

Gavi 4.0: Progress and Challenges

Gavi 5.0: Leaving no one behind

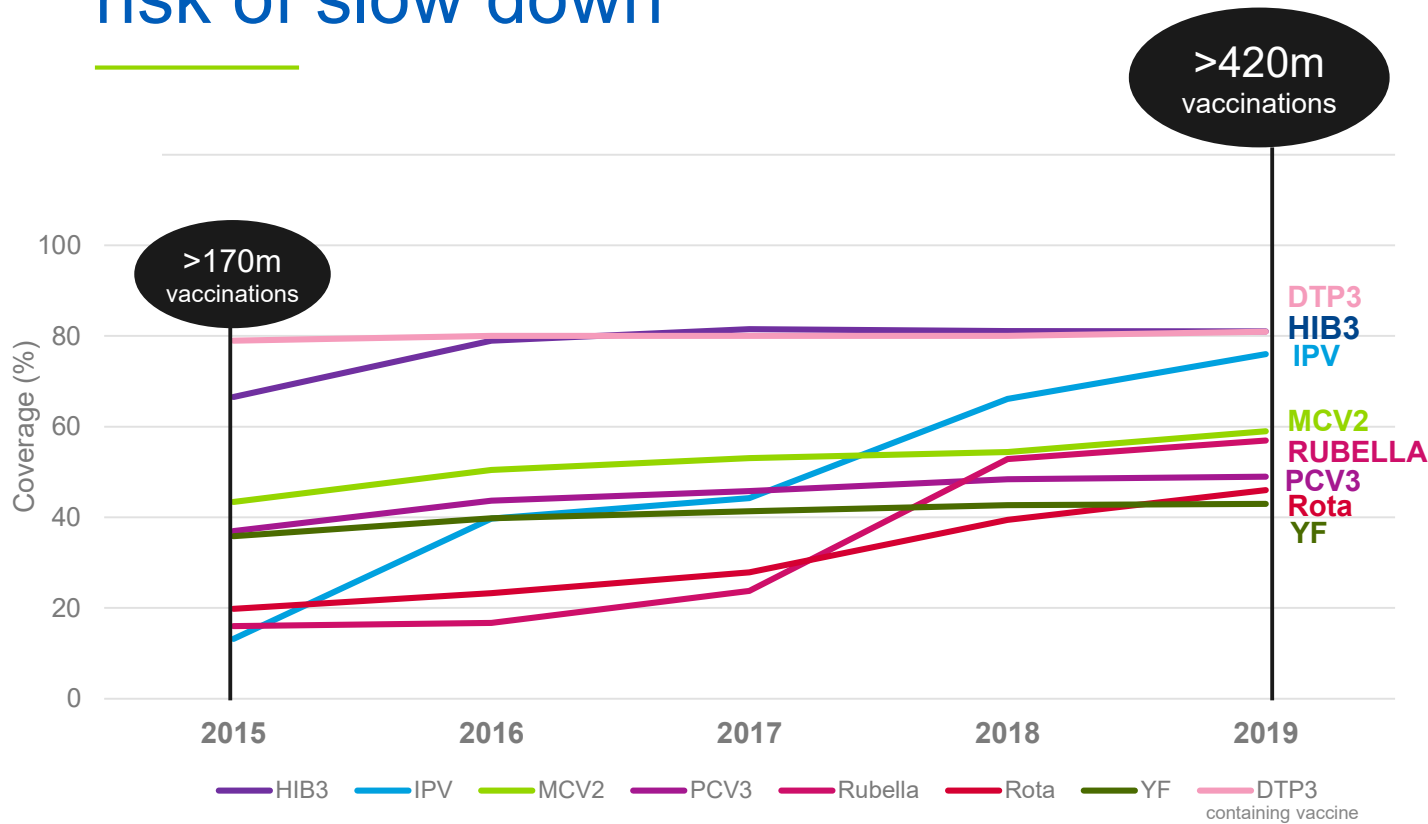
Gavi Board
Anuradha Gupta and
Thabani Maphosa
15 December 2020, Geneva



Accelerated progress on mission indicators; COVID-19 poses new risks



Breadth of protection has nearly doubled since 2015; risk of slow down



- Breadth of protection increased from 30% to 56% (2015- 2019)
- Coverage of Hib, pneumococcal and rotavirus vaccines higher in Gavi-supported countries than the rest of the world
- Children deprived of DTP unlikely to benefit from new vaccines

Increased country ownership to sustain immunisation; threatened by new fiscal challenges

Investing in health is investing in future economic growth

African Union, Health and Finance Ministers meeting on sustaining Africa's health gains in the face of COVID-19 (October 2020)



\$526m*

Contributed by countries towards co-financing with improved timeliness of payments



65% countries*

Increased domestic investment in routine immunisation



16 countries*

Transitioned from Gavi support, vast majority maintaining coverage after transition



Global Action Plan

Financing accelerator addresses equity, efficiency and sustainability of domestic financing

*Progress from 2016-2019

Gavi's market shaping scope has expanded; driving innovations

VACCINES

- 22%*** Reduction in weighted average price of Penta, Rota, PCV
- 10*** Innovative vaccine products procured
- 3** Innovations targeted for focused Alliance support (VIPS)
 - Microarray patches
 - Heat stable formulations
 - Barcodes on primary packaging

COLD CHAIN EQUIPMENT

- 70+** New CCE products in the market
- 2** New ILR/SDD suppliers entered the CCE market
- \$10m** Savings on CCE procurement in 2019

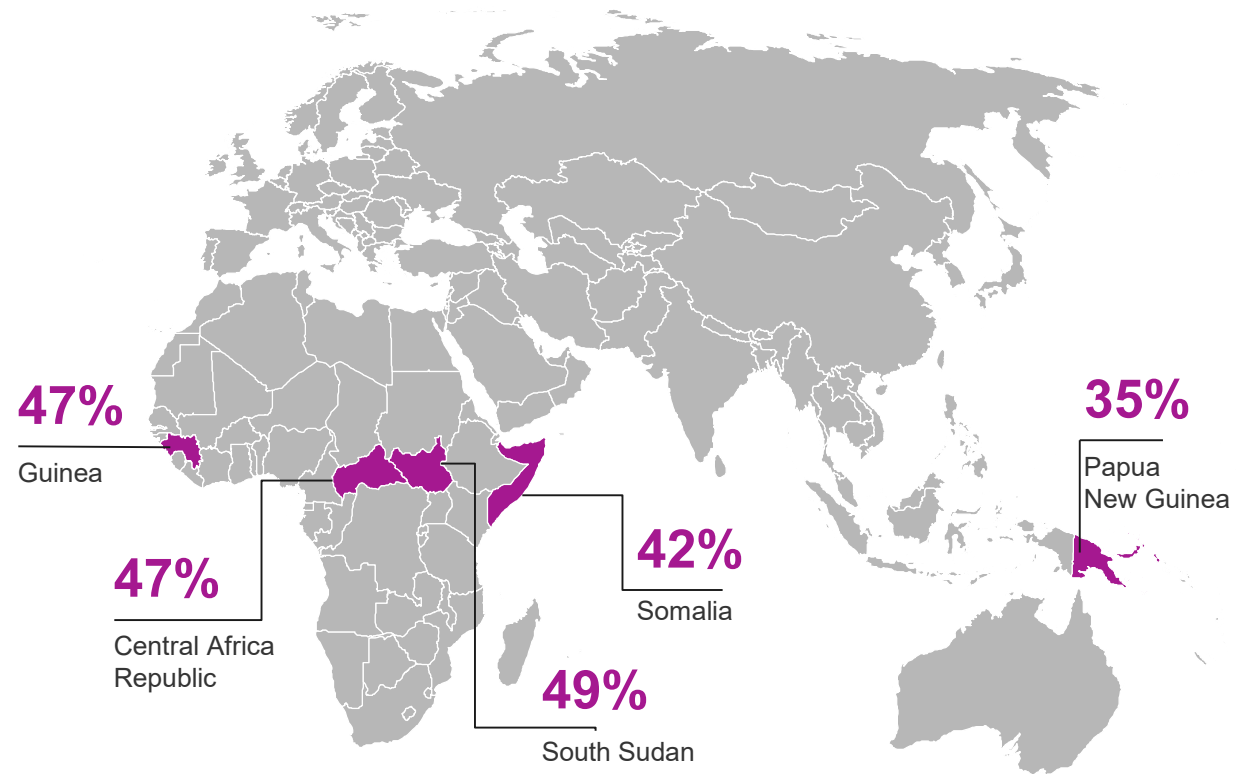
YELLOW FEVER DIAGNOSTICS

- 3** Test kits undergoing or slated for validation review

*2019 data compared to 2015 baseline

Many countries face persistent challenges relating to coverage and equity

- Nearly one third countries have shown 4pp increase in DTP3 (2016-2019)
- Coverage plateaued or fallen in half of the countries with DTP3 >90%
- Fragile countries account for 50% Zero dose, despite having only 22% birth cohort
- 5 countries have less than 50% coverage

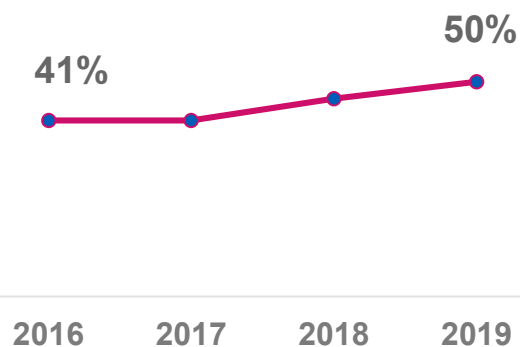


Progress is possible; with more sub-national engagement, resources and innovations

CHAD

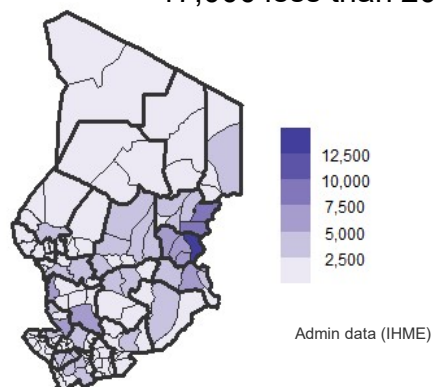


DTP3 coverage



Zero dose children (DTP1)

216,000 Zero dose children in 2019
17,000 less than 2015



Learnings

- High level visits to enhance political commitment
- Additional HSS and PEF support, at subnational level
- Innovations in technical assistance e.g., LMC and geocoding
- Innovations in financial management and risk assurance e.g., mobile payments

Understanding profiles of Zero dose allows for tailored, synergistic interventions

POVERTY



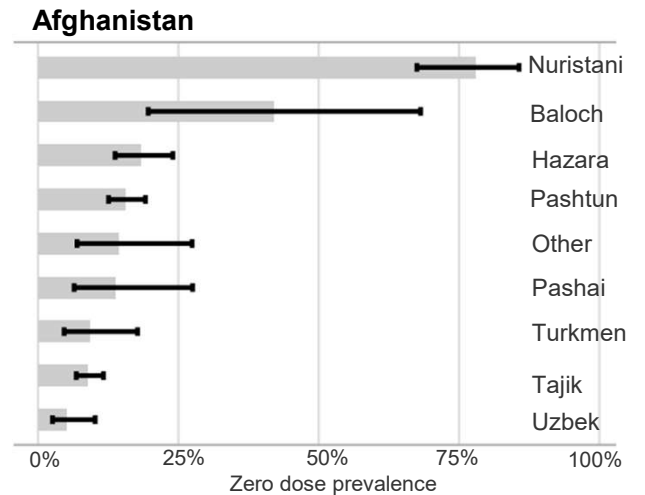
2 out of 3 Zero dose children live in households surviving on **less than \$1.90** a day

GENDER



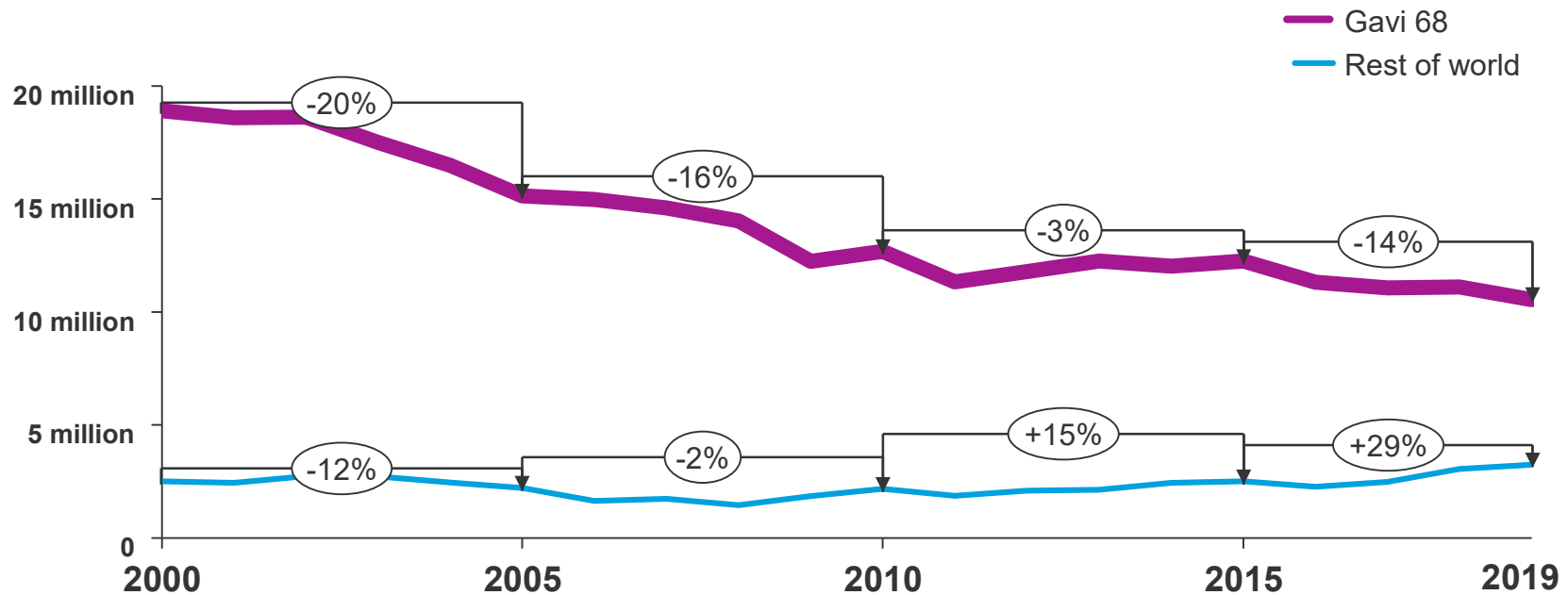
47% Zero dose less likely to have mother receiving **antenatal care** or **skilled birth attendance**

ETHNICITY



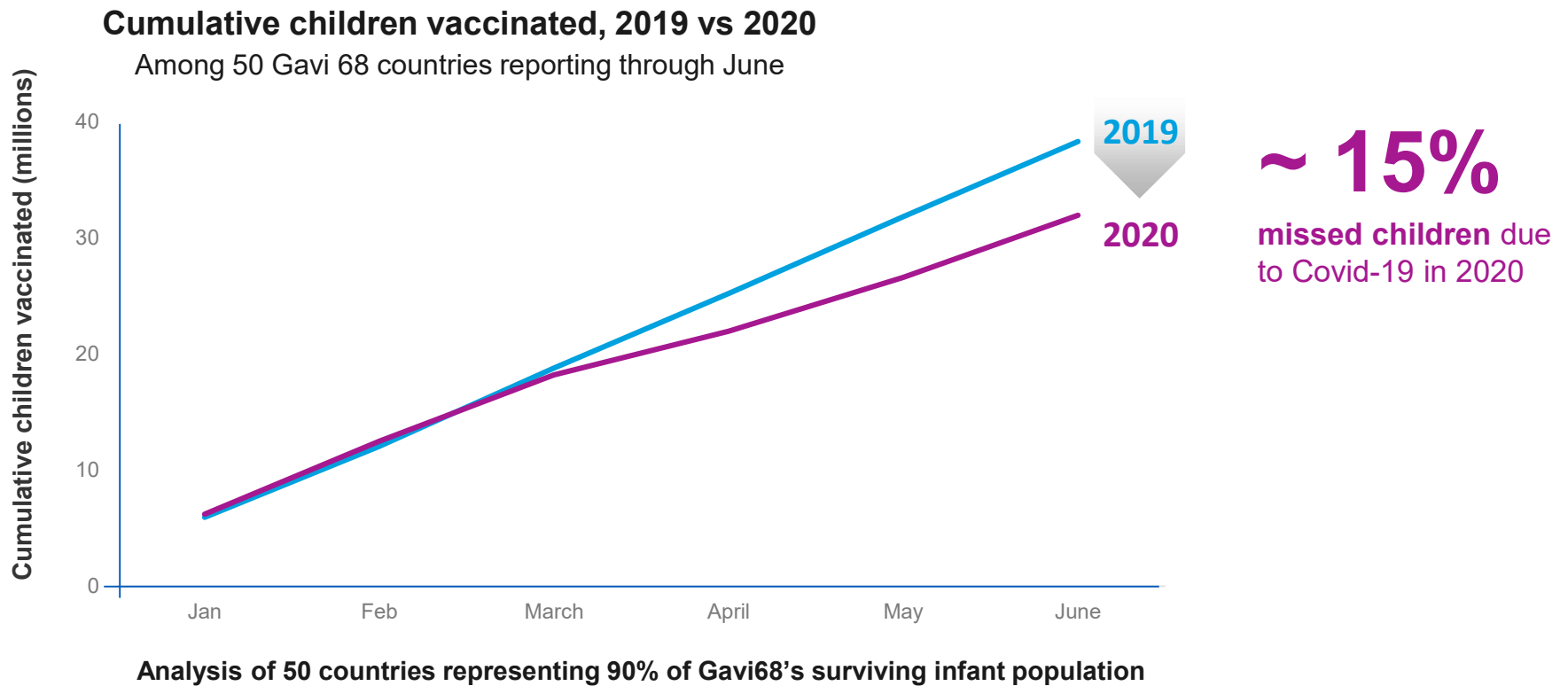
Large differences in Zero dose prevalence by **ethnic groups** in many countries

Number of Zero dose children in Gavi 68 countries has decreased by nearly 50% since 2000



Source: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

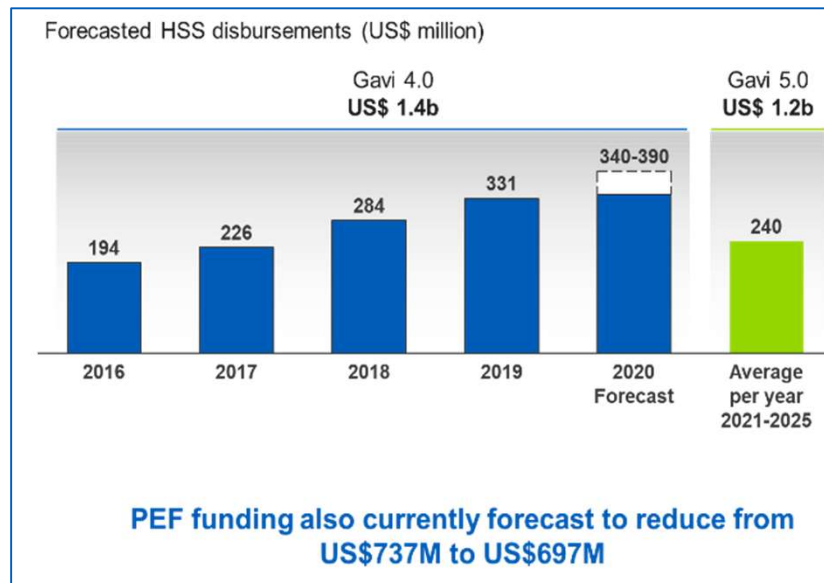
Increase in Zero dose children due to Covid-19 despite restoration efforts



Equity is at the heart of Gavi 5.0 but resources do not currently match ambition

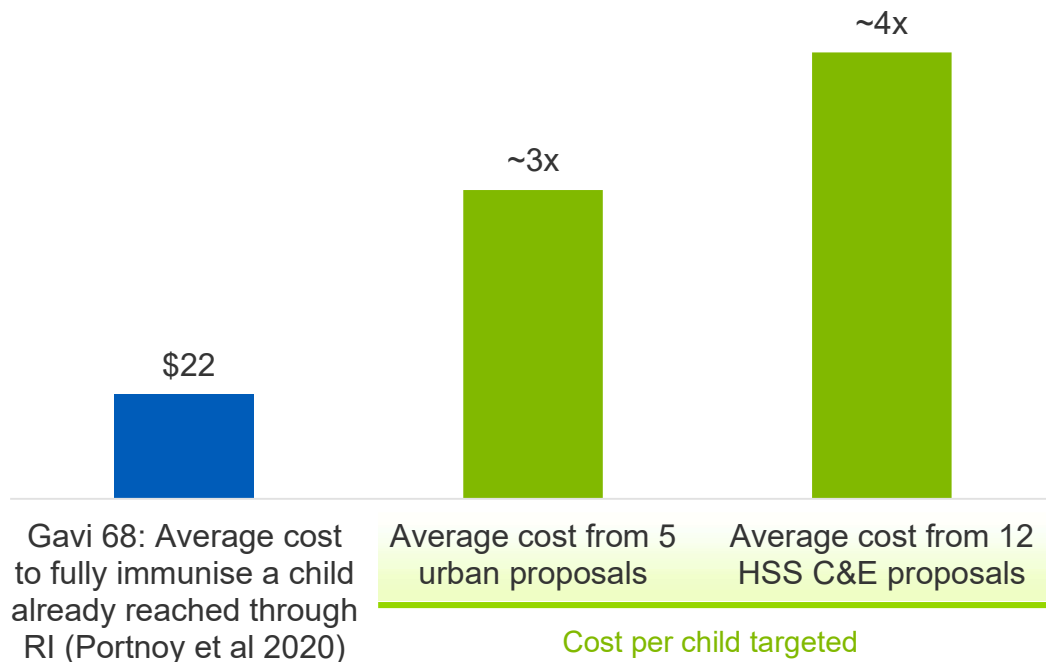


HSS and TCA resources currently forecast to fall from Gavi 4.0 to Gavi 5.0



Investment case recognised the need for increased resources for equity and called for additional funding beyond the minimum ask of US\$7.4B

Reaching Zero dose children will require new and different strategies, with higher cost and complexity



New approaches needed, e.g.

- Identifying Zero dose children, especially at subnational level
- More tailored and differentiated strategies
- Strategies and partners in humanitarian & fragile settings
- Scale up new demand approaches, strengthened focus on gender and CSO engagement
- Augmented monitoring approaches including Learning Hubs

Key principles underpin Alliance ambition to reach Zero dose children and missed communities



Cross-Alliance ownership



Targeted, country-specific portfolio approaches



Integration for strengthened PHC



Monitor – Evaluate – Learn – Adapt

Opportunity to allocate resources to equity; to leave no one behind

	Gavi 4.0	Gavi 5.0
Overall Resources	\$9.5B	\$10.4B
HSS	\$1,425M (15%)	\$1,700M* (16%)
PEF (TCA, SFA, FS)	\$697m (7%)	\$865m* (8%)
<i>Available for further investments</i>		\$424m (>\$413M in Investment Case)

*proposed



Recommendation

The Gavi Programme and Policy Committee, recognising:

1. The importance of equity and urgency of making available additional support to countries to maintain, restore and strengthen immunisation and reach zero-dose and under-immunised children;
2. The dynamic nature of the current COVID-19 pandemic and the increased risk of outbreaks and spike in child deaths;
3. The need for further work across the Alliance to operationalise the approach to reach zero-dose children, bringing together all the levers of Gavi support including HSS and PEF;

Recommendation

4. Uncertainty around the cost of reaching zero-dose children and missed communities, and hence the need for flexibility in the Alliance's approach and investments; and
5. The need for further discussion at the PEF Management Team on how PEF funding will be allocated in Gavi 5.0, noting the increased needs of WHO and UNICEF at global and regional levels in the context of COVID-19 and the importance of deepening subnational engagement with context appropriate partnerships, especially in fragile countries and to support the equity agenda.

Recommendation

Identified a number of areas (outlined in Annex B to the meeting decisions) upon which the Secretariat should provide further clarification in the December 2020 Board paper.

The PPC also underscored the need for flexibility and asked the Secretariat to monitor implementation of the following decision and report back to the PPC on operationalisation of this decisions and any adjustments in resources or approach that might be required over the course of Gavi 5.0.

Recommendation

The Gavi Alliance Programme and Policy Committee subsequently **recommends** to the Gavi Alliance Board that it:

- a) **Approve** and additional US\$ 500 million in health system strengthening (HSS) for the strategic period 2021-2025 as dedicated funding for zero-dose children and missed communities. This amount is in addition to the US\$ 1.2 billion in HSS included in the forecast presented and previously approved by the Board at its July 2020 meeting;

Recommendation

- b) **Approve** an increase in Partners' Engagement Framework (PEF) spending of US\$ 128 million to support efforts to reach zero-dose children and missed communities. This amount is in addition to the funding amounts included in the forecast presented and previously approved by the Board at its July 2020 meeting; and

- c) **Approve** US\$ 25 million in bridge funding for 2021 for fiduciary risk assurance and financial management capacity building, noting that a full strategy and associated funding request will be brought to the May 2021 PPC meeting.

THANK YOU

