

# The GAVI Alliance

UNICEF/Thomas L. Kelly



The GAVI Alliance is a public/private Global Health Partnership committed to saving children's lives and protecting people's health through the widespread use of vaccines.

The GAVI Alliance (formerly the Global Alliance for Vaccines and Immunisation) was launched in 2000 to improve access to immunisation for children in impoverished countries.

Governments in industrialised and developing countries, UNICEF, WHO, the World Bank, the Bill & Melinda Gates Foundation, non-governmental organisations, vaccine manufacturers from industrialised and developing countries, and public health and research institutions work together as partners in the Alliance.

Key to achieving the goals of the Alliance is a dramatic increase in new funding for immunisation. Building on the resources already provided by individual partners in the Alliance, GAVI partners created The GAVI Fund (formerly the Vaccine Fund) to help fill critical gaps in the overall global effort and to maintain a significant source of new and additional financial support from public and private donors. GAVI resources help strengthen health and immunisation systems, accelerate access to selected vaccines and new vaccine technologies—especially vaccines that are new or underused, and improve injection safety. These areas will remain a crucial focus as the GAVI Alliance moves into its second phase (2006-2015).

GAVI has been financed by twelve governments to date—Australia, Canada, Denmark, Germany, Ireland, Luxembourg, the Netherlands, Norway, Sweden, the United Kingdom, and the United States—as well as the European Union, the Bill & Melinda Gates Foundation, and private contributors. It provides multi-year grants to more than 70 of the world's poorest countries. Grants are made based on a rigorous application

process in which country proposals are reviewed by a panel of independent experts drawn from a wide geographic base.

As of December 2006 GAVI has raised US\$3.6 billion in traditional funding from government and private sources, including US\$1.9 billion actually received. Of this amount, US\$2.4 billion has been committed with US\$1.3 billion disbursed (as of December 2006).

In addition, long-term commitments by the governments of Brazil, France, Italy, Norway, South Africa, Spain, Sweden, and the United Kingdom have been secured through the new International Finance Facility for Immunisation (IFFIm). An anticipated IFFIm investment of US\$4 billion is expected to prevent 5 million child deaths between 2006 and 2015—and more than 5 million future adult deaths.

## **The Achievements of the Alliance**

In the first five years of its existence, the Alliance has helped to increase significantly the number of children worldwide who have access to immunisation. By the end of 2006 it is projected that:

- approximately 28 million additional children will have been protected against diphtheria, tetanus, and pertussis<sup>1</sup>;
- approximately 126 million additional children will have been immunised against hepatitis B<sup>2</sup>;
- approximately 20 million additional children will have been immunised against Haemophilus influenzae type b (Hib)<sup>2</sup>;
- approximately 17 million additional children will have been immunised against yellow fever<sup>2</sup>;
- More than 1.2 billion single-use syringes will have been distributed to ensure safe vaccinations<sup>3</sup>.



<sup>1</sup> The rate of diphtheria, tetanus, and pertussis vaccine (DTP3) coverage is used as a proxy indicator of basic immunisation and infrastructure capacity because it is the third and final dose in a series.

<sup>2</sup> WHO data.

<sup>3</sup> GAVI Secretariat

It is projected that more than 2.3 million premature deaths have been prevented through GAVI support by the end of 2006. Some of those deaths would have occurred in childhood and others (e.g., from hepatitis B) in the most productive adult years.

The Alliance has pioneered a number of truly innovative approaches to international development aid:

**A New Model for Development Cooperation**

“This is a programme that’s delivering. A donor can say to his peers that this money is being well used. Our goal is to have a health care center within five kilometers of every village.”

—Pascoal Manuel Mocumbi  
Former Prime Minister, Mozambique

Drawing on years of research on international assistance and the strengths of partners, the GAVI Alliance has created an effective, innovative model that provides the highest possible return on investment. In its second phase, a key priority for GAVI will be to work with its global health partners towards achievement of the MDGs, with 1) new support for health systems strengthening; 2) harmonisation of partners’ work behind country-driven strategies; and 3) the advancement of new, better, and more affordable technologies.

**Country-driven Support**

GAVI engages developing countries as active partners in immunisation. In order to apply for grants or vaccines, governments collaborate with other in-country governmental and aid agencies (such as UNICEF and WHO) that monitor and deliver the vaccines on the ground.

These partners work together to assess existing programmes, identify specific challenges and opportunities, delineate country needs, and prepare a detailed multi-year plan for improving immunisation coverage.

**Targeted and Flexible Resources**

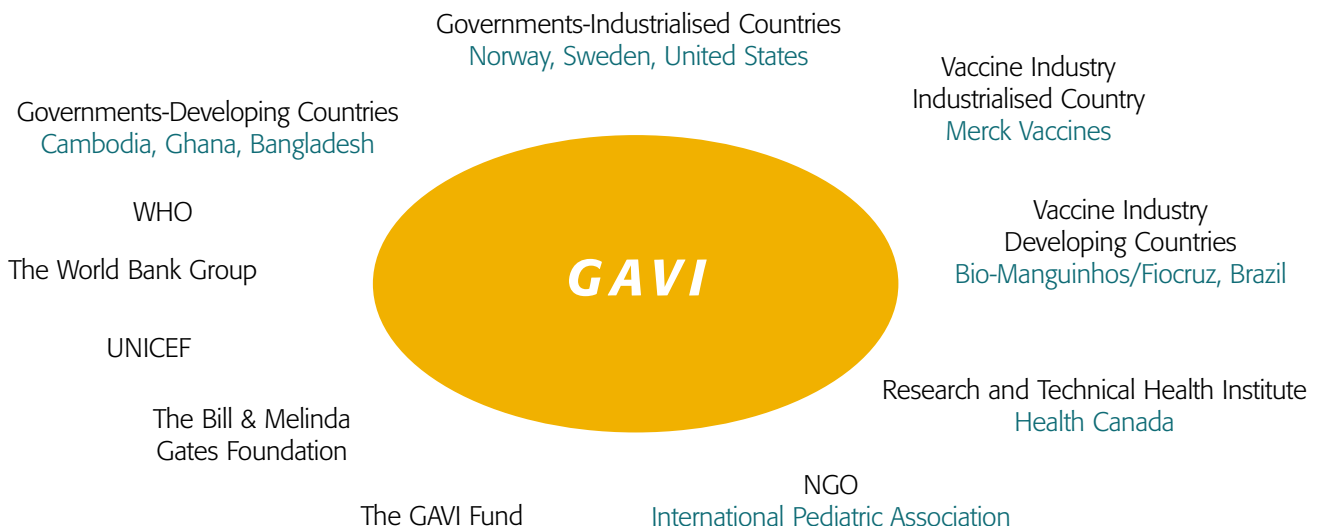
Scaling up coverage of immunisation in the poorest countries requires substantial investments in the health systems that deliver vaccines. The GAVI programme maximises the overall impact of The GAVI Fund resources by targeting the countries with the greatest need and the districts within those countries that have the most room for improvement. GAVI-eligible countries are those with a gross national income per capita of less than US\$1000. Funds are allocated based on country-defined need, with countries with lower immunisation rates and high numbers of unvaccinated children getting more resources. Countries with immunisation rates of less than 80% can apply for funding to build their health capacity and improve immunisation services. Countries are given flexibility and can decide how best to use this funding to increase immunisation rates. After an initial investment phase, future funding is dependent on the countries meeting their goals and showing results.

Other GAVI support is determined by the capacity of the countries. For example, while all GAVI-eligible countries can apply for yellow fever vaccines and injection safety equipment, a country’s immunisation rate must exceed 50% before it is eligible to receive hepatitis B and Hib vaccines.

**Rapid Scale-up**

From the outset, GAVI invited eligible countries to apply for support from The GAVI Fund, leading to a rapid, bottom-up response that created interest and demand at

**GAVI: An Innovative Public-Private Partnership**



the highest political levels. To date, the GAVI Alliance has committed more than US\$2.4 billion and disbursed US\$1.3 billion in funding to partners including GAVI-eligible countries.

The focus on effective and easy-to-use technologies accelerated this rapid scale-up. For example, combining the vaccine against hepatitis B with DTP into a single injection allowed the new hepatitis B vaccine to be incorporated immediately into existing systems. Similarly, the use of auto-disable syringes that can only be used once has increased demand for routine immunisation by eliminating the risk of HIV infection from dirty needles. By reaching so many children in such a short time, the GAVI Alliance is amplifying its global impact and paving the way for the distribution of future vaccines.

### **Predictability**

GAVI provides predictable resources for immunisation that enable developing countries to plan ahead and ensure coordinated use of those resources. GAVI has also defined very specific and objective criteria to help countries consider the types of support available.

### **Advancing New Technology**

GAVI is also having an impact on the vaccine manufacturing industry. By demonstrating to vaccine manufacturers that a profitable developing-country market exists, GAVI is increasing vaccine supply, reducing vaccine costs, and promoting long-run sustainability while advancing the development of new vaccines. Armed with substantial, predictable resources and the ability to negotiate long-term commitments, GAVI has generated a reliable demand for existing vaccines and has encouraged a number of new manufacturers to enter the market. Through the Accelerated Development and Introduction Plans (ADIPs), GAVI is engaging in strategic research and negotiation with the pharmaceutical and public health sectors to achieve rapid, successful introduction of the pneumococcal and rotavirus vaccines. These vaccines have tremendous potential to contribute to further reductions in child mortality by offering increased protection against pneumonia and diarrhoea.

### **Performance-based Funding**

GAVI partners designed an outcome-based funding system that creates financial incentives for countries to improve vaccination coverage. Countries are awarded three years of investment payments based on their goals for the number of additional children to be immunised. After three years, countries are evaluated on their results, and future funding is contingent on meeting the goals. Countries must reliably report increased coverage after the investment phase in order to receive continued support. By directly tying performance payments to the number of vaccinated children, this system helps guarantee that resources will be used efficiently to maximise results.



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### **The Structure of the Alliance**

- The high-level GAVI Alliance Board sets the Alliance's strategic vision and direction, provides high-level policy decisions and approves support for country immunisation programmes. The GAVI Executive Committee and Working Group oversee the development and implementation of the GAVI work plan. The Alliance is supported by a small secretariat.
- The GAVI Fund has a board of prominent individuals largely devoted to finance management, advocacy, and resource mobilisation, as well as a small Executive Committee and a secretariat.
- In countries, the GAVI Alliance is represented by its partners through Interagency Coordinating Committees (ICCs), which facilitate cooperation between governments and their external partners in strengthening national programmes.



### **Accountability**

Most sources of development assistance create substantial reporting expenses, which often fall to the partner country. GAVI lowers the administrative and management costs to developing countries by consolidating resources from bilateral donors into large-scale immunisation grants instead of myriad small aid projects. GAVI minimises this reporting burden even further by monitoring and evaluating health outcomes instead of financial expenditures, so countries submit annual progress reports that track their actual immunisation rates.

Because the performance grants rely so heavily on the accuracy of this information, GAVI has developed a Data Quality Audit to ensure accountability. These audits are performed at random by external consultants, such as PricewaterhouseCoopers and Deloitte & Touche, who independently verify the levels of basic immunisation coverage in recipient countries to certify the integrity of the grant allocation while guarding against corruption.

### **Sustainability**

Effective immunisation programmes naturally promote sustainability because they yield healthier people and stronger economies that can afford to invest more resources back into healthcare. The GAVI Fund capitalises on this principle by providing the initial investments that are needed to catalyse new efforts and revitalise existing ones, but it is not designed to fund them into perpetuity.

After the initial period of support, GAVI expects countries to begin replacing the Fund's contribution with new sources of funding, such as the government's own budget, debt-relief, development loans, or other donor contributions.

GAVI financial guidelines and planning tools help government officials prepare for this transition to financial sustainability. One of the innovative elements of GAVI's planning tool for Phase 1 was the detailed Financial Sustainability Plan (FSP) which was submitted midway through the funding period by each national government. The FSP assessed key immunisation financing challenges and outlined resource mobilisation objectives. For Phase 2, national governments will submit a financial analysis as part of their detailed multi-year immunisation plans. The financial analysis facilitates long-term budgeting and strategic planning. By ensuring the sustainability of immunisation programmes, the GAVI Alliance can guarantee an ongoing return on its investment even after its support has ended.

### **Global Leadership**

The GAVI Alliance has harnessed the strengths and experience of multiple partners in immunisation. The Alliance focuses on those areas in which no one partner can work effectively alone and on adding value to what partners are already doing. The GAVI Alliance provides a unique opportunity to build consensus around policies, strategies, and priorities and recommend responsibility to the partner with the most experience and insight in the area.