Gavi Alliance Strategy 2016-2020: Goal level indicators and disease dashboard

BOARD MEETING Peter Hansen and Hope Johnson 10-11 June 2015, Geneva



Gavi, The Vaccine Alliance Strategy 2016-2020								
Mission	To save children's lives and protect people's health by increasing equitable use of vaccines in lower income countries	Aspiration 2020	 < 5 mortality rate Future deaths averted Future DALYs averted # of children vaccinated with Vaccines sustained after trans 	sition	>300 million 100%	board	Empirical measures of health outcomes: Hepatitis B Rotavirus diarrhea Measles	
Principles	 Country-led: Respond to and align with country demand, supporting national priorities, budget processes and decision-making Community-owned: Ensure engagement of communities to increase accountability and sustain demand and impact Globally engaged: Contribute to the Global Vaccine Action plan, align with the post 2015 global development priorities and implement the aid effectiveness principles Catalytic & sustainable: Provide support to generate long term sustainable results including country self-financing of vaccines through the graduation process 			harmonising support by the GAVI Alliance with other partners' Innovative: Foster and take to scale innovation in development models, financing instruments, public health approaches, immunisation-related technologies and delivery science Collaborative: As a public private partnership, convene immunisation stakeholders and leverage the strengths of all Alliance partners through shared responsibility at both global and national level Accountable: Maximise Alliance cooperation and performance through transparent accountability mechanisms				
Goals	Accelerate equitable uptake and coverage of vaccines	efficiend delivery	e effectiveness and cy of immunisation as an integrated part gthened health	Impro of nat	ve sustainability ional immunisatior ammes	n 4	Shape markets for vaccines and other immunisation products	
Objectives	 a Increase coverage and equity of immunisation b Support countries to introduce and scale up new vaccines c Respond flexibly to the special needs of children in fragile countries 	comprehensi including fixe supplementa b Support imprehealth inform generation at approaches c Strengthen e	improving integrated and ive immunisation programmes, ad, outreach and any components rovements in supply chains, nation systems, demand and gender sensitive	a Enhance national and sub-national political commitment to immunisation b Ensure appropriate allocation and management of national human and financial resources to immunisation through legislative and budgetary c means Prepare countries to sustain performance in immunisation after graduation			Ensure adequate and secure supply of quality vaccines Reduce prices of vaccines and other immunisation products to an appropriate and sustainable level Incentivise development of suitable and quality vaccines and other immunisation products	
Goal-level indicators	Reach of routine coverage: penta3 and measles first dose Breadth of protection: average coverage across all supported vaccines Equity of coverage and barriers Distribution by:	 Effective Vac Data quality administrativ Access, der DRAFT: pention in the properties of countries of countri	in DRAFT: rolling average cicine Management scores DRAFT: difference between e coverage and survey mand & service delivery ta1 coverage and drop out DRAFT: increased oral coverage following rotavirus ductions	 Country i immunisatincreasing immunisatincreasing immunisation Programmic countries graduation Strengthe national countries 	cing: % countries fulfilling commitments in routine ation: % countries with a investment in routine tion per child matic sustainability: % on track for successful a institutional capacity decision-making, tent & monitoring: TBD	, for	Healthy market dynamics: TBD Adequate and uninterrupted supply: % vaccine markets where supply Gavi meets demand Reduction in price: Reduction in weighted average price of fully vaccinating a child with pentavalent, pneumococcal and rotavirus vaccines Innovation: # vaccines and immunisation products with improved characteristics procured by Gavi	
Strategic enablers	management & coordination(2) Support availability and use of quality data for country-level decision making B) Resource mobilisation (1) Secure long-term predictable funding for GAVI Alliance programmes as a prerequisite for continued success (2) Harness the capacity of the private sector, including through innovative finance mechanisms and contributions from vaccine (2) Strengthen global political and subnational commitment for immunisation (2) Strengthen global political commitment for immunisation, health and development Support GAVI as a learning Alliance through (i) Effective routine programme monitoring and management and (ii) Regular evaluation of the relevance, effectiveness, impact, and efficiency of the GAVI Alliance's investments to inform evidence-based policy development							
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Aspiration 2020 **Indicators**

<5 mortality rate	TBD
Future deaths averted	5 – 6 Million
Future DALYs averted	> 250 Million
Number of children vaccinated with Gavi support	> 300 Million
New indicator recommended: % of countries sustaining delivery of all recommended vaccines in their routine programmes after transition	100%



Disease Dashboard Recommended Indicators

Number of countries that have <2% hepatitis B surface antigen (HBsAg) prevalence among children <5 years of age Median % (and interquartile range) of acute gastroenteritis hospitalisations positive for rotavirus among children less than one year of age among countries with any surveillance site meeting inclusion criteria Number of countries reporting an annual incidence of less than 5 measles cases per million population.



Six indicators recommended in three areas

Reach of routine coverage

- 1. Coverage with 3rd dose of pentavalent vaccine
- 2. Coverage with first dose of measles vaccine

Breadth of protection

3. Average coverage across all Gavi supported vaccines delivered through routine systems

Equity of coverage and barriers to immunisation

4. Geographic distribution

 % of countries with all districts having ≥80% penta3 vaccination coverage

5. Wealth quintile distribution

- % of countries in which penta3 coverage in poorest quintile is within
 10 percentage points of penta3 coverage in wealthiest quintile
- 6. Distribution by education status of mother/female caretakers
 - % of countries in which penta3 coverage among children whose mothers/caretakers received no education is within 20 percentage points of coverage among children whose mothers/caretakers have received secondary education or higher



Supply chain

Data quality

Access, demand and service delivery

Integration

Civil Society

Indicators under development:

To be presented to PPC in October and Board in December



Recommended Indicators

Co-financing

• % of countries fulfilling co-financing commitments

Country investments in routine immunisation

 % of countries with increasing investment in routine immunisation per child relative to 2015 baseline (with average amount invested and average % of increase over baseline tracked)

Programmatic sustainability

- % of countries on track for successful graduation
 - Supplement with fourth indicator of strengthening institutional capacity for national decision making, programme management and monitoring



Recommended Indicators

Adequate and uninterrupted supply

- % of vaccine markets for which supply meets Gavi demand
 - Supplement with fourth indicator of healthy market dynamics

Reduction in price

 Reduction in weighted average price of fully vaccinating a child with pentavalent, pneumococcal and rotavirus vaccines

Innovation

 # of vaccines and immunisation products with improved characteristics procured by Gavi that deliver country-level impact



Following review at its May meeting, the PPC recommended to the Gavi Board that it:

- A. <u>Approve</u> the indicators for the Gavi Strategy 2016-2020 recommended in Section B of Document 13 for inclusion in 'Aspiration 2020', the disease dashboard, including Option 2 as a measles indicator, and under each strategic goal <u>other than</u> indicators for strategic goal 2;
- B. Request the Secretariat to present indicators for strategic goal 2, an additional indicator of healthy market dynamics and an additional indicator of institutional capacity for national decision-making, programme management and monitoring to the PPC in October 2015 for recommendation to the Board in December 2015;
- C. Request the Secretariat to present targets for the indicators for each strategic goal to the PPC in October 2015 for recommendation to the Board in December 2015;



Following review at its May meeting, the PPC recommended to the Gavi Board that it:

D. Request the Secretariat to work with partners in advance of the October PPC to finalise details related to the definitions and measurement approaches for all indicators across the disease dashboard and strategic goals, and provide an updated indicator definition document for the PPC's information in October 2015.



THANK YOU



