Results

The first day of the GAVI partner's forum was rich in discussion about **results**, fact-based programming and outcome orientation. Sessions focused on the private sector's involvement in public health, the decision to introduce new vaccines based on epidemiological data, the economic impact of vaccination and the new prospective studies for real-time evaluation that GAVI partners will be leading in multiple countries.

"The healthier a nation, the greater its economic growth"; With 6.4 million deaths averted in GAVI countries, an economic impact of $6.2 billion in treatment cost savings, and a positive impact on school enrolment, the Decade of Vaccines is demonstrating the measurable results of immunisation. Private sector approaches to public health issues are spreading: mobile technologies have been successfully used to avoid stock outs and donors are increasingly asking for return on their investments, in terms of the number of lives being saved and other measurable impacts on society.

Today was also an opportunity for GAVI partners to provide feedback on the prospective evaluations that will be launched in five countries between 2013 and 2016. This innovative approach to monitoring and evaluation received strong support and interest, but persistent challenges in gathering quality data at the subnational level were highlighted. Vaccine-specific sessions on rubella and HPV discussed the need for a strong evidence base before decisions are made to introduce vaccines at a national level. As an example, the understanding of the epidemiology of Congenital Rubella Syndrome led a number of GAVI countries to introduce the rubella vaccine. Building the evidence and experiential database from HPV demonstration projects will allow countries to scale-up HPV vaccination.

Innovation

Participants shared a wealth of knowledge related to innovations in immunisation services delivery, and supply chain management and spoke about ways to better measure, monitor and evaluate immunisation results. A set of country evaluations, to be conducted by GAVI in five countries over the next four years starting in 2013 were presented as a new and innovative approach to evaluating outcomes and impact related to GAVI support.

An evaluation team from Uganda summarised the approach as, *"truly unique and of great added-value for countries due to the emphasis on country ownership."* In another session, several country representatives exchanged views on what it takes to systematise the identification and development of good practices and innovations in immunisation. Mentorship, affordability, simplicity, government ownership and engagement of multiple stakeholders were all highlighted as critical to ensure that innovative ideas and practices take root and spread in countries.

Innovative supply chain technologies were shared from Benin, Tanzania and Uganda, including novel approaches for logistics and SMS messaging systems to improve communication with community level immunisation work. The session also highlighted the fact that approximately 60% of refrigerators in Africa do not receive constant and reliable electricity. Therefore, developments in solar powered refrigerators will be essential for vaccine storage in future.

Finally, a summary report of 13 AVI TAC Special Studies, funded through the GAVI Alliance business plan, was presented. The studies, conducted across a diverse set of countries, including Bolivia, the Gambia, Nicaragua, Pakistan and South Africa, used state-of-the-art methods and approaches to fill important gaps in the evidence base related to PCV and rotavirus vaccines. Numerous results from these studies have already been disseminated to support decision-making around vaccine use, with further publications currently in the pipeline.

Sustainability

Today's sessions focused on the sustainability of vaccine investments by showing the benefits of vaccines in broader development objectives. The WHO Commission on Macroeconomics and health in 2001 found that attendance in school and work is greatly impacted by better health and the WORLD Development report of 1993 found that EPI programs are the most cost-effective public health intervention.

Sachiko Ozawa of Johns Hopkins Bloomberg School of Public Health spoke about the evidence and current status of the value of vaccines work globally. The Decade of Vaccines Collaboration has the potential to save 6.4 million lives in GAVI countries and to generate an economic impact of $144 billion in future economic output.

Till Barnighausen of Harvard School of Public Health and the Africa Centre for Health and Population Studies in South Africa found that measles vaccination contributes to some of the best development interventions, especially in education. In countries with imperfect measles coverage, immunization can have a measurable impact on primary school attendance and therefore have a significant contribution towards MDG 2.

Throughout the day, the focus shifted towards the sustainability of funding for immunization and the importance of public awareness on the negative impact of not investing in immunization. Recent measles outbreaks in the developed world are a reminder of the threats that vaccine preventable diseases pose.

Equity

The issue of equity was discussed in a variety of fora on the Forum's first day. One panel discussed the global status of polio and measles and how to leverage campaign initiatives in order to strengthen routine immunisation. Country examples from Nigeria, Angola and India were given and challenges and opportunities were discussed, including the possibility of leveraging grassroots organisations to advocate for routine immunisation.

The session concluded with a discussion on the right balance of investment for the future between eradication campaigns and routine immunisation programmes introducing new vaccines. Concrete steps and actions were presented at a workshop for EPI managers, national planners, and civil society representatives that will allow them to better advocate for MR vaccine introduction in their own countries. Panellists provided examples from Laos and Ghana and information about how to access GAVI support. "These are serious international issues but they are addressed country by country," said Louis Cooper of the International Pediatric Association.

Another panel tackled adolescent health and its marginalisation between child and woman's health issues. Speakers agreed that the current fragmented state of adolescent health requires revamping in order to better target the transition period toward adulthood. The First Lady of Zambia stated, "Whatever happens in this transition is going to be magnified in adulthood." While noting that good adolescent health policies existed at the regional and global levels, panel members agreed that there is minimal progress at country level. Best practices in HPV vaccination were also a focus of the panel.

The importance of bringing teachers into the learning paradigm, early communication, targeted messages and the use of appropriate social networking technologies were all identified as critical to the success of introducing HPV vaccines. Finally, civil society organisations examined the GAVI CSO Constituency's immunisation advocacy goals and discussed how to further them. By the conclusion of the meeting, they had devised a Call to Action, intended to spur stronger, better-coordinated action in support of child health and immunisation.