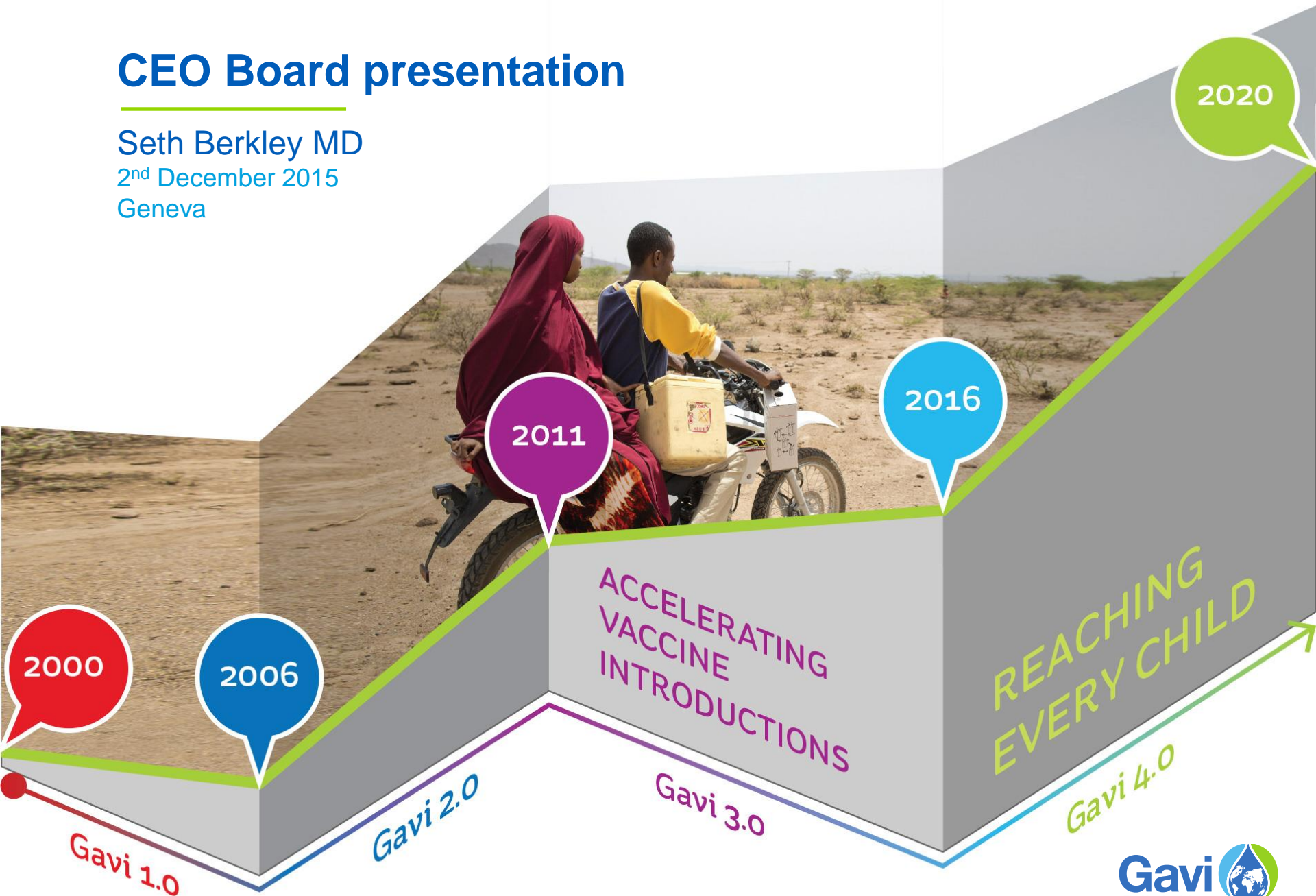


CEO Board presentation

Seth Berkley MD

2nd December 2015

Geneva



THE BIGGER PICTURE

Gavi's involvement



UN Sustainable Development Summit, Sep 2015



UNITED NATIONS
SUSTAINABLE
DEVELOPMENT
SUMMIT 2015
25-27 SEPTEMBER



From MDGs 4, 5 and 6 to new global health goal

Ensure healthy lives and promote well-being for all at all ages

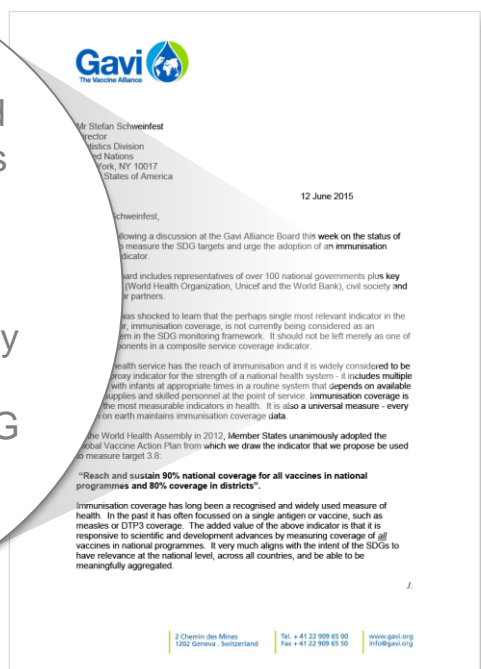
- **Target 3.2:** ...end **preventable deaths** of ... children under 5 years
- **Target 3.8:** Achieve UHC ... access to quality essential health-care services and to safe, effective, quality and affordable essential medicines and **vaccines for all**
- **Target 3b:** Support the **research and development of vaccines**provide access to **affordable essential** medicines and **vaccines**...



Gavi proposes vaccine indicator

- Based on the Global Vaccine Action Plan:
“Reach and sustain 90% national coverage and 80% in every district with all vaccines in national programmes”
- Decision expected: March 2016

The Board was shocked to learn that the perhaps single most relevant indicator in the health sector, **immunisation coverage**, is not currently being considered as an individual item in the SDG monitoring framework.



nature
International weekly journal of science



Oscar
Sejkens/GAVI

Make vaccine coverage a key UN health indicator

Track progress towards universal care using a wide-reaching intervention that all countries can readily measure, says **Seth Berkley**.

06 October 2015

At the United Nations meeting in New York late last month, attendees started to refer to the new Sustainable Development Goals by a different name. The aims morphed into the Global Goals for sustainable development, or just Global Goals.

Whatever we call them, if the goals are to achieve what they set out to, the next few weeks will be crucial. At the end of this month, a UN expert group will meet to try to agree on how to measure progress — and success or failure.

MDG4: Reduce child mortality by two-thirds



1990

Board meeting
2-3 December 2015

2015

Financing the Global Goals: Addis Ababa Action Agenda, July 2015

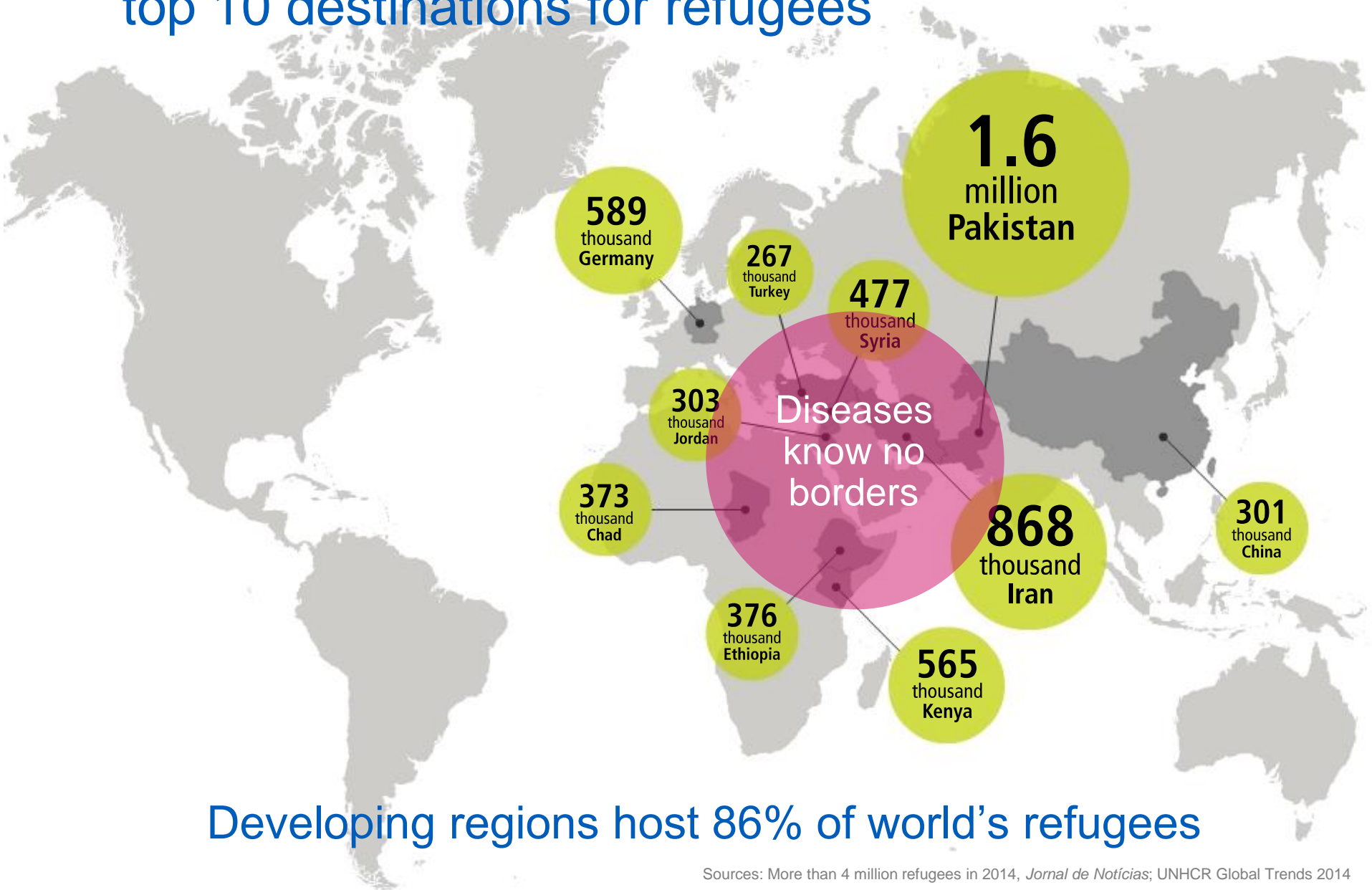
Gavi recognised as successful financing model:

“We will support relevant initiatives, such as **Gavi, the Vaccine Alliance**....

“...existing mechanisms, such as the **International Finance Facility for Immunisation**, might be replicated to address broader development needs.”



Migration: top 10 destinations for refugees



Developing regions host 86% of world's refugees



Ebola: focus on global health security

7 Nov

Sierra Leone declared Ebola free

End Nov

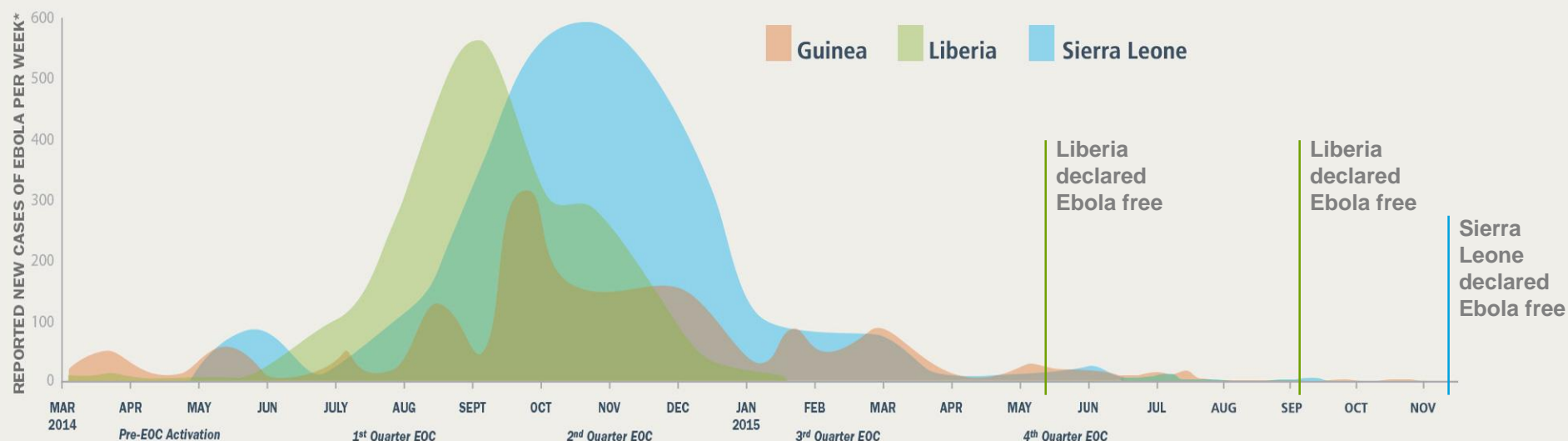
Three new cases in Liberia

Today

Guinea, 4 weeks to go

- Five global reviews on global health preparedness
- Vaccines an important part of the discussion: “*An international vaccine development fund is urgently needed [to] avert a repetition of the Ebola crisis.*”

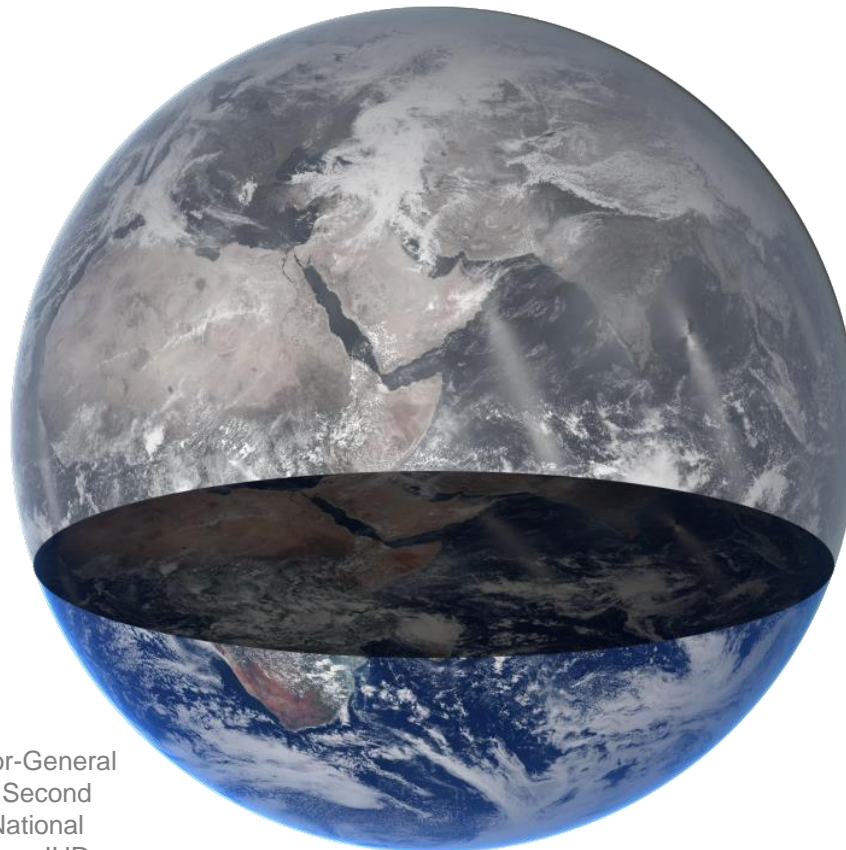
Extracted from “CDC’s Response to Ebola” 2014-2015, updated with WHO data until Nov 2015.



Less than 1/3 of the world is prepared to respond to outbreaks

By **2012** deadline, < **20%** of countries met core capacity requirements under WHO International Health Regulations

By **2014**, this had only increased to **30%**



Only **13/73** Gavi countries have achieved 75% of requirements for preparedness, response, surveillance and labs

Source: Report to the Director-General of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation, November 2014

Board meeting
2-3 December 2015

Continued resurgence of measles

Number of reported measles cases with onset date from Apr 2015 to Sep 2015

Data in WHO HQ as of 9 November 2015



US: big outbreak -
first measles death in
12 years, July

China: ~ 40,000 cases
Jan-Sept

DR Congo: ~ 20,000
cases Jan-Sept

Australia: outbreak in
Aug-Sept

Number of cases

(49 countries or 25%)		0
(29 countries or 15%)		1 - 9
(45 countries or 23%)		10 - 99
(30 countries or 15%)		100 - 999
(10 countries or 5%)		≥1000
(31 countries or 16%)		No data reported to WHO HQ
		Not applicable



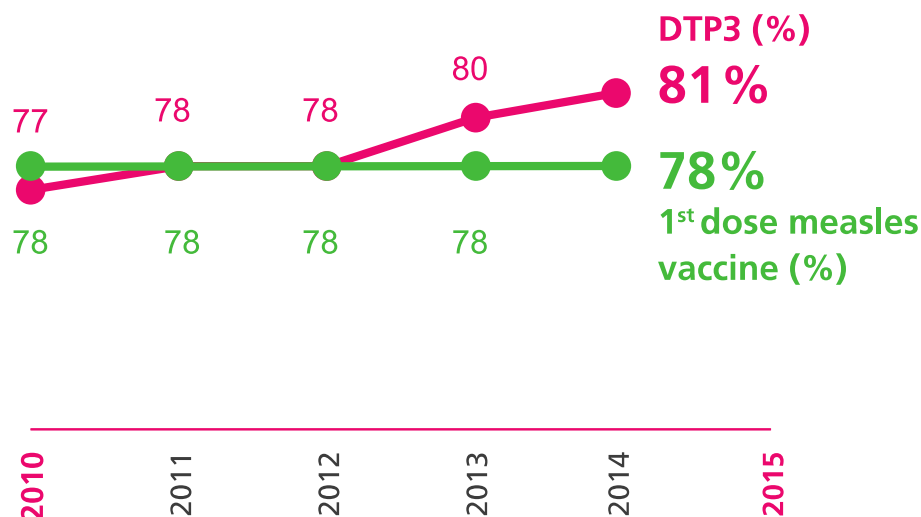
Board meeting
2-3 December 2015



Boost routine immunisation to eliminate measles

- **Coverage:** DTP3 has increased but measles flat-lining
- **Routine immunisation:** only half of children get 2nd dose measles vaccine through routine system
- **Coordination:** need more cohesive approach with routine immunisation at the core

Coverage in Gavi-supported countries



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2015.

Board meeting
2-3 December 2015



Dr. Seth Berkley
Chief Executive Officer
Gavi, the Vaccine Alliance
2 Chemin des Mines
1202 Geneva
Switzerland

Dear Seth,

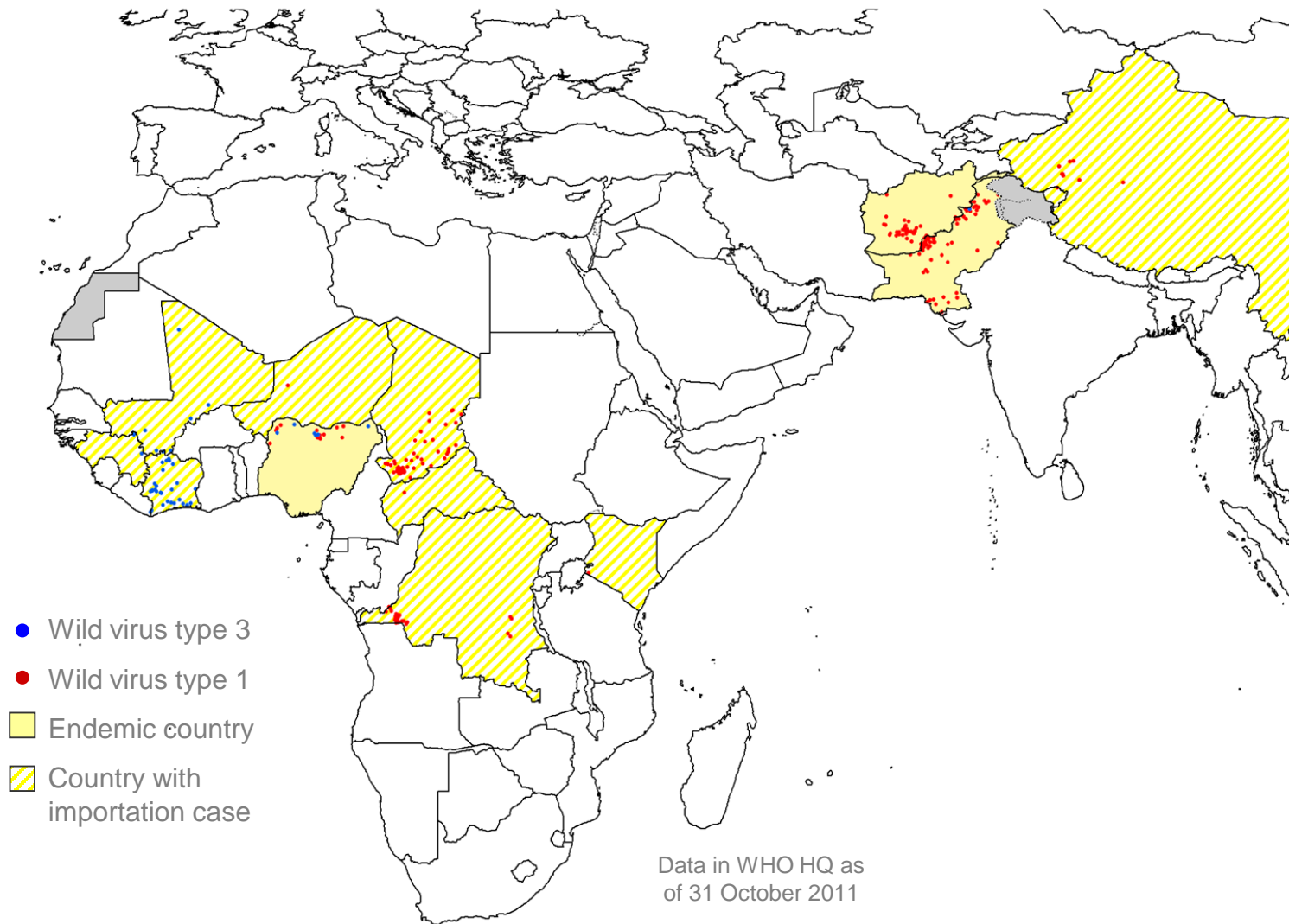
I am writing on behalf of the leaders of the five founding partners of the Measles & Rubella Initiative (M&RI) to let you know that we warmly welcome the ongoing review by Gavi, the Vaccine Alliance, of its measles and rubella strategy. Each of our institutions relates to Gavi, the Vaccine Alliance, in various ways; here we speak from our perspective as the leadership of M&RI.

This is an important moment for all of us to work together to address the challenges we face in reducing measles deaths, boosting routine immunization and meeting the goals of the Global Vaccine Action Plan. We all need a strong partnership between Gavi and M&RI that involves collaboration on programs and communications based on our complementary roles.

As partners of M&RI, we value and appreciate the Gavi emphasis on coverage and equity, a key goal shared by both Gavi and M&RI. We see the measles and rubella work of Gavi and that of M&RI to be complementary, and we thought it would be helpful to outline the current priorities of the Measles & Rubella Initiative:

- Continuing to leverage the assets and resources of the five M&RI founding partners to achieve country and regional goals for measles and rubella through strengthening immunization systems.
- Continuing to address these two diseases from a global perspective, working with Gavi and ministries of health in countries which still have a high burden of measles and rubella and actively supporting measles and rubella control activities in countries that are not Gavi-eligible.
- Working with ministries of health to vaccinate expanded age groups, particularly children over the age of five, when epidemiologically appropriate and necessary.
- Continuing to be on the front lines of measles outbreaks, employing our quick and flexible mechanisms for outbreak response and increasing our mitigation efforts related to outbreak prevention.
- Employing our repository of expertise to provide technical and programmatic assistance, surveillance and laboratory support, outbreak investigation and

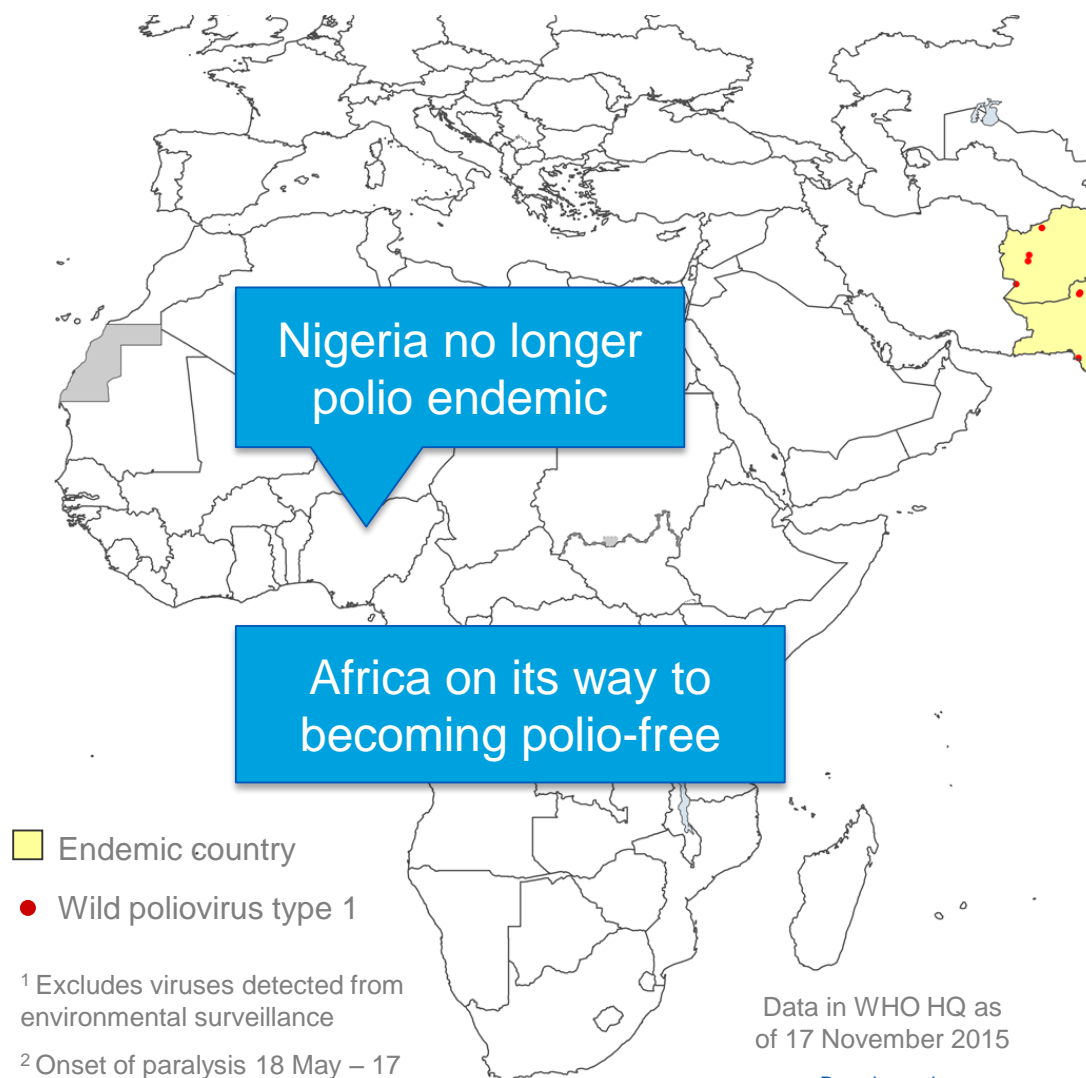
Looking back: Wild poliovirus cases May-October 2011



Data in WHO HQ as
of 31 October 2011

Board meeting
2-3 December 2015

Wild poliovirus cases¹, May-November 2015²



¹ Excludes viruses detected from environmental surveillance

² Onset of paralysis 18 May – 17 November 2015

Data in WHO HQ as of 17 November 2015

Board meeting
2-3 December 2015

Declaration

We, the members of the Global Commission for the Certification of Poliomyelitis Eradication, conclude today, 20th September 2015, that indigenous wild poliovirus type 2 has been eradicated worldwide.

Anthony Adams, Chair

Supamit Chumsuttiwat

Rose Gana F. Leke

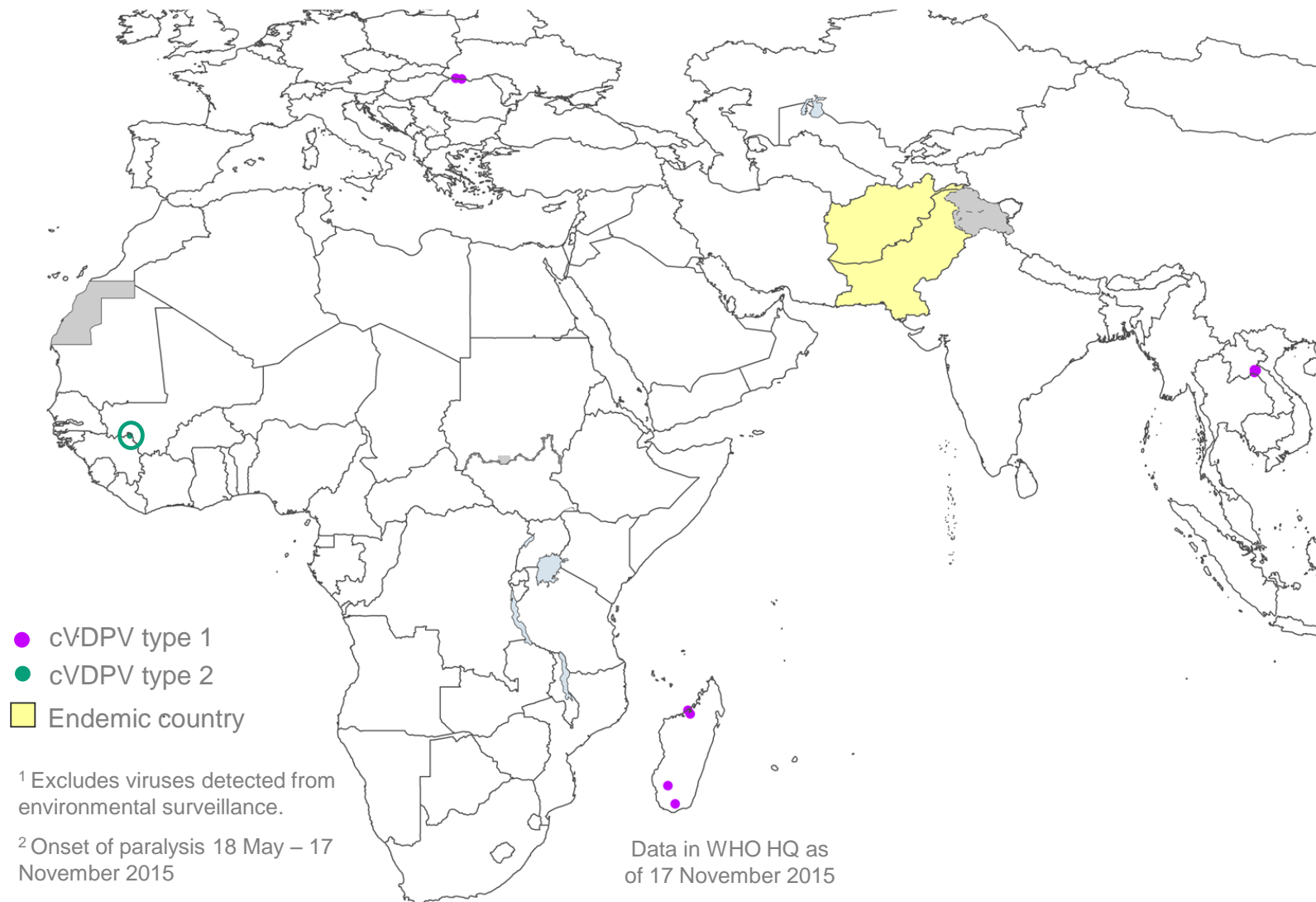
Arlene King

Yagob Al Mazrou

David M. Salisbury

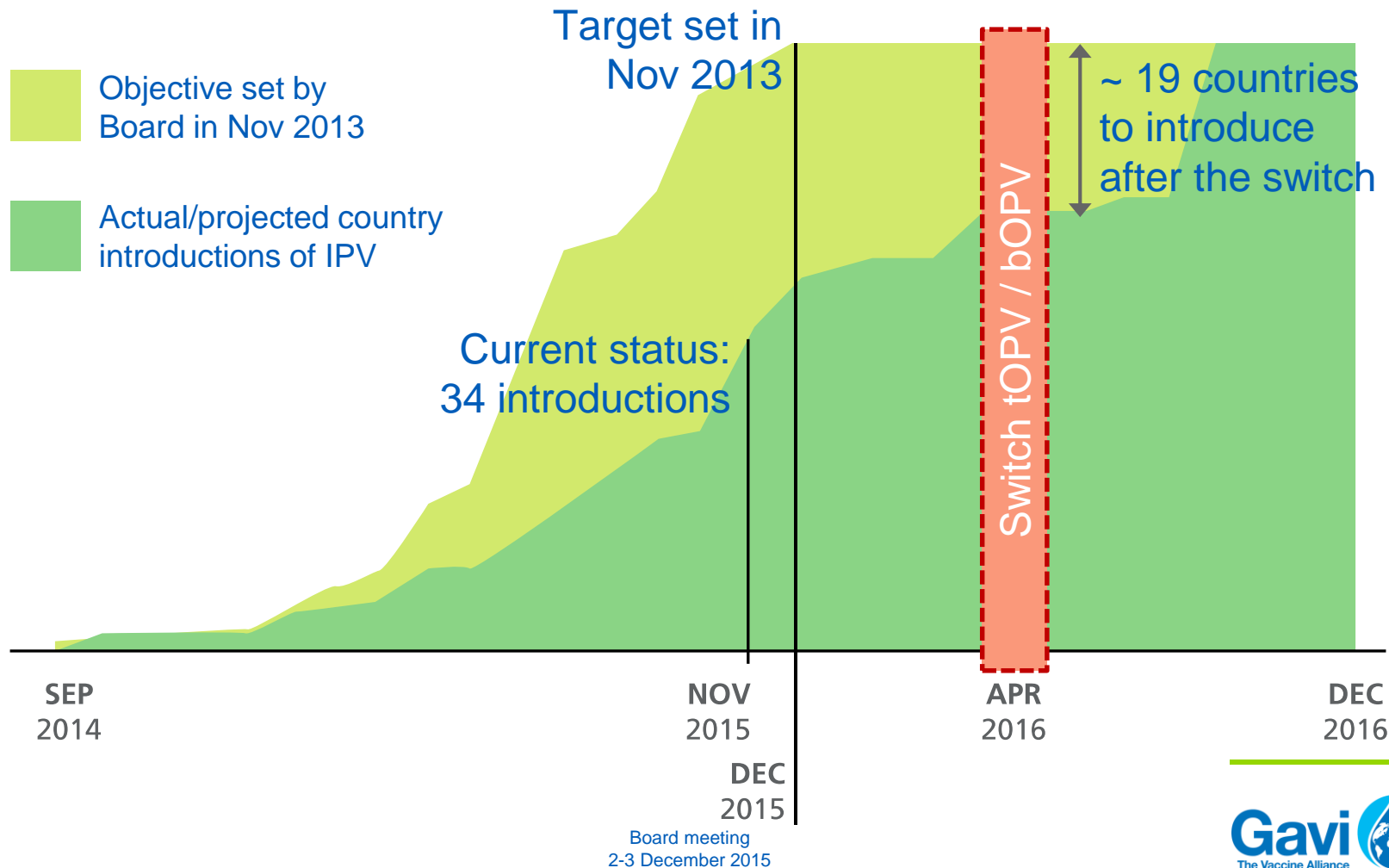
Bali, Indonesia

cVDPV cases¹, May-November 2015²



IPV introduction delays but SAGE still recommends April switch to bivalent OPV

Number of Gavi-supported countries that have introduced IPV



How polio resources can help strengthen routine immunisation

- **People:** experienced public health workers, social mobilisers, volunteers
- **Outreach:** have access to hard-to-reach households
- **Planning:** maps and micro-plans to reach neglected communities
- **Data and surveillance:** monitoring and analysis, real-time global surveillance, GIS and response capacity

Gavi: proposed way forward

- No capacity/mandate to take over partners' human resource networks
- Country-driven, country-specific approach
- Integrated in national programmes
- Focus on equitable and sustainable immunisation coverage
- Health system strengthening and Partners' Engagement Framework key instruments for support

GAVI UPDATES



Board Chair-elect: Ngozi Okonjo-Iweala



New contribution from the Republic of Korea

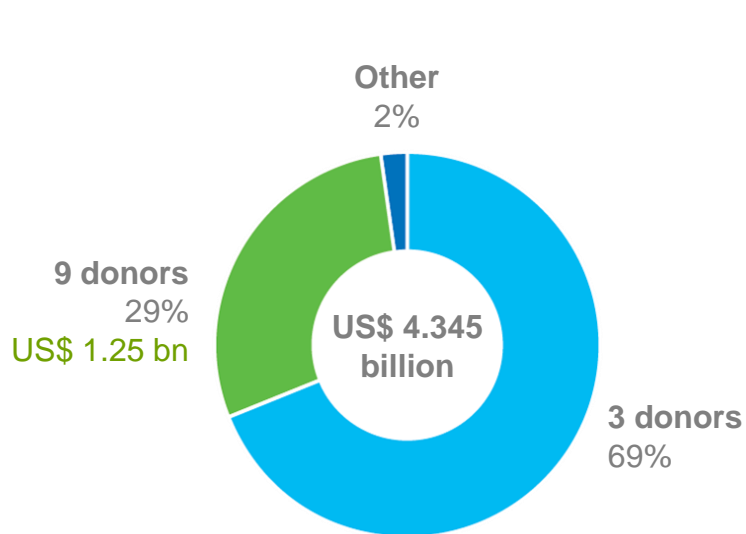
“Health and children are a priority for Korea’s development cooperation policy and Gavi is our partner.”

Lee Yongsoo, Director-General Development Cooperation

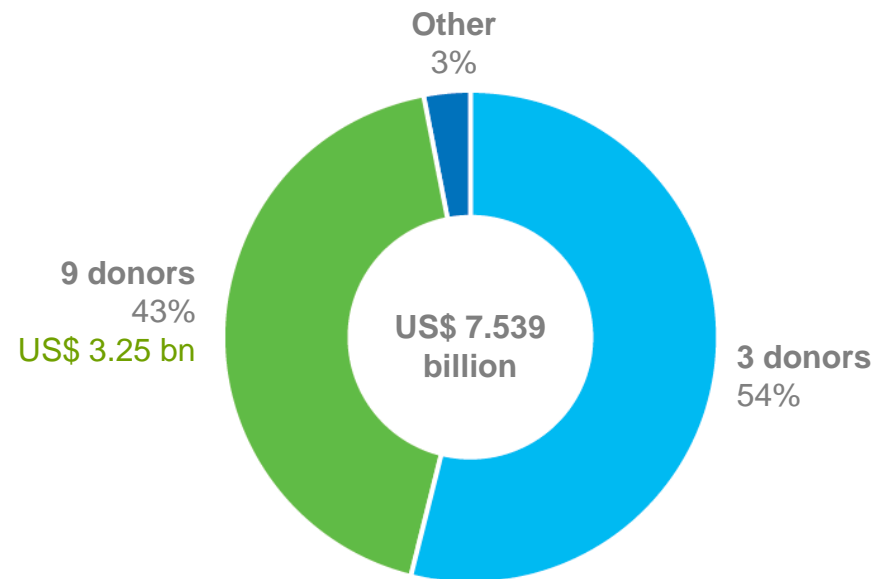


Board meeting
2-3 December 2015

A more diverse financial base

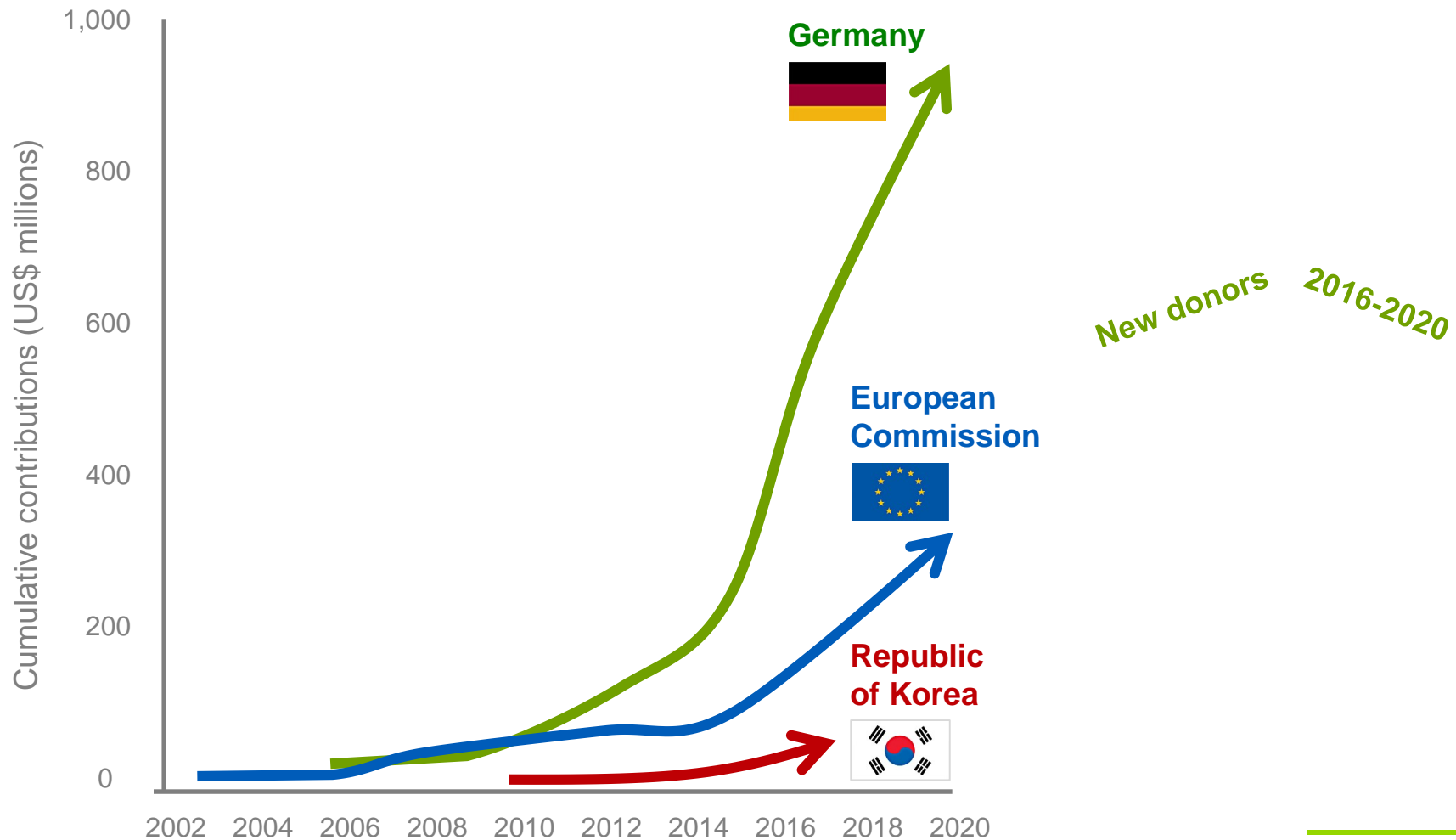


Donor pledges
London, 2011



Donor pledges
Berlin, 2015

Examples of donor growth



Board meeting
2-3 December 2015

Visiting Ethiopia with DFID and the Global Fund, July 2015

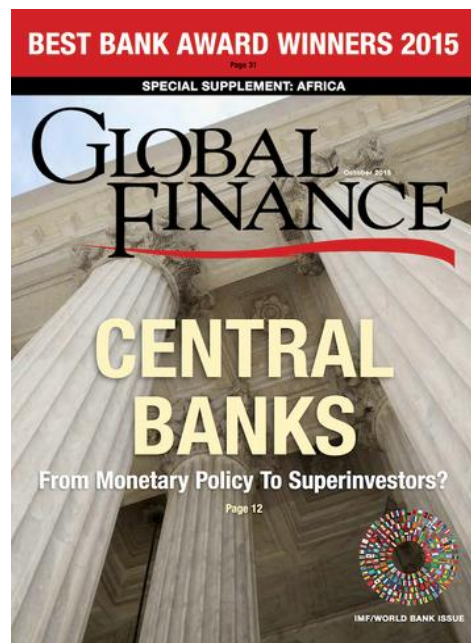


Board meeting
2-3 December 2015

Fifth award for IFFIm Sukuk, October 2015

Islamic Finance Deal of the Year

Global Finance Magazine



Previous Sukuk awards:

- Financial Times' Achievement in International Finance Award
- Islamic Finance News' Social Impact Deal of the Year 2014
- EMEA Finance's Best Supranational Sukuk
- Euromoney's Innovation in Islamic Finance

Board meeting
2-3 December 2015

Vaccine introductions

Afghanistan: inactivated polio vaccine



Vaccine introductions

Pakistan: inactivated polio vaccine



Vaccine introductions

Papua New Guinea: measles-rubella vaccine + IPV



Vaccine introductions



**Nigeria (Northern states):
measles vaccine campaign**



Vaccine introductions

Uganda: HPV national introduction



Board meeting
2-3 December 2015

Vaccine introductions

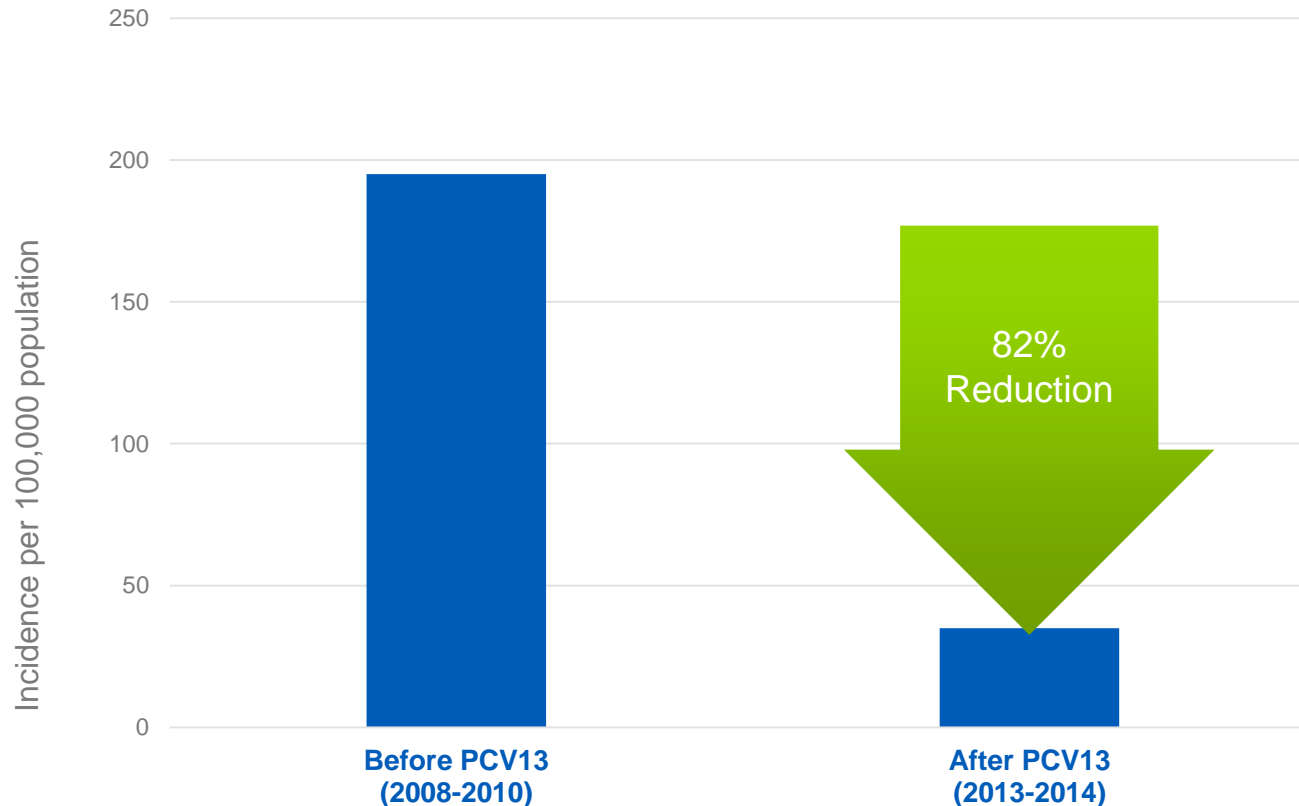
Eritrea: pneumococcal vaccine



Board meeting
2-3 December 2015

Vaccine-type invasive pneumococcal disease incidence in children under 2, the Gambia

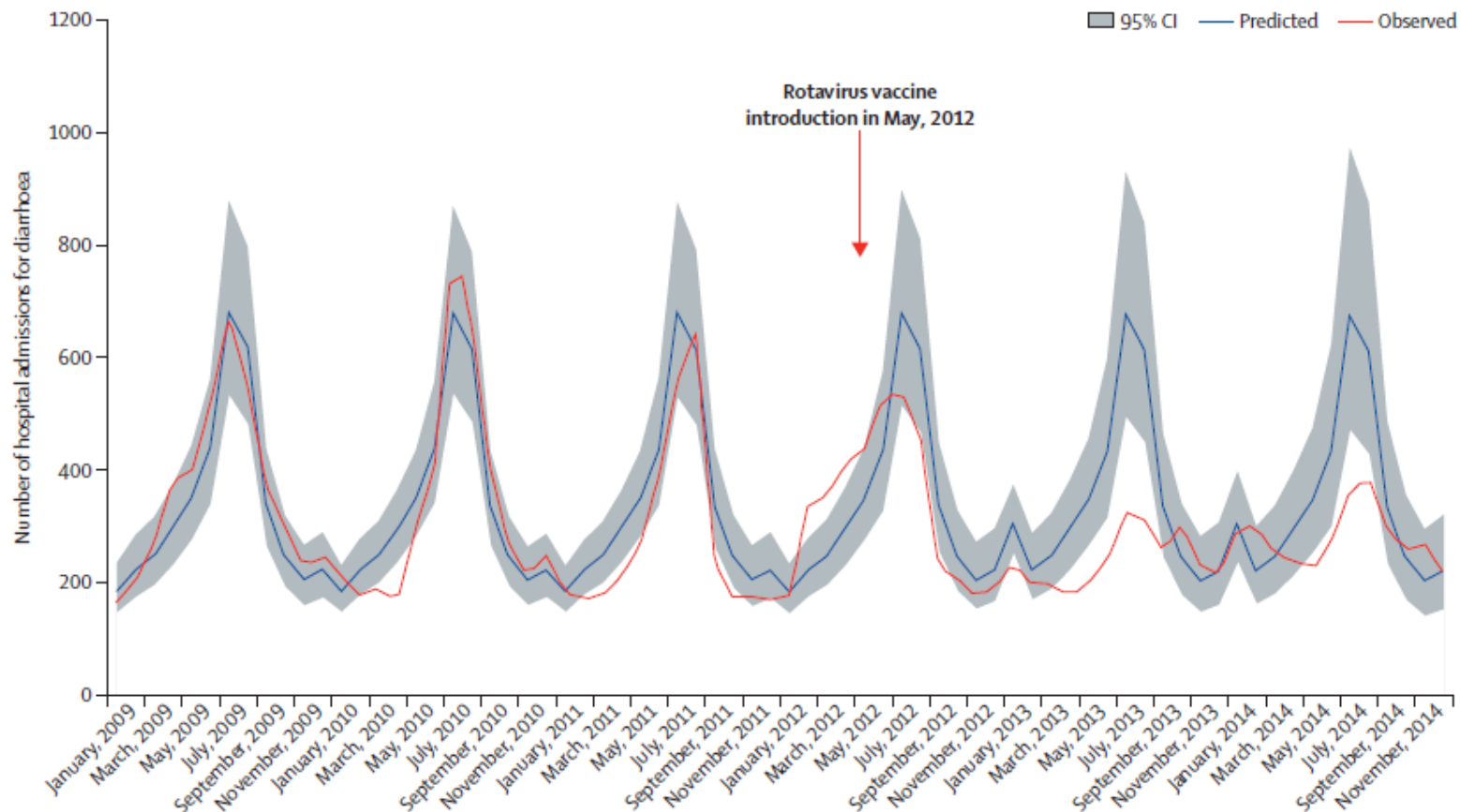
Before and after pneumococcal vaccine introduction (PCV13)



Mackenzie GA et al. Impact of the Introduction of Pneumococcal Conjugate Vaccination on Invasive Pneumococcal Disease in The Gambia: Population-Based Surveillance. Lancet Infectious Diseases, under review.

Note - other age groups available: 2-4 years, 5-14 years, >15 years; also: PCV7 type only, PCV 13 type only, NVT, and all-type. Data here (PCV13 type , under 2) show highest impact.

Hospital admissions for diarrhoea before and after rotavirus vaccine introduction, Rwanda



Ngabo F et al. Effect of pentavalent rotavirus vaccine introduction on hospital admissions for diarrhea and rotavirus in children in Rwanda: a time-series analysis. *Lancet Global Health*, in press.

Vaccine stockpiles

Cameroon: first Gavi-funded doses from OCV stockpile



Vaccine stockpiles

Niger: meningitis A,C,Y,W conjugate vaccine stockpile

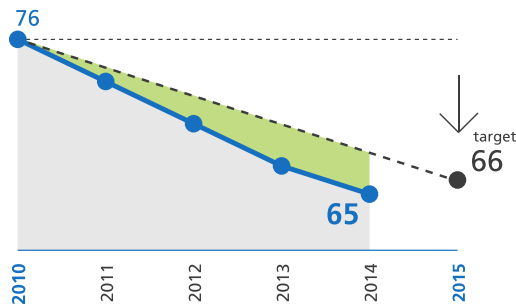


2011-2015 RESULTS

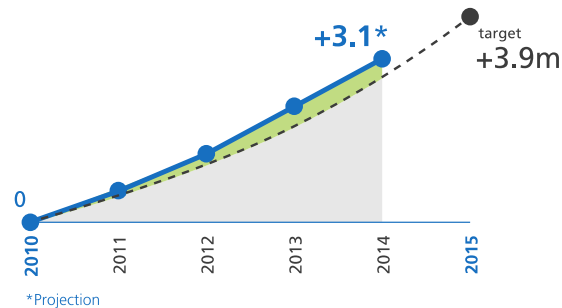


Mission indicators

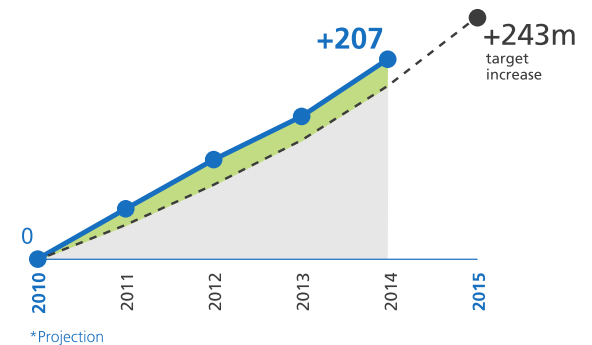
Under-five mortality rate in Gavi-eligible countries
(per 1,000 live births)



Number of future deaths averted
(millions)

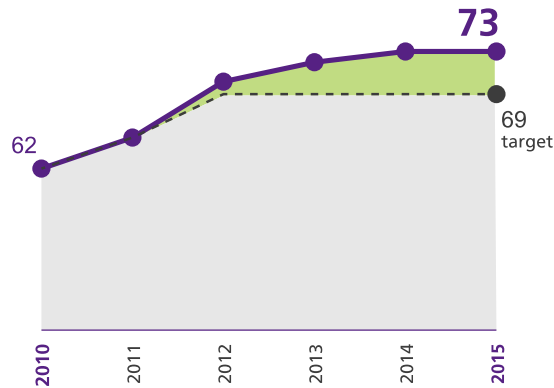


Number of children immunised
(millions)

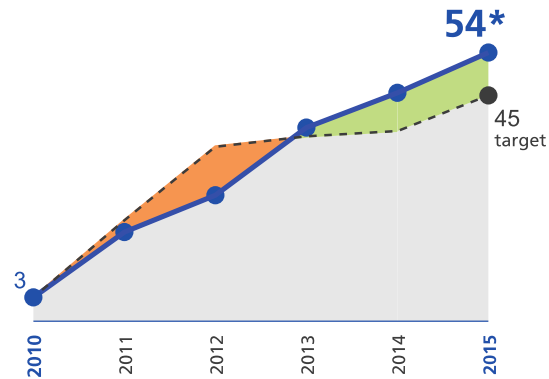


Vaccine goal indicators: country introductions

Pentavalent vaccine
number of countries

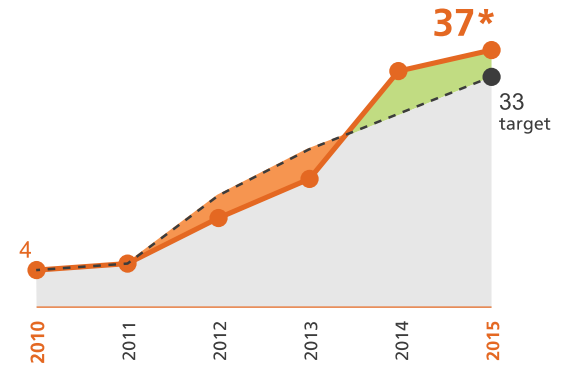


Pneumococcal vaccine
number of countries



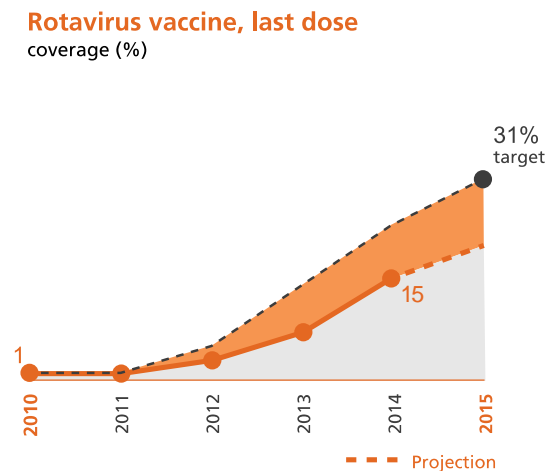
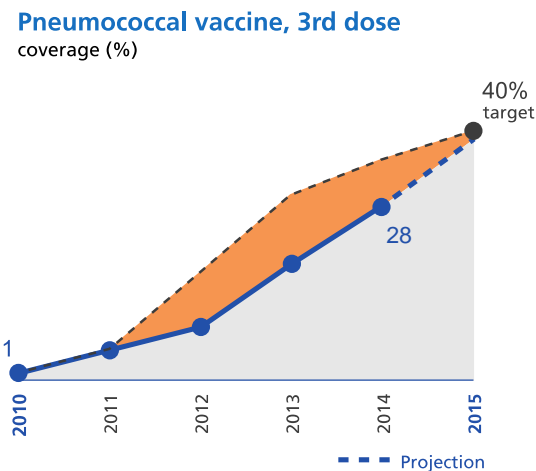
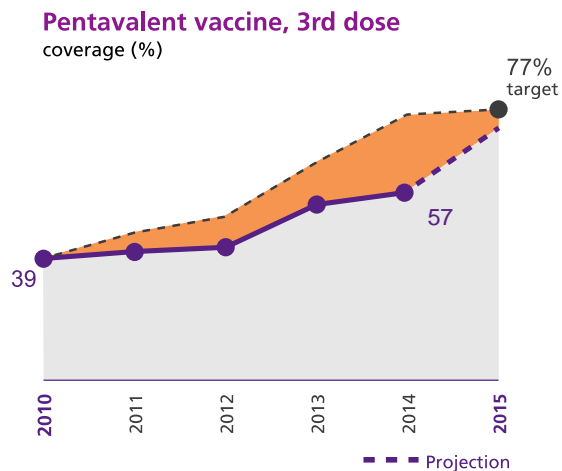
*As of end Nov 2015

Rotavirus vaccine
number of countries



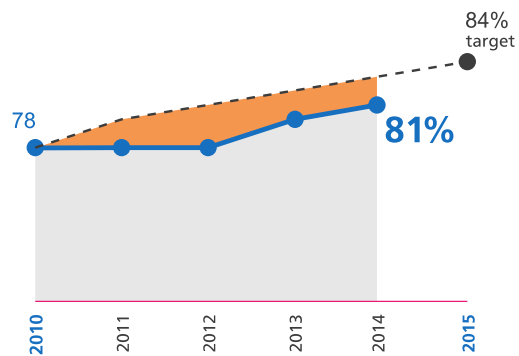
*As of end Nov 2015

Vaccine goal indicators: coverage



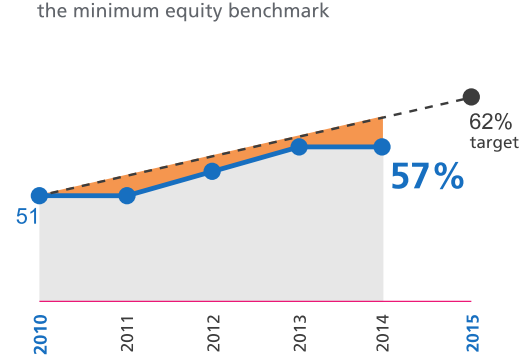
Health systems goal indicators

DTP3 coverage (%)

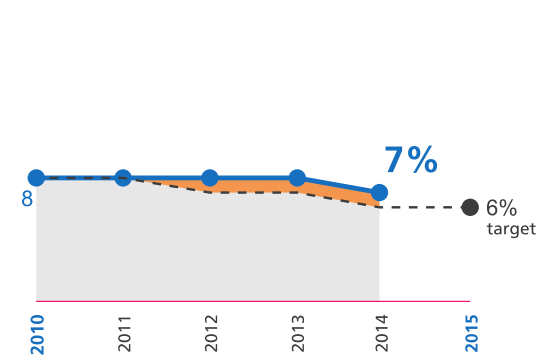


Equity in immunisation coverage (%)

Proportion of countries meeting the minimum equity benchmark



Percentage point difference between DTP1 and DTP3 (%)



All key performance indicators available online



www.gavi.org/results/goal-level-indicators/

Board meeting
2-3 December 2015

First four countries transitioning from Gavi support, 31 December 2015



Honduras



Mongolia



Sri Lanka



Bhutan

Board meeting
2-3 December 2015

2016–2020: REACHING EVERY CHILD

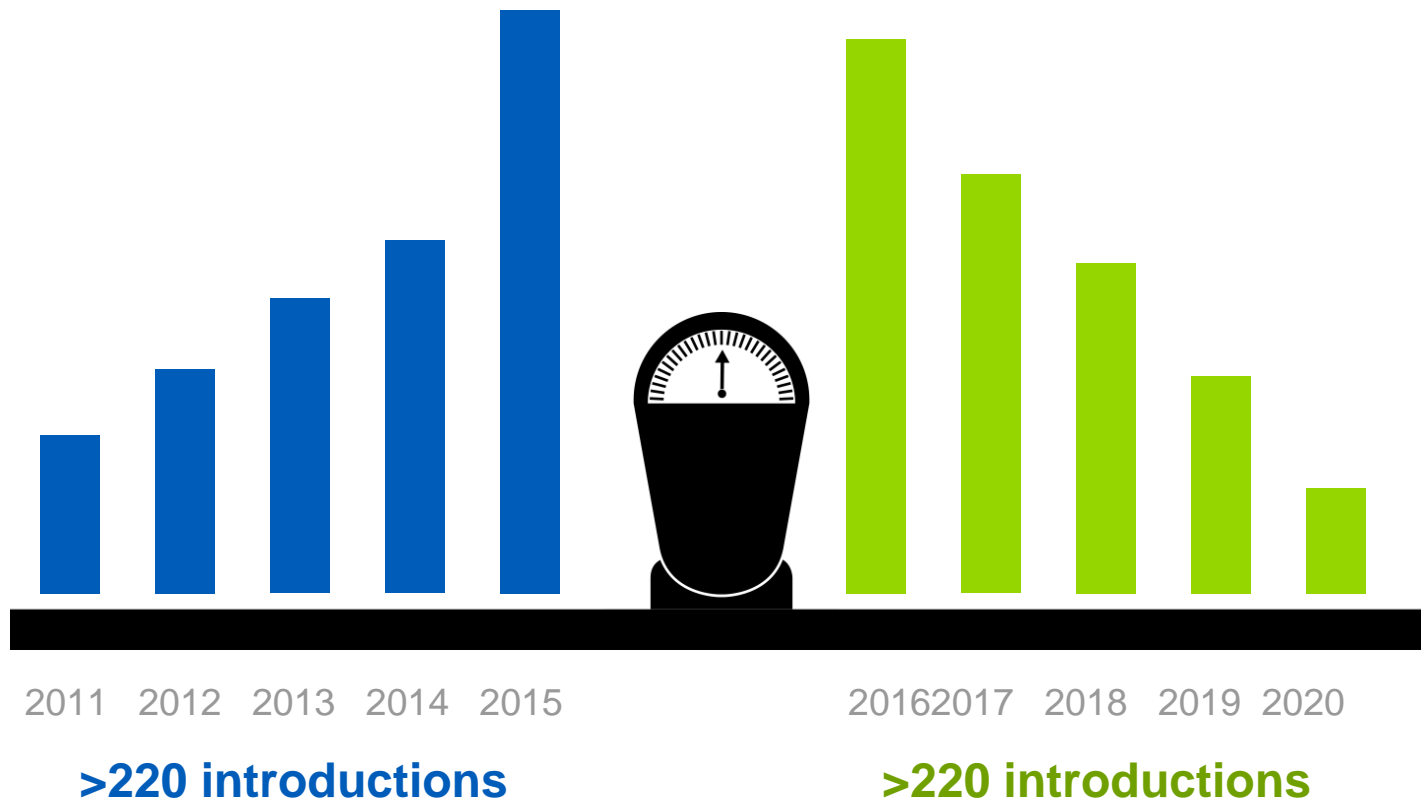


Our main tasks 2016-2020

- ❑ Maintain momentum of vaccine introductions
- ❑ Increase coverage and equity
- ❑ Strengthen routine immunisation
- ❑ Ensure sustainability



Finish the job: continued focus on vaccine introductions

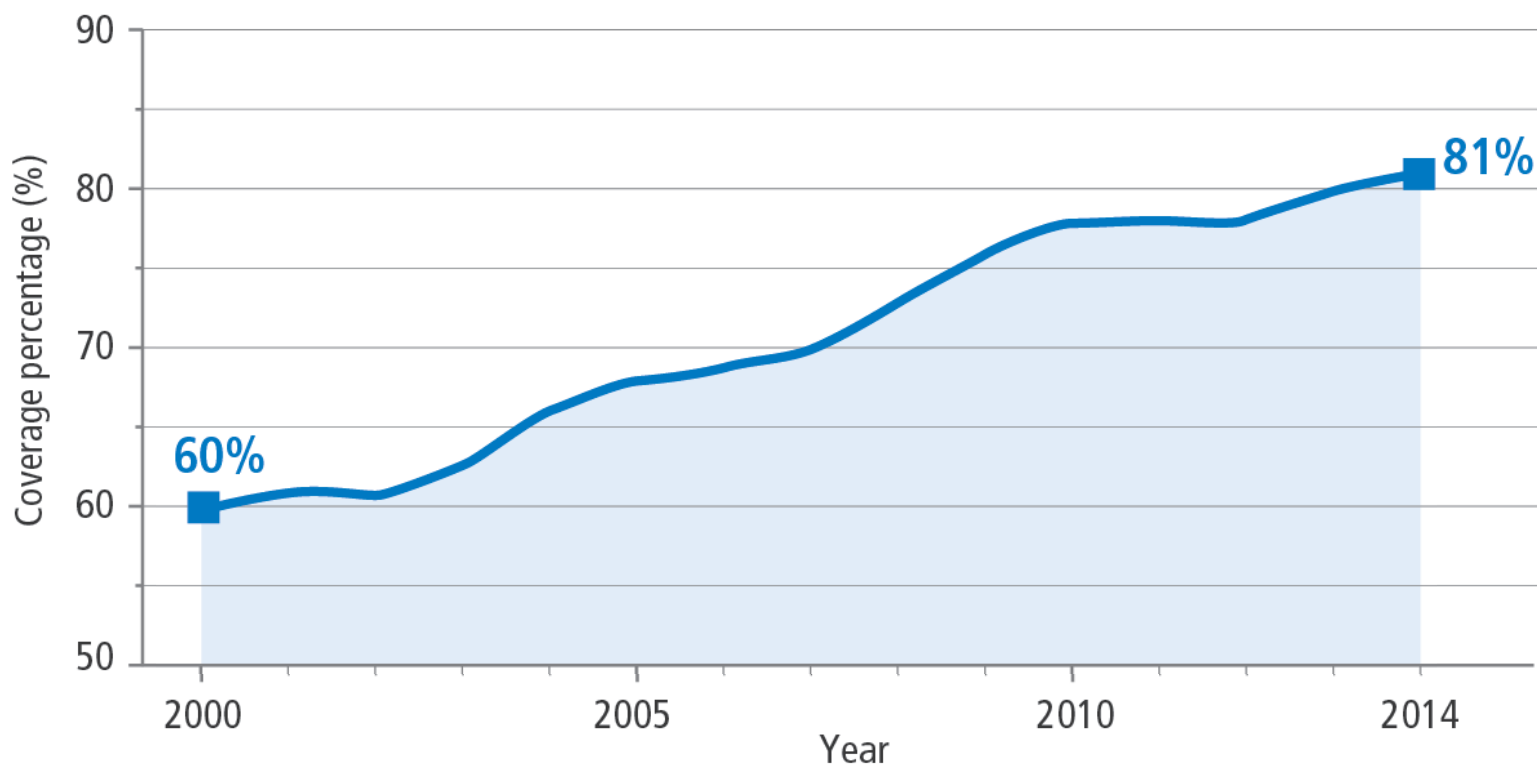


Sources: Vaccine Implementation data as of 15 September 2015. Unconstrained introduction dates used for all vaccines except yellow fever and rotavirus vaccines.

Board meeting
2-3 December 2015

Immunisation coverage in 73 Gavi-supported countries

Coverage with three doses of DTP-containing vaccine



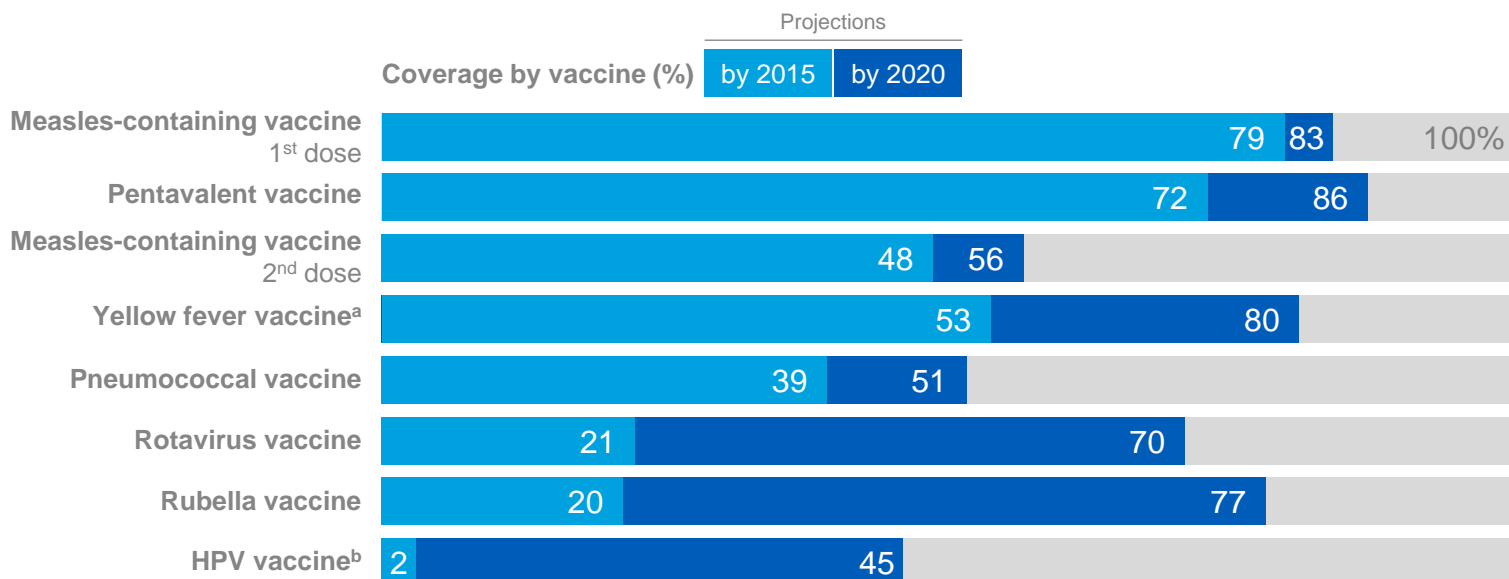
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2015.

A closer look



81%

Immunisation coverage in Gavi-supported countries



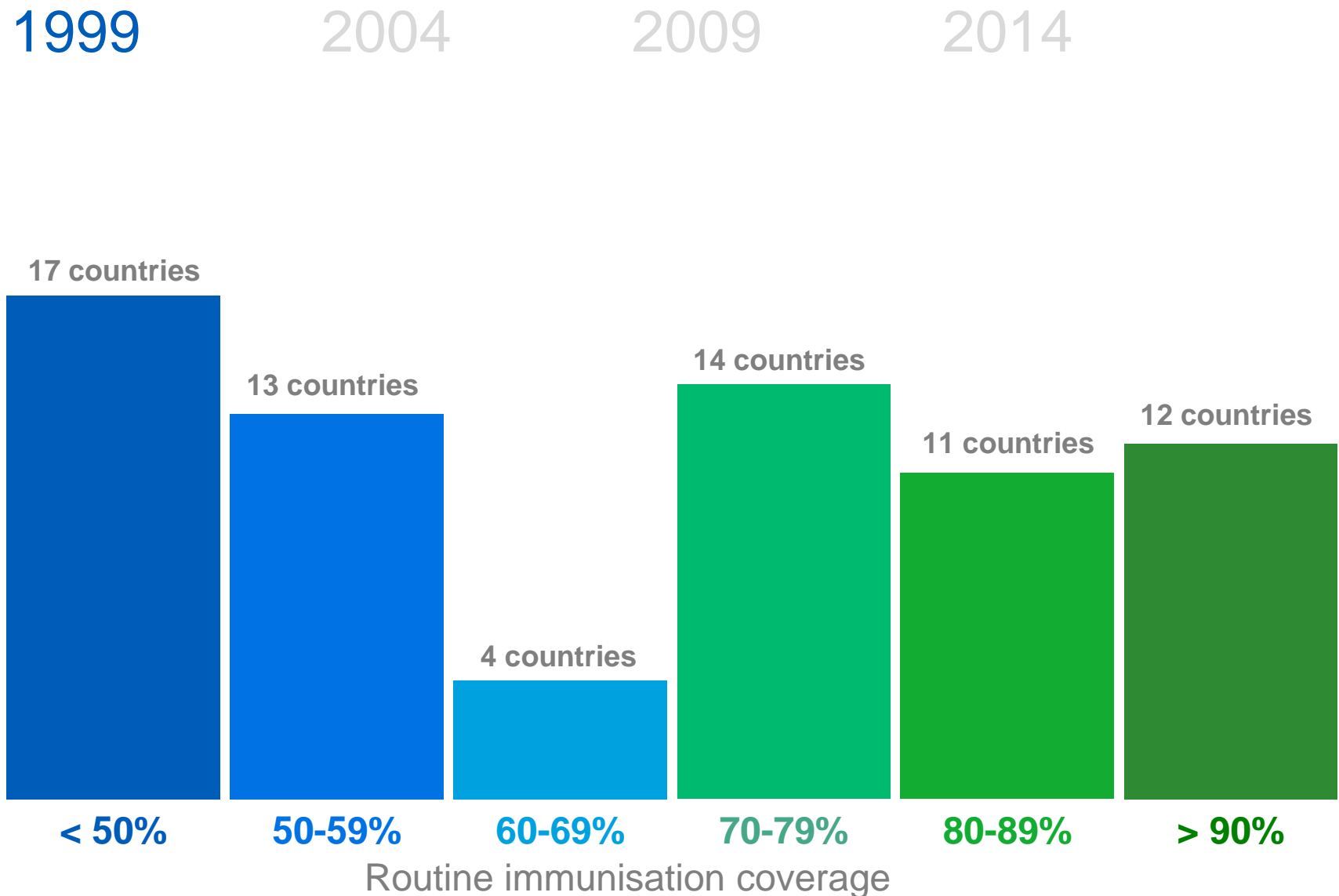
Coverage refers to the final dose of each vaccine, unless otherwise stated.

^a Target population and coverage estimates are based on 32 yellow fever-endemic Gavi-supported countries in Africa.

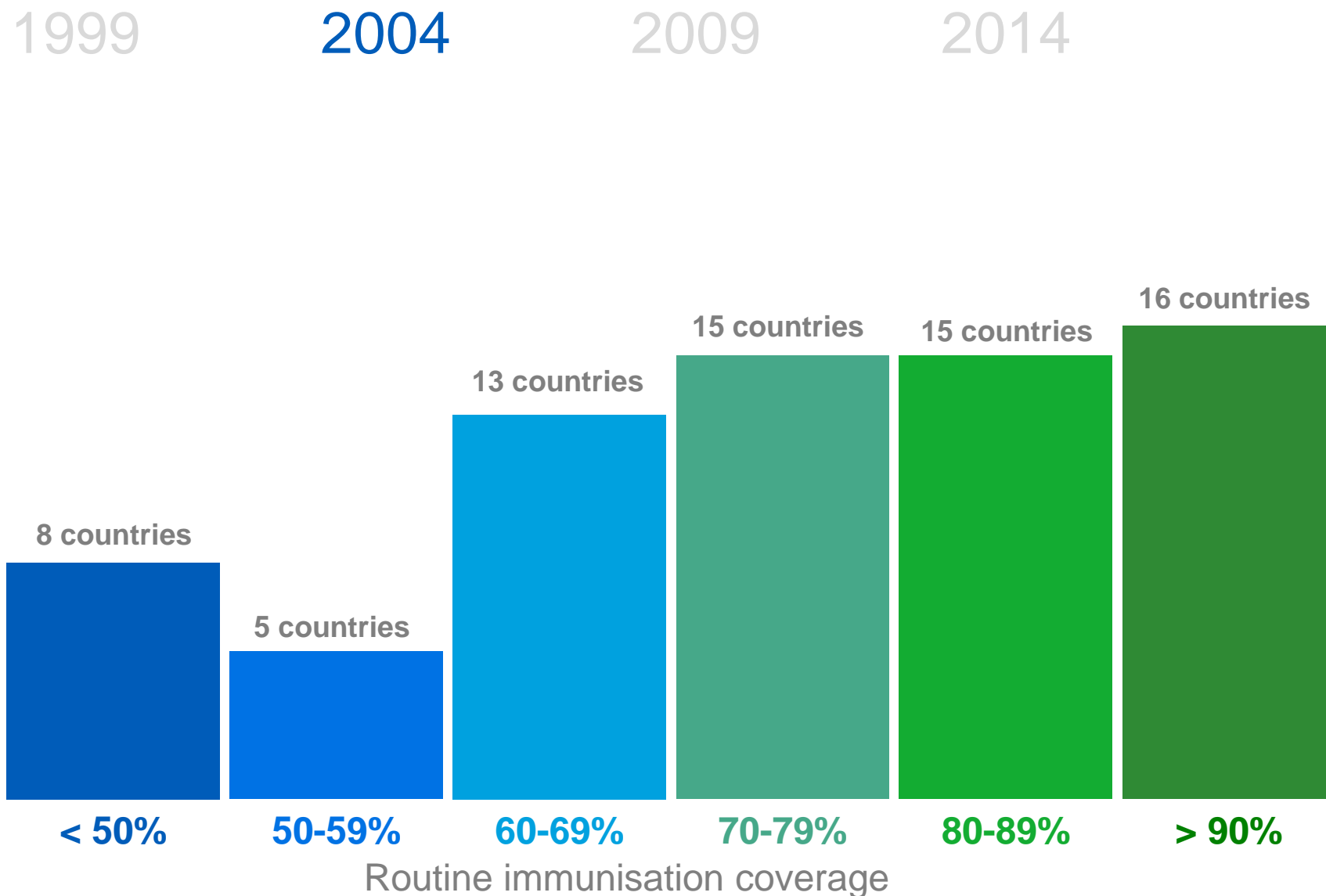
^b Target population for HPV is 10 year old girls.

Source: Gavi strategic demand forecast version 12.

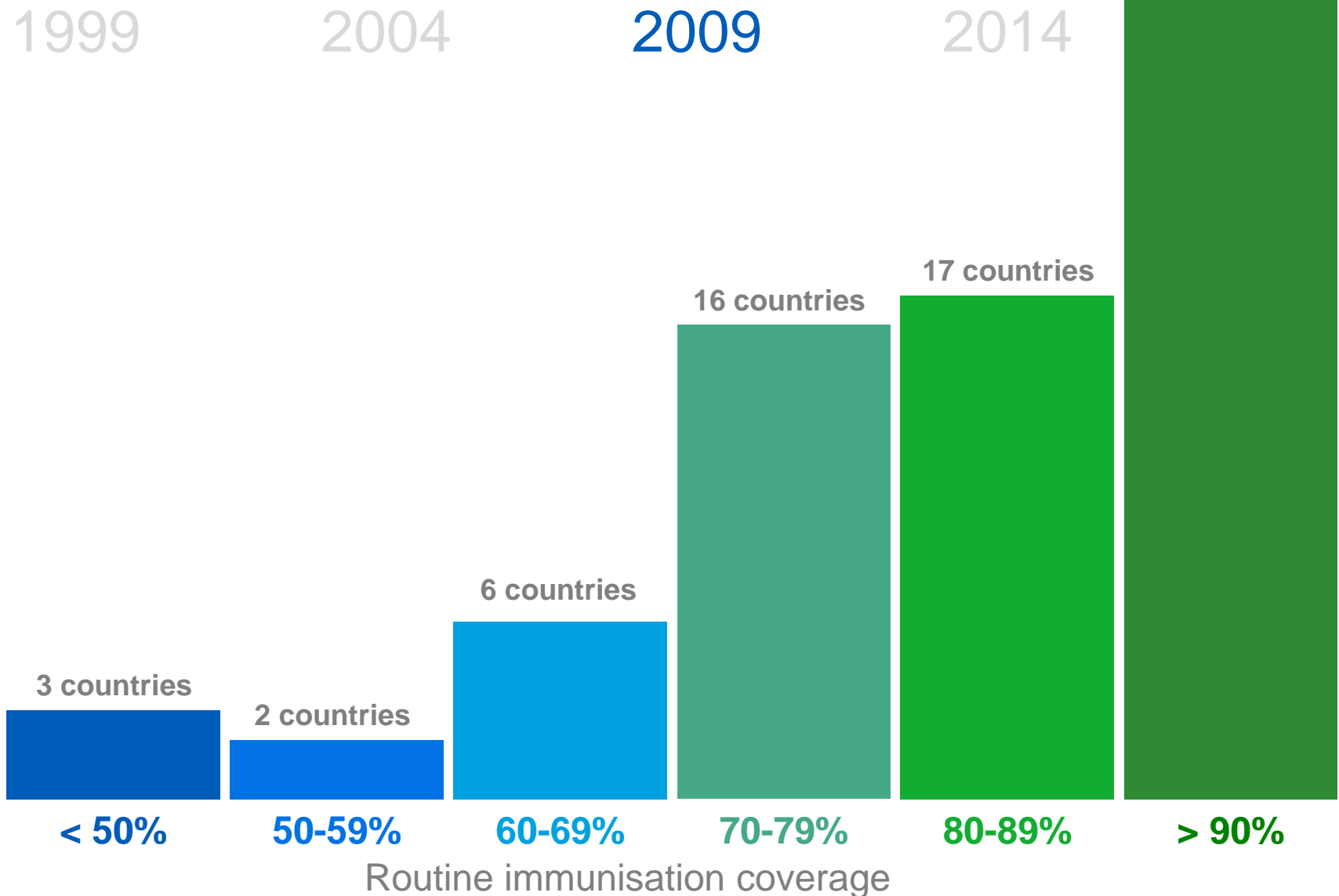
Routine immunisation coverage has increased rapidly in many Gavi countries



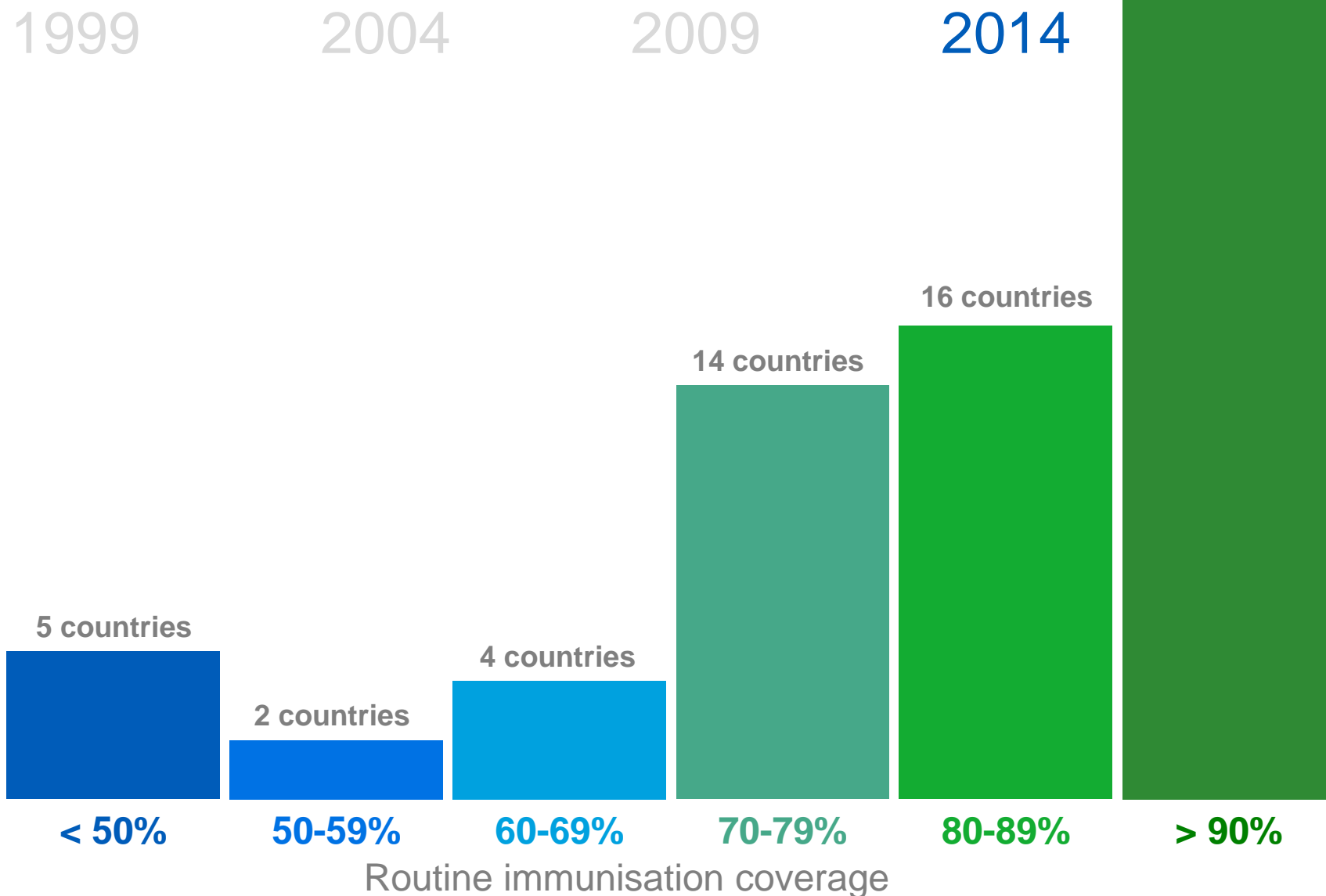
Routine immunisation coverage has increased rapidly in many Gavi countries



Routine immunisation coverage has increased rapidly in many Gavi countries



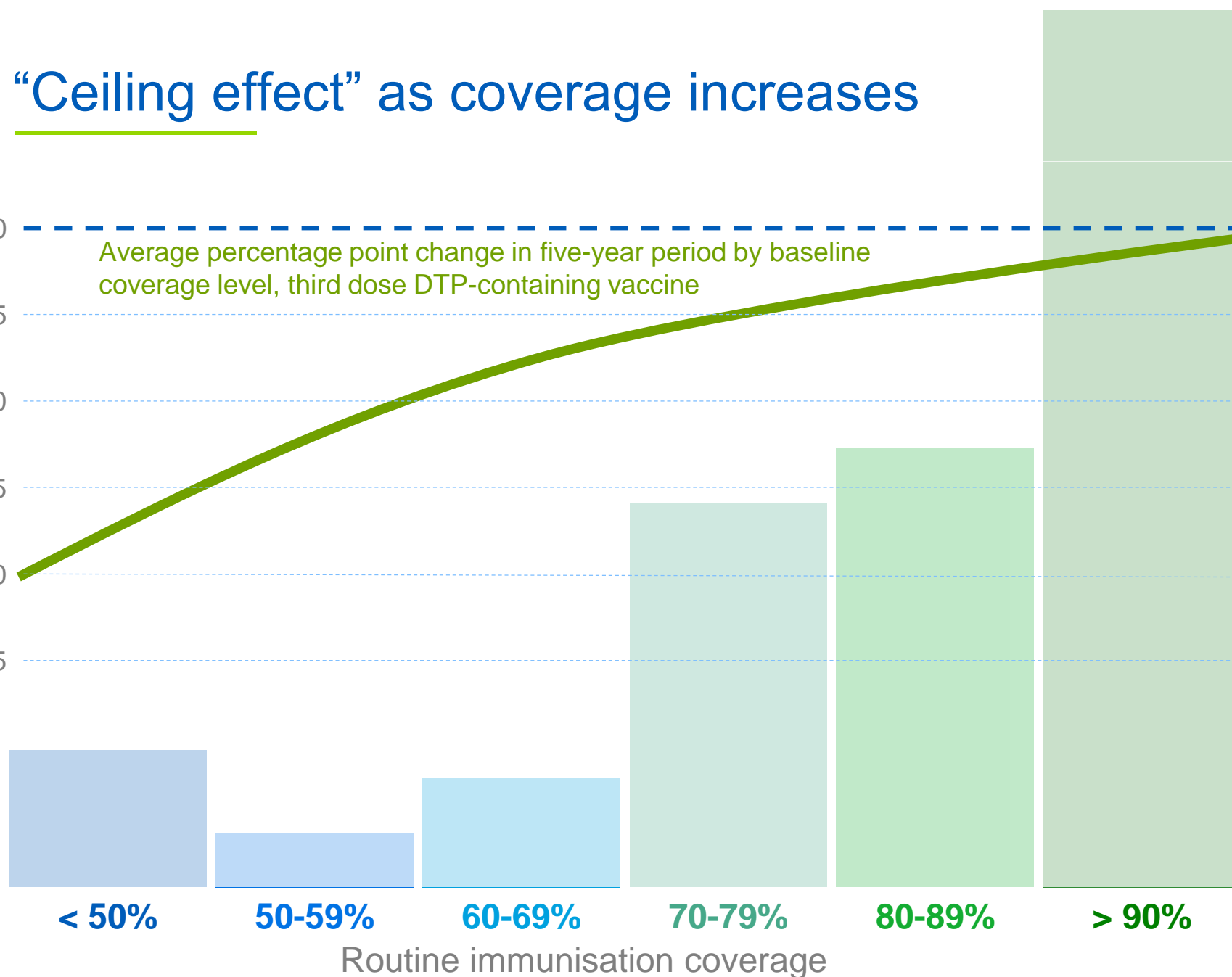
Routine immunisation coverage has increased rapidly in many Gavi countries



“Ceiling effect” as coverage increases

Average % change in 5 year period

Average percentage point change in five-year period by baseline coverage level, third dose DTP-containing vaccine



New country-focused approach to deliver on our strategy, 2016-2020



20 priority countries

10 countries most under-immunised children

Representing 75%
of under-immunised
children in Gavi
countries

- India
- Nigeria
- Pakistan
- Indonesia
- Ethiopia
- Congo, DR
- Uganda
- Chad
- Kenya
- Afghanistan

10 countries high inequities¹ or conflict

- Somalia
- South Sudan
- Central African Republic
- Yemen
- Madagascar
- Niger
- Mozambique
- Haiti
- Myanmar
- N/A Papua New Guinea

¹ High inequity is defined as >20% coverage difference between highest and lowest wealth quintile in DHS surveys after 2010.



Priority country: India

- **Coverage:** world's largest number of under-immunised children
- **Equity:** poorest states have similar income levels to poorest Gavi-supported countries
- **Catalytic partnership** to launch pneumococcal, rotavirus, rubella, human papillomavirus vaccines

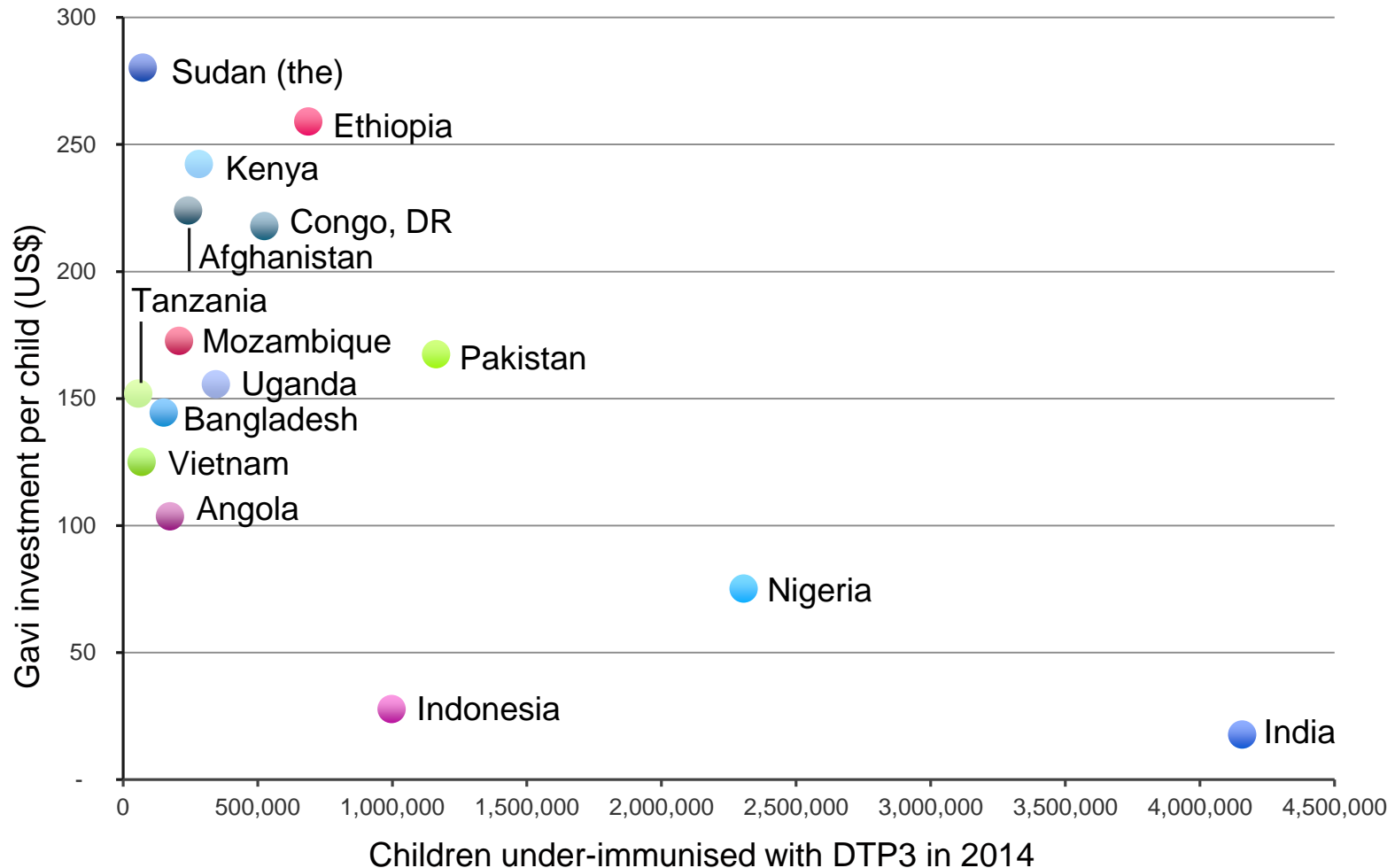
"India's rich experience in universal immunization and particularly its experience this year with the Mission Indradhanush could be shared with all countries."

-- Narendra Modi, Indian Prime Minister

Mission Indradhanush: building on Gavi HSS grant to mainstream polio resources into routine immunisation



Gavi's investment per child in the 15 Gavi-eligible countries with the biggest birth cohorts



Priority country: Madagascar

Intensification of activities for coverage & equity

ISSUES



SOLUTIONS



Supply chain

Rapid deployment of solar-drive fridges in all health centres



Human resources

Increased staffing in Centres de Santé de Base
Health worker training



Service delivery & community

Outreach and micro-planning
Community mobilisation through health workers



Data & planning

Increased availability of data collection tools (registries, vaccination cards)
Redesigned data flow

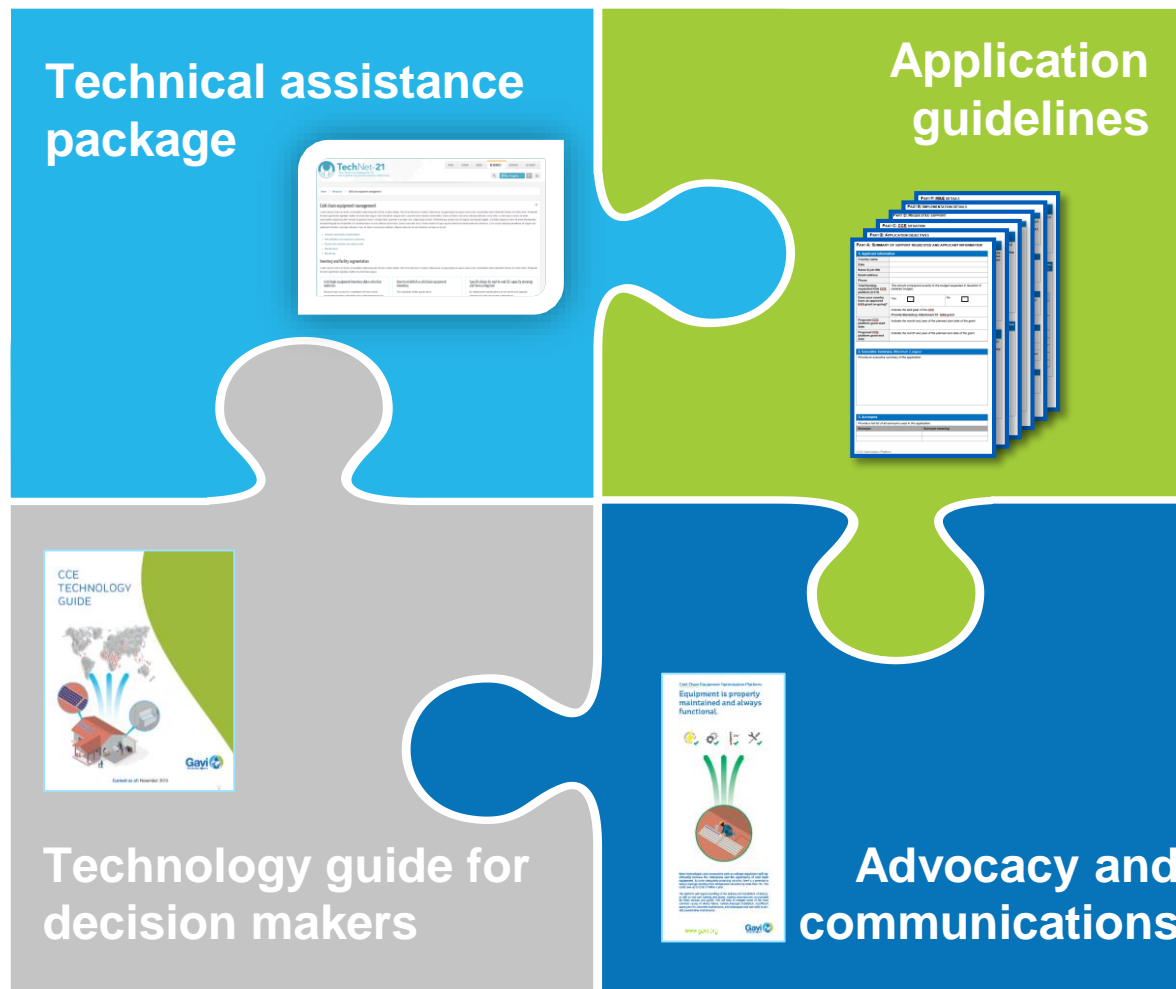


Financing

Advocating for sufficient financing



Cold Chain Equipment Platform: launch preparations



5-10 countries expected to apply in 2016

(NOT EXHAUSTIVE)

Board meeting
2-3 December 2015

Proposed approach to data: what the Alliance aims to achieve by 2020



Focus areas

Data for
Immunisation
Delivery, Coverage
& Equity (DCE)

Vaccine-
preventable disease
surveillance

Vaccine safety

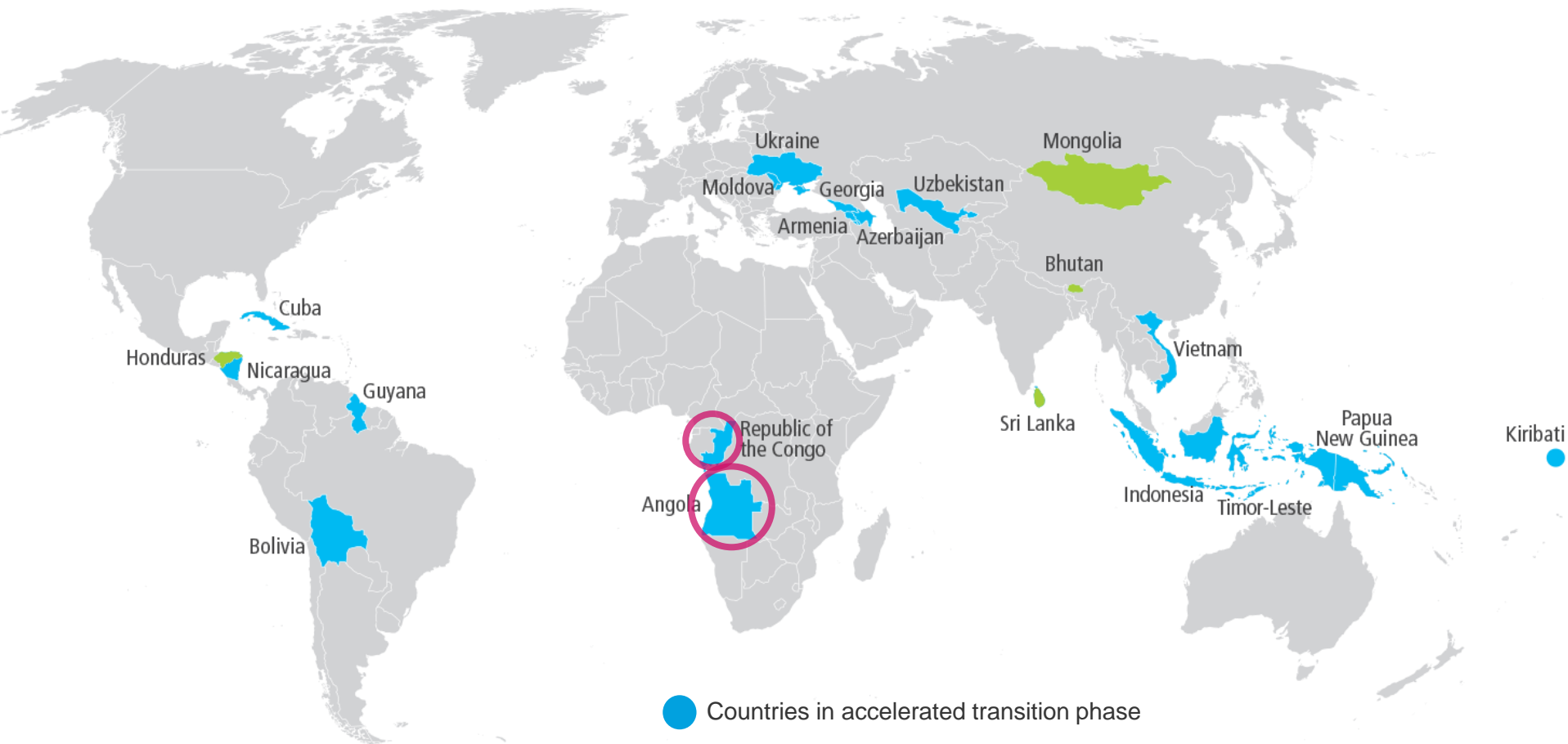
Goals for 2020

Improve the **availability, quality, use** of data & strengthen health workforce data use capability

Strengthen country surveillance systems & create networks

Identify AEFI & investigate, **respond** efficiently and effectively and **address public concerns**

Sustainability: 21 countries in accelerated transition phase



Note: Cuba and the Ukraine are no longer receiving Gavi vaccine support.

- Countries in accelerated transition phase
- Set to become fully self-financing from 2016

Board meeting
2-3 December 2015

DELIVERING ON THE NEW STRATEGY

Alliance gearing up



Improving the way we work: examples

- **Risk management:** new organisational structure, dedicated risk function, new Head of Risk
- **Knowledge management:** country portal facilitating communications between countries and partners
- **Simplification:** eg revised programme funding policy
- **Grant management:** streamlining disbursement and review processes
- **Human resources:** performance and talent management



Streamlining Board documentation

June 2015:

608 pages + 9 additional documents on myGavi



December 2015:

466 pages, no additional documents on myGavi

The screenshot shows the myGavi website interface. At the top, there is a navigation bar with the myGavi logo, a search bar, and links for Messages (0), Help, and Log Out. Below the navigation bar, there is a section for the GAVI BOARD GROUP with tabs for LATEST, CALENDAR (0), MEMBERS (164), and DOCUMENTS (490). The main content area displays a list of board meetings, including the 2015 Gavi Board meeting (2-3 December, Geneva), the 2015 Gavi Board meeting (10-11 June, Geneva), the 2015 Gavi Board Retreat (24-25 March, Copenhagen), and the 2010-2014 Gavi Board meetings. A link for 'Who's Who - Board and Committee Members' is also visible. A blue-bordered box on the right side of the page contains the text 'myGavi: not just Board meeting documents and presentations, but also:' followed by a list of features: Up-to-date calendar of all Board and Board Committee meetings, Up-to-date list of all Board and Board Committee members, Statutes, by-laws and committee charters, Board member reference book, Policy handbook, and Quarterly risk report and risk register.

myGavi: not just Board meeting documents and presentations, but also:

- Up-to-date calendar of all Board and Board Committee meetings
- Up-to-date list of all Board and Board Committee members
- Statutes, by-laws and committee charters
- Board member reference book
- Policy handbook
- Quarterly risk report and risk register

Partners' Engagement Framework in action: Afghanistan

- **Enhanced national capacity:** 4 of 6 national officers moved from partner offices to health ministry
- **Stronger alignment:** less duplication between partners, more harmonised support
- **More transparent:** country has visibility on Gavi-funded support (limited insight into partners' submissions)
- **More targeted:** added support from new partner to build financial management capacity (country priority)
- **Increased value for money:** 23% reduction in budget with reduced spend on travel and consulting



Strengthened grant management: responding to Yemen crisis

- **Tailoring support to countries**
- **Re-allocation:** HSS funds rapidly re-allocated to support integrated outreach
- **Result:** 1,900 mobile teams reached 70,000 children in September
- **Going forward:** continued use of funds for integrated outreach, channelled through partners



Gavi recognised for country engagement

A Snapshot of Development Partner Communication and Performance (October 2015)

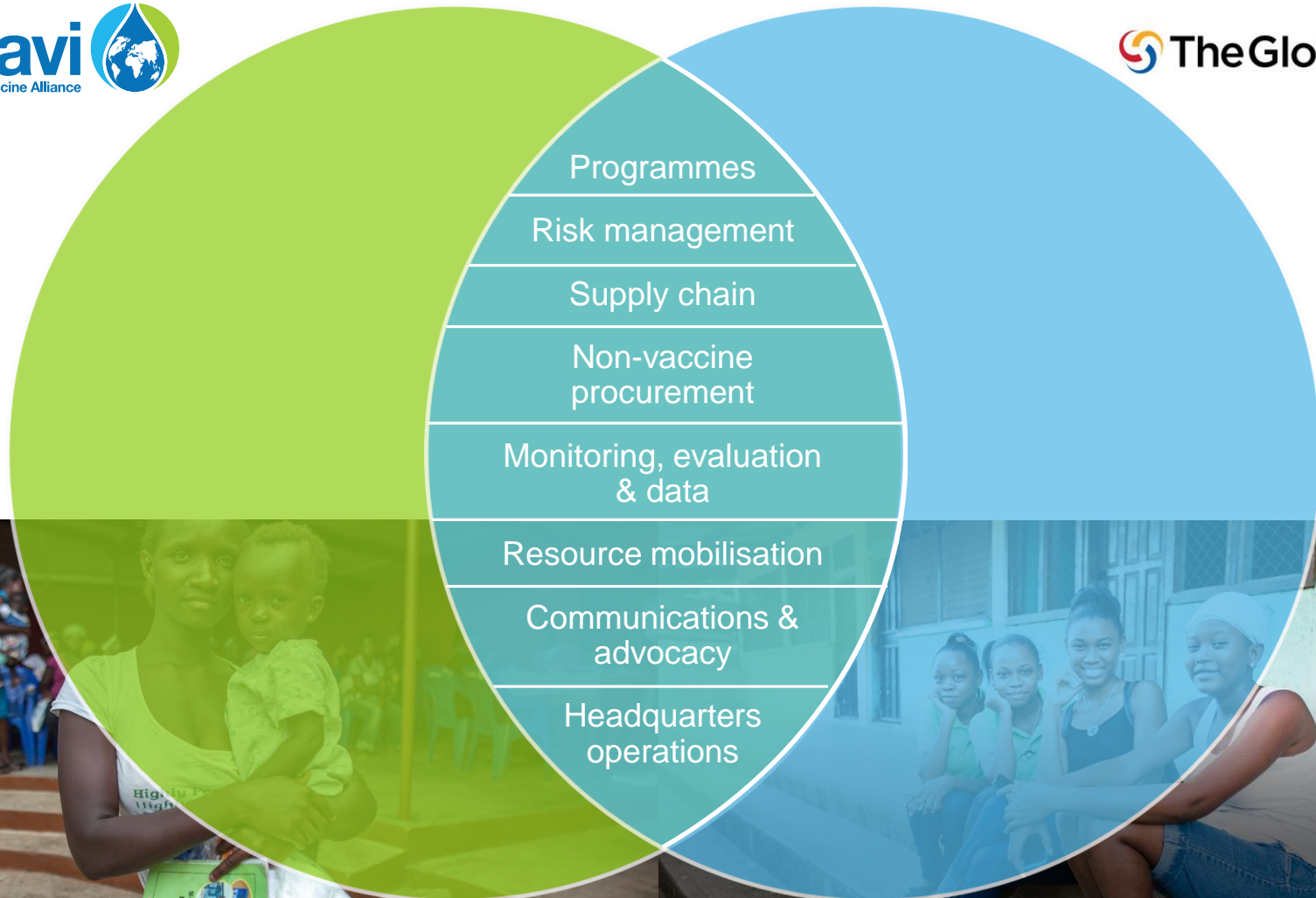
Based on interviews with 6,750 policymakers and practitioners in 126 low- and middle-income countries



Frequency of Communication (1-6)	Usefulness of Advice (1-5)	Agenda-Setting Influence (0-5)	Helpfulness in Reform Implementation (0-5)
1. Global Fund	1. GAVI	1. World Bank	1. Ireland
2. Ireland	2. CDB	2. IADB	2. GAVI
3. UNDP	3. Global Fund	3. IMF	3. IMF
4. GAVI	4. Finland	4. EU	4. Global Fund
5. UN	5. World Bank	5. GAVI	5. World Bank
6. IFAD	6. Luxembourg	6. AsDB	6. AsDB
7. UNICEF	7. IMF	7. Global Fund	7. IFAD
8. IADB	8. Austria	8. GEF	8. GEF
9. World Bank	9. UNDP	9. UNDP	9. IADB
10. Denmark	10. UNICEF	10. UN	10. New Zealand

Top 10

Eight areas of potential collaboration between Gavi and the Global Fund

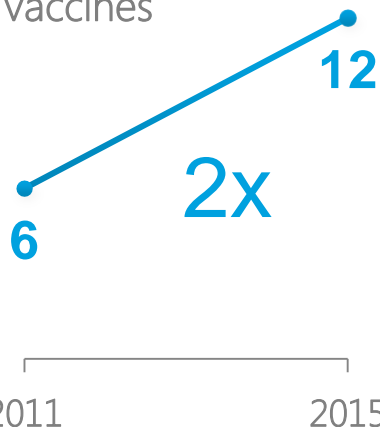


Growing business: More proactive management of programmes & risk

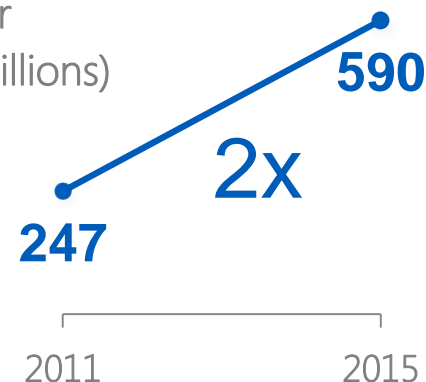
1

Vaccines

Number of vaccines supported



Number of doses per year (USD millions)



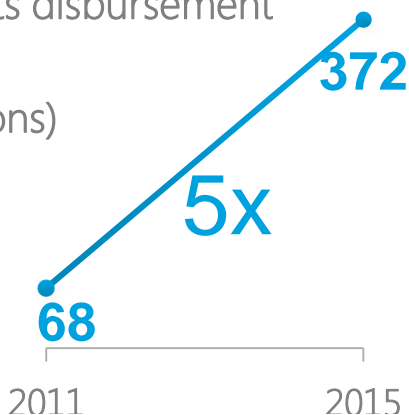
2

Grants

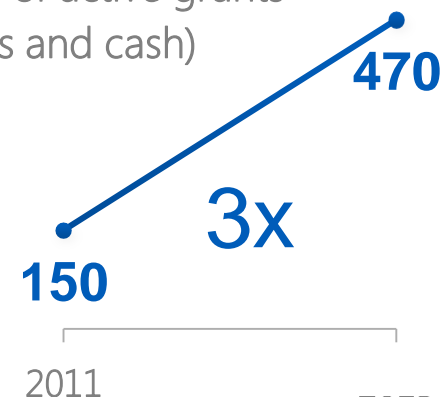
3

Co-financing

Cash grants disbursement per year (USD millions)



Number of active grants (vaccines and cash)



4

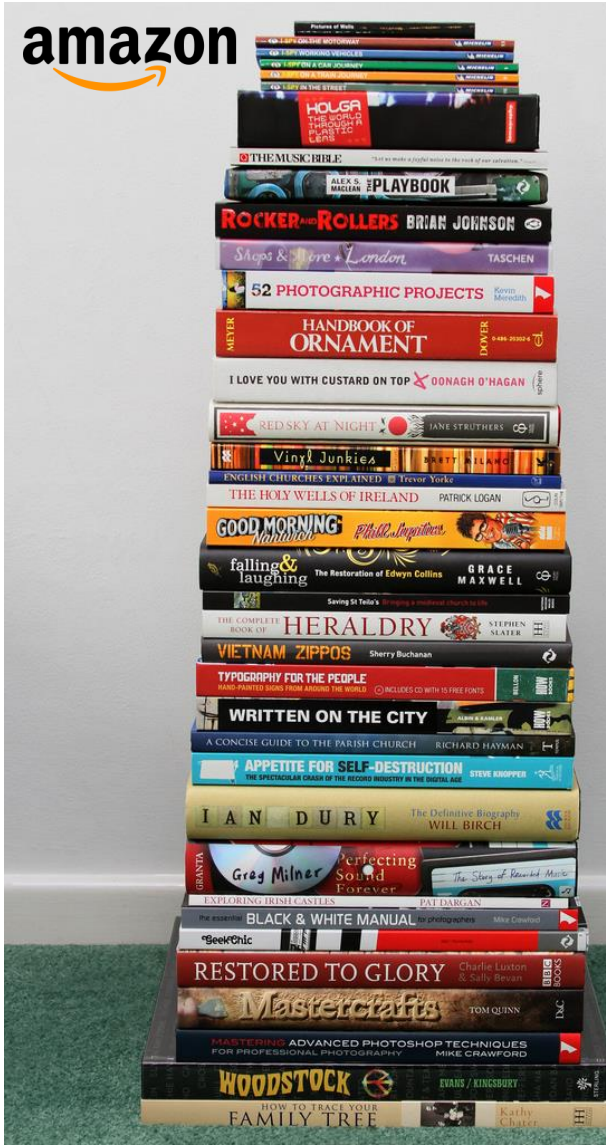
PEF

Board retreat in Beijing, China, April 2016



Board meeting
2-3 December 2015

Adapting to the frictionless economy

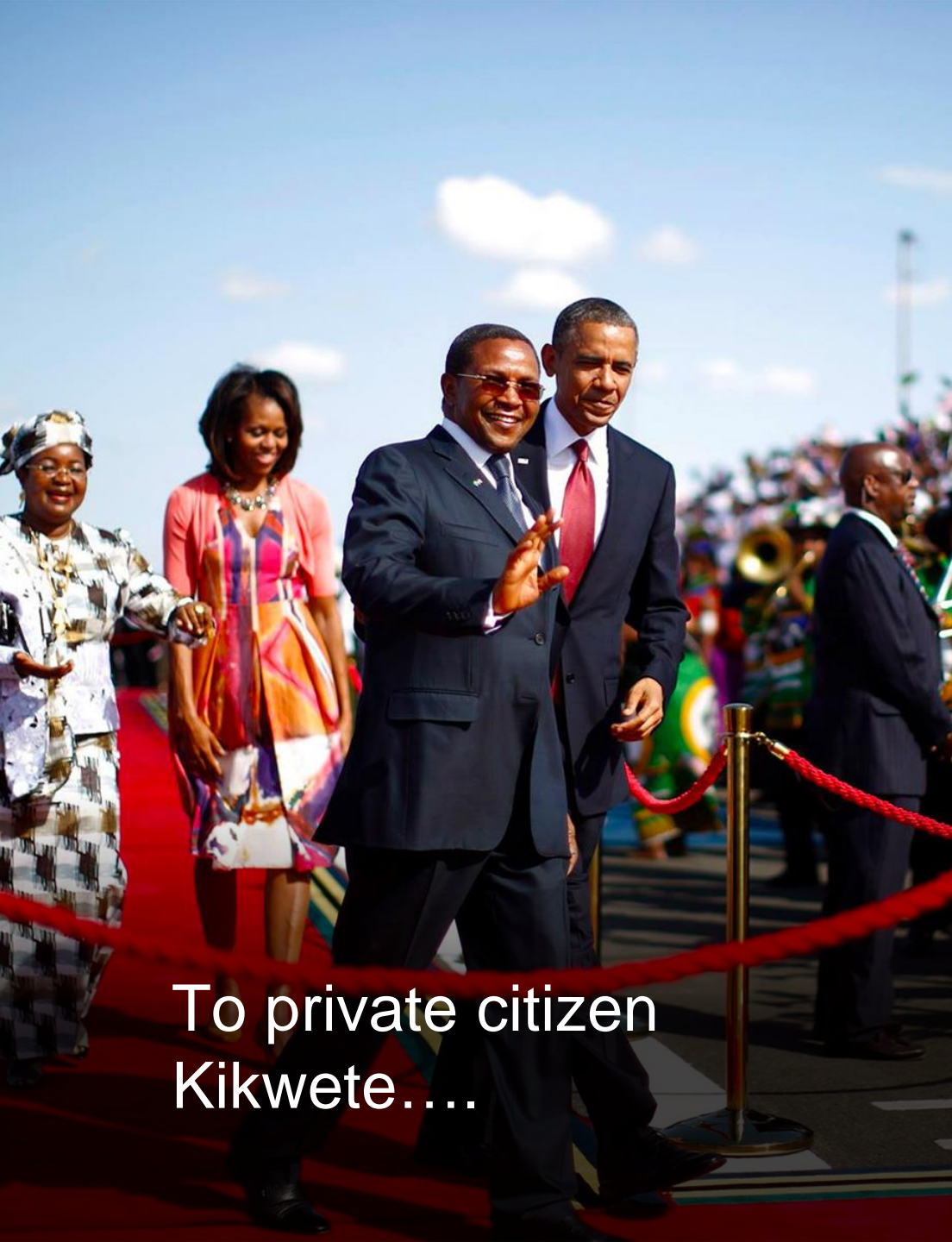


Adapting to the frictionless economy?



CHANGING ROLES





To private citizen
Kikwete....



From President
Kikwete....

Special Envoy Høybråten



GAVI PLEDGING CONFERENCE
BERLIN 26-27 JANUARY 2015



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BERLIN 26-27 JANUARY 2015

