



■ Programme Overview

International Finance Facility for Immunisation (IFFIm)

The International Finance Facility for Immunisation (IFFIm) is a new financing institution that will use pledges of future aid to raise money from international capital markets for immediate use. IFFIm has been designed to accelerate the availability of funds to be used for health and immunisation programmes through the GAVI Alliance (formerly Global Alliance for Vaccines and Immunisation) in 70 of the poorest countries around the world. It has been created to strengthen and scale up health systems and support immunisation programmes to reduce the number of vaccine-preventable deaths among children under five in these countries. The resources, which will be used to frontload development assistance, will be invested in health interventions most likely to have a quick and profound effect on reducing morbidity and mortality.

An anticipated IFFIm investment of US\$4 billion is expected to prevent five million child deaths between 2006-2015 and more than five million future adult deaths. This is in addition to the estimated 1.5 million lives that will be saved if investments in the GAVI Alliance continue at their current level. Overall, more than 500 million children will be protected against measles, tetanus, and yellow fever.

What follows is the planned programme using IFFIm funds.

IFFIm Programme

IFFIm resources will have a substantial and immediate impact in two key areas: supporting new and underused vaccines and strengthening immunisation and health services.

The two funding streams are inextricably linked. There is a clear justification for raising funds now to accelerate vaccine development and availability. But substantial funding to support health systems will be needed to expand access to traditional vaccines and deliver new vaccines.

I. Supporting new vaccines

The new vaccines window will focus on underused and newly licensed vaccines to combat the diseases that cause a significant proportion of child mortality. In the near term, IFFIm funds will be used to stimulate increased manufacturing capacity for the combination DTP-HepB and DTP-HepB-Hib vaccines — vaccines that the GAVI Alliance currently supports but are not produced in enough capacity, or at prices, to satisfy demand. New vaccines against rotavirus could have significant impact on reducing disease burden. In the longer term, vaccines against pneumococcus could prove quite valuable.

GAVI's experience demonstrates that co-financing arrangements with countries greatly improve prospects for long-term sustainability. Such arrangements also allow for the extension of IFFIm funding to more countries over a longer period of time. IFFIm will cover incremental product costs during the introductory phase, with co-financing from countries.

The IFFIm characteristics of predictable, stable and significant resources provide an excellent way to overcome the problems of unpredictable, uncommitted and short-term flows that have constrained immunisation financing in the past. In addition, immunisation is well suited to use IFF-generated funds because it:

- Is an essential and highly cost-effective intervention that is integral to the public health system.
- Has the potential to save millions of children's lives through a substantial ramp-up in resources and coverage rates.
- Can use frontloaded funds to accelerate vaccine market forces.
- Can be scaled up quickly, even in resource-poor settings.
- Is a key first (and, sometimes, only) point of contact for mothers and children with the health systems, and can be used to deliver other health-related interventions.
- Can channel funds through an effective existing system.

Saving more children's lives faster and achieving the Millennium Development Goals are the central aims of the IFF concept, and immunisation represents an excellent way to reach these goals.¹

II. Strengthening health systems

Scaling up coverage of immunisation in the poorest countries will require substantial investments in the health systems that deliver vaccines. Constraints that affect immunisation delivery often affect other essential health interventions as well. Countries will be able to use resources to alleviate these system-wide barriers and potentially lead to a more comprehensive provision of health services.

Funding will be based on need and absorptive capacity. Countries with lower DTP3 coverage,² high numbers of unvaccinated children and large internal disparities (i.e., between states) will receive more

resources. Smaller investments will be made in better performing countries, recognising that lower income countries still need additional resources to maintain achievements and further improve quality of immunisation services.

• Measles and tetanus campaigns

To quickly drive down mortality from highly infectious vaccine-preventable diseases such as measles and tetanus, supplemental immunisation activities, often referred to as immunisation campaigns, will be funded in the countries where the need is greatest. Such mass campaigns will be designed and executed with the additional goal of strengthening routine health and immunisation services.

As campaigns rely on significant, one-time, expenditures, they are ideally suited to a frontloaded financing approach. In addition, the health benefits derived from campaigns occur within a very short time period and can cover a larger population than routine, on-demand services.

• Polio vaccine stockpile

Once the world is declared to be polio-free, a stockpile of oral polio vaccine (OPV) will be required to protect against any future recurrence. This vaccine must be produced very quickly in the narrow window of opportunity between the interruption of transmission and OPV cessation. This OPV stockpile will serve as an "insurance policy" in the event of a polio outbreak after the eradication of the wild polio virus.

Implementing through GAVI

The GAVI Alliance and The GAVI Fund will use their existing policies and governance structures to make allocation and country disbursement decisions for funds leveraged through the IFFIm. GAVI resource allocation decisions are guided by the following principles:

- Funds are catalytic and promote improvements to the immunisation system.
- Funds are additional and should not replace existing national or external resources.
- Funds are allocated through an innovative approach that rewards good performance. For the past five years, the flexible, action-

¹ In January 2003 the UK Treasury and the Department for International Development (DFID) launched a proposal for an International Finance Facility (IFF). The IFF is designed to frontload aid to help meet the Millennium Development Goals, addressing the \$50 billion per year increase in development aid necessary to meet these goals by 2015. The IFF for Immunisation (IFFIm) is the first IFF program to be launched.

² 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.

oriented nature of the Alliance has allowed it to adapt to new challenges — critical for a start-up venture. Alliance members include a wide range of development partners: developing-country and donor governments, WHO, UNICEF, the World Bank, the vaccine industry, research and technical agencies, NGOs, and the Bill & Melinda Gates Foundation. The GAVI Fund, with its own board of prominent individuals, serves primarily as the fundraising and financial management arm of GAVI.

GAVI-eligible countries apply for the resources they need, based on allocation policies approved by the GAVI Board. An Independent Review Committee (IRC) of experts in immunisation programmes, health economics, and health systems, reviews proposals and progress reports submitted by countries, offering a peer review. The IRC then makes its recommendations to the GAVI Board, which requests release of funds from The GAVI Fund.

Implementation

The IFFIm funds will provide partner countries with predictable, stable and coordinated aid flows to finance the investments needed to reduce child mortality.

The best measure of need is determined at a national level by countries themselves.

The poorest countries in the world also have the highest incidence rates of vaccine-preventable diseases. In fact, 84% of the world's unimmunised children are born in the countries that are eligible for IFFIm support.

Each eligible country will have the opportunity to request funding based on its own analysis of needs. This support will build on countries' existing multi-year plans and complement existing resources. Factors such as immunisation coverage levels, vaccine availability and pricing, fiscal constraints, and the state of the health system will determine where resources can be best used.

Country Eligibility

The GAVI threshold of a GNI below US\$1000 per capita will continue to be used, with the list of eligible countries updated based upon the most recently available data. Recent analysis demonstrates that these countries suffer from high under-5 mortality rates and the greatest number of unimmunised children. IFFIm-eligible countries may include:

Afghanistan	Côte d'Ivoire	Liberia	Solomon Islands
Angola	Djibouti	Madagascar	Somalia
Armenia	Eritrea	Malawi	Sri Lanka
Azerbaijan	Ethiopia	Mali	Sudan
Bangladesh	Gambia	Mauritania	Tajikistan
Benin	Georgia	Moldova	Tanzania
Bhutan	Ghana	Mongolia	Timor Leste
Bolivia	Guinea	Mozambique	Togo
Burkina Faso	Guinea-Bissau	Myanmar	Ukraine
Burundi	Guyana	Nepal	Uganda
Cambodia	Haiti	Nicaragua	Uzbekistan
Cameroon	Honduras	Niger	Viet Nam
Central African Republic	India	Nigeria	Yemen
Chad	Indonesia	Pakistan	Zambia
Comoros	Kenya	Papua New Guinea	Zimbabwe
Congo, Democratic Republic	Kiribati	Rwanda	
Congo, Rep	Kyrgyz Republic	São Tomé & Príncipe	
	Lao PDR	Senegal	
	Lesotho	Sierra Leone	



**International Finance Facility
for Immunisation Company**

2 Lambs Passage
London EC1Y 8BB, UK

Tel. +41 22 909 65 22
Fax +41 22 909 65 22
www.iff-immunisation.org

Company limited by guarantee. Registered in
England and Wales with number 5857343.
Registered as a charity with number 1115413