A CHANCE TO REACH EVERY CHILD

How full funding for Gavi can ensure immunisation for all

ACTION GLOBAL HEALTH ADVOCACY PARTNERSHIP

Save the Children

Front cover: A health worker vaccinates children at a health centre in the Democratic Republic of Congo.
(Photo: Ivy Lahon/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.

ACTION is a global partnership of advocacy organisations working to influence policy and mobilise resources to fight diseases of poverty and improve equitable access to health services.

ACTION partners work across five continents: AIDES (France); Community Initiative for People Living with AIDS, tuberculosis, malaria plus other related diseases (CITAM+, Zambia); Global Health Advocates France; Global Health Advocates India; Kenya AIDS NGOs Consortium; RESULTS International (Australia); RESULTS Canada; RESULTS Educational Fund; RESULTS Japan; and RESULTS UK.

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FOREWORD

Every child, no matter where he or she is born, deserves the opportunity to live a healthy life and to fulfil their potential.

This is not only an individual right, but fundamental for the creation of healthy societies. Providing our children with a healthy foundation helps to break the cycles of poverty that can hinder the growth of communities and countries.

Vaccinations are undoubtedly one of the most effective tools we have to provide this healthy foundation, and they have played a critical role in reducing global child mortality rates around the world.

Thanks to Gavi, the Vaccine Alliance, more children than ever before can access these life-saving tools. Working in partnership with donor governments, recipient countries, such as Benin, the private sector, and international organisations, Gavi has supported more than 70 of the world's poorest countries to immunise 440 million children since 2000, preventing 6 million deaths.

But our collective work is far from over: one child in five around the world still cannot access vaccines.

Gavi has issued a very clear call to donors – it needs an additional US$7.5 billion to fully fund its next strategic period, and accelerate its progress. Gavi has also announced new goals in its 2016–20 strategy that focus on increasing coverage and fairness of routine immunisation services, strengthening systems for immunisation and health, ensuring sustainability of progress, and shaping the vaccine market to make prices lower in the long term.

These are ambitious plans. Now we must ensure they become a reality.

Each country is responsible for the health and welfare of its children. We must therefore ensure we invest in our national budgets to translate commitments on child health into action.

As members of the international community, all nations have a global and moral obligation to contribute resources to ensure all citizens, especially the most vulnerable, can attain the right to health.

In this joint effort to provide children with access to life-saving vaccinations, civil society organisations (CSOs) should be considered as an equal partner, as the voice of communities, in particular those who are most vulnerable. CSOs reach the hardest-to-reach children and play a vital watchdog role.

I therefore welcome this report from Save the Children and the ACTION partnership for its analysis of not only how the world can ensure Gavi mobilises the funding needed to accelerate its progress, but also how it can fulfil its mission of reaching the world's poorest children.

Our work will not be finished until we reach every last child.

Professor Dorothée K Gazard
Minister of Health
Benin

IMMUNISATION IN NUMBERS

$7.5 BILLION

GAVI'S FUNDING GAP FOR 2016–20

300 MILLION

THE NUMBER OF CHILDREN WHO WILL BE IMMUNISED OVER THE NEXT FIVE YEARS IF GAVI'S PLAN IS FULLY FUNDED

7,000

THE NUMBER OF CHILDREN'S LIVES CURRENTLY SAVED EVERY DAY BY VACCINES

84%

THE CURRENT LEVEL OF BASIC IMMUNISATION COVERAGE AMONG CHILDREN GLOBALLY

$100 BILLION

ECONOMIC BENEFITS GENERATED BY THE PLANNED FIVE-YEAR SCALE-UP IN IMMUNISATION SERVICES – A TENFOLD RETURN ON INVESTMENT

5–6 MILLION

THE NUMBER OF CHILDREN'S DEATHS THAT COULD BE AVERTED OVER THE NEXT FIVE YEARS AS A RESULT OF GAVI'S SUPPORT FOR SCALED-UP IMMUNISATION

16%

VACCINATION COVERAGE OF CHILDREN IN SOME OF THE WORLD'S POOREST COMMUNITIES[i]

EXECUTIVE SUMMARY

The world has made astounding progress towards ending child deaths, which have fallen from 12.7 million in 1990 to 6.3 million in 2013. 2015 isn't just a year; it's a unique opportunity to change the future for children. As we discuss the next development framework for the post-2015 world, our ambition is to be the generation that can end all preventable child deaths.

Vaccination is one of the most successful public health interventions ever and has played a critical role in reducing global child mortality and accelerating progress towards the Millennium Development Goals. Gavi, the Vaccine Alliance, is a global health partnership that aims to increase access to immunisation in poor countries. With support from donor governments, international organisations and private sector partners, Gavi has helped more than 70 of the world's poorest countries to immunise 440 million children since 2000, preventing 6 million deaths.[2]

Although great progress has been made in child survival, millions of children are still dying from preventable causes every year. In January 2015, Gavi will hold a replenishment conference to raise $7.5 billion in new funding. If this ambitious target is met, more children will be reached with vaccines than ever before.

To meet the goal of ensuring that no child dies from preventable causes, there must be 100% coverage of vaccines by 2030. In January 2015, Gavi and partners can put in place the building blocks to address the inequality and injustice in child health.

This report from Save the Children and the ACTION partnership makes the case for fully funding Gavi's new 2016–20 strategy to save the lives of more than 5 million children. This five-year strategy sets out how Gavi will focus next on increasing coverage and fairness of routine immunisation services, strengthen systems for delivering immunisation, ensure sustainability of gains made, and shape the vaccine market. We also call on Gavi, recipient governments, private sector partners and donors to turn this strategy into effective action.

WHAT WE ARE CALLING FOR

We call on donors to meet the ambition to end all preventable child deaths by fully-funding Gavi by 27 January 2015 with US$7.5 billion to implement its next strategic period.

We call on donors and Gavi partners to:

- commit that they will support the Gavi strategy
- prioritise the hardest–to-reach children – success can only be achieved if the injustice of inequality in immunisation is eliminated and high levels of coverage are achieved across all sectors of society
- invest in strengthening health systems, making sure that immunisation contributes to building comprehensive health systems that can deal with all health problems
- play a greater role in making the prices of vaccines affordable to governments in the long term.

PHOTO: RACHEL PALMER/SAVE THE CHILDREN

Pinki, 40 days old, being held by his mother before receiving life-saving vaccinations at a mobile health clinic in New Delhi

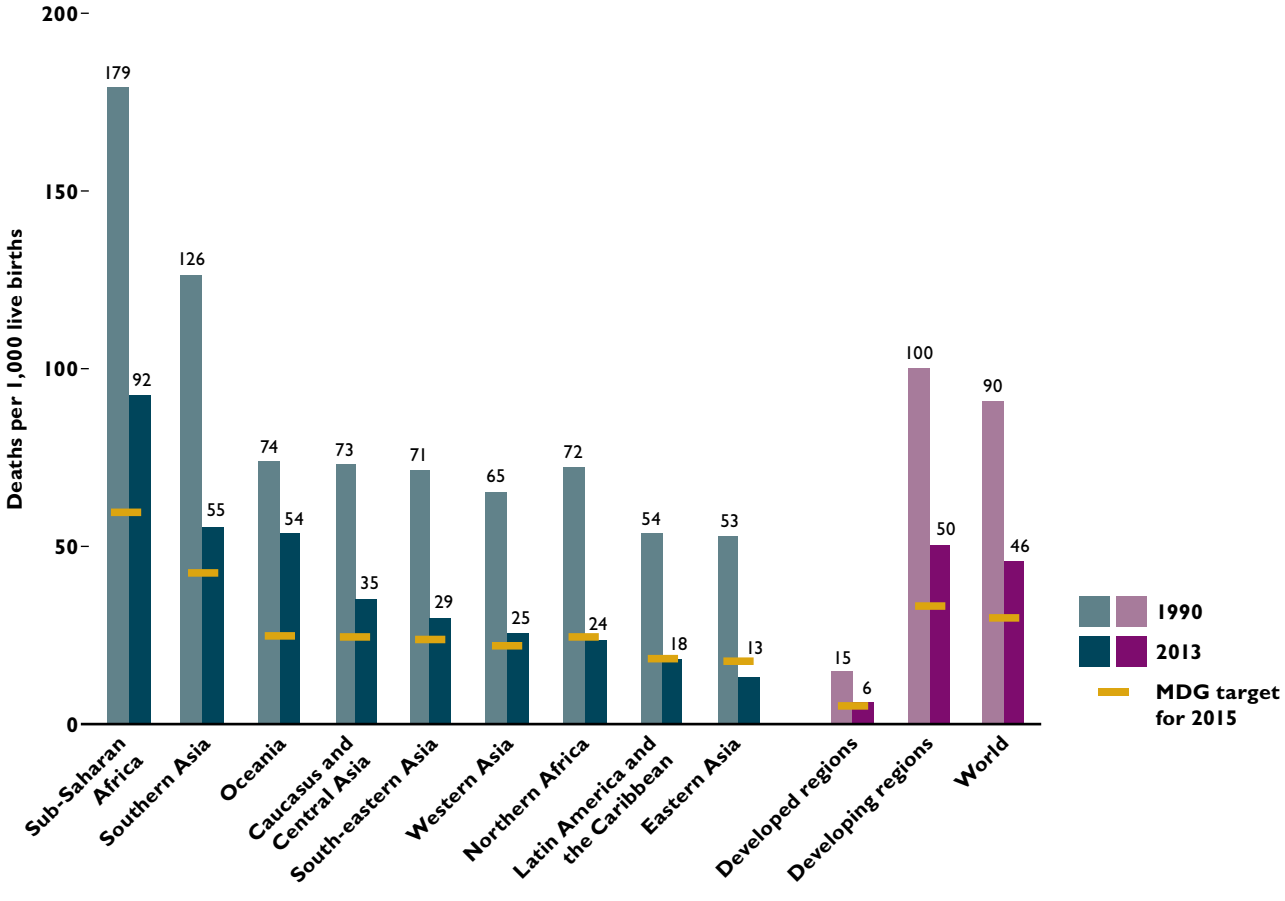
A CRITICAL TIME FOR IMMUNISATION

THE POWER OF VACCINES

Immunisation saves lives. Progress in reducing under-five child mortality – which has halved across the globe from 12.7 million deaths in 1990 to 6.3 million in 2013[3] (see Figure 1) – can be attributed in part to an increase in routine immunisation from 76% to 84% over the same period,[4] as well as to the expansion of other essential health services.

An estimated 2–3 million child deaths from diphtheria, tetanus, pertussis (whooping cough) and measles are prevented each year through vaccines in the world's poorest countries. Beyond saving children's lives, investing in immunisation produces major economic benefits for families, communities and countries. Healthy children progress further in school and face lower healthcare costs as adults, improving social and economic development. It is estimated that expanding childhood immunisation rates in the world's 72 poorest countries – to 90% coverage of vaccines by 2020 – would result in US$150 billion benefits in treatment savings and productivity improvements.[6] Vaccines yield an impressive rate of return and can be considered a 'best investment for global development'.[7]

FIGURE 1 UNDER-FIVE MORTALITY RATE, BY REGION, 1990 AND 2013 (DEATHS PER 1,000 LIVE BIRTHS)[5]



LEAVING NO CHILD BEHIND

Despite the unprecedented progress in immunisation, an estimated 21.8 million children were not reached with routine vaccination services in 2013.[8] Half of these children live in just three large countries: India, Nigeria and Pakistan.[9]

National coverage rates also mask wide inequalities within countries. The poorest 20% of children are three times less likely to be vaccinated than those from the richest quintile. Children living in rural areas are half as likely to be immunised as children in urban areas.[10] Inequalities are even more extreme for newer vaccines, such as those which protect children against pneumonia and diarrhoea.

Access to immunisation is part of every child's right to health. Children who miss out on vaccines are often the ones who also lack access to other health services, clean water and sanitation. All children have a right to health, regardless of where they are born or live, their socio-economic status, ethnic group or the level of their mother's education. Yet these factors continue to drive inequalities in access to health services around the world.

The Global Vaccine Action Plan was adopted by the World Health Assembly in May 2012 as a framework to prevent child deaths through ensuring more equitable access to existing vaccines for people in all communities. Gavi's work is part of this framework.

The target in the Global Vaccine Action Plan is 90% coverage for all vaccines by the year 2020.[11] Meeting that target represents a considerable challenge: global vaccination – the proportion of the world's children who receive recommended vaccines – has remained steady for the past few years at around 84%. The success of Gavi's strategy hinges on whether vaccination targets are met for all sectors of society and the gaps in access to all healthcare are closed.

BEYOND 2015

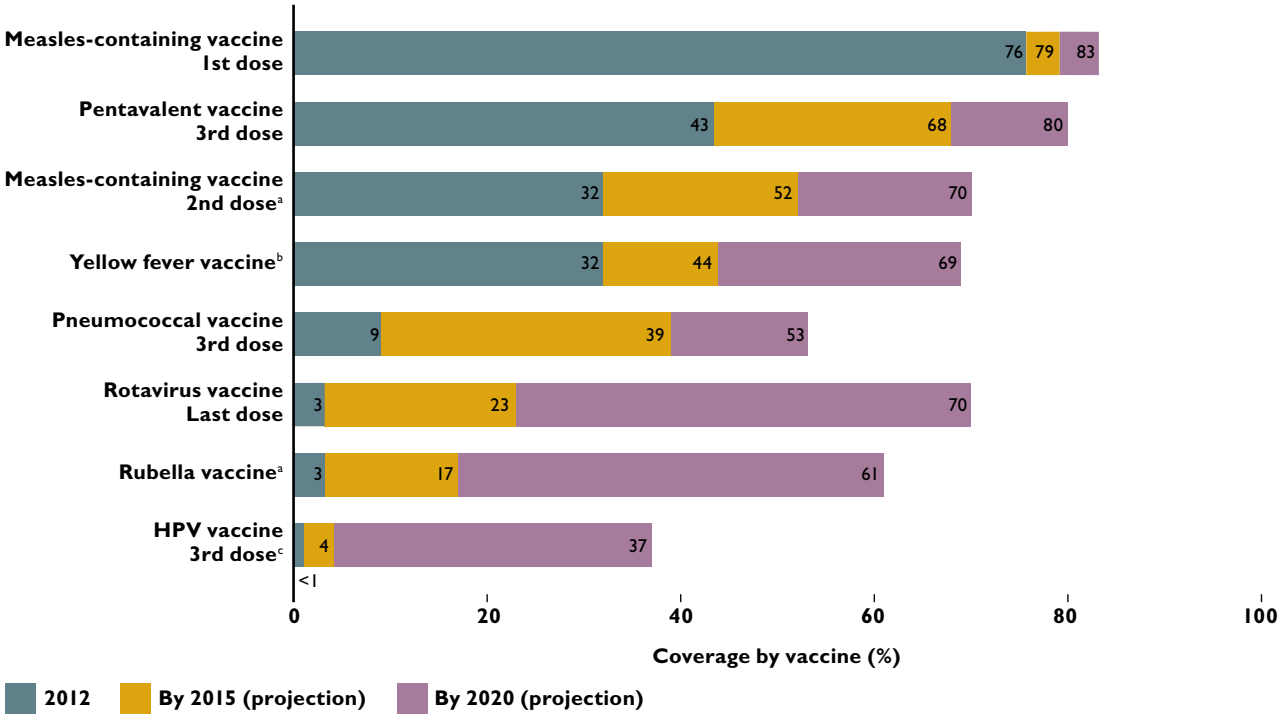
> *'A system designed to deliver universal care provides the foundation for tackling all health problems, for reaching all health goals in a fair, integrated and efficient way.'*
>
> Margaret Chan, Director-General, World Health Organization

The development of Gavi's new five-year strategy coincides with the formulation of the Sustainable Development Goals (SDGs) being discussed by UN member states. Both the Open Working Group report and the UN High-Level Panel have proposed ending preventable child deaths as a future health target. As governments discuss the shape and content of the SDGs, successes seen in immunisation can lead the way in the move to end all preventable child deaths.

Gavi's new strategy focuses on increasing equity and coverage, emphasising the need to reach all children with immunisation and ensure the gains and investments made over the last 15 years are sustained. Targets proposed by civil society for 2030 include achieving 100% coverage of essential vaccines in the Expanded Programme of Immunisation. Key to achieving and sustaining this level of immunisation coverage across all groups is a strong health system, based on the principles of universal health coverage. The current Ebola epidemic demonstrates the need for strengthening health systems for comprehensive reasons. This must be the responsibility of all actors involved in global health.

At its replenishment conference hosted by the German government on 27 January 2015, Gavi will seek to mobilise US$7.5bn in additional resources. This will enable it to support recipient countries to immunise 300 million children, resulting in between 5 and 6 million additional lives saved. The funding needs reflect Gavi's ambitious targets to scale up coverage across all vaccines in their portfolio (Figure 2) and achieve a tenfold increase in the number of children reached with the vaccines universally recommended by WHO.[12]

FIGURE 2 SCALE UP OF IMMUNISATION IN GAVI-SUPPORTED COUNTRIES BY 2020



[a] 2012 coverage estimates are based on country official reported figures.

[b] Target population and coverage estimates are based on 32 yellow fever-endemic Gavi-supported countries in Africa.

[c] Target population for HPV3 is 9–13-year-old girls, 2012 coverage estimates derived from SDF projections about scale-up.

The process to develop the new Gavi strategy engaged all of its partners, including civil society. It is now critical that all partners around the world come together to support this new strategy. Donor governments, private sector partners, developing countries and civil society all have a role to play in funding and ensuring this unique opportunity is not missed. The replenishment is an important moment for partners to ensure that equality of access to immunisation services is increased on the path towards achieving universal coverage of immunisation and other health services.

FROM STRATEGY TO ACTION

Gavi's strategy for 2016–20 has four strategic goals:[13]

- **Equity** – accelerate equitable uptake and coverage of vaccines
- **Health systems** – increase effectiveness and efficiency of immunisation delivery as an integrated part of strengthened health systems
- **Sustainability** – improve sustainability of national immunisation programmes
- **Market shaping** – shape markets for vaccines and other immunisation products.

We support these four goals. They show Gavi's commitment to focus on increasing equitable and sustainable access to vaccines, following a period when it prioritised supporting the introduction of new vaccines into country immunisation plans.

While these goals form the framework to guide Gavi's work, questions remain about how they will be translated into action, which indicators will drive the next strategic period and whether all parts of the Alliance can give the required levels of support to meet this ambition. There are also eight key principles of support,[14] including country leadership and community ownership (see box below), that cut across all strategic goals and will affect how successfully the goals deliver results. The replenishment of Gavi is the most important moment for partners to reaffirm their support for this new strategy and to commit that they will play their part in delivery.

For an overview of the Gavi strategy, see page 20.

COMMUNITY OWNERSHIP

> *"Strong, empowered communities are a Gavi ally, and will ensure an effective and sustainable future for global immunisation."*
>
> The Gavi CSO global consultation report

The new strategy introduces community ownership as a key principle to guide Gavi's mission. Civil society organisations (CSOs) have strongly called for this principle during their global consultation, as well as through Gavi CSO board members during the negotiations of the new strategy.

Communities are Gavi's ultimate stakeholders as they are most affected by the Alliance's decisions and have a key role in accountability, increasing equity and strengthening health systems. Civil society organisations are often the only providers of care in underserved areas and fragile states, and play an important role in helping create demand for services. Community ownership will ensure that vaccines are delivered to the unreached, generate demand for services, and shape policies for better consideration of community needs.

The question remains of how Gavi will translate this principle into action and the extent to which it will guide Gavi's programme and support. CSOs' feedback during the global consultation gives clear examples to be considered, such as:

- improving community representation in Gavi's decision-making processes at the country level and within Gavi governance, such as the creation of a second civil society Board Member
- strengthening support to grassroots organisations, to deliver health services and participate in health policy planning
- increasing working with peer-educators and community health workers, to reinforce vaccine-delivery systems within support for health system strengthening.

ACTION ON EQUITY

All children, regardless of where they are born or live, should receive immunisation and other health services as a right. While Gavi has often focused on disparities in immunisation between countries, huge inequalities still exist *within* countries that must be urgently addressed. These inequalities are driven by poverty, geographical location and level of mother's education.[15] Success for Gavi can only be achieved if this injustice is reversed.

An equitable approach across all strategic goals: The principles of equity are reflected in Gavi's revised mission statement: "To save children's lives and protect people's health by increasing equitable use of vaccines in lower income countries."[16]

As a first step to deliver on this goal, we believe that Gavi must develop an equity policy that includes, but is broader than, the current gender policy. This must provide the framework and tools for ensuring that equity criteria drive decisions about country funding for vaccines. In order to achieve the equity goal, action on all other Gavi goals is critical – stronger health systems, national funding for immunisation and lower prices for vaccines are needed to ensure high and equitable coverage over the long term.

PHOTO: RACHEL PALMER/SAVE THE CHILDREN

A nurse prepares a vaccine to immunise a child against DPT (diphtheria, whooping cough and tetanus) and BCG (tetanus) at a mobile clinic in New Delhi.

The mobile clinic visits slums on a weekly basis and provides diagnosis, treatment and advice on medical conditions and nutrition to mothers and children. Though most slum residents are entitled to free care at Delhi's government hospitals, they tend to make little use of these institutions due to discrimination and poor awareness, and because facilities are often poorly resourced and under-staffed.

In India, if a child is poor, he or she is three times less likely to be vaccinated than a child from a more wealthy family. Gavi must place equity at the centre of its strategies to make sure that the most vulnerable children do not miss out.

Equity should guide investments: Current eligibility criteria mean that only countries with a gross national income (GNI) per capita below or equal to US$1,580 are eligible for Gavi support. This excludes many poor people who live in richer countries, which are set to graduate from Gavi support or have never been eligible. Gavi's Board must consider the changing landscape of poverty in order to reach not only the poorest countries but also the poorest children, through regularly reviewing and considering additional criteria or alternative support. These criteria could include an assessment of plans and/or progress in addressing inequity in coverage, and specific approaches to overcome bottlenecks and achieve higher coverage in hard-to-reach areas.

In the new strategy, Gavi has suggested it might consider "catalytic investments in exceptional circumstances"[17] outside of current eligibility criteria, such as funding for states in large countries where there are inequities in vaccine coverage. We support this review, given that half of the children without access to immunisation live in three countries with huge inequities in coverage (India, Nigeria and Pakistan). Further analysis of what this support might look like, how it fits with the current country-by-country approach[18] and modalities for delivering such support is needed.

Gavi currently only supports countries to purchase enough supply for 0–1-year-olds, but in many of the poorest countries with the most inequitable coverage, many children do not complete their immunisations by age one. The World Health Organization recommends all children should receive their needed doses, even if older than age one. Known as delayed immunisation, this is one area where exceptional investments could prevent outbreaks of disease and save lives.[19]

No target should be considered met unless it is met for all social and economic groups: Key to tracking progress in this goal will be setting and measuring targets on immunisation coverage that apply to all population groups within a country. Data should be disaggregated to reflect the various dimensions of equity, including geographical location, gender, wealth quintiles and level of mother's education. Gavi should raise its ambition from the existing strategy to consider the principle that all groups must achieve targets in order for success to be achieved.[20] Gavi and partners have an important role to play in providing investment and technical support to national information systems, necessary to monitoring progress in immunisation and health outcomes.

INNOVATION IN REACHING THE POOREST COMMUNITIES

In places with few resources, innovations can make a difference in reaching the poorest. Gavi has been working on innovative concepts for thermostability, presentation and packaging, and vaccine delivery technologies. The priority lies in gathering evidence for near-term innovations that could provide benefits for 2016–20, with the ultimate goal of improving coverage and equity. Some examples are:

- A prefilled single dose syringe of a pentavalent vaccine to facilitate outreach efforts and increase vaccine coverage. Prior experience with this device has shown that it requires less time to administer than traditional needle-vial delivery. Expanded use of the meningococcal A conjugate vaccine in a controlled temperature chain at temperatures of up to 40°C for up to four days. This innovation, which offers the greatest benefit to vaccines delivered via campaigns and special strategies, could help to increase campaign efficiency and coverage, while at the same time saving funds normally spent on maintaining the cold chain.[21]
- Tanzania is one of a few countries to introduce the use of barcodes on vaccine packaging as a way to improve stock management; this reduces the risks of stock-outs and vaccine wastage, and improves the efficiency, safety and timely delivery of vaccines.

Source: Gavi, the Vaccine Alliance

HEALTH SYSTEMS, NOT JUST IMMUNISATION SYSTEMS

To reach every child with immunisation services – and to do it year after year – requires a functioning health service with sufficient staff, resources and systems in place. At the same time, because immunisation services are often the first point of contact with health services for poor people, these can be the backbone of primary healthcare. In light of this, the proven ability to reach more children with vaccines than with any other health intervention must be harnessed to strengthen all essential health services in the quest for universal health coverage. Despite the specific mandate of Gavi, going beyond immunisation systems to a system-wide approach could more effectively ensure greater equity and sustainability of programmes, while enabling countries to deliver other essential health services as well.[22] As a key global health initiative, Gavi has a responsibility to ensure its assistance is being used to have the greatest impact, leveraging its specific immunisation focus for system-wide benefits.

PHOTO: IVY LAHON/SAVE THE CHILDREN

A health worker vaccinates children at a health centre in Kasai Oriental Province, in the Democratic Republic of Congo.

Health outcomes in the Democratic Republic of Congo are poor, and have remained stagnant over the past decade. Under-five mortality is 146/1,000 live births. Immunisation coverage is highly inequitable, with children in the poorest communities half as likely to receive immunisation as the wealthiest. Estimates indicate that just 25% of the population has access to a functional health service. While per capita health expenditure has fallen slowly over the past few years, it currently stands at $24 per person, of which less than half is government spending. Even where healthcare services are available, user fees exist for many services and are a barrier to accessing healthcare. There are indications of the Ministry of Health's desire to improve the health system – infrastructure, salaries and the purchase of drugs and supplies – but this is constrained by resource shortages.

Debates about Gavi's role in strengthening health systems have been long running, with different partners changing positions over time.[23] This goal of supporting health systems highlights the links between immunisation systems and the broader health system, with a focus on national supply chains for vaccines. Of course, it is critical to improve supply chains, but achieving and sustaining high and equitable coverage will not be possible without strengthening all building blocks of the health system – including adequate financing, human resources, governance and improved information systems. While this goal has as its secondary objective "the integration of immunisation in health systems", this should go further to use the momentum gained in immunisation to strengthen health systems in order to deliver essential services.

Increasing funding for health systems: For the next phase, Gavi has allocated $0.9bn of the total $9.5bn spending target for health systems strengthening (HSS), with an additional $0.5bn allocated for strategic investment, which includes efforts to strengthen supply chains and improve equity and data.[24] The current Ebola crisis further highlights the critical need for all agencies to actively support strong health systems, rather than just their own issues (see box). Gavi's HSS window needs substantial funding at meaningful levels to be able to play its part in improving health systems and community systems. We are concerned that the current allocation may not be enough to realise the ambition of reaching every child, and we call on Gavi and its donors to monitor this closely.

Modifying performance-based funding targets: In the 2011–15 strategy, the time-frame to show results under Gavi's performance-based funding model for health systems support failed to acknowledge the long time-period needed to address systemic problems, such as healthcare worker shortages.[27] Gavi support in this area should recognise that longer time-frames are needed to demonstrate results. Countries must first identify their own system bottlenecks before developing and implementing context-specific strategies.

Since HSS support has the ultimate goal of improving health outcomes, there should also be a greater emphasis on measuring and reporting final outcomes – such as the reduction in under-five mortality across equity dimensions – as well as step changes within the health system, including levels of domestic funding for health. In line with this, Gavi should prioritise better reporting of HSS expenditure and performance through freely accessible data online. This will serve to improve the evidence base for HSS and facilitate mutual accountability and learning between countries. Donors, too, have a role to play in ensuring data transparency of the institutions they support.[28]

EBOLA AND HEALTH SYSTEMS

The ongoing Ebola epidemic in West Africa emphasises the importance of establishing strong health systems.[25] It is widely agreed that this crisis would have been foreseen and could have been contained had there been strong comprehensive primary care in place. Strong public health systems should be able to identify cases, trace contacts, and isolate infected and exposed patients and thereby contain the outbreak.

Ebola is damaging the functioning of health systems in Guinea, Liberia and Sierra Leone, including delivery of immunisation services. Attendance at routine under-five clinics in Sierra Leone has fallen by two-thirds.[26] Health systems in Ebola-affected countries are among the weakest in the world. They lack sufficient infrastructure, with an inadequately sized and poorly trained workforce and without the many other elements of a strong health system, including adequate financing, supplies and medicines, laboratories, infection-control equipment, clinical guidelines and protocols, health information and communication systems.

The Ebola epidemic has demonstrated the need for strengthening health systems. This is the responsibility of specific health systems funds, and of all actors involved in global health. It is why Save the Children and ACTION support Gavi having a strong role in helping to use momentum for immunisation to build comprehensive health systems.

PHOTO: SEBASTIAN RICH/SAVE THE CHILDREN

A vaccinator with a vaccine carrier heading to Kingsville, Liberia.

Vaccine services have been disrupted in Liberia as a result of the ongoing Ebola epidemic, which has demonstrated the need for continued investments in building stronger systems.

SUSTAINABILITY OF NATIONAL IMMUNISATION PROGRAMMES

Gavi's funding model is intended to provide time-limited and catalytic support to ensure investments in vaccines are sustainable over the long term. As the economies of Gavi-eligible countries grow, countries are expected to co-finance an increasing proportion of the cost of vaccines. Gavi suggests that the 2016–20 period represents the peak of donor investments. Twenty countries out of 70 are expected to be fully graduated from Gavi support by 2020, and nine are expected to enter into the graduation process in this period.

Investment by donors through Gavi is only one part of the global immunisation picture. The overall cost of sustaining and scaling up essential immunisation services has been estimated between US$50bn and $60bn, cumulatively, over the course of the Decade of Vaccines (2011–20) in the 94 low- and lower middle-income countries least likely to be able to fund immunisation services.[29] Of this total cost of immunisation, $12bn was initially estimated to be provided through Gavi and around $20bn from countries' own contributions. This costing exercise is currently being reviewed, but nevertheless illustrates the large gap – $18bn – in funding for immunisation. Gavi-eligible countries face enormous challenges in financing the health sector, with governments currently spending on average just $25 per person on health.[30] This puts into perspective the huge challenges in scaling up financing for immunisation – the total package of vaccines recommended by WHO is itself estimated to cost $38.80.[31] In recognition of the enormous challenges in financing healthcare in low-income countries, Gavi must build on this goal of building the sustainability of immunisation programmes to support all countries and not just those nearing graduation.

A girl receives a vaccination at Sadak Heu hospital, Cambodia

Decisions on introduction of new vaccines: Countries' decisions to introduce new vaccines into their immunisation programmes have implications for sustainability once Gavi funding is completed – as the level of domestic funding needed on a recurrent basis will depend on the number of new vaccines introduced.[32] New vaccines have the potential to protect more children against more diseases, but each country's decision to introduce them must take into consideration financial and programmatic sustainability and not just the availability of Gavi funding. Gavi is well-positioned and has a responsibility to support countries to undertake rigorous decision-making processes.

Review of graduation criteria: Graduation is a test of Gavi's model, including co-financing policies and market-shaping activities.[33] Eligibility and graduation criteria are currently based on GNI only. Gavi should consider additional criteria, such as immunisation coverage, number of unimmunised children, inequalities in coverage, capacity of immunisation and health systems, and the burden of vaccine-preventable diseases. While not wanting to incentivise poor performance, it is clear that there are serious challenges facing near-graduating countries, which put into question the sustainability of immunisation programmes. Gavi has recognised this, reporting the Board's majority view to refine its graduation approach in light of the challenges facing countries nearing graduation.[34] A full review of graduation policies and Gavi's definition of successful graduation are urgently required.

Capacity building and transition planning for all Gavi countries, not just those nearing graduating: Gavi must assist all countries to prepare for the withdrawal of support by estimating additional funding requirements and the demand that will be placed on health budgets over multiple years, as coverage increases across the country. Other areas for support include procurement and forecasting, economic evaluation and price negotiation for the introduction of new vaccines. Currently, Gavi's report on graduation analyses the projected costs of all Gavi-vaccines as a percentage of projected public expenditure on health – with the target of 1% as "relatively affordable".[35] A clearer definition of affordability is needed, as well as a more comprehensive costing that includes non-vaccine costs – such as personnel, cold chain, surveillance and quality assurance – and health systems improvements needed to reach and sustain higher levels of coverage. Planning should also look beyond the limited Gavi-supported vaccines to take into account the funding requirements for the entire national portfolio of vaccines. Countries with particularly low, or falling, rates of vaccination coverage will require specific support to address vaccination needs.

DRIVING DOWN VACCINE PRICES

While the introduction of new vaccines means that children are protected from more diseases, this also means that the cost to countries has increased. Sustainable access to vaccines relies on the ability of a country to secure the lowest prices on the market and to ensure sufficient, uninterrupted supply. Older vaccines are relatively inexpensive, but newer, more complex ones are increasingly costly. The total cost of WHO's recommended routine bundle of vaccines has increased from a little over $1 in 2001 to nearly $40 for Gavi-eligible countries today. Prices for other countries are likely to be significantly higher. The bulk of these additional costs comes from pneumococcal and rotavirus vaccines.[36] In most of these cases there may also be little or no competition, leading to monopolies or duopolies and risks of further price inflation. So, even with many vaccines manufacturers putting tiered pricing systems in place, the cost of the total bundle will become more unaffordable as newer vaccines are added to the recommended package. In fact, many middle-income countries have already chosen not to introduce many of these new vaccines due to affordability concerns.[37]

Driving down prices: With its market-shaping goal, Gavi, in collaboration with partners, has an important role in supporting Gavi-graduating countries and other low- and middle-income countries negotiate affordable prices. Gavi can and must also use its influence to drive down prices through stimulating competition, increasing price transparency, promoting the development of appropriately adapted vaccines and encouraging new manufacturers to enter the market.

Increasing the number of manufacturers: There must be a sufficient level of competition in the vaccine market to drive down prices. Increasing the number of manufacturers to the market, in particular from emerging economies, is an effective strategy to help bring prices down, and can also spur innovation and help ensure adequate and appropriately adapted supply. Where tiered pricing mechanisms are in place, as with Gavi's own eligibility policy, these should be based not only on macro-economic considerations but also on access-driving, public health, and population considerations (eg, immunisation coverage, inequities, poverty, disease burden, multi-year commitments), and must take into account transparency, equity and fairness criteria.

Ensuring transparency: Prices should be transparent to monitor progress on reductions. Civil society has called on Gavi to be more vocal in promoting greater transparency around vaccine research, development and pricing, including, for example, the costs of developing products that can be used in setting fair pricing.[38]

PRICES FOR GAVI-GRADUATING COUNTRIES[39]

GlaxoSmithKline recently announced a five-year price freeze on its HPV, pneumococcal and rotavirus vaccines for all countries graduating from Gavi support, so they will be able to purchase vaccines at the Gavi price for that period of time after graduating.[40] This announcement is welcome – and more companies should undertake efforts such as these to supplement their existing tiered pricing frameworks in an effort to ensure greater access to medicines. The details of how this price freeze will be implemented, including when it will start and how it may be affected by changes in Gavi's eligibility criteria, are still to be developed. Furthermore, as outlined above, prices for vaccines must be lowered holistically, and not just for Gavi-eligible countries. Gavi should work with GSK and other pharmaceuticals to develop plans for the prices that countries will pay for vaccines following graduation from Gavi support.

FINANCING THE STRATEGY

As we have shown above, the rationale for investing in Gavi is strong. Vaccines represent one of the most powerful and cost-effective interventions in health. They save lives and directly impact on the health and well-being of children and their families.

There are many other strong arguments in favour of investing in Gavi (see box below). As we approach the replenishment conference, the question of whether Gavi's five-year strategy can be fully funded becomes more urgent. This section examines where the $7.5 billion will come from, and which donors must step forward and increase their investments.

Importantly, donor contributions represent just one part of Gavi's financing model, which is complemented by co-financing and market-shaping activities. It is expected that as recipient country economies grow, co-financing is expected to nearly triple during 2016–20, in comparison with the last period, to $1.2bn.

REASONS FOR INCREASING INVESTMENTS IN GAVI[41]

- **Impact**: No other invention reaches more children than immunisation. Through pooling the procurement of vaccines, Gavi benefits from economies of scale and works to shape the market. The Copenhagen Consensus ranks childhood immunisation as the third best investment for global development.
- **Benefits to women and girls**: Gavi supports the roll out combined Measles-Rubella vaccines and of HPV, critical to improving the health of women and adolescent girls.
- **Country-driven partnership**: Gavi brings together a range of partners to achieve common goals. By harnessing the comparative advantages of each partner, Gavi provides innovative approaches to improve vaccine coverage.
- **Transparency**: Gavi came fourth out of 68 international development organisations in the 2014 Aid Transparency Index, demonstrating its commitment to transparent and accountable results.
- **Low administrative costs**: Only 3% of Gavi's budget covers overheads; this is low when comparing across other multilaterals.
- **Measurable output**: At the 2013 mid-term review, Gavi demonstrated it was on track to immunise 243 million children and prevent 4 million future deaths in 2011–2015.
- **Reducing the price of vaccines**: From 2010 to 2013, Gavi managed to reduce by 37% the average cost for pentavalent, pneumococcal and rotavirus vaccines.
- **Return on investment**: If fully funded, Gavi investments in 2016–20 will generate between US $80bn and $100bn in economic benefits, equivalent to a tenfold return on investment.

OVER $12.1 BILLION FOR IMMUNISATION RAISED TO DATE

Financing for Gavi[42] comes from a range of donors, including governments, philanthropic organisations and the private sector, and is channelled through two main funding streams:

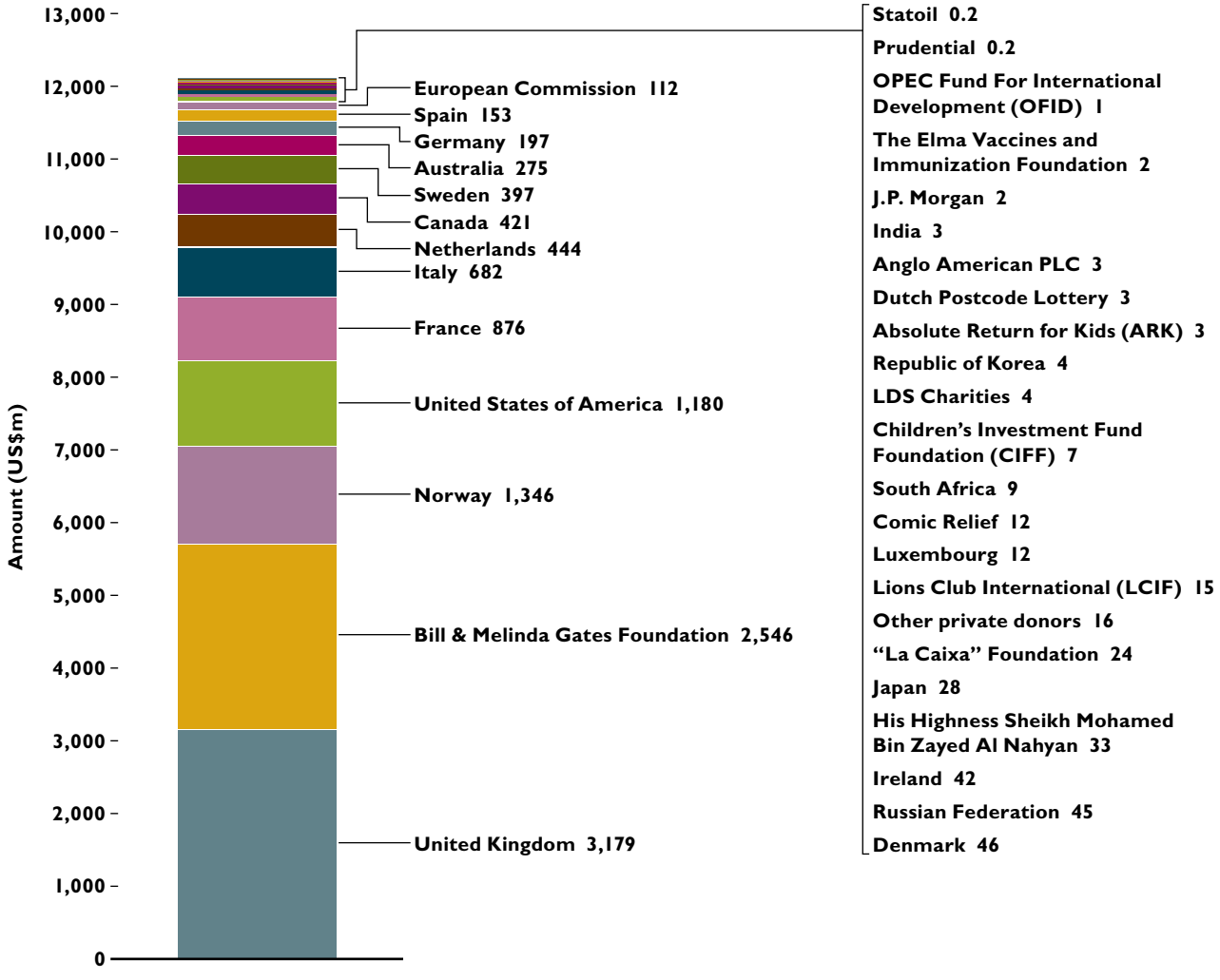
- Direct contributions are regular cash payments directly to Gavi, usually pledged on an annual or five yearly basis;
- Innovative financing such as the International Finance Facility for Immunisation (IFFIm) aims to use private bond markets to 'frontload' long-term donor commitments, and convert this funding into immediately available funds through the financial market. The Advance Market Commitment (AMC) mechanism aims to guarantee future markets for newly-developed vaccines.

Over the past 15 years, 38 different donors have contributed to Gavi's immunisation programmes, raising over $12.1bn for immunisation (Figure 3). Three donors (UK, Norway and the Bill & Melinda Gates Foundation) have contributed nearly 60% of funding. The bulk of funding for Gavi comes from direct contributions. The success of innovative financing streams has been less clear.[43]

REVIEWING DONOR PERFORMANCE FOR 2011–2015

Prior to looking at new funding, donors must deliver on existing pledges made in the 2011–15 period. Most donors remain on track to deliver commitments made at the Gavi pledging conference in 2011. However, as shown in the

FIGURE 3 DONORS TO GAVI 2000–2015



Comprised of total contributions received and outstanding pledges to Gavi as of 31 March 2014

Total figures above do not include in-kind contributions.

ACTION 'Donor Immunization Record' published in April 2014,[44] a number of countries, including Australia, Ireland, Japan and Spain, had not made pledges for the duration of the period and could still make contributions for 2015. Most concerning, France has pledged until 2015, but has yet to programme nearly 25% of its pledge. Current cuts in the aid budget and, more specifically, in aid for health place the disbursement of funds at risk. Further, Denmark has only committed until 2013 and has decided to cut its funding to Gavi.

FILLING THE GAP

Gavi has estimated that it will spend US$9.5bn over the next five years, of which US$2bn is already available.[45] The gap of $7.5bn remains to be raised from donors during this round of replenishment. Of the total planned expenditure, 68% is allocated to vaccine costs, 6% is allocated for vaccine introduction campaigns, 10% for health systems strengthening activities, 8% for programme implementation, and 5% for strategic investments to fund other priority areas[46] (see Figure 4).[47] The costs for each vaccine, the number of children and adolescents immunised, and the number of deaths averted has been estimated for each vaccine supported by Gavi (see Table 1).

NEW PLEDGES NEEDED

Gavi's funding needs for the next period – US$9.5bn – have increased by roughly a third from the last period.[48] If every current donor were to step up and increase their level of funding proportionally, the full need would be met. However, this is an unlikely scenario, as countries make decisions about funding based on a variety of factors including economic capacity, political context, aid budget levels and the prioritisation of sectors within those aid budgets. Countries give differing proportions of their GNI to aid, ranging from Japan with 0.17% of GNI, to 1% from Luxembourg and Sweden; the UK reached its target of 0.7% this year.

We have identified country-specific calls to ensure Gavi is fully funded for the next five years, based on previous interests and current contexts. Table 2 identifies how much different countries might give,

FIGURE 4 OVERVIEW OF GAVI EXPENDITURE FOR 2016–20

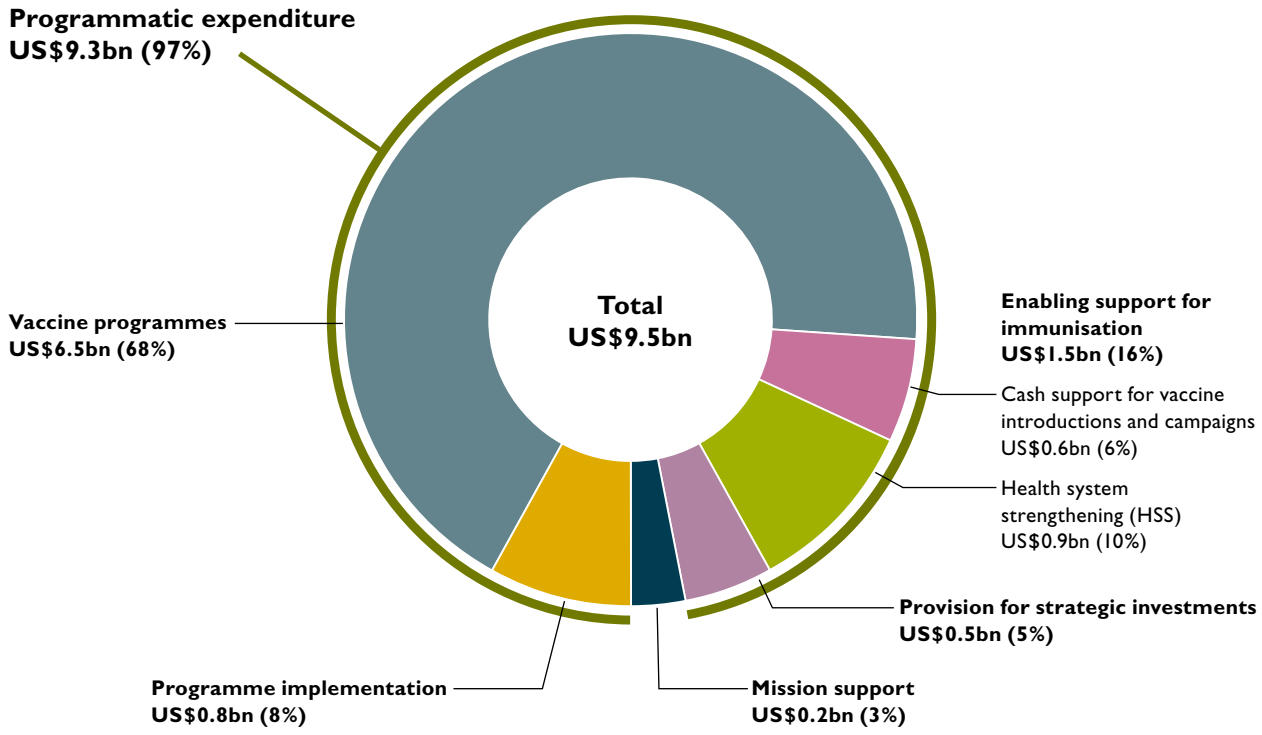


TABLE 1 COSTS AND BENEFITS FOR GAVI-SUPPORTED VACCINES, 2016–20

Vaccine	Expenditure in US$ millions	Number immunised	Deaths averted
Pneumococcal	2,789	190m	600,000
Pentavalent	1,294	300m	3,000,000
Rotavirus	955	150m	200,000
HPV	347	30m	600,000
Measles second dose and measles-rubella	343	500m	700,000
Yellow fever	288	150m	300,000
Typhoid	241	50m	20,000
Cholera	89	–	–
Meningitis A	85	100m	60,000
Japanese encephalitis	52	70m	8,000
Total	**US$6.5 billion**		**5–6 million**

based on conversations with activists, governments and Gavi. If each country gives the amount identified for them, Gavi would raise funds above the amounts needed to fund the strategy. We have shown how many lives would be saved by each country's contribution. However, we believe the most compelling argument for supporting Gavi is the shared effort among donors and developing countries to save 5–6 million lives.

These are ambitious calls for funding – representing the highest donation to date for each country. But the potential achievement – 5–6 million children's lives saved – is immense.

PRINCIPLES FOR GAVI AID

These asks have been developed taking into account each country's unique circumstances – but principles apply across countries. All countries are able to and must make predictable, long-term pledges covering the duration of this period, to be planned, programmed and delivered with a clear calendar. This is crucial to plan and sustain immunisation programmes, as well as to help shape the market for vaccines. Furthermore, any new funding for Gavi must be strictly additional, and not come at the expense of other funding for the health or development sectors.

NEW DONORS MUST CONTRIBUTE THEIR FAIR SHARE

A number of country members of the Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC) currently have not contributed to Gavi – Austria, Belgium, Czech Republic, Finland, Greece, New Zealand, Portugal, Slovakia, Slovenia and Switzerland. Meanwhile, non-traditional development donors are increasingly playing a role in global health and development funding. Brazil, China, Saudi Arabia and UAE, while not members of DAC, have adopted its definition of overseas development assistance and have national policies in place on development cooperation.[49] Many non-DAC countries contribute to other pooled financing mechanisms including the Global Fund to fight HIV, TB and Malaria and

the Global Partnership for Education.[50] Given these efforts by non-DAC countries, there is no reason why the DAC countries listed above should not also contribute their fair share.

South Africa and, more recently, India have made pledges of $1m per year to Gavi. Other countries should step up to their global obligation with an initial contribution to Gavi.

MULTILATERAL DONORS, PHILANTHROPIC ORGANISATIONS AND THE PRIVATE SECTOR

The European Union (EU) institutions have committed ad hoc funding to Gavi over the last period, rather than multi-year commitments. At the launch of the replenishment process in April 2014, the European Commission pledged €175 million for 2014–20, more than doubling its funding compared to the previous period. However, this was far below the levels called for by European civil society organisations of €50m per year for 2014–20. Despite EU institutions being the third largest contributor to international aid globally, the EC's new pledge only represents 1.5% of the total share of contributions to GAVI. More important, this funding is in jeopardy, with changes in the EU leadership under way. Ensuring that the new commission is committed to delivering on the pledge made and tracking its disbursement will be critical.

Between 2000 and 2013, US$2,183m, or 26% of Gavi's total funding during this time, came from private sector donors, foundations and individuals. The Bill & Melinda Gates foundation is a leading donor in global health, and has been the second largest contributor to Gavi since helping to establish the Alliance in 2000. We anticipate the Foundation continuing to give generously by maintaining or increasing its share of funds to Gavi for the next period. Private sector donors are also increasing contributions to Gavi, with pledges from 11 private sector donors during the last period.[51]

TABLE 2 INDICATIONS OF CIVIL SOCIETY CALLS TO DONORS FOR 2016–20 CONTRIBUTIONS TO GAVI

Donor	Contributions to Gavi 2011–15 ($m)	Existing commitments to Gavi for 2016–20 (proceeds in $m)*	Possible new pledge for 2016–20 ($m)	Total potential contribution 2016–20 ($m)	Share of total spend 2016–20	Contribution to number of children immunised**	Contribution to number of lives saved	Comments
Australia	232	47	440	547	5.4%	16,100,000	270,000	Australia has a 20-year commitment to the IFFIm, and has contributed and delivered AUS$260m to date. Although its aid budget is under threat, civil society organisations are calling for a 20% increase for the next period, with an ask of AUS $500 million over five years.
Bill & Melinda Gates Foundation	1,317	2	1,700	1,702	18.8%	56,300,000	940,000	The Gates Foundation has been the second largest contributor to Gavi since helping to establish the Alliance in 2000. We anticipate the Foundation continuing to give generously by maintaining or increasing its share of funds to Gavi for the next period.
Canada	195	10	500	510	5.6%	16,900,000	280,000	As a leader in maternal, newborn and child health (MNCH), Canada should signal its support to Gavi with funding of up to $500m. This must be additional to, and not come at the expense of, other funding for MNCH.
European Union	76	197	159	356	3.9%	11,800,000	200,000	The EU has committed ad hoc funding to Gavi over the last period. In May 2014, it pledged €25m for 2014–20, double its funding for the previous period. Civil society has called for larger amounts, but even this pledge needs to be reaffirmed by the new Commission.
France	471	272	500	772	8.5%	25,500,000	430,000	France has a long-term commitment to the IFFIm, leading the way in innovative financing. Immunisation and HSS is a high priority for the French government. France must increase funding for 2016–20 to at least $100m per year.
Germany	203	28	609	637	7.0%	21,100,000	350,000	As the host of the replenishment conference and the third largest DAC donor, Germany needs to send a strong signal of support for Gavi by doubling its share. Civil society is calling for €100m per year in new funding.
Italy	429	303	288	591	6.5%	19,600,000	330,000	Italy should increase its commitments to Gavi in the next period to maintain its share of support. New ask set at €250m for five years.
Japan	27	–	600	600	6.6%	20,000,000	330,000	A relatively small donor in 2011–15, Japan gave 0.5% of Gavi funds. Japan is the fifth largest DAC donor and the third largest global economy, and could significantly increase its contribution to Gavi. Civil society is calling for $120m a year – a significant step up in support for Gavi.
Netherlands	233	7	224	231	2.6%	7,700,000	130,000	The Netherlands has long-term commitments to Gavi and should continue to show its strong engagement in global health by increasing its funding in line with Gavi's need for greater funds this coming period.

* We have calculated existing contributions on a 'proceeds' basis – this implies funds from direct contributions and IFFIm are available to Gavi for that period for implementation of programmes. In a number of cases the total contribution for that period is higher than the figure shown here. These overall contributions include repayments of IFFIm and payments to the AMC. On a contributions basis: Australia $74m, Italy $386m, France $501m, Netherlands $20m, Norway $119m, Spain $60m, Sweden $13m, UK $1,203m.

** Benefits have been calculated by looking at the total funds available to Gavi for the period from each donor (proceeds) divided by the $9.065 billion resource requirements on a proceeds basis, the denominator provided on advice by Gavi – while if all donors come through on the above pledges, far greater than $9bn will be raised. It is not clear to us at this stage if funds would be available for vaccine programmes and what impact this may have on number of lives saved.

continued overleaf

TABLE 2 INDICATIONS OF CIVIL SOCIETY CALLS TO DONORS FOR 2016–20 CONTRIBUTIONS TO GAVI *continued*

Donor	Contributions to Gavi 2011–15 ($m)	Existing commitments to Gavi for 2016–20 (proceeds in $m)	Possible new pledge for 2016–20 ($m)	Total potential contribution 2016–20 ($m)	Share of total spend 2016–20	Contribution to number of children immunised	Contribution to number of lives saved	Comments
Norway	763	41	895	936	10.3%	31,000,000	520,000	As the third largest donor to Gavi, Norway has already shown its continued support to Gavi and global health. Norwegian Prime Minister Erna Solberg announced US$215m to Gavi for 2015 and at least this amount for the years to come (1,250m NOK per year for five years). The Norwegian government should honour this promise by a minimum direct contribution to GAVI of 1,250m NOK per year from 2016–20.
Russia	40	33	23	56	0.6%	1,900,000	30,000	Russia has oustanding commitments via the AMC for the 2016–20 period. A new pledge of $23m would result in an increase of 28%, in line with Gavi's increased needs.
Spain	60	31	30	61	0.7%	2,000,000	30,000	Spain has contributed over $150m to Gavi to date. Existing commitments to IFFIM will generate $30m in funding for Gavi. Civil society is calling for a similar amount ($31m) as a new pledge in direct contributions.
Sweden	260	4	413	417	4.6%	13,800,000	230,000	Aid volumes in Sweden have been rising and the new Swedish government has an opportunity to increase contributions to Gavi by a third (SEK 600m per year). A new pledge of $328m is in line with the greater need.
United Kingdom	2,370	719	1,944	2,663	29.4%	88,000,000	1,500,000	Gavi's largest donor has signalled its desire to reduce its burden share. An ambitious donation of £1.2bn, in addition to existing commitments, would leave the UK as a leading donor, while somewhat reducing its share.
USA	*533*	–	*800* (2016–2018)	*estimated >800* (2016–2018)	*8.8%*	*26,500,000*	*440,000*	The US is the largest global economy and largest DAC donor. It has contributed nearly $1.2 billion dollars to Gavi to date. Building on the US's prior 2012–2014 pledge of $450 million, civil society is calling for a four year pledge of $1bn for the 2015–2018 period, of which $800m is for three years of the upcoming replenishment period (2016–2018). Advocates expect the US to continue robust contributions in 2019 and 2020 which would increase US total share, but have not yet identified a specific ask for 2019 and 2020. Increases in Gavi funding must not come at the expense of other bilateral funding for MNCH.
Other	172	19	197	216	2.4%	7,200,000	120,000	Other donors include current Gavi donors – including high-income countries such as Ireland, Luxembourg and South Korea. We call on these donors to increase their contributions by at least 28%, in line with Gavi's increased financial need for this period. New donors include DAC donors who do not currently give, and other non-DAC high-income countries such as Brazil, China and UAE.

RECOMMENDATIONS

As Gavi prepares for its replenishment conference in January 2015, it is critical that its current and potential partners around the world come together to support and fully fund this new strategy. Donor governments, private sector partners, developing countries and civil society each have an important role to play in ensuring this unique opportunity is not missed. We urge all donors to step forward with ambitious pledges to Gavi to ensure its goals for 2016–20 can be delivered, saving millions of children's lives. We also call on the donors pledging to this period to visibly show their support for the new strategy, to raise these issues verbally in their official statements at the pledging conference on 27 January 2015, and to confirm now their agreement to champion this agenda for the coming five years.

RECOMMENDATIONS

We call on current donors, potential new donors, the private sector and recipient countries to:

1. FULLY FUND GAVI'S 2016–20 STRATEGY

We call on all current donor countries to fully fund the $7.5 billion funding gap, increasing their funding in line to meet Gavi's increased needs and to help save the lives of more than 5 million children by 2020. We call on new donors to step forward, in recognition of the outstanding return on investment Gavi offers. The private sector must continue to play a key role in ensuring Gavi is fully funded. Recipient countries must plan to sustain the benefits of Gavi's support by allocating a greater share of the budgets to health and to vaccines within their health budget.

2. PRIORITISE THE HARDEST TO REACH CHILDREN

Success for Gavi can only be recognised if the injustice of inequity has been eliminated. High levels of coverage must be achieved across all sectors of society. We recommend that Gavi prioritises equity of coverage before the introduction of new vaccines into limited immunisation programmes. Gavi must develop an equity policy that cuts across all four goals and includes equity criteria in funding windows, implementation plans, accountability mechanisms and reporting metrics.

3. INVEST IN STRENGTHENING HEALTH SYSTEMS

Gavi must increase its role in health systems strengthening, making sure that immunisation contributes to building comprehensive health systems that can deal with all health problems, including emergent health crises such as the current Ebola epidemic. Without improvements in the way Gavi and partners fund, deliver, measure and record health systems support, there is a risk that the opportunity to catalyse dramatic improvements in the health system will be lost, and countries will be unable to sustain vaccine coverage rates following Gavi graduation.

4. PLAY A GREATER ROLE IN BRINGING DOWN THE PRICES OF VACCINES

Gavi and partners must play a stronger role in shaping vaccine markets so that prices are affordable in the long term for governments in developing countries. Gavi should continue to negotiate lower and sustainable prices, and call for greater vaccine price transparency, not only for Gavi-procured vaccines, but for all vaccines, from all manufacturers, and encourage genuine competition as the preferred option to drive down vaccine prices. Pharmaceutical companies have a role to play in continuing to reduce vaccine prices, ensuring a consistent supply, and increasing price transparency.

APPENDIX: GAVI STRATEGY 2016–20

Mission	**To save children's lives and protect people's health by increasing equitable use of vaccines in lower income countries**	**Aspiration 2020** • < 5 mortality rate — TBD • Future deaths averted — 5–6 million • Future disability-adjusted life years averted — >250 m • Number of children vaccinated with Gavi support — >300 m	**Disease dashboard** • Empirical measurements (TBD) of health impact to which Gavi contributed in pneumonia, diarrhoea, Hepatitis B and measles
Principles	• **Country-led**: Respond to and align with country demand, supporting national priorities, budget processes and decision-making • **Community-owned**: Ensure engagement of communities to increase accountability and sustain demand and impact • **Globally engaged**: Contribute to the Global Vaccine Action plan, align with the post-2015 global development priorities and implement the aid effectiveness principles • **Catalytic and sustainable**: Provide support to generate long-term, sustainable results, including country self-financing of vaccines through the graduation process • **Integrated**: Foster integration of immunisation with other health interventions, harmonising support by Gavi with that of other partners • **Innovative**: Foster and take to scale innovation in development models, financing instruments, public health approaches, immunisation-related technologies and delivery science • **Collaborative**: As a public–private partnership, convene immunisation stakeholders and leverage the strengths of all Alliance partners through shared responsibility at both global and national levels • **Accountable**: Maximise Alliance cooperation and performance through transparent accountability mechanisms		

Goals	**1. Accelerate equitable uptake and coverage of vaccines**	**2. Increase effectiveness and efficiency of immunisation delivery as an integrated part of strengthened health systems**	**3. Improve sustainability of national immunisation programmes**	**4. Shape markets for vaccines and other immunisation products**
Objectives	a. Increase coverage and equity of immunisation b. Support countries to introduce and scale up new vaccines c. Respond flexibly to the special needs of children in fragile countries	a. Contribute to improving integrated and comprehensive immunisation programmes, including fixed, outreach and supplementary components b. Support improvements in supply chains, health information systems, demand generation and gender-sensitive approaches c. Strengthen engagement of civil society, private sector and other partners in immunisation	a. Enhance national and sub-national political commitment to immunisation b. Ensure appropriate allocation and management of national human and financial resources to immunisation through legislative and budgetary means c. Prepare countries to sustain performance in immunisation after graduation	a. Ensure adequate and secure supply of quality vaccines b. Reduce prices of vaccines and other immunisation products to an appropriate and sustainable level c. Incentivise development of suitable and quality vaccines and other immunisation products
Goal-level indicators	• % Fully immunised children [to be further developed] • Coverage by antigen: Pneumo3, Rota last, Penta3, HPV last, Measles, MenA • Equity of coverage – Wealth equity – Geographic equity (within and across countries) – Gender equity	• Supply chain: eg, vaccine utilisation, % of immunisation sessions with adequate stocks of vaccines • Data quality: eg, completeness and timeliness of reporting, consistency among different sources • Service delivery: eg, % of immunisation sessions conducted; gender-related barriers addressed in immunisation plans • Demand: Increase in demand for immunisation, eg, as measured by survey • Integration: Indicator TBD	• Fulfilment of co-financing commitments (eg, % countries meeting commitments in a *timely* manner) • Country investments in vaccines and immunisation per child (split eligible/graduating/graduated countries) • Immunisation coverage after graduation; Gavi vaccines maintained in EPI schedule	• Indicator on healthy market dynamics (eg, number of suppliers, number of countries obtaining first choice, vaccines and other products) • Reduction in price (vaccines and other products) for GAVI countries, access to appropriate prices for graduated countries and LMICs • Reduction in the delivery cost of immunisation • Indicator on innovation (eg, thermostable vaccines; delivery technologies)

continued overleaf

GAVI STRATEGY 2016–20 *continued*

Strategic enablers	**A) Country leadership management and coordination** (1) Strengthen institutional capacity for national decision-making, programme management and monitoring (2) Support availability and use of quality data for country-level decision-making
	B) Resource mobilisation (1) Secure long-term predictable funding for Gavi Alliance programmes as a prerequisite for continued success (2) Harness the capacity of the private sector, including through innovative finance mechanisms and contributions from vaccine manufacturers
	C) Advocacy (1) Strengthen national political and subnational commitment for immunisation (2) Strengthen global political commitment for immunisation, health and development
	D) Monitoring and Evaluation Support Gavi as a learning Alliance through: (i) Effective routine surveillance, programme monitoring and management (ii) Regular evaluation of the relevance, effectiveness, impact, and efficiency of the Gavi's investments to inform evidence-based policy development

ENDNOTES

[1] Nigeria poorest quintile, 2011, WHO http://apps.who.int/gho/data/view.main

[2] *Healthy children with a healthy future*, GAVI Alliance, March 2014

[3] UNICEF, *Levels and Trends in Child Mortality Estimates, 2014 Report: Estimates developed by the UN Inter-agency Group for Child Mortality*, 2014

[4] 'Global and regional immunization profile' WHO vaccine-preventable disease monitoring system, 2014 global summary, WHO, 2014 http://www.who.int/immunization/monitoring_surveillance/data/gs_gloprofile.pdf?ua=1 (accessed 15 October 2014)

[5] UNICEF, *Levels and Trends in Child Mortality Estimates, 2014 Report: Estimates developed by the UN Inter-agency Group for Child Mortality*

[6] Johns Hopkins Bloomberg School of Public Health, web page, 'Decade of Vaccines Economics (DOVE)', http://www.jhsph.edu/research/centers-and-institutes/ivac/projects/decade-of-vaccine-economics.html (accessed 15 October 2014)

[7] The Copenhagen Consensus 2012, Expert Panel Findings, http://www.copenhagenconsensus.com/sites/default/files/outcome_document_updated_1105.pdf (accessed 15 October 2014)

[8] DPT3 coverage, WHO Immunisation Factsheet 2014, http://www.who.int/mediacentre/factsheets/fs378/en/ (accessed 8 October 2014)

[9] World Health Organization, web page, 'Global Health Observatory' http://www.who.int/gho/immunization/en/ (accessed 17 September 2014)

[10] *Finding the Final Fifth: Inequalities in immunisation*, Save the Children and ACTION, 2012

[11] For more information see the Global Vaccine Action Plan 2011–2020, http://www.who.int/immunization/global_vaccine_action_plan/GVAP_doc_2011_2020/en/

[12] Currently only 5% of the world's children receive all recommended vaccines. Gavi is aiming at increasing this figure to 50% by 2020.

[13] GAVI Alliance Strategy 2016–2020, Report to the GAVI Alliance Board, 18–19 June 2014, GAVI Alliance

[14] The eight principles are: country-led, community-owned, globally engaged, catalytic and sustainable, integrated, innovative, collaborative, and accountable.

[15] *Finding the Final Fifth: Inequalities in immunisation*, Save the Children and ACTION, 2012

[16] Under this goal, there are three objectives, which focus on: 1. increasing coverage and equity of immunisation; 2. supporting countries to introduce and scale up new vaccines; 3. responding flexibly to the special needs of children in fragile states.

[17] GAVI Alliance Strategy 2016–2020, Report to the GAVI Alliance Board, 18–19 June 2014, GAVI Alliance

[18] Under its 2013–14 Business Plan, Gavi selected ten countries to provide targeted support to, together with UNICEF. These countries, which have been identified by Gavi as having the highest inequalities in immunisation, are: Nigeria, Yemen, India, Pakistan, Mozambique, Liberia, Vietnam, Central African Republic, Madagascar and Chad. Tailored support is also being provided, in collaboration with WHO, to several countries facing overall low immunisation coverage. Some of these countries (Nigeria, Pakistan, Central African Republic and Chad) overlap with those identified for equity support. A third, country-tailored approach is linked to Gavi's Fragile States policy, which was approved by the Gavi board in 2012.

[19] Médecins Sans Frontières, Suggestions for the Gavi replenishment, 2014

[20] Consistent with proposals for post-2015 framework in *Framework for the Future: Ending poverty in our generation*, Save the Children, 2014.

[21] Gavi, personal communication

[22] KT Storeng, 'The Gavi Alliance and the "Gates approach" to health systems strengthening', *Global Public Health: An International Journal for Research, Policy and Practice*, 2014

[23] Ibid

[24] 'Investing together for a healthy future: A world free from vaccine-preventable diseases' The 2016–2020 GAVI Alliance Investment Opportunity, GAVI Alliance, May 2014

[25] International Development Committee, Select Committee inquiry on HSS

[26] IRIN, 'Ebola effect reverses gains in maternal, child mortality', 8 October 2014

[27] *Halfway there: Delivering on the promise of immunisation for all*, Save the Children, 2013

[28] Recommendation in the UK International Development Select Committee inquiry on 'Strengthening Health Systems in Developing Countries', Fifth Report of the Session 2014–2015 (2 September 2014)

[29] Global Vaccine Action Plan – see note 12

[30] Analysis of average health spending per capita in Gavi-eligible countries, US$ 2012 prices, WHO Global Health Expenditure Database, downloaded September 2014

[31] Médecins Sans Frontières, Suggestions for the Gavi replenishment, 2014

[32] H Saxenian et al, Overcoming challenges to sustainable immunization financing: early experiences from GAVI graduating countries, *Health Policy and Planning*, 8 February 2014

[33] ibid

[34] GAVI Alliance Strategy 2016–2020, Report to the GAVI Alliance Board, 18–19 June 2014, GAVI Alliance

[35] Gavi's approach to graduation, Report to the Programme and Policy Committee May 2014

[36] Médecins Sans Frontières, *The Right Shot: Extending the reach of affordable and adapted vaccines*, 2012

[37] W Gordon, A Jones and J Wecker, 'Introducing multiple vaccines in low- and lower-middle-income countries: issues, opportunities and challenges', *Health Policy and Planning*, 27 (suppl 2): ii17–ii26, 2012

[38] Médecins Sans Frontières, Suggestions for the Gavi replenishment, 2014

[39] Save the Children is currently engaged with GSK in a five-year partnership that includes funding and technical support.

[40] Gavi, web page, 'GSK commits to five-year price freeze for Gavi graduating countries', 2014 http://www.Gavialliance.org/Library/News/GAVI-features/2014/GSK-commits-to-five-year-price-freeze-for-GAVI-graduating-countries/

[41] *Investing Together for a Healthy Future: A world free from vaccine-preventable diseases*, The 2016–2020 GAVI Alliance Investment Opportunity, GAVI Alliance, May 2014

[42] In this report we look at donor contributions in terms of proceeds available to Gavi during the 2016–20 period. *In a given year*, the amount a donor contributes through IFFIm and AMC mechanisms may differ from the amount Gavi receives in that year (proceeds). In these cases the aggregate amount a donor contributes and Gavi receives *over time* are economically equivalent. Both perspectives are valuable in understanding the contributions and commitments donors have made to enable Gavi to meet country demand for vaccines. 'Proceeds' are the funds made available to Gavi for the period from donor contributions and commitments through cash payments made to Gavi, through frontloading via the capital markets of a donor's future commitment to IFFIm or through AMC funds released to Gavi via the World Bank. 'Donor contributions' comprise direct contributions already received from government and private sector donors as well as IFFIm and AMC contributions to the GAVI Fund Affiliate and World Bank.

[43] Due to IFFIm's conservative spending limits, Gavi has not fully utilised frontloading opportunities, and has not been able to clearly assess the health impact of interventions funded through the facility. Additionally, during tough economic times, indebting countries through binding commitments made today that will be paid later can be difficult to explain to taxpayers. More information on GAVI funding is available at http://www.Gavi.org/funding/how-Gavi-is-funded/

[44] ACTION, Donor Immunization Record: April 2014 Check up

[45] Note that £9.5 billion includes approximately £500 million for strategic investments, over and above the amount necessary to deliver on vaccine programmes for this period. See GAVI Alliance *The 2016–2020 Investment Opportunity*, http://www.Gavi.org/replenishment-launch/investment-opportunity/ (accessed 17 September 2014)

[46] Examples given of priority areas for strategic investment are "strengthening supply chains, improving immunisation coverage and equity, modernising data systems, and providing catalytic support to countries graduating from Gavi support".

[47] *Investing Together for a Healthy Future: A world free from vaccine-preventable diseases*, The 2016–2020 GAVI Alliance Investment Opportunity, GAVI Alliance, May 2014

[48] £9.5 billion is a 28% increase on the £7bn available for the 2011–14 period. It is worth noting that if the impact of inflation is taken into account this represents a much smaller increase of under 20%.

[49] Development Initiatives, *Investments to End Poverty*, 2013

[50] Non-DAC donors to the Global Fund to fight HIV, Malaria and TB include Brunei Darussalam, China, Georgia, India, Kuwait, Liechtenstein, Malaysia, Namibia, Romania, Russia, Rwanda, Saudi Arabia, South Africa, Thailand and Tunisia. Non-DAC donors to the Global Fund for Education are Brazil, China, Czech Republic, India, Mexico, Nigeria, Pakistan, Russian Federation and South Africa.

[52] Since 2000, Gavi has had the following private sector donors: Absolute Return for Kids, The A&A Foundation, Anglo American plc, Children's Investment Fund Foundation, Comic Relief, Dutch Postcode Lottery, ELMA Vaccines and Immunization Foundation, La Caixa Foundation, LDS Charities, Lions Club International, OPEC Fund for International Development, Prudential, and Statoil

SAVE THE CHILDREN IMMUNISATION PROGRAMMES AND ADVOCACY

Save the Children works with ministries of health and national immunisation programmes in a number of countries – Democratic Republic of Congo, Kenya, Liberia, Pakistan, Niger, Nigeria, Sierra Leone, Somalia and Tanzania – as part of integrated mother and child health programmes.

- **We train health workers**, support their deployment, provide essential equipment and supplies for immunisation, and rehabilitate infrastructure where needed.
- **We improve supply chains** to ensure a reliable supply of vaccines, and provide support on improving vaccine management, cold chain systems and district-level logistics.
- **We increase awareness** among communities on immunisation using culturally sensitive information to improve acceptance and uptake for immunisation services, in partnership with religious and community leaders, teachers and frontline health workers.
- **We support governments** to set minimum quality guidelines for immunisation services, and support outreach services and monitoring coverage and community surveillance for vaccine preventable diseases.
- **In Nigeria**, Save the Children has worked to improve routine immunisation services in four states of northern Nigeria, with an estimated combined population of 17 million.
- **In Pakistan**, we have strengthened local health systems in Baluchistan to deliver vaccination, and we have supported the provincial programme in Sindh to respond to the measles outbreak. In partnership with the health ministry in Punjab, our child survival programme will include the introduction of new vaccines for pneumonia and diarrhoea prevention.
- **In emergencies**, we support the delivery of routine immunisation services as part of our response – such as in Haiti, Myanmar, Syria, Iraq, Jordan, Lebanon and Pakistan.
- **Globally**, we are raising the profile of immunisation as a priority issue. Our research outputs provide evidence for our advocacy and policy influencing at global and national levels. We advocate for all children, regardless of where they are born, to enjoy the full benefits of immunisation, towards the realisation of their right to healthcare.

ACTION GLOBAL HEALTH ADVOCACY PARTNERSHIP

ACTION is a global partnership of advocacy organisations working to influence policy and mobilise resources to fight diseases of poverty and improve equitable access to health services. ACTION partners include ten civil society organisations working across five continents in both high-burden and donor countries. Kenya AIDS NGOs Consortium (KANCO) is one of the ten ACTION partners, and is a membership organisation with more than 1,200 civil society and private sector organisations working to improve health outcomes in Kenya through:

- **Vaccine advocacy**: The consortium has been implementing immunisation advocacy activities since 2011. Working in partnership with the Kenyan Ministry of Health, WHO, UNICEF, and CSOs, KANCO advocates for improved immunisation policies, sustainable financing and equitable access to immunisations.
- **Domestic financing**: A key part of the advocacy strategy focuses on driving increases in sustainable domestic funding for immunisations. Since 2011, the domestic vaccines budget has increased by over 40%.
- **Policy and legislation**: ACTION advocates for effective immunisation policies and ensuring equitable vaccines coverage in Kenya. KANCO contributes to national health technical committees including the Child Health Immunisation Coordination Committee, the Parliamentary Health Committee, and the National Immunisation Advisory Group.
- **Capacity development**: The consortium builds the capacity of local CSOs to identify barriers to vaccines coverage and develop advocacy strategies to overcome these constraints. More than 40 organisations within the consortium are now engaged in immunisation advocacy.
- **Gavi CSO Steering Committee**: ACTION is an active member of the GAVI CSO Steering Committee that works to ensure that Gavi policies are based on population needs and address inequities in access to immunisation globally.

A CHANCE TO REACH EVERY CHILD

How full funding for Gavi can ensure immunisation for all

The world has made remarkable progress in saving children's lives: in just over two decades, child mortality rates have halved. But in spite of that progress, 6.3 million children died in 2013, most from causes we know how to prevent or cure.

A Chance to Reach Every Child looks at how investment in immunisation is vital to reach the global goal that no child dies from preventable causes. Ensuring all children have basic vaccines is the first, vital step to children accessing the health services they need and reducing child mortality.

In January 2015, Gavi, the Vaccine Alliance, will hold a replenishment conference to raise $7.5 billion in new funding. It is a chance to put in place the building blocks to address the inequality and injustice in child health. A chance to reach every child.

This report from Save the Children and the ACTION partnership makes the case for fully funding Gavi's 2016–20 strategy to save the lives of more than 5 million children. And we call on Gavi, recipient governments, private sector partners and donors to turn this strategy into effective action.

ACTION GLOBAL HEALTH ADVOCACY PARTNERSHIP

Save the Children