

CEO BOARD REPORT

Seth Berkley MD
10 June 2015, Geneva



Reach every child
www.gavi.org

KEY EVENTS AND UPDATES

*Gavi Board meeting
10–11 June 2015*

G7 Summit, Germany, June 2015

“ We welcome the success of the replenishment conference in Berlin for Gavi, the Global Vaccine Alliance, which has mobilized more than USD 7.5 billion to vaccinate an additional 300 million children by 2020.”

G7 communiqué

Successful replenishment, January 2015



World Health Assembly, May 2015: immunisation prominent

Global Vaccine Action Plan (GVAP):

- Progress debated
- Resolution on vaccine price transparency to increase access for low- and middle-income countries

Polio session:

- Noted “strong progress in IPV introductions in close coordination with Gavi”

Special side session with low-coverage countries



Global health security: hot topic at World Health Assembly

- Ebola crisis, antimicrobial resistance highlight need for global surveillance
- Contingency fund for emergency health crises agreed at WHA
- International Health Regulations based on voluntary self-evaluations:
 - Fewer than 1 in 5 member states complied by 2012 deadline
 - Need for independent assessments

Mock country dashboard for independent global health security assessment

Global Health Security Agenda independent assessment: Country X	Status
Target	
Summary	●
Prevent	●
Antimicrobial resistance	●
Zoonotic disease	●
Biosafety and biosecurity	●
Immunisation	●
Detect	●
National laboratory system	●
Surveillance for priority syndromes	●
Real-time reportable disease surveillance	●
Reporting	●
Workforce development	●
Respond	●
Emergency operations centres	●
Multisectoral response	●
Medical countermeasures/deployment	●

● No capacity
● Limited capacity
● Demonstrated capacity

African Vaccination Week: DR Congo introduces inactivated polio vaccine, April 2015



Gavi/Phil Moore

*Gavi Board meeting
10–11 June 2015*

Alliance-wide mission to Pakistan: Focus on strengthening routine immunisation



First Lady of Chad commits to supporting domestic coverage and equity, May 2015



Gavi/Chioma Nwachukwu

Gavi Board meeting
10–11 June 2015

Progress Report on the Global Strategy for Women's and Children's Health

“ Although a general trend towards increased coverage for the three doses of the DPT vaccine is evident since 2010, there are causes for concern...

However, overall increases in immunisation coverage has generated considerable optimism...

as Gavi has launched plans to immunize 300 million people and save 6 million lives in 2016-2020. ”



Gavi Board Chair meets with Japanese MPs' "League on Vaccines", May 2015



TED talks



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Perspective

The Next Epidemic — Lessons from Ebola

Bill Gates
N Engl J Med 2015; 372:1381-1384 | April 9, 2015 | DOI: 10.1056/NEJMp1502918

Comments open through April 15, 2015

Article | References | Citing Articles (1) | Comments (3)

Perhaps the only good news from the tragic Ebola epidemic in Guinea, Sierra Leone, and Liberia is that it may serve as a wake-up call: we must prepare for future epidemics of diseases that may spread more effectively than Ebola. There is a significant chance that an epidemic of a substantially more infectious disease will occur sometime in the next 20 years, including during the ongoing pandemic.



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NATURE | COLUMN: WORLD VIEW

عربي

Share the risks of Ebola vaccine development

Ebola vaccines have little in the way of commercial markets, so the risks should be shared between governments and industry, says **Seth Berkley**.

18 March 2015

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Share: 

There are hundreds of infectious diseases out there that people could catch. More than 300 such conditions were discovered in the second half of the twentieth century alone. And how many of these diseases can scientists and clinicians protect against with a licenced vaccine? Fewer than 30.

Audio Interview

Interview with Dr. Nicole Lurie on the lessons learned from the Ebola epidemic and how to prepare for future global disease threats. (14:11)

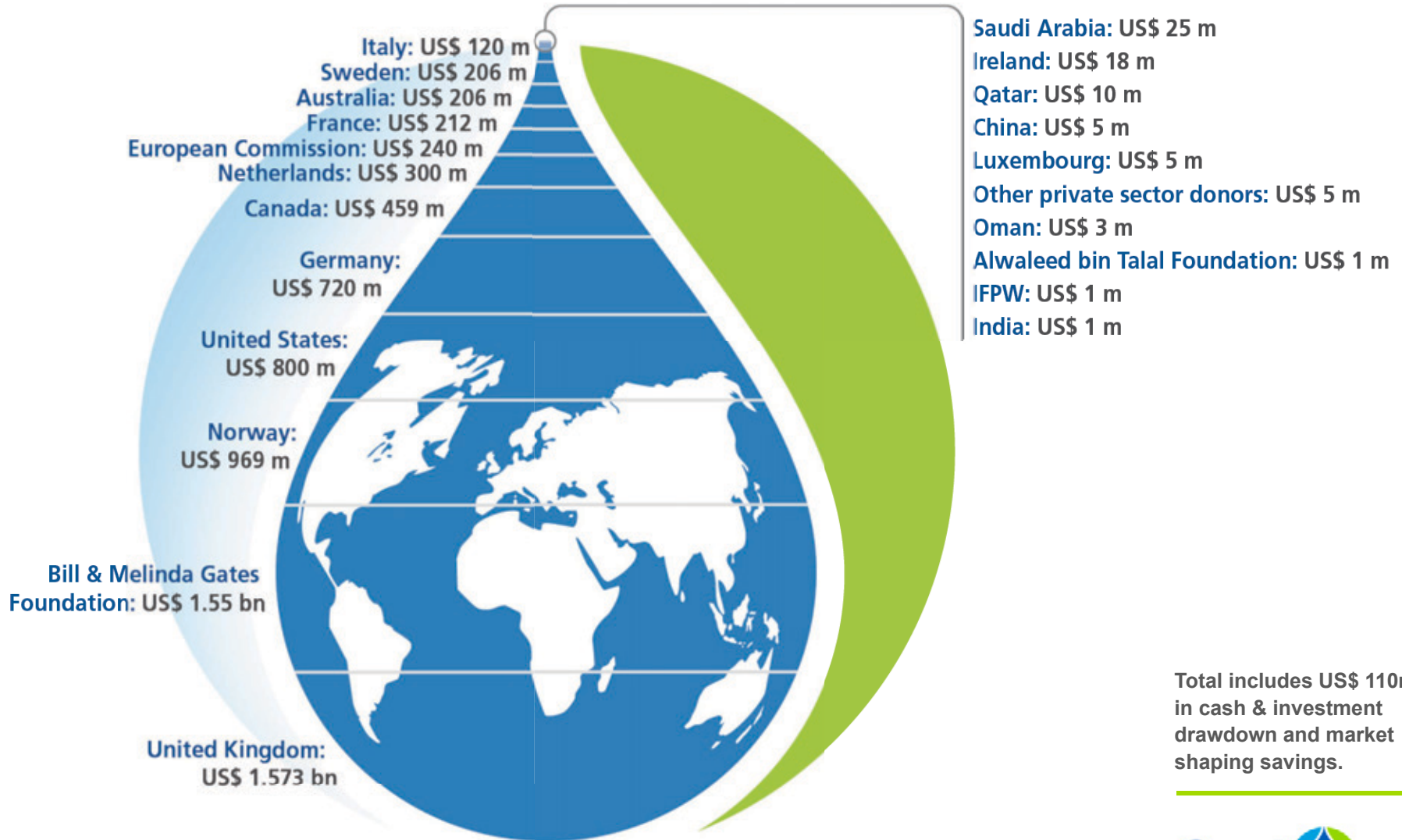
Those are not always the biggest killers, or the most terrifying. Vaccine development is driven not by the risk that a pathogen poses to people, but by the economic pay-off. Given the difficulty of the science involved, how much money will it take to develop the vaccine? And given the size of the market, how much money can we make by selling it?

- Related stories**
- [Maternal health: Ebola's lasting legacy](#)
 - [Six challenges to stamping out Ebola](#)
 - [Ebola: An eyewitness account from Sierra Leone](#)



REPLENISHMENT

Replenishment conference: US\$ 7.539 billion mobilised for 2016–2020



Total includes US\$ 110m in cash & investment drawdown and market shaping savings.

FX rates are those published in Bloomberg on 23 January 2015 as an average of those forecasted for the period 2016-2019.

Gavi Board meeting
10–11 June 2015

New contributors

China: US\$ 5 million

Oman: US\$ 3 million

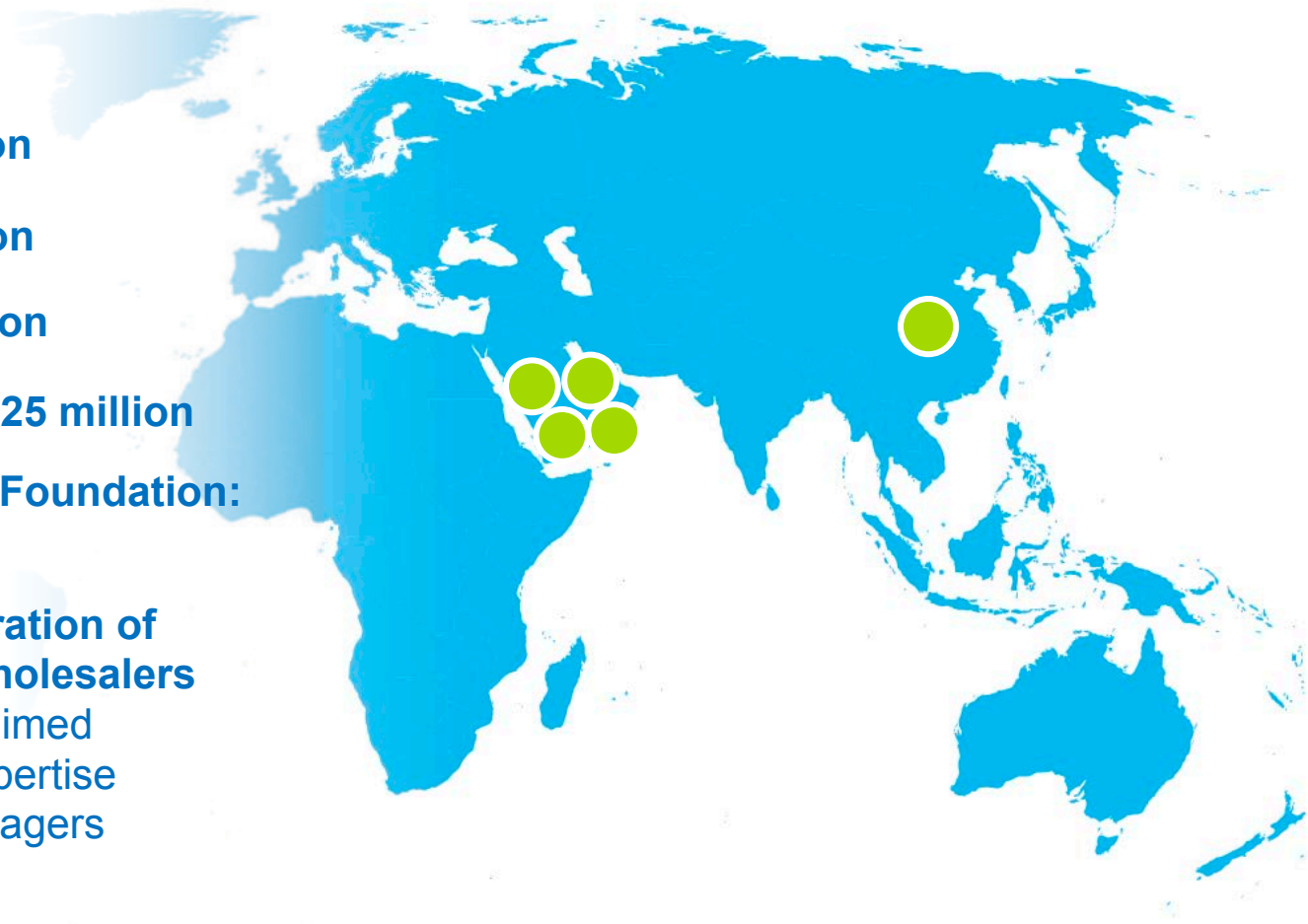
Qatar: US\$ 10 million

Saudi Arabia: US\$ 25 million

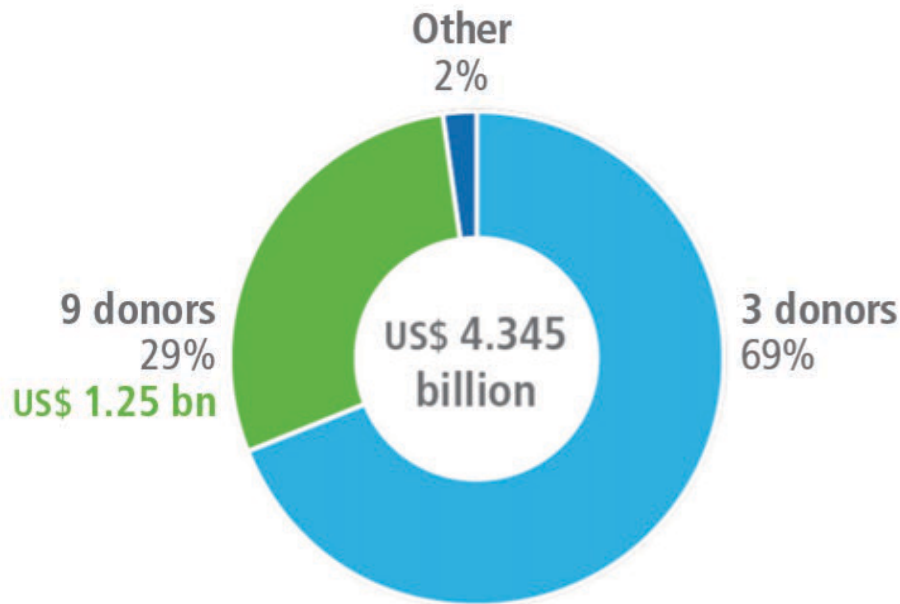
**Alwaleed bin Talal Foundation:
US\$ 1 million**

**International Federation of
Pharmaceutical Wholesalers**

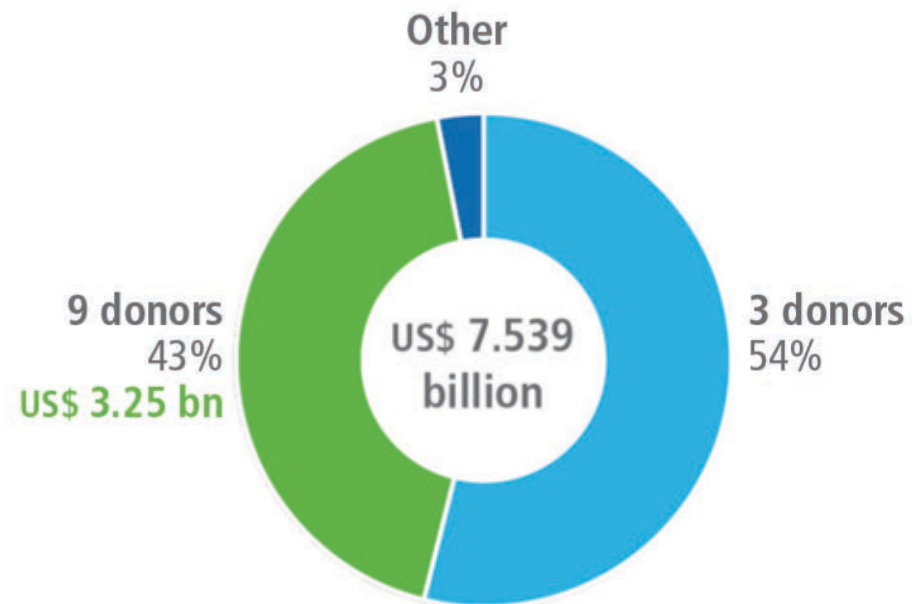
3-year partnership aimed
at increasing the expertise
of supply chain managers



A more diverse financial base



Donor pledges
London, 2011



Donor pledges
Berlin, 2015

China: from implementing country to Gavi donor



2002

2003

2004

2005

2006

2007

2008

2009

2010

2011

2012

2013

2014

2015

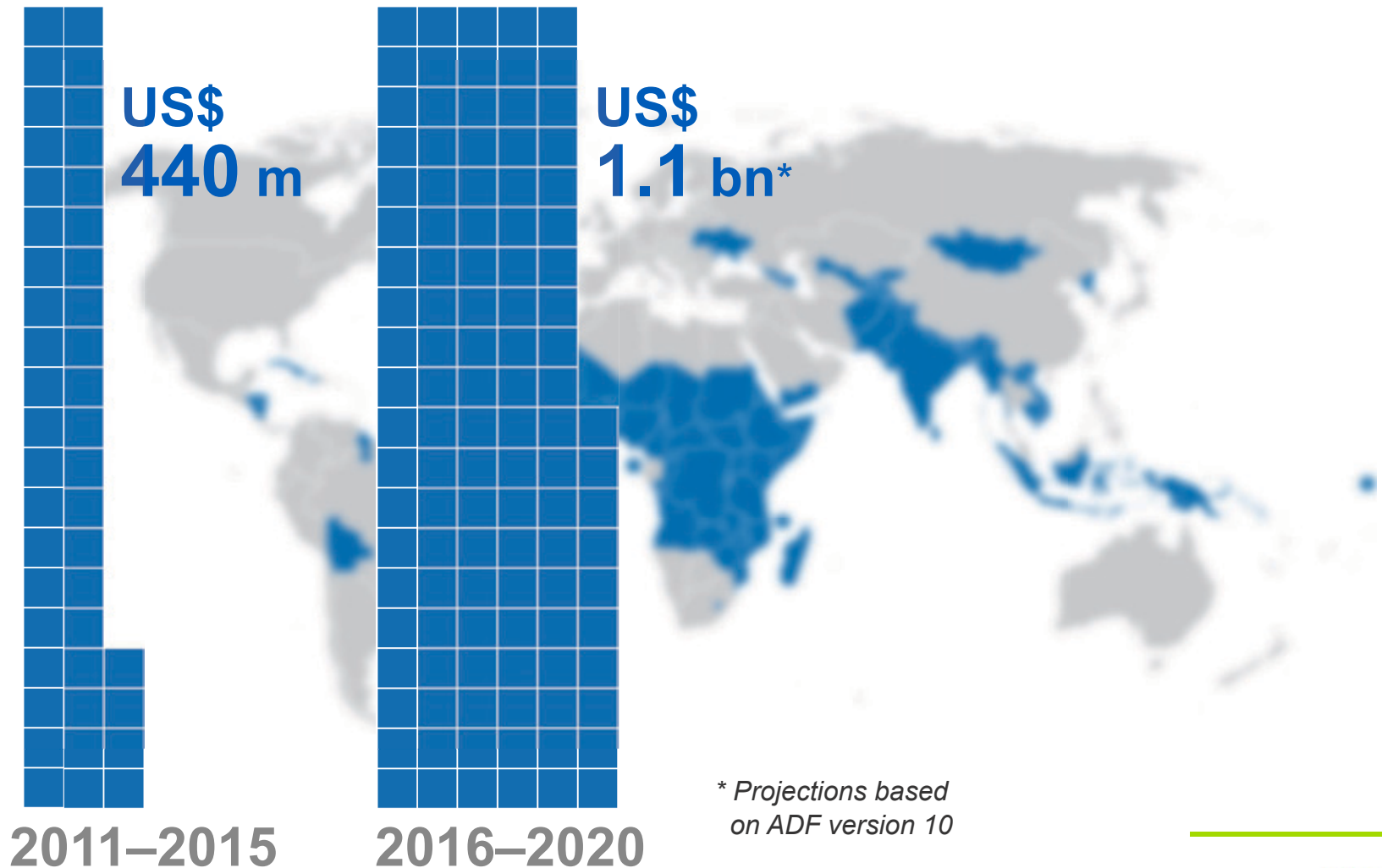
Catalytic
Gavi support

Self-financing
vaccines

Supplier of Gavi-
funded vaccines
Gavi donor

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10–11 June 2015

Countries increasing their co-financing contributions



* Projections based on ADF version 10

Source: Gavi data as of 1 June 2015

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Announcements from manufacturers, January 2015

1 manufacturer:

- expanded **yellow fever** vaccine production
- **inactivated polio** vaccine for Gavi countries

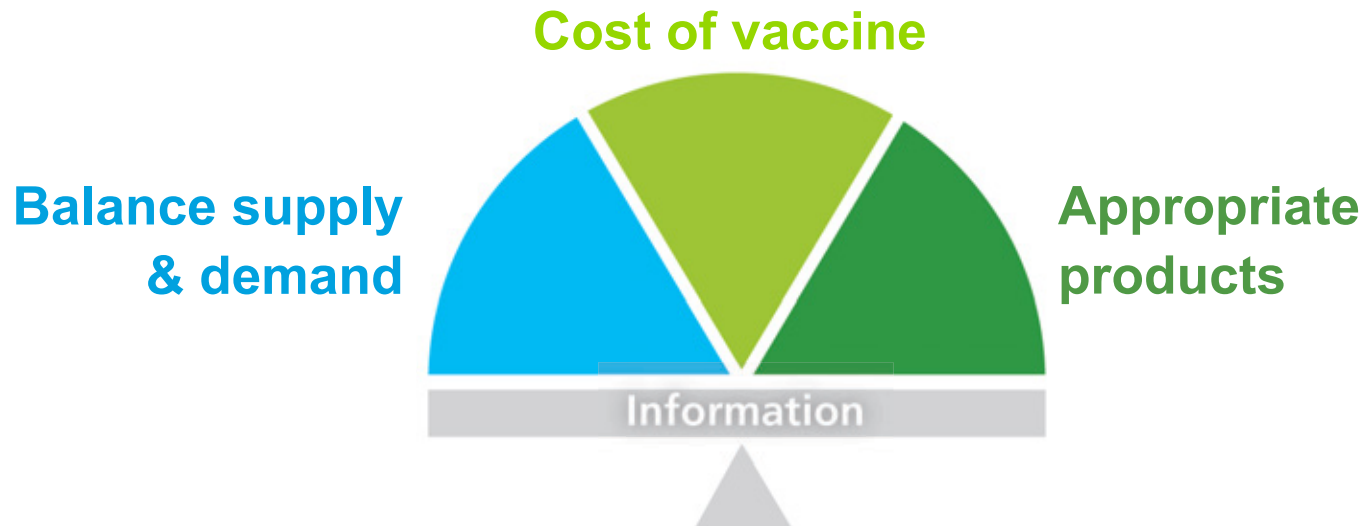
6 manufacturers:

Gavi prices or fixed prices for graduated countries for set time periods

1 manufacturer: reduced **pentavalent** vaccine price

2 potential new products:

- **pentavalent** vaccine in compact, prefilled injection system
- 4-dose vial presentation for **pneumococcal** vaccine



VACCINE INTRODUCTIONS



Bangladesh
Pneumococcal and inactivated polio vaccines



Tajikistan
Rotavirus vaccine



خسرہ سے بچاؤ کا اڑھائی ٹیکہ
6 ماہ سے 10 سال تک ہر بچے کے لیے ضروری

خسرہ مہم
9 فروری سے 21 فروری تک



خسرہ مہم کے دوران پیدائش سے 5 سال تک کی عمر کے ہر بچے کو
پولیو سے بچاؤ کے قطرے بھی یاد رکھیں
خسرہ کا حفاظتی ٹیکہ قریبی مرکز صحت
اس علاقے میں قائم کردہ سینٹر

Pakistan
Measles Supplementary Immunisation Activities
(SIA)



*Solomon Islands
HPV demonstration project*



Democratic Republic of the Congo
Inactivated polio vaccine



*Lao PDR
Japanese encephalitis vaccine*

Japanese encephalitis: 70,000 cases each year

More than
3 BILLION
PEOPLE

live in JE-endemic countries
in Asia-Pacific

8 countries eligible
for Gavi support
for JE campaigns

~70,000 CASES

UP TO
20,000
DEATHS

UP TO **HALF**
OF SURVIVORS
SUFFER PERMANENT
DISABILITY



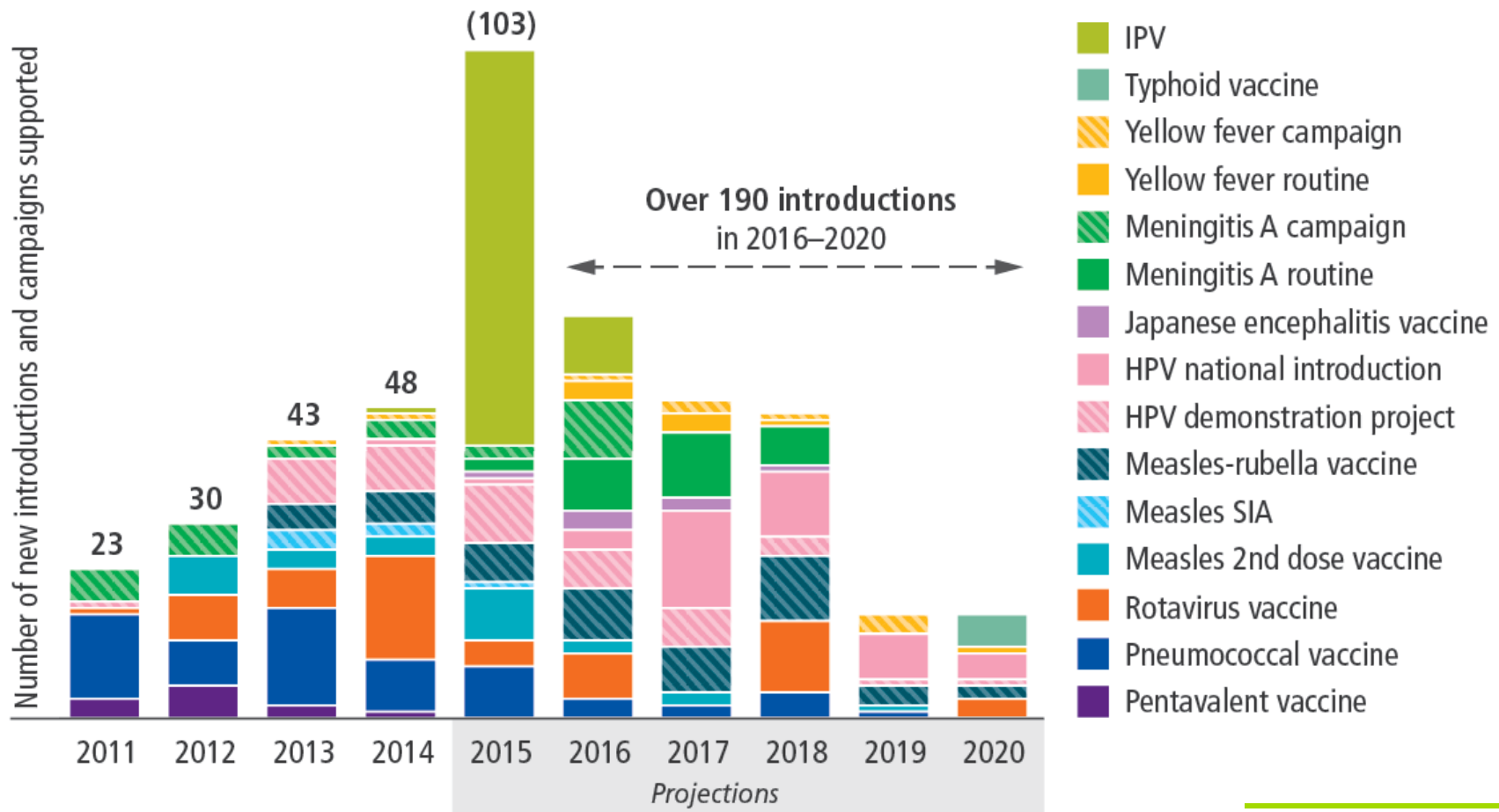
Source: WHO (www.who.int/mediacentre/factsheets/fs386/en)

From campaign to routine: meningitis A vaccine

- Dec 2014: MenAfriVac prequalified for routine immunisation
- Ghana first to apply, expected to introduce in 2016
- More applications expected this year
- Co-administration possible with yellow fever, measles and rubella vaccines
- WHO organising workshop in June/July to support countries that want to apply



2015 expected to be the peak year for Gavi-supported vaccine introductions



Source: Vaccine Implementation data; May 2015 introductions plus Strategic Demand Forecast version 11. Unconstrained introduction dates were used for all vaccines except yellow fever and rotavirus vaccines.

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COVERAGE AND EQUITY

2015 is a transition year

1 Implementation of current strategy

- Introductions and new vaccines
- HSS
- Sustainability of financing

2 Preparing for implementation of 2016-20 strategy

- Continue with
- Introductions and new vaccines
- HSS
- Sustainability of financing

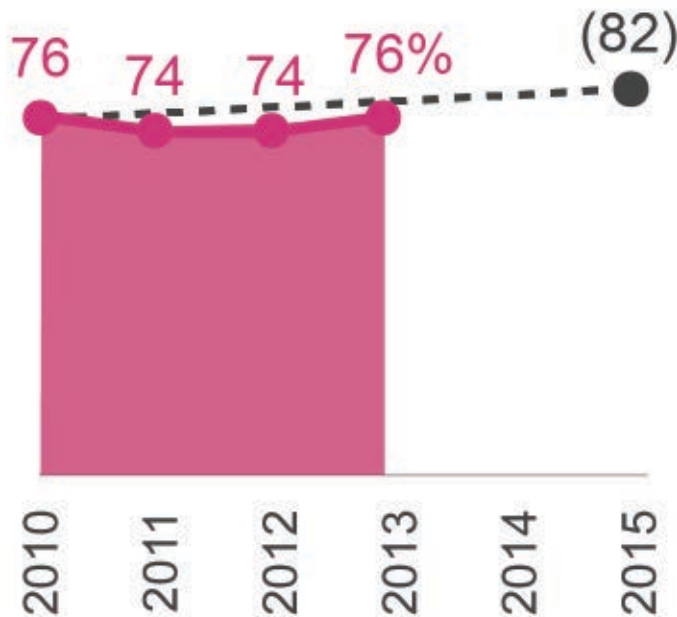
Moving towards country centric approaches



- Coverage and equity
- Sustainability

Immunisation coverage starting to rise again

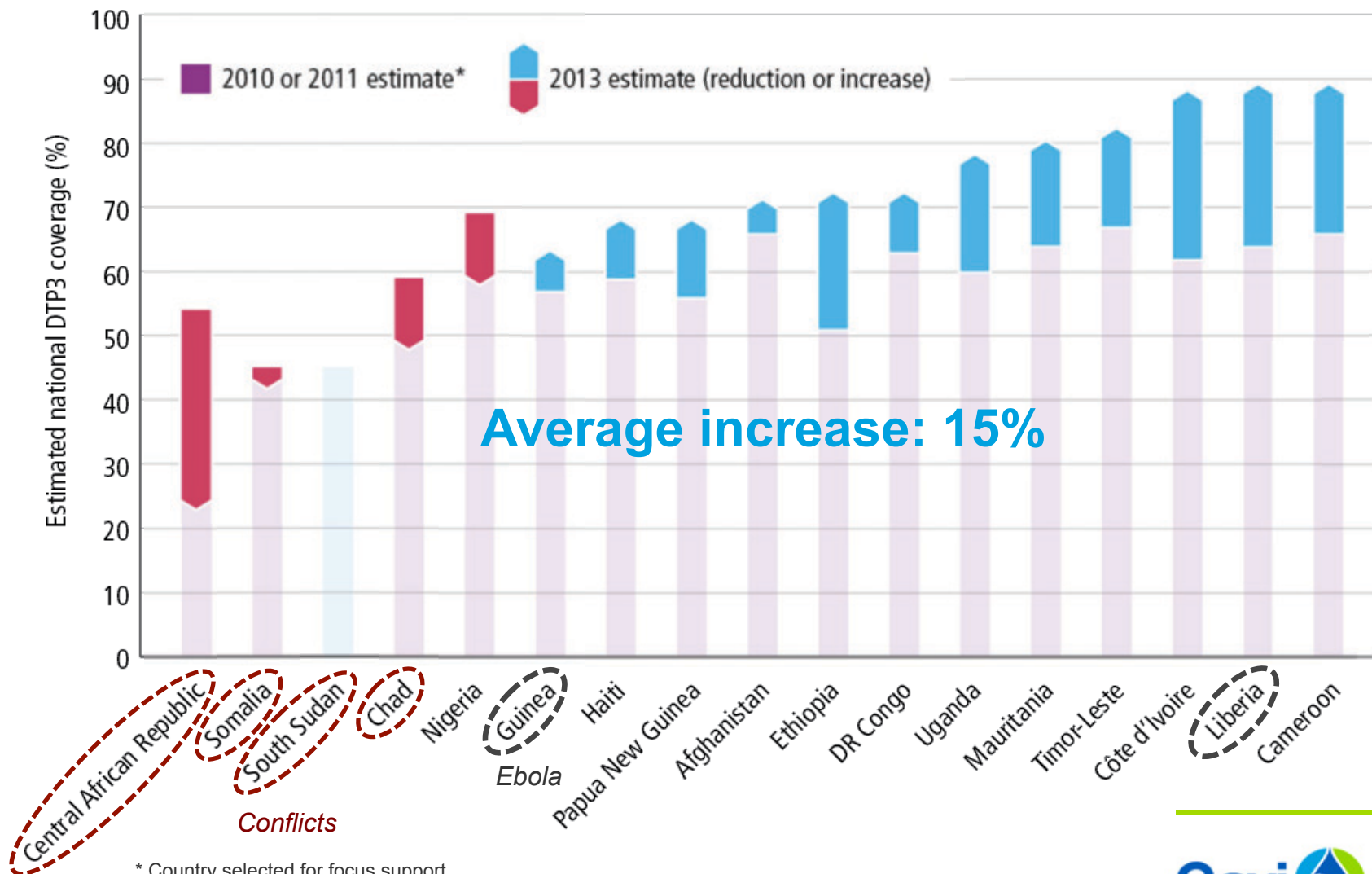
Coverage with the third dose of DTP-containing vaccines (%)



- Increase in 2013 for first time in this strategy period
- Countries immunising more children than ever with Gavi support
- 2014 coverage data to be released in July

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2014.

DTP3 coverage in 17 low-performing Gavi countries, 2010-2013

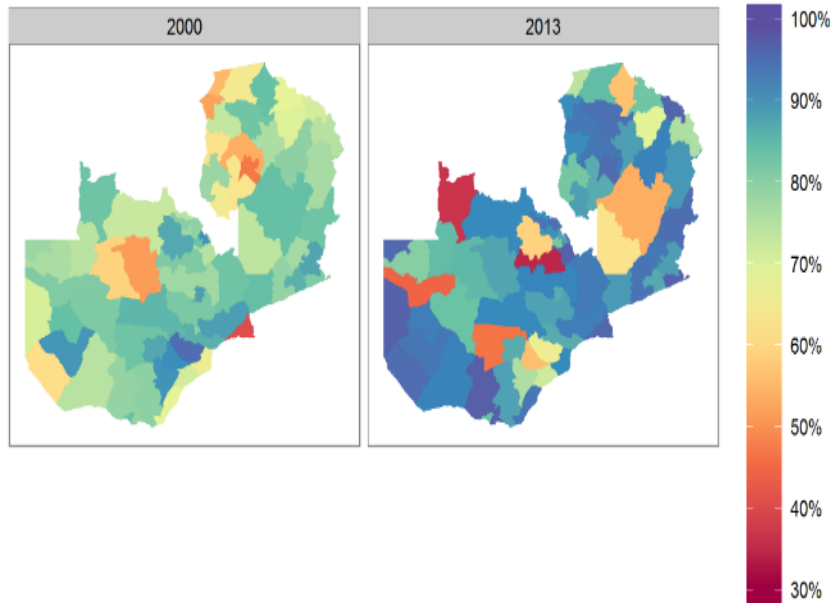


* Country selected for focus support when 2010 or 2011 coverage was below 70%

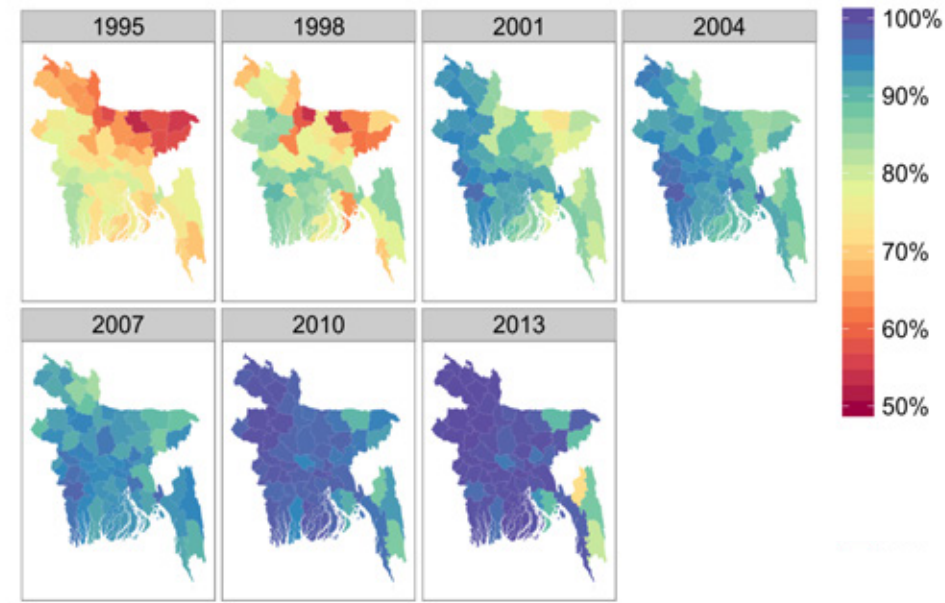
Full country evaluations: health system strengthening

District level estimates – fully vaccinated child coverage
(with BCG, measles, polio and DTP3)

Zambia

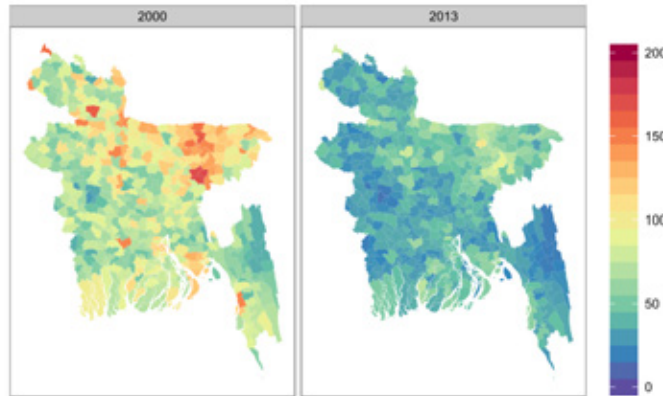


Bangladesh

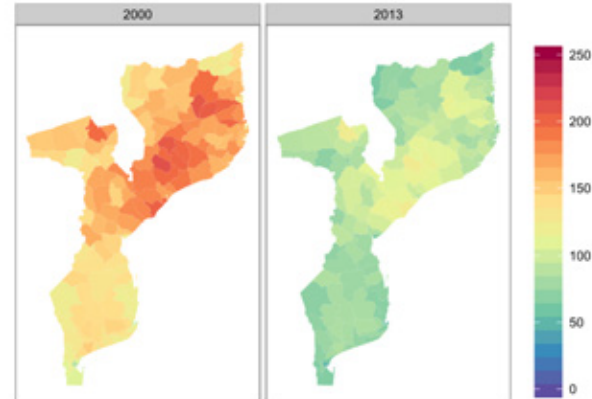


Full country evaluations: under-5 mortality, 2000 and 2013

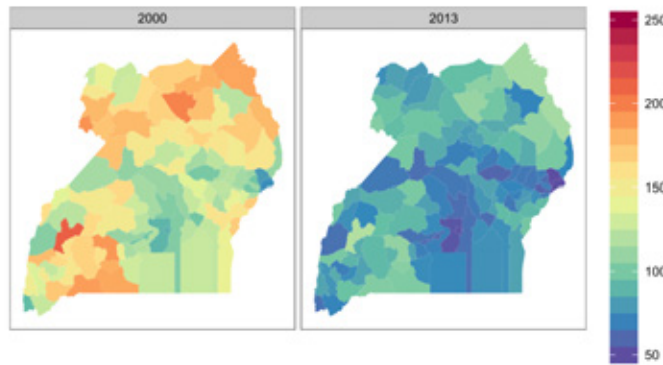
Bangladesh



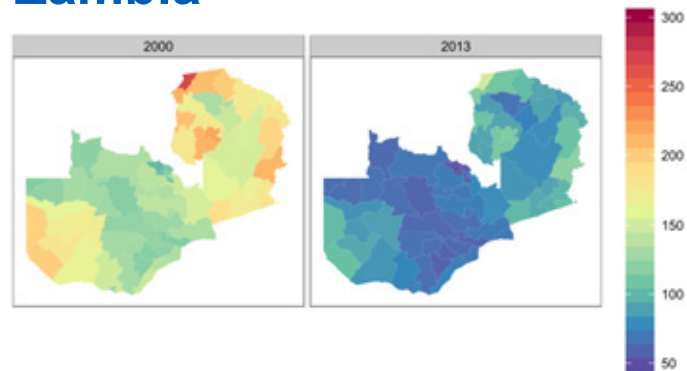
Mozambique



Uganda

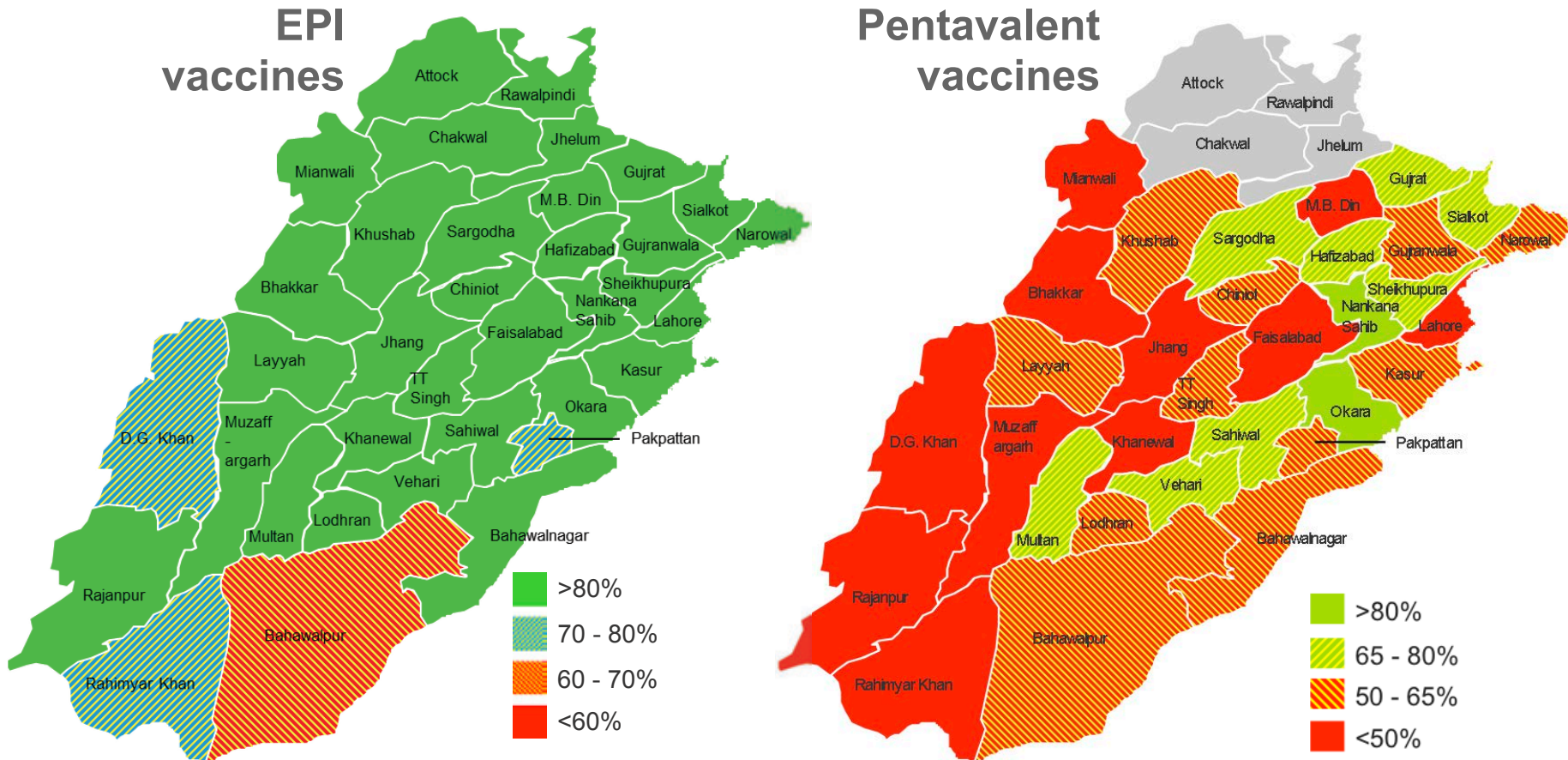


Zambia



Punjab Province, Pakistan: importance of quality of data

% fully immunised children



Sources: EPI vaccine coverage: Pakistan Bureau of Statistics. Pakistan Social and Living Standards Measurement Survey (PSLM) 2012-13. Mapped by Acasus. Pentavalent: coverage Nielsen (2014).

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Gavi HSS support to Sri Lanka, 2008 - 2013: strengthening integrated services

Helped rebuild maternal and child health services
in 10 conflict-affected districts:

- Training and equipping health workers, renovating clinics, improving monitoring

Many maternal and child health indicators improved, including:

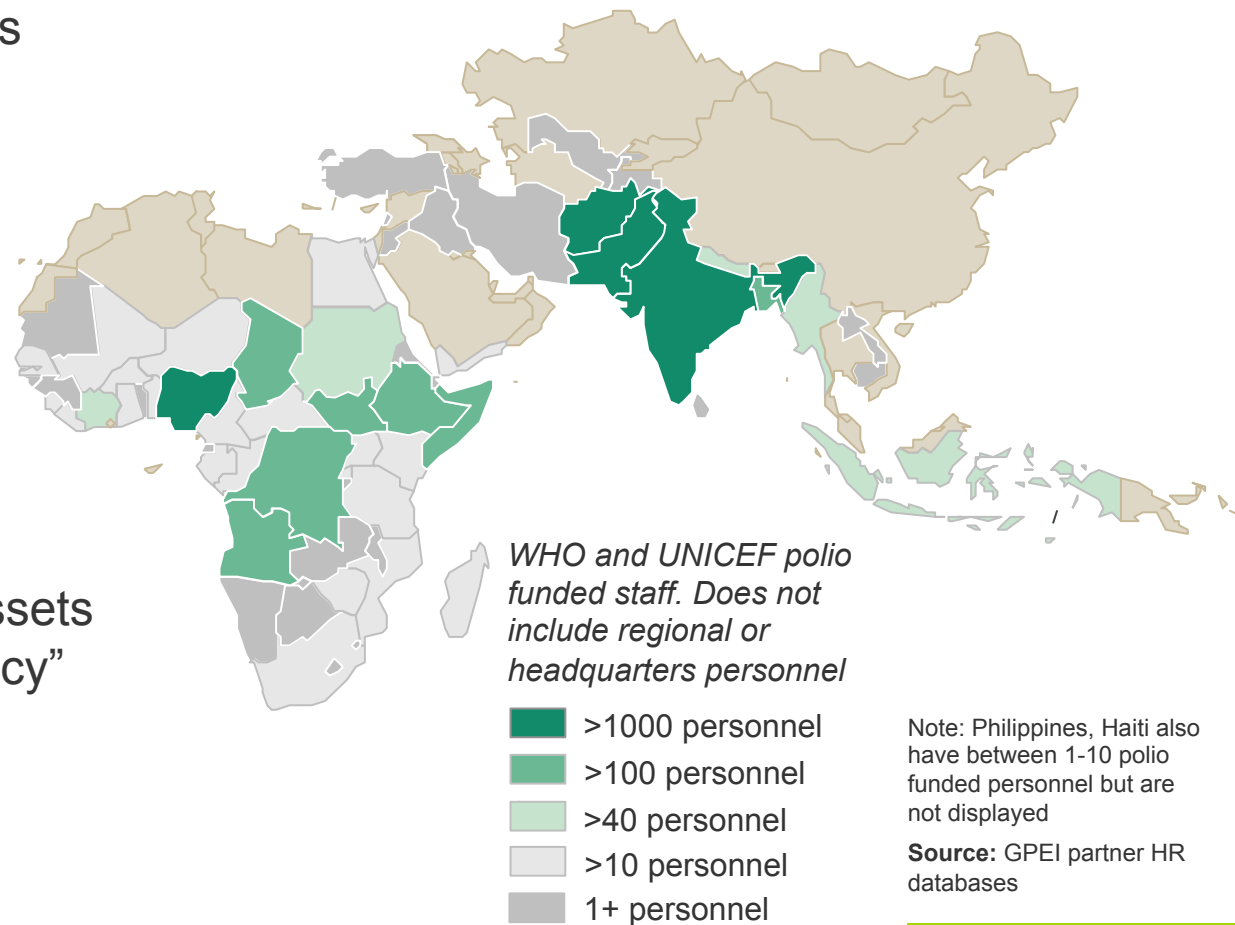
- Children 1-5 using primary healthcare services:
from 65% to 83%
- Districts with sufficient basic health infrastructure:
from 54% (many were war damaged) to 98%



Source: Sri Lanka annual progress reports

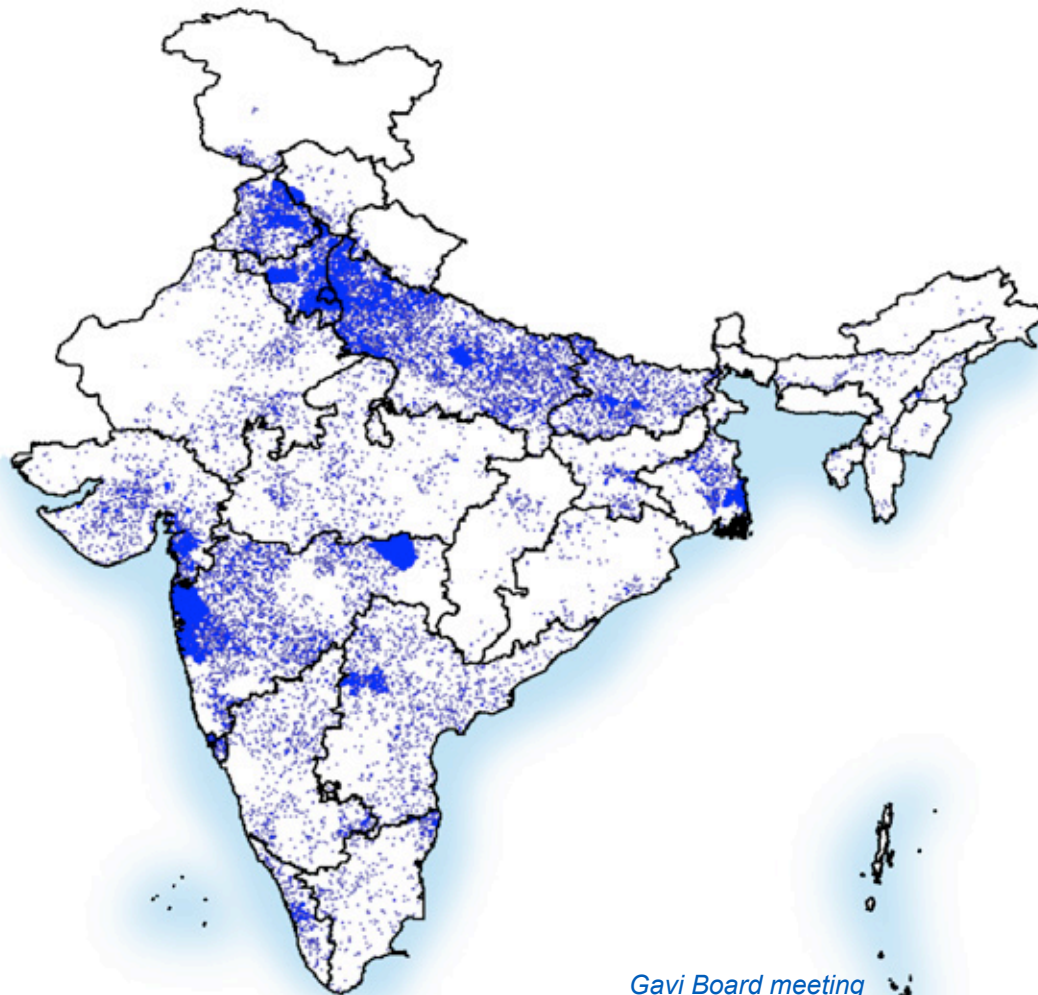
Polio and routine immunisation strengthening

- Use of polio resources to strengthen routine immunisation (RI) continues to improve in focus countries
- Important links between Gavi 4.0 and polio + RI strengthening
- Future use of polio assets as part of “Polio Legacy” unclear



India: improved microplanning based on the polio experience

Microplanning of more than 400,000 polio high-risk settlements used for routine immunisation strengthening



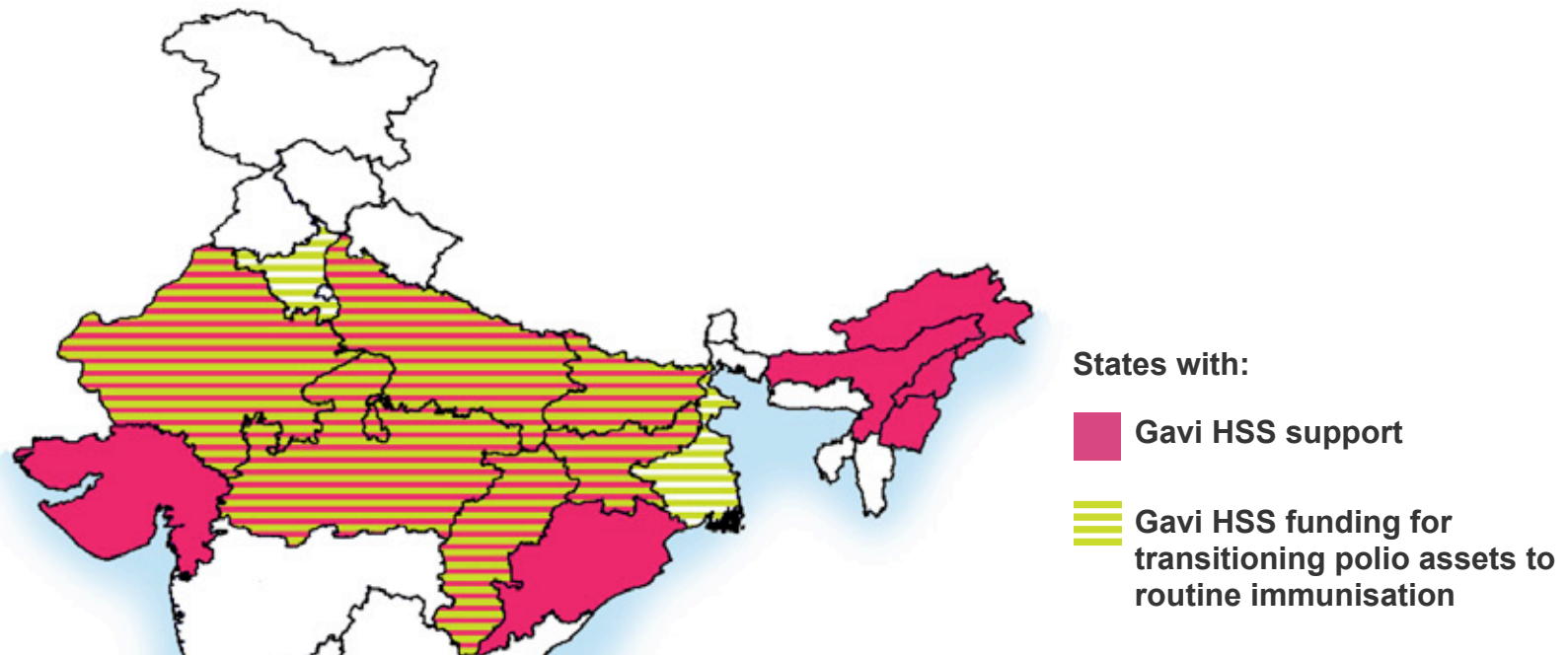
● 10 high-risk sites

~ 256,000
migrant
sites

~ 166,000
high-risk
areas
in settled
population

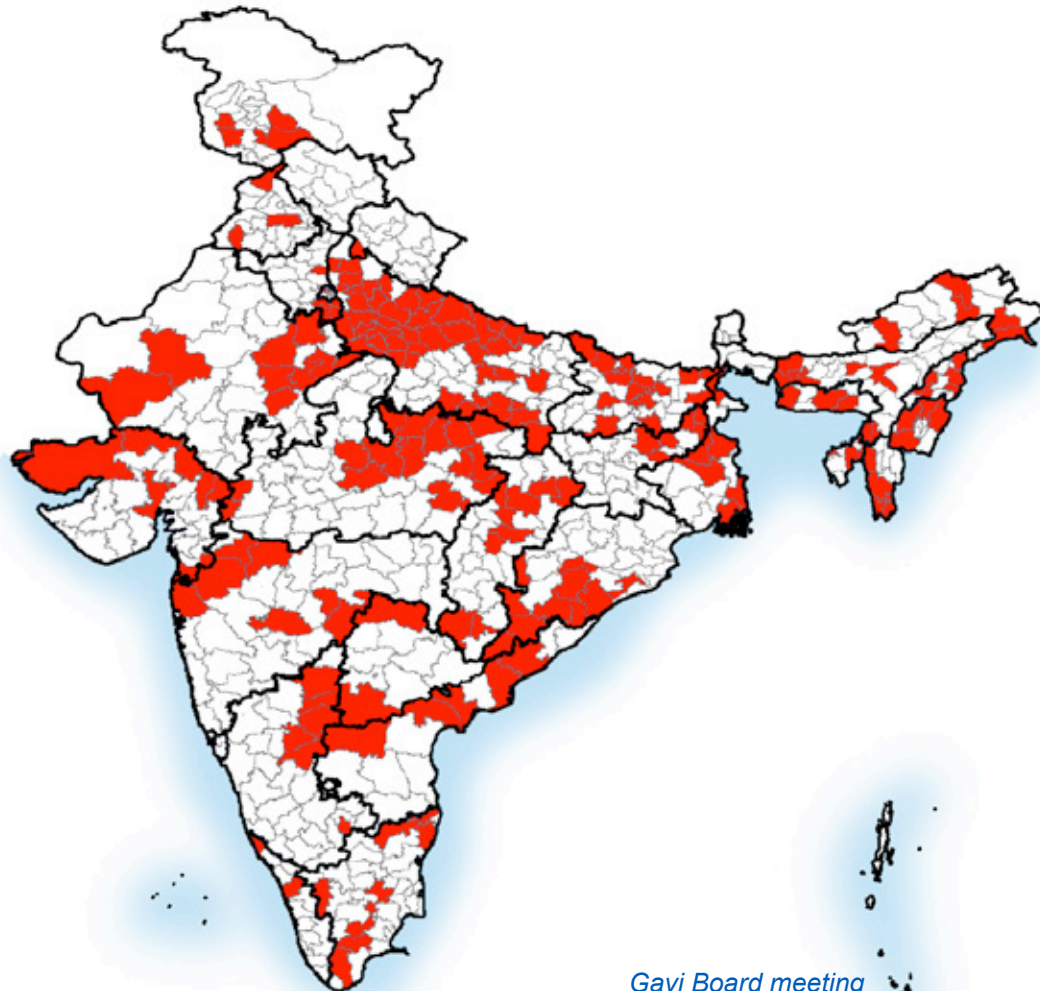
Gavi health system strengthening (HSS) support to India

12 states receive Gavi HSS support, 8 for transitioning polio assets to routine immunisation



Leveraging polio infrastructure to strengthen routine immunisation

GOI “Mission Indradhanush” builds on Gavi-support & aims to expand full immunisation coverage from 65% in 2014 to at least 90% in the next 5 years



■ 201 high-priority districts

Need for increased investment in cold chains to reach coverage and equity targets

90% of cold chain **out-dated technology**

60% of fridges frequently expose vaccines to excessive **heat and/or cold**

20% of cold chain **not functioning**

20% of facilities that planned cold chain **don't have it**



Note: Estimations for 55 countries eligible for platform funding (excluding India)

Source: CCEM data, country data, WHO, NPHCDA, team analysis

Innovative Cold Chain Equipment Platform to help increase coverage and equity

If implemented the Platform will:

- **Increase funding available** for cold chain equipment through **catalytic support** for innovative technologies
- Help countries **adopt new technologies** to expand and extend their cold chains to improve **coverage and equity**
- **Incentivise manufacturers** to accelerate innovation at lower prices through **market shaping** efforts



Innovation: controlled temperature chain for meningitis A campaigns

2014:

Togo, Cote d'Ivoire, Mauritania

- Good compliance
- Very low wastage due to exposure to $> +40^{\circ}\text{C}$
- No severe adverse events
- Positive response from health workers

Considering CTC in 2015:

DRC – target population 2 million

May 2015:

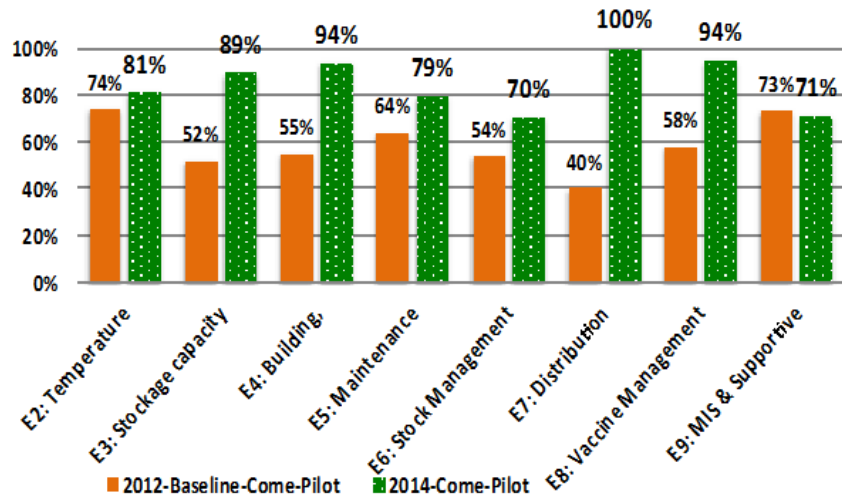
13-valent pneumococcal vaccine pre-qualified for CTC



Optimisation pilot of the vaccine supply chain in Come district, Benin

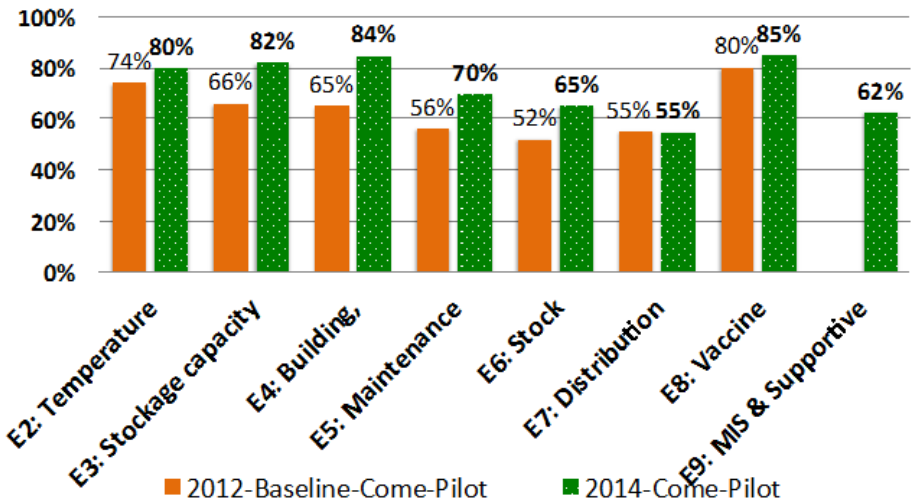
EVM Performance at the district

EVM Performance scores



Progress in EVM Performance at the HC

EVM Performance scores



- Two-year improvements
- US\$ 500,000 cost savings if scaled up
- Partners involved: Benin's Ministry of Health via the EPI team, AMP, Bill & Melinda Gates Foundation, WHO, UNICEF, Project Optimize, PATH, VMI-HERMES team and Gavi

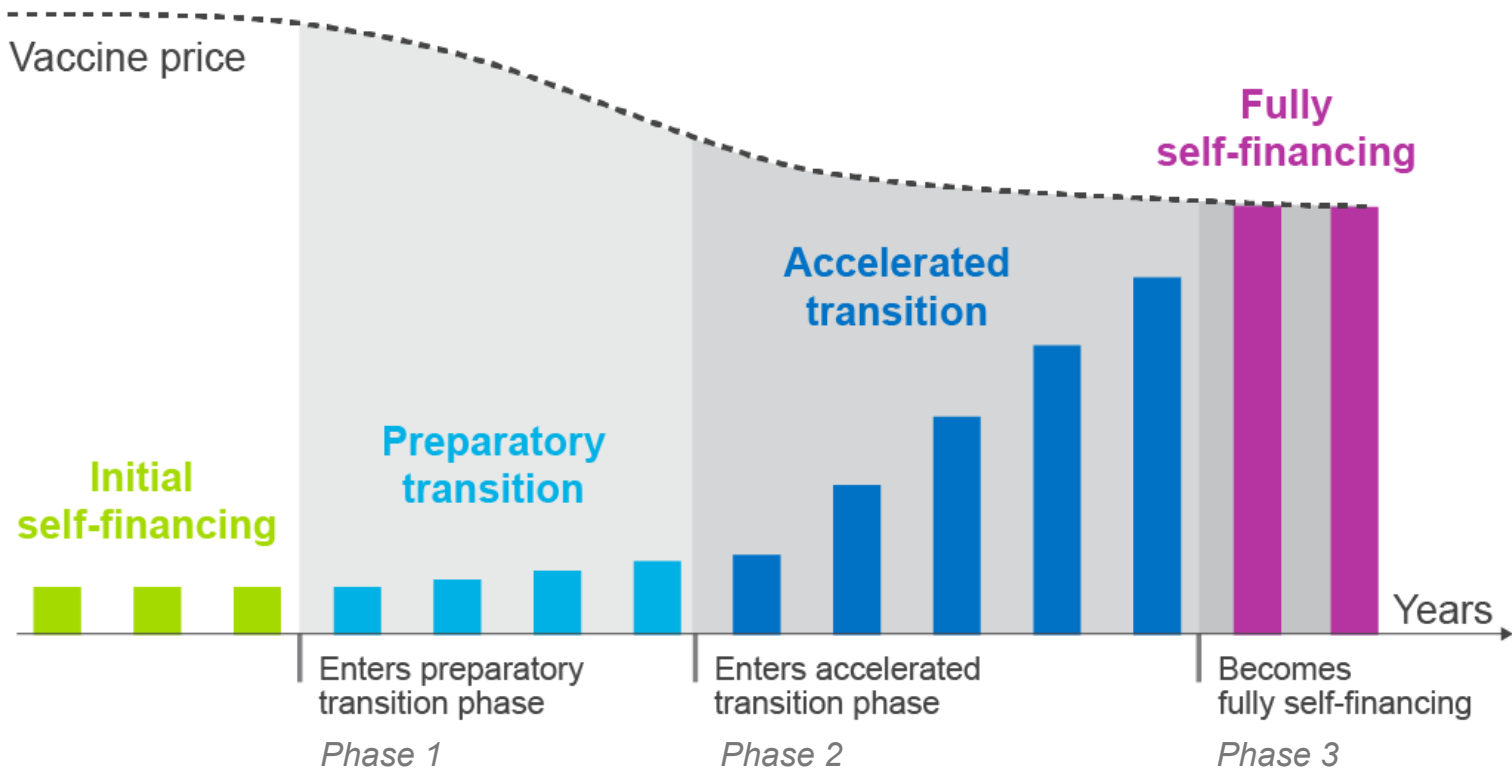
SUSTAINABILITY

Increasing ownership and self-financing

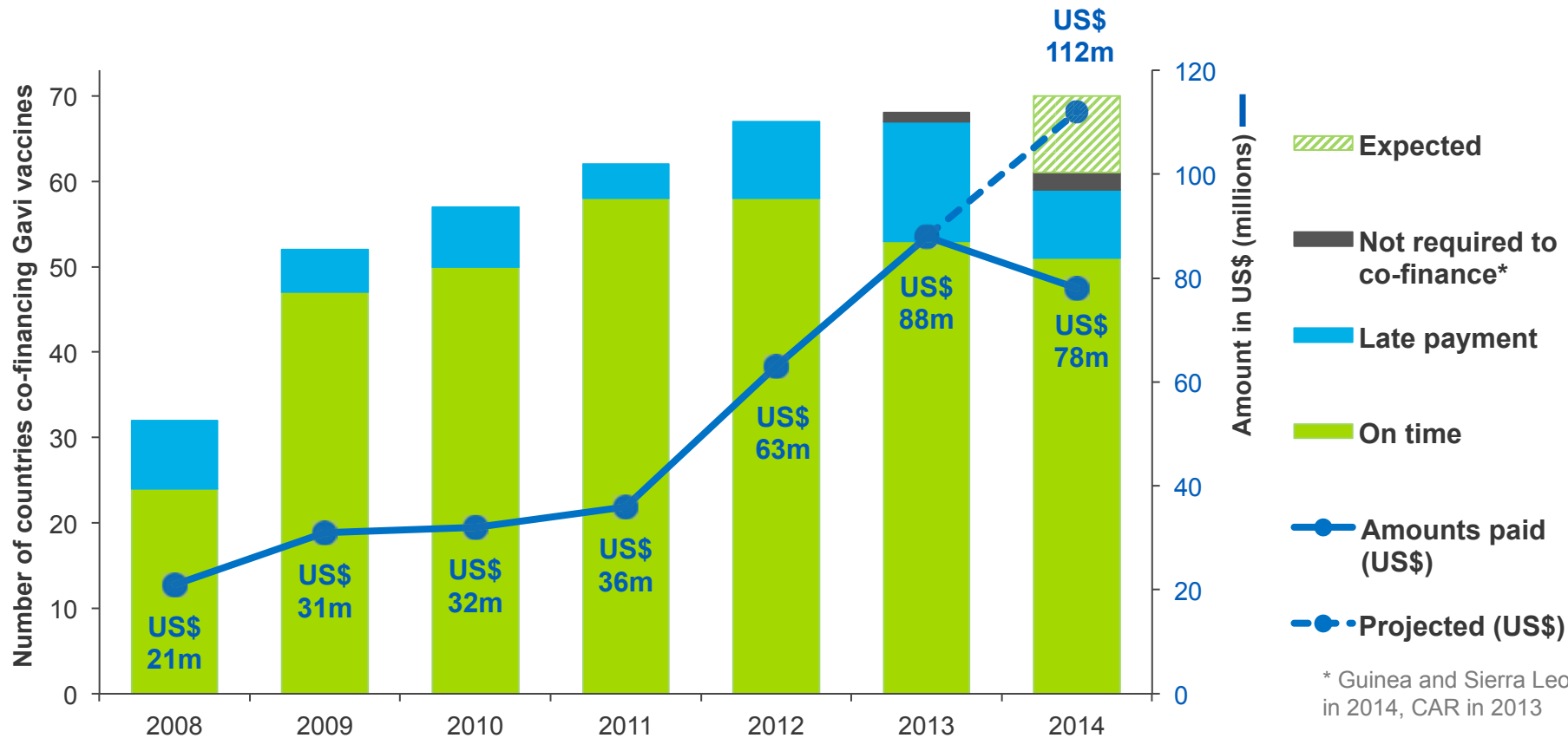
Co-financing level

(per dose)

Working titles



More countries co-finance late as requirements increase



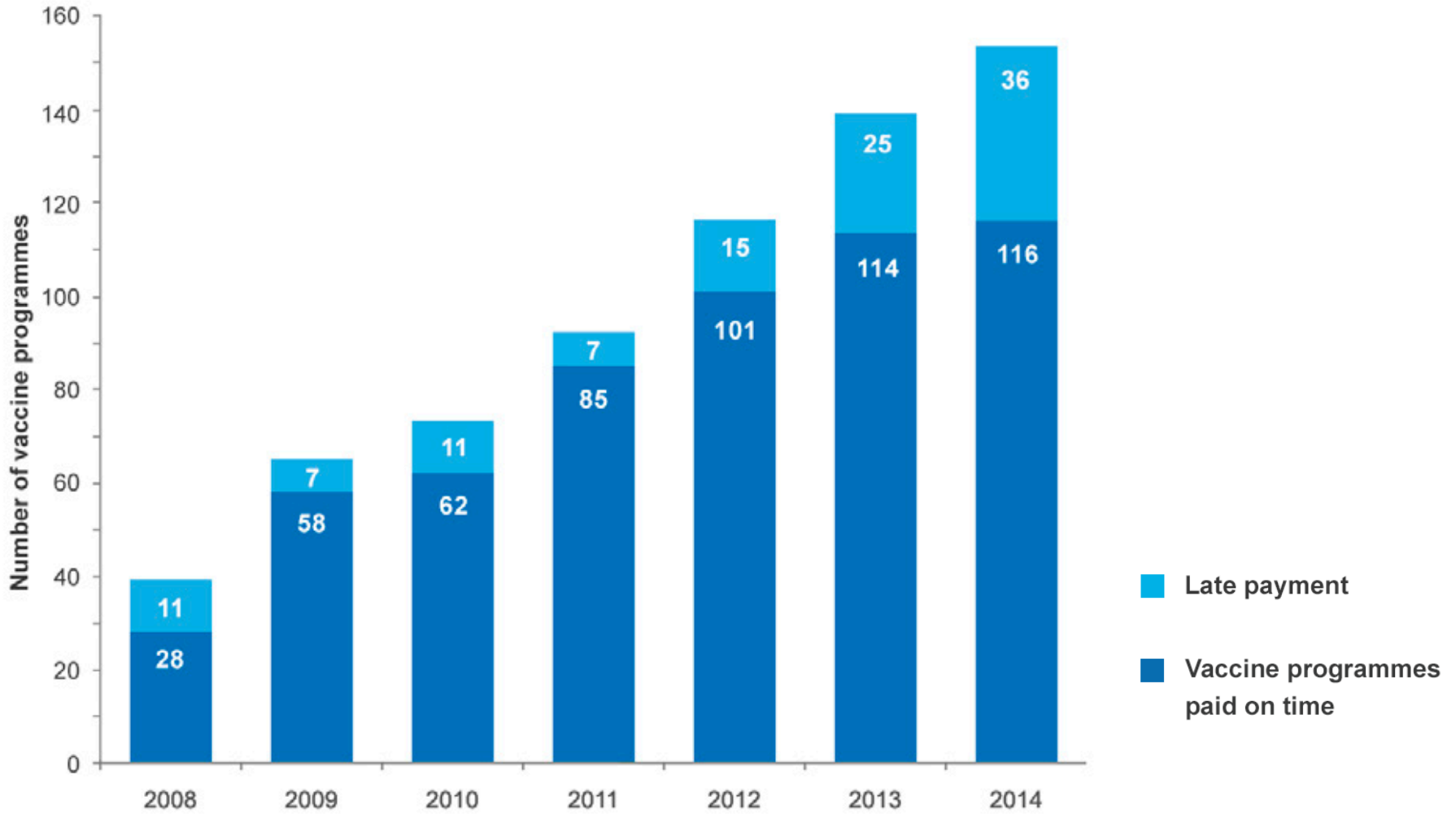
* Guinea and Sierra Leone in 2014, CAR in 2013

Source: Gavi data as of 15 May 2015

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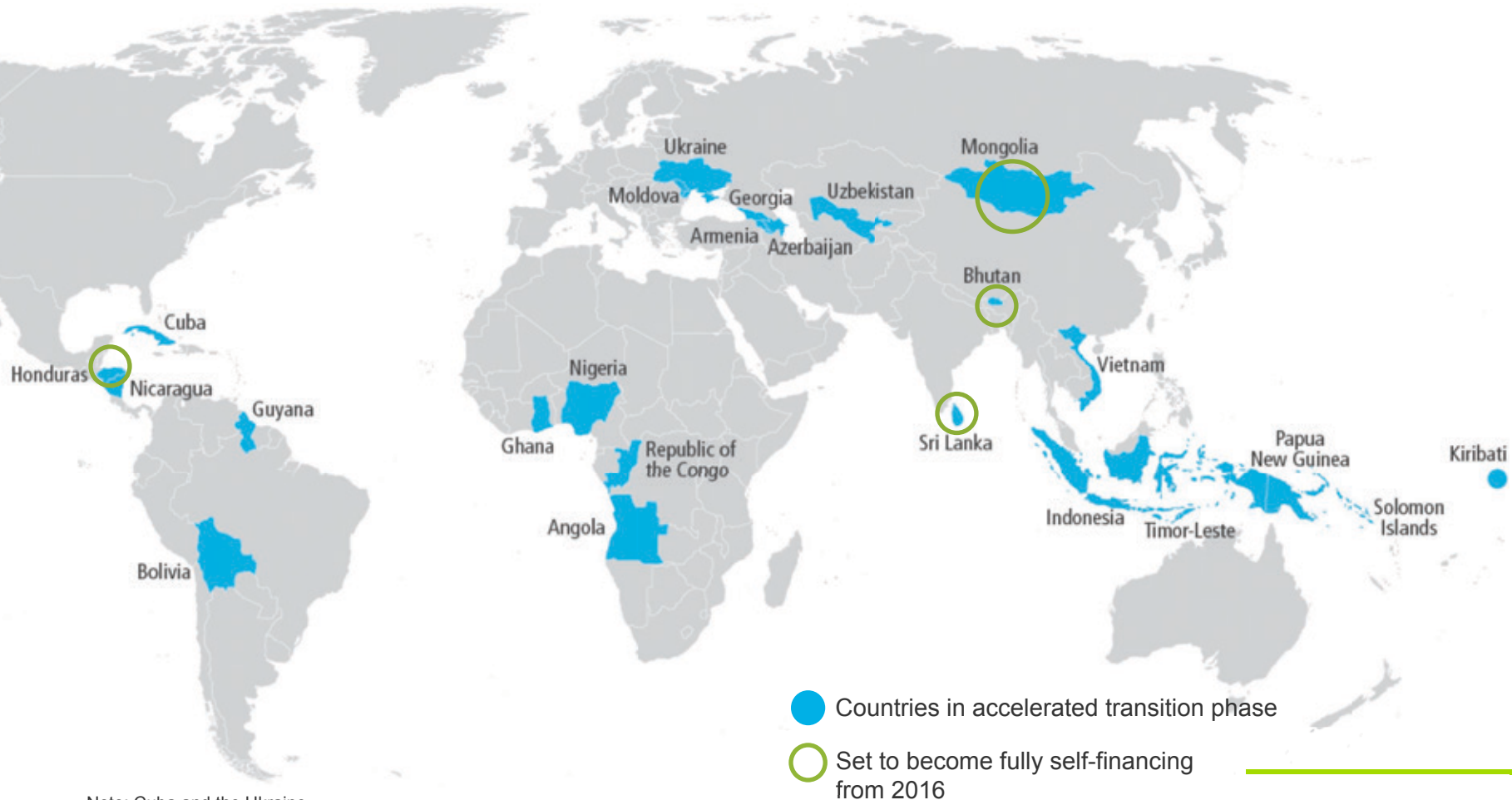


...but more vaccine programmes are co-financed on time



Source: Gavi data as of 15 May 2015

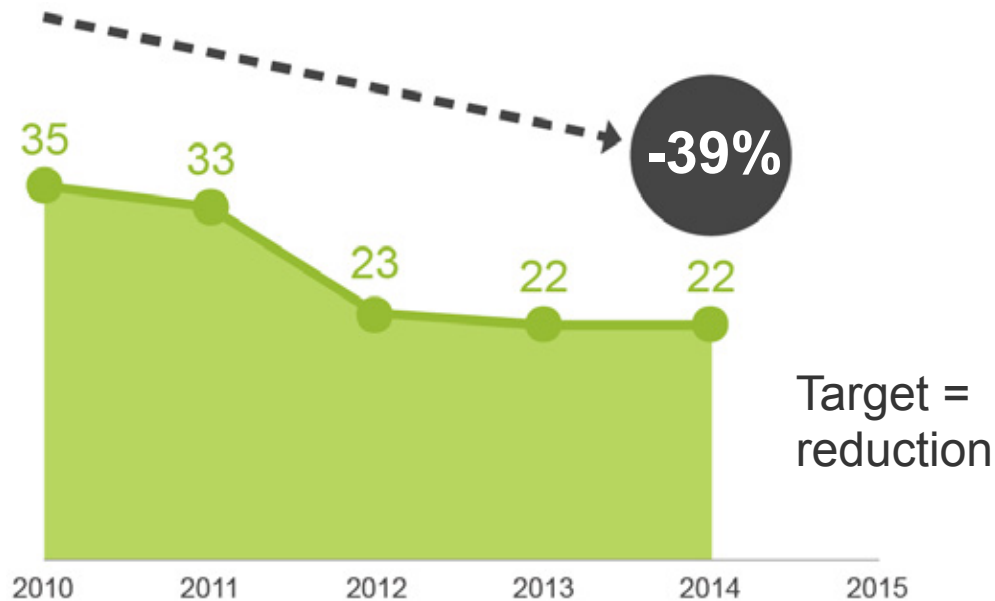
24 countries in accelerated transition phase, 4 set to become fully self-financing from 2016



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

Vaccine prices continue to fall

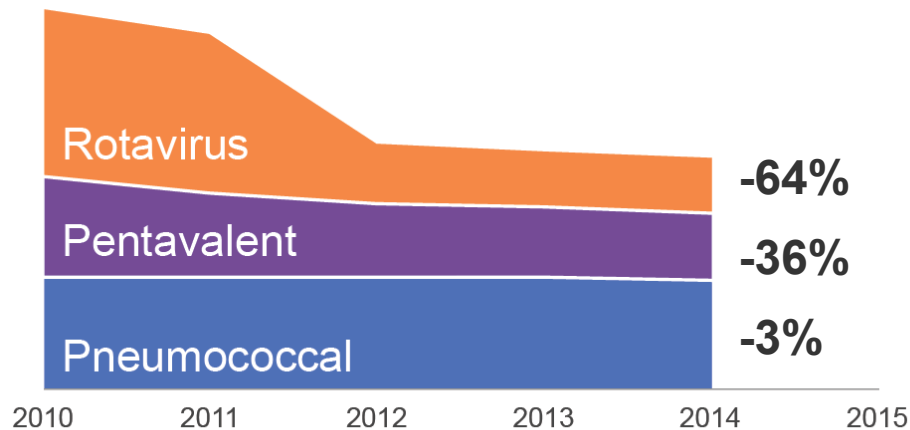
Cost to fully immunise a child with pentavalent, pneumococcal and rotavirus vaccines down by 39% since 2010



Source: UNICEF Supply Division, 2015

Vaccine prices continue to fall

Cost to fully immunise a child with pentavalent, pneumococcal and rotavirus vaccines down by 39% since 2010



Source: UNICEF Supply Division, 2015

More secure vaccine supply

2001: 5 suppliers from 5 countries of production

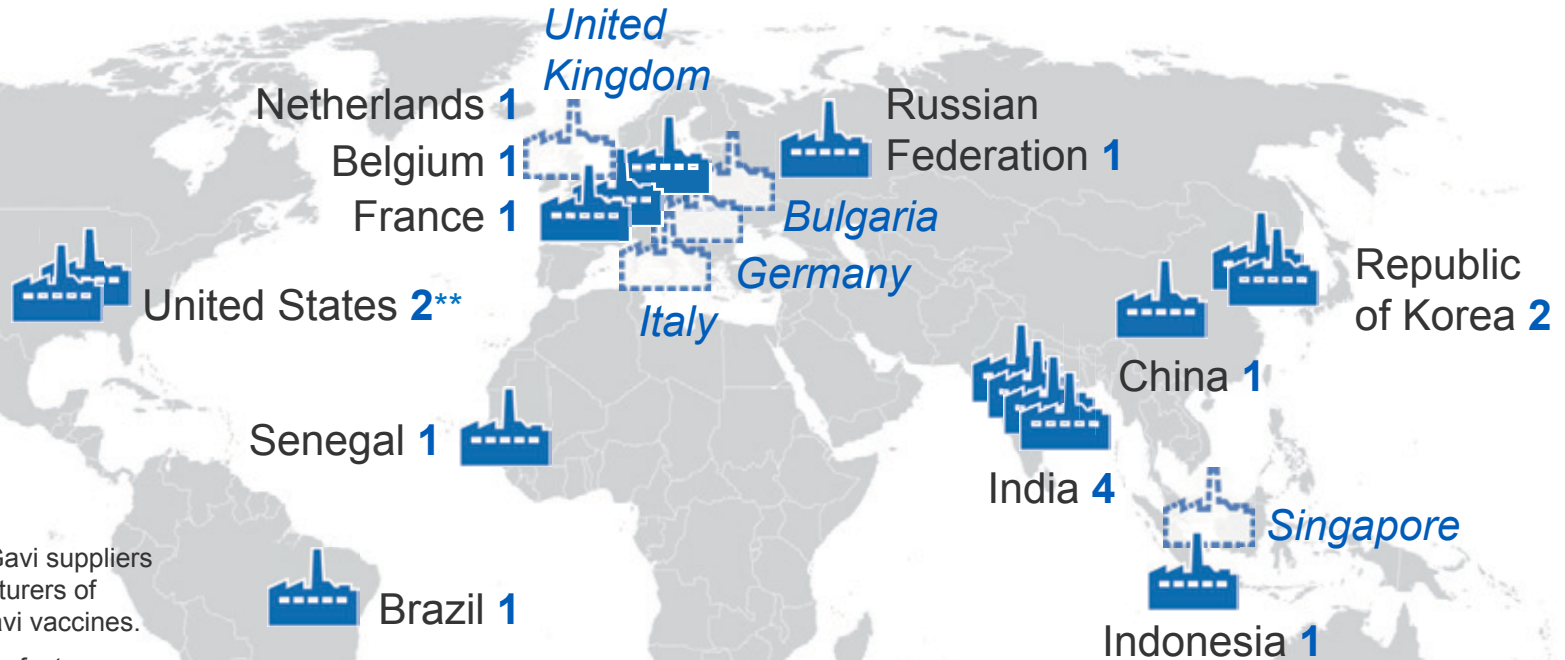


2001

Source: UNICEF Supply Division

More secure vaccine supply

2014: 16 manufacturers* from 11 countries of production



* Includes 14 Gavi suppliers and 2 manufacturers of prequalified Gavi vaccines.

** One US manufacturer also produces in the Netherlands.

Note: Country of production represents country of national regulatory agency responsible for vaccine lot release.

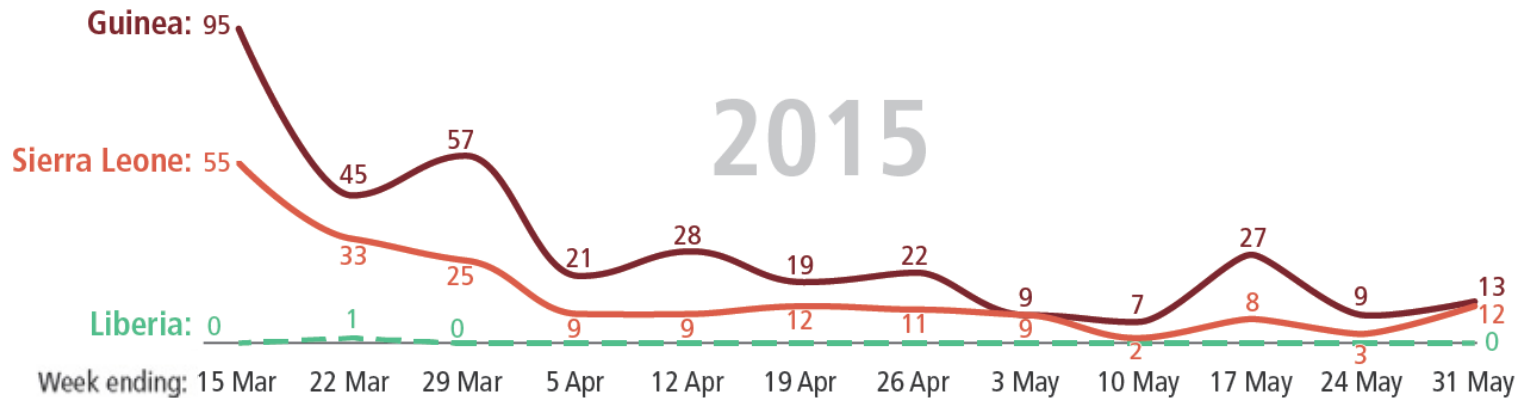
2014

Source: UNICEF Supply Division and WHO list of pre-qualified vaccines, 2014

BROADER LANDSCAPE AND IMPACT DATA

Ebola update

- 9 May: Liberia declared Ebola-free
- Cases in Guinea and Sierra Leone increasing again

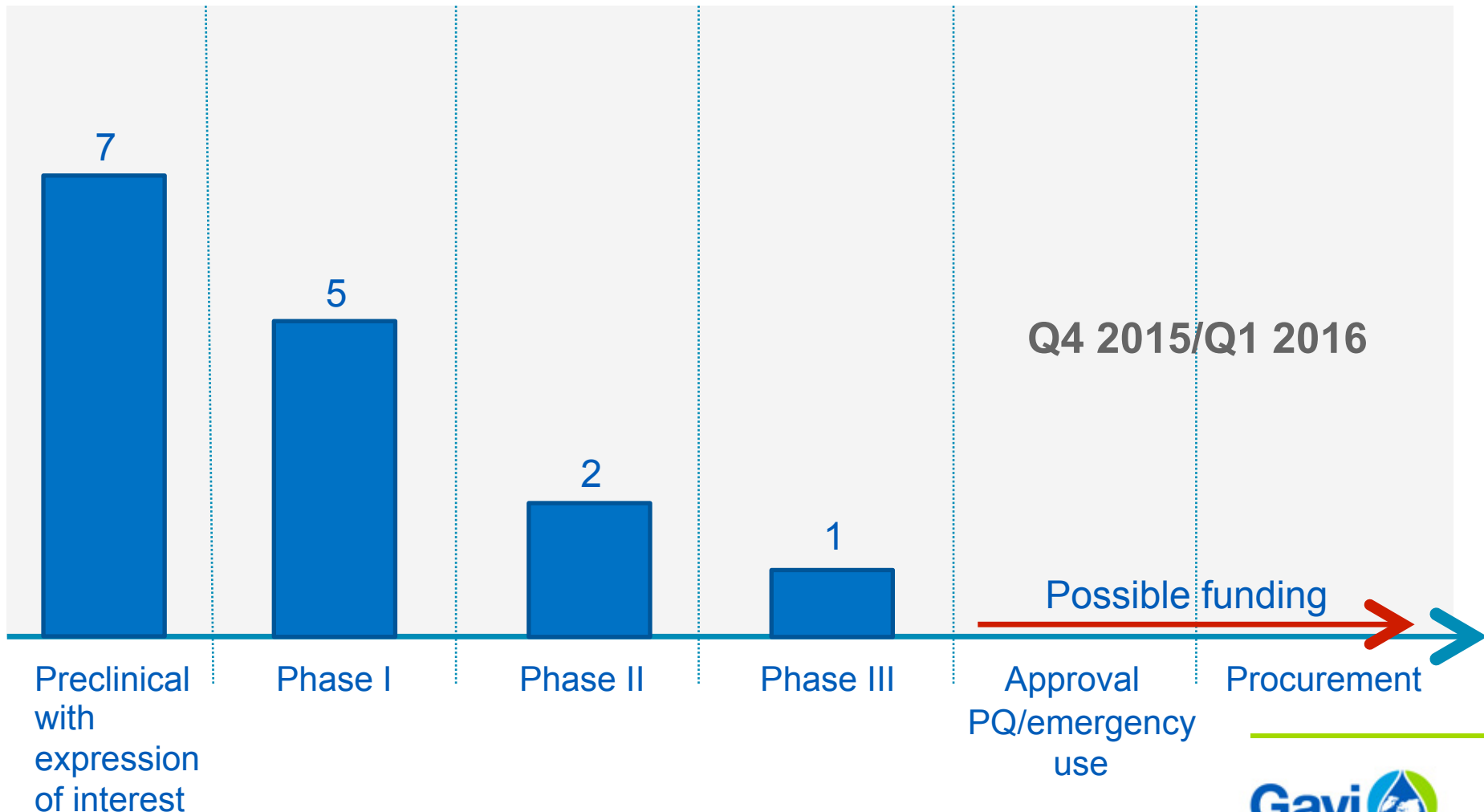


- Severe impact on health services, large reductions in immunisation coverage
- Catch-up campaigns for immediate needs, HSS support over the long term

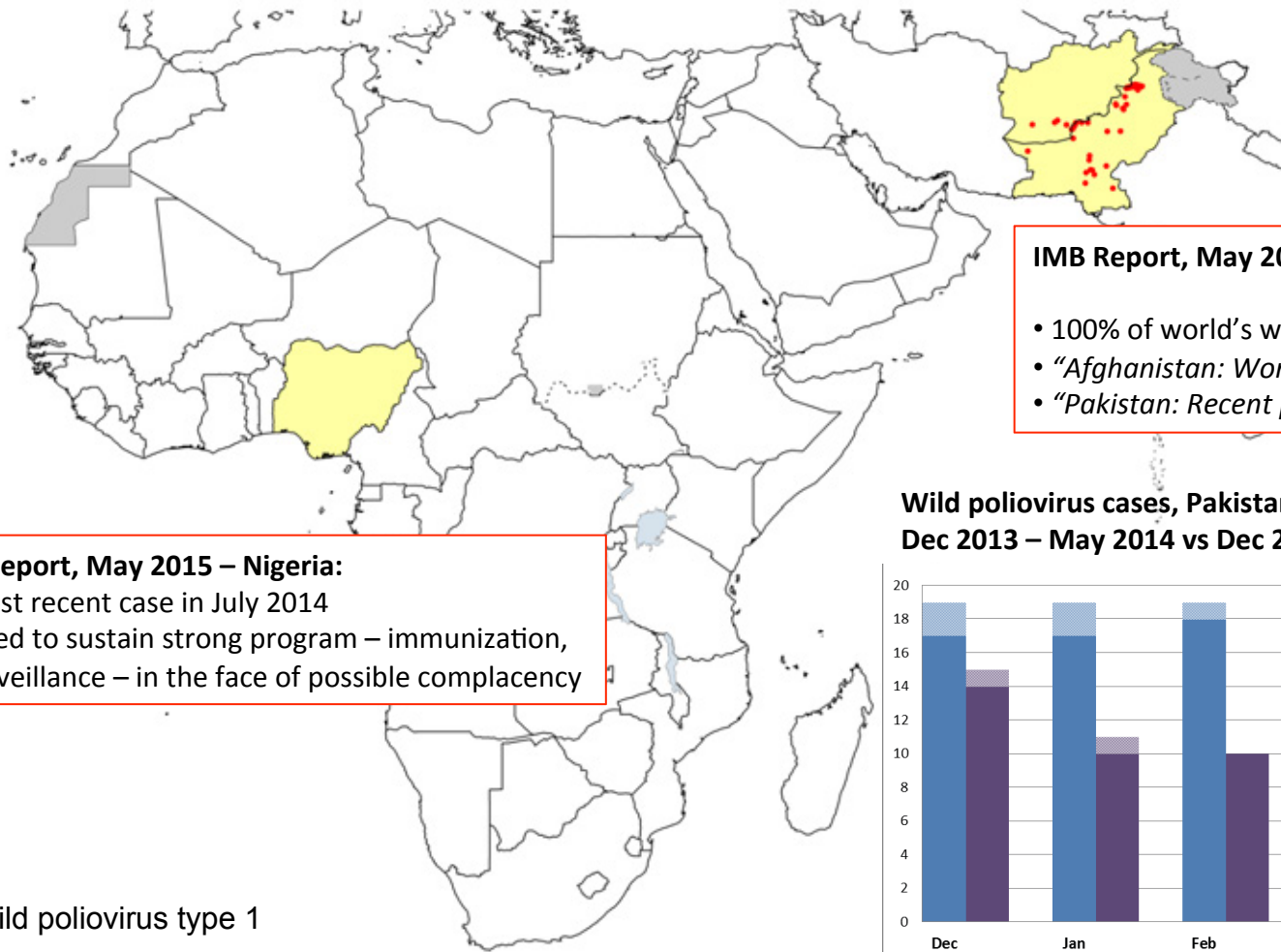
Source: WHO Ebola situation reports

Ebola strategy and support will depend on vaccine development and approval

Number of vaccines



Wild Poliovirus Cases¹, Previous 6 Months²



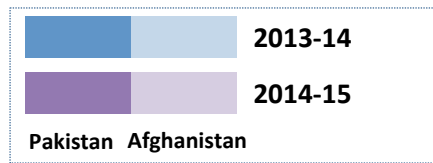
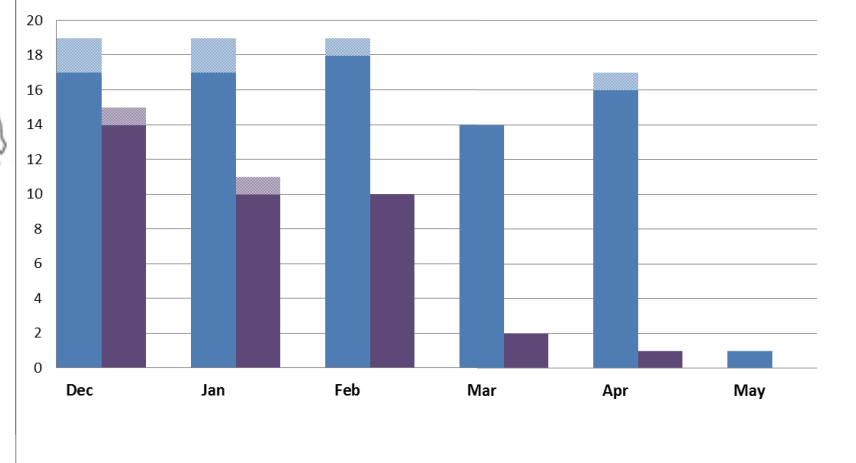
IMB Report, May 2015 – Nigeria:

- Most recent case in July 2014
- Need to sustain strong program – immunization, surveillance – in the face of possible complacency

IMB Report, May 2015 – Afghanistan, Pakistan:

- 100% of world’s wild polio cases in past 6 months
- “Afghanistan: Worrying stagnation”
- “Pakistan: Recent positive moves but early days”

Wild poliovirus cases, Pakistan and Afghanistan, Dec 2013 – May 2014 vs Dec 2014 – May 2015

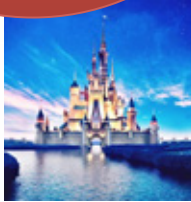


Source: Data in WHO HQ as of 19 May 2015

¹Excludes viruses detected from environmental surveillance.

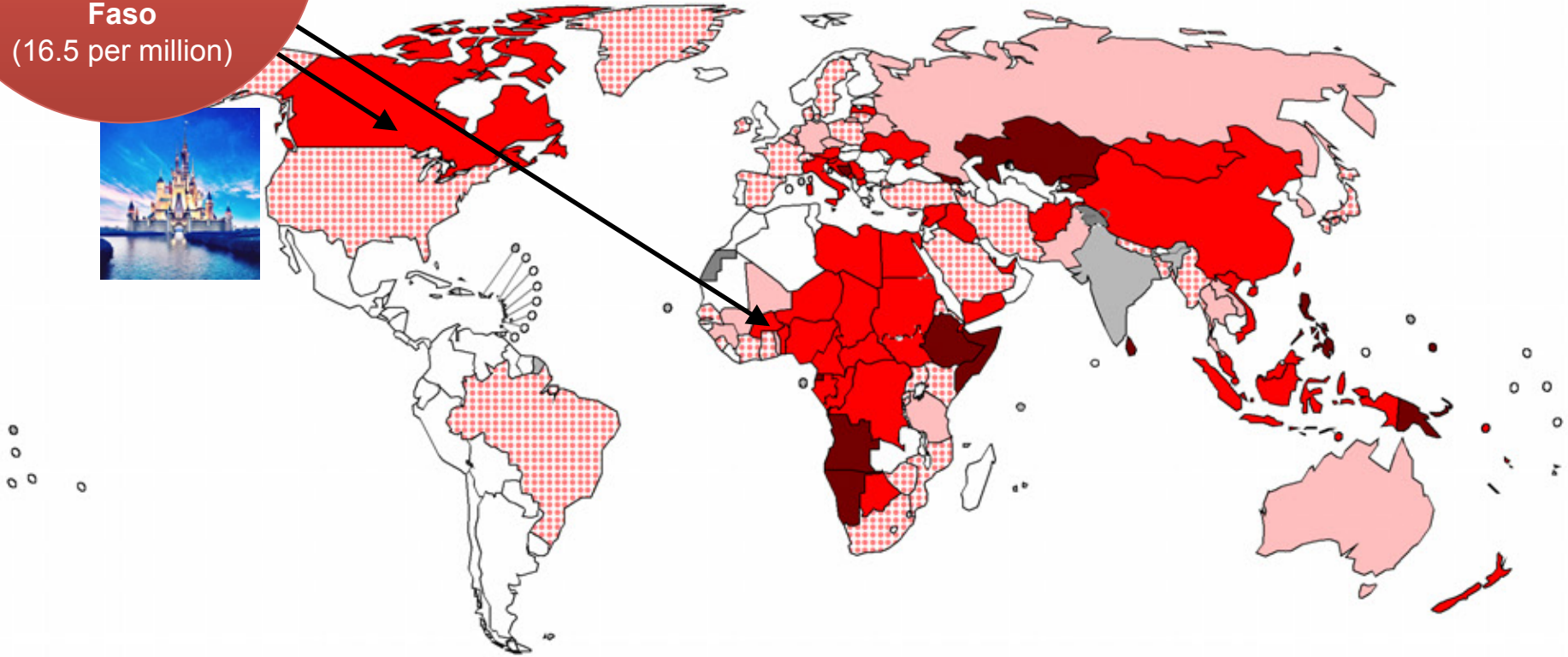
²Onset of paralysis 20 November 2014 – 19 May 2015

Canada's measles incidence rate (17.8 per million) is comparable to that of Burkina Faso (16.5 per million)



Reported Measles Incidence Rate*

Apr 2014 to Mar 2015 (12M period)



*Rate per 1'000'000 population

	<1	(72 countries or 37%)
	≥1 - <5	(34 countries or 17%)
	≥5 - <10	(14 countries or 7%)
	≥10 - <50	(44 countries or 23%)
	≥50	(13 countries or 7%)
	No data reported to WHO HQ	(17 countries or 9%)
	Not applicable	

Data source:

Monthly reporting system, Data in HQ as of 4 May 2015

Reported cases in yellow boxes represent suspected cases reported by national bulletins or other sources:

^a DR Congo Bulletin hebdomadaire de surveillance de la rougeole, 14.04.15

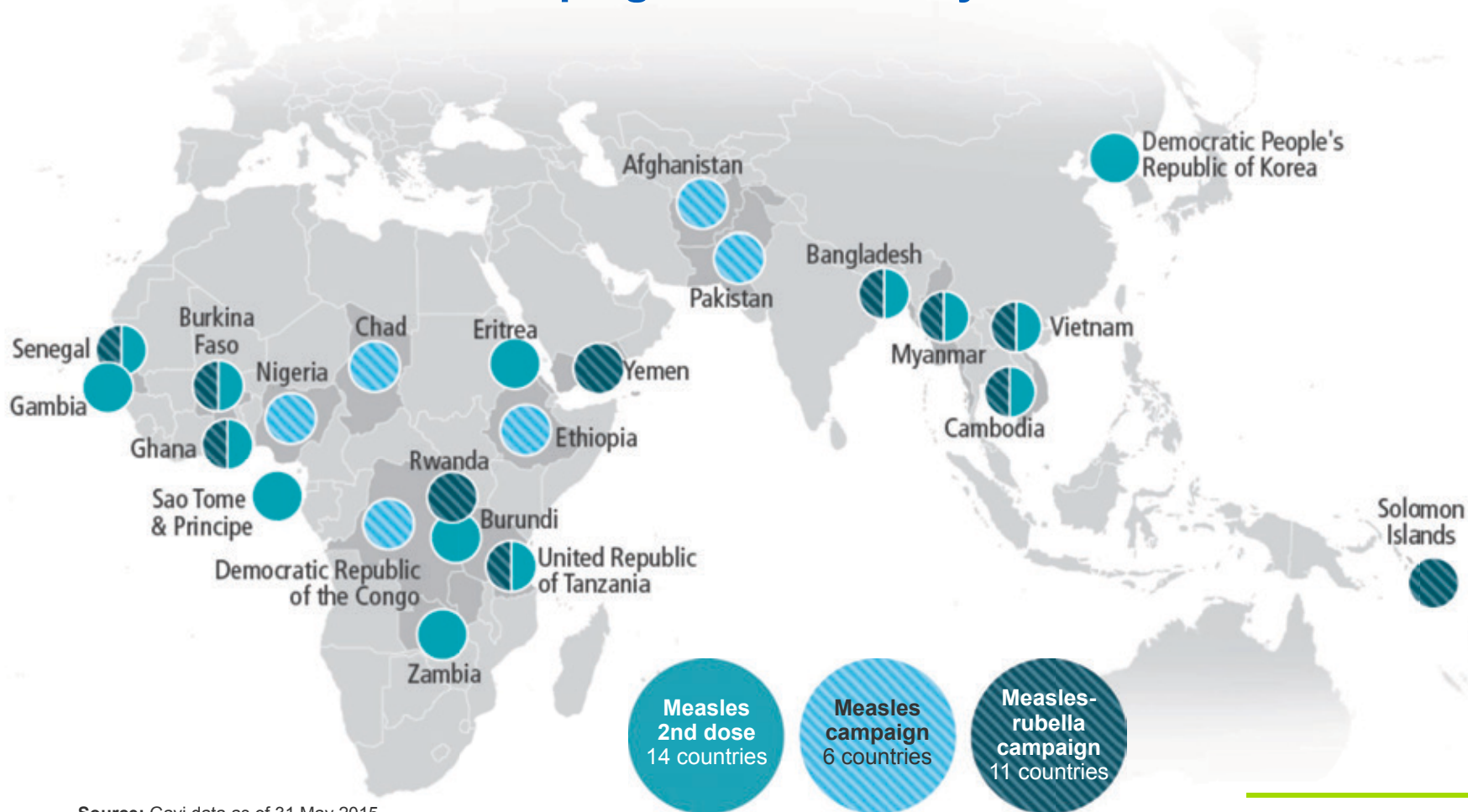
^b Somalia Weekly Polio Update. Week 3, and week 16

^c India WHO UNICEF Joint Reporting Form for 2014 data

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 delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. ©WHO 2015. All rights reserved.

Gavi-supported measles and measles-rubella vaccine programmes in 23 countries

Introductions and campaigns as of 31 May 2015



Source: Gavi data as of 31 May 2015

New impact data: meningitis A vaccine

450 million
PEOPLE THREATENED

MORE THAN
215 million
PEOPLE
VACCINATED
SINCE 2010



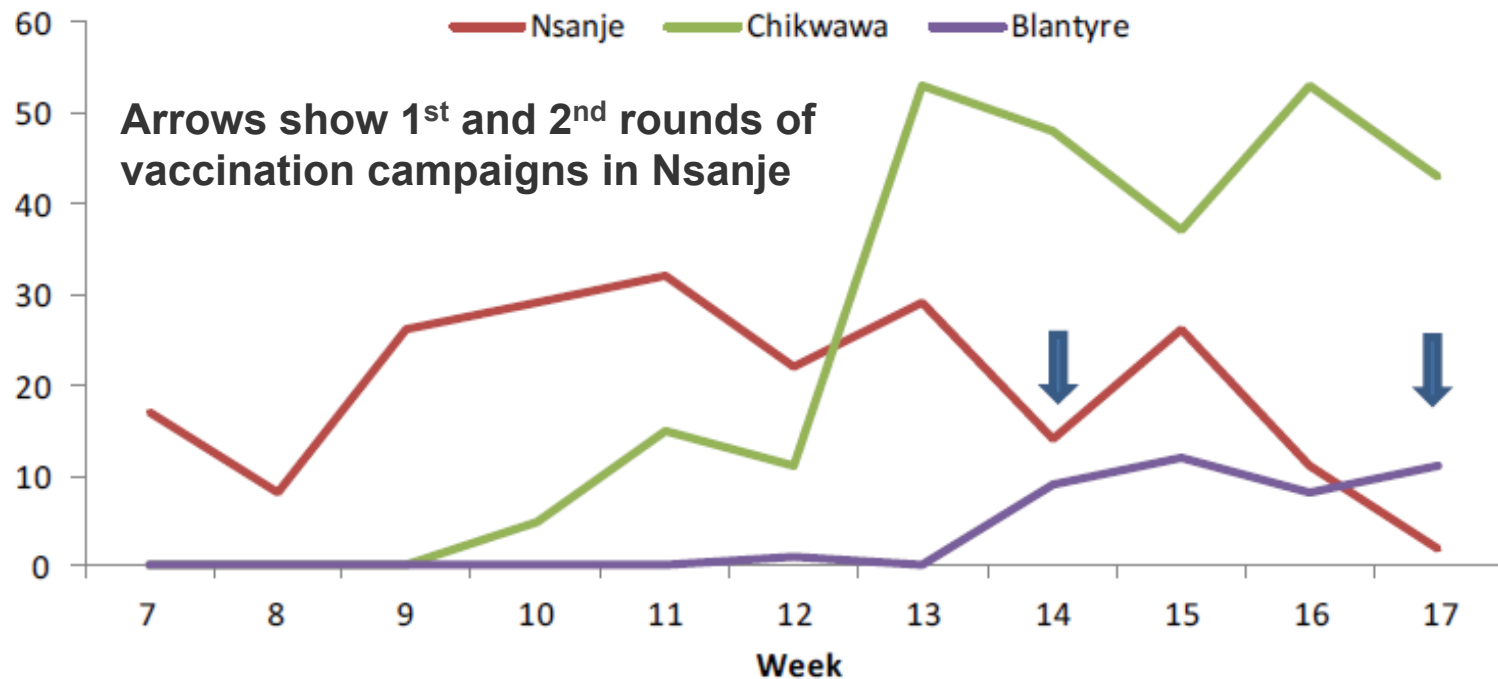
IMPACT:

Number of meningitis A cases:

	<i>in 2008</i>		<i>in 2014</i>
Niger	842	➔	0
Burkina Faso	156	➔	0
Mali	16	➔	0

New impact data: cholera vaccine

Number of reported cases by week in Nsanje, Chikwawa and Blantyre districts, Malawi, 10 February – 19 April 2015



Source: Situation Report - Cholera outbreak Malawi, 27 April 2015.

Malaria vaccine: large-scale phase 3 trial in Sub-Saharan Africa



Promising results:

55% reduction in cases over first year of follow-up,
36% reduction over 48-month period

WHO may give recommendations in October

Challenges:

- Efficacy wanes over time without booster dose, uncertain if severe malaria shifts to older age groups
- Challenging implementation: four-dose vaccine outside usual EPI schedule, coordinated rollout with malaria interventions, only in sub-Saharan Africa

Could make significant contribution to malaria control in combination with other measures



Malaria vaccine: Vaccine Investment Strategy, 2013

...the Board will consider opening a window if and when the vaccine is licensed, recommended for use by the WHO Strategic Advisory Group of Experts and the Malaria Programme Advisory Committee and WHO prequalified.



Newsweek
FUTURE SHOCK
AIDS?
How the spreading epidemic will affect health care, government policy, civil liberties and attitudes toward sex
AIDS IN AFRICA
The Future Is Now

TIME
AUGUST 17, 1985
AIDS
The Growing Threat
What's Being Done
Congress goes right
Budget Blasts and
Deficit Blues

Newsweek
EPIDEMIC
The Mysterious and Deadly Disease Called AIDS May Be the Public Health Threat of the Century. How Did It Start? Can It Be Stopped?

Newsweek
September 23, 1985 / \$1.95
THE FEAR OF AIDS
Ignorance and Uncertainty Fuel Growing Public Concern
JOHN NAISBITT: MEGATRENDS MAN
1
Surgery spread AIDS

Is this the Wrath of God, ask Bible thumpers?

Have you got AIDS?

PLAGUE NEWS

AIDS scare

Surgery spread AIDS

PERIL OF THE 10,000 AIDS 'TIME-BOMBS'

OUTBREAK
THE AIDS TRAIL THAT LED TO A DOCTOR'S SURGERY

Why even doctors dread killer AIDS

Rock in last wish
Victims don't know they have disease

AIDS from a baby donor

TERROR OF THE 'PLAGUE'
140 face tests in surgery HIV case

AIDS strikes HIV victim

Britain threatened by gay virus plague

TRUTH ABOUT AIDS
NO ONE'S SAFE

In 2016–2020, Gavi-supported programmes will avert **250 million DALYs***

This is equivalent to preventing nearly all premature mortality and disability caused by HIV in Gavi-supported countries



*** DALYs = disability-adjusted life years:** years of potential life lost due to premature mortality and years of productive life lost due to disability

Note: This assumes constant number of DALYs estimated for HIV in 2012 will occur annually over 2016–2020 period.

Gavi Board meeting
10–11 June 2015

The sustainable development goals

Three streams



Monitoring the SDGs: vaccine indicators

- 17 goals and 169 targets, each with multiple potential indicators
 - Consensus to dramatically reduce the number of indicators
- Gavi working with WHO, UNICEF and other partners to include immunisation indicator(s)
- Proposed: **"Reach and sustain 90% national coverage for all vaccines in national programmes"**
 - Based on GVAP indicator
- Routine immunisation coverage best tracer for measuring strength of health system

Global Financing Facility for reproductive, maternal, newborn, child and adolescent health

- To be launched in Addis in July
- Gavi represented on Investors (steering) Group – Deputy CEO
- Potential to leverage additional finance from domestic resources, donors and World Bank IDA



RISK MANAGEMENT

Risk management strengthening

50+ measures ongoing or completed, including:

- **Three-level organisation for fiduciary control:**
 1. Reinforced Country Programmes department, stronger country systems
 2. Risk control, monitoring and management
 3. Audit and investigations providing objective assurance
- **Country risk matrix** – currently amending our approach based on the country risk profile
- **Risk committee**, chaired by CEO
- **New Head of Risk** due to start in June

Risk register on mygavi: <http://beta.gavialliance.org/dashboard.action>



Submission for Executive Team meeting Risk Register Q1 2015

Reference (to be inserted by EO)
FROM: Ciara Goldstein, Adrien de Chaisemartin
DATE: 18 May 2015
CC: Meegan Murray-Lopez

To: Executive Office

Introduction

The Gavi risk register has been updated for the first quarter 2015. The information for each risk was updated by the relevant business leader in the Secretariat, and built on partners' detailed input through their deliverables report. The memo below provides a summary of the high and new risks in the past quarter.

The Executive Team is asked to:

- Review the risks described in this paper and discuss in more detail 1-2 key risks and whether there are appropriate mitigation strategies in place.

1. Top risks identified in the quarter

The top risks are the ones for which the Secretariat assesses the residual level risk (i.e., the risk after the mitigation strategy will have been implemented) as high.

Each top risk is described, with detail on the evolution, results of previous mitigation efforts and any new mitigation activities initiated.

For Q1 2015 the following are top risks:

a) Countries do not fulfil their co-financing requirements

All countries that were in default for 2013 paid their arrears in time to avoid a suspension of their vaccines. Out of the 17 countries that were in default in 2014, 12 made partial payments for their 2014 co-financing obligations and/or paid off their arrears from the previous year. Five defaulters are graduating countries.

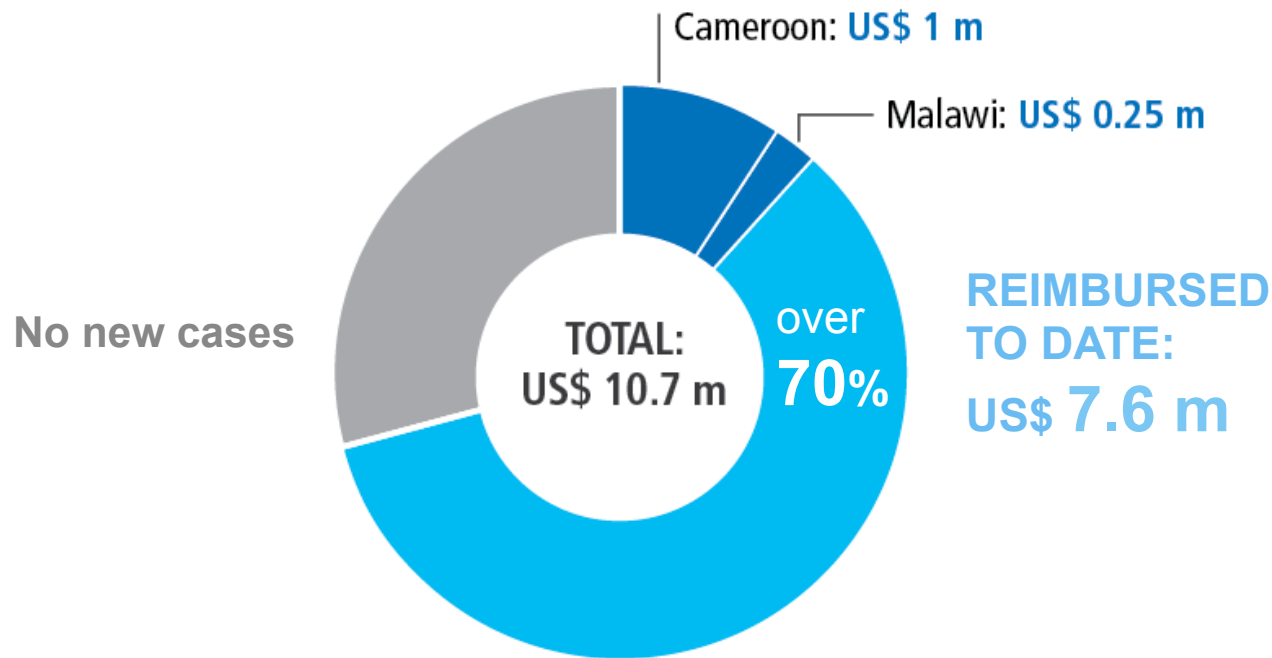
The IF&S Task Team has been increasing its engagement with defaulters and countries struggling with financing immunisation. To address the default situation, countries were informed of their default status and the IF&S TT is coordinating follow-up actions. Already 8 countries paid

Strategic Goal		Risk description			Mitigation and r	
Dcpt.	Risk	Likelihood of risk	Potential negative impact	Resp. (director)	Risk mitigation	
ACPP	APP	Health focus in international fora drops in prominence - Other 'hot topics' e.g. climate change, energy, etc. take precedence over health, reducing entry points of engagement for immunisation	Medium	Medium	Director, Advocacy and Public Policy	Leverage networks and stakeholder inclusion at key international development and aid policy level health advocacy
ACPP	APP	Counter-advocacy	High	Medium	Director, Advocacy and Public Policy	Expanded set of donor advocacy supporters
Corporate	Finance	Material error in estimation of resource needs and resource availability for upcoming five years	Low	High	Director, Finance	Long-range financial planning financial management strategy
Corporate	Finance	Economic and financial market fluctuations, impacting GAVI and especially IFFIm: credit ratings, currency fluctuation, Eurozone instability, interest rates etc.	Low	Medium	Director, Finance	IFFIm: World Bank acts as Trustee and regularly reports to the IFFIm GAVI: Long-range financial plan Robust financial management plan.
Corporate	Finance	Medium-term liquidity risks (2-3 years)	Low	Medium	Director, Finance	Rigorous internal financial management controls, including cash reserves
Corporate	Operations	Procurement processes and resources not adapted to growing procurement needs at GAVI	Low	Medium	Director, Operations	Review and adapt the procurement resources in GAVI
Corporate	Operations	Business Continuity: In relation to People and Premises	Low	High	Director, Operations	GAVI has developed some of its continuity plan within the IT and broader strategy for Disaster Preparedness in relation to People and Premises. GAVI organisation does not operate in a way that could be critically undermined by a period of hours or a few days of facilities or significant number of staff.



Repayment of misused funds

Repayments since the December Board meeting:



100% of countries have agreed to reimburse misused funds

BOARD DECISIONS

Gavi, The Vaccine Alliance Strategy 2016-2020

Mission	<p>To save children's lives and protect people's health by increasing equitable use of vaccines in lower income countries</p>		<p>Aspiration 2020</p> <ul style="list-style-type: none"> < 5 mortality rate Future deaths averted Future DALYs averted # of children vaccinated with GAVI support Vaccines sustained after transition.....100% 	<p>TBD</p> <p>5-6 million</p> <p>>250 million</p> <p>>300 million</p>	<p>Disease dashboard</p>	<p>Empirical measures of health outcomes:</p> <ul style="list-style-type: none"> Hepatitis B Rotavirus diarrhea Measles
Principles	<ul style="list-style-type: none"> Country-led: Respond to and align with country demand, supporting national priorities, budget processes and decision-making Community-owned: Ensure engagement of communities to increase accountability and sustain demand and impact Globally engaged: Contribute to the Global Vaccine Action plan, align with the post 2015 global development priorities and implement the aid effectiveness principles Catalytic & sustainable: Provide support to generate long term sustainable results including country self-financing of vaccines through the graduation process 		<ul style="list-style-type: none"> Integrated: Foster integration of immunisation with other health interventions, harmonising support by the GAVI Alliance with other partners' Innovative: Foster and take to scale innovation in development models, financing instruments, public health approaches, immunisation-related technologies and delivery science Collaborative: As a public private partnership, convene immunisation stakeholders and leverage the strengths of all Alliance partners through shared responsibility at both global and national level Accountable: Maximise Alliance cooperation and performance through transparent accountability mechanisms 			
Goals	<p>1 Accelerate equitable uptake and coverage of vaccines</p>	<p>2 Increase effectiveness and efficiency of immunisation delivery as an integrated part of strengthened health systems</p>	<p>3 Improve sustainability of national immunisation programmes</p>	<p>4 Shape markets for vaccines and other immunisation products</p>		
Objectives	<ul style="list-style-type: none"> a Increase coverage and equity of immunisation b Support countries to introduce and scale up new vaccines c Respond flexibly to the special needs of children in fragile countries 	<ul style="list-style-type: none"> a Contribute to improving integrated and comprehensive immunisation programmes, including fixed, outreach and supplementary components b Support improvements in supply chains, health information systems, demand generation and gender sensitive approaches c Strengthen engagement of civil society, private sector and other partners in immunisation 	<ul style="list-style-type: none"> a Enhance national and sub-national political commitment to immunisation b Ensure appropriate allocation and management of national human and financial resources to immunisation through legislative and budgetary means c Prepare countries to sustain performance in immunisation after graduation 	<ul style="list-style-type: none"> a Ensure adequate and secure supply of quality vaccines b Reduce prices of vaccines and other immunisation products to an appropriate and sustainable level c Incentivise development of suitable and quality vaccines and other immunisation products 		
Goal-level indicators	<ul style="list-style-type: none"> Reach of routine coverage: penta3 and measles first dose Breadth of protection: average coverage across all supported vaccines Equity of coverage and barriers Distribution by: <ul style="list-style-type: none"> geography wealth quintiles education status of mothers / / female caretakers fragile state status 	<ul style="list-style-type: none"> Supply chain DRAFT: rolling average Effective Vaccine Management scores Data quality DRAFT: difference between administrative coverage and survey Access, demand & service delivery DRAFT: penta1 coverage and drop out Integration DRAFT: increased oral rehydration coverage following rotavirus vaccine introductions Civil society & private sector DRAFT: % of countries with civil society or private sector partners in national plans 	<ul style="list-style-type: none"> Co-financing: % countries fulfilling co-financing commitments Country investments in routine immunisation: % countries with increasing investment in routine immunisation per child Programmatic sustainability: % countries on track for successful graduation Strengthen institutional capacity for national decision-making, management & monitoring: TBD 		<ul style="list-style-type: none"> Healthy market dynamics: TBD Adequate and uninterrupted supply: % vaccine markets where supply Gavi meets demand Reduction in price: Reduction in weighted average price of fully vaccinating a child with pentavalent, pneumococcal and rotavirus vaccines Innovation: # vaccines and immunisation products with improved characteristics procured by Gavi 	
Strategic enablers	<p>A) Country leadership management & coordination</p>		<p>(1) Strengthen institutional capacity for national decision-making, programme management and monitoring</p> <p>(2) Support availability and use of quality data for country-level decision making</p>			
B) Resource mobilisation			<p>(1) Secure long-term predictable funding for GAVI Alliance programmes as a prerequisite for continued success</p> <p>(2) Harness the capacity of the private sector, including through innovative finance mechanisms and contributions from vaccine manufacturers</p>			
C) Advocacy			<p>(1) Strengthen national political and subnational commitment for immunisation</p> <p>(2) Strengthen global political commitment for immunisation, health and development</p>			
D) Monitoring & Evaluation			<p>Support GAVI as a learning Alliance through (i) Effective routine programme monitoring and management and (ii) Regular evaluation of the relevance, effectiveness, impact, and efficiency of the GAVI Alliance's investments to inform evidence-based policy development</p>			

New policies and approaches to support countries

Access to
Appropriate
Pricing



Targeted
changes to the
transition policy

Revised
co-financing policy

Partners' Engagement Framework: new structure

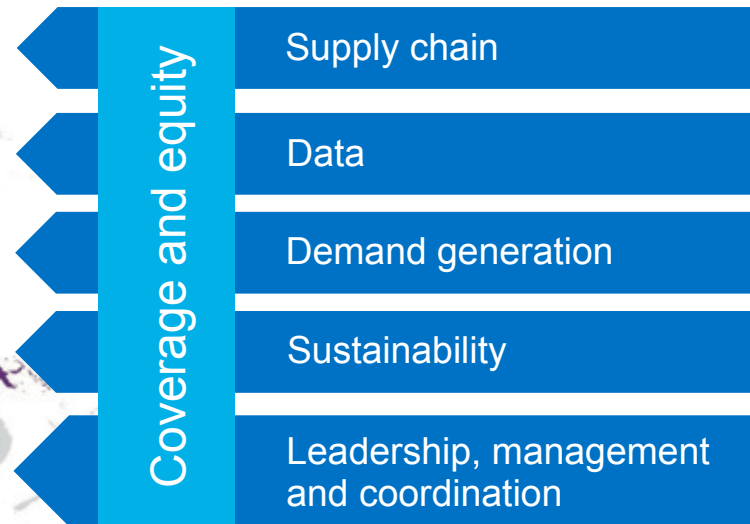
Partners' Engagement Framework (PEF)

~\$160 million

8%

- 2 Targeted country assistance:**
Country-driven assistance plan
Prioritisation of countries
Assistance to include management support

- 3 Special investments in strategic focus areas:**



- 1 Foundational support:** Long-term funding for core partners (WHO, UNICEF, World Bank, CDC, CSO) for engagement and coordination in key programmatic areas (subject to transparent annual accountability mechanisms)

Preparing for the 2016–2020 strategy: potential investments and impact

Based on the latest financial forecast

Gavi has the capacity to fully finance projected country demand for vaccines, each country's ceiling for HSS support and all currently considered new initiatives.

Gavi @ 15



WORLD
ECONOMIC
FORUM

Annual Meeting 2015

WORLD
ECONOMIC
FORUM

What Gavi, the Vaccine Alliance has achieved together in the past 15 years

>500,000,000
children immunised

>7,000,000
future deaths averted

