www.gavialliance.org

GAVI Alliance **Progress Report** 2010

The GAVI Alliance is a public-private global health partnership committed to saving children's lives and protecting people's health by increasing access to immunisation in poor countries.

unicef

BILL & MELINDA GATES foundation

World Health Organization

THE WORLD BANK

The Alliance brings together developing country and donor governments, the World Health Organization, UNICEF, the World Bank, the vaccine industry in both industrialised and developing countries, research and technical agencies, civil society organisations, the Bill & Melinda Gates Foundation and other private philanthropists.

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Message from the Chair of the GAVI Alliance

This is my last message as Chair. It has been a pleasure working with such a dedicated Board. Together with the hard-working staff of the Secretariat, we have achieved much.

Mary Robinson
Chair of the GAVI Alliance Board

Looking back, I recall when I was the High Commissioner for Human Rights and Nelson Mandela called me and said, "Mary, you're working for human rights, and this is a huge human rights issue. GAVI must reach every child, everywhere". His words struck a chord. I believe that every child, no matter where they are born, has the right to health. So I joined the Board under the extraordinary leadership of Nelson Mandela and later his wife, Graça Machel, from whom I was honoured to take over as Chair in 2008.

Since those early days, I have seen GAVI mature into an independent international organisation. Most importantly, its results have multiplied, convincing me that GAVI is a good model. With GAVI support, 288 million more children have been immunised, over 5 million future deaths have been prevented, and millions more are protected from illness and disability. GAVI has achieved what no single agency could have done on its own. Its success has drawn strong demand by countries for vaccines, including those protecting against the two major killers of children, pneumonia and diarrhoea.

We are committed to ensuring equal access to vaccines and health services for all women and men, girls and boys. I am pleased to read the results of a study on immunisation and gender instigated under the gender policy. Released by the World Health Organization in November, the review confirms that there are no significant differences in immunisation rates between boys and girls. However, we must continue to monitor equity and redress any underlying discriminations that continue to exist.

We must also take heed of the obstacles that mothers face in getting their children immunised due to discrimination and poverty. I am confident that our partners and eligible countries will work together to overcome barriers and reach those who are in most need.

Civil society organisations (CSOs) play an important role in delivering health services to the most difficult-to-reach areas. This year an important milestone was reached as CSOs organised themselves as a constituency.

In October, Julian Lob-Levyt left GAVI after nearly six years as Chief Executive Officer (CEO). Under his leadership, GAVI's disbursements to developing countries grew tremendously. Julian oversaw the launch of innovative finance mechanisms that raised more money for health. I am pleased that Helen Evans accepted to be the interim CEO, ensuring a seamless transition while the search for a new CEO was under way.

Finally, our results would not have been possible without the generosity of our donors – nations, foundations and private philanthropists. Donors have felt the financial constraints of the economic downturn and I appreciate their support for the resource mobilisation meetings in The Hague, New York and London.

I am pleased to hand over the Chair to my successor, Dagfinn Høybråten, who brings his skills as a political leader, a former Minister of Health, and his passion for immunisation to the Board. I wish him all success.

Happily this is not goodbye, but rather au revoir. I look forward to my future role as an advocate for GAVI and I call on others to join me and fulfil Mandela's vision: "*GAVI must reach every child, everywhere*".

Message from the interim Chief Executive Officer of the GAVI Alliance

2010 marked GAVI's tenth anniversary, and it was also a year of exciting "firsts" for us.

Helen Evans
Interim Chief Executive Officer of the GAVI Alliance

The signing of the first supply agreements under the Advance Market Commitment brought pneumococcal vaccines against the most deadly forms of pneumonia, the main killer of children under five, within the reach of developing countries.

I was honoured to attend the launch of the vaccine in Nicaragua, marking the beginning of its introduction in more than 40 developing countries. A new powerful meningococcal A vaccine was introduced in Burkina Faso, bringing hope of an end to the deadly epidemics that regularly sweep 25 countries in the African meningitis belt.

We also saw some progress in vaccine price reductions. The average projected price of pentavalent vaccine for 2011 dropped a further US$ 0.40, a decrease of almost 30% over the last four years. The number of countries contributing a share of their vaccine costs nearly doubled from 27 in 2008 to 53 in 2010. New policy frameworks for programme funding, prioritisation and co-financing were developed and introduced.

This is the final year that we are reporting progress under the current strategic goals. From 2011, GAVI begins its new five-year strategy and business plan, which include specific strategic objectives and performance indicators, and a sharper focus on market shaping and reducing vaccine prices.

We have recently seen heightened concern about misuse of funds for development assistance. Vaccines represent 85% of our support to countries, and face a low risk of fraud and theft. In 2010, we took steps to further strengthen the financial control of our cash-based support, which helps countries enhance the systems that deliver immunisation. The Health Systems Funding Platform, which will make the support more effective by harmonising and aligning donor funding, was introduced in Nepal, with other countries soon to follow.

It was also a year of leadership changes. Julian Lob-Levyt stepped down after nearly six years as CEO, and Mary Robinson handed over the role of Chair of the GAVI Alliance Board to Dagfinn Høybråten. Mary and Julian presided over a period of growth, change and innovation in GAVI, and they can both be proud of what they achieved. To ensure a smooth transition, I stepped in as interim CEO following Julian's departure in October, in addition to my role as deputy CEO. We welcome the Board's appointment of Seth Berkley as our new CEO in 2011 and look forward to him joining us.

In the past decade, GAVI has made great progress in saving lives and expanding immunisation coverage in the world's poorest countries. This is enormously to the credit of many people around the world, from health workers in remote communities to GAVI Board members, all of whom work hard to make this possible. But we must keep in mind the challenges that remain: 1.7 million children continue to die every year from vaccine-preventable diseases. A further four million future deaths can be averted in the next five years, provided we raise US$ 3.7 billion in additional funding and reduce vaccine prices.

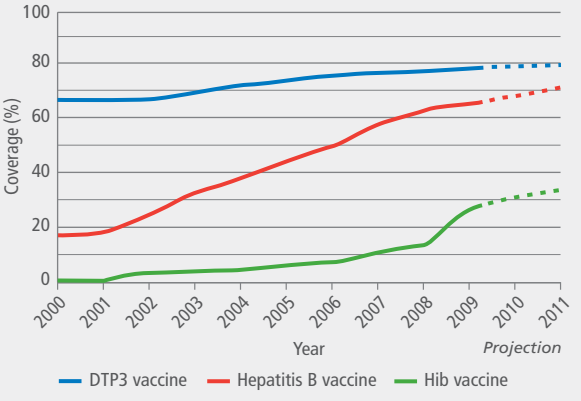
Successfully mobilising these resources and ensuring supplies of sustainable, affordable vaccines will allow GAVI to play a full part in implementing the United Nations (UN) Secretary-General's Global Strategy for Women's and Children's Health. The UN Secretary-General opened our donor and stakeholders' meeting in October saying: "Immunisation – and all the work of the GAVI Alliance – is a key part of our strategy. Let us commit to increasing the funds available to the GAVI Alliance."

We are working hard to fulfil that commitment and to multiply the Alliance's contribution to saving children's lives well into the future.

Key indicators

Accelerated access to vaccines has prevented over five million future deaths

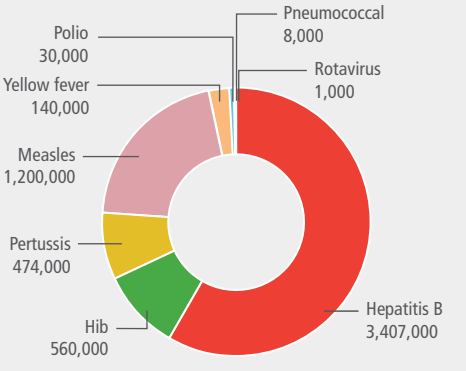
Immunisation coverage reaches 79% in GAVI-supported countries



Source: 1

Immunisation coverage in GAVI-supported countries for the required three doses of the diphtheria-tetanus-pertussis vaccine (DTP3) has increased steadily since GAVI's inception, from 65% in 2000 to a historic high of 79% in 2010.* This provides a solid platform for rolling out new life-saving vaccines to reach the largest possible number of children.

Over five million future deaths prevented with GAVI-funded vaccines

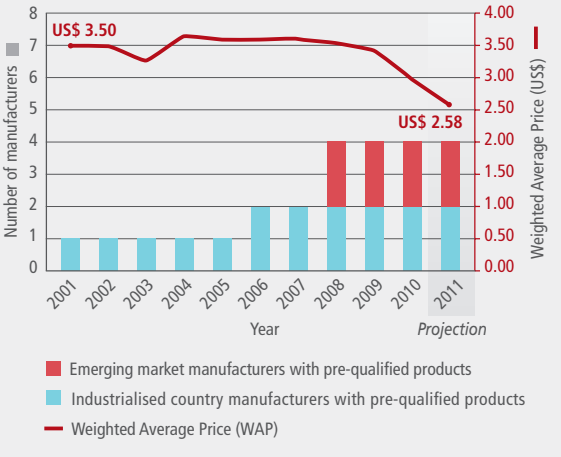


Source: 2

By the end of 2010, GAVI-funded vaccines had prevented over five million future deaths caused by hepatitis B, *Haemophilus influenzae* type b (Hib), measles, pertussis, pneumococcal disease, polio, rotavirus diarrhoea and yellow fever. Since its launch in 2000, the Alliance has directly supported the immunisation of 288 million children.

Market shaping and co-financing: steps towards sustainability and ownership

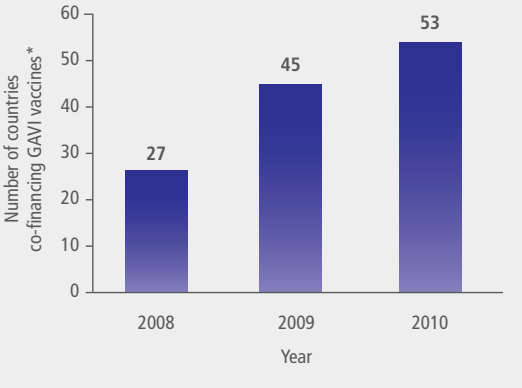
Healthy competition helps reduce price of pentavalent vaccine



Source: 3

The GAVI business model helps drive down vaccine prices by mobilising financial resources, pooling demand from countries, attracting new manufacturers and stimulating competition. The weighted average price of pentavalent vaccine is projected to fall a further US$ 0.40 to a new low of US$ 2.58 in 2011. This equates to a price drop of almost 30% over the last four years.

Vaccine co-financing puts countries on path to financial sustainability



* Full or partial payment of the required co-financing amount. Includes countries co-financing ahead of the mandatory starting date.

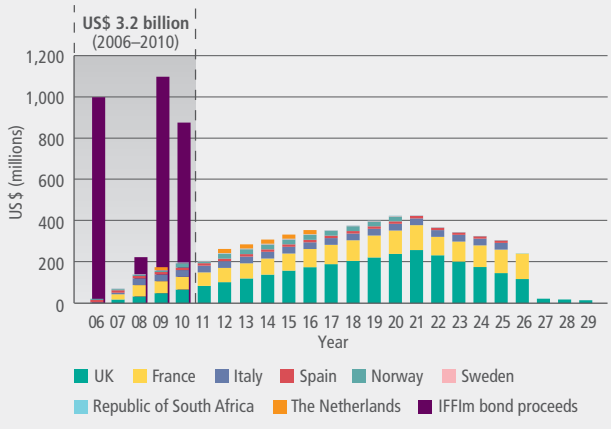
Source: 4

In 2010, 46 GAVI-eligible countries – over 90% of those required to co-finance – contributed to the cost of GAVI-supported vaccines. In addition, seven highly committed countries decided to co-finance ahead of the mandatory starting date. Starting in 2012, countries graduating from GAVI support will assume an increasing portion of vaccine costs to reach financial sustainability after 2015.

* This coverage estimate includes all 76 countries that have ever been eligible for GAVI support, including Albania, Bosnia and Herzegovina, China and Turkmenistan.

Innovative finance boosts access to vaccines and health system strengthening

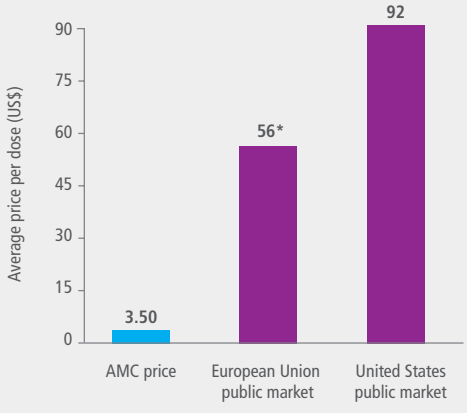
IFFIm frontloads donor funding for vaccines and health system strengthening programmes



Source: 5

The International Finance Facility for Immunisation (IFFIm) issued four bonds in 2010, raising nearly US$ 850 million. Since its inception in 2006, IFFIm has raised US$ 3.2 billion in the capital markets. IFFIm has effectively allowed GAVI to double its spending on immunisation and health system strengthening programmes.

AMC accelerates access to pneumococcal vaccines at reduced cost



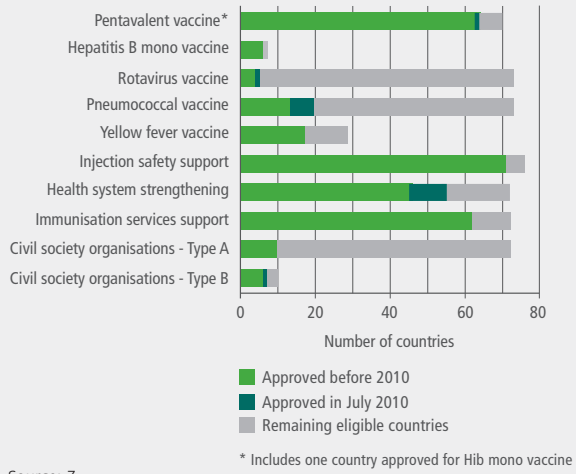
* €40 (exchange rate as at 31 December 2010)

Source: 6

In March 2010, the first two companies signed supply agreements under the Advance Market Commitment (AMC) for pneumococcal vaccines. The suppliers have committed to supplying 300 million doses each at US$ 3.50 per dose – a 90% reduction on the price charged in many industrialised countries. Based on biannual demand forecasts, UNICEF and GAVI will call for new supply offers to meet country demand.

Historic opportunity to meet demand and prevent 3.9 million future deaths

Rising demand for vaccines and health system strengthening support

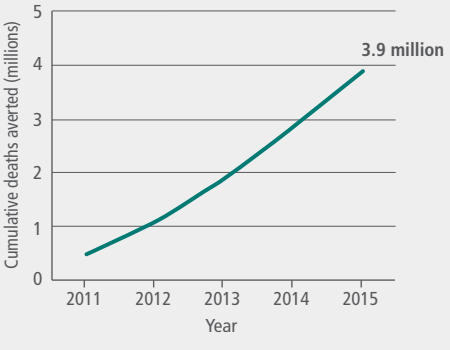


* Includes one country approved for Hib mono vaccine

Source: 7

Country demand for vaccines and health system strengthening (HSS) support continues to grow. In July 2010, when the temporary pause on new approvals was lifted, 17 applications were approved for HSS, civil society and new vaccine support. In November 2010, the Executive Committee of the Board announced a new call for proposals for 2011.

GAVI can prevent another 3.9 million future deaths by 2015



Source: 8

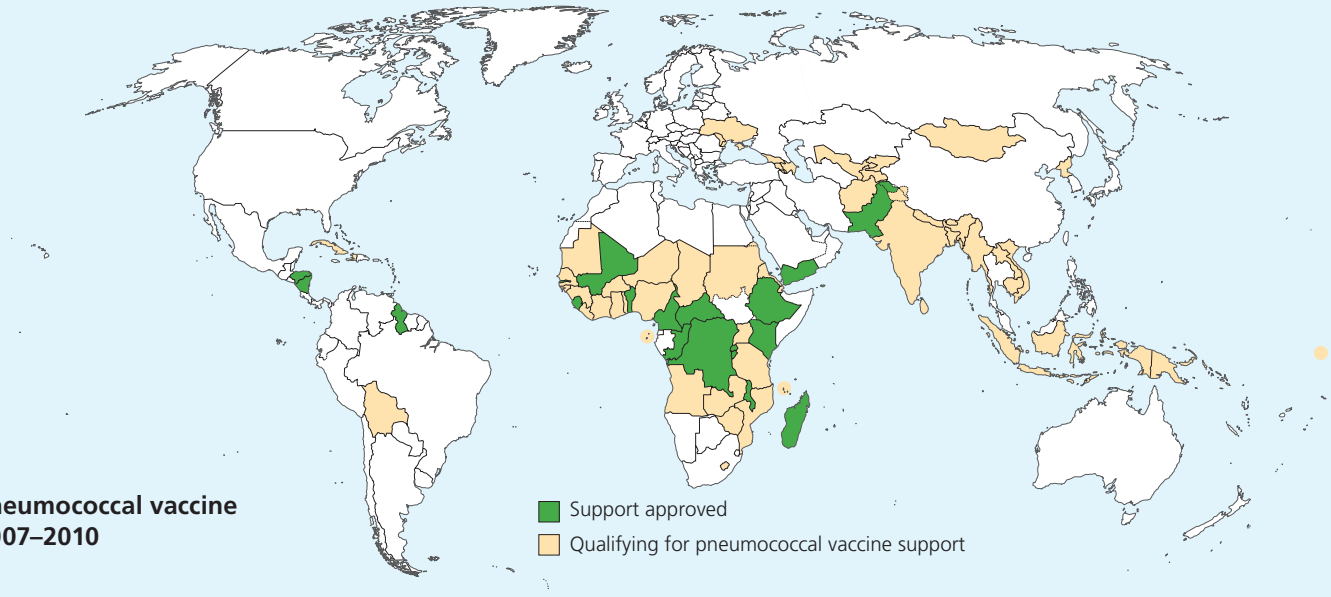
With full funding, the GAVI Alliance can meet country demand and prevent another 3.9 million future deaths by 2015, thereby making a significant contribution to meeting the Millennium Development Goals. To do this, GAVI needs to raise US$ 3.7 billion in additional donor contributions over the next five years.

Meeting increasing country demand

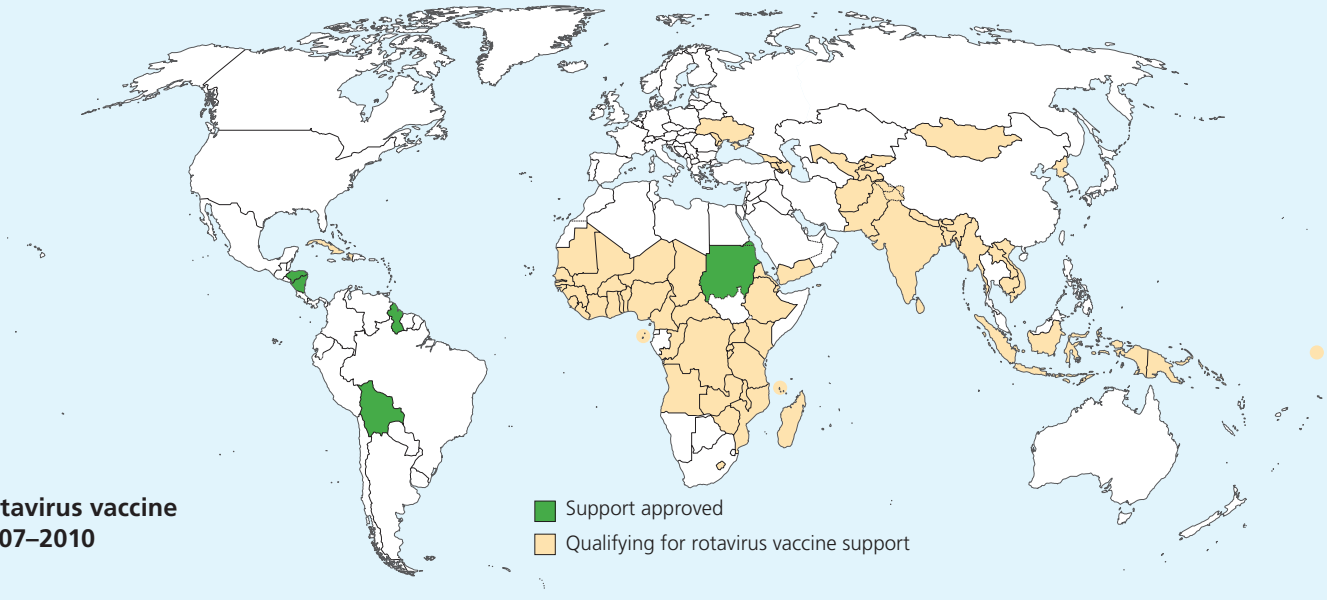
Country demand for new and underused vaccines continues to accelerate. Demand for pneumococcal vaccine is particularly strong and growing faster than for any other GAVI-funded vaccine to date.

By the end of 2010, 61 GAVI-eligible countries had been approved for pentavalent vaccine support, 59 of which had already introduced the vaccine. Seventeen countries are currently receiving support for routine yellow fever immunisation.

GAVI aims to focus its support on the world's poorest countries, and therefore bases country eligibility on gross national income (GNI). In 2010, 72 countries with a per capita GNI of less than or equal to US$ 1,000 in 2003 were eligible for support. In order to qualify for vaccine support, the country's DTP3 coverage must be at least 50%, and the government must not already be funding the vaccine. Yellow fever vaccine is exempt from this requirement.



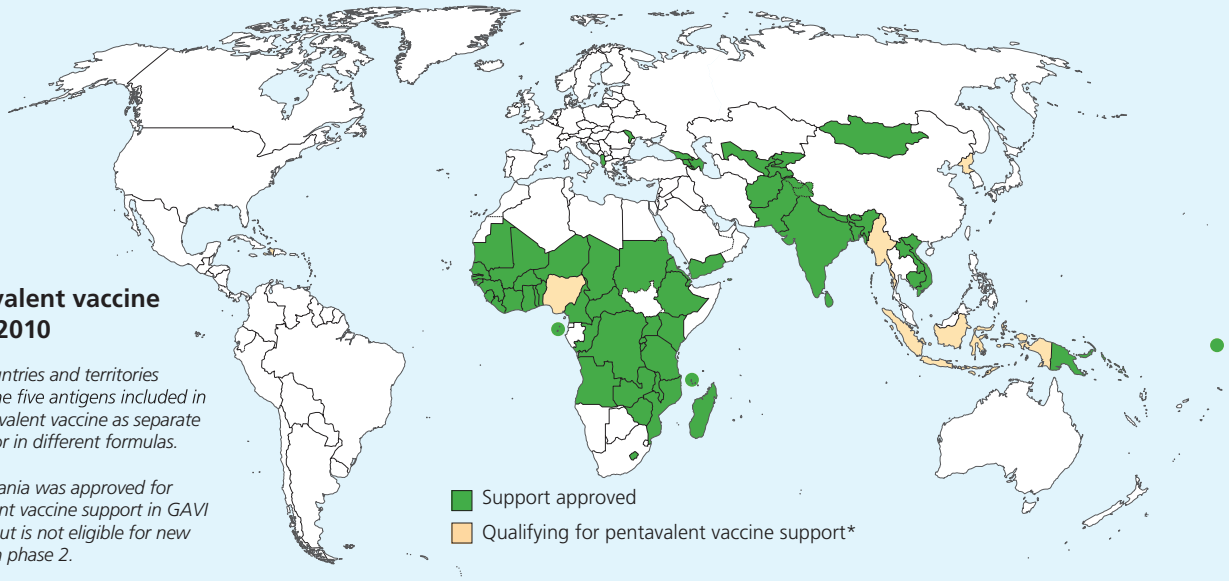
Pneumococcal vaccine 2007–2010



Rotavirus vaccine 2007–2010

Note: From January 2011, GAVI applies a revised eligibility threshold of US$ 1,500 per capita GNI and 70% DTP3 coverage. Existing support to countries will be honoured through to the end of multi-year commitments and, for vaccine support, through to at least 2015.

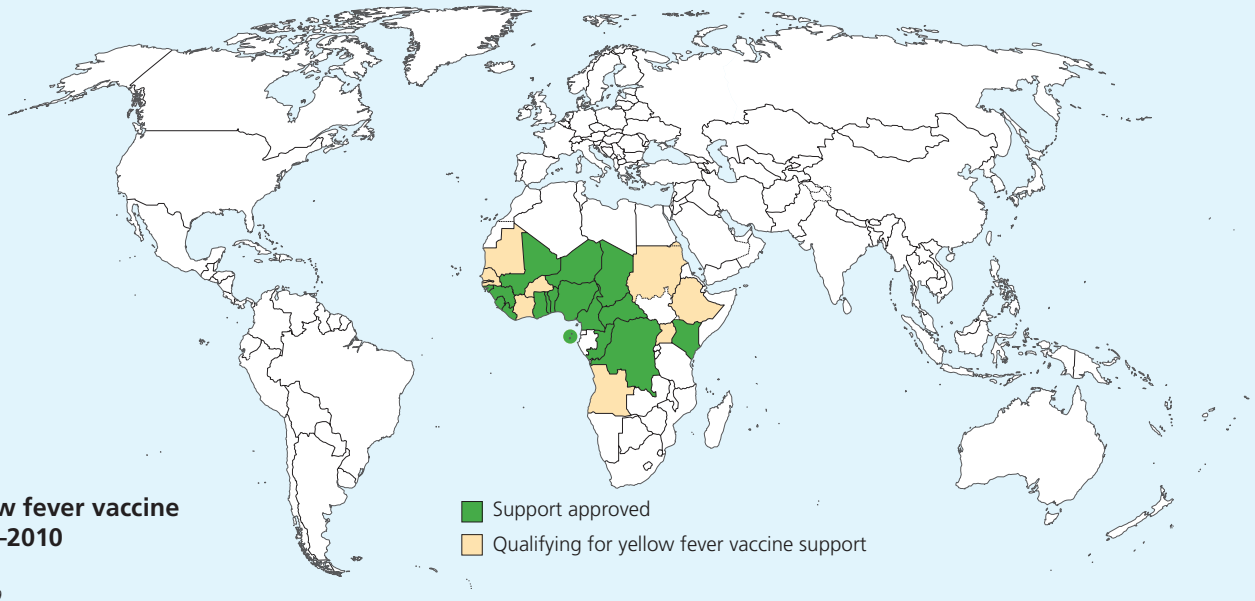
Pentavalent vaccine 2000–2010



* *Some countries and territories provide the five antigens included in the pentavalent vaccine as separate vaccines or in different formulas.*

Note: Albania was approved for pentavalent vaccine support in GAVI phase 1 but is not eligible for new support in phase 2.

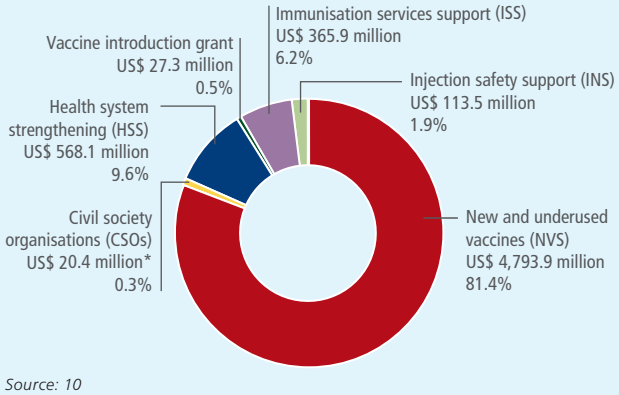
Yellow fever vaccine 2000–2010



Source: 9

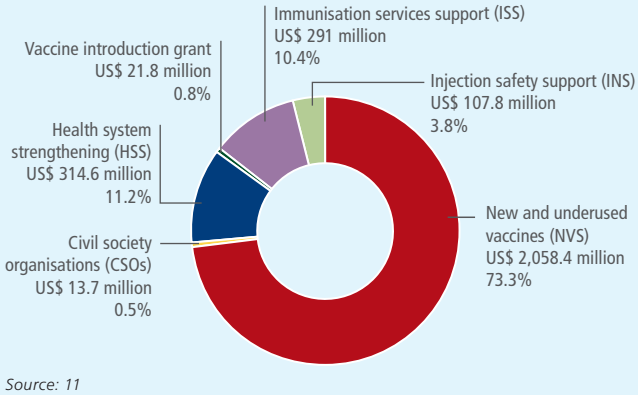
By the end of 2010, GAVI had committed funds totalling US$ 5.9 billion through to 2015 for immunisation and health system strengthening programmes in some of the world's poorest countries. Total disbursements by the end of 2010 amounted to US$ 2.8 billion.

Commitments to countries as at 31 December 2010



Source: 10

Disbursements to countries as at 31 December 2010



Source: 11

* *CSO Type A support is not included, as it is not country specific.*

See also:
Annex 3: Board approvals for programme expenditure 2000–2010, p. 58

New 2011–2015 strategy marks fresh era in saving lives

In June 2010, the GAVI Alliance Board approved a new strategy for the next five years. The strategy outlines GAVI's mission, goals and objectives, and defines the benchmarks against which GAVI's performance will be measured. It incorporates lessons learned over the past decade and provides a roadmap for the next phase of delivering on GAVI's mission.

The potential impact of accelerating access to vaccines is impressive. With full funding, GAVI will be able to immunise over 240 million children and prevent another 3.9 million future deaths by 2015. This includes immunising 90 million children with pneumococcal vaccine and 53 million children with rotavirus vaccine to help protect against the two main child killer diseases, pneumonia and diarrhoea.

GAVI will also be able to sustain progress made in rolling out pentavalent vaccine (which protects against diphtheria, tetanus, pertussis, hepatitis B and Hib disease), accelerate routine immunisation against meningococcal disease, and support campaigns to combat yellow fever and meningitis. In addition, GAVI has prioritised the introduction of vaccines to combat human papillomavirus (HPV), Japanese encephalitis, rubella and typhoid. GAVI will continue to partner with other organisations to strengthen health systems and promote the delivery of immunisation services.

Four strategic goals

GAVI's mission, to save children's lives and protect people's health by increasing access to immunisation in poor countries, is supported by four strategic goals. The strategic goals for 2011–2015 are:

1 The vaccine goal

Accelerate the uptake and use of underused and new vaccines *by strengthening country decision-making and introduction*

2 The health systems goal

Contribute to strengthening the capacity of integrated health systems to deliver immunisation *by resolving health system constraints, increasing the level of equity in access to services and strengthening civil society engagement in the health sector*

Cross-cutting

The goals are supported by two cross-cutting areas: monitoring and evaluation; and advocacy, communication and public policy.

Operating principles:

As a public-private partnership which includes civil society, the GAVI Alliance plays a catalytic role in providing funding to countries and demonstrates added value by:

1. advocating for immunisation in the context of a broader set of cost-effective public health interventions
2. contributing to achieving the Millennium Development Goals
3. supporting national priorities, integrated delivery, budget processes and decision-making
4. focusing on innovation, efficiency, equity, performance and results
5. maximising cooperation and accountability among partners through the Secretariat
6. ensuring gender equity in all areas of engagement.

Consultative process

The development of the new strategy began at the GAVI Partners' Forum held in Hanoi, Vietnam, in November 2009. In the six months that followed, GAVI's Deputy Chief Executive Officer, under the guidance of the Executive Committee, conducted interviews with all Board constituencies to inform the strategy.

To ensure a transparent and inclusive process, ministers of health of all GAVI-eligible countries were invited to comment and a web-based questionnaire was run from February to March 2010. In addition, GAVI held consultations with various Board committees, civil society organisations and national immunisation programme managers, as well as at WHO and UNICEF regional meetings. Themes and findings from the evaluation of GAVI's second phase, 2006–2010, also helped shape the strategy.

In reviewing the GAVI mission and strategic goals, the Board found that they were still largely valid and valuable. However, it decided to shift the goal on added value to an operating principle and lift market shaping to the level of a strategic goal, providing a strengthened focus to this key area of GAVI's work.

3 The financing goal

Increase the predictability of global financing and improve the sustainability of national financing for immunisation *by:*

a. at the global level, accessing new and predictable resources to fund immunisation; and

b. at country level, focusing on the successful implementation of GAVI's co-financing policy to ensure sustainability for vaccines

4 The market shaping goal

Shape vaccine markets *with regard to pricing and supply security and make catalytic investments to facilitate the introduction of appropriate vaccines*

Business plan supports strategy implementation

In November 2010, the GAVI Alliance Board approved a business plan and budget to support the implementation of the strategy, and ensure that GAVI's day-to-day activities deliver on the overall mission. The business plan includes targets, objectives, performance indicators and detailed activities with assigned responsibilities across the Alliance.

The GAVI Alliance is entering its next phase equipped with a solid strategy, a detailed workplan and a monitoring framework with measurable performance indicators. This will provide a strong foundation for continuing to fulfil the GAVI mission over the next five years.

See also:
www.gavialliance.org/vision/strategy

Donor contributions to the GAVI Alliance

Cash received by GAVI (in US$ millions)

Donors to the GAVI Alliance	2010	Total 2000–2010
Australia	8.6	28.6
Canada	0.0	151.8
Denmark	1.8	28.0
European Commission (EC)	0.0	57.9
France	0.0	18.7
Germany	5.1	22.1
Ireland	3.6	29.8
Luxembourg	1.1	6.5
Netherlands	25.1	215.9
Norway	76.5	519.7
Republic of Korea	0.4	0.4
Spain	0.0	40.5
Sweden	36.5	122.5
United Kingdom	15.9	137.4
United States of America	78.0	646.7
Government donors and EC	**252.6**	**2,026.5**
Bill & Melinda Gates Foundation	75.0	1,212.8
"la Caixa" Foundation	4.0	15.7
Other private	1.0	12.3
Private contributions	**80.0**	**1,240.9**
IFFIm funds	**320.0**	**1,875.7**
AMC funds	**42.9**	**42.9**
Total contributions	**695.5**	**5,185.9**

Donations recorded on a cash basis

Source: 12

Innovative finance mechanisms: AMC and IFFIm

AMC commitments 2009–2020	US$ millions
Italy	635
United Kingdom	485
Canada	200
Russian Federation	80
Bill & Melinda Gates Foundation	50
Norway	50
Total	**1,500**

Source: 13

IFFIm commitments	Length of commitment	Amount (in millions)	Total (equivalent in US$* in millions)
United Kingdom	20 years 20 years	£1,380 £250	2,979.9
France	20 years	€1,240	1,719.6
Italy	20 years	€473.5	600.5
Norway	5 years 10 years	US$ 27 NOK 1,500	264.5
Australia**	20 years	A$ 250	256.1
Spain	20 years	€189.5	240.4
Netherlands	7 years	€80	114.4
Sweden	15 years	SEK 276.2	37.7
South Africa	20 years	US$ 20	20.0
Total			**6,233.1**

** Based on exchange rates on date of contribution*

*** Australia's formal grant agreement is expected in 2011.*

Source: 14

See also:
Ch 3: Increase predictability and sustainability, p. 31
Annex 2: Donor contributions and commitments, p. 56
www.gavialliance.org/donors

Accelerate vaccines 1

STRATEGIC GOAL

Accelerate the uptake and use of underused and new vaccines and associated technologies and improve vaccine supply security

KEY RESULTS 2010

- To date, GAVI-funded vaccines have prevented over five million future deaths
- First national roll-out of the new pneumococcal vaccine takes place in Nicaragua
- Pentavalent vaccine, protecting against five diseases, is in routine use in 59 GAVI-supported countries
- New meningococcal A vaccine is introduced in three countries in the African meningitis belt

Accelerate vaccines

2010 witnessed advances in the introduction of vaccines that protect against the leading causes of child death, pneumonia and diarrhoea. With sufficient funding, there is an extraordinary opportunity to save millions of lives over the next five years by rolling out these and other vaccines.

By the end of 2010, GAVI had directly supported the immunisation of a cumulative 288 million children, thereby preventing over 5 million future deaths. In addition, projected immunisation coverage for three doses of the diphtheria-tetanus-pertussis vaccine (DTP3) in GAVI-supported countries reached 79% at the end of 2010. This is a record high for the developing world and provides a solid platform for rolling out new life-saving vaccines.

In December 2010, Nicaragua became the first developing country to introduce the new pneumococcal vaccine, adapted to the needs of developing countries, with support from GAVI. Fifteen countries are preparing to introduce pneumococcal vaccine in 2011.

Guyana became the fourth country to launch rotavirus vaccine with support from the GAVI Alliance in May 2010. Northern Sudan is planning to introduce the vaccine in 2011.

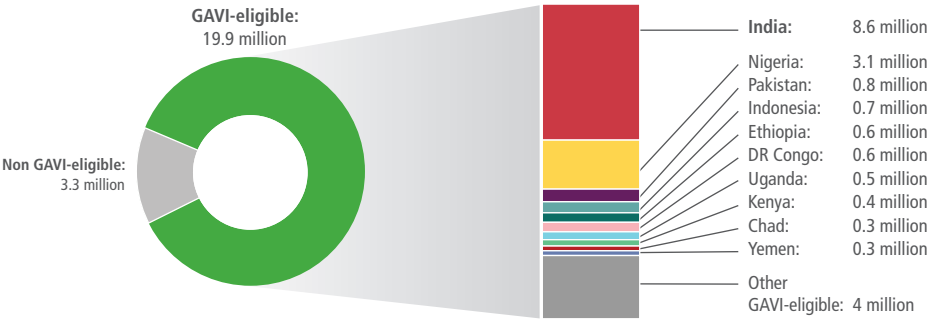
Strong demand for new and underused vaccines

Demand for new and underused vaccines is rising. By the end of 2010, a cumulative total of 61 applications had been approved for pentavalent vaccine, 19 for pneumococcal vaccine, 17 for yellow fever vaccine and 5 for rotavirus vaccine support. An evaluation of GAVI's second phase, 2006–2010, found that demand for pneumococcal vaccine in particular was greater and growing faster than for any other GAVI-funded vaccine to date.

More countries than ever are meeting and exceeding their required co-payments of GAVI-funded vaccines, showing their commitment to investing in immunisation.

The number of unimmunised children worldwide has fallen in the last few years. Still, 1.7 million children continue to die from vaccine-preventable diseases every year, most of them in the developing world.

Global number of unimmunised children



Source: 15

"With GAVI's help we can introduce new vaccines against pneumococcal disease which will empower us to tackle the biggest killer of children under five in Bangladesh."

Dr A.F.M. Ruhal Haque, Minister of Health and Family Welfare, Bangladesh

Tackling pneumonia and diarrhoea – the main child killers

Over one third of deaths among children under five are caused by pneumonia and diarrhoea. Pneumonia is the single largest cause of death in children globally, killing more than 1.5 million children every year. Although it affects children everywhere, it is most prevalent in south Asia and sub-Saharan Africa.

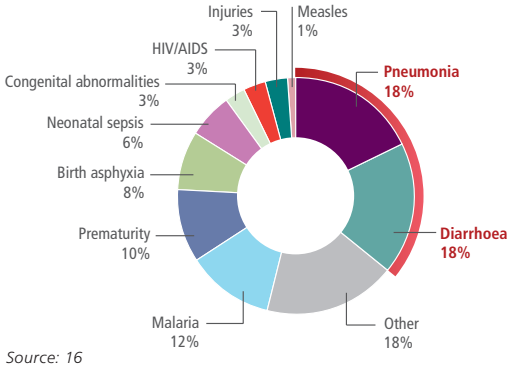
According to WHO, immunisation against pneumococcus, *Haemophilus influenzae* type b (Hib), measles and pertussis (whooping cough) is the most effective way to prevent pneumonia.

However, as not all cases of pneumonia are vaccine-preventable, adoption of healthy behaviours such as exclusive breastfeeding, hand-washing with soap, care seeking, adequate nutrition and reduced exposure to indoor air pollution, is important to reduce the number of children who fall ill. Although pneumonia can be treated with antibiotics, less than 20% of children suffering from the disease receive the antibiotics they need.

Diarrhoeal disease, the world's second leading cause of child death, mainly affects babies and young children under the age of two. The leading cause of deadly diarrhoea, rotavirus, is responsible for some 500,000 deaths and 2 million hospitalisations every year among children, most of which occur in developing countries in Africa and Asia.

There is no specific treatment for rotavirus infection. Key measures to control diarrhoea include immunisation, safe drinking water, improved sanitation, exclusive breastfeeding for the first six months, zinc supplementation and oral rehydration therapy.

Causes of child deaths in low-income countries



Source: 16

See also:
www.gavialliance.org/pneumococcal
www.gavialliance.org/rotavirus

"Introducing rotavirus vaccines into our immunisation programme is a crucial step in saving our children's lives."

Dr Leslie Ramsammy, Minister of Health, Guyana

HIV/AIDS and immunisation

Pneumonia is the most common infection leading to hospitalisation of HIV-positive children. Research has shown that children with HIV/AIDS are up to 40 times more likely to contract pneumococcal disease than HIV-negative children and may be more susceptible to antibiotic-resistant strains of the disease.[1]

Immunisation can play an important role in protecting those infected with HIV from opportunistic bacterial infections, including pneumonia and meningitis. A clinical trial in Malawi found that pneumococcal vaccine prevented 74% of recurrent cases of pneumococcal disease in HIV-positive patients.[2]

Vaccines can reduce transmission of opportunistic infections in the community, thereby also protecting unimmunised HIV-positive children and adults.

New studies show efficacy of rotavirus vaccines

Results of two clinical studies of rotavirus vaccines conducted in Africa and Asia, published in *The Lancet* in 2010, found that the vaccines significantly protected against the most common deadly form of childhood diarrhoea. The Asian study, involving more than 2,000 infants in Bangladesh and Vietnam, showed that the vaccine maintained efficacy through nearly two years of follow-up. A clinical study in Ghana, Kenya and Mali demonstrated significant protection from rotavirus vaccination in sub-Saharan Africa.[3]

In Nicaragua, where rotavirus vaccines were introduced in 2006, research showed that the vaccine prevented 60% of cases of severe rotavirus and halved the number of hospitalisations and emergency room visits.[4]

Data suggest that immunisation against rotavirus may also protect unimmunised children in the same community by reducing their exposure to rotavirus.[5] WHO recommends that vaccines against rotavirus be included in all countries' immunisation programmes.

Governments join forces to fight pneumonia

In May 2010, the World Health Assembly adopted a resolution that calls on WHO and its 193 Member States to take concrete actions to tackle pneumonia. The resolution was passed by consensus, underlining a universal commitment to combating pneumonia.

Historic opportunity to save millions of lives

With full donor funding, GAVI anticipates being able to assist over 40 countries to immunise 90 million children with pneumococcal vaccine and more than 30 countries to immunise 53 million children with rotavirus vaccine in the next five years. This could help prevent close to one million future deaths caused by pneumococcal disease and rotavirus diarrhoea by 2015.

By meeting country demand for these and other vaccines, GAVI can help prevent 3.9 million future deaths by 2015, making a significant contribution to meeting the Millennium Development Goals (MDGs).

"They told us [my son] is suffering from pneumonia... If I have another child I will definitely get the baby vaccinated, no matter how far away the clinic is."

Ali Abdulla, father, Yemen

Pentavalent vaccine: widespread protection against five diseases

The pentavalent vaccine combines five antigens in one injection providing protection against five diseases: *Haemophilus influenzae* type b (Hib) disease, hepatitis B, diphtheria, tetanus and pertussis.

The 5-in-1 combination vaccine helps to lower shipping costs, limit waste and environmental impact, and reduce the number of injections needed – making it easier, quicker and safer to deliver the vaccine and thus reach widespread protection.

In 2010 alone, close to 28 million children were immunised with pentavalent vaccine with support from the GAVI Alliance.

By the end of the year, 61 GAVI-eligible countries had been approved for funding for pentavalent vaccine, 59 of which had already introduced the vaccine. Two countries, Georgia and Vietnam, introduced the pentavalent vaccine in their routine immunisation programmes in 2010.

IN COUNTRY

One vaccination is better than five

When doctors in Kyrgyzstan first started using the pentavalent vaccine in 2009, officials in the Health Ministry noticed immunisation coverage rates were declining.

"The doctors were not vaccinating because they were afraid to give five antigens simultaneously," says Olga Safonova, Deputy Head of the Ministry's Republic Centre for Immunoprophylaxis.

Training quickly resolved the problem. Doctors soon came to appreciate the 5-in-1 vaccine's greatest strength – the fact that a single shot could protect against five diseases, namely diphtheria, tetanus, pertussis, Hib and hepatitis B.

"One vaccination is better than five," says Safonova. "It's less traumatic for the children and takes less time for the doctors."

Pentavalent vaccine is also cost-effective, providing savings on the purchase of vaccines as well as on transport costs, labour and materials, such as needles.

"It's economically advantageous for our country," says Safonova. "It would be more expensive if we bought the vaccines separately."

Noted for its successful reforms to boost primary healthcare, Kyrgyzstan has reached 95% coverage with the pentavalent vaccine, according to WHO/UNICEF data.

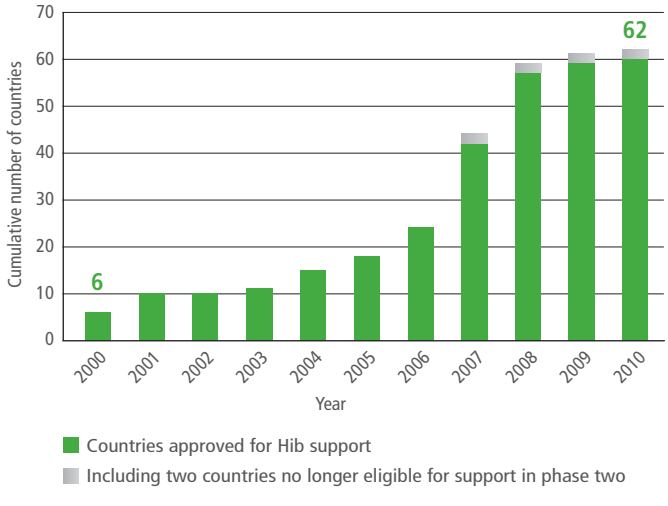
Ninety million children immunised against deadly Hib disease

Haemophilus influenzae type B (Hib), which can cause meningitis and pneumonia, is responsible for some 3 million cases of serious illness and over 380,000 deaths per year. Almost all those affected are children under 5, with babies and infants between 4 and 18 months of age being particularly vulnerable.

Although highly effective vaccines against Hib have been available for decades, many children are not immunised and hundreds of thousands continue to die every year from Hib disease.

By the end of 2010, 62 GAVI-supported countries had introduced or were planning to introduce Hib vaccine in their routine immunisation programmes. According to WHO estimates, the cumulative number of additional children immunised against Hib with support from GAVI increased from approximately 63 million in 2009 to over 90 million by the end of 2010.

Hib vaccine uptake in GAVI-eligible countries



Source: 17

See also:
www.gavialliance.org/pentavalent

Hepatitis B vaccine: protecting against a major cause of cancer

Hepatitis B is a potentially fatal liver infection caused by the hepatitis B virus. Some 2 billion people worldwide have been infected with the virus, 350 million of whom live with chronic infection. Approximately a quarter of those who become chronically infected during childhood later die from liver cancer or cirrhosis. The acute and chronic forms of hepatitis B kill an estimated 600,000 people every year.

Hepatitis B vaccine is 95% effective in preventing hepatitis B infection, and is the first vaccine to protect against a cancer.

According to WHO projections, by the end of 2010 close to 267 million children had been immunised against hepatitis B with support from GAVI, an additional 38 million since 2009.

IN COUNTRY

Hepatitis B vaccine helps control liver cancer in China

Just over a decade ago, barely 40% of children in China's poorest areas were immunised against hepatitis B. Approximately 10% of China's population were chronic carriers of the disease, which is responsible for hundreds of thousands of deaths every year in China due to liver cancer and cirrhosis.

In 2002, the GAVI Alliance, the Government of China and the China Centre for Disease Control (CDC) formed a partnership that lasted until December 2010 to combat the disease. The collaboration provided first-dose hepatitis B vaccines at birth free of charge to over 25 million newborns in the poorest and most remote provinces of western and central China.

Delivering the vaccine, however, proved to be a formidable challenge, recalls Dr Liang Xiao Feng, Director of the National Immunisation Programme at the China CDC. Immunising babies at birth was difficult as women in remote areas mostly gave birth at home. Raising public awareness of the value of immunisation and encouraging mothers to deliver in hospitals was therefore important.

Demonstrating the catalytic impact of GAVI's support, the Chinese Government decided to introduce the vaccine into its routine immunisation programme in 2005. Since the start of the project, the percentage of newborn children immunised with the first dose at birth has climbed from 64% to over 90% in most areas. Less than 1% of children under five are now chronic carriers of hepatitis B.

"The vaccination effort against hepatitis B, especially to protect newborns, will not stop," says Dr Yang Wei Zhong, Deputy Director of the China CDC.

Says Dr Mark Kane, a GAVI Alliance founding Board member: "The success of the introduction of hepatitis B vaccine is a model, showing us what we need to do and what can happen as we embark on efforts to introduce important new vaccines against pneumonia, diarrhoea and cervical cancer."

See also:
www.gavialliance.org/hepatitisb

"On the part of government, civil society and donors, the priority in 2011 is to put resources together in making sure that everyone who needs immunisation gets it."

Her Excellency the First Lady of the Republic of Malawi, Madam Callista Mutharika

Preventing yellow fever with a two-pronged approach

Yellow fever is an acute viral disease that kills up to half of those who do not receive treatment. There are some 200,000 cases of yellow fever worldwide every year, resulting in 30,000 deaths.

In total, 45 of the world's countries are at risk of yellow fever outbreaks. The vast majority of yellow fever cases and deaths are concentrated in 13 African countries: Benin, Burkina Faso, Cameroon, Central African Republic, Côte d'Ivoire, Ghana, Guinea, Liberia, Mali, Nigeria, Senegal, Sierra Leone and Togo.

WHO reports an increase in the number of cases in the past two decades as a result of declining population immunity to infection, deforestation, urbanisation, population movements and climate change.

There is no cure for yellow fever, making immunisation an important preventive measure. Yellow fever vaccine is safe, affordable and highly effective. Although protection tends to decrease after 10 years, it sometimes lasts up to 20–30 years.

GAVI has committed US$ 129.2 million to the Yellow Fever Initiative to combat this deadly disease between 2006 and 2013. By the end of 2010, the funding had supported the immunisation of an estimated 57 million people through preventive campaigns and increased the stockpile of yellow fever vaccines for countries most at risk.

GAVI also funds routine immunisation against yellow fever. Seventeen countries are currently receiving GAVI support for routine yellow fever immunisation. By the end of 2010, GAVI had funded the immunisation of a cumulative additional 41 million children against yellow fever through routine immunisation, up from approximately 34 million the year before.

See also:
www.gavialliance.org/yellowfever

"Just a dozen infectious diseases cause more than half of all child deaths in developing countries. The good news is that we have existing vaccines to prevent most of them... The bad news is that they reach too few of the children who need them."

Melinda French Gates, Co-chair of the Bill & Melinda Gates Foundation

New vaccine could eradicate epidemic meningitis

Meningococcal meningitis is a bacterial form of meningitis, which causes an infection of the lining that surrounds the brain and spinal cord. Symptoms are usually mild, but the disease can kill within 48 hours. Up to a quarter of patients are left with brain damage, learning disabilities or hearing loss.

The highest prevalence of the disease is found in the African meningitis belt, a band of 25 countries that stretches from Senegal in the west to Ethiopia in the east. Every few years, epidemics threaten the region's 400 million inhabitants during the dry season, which lasts from December to June.

GAVI has so far committed US$ 84.7 million to support the introduction of a new meningococcal A vaccine in the meningitis belt and stockpile vaccine doses for emergency outbreaks. Nationwide roll-out campaigns of the new vaccine began in December 2010 in Burkina Faso, Mali and Niger, three countries at high risk of severe outbreaks.

Provided that sufficient funding can be secured, campaigns will continue in the remaining 22 countries in the African meningitis belt. If vaccinators can reach a high coverage of the target age group of 1–29 years, the region could become free from epidemic meningitis.

The new meningococcal A vaccine was developed in less than a decade through the efforts of a public-private partnership between the Meningitis Vaccine Project, led by WHO and PATH, and the Serum Institute of India, with support from the Bill & Melinda Gates Foundation. Development costs were kept low at just 10% of what is usually spent on the production of a new vaccine, making the vaccine relatively affordable at approximately US$ 0.50 per dose. It is expected to be particularly effective in protecting children under two years of age.[6]

IN COUNTRY

Burkina Faso introduces new meningitis vaccine

Safely back in his mother's arms under an enormous African sky, Eric Nabyoure, a 20-month-old baby boy, may have earned himself a place in the footnotes of medical history.

For decades, meningitis A epidemics have brought death, disability and fear to Africa's meningitis belt.

But Eric has just been immunised in Burkina Faso's capital, Ouagadougou, with a new vaccine, MenAfriVac. His mother, Marguerite Kabore, is delighted. "Really, it's a big day," she says.

Sweeping across the meningitis belt with the hot, seasonal winds, the epidemics hit the region in the dry season between December and June.

The worst epidemic of meningitis A in the region was in 1996, when 250,000 people were afflicted by the disease. The epidemic killed 25,000 people and left 50,000 more with disabilities including brain damage and loss of hearing.

In a dusty courtyard in downtown Ouagadougou, a young man waters a mango tree while greeting guests in sign language. The newly deaf must suffer isolation until they learn to speak with their hands. "I got sick," says Casimir Nana, 15, in sign language. "I felt it in my ears."

MenAfriVac, a meningococcal A conjugate vaccine, was the result of technological innovation and partnership. The single-dose vaccine protects against the specific form of meningitis A that causes over 80% of epidemics.

"If this works like we think it is going to work, then we are going to eliminate these epidemics. Stop. Period," said Marc LaForce, Director of the Meningitis Vaccine Project.

Malaria vaccine a future priority for GAVI

Within the next five years the world could have a vaccine to protect against malaria, one of the most debilitating diseases in developing countries. Despite the scientific and commercial challenges, progress in malaria vaccine development is encouraging. One malaria vaccine is in the final stages of development and could be available for use as early as 2015.

While consistent use of effective insecticides, insecticide-treated bednets and malaria medication has made significant progress in saving lives, further reducing the impact of the disease will require additional interventions, including vaccines. A malaria vaccine would add a powerful, complementary and cost-effective way to save lives and help eliminate the disease.

As outlined in its vaccine investment strategy, GAVI continues to monitor progress in the development of a malaria vaccine. Once a vaccine is developed, GAVI will be a key partner in ensuring that malaria vaccines are made available and accessible to the developing world.

Vaccines key to safeguarding women's health

Immunisation is crucial to protecting women's health. Hepatitis B vaccine prevents severe morbidity and mortality caused by liver cancer and cirrhosis. Childhood vaccines indirectly protect pregnant women by reducing the transmission of infectious diseases in families and communities.

As part of its vaccine investment strategy, which defines the vaccines that will have most impact on the disease burden in the world's poorest countries, the GAVI Alliance has prioritised human papillomavirus (HPV) vaccines, which help protect women against cervical cancer.

Some 270,000 women die every year from cervical cancer, the second most common cancer among women. Approximately 85% of those deaths occur in developing countries, where screening and treatment services are often lacking.

Safe and effective vaccines are now available, which protect against the two main strains of HPV infection. HPV is highly transmissible, so vaccinating girls before they become sexually active is a key strategy to prevent cervical cancer. WHO recommends that HPV vaccination be given to girls aged between 9 and 13 years in countries where cervical cancer constitutes a public health priority.

Delivery of HPV vaccines through school- or clinic-based immunisation programmes can provide an important platform for health education. However, reaching young girls who do not attend school is likely to be challenging.

HPV vaccines have been introduced into the routine immunisation of adolescent girls and young women in many industrialised countries. The introduction of HPV vaccines into developing countries can have a huge impact on women's health. GAVI is working with partners to prepare for the introduction of HPV vaccines and reduce the price of the vaccines to a level that is affordable and sustainable for countries.

"The introduction of life-saving vaccines... can prevent more than four million future deaths. A child will live without the risk of pneumonia, a girl will never have to suffer cervical cancer, millions of women and men will be saved by a simple injection."

Ban Ki-moon, United Nations Secretary-General

VIEWPOINT

Partnering to accelerate access to vaccines

Kate Elder
Chair of the GAVI CSO Constituency Steering Committee
Senior Health Officer, International Federation of Red Cross and Red Crescent Societies

Accelerating access to immunisation around the world is fundamentally about equity. It is about making sure that children in poor countries have the same right to life-saving vaccines as children in wealthy countries. This was brought home to me most recently while on a mission to Ethiopia, where I participated on behalf of the GAVI civil society constituency.

In GAVI's first decade we have come closer to bridging the health equity gap between rich and poor, and to reaching the most marginalised populations with immunisation and other health services. As GAVI has evolved, its relationship with Alliance partners, such as civil society organisations (CSOs) has evolved as well.

For GAVI's CSO partners, this has meant working with GAVI and national ministries of health more closely to ensure that life-saving vaccines are available to all children through strengthened Primary Health Care systems.

Speaking with community health volunteers in Ethiopia, I saw just how challenging it is to reach the most rural regions with basic healthcare. Still, CSOs are there making a significant difference. Once a month, a volunteer walks 12 kilometres to fetch vaccines from the nearest health centre while a fellow volunteer rallies the community. This sort of activity performed by CSOs, as an Alliance partner, is significantly advancing Ethiopia's steady progress towards reducing vaccine-preventable disease and death.

With the introduction of new pneumococcal and rotavirus vaccines, the importance of CSOs as advocacy and delivery partners is growing. These new vaccines will pose different challenges to communities and national immunisation systems that will force us as CSOs, and the global health community, to change the way we work. For example, there will be need for considerable education and mobilisation to ensure that communities are properly informed about the benefit of newer vaccines, and dispel any myths.

As vaccines against human papillomavirus (HPV) are introduced, the groups that GAVI engages with will broaden. For example, it will be necessary to work more closely with ministries of education to reach adolescent girls. CSOs that work with women and girls will be ready to help with this.

Over the past year, the GAVI civil society constituency has become more effectively organised to meet the challenges ahead. This includes increasing demand, introducing new vaccines, mobilising resources and stimulating greater will for achieving the Millennium Development Goals 4 and 5 on maternal, newborn and child health.

GAVI has its best years ahead of it. With a strong CSO constituency, civil society will continue to be a fundamental partner in the GAVI Alliance, and in working towards equitable access to existing and new vaccines for all.

Strengthen capacity 2

STRATEGIC GOAL

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

KEY RESULTS 2010

- To date, US$ 568 million has been committed to help strengthen health systems in 53 countries
- Financial management assessments are conducted in 18 GAVI-supported countries
- Health Systems Funding Platform is introduced in Nepal through a Joint Financing Agreement
- Second phase evaluation shows high level of country ownership in GAVI health system strengthening support

Strengthen capacity

Strong health systems are critical to ensuring that life-saving vaccines reach all the world's children. GAVI's support to health system strengthening helps tackle bottlenecks that impede immunisation and accelerates progress towards the Millennium Development Goals.

Weak health systems are a key barrier to achieving high and equitable vaccine coverage, and to improving child and maternal health. By the end of 2010, GAVI had committed US$ 568 million to help strengthen health systems in 53 of the world's poorest countries.

An evaluation of GAVI's performance in its second phase, 2006–2010, found that the focus on overcoming health system bottlenecks had been necessary to increase immunisation coverage. Flexibility and promotion of country ownership were seen as key advantages of GAVI health system strengthening (HSS) support compared with other donor approaches. However, the evaluators identified some weaknesses in monitoring and evaluation, delays in review and disbursement, and difficulties in measuring the impact of the HSS programme.

Through the Health Systems Funding Platform, GAVI is addressing these issues and continuing its commitment to strengthening health systems to deliver immunisation.

VIEWPOINT

Strong health system brings results in Nepal

Dr Baburam Marasini
Coordinator, Health Sector Reform Unit, Ministry of Health and Population, Nepal

Emerging from a 10-year conflict, Nepal is on the path to peace and stability. The country is on track to attain Millennium Development Goals (MDGs) 4 and 5 on reducing child and maternal mortality. It won the MDG Award for significantly reducing maternal deaths at the UN MDG Summit in September 2010, and the GAVI Award for reducing child deaths in 2009.

Nepal's achievements are all the more remarkable in light of our recent troubled history. Even at the height of the conflict, health services operated in many remote and rural areas and the delivery of basic health services was largely uninterrupted. We believed that the health system should be as neutral as possible so that everyone had access to healthcare, regardless of their side in the conflict.

Our strong foundations in health sector reform set the scene for the introduction of the Health Systems Funding Platform by the GAVI Alliance and other Platform partners this year. Initiated in 2010, the Platform channels funds from the GAVI Alliance, the Global Fund and the World Bank, with facilitation by WHO, into national priorities and through integrated health plans.

The alignment of funding to our budget cycles will make funds more predictable and also reduce the administrative burden. This in turn will help make aid more effective, as funds will be harmonised rather than fragmented.

An important step towards building a harmonised health sector, funded in a sustainable way, took place in November 2010. A Joint Financing Agreement was signed not only by the Platform partners, but also by other leading donors in support of our new National Health Sector Plan. Funds for health system strengthening will be channelled through a common pool, and aligned with our country mechanisms such as national budget planning cycles. I hope that more donors will join.

The new National Health Sector Plan encapsulates a vision for health system strengthening for the next five years. It includes a gender equity and social inclusion strategy that aims to deliver services to the hard-to-reach, improve women's and children's health, and increase the participation of women in the health sector.

The Platform approach to health system strengthening is crucial for its sustainability, otherwise we run the risks of overload and fragmentation. A strong health system is like a rubber band. When stretched, it does not lose elasticity – it maintains its shape and structure.

"We are... supportive of efforts by the World Bank, the Global Fund and GAVI to establish, in close coordination with the WHO, a joint platform for health systems strengthening."

The G8 Muskoka Declaration: Recovery and New Beginnings

Harmonised platform for health system strengthening

Of the eight Millennium Development Goals (MDGs), least progress has been made towards achieving MDGs 4 and 5 on reducing child and maternal mortality. Experts agree that the health MDGs need to be tackled through an integrated approach based on stronger health systems.

The Health Systems Funding Platform was initiated in 2009 on the recommendation of the High Level Taskforce on Innovative International Financing for Health Systems. It brings together GAVI; the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund); and the World Bank, with facilitation from WHO, linking up support for developing countries' national health plans.

The aim is to streamline HSS support and align with country budgetary and programmatic cycles by supporting one plan, one joint assessment of the national health strategy, one budget and one tracking system for funds. This helps to lower transaction costs for implementing countries, increase efficiency and reduce fiduciary risk. It is also expected to reduce the number of duplicate initiatives, as well as raise additional funding for health system strengthening.

The Platform is in line with the principles of the Paris Declaration of Aid Effectiveness on national ownership, alignment with national systems, harmonisation between agencies, managing for results, and mutual accountability. It is open to other agencies and partners, both at the global and country level. All GAVI-eligible countries can apply for funding through the Health Systems Funding Platform, which will eventually channel all GAVI HSS support.

Progress in 2010

During the year, the Health Systems Funding Platform advanced in accordance with implementing countries' planning and budgetary cycles. In Ethiopia, Nepal, Uganda and Vietnam, where new planning cycles started, the Platform partners worked with governments and civil society to assess national health plans. In Nepal, GAVI signed a Joint Financing Agreement as part of a pooled donor fund. The partners are working closely with Ethiopia, Uganda and Vietnam to secure funding for their national health strategies.

As a first step, GAVI and the Global Fund are developing a common application process for HSS support, enabling countries to submit joint funding requests to the two agencies.

In addition to preparing for new HSS grants through the Platform, GAVI is reviewing its current HSS grants to ensure that they are in line with the Platform principles. GAVI and the other Platform partners are working to harmonise and align their HSS grants to a range of countries, including Benin, Cambodia and the Democratic Republic of the Congo.

Joint efforts to strengthen monitoring and evaluation

As part of the work on the Health Systems Funding Platform, GAVI and the other Platform agencies are developing a shared set of tools to strengthen national monitoring and evaluation (M&E) systems, and support the M&E of investments in health system strengthening.

The tool kit includes a data quality assessment and a burden of disease analysis, as well as tools for projecting intervention impact and monitoring equity.

The partners have also drafted joint guidelines for countries to strengthen their annual health sector reviews.

In addition, GAVI is revising its data quality assessment tool, which is used to verify immunisation coverage data. The revised tool will help validate national administrative data systems to ensure that coverage estimates are accurate.

See also:
www.gavialliance.org/hsfp

"The right to health is a basic human right… the inequity that exists between those children who are lucky enough to be vaccinated and those who are not is shocking."

Mary Robinson, Former President of Ireland and Chair of the GAVI Alliance Board

IRIS: performance-based funding for equitable immunisation coverage

In November 2010, the GAVI Alliance Board agreed to pilot incentives for routine immunisation strengthening (IRIS), a performance-based programme targeting countries with less than 70% coverage for three doses of the diphtheria-tetanus-pertussis vaccine (DTP3). It intends to respond to the immediate need for countries to raise their DTP3 coverage above 70%, which will be necessary to access GAVI vaccine support from 2012 onwards.

IRIS aims to build on the basic design of the immunisation services support (ISS) programme, and could become a successor to ISS. It is designed to increase accountability for results and value for money, while minimising the reporting and management burden imposed on countries.

Countries will receive an annual fixed payment to help strengthen their immunisation coverage, as well as additional payments based on their performance against set targets.

The pilot programme focuses on reaching actors that have a large influence on immunisation rates, and on providing incentives to sub-national levels. As part of their application, countries will need to submit a detailed plan showing how incentives will be pushed down to the lower levels of the health system.

A key feature of IRIS will be support to countries for improving data quality, to ensure that any payments are based on verified results. The new data quality assessment tool will be part of the approach for validating immunisation coverage for IRIS.

IN COUNTRY

HSS support yields tangible results

A range of countries receiving GAVI HSS support have made significant headway in increasing immunisation coverage and advancing maternal and child health services.

In Afghanistan, GAVI support to HSS has been used to boost access to immunisation and other health services through civil society organisations (CSOs). Activities include establishment of health centres, in-service training programmes for health workers and public information campaigns. Between 2007 and 2009, Afghanistan reported a 6% increase in its national DTP3 coverage, while the child mortality rate fell from 191 to 161 deaths per 1,000 live births. Other successes in the same period included a rise in national measles vaccine coverage from 56% to 76% and an increase by 13% in the number of births assisted by a skilled birth attendant.

With GAVI HSS funds, Vietnam aims to better the health status of children through improved basic health services, including immunisation, in the country's 10 most disadvantaged provinces. Activities have included provision of materials and training courses for health workers, training of managers at provincial and district level, and development of an immunisation module for the health management information system. After three years of HSS funding, DTP3 coverage in the 10 provinces had increased by 12.8% to reach 97.9% in 2009.

GAVI HSS support to Cambodia has focused on improving child and maternal health in 10 districts with low immunisation coverage and lack of CSOs. In 2006, when the HSS support began, only 1 of the 10 districts had a DTP3 coverage above 80%. Three years later, this number had increased to nine.

Both Cambodia and Vietnam are transferring these service delivery models to other provinces, using in-country resources and funding from other donors.

Ensuring transparency and accountability in cash-based programmes

GAVI's Transparency and Accountability Policy (TAP) is designed to minimise fiduciary risk in cash-based programmes, including HSS and ISS, while aiming to limit transaction costs and administrative burdens on countries. Cash programmes represent approximately 15% of GAVI's annual disbursements to countries, amounting to US$ 79.9 million in 2010.

The GAVI Alliance does not tolerate abuse of its funding and actively seeks to uncover any misuse of funds. When any serious anomalies are identified, GAVI puts further disbursements on hold and freezes in-country funds, while ensuring that vaccine support remains uninterrupted so children do not suffer unnecessarily. When suspicions of misuse are confirmed, GAVI requires the repayment of misappropriated funds or unsupported or ineligible spending, in accordance with its grant agreements with recipient countries.

GAVI employs several safeguards to monitor the use of its cash support. Through financial management assessments (FMAs), GAVI is able to detect and respond to potential fiduciary risks prior to providing cash-based support to a country. FMAs are also conducted on an ongoing basis in countries that receive GAVI cash-based support to verify whether financial management controls continue to operate effectively. In 2010, GAVI undertook FMAs in 18 countries, selected on the basis of a TAP risk assessment as well as the size of the GAVI grant.

GAVI's TAP unit oversees an "early warning system" which uses external sources of information, including the experience of GAVI partners and other organisations, to develop a risk profile for all GAVI-eligible countries and detect potential misuse of funds.

Under the TAP, countries are required to provide detailed information on the management of GAVI funds in their applications and annual progress reports. Further, all countries receiving GAVI cash support are required to submit independent external audits annually. GAVI's internal auditor independently assesses, on behalf of the Alliance Board, whether these risk management measures are effective.

See also:
www.gavialliance.org/policies/tap

"After the health post opened and more people got immunised and learned about hygiene and other things, fewer children die, and people are less sick."

Gebeynanesh Ayele, mother, Ethiopia

Civil society – a vital partner in immunisation

Civil society organisations (CSOs) play a critical role in the delivery of immunisation services in countries, as well as in advocacy at the local, national and global levels. By the end of 2010, GAVI had committed funds totalling over US$ 21 million to involve local CSOs in the planning and delivery of immunisation services, and to encourage cooperation and coordination between the public sector and civil society.

The CSO funding window was approved as a pilot by the GAVI Alliance Board in November 2006. Two types of support, type A and type B, have been piloted.

Type A support aims to strengthen the coordination and representation of CSOs involved in immunisation, child healthcare and health system strengthening at the national level, and enhance cooperation between civil society and the public sector.

By the end of 2010, approximately US$ 700,000 of type A support had been allocated to 10 countries.

Type B funding supports direct CSO involvement in countries' HSS proposals and multi-year immunisation plans. Seven countries have received support through this pilot: Afghanistan, Burundi, the Democratic Republic of the Congo, Ethiopia, Ghana, Indonesia and Pakistan. To date, approximately US$ 20.4 million has been approved through this funding stream.

Examples of how CSO funding has been used include raising community awareness to improve maternal and child health in Ethiopia and Pakistan, engaging the Scout Movement in Indonesia in immunisation activities, and collaborating with the private sector to reach rural communities in Afghanistan.

GAVI will conduct an evaluation in 2011 to measure the effectiveness of the CSO pilot. The results of the evaluation will help inform decisions on future support.

During the year, GAVI also consulted with civil society on how best to engage CSOs in the Health Systems Funding Platform. CSOs will be able to access GAVI funding provided through the Platform to support national health plans. The funding will be aligned with national plans and strategies on the understanding that these will have been developed in consultation with civil society.

CSO support in Ethiopia: reaching the hard-to-reach

Broken refrigerators, fuel shortages and remote, hard-to-reach communities are challenges hardly unique to Ethiopia. But the east African country is 1 of 10 countries participating in a pilot programme whereby GAVI funds CSOs to help with immunisation.

"There are so many gaps that interrupt routine immunisation," explains Filimona Bisrat, a representative of a consortium of CSOs that receives US$ 3.3 million in GAVI support over a period of two years.

In Ethiopia's western Gambella region, for example, communities are poor, remote or semi-nomadic. They often know little about immunisation, its importance or how to get it. Some 85% of Ethiopians live in rural areas, more than 60% cannot read or write, and one third live on less than US$ 1 per day, according to United Nations data.

"Ethiopia is a very poor country. People live in remote areas, the infrastructure is not there," says Dr Bisrat.

In addition to explaining the importance of immunisation directly to mothers and communities, the consortium that Dr Bisrat represents, the Christian Relief and Development Association (CCRDA), works with Ethiopia's influential churches.

The CCRDA also repairs broken fridges, transports vaccines, informs remote communities when vaccinations are taking place, and encourages those who have not had the required number of doses to complete their course of immunisation.

"We are reaching the hard-to-reach," Dr Bisrat says of his project, which saw immunisation rates rise to 71% from 40% in Gambella after just one year. "It's amazing."

For GAVI, supporting CSOs on the ground provides flexible funding in the places where it is needed most.

Experts say Ethiopia is on track to achieve MDG 4 by 2015, with mortality rates for children under 5 falling to 109 deaths per 1,000 children in 2008 from 210 in 1999.

Ensuring gender equity in immunisation

Overcoming the barriers that hinder the expansion of immunisation coverage and access to health services is of critical importance to reaching the millions of children in the world that remain unimmunised. Some of these barriers are related to social norms and cultural beliefs around gender that affect the ability of women and girls to access immunisation and other essential health services.

As part of the implementation of its gender policy, the GAVI Alliance funded a systematic review of data to identify gender-related barriers to immunisation. The results of the study, conducted by WHO's Department of Immunization, Vaccines and Biologicals in collaboration with PATH, were presented to the WHO Strategic Advisory Group of Experts on Immunisation in November 2010.

No significant differences in immunisation coverage between girls and boys were found, although exceptions were noted in a few countries with gender inequity and "son preference". However, the report concluded that the low status of women, especially those living in poorer households, can have a negative impact on access to immunisation for their children.

GAVI continues to work with countries to overcome gender and wealth inequities to fulfil every child's right to health. Guidelines on country proposals call attention to the need for countries to address social and gender-related barriers to access and delivery of health services. Countries are encouraged to disaggregate data based on gender, income and geographic differences to help identify areas of low immunisation coverage.

Furthermore, GAVI's 2011–2015 strategy captures gender equity as an overarching principle of engagement in all areas of its work. A gender help desk will provide capacity building and technical assistance, and help to ensure that gender issues are considered in all areas of GAVI's work.

See also:
www.gavialliance.org/policies/gender

Increase predictability and sustainability 3

STRATEGIC GOAL

Increase the predictability and sustainability of long-term financing for national immunisation programmes

KEY RESULTS 2010

- The International Finance Facility for Immunisation raises nearly US$ 850 million in the capital markets
- First Advance Market Commitment (AMC) vaccine supply agreements are signed, and first AMC pneumococcal vaccines are delivered to countries
- Sharpened focus on co-financing to strengthen country ownership and contribute to sustainability
- First collective GAVI donor meeting confirms commitment to meeting funding challenge

Increase predictability and sustainability

GAVI aims to ensure predictable and stable funding to enable developing countries to plan and sustain their immunisation programmes. Steady, multi-year donor contributions and innovative finance mechanisms are fundamental to long-term sustainability.

Mobilisation of donor resources continued to be at the forefront of GAVI's priorities in 2010. While GAVI has sufficient funds to cover all approved programme commitments, it needs further resources to fully meet additional demand. In order to sustain achievements made and to introduce new life-saving vaccines, GAVI needs to raise another US$ 3.7 billion for 2011–2015.

The International Finance Facility for Immunisation (IFFIm) issued four bonds in 2010, raising close to US$ 850 million. In March, the first two companies signed long-term commitments to supply new vaccines against pneumococcal disease through the Advance Market Commitment (AMC). Supply of the new pneumococcal vaccine began in December 2010, when Nicaragua introduced the vaccine in its routine immunisation programme.

To ensure the long-term sustainability of immunisation programmes, GAVI is strengthening its focus on vaccine market shaping and country co-financing. The revised co-financing policy aims to further strengthen country ownership and to help secure financial sustainability.

GAVI's funding base

Total funding to GAVI amounted to US$ 696 million in 2010, an increase of US$ 28 million compared with 2009 levels. Cumulative funds received by GAVI for 2000–2010 totalled US$ 5.2 billion.

Direct contributions

Contributions from 11 donor governments: Australia, Denmark, Germany, Ireland, Luxembourg, the Netherlands, Norway, the Republic of Korea, Sweden, the United Kingdom (UK) and the United States of America (USA), amounted to US$ 253 million in 2010. The cumulative total of direct contributions from 14 national governments and the European Commission (EC) for the period 2000–2010 reached US$ 2 billion.

Foundations, private individuals and organisations, including the Bill & Melinda Gates Foundation and the "la Caixa" Foundation, contributed US$ 80 million to GAVI in 2010. The cumulative total for 2000–2010 amounted to US$ 1.2 billion.

Innovative finance mechanisms

In 2010, GAVI received US$ 320 million in IFFIm funds, with the cumulative total for 2006–2010 reaching US$ 1.9 billion. IFFIm funds totalling US$ 534 million have also been used towards tactical investments in immunisation initiatives. Australia, France, Italy, the Netherlands, Norway, South Africa, Spain, Sweden and the UK are contributing to IFFIm.

US$ 1.5 billion has been pledged by Italy, the UK, Canada, the Russian Federation, Norway and the Bill & Melinda Gates Foundation towards the AMC for pneumococcal vaccines. By the end of 2010, GAVI had received US$ 43 million in AMC funds from the World Bank.

See also:
www.gavialliance.org/donors

"GAVI's track record of 5.4 million lives saved makes it both a good investment for the world and a source of hope."

Dr Ezekiel J. Emanuel, Special Advisor for Health Policy, United States of America

Securing donor support to save millions of lives

Mobilising sufficient financial resources to meet country demand and save 3.9 million lives in the next five years continued to be a top priority for GAVI in 2010. To meet the challenge, GAVI is seeking funding more strategically and widely than ever before.

GAVI's current donor base is relatively narrow, comprising 17 national governments, the EC, the Bill & Melinda Gates Foundation, the "la Caixa" Foundation and other private donors. Despite the global financial crisis, several GAVI donors have increased their direct funding to GAVI, and sought to expand and extend their commitments through IFFIm. Some are also exploring new innovative finance and multi-sector approaches with the private sector and civil society.

In September 2010, the Republic of Korea made its first contribution to GAVI with a donation of US$ 1 million over three years. Australia, Canada, Ireland, Luxembourg and the UK also made new multi-year commitments to GAVI in 2010.

Multi-year funding is necessary for GAVI to be able to provide predictable, long-term financing to countries, as well as to continue to shape the market to reduce vaccine prices.

During the year, GAVI donors reinforced their commitment to meeting the funding challenge and fulfilling the GAVI mission. The GAVI Call for Action and Resources meeting, chaired by the Governments of Norway and the USA, was held in October 2010 in New York. GAVI donors and partners emphasised the vital importance of securing funding to prevent millions of future deaths before 2015.

This followed an earlier donor consultation, chaired by the Netherlands and held in The Hague in March 2010 – the first high-level meeting on financing demand from GAVI-eligible countries. GAVI's first pledging conference will be hosted by the UK Government in London in June 2011 to further accelerate the resource mobilisation efforts.

Ban Ki-moon says immunisation is key to UN strategy

At the opening of the Call for Action and Resources meeting in New York in October, the United Nations (UN) Secretary-General, Ban Ki-moon, said that immunisation and the work of the GAVI Alliance were vital to the UN's global strategy to improve the health of millions of women and children by enhancing access to basic healthcare.

"The GAVI Alliance is poised to accelerate the introduction of life-saving vaccines – a plan that can prevent more than four million deaths," said the UN Secretary-General. "By making the most of our partnerships, by empowering others to lead, by promoting innovation on all fronts, we can get more health for our money."

Donations to GAVI count 100% towards G8 Muskoka Initiative

In June 2010, the Group of Eight (G8), led by Canada, announced a new commitment to global health aimed at reducing the number of maternal, newborn and child deaths in developing countries. The collective pledge of US$ 5 billion to support the "Muskoka Initiative" aims to address health inequities that remain for the world's poorest mothers and children.

According to a G8 study, which calculated the proportion of donor support that directly benefits maternal and child health, 100% of contributions to GAVI reach mothers and children in the developing world. Governments donating to GAVI are thus assured that their commitments will help meet the goals set out in the G8 Muskoka Initiative.

Further, the Group of 20 (G20) gathered in Seoul in November 2010 to discuss how to achieve sustainable economic growth and development. The group includes 10 GAVI donors and 2 implementing countries, India and Indonesia.

Growing support from private donors

The donor base of the GAVI Campaign, which is charged with mobilising philanthropic support for GAVI from the private sector, continued to grow in 2010 despite the global economic downturn. At the end of 2010, GAVI's private donor base amounted to 10,647 donors and prospective donors.

Some of this growth has been fuelled by donor-driven fund-raising activities, such as marathons, walks and friends-asking-friends campaigns. Corporate partnerships are nearing fruition for large-scale retail donor outreach, and there has been a growth in interest from a diverse range of philanthropic groups, from soccer leagues to wine producers. The private philanthropy donor base has solidified into a strong platform, which is likely to expand as the GAVI Campaign reaches out to new supporters.

"La Caixa" renews commitment to childhood immunisation

HRH Princess Christina of Spain, Director of International Programmes of the "la Caixa" Foundation, and Mary Robinson, Chair of the GAVI Alliance Board, renewed "la Caixa's" commitment to GAVI.

The "la Caixa" Foundation is GAVI's main private partner in Europe and a leader in mobilising the private sector on behalf of the Alliance. In November 2010, the "la Caixa" Foundation renewed its commitment to GAVI with a donation of €3 million, bringing the total investment from "la Caixa" to €11 million.

In addition to its grant support, the "la Caixa" Foundation has established the Business Alliance for Child Vaccination, an innovative corporate social responsibility initiative which channels contributions to GAVI. Over 140 companies have joined the Spanish Business Alliance, which has raised close to €634,000 for GAVI to date.

The donations from the "la Caixa" Foundation, the companies sponsoring the Business Alliance and "la Caixa" employees (who have donated close to €100,000) have so far been allocated towards financing vaccines. Since 2008, support from "la Caixa" has enabled 1.2 million children to be immunised with pentavalent vaccine.

See also:
www.gavialliance.org/privatephilanthropy

GAVI strengthens focus on innovative finance

During the year, the GAVI Alliance Secretariat worked to further harness the potential of innovative finance by allocating more resources to the research, development and implementation of such mechanisms. The aim of this work is to raise additional funds from new and existing donors including the private sector and individuals, increase the predictability of financing, generate more flexible funding, and boost the impact of GAVI support.

Over the last decade, GAVI has pioneered two innovative finance instruments: the International Finance Facility for Immunisation (IFFIm) and the Advance Market Commitment (AMC). These funding modalities have helped GAVI accelerate the introduction of vaccines in some of the poorest countries in the world.

IFFIm: frontloading to increase predictability of funding

IFFIm raises money by issuing bonds in the capital markets, converting long-term government pledges into immediately available resources for immunisation and health system strengthening. The evaluation of GAVI's second phase, 2006–2010, found that IFFIm had contributed to the certainty of funding that underpins GAVI's ability to support long-term vaccine programmes.

IFFIm provides a flexible funding alternative for donors, especially those who are not able to provide large direct grants. It is a powerful tool for GAVI in its efforts to broaden its donor base and continues to be an important component of GAVI's funding portfolio.

By the end of 2010, eight donors had committed approximately US$ 5.9 billion to IFFIm over 23 years. A ninth donor, Australia, has pledged to commit A$ 250 million to IFFIm.

In August 2010, Norway and the UK officially signed grant agreements for additional IFFIm pledges committed in 2009. These commitments, along with Australia's pledge, were originally intended to fund health system strengthening. However, in 2010 the three donors removed this constraint on the basis that GAVI will allocate 15–25% of its total programming to health system strengthening going forward.

In November, IFFIm entered the Australian capital markets for the first time. The five-year bond issue, which raised the equivalent of US$ 395 million, was placed with a broad range of investors globally, demonstrating their continued confidence in IFFIm.

See also:
www.gavialliance.org/iffim
www.iffim.org

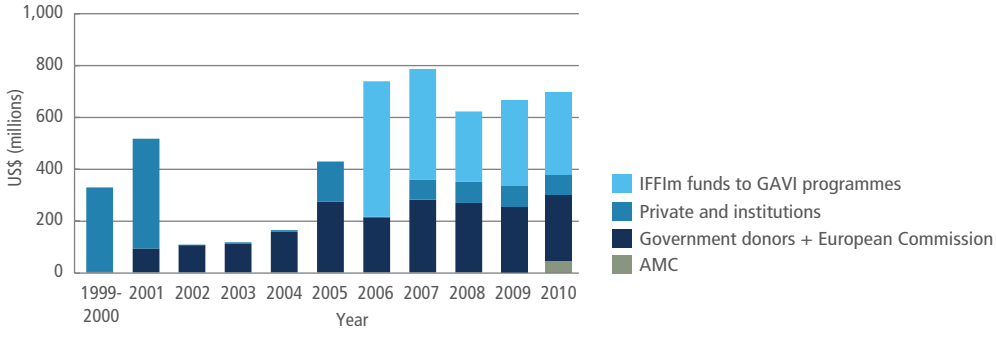
"IFFIm is a success. It raises funds in the capital markets at very low cost, giving investors and financial institutions the opportunity to make a difference to millions of children in the poorest countries."

Susan McAdams, Director of Innovative Finance, World Bank

By the end of 2010, IFFIm had raised a cumulative US$ 3.2 billion in bond sales, US$ 2.4 billion of which had already been approved for GAVI programmes. IFFIm has conservative financial policies that keep funds available to repay bonds maturing over the next 12 months. Until the IFFIm funds are about to be disbursed to countries, they are placed in an investment account managed by the World Bank.

IFFIm funding has effectively allowed GAVI to double its spending on immunisation and health system strengthening programmes since 2006.

IFFIm proceeds boost GAVI funds



Source: 18

AMC: affordable and appropriate vaccines against pneumococcal disease

In 2010, the first vaccine supply agreements under the innovative Advance Market Commitment (AMC) were signed, and the first new pneumococcal vaccines were delivered to the developing world.

The aim of the pneumococcal AMC is to stimulate the supply of appropriate and affordable pneumococcal vaccines for developing countries. An independent evaluation of GAVI in 2010 identified GAVI's role in the AMC pilot as a significant achievement, pointing to GAVI's alliance structure, track record and relative flexibility as key success factors.

Through the pneumococcal AMC, donors commit funds which guarantee the price of vaccines once they have been developed. This provides vaccine manufacturers with the incentive to invest in late-stage vaccine development and manufacturing capacity. In exchange, companies sign legally-binding commitments to provide the vaccines at no more than US$ 3.50 per dose for 10 years, paid jointly by GAVI and the implementing countries. For approximately 20% of the doses they supply, companies receive an additional payment of US$ 3.50 per dose supplied, paid from AMC donor funds.

Following a competitive tendering process, run by UNICEF as GAVI's procurement partner, two manufacturers have committed to supply 300 million doses of pneumococcal vaccine each over 10 years.

The first deliveries of the new vaccines, which are adapted to the needs of developing countries, took place at the end of 2010 – just a few months after they were first introduced in industrialised countries. This marked a milestone in public health, as the gap between new vaccine introduction in high-income and low-income countries was previously up to 10 years or more.

While the first AMC vaccine suppliers are based in the UK and the USA, two emerging market manufacturers have also registered to participate in the pneumococcal AMC.

See also:
www.gavialliance.org/amc
www.vaccineamc.org

Based on biannual demand forecasts, UNICEF and GAVI will call for new supply offers to meet anticipated country demand for pneumococcal vaccines.

The vaccines are available for GAVI-eligible countries at a fraction of the cost in the European Union and the United States, where average public prices per dose are €40 and US$ 92, respectively.[7] Countries graduating from GAVI support in 2015 will continue to have access to pneumococcal vaccines through the AMC at a cost of US$ 3.50 per dose.

So far, 19 countries have been approved for pneumococcal vaccine support between 2010 and 2012. Benin, Burundi, Cameroon, the Central African Republic, the Democratic Republic of the Congo, Ethiopia, the Gambia, Guyana, Honduras, Kenya, Malawi, Mali, Rwanda, Sierra Leone and Yemen are planning to launch the vaccine in 2011.

Both the Gambia and Rwanda introduced a more basic pneumococcal vaccine through manufacturers' donations in 2009, but are expected to switch to the new AMC-supported vaccines in 2011.

IN COUNTRY

Nicaragua first to introduce new pneumococcal vaccines

Cradled in the arms of his mother, 10-week-old Caleb Alexander Martinez made history on 12 December 2010, as the first baby to be vaccinated with the new pneumococcal vaccine, made available through the Advance Market Commitment (AMC).

Caleb's vaccination, delivered by the Minister of Health, Dr Sonia Castro Gonzalez, marked the first of the routine pneumococcal vaccinations to take place as part of Nicaragua's regular childhood immunisation package.

International leaders in global health joined the Nicaraguan Government and hundreds of families to celebrate the roll-out of the new vaccine. Nicaragua's introduction comes within months of the introduction of pneumococcal vaccines in high-income countries.

GAVI has already approved over US$ 4.7 million to support the introduction of pneumococcal vaccines in Nicaragua during 2010–2011, and expects to commit another US$ 10.4 million through to 2015. By co-financing the vaccine, the Ministry of Health and the country as a whole are making a commitment to immunisation and child survival.

"Today is a very important day for us," said Dr Gonzalez. "It is very important for mothers, it is very important for Nicaraguan children, because we are putting into practice the promotion and protection of health in an effective way… Our Government has made many efforts in the commitment to restore health as a right. We know that prevention is the most important path. If our children have a healthy start, they can develop to their full potential and we will have a better society."

As is the case in many countries around the world, pneumonia is the leading cause of death in children under five in Nicaragua. One mother for whom the vaccine launch was particularly important was Raquel, who lost a daughter to pneumonia in 2010. "It's a horrible disease, very painful," she said. "I was torn to see her like that." But Raquel is pregnant again and the new vaccine gives her hope. "Knowing that we have this vaccine, I know that I will do everything I can to make sure this baby is alright. I will look after him and make sure he gets the vaccine, so he doesn't get ill, so he doesn't suffer."

Shaping the market to make vaccines more affordable for developing countries

Every year, 1.7 million children die from preventable diseases because they do not have access to life-saving vaccines. One reason is that the high cost of vaccine development and production is financially prohibitive for pharmaceutical companies that wish to invest in vaccines for developing countries.

By forecasting and aggregating demand from countries and mobilising donor funds, GAVI has created a reliable market for vaccines for developing countries. The GAVI model encourages manufacturers to expand production capacity and helps attract new suppliers to the market, resulting in increased supply at lower prices. Also, innovative procurement mechanisms such as the AMC help make new vaccines available to developing countries earlier than they otherwise might be and at more affordable prices.

Through the AMC, pneumococcal vaccines are available for GAVI-eligible countries at a 90% reduction of the price charged in many industrialised countries.

In 2010, the weighted average projected price for pentavalent vaccine for 2011 dropped to US$ 2.58, from US$ 2.99 for the year before. This represents a decrease of almost 30% since GAVI began to support the vaccine – a cost saving that will enable many more children to be immunised against five diseases.

During the year, the GAVI Board decided to elevate market shaping to a strategic goal with specific activities to help drive down vaccine costs, providing increased attention to this area. GAVI is currently reviewing its approach to vaccine procurement and analysing the market dynamics of its vaccine portfolio. This will help inform improved supply and procurement strategies.

"We are looking forward to introducing the vaccine against pneumococcal disease because pneumonia is the biggest killer of children in DRC. And we are committed to paying our share of the vaccine costs."

Dr Victor MaKwenge Kaput, Minister of Public Health, the Democratic Republic of the Congo

Co-financing: steps towards ownership and sustainability

To support sustainability of financing for immunisation and promote country ownership, GAVI has pioneered a co-financing model which requires countries to fund a portion of the vaccines themselves. The contributions are determined by the countries' expected ability to pay for each new vaccine.

Despite the impact of the global financial crisis, more countries than ever are contributing a share of their vaccine costs. The number of countries co-financing vaccines nearly doubled from 27 in 2008 to 53 in 2010.

Seven countries, Benin, Mongolia, Papua New Guinea, Senegal, Togo, Yemen and Zambia, showed their strong commitment by co-financing ahead of the required starting date. Additionally, four countries, Bolivia, Kiribati, Rwanda and Solomon Islands, paid more than required and are thus progressing more rapidly towards financial sustainability.

Co-payments in 2010 amounted to US$ 28 million, representing 10% of total GAVI vaccine support to the 53 co-financing countries.

A 2010 review of the co-financing efforts in the last two years led to a revision of GAVI's policy, increasing the focus on sustainability of national financing for immunisation. GAVI's new strategy requires economically stronger countries to co-finance a greater share of vaccine costs to ease their transition to graduation from GAVI support.

Commencing in 2012, the lowest-income countries will pay US$ 0.20 per dose, while intermediate countries will increase their co-payments by 15% per year. Countries that are graduating from GAVI support have a stepped co-financing plan. As they approach graduation, their payments will increase annually, paving the way for them to cover the full cost of their vaccines after 2015.

See also:
www.gavialliance.org/cofinancing
Ch. 4: Add value: Co-financing policy: Paving the way for long-term sustainability, p 47

Guyana: excelling in vaccine co-financing

Guyana illustrates the nature of GAVI's partnership with implementing countries, whereby they are encouraged to contribute a share of the cost of vaccines they receive. Guyana, a lower-middle-income country, first received GAVI support in 2000. At that time, the country spent approximately US$ 1 million per year on immunisation services, but made no financial contribution towards the vaccines supported by GAVI.[8]

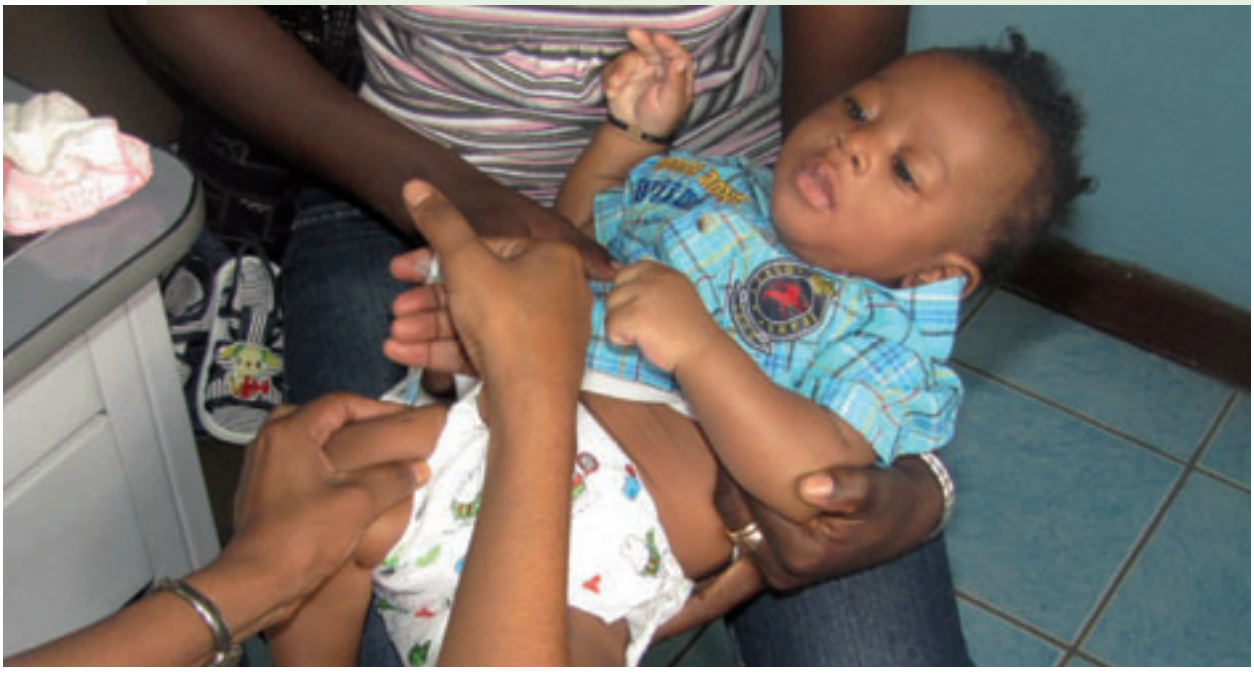
By the time Guyana introduced pentavalent vaccine in 2001 the country raised its immunisation spending to US$ 2 million per year, but still relied fully on GAVI funding to meet the cost of vaccines.[9]

In 2004, Guyana started providing funds to cover 20% of vaccine costs. As Guyana gradually increased its allocations from the government budget, GAVI's contribution to pentavalent vaccine in the country went down from US$ 307,523 in 2001 to US$ 55,157 in 2005. In 2006, Guyana distinguished itself as the first GAVI-supported country to meet the full cost of the vaccine from its national budget.

The leadership and commitment that Guyana demonstrated in financing vaccines was matched by its immunisation efforts. By 2010, Guyana projected coverage of 99% for pentavalent vaccine.

Guyana has also broadened its immunisation efforts. In 2009, it was one of the first countries to be approved for support for the new vaccine against pneumococcal disease and in 2010 it introduced rotavirus vaccine.

"We are committed to doing all that we can for our children to make sure they grow up to be healthy and productive adults," says Guyana's Minister of Health, Dr Leslie Ramsammy. "In 1994, the Government of Guyana decided that proven, life-saving vaccines should be available to all of our children. We made this commitment and we will continue to grow our vaccination programme."



"We have the chance to make the world a fairer place and give children of Africa, Asia and Latin America the chance to a healthy life and contribute to the future prosperity of their communities and countries."

Graça Machel, Former Chair of the GAVI Alliance Board

VIEWPOINT

Co-financing – an investment in the future of our children

Dr Agnes Binagwaho
Minister of Health,
Ministry of Health, Rwanda

I am proud to say that Rwanda has made great strides in improving the health of our people in the past decade. Our budgets for health and immunisation have steadily increased, accompanied by a strong national health strategy that has been endorsed by all the main actors in the health sector.

Babies born in Rwanda now receive life-saving vaccines against tuberculosis, diphtheria, tetanus, pertussis, polio, measles, Hib, hepatitis B and pneumococcal disease. In 2009, 97% of the children in our country were given the required three doses of the pentavalent vaccine.

Our investments have paid off. Between 1990 and 2008, under-five mortality rates dropped from 174 to 103 deaths per 1,000 live births. This success is linked to a range of life-saving interventions, not least to immunisation.

Rwanda knows that immunisation is a cost-effective investment in the future of our children. Preventing disease is always better than waiting until children fall sick. And because we want to sustain these achievements after GAVI support has ended, we are committed to contributing financially to the vaccines we introduce. Co-financing is an important step towards ensuring that we maintain our current political ownership and commitment to reducing child mortality, and achieve long-term sustainability of interventions.

Already in 2008, when co-financing of new GAVI vaccines became mandatory, our Government decided to contribute significantly more than what was required by GAVI – US$ 0.75 per dose instead of the compulsory US$ 0.15 per dose. Between 2008 and 2010, our co-payments amounted to nearly US$ 2.5 million, or 26% of the total GAVI vaccine support to Rwanda.

Although Rwanda is a low-income country, we pay 100% of the cost of our existing vaccines, such as those protecting against measles and polio, and we have a solid plan for increasing our contribution to full funding for new vaccines in the future. We are hoping to introduce rotavirus vaccines in 2012 and are looking to protect women against cervical cancer by introducing human papillomavirus (HPV) vaccines as soon as possible.

In addition to vaccine support, GAVI funding helps us strengthen the health system to deliver immunisation and other integrated high-impact services. Our network of local hospitals, health centres and outreach health workers has been effective in encouraging improved hygiene, good nutrition and exclusive breastfeeding – all of which help to combat disease. Immunisation is an important entry point for these interventions, as well as for other initiatives such as family planning, HIV testing, vitamin A supplementation, deworming and bednet distribution.

Our country is currently on track to achieve Millennium Development Goal 4 on reducing child mortality. Whether we will succeed depends not only on continued support from development partners, but also on our own commitment and contribution. Co-financing is one of the ways in which we seek to ensure that we will continue to reap the benefits of our investments in health in the long term.

Add value 4

STRATEGIC GOAL

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

KEY RESULTS 2010

- GAVI introduces new policy frameworks for programme funding, prioritisation and co-financing
- Evaluation of GAVI's second phase helps inform new strategy and business plan
- World leaders recognise immunisation as critical to maternal and child health
- Dagfinn Høybråten is elected GAVI Alliance Board Chair

Add value

The success of the GAVI Alliance relies on the commitment and contribution of all its partners. Drawing on the particular strengths of each sector creates a fertile ground for innovation and efficiency in development financing and programming.

During the year, GAVI continued to emphasise efficiency, transparency and accountability. By introducing new policy frameworks for programme funding, prioritisation and co-financing, GAVI seeks to ensure financial sustainability and a fair and transparent allocation of resources.

An evaluation of GAVI's second phase, 2006–2010, found that GAVI had accelerated the introduction of vaccines, attracted additional funding for immunisation, successfully engaged in innovation and generated greater country ownership – confirming the added value of the Alliance model.

Intensified engagement with civil society and other key advocates is yielding tangible results. Immunisation is increasingly being recognised as an essential part of maternal and child health, and as a key component of achieving the Millennium Development Goals (MDGs).

Changes in key positions

Dagfinn Høybråten, the former Minister of Health of Norway, was elected as the new Chair of the GAVI Alliance Board in November 2010. He assumed the responsibility from Mary Robinson, the former President of Ireland, who completed her tenure at the end of the year.

October 2010 marked the departure of Julian Lob-Levyt as Chief Executive Officer (CEO) of the GAVI Alliance Secretariat after almost six years. The deputy CEO, Helen Evans, stepped in as interim CEO while recruitment was under way for Dr Lob-Levyt's successor. Tim Nielander, GAVI's General Counsel, left the Secretariat in September 2010.

The year also saw the recruitment of new senior managers at the GAVI Secretariat. Barry Greene was appointed Managing Director of Finance and Operations, David Ferreira took on the newly-created role of Managing Director for Innovative Finance & Head of the Washington DC Office, and Debbie Adams became the new Managing Director of Governance and Legal.

The Secretariat remains lean, with 124 permanent staff positions in Geneva and Washington, DC at the end of 2010. There is a relatively even gender distribution with 56% women and 44% men and a strong representation of women at senior management level.

GAVI Alliance welcomes Dagfinn Høybråten as new Board Chair

The former Minister of Health of Norway and current Member of the Norwegian Parliament, Dagfinn Høybråten, was unanimously elected by the GAVI Alliance Board as its new Chair in November 2010.

Høybråten, who was previously the leader of Norway's Christian Democratic Party, has been a member of the GAVI Board since 2006. Through his active involvement in the Board, he is familiar with GAVI's mission and the role the Alliance plays in saving lives and improving the health of millions of people in developing countries.

"GAVI has the best investment case in development assistance," said Høybråten. "The Alliance has delivered clear results and donors recognise its high value for money. We now have before us an extraordinary opportunity to launch new vaccines to save many more lives and improve the health of millions of children."

New policy framework to ensure equitable resource allocation

In 2010, GAVI adopted a programme funding policy and a pilot prioritisation mechanism to ensure transparency and fairness in the allocation of resources.

The programme funding policy, approved in June 2010, aims to strike a balance between guaranteeing long-term funding to countries and avoiding keeping a large financial reserve.

Under the policy, GAVI will ensure sufficient resources are available to cover any new programmes as well as all previously approved programmes for the coming two years. For added security, GAVI will also provide the Board with a forecast of the resources needed to fund its programmes for an additional two years.

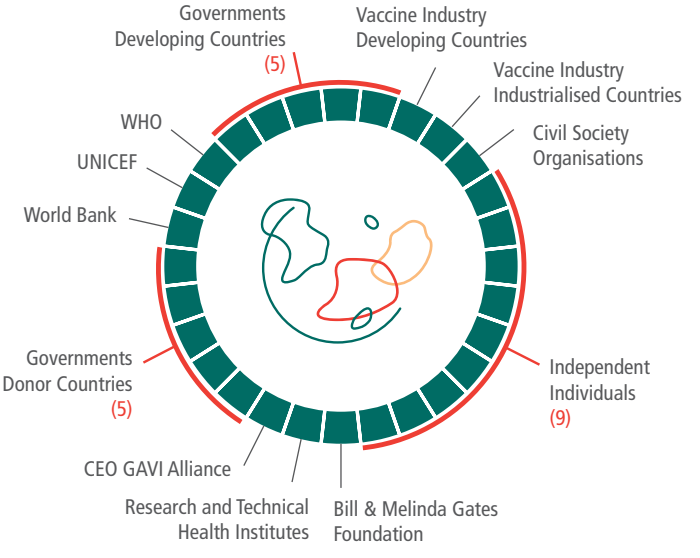
During the year, GAVI also adopted a pilot prioritisation mechanism, which will be applied when resources are limited. The mechanism will enable GAVI to rank country proposals recommended for approval by the Independent Review Committee, should sufficient funds to fund all recommended proposals not be available. If implemented, the mechanism will be used to ensure that GAVI can make fair, transparent and objective decisions on how to use limited donor resources most effectively.

The prioritisation mechanism establishes that a maximum of one vaccine application per country will be approved in each round, ensuring equitable distribution of resources across countries. Objectives and criteria that determine the prioritisation of proposals include potential health impact, value for money, financial sustainability and country income.

"Vaccines are so incredibly, incredibly important for children in the developing world. Just a few doses can provide a lifetime of protection and a chance for a healthy start in life."

Malaka Gharib, editor, ONE Blog

The GAVI Alliance Board structure



VIEWPOINT

The power of partnership

Saad Houry
Deputy Executive Director, UNICEF
GAVI Alliance Board member

In our family, we grew up with the fear of polio because it had afflicted my cousin. As a young child, I received the miraculous vaccine that spared me from death and disability. Today, global polio cases have dropped by 99% since the 1980s, and we are close to one of the greatest victories in human history: the eradication of polio.

The battle against measles, once responsible for millions of deaths, is also being won. Between 2000 and 2008, measles deaths fell by 78% globally and by 92% in sub-Saharan Africa.

We owe these victories to the miracle of vaccines and to the power of partnerships, the winning principle upon which our GAVI Alliance is built.

Partnerships lead to new miracle vaccines. Partnerships shape the market and help reduce vaccine prices, making them more affordable to developing countries. Partnerships enable us to reach the hardest-to-reach places, to strengthen the weakest healthcare systems and to provide access to medical care to the most excluded. Our immunisation efforts have blazed the trail in finding ways to provide critical health services to the most disadvantaged.

Great progress has been made in reducing the number of children who die every year. Since the late 1970s, the number of children dying before they reach their fifth birthday has halved, despite population growth. That is wonderful progress. But still over 20,000 children died yesterday, and another 20,000 will die today – many of them of preventable causes.

Partnerships are helping us defeat polio and measles, and we now have the vaccines that can help us triumph over pneumonia and diarrhoea – the two leading killers of children. By joining efforts to launch these vaccines in the countries that need them the most and by promoting other key preventive behaviours like exclusive breastfeeding, hand-washing, home care and care seeking, we can create a stronger, healthier and more equitable world.

I joined the Board in 2008, when GAVI was embarking on major reforms. Today, the Alliance is more solid, cohesive and innovative than ever. Innovative in its governance, whereby programme and donor countries, civil society, foundations, multilaterals and industry sit around the same table. Innovative in financing mechanisms to ensure the creation of a vibrant market and an uninterrupted supply of affordable vaccines.

The miracle of vaccines, coupled with the power of partnership, works. And GAVI deserves our support.

Co-financing policy: paving the way for long-term sustainability

After two years of successful country co-financing efforts, in December 2010 GAVI approved its updated co-financing policy, which was revised in close consultation with ministries of health and finance in implementing countries. The policy aims to encourage countries to embark on a trajectory towards financial sustainability or, in the case of the poorest countries, to enhance country ownership of vaccine financing.

GAVI's revised co-financing policy requires all countries to make a contribution towards the cost of new and underused vaccines supplied by the GAVI Alliance. The level of co-financing is determined by each country's expected ability to pay, with countries divided into low-income, intermediate and graduating groups.

GAVI will continue to make long-term commitments to the poorest countries, while working closely with graduating countries to ensure their access to affordable vaccines after GAVI support has ended.

As part of the review of the co-financing policy, GAVI conducted a fiscal space analysis to understand whether countries would find vaccines affordable in the long term. It also investigated how much public financing they would need to contribute to assume the entire cost of vaccines. The review concluded that some countries will be able to phase out GAVI support by 2015, provided that levels of economic growth are sustained and vaccine prices decrease as foreseen.

See also:
Ch. 3: Co-financing: steps towards ownership and sustainability, p 40
www.gavialliance.org/cofinancing

Aid effectiveness: a core GAVI value

GAVI's business model, programming approach and innovation in development financing seek to maximise the effectiveness of its support to developing countries. The approach of working through partners and country systems is at the heart of GAVI's alliance model and lean organisation, and contributes to its effectiveness and efficiency.

GAVI also participates in international aid effectiveness efforts by contributing experience and learning from others. In 2010 GAVI continued to engage in the International Health Partnership, which is implementing the internationally agreed principles of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action.

The new Health Systems Funding Platform – a collaboration between GAVI; the Global Fund to Fight, AIDS, Tuberculosis and Malaria; the World Bank and WHO to deliver better coordinated and harmonised support for health systems – advanced in accordance with developing country readiness and planning cycles. In line with the principles of aid effectiveness, the Platform reduces the burden of transaction costs on developing countries.

During the year, GAVI worked with the Organisation for Economic Co-operation and Development and other agencies to prepare for the international meeting on aid effectiveness to be held in the Republic of Korea in November 2011. In addition, GAVI sought to advance the International Aid Transparency Initiative to ensure developing countries have clear and easy access to comparable data on aid commitments and disbursements.

See also:
www.gavialliance.org/aideffectiveness

Every Woman Every Child – a Global Strategy for Women's and Children's Health

In 2000, world leaders laid out a set of eight ambitious targets to reduce poverty and improve the lives of people living in the poorest countries of the world: the Millennium Development Goals (MDGs). With only five years left to achieve those targets, many countries are off track for achieving MDG 4 on reducing child mortality and MDG 5 on improving maternal health.

In a spirit of shared commitment and collective action, the United Nations (UN) Secretary-General's Global Strategy for Women's and Children's Health was launched at the UN MDG Summit in New York in September 2010. Bringing together leaders from government, international organisations, business, academia, philanthropy, health professional associations and civil society, the Global Strategy calls for bold, coordinated action to improve women's and children's health.

Key outcomes set by the Strategy include saving 16 million lives by 2015, preventing 33 million unwanted pregnancies, protecting 120 million children from pneumonia and 88 million children from stunting, advancing the control of deadly diseases such as malaria and AIDS, and ensuring access for women and children to quality facilities and skilled health workers.

An estimated US$ 40 billion was committed by partners over the next five years to achieve better health for women and children. The pledges will give more health for the money through a focused use of resources on what has been proven to work, and more money for health as funders increase their investment in reproductive, maternal, newborn and child health.

The GAVI Alliance has committed its support to the Strategy through the power of innovation: new vaccines against the leading childhood killers, pneumonia and diarrhoea, and human papillomavirus vaccines to protect women against cervical cancer; public-private partnerships to provide vaccines at affordable prices; and financing mechanisms that provide more money for health.

"We demand that governments seize the opportunity that immunisation represents for millions of children in the developing world."

Dr Faruque Ahmed, GAVI Alliance Board member, CSO constituency

Strengthening engagement with civil society

The year 2010 marked a watershed for the GAVI Alliance in strengthening engagement with civil society organisations (CSOs). CSOs are influential policy advocates on broader health issues, such as women's health, health system strengthening and aid effectiveness, as well as on more specific issues such as vaccine pricing. As GAVI seeks to expand its funding base, CSOs have proved to be a powerful voice of influence in donor countries.

During the year, the GAVI Secretariat engaged closely with CSOs across advocacy, public policy and fund-raising at national and global levels, yielding demonstrable results. For example, CSOs in Australia advocated for donors to support GAVI in the outcome document of a major United Nations/non-governmental organisation conference in Melbourne, and GAVI and the International Federation of Red Cross and Red Crescent Societies published a joint advocacy report on immunisation, which featured at the UN MDG Summit.

GAVI also collaborated with the International Paediatric Association on advocacy training for paediatricians from GAVI partner countries, joined forces with CSOs to raise health issues at the African Union Summit and cooperated with CSOs in campaigns for World Pneumonia Day.

See also:
www.gavialliance.org/in_partnership/cso

Governance of the GAVI CSO constituency

Following the Hanoi Call to Action in 2009, CSOs took measures to step up and strengthen the voice of civil society in the Alliance. At a meeting of civil society representatives in March 2010, a CSO constituency structure was set up, including a 15- to 20-person steering committee and a civil society forum with open membership. CSOs agreed that communication between the steering committee, the forum and the GAVI Secretariat would be facilitated by a communications focal point.

In October 2010, the steering committee met for the first time in Geneva. This provided an opportunity to formalise the structure of civil society engagement with the Alliance, as well as for CSOs to provide input into the shaping of GAVI policy and programmatic matters.

Malawian leadership steps up to support GAVI

With support of local CSO activists including GAVI CSO steering committee member Maziko Matemba, her Excellency Madam Callista Mutharika, the First Lady of the Republic of Malawi, and Yvonne Chaka Chaka, one of Africa's leading international singers, staged an event on New Year's Eve 2010 to mobilise support for immunisation.

"Immunisation is a very powerful and cost-effective investment in a healthy population and a prosperous future," said her Excellency Madam Mutharika, founder of the Callista Mutharika Safe Motherhood Foundation. "I call on all donors to help Malawi and all of Africa by stepping up your support for the GAVI Alliance. Please help to ensure that the children of Africa are also able to receive new life-saving vaccines."

The Malawian Minister of Health, Professor David Mphande, said: "We have succeeded in raising our coverage rates for pentavalent vaccine to 93% and, with GAVI support, we are strengthening the vaccine delivery system. For this remarkable progress to continue there is need for the international community to continue investing in immunisation."

The organisers launched a joint call to action for donors to fully support GAVI in providing vaccines to low-income countries to save children's lives, and to support CSOs and other groups involved in strengthening health systems.

The call to action also urged the Malawian Ministry of Health, partners and communities to continue supporting immunisation services by reaching previously unreached children, working to remove myths about immunisation and encouraging families to assist in the immunisation of their children.

"Let's create the future of our children by eradicating pneumonia forever!"

Hon. El Hadji Malick Diop, Member of Parliament, Senegal

Bill & Melinda Gates Foundation announces Decade of Vaccines

One of the most significant philanthropic initiatives of 2010 was the start of a Decade of Vaccines. The initiative is supported by the Bill & Melinda Gates Foundation with a US$ 10 billion commitment over 10 years to reach more children around the world who are at risk of dying of vaccine-preventable diseases.

The Bill & Melinda Gates Foundation estimates that scaling up vaccine delivery in developing countries to 90% coverage and introducing new vaccines against major causes of diarrhoea and pneumonia could prevent the deaths of over seven million children under five in the current decade. The experience of the last decade is that public-private partnerships are driving much of the development that can achieve these aims.

Building on that experience, a Decade of Vaccines coordination steering committee is developing an action plan to increase the access to vaccines for the world's poorest countries.

The steering committee is co-chaired by PATH's President and CEO, Christopher J Elias, and Pedro Alonso, Director for the Institute for Global Health of Barcelona. The committee consists of 17 members from the global vaccine community, including the GAVI Alliance interim CEO, Helen Evans.

"As Members of Parliament, we should and can play a key role in raising awareness of the need to scale-up political and financial support to combat this major killer disease… Let's fight pneumonia together!"

Hon. Ascofare Oulematou Tamboura, Member of Parliament, Mali

Advocates join forces to mark World Pneumonia Day

Thousands of advocates gathered to commemorate the second annual World Pneumonia Day on 12 November 2010, with more than 100 events held in over 40 countries. Across the developing world, grass roots advocates rallied to raise awareness of pneumonia – the main killer of children under five worldwide – in their countries.

Volunteers in Vellore, India, worked with children to set up a play to disseminate messages about child pneumonia. In the Sudan, advocates held a public rally where nurses, paediatricians, medical students and children marched from a children's hospital to the Parliament. At an art contest organised by the Cameroonian Paediatric Association, students at 180 primary schools received information about pneumonia and had the opportunity to create drawings, which were judged by a panel of artists and paediatricians.

Members of the Global Coalition Against Child Pneumonia and members of parliament from donor and developing countries delivered messages about the need for increased efforts to combat pneumonia through protection, prevention and treatment. Advocates organised national-level media campaigns in nine countries, mobilised social networking sites, convened scientific meetings on pneumonia prevention and treatment on three continents, and briefed government leaders across the globe on the disease and what can be done to fight it.

In Geneva, the GAVI Alliance and the Canton of Geneva coloured the city's landmark fountain, the Jet d'eau, blue – the theme colour for World Pneumonia Day. In Washington, DC, advocates wore blue spandex costumes to raise awareness around the city.

The 2010 World Pneumonia Day attracted much-needed global attention for pneumonia, which kills over 1.5 million children every year. News outlets published more than 260 unique stories on World Pneumonia Day in 28 countries, with the majority of pieces being from developing countries.

Annexes

Annex 1:
The GAVI Alliance governance structure

The GAVI Alliance Board as of 31 December 2010

There are 28 seats on the Board:

- 4 permanent members representing UNICEF, WHO, the World Bank, and the Bill & Melinda Gates Foundation
- 5 representing developing country governments
- 5 representing donor country governments
- 1 member each representing civil society organisations, the vaccine industry in developing countries, the vaccine industry in industrialised countries, and research and technical health institutes (4 in total)
- 9 independent individuals with a range of expertise
- The CEO of the GAVI Alliance (non-voting)

Institutions

UNICEF
Saad Houry

WHO
Flavia Bustreo

The World Bank
Cristian C. Baeza

The Bill & Melinda Gates Foundation
Jaime Sepulveda, Vice Chair of the Board

Independent members

Mary Robinson, Board Chair
Dagfinn Høybråten
Wayne Berson
Dwight Bush
Ashutosh Garg
George W. Wellde, Jr.

CEO

In addition to the Board's representative and independent members, the interim CEO of the GAVI Secretariat, Helen Evans, also serves on the Alliance Board in a non-voting seat.

See also:
www.gavialliance.org/boardmembers

Constituencies

Developing country governments

Chad
Toupta Boguena

Nicaragua
Guillermo González González

Rwanda
Richard Sezibera

Vietnam
Trinh Quan Huan

Yemen
Abdulkarim Yehia Rasae

Donor governments

USA/Canada/Australia
Amie Batson (USA)

United Kingdom/Norway/Ireland
Paul Fife (Norway)

Italy/Spain
TBD

France/Luxembourg/European Commission/Germany
Gustavo Gonzalez-Canali (France)

Netherlands/Sweden/Denmark
Anders Nordström (Sweden)

Research and technical health institutes

Anne Schuchat (National Center for Immunization and Respiratory Diseases, US Centers for Disease Control and Prevention)

Developing country vaccine industry

Suresh Jadhav (Serum Institute of India)

Industrialised country vaccine industry

Jean Stéphenne (GlaxoSmithKline Biologicals)

Civil society organisations

Faruque Ahmed (BRAC)

Other GAVI Alliance-related governance structures

The International Finance Facility for Immunisation (IFFIm) Company

Alan R. Gillespie, CBE (Chair)
Former Chairman, Ulster Bank Group

Sean Carney
Executive Director, Finance and Operations
The Children's Investment Fund Foundation

Didier Cherpitel
Former Chairman and Managing Director
JPMorgan

John Cummins
Group Treasurer, The Royal Bank of Scotland

Dayanath Chandrajith Jayasuriya
Senior Partner, Asian Pathfinder Legal Consultancy and Drafting Services

Arunma Oteh
Director-General, Securities and Exchange Commission of Nigeria

The GAVI Fund Affiliate (GFA)

Wayne Berson (Chair)
Partner and National Director of Not-for-Profit Services, BDO Seidman, LLP

André Prost
Former Director of Government and Private Sector Relations
World Health Organization

Bo Stenson
Former Deputy Executive Secretary
The GAVI Alliance

Stephen Zinser
Chief Investment Officer
European Credit Management Ltd

GAVI Campaign

Paul O'Connell (Chair)
President and Founding Member
FDO Partners, LLC

HRH Princess Cristina of Spain
Director of International Programmes
"la Caixa" Foundation

Steven Altschuler
President and Chief Executive Officer
The Children's Hospital of Philadelphia

Leith Greenslade
Private investor and former Economic Adviser to the Honourable Kim Beazley MP in Australia

Mark Kritzman
President and CEO
Windham Capital Management, LLC

Paul Offit
Chief of the Division of Infectious Diseases and Director of the Vaccine Education Center
The Children's Hospital of Philadelphia

Daniel Schwartz
CEO
Dynamica, Inc

Helen Evans (Honorary)
Interim CEO
The GAVI Alliance

Dirk Sellers (Honorary)
President and Executive Director
The GAVI Campaign

See also:
www.iffim.org
http://everychild.gavialliance.org

Annex 2:
Donor contributions and commitments

as at 31 December 2010

In US$ millions by calendar year

Government and EC contributions										
Donor	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**
Australia [1]							5.0	5.0	5.0	5.0
Canada			1.9	4.8	9.1	130.9	5.2			
Denmark [2]		1.1			3.3	3.4	4.4	4.7		9.1
European Commission (EC) [3]				1.3				4.8	23.1	28.6
France [4]					6.0		12.6			
Germany							5.3	5.9		5.7
Ireland [5]			0.5	0.6	0.7	0.8	7.9	8.3	3.8	3.5
Italy										
Luxembourg						0.6	1.3	0.8	1.4	1.2
Netherlands		24.1	13.4	16.5	17.3	15.9		33.5	38.9	31.2
Norway [6]		17.9	21.3	21.8	40.9	39.5	67.4	86.2	65.4	82.8
Republic of Korea										
Russian Federation										
South Africa										
Spain [7]									40.5	
Sweden		1.9	1.1	2.4	4.9	12.7	14.6	15.5	19.2	13.8
United Kingdom [8]	4.5		15.0	5.6	18.5	6.6	23.2	48.1		
United States of America		48.1	53.0	58.0	59.6	64.5	69.3	69.3	71.9	75.0
Total	**4.5**	**93.1**	**106.3**	**110.9**	**160.4**	**274.9**	**216.2**	**282.3**	**269.3**	**256.0**

Other contributions										
Bill & Melinda Gates Foundation [11]	325.0	425.0		3.5	5.0	154.3		75.0	75.0	75.0
"la Caixa" Foundation									5.8	5.9
Other private	0.02		1.6	2.6	1.8	0.5	1.9	1.1	0.8	1.0
Total	**325.0**	**425.0**	**1.6**	**6.1**	**6.8**	**154.8**	**1.9**	**76.1**	**81.6**	**81.9**
Grand total	**329.5**	**518.1**	**107.9**	**117.0**	**167.2**	**429.7**	**218.1**	**358.4**	**350.9**	**337.9**

* Exchange rates as at 31 December 2010
** Converted as of date of commitment

1-year agreement

2- to 3-year agreement

4-year or longer agreement

Notes:

1. Australia's formal grant agreement for its IFFIm pledge is expected in 2011.
2. The contributions from Denmark for 2008 and 2009 were both received in 2009. US$ 4.4 million (25 million Danish krone) of Denmark's 2010 commitment was received by GAVI in January 2011. Denmark's 2011 commitment of US$ 4.4 million (25 million Danish krone) is expected to be received by GAVI before the end of 2011.
3. The contributions from the EC are in the form of reimbursable grants that cover activities over more than one year. Part of the EC's 2012 contribution is subject to the signing of the contribution agreement.
4. The contribution from France for 2005 was received in 2006.
5. €525,000 of Ireland's 2006–2009 agreement was received in 2010.

Source: 19

	Government and EC commitments										
2010	2011*	2012*	2013*	2014*	2015*	2016-19*	Direct funding 2000–19	IFFIm 2006–30 ** [9]	AMC 2009–20[10]	Total contributions & commitments
8.6	20.3	20.3	20.3				89.6	256.1		345.6
	20.0	10.0	10.0	10.0			201.8		200.0	401.8
1.8	8.9						36.8			36.8
		39.1					97.0			97.0
							18.7	1,719.6		1,738.3
5.1							22.1			22.1
3.6	3.0	3.0	3.0	3.0			42.0			42.0
								600.5	635.0	1,235.5
1.1	1.1	1.1	1.1	1.1	1.1		11.9			11.9
25.1							215.9	114.4		330.3
76.5	5.8						525.5	264.5	50.0	840.0
0.4	0.3	0.3					1.0			1.0
									80.0	80.0
								20.0		20.0
	2.7						43.2	240.4		283.6
36.5	22.1						144.6	37.7		182.4
15.9			4.6	37.1	37.1	136.4	352.7	2,979.9	485.0	3,817.7
78.0							646.7			646.7
252.6	**84.2**	**73.9**	**39.1**	**51.3**	**38.2**	**136.4**	**2,449.5**	**6,233.1**	**1,450.0**	**10,132.6**
	Other commitments									
75.0	75.0	75.0	75.0	75.0			1,512.8		50.0	1,562.8
4.0							15.7			15.7
1.0							12.4			12.4
80.0	**75.0**	**75.0**	**75.0**	**75.0**			**1,540.9**		**50.0**	**1,590.9**
332.7	**159.2**	**148.9**	**114.1**	**126.3**	**38.2**	**136.4**	**3,990.4**	**6,233.1**	**1,500.0**	**11,723.5**

6. Norwegian Prime Minister Stoltenberg pledged an annual contribution of 500 million Norwegian kroner towards global immunisation efforts between 2006 and 2015. US$ 5.8 million (34.2 million Norwegian kroner) of a pledge made by Norway in 2010 was received by GAVI in January 2011.
7. The contribution from Spain for 2008–2009 was received in one installment in 2008. All of Spain's US$ 2.7 million 2010 commitment (€2 million) was received by GAVI in January 2011.
8. The contribution from the UK for 2006–2008 was received in two installments in 2006 and 2007.
9. IFFIm commitments include new pledges announced in 2009 by Australia, Norway and the UK.
10. As per the grant agreements, AMC funds must be received by the World Bank between 2009 and 2020.
11. The Bill & Melinda Gates Foundation made an initial five-year pledge of US$ 750 million and a pledge of US$ 75 million per annum from 2005 up to 2014.

Annex 3:
Board approvals for programme expenditure 2000–2010

as at 31 December 2010 (US$)

Country	CSO	HSS	INS	ISS	Vaccine introduction grant	NVS	Total
Afghanistan	2,425,500	26,770,346	1,676,500	14,025,300	504,000	37,577,991	82,979,637
Albania			110,377		300,000	1,247,015	1,657,393
Angola			1,252,610	2,988,000	100,000	43,051,452	47,392,062
Armenia		184,500	64,942	79,860	200,000	1,209,502	1,738,805
Azerbaijan		582,000	151,040	749,380	200,000	1,007,832	2,690,252
Bangladesh		7,243,500	6,144,414	23,340,200	1,387,000	107,949,965	146,065,080
Benin		886,500	358,664	182,500	207,500	28,779,391	30,414,555
Bhutan		76,000	31,741		200,000	707,818	1,015,559
Bolivia		1,395,000	873,500	287,500	100,000	7,829,683	10,485,683
Bosnia and Herzegovina			53,130		100,000	1,762,364	1,915,494
Burkina Faso		4,313,000	931,560	8,385,440	100,000	41,989,238	55,719,238
Burundi	461,520	7,492,000	390,294	2,658,500	210,000	27,491,363	38,703,676
Cambodia		5,161,000	587,653	1,828,700	231,000	13,390,453	21,198,806
Cameroon		7,762,000	992,844	7,162,620	632,000	29,327,641	45,877,105
Central African Republic		2,843,000	119,651	1,611,360	300,000	4,901,778	9,775,789
Chad		3,374,500	443,812	2,637,000	225,000	11,667,905	18,348,218
China			15,926,581		800,000	21,952,552	38,679,133
Comoros			42,322	60,000	200,000	596,562	898,884
Congo			224,534	1,665,000	300,000	5,406,329	7,595,864
Côte d'Ivoire		4,882,497	1,612,989	4,595,000	288,500	26,606,124	37,985,110
Cuba		849,500	360,000				1,209,500
Democratic People's Republic of Korea		2,785,500	743,726	2,222,971	227,500	8,333,593	14,313,290
Democratic Republic of the Congo	5,319,000	56,814,000	2,713,931	25,807,280	1,814,000	83,985,817	176,454,028
Djibouti			33,900	112,800	100,000	847,010	1,093,710
Eritrea		664,000	148,029	436,540	200,000	5,789,132	7,237,701
Ethiopia	1,983,500	76,493,935	2,696,697	20,509,820	981,500	124,393,652	227,059,104
Gambia		364,000	101,184	561,300	706,250	7,860,707	9,593,440
Georgia		311,000	61,451	135,500	200,000	968,129	1,676,080
Ghana	383,000	4,650,750	855,300	4,927,800	100,000	76,784,424	87,701,274
Guinea		1,632,500	347,460	2,918,900	220,500	12,174,666	17,294,026
Guinea-Bissau		601,500	115,787	500,360	200,000	1,631,370	3,049,017
Guyana				65,500	374,800	1,601,748	2,042,048
Haiti			397,500	1,256,000			1,653,500
Honduras		1,611,500	457,000	93,000	495,285	7,881,873	10,538,658
India			18,427,489		1,200,000	133,221,181	152,848,670
Indonesia	3,900,500	7,961,000	9,856,844	12,636,000	100,000	17,511,000	51,965,344
Kenya		9,903,000	1,129,963	5,870,180	543,500	133,125,476	150,572,119
Kiribati					100,000	63,138	163,138
Kyrgyzstan		1,045,000	189,168	439,000	200,000	3,579,382	5,452,550
Lao People's Democratic Republic		438,500	255,505	1,431,200	200,000	6,780,986	9,106,191

Source: 20

Country	CSO	HSS	INS	ISS	Vaccine introduction grant	NVS	Total
Lesotho			106,633	149,600	200,000	1,513,051	1,969,284
Liberia		4,090,000	360,500	2,188,750	200,000	6,182,649	13,021,899
Madagascar		7,667,000	615,555	3,243,000	533,500	33,388,890	45,447,944
Malawi		11,343,000	722,509	1,986,000	323,000	64,335,187	78,709,697
Mali		4,764,500	666,222	5,376,560	277,500	31,222,921	42,307,703
Mauritania		377,000	205,000	388,000	200,000	3,431,947	4,601,947
Mongolia		165,000	113,427	240,000	100,000	3,176,702	3,795,129
Mozambique			835,881	924,000	388,500	34,690,320	36,838,701
Myanmar		3,649,000	2,083,978	7,410,080	100,000	14,418,806	27,661,864
Nepal		13,323,945	1,151,893	3,312,520	366,500	28,878,865	47,033,724
Nicaragua		1,038,000	462,500	111,000	437,410	5,068,500	7,117,410
Niger		3,986,000	943,757	9,509,600	506,000	20,345,405	35,290,762
Nigeria		22,098,500	12,630,270	47,324,000	100,000	26,948,813	109,101,584
Pakistan	4,587,000	23,525,000	7,405,082	48,763,740	3,694,000	206,380,818	294,355,639
Papua New Guinea				434,000	200,000	5,403,576	6,037,576
Republic of Moldova			87,000		200,000	1,721,803	2,008,803
Rwanda		5,605,000	369,500	2,958,700	639,650	39,828,746	49,401,596
Sâo Tomé and Principe			21,656	60,000	200,000	184,343	465,999
Senegal		1,806,750	619,474	2,605,740	100,000	27,558,680	32,690,644
Sierra Leone		2,215,500	272,660	1,964,440	200,000	14,992,494	19,645,094
Solomon Islands					100,000	486,376	586,376
Somalia		2,787,000	210,140	1,218,000			4,215,140
Sri Lanka		2,358,750	709,749		200,000	11,685,669	14,954,168
Sudan (north)		9,437,500	1,321,257	9,629,800	571,000	43,006,165	63,965,722
Sudan (south)		2,628,000	171,495	4,532,780			7,332,274
Tajikistan		282,000	348,745	1,639,000	200,000	6,200,254	8,669,999
Togo		1,200,500	317,617	2,695,900	200,000	7,897,553	12,311,570
Turkmenistan			155,043		100,000	978,617	1,233,659
Uganda		4,521,500	1,207,299	6,581,000	100,000	113,220,469	125,630,268
Ukraine			739,456		100,000	3,040,184	3,879,640
United Republic of Tanzania			1,016,452	8,911,380	647,000	62,292,552	72,867,384
Uzbekistan			727,012		259,500	19,078,377	20,064,889
Vietnam		16,285,000	3,226,000	1,930,500	692,500	30,773,218	52,907,218
Yemen		5,548,500	1,194,757	3,840,500	457,000	48,112,813	59,153,569
Zambia		2,917,500	689,237	3,864,060	100,000	43,083,127	50,653,924
Zimbabwe			948,925	1,262,906	100,000	13,078,783	15,390,615
Total	**19,060,020**	**392,711,973**	**113,536,775**	**337,236,068**	**27,341,395**	**2,013,592,916**	**2,903,479,147**

Note 1: GAVI Phase I (2000–2006) approval values have been adjusted to the final actual disbursement values.

Note 2: CSO Type A support is not included as these approvals are not country specific.

Note 3: The all-country total (US$ 2,903 million) is the amount of funding approved by the Board through 31 December 2010, totalling US$ 2,987 million reduced by a subsequent adjustment of US$ 84 million to reflect an updated estimate of actual commitments.

Annex 4:
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Annex 5:
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Abbreviations

AMC	Advance Market Commitment
CEO	Chief Executive Officer
CSO	civil society organisation
DTP3	three doses of the diphtheria-tetanus-pertussis vaccine
EC	European Commission
FMA	financial management assessment
GNI	gross national income
Hib	*Haemophilus influenzae* type b
HPV	human papillomavirus
HSS	health system strengthening
IFFIm	International Finance Facility for Immunisation
INS	injection safety support
IRIS	incentives for routine immunisation strengthening
ISS	immunisation services support
MDGs	Millennium Development Goals
NVS	new and underused vaccine support
TAP	Transparency and Accountability Policy
UN	United Nations
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Note

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GAVI ALLIANCE

In its first decade, the GAVI Alliance has prevented more than five million deaths by supporting immunisation. With full funding, GAVI can prevent another four million future deaths by 2015.

GAVI ALLIANCE

2, Chemin des Mines
1202 Geneva
Switzerland

Tel. +41 22 909 65 00
Fax +41 22 909 65 55

www.gavialliance.org
info@gavialliance.org