Gavi
The Vaccine Alliance

ANNUAL PROGRESS REPORT

Year 4
of our five-year strategy

Gavi
The Vaccine Alliance

TOGETHER WE HAVE ACHIEVED, 2000–2019

>822 million children — vaccinated through routine programmes

>1.1 billion vaccinations — through vaccination campaigns

>14 million — future deaths prevented

255 million future disability-adjusted life years (DALYs) — averted as a result of vaccination with Gavi-supported vaccines from 2016–2019

495[a] — vaccine introductions and campaigns

a – Introductions and campaigns relate to the Gavi-supported vaccines against 17 infectious diseases, as of 2019. In the Gavi 1.0 and 2.0 strategic periods, introductions were completed for hepB mono and Tetra-DTP-hepB that are not counted here.

OUR TARGETS, 2016–2020

300 million children — vaccinated through routine programmes

10% reduction — in child mortality rate

5–6 million — future deaths prevented

250 million DALYs averted — DALYs measure the number of years lost due to disability or premature death

100% of vaccine programmes — sustained after our financial support ends

See page 7 for our latest results.

Immunisation is one of the most effective public health interventions we can make. UNICEF is proud of our work with Gavi as we continue to strive to reach every child.

Henrietta Fore Executive Director of UNICEF

WHO is proud to be a founding partner of Gavi, the Vaccine Alliance. We remain completely committed to the Alliance by providing the technical support and leadership needed to ensure its success.

Dr Tedros Adhanom Ghebreyesus Director-General of the World Health Organization

2019 ANNUAL PROGRESS REPORT

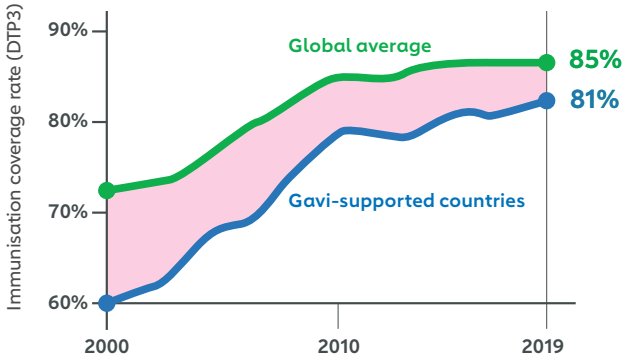
Foreword by **Dr Seth Berkley**
Chief Executive Officer

Welcome to Gavi's 2019 Annual Progress Report, the fourth in a series of five covering this strategic period.

In many ways, 2019 was a banner year for Gavi. We supported efforts to bring forward the world's first Ebola vaccine, which has protected over 260,000 people in the Democratic Republic of the Congo. We celebrated the global eradication of wild poliovirus type 3. And we were honoured with the Lasker~Bloomberg Public Service Award "for providing sustained access to childhood vaccines around the globe, thus saving millions of lives, and for highlighting the power of immunization to prevent disease."

Today, more children are protected against more serious diseases than at any point in human history, and child mortality is dropping to historic lows. As the report will show, we have made great strides in shrinking the gap in vaccine coverage between Gavi-supported lower-income countries and wealthier countries.

Closing the equity gap in immunisation coverage



Coverage with third dose of diphtheria-pertussis-tetanus-containing vaccine
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2020

A core component of **Gavi's equity work** is centred around gender. We are committed to ensuring that everyone, regardless of gender, is equally protected against vaccine-preventable diseases. To build on our commitment to address gender-related barriers to immunisation, an external evaluation of Gavi's **Gender Policy** was completed in April 2019, feeding into a highly consultative policy review process that led to an updated policy in 2020. By promoting gender-responsive and gender-transformative programming, Gavi will not only improve access to immunisation, but also contribute to the broader goal of gender equality and the empowerment of women and girls.

In 2019, Gavi was among 14 very high-scoring organisations in the second annual Global Health 50/50 report (GH5050), which reviewed the gender-related policies and practices of almost 200 organisations active in health.

Gavi CEO Dr Seth Berkley talks with WHO representative during visit to DR Congo
Gavi/2019/Frédérique Tissandier

While fundamental challenges to coverage and equity remain, new ones threaten to eclipse the progress we've made over the past 20 years. Although this report is retrospective in nature, looking back over 2019, its publication in September 2020 comes six months after the World Health Organization (WHO) declared **COVID-19 a pandemic**. Since then, 70 out of 73 Gavi-eligible countries have reported more than 6.7 million confirmed COVID-19 cases and over 124,000 deaths.

As vaccination campaigns and routine introductions are delayed, the Vaccine Alliance is doing everything in our power to prevent the global resurgence of killers like measles, polio and human papillomavirus (HPV) – from making US$ 200 million available for immediate COVID-19 response and preparedness, to helping maintain and restore immunisation programmes, to addressing vaccine hesitancy and misinformation.

Gavi now finds itself at the centre of the COVID-19 vaccine effort – leading the **COVAX Facility** with support from the **Coalition for Epidemic Preparedness Innovations (CEPI), WHO, industry partners, UNICEF, the World Bank** and **others,** as an antidote to vaccine nationalism – with a belief that, in a pandemic, no one is safe unless everyone is safe. By backing the development and at-risk manufacturing of a large, diverse portfolio of COVID-19 vaccines, we're increasing the chances for all countries, regardless of income level, to get access to vaccines and have sufficient doses to end this crisis. The Gavi COVAX Advance Market Commitment (AMC), a building block of the COVAX Facility, will help us achieve this vision by supporting the participation of 92 low- and middle-income economies, plus other IDA-eligible economies. It's the right thing to do from a science point of view and from an equity point of view – and the only feasible way for the world to end the acute stage of this pandemic.

Never has the life-saving power of vaccines been more acutely recognised by so many. Building on this momentum and urgency, Gavi will continue to support vaccine innovation across our growing portfolio of vaccines and the systems to deliver them. And we won't stop until all children in the world's lowest-income countries are fully immunised against deadly and debilitating infectious diseases. It is only by working together as an Alliance – uniting civil society, governments, vaccine manufacturers and the private sector – that we can protect the most valuable resource on earth: its children.

Dr Ngozi Okonjo-Iweala
Gavi Board Chair

As a global alliance that protects half the world's children through vaccination, the lifeblood of Gavi is partnership. In 2019, a higher share of Gavi-supported countries than ever before met their co-financing obligations on time, contributing a total of US$ 102 million towards the co-financing of Gavi-supported vaccines.

The number of vaccine programmes originally introduced with Gavi funding that are now **fully self-financed** by countries has risen to 47, up from 40 in 2018. All but one country paid its financial obligations before the end of 2019 – the highest proportion since the co-financing policy was introduced in 2008. And now, the total amount invested by countries in co-financing Gavi-supported vaccines has exceeded US$ 1 billion.

These are significant achievements for the countries we work with and illustrate the extent to which immunisation was prioritised in national agendas in 2019. Not only does investing in routine immunisation ensure that children have a strong start in life, but it also helps strengthen national economies. In Gavi's first 17 years, our work helped generate more than US$ 150 billion in economic benefits in the countries we support.

Yet core challenges to **access and equity** persist: despite the fact that over 50% more children were immunised in Gavi-supported countries in 2019 than in 2000, 10.6 million children have not yet been reached with even a single dose of basic vaccinations. We must go further to ensure that no child goes without, because protecting children is the foundation upon which global health security is built.

Today, that foundation is in peril. As this report goes to press, the world is facing challenges as novel as the coronavirus that ushered in the most severe contraction of the economy since the Second World War. Given the terrible impact the pandemic will have on the poorest and emerging economies, there is a **risk of backsliding** not just on co-financing, but on immunisation coverage – even in high-performing countries and in the 16 countries that have transitioned out of Gavi support.

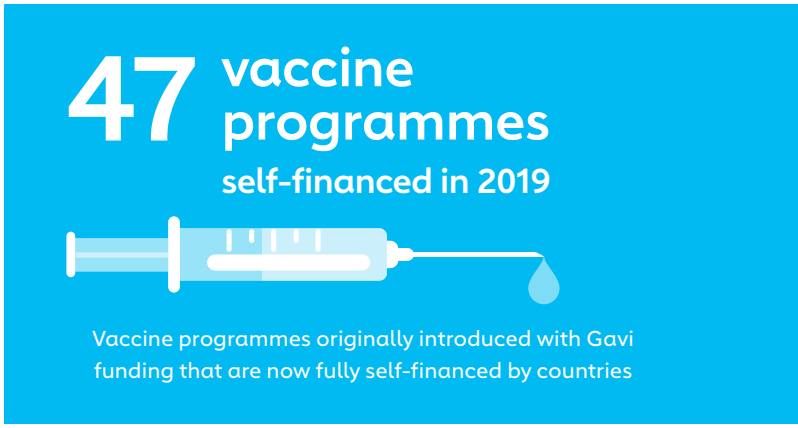
Never has the world's attention been so focused on the critical role vaccines play in protecting lives, livelihoods and economies. The Alliance is working hand in hand with countries to help immunisation services adapt; to mitigate the adverse effects on domestic financing of immunisation programmes; and to procure COVID-19 vaccines through Gavi's **COVAX Advance Market Commitment** (AMC).

While the pandemic has demonstrated just how devastating the economic impact of infectious disease can be, equally the reverse is true: through health, comes wealth. Investing more in health should be a fundamental part of economic development recovery, with countries mobilising and improving the resource allocation for health.

By the end of Gavi's next strategic period, we aim to have protected more than 1.1 billion children, preventing 22 million deaths – and generating a further US$ 80–100 billion in economic benefits. Efficient domestic resource use will be pivotal to achieving these results.

Such goals are highly ambitious, as global trends like climate change, population growth, urbanisation and human migration are changing the global health landscape in ways that made our work increasingly more difficult, even before the pandemic took hold. It is only by ensuring that everyone has access to vaccines, including COVID-19 vaccines, that our partnership can prevent pandemics and contribute to global prosperity, as one world, protected.

Gavi Board Chair Dr Ngozi Okonjo-Iweala talks with Kenyan health workers
Gavi/2019/Ojwok



AN OUTBREAK ANYWHERE IS A RISK EVERYWHERE

As the rapidly evolving COVID-19 pandemic has made clear, infectious disease is proof of humankind's interconnectedness. The key to global health security, which shapes our interconnected economies and societies, is prevention.

Since Gavi was established in 2000, its mission to save lives, reduce poverty and protect the world against the threat of epidemics has helped vaccinate more than 822 million children in 77 countries through the end of 2019 – preventing more than 14 million future deaths.

The successes of 2019 are a testament to the power of the Vaccine Alliance – from our core partners to the dedicated, passionate people in countries and communities upon whose hard work and expertise we rely every day to protect the next generation.

Through participation in international policy dialogues, Gavi positioned immunisation as a far-reaching preventive health measure to improve global health security. By focusing on the Vaccine Alliance's work to build resilience in fragile and vulnerable places, and on our investments in vaccine stockpiles and cold chain capacity, we brought urgency to epidemic preparedness and response.

During 2019, we didn't know that our immunisation partnership would become the foundation for effective, equitable responses to the most challenging global crisis in generations.

As early as April 2020, at least 13.5 million people in 13 of the world's least developed countries were missing out on vaccinations due to disruptions caused by the COVID-19 pandemic, with millions more likely to follow.

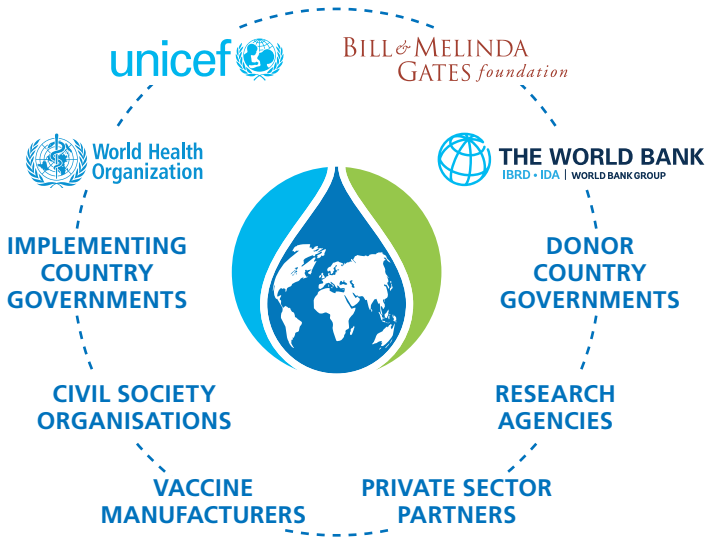
As we stand side by side with countries to battle COVID-19, the Alliance maintains a relentless focus on keeping immunisation programmes running, to ensure the pandemic leaves no one behind – including the 10.6 million children in disadvantaged communities who are still not receiving even the first dose of basic vaccinations.

To maintain global security, social cohesion and economic stability, we must value vaccines as one of the most successful and cost-effective health investments in history. As the core of Gavi's work, life-saving immunisation represents a beacon of hope in these uncertain times: the foundation for the healthy future every child deserves, and on which our interconnected world depends.

Gavi/2018/AAPIMAGE-Brendan Esposito

Immunisation partnership

Gavi's impact draws on the strengths of its core partners.



WHO: regulates vaccines and supports country introductions.

UNICEF: procures vaccines and supports countries.

The World Bank: helps support pioneering innovative finance.

Bill & Melinda Gates Foundation: provides funding, expertise and innovation.

Implementing country governments identify their immunisation needs, co-finance and implement vaccine programmes.

Civil society organisations help ensure that vaccines reach every child.

Vaccine and cold chain equipment manufacturers make available affordable, quality vaccines and cold chain solutions.

Donor country governments make long-term funding commitments and partner with Gavi in country.

Private sector partners contribute resources, expertise and innovation.

Research agencies generate data and communicate the value of vaccines.

INSIDE THIS REPORT

Introduction

1 Foreword by Dr Seth Berkley, Gavi CEO
2 Thoughts of Dr Ngozi Okonjo-Iweala, Gavi Board Chair
3 The risk of disease outbreaks
4 Table of contents

6 Mission and strategic goals

6 Mission and strategic goals
7 Mission indicators 2016–2020
8 Strategy for 2016–2020
9 Strategic goal indicators: summary
10 Gavi-supported vaccine introductions & campaigns

12 The vaccine goal

13 Vaccine goal indicators
14 Why vaccines?
16 Vaccine updates
18 Resilience and global health security
21 Typhoid: immunising against AMR
22 Fighting infectious diseases
23 Looking ahead

24 The health systems goal

25 Health systems goal indicators
26 How health systems work
27 Strong systems for strong coverage
28 Strengthening supply chains
29 The vital quality of data
30 Building and maintaining demand
31 Looking ahead

INSIDE GAVI

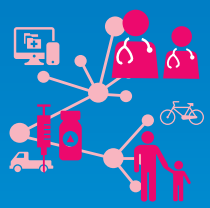
Long-term financing to allow long-term planning

Working with donors and countries to secure long-term, predictable funding for immunisation programmes.

Accelerating access to life-saving vaccines

Supporting life-saving vaccines in routine immunisation programmes, campaigns and global stockpiles.

Strengthening vaccine delivery platforms



Creating a solid platform for immunisation and other primary health care services, contributing to Universal Health Coverage.

Inequity

19.7 million children worldwide miss out on a full course of basic vaccines.

77% of these children live in Gavi-supported countries.

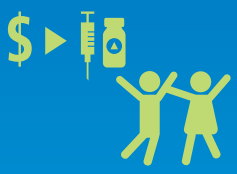
Annexes 55
Contributions to Gavi 56
Governance structure 57
Contributions pledged to Gavi 58
Commitments for country programmes 60
Board approvals for country programme expenditure 62
Commitments and Board approvals for investment cases 64

32 The sustainability goal
33 Sustainability goal indicators
34 Self- and co-financing countries
36 Supporting transitioning countries
37 Addressing post-transition risks
38 Financing for health; policy lessons
39 Looking ahead

40 The market shaping goal
41 Market shaping goal indicators
42 How market shaping works
43 Helping countries get new vaccines
44 The long view on vaccine markets
45 Supply constraints
45 Looking ahead

46 Funding and finance
47 Innovative finance
48 Financing mechanisms; looking ahead
49 Private sector collaboration
50 Innovative approaches to immunisation
51 INFUSE: addressing today's challenges
52 Spotlight on Orange
53 Investment Opportunity 2021–2025

Countries sustaining their immunisation programmes



As countries become more prosperous, they invest more in their immunisation programmes. Populations become healthier and more productive.

Stimulating vaccine manufacture & innovation

Creating healthy market dynamics. Ensuring sufficient supply of appropriate, affordable and quality vaccines and cold chain equipment.

Reaching big targets by working together

Responding to demand for vaccines from the world's poorest countries, where 60% of the world's children live, meeting the greatest public health need.

Equity

Eventually, countries are able to fully finance their own immunisation programmes.

More children everywhere have access to more vaccines and enjoy improved health.

Gavi/2018/Hervé Lequeux

MISSION AND STRATEGIC GOALS

The Vaccine Alliance's mission is:

to save children's lives and protect people's health by increasing equitable use of vaccines in lower-income countries

To track our progress and achieve our mission, we rely on a five-year strategy with a set of **key performance indicators:**

Mission indicators

Summary: page 7

Five "mission indicators" reflect our overall progress against our aspirations for the 2016–2020 period.

Strategic goal indicators

Summary: page 9

The 2016–2020 strategy has four goals that support our overall mission, each with its set of indicators.

Goal 1: Vaccine indicators Page 13

Goal 2: Health systems indicators Page 25

Goal 3: Sustainability indicators Page 33

Goal 4: Market shaping indicators Page 41

MISSION INDICATORS 2016–2020

Vaccine Alliance partners and countries are making great strides towards achieving our five mission indicators. By the end of 2019, we were on track to reach all our 2020 targets.

2020 target: **300m**

2015: **n/a** 2019: **65m**

Children immunised 259m

The number of children immunised with the last recommended dose of a Gavi-supported vaccine delivered through routine systems.[a] People immunised through campaigns and supplementary immunisation activities are not included.

2019 performance: Countries immunised an additional 65 million children with Gavi support in 2019, often with more than one vaccine. This is an increase from the 64 million children reached in 2018, and the Vaccine Alliance is on track to help countries immunise an additional 300 million children in the 2016–2020 period. From 2016–2019, 259 million unique children were immunised.

a – To not double-count recipients of more than one vaccine, we only take into account the vaccine with the highest coverage level per country.

Gavi/2020/Isaac Griberg

Sources: WHO/UNICEF Estimates of National Immunization Coverage; United Nations Population Division; World Population Prospects, 2020

2020 target: **5–6m**

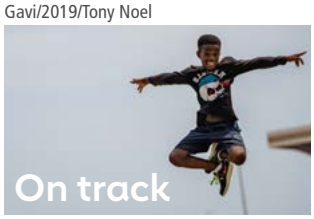
2015: **n/a** 2019: **1.5m**

Future deaths prevented 5.4m

The number of future deaths prevented as a result of vaccination with Gavi-funded vaccines in the countries we support.

2019 performance: Countries prevented approximately 1.5 million future deaths in 2019 with Gavi-supported vaccines. Together with the approximately 1.5 million deaths averted in 2018, this puts us on track to help countries avert 5–6 million future deaths in the 2016–2020 period.

Gavi/2019/Tony Noel



Source: Vaccine Impact Modelling Consortium (VIMC), 2020

2015: **63/1,000** 2020 target: **57/1,000**

Under-five mortality rate 2018: 57/1,000

2019 data available: **Q4 2020**

The average probability of a child born in any of the Gavi-supported countries dying before they reach the age of five.

2019 performance: The under-five mortality rate fell from 59 to 57 deaths per 1,000 live births between 2017 and 2018, putting us on track to reach our target of 57 deaths per 1,000 live births by the end of 2020. Estimates for 2019 will be available in late 2020.

Gavi/IVAC/2018/Amanda Mustard

Sources: UN Inter-agency Group for Child Mortality Estimation (IGME); United Nations Population Division; World Population Prospects, 2020

2020 target: **250m**

2015: **n/a** 2019: **74m**

Future DALYs averted 255m

The number of future disability-adjusted life years (DALYs) averted as a result of vaccination with Gavi-supported vaccines. DALYs measure the number of healthy years lost due to disability or premature death.

2019 performance: Countries averted approximately 74 million DALYs in 2019 with Gavi support, having averted approximately 66 million in 2018. We have exceeded our target of 250 million DALYs averted by 2020.

Gavi/2018/Hervé Lequeux

Source: Vaccine Impact Modelling Consortium (VIMC), 2020

2020 target: **100%**

2015: **n/a** 2019: **100%**

Vaccines sustained after Gavi support ends 100%

The percentage of countries that continue to deliver all recommended vaccines included in their routine programmes after they transition out of Gavi financing. This indicator covers all vaccines recommended by national authorities for routine immunisation, not only those supported by Gavi.

2019 performance: All transitioned countries (100%) continued to deliver all their recommended routine vaccination programmes throughout 2019.

Gavi/2019

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2020

Some figures from previous years have been updated due to revisions of historical data.

STRATEGY FOR 2016–2020

2019 is the penultimate year of Gavi's fourth strategic period (2016–2020). Our strategy is underpinned by four goals that both shape our assistance and help us track progress through the mission indicators.

Strategic goals

Goal 1: Accelerate vaccines

- Increase coverage and equity of immunisation
- Support countries to introduce and scale up new vaccines
- Respond flexibly to the special needs of children in fragile countries

Goal 2: Strengthen health systems

- Contribute to improving integrated and comprehensive immunisation programmes
- Support improvements in supply chains, health information systems, demand generation and gender-sensitive approaches
- Strengthen engagement of civil society, private sector and other partners

Goal 3: Improve sustainability

- Enhance political commitment to immunisation
- Ensure appropriate allocation and management of national human and financial resources to immunisation through legislative and budgetary means
- Prepare countries to sustain performance in immunisation after transition

Goal 4: Shape markets

- 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

To achieve these goals, Gavi provides **three main types of support** to implementing countries:

Gavi/2017/Thierry Vincent

Gavi supports countries in strengthening their health systems. Part of this support facilitates the introduction of more modern and environmentally friendly cold chain equipment to make sure that vaccines can safely reach everyone who needs them.

So far, we have provided health system strengthening grants to 69 countries.

Gavi/2019/Isaac Griberg

Through routine immunisation programmes, preventive campaigns and emergency stockpiles, the Vaccine Alliance supports vaccines against 17 infectious diseases.

By the end of 2019, we had helped 78 countries through routine introductions, campaigns and emergency stockpiles. We have supported 495 routine introductions and campaigns, and funded more than 135 million vaccine doses through global stockpiles.

Gavi/2019/Isaac Griberg

Through the partners' engagement framework (PEF), we channel resources to Alliance partners for technical support to countries, based on needs identified by the countries themselves.

We give particular priority to the countries with the largest number of under-immunised children. Spending on Targeted Country Assistance (TCA) increased from US$ 86.5 million in 2018 to US$ 93.2 million in 2019.

STRATEGIC GOAL INDICATORS: SUMMARY

On track | Moderate delays/challenges | Significant delays/challenges

Goal 1: Accelerate vaccines

gavi.org: vaccine goal

Routine immunisation coverage

Percentage of children in Gavi-supported countries that have received:

3rd dose of pentavalent vaccine[a]

2015: **79%** **81%** 2020 target: **84%**

1st dose of measles-containing vaccine

2015: **78%** **81%** 2020 target: **83%**

Breadth of protection

Average coverage across all Gavi-supported vaccines

2015: **30%** **56%** 2020 target: **62%**

Equity: geographic distribution

% of districts in Gavi-supported countries with at least 80% pentavalent vaccine coverage

2015: **81%** **84%** 2020 target: **91%**

Equity: wealth distribution

Average difference in pentavalent vaccine coverage between the richest and poorest quintiles

2015: **18%** **18%** 2020 target: **15%**

Equity: maternal education

Average difference in pentavalent vaccine coverage: children of non- and educated mothers

2015: **18%** **17%** 2020 target: **14%**

Goal 2: Strengthen health systems

gavi.org: systems goal

Supply chain performance

Average score by Gavi-supported countries in WHO's Effective Vaccine Management assessment

2015: **67%** **70%** 2020 target: **72%**

Data quality

Percentage of countries meeting our benchmark for quality of immunisation coverage data

2015: **45%** **45%** 2020 target: **55%**

Integrated health service delivery

Percentage of countries meeting the benchmark for integrated service delivery

2015: **29%** 2020 target: **39%** **44%**

1st dose pentavalent vaccine coverage[a] & drop-out rate between 1st & 3rd dose[a]

2015: **84%** **87%** 2020 target: **88%**

6% | **7% drop-out** | 3%

a – In the current strategic period, Gavi uses DTP coverage as a proxy measure for pentavalent vaccine coverage.

Civil society engagement

Percentage of countries meeting the benchmark for civil society engagement

2015: **n/a** **24%** 2020 target: **43%**

Goal 3: Improve sustainability

gavi.org: sustainability goal

Countries on track to successful transition

Percentage of transitioning countries that are on track to do so successfully

2015: **63%** **67%** 2020 target: **75%**

Country investments in routine immunisation

% of countries that increased investment in routine immunisation per child, relative to 2015

2015: **n/a** 2018: **60%** 2020 target: **100%**

2019 data available in Q4 2020

Co-financing

% of countries fulfilling co-financing commitments by year end or pay arrears within 12 months

2015: **85%** 2018: **100%** 2020 target: **100%**

2019 data available in Q4 2020

Institutional capacity

The average composite score in institutional capacity in Gavi-supported countries

2015: **n/a** **2.6** 2020 target: **2.7**

Goal 4: Shape markets

gavi.org: market shaping goal

Sufficient and uninterrupted supply

Number of Gavi vaccine markets where supply meets demand

2015: **7** **8** 2020 target: **11**

Vaccine price reduction

Average price to fully immunise a child with pentavalent, pneumococcal and rotavirus vaccines

2015: **US$ 20** **US$ 15.57** 2020 target: **not published**

Innovation

Number of vaccines and immunisation products with improved characteristics procured by Gavi

2015: **0** 2020 target: **10** **10**

Healthy market dynamics

Number of vaccine markets classified as having moderate or high healthy market dynamics

2015: **1** **3** 2020 target: **6**

The source for each indicator is given in the respective strategic goal chapter.
Some figures from previous years have been updated due to revisions of historical data.

GAVI-SUPPORTED VACCINE INTRODUCTIONS & CAMPAIGNS

gavi.org: country hub

Country

African region	Surviving infants surviving to 1 year (2019)	Child mortality rate deaths <5 years per 1,000 births (2018)	Immunisation coverage (DTP3/pentavalent 3rd dose) (2019)	Vaccines launched in 2019 (R = routine, C = campaign, D = demonstration project)	Pentavalent[a]	Rotavirus	Pneumococcal	Human papillomavirus	Inactivated polio[b]	Japanese encephalitis	Measles	Measles-rubella	Meningitis A	Typhoid	Yellow fever	Gross national income[c] per capita, US$ (2017)	Transition status (1 – Initial self-financing, 2 – Preparatory transition, 3 – Accelerated transition, 4 – Fully self-financing)
Angola	1,208,328	77	57%		R	R	R		R			C				3,330	
Benin	398,503	93	76%	MR (C); Rota (R)	R		R	D	R			R	C		RC	800	
Burkina Faso	723,357	76	91%	MR (C)	R	R	R	D	R		R	C	RC		C	610	
Burundi	425,229	58	93%		R	R	R	D	R		R	C	C			290	
Cameroon	850,706	67	67%	MR (R+C)	R	R	R	D	R			C	C		RC	1,360	
Central African Republic	154,231	116	47%		R		R		R				RC		RC	390	
Chad	617,762	119	50%		R				R		C		RC		R	630	
Comoros	25,356	67	91%		R				R							760	
Congo[d]	168,638	50	79%	MR (C)	R	R	R		R						R	1,360	
Côte d'Ivoire	860,156	81	84%	HPV (R)	R	R	R	D	R			RC	RC		C	1,540	
DR Congo	3,309,217	88	57%	Meas (C); Rota (R)	R		R		R		C		C		R	450	
Eritrea	101,159	42	95%	MenA (C)	R	R	R		R		R	RC				Low	
Ethiopia	3,455,605	55	69%	Meas (R)	R	R	R	RD	R		C		C			740	
Gambia	85,693	58	88%	HPV (R+C); MenA (R+C)	R	R	R	D	R		R	C	C			450	
Ghana	852,552	48	97%		R	R	R	D	R		R	C	RC		RC	1,490	
Guinea	437,437	101	47%		R				R				C		RC	820	
Guinea-Bissau	62,792	81	84%	Meas (C)	R	R	R		R				C		R	660	
Kenya	1,439,196	41	92%	HPV (R); MenA (C); YF (R)	R	R	R	D	R			C			R	1,440	
Lesotho	52,813	81	87%		R	R	R		R			C				1,280	
Liberia	153,340	71	74%	HPV (R); Meas (R); IPV (C)	R	R	R	D	R		C				RC	380	
Madagascar	852,097	54	79%		R	R	R	D	R							400	
Malawi	606,279	50	95%	HPV (R)	R	R	R	D	R		R	C				320	
Mali	757,582	98	77%	Meas (R+C)	R	R	R	D	R				RC		RC	770	
Mauritania	142,864	76	81%		R	R	R		R			RC	C			1,100	
Mozambique	1,073,337	73	88%		R	R	R	D	R		R	RC				420	
Niger	1,020,306	84	81%	Meas (C); MenA (C)	R	R	R	D	R				RC		R	360	
Nigeria	7,085,914	120	57%	Meas (R+C); MenA (R+C)	R		R		R		C		C		RC	2,080	
Rwanda	384,054	35	98%		R	R	R	R	R		R	C				720	
Sao Tome and Principe	6,542	31	95%		R	R	R	D	RC		R	C			R	1,770	
Senegal	536,744	44	93%		R	R	R	RD	R		R	C	C		C	950	
Sierra Leone	237,331	105	95%	MR (R+C)	R	R	R	D	R		R				RC	510	
South Sudan	363,808	99	49%		R				R				C			Low	
Togo	252,072	70	84%	MR (R)	R	R	R	D	R			RC	C		RC	610	
Uganda	1,576,460	46	93%	MR (R+C)	R	R	R	R	R				C			600	
UR Tanzania	2,029,002	53	89%	MR (C); IPV (C)	R	R	R	RD	R		R	C				905[e]	
Zambia	612,730	58	88%	HPV (R)	R	R	R		R		R	C				1,300	
Zimbabwe	420,104	46	90%	IPV (R); MR (C)	R	R	R	RCD				RC				910	

a – All 73 countries have introduced pentavalent vaccine.
Five of the 73 countries introduced pentavalent vaccine independently of Gavi support.

b – All 73 countries have introduced inactivated polio vaccine (IPV).
Two of the 73 countries introduced IPV independently of Gavi support.

c – GNI for 2017 in US$, Atlas method, as published by the World Bank on 1 July 2018.

d – In 2018, the Board approved Congo to regain eligibility from 1 January 2019.

e – Covers mainland Tanzania only.

f – Syria became Gavi eligible in 2019.

g – Excludes Abkhazia and South Ossetia.

h – Excludes Transnistria.

i – Vietnam transitioned to fully self-financing at the end of 2019.

Sources: Gavi, the Vaccine Alliance; UNDP; WHO/UNICEF Estimates of National Immunization Coverage; World Bank; World Development Indicators database

Country	Surviving infants surviving to 1 year (2019)	Child mortality rate deaths <5 years per 1,000 births (2018)	Immunisation coverage (DTP3/pentavalent 3rd dose) (2019)	Vaccines launched in 2019 (R = routine, C = campaign, D = demonstration project)	Vaccines launched 2000–2018: Pentavalent[e]	Rotavirus	Pneumococcal	Human papillomavirus	Inactivated polio[b]	Japanese encephalitis	Measles	Measles-rubella	Meningitis A	Typhoid	Yellow fever	Gross national income[c] per capita, US$ (2017)	Transition status (1 – Initial self-financing, 2 – Preparatory transition, 3 – Accelerated transition, 4 – Fully self-financing)
Region of the Americas																	
Bolivia (Plurinational State of)	240,148	27	75%			R	R	R	R							3,130	
Cuba	112,317	5	99%						R							Up/Mid	
Guyana	15,034	30	99%			R	R	RC	R							4,460	
Haiti	255,783	65	51%	MR (C)	R	R	R		R							760	
Honduras	205,162	18	87%			R	R	R	R							2,250	
Nicaragua	130,166	18	98%			R	R		R							2,130	
Eastern Mediterranean region																	
Afghanistan	1,151,687	62	66%		R	R	R		R		C					570	
Djibouti	19,794	59	85%		R	R	R		R							1,880	
Pakistan	5,669,762	69	75%	Typhoid (R+C)	R	R	R		R		RC					1,580	
Somalia	601,027	122	42%	Meas (C)	R				R							Low	
Sudan	1,308,394	60	93%	Meas (C)	R	R	R		R				RC		C	2,379	
Syria[f]	415,545	17	54%													Low	
Yemen	833,984	55	73%	MR (C)	R	R	R		R			C				Low	
European region																	
Armenia	39,890	12	92%		R	R	R	D	R							4,000	
Azerbaijan	158,735	22	94%		R		R		R							4,080	
Georgia	52,248	10	94%		R	R	R	D								3,790[g]	
Kyrgyzstan	150,534	19	95%	Rota (R)	R		R		R							1,130	
Republic of Moldova	39,646	16	91%	IPV (C)	R	R	R	D	R							2,180[h]	
Tajikistan	271,564	35	97%		R	R			R							990	
Uzbekistan	674,464	21	96%	HPV (R)	R	R	R		R							1,980	
South-East Asian region																	
Bangladesh	2,840,497	30	98%		R		R	D	RC		R	C				1,470	
Bhutan	12,686	30	97%	Pneumo (R)	R				R							2,720	
DPR Korea	350,746	18	97%	MR (R+C)	R				R		R					Low	
India	23,389,729	37	91%		R	R	R		R			C				1,820	
Indonesia	4,715,253	25	85%		R			D	R	C		C				3,540	
Myanmar	906,963	46	90%	MR (C)	R		R		R	RC	R	C				1,190	
Nepal	547,939	32	93%		R		R	D	R	RC	R	R				790	
Sri Lanka	328,861	7	99%		R			R	R							3,840	
Timor-Leste	36,555	46	83%		R				R							1,790	
Western Pacific region																	
Cambodia	354,731	28	92%		R		R	D	R	C	R	C				1,230	
Kiribati	3,104	53	97%		R		R		R							2,780	
Lao PDR	159,590	47	68%		R		R	D	R	C		R				2,270	
Mongolia	73,832	16	98%	IPV (R)	R		R									3,290	
Papua New Guinea	225,871	48	35%	MR (C)	R		R		R			C				2,410	
Solomon Islands	21,077	20	94%	HPV (R+C) MR (C)	R		R	D	R			RC				1,920	
Vietnam[i]	1,558,955	21	89%	MR (C)	R				R		R	C				2,170	

Notes:

As Gavi only supports Ebola, oral cholera and multivalent meningitis vaccines through global stockpiles, these are not included among the country introductions.

In November 2017, Gavi opened a funding window for typhoid conjugate vaccine (TCV); in 2019, Pakistan became the first country to introduce TCV into its routine immunisation programme with Gavi support.

Some countries have introduced vaccines into their routine programmes independently of Gavi support.

Low = Estimated to be low-income (GNI US$ 995 or less)

Up/Mid = Estimated to be upper middle-income (GNI US$ 3,896 to 12,055)

Gavi/2019/Frederique Tissandier

THE VACCINE GOAL

accelerate equitable uptake and coverage of vaccines

- Countries immunised 65 million unique children with Gavi support in 2019.
- Coverage with a full course of pentavalent vaccine and the first dose of measles-containing vaccine both reached 81%.
- Over the past four years, the average number of Gavi-supported vaccines that a child receives through routine immunisation has nearly doubled – meaning that more children are protected against more serious diseases than ever before.
- Progress on addressing the impact of inequities in wealth and education has stalled. We are working to better address and measure these challenges.
- Gavi supported 60 vaccine introductions and campaigns this year, an increase of 14 from 2018 and above the target for 2019.
- Stockpiles for cholera, meningococcal and yellow fever vaccines were accessed a total of 22 times by 12 countries.

60 vaccine introductions and campaigns

up 14 from 2018 and exceeded the target of 56 for 2019

VACCINE GOAL: INDICATORS

1. Routine immunisation coverage

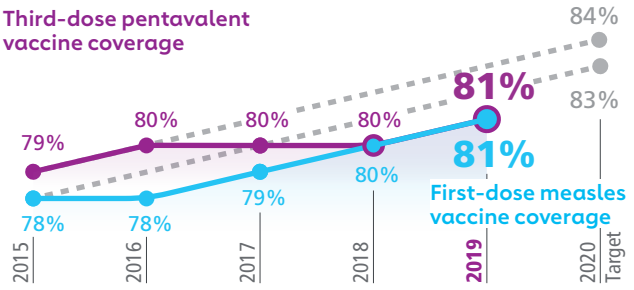
% of children reached with third dose of pentavalent vaccine and first dose of measles-containing vaccine in Gavi-supported countries

81% **Pentavalent**: significant delays/challenges

81% **Measles**: moderate delays/challenges

The percentage of children reached with these essential vaccines rose slightly to 81% from 80% in 2018, but we are still not on track to reach our 2020 targets. One million more children were protected with the third dose of pentavalent vaccine in 2019 compared with 2018, and 3.5 million more children than in 2015 (an increase of 6%). However, population growth means that coverage is not rising as quickly.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2020



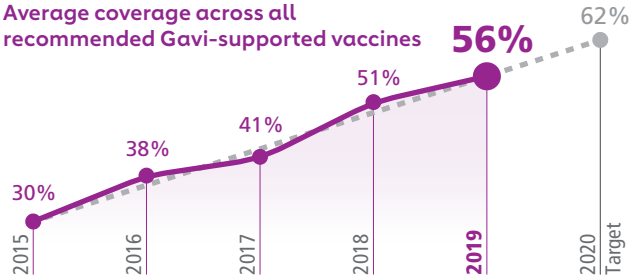
2. Breadth of protection

% of children reached with last dose of vaccines recommended in Gavi-supported countries (last dose of three vaccines specific to certain regions)

56% On track

Coverage with all Gavi-supported vaccines averaged 56%, up from 51% in 2018. We are on track to reach our target for the end of this strategic period in 2020; however, this will likely be impacted by the COVID-19 pandemic, which has both delayed vaccine introductions and affected coverage.

Sources: WHO/UNICEF Estimates of National Immunization Coverage; WHO/UNICEF Joint Reporting Form, 2020



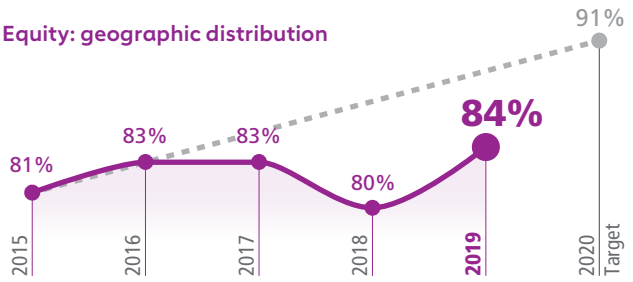
3. Geographic distribution

average % of districts in Gavi-supported countries in which coverage with a third dose of pentavalent vaccine ≥ 80%

84% Significant delays/challenges

The percentage of districts reaching this threshold rose to 84%, up from 80% in 2018. However, we are not on track to reach our 2020 target. Challenges with quality of subnational data limits our ability to meaningfully track progress.

Sources: WHO/UNICEF Estimates of National Immunization Coverage; WHO/UNICEF Joint Reporting Form, 2020



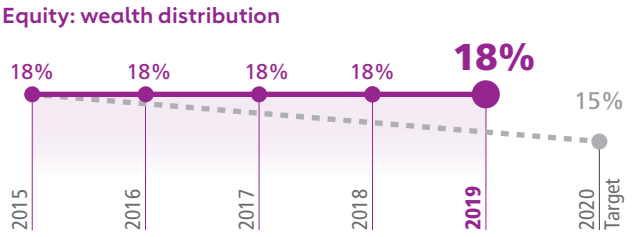
4. Wealth distribution

average difference in coverage with third dose of pentavalent vaccine: poorest and richest 20% of population across Gavi-supported countries

18% Significant delays/challenges

There has been no change in the average difference in coverage between the poorest and richest quintiles in Gavi-supported countries since 2015. We are not on track to reach our 2020 target of 15%. Accurately tracking this indicator remains difficult due to a lack of recent data.

Sources: Latest available household surveys, such as Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Survey (MICS), 2020



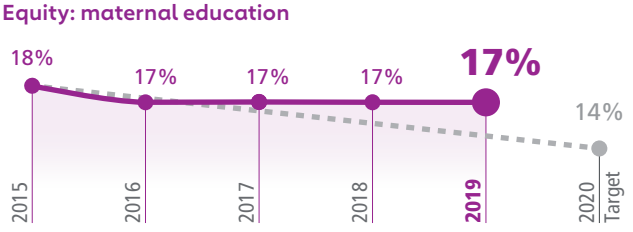
5. Maternal education

average difference in coverage (third dose of pentavalent) between non-educated and more educated mothers

17% Significant delays/challenges

Progress on this indicator has stalled. The average difference in coverage between non-educated mothers and those with secondary education remains at 17%, unchanged since 2016. We are not on track to reach our 2020 target. Lack of recent data makes accurately tracking this indicator challenging.

Sources: Latest available household surveys, such as Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Survey (MICS), 2020



WHY VACCINES?

Vaccines are the best tools yet invented to prevent child deaths and protect people's health.

Gavi funding for access to vaccines has protected a generation of children growing up in lower-income countries.

Gavi funds twin approaches to immunisation: routine and campaigns. Both are essential tools to prevent child deaths and to change lives.

Routine immunisation

Gavi/2013/Evelyn Hockstein

This is the core of every national vaccination programme, as well as the foundation on which primary health systems are built.

Most of the vaccines Gavi supports are for countries to use through their routine immunisation system. They enable countries to protect children against a range of diseases according to a fixed schedule, and to help ensure regular contact between children and their families and the health system.

Of the 65 million unique children immunised with Gavi support in 2019, each child is protected against approximately seven infectious diseases. Today, more than four in five children in Gavi-supported countries receive routine immunisations.

Vaccination campaigns

Gavi/2013/Manpreet Romana

Campaigns are the second pillar of Gavi's vaccine support.

Some vaccines for outbreak-prone diseases are not currently part of routine immunisation programmes. Instead, they are given to curb the spread of outbreaks of infectious diseases such as cholera, Ebola or certain meningococcal meningitis strains.

Other vaccines are given in a "catch-up" campaign when they are first introduced into the routine programme, to quickly bolster population-level immunity, and to allow individuals to benefit from a vaccine when it is made available in a country for the first time (even if they are beyond the normal age for routine vaccination). In other cases, periodic planned preventive campaigns are conducted to close immunity gaps due to inadequate routine immunisation coverage.

Vaccine introductions

Gavi/2003/Thomas Kelly

Every year, countries introduce new vaccines through a vital process of national planning, with input and support from the Vaccine Alliance.

Bringing in a new vaccine to a country adds complexity for the health system, including logistical, administrative and management challenges. The cold chain capacity must be adequate to meet the needs of an additional vaccine; health workers need to be trained to administer it; and managers need to ensure that sufficient doses, staff and other resources are available.

This year, 60 vaccine introductions and campaigns took place with Gavi support. This was up 14 from 2018 and exceeded the target of 56 for 2019.

WHAT DO VACCINES DO?

Protect children from deadly diseases


Gavi/2019/Duncan Graham-Rowe

In the poorest countries, nearly one in four deaths of children under five are caused by pneumonia or diarrhoea. These diseases were even more of a death sentence for young children before new vaccines were made available with Gavi funding. Pneumococcal vaccine prevents the most common bacterial cause of pneumonia. Rotavirus vaccine protects against the deadliest type of diarrhoeal disease. Coverage of pneumococcal conjugate and rotavirus vaccines in Gavi-supported countries remains higher than the global average – showing Gavi's significant impact in scaling up vaccines and reducing the gap between lower- and higher-income countries.

Prevent disease outbreaks


Gavi/2020/Isaac Griberg

Outbreaks of vaccine-preventable diseases, such as measles, are a sign of weakness in routine immunisation programmes – often exacerbated by rapid urbanisation; crowded, unsanitary living conditions; climate change; and population growth and movement. When vaccination rates drop below the herd immunity threshold, outbreaks can spread – infecting and killing. Gavi works with partnerships to prevent and respond to outbreaks, including the Global Task Force on Cholera Control, the Eliminate Yellow Fever Epidemics (EYE) Strategy, the Measles & Rubella Initiative and the Global Polio Eradication Initiative.

Fight cancer


Gavi/2017/Thierry Vincent

Two other vaccines supported by Gavi help to prevent certain types of cancer. Human papillomavirus (HPV) vaccines protect against the main causes of cervical cancer and are being introduced in a growing number of countries, despite some challenges with supply. Hepatitis B vaccine, which is one of the components of the five-in-one pentavalent vaccine, prevents a leading cause of liver cancer. By protecting each new generation with these vaccines, countries are helping to reduce the burden of cancer.

Help prevent antimicrobial resistance


Gavi/IVAC/2018/Amanda Mustard

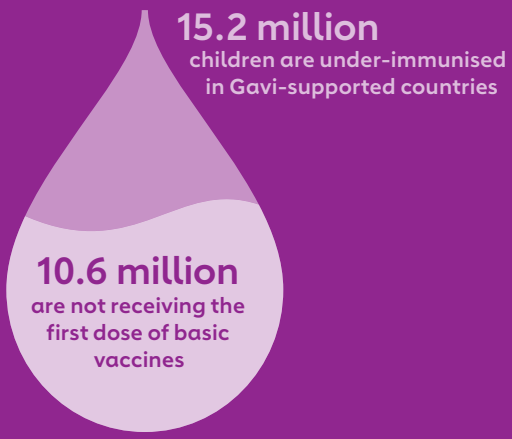
Pneumonia and severe diarrhoea are often treated with antibiotics, even when they are caused by a virus and therefore antibiotics are ineffective – leading to increased antimicrobial resistance. Vaccine Alliance support for vaccines to prevent causes of pneumonia – *Haemophilus influenzae* type b (Hib) and pneumococcal pneumonia – is estimated to have averted the need for up to 14 million doses of antibiotics from 2011–2015. Gavi supports countries to protect hundreds of millions of children against meningococcal meningitis and rotavirus, thereby reducing the purchase and use of antibiotics.

OUR HIGHEST PRIORITY

Countries are reaching and protecting more children each year with support from the Vaccine Alliance. Yet despite two decades of tremendous progress increasing access to vaccines, slightly under one in five children in countries supported by Gavi – 15.2 million children – are still under-immunised with the third dose of the essential childhood vaccination containing diphtheria-tetanus-pertussis vaccine (DTP3).

Of this group, almost 70% are "zero-dose" children, who are still not receiving even the first dose of DTP-containing vaccine. While these numbers have declined since 2015, reaching these children and setting them on the pathway to full immunisation is our highest priority.

Reaching and protecting children in the most marginalised and under-served communities is the most pressing and difficult challenge facing the Vaccine Alliance today. Whether they live in remote areas, informal urban settlements or countries facing fragility or conflict, there are few services and little access to health care.



UPDATES ON GAVI-SUPPORTED VACCINE PROGRAMMES

Pentavalent vaccine

gavi.org: pentavalent

Type of support offered by Gavi	Routine immunisation
Introductions & campaigns in 2019	0
Total introductions & campaigns to end 2019	68[a]
Total reached to end 2019	>517m

Combining five different antigens in one vial provides protection against diphtheria, tetanus, pertussis (whooping cough), hepatitis B and *Haemophilus influenzae* type b (Hib).

a – All 73 Gavi-eligible countries have introduced pentavalent vaccine. Five of the 73 countries introduced pentavalent vaccine independently of Gavi support.

OVER 517 MILLION CHILDREN VACCINATED

All Gavi-supported countries have successfully introduced this five-in-one vaccine. Coverage has increased substantially since 2015. The price of pentavalent vaccine dropped further in the most recent tender – offering benefits to countries but creating some risks for the future health of the market for this vital vaccine, which Gavi is actively managing. (See the Market shaping chapter on page 40 for more information.)

There was a substantial drop in coverage in Vietnam following a stock-out, caused in part by the country's decision to switch to a new product after an existing manufacturer stopped production.

Pneumococcal vaccine

gavi.org: pneumococcal

Type of support offered by Gavi	Routine immunisation
Introductions & campaigns in 2019	1
Total introductions & campaigns to end 2019	60
Total reached to end 2019	>215m

Helps prevent the primary cause of bacterial pneumonia, a leading cause of vaccine-preventable deaths among under-fives.

OVER 215 MILLION CHILDREN VACCINATED

For the first time, pneumococcal vaccine coverage in Gavi-supported countries was higher than the worldwide average. This reflects a decade of progress and hard work by countries and Alliance partners to support introductions and scale up coverage. In December, a new, cheaper pneumococcal conjugate vaccine (PCV) produced by Serum Institute of India (SII) received WHO prequalification.[b]

Timor-Leste, which has transitioned from Gavi support, has requested access to the Advance Market Commitment (AMC) price for pneumococcal vaccines. The country plans to introduce pneumococcal vaccine into its routine immunisation programme. At the same time, it will run a catch-up campaign for children between one and five years old, the first country to do both at once, as recommended by WHO.

b – In January 2020, SII's PCV was deemed eligible for the Pneumococcal AMC. Subsequently, an AMC tender awarded SII a contract to supply PCV for the next 10 years at a new lower price of US$ 2 a dose.

Rotavirus vaccine

gavi.org: rotavirus

Type of support offered by Gavi	Routine immunisation
Introductions & campaigns in 2019	3
Total introductions & campaigns to end 2019	48
Total reached to end 2019	>125m

Protects against a leading cause of severe diarrhoea, which kills hundreds of thousands of children each year.

Gavi/2018/Thomas Nicolon

OVER 125 MILLION CHILDREN VACCINATED

Following significant challenges in availability of rotavirus vaccine in 2018, two newly prequalified products became available, from Bharat Biotech and Serum Institute of India (SII). This eased supply concerns and led to new introductions in three Gavi-eligible countries: Benin, the Democratic Republic of the Congo and Kyrgyzstan; as well as Timor-Leste, which recently transitioned from Gavi support. Planned introduction in Bangladesh and the Lao People's Democratic Republic, delayed from 2018, may be further disrupted by COVID-19.

The availability of new products on the market is welcome but requires countries to consider multiple options when choosing which products to introduce. This can be challenging in countries with limited experience and resources. We are working with Alliance partners to support countries with additional tools to help with decision-making.

Human papillomavirus (HPV) vaccine

gavi.org: hpv

>4.8 MILLION GIRLS VACCINATED

Type of support offered by Gavi	Demonstration programme	National programme[c]	
		Routine	MAC[d]
Introductions & campaigns in 2019	0	8	2
Total introductions & campaigns to end 2019	30	18	3
Total reached to end 2019	>4.8m girls		

Protects against the main causes of cervical cancer, from which about 311,000 women died in 2018 – mainly in low-income countries.

c – Countries can apply for support for: routine introduction; or routine introduction with multi-age cohort (MAC).

d – A multi-age cohort (MAC) is a one-time immunisation of individuals of different ages (e.g. 9–14 years), followed by an annual routine immunisation of a single cohort (e.g. 9 years); this is intended to achieve wider protection and stronger herd effect. There is a new method for calculating the fully vaccinated person (FVP); it is now based on the WHO programme coverage method, as opposed to the Joint Reporting Form (JRF) that countries submit annually to WHO and UNICEF.

This vaccine is a victim of its own success, and supply is an ongoing challenge. More high-income and middle-income countries are introducing the HPV vaccine, often for boys as well as girls. As a result, low- and lower middle-income countries wishing to use it to protect young women and girls from cervical cancer cannot always obtain the doses they need. Nonetheless, this year eight countries have introduced the vaccine into their routine programme, of which two also introduced a multi-age cohort (MAC) vaccination. By the end of 2019, a total of 18 countries had successfully launched their HPV national programme, including three countries with MAC. The reported coverage data for the first dose of HPV vaccine indicates that the majority of countries have achieved a coverage rate of at least 70%.

Challenges for countries include identifying how many girls need to be vaccinated and tracking those who have received the first dose to ensure they also get a second. This is especially challenging for girls who are not in school and other unreached populations. Underestimates can lead to stock shortages, and poor records can lead to high drop-out between the two doses. Sustaining school-based immunisation can also be a challenge, as most vaccines are delivered through health centres, which are not necessarily well connected to schools.

Inactivated polio vaccine (IPV)

gavi.org: ipv

Type of support offered by Gavi	Routine immunisation	Catch-up vaccination[e]
Introductions & campaigns in 2019	2	3
Total introductions & campaigns to end 2019	71[f]	7
Total reached to end 2019	>160m	N/A[g]

Protects against a highly contagious viral infection, mainly affecting children under the age of five, which can lead to paralysis or even death.

Nurse fills a syringe with polio vaccine in Mbankana health centre, DR Congo
Gavi/2015/Phil Moore

e – IPV catch-up vaccination targets children missed due to the global supply constraints in the period from 2016 to 2018 and related programme delays and disruptions.

f – The Gavi Board exceptionally approved support for 73 countries, all of which have introduced at least one dose of IPV.

g – As catch-up vaccination campaigns for IPV are conducted through routine immunisation without Gavi operational funding, these results are not yet available.

In April, Mongolia and Zimbabwe became the last two Gavi-eligible countries to introduce IPV into routine immunisation. All 73 countries now provide at least one dose of IPV, the goal set in 2013 to support the Global Polio Eradication Initiative. In addition, several countries implemented catch-up activities to vaccinate children missed between 2016 and 2019 due to global supply constraints. Countries were encouraged to develop innovative strategies, including delivery through routine immunisation programmes. Tanzania implemented a multi-antigen campaign for children who had not received IPV, as well as those who had missed the measles-rubella vaccination.

IPV supply improved greatly this year, thanks to manufacturers scaling up production, and is expected to allow additional catch-up activities and introduction of a second dose in routine programmes as early as 2021. However, supplies remained below aggregate demand from Gavi-eligible countries, while the price increased.

Japanese encephalitis vaccine

gavi.org: je

Type of support offered by Gavi	Routine immunisation	Catch-up campaigns[h]
Introductions & campaigns in 2019	0	0
Total introductions & campaigns to end 2019	5	5
Total reached to end 2019	>2.9m	>16m

Prevents the main cause of viral encephalitis, especially in Asia. Case fatality rates can be as high as 30%, while up to 50% of survivors suffer permanent disability.

h – For children aged 9 months to 14 years, on the condition that countries subsequently co-finance introduction of the vaccine into the routine immunisation programme.

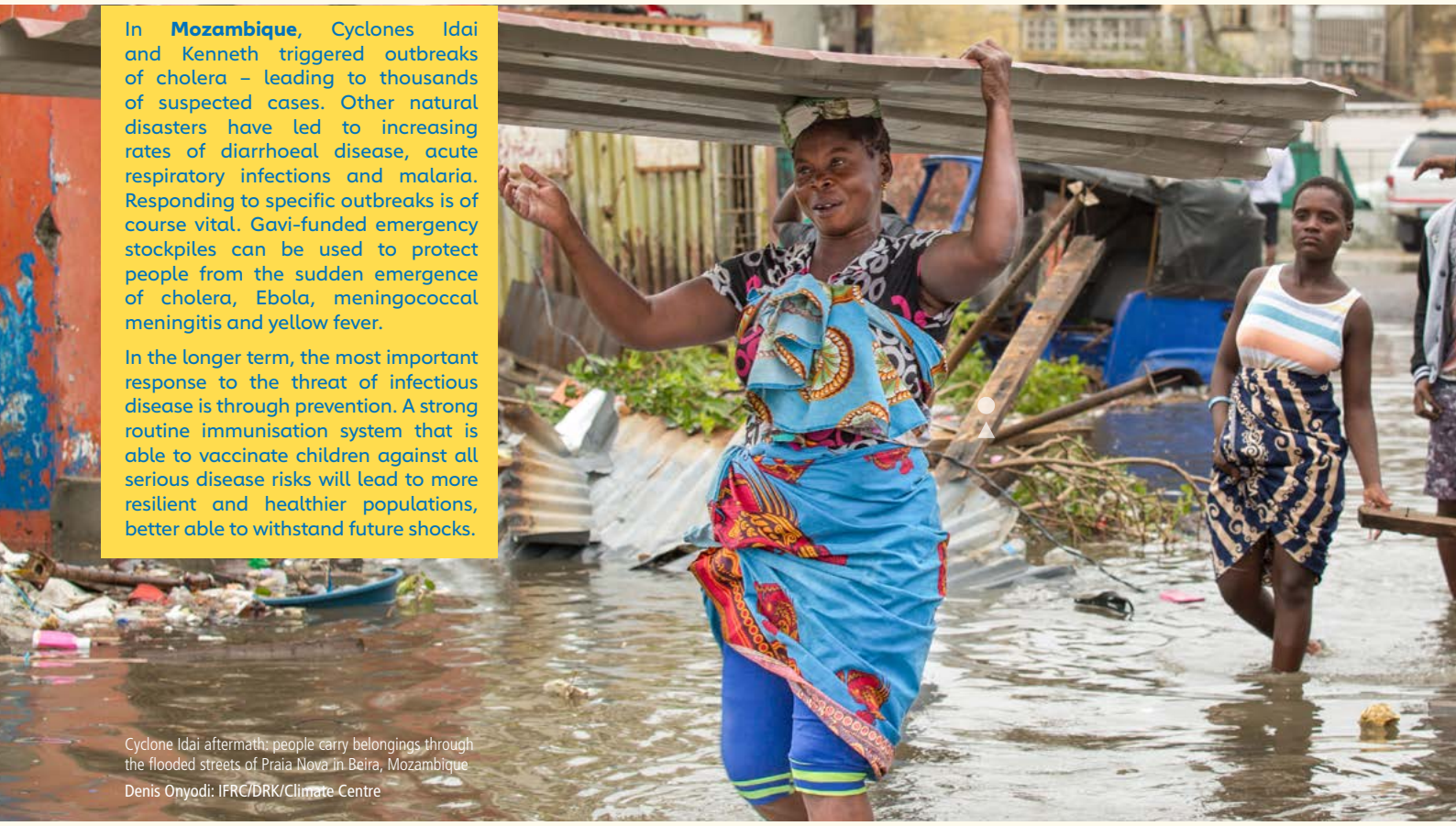
Although there were no new launches in 2019, by the end of the year more than 2.9 million children had been immunised against this deadly mosquito-borne disease through routine service deliveries. The Vaccine Alliance has worked closely with individual partners to accelerate access to the vaccine, which has a particularly long manufacturing lead time. WHO, UNICEF, PATH and the Bill & Melinda Gates Foundation all play a critical role in ensuring sufficient supply of the vaccine for countries.

RESILIENCE AND THE RISKS TO GLOBAL HEALTH SECURITY

When disaster strikes a country, the impact on people's health can be immense and long-lasting. As the effects of climate change are felt around the world through rising temperatures and sea levels, natural disasters are increasingly frequent and intense. The aftermath of floods, hurricanes and other severe weather events brings with it the risk of waterborne and respiratory disease outbreaks.

In **Mozambique**, Cyclones Idai and Kenneth triggered outbreaks of cholera – leading to thousands of suspected cases. Other natural disasters have led to increasing rates of diarrhoeal disease, acute respiratory infections and malaria. Responding to specific outbreaks is of course vital. Gavi-funded emergency stockpiles can be used to protect people from the sudden emergence of cholera, Ebola, meningococcal meningitis and yellow fever.

In the longer term, the most important response to the threat of infectious disease is through prevention. A strong routine immunisation system that is able to vaccinate children against all serious disease risks will lead to more resilient and healthier populations, better able to withstand future shocks.



Cyclone Idai aftermath: people carry belongings through the flooded streets of Praia Nova in Beira, Mozambique

Denis Onyodi: IFRC/DRK/Climate Centre

Nurse Etelvina Manhice examining a child in Maputo, Mozambique

Gavi/2020/Isaac Griberg

In fragile settings – the places most deeply affected by conflict, displacement and natural disasters – it is particularly challenging to reach children with vaccines. This is far from being the only service disrupted in these circumstances; but if children are not reached with vaccines, those who survive will live with the consequences for the rest of their lives. We know that average immunisation rates are almost 20% lower in fragile countries than in non-fragile states. In the worst-affected areas of these countries, the rates are even lower.

These challenges are literally multiplied by higher birth rates in many fragile settings, as well as by the movement of people into crowded environments – whether urban areas, temporary camps or settlements. Densely packed populations of displaced people, many of them under-immunised or even unimmunised, provide the ideal conditions for outbreaks of disease.

In 2019, 15 Gavi-eligible countries were identified as facing fragility. Gavi's approach to engaging these countries was updated in 2017. It is designed to take into account the needs of vulnerable populations; build resilience; and maximise Gavi's impact – increasing the reach of immunisation in these countries. Among the countries that have benefited from additional support under this policy are **Afghanistan, the Central African Republic** and **Haiti**.

Providing immunisation to children in fragile settings, which includes a large proportion of zero-dose children, will be a growing focus for Gavi as we move into the next strategic period (2021–2025) and concentrate even more of our attention on the challenge of reaching the unreached.

Measles and rubella vaccines

gavi.org: measles & rubella

Type of support offered by Gavi	Routine immunisation	Campaigns		Outbreak response fund
	Measles or measles-rubella (MR) first and/or second dose	Measles follow-up[i]	MR catch-up[j] and follow-up	Managed by the Measles & Rubella Initiative
Introductions and campaigns 2019	**9**	**8**	**15**	reached in 2019 **~7.1m**
Introductions and campaigns to end 2019	**38**	**22**	**48**	
Total reached to end 2019	**>95m[k]**	**>311m**	**>340m**	**~61.2m**

Measles vaccine helps protect against measles infection and associated complications, which claimed close to 142,000 lives in 2018.

Rubella vaccine protects against congenital rubella syndrome. Every year, 100,000 children are born with malformations and disabilities caused by the disease – the vast majority in Gavi-supported countries.

Boy receives measles-rubella vaccine as part of immunisation campaign in Vietnam, which transitioned out of Gavi support at the end of 2019

Gavi/2019/Véronique Maeva Fages

i – Follow-up campaigns generally target children aged 9–59 months every 2–4 years.

j – Initial, nationwide catch-up campaigns target all children aged 9 months to 14 years.

k – There is an unexpected reduction in the cumulative numbers reached with a second dose of measles vaccine and routine measles-rubella vaccine in 2019 when compared with 2018. This is because of an error in the 2018 numbers, which ascribed support for these vaccines to Gavi, when in fact India self-financed the provision of the second dose of measles-containing vaccine (MCV2) and the first dose of rubella-containing vaccine (RCV1). Gavi did provide support to the wide age range (i.e. 9 months–14 years) measles-rubella vaccine campaign in India conducted during 2017–2018.

This has been an active year for measles and measles-rubella vaccines. A total of 32 Gavi-supported activities took place, including 9 vaccine introductions and 23 campaigns, immunising more than 149 million children. Coverage with a second dose of measles vaccine and rubella coverage both continue to increase in Gavi-eligible countries. A new measles-rubella vaccine manufactured in India by BioE (with support from PATH) was prequalified by WHO.

Achieving sufficiently high coverage rates in campaigns continues to be a challenge. Only 1 country out of 23 reached 95% coverage in a campaign in 2019, according to survey data. Inadequate levels of protection through routine immunisation, together with lower-than-required campaign coverage, leave countries open to the risk of measles outbreaks. Countries need to use innovative delivery strategies to ensure unreached and high-risk populations are adequately protected.

Meningococcal A vaccine

gavi.org: meningococcal

Meningococcal A vaccine

Type of support offered by Gavi	Routine immunisation	Catch-up campaigns	
		Mass	Catch-up
Introductions & campaigns in 2019	**2**	**2**	**3**
Total introductions & campaigns to end 2019	**10**	**24**	**9**
Total reached to end 2019	**>16m**	**>332m**	

Protects against seasonal epidemics of meningococcal meningitis A, which threaten 450 million people in Africa's meningitis belt. Survivors can face brain damage, deafness and other disabilities.

Two countries, the Gambia and Nigeria, introduced routine meningococcal A vaccine this year. Ten of the 26 countries in the "meningitis belt" region of Africa are now protecting children against this strain of meningococcal meningitis through their routine programmes. Three more applied for support in 2019, but 12 countries have not yet done so. Progress on campaigns was more promising. Catch-up campaigns reached 95% coverage in Niger and 93% in the Gambia. Kenya also ran a mass campaign, leaving only two countries still to do so. Mass campaigns have dramatically reduced the number of cases, but more work remains to be done.

Meningococcal vaccine stockpile

Type of support offered by Gavi	Stockpile
Campaigns in 2019	Accessed **4x** by 3 countries
Total campaigns to end 2019	Accessed **47x** by 13 countries
Total reached to end 2019	**>22m[l]** doses shipped

Protects against a variety of meningococcal meningitis strains (A, C, W and Y) that continue to cause outbreaks across parts of Africa and elsewhere in the world.

Four requests (from Burkina Faso twice, Chad and Togo) to use the meningococcal vaccine stockpile were approved in 2019, for a total of close to 1 million doses – almost quadruple the 2018 level. In addition to this, Gavi exceptionally approved the use of almost 340,000 doses from the stockpile to vaccinate internally displaced people in Burkina Faso in areas not covered by emergency campaigns.

l – Historical review of data and indicators is in progress.

Oral cholera vaccine

gavi.org: oral cholera

Type of support offered by Gavi	Stockpile[m]
Campaigns in 2019	Accessed **14x** by 9 countries
Total campaigns to end 2019	Accessed **80x** by 22 countries
Total reached to end 2019	**>58m** doses shipped

Prevents cholera, an acute intestinal infection caused by contaminated food or water. It can lead to severe dehydration and, in its extreme form, can be fatal.

Oral cholera vaccine administered in Yemen
WHO/2018

A growing number of countries are using oral cholera vaccine (OCV), both to respond in emergencies and prevent outbreaks. This year, 23.7 million doses were shipped, including for the first time to Ethiopia and Sudan. That is up 37% since 2018 and up more than 1,000% since our support began in 2013. New global guidance to identify cholera hotspots and target control interventions was also released by the Global Task Force on Cholera Control (GTFCC). Due to a number of natural disasters and cholera outbreaks, countries required more OCV for emergencies and humanitarian crises compared with previous years.

Following Cyclone Idai in Mozambique, we supported an emergency response with 1.73 million doses, reaching 91% coverage. In addition, Bangladesh launched a National Cholera Control Plan to reduce cholera-related deaths by 90% in the next five years.

Supply constraints and demand volatility limit the ability of countries to use OCV. Limited supplies are prioritised for emergency response efforts, often linked to outbreaks or humanitarian crises. This makes it harder to plan and deliver preventive campaigns. Alliance partners are working to improve demand predictability and support supply scale-up.

m – The global cholera vaccine stockpile has been accessed by one non-Gavi supported country (Iraq), to which 510,020 doses of OCV were provided to support outbreak response and were subsequently repaid by the country.

Typhoid conjugate vaccine

gavi.org: typhoid

Type of support offered by Gavi	Routine immunisation	Catch-up campaigns[n]	Outbreak response campaigns[o]
Introductions & campaigns in 2019	1	1	1
Total introductions & campaigns to end 2019	1	1	1
Total reached to end 2019	>13k	>9.8m	>318k

Mainly transmitted through contaminated food or water, typhoid fever is a life-threatening disease caused by the bacterium *Salmonella* Typhi. If untreated, typhoid can kill up to 30% of those infected. Symptoms include fever, headache, nausea, appetite loss, constipation and diarrhoea.

n – One-time catch-up campaigns target children aged 9 months up to 15 years, on condition countries subsequently co-finance introduction of vaccine into routine immunisation programme.

o – In 2017, the Gavi Board approved the use of TCV in outbreak response but did not authorise the creation of a vaccine stockpile, given the limited knowledge on use of TCV in outbreak situations.

Pakistan became the first country to introduce TCV into routine immunisation with our support. Some 9.8 million children were vaccinated in a catch-up campaign beginning in Sindh province and reaching 82% coverage. This is the first typhoid vaccine to be approved for children as young as six months old and provides long-term protection. Since late 2016, Sindh has been at the centre of an outbreak of extensively drug-resistant typhoid.

Also this year, Gavi supported the first use of TCV in Africa for an outbreak response campaign in Harare, Zimbabwe. More than 318,000 people were vaccinated, reaching 85% coverage. While Liberia and Zimbabwe were approved to introduce TCV into routine immunisation in 2020, they were delayed due to COVID-19. Countries that chose to implement a catch-up campaign with a wide age range (9 months–15 years) at the time of TCV introduction face challenges to reach these populations and must collaborate with schools and other stakeholders to enable high-coverage campaigns.

Yellow fever vaccine

gavi.org: yellow fever

Type of support offered by Gavi	Routine immunisation	Mass campaigns	Stockpile
Campaigns in 2019	0	0	Accessed **4x** by 2 countries
Total campaigns to end 2019	17	14	Accessed **58x** by 19 countries
Total reached to end 2019	>122m	158m	>55m[p] doses shipped

p – Historical review of data and indicators is in progress.

Helps prevent a deadly viral disease spread by mosquitoes. Death rates can be as high as 50% among those severely affected.

Improved supply enabled implementation of the Eliminate Yellow Fever Epidemics (EYE) Strategy with a rotating stockpile, as well as continuing campaigns and uninterrupted supply for routine immunisation. In 2019, Sudan finalised the roll-out of a nationwide yellow fever vaccine campaign, and Nigeria started phase 3 of a campaign. Meanwhile, the Democratic Republic of the Congo had to delay its campaign to 2020, since EYE partners still had to prioritise among preventive campaigns to help manage supply availability. This year, 3.4 million stockpile doses were shipped to Nigeria and South Sudan to manage outbreaks. A key milestone was reached when the first 6 out of 24 eligible high-risk countries were approved for diagnostics support.

Ebola vaccine

gavi.org: ebola

Gavi has led efforts to fund and develop the world's first Ebola vaccine, manufactured by Merck. Back in 2014, the Gavi Board committed up to US$ 300 million to procurement of a vaccine once it was available. This created a market where previously there was none and provided manufacturers with the necessary incentive to develop new Ebola vaccines. During 2019, the vaccine was used on compassionate grounds pending licensure to protect more than 206,000 people in the DRC against an ongoing outbreak in North Kivu and Ituri provinces. In November, the vaccine manufactured by Merck received regulatory approval and was prequalified by WHO. At its December meeting, the Board approved the creation of a global emergency stockpile of Ebola vaccines, with estimated investment of US$ 178 million through 2025.

TYPHOID: IMMUNISING AGAINST ANTIMICROBIAL RESISTANCE

In November, **Pakistan** took a big step forward to protect future generations when it became the first country to introduce typhoid conjugate vaccine (TCV) into its routine immunisation programme. Spread through contaminated food and water, typhoid is a preventable disease that disproportionately affects young people and under-served communities in Asia and sub-Saharan Africa. It is often associated with poorer urban areas where there is little access to sanitation or clean water.

Worryingly, typhoid is increasingly resistant to the main antibiotics used to treat it. More than two thirds (70%) of deaths from typhoid and close to two thirds (63%) of cases in Pakistan in 2017 were among children under 15 years old. Worldwide, nearly a third of deaths occur in children under five. By protecting all children with this new vaccine, the government will help to ensure they have healthier futures.

This new typhoid vaccine is the first to be approved for use in children as young as six months old. It also likely provides much longer-lasting protection than older typhoid vaccines.

The vaccine was first launched in the southern province of Sindh, where an outbreak of extensively drug-resistant typhoid has been ongoing since late 2016, infecting more than 10,000 people. Samples taken in the region have shown resistance to five of the six antibiotics currently used to treat typhoid fever.

Karachi, Pakistan: health worker administers typhoid conjugate vaccine (TCV) to 13-year-old Laiba Ejaz

Gavi/2019/Asad Zaidi

"Children are disproportionately affected by typhoid and its associated complications, and we strongly believe that TCV would protect our children against potentially fatal disease of typhoid."

Dr Zafar Mirza, Special Assistant to the Prime Minister on Health

Zimbabwe too is concerned about drug-resistant typhoid in the capital, Harare, following an outbreak of the disease, and has used **TCV in a campaign** to vaccinate children in the city – especially those living in poorer urban areas. Evidence from Harare shows that around one in every five cases of typhoid is resistant to ciprofloxacin, the standard antibiotic used to treat the disease.

When antibiotics were introduced, they hugely reduced the impact of the disease; but growing resistance has led to a significant increase in the number of both cases and deaths. While vaccination is a helpful tool, reducing the burden of typhoid also requires investment in clean water, sanitation and hygiene.

As well as Zimbabwe, **Liberia** is planning to introduce TCV in 2020 with Gavi support, and several other countries are considering use of the vaccine. For countries where typhoid is endemic and where large numbers of people are infected each year, this vaccine could be a game-changer, protecting this and future generations from disease and death, and helping in the fight against antimicrobial resistance.

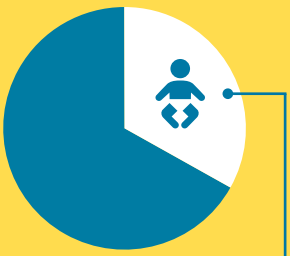
TYPHOID FACTS

Better hygiene and access to antibiotics have largely eliminated typhoid from industrialised countries, but it remains a serious threat in low-income countries.

Typhoid affects more than 11 million people annually, causing over 128,000 deaths – mainly in sub-Saharan Africa and South Asia.

Almost a third of all cases are among children under five, highlighting the importance of preventing typhoid in children.

> 11 MILLION CASES ANNUALLY



ALMOST 1 IN 3 ARE CHILDREN UNDER 5

LEADERS IN THE FIGHT AGAINST INFECTIOUS DISEASES

Vaccine campaigns in DR Congo
Gavi/2019/Frédérique Tissandier

DRC protects children against diseases despite Ebola outbreak

With support from Gavi and Alliance partners, the Democratic Republic of the Congo (DRC) ran a nationwide vaccination campaign to protect almost 19 million children against measles, while also providing oral cholera vaccine (OCV) to affected populations and introducing rotavirus into the national immunisation programme – despite the huge challenges of an ongoing Ebola outbreak in eastern regions of the country.

In response to a cholera outbreak, more than 800,000 people in North Kivu province and 1.2 million people in Grand Kasai region received two doses of OCV from the Gavi-funded global cholera vaccine stockpile. The DRC also introduced rotavirus vaccine into its routine immunisation schedule, beginning with 10 provinces. By the end of 2020, coverage will be expanded to all provinces, reaching almost 2.9 million children. This introduction is part of the Mashako Plan, which aims to raise routine immunisation coverage by 15 percentage points.

Democratic Republic of the Congo

India

Inactivated polio vaccine
Gavi/2017

Sustaining polio eradication in India

India had just started to self-finance its inactivated polio vaccine (IPV) programme when the price of the vaccine increased significantly at the beginning of 2019. To maintain its commitment to the polio eradication effort while sustaining its strong routine immunisation programme, India requested support from the Vaccine Alliance. In recognition of this exceptional challenge, together with India's strong performance, the Gavi Board agreed to provide half of the vaccine cost for the next three years.

Zambia

Launch of HPV vaccine in Zambia for girls aged 14 years
UNICEF Zambia/2019

Using e-registers for HPV in Zambia

HPV vaccines present a particular challenge for countries because they are administered primarily to adolescent girls, long after they have finished all other doses of routine immunisation. Many countries use the school system to identify girls in the appropriate cohort and at immunisation sites. However, there is a risk of missing some girls, particularly those who are not in school. Countries may also have difficulty identifying all girls within a given age group and ensuring sufficient doses to protect them all.

Zambia has introduced online e-registers to register and track the details of all girls who have received the first dose of the vaccine to ensure they can also be reached with a second dose, as required for full protection. The e-registers also provide a check on reports from districts and supply data for monitoring, as well as identifying challenges to the vaccine roll-out and helping forecast future demand.

Gavi/2018/Thomas Nicolon

When a COVID-19 vaccine does emerge, Gavi will be ready to help countries that are eligible for our support to procure and distribute the final product.

LOOKING AHEAD

It is already clear that 2020 will be dominated – including for Gavi and the immunisation programmes we support – by COVID-19. This is not only because we are closely involved in the effort to develop a vaccine that will be available for low- and middle-income economies, as well as for wealthier nations. The disruption of all our social and business lives will have as-yet unquantifiable impacts on the ability of health systems to protect children with vaccines.

VIRAL THREAT AT UNPRECEDENTED SCALE

As 2019 ended, the world was still unaware of the extent of the threat posed by the novel coronavirus then circulating in Wuhan, China. In the months that followed, it has become clear that the interruption of regular personal and economic activity in all corners of the world will have an overwhelming effect on the lives of people everywhere.

EQUITY AT THE CENTRE OF THE COVID-19 VACCINE RACE

Gavi quickly became involved in the effort to find, develop and eventually distribute a vaccine that will protect the world against this new disease. Learning from our previous experience developing markets for vaccines against pneumococcal disease and Ebola, our thoughts immediately turned to the possibility of building an Advance Market Commitment (AMC) for COVID-19 vaccines. As with the Pneumococcal AMC and the development of the new Ebola vaccine, the goal was to use our influence and funding to ensure a fair market. In the case of COVID-19, we are also working to ensure that lower-income countries are protected at the same time as the wealthiest.

gavi.org: learn more about our vaccine support

MITIGATING DISRUPTIONS TO IMMUNISATION

From an immunisation point of view, the Vaccine Alliance saw immediate impacts on demand, supply and activity. Routine immunisation programmes and supply chains were disrupted; vaccine introductions and immunisation campaigns were put on hold. We do not yet know what the long-term impact will be; but in the short term, at least, we will be working with countries to help them ensure that children catch up on missed vaccinations and are not disadvantaged by the effects of this pandemic.

VACCINE HESITANCY DURING A PANDEMIC

COVID-19 has placed the global spotlight very directly on immunisation and vaccine development. Governments and people everywhere are waiting for positive news from the experiments and trials that are under way around the world. When a COVID-19 vaccine does emerge, Gavi will be ready to help countries that are eligible for our support to procure and distribute the final product. At the same time, we will be vigilant for any challenges that develop, including the risk of vaccine hesitancy. In theory, this should be a time when people are eager for a new vaccine to protect them, but already there are signs that not all reactions will be positive.

UNCEASING FOCUS ON UNDER-IMMUNISED CHILDREN

At Gavi, we are also continuing to lay the groundwork for our next strategic period (2021–2025), when the focus of our work will be, more than ever, reaching children who have not been fully vaccinated, or not been vaccinated at all. Finding and protecting these children is at the heart of our new strategy. Zero-dose children, in particular, who urgently need immunisation but for a variety of social, economic and political reasons remain unprotected, will animate our next five years. In 2020, we will be working hard to continue this shift, while dealing with the fallout from COVID-19 and the challenges it will undoubtedly continue to bring.

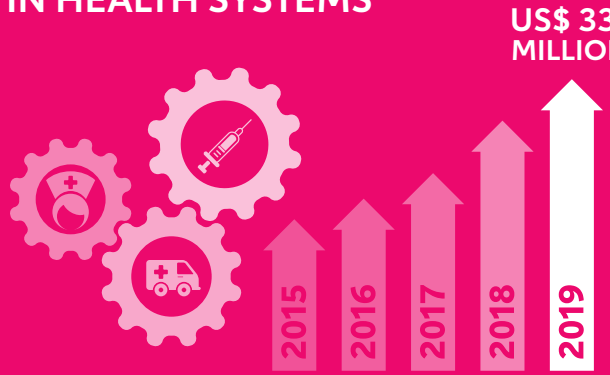
Gavi/2020/Isaac Griberg

THE HEALTH SYSTEMS GOAL

increase the effectiveness and efficiency of immunisation delivery as an integrated part of strengthened health systems

- Coverage with one dose of pentavalent vaccine in Gavi-supported countries has increased to 87% in 2019 from a baseline of 84% in 2015.
- The number of children unreached by even one dose of an essential childhood vaccination containing diphtheria-tetanus-pertussis vaccine has reduced by 14% since 2015, although some 13% of children in Gavi-supported countries – 10.6 million individual children – are still not receiving even the first dose of basic vaccinations.
- This is especially challenging in fragile countries, which have seen a decline in coverage since 2015.
- The impact of COVID-19 was not yet felt in 2019 but will have a significant effect on health systems and immunisation programmes in 2020 and beyond.

INCREASED INVESTMENTS IN HEALTH SYSTEMS



Building resilience to respond to national and global crises

HEALTH SYSTEMS GOAL: INDICATORS

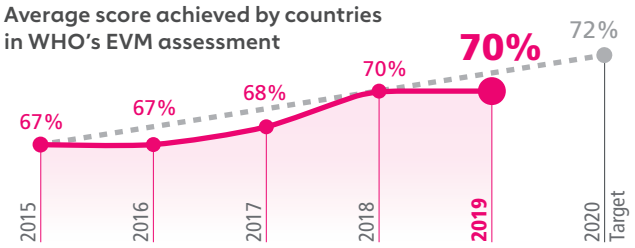
1. Supply chain performance

average score of Gavi-supported countries that have completed WHO's Effective Vaccine Management (EVM) assessment

70% Moderate delays/challenges

Gavi-supported countries achieved an average EVM score of 70% in 2019, unchanged from 2018, and we are slightly off track to achieve the 2020 target of 72%. Supply chains continue to be strengthened with Alliance support: all six countries that conducted a new EVM in 2019 improved their composite score by an average of 6.5 points.

Source: WHO Effective Vaccine Management (EVM) global data analysis, 2020



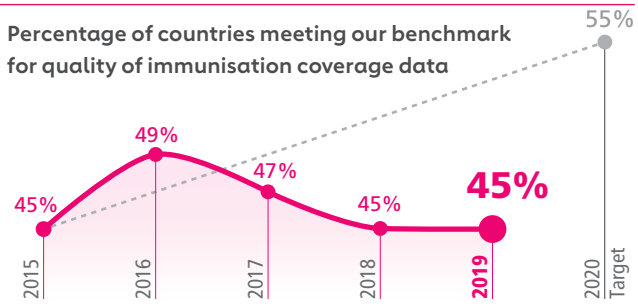
2. Data quality

proportion of Gavi-supported countries with a less than 10 percentage point difference between different estimates of immunisation coverage

45% Significant delays/challenges

45% of countries reported administrative coverage data within 10 percentage points of survey coverage, unchanged from 2018. This means that we are not on track to achieve our 2020 target of 55%.

Sources: WHO/UNICEF Estimates of National Immunization Coverage; Multiple Indicator Cluster Survey (MICS); Demographic and Health Surveys (DHS); other household surveys, 2020



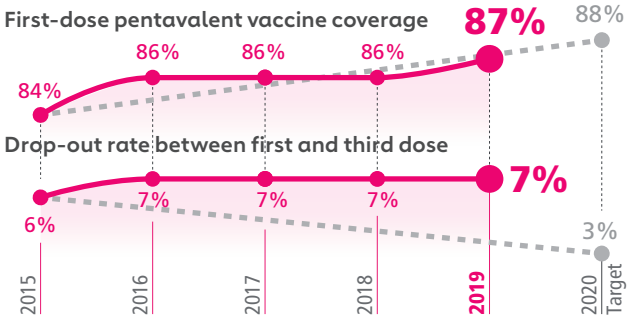
3. Coverage with a first dose of pentavalent vaccine and drop-out rate between the first and third dose

87% On track

Significant delays/challenges — **7% drop-out**

Coverage with a first dose of pentavalent vaccine in Gavi-supported countries was 87% in 2019, up from 86% in 2018. We are on track to reach our 2020 target of 88%. The drop-out rate was 7%, unchanged since 2016. We are off track to achieve our target of 3% for this indicator. In order to reduce the drop-out rate, as countries increase coverage of the first dose of diphtheria-tetanus-pertussis-containing vaccine, they must further increase coverage of the third dose.

Sources: WHO/UNICEF Estimates of National Immunization Coverage; United Nations Population Division, 2020



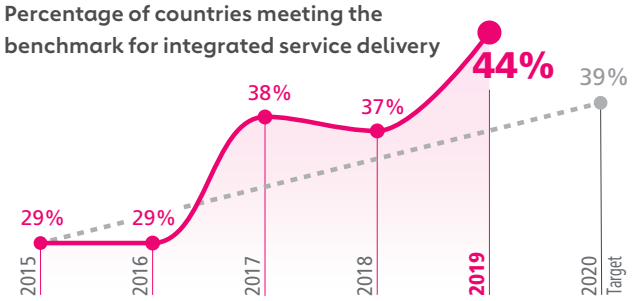
4. Integrated health service delivery

% of countries we support meeting our benchmark for integrated delivery of antenatal care and immunisation services

On track **44%**

44% of countries met this benchmark in 2019, an increase from 37% in 2018 and above the 2020 target level of 39%. Gavi supports and actively promotes integrated approaches that combine immunisation with other interventions, including: nutrition; water, sanitation and hygiene; and early childhood development – for example, campaigns that deliver vitamin A and deworming in conjunction with measles vaccination.

Sources: WHO/UNICEF Estimates of National Immunization Coverage; UNICEF global statistics database, 2020



5. Civil society engagement

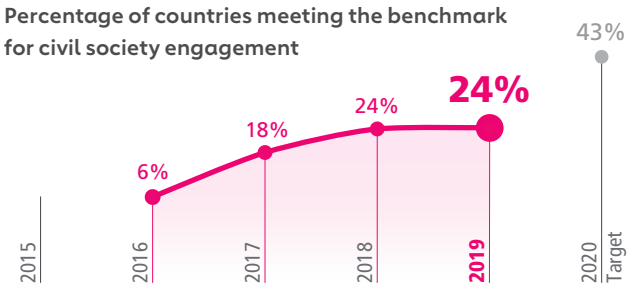
% of countries meeting our benchmarks for civil society engagement in national immunisation programmes to improve coverage & equity

24% Significant delays/challenges

We use three criteria to assess the level of civil society engagement:

(1) inclusion of civil society organisations (CSOs) in national immunisation plans; (2) defined allocations in the Expanded Programme on Immunization (EPI) budget for CSO plans and activities; and (3) documented evidence that CSO plans have been completed and/or are being implemented.

In 2019, 24% of Gavi-supported countries met all three criteria, unchanged from 2018. We are currently not on track to meet the target of 43% in 2020, despite significant progress since the beginning of the strategic period (when only 6% of countries met this benchmark).



Source: Gavi, the Vaccine Alliance, 2020

HOW HEALTH SYSTEMS WORK AND WHY THEY MATTER

Supporting health systems is essential for Gavi's work to improve immunisation coverage and equity.

Despite the fact that over 50% more children were immunised in Gavi countries in 2019 than in 2000 (and over 3.5 million more than in 2015), there remain 10.6 million children who have not yet been reached with a single dose of diphtheria-tetanus-pertussis-containing vaccine – our measurement for "zero-dose" children, who are still not receiving even the first dose of basic vaccinations. Meanwhile, another 4.6 million who receive the first dose do not receive the full course of three doses. Extending supply chains, service delivery infrastructure, data systems and community engagement to regularly reach these children will be critical to achieving universal immunisation – which can be a platform for the global goal of Universal Health Coverage by 2030.

The bulk of our investment in health system strengthening (HSS) is directed towards improving coverage and equity through key strategic focus areas:

Data and information systems

Timely, good-quality immunisation coverage data is vital for countries to plan and monitor their immunisation programmes effectively.

Demand promotion

Ensuring sustainable demand for immunisation is only possible when communities and caregivers trust and understand the safety, efficacy and benefits of vaccines, and have access to reliable, quality immunisation services.


Gavi/2018/Thomas Nicolon

Immunisation supply chain

The immunisation supply chain encompasses all the people, activities, infrastructure and planning necessary to ensure that vaccines stay safe and effective and reach the children who need them.

Management & coordination

High-performing immunisation programmes are led by strong EPI teams, overseen by robust governance forums and supported by effective technical advisory groups.

The best vaccine is only effective once it has been safely delivered to a health worker and administered to a child.

As populations grow and countries introduce new vaccines to protect against diseases in childhood and later in life, the demands on health systems become ever more complex.

Gavi support is increasingly targeted towards the areas of greatest need. For example, more than 75% of our HSS grants now include programming focused on areas with low coverage, under-served and marginalised populations, and concentrations of children who have never received a vaccine.

STRONG SYSTEMS FOR STRONG COVERAGE

The year 2019 saw significant progress in Gavi's work to support health systems: countries delivered a record number of routine vaccinations, more than 230 million, supported by unprecedented levels of health system funding from Gavi to support immunisation and protect children in the countries where it is most needed.

With support from the Vaccine Alliance, countries provided more than 400 million campaign and routine vaccinations this year. At the same time, Gavi disbursed a record US$ 331 million in health system support. This is nearly double the level of US$ 172 million in 2015, at the end of the previous five-year strategic period, and a significant increase from US$ 284 million in 2018. In June 2018, the Gavi Board agreed to make available additional HSS funding to countries with unmet needs to strengthen coverage and equity; 30 countries were approved in 2019 for a total of US$ 238 million, with a strong focus on extending immunisation to reach under-served communities.

This year, we made significant progress on a key area identified for improvement: the time taken to disburse cash grants to countries. Disbursement time was reduced from 18 months in 2018 to slightly under 11 months this year. If disbursements for vaccine introductions that were delayed by supply shortages are excluded from the numbers, this falls further – to slightly over 10 months. We will continue to work on this area in the next strategic period, when we expect improvements in portfolio management and other processes to further reduce the time from approval to disbursement.

Afghanistan Red Crescent Society health worker vaccinates child in conflict-affected Kunar province
2019/IFRC

Understanding the challenges of fragility

Ongoing challenges include how to support fragile countries and those affected by conflict, where coverage has fallen, and where the numbers of under-immunised and zero-dose children have increased since 2015.

Gavi is strengthening our work with expanded partners that have expertise operating in humanitarian settings, including the International Organization for Migration (IOM), the International Federation of Red Cross and Red Crescent Societies (IFRC) and civil society organisations (CSOs), to help fragile countries make progress. Given that fragile countries account for a growing proportion of children who are not being reached by immunisation services, the Vaccine Alliance is reviewing how it can better support these countries in the next strategic period to 2025, as part of better differentiating and tailoring its support model to different country contexts.

Support for Rohingya population in Cox's Bazar

Under Gavi's Fragility, Emergencies and Refugees Policy, we provided Bangladesh with US$ 3.4 million in additional health system strengthening funds over three years, to help develop and deliver routine immunisation services for the growing refugee and displaced population in Cox's Bazar, close to the border with Myanmar.

The funds supported the development of services through more than 70 outreach sites, close to 60 fixed sites and some 240 vaccinators. Each month, around 1,500 immunisation sessions are held to protect the children of families living in the camps with the additional vaccines also provided by Gavi.

Building and maintaining adequate coverage is a challenge due to a range of logistical and socioeconomic issues. Community health workers and volunteers are working to better mobilise the community and monitor vaccination rates to improve coverage. This support has also enabled vaccinators to prevent outbreaks of multiple vaccine-preventable diseases, including cholera, measles and rubella.

Rohingya refugee children are provided diphtheria vaccines from UNICEF-supported immunisation points at Bormapara, Cox's Bazar district, Bangladesh
UNICEF/b.a.sujaN/Map

STRENGTHENING SUPPLY CHAINS: A LONG-TERM INVESTMENT

Lopes Simbo stores tetanus vaccines at the central cold storage in Maputo, Mozambique
Gavi/2020/Isaac Griberg

49 of 57 countries applied for Gavi's Cold Chain Equipment Optimisation Platform support

39,552 units of improved cold chain equipment procured to date

The Vaccine Alliance has been working hard in recent years to build greater resilience in supply chains; this effort is starting to show results. Scores for Effective Vaccine Management (EVM) – WHO's analysis of country supply chain performance – have reached an average of 70% across Gavi-supported countries for the second year. All countries that conducted an assessment this year have gained an increased score – up by an average of nearly 7 percentage points from their last assessment. This suggests that countries continue to make progress in strengthening their supply chains – although the portfolio-level indicator was flat due to a limited number of new EVMs in 2019. A newly improved assessment tool will empower countries to conduct more regular self-assessments of their progress; also, it will provide more insights and greater clarity on where improvements are needed.[a]

Countries making substantial commitments to improving their supply chain and procurement include the Democratic Republic of the Congo (DRC), which made it a priority under the Mashako Plan to boost immunisation coverage. The country used 43% of health system strengthening support on such key areas as scaling up infrastructure; building, procuring and maintaining cold chain equipment, facilities and vehicles; and strengthening data for management. Together with technical assistance from partners under the partners' engagement framework (PEF), this helped strengthen the supply chain and boosted the country's EVM composite score to 70% in 2019, up from 60% in 2014. Cameroon also made significant progress in this area, reaching an EVM composite score of 80.6% (compared with 62% in 2013).

A total of 49 out of 57 eligible countries have applied for support from Gavi's Cold Chain Equipment Optimisation Platform (CCEOP). By the end of 2019, the Alliance had procured nearly 40,000 units of improved cold chain equipment through CCEOP and was on track to reach the target of procuring 65,000 units by the end of 2020.[b]

a – EVM assessments planned for 2020 have been halted due to COVID-19 restrictions on travel and movement to and in countries.

b – The COVID-19 pandemic has delayed programme implementation; and as travel restrictions are extended by countries, the costs of transport, storage and service bundles will likely increase – putting this target at risk.

THE VITAL QUALITY OF DATA

The saying "What gets measured, gets managed" applies across Gavi's work. Without consistent, accurate data, EPI managers cannot run their programmes, and funds cannot be allocated to meet the most vital needs. The Vaccine Alliance has worked with countries throughout this strategic period to improve data quality, availability and use. The overall quality of data, as measured by the difference between administrative and survey estimates, has been stable since 2017, and countries have increasingly met the Alliance's requirements for best practice in data gathering and use, and survey quality. Almost two thirds of Gavi-supported countries are now improving their use and analysis of data, to correct the course of their programmes as needed.

Alliance-supported activities this year included: the WHO Scholar Series on data quality, survey design and implementation, bringing together some 1,150 country staff (many of them working at subnational or facility level); development and roll-out of the DHIS2 data quality module to help identify inaccurate or implausible data inputs to health management information systems (HMIS); working with Kenya and Myanmar to pilot geographic information system (GIS) tools with geospatial data, and technologies to improve microplanning (and to map subnational coverage and equity); and, in Chad and Mozambique, developing and piloting satellite imagery, triangulation and statistical methods to estimate local target populations for immunisation at subdistrict levels.

What gets measured, gets managed

applies across all of Gavi's work

Examples of countries where support from the extended Alliance partnership for improved data quality is making a difference include: Chad, where support from Acasus has helped build real-time data into informed decision-making; Angola, where an initiative from 2017 INFUSE Pacesetter Logistimo has supported vaccine management; Indonesia, where Gavi has supported the use of SMS-based RapidPro technology for vaccination campaign monitoring and data collection; Afghanistan, where a data quality improvement plan and provincial-level staff with analytical capacity are helping to improve data analysis and use at subnational level; and Pakistan, where an electronic immunisation registry supported with Gavi funding is helping build a picture of who has been vaccinated and who has been missed.

Health workers take precautions against Ebola transmission, DR Congo
Gavi/2019/Frederique Tissandier

Measuring progress in DRC

Throughout 2019, outbreaks of infectious diseases (including measles and polio) in several countries supported by the Vaccine Alliance increased pressure on health systems, while also highlighting areas where populations are under-immunised.

Some countries with the greatest challenges nonetheless made progress on immunisation coverage. The Democratic Republic of the Congo (DRC) is home to a significant number of under-immunised and zero-dose children, evinced by the world's worst measles epidemic and a decline in routine coverage (according to the latest WHO/UNICEF Estimates of National Immunization Coverage). With Gavi support and high-level political commitment, DRC is implementing the Mashako Plan (also known as the Emergency Plan for Revitalisation of Routine Immunisation in the DRC). Even while fighting Ebola and measles, DRC initiated a recovery trend in immunisation coverage – including an impressive 50% increase in 2019 in the number of monthly immunisation sessions held across the nine most vulnerable provinces (from 16,000 to 24,000). One feature of the plan is the use of detailed quarterly micro surveys to confirm where progress is being made.

Planning for success in South Sudan

In South Sudan, one of the world's most acutely fragile countries, Gavi provided US$ 17.5 million of funding under Gavi's Fragility, Emergencies and Refugees Policy, focused on strengthening service delivery, expanding cold chain capacity and improving data gathering for decision-making and planning. In eight of ten states, the third phase of the Health Pooled Fund (HPF3) – a collaboration of the UK Department for International Development (DFID), Government of Canada, Swedish International Development Cooperation Agency (Sida), United States Agency for International Development (USAID) and Gavi – with technical assistance by Crown Agents, helped expand immunisation delivery by complementing the country's primary health care priorities.

Gavi also partnered with IOM to deliver an integrated package of health services, including immunisation, to refugee camps, migrants and other mobile populations. At 49%, South Sudan's coverage with DTP3 was among the lowest in the world this year; yet this is 4 percentage points higher than 2016 – suggesting these efforts are starting to bear fruit.

Gavi/2014/Mike Pflanz

BUILDING AND MAINTAINING DEMAND

Boosting demand for immunisation is an integral part of Gavi's work to increase coverage and equity. The Vaccine Alliance has stepped up its work on demand, in response to the growing realisation that barriers to demand – including information gaps, trust, competing priorities, gendered social norms, vaccine hesitancy and service quality issues – contribute significantly to missed and under-immunised children. Improving coverage and equity requires systematic approaches for generating demand, reaching last-mile communities, increasing community ownership and overcoming gender-related barriers.

There is also growing concern about the impact of vaccine hesitancy globally – particularly in high- and upper middle-income countries. Growing complacency and the active spread of mis- and disinformation contributed to a global resurgence of measles in 2019. At the beginning of the year, WHO named vaccine hesitancy as one of the world's top 10 global health threats. It emerged as a challenge in Indonesia following a measles campaign in 2018, and it is a rising concern in both India and Pakistan. The Alliance is working to monitor and address this risk, intensifying work to strengthen national capacity to respond, as well as sharing learnings more widely.

A lack of data related to demand is another challenge. WHO is leading a process with experts and partners to develop new metrics and tools, ready for country testing and validation in 2020. Demand generation will continue to be a focus and is likely to take on greater importance during the next strategic period.

Much of our demand generation work involves partnerships with the private sector. In India, for example, Gavi partnered with Unilever on an integrated handwashing and immunisation project. A pilot project in the state of Uttar Pradesh demonstrated a consistent increase in uptake of rotavirus, pentavalent and measles-rubella vaccines, with an increase in parents perceiving vaccination as necessary.

Fathers learn the importance of handwashing and immunisation as part of a Gavi-Unilever project

Gavi/2019

Other projects supported by the Vaccine Alliance include working with the Inter-Religious Council of Sierra Leone to promote essential family practices, including routine immunisation (reaching more than 672,000 caregivers); an integrated immunisation, newborn health and pregnant women campaign in Burkina Faso with UNICEF (reaching more than 3.5 million people through radio and TV programmes, and directly); and a UNICEF-supported programme in Ethiopia using community-driven social and behaviour change communications to reinforce trust in health services (including immunisation) among refugee camp populations and host communities – resulting in the proportion of children fully vaccinated in the refugee camps increasing to 92% by June 2019 from only 60% in October 2018.

Introduction of measles vaccine in Ethiopia

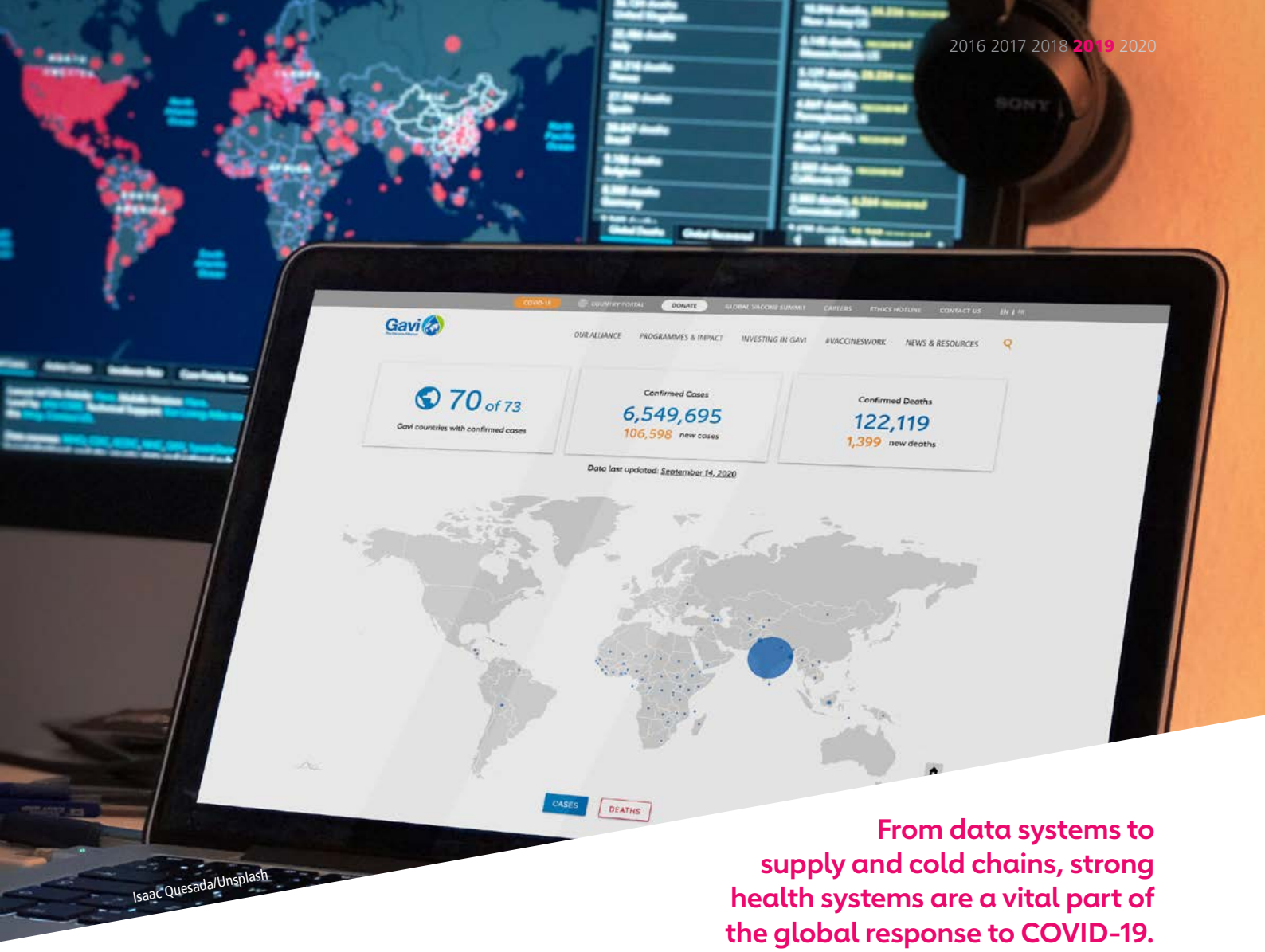
Global Fund/2019

The importance of civil society

From the early days of the Vaccine Alliance, we have relied on the important work done by civil society organisations (CSOs) to promote and support immunisation in the countries eligible for Gavi support.

A 2018 evaluation by Itad made a number of recommendations for how the Alliance could better engage CSOs. We are now strengthening our partnerships with CSOs, particularly in the areas of community engagement, behaviour change communications, demand generation and service delivery in fragile settings – all of which are vital to the Alliance's efforts to improve coverage and equity, and particularly to reach under-immunised children.

Examples of countries where we have worked successfully with our CSO partners include Kenya, where part of our health system strengthening funding helped create a network for community awareness and ownership of primary health care and immunisation. A similar approach in Zambia helped strengthen service delivery in vulnerable communities. A regional platform for Francophone countries in West Africa helped train CSO champions on advocacy and support for immunisation. The Secretariat is currently working with the CSO Steering Committee to develop a new approach to strengthen Alliance engagement with CSOs, which will be critical for the 2021–2025 strategy, particularly to deliver on our agendas on equity, gender transformation and leaving no one behind. This work includes strong advocacy partnerships and collaboration with CSOs at national, subnational, regional and global levels to build political commitment, deliver services and ensure strong demand for immunisation, prevention and primary health care, in support of Universal Health Coverage.



Isaac Quesada/Unsplash

From data systems to supply and cold chains, strong health systems are a vital part of the global response to COVID-19.

LOOKING AHEAD

The COVID-19 pandemic poses a unique set of challenges for health systems and for the immunisation programmes they support. Health systems and the health workforce in all countries are being put under immense strain by the twin demands of caring for people sickened by the coronavirus while also trying to provide routine services. Immunisation services have been disrupted – with outreach suspended in many countries, many immunisation campaigns delayed and reduced service availability in some health facilities. In Gavi-eligible countries, these challenges are multiplied by resource constraints and often weak underlying systems.

Supply chains have been disrupted by the reduction in global air travel (which has delayed shipments of vaccines and cold chain equipment), as well as by lockdowns and competing priorities. When a COVID-19 vaccine becomes available, it could put these systems under even greater pressure to deliver at speed.

COVID-19 has also shone a light on some of the shortcomings of national immunisation data systems, especially if they need to repurpose some of their capacity to responding to the pandemic. Real-time data on immunisation programmes and vaccine stocks are not available in many countries, and information systems are not as flexible as they need to be. From data systems to supply and cold chains, strong health systems are a vital part of the global response to COVID-19.

Misinformation, deliberate or not, is a feature of any emerging threat. COVID-19 is no different. An "infodemic" of rumours, fake news and misinformation is spreading faster than our efforts to counter it. If unchecked, there is a risk of undermining confidence in routine immunisation and the introduction of future COVID-19 vaccines.

Vaccine Alliance partners are working together to mitigate some of these impacts – to help immunisation services adapt in the context of COVID-19, to help countries maintain and restore routine immunisation (including catching up missed children), and to prepare for the introduction of COVID-19 vaccines. The extent to which they are successful will be a major feature of our work in 2020.

gavi.org: learn more about health system and immunisation strengthening

Gavi/2019/Isaac Griberg

THE SUSTAINABILITY GOAL

improve sustainability of national immunisation programmes

- **98% of countries paid their co-financing obligations before the end of 2019 – up from 94% in 2018 and the highest proportion since the co-financing policy was introduced in 2008.**
- **Countries contributed a total of US$ 102 million[a] towards the co-financing of Gavi-supported vaccines.**
- **More than US$1 billion has been paid by countries in co-financing contributions since the policy was introduced.**
- **Gavi-supported countries fully self-financed 47 vaccine programmes originally introduced with our funding – up from 40 in 2018.**
- **In addition to co-financing, countries have self-financed vaccine programmes introduced with Gavi support valued at US$ 204 million[b] in 2019, bringing the total estimated value of country investments in self-financed programmes to more than US$ 0.7 billion.**

a – This excludes Ethiopia, Kenya and Pakistan, as their co-financing deadlines are aligned to their fiscal years. South Sudan is also excluded, as it was approved for a waiver of its co-financing requirements until 2020.

b – This includes India's contributions towards vaccine programmes introduced with Gavi support.

SUSTAINABILITY GOAL: INDICATORS

1. Countries on track to successful transition

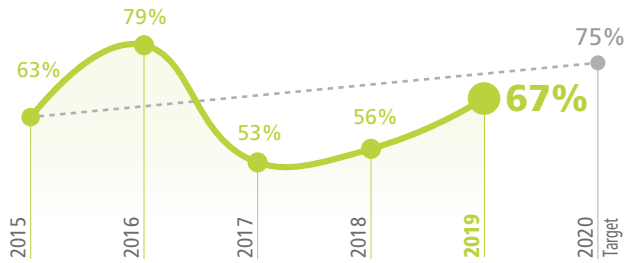
% of countries in accelerated transition phase on track to transition successfully

67% Moderate delays/challenges

2019 progress: By the end of the year, 67% of countries in the accelerated transition phase were on track to transition successfully. This is an increase from 56% in 2018, confirming a positive trajectory towards the target of 75% by 2020. The three (out of nine) countries that missed the criteria to be considered on track for successful transition did so because of their DTP3 coverage level. This highlights the importance of our programmatic sustainability work with countries, which will be further expanded in Gavi 5.0. By the end of 2019, 16 countries[a] – Angola, Armenia, Azerbaijan, Bhutan, Bolivia (Plurinational State of), Cuba, Georgia, Guyana, Honduras, Indonesia, Kiribati, Mongolia, Republic of Moldova, Sri Lanka, Timor-Leste and Vietnam – had transitioned out of Gavi support. Transitioned countries are fully financing all vaccine programmes introduced with Gavi support.

a – As of 1 January 2019, the Republic of the Congo regained eligibility

Percentage of transitioning countries that are on track to do so successfully



Sources: Gavi, the Vaccine Alliance; WHO/UNICEF Estimates of National Immunization Coverage, 2020

2. Co-financing

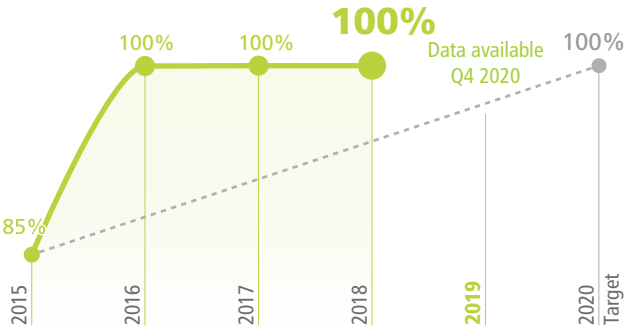
% of countries that fulfil their co-financing commitments by the end of the year or pay their arrears in full within 12 months

2018: **100%** On track

All countries (100%) met their 2018 co-financing commitments in that year or came out of default by the end of 2019. In addition, 98% of countries with co-financing obligations due by December 2019 fulfilled their 2019 obligations in a timely manner. Only one country, Liberia, failed to meet its 2019 payments – the lowest level of defaulting countries since Gavi's co-financing policy was introduced. This is further evidence of increasing country ownership and long-term financial sustainability of Gavi-supported vaccines. Complete data for this indicator will be available by the end of the fourth quarter of 2020.

Sources: UNICEF Supply Division; the PAHO Revolving Fund; Gavi, the Vaccine Alliance, 2020

Percentage of countries with a co-financing obligation to Gavi that meet their commitments



3. Country investments in routine immunisation

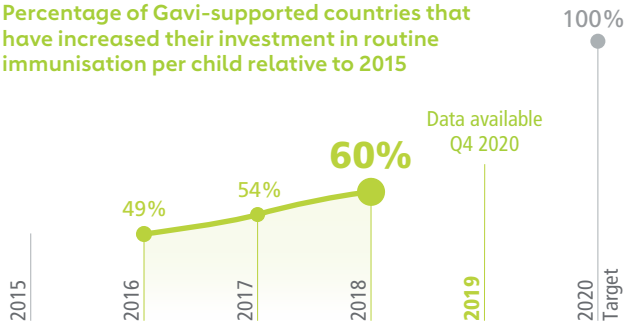
% of countries that have increased their investment in routine immunisation per child, relative to 2015

2018: **60%** Significant delays/challenges

In 2018, 60% of Gavi-supported countries had increased their investment per child in routine immunisation, compared to 2015. This is an increase from 54% in 2017. Data for 2019 will be available in November 2020. The target for 2020 is that immunisation investment per child will have increased in all Gavi-supported countries.

Sources: WHO/UNICEF Joint Reporting Form; United Nations Population Division, 2020

Percentage of Gavi-supported countries that have increased their investment in routine immunisation per child relative to 2015



4. Institutional capacity

average score of Gavi-supported countries for national decision-making, programme management and monitoring

On track **2.6**

This indicator tracks the performance and effectiveness of the national organisations that manage immunisation, including the Expanded Programme on Immunization (EPI), interagency coordinating mechanisms and the National Immunization Technical Advisory Group (NITAG).

In 2019, Gavi-supported countries achieved an average score of 2.6 out of a maximum 4.0 in the assessment, up from 2.5 in 2018. The Alliance is on track to reach its 2020 target of 2.7.

Source: Gavi, the Vaccine Alliance, 2020

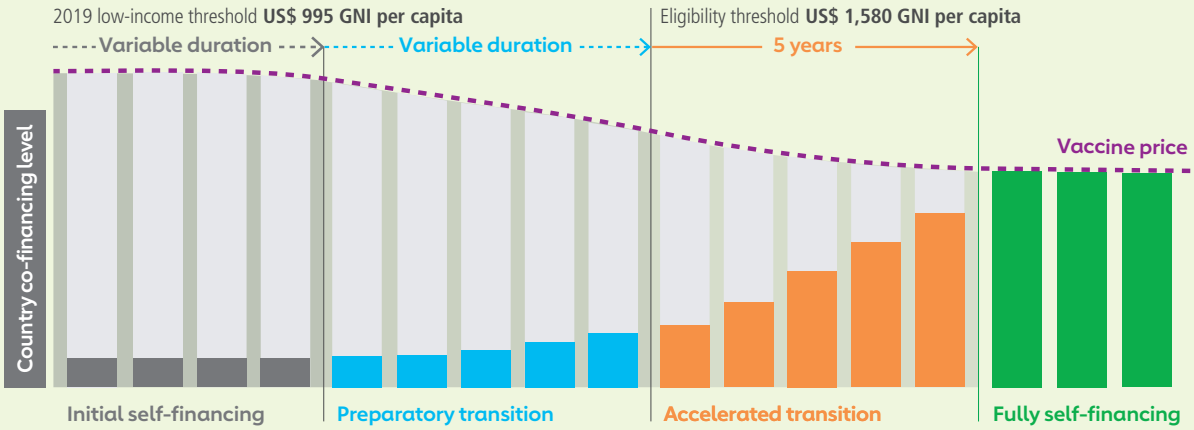
Average composite score for institutional capacity in Gavi-supported countries

How Gavi's co-financing model works

To bring countries on a trajectory towards financial sustainability, and to empower them to take ownership of their vaccination programmes, Gavi has pioneered an approach to co-financing and transition.

Countries share the costs of the vaccine programmes by directly co-procuring a portion of the vaccines and safe injection devices from a supplier or procurement agency to fulfil their co-financing requirements.

As a country's gross national income (GNI) per capita increases, so the level of its co-financing payments also rises. Countries are grouped under different categories according to their level of GNI per capita as a proxy of their ability to pay.



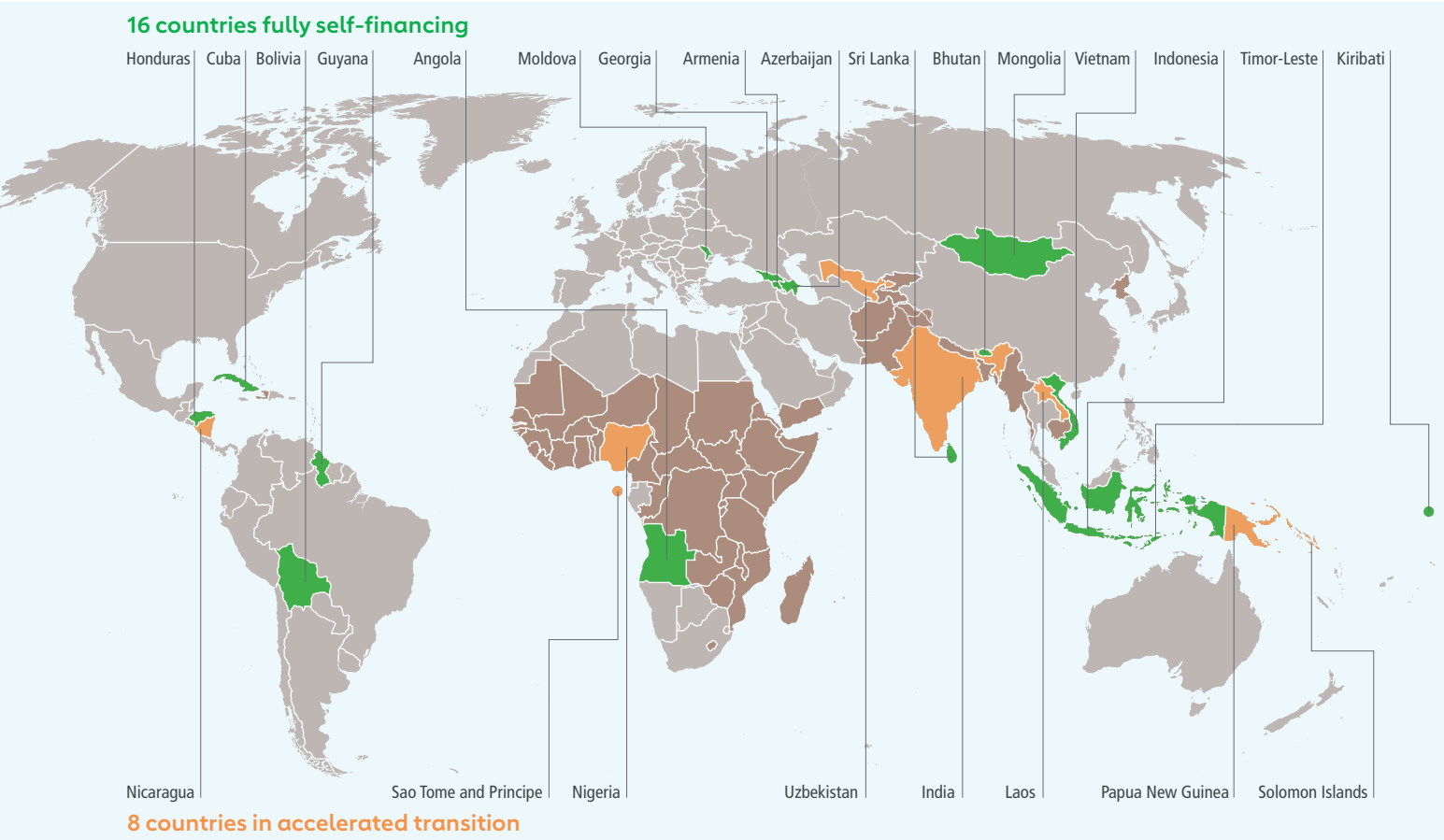
Low-income countries (GNI per capita below US$ 995 in 2019) are classified as "initial self-financing."

As their income per capita increases, they enter a "preparatory transition" phase.

Countries then enter five years of "accelerated transition" once they cross the Gavi eligibility threshold (US$ 1,580 per capita in 2019).

At the end of five years, they become fully self-financing. Currently, there are 16 such countries.

Countries fully self-financing and in accelerated transition



The most successful year for countries co-financing

Low-income countries co-financing immunisation

From its creation, Gavi was tasked with supporting some of the poorest countries in the world. The co-financing policy requires all countries, including the poorest, to contribute a portion of the cost of their vaccine programmes, with the objective to enhance country ownership of vaccine financing. Today, the overwhelming majority are consistently paying their co-financing requirements, demonstrating the success of our co-financing policy. For example, Burundi – despite having the lowest gross national income (GNI) per capita of all Gavi countries and a co-financing obligation that has increased five-fold since 2008 (mainly due to the introduction of new vaccines) – has always paid its co-financing obligation on time. This achievement is linked to the country's consistent and appropriate budget planning and execution for co-financing. Others, such as the Central African Republic (a country facing fragility and chronic armed conflict), in the past have defaulted or been unable to meet their commitments. Now, despite limited fiscal space for health, these countries too are paying their co-financing share – thanks to political commitment that demonstrates the value they place on successful immunisation programmes.

In 2019, all three countries that had failed to meet their 2018 co-financing obligations on time (Cameroon, Ghana and Sierra Leone) met the terms of their default payment plans to avoid sanction. They have also met their 2019 co-financing requirements on time.

Countries investing more in vaccine programmes

This year, the number of vaccine programmes originally introduced with Gavi funding that are now fully self-financed by countries continued to rise – to 47 programmes, up from 40 in 2018. The total investment into the self-financed programmes, including India's contributions, amounts to US$ 204 million, which brings the total estimated value of those programmes to more than US$ 0.7 billion to date. The proportion of countries that have increased their investment in routine immunisation per child, compared to 2015, reached 60% in 2018 (the last year for which data is currently available; 2019 data will be available in November 2020). This was up from 54% in 2017 and represents a continuing steady but slow increase. Monitoring this indicator remains challenging due to both data quality and methodological issues.

Co-financing hits US$ 1 billion mark

The year 2019 was the most successful so far in terms of countries co-financing Gavi-supported vaccines.

A higher share of countries than ever before (98%) met their financial obligations before the end of the year. Only one country defaulted. This year's payments brought the total amount invested by countries in co-financing Gavi-supported vaccines to over US$ 1 billion. In addition to this amount, more than US$ 0.7 billion is estimated to have been invested by self-financing countries and India to fund vaccines introduced with Gavi support. This represents a major commitment from countries; demonstrates increasing country ownership; and is evidence of the financial sustainability of Gavi-supported vaccine programmes. Further, this is the culmination of a long-term positive trend since 2014, when the number of defaults peaked at 17. The Alliance's sustained engagement across countries, advocacy for increased country investment into immunisation programmes, and technical assistance have proven to be critical enablers in this process.

Boy in immunisation waiting room, Ghana
Gavi/2019/Tony Noel

Boosting political will

Leveraging policy dialogues and engagement opportunities with governments, as well as mobilising civil society at the global level, offer crucial levers for improving the ownership, strength and sustainability of vaccine programmes at the national level.

In 2019, Gavi's advocacy and focused engagement at high-level decision-making gatherings – such as the African Union (AU), Asia-Pacific Economic Cooperation (APEC), G7, G20, and World Health Assembly – increased political attention and prioritisation of the Vaccine Alliance's strategic priorities, including: strengthening routine immunisation; equity and gender; primary health care; health financing (including domestic resource mobilisation); and global health security.

SUSTAINABLE DEVELOPMENT GOALS

3 GOOD HEALTH AND WELL-BEING

At the UN General Assembly in September, when heads of state and government met for their first-ever High-Level Meeting on Universal Health Coverage, the outcome declaration strongly prioritised the role of immunisation and primary health care in achieving Universal Health Coverage and, by extension, the Sustainable Development Goals.

Supporting countries through transition …

By the end of 2019, 16 countries had transitioned to fully self-financing. All of them are successfully maintaining and self-financing their immunisation programmes. As a growing number of countries transition from Gavi support, we are helping them lay the foundation to continue sustainably financing and managing their vaccination programmes. We work to support institutional capacity development, and strengthening health and immunisation systems, so that countries are able to maintain high levels of immunisation after they have completed the transition to self-funding.

Transitioning from Gavi support to self-financing is a challenge, but it is one that most countries have been able to navigate successfully while maintaining high coverage rates and strong financing. We are continuing to work closely with countries where this transition is most challenging and helping others to learn lessons. Maintaining coverage rates and introducing new vaccines into routine schedules requires continued high-level political commitment and national investments. Increasingly, the Vaccine Alliance is adapting its approach based on a country's individual circumstances and needs. The Board has approved tailored transition strategies to support two countries – Nigeria and Papua New Guinea – facing specific risks and serious challenges to transition.

For example, the 2018–2028 Nigeria Strategy for Immunisation and PHC System Strengthening (NSIPSS) was designed to achieve clearly defined financing and programmatic objectives to support Nigeria's progress towards successful transition, with a crucial emphasis on securing and sustaining financing of vaccines, immunisation and primary health care (PHC) expenditure.

This followed a 2018 commitment by the Gavi Board to provide Nigeria with more than US$ 1 billion in support (including state-level health system strengthening support), and to extend Nigeria's transition timeline until 2028 in view of major challenges faced. In return, the Government of Nigeria, through its historical tripartite Accountability Framework agreement with the Gavi Secretariat and technical partners, committed to invest at least US$ 2 billion during the same period, drastically increasing its budgetary allocation to immunisation.

Ermera Community Health Centre, Timor-Leste – a country that has transitioned out of Gavi support

Gavi/2016/Antti Helin

Polio vaccine administered to children in Lae, Morobe province, Papua New Guinea

Gavi/2018/AAPIMAGE-Brendan Esposito

In 2019, Nigeria increased its immunisation coverage (from 53% DTP3 coverage in 2016 to 57%[a] in 2019) – through efforts led by the National Primary Health Care Development Agency (NPHCDA). At the same time, the government funded more than half (i.e. 57%) of total vaccine needs – meeting the terms of the Accountability Framework – despite oil price volatility that continues to impact Nigeria's growth performance.

… and afterwards

To date, countries that have transitioned from Gavi support have for the most part sustained the performance of their immunisation programmes. Of 15 countries that transitioned more than one year ago,[b] 8 have successfully maintained their level of DTP3 coverage above 90%. Of the remaining seven countries, all but two have either maintained or improved their coverage levels since transitioning.[c]

However, some countries may transition with specific institutional capacity weaknesses; for this reason, we also support countries after they have transitioned from Gavi support, to help ensure they are able to maintain high coverage rates. We work with them on issues such as supply chain; leadership, management and coordination (LMC); and catalysing new vaccine introductions through targeted technical assistance and capacity building. This support is customised, time-limited and catalytic.

Gavi funds additional regional and global initiatives to support countries after they have transitioned from Gavi support – for example, training for journalists in the Americas and Europe to help ensure that accurate, evidence-based information about immunisation is published in the media. Countries that have transitioned also have access to a peer-learning platform to help them share and build on best practices, as well as support for capacity building on health financing, provided in collaboration with the Global Fund and the World Bank.

As part of Gavi 5.0 (the 2021–2025 strategic period), work is ongoing to institutionalise an Alliance-wide approach to support post-transition countries to successfully maintain and increase their programme performance.

a – WHO/UNICEF Estimates of National Immunization Coverage.
b – This excludes Vietnam, which transitioned only at the end of 2019.
c – The two countries are Bolivia (Plurinational State of) and Honduras, where coverage with the third dose of pentavalent vaccine after transition fell from 84% to 75% and from 98% to 87%, respectively.

UNICEF/Moldova/2012/Gutu

Experimental approaches to address post-transition risks

The Republic of Moldova was the first transitioned country that applied for targeted post-transition support to mitigate risks to the sustainability of its immunisation programme. Its application was based on an in-depth risk assessment conducted by the country, and a wide consultation with UNICEF and WHO at regional and country levels, as well as with local nongovernmental organisations (NGOs).

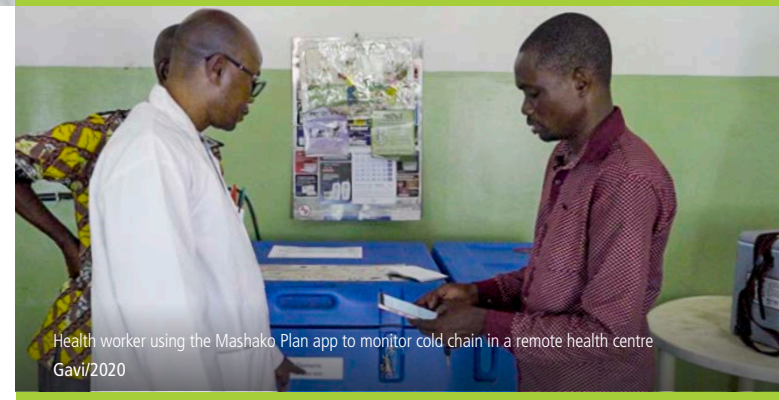
In 2019, as Moldova continued to implement its post-transition plan, one of the main obstacles to sustainability was vaccine hesitancy, which was particularly high among educated urban families and also ethnic minorities – a pattern observed in other European countries.

In the face of increasing vaccine hesitancy in the region – a risk that was further intensified with high inter-regional population movements and disease outbreaks in neighbouring countries (e.g. Ukraine, Romania) in 2018 – Moldova addressed these risks by investing post-transition funds in experimental approaches to strengthening demand generation: using behavioural insights; developing multi-language mobile applications; launching a dialogue on social media; and targeting under-immunised ethnic and religious communities.

In order to create and maintain a supportive environment to strengthen vaccine confidence, and also to prioritise vaccine investments in the domestic budget, the country's Expanded Programme on Immunization (EPI) engaged a wide spectrum of partners – parliament, civil society, the Ministry of Education, representatives of religious groups, journalists – mobilising them as champions and advocates for immunisation. Moldova ensured synergies with other investments made in the country and regionally: activities under the plan built on the government's risk mitigation strategies, complementary to Alliance partners' support, and leveraging expertise of local actors and NGOs.

This harmonised, systematic approach to the post-transition risks contributed to improvement in vaccine coverage in Moldova. More importantly, it helped build a comprehensive and targeted strategy to vaccine demand generation that lays solid ground for future work on restoring trust in vaccines.

Using data to increase institutional capacity



Health worker using the Mashako Plan app to monitor cold chain in a remote health centre
Gavi/2020

Strong institutional capacity is critical to programmatic and financial sustainability – from decision-making and programme management, to continuous learning and corrective action. In 2019, more than 30 countries availed Gavi support for leadership, management and coordination (LMC).

In support of LMC in the **Democratic Republic of the Congo** (DRC), Gavi funded technology solutions firm Acasus to expand a real-time data system to help supervise more than 4,000 health facilities. Digitally tracking stock and vaccinators led to significant increases in immunisation sessions and full immunisation coverage, among other successes of the Mashako Plan.

The DRC was 1 of 11 countries represented in a Gavi-funded, 9-month certificate programme, the EPI Leadership and Management Programme (EPI LAMP), delivered by the Yale Global Health Leadership Initiative (GHLI). Participants prioritised data issues in a "breakthrough project" to identify, isolate and address national immunisation bottlenecks and challenges. While participants showed a statistically significant improvement in management competencies, the qualitative results showed positive changes in team-based working modalities, such as human resources, communication and leadership.

"We are evolving with the COVID-19 pandemic in a context that is even more complex. The EPI LAMP training really was very beneficial. It prepared me to take the reins of the EPI, and the concepts that I learned are those that accompany me today in the exercise of my functions."
Dr Elisabeth Mukamba, EPI Manager, DRC

Accelerating financing for health and primary health care

Gavi's engagement on sustainable immunisation financing also takes place through global and country-level efforts to ensure appropriate financing for health, in particular primary health care (PHC), which is critical for successful delivery of immunisation services. In 2019, as part of the Global Action Plan (GAP) for Healthy Lives and Well-being for All, seven accelerators to reach Sustainable Development Goal 3 (good health and well-being) were put in place – including the sustainable financing for health accelerator (SFHA). Gavi has been co-leading the SFHA, along with the World Bank and the Global Fund, and in collaboration with WHO, P4H and the Global Financing Facility for Women, Children and Adolescents (GFF). Engagement in the SFHA not only aims at ensuring that immunisation is well integrated and prioritised in national health financing dialogue and reform processes, but also that Gavi support is well aligned with and responds to national needs and priorities, and is coordinated and harmonised with other partners.

In 2019, Gavi's focus on improving coordination and alignment with other health financing partners has shown positive results in, among other countries, Côte d'Ivoire (a priority country due to its upcoming entry into transition). Gavi is actively involved in efforts to develop a coordinated and joint support to the national health financing strategy – from the development of the investment case, to the national dialogue on health financing, to the launch of the national health financing coordination platform. After a few months of coordinated support to the Ministry of Health and civil society organisations (CSOs), as well as joint advocacy from health partners, the Government of Côte d'Ivoire committed to increase its health budget by 15% every year – illustrated right away, with a 16% increase in the health budget in 2020.

Gavi/2020/Christophe Da Silva

Learning our lessons: evaluation and policy review

In 2019, Gavi's Eligibility and Transition and Co-financing Policies were evaluated by Cambridge Economic Policy Associates (CEPA), which included interviews with a wide range of stakeholders and in-depth country studies. The evaluation and recommendations provided a welcome opportunity to reflect on the lessons we have learned as we applied the policies and the first waves of countries went through the transition process.

The evaluation highlighted, among other things, the need for greater flexibility in the policies to enable a more tailored application in countries, while maintaining transparency and predictability – principles that have proven to be critical to the success of the policies so far. It also stressed the need for greater emphasis on programmatic sustainability alongside GNI per capita when assessing a country's readiness to transition, given the challenges high-risk countries experience in the programmatic area.

The findings of the evaluation suggest that, on balance, the policies are moving in the right direction and need to be fine-tuned to further enhance their impact. To this end, we have, for instance, already proposed policy revisions, including greater flexibility and more consideration of programmatic risks to successful transition. Overall, strengthening critical capacities and systems to ensure long-term programmatic sustainability of countries' immunisation programmes after they transition out of Gavi support will be a key focus of the Gavi 5.0 strategy.

Continued vigilance to identify risks as soon as possible will be critical, so that countries and Alliance partners, working together, can effectively tackle them and prevent backsliding.

LOOKING AHEAD

The progress made by countries and Alliance partners in 2019 on building increasingly sustainable immunisation programmes represents the culmination of many years of intense efforts by countries, local stakeholders and Alliance partners. Countries are successfully taking on a greater share of the costs of their own immunisation programmes and navigating the process of transition from Gavi support. This in turn is bolstering sustainable immunisation programmes, built on domestic funding and political support. Regrettably, some of this progress is now under threat as the world faces the uncertain consequences of the coronavirus pandemic.

The economic and social consequences of the pandemic on many countries may be as great as the health impact, exacerbating the effects on people's health. Many countries are already seeing the short- and medium-term economic impacts in terms of reduced output and lower government revenues. This is likely to both impact GNI per capita and reduce countries' fiscal capacity to fund key public services such as health and immunisation, including vaccine procurement. This may also put additional pressure on the immunisation programmes in countries that have already transitioned from Gavi support and affect the speed at which currently Gavi-eligible countries will be able to transition. Continued vigilance to identify risks as soon as possible will be critical, so that countries and Alliance partners, working together, can effectively tackle them and prevent backsliding.

At the same time, while cognisant of this shifting balance of risks, Gavi is also working to put in place the necessary systems and processes for the operationalisation of Gavi 5.0. Under the new strategy, we will continue working closely with countries to transition from Gavi support and self-finance their programmes, while mitigating the adverse effects of the COVID-19 pandemic on their domestic financing of immunisation programmes. In this context, some exceptional measures have already been approved by the Board, which should provide temporary relief to countries, while working to protect the gains achieved over the past years in ensuring the long-term sustainability of vaccine programmes introduced with Gavi support.

gavi.org: learn more about sustainability

Ashkan Forouzani/Unsplash


Gavi/2014

THE MARKET SHAPING GOAL

shape markets for vaccines and other immunisation products

- In 2019, the weighted average price to fully immunise a child with pentavalent, pneumococcal and rotavirus vaccines fell to US$ 15.57, a reduction of 22% since 2015 and a 2% drop from the previous year.
- By the end of 2019, 8 out of 11 vaccine markets were assessed as having sufficient and uninterrupted supply – the same number as in the previous two years.
- There were significant improvements in availability and introductions for rotavirus vaccine, including newly available products.
- Three vaccine products with improved characteristics were procured in 2019: one each for measles-rubella, pneumococcal and rotavirus.
- Three markets were judged to have moderate health, a situation that has been stable since 2017.

22% VACCINE PRICE REDUCTION SINCE 2015

- ✔ INCREASED VALUE FOR MONEY
- ✔ MAKING BUDGETS GO FURTHER

MARKET SHAPING GOAL: INDICATORS

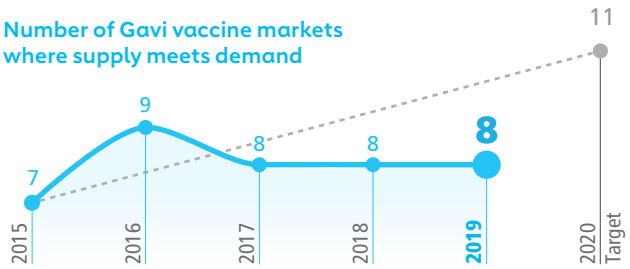
1. Sufficient and uninterrupted supply

of Gavi vaccine markets with sufficient and uninterrupted supply of appropriate vaccines

8 Moderate delays/challenges

2019 progress: Eight vaccine markets were assessed as having sufficient and uninterrupted supply, unchanged since 2017. Significant progress was made in the market for rotavirus vaccine, but there are challenges in the market for oral cholera vaccine (OCV), in addition to persistent supply challenges in the markets for human papillomavirus (HPV) vaccine and inactivated polio vaccine (IPV). Markets meeting the definition of sufficient and uninterrupted supply were: pentavalent, pneumococcal, rotavirus, Japanese encephalitis, measles, measles-rubella, meningitis A and yellow fever. The 2020 target is 11 markets.

Number of Gavi vaccine markets where supply meets demand



Sources: Gavi, the Vaccine Alliance; UNICEF Supply Division, 2020

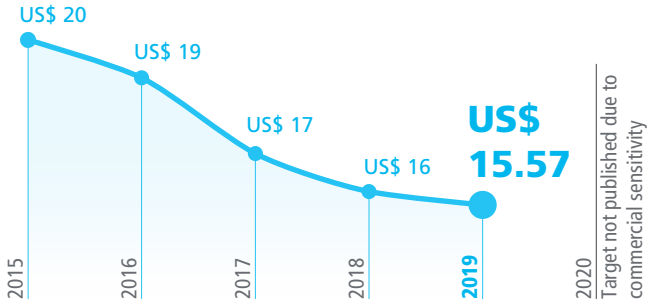
2. Cost of fully vaccinating a child with pentavalent, pneumococcal and rotavirus vaccines

US$ 15.57 On track

2019 progress: The cost of fully immunising a child has decreased significantly – by just over 22% – since 2015. The price reduction in 2019 was 2%. During the year, two new rotavirus vaccine suppliers entered the market, contributing to a drop of 5% in the weighted average price. At the beginning of the year, one pneumococcal vaccine supplier announced a price reduction, resulting in over US$ 4 million in savings for 2019 procurement for Gavi and supported countries. For the pentavalent market, the priority has shifted to ensuring stability and security of supply.

Source: UNICEF Supply Division, 2020

Weighted average price of fully immunising a child with pentavalent, pneumococcal and rotavirus vaccines



3. Innovation

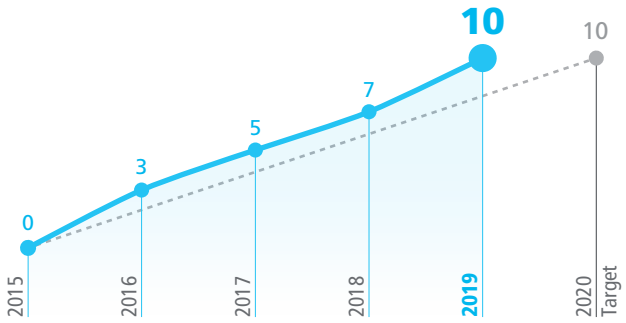
of vaccines and other related products with improved characteristics procured compared with the baseline year

On track **10**

2019 progress: An additional three products with improved characteristics were procured by UNICEF for Gavi-supported countries, bringing the total to ten since 2015. The new products for 2019 were: a pneumococcal vaccine with an extended shelf life of three years; a rotavirus vaccine using an improved primary container that is easier to use and reduces pressure on the cold chain; and a measles-rubella product in a five-dose vial that reduces open vial wastage and hence cuts overall cost per dose. These new products reflect Gavi's continued efforts to procure products that offer countries more flexibility and help reduce cold chain footprint.

Source: Gavi, the Vaccine Alliance, 2020

Number of vaccines and immunisation products with improved characteristics procured by Gavi



4. Healthy market dynamics

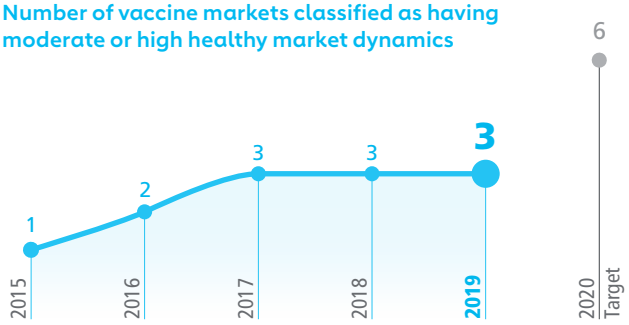
of Gavi vaccine markets classified as having high or moderate health (vaccine markets are rated as having high, moderate, low or no market health)

3 Moderate delays/challenges

2019 progress: Three vaccine markets were assessed as having moderate healthy market dynamics: pentavalent, pneumococcal and yellow fever. This has been stable since 2017, and there are signs that, in 2020, one or two further markets are on course to achieve the "moderate" threshold. As the market for pentavalent vaccine continues to mature, the priority is to ensure stability and supply security for this essential five-in-one vaccine. For all vaccine markets, we will be focusing on sustainability – ensuring continued supply of appropriate product presentations to meet country demand.

Sources: Gavi, the Vaccine Alliance; UNICEF Supply Division; strategic goal 4 (SG4) partners' analyses of multiple market data sources, 2020

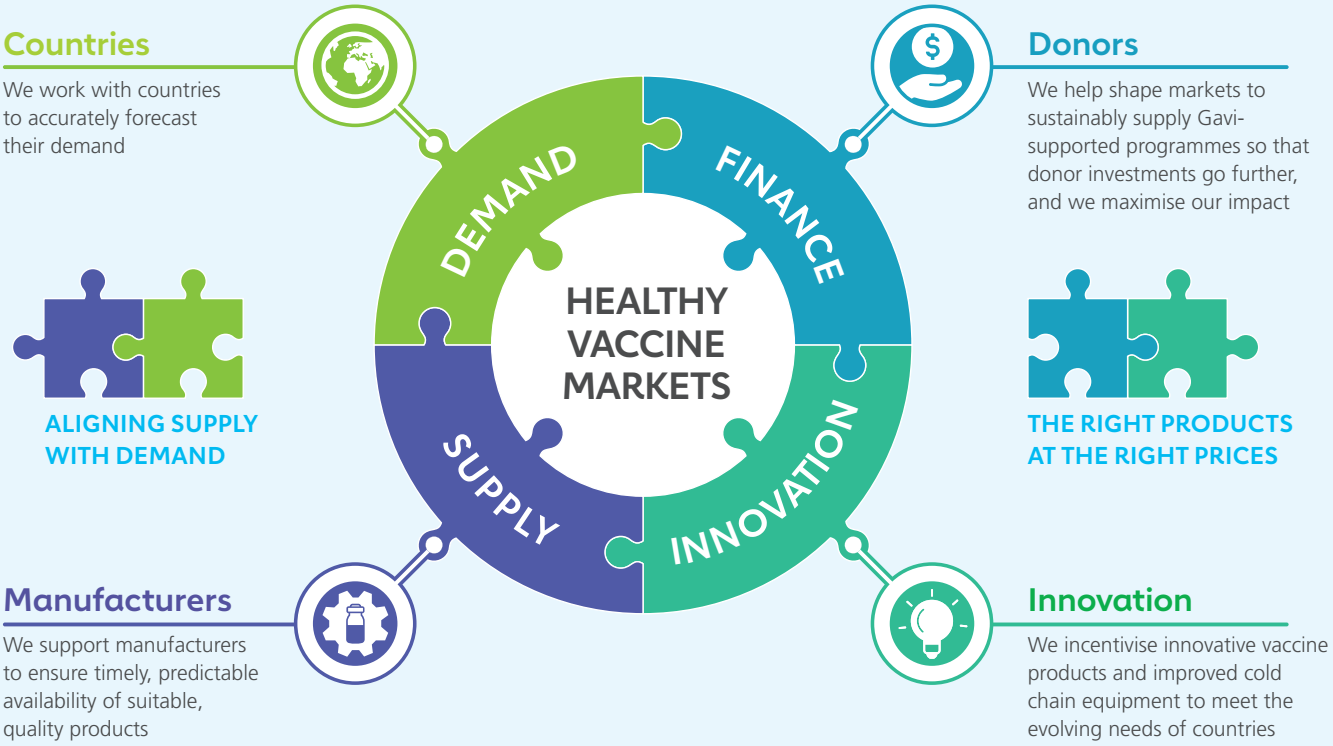
Number of vaccine markets classified as having moderate or high healthy market dynamics



HOW MARKET SHAPING WORKS

Gavi's market shaping work aims to:

- ✔ ensure adequate and secure supply of quality vaccines
- ✔ evolve prices of vaccines and other immunisation products to appropriate, sustainable levels
- ✔ save money for countries – our approach to market shaping is forecast to deliver savings of US$ 1.3 billion during the 2016–2020 strategic period
- ✔ incentivise development of suitable, quality vaccines and other immunisation products
- ✔ maximise the number of healthy vaccine markets



Supporting healthy vaccine markets is an essential part of Gavi's strategy

The goal of our market shaping work is to help ensure vaccine markets work better for lower-income countries. We want the maximum number of people to receive the life-saving and health-protecting benefits of immunisation.

As a growing number of countries transition from Gavi support, our work also ensures that improvements in market conditions are sustainable in the longer term – for countries (regardless of their income level) and for manufacturers.

HELPING COUNTRIES GET THE NEW VACCINES AND PRODUCTS THEY NEED

Since Gavi was created 20 years ago, we have worked to deliver new vaccines to eligible countries. In recent years, the Alliance has also taken a more prominent role in supporting the research and development of vaccines and other immunisation products to meet these needs.

Innovations have included the Advance Market Commitment (AMC) for pneumococcal vaccines; creation of the oral cholera vaccine (OCV) stockpile and subsequent improvements in vaccine product presentations; and Gavi's Cold Chain Equipment Optimisation Platform (CCEOP) – which has triggered significant improvements in the cold chain with higher-performing equipment.

Following the 2014–2016 Ebola epidemic in West Africa, Gavi led efforts to incentivise development of the world's first Ebola vaccine. The Advance Purchase Commitment for Ebola vaccine ensured a stockpile of investigational vaccine that, as of December 2019, helped protect more than 260,000 people in the Democratic Republic of the Congo from this terrible disease.

Protected health worker displays Ebola vaccine, DR Congo
Gavi/2018/Pascal Barollier

Now the world needs access to a vaccine to protect against a novel disease that appeared only a few months ago. While research continues to develop COVID-19 vaccines, we are drawing on similar mechanisms that have secured equitable global access to pneumococcal and Ebola vaccines.

The Pneumococcal AMC was the first agreement of its kind and has allowed Gavi-eligible countries to protect children against one of the most common causes of pneumonia. An independent evaluation of this first AMC captured important lessons that were applied to our efforts to facilitate development and procurement of an Ebola vaccine. Those lessons have now been refined and are being applied to the Gavi AMC for COVID-19 Vaccines (Gavi COVAX AMC), which will be used to guarantee doses for supported countries.

The AMC is part of work being done in partnership with WHO and the Coalition for Epidemic Preparedness Innovations (CEPI) under the COVAX Pillar, which will address both pull financing (i.e. advance market/advance purchase commitments) and push financing (i.e. at-risk investments for R&D, manufacturing capacity reservation and inventory) to drive investment at high speed, volume and "at risk" to secure manufacturing inventory build-up and future supply. This will help ensure that people in low- and middle-income economies gain equitable and rapid access to a vaccine as part of efforts to strengthen global health security. Gavi will also play a central role in the expansion of cold chain capacity to help prepare for the roll-out of COVID-19 vaccines.

Vincent Ghilione/Unspalsh

Emergency vaccine stockpiles are also essential tools in providing protection where and when they are needed for outbreak-prone diseases. Gavi currently funds vaccine stockpiles for cholera, Ebola, meningococcal meningitis and yellow fever.

One recent example of effective use of a stockpile was in Cox's Bazar, Bangladesh, in 2019. The arrival of large numbers of Rohingya refugees from Myanmar coincided with an increase of confirmed cholera cases.

The Alliance funded an emergency immunisation campaign for the refugees and surrounding communities using the existing stockpile. This helped prevent any new outbreaks despite the risks associated with such a large and densely packed population in an area where cholera was a known risk.

Health worker administers oral cholera vaccine during door-to-door session in Kutupalong
Gavi/2019/Isaac Griberg

Taking the long view on vaccine markets

Since the current strategic period began in 2016, Gavi has focused on taking a long-term approach to developing and maintaining healthy markets for the critical vaccines we support. We are now seeing this work come to fruition. This has led to greater stability and supply security in important vaccine markets, providing countries with the confidence that supplies will be available to meet their demand.

Moderate levels of healthy dynamics in three key vaccine markets (pentavalent, pneumococcal and yellow fever) represent a significant achievement – particularly in the market for pentavalent vaccine – and will require continued work to sustain. Following a series of price drops since 2016, this market has now reached a level at which it is vital to maintain stability, while minimising risks to the security of supply. Further price reductions are neither expected nor desired, as they could potentially undermine this essential market. Gavi's long-term ambition is to improve the health of other vaccine markets, recognising that changes in market conditions take time and are often interlinked with global markets. Importantly, eight vaccine markets were again assessed this year as having sufficient and uninterrupted supply of appropriate vaccines.

The dilemma of greater choice

Gavi/2019/Isaac Griberg

New products and presentations are being procured – this year, these included new presentations for measles-rubella, pneumococcal and rotavirus vaccines – and countries are being offered a wider range of products. This can be a challenge for countries, as they strive to assess which products and presentations best meet their needs and capacities. For example, different presentations may require storage and transport at different temperatures; others will come in larger or smaller vials; while others will offer coverage of different serotypes. All of this presents logistical challenges to ensure that all vaccines can be safely delivered through the cold chain. The need for careful evaluation of the impact of each new product means that adoption or change to a different presentation can be a slow process. We are working to provide clear information on the options available and to support countries in making the most appropriate choices.

Cold chain equipment market heats up

Gavi/2015/Phil Moore

Refrigerators and freezers to keep vaccines within a defined temperature range are vital to immunisation. Gavi's Cold Chain Equipment Optimisation Platform (CCEOP) increases choice, competition and supply security to help countries procure affordable, improved equipment. Large countries requesting equipment from a dominant supplier must select a proportion of installations from a second, non-dominant supplier – so new or smaller companies enter the market, and countries benefit from technical innovations and try out new brands.

This year saw a significant improvement in competition. Thanks to lower prices and installation costs, and a shift to newer and lower-cost brands, savings of more than 10% were achieved in the markets for ice-lined refrigerators, and solar direct drive refrigerators and freezers and installation services. This was due to a combination of lower prices unlocked, reduced installation costs, and a shift in country preferences to newer and lower-cost brands.

Promoting innovation for the longer term

Gavi/2015/GMB Akash

Vaccine product innovations help simplify logistics, increase safety and address barriers to immunising the unreached. The Vaccine Innovation Prioritisation Strategy (VIPS), a collaboration between Gavi, the World Health Organization, the Bill & Melinda Gates Foundation, UNICEF and PATH, identifies the most promising vaccine products to better meet country needs, and support Alliance goals on coverage and equity.

This year, the VIPS Alliance Working Group shortlisted 9 out of 24 vaccine product innovations and further assessed them with a list of priority vaccines. In 2020, the VIPS Working Group aims to prioritise three of these innovations, for which the Alliance will seek to accelerate access in lower-income countries by providing targeted support and fostering the enabling environment.

Coordination challenges

Gavi/2019/Asad Zaidi

With a growing number of vaccines being introduced in countries, there are inevitably challenges of coordination and planning. Alliance partners work hard to support countries to identify which are the best products for them and prepare for new introductions. Nonetheless, country-level challenges do occur.

This year, one issue was managing the supply of yellow fever vaccine in the face of demand from mass campaigns promoted through the Eliminate Yellow Fever Epidemics (EYE) Strategy. Another ongoing challenge in some markets is a lack of diversity of supply. For example, there is still only one manufacturer of prequalified typhoid conjugate vaccine (TCV), which is scaling up supply availability – requiring in-country coordination to optimise available supply.

Supply constraints: progress made but still work to do

Several vaccine markets have seen serious supply challenges in recent years. In 2019, there was progress in some of these markets, but there is still more to do. Apart from rotavirus, which has improved significantly, the three markets that experienced constraints were human papillomavirus (HPV) vaccine, inactivated polio vaccine (IPV) and oral cholera vaccine (OCV).

Rotavirus: better news following a difficult year

One vaccine market that became healthier this year is rotavirus. The manufacturer of the currently most-used product resolved bulk production challenges and increased supply capacity to reach previously forecasted levels. After several years of a duopoly, three manufacturers are now offering a total of six presentations. A new presentation of a currently existing vaccine was prequalified, bringing the total number of prequalified presentations to 6, and we expect additional new presentations in 2020, raising the total number to 11. Greater competition in the market led to a decrease of 5% in the weighted average price for this vaccine. With supply shortages resolved, the Alliance is supporting product switches and new introductions. A number of countries had to delay rotavirus introductions planned for 2018; some used a new product to introduce the vaccine in 2019, while others waited for supply of their chosen vaccine in 2020.

Cholera: an evolving supplier base

The market for oral cholera vaccine (OCV) continues to see improvements in total volume supplied (up 32% from 2018), much of it a more suitable product in a plastic tube presentation. This year, the market also saw a significant increase (around 30%) in the vaccine price. One manufacturer's scale-up is progressing as planned and will contribute to improved global supply. Another manufacturer's previously approved scale-up plan has been stopped due to changes in strategy. At least one pipeline manufacturer is progressing through vaccine development, with availability expected in 2022 or 2023. Uncertainties surround other candidate vaccines and their likelihood of being supplied to Gavi markets, either due to changes in commercial strategy, or product-specific technical or regulatory challenges. Against this background, supply may not meet Gavi's base-case demand scenario in the short term through 2023, while it is expected that the supply situation will improve in the medium and longer terms.

Polio: back on track

After two difficult years, global supply of inactivated polio vaccine (IPV) has steadily increased and is now adequate to meet the needs of all countries providing a single dose of IPV. Countries have also started catch-up campaigns for children who were missed due to earlier supply shortages. These should be completed by 2021. The next challenge is to ensure adequate supply for countries to introduce a second dose of IPV into their routine immunisation schedules, as recommended by the Strategic Advisory Group of Experts (SAGE) on Immunization. New manufacturers are expected to enter the market in 2020 and in Gavi's next strategic period (2021–2025), further easing supply challenges. Increased levels of investment by two incumbent manufacturers, including scaling up over the past four years, led to a substantial increase (approximately 80%) in the weighted average price of IPV in 2019.

HPV: moving forward despite challenges

Continuing high global demand for HPV vaccine – while extremely positive news – has created significant challenges for Gavi and the countries we support. Due to the successful introduction of the vaccine in countries around the world, suppliers are not currently able to meet high and rising demand. This year, one of the HPV suppliers told us the expected increase in supply to Gavi-eligible countries would be less than anticipated over the next few years. As a result, we will not be able to meet demand from countries in the short term. We expect the supply situation to improve significantly in the next strategic period (2021–2025), both from existing suppliers and new manufacturers expected to enter the market. Meanwhile, we are working with partners to continue prioritising single-age cohorts and to delay the implementation of multi-age cohorts until the supply situation has improved.

Tmaximumge/Pxhere

LOOKING AHEAD

As 2019 came to an end, the world started to hear about a cluster of pneumonia cases of unknown origin in Wuhan, China. At the time, nobody could know how dramatic the impact of this novel coronavirus would be, nor how significant it would turn out to be for Gavi's mission, including our work on market shaping.

We are now heavily involved in preparations to ensure that a COVID-19 vaccine is available for Gavi-eligible countries and not only in high-income countries. The launch of the COVAX AMC, building on previous work on pneumococcal conjugate vaccines, will help ensure a vaccine is available to people in low- and middle-income economies.

At the same time, the social and economic disruption caused by COVID-19 has already interrupted routine immunisation programmes, including plans for new vaccine introductions. We will be closely watching key vaccine markets to minimise challenges for the countries we support. Potential impacts we will be monitoring include the sustainability of markets and the viability of individual suppliers; challenges for manufacturing and shipping; and shifts in demand as a result of changes within countries.

At Gavi, we are also continuing to lay the foundations for our new strategic approach (Gavi 5.0), including adapting it to meet the changed circumstances the world now faces.

gavi.org: learn more about market shaping

Gavi/2019/Stanislav Kogoku

FUNDING AND FINANCE

gavi.org: investing in Gavi

Funding from donors and investors

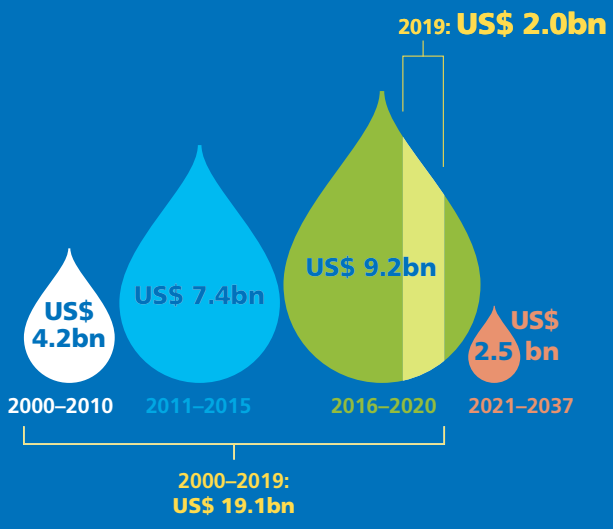
Raising long-term resources, making vaccines work

Gavi can achieve and exceed its goals thanks to strong donor support and a diverse set of funding mechanisms. Donors continued to demonstrate their commitment to protecting the next generation and strengthening immunisation systems by committing US$ 2 billion in 2019, bringing the total to US$ 19.1 billion since 2000. These commitments came in the face of challenges such as increasing disease outbreaks worldwide – including measles, yellow fever and Ebola; the resurgence of polio cases; and inequities in access to essential health services. By the end of 2019, 99% of all commitments made in 2015, including multi-year pledges, were translated into grant agreements.

Further expanding Gavi's donor base

Throughout its history, Gavi has been supported by a broad donor base. In 2019, Gavi continued to broaden its engagement with donors, leading to purposeful collaboration and contributions from the European Commission and 27 donor governments: Australia, Brazil, Canada, China, Denmark, France, Germany, Iceland, India, Ireland, Italy, Japan, Kuwait, Luxembourg, Monaco, the Netherlands, Norway, Oman, Qatar, the Republic of Korea, Saudi Arabia, South Africa, Spain, Sweden, Switzerland, the United Kingdom and the United States of America. In addition to sustaining contributions from our founding partner the Bill & Melinda Gates Foundation, corporations, foundations, private individuals and private sector investors are increasingly contributing to Gavi financing.

Donor commitments to Gavi, 2000–2037



Sovereign donors and the European Commission in 2019

Source: Gavi, the Vaccine Alliance, 2020 (data as of 31 December 2019)

For full details, see **Annex 3: Contributions pledged to Gavi**, page 58.

INNOVATIVE FINANCE

Twenty-five per cent of Gavi's funding since our inception in 2000 comes from innovative finance instruments. Gavi's financial instruments bring forward access to long-term funding, particularly compelling in situations such as epidemic response, when surge funding is required.

IFFIm & CEPI: Vaccine Bonds to fund CEPI's fight against deadly diseases

In May 2019, the Kingdom of Norway donated NOK 600 million to the International Finance Facility for Immunisation (IFFIm) to support the Coalition for Epidemic Preparedness Innovations (CEPI). In a novel arrangement approved by Gavi, IFFIm enabled Norway to accelerate the impact of its multi-year pledge in a transaction that was awarded SRI "Deal of the Year" by news, data and analytics publisher mtn-i – a strong validation of IFFIm's role in addressing global health and development challenges.

CEPI, which is developing new vaccines for some of the world's most dangerous infectious diseases, is an innovative partnership between public, private, philanthropic and civil society organisations. Launched at the World Economic Forum 2017 Annual Meeting, CEPI's mandate is to support the development of vaccines against deadly diseases for which no licensed vaccines are currently available: Middle East respiratory syndrome coronavirus, Lassa virus, Nipah virus, Disease X, Rift Valley fever, Chikungunya and, most recently, COVID-19. Gavi is working with CEPI towards the development of these new vaccines and will make them available at affordable prices to lower-income countries disproportionately affected by these diseases.

Laboratory worker analyses swab tests
Gavi/2013/Evelyn Hockstein

IFFIm seeks additional donor support to extend its flexible funding for Gavi programmes

As part of Gavi's call to mobilise at least US$ 7.4 billion to protect the next generation with vaccines, IFFIm is appealing for at least US$ 500 million of new long-term pledges from existing and new sovereign donors to extend the power of its innovative Vaccine Bonds to accelerate funding for Gavi's immunisation programmes. New IFFIm pledges at this level would more closely align IFFIm's funding capacity with the 2021–2025 Gavi programmes that are expected to require flexible funding.

Markus Spiske/Unsplash

IFFIm: complying with Islamic financing principles to enable further investments for impact

In 2019, IFFIm completed a private placement Sukuk transaction with the Islamic Development Bank (IsDB) Group. The Sukuk raised US$ 50 million to accelerate funding for immunisation programmes that save children's lives in the world's poorest countries.

The Sukuk, a certificate that complies with Islamic financing principles, was issued by IFFIm, with IsDB as the sole investor. First Abu Dhabi Bank (FAB) acted as placement agent on the transaction.

This marks IFFIm's third Sukuk, furthering IFFIm's presence in Islamic capital markets, and building awareness and support for Gavi programmes among Gulf Cooperation Council investors.

High school students at launch of Indonesia's national measles-rubella immunisation campaign
Gavi/2017/Ardiles Rante

FINANCING MECHANISMS FOR VACCINE ACCESS AND EQUITY

Pneumococcal AMC: over a decade of accelerating pneumococcal vaccines

In its eleventh year of implementation, the Advance Market Commitment (AMC) for pneumococcal vaccines has facilitated the procurement of a total of 161 million doses of pneumococcal conjugate vaccine (PCV) for lower-income countries, an 8% increase from 2018. Funded by the Governments of Italy, the United Kingdom, Canada, the Russian Federation and Norway, along with the Bill & Melinda Gates Foundation, the Pneumococcal AMC continues to progress and is projected to reach more than 215 million children by the end of 2019. The continued scale-up of PCV is expected to avert over 700,000 future deaths among children in Gavi-supported countries by 2020.

In terms of country demand, to date 82% of AMC-eligible countries (60 out of 73) had been approved to introduce PCV. By the end of 2019, all 60 countries had introduced these life-saving vaccines into their routine immunisation programmes, including Bhutan, which rolled out the vaccine in 2019. Additionally, Timor-Leste submitted a request to access the AMC PCV price when introducing in 2021, and Somalia expressed political will to move forward with PCV introduction. (In 2020, after advocacy by Gavi, the Bill & Melinda Gates Foundation and UNICEF, Indonesia submitted a request for a phased self-funded introduction – noting the difference that PCV introduction and Gavi pricing would make towards children's health and well-being.)

A new PCV vaccine, Pneumosil, manufactured by Serum Institute of India (SII), received prequalification from WHO in December 2019. Demand for this new vaccine is starting to develop and is expected to gain momentum in 2020–2021. As of June 2020, SII is the third manufacturer to successfully join the AMC mechanism, bringing more dynamism to the PCV market.

EPI worker prepares 10-valent PCV in rural health centre Manga Mindi, Lahore, Punjab province, Pakistan

Gavi/2017/Asad Zaidi

Pfizer's 2019 price reduction from US$ 2.95 to US$ 2.90 per dose will contribute additional savings of US$ 22.9 million over the duration of the existing four supply agreements.

Country demand for PCV has been unprecedented; despite this unparalleled success, as countries enter the pathway to transition out of Gavi support, programme sustainability and higher levels of healthy market dynamics are areas of increased focus for the Alliance. Gavi will continue to support this transition pathway in order to ensure that the PCV programme is programmatically and financially sustained in the future. The success of the Pneumococcal AMC has inspired a new, innovative financing instrument – the Gavi COVAX AMC – to accelerate access to COVID-19 vaccines for low- and middle-income economies.

LOOKING AHEAD

There is a critical need for innovative financing mechanisms to address the COVID-19 pandemic, and to ensure that low- and middle-income economies can access COVID-19 vaccines at the same time as wealthier countries – thereby maintaining and restoring essential routine immunisation services. One such mechanism, based on learnings from the Pneumococcal AMC, is the Gavi COVAX AMC launched on 4 June 2020, calling for US$ 2 billion in initial seed funding.

As noted previously, IFFIm has been used to frontload funding for CEPI research and development for COVID-19 vaccines; and it may be a good mechanism for frontloading funding from eligible official development assistance (ODA) donors.

Gavi is in active discussions with external funders, particularly the World Bank and regional multilateral development banks, to support unprecedented country needs for support towards procurement of COVID-19 vaccines via the COVAX Facility and the COVAX AMC.

Finally, following Gavi's successful replenishment, which raised US$ 8.8 billion in resources for 2021–2025, the Secretariat will be negotiating grant agreements with donors for assured resources towards this next strategic period.

Migrant families in Niger wearing face masks to limit the spread of COVID-19

UNICEF/UNI331382/Haro

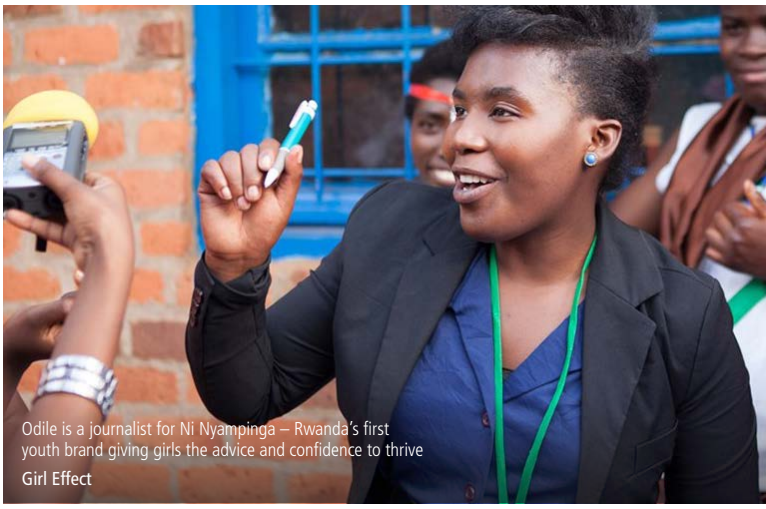
A MODEL OF PURPOSEFUL COLLABORATION

The private sector's involvement and engagement are embedded in Gavi's operating model as a public-private partnership. Our approach to engaging with the private sector is constantly building on our experience as we strive to improve immunisation programmes that are sustainable at scale.

In recent years, our approach has increasingly focused on addressing bottlenecks in vaccine uptake: grounded in a country-centric approach, we seek to connect needs to resources, and to expertise from business and industry.

We continuously test, iterate and adapt our approach based on what we learn from each project. By forging partnerships between countries, industry leaders and innovative start-ups, we aim to mitigate risk by diversifying our donor and supplier bases.

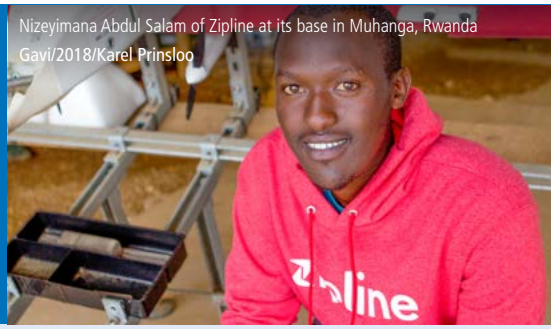
Since 2011, Gavi has been utilising dedicated funds to explore and iterate on in its private sector engagement approach, with the aim of understanding where and how the private sector can add value and maximise Gavi and country resources.



Odile is a journalist for Ni Nyampinga – Rwanda's first youth brand giving girls the advice and confidence to thrive
Girl Effect

"Investing in youth is to invest in the future of our nation. Vaccination is one of the most effective interventions, and, with the support of immunisation partners, Rwanda has achieved a lot in terms of vaccination coverage. The Ministry of Health will continue to work with partners to ensure the sustainability of our immunisation programmes."

Dr Patrick Ndimubanzi, Minister of State for Public Health and Primary Health Care, Rwanda



Nizeyimana Abdul Salam of Zipline at its base in Muhanga, Rwanda
Gavi/2018/Karel Prinsloo

Accelerating private sector engagement

During 2019, Gavi made significant progress towards the evolution of its private sector approach, which in the 2016–2020 strategic period is focused on three key areas:

New immunisation funding sources

OBJECTIVE To diversify funding by leveraging private sector partners to amplify Gavi's reach and advocacy in key markets.

CATALYST The Gavi Matching Fund, which incentivises private sector investment.

Supported by the Bill & Melinda Gates Foundation and the Government of the Netherlands, the Gavi Matching Fund has available funds totalling US$ 87 million for the current strategic period.

RESULTS Gavi has engaged with more than 40 private sector partners and innovators – 25% of which come from emerging markets and Gavi-supported countries – garnering a matched amount of US$ 165 million in additional resources.

Expertise and optimisation

OBJECTIVE To work with industry leaders to adapt proven technologies and services to country realities.

CATALYST The Gavi Matching Fund, which incentivises private sector investment.

RESULTS Using a "cluster" approach – which focuses effort in three main strategic areas (supply chain, data management and demand generation) – Gavi has initiated several scalable partnerships drawing on the expertise and resources of industry leaders like UPS, Unilever and Google.org. With the support of private sector partners, the Vaccine Alliance has helped deploy close to 20 projects that harness innovation to tackle bottlenecks in vaccine delivery.

Scalable innovation

OBJECTIVE To focus approaches to foster innovation and support innovators.

CATALYST The Innovation for Uptake, Scale and Equity in Immunisation (INFUSE) ecosystem facilitates access to solutions in vaccine delivery by identifying proven technologies and helping bring them to scale in Gavi-supported countries.

RESULTS Since 2016, annual INFUSE workshops have convened more than 70 leaders in technology, innovation, health, government and finance, and selected 21 INFUSE Pacesetters, whose technologies and approaches could help transform immunisation delivery.

INNOVATIVE APPROACHES TO IMMUNISATION

Gavi's engagement with the private sector is a partnership for life.

NEC and Simprints: an identity for immunity

In Tokyo in June 2019, Gavi signed a memorandum of understanding with NEC Corporation and Simprints Technology Ltd. on the use of biometrics to improve immunisation coverage in Gavi-supported countries. The partnership combines Simprints' biometric fingerprint technology with NEC's reinforced authentication engine to create the world's first scalable fingerprint identification solution, giving children aged between one and five a digital ID linked to an accurate, complete medical record. The combined technologies have resulted in highly accurate authentication, with a 99% certification rate.

Gavi, NEC and Simprints will begin carrying out proof-of-concept validation of the technology in Bangladesh and an African country by early 2020. If successful, the project will then link children's digital identity with their vaccination record, helping health practitioners to track which children need to be vaccinated and when.

Investing in innovative start-ups with AAIC

Gavi has also begun collaboration with Asia Africa Investment & Consulting (AAIC), a Japanese growth equity fund based in Singapore, to support companies offering innovations that improve the delivery and availability of vaccines in low-income countries. This partnership complements existing sources of capital to scale immunisation initiatives and is an important step towards continued diversification of funding across the full spectrum of investors.

Digital IDs link to accurate medical records – essential data to improve immunisation coverage
Simprints

Rockefeller Foundation: innovating for frontline health workers

With its mission to promote the well-being of humanity throughout the world, a partnership with the Rockefeller Foundation is a natural fit for the Vaccine Alliance. The partnership aims to: (i) develop new, innovative and strategic approaches for learning and performance management of frontline health workers that build on the success of existing digital tools; (ii) implement and test new approaches and tools in a selected number of countries; and (iii) develop a roadmap for further scale-up within immunisation and in the broader public health care space.

Girl Effect: empowering girls to become changemakers

Since 2016, Gavi has partnered with Girl Effect to increase awareness about the benefits of human papillomavirus (HPV) vaccination, enhance the agency of girls, empower communities to take the right decisions to promote good health and generate evidence on attitudes to immunisation.

Building girls' confidence in talking about health issues is an important stepping stone in enabling them to talk about the HPV vaccine with parents and others, as this is currently not commonplace. To date, Girl Effect has reached 53% of girls (680,000) in Rwanda; 35% of girls (700,000) in Malawi; and 19% of girls (500,000) in Ethiopia, where coverage is expected to increase now that Yegna, Girl Effect's multiplatform youth brand in Ethiopia, is on television.

In November 2019, Gavi, the Government of Rwanda and Girl Effect launched a new partnership supported by the Gavi Matching Fund. It will use innovative behaviour change communications to address gender-related barriers to vaccine uptake, and create widespread and sustained demand for immunisation and other health services among girls and women in Rwanda. In collaboration with the Government of Rwanda, Girl Effect will conduct research to understand persistent gender-related barriers to accessing health services and to vaccination uptake, while developing tailored communications strategies to overcome them.

A "Successful Beginning" with Unilever

The Unilever-Gavi partnership Safal Shuruaat, which means "Successful Beginning" in Hindi, was launched in India in April 2018.

Handwashing with soap and immunisation represent two of the most cost-effective child survival interventions. By bringing together these two key interventions with broader parenting skills, parents build understanding of how better health is a critical driver of their child's future success. Trained community mobilisers use a range of creative assets to engage and empower parents through household visits.

This initiative is implemented in collaboration with the Federal and State Ministries of Health, district magistrates and village leaders.

In July 2019, Unilever committed additional funding, matched by the Gavi Matching Fund, to further expand and scale the initiative, based on the encouraging results from the pilot phase and initial scale-up of the programme.

Innovating medical delivery with Zipline

In April 2019, with the support of Gavi, The UPS Foundation, the Bill & Melinda Gates Foundation, the Pfizer Foundation and the Government of Ghana signed a four-year partnership with drone delivery company Zipline to construct and manage four distribution centres across the country. Zipline uses drones to make on-demand, emergency deliveries of high-priority products, including emergency and routine vaccines and other health products.

Inspired by the success of Zipline's partnership with the Government of Rwanda, the drone network will be integrated into Ghana's national health care supply chain – helping prevent vaccine stock-outs in health facilities and during national immunisation campaigns. Logistics will be managed through Zipline's hardware and software systems in each of the distribution centres, and deliveries will take place at hospitals and health clinics.

The project in Ghana is in collaboration with Ghana Health Services (the Ministry of Health's implementation arm) and will see the Zipline system delivering up to 150 commodities, including blood, vaccines and essential medicines.

ADDRESSING TODAY'S CHALLENGES WITH TOMORROW'S SOLUTIONS

Since its launch in 2016, INFUSE has matured into an ecosystem of innovation, helping to identify emerging technologies with the capability to create transformational change in health. It has become a true accelerator, laying the foundation for innovations that yield sustainable and measurable results.

In 2018, 55% of the world's population lived in urban settings. By 2050, this figure is expected to rise to almost 70%. This rapid growth will add nearly 2.5 billion people to urban areas, with 90% of the expansion occurring in Asia and Africa. The specific challenges posed by these dynamic and complex urban environments will require more innovations to ensure that every child is reached.

In 2019, Gavi sought innovations uniquely positioned to address the challenges involved in assuring that children living in urban areas are reached with immunisation and health services. In response to an annual call that yielded more than 100 innovations, an expert panel selected 3 new Pacesetters to boost access to vaccine and primary health services for implementing country populations living in complex urban settings.

> ***"There is a sense that informality of urban contexts and slums is challenging for immunisation in ways which cut across all contexts. Informal spaces and urban settlements exist structurally off the map of public policy."***
>
> Michael Kimmelman, *The New York Times*

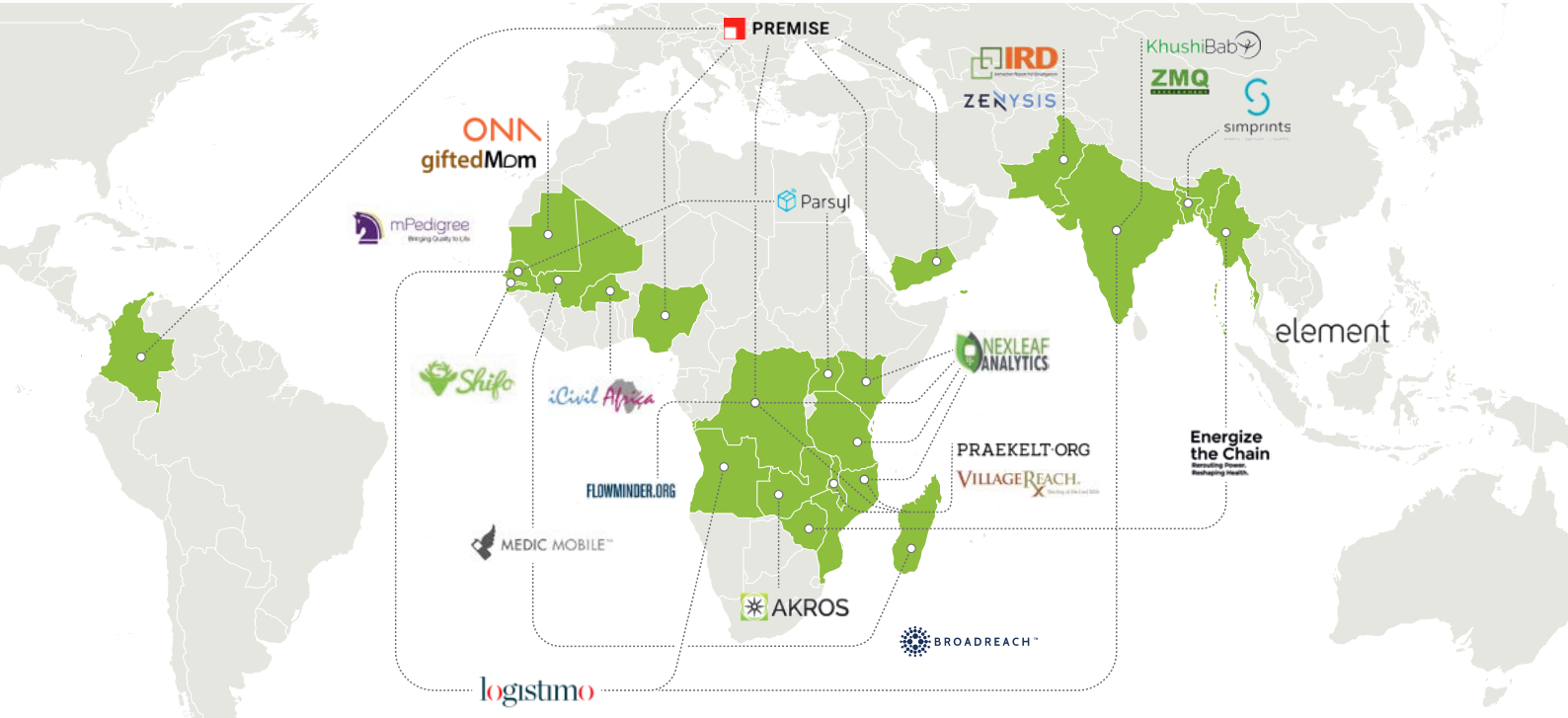
2019 INFUSE Pacesetters

VillageReach – Praekelt.org: uses a chatbot technology powered by artificial intelligence (AI) and machine learning to increase access to information about immunisation services in the Democratic Republic of the Congo (DRC), Malawi and Mozambique.

Premise Data: an analytics platform currently in use in Nigeria that uses crowdsourced data to help governments improve and optimise immunisation services.

ZMQ Development: leverages the power of traditionally transgender storytellers who, equipped with a mobile app, register newborns, then track, remind and recall them for immunisation; and share digital talking comics for healthy behaviours.

INFUSE connects Pacesetters with other Gavi partners to create an innovation ecosystem



INFUSE strategic partners

Canada · UAE AID · Google · UPS · JSI · mastercard · ELMA foundation · brac · VRx · NEC · FIT · Tencent 騰訊 · Alwaleed Philanthropies · Jochnick Foundation · Svenska Postkod Stiftelsen · actionaid · IKARE · fondation BOTNAR · Acasus

SPOTLIGHT ON ORANGE

M-Vaccin app launched in Côte d'Ivoire

In Côte d'Ivoire, **insufficient data** is one of the biggest barriers to giving every child life-changing vaccines. Caregivers do not always know when their children need a vaccination, while health workers often rely on incomplete health records.

To address this problem, Gavi is working with the Ministry of Health and Public Hygiene (MHPH) and **Orange**, a leading telecommunications provider. Together, they launched **M-Vaccin Côte d'Ivoire**, an app for mobile phones and other devices, with the aim of increasing immunisation coverage by improving vaccine data and communication.

M-Vaccin uses **text and voice messaging** to inform caregivers about vaccinations and to send appointment reminders in local languages. The app also helps health workers capture data to create personalised electronic immunisation schedules for each family served, aiming to reduce the number of dropouts.

Health workers attend M-Vaccin training, EPI Côte d'Ivoire/2019/Guy Rolland

A TAILORED SOLUTION

The MHPH, Orange and Gavi collaborated for months before launching M-Vaccin to ensure it was tailored to Côte d'Ivoire's needs. They mapped out each step of vaccine delivery to determine if and how the app could help. Then they tested the technology and gathered feedback from trainees, making adjustments to ensure its efficacy. In December 2019, M-Vaccin was released for use around the country.

By the end of 2019, approximately 150 health workers in three initial districts had attended training to get the most out of M-Vaccin. Within two months, health workers in Duékoué, the first district to be trained, had already registered nearly 2,000 mothers to receive personalised messages.

The initial outreach also presented an opportunity to further iterate the app. For example, feedback indicated that the registration process was too time-consuming. Orange streamlined the app before deployment to the next two districts, Nassian and Touba. Ultimately, project partners intend to scale M-Vaccin to reach 800,000 caregivers across 50 districts.

A FOCUS ON SUSTAINABILITY

Since M-Vaccin's early planning stages, the partnership has focused on sustainability, considering how to transition project management to the MHPH. The partners have investigated ways to make the app's maintenance and training more cost-effective and self-sustaining so that the government can fund the project eventually. One approach is to craft training videos to replace in-person sessions. Additionally, the non-profit VillageReach is supporting the partners by offering coordination and management "to effectively respond to demand through to the last mile – where healthcare is delivered." The ultimate goal is to establish a partnership that Orange and the MHPH can continue independently.

A LASTING PARTNERSHIP

Orange has gone beyond traditional corporate social responsibility to be an operations partner to the MHPH. Both parties are committed for the long term and recognise the importance of continuously improving the app by reflecting on lessons learned during deployment. Orange is also committed to facilitating M-Vaccin implementation in additional Gavi-supported countries that may be interested.

Gavi/2016/Frédérique Lissandier

LAUNCH OF GAVI'S 2021–2025 INVESTMENT OPPORTUNITY

Panel discussion at Gavi's replenishment launch in Japan
Gavi/2019/Stanislav Kogoku

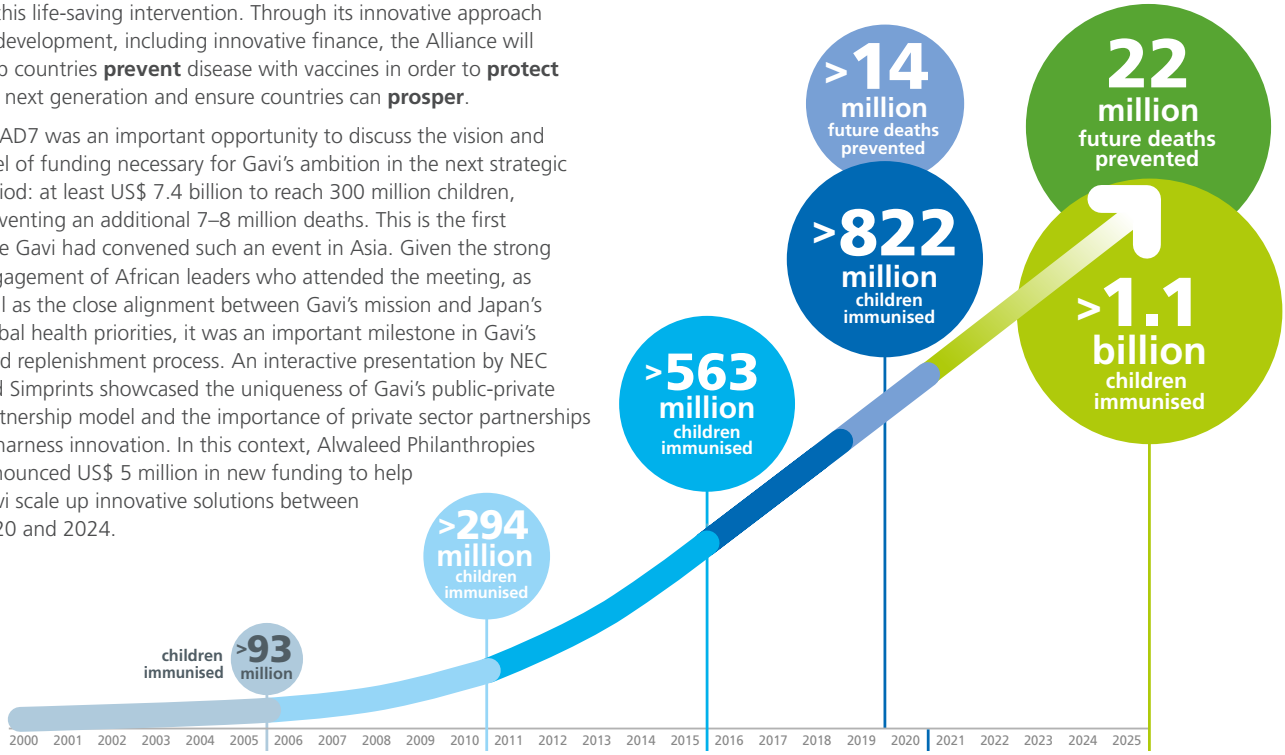
The Government of Japan hosted the launch meeting for Gavi's third replenishment on 30 August 2019, on the occasion of the Seventh Tokyo International Conference on African Development (TICAD7) in Yokohama. In the presence of 6 passionate and committed African heads of state and 150 participants, Gavi unveiled its Investment Opportunity for the 2021–2025 strategic period, "Prevent, Protect, Prosper," highlighting the Alliance's ambition to build on its success by providing the most comprehensive package of protection yet. The event brought together Alliance partners and stakeholders under the theme "Advancing Africa's Development through People, Technology and Innovation." Gavi showcased its work over 20 years supporting the vaccination of millions of children around the world. Since Gavi's inception in 2000, protection against vaccine-preventable diseases has risen dramatically, thanks to our successful model to increase access to this life-saving intervention. Through its innovative approach to development, including innovative finance, the Alliance will help countries **prevent** disease with vaccines in order to **protect** the next generation and ensure countries can **prosper**.

TICAD7 was an important opportunity to discuss the vision and level of funding necessary for Gavi's ambition in the next strategic period: at least US$ 7.4 billion to reach 300 million children, preventing an additional 7–8 million deaths. This is the first time Gavi had convened such an event in Asia. Given the strong engagement of African leaders who attended the meeting, as well as the close alignment between Gavi's mission and Japan's global health priorities, it was an important milestone in Gavi's third replenishment process. An interactive presentation by NEC and Simprints showcased the uniqueness of Gavi's public-private partnership model and the importance of private sector partnerships to harness innovation. In this context, Alwaleed Philanthropies announced US$ 5 million in new funding to help Gavi scale up innovative solutions between 2020 and 2024.

"We are really proud that today marked a remarkable launch of Gavi's replenishment process. ... We believe that great momentum has been built up towards a successful replenishment conference in the UK next year."

Masahiko Kiya, Ambassador for TICAD7 and Deputy-Assistant Minister for Foreign Affairs, Government of Japan

Cumulative immunisation and future deaths prevented by 2025



Healthy children learning at their school in Burkina Faso
Gavi/2018/Tony Noel

ANNEXES

Page 56 **1. Contributions to Gavi**
Cash received by Gavi
Innovative finance mechanisms: AMC and IFFIm
Country co-financing commitments

Page 57 **2. Governance structure**
The Gavi Board
Other Gavi-related governance structures

Page 58 **3. Contributions pledged to Gavi**

Page 60 **4. Commitments for country programmes 2000–2023**

Page 62 **5. Board approvals for country programme expenditure 2000–2021**

Page 64 **6. Commitments and Board approvals for investment cases**
Commitments for investment cases 2003–2021
Board approvals for investment case expenditure 2003–2020

Due to rounding, numbers presented throughout these annexes may not add up precisely to the totals, and percentages may not reflect the absolute figures.

1. Contributions to Gavi

as of 31 December 2019 (US$ millions)

Cash received by Gavi

Donors	2019	Total 2000–2019
Australia	66.8	390.7
Canada	94.9	612.7
China	0.5	4.0
Denmark	3.7	53.2
European Commission (EC)	90.6	259.1
France		255.4
Germany	152.6	800.0
Iceland		1.0
India	4.0	10.0
Ireland	3.4	58.8
Italy	31.1	82.1
Japan	19.0	129.7
Kuwait	0.5	0.5
Luxembourg	0.9	15.4
Monaco	0.2	0.5
Netherlands	47.0	555.6
Norway	161.4	1,743.0
Oman	0.6	2.4
Qatar		4.0
Republic of Korea	4.7	23.7
Saudi Arabia	5.0	17.5
Spain		43.2
Sweden	35.7	525.5
Switzerland		1.6
United Kingdom	267.4	2,729.5
United States of America	290.0	2,469.5
Donor governments and the European Commission total:	**1,280.0**	**10,788.5**
Al Ansari Exchange	0.7	0.7
Alwaleed Philanthropies	0.2	0.8
Bill & Melinda Gates Foundation	316.5	3,756.0
Children's Investment Fund Foundation (CIFF), UK		31.8
China Merchants Charitable Foundation (CMCF)	0.5	1.5
Comic Relief	0.6	27.6
ELMA Vaccines & Immunization Foundation		2.9
His Highness Sheikh Mohamed bin Zayed Al Nahyan		38.0
International Federation of Pharmaceutical Wholesalers (IFPW)	0.4	1.7
"la Caixa" Foundation	4.5	37.9
LDS Charities	2.0	11.2
Lions Clubs International Foundation (LCIF)		30.0
OPEC Fund for International Development (OFID)		1.1
Reckitt Benckiser (RB) Group		1.4
Red Nose Day Fund	0.1	7.2
Unilever[a]	0.6	3.8
Other donors[b]	4.4	33.7
Foundations, organisations and corporations total:	**330.6**	**3,987.0**
Subtotal:	**1,610.7**	**14,775.5**
AMC proceeds[c]	69.5	1,237.5
IFFIm proceeds[de]	315.7	2,941.4
Total:	**1,995.8**	**18,954.4**

Notes:

a – Unilever provides resources to Gavi through a leveraged partnership project.

b – Includes contributions from: A&A Foundation (US$ 1 million), Absolute Return for Kids (US$ 1.6 million), Anglo American plc (US$ 3 million), Dutch Postcode Lottery (US$ 3.2 million), JP Morgan (US$ 2.4 million) and Rockefeller Foundation (US$ 3 million), in addition to other private sector donors (some contributions were initially paid to the GAVI Campaign).

c – Cash transfers from the World Bank to Gavi.

d – Cash disbursements from the World Bank to the GAVI Fund Affiliate (GFA) (2006–2012) and to Gavi (2013–2019).

e – In July 2019, IFFIm raised NOK 600 million (US$ 65.7 million equivalent) to frontload an equivalent IFFIm pledge from Norway to Gavi in support of research and development of new vaccines by the Coalition for Epidemic Preparedness Innovations (CEPI).

Cash received by Gavi

in support of Gavi for its role in supporting the Polio Eradication and Endgame Strategic Plan (2013–2020)

Donors	2019	Total
Norway	22.4	147.0
United Kingdom		40.1
Governments total:	**22.4**	**187.1**
Bill & Melinda Gates Foundation		241.2
Private contributions total:	**0.0**	**241.2**
Total:	**22.4**	**428.3**

Innovative finance mechanisms: AMC and IFFIm

AMC commitments		Total 2009–2020
Italy		635.0
United Kingdom		485.0
Canada		200.0
Russian Federation		80.0
Bill & Melinda Gates Foundation		50.0
Norway		50.0
	Total:	1,500.0

IFFIm commitments[a]	Duration of commitment (years)	Currency of pledge[a] (in millions)	US$ equivalent[ab] (in millions)
United Kingdom	23	GBP 1,630	2,980
France	20	EUR 1,390	1,884
Italy	20	EUR 499	635
Norway	20	NOK 2,100.0 US$ 27.0	330
Australia	20	AUD 288	284
Spain	20	EUR 190	240
Netherlands	10	EUR 80 US$ 67	181
Sweden	15	SEK 276	38
South Africa	20	US$ 20	20
Brazil	20	US$ 20	20
		Total:	6,613

Notes:

a – Actual contributions received from IFFIm grants subject to the Grant Payment Condition may differ from committed amounts.

b – Non-US$ contributions are expressed in US$ equivalents, calculated using the foreign exchange rates at the time of signing the respective donor grant agreements.

Country co-financing commitments

	2019	2000–2018
Co-financing[a]	102.3[b]	912.7

Notes:

a – These amounts are subject to change as a result of: (i) payments against past defaults; and (ii) payments against co-financing obligations of fiscally aligned countries.

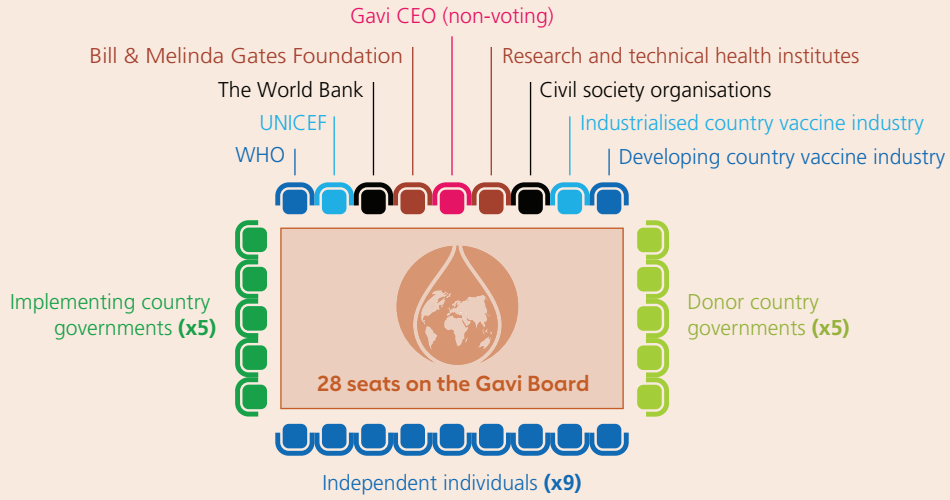
b – This excludes the three countries with obligations covering the 2019–2020 fiscal year: Ethiopia, Kenya and Pakistan.

Source: Gavi, the Vaccine Alliance, 2020

2. Governance structure

as of 31 December 2019

The Gavi Board



Independent members

Ngozi Okonjo-Iweala, *Board Chair*
William Roedy, *Vice Chair*
Margaret (Peggy) Hamburg
Helen Rees
Teresa Ressel
David Sidwell
Yibing Wu
Stephen Zinser

Organisations

WHO
Peter Salama *In memoriam*

UNICEF
Omar Abdi

The World Bank
Muhammad Ali Pate

Bill & Melinda Gates Foundation
Orin Levine

Constituencies

Implementing country government representatives

Constituency 1: Ethiopia & Ghana
Amir Aman Hagos (Ethiopia)

Constituency 2: Myanmar & Lao People's Democratic Republic
Myint Htwe (Myanmar)

Constituency 3: Afghanistan & Pakistan
Ferozuddin Feroz (Afghanistan)

Constituency 4: Armenia & Honduras
Arsen Torosyan (Armenia)

Constituency 5: Chad & Congo
Mahamoud Youssouf Khayal (Chad)

Donor government representatives

USA/Australia/Japan/Republic of Korea
Irene Koek (United States)

United Kingdom/Qatar
Daniel Graymore (United Kingdom)

Canada/Italy/Spain
Francesca Manno (Italy)

Germany/France/Luxembourg/European Commission/Ireland
Harriet Ludwig (Germany)

Norway/Netherlands/Sweden
Harriet Pedersen (Sweden)

Industrialised country vaccine industry
Susan Silbermann (Pfizer)

Developing country vaccine industry
Sai Prasad (Bharat Biotech)

Civil society organisations
Maty Dia (Global Financing Facility Civil Society Hub)

Research and technical health institutes
Marta Nunes (Vaccine Preventable Diseases/Respiratory and Meningeal Pathogens Research Unit, South Africa)

Non-voting member
Seth Berkley (CEO, Gavi)

Other Gavi-related governance structures

The International Finance Facility for Immunisation (IFFIm) Company

Cyrus Ardalan, Chair
Chairman, Citigroup Global Markets Limited

Marcus Fedder, Audit Committee Chair
Former Vice Chair, TD Securities

Fatimatou Zahra Diop
Former Secretary General, Central Bank of West African States (BCEAO)

Doris Herrera-Pol
Former Global Head of Capital Markets, the World Bank

Helge Weiner-Trapness
Founding Partner, Quintus Partners

Bertrand de Mazières
Director General, Finance Directorate, European Investment Bank

Source: Gavi, the Vaccine Alliance, 2020

3. Contributions pledged to Gavi[a] includes pledges as of 31 December 2019 (US$ millions)

Donors	2000–2010 Direct contribution	Matching Fund	AMC	IFFIm[b]	Total	As % of grand total[c]	2011–2015 Direct contribution	Matching Fund	AMC	IFFIm[b]	Total	As % of grand total[c]	2016–2020 Direct contribution	Matching Fund	AMC	IFFIm[d]	Total	As % of grand total[c]
Australia	29				29	1%	242			28	270	4%	156			83	239	3%
Brazil																3	3	<1%
Canada	152		125		277	7%	120		75		194	3%	410				410	4%
China													5				5	<1%
Denmark	32				32	1%	13				13	<1%	11				11	<1%
European Commission (EC)	58				58	1%	35				35	<1%	241				241	3%
France[e]	19			192	211	5%	127			306	433	6%	109			386	495	5%
Germany	22				22	1%	186				186	3%	697				697	8%
Iceland[f]													1				1	<1%
India							3				3	<1%	9				9	<1%
Ireland	30				30	1%	15				15	<1%	17				17	<1%
Italy			158	107	265	6%			266	152	418	6%	114		211	140	465	5%
Japan							54				54	1%	95				95	1%
Kuwait													1				1	<1%
Luxembourg	6				6	<1%	5				5	<1%	5				5	<1%
Monaco													1				1	<1%
Netherlands[g]	216			14	230	5%	149			72	220	3%	211	12		82	305	3%
Norway	526		2	41	569	14%	612		48	94	754	10%	771			102	872	9%
Oman													3				3	<1%
Qatar													10				10	<1%
Republic of Korea	0.4				0.4	<1%	7				7	<1%	22				22	<1%
Russian Federation			8		8	<1%			40		40	1%			32		32	<1%
Saudi Arabia													23				23	<1%
South Africa				4	4	<1%				4	4	<1%				4	4	<1%
Spain	43			58	101	2%				51	51	1%				47	47	1%
Sweden	123			10	132	3%	255			11	266	4%	184			10	194	2%
Switzerland													2				2	<1%
United Kingdom[h]	137		22	153	313	7%	1,424	61	317	475	2,277	31%	1,378		146	779	2,303	25%
United States of America[i]	647				647	15%	733				733	10%	1,090				1,090	12%
Donor governments and the European Commission total:	2,039		316	578	2,933	70%	3,980	61	746	1,192	5,979	80%	5,564	12	388	1,636	7,600	82%
Al Ansari Exchange													1				1	<1%
Alwaleed Philanthropies													3				3	<1%
Audacious Alliance[j]														9			9	<1%
Bill & Melinda Gates Foundation[k]	1,213		20		1,233	29%	1,237	50	30		1,317	18%	1,477	75			1,552	17%
Children's Investment Fund Foundation (CIFF), UK								32			32	<1%						
China Merchants Charitable Foundation (CMCF)														2			2	<1%
Comic Relief								20			20	<1%		8			8	<1%
ELMA Vaccines & Immunization Foundation								2			2	<1%		2			2	<1%
Girl Effect[l]														4			4	<1%
His Highness Sheikh Mohamed bin Zayed Al Nahyan							33				33	<1%	5				5	<1%
International Federation of Pharmaceutical Wholesalers (IFPW)													1	1			2	<1%
"la Caixa" Foundation	16				16	<1%		11			11	<1%		11			11	<1%
LDS Charities								7			7	<1%	4				4	<1%
Lions Clubs International Foundation (LCIF)								15			15	<1%		15			15	<1%
Mastercard[m]														4			4	<1%
Reckitt Benckiser (RB) Group														1			1	<1%
Red Nose Day Fund							1				1	<1%	1	5			6	<1%
UBA Foundation														2			2	<1%
Unilever[n]														4			4	<1%
Other donors[o]	12				12	<1%	6	11			18	<1%	8				8	<1%
Foundations, organisations and corporations total:[p]	1,241		20		1,261	30%	1,277	148	30		1,455	20%	1,500	142			1,643	18%
Grand total:	3,280		336	578	4,194	100%	5,257	209	776	1,192	7,433	100%	7,064	154	388	1,636	9,243	100%

Direct contribution	Matching Fund	AMC	IFFIm	Total	2021–2037 As % of grand total[c]	Donors
			149	149	6%	Australia
			17	17	1%	Brazil
						Canada
						China
8				8	<1%	Denmark
						European Commission (EC)
			814	814	33%	France[e]
						Germany
						Iceland[f]
						India
						Ireland
			175	175	7%	Italy
						Japan
						Kuwait
						Luxembourg
						Monaco
						Netherlands[g]
			66	66	3%	Norway
						Oman
						Qatar
5				5	<1%	Republic of Korea
						Russian Federation
3				3	<1%	Saudi Arabia
			6	6	<1%	South Africa
			60	60	2%	Spain
			3	3	<1%	Sweden
						Switzerland
			1,183	1,183	47%	United Kingdom[h]
						United States of America[i]
15			2,472	2,487	100%	**Donor governments and the European Commission total:**
						Al Ansari Exchange
3				3	<1%	Alwaleed Philanthropies
						Audacious Alliance[j]
						Bill & Melinda Gates Foundation[k]
						Children's Investment Fund Foundation (CIFF), UK
						China Merchants Charitable Foundation (CMCF)
						Comic Relief
						ELMA Vaccines & Immunization Foundation
						Girl Effect[l]
						His Highness Sheikh Mohamed bin Zayed Al Nahyan
						International Federation of Pharmaceutical Wholesalers (IFPW)
						"la Caixa" Foundation
						LDS Charities
						Lions Clubs International Foundation (LCIF)
						Mastercard[m]
						Reckitt Benckiser (RB) Group
						Red Nose Day Fund
						UBA Foundation
						Unilever[n]
1				1	<1	Other donors[o]
4				4	<1%	**Foundations, organisations and corporations total:[p]**
19			2,472	2,491	100%	**Grand total:**

Notes:

a – Some contributions may be received by Gavi in years different to those for which the pledges were made.

b – A number of the "US$ equivalent values" of actual International Finance Facility for Immunisation (IFFIm) donor contributions received for 2006–2015 have been updated to reflect information received from the World Bank Group's International Bank for Reconstruction and Development (IBRD) at the end of 2016. The total sum of changes made is +US$ 4.5 million, representing 0.25% of the total US$ 1.77 billion in contributions received during this period; changes at country level are also relatively minor.

c – The percentages in this column pertain to each donor's share of the total amount pledged for the period, rather than each donor's share of the expected need for the period.

d – On 28–29 November 2018, the Gavi Board approved Gavi support for the Coalition for Epidemic Preparedness Innovations (CEPI), subject to funds being made available by Norway and disbursed via IFFIm. Subsequently, in July 2019, IFFIm raised NOK 600 million (US$ 65.7 million equivalent) to frontload an equivalent IFFIm pledge from Norway to support this initiative.

e – The Agence française de développement (AFD, French Development Agency), Gavi and the Bill & Melinda Gates Foundation signed an innovative partnership worth €100 million over the 2016–2020 period. The partnership aims to increase vaccine coverage in six French-speaking countries of the Sahel region: Burkina Faso, Mali, Mauritania, Niger, Senegal and Chad.

f – Iceland prepaid its full US$ 1 million contribution in 2018, which covers the period from July 2018–June 2021.

g – Gavi Matching Fund (Netherlands): of the €10 million received or to be received, a total of €0.9 million (equivalent to US$ 1 million) had yet to be matched by other/private sector donor contributions as of 31 December 2019.

h – Gavi Matching Fund (UK): of the £38.1 million (equiv. US$ 61 million) received, all funding had been matched by other/private sector donor contributions as of 31 December 2019.

i – The USA pledge of US$ 1.0 billion – announced at Gavi's second donor pledging conference, hosted by the Government of Germany in Berlin in January 2015 – was for the years 2015–2018 and included US$ 800 million for 2016–2018. In addition to the pledge made in Berlin, the Government of the United States of America provided US$ 20 million to Gavi to be used for an Ebola vaccine stockpile once a licensed vaccine becomes available.

j – US$ 9 million, from the Bill & Melinda Gates Foundation's funding to the Gavi Matching Fund, in cash contributions to Last Mile Health and Living Goods, is matched by The Audacious Project, with US$ 9 million contributed directly to Last Mile Health and Living Goods for the implementation of the project.

k – Gavi Matching Fund (Bill & Melinda Gates Foundation): of the US$ 125 million received or to be received, a total of US$ 10.5 million had yet to be matched by other/private sector donor contributions as of 31 December 2019.

l – Girl Effect is an investor and implementer in Gavi's mission to drive increased uptake of the human papillomavirus (HPV) vaccine.

m – Gavi is working with Mastercard to implement Wellness Pass (WP) – a platform for digitising paper-based immunisation records via a secure chip card and an application that enables seamless usage in challenging environments. This enables record portability and accurate treatment even in offline health centres. The solution shall be piloted in five countries starting in Mauritania in 2020. Gavi's agreement with Mastercard covers the period 2019–2021.

n – Unilever provides resources to Gavi on a leveraged partnership project.

o – "Other donors" includes contributions from: (1) foundations: OPEC Fund for International Development (US$ 1.1 million); and (2) private sector organisations: A&A Foundation (US$ 1 million), Absolute Return for Kids (US$ 1.6 million), Anglo American plc (US$ 3.0 million), Dutch Postcode Lottery (US$ 3.2 million), JP Morgan (US$ 2.4 million) and Rockefeller Foundation (US$ 5.1 million), in addition to other private sector donors.

p – In-kind contributions are not included in the foundations, organisations and corporations total above. As of 31 December 2019, the following organisations had contributed (or pledged) in-kind contributions: Deutsche Post DHL Group, Girl Effect, Google.org, International Federation of Pharmaceutical Wholesalers (IFPW), Lions Club International Foundation, Orange SA, Philips, Shifo Foundation, Tencent Holdings, The UPS Foundation, Unilever and Vodafone.

General notes regarding reporting of US$ equivalents (for contributions made to Gavi in currencies other than US$):

Direct contributions (including Gavi Matching Fund)

Received contributions: non-US$ contributions for 2000–2019 are expressed in US$ equivalents using the exchange rates on the dates of receipt. For 2014–2019, where contributions were hedged to mitigate currency risk exposure, these have been expressed using the rates applicable to the hedge agreement.

Future contributions: non-US$ direct contribution and Gavi Matching Fund pledges for years 2020 and beyond are expressed in US$ equivalents using the applicable "forecast rates" from Bloomberg as of 31 December 2019 or using the rates applicable to any hedge agreement in place.

IFFIm contributions

Received contributions: non-US$ contributions for 2000–2019 are expressed in US$ equivalents as confirmed by the IBRD.

Future contributions: non-US$ contributions for years 2020 and beyond are expressed in US$ equivalents using the exchange rates at the time of signing the respective donor grant agreements.

General notes regarding IFFIm contributions:

Due to IFFIm's nature as a frontloading vehicle, yearly contributions paid into IFFIm can differ significantly from yearly proceeds transferred to Gavi.

While IFFIm grants are irrevocable and legally binding, they are subject to a Grant Payment Condition that can potentially reduce the amount due, in the event that a programme country is in protracted arrears with the International Monetary Fund (IMF). As of 31 December 2019, IFFIm donor grant payments are reduced by 1.5%; however, such reductions are not reflected in future contributions figures.

Source: Gavi, the Vaccine Alliance, 2020

4. Commitments for country programmes 2000–2023[a]

as of 31 December 2019 (US$ millions)

Country	New and underused vaccine support	Health system strengthening support	Immunisation services support	Operational support	Injection safety support	Vaccine introduction grant	Civil society organisation support[b]	Human papillomavirus vaccine demonstration cash support	Product switch grant	Transition grant	Ebola EPI recovery grant	Cold chain equipment optimisation platform	Total
Afghanistan	234.2	114.4	14.0	12.3	1.7	3.5	3.6		0.4			6.9	390.9
Albania	2.1				0.1	0.3							2.5
Angola	111.0	5.8	3.0		1.3	3.7				1.4			126.3
Armenia	4.8	0.3	0.1		0.1	0.5		0.2	0.0	0.6			6.5
Azerbaijan	12.5	0.6	0.7		0.2	0.2							14.2
Bangladesh	699.6	109.0	23.3	42.6	6.1	11.0		0.4	0.3			1.4	893.9
Benin	122.3	9.3	0.2	5.1	0.4	1.3		0.2				2.3	140.9
Bhutan	1.3	0.2			0.0	0.3				0.2			2.1
Bolivia (Plurinational State of)	26.9	5.4	0.3		0.9	0.8				1.2			35.5
Bosnia & Herzegovina	2.1				0.1	0.1							2.3
Burkina Faso	202.9	24.7	9.7	9.5	0.9	3.6		0.2	0.4			3.8	255.6
Burundi	115.4	54.5	3.7	7.8	0.4	1.6	0.5	0.2	0.1				184.2
Cambodia	67.5	38.5	2.0	6.9	0.6	1.5		0.2					117.2
Cameroon	187.5	30.4	8.0	10.4	1.0	4.5		0.2	0.3			3.2	245.5
Central African Republic	46.9	12.2	1.9	3.9	0.1	0.6						1.6	67.3
Chad	60.6	21.9	2.6	8.9	0.4	1.9						4.5	100.9
China	22.0				15.9	0.8							38.7
Comoros	1.6	4.7	0.1		0.0	0.4							6.8
Congo	21.3	5.2	1.7		0.2	0.8				0.4			29.6
Côte d'Ivoire	169.7	18.2	8.8	14.7	1.6	4.4		0.2	0.5			2.8	220.9
Cuba	1.5	2.4			0.4	0.1				0.2			4.5
Democratic People's Republic of Korea	35.2	43.5	2.2	4.4	0.7	0.9							86.9
Democratic Republic of the Congo	752.4	204.6	25.8	112.5	2.7	8.1	9.8		0.8		9.2	21.7	1,147.5
Djibouti	4.9	3.6	0.2		0.0	0.4						0.3	9.3
Eritrea	25.0	15.3	0.4	2.8	0.1	0.8			0.0			1.0	45.4
Ethiopia	814.9	239.0	23.4	60.4	2.7	10.7	3.2	0.2				20.9	1,175.4
Gambia	30.7	5.8	0.7	1.5	0.1	1.3		0.2	0.0			0.7	41.0
Georgia	4.4	0.4	0.1		0.1	0.4		0.2		0.6			6.2
Ghana	280.3	29.7	5.3	19.8	0.9	3.6	0.8	0.2				2.4	342.9
Guinea	32.9	28.6	2.9	2.3	0.3	0.6					6.1	8.7	82.5
Guinea-Bissau	11.8	5.2	0.5	1.0	0.1	0.5						0.6	19.7
Guyana	3.8		0.1	0.0		0.5				0.4			4.7
Haiti	28.8	12.6	1.3	0.9	0.4	0.9						5.9	50.8
Honduras	32.8	9.2	0.1		0.5	0.6				0.4			43.6
India	722.2	209.2		8.5	18.4	0.4							958.8
Indonesia	139.4	24.8	12.6		9.9	11.6	3.9	0.2					202.4
Kenya	466.9	35.6	6.4	18.0	1.1	6.2		0.3	0.4			6.1	541.1
Kiribati	0.3					0.3							0.6
Kyrgyzstan	23.2	8.0	0.8		0.2	0.6						0.7	33.5
Lao People's Democratic Republic	31.3	16.1	1.4	1.2	0.3	1.3		0.2	0.0	1.6		0.7	54.1
Lesotho	7.7	2.7	0.1	0.6	0.1	0.6			0.0				11.8
Liberia	33.9	21.3	2.2	1.9	0.4	1.1		0.2	0.1		2.8	1.4	65.2
Madagascar	182.0	28.0	4.1		0.6	3.0		0.2	0.2			3.6	221.6
Malawi	210.2	63.2	2.0	5.0	0.7	3.6		0.2	0.2			4.5	289.5
Mali	225.9	24.7	5.0	4.5	0.7	2.4		0.1					263.3
Mauritania	31.1	5.8	0.7	2.0	0.2	0.8			0.0			0.6	41.2
Mongolia	6.2	0.5	0.5		0.1	0.2							7.5
Mozambique	205.0	29.2	1.7	7.9	0.8	2.1		0.2	0.3			5.1	252.3
Myanmar	152.5	119.0	7.7	23.1	2.1	8.4						3.3	316.1

Country	New and underused vaccine support	Health system strengthening support	Immunisation services support	Operational support	Injection safety support	Vaccine introduction grant	Civil society organisation support[b]	Human papillomavirus vaccine demonstration cash support	Product switch grant	Transition grant	Ebola EPI recovery grant	Cold chain equipment optimisation platform	Total
Nepal	113.9	67.1	3.3	4.4	1.2	3.7		0.2	0.2			2.7	**196.6**
Nicaragua	33.3	3.8	0.3		0.5	0.3				0.8			**39.0**
Niger	161.8	43.6	7.4	6.7	0.9	3.6		0.3	0.2			4.1	**228.7**
Nigeria[c]	870.5	159.6	44.2	171.0	12.6	25.0			2.0			23.0	**1,307.9**
Pakistan	1,254.5	161.8	48.8	62.7	7.4	20.9	7.6		1.8			23.1	**1,588.5**
Papua New Guinea	29.3	16.4	0.4	9.7		0.6						1.0	**57.4**
Republic of Moldova	5.6				0.1	0.5		0.2		0.7			**7.1**
Rwanda	143.4	20.9	3.0	4.2	0.4	1.4			0.1			1.8	**175.0**
Sao Tome and Principe	1.7	3.7	0.1	0.0	0.0	0.7		0.2					**6.4**
Senegal	120.1	18.2	2.6	8.3	0.6	2.7		0.2	0.1			2.5	**155.3**
Sierra Leone	68.5	17.0	2.7	2.0	0.3	1.3		0.2	0.1		3.8	1.3	**97.1**
Solomon Islands	3.4	6.2		0.2		0.6		0.2				0.7	**11.3**
Somalia	16.4	50.9	1.2	3.6	0.2	0.7						2.7	**75.8**
South Sudan	19.8	51.9	5.9	8.1	0.2	0.6						4.1	**90.6**
Sri Lanka	23.9	4.4			0.7	0.9				0.1			**30.1**
Sudan	363.8	58.9	11.2	41.9	1.3	3.9						3.1	**484.1**
Tajikistan	28.6	16.9	2.4		0.3	0.8						0.9	**49.9**
Timor-Leste	1.3	3.1				0.2				1.5			**6.1**
Togo	54.1	10.2	3.0	4.4	0.3	1.4		0.2	0.1			1.5	**75.2**
Turkmenistan	1.0				0.2	0.1							**1.2**
Uganda	383.8	51.3	9.2	16.1	1.2	7.2			0.5			6.6	**475.9**
Ukraine	2.7				0.7	0.1							**3.5**
United Republic of Tanzania	465.1	60.9	11.4	18.4	1.0	10.2		0.2				8.9	**576.1**
Uzbekistan	76.6	25.5	0.0		0.7	2.6				0.8		1.2	**107.5**
Vietnam	130.7	40.7	1.9	15.4	3.2	3.2			0.1	3.2		1.6	**200.0**
Yemen	231.8	24.0	5.0	10.5	1.2	2.1							**274.6**
Zambia	180.9	13.9	3.9	4.7	0.7	3.5			0.2			1.6	**209.4**
Zimbabwe	122.1	22.4	1.5	9.2	0.9	2.1		0.2	0.1			2.8	**161.3**
Grand total:	**11,517.9**	**2,596.4**	**357.8**	**802.3**	**113.5**	**214.1**	**29.2**	**6.1**	**9.6**	**14.2**	**21.9**	**209.6**	**15,892.6**

Notes:

a – Commitments represent endorsements of multi-year programme budgets made by the Gavi Board (or Executive Committee) or the Gavi CEO. These endorsements do not constitute a liability to pay but instead send a positive signal that Gavi intends to fund a programme over its entire lifespan, subject to performance and availability of funds.

b – Civil society organisation Type A not included, as these approvals are not country specific.

c – The Board has approved the extension of Nigeria's "Accelerated Transition" period and within it a total support of up to US$ 1 billion. The above table includes a subset of this figure as commitments that have been fully endorsed to date.

Values have been adjusted to reflect the final actual amount disbursed.

Figures in the above table are expressed in millions with 1 decimal.

Source: Gavi, the Vaccine Alliance, 2020

5. Board approvals for country programme expenditure 2000–2021[a]

as of 31 December 2019 (US$ millions)

Country	New and underused vaccine support	Health system strengthening support	Immunisation services support	Operational support	Injection safety support	Vaccine introduction grant	Civil society organisation support[b]	Human papillomavirus vaccine demonstration cash support	Product switch grant	Transition grant	Ebola EPI recovery grant	Cold chain equipment optimisation platform	Total
Afghanistan	234.2	110.5	14.0	12.3	1.7	3.5	3.6		0.4			6.9	387.1
Albania	2.1				0.1	0.3							2.5
Angola	111.0	5.8	3.0		1.3	3.7				1.4			126.3
Armenia	4.8	0.3	0.1		0.1	0.5		0.2	0.0	0.6			6.5
Azerbaijan	12.5	0.6	0.7		0.2	0.2							14.2
Bangladesh	619.7	86.4	23.3	42.6	6.1	11.0		0.3	0.3			0.9	790.7
Benin	110.0	8.5	0.2	5.1	0.4	1.3		0.2				2.3	127.9
Bhutan	1.3	0.2			0.0	0.3				0.2			2.1
Bolivia (Plurinational State of)	26.9	5.4	0.3		0.9	0.8				1.2			35.5
Bosnia & Herzegovina	2.1				0.1	0.1							2.3
Burkina Faso	202.9	22.4	9.7	9.5	0.9	3.6		0.1	0.4			3.8	253.4
Burundi	115.4	47.0	3.7	7.8	0.4	1.6	0.5	0.2	0.1				176.6
Cambodia	67.5	38.5	1.8	6.9	0.6	1.5		0.2					117.0
Cameroon	187.5	12.5	8.0	10.4	1.0	4.5		0.2	0.3			3.2	227.5
Central African Republic	35.3	12.2	1.6	3.9	0.1	0.6						1.6	55.4
Chad	56.4	12.6	2.6	8.9	0.4	1.9						4.5	87.4
China	22.0				15.9	0.8							38.7
Comoros	1.6	3.5	0.1		0.0	0.4							5.6
Congo	21.3	5.2	1.7		0.2	0.8				0.4			29.6
Côte d'Ivoire	161.0	14.4	8.8	14.7	1.6	4.4		0.2	0.5			2.0	207.5
Cuba	1.5	2.4			0.4	0.1				0.2			4.5
Democratic People's Republic of Korea	35.2	43.5	2.2	4.4	0.7	0.9							86.9
Democratic Republic of the Congo	683.8	204.6	25.8	77.6	2.7	8.1	9.8		0.8		9.2	21.7	1,044.0
Djibouti	4.9	3.6	0.2		0.0	0.4						0.3	9.3
Eritrea	23.2	10.5	0.4	2.8	0.1	0.8			0.0			1.0	38.9
Ethiopia	814.9	221.8	23.4	58.0	2.7	10.7	3.2	0.2				20.9	1,155.8
Gambia	27.7	3.6	0.7	1.5	0.1	1.3		0.2	0.0			0.7	35.8
Georgia	4.4	0.4	0.1		0.1	0.4		0.2		0.6			6.2
Ghana	280.3	29.7	5.3	19.8	0.9	3.6	0.8	0.2				2.4	342.9
Guinea	32.9	21.0	2.9	2.3	0.3	0.6					6.1	8.7	74.9
Guinea-Bissau	10.8	3.7	0.5	1.0	0.1	0.5						0.6	17.3
Guyana	3.8		0.1	0.0		0.5				0.4			4.7
Haiti	28.8	7.7	1.3	0.9	0.4	0.9						5.9	45.9
Honduras	32.8	9.2	0.1		0.5	0.6				0.4			43.6
India	722.2	197.8		8.5	18.4	0.4							947.3
Indonesia	139.4	24.8	12.6		9.9	11.6	3.9	0.2					202.4
Kenya	466.9	30.1	6.4	18.0	1.1	6.2		0.3	0.4			6.1	535.6
Kiribati	0.3					0.3							0.6
Kyrgyzstan	20.8	8.0	0.8		0.2	0.6						0.7	31.1
Lao People's Democratic Republic	31.3	12.5	1.4	1.2	0.3	1.3		0.2	0.0	1.6		0.7	50.4
Lesotho	6.7	2.7	0.1	0.6	0.1	0.6			0.0				10.8
Liberia	33.9	16.8	2.2	1.9	0.4	1.1		0.2	0.1		2.8	1.4	60.7
Madagascar	182.0	22.7	4.1		0.6	3.0		0.2	0.2			3.6	216.3
Malawi	208.2	49.5	2.0	5.0	0.7	3.6		0.2	0.2			3.4	272.7
Mali	198.1	24.7	5.0	4.5	0.7	2.4		0.0					235.5
Mauritania	29.4	3.8	0.7	1.9	0.2	0.7			0.0			0.6	37.4
Mongolia	5.5	0.5	0.5		0.1	0.2							6.8
Mozambique	205.0	24.4	1.7	7.9	0.8	2.1		0.2	0.3			4.6	247.0

Country	New and underused vaccine support	Health system strengthening support	Immunisation services support	Operational support	Injection safety support	Vaccine introduction grant	Civil society organisation support[b]	Human papillomavirus vaccine demonstration cash support	Product switch grant	Transition grant	Ebola EPI recovery grant	Cold chain equipment optimisation platform	Total
Myanmar	138.2	114.0	7.7	23.1	2.1	8.4						3.3	**296.7**
Nepal	104.0	60.2	3.3	4.4	1.2	3.7		0.2	0.2			0.6	**177.7**
Nicaragua	33.3	3.8	0.3		0.5	0.3				0.8			**39.0**
Niger	161.8	43.6	7.4	6.7	0.9	3.6		0.2	0.2			4.1	**228.6**
Nigeria	780.2	96.8	44.2	160.3	12.6	25.0			2.0			23.0	**1,144.0**
Pakistan	1,164.1	161.8	48.8	62.7	7.4	20.9	7.6		1.8			23.1	**1,498.2**
Papua New Guinea	29.3	16.4	0.4	9.7		0.6						1.0	**57.4**
Republic of Moldova	5.6				0.1	0.5		0.2		0.7			**7.1**
Rwanda	136.4	20.9	3.0	4.2	0.4	1.4			0.1			1.8	**168.0**
Sao Tome and Principe	1.6	3.3	0.1	0.0	0.0	0.7		0.1					**5.9**
Senegal	120.1	18.2	2.6	8.3	0.6	2.7		0.1	0.1			2.5	**155.3**
Sierra Leone	63.8	10.5	2.7	2.0	0.3	1.3		0.2	0.1		3.8	1.3	**85.9**
Solomon Islands	3.4	5.0		0.2		0.6		0.1				0.7	**10.1**
Somalia	16.4	38.3	1.2	3.6	0.2	0.7						2.6	**63.1**
South Sudan	19.8	51.9	5.9	8.1	0.2	0.6						4.1	**90.6**
Sri Lanka	23.9	4.4			0.7	0.9				0.1			**30.1**
Sudan	363.8	52.6	11.2	41.9	1.3	3.9						3.1	**477.8**
Tajikistan	28.6	14.9	2.4		0.3	0.8						0.7	**47.6**
Timor-Leste	1.3	3.1				0.2				1.5			**6.1**
Togo	53.8	9.0	3.0	4.4	0.3	1.4		0.2	0.1			1.5	**73.8**
Turkmenistan	1.0				0.2	0.1							**1.2**
Uganda	383.8	33.8	9.2	16.1	1.2	7.2			0.5			6.6	**458.4**
Ukraine	2.7				0.7	0.1							**3.5**
United Republic of Tanzania	434.6	48.5	11.4	16.1	1.0	10.2		0.2				8.9	**531.0**
Uzbekistan	74.2	25.5	0.0		0.7	2.6				0.8		1.2	**105.1**
Vietnam	130.7	40.7	1.9	15.4	3.2	3.2			0.1	3.2		1.6	**200.0**
Yemen	231.8	24.0	5.0	10.5	1.2	2.1							**274.6**
Zambia	166.4	12.0	3.9	4.7	0.7	3.5			0.2			1.6	**193.0**
Zimbabwe	120.7	16.7	1.5	9.2	0.9	2.1		0.2	0.1			2.8	**154.3**
Grand total:	**11,025.7**	**2,295.5**	**357.3**	**752.1**	**113.5**	**214.0**	**29.2**	**5.6**	**9.6**	**14.2**	**21.9**	**204.4**	**15,043.0**

Notes:

a – Approvals are a subset of commitments that have been approved by the Board or Gavi CEO. Only such approved amounts can be disbursed, subject to all other conditions for disbursement being met by the countries. Approvals are typically granted for the current year and one further year.

b – Civil society organisation Type A not included, as these approvals are not country specific.

Approvals for Gavi Phase I (2000–2006) have been adjusted to reflect the actual disbursement values.
Approvals totalled US$ 12,266 million through 2018, US$ 1,794 million in 2019,
US$ 982 million in 2020 and US$ 1 million in 2021.

Figures in the above table are expressed in millions with 1 decimal.

Source: Gavi, the Vaccine Alliance, 2020

6. Commitments and Board approvals for investment cases

as of 31 December 2019 (US$ millions)

Commitments for investment cases 2003–2021[a]

Programme	Vaccines	Operational costs	Cold chain equipment	Implementation costs	Total
Measles	60.4	115.6			**176.0**
Measles-Rubella Initiative	22.0	53.0			**75.0**
Meningococcal meningitis	209.1	34.3			**243.4**
Maternal and neonatal tetanus	16.3	45.3			**61.6**
Polio	143.3	48.0			**191.3**
Yellow fever	168.0	49.3			**217.3**
Cholera	131.5	35.0			**166.5**
Ebola	5.0	3.0			**8.0**
Humanitarian response (Syria)	36.1		17.0		**53.1**
Malaria vaccine pilots				27.5	**27.5**
Other	5.0	71.0			**76.0**
Total:	**796.6**	**454.6**	**17.0**	**27.5**	**1,295.7**

Board approvals for investment case expenditure 2003–2020[b]

Programme	Vaccines	Operational costs	Cold chain equipment	Implementation costs	Total
Measles	60.4	115.6			**176.0**
Measles-Rubella Initiative	22.0	53.0			**75.0**
Meningococcal meningitis	100.5	29.1			**129.6**
Maternal and neonatal tetanus	16.3	45.3			**61.6**
Polio	143.3	48.0			**191.3**
Yellow fever	167.9	49.3			**217.2**
Cholera	71.6	20.0			**91.6**
Ebola	5.0	1.0			**6.0**
Humanitarian response (Syria)	36.1		17.0		**53.1**
Malaria vaccine pilots				24.6	**24.6**
Other	5.0	71.0			**76.0**
Total:	**628.0**	**432.3**	**17.0**	**24.6**	**1,102.0**

Notes:

a – Commitments represent endorsements of multi-year programme budgets made by the Gavi Board (or Executive Committee) or the Gavi CEO. These endorsements do not constitute a liability to pay but instead send a positive signal that Gavi intends to fund a programme over its entire lifespan, subject to performance and availability of funds.

b – Approvals are a subset of commitments that have been approved by the Gavi Board or the Gavi CEO. Only such approved amounts can be disbursed, subject to all other conditions for disbursement being met by the countries. Approvals are typically granted for the current year and one further year.

Source: Gavi, the Vaccine Alliance, 2020

The Vaccine Alliance is funded by

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Annual Progress Report

2020
2019
2018
2017
2016

5.4 million future deaths were prevented thanks to vaccination with Gavi-funded vaccines from 2016–2019, already meeting our target of 5–6 million by 2020

Gavi
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