

Gavi's 5.0 strategy – 2021-2025: Save the Children's recommendations

Every child has the right to immunisation as part of their right to health. However, for nearly 20 million this right is not being fulfilled. Global immunisation coverage has continued to stall at 85% and coverage across countries eligible for Gavi support has only increased one percentage point between 2015 and 2017. Our projections show that if national progress in these countries continues as per historic trends, nearly half of the countries will not reach 90% coverage by 2020, and still around a third of them by 2030. Inequalities in coverage across and within countries mean that children from the poorest families, the most remote areas and marginalised groups continue to be left behind. Universal coverage of life-saving vaccinations is critical for – and can help drive progress on – Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs).

Gavi's current 2016-2020 strategy was a welcome shift with a stronger focus on equity, towards the goal of ensuring that all children are reached with life-saving vaccination. In their next strategic period, Gavi – working closely with Alliance partners and countries – must take this further with equitable coverage and sustainability at the core. Sustainable transition is the essence and key measure of success of the Gavi model. Their support should be catalytic and time limited, supporting countries to make immunisation gains, while preparing them to carry that progress forward as they transition away from that support. This requires a focus on key areas that are critical to building programmatic and financial sustainability, as well as ensuring an enabling environment for this to happen.

For this to happen, Save the Children recommends that Gavi's 2021-2025 strategy prioritise: (1) strengthening primary healthcare systems, including through increased domestic investment, (2) a sharper focus on reaching the most deprived and marginalised, (3) transition preparedness and capacity support, (4) market shaping to ensure more affordable vaccines in the long-term, and (5) meaningful civil society engagement with independent support.

STRENGTHENING PRIMARY HEALTHCARE SYSTEMS

Improve support to countries to strengthen primary healthcare systems that are in reach of all children, including through increased domestic financing, as a first step towards UHC and achieving SDG3.

Gavi, like other global health initiatives, has a responsibility to make sure it leaves a stronger health system in the countries it supports, supporting countries' progress towards achieving UHC and SDG3. They must show how they are delivering on this through their next strategy and in delivering on commitments made through the Global Action Plan for Healthy Lives and Well-being for All. This includes improving financial, technical and capacity support to countries to strengthen primary healthcare systems, which can equitably and sustainably deliver immunisation and other essential health services. This is critically important for countries to successfully transition from Gavi support. This will require increased investment for health system strengthening support beyond current levels of cash-based support. It will also require a shift in approach that measures health system improvements, not just purely immunisation outcomes, and reflects the longer-term nature of such efforts to achieve results. They should also improve coordination with other global health funds and donors to support (not undermine) national health system strengthening efforts and priorities, towards UHC.

As part of national health system strengthening efforts, Gavi's next strategy should have an increased focus on supporting countries to increase domestic resources for health, which is essential for delivering more equitable and sustainable immunisation coverage. This is a critical long-term solution. Improved financing is needed to strengthen health systems that can deliver routine immunisation and other primary healthcare services in reach of all children, as part of building UHC. This is particularly relevant as countries transition from Gavi support.

While Gavi has typically focused on fiscal space for vaccines – through their co-financing approach – this does not go far enough to ensure the increase in domestic investment in immunisation and health systems needed to see progress and sustain results. For example, despite all countries meeting their Gavi co-financing requirements, government spending made up less than 50% of the routine immunisation budget in five out of nine current accelerated transition countries in 2017. The approach in Gavi’s next strategy must evolve towards a focus on increasing fiscal space for vaccination and health overall, working with partners to support this, including through the sustainable finance accelerator of the Global Action Plan for healthy lives and well-being for All. While Gavi and other external funding is important, it should be catalysing public domestic investment. Governments must increase public spending on health to at least 5% of gross domestic product (GDP) to provide comprehensive primary healthcare services, including immunisation.

REACHING THE MOST DEPRIVED AND MARGINALISED

Sharpen the focus on reaching the most deprived and marginalised children, including children affected by conflict.

Despite equity being the overarching objective of Gavi’s current strategy, disparities in immunisation coverage persist. Just over half of Gavi-supported countries with available disaggregated data (29 out of 55 of them) show poor performance in terms of equity.¹ Three of the nine countries currently in accelerated transition from Gavi have high inequalities in coverage (India, Lao PDR and Nigeria). A further two fall into this category when looking at those countries set to enter into accelerated transition by 2020 (Côte d’Ivoire and Sudan). While many countries are making progress in closing the equity gap, which is certainly promising, there is an urgent need for action to accelerate progress for others. This must be for all vaccines – both the long-standing vaccines and newer vaccines like PCV – with universal coverage as the measure of success.

Gavi’s next strategy must continue to focus on improving support to countries to address inequalities in coverage. This includes increasing efforts to improve financial, technical and capacity support to countries to strengthen primary healthcare systems that are in reach of all children and that can deliver equitable access to immunisation. There must also be a stronger focus on galvanising the political will needed to do this. Working with partners, particularly civil society, will be critical. New and innovative approaches to improving equity should also be explored, with strong accountability for all technical assistance provided to countries to address inequalities.

More must be done through Gavi’s next strategy to support immunisation in fragile and humanitarian contexts, moving forward with their Fragility, Emergency, Refugees Policy to really drive progress in this area. This will require strong collaboration with partners, including critically civil society, leveraging their experience, expertise and reach in delivering immunisation in these contexts.

ENSURING SUSTAINABLE TRANSITION

Support countries to build the capacity needed to prepare them for successful transition and to strengthen and deliver on comprehensive transition plans.

Gavi’s next strategy must have sustainability and transition preparedness at its core. The next strategy must continue to increase efforts to ensure countries have and are supported to deliver on comprehensive transition assessments and plans. However, transition considerations should be factored in for all countries from the outset, not just as they approach transition phases. All Gavi support should be delivered with an eye to transition and building up the key components and capacity needed to ensure countries transition successfully. Gavi must also re-examine components and measures of transition preparedness, ensuring they comprehensively assess

readiness and future sustainability. Using solely GNI is not sufficient to determine if a country should transition, rather a more nuanced approach² is needed with support tailored accordingly.

There must be a concerted effort during the next strategic period to ensure that Gavi and partners are playing a ‘capacity building’ role – and not merely ‘gap filling’ – building the capacity of countries to prepare them for successful transition. In addition to improving financial, technical and capacity support to countries to strengthen health systems that can sustainably deliver immunisation following transition, other transition areas must also be addressed. This includes increasing technical and capacity support to countries (as relevant) to help build procurement and price negotiating capacity – otherwise, the fact that Gavi and Alliance partners have taken on this important role for countries could end up being a disservice once countries transition. Working with partners, Gavi should also look at how it can offer its expertise and experience to support countries to explore options for pooled procurement once they transition from Gavi support, including connecting them to potential support through the UNICEF Supply Division. Gavi should continue to work closely with the wider Alliance on this and in collaboration with other relevant partners and initiatives (e.g. WHO’s middle income country work and the proposed African middle-income country Action Plan).

IMPROVING VACCINE AFFORDABILITY

Play a stronger role in shaping the vaccines markets, using its extensive market-shaping expertise and influence so that prices are affordable in the long term for all countries.

High vaccine prices remain a barrier to achieving universal immunisation coverage and the high cost of vaccines continues to be raised as a problem by governments and development partners.³ Affordability must improve for countries to be able to improve coverage and equity, and to sustain and grow their immunisation programmes (including introducing new vaccines) following transition from Gavi support. The price of more expensive vaccines like PCV is, of course, particularly worrying. Despite negotiating important price reductions compared with high-income country prices, PCV remains the most expensive vaccine in Gavi’s portfolio, consuming over a third of the total vaccine package cost for Gavi-eligible countries. As countries transition from Gavi support, they face the double burden of increasing vaccine prices, in addition to having to fully self-fund.⁴ These countries may also lack the skills to negotiate better prices and the market information to negotiate on a level playing field.⁵

Much more needs to be done to ensure that vaccines are affordable for countries. Gavi’s next strategy must include an enhanced and more comprehensive market-shaping role that goes beyond just focusing on vaccine supply security. Gavi and Alliance partners – occupying a substantive space in the vaccines market – must play a stronger role in shaping the vaccines markets overall, using their extensive market-shaping expertise, leverage and purchasing power so that prices are affordable in the long term for all countries, including middle-income countries that have transitioned from Gavi support or those that have never been eligible. Market-shaping mechanisms (like a revised AMC model⁶) should also be integrated into longer term Gavi strategy, but it must be done with a clear mandate and accountable objectives around spurring innovation and the entry of new suppliers into the market, as well as ensuring equitable pricing considerations in the long term.

ENSURING MEANINGFUL CIVIL SOCIETY ENGAGEMENT

Ensure and help foster meaningful civil society engagement in immunisation and Gavi planning and processes, including through independent support to civil society to deliver on this.

Civil society is a critical constituency in the Gavi Alliance. Not only do we represent the ultimate beneficiaries of Gavi support, but civil society organisations play a critical role in ensuring that all children have access to immunisation services, as part of their right to health. We support governments to strengthen immunisation and health systems, galvanise political will, advocate on behalf of and raise the voice of communities, hold governments and international organisations to account, provide technical expertise, foster demand for services, and support delivery in the most remote and marginalised areas, as well as in fragile states and humanitarian emergencies. Yet, despite this critical role and sheer size of the constituency, civil society is poorly represented on the Gavi Board and is insufficiently supported to deliver on its mandate.

Gavi must acknowledge and respect the valuable and essential role of civil society and for the contribution we make towards achieving the Alliance's goals, applying the same standards and expectations they do to other Alliance partners. This includes providing independent support for national CSOs, rather than requiring funding to go through governments. It is also crucial that support for CSOs (including the management of national CSO engagement) not sit within Gavi structures, as civil society must remain independent, just the same as all other Alliance partners. Through Gavi's next strategy and in support of the Global Action Plan for Healthy Lives and Well-being for All, Gavi should better support national civil society, ensuring this is done in a coordinated manner, rather than creating fragmentation.

There must also be meaningful civil society participation in immunisation planning and processes. Gavi has a critical role to play a role in facilitating this through their engagement in national processes and their influence with national governments and stakeholders.

¹ Based on a more than 10 percentage point gap in DTP3/Penta3 coverage between children from the poorest and wealthiest households. Inequalities estimates are calculated by aligning the most recent Demographic and Health Survey/Multiple Indicator Cluster Survey data (no older than 2010) to the most recent trends of national rates from WUENIC estimates (WHO/UNICEF Estimates of National Immunization Coverage), by applying the ratio between estimated national averages from household surveys and national rates from WUENIC to the group inequalities, keeping relative inequalities constant, to give an indication of what more recent inequalities likely look like.

² E.g. taking into consideration public health indicators, such as low immunisation coverage, large numbers of unimmunised children, high inequalities in coverage, weak capacity of immunisation and health systems, and the burden of vaccine-preventable diseases in the country.

³ At the 67th World Health Assembly (WHA) in 2014, many countries requested greater price transparency, information on cost of production, support for improving negotiation capacity and access to lower prices. Vaccine affordability has also been raised by ministers of health at subsequent WHAs and at the Ministerial Conference on Immunisation in Africa in 2016. This was also a key finding from consultations conducted by the WHO MIC Task Force (See: http://who.int/immunization/programmes_systems/procurement/v3p/platform/database/en/).

⁴ While Gavi prices for PCV have been secured for countries for ten years following transition, this locks in a price that is still very much unaffordable for many middle-income countries. The duration for other vaccines varies depending on commitment terms, ranging from one year to ten years. Some lower-middle-income countries not eligible for Gavi support report paying \$37–66 for a full course of PCV – nearly four times higher than the Gavi price.

⁵ WHO, V3P: Global Fact Sheet, Working Document. WHO, 2017.

⁶ While the AMC has and had successes in terms of increased vaccine rollouts and reduced prices for Gavi, PCV remains the most expensive vaccine in Gavi's portfolio and for non-Gavi countries prices are significantly higher. The AMC has not been successful at spurring innovation as it has only been used to purchase PCV from two manufacturers (GSK and Pfizer), both of whom already had their product on the market.