ONE YEAR ON

Delivering on the promise of vaccines for all

Save the Children

Save the Children works in more than 120 countries.
We save children's lives. We fight for their rights.
We help them fulfil their potential.

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Cover photo: Health worker Jamama Wegiee vaccinates women and children for measles and polio in Firestone Camp, Liberia. Less than 10% of people in Liberia get basic healthcare. But, thanks to simple steps including widespread vaccination programmes and mosquito net distributions, 25,000 more children now survive to their fifth birthdays compared to a few years ago. (Photo: Sebastian Rich/Save the Children)

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EXECUTIVE SUMMARY

On 13 June 2011, at a summit hosted by the UK government, the world committed US$4.3 billion in four hours that will help to immunise 250 million children and save 3.9 million lives.[1] This was one of the most significant breakthroughs in the fight against child deaths in recent years, and will further accelerate the progress that has ensured a reduction in child deaths from 12 million a year in 1990 to 7.6 million a year in 2010.[2]

Save the Children has monitored the commitments made at this pledging conference. In this briefing, we track donor disbursements to the Global Alliance for Vaccines and Immunisation (GAVI) since June 2011 and progress made on the Matching Fund, demand for and roll out of new vaccines both before and after the pledging conference, and trends in GAVI's cash-based support to countries. We identify progress made and what further action must be taken to maximise the full potential of GAVI.

The good news is that all disbursements scheduled for 2011 have been made. During the past year, **not a single donor has reneged on their promise**. Save the Children estimates that money disbursed by donors a year after the pledging conference could enable more than 62 million children to be immunised, averting nearly 1 million future deaths.[3]

Most of the donors at the pledging conference made commitments for the entire 2011–2015 period and over 80% of these pledges have been turned into signed agreements. Heightened awareness in low-income countries of the value of new vaccines around the time of the conference contributed to a surge in demand for new vaccines. There was a five-fold increase in demand for rotavirus vaccines and a near doubling in demand for pneumococcal vaccines. As a result of resources secured, the number of countries rolling out the rotavirus vaccine will increase five-fold by the end of 2013 and will more than triple for the pneumococcal vaccine.

Looking forward, we must ensure the remaining fifth of pledges are signed into agreements, detailing a schedule for disbursement. Pharmaceutical companies must implement commitments made to lower prices when new tenders arise or are finalised; they must also lower prices further so that more children can receive these essential interventions. GAVI has a role to play in all of the above.

The biggest challenge though is ensuring that no child is left behind. GAVI must make equity part of its core business. In order to reach the most inaccessible children, and achieve sustainable progress, health services must be strengthened. We find that GAVI's support to health systems declined to under 10% in 2011,[4] falling far below the lower threshold of their commitment to allocate 15–25% of their total portfolio. GAVI must both increase the quantity and improve the quality of its support to health services.

To build on the success of the pledging conference and ensure immunisation becomes a reality for all children, gaps in policy and practice must be addressed. The GAVI mid-term review in 2013 provides an opportunity to evaluate progress to date and step up efforts to ensure that all children can be reached by immunisation.

Save the Children recommends the following priorities for GAVI, national governments, donors and the pharmaceutical industry:

Leave no child behind

- GAVI must make equity part of its core business.
- GAVI must allocate more resources to health system strengthening support.
- Countries must prioritise equity.

Maintain momentum on funding

- Donors must fulfil pledges through signed agreements for the full 2011–2015 period.
- Full funding must be sought for the Matching Fund.

Reduce vaccine prices

- Pharmaceutical companies must lower vaccine prices and make them transparent.
- GAVI must use its purchasing power to secure lower vaccine prices.

1 THE GAVI PLEDGING CONFERENCE

13 June 2012 marks the first anniversary of Saving Children's Lives – the GAVI Alliance pledging conference for immunisation, which was hosted in London by the UK Prime Minister in collaboration with the President of Liberia and the Bill & Melinda Gates Foundation.

At the pledging conference, bilateral and private sector donors made public commitments to fund GAVI. The scale of support pledged is indicative of the consensus that vaccination is key to achieving Millennium Development Goal 4 to reduce child mortality, as part of an essential package of health services.[5]

Although every child has the right to immunisation as part of their right to health, a fifth of children worldwide do not receive the most basic vaccinations. Immunisation is one of the most cost-effective health interventions, offering real value for money.[6] Ensuring that every child is reached by immunisation is not only the right thing to do but it also makes economic sense. A poll found that UK government spending on aid received increased public support following the pledging conference.[7]

The UK government and civil society played an important role in galvanising public support around the pledging conference and putting pressure on donors to make commitments that could save 4 million lives. It is imperative that we hold donors, GAVI, the private sector and developing country governments accountable to ensure that the full potential of GAVI can be realised.

Over the past year, Save the Children has monitored the commitments made at the pledging conference. In this briefing, we track donor disbursements to GAVI since June 2011 and progress made on the Matching Fund, country demand for and rollout of new vaccines both before and after the pledging conference, and trends in GAVI's cash-based support to countries. We identify progress made and what further action must be taken to maximise the full potential of GAVI.

EXPECTATIONS EXCEEDED

The GAVI pledging conference was an opportunity for donors to commit resources that will give more children access to more vaccines – an intervention that will accelerate progress towards Millennium Development Goal 4. GAVI had set a target of US$3.7 billion dollars for this pledging conference and this was exceeded: in just four hours on 13 June 2011, US$4.3bn dollars were committed to GAVI, US$600m more than anticipated. This brought GAVI's full funding for the 2011–2015 period up to US$7.6bn. It has been estimated that GAVI's full funding will enable it to support countries in immunising more than 250 million children by 2015, which could avert 3.9 million future deaths (Table 1).[8]

"Without the help of the GAVI Alliance, it would be difficult to sustain the rate of success of our immunisation program. After the pledging conference last June, we found the support of the GAVI Alliance very promising for adding more services and further strengthening our immunisation service. **After the successful pledging conference, we are now more sure of securing the health of our children by immunisation**."

Professor A F M Ruhal Haque, Minister of Health and Family Welfare, Bangladesh, and GAVI Alliance board member

TABLE 1 – PLEDGES TO GAVI FOR 2011–2015

Donor	Pledges prior to conference (US$ millions)	New pledges June 2011 (US$ millions)	Proportion of total funding	Potential number of children vaccinated[9]
United Kingdom	1,114	1,335	33%	83,583,618
Bill & Melinda Gates Foundation	341	1,000	18%	45,767,918
Norway	142	677	11%	27,952,218
France	366	146	7%	17,474,403
Italy	481	25*	7%	17,269,625
United States	0	450	6%	15,358,362
Australia	116	149	4%	9,044,369
Canada	209	15	3%	7,645,051
Sweden	8	201	3%	7,133,106
Netherlands	34	175	3%	7,133,106
Germany	0	73	1%	2,491,468
European Commission	43	15	0.79%	1,979,522
Spain	51	0	0.70%	1,740,614
Russia	41	0	0.56%	1,399,317
HH Sheikh Mohammed bin Zayed Al Nahyan	0	33	0.45%	1,126,280
Denmark	9	19	0.38%	955,631
Ireland	13	0	0.18%	443,686
Brazil	0	12*	0.16%	409,556
Japan	0	9	0.12%	307,167
"la Caixa" Foundation	0	6	0.08%	204,778
Luxembourg	6	0	0.08%	204,778
South Africa	4	0	0.05%	136,519
Absolute Return for Kids (ARK)	0	3	0.04%	102,389
Anglo American plc	0	3	0.04%	102,389
Republic of Korea	1	0	0.01%	34,130
Total	**2,979**	**4,346**	**100%**	**250,000,000**

*Figures in the table represent incremental International Finance Facility for Immunisation (IFFIm) proceeds to GAVI in the period 2011–2015. Brazil pledged US$20 million to IFFIm, spread over 20 years, and Italy pledged €25.5 million spread over 15 years, which are not reflected in the figures in the table.

(Source: GAVI Alliance, 2011[10])

2 ONE YEAR ON: DELIVERY AND IMPACTS

In the year since the pledging conference, Save the Children has tracked progress made on donor commitments to GAVI. Based on an analysis of commitments to date, we find that all contributions scheduled for 2011 have been disbursed. During the past year, **not a single donor has reneged on their promise**.

In order to estimate the impacts these resources are having, Save the Children has taken the share of funding disbursed to GAVI as a proportion of its total funding and applied this proportion to the total estimated impact by 2015, which gives us a proxy for the impact the funding has had to date. We find that **money disbursed by donors a year after the pledging conference could enable more than 62 million children to be immunised, averting nearly 1 million future deaths**.[11]

This is complemented by anecdotal evidence on the importance of GAVI support and the difference it is making to the lives of children.

MORE VACCINES TO MORE CHILDREN

Eti was born in one of the most remote villages in Bangladesh, at the south-west point of the country on an island separated from the mainland by a huge river. Her village is repeatedly hit by severe floods and storms. Now 11 months old, Eti has received all the vaccines provided by the immunisation programme, including DTP3 and measles, thanks to the field workers who come to her village by boat every week and the contribution of GAVI after the pledging conference.

Eti's parents are very happy as their baby is safe from a number of preventable and potentially fatal diseases, thanks to complete immunisation.

"We feel proud of the 100% DTP3 coverage in the area. This was made possible with the active help of the community-based NGOs who are working for the health of the people here," said Mizanur Rahman, the local Expanded Programme on Immunisation technician. "We would like to enjoy the continuing success of high coverage in this hard to reach area," he adds.

PHOTO: DR SK. NAZMUL HUDA

Eti with her mother, outside their home.

Source: Dr Sk Nazmul Huda, Special Adviser for GAVI Alliance to the Minister of Health and Family Welfare, Bangladesh, and Professor Dr A F M Ruhal Haque, Minister of Health and Family Welfare, Government of the People's Republic of Bangladesh

COMMITMENTS ARE ON TRACK

Most of the donors that pledged at last year's conference did so for the entire 2011–2015 period: these are Brazil, Canada, Denmark, France, Italy, Luxembourg, Netherlands, Norway, Sweden, the United Kingdom and the Bill & Melinda Gates Foundation. More than 80% of GAVI pledges for the full period have also been converted into signed agreements.

We analysed GAVI's data on donor contributions and found all of the donor contributions scheduled for 2011 have been disbursed. This totalled more than US$1.1bn, almost doubling contributions received the year before, and representing nearly 16% of funding pledged for the full 2011–2015 period.[12]

PROGRESS ON THE MATCHING FUND

At the pledging conference, the Matching Fund was announced as an initiative to encourage contributions from private donors. The UK Department for International Development (DFID) and the Bill & Melinda Gates Foundation committed £50m[13] and US$50m respectively to match new donations from the private sector. This fund has the potential to transform US$130m into US$260m for GAVI's use.

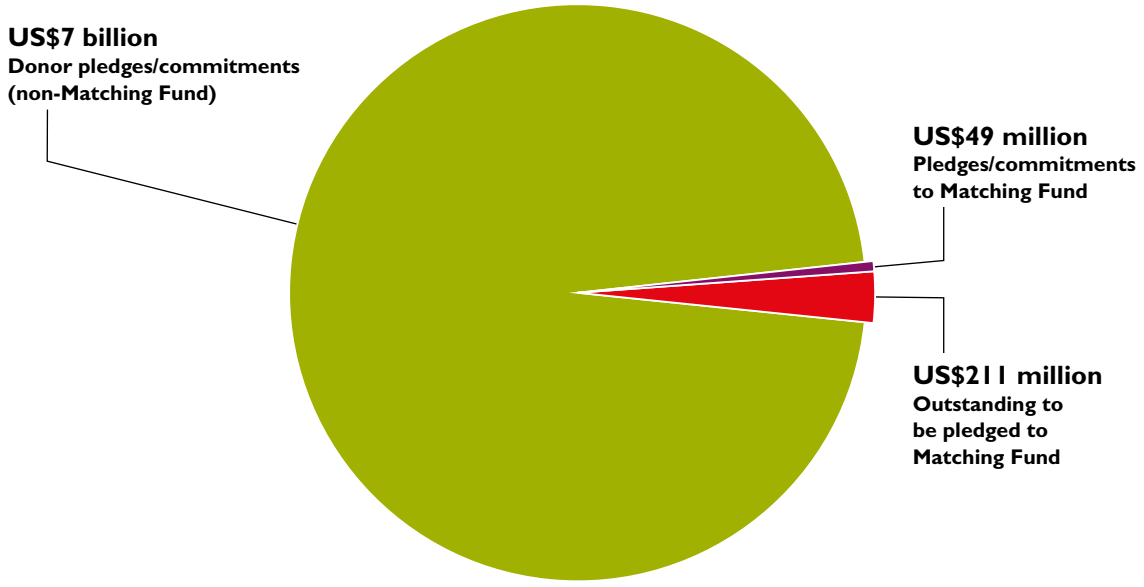
Three private sector players – Anglo American plc, "la Caixa" Foundation and Absolute Return for Kids – made donations through the Matching Fund at the conference. Since then, the Children's Investment Fund Foundation, J P Morgan and Comic Relief have also made contributions. Total private sector contributions in 2011 amounted to US$6m. Additional agreements for 2012 and 2013 bring the total up to around US$24m, which have been matched by DFID and the Bill & Melinda Gates Foundation to bring the Matching Fund to nearly US$49m.

Compared to the sums pledged by government donors, the Matching Fund is small – at a maximum of 4% of potential GAVI funding for the 2011–2015 period (Figure 1). Yet it represents an important commitment from the private sector. So far 19% of the fund's full potential has been raised.

MAKING VACCINES MORE AFFORDABLE

GAVI's mandate includes market shaping to ensure sustainable supply and prices so countries can get the vaccines their populations need. GAVI engages with pharmaceutical companies in both industrialised countries and emerging economies to encourage research and investment in quality vaccines that respond to developing countries' needs. It also seeks to broaden the range of vaccine suppliers to help ensure supply security, increase competition and make vaccines more affordable in the long term.

FIGURE 1 – PROGRESS ON MATCHING FUND (2011–2015)



Source: GAVI Alliance, 2012[14]

The pledging conference saw new commitments from pharmaceutical companies, including new-entrant manufacturers, to make vaccines more available, more affordable and thereby more accessible for countries that need them the most.

In the lead-up to the conference, GSK and Merck & Co Inc made commitments to lower prices for the rotavirus vaccine. In April 2012, supply agreements were confirmed with these two manufacturers. The rotavirus vaccine will now be available to GAVI for US$5 a course – 67% less than the current lowest public price.[15] Bharat Biotech, Serum Institute and Shantha Biotechnics (a subsidiary of Sanofi Pasteur) are expected to start producing rotavirus vaccines for GAVI-eligible countries in 2015 and Bharat Biotech has indicated that it will further reduce prices to US$3 a course when its product becomes available.[16]

Serum Institute in India agreed to further decrease prices for pentavalent vaccines[17] funded by GAVI from the already lowered price of U$1.75 per dose, while Panacea Biotec, also based in India, has agreed to lower prices by up to 15%. Merck & Co Inc has indicated that it plans to offer the human papillomavirus (HPV) vaccine to GAVI at US$5 per dose (a two-thirds reduction from the current lowest public price).[18]

Some manufacturers have agreed to extend GAVI prices to soon-to-be graduating countries for pentavalent, rotavirus and pneumococcal vaccines. For example, Crucell and Sanofi Pasteur will extend GAVI prices on their pentavalent vaccines to the 16 countries currently expected to graduate from GAVI support. Sanofi Pasteur confirmed that this would also apply to its yellow fever vaccine and the rotavirus vaccine being developed by its subsidiary Shantha. Agreements have been formalised with Pfizer and GSK to provide graduating countries with the same access to pneumococcal vaccines through Advance Market Commitment.

These achievements will lower the cost of vaccinating a child, allowing resources to go further so that more children can be reached by immunisation. For example, GAVI estimated that the lower price for the rotavirus vaccines would lead to savings of around US$150m over the next three years.[19]

A MOTHER'S SORROW

Mary is 25 and lives in Kibera, the largest slum in Kenya. She has a four-year-old child; her second child, a daughter, died in September 2010.

Mary's daughter was just two months old when she fell ill. She was taken to a local health centre in Kibera, where she was diagnosed with pneumonia and referred to Mbagathi District Hospital.

"The doctors told me that they could not administer certain treatments to my daughter to relieve her breathing problems as the treatment is only given to children over one," Mary says. She prayed that her child would get better with the alternative medicine she was given.

Three days after admission, her daughter started developing complications. Two days later, Mary watched her daughter as she took her final painful breath. Her world crashed.

Mary has learned that the vaccine that could have saved her daughter's life is now available in Kenya, having been introduced through GAVI support in January 2011.

"I am now aware that pneumococcal vaccine services are provided free of charge in Kenya and I urge all mothers and guardians to ensure that their children are vaccinated against diseases like pneumonia," she says.

Mary lost her daughter to pneumonia in 2010.

Source: Jack Ndegwa, Vaccines Advocacy Officer, Kenya AIDS NGOs Consortium

INCREASED DEMAND FOR AND ROLL OUT OF NEW VACCINES

Among infectious disorders, pneumonia and diarrhoea are the foremost causes of death in children under five, responsible for more than 2 million deaths each year globally.[20] Many of these deaths could potentially be prevented by vaccines.

At the pledging conference there was a focus on the additional resources needed to help countries introduce vaccines against pneumococcal infection and rotavirus into their national immunisation schedules.

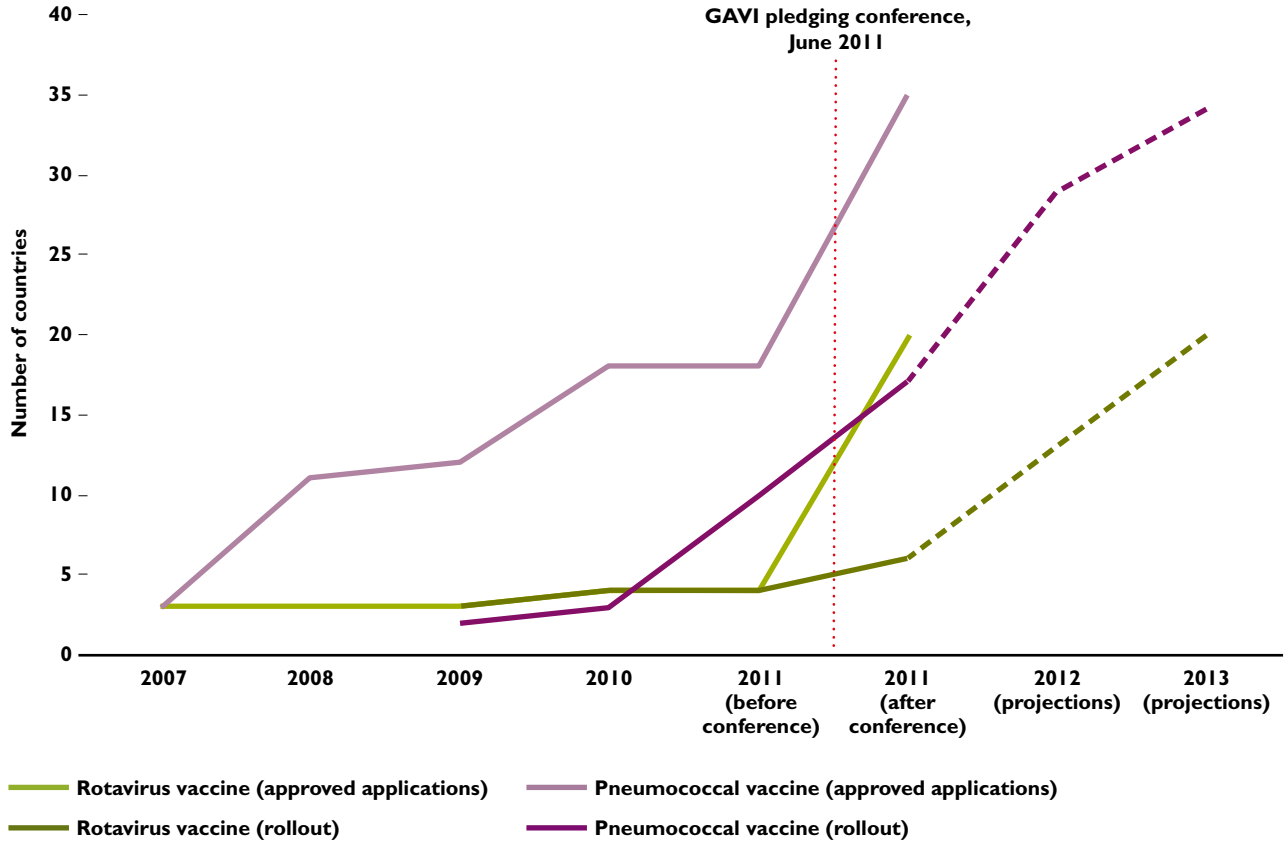
There has been a dramatic increase in demand for rotavirus and pneumococcal vaccines. We believe that heightened awareness in low-income countries of the value of new vaccines, partly attributable to the momentum created by the pledging conference, as well as knowledge of the additional resources available to GAVI, has contributed to this increase in country demand.

In response to demand, and made possible by resources secured during the conference, GAVI has been able to approve all applications for new vaccines. Figure 2 demonstrates this increase in the number of applications, approvals and rollouts of rotavirus and pneumococcal vaccines.[21]

Applications to GAVI surged in May 2011, probably in anticipation of the pledging conference, and GAVI was subsequently able to approve all of them. Only four rotavirus vaccine applications had been received and approved prior to this period (Guyana, Bolivia and Honduras in 2007 and Sudan in 2009/2010); four months after the conference a total of 20 had been approved. Similarly, 18 earlier-approved pneumococcal applications increased to 35 in the months following the conference. This was a five-fold increase in demand for rotavirus vaccines and a near doubling in demand for pneumococcal vaccines.

There have subsequently been nine roll outs of pneumococcal and rotavirus vaccines. Pneumococcal vaccine has been introduced in Central African Republic, Benin, Cameroon, Burundi, Ethiopia, Malawi and Ghana, and rotavirus in Sudan and Ghana. Ghana, the most recent country to roll out these vaccines, introduced both simultaneously in April 2012.

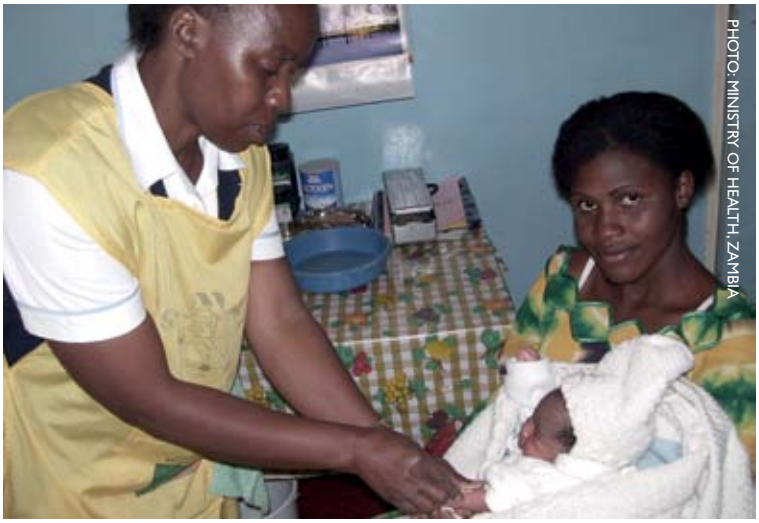
FIGURE 2 – GAVI APPROVALS AND ROLLOUTS OF NEW VACCINES



Source: based on data provided by the GAVI Alliance and through the Vaccine Information Management System online database maintained by IVAC at the Johns Hopkins Bloomberg School of Public Health and supported by the GAVI Alliance

"The introduction of new vaccines has brought hope for the future. Thanks to the resources made available during the GAVI pledging conference, children's lives have been saved. Our children, our investment, our future."

Dr Victor M Mukonka, former Director of Public Health and Research, Ministry of Health, Zambia



A baby at Matero Referral Health Centre in Lusaka, Zambia, receiving her pentavalent vaccine during the bi-annual Child Health Week.

As a result of resources secured at the pledging conference, the number of countries that have introduced the pneumococcal vaccine has leapt from 10 to 17, representing a 70% increase. An additional 17 countries plan to roll it out over the next year and a half, which will bring the number of GAVI-eligible countries protecting their children against pneumococcal disease up to 34 by the end of 2013. Thanks to GAVI support, around 3.6 million children have been immunised against pneumococcal disease since 2009. An additional 10 million children are forecast to be protected by the end of this year.[22]

From just four countries with the rotavirus vaccine before June 2011, two additional countries have introduced it since the pledging conference and this number is expected to spike over the next year and a half with 14 additional countries projecting roll-out, bringing the total up to 20. Since 2008, nearly 2 million children have been immunised against rotaviruses as a result of GAVI support. By the end of 2012, around 4.8 million children will have been vaccinated.[23]

HISTORIC FIRST IN GHANA

Ghana introduced both pneumococcal and rotavirus vaccines in April 2012, the first African country to roll them out simultaneously. At a special ceremony in Accra on 26 April 2012, Ghana's First Lady HE Dr Ernestina Naadu Mills, the Minister of Health Hon M Alban S K Bagbin, GAVI Alliance CEO Dr Seth Berkley and country heads of World Health Organization and UNICEF joined hundreds of participants to celebrate the occasion.

This double launch was supported by GAVI (including a contribution by J P Morgan that was matched by the UK government through the Matching Fund), and co-financed by the government of Ghana.

"Our children have been dying from these vaccine-preventable diseases for too long, but this moment begins a major fight back."

Minister of Health Hon M Alban S K Bagbin

Source: GAVI Alliance, 2012[24]

"Today is a great day for Ghanaians as we have the opportunity to improve the lot of our children, who are our greatest resource. The future of our country lies in our children."

Ghana's First Lady HE Dr Ernestina Naadu Mills

Ghana's First Lady HE Dr Ernestina Naadu Mills speaking at the ceremony to mark the launch of pneumococcal and rotavirus vaccines.

3 UNFINISHED BUSINESS

The pledging conference was a remarkable success and progress on commitments has been impressive. Nevertheless, further action is needed to ensure that GAVI receives its full funding and that maximum value for money is obtained. Our assessment suggests that further action must be taken to ensure continued timely and full disbursements to GAVI; transparent and lower prices for vaccines for GAVI-eligible and graduating countries; increased and better support to health systems; and greater priority to address inequalities in immunisation.

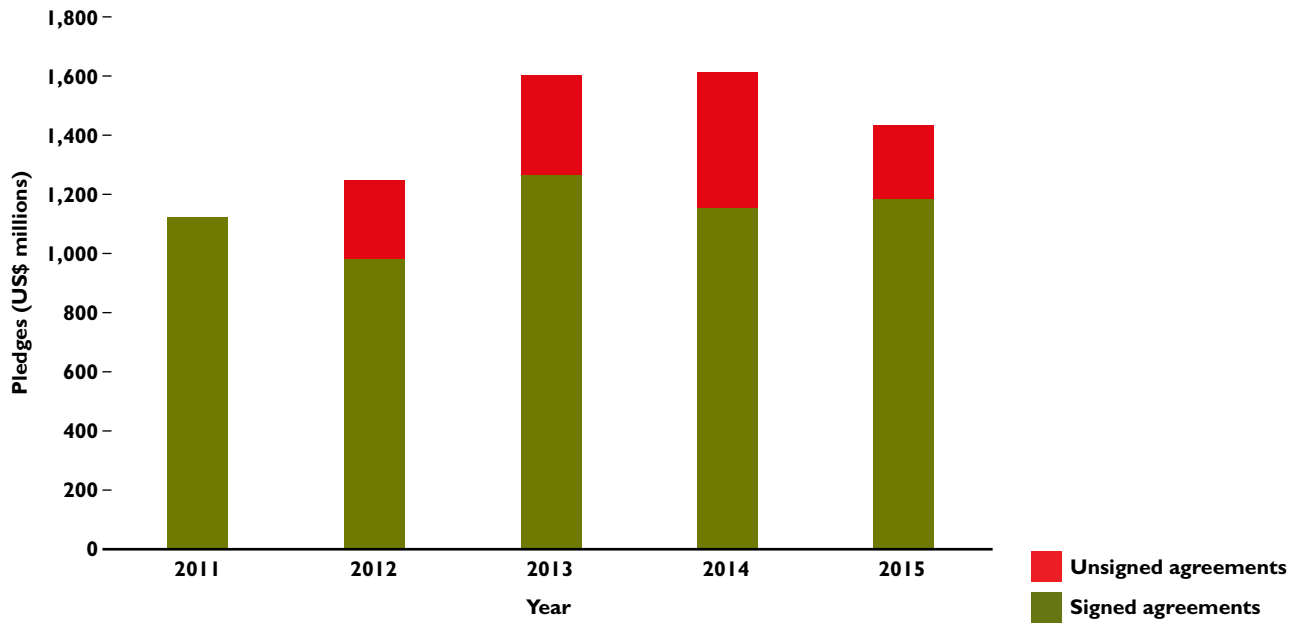
OUTSTANDING COMMITMENTS FROM DONORS

While pledges worth more than US$5.5bn have been honoured through concrete commitments, more than US$1.3bn has yet to be turned into signed agreements. Signed agreements are important as they guarantee donor funding, which allows GAVI to commit funds to countries. In each year from 2012–15, a share of GAVI's full funding remains unsigned (Figure 3), representing 20% of all commitments. Without such funds, GAVI won't be able to fulfil its mandate and provide the support countries need.

Although 19% of the Matching Fund has been achieved during its first year, US$105m in new pledges from the private sector still needs to be secured. To ensure the full potential of the Matching Fund is realised by 2015, pressure must be maintained and progress accelerated.

Though the majority of donors that pledged in June 2011 did so for the full five years, several have yet to complete pledges until 2015. Japan's pledge was only for 2011, Germany's pledge ends in 2012, and pledges from Australia, the European Commission and His Highness Sheikh Mohammed bin Zayed Al Nahyan end in 2013. Pledges made by the United States and Ireland do not extend past 2014.

FIGURE 3 – PROPORTION OF UNSIGNED DONOR AGREEMENTS



Source: based on data provided by GAVI

SECURING LOWER VACCINE PRICES

Several pharmaceutical companies have agreed to lower prices of vaccines. It is important to ensure that these promises are translated into firm commitments when new tenders come up or are finalised.[25]

As well as securing agreements, pressure on pharmaceutical companies must be maintained to ensure that vaccine prices continue to decrease so that cost is not a barrier to countries achieving universal immunisation coverage.

STRENGTHENING HEALTH SYSTEMS

Purchasing vaccines is only one part of immunising a child. There must be a delivery system to get vaccines to the right places at the right time and in the right condition. Sustaining progress made in immunisation and further expanding coverage requires having a trained, supported, equipped and paid health worker in reach of every child. Reaching every child with immunisation must be part of the package of essential health services for maternal and child health, available to all. Recognising this, GAVI has committed to allocate 15–25% of its support to countries towards immunisation services support[26] and health system strengthening[27] as part of its cash-based programmes.[28]

Despite committing to this target, GAVI support to countries in this area falls short. In 2011, total cash-based support to countries was just under 10%, while health-system-strengthening and immunisation services support were a mere 6% and 1%, respectively. Support to health system strengthening has decreased by 69% since its peak in 2008 and support to immunisation services has declined by 83% from the same year.[29] These are worrying trends. GAVI must increase its support to health systems to reach the 25% upper threshold that it is committed to. Further, it is imperative that this support is effectively used to deliver expanded, more equitable and sustainable progress in coverage of routine and new vaccines.

The case of Ghana illustrates the importance of a strong health system to support immunisation. Ghana received more than US$7m in health-system-strengthening support (between 2008 and 2011) and nearly US$5m in immunisation services support (between 2001 and 2011) from GAVI,[30] which has helped ensure the country has a robust health and immunisation system. Without this, the introduction of both rotavirus and pneumococcal vaccines this year would not have been possible.

MAKING SURE NO CHILD IS LEFT BEHIND

It is often children from poorer households, rural areas, underserved districts and those whose mothers are uneducated who are less likely to be immunised.[31] In countries with the highest wealth inequalities, the poorest children are three times less likely to receive three doses of the diptheria-tetanus-pertussis vaccine (DTP3) than the richest. Children whose mothers have a secondary education are twice as likely to receive their DTP3 vaccine as those whose mothers are uneducated, while children in rural areas are almost half as likely to be immunised with DTP3 as children in urban areas.

GAVI's health-system-strengthening strategic goal (2011–2015 Strategy) includes a clear commitment to increase equity in access. GAVI aims to reduce the number of countries where wide disparities can be seen in immunisation coverage by wealth.

To do this, GAVI support must expand routine coverage to reach the poorest and most marginalised children. Support aims to improve service delivery in line with national plans and with technical support from key partners in countries. Together with WHO and UNICEF, GAVI is supporting countries[32] that have vaccination coverage below 70% to review their current situation and identify the main barriers to increasing coverage. GAVI will look at how to bring support behind country-led plans, for example through 'Reaching Every District' strategies, mechanisms to improve coverage data quality and how to address governmental and advocacy barriers.

These are important steps in the right direction, but Save the Children believes that more needs to be done. Every child has the right to immunisation, no matter where they are born, or the wealth of their family. GAVI needs to enhance its efforts to translate its equity objectives into action and promoting equity should be a key component of the support it gives to countries.[33]

HOW GHANA'S ROBUST HEALTH SYSTEM SUPPORTED NEW VACCINE INTRODUCTIONS

Ghana was able to introduce two new vaccines at the same time thanks to its preparedness at all levels. Among the factors which ensured a successful introduction were the training of district health workers on how to deliver the vaccines, who have subsequently trained health workers at community level who actually administer the vaccines. For example, community health workers are instructed to give pneumococcal vaccines on the right thigh to avoid confusion with pentavalent vaccines and to give rotavirus vaccines orally. Village health volunteers have also been organised to educate communities about the two new vaccines.

At the national level, health cards have been modified to include the two new vaccines and space has been included for future vaccine introductions. In terms of logistics, improvements have been made to the cold chain so that walk-in cold rooms to store vaccines are available in all ten regions in the country.

PHOTO: GAVI/DOUNE PORTER/PATH/2012

A baby is given a pentavalent vaccine at an outreach vaccination session in the village of Ado Nkwanta, Eastern Region, Ghana.

"We decided to introduce these two vaccines into our system at the same time because of the system that we have. We have the human resources, and we have the will, to be able to do this. And if we introduce the two together it will be quicker and more efficient than introducing one after the other."

Dr Frank Nyonator, Executive Director, Ghana Health Service

PHOTO: GAVI/DOUNE PORTER/PATH/2012

Paul Bediako, Ghana's National Cold Chain Manager, in one of Accra's walk-in cold rooms, with pneumococcal vaccines.

Source: GAVI Alliance, 2012[34]

4 CALLS FOR ACTION

More children are being reached with more vaccines globally. Nearly 110 million children were vaccinated with three doses of the DTP3 vaccine in 2010, averting an estimated 2.5 million deaths. However, despite impressive progress over the last couple of decades, more than 19 million children remain unreached by the most basic vaccinations.[35]

To build on the success of the pledging conference and ensure that the right to immunisation becomes a reality for all children, gaps in policy and practice must be addressed. The GAVI mid-term review in 2013 will be an important moment to evaluate progress and step up efforts to ensure that all children can be reached by immunisation.

Save the Children recommends the following priorities for GAVI, national governments, donors and the pharmaceutical industry:

Leave no child behind

- **GAVI must make equity part of its core business**
  GAVI should consider what more it can do to support countries to address inequalities in immunisation, developing a clear strategy which is implemented and monitored. A greater share of GAVI resources should support expansion of coverage, including more funding to cash-based programmes such as health system strengthening and support to civil society in their role in increasing demand and access.
- **GAVI must allocate more resources to health-system-strengthening support**
  GAVI must increase its allocation to cash-based support to approach 25% of its total portfolio and ensure it is used effectively. Countries should be encouraged to invest where bottlenecks exist in their immunisation systems.
- **Countries must prioritise equity**
  Countries need to scale up efforts to close the immunisation gap, to ensure that all children, including the poorest and hardest to reach, benefit from the money raised for GAVI. Explicit commitments and action are needed to set equity objectives in national plans, develop strategies to achieve them, and allocate sufficient human and financial resources to facilitate implementation.

Maintain momentum on funding

- **Donors must fulfil pledges through signed agreements for the full 2011–2015 period**
  Donors that did not pledge for the full period or who have not yet turned their pledge into a signed agreement should do so urgently and ensure money is paid in a timely manner.
- **Full funding must be sought for the Matching Fund**
  The 80% of the Matching Fund that remains unused will be wasted if private sector contributions are not secured. The private sector is urged to step up commitments to GAVI's Matching Fund. In collaboration with DFID and the Bill & Melinda Gates Foundation, GAVI should engage with the private sector to accelerate progress.

Reduce vaccine prices

- **Pharmaceutical companies must lower vaccine prices and make them transparent**
  While several pharmaceutical companies have made commitments to lower vaccine prices and extend prices to GAVI-graduating countries, companies must reduce prices further so that countries have sustainable access to vaccines. They are also urged to make vaccine prices and pricing mechanisms transparent.
- **GAVI must use its purchasing power to secure lower vaccine prices**
  GAVI needs to do more to reduce the prices that countries pay for vaccines, using its relationships with manufacturers in developed and emerging economies to deliver on its market-shaping mandate. Through both voluntary reductions and competition, vaccine prices should be lowered for GAVI-eligible and graduating countries.

ENDNOTES

[1] GAVI Alliance, 2011. *GAVI pledging conference press release and key outcomes*. Available at: gavialliance.org/library/gavi-documents/funding/june-2011-pledging-conference-key-outcomes-for-2011-2015 [Date accessed: 1 May 2012]

[2] UNICEF, WHO, World Bank, UNDESA, 2011. *Levels and trends in child mortality: Report 2011. Estimates developed by the UN Inter-agency Group for Child Mortality Estimation*. New York: UNICEF.

[3] The number of children immunised and deaths averted are taken as a percentage of GAVI projected targets; based on contributions from 2011 and half of 2012 as a proportion of total funding for 2011–2015.

[4] GAVI Alliance, 2011. *Commitments and disbursements*. Available at: gavialliance.org/country/all-countries-commitments-and-disbursements [Date accessed: 15 May 2012]

[5] WHO, UNICEF, World Bank, 2009. *State of the world's vaccines and immunisation*, 3rd ed. Geneva: World Health Organization.

[6] Ibid.

[7] The Independent, 2011. *It is our moral duty to help the world's poor, Mitchell tells Tories*. Available at: http://www.independent.co.uk/news/uk/politics/it-is-our-moral-duty-to-help-the-worlds-poor-mitchell-tells-tories-2364069.html [Date accessed: 22 May 2012], and Gettleson, M., 2011. The Politics of International Aid: Special Report. PoliticsHome. Available at: http://www.politicshome.com/documents/PoliticsHome_International_Aid_Report.pdf [Date accessed: 22 May 2012]

[8] GAVI Alliance, 2011. *GAVI pledging conference press release and key outcomes*. Available at: gavialliance.org/library/gavi-documents/funding/june-2011-pledging-conference-key-outcomes-for-2011-2015 [Date accessed: 1 May 2012]

[9] The numbers of children immunised are taken as a percentage of GAVI projected targets; based on the proportion of each donor's contribution to total funding for 2011–2015.

[10] GAVI Alliance, 2011. *GAVI Alliance pledging conference – key outcomes*. Available at: http://fr.gavialliance.org/resources/Key_outcomes_2011_2015.pdf [Date accessed: 1 May 2012]

[11] The number of children immunised and deaths averted are taken as a percentage of GAVI projected targets; based on contributions from 2011 and half of 2012 as a proportion of total funding for 2011–2015.

[12] GAVI Alliance, 2012. *GAVI Alliance: donor contributions 2000–2031*, updated 31 January 2012. Available at: gavialliance.org/library/gavi-documents/funding/annual-donor-contributions-to-gavi-2000-2031-as-of-31-january-2012/ [Date accessed: 8 May 2012]

[13] Roughly US$80m.

[14] GAVI Alliance, 2012. *GAVI Alliance: donor contributions 2000–2031*, updated 31 January 2012. Available at: gavialliance.org/library/gavi-documents/funding/annual-donor-contributions-to-gavi-2000-2031-as-of-31-january-2012/ [Date accessed: 8 May 2012]; data updated by GAVI Alliance.

[15] GAVI Alliance, 2012. *GAVI Alliance secures lower price for rotavirus*. Available at: gavialliance.org/library/news/press-releases/2012/gavi-secures-lower-price-rotavirus-vaccine/ [Date accessed: 7 May 2012]

[16] GAVI Alliance, 2011. *GAVI welcomes lower prices for life-saving vaccines*. Available at: gavialliance.org/library/news/press-releases/2011/gavi-welcomes-lower-prices-for-life-saving-vaccines/ [Date accessed: 7 May 2012]

[17] Pentavalent is a combination of five vaccines in one: diphtheria, tetanus, whooping cough, hepatitis B and Haemophilus influenza type b.

[18] GAVI Alliance, 2011. *GAVI welcomes lower prices for life-saving vaccines*. Available at: gavialliance.org/library/news/press-releases/2011/gavi-welcomes-lower-prices-for-life-saving-vaccines/ [Date accessed: 7 May 2012]

[19] Ibid.

[20] Liu, L, Johnson, H L, Cousens, S, Perin, J, Scott, S, Lawn, J W, Rudan, I, Campbell, H, Cibulskis, R, Li, M, Mathers, C and Black, R E, for the Child Health Epidemiology Reference Group of WHO and UNICEF, 2012. Global, regional, and national causes of child mortality: an updated systematic analysis for 2010 with time trends since 2000. *The Lancet*, DOI:10.1016/S0140-6736(12)60560-1.

[21] Based on applications, approvals and roll outs for 72 GAVI countries. While the number of eligible countries decreased to 57 in 2011, graduating countries have been included as they are still eligible for some GAVI support.

[22] GAVI Alliance, 2012. *GAVI offers new support for vaccines against cervical cancer and rubella*. Available at: gavialliance.org/library/news/press-releases/2012/new-vaccine-support-against-cervical-cancer-rubella/ [Date accessed: 3 May 2012]

[23] Ibid.

[24] GAVI Alliance, 2012. *Ghana rolls out vaccines against top two killers of children*. Available at: gavialliance.org/library/news/press-releases/2012/ghana-rolls-out-vaccines-against-top-two-killers-of-children/ [Date accessed: 2 May 2012] and GAVI Alliance, 2012. *Ghana's vaccine heroes make public health history*. Available at: gavialliance.org/library/news/gavi-features/2012/ghana-vaccine-heroes/ [Date accessed: 2 May 2012]

[25] Tenders for some products have not yet come up or been finalised (eg, pentavalent is a multi-year tender), so agreements would not be secured until this time.

[26] Immunisation services support is a performance-based, flexible programme aimed at supporting countries to increase their immunisation coverage. Source: GAVI Alliance, 2012. *Immunisation services support*. Available at: gavialliance.org/support/iss/ [Date accessed: 5 May 2012]

[27] Health system strengthening funding is used to target 'bottlenecks' or barriers in the health system that stand in the way of increased access to immunisation and other child and maternal health services. Source: GAVI Alliance, 2012. *Health system strengthening support*. Available at: gavialliance.org/support/hss/ [Date accessed: 5 May 2012]

[28] Civil society organisation support is also part of GAVI's cash-based funding.

[29] GAVI Alliance, 2011. *Commitments and disbursements*. Available at: gavialliance.org/country/all-countries-commitments-and-disbursements [Date accessed: 15 May 2012]

[30] Ibid.

[31] Based on analysis of available data from national Demographic and Health Surveys and UNICEF Multi-indicator Cluster Surveys. Analysis was carried out and presented in Save the Children UK and ACTION, 2012. *Finding the Final Fifth: inequalities in immunisation*. London: The Save the Children Fund 2012.

[32] This initiative is initially being undertaken with Chad, Democratic Republic of Congo and Uganda.

[33] With several countries graduating from GAVI support, an increasing share of unmet need for immunisation will fall in middle-income countries.

[34] GAVI Alliance, 2012. *Ghana's vaccine heroes make public health history*. Available at: gavialliance.org/library/news/gavi-features/2012/ghana-vaccine-heroes/ [Date accessed: 2 May 2012]

[35] WHO and UNICEF, 2012. *Global immunisation data*. Available at: who.int/immunisation_monitoring/Global_Immunisation_Data.pdf [Date accessed: 2 April 2012]

ONE YEAR ON

Delivering on the promise of vaccines for all

On 13 June 2011, at a summit hosted by the UK government, the world committed US$4.3 billion to immunise 250 million children and save 3.9 million lives. This was one of the most significant breakthroughs in the fight against child deaths in recent years.

In this briefing, we track donor disbursements to the Global Alliance for Vaccines and Immunisation (GAVI) since June 2011 and progress made on the Matching Fund, demand for and roll out of new vaccines both before and after the pledging conference, and trends in GAVI's cash-based support to countries. We identify progress made and what further action must be taken, including recommendations for GAVI, national governments, donors and the pharmaceutical industry, to ensure that all children can be reached by immunisation.

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