

Results

On 25 May 2012, the World Health Assembly (WHA) endorsed the Global Vaccine Action Plan to accelerate results. A session at the forum today discussed the need for GAVI partners to turn the vision into actionable plans at the country, regional and global level, and within their organisations to achieve measurable results. The group emphasized that business as usual will not be enough to ensure universal access to immunization and convey the full benefits of immunization to all people. This was the basis for a lively discussion between Dr Suraya Dalil, Minister of Health in Afghanistan, Seth Berkeley, CEO of the GAVI Alliance, and Bruce Aylward, Director of the Global Polio Eradication Initiative about the needed synergies between polio eradication activities and routine immunisation.

Representatives from several Ministries of Health highlighted the challenges of both running massive polio campaigns while maintaining strong routine immunisation coverage and called for a better integration of both. Bruce Ayward reiterated the importance of reaching all children through routine immunisation in order to fully eradicate polio.

In a panel in which Civil Society Organisations shared their experiences with regards to reaching the “fifth child”, Simon Wright from Save the Children pledged that “Immunisation should be the flagship of universal health coverage.” Civil society panelists discussed the need for stronger partnerships between government and civil society through the EPI programmes (Expanded Programme on Immunization) in order to reach the most marginalized populations with immunisation.

Innovation

The final day of the 5th GAVI Alliance Partners' Forum ended with the strong message that innovation, whether in manufacturing, the development of vaccines, delivery, or monitoring and evaluation of immunisation, needs to be actively encouraged and facilitated.

Innovation was a key theme of the “New new vaccines” session that summarised the current status of several vaccines that are currently in the pipeline; HIV, TB, Malaria and Cholera. Once available and implemented, each of these could have a significant impact on reducing mortality and morbidity across the world. Both IAVI and AERAS, who are currently working on the HIV and TB vaccines respectively, emphasised that despite many successful interventions, the development of affordable and quality vaccines may be “the only way to truly end these epidemics.” These vaccines were presented in the context of GAVI’s next Vaccine Investment Strategy, which will aim to prioritise future vaccines for GAVI investments between 2014-2019.

A specific session convened to discuss developments in malaria vaccine development, including the most recent results and data coming from the phase 3 clinical trials currently being conducted on the RTS,S vaccine across seven countries in Africa. Following a question posed by the Minister of Health from Uganda, Salim Abdulla clarified that “the idea behind all this vaccine development work is not to replace existing interventions, but to complement them with a vaccine that can ensure more rapid control of malaria across Africa.”

Finally, it was stressed that sustainable technology transfers are essential to achieve access to high quality, innovative and affordable vaccines in a session that brought together vaccine manufacturers and civil society. MenAfriVac was used as a compelling example of a successful vaccine technology transfer.

Sustainability

Today began with an exciting plenary session moderated by Helen Evans, Deputy CEO of the GAVI Alliance and Geeta Rao Gupta, Deputy Executive Director of UNICEF. Dr Osoimehin from UNFPA discussed the "Every Woman, Every Child" programme and the importance of reaching out to adolescent girls. He explained that young women are a critical group that has not been focused on before, and one of the key groups to developing sustainable health. Professor Hans Rosling, from Gapminder Foundation, displayed GAVI's mission in a completely new way, with an innovative display of statistics that challenged and entertained the audience. Throughout the day, more in depth discussion took place on GAVI graduating policy, which is aimed at ensuring that the financing of vaccines is smoothly transitioned from GAVI to countries.

Representatives from Mongolia shared their perspectives on the transition from GAVI support, outlining the challenges of graduation and solutions along the way. To ensure sustainability of immunisation programmes, countries need to be in the driver's seat: owning programmes and being the leader on planning, implementing and monitoring immunisation activities. There were many interesting perspectives shared on important questions, such as raising awareness of the need for immunisation and generating community support for vaccination programmes. As highlighted in a session on vaccine markets dynamics, the accessibility and reliability of markets are also critical to ensure the sustainability of vaccination programmes. Long term demand visibility, secure funding and innovative procurement approaches are key to incentivise the creation of robust vaccine markets.

Finally, in the closing plenary session, Dr Flavia Bustreo, Assistant Director General at the WHO, discussed the importance of nurturing the Alliance. Caring for our partnerships is essential to the sustainability of the GAVI family and its impact.

Equity

Equitable access to immunisation and particularly the role of relevant partners in achieving equity were the topics of several panels and a plenary session on the third and final day of the Partners' Forum.

With the implementation phase of the Global Vaccine Action Plan now launched, a panel met to discuss what must be undertaken in order to achieve success. Speakers emphasised that country ownership and consistent collaboration are critical and that "business as usual will not cut it." A discussion ensued about what efforts and inputs are needed, among them, a concerted effort to develop new and improved vaccines and technologies. Christopher Elias of The Bill & Melinda Gates Foundation pointed out that "the success with polio eradication depends on the success of routine immunisation efforts and systems." Progress will be gauged through a monitoring & evaluation / accountability framework that will be reported upon each year during the WHO World Health Assembly. The session concluded with a powerful emphasis on the need for country commitment, with Mrs. Graça Machel stating the need for communities to know and own the Decade of Vaccines, what their responsibilities are, and what they can receive. "We need to commit to and prioritize immunization, sustain the commitment, and inform and engage all partners."

A panel of faith-based organisations (FBOs), opened by GAVI Board Chairman Dagfinn Høybråten, presented this community's unique health and vaccine-related contributions in countries both at peace and in conflict. Dr. Marcel Madili of Christian Social Services Commission (CSSC) in Tanzania said that 42 percent of health facilities in his country are owned by FBOs and that 56 percent of rural health care is provided by FBO facilities. Dr. Clemmer of IMA World Health pointed out that 100 percent of health services are delivered by FBOs in South Sudan. Training was highlighted as one of the major services that FBOs provide. Mark Brinkmoeller of USAID said his agency chooses to work with FBOs because of the level of trust they enjoy in their communities, their ability to reach all sectors geographically and socially, even the most marginalized. FBO networks are also important because they think about the welfare of the "whole child." It was highlighted that more evidence is needed to prove the benefits of FBOs in immunisation service delivery and mentioned that World Faith's Development Dialogue and the Joint Learning Initiative are both trying to develop this evidence base. Fred Riley of LDS Charities made the case that FBOs and CSOs ensure sustainability so that communities can support themselves in the long run.