

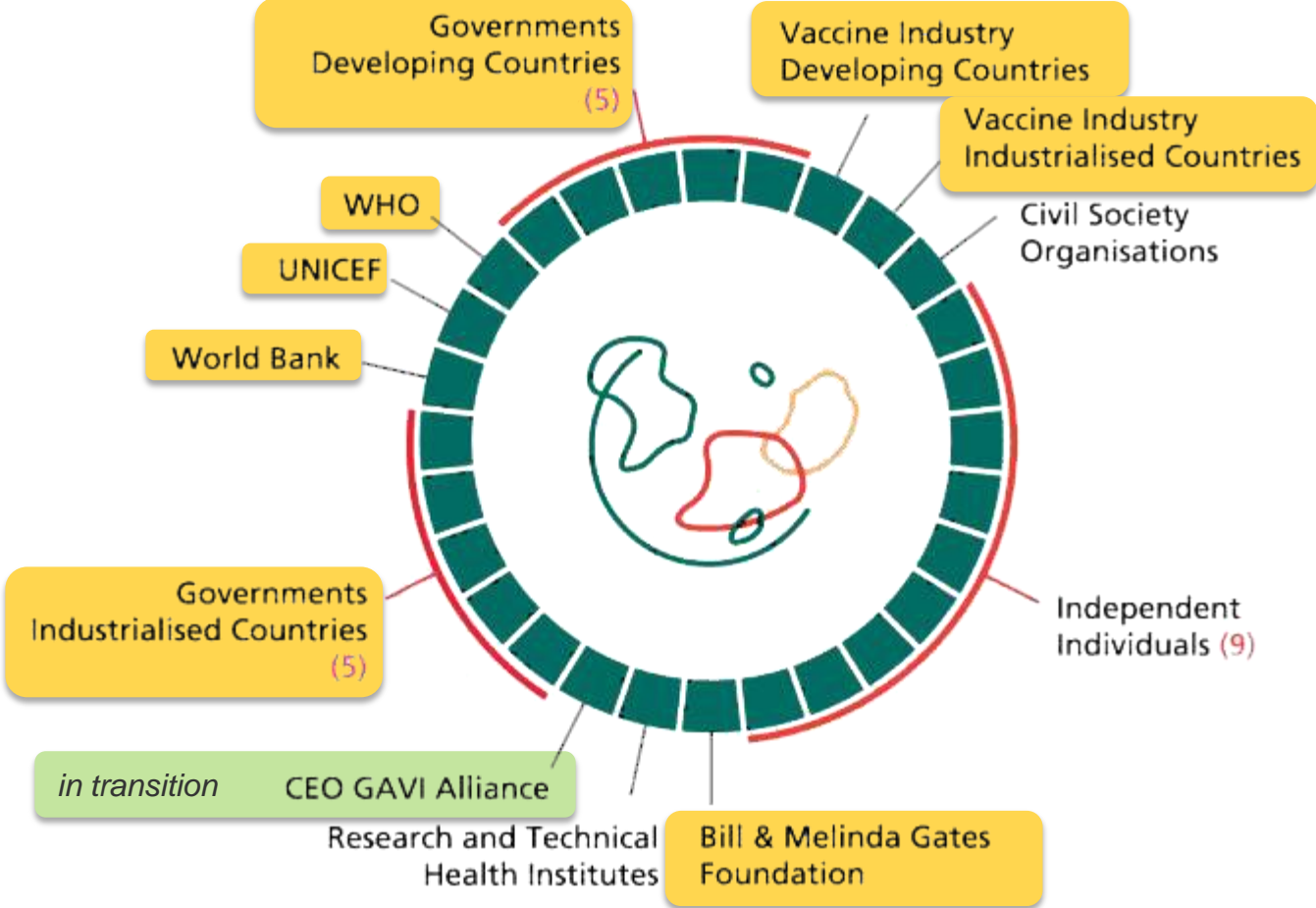
# **GAVI Strategy**

***Jon Pearman***  
***Head AVI***

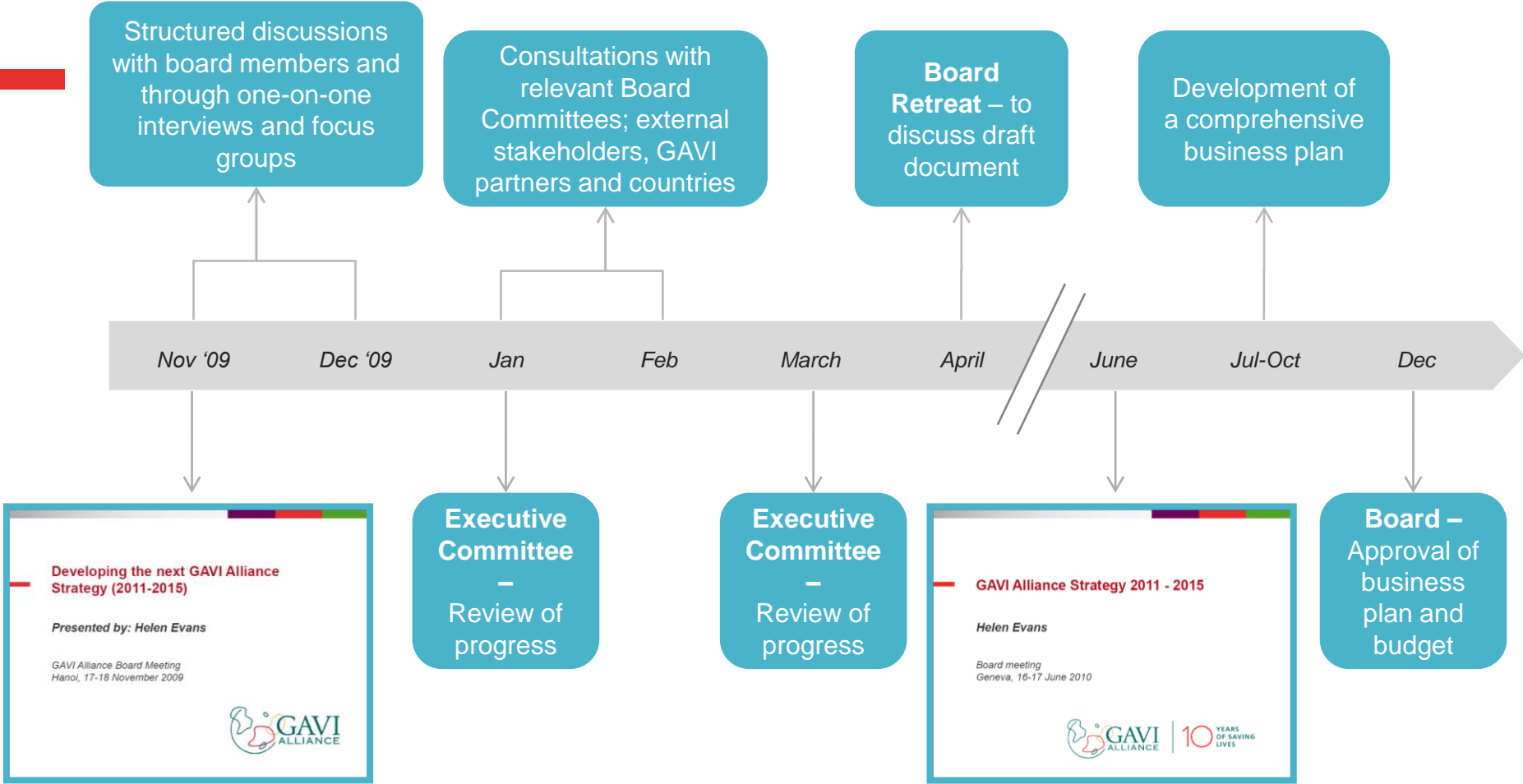
*September 15, 2010*  
*DCVMN, Hyderabad*



# Members of GAVI Alliance



# GAVI Strategy timelines



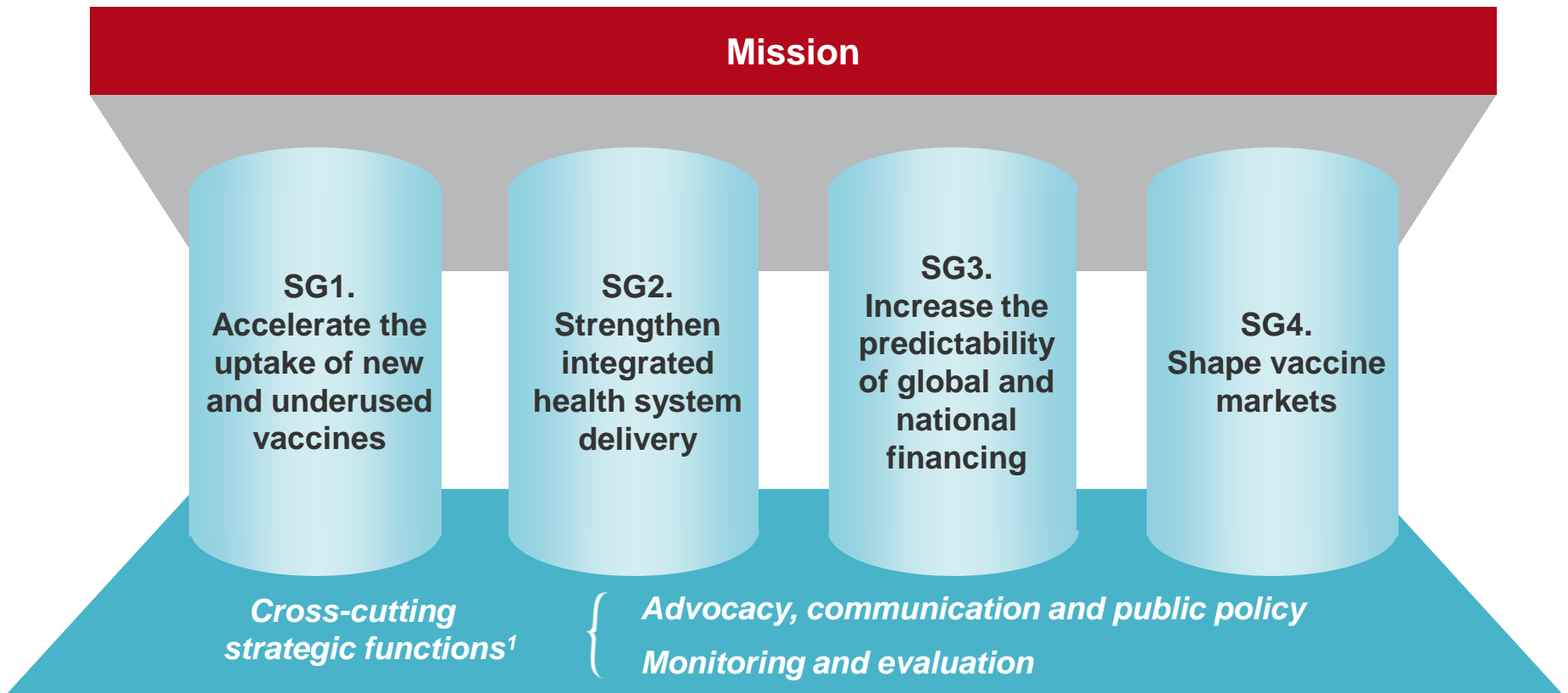
# Guidance from EC

- The current GAVI mission statement, four strategic objectives and twelve programme funding principles are relatively robust and still relevant. While some fine-tuning may be warranted, especially to ensure that the new strategy incorporates lessons learned in the past five years, a fundamental change is not necessary

# Approved GAVI's strategy overview

|                             |   |  |  |   |
|-----------------------------|---|--|--|---|
| <b>Mission</b>              | To save children's lives and protect people's health by increasing access to immunisation in poor countries   |  | <b>Mission Indicators:</b><br>I. Under five mortality rate<br>II. Number of future deaths averted<br>III. Number of children fully immunised   |   |
| <b>Operating Principles</b> | As a public-private partnership including civil society, the GAVI Alliance plays a catalytic role providing funding to countries and demonstrates "added-value" by: <ol style="list-style-type: none"> <li>1. Advocating for immunisation in the context of a broader set of cost-effective public health interventions</li> <li>2. Contributing to achieving the Millennium Development Goals (MDGs)</li> <li>3. Supporting national priorities, integrated delivery, budget processes and decision-making</li> <li>4. Focusing on innovation, efficiency, equity, performance and results</li> <li>5. Maximising cooperation and accountability among partners through the Secretariat</li> </ol> |  |  |   |
| <b>Cross-cutting</b>        | <b>Monitoring and Evaluation<br/>         Advocacy, Communication and Public Policy</b>   |  |  |   |
|                             | <b>Strategic Goals</b>  | <b>SG1 Accelerate the uptake and use of underused and new vaccines</b>   | <b>SG2 Contribute to strengthening the capacity of integrated health systems to deliver immunisation</b>   | <b>SG3 Increase the predictability of global financing and improve the sustainability of national financing for immunisation</b>  |
|                             | <b>Goal-level indicators</b>  | <ol style="list-style-type: none"> <li>I. Country introductions of underused and new vaccines - Cumulative number of GAVI supported countries introducing underused and new vaccines</li> <li>II. Coverage of underused and new vaccines - Coverage of underused and new vaccines in GAVI supported countries</li> </ol> | <ol style="list-style-type: none"> <li>I. Drop-out rate - Drop out between DTP1 and DTP3 coverage</li> <li>II. DTP3 coverage - DTP3 coverage in GAVI supported countries</li> <li>III. Equity in immunisation coverage - Proportion of GAVI supported countries where DTP3 coverage in the lowest wealth quintile is +/- 20% of the coverage in the highest wealth quintile</li> </ol> | <ol style="list-style-type: none"> <li>I. Resource mobilisation - Resources mobilised as a % of resources needed to finance forecasted country demand for vaccine support</li> <li>II. Country investments in vaccines per child - Average government expenditure on vaccines per surviving infant</li> <li>III. Fulfilment of co-financing commitments - % of countries that meet their co-financing commitments in a timely manner</li> </ol> |
| <b>Strategic Objectives</b> | <ol style="list-style-type: none"> <li>1. Increase evidence based decision-making by countries</li> <li>2. Strengthen country introduction to help meet demand</li> </ol>   | <ol style="list-style-type: none"> <li>1. Contribute to the resolving of the major constraints to delivering immunisation</li> <li>2. Increase equity in access to services, including gender equity</li> <li>3. Strengthen civil society engagement in the health sector</li> </ol>                                     | <ol style="list-style-type: none"> <li>1. Increase and sustain allocation of national resources to immunisation</li> <li>2. Increase donor commitments and private contributions to GAVI</li> <li>3. Mobilise resources via innovative financing mechanisms</li> </ol>   | <ol style="list-style-type: none"> <li>1. Make vaccines more affordable</li> <li>2. Ensure sufficient supply</li> <li>3. Create market security and stability</li> <li>4. Catalyse introduction of appropriate vaccines</li> </ol>  |

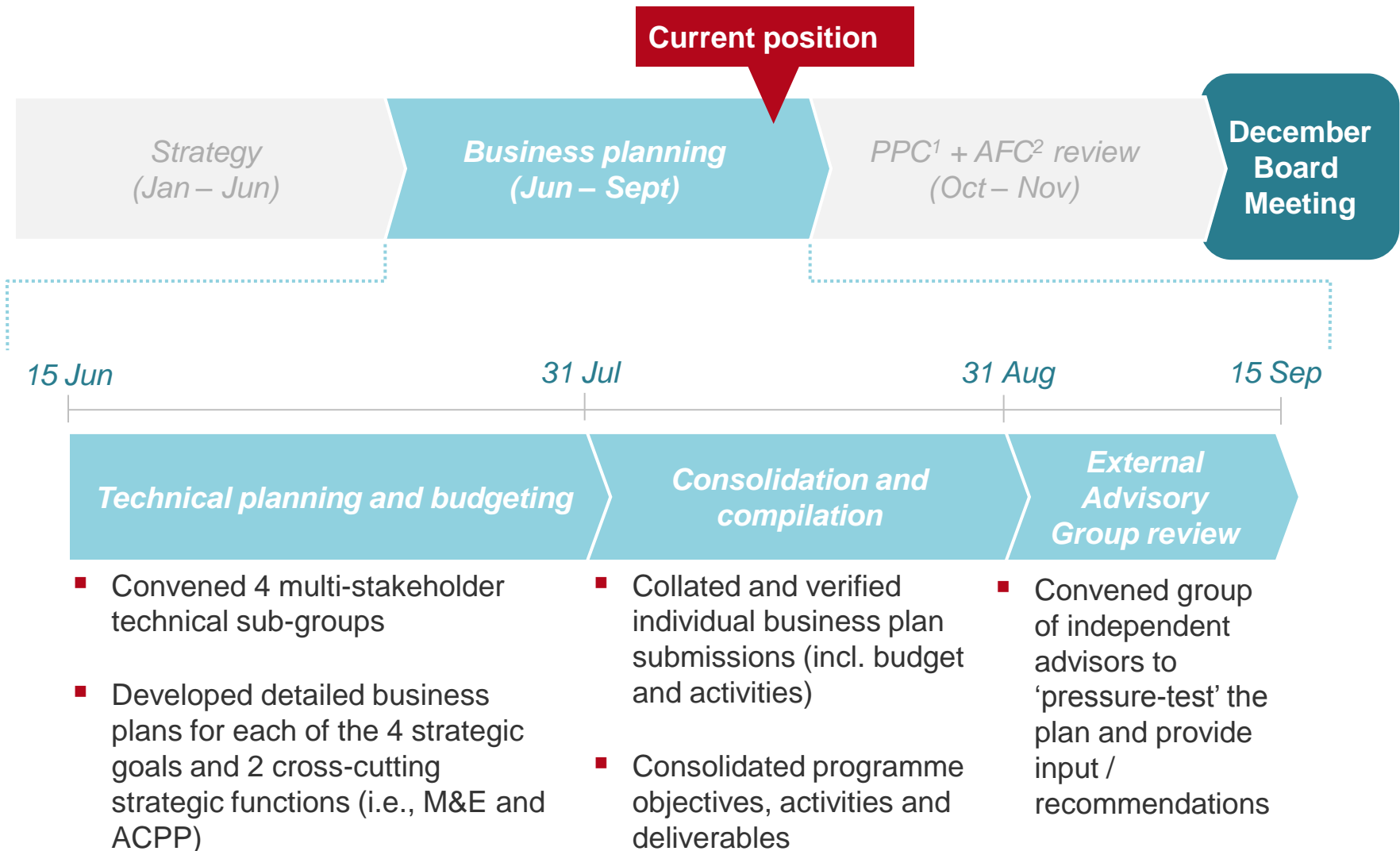
# GAVI's mission is underpinned by 4 main strategic goals and supported by 2 cross-cutting strategic functions



1. Capacity building cross-cutting strategic function dissolved as capacity building initiatives were incorporated directly into individual strategic goals






Source: GAVI Alliance

# Overview of the business planning process



1. PPC – Programme and Policy Committee  
 2. AFC – Audit and Finance Committee  
 Source: GAVI Alliance

# Multi-stakeholder technical working groups

|  |   | SG 1 Vaccines                         | SG 2 Health Systems  | SG 3 Sustainability   | SG 4 Markets   |
|--|---|---------------------------------------|--|---|--|
| <b>GAVI Secretariat</b>                    |  | 1. Jon Pearman                        | 1. Carole Presern  | 1. Santiago Cornejo   | 1. Gian Gandhi   |
| <b>WHO</b>                                 |  | 2. Carsten Mantel                     | 2. Patrick Kadama / Rudi Eggers  | 2. Lidija Kamara  |  |
| <b>World Bank</b>                          |  |                                       | 3. Logan Brenzel / Rama Lakshminarayanan                                       | 3. Logan Brenzel / Rama Lakshminarayanan                                |  |
| <b>UNICEF</b>                              |  | 3. Jos Vandelaer (Programme Division) | 4. Dragoslav Popovic (Programme Division)                                      | 4. Dragoslav Popovic (Programme Division)                               | 2. Ann Ottosen (Supply Division)                                 |
| <b>Bill &amp; Melinda Gates Foundation</b> |  | 4. Tasleem Kachra                     | 5. Carol Medlin  | 5. Violaine Mitchell  | 3. Raja Rao  |
| <b>Donor</b>                               |   |                                       | 6. Julia Watson, Allison Beattie (DFID), and Jan Paehler (European Commission) | 6. Timothy Poletti (Australian Department of Foreign Affairs and Trade) | 4. Paul Fife (Norad)   |
| <b>Research / technical</b>                |   | 5. Manish Patel (CDC)                 |  |   | 5. Shawn Gilchrist (Gilchrist Consulting Services Inc)           |
| <b>Implementing Country</b>                |   | 6. Fidèle Ngabo (Rwanda)              | 7. Salif Samake (Mali)   | 7. Sudath Peiris (Sri Lanka)  |  |
| <b>Industry</b>                            |   | 7. Jaco Smit (Sanofi Pasteur)         |  | 8. Akira Homma (BioManguinhos)  |  |
| <b>Civil Society</b>                       |   |                                       | 8. Regina Keith (World Vision International)                                   |   | 6. Daniel Berman (MSF)   |
| <b>Independent</b>                         |   | 8. John Wecker (PATH)                 | 9. Johannes Hunger (GFATM)   |   | 7. Paul Wilson (Columbia University) and Stefano Malvolti (PATH) |





# Other changes that have happened since DCVMN Beijing 2009

- Implemented a new eligibility policy
- Designed a Pilot Prioritization process
- Pneumo AMC (\$1.5b) incentive to develop & build capacity – 2 supply agreements
- New demand forecast v2.0
- Initiated a series of Fund raising events

# Supply and Financial Constraints, Prioritization Procedure applied to SDF Version 2.0

| Version                  | Forecast   | Details  |
|--------------------------|--|--|
| <b>0.1</b>               | <u>July 2009</u><br>AMC published version                                      | Forecast incorporates all assumptions as per July 2009<br>Published on AMC web site and base for UNICEF first Call for Offer |
| <b>1.1</b>               | <u>January 2010</u><br>Updated Forecast with November '09 GAVI Board decisions | Forecast incorporates all assumptions as per November 2009 and the impact of the GAVI Board decisions                        |
| <b>2.0</b>               | <u>August 2010</u><br>Updated Forecast with June '10 GAVI Board decision       | Revised version incorporating June 2010 GAVI Board and July 2010 GAVI EC decisions on prioritisation and NVS funding         |
| <i>Exp</i><br><b>3.0</b> | <u>January 2011</u>  | <i>Next version expected incorporating December 2010 GAVI Board decisions on co-financing and NVS funding</i>                |

# Policy decisions impacting demand

|               | Version 2.0 changes   | Version 1.1 changes  | 2009 and before   |
|---------------|---|--|---|
| Introduction  | <ul style="list-style-type: none"> <li>• <b>No application round in 2010</b>, full restart in April 2011 with <b>grandfathering to graduating countries in 1<sup>st</sup> round</b> (communication to country in November 2010)</li> <li>• <b>Paused countries from 2009 approved at beginning of August</b></li> </ul> | <ul style="list-style-type: none"> <li>• One application round in 2010 (September), full restart from March 2011</li> <li>• Countries recommended for approval / requested clarification paused until June 2010</li> </ul>   | <ul style="list-style-type: none"> <li>• Application rounds every 6 months (2 foreseen in 2010)</li> <li>• Approved countries approved as per end of end of 2009</li> </ul> |
| Eligibility   | <ul style="list-style-type: none"> <li>• 10 countries will no longer be eligible, 3 cannot apply for NVS -&gt; 59 countries remain in 2011</li> <li>• Approvals for at least 5 years/cMYP protection vs. graduation</li> </ul>  | <ul style="list-style-type: none"> <li>• 64 countries eligible by 2011</li> <li>• <b>Countries eligibility based on GNI &lt; \$1,500 in 2011 (based on IBRD latest available actual) *</b></li> <li>• Approvals for at least 5 years/cMYP protection vs. graduation</li> </ul> | <ul style="list-style-type: none"> <li>• 72 countries eligible by 2011</li> <li>• Once eligible, always eligible</li> </ul>   |
| Access to NVS |   | <ul style="list-style-type: none"> <li>• <b>Access to NVS based on DTP3 coverage &gt; 70% *</b></li> </ul>   | <ul style="list-style-type: none"> <li>• Access to NVS based on DTP3 coverage &gt; 50%</li> </ul>   |

# Initiated a series of fund raising events

## Hague

- The Hague event March 2010: GAVI's High Level Meeting on Financing Country Demand. Participants agree to mobilise around the G8, G20, EU Presidency as well as the Millennium Development Goals Summit

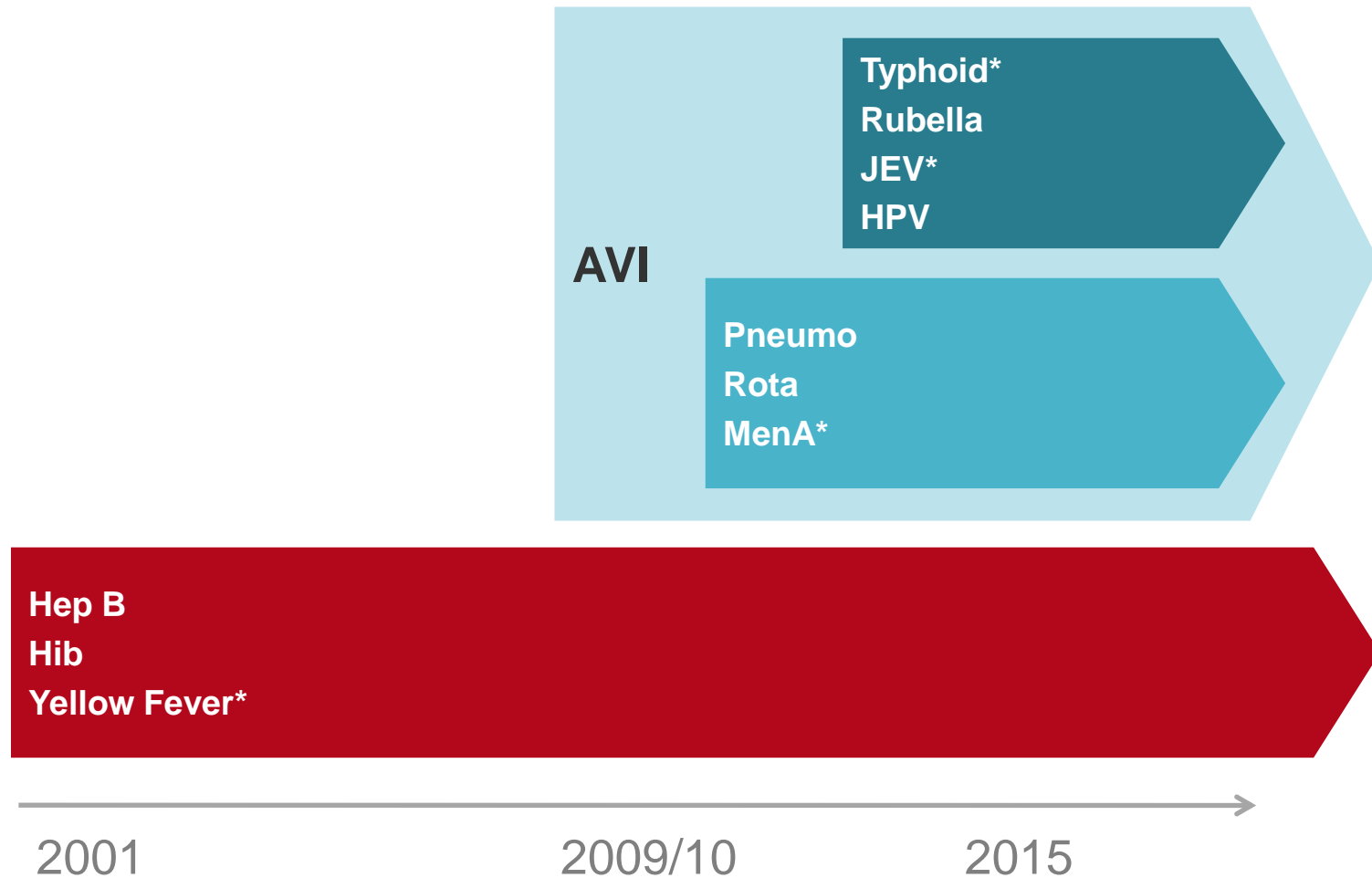
## New York

- New York event Oct 2010: US & Norway chair a replenishment round for new donors

## Tbc

- Tbc event in 2011: future meeting in preparation "in order to give GAVI a firmer financial basis on which to plan"

# Fund raising success determines the level of ambition reached





# Portfolio Development

## Option B: Recommended

| Vaccine (country scope) | Vaccination Strategy  | Rationale   |
|-------------------------|---|---|
| HPV (60)                | Routine 10yo Female Vaccination   | <ol style="list-style-type: none"> <li>1. Supports Maximize Disease Burden Impact Strategy theme</li> <li>2. All diseases result in severe long term sequelae</li> <li>3. Proven safe and effective vaccines, appropriate for GAVI-eligible countries are available now or within the next 3 years</li> <li>4. SAGE recommendation current or pending</li> <li>5. Broad consensus in the disease expert community around optimal vaccination strategies</li> <li>6. High value for GAVI investment (cost per deaths / case averted)</li> <li>7. Typhoid conjugate vaccine expected in 2011</li> <li>8. Significant impact on public health (mortality <i>and</i> morbidity)</li> <li>9. High value for GAVI investment (cost per deaths / case averted)</li> <li>10. Expectation that GAVI support would lead to more diverse supply</li> </ol> |
| JE (13)                 | Routine Infant Vaccination with boost after 12 months + 1-15yo Catch-up Campaign          |   |
| Rubella (46)            | Routine 1yo Vaccination with boost at 4yo + 15-39yo (Women of Child Bearing Age) Campaign |   |
| Typhoid (24)            | Routine Infant Vaccination with boost after 12mo + 1-15yo Catch-up                        |   |