GAVI Strategy

Jon Pearman
Head AVI

September 15, 2010
DCVMN, Hyderabad
Members of GAVI Alliance

- Governments Developing Countries (5)
- Vaccine Industry Developing Countries
- Vaccine Industry Industrialised Countries
- Civil Society Organisations
- Independent Individuals (9)
- WHO
- UNICEF
- World Bank
- Governments Industrialised Countries (5)
- "in transition"
- CEO GAVI Alliance
- Research and Technical Health Institutes
- Bill & Melinda Gates Foundation

DCVMN meeting Hyderabad Sept15 2010
GAVI Strategy timelines

- Structured discussions with board members and through one-on-one interviews and focus groups
- Consultations with relevant Board Committees; external stakeholders, GAVI partners and countries
- Board Retreat – to discuss draft document
- Development of a comprehensive business plan

Timeline:
- Nov ’09
- Dec ’09
- Jan
- Feb
- March
- April
- June
- Jul-Oct
- Dec

Executive Committee – Review of progress

GAVI Alliance Strategy 2011 - 2015

Helen Evans

Board meeting
Geneva, 16-17 June 2010

DCVMN meeting Hyderabad Sept15 2010
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

<table>
<thead>
<tr>
<th>Mission</th>
<th>To save children’s lives and protect people’s health by increasing access to immunisation in poor countries</th>
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</thead>
</table>
| Mission Indicators: | I. Under five mortality rate  
II. Number of future deaths averted  
III. Number of children fully immunised |
| Operating Principles | As a public-private partnership including civil society, the GAVI Alliance plays a catalytic role providing funding to countries and demonstrates “added-value” by:  
1. Advocating for immunisation in the context of a broader set of cost-effective public health interventions  
2. Contributing to achieving the Millennium Development Goals (MDGs)  
3. Supporting national priorities, integrated delivery, budget processes and decision-making  
4. Focusing on innovation, efficiency, equity, performance and results  
5. Maximising cooperation and accountability among partners through the Secretariat |
| Cross-cutting | Monitoring and Evaluation  
Advocacy, Communication and Public Policy |
| Strategic Goals | SG1 Accelerate the uptake and use of underused and new vaccines  
SG2 Contribute to strengthening the capacity of integrated health systems to deliver immunisation  
SG3 Increase the predictability of global financing and improve the sustainability of national financing for immunisation  
SG4 Shape vaccine markets |
| Goal-level indicators | I. Country introductions of underused and new vaccines - Cumulative number of GAVI supported countries introducing underused and new vaccines  
II. Coverage of underused and new vaccines - Coverage of underused and new vaccines in GAVI supported countries  
I. Drop-out rate – Drop out between DTP1 and DTP3 coverage  
II. DTP3 coverage - DTP3 coverage in GAVI supported countries  
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  
I. Resource mobilisation – Resources mobilised as a % of resources needed to finance forecasted country demand for vaccine support  
II. Country investments in vaccines per child – Average government expenditure on vaccines per surviving infant  
III. Fulfilment of co-financing commitments - % of countries that meet their co-financing commitments in a timely manner  
I. Reduction in vaccine price - Change in weighted average price per dose for pentavalent and rotavirus vaccines  
II. Suppliers in the market – Number of manufacturers with a pre-qualified vaccine, and active supply, in the market  
1. Increase evidence based decision-making by countries  
2. Strengthen country introduction to help meet demand  
1. Contribute to the resolving of the major constraints to delivering immunisation  
2. Increase equity in access to services, including gender equity  
3. Strengthen civil society engagement in the health sector  
1. Increase and sustain allocation of national resources to immunisation  
2. Increase donor commitments and private contributions to GAVI  
3. Mobilise resources via innovative financing mechanisms  
4. Catalyse introduction of appropriate vaccines |
GAVI’s mission is underpinned by 4 main strategic goals and supported by 2 cross-cutting strategic functions

1. Accelerate the uptake of new and underused vaccines
2. Strengthen integrated health system delivery
3. Increase the predictability of global and national financing
4. Shape vaccine markets

Cross-cutting strategic functions:
- Advocacy, communication and public policy
- Monitoring and evaluation

Source: GAVI Alliance
Overview of the business planning process

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

15 Jun
- Convened 4 multi-stakeholder technical sub-groups
- Developed detailed business plans for each of the 4 strategic goals and 2 cross-cutting strategic functions (i.e., M&E and ACPP)

31 Jul
- Collated and verified individual business plan submissions (incl. budget and activities)
- Consolidated programme objectives, activities and deliverables

31 Aug
- Convened group of independent advisors to ‘pressure-test’ the plan and provide input / recommendations

15 Sep
- PPC¹ + AFC² review (Oct – Nov)
- December Board Meeting

Current position

DCVMN meeting Hyderabad Sept15 2010
### Multi-stakeholder technical working groups

<table>
<thead>
<tr>
<th></th>
<th>SG 1 Vaccines</th>
<th>SG 2 Health Systems</th>
<th>SG 3 Sustainability</th>
<th>SG 4 Markets</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO</strong></td>
<td>2. Carsten Mantel</td>
<td>2. Patrick Kadama / Rudi Eggers</td>
<td>2. Lidija Kamara</td>
<td></td>
</tr>
<tr>
<td><strong>World Bank</strong></td>
<td></td>
<td>3. Logan Brenzel / Rama Lakshminarayanan</td>
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<tr>
<td><strong>UNICEF</strong></td>
<td>3. Jos Vandelaer (Programme Division)</td>
<td>4. Dragoslav Popovic (Programme Division)</td>
<td>4. Dragoslav Popovic (Programme Division)</td>
<td>2. Ann Ottosen (Supply Division)</td>
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<tr>
<td><strong>Donor</strong></td>
<td></td>
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<td><strong>Research / technical</strong></td>
<td>5. Manish Patel (CDC)</td>
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<td><strong>Implementing Country</strong></td>
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<tr>
<td><strong>Industry</strong></td>
<td>6. Julia Watson, Allison Beattie (DFID), and Jan Paehler (European Commission)</td>
<td>6. Timothy Poletti (Australian Department of Foreign Affairs and Trade)</td>
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<tr>
<td><strong>Civil Society</strong></td>
<td>7. Jaco Smit (Sanofi Pasteur)</td>
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<tr>
<td><strong>Independent</strong></td>
<td>8. John Wecker (PATH)</td>
<td>9. Johannes Hunger (GFATM)</td>
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</table>

*DCVMN meeting Hyderabad Sept15 2010*
Overview of the business planning process

- **Strategy (Jan – Jun)**
- **Business planning (Jun – Sept)**
- **PPC\(^1\) + AFC\(^2\) review (Oct – Nov)**

### Current position

- **Dec 31 Board Meeting**

#### Technical planning and budgeting
- Convened 4 multi-stakeholder technical sub-groups
- Developed detailed business plans for each of the 4 strategic goals and 2 cross-cutting strategic functions (i.e., M&E and ACPP)

#### Consolidation and compilation
- Collated and verified individual business plan submissions (incl. budget and activities)
- Consolidated programme objectives, activities and deliverables

#### External Advisory Group review
- Convened group of independent advisors to ‘pressure-test’ the plan and provide input / recommendations

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1. PPC – Programme and Policy Committee
2. AFC – Audit and Finance Committee

*SOURCE: GAVI Alliance*
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

<table>
<thead>
<tr>
<th>Version</th>
<th>Forecast</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.1</td>
<td><strong>July 2009</strong>&lt;br&gt;AMC published version</td>
<td>Forecast incorporates all assumptions as per July 2009 Published on AMC web site and base for UNICEF first Call for Offer</td>
</tr>
<tr>
<td>1.1</td>
<td><strong>January 2010</strong>&lt;br&gt;Updated Forecast with November ‘09 GAVI Board decisions</td>
<td>Forecast incorporates all assumptions as per November 2009 and the impact of the GAVI Board decisions</td>
</tr>
<tr>
<td>2.0</td>
<td><strong>August 2010</strong>&lt;br&gt;Updated Forecast with June ’10 GAVI Board decision</td>
<td>Revised version incorporating June 2010 GAVI Board and July 2010 GAVI EC decisions on prioritisation and NVS funding</td>
</tr>
<tr>
<td>Exp 3.0</td>
<td><strong>January 2011</strong></td>
<td><em>Next version expected incorporating December 2010 GAVI Board decisions on co-financing and NVS funding</em></td>
</tr>
</tbody>
</table>
### Policy decisions impacting demand

<table>
<thead>
<tr>
<th>Introduction</th>
<th>Version 2.0 changes</th>
<th>Version 1.1 changes</th>
<th>2009 and before</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• No application round in 2010, full restart in April 2011 with <em>grandfathering to graduating countries in 1st round</em> (communication to country in November 2010)</td>
<td>• One application round in 2010 (September), full restart from March 2011</td>
<td>• Application rounds every 6 months (2 foreseen in 2010)</td>
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<td></td>
<td>• Paused countries from 2009 approved at beginning of August</td>
<td>• Countries recommended for approval / requested clarification paused until June 2010</td>
<td>• Approved countries approved as per end of end of 2009</td>
</tr>
<tr>
<td>Eligibility</td>
<td>• 10 countries will no longer be eligible, 3 cannot apply for NVS -&gt; 59 countries remain in 2011</td>
<td>• 64 countries eligible by 2011</td>
<td>• 72 countries eligible by 2011</td>
</tr>
<tr>
<td></td>
<td>• Approvals for at least 5 years/cMYP protection vs. graduation</td>
<td>• Countries eligibility based on GNI &lt; $1,500 in 2011 (based on IBRD latest available actual) *</td>
<td>• Once eligible, always eligible</td>
</tr>
<tr>
<td>Access to NVS</td>
<td>• Access to NVS based on DTP3 coverage &gt; 70% *</td>
<td></td>
<td>• Access to NVS based on DTP3 coverage &gt; 50%</td>
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</tbody>
</table>
Initiated a series of fund raising events

- 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.


- 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

- Typhoid*
- Rubella
- JEV*
- HPV

- Pneumo
- Rota
- MenA*

- Hep B
- Hib
- Yellow Fever*

2001
2009/10
2015

* Regional disease
# Portfolio Development

**Option B: Recommended**

<table>
<thead>
<tr>
<th>Vaccine (country scope)</th>
<th>Vaccination Strategy</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPV (60)</td>
<td>Routine 10yo Female Vaccination</td>
<td>1. Supports Maximize Disease Burden Impact Strategy theme</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. All diseases result in severe long term sequelae</td>
</tr>
<tr>
<td>JE (13)</td>
<td>Routine Infant Vaccination with boost after 12 months + 1-15yo Catch-up Campaign</td>
<td>3. Proven safe and effective vaccines, appropriate for GAVI-eligible countries are available now or within the next 3 years</td>
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<td>4. SAGE recommendation current or pending</td>
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<td>5. Broad consensus in the disease expert community around optimal vaccination strategies</td>
</tr>
<tr>
<td>Rubella (46)</td>
<td>Routine 1yo Vaccination with boost at 4yo + 15-39yo (Women of Child Bearing Age) Campaign</td>
<td>6. High value for GAVI investment (cost per deaths / case averted)</td>
</tr>
<tr>
<td></td>
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<td>7. Typhoid conjugate vaccine expected in 2011</td>
</tr>
<tr>
<td>Typhoid (24)</td>
<td>Routine Infant Vaccination with boost after 12mo + 1-15yo Catch-up</td>
<td>8. Significant impact on public health (mortality and morbidity)</td>
</tr>
<tr>
<td></td>
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<td>9. High value for GAVI investment (cost per deaths / case averted)</td>
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<td></td>
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<td>10. Expectation that GAVI support would lead to more diverse supply</td>
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</tbody>
</table>

Source: GAVI