

**On 13 June 2011, donors and partners pledged their support for an ambitious immunisation agenda: to assist developing countries to immunise 250 million children by 2015 and save four million lives.**

## New results

Since June 2011, developing countries with GAVI Alliance support have made important progress on introducing life-saving vaccines.

**Towards equitable access.** By the end of 2011, 65 countries had introduced the 5-in-1 pentavalent vaccine and routine immunisation rates across all GAVI-supported countries averaged an all-time high of over 80 percent. And new funding was approved to further introduce pentavalent, which puts GAVI on track to achieve its 2013 goal of having introduced this vaccine to every eligible country. In November 2011, GAVI approved funding for 51 immunisation and health systems strengthening programmes for 37 countries, totalling US\$ 1.1 billion. The ultimate goal is equitable access to vaccines for all children.

**Tackling top killers.** Countries are introducing new vaccines against the major causes of two of the biggest childhood killers in the world: **pneumonia and severe diarrhoea**. Together, these diseases claim the lives of over two million children under-five each year.

- By late 2011, two-thirds of GAVI's approved programmes involved the introduction of these vaccines against pneumococcal disease and rotavirus diarrhoea.
- Country applications approved for rotavirus vaccines increased nine-fold and nearly doubled for pneumococcal vaccines.
- In April 2012, Ghana became the first GAVI-supported country to simultaneously introduce these two vaccines.

### Cancer and women's health.

Following the success of introducing hepatitis B vaccine to prevent liver cancer, GAVI began offering support to developing countries for the intro-

duction of new vaccines against HPV, the main cause of cervical cancer and a rising cause of female mortality in the developing world.

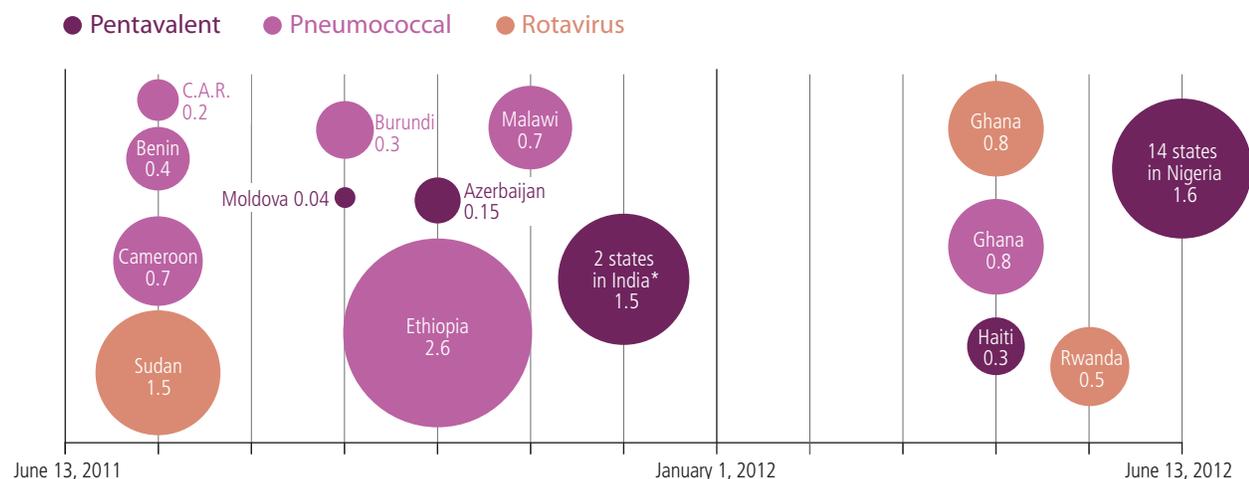
### New plans for measles and rubella.

GAVI is taking decisive steps to tackle rubella and measles. In November 2011, GAVI decided to invest more than US\$ 600 million to support measles second dose and combined measles-rubella vaccines. Measles remains one of the top killers of children in the world and rubella is a major cause of birth defects among new born babies that results in life-long disabilities.

### Powerful market shaping.

Thanks to groundbreaking agreements with its industry partners, GAVI was able to reduce the price of rotavirus vaccines for its programmes by up to 67% compared to the current lowest public price – a market impact valued at US\$ 650 million. An HPV vaccine manufacturer made an initial reduced price offer of US\$ 5 per dose to GAVI, a 64% reduction in the current lowest public price.

## Vaccine introductions and respective number of newborns in millions



\* Tamil Nadu & Kerala

Sources: United Nations, Department of Economic and Social Affairs, Population Division (2011). World Population Prospects: The 2010 Revision. CD-ROM Edition.

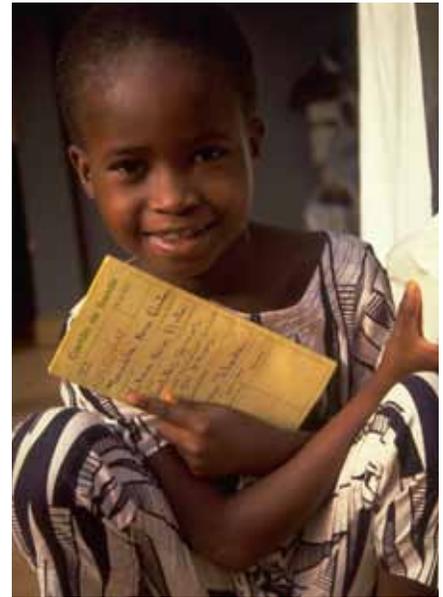
## Challenges ahead

**Reaching the fifth child.** One out of five children worldwide does not receive basic vaccinations. GAVI will support countries to strengthen health services to ensure that every child is reached. The focus needs to be on geographically isolated communities and on the socio-economically disadvantaged.

**Balancing supply with affordability.** GAVI will strive to further foster a healthy and diversified vaccine market in order to provide vaccine supply at sustainable prices. In light of the unprecedented demand from countries, GAVI will also focus, especially in the short term, on balancing supply and demand for the new vaccines it funds. For the HPV vaccine, further price reductions will be critical. GAVI hopes to make further progress on the vaccine's price through a late 2012 tender process. In addition to affordability, nation-wide introduction of the HPV vaccine will also depend on successful demonstration projects.

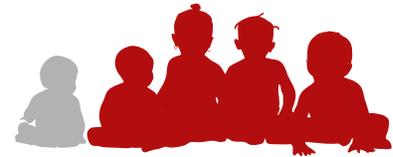
**Improving vaccine introduction and performance.** The need to improve the vaccine supply chain, the quality of introductions and the subsequent performance will be critical to ensuring equitable access to all children. This will require real time evaluation of the introductions, including monitoring coverage and data quality, all with a focus on country level performance.

**Focus on low-performing countries and sustainability.** GAVI will accelerate its engagement with countries that have not yet achieved 70% routine immunisation coverage. Working with these countries to increase their coverage rates is one element in GAVI's approach to sustainability but it is also relevant to all countries, particularly as they graduate from GAVI support.

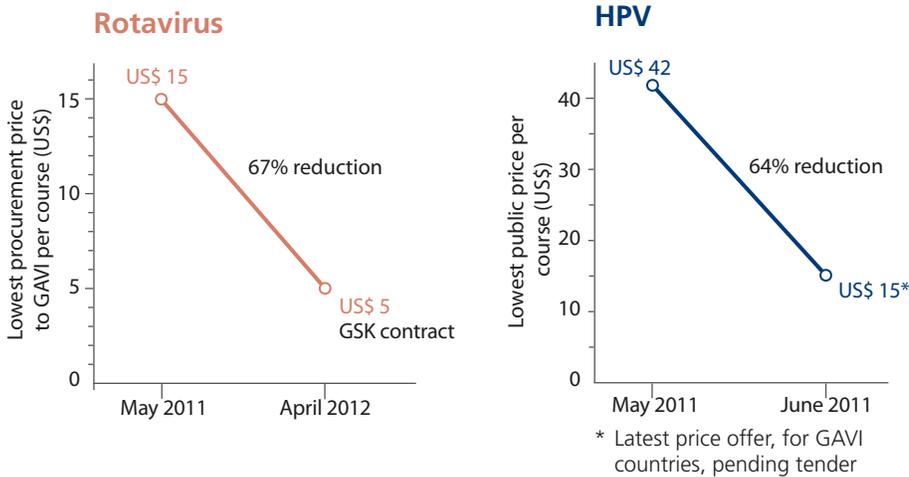


# 1 out of 5

CHILDREN DO NOT RECEIVE  
LIFE-SAVING VACCINES  
EVERY YEAR



## Reduction in rotavirus and HPV vaccine prices



Source: GAVI Alliance, PAHO, UNICEF, Supply Division, 2012

## The GAVI Alliance strategic goals, 2011-2015

Our mission is to save lives and protect people's health by increasing access to immunisation in poor countries.

# 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