

# GAVI Alliance Progress and Achievements

## The need

Immunisation prevents millions of deaths every year and reduces the costs of treatment and of disability caused by infectious diseases. Immunisation also has the potential to significantly boost economic growth<sup>1</sup>. By improving the health of a population immunisation also improves their education and work prospects.

Yet in many countries, efforts to increase immunisation coverage are hampered by weak health systems, conflict, and the high cost of some vaccines. As a result (the most recent available data<sup>2</sup>):

- more than 27 million children missed out on immunisation during their first year of life — leaving them vulnerable to infectious diseases both in childhood and during the productive adult years (2004 data).
- 1.4 million children under five died from vaccine-preventable diseases for which vaccination is already included in most immunisation schedules (2002 data).
- more than 1 million children died from pneumococcal disease, meningococcal disease, and rotavirus diarrhoea — diseases for which vaccines are likely to become available in the near future (2002 data).

## The response

The GAVI Alliance is a public-private global health partnership committed to saving children's lives and protecting people's health through the widespread use of vaccines.

GAVI was launched in 2000 to improve access to immunisation for children in the poorest countries. Governments in industrialised and developing countries, UNICEF, WHO, the World Bank, the Bill & Melinda Gates Foundation, non-governmental organisations, vaccine manufacturers from industrialised and developing countries, and public health and research institutions work together as partners in the Alliance.

Key to achieving the goals of the Alliance is a significant increase in new funding for immunisation. Building on the resources already provided by individual partners in the Alliance, GAVI partners created The GAVI Fund to help fill critical gaps in the overall global effort and to maintain a reliable source of new and additional financial support from public and private donors. GAVI resources help strengthen health and immunisation systems, accelerate access to selected vaccines and new vaccine technologies—especially

vaccines that are new or under-used, and improve injection safety. These areas will remain a crucial focus as the GAVI Alliance moves into its second phase (2006-2015).

GAVI has been financed by eleven governments to date—Australia, Canada, Denmark, France, Ireland, Luxembourg, the Netherlands, Norway, Sweden, the United Kingdom, and the United States—as well as the European Union, the Bill & Melinda Gates Foundation, and private contributors. It provides multi-year grants to more than 70 of the world's poorest countries. Grants are made based on a rigorous application process in which country proposals are reviewed by a panel of independent experts drawn from a wide geographic base.

A total of almost US\$3.3 billion has since been raised in traditional funding from government and private sources. In addition, Brazil, France, Italy, Norway, South Africa, Spain, Sweden, and the UK have made long-term commitments through the new International Finance Facility for Immunisation (IFFIm). This facility will yield more than US\$4 billion in additional disbursements before 2015 and additional funds after 2015.

The resources that have been received have been used to help countries with a GNI of US\$1000 or less to:

- strengthen immunisation and healthcare delivery systems;
- boost coverage with established vaccines (against diphtheria, tetanus, pertussis, tuberculosis, measles, and polio);
- introduce under-used vaccines where needed (hepatitis B, Hib and yellow fever);
- ensure immunisation safety;
- accelerate the development of, and affordable access to, priority new vaccines for developing countries (e.g. against rotavirus, pneumococcal disease, and meningitis types A and C).

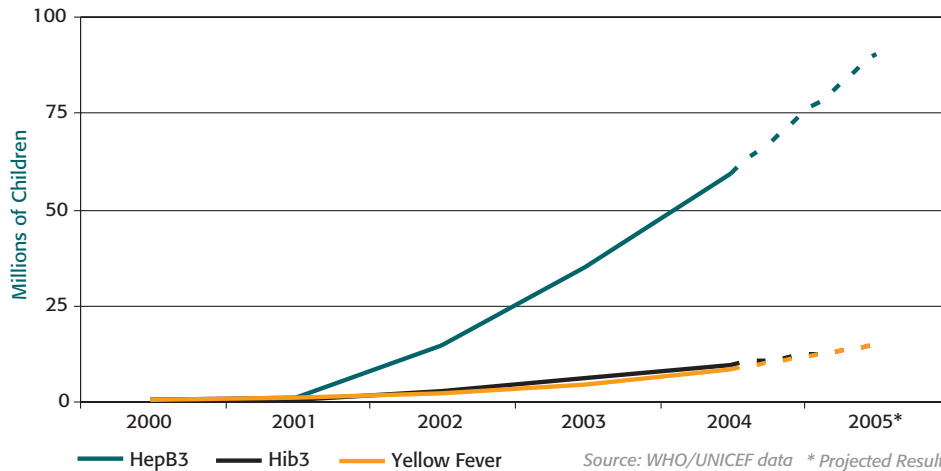
## Funds disbursed: (as of December 2005)

- Total funds committed by GAVI over five years . . . . . more than US\$1.6 billion
- GAVI has disbursed US\$775.5 million as follows:<sup>3</sup> (in US\$)
  - Accelerated development of priority new vaccines (ADIPs) . . . . . 32.1 million
  - Immunisation safety . . . . . 91.2 million
  - Immunisation services support . . . . . 124.5 million
  - Introduction of new vaccines . . . . . 6.9 million
  - Vaccines/supplies . . . . . 490 million
  - Yellow fever vaccine stockpile . . . . . 15.8 million
  - Africa Measles Campaign . . . . . 12.5 million
  - Hib Initiative . . . . . 2.4 million

<sup>1</sup> David Bloom, David Canning and Mark Weston, "The Value of Vaccination", *World Economics* (Vol. 6, No. 3, July–September 2005)  
<sup>2</sup> WHO data.  
<sup>3</sup> Includes some long-term funding not yet received by countries.



**Cumulative Number of Children Reached  
(partially or fully funded by The GAVI Alliance/GAVI Fund)**



**GAVI achievements**

**Increasing routine immunisation coverage**

In the countries receiving funding to help strengthen immunisation services:

- An additional 8.3 million children were immunised with DTP3 by December 2004<sup>4</sup>. It is projected that approximately 13 million additional children will have been immunised with DTP3 by the end of 2005.

**Support for under-used vaccines**

As of December 2005, it is projected that the number of children immunised through the introduction of under-used vaccines in GAVI -supported countries will include<sup>4</sup>:

- Hepatitis B vaccine . . . . . approximately 90 million
- Hib vaccine . . . . . approximately 14 million
- Yellow fever vaccine . . . . . approximately 14 million

**Making a difference: hepatitis B vaccine**

With support from the GAVI Alliance:

- Nearly 1.7 million future deaths (from hepatitis B, pertussis and Hib) have been averted through GAVI support as of December 2005. It is projected that this number will reach 3.6 million by the end of 2008.<sup>5</sup>
- 54 of the 75 eligible countries in Phase 1 have received support for funding for hepatitis B vaccine so far—up from only 7 before the launch of GAVI.
- 31 (57%) of the countries approved for funding for hepatitis B vaccine have opted to use combination vaccines—thereby avoiding an increase in the number of immunisation injections needed during the first year of life.

**Safe injections**

- 1.2 billion single-use auto-disable syringes have been supplied for immunisation (as of December 2005).

**Sustainability**

- 36 countries whose injection support funding ended in 2004-2005 are continuing the program using other sources of funding (as of June 2006).
- Of the countries receiving GAVI support for new vaccines, 11 were already co-financing their vaccine supply by 2005, and 16 countries are planning to contribute to purchase new vaccines in 2006.

**Accountability**

- To date, 31 countries have successfully undergone an external data quality audit (DQA) to verify the accuracy and completeness of their administrative reporting system.
- Of the 48 countries eligible for rewards for increased DTP3 coverage (as of December 2005), 28 have received at least one reward. A further 20 have not yet received rewards (11 because they failed a DQA and 9 due to weak performance).

**Status of country support:**

(as of December 2005)

- Number of countries eligible for GAVI support . . . . . 75
- Number of countries that have applied . . . . . 73
- Number of countries that have had at least one type of support approved . . . . . 73

**Number of countries supported for:**

(as of December 2005)

- DTP-HepB combination . . . . . 14
- DTP-Hib combination . . . . . 1
- DTP-HepB-Hib combination . . . . . 17
- Immunisation services support . . . . . 53
- Immunisation safety . . . . . 69
- Monovalent hepatitis B . . . . . 23
- Yellow fever . . . . . 15

<sup>4</sup> WHO estimate.  
<sup>5</sup> WHO estimate. Includes both deaths averted among children under five years and deaths from hepatitis B that would have occurred in adulthood.