

The GAVI Alliance

Saving children's lives and protecting people's health by increasing access to immunisation in poor countries

Immunisation has long been recognised as one of the most efficient, successful and cost-effective health investments in history. Studies show that immunised children have higher cognitive abilities and are more likely to attend school and go on to be productive, healthy adults. But even with this compelling evidence, 24 million children, mainly in the developing world, are still not vaccinated against life-threatening, but entirely common diseases.

The GAVI Alliance is a unique public-private partnership that develops and supports innovative ways to increase immunisation in poor countries.

Since its launch in 2000, GAVI has immunised more than 256 million children in poor countries. As a result, the World Health Organization (WHO) estimates that four million lives have been saved.¹

Who is part of GAVI?

GAVI brings together low-income countries and donor governments, WHO, UNICEF, the World Bank, the vaccine industry in a variety of nations, research and technical agencies, civil society, the Bill & Melinda Gates Foundation and other private philanthropists and influential individuals. Working together, Alliance members are able to achieve goals no single organisation could realise on its own.

What does GAVI do?

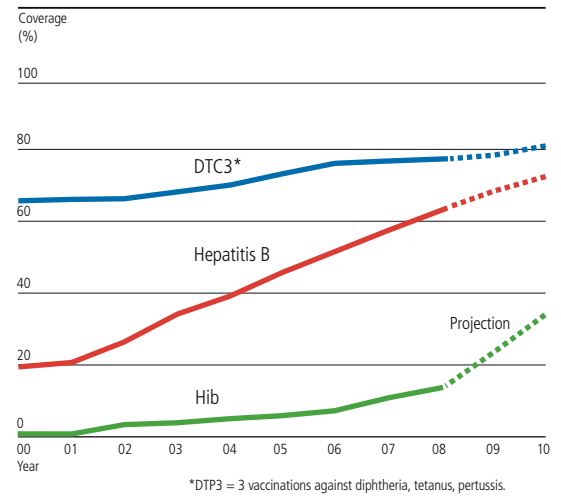
Increases immunisation coverage and improves health systems

GAVI funds immunisation programmes in low-income countries and supports the strengthening of national health systems and local civil society organisations to ensure



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Immunisation coverage with DTP3, hepatitis B and Hib vaccines in GAVI-supported countries, 2000-2010¹



effective immunisation and health services. Funding is provided for new and underused vaccines for infants such as a new pentavalent vaccine (against diphtheria, tetanus, whooping cough, hepatitis B and *Haemophilus influenzae* type b, or Hib), and, in the near future, for vaccines against pneumococcal disease and rotavirus. Immunisation campaigns

¹WHO-UNICEF coverage estimates for 1990-2008, as July 2009; WHO ICE-T coverage projections for 2009-2010, as at September 2009; World Population Prospects, the 2008 revision, New York, United Nations, 2009; (surviving infants).

for meningitis, maternal neonatal tetanus, yellow fever and measles have also been funded. A total of US\$4 billion has been approved for country programmes between 2000 and 2015. GAVI also hopes to provide future support for new vaccines against human papillomavirus (HPV), Japanese encephalitis, rubella and typhoid.

How does GAVI work?

Builds on country commitment

Countries that are eligible for GAVI support actively take the lead: they determine what their immunisation needs are, apply for funding and oversee the implementation of their vaccination programmes. GAVI's co-financing policy requires that recipient countries contribute towards the cost of the vaccines. This further strengthens ownership and long-term sustainability of immunisation programmes. The fact that countries increasingly demand GAVI-funded vaccines and are prepared to co-finance them shows their strong commitment to improving the health of their populations.

Leads the way in innovative financing for health

GAVI is at the forefront in developing innovative methods to finance health programmes. The International Finance Facility for Immunisation, or IFFIm, was created to rapidly accelerate the availability and predictability of funds for immunisation. IFFIm raises funds

by issuing bonds in the capital markets, using long-term government pledges as a guarantee and to pay back interest. Since its launch in 2006, IFFIm has raised more than US\$2.3 billion. By tapping the capital markets, IFFIm has effectively doubled the funds available for GAVI's immunisation programmes.

www.iff-immunisation.org

Develops market-based solutions

GAVI's Advance Market Commitment (AMC) is a new approach to public health funding designed to stimulate the development and manufacture of new vaccines for developing countries. If a pharmaceutical firm produces a new vaccine and low-income countries demand it, the AMC uses donor funds to buy the vaccine at an initial price that covers the company's investment costs and risks. The firm is then obliged to provide the vaccine at a much lower, pre-established price. In June 2009, the pilot AMC against pneumococcal disease was launched with a US\$1.5 billion commitment from donors. In addition, GAVI committed up to US\$1.3 billion to the initiative.

www.vaccineamc.org

Improves the business of vaccination

GAVI's ability to secure predictable long-term funding and prompt demand for vaccines positively shapes markets. Thanks to the Alliance's work, manufacturers, including those in emerging markets, have demonstrated increased commitment to providing suitable vaccines for developing countries. As a result, competition among firms has increased, which has led to a drop in prices of GAVI-supported vaccines.

Embraces the opportunity to save millions more lives

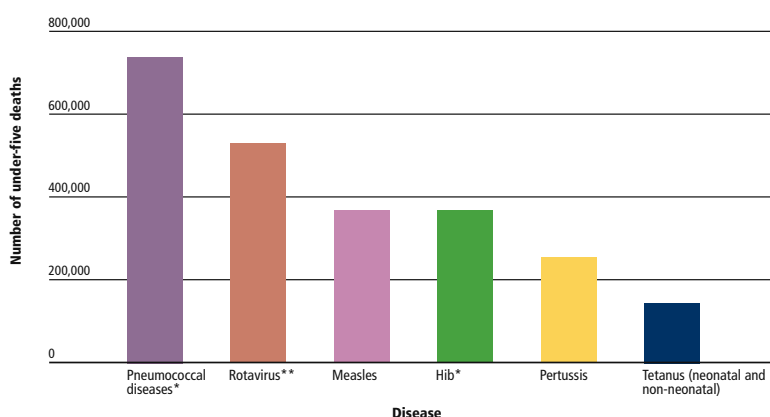
Immunisation is a major factor in lowering child-mortality and can help achieve Millennium Development Goal 4. GAVI's efforts have already made a significant impact. And new opportunities exist to prevent additional diseases. By far the biggest vaccine-preventable killers of children are pneumonia and diarrhoeal diseases. Through its Accelerated Vaccine Introduction initiative and continued donor support, GAVI plans to introduce new vaccines against these diseases that could prevent more than 11 million child deaths by 2030.

Information current as of October 2009

"Supporting children's immunisation is undoubtedly the best investment we've ever made."

Bill Gates
The Bill & Melinda Gates Foundation

Leading causes of vaccine-preventable deaths in children under 5 years old



Source/credits: The Global Burden of Disease: 2004 update.
* WHO/IVB estimates based on GBD estimates, deaths for 2000.
** WHO/IVB estimates based on GBD estimates, 2004 update.



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