

Equity in immunisation

GAVI's mission – to save children's lives and protect people's health by increasing access to immunisation in poor countries – is underpinned by the basic tenet of equity. Access to the benefits of vaccines should not depend on where in the world a child is born.

Prior to the launch of the GAVI Alliance in 2000, it was normal for 10 to 15 years to pass between the time a vaccine was developed and the time it was introduced into immunisation programmes in low-income countries. For example, hepatitis B vaccine was first introduced in Italy in 1982, but it took another 12 years before it was introduced in a low-income country, Zimbabwe.

The GAVI Alliance has helped to increase immunisation coverage rates and dramatically shortened the time it takes for vaccines to reach children in the world's poorest countries. In 2010, Nicaragua was the first country to introduce a new pneumococcal vaccine, protecting against the main cause of pneumonia, with GAVI support. This was less than a year after the vaccine was first developed. Immunisation rates in low-income countries, which averaged below 60% in 2000, have increased to almost 80%.



between the poor and the rich (wealth equity), between low- and high-coverage districts (geographical equity), and between the sexes (gender equity). Countries are encouraged to separate reporting on coverage based on income, geographic location and sex to help identify inequities.

Equal access for rich and poor

Poverty increases a child's exposure to disease and reduces his or her ability to fight it. The poorest children also tend to be the ones who lack access to vaccines or medical treatment. For example, in Nigeria more than nine children from the richest households are immunised for every one of the poorest children vaccinated.

GAVI strives to ensure that immunisation coverage for the poorest part of the population is no more than 20 percentage points lower than among the richest families. Just over half of the GAVI-supported countries currently meet this target.

We cannot rest until we reach that unreached child – and every one of the nearly two million children who die every year for the simple want of a simple vaccine.

Anthony Lake, Executive Director, UNICEF

However, inequities still exist, both between and within countries. Household wealth, geographic location and gender-related factors, such as the mother's education, all have an impact on whether a child is immunised or not. GAVI and its partners work to ensure more equal access to immunisation

Reaching all districts

The likelihood of a child being fully immunised is often directly linked with the family's distance to the nearest facility offering vaccinations. Those who miss out on routine vaccination programmes are often children living in remote locations, urban slums and border areas.

In 2010, only one third of countries worldwide had reached 80% immunisation coverage in every district. Somalia, for instance, has reported that 55% of its districts have less than 50% DTP3 coverage. GAVI's aim is that all districts in GAVI-supported countries should reach at least 80% coverage.



Going forward

From 2013, the Alliance plans to strengthen its efforts in countries where immunisation coverage is below 70%, and in those with the highest inequities in coverage. Although all partners will be involved, WHO will likely take the lead in working with low-coverage countries and UNICEF with countries facing equity challenges.

GAVI is developing tailored approaches for support to countries in fragile situations, including those that are experiencing immunisation inequities relating to wealth, geographic location and gender. In addition, a new performance-based programme will provide additional funds to countries if they meet specific equity targets.

By supporting civil society engagement in immunisation programmes, GAVI aims to ensure that the most vulnerable and hard-to-reach populations benefit from immunisation.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.

WHO Constitution

Vaccines for both girls and boys

Gender equity in immunisation is one of the overarching principles in the GAVI strategy. The GAVI Alliance gender policy aims to promote increased immunisation coverage by ensuring that all girls and boys receive equal access to these services.

A WHO study on gender and immunisation, conducted in 2010, showed no significant differences in immunisation rates between boys and girls at the global level, although exceptions exist in places with high gender inequity. However, in countries where the low status of women prevents them from accessing health services for their children, both boys and girls are less likely to be immunised.

GAVI requests that countries conduct gender analyses to identify barriers that hinder access to immunisation services. Countries are encouraged to apply for health system strengthening funding to address such gender-related barriers.

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2 Chemin des Mines
1202 Geneva
Switzerland

Tel. +41 22 909 65 00
Fax +41 22 909 65 55

www.gavialliance.org
info@gavialliance.org