UPDATE FROM GAVI, THE VACCINE ALLIANCE

SAGE MEETING
Seth Berkley, CEO
14 April 2015, Geneva
OBJECTIVES

- Recent key Board decisions
- Update on Gavi 2016-2020 strategy
- Programmatic update
- Policy update
- Full Country Evaluations
1

RECENT KEY BOARD DECISIONS
EBOLA: DECEMBER BOARD DECISION APPROVED GAVI ENGAGEMENT IN 4 AREAS
VACCINE PRODUCTION: GAVI TO BALANCE POTENTIALLY CONFLICTING GOALS

- Preparedness for unknown evolution of the epidemics
- Availability of supply for products of unknown development outcome
- Responsible stewardship of funds
Ebola raises many new issues

- Unprecedented amount of uncertainty involved; situation changes daily
- Unique for Gavi to commit to assist with unapproved vaccine
- Executive Committee engaged and holding frequent, exceptional teleconferences
- Secretariat is speaking to manufacturers almost daily
- Efficacy data may be impossible to obtain; validation of animal models and joint submission with human data
RECOVERY OF HEALTH AND IMMUNISATION SYSTEMS: SITUATION ANALYSIS

- **Primary Heath Care services** affected in all 3 countries: Coverage decreased by 20-40%; estimated 250,000 children under immunized due to Ebola

- **Cold chain** in 3 countries historically weak. Ebola outbreak impacted maintenance activities & caused lack of energy sources for refrigerators

- **National medical stores** generally report adequate stocks (1-2 quarters); some stock short dated but no systematic indication of issues except Measles in Liberia (167k doses expiring March) and Pentavalent in Guinea (6k doses expiring in June)

- **Data quality**, particularly in Sierra Leone, still source of concern

- Speed of operations affected by availability of **in-country health care workers** and partners’ resources (some concerns re. local offices in Guinea) and concerns of communities about health services
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<th>Year</th>
<th>Achievements</th>
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| 2009 | - Transparency and Accountability (TAP) policy; TAP team  
      - Internal Audit function reporting to Gavi CEO and Board |
| 2011 | - Separation of TAP team from Country Programmes (CP) team  
      - Independent Review management from CP to Policy & Performance  
      - Risk Register introduced  
      - Reform of CP team towards stronger stewardship role |
| 2013 | - Expansion of TAP policy to management of vaccines  
      - New grant management approach, increasing focus on fiduciary risk management  
      - Internal Auditor’s report of Enterprise Risk Management: Gavi has solid core of mechanisms for managing risk but needs to gauge risk appetite |
| 2014 | - Board approves Gavi Risk Policy & enhanced Risk management |
NEW RISK MANAGEMENT VISION STRUCTURED AROUND 3 LINES OF DEFENCE

3rd line: Independent assurance of 1st and 2nd line

2nd line: Risk control, monitoring and management

1st line: Oversight and management of risk within core business

Audit & Investigations
- Internal audit
- Country audit
- Whistle-blower reporting
- Investigations & Counter-Fraud

Risk function
Programme Financial Assessment (FMAs, MRs)
Monitoring & Evaluation
Finance
Other functions as part of Country Team approach

Reinforced Country Programmes Department
Stronger country systems
Enhanced collaboration with partners in-country
UPDATE ON 2016-2020 STRATEGY PERIOD
2016–2020: THE PROJECTED PEAK OF INVESTMENTS

(US$ billion)

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<th>Period</th>
<th>Gavi-funded costs (US$ billion)</th>
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<td>US$ 7.3 bn</td>
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<td>US$ 9.5 bn</td>
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<td>2026-30</td>
<td>US$ 5.7 bn</td>
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Expected cumulative number of **graduated countries** by end of periods:

- 1 country
- 22 countries
- 29 countries
- 40 countries

Gavi
The Vaccine Alliance
SUCCESSFUL REPLENISHMENT: THE ASK FOR 2016–2020

(US$ billion)

Total need

IFFIm and other assured resources

the ask: 7.5 bn
(1.5 bn x 5)

10
9
8
7
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US$ 7.5 billion
additional funding needed for immunisation programmes through to 2020
ACCELERATING IMPACT


THE 2016-20 STRATEGY WILL REQUIRE NEW WAYS OF WORKING

**Mission**
To save children’s lives and protect people’s health by increasing equitable use of vaccines in lower income countries

- Integrated comprehensive immunisation programmes
- Supply chains, health information systems, demand generation and gender sensitive approaches
- Engagement of civil society, private sector and other partners
- National and sub-national political commitment
- Allocation and management of national human and financial resources
- Sustained performance after graduation

**Goals**

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<th>1</th>
<th>Accelerate equitable uptake and coverage of vaccines</th>
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<td>Flexible response</td>
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<th>Increase effectiveness and efficiency of immunisation delivery as an integrated part of strengthened health systems</th>
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<td>Integrated comprehensive immunisation programmes</td>
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<td>Supply chains, health information systems, demand generation and gender sensitive approaches</td>
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<td>Engagement of civil society, private sector and other partners</td>
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**Strategies in key areas**

- **Coverage and equity**
  - Improve sustainability of national immunisation programmes
    - National and sub-national political commitment
    - Allocation and management of national human and financial resources
    - Sustained performance after graduation

- **Sustainability (beyond co-financing)**

- **Shape markets for vaccines and other immunisation products**
  - Extend Market Shaping beyond vaccines

**Strategic enablers**

A) Country leadership management & coordination
B) Resource mobilisation
C) Advocacy
D) Monitoring & Evaluation

**Leadership management and coordination**
FOUR MAIN AREAS IN IMPLEMENTATION OF 2016–2020 STRATEGY

1. Country engagement model/coverage & equity
   - Plans for improving coverage & equity
   - Gavi programme/support to improve coverage & equity
   - Alliance model at country level

2. Global strategies, policies & programmes
   **Started:**
   - Supply chain
   - Eligibility, graduation, co-financing
   - Private sector
   - ATAP
   - Innovation/market shaping
   - Data strategy
   **In pipeline:**
   - HSS formula
   - Leadership, management & coordination
   - Non-financial instruments for sustainability
   - Demand generation

3. Business plan redesign
   - New processes and funding
   - Coordination & engagement mechanisms
   - Organisational review

4. Indicators & targets
   - Develop indicators, baselines & targets
# PARTNERS’ ENGAGEMENT FRAMEWORK: THREE PILLARS ENDORSED BY BOARD

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<th>COUNTRY FOCUS</th>
<th>RISK MANAGEMENT/GRANT OVERSIGHT</th>
<th>PURPOSEFUL PARTNERSHIPS</th>
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<td>Country-centric planning</td>
<td>Comprehensive risk approach</td>
<td>Strengthening and coordination of existing partnerships</td>
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<td>Harmonised technical assistance &amp; grants</td>
<td>– New risk policy</td>
<td>Leveraging comparative advantage</td>
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<td>Prioritisation of countries for concerted action</td>
<td>– 3 lines of defence</td>
<td>Extending partnerships, eg, regional/country institutions</td>
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<td>– Beefing up primary prevention</td>
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<td>Strengthening programmatic/fiduciary oversight (incl. ‘GAMR’)</td>
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PARTNERS’ ENGAGEMENT FRAMEWORK: NEW STRUCTURE

Targeted country assistance:
- Country driven assistance plan
- Prioritisation of countries
- Assistance to include management support

Potential strategic focus areas
- Supply Chain
- Data
- Demand promotion
- Sustainability
- Leadership/Management and coordination
- Market shaping

Foundational Support: Funding for core partners (WHO, UNICEF, World Bank, CDC, CSO) for engagement and coordination in key programmatic areas
### Mission

To save children’s lives and protect people’s health by increasing equitable use of vaccines in lower income countries

### Goals

1. **Accelerate equitable uptake and coverage of 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

2. **Increase effectiveness and efficiency of immunisation delivery as an integrated part of strengthened health systems**
   - Contribute to improving integrated and comprehensive immunisation programmes, including fixed, outreach and supplementary components
   - Support improvements in supply chains, health information systems, demand generation and gender sensitive approaches
   - Strengthen engagement of civil society, private sector and other partners in immunisation

3. **Improve sustainability of national immunisation programmes**
   - Enhance national and sub-national 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 graduation

4. **Shape markets for vaccines and other immunisation products**
   - 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

### Principles

- **Country-led**: Respond to and align with country demand, support national priorities.
- **Community-owned**: Ensure engagement of communities to increase accountability and sustain demand and impact.
- **Globally engaged**: Contribute to the Global Vaccine Action Plan, align with the 2015 global development priorities and implement the aid effectiveness principles.
- **Catalytic & sustainable**: Provide support to generate long term sustainable results including country self-financing of vaccines through the graduation process.

### Objectives

- **Reach of routine coverage**: penta3 and measles first dose
- **Breadth of protection**: average coverage across all supported vaccines
- **Equity of coverage**
  - Geographic distribution
  - Wealth quintile distribution
  - Gender-related barriers
  - Fragile countries
- **Supply chain**: rolling average Effective Vaccine Management assessment scores
- **Data quality**: [two candidates: Grade of Confidence and difference between administrative coverage and survey]
- **Access, demand and service delivery**: penta1 coverage and penta1 to 3 drop out
- **Integration**: [two candidates: promotion of comprehensive approaches to targeted diseases and increased oral rehydration coverage following rota introductions]
- **Civil society & private sector**: In process
- **Co-financing**: % countries fulfilling co-financing commitments
- **Country investments in routine immunisation**: % countries with increasing investment in routine immunisation per child (with amount and %)
- **Programmatic sustainability**: % countries on track for successful graduation
- **Healthy market dynamics**: % Gavi vaccine markets where supply meets demand
- **Reduction in price**: Reduction in weighted average price of fully vaccinating a child with penta, pneumo and rota
- **Innovation**: # vaccines and immunisation products with improved characteristics

### Strategic Enablers

- **Proposal to add one indicator to ‘Aspiration 2020’**: % vaccine programmes sustained after transition away from Gavi financing......100%

### Disease dashboard

- **Disease**: [two candidates: Grade of Confidence and difference between administrative coverage and survey]
PROGRAMMATIC UPDATE
VACCINE INTRODUCTIONS IN 2014

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

(Planned introductions as of 1 December 2014)
ACCELERATION OF IPV INTRODUCTIONS: GAVI VACCINE SUPPORT, 2011–2015

OCV doses via stockpile and EVD vaccine may be introduced in 2015
Source: Gavi data as of March 2014
Note: Only the first phase of introductions and campaigns is included.
CONTINUED HIGH LEVEL OF INTRODUCTIONS IN NEXT STRATEGY PERIOD

Introductions by vaccine by year

- Over 150 introductions


- IPV
- Typhoid (Vi_C)
- Japanese Encephalitis
- MR campaign
- Measles 2nd dose
- Measles SIA
- HPV - natnI & demo
- MenA - campaign
- MenA - routine
- YF - campaign
- YF - routine
- Rota
- Pneumo -
- Penta

Source: SDFv10
VACCINE INTRODUCTION TARGETS REACHED ONE YEAR IN ADVANCE

Cumulative country introductions

Source: Gavi data as of 30 November 2014.
COVERAGE INCREASING: REACHING MORE CHILDREN THAN EVER BEFORE

Coverage of third dose of DTP-containing vaccines increased to 76% in Gavi-supported countries

PROGRESS TOWARDS VACCINE COVERAGE GOALS, BUT STILL BEHIND TARGET

Coverage in Gavi-supported countries (%)
IPV IMPLEMENTATION SHOWCASES SUCCESSFUL FAST-TRACK APPROACH

- Gavi Board opens window of support.
- 1st IPV introduction in Nepal – within 1 year of Board decision.
- All Gavi-supported countries expected to have introduced IPV – within 2 years of Board decision.

Source: Gavi data as of 2 December 2014.
* Ukraine has introduced IPV independently of Gavi financing.
Polio, routine immunisation and Gavi

Gavi collaborates with GPEI on immunisation system strengthening in polio focus countries:

- **AFR:** Nigeria, South Sudan, DR Congo, Chad, Ethiopia, Angola
- **EMR:** Pakistan, Afghanistan, Somalia
- **SEAR:** India

Understanding synergies with Gavi 4.0:

- Importance of robust, costed and ICC approved annual EPI plans
- Changing the dialogue from “whether” polio assets support broader immunization activities to “how” and “what”
- RI strengthening and Polio Legacy
LESS TIME ON POLIO CAMPAIGNS = + 20,000 VACCINATOR DAYS FOR ROUTINE IMMUNISATION

Vaccinator time spent on special campaigns, Punjab state

Year | Percentage of vaccinator time spent on special campaigns (%) |
-----|-----------------------------------------------------------|
2012 | 8%                                                        |
2013 | 11%                                                       |
2014 (Jan–May) | 30%                                                      |
2014 (Jun–Oct) | 8%                                                        |

Source: Roadmap team
IPV: AFTER SUCCESSFUL ROLL-OUT, FOUR BIG ISSUES REMAIN

Wastage
• WHO recommended multi-dose vial policy for IPV = significantly reduced wastage

Supply
• Delays in scaling-up capacity of 10-dose vial, delayed pre-qualification of 5-dose vial = short-term constraints in availability

Demand
• GPEI using IPV in campaigns (capped at 8m doses, not financed by Gavi) in some endemic areas = increasing demand

Flexibility of financing
• Gavi’s usual ability to move funds through time restricted by funding envelope = reduced flexibility
MEASLES & RUBELLA: NEW GAVI STRATEGY WILL BUILD ON EXISTING PROGRAMMES

- **Routine Measles second dose**
  
  *(duration of 5 years)*

- **Measles-Rubella campaigns**

  *(below 15 years) before start of routine*

- **Measles SIA**

  *6 high risk countries for population below 5 years of age*

- **Outbreak response fund to Measles Rubella Initiative**

  *(US$ 55m through to 2017)*
HPV PROGRAMME TO REACH 1 MILLION VACCINATED GIRLS IN 2015

Gavi Board approval (Nov 2011)

HPV tender price at 4.5$

1st applications in Oct 2012

1st Demo Kenya

1st National Introduction Rwanda

1st National applications expected based on Demo programs

40 countries introduced HPV vaccine with Gavi support

1 million girls vaccinated each year*

Source: Strategic Demand Forecast 10, as of Q4 2014
JAPANESE ENCEPHALITIS VACCINE

• First tender concluded July 2014

• Gavi’s first Chinese vaccine supplier

• GAVI-supported campaigns forecast to require >75 million doses 2015-2020

• Secured sufficient supply to meet increasing demand through 2016

• First introduction in Lao PDR April 2015
INDIA – GAVI FORMULATING 2016-20 ENGAGEMENT STRATEGY

• Over 30% of world’s under-immunised children

• Highest global burden of vaccine-preventable diseases

• Finalising roll-out of penta to all states with catalytic Gavi support

• New government committed to introduce IPV, rota, JE and rubella

Gavi currently developing comprehensive strategy for engagement with India 2016-20
NEW PROGRAM REVIEW MODEL: FIRST YEAR EXPERIENCE

- High-level panel: Gavi Secretariat, WHO, UNICEF and Independent Review Committee members

- 70 countries reviewed in 2014

- More in-depth look at programmes, strengthens links to business plan and HSS

- Workload for partners and Secretariat higher than expected – increased engagement and accountability

- Partner joint appraisals welcomed:
  - strengthens partnerships
  - grounds discussions in country context
Improvement of stocks – further improvement expected

Pentavalent vaccine - projected number of countries with “appropriate” stock levels (central warehouse + 1 level), by the end of 2014

- Understocked
- Appropriately stocked
- Overstocked

2013 projections based on country requests:
- Understocked: 28
- Appropriately stocked: 21
- Overstocked: 16

2014 APR with 2013 adjustments:
- Understocked: 20
- Appropriately stocked: 30
- Overstocked: 15

Latest end-of-year projections with 2014 adjustments:
- Understocked: 8
- Appropriately stocked: 46
- Overstocked: 11

Definitions: Understocked = less than 4 months of stock, overstocked = more than 8 months of stock
## COUNTRY TRANSITIONS OUT OF GAVI SUPPORT

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### First cohort of 16 graduating countries

### 8 additional countries now graduating

### 8 additional countries projected to cross the threshold by 2020
Graduating countries: 1\textsuperscript{st} wave entered graduation in 2011, 2\textsuperscript{nd} wave in 2012–2020

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<tr>
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<th>1\textsuperscript{st} wave</th>
<th>2\textsuperscript{nd} wave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under-5 mortality rate(^1)</td>
<td>✓ Successful transition to self-financing</td>
<td>✓ Successfully introduced most/all Gavi vaccines</td>
</tr>
<tr>
<td>GNI per capita at entering graduation(^5)</td>
<td>✓ Projected vaccine costs affordable (\textit{at Gavi price})</td>
<td>✓ High impact due to high burden of vaccine-preventable diseases</td>
</tr>
<tr>
<td>2013 total fertility Rate(^2)</td>
<td>✓ Low risk to sustainability of vaccine programmes</td>
<td></td>
</tr>
<tr>
<td>Vaccines introduced(^3)</td>
<td>× Missed opportunities for vaccine introductions</td>
<td>× Higher fiscal burden following graduation</td>
</tr>
<tr>
<td>Average length of graduation period (years)(^4)</td>
<td></td>
<td>× Faster pace of financial scale-up required</td>
</tr>
</tbody>
</table>

2. Total Fertility Rate; Source: UN World Population Prospects, accessed October 2014
3. Modeled using GAVI’s Adjusted Demand Forecast
4. 1\textsuperscript{st} wave obtained from GAVI Secretariat, 2\textsuperscript{nd} wave modeled
5. World Bank GNI per capita 2013 and earlier, modeled starting in 2014
FIRST WAVE ON TRACK TO SUCCESSFUL GRADUATION BUT WITH FEWER VACCINES INTRODUCED

Projected number of vaccines adopted with Gavi support\(^1\) before losing eligibility, for current and future graduating countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of Vaccine Adoptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congo, Rep.</td>
<td>5</td>
</tr>
<tr>
<td>Angola</td>
<td>4</td>
</tr>
<tr>
<td>Armenia</td>
<td>4</td>
</tr>
<tr>
<td>Moldova</td>
<td>4</td>
</tr>
<tr>
<td>Georgia</td>
<td>4</td>
</tr>
<tr>
<td>Kiribati</td>
<td>3</td>
</tr>
<tr>
<td>Honduras</td>
<td>3</td>
</tr>
<tr>
<td>Bolivia</td>
<td>3</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>3</td>
</tr>
<tr>
<td>Mongolia</td>
<td>2</td>
</tr>
<tr>
<td>Bhutan</td>
<td>2</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>2</td>
</tr>
<tr>
<td>Indonesia</td>
<td>2</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>2</td>
</tr>
<tr>
<td>Ghana</td>
<td>8</td>
</tr>
<tr>
<td>Pakistan</td>
<td>8</td>
</tr>
<tr>
<td>Cote d'Ivoire</td>
<td>8</td>
</tr>
<tr>
<td>Sao Tome &amp; Principe</td>
<td>8</td>
</tr>
<tr>
<td>Zambia</td>
<td>7</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>7</td>
</tr>
<tr>
<td>Vietnam</td>
<td>6</td>
</tr>
<tr>
<td>Djibouti</td>
<td>6</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>6</td>
</tr>
<tr>
<td>Nigeria</td>
<td>6</td>
</tr>
<tr>
<td>Lesotho</td>
<td>5</td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>5</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>5</td>
</tr>
<tr>
<td>Guyana</td>
<td>3</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>3</td>
</tr>
</tbody>
</table>

1. Includes Penta, Pneumo, Rota, HPV, Yellow Fever, IPV, MenA, Typhoid, MSD, MR, and JE.
SECRETARIAT HAS UNDERTAKEN AN IN-DEPTH REVIEW OF GAVI’S ‘ELGRACO’ POLICIES

Recommendations:

- build on existing policies and strategies
- optimise Gavi’s catalytic model to help achieve the health impact and financial sustainability goals in the 2016-2020 strategy
- enhance Gavi’s approach to supporting successful country transitions to full self-financing

Data & situation analysis discussed at recent board retreat

- Revised Eligibility and Transition Policy
- Revised Co-financing policy

4 May: PPC review of recommendations for Board decision in June
Objective: Support access to appropriate pricing so that countries can sustain immunisation programmes begun with Gavi support and continue to introduce new life-saving vaccines.

Several gaps in access to appropriate pricing for Gavi graduates have been identified:

• Several manufacturers have made price commitments, but significant gaps related to timeframe and scope.

• Many countries have low payment efficiency or national tender requirements; could be barrier to accessing pricing through commitments.

• Low procurement capacity a challenge for countries that choose to self-procure.
ACCESS TO APPROPRIATE PRICING

A recommendation will be brought to Gavi Board:

• Goal is to provide comprehensive access to appropriate pricing by addressing these interlinked gaps

• Solution will draw on existing initiatives, including building off of and helping to operationalise price commitments

• Access to appropriate pricing part of broader approach to ensure countries successfully transition out of Gavi

• MIC Strategy to be discussed at this meeting is a complementary initiative that can further support countries beyond pricing
INVESTMENTS IN DATA AND MEASUREMENTS: THREE PROPOSED AREAS OF FOCUS

- Immunisation delivery, coverage & equity
- VPD surveillance
- Vaccine safety
5

FULL COUNTRY EVALUATIONS
## GAVI FULL COUNTRY EVALUATIONS 2014

<table>
<thead>
<tr>
<th>Stream of funding</th>
<th>Mozambique</th>
<th>Uganda</th>
<th>Zambia</th>
<th>Bangladesh</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCV</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Rotavirus vaccine</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Measles second dose</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Human papillomavirus vaccine</td>
<td>Demo</td>
<td>National</td>
<td></td>
<td>Demo</td>
</tr>
<tr>
<td>Inactivated polio vaccine</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Measles-rubella Campaign</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Cash-based support through Health Systems Strengthening</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
PENTA3 VACCINATION COVERAGE IN BANGLADESH, 2013: UPAZILA LEVEL

Small Area Estimation
HEALTH SYSTEM STRENGTHENING

• District level – Fully Vaccinated Child coverage

Zambia

Bangladesh
15 YEARS OF SAVING LIVES