Gavi
The Vaccine Alliance

ANNUAL PROGRESS REPORT

Year 5
of our five-year strategy

Gavi
The Vaccine Alliance

TOGETHER WE HAVE ACHIEVED, 2000–2020

>888 million children vaccinated through routine programmes

>1.19 billion vaccinations through vaccination campaigns

>15 million future deaths prevented through Gavi-supported vaccines

~700 million future disability-adjusted life years (DALYs) averted DALYs measure the number of years lost due to disability or premature death

521[a] vaccine introductions and campaigns

a – of Gavi-supported vaccines against 17 infectious diseases in the Gavi 1.0 and 2.0 strategic periods, introductions were completed for hepB mono and Tetra-DTP-hepB that are not counted here.

EXCEEDING OUR TARGETS, 2016–2020

324 million children vaccinated through routine programmes, exceeding our target of 300 million

8% reduction in child mortality rate from 2015 to 2019, exceeding our target of 6%

6.9 million future deaths prevented exceeding our target of 5–6 million

325 million future DALYs averted exceeding our target of 250 million

100% of vaccine programmes sustained after our financial support ends

See page 5 for our latest results.

Thanks to our work as an Alliance, we are reaching more children with a wider range of vaccines than ever before.

Henrietta Fore Executive Director of UNICEF

Gavi has played a critical role in providing life-saving tools to millions of children around the world.

Dr Tedros Adhanom Ghebreyesus Director-General of the World Health Organization

INSIDE THIS REPORT

LEARNING FROM 2020, RENEWING HOPE FOR 2021

Reflections on 2020 from Dr Seth Berkley, CEO of Gavi, the Vaccine Alliance

For Gavi, the Vaccine Alliance – a public-private partnership bringing together implementing and financing countries, the World Health Organization (WHO), UNICEF, the World Bank, industry, civil society and others – this year began with an important anniversary marking 20 years of keeping people healthy since our launch at the World Economic Forum in January 2000. For us, this was an opportunity to celebrate our incredible achievements during that time, reducing vaccine-preventable child deaths by 70%, contributing to an almost 50% reduction in under-five child mortality and now protecting nearly half the world's children with life-saving vaccines. Yet, little did we know that just a few weeks later, the spread of the novel coronavirus would change the course of global health forever.

By April, the Alliance would find itself at the centre of the international response, coordinating COVAX with the Coalition for Epidemic Preparedness Innovations (CEPI), WHO and UNICEF. Involving more than 190 economies, representing around 90% of the global population, COVAX is an unprecedented example of global solidarity. Born out of necessity, it is a global solution to a global pandemic, with the singular goal of ensuring rapid, fair and equitable access to COVID-19 vaccines for people all across the world, regardless of their ability to pay.

2020 COVAX timeline

21–24 January 2020
Coalition for Epidemic Preparedness Innovations (CEPI) and Gavi lay the foundation for COVAX at the World Economic Forum Annual Meeting

11 March 2020
World Health Organization (WHO) characterises COVID-19 as a pandemic

24 April 2020
Gavi and COVAX join the Access to COVID-19 Tools (ACT) Accelerator

4 May 2020
Coronavirus Global Response pledging event

4 June 2020
Gavi COVAX Advance Market Commitment (AMC) launched at Global Vaccine Summit 2020

30 October 2020
Civil society representatives appointed to key COVAX working groups

18 December 2020
COVAX welcomes its 190th participating economy

And so, just over 20 years after it was created in a small basement room of a UNICEF building in Geneva, in 2020 Gavi found itself giving birth to a new alliance, the COVAX Facility. Establishing, coordinating and administering this new effort hasn't been without its challenges, especially in terms of additional workload and pressure on Gavi Secretariat and partner staff. We've had to find new ways of working together to maintain, restore and strengthen immunisation in the context of COVID-19, and to coordinate even closer with our Alliance partners across the world – from civil society, government, multilateral institutions and the private sector – in the absence of the frequent travel upon which most global health organisations are dependent.

At the same time, this pandemic has had a palpable impact on our core work of expanding access to new and underused vaccines. In 2020, out of 68 Gavi-supported vaccine introductions and campaigns projected, 47 have been delayed or are still at risk of delay due to COVID-19 disruptions. In May 2020, analysis by Gavi, along with WHO and UNICEF, revealed that disruptions to routine immunisation services had put 80 million children under age one at risk of contracting vaccine-preventable diseases.

For this reason, an essential part of Gavi's work this year has been to provide vital support to countries to keep their routine immunisation services running. Despite the chaos and challenges brought on by COVID-19, we have also made significant progress in a number of areas in the fight against other vaccine-preventable diseases. In August, after four years without a case, the African Region was certified free of wild poliovirus. In November, the eleventh outbreak of Ebola virus disease in the Democratic Republic of the Congo (DRC) was declared over; more than 40,000 people were vaccinated, with support from Gavi, over the course of the outbreak.

As the year progressed, there were promising signs of some restoring of previous immunisation coverage levels – thanks to unprecedented collaboration between Vaccine Alliance partners like WHO and UNICEF, governments, civil society and health workers. But there remains an urgent need to catch up on children missed before and during the pandemic – including the 10.6 million "zero-dose" children in Gavi-supported countries who, even before the pandemic took hold, had not yet been reached with even a single dose of basic vaccines.

All this critical work doesn't happen without funding, and it just so happened that COVID-19 struck during a replenishment year for Gavi. So amid all the tumult of the COVID-19 pandemic, in June the UK Government hosted Gavi's third donor pledging conference, the Global Vaccine Summit 2020. After the pandemic changed the original plan of hosting this in London, within just a few short weeks it was transformed into a unique virtual event that was attended by 42 heads of state, including all 7 of the G7, and viewed online by more than 180,000 people. Donors pledged more than US$ 8.8 billion to achieve Gavi's ambitious goals of immunising a further 300 million children during our next strategic period (2021–2025), to prevent up to 8 million future deaths. And private sector partners pledged more than US$ 70 million in contributions to strengthen Gavi programmes.

International recognition 2020

Gavi, the Vaccine Alliance

Princess of Asturias Award for International Cooperation 2020

Government of the Netherlands 2020 scorecard: good (highest category)

2020 Aid Transparency Index score: very good (highest category)

2020 report: High scorer

Gavi Secretariat

Gender EQUAL-SALARY certification: third consecutive year

Along the way, the great work that we are doing did not go without recognition, as the Vaccine Alliance received the prestigious Princess of Asturias Award for International Cooperation 2020, the highest score from the 2020 Aid Transparency Index and a gender-equal salary certification for the Gavi Secretariat for the third consecutive year. With a refreshed gender policy approved by our Board in June, a major focus of 2021 will be on elevating transformative approaches, addressing gender-related barriers to immunisation and responding to growing gender inequalities resulting from the pandemic.

Now, as we enter a new year, I wish I could say that 2021 will be easier. But with the roll-out of COVID-19 vaccines, we face the extremely challenging task of deployment to ensure that high-risk people in all countries are protected so we can end the crisis. We are talking about the single largest and most rapid global deployment of vaccines the world has ever seen. Not only does that mean continuing to work with manufacturers to secure more doses, but also with countries to ensure they are ready to deliver and distribute them.

In addition to this work, in 2021 Gavi will be looking for new ways to reach zero-dose children, as well as migrants and people in emergency settings; to prevent measles resurgence; to fight polio by introducing a second dose of inactivated polio vaccine (IPV); and to address the compound challenges of misinformation and vaccine hesitancy that have not only impacted routine immunisation, but also threaten the success of COVID-19 vaccine roll-out. That we can face such opposition and hesitancy to vaccines, at a time when we need them like never before, only emphasises the need to build bridges. Because it is only through listening and meaningful engagement that we can hope to address the genuine health concerns people may have, through scientific and evidence-based facts from reliable sources about the critical life-saving role that immunisation plays, and by elevating the expertise of the health worker heroes who are striving every day to keep the world healthy and safe.

It is them – the scientists, the health workers and all those who support them – to whom we raise our glasses as 2020 comes to a close. And to the success of COVAX, which will enable us to see each other once again in a healthier, more equitable, more prosperous world – one world, protected.

Excerpt adapted from an article first published on #VaccinesWork:
gavi.org/vaccineswork/learning-2020-renewing-hope-2021

Gavi 5.0 begins with new Board Chair Barroso and gratitude to Dr Ngozi

New Gavi Board Chair
José Manuel Barroso

As Gavi embarks on its next five-year strategic period, Gavi 5.0, beginning in January 2021, I am delighted to extend a warm welcome to our new Board Chair, José Manuel Barroso. His experience, commitment and hands-on approach to international cooperation will be immensely useful as we strive to enhance vaccine equity and truly leave no one behind, as well as take on new challenges as a partner in the global response to COVID-19.

I also want to acknowledge the tremendous contribution to Gavi of our former Board Chair, Dr Ngozi Okonjo-Iweala, whose term came to an end in December 2020. Dr Ngozi's brilliance, dynamism and political nous have been invaluable assets over the past five years, and it has been an honour to have worked so closely with her. We look forward to continuing to draw on her leadership and vision for immunisation in her new role as Director-General of the World Trade Organization (WTO), particularly in the discussion on growing a vaccine manufacturing base in emerging economies.

Former Gavi Board Chair
Dr Ngozi Okonjo-Iweala

With these two leaders as our champions, the Vaccine Alliance is in good hands as we work together to end a pandemic while pursuing our mission 2025: to save lives and protect people's health by increasing equitable and sustainable use of vaccines.

Dr Ngozi Okonjo-Iweala visits the Self Employed Women's Association (SEWA) in India: Gavi/2019

Senegal, September 2020.
Gavi/2020/Maya Hautefeuille

MISSION AND STRATEGIC GOALS

The Vaccine Alliance's mission is:

to save children's lives and protect people's health by increasing equitable use of vaccines in lower-income countries

To track our progress and achieve our mission, we rely on a five-year strategy with a set of **key performance indicators:**

Mission indicators

Summary: page 5

Five "mission indicators" reflect our overall progress against our aspirations for the 2016–2020 period.

Strategic goal indicators

The 2016–2020 strategy has four goals that support our overall mission, each with its set of indicators.

MISSION INDICATORS 2016–2020

Vaccine Alliance partners and countries made great strides towards achieving our five mission indicators. By the end of 2020, we exceeded all our 2020 targets.

Due to rounding, some figures may not add up precisely to the totals.

Some figures from previous years have been updated due to revisions of historical data.

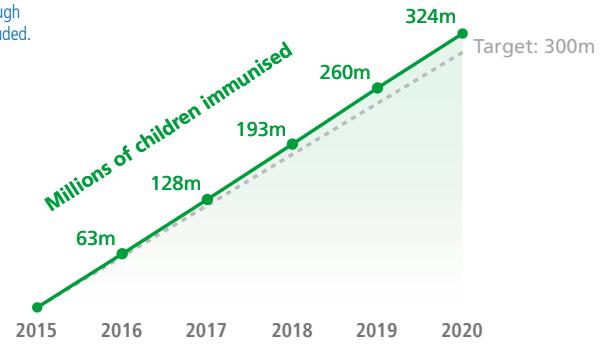
Children immunised

The number of children immunised with the last recommended dose of a Gavi-supported vaccine delivered through routine systems.[a] People immunised through campaigns and supplementary immunisation activities are not included.

2020 performance: Countries immunised an additional 64 million children with Gavi support in 2020, often with more than one vaccine. Due to the impact of the COVID-19 pandemic, this represents a decrease from the 66 million children reached in 2019; but we exceeded our target of 300 million for the 2016–2020 period, helping countries immunise over 324 million unique children.

a – To not double-count recipients of more than one vaccine, we only take into account the vaccine with the highest coverage level per country.

Sources: WHO/UNICEF Estimates of National Immunization Coverage; United Nations Population Division; World Population Prospects, 2021

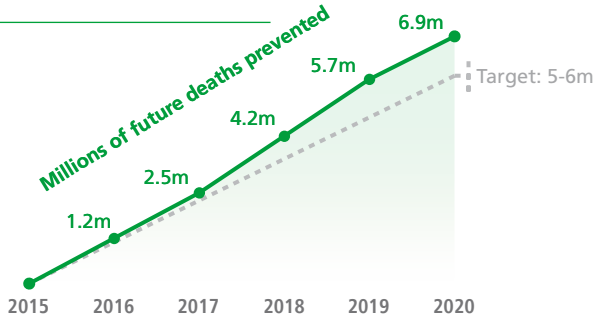


Future deaths prevented

The number of future deaths prevented as a result of vaccination with Gavi-funded vaccines in the countries we support.

2020 performance: Countries prevented approximately 1.2 million future deaths in 2020 with Gavi-supported vaccines. Due to the impact of the COVID-19 pandemic, this represents a decrease from the approximately 1.5 million deaths averted in 2019; but we exceeded our target of 5–6 million for the 2016–2020 period, helping countries avert 6.9 million future deaths.

Source: Vaccine Impact Modelling Consortium (VIMC), 2021

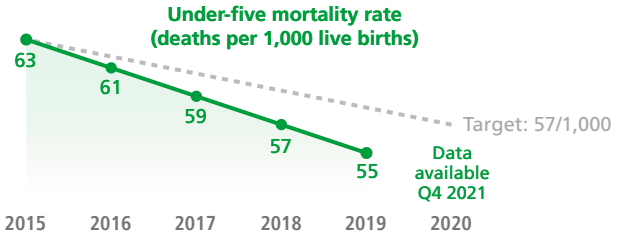


Under-five mortality rate

The average probability of a child born in any of the Gavi-supported countries dying before they reach the age of five.

2020 performance: The under-five mortality rate fell from 57 to 55 deaths per 1,000 live births between 2018 and 2019, exceeding our 2020 target. Given the pandemic, 2020 data is still uncertain and will be available in the fourth quarter of 2021.

Sources: UN Inter-agency Group for Child Mortality Estimation (IGME); United Nations Population Division; World Population Prospects, 2021

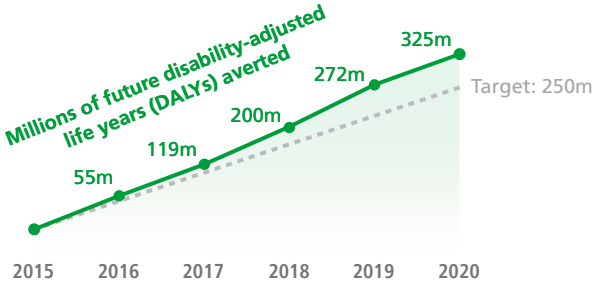


Future DALYs averted

The number of future disability-adjusted life years (DALYs) averted as a result of vaccination with Gavi-supported vaccines. DALYs measure the number of healthy years lost due to disability or premature death.

2020 performance: By the end of 2019, we had already exceeded our target of 250 million DALYs averted by 2020. Countries averted approximately 53 million DALYs in 2020 with Gavi support, for a total of 325 million for the 2016–2020 period.

Source: Vaccine Impact Modelling Consortium (VIMC), 2021

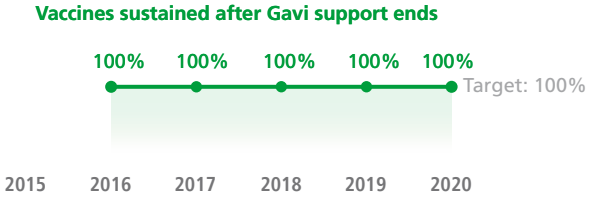


Vaccines sustained after Gavi support ends

The percentage of countries that continue to deliver all recommended vaccines included in their routine programmes after they transition out of Gavi financing. This indicator covers all vaccines recommended by national authorities for routine immunisation, not only those supported by Gavi.

2020 performance: All transitioned countries (100%) continued to deliver all their recommended routine vaccination programmes throughout 2020.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2021



STRATEGY FOR 2016–2020

2020 is the final year of Gavi's fourth strategic period (2016–2020).
Our strategy is underpinned by four goals that both shape our assistance and frame how we track progress.

Strategic goals

Goal 1: Accelerate vaccines

- Increase coverage and equity of immunisation
- Support countries to introduce and scale up new vaccines
- Respond flexibly to the special needs of children in fragile countries

Goal 2: Strengthen health systems

- Contribute to improving integrated and comprehensive immunisation programmes
- Support improvements in supply chains, health information systems, demand generation and gender-sensitive approaches
- Strengthen engagement of civil society, private sector and other partners

Goal 3: Improve sustainability

- Enhance political commitment to immunisation
- Ensure appropriate allocation and management of national human and financial resources to immunisation through legislative and budgetary means
- Prepare countries to sustain performance in immunisation after transition

Goal 4: Shape markets

- Ensure adequate and secure supply of quality vaccines
- Reduce prices of vaccines and other immunisation products to an appropriate and sustainable level
- Incentivise development of suitable and quality vaccines and other immunisation products

To achieve these goals, Gavi provides **three main types of support** to implementing countries:

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Gavi supports countries in strengthening their health systems. Since this programme's inception in 2007, we have provided health system strengthening (HSS) grants to 69[a] countries. Gavi disbursed a record US$ 383 million in health system support in 2020, for a total of US$ 1.42 billion for the 2016–2020 strategic period. Part of this support facilitates the introduction of more modern and environmentally friendly cold chain equipment to make sure that vaccines can safely reach everyone who needs them.

a – This figure represents the number of countries that have already received disbursements from Gavi. Syria has been approved but has not yet received its disbursement.

Gavi/2020

Through routine immunisation programmes, preventive campaigns and emergency stockpiles, the Vaccine Alliance supports vaccines against 18 infectious diseases – including COVID-19, through COVAX.

By the end of 2020, we had helped 78 countries through routine introductions, campaigns and emergency stockpiles. We have supported 521 routine introductions and campaigns, and funded more than 165.5 million vaccine doses through global stockpiles. Between 2000 and 2020, our work helped generate more than US$ 230 billion in economic benefits in the countries we support.

Gavi/2020/Asad Zaidi

Through the partners' engagement framework (PEF), we channel resources to Alliance partners for technical support to countries, based on needs identified by the countries themselves.

We give particular priority to the countries with the largest number of under-immunised children. The overall budget for Targeted Country Assistance (TCA) remained consistent in 2019 and 2020. Spending on TCA decreased from US$ 93.2 million in 2019 to US$ 88.1 million in 2020, due to the Expanded Programme on Immunization (EPI)'s pivot to mitigating the impact of the COVID-19 pandemic on routine immunisation. In such cases where restrictions on mobility resulted in delayed activities, these were reprogrammed to 2021.

Reach "zero-dose" children to build back better

By Anuradha Gupta
Deputy CEO
Gavi, the Vaccine Alliance

National polio and measles vaccination campaign, Mogadishu, Somalia, September 2020.
Ismail Taxta/Ildoog/WHO SOMALIA

The COVID-19 pandemic has wrecked the health and lives of hundreds of millions of people across the globe. The poor and marginalised have been cast away even further. Forced to go to work or go without food, many live in cramped spaces that do not allow the luxury of physical distancing. Often unable to access water and sanitation facilities, they cannot wash their hands repeatedly or follow other COVID-19 protocols.

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If sick with COVID-19, they are more likely not to receive adequate care. At the same time, large-scale disruption of essential health services such as immunisation and skilled birth attendance has meant that their children no longer have the protection of life-saving vaccines, while women often have to give birth at home alone. The knock-on impact of COVID-19 on their health and safety is difficult to quantify in numbers.

Any COVID-19 response or recovery effort will be incomplete if it does not put the needs of these worst sufferers of the pandemic at its heart. Even before COVID-19 struck, more than 10 million children born every year were deprived of even a single vaccine shot in lower-income countries supported by Gavi.

The face of extreme poverty

These zero-dose children are the face of extreme poverty, with two thirds of them living in households subsisting on less than US$ 1.90 per day. They embody communities with compounded vulnerabilities who are not just missing out on vaccines, but also on a much wider range of essential services. People in these communities, particularly women, children and adolescents, are most likely to lack access to education, nutrition, clean water, sanitation and hygiene, as well as sexual and reproductive health rights and services.

The profound difference that simple interventions can make in ensuring their survival and development is evident from the fact that there has been a 70% reduction in vaccine-preventable child deaths in Gavi-supported countries during the past two decades as a result of improved access to vaccines. Among all essential health services, immunisation is now the most equitable, reaching 81% of all children born every year – up from 59% in 2000.

The importance of investing in public health

COVID-19 is now threatening to unravel much of this progress. Disruption to health systems in these countries means more children are now likely to miss out on essential vaccinations, putting them, their families and communities at risk of outbreaks of other highly preventable diseases. In addition to childhood immunisation, other vital health services have been impacted, particularly those so relied on by women and girls, including access to contraception, antenatal care, skilled assistance at childbirth and postnatal care.

However, it is also true that the pandemic has brought unprecedented political and public attention to the importance of investing in public health, especially prevention. The imperative of bringing laser focus on marginalised populations, of which zero-dose children are a compelling reminder, has never been more obvious.

Even before we start to recover from the fury of the pandemic, there is an opportunity to build back better. Only by bringing equity front and centre of our rebuilding efforts would we pave the way for resilient, pandemic-proof health systems. Not only is this important from a moral and economic standpoint, but it is also a human rights issue because everyone has the right to lead a healthy life.

The scale of COVID-19 vaccinations offers us a unique chance to focus on these people and communities left furthest behind and reach them with essential health care along with the COVAX Humanitarian Buffer, which is designed to provide the often most neglected populations in humanitarian settings access to COVID-19 vaccines. Adults in these communities need priority protection with COVID-19 vaccines, while their children need priority protection of routine vaccines.

Immunisation is the only intervention that brings the majority of households repeatedly into contact with the health system during the first two years of a child's life. By building out the service delivery infrastructure, supply chains, data systems and community engagement needed to deliver immunisation, we can build a platform through which other primary health care services can be delivered. Therefore, reaching zero-dose children can be the first step toward comprehensive, equitable and community-based primary health care.

Flexible and nimble approaches

However, by no means should we underestimate the challenge of reaching these zero-dose children and missed communities. Not only do they represent the most vulnerable communities in the world, but they are also, by definition, the hardest communities to reach, given the complex socioeconomic, cultural and geographical barriers.

Flexible and nimble approaches are required that are highly responsive and tailored to the needs of these communities, many of whom often live in the shadow of conflicts, urban slum areas not recognised by local authorities, inaccessible terrains or in refugee camps. It will require working with new partners, such as humanitarian organisations, and enhancing existing partnerships with civil society and community-based organisations.

GAVI-SUPPORTED VACCINE INTRODUCTIONS & CAMPAIGNS

Sources: Gavi, the Vaccine Alliance; UNDP; United Nations Inter-agency Group for Child Mortality Estimation (UN IGME); WHO/UNICEF Estimates of National Immunization Coverage; World Bank; World Development Indicators database

gavi.org: country hub

Country

African Region	Surviving infants (surviving to 1 year) (2020)	Child mortality rate (deaths <5 years per 1,000 births) (2019)	Immunisation coverage (DTP3/pentavalent 3rd dose) (2020)	Vaccines launched in 2020	Vaccines launched 2000–2019											Gross national income[c] per capita, US$ (2018)	Transition status
					Pentavalent[a]	Rotavirus	Pneumococcal	Human papillomavirus	Inactivated polio[b]	Japanese encephalitis	Measles	Measles-rubella	Meningococcal A	Typhoid	Yellow fever		
Angola	1,236,834	75	51%	Inactivated polio (C)	R	R	R		R			C				3,370	
Benin	405,641	90	72%		R	R	R	D	R			RC	C		RC	870	
Burkina Faso	736,290	88	91%		R	R	R	D	R		R	CC	RCC		C	660	
Burundi	431,981	56	93%		R	R	R	D	R		R	C	C			280	
Cameroon	862,364	75	69%	Human papillomavirus (R)	R	R	R	D	R			RCC	C		RC	1,440	
Central African Republic	156,219	110	42%		R		R		R		C		RC		RC	480	
Chad	629,696	114	52%		R				R		CC		RCC		R	670	
Comoros	25,562	63	87%		R				RC							1,320	
Congo	170,899	48	73%		R	R	R		R			C			R	1,640	
Côte d'Ivoire	876,019	79	80%		R	R	R	RD	R			RC	RCC		C	1,610	
DR Congo	3,374,241	85	57%		R	R	R		R		CCC		C		R	490	
Eritrea	100,941	40	95%	Meningococcal A (R)	R	R	R		R		R	RC	C			Low	
Ethiopia	3,499,225	51	71%	Measles (C)	R	R	R	RD	R		RCC		C			790	
Gambia	87,199	52	88%		R	R	R	RCD	R		R	C	RCC			700	
Ghana	860,082	46	94%	Inactivated polio (C)	R	R	R	D	R		R	CC	RCC		RC	2,130	d
Guinea	445,239	99	47%		R				R				C		RC	830	
Guinea-Bissau	63,401	78	78%		R	R	R		R		C		C		R	750	
Kenya	1,455,333	43	89%		R	R	R	RD	R			C	C		R	1,620	
Lesotho	52,510	86	87%		R	R	R		R			C				1,380	
Liberia	155,704	85	65%		R	R	R	RD	RC		RC				RC	600	
Madagascar	868,735	51	68%	Measles (R)	R	R	R	D	R							440	
Malawi	618,131	42	94%		R	R	R	RD	R		R	C				360	
Mali	772,691	94	70%		R	R	R	D	R		RC		RCC		RC	830	
Mauritania	145,100	73	71%		R	R	R		R			RC	C			1,190	
Mozambique	1,095,851	74	79%		R	R	R	D	R		R	RC				440	
Niger	1,051,330	80	81%		R	R	R	D	R		C		RCC		R	380	
Nigeria	7,196,873	117	57%		R		R		R		RCC CC		RCC		RC	1,960	
Rwanda	387,519	34	91%		R	R	R	R	R		R	CC				780	
Sao Tome and Principe	6,600	30	95%		R	R	R	D	RC		R	C			R	1,890	
Senegal	543,533	45	91%		R	R	R	RD	R		R	CC	C		C	1,410	
Sierra Leone	238,942	109	91%		R	R	R	D	R		R	RC			RC	500	
South Sudan	365,656	96	49%	Measles (C)	R				R				C			Low	
Togo	255,632	67	82%		R	R	R	D	R			RRC	C		RC	650	
Uganda	1,599,420	46	89%		R	R	R	R	R			RC	C			620	
UR Tanzania	2,071,868	50	86%		R	R	R	RD	RC		R	CC				1,020	
Zambia	625,937	62	84%	IPV (C) MR (C)	R	R	R	R	R		R	C				1,430	
Zimbabwe	416,366	55	86%		R	R	R	RCD	R			RCC				1,790	

R = routine; C = campaign; D = demonstration project

Transition status: 1 – Initial self-financing; 2 – Preparatory transition; 3 – Accelerated transition; 4 – Fully self-financing

a – All 73 countries have introduced pentavalent vaccine. Five of the 73 countries introduced pentavalent vaccine independently of Gavi support.
b – All 73 countries have introduced inactivated polio vaccine (IPV). Two of the 73 countries introduced IPV independently of Gavi support.
c – GNI for 2018 in US$, Atlas method, as published by the World Bank on 1 July 2019.
d – Over the last five years, Djibouti's and Ghana's gross national income (GNI) per capita grew more than 30%. Both countries received an additional two years in the preparatory transition phase, as per Gavi's Eligibility and Transition Policy, and will enter accelerated transition in 2022.
e – In 2020, an exceptional catch-up campaign in Sudan was approved and commenced; roll-out will continue into 2021.
f – Excludes Abkhazia and South Ossetia.
g – Excludes Transnistria.
h – Bhutan and Mongolia are fully self-financing and accessed the Pneumococcal Advance Market Commitment (AMC) price for pneumococcal vaccines.
i – Indonesia transitioned to fully self-financing at the end of 2018. However, currently IPV is supported by Gavi irrespective of a country's transition status.
j – Prior to the Board decision in 2016, countries supported by Gavi for routine introduction of Japanese encephalitis vaccine received a Vaccine Introduction Grant (VIG), not co-financing for vaccine doses.
k – Viet Nam transitioned to fully self-financing at the end of 2019. However, currently IPV is supported by Gavi irrespective of a country's transition status.

Country	Surviving infants surviving to 1 year (2020)	Child mortality rate deaths <5 years per 1,000 births (2019)	Immunisation coverage (DTP3/pentavalent 3rd dose) (2020)	Vaccines launched in 2020	Pentavalent[a]	Rotavirus	Pneumococcal	Human papillomavirus	Inactivated polio[b]	Japanese encephalitis	Measles	Measles-rubella	Meningococcal A	Typhoid	Yellow fever	Gross national income per capita, US$ (2018)	Transition status
Region of the Americas																	
Bolivia (Plurinational State of)	240,642	26	68%			R	R	R	R							3,370	
Cuba	110,221	5	99%						R							Up/Mid	
Guyana	14,925	29	99%			R	R	RC	R							4,760	
Haiti	255,229	63	51%		R	R	R		R			C				800	
Honduras	205,825	17	80%			R	R	R	R							2,330	
Nicaragua	129,019	17	92%			R	R		R							2,030	
Eastern Mediterranean Region																	
Afghanistan	1,157,321	60	70%		R	R	R		R		CC					550	
Djibouti	19,684	57	70%		R	R	R		R							2,180	[d]
Pakistan	5,691,818	67	77%		R	R	R		R		RC			RC		1,589	
Somalia	616,683	117	42%		R				R		C					Low	
Sudan	1,327,273	58	90%	IPV (C) YF (C)[e]	R	R	R		R		C		RCC		C	1,560	
Syria	414,928	22	49%													Low	
Yemen	837,019	58	72%		R	R	R		R			CC				960	
European Region																	
Armenia	38,921	12	92%		R	R	R	D	R							4,230	
Azerbaijan	153,771	20	79%		R		R		R							4,050	
Georgia	51,021	10	88%		R	R	R	D								4,130	[f]
Kyrgyzstan	148,413	18	87%		R	R	R		R							1,220	
Republic of Moldova	38,910	14	86%		R	R	R	D	RC							2,990	[g]
Tajikistan	270,481	34	97%		R	R			R							1,010	
Uzbekistan	664,069	17	95%		R	R	R	R	R							2,020	
South-East Asia Region																	
Bangladesh	2,820,623	31	98%	Measles-rubella (C)	R		R	D	RC		R	C				1,750	
Bhutan	12,608	28	95%		R		R[h]		RC							3,080	
DPR Korea	350,814	17	97%		R				R		R	RC				Low	
India	23,368,880	34	85%		R	R	R		R			C				2,020	
Indonesia[i]	4,689,610	24	77%	Inactivated polio (C)	R			D	R	RC		C				3,840	
Myanmar	905,655	45	84%	Rota (R) HPV (R)	R		R		R	RC	R	CC				1,310	
Nepal	547,858	31	84%	Rota (R) MR (C)	R		R	D	R	RC	R					960	
Sri Lanka	324,141	7	96%		R			R	R							4,060	
Timor-Leste	36,952	44	86%		R				R							1,820	
Western Pacific Region																	
Cambodia	352,521	27	92%		R		R	D	R	RC	R	CC				1,380	
Kiribati	3,104	51	92%		R		R		R							3,140	
Lao PDR	158,882	46	79%	Human papillomavirus (R+C)	R		R	D	R	RC		R				2,460	
Mongolia	72,552	16	96%		R		R[h]		R							3,580	
Papua New Guinea	228,176	45	39%		R		R		R			RCC				2,530	
Solomon Islands	21,277	20	94%	Rotavirus (R)	R		R	RCD	R			RCC				2,000	
Viet Nam[k]	1,541,383	20	94%	Inactivated polio (C)	R				R		R	CC				2,400	

R = routine C = campaign D = demonstration project

Transition status: 1 – Initial self-financing 2 – Preparatory transition 3 – Accelerated transition 4 – Fully self-financing

Notes: As Gavi only supports Ebola, oral cholera yellow fever, and meningococcal vaccines through global stockpiles, these are not included among the country introductions.

The total number of launches may not correspond to the launches listed in this chart due primarily to the following reasons: some figures from previous years have been updated due to revisions of historical data; some country names do not appear in this chart, as they no longer receive Gavi support; and some countries have introduced vaccines into their routine immunisation programmes independently of Gavi support.

Under-five child mortality rate for 2019 was taken from estimates generated in 2020 by the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME).

Low = Estimated to be low-income (GNI US$ 1,025 or less)

Up/Mid = Estimated to be upper middle-income (GNI US$ 3,996 to 12,375)

THE VACCINE GOAL

accelerate equitable uptake and coverage of vaccines

- Countries immunised 64 million unique children with Gavi support in 2020. Of this number, each child is protected against approximately seven infectious diseases. Today, nearly four in five children in Gavi-supported countries receive routine immunisation.
- Gavi-supported countries now have higher coverage of vaccines against pneumococcus, rotavirus and *Haemophilus influenzae* type b (Hib) than the rest of the world.
- Due to the impact of the COVID-19 pandemic, coverage with a full course of pentavalent vaccine and the first dose of measles-containing vaccine both decreased to 78% in Gavi-supported countries, from 82% and 81% respectively – a decline less severe than what was feared.
- Over the past five years, the average number of Gavi-supported vaccines that a child receives through routine immunisation has nearly doubled – meaning that more children are protected against more vaccine-preventable diseases than ever before.
- Gavi supported 21 vaccine introductions and campaigns this year, a decrease from 60 in 2019 due to the impact of the COVID-19 pandemic.
- In 2020, emergency stockpiles for cholera, meningococcal and yellow fever vaccines were accessed a total of 11 times by 9 countries.

21 vaccine introductions and campaigns

down 39 from 2019 due to the impact of the COVID-19 pandemic

Above: Sandra and Joyce show off their yellow fever vaccination card in Denkyembour in the Eastern Region of Ghana in November 2020, during a preventive mass yellow fever vaccination campaign by the Ghanaian Ministry of Health and the Ghana Health Service, with support from UNICEF, WHO, Gavi and partners.
©UNICEF/MILLS

Reflecting on Gavi 4.0

While there were declines in coverage between 2019 and 2020 due to the COVID-19 pandemic, disruptions were largely concentrated in the second quarter of 2020, with larger declines in Asia than in Africa. Data suggests that countries restored immunisation services in the second half of 2020, with evidence of catch-up in some countries. Thanks to the urgent actions of Gavi implementing countries to maintain immunisation programmes during the pandemic, the declines in routine immunisation coverage for 2020, on the order of 5%, although substantial were less severe than what was feared a year ago.

The WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) released in July 2021 show that during the 2016–2020 strategic period, countries immunised an additional 324 million children through routine systems with Gavi support – meaning that, despite the COVID-19 pandemic, we exceeded our mission target of at least 300 million children.

Pre-COVID-19, Gavi was making significant progress in expanding access to routine immunisation across the countries we serve. Coverage for the third dose of diphtheria, tetanus and pertussis-containing vaccine (DTP3) and the first dose of measles-containing vaccine (MCV1) are estimated to have increased by 3 percentage points between 2015 and 2019, almost on pace to achieve 2020 targets.

As a result of successful vaccine introductions and scale-up efforts in Gavi 4.0, we have nearly doubled the number of Gavi-supported vaccines that a child receives through routine immunisation, with breadth of protection (i.e. percentage of children reached with the last dose of vaccines recommended in Gavi-supported countries) increasing from 30% in 2015 to 57% in 2020.

WUENIC estimates show significant progress on routine coverage from 2015 to 2019 in countries where overall Alliance engagement has been highest – the partners' engagement framework (PEF) Tier 1 countries – bringing together health system strengthening investments, higher levels of technical support and increased political engagement. Nine of ten countries increased routine immunisation coverage by six percentage points between 2015 and 2019, surpassing our Gavi 4.0 ambition of five percentage points.

Gavi-supported countries now have higher coverage of vaccines against pneumococcus, rotavirus and *Haemophilus influenzae* type b (Hib) than the rest of the world; and all Gavi-supported countries have introduced inactivated polio vaccine (IPV), showing the significant impact of Gavi in scaling up vaccines and reducing the gap between lower- and higher-income countries.

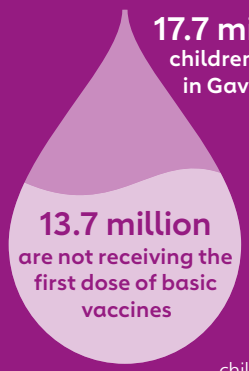
Before the COVID-19 pandemic, we were largely on track to achieve our Gavi 4.0 targets – with the coverage and equity agenda gaining traction and continued progress on vaccine introductions. In 2020, COVID-19 challenged this progress; but Gavi implementing countries demonstrated their resilience by restoring routine immunisation later in the year. Ongoing waves of COVID-19, and risks posed by COVID-19 vaccine scale-up, present considerable uncertainty for 2021: Gavi and Alliance partners must brace for further disruption. But the long-term trajectory is positive; Gavi 5.0 stands on a strong foundation, thanks to implementing countries' long-standing efforts to drive coverage and equity.

gavi.org: learn more about our vaccine support

Preparing for Gavi 5.0

After increasing from 79% to 82% from 2015–2019, DTP3 coverage in the 68 Gavi-eligible countries declined by 4 percentage points to 78% between 2019 and 2020. Forty of these countries experienced declines in DTP3 coverage between 2019 and 2020, with the largest declines seen in Asia, including India, Indonesia and Pakistan. While DTP3 coverage returned to 2014 levels, given population growth, Gavi implementing countries reached 63 million children with DTP3 in 2020 – higher than levels reached prior to 2017.

Prior to the pandemic, coverage with the first dose of DTP-containing vaccine was on track to meet its 2020 target, and the number of "zero-dose" children – those who are still not receiving this first dose – was reduced by 1.7 million, or 14%, in the first four years of Gavi 4.0. Due to the impact of the COVID-19 pandemic, the number of zero-dose children in the 68 Gavi-eligible countries increased from 10.6 million in 2019 to 13.7 million in 2020, while the number of under-immunised children increased from 14.7 million in 2019 to 17.7 million in 2020.



Looking ahead to Gavi 5.0, in the 57 countries eligible for Gavi support in the 2021–2025 strategic period, there are 12.4 million zero-dose children and 16 million under-immunised children. Reaching these children and setting them on the pathway to full immunisation is our highest priority. Gavi will further differentiate and tailor its support to countries, and leverage all its support levers, such as the new Equity Accelerator funding, to reach these missed children and prevent further backsliding.

From delayed campaigns to disruptions in routine immunisation, the COVID-19 pandemic led to concerning immunity gaps for several key vaccines. Coverage with MCV1 dropped by 3 percentage points between 2019 and 2020 in Gavi-supported countries, after increasing by 3 percentage points from 2015 to 2019. We will need to work closely with countries to ensure both routine and supplementary measles immunisation activities are sustainably prioritising zero-dose children.

Similarly, in the 17 countries where Gavi had supported the introduction of yellow fever vaccine, coverage increased from 51% to 55% between 2015 and 2019 before falling to 53% in 2020. Routine coverage must increase to avoid yellow fever outbreaks and costly supplemental immunisation activities. Human papillomavirus (HPV) vaccine coverage among girls across Gavi countries now stands at 8%, compared to 13% globally. To substantially increase coverage, it will be necessary to introduce and scale up the HPV vaccine in several large Gavi-supported countries, in addition to strengthening existing programmes. Out of the 21 countries that have introduced the vaccine with Gavi support, average coverage dropped 25% across 6 countries that reported 2019 and 2020 programme performance.

Finally, WUENIC estimates show that from 2015–2019, several countries that have transitioned from Gavi support – for example, Angola and Bolivia – experienced declines in coverage that grew steeper in 2020 due to pandemic-related disruptions. Gavi's new support for middle-income countries (MICs) can be used to help prevent and mitigate backsliding of routine immunisation coverage in former Gavi-eligible countries.

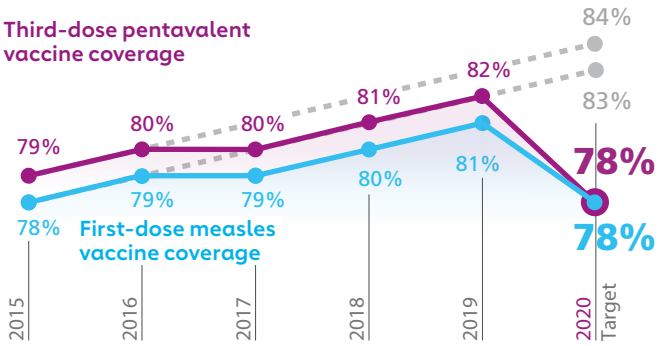
VACCINE GOAL: INDICATORS

1. Routine immunisation coverage

% of children reached with third dose of pentavalent vaccine and first dose of measles-containing vaccine in Gavi-supported countries

2020 progress: The percentage of children reached with these essential vaccines decreased to 78% from 81% for first dose of measles-containing vaccines and 82% for a third dose of pentavalent vaccine in 2019 – meaning we did not meet our 2020 target, primarily due to the impact of the COVID-19 pandemic.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2021

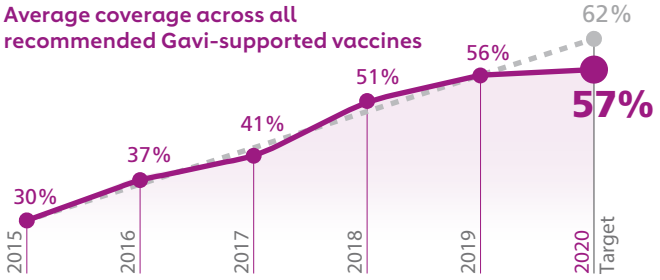


2. Breadth of protection

% of children reached with last dose of vaccines recommended in Gavi-supported countries

2020 progress: Coverage with all Gavi-supported vaccines averaged 57%, up from 56% in 2019. Before the COVID-19 pandemic, we were on track to reach our target of 62% for the end of this strategic period; however, the pandemic both delayed vaccine introductions and negatively affected coverage of existing vaccines.

Sources: WHO/UNICEF Estimates of National Immunization Coverage; WHO/UNICEF Joint Reporting Form, 2021

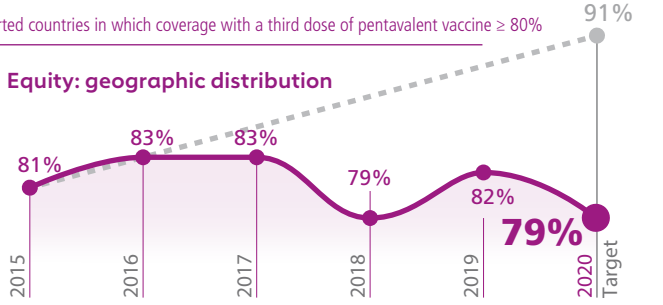


3. Equity: geographic distribution

average % of districts in Gavi-supported countries in which coverage with a third dose of pentavalent vaccine ≥ 80%

2020 progress: This indicator deteriorated significantly due to the COVID-19 pandemic, which disproportionately affected more marginalised communities. The percentage of districts reaching this threshold decreased to 79%, down from 82% in 2019 and 12 percentage points short of our 2020 target of 91%. Challenges with quality of subnational data limit our ability to meaningfully track progress.

Sources: WHO/UNICEF Estimates of National Immunization Coverage; WHO/UNICEF Joint Reporting Form, 2021

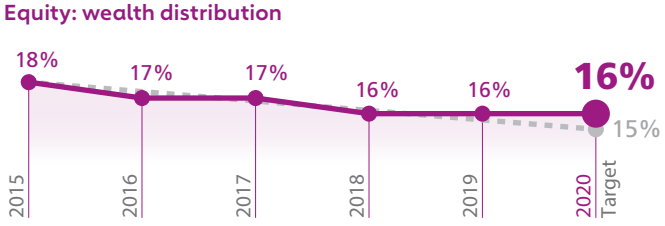


4. Equity: wealth distribution

average difference in coverage with third dose of pentavalent vaccine: poorest and richest 20% of population across Gavi-supported countries

2020 progress: Coverage inequity by wealth decreased from 18% in 2015 to 16% in 2020, falling one percentage point short of our 2020 target of 15%. Due to the limited frequency of household surveys, this indicator has provided limited insight on progress on equity in Gavi 4.0, and none of the surveys reflect the impact of COVID-19.

Sources: Latest available household surveys, such as Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Survey (MICS), 2021

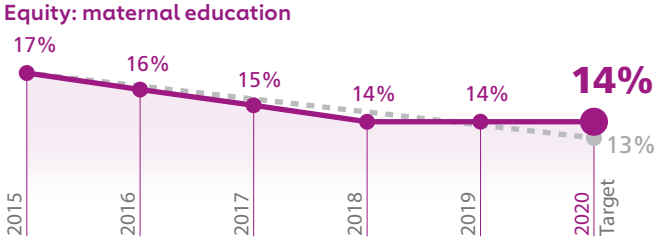


5. Equity: maternal education

average difference in coverage (third dose of pentavalent) between non-educated and more educated mothers

2020 progress: Coverage inequity by maternal education decreased from 17% in 2015 to 14% in 2020, falling one percentage point short of our 2020 target of 13%. Due to the limited frequency of household surveys, this indicator has provided limited insight on progress on equity in Gavi 4.0, and none of the surveys reflect the impact of COVID-19.

Sources: Latest available household surveys, such as Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Survey (MICS), 2021



UPDATES ON GAVI-SUPPORTED VACCINE PROGRAMMES

Pentavalent vaccine

Combining five different antigens in one vial provides protection against diphtheria, tetanus, pertussis (whooping cough), hepatitis B and *Haemophilus influenzae* type b (Hib).

gavi.org: pentavalent

Type of support offered by Gavi	Routine immunisation
Introductions & campaigns in 2020	0
Total introductions & campaigns to end 2020	68[a]
Total reached to end 2020	>569m

a – All 73 Gavi-eligible countries have introduced pentavalent vaccine. Five of the 73 countries introduced pentavalent vaccine independently of Gavi support.

All Gavi-supported countries have successfully introduced this five-in-one vaccine. Coverage of the first dose of pentavalent vaccine increased 3 percentage points during the 2016–2020 strategic period, reducing the number of "zero-dose" children in Gavi-supported countries by nearly 1.7 million since 2015. At 82% in 2019, coverage of the third dose of pentavalent vaccine reached new heights in Gavi-supported countries (before a drop to 78% in 2020 due to the impact of the COVID-19 pandemic), while the average cost of pentavalent vaccine dropped significantly (to US$ 0.90 in 2018).

Pneumococcal vaccine

Helps prevent the primary cause of bacterial pneumonia, a leading cause of vaccine-preventable deaths among under-fives.

gavi.org: pneumococcal

Type of support offered by Gavi	Routine immunisation[b]
Introductions & campaigns in 2020	0
Total introductions & campaigns to end 2020	60
Total reached to end 2020	>255m

b – Routine immunisation with or without catch-up.

Pneumococcal vaccine coverage in Gavi-supported countries remains slightly higher than the worldwide average. This reflects a decade of progress and hard work by countries and Alliance partners to support introductions and scale up coverage. In January 2020, the Serum Institute of India (SII)'s pneumococcal conjugate vaccine (PCV) was deemed eligible for the Advance Market Commitment (AMC) for pneumococcal vaccines. Subsequently, an AMC tender awarded SII a contract to supply PCV for the next ten years at a new lower price of US$ 2 a dose.

Timor-Leste, Indonesia and Ukraine, which have transitioned from Gavi support, have requested access to the AMC price that concluded at the end of 2020. These countries plan to introduce or scale up routine pneumococcal vaccination in 2021 and 2022. Timor-Leste will introduce the vaccine beginning with a catch-up campaign to protect an additional four cohorts of children, as recently recommended by WHO.

Rotavirus vaccine

Protects against a leading cause of severe diarrhoea, which kills hundreds of thousands of children each year.

gavi.org: rotavirus

Type of support offered by Gavi	Routine immunisation
Introductions & campaigns in 2020	3
Total introductions & campaigns to end 2020	51
Total reached to end 2020	>159m

Gavi-supported countries now have higher coverage of rotavirus vaccine than the rest of the world. Supply concerns were eased in 2019, thanks to a broader range of more cost-effective options for countries. In 2020, three countries introduced rotavirus vaccine: Myanmar, Nepal and Solomon Islands. Due to the impact of the COVID-19 pandemic, planned introductions in Bangladesh and Central African Republic were further delayed, as was Nigeria's plan to update its request for support; meanwhile the Lao People's Democratic Republic cancelled the introduction of this vaccine.

The availability of new products brought a new challenge for the Alliance to facilitate an evidence-based assessment by countries with limited resources. Several new tools have been developed by technical partners and by Gavi to inform decisions on product optimisation choices specific to country context.

Human papillomavirus (HPV) vaccine

Protects against the main causes of cervical cancer, from which about 342,000 women died in 2020 – mainly in low-income countries.

gavi.org: hpv

Type of support offered by Gavi	Demonstration programme	National programme[c]	
		Routine	MAC[d]
Introductions & campaigns in 2020	0	3	1
Total introductions & campaigns to end 2020	30	21	5
Total reached to end 2020		>7.1m girls[e]	

c – Countries can apply for support for: routine introduction; or routine introduction with multi-age cohort (MAC).

d – A multi-age cohort (MAC) is a one-time immunisation of individuals of different ages (e.g. 9–14 years), followed by an annual routine immunisation of a single cohort (e.g. 9 years); this is intended to achieve wider protection and stronger herd effect. There is a new method for calculating the fully vaccinated person (FVP); it is now based on the WHO programme coverage method, as opposed to the Joint Reporting Form (JRF) that countries submit annually to WHO and UNICEF.

e – From available reported country data.

By the end of 2020, a total of 21 countries had successfully launched their HPV vaccine national programme with Gavi support, of which 5 also introduced a multi-age cohort (MAC) vaccination, reflecting countries' strong political will to introduce this critical vaccine. Despite important strides, HPV vaccine coverage among girls across Gavi countries now stands at 8%, compared to 13% globally. With an aim to increase coverage and sustainability, countries such as the United Republic of Tanzania and Zambia have integrated HPV vaccination with routine immunisation and other health services. Meanwhile, the Lao People's Democratic Republic, adapting to pandemic-related school closures, introduced the vaccine in health facilities and communities. Across Gavi implementing countries, active demand generation – leveraging women's civil society organisations, youth groups and community platforms – will continue to be vital to increasing uptake of HPV vaccines.

Inactivated polio vaccine (IPV)

Protects against a highly contagious viral infection, mainly affecting children under the age of five, which can lead to paralysis or even death.

gavi.org: ipv

Type of support offered by Gavi	Routine immunisation	Catch-up vaccination[f]
Introductions & campaigns in 2020	0	6
Total introductions & campaigns to end 2020	71[g]	13
Total reached to end 2020	>224m	>11m[h]

f – IPV catch-up vaccination targets children missed due to the global supply constraints in the period from 2016 to 2018 and related programme delays and disruptions.

g – Gavi continues to support IPV in 70 countries, irrespective of their transition status.

h – Results are only available for a portion of countries that have completed IPV catch-up to date and will require further analysis.

Despite global supply shortages during the Gavi 4.0 strategic period, by April 2019 all 73 eligible countries had introduced one dose of inactivated polio vaccine (IPV) into their routine immunisation schedules, in line with Strategic Advisory Group of Experts (SAGE) on Immunization recommendations. Overcoming challenges of the COVID-19 pandemic, 6 countries (out of 17 expected) implemented IPV catch-up vaccination activities in 2020 – including Angola, which integrated bivalent oral polio vaccine (bOPV) outbreak response and measles-rubella National Immunization Days (NIDs). Out of 33 countries that applied for support to introduce a second dose of IPV in routine programmes, 28 were approved.

Japanese encephalitis vaccine

Prevents the main cause of viral encephalitis, especially in Asia. Case fatality rates can be as high as 30%, while up to 50% of survivors suffer permanent disability.

gavi.org: je

Type of support offered by Gavi	Routine immunisation	Catch-up campaigns[i]
Introductions & campaigns in 2020	0	0
Total introductions & campaigns to end 2020	5[j]	5
Total reached to end 2020	>3.9m	>16.6m

i – For children aged 9 months to 14 years, on the condition that countries subsequently co-finance introduction of the vaccine into the routine immunisation programme.

j – Prior to the Board decision in 2016, countries supported by Gavi for routine introduction of Japanese encephalitis vaccine received a Vaccine Introduction Grant (VIG), not co-financing for vaccine doses.

Although there were no new launches in 2020, by the end of the year more than 3.9 million children had been immunised against this deadly mosquito-borne disease through routine service deliveries. The Vaccine Alliance has worked closely with individual partners to accelerate access to the vaccine, which has a particularly long manufacturing lead time. WHO, UNICEF, PATH and the Bill & Melinda Gates Foundation all play a critical role in ensuring sufficient supply of the vaccine for countries.

Measles and rubella vaccines

gavi.org: measles & rubella

Measles vaccine helps protect against measles infection and associated complications, which claimed a 23-year high of close to 207,500 lives in 2019.

Rubella vaccine protects against congenital rubella syndrome. Every year, 100,000 children are born with malformations and disabilities caused by the disease – the vast majority in Gavi-supported countries.

Type of support offered by Gavi	Routine immunisation	Campaigns		Outbreak response fund
	Measles or Measles-rubella (MR) first and/or second dose	Measles follow-up[k]	MR catch-up[l] and follow-up	Managed by the Measles & Rubella Initiative
Introductions & campaigns 2020	1	2	3	reached in 2020 ~2.6m
Introductions & campaigns to end 2020	39	24	51	
Total reached to end 2020	>117m	>332m	>353m	~63.8m

k – Follow-up campaigns generally target children aged 9–59 months based on epidemiological needs.

l – One-off, nationwide catch-up campaigns target all children aged 9 months to 14 years.

Implementation of Gavi-supported measles and measles-rubella activities was heavily impacted by the pandemic: in 2020, only one routine introduction and five campaigns took place – in contrast with a busy year in 2019, which saw 32 Gavi-supported activities. Routine immunisation coverage of measles-containing vaccine (MCV) was also affected: first-dose coverage decreased from 81% to 78%, and second-dose coverage decreased from 59% to 58%. This has led to inadequate levels of protection against measles, leaving countries open to the risk of measles outbreaks. Therefore, our priority is to restore and strengthen routine MCV immunisation and timely implementation of preventive campaigns, using differentiated delivery strategies to reach un- and under-vaccinated children and high-risk populations.

Typhoid conjugate vaccine

gavi.org: typhoid

Mainly transmitted through contaminated food or water, typhoid fever is a life-threatening disease caused by the bacterium *Salmonella* Typhi. If untreated, typhoid can kill up to 30% of those infected. Symptoms include fever, headache, nausea, appetite loss, constipation and diarrhoea.

Type of support offered by Gavi	Routine immunisation	Catch-up campaigns[m]	Outbreak response campaigns[n]
Introductions & campaigns in 2020	0	0	0
Total introductions & campaigns to end 2020	1	1	1
Total reached to end 2020	>1m	>9.8m	>318k

m – One-time catch-up campaigns target children aged 9 months up to 15 years, on condition countries subsequently co-finance introduction of vaccine into routine immunisation programme.

n – In 2017, the Gavi Board approved the use of TCV in outbreak response but did not authorise the creation of a vaccine stockpile, given the limited knowledge on use of TCV in outbreak situations.

Following on the success of the 2019 TCV catch-up campaign conducted in Sindh, Pakistan, in which 9.8 million children aged 9 months to 15 years were vaccinated against typhoid fever, the province vaccinated more than 1 million children through routine immunisation in 2020, achieving a TCV coverage rate of more than 70%. TCV and measles-containing vaccine (MCV) are administered jointly under the province's routine immunisation schedule, and this was reflected in the close coverage rates of the two antigens over the course of the year. Following the same strategy – catch-up campaign followed by introduction into routine immunisation – Liberia's and Zimbabwe's introductions were postponed until 2021 due to the COVID-19 pandemic.

Meningococcal vaccines

gavi.org: meningococcal

Meningococcal A vaccine

Protects against seasonal epidemics of meningococcal meningitis A, which threaten over 500 million people in Africa's meningitis belt. Survivors can face brain damage, deafness and other disabilities.

Type of support offered by Gavi	Routine immunisation	Campaigns	
		Mass	Catch-up
Introductions & campaigns in 2020	**1**	**0**	**0**
Total introductions & campaigns to end 2020	**11**	**24**	**9**
Total reached to end 2020	**>27m**	**>332m**	

Meningococcal vaccine stockpile

Protects against a variety of meningococcal meningitis strains (A, C, W and Y) that continue to cause outbreaks across parts of Africa and elsewhere in the world.

Type of support offered by Gavi	Stockpile
Campaigns in 2020	Accessed **1x** by 1 country
Total campaigns to end 2020	Accessed **48x** by 13 countries
Total reached to end 2020	**>22.6m**[o] doses shipped

o – Historical review of data and indicators is in progress.

The Gavi 4.0 strategic period saw two milestones in meningococcal meningitis A prevention: the availability of a vaccine for routine immunisation and Gavi opening a funding window to support its introduction. From 2016–2020, 11 out of the 26 countries in Africa's meningitis belt had introduced it into their routine programmes – most recently Eritrea in 2020. Routine introductions, combined with preventive mass campaigns, reduced dramatically *Neisseria meningitidis A* cases and eliminated epidemics in the meningitis belt, with no cases detected since 2018. However, the ramp-up of routine introductions needed to sustain these gains has been slower than anticipated; although several countries were expected to introduce the vaccine in 2020, they did not apply due to the COVID-19 pandemic and other competing priorities. In 2020, Benin was the only country that applied to use the meningococcal vaccine stockpile. The reduction in vaccines used for outbreak response has led to the establishment, in collaboration with the International Coordinating Group (ICG) on Vaccine Provision, of a mechanism to repurpose stockpile doses close to expiration for preventive use in countries at risk of outbreaks.

Oral cholera vaccine

Prevents cholera, an acute intestinal infection caused by contaminated food or water. It can lead to severe dehydration and, in its extreme form, can be fatal.

gavi.org: oral cholera

Type of support offered by Gavi	Stockpile[p]
Campaigns in 2020	Accessed **7x** by 5 countries
Total campaigns to end 2020	Accessed **87x** by 22 countries
Total reached to end 2020	**~70m** doses shipped

p – The Global OCV Stockpile comprises an emergency component managed by the International Coordinating Group (ICG) on Vaccine Provision – the same mechanism used for emergency Ebola, meningococcal and yellow fever vaccine stockpiles – and a non-emergency reserve, which is used to vaccinate preventively in cholera hotspots.

The inclusion of oral cholera vaccine (OCV) as part of a multisectoral approach to fight cholera was a key achievement during the Gavi 4.0 strategic period, which brought an exponential increase of vaccine use for both for outbreak response and prevention in cholera hotspots. In 2020, overcoming the challenges and competing priorities of the COVID-19 pandemic, four countries – the Democratic Republic of the Congo (DRC), Ethiopia, Mozambique and Uganda – responded to outbreaks using OCV from the emergency stockpile; and DRC, Uganda and Zambia continued preventive vaccination. With its aim to reach unvaccinated children, Gavi 5.0 is an opportunity to pursue synergies with Ending Cholera—A Global Roadmap to 2030 to ensure comprehensive access to health and other services, including safe water, sanitation and hygiene, in communities facing multiple deprivations.

Yellow fever vaccine

Helps prevent a deadly viral disease spread by mosquitoes. Death rates can be as high as 50% among those severely affected.

gavi.org: yellow fever

Type of support offered by Gavi	Routine immunisation	Mass campaigns	Stockpile
Introductions & campaigns in 2020	**0**	**1**[q]	Accessed **6x** by 6 countries
Total introductions & campaigns to end 2020	**17**	**15**	Accessed **64x** by 19 countries
Total reached to end 2020	**>129m**	**>158m**	**>72m**[r] doses shipped

q – In 2020, an exceptional catch-up campaign in Sudan was approved and commenced; roll-out will continue into 2021.

r – Historical review of data and indicators is in progress.

In 2020, Uganda applied for routine introduction and a preventive mass campaign – aiming to introduce in 2021 and 2022, respectively – supported by the Eliminate Yellow Fever Epidemics (EYE) Strategy Risk Working Group and endorsed by Gavi's Independent Review Committee (IRC). This leaves only two high-risk countries pending to apply for Gavi support to introduce yellow fever vaccine into their routine immunisation programmes. Although the vaccine supply situation has improved dramatically, allowing for uninterrupted supply for routine immunisation and outbreak response, doses for preventive mass campaigns require prioritisation and are allocated according to principles and standard operating procedures developed by EYE Strategy partners and used for the first time in 2020 for the 2021 allocation.

Ebola vaccine

Gavi has led efforts to fund and deploy the world's first Ebola vaccine, manufactured by Merck. Back in 2014, the Gavi Board committed up to US$ 300 million to procurement of a vaccine. In November 2019, Merck's vaccine received regulatory approval and was prequalified by WHO. At its December 2019 meeting, the Board approved the creation of a Gavi-funded global emergency stockpile of licensed Ebola vaccine, with a target of 500,000 doses; the first prequalified doses will be ready to respond to outbreaks in 2021.

A total of 303,000 Ebola vaccine doses were distributed from 2018–2020 in Ituri and North Kivu provinces of the Democratic Republic of the Congo (DRC) according to a ring vaccination strategy – overcoming challenges of insecurity and mistrust in an active conflict zone, and contributing to the end of the world's second-largest outbreak of Ebola virus disease on 25 June 2020. WHO has stressed the need for vigilance against flare-ups and continued support for survivors. In 2020, more than 40,000 people were vaccinated as part of outbreak response in Équateur province; this eleventh outbreak in the DRC was declared over in November.

Health workers in Dakar, Senegal, use an app from 2017 INFUSE Pacesetter Logistimo to track and report the supply of essential products, including vaccines, to remote communities.
Gavi/2020/Maya Hautefeuille

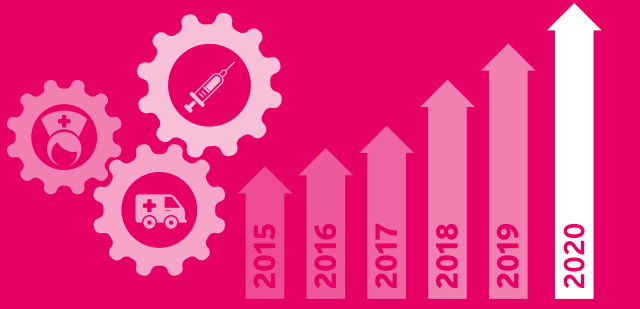
THE HEALTH SYSTEMS GOAL

increase the effectiveness and efficiency of immunisation delivery as an integrated part of strengthened health systems

52 of 57 countries applied for Gavi's Cold Chain Equipment Optimisation Platform support

Nearly 54,000 units of improved cold chain equipment procured between 2017 and 2020, with more than 14,000 procured in 2020 alone

INCREASED INVESTMENTS IN HEALTH SYSTEMS



Building resilience to respond to national and global crises

- Until the COVID-19 pandemic, countries – especially those with the greatest Alliance engagement – were making steady progress: increasing coverage with a first dose of pentavalent vaccine, and reducing the number of zero-dose children by 14% from 2015 to 2019.
- In 2020, pandemic-related disruptions brought a worsening of results on coverage with a first dose of pentavalent vaccine, and on reaching zero-dose children – mostly due to disruption in the second quarter. By the end of the year, most countries had recovered.
- Where available, monthly administrative data suggests that despite a 40% reduction in immunisation activity during the first wave of the COVID-19 pandemic in April and May 2020, routine immunisation bounced back: by December 2020, monthly immunisation rates were above those of the previous year.
- Gavi disbursed a record US$ 383 million in health system support in 2020. Annual health system strengthening (HSS) disbursements nearly doubled over the course of Gavi 4.0, totalling US$ 1.42 billion for the 2016–2020 strategic period compared to the original Board-approved envelope of US$ 1.3 billion.
- The time taken to disburse cash grants to countries improved significantly, from 18 months in 2018 to an average of slightly under 10 months this year, which is closer to the target of 9 months. When including grants that were delayed by audit and supply constraints, the average was 14 months.

HEALTH SYSTEMS GOAL: INDICATORS

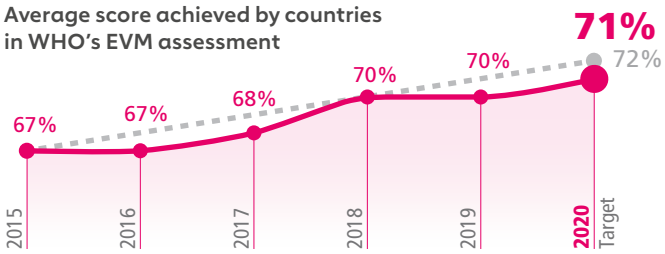
1. Supply chain performance

average score of Gavi-supported countries that have completed WHO's Effective Vaccine Management (EVM) assessment

2020 progress: The Alliance's approach to strengthen supply chains has contributed to countries' consistent improvements in Effective Vaccine Management (EVM) assessment scores: they achieved an average EVM score of 71% in 2020, up from 67% in 2015 and 1 percentage point short of the 2020 target of 72%.

Nine countries that conducted an EVM assessment in 2019 and 2020 have all improved their score, with an average increase of 6 percentage points over their last assessment.

Source: WHO Effective Vaccine Management (EVM) global data analysis, 2021

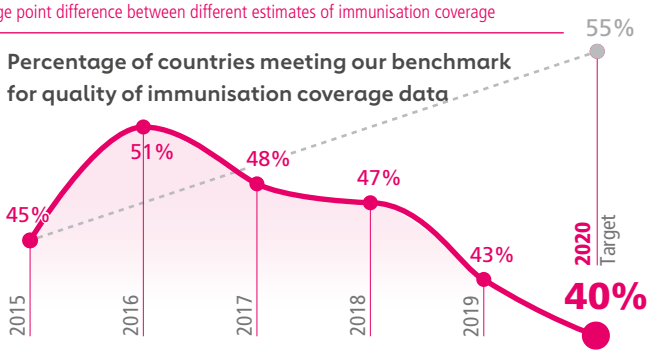


2. Data quality

proportion of Gavi-supported countries with a less than 10 percentage point difference between different estimates of immunisation coverage

2020 progress: 40% of countries reported administrative coverage data within 10 percentage points of survey coverage, down from 43% in 2019. This means that we did not achieve our 2020 target of 55%. A key limitation for this indicator is its reliance on infrequent national household surveys. Gavi continues to invest in innovations and technologies to strengthen availability and quality of immunisation data. In 2020, Gavi continued to support the roll-out of geospatial technologies to improve data integration and use. As of January 2021, 31 countries had fully integrated immunisation data into DHIS2, the world's largest health management information system; another 12 are in transition.

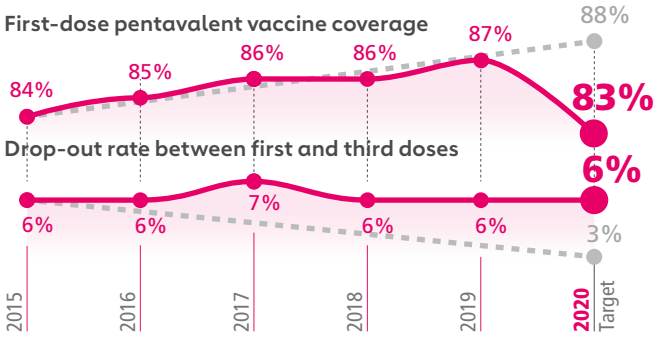
Sources: WHO/UNICEF Estimates of National Immunization Coverage; Multiple Indicator Cluster Survey (MICS); Demographic and Health Surveys (DHS); other household surveys, 2021



3. Coverage with a first dose of pentavalent vaccine and drop-out rate between first and third doses

2020 progress: Coverage with a first dose of pentavalent vaccine in Gavi-supported countries climbed steadily during Gavi 4.0 – from 84% in 2015 to 87% in 2019 – and we were on track to meet our 2020 target of 88%. But in 2020, the COVID-19 pandemic brought disruptions and a reversal in coverage to 83%. The drop-out rate was 6%, unchanged since 2018 and below our target of 3%. In order to reduce the drop-out rate, as countries increase coverage of the first dose of diphtheria-tetanus-pertussis-containing vaccine, they must further increase coverage of the third dose.

Sources: WHO/UNICEF Estimates of National Immunization Coverage; United Nations Population Division, 2021

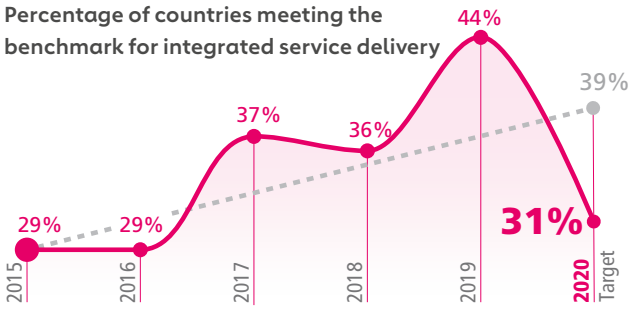


4. Integrated health service delivery

% of countries we support meeting our benchmark for integrated delivery of antenatal care and immunisation services

2020 progress: 31% of countries met this benchmark in 2020, a decrease from 44% in 2019, below the 2020 target of 39%. This largely reflects declines in immunisation coverage in 2020 due to the COVID-19 pandemic, as updated coverage data is not yet available for other interventions. Gavi supports and actively promotes integrated approaches that combine immunisation with other interventions, including: nutrition; water, sanitation and hygiene; and early childhood development – for example, campaigns that deliver vitamin A and deworming in conjunction with measles vaccination.

Sources: WHO/UNICEF Estimates of National Immunization Coverage; UNICEF global statistics database, 2021

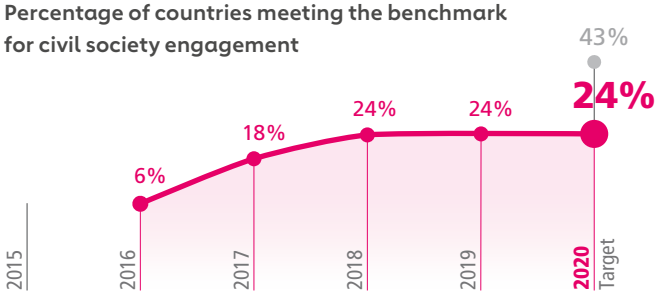


5. Civil society engagement

% of countries meeting our benchmarks for civil society engagement in national immunisation programmes to improve coverage & equity

2020 progress: There is a lack of visibility on progress on civil society organisation (CSO) engagement because no new programme capacity assessments (PCAs) took place in 2020, and very few did so in 2019. As a result, the indicator measuring the share of countries with appropriate CSO engagement has not changed since 2018 and is significantly below the Alliance's 2020 target of 43%. The Secretariat has been working with the CSO Steering Committee to develop a new approach to CSO and community engagement for Gavi 5.0.

Source: Gavi, the Vaccine Alliance, 2021



Gavi's fifth strategic period: 2021–2025

In June 2019, the Gavi Board approved a new five-year strategy ("Gavi 5.0") with a vision of "Leaving no one behind with immunisation" and a mission to save lives and protect people's health by increasing equitable and sustainable use of vaccines.

Building on successes of the previous strategic periods, Gavi 5.0 has several key shifts to deliver on its mission, including:

- a core focus on reaching "zero-dose" children and missed communities, with equity as the organising principle;
- more differentiated, tailored and targeted approaches for Gavi-eligible countries;
- an increased focus on programmatic sustainability; and
- providing limited and catalytic support for select former and never Gavi-eligible countries.

To learn more about the strategy's four goals, nine principles and four strategic enablers, please visit the Gavi website.

Nighat Rani, a vaccinator in an urban slum in Islamabad, Pakistan, logs into Zindagi Mehfooz ("Safe Life"), a Gavi-supported digital immunisation registry, November 2020.
Gavi/2020/Asad Zaidi

Supply chain in the global spotlight

The Vaccine Alliance has rapidly scaled up support through the Cold Chain Equipment Optimisation Platform (CCEOP) in Gavi 4.0. Covering 52 out of 57 eligible countries, nearly 54,000 units of cold chain equipment (CCE) were procured through CCEOP from 2017–2020, with more than 14,000 procured in 2020 alone. Thousands of facilities that previously did not have CCE are now equipped – thereby increasing the number of immunisation sessions provided and making the supply chain more robust. We fell short of the Alliance's target of 65,000 units by the end of 2020; much of this gap is due to pandemic-related disruption of CCEOP applications, planning and implementation. Thanks to Alliance engagement with countries and manufacturers – to continue deployment and manage costs of storing equipment – the situation has improved significantly since March 2020. The Alliance expects to hit the 65,000-unit target by early in the third quarter of 2021 and is also providing additional equipment to countries to prepare for the introduction of COVID-19 vaccines.

Addressing threats to demand

Even before the COVID-19 pandemic began, there was growing concern about the impact of vaccine hesitancy, and other demand-related challenges, on immunisation coverage. In 2018, Alliance partners came together to form the Vaccination Demand Hub – a community of demand practitioners who have been developing new tools to measure the drivers of demand, and new approaches to improve social listening, service experience, risk communication and community engagement. These efforts have proven to be timely, as vaccine hesitancy has become one of the most pivotal challenges of the pandemic.

Historically, systematic investment in demand generation has not been seen as a priority for immunisation programmes. During the COVID-19 pandemic, a variety of factors, including the active spread of mis- and disinformation, have undermined confidence in vaccines in Gavi-eligible countries in ways not previously seen, exposing the vulnerability of immunisation programmes to low demand. While vaccine hesitancy is only one of the reasons for low uptake, without reliable data or diagnostics, it is difficult for community programmes to respond appropriately and effectively. In response to COVID-19, Alliance partners developed a new package of tools and approaches that were deployed in countries beginning in 2020. Also, Gavi has developed a new vision and approach for civil society and community engagement, and supported the design of gender responsive and gender transformative programming approaches to help reach zero-dose children and missed communities.

Reflecting on Gavi 4.0, preparing for Gavi 5.0

Since our inception in 2000, health systems have been essential for Gavi's work to improve immunisation coverage and equity. But this was never more urgent than in 2020, when Vaccine Alliance partners came together to support countries in adapting immunisation services in the context of COVID-19; to maintain, restore and strengthen immunisation (including catching up missed children); and to prepare for the introduction of COVID-19 vaccines.

Supporting systems to weather a pandemic

The COVID-19 pandemic has placed a huge strain on health workers and health systems, including immunisation programmes. At the beginning of the pandemic, we rapidly supported countries to reprogramme Gavi funds, providing approximately US$ 80 million in flexible support for the immediate response to control the disease, and to protect routine immunisation and health systems. Later in the year, countries were ensured flexibility to catch up children who missed their vaccinations.

The year 2020 saw Gavi disburse a record level of health system funding – more than double that of 2015 – to support immunisation and protect children in the countries where it is most needed. Also, we continued to reduce the time taken to disburse cash grants to countries, from 18 months in 2018 to under 10 months this year.

Strong links for strong supply chains

Efforts by the Vaccine Alliance during the 2016–2020 strategic period to build greater resilience in country supply chains started to show results. And in 2020, those supply chains were stronger than ever, playing a critical role in enabling scale-up of COVID-19 vaccine delivery. Scores for Effective Vaccine Management (EVM) – WHO's analysis of country supply chain performance – improved significantly: average composite scores reached 71% (just missing the 2020 target, partly as a result of fewer assessments conducted than planned due to the COVID-19 pandemic). All nine countries[a] that conducted an EVM assessment in 2019 and 2020 have improved their score, with an average increase of 6 percentage points over their last assessment. (The impact of COVID-19 is not yet visible in EVM scores, given that assessments have been delayed in many countries.)

Investments in country supply chains were in turn supported by massive scale-up in cold chain equipment (CCE), with approximately 54,000 units of CCE procured – including approximately 31,000 solar refrigerators through the Cold Chain Equipment Optimisation Platform (CCEOP) alone between 2017 and 2020. Partly due to COVID-19-related delays, this was below the 2020 target of 65,000, which we will achieve in the third quarter of 2021. We are also providing targeted support for COVAX CCE, for which a window opened in 2020.

Long-term investments in leadership

The Gavi 4.0 strategic period brought a significant improvement in country management capacity, achieving our 2020 target: the number of countries assessed as having very low capacity dropped from 20 to 7, while the number assessed as having satisfactory capacity increased from 9 to 24. Countries with dedicated leadership, management and coordination (LMC) support improved faster than others.

a – Burkina Faso, Comoros, Democratic People's Republic of Korea, Democratic Republic of the Congo (DRC), Ethiopia, Guinea-Bissau, Mozambique in 2019; Afghanistan and Zimbabwe in 2020.

"Better to prevent than to cure", Senegal, September 2020. Gavi/2020/Maya Hautefeuille

Strength under pressure

During the 2016–2020 strategic period, Alliance grants pivoted from broad to specific support – with more than 75% focusing on sub-national areas with the largest numbers of zero-dose children or lowest immunisation coverage. This helped increase significantly the number of children being reached by immunisation programmes each year and gives us a strong foundation for our Gavi 5.0 goal of increasing equity in immunisation delivery. In Gavi 5.0, behaviourally informed interventions, civil society and community engagement, and addressing gender-related and other social barriers to accessing immunisation will receive a much greater focus, with the allocation of dedicated Alliance and Secretariat resources.

Countries facing fragility also made progress in immunisation coverage during the Gavi 4.0 strategic period, including by leveraging the flexibilities of Gavi's Fragility, Emergencies and Refugees Policy (introduced in 2017). Despite these advances, countries facing the most acute challenges still have lower coverage on average, so the next five years will require new approaches, innovation, learning and partnerships in fragile settings. For example, we have already started working with new humanitarian partners in countries like Afghanistan and Central African Republic, and exploring such partnerships in Somalia. And we are launching a call for multi-country partnerships to reach zero-dose children and missed communities in cross-border, conflict-afflicted areas in the Sahel and the Horn of Africa.

Given the uncertainty Gavi-eligible countries are facing as the pandemic rages on, our work to help strengthen their health systems remains steadfast. We've seen how rapid, transformational change is possible with the necessary leadership and enablers. For example, CCEOP has brought cutting-edge, digitally enabled solar fridges – sometimes far more technologically advanced than what is currently used in in high-income countries – at scale to the most remote settings. The Democratic Republic of the Congo's Mashako Plan is transforming immunisation in the country's most vulnerable regions. And we're beginning to measure demand data at scale in a manner inconceivable only two years ago. With the same relentless pursuit of efficiency and innovation, and the insistence that people of all genders, in all countries, deserve equal access to life-saving vaccines, our work with countries and communities will intensify to deliver on the goal of increasing equity in immunisation.

POLICIES FOR EQUITY

From the Sustainable Development Goals to gender mainstreaming, Gavi advocates for and invests in public policy levers to increase equitable use of vaccines.

Health workers from the Gavi-supported civil society organisation Civil Society Human and Institutional Development Programme (CHIP) in Pakistan speak with a father about immunising his children, November 2020. Gavi/2020/Asad Zaidi

Gender policy

Reflecting on Gavi 4.0: To build on our commitment to address gender-related barriers to immunisation, an external evaluation of Gavi's 2013 Gender Policy was completed in April 2019, feeding into a highly consultative review process that led to a revised policy effective July 2020. The policy responds to the ways in which gender norms can impact the ability of caregivers of all genders to get their children immunised or health workers to bring services to communities. To increase access to immunisation through gender responsive and gender transformative programming – for example, engaging men in caregiving and immunisation – the policy focuses on addressing gender-related barriers faced by caregivers, health care workers and adolescents.

The impact of COVID-19 on gender equality worldwide has been detrimental. The immediate and long-term consequences of the COVID-19 pandemic have impacted disproportionately the lives of women and girls, particularly in the most marginalised communities, exacerbating inequities and decreasing access to immunisation and health services. Gavi's commitment to gender equity has never been more important.

In 2020, Gavi expanded its partnerships with organisations with strong equity mandates. For example, in India, the Self Employed Women's Association (SEWA) partnered with Gavi and UNICEF to train SEWA members as health ambassadors in their communities, sharing messages in support of immunisation. In the Democratic Republic of the Congo, Flowminder – one of Gavi's 2017 Innovation for Uptake, Scale and Equity in Immunisation (INFUSE) Pacesetters – leveraged its international and local gender expertise to conduct gender audits to help identify gender-related barriers to equitable immunisation coverage.

Preparing for Gavi 5.0: To regain our steps on the path towards gender equality in health, Gavi 5.0 will build upon its commitments towards ensuring gender responsive and transformative immunisation services, including increasing women's leadership in health. Achieving and sustaining gender equality in both the public and private health spheres will require an intersectional approach – addressing not only gender, but also other factors – and the same level of political commitment we've seen leaders of all genders invest in fighting the COVID-19 pandemic. This will entail expanding partnerships, strengthening coordination and bringing gender expertise to the fore of health programming. Addressing gender-related barriers is pivotal to Gavi 5.0's core focus on reaching zero-dose children. Gavi's capacity and commitment to provide support towards addressing gender-related barriers to immunisation, and to women's and girls' empowerment, continues to grow – building on the success of existing and new collaborations with civil society and private sector partners at global, regional and country levels; the introduction of the revised Gender Policy; and the Gavi Secretariat's newly established Demand, Communities & Gender team.

Building an enabling policy environment for Gavi's mission

Reflecting on Gavi 4.0: Significant outcomes were achieved in 2020 in the global and regional policy environments in support of Gavi's equity mission by offering research-based policy suggestions, coordinating advocacy efforts, mobilising partners and engaging civil society organisations (CSOs). Some key outcomes include:

- **building the enabling environment for COVAX** and securing the endorsement of COVID-19 immunisation as a global public good at fora such as the World Health Assembly (WHA), UN Security Council, the G7 Summit, the G20 Global Health Summit and the UN General Assembly.
- **fostering closer engagement with CSOs and champions in Gavi implementing countries** to amplify support for Gavi 4.0 and COVAX, and to strengthen CSO representation in strategic dialogues.
- **mobilising 12 other Sustainable Development Goal 3 Global Action Plan agencies to support the equity agenda** in Gavi 4.0 and the Gavi 5.0 focus on zero-dose and missed communities.
- **expanding political commitment to immunisation across the African continent** in support of increasing vaccine coverage and equity – fostering a deeper strategic engagement with the African Union (AU) and key partners to advocate for child health, primary health care and immunisation, in line with the AU's Agenda 2063 and the Sustainable Development Goals (SDGs).

Preparing for Gavi 5.0: Gavi's equity agenda is inherently political in nature and becomes more complex at the national and sub-national levels, particularly in view of the evolving COVID-19 pandemic. Looking ahead to Gavi 5.0, a more coherent approach across the Gavi Secretariat, Alliance partners and the wider partner network is required to advance country-level advocacy on the equity agenda. Gavi 5.0 will require engagement beyond the immunisation space and in new areas, such as humanitarian affairs; new partnerships within and beyond the health sector; and a stronger focus on localisation through CSOs and partners at the sub-national level and in communities.

What is the world like for girls today?

12 OCT 2020

On International Day of the Girl Child, Gavi's Megan Holloway looks at how COVID-19 is impacting the lives of girls.

By Megan Holloway, Gender and Equity Consultant, Gavi

The COVID-19 pandemic has shone a light on the inequities in our world. Early in the pandemic, warnings were made that unless countries integrated gender into their response, the years of progress built towards gender equality would unravel. The global gender community has advocated tirelessly for gender-related issues to be captured in the pandemic, and we are now beginning to see why it's so important, with data and evidence revealing the increased vulnerabilities and risks for women and girls, particularly for those most marginalised.

International Day of the Girl Child seeks to highlight the challenges girls face globally and reassert their power as change-makers in their homes, communities and countries. The challenges for young people during the pandemic are substantial and have reinforced existing inequities, ranging from significant disruptions to education, reduced access to sexual and reproductive health services, increased risk of violence, exploitation and abuse, and a precarious economic environment limiting youth livelihood opportunities. The impact of these challenges could reverberate for years to come, with young women and girls being affected most deeply unless countries act now to protect them. But to do so, countries must first capture and centre the voices, experiences and ideas of girls into their response.

Statistics on the gendered impact of the pandemic are overwhelming, and highlight a cascading effect of the crisis for current and future equality for girls. Due to school closures, there are globally 743 million girls out of school who are now facing increased risk of sexual exploitation and abuse. UNESCO predicts 11 million girls globally will never return to school due to increases in child marriage and adolescent pregnancy, policies that prevent pregnant and young mothers returning to school, increased pressure from families to work, and gendered norms requiring girls to stay at home to care for vulnerable family members.

The stark estimates include a predicted 13 million additional child marriages by 2030 due to decreased funding and delays to programmes. Experience from the Ebola crisis in West Africa taught us that lockdown measures can increase adolescent pregnancies, an avoidable trend which has sadly continued during this pandemic. During three months of lockdown in Kenya, there were a reported 152,000 adolescent pregnancies – an early indicator of the impact of the pandemic, in which this year alone 1 million girls are more likely to fall pregnant.

The risks though for girls go beyond their education; their lives can also be at risk. Complications due to pregnancy and childbirth are the leading cause of death for adolescent girls aged 15–19 years, while this age group undergo an estimated 3.9 million unsafe abortions every year. Girls already face multiple barriers trying to access sexual and reproductive health services, and restricted services during the pandemic have only compounded this inequity.

Continue reading on gavi.org/vaccineswork

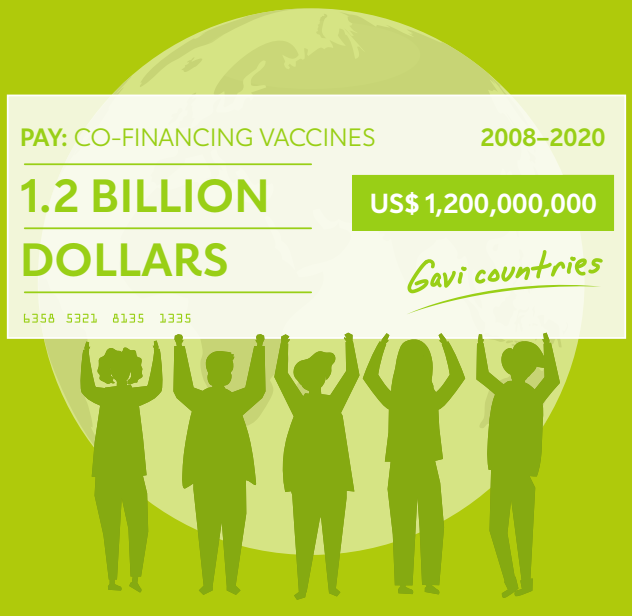
Measles-rubella vaccination campaign, Malawi, 2017.
Gavi/2017/Karel Prinsloo

THE SUSTAINABILITY GOAL

improve sustainability of national immunisation programmes

First day of a measles campaign in Mogadishu, Somalia, that has been integrated with oral polio vaccine (OPV), vitamin A and deworming, August 2020.
Courtesy WHO Somalia Team

- A testament to increasing country ownership and the long-term financial sustainability of Gavi-supported vaccines, 100% of countries paid their 2020 co-financing obligations on time (excluding the nine countries that received an exceptional waiver due to the COVID-19 pandemic).
- Countries contributed a total of US$ 129.4 million[a] towards the co-financing of Gavi-supported vaccines.
- Close to US$ 1.2 billion has been paid by countries in co-financing contributions since the policy was introduced.
- Gavi-supported countries fully self-financed 49 vaccine programmes originally introduced with our funding – up from 47 in 2019.
- In addition to co-financing, countries have self-financed vaccine programmes introduced with Gavi support valued at US$ 158 million[b] in 2020, bringing the total estimated value of country investments in self-financed programmes to more than US$ 0.9 billion.
- The proportion of countries that have increased their investment in routine immunisation per child, compared to 2015, reached 65% in 2019 (the last year for which data is currently available; 2020 data will be available in November 2021). This was up from 60% in 2018 and represents a continuing, steady increase during Gavi 4.0. Monitoring this indicator remains challenging due to both data quality and methodological issues.



a – This includes the three countries with fiscal year alignment for which obligations were due by June 2020: Ethiopia, Kenya and Pakistan.

b – This includes India's contributions towards vaccine programmes introduced with Gavi support.

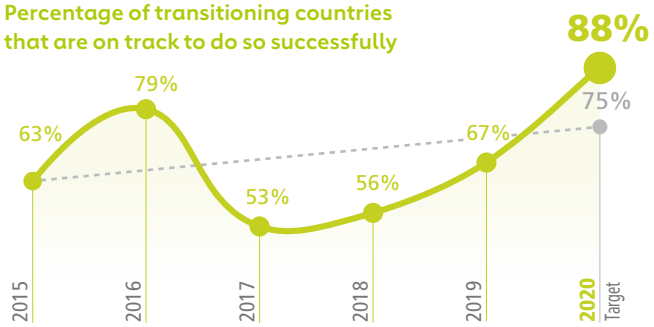
SUSTAINABILITY GOAL: INDICATORS

1. Countries on track to successful transition

% of countries in accelerated transition phase on track to transition successfully

2020 progress: By the end of the year, 88% of countries in the accelerated transition phase were on track to transition successfully. This is an increase from 67% in 2019, exceeding the target of 75% by 2020. The only country that missed the criteria to be considered on track for successful transition did so because of its DTP3 coverage level. This highlights the importance of our programmatic sustainability work with countries, which will be further expanded in Gavi 5.0.

Sources: Gavi, the Vaccine Alliance; WHO/UNICEF Estimates of National Immunization Coverage, 2021

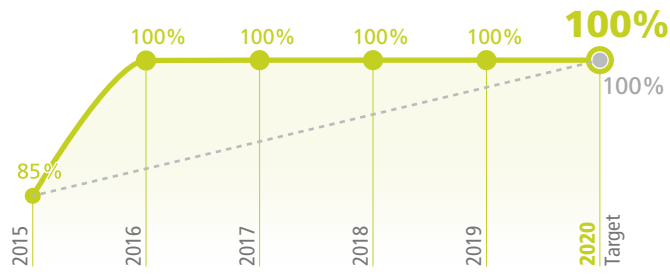


2. Co-financing

% of countries that fulfil their co-financing commitments by the end of the year or pay their arrears in full within 12 months

2020 progress: All countries (100%) met their 2019 co-financing commitments in that year or came out of default by the end of 2020. In addition, excluding nine countries that received an exceptional waiver due to the COVID-19 pandemic, 100% of countries with co-financing obligations due by December 2020 fulfilled their 2020 obligations in a timely manner, achieving our 2020 target of 100%. This is further evidence of increasing country ownership and long-term financial sustainability of Gavi-supported vaccines.

Sources: UNICEF Supply Division; the PAHO Revolving Fund; Gavi, the Vaccine Alliance, 2021

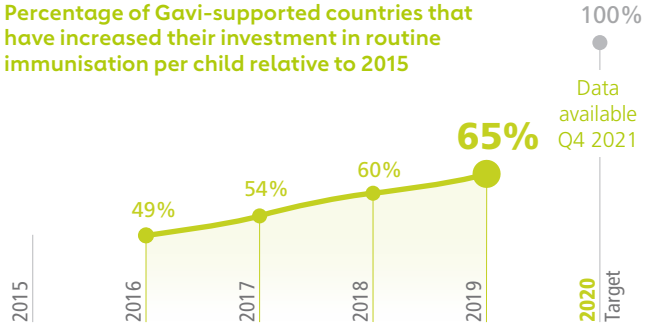


3. Country investments in routine immunisation

% of countries that have increased their investment in routine immunisation per child, relative to 2015

2020 progress: In 2019, 65% of Gavi-supported countries had increased their investment per child in routine immunisation, compared to 2015. There was a steadily increasing trend in Gavi 4.0 and an increase from 2018, when the percentage was 60%. Data for 2020 will be available in November 2021.

Sources: WHO/UNICEF Joint Reporting Form; United Nations Population Division, 2021



4. Institutional capacity

average score of Gavi-supported countries for national decision-making, programme management and monitoring

2020 progress: The Alliance reached the strategic target on institutional capacity for 2020. The aggregate score increased from 2.6 to 2.7 on a scale ranging from 1 to 4. Gavi-supported countries have maintained capacities in Expanded Programme on Immunization (EPI) management and functionality of coordination fora despite the increased workload in the COVID-19 pandemic. Functionality of National Immunization Technical Advisory Groups (NITAGs) has also increased. In 2020, more than 25 countries availed Gavi support for leadership, management and coordination (LMC). Ministries of Health highly appreciated the flexibility Gavi provided to partners working on LMC in adapting support during the pandemic. An external review of LMC is expected to be finalised in the second half of 2021, followed by a redesign of the LMC approach.

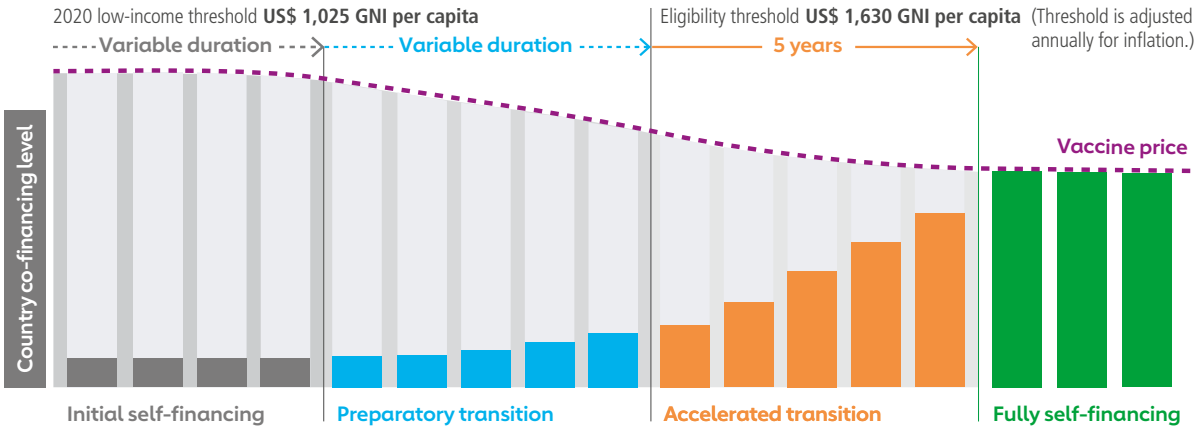
Source: Gavi, the Vaccine Alliance, 2021

How Gavi's co-financing model works

To bring countries on a trajectory towards financial sustainability, and to empower them to take ownership of their vaccination programmes, Gavi has pioneered an approach to co-financing and transition.

Countries share the costs of the vaccine programmes by directly co-procuring a portion of the vaccines and safe injection devices from a supplier or procurement agency to fulfil their co-financing requirements.

As a country's gross national income (GNI) per capita increases, so the level of its co-financing payments also rises. Countries are grouped under different categories according to their level of GNI per capita as a proxy of their ability to pay.



Low-income countries (GNI per capita below US$ 1,025 in 2020) are classified as "initial self-financing".

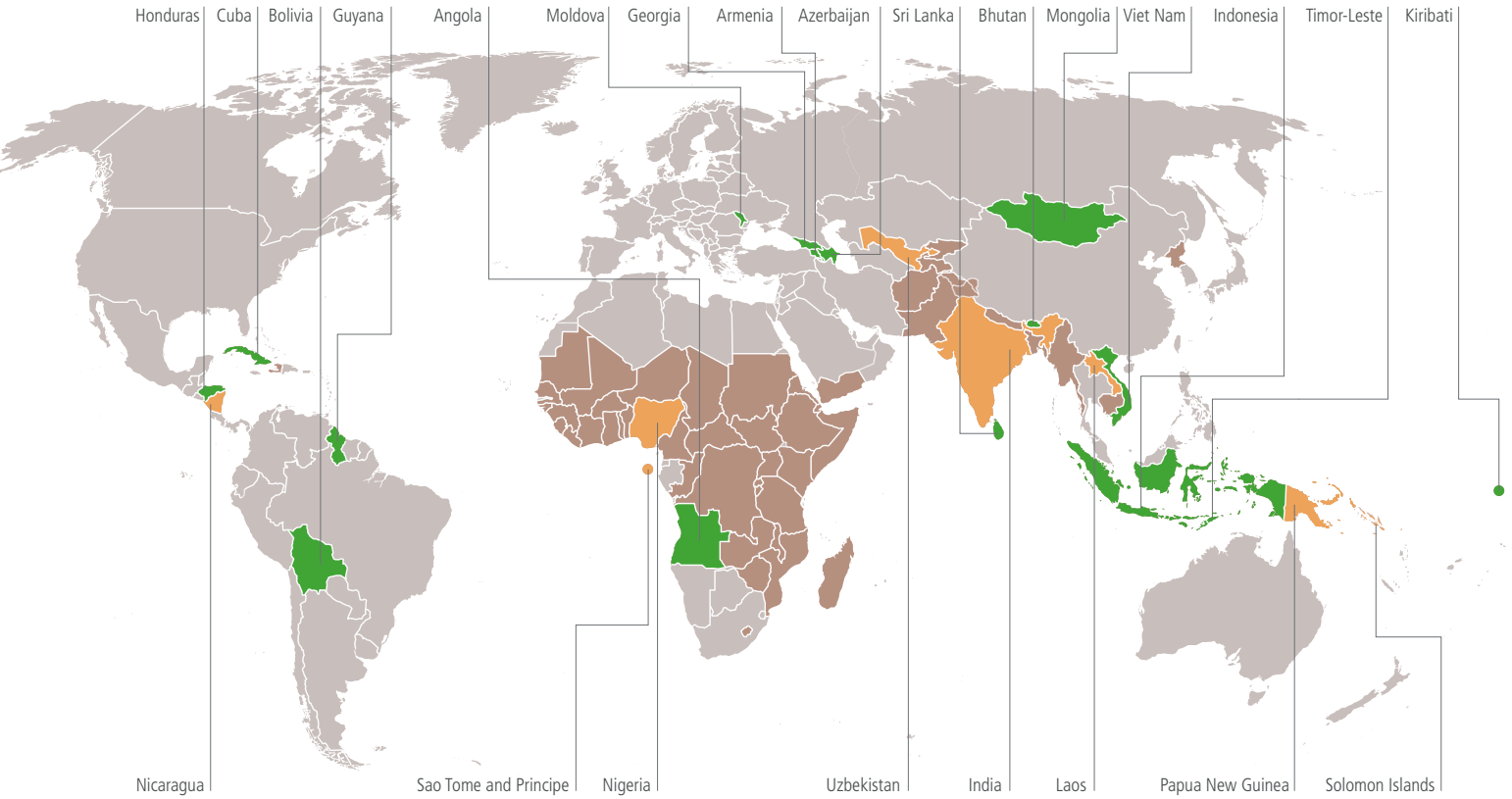
As their income per capita increases, they enter a "preparatory transition" phase.

Countries then enter five years of "accelerated transition" once they cross the Gavi eligibility threshold (US$ 1,630 per capita in 2020).

At the end of five years, they become fully self-financing. Currently, there are 16 such countries.

Countries fully self-financing and in accelerated transition

16 countries fully self-financing



8 countries in accelerated transition

Reflecting on Gavi 4.0, preparing for Gavi 5.0

gavi.org: learn more about sustainability

Gavi's unique co-financing model has played a key role in increasing country ownership and national investment in immunisation during the Gavi 4.0 strategic period, with the total amount invested by countries in co-financing Gavi-supported vaccines reaching close to US$ 1.2 billion from the introduction of the co-financing policy in 2008 through the end of 2020.

Country commitment to co-financing

The year 2020 confirmed the robustness of the Vaccine Alliance's co-financing approach and the steady commitment of countries despite the COVID-19 pandemic. Countries contributed US$ 129 million in 2020, nearly the same level as in 2019, bringing their total contribution in Gavi 4.0 to US$ 655 million, or US$ 1.6 billion when including self-financing. Forty-five out of 54 countries met their co-financing commitments on time, while the other 9 countries received an exceptional waiver due to the COVID-19 pandemic. These achievements are remarkable considering the impact of COVID-19 on economies and budgets; they reflect the Alliance's intense engagement with countries to protect domestic investments in vaccines and to strengthen the financial sustainability of immunisation programmes.

DRC dedication to sustaining immunisation

The Democratic Republic of the Congo (DRC)'s co-financing achievements are an example of strong political commitment and joint high-level engagement from immunisation partners, contributing to significant progress in domestic financing for immunisation in 2020. Despite a challenging fiscal context and the impact of the COVID-19 pandemic, the DRC, an initial self-financing country in the context of Gavi, has moved from recurrent late co-financing payments early in the Gavi 4.0 strategic period to doubling domestic financing of vaccine procurement – with a record government contribution of more than US$ 16 million in 2020.

Flexibility in financing

In recognition of the unprecedented circumstances brought about by the COVID-19 pandemic, co-financing waiver flexibility was introduced in 2020. While limiting the number of waivers to exceptional cases, no countries defaulted in 2020. This co-financing approach has been successful in achieving the twin objectives of being responsive to the economic impact of COVID-19 emergency response, while protecting gains in domestic resource mobilisation for immunisation programmes: in total, countries paid nearly the same amount in co-financing contributions in 2020 as in 2019.

Multilateral partnerships for sustainable impact

Within the Global Action Plan (GAP) for Healthy Lives and Well-being for All, Gavi is a co-lead of the sustainable financing for health accelerator (SFHA), along with the World Bank and the Global Fund, and in collaboration with WHO, the Global Financing Facility for Women, Children and Adolescents (GFF) and the International Labour Organisation (ILO).

In 2020, the SFHA working group focused its efforts on joint activities in nine priority countries (Côte d'Ivoire, Ghana, Kenya, Lao People's Democratic Republic, Myanmar, Niger, Pakistan, Tajikistan and Zimbabwe) under three main themes: domestic resource mobilisation, value for money and efficient development cooperation. Some SFHA achievements include: contributing to the establishment of the Interagency Working Group on Health Taxes; planning system-level efficiency and public health expenditure analyses in a few of the priority countries noted above; strengthening coordination and alignment of investments in joint investment cases (Ghana, Niger and Pakistan); and delivering training courses on disbursement-linked indicators (DLIs) targeting country teams across member agencies.

In addition to aligning on health financing, the SFHA platform has allowed member agencies to coordinate and align funding for the COVID-19 response, and the allocation and reallocation of funding, in the priority countries – resulting in greater efficiencies; preventing multiple siloed conversations; and ensuring complementarity of resources for COVID-19 response. In the Lao People's Democratic Republic, the SFHA has contributed to the health financing strategy, with public finance and health sector reform strategies, while promoting alignment of partners on technical assistance and COVID-19 financial support.

Facing tomorrow's challenges today

The COVID-19 pandemic's macro-fiscal impact on health and immunisation financing puts at risk the gains made in domestic public financing of immunisation programmes during Gavi 4.0. Some countries will secure alternative resources, including tapping into emergency financing provided by international financial institutions; others are expected to face a decline in government per capita health spending, which is likely to impact their capacity to adequately resource critical immunisation programmes. The current crisis poses challenges in health spending, while also creating opportunities for stronger efficiency and equity in domestic financing for immunisation, and for better targeting of underserved and underperforming districts at subnational level.

In the Gavi 5.0 strategic period, our equity agenda, with its focus on reaching zero-dose children and missed communities, requires a shift in priorities to ensure appropriate and sustainable domestic public financing for immunisation service delivery. Strengthening domestic public financing is critical to protecting the long-term sustainability of Gavi's investments in reaching zero-dose children and missed communities. One of the cornerstones of Gavi's development model is that support is time-limited and catalytic, and that support for countries diminishes and ultimately ends as their economies grow. In order to reduce the number of zero-dose and under-immunised children, our intermediate objective is to gradually enhance country contributions, ownership of vaccine financing and service delivery financing.

During Gavi 4.0, it was recognised that some countries were struggling to maintain vaccine coverage rates following their transition out of Gavi support. This raised concerns over the sustainability of some countries' immunisation systems, and indeed the onset of the COVID-19 pandemic only served to reinforce those concerns: some former Gavi-eligible countries saw significant drops in coverage.

In December 2020, the Gavi Board approved Gavi's approach to working with middle-income countries: the MICs Approach. As an initial priority, the MICs Approach seeks to support post-transition countries to mitigate sustained reductions in coverage rates as a result of the COVID-19 pandemic; and protect the legacy of Gavi's previous investments by preventing any further declines. This speaks to Gavi's desire to institutionalise an Alliance-wide approach to supporting post-transition countries to successfully maintain their programme performance. The MICs Approach will be implemented over the course of Gavi 5.0.

Introducing Gavi's #VaccinesWork platform

Since March 2020, this new digital platform on Gavi's website has published fresh content daily on health, immunisation and the COVID-19 pandemic – as well as insights from Gavi implementing countries and partners. A few examples are below and in these pages.

Keeping routine immunisation going during COVID-19 in Indonesia

1 May 2020

UNICEF/2020/Arimacs Wilander

Rwanda's efforts to strengthen its health system is paying off in midst of COVID-19 pandemic

20 May 2020

Gavi/2018/Iryna Mazur

How digital tools are helping Pakistan monitor routine immunisation during the pandemic

11 Jun 2020

Gavi/2021/Asad Zaidi

What is the world like for girls today?

12 Oct 2020

Gavi/2017/Karel Prinsloo

Myanmar celebrates the launch of the HPV vaccine

28 Oct 2020

Gavi/2020

How can fragile countries, like Afghanistan, respond to COVID-19?

14 May 2020

UNICEF Afghanistan/2020

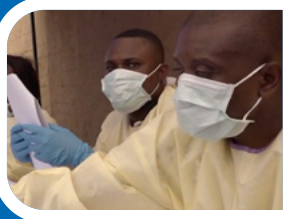
How are private sector partners stepping up to help Gavi fight COVID-19?

10 Jun 2020

Gavi/2018/Oscar Seykens

How creative communication strategies are helping fight COVID-19 misinformation in DRC

4 Aug 2020



WHO/2019

President of Niger: we need a global response to the COVID-19 pandemic

22 Oct 2020

UNICEF/UNI331392/Haro

How geospatial technology can help to zero in on zero-dose children

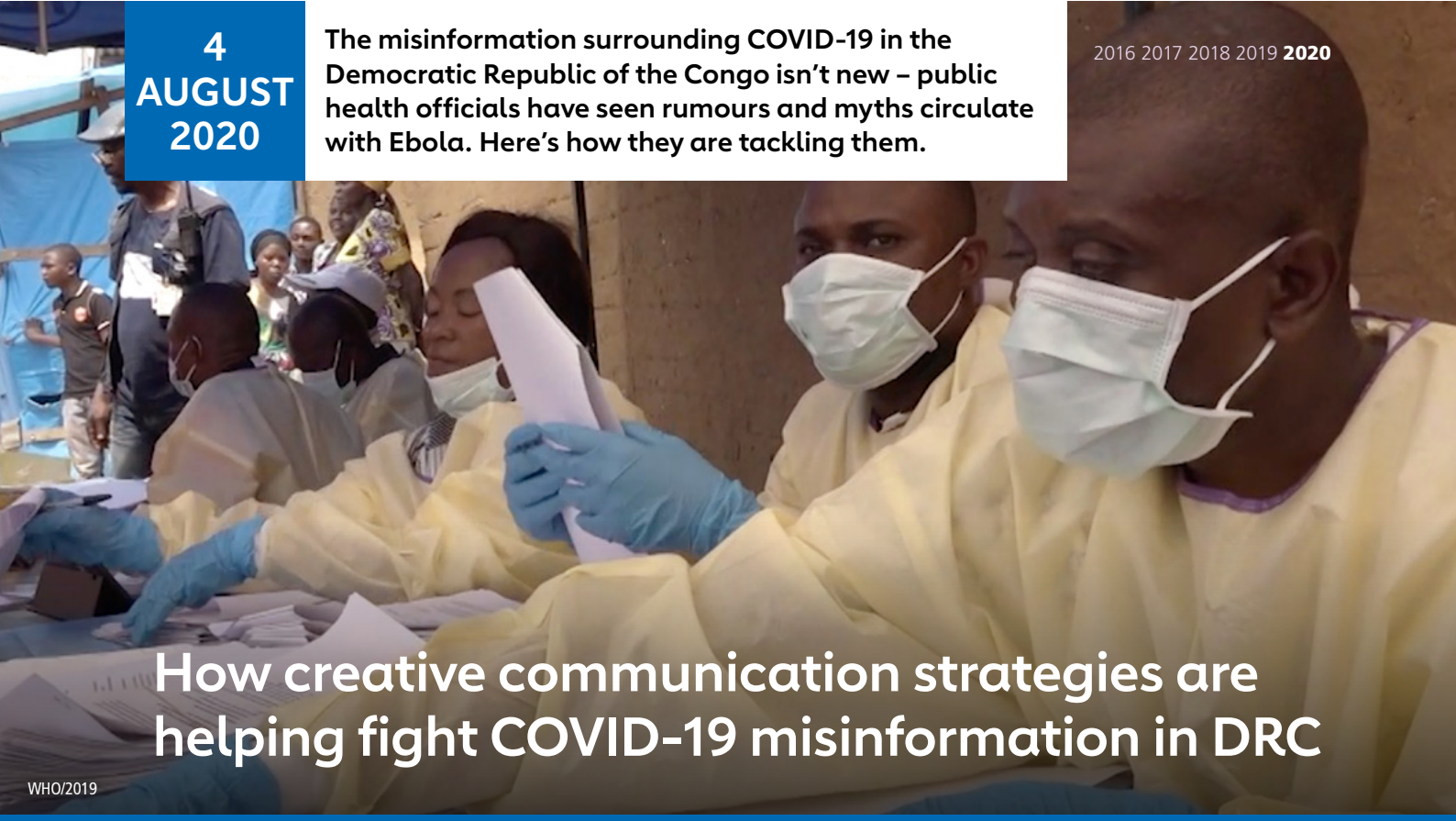
29 Oct 2020

@johnny_miller_photography

Continue reading on gavi.org/vaccineswork

4 AUGUST 2020

The misinformation surrounding COVID-19 in the Democratic Republic of the Congo isn't new – public health officials have seen rumours and myths circulate with Ebola. Here's how they are tackling them.



How creative communication strategies are helping fight COVID-19 misinformation in DRC

WHO/2019

It is in the nature of an epidemic to trigger fear, sometimes causing misinformation to spread even faster than a virus. In this context of "infodemic" – a term that first appeared during the 2003 SARS outbreak – the lack of good information can lead to false rumours. Misinformation deeply affected the effectiveness of the health response in West Africa and Liberia during the first Ebola outbreak in 2014.

The Democratic Republic of the Congo (DRC) is also no stranger to this problem, since it has been dealing with misinformation since its Ebola outbreak started in 2018 in the east of the country. Misinformation as well as social distrust towards the public response had led to several attacks on health workers and Ebola centres in North Kivu.

Now, DRC is also facing the same challenge in response to the COVID-19 global pandemic. The government and its partners have launched a Risk Communication and Community Engagement (RCCE) strategy, to address growing misinformation by raising awareness through a variety of channels.

From Ebola to COVID-19 sensitisation

In February 2020, the first countries in the African continent begin to be affected by COVID-19. After months of posting prevention messages regarding the Ebola outbreak raging in North Kivu on its Facebook account, UNICEF in DRC began communication on the novel coronavirus. Hundreds of comments left on their page showed that a lot of people think the virus only affects rich or white people, or is a conspiracy from the western world. One month after that, DRC identified its first COVID-19 case. Since then, the number of cases has grown rapidly to reach close to 9,000 cases, and the wave of misinformation has grown as well.

In order to accurately fight these rumours, it was important to first understand where they originated and who was perpetuating them. This is the strategy the Congolese government and partners have decided to follow by developing a community feedback system to find out what rumours are circulating in the country, and how they spread. The answer to these questions lies with the community. They have shared their perspective via social networks, a UNICEF reporting platform (surveys collecting data via SMS) and investigations of rumours within communities. A COVID-19 hotline supported by UNICEF has already registered 75,065 calls, with an average of 3,951 calls per day. The majority of the calls are from individuals requesting general information on COVID-19.

Dangerous rumours circulating

According to UNICEF's communication unit in Kinshasa, the most dangerous rumour on social media is that people refuse to believe that the COVID-19 exists in DRC and that it can kill people. This is supported by the findings of a survey by the Kinshasa School of Public Health, which highlighted that 20.2% of people interviewed in the capital did not believe that COVID-19 is real.

Immunisation is also plagued by misinformation. Data from a UNICEF opinion poll have brought to light two main rumours circulating in DRC regarding routine immunisation and vaccines in the COVID-19 context. The most prevalent is the fear that the country could be used as a laboratory for a COVID-19 vaccine trial, in which people are injected with a dangerous trial vaccine instead of "safe and proven" vaccines like the one against measles. The second rumour is that vaccines in general are poisonous. The development of effective communication to combat these views and reassure people about the merits of a certified COVID-19 vaccine will therefore be key to ensuring the timely and effective deployment of this vaccine.

Continue reading on gavi.org/vaccineswork

Gavi/2020

THE MARKET SHAPING GOAL

shape markets for vaccines and other immunisation products

- In 2020, the weighted average price to fully immunise a child with pentavalent, pneumococcal and rotavirus vaccines fell to US$ 15.20, a reduction of 24% since 2015 and a 2% drop from the previous year.
- By the end of 2020, 10 out of 11 vaccine markets were assessed as having sufficient and uninterrupted supply – up from 8 in 2019. Five markets were judged to have moderate health, up from three in 2019.
- There were significant improvements in availability and introductions for rotavirus vaccine, including newly available products.
- One vaccine product with improved characteristics was procured in 2020, bringing the Gavi 4.0 total to 11 and exceeding our target of 10. In total, more than 50 vaccine product presentations were available in 2020, an increase of 100% over 2015.
- Since 2001, the manufacturing base has grown from 5 to 18 (with more than half based in Africa, Asia and Latin America).

24% VACCINE PRICE REDUCTION
SINCE 2015

- ✔ INCREASED VALUE FOR MONEY
- ✔ MAKING BUDGETS GO FURTHER
- ✔ MORE VACCINES WITH HEALTHY MARKETS

MARKET SHAPING GOAL: INDICATORS

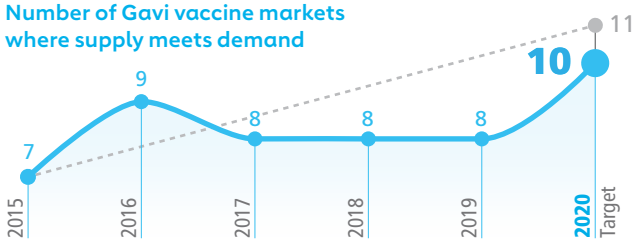
1. Sufficient and uninterrupted supply # of Gavi vaccine markets with sufficient and uninterrupted supply of appropriate vaccines

2020 progress: Ten out of eleven vaccine markets had sufficient and uninterrupted supply, an improvement from seven in 2015 and eight in 2019. While supply security for inactivated polio vaccine (IPV) and oral cholera vaccine (OCV) was re-established, global demand for human papillomavirus (HPV) vaccine continues to outpace available supply, despite the manufacturing capacity expansion efforts of a major supplier to Gavi. Countries were unable to scale up as originally envisioned, with multi-age cohort (MAC) vaccination deferred until supply availability improves. This translated into more than 7.1[a] million girls vaccinated by the end of 2020 compared to the original target of 40 million. The UNICEF HPV tender was completed in 2020 to cover supply in 2021–2025.

a – From available reported country data.

Sources: Gavi, the Vaccine Alliance; UNICEF Supply Division, 2021

Number of Gavi vaccine markets where supply meets demand



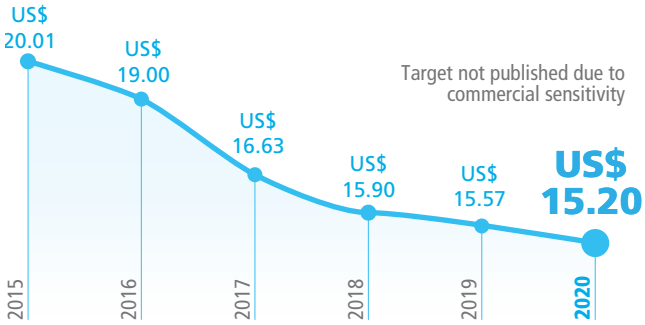
In Gavi 5.0, Gavi's fifth strategic period (2021–2025), we expect increased HPV vaccine supply from both existing and new manufacturers.

2. Cost of fully vaccinating a child with pentavalent, pneumococcal and rotavirus vaccines

2020 progress: The cost of fully vaccinating a child with pentavalent vaccine, pneumococcal conjugate vaccine (PCV) and rotavirus vaccine has decreased by 24% in Gavi 4.0, Gavi's fourth strategic period (2016–2020). The weighted average price for a full course of the three vaccines now stands at US$ 15.20, down from US$ 20.01 in 2015 and US$ 15.57 in 2019. The improvement of the past year was driven by price reductions for PCV and rotavirus vaccines, thanks to an increasing market share being taken by lower-priced alternatives.

Source: UNICEF Supply Division, 2021

Weighted average price of fully immunising a child with pentavalent, pneumococcal and rotavirus vaccines

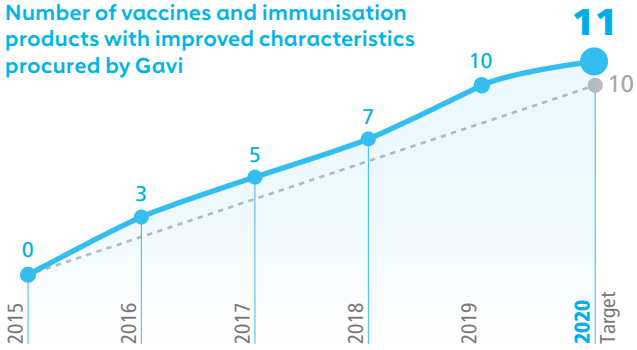


3. Innovation # of vaccines and other related products with improved characteristics procured compared with the baseline year

2020 progress: One additional product with improved characteristics was newly procured during 2020, bringing the Gavi 4.0 total to 11, compared to a target of 10. Adjuvanted Salk IPV is produced by AJ Vaccines using a formulation technology that allows for a smaller dose of active substance compared with other IPV presentations, thus decreasing production cost and making the vaccine more affordable to use by Gavi-supported countries.

Source: Gavi, the Vaccine Alliance, 2021

Number of vaccines and immunisation products with improved characteristics procured by Gavi

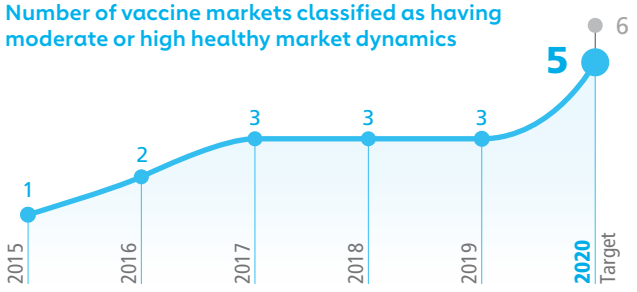


4. Healthy market dynamics # of Gavi vaccine markets classified as having high or moderate health (vaccine markets are rated as having high, moderate, low or no market health)

2020 progress: In 2020, five markets were assessed to be in moderate or high health, up from one in 2015 and three in 2019. Pentavalent, PCV, yellow fever, IPV and rotavirus vaccine markets are now considered to exhibit moderate health. Despite this increase, the first since 2017, the target of six markets with moderate or high health in 2020 was missed due to either supply challenges or lack of supplier diversity. Of the six markets assessed to be of low health (measles, measles-rubella, meningococcal A, Japanese encephalitis, HPV and oral cholera), three markets (measles, meningococcal A and Japanese encephalitis) were scored as such because of low supplier diversity but are considered within acceptable risk levels due to sufficient capacity and strong track record of the dominant supplier.

Sources: Gavi, the Vaccine Alliance; UNICEF Supply Division; strategic goal 4 (SG4) partners' analyses of multiple market data sources, 2021

Number of vaccine markets classified as having moderate or high healthy market dynamics



SHAPING THE MARKET FOR GLOBAL HEALTH SECURITY

The goal of Gavi's market shaping work is to help ensure vaccine markets work better for lower-income countries. We want the maximum number of people to receive the life-saving and health-protecting benefits of immunisation against infectious diseases – from cholera to COVID-19. Gavi's pioneering role in working with manufacturers to shape vaccine markets over the past two decades laid the foundation for the global COVID-19 pandemic response. Meanwhile, the Gavi 4.0 strategic period saw extraordinary progress in the health of key vaccine markets.

Below: Health Specialist Dr Peter Baffoe inspects yellow fever vaccines in a cold room at the St Dominic Health Centre in Denkyembour in the Eastern Region of Ghana, November 2020. ©UNICEF/MILLS UNICEF

Tracking healthy markets

In 2020, five vaccine markets were assessed as having moderate or high healthy market dynamics: pentavalent, pneumococcal and yellow fever, which had already exhibited moderate health in 2019, were joined by those for inactivated polio and rotavirus. Despite this increase, our 2020 target of six markets with moderate or high healthy market dynamics was not met, due to either supply challenges or lack of supplier diversity.

Celebrating the close of the Pneumococcal AMC

The Advance Market Commitment (AMC) for pneumococcal vaccines reached its conclusion on 31 December 2020, completing a decade of unprecedented progress in pneumococcal disease prevention, mainly fuelled by the expansion of routine immunisation in Gavi countries. Pneumococcal conjugate vaccine (PCV) pricing demonstrated a positive trend, with the entry of the first vaccine from a Developing Countries Vaccine Manufacturers Network (DCVMN) member, Serum Institute of India (SII)'s PCV, at the price of US$ 2.00 per dose for its five-dose vial presentation; this represents a 30% discount from Pfizer's and GSK's tail prices of US$ 2.90 and US$ 3.05 respectively. The impact of the long-term supply agreement, signed under the fifth Call for Supply Offers, is estimated to yield US$ 50–100 million in additional savings for Gavi and Gavi countries. Of the US$ 187.5 million unutilised at the close of the Pneumococcal AMC, US$ 177.5 million was transferred to Gavi for use in the Gavi COVAX AMC, as agreed with Pneumococcal AMC donors, while the remaining US$ 10 million will be redirected for use in Gavi core programmes.

Innovation at the fore in 4.0

The Vaccine Innovation Prioritisation Strategy (VIPS) has achieved its Gavi 4.0 mandate of prioritising innovations in vaccine products and communicating these priorities, representing unprecedented collaboration between the Gavi Secretariat, WHO, Bill & Melinda Gates Foundation, UNICEF and PATH, known as the VIPS Alliance. The outcome of this phase was prioritisation of three innovations: microarray patches (MAPs); heat-stable and controlled temperature chain (CTC) qualified vaccines; and barcodes on primary packaging. As a next step, VIPS Alliance partners are working to define end-to-end integrated strategies for the VIPS priorities, including developing five-year action plans, to accelerate their advancement and use in low- and middle-income countries.

Cold chain market still hot

Gavi's Cold Chain Equipment Optimisation Platform (CCEOP) has increased the demand for high-performing and well-maintained cold chain equipment and the supply of those technologies. The number of "optimal" and WHO Performance, Quality and Safety (PQS)-certified CCE reached 74 in 2020, including 69 ice-lined/solar direct drive refrigerators and freezers; 4 freeze-preventive passive devices; and 1 long-term passive device. All eight manufacturers are now supplying "optimal" equipment, with prices offered to UNICEF on average 10% below pre-CCEOP prices.

Lessons in demand, not only in supply

Supply shortfalls managed during the Gavi 4.0 strategic period taught us that demand-side issues, not only supply-side, can play a role – for example, surges in demand due to policy or implementation shifts (HPV, IPV); country preference skewed towards one supplier, such that shocks cannot be compensated by the minority supplier (HPV, previously rotavirus); and demand outlook characterised by peaks and troughs linked to campaigns and reactive use (cholera, meningococcal, yellow fever).

Demand levers are therefore important to integrate into the market shaping mix, by improving the dynamic of trust between manufacturers and Alliance partners. This includes: reliability of forecasts; coordinated data and communication between manufacturers and countries; more intensive risk-benefit discussions with countries on product choices; and efficient prioritisation of vaccine programme implementation (e.g. routine immunisation versus vaccination campaigns).

Reflecting on Gavi 4.0, preparing for Gavi 5.0

To better predict and address the resulting supply challenges, the lessons learned in Gavi 4.0 will help ensure sufficient and uninterrupted supply in Gavi 5.0 – including to address the pressure that the COVID-19 pandemic has placed on several vaccine product manufacturers.

A more holistic view on market health

Gavi/2020/Maya Hautefeuille

The Gavi Supply and Procurement Strategy (SUPRS 4.0) for the 2016–2020 strategic period, which set the goal of ensuring healthy markets for vaccines and related products, remains relevant to the evolving environment. The SUPRS 4.0 evaluation highlighted that the strategy "has been very relevant, appropriate and significant in the context of the evolving/maturing market shaping role of Gavi and the supply context over the period". However, a more holistic view on healthy markets is needed, with long-term, reliable and affordable supply as an overarching objective. Sustainable price remains an important market outcome for Gavi that must be balanced with other market attributes. It is also critical to take a more comprehensive view across markets and the rapidly changing supplier base to influence cross-cutting challenges and future sustainability, as demand dynamics are becoming increasingly complex and influential on healthy market outcomes.

The main challenge faced in the cold chain equipment market is to improve long-term competition, but there is an ongoing risk of unhealthy market shares in the near term – and potential for higher prices and reduced incentives for innovation in the longer term. Alliance partners will continue to closely track allocations; market health; progress of interventions; weighted average price for equipment and installation bundles; and field performance.

Integration, innovation critical to Gavi 5.0 goals

To shape market dynamics in more depth and breadth, with longer-term effects, Gavi's Market Shaping Strategy for the Gavi 5.0 strategic period (MSS 5.0) will evolve from a predominantly vertical market approach to an **integrated market approach**:

- shift from being supply-focused to also consider demand dynamics, to better meet country needs, improve innovation output and help mitigate market failures linked to demand issues that negatively affect supply offers. The holistic view of healthy markets will be expanded to include demand health.
- shift from a vaccine market-by-market view to influencing cross-market dynamics (cross-geographies and cross-vaccines), to ensure the supplier base is increasingly competitive yet sustainable.
- better integrate country needs and priorities by considering the driving forces behind country decisions, and by supporting country capabilities and capacities.
- optimise pandemic-related dynamics, and learn from successes and challenges in COVAX's approach to soliciting country preferences for the long-term benefit of market health, to incentivise new forms of manufacturing, new manufacturer dynamics and new partnership opportunities.
- deliver and go beyond the VIPS agenda with a comprehensive prioritisation of product innovations served by the development of a truly enabling environment for the long term.
- optimise partnership functions in support of these ambitions, by consolidating impact from the current core Alliance partners (Gavi, UNICEF, Bill & Melinda Gates Foundation, WHO); actively integrating new global health partners; better coordinating partner contributions and functions; implementing new tools; and supporting regulatory efficiencies.

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When implementing the strategy, market shaping partners will systematically adopt a learning-based approach to capitalise on pandemic-related evolutions – and to adapt flexibly to the expected fast-changing environment during the 2021–2025 strategic period. New approaches and tools will be designed and tested for one area, refined and further deployed to other areas of market shaping.

FUNDING AND FINANCE

Funding from donors and investors

Doubling down in an emergency

As the new year began, Gavi and its partners were working intensively to prepare for the Global Vaccine Summit 2020, Gavi's third donor pledging conference (see page 33). But by March, as the COVID-19 pandemic was declared, the Vaccine Alliance began an emergency response. Drawing on the teamwork and trust built over 20 years with global decision-makers in the public and private sectors, Gavi and its partners pivoted immediately to offer a solution – a platform for pandemic response in the form of COVAX.

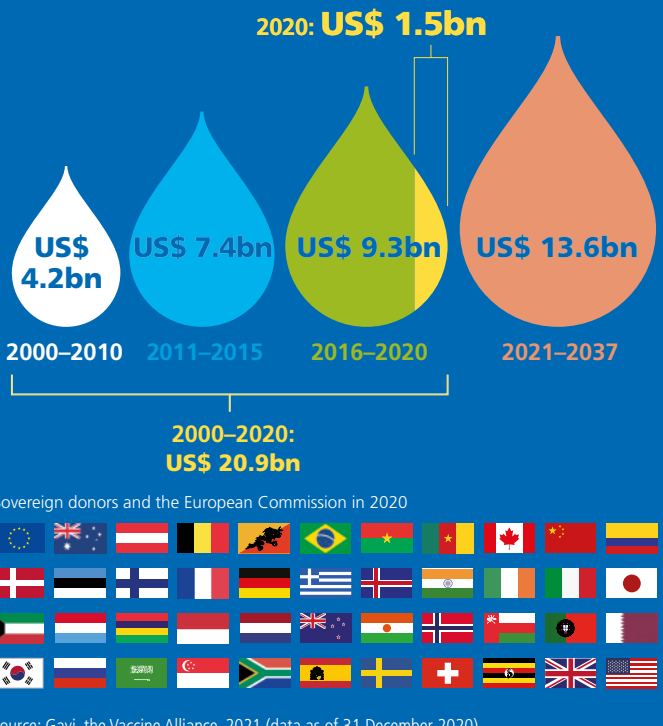
At the Global Vaccine Summit, donors pledged US$ 8.8 billion for Gavi's core programmes, in addition to another US$ 1.7 billion previously secured by Gavi. In the second half of 2020, donors pledged an additional US$ 2.1 billion for COVAX. By June 2021, Gavi had raised an unprecedented sum of more than US$ 20 billion for routine and COVID-19 vaccines, and had secured hundreds of millions of shared doses.

These commitments came amid a rapidly expanding pandemic and other increasing disease outbreaks worldwide – including measles, yellow fever and Ebola; the resurgence of polio cases; and inequities in access to essential health services. The generosity and urgent actions of its donors enabled Gavi to disburse funds to procure hundreds of millions of life-saving COVID-19 vaccines, in parallel with vaccines for routine immunisation programmes and vaccination campaigns.

gavi.org: investing in Gavi

Above: Gavi/2020/Benedikt v.Loebell

Donor commitments to Gavi, 2000–2037



Sovereign donors and the European Commission in 2020

Source: Gavi, the Vaccine Alliance, 2021 (data as of 31 December 2020)

For full details, see **Annex 3: Contributions pledged to Gavi**, page 40.

Further expanding Gavi's donor base

Throughout its history, Gavi has been supported by a broad donor base. In 2020, Gavi continued to broaden its engagement with donors, leading to purposeful collaboration and contributions from the European Commission and 43 donor governments: Australia, Austria, Belgium, Bhutan, Brazil, Burkina Faso, Cameroon, Canada, China, Colombia, Denmark, Estonia, Finland, France, Germany, Greece, Iceland, India, Ireland, Italy, Japan, Kuwait, Luxembourg, Mauritius, Monaco, the Netherlands, New Zealand, Niger, Norway, Oman, Portugal, Qatar, the Republic of Korea, the Russian Federation, Saudi Arabia, Singapore, South Africa, Spain, Sweden, Switzerland, Uganda, the United Kingdom and the United States of America. In addition to sustaining contributions from our founding partner the Bill & Melinda Gates Foundation, corporations, foundations, private individuals and private sector investors are increasingly contributing to Gavi financing.

An extraordinary year of support

The COVID-19 pandemic demonstrated the critical role of vaccination, not only in protecting people and saving lives, but also in reducing the growing threat to global health security and in boosting the global economy. Just as critical as COVID-19 vaccines, the Vaccine Alliance's portfolio of vaccines against 17 other infectious diseases enables the protection of tens of millions of children and adults every year.

At the 2019 launch of Gavi's third investment opportunity in Yokohama, Japan, Gavi set forth an ambitious ask: US$ 7.4 billion in additional resources for Gavi 5.0, the 2021–2025 strategic period. At the Global Vaccine Summit 2020, Gavi's donors significantly exceeded this goal, pledging US$ 8.8 billion. When combined with previously secured resources, donors provided more than US$ 10.5 billion. These funds will ensure Gavi is able to deliver on its plans to immunise hundreds of millions of children in lower-income countries, an especially urgent and challenging task amid the COVID-19 pandemic.

In an unprecedented demonstration of support for lower-income countries and global solidarity, Gavi donors – including dozens of countries, private sector partners and foundations – pledged resources for the Gavi COVAX Advance Market Commitment (AMC). The down payment of US$ 0.5 billion at the Global Vaccine Summit was followed by billions more.

Resources secured by Gavi in 2020 are the culmination of two decades of Alliance partnerships. Gavi has worked alongside global leaders to build a coalition of support for global immunisation. With the emergence of COVID-19, there was a clear consensus: through its networks and market shaping expertise, Gavi would play a key role in equitably delivering vaccines. At the Summit, Bill Gates, Co-Chair of the Bill & Melinda Gates Foundation, provided a strong message of support for Gavi's mission and reminded participants that Gavi was the Foundation's largest and best investment – and that if Gavi didn't already exist, it would have to be created for COVID-19.

Global vaccination efforts are more important today than ever before. Gavi's generous donors will ensure that billions of vaccines reach children and adults in more than 100 countries during the 2021–2025 period. These investments will save lives, strengthen economies and ensure global health security.

Gavi/2020/Asad Zaidi

Global Vaccine Summit 2020

The UK Government hosted the Global Vaccine Summit on 4 June 2020 under the patronage of the Rt. Hon. Boris Johnson, Prime Minister of the United Kingdom of Great Britain and Northern Ireland. The meeting was held by videoconference, given the ongoing COVID-19 pandemic.

The Summit brought together more than 300 people, including 42 Heads of State and Government. Sixty-two countries were represented, notably 14 Gavi implementing countries, all of the Group of 7 (G7) nations and 19 governments of the Group of 20 (G20).

The US$ 8.8 billion worth of new commitments by public and private sectors donors towards Gavi's replenishment well exceeded Gavi's target for the next five years. These pledges will add to the US$ 1.7 billion previously secured by Gavi, bringing its resources for 2021–2025 to more than US$ 10.5 billion. Gavi is now well positioned to accelerate the roll-out of current vaccines, reach 300 million more children in lower-income countries by 2025, and in so doing contribute to saving 7 to 8 million lives.

In addition to receiving strong endorsements from long-standing Gavi donors, the Summit welcomed eight sovereign donors that made pledges to Gavi for the first time: Bhutan, Burkina Faso, Cameroon, Finland, Greece, New Zealand, Portugal and Uganda.

Gavi/2020/Benedikt v.Loebell

Private sector partners step up to fight COVID-19

Across the world in 2020, governments, communities, development organisations and donors were striving to prevent COVID-19 infection, to treat patients and to prepare for the roll-out of eventual COVID-19 vaccines at an unprecedented rate. To help in this global effort, Gavi's private sector partners stepped up to provide catalytic financing, share expertise and deploy innovative solutions to support the delivery and uptake of vaccines, and the fight against this new disease.

Equitable access to COVID-19 vaccines is a key driver of saving lives and restoring livelihoods – as such, the private sector has an important role to play in the global effort. At the Global Vaccine Summit 2020, corporations, foundations and philanthropists, such as Reed Hastings and Patty Quillin, Mastercard and TikTok, stepped up at a crucial time and pledged additional funding for COVAX, catalysing additional funding from Wise, Soccer Aid, Gamers Without Borders and others, generating over US$ 70 million. This funding was crucially matched by the Gavi Matching Fund, with its base growing from two to five sovereign donors in 2020. This signals the value of private sector financing to COVAX and the importance of the Gavi Matching Fund in incentivising contributions. These initial private sector investments to the Gavi COVAX AMC laid the foundation for a focused private sector engagement approach, on which Gavi will continue to build in 2021.

Continuous delivery to the last mile

In 2016, Gavi supported California start-up Zipline to establish a groundbreaking drone delivery network in Rwanda. The network, which was then replicated in Ghana in 2018 with catalytic funding and support from Gavi and partners, had been delivering essential medicines, blood and, crucially, vaccines. As COVID-19 infections began to rise, Zipline quickly pivoted to deliver personal protective equipment (PPE) to health care workers and supported COVID-19 test sample delivery. With additional support from the UPS Foundation, Zipline's autonomous drone technology will be used to deliver COVID-19 vaccines to health facilities in Ghana. Zipline has now expanded its service to Nigeria, once again supporting COVID-19 vaccine delivery, routine immunisation, and essential medicine delivery, demonstrating the scale and potential of this technology for last-mile delivery.

Gavi's partnership with Zipline has set the standard of how innovation can drive global goals and inspire others to follow in that path.

Keller C. Rinaudo,
CEO and Co-Founder of Zipline
Gavi/2019/Tony Noel

Generating demand for immunisation

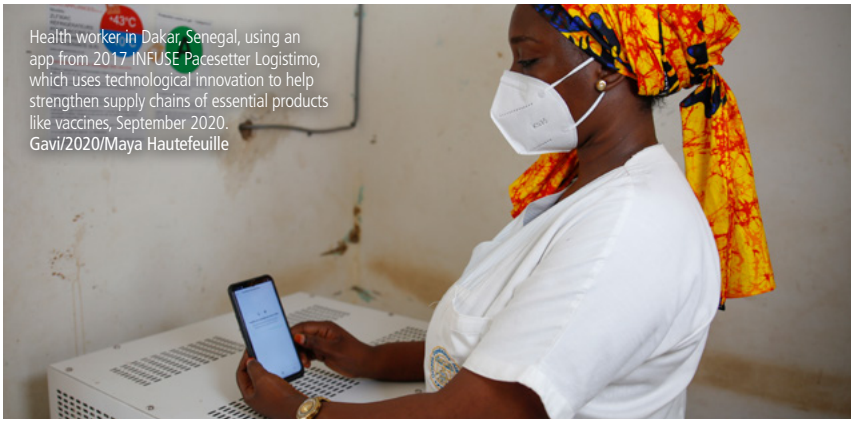
Since 2016, Gavi and Unilever have partnered on an integrated hand washing and immunisation project, "Successful Beginning", to protect children aged under five from illnesses and premature death in India's most populous state, Uttar Pradesh. In the context of the evolving COVID-19 pandemic, these preventative measures have only increased in importance. In 2020, work commenced on a third phase of the programme using additional funds committed by Unilever to ensure scalability and sustainability of this unique child health platform into Indonesia in 2021. Recognising the unique role that social media plays in awareness and demand for vaccines and immunisation, Gavi partnered with Facebook to increase confidence in routine childhood vaccination, drawing on the social network's unparalleled global reach. With support from the Government of Indonesia, Gavi, UNICEF and Facebook ran a campaign to encourage parents to vaccinate their children during COVID-19. More than 6 million Facebook users aged 18–50 in three Indonesian provinces, about 50% of the population, were reached with ads over five weeks. The campaign led to a 4.3% improvement in people's perception of the safety of vaccination during the global pandemic. A similar campaign was run in India, with Girl Effect; over three months, the campaign reached more than 7 million young women and led to a 3.8% increase in perceptions that vaccines protect children from life-threatening diseases.

Data for decision-making and training

Digital solutions have played an essential role in building the capacity of health workers facing COVID-19. Last Mile Health has deployed its online Health Academy to train health workers anywhere in the world, including 5,000 frontline health care workers in Liberia, and is currently supporting the health care workforce in Malawi. Also, digital technologies have the potential to drive effective decision-making. INFUSE Pacesetter Zenysis Technologies has worked with Gavi implementing countries to rapidly establish virtual control rooms to support their response to COVID-19, providing decision-makers with real-time analytics on test results, plus stocks of diagnostic kits, PPE and ventilators. These control rooms also help countries monitor the pandemic's impact on other vital programmes, such as routine immunisation.

Addressing gender barriers

From 2016–2020, Gavi and Girl Effect worked together in Ethiopia, Malawi, Rwanda and the United Republic of Tanzania to understand and address some of the barriers preventing adolescent girls from accessing health services, in particular human papillomavirus (HPV) vaccination. This partnership leveraged Girl Effect's established, girl-centred brands and media. Using their understanding of girls, they developed educational and entertaining content that aimed to deliver social and behaviour change. Through a combination of drama, journalism, music, clubs and community-based activities, Girl Effect aimed to build greater knowledge about cervical cancer and trust in the HPV vaccine and encourage girls to actively protect their health.



Health worker in Dakar, Senegal, using an app from 2017 INFUSE Pacesetter Logistimo, which uses technological innovation to help strengthen supply chains of essential products like vaccines, September 2020.
Gavi/2020/Maya Hautefeuille

Financing for routine immunisation – more important than ever

The COVID-19 pandemic has strained health systems around the world, especially those of Gavi partners that often operate in resource-constrained settings. Early reporting showed significant COVID-19-related disruptions to routine immunisation, with the 2020 Goalkeepers Report noting that "we've been set back about 25 years in about 25 weeks". Countries have regained this ground with Gavi support, but progress remains fragile. Gavi-funded vaccines have prevented more than 15 million future deaths since 2000. Continued progress depends upon continued coverage.

Key to these efforts is emphasising the critical goal of reaching the unreached. More than 13.7 million "zero-dose" children in Gavi-supported countries, often concentrated in marginalised and disadvantaged communities, are still not receiving their first dose of DTP-containing vaccine. Under Gavi 5.0, Gavi will redouble its efforts to reach these children and communities, which have experienced further hardship during the COVID-19 pandemic.

Implementing countries continue to partner closely with Gavi on securing resourcing for life-saving vaccines. During the Gavi 5.0 period, they will collectively invest an expected US$ 3.6 billion in domestic co-financing and self-funded vaccine programmes – more than double the amount for the previous five-year period. This is the largest investment in immunisation ever made by lower-income countries and represents more than 40% of the total estimated cost of supplying these vaccines.

While Gavi separates financing for Gavi 5.0 and COVAX, the Vaccine Alliance's efforts are woven together in country. For example, in addition to supporting the routine immunisation of hundreds of millions of children in lower-income countries from infectious diseases, new support from Gavi donors and implementing countries will help lower-income countries meet the challenge of the coronavirus pandemic by strengthening health systems and vaccine distribution.

Innovative finance

As part of the new pledges at the Global Vaccine Summit 2020, Italy, the Netherlands, Norway and Spain committed US$ 926 million to Gavi's award-winning International Finance Facility for Immunisation (IFFIm), significantly exceeding the ask to replenish IFFIm with at least US$ 500 million. To enable equitable access to COVID-19 vaccines, IFFIm facilitated donor support for the Gavi COVAX AMC: in the initial round of fundraising, Australia, Norway, Spain and the United Kingdom pledged a combined total of approximately US$ 873 million for immediately available funding through Vaccine Bonds.

Also, IFFIm has made available its powerful frontloading capacity to the Coalition for Epidemic Preparedness Innovations (CEPI) to accelerate research and development for COVID-19 vaccines. In 2020, this allowed Norway and Italy to channel their contributions – 2.6 billion Norwegian kroner and €5 million, respectively, toward this endeavour. IFFIm successfully raised capital market funding to support COVID-19 pandemic response through two bond issues. In July 2020, IFFIm issued a 2 billion Norwegian kroner Vaccine Bond for CEPI against a long-term contribution from the Government of Norway. In October 2020, IFFIm issued a US$ 500 million, three-year, fixed-rate benchmark Vaccine Bond, providing funding that Gavi could choose to apply to its core immunisation programmes or to support the Gavi COVAX AMC.

Meanwhile, commitments from the Bill & Melinda Gates Foundation, Japan, the Netherlands, Norway and the United Kingdom included US$ 158 million for the Gavi Matching Fund, an innovative financing instrument that doubles the impact of private sector partnerships in immunisation, doubling the level of funding for this instrument compared with the previous period.

European Investment Bank (EIB)

The EIB is providing critical upfront financing for the Gavi COVAX AMC through a €240 million frontloading facility, which was agreed and the first tranche launched in 2020. This facility is secured against donor commitments, allowing Gavi to draw down the grant from the EIB facility ahead of the payment of grant agreements. The EIB's continued strong support means that financing for advance purchase agreements (APAs) and urgently needed vaccines can be accessed without delay.

UNICEF and Gavi are designing a novel guarantee mechanism for vaccine procurement. Backed by the International Finance Facility for Immunisation (IFFIm) balance sheet, this innovative financing instrument would, in particular, aim to guarantee Gavi's financial obligations to UNICEF for its procurement of vaccines on behalf of Gavi-supported countries. This mechanism will continue to improve efficiency and allow Gavi to purchase more vaccines and immunise more children.

Gavi/2021

The Gavi COVAX AMC

The Global Vaccine Summit 2020 also saw the launch of the Gavi COVAX Advance Market Commitment (Gavi COVAX AMC), a new innovative financing instrument to provide access to COVID-19 vaccines for lower-income countries. This was the first building block towards a global mechanism to ensure equitable access to future COVID-19 vaccines.

The launch of the Gavi COVAX AMC built on the successes of Gavi's Advance Market Commitment for pneumococcal vaccines, which helped vaccinate more than 255 million children across 60 lower-income countries against the leading cause of childhood pneumonia.

The new Gavi COVAX AMC required seed funding of US$ 2 billion to jump-start vaccine guarantees and to purchase vaccines to immunise health care workers and high-risk groups, and to create a flexible vaccine buffer to be deployed where it is needed most. More than US$ 0.5 billion was raised at the Summit in initial seed money from 15 donors. In the year that followed, donors pledged US$ 9.7 billion for the AMC and nearly US$ 800 million for vaccine delivery.

In December 2020, COVAX released its "Principles for Sharing COVID-19 Vaccine Doses with COVAX", which set the terms for how shared doses can complement doses secured through the Facility to accelerate equitable access. As of September 2021, less than a year later, donors have shared more than 640 million doses through COVAX, with hundreds of millions to follow.

ANNEXES

Schoolchildren in Mumbai, India, wear masks to protect against COVID-19, December 2020. Gavi/2020

Due to rounding, numbers presented throughout these annexes may not add up precisely to the totals, and percentages may not reflect the absolute figures.

1. Contributions to Gavi

as of 31 December 2020 (US$ millions)

Cash received by Gavi

Donors	2020	Total 2000–2020	Gavi COVAX AMC (2020)	GRAND TOTAL (inc. Gavi COVAX AMC)
Australia	37	428	29	456
Canada	68	681		681
China	1	5		5
Colombia			1	1
Denmark	8	61		61
Estonia			<1	<1
European Commission (EC)	16	275		275
Finland	3	3		3
France	18	274		274
Germany	76	876	121	997
Iceland		1		1
India		10		10
Ireland	3	62		62
Italy	33	115		115
Japan	59	188	60	248
Kuwait	1	1	10	11
Luxembourg	1	16		16
Mauritius	<1	<1		<1
Monaco	1	1	<1	1
Netherlands	31	587	6	593
New Zealand			5	5
Norway	165	1,908	19	1,926
Oman	1	3		3
Qatar	6	10		10
Republic of Korea	5	29		29
Saudi Arabia	5	23		23
Spain		43		43
Sweden	41	566	12	578
Switzerland	12	13	22	36
United Kingdom	271	3,000		3,000
United States of America	290	2,760		2,760
Donor governments and the European Commission total:	**1,151**	**11,939**	**284**	**12,223**

Donors	2020	Total 2000–2020	Gavi COVAX AMC (2020)	GRAND TOTAL (inc. Gavi COVAX AMC)
Al Ansari Exchange	<1	1		1
Alwaleed Philanthropies	2	3		3
Bill & Melinda Gates Foundation	295	4,051		4,051
Children's Investment Fund Foundation (CIFF), UK		32		32
China Merchants Charitable Foundation (CMCF)		2		2
Comic Relief		28		28
ELMA Vaccines & Immunization Foundation	<1	3		3
His Highness Sheikh Mohamed bin Zayed Al Nahyan		38		38
International Federation of Pharmaceutical Wholesalers (IFPW) Foundation		2		2
"la Caixa" Foundation	6	44		44
LDS Charities		11		11
Lions Clubs International Foundation (LCIF)		30		30
OPEC Fund for International Development (OFID)		1		1
Reckitt Benckiser (RB) Group		1		1
Red Nose Day Fund		7		7
Reed Hastings and Patty Quillin			30	30
Rockefeller Foundation		3		3
Shell International B.V.			10	10
TikTok	5	5	5	10
TransferWise			<1	<1
Unilever[a]	2	5		5
UPS	1	1		1
Other donors[b]	1	32	22	54
Foundations, organisations and corporations total:	**313**	**4,300**	**67**	**4,367**
Subtotal:	**1,463**	**16,239**	**351**	**16,590**
Pneumococcal AMC proceeds[c]	75	1,313		
IFFIm proceeds[de]	406	3,348		
Total:	**1,945**	**20,899**		

Notes:

a – Unilever provides resources to Gavi through a leveraged partnership project.

b – Includes contributions from: Absolute Return for Kids (US$ 1.6 million), Anglo American plc (US$ 3 million), Dutch Postcode Lottery (US$ 3.2 million), JP Morgan (US$ 2.4 million) and Rockefeller Foundation (US$ 3 million), in addition to other private sector donors (some contributions were initially paid to the GAVI Campaign).

c – Cash transfers from the World Bank to Gavi.

d – Cash disbursements from the World Bank to the GAVI Fund Affiliate (GFA) (2006–2012) and to Gavi (2013–2020).

e – In 2018, the Gavi Alliance Board approved Gavi supporting research and development of new vaccines by the Coalition for Epidemic Preparedness Innovations (CEPI) through an IFFIm transaction of NOK 600 million (US$ 66 million) to frontload an equivalent Norway grant for this purpose. Subsequently in 2020, the Gavi Alliance Board approved Gavi supporting research and development of new COVID-19 vaccines by CEPI, through a similar IFFIm arrangement. To date, IFFIm has raised US$ 206 million for this initiative supported by additional grants from Norway and Italy.

Source: Gavi, the Vaccine Alliance, 2021

1. Contributions to Gavi

as of 31 December 2020 (US$ millions)

Cash received by Gavi

in support of Gavi for its role in supporting the Polio Eradication and Endgame Strategic Plan (2013–2020)

Donors	2020	Total
Norway		147
United Kingdom		40
Governments total:		187
Bill & Melinda Gates Foundation		241
Private contributions total:	0	241
Total:	0	428

Innovative finance mechanisms: Pneumococcal AMC[a]

AMC commitments	Total 2009–2020
Bill & Melinda Gates Foundation	50
Canada	200
Italy	635
Norway	50
Russian Federation	80
United Kingdom	485
Total:	1500

Innovative finance mechanisms: IFFIm commitments

IFFIm grants for Gavi core programmes (signed as of 31 December 2020)

Donor	Duration of commitment (years)	Amount committed (millions)	
		Currency of pledge (in millions)[b]	US$ equivalent (in millions)[bc]
Australia	20	AUD 288	284
Brazil	20	US$ 20	20
France	20	EUR 1,390	1,884
Italy	25	EUR 649	815[d]
Netherlands	20	EUR 330 US$ 66	487[e]
Norway	15	NOK 1,500 US$ 27	264
South Africa	20	US$ 20	20
Spain	20	EUR 190	240
Sweden	15	SEK 276	38
United Kingdom	23	GBP 1,630	2,980
Total:			7,032

IFFIm grants for CEPI (signed as of 31 December 2020)

Donor	Duration of commitment (years)	Currency pledged (in millions)	US$ equivalent (in millions)
Italy	1	EUR 5	6
Norway	10	NOK 2,600	266

IFFIm grants for COVAX AMC (signed as of 31 December 2020)

Donor	Duration of commitment (years)	Currency pledged (in millions)	US$ equivalent (in millions)
Norway	10	NOK 1,000	116
United Kingdom	8	GBP 500	672

IFFIm grants announced but unsigned by 31 December 2020

Donor	Duration of commitment (years)	Currency pledged (in millions)	US$ equivalent (in millions)
Australia[f]	10	AUD 40	29
Norway[g]	10	NOK 4,000	421
Spain[h]	5	EUR 75	84
Spain[f]	5	EUR 50	56

Notes:

a – A total of US$ 187.5 million of Pneumococcal Advance Market Commitment (AMC) funds remained unutilised at the close of the Pneumococcal AMC on 31 December 2020, of which US$ 177.5 million will be redirected for use in the Gavi COVAX AMC and US$ 10 million will be redirected for use in Gavi core programmes, as agreed with Pneumococcal AMC donors.

b – Actual contributions received from IFFIm grants subject to the Grant Payment Condition may differ from committed amounts.

c – Non-US$ contributions are expressed in US$ equivalents, calculated using the foreign exchange rates at the time of signing the respective donor grant agreements.

d – Includes new EUR 150 million pledge from the Global Vaccine Summit (GVS).

e – Includes new EUR 250 million pledge from the Global Vaccine Summit (GVS).

f – Gavi COVAX AMC pledge not signed yet.

g – Gavi core pledge not yet signed.

h – CEPI pledge not yet signed

Country co-financing commitments

	2020	2000–2019
Co-financing	105.3[a]	1,042.97

Notes:

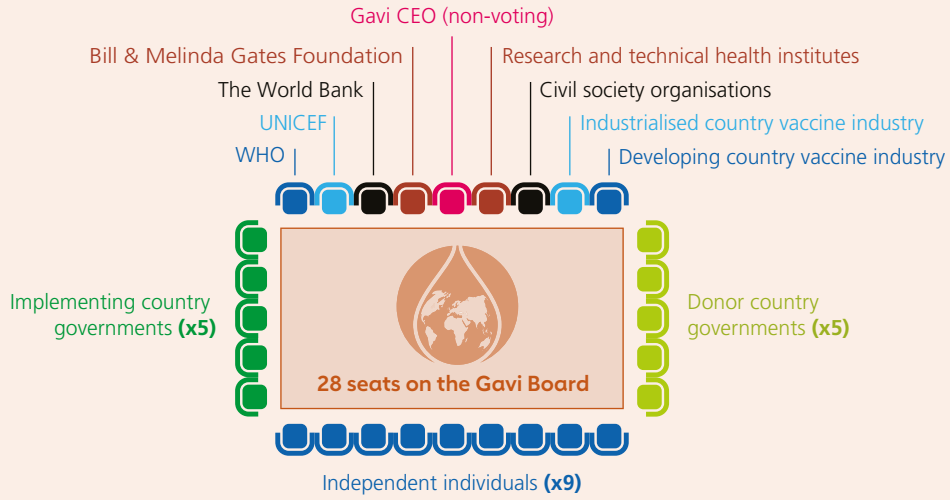
a – This includes the three countries with fiscal year alignment for which obligations were due by June 2020: Ethiopia, Kenya and Pakistan.

Source: Gavi, the Vaccine Alliance, 2021

2. Governance structure

as of 31 December 2020

The Gavi Board



Independent members

Ngozi Okonjo-Iweala, *Board Chair*
William Roedy
Margaret (Peggy) Hamburg
Afsaneh Beschloss
Helen Rees
Teresa Ressel
David Sidwell
Yibing Wu
Stephen Zinser

Organisations

WHO
Zsuzsanna Jakab

UNICEF
Omar Abdi

The World Bank
Muhammad Ali Pate

Bill & Melinda Gates Foundation
Orin Levine

Constituencies

Implementing country government representatives

Constituency 1: Ethiopia & Ghana
Lia Tadesse (Ethiopia)

Constituency 2: Myanmar & Lao People's Democratic Republic
Myint Htwe (Myanmar)

Constituency 3: Afghanistan & Pakistan
Ahmad Jawad Osmani (Afghanistan)

Constituency 4: Armenia & Honduras
Arsen Torosyan (Armenia)

Constituency 5: Chad & Congo
Abdoulaye Sabre Fadoul (Chad)

Donor government representatives

USA/Australia/Japan/Republic of Korea
Sarah Goulding (Australia), Vice Chair

United Kingdom/Qatar
Beth Arthy (United Kingdom)

Canada/Italy/Spain
Francesca Manno (Italy)

Germany/France/Luxembourg/ European Commission/Ireland
Jan Paehler (European Commission)

Norway/Netherlands/Sweden
Harriet Pedersen (Sweden)

Industrialised country vaccine industry
Roger Connor (GSK)

Developing country vaccine industry
Mahima Datla (Biological E. Limited)

Civil society organisations
Maty Dia (Global Financing Facility Civil Society Hub)

Research and technical health institutes
Marta Nunes (Vaccine Preventable Diseases/Respiratory and Meningeal Pathogens Research Unit, South Africa)

Non-voting member
Seth Berkley (CEO, Gavi)

Other Gavi-related governance structures

The International Finance Facility for Immunisation (IFFIm) Company

Cyrus Ardalan, Chair
Chairman, Citigroup Global Markets Limited

Fatimatou Zahra Diop
Former Secretary General, Central Bank of West African States (BCEAO)

Doris Herrera-Pol
Former Global Head of Capital Markets, the World Bank

Helge Weiner-Trapness
Founding Partner, Quintus Partners

Bertrand de Mazières
Director General, Finance Directorate, European Investment Bank

Jessica Pulay
Co-Head of Policy and Markets, UK Debt Management Office

Kenneth Lay
Senior Managing Director, The Rock Creek Group

Source: Gavi, the Vaccine Alliance, 2021

3. Contributions pledged to Gavi[a] includes pledges as of 31 December 2020 (US$ millions)

	2000–2010						2011–2015						2016–2020					
Donors	Direct contribution	Matching fund	Pneumococcal AMC	IFFIm[b]	Total	As % of grand total[c]	Direct contribution	Matching fund	Pneumococcal AMC	IFFIm[b]	Total	As % of grand total[c]	Direct contribution	Matching fund	Pneumococcal AMC	IFFIm[de]	Total	As % of grand total[c]
Australia	29				29	1%	242			28	270	4%	157			77	234	3%
Austria																		
Belgium																		
Bhutan																		
Brazil																3	3	<1%
Burkina Faso																		
Cameroon																		
Canada	152		125		277	7%	120		50		169	2%	405				405	4%
China													5				5	<1%
Colombia																		
Denmark	32				32	1%	13				13	<1%	11				11	<1%
Estonia																		
European Commission (EC)	58				58	1%	35				35	<1%	244				244	3%
Finland													3				3	<1%
France[f]	19			192	211	5%	127			306	433	6%	109			347	456	5%
Germany	22				22	1%	186				186	3%	699				699	8%
Greece																		
Iceland[g]													1				1	<1%
India							3				3	<1%	9				9	<1%
Ireland	30				30	1%	15				15	<1%	17				17	<1%
Italy			158	107	265	6%			266	152	418	6%	115		131	130	376	4%
Japan							54				54	1%	95				95	1%
Kuwait													1				1	<1%
Luxembourg	6				6	<1%	5				5	<1%	5				5	<1%
Mauritius													<1				<1	<1%
Monaco													1				1	<1%
Netherlands	216			14	230	5%	149			72	220	3%	211	11		82	304	3%
New Zealand																		
Niger																		
Norway	526		2	41	569	14%	612		42	94	748	10%	770			96	866	9%
Oman													3				3	<1%
Portugal																		
Qatar													10				10	<1%
Republic of Korea	<1				<1	<1%	7				7	<1%	22				22	<1%
Russian Federation			8		8	<1%			40		40	1%			22		22	<1%
Saudi Arabia													23				23	<1%
Singapore																		
South Africa				4	4	<1%				4	4	<1%				3	3	<1%
Spain	43			58	101	2%				51	51	1%				43	43	<1%
Sweden	123			10	132	3%	255			11	266	4%	189			9	198	<1%
Switzerland													14				14	<1%
Uganda																		
United Kingdom	137		22	153	313	7%	1,424	61	317	475	2,277	31%	1,378		85	696	2,159	23%
United States of America[h]	647				647	15%	733				733	10%	1,380				1,380	15%
Donor governments and the European Commisssion total:	2,039		316	578	2,933	70%	3,980	61	715	1,192	5,947	80%	5,875	11	238	1,487	7,612	82%

		2021–2025					2026–2037			
Direct contribution	Matching fund	Gavi COVAX AMC	Gavi COVAX AMC (IFFIm)	IFFIm[e]	Total	As % of grand total[c]	Gavi COVAX AMC (IFFIm)	IFFIm[e]	Total	As % of grand total[c]
221		30		74	326	3%		74	74	5%
		3			3	<1%				
		5			5	<1%				
		<1			<1	<1%				
				5	5	<1%		12	12	1%
1					1	<1%				
1					1	<1%				
462		255			717	6%				
20					20	<1%				
		1			1	<1%				
8		8			16	<1%				
		<1			<1	<1%				
366		122			488	4%				
305		122		658	1,084	9%		156	156	12%
722		219			940	8%				
		2			2	<1%				
		2			2	<1%				
15					15	<1%				
22					22	<1%				
122		104		175	401	3%		180	180	13%
100		200			300	2%				
		10			10	<1%				
6		1			7	<1%				
1		<1			1	<1%				
61	31	37		153	281	2%		153	153	11%
		12			12	<1%				
1					1	<1%				
683	24	25	58	211	1,001	8%	58	211	269	20%
<1					<1	<1%				
10		10			20	<1%				
30		10			40	<1%				
10					10	<1%				
		153			153	1%				
		5			5	<1%				
				5	5	<1%		1	1	<1%
				60	60	<1%	56		56	4%
208		12		3	222	2%				
		22			22	<1%				
1					1	<1%				
1,768	34	61	386	1,013	3,261	27%	287	170	457	34%
890					890	7%				
6,034	**88**	**1,429**	**444**	**2,356**	**10,352**	**85%**	**401**	**957**	**1,358**	**100%**

Notes:

a – Some contributions may be received by Gavi in years different to those for which the pledges were made.

b – A number of the "US$ equivalent values" of actual International Finance Facility for Immunisation (IFFIm) donor contributions received for 2006–2015 have been updated to reflect information received from the World Bank Group's International Bank for Reconstruction and Development (IBRD) at the end of 2016. The total sum of changes made is +US$ 4.5 million representing 0.25% of the total US$ 1.77 billion in contributions received during this period; changes at country level are also insignificant.

c – The percentages in this column pertain to each donor's share of the total amount pledged for the period.

d – IFFIm proceeds are allocated over five-year periods coinciding with Gavi's strategic periods. Proceeds for the current and future strategic periods are indicative until the end of each period and could be revised following changes in market conditions (interest rates or foreign exchange rates), the signing of new pledge(s) and/or changes in IFFIm's disbursement profile.

e – In 2018, the Gavi Board approved Gavi support for research and development of new vaccines by the Coalition for Epidemic Preparedness Innovations (CEPI) through an IFFIm transaction of NOK 600 million (US$ 66 million) to frontload an equivalent Norway grant for this purpose. Subsequently, in 2020, the Gavi Board approved Gavi support for research and development of new COVID-19 vaccines by CEPI, through a similar IFFIm arrangement. To date, IFFIm has raised US$ 206 million for this initiative supported by additional grants from Norway and Italy.

f – The Agence française de développement (AFD, French Development Agency), Gavi and the Bill & Melinda Gates Foundation signed an innovative partnership worth EUR 100 million over the 2016–2020 period. The partnership aims to increase vaccine coverage in six French-speaking countries of the Sahel region: Burkina Faso, Mali, Mauritania, Niger, Senegal and Chad.

g – Iceland prepaid its full US$ 1 million contribution in 2018, which covers the period from July 2018–June 2021.

h – The USA pledge of US$ 1.0 billion announced at Gavi's second donor pledging conference, hosted by the Government of Germany in Berlin in January 2015 –was for the years 2015–2018 and included US$ 800 million for 2016–2018. In addition to the pledge made in Berlin, the Government of the United States of America provided US$ 20 million to Gavi to be used for an Ebola vaccine stockpile once a licensed vaccine became available. The USA pledge of US$ 1.16 billion announced at Gavi's third donor pledging conference, the Global Vaccine Summit (GVS), hosted by the UK Government in June 2020, is for the years 2020–2023 and includes US$ 870 million for 2021–2023.

i – US$ 9 million, from the Bill & Melinda Gates Foundation's funding to the Gavi Matching Fund, in cash contributions to Last Mile Health and Living Goods, is matched by The Audacious Project, with US$ 9 million contributed directly to Last Mile Health and Living Goods for the implementation of the project.

j – Gavi Matching Fund (Bill & Melinda Gates Foundation): of the amounts matched, the following funds will be allocated for the Gavi COVAX AMC: Unicef UK Soccer Aid programme (up to £3 million; equivalent to US$ 3.97 million at 31 December 2020) and TikTok (US$ 5 million).

k – Girl Effect is an investor and implementer in Gavi's mission to drive increased uptake of the human papillomavirus (HPV) vaccine.

l – Gavi is working with Mastercard to implement Wellness Pass (WP) – a platform for digitising paper-based immunisation records via a secure chip card and an application that enables seamless usage in challenging environments. This enables record portability and accurate treatment even in offline health centres. The solution was planned to be piloted in five countries. Gavi's agreement with Mastercard covers the period 2019–2021.

m – TransferWise, a global technology company that specialises in moving money around the world, will waive all fees on donations to the Gavi COVAX AMC on its money transfer platform, up to a total amount of US$ 7 million.

n – Unilever provides resources to Gavi on a leveraged partnership project.

o – "Other donors" includes contributions from: (1) foundations: OPEC Fund for International Development (US$ 1.1 million); and (2) private sector organisations: Absolute Return for Kids (US$ 1.6 million), Anglo American plc (US$ 3.0 million), Dutch Postcode Lottery (US$ 3.2 million) and JP Morgan (US$ 2.4 million), in addition to other private sector donors.

p – In-kind contributions are not included in the foundations, organisations and corporations total above. As of 31 December 2020, the following organisations had contributed (or pledged) in-kind contributions for: (1) Gavi core programmes: Deutsche Post DHL Group, Girl Effect, Google.org, International Federation of Pharmaceutical Wholesalers (IFPW) Foundation, Lions Club International Foundation (LCIF), Orange SA, Philips, Shifo Foundation, Tencent Holdings, Unilever, The UPS Foundation and Vodafone; and (2) Gavi COVAX AMC: Citigroup Global Markets Limited.

Source: Gavi, the Vaccine Alliance, 2021

3. Contributions pledged to Gavi[a] includes pledges as of 31 December 2020 (US$ millions)

Donors	2000–2010						2011–2015						2016–2020					
	Direct contribution	Matching fund	Pneumococcal AMC	IFFIm[b]	Total	As % of grand total[c]	Direct contribution	Matching fund	Pneumococcal AMC	IFFIm[b]	Total	As % of grand total[c]	Direct contribution	Matching fund	Pneumococcal AMC	IFFIm[de]	Total	As % of grand total[c]
Airtel																		
Al Ansari Exchange													1				1	<1%
Alwaleed Philanthropies													3				3	<1%
Audacious Alliance[i]														9				
Bill & Melinda Gates Foundation[j]	1,213		20		1,233	29%	1,237	50	24		1,310	18%	1,482	70			1,552	17%
Children's Investment Fund Foundation (CIFF), UK								32			32	<1%						
China Merchants Charitable Foundation (CMCF)														2				<1%
Comic Relief								20			20	<1%		8			8	<1%
ELMA Vaccines & Immunization Foundation								2			2	<1%		2			2	<1%
Girl Effect[k]														4			4	<1%
His Highness Sheikh Mohamed bin Zayed Al Nahyan							33				33	<1%	5				5	<1%
International Federation of Pharmaceutical Wholesalers (IFPW) Foundation													1	1			2	<1%
King Salman Humanitarian Aid & Relief Centre (KSrelief)/Gamers Without Borders																		
"la Caixa" Foundation	16				16	<1%		11			11	<1%		17			17	<1%
Laerdal																		
LDS Charities								7			7	<1%	4				4	<1%
Lions Clubs International Foundation (LCIF)								15			15	<1%		15			15	<1%
Mastercard[l]														4			4	<1%
Reckitt Benckiser (RB) Group														1			1	<1%
Red Nose Day Fund							1				1	<1%	1	5			6	<1%
Reed Hastings and Patty Quillin																		
Rockefeller Foundation																		
Shell International B.V.																		
TikTok																		
TransferWise[m]																		
UBA Foundation																		
Unilever[n]														4			4	<1%
UPS																		
Other donors[o]	12				12	<1%	6	11			18	<1%	4				4	<1%
Foundations, organisations and corporations total:[p]	1,241		20		1,261	30%	1,277	148	24		1,449	20%	1,502	142			1,643	18%
Grand total:	3,280		336	578	4,194	100%	5,257	209	738	1,192	7,396	100%	7,377	153	238	1,487	9,255	100%
PLEDGES TO CEPI																		
Italy																		
Norway																		
Pledges to CEPI total:																		
Total pledges, including CEPI:																		

					2021–2025				2026–2037	
Direct contribution	Matching fund	Gavi COVAX AMC	Gavi COVAX AMC (IFFIm)	IFFIm[e]	Total	As % of grand total[c]	Gavi COVAX AMC (IFFIm)	IFFIm[e]	Total	As % of grand total[c]
	2				2	<1%				
3					3	<1%				
1,525	75	156			1,756	14%				
2					2	<1%				
		1			1	<1%				
5					5	<1%				
		1			1	<1%				
		30			30	<1%				
5					5	<1%				
		10			10	<1%				
	5	5			10	<1%				
		7			7	<1%				
	2				2	<1%				
	4				4	<1%				
	2				2	<1%				
		22			22	<1%				
1,540	89	233			1,861	15%				
7,574	177	1,662	444	2,356	12,213	100%	401	957	1,358	100%
				6				<1		
				166				100		
				172				100		
				2,528	12,385			1,057	1,458	

General notes regarding reporting of US$ equivalents (for contributions made to Gavi in currencies other than US$)

Direct contributions (including Gavi Matching Fund)

Received contributions: non-US$ contributions for 2000–2020 are expressed in US$ equivalents using the exchange rates on the dates of receipt. For 2014–2020, where contributions were hedged to mitigate currency risk exposure, these have been expressed using the rates applicable to the hedge agreement.

Future contributions (for pledges made prior to the June 2020 donor pledging conference): non-US$ direct contribution and Gavi Matching Fund pledges for years 2021 and beyond are expressed in US$ equivalents using the applicable "forecast rates" from Bloomberg as of 31 December 2020 or using the rates applicable to any hedge agreement in place.

Future contributions (for pledges at the June 2020 donor pledging conference): non-US$ direct contribution and Gavi Matching Fund pledges for years 2021 and beyond are expressed in US$ equivalents using the spot rates from Bloomberg as of 31 December 2020 or using the rates applicable to any hedge agreement in place.

IFFIm contributions

Received contributions: non-US$ contributions for 2000–2020 are expressed in US$ equivalents as confirmed by the IBRD.

Future contributions: non-US$ contributions for years 2021 and beyond are expressed in US$ equivalents as follows:

- for signed contribution agreements, contributions are expressed in US$ equivalents using the exchange rates at the time of signing the respective donor grant agreements; and
- for contribution agreements not yet signed, contributions are expressed in US$ equivalents using the applicable "spot rates" from Bloomberg as of 31 December 2020.

General notes regarding IFFIm contributions:

Due to IFFIm's nature as a frontloading vehicle, yearly contributions paid into IFFIm can differ significantly from yearly proceeds transferred to Gavi.

While IFFIm grants are irrevocable and legally binding, they are subject to a Grant Payment Condition that can potentially reduce the donor's amount due, in the event that a Gavi-supported country is in protracted arrears with the International Monetary Fund (IMF). IFFIm donor grant payments made during 2020 were accordingly reduced by 0.5%, reflecting the number of these countries in arrears during that time. However, as the number of these countries in protracted arrears with the IMF can evolve, Gavi is not taking any assumption on future grant reduction value and reports future grants payable in full as indicated in the respective grant agreements.

Source: Gavi, the Vaccine Alliance, 2021

4. Commitments for country programmes 2000–2024[a]

as of 31 December 2020 (US$ millions)

Country	New and underused vaccine support	Health system strengthening support	Immunisation services support	Operational support	Injection safety support	Vaccine introduction grant	Civil society organisation support[b]	Human papillomavirus vaccine demonstration cash support	Product switch grant	Transition grant	Ebola EPI recovery grant	Cold chain equipment optimisation platform	Yellow Fever Diagnostics	Total
Afghanistan	258.7	114.4	14.0	12.3	1.7	3.5	3.6		0.7			6.9		**415.7**
Albania	2.1				0.1	0.3								**2.5**
Angola	118.5	5.8	3.0	0.9	1.3	3.7			0.3	2.4				**135.9**
Armenia	4.8	0.3	0.1		0.1	0.5		0.2	<0.0	0.6				**6.5**
Azerbaijan	13.0	0.6	0.7		0.2	0.2								**14.7**
Bangladesh	700.9	135.9	23.2	26.6	6.1	8.0		0.2	0.3			1.4		**902.8**
Benin	131.0	9.3	0.2	6.1	0.4	1.6		0.2				2.3	<0.0	**151.0**
Bhutan	1.4	0.2			<0.0	0.3			<0.0	0.2				**2.2**
Bolivia (Plurinational state of)	28.7	5.4	0.3		0.9	0.8			0.1	1.2				**37.3**
Bosnia & Herzegovina	2.1				0.1	0.1								**2.3**
Burkina Faso	222.9	26.9	9.7	10.7	0.9	3.6		0.2	0.8			3.8	<0.0	**279.6**
Burundi	138.0	56.8	3.7	8.3	0.4	1.6	0.5	0.2	0.1					**209.6**
Cambodia	72.7	38.8	2.0	6.9	0.6	1.5		0.2						**122.8**
Cameroon	199.6	30.6	7.6	10.0	1.0	4.3		0.2	0.5			3.2	0.1	**257.0**
Central African Republic	47.1	16.7	1.9	3.9	0.1	0.6						1.6	<0.0	**72.0**
Chad	66.6	35.5	2.6	10.9	0.4	1.9			0.2			4.5	<0.0	**122.7**
China	22.0				15.9	0.8								**38.7**
Comoros	2.1	5.4	0.1	0.2	<0.0	0.5								**8.3**
Congo	28.0	15.6	1.7	2.2	0.2	0.8				0.4		0.7	<0.0	**49.7**
Côte d'Ivoire	193.5	23.4	8.8	19.0	1.6	4.4		0.2	0.5			2.7	0.1	**254.1**
Cuba	1.7	2.4			0.4	0.1				0.2				**4.6**
Democratic People's Republic of Korea	37.4	43.5	2.2	4.4	0.7	0.9								**89.2**
Democratic Republic of the Congo	1,016.7	307.6	25.8	115.7	2.7	8.1	9.8		1.8		9.2	21.7	<0.0	**1,519.0**
Djibouti	5.1	3.7	0.2		<0.0	0.4						0.3		**9.6**
Eritrea	25.5	21.3	0.4	3.0	0.1	0.9			0.1			1.0		**52.3**
Ethiopia	871.0	262.5	23.4	60.4	2.7	10.7	3.2	0.2	0.8			20.9	<0.0	**1,255.9**
Gambia	29.2	5.9	0.7	1.5	0.1	1.2		0.2	0.1			0.7		**39.5**
Georgia	4.4	0.4	0.1		0.1	0.4		0.2		0.6				**6.2**
Ghana	290.9	40.5	5.3	19.8	0.9	3.6	0.8	0.2	0.2			2.4	<0.0	**364.6**
Guinea	36.6	28.6	2.9	3.8	0.3	1.3					6.1	8.7	<0.0	**88.4**
Guinea-Bissau	12.9	5.2	0.5	1.0	0.1	0.5						0.6		**20.8**
Guyana	3.8		0.1	<0.0		0.5				0.4				**4.7**
Haiti	33.2	12.6	1.3	0.9	0.4	0.9						5.7		**55.0**
Honduras	33.6	9.2	0.1		0.5	0.6				0.4				**44.4**
India	739.3	209.2		8.5	18.4	0.4								**975.9**
Indonesia	139.4	24.8	12.6		9.9	11.7	3.9	0.2						**202.5**
Kenya	502.4	44.5	6.4	18.7	1.1	6.2		0.3	0.4			6.1	<0.0	**586.3**
Kiribati	0.4					0.3								**0.7**
Kyrgyzstan	23.1	8.0	0.8		0.2	0.6						0.6		**33.3**
Lao People's Democratic Republic	34.5	16.8	1.4	1.2	0.3	1.3		0.2	<0.0	1.6		0.7		**58.0**
Lesotho	7.8	2.4	0.1	0.6	0.1	0.6			<0.0			0.4		**12.1**
Liberia	37.1	21.2	2.2	1.9	0.4	1.1		0.2	0.1		2.8	1.4	<0.0	**68.4**
Madagascar	192.9	26.3	4.1		0.6	3.0		0.2	0.4			6.6		**234.1**
Malawi	224.1	63.3	2.0	6.2	0.7	3.6		0.2	0.2			4.4		**304.7**
Mali	214.8	36.7	5.0	4.5	0.7	2.4		0.1	0.4				<0.0	**264.6**
Mauritania	33.3	6.7	0.7	2.0	0.2	0.9			<0.0			0.6		**44.5**
Mongolia	7.3	0.5	0.5	0.1	0.1	0.2								**8.7**
Mozambique	282.4	32.6	1.7	7.9	0.8	3.1		0.2	0.3			5.1		**334.1**

Country	New and underused vaccine support	Health system strengthening support	Immunisation services support	Operational support	Injection safety support	Vaccine introduction grant	Civil society organisation support[b]	Human papillomavirus vaccine demonstration cash support	Product switch grant	Transition grant	Ebola EPI recovery grant	Cold chain equipment optimisation platform	Yellow Fever Diagnostics	Total
Myanmar	165.0	116.6	7.7	23.0	2.1	7.8						3.3		**325.6**
Nepal	115.8	74.3	3.3	4.4	1.2	3.7		0.2	0.2			2.7		**205.8**
Nicaragua	34.9	3.8	0.3		0.5	0.3			<0.0	0.8				**40.6**
Niger	177.4	77.2	7.4	6.7	0.9	3.6		0.3	0.4			6.5	<0.0	**280.5**
Nigeria[c]	947.7	159.6	44.2	171.3	12.6	25.0			4.2			23.0	0.2	**1,387.8**
Pakistan	1,381.2	161.8	48.8	62.7	7.4	20.9	7.6		5.5			23.1		**1,718.9**
Papua New Guinea	30.3	18.6	0.4	9.7		0.6			0.1			1.0		**60.7**
Republic of Moldova	5.6				0.1	0.5		0.2		0.7				**7.2**
Rwanda	144.7	30.5	3.0	4.2	0.4	1.4			0.2			1.8		**186.1**
Sao Tome and Principe	1.9	3.7	0.1	<0.0	<0.0	0.8		0.2						**6.7**
Senegal	152.4	21.8	2.6	8.8	0.6	2.7		0.2	0.1			2.5	<0.0	**191.7**
Sierra Leone	70.1	17.0	2.7	2.3	0.3	1.3		0.2	0.2		3.8	1.3		**99.1**
Solomon Islands	3.6	6.2		0.2		0.6		0.2				0.6		**11.5**
Somalia	19.1	50.9	1.2	3.6	0.2	0.7			0.1			2.7		**78.6**
South Sudan	26.2	53.3	4.5	8.1	0.2	0.6			0.2			3.9	<0.0	**97.1**
Sri Lanka	24.0	4.4			0.7	0.9				0.1				**30.2**
Syria	7.9											5.5		**13.4**
Sudan	399.6	58.9	11.2	45.3	1.3	5.3			0.4			3.1	<0.0	**525.1**
Tajikistan	32.3	16.9	2.4	0.3	0.3	0.8						0.9		**54.0**
Timor-Leste	1.5	3.1				0.2			<0.0	1.5				**6.3**
Togo	58.8	10.2	3.0	4.4	0.3	1.4		0.2	0.2			1.4	<0.0	**79.9**
Turkmenistan	1.0				0.2	0.1								**1.2**
Uganda	406.6	60.3	9.2	16.1	1.2	7.1			0.5			10.6	<0.0	**511.6**
Ukraine	2.7				0.7	0.1								**3.5**
United Republic of Tanzania	505.2	62.6	11.4	18.2	1.0	8.8		0.2				8.9		**616.2**
Uzbekistan	78.7	25.5	<0.0		0.7	2.6				0.8		1.2		**109.5**
Viet Nam	146.7	40.7	1.9	15.6	3.2	3.2			0.6	3.2		2.6		**217.8**
Yemen	250.1	24.0	5.0	10.5	1.2	2.1			0.3			4.3		**297.5**
Zambia	177.1	16.7	3.9	6.6	0.7	3.5			<0.0			1.6		**210.0**
Zimbabwe	135.5	28.9	1.5	9.4	0.9	2.1		0.2	0.2			2.8		**181.6**
Grand Total	**12,598.3**	**2,905.8**	**355.9**	**812.3**	**113.5**	**212.8**	**29.2**	**5.8**	**21.6**	**15.2**	**21.9**	**230.1**	**1.1**	**17,323.5**

Notes:

a – Commitments represent endorsements of multi-year programme budgets made by the Gavi Board (or Executive Committee) or the Gavi CEO. These endorsements do not constitute a liability to pay but instead send a positive signal that Gavi intends to fund a programme over its entire lifespan subject to performance and availability of funds.

b – Civil society organisation Type A not included as these approvals are not country specific.

c – The Board has approved the extension of Nigeria's "Accelerated Transition" period and within it a total support of up US$ 1 billion. The above table includes a subset of this figure as Commitments, that has been fully endorsed to date.

General note:

Values have been adjusted to reflect the final actual amount disbursed.

Figures in the above table are expressed in millions with 1 decimal.

Source: Gavi, the Vaccine Alliance, 2021

5. Board approvals for country programme expenditure 2000–2021[a]

as of 31 December 2020 (US$ millions)

Country	New and underused vaccine support	Health system strengthening support	Immunisation services support	Operational support	Injection safety support	Vaccine introduction grant	Civil society organisation support[b]	Human papillomavirus vaccine demonstration cash support	Product switch grant	Transition grant	Ebola EPI recovery grant	Cold chain equipment optimisation platform	Yellow Fever Diagnostics	Total
Afghanistan	258.7	110.5	14.0	12.3	1.7	3.5	3.6		0.7			6.9		411.9
Albania	2.1				0.1	0.3								2.5
Angola	118.5	5.8	3.0	0.9	1.3	3.7			0.3	2.4				135.9
Armenia	4.8	0.3	0.1		0.1	0.5		0.2	<0.0	0.6				6.5
Azerbaijan	13.0	0.6	0.7		0.2	0.2								14.7
Bangladesh	652.4	113.3	23.2	26.6	6.1	8.0		0.2	0.3			0.9		831.2
Benin	117.8	8.5	0.2	6.1	0.4	1.6		0.2				2.3	<0.0	137.0
Bhutan	1.4	0.2			<0.0	0.3			<0.0	0.2				2.1
Bolivia (Plurinational state of)	28.7	5.4	0.3		0.9	0.8			0.1	1.2				37.3
Bosnia & Herzegovina	2.1				0.1	0.1								2.3
Burkina Faso	222.9	24.7	9.7	10.7	0.9	3.6		0.1	0.8			3.8	<0.0	277.3
Burundi	123.8	56.8	3.7	8.3	0.4	1.6	0.5	0.2	0.1					195.3
Cambodia	72.7	38.8	1.8	6.9	0.6	1.5		0.2						122.6
Cameroon	199.6	12.7	7.6	10.0	1.0	4.3		0.2	0.5			3.2	0.1	239.0
Central African Republic	40.1	16.7	1.6	3.9	0.1	0.6						1.6	<0.0	64.7
Chad	62.8	22.4	2.6	10.9	0.4	1.9			0.2			4.5	<0.0	105.7
China	22.0				15.9	0.8								38.7
Comoros	2.1	4.6	0.1	0.2	<0.0	0.5								7.5
Congo	27.2	12.5	1.7	2.2	0.2	0.8				0.4		0.7	<0.0	45.7
Côte d'Ivoire	184.8	19.5	8.8	19.0	1.6	4.4		0.2	0.5			2.0	0.1	240.8
Cuba	1.7	2.4			0.4	0.1				0.2				4.6
Democratic People's Republic of Korea	37.4	43.5	2.2	4.4	0.7	0.9								89.2
Democratic Republic of the Congo	759.7	256.3	25.8	80.8	2.7	8.1	9.8		1.8		9.2	21.7	<0.0	1,175.9
Djibouti	5.1	3.7	0.2		<0.0	0.4						0.3		9.6
Eritrea	25.5	18.9	0.4	3.0	0.1	0.9			0.1			1.0		49.9
Ethiopia	871.0	262.5	23.4	58.0	2.7	10.7	3.2	0.2	0.8			20.9	<0.0	1,253.5
Gambia	29.2	4.6	0.7	1.5	0.1	1.2		0.2	0.1			0.7		38.3
Georgia	4.4	0.4	0.1		0.1	0.4		0.2		0.6				6.2
Ghana	290.9	36.5	5.3	19.8	0.9	3.6	0.8	0.2	0.2			2.4	<0.0	360.6
Guinea	36.6	26.3	2.9	3.8	0.3	1.3					6.1	8.7	<0.0	86.2
Guinea-Bissau	11.7	3.7	0.5	1.0	0.1	0.5						0.6		18.2
Guyana	3.8		0.1	<0.0		0.5				0.4				4.7
Haiti	33.2	7.7	1.3	0.9	0.4	0.9						5.7		50.1
Honduras	33.6	9.2	0.1		0.5	0.6				0.4				44.4
India	739.3	197.8		8.5	18.4	0.4								964.4
Indonesia	139.4	24.8	12.6		9.9	11.7	3.9	0.2						202.5
Kenya	502.4	44.5	6.4	18.7	1.1	6.2		0.3	0.4			6.1	<0.0	586.3
Kiribati	0.3					0.3								0.6
Kyrgyzstan	23.1	8.0	0.8		0.2	0.6						0.6		33.3
Lao People's Democratic Republic	32.1	16.8	1.4	1.2	0.3	1.3		0.2	<0.0	1.6		0.7		55.5
Lesotho	7.2	2.4	0.1	0.6	0.1	0.6			<0.0			0.4		11.5
Liberia	37.1	18.9	2.2	1.9	0.4	1.1		0.2	0.1		2.8	1.4	<0.0	66.1
Madagascar	192.9	26.3	4.1		0.6	3.0		0.2	0.4			6.6		234.1
Malawi	224.1	49.6	2.0	6.2	0.7	3.6		0.2	0.2			3.3		289.9
Mali	214.8	36.7	5.0	4.5	0.7	2.4		<0.0	0.4				<0.0	264.5
Mauritania	33.1	5.3	0.7	2.0	0.2	0.9			<0.0			0.6		42.9
Mongolia	6.7	0.5	0.5	0.1	0.1	0.2								8.1
Mozambique	221.5	32.6	1.7	7.9	0.8	3.1		0.2	0.3			4.6		272.7

Country	New and underused vaccine support	Health system strengthening support	Immunisation services support	Operational support	Injection safety support	Vaccine introduction grant	Civil society organisation support[b]	Human papillomavirus vaccine demonstration cash support	Product switch grant	Transition grant	Ebola EPI recovery grant	Cold chain equipment optimisation platform	Yellow Fever Diagnostics	Total
Myanmar	165.0	116.6	7.7	23.0	2.1	7.8						3.3		**325.6**
Nepal	115.8	63.4	3.3	4.4	1.2	3.7		0.2	0.2			1.4		**193.5**
Nicaragua	34.9	3.8	0.3		0.5	0.3			<0.0	0.8				**40.6**
Niger	177.4	68.1	7.4	6.7	0.9	3.6		0.2	0.4			6.5	<0.0	**271.4**
Nigeria	895.7	96.8	44.2	171.3	12.6	25.0			4.2			23.0	0.2	**1,273.0**
Pakistan	1,381.2	161.8	48.8	62.7	7.4	20.9	7.6		5.5			23.1		**1,718.9**
Papua New Guinea	30.3	18.6	0.4	9.7		0.6			0.1			1.0		**60.7**
Republic of Moldova	5.6				0.1	0.5		0.2		0.7				**7.2**
Rwanda	144.7	25.6	3.0	4.2	0.4	1.4			0.2			1.8		**181.1**
Sao Tome and Principe	1.8	3.7	0.1	<0.0	<0.0	0.8		0.1						**6.6**
Senegal	130.7	21.8	2.6	8.8	0.6	2.7		0.1	0.1			2.5	<0.0	**170.0**
Sierra Leone	70.1	13.9	2.7	2.3	0.3	1.3		0.2	0.2		3.8	1.3		**96.0**
Solomon Islands	3.6	6.2		0.2		0.6		0.1				0.6		**11.5**
Somalia	19.1	42.3	1.2	3.6	0.2	0.7			0.1			2.6		**69.9**
South Sudan	24.0	53.3	4.5	8.1	0.2	0.6			0.2			3.9	<0.0	**94.9**
Sri Lanka	24.0	4.4			0.7	0.9				0.1				**30.2**
Sudan	397.8	58.9	11.2	45.3	1.3	5.3			0.4			3.1	<0.0	**523.3**
Syria	6.1											1.0		**7.1**
Tajikistan	32.3	14.9	2.4	0.3	0.3	0.8						0.7		**51.7**
Timor-Leste	1.5	3.1				0.2			<0.0	1.5				**6.3**
Togo	58.8	9.0	3.0	4.4	0.3	1.4		0.2	0.2			1.4	<0.0	**78.8**
Turkmenistan	1.0				0.2	0.1								**1.2**
Uganda	406.6	54.5	9.2	16.1	1.2	7.1			0.5			10.6	<0.0	**505.8**
Ukraine	2.7				0.7	0.1								**3.5**
United Republic of Tanzania	474.7	50.2	11.4	16.0	1.0	8.8		0.2				8.9		**571.1**
Uzbekistan	78.2	25.5	<0.0		0.7	2.6				0.8		1.2		**109.0**
Viet Nam	146.7	40.7	1.9	15.6	3.2	3.2			0.6	3.2		2.6		**217.8**
Yemen	250.1	24.0	5.0	10.5	1.2	2.1			0.3			3.6		**296.8**
Zambia	177.1	14.9	3.9	6.6	0.7	3.5			<0.0			1.6		**208.1**
Zimbabwe	135.5	23.3	1.5	9.4	0.9	2.1		0.1	0.2			2.8		**176.0**
Grand Total	**12,068.5**	**2,612.5**	**355.5**	**772.8**	**113.5**	**212.8**	**29.2**	**5.4**	**21.6**	**15.1**	**21.9**	**220.5**	**1.1**	**16,450.4**

Notes:

a – Approvals are a subset of commitments that have been approved by the Board or Gavi CEO. Only such approved amounts can be disbursed subject to all other conditions for disbursement being met by the countries. Approvals are typically granted for the current year and one further year.

b – Civil society organisation Type A not included as these approvals are not country specific.

General notes:

Approvals for Gavi Phase I (2000–2006) have been adjusted to reflect the actual disbursement values.

Figures in the above table are expressed in millions with 1 decimal.

Source: Gavi, the Vaccine Alliance, 2021

6. Commitments and Board approvals for investment cases

as of 31 December 2020 (US$ millions)

Commitments for investment cases 2003–2022[a]

Programme	Vaccines	Operational costs	Cold chain equipment	Implementation costs	Total
Measles	60.4	115.6			**176.0**
Measles-Rubella Initiative	22.0	53.0			**75.0**
Meningococcal meningitis	209.1	34.3			**243.4**
Maternal and neonatal tetanus	16.3	45.3			**61.6**
Polio	143.3	48.0			**191.3**
Yellow fever	172.4	49.3			**221.8**
Cholera	166.9	35.0			**201.9**
Ebola	94.2	3.0			**97.2**
Humanitarian response (Syria)	36.1		17.0		**53.1**
Malaria vaccine pilots				27.5	**27.5**
Other	5.0	265.9			**270.9**
Total:	**925.6**	**649.5**	**17.0**	**27.5**	**1,619.6**

Board approvals for investment case expenditure 2003–2021[b]

Programme	Vaccines	Operational costs	Cold chain equipment	Implementation costs	Total
Measles	60.4	115.6			**176.0**
Measles-Rubella Initiative	22.0	53.0			**75.0**
Meningococcal meningitis	100.5	29.1			**129.6**
Maternal and neonatal tetanus	16.3	45.3			**61.6**
Polio	143.3	48.0			**191.3**
Yellow fever	172.3	49.3			**221.6**
Cholera	107.0	26.6			**133.6**
Ebola	94.2	1.0			**95.2**
Humanitarian response (Syria)	36.1		17.0		**53.1**
Malaria vaccine pilots				24.6	**24.6**
Other	5.0	265.9			**270.9**
Total:	**757.0**	**633.9**	**17.0**	**24.6**	**1,432.5**

Notes:

a – Commitments represent endorsements of multi-year programme budgets made by the Gavi Board (or Executive Committee) or the Gavi CEO. These endorsements do not constitute a liability to pay but instead send a positive signal that Gavi intends to fund a programme over its entire lifespan, subject to performance and availability of funds.

b – Approvals are a subset of commitments that have been approved by the Gavi Board or the Gavi CEO. Only such approved amounts can be disbursed, subject to all other conditions for disbursement being met by the countries. Approvals are typically granted for the current year and one further year.

Source: Gavi, the Vaccine Alliance, 2021

The Vaccine Alliance is funded by

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Credits

Editor-in-chief: Amanda Tschopp

Graphic concept and design: Mike Harrison; Studio Miko

Project and data coordinator: Susann Kongstad

Proofreader: Mandy Collins

Contributors: Elie Akiki, Emmanuel Bor, Chimwemwe Chitsulo, Will Cole, Alex de Jonquieres, Tanguy Flahault, Yann Folly, Ashley Germann, Paula Gonzalez, Duncan Graham-Rowe, Dan Hogan, Megan Holloway, Taylor Holroyd, Alice Ma, Alain McLaren, Francisco Luquero, Susan Mackay, Sushila Maharjan, Lizna Makhani, Todi Mengistu, Dita Mocova, Jean Munro, Chioma Nwachukwu, Hiro Onoda, Cassandra Quintanilla, Karan Sagar, Nteranya Sanginga, Jacques Schmitz, Moz Siddiqui, Stephen Sosler, Josh Wunderlich – and innumerable others across the Gavi Secretariat upon whose expertise, assiduous review and hard work this report relied

Digital and social media: Alister Bignell, Elinore Court, James Fulker, Jess Gergen, Priya Joi, Natasa Milovanovic, Natalie Ng, Evan O'Connell, Toni Parsons, Svetlomir Slavchev

Director of communications: Olly Cann

Director of publications: Pascal Barollier

Cover photography: Gavi/2020/Maya Hautefeuille

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Annual Progress Report

2020
2019
2018
2017
2016

6.9 million future deaths were prevented thanks to vaccination with Gavi-funded vaccines from 2016–2020, exceeding our target of 5–6 million by 2020

Gavi
The Vaccine Alliance

Global Health Campus
Chemin du Pommier 40
1218 Le Grand-Saconnex
Geneva, Switzerland

Tel: +41 22 909 65 00
Fax: +41 22 909 65 50
info@gavi.org

www.gavi.org

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