SUPPORTING PAPER 9: LITERATURE REVIEW SUMMARY

Document	Summary
Alliance for Case Studies for Global Health (2009): "Case studies for global health: Building relationships. Sharing knowledge"	A collection of case studies regarding current practices, transactions and partnerships in global health drawing upon the experiences of a wide range of stakeholders - including the role of GAVI in the pilot AMC, and in other initiatives such as Vaccine Vial Monitors in partnership with other organisations.
Amit Kumar, Jacob Puliyel (2007): "GAVI funding and assessment of vaccine cost-effectiveness", Lancet Correspondence, Vol 369 January 20, 2007	Kumar and Puliyel assert that the first step in the introduction of newer vaccines by countries is to establish cost effectiveness, and GAVI circumvents this by providing grants. Jean-Pierre Le Calvez from GAVI responds by saying that GAVI works with its partners to ensure that the vaccines adopted by countries are affordable and appropriate, and sustainability is a priority. The other point made by Kumar and Puliyel is that it may be cheaper for the Gates Foundation to fund vaccine research by academic and public institutions. According to Calvez, vaccine research is not a substitute for a multifaceted approach to child health and immunisation, and that GAVI also supports such organisations.
Anushua Sinha, Orin Levine, Maria D Knoll et al. (2007): "Cost-effectiveness of pneumococcal conjugate vaccination in the prevention of child mortality: an international economic analysis", Lancet Vol. 369;389-96	Analysis of the cost-effectiveness of pneumococcal vaccination for infants in GAVI eligible countries, in order to provide policymakers with information that they require to make investments in immunisation programs.
Bruno Marchal, Anna Cavalli, Guy Kegels (2009): "Global health actors claim to support health system strengthening - Is this reality or rhetoric?", PLoS Medicine, April 2009, Vol.6, Issue 4	Contextualises HSS funding by other actors in terms of the type of activities funded and the problems caused by the 'selective' funding of each GHP for its own narrow disease focus. Mentions GAVI HSS in a positive light as being more inclusive.
Centre for Global Development: "HIV/AIDS Monitor - Concept Document"	General description of the goals of the HIV/ AIDS Monitor in conducting a comparative analyses of PEPFAR, GF and WB's MAP, lists the key areas of research that are being focused on at the global and country levels. The paper mentions that CGD has developed a website to serve as an access point for information on spending, practices and impact for the mentioned AIDS initiatives.

Document	Summary
Chunling Lu, Catherine M Michaud, Emmanuela Gakidou et al (2006): "Effect of the Global Alliance for Vaccines and Immunization on diptheria, tetanus and pertussis vaccine coverage: an independent assessment", Lancet; 368:1088-95	The paper assesses the effect of GAVI spending on DTP3 coverage - explains the statistical model used for analysis, the independent/ dependent variables, and their measurement. One result is that ISS funding has been most effective in countries with the lowest baseline coverage.
Danovaro-Holliday MC, Garcia S, de Qaudros C, Tambini G, Andrus JK (2008): "Progress in vaccination against Haemophilus influenzae type b in the Americas", PLoS Med5(4):e87.	Outlines the methodology used to assess the progress in Hib vaccination in LAC countries.
Department of Vaccines and Biologicals, WHO (2001): "Estimating the potential cost-effectiveness of using the Haemophilus Influenzae type b (Hib) vaccine - Field Trial Version I", World Health Organisation, Geneva	Proposes a methodology for estimating cost effectiveness of Hib vaccines. Vaccine cost data and burden estimates are combined to calculate cost per case averted/death prevented.
Devi Sridhar, Sanjeev Khagram, Tikki Pang (2008/2009): "Are existing governance structures equipped to deal with today's global health challenges - towards systematic coherence in scaling up", Global Health Governance Vol. II, No. 2	Broadly relates to SG1 but does not directly answer any of the sub-questions; lays down criteria for good governance in global health, and suggests a partnership framework that meets some of them.
Ecotec Research and Consulting Ltd. (2003): "Evaluation of the added value and costs of the European Structural Funds in the UK", Department of Trade and Industry and the Office of the Deputy Prime Minister	The annex of the report presents the framework used for evaluation of value added - evidence of added value/positive effects and costs/ negative effects of the Structural Funds when compared to domestic programs, for criteria such as achievement of national policy objectives, additionality of funding etc. Information on this was gathered through an internet survey of stakeholders and a public opinion survey.
Francis Watkins: "Using Models of Partnership for Evaluation", PARC	Slides from a power point presentation mentioning some key points/ concepts to be kept in mind with regard to partnerships and their evaluation.

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FT Cutts, SMA Zaman, G Enwere et al (2005): "Efficacy of nine-valent pneumococcal conjugate vaccine against pneumonia and invasive pneumococcal disease in The Gambia: randomised, double-blind, placebo-controlled trial", Lancet;365:1139-46	Describes a randomised trial undertaken in a rural African setting to analyse the efficacy of nine-valent pneumococcal conjugate vaccine against pneumonia and invasive pneumococcal disease. The study concludes that pneumococcal conjugate vaccine has higher efficiency and should be made available to African infants.
GAVI Secretariat (2009): "Background note: Positive synergies paper and Lancet Editorial"	The note is based on a Lancet article published in June 2009 by the WHO's positive synergies project that reviews published and unpublished reports on GHIs, and an accompanying editorial. While the article is positive/ neutral about GHIs such as GAVI, the editorial is negative. This note presents claims made in the editorial and how direct quotes from the paper contradict these.
Gian Gandhi, Judith Kallenberg, Carol Marzetta et al: "Estimating the long range costs and impacts of investments by the GAVI Alliance in vaccines for the poorest countries around the world"	Presents a linear, deterministic, aggregate-level static model to determine direct costs, health impacts and investment return of vaccines that GAVI funds and expects to fund (focus is not on other elements of support such as HSS, INS, ISS, CSO), across all eligible countries and over two time frames: 2009-15 and 2009-20. The paper describes the cost and output measures used, exogenous (e.g. country profile) and endogenous (demand forecasts) variables of the model.
Harvard University, Institute for Health Metrics and Evaluation at the University of Washington, Johns Hopkins University, University of Queensland, World Health Organisation (2009): "GBD Study Operations Manual - Final Draft"	Operations manual for the Global Burden of Diseases, Injuries and Risk Factors Study that aims to produce estimates of burden using new data and improved techniques, and to standardise and broaden the burden of disease research and analysis. The manual lays down definitions and concepts, cause lists, techniques used, dealing with problems in data etc.
"Health Impact of Predictable Long-Term Funding: Executive Summary" - 27 May 2009	The purpose of the study if to determine the impact of donor funding uncertainty on GAVI's ability to increase uptake of existing vaccines and introduce new vaccines in low income countries. The paper presents a model that compares results (number of vaccination programs that GAVI could fund) with certain versus uncertain funds. The conclusion is that aid effectiveness would increase by approximately 10 percent when donors move from annual to ten year commitments - about 8 percent of this gain results from the move from annual to five year commitments.

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IAVI Insights (2009): "Innovative Financing Mechanisms to Advance Global Health - Past, Present and Future Investments", International AIDS Vaccine Initiative	Lists existing innovative financing mechanisms (including AMC, IIFIm) together with positive features/ limitations of each. Proposes new mechanisms such as anti-tax proposal, industry R&D facilitation fund etc. Lays down five criteria for evaluating innovative mechanisms for global health.
International Health Policy Program Thailand and Health Intervention and Technology Assessment Program (2008): "Research for development of an optimal policy strategy for prevention and control of cervical cancer in Thailand", Population and Reproductive Health Capacity Building Program, The World Bank.	Overall, the study looks at performance of current programs for prevention and control of cervical cancer in Thailand, and present an optimal strategy. The section on 'economic evaluation of policy options' gives details of a cost-utility analysis model wherein they compare additional costs and benefits of moving from a 'do nothing' scenario to a number of alternative policy options for control and prevention of the disease.
Isabelle A. Rossi, Patrick L.F. Zuber, Laure Dumolard et al. (2007): "Introduction of Hib vaccine into national immunization programmes: A descriptive analysis of global trends", Vaccine 25(2007) 7075-7080	Analysis of the characteristics of countries that included Hib vaccine in their national immunisation programs before 2006; one of the possible determinants of vaccine introduction examined in the study is 'eligibility for GAVI support between 2000 and 2005'.
James P Watt, Lara J Wolfson, Katherine L O' Brien et al (2009): "Burden of disease caused by Haemophilus inlfuenzae type b in children younger than 5 years: global estimates", Lancet 2009;374:903-11	Outlines methodology of study undertaken to estimate the global burden of disease caused by Hib in children younger than 5 years. The conclusion is that the global burden is substantial and almost entirely vaccine preventable. The study was funded by the GAVI Alliance. Relates to contribution of GAVI towards advancement of evidence base required for countries to address policy decision related to new vaccines introduction, and creating awareness/ interest in immunisation and child health.
Jan M. Agosti, M.D., and Sue J. Goldie, M.D., M.P.H. (2007):"Introducing HPV Vaccine in Developing Countries - Key Challenges and Issues", NEJM 356;19 May 10 2007	Talks about the burden of cervical cancer, especially in the developing world, and the problems in introducing HPV immunisation programs. The price of the vaccine is considered to be the key constraint on its introduction. If GAVI provides subsidies, HPV can be brought to poor countries. According to the paper, GAVI is meant to review its new vaccine policy in 2008 to determine if HPV should be among vaccines prioritised for support.

Document	Summary
Johanna Hanefeld (2008): "How have global health initiatives impacted on health equity?", Promotion and Education 2008; 15;19, on behalf of International Union for Health Promotion and Education	The paper examines the impact of three HIV/AIDS focused GHIs - PEPFAR, MAP, GF on health equity, particularly gender equity. The analysis suggests that GHIs do impact gender equity through their programs and funded activities, and through their impact on health systems and human resources. Examples are PEPFAR's policy to ensure equitable access to ART for women, GF's CCM provides new political spaces to women etc. However, the paper also draws attention towards possible, unintended negative consequences of GHIs on gender equity (PEPFAR's funding requirements are one example). The problem with WB/GF is that they rely on national M&E systems that do not have gender disaggregated data. There is a need to draw attention towards these issues at the country-level where the various GHIs interact. Other recommendations include equity-sensitive gender targets, impact assessment of interventions' effect on social inequities, use of policy-making process for empowerment, programmes that explicitly address causes of health inequity.
John Grundy, Qiu Yi Khut, Sophal Oum et al. (2009): "Health system strengthening in Cambodia - A case study of health policy response to social transition", Health Policy	The paper outlines health policy innovations (health contracting, financing and planning) in Cambodia in the past 10 years in response to social transition (including processes of decentralisation, privatisation, development of open market economic systems), based on a literature review, participant observation and comparative analysis of demographic health surveys. The study highlights the role of socio-economic factors in determining access to facility based health care, and concludes that there is a need for more flexible and timely responses to the ongoing social transition. The paper mentions GAVI as a key policy actor in disease prevention and control (gains in immunisation coverage achieved) and health services management (development and trial of internal contracting models).
Jol Mitchell, Jill Shakleman, Michael Warner (2001): "Measuring the 'added-value' of tri-sector partnerships", Business Partners for Development, Natural resources Cluster, Working Paper No. 14	Presents a methodology for measuring the added-value of a tri-sector partnership (govt, CSO, businesses) over and above what could be achieved by these sectors individually, in managing social issues in extractive industries. The methodology involves laying down key indicators of partnership benefit relevant to each sector and the best way to measure them, establishing a baseline against which to measure changes in indicators, assessment of incremental contribution as measured by changes in key indicators and examining strength of evidence for direct causation, and to compare the evidence of benefits with the costs of the partnering process.

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Joseph Naimoli (2009): "Global health partnerships in practice: taking stock of GAVI Alliance's new investment in health systems strengthening", International Journal of Health Planning and Management	Describes GAVI's HSS experience so far (key strengths/ challenges) and makes recommendations for GAVI HSS, meant to be applicable to other GHPs as well. Based on participant observation and review of the written record of HSS, the paper comments on the program in terms of design appropriateness, governance and management, mobilisation of resources, M&E and performance.
Karen Caines and Kent Buse, Cindy Carlson et al (2004): "Assessing the impact of global health partnerships", DFID Health Resource Centre	Key insights include (i) areas of success & weakness of GHPs (ii) follow different approach for assessing fragile states (iii) comparators and counterfactuals (TB Global Drug Facility, Green Light Cte for price reductions, GTZ Backup HSS), and; (iv) poverty & gender equity impacts.
Ken Caplan, Joe Gomme, Josses Mugabi, Leda Stott (2007): "Assessing partnership performance: understanding the drivers for success", Building Partnerships for Development	Paper on how to define and assess multi-stakeholder partnerships.
Lancet Comment (2009): "Sceptical optimism: a new take on global health data", Lancet;374	Short commentary on the poor state of health statistics, an issue that impacts health systems planning
Lancet - Comment (2009): "What can be learned from data for financing of global health?", Lancet;373	Lancet commentary that criticises the DAH dataset used by Nirmala et al - key point is that the dataset is US centric and does not cover other regions adequately. Also noted that the dataset shows a distinct reduction in the role of the UN, however this disguises the fact that a lot of the money is actually rechanneled through the UN system.
Lancet - Editorial (2009): "Who runs global health?", Lancet Vol 373 June 20, 2009	Key points include (i) the global health landscape has changed immensely with the rise of GAVI, GF and others; (ii) The rise of these new players has also been associated with some negative effects - for example, GAVI's ISS has encouraged countries to over report on their immunisation rates; other adverse effects of GHIs include steepening inequalities in health services, reduced quality of services due to pressure to meet targets, decline in domestic spending on health, misalignment of GHI and govt interests, parallel bureaucracies, etc. Also, the commentary notes that GHIs have not taken their evaluations seriously to date.

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Lancet - World Report (2009): "Dispute over Pneumococcal vaccine initiative", Lancet Vol 374 December 5, 2009	Critique of the AMC process, particularly in terms of the lack of transparency in deliberations, and problems in arriving at the right price to be paid by the donors to suppliers of vaccines. According to GAVI representatives, the same number of lives are saved irrespective of the price as the total subsidy is fixed at \$US1.5bn, and that the price merely affects the rate at which funds are disbursed. An argument against this is that a higher price clearly means lesser number of doses - if GAVI ensures that the same number of children are covered at both \$7 and \$10 prices by putting in own resources, then it should clearly say so. Also, Medecins Sans Frontieres requested the baseline data on which AMC was being modelled, GAVI promised to provide the information but it was, in fact, never released.
Laura J Frost & Michael R. Reich (2008): "How do good health technologies get to poor people in poor countries?", Harvard Centre for Population and Development Studies	The book presents research studies commissioned by the Gates Foundation. An analytical framework (adapted from the approach developed by the Global Alliance for TB Drug Development called AAA Strategy) was developed for access to health technologies by developing countries. They describe activities involved under the four A's – Architecture (organizational dimension), Availability (supply component), Affordability (cost component) and Adoption (demand component). Six case studies have been examined – barriers, strategy and action taken under each are explained. The Hepatitis B case study has a section on the GAVI Alliance and its role in scaling up of access and supporting the international market for the vaccine. There is also mention of GAVI in the VVM (Vaccine Vial Monitors) and Oral Polio Vaccine case studies.
Laure Delcour, Charles Vellutini (2005): "Added value of global partnerships and global funds to development cooperation", IDC	Insights on definition and measurement of added value of GHPs at global, country & sector levels, including description of global public goods. Presents several ideas/dimensions/data sources to quantitatively and qualitatively assess added value of GHP financing (SG3), and organisation/governance structure (SG4). However, report is dated April 2005 (draws on data until 2003).

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Manju Rani, BaopingYang, Richard Nesbit (2009): "Hepatitis B control by 2012 in the WHO Western Pacific Region: rationale and implications", Bulletin of the World Health Organisation 2009;87:707-713	Key points include: (i) Long time lag of 20-30 years between acquiring HepB infection and disease (liver cirrhosis, cancer) and hence, difficult to measure impact. A short term/ imperfect outcome indicator of HepB vaccination is HBs Ag sero-prevalence (chronic HepB virus infection) in children at 5 years of age (target of 2%), and a process indicator is coverage (3 doses of HepB vaccine, starting at birth). (ii) West Pacific region (excl. Australia, NZ, Japan) has highest chronic HepB infection globally. Paper gives country examples/ timing of policy/ political changes for HepB control/ vaccination.
Margaret Chan (2009): "Why the world needs global health initiatives", WHO	Speech by Margaret Chan (Director-General, WHO) at the high level dialogue on maximising positive synergies between health systems and global health initiatives, on the significance of GHIs and their achievements. She says that the debate that pits single-disease initiatives against the agenda for strengthening health systems is now dying down, and it is becoming clear that the two are not mutually exclusive/contradictory. One job of the high-level dialogue is to craft policies and best practice to help the two approaches to work together, reduce waste, duplication, improve efficiency. It is wrong to conclude that GHIs have weakened health systems. They were created at a time when health systems were already weak, and have made specific weaknesses more visible. They may have exacerbated these but did not cause them. Better planning could have prevented the establishment of parallel systems for information/procurement/supplies distribution. GHIs can be flexible/responsive, have made successful innovations, and helped improve quality of care for patients.
Nicole A. Szlezak, Barry R. Bloom, Dean T. Jamison et al (2010): "The global health system: actors, norms, and expectations in transition", PLoS Medicine Vol 7, Issue 1	General note on changing institutional arrangements in global health - traditional actors (national health ministries, WHO) now joined/challenged by CSOs, private firms, private philanthropists, challenges for coordination, changes in challenges faced by health systems (growing prevalence of communicable diseases, globalisations, changes in climate and other environmental variables), problems of unexploited opportunities, duplication, waste of resources, high transaction costs due to increased complexities.

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Nirmala Ravishankar, Paul Gubbins, Rebecca J Cooley et al (2009): "Financing of global health: tracking development assistance for health from 1990 to 2007", Lancet Vol. 373;2113-24	The study documents the rise in resources for global health from 1990 to 2007, by using several data sources to measure the yearly volume of Development Assistance for Health (DAH), and also examines composition in terms of sources of funding and recipients. One of the key findings is that GF, GAVI and NGOs have become the conduit for an increasing share of DAH, and proportion channeled via UN agencies and development banks has decreased. According to the paper, GAVI scaled up from less than 1% of DAH in 2002 to 4.2% in 2007.
P. Lydon, R. levine, M. Makinen, L. Brenzel et al (2008): "Introducing new vaccines in the poorest countries: What did we learn from the GAVI experience with financial sustainability?", Vaccine 26, 6706-6716	Paper analyses financial sustainability using the immunisation expenditures and financing data in country FSPs, to test original assumptions of GAVI. Some of the key results are that expenditure (both national and external) for routine immunisation in the poorest countries have risen since 2000 and are projected to increase in the future, introduction of HepB and Hib vaccines account for a majority of this increase, expected future funds will not be enough to match needs to sustain/scale up immunisation to complete HepB and Hib agenda.
Paris, France: Document	Background read for 3 - a collection of newpaper articles/reports talking about the trends in global health funding.
Peter C Smith (2009): "Measuring value for money in healthcare: concepts and tools", Quest for Quality and Improved Performance	Applicable to UK NHS, rather than GHPs - explains VfM concepts/ methods of measurement, including allocative/ technical efficiencies, cost effectiveness etc.
Philippe Beutels, Nancy Thiry, Pierre Van Damme (2006): "Convincing or confusing? Economic evaluations of childhood pneumococcal conjugate vaccination - a review (2002-2006)", Vaccine 25(2007) 1355-1367	Examines pneumococcal vaccine cost effectiveness/ utility. Collates information on pneumo conjugate vaccine 7 (PCV7) costs/ health outcomes (QALY/ DALY).
Regien G Biesma, Ruairi Brugha, Andrew Harmer et al (2009): "The effects of global health initiatives on country health systems: a review of the evidence from HIV/AIDS control", Health policy and Planning, 24;239-252	Presents and compares health system/ policy impacts of the 3 HIV/AIDS GHIs - PEPFAR, GF, and WB MAP. Documents early negative impacts on countries, lessons learnt, and data limitations. Adopts a framework with determinants to assess country health system effects.

Document	Summary
Ruth Levine (2009): "Wedding bells for GAVI, the World Bank and the Global Fund?", Global Health policy	A critique on the joint platform approach with two main arguments: (i) the joint programming agenda has been pushed forward by the IHP+ and should actually be based on a comprehensive review of what the countries want; (ii) it is not clear if the WB, GF and GAVI are best placed to deliver HSS through a joint platform.
Shaun K Morris, William J Moss, Neal Halsey (2008): "Haemophilus influenzae type b conjugate vaccine use and effectiveness", Lancet Vol 8;435-443	Presents adoption rates, timing of Hib vaccine and its effectiveness/ efficacy across WHO regions.
Solomon R Benatar (2008/2009): "Global health: Where to now?", Global Health Governance, Volume II, No. 2	A polemic about the injustices and problems of modern society (including global and national inequality, medicalisation of health, military expenditure and ODA). It notes that improved technology in health has not been used to transform public health, and the failure by donors to recognise the complex contributors to health in developing countries.
The Hib initiative Newsletter Vol. 4, No. 2, August 2009	This is the final newsletter from the Hib Initiative. It sets out the timeline and activities of the Hib Initiative.
US GAO, Factors Contributing to Low Vaccination Rates in Developing Countries, Oct 1999	Reports on barriers to immunisation being described as poor health infrastructure, high cost of vaccines, insufficient evidence on disease burden & vaccine efficacy, and changing donor priorities.
Wayne Pisano: "Leveraging Partnerships"	General note on the importance of a collaborative approach in international public health, specifically the role of the corporate sector in PPPs - talks about sanofi pasteur's involvement with GAVI/PDVI.
World Health Organisation Maximizing Positive Synergies Collaborative Group (2009): "An assessment of interactions between global health initiatives and country health systems", Lancet;373:2137-69	Background/ summary of studies that have tried to link the affect of GHPs to health outcomes and impacts (coverage levels), financing effects, governance, etc. Focus of examples is HIV/AIDS.

Document	Summary
World Health Organisation (2009): Initial summary conclusions - Maximising positive synergies between health systems and Global Health Initiatives	Presents findings of the initial country-level research by the Maximising Positive Synergies between Health Systems and Global Health Initiatives effort (MPS) on impact of GHIs on health systems (achievements in terms of the six building blocks of HSS). Overall, GHIs have brought improvements in health outcomes related to their priority diseases but the picture of interaction between GHIs and health systems is mixed. Going forward, the focus would be on assessing how specific health system attributes have affected GHIs ability to achieve their objectives, collecting data on impact of HSS on improved health outcomes, continued efforts to encourage civil society participation in research related to GHIs and health systems.
WHO, UNICEF, World Bank (2009): "State of the world's vaccines and immunization, 3rd ed.", Geneva, World Health Organisation.	Overview of vaccine development over the years, including GAVI's role in accelerating the uptake of new and underused vaccines in developing countries through its innovative financing mechanisms, and in product development through partnerships such as GAVI ADIPs. Other issues covered include changing market conditions, vaccine regulation, costs and benefits of immunisation, sources of funding etc.