

CEO Board Update

Seth Berkley, MD

29 November 2017, Vientiane, Lao PDR



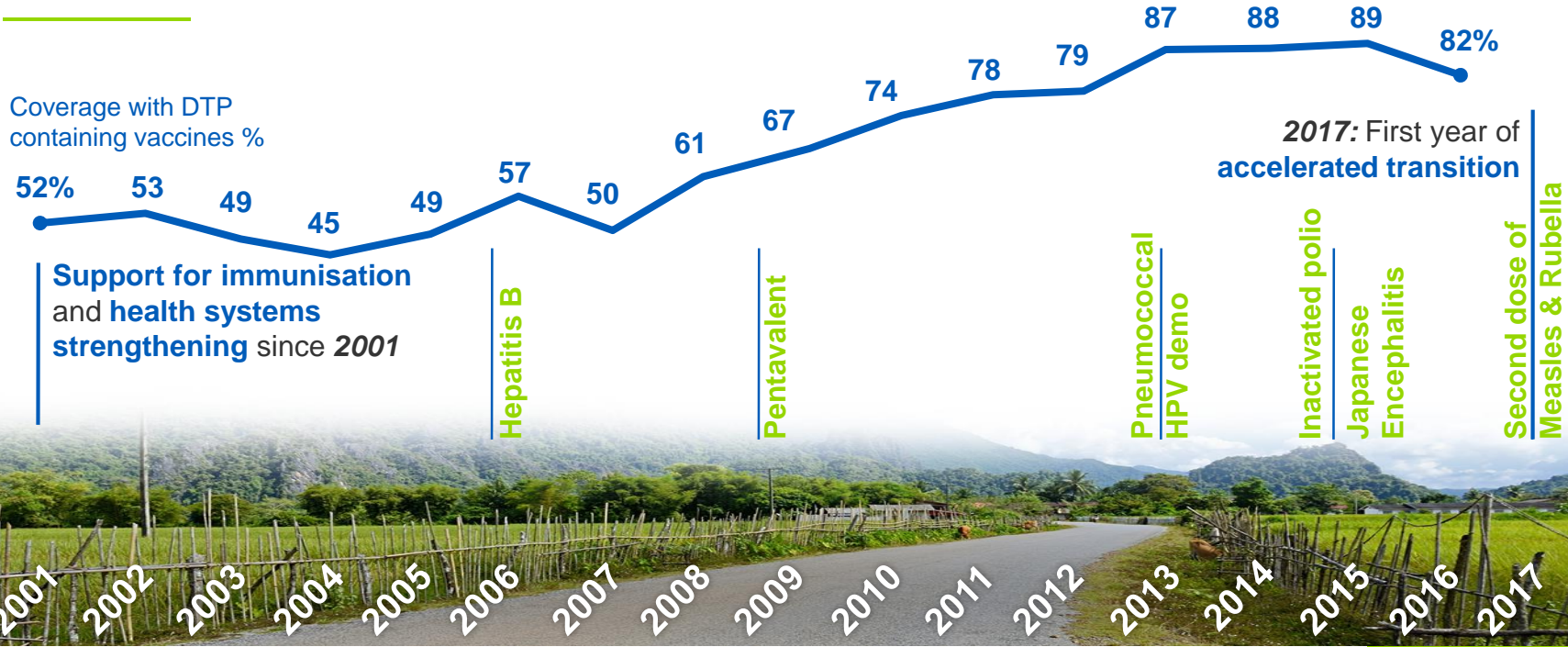
Remembering Olga Popova



*Valued friend to Gavi 2009-2014 as
a PPC Member, alternate
Board Member & Governance
Committee Member*

Board meeting
29-30 November 2017

Lao PDR's road to transition



1

KEY DEVELOPMENTS IN OUR GLOBAL LANDSCAPE



New WHO leadership team

Dr Tedros, Director General



New Gavi Board representation

Dr Soumya Swaminathan
Deputy Director-General for Programmes



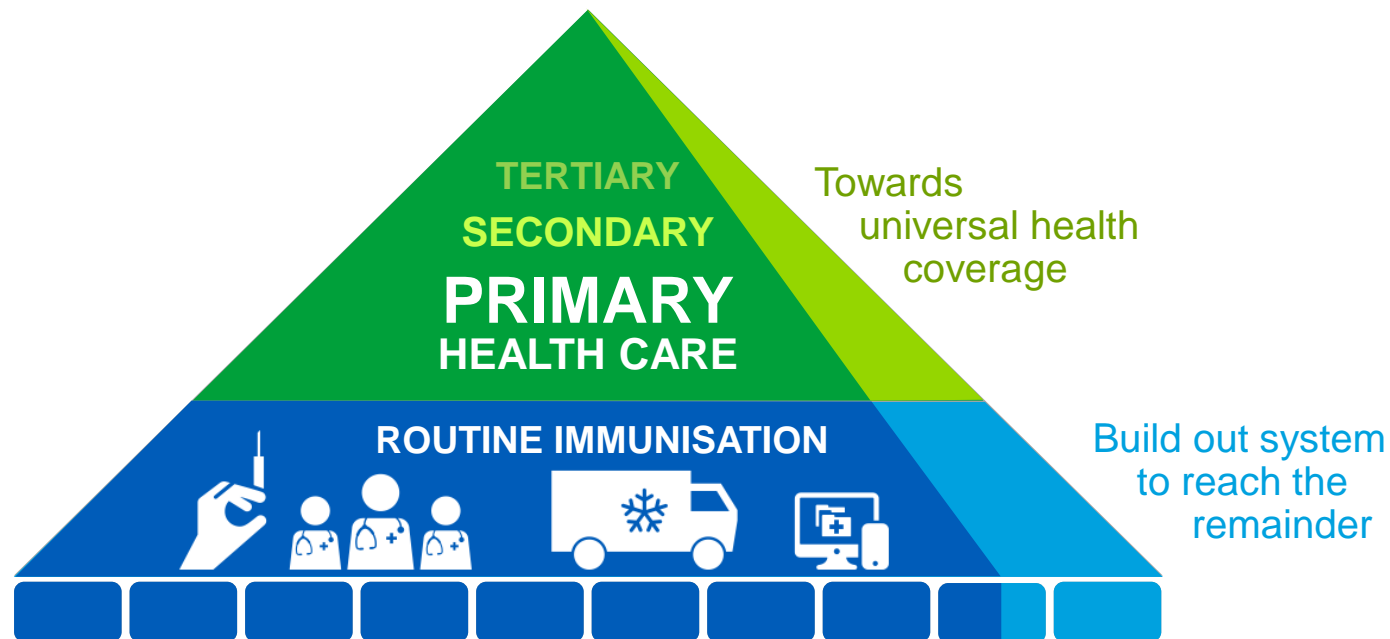
Dr Princess Nothemba (Nono) Simelela
*Assistant Director-General for Family,
Women, Children and Adolescents*

Bold work plan for 2019-2023; new ways of working, more accountability, outcomes focus & partnership with two important areas for Gavi:

- the role immunisation plays in Universal Health Care
- the importance of immunisation and how measured in the Sustainable Development Goal indicators

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The wider benefit of immunisation



Children reached through routine immunisation worldwide

86% | 14%

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Leadership changes for partners



Tony Lake

Search process begun
for UNICEF leadership



Peter Sands

New Global Fund Executive
Director

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Gavi's work has a direct relationship with 14 of the 17 Sustainable Development Goals



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Sustainable Development Goals

Immunisation plays a key role in achieving the Sustainable Development Goals

In September 2015, countries adopted a set of 17 Sustainable Development Goals (SDGs) to end poverty, protect the planet and ensure prosperity for all.

Immunisation is one of the best buys in global health and has a crucial role in ensuring long-term well-being, growth and development. As one of the most far-reaching health interventions, it closely reflects the ethos of the SDGs: "leaving no one behind".

| | |
|--|---|
| <p>1 NO POVERTY</p> | <p>HEALTHY CHILDREN = INCREASED PROSPERITY</p> <p>Immunisation has a direct impact on reducing poverty. Vaccinated, healthy children can go to school and grow up to become productive adults, and parents can work instead of caring for sick children. In Gavi-supported countries, for every US\$ 1 spent on immunisation, US\$ 18 are saved in healthcare costs, lost wages and lost productivity due to illness. When considering the broader value of people living longer, healthier lives, the return on investment rises to US\$ 48 per US\$ 1 spent.</p> |
| <p>2 ZERO HUNGER</p> | <p>IMMUNISATION + NUTRITION = HEALTHIER FAMILIES</p> <p>Immunisation and good nutrition go hand in hand. Vaccine-preventable diseases often tip marginally nourished children into a malnourished state. Malnourished children are more likely to die from infectious diseases such as diarrhoea, measles and pneumonia, many of which can be prevented by vaccines.</p> |
| <p>3 GOOD HEALTH AND WELL-BEING</p> | <p>IMMUNISATION = LONGER, HEALTHIER LIVES</p> <p>Immunisation is one of the most cost-effective ways to ensure long and healthy lives. Every year, vaccines save 2-3 million lives, and millions more are protected from disease and disability. Since 2000, Vaccine Alliance partners have helped countries to immunise almost 640 million children, saving over 9 million lives in the long term.</p> |
| <p>4 QUALITY EDUCATION</p> | <p>VACCINES = IMPROVED LEARNING</p> <p>Vaccines protect child health and support cognitive development, enabling children to learn more and have more opportunities. Research shows that vaccinated children get better marks and test scores at school. The benefits flow both ways: educated parents are more likely to have healthy, vaccinated children.</p> |



Goal 17: Partnership for the Goals

Immunisation progress over the last few decades was transformed by a public-private approach that combined the best of both sectors to develop, test, finance and deliver affordable vaccines to more children in need

Goal 8: Decent work and economic growth

Parents of immunised and healthy children are able to work and engage in economic activity. Healthy children grow into a productive future workforce that builds household incomes and stronger economies

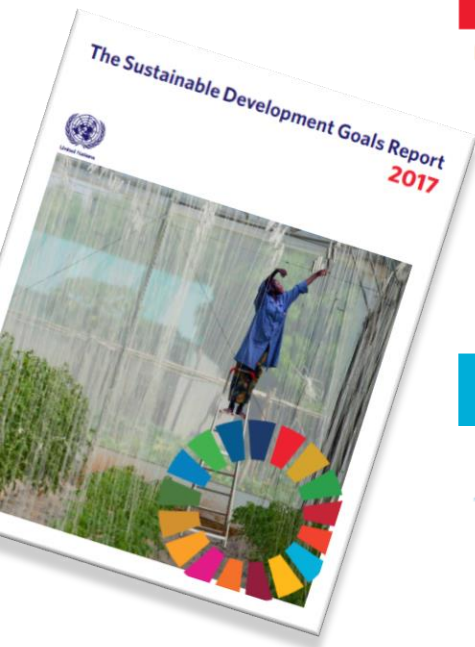
Goal 1: No poverty

Health is Wealth: For every US\$ 1 invested in immunisation in low- and middle-income countries, there is an estimated US\$ 48 net benefit of longer, healthier lives

Goal 5: Gender equality

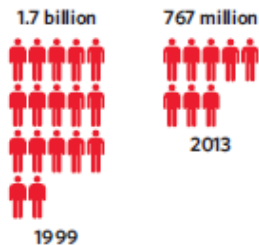
In most countries and at the global aggregate level, immunisation reaches girls and boys equally

Non-health SDGs setting bold aspirations



Goal 1: End poverty in all its forms everywhere

Number of people living in extreme poverty
fell significantly



Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture

2000-2002 to about 11 per cent in 2014-2016. Globally, about 793 million people were undernourished in 2014-2016, down from 930 million in 2000-2002.

Goal 6: Ensure availability and sustainable management of water and sanitation for all



5.2 billion people used a "safely managed" drinking water service in 2015



2.9 billion people used a "safely managed" sanitation service in 2015

Goal 7: Ensure access to affordable, reliable, sustainable and modern energy for all

- ▶ In 2014, 85.3 per cent of the global population had access to electricity, up from 77.6 per cent in 2000. However, 1.06 billion people still lived without this basic service.

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Immunisation indicator for Sustainable Development Goals

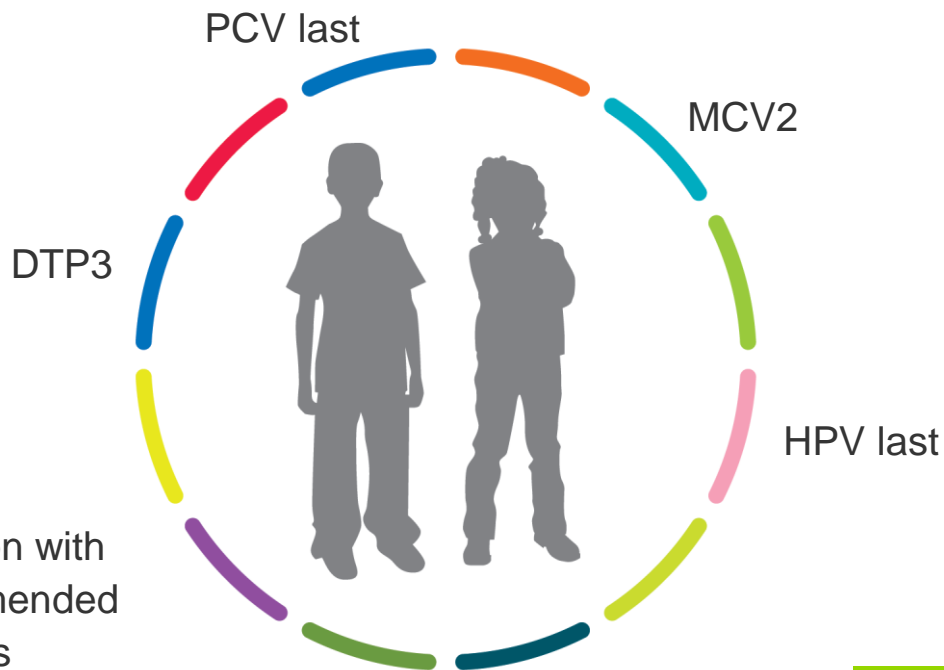
How to measure?

Likely indicator:

- DTP3
- PCV last dose
- MCV2
- HPV last dose

Long-term goal:

- Child-centric view: full immunisation with all 12 vaccines universally recommended by WHO for children & adolescents



Vaccine hesitancy, impact in Gavi countries

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OCTOBER 2

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How poverty, ignorance hinders vaccine coverage

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by Ogechi Ekeanyanwu
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India's measles elimination campaign rocked by rumours, fake alerts before launch

Under India's new measles vaccination campaign, all children ages 9 months to 15 years will be vaccinated with the MR vaccine in five states -- Tamil Nadu, Karnataka, Puducherry, Lakshwadeep on February 7, and Goa after the model code of conduct gets over after state elections.

Updated: Jan 31, 2017 13:39 IST

Sanchita Sharma
Hindustan Times, New Delhi



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WhatsApp-ening in India's measles-rubella vaccine campaign? 😊😊😊

By Stephanie Raison
10 August 2017

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f 155 t 10 v 35

बुलि भाडि है ते सैलि, दाल भात फिर खुंला, पैली आपना नानरिना कै एम आर टिको लंगूना.



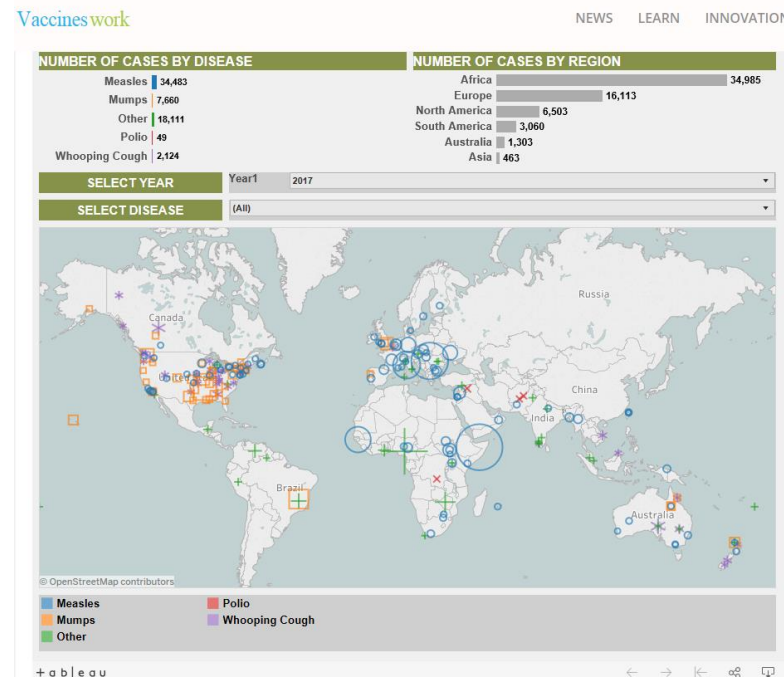
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Increasing use of digital platforms to support the alliance's work



Through Social Media watching, we see hesitancy hotspots

● positive ● neutral ● negative



Outbreak map, managed by Gavi, housed on Vaccines Work

Changes to our donor landscape

Donor Country Governments



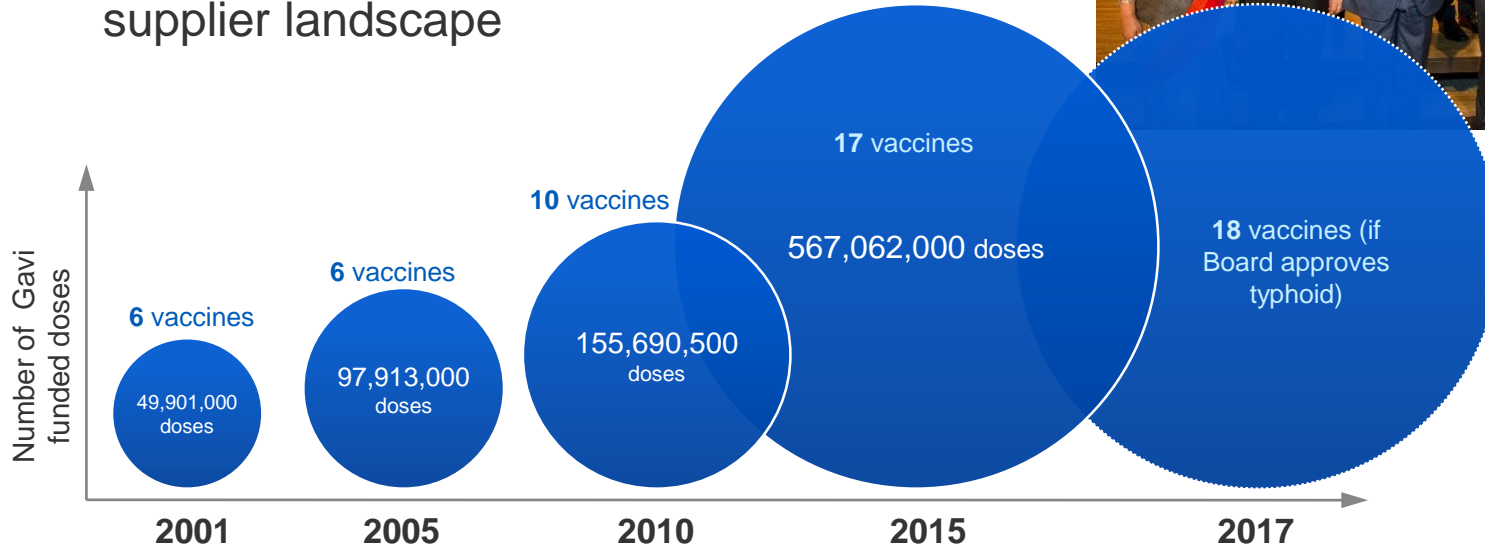
● Elections

● New contributions

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Manufacturer landscape

- Leadership changes since last replenishment
- Increasingly diverse & complex supplier landscape



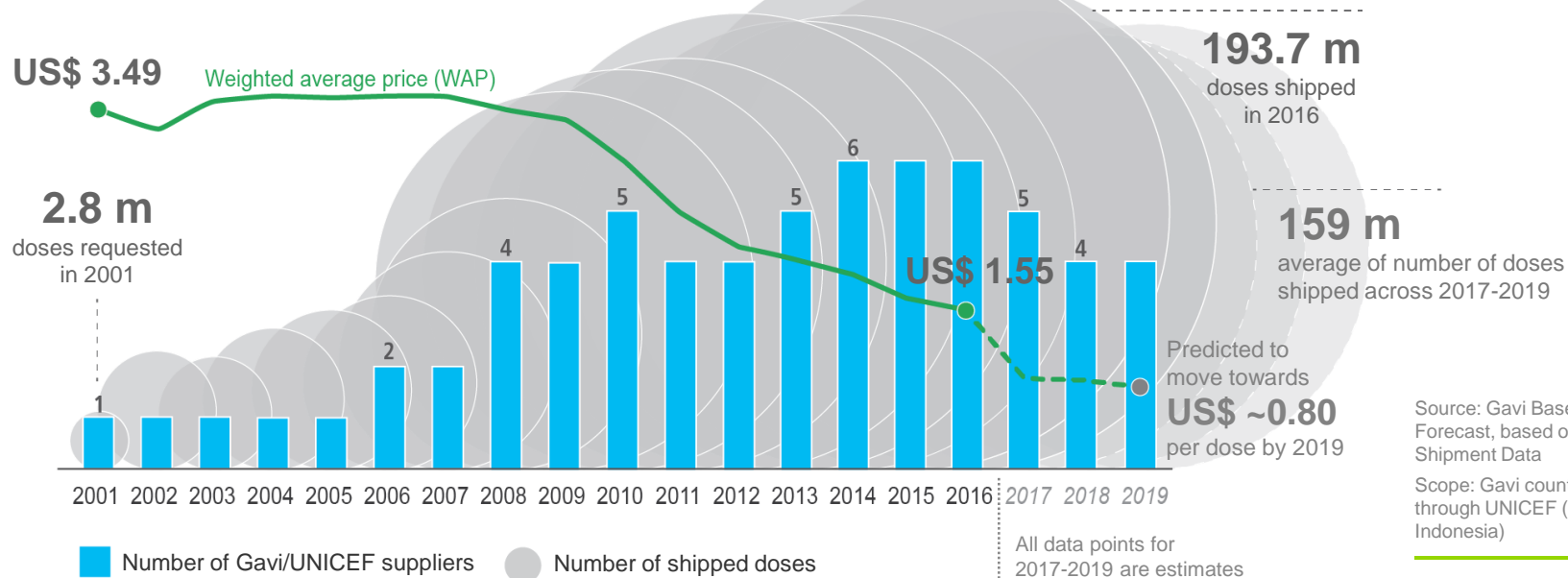
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Evolution of the penta market

how Gavi has been a catalyst for market shaping through growing demand

Increasing volumes, changing number of suppliers, reducing price



Source: Gavi Base Demand Forecast, based on UNICEF Shipment Data

Scope: Gavi countries procuring through UNICEF (excluding Indonesia)

New groups to accelerate vaccine R&D

BILL & MELINDA
GATES foundation

CEPI Mission

New vaccines for a safer world

We want to stop future epidemics by developing new vaccines for a safer world.

Vaccines are one of the world's most important health achievements. Yet their life-saving potential hasn't yet been realised for many known and unknown epidemic threats, particularly in low-income countries, where the risks and needs are often greatest.

3 targets

- Middle East Respiratory Syndrome
- Lassa fever
- Nipah

Based on the potential to become global public health emergencies and have a feasible development approach for a vaccine

Next– call for proposals for platform technologies

OVERVIEW: The Bill & Melinda Gates Medical Research Institute

The Bill & Melinda Gates Foundation is establishing a non-profit medical research organization that will combat diseases that disproportionately impact the poor in low- and middle-income countries by accelerating progress in translational science. The formal name of the organization will be the Bill & Melinda Gates Medical Research Institute.

The foundation anticipates that the initial focus of the institute will be to enhance the product development pipeline for malaria, tuberculosis, and enteric and diarrheal diseases.

Since 1990, the global health product development pipeline has produced dozens of high-impact interventions that have helped to save more than 100 million lives. The institute intends to build on this progress by capitalizing on novel platforms and new strategies that could increase the identification, selection, and optimization of novel candidates for drugs, vaccines, diagnostics, and medical devices.

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Funding > Funding landscape > Ross Fund

ROSS FUND

The Ross Fund is a £1 billion programme which will run between 2016-2021, which will develop, test and produce new products to help combat serious diseases in developing countries.

In total over this period, approximately £400 million will be used for research, managed by the Department of Health (DH) with the support of the Department for International Development (DFID).

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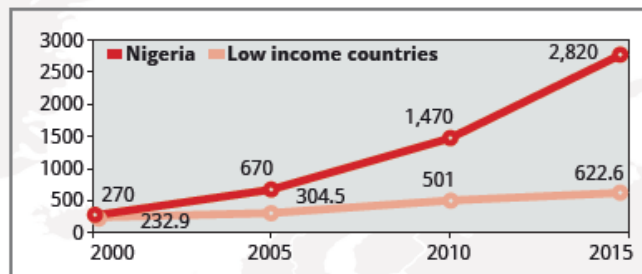
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REPORTING BACK ON PREVIOUS BOARD DECISIONS

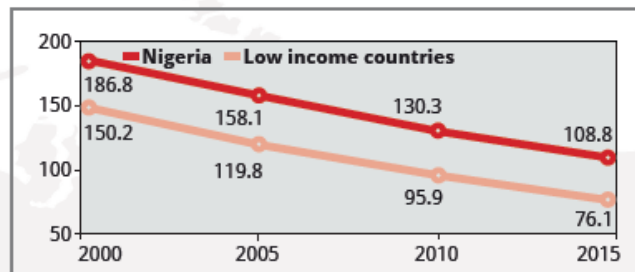


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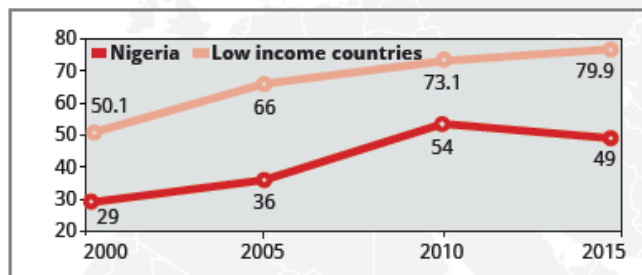
Nigeria in transition case study



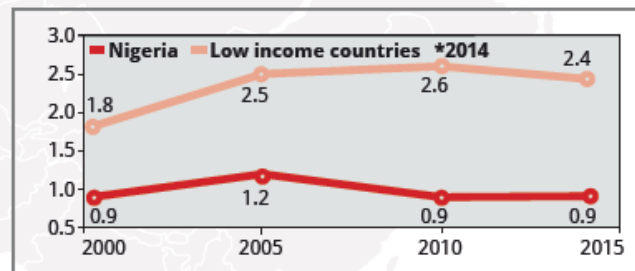
3: GNI PER CAPITA (US\$). NIGERIA AND LIC RATE²²



4: MORTALITY RATE, UNDER 5. NIGERIA AND LIC RATE²⁴



5: IMMUNISATION RATE. NIGERIA AND LIC RATE²³

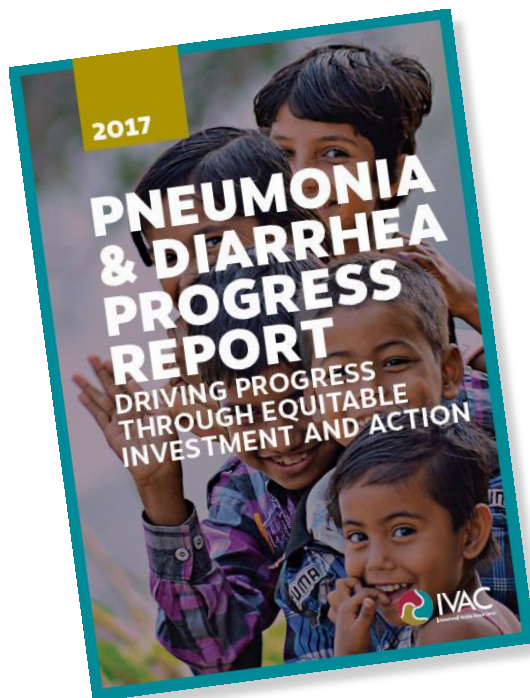


6: HEALTH EXPENDITURE, PUBLIC (% OF GDP). NIGERIA AND LIC RATE²⁵

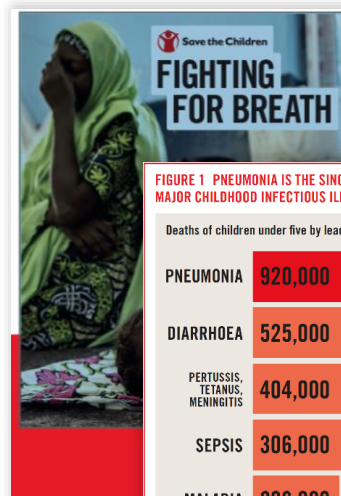
‘Nigeria illustrates that focusing on economic indicators alone to determine access to donor financing is a high-risk strategy’

*Results UK
‘The impact of UK
aid’ November 2017*

Pneumonia & diarrhoea remain leading killers of children



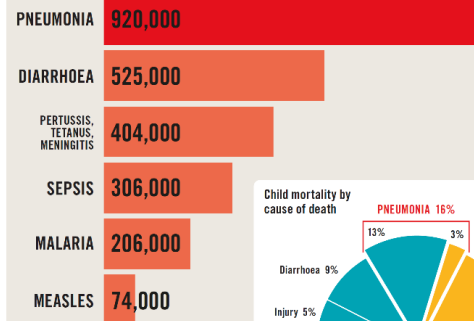
Johns Hopkins IVAC,
November 2017



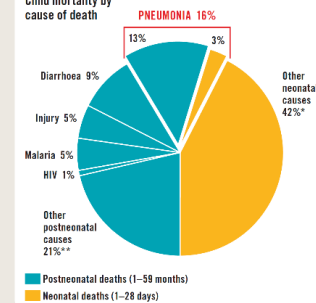
Save The Children,
October 2017

FIGURE 1 PNEUMONIA IS THE SINGLE BIGGEST INFECTIOUS KILLER OF CHILDREN: CHILD MORTALITY BY MAJOR CHILDHOOD INFECTIOUS ILLNESSES

Deaths of children under five by leading infectious diseases, 2015



Child mortality by cause of death



^a Neonatal causes include preterm, intrapartum related events, sepsis/meningitis, tetanus, congenital and diarrhoea

^b Postneonatal causes include preterm, intrapartum related events, meningitis, tetanus, congenital and pertussis

Data: World Health Organization, Global Health Observatory data repository, Liu L, Oza S, Hogan D, et al. (2016) *The Lancet*, 388, 10663, p3029

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Scale-up of immunisation ahead of other pneumonia and diarrhoea interventions

- Vaccine coverage performance outweighs non vaccine performance
- Of the 15 countries in this report, none met the non-vaccine intervention targets for Pneumonia or Diarrhoea

Vaccine Interventions

PROGRESS TOWARD REACHING GAPPD TARGETS

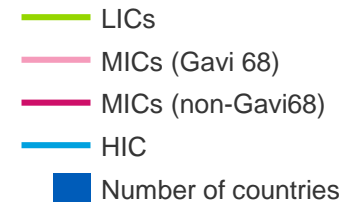
Across the 10 indicators, the 15 countries in our analysis displayed a range of performances when it came to reaching their GAPPD targets. Here is where countries stand on the 10 GAPPD indicators, with darker shading representing a higher number of countries performing in that category:

| | | DTP3 | MCV1 | Hib3 | PCV3 | RotaC |
|--|----------|------|------|-----------|------|-------|
| Met or exceeded GAPPD target | >90% | 4 | 3 | 3 | 3 | 2 |
| Close to reaching GAPPD target | 70-90% | 5 | 6 | 5 | 3 | 0 |
| Far from reaching GAPPD target | 45-70% | 5 | 6 | 5 | 3 | 3 |
| Did not meet half of GAPPD target | < 45% | 1 | 0 | 1 | 6 | 10 |
| | No data: | | | 1 country | | |

Non-vaccine Interventions

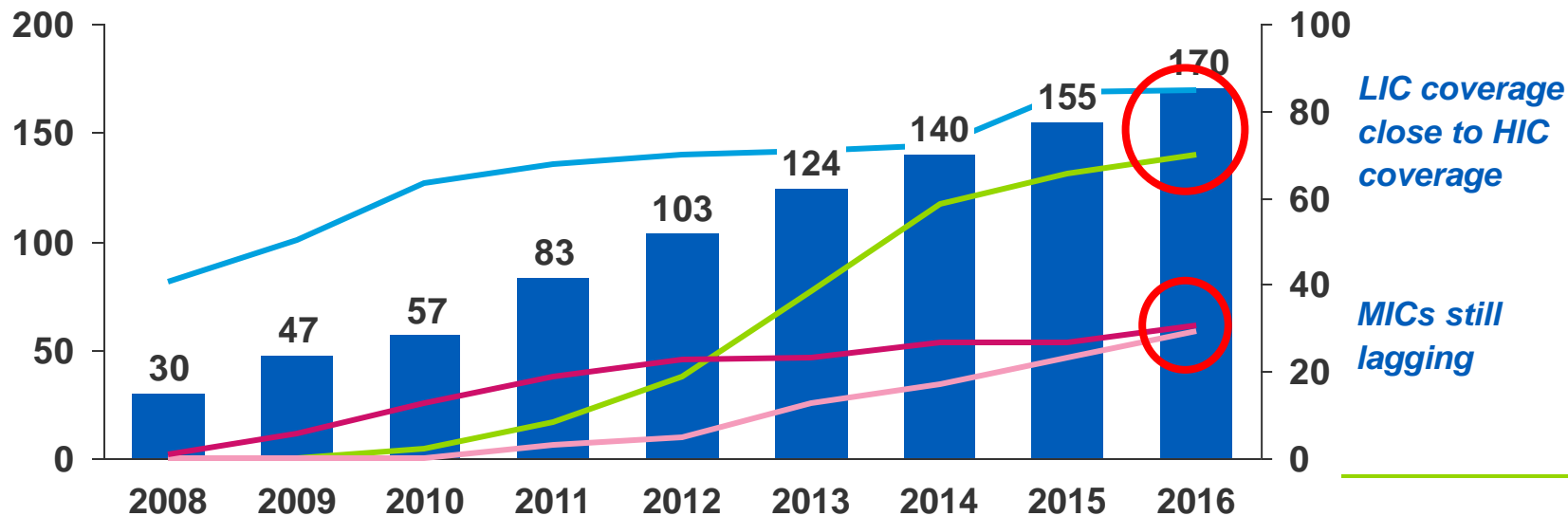
| | ACCESS TO CARE | ANTIBIOTICS | ORS | ZINC | BREASTFEEDING |
|-------------------------|----------------------|-------------|-------------|-------------|--------------------|
| 90% GAPPD target | 0 | 0 | 0 | 0 | >50% 5 |
| 70-90% | 2 | 0 | 1 | 0 | 40-50% 3 |
| 45-70% | 4 | 2 | 2 | 1 | 25-40% 2 |
| < 45% | 6 | 9 | 10 | 10 | <25% 4 |
| | No data: 3 countries | 4 countries | 2 countries | 4 countries | No data: 1 country |

Rapid scale-up in pneumococcal conjugate vaccine



Number of countries
with PCV introduced

PCV3 coverage, %



Source: WUENIC data, July 2017 release

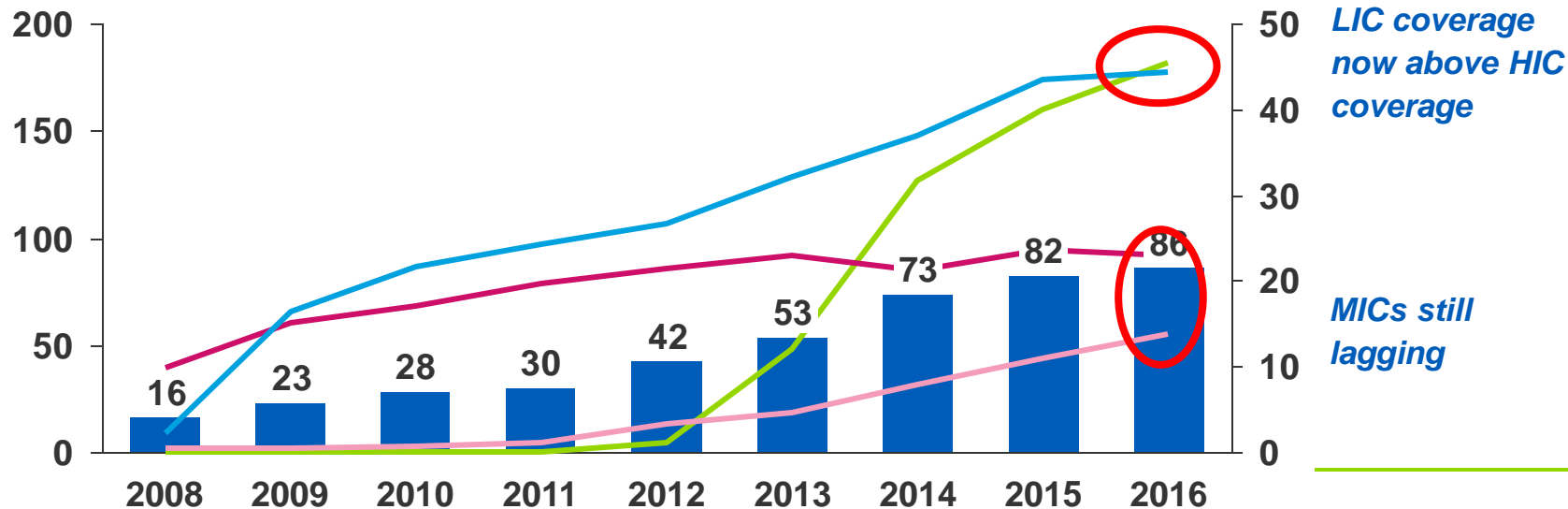
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Rotavirus vaccine coverage in low income countries now above high-income

Number of countries with Rota introduced

Rota coverage, %

- LICs
- MICs (Gavi 68)
- MICs (non-Gavi68)
- HIC
- Number of countries



Source: WUENIC data, July 2017 release

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Scaling up pneumococcal and rotavirus vaccine in India

‘In India, by introducing and scaling up coverage of vaccination programs targeting pneumonia and diarrhoea, India could save over US\$ 1 billion each year in economic benefits and avert more than 90,000 needless child deaths each year’.

Johns Hopkins, IVAC2017



***Political commitment from PM Modi: Intensified Mission Indradhanush:
Aim to reach 90% full immunisation coverage by 2018***

Continued acceleration in India

Measles-rubella vaccine



- Phase 1 campaign in **5 states** reaching **>33 million**

- Phase 2 campaign in **8 states** reaching **>28 million** to date

Pneumococcal vaccine



- Initial launch in May in **3 of highest burden states**

- **>0.5 million** immunised to date

Rotavirus vaccine



- Expanded to **4 new states** in addition to 4 from 2016 (domestically financed)

- Expanded to **another 1 state**
- **>11 million** immunised to date

Penta3 coverage

- 2015 WUENIC: **87%**, **3.2M under-immunised**

- 2016 WUENIC: **88%**, **2.9 million under-immunised**

June 2017

November 2017



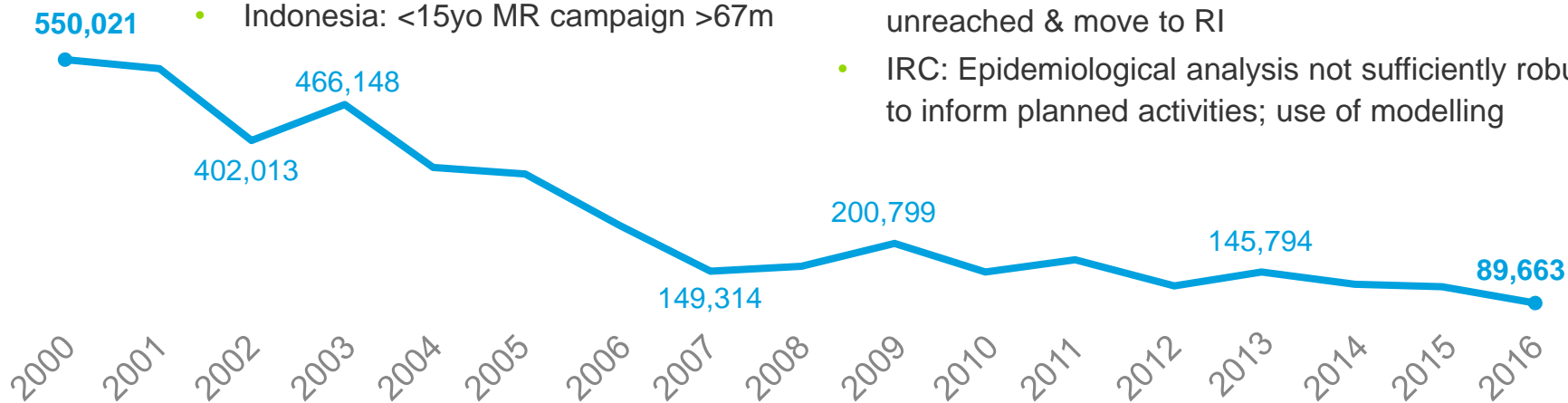
Measles mortality at record low

Gavi progress in 2017

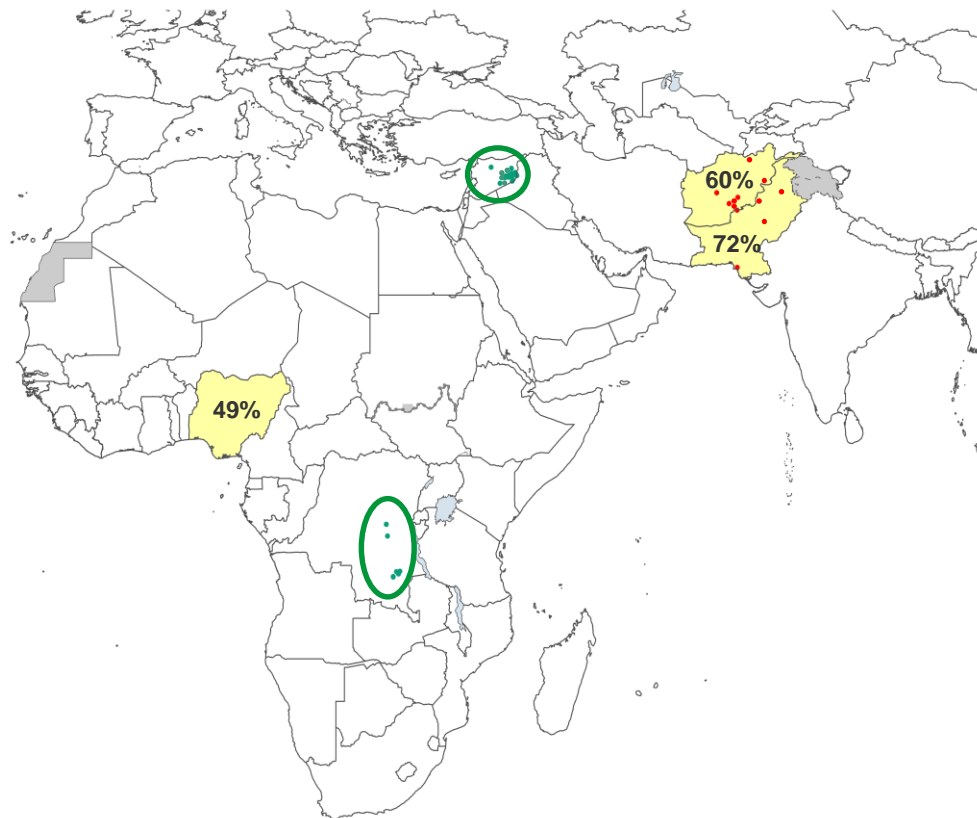
- 10 measles / MR campaigns in 2017 and 1 routine introduction (Lao PDR)
- India: largest ever MR campaign >400m
- Indonesia: <15yo MR campaign >67m

Challenges

- Long term planning and budgeting
- MCV1 coverage in Gavi73 countries flat at 78%
- Campaigns still business as usual vs. focus on unreached & move to RI
- IRC: Epidemiological analysis not sufficiently robust to inform planned activities; use of modelling



Low polio3 coverage – risk to achieving & sustaining eradication

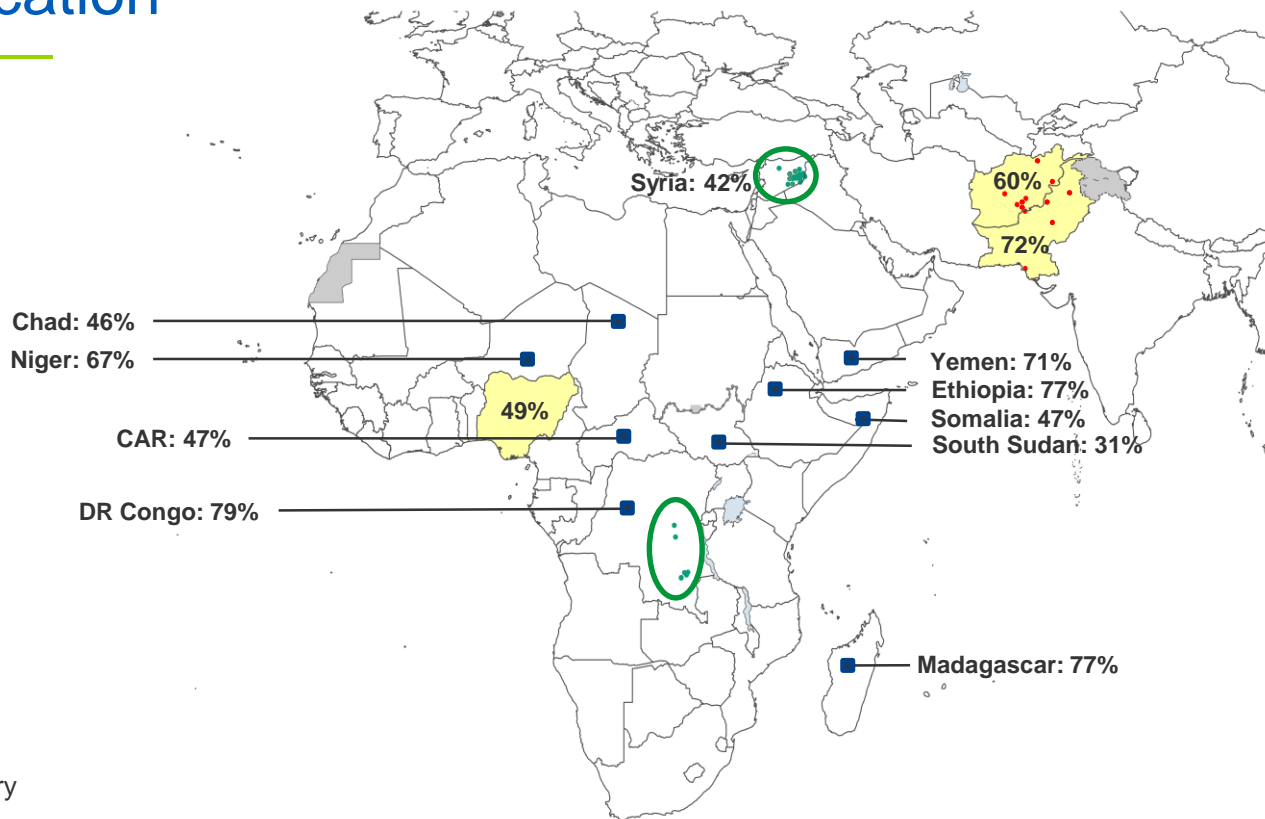


- WPV type 1
- cVDPV type 2
- Endemic country

Cases to date in 2017
Data source: GPEI; WUENIC 2016

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Low polio3 coverage – risk to achieving & sustaining eradication



● WPV type 1

● cVDPV type 2

■ Endemic country

Cases to date in 2017

Data source: GPEI; WUENIC 2016

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Polio Transition – no country yet to finalise their plan

Progress in 16 priority countries at a glance

POLIO GLOBAL ERADICATION INITIATIVE

| Country | Communication | Coordination body | Asset mapping | Priority mapping | Transition strategy | Draft plan | Final Plan |
|----------------|---------------|-------------------|---------------|------------------|---------------------|-----------------|-----------------|
| Afghanistan | | | | | | | |
| Angola | Complete | Complete | Complete | Complete | In process | In process | Not yet started |
| Bangladesh | Complete | N/A | Complete | Complete | Complete | In process | In process |
| Cameroon | Complete | Complete | Complete | Complete | Complete | Complete | In process |
| Chad | Complete | Complete | Complete | Complete | Complete | Complete | Not yet started |
| DRCongo | Complete | Complete | Complete | Complete | Complete | Complete | In process |
| Ethiopia | Complete | Complete | Complete | Complete | In process | In process | Not yet started |
| India - UNICEF | Complete | Complete | Complete | Complete | Complete | Complete | In process |
| India - WHO | Complete | Complete | Complete | Complete | Complete | Complete | In process |
| Indonesia | Complete | N/A | Complete | Complete | Complete | Complete | Not yet started |
| Myanmar | Complete | N/A | Complete | Complete | Complete | Complete | In process |
| Nepal | Complete | Complete | Complete | Complete | Complete | Complete | In process |
| Nigeria | Complete | Complete | Complete | Complete | In process | Not yet started | Not yet started |
| Pakistan | | | | | | | |
| Somalia | Complete | Not yet started | Complete | In process | Not yet started | Not yet started | Not yet started |
| South Sudan | Complete | Complete | Complete | Complete | In process | In process | Not yet started |
| Sudan | Complete | Complete | In process | In process | Not yet started | Not yet started | Not yet started |

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Syria

August 2017 – first Gavi grant disbursement

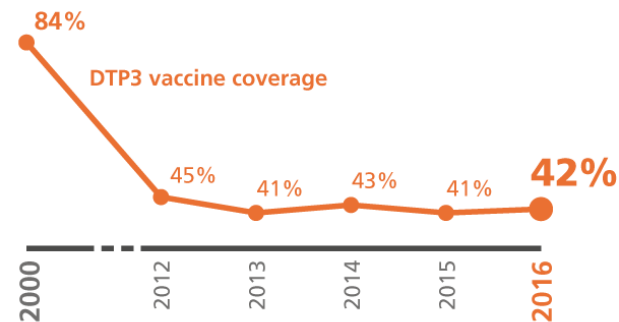
2017 UNICEF progress report

- Increased coverage
- 31 Health Facilities reopened

Unfortunately continued challenges

- Outbreaks: cVDPV2 70 cases, Measles 7,000 cases
- Cold chain & vaccine attack in al-Mayadin, near Deir al-Zor, Eastern Syria (October) – centre of polio outbreak
 - Loss of 100,000 measles, 35,000 polio doses & equipment

Childhood vaccination rates in Syria



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2017



Yemen – Acute Humanitarian Crisis

Growing humanitarian crisis

- >60% of people **food insecure**, >30% depend on food aid
- >50% need help to access **drinking water** and **sanitation**
- ~50% of health facilities non-functional, **>10M people lack access to basic healthcare**

Ongoing outbreaks

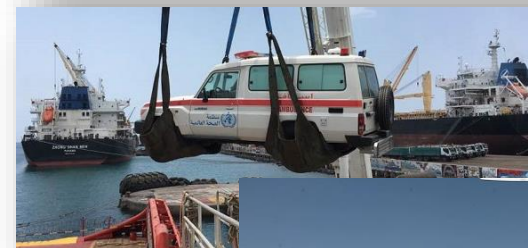
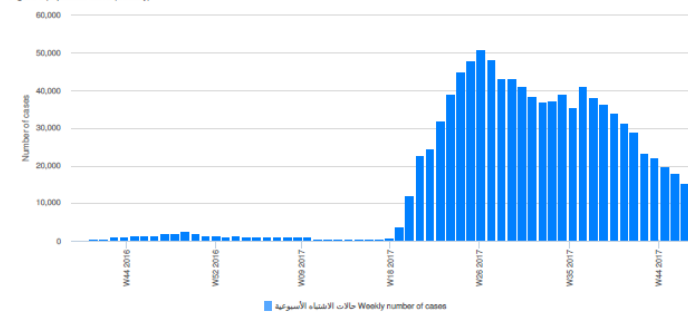
- **Cholera:** Over 950,000 cases. Waning but continued risk
- **Diphtheria:** 120 cases diagnosed, 14 deaths. >1m children at risk

Response

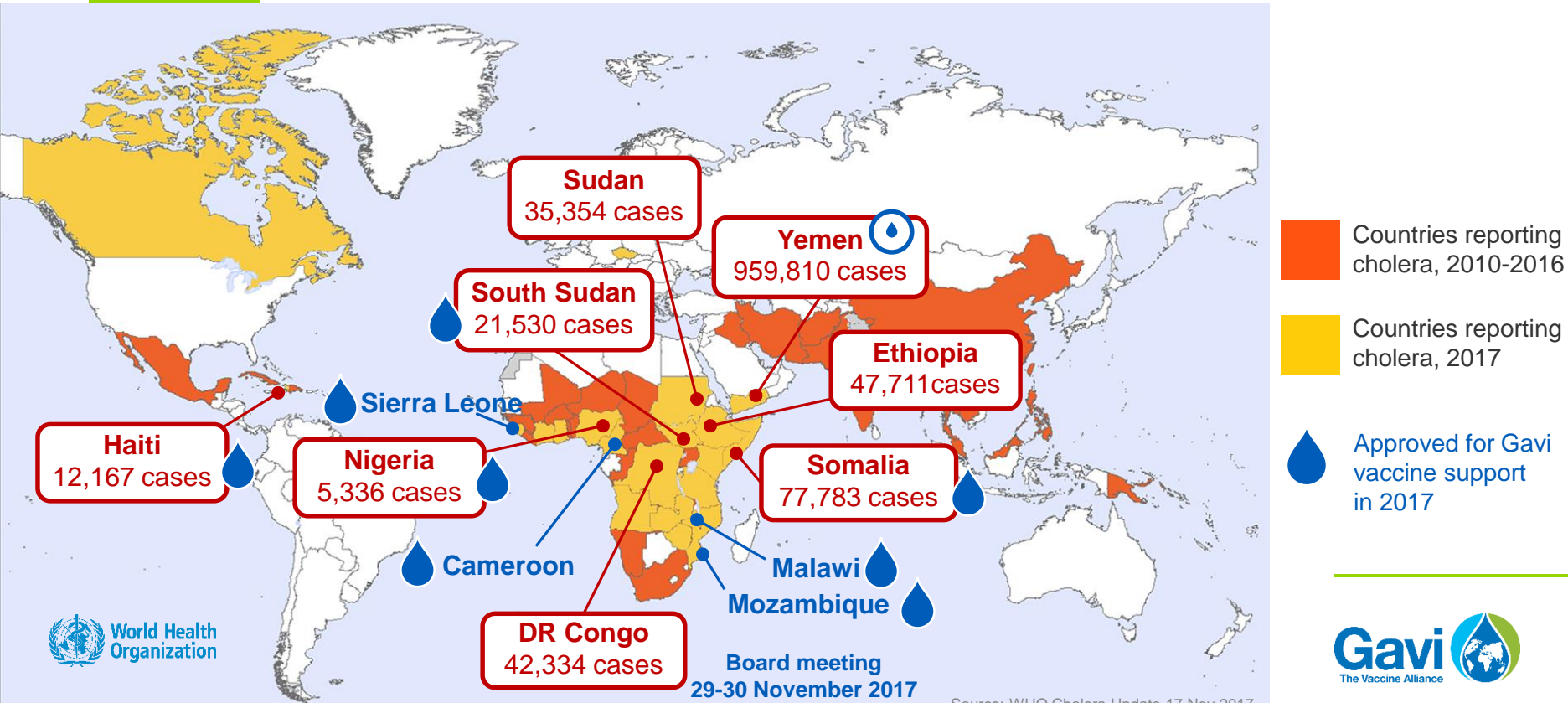
- Partners working to deliver food, fuel & vaccines – 1.9M routine vaccine doses (mainly penta / PCV) arrived this week
- WHO and UNICEF conducting outreach campaigns with Gavi support – constrained by access challenges and blockade

B. المحتجى الوطني Epidemic curve

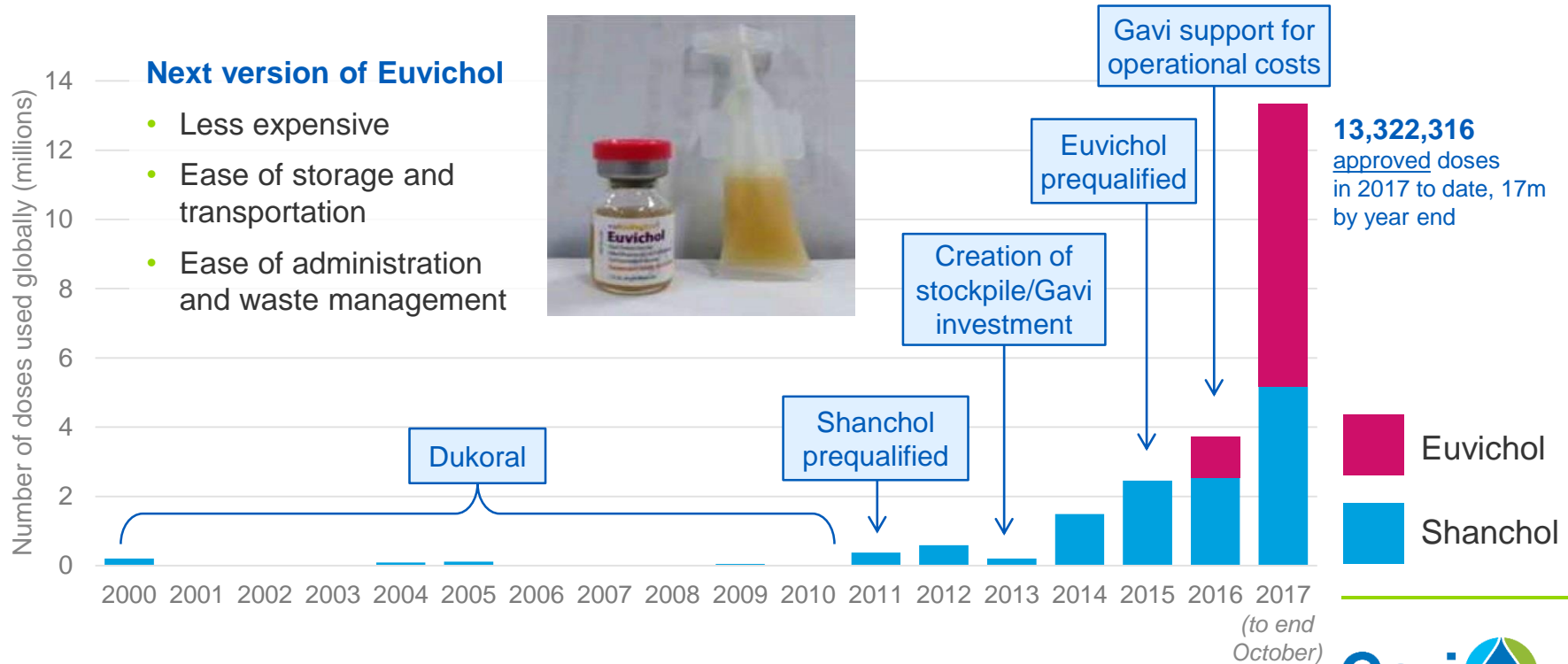
الشكل (1) المحتجى الوطني على المستوى الوطني
Figure 1 | Epidemic curve (Country)



Cholera: affected countries, October 2017



Oral cholera vaccine: impact of our investment



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Ending Cholera Strategy



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International Coordinating Group

- Board-approved support based on key principles
 - Stockpiles part of comprehensive disease strategy
 - Transparency & accountability in decision-making
 - Coherent, Alliance-wide forecasts and procurement
- Decision criteria more transparent, information shared in real time & Gavi Secretariat observing ICG discussions
- Independent evaluation recommendations
 - Formal governance structure with new oversight body
 - Clearer definition of roles and responsibilities
 - More standardised reporting
 - Continue to strengthen linkages with disease control strategies; create global strategy for meningitis control

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Slow progress in implementing Eliminating Yellow Fever Epidemics strategy

Mass preventive campaigns

-  Ghana
-  Nigeria
-  Sudan
-  DR Congo (application January 2018)

New applications for routine YF vaccination

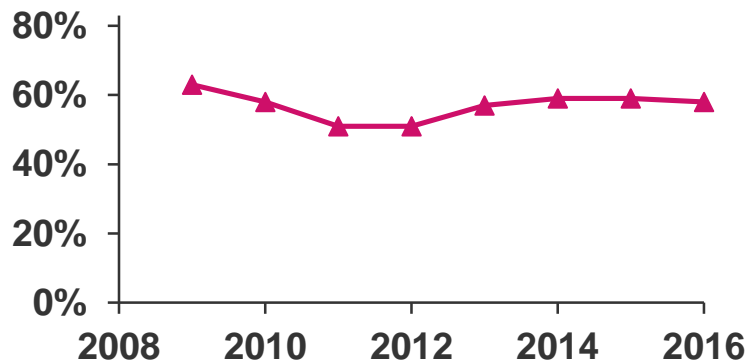
-  Ethiopia
-  Sudan
-  South Sudan
-  Uganda

Strengthened governance and accountability

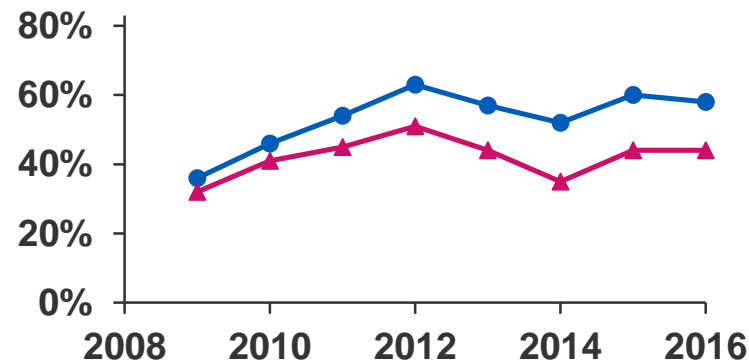
-  Global level governance structure has been formed
-  Key working groups not yet operational

Yellow Fever coverage stagnant, tracking below MCV1 given same time

YF coverage across 22 at-risk countries



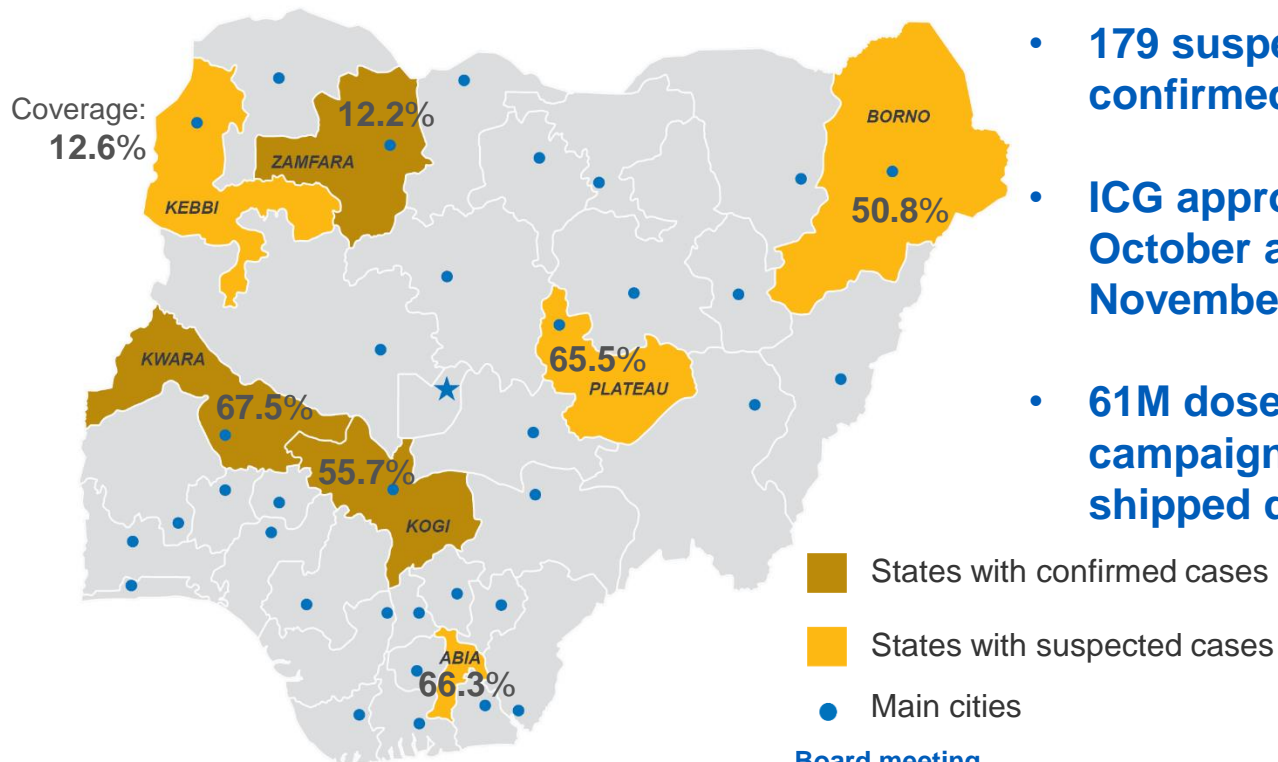
Chad – MCV1 and YF



—▲ Yellow Fever —● MCV1



Nigeria yellow fever outbreak



- 179 suspected cases, 15 confirmed. 2 confirmed deaths
- ICG approved a 960,000 doses in October and 1.4M doses in November for outbreak response
- 61M doses approved for preventive campaign in 2012, only 12M shipped due to supply constraints

Campaigns & Routine Immunisation of Meningitis A vaccine have led to virtual elimination of disease



>287m people

vaccinated
in 2010-2016

**21 out of 26
countries**

partially or totally
vaccinated by
MenAfriVac

Nigeria

- IRC approved 36m+ doses for catch-up campaign, 6m for routine
- Majority of doses produced: risk of expiry if not used

IMPACT:

Number of meningitis A cases:

| | in 2008 | January - 2 July 2017 |
|--------------|---------|--------------------------|
| Niger | 842 | 0 |
| Burkina Faso | 156 | 0 |
| Mali | 16 | 0 |

Board meeting
29-30 November 2017

Sources:
www.who.int/csr/disease/meningococcal/Bulletin_Meningite_S26_2017.pdf
 2010–2016: >235mn (until Feb 2016) people vaccinated:
<http://immunizationin africa2016.org/releases/2016/2/23/as-meningitis-nears-4,069,239-target-group-for-MenA-WHO-administrative-coverage-JRF-file-Ghana-Niger-Senegal-Sudan-2016>

Ebola

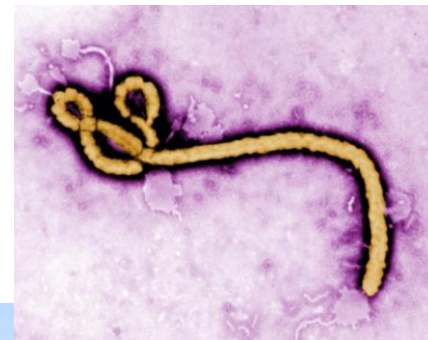
Advanced Purchase Commitment with Merck VSV-EBOV for stockpile

- Accelerated review timelines:
 - Priority Medicine scheme (EMA)
 - Breakthrough Therapy designation (FDA)
- Submission to be completed in 2018
- 300k investigative doses still available in the event of an outbreak

SAGE working group to reconvene H1 2018

Chinese approval for local Ad-5-EBOV vaccine

- Chinese Academy of Military Medical Sciences' Bioengineering Institute & CanSino Biologics



3

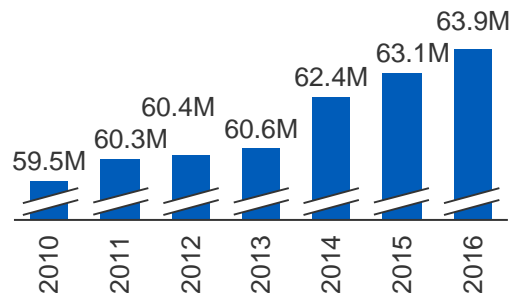
STRATEGIC ISSUES FOR DISCUSSION

*The importance of data
to accelerate progress on
coverage and equity*

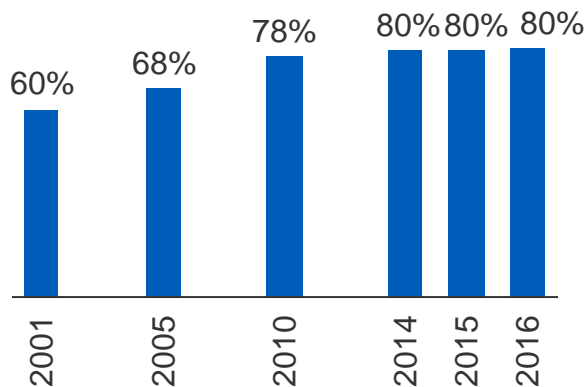


Above trend to immunise 300M children this period but challenges in reaching the fifth child

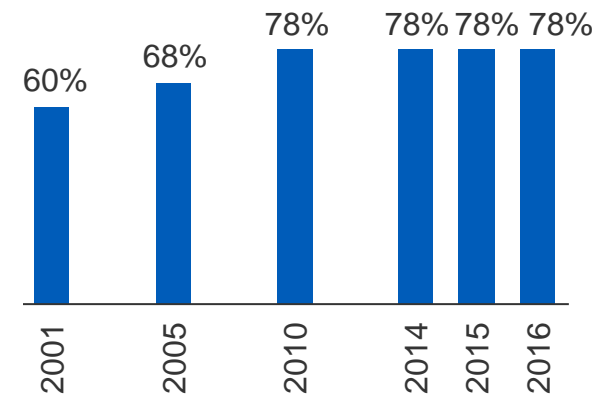
Children immunised with DTP3/PENTA3 (Gavi68)



DTP3/PENTA3 (Gavi68)



MCV1 (Gavi68)



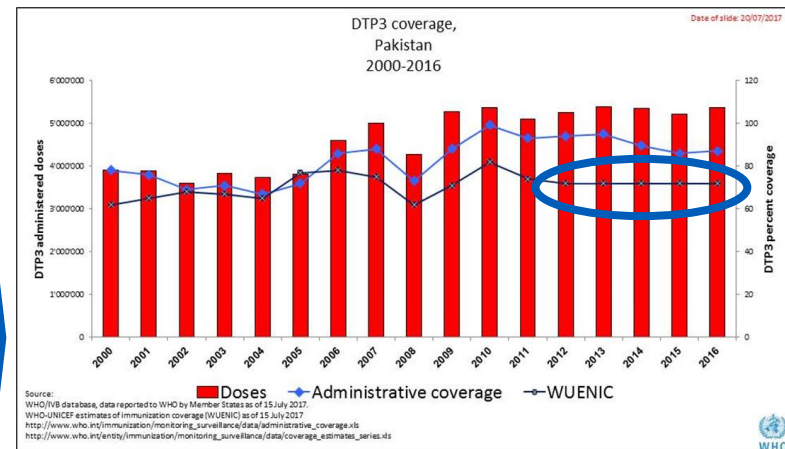
WHO-UNICEF Estimates of 2016 Immunisation Coverage (release July 2017), UN Population Division (2017)

Challenges with WUENIC data – Pakistan example

| Coverage: Punjab | 2012 DHS | 2014 Punjab MICS | 2016 Punjab Health Survey |
|------------------|----------|------------------|---------------------------|
| DTP3 | 62.5% | 71.7% | 85.2% |
| MCV1 | 49.7% | 71.6% | 84.6% |



- Tremendous progress since 2012
- Population of Punjab represents nearly half of Pakistan

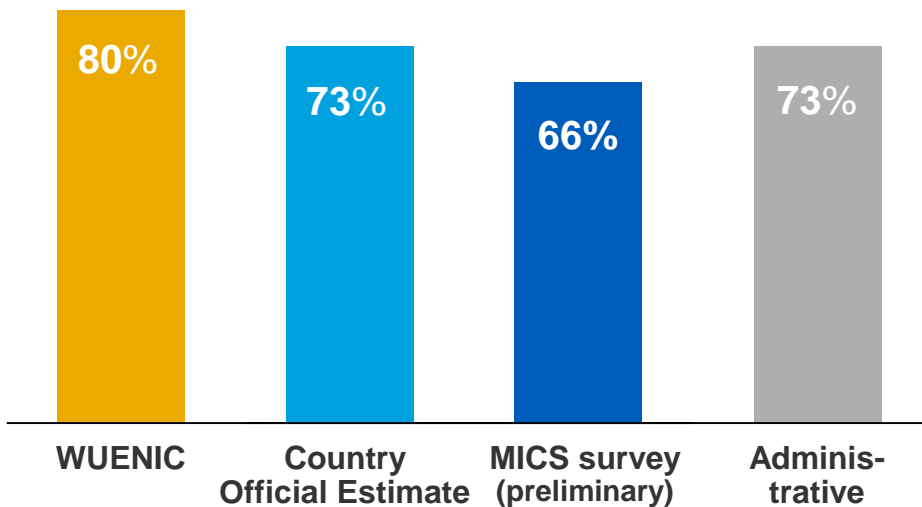


WUENIC estimate unchanged since 2012 (72%)

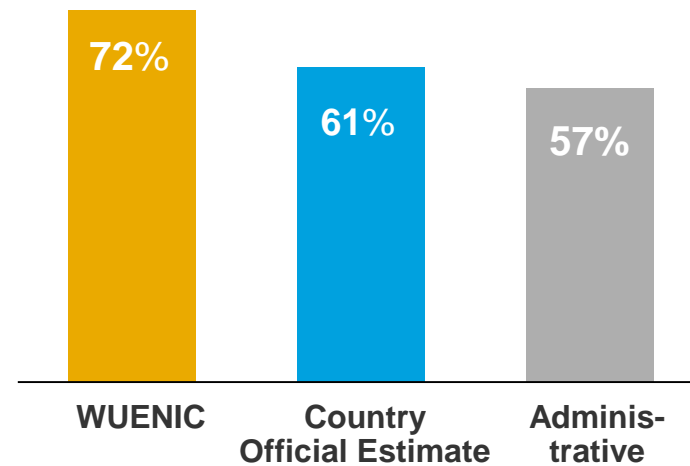
What does this mean in reality?

Challenges with WUENIC data

Congo Republic



PNG



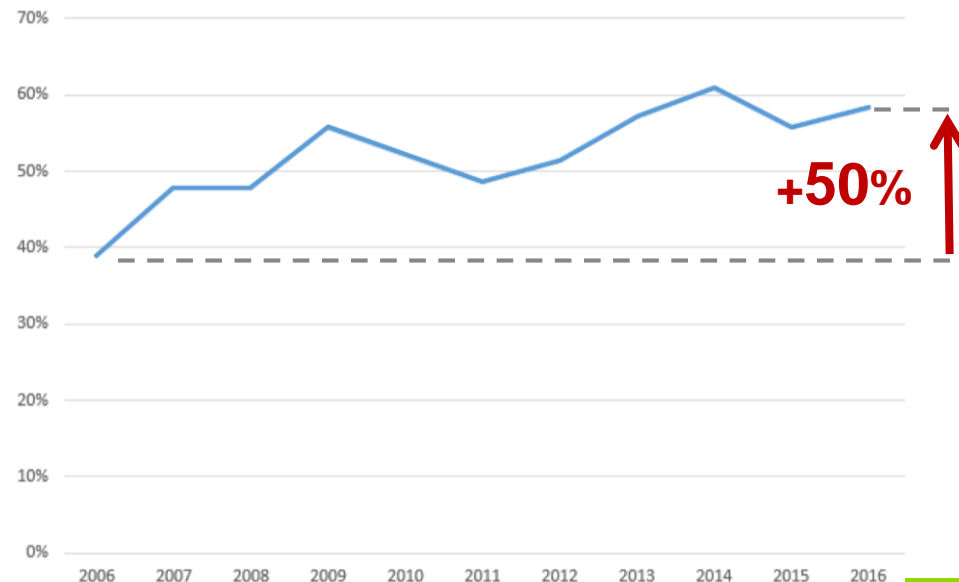
WHO-UNICEF Estimates of 2016 Immunisation Coverage (release July 2017), UN Population Division (2017)

Data issue is broader than immunisation

WUENIC Grade of Confidence defined:

- Administrative coverage
 - Official coverage
 - Survey coverage
 - Population data
- All declining as drivers of uncertainty*
- Largest (and growing) driver of uncertainty*

Proportion of Gavi73 where coverage estimates are challenged due to inconsistent population data



WHO-UNICEF Estimates of 2016 Immunisation Coverage (release July 2017), UN Population Division (2017)

Board meeting
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Our data journey

Past

- HSS not targeted and a “data-free zone”
- Data investments limited and fragmented
- Limited visibility on technical support
- Light-touch Secretariat engagement with countries

Today

- GPFs for every grant with intermediate HSS indicators
- Data SFA: Joined up approach to data strengthening
- PEF: Full transparency on TCA
- New tools: Surveys every 5 years, data triangulation etc.
- Enhanced dialogue: more SCMs, Joint Appraisals using data etc.

Future vision

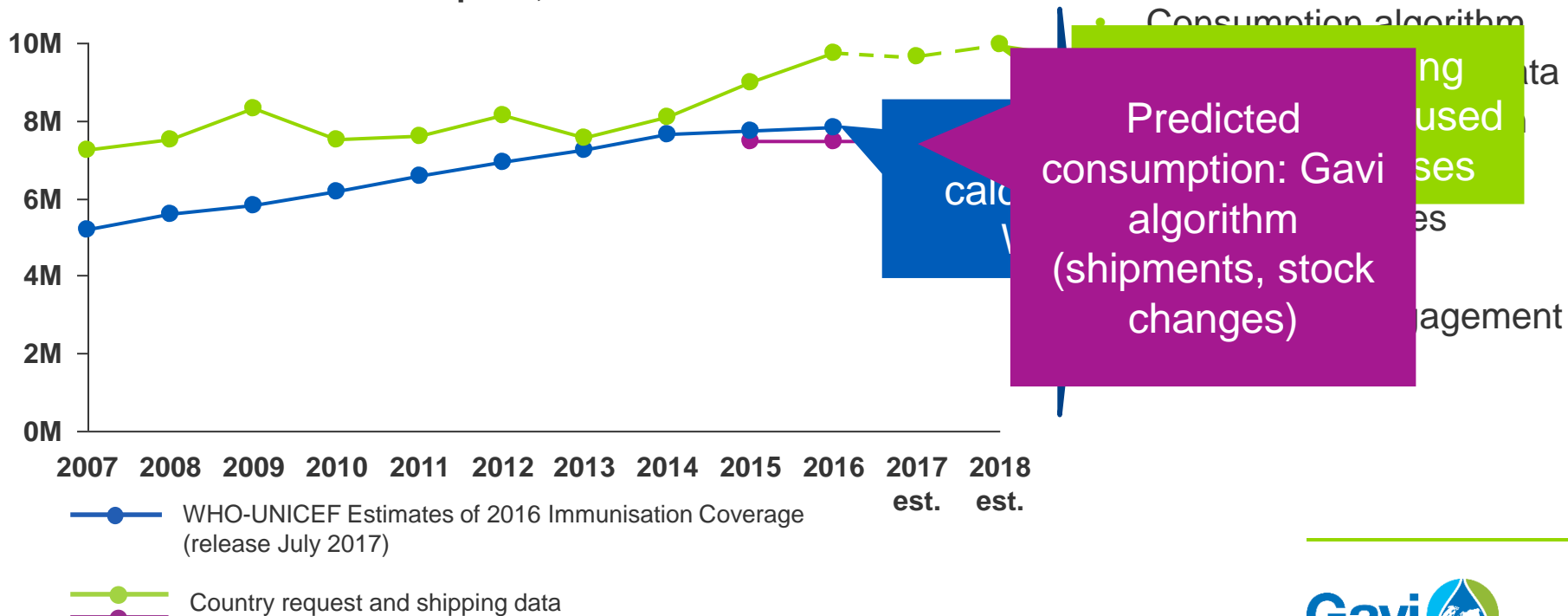
- Transformation in country data systems based on 21st century, digital technologies
- Data available to all those who need it
- Data used to track children & allow follow-up with parents

How do we accelerate progress?

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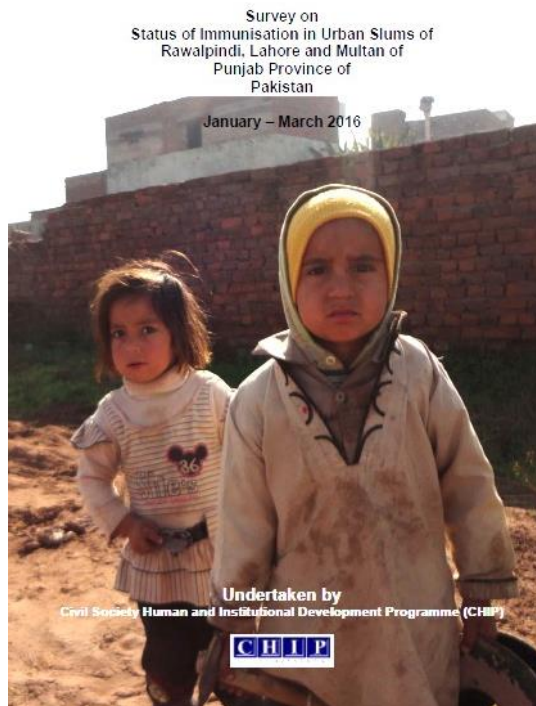
Triangulation critical to address data challenges – comparing shipment and consumption data in Ethiopia

Pentavalent vaccine consumption, doses

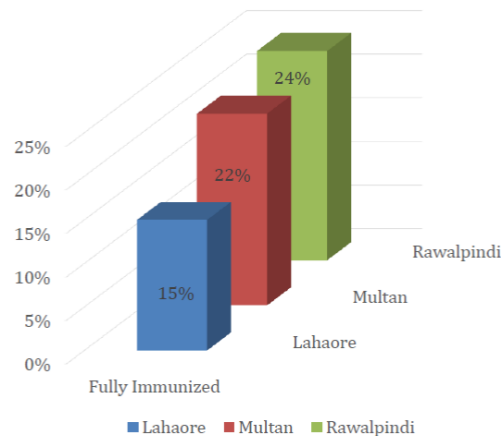


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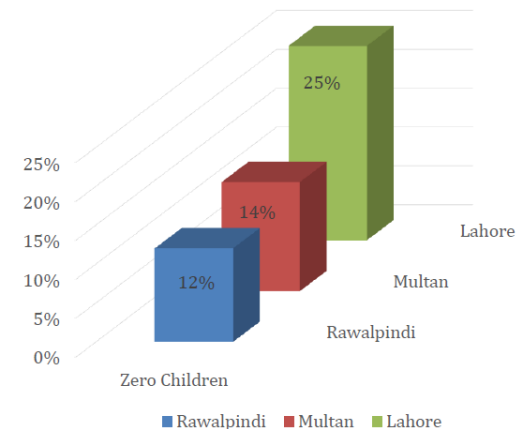
Civil Society Organisations helping to strengthen data: Coverage survey in 3 Urban Slums, Punjab province



Fully Immunized Coverage Rate



Zero Dose Children



Many of the under-immunised are in **slums**
vs rural areas

How digital data is supporting the world's largest immunisation programme

Complex environment



~27M newborns
~30M pregnancies
~100M <5 years of age

~27,000 facilities
(95% sub-district)

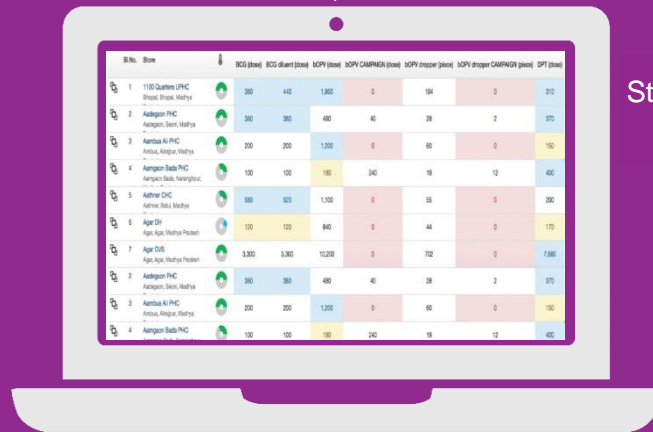
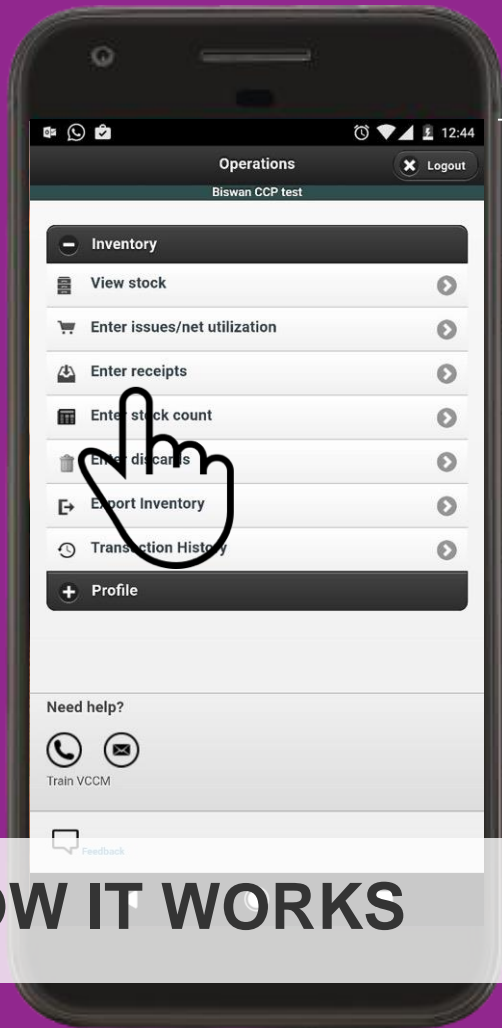
>650M doses
>9M immunisation sessions

Barriers to Digitalisation:

- Access to
 - Electricity
 - Computers
 - Internet
- + Data entry operators



EVIN 



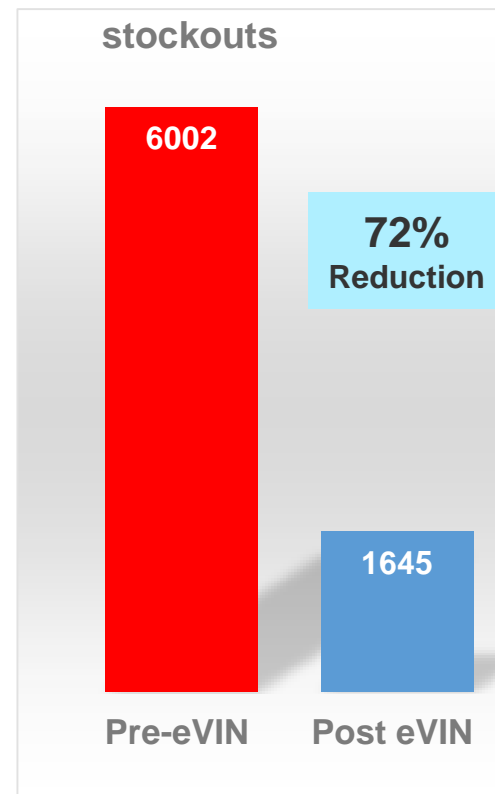
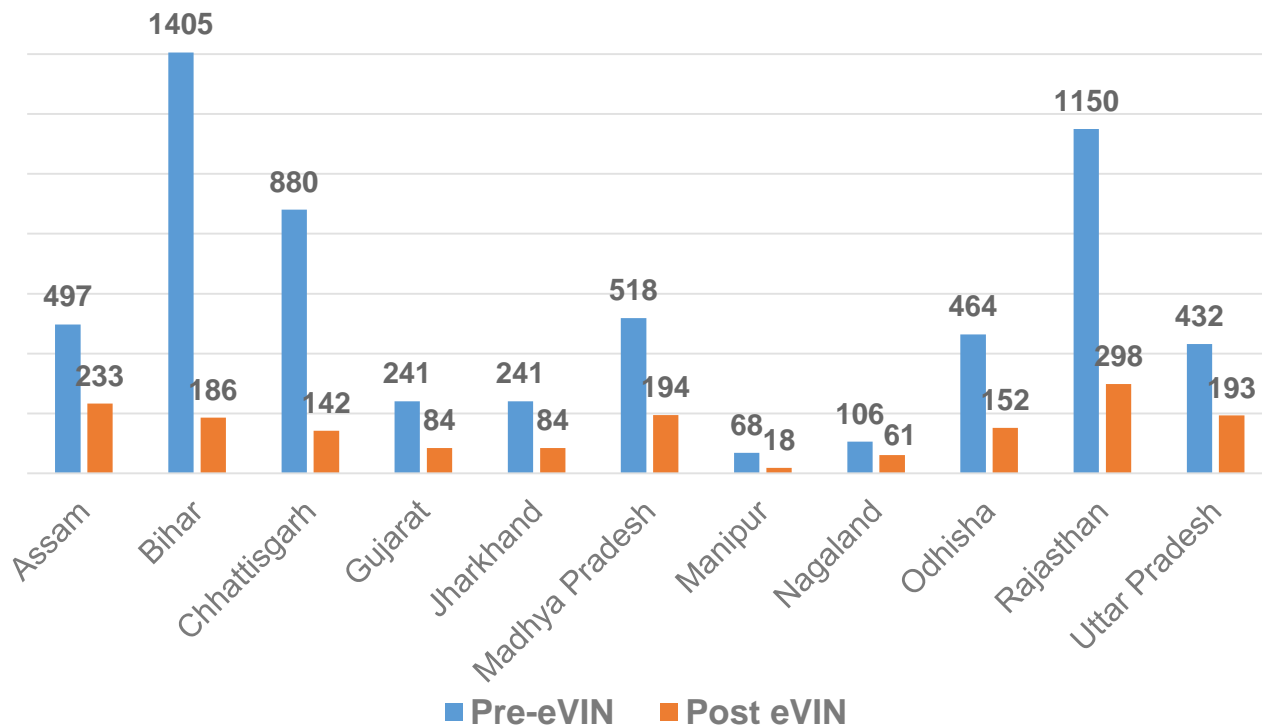
Stock information

HOW IT WORKS





Stock Out Reduction – Post eVIN



We are expanding our partnerships with innovative projects beyond data too

CREATE "CLUSTERS" OF FIRMS THAT PROVIDE PROVEN SOLUTIONS & INNOVATIONS FROM WHICH COUNTRIES CAN SEEK SUPPORT

Private Sector Partners



Supply Chain



zipline



logistimo



Energize the Chain
Recouping Power. Redesigning Health.



Data Management



PHILIPS



ZENYSIS



FLOWMINDER.ORG

logistimo



Google



Demand Generation





3

STRATEGIC ISSUES FOR DISCUSSION

*Balancing sustainability
and new vaccine
introductions*



Balancing sustainability & new vaccine introductions

| | Vietnam  | Angola  |
|---|---|---|
| Coverage (DTP3) | 96% | 64% |
| Number of vaccines introduced | 8 | 11 |
| General government health expenditures as a proportion of general government expenditures <i>(in 2014, the year with the most recent available data)</i> | 14.2% | 5% |
| Vaccines as % general health expenditure <i>(projection at time of transition)</i> | 0.1% | 1.2% |
| Co-financing history | Never defaulted | Multiple defaults (2011, 2012, 2013, 2014 & 2015) |
| Other | <i>Strong health system; want to introduce PCV & Rotavirus 2021-2025.</i> | <i>High burden of disease including HPV. Applied once for HPV but turned down by IRC.</i> |

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Effects of Vaccine introductions on RI



The impact of new vaccine introduction on the coverage of existing vaccines: A cross-national, multivariable analysis

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^bThe Bill and Melinda Gates Foundation, Seattle, WA, USA

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Coverage
Logitudinal

ABSTRACT

Background: A surge of new and underutilized vaccine introductions into national immunization programmes has called into question the effect of new vaccine introductions on immunization and health systems. In particular, countries deciding whether to introduce a new or underutilized vaccine into their routine immunization programme may query possible effects on the delivery and coverage of existing vaccines. Using coverage of diphtheria-tetanus-pertussis (DTP) vaccine as a proxy for immunization system performance, this study aims to test whether new vaccine introduction into national immunization programs was associated with changes in coverage of three doses of DTP vaccine among infants.
Methods and findings: DTP3 vaccine coverage was analyzed in 187 countries during 1999–2009 using multivariable cross-national mixed-effect longitudinal models. Controlling for other possible determinants of DTP3 coverage at the national level these models found minimal association between the introduction of hepatitis B, Haemophilus influenzae type b, and rotavirus-containing vaccines and DTP3 coverage. Instead, frequent and sometimes large fluctuations in coverage are associated with other development and health systems variables, including the presence of armed conflict, coverage of antenatal care services, infant mortality, the percent of health expenditures that are private and total health expenditures per capita.
Conclusions: Introductions of new vaccines do not affect national coverage of DTP3 vaccine in the countries studied. Introductions of other new vaccines and multiple vaccine introductions should be monitored for immunization and health systems impacts.

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1. Introduction

Routine childhood immunization is considered one of the most cost-effective public health interventions [1]. In the past twenty years, the development of childhood vaccines to prevent Hepatitis B (HepB), Haemophilus influenzae type b (Hib), rotavirus, and pneumococcal disease has been groundbreaking. The urgency to meet Millennium Development Goals (MDG), particularly MDG-4 which aims to reduce child mortality by two-thirds, made expanding access to these vaccines a global health priority. The adoption gap between rich and poor countries has narrowed following many policy decisions by low- and lower-middle income countries to introduce these new vaccines into national immunization programmes. [2–4]

Recognizing the importance of sustaining and strengthening health systems, the WHO Strategic Advisory Group of Experts on immunization recommended exploring the impact of new and underutilized vaccine introduction (NUV) on immunization and health systems [5]. NUVI may interact with any or all of the six health systems building blocks [6]: service delivery; health workforce; health information systems; access to essential medicines; financing; leadership/governance. This analysis aims to understand whether the introduction of a new vaccine is associated with changes in routine immunization coverage, as measured by the coverage of three doses of diphtheria-tetanus-pertussis (DTP3). To that end, this study will use a number of approaches to explore this question building eventually into a set of multivariable models.

Why might NUVI influence the coverage of existing vaccines? On one hand, there is the ‘house of cards’ analogy where the introduction of an additional vaccine to an already weak immunization system exacerbates vaccine and injection supply stock-outs and complicates already poor management systems by requiring training and supervision activities. On the other hand, routine coverage may be strengthened if new resources associated with NUVI bolster health worker training and skills, are tied to education or

- Introduction of new vaccines did not affect coverage of DTP3 vaccine in the countries studied
- Of many scenarios tested, only one proved to be associated with changes in DTP3 and the direction was positive
- Introductions of other new vaccines & multiple vaccine introductions should be monitored for immunisation and health systems impacts

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0264-410X/\$ – see front matter © 2012 Elsevier Ltd. All rights reserved. http://dx.doi.org/10.1016/j.vaccine.2012.10.026

Centre for Health Economics and Policy Analysis, The Bill and Melinda Gates Foundation, International Vaccine Access Center, published October 2012

Board meeting
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4

ALLIANCE UPDATE



Board meeting
29-30 November 2017

Alliance Health Survey

Activities underway:

- Alliance directory for in-country and HQ colleagues
- On boarding pack for new colleagues joining the alliance
- IT solutions to share information
- Across alliance get-togethers
- Joint communication from leadership

Follow-up survey Q1 2018

- UNICEF & WHO expanding to CDC & World Bank



Civil Society Organisation – stronger engagement

CSO contributions in support of national immunization plans

Advocacy and Accountability Module



Advocacy/accountability for immunization as a national & local priority

Making immunization a priority

Advocate & hold accountable for budget & spending

1. Budget and spending

CSO contributions in support of national immunization plans

Mobilizing the Immunization System Module



Mobilize immunization system to reach all people

Increase # and % of people mobilized for immunization

Identify and improve planning to reach all populations

1. Identify and plan

GAVI CSO CONSTITUENCY NEWSLETTER Issue # 1

Gavi CSO Constituency Newsletter
November 2017

IN THIS ISSUE

Gavi CSO Constituency for Immunisation and Stronger Health Systems
Helping to reach Every Child with Immunisation and Health Services

Welcome to the first edition of the Gavi CSO Constituency Newsletter!

Earlier this year many of you completed a survey which looked at how we communicate as a constituency. In response, the Gavi CSO Steering Committee has been very busy – firstly we have revamped our website and will be populating it more often with news and blogs from every corner of our

In this newsletter, we will bring you the most important updates from around our Constituency and from Gavi; share best practices from the Gavi-supported CSO platforms around the world; and introduce you to the members of the Gavi CSO Steering Committee. We hope you find this useful and look forward to

2017 ASSESSMENT REPORT OF THE GLOBAL VACCINE ACTION PLAN

CSO Submission to the GVAP Report

Multiple initiatives to support communication and activities for increased CSO contribution to immunisation

Board meeting
29-30 November 2017

Gavi People Survey



19 June 1-day Gavi Leadership Team offsite dedicated to GPS

23 June High-level results presentation to all staff

13/14 Sept. Directors' 2-day meeting to discuss GPS results & define path forward

22 Sept. Special all staff in DC & Geneva, deep dive into results, identify key drivers of challenges & potential solutions

17 Nov. Senior Management Team all-day meeting

GPS results roll-out to teams

Discussions within each team to identify their priorities

Development of team and organisational action plans

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

Board meeting
29-30 November 2017

Update on secretariat facilities, Washington



Board meeting
29-30 November 2017

Update on secretariat facilities, Geneva Global Health Campus



Operational efficiencies at Global Health Campus

Immediate efficiencies

- Rental savings
- Facilities management
- Security
- Printing
- IT network and communications

To be worked on post-move

- Travel management and security
- IT service desk
- Cyber security
- IT engineering
- Occupational health

Opportunities for further exploration

- Procurement services
- IT software licenses and devices
- Sharing certain IT systems
- Aligning finance platforms

Opportunity to improve services at reduced cost

Programmatic collaboration with the Global Fund

Knowledge sharing



Coordinating programmatic investments



Joint advocacy at global and country level



Aligning and contributing to each other's policies



5

BOARD AGENDA



Board meeting
29-30 November 2017

Ambitious agenda, important decisions

- Financial forecast
- Risk & Assurance Report
- Partners' Engagement Framework & budget
- Typhoid containing vaccine support
- Country programmes & strategic issues
- Vaccine Investment Strategy
- Country engagement post-transition
- Nigeria & PNG strategies

*25% reduction in
length of Board pack*

Strategic rationale

Portfolio balance

Outcome and impact

Feasibility

Value for money

Risk

Other

| Meeting Book - November 2017 Gavi Board Meeting | | Last Modified: 11/21/17 10:39PM by Jeanne Goetz |
|---|--|---|
| Agenda | | Expand All Contents |
| 1 Chair's Report | Nigel Durrig-Innes, Board Chair | Expand |
| 2 Consent Agenda | Nigel Durrig-Innes, Board Chair / DECISION | Expand |
| 3 Country Presentation - Lao PDR | Wissin Souvanna, Myanmar | Expand |
| 4 CEO's report and 2016-2020 Strategy: implementation and progress | Scott Bentley, Chief Executive Officer | Expand |
| 5 Financial update, including forecast | David Sobott, Chair, Audit and Finance Committee, Barry Greene, Managing Director, Finance and Operations / DECISION | Expand |
| 6 Risk & Assurance Report | David Sobott, Chair, Audit and Finance Committee, Jack van der Bijl, Head, Risk / DECISION | Expand |
| 7 Partners' Engagement Framework (incl. Secretariat and Partners Budget 2018-2020) | Richard Soper, Deputy CEO, Barry Greene, Managing Director, Finance and Operations / DECISION | Expand |
| 8 Typhoid conjugate vaccine support window | Richard Soper, Chair, Programme and Policy Committee, Michael Thomas, Director, Vaccine Implementation / DECISION | Expand |
| 9 Chair's reflections on the day | Nigel Durrig-Innes, Board Chair | Expand |
| 10 Chair's Overview | Nigel Durrig-Innes, Board Chair | Expand |
| 11 Committee Chair and IFFIm Board reports | Stanley Omer, IFFIm Director, David Sobott | Expand |

*Investment trade-off
framework*

Board meeting
29-30 November 2017

Thank you



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