

# UNICEF's engagement with the GAVI Alliance

## The partnership

The GAVI Alliance – formerly the Global Alliance for Vaccines and Immunisation (GAVI) – is a public-private health partnership that aims to save children's lives and protect people's health by increasing access to life-saving vaccines in the poorest countries. It brings together governments and vaccine manufacturers in both industrialized and developing countries, the World Health Organization (WHO), UNICEF, the World Bank, public health and research institutions, civil society organizations, the Bill & Melinda Gates Foundation and other private philanthropists.

Since the GAVI Alliance's inception, it has supported the immunization of an additional 326 million children and prevented a potential 5.5 million deaths from diseases such as hepatitis B, yellow fever and Haemophilus influenzae type b (Hib), one of the causes of deadly forms of meningitis and pneumonia.<sup>1</sup>

## The challenge

Immunization is recognized as one of the most cost-effective, efficient and successful health investments in history. Concerted efforts have lifted global immunization coverage from around 20 per cent in 1980 to above 84 per cent in 2010, averting millions of deaths every year. In addition, immunized children are more likely to have better cognitive abilities, and are more likely to attend school and go on to live productive, healthy lives.

Despite this compelling evidence, 22 million children globally remain unvaccinated against common but life-threatening diseases.<sup>2</sup> As a result, roughly 1.5 million children under the age of five die every year<sup>3</sup> – that's about one child every 20 seconds – from diseases that could have been prevented by vaccines.

## Background

The seeds of GAVI's mission were sown in the 1990s when immunization rates in the developing world started stagnating – less than 10 years after global vaccine coverage had soared to unprecedented levels thanks to the Universal Childhood Immunization campaign led by WHO and UNICEF. Progress faltered in part because childhood immunization was overtaken by other priorities.

<sup>1</sup> The GAVI Alliance, *Progress Report 2011*, GAVI Alliance, 2011, p. 6.

<sup>2</sup> WHO/UNICEF Estimates of National Immunization Coverage (2011 revision).

<sup>3</sup> World Health Organization, UNICEF, 'Global Immunization Data', May 2012.



By the start of the new millennium, children born in industrialized countries were receiving an average of 11-12 vaccines, while children in developing countries could count on receiving half that number. Newer, and at the time, more expensive vaccines routinely given to infants in the rich world – such as the hepatitis B and Hib vaccines – were reaching virtually none of the world’s poorest children. These inequities spurred concerned organizations to come together and create a new paradigm for the provision of vaccination.

UNICEF was one of four founding partners – along with WHO, the World Bank, and the Bill & Melinda Gates Foundation – that initiated the Global Alliance for Vaccines and Immunisation in 1999. During its first decade, GAVI evolved from a relatively informal coalition to a more formalized partnership. It was renamed as the GAVI Alliance in 2010, after the Secretariat became an independent non-profit foundation based in Switzerland.

The GAVI Alliance is governed by a Board with representation from across the Alliance’s partner organizations and constituencies. The Board is primarily responsible for strategy and funding decisions. The GAVI Alliance Secretariat services the Board and oversees the day-to-day business of the Alliance. As a founding partner, UNICEF serves as a member of the GAVI Alliance’s Board and its Programme and Policy Committee.

## Activities

Rather than duplicating the services of the many players in the field of health and vaccines, the GAVI Alliance channels the specific expertise of its partners into a single, cohesive agenda: to create long-term, predictable financing for the purchase and delivery of vaccines by pooling the resources from bilateral, philanthropic and private donors. The World Bank gives strategic advice on capital market dynamics and plays a key role in innovative financing. WHO provides guidance and recommendations on vaccine use and appraisal of new vaccines. As the world’s biggest vaccine procurement agency operating mainly at a global level, UNICEF assists the GAVI Alliance to shape vaccine markets to ensure a reliable supply of quality and affordable vaccines to meet countries’ needs.

Countries that are eligible for support from the GAVI Alliance take the lead in determining their immunization needs, applying for funding and overseeing the implementation of their vaccination programmes. To ensure country ownership and set countries on a course towards financial sustainability, the GAVI Alliance requires country governments to contribute to the cost of vaccines.

Through their presence in developing countries, WHO and UNICEF country programme teams assist health ministries to strengthen and maintain immunization delivery systems and improve equity in the provision of immunization services. UNICEF focuses these efforts on technical support for improving national supply chain and logistics, social and political mobilization, vaccine financing and the development and roll out of strategies to reach unreached populations.

In November 2010, the GAVI Alliance Board approved a new five-year strategy for 2011 to 2015 to ensure it delivers on its overall mission, with a focus on four strategic goals to:

1. Accelerate the uptake and use of underused and new vaccines;
2. Strengthen capacity of integrated health systems to deliver immunization;
3. Increase predictability and sustainability of financing for immunization; and
4. Shape vaccine markets to provide appropriate and affordable vaccines.

To deliver upon these goals, the GAVI Alliance projects annual expenditures of more than US\$1 billion until 2015 with the potential to immunize 250 million children and avert 4 million future deaths across the world's poorest countries. This will reduce the average under-five mortality rate in GAVI Alliance-supported countries, thus helping to reach the Millennium Development Goal 4,<sup>4</sup> and will target:

- pneumonia and diarrhoea, the two biggest killers of children under five, through accelerating the introduction of pneumococcal conjugate and rotavirus vaccines;
- deadly meningitis epidemics supporting a new vaccine against meningitis A; and
- the introduction of human papillomavirus (HPV) vaccines that protect women against cervical cancer, and other prioritized vaccines against Japanese encephalitis (JE), rubella and typhoid.

## Results

Since its inception, the GAVI Alliance has committed US\$7.2 billion in programme support to low and middle income countries until 2016,<sup>5</sup> of which almost 80 per cent has been used to purchase vaccines and the remaining 20 per cent has been directed towards strengthening health and immunization systems in developing countries.

To date, the GAVI Alliance, including its partners, has helped to accelerate the introduction of new vaccines such that:

- 65 countries have introduced a '5-in-1' pentavalent vaccine, which protects children against diphtheria-tetanus-pertussis (DTP), hepatitis B and Hib;
- 5 African countries have conducted preventive vaccine campaigns against meningococcal disease;
- 17 countries have introduced yellow fever vaccines;
- 18 countries have had funding requests approved to introduce pneumococcal vaccines; and 20 countries are approved to introduce rotavirus vaccines.

As a measure of the success of vaccine introductions, a 2008 study<sup>6</sup> estimated that, four years after GAVI Alliance support had helped Uganda introduce Hib vaccine into the national vaccination programme in June 2002, the incidence of Hib meningitis had declined by 85 per cent, and a year later the number of cases fell to nearly zero.

Due to the Alliance's influence on the vaccine market, the price of certain vaccines procured in low-income countries has been reduced significantly. For example, the cost of fully vaccinating a child with pentavalent, pneumococcal and rotavirus vaccines has dropped from US\$35.19 in 2010 to US\$32.97 in 2011.<sup>7</sup>

<sup>4</sup> To reduce by two thirds, between 1990 and 2015, the under-five mortality rate.

<sup>5</sup> GAVI Alliance data November 2011, <[www.gavialliance.org/advocacy-statistics/](http://www.gavialliance.org/advocacy-statistics/)> (accessed 21 August 2012)

<sup>6</sup> Lee Eh, Lewis RF, Makumbi I, Kekitiinwa A, Ediamu TD, Bazibu M, et al. Haemophilus influenzae type b conjugate vaccine is highly effective in the Ugandan routine immunization program: a case-control study. Trop Med Int Health. 2008 Apr; 13(4):495-502

<sup>7</sup> GAVI Alliance data, <<http://www.gavialliance.org/results/goal-level-indicators/market-shaping-goal-indicators/>> (accessed 22 August 2012)



# Lessons learned and way forward

UNICEF's engagement in the GAVI Alliance has highlighted the value of building on partners' complementary strengths to achieve goals that no single organization could realize alone. Over time, the roles of individual partners in the Alliance have evolved based on partners' comparative advantages and become more clearly defined. The GAVI Alliance has become highly successful at raising and channeling financial resources to support the introduction of new and underutilized vaccines.

Following a successful resource mobilization meeting in June 2011, the GAVI Alliance is well-positioned to achieve its ambitious plans to roll out new vaccines against pneumonia, diarrhoea and soon HPV, JE, rubella and typhoid, and the Alliance is already looking ahead to future vaccines against the likes of malaria and dengue.

However, in order to sustain its achievements and maximize the potential impact of vaccine introductions, the GAVI Alliance will need to focus on strengthening national immunization systems and improving coverage to reach the most disadvantaged and underserved children. This will entail increasing GAVI's investments in health systems strengthening, better tailoring these investments to country-specific needs, and ensuring that plans for implementing the investments are designed in such a way that they focus on achieving immunization-specific outcomes. UNICEF staff in programme countries in particular will play an increasingly important role in assisting governments to produce more viable plans.

UNICEF will also continue to play a central role in the partnership through its work with vaccine manufacturers, which has helped to bring down prices and increase the supply of many vaccines. These market-shaping efforts should be reinforced by increasing demand for vaccines as the GAVI Alliance increases its focus on vaccine coverage and equity outcomes and UNICEF scales up its support to strengthen routine immunization programmes.

UNICEF is also increasingly engaged in the governance and oversight of the GAVI Alliance. In 2011, UNICEF's Deputy Executive Director was appointed to the positions of Vice Chair of the GAVI Alliance Board and Chair of GAVI's Governance Committee.

The GAVI Alliance represents a strong and evolving global health partnership with a business model that draws upon and seeks to enhance the complementary strengths of its implementing partners.



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