

## SUMMARY REPORT

### INTRODUCTION

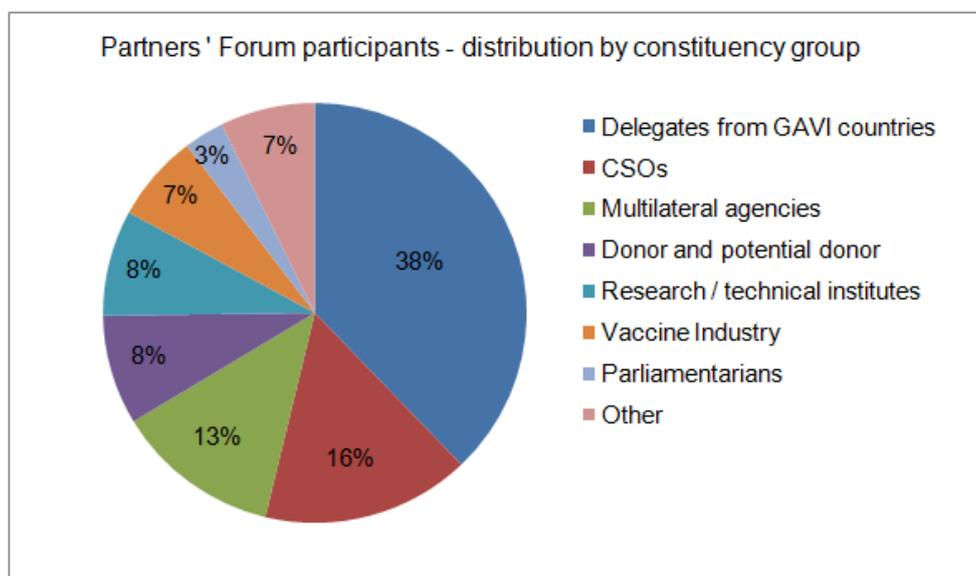
The GAVI Alliance Partners' Forum took place in Hanoi on 18-20 November 2009 and was hosted by the Government of Vietnam. It came at a critical moment for the Alliance – a decade of partnership has brought great achievements in global immunisation; strong momentum has been built up in 10 years and we face unprecedented opportunities to accelerate progress towards the Millennium Development Goals. The Partners' Forum provided a timely opportunity to reflect on these opportunities in the context of today's financial realities. Against this background, the Forum had three objectives:

1. To share, celebrate and learn from the GAVI Alliance's results, innovations and impact to date
2. To reaffirm and broaden the GAVI partnership by providing a forum to:
  - a) enable a range of existing partners to share their experiences and exchange ideas
  - b) strengthen the involvement of specific stakeholder groups, particularly civil society
3. To identify key opportunities and challenges for the future and enable partners to inform GAVI's strategic direction for 2011-2015

The development of the programme for the Partners' Forum was guided by a Steering Committee with representation of UNICEF, WHO, the World Bank and the Bill and Melinda Gates Foundation. These and other partners, including PATH, the Centers for Disease Control and Prevention, the Millennium Foundation and Optimise took the lead in organising and coordinating the various workshop sessions. The World Bank organised a plenary debate with Ministers of Health.

### PARTICIPANTS

The Forum brought together over 400 participants from 83 countries, representing a diverse mix of GAVI partners. Delegates included 28 government ministers from GAVI-eligible countries. The breakdown of participants into constituency groups is shown below.



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## **STRATEGIC PLANNING: 'REFLECTIONS AND DIRECTIONS'**

Throughout the Partners' Forum, participants were encouraged to reflect on GAVI's work to date and provide input for its future direction. What should GAVI do more, less, start, stop, etc, in 2011-2015? As part of the 'reflections and directions' process, a booth was set up where participants could provide their inputs - either by submitting them anonymously or posting them up on a notice board. A virtual forum for comments and discussion was provided on 'myGAVI' – a new online collaboration platform for the Alliance. Rapporteurs for all plenary and workshop sessions were asked to identify approximately 3 key points emerging from the session to be taken forward within GAVI's strategic planning. These points are shared in the programme sections below and will be taken forward in the Alliance's strategic planning process in 2010.

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## **PROGRAMME REPORT**

The Partners' Forum offered an intensive three-day programme, featuring over 90 representatives of partner organisations and the GAVI secretariat as chairs, moderators, speakers or panellists.

### Workshop sessions

Parallel workshops were organised for participants to share experiences, and to discuss and debate critical issues relating to GAVI's work. These sessions were coordinated by GAVI partner organisations and focused on 7 thematic areas of critical importance to GAVI's strategic direction.

### **1. Fighting pneumonia and diarrhoea: integrated approaches to achieve the health MDGs**

This workshop, coordinated with PATH, focused on pneumococcal and rotavirus vaccines as key components of an integrated approach to tackle the two biggest vaccine-preventable child killers. Key outcomes of the discussions:

- Synergy and coordination between programmes that deliver protective, preventive or treatment interventions for diarrhoea and pneumonia, e.g. EPI, IMCI, Nutrition and HIV programmes, should be encouraged. However, the term, "integration", could make people uncomfortable as it could be interpreted as an actual merging of departments; use of this wording may need to be addressed in future messaging.
- The greatest challenges are faced at the coordination, policy and planning level; much less at the implementation level, where a degree of integration already exists because the same personnel is involved in the delivery of different health services.
- The integrated/coordinated programme on diarrhoea and pneumonia control should not be seen as another vertical programme. It works through existing programmes and within the context of strengthening primary health care. Sufficient financing of the programme is essential, both through domestic and external funding; if included in the national health plans, support through the HSS window could be a possibility.

### **2. Making vaccines accessible through strong health systems**

This workshop focused on the topic of health systems strengthening and the new joint GAVI/WB/GFATM platform. Key outcomes of the discussions:

- The development of a joint HSS platform should be context specific, country driven and build upon existing systems and processes. The platform should streamline assistance

to countries, but not at any cost; we should ensure that the best of each agency is incorporated and guided by recent evaluations. HSS programming should be an inclusive process with other H8 agencies and development partners, including civil society and the private sector;

- The GAVI Alliance should help bridge the link between global level rhetoric and country level action and move forward with implementation of the joint platform in a limited number of countries as soon as possible in 2010;
- The GAVI Alliance should ensure that the support provided through the joint HSS platform leads to agreed measurable specific immunisation and child health outcomes in National Health Plans and strategies;
- The GAVI Alliance should strengthen the information flow to and from countries and partners, specifically on learning lessons with flexible approaches to overcome systems bottlenecks, broad participatory approaches, building upon existing structures and processes rather than inventing new ones and strategically prioritising investments;
- GAVI should remain a learning organisation, as the joint HSS platform is developed and be willing and able to respond to feedback and lesson learnt quickly.

### 3. New vaccines - the future is now: taking stock of where we are

This workshop focused on new vaccines and countries' preparedness to introduce them.

Key outcomes of the discussions:

- GAVI should articulate its catalytic role as it relates to underutilised, new and pipeline vaccines. It should clearly define these 'types' of vaccines and specify where in the spectrum it intends to focus support.
- The Alliance should ensure appropriate investments are made to enhance countries' preparedness - balancing short, medium and long term needs - including in preparation for likely multiple vaccine introductions.
- The GAVI Alliance needs to assess its role vis-à-vis the cold chain strengthening – Is there a gap to be filled? What's required (technical vs. financial support)? Is there an institutional comparative advantage among the Alliance partners?
- While it is important to accelerate the introduction of current priority vaccines, GAVI should keep a close eye on the development of malaria vaccines.
- The Alliance should maintain a country-driven approach recognising that one size does not fit all; e.g. in terms of prioritisation of vaccines, country co-financing strategies.
- It is important to ensure and communicate the predictability and long term nature of GAVI's vaccine funding commitments, and to clarify in the new strategy how multi-year commitments will be defined and administered beyond 2015.
- The GAVI strategy needs to be considered in light of the current financial situation; however while the commitments GAVI can make during this period need to be modulated by available resources, the strategy should allow for greater ambitions once the once financial crisis is over.

### 4. A new era for women's health – the promise of HPV vaccines

This workshop focused on the potential of HPV vaccines to improve women's health by preventing cervical cancer, a leading killer of women in GAVI-eligible countries. Key outcomes of the discussions:

- Cervical cancer is a leading killer of women in GAVI eligible countries. GAVI can play a key role in cervical cancer prevention by helping eligible countries introduce HPV vaccines. The introduction of this vaccine will require new types of outreach and communication aimed at a different target audience than childhood vaccine. It would therefore be critical to do appropriate market research to understand attitudes, inform practice and communicate messages in advance.

- GAVI should start small and then scale up the introduction of HPV vaccines, building on successful pilots that have been conducted to date. Some pilots show high acceptability and feasibility of delivery approaches, either school-based or community-based.
- The price of HPV vaccines remains a critical concern for developing countries and a key barrier for widespread introduction.

## 5. Planes, phones and fridges: what does it take to design innovative supply systems able to support new vaccine introduction?

This workshop focused on innovation in getting new vaccines to reach all who need them at the right place, in the right condition, and at the right cost. Key outcomes of the discussions:

- Industry must be challenged to develop products better suited to the needs of developing countries; GAVI has a key role to play in exploring mechanisms to provide incentives for manufacturers to produce such products.
- GAVI should insist countries assess their supply systems prior to introducing new vaccines and encourage innovation in strengthening their systems, possibly through awards or financial incentives. Countries should be encouraged to proactively develop supply systems able to meet both today's new vaccine introductions and those projected for the future.
- The increasing number and value of new vaccines brings renewed focus to the importance of well trained and supported personnel in charge of logistics and supply systems. Logistics should be a recognised profession with adequate incentives; incentives are not only financial but can also include a clear career path with opportunities for advancement and regular training opportunities. GAVI should stimulate this by emphasising the importance of countries including a clear, thorough plan for logistics when providing financial support.
- There is a need for a standard set of rules and performance measures for supply systems. Regulation currently focuses on the oversight of vaccine biologicals but does not extend to distribution. Such regulations could cover the distribution of other pharmaceutical products in addition to vaccines. GAVI should encourage its partners to develop such a system, and support countries to implement it.
- Additional research is needed to better understand and identify options for strengthening and improving supply systems for the delivery of vaccines. Synergies should be sought with the private sector in a wide variety of areas including outsourcing, training and sharing of best practices.

## 6. Measuring progress on MDG4 and immunisation – overcoming data quality challenges

This workshop focused on the role of data in global health and the challenges related to it. Key outcomes of the discussions:

- Data forms the basis of planning and performance measurement, from the health worker making her microplan to global institutions measuring progress towards MDGs or basing funding decisions on 'results'. Currently, most health data are collected through reported service statistics (administrative data), and through surveys. Both have strengths and weaknesses, and until a near-perfect administrative system is available to provide the information, both are required, and need improvement. Countries and partners should invest in routine data reporting systems, more frequent, improved surveys as well as vital registration systems.
- In addition to the quality and availability of data, the skills of health workers and others in interpreting and using data is paramount. Health workers therefore need to be supported in collecting, using and transmitting data, and the systems for transmitting data from one

level to the next in the health system and beyond need to be well constructed and maintained. Technological developments (mobile phones, use of computers/data bases) can be useful tools when applied properly.

- Discrepancy in data from different sources is a challenge for routine coverage measurements and for MDG 4 monitoring. For the monitoring of under-five mortality, the international community has come together in the 'Inter-agency group for Child Mortality Estimation' to improve capacity and develop joint estimates. Similarly, the WHO/UNICEF national immunisation coverage estimates jointly establish coverage levels by country, year and vaccines.

## 7. Forging powerful public-private partnerships in global health

This workshop focused on the role and potential of public-private partnerships (PPPs) in global health. Key outcomes of the discussions:

- In PPPs, the private sector should not just be seen as a provider of financial resources and technical skills. It is important to recognise the advocacy value of the extended reach that the private sector provides.
- Successful PPPs are built on clear benefits openly acknowledged by each party that lead to a common goal and vision. Mutual trust and shared management of risk are important.
- GAVI has demonstrated successful public-private partnership in its governance model, which brings diverse and challenging voices around one table, as well as with specific innovative approaches such as IFFIm, AMC and in performance-based funding.
- There are opportunities for greater private sector engagement in expanding immunisation services especially at country level. GAVI has the capacity and should encourage and facilitate this.

### Briefing sessions

On the first day, participants had the opportunity to attend technical briefing sessions to upgrade their knowledge on relevant topics in advance of the Partners' Forum discussions. Briefings were provided on the IFFIm and AMC, on country eligibility for GAVI support, on the Accelerated Vaccine Introduction (AVI) initiative and on MyGAVI, a new web tool. The concluding GAVI overview briefing was well attended and provided a good opportunity for questions and answers on GAVI's mission, business model and results.

### Plenary sessions

The Forum featured seven plenary sessions. In addition to speaker panels, there were also talk show and debate formats to ensure a dynamic dialogue and involve the participants.

## Opening Ceremony

Children stole the limelight from heads of state, VIPs and Royalty at the Hanoi Opera House on Wednesday evening in a special ceremony organised by the Vietnamese Government to celebrate the start of the GAVI Alliance's fourth Partners' Forum. Performing in front of an audience that included Vietnam's Deputy Prime Minister Nguyễn Thiện Nhân, Vietnam's Minister of Health Nguyen Quoc Trieu, the Chair of the GAVI Alliance Board and former President of Ireland Mary Robinson and Her Royal Highness Princess Cristina of Spain, the Ba Dinh District [Children's Dance Troupe](#) offered a vibrant reminder to the Forum's over 400 participants of the true objective of this week's event: guaranteeing new generations of children easy access to life-saving vaccines. South African singer and UNICEF Goodwill Ambassador [Yvonne Chaka Chaka](#) underlined the message with an emotional plea to participants to maintain their support for GAVI and its efforts to protect children from vaccine-preventable disease. Dr. Nguyen Quoc Trieu, the Minister of Health of Vietnam spoke of the progress made in his country.

GAVI's Chief Executive Officer, Julian Lob-Levyt explained that the Forum will celebrate GAVI's first 10 years, but also help lay the foundations for the challenges ahead by inviting participants to debate the Alliance's 2010-15 strategy. [Mrs Robinson](#) reminded participants of the progress that developing countries had made since the last Partners Forum in 2005. "We must maintain and increase immunisation rates. We must continue to answer the call from countries for life-saving vaccines," added Mrs. Robinson, addressing the packed 100-year-old opera house. "Over the next two-days, I ask you - as the Chair of the GAVI Board but also as a human rights advocate - to keep our focus, to advocate for the power of vaccines, to renew our common commitment and to recognise the opportunity - and the challenges - that lies ahead. We owe it to every child who does not have a voice."

## Awards ceremony

At the end of the first official day of the Partners' Forum, all participants were invited for a dinner in the grand ballroom, where a special awards ceremony took place in between courses, moderated by Yvonne Chaka Chaka, UNICEF Goodwill Ambassador and South African singer. The ceremony celebrated the results achieved in the 10 years of GAVI's existence and recognised the leadership of GAVI-eligible countries and partners. Fifteen Ministers of Health received awards from the GAVI Alliance for their outstanding performance in improving child health and immunisation. GAVI Board Chair Mary Robinson, GAVI Fund Board member, HRH Princess Cristina of Spain, and GAVI CEO Julian Lob-Levyt presented the ministers with an engraved plaque to recognise their success. The GAVI CEO noted that the awards recognise the work of all those responsible for the success of the countries honoured in Hanoi, including all the individuals who work in national health care systems and the GAVI partners who collaborate with governments to jointly make progress. Among the awards were those given to countries for highest co-financing of vaccines and for best performance in routine immunisation. Other countries were recognised for successfully increasing immunisation rates under challenging conditions and engaging with civil society organisations. Vietnam, the host country of the GAVI Partners' Forum, and Nepal received awards for the highest average annual rate of reduction of child mortality among all of the 72 GAVI countries since 1990.

Award category	Countries
Child survival award	<i>Vietnam Nepal</i>
Best immunisation performance award	<i>Congo, Djibouti (medium coverage) Gambia (high coverage) Bhutan, Eritrea (very high coverage) Bangladesh (large country)</i>
Introduction of new vaccines award	<i>Malawi Cambodia</i>
Vaccine stock management award	<i>Afghanistan Cambodia Sudan</i>
Challenge award	<i>Congo Liberia</i>
Co-financing award	<i>Guyana</i>
CSO engagement award	<i>Togo</i>

## Opening plenary session: Welcome to the GAVI Partners' Forum and setting the stage

Mary Robinson, Chair of the GAVI Board, and other high level representatives of the Alliance welcomed participants to the 2009 GAVI Partner's Forum. Messages from the leadership of GAVI's multilateral partners, as well as speeches by the Ministers of Health from Rwanda and Vietnam set the stage for two days of discussion and debate.

Speakers highlighted what has been achieved in the 10 years of GAVI's existence and how the new strategy should be built upon the success; support from GAVI helped rejuvenate global immunisation efforts and reshape the vaccine market; innovative ways were found to stimulate R&D for new vaccines needed in GAVI-eligible countries, such as the Hib Initiative and the Accelerated Development and Introduction Plans; the entrance of more and more manufacturers from developing countries has changed the dynamics of vaccine production and we are beginning to see an impact on vaccine prices.

The leadership of eligible countries has been key to the success of delivering the GAVI Alliance mission. Countries are serious about their commitment and should continue to lead progress. Increasingly, countries are co-financing the vaccines that GAVI helped to introduce and they are ready to introduce and co-finance the new vaccines that we now have in our hands. There is strong demand and we know how to respond; this was emphasised as the greatest opportunity we face together in the next 5 years towards the year 2015.

Speakers acknowledged that, ironically, at this pivotal moment, GAVI faces financial challenges. However, panellists also expressed a belief that, as an Alliance, we have the capacity to succeed if we continue with ambition, intelligent risk-taking, prioritisation of investments and innovative financing solutions.

## Plenary panel discussion: Changing the business of global health and delivering results

The aim of this session was to zoom in on achievements and lessons learned by the Alliance to date, specifically in relation to its innovative partnership. The panel featured a mix of representatives from industry, UNICEF Supply Division, partner organisations such as PAHO and the Centres for Disease Control, and the Minister of Health from Niger.

The session started with a video message from Lance Armstrong, Chairman and Founder of the Livestrong Foundation. Armstrong highlighted an achievement that has not gotten much attention to date: GAVI has made a major contribution to global cancer prevention through the widespread introduction of hepatitis B vaccines, preventing liver disease including liver cancer. He called on the Alliance to keep up the good work in particular in view of HPV vaccines, the next anti-cancer vaccine and one that could have a major impact on women's health in poor countries.

Moderator Jaime Sepulveda of the Bill and Melinda Gates Foundation challenged the panellists and the audience to respond to a number of questions. The following points were made:

- One of the major achievements of the Alliance is that it is no longer considered acceptable for low income countries to wait 20 years to introduce a vaccine being offered in wealthy countries. GAVI needs to continue this focus on "immunological equity" for children all over the world.
- We have a shared responsibility for financing universal access to vaccines: countries must show ownership, even when resources are limited; donors need to step up support to meet country demand for needed and proven effective vaccines; and manufactures

need to make firm commitments to lower vaccine prices and ensure affordability and equity for the poor.

- GAVI's role as a market shaper is critical to the future success of the Alliance. GAVI should continue to leverage the size and potential of the developing country market to drive down prices.

## Plenary talk show: Strengthening the involvement of civil society

In the form of a TV talk show, Geoff Adlidge from the GAVI Secretariat led a lively debate between 5 panellists and a very engaged audience. The discussion focused on the role of civil society in the GAVI Alliance and the potential for a stronger advocacy movement around MDGs 4 and 5.

- Civil society organisations (CSOs) are important partners in service delivery and should be supported to play policy making as well as service delivery role in countries.
- CSOs are close to communities and can bring their voice to the table – they can also mobilise communities to spread information, create demand for vaccines and demand price reduction (cf. ARVs).
- Partnership with civil society will be of critical importance for a stronger joined-up movement to advocate for women's and children's health – a focus on MDG 4 and 5. GAVI should bring together groups to advocate on different issues, for example, paediatricians on elevating child health in the political debate, women's groups on women's health (including cervical cancer), and a joined-up movement to advocate for additional resources for health. GAVI needs to involve civil society more systematically in its structures and processes to strengthen the CSO voice in the Alliance.
- Civil society can hold donors and others to account for delivering on promises. In the words of one of the CSO representatives: "Civil society should be consistently upset – upsetting others, demanding more and better results. Our role is to be critical, and remind everyone about commitments, all the time."

## Plenary address: A view from industry

On Friday morning, GlaxoSmithKline's CEO, Mr. Andrew Witty, addressed the Forum. He explained how the launch of GAVI has changed the global business of vaccines and reflected on the public-private partnership model.

- GAVI has played a key role in stimulating industry to consider new business models to drive prices down and ensure availability of appropriate vaccines in poor countries. GAVI was and should remain a catalyst for change in the industry.
- The partnership model at GAVI's heart needs to be sustained. It provides the enabling platform for the transparent dialogue needed to catalyse innovation and initiative.
- Four million lives averted is an outstanding result, yet, it may be just a prologue to a phenomenal legacy if GAVI sustains its momentum.
- While the financial crisis might influence short term ambitions, we should not allow the temporary, cyclical economic downturn to derail the strategic intent of an initiative like GAVI. That would be a great lost opportunity.

## Plenary debate: Prioritising investment in health - achieving financial sustainability

Victoria Kwakwa of the World Bank moderated a debate between Ministers of Health from the African, Latin-American, Asian and Eastern European regions. The discussion focused on how to sustain investments in health and immunisation. Ministers shared their positive experiences with the prioritisation of domestic resources for health and immunisation as well

as the challenges that they are facing to increase and sustain resources for health in times of a global financial crisis.

A member of Parliament from the Democratic Republic of Congo made a powerful intervention about the key role that parliamentarians could play in prioritising health during the legislative process of negotiating national budgets. The following points were also made:

- Predictable donor funding that is aligned with national health plans is of critical importance especially during uncertain economic times.
- Parliamentarians in developing countries are an important force to advocate for financial sustainability of investments in public health. Immunisation stakeholders should work more closely with parliamentarians to inform them of the achievements and needs of their immunisation programmes.
- Vaccine prices are an important bottleneck for the financial sustainability of new vaccines; GAVI has an important role to play in addressing this issue.
- Countries value the role that the co-financing policy could play in achieving sustainability. Ideally, GAVI should address countries' ability to co-finance vaccines on a case by case basis.

## Closing plenary: Reflections and directions – the way forward

In the closing plenary, Julian Lob-Levyt reflected on the discussions in workshops and plenary sessions throughout the Partners' Forum, highlighting some of the recommendations generated for GAVI's future strategic direction.

Ms. Katia della Faille, representing the Parliamentarian Delegation to the GAVI Partners' Forum, highlighted that the parliamentarians had learned much about GAVI and its mission. She applauded GAVI's results-oriented and innovative approach, and welcomed further in-depth analysis of what works and what doesn't. She encouraged the audience to see parliaments as important partners in achieving the MDGs and urged those governments that are not yet donors to GAVI - including her own - to join the Alliance.

Faruque Ahmed, GAVI Board member representing civil society organisations (CSOs), expressed his delight about the large number of CSOs that had been engaged in this Partners' Forum. GAVI's renewed commitment to CSOs recognises their role in achieving the MDGs. He called on GAVI to ensure that the voice of civil society is heard in policy debates, as partners in service delivery and as advocates for GAVI's work in their home countries.

Mary Robinson closed by thanking the Government of Vietnam and all those involved in making the Partners' Forum a success. She expressed special appreciation for the active engagement by civil society organisations, re-emphasising the important contribution this sector can make to the work of the Alliance. Finally, she reminded participants of the coinciding 20th anniversary of the Convention on the Rights of the Child. She called on all delegates to work together to ensure that it will not take another 20 years to realise the right to health, including access to immunisation, for the children of the world.

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## EVALUATION

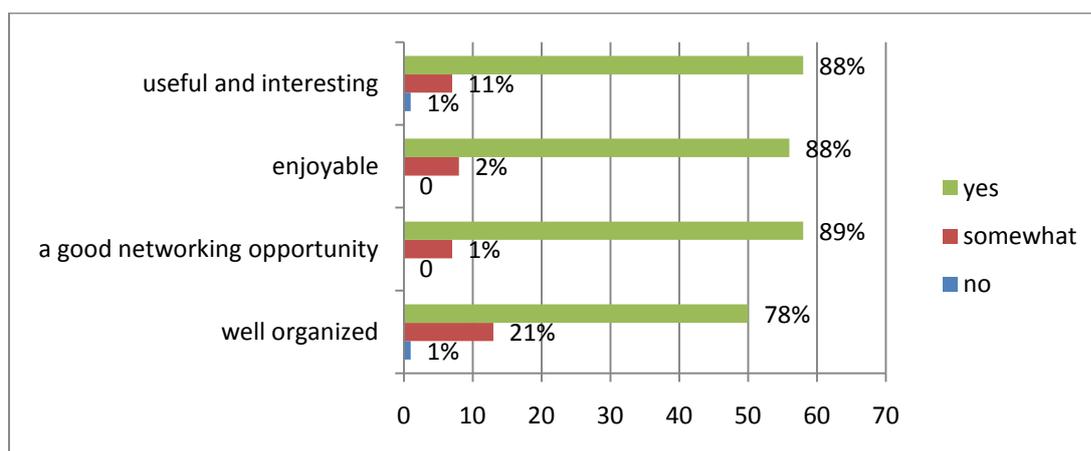
Approximately 20% of participants filled out the evaluation form, more than half of them country or civil society representatives. They provided the following recommendations for future Partners' Fora:

- Organise more participatory sessions with time for audience questions and comments
- Encourage self-reflection in addition to celebrating success

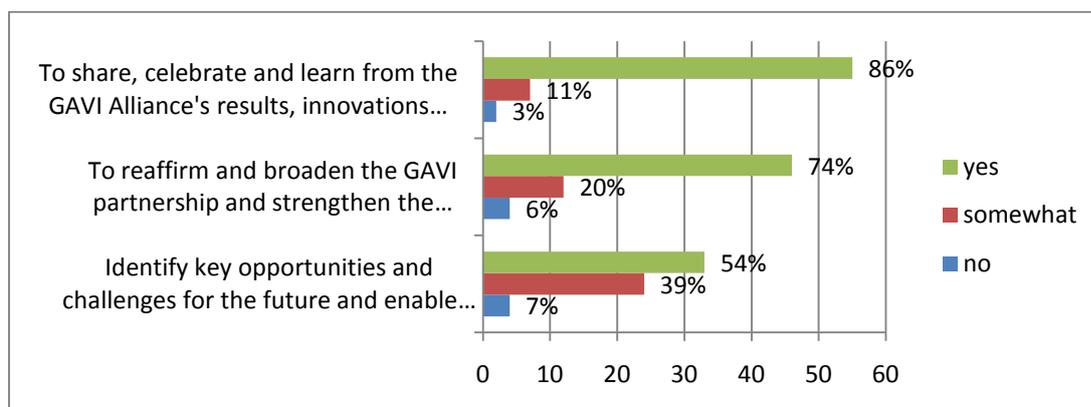
- Aim for a more cost-effective event
- Pursue more involvement of civil society for example in session moderation
- Arrange for translation in all sessions
- Make hard copies of presentations available on-site
- Hold the Partners Forum more often, i.e. once every 2 years

Respondants also answered 3 multiple choice questions:

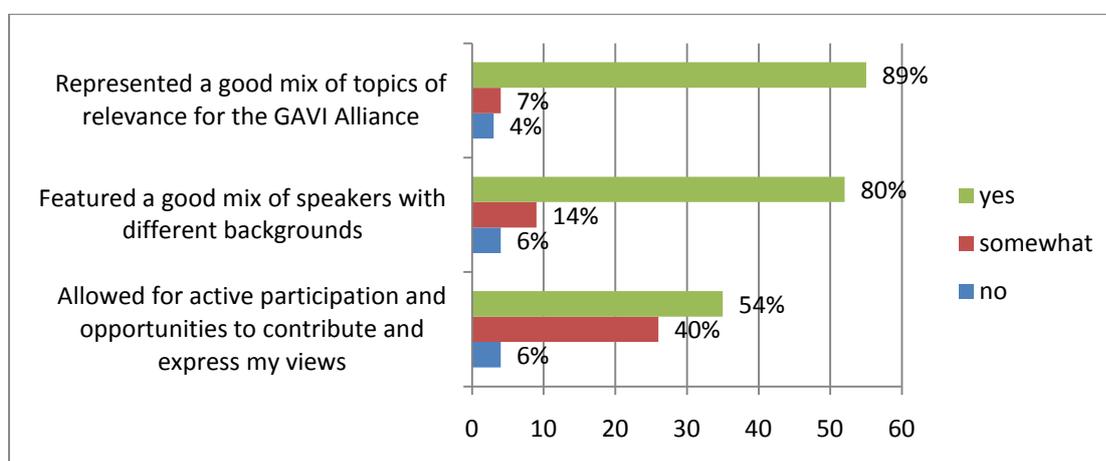
1. *The 2009 GAVI Partners' Forum was:*



2. *Did the 2009 GAVI Partners' Forum achieve its objectives?*



3. *The overall programme of the Partners' Forum:*



## **The GAVI Alliance thanks its partners and supporters:**

### ***Multilateral partners***

UNICEF  
The World Bank Group  
World Health Organization

### ***Government donors to GAVI, IFFIm and the AMC***

Australia  
Canada  
Denmark  
European Commission  
France  
Germany  
Ireland  
Italy  
Luxembourg  
The Netherlands  
Norway  
Russian Federation  
South Africa  
Spain  
Sweden  
United Kingdom  
United States of America

### ***Civil society organisations***

Including the 45 representatives joining the 2009 Partners' Forum in Hanoi

### ***Private sector donors***

Including the Bill & Melinda Gates Foundation, La Caixa Foundation and La Caixa's Business Alliance, the Every Child Council members and other private donors

### ***Research and technical institutes***

Including the representatives joining the 2009 Partners' Forum

### ***Vaccine industry***

Represented by the Developing Country Vaccine Manufacturers Network (DCVMN) and the International Federation of Pharmaceutical Manufacturers Associations (IFPMA)

### ***GAVI-eligible countries as of November 2009***

Afghanistan  
Angola  
Armenia  
Azerbaijan  
Bangladesh  
Benin  
Bhutan  
Bolivia  
Burkina Faso  
Burundi  
Cambodia  
Cameroon  
Central African Republic  
Chad  
Comoros  
Congo  
Congo, Dem Republic of  
Côte d'Ivoire  
Cuba  
Djibouti  
Eritrea  
Ethiopia  
Gambia  
Georgia  
Ghana  
Guinea  
Guinea-Bissau  
Guyana  
Haiti  
Honduras  
India  
Indonesia  
Kenya  
Kiribati  
Korea, DPR  
Kyrgyz Republic  
Lao PDR  
Lesotho  
Liberia  
Madagascar  
Malawi  
Mali  
Mauritania  
Moldova  
Mongolia

Mozambique  
Myanmar  
Nepal  
Nicaragua  
Niger  
Nigeria  
Pakistan  
Papua New Guinea  
Rwanda  
São Tomé e Príncipe  
Senegal  
Sierra Leone  
Solomon Islands  
Somalia  
Sri Lanka  
Sudan  
Tajikistan  
Tanzania  
Timor Leste  
Togo  
Uganda  
Ukraine  
Uzbekistan  
Viet Nam  
Yemen  
Zambia  
Zimbabwe

### ***Unaffiliated GAVI board members***

Mary Robinson, Graca Machel, George Bickerstaff, Dwight Bush, Wayne Berson, Ashutosh Garg, Dagfinn Høybråten, Jean-Louis Sarbib, George Wellde

### ***IFFIm Board***

### ***GAVI Fund Affiliate Board***

### ***GAVI Fund / Immunize Every Child Board***

## **Special thanks to partners who helped organise the 2009 Partners' Forum**

World Health Organization  
UNICEF  
The World Bank  
Bill & Melinda Gates Foundation

PATH  
Centers for Disease Control and Prevention  
European Commission  
Millennium Foundation  
Optimize