

GAVI Alliance Strategy (2007-10)

1. Introduction

1.1 Development process of the GAVI Alliance Strategy (2007-10)

At their joint meeting on 7 December 2005, the GAVI Alliance and GAVI Fund Boards requested the development of a long-term strategy that encompasses all GAVI activities. The reasons are as follows:

- With a converged Secretariat and vastly greater resources, there is an urgent need to consolidate planning across the whole GAVI Alliance and ensure the highest possible level of transparency and accountability.
- The GAVI Alliance has been approving a large number of new activities (e.g. International Finance Facility for Immunisation (IFFIm) dependent investment cases, Health Systems Strengthening Support), without having a single, strategic document that captures all GAVI Strategic Goals and Objectives in the upcoming years.

To ensure a transparent and inclusive process in the GAVI Alliance strategy development, various mechanisms have been put into place:

- The GAVI Secretariat has been working in close partnership with the Working Group, which has been tasked with facilitating the process and providing regular input. One of the responsibilities of this joint work has been to ensure that the strategy is well articulated with objectives that are measurable and in line with Alliance's partner policies.
- During the joint meeting held on 23 March 2006, the GAVI Alliance and GAVI Fund Executive Committees decided to keep oversight of the strategy development; they provided feedback on 10 May 2006 and endorsed the draft strategy on 30 May 2006.
- The Regional Working Groups have been asked to provide feedback on the strategy and will be involved in the development of the 2007-10 Work Plan in the second half of the year of 2006.
- A Civil Society Task Team has been created and is developing a strategy for civil society's enhanced role within GAVI. This proposal will directly feed into the Alliance work plan.
- A Task Team - with broad representation of the Alliance partners - has been working on defining partners' roles and responsibilities. The Task Team's proposal will feed into the development of the 2007-10 Work Plan and funding allocation process.

The rolling Work Plan (2007-10) will be developed in the second half of 2006 and will include a breakdown of the objectives into detailed activities with a single consolidated budget. This work plan will be presented to the GAVI Alliance and Fund Board for approval at their joint meeting on 26 November 2006.

The Working Group will have a specific role in monitoring the implementation of the 2007-10 GAVI Alliance Strategy and Work Plan. Since most of the technical and financial data is to be provided by WHO and UNICEF and the World Bank (WB), yearly reports will need to be synchronised with WHO, UNICEF and WB reporting schedules. These yearly progress reports will then be presented to the GAVI Working Group and to the joint GAVI Alliance and Fund Executive Committees.

1.2 Global Environment

Millennium Development Goals (MDGs)

The global development agenda is becoming increasingly focused on the achievement of the MDGs by 2015. Already in Phase 1 (2000-2005), GAVI started to align its long-term objectives with the MDGs in order to maximise the contribution of immunisation to the achievement of the MDGs, in particular to MDG 4: “reduce by two thirds, between 1990 and 2015, the under-five mortality rate”. Without increased access to existing and new vaccines this MDG will not be achieved. WHO calculations estimate that up to 25% of MDG 4 could be achieved by scaling up coverage of existing and new vaccines.

Immunisation also contributes to the achievement of other MDGs, in particular MDG 1 (the eradication of extreme poverty), MDG 2 (universal primary education), MDG5 (maternal health) and MDG 6 (combating HIV/AIDS, malaria and other communicable diseases). GAVI’s support to strengthen developing countries’ health systems also contributes in achieving the MDGs: without more efficient and equitable health systems, countries will not be able to scale up their programmes on disease prevention and control and thus meet their specific objectives on child and maternal mortality.

High Level Forum on Health MDGs

In a joint effort to strengthen support to the MDGs, developing countries, OECD nations as well as multilateral and bilateral development institutions have agreed to take far-reaching and measurable action to render aid more effective (expressed in the OECD/Development Assistance Committee (DAC) Paris Declaration on Aid Effectiveness, March 2005). This agenda has been further developed and applied to Global Health Partnerships (GHPs) through the High Level Forum on the Health MDGs, resulting in the definition of five key areas of best practice principles to improve engagement at country level:

- Ownership
- Alignment
- Harmonisation
- Managing for results
- Mutual accountability.

These principles were approved by the GAVI Alliance and Fund Board on 6-7 December 2005. GAVI is moving towards fully integrating them into its strategy.

Global Immunisation Vision and Strategy (GIVS)

In 2005, GIVS was jointly developed by WHO and UNICEF in consultation with immunisation partners, including the GAVI Alliance. The GAVI Alliance Strategic Goals and Objectives are fully aligned with the GIVS strategies constituting a concrete example of alliance partners working together for greater impact. The GAVI Alliance activities, in particular those related to country support, are consistent with GIVS Strategy. In turn, the GIVS will help countries in improving their immunisation activities thereby moving towards the achievement of the GAVI Strategic Goals and Objectives. The major GIVS Objectives to be reached by 2015 or earlier are:

- Sustain coverage: the vaccination coverage goal reached in 2010 will have been sustained.
- Reduce morbidity and mortality: global childhood morbidity and mortality due to vaccine-preventable diseases will have been reduced by at least two thirds compared to 2000 levels.
- Ensure access to vaccines of assured quality: every person eligible for immunisation included in national programmes will have been offered vaccination with vaccines of assured quality according to established national schedules.

- Introduce new vaccines: immunisation with newly introduced vaccines will have been offered to the entire eligible population within five years of the introduction of these new vaccines in national programmes.
- Ensure capacity for surveillance and monitoring: all countries will have developed the capacity at all levels to conduct case-based surveillance of vaccine-preventable diseases, supported by laboratory confirmation where necessary, in order to measure vaccine coverage accurately and use these data appropriately.
- Strengthen systems: all national immunisation plans will have been formulated as an integral component of sector-wide plans for human resources, financing and logistics.
- Assure sustainability: all national immunisation plans will have been formulated, costed and implemented so as to ensure that human resources, funding and supplies are adequate.

1.3 Scope of the GAVI Strategy (2007-10)

The GAVI Strategy positions the Alliance within the broader context of child survival and the MDG 4 to create the environment necessary to achieve its specific objectives on immunisation. Its ambition is to provide a critical contribution to the global immunisation goals as developed in GIVS, by supporting immunisation programmes and health systems as well as accelerating the introduction of new vaccines.

In order to map out the major strategic directions of the Alliance for 2007-10, GAVI first needs to take stock of what has been achieved in Phase 1 (2000-2005):

- By December 2005, an estimated 115 million additional children were vaccinated with GAVI supported new and under-used vaccines (HepB, Hib and Yellow Fever)¹.
- By December 2005, an estimated 15 million additional cumulative children have been reached with basic vaccines¹.
- By December 2005, more than 1 billion auto-disable syringes were provided to GAVI eligible countries.
- By December 2005, multiyear commitments to GAVI eligible countries totalled US\$1.48 billion. They include US\$343 million for immunisation services support, US\$115 million for injection safety and US\$1.02 billion for new and underused vaccines. The total resources actually disbursed to GAVI eligible countries amounted to US\$712 million.
- Countries are increasingly showing ownership of financing national immunisation programmes. In 2005, 11 countries have been voluntarily contributing government resources to new and underused vaccine financing.
- The convergence between the GAVI Alliance and the former Vaccine Fund has formed a better integrated organisation.

Building on phase 1 and in order to contribute to achieving the MDGs, GAVI will further expand its support to countries immunisation programmes as well as accelerate the introduction of new vaccines. Significant new areas of focus over the upcoming years include:

- Strengthening health systems: stronger and more equitable health systems are an essential prerequisite for addressing child health and immunisation issues
- Creating specifically targeted immunisation support for fragile states²

¹ Projected results for 2005, Source: WHO Department of Immunisation, Vaccines and Biologicals (IVB).

² The criteria for defining the list of fragile countries is currently being developed by the UNICEF led Countries in Crisis Task Team. The interim list of countries as defined by the Task Team includes Afghanistan, Côte d'Ivoire, Dem. Rep. of Congo, Haiti, Liberia, Sudan, Somalia, Central African Republic and Congo Republic. States move in and out of crisis.

- Strengthening the partnership with civil society organisations so that additional children are reached at district level
- Ensuring sustainability of immunisation programmes by increasing donor predictability through innovative and increased funding as well as encouraging co-financing efforts from recipient countries
- Accelerating the priority setting process and introduction of new vaccines.

GAVI will be a driver to render aid more effective by integrating and implementing the High Level Forum Best Practice Principles especially in the areas of ownership, alignment and harmonisation. Together with donors, partner countries, multilateral and bilateral development organisations and other global health partnerships, GAVI will reduce unnecessary burdens on countries and work on significantly scaling up efforts in an intensive learning set of countries. This will be achieved by supporting country-led strategies in order to combat fragmented aid through parallel or competing channels. Through innovative and predictable financing, GAVI will contribute to decreasing the volatility of aid flow and thus shift the burden of financial risk from recipient to donor countries.

The GAVI model will continue to be at the forefront of innovation with an outcome-based focus that ties funding to results. The GAVI management system will be further improved to promote greater accountability and transparency.

The GAVI Alliance Strategy is articulated around four overall Strategic Goals:

1. Contribute to strengthening the capacity of the health system to deliver immunisation and other health services in a sustainable manner
2. Accelerate the uptake and use of underused and new vaccines and associated technologies and improve vaccine supply security
3. Increase the predictability and sustainability of long-term financing for national immunisation programmes
4. Increase and assess the added value of GAVI as a public private global health partnership through improved efficiency, increased advocacy and continued innovation

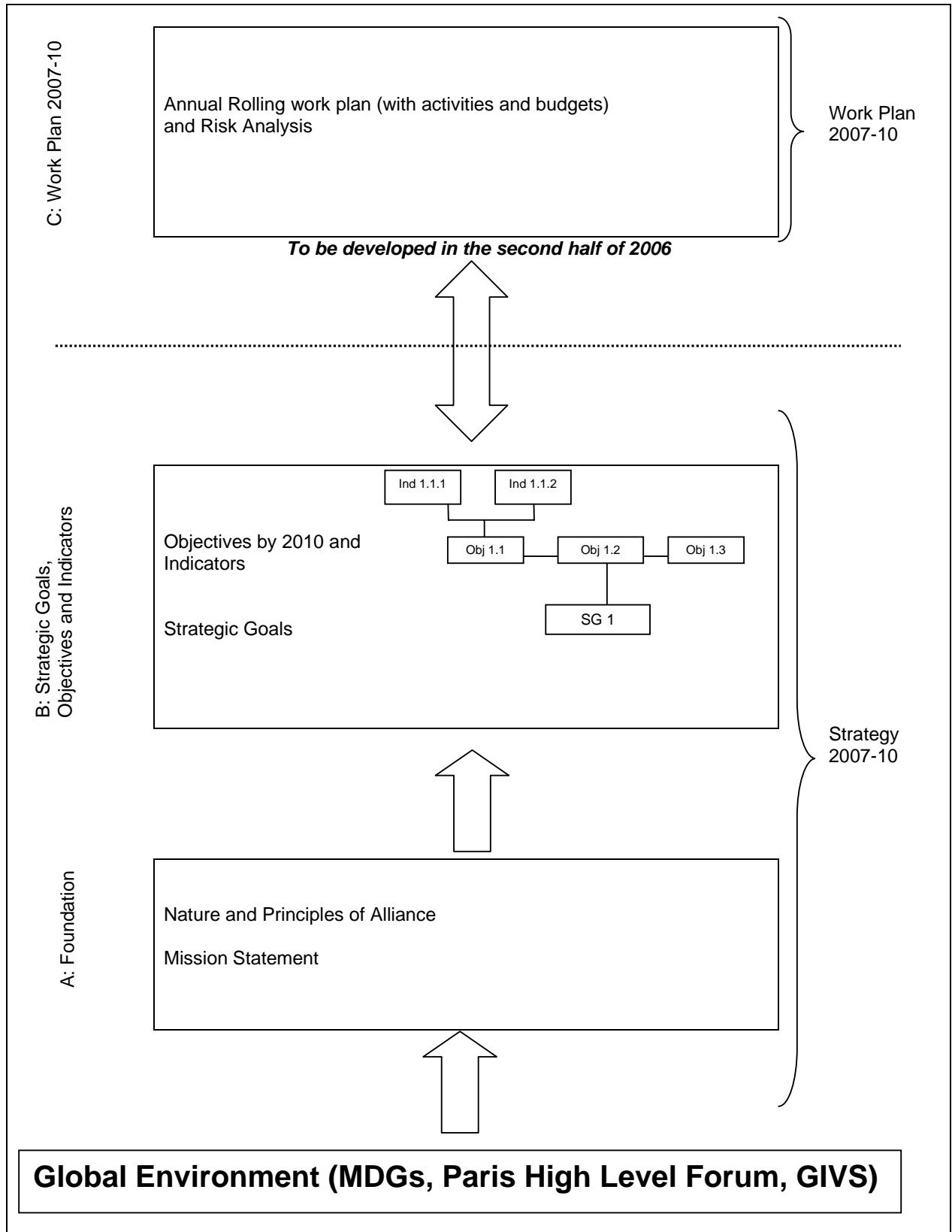
1.4 Overall Structure

This document comprises the GAVI Alliance Strategy (2007-10):

- Part A describes the Foundation of the Alliance, its Mission Statement, the Nature and Principles of the Alliance.
- Part B details the Strategic Goals, Objectives and Indicators. Strategic Goals are the overarching statements that drive GAVI efforts. They are broken down into Objectives that indicate where GAVI needs to be by 2010 in order to contribute to these Goals. These Objectives are SMART: Specific, Measurable, Achievable, Relevant and Time-limited. Clear indicators have been identified to measure the performance in the implementation of each Objective.

A detailed work plan which will include a monitoring and evaluation scheme will be developed during the second half of 2006 (Part C). It will include a breakdown of the Objectives into detailed activities with a single consolidated budget. As part of the development of the work plan the proposed indicators might be reviewed and revised as needed. The work plan will be presented to the GAVI Alliance and Fund Board for approval at their Joint Meeting on 26 November 2006. For further details, go to page 27.

GAVI Alliance Strategy (2007-10) Overall Structure



Part A: Foundation

The Foundation of the GAVI Alliance Strategy is comprised of the Mission Statement and the Nature and Principles of the Alliance.

GAVI Mission Statement

‘Saving children’s lives and protecting people’s health by increasing access to immunisation in poor countries’.

Nature of the GAVI Alliance

GAVI is a Global Health Public Private Partnership. It is an Alliance of partners which includes governments in industrialised and developing countries, UNICEF, WHO, the World Bank, the Bill & Melinda Gates Foundation, civil society organisations, vaccine manufacturers from industrialised and developing countries, and public health and research institutions.

On 7 December 2005 the GAVI Alliance Board approved the functions of the GAVI Alliance and the GAVI Fund as follows:

- The GAVI Alliance sets overall policies and strategies, monitors, and oversees areas relating to programmes. This includes:
 - Programme policy development
 - Strategy and programme implementation
 - Working together for greater impact

- The GAVI Fund sets policies and strategies, monitors, and oversees areas relating to fundraising and fiduciary control. This includes:
 - Fiduciary control
 - Fund raising
 - Resource management

The GAVI Secretariat is composed of two offices: one in Geneva (hosted by UNICEF) and one in Washington, both supporting the GAVI Alliance and Fund.

Principles of the GAVI Alliance

The Principles state that GAVI Alliance activities and/or financial support should:

1. contribute to achieving the Millennium Development Goals, focusing on performance, outcomes and results
2. promote equity in access to immunisation services within and among countries
3. support nationally-defined priorities, budget processes and decision-making
4. be supportive of country participation through absence of earmarking
5. focus on underused and new vaccines as opposed to upstream research and development activities
6. contribute to the development of innovative models or approaches that can be introduced and applied more broadly
7. be coherent with GAVI partners' individual institutional obligations and mandates
8. be catalytic and time-limited, though not necessarily short term, and not replace existing sources of funding
9. support activities that over time become financially sustainable, or do not need to be sustained in order to have accomplished their catalytic purpose
10. through market impact and innovative business models render vaccines and related technologies more affordable for the poorest countries
11. be based on accountability, transparency, efficiency and effectiveness
12. be consistent with the principles of harmonisation as agreed by OECD/DAC at the Paris High Level Forum

Part B: Strategic Goals, Objectives and Indicators

All Strategic Goals and Objectives refer to the 72 GAVI eligible countries. Countries with a GNI per capita below US\$1,000 are eligible for GAVI support.

Strategic Goal 1. Contribute to strengthening the capacity of the health system to deliver immunisation and other health services in a sustainable manner

GAVI recognised the importance of supporting health systems in Phase 1 and hence introduced Immunisation Services Support (ISS). Countries receiving ISS support are free to allocate the funds as they choose in order to improve their immunisation programmes. In July 2005 the GAVI Board decided to continue ISS support until 2015 and extend it to countries with coverage above 80% (which were ineligible in Phase 1).

The Board recognised this would however not be sufficient to achieve the objectives of increasing and sustaining coverage and therefore asked for development of the Health System Strengthening (HSS) funding window. These HSS funds will be made available to strengthen key health system functions with the aim of increasing coverage and then sustaining immunisation coverage at a high level. The first wave of country applications will be carefully monitored to test out the approach, the application and monitoring processes. Fine-tuning will be required as lessons are learned and new countries apply.

To ensure an overall increase in immunisation coverage, GAVI will increase efforts in fragile states and introduce special programmes for a number of large population countries with low coverage.

Most countries have already applied for Injection Safety Support (INS) support in Phase 1. Six remaining countries will apply up to 2010. The Alliance will continue to promote safe injection practices in eligible countries for which GAVI support has ended.

Strategic Goal 1. Contribute to strengthening the capacity of the health system to deliver immunisation and other health services in a sustainable manner					
		Objective	Indicator	Method of calculating indicator	Data source
1.1	Immunisation Services Support (ISS)	By 2010, 80% of GAVI eligible countries that have received ISS support will have either increased coverage or sustained coverage at a high level with assured quality vaccines	<ul style="list-style-type: none"> Proportion of countries that received ISS support and have increased or sustained DPT3³ and measles coverage at a high level 	Numerator: Number of countries that received ISS support and increased or sustained DPT3 and measles coverage Denominator: Number of countries that received ISS support	WHO/UNICEF Joint Reporting Form
1.2	Fragile states	By 2010, fragile states will have increased and sustained their coverage through additional and specifically targeted immunisation support ⁴	<ul style="list-style-type: none"> Strategy that defines GAVI's role in supporting immunisation efforts in fragile states Proportion of fragile states that have increased or sustained DPT3³ and measles coverage at national and district level 	TBD Numerator: Number of fragile states that increased or sustained high coverage for DPT3 and measles at national or sub-national level Denominator: Number of fragile states	TBD WHO/UNICEF Joint Reporting Form
1.3	Large population countries	By 2010, large population countries ⁵ with poor performance will have increased and sustained at high level their coverage through additional and specifically targeted immunisation support	<ul style="list-style-type: none"> Proportion of large population countries that increased or sustained DPT3³ and measles coverage at national and district level 	Numerator: Number of large countries that increased or sustained high coverage for DPT3 and measles at national or sub-national level Denominator: Number of large countries	WHO/UNICEF Joint Reporting Form, Special surveys: Mid Decade Assessment /Demographic Health Survey

³ In line with the GIVS Indicator: High level of coverage refers to 90% national vaccination coverage and 80% vaccination coverage in every district or equivalent administrative unit.

⁴ The criteria for defining the list of fragile countries is currently being developed by the UNICEF led Countries in Crisis Task Team. The interim list of countries as defined by the Task Team includes Afghanistan, Côte d'Ivoire, Dem. Rep. of Congo, Haiti, Liberia, Sudan, Somalia, Central African Republic and Congo Republic. States move in and out of crisis.

⁵ The birth cohort defines 'GAVI large population country' status: India, Nigeria, Pakistan, Ethiopia, Dem. Rep. of Congo, Indonesia and Bangladesh.

Strategic Goal 1. Contribute to strengthening the capacity of the health system to deliver immunisation and other health services in a sustainable manner (cont.)					
		Objective	Indicator	Method of calculating indicator	Data source
1.4	Health Systems Support (HSS)	<p>By 2010,</p> <ul style="list-style-type: none"> ▪ at least half of the GAVI countries will have applied for HSS support and will have been approved; ▪ the impact of HSS support in the approved GAVI countries will have been evaluated and lessons documented; ▪ all countries for which GAVI has provided HSS resources should have increased and sustained high coverage for DTP3 and measles for the relevant geographical area (at the national level where funds contribute to pooled arrangements, at sub-national level where resources are more targeted) 	<ul style="list-style-type: none"> ▪ Proportion of countries that have been approved for HSS support ▪ Proportion of countries that have improved on their health system process targets (defined at country level)⁶ ▪ Completion of lessons learned report ▪ Proportion of countries that have received HSS support and increased or sustained high coverage for DTP3³ and measles at national or sub-national level 	<p>Numerator: Number of countries that have been approved for HSS support Denominator: Number of GAVI eligible countries</p> <p>Numerator: Number of countries that have improved their health system process targets Denominator: Number of countries that have received HSS support</p> <p>Completed report available for circulation</p> <p>Numerator: Number of countries that increased or sustained high coverage for DTP3 and measles at national or sub-national level Denominator: Number of countries that have received HSS support</p>	<p>GAVI Secretariat</p> <p>GAVI Secretariat: Annual Progress Report, Evaluation Report</p> <p>GAVI Secretariat</p> <p>DPT3/ Measles Joint Reporting Form</p> <p>Special surveys: Multiple Indicator Cluster Surveys /Demographic Health Survey</p>

⁶ Currently being defined by the Health Systems Strengthening Task Team.

Strategic Goal 1. Contribute to strengthening the capacity of the health system to deliver immunisation and other health services in a sustainable manner (cont.)					
		Objective	Indicator	Method of calculating indicator	Data source
1.5	Injection Safety Support (INS)	<p>By 2010,</p> <ul style="list-style-type: none"> ▪ all vaccines supplied through GAVI funding will be bundled with safe injection supplies (Auto-Disable (AD) syringes and safety boxes); ▪ 90% of injection equipment will be segregated, treated and disposed according to safety policies 	<ul style="list-style-type: none"> ▪ Ratio of vaccine doses supplied to number of AD syringes supplied ▪ Average of injection equipment treated and disposed according to safety policies 	<p>Numerator: Number of vaccine doses supplied Denominator: Number of AD syringes supplied</p> <p>Numerator: Number of health care units safely handling sharp waste from injection activities Denominator: Number of health care settings considered in the study</p>	<p>UNICEF Supply Division GAVI Secretariat</p> <p>WHO and partners assessments</p>

Strategic Goal 2. Accelerate the uptake and use of underused and new vaccines and associated technologies and improve vaccine supply security

The first phase of GAVI was instrumental in accelerating the introduction of underused vaccines (especially Hepatitis B, Haemophilus influenzae b (Hib) and Yellow Fever (YF) vaccines) and enabling countries to provide these vaccines to children according to the country's needs. In the upcoming years, GAVI will need to be cognisant of the trade-offs between accelerating the introduction of new vaccines and technologies (and thereby contributing to achievement of the Millennium Development Goals (MDGs)) and the importance of ensuring that the introduction of these products is a consequence of informed national decision-making to meet health and development priorities that can be sustained once GAVI support ends. GAVI has a critical role to play at the global level in accelerating the processes by which new vaccines are approved and supplied at an affordable price to countries, yet at the same time ensuring industry an adequate return on their investment. At the national level, GAVI and its partners must continue to support countries and conduct the analyses required to make informed decisions about new vaccine and technology introduction. With the advent of new financing mechanisms such as the International Finance Facility for Immunisation (IFFIm) – and potentially Advance Market Commitments (AMCs)– GAVI's role to date as a time-limited catalytic funder may require further analysis, particularly in countries where the prospects for long-term financial sustainability are remote.

In support of the final phase of polio eradication, GAVI approved funding for the creation of a stock-pile of monovalent oral polio vaccine. Three additional investment cases for Measles campaigns, Maternal and Neonatal Tetanus campaigns and a Yellow Fever stockpile were also approved by the GAVI Alliance Board in July 2005. The Polio stock-pile as well as the Measles campaigns and Maternal and Neonatal Tetanus campaigns were IFFIm dependent investment cases.

To promote the catalytic and innovative aspect of GAVI and to accelerate the uptake of vaccine associated technologies, GAVI will conduct investment case reviews for immunisation related technologies and will fund the introduction of those technologies that are approved by the GAVI Boards.

Stronger effort will also be put on improving vaccine demand forecasts and the timing of vaccine delivery. To ensure a healthy vaccine market and a sufficient supply of reasonably priced vaccines by multiple manufacturers, the Alliance will put into place a supply strategy for all GAVI sponsored vaccines.

Strategic Goal 2. Accelerate the uptake and use of underused and new vaccines and associated technologies and improve vaccine supply security					
		Objective	Indicator	Method of calculating indicator	Data source
2.1	HepB and Yellow Fever vaccine introduction	By 2010, all remaining GAVI eligible countries will have introduced HepB ⁷ and Yellow Fever vaccines ⁸ where recommended	<ul style="list-style-type: none"> ▪ Proportion of GAVI eligible countries that have introduced HepB vaccines ▪ Proportion of GAVI eligible countries, where WHO recommends the introduction of the routine Yellow Fever vaccine⁸ having introduced it 	Numerator: GAVI eligible countries that have introduced HepB vaccine in the universal childhood vaccine schedule Denominator: Number of GAVI eligible countries Numerator: Number of countries that have fully or partially introduced routine Yellow Fever vaccination. Denominator: Number of GAVI eligible countries with WHO recommendation to routinely vaccinate against Yellow Fever (as listed in Annex 1)	WHO/UNICEF Joint Reporting Form WHO/UNICEF Joint Reporting Form
2.2	Hib vaccine introduction	By 2010, all remaining GAVI eligible countries will have made a decision (positive or negative) on Hib vaccine introduction within the period 2007 - 2010.	<ul style="list-style-type: none"> ▪ Proportion of GAVI eligible countries having taken a decision (positive or negative) with regards to the introduction of Hib 	Numerator: Number of GAVI eligible countries with a documented Inter-agency Coordinating Committee (ICC) decision on Hib vaccination introduction (positive or negative) Denominator: Number of GAVI eligible countries	GAVI Secretariat – Proposal Review

⁷ Hepatitis B vaccine: all GAVI eligible countries should introduce Hepatitis B vaccine in accordance with WHA resolution 45.17 (1992).

⁸ Yellow Fever vaccine: see Annex 1 for list of GAVI eligible countries recommended by WHO to introduce Yellow Fever vaccine in the routine EPI (Expanded Programme on Immunisation).

Strategic Goal 2. Accelerate the uptake and use of underused and new vaccines and associated technologies and improve vaccine supply security (cont.)					
		Objective	Indicator	Method of calculating indicator	Data source
2.3	Investment cases reviewed	By 2010, GAVI will have reviewed investment cases for all new vaccines that will be available for purchase by 2010 and that have potential significant impact on improving people's health in developing countries.	<ul style="list-style-type: none"> Proportion of available new vaccines with significant potential for improving health for which an investment case is reviewed. 	Numerator: Number of investment cases for available WHO pipeline vaccines Denominator: Number of WHO pipeline vaccines ⁹ available for purchase for use in developing countries by end of 2010.	GAVI Secretariat
2.4	Approved vaccines available to countries	By 2010, all vaccines approved by the GAVI Alliance Board for financial support will be available for introduction into countries within one year of GAVI Alliance Board approval.	<ul style="list-style-type: none"> Proportion of vaccines approved by the GAVI Alliance Board for financial support that are available for introduction to countries within one year of investment case approval. 	Numerator: Number of new vaccines approved for GAVI support and available for introduction within one year of approval Denominator: Number of new vaccines approved for GAVI support.	GAVI Secretariat

⁹ Pneumococcal, meningococcal A, Japanese encephalitis, rotavirus, human papilloma virus [HPV].

Strategic Goal 2. Accelerate the uptake and use of underused and new vaccines and associated technologies and improve vaccine supply security (cont.)					
	Objective	Indicator	Method of calculating indicator	Data source	
2.5	Building case for new vaccine introduction (international level)	<p>By 2010, international requirements for the introduction of vaccines approved by GAVI for funding will be met as follows:</p> <ul style="list-style-type: none"> ▪ Evidence-based global, regional, or national recommendation for use issued <p>▪ Vaccines approved for GAVI financial support will be pre-qualified by WHO for purchase within one year of GAVI approval</p>	<ul style="list-style-type: none"> ▪ Percent of vaccines approved for GAVI funding that have WHO recommendation for use ▪ Proportion of GAVI supported vaccine applications for prequalification for which reviews are completed within 12 months of submission. 	<p>Numerator: Number of GAVI approved vaccines with a WHO recommendation for use Denominator: Number of vaccines approved for GAVI funding X 100</p> <p>Numerator: Number of GAVI supported vaccines for which prequalification reviews are completed within 12 months Denominator: total number of vaccines approved for GAVI funding that are prequalified</p>	<p>GAVI/WHO data</p> <p>GAVI/WHO data</p>

Strategic Goal 2. Accelerate the uptake and use of underused and new vaccines and associated technologies and improve vaccine supply security (cont.)					
		Objective	Indicator	Method of calculating indicator	Data source
2.6	Building case for new vaccine introduction (national level)	By 2010, all eligible countries will have the evidence-base required to determine whether to introduce a vaccine offered by GAVI into their national programme.	<p>Percent of eligible countries that include estimates of the following in their application to GAVI:</p> <ul style="list-style-type: none"> ▪ Estimates of national/regional disease burden ▪ Relevant evidence of vaccine efficacy ▪ Evidence of vaccine safety when relevant ▪ Evidence of mechanism to monitor vaccine quality through prequalification or by national regulatory authority for vaccine under consideration ▪ Estimates of cost and plans for financing vaccines of their choice ▪ Surveillance systems in place to monitor health impact of vaccine 	<p>Numerator: Number of eligible country applications that have:</p> <ul style="list-style-type: none"> ▪ estimates of locally relevant disease burden, ▪ evidence of vaccine efficacy and safety ▪ estimates of costs and plans for financing ▪ a system in place to demonstrate vaccine impact <p>Denominator: Number of GAVI countries applications for new vaccines</p>	GAVI applications and Independent Review Committee reviews

Strategic Goal 2. Accelerate the uptake and use of underused and new vaccines and associated technologies and improve vaccine supply security (cont.)					
		Objective	Indicator	Method of calculating indicator	Data source
2.7	Underused and new vaccine coverage	Within 3 years of introduction, all countries will have the same coverage for underused and new vaccines as for current vaccines delivered at the same time.	<ul style="list-style-type: none"> Within 3 years of introduction, the proportion of GAVI eligible countries¹⁰ where the underused and new vaccine coverage equals coverage ($\pm 5\%$) of current vaccines delivered at the same time. 	Numerator: Number of GAVI eligible countries that have introduced underused and new vaccines where national coverage of the introduced vaccine differs no more than 5% from the coverage for the current vaccine delivered at the same time within 3 years of introduction Denominator: Number of GAVI eligible countries that have introduced a new vaccine	WHO/UNICEF Joint Reporting Form

¹⁰ Or districts for vaccines such as Yellow Fever which may be intended for introduction only in some regions.

Strategic Goal 2. Accelerate the uptake and use of underused and new vaccines and associated technologies and improve vaccine supply security (cont.)					
	Objective	Indicator	Method of calculating indicator	Data source	
2.8	Support to Measles, Maternal and Neonatal Tetanus (MNT), Polio and Yellow Fever (YF) control	<p>By 2008,</p> <ul style="list-style-type: none"> ▪ Measles and MNT immunisation campaigns will have been completed; ▪ the Polio stockpile will be established; ▪ the YF stockpile will be established and planned preventive YF campaigns will have been completed as per the investment case 	<ul style="list-style-type: none"> ▪ Proportion of targeted population reached in measles and MNT campaigns as described in the investment case ▪ Proportion of doses secured as finished product and bulk for each of the three types of monovalent Oral Polio Vaccine (mOPV) ▪ Proportion of population vaccinated through mass campaigns (preventive and outbreak response) using the stockpile over investment case target population 	<p>For each GAVI supported vaccine:</p> <ul style="list-style-type: none"> ▪ Numerator: Cumulative number of persons reached during the campaigns ▪ Denominator: Cumulative target population of the planned campaigns <p>Numerator: Number of doses of each mOPV type vaccine secured for the stockpile Denominator: Number of doses of each mOPV type vaccine indicated in investment case</p> <p>Numerator: Number of people vaccinated using the vaccine stockpile Denominator: Target population to be vaccinated as described in the investment case</p>	<p>WHO Department of Immunisation, Vaccines, Biologicals (IVB)</p> <p>WHO/Polio</p> <p>WHO/IVB and WHO/ Epidemic and Pandemic alert and Response (EPR)</p>

Strategic Goal 2. Accelerate the uptake and use of underused and new vaccines and associated technologies and improve vaccine supply security (cont.)					
		Objective	Indicator	Method of calculating indicator	Data source
2.9	Immunisation technologies assessed and introduced	<p>By 2010, GAVI will have</p> <ul style="list-style-type: none"> ▪ conducted two review sessions where investment cases for immunisation related technologies will have been assessed for GAVI support; ▪ funded plans in place to support the introduction of approved technologies (if any) 	<ul style="list-style-type: none"> ▪ Number of review sessions for immunisation related technologies completed by 2010 ▪ Percent of GAVI approved technologies for which a funded plan for introduction exists 	<p>Number of technology investment case review sessions conducted by 2010</p> <p>Nominator: Number of GAVI approved technologies for which a funded plan for introduction exists Denominator: Number of GAVI approved technologies X 100</p>	<p>GAVI Secretariat</p> <p>GAVI Secretariat</p>
2.10	Vaccine demand forecast	By 2010, the reliability and timeliness of vaccine demand forecasts for GAVI supported vaccines will have been improved from 2007 baseline	<ul style="list-style-type: none"> ▪ Forecasted vaccine quantities, by type of vaccine and by year, requested by countries 	<p>Numerator: Number of doses requested as per shipment plans per year Denominator: Number of doses forecasted</p>	UNICEF Supply Division Procurement Reference Group (PRG) WHO
2.11	Improved vaccine delivery timing	By 2010, the timing of vaccine delivery for GAVI supported vaccines will have improved from 2007 baseline	<ul style="list-style-type: none"> ▪ Percent of on time vaccine deliveries as per shipment plans 	<p>Numerator: Number of deliveries on time, as per shipment plans Denominator: Total deliveries</p>	UNICEF Supply Division

Strategic Goal 2. Accelerate the uptake and use of underused and new vaccines and associated technologies and improve vaccine supply security (cont.)					
		Objective	Indicator	Method of calculating indicator	Data source
2.12	Healthy vaccine market	Within one year of approval for support for introduction, a supply strategy will be put in place for all GAVI sponsored vaccines to ensure a healthy market is developed that results in sufficient supply of reasonably priced vaccine provided by multiple manufacturers	<ul style="list-style-type: none"> ▪ Annual proportion of vaccine doses for each product provided by GAVI compared to number vaccine doses of each product requested by countries ▪ Weighted average price/dose evolution for each GAVI vaccine and year ▪ Suppliers for WHO pre-qualified vaccines (for GAVI approved vaccines) 	<p>Numerator: doses supplied or available to countries Denominator: Doses approved</p> <p>Weighted average price</p> <p>Number of suppliers for WHO pre-qualified vaccines</p>	<p>UNICEF Supply Division GAVI Secretariat</p> <p>UNICEF Supply Division</p> <p>WHO</p>

Strategic Goal 3. Increase the predictability and sustainability of long-term financing for national immunisation programmes

During Phase 1, GAVI learned that when countries are offered free vaccines for five years, this has not always proven to encourage the sense of ownership and sustainability. Therefore initial country uptake is not necessarily an accurate measure of the long-term commitment required for programme sustainability. In the upcoming years, the introduction of underused and new vaccines will require initial contributions from both the international community as well as countries. GAVI will need to take into consideration that co-financing for the poorest countries will prove particularly challenging.

At the international level the thrust of the efforts of the GAVI Alliance from 2007 to 2010 is two fold. First, to ensure that traditional donor support, both public and private, continues to increase. Second, new, innovative and flexible instruments are developed to provide long-term predictable financing - the development of International Finance Facility for Immunization (IFFIm) being a prime example. To help ensure better and more predictable aid, GAVI will continue to explore additional and innovative financing instruments such as International Development Association (IDA) buy downs, multilateral and bilateral debt relief initiatives or Advanced Market Commitments (AMCs).

Strategic Goal 3. Increase the predictability and sustainability of long-term financing for national immunisation programmes					
	Objective	Indicator	Method of calculating indicator	Data source	
3.1	Financial sustainability at country level	By 2010, the financial sustainability at country level will be improved through increased and more predictable funding for vaccines and national immunisation programmes and through integration of immunisation support within national planning and budgeting systems	<ul style="list-style-type: none"> ▪ Increased resources available at the national level that are allocated to health ▪ Increased number of countries with budgetary line item for vaccines ▪ Within the national health budget, additional allocation towards vaccine and immunisation programmes ▪ Increased number of countries funding their basic vaccines (non GAVI supported vaccines) ▪ Proportion of countries successfully paying the subsidised price 	<p>Government Health Expenditures as % of GDP of all GAVI countries in 2010 against 2005 baseline</p> <p>Number of countries with budgetary line item for vaccines in 2010. Baseline 2004.</p> <p>Average amount of non-GAVI US\$ funds for vaccines in 2010 against 2005 baseline</p> <p>Numerator: Number of countries having paid their basic vaccines through their national budget Denominator: number of GAVI supported countries</p> <p>Numerator: Number of countries having paid at least 85% of their agreed co-payments Denominator: Number of countries that have entered into an agreement to co-finance</p>	<p>WHO National Health Accounts</p> <p>WHO/UNICEF Joint Report</p> <p>GAVI Annual Progress Reports</p> <p>GAVI Secretariat</p> <p>GAVI Secretariat</p>

Strategic Goal 3. Increase the predictability and sustainability of long-term financing for national immunisation programmes (cont.)					
		Objective	Indicator	Method of calculating indicator	Data source
3.2	Innovative financing mechanisms	By 2010, funding through additional global commitments to immunisation that are predictable, efficient and sustainable will be secured through innovative financing mechanisms	<ul style="list-style-type: none"> ▪ Number of new financing mechanisms (e.g. IDA buy downs, AMCs and debt relief) 	Number of new financing mechanisms	GAVI Secretariat
			<ul style="list-style-type: none"> ▪ Number of countries eligible to debt relief initiatives and using it for immunisation financing 	Numerator: eligible countries using Heavily Indebted Poor Countries/Multilateral Debt Relief Initiative (HIPC/MDRI) immunisation financing Denominator: number of HIPC and MDRI countries	World Bank WHO
			<ul style="list-style-type: none"> ▪ Increased funding for immunisation at global and/or national level through innovative financing mechanisms 	Amount of US\$ funds committed from relevant sources by 2010	GAVI Secretariat
3.3	Traditional government and private fundraising at global level	By 2010, US\$400 million will be raised annually through traditional government and private funding channels (excluding IFFIm)	<ul style="list-style-type: none"> ▪ Amount of funds raised against annual target 	Total amount of US\$ funds raised per year	GAVI Secretariat
3.4	International Finance Facility for Immunisation (IFFIm)	By 2010, US\$4 billion will have been secured through IFFIm, to be disbursed, as needed, over a 10-year period.	<ul style="list-style-type: none"> ▪ Full funding of US\$4 billion 	Total amount of US\$ funds raised by 2010	GAVI Secretariat
			<ul style="list-style-type: none"> ▪ IFFIm successfully implemented 	Amount of US\$ funds disbursed by 2010	GAVI Secretariat

Strategic Goal 4. Increase and assess the added value of GAVI as a public private global health partnership through improved efficiency, increased advocacy and continued innovation

With goals as challenging as GAVI's, a large number of stakeholders must closely cooperate in order for GAVI to achieve its objectives in a timely fashion. Through constant, open and transparent dialogue, the partners in the Alliance believe that they can accelerate the pace of progress towards achieving the Millennium Development Goals (MDGs), be more innovative in their dealings with the challenges that are faced, and be greater advocates for immunisation as a cost-effective tool for health and economic development, than if the partners were to work alone. Through adherence to the 'High Level Forum Best Practices' the GAVI Alliance is committed to advancing increased collaborative efforts both at global and country level.

Recognising the critical role of civil society organisations (CSOs) in the health sector, the Alliance will ensure that CSOs become a strong GAVI partner at global, regional and local level. A Task Team has been created to identify specific areas of partnership between civil society and GAVI.

<i>Strategic Goal 4. Increase and assess the added value of GAVI as a public private global health partnership through improved efficiency, increased advocacy and continued innovation</i>					
		Objective	Indicator	Method for calculating indicator	Data source
4.1	Management efficiency	By 2010, GAVI's management system will continue to operate as an outcome-oriented system that is based on transparency and accountability	<ul style="list-style-type: none"> ▪ Ratio between overheads and disbursements to countries 	Numerator: GAVI overheads (GAVI operating costs) Denominator: Disbursements to countries and to work plan activities	GAVI Secretariat
			<ul style="list-style-type: none"> ▪ GAVI consolidated financial management system 	Consolidated financial management system in place and being implemented	GAVI Secretariat
			<ul style="list-style-type: none"> ▪ GAVI procurement system 	Procurement system in place and being implemented	GAVI Secretariat

Strategic Goal 4. Increase and assess the added value of GAVI as a public private global health partnership through improved efficiency, increased advocacy and continued innovation (cont.)					
		Objective	Indicator	Method for calculating indicator	Data source
4.2	Harmonise to ensure efficiency	By 2010, GAVI will have contributed to the development of the OECD/DAC indicators and will be implementing the 'High Level Forum (HLF) Best Practice Principles'	<ul style="list-style-type: none"> ▪ OECD/DAC indicators for each of the five HLF principles¹¹ 	TBD	TBD
4.3	Advocacy	By 2010, the importance of immunisation will have increased at global and country level	<ul style="list-style-type: none"> ▪ Increased positive GAVI-related, global press coverage ▪ Number of immunisation focused events organised ▪ Additional process indicators TBD¹² 	Yearly Media Analysis Report Number of government sanctioned events	GAVI Secretariat GAVI Secretariat GAVI partners

¹¹ OECD/DAC is currently developing indicators

¹² The Global Advocacy Group (GAG) to provide additional process indicators.

Strategic Goal 4. Increase and assess the added value of GAVI as a public private global health partnership through improved efficiency, increased advocacy and continued innovation (cont.)					
		Objective	Indicator	Method for calculating indicator	Data source
4.4	Innovation and operational research	By 2010, GAVI will continue to demonstrate innovation in the way that it: <ul style="list-style-type: none"> ▪ operates as an Alliance; ▪ works with civil society organisations; ▪ provides support to countries 	<ul style="list-style-type: none"> ▪ All GAVI governance structures and consultative groups have wide representation of GAVI partners 	Number of partner representatives in the governance structures and consultative groups	GAVI Secretariat
			<ul style="list-style-type: none"> ▪ Effectiveness of governance structures 	Number of <ul style="list-style-type: none"> ▪ affirmative decisions taken ▪ clarifications requested ▪ issues un-addressed during Board and EC discussion 	GAVI Secretariat
			<ul style="list-style-type: none"> ▪ Effectiveness of consultative groups 	Timely implementation of Terms of Reference	GAVI Secretariat
			<ul style="list-style-type: none"> ▪ Civil society organisations are involved in GAVI activities at global, regional and country level 	TBD ¹³	GAVI Secretariat
			<ul style="list-style-type: none"> ▪ New and innovative mechanisms to support countries 	Number of approved new and innovative mechanisms to support countries	GAVI Secretariat
			<ul style="list-style-type: none"> ▪ Operational and intervention research projects supported 	Number of approved operational and intervention research projects supported	GAVI Secretariat

¹³ Following the Civil Society Task Team proposal to the GAVI Alliance Board.
GAVI Secretariat, 6 June 2006

PART C: GAVI Alliance Work Plan (2007-10)

Annual Rolling Work Plan (with Activities and Budgets)

In order to meet GAVI Strategic Goals and Objectives, activities will need to be detailed on an annual basis (2007-2010) with corresponding sub-activities, budget lines and responsibilities. The rolling work plan will include a Monitoring and Evaluation scheme as well as a risk analysis scenario with possible risks and constraints that may affect delivery of each Strategic Goal and Objective. They may include: delays in vaccine availability, rising vaccine prices, level of political will to reach Millennium Development Goals (MDGs), global epidemics (e.g. avian flu) and as a consequence lower unexpected funding levels, low performing large population countries, accountability of funds at country level, etc.

Basic Draft Template (to be expanded)

Strategic Goal	Objective	Activities	Yearly budget (US\$, million)					Total Budget (US\$, million)	Responsibility	Risk Analysis
			06	07	08	09	10			
Strategic Goal 1	Objective 1.1									
Strategic Goal 2	Objective 2.1									
	Objective 2.2									

ANNEX 1:**Strategic Goal 2: Accelerate the uptake and use of underused and new vaccines and associated technologies and improve vaccine supply security (page 13)****Objective 2.1: HepB and Yellow Fever introduction**

The following GAVI eligible countries in Africa and South America are at risk for YF epidemics, and should introduce routine YF vaccination if they have not already done so¹⁴:

Africa			South America
Angola	Ethiopia	Mauritania	Bolivia
Benin	Gambia	Niger	Guyana
Burkina Faso	Ghana	Nigeria	
Cameroon	Guinea	Sao Tomé & Príncipe	
Central African Rep.	Guinea-Bissau	Senegal	
Chad	Kenya	Sierra Leone	
Congo	Liberia	Sudan	
Côte d'Ivoire	Mali	Togo	
Dem. Rep. of Congo,		Uganda	

The following GAVI eligible countries have never reported a case of YF and are considered at low risk of the disease: Burundi, Eritrea, Rwanda, Tanzania and Somalia. At present, WHO does not recommend the introduction of YF into routine EPI in these countries.

¹⁴ Source: WHO

GAVI Alliance Strategy (2007-10)

Acronym List

AD syringes:	Auto disable syringes
AMCs:	Advanced Market Commitments
CSOs:	Civil Society Organisations
EPR:	Epidemic and Pandemic Alert and Response
GHPs:	Global Health Partnerships
GIVS:	Global Immunisation Vision and Strategy
HLF:	High Level Forum
HSS:	Health System Strengthening
IDA:	International Development Association
IFFIm:	International Finance Facility for Immunisation
INS:	Injection Safety Support
ISS:	Immunisation Services Support
IVB:	WHO Department of Immunisation, Vaccines, Biologicals
MDGs:	Millennium Development Goals
MNT:	Maternal and Neonatal Tetanus
mOPV:	monovalent Oral Polio Vaccine
OECD/DAC	Organisation for Economic Co-operation and Development/Development Assistance Committee
PRG:	Procurement Reference Group
WB:	The World Bank