

Investing in vaccines

An opportunity to save four million children's lives by 2015

Each year 1.7 million children die from vaccine-preventable diseases, mainly in developing countries.¹ **That's one child every 20 seconds.**

Vaccines are among the best public health tools available to save lives and protect the health of children so they can grow up to lead productive lives.

"With new vaccines now available, GAVI has the opportunity to accelerate its impact and further address global health inequity."

Dagfinn Høybråten, Chair of the GAVI Alliance Board

By the end of 2010, the GAVI Alliance had raised and committed nearly US\$ 6 billion in funding for immunisation and other supporting programmes in the world's poorest countries. In GAVI's first decade, 288 million children have been immunised against life-threatening diseases including diphtheria, tetanus, pertussis (whooping cough), hepatitis B, Hib and yellow fever, and **more than five million future deaths have been prevented.**

If fully funded, GAVI can accelerate access to new vaccines that will **save a further four million lives by 2015.**



GAVI/07/KATERINE BRISEBOIS

Tackling the world's two biggest childhood killers

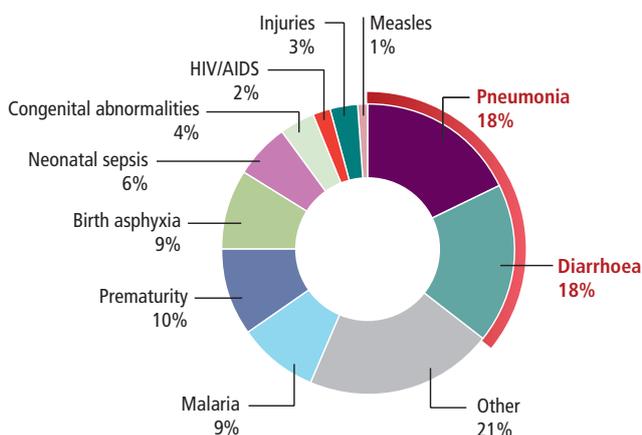
GAVI has the opportunity to help countries save more lives with the introduction of two new vaccines.

Pneumonia and diarrhoea are the two leading killers of children under the age of five, causing nearly 40% of all childhood deaths. Pneumonia is responsible for close to one in five child deaths – about 750,000 die in Africa from the disease each year. Pneumococcal disease is the leading cause of deadly pneumonia.

Diarrhoeal diseases are the second leading cause of death in children under five years old and rotavirus is the most common cause of severe diarrhoea and diarrhoeal deaths in children worldwide. Rotavirus-related diarrhoea takes the lives of more than a half a million children every year, mostly in developing countries, and hospitalises millions more.

New vaccines against pneumococcal disease and rotavirus are now available for developing countries. Nineteen countries have been approved for GAVI funding for pneumococcal vaccines and five countries have been approved for funding for rotavirus vaccine. Many more countries are preparing proposals for GAVI support.

Causes of under-five child deaths in low-income countries



Source: WHO, World Health Statistics 2011

¹ WHO estimates 2008

Achieving significant impact

To meet the demand by countries for new vaccines through to 2015, GAVI requires US\$ 6.8 billion, of which US\$ 3.1 billion is already assured. This means approximately US\$ 3.7 billion in new donor contributions is needed between 2011 and 2015, including US\$ 1.7 billion from 2011 to 2013.

With full funding, GAVI can support the immunisation of nearly 250 million more children in more than 40 countries, including over 90 million with pneumococcal vaccines and 50 million with rotavirus vaccines. This could prevent an estimated 3.9 million future deaths by 2015.

This would have a significant impact on achieving the Millennium Development Goals and the UN Secretary-General's Global Strategy for Women's and Children's Health, which calls for intensified efforts to reach the MDGs affecting women and children. Investments in GAVI would make concrete the commitments of G8 leaders and other donors in the 2010 Muskoka Initiative aimed at improving maternal, newborn and child health.

GAVI also plans to ensure the continued roll-out of pentavalent vaccine and to introduce new vaccines against human papillomavirus (HPV), which causes cervical cancer in women, Japanese encephalitis, meningitis A, rubella and typhoid.

Seizing the opportunity to save children's lives

Alliance members, partners, and, most importantly, donor and developing countries are working together to realise these ambitious but achievable goals. Sustaining the momentum in expanding access to new life-saving vaccines depends on securing the necessary donor pledges.

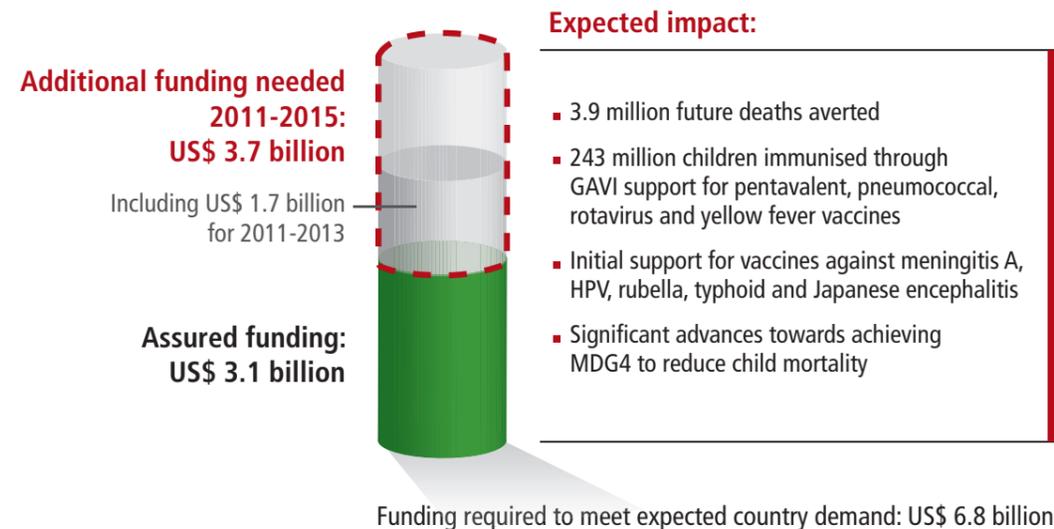
On 13 June 2011, a pledging conference entitled "Saving children's lives – the GAVI Alliance pledging conference for immunisation" will be held in London. The aim of the con-

ference is to scale up funding and increase multi-year pledges. Predictable and long-term funding is critical for ensuring that immunisation programmes are sustainable and for GAVI to continue to shape the vaccine market and drive vaccines prices down.

Direct contributions from donors, contributions through mechanisms like the International Finance Facility for Immunisation (IFFIm) and new donations from a range of G20 countries and private philanthropists are expected to be announced.

The GAVI Alliance mission is to save children's lives and people's health by increasing access to immunisation in poor countries.

GAVI Funding Challenge 2011-2015



The GAVI Alliance Strategy 2011-2015

- 1 Accelerate the uptake and use of underused and new vaccines**
- 2 Contribute to strengthening the capacity of integrated health systems to deliver immunisation**
- 3 Increase the predictability of global financing and improve the sustainability of national financing for immunisation**
- 4 Shape vaccine markets**



Why invest in vaccines and GAVI?

Saving children's lives

New vaccines will protect children from pneumonia and diarrhoea – the two biggest killers of children under the age of five.

Impacting global health

Vaccines are among public health's "best buys", protecting health and saving lives in a cost-effective way.

Protecting children's rights

Poor children have the same right to access life-saving vaccines as children from wealthier backgrounds.

Ensuring solid results

Investment in vaccines and immunisation through GAVI gives a high return in financial and human terms.

Achieving shared goals

Immunisation is critical to the success of the MDGs, the UN Secretary-General's Global Strategy for Women and Children's Health, and the G8's Muskoka Initiative.

"GAVI is delivering one of the most cost effective interventions in health."

UK DFID Multilateral Aid Review, 2011

Working together with countries for results

Working through partners and country systems to maximise the effectiveness of its support to developing countries is at the heart of the Alliance model. For example, GAVI is engaged in the International Health Partnership which is putting into effect the internationally agreed principles of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action, as well as the new Health Systems Funding Platform which reduces the burden of transaction costs on developing countries.

The evidence is clear. Five million lives have been saved. Together we can save four million more but only with new investments. Now is the time to make a difference.

Many of the world's poorest countries have made enormous progress in expanding vaccine coverage. In 2010, coverage in GAVI countries reached a historic high of 79% – a powerful platform for ensuring new vaccines will reach the children who need them most.

The successes achieved over the past decade with countries speak to the efficiency of the GAVI model and illustrate the power of immunisation as a cost-effective life-saving strategy.

Making new vaccines available and affordable for the world's poorest

The GAVI business model includes a strong focus on shaping vaccine markets by securing predictable financing, developing and maintaining rigorous country demand estimates, pooling vaccine demand and leveraging purchasing-power. As a result, the Alliance has contributed to reinvigorating the vaccine market through increased competition, lower prices and, most importantly, the development of appropriate vaccines for developing countries. The number of emerging market manufacturers has increased. With its continued focus on market-shaping, GAVI expects to further reduce costs and enable vaccines to become even more affordable for countries.

As key members of the Alliance, implementing countries are meeting their responsibility to contribute to the cost of vaccines they receive. Vaccine co-financing has steadily grown, with co-payments now averaging 10% of the GAVI vaccine support they received. "Graduating" countries that will no longer be eligible for funding after 2015 are working towards sustaining their immunisation programmes themselves.

Celebrating the arrival of pneumococcal vaccines in Kenya

On 14 February 2011, parents with their babies, government officials, representatives of GAVI, partner organisations and donor countries gathered with

the President of Kenya in Nairobi for a historic moment: the celebration of the launch of pneumococcal vaccines in Africa.

New pneumococcal conjugate vaccines have been specially tailored to meet the needs of children in developing countries. It was an important public health milestone: a life-saving vaccine available in the developing world just a year or so after industrialised countries. In the past, that could have taken 15 to 20 years.

Countries in the developing world have begun to roll out the vaccine with support from GAVI which brings together governments, UNICEF, WHO and other key players in global health.



GAVI/11/TRICARDO GANGALE

Juliet Akini, 21 years old, with her baby daughter Kathryn, born 5 July 2010, gets the new pneumococcal vaccine for her baby at the Langata Health Center on Tuesday, 15 February 2011. It is a scene that will be repeated hundreds of thousands of times over the coming months in health clinics throughout the developing world.

Information current as of May 2011