

The Post-2015 Development Agenda

Initial views from the GAVI Alliance CEO, Dr Seth Berkley

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The GAVI Alliance is a public-private global health partnership committed to saving children's lives and protecting people's health by increasing access to immunisation in poor countries.

For more information see: www.gavialliance.org

A 21st century model for development

We live in a world burdened with increasingly diverse and complex development challenges. As we begin the task of crafting a framework to respond to these challenges, the post-2015 agenda presents an opportunity to rethink what makes development that is inclusive, innovative and applicable to all people. It provides us with a platform to introduce new ways of delivering smart development.

In order to ensure real change in a post-2015 world, we need to forge new solutions and build alliances across all geographical levels. We need to leverage the comparative advantage of a wide partner base including private sector, civil society and government expertise. We need to ensure country ownership while looking to sustainable change in the way that markets serve development. We also need to continue to innovate to ensure predictable and sustainable financing for development. This is a tall order, an impossible task for one organisation alone. Public-private partnerships (PPPs) are effective and appropriate mechanisms to manage the complexity of 21st century development challenges.

The GAVI Alliance's public-private partnership has proven it can be done. In its first 12 years, over 370 million additional children have been vaccinated by developing countries with GAVI support, contributing to averting over 5.5 million premature deaths. GAVI has an explicit focus on market shaping and leverages the breadth of skills and attributes of the private, public and non-governmental sectors. With innovation at its core, the GAVI Alliance represents a significant departure from previous models of development assistance. Many of the lessons learned from the GAVI experience may be applicable to other areas of development.

The post-2015 agenda can catalyse transformative change by calling for 21st century development models that encourage creativity and innovation in the pursuit of inclusive, equitable, and sustainable development.

Health in development - raising the bar

Beyond rethinking development models we need to be more ambitious in our goals and indicators. With the acknowledgment that health is a core driver of development as well as

a key indicator of what development seeks to achieve, the GAVI Alliance joins the call for the inclusion of a strong specific health goal in the post-2015 agenda.

Our job will be to maximise healthy life. Each child should be able to live up to their full potential, intellectually and physically. Each young adult should be taught and empowered to maximise a healthy lifestyle, including reproductive and sexual health. And, as we all go through the demographic and ageing transitions, we hope for graceful ageing with minimal morbidity and maximum functionality. Maximising healthy lives requires access to health and prevention services for all, but these need to be of adequate quality. We also need to work closely with other interlinked sectors in order to maximise outcomes. We need healthy, productive people AND we need a healthy planet. We must recognise that these goals are inextricably linked.

A 21st century indicator – the fully immunised child

Supporting an ambitious health goal we need robust indicators to measure our progress. Post-2015, we need to raise the bar by which we will measure progress and inform our actions. There are good reasons to include a health indicator that speaks to routine immunisation. Such an indicator will help to gauge success across a number of areas of development including the strength of health systems, equity, human rights, and child survival rates. A routine immunisation indicator is applicable to all countries - no matter if rich or poor and can be calibrated appropriately to local, national and global levels.

The evidence of the health and economic benefits of vaccines demonstrate that immunisation is one of the most successful and cost-effective public health interventions. Immunisation saves lives and prevents illness, avoiding sometimes catastrophic health expenditures for both individuals and societies and improving productivity. Yet millions of children are not receiving the life-changing vaccines recommended by the World Health Organization (WHO) as part of a routine immunisation programme¹.

The GAVI Alliance mission is to contribute to saving children's lives and protecting people's health by increasing access to immunisation in poor countries. We care about three things: children not reached with vaccines; children reached but the course of vaccines is incomplete (drop-out); and those fully immunised. All three require our attention; our goal should be to minimise and ultimately eliminate the first two and we have a moral imperative to strive to maximise the latter – fully immunised children.

Therefore the GAVI Alliance calls for a health indicator that embraces the ambition of a “fully immunised child” as a bold but practical measure of global health and development under a post-2015 framework. Modernising a routine immunisation indicator was discussed

¹ http://www.who.int/immunization/policy/immunization_tables/en/index.html

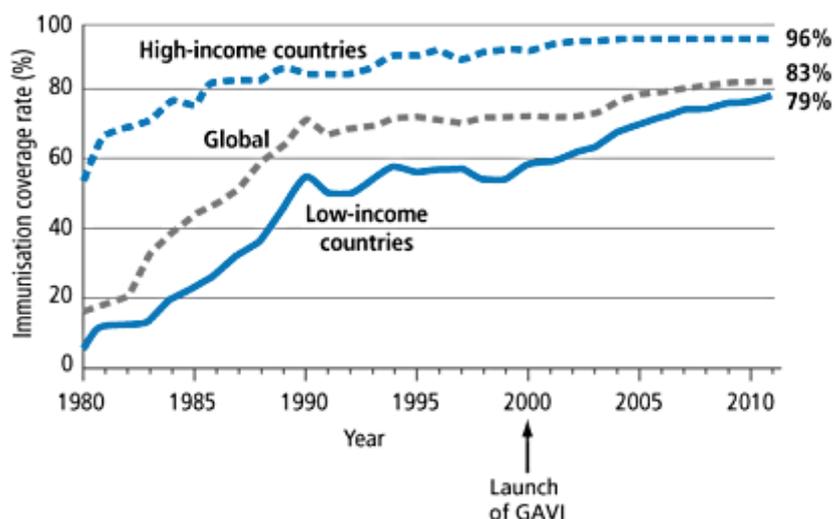
by the GAVI Alliance Board in December 2012. The Board paper is available at <http://www.gavialliance.org/about/governance/gavi-board/minutes/2012/4-december/>

Routine immunisation – the next generation

Routine immunisation coverage is a proxy indicator of the strength of a health system. It is also a societal measure to assess the access to health services by even those hardest to reach, and a measure of an individual's right to lifesaving services and the opportunity to achieve the best possible health.

The number of children receiving three doses of the vaccine against diphtheria, tetanus and pertussis (DTP3) has been the proxy measure for the strength of a routine immunisation programme since WHO launched the Expanded Programme on Immunization (EPI) in 1974. Thanks to the efforts of WHO, UNICEF and other GAVI Alliance partners, DTP3 coverage has greatly improved. Now approximately 4 out of every 5 children worldwide are reached by routine immunisation programmes. It tells us that the foundation for robust routine immunisation is there and can be expanded to include other life changing vaccines. In many countries the routine immunisation programme is also the backbone of the health system, and can help expand access to other essential health services.

DTP3 coverage rates:



However, since the EPI was launched almost forty years ago, new vaccines have been developed and, in the last decade, they are being made available in the poorest countries of the world. It is time to move beyond DTP3 as the standard measure and to introduce a new and ambitious indicator, one that reflects our bold ambition – a fully immunised child. Real

success will be measured when all 11 antigens universally recommended for all infants everywhere in the world become part of routine immunisation programmes worldwide.² This would “reset” the conversation because, although we have been very successful with individual antigens, the percentage of children who are fully immunised and receive the full benefits of this cost effective strategy is still probably less than five per cent.

Of course our ultimate objective should be a child fully protected by immunisation. Such an indicator would not only measure the immunisation status, but the effectiveness of immunisation by measuring biologic protection. Unfortunately, the measurement of this is beyond our technical capabilities at the current time. However, the revolutions in proteomics and technology may bring this within our capabilities within the not too distant future.

GAVI proposes to work with partners to develop a detailed approach to measuring the ambition of fully immunised children. We recognise the shortcomings of data quality in many countries and the variety of national contexts for disease burden and cost-effective health service choices. We also recognise that measurement should embrace not just inter-country/global equity issues but also gender, geographical and inter-wealth equity within countries. However, we believe that by convening the skills and expertise of public, private and civil society partners these methodological challenges are surmountable.

Conclusion

Through the next chapter for global development, we have the opportunity to overcome the hurdles that remain in delivering good health to every corner of the planet. The post-2015 agenda provides an unprecedented opportunity to unite the world in improving the lives of millions of children, including by ensuring access to new vaccines and shaping the vaccine and health commodity market to better serve the interests of the developing world.

In a world where challenges are complex, we must remain at the cutting edge, leverage unique alliances and innovate new ways of delivering better development if we are to have a lasting positive impact on this planet and its people.

² It is noted that there are additional recommendations for individual antigens which outline considerations for use relating to disease burden, cost effectiveness and contraindications. Adjustments and refinements to the target of a fully immunised child will need to be considered as we move forward. HPV is also globally recommended by WHO, however as the only non-infant vaccine, measuring its coverage presents additional complexities.