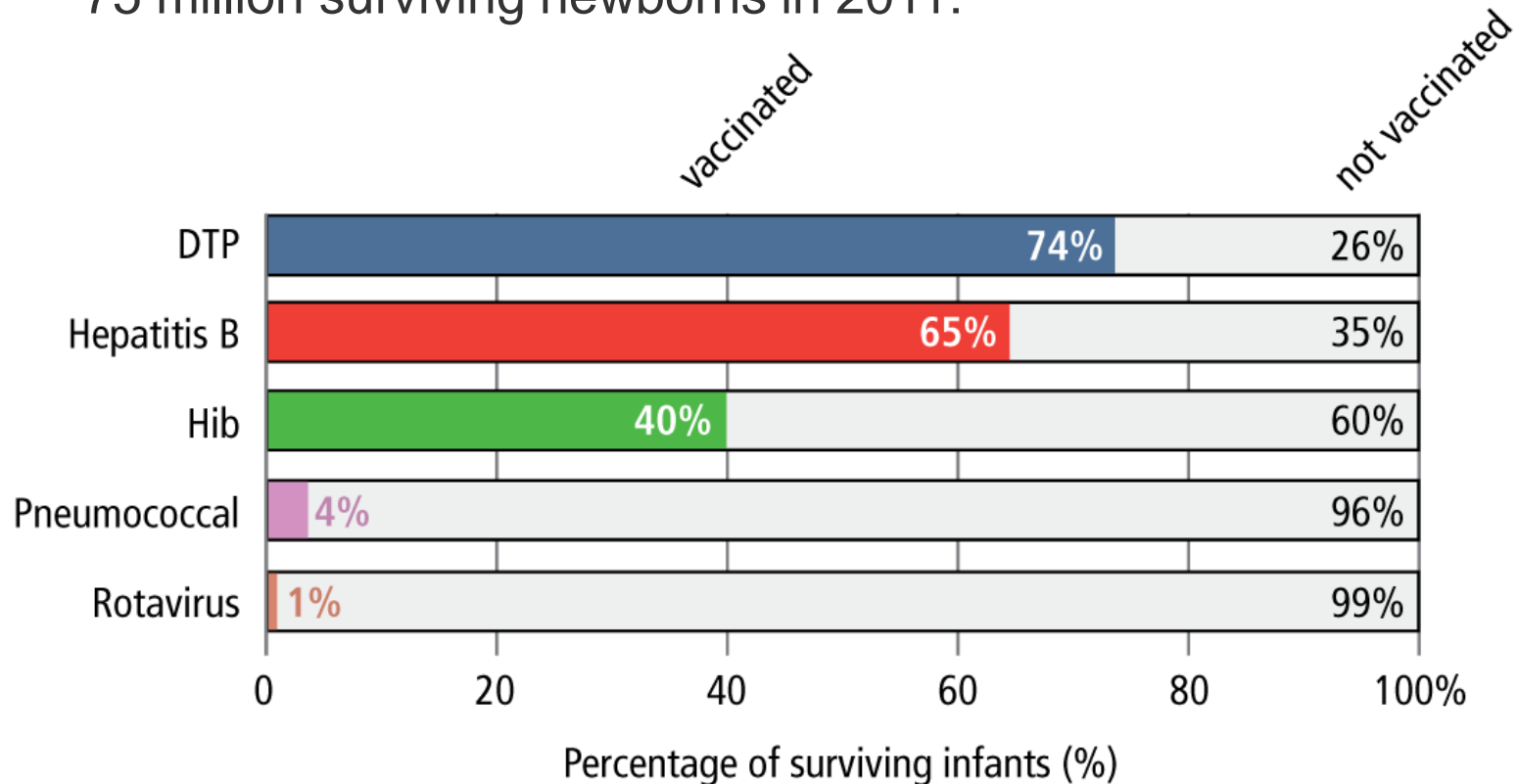
Coverage of rotavirus vaccine

Strong demand confronted by supply shortages and preference mismatch



Taking stock: the immunisation gap (73 GAVI-supported countries)

75 million surviving newborns in 2011:



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

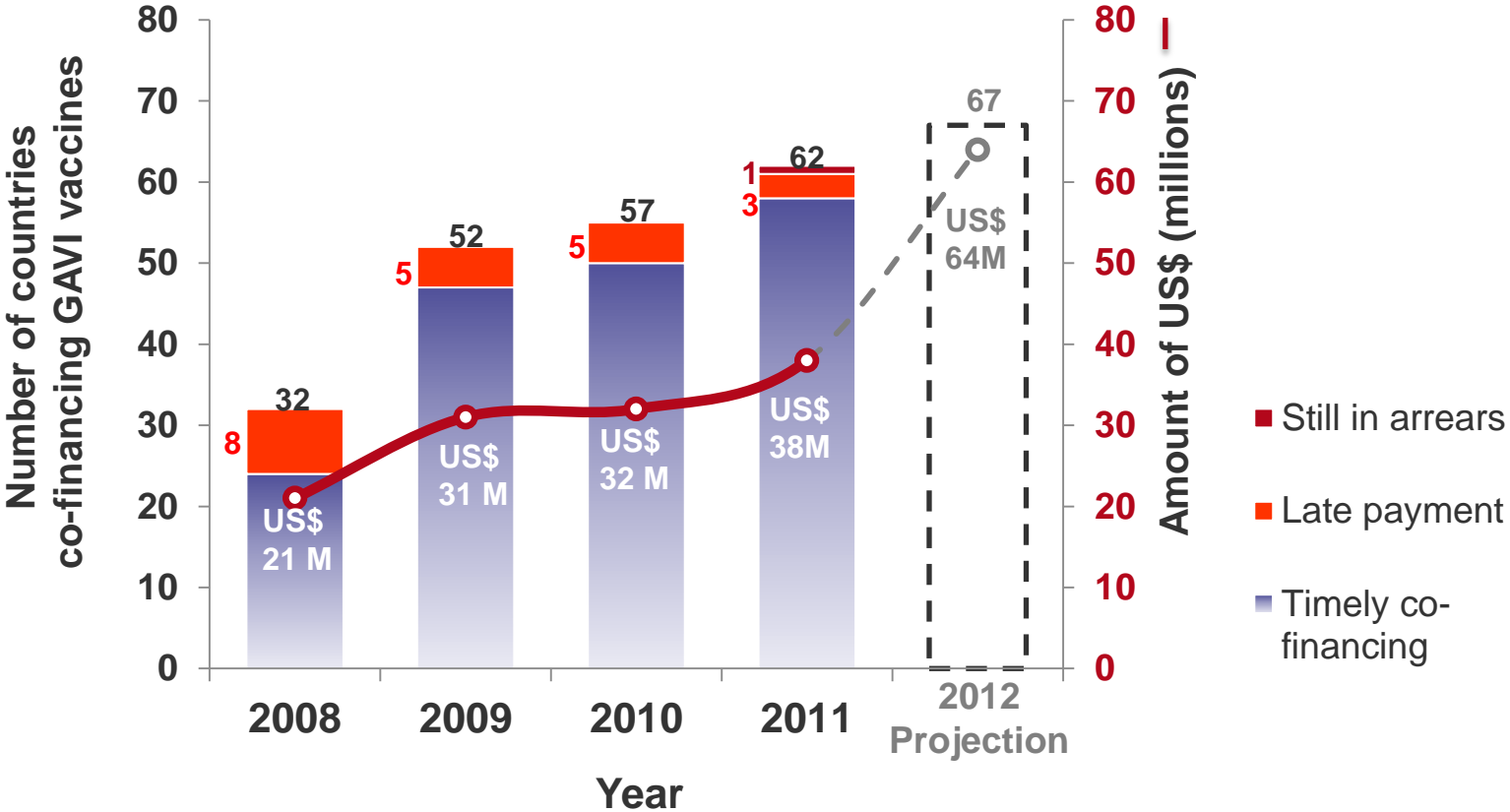
Sources: WHO/UNICEF coverage from July 2012; United Nations, Department of Economic and Social Affairs, Population Division (2011). World Population Prospects: The 2010 Revision, CD-ROM Edition.

Country income categories (World Bank) as of July 2012 (2011 GNI per capita)

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Co-financing update



Source: GAVI Alliance data as of 1 November 2012

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Data challenges: 2011 data leads to changes in DTP3 coverage

Change in estimates of baseline coverage for 2010

	2011 estimates	2012 estimates		% point decline	2011 Surviving infants
	For 2010	For 2010	For 2011		
Indonesia	83%	63%	63%	-20	4.2m
Ethiopia	81%	50%	51%	-30	2.4m
Cameroon	84%	68%	66%	-18	0.65m

Decline in 2011 coverage

	2010	2011	% point decline	2011 Surviving infants
Chad	35%	22%	-13	0.45m
Côte d'Ivoire	85%	62%	-23	0.63m
Nigeria	69%	47%	-22	5.8m

Immunisation data quality improvement strategy

- Technical Advisory Group co-chaired by GAVI and WHO convenes partners to coordinate immunisation coverage data quality improvement to
 - Track progress against Business Plan indicator
 - Inform GAVI investments in data quality improvement
- Country-level assessments to help countries to take corrective action
- New technologies to improve data quality
- Data summit in January 2013

Supply chain: Stock log book



Photo: GAVI/2012/India/Stefanie Laniel

Optimize project in Vietnam



Photo: GAVI/2012/ Vietnam -Optimize project

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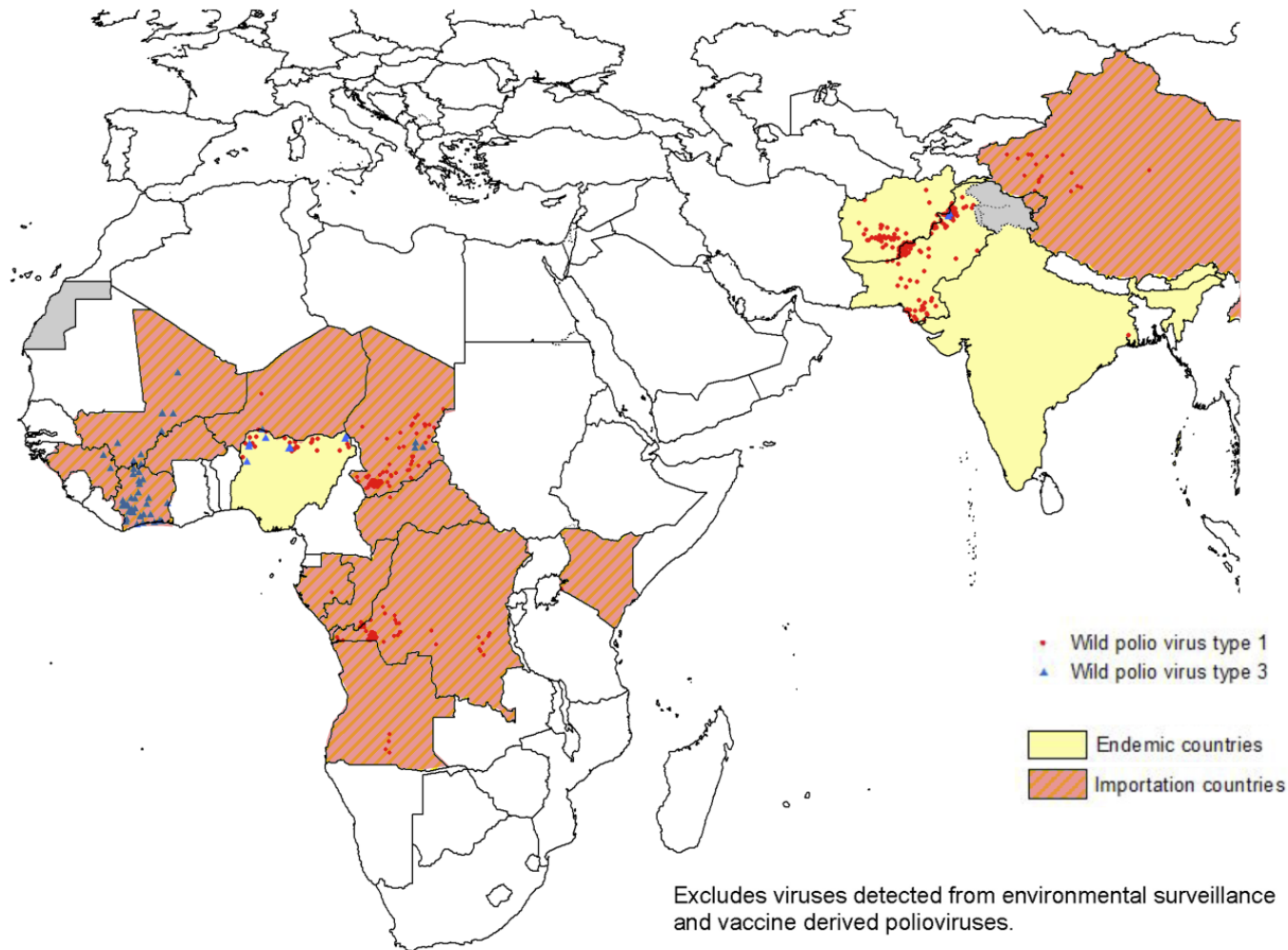
UNICEF and Optimize supported project in South Sudan



Photo: GAVI/2012/ The Government of South Sudan

- Cloud-based logistics management information system uses mobile phones to manage vaccine stock
- Deployed in May 2012; now used in central store, 10 state stores and 6 counties

Wild poliovirus cases 1 November 2011



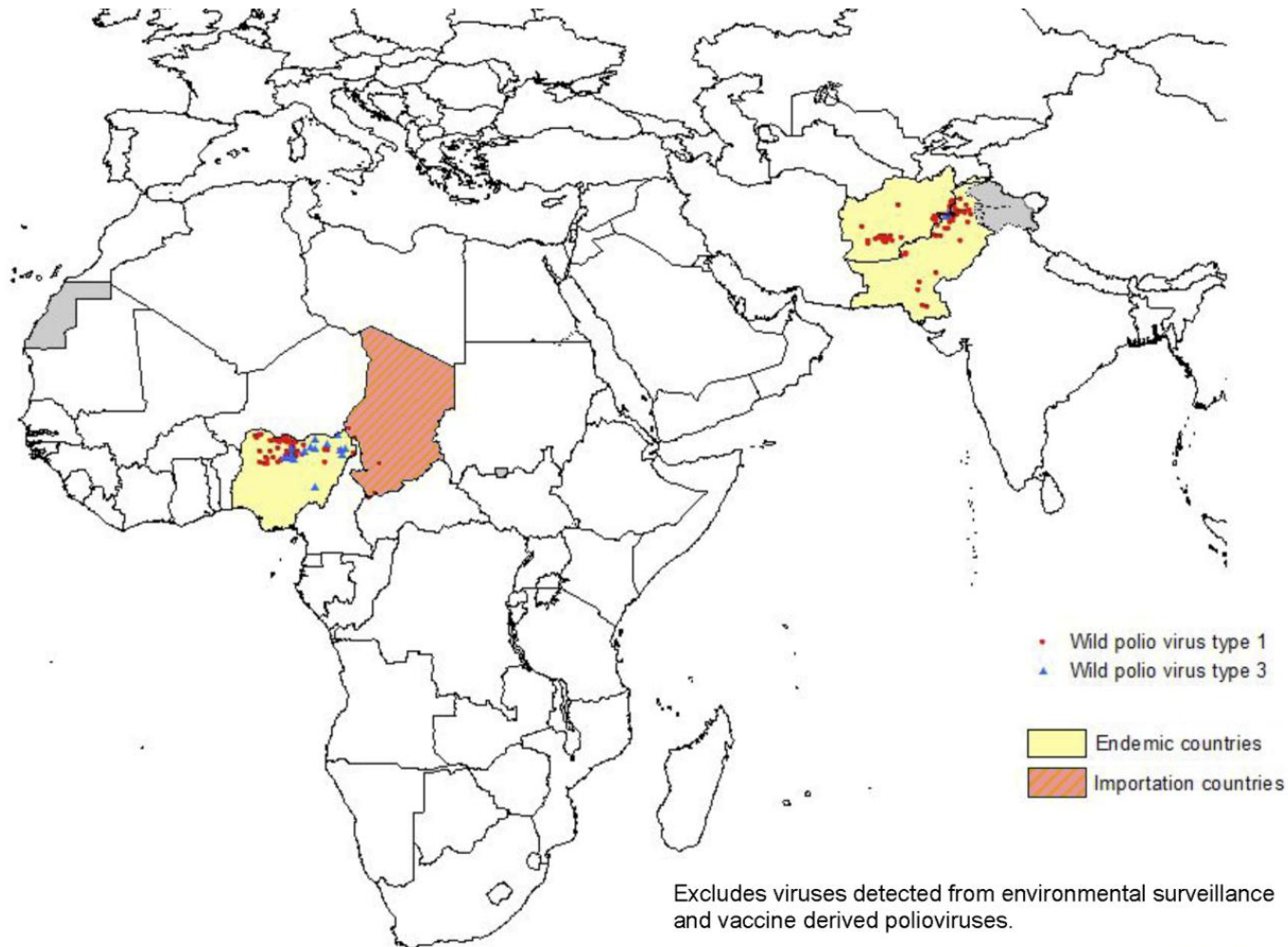
Courtesy: The Global Polio Eradication Initiative
Data in HQ as of 23 October 2012

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Wild poliovirus cases

1 November 2012, high season



Courtesy: The Global Polio Eradication Initiative
Data in HQ as of 23 October 2012

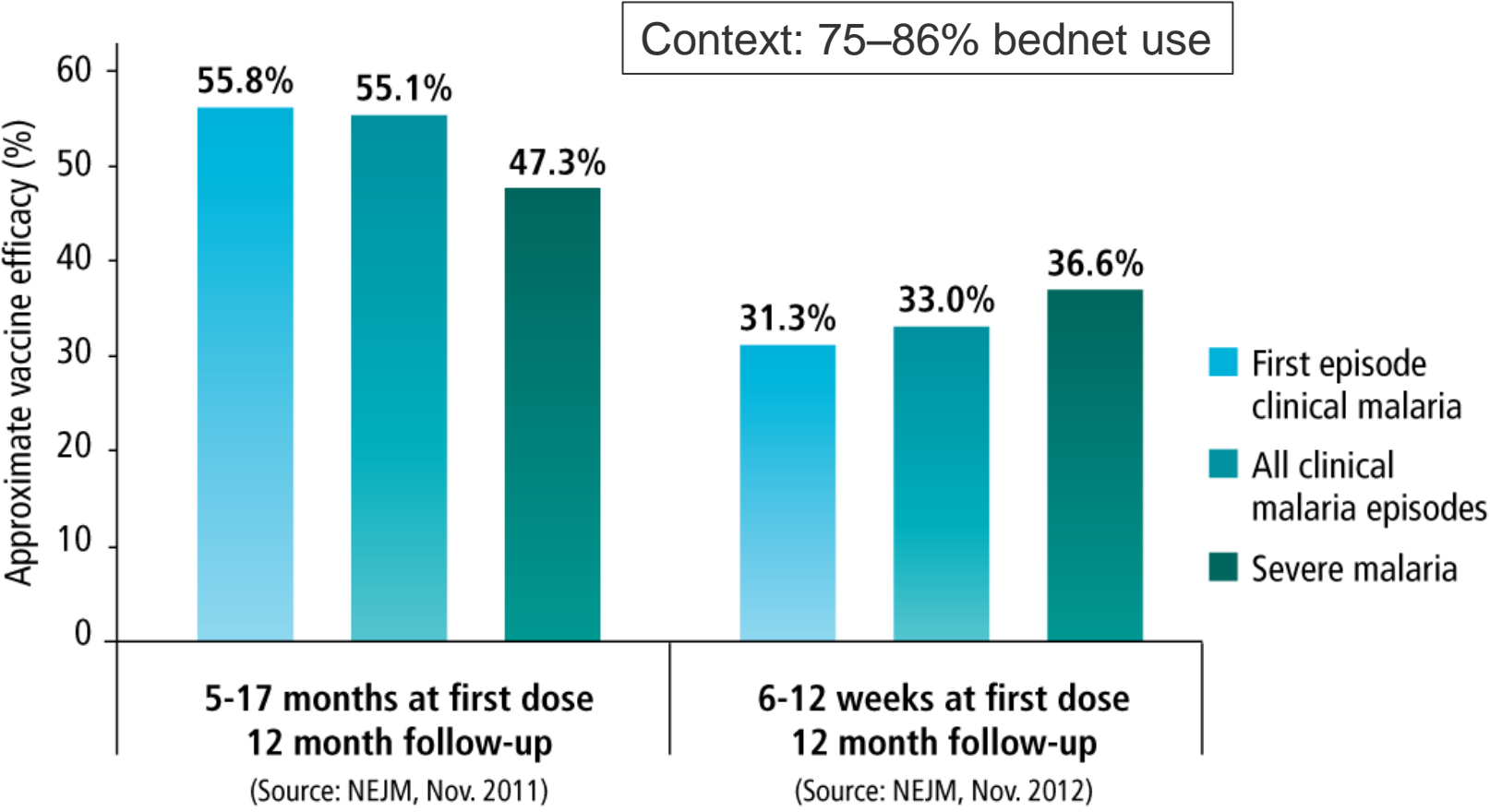
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GAVI and polio endgame

- November 2012 SAGE recommends minimum 1 dose of IPV ahead of planned OPV2 cessation in endgame
- GAVI's supportive partner role explored:
 - Opportunities for sustainable, routine immunisation strengthening
 - Potentially IPV (Vaccine Investment Strategy)
 - Role of the International Finance Facility for immunisation (IFFIm)

Malaria vaccine Phase 3 evaluation



Dengue vaccines

Sanofi Pasteur candidate vaccine:

- Good safety profile
- Approximately 30% efficacy
- Statistically significant efficacy against three of four serotypes
- WHO advisory group advises studies in larger populations and different settings
- Licensure (Phase 3) study ongoing in 10 countries: regulatory decision possible by 2015

Four companies developing live attenuated, tetravalent vaccine (technology from NIH); anticipate licensure around 2018

Process & Design Evaluation of Advance Market Commitment (AMC) for pneumococcal vaccines

- Evaluates development process, design and implementation
- Provide lessons learned to improve design and implementation of future AMCs
- Part of M&E framework with **impact evaluation in 2014**
- Report to be released end Dec/Jan
- Draft demonstrates complexity of the pilot and the complex trade-offs in the design process and decisions

Re-design of grant process

- Problem: complicated application and decision process, which is also slow
- Solution: re-design of process
 - Retain independent review but reduce transaction costs
- Action labs: November 21–23 2012 and January 2013
- Minor revisions will be implemented; any radical changes will go to PPC/Board: report back next board meeting

Decade of Vaccines

- Global Vaccine Action Plan (GVAP) adopted by World Health Assembly
- Accountability framework developed
 - Annual progress review
- Secretariat winding up, handing over to partners
- GAVI responsible for impact and finance analysis
- Major focus at Partners Forum

Post-2015 development agenda and GAVI

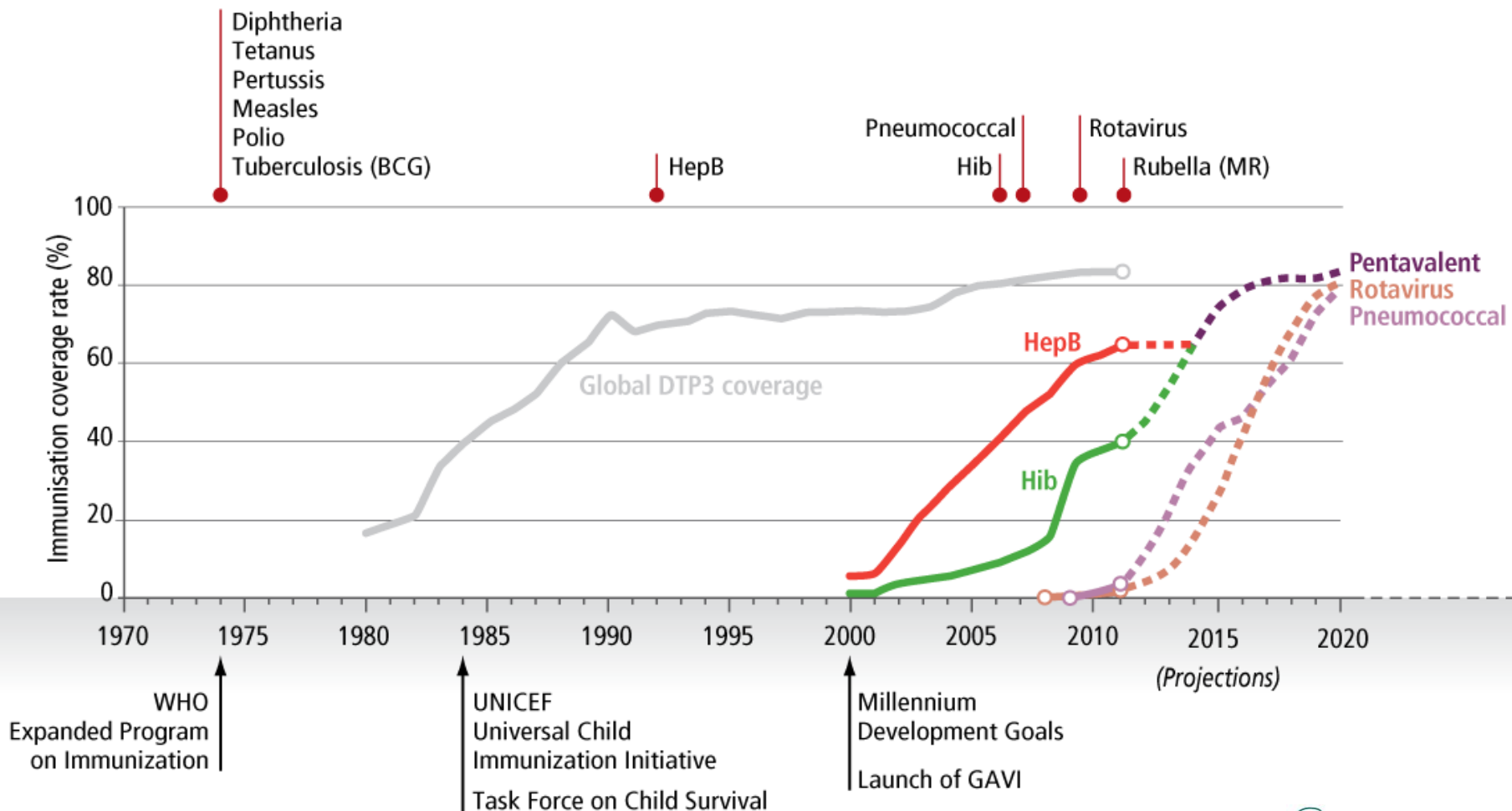
- Health central to post-2015 agenda
- Unlikely to be more than one health goal but multiple indicators possible
- Innovation in development model
- Routine immunisation – new fully immunised or protected child indicator



Photo: UNICEF/LAOA2011/00065/Martha Tattersall

A short history of immunisation milestones

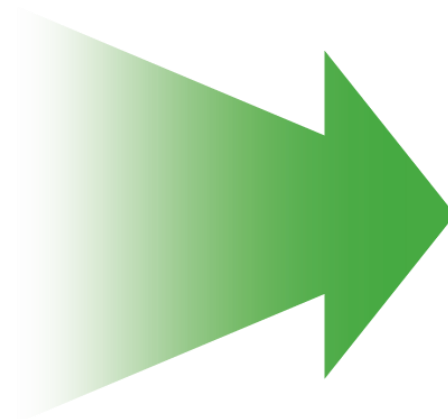
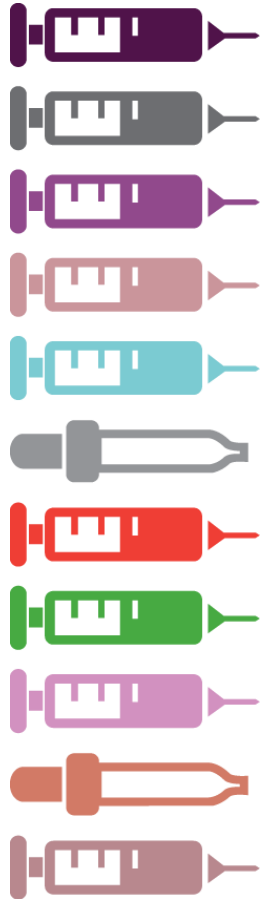
WHO vaccine recommendations and GAVI country coverage rates



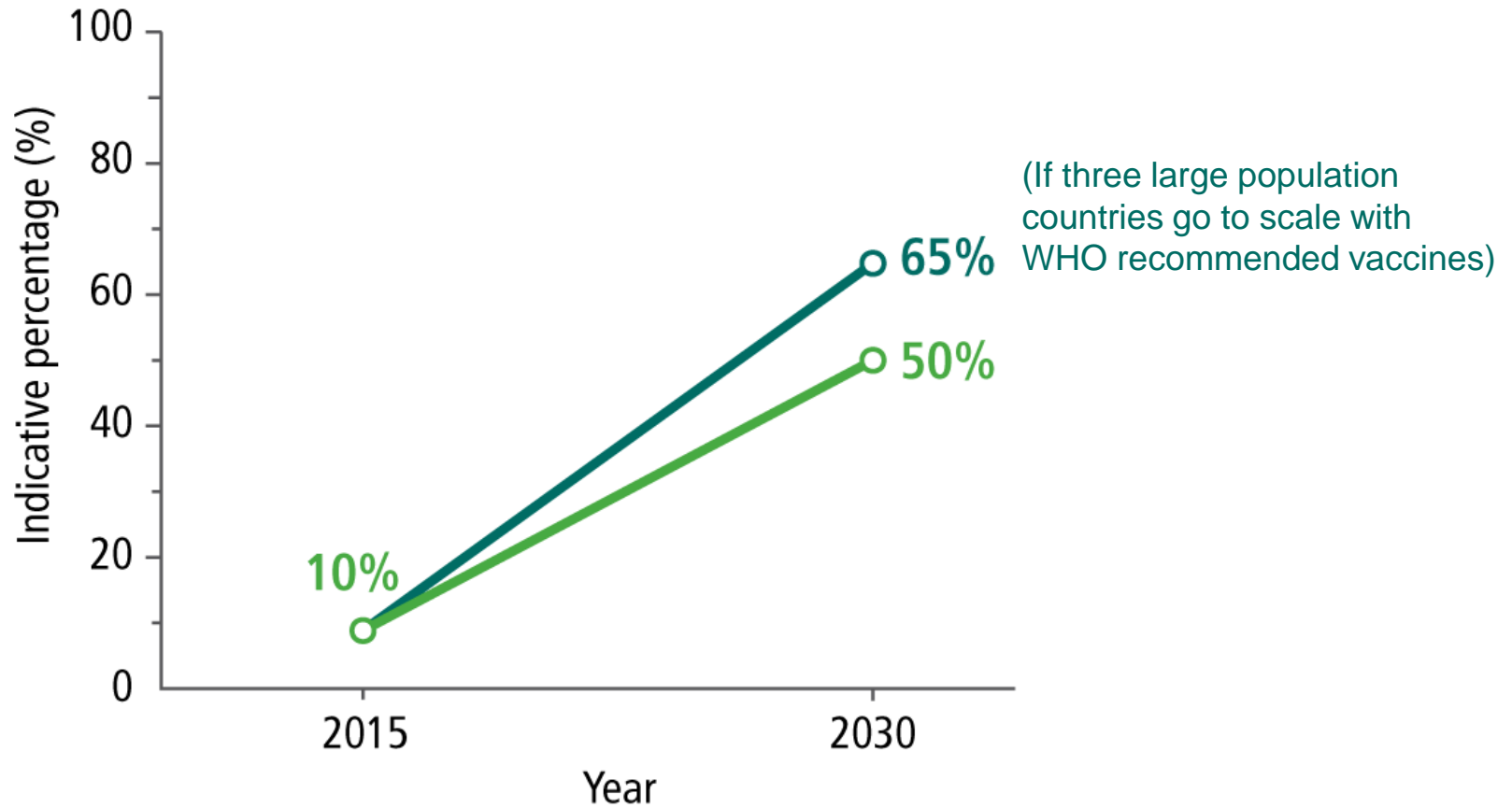
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A 21st century routine immunisation indicator



Indicative percentage of fully immunised children: 2015-30



Key Board decisions

- New Board & Chair appointments
- 2013–2014 Business plan and budget
- Long-term funding strategy
- GAVI and fragile states: a country by country approach
- New end game strategy for polio: possible GAVI & IFFIm participation for IPV & strengthening routine immunisation
- Health Campus option for Geneva office space

GAVI Alliance Partners' Forum 2012

- Strengthen partnerships, share best practices and explore ways to accelerate results, innovation, sustainability and equity in immunisation
- 600+ confirmed participants
- Welcome ceremony hosted by His Excellency President Kikwete of Tanzania
- Launch of Graça Machel-Nelson Mandela Dialogue
- Awards dinner recognising outstanding work in immunisation

Thank you



Rising to the challenge

GAVI Alliance Partners' Forum
5-7 December 2012, Dar es Salaam, Tanzania

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