

## CEO Board report

***Seth Berkley, MD***  
***Chief Executive Officer***

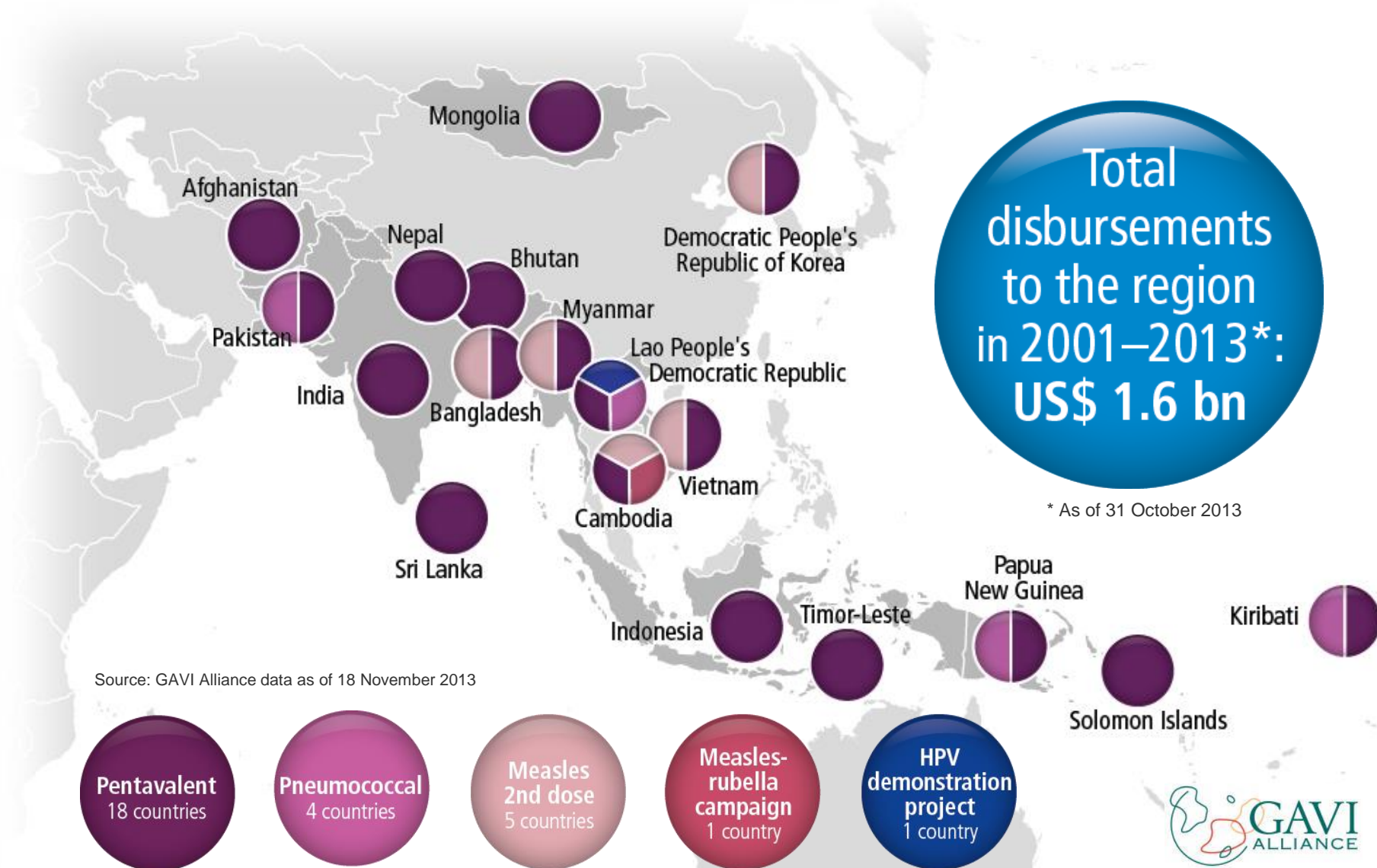
*GAVI Alliance Board meeting*  
*Phnom Penh, Cambodia*  
*21–22 November 2013*



# ស្វាគមន៍ *(sourm sva kum)*



# Vaccine introductions and disbursements in Asia Pacific since 2001



# China and the GAVI Alliance

- China-GAVI Joint Task Force established to strengthen cooperation, first meeting in April 2013
- Alliance has provided technical support to strengthen China's regulatory system
- GAVI played catalytic role in strengthening China-Africa cooperation on immunisation
- China/GAVI Hep B success highlighted



# GAVI-China film shown at China-Africa Ministerial Forum, 17 August 2013

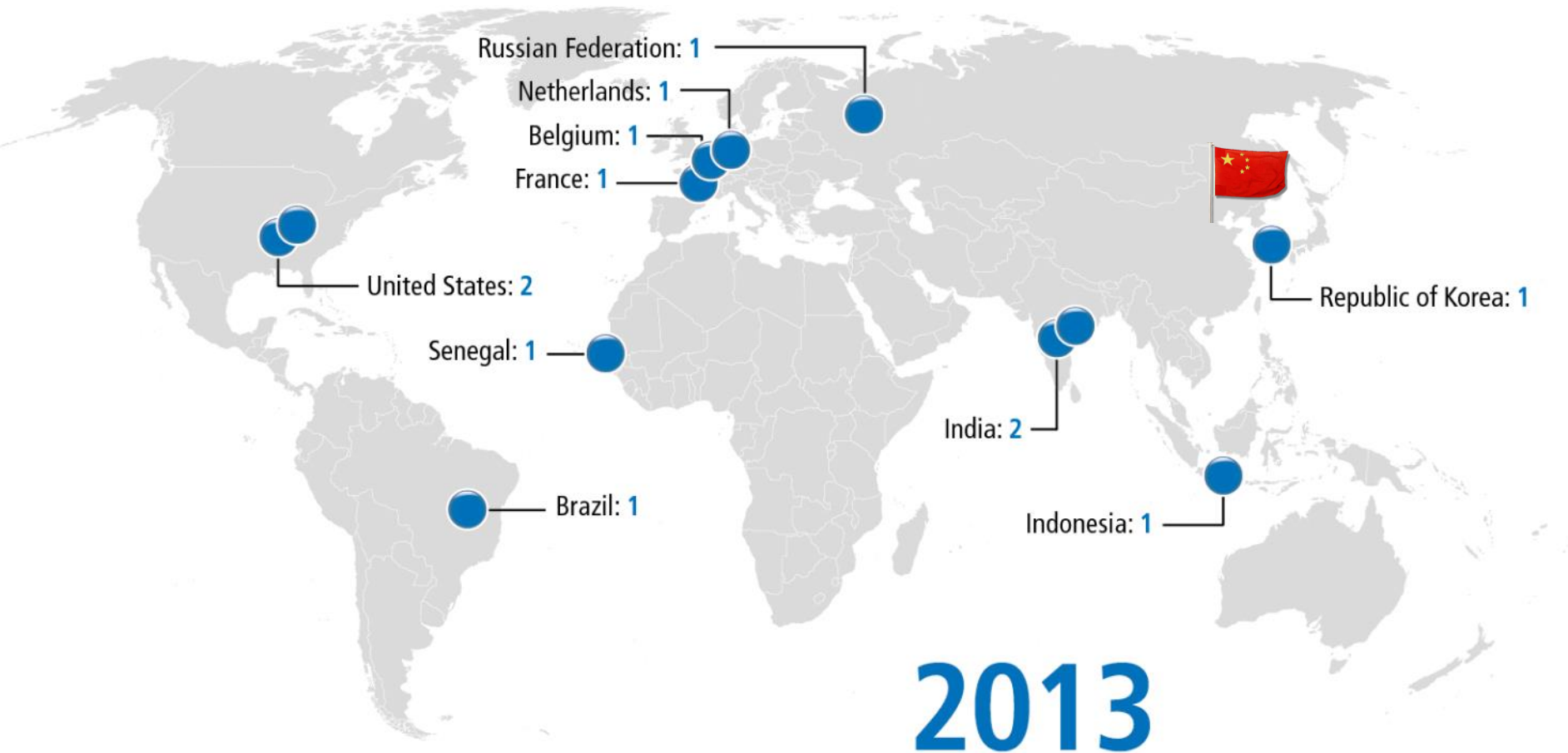
Fewer than one percent of children under five are now chronic carriers of Hepatitis B

5岁以下儿童的慢性乙肝病毒携带率在1%以下

# Vaccine supply - expanding the base

Mid-2013 – vaccine supply:  
12 suppliers from 10 countries  
of production

JE vaccine produced by Chengdu  
Institute prequalified in October 2013



Source: UNICEF Supply Division, 2013 data (as of 31 July)

Note: Merck & Co. produces rotavirus vaccine in the United States of America and HPV vaccine in the Netherlands

*GAVI Alliance Board meeting*  
21–22 November 2013



# Overview of presentation

- Mid-term review and results
- Broader landscape
- Delivering on the GAVI promise
- Expenditure and resources
- Challenges
- New programmes
- Looking ahead
- Board agenda

# Mid-term review: all partners delivering together



GAVI Alliance Board meeting  
21-22 November 2013





16 October 2013 Last updated at 09:49 GMT

# The growth of global immunisation

Immunisation has been one of the great success stories of global health. It is estimated to prevent the deaths of two to three million children each year. But another 1.5 million children still die from diseases that could be prevented by routine vaccines.

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## GAVI Alliance on Track to Immunise a Quarter of a Billion Children by 2015

LE NOUVEL Observateur

ÉCONOMIE

### TÊTE D'AFFICHES IL VACCINE LA PLANÈTE

L'Américain Seth Berkley est le père d'un ambitieux programme de vaccination des enfants des pays pauvres



Seth Berkley est quasiment inconnu en France... Pourtant, le directeur exécutif de Gavi Alliance (Global Alliance for Vaccines and Immunisation), cette organisation mondiale qui depuis 2000 œuvre à la vaccination des enfants les plus pauvres de la planète, a déjà été à la base de deux campagnes de vaccination majeures.

Seth Berkley, lors d'une campagne de vaccination contre le rotavirus, au Ghana

celui d'un vaccin contre le papillomavirus (responsable du cancer du col de l'utérus) de 13 à 4,50 dollars. Un petit miracle économique. Il failait le parcourir atypique de ce médecin humaniste pour convaincre des gouvernements désargentés de tenir leurs engagements financiers et pour faire dans la main ONG et tiques, traditionnelles et profondes défiance



Banque mondiale, Fondation Bill & Melinda Gates, ONG diverses et industries du vaccin. « En contrôlant et en garantissant les commandes de vaccins à l'échelle planétaire, en mettant les fabricants en concurrence et en optimisant la gouvernance, Gavi a fait baisser le prix de la dose », résume Seth Berkley. Ainsi, le coût d'une injection de vaccin pentavalent contre le rotavirus (responsable de diarrhées mortelles) est passé en

la Croix

aths

SYDSVENSKAN

### En kvarts miljard barn ska vaccineras

På fem år beräknas över fyra miljoner barn i utvecklingsländerna räddas undan döden tack vare ökade vaccinationsinsatser. En kvarts miljard barn kommer att vaccineras.



## Vaccin räddar miljoner barn

Alliansen Gavi når rekordmånga i fattiga länder – men kritiseras för höga kostnader

**VÄRDE** Rekordmånga barn i världen vaccineras och miljoner för har räddats de senaste åren. Bakom framgången står framför allt alliansen Gavi, som ändå inte undviker kritik för sina priser och för att inte nå alla fattigaste.

Sedvanliga sjukdomar som difteri, kikhosta och köppest är fortfarande ett stort hot mot barn i utvecklingsländerna. Men inte i sjukdomar som vi kan vaccinera mot utan i maldari, säger Mahana till TT.

Från början hade de på att nya vaccin tagits fram de senaste åren, då på att den vaccin började användas. Det internationella samfundet har ställt upp med resurser för att nå ut i länder som inte kan bekosta de fyra vaccinationerna. Alla länder börjar dock ta grann. Högkostnader ökar i takt med att ekonomiska växer och

att kostnaderna fortfarande är för höga. För att nå de alla fattigaste och mest utsatta barnen, de 20 miljoner som inte har fått sina vacciner, måste man göra andra ändringar.

« Om man vill nå alla de mest utsatta barnen, som i Nigeria, Pakistan och Afghanistan, så tror vi att civilsamhället skulle kunna göra enorma bidrag », säger Foster-Shears vicepresident, humanitär rådgivare på Livestock for People.

« Vi vill att alla barn till slut bekostar vaccinationerna själva. Livestock for People är kritisk till modellen och anser att kostnaderna fortfarande är för höga. För att nå de alla fattigaste och mest utsatta barnen, de 20 miljoner som inte har fått sina vacciner, måste man göra andra ändringar. »

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The Lancet, Volume 382, Issue 9901, Page 1310, 19 October 2013 doi:10.1016/S0140-6736(13)62127-3 Cite or Link Using DOI

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## The GAVI Alliance—successes and ongoing challenges

The Lancet

GAVI's *Mid-Term Review*, published on Oct 14, examines the organisation's progress midway through that by 2014, 73 countries with GAVI's support will introduce five-in-one pentavalent vaccines. Burma, Somalia, and South Sudan. The costs of new, priority vaccines, such as those targeting infections, are falling owing to GAVI's efforts. Countries are graduating from GAVI support to provision of new vaccines to those most in need is speeding up.

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VI—eg, a need to  
evaluate performa



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## Health

Strengthening health systems is at the center of the World Bank's global strategy for health, nutrition, and population. We don't focus on one disease or condition, we look at health as a whole, and the impact it has on development. [Read More](#)

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## DELIVERING TOGETHER

REAL LIFE STORIES FROM THE FRONTLINES OF IMMUNISATION

INTERACTIVE MAP  
HOW AROUND THE MAP  
TO FIND OUT MORE  
SEE FULL REPORT



### Immunization: Stories from the Front Line

October 24, 2013 — Through GAVI's interactive map, learn about the challenges that countries face in delivering vaccines. [Read More](#)



Great news!

In 2011, ONE secure \$4.3 b organization \$ vaccines, in 2

TODAY, they immunizing 25 child deaths b

Please join us work!

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Presidency of Ghana @PresidencyGhana

President #Mahama has this morning opened #GAVI mid-term review meeting in Stockholm, #Sweden. [presidency.gov.gh/node/312](http://presidency.gov.gh/node/312)

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Gates Foundation @gatesfoundation

PHOTO from @GAVIAAlliance: Nigeria strives to reach all children with #vaccines. [ow.ly/i/3uZpi](http://ow.ly/i/3uZpi)

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DFID UK @DFID\_UK

Immunisation programme could avert 4m child deaths by 2015 [ow.ly/qk4TH](http://ow.ly/qk4TH) < Follow @GAVIAAlliance #VaccinesWork for latest progress

Reply Retweeted Favorite More

The Guardian



UK Prime Minister @Number10gov

PM: Delighted @GAVIAAlliance is on track to immunise 243m children by 2015, preventing nearly 4m deaths, following ambitious London conf.

Retweeted by GAVI Alliance

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Save the Children

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Justine Greening @JustineGreening

Great news that @GAVIAAlliance is on track to immunise 243m children by 2015, saving lives and securing children's futures #vaccineswork #MTR

Reply Retweeted Favorite More

17 RETWEETS 3 FAVORITES

9:29 AM - 30 Oct 13

Reply to @JustineGreening

ne immunization coverage  
ar, India  
her than

85%

shot @life



Bill & Melinda Gates Foundation

85% of all children in Bihar, India are getting their vaccines consistently. <http://gates.ly/1b7N3le>

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1,467

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BILL & MELINDA GATES foundation

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206 · 21 October at 20:06

Morjane El Mechouli

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2 · 21 October at 19:08

Nitish Chandra Reinventing a better world!

Like · Reply · Retweet

2 · 21 October at 19:15

Alex Milutin Good news

Like · Reply · Retweet

1 · 21 October at 23:29 via mobile

Darrell Purcell Great now let's get it to 100 %

Write a comment...



ONE @ONECampaign

Spotted: @HansRosling wearing our ONE bracelet at @GAVIAAlliance's #MTR meeting in Sweden @eloisetodd @Global\_ErinH [pic.twitter.com/uM2PhijgoD](http://pic.twitter.com/uM2PhijgoD)

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The Guardian



Child immunisation to avert 4 million deaths by 2015, says Gavi report

Global Alliance for Vaccines and Immunisation to achieve target of 243 million children immunised in four years

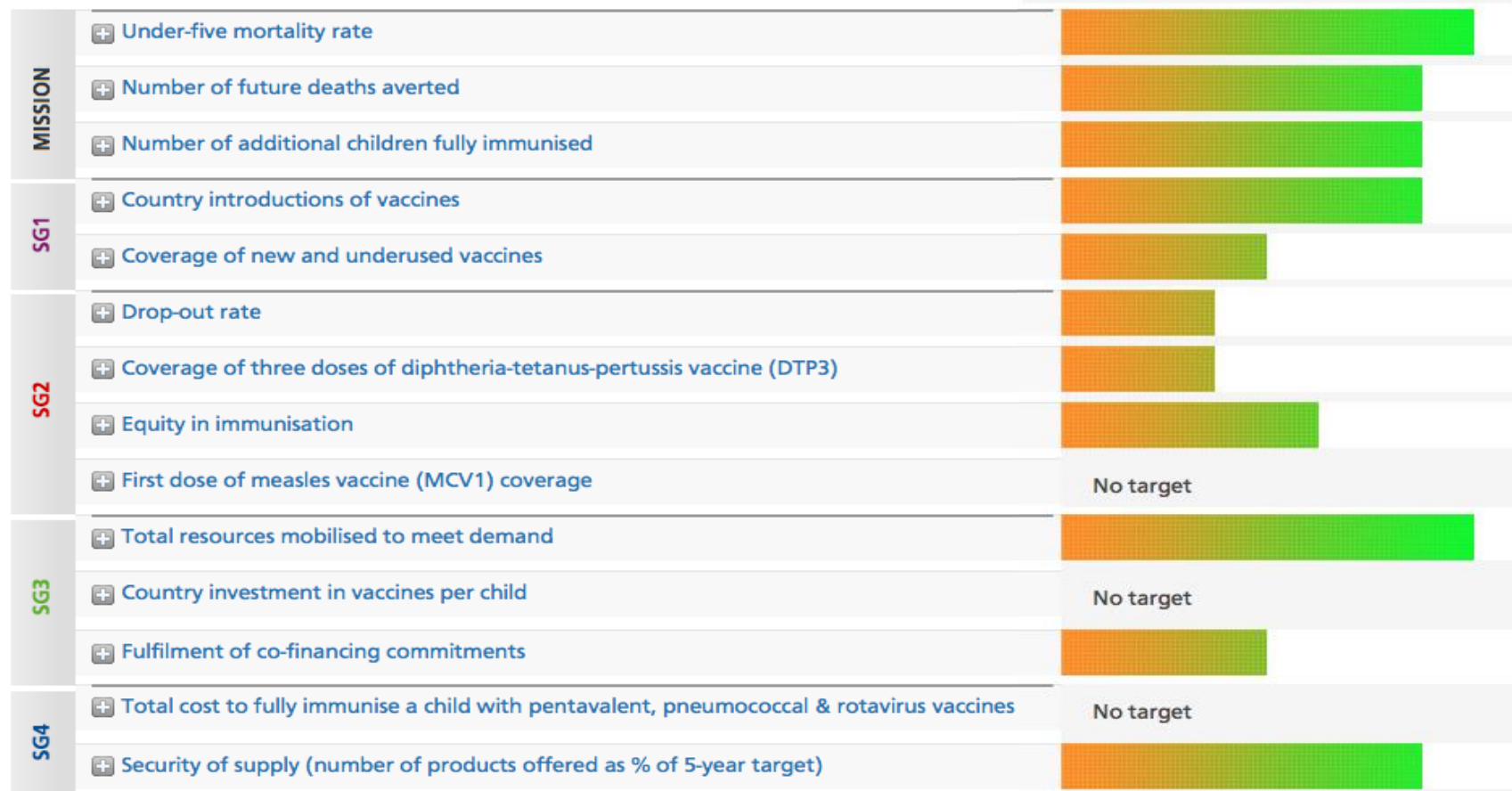
# Likelihood of reaching our 2015 targets

## Key performance indicators overview

### LIKELIHOOD OF REACHING 2015 TARGETS

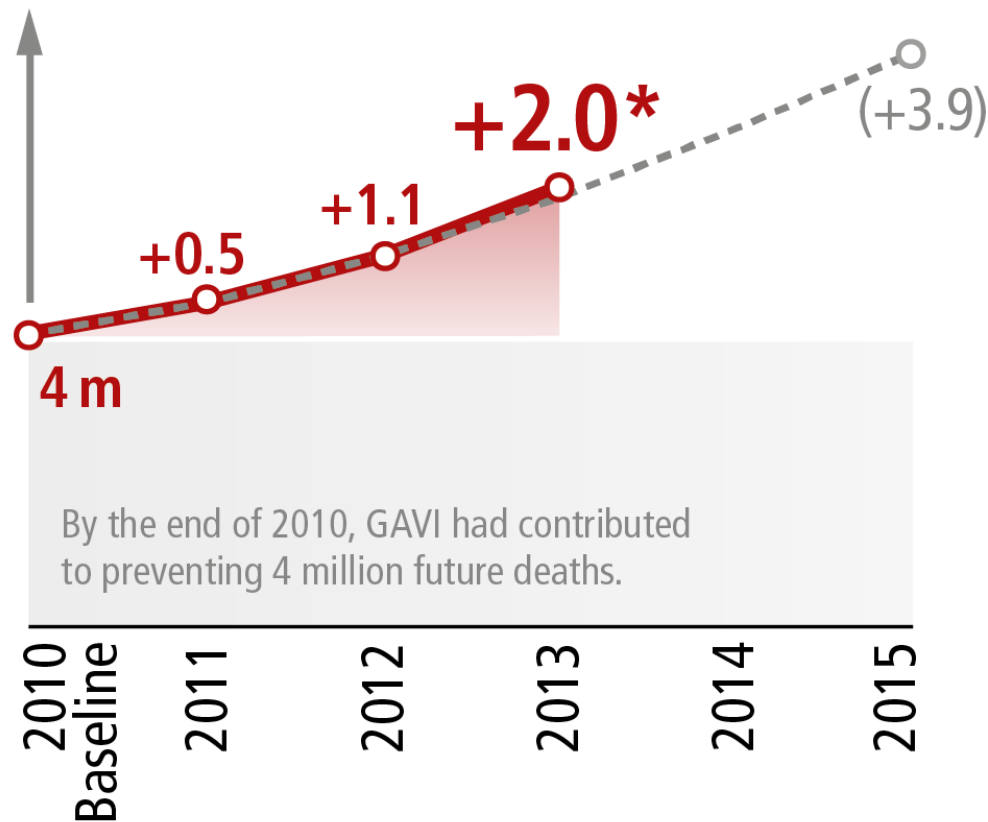
UNLIKELY

LIKELY



# On track to avert 3.9 million future deaths through routine immunisation, 2011–2015

(Target increase: +3.9 million)



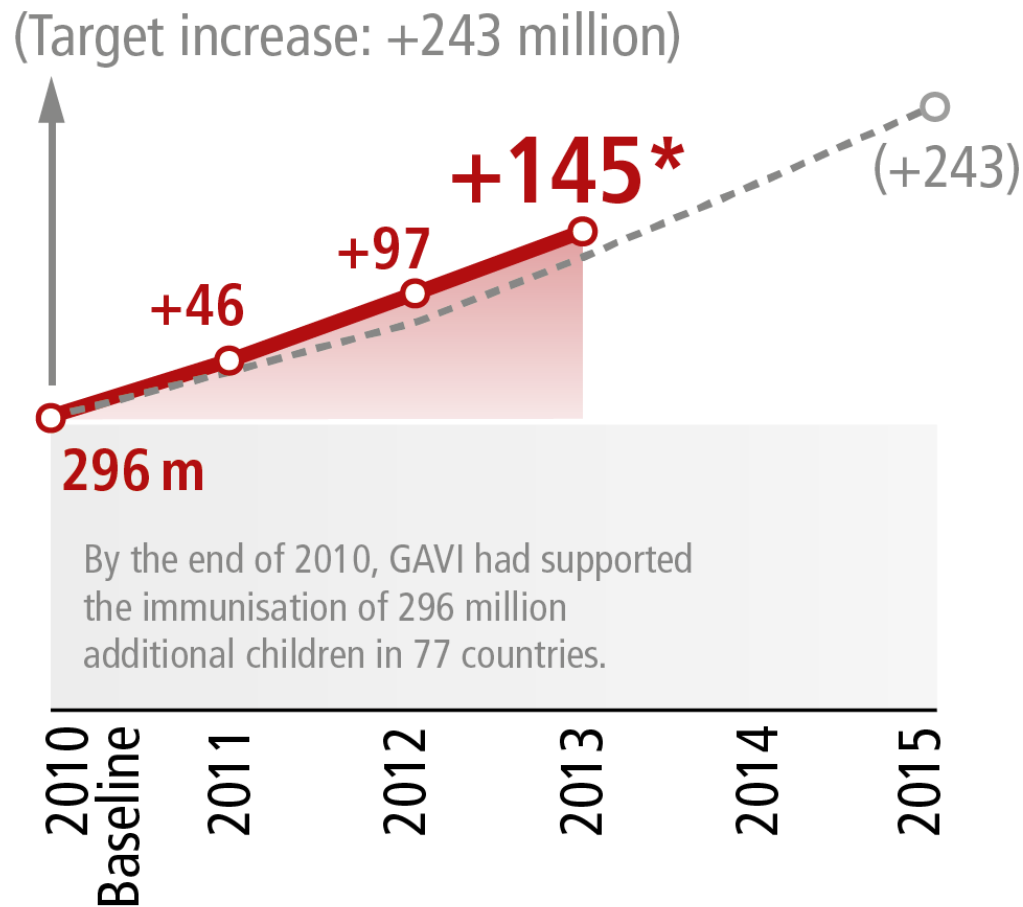
By the end of 2010, GAVI had contributed to preventing 4 million future deaths.

Sources: Target: GAVI Long Run Cost and Impact Modelling. Actual: GAVI and Bill & Melinda Gates Foundation Joint Impact Modelling 2013

\* Projection



# On track to immunise an additional 243 million children, 2011–2015



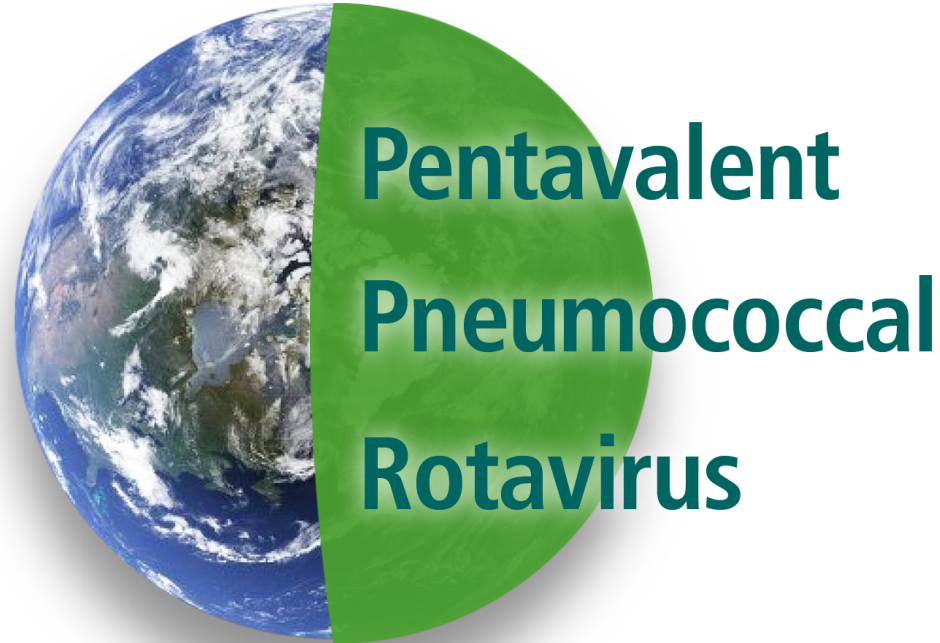
\* Projection

Sources: Target: GAVI Long Run Cost and Impact Modelling. Actual: WHO-UNICEF coverage estimates for 1980-2012, as of July 2013. Coverage projections for 2013, as of September 2013. United Nations Population Division, World Population Prospects – 2012 Revision (surviving infants)



**243 million**  
additional children immunised

— half of the children  
— immunised in the world

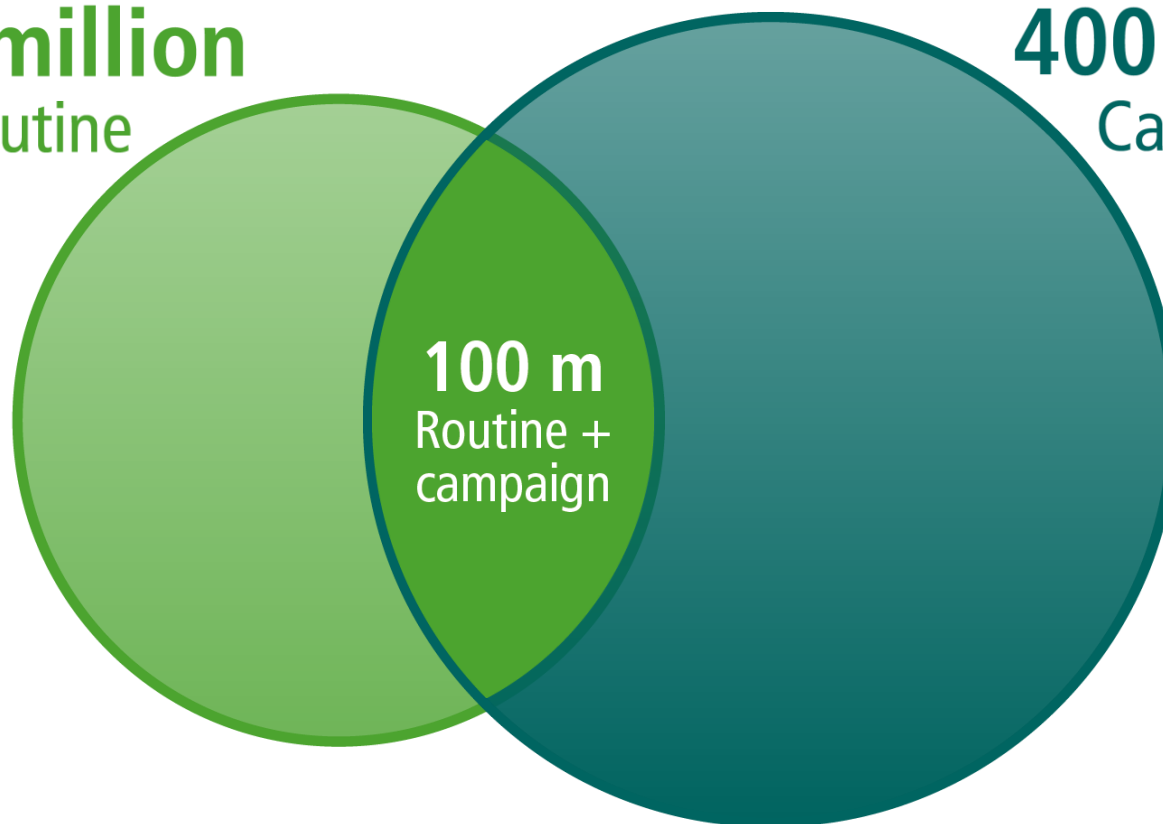


**half of the children  
immunised in the world**

...and many more through campaigns

**250 million**  
Routine

**400 million**  
Campaign



**Total: 550 million** unique individuals



# Broader impact of immunisation

Expanded immunisation in 73 GAVI-supported countries 2011–2015 could deliver:

- 3.9 million deaths averted
- 85 million cases of illness, 1 million cases of long-term disability averted
- US\$ 75 billion costs averted related to illness:
  - US\$ 765 million treatment costs
  - US\$ 135 million caretaker productivity loss
  - US\$ 70 billion productivity loss due to death,
  - US\$ 5 billion due to disability

# 2012 Progress Report wins gold medal in world's largest annual report competition



GAVI Alliance Board meeting  
21–22 November 2013



# GAVI top ranking in Aid Transparency Index, October 2013

Table 1. Aid transparency in 2013

VERY GOOD (scores of 80–100%)	GOOD (scores of 60–79%)	FAIR (scores of 40–59%)	POOR (scores of 20–39%)	VERY POOR (scores of 0–19%)
<ol style="list-style-type: none"> <li>1. U.S.-MCC (88.9%)</li> <li>2. GAVI (87.3%)</li> <li>3. UK-DFID (85.5%)</li> <li>4. UNDP (83.4%)</li> </ol>	<ol style="list-style-type: none"> <li>5. World Bank-IDA (73.8%)</li> <li>6. Global Fund (70.6%)</li> <li>7. AfDB (63.7%)</li> <li>8. Canada (62.6%)</li> <li>9. Sweden (60.4%)</li> </ol>	<ol style="list-style-type: none"> <li>10. AsDB (57.6%)</li> <li>11. IADB (57.1%)</li> <li>12. EC-ECHO (54.2%)</li> <li>13. EC-DEVCO (52.1%)</li> <li>14. EC-FPI (51.1%)</li> <li>15. Denmark (50.7%)</li> <li>16. Netherlands (49.4%)</li> <li>17. EC-ELARG (48.1%)</li> <li>18. New Zealand (47.8%)</li> <li>19. U.S.-Treasury (47.4%)</li> <li>20. Germany-BMZ-GIZ (45.9%)</li> <li>21. UNICEF (44.3%)</li> <li>22. U.S.-USAID (44.3%)</li> <li>23. Germany-BMZ-KfW (43.7%)</li> <li>24. Australia (43.1%)</li> <li>25. UN OCHA (41.7%)</li> </ol>	<ol style="list-style-type: none"> <li>26. UK-FCO (34.7%)</li> <li>27. U.S.-Defense (33.7%)</li> <li>28. IMF (31.8%)</li> <li>29. World Bank-IFC (30.1%)</li> <li>30. Korea (27.9%)</li> <li>31. Norway (26.9%)</li> <li>32. Ireland (26.7%)</li> <li>33. EIB (26.6%)</li> <li>34. EBRD (24.5%)</li> <li>35. Czech Republic (24.4%)</li> <li>36. Estonia (23.6%)</li> <li>37. Japan-JICA (23.5%)</li> <li>38. Belgium (23.4%)</li> <li>39. Finland (23.0%)</li> <li>40. U.S.-State (22.1%)</li> <li>41. Austria (20.4%)</li> </ol>	<ol style="list-style-type: none"> <li>42. Luxembourg (19.2%)</li> <li>43. Gates Foundation (18.1%)</li> <li>44. Switzerland (18.1%)</li> <li>45. Latvia (17.8%)</li> <li>46. Portugal (17.4%)</li> <li>47. Spain (17.4%)</li> <li>48. Japan-MOFA (17.2%)</li> <li>49. France-AFD (16.3%)</li> <li>50. U.S.-PEPFAR (16.1%)</li> <li>51. Romania (14.8%)</li> <li>52. France-MAE (13.3%)</li> <li>53. France-MINEFI (12.2%)</li> <li>54. UK-MOD (12.0%)</li> <li>55. Slovakia (12.0%)</li> <li>56. Brazil (11.8%)</li> <li>57. Poland (11.3%)</li> <li>58. Slovenia (10.8%)</li> <li>59. Germany-AA (10.0%)</li> <li>60. Italy (10.0%)</li> <li>61. Lithuania (8.2%)</li> <li>62. Cyprus (6.5%)</li> <li>63. Bulgaria (5.7%)</li> <li>64. Hungary (4.7%)</li> <li>65. Malta (3.8%)</li> <li>66. Greece (3.6%)</li> <li>67. China (2.2%)</li> </ol>

2. GAVI (87.3%)

# Post-2015 Development Agenda



***“The GAVI Alliance has contributed to improved national strategies and faster progress on the MDGs...***

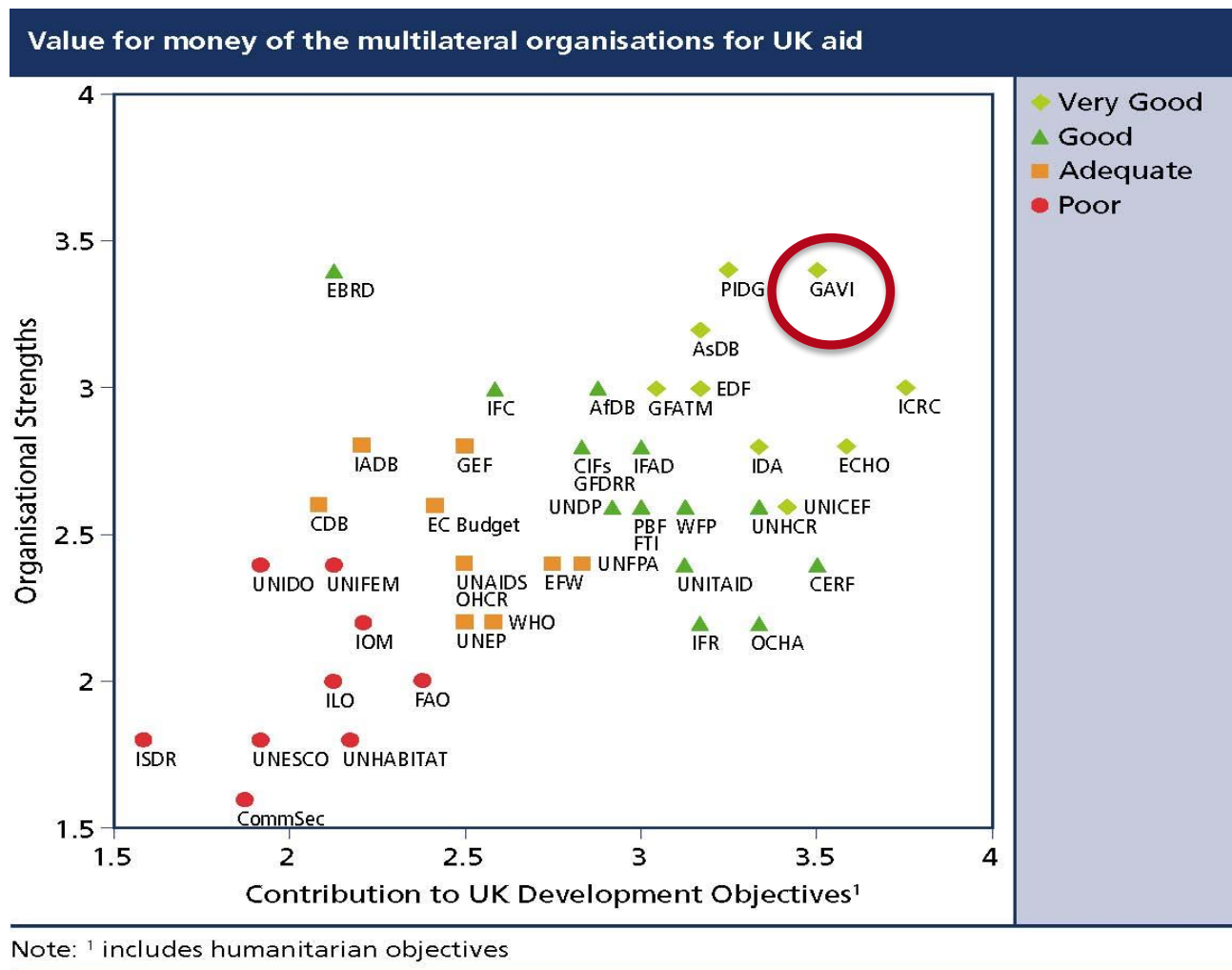
***... we need to increase immunization coverage”***

Secretary-General report to UNGA, Sept 2013

- Agreement on a single set of goals combining efforts to eradicate poverty and sustainable development
- Sept 2014: intergovernmental negotiations to begin
- Sept 2015: Heads of State summit to adopt new development agenda

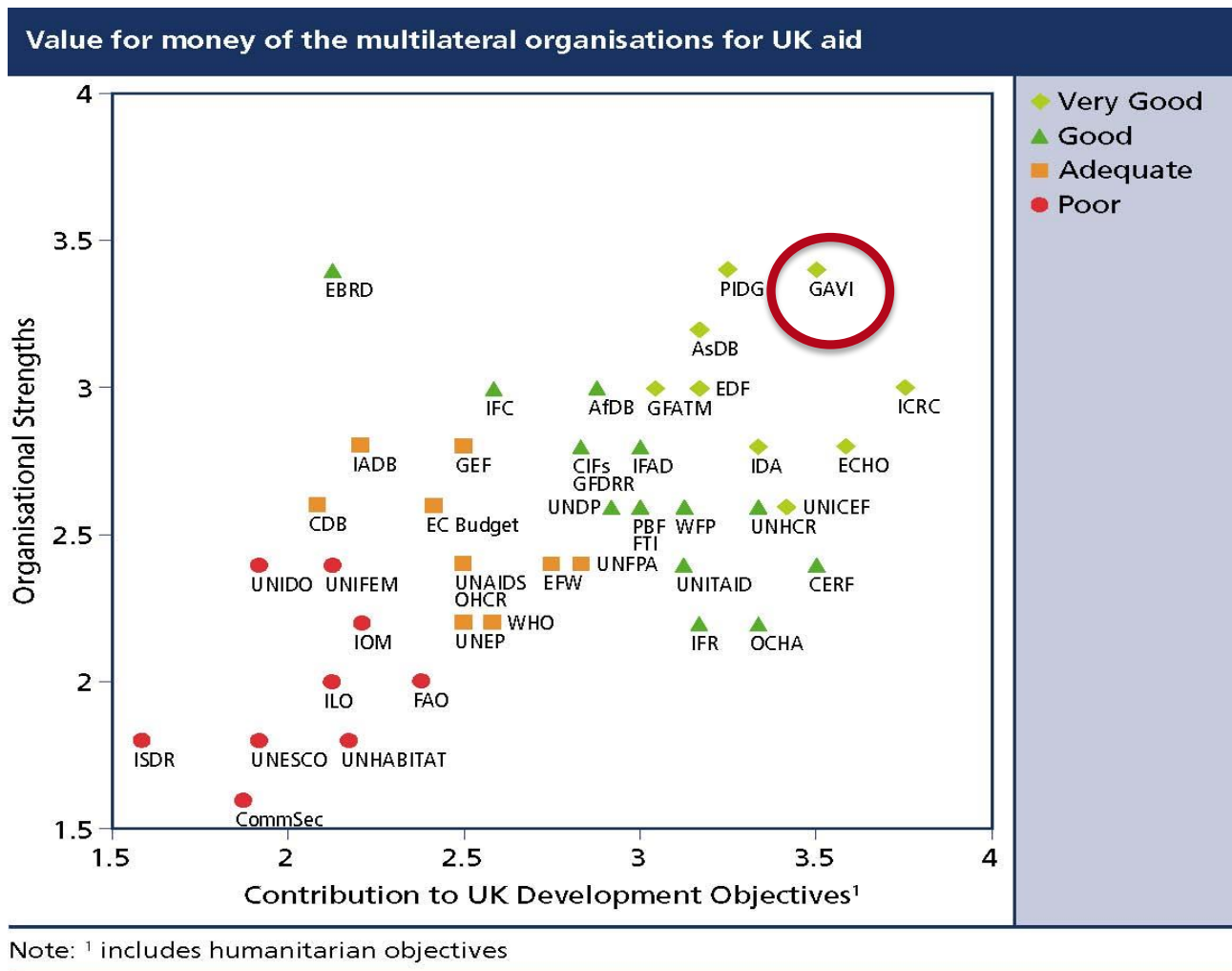


# UK Multilateral Aid Review, March 2011



# UK Multilateral Aid Review, update July 2013

“GAVI continues to be a high performing institution providing a very cost-effective health intervention.”



# UN General Assembly week, September – Global Citizen Festival features vaccines



## Broader landscape

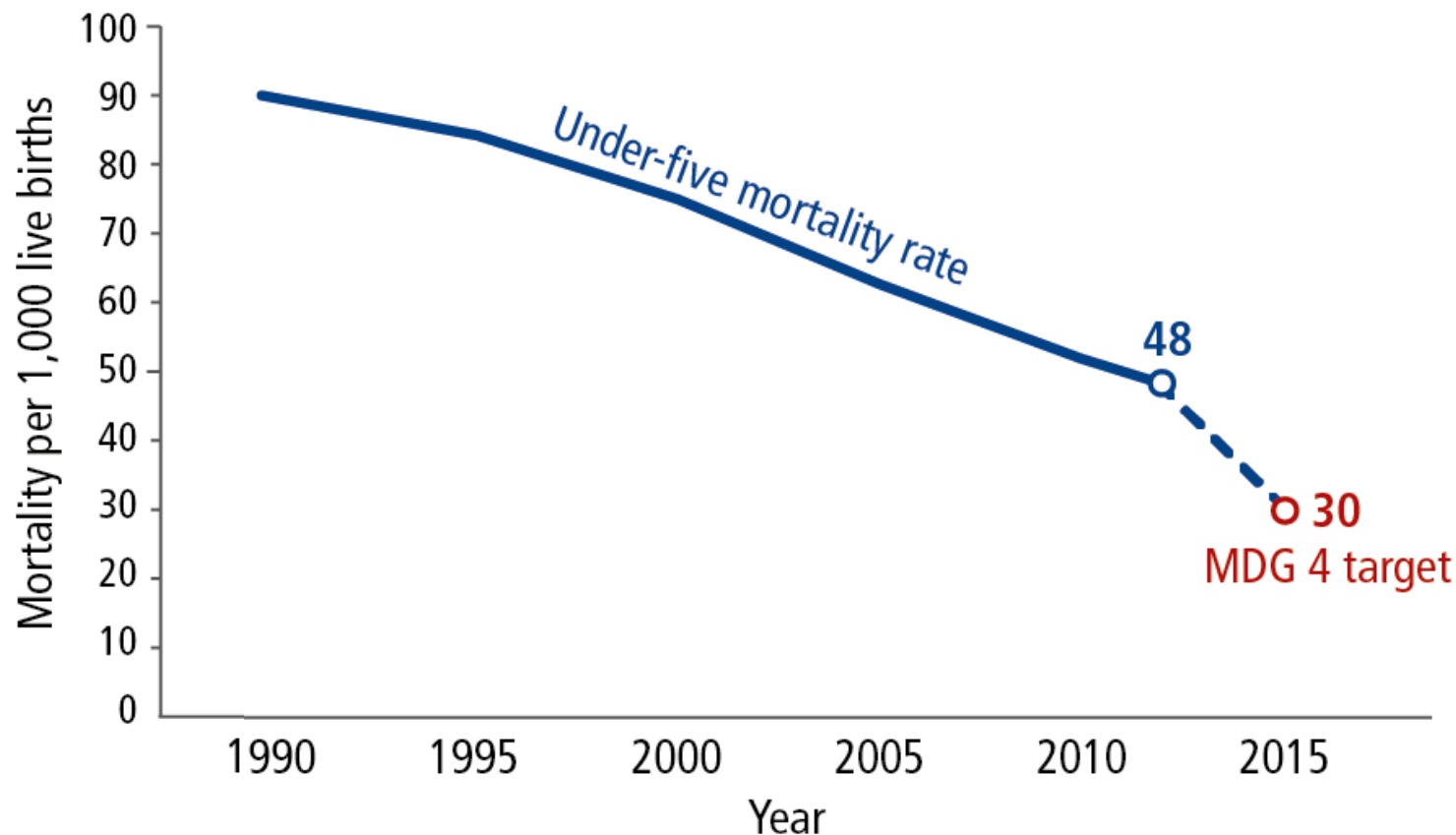
# New child mortality estimates

- Under-five deaths down from 12.6 million in 1990 to 6.6 million in 2012
- Child mortality increasingly concentrated in Sub-Saharan Africa and Southern Asia
- Leading causes: **pneumonia (17%)**, pre-term birth complications (15%), complications during birth (10%), **diarrhoea (9%)**, malaria (7%)
- Rate of reduction accelerated but insufficient to reach MDG 4



# Global under-five mortality rate fell by 47% from 1990 to 2012

Rate of reduction needs to increase to meet MDG 4 by 2015



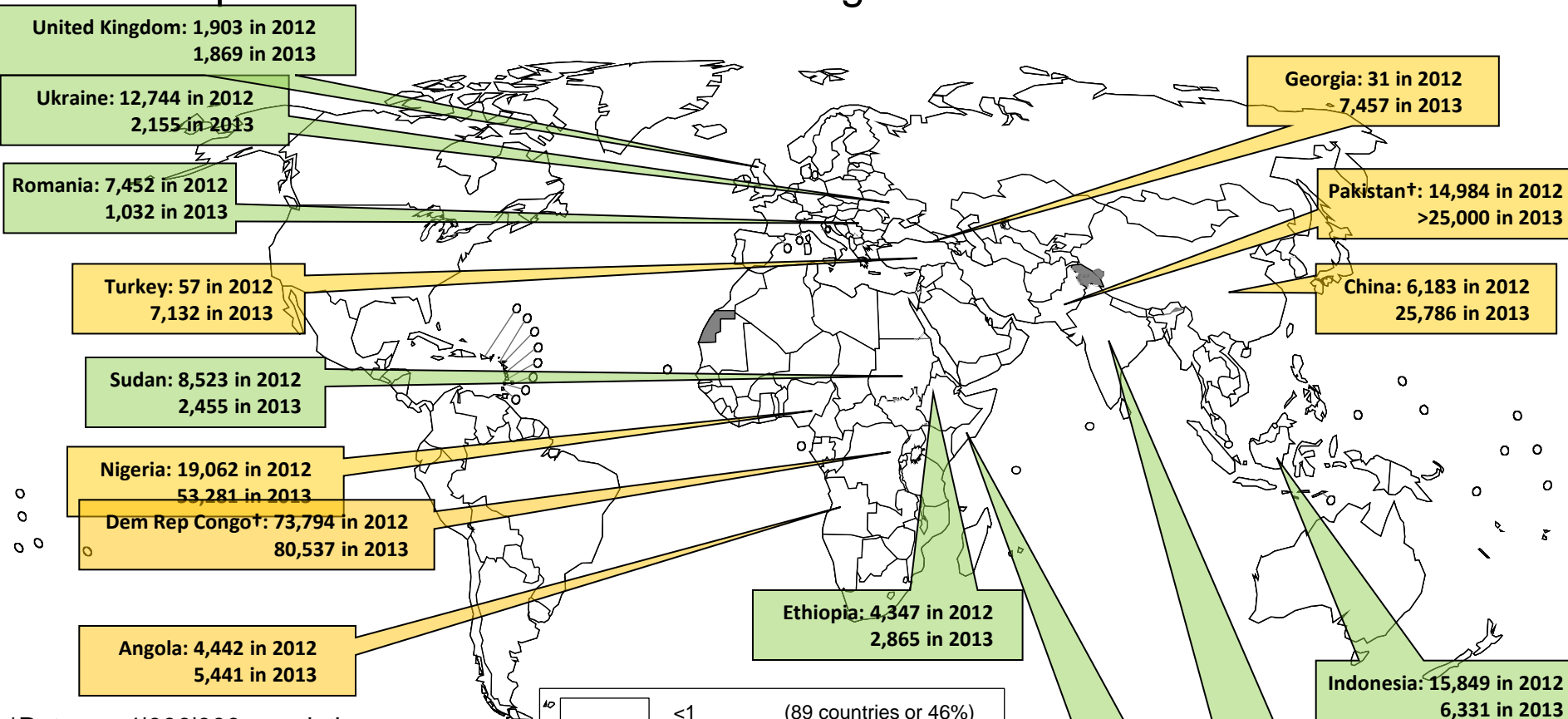
Source: The UN Inter-agency Group for Child Mortality Estimation (IGME), *Levels and Trends in Child Mortality: Report 2013*. UNICEF, New York, 2013.

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# Reported Measles Incidence Rate\* (Oct 2012 to Sep 2013)

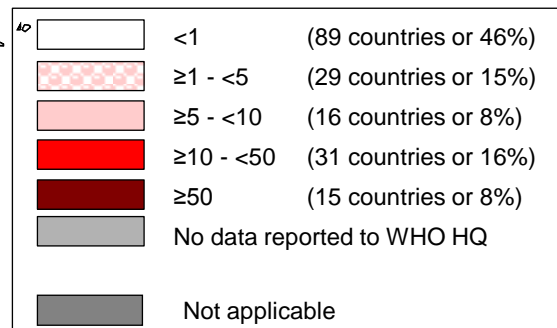
## Reported Measles Cases in 15 Large Outbreaks since Jan 2012



\*Rate per 1'000'000 population

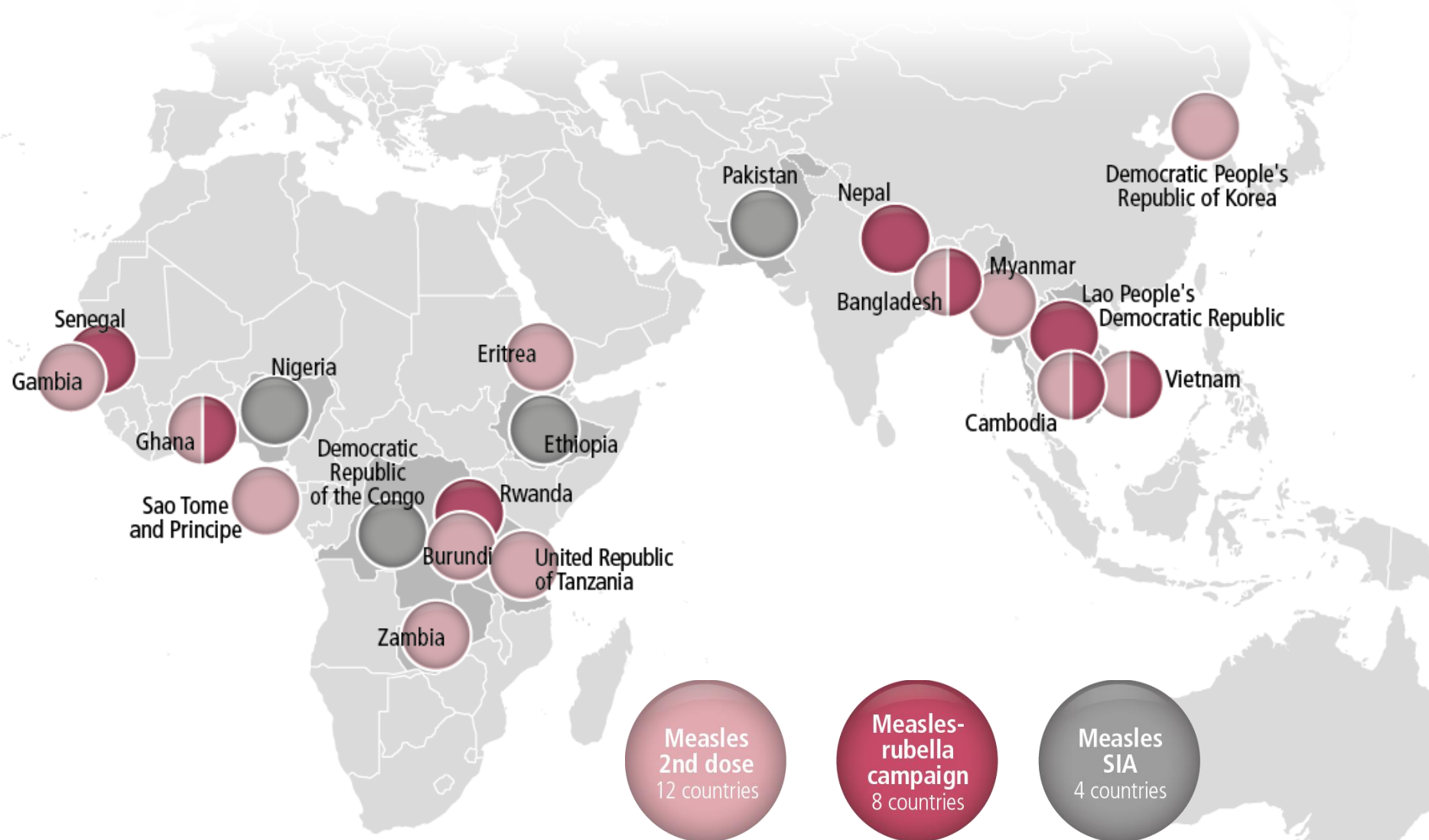
Reported cases through end September 2013 except where noted †:

- DRC through Oct 2013
- Pakistan through end May 2013
- Somalia through end July 2013

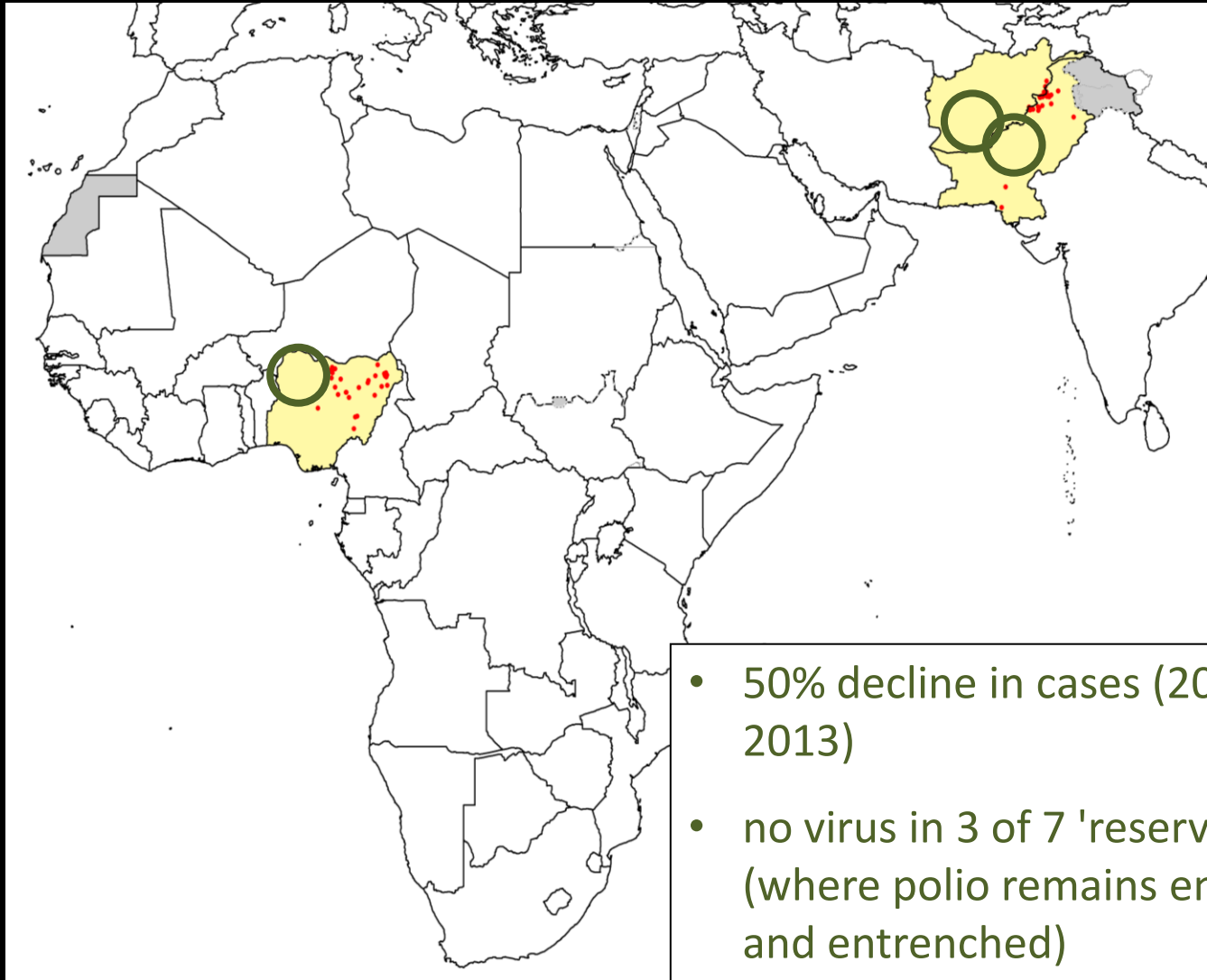


The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. ©WHO 2013. All rights reserved.

# GAVI measles programmes will have reached 20 countries by early 2014

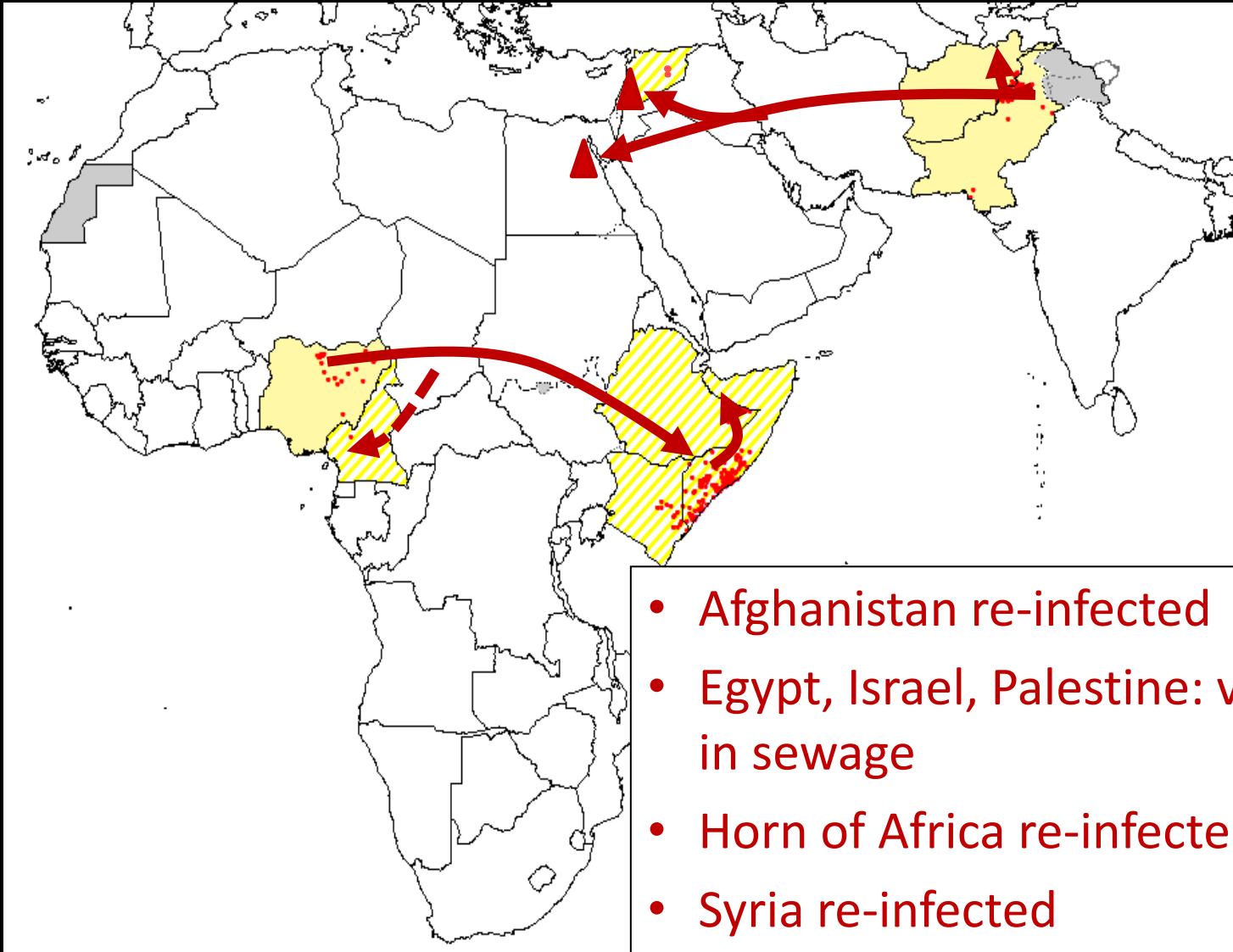


# Endemic Polio Cases, last 6 months



- 50% decline in cases (2012 vs. 2013)
- no virus in 3 of 7 'reservoirs' (where polio remains endemic and entrenched)
- no endemic virus in Afghanistan

# International Spread of Polio

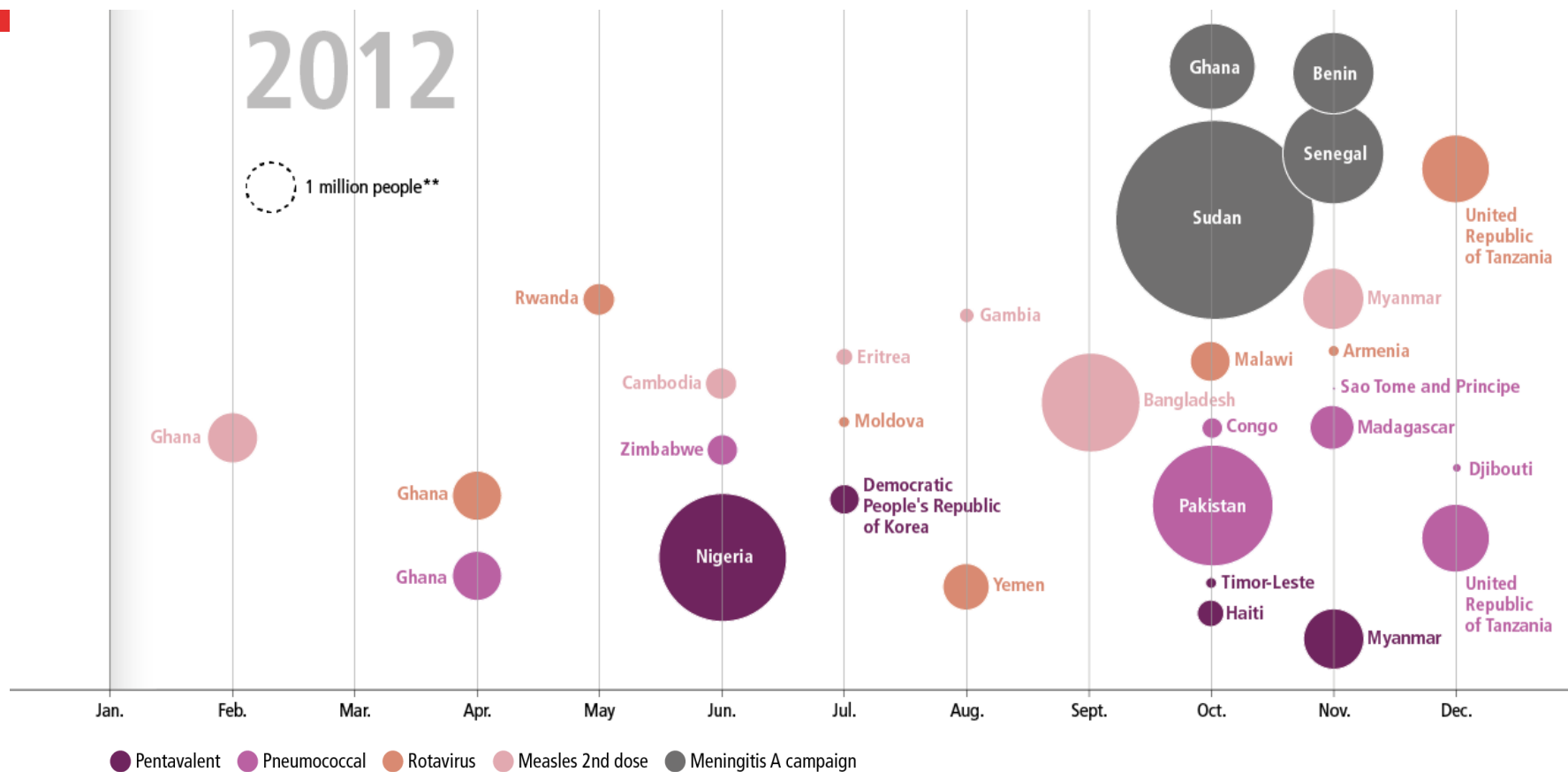


- Afghanistan re-infected
- Egypt, Israel, Palestine: virus in sewage
- Horn of Africa re-infected
- Syria re-infected
- Cameroon re-infected



# — Delivering on the GAVI promise

# Vaccine introductions in 2012



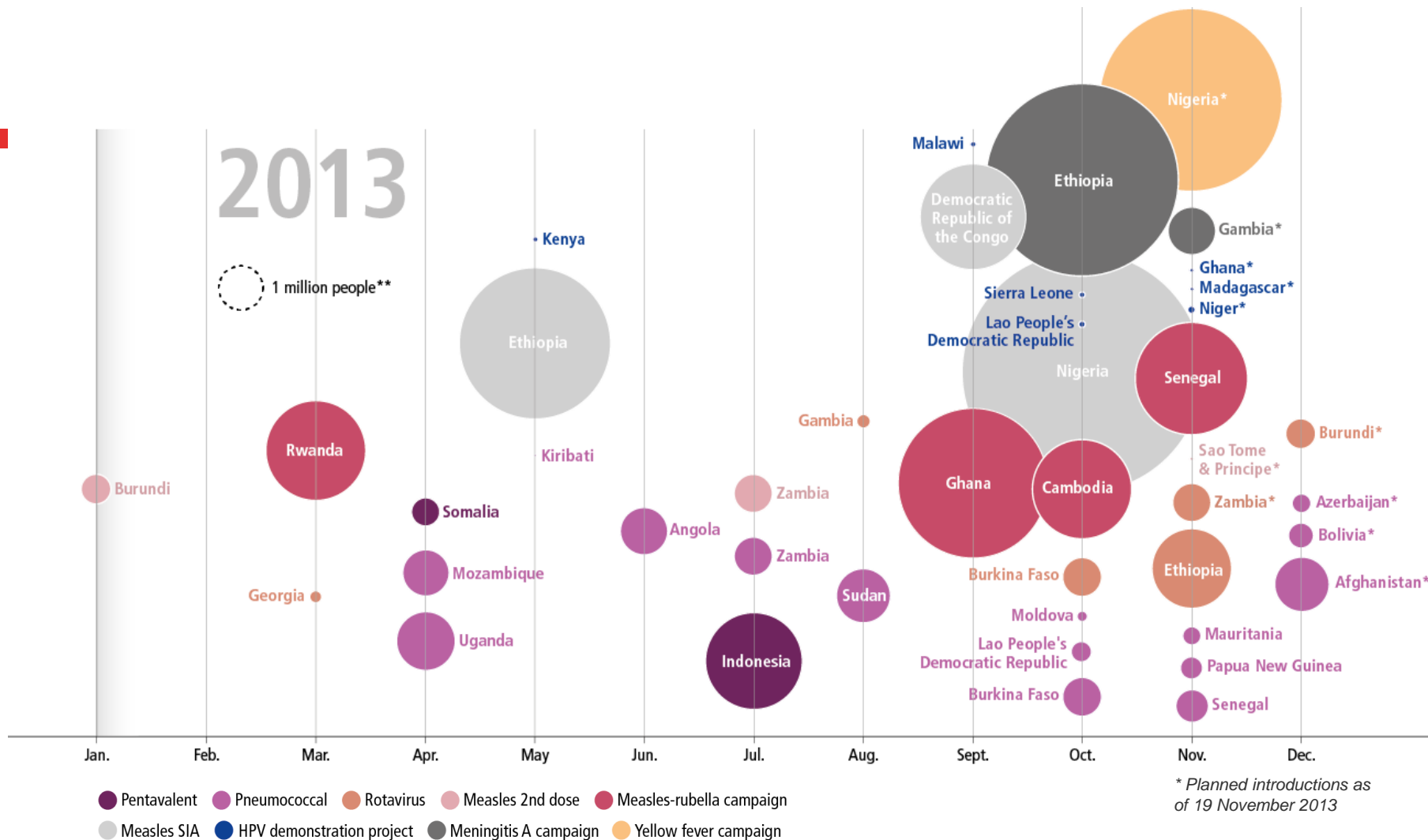
\*\* Refers to annual birth cohort (for vaccine introductions)  
or target population (for vaccine campaigns)

Source: GAVI Alliance data as of 19 November 2013

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# 2013: more vaccine introductions than ever



\*\* Refers to annual birth cohort (for vaccine introductions)  
or target population (for vaccine campaigns)

Source: GAVI Alliance data as of 19 November 2013

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# DR Congo Measles campaign

*Indonesia*  
*Pentavalent vaccine*

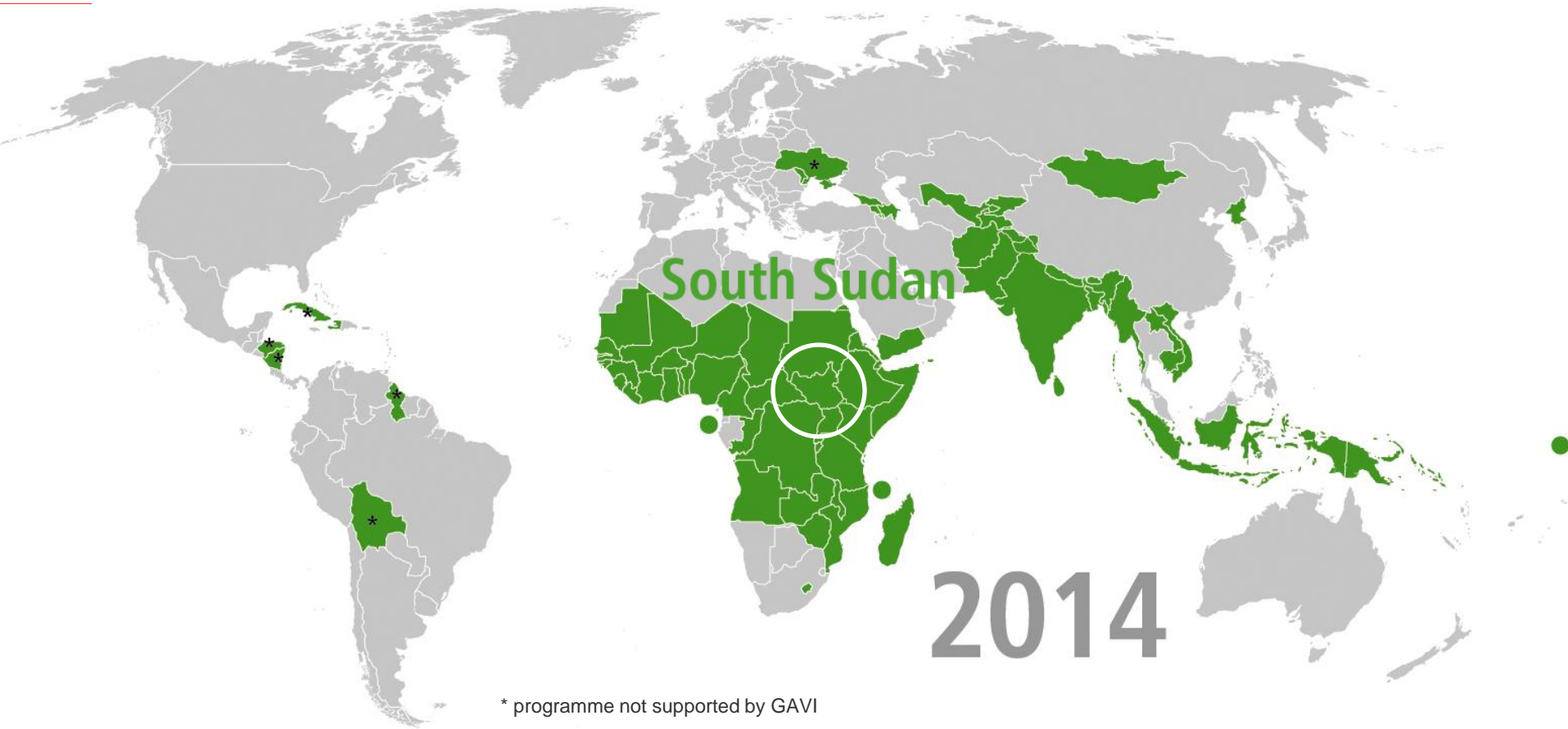






***Lao PDR  
Pneumococcal and HPV vaccines***

# Pentavalent vaccine introductions

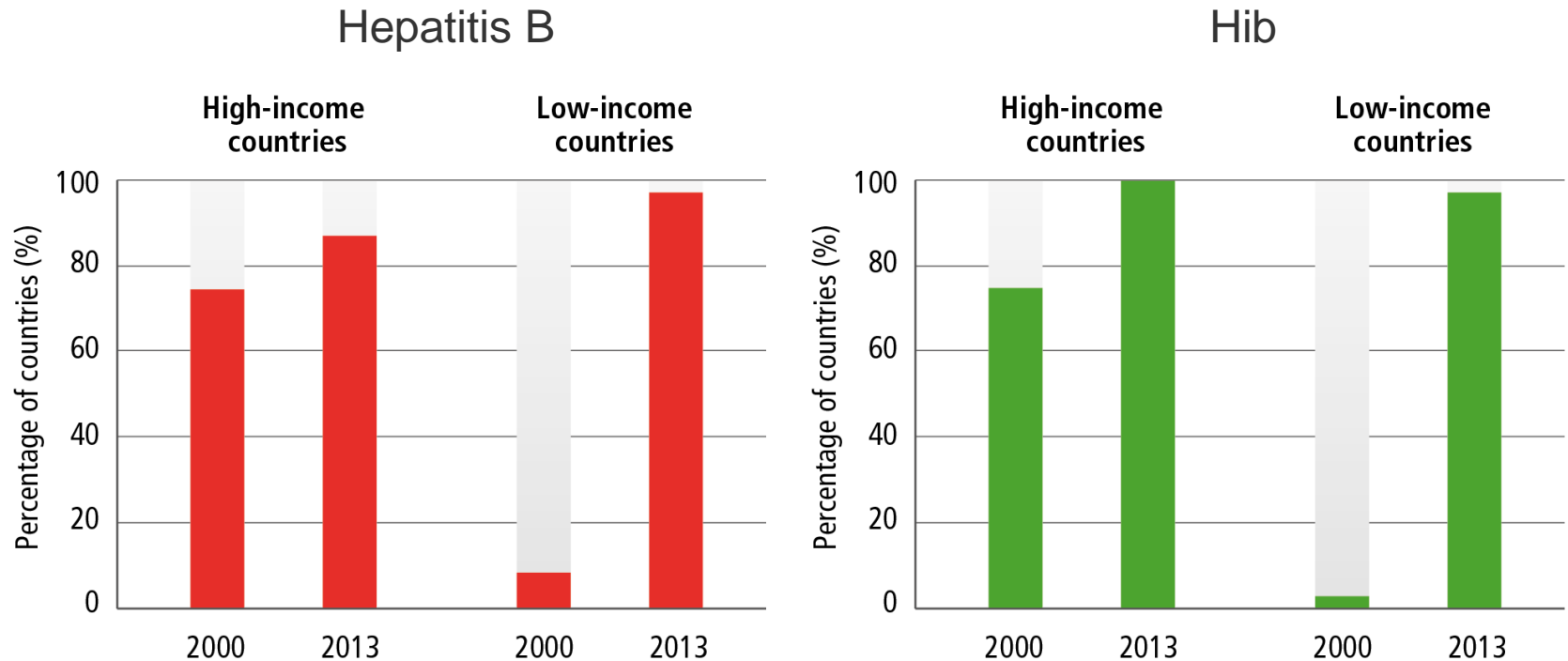


\* programme not supported by GAVI

# Juba, Sudan, August 1978



# Pentavalent vaccine – now part of routine immunisation in low income countries



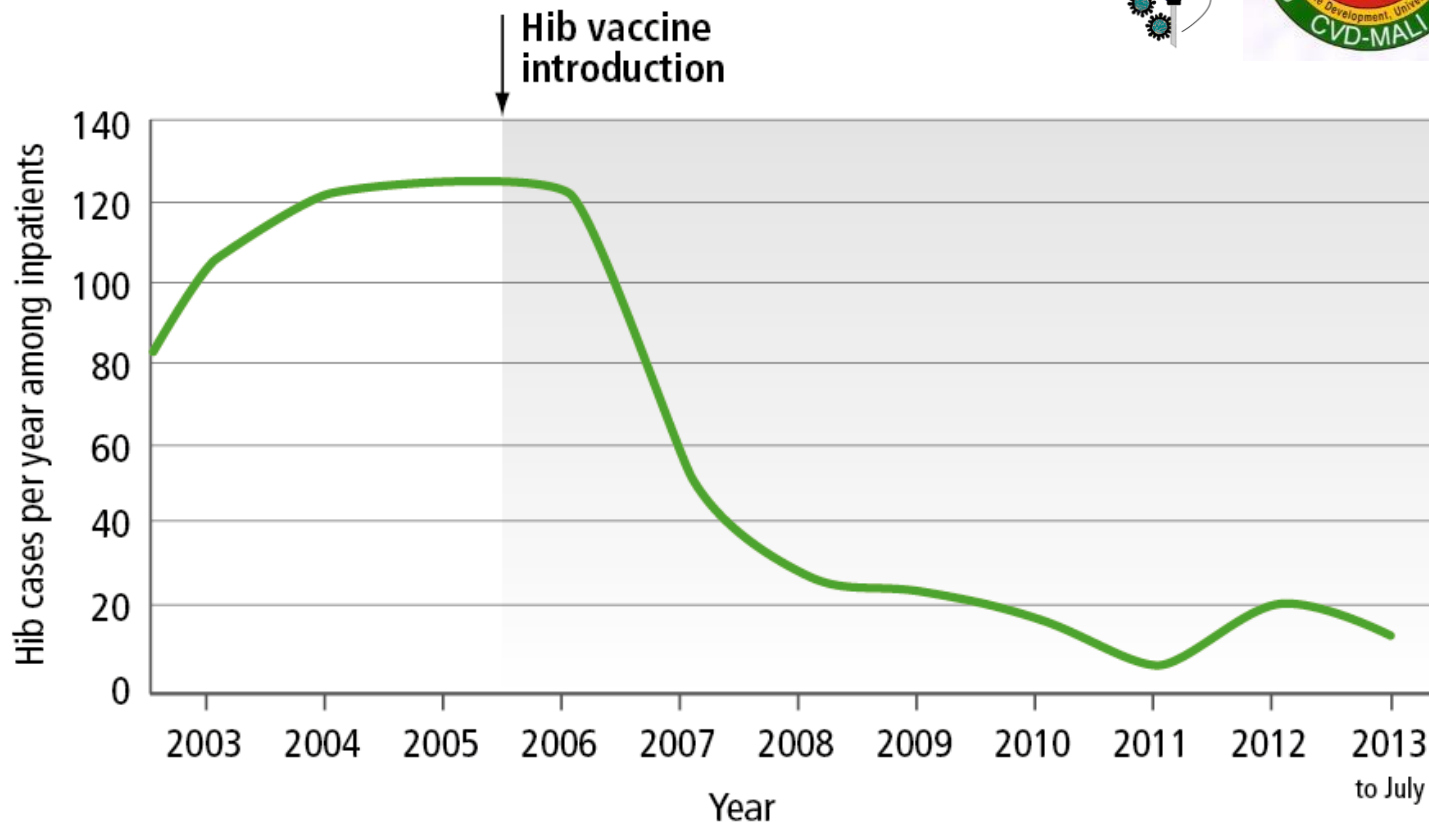
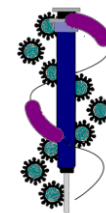
Source: The International Vaccine Access Center (IVAC) VIMS database. Retrieved 19 November 2013.

Note: only countries with universal national introduction are included.



# Impact on the ground

## Reducing Hib meningitis in Bamako, Mali



Source: Courtesy: Centre pour le Développement des Vaccins – Mali, 2013

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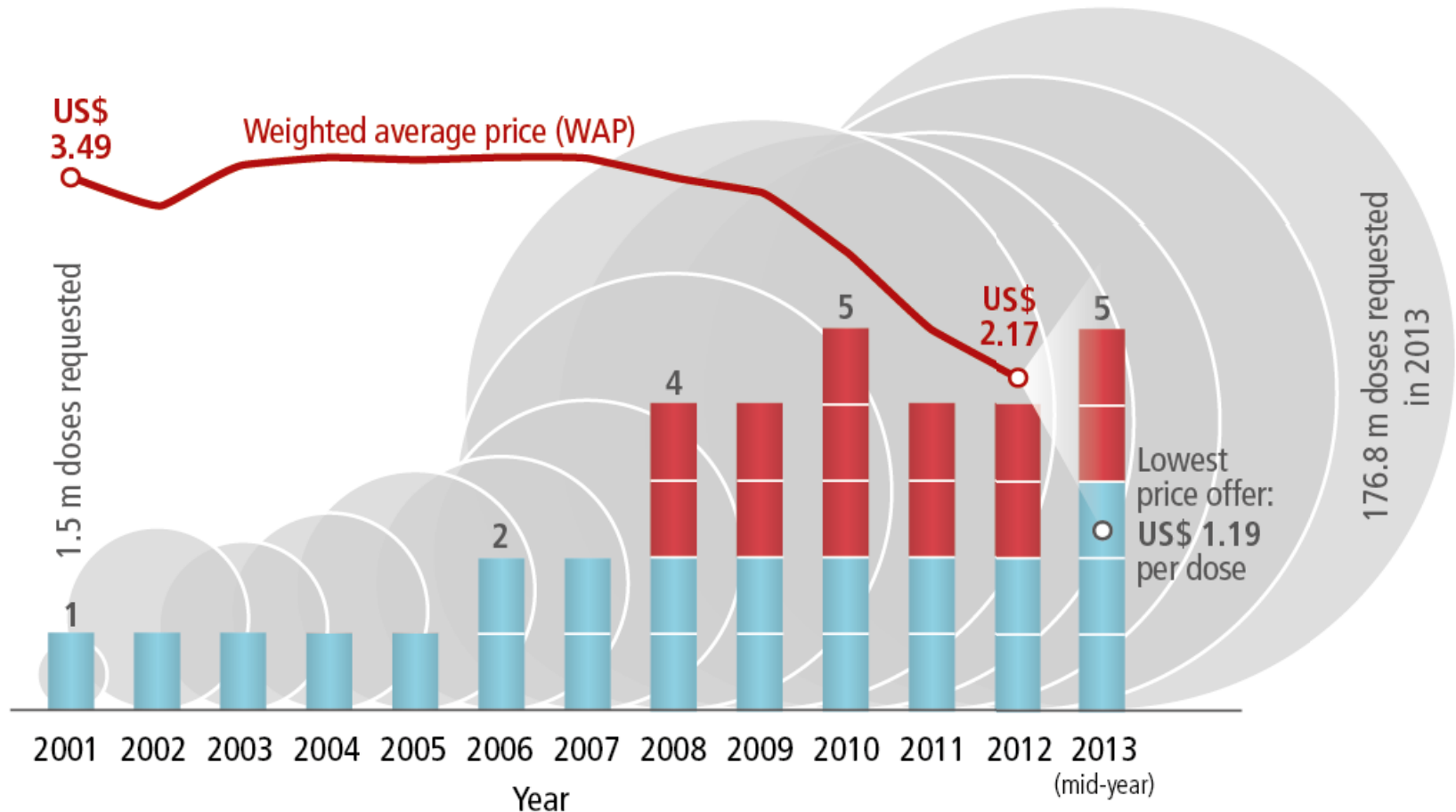
# Pentavalent success

- Additional 4.5 million future deaths averted 2000–2013
- Integrated in national systems, even in the weakest countries (Haiti, DPR Korea...)
- Growing manufacturing base – and more waiting for prequalification
- 100% introductions, but only ~ 50% coverage
  - Large country full national roll-outs needed
  - Reaching every district; every community

# India scaling up – national pentavalent roll-out and strengthened routine programmes

- Introduced in 8 states (2012-13)
- National scale-up approved by National Technical Advisory Group for Immunisation, September 2013
- IRC to review penta expansion application in Q1 2014; proposed phased scale up nationally in 2014-15
- India to fully finance penta from January 2016
- HSS proposal – help strengthen routine immunisation in states with < 60% DTP3 coverage (US\$ 107m)
- Strengthened advocacy efforts on importance and safety of vaccines

# Pentavalent vaccine: larger volumes, increasing supplier base, lower prices



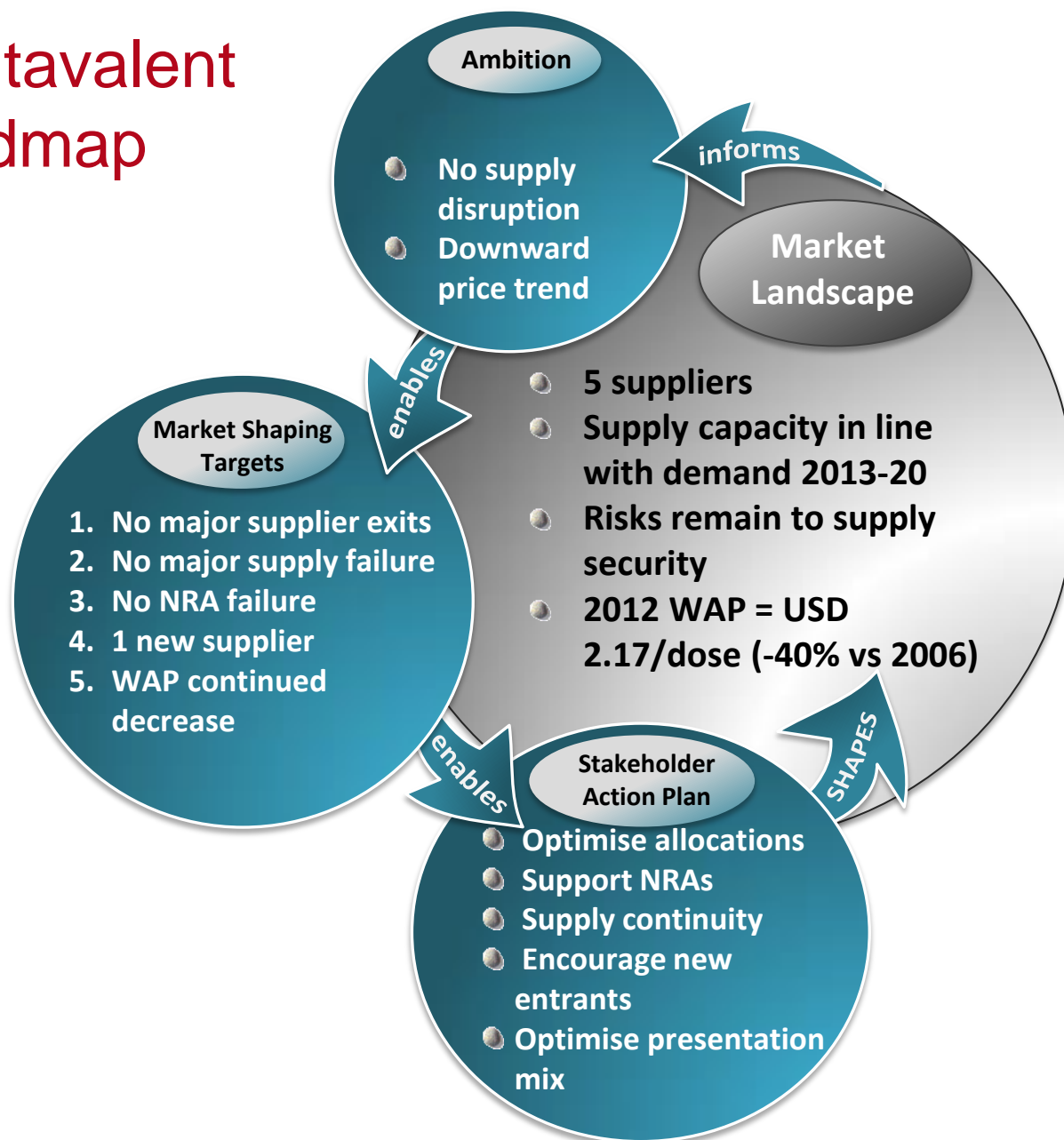
Manufacturers from which GAVI procured vaccines:

- based in low-/middle-income country
- based in high-income country

Approved number of doses requested:

● 1 million

# Pentavalent roadmap



# HPV vaccine: increasing advocacy, growing demand

- **2012:** 10 out of 14 demonstration project proposals + 1 out of 2 national roll-out proposals approved
- **2013:** 12 demonstration project proposals + 2 national roll-out proposals received



African First Ladies launch 'End cervical cancer NOW!' campaign, 25 September 2013

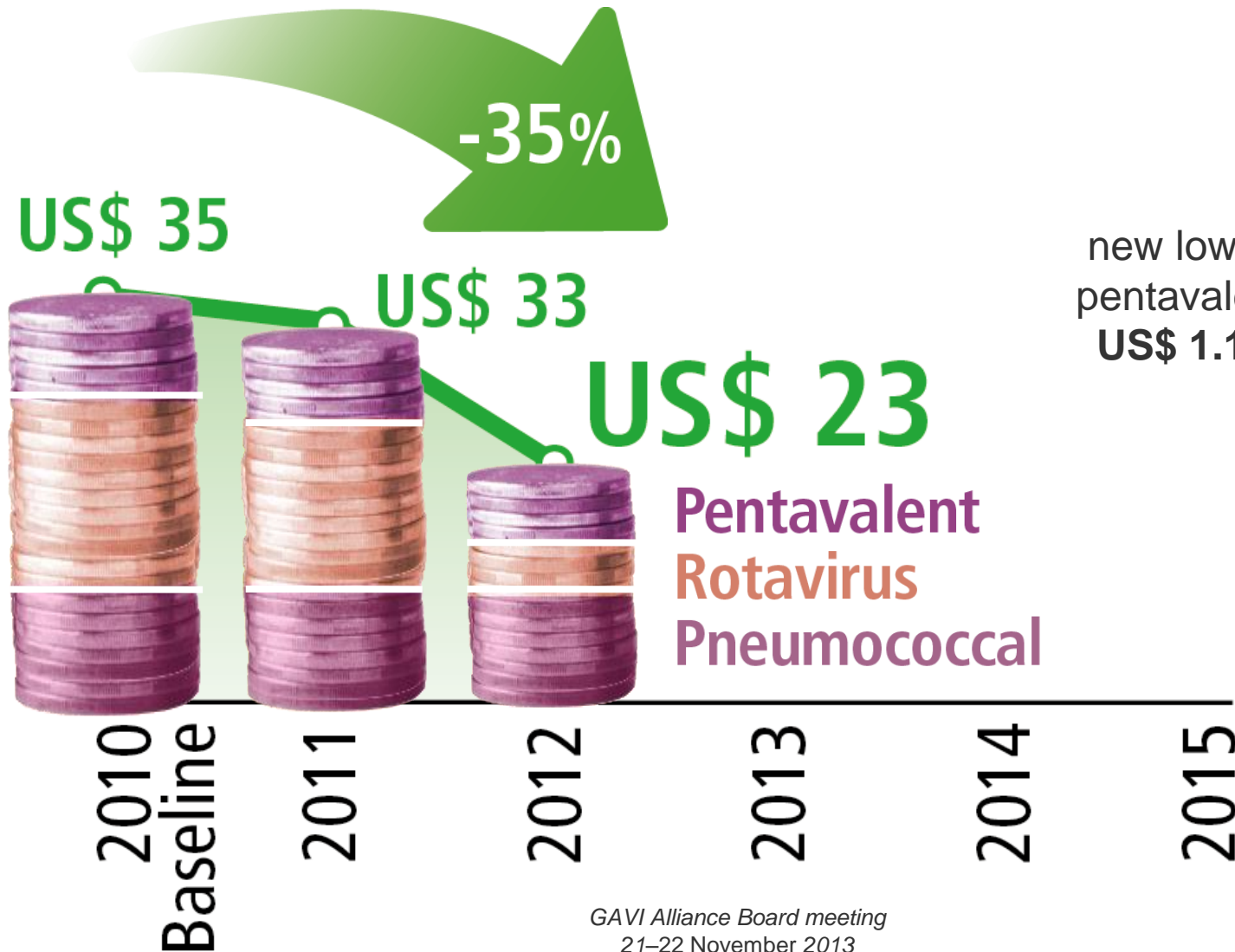


# Resource mobilisation



# Market shaping

# Vaccine prices falling



*April 2013:*  
new lowest price for  
pentavalent vaccine:  
**US\$ 1.19 per dose**

# More pneumococcal vaccine doses at lower prices

- 500 million additional doses of pneumococcal vaccine secured for a period of 10 years
- New lowest price: US\$ 3.40 per dose in 2013, US\$ 3.30 from 2014 – but needs to be reduced further
- Sufficient supply for projected demand secured by end-2014
- 51 countries currently approved for support

# Donor financing



# New pledges since June Board meeting

- Sweden: an additional **US\$ 49m** for 2013 and 2014, bringing 2013–2014 total to **US\$ 129m**
- The Republic of Korea: **US\$ 5m** from 2013–2017
- The OPEC Fund for International Development (OFID): **US\$ 1.1m**
- Swedish, Korean and OFID commitments to be matched by Bill & Melinda Gates Foundation challenge grants

# ACTION donor scorecard



**DONOR IMMUNIZATION RECORD**

NAME: *GAVI Alliance*      DATE OF BIRTH: *January 2000*      ADMINISTERED BY: *ACTION*

COUNTRY	PLEDGE DELIVERED? <sup>2</sup>	FULLY PLEDGED TO 2015 <sup>3</sup>	REMARKS <sup>4</sup>
Australia	<i>in progress</i>	X	Australia hasn't made a 2014-2015 commitment to GAVI, although it committed AUD 200 million from 2011-2013, and has a 20-year AUD 250 million commitment to IFFIm. <sup>4</sup>
Canada	✓	✓	Canada has surpassed its commitments to GAVI, topping up its five-year CAD 65 million commitment to GAVI by contributing an extra CAD 20 million for measles activities.
Denmark	✓	X	Denmark's current commitment to GAVI ends in 2013, despite the fact that it initially pledged to support GAVI until 2015. Denmark has decided to phase out support to GAVI after 2013.
European Union	✓	X	The EU committed funding to GAVI on an ad hoc annual basis from 2011 and 2012 — not through a multi-year commitment. The EU is now considering its external budget, which will determine funding levels for future support to GAVI.
France	<i>in progress</i>	✓	France is partially on track to deliver its EUR 100 million direct pledge to GAVI, through ongoing commitments to the Muskoka Initiative, in addition to its IFFIm contribution. However, it is worrying that France has not programmed EUR 22 million of its direct pledge for 2014 and 2015.
Germany	<i>in progress</i>	✓	Germany has grown as a GAVI donor — from EUR 4 million in 2010 to EUR 30 million. It announced its first multi-year commitment in early 2013, extending Germany's annual commitments to 2015, subject to parliamentary approval.
Ireland	✓	X	Ireland is on track to fulfill its EUR 11.5 million commitment for 2010-2014, but could consider an additional commitment for 2015.
Italy	✓	✓	Italy is on track to deliver its 20-year IFFIm commitment, and the rest of its Advanced Market Commitment (AMC). <sup>5</sup>
Japan	<i>in progress</i>	X	Japan became a first time GAVI donor in 2011, committing annually in 2012 and 2013. Japan is set to deliver its 2013 commitment, and Prime Minister Shinzo Abe has pledged continued support after 2013.
Luxembourg	✓	✓	Luxembourg is set to deliver its five-year, EUR 4.1 million commitment to GAVI.
Netherlands	✓	✓	The Netherlands is on track to deliver its substantial, long-term grant agreement of EUR 120 million from 2011-2015, but its foreign aid budget is set to be reduced by one-third over the next few years.
Norway	✓	✓	Norway is on track to deliver its five-year USD 635 million pledge to GAVI, in addition to USD 50 million to the AMC and USD 220 million until 2020 to IFFIm.
Republic of Korea	✓	X	The Republic of Korea became a first time GAVI donor in 2010, announcing a three-year commitment through to 2012. There's potential for the Republic of Korea to invest in GAVI from 2013 and beyond.
Spain	✓	X	Spain delivered its one-year direct pledge of EUR 2 million in 2011, and continues to meet its IFFIm commitments scheduled to continue until 2025.
Sweden	<i>in progress</i>	✓	Sweden has an annual agreement with GAVI, steadily increasing its contributions from a SEK 250 million pledge in 2011 to a SEK 450 million pledge in 2014.
United Kingdom	✓	✓	The UK is GAVI's largest donor, giving to multiple funding instruments within GAVI, and is on track to deliver on its additional GBP 814 million pledge which extends beyond 2015.
United States	<i>in progress</i>	X	The US is on track to deliver on its three-year USD 450 million pledge made in 2011, but delays in the annual appropriations process means full funding has yet to be disbursed. The US has not yet pledged for 2015, but a strong endorsement of GAVI in the President's 2015 budget would support the US goal of ending preventable child deaths by 2035.

<sup>1</sup> Determined based on whether funding was received, or is committed through legally-binding agreements. <sup>2</sup> Defined as publicly pledged resources to 2015. For donors who give to both IFFIm/AMC and directly, a check mark was given only if donors have extended direct pledges to 2015 even if IFFIm commitments go past 2015. For donors who only give through IFFIm/AMC, a check was given if commitments extend past 2015. <sup>3</sup> All data based on information provided by the GAVI Secretariat as of 30 June 2013. <sup>4</sup> The International Finance Facility for Immunisation (IFFIm) was set up in 2006 to rapidly accelerate the availability and predictability of funds for GAVI's immunization programs. <sup>5</sup> The pneumococcal Advanced Market Commitment (AMC) incentivizes vaccine makers to produce suitable and affordable vaccines for the world's poorest countries.

GAVI Alliance Board meeting  
21-22 November 2013



# Donors yet to extend pledges beyond 2013

## Yet to pledge for 2014:

- Australia
- Denmark
- Japan

## Yet to pledge for 2015:

- Australia
- Denmark
- European Commission
- Ireland
- Japan
- United States of America

# New Matching Fund partner: Lions Clubs International

- Boosting partnership efforts around measles
- **Ghana** - MR campaign in Sept targeting > 11m children, 100s of Lions participated in social mobilisation efforts and supported vaccination
- **Nigeria** – Measles campaign in Nov; Lions active in five states to mobilise efforts around campaign



# International Finance Facility for Immunisation (IFFIm)

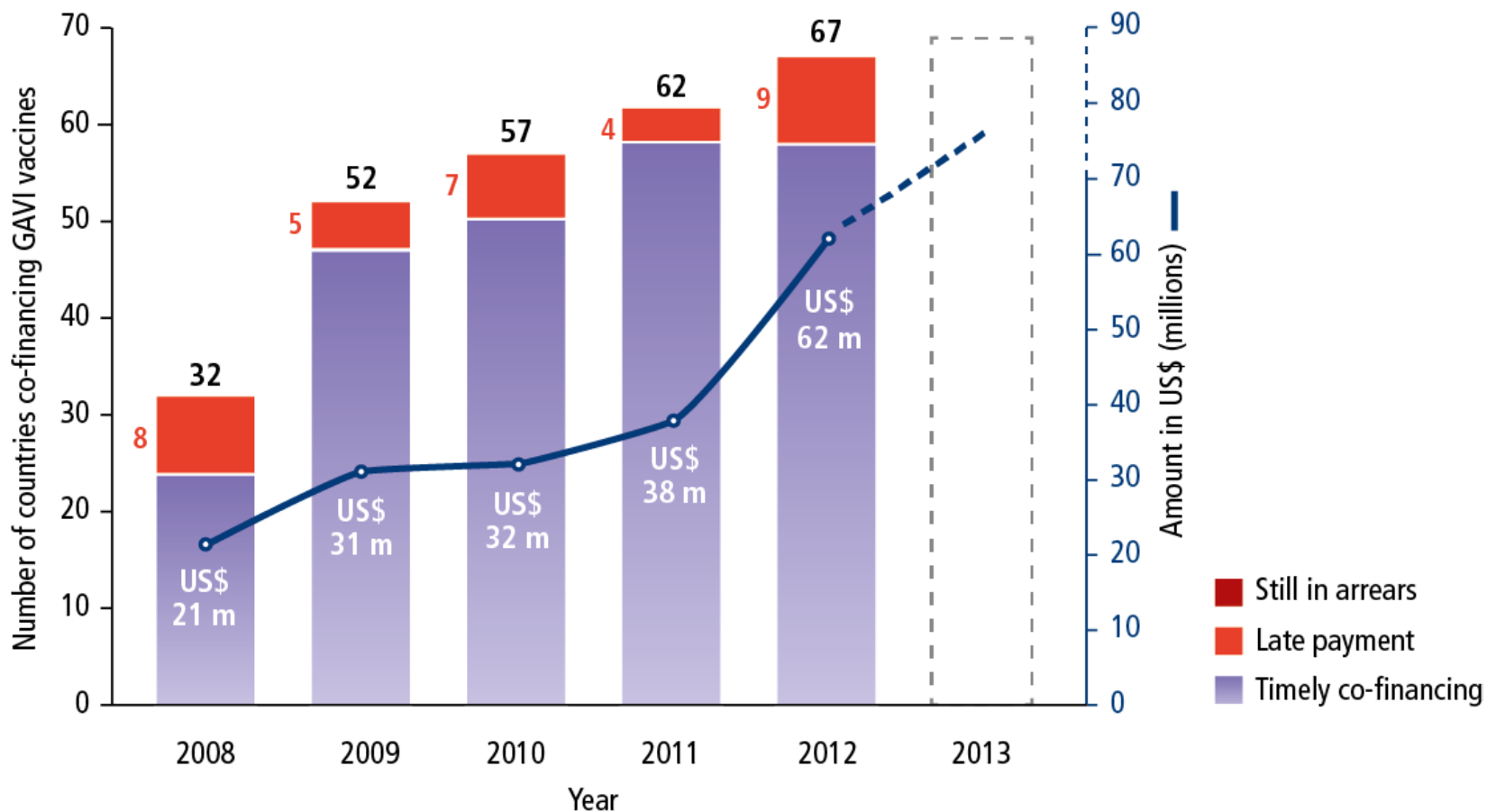
- US\$ 700 million global bond issuance in June – largest since inaugural benchmark in 2006
- Recent credit rating downgrade by S&P from AA+ to AA
- Investors continue to show confidence in IFFIm





# Country financing

# Co-financing: countries fulfilling commitments

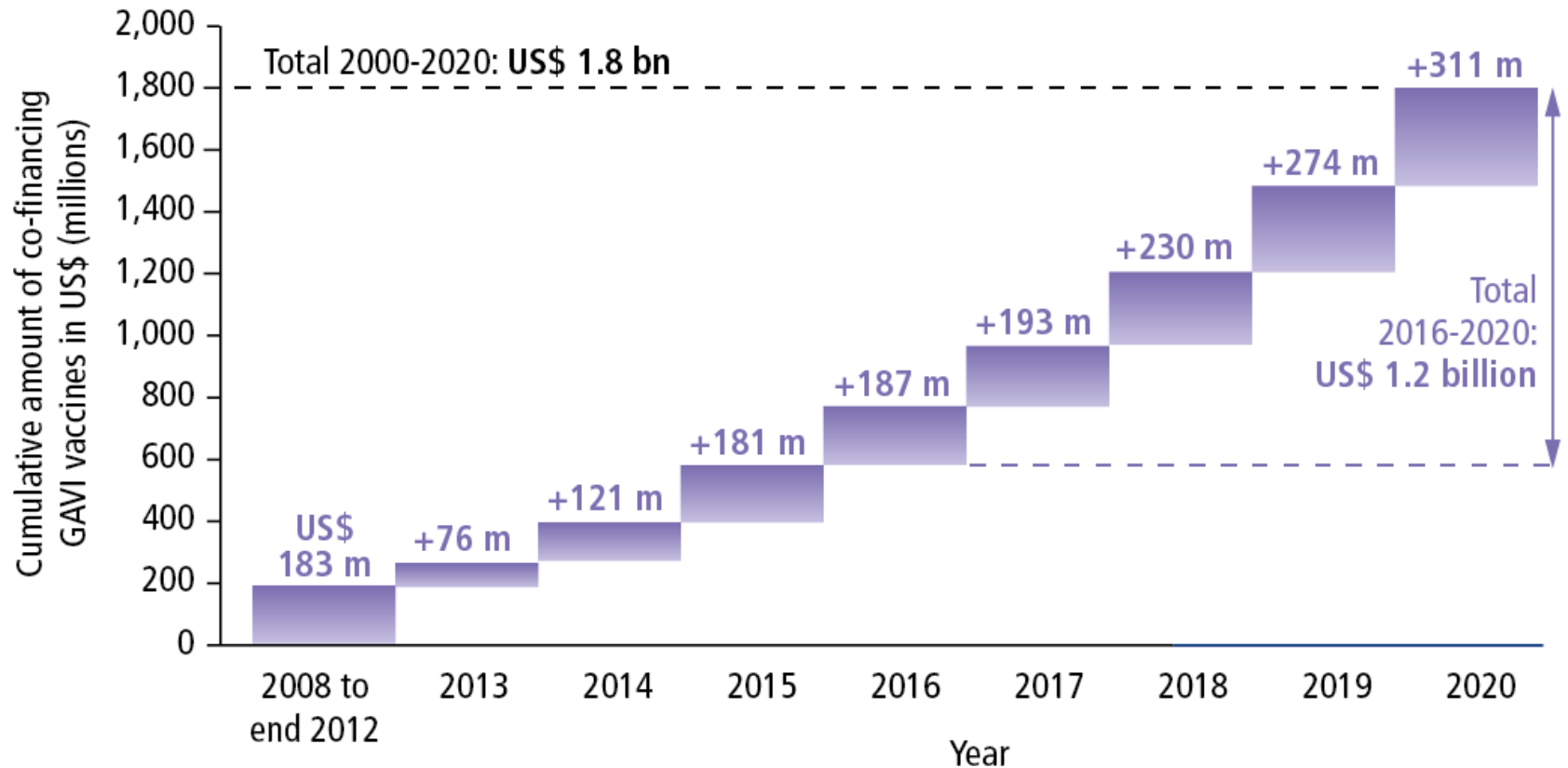


Source: GAVI Alliance, November 2013

GAVI Alliance Board meeting  
21–22 November 2013

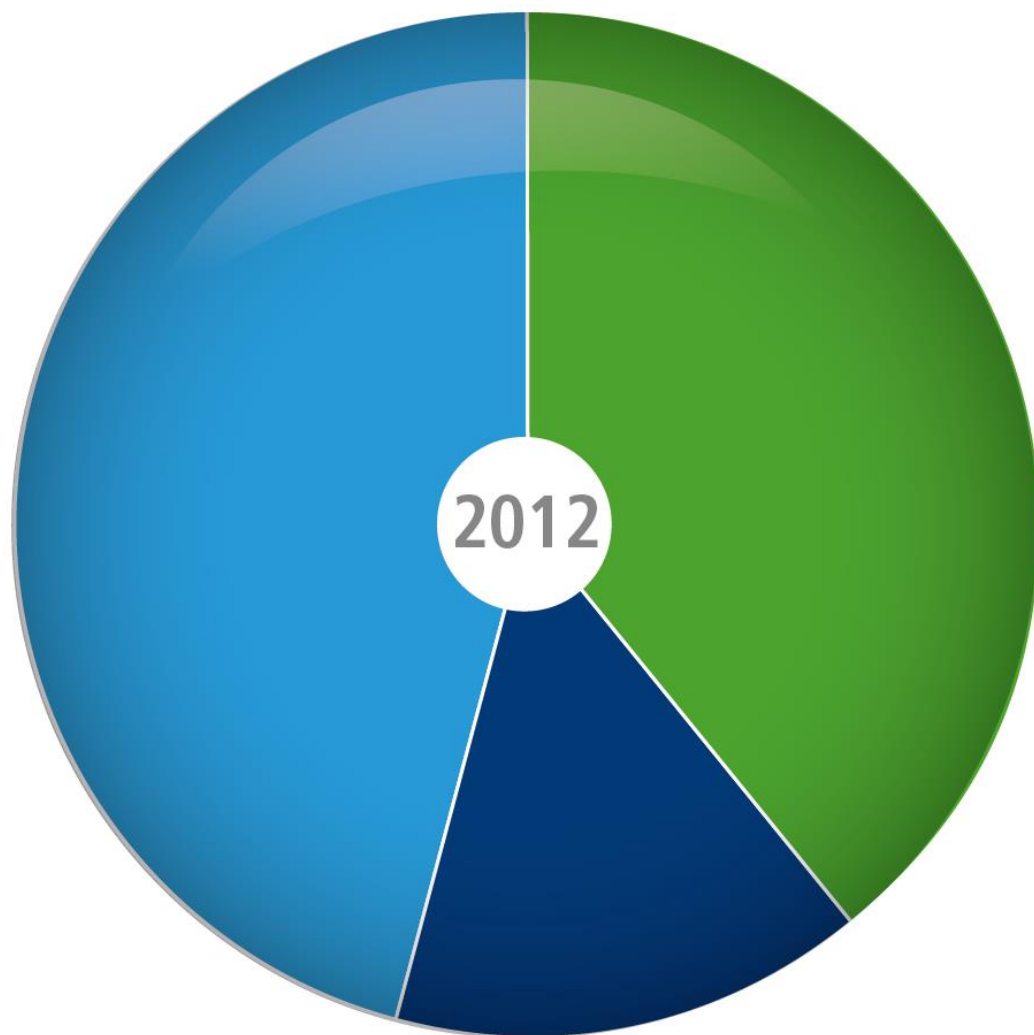


# Co-financing, 2008–2020



# Sustainability: building to national financing

Armenia: vaccine financing by source



GAVI NVS funding

Donor-funded  
routine vaccines

Government-funded  
routine vaccines

Government-funded  
co-financing

Total spend  
in 2003:

**US\$ 134,000**

in 2012:

**US\$ 1,123,000**

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21–22 November 2013



# Vaccines as % of government spending (if no GAVI subsidy)

Co-financing Categories	Per capita government spending on health (2011)*	Government spending on health as % of government spending (2011)*	Government spending p.c. as % of GDP p.c. (2011)*	Vaccines as % of government spending on health**	
				2015	2020
Low-income	US\$ 15	10.2%	25.8%	5.10%	4.99%
Intermediate	US\$ 42	10.3%	28.5%	2.23%	2.03%
Graduating	US\$ 106	9.5%	39.6%	0.56%	0.51%

Vaccines for routine immunisation only

Sources: World Bank/ WHO National Health Accounts/ GAVI Demand Forecast, data as of November 2013

\*Note: DPR Korea., Somalia and Zimbabwe excluded from analysis

\*\*Note: India, DPR Korea., Somalia and Zimbabwe excluded from analysis





# Vaccines as % of government spending (co-financing and non-GAVI routine vaccines)

Co-financing Categories	Per capita government spending on health (2011)*	Government spending on health as % of government spending (2011)*	Government spending p.c. as % of GDP p.c. (2011)*	Vaccines as % of government spending on health**	
				2015	2020
Low-income	US\$ 15	10.2%	25.8%	0.75%	0.84%
Intermediate	US\$ 42	10.3%	28.5%	0.45%	0.95%
Graduating	US\$ 106	9.5%	39.6%	0.38%	0.51%

Vaccines for routine immunisation only

Sources: World Bank/ WHO National Health Accounts/ GAVI Demand Forecast, data as of November 2013

\*Note: DPR Korea., Somalia and Zimbabwe excluded from analysis

\*\*Note: India, DPR Korea., Somalia and Zimbabwe excluded from analysis



# Graduating countries, year of independence from GAVI support and 2012 DTP3 coverage rates

	Azerbaijan <b>75%</b>	Angola <b>91%</b>	
	Bolivia <b>80%</b>	Armenia <b>95%</b>	
Bhutan <b>97%</b>	Guyana <b>97%</b>	Congo <b>85%</b>	Nicaragua <b>98%</b>
Honduras <b>88%</b>	Indonesia <b>64%</b>	Georgia <b>92%</b>	Papua <b>63%</b>
Mongolia <b>99%</b>	Kiribati <b>94%</b>	Timor-Leste <b>67%</b>	New Guinea
Sri Lanka <b>99%</b>	Moldova <b>92%</b>		Uzbekistan <b>99%</b>
2016	2017	2018	2019

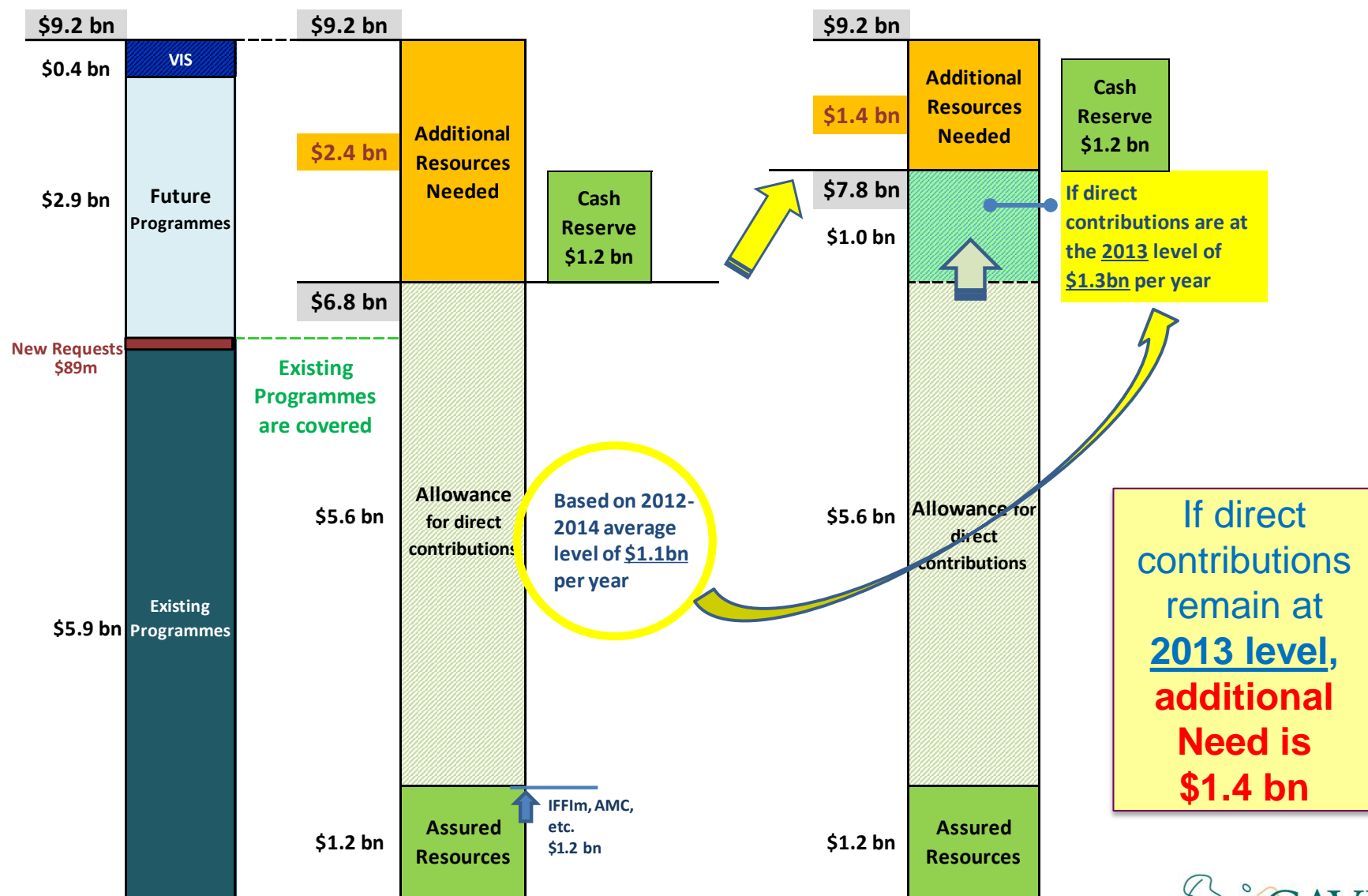
Sources: GAVI Alliance data as of November 2013,  
WHO/UNICEF Estimates of National Immunisation  
Coverage, July 2013

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# Expenditure and resources

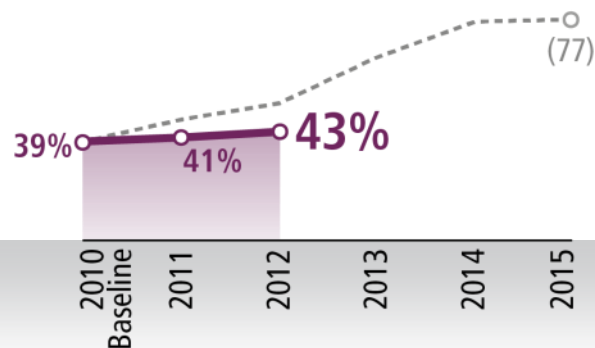
# Needs and resources 2016-2020 indicative!



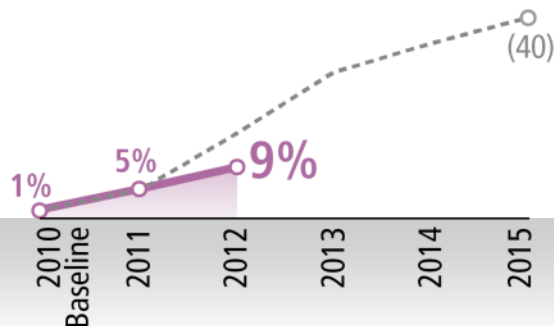
# Challenges

# Challenge: delayed introductions put vaccine coverage targets at risk

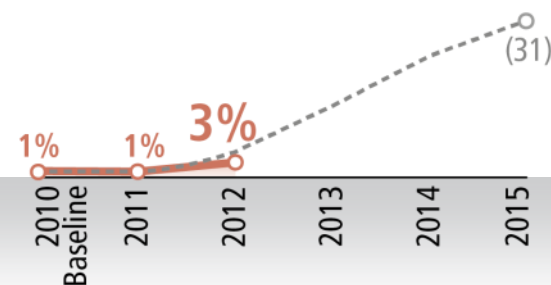
**Pentavalent vaccine, 3rd dose**  
Coverage (%)



**Pneumococcal vaccine, 3rd dose**  
Coverage (%)



**Rotavirus vaccine, last dose**  
Coverage (%)



▪ Large country readiness

▪ Country readiness  
▪ Supply

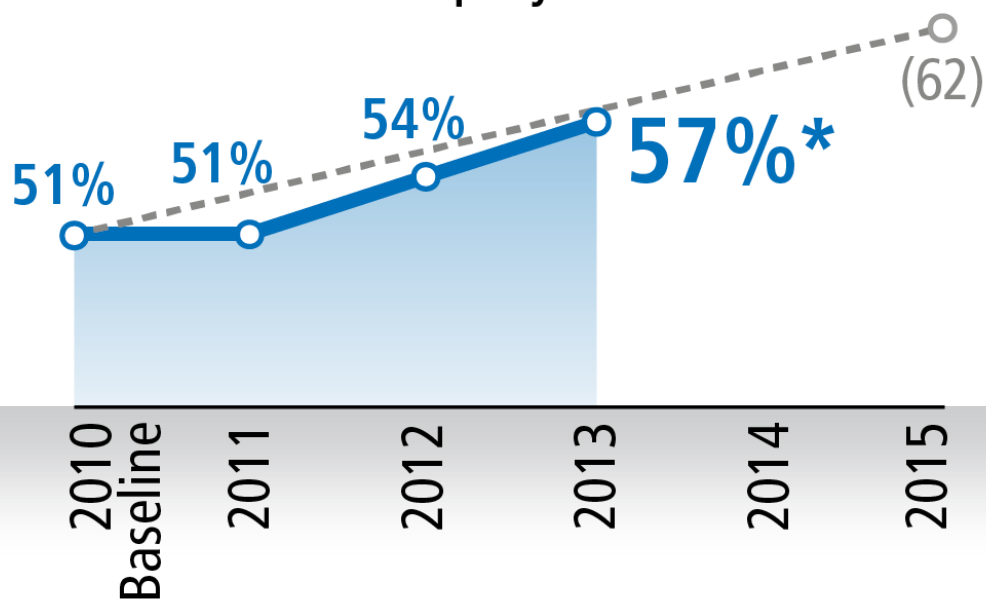
▪ Supply  
▪ Country preference



# Challenge: in-country equity

## Equity in immunisation coverage (%)

Proportion of countries meeting the minimum equity benchmark



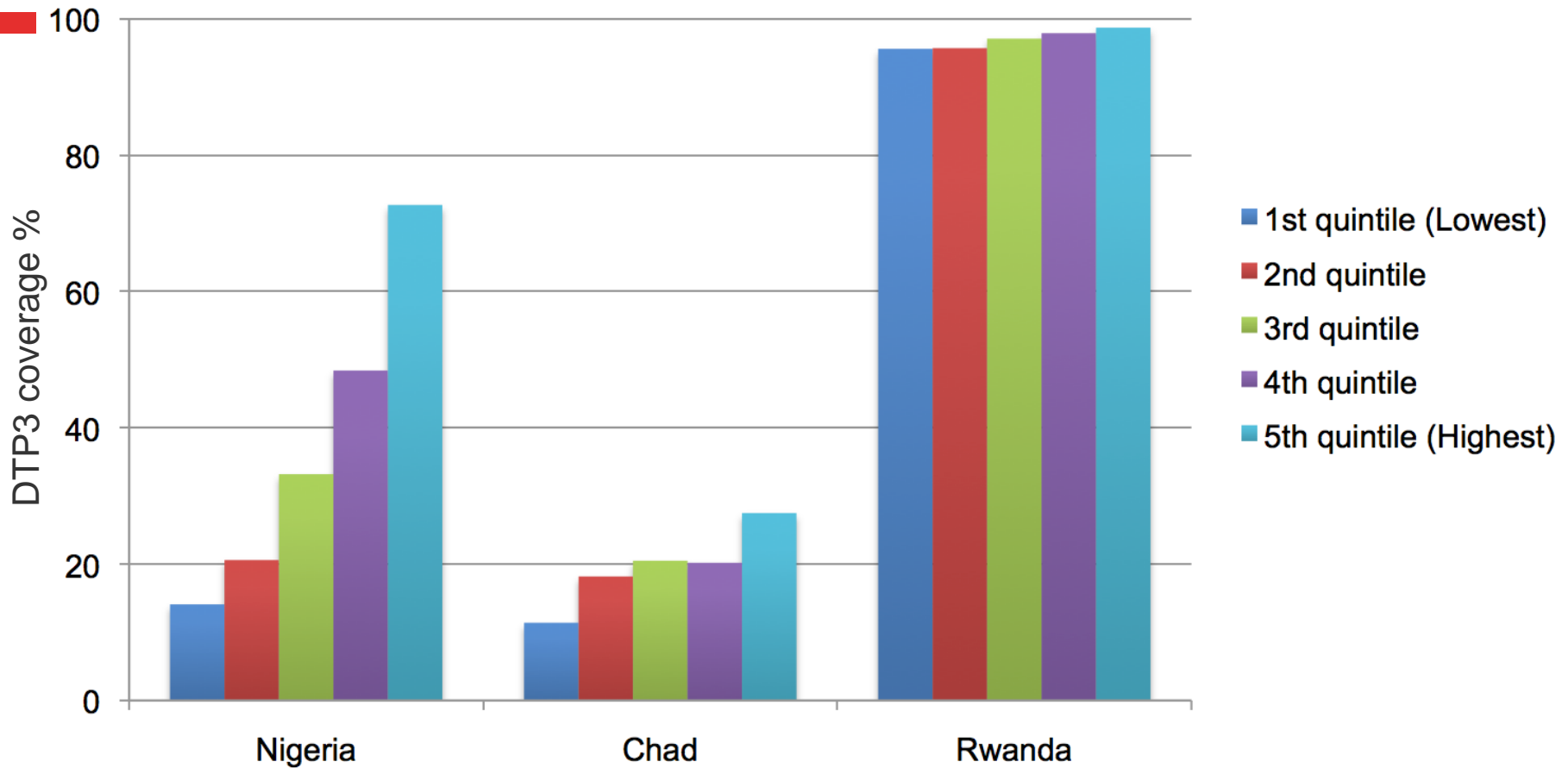
\* Year to date

Source: GAVI Secretariat (aggregated from various household survey estimates)

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# Immunisation coverage\* (12–23 months) by wealth status



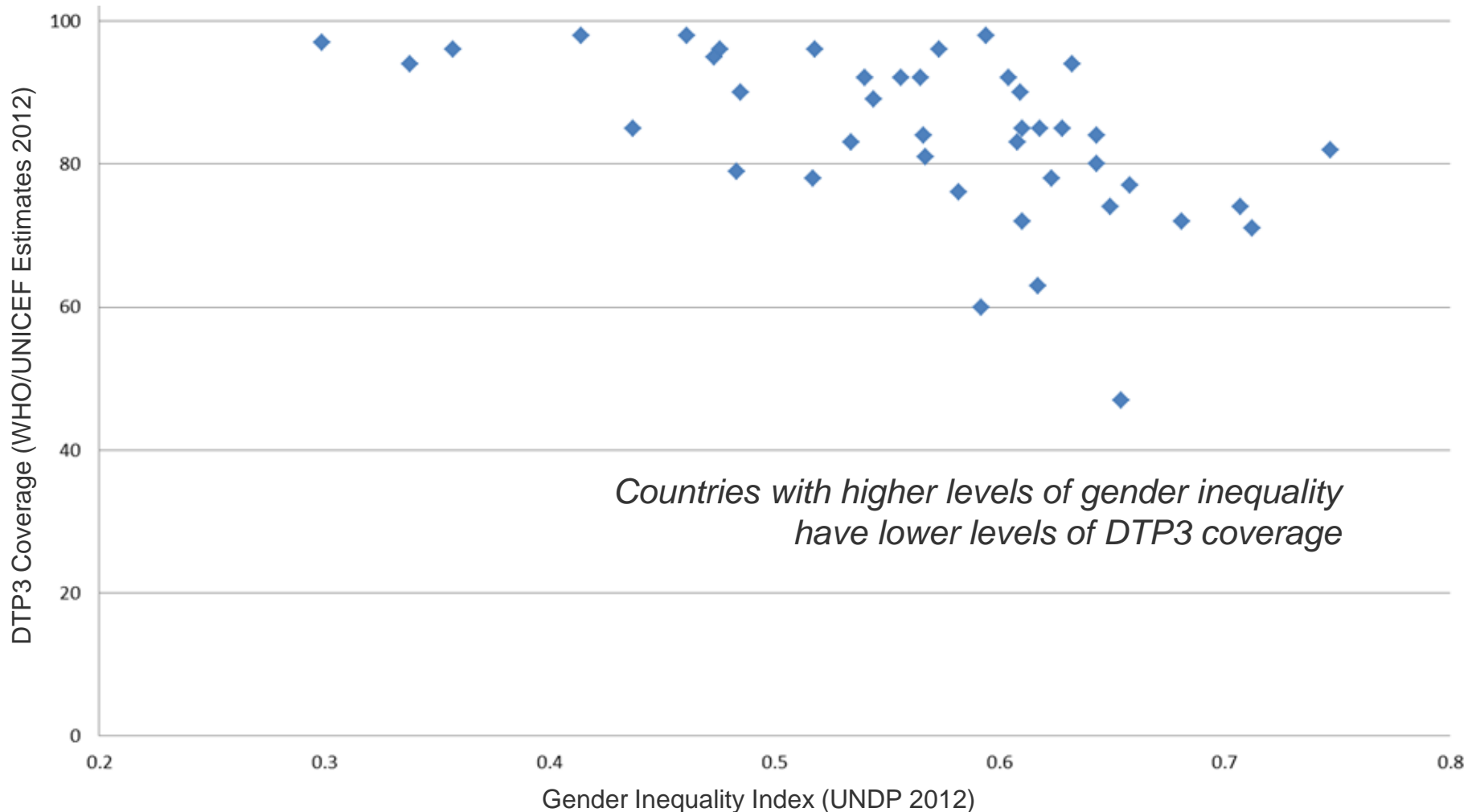
\* DTP3

Source: Recent DHS and MICS surveys

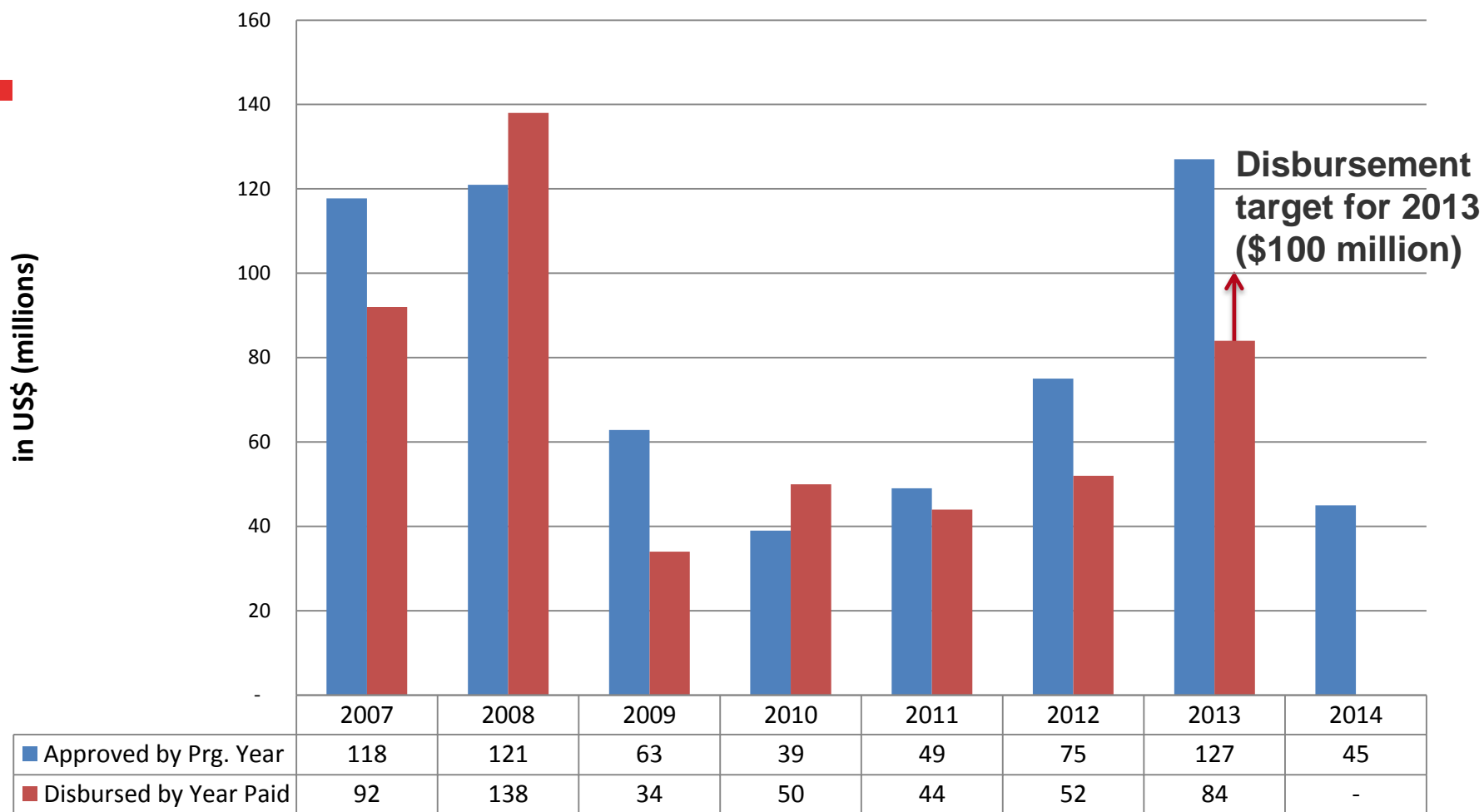
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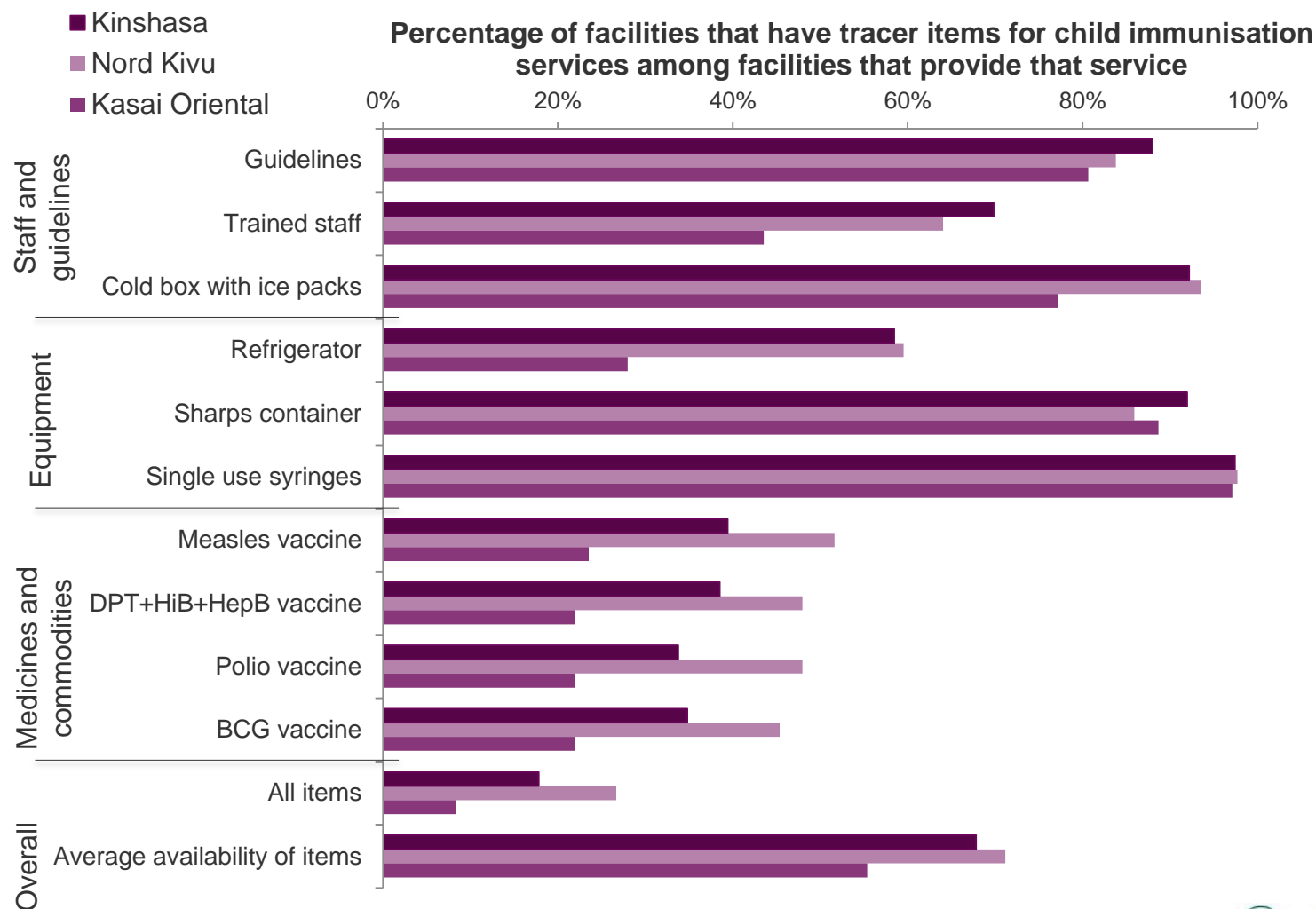
# Gender equity and immunisation coverage: a close relationship



# HSS grant approvals and disbursements 2007-2014, as of 14 November 2013



# Intermediate results – DR Congo (2012)



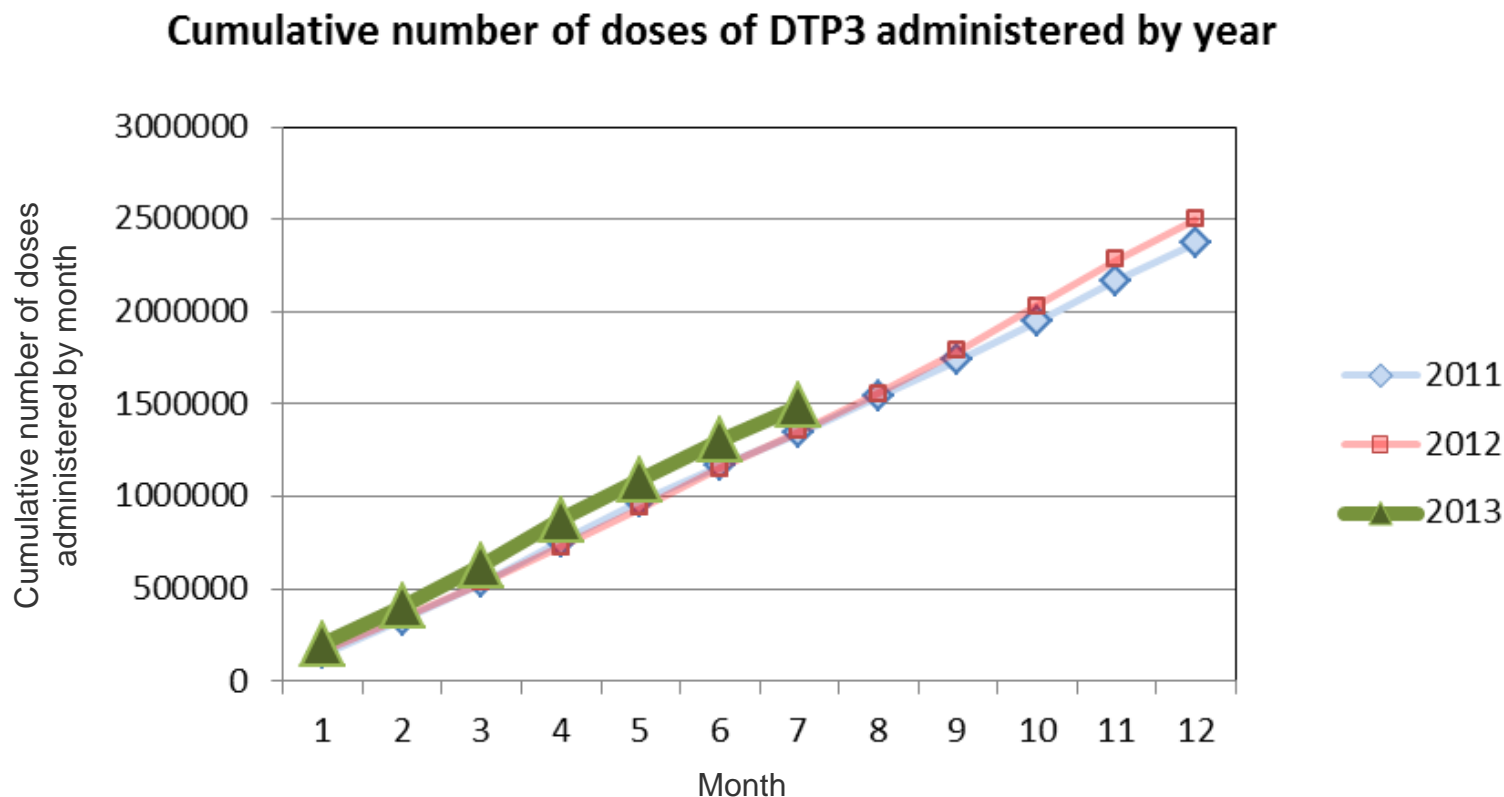
Source: Service Availability and Readiness Assessment (SARA); complemented by a Data Quality Report Card (DQRC)

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# Intermediate results – DR Congo

Reports on number of doses completed up to July 2013



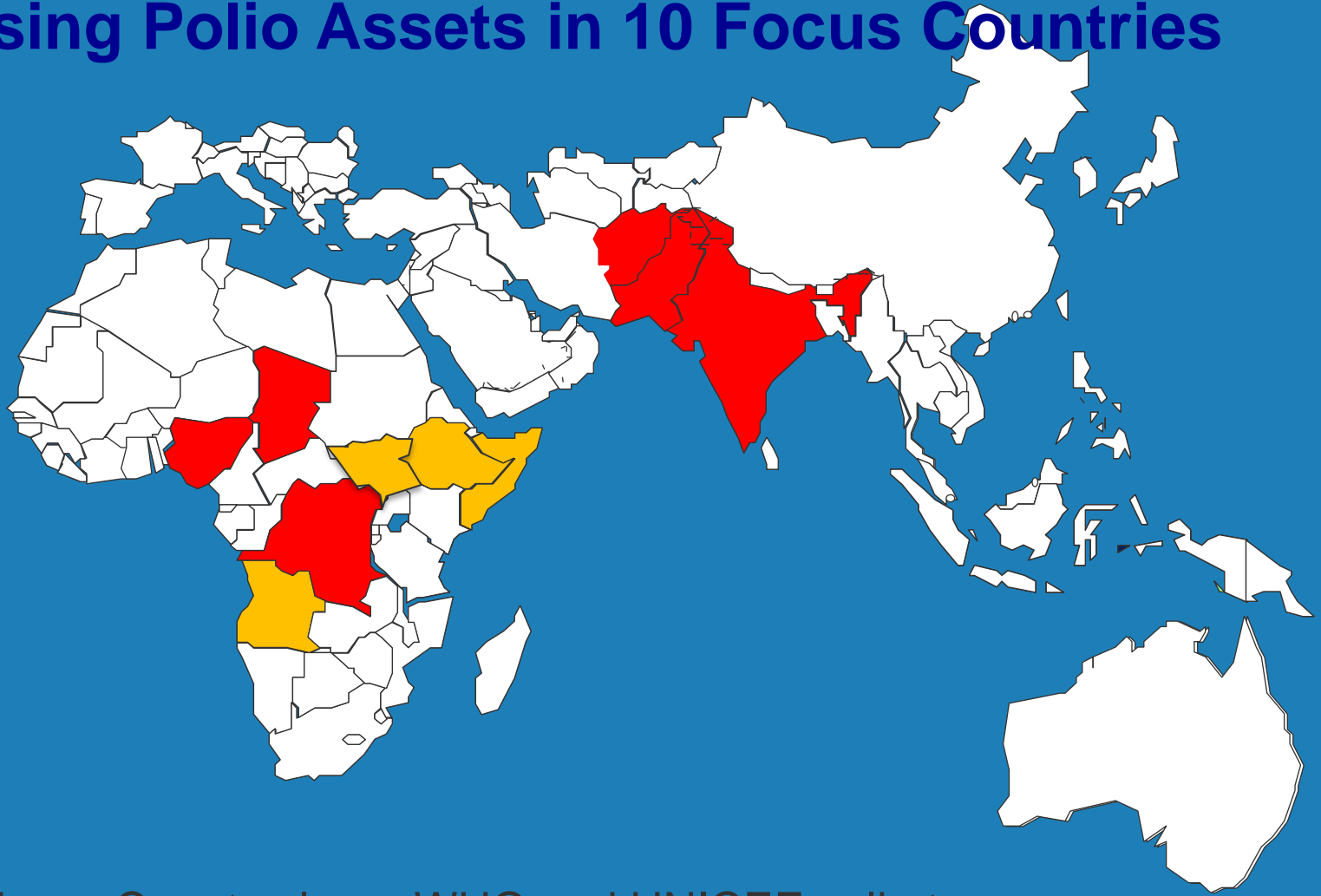
In 2013, there is a 10% increase in cumulative number of doses administered up to July

Source: Admin data reported by DRC

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# Polio Endgame: Strengthen Routine Immunization (RI) using Polio Assets in 10 Focus Countries



- Focus Country, large WHO and UNICEF polio teams
- Focus country, large WHO polio teams



# Key GPEI RI Indicators for focus countries

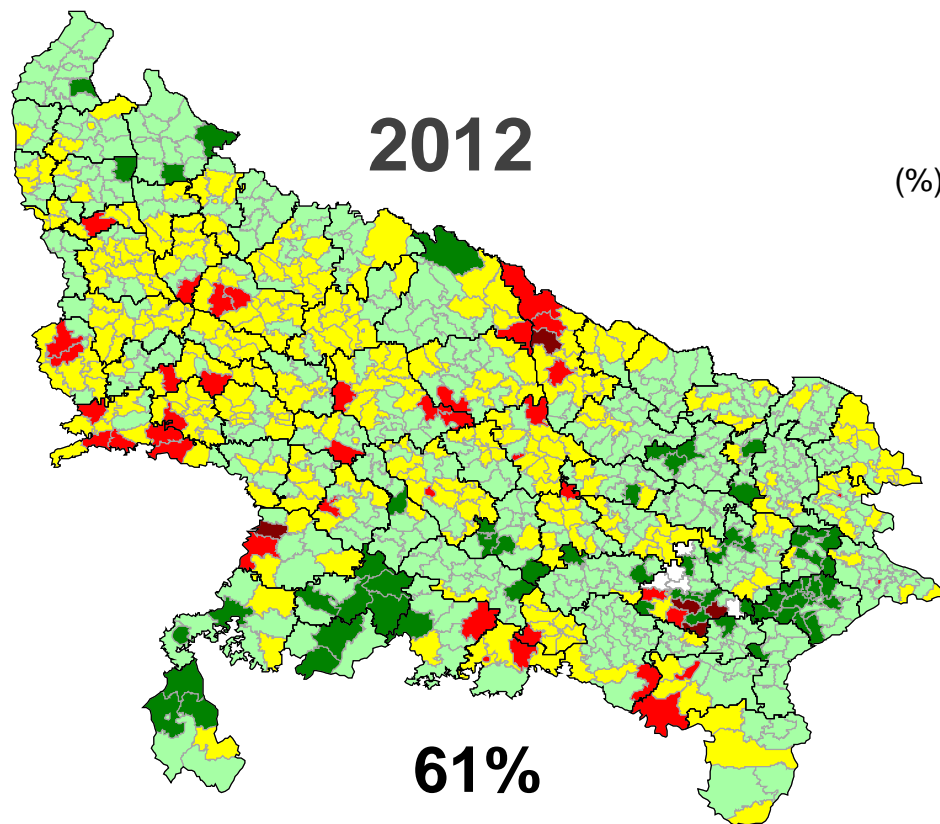
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1. Develop annual national immunization coverage improvement plans in at least 5 priority countries by 2013 (indicator per Polio Endgame Strategy)
2. Dedicate >50% of WHO/UNICEF polio funded field staff time to immunization strengthening tasks by 2014
3. Increase DPT3 coverage by 10% per year in high risk districts in at least 5 priority countries with coverage improvement plans by 2014
4. Monitor immunization session conducted versus planned (proposed ADDITIONAL indicator)

# Key GPEI RI Indicators for focus countries

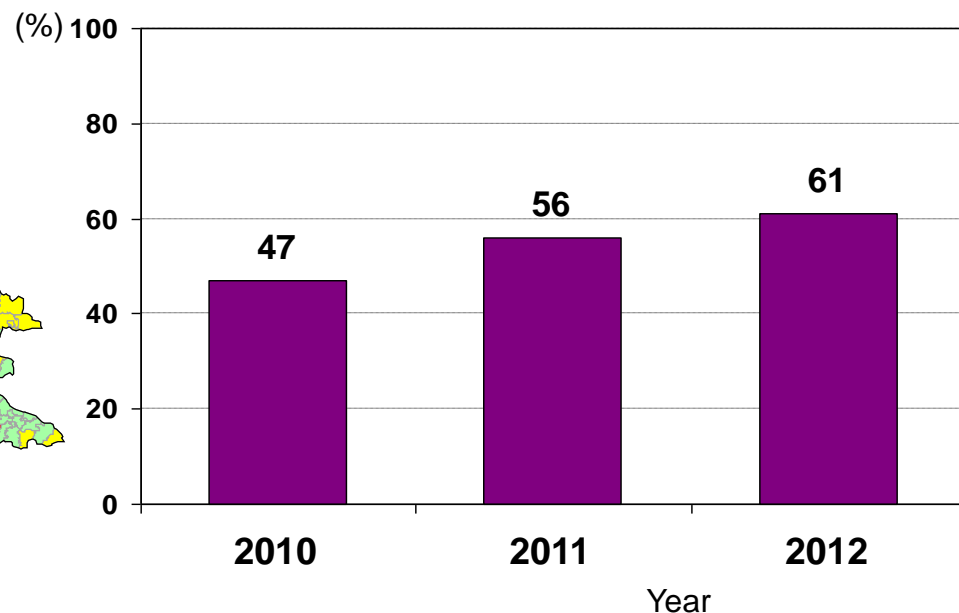
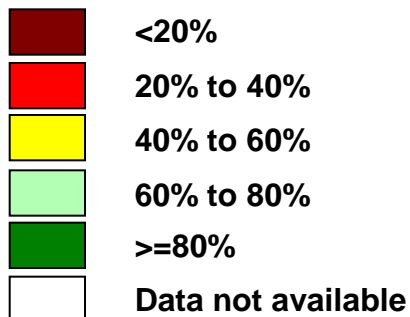
1. Develop annual **national immunization coverage improvement plans** in at least **5 priority countries** by 2013 (indicator per Polio Endgame Strategy)
2. **Dedicate >50% of WHO/UNICEF polio funded field staff time to immunization strengthening** tasks by 2014
3. **Increase DPT3 coverage by 10% per year** in high risk districts in at least **5 priority countries** with coverage improvement plans by 2014
4. Monitor immunization session conducted versus planned (proposed ADDITIONAL indicator)

# Immunised children (12–23 months), Uttar Pradesh, India



**Children checked: 275,000**

*Data Source : House to house monitoring*





## New programmes

# Japanese encephalitis – new support window

- ~68,000 clinical cases annually; 20-30% fatal, 30-50% of survivors significant neurologic sequelae
- June 2008: approved as priority in Vaccine Investment Strategy
- October 2013: prequalification of appropriate vaccine
- Window of support open subject to Board approval
  - resources in current financial forecasts
- Eligible countries: Bangladesh, Cambodia, Lao PDR, DPR Korea, Myanmar, Pakistan, Nepal, Vietnam
- 5 countries expected to introduce by 2016\*

\*Source: Strategic Demand Forecast version 8.0

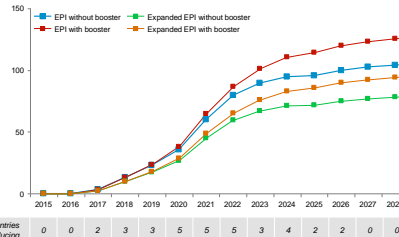


# Vaccine Investment Strategy

## – a rigorous assessment

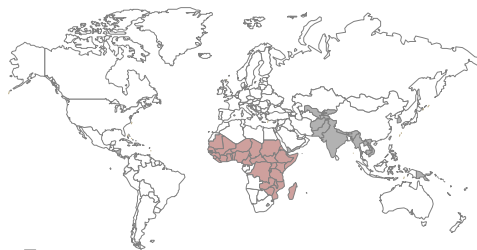
**Cumulative demand estimated to be 760M – 1.2B doses through 2030**

Demand (M doses)



Note: Includes introductions in African countries only (both vaccine licensure and a WHO recommendation are highly likely to be restricted to Africa; vaccine indication for use in Asia is not expected in the near term). Includes demand from countries that graduate from GAVI support during 2015-2030 (following GAVI supported introduction)

**37 countries in scope for malaria (Africa)**

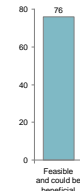


**Country openness to new schedule and awareness that vaccine cannot replace other interventions**

Respondents positive on ability to add new visits for 5-17M age group

Question: Please indicate the statement(s) that most closely apply in your country

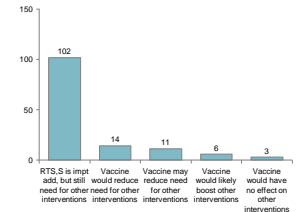
# of responses



Respondents emphasized that vaccine could not displace other malaria interventions

Question: Please indicate the statement(s) that most closely apply in your country

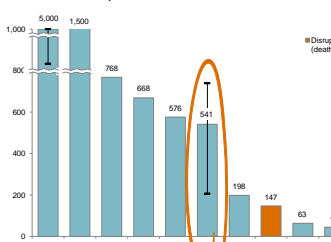
# of responses



Source: 2013 GAVI Phase II country consultation survey  
Note: question only posed to 136 respondents ranking malaria as first or second priority for introduction

**Malaria vaccine may have impact comparable to Hib**

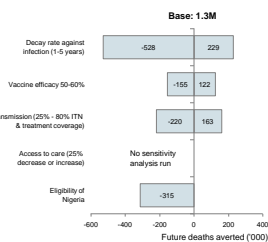
Future deaths averted per 100k vaccinated<sup>1</sup>



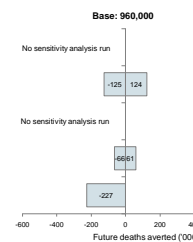
1. Based on deaths averted over 2015-2030; 2. VIS only  
Note: Model outputs shown for Expanded EPI with booster scenario, for illustrative purposes; error bars lowest value generated by malaria sensitivity analyses and are driven by decay rate of protection; point midpoint of Imperial and Swiss TPH models

**Vaccine duration of protection is biggest sensitivity of high impact**

Imperial College



Swiss TPH



Note: For illustrative purposes base case is shown as expanded EPI with booster scenario (midpoint between Imperial College and Swiss TPH model outputs)

**Implementation would require managing possible global supply shortage and communication needs**

	Area of focus	Unique implementation requirements	Unique costs
Global level	Policies and processes	• WHO position TBD; few required GAVI policy changes currently foreseen; coordination with the GFATM required	• N/A
	Supply	• Account for supply constraints through 2020 (impact likely small)	• No direct costs
	Health workforce	• HR/training requirements for RTS,S similar to those for vaccines already in health system	• N/A
	Social mobilisation, education, communication	• Manage risk to program credibility if efficacy lower than other vaccines in use (eg. rota) • Additional training/social mobilisation/programmatic investments for initiating new routine visits for immunisation (expanded EPI scenario only)	• Cost accounted for in operational costs <sup>1</sup>
	Supply chain infrastructure and logistics	• Requirements for RTS,S similar to those for vaccines already in health system	• N/A
	Surveillance	• No unique surveillance requirements	• N/A
Country level	Planning, coordination, integration	• Expanded EPI scenario would require infrastructure to support at least one additional touch point • Manage potential for older (not eligible) age groups to present for vaccination (implications for forecasting in intro year) • Coordinate with malaria control program to ensure vaccine does not undermine the use of other malaria interventions	• Focused organizational effort
		Unique but manageable	May not be manageable in short term / within current GAVI model

1. Expected to be covered by GAVI Vaccine Introduction Grant, MoH, partners

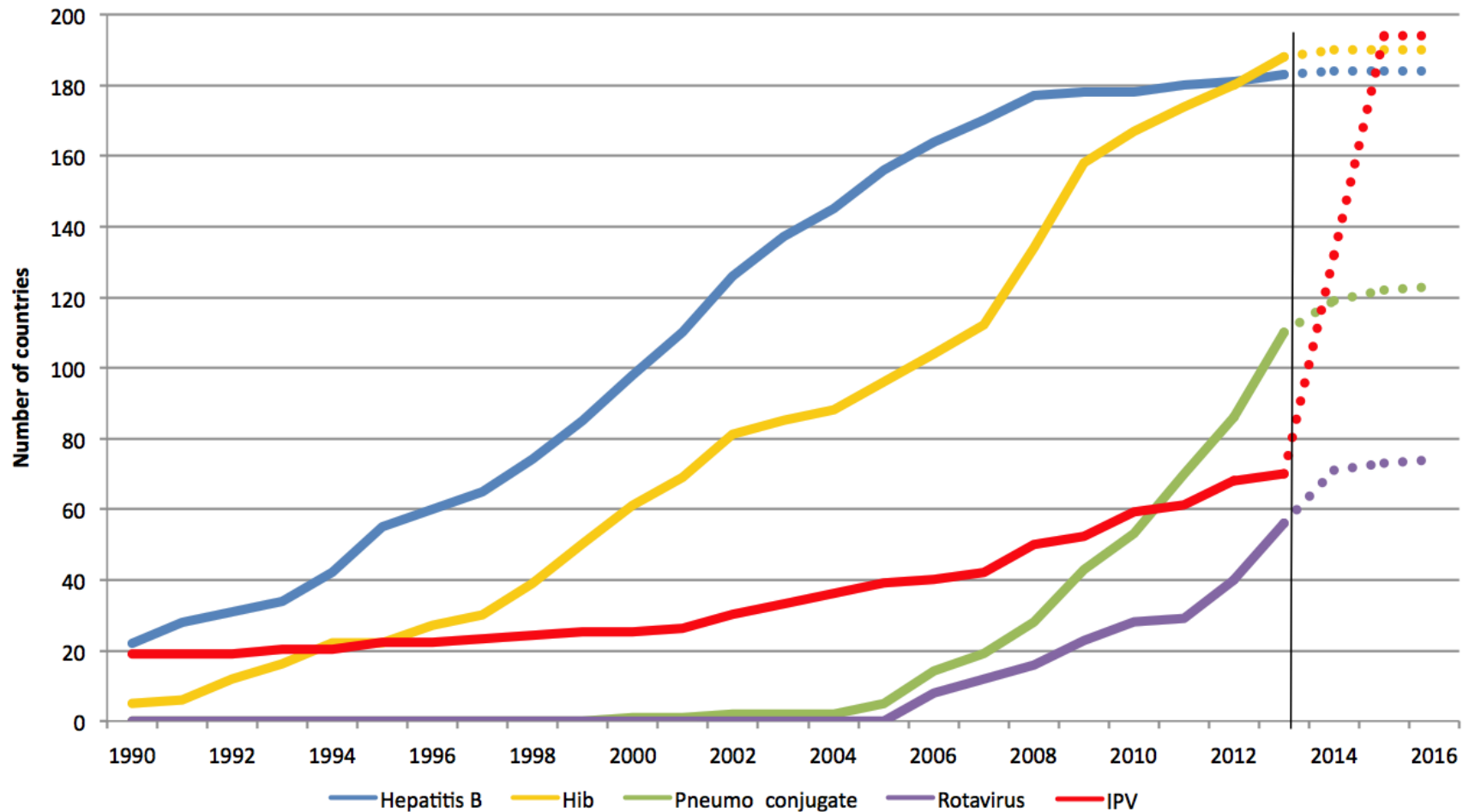
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# GAVI engagement in polio

- Objective of GAVI's complementary role:
  - **improve immunisation services in accordance with GAVI's mission and goals** while supporting polio eradication **by harnessing the complementary strengths** of GAVI and GPEI in support of countries
- GAVI to engage in polio eradication and endgame objective 2:
  - routine immunisation strengthening and IPV in routine programmes
- Donor meetings resolved financing
  - GAVI IPV activities to be funded from global polio budget
  - Price uncertainties

# Immunisation schedule uptake – overview 1991–2013 of introduction status and 2014–2016 projections

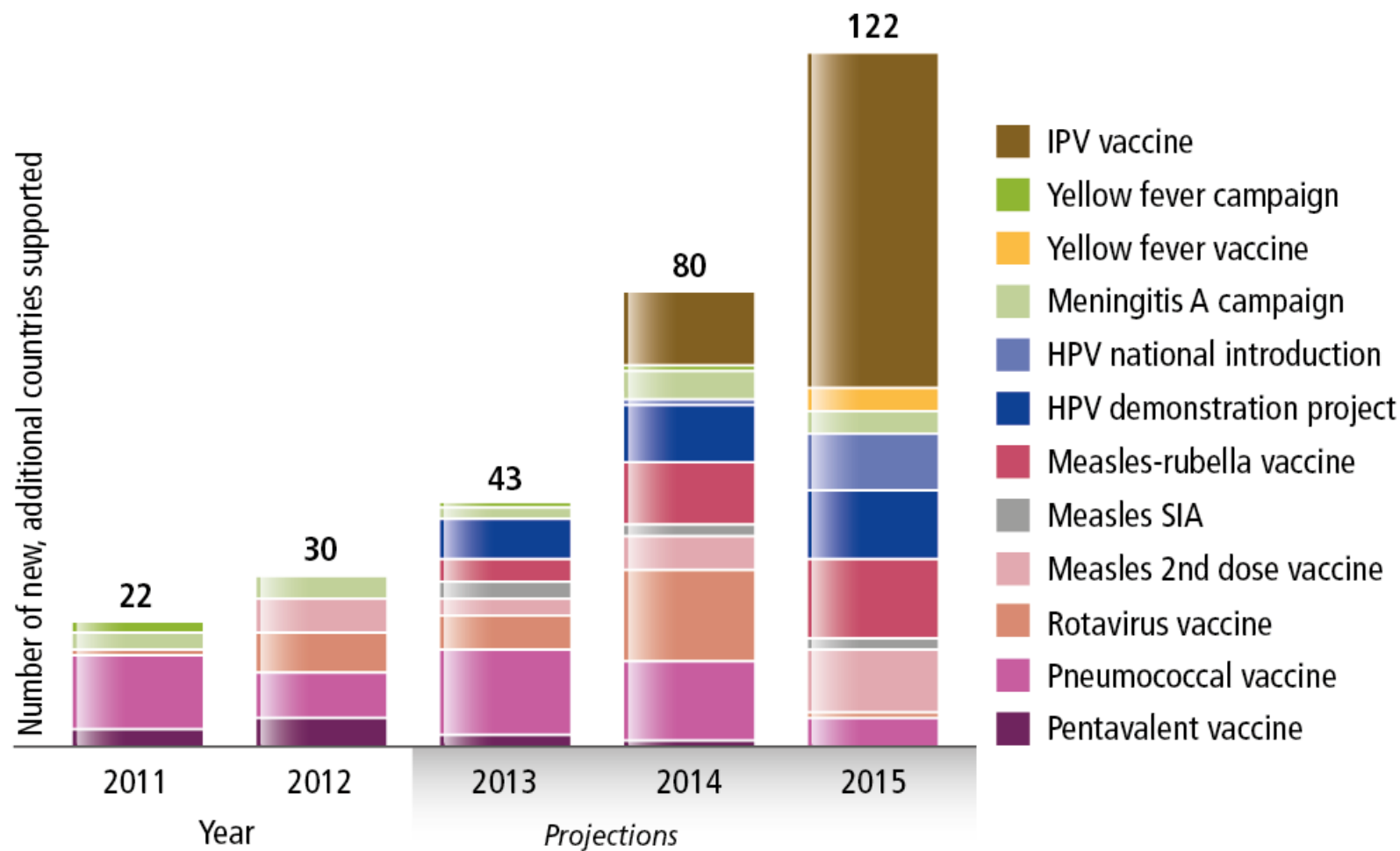


Source: Joint reporting form (JRF) reported by the 194 WHO member states, last update 31 October 2013

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# New GAVI vaccine support, 2011–2015: routine programme introductions and campaigns



## Looking ahead

# GAVI 4.0 – accelerating towards the end of extreme poverty

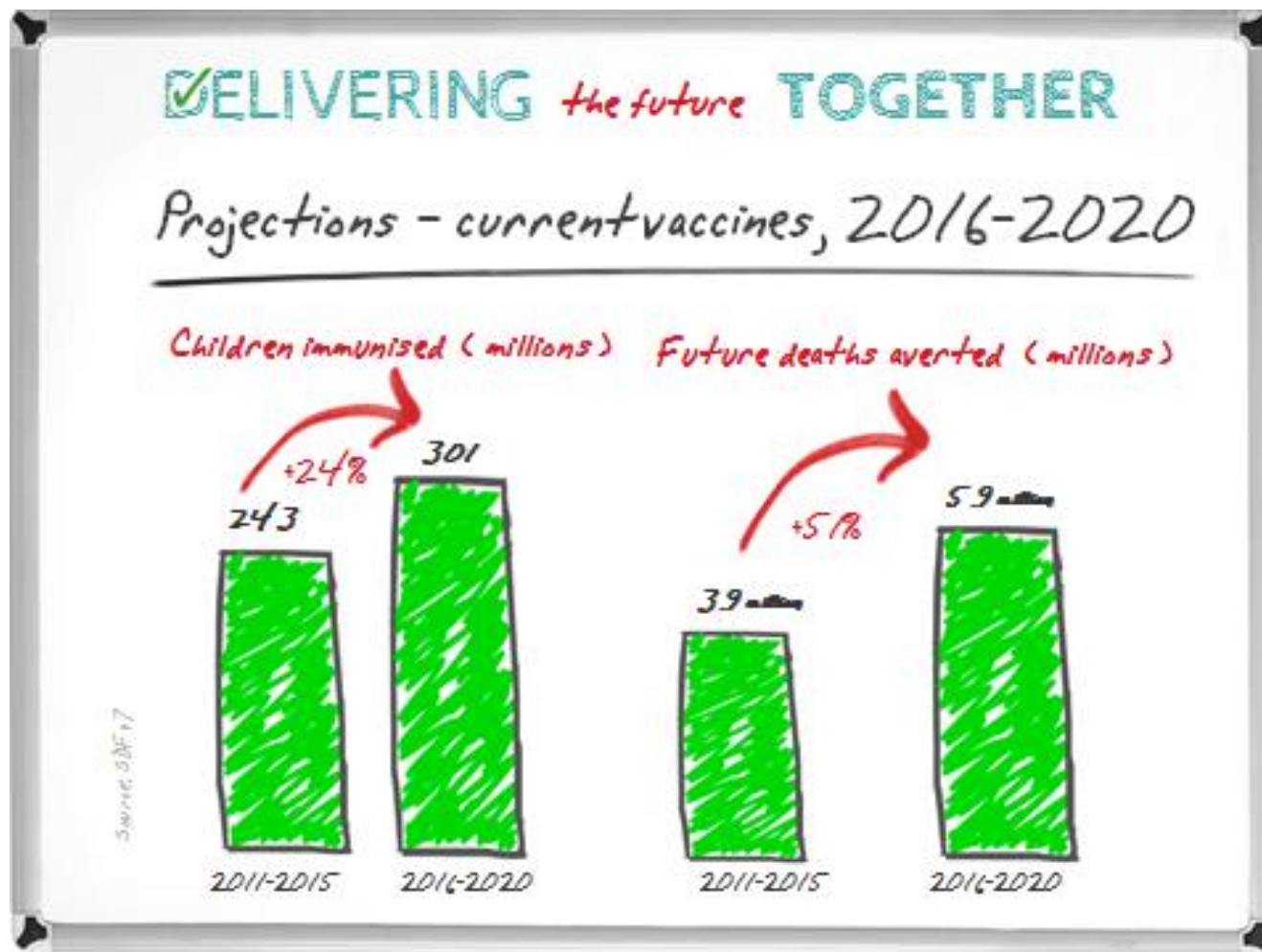
## ✓DEFINING TOGETHER

### New 2016-2020 strategy

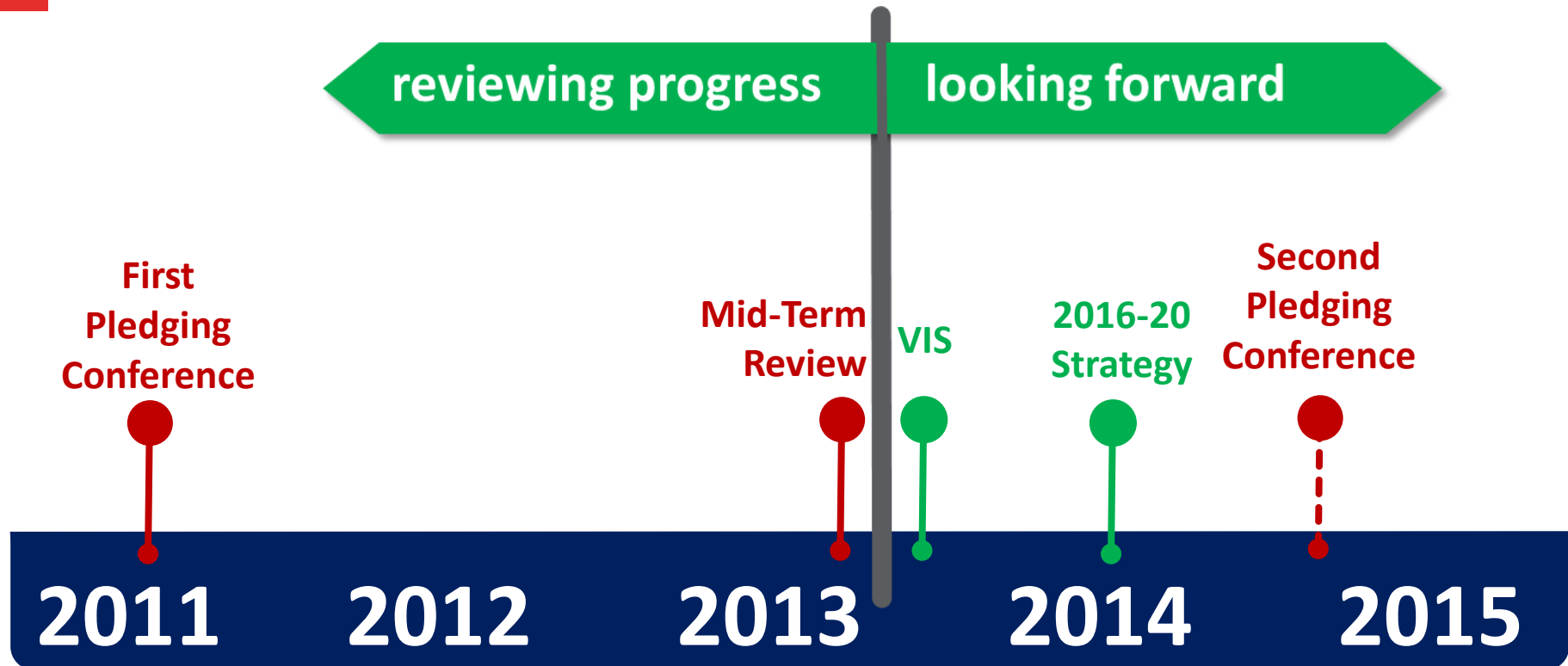
- *Building on our strengths*
- *Immunisation-focused – across value chain*
- *Improving on equity and coverage*
- *Market shaping and sustaining our graduating countries*
- *Strengthening and modernising systems,  
especially in challenged countries*



# GAVI 4.0 – accelerating impact



# Road to replenishment



Delivered together  
GAVI Alliance 2000-2013

440,000,000

additional children immunised

6,000,000

future deaths averted



# Delivered together

## GAVI Alliance 2000-2013



GAVI/PATH/2013/Jiro Ose

*GAVI Alliance Board meeting  
21–22 November 2013*





[www.gavialliance.org](http://www.gavialliance.org)