

Applying an equity lens to immunization to close the global immunization gap

Anuradha Gupta, Gavi, 17 August 2020

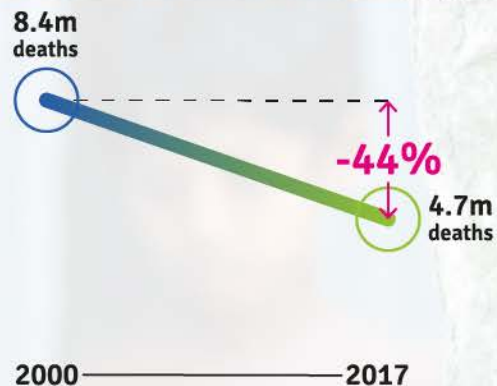




“LIFE or DEATH for a young child too often depends on whether he is born in a country where VACCINES are available or not.”

Nelson Mandela

Decline in under-5 mortality in Gavi supported countries

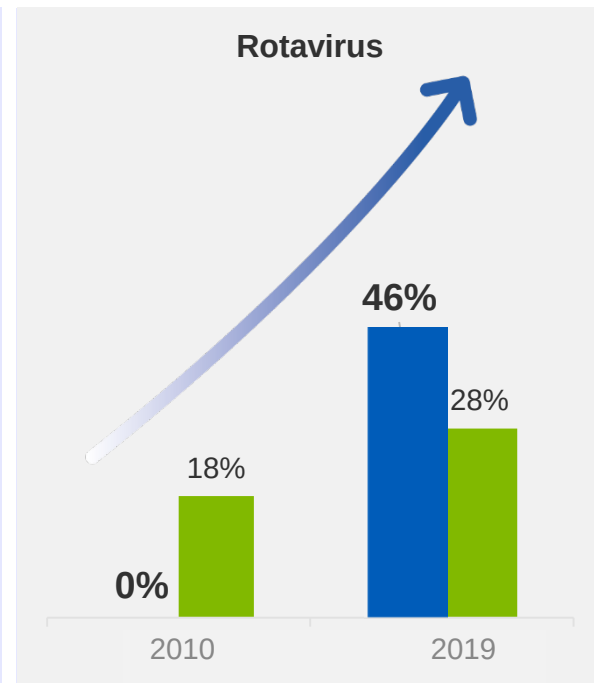
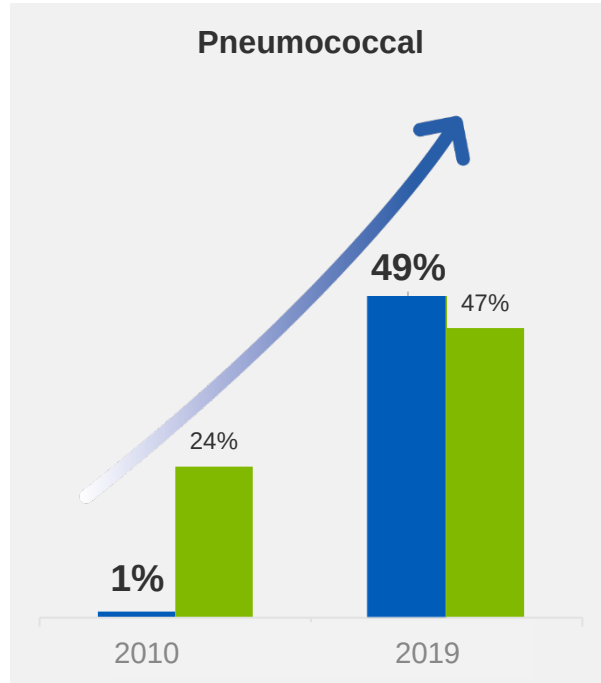
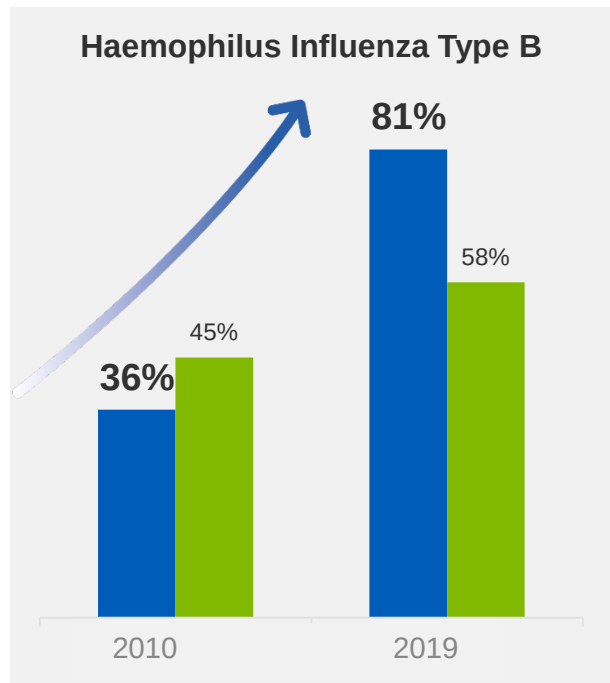


Much steeper decline in deaths from vaccine-preventable diseases



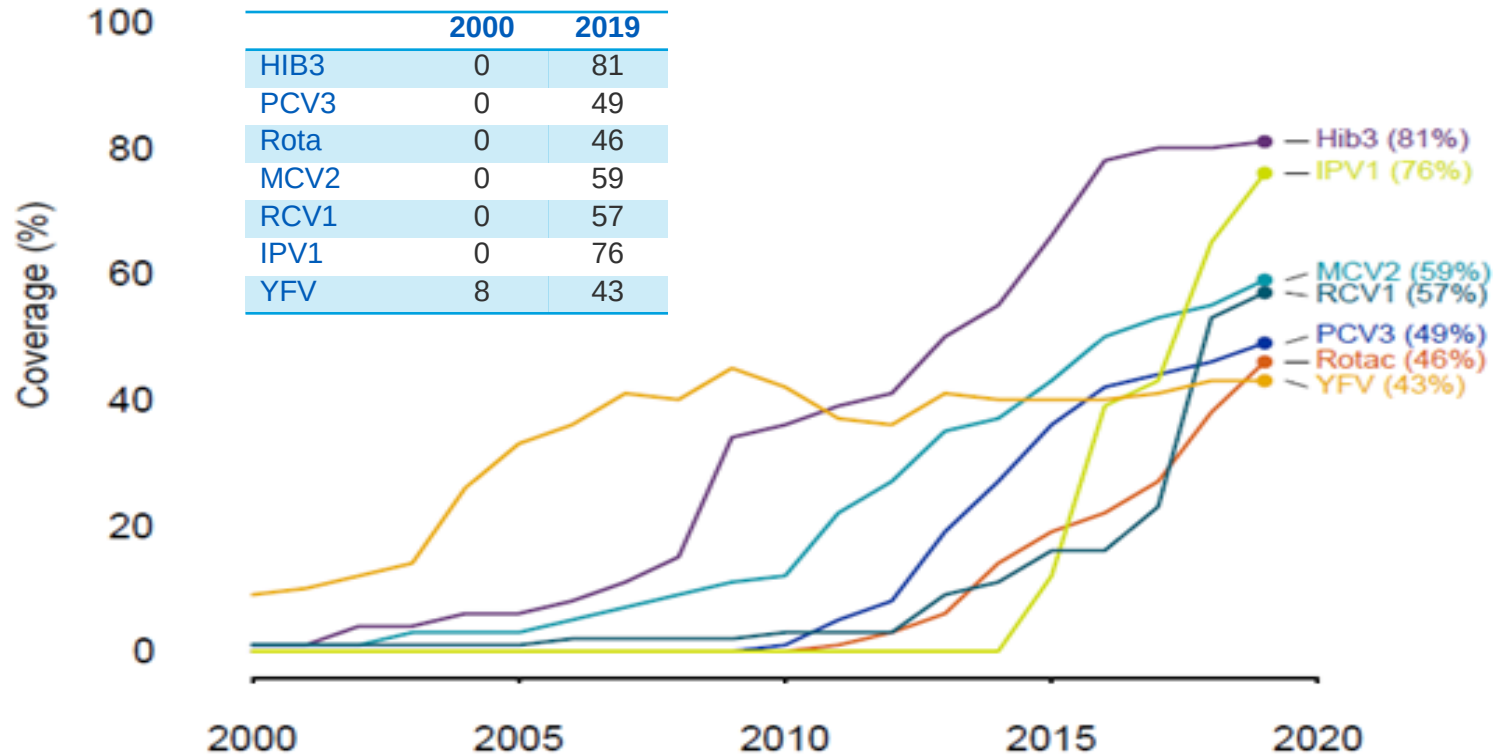
Closing the vaccine gap between low and high income countries at pace

Coverage rates between Gavi and non-Gavi countries

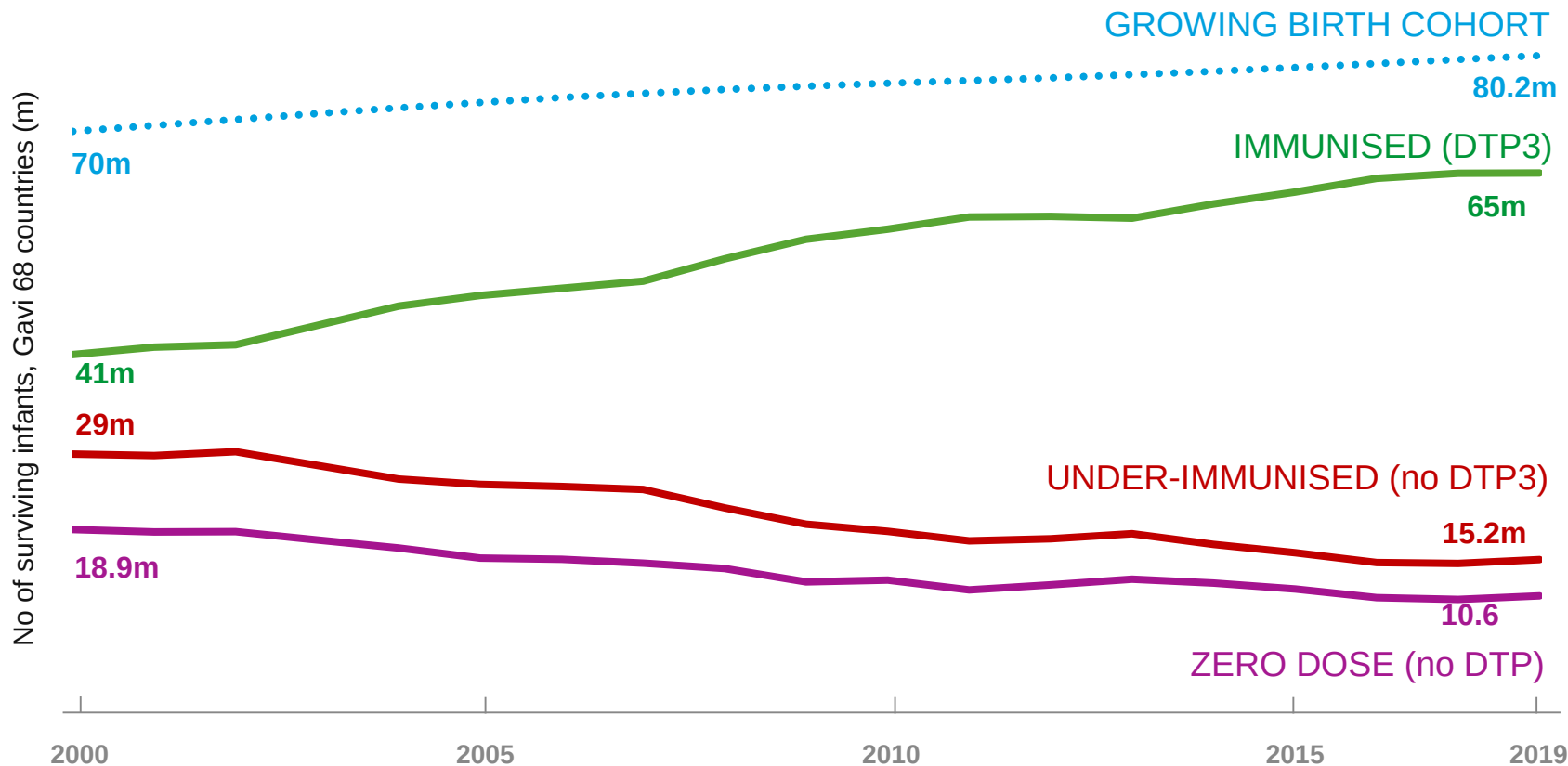


■ Gavi ■ Non Gavi

More children are being reached with more vaccines



Despite progress, there are zero dose and under-immunised children

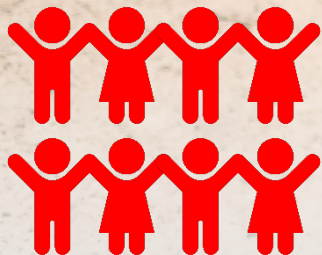


Zero dose child is a marker of acute inequity & poverty

An opportunity for **multi-agency,**
multi-sectoral action



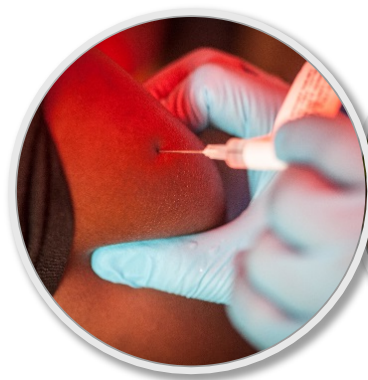
—— US \$1.90 —— ◀ poverty line



2 out of 3 zero dose children live
in households surviving on **less**
than \$1.90 a day



Missed communities are often epicentres of outbreaks and hold the key to prevention



Yellow fever



Measles



Meningitis



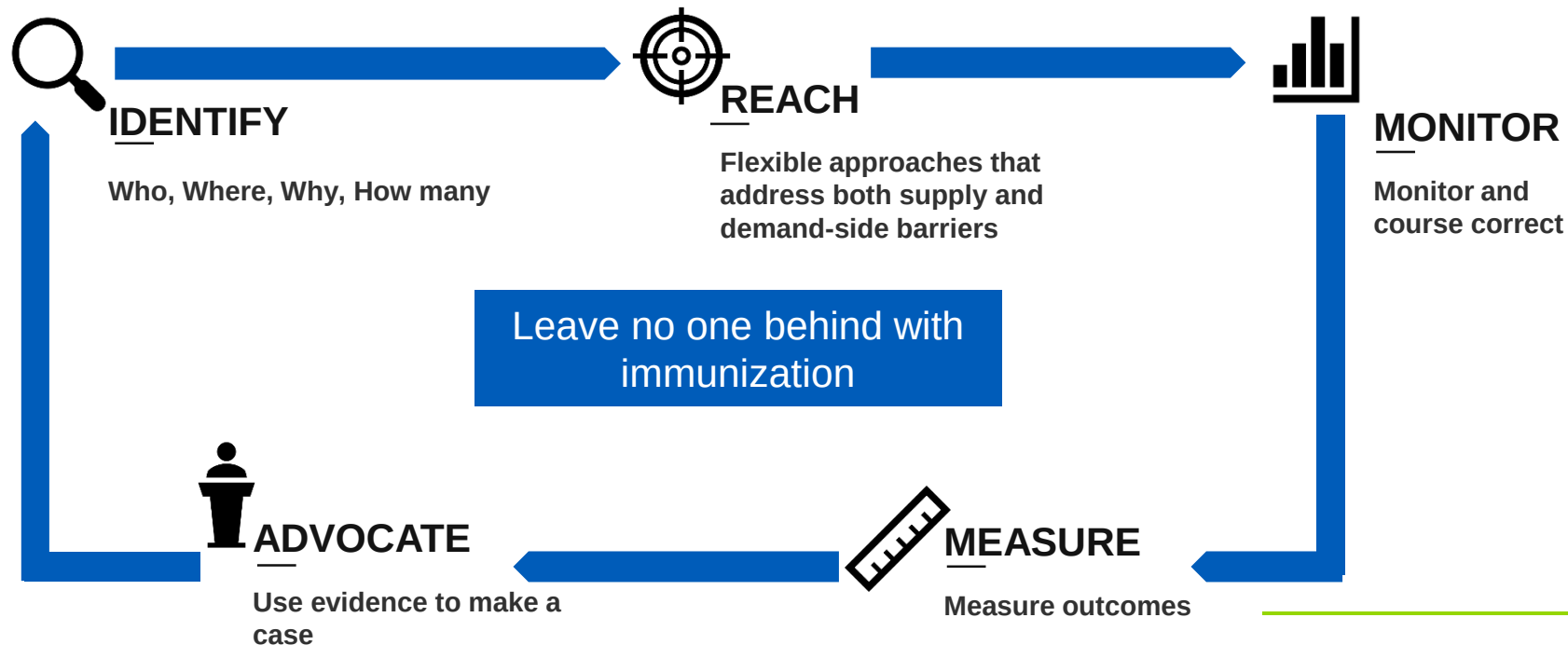
Oral cholera



Ebola

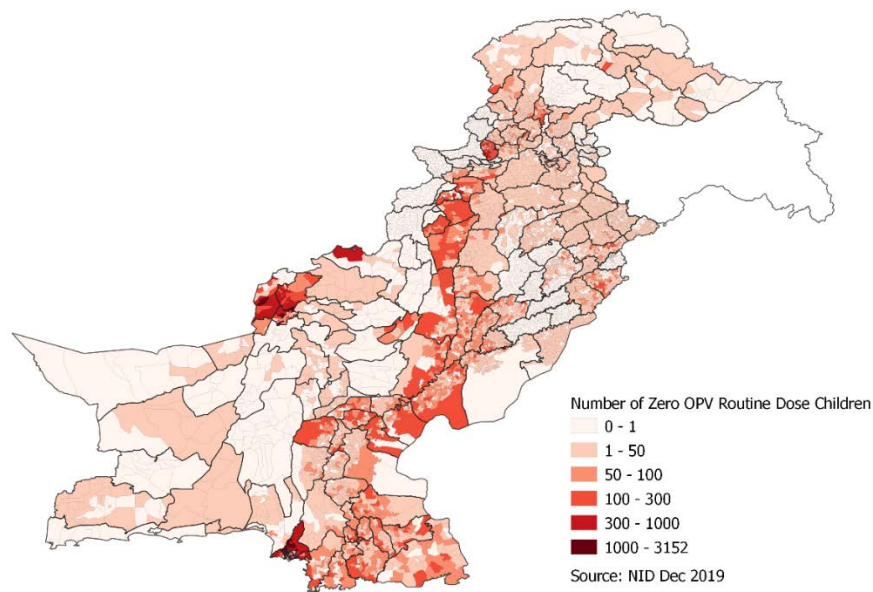
Over 140m people protected with **>170m doses** from Gavi- funded stockpiles and outbreak response since 2006

Sustainably reaching zero dose children & missed communities requires new mindsets, approaches & partnerships

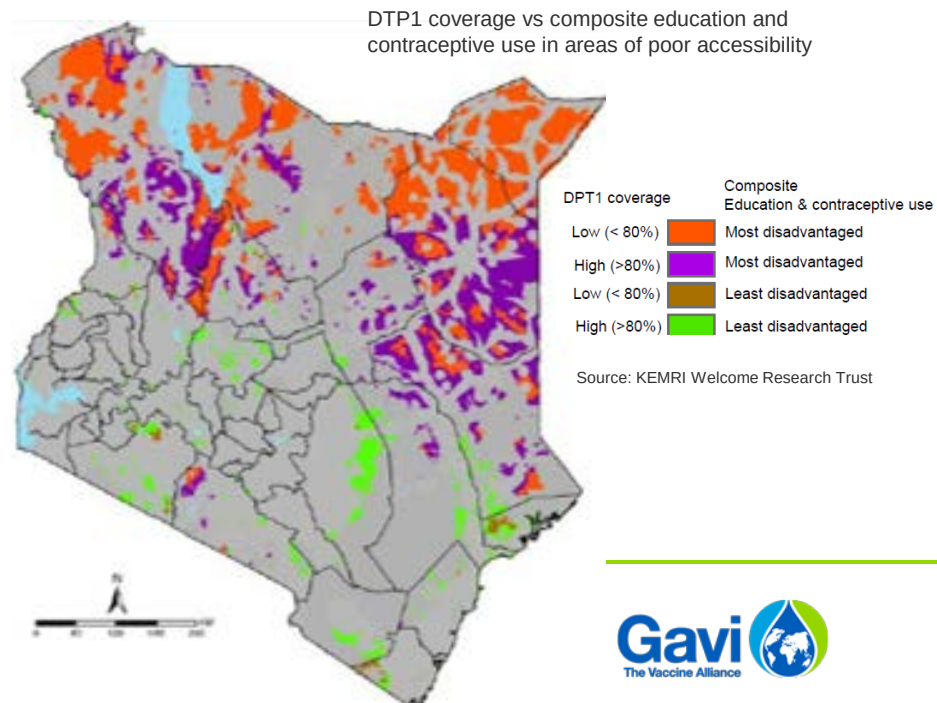


Subnational focus- Recognising national averages mask inequities

Pakistan: Absolute numbers of zero dose identified through triangulation of data



Kenya: Geospatial mapping to find most disadvantaged populations



Differentiation: to better target and reach zero dose and underimmunised children

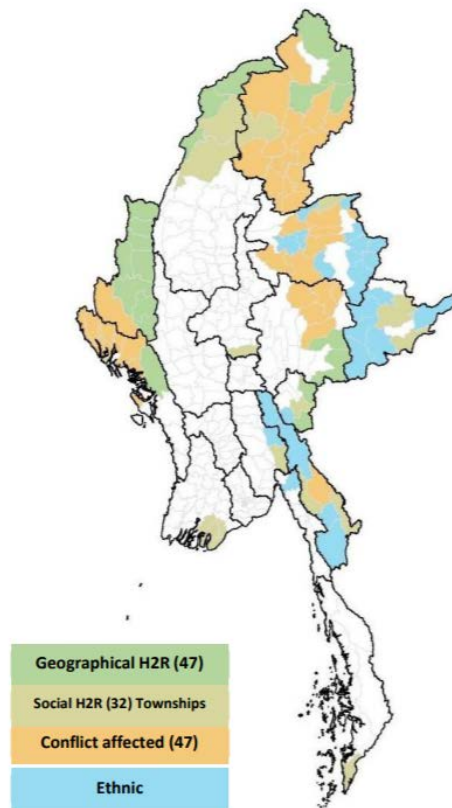
Myanmar:

1. Prioritisation of districts based on service delivery and access challenges

(Including coverage, drop out, outbreak, underimmunised)

2. Tailored interventions for specific settings

- Increasing demand for immunisation services
- Expanding cold chain to underserved populations
- Improving health infrastructure, workforce, transportation and communication facilities
- Strengthened leadership and programme management



Broadening of partnerships to enhance services

AFGHANISTAN



Integrated primary health care

including basic health interventions and covid-19 prevention, mitigation and case management



Programme management and accountability

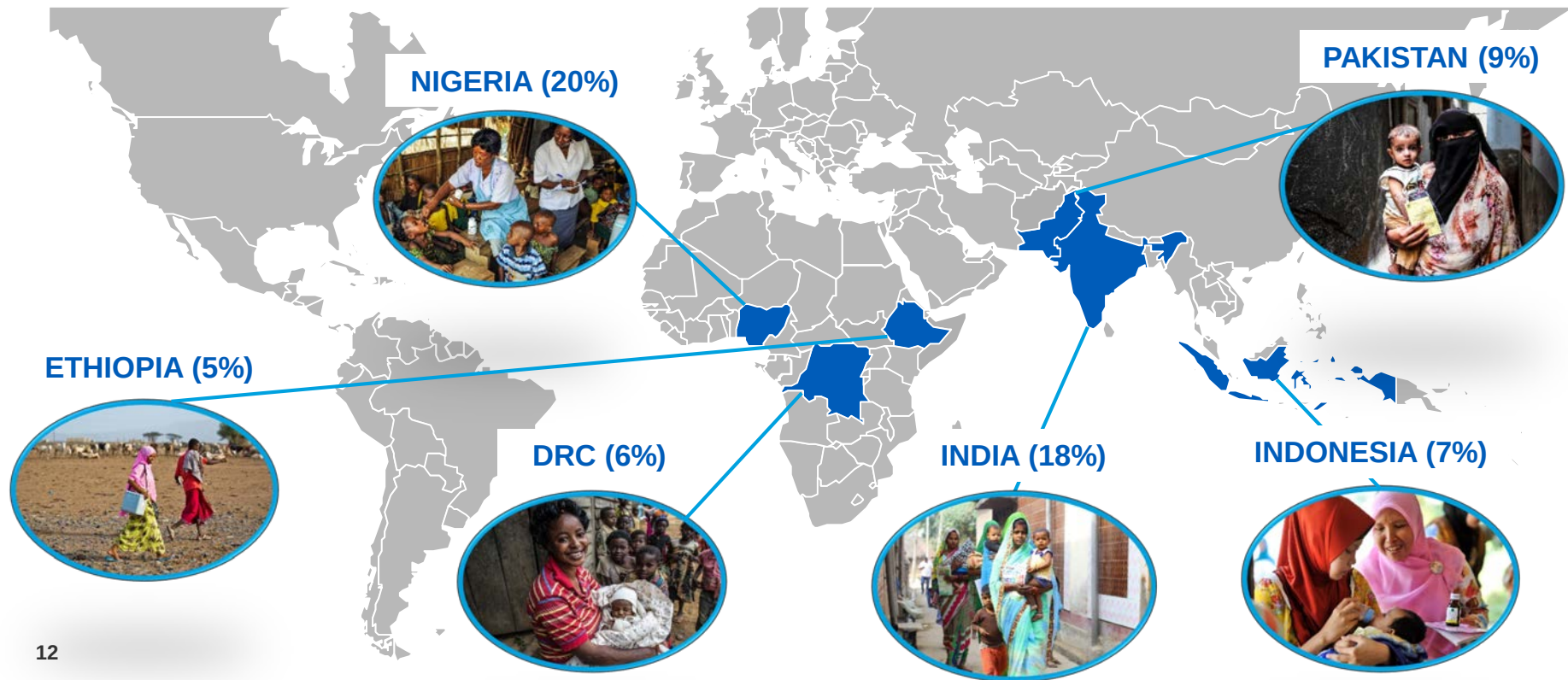
Track vaccine delivery and immunisation sessions in hard to reach areas



Co-delivering services

Multi antigen campaigns plus nutritional support targeted in low coverage districts

Strategic political engagement: 65% of zero dose children are in 6 Gavi-supported countries



Adapting service delivery to address gender barriers

Senegal

- Weekend and late night immunisation sessions
- Vaccination at key transport hubs
- Advocacy with key authorities, administrative, religious & community leaders.

DTP3 coverage increased by 7% between 2018-19 to 93%

DRC: Using all Gavi levers to improve coverage and equity

Subnational focus in 9 provinces

Political will

Sustained Alliance engagement



LMC

"Mashako plan" in 9 provinces



Supply Chain

Cold chain equipment to expand from 16% to 80% health facilities



Mongala:

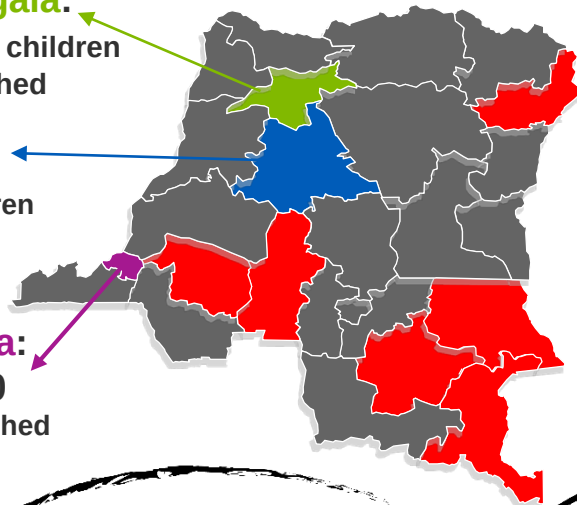
+15,000 children reached

Tshuapa:

+5000 children reached

Kinshasa:

+55,000 children reached



Innovations

Exploration of vaccine delivery by drones



CSOs

social mobilization in 20,000 villages



Data

DHIS2 rollout and HMIS strengthening

UiO : University of Oslo



World Health Organization



The Global Fund

Collaboration with Global Fund, WB and GFF

on performance based financing



Halting the COVID-19 pandemic requires equitable access to vaccines, calling for a global, coordinated solution

Why?

- The goal is to **accelerate equitable access to appropriate, safe and efficacious COVID-19 vaccines**

Who?

- **All countries are invited to participate in the Facility** to secure affordable access to COVID-19 vaccines. Gavi provides support for 92 low and middle income countries

What?

- **The Facility is a risk management mechanism** – reducing risk for countries not being able to secure access to vaccines and for manufacturers to invest when demand is uncertain

How?

- **The COVAX Facility:**
 - **incentivizes manufacturer** product development and scale-up of manufacturing capacity through the assurance of future vaccine procurement
 - offers an **actively managed portfolio of vaccines**.

THANK YOU
