

The GAVI Alliance

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.

The GAVI Alliance (formerly the Global Alliance for Vaccines and Immunisation) was launched in 2000 to improve access to immunisation for children in impoverished 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 dramatic increase in new funding for immunisation. Building on the resources already provided by individual partners in the Alliance, GAVI partners created the GAVI Fund (formerly the Vaccine Fund) to help fill

critical gaps in the overall global effort and to maintain a significant 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 underused, and improve injection safety. As at September 2007 GAVI had received a total of US\$2.98 billion in direct funding from government and private sources.

GAVI has been financed directly by twelve governments to date – Australia, Canada, Denmark, France, Germany, Ireland, Luxembourg, the Netherlands, Norway, Sweden, the United Kingdom, and the United States – as well as the European Commission, the Bill & Melinda Gates Foundation, and private contributors. For the period 2000-2015 GAVI has committed \$3.5 billion in 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.

In addition to direct funding, long-term commitments by the governments of Brazil, France, Italy, Norway, South Africa, Spain, Sweden, and the United Kingdom have been secured through the International Finance Facility for Immunisation (IFFIm). An anticipated IFFIm investment of US\$4 billion is expected to prevent 5 million child deaths between 2006 and 2015 – and more than 5 million future adult deaths.

The Achievements of the Alliance

In the first five years of its existence, the Alliance has helped to increase significantly the number of children worldwide who have access to immunisation. By the end of 2006 it is projected that:

- approximately **26 million** additional children will have been protected against diphtheria, tetanus, and pertussis¹;
- approximately **123 million** additional children will have been immunised against hepatitis B²;
- approximately **20 million** additional children will have been immunised against *Haemophilus influenzae* type b (Hib)²;
- approximately **18 million** additional children will have been immunised against yellow fever²;

It is projected that more than 2.8 million premature deaths have been prevented through GAVI support by the end of 2007. Some of those deaths would have occurred in childhood and others (e.g., from hepatitis B) in the most productive adult years.



¹The rate of diphtheria, tetanus, and pertussis vaccine (DTP₃) coverage is used as a proxy indicator of basic immunisation and infrastructure capacity because it is the third and final dose in a series.

²WHO data.

The Alliance has pioneered a number of truly innovative approaches to international development aid:

A New Model for Development Cooperation

Drawing on years of research on international assistance and the strengths of partners, the GAVI Alliance has created an effective, innovative model that provides the highest possible return on investment. Between 2006 and 2015, a key priority for GAVI will be to work with its global health partners towards achievement of the MDGs, with 1) new support for health systems strengthening; 2) harmonisation of partners' work behind country-driven strategies; and 3) the advancement of new, better, and more affordable technologies.

"This is a programme that's delivering. A donor can say to his peers that this money is being well used. Our goal is to have a health care center within five kilometers of every village."

Pascoal Manuel Mocumbi
Former Prime Minister, Mozambique

Country-driven Support

GAVI engages developing countries as active partners in immunisation. In order to apply for grants or vaccines, governments collaborate with other in-country governmental and aid agencies (such as UNICEF and WHO) that monitor and deliver the vaccines on the ground.

These partners work together to assess existing programmes, identify specific challenges and opportunities, delineate country needs, and prepare a detailed multi-year plan for improving immunisation coverage.

Targeted and Flexible Resources

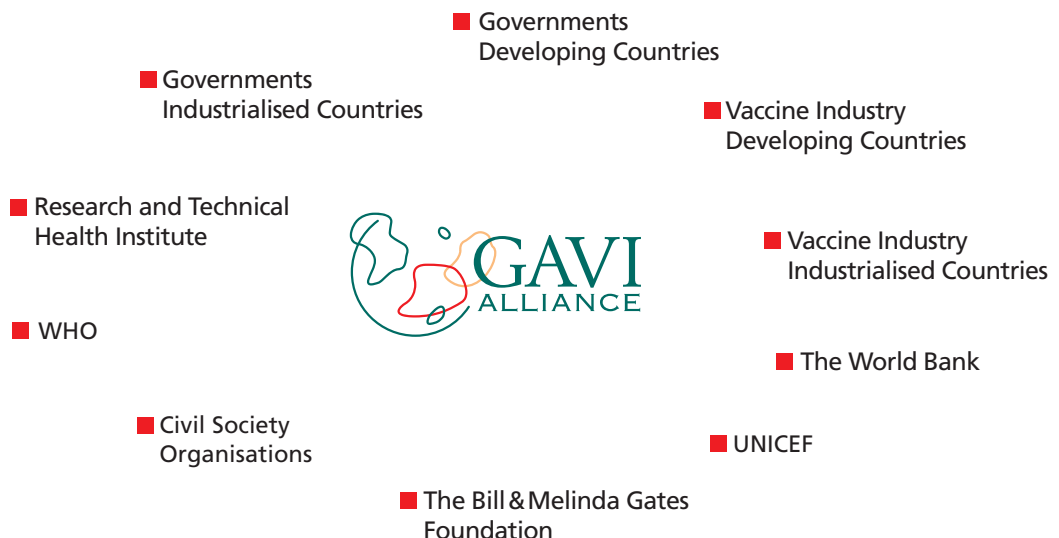
Scaling up coverage of immunisation in the poorest countries requires substantial investments in the health systems that deliver vaccines. The GAVI Alliance maximises the overall impact of resources by targeting the countries with the greatest need and the districts within those countries that have the most room for improvement. GAVI-eligible countries are those with a gross national income per capita of less than US\$1000 in 2003. Currently there are 72 eligible countries. Funds are allocated on country-defined need, with countries with lower immunisation rates and high numbers of unvaccinated children getting more resources. GAVI eligible countries can apply for funding to build their health capacity and improve immunisation services. Countries are given flexibility and can decide how best to use this funding to increase immunisation rates. After an initial investment phase, future funding is dependent on the countries meeting their goals and showing results.

Other GAVI support for new vaccines is determined by the capacity of the countries. For example, while all GAVI-eligible countries can apply for yellow fever vaccines and injection safety equipment, a country's immunisation rate must exceed 50% before it is eligible to receive hepatitis B and Hib vaccines.

Rapid Scale-up

From the outset, GAVI invited eligible countries to apply for support from GAVI, leading to a rapid, bottom-up response that created interest and demand at the highest political levels. Total GAVI disbursements through December 2007 are projected to reach US\$2.1 billion.

GAVI Alliance: An Innovative Public-Private Partnership





The focus on effective and easy-to-use technologies accelerated this rapid scale-up. For example, combining the vaccine against hepatitis B with DTP into a single injection allowed the new hepatitis B vaccine to be incorporated immediately into existing systems. The same result was achieved when a vaccine against *Haemophilus influenzae* type b (Hib), a cause of severe infections including meningitis and pneumonia, was added to vaccines against hepatitis B and DTP creating a 5-in-1 pentavalent vaccine. Similarly, the use of auto-disable syringes that can only be used once has increased demand for routine immunisation by eliminating the risk of HIV infection from dirty needles.

By reaching so many children in such a short time, the GAVI Alliance is amplifying its global impact and paving the way for the distribution of future vaccines.

Predictability

GAVI provides predictable resources for immunisation that enable developing countries to plan ahead and ensure coordinated use of those resources. GAVI has also defined very specific and objective criteria to help countries consider the types of support available.

Advancing New Technology

GAVI is also having an impact on the vaccine manufacturing industry. By demonstrating to vaccine manufacturers that a profitable developing-country market exists, GAVI is increasing vaccine supply, reducing vaccine costs, and promoting long-run sustainability while

advancing the development of new vaccines. Armed with substantial, predictable resources and the ability to negotiate long-term commitments, GAVI has generated a reliable demand for existing vaccines and has encouraged a number of new manufacturers to enter the market. Through the Accelerated Development and Introduction Plans (ADIPs), GAVI is engaging in strategic research and negotiation with the pharmaceutical and public health sectors to achieve rapid, successful introduction of the pneumococcal and rotavirus vaccines. These vaccines have tremendous potential to contribute to further reductions in child mortality by offering increased protection against pneumonia and diarrhoea.

Performance-based Funding

GAVI partners designed an outcome-based funding system that creates financial incentives for countries to improve DTP₃ vaccination coverage. Countries are awarded three years of investment payments based on the number of additional children to be immunised. Countries must reliably report increased coverage after the investment phase in order to receive continued support. By directly tying performance payments to the number of vaccinated children, this system helps guarantee that resources will be used efficiently to maximise results.

Accountability

Most sources of development assistance create substantial reporting expenses, which often fall to the partner country.

GAVI lowers the administrative and management costs to developing countries by

consolidating resources from bilateral donors into large-scale immunisation grants instead of a myriad of small aid projects. GAVI minimises this reporting burden even further by monitoring and evaluating health outcomes, so countries submit annual progress reports that track their actual immunisation rates.

Because the performance grants rely so heavily on the accuracy of this information, GAVI has developed a Data Quality Audit to ensure accountability. These audits are performed at random by external consultants, such as PricewaterhouseCoopers, who independently verify the levels of basic immunisation coverage in recipient countries to certify the integrity of the grant allocation while guarding against corruption. The Data Quality Audit also empowers countries to focus on accountability at a national level.

Sustainability

Effective immunisation programmes naturally promote sustainability because they yield healthier people and stronger economies that can afford to invest more resources back into healthcare.

All countries receiving vaccines from GAVI will eventually have to co-finance GAVI-supported vaccines with new sources of funding such as the government's own budget, debt relief, development loans or other donor contributions. Some countries have already co-financed GAVI supported-vaccines for several years. The aim of co-financing is to help put

countries on a path to financial sustainability in their immunisation programmes.

GAVI financial guidelines and planning tools help government officials prepare for this transition to financial sustainability. One of the innovative elements of GAVI's planning tool for GAVI's first five years was the detailed Financial Sustainability Plan (FSP) which was submitted midway through the funding period by each national government. The FSP assessed key immunisation financing challenges and outlined resource mobilisation objectives. From 2006 national governments have had to submit a financial analysis as part of their detailed multi-year immunisation plans. The financial analysis facilitates long-term budgeting and strategic planning. By ensuring the sustainability of immunisation programmes, the GAVI Alliance can guarantee an ongoing return on its investment even after its support has ended.

Global Leadership

The GAVI Alliance has harnessed the strengths and experience of multiple partners in immunisation. The Alliance focuses on those areas in which no one partner can work effectively alone and on adding value to what partners are already doing. The GAVI Alliance provides a unique opportunity to build consensus around policies, strategies, and priorities and recommend responsibility to the partner with the most experience and insight in the area.

The Structure of the Alliance

- The high-level GAVI Alliance Board sets the Alliance's strategic vision and direction, provides high-level policy decisions and approves support for country immunisation programmes. The GAVI Executive Committee and Working Group oversee the development and implementation of the GAVI work plan. The Alliance is supported by a Secretariat.
- The GAVI Fund has a board of prominent individuals largely devoted to finance management, advocacy, and resource mobilisation, as well as a small Executive Committee and a Secretariat.



- In countries, the GAVI Alliance is represented by its partners through Interagency Coordinating Committees (ICCs), which facilitate cooperation between governments and their external partners in strengthening national programmes.

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