

Annex A: Technical report on Gavi 5.0/5.1 indicators

This is a technical report providing definitions of and progress against Mission and Strategy Goal indicators in the Gavi 5.0/5.1 measurement framework. The technical report is populated based on available data and updated bi-annually. The newly available data for 2023 included in this report relates to Mission Goal M1 and Strategy Goals S1.4, S3.1, S3.3, and SG4.

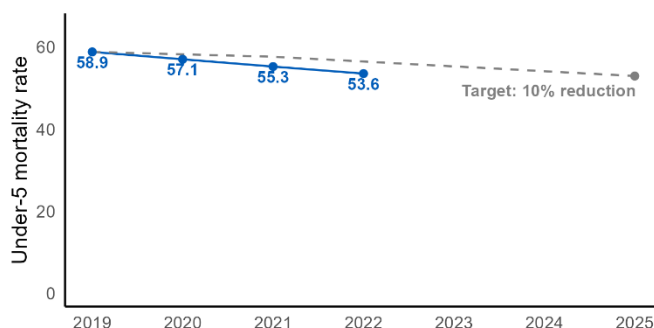
Note on target trajectories:

In the below graphs, the dotted lines represent the projected annual trajectory that was forecasted when we set 2025 targets with the PPC/Board in May 2021; our assumption was that coverage would return to 2019 coverage levels in 2021, with the exception of India which would take until 2022. This was noted in a footnote in the PPC paper at the time (in May 2021 PPC meeting book: Doc 04 *Gavi 5.0 Measurement Framework*):

To account for COVID-19-related disruptions and recovery, it is assumed that vaccine coverage returns to 2019 levels by 2021, with the exception of India, which we assume returns to 2019 levels in 2022 and sub-national three doses of pneumococcal conjugate vaccine (PCV3) scale up takes an additional year.

Gavi 5.0 Mission Indicators

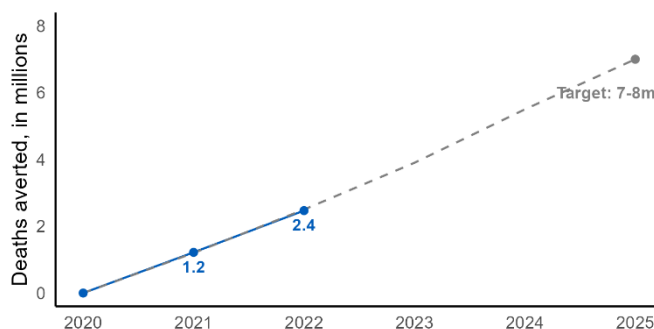
M.1: Under-five mortality rate – Updated April 2024



By increasing access to immunisation and enabling equal access to new and underused vaccines, Gavi support is contributing to the reduction in under-five deaths from vaccine-preventable diseases.

Gavi countries saw an under-five mortality rate of 53.6 deaths per 1,000 live births in 2022. At the portfolio level we are well on track to reach the 10% reduction target by 2025 – as of 2022, Gavi countries have achieved a 9% reduction from baseline.

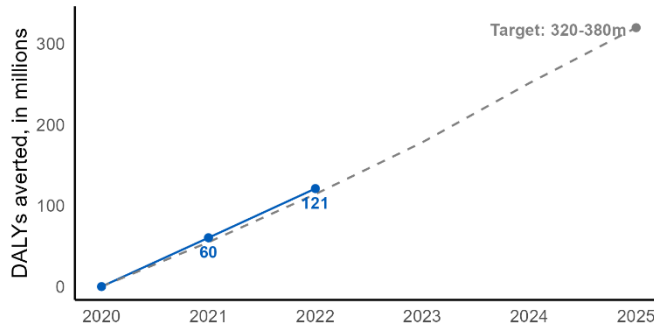
M.2: Number of future deaths averted with Gavi support – Updated September 2023



This indicator estimates the impact of Gavi-supported vaccinations in terms of averting future deaths from vaccine-preventable diseases. More than 2.4 million future deaths have been averted by Gavi-supported vaccinations in 5.0 through 2022. The cumulative number of deaths averted from 2000 through 2022 is more than 17.3 million.

This indicator will be updated in September 2024.

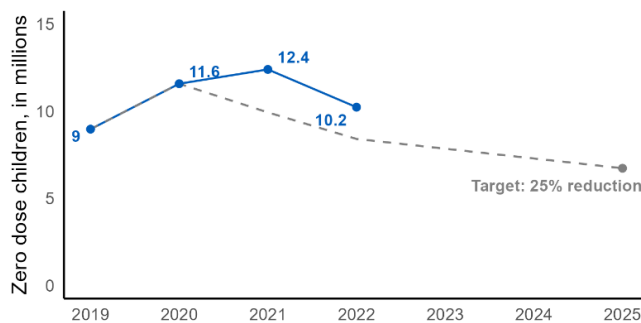
M.3: Number of future disability-adjusted life years (DALYs) averted – Updated September 2023



Disability-adjusted life years (DALYs) measure the number of healthy life years lost due to disability or premature death. Reduction in overall disease burden from vaccine-preventable diseases is one of the ultimate impact measures of Gavi support. More than 121 million future disability-adjusted life years (DALYs) have been averted by Gavi-supported vaccinations in 5.0 through 2022.

This indicator will be updated in September 2024.

M.4: Reduction in number of zero-dose children – Updated September 2023

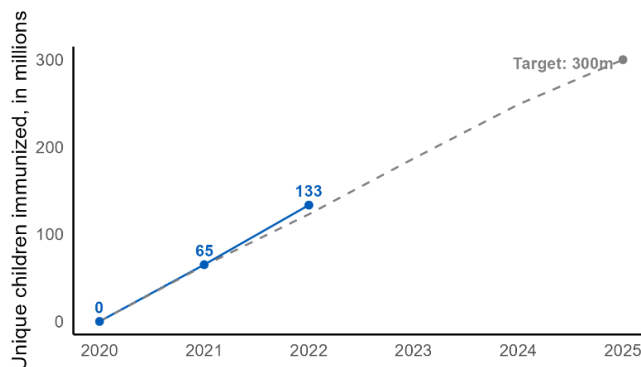


The indicator serves as an equity measure, giving an indication of the reach of routine immunisation services to missed communities, with an emphasis on regularly reaching children who are being missed by routine immunisation.

In 2022, there were 10.2m zero-dose children in Gavi57 countries, representing a 14% increase since 2019, and down from 12.4 million in 2021. Reaching the Gavi 5.0 target by 2025 will require a 34% reduction from 2022.

This indicator will be updated in September 2024.

M.5: Unique children immunised through routine immunisation with Gavi – Updated September 2023

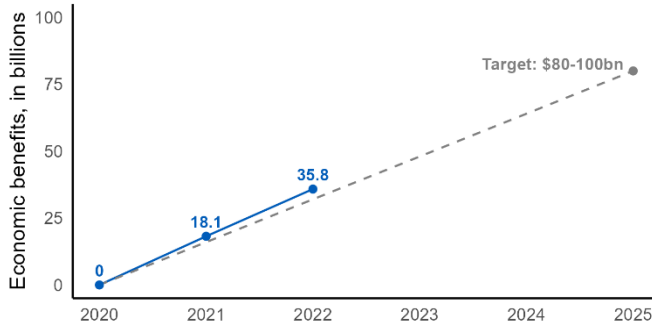


This indicator tracks the number of children immunised with the last recommended dose of at least one vaccine delivered through routine systems with Gavi support.

Countries immunised more than 68 million unique children through routine immunisation with Gavi support in 2022, reaching more than 133 million children in this strategic period. As of 2022, Gavi-supported countries have immunised more than 1 billion unique children with Gavi support since 2000.

This indicator will be updated in September 2024.

M.6: Economic benefits generated through Gavi-supported immunisations – Updated September 2023



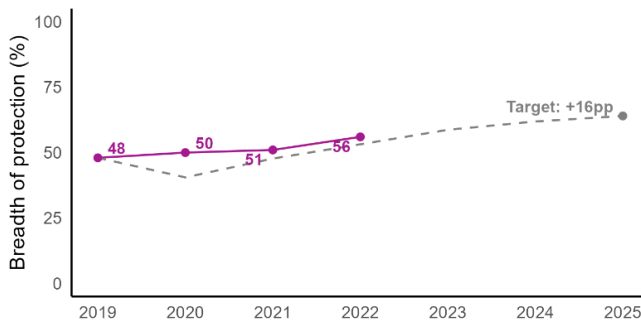
Gavi-supported vaccines have impact beyond health benefits to include the direct and indirect economic benefits of averting illness, death, and long-term disability.

More than US\$ 35.8 billion of economic benefits have been generated through Gavi-supported immunisations in 5.0 through 2022. The cumulative amount of economic benefits from 2000 through 2022 is more than US\$ 220.5 billion.

This indicator will be updated in September 2024.

Strategy Goal 1: Introduce and scale up vaccines

S1.1: Breadth of protection – Updated September 2023

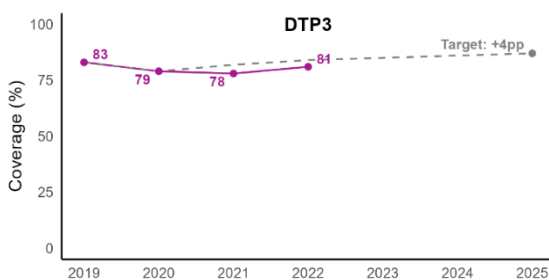


Summary measure of prioritised vaccine introductions, rate of scale up of newly introduced vaccines, and vaccine coverage; this measures the extent to which countries have introduced and scaled up Gavi-supported vaccines.

Gavi57 saw breadth of protection increase by 5pp in 2022 to 56%, against an implied target of 64% by 2025 (+16pp from 2019). For the first time in 2022, breadth of protection in Gavi-supported countries was higher than in the rest of the world.

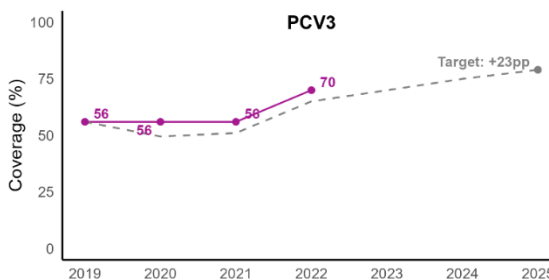
This indicator will be updated in September 2024.

S1.2: Vaccine coverage (SDG indicator 3.b.1): DTP3, MCV2, PCV3, HPVC – Updated September 2023



Measures access to four vaccines across the life course, including the newly available or underutilized vaccines, at the national level.

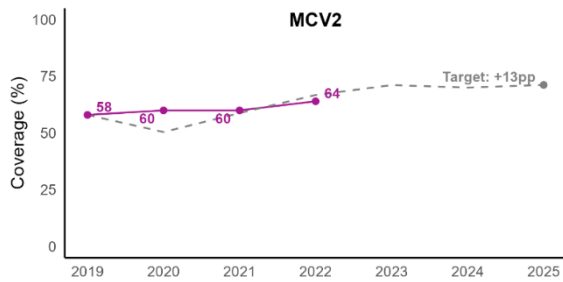
Across the four vaccines in SDG 3.b.1, PCV3 and HPVC were trending slightly higher in 2022 than originally projected when Gavi 5.0 targets were set, whereas DTP3 and MCV2 coverage were off track but improving.



Increases in HPVC and MCV2 coverage are primarily driven by recent introductions, while the increase in PCV3 coverage is primarily driven by India.

DTP3 coverage in Gavi57 increased by +3pp in 2022 and now sits -2pp below 2019 levels. 23 countries increased (40%) and 15 maintained (26%) coverage compared to 2021.

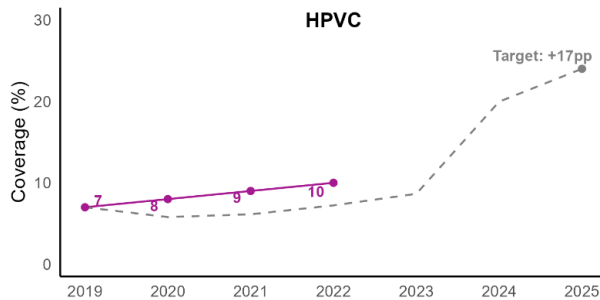
Among Gavi57 countries, PCV3 coverage was flat at 56% in 2019-2021 and has increased to 70% in 2022, slightly ahead of original projections. MCV2 coverage among Gavi57 also increased slightly from 2019 to 2021, from 58% to 60%



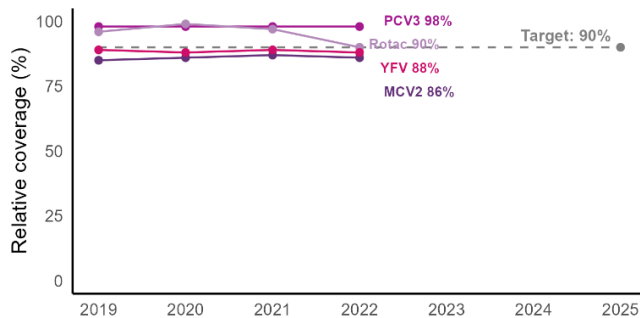
respectively, before further improving to 64% in 2022, slightly behind original projections.

At the portfolio level, HPV coverage has increased modestly among Gavi57 countries, from 7% in 2019 to 9% in 2021 and 10% in 2022, slightly ahead of original projections.

This indicator will be updated in September 2024.



S1.3: Rate of scale-up of new vaccines: PCV3, Rotac, MCV2, YF – Updated September 2023

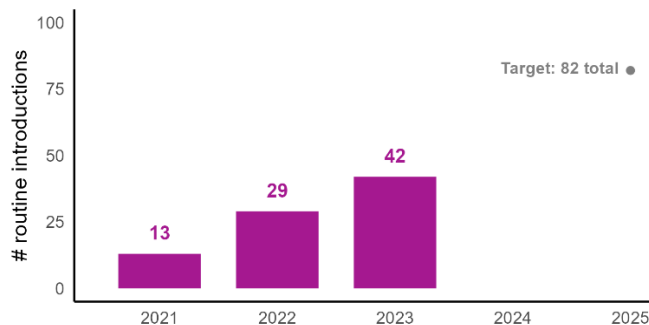


This metric evaluates whether new introductions are achieving high coverage within a reasonable timeframe as measured by WUENIC data.

In 2022, coverage of the new vaccines relative to the benchmark vaccines in 2021 was as follows: PCV3 98%, Rotac 90%, YFV 89%, MCV2 86%. Coverage of MCV2 and YFV were both under the target of 90% relative coverage with a decline in 2022. PCV3 and Rotac exceed the benchmark, although Rotac saw supply disruptions in 2022.

This indicator will be updated in September 2024.

S1.4: Vaccine introductions – Updated April 2024



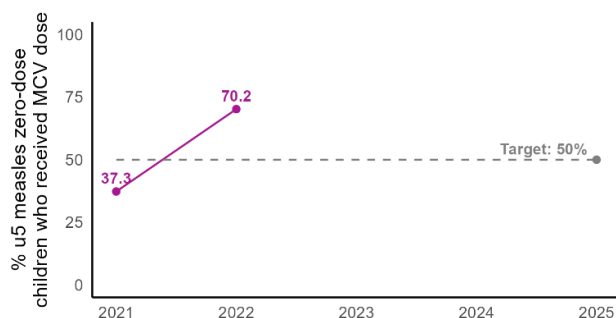
This indicator allows us to monitor incremental change in numbers of countries introducing under-used vaccines into the routine immunisation schedule, with Gavi support.

In 2023, 13 new routine introductions took place against a milestone of 21. The cumulative total for introductions 2021-23 is 42, which is moderately delayed against the total target of 82 routine introductions by 2025.

S1.5: Country prioritisation of vaccines

This indicator will evaluate the extent to which countries use robust evidence to inform prioritisation of their vaccine programmes. This indicator is under development, following it being held in abeyance given the pause on rolling out the VIS2018 vaccines during the COVID-19 pandemic.

S1.6: Measles campaign reach – Updated September 2023

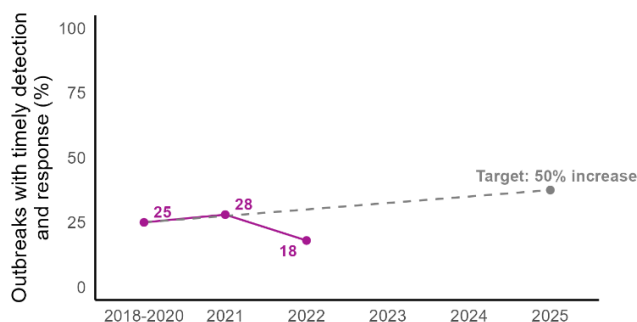


Measures the reach and quality of Gavi-supported MCV campaigns.

In 2022, 70.2% of under-5 children previously unvaccinated against measles received an MCV dose among countries conducting a Gavi-supported preventive MCV campaign, an increase from 37.3% in 2021.

This indicator will be updated in September 2024.

S1.7: Timely outbreak detection and response – Updated September 2023



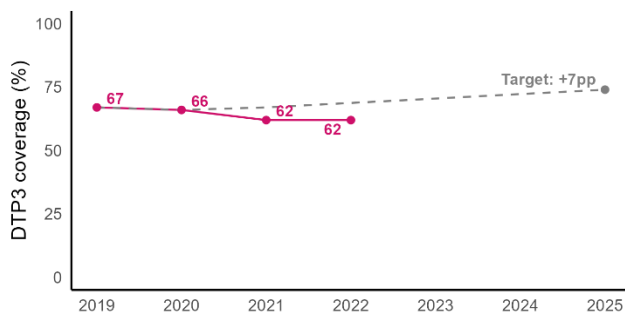
This indicator monitors timeliness of responses to vaccine-preventable disease outbreaks for diseases for which there are established outbreak response mechanisms (measles, yellow fever, meningococcus, cholera and Ebola).

In 2022, the proportion of globally supported outbreak responses which met the timely detection and response criteria was 18%, a significant decline from 28% in 2021.

This indicator will be updated in September 2024.

Strategy Goal 2: Strengthen health systems and equity in immunisation

S2.1: Geographic equity of DTP3 coverage – Updated September 2023

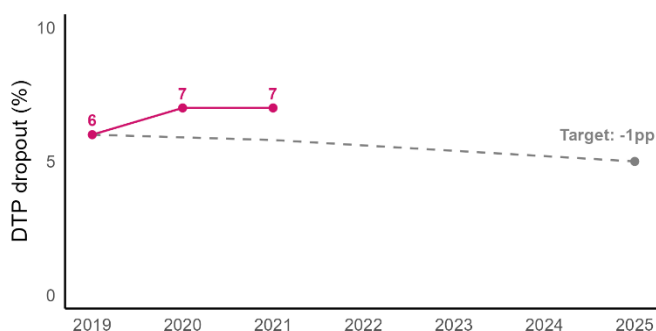


By focusing on performance among the lowest coverage districts, this indicator measures how well Gavi-supported countries are able to increase coverage in areas with the limited access to immunisation services.

Geographic equity of DTP3 coverage remained at 62% in 2022, down from 67% in 2019, demonstrating that the most vulnerable districts have not yet recovered.

This indicator will be updated in September 2024.

S2.2: DTP dropout – Updated September 2023

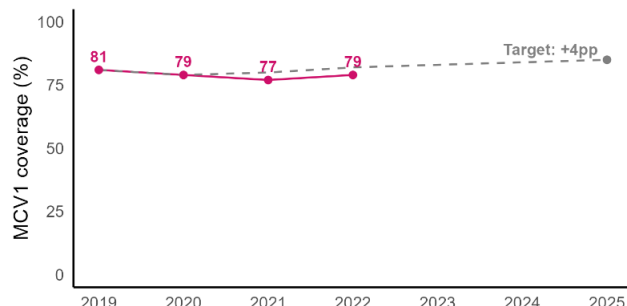


This indicator is defined as the drop-out rate between first and third doses of DTP-containing vaccine.

DTP drop-out increased overall in Gavi57 countries from 6% in 2019 to 7% in 2021, before declining back to 6% in 2022. Countries recovered to 2019 levels in 2022 but no progress was made towards the target of a 1pp reduction by 2025.

This indicator will be updated in September 2024.

S2.3: MCV1 coverage – Updated September 2023

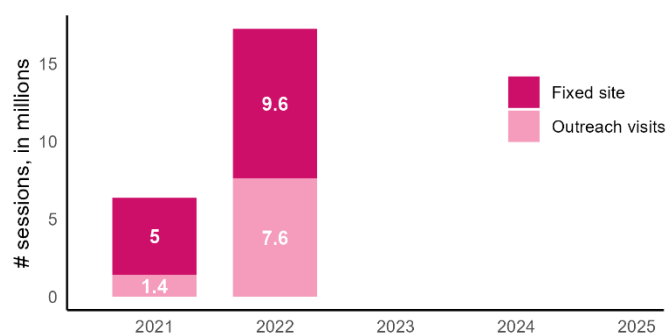


This indicator aims to measure access to the first dose of measles-containing vaccines through routine immunisation.

At portfolio level, MCV1 coverage patterns in 2022 were similar to those of DTP3. MCV1 coverage in Gavi57 countries decreased by 4pp between 2019 and 2021, falling from 81% to 77%, before increasing by 2pp to 79% in 2022.

This indicator will be updated in September 2024.

S2.4: Number of immunisation sessions – Updated September 2023

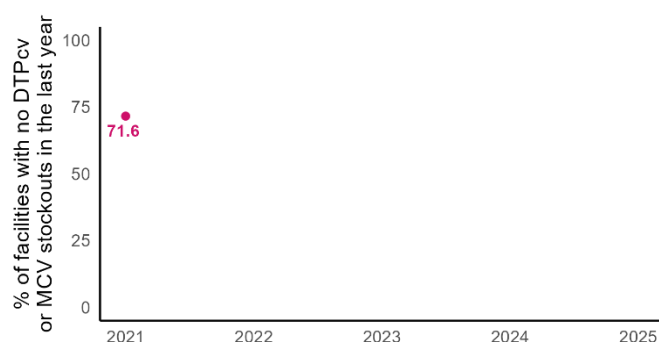


Immunisation sessions are a key desired output of HSS investments, and an intermediate result in the causal pathway to increased vaccine coverage.

In 2022, Gavi-supported countries reported 17.2 million immunisation sessions were conducted, with 9.6 million taking place in fixed site facilities and 7.6 million in outreach facilities. 28 Gavi-supported countries reported data on this indicator in 2022, up from 26 in 2021. This is a new indicator that was recently added to the WHO/UNICEF Joint Reporting Form (eJRF), so time trends likely reflect reporting completeness.

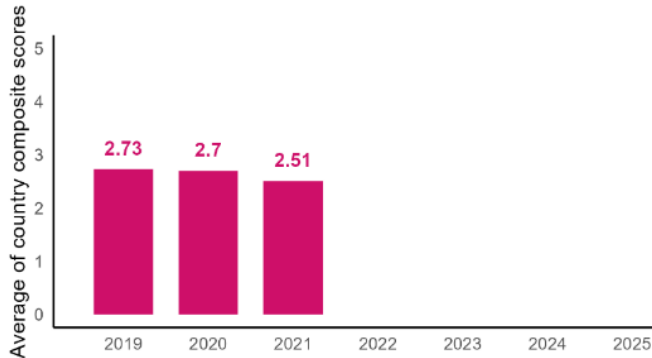
This indicator will be updated in September 2024.

S2.5: Stock availability at facility level – Data last updated September 2022



This indicator measures the capacity of countries to forecast and distribute vaccines to health facilities making them available when needed. In 2021, average full stock availability of DTP- and measles-containing vaccines across Gavi57 was 71.6%. In 2022, this was not collected through the eJRF, as WHO regions expressed the lack of reliable country systems to capture this data. Instead, the eJRF collected information from countries to ascertain presence of a system to measure vaccine availability at service delivery level, which will be used to determine if the eJRF will collect this data for a subset of countries in future cycles.

S2.6: EPI management capacity – Data last updated September 2022



Strengthened institutional capacity for programme management and monitoring is on the critical pathway to programmatic and financial sustainability.

Following an external review of the Alliance approach to build country EPI management capacity, the refinement of the leadership, management and coordination (LMC) strategy was paused due to COVID-19 pandemic-related reprioritisation, to avoid burdening country EPI teams. Under the guidance of the Alliance steering committee, an M&E framework to assess EPI capacity and health workforce performance was developed in 2023. The framework has been piloted in India and Ethiopia, with further pilots planned in April 2024. The pilots will inform the refinement of the M&E instruments and support development of the revised indicator. Reporting on this indicator is expected later this year.

S2.7: Countries implementing tailored plans to overcome demand barriers – Updated September 2023

Demand-related barriers can include social and behavioural determinants; and environmental or practical factors that prevent individuals from seeking and supporting vaccination. Vaccine demand can be particularly challenging in high-risk communities (i.e. vulnerable to un-/under-immunisation; falling below coverage targets; high drop-out rates; high numbers of never vaccinated).

Among the 48 Gavi57 countries reporting in 2022, 33 (69%) implemented one or more strategies to address under-vaccination, whereas 15 countries did not implement any strategies and 9 did not report on this indicator. The most common strategies: behaviourally informed interventions, health care worker training and interventions to improve the service experience. Among nine countries that recently completed surveys on the behavioural and social drivers (BeSD) of vaccine uptake, a key barrier to demand was the cost to caregivers of taking children to be vaccinated (e.g. transportation, lost wages). In partnership with the Bill & Melinda Gates Foundation, Gavi plans to support countries in scaling up BeSD surveys and tracking key demand indicators.

This indicator will be updated in September 2024.

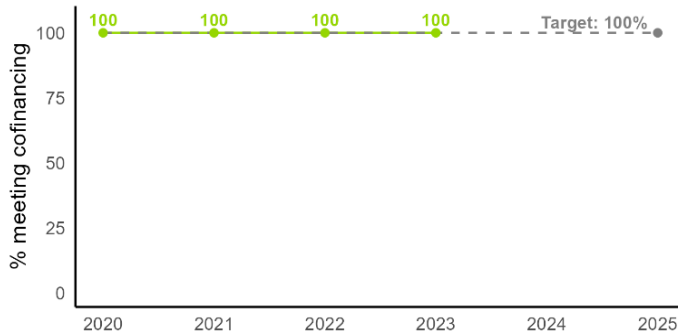
S2.8: Percent of countries addressing gender-related barriers – Updated September 2023

In 2022, of the nine health system strengthening (HSS) and/or Equity Accelerator Fund (EAF) applications which were reviewed and approved by the Independent Review Committee (IRC) from Afghanistan, India, Pakistan, South Sudan, Djibouti, Cambodia, Burkina Faso, Comoros, Solomon Islands, six countries (67%) included in their applications interventions to address gender-related barriers to immunisation.

This indicator will be updated in September 2024.

Strategy Goal 3: Improve sustainability of immunisation programs

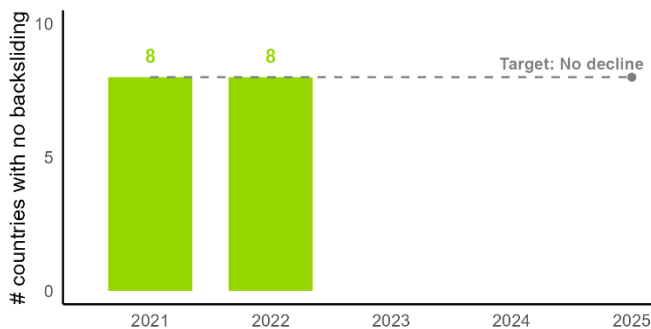
S3.1: Co-financing fulfilment – Updated April 2024



The fulfilment of co-financing commitments is a measure of country commitment to financing vaccines. Co-financing serves as a mechanism to support countries on a path toward greater sustainability.

In 2023, most Gavi-eligible countries have been able to maintain or increase domestic resources for co-financing of Gavi-supported vaccines. Excluding countries whose co-financing obligation was exceptionally waived, all countries have fully met their 2023 co-financing obligation so far, with the exception of South Sudan, which has agreed to use its government contribution to a multi-donor trust fund to pay its remaining 2023 obligation. At the time of writing, this payment is still in progress.

S3.2: Preventing backsliding in Gavi-transitioned countries – Updated September 2023

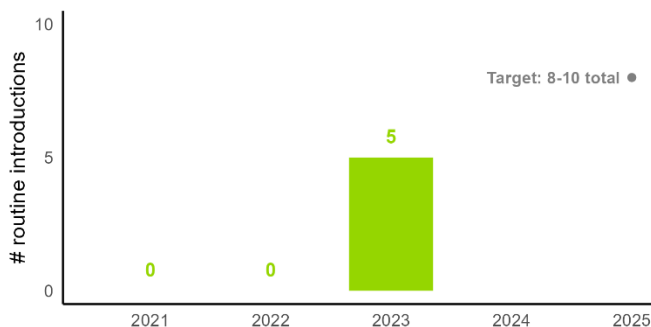


This indicator measures the sustainability of immunisation systems in former-Gavi countries, as demonstrated through the capacity to maintain or increase DTP3 coverage following transition from Gavi support – reflecting Gavi’s new approach to engaging with middle-income countries.

As of 2022, 8 former-Gavi MICs-eligible countries maintained or increased DTP3 coverage in 2021 or 2022 compared to 2019, while 9 countries did not maintain or increase DTP3 coverage.

This indicator will be updated in September 2024.

S3.3: Vaccine introductions in former- and never-Gavi eligible countries – Updated April 2024

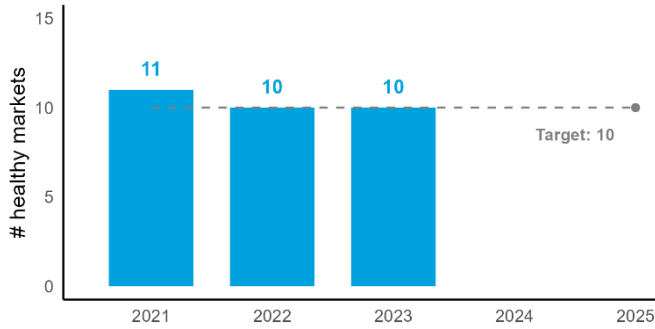


New vaccine introductions are a core driver of Gavi’s achievement through the MICs Approach. This indicator measures the number of new vaccine introductions (PCV, rotavirus, HPV) in former- and never-Gavi countries eligible under the MICs Approach.

In 2023, 5 new vaccine introductions took place in former or never-Gavi MICs-eligible countries with Gavi support under the MICs approach, against a 2025 target of 8-10 introductions.

Strategy Goal 4: Ensure healthy markets for vaccines and related products

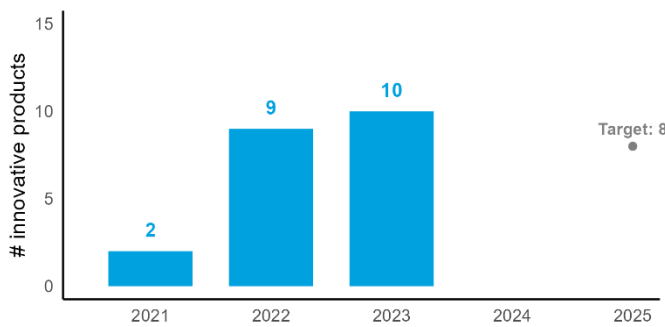
S4.1: Healthy market dynamics – Updated April 2024



Number of markets exhibiting sufficient levels of healthy market dynamics to ensure sustainable market dynamics for vaccines and immunisation-related products at affordable prices.

In 2023, the number of markets exhibiting acceptable levels of healthy market dynamics for vaccines and immunisation products was maintained at 10.

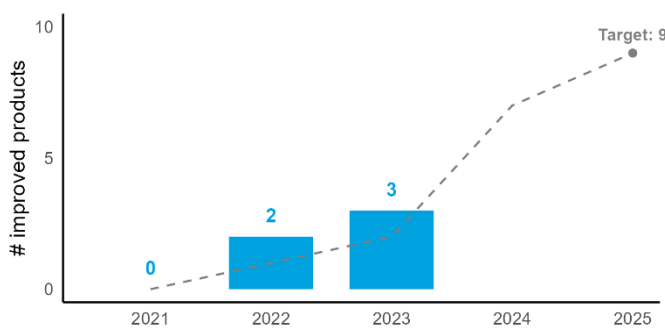
S4.2: Incentivize innovations – Updated April 2024



Number of innovative products within the pipeline of commercial-scale manufacturers to ensure the availability of quality and suitable vaccines products for countries.

The Vaccine Innovations Prioritisation Strategy sees continued success with unprecedented progress. The 2023 progress brought the overall achievement to 10, continuing to surpass the cumulative target.

S4.3: Scale-up innovations – Updated April 2024



Number of vaccines and immunisation-related products with improved characteristics procured by Gavi, which gives an indication of whether countries are adopting products with improved characteristics for use.

In 2023, one new product was procured for Gavi programmes, surpassing the 2023 milestone: multivalent meningococcal vaccine, the first conjugate vaccine to protect against the five predominant causes of meningococcal meningitis in Africa. This brings the total to three new products with improved characteristics procured in Gavi 5.0.