







Protecting children's health through immunisation

in the African, Caribbean, and Pacific Group of States

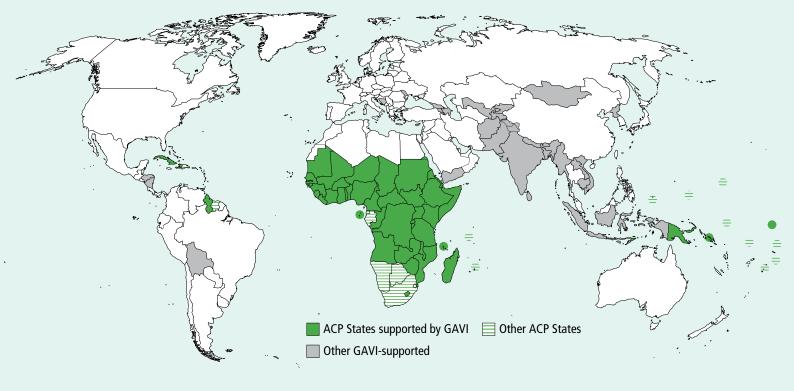
GAVI Alliance Partnership with the ACP States



We need a sense of urgency as if it were our child. We need to commit to and prioritise immunisation, sustain the commitment, and inform and engage all partners.

Mrs Graça Machel, President of the Foundation of Community Development and of the UNESCO National Commission in Mozambique

GAVI support and the African, Caribbean, and Pacific Group of States (2011-15)



47 GAVI-supported ACP States:

Angola*	Cuba*	Lesotho	Senegal
Benin	Djibouti	Liberia	Sierra Leone
Burkina Faso	Eritrea	Madagascar	Solomon Islands
Burundi	Ethiopia	Malawi	Somalia
Cameroon	Gambia	Mali	Sudan
Central African Republic	Ghana	Mauritania	South Sudan
Chad	Guinea	Mozambique	Tanzania
Comoros	Guinea-Bissau	Niger	Timor-Leste*
Democratic Republic of	Guyana*	Nigeria	Togo
the Congo	Haiti	Papua New Guinea	Uganda
Congo*	Kenya	Rwanda	Zambia
Côte d'Ivoire	Kiribati*	Sao Tome and Principe	Zimbabwe

In 2013, 41 ACP States remain eligible for new programmes. The other six* will continue benefiting from GAVI prices.

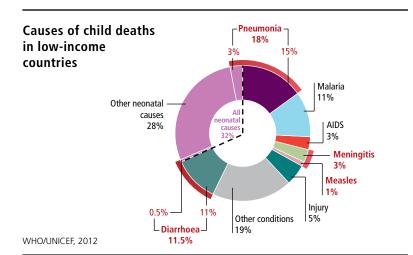


Dr. Florence Guillaume, Haiti's Minister of Public Health and Population

Immunisation for a healthy next generation

Immunisation is recognised as one of the most costeffective health investments in history. Immunised children have higher cognitive abilities and are more likely to attend school and become productive and healthy adults.

Under-five child mortality in low-income countries was reduced from 136 to 107 for every 1,000 live births between 2000 and 2010, but much remains to be done. However, **22 million children are still not vaccinated against common but life-threatening diseases**. 85% of these children live in low-income countries.



Why the GAVI Alliance? Value added

The Global Alliance for Vaccines and Immunisation (GAVI) is a public-private global health partnership committed to protecting children's health by increasing access to immunisation and strengthening health systems in low-income countries.

GAVI supports the introduction of new life-saving vaccines such as rotavirus and pneumococcal vaccines that were previously too expensive for low-income countries to afford. This is a major step towards protecting children against severe diarrhoea and pneumonia, the two leading child killer diseases.

GAVI is country-driven and leverages the strengths of key immunisation partners, UNICEF and WHO:

- In accordance with the principle of country ownership, partner countries apply for support according to the needs identified in their national health plans.
- Countries contribute to the costs of vaccines through co-financing, demonstrating their commitment to reducing child mortality.
 Any decreases in vaccine prices contribute to financial sustainability of country investments.
- Countries can request flexible cash support to address their health system strengthening (HSS) needs.
- Partner countries can decide whether to procure vaccines through their own systems or through GAVI under certain conditions. GAVI obtains lower vaccine prices by building on its relative market power and partnership with UNICEF for procurement. Lower prices enable countries to multiply the number of children immunised with the same amount of money.
- GAVI provides a predictable horizon to countries by aligning support to the duration of national health plans.
- GAVI's mission is closely aligned with the European Union's Development policy to reduce poverty and help reach the Millennium Development Goals (MDGs) by 2015. GAVI support complements direct and regional support provided by the European Institutions to partner countries.

GAVI: an effective partnership

- In 2012, GAVI was commended by the Multilateral Organisation Performance Assessment Network for its effectiveness, its focus on results, good financial management and strong country ownership.
 11 EU member states are part of this network.
- The UK's development agency, DFID, gave GAVI top marks in its 2011 Multilateral Aid Review.
- A Swedish multilateral aid review found that "GAVI is a highly relevant organisation with its strong poverty focus and its clear contribution to the MDGs (especially Goal 4)".



This new vaccine is important for our children. It is our responsibility as parents to safeguard the health of our children.

Timor-Leste President, Taur Matan Ruak during the launch ceremony of pentavalent

GAVI and ACP States: a strategic partnership for children's health

ACP States are a key priority for GAVI

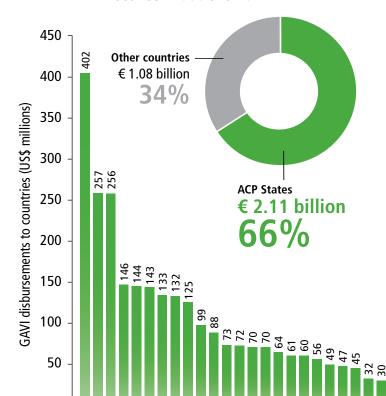
GAVI funding has been provided to ACP States for the roll-out of **pentavalent vaccines** (against diphtheria, tetanus, whooping cough, hepatitis B and Haemophilus influenzae type b, known as Hib), yellow fever and meningitis A vaccines as well as vaccines against pneumococcal disease and rotavirus (which causes severe diarrhoea).

The human papillomavirus (HPV) vaccine that helps to protect women against cervical cancer will start to be rolled out in 2013 with the launch of the first demonstration programmes. In addition, ACP States have received cash support through **HSS** and other support.

GAVI support to ACP states represents 66% of all GAVI support until end 2012.

Meeting country demand: **GAVI** disbursements to countries

between 2000 and 2012



GAVI-funded ACP programmes until 31 Dec 2012

Pentavalent	45 countries*	
Rotavirus	6 countries	
Pneumococcal (PCV)	20 countries	
Measles second dose	5 countries in 2012	
Meningitis A	7 countries in 2012**	
HSS	29 programmes	

^{*} Somalia and South Sudan upcoming

2000-2010:

than children

against life-threatening diseases in the ACP States

Gambia Liberia Eritrea Kiribati South Sudan Papua New Guinea Somalia Guinea Bissau Togo Central African Rep. Solomon Islands

between 2000 and 2012

Sudan Fanzania

GAVI disbursements to ACP States

ameroon

Angola

Zambia Rwanda Madagascar

urkina Faso Burundi **Aozambique**

Niger

Côte d'Ivoire Sierra Leone

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^{**} campaigns



I praise GAVI's technical, financial and advocacy efforts in favour of DRC to give to our children access to quality immunisation services and protect them against life-threatening diseases such as measles, pertussis and tetanus.

Dr Félix Kabange Numbi, Health Minister of DRC

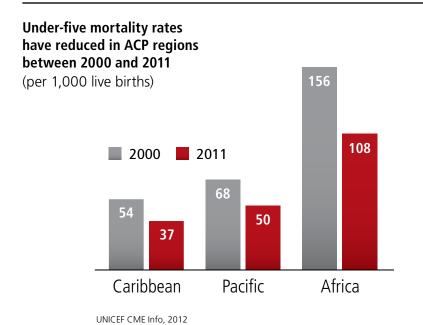
Immunisation progress in the ACP States

ACP States have made great progress between 2000 and 2011 towards protecting the health of their populations against vaccine-preventable diseases, as demonstrated by a 30% reduction of under-five mortality and a 36% increase of DTP3 coverage.

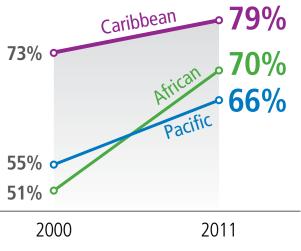
Low-income ACP States have efficiently used GAVI support: most African low-income ACP States that were lagging behind with 50% DTP3 coverage in 2000 had reached more than 70% by 2011. In the same period, under-five mortality decreased from over 160 deaths for every 1,000 live births to 111 for 1,000.

In 2012, low-income Sub-Saharan Africa remained the last region lagging behind with more than 100 for every 1,000 (up to 185 for every 1,000) in this region.

In 2013, to help improve global access to vaccines against the leading causes of pneumonia and diarrhoea in **middle-income** countries, GAVI Alliance partners will be working to establish affordable, sustainable supplies of pneumococcal conjugate and rotavirus vaccines from 2013 to 2015, including for non GAVI-eligible ACP countries.



DTP3 coverage rates have increased in ACP regions between 2000 and 2011



WHO/UNICEF estimate, 2012



Country demand for immunisation among low-income ACP states has increased:

4 7 countries have asked

for at least one vaccine since 2000



The EC should continue supporting global initiatives such as the Global Fund and GAVI (...). We found that EC support to GAVI has significantly supported the availability of low-cost immunisation.

Thematic evaluation of European Commission support to the health sector, August 2012

GAVI, the ACP and the European Institutions



Health: a priority of EU support

As part of the Agenda for Change, "social protection, health and education" is a priority of EU support for inclusive and sustainable growth.

GAVI and the European Institutions

From 2003 to 2012, the European Institutions have co-financed vaccines introductions and HSS in GAVI-eligible ACP States with other donors. The ACP Group of States has endorsed contributions of € 40 million from the Intra-ACP Development Cooperation Funds of the European Development Fund (EDF) to GAVI through its Committee of Ambassadors in Brussels. Another € 42.5 million comes from the Development Cooperation Instrument (DCI). Overall European Institution's funding represented 1.4% of GAVI overall funding during the 2000-2010 period. This amounts to 2% of bilateral health Official Development Assistance from the European Institutions.

Long-term predictability

Currently, GAVI has 29 donors, including 10 EU Member States and the European Institutions. Many GAVI donors provide long-term predictable funding, thereby enabling effective market shaping and sustainable routine immunisation programmes in the ACP and beyond.



The European Parliament congratulates the Commission on the support it has given to GAVI via the DCI and the EDF between 2003 and 2012 and urges the Commission to make a continued commitment to reducing the number of vaccine-preventable deaths in its future external actions.

Written Declaration of 24 May 2012: continued and increased support for vaccinations in developing nations

Donors to the GAVI Alliance

Absolute Return for Kids (ARK) Anglo American plc

Australia

The Bill & Melinda Gates Foundation

Brazil

Canada

Children's Investment Fund

Comic Relief Denmark

The European Commission

France Germany

His Highness Sheikh Mohamed Bin Zayed Al Nahyan

Ireland

Italy Japan

J.P. Morgan

"la Caixa" Foundation LDS Charities

Luxembourg

The Netherlands Norway The Republic of Korea
The Russian Federation

South Africa

Spain Sweden

The United Kingdom

The United States of America



The commitment of ACP countries to continue improving their health systems and accelerating life-saving vaccines' roll-outs is mission critical.

Dr Seth Berkley, GAVI CEO

GAVI's future partnership with the ACP

Investing for impact

Thanks to its donors, in **2011-2015**, GAVI plans to spend € 2.5 billion to immunise **more than 100 million children** in ACP countries.

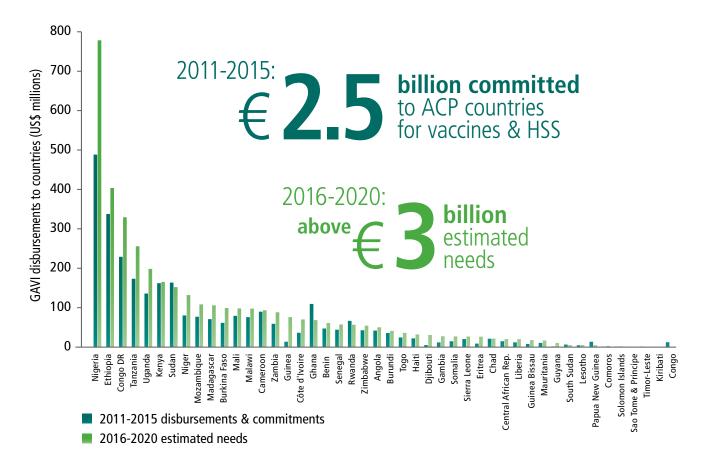
To help reach this ambitious goal, € 39.2 million will be invested by the EC to the ACP through GAVI in 2011-2015. This represents 1.6% of funding to ACP States and 0.7% of overall commitments to GAVI in this period.

An external evaluation of health sector support provided by the European Commission advised the European Institutions to continue investing in GAVI.

For the **2016-2020** period, preliminary estimates show that GAVI needs € 3 billion to fund vaccines and strengthen health systems in the ACP States.

This is expected to help ACP States immunise another 100 million children.

The ACP and the European Institutions will be making key decisions in 2013 towards the 2014-2020 11th EDF. Without predictable and increased support from the European Institutions towards the 2014-2020 period, GAVI will not be able to fully meet increasing country demand for immunisation programmes and help protect children's health in the ACP States. Healthy children and strong health systems are a prerequisite to inclusive and sustainable development.



GAVI planned investments in the ACP and estimated needs

from 2011 to 2020

Vaccines have proven to be one of the most impactful health interventions and we take pride today in our continuous ramp up of our routine immunisation programme with such a powerful new vaccine.

Dr Agnes Binagwaho, Minister of Health of Rwanda on the introduction of rotavirus vaccines in Rwanda



GAVI Alliance partners









As the world's biggest buyer and supplier of vaccines for developing countries, UNICEF has a pivotal role in the GAVI Alliance. The Bill & Melinda Gates Foundation's initial five-year pledge of US\$ 750 million in 1999 provided the seed money to launch GAVI. As a co-founder of GAVI and the UN's specialist agency on global health issues, WHO is a key implementing partner. The World Bank brings the expertise of the world's biggest source of development assistance to the Alliance.



Information current as of March 2013