

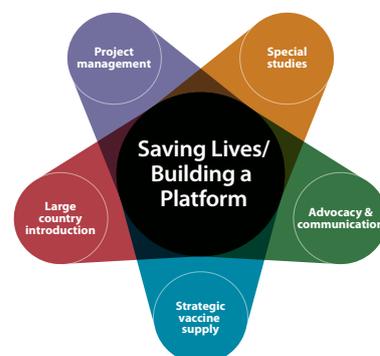
GAVI's Accelerated Vaccine Introduction Initiative

GAVI launched the Accelerated Vaccine Introduction (AVI) initiative in January 2009 to facilitate the rapid and large-scale introduction of pneumococcal and rotavirus vaccines in GAVI-eligible countries and to establish a platform for future introduction of other new vaccines.

Responding to the demand for these new vaccines, the first milestone will be the roll out of pneumococcal vaccine in 42 countries and rotavirus vaccine in 44 countries by 2015. Reaching this goal will contribute to achieving Millennium Development Goal 4 to reduce by two thirds the mortality rate of children under five. By 2030, the use of both pneumococcal and rotavirus vaccines could avert more than 11 million child deaths in GAVI-eligible countries.

Strength in partnership

The AVI initiative is a partnership between the GAVI Secretariat, the World Health Organization (WHO), and UNICEF and is supported in a range of activities by the AVI Technical Assistance Consortium (AVI TAC) which includes PATH, the US Centers for Disease Control and Prevention (CDC), and the Bloomberg School of Public Health at Johns Hopkins University. Together, this team has the scientific, public health, policy, and management experience to deliver high-quality results.



Through the Accelerated Vaccine Introduction initiative, GAVI aims to:

1 Ensure sufficient supply

Ensuring that sufficient supply of pneumococcal and rotavirus vaccines is available to meet the demand of GAVI-eligible countries is a key factor of success for the AVI. To meet this objective, the initiative combines long-term forecasting of country needs while closely monitoring the plans of current and future manufacturers to supply these vaccines.

2 Secure adequate financing

All of the AVI partners are contributing to the goal of the GAVI Secretariat to ensure that funding is available to support countries that want access to these new vaccines. Ensuring access to pneumococcal and rotavirus vaccines in GAVI-eligible countries will reduce child mortality and make a significant contribution to achieving MDG 4.

3 Support informed country decisions

Countries require the right evidence to make their decisions about introducing life-saving vaccines. AVI generates data on the impact of these vaccines and their cost-effectiveness in GAVI-eligible countries, which support good policy- and decision-making. AVI then communicates this information in a way that supports and facilitates country-led decision-making.

4 Facilitate country introduction

The decision to introduce these new vaccines is the first step to saving lives. Countries must have the necessary health systems to deliver the vaccines to the children who need them most. AVI works with countries to analyse their existing health systems, develop plans for strengthening them, and deliver the necessary technical assistance and financial support.

5 Establish a platform for future vaccines

Not only are new, life-saving vaccines against pneumococcal disease and rotavirus available today, but important new vaccines – including those against meningococcal group A, human papillomavirus, Japanese encephalitis, rubella, and typhoid – are, or soon will be, available. GAVI wants to ensure that future vaccines will be introduced efficiently leading to a faster and greater impact on child survival.



Saving lives today and building a strong future

Delivering a significant contribution to the global community's collective goal of reducing childhood mortality through the AVI project is yet another example of the innovative and visionary approach that is the hallmark of the GAVI Alliance. As an innovative public-private partnership, GAVI is defined by the strength of its partners, and its AVI brings together the best expertise available. The result is a focused and results-driven project that will save lives with today's new vaccine technologies.

"For the first time in history, we have the commitment from countries and the tools and systems in place to maintain immunisation rates at current high levels and to deliver new life-saving vaccines to protect millions of children against the world's biggest childhood killers."

Helen Evans, Deputy Chief Executive Officer, GAVI Alliance



Rwanda's Health Minister Dr. Richard Sezibera personally delivered his country's first dose of pneumococcal vaccine in April 2009.

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Rotavirus disease and vaccines

Rotavirus is the most common cause of severe diarrhoea in young children worldwide. It can result in acute dehydration, vomiting, and fever and is responsible for nearly 527,000 deaths each year – primarily in the developing world.¹

New vaccines against rotavirus have the potential to significantly reduce child mortality and morbidity, and recent advancements are making them accessible in developing countries at unprecedented speed.

If rotavirus vaccines can be routinely provided to infants in the world's poorest countries, they have the potential to prevent the deaths of approximately 225,000 children annually.²

Informed by WHO's global recommendation, the GAVI Alliance expanded financial support for rotavirus vaccine introduction to developing countries in Africa and Asia, and is now accepting applications from eligible countries.

Pneumococcal disease and vaccines

WHO estimates that more than 800,000 children under the age of five die from pneumococcal disease each year, making pneumococcal disease the number one vaccine-preventable killer of children under five.^{3,4}

Vaccines against pneumococcal disease have the potential to save millions of lives worldwide. Safe and effective pneumococcal conjugate vaccines (PCVs) are available. Until recently, however, they reached only the children whose families could afford them – not the children who needed them the most.

In 2009, Rwanda and The Gambia began routine PCV vaccination with support from the GAVI Alliance. In 2010, newly licensed vaccines that include 10 and 13 of the most common strains of pneumococcus are expected to be rolled out in GAVI-eligible countries. By 2030, accelerated use of these vaccines in developing countries could help prevent more than seven million deaths.⁵

Information current as of October 2009

¹ World Health Organization. Position Paper: Rotavirus Vaccines. *Weekly Epidemiological Record*. 2007; 82(32): 285-295.

² Atherly D, Dreifelbis R, Parashar U, et al. Rotavirus vaccination: cost and impact on child mortality in the developing world. *Journal of Infectious Diseases*. 2009; 200 (Suppl1): S28-S38.

³ WHO. Position Paper: Pneumococcal conjugate vaccine for childhood immunisation. *Weekly Epidemiological Record*. 2007; 82(12): 93-104.

⁴ O'Brien KLO, Wolfson L, Watt JP, et al. Burden of disease caused by *Streptococcus pneumoniae* in children younger than 5 years: global estimates. *Lancet*. 2009; 374(9693): 893-902.

⁵ PneumoADIP. Accessed at <http://www.preventpneumo.org/>.