Report from Gavi

Meeting of the Strategic Advisory Group of Experts on Immunisation

Aurélie Nguyen,
Director Policy & Market Shaping, Gavi
April 2017, Geneva
Overview

1. Gavi overview
2. Gavi Board update
3. Topics for discussion at SAGE
Gavi overview
How are mortality rates projected to develop?
View by Gavi eligibility

Under-5 mortality (per 1,000 live births)

How are the number of under-5 deaths projected to develop? View by Gavi eligibility

Highest # of under-5 deaths in 2030

Never-eligible MICs:
1. Philippines (54k)
2. Iraq (37k)
3. Egypt (33k)

Fully self-financing countries:
1. Nigeria (749k)
2. India (648k)
3. Pakistan (317k)

Gavi-eligible countries:
1. Congo DR (314k)
2. Uganda (144k)
3. Ethiopia (133k)

“Every child – every vaccine” by 2030

Globally missed vaccinations
(of 11 universally recommended infant antigens)

What we are measuring:
Out of all possible full vaccinations of the 11 universally recommended infant antigens that should have occurred globally, which share has not occurred?

Note: Universally recommended infant antigens include Penta, Rota, BCG, PCV, Polio, Measles 1st dose, Rubella
2 SDG targets mention “vaccines” specifically

**Target 3.8**

“Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all”

**Target 3b.**

“Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.”
African Heads of State political commitment to immunisation

“To ensure and facilitate universal access to immunisation by allocating adequate domestic resources and securing new investments to strengthen national immunisation programmes as well as mount strong advocacy campaigns to achieve the Global Vaccine Action Plan goals and overall health care delivery systems”
Elections in donor and implementing countries

Jun 2016 – Dec 2017

- Elections taken place
- Upcoming elections in donor countries
- Upcoming/ongoing elections in implementing countries

- USA
- Moldova
- São Tomé and Príncipe
- Nicaragua
- Guatemala
- South Korea
- Germany
- Russia
- Uzbekistan
- Kyrgyzstan
- Mongolia
- Papua New Guinea
- Italy
- Somalia
- Somalia
- Kenya
- Rwanda
- Timor Leste
- Australia
- The Gambia
- Sierra Leone
- Liberia
- Côte d’Ivoire
- Angola
- Zambia
- S. Sudan
- Angola
- Armenia
- Georgia
- Austria
- France
- UK
- Netherlands
- Spain
- Italy
Antivax movement

Mewat fathers are standing guard outside schools after rumours about injections causing sterility

School attendance in this Haryana district fell to as low as 5% after a doctored video began to do the rounds on social media.

Mansukh Rao
Published Mar 23, 2017

Trump’s vaccine views are at odds with those of most Americans, study says

By Lena H. Sun February 3 at 2:00 PM

DR ANDREW WAKEFIELD BREAKS SILENCE ON VACCINE VIOLENCE AGAINST CHILDREN
## India partnership strategy

### Acceleration in new vaccine introductions

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<td>Pentavalent</td>
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<td>Measles &amp; rubella</td>
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<td>✔</td>
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<td>Pneumococcal</td>
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<td>Rotavirus</td>
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<td>IPV</td>
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- ✔ Expansion to additional states/union territories
- ✔* Funded by the Government of India

*Transition to domestic funding*

**Board approved India strategy**

**Dec. 2015**
Nigeria risk: critical need to get back on track

- 7th lowest coverage among Gavi-supported countries - below e.g. Afghanistan, Mali, DRC
- 2nd highest number of unimmunized children in the world
- Acute fragility, especially in northern eastern states
- Entered accelerated transition in 2017 (period 2017-21)
- Misuse of funds
- No longer polio free
- Serious issues with data quality
Nigeria risk: moving in the right direction

• Visit with Mark Dybul and President Buhari in July 2016

• New leadership of National Primary Healthcare Development Agency has taken charge in Jan. 2017

• Commitment to repay misused funds

• Plan to improve country systems

• Plan for Alliance-wide visit Q2 2017
Illustrative «Transition Matrix»

Protection with vaccines (coverage/vaccines introduced)

Sustainability (financing/institutional capacity)

- Blue: transition after 2020
- Green: Used latest coverage that could be lower

Countries:
- Armenia
- Uzbekistan
- Moldova
- Bolivia
- Georgia
- Nicaragua
- India
- Sri Lanka
- Azerbaijan
- Mongolia
- Cuba
- Bhutan
- Vietnam
- Indonesia
- PNG
- Ukraine
- Australia
- Solomon I
- Ghana
- Sudan
- Lao
- Congo Rep.
- Angola
- Cote D'Ivoire
- Nigeria
- Kiribati
- Timor Leste
- Sao Tome
Health system strengthening
Moving out of the “data-free zone”

2014-16: Introducing, establishing and improving reporting compliance of Performance Frameworks

Completeness
• 80% of countries reporting in 2016 (on 2015 data) reported against over 80% of their metrics due

Results
• 45% of reporting countries achieved at least 80% of their tailored intermediate results, up from 7% in 2014

Analysis of 2015 target achievement
• Assess quality of metrics
• Analyse trends over time
• Understand reasons for variation in performance between different categories of indicators

<table>
<thead>
<tr>
<th>Activity Category</th>
<th>All HSS Tailored Indicators (337 total)</th>
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<tbody>
<tr>
<td></td>
<td># indicators meeting target</td>
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<tr>
<td>Service Delivery</td>
<td>36</td>
</tr>
<tr>
<td>Health and Community Workforce</td>
<td>32</td>
</tr>
<tr>
<td>Procurement &amp; Supply Chain Management</td>
<td>34</td>
</tr>
<tr>
<td>Health Information Systems</td>
<td>40</td>
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<tr>
<td>Community &amp; Other Local Actors</td>
<td>6</td>
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<tr>
<td>Policy and Governance</td>
<td>22</td>
</tr>
<tr>
<td>Health Financing</td>
<td>8</td>
</tr>
<tr>
<td>Program Management</td>
<td>16</td>
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<tr>
<td>Other</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>197</td>
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Progress has been made, but the Alliance is learning how to accelerate and address early implementation challenges.

**Cold chain equipment optimization platform**

**DRC CCEOP-like implementation**

- 2500+ refrigerators, from Gavi HSS, installed in 10 months
- Innovative **supplier-led implementation model** (supplier accountable for in-country distribution, installation and training)

- Increased **number of immunisation sessions** → increasing coverage rate
- Reduction in vaccine collection frequency
- Reduction in recurrent costs
INFUSE: Innovation For Uptake, Scale, and Equity

Proven concepts respond to INFUSE call for innovation

Expert Review to identify most promising

Leading concepts or Pacesetters identified

Pacesetters presented to countries and corporations to consider and resource

Resulting partnerships scaled for global impact
Gavi Board update
Antimicrobial resistance: Fast becoming significant global health issue

Annual cause of deaths, worldwide
Increasing AMR: underlying factors

Adapted from:
Gavi’s support for emergency vaccine stockpiles

- Strategic design
- Effective implementation
- Accountability
Gavi’s increased investment yellow fever and global EYE strategy

• Gavi Board approved an up to $150 million increment in resources to the Alliance’s existing Yellow Fever control support for the period 2017-2020.

• Investment centred on improving sustainable immunisation in alignment with Coverage and Equity agenda

• Working in coordination with Alliance partners to establish a stronger YF governance to improve the coordination, management and implementation of the EYE strategy

• Continue to work with manufacturers to realise supply increases through 2021
Fragility and emergencies

“Gavi to support immunisation of children in Syria”

Abidjan, 8 December 2016 - Gavi, the Vaccine Alliance has announced a special commitment aligned with the Syrian Humanitarian Response Plan (HRP) to help partners purchase vaccines and cold chain equipment that will protect children living in war-torn Syria from deadly infectious diseases.

"In the absence of a political solution in Syria, and with millions lacking access to the most basic healthcare, we want to help vulnerable children that are now at-risk of deadly preventable diseases," said Dr Ngozi Okonjo-Iweala, Chair of the Gavi Board, which approved the decision on Thursday.

Credit: UNICEF/UN018697/A-I-Issa

$25 million for vaccines and cold chain 2017-18

Grade 2/3 emergency in 11 Gavi countries
65 million displaced people worldwide

New policy (board decision June):
Fragility, Emergencies, Refugees

Makeshift shelters and new tents in a section for new arrivals at Ifo, one of the three refugee camps at Dadaab in north-east Kenya. © UNHCR/E.Hockstein (http://www.unhcr.org/african-union-summit.html)
New Gavi HPV programme

December 2016 Board decision:
Countries apply directly for national introduction, with an option of phased roll-out.

Support for multi-age cohort vaccinations (9-14 years of age) in the first year of introduction:

- 100% support for vaccines for the additional cohorts
- Operational support of up to US$ 0.65 per targeted girl of those cohorts

FINANCIAL AND VACCINE SUPPORT

<table>
<thead>
<tr>
<th>*Routine Cohort (e.g. 9 yrs.)</th>
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<tr>
<td>Vaccines Support</td>
<td>Co-financing</td>
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<tr>
<td>Vaccine Introduction Grant (VIG)</td>
<td>$2.40 / targeted girl</td>
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<table>
<thead>
<tr>
<th>*Additional Cohorts (e.g. 10-14 yrs.)</th>
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<tbody>
<tr>
<td>Vaccines Support</td>
<td>No Co-financing (Gavi supported)</td>
</tr>
<tr>
<td>Operational Cost</td>
<td>0.65$/ 0.55$/ 0.45$/ targeted girl (aligned to new HSIS policy per the transitioning stage)</td>
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3

Topics for discussion at SAGE
In 2018 the Gavi Alliance Board will decide on future funding for new vaccines and vaccination approaches

Potential candidate investments (‘long list’)
For these three vaccines, some key information will inform the VIS assessment of candidates

**Oral cholera vaccines**
- Current investment: Support for global stockpile
- Considerations for VIS: Guidance on schedule, age groups, delivery strategies in different settings and countries

**Ebola vaccines**
- Current investment: Commitment to fund first generation vaccine in stockpile
- Considerations for VIS: Delivery strategies, including pre-emptive use in health care workers

**Diphtheria vaccines**
- Current investment: 3 doses as part of penta
- Considerations for VIS: Guidance on schedule, maternal use, implementation feasibility, use of passive immunisation products
Gavi has launched the ‘LMC approach’

Gavi’s Leadership, Management and Coordination approach

**Objectives**

Empower the national EPI teams to effectively manage the EPI

**Situational analysis**

Diagnosis of gaps in Gavi countries through
- Programme Capacity Assessments
- Joint appraisals
- Other processes (e.g. EPI reviews)

**‘Menu’ of interventions**

‘Menu’ adjusted to country context and need – for example:
- EPI management partner – Malawi
- Enhance EPI performance management practices (e.g. Uganda)
- EPI management training programme (planned)

WHO initiative on functions and competencies of the national immunisation programme will further shape the LMC approach
Supporting evidence-informed national decisions on new vaccine introductions and NITAGs

- One-time support (2015-2016) to SIVAC Initiative, implemented by Agence de Medicine Preventive’s Health Policy and Institutional Development (AMP-HPID)

- Increasing number of eligible countries prioritizing Gavi resources (HSIS and TCA) to establish and strengthen NITAGs

- A comprehensive approach to be developed based on lessons learned, SAGE guidance and ongoing SIVAC evaluation
Urban settings

Urban Challenges

- Urban areas in Gavi priority countries contain a major share of unvaccinated children
- EPI systems and delivery strategies often fail to address the needs of the urban poor, especially those in slums
- Efforts to improve urban immunization have largely been absent from Gavi support, which has been biased to more remote areas with low coverage

Work to date

4 workstreams:
- Urban data, research, and evaluations
- Policy analysis
- Strengthening Civil Society & Private Sector Engagement
- Mainstreaming urban issues in Alliance processes

Moving Forward

- Provide urban immunization situation and policy analyses to countries
- Mobilize technical assistance for improved urban service delivery models in selected countries and document results
- Document best practices and revised workplan for 2018
Collaboration with GPEI

- Managing the global IPV supply situation including support for fractional-dose IPV (fIPV)

- Gavi’s future support of IPV (post-2018) will be reviewed and a Board decision expected by the end of 2017

- Continued collaboration with country-level polio transition planning and engagement in the development in a Post-certification Strategy (PCS)
CONCLUSION
THANK YOU