



PROGRESS

REPORT

2012



The GAVI Alliance is a public-private global health partnership committed to saving children's lives and protecting people's health by increasing access to immunisation in poor countries.



BILL & MELINDA
GATES *foundation*



THE WORLD BANK

The Alliance brings together developing country and donor governments, the World Health Organization, UNICEF, the World Bank, the vaccine industry in both industrialised and developing countries, research and technical agencies, civil society organisations, the Bill & Melinda Gates Foundation and other private philanthropists.



Our goal is very clear: to address the gross inequities in child health still existing in the world today. Life or death for a young child too often depends on whether [he or she] is born in a country where vaccines are available or not...

Nelson Mandela, former President of South Africa and Chair Emeritus of the GAVI Fund Board

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 Foundation

Comic Relief

Denmark

The European Commission

France

Germany

Ireland

Italy

Japan

J.P. Morgan

"la Caixa" Foundation

LDS Charities

Luxembourg

His Highness Sheikh Mohamed bin Zayed Al Nahyan, Crown Prince of Abu Dhabi

The Netherlands

Norway

The OPEC Fund for International Development (OFID)*

The Republic of Korea

The Russian Federation

South Africa

Spain

Sweden

The United Kingdom

The United States of America

Vodafone

* Grant agreements were under negotiation at the end of 2012.



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gaviprogessreport.org/2012



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We have evidence that when children have got vaccination... there are so many advantages flowing from that.

HE Donald Kaberuka,
 President, the African
 Development Bank

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Message from the Chief Executive Officer of the GAVI Alliance

Shifting gears



Seth Berkley, MD,
Chief Executive Officer (CEO)
of the GAVI Alliance



Our job will not be complete until every boy and every girl in the developing world can be confidently called 'a fully immunised child'.

Looking back on 2012, I see a pivotal year in GAVI's history. Across our strategic goals, milestones were met and foundations laid. New vaccine introductions accelerated; cash grants for health system strengthening were realigned and by year's end significant funds were flowing; the framework for our next replenishment cycle was already taking shape; and we were closing in on new agreements with manufacturers to secure supply of key vaccines at more sustainable prices.

This year, as in the past, the GAVI Alliance showed itself to be greater than the sum of its parts. Country demand for GAVI support increased rapidly. Most gratifying is the number of countries strengthening their routine immunisation programmes. Cumulatively, 70 countries now use the five-in-one pentavalent vaccine. Pneumococcal vaccine is in routine use in 24 countries and rotavirus vaccine in 12. Ghana became the first African country to simultaneously launch the two vaccines and the United Republic of Tanzania followed soon after. Yemen became the first GAVI-supported country in the Middle East to introduce rotavirus vaccine. From Haiti to Zimbabwe to Cambodia and the Democratic People's Republic of Korea, new vaccines were embedded in routine national programmes. Children will benefit for generations to come.

Despite these achievements, we face challenges in vaccine supply and country readiness. And improving data quality and technical support as well as strengthening supply chains are fundamental to achieving better results. For that is our clear goal – to deliver results that can be measured in improvements to the lives of children and their families and, ultimately, to national prosperity in the world's poorest countries.

While firmly focused on increasing access to immunisation, we are demonstrating our commitment to development effectiveness. We provide predictable, long-term support to countries that is aligned with their national plans. We harmonise our efforts with other partners, for example with joint financial management assessment missions. A 2012 assessment by the Australian Government ranked GAVI among the top multilateral performers in delivering results that matter.

The Global Vaccine Action Plan was adopted by the World Health Assembly in 2012. It was an affirmation of the centrality of vaccines to global health. Successfully implementing the endgame to eradicate polio and using the legacy of polio and measles campaigns to strengthen routine immunisation are critical elements in ensuring the long-term sustainability of global immunisation efforts.

Since the Expanded Programme of Immunization was launched in 1974, the list of vaccines recommended by WHO has grown and so has the number of vaccines that GAVI supports. Our job will not be complete until every boy and every girl in the developing world can be confidently called "a fully immunised child".

I thank each and every one of you who partner with us to take forward this incredible mission. As always, feel free to contact me with your ideas and suggestions.

Message from the Chair of the GAVI Alliance Board

Strengthened partnership

2012 was a year of remarkable encounters with amazing people in different corners of the world. I met community members, government officials, civil-society and private-sector leaders, health workers and others, and I was struck by how so many people with such diverse interests are committed to realising the GAVI mission.

In Myanmar, I saw the enthusiasm of health workers for the introduction of pentavalent vaccine. In Haiti, I attended the launch of a vaccination campaign against measles, rubella and polio. And in a Tanzanian village, I spoke with a group of parents, telling them that two vaccines would soon be available at their health clinic to protect their children against pneumonia and severe diarrhoea. I saw the relief on their faces. As a father and a grandfather, I know that there is no greater sorrow than the death of a child. And death from a vaccine-preventable disease is not just a tragedy, it is a moral outrage.

The potential to end such tragedy is why I am so proud to lead a dedicated Board that unites committed people from many different walks of life. Our decision to allocate additional funds for measles vaccination programmes was a critical step in controlling this highly infectious disease. The resurgence of measles outbreaks this year in some low- and also high-income countries reminds us of the need to maintain high rates of vaccination coverage.

GAVI's capacity to make a difference to the lives of millions of children around the world is rooted in the power of partnership. I am particularly encouraged by our expanding network of civil-society and private-sector partners. This year we welcomed the increasingly active engagement of faith-based organisations.

Just 18 months after the launch of the GAVI Matching Fund, there is a fresh wave of interest from the CEOs of leading companies and foundations. They deliver to our Alliance not just additional funds but new sets of business skills and powerful new advocates.

In December, over 650 guests were generously welcomed to Dar-es-Salaam, Tanzania, by President Kikwete to join the GAVI Alliance Partners' Forum. It was a great honour for me to discuss our challenges and celebrate our shared achievements with so many committed partners.

2012 was a year of acceleration: more children vaccinated, more national vaccine introductions and more lives saved. Our work will continue to scale up next year. I begin my second term as Chair, strong in the belief that there is no cause more powerful than ensuring that all girls and boys, wherever they live, have access to life-saving vaccines.

We have made a promise to the governments and people of developing countries who want their children to grow up healthy, happy and productive – as well as to our generous donors – that we will work tirelessly to achieve our ambitious goals. I am pleased to be able to share this Progress Report, which illustrates that through the power of partnership, the GAVI Alliance is delivering on the promise.



Dagfinn Høybråten,
Chair of the GAVI Alliance Board

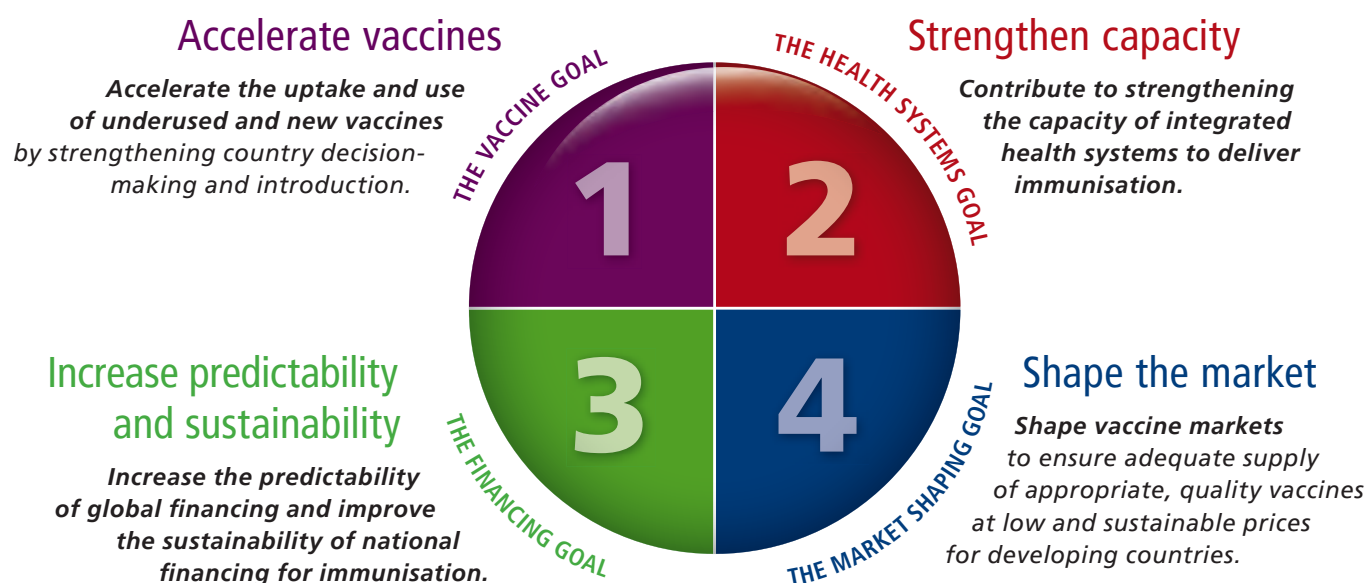


There is no cause more powerful than ensuring that all girls and boys, wherever they live, have access to life-saving vaccines.



What GAVI does

GAVI's mission, *to save children's lives and protect people's health by increasing access to immunisation in poor countries*, is supported by four strategic goals.



GAVI's 2011–2015 strategy also includes three cross-cutting areas:

- Monitoring and evaluation
- Advocacy, communication and public policy
- Policy development

Where GAVI works

GAVI supports the world's poorest countries. In 2012, countries with a gross national income less than US\$ 1,520 per person could apply for new funding.

In 2012, 57 countries were eligible to apply for new support from GAVI. In addition, 16 graduating countries were receiving ongoing support for vaccines and health system strengthening programmes.

Not all GAVI-eligible countries can apply for all types of support. For instance, in order for a country to qualify for new vaccine support, its coverage for three

doses of diphtheria-tetanus-pertussis vaccine (DTP3) must be at least 70%. This requirement does not apply to meningitis A and yellow fever vaccine support.

GAVI's investments are intended to be catalytic. New vaccine support is therefore not provided to countries that are already self-funding that particular vaccine.

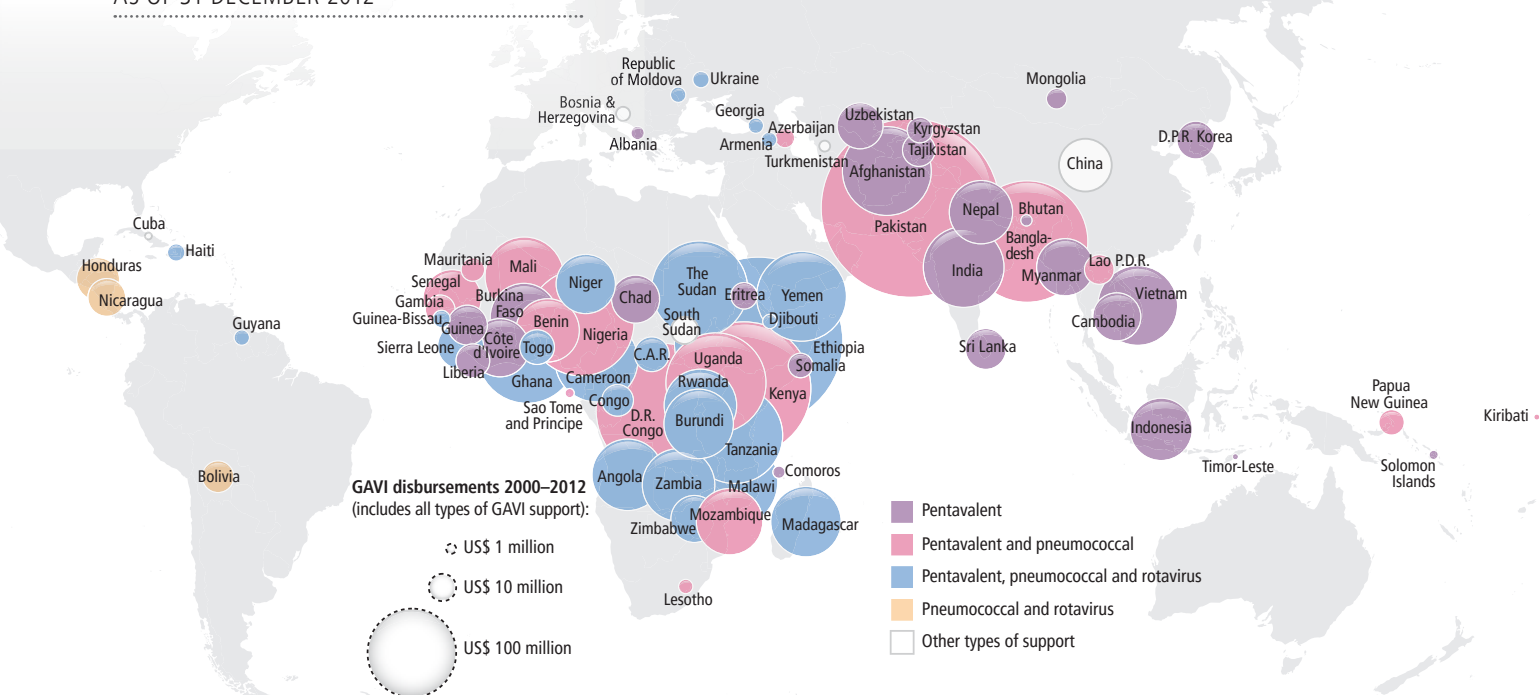


Thanks to the support of the GAVI Alliance, we can provide our children with the same vaccines as those given to children in the industrialised world.

Dr Hussein Ali Mwinyi,
Minister for Health and
Social Welfare, Tanzania

Recipients of GAVI support

AS OF 31 DECEMBER 2012



Note: Pentavalent, pneumococcal and rotavirus vaccines represent GAVI's main areas of support. In 2012, GAVI also provided support for measles (second dose), meningitis A and yellow fever vaccines, as well as for health system strengthening and civil society involvement in immunisation.

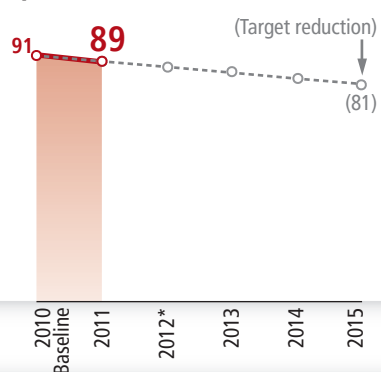
Source: 1



Mission indicators

The GAVI Alliance relies on three indicators, each with specific targets, to measure progress towards fulfilling its mission.

Under-five mortality rate in GAVI-supported countries (per 1,000 live births)



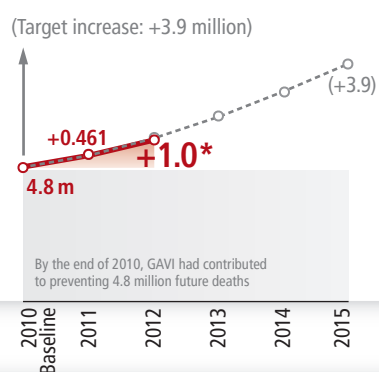
* 2012 data will be available in late 2013.

The under-five mortality rate measures the probability of a child born in a specific year dying before reaching the age of five years. GAVI's target for 2015 is a 10-point decrease in child mortality rate compared with 2010. This would bring the child mortality rate down from 91 per 1,000 children to 81 per 1,000 children.

Given the scheduled number of introductions of pneumococcal, pentavalent and rotavirus vaccines, and increasing vaccination coverage, the child mortality rate during the 2011–2015 period is expected to decrease year on year. The 2012 data for this indicator will be available in late 2013.^a

Source: 2

Number of additional future deaths averted (millions)



By the end of 2010, GAVI had contributed to preventing 4.8 million future deaths

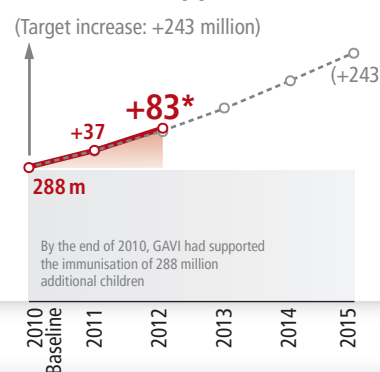
* WHO projection

Data for 2011 and 2012 do not include estimates of future deaths averted resulting from vaccination against measles, yellow fever and meningitis A.

WHO estimates indicate that by the end of 2012, countries had prevented more than 5.5 million future deaths with the help of GAVI-supported vaccines.^b

Source: 3

Number of additional children fully immunised with GAVI support (millions)



By the end of 2010, GAVI had supported the immunisation of 288 million additional children

* WHO projection

According to WHO estimates, more than 370 million children had received one or more GAVI-supported vaccines by the end of 2012. This is an additional 46 million children reached in 2012.

GAVI expects to meet its target of an additional 243 million children immunised between 2011 and 2015 across all of its approved vaccine programmes.^c

Source: 4





gaviprogessreport.org/2012/timeline

Key events in 2012

Partners' Forum December 2012 – rising to the challenge

The GAVI Alliance held its fifth Partners' Forum in Dar-es-Salaam, Tanzania, in December 2012. Over 600 participants from 94 countries attended, including representatives from the governments of 55 GAVI-supported countries. The goal was to explore better ways to accelerate results, innovation, sustainability and equity in immunisation through a series of interactive sessions.

The 45 sessions discussed issues as diverse as cold chain strategies for the 21st century, vaccine technology transfer and sustainable financing.

There was active participation from ministers of health and finance, assistant ministers and permanent secretaries,

government officials, first ladies, representatives of civil society, faith-based organisations, the pharmaceutical industry and the donor community, parliamentarians, and representatives from the private sector, research and technical institutions, the media and the main Alliance partners, the Bill & Melinda Gates Foundation, UNICEF, WHO and the World Bank.

A special awards dinner was held to honour those who have made a difference to the lives of children in developing countries and their communities through the effective delivery of immunisation programmes. The South African singer, UNICEF Goodwill Ambassador and global health advocate, Yvonne Chaka Chaka, was master of ceremonies at the awards dinner.



JANUARY

The GAVI Matching Fund raises US\$ 38 million in pledges for child immunisation.



MARCH

An Australian Government review ranks GAVI among the world's top performers in terms of delivering cost-effective results with a measurable life-saving impact.

Comic Relief awards a new grant to the GAVI Matching Fund.



APRIL

GAVI opens new funding windows for human papillomavirus (HPV) and measles-rubella vaccines.

The GAVI Alliance secures a 67% reduction in the price of rotavirus vaccine.

The GAVI Alliance Board achieves its gender balance target with 40% female Board members.

Ghana becomes the first African country to introduce pneumococcal and rotavirus vaccines at the same time.



MAY

Health ministers from 194 countries adopt the Global Vaccine Action Plan.

Rwanda introduces rotavirus vaccine.



JULY

The Republic of Moldova introduces rotavirus vaccine into its routine immunisation programme.

Eritrea launches measles second dose vaccine.

The Democratic People's Republic of Korea introduces pentavalent vaccine.



JUNE

IFFIm's sale of vaccine bonds is listed by *EuroWeek* magazine as one of the 25 most influential bond market deals.

The GAVI Alliance decides to provide up to an additional US\$ 162 million to control and prevent measles outbreaks in developing countries.

Cambodia rolls out measles second dose vaccine.

The LDS church supports the GAVI Matching Fund with a US\$ 1.5 million gift.

Zimbabwe becomes the 18th GAVI-supported country to roll out pneumococcal vaccine.

Nigeria launches pentavalent vaccine.



SEPTEMBER

Bangladesh introduces measles second dose vaccine.

Japan renews its support for the GAVI Alliance with a contribution of US\$ 9.07 million.

Cameroon conducts meningitis A vaccine campaigns in two regions.

Ghana launches yellow fever vaccine campaign.



AUGUST

The Gambia introduces measles second dose vaccine.

Yemen becomes the first GAVI-eligible country in the Middle East to introduce the rotavirus vaccine.



NOVEMBER

Myanmar introduces the pentavalent vaccine as well as measles second dose vaccine.

Madagascar and Sao Tome and Principe introduce pneumococcal vaccine into their routine immunisation programmes.

Armenia rolls out rotavirus vaccine.

Benin, Chad and Senegal implement meningitis A vaccine campaigns.

OCTOBER

Malawi rolls out rotavirus vaccine.

Haiti and Timor-Leste introduce pentavalent vaccine with GAVI support.

The Congo introduces pneumococcal vaccine into its routine immunisation programme.

Ghana (three regions) and the Sudan launch meningitis A vaccine campaigns.

Pakistan is the first Asian country to launch pneumococcal vaccine with support from GAVI.



DECEMBER

More than 600 Alliance partners gather in Tanzania for the GAVI Alliance Partners' Forum.

The 100 millionth person receives the MenAfriVac vaccine, which protects against meningitis A infection.

Djibouti introduces pneumococcal vaccine.

GAVI Board reappoints Dagfinn Høybråten as Chair.

Germany renews its support to the GAVI Alliance with a €30 million pledge.

Vodafone becomes a new GAVI Matching Fund partner, triggering a US\$ 1.5 million match from the United Kingdom.

Côte d'Ivoire launches a yellow fever vaccine campaign, and Nigeria conducts meningitis A vaccine campaigns in four states.

Tanzania introduces pneumococcal and rotavirus vaccines.



Shot@Life
@ShotAtLife

We're so lucky to have partners like @GAVIAlliance! Excited to kick off 1 of the world's largest immunisation meetings today!

Retweeted by
GAVI Alliance





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2012-at-a-glance

2012 AT A GLANCE

- Accelerate vaccines
- Strengthen capacity
- Increase predictability and sustainability
- Shape the market
- Annexes



Vaccination for all should be a key ingredient of the call for universal health coverage in the post-2015 MDG agenda. For GAVI, the call for states to take increased responsibility in this area will be a key message.

Espen Barth Eide,
Minister of
Foreign Affairs,
Norway

Donor contributions and commitments to the GAVI Alliance

Cash received BY GAVI (IN US\$ MILLIONS) AS OF 31 DECEMBER 2012

Donor governments and the European Commission	2012	Total 2000–2012
Australia	56.5	133.9
Canada	15.1	187.6
Denmark	4.4	41.1
European Commission (EC)	12.5	70.4
France	20.1	73.3
Germany	34.7	65.3
Ireland	3.5	38.2
Japan	9.1	18.4
Luxembourg	1.1	8.8
Netherlands	14.2	256.4
Norway	106.9	705.8
Republic of Korea	0.3	1.0
Spain	0.0	43.2
Sweden	0.0	215.2
United Kingdom	206.9	429.4
United States of America	130.0	866.5
Sub-total	615.2	3,154.6
Private contributions		
Absolute Return for Kids (ARK)	1.6	1.6
Anglo American plc	1.0	2.0
Bill & Melinda Gates Foundation	268.8	1,745.7
Comic Relief	3.2	3.2
His Highness Sheikh Mohamed bin Zayed Al Nahyan	8.8	22.9
J.P. Morgan	0.0	2.4
“la Caixa” Foundation	2.8	21.6
LDS Charities	1.5	1.5
The Children’s Investment Fund Foundation (UK)	4.3	4.3
Other private	0.8	13.9
Sub-total	292.8	1,819.1
IFFIm to GFA transfers	100.0	2,275.7
AMC funds	223.5	394.5
Total contributions	1,231.5	7,644.0

Donations are recorded on a cash basis.

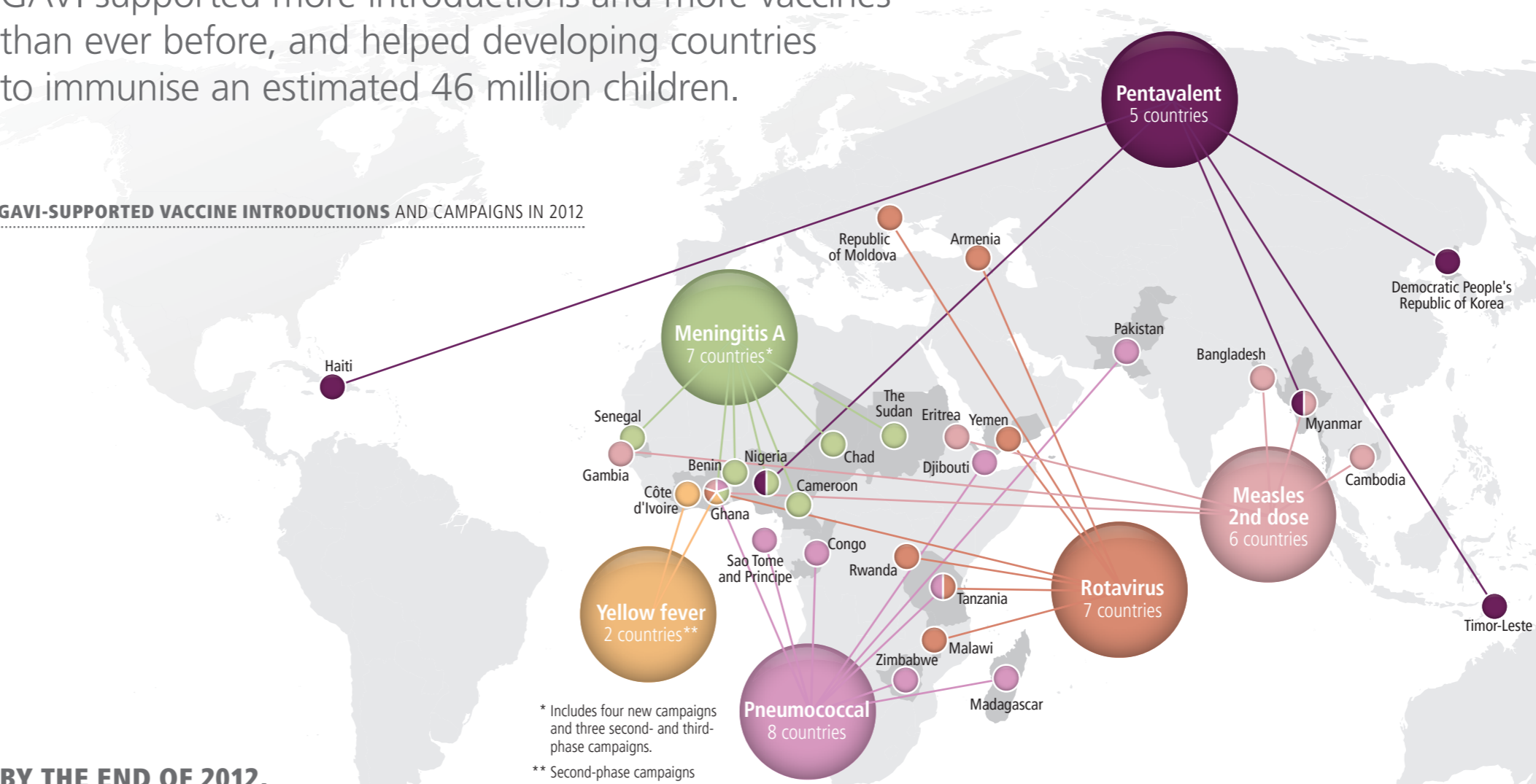
Note: As GAVI’s financing mechanisms enable the innovative use of donor contributions over time, the amount of donor contributions (as detailed in Annex 2) may differ from the amount of cash received by GAVI (as detailed above) in a given year.

Source: 7

2012: a year of acceleration

The year 2012 was a year of accelerated efforts. GAVI supported more introductions and more vaccines than ever before, and helped developing countries to immunise an estimated 46 million children.

GAVI-SUPPORTED VACCINE INTRODUCTIONS AND CAMPAIGNS IN 2012



* Includes four new campaigns and three second- and third-phase campaigns.

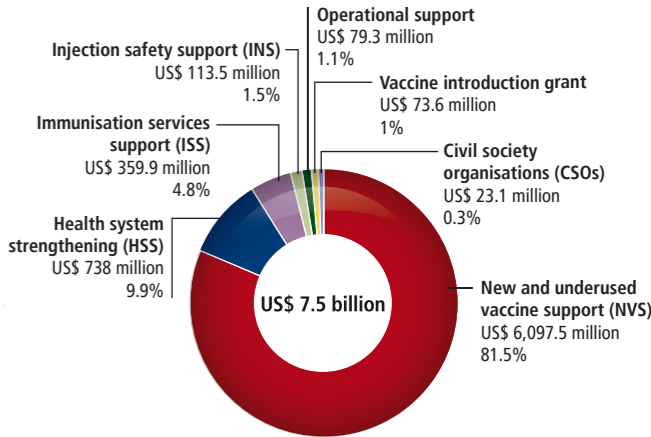
** Second-phase campaigns

BY THE END OF 2012, GAVI HAD:

- supported the immunisation of an estimated 370 million children in more than 70 developing countries.
- contributed to the prevention of more than 5.5 million future deaths caused by *Haemophilus influenzae* type b, hepatitis B, measles, pertussis, pneumococcal disease, polio, rotavirus diarrhoea and yellow fever.
- committed US\$ 7.5 billion to new and underused vaccines and health system strengthening programmes in developing countries.

Source: 5

COMMITMENTS TO COUNTRIES BY TYPE OF SUPPORT, 2000–2012



Source: 6



GAVI has empowered us to introduce new vaccines that would otherwise not be affordable.

HE Jakaya Kikwete,
President, Tanzania



Innovative finance mechanisms: AMC AND IFFIM

AMC commitments	2009–2020 (US\$ millions)
Italy	635
United Kingdom	485
Canada	200
Russian Federation	80
Bill & Melinda Gates Foundation	50
Norway	50
Total	1,500

Source: 8

IFFIm commitments*	Length of commitment	Amount (in millions)	Total (equivalent in US\$ millions**)
United Kingdom	20 years	£ 1,380.0	2,979.9
	20 years	£ 250.0	
France	15 years	€ 372.8	1,719.6
	19 years	€ 867.2	
Italy	20 years	€ 473.5	635.0
	15 years	€ 25.5	
Norway	5 years	US\$ 27.0	264.5
	10 years	NOK 1,500.0	
Australia	20 years	A\$ 250.0	256.1
Spain	20 years	€ 189.5	240.4
Netherlands	7 years	€ 80.0	114.4
Sweden	15 years	SEK 276.2	37.7
South Africa	20 years	US\$ 20.0	20.0
Total			6,267.6

* The UK and Brazil made new pledges to IFFIm in 2011. Negotiations are currently under way to formally sign these grant agreements.

** IFFIm pledges by donors in US\$ and US\$ equivalent amounts of national currency pledges calculated using prevailing exchange rates around the time of signing of the grant agreement.

Source: 9



The GAVI Alliance very much defines the state of the art in health partnerships and development cooperation, so just keep going.

Ursula Müller,
 Director-General,
 BMZ, the German
 development agency





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accelerate-vaccines

ACCELERATE VACCINES

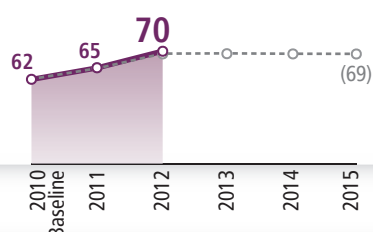


2012 saw a record number of GAVI-supported vaccine introductions in the world's poorest countries.

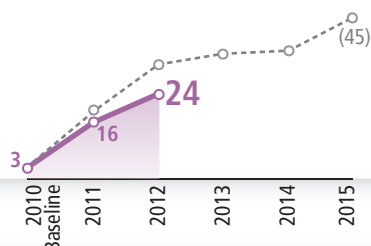
Country introductions OF NEW AND UNDERUSED VACCINES

By the end of 2012, the pentavalent vaccine had been introduced in a total of 70 GAVI-supported countries, slightly above the target of 69. The cumulative number of pneumococcal and rotavirus vaccine introductions reached 24 and 12, short of expectations for the year. This is partly due to supply constraints for preferred product formulations. The number of introductions is expected to be back on track to meet 2015 targets.

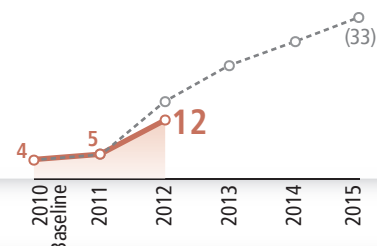
Pentavalent vaccine
Number of countries



Pneumococcal vaccine
Number of countries



Rotavirus vaccine
Number of countries



Source: 10



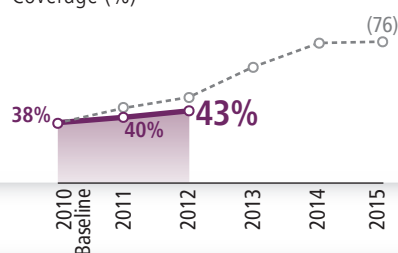
*I know
the importance
of vaccination.
All of my children
have been
immunised.*

Mohamed Khamis,
father, Zanzibar

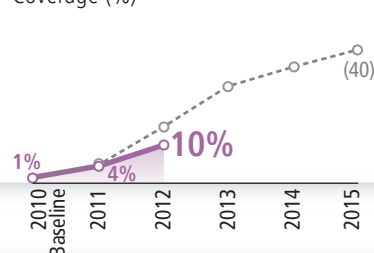
Coverage OF NEW AND UNDERUSED VACCINES

Across the 73 GAVI-supported countries, coverage in 2012 was estimated at 43% for pentavalent vaccine, 10% for pneumococcal vaccine and 3% for rotavirus vaccine. Supply constraints for particular formulations and/or country-readiness issues have jeopardised the achievement of coverage goals in the short term.

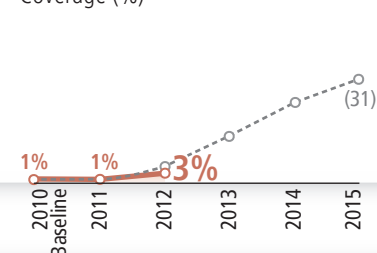
Pentavalent vaccine, 3rd dose
Coverage (%)



Pneumococcal vaccine, 3rd dose
Coverage (%)



Rotavirus vaccine, last dose
Coverage (%)



Source: 11



A record total of 30 new introductions and campaigns took place across GAVI-supported countries in 2012 alone.



ACTION
@ACTION_tweets

370 mill. of world's poorest kids now have opp. to grow up healthy

@GAVIAlliance Board Chair
@Hoybraten on our blog!

Retweeted by
GAVI Alliance

During the year, GAVI support enabled eight countries to introduce pneumococcal vaccine, seven to roll out rotavirus vaccine, six to provide the second dose of measles vaccine and five to launch the pentavalent vaccine. In addition, four countries initiated meningitis A vaccination campaigns for the first time.

An important milestone was the first-ever dual introduction of pneumococcal and rotavirus vaccines in Ghana in April, followed by another dual launch in Tanzania later in the year.

WHO estimates that, by the end of 2012, the world's poorest countries had collectively immunised an additional 370 million children with GAVI-funded vaccines – preventing more than 5.5 million future deaths.

Country demand continues to grow

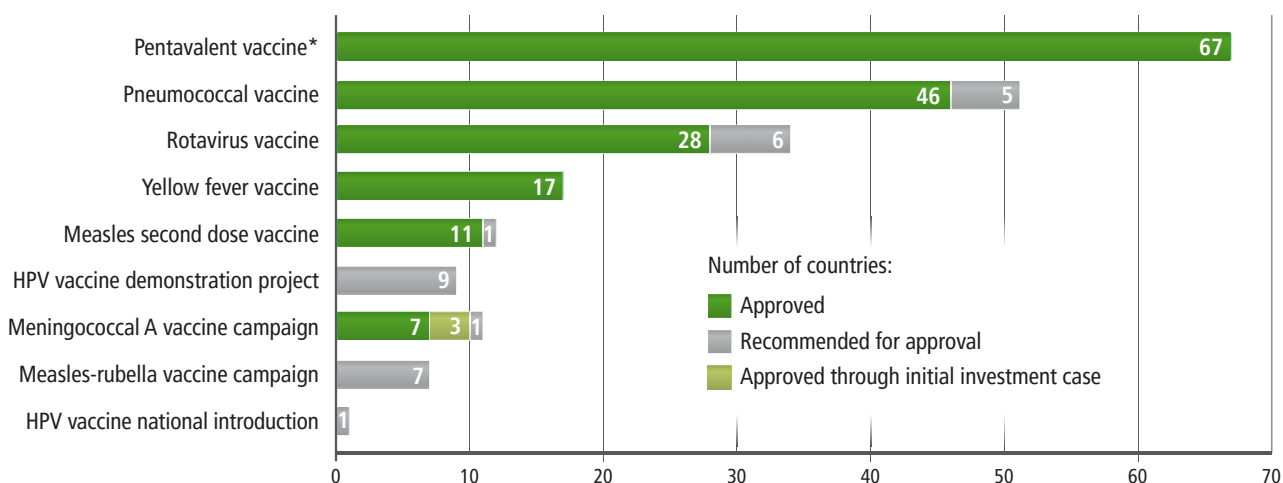
The number of applications for vaccine support remains high. In 2012, the Independent Review Committee (IRC) reviewed 57 applications for vaccine support from 41 countries.

By the end of the year, a total of 67 countries had been approved for pentavalent vaccine support*, 46 for pneumococcal vaccine, 28 for rotavirus vaccine, 17 for routine yellow fever immunisation, 11 for measles second dose vaccine and 10 for meningococcal A vaccine.

An additional 30 vaccine applications have been recommended for support by the IRC.

Cumulative number of countries APPROVED AND RECOMMENDED FOR NEW VACCINE SUPPORT

As of 31 December 2012



Source: 12

* An additional five GAVI-supported countries have introduced the pentavalent vaccine independent of GAVI support.



500,000 preventable deaths

Half a million child deaths can be prevented every year with pneumococcal vaccines.

2012 at a glance
ACCELERATE VACCINES
 Strengthen capacity
 Increase predictability and sustainability
 Shape the market
 Annexes

1



KENYA

shows early impact of pneumococcal vaccine

Just two years after its nationwide introduction, pneumococcal vaccine is making a significant difference in Kenya. One district hospital where detailed surveillance records are kept has experienced a dramatic drop in the number of cases of invasive pneumococcal disease in children.

In 2010, 38 children under the age of five years were admitted to the Kilifi District Hospital with invasive pneumococcal disease. In the following year, when the pneumococcal vaccine was introduced, the number of admissions was reduced to 11. In 2012, there were only four confirmed

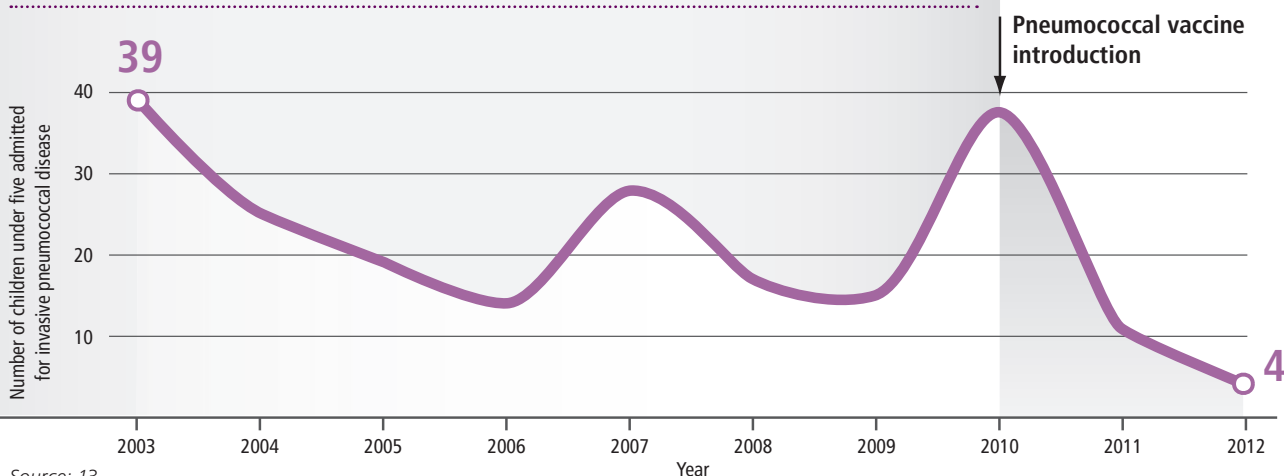
cases of invasive pneumococcal disease among the under-fives in the whole district.

The Kilifi District Hospital serves a population of approximately 260,000 people. It is also home to the KEMRI-Wellcome Trust Research Programme, a medical research collaborative known for its work on malaria and bacterial and viral childhood infections.



► gaviprogessreport.org/2012/kenya

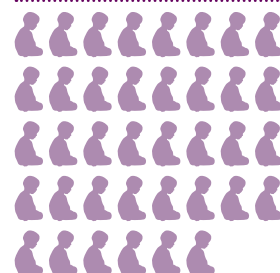
Admissions of children UNDER FIVE YEARS WITH INVASIVE PNEUMOCOCCAL DISEASE, KILIFI DISTRICT HOSPITAL, 2003–2012



Source: 13

In 2010:

38 CHILDREN UNDER FIVE



in 2012:

4 CHILDREN UNDER FIVE



WERE ADMITTED WITH
**INVASIVE PNEUMOCOCCAL
 DISEASE** AT KILIFI DISTRICT
 HOSPITAL, KENYA.





gaviprogressreport.org/2012/
accelerate-vaccines

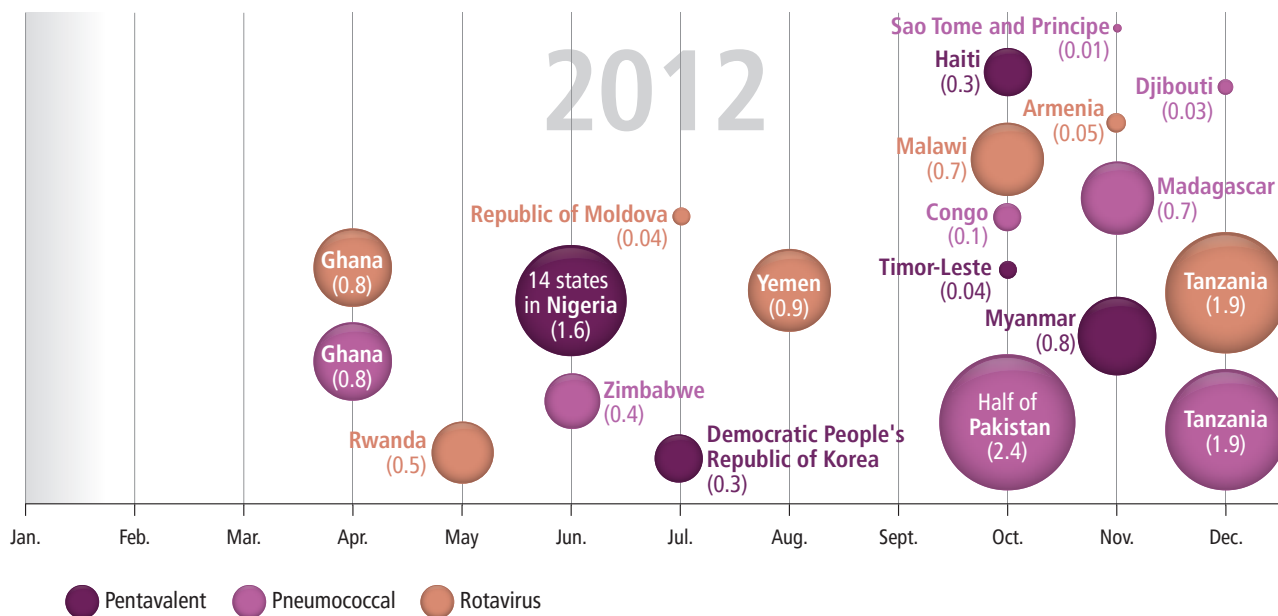


PENTAVALENT in all GAVI countries

By early 2014, all GAVI-supported countries are expected to have introduced pentavalent vaccine.

Pentavalent, pneumococcal and rotavirus vaccine introductions:

COUNTRIES AND RESPECTIVE NUMBER OF NEWBORNS (MILLIONS), 2012



Source: 14

Preventing the main child killer disease with pneumococcal vaccines

Pneumonia, a severe infection of the lungs, is the leading cause of child mortality. Each year it kills an estimated 1.6 million children under five across the world, accounting for 20% of all child deaths. Infection with the pneumococcal bacterium is the main cause of fatal pneumonia.

By the end of 2012, 24 of the world's poorest countries had introduced the pneumococcal vaccine, which also provides protection against meningitis and sepsis, with support from GAVI. WHO estimates that to date more than 10 million children worldwide have been protected against pneumococcal disease with GAVI-funded vaccines.

WHO and UNICEF recommend an integrated approach to preventing and treating child pneumonia that includes promoting exclusive breastfeeding and improved nutrition, routine use of *Haemophilus influenzae* type b (Hib), measles, pertussis and pneumococcal vaccines, and treatment with appropriate antibiotics and oxygen when necessary.

Five-in-one vaccine accelerates protection against Hib and hepatitis B

Hib is another common cause of severe pneumonia and meningitis in young children. Although the number of deaths from Hib disease has decreased significantly since the vaccine was introduced into developing countries, Hib disease still kills approximately 200,000 children under five every year.

The hepatitis B virus also causes hundreds of thousands of deaths every year through acute and chronic diseases, including liver cancer and cirrhosis. The hepatitis B vaccine is 95% effective in preventing infection and its chronic consequences, and is the first vaccine to provide protection against a major cause of cancer.

Developing countries are increasingly offering hepatitis B and Hib vaccines as part of their routine immunisation programmes, mainly through use of the five-in-one pentavalent vaccine which also protects against diphtheria, tetanus and pertussis.

It is anticipated that by early 2014, all 73 GAVI-supported countries will have introduced the pentavalent vaccine into their routine immunisation programmes.



HAITI

Post-earthquake immunisation success



In April 2012, just two years after the devastating earthquake that claimed 230,000 lives and left the public health system in tatters, Haiti marked World Immunization Week by launching a nationwide immunisation campaign against measles, rubella and polio.

The campaign was followed by the roll-out of the five-in-one pentavalent vaccine, with the support of GAVI, WHO, the Pan American Health Organization (PAHO), UNICEF and others.

"Vaccination is a great and simple tool to save lives and ensure the well-being of Haitian society," said Dr Florence Guillaume, Haiti's Minister of Public Health and Population.

It is estimated that more than 200,000 Haitian children will be immunised with pentavalent vaccine during the first year of the roll-out.

GAVI has provided support to Haiti for more than 10 years to help bolster its immunisation services and safe injection practices. The country has also been approved for support for pneumococcal and rotavirus vaccines.



USAID Global Health
@USAIDGH

*We are simultaneously
vaccinating children
in rich & poor
countries at the
same time w 2
new vaccines.*

Retweeted by
GAVI Alliance

Rotavirus vaccines combat the main cause of fatal diarrhoea

Rotavirus is the leading cause of serious diarrhoea in children aged under five worldwide, killing more than 450,000 children each year and hospitalising millions more. More than 95% of all rotavirus deaths occur in developing countries.

Nearly all children are at risk of rotavirus infection, although poor hygiene practices and limited access to clean water can increase that risk. Since rotavirus cannot be treated with antibiotics or other drugs, vaccination offers the best hope for reducing the death toll from severe rotavirus disease.

Immunisation against rotavirus provides the opportunity to promote a comprehensive approach to the prevention and control of all causes of diarrhoea. This includes improving water quality, sanitation and hygiene practices and providing better access to oral rehydration solution and zinc supplements, as well as improving overall case management.

By the end of 2012, a total of 28 countries had been approved for rotavirus vaccine support from GAVI, of which 12 had already introduced the vaccine. According to WHO estimates, GAVI has contributed to the immunisation of four million children against rotavirus.



gaviproggressreport.org/2012/accelerate-vaccines

50% DROP

in severe cases

Vaccines reduced occurrences of severe rotavirus diarrhoea in children by half in Malawi trials.



All parents should bring their children who are below one year old to the clinic for their complete immunisation... It is our responsibility as parents to safeguard the health of our children.

HE Taur Matan Ruak,
President, Timor-Leste



THE DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

introduces five-in-one vaccine



gaviproggressreport.org/2012/dpr-korea

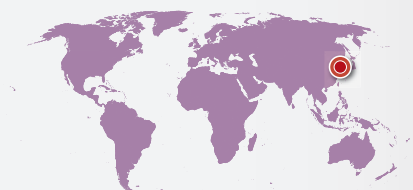
By introducing the pentavalent vaccine into its routine immunisation programme, the Democratic People's Republic of Korea hopes to protect hundreds of thousands of boys and girls against *Haemophilus influenzae* type B (Hib) as well as four other diseases.

"The introduction of pentavalent vaccine in DPR Korea will mean that around 350,000 children will be vaccinated every year against Hib in addition to other

vaccines," said Bijaya Rajbhandari, UNICEF's representative in the Democratic People's Republic of Korea.

Working closely with WHO and UNICEF, GAVI has supported the Democratic People's Republic of Korea since 2001. It has helped the country strengthen its immunisation system and has supported a major upgrade of the cold chain system to ensure that vaccines are kept safe and effective.

The Government will continue to co-finance the cost of its GAVI vaccines, contributing approximately US\$ 800,000 in the period between 2012 and 2015.



Eradication of vaccine-preventable diseases is the ultimate equity – no one has to suffer from the disease anymore.

Dr Alan Hinman,
CSO representative,
GAVI Board

Working with partners to alleviate supply constraints

Country demand for pneumococcal and rotavirus vaccines is higher than ever. While this is undoubtedly positive, it has led to some short-term supply constraints for particular products and vaccine formulations.

Working in close partnership with suppliers and implementing countries, GAVI was able to ensure sufficient overall supply of the pneumococcal vaccine for 2012. However, two countries postponed their planned 2012 introductions as their preferred product presentation was not available. In five other countries, introductions were delayed due to either challenges related to country readiness, or a combination of

readiness issues and limited supply of their preferred product.

Supply constraints have also delayed the introduction of the rotavirus vaccine. Of the eight countries approved for 2012 introduction of the rotavirus vaccine, one had to postpone to 2013 due to insufficient supply of the preferred two-dose schedule vaccine.

GAVI continues to engage with suppliers to secure additional doses, while proactively monitoring demand and supporting countries in their implementation planning based on product choices.



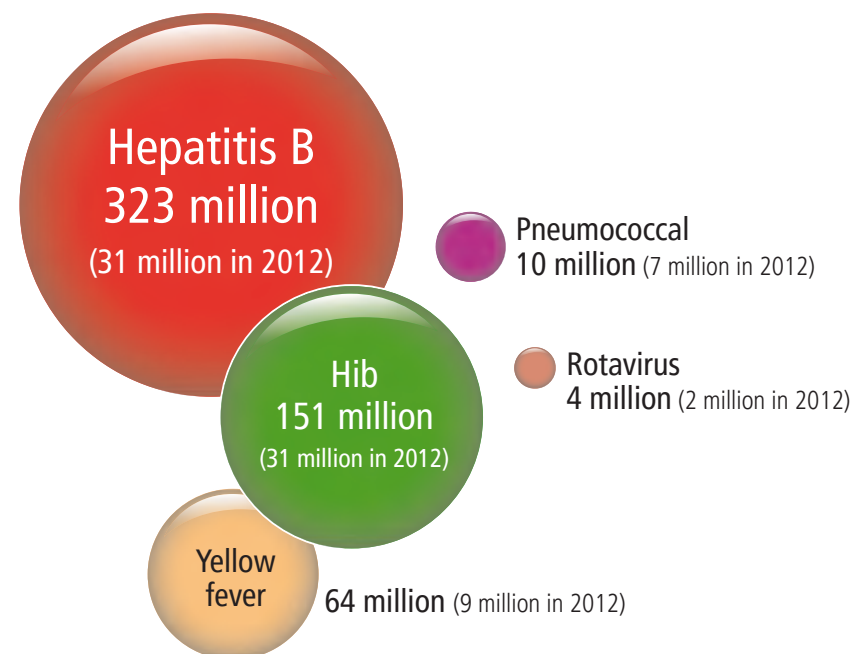
GAVI revamps support for vaccine roll-out preparations

GAVI's vaccine introduction grants are designed to assist countries with the costs of preparatory activities for new vaccine introductions. Such activities typically include health worker training, information dissemination, education and social mobilisation, expansion of the cold chain and technical assistance. The grant is a one-time investment, which does not cover recurrent costs and cannot be used for vaccine co-financing.

GAVI has provided introduction grants since 2001. In 2012, the amounts were reviewed and adjusted to better reflect the actual cost of preparatory activities and country needs. The revised policy for vaccine introduction grants takes into account the size of the birth cohort in each country, and differentiates between vaccines given to infants and adolescents.

The revised policy also increases GAVI support for operational costs during large-scale campaigns, to ensure that campaigns are not delayed and social mobilisation activities are not compromised.

Total number of children immunised AS OF 31 DECEMBER 2012 (PROJECTED INCREASE RELATIVE TO THE END OF 2011)



Source: 15

Beyond saving lives: the broader impact of vaccines

Vaccines do not only prevent sickness and save lives. Immunisation also helps children and their families to lead better and more prosperous lives in many other ways. For instance, boys and girls who are healthy are more likely to attend school and to do well in their studies, and thus become more productive as adults.

Parents who do not have to spend money on their children's healthcare can use it for other purposes, such as investments that spur economic growth. Furthermore, by reassuring parents that their children have a greater chance of surviving, vaccination can contribute to lower fertility rates. This

promotes an age distribution that is more favourable to economic prosperity.

Society as a whole also benefits. A high proportion of vaccinated, healthy children in the population confers greater herd immunity, whereby protection extends to non-vaccinated people.





gaviproggressreport.org/2012/accelerate-vaccines

70%
of cases preventable

70% of all cervical cancer cases can be prevented by HPV vaccines.



Too many girls are robbed of their future by [cervical] cancer. I am personally committed to do what it takes to ensure that girls have access to HPV vaccines.

HE Christine Kaseba,
First Lady of Zambia

GAVI-supported countries gear up for HPV vaccine introduction

In a bid to protect millions of women from the devastating consequences of cervical cancer, GAVI opened a funding window for human papillomavirus (HPV) vaccines in April 2012.

HPV, which is highly transmissible, causes an estimated 275,000 cervical cancer deaths each year. Approximately 85% of these deaths occur in developing countries. Safe and effective HPV vaccines can prevent 70% of all cervical cancer cases.

Countries with demonstrated experience in reaching adolescent girls with vaccines can apply for GAVI funding to support nationwide introduction of the vaccine. Others are eligible for support for smaller-scale demonstration projects, which allow countries to gain the experience needed for a national introduction.

GAVI aims to support the vaccination of one million girls by 2015, scaling up to reach over 30 million girls in more than 40 countries by 2020.

Campaigns and routine immunisation protect millions against yellow fever

Yellow fever is an acute viral haemorrhagic disease that, in the absence of prompt treatment, can kill up to 50% of those severely affected. There are approximately 200,000 cases of yellow fever every year, resulting in 30,000 deaths.

GAVI supports yellow fever vaccines for use both in routine immunisation programmes and vaccine campaigns in countries at high risk of outbreaks.

WHO estimates that, by the end of 2012, close to 64 million children had been vaccinated against yellow fever as a result of GAVI-supported routine immunisation programmes. Of these, nine million were immunised in 2012 alone.

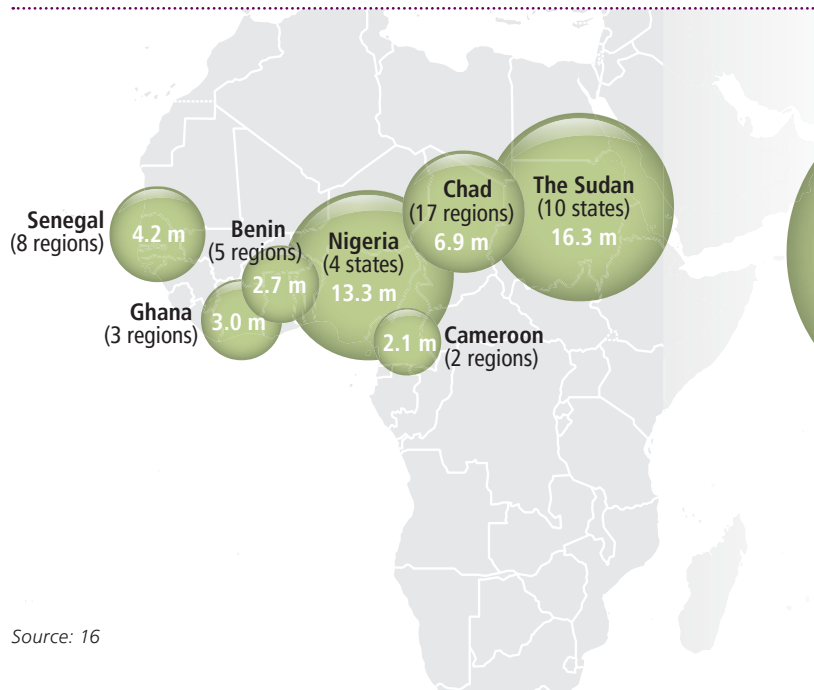
Two countries – Côte d'Ivoire and Ghana – completed the second phase of their yellow fever vaccine campaigns during the year, immunising an estimated eight million people against yellow fever.

Meningococcal A vaccine introduced in 10 countries in the meningitis belt

Seasonal meningitis A epidemics threaten the lives of the 450 million people in the meningitis belt, which stretches across 26 African countries from the Gambia in the west to Eritrea in the east. The disease causes a painful inflammation of the lining

around the brain and the spine, and can kill within 24 to 48 hours of infection. Those who survive often face learning difficulties and deafness, and severe cases can result in gangrene and limb amputation. Children and young adults are most at risk.

GAVI-funded meningitis A campaigns AND ESTIMATED NUMBER OF PEOPLE REACHED (IN MILLIONS), 2012



Total estimated people reached in 2012: 48.5 million

Source: 16



80%

in GAVI countries

80% of the 112,000 annual cases of congenital rubella syndrome occur in GAVI-supported countries.

2012 at a glance

ACCELERATE VACCINES

Strengthen capacity
Increase predictability and sustainability
Shape the market
Annexes

1

103
million
people

have been immunised against deadly and debilitating meningitis A infection.

NIGERIA

100 millionth person vaccinated against meningitis A



In December 2012, the 100 millionth person received the protection of a powerful meningitis A vaccine. The milestone was reached in northern Nigeria, part of Africa's "meningitis belt", just two years after the vaccine was first launched in Burkina Faso.

Nigeria immunised 13 million people against meningitis A in 2012. By the end of the year, vaccine coverage had extended to 103 million people across 10 countries in the meningitis belt, providing widespread and long-awaited protection against this devastating disease.



A new meningococcal A vaccine was developed in 2010. Together with partners, GAVI is helping to support the introduction of this vaccine, which has the potential to eliminate one of the leading causes of meningitis epidemics, in all countries in the meningitis belt.

In 2012, 7 countries conducted vaccination campaigns against meningitis A, targeting close to 50 million people between 1 and 29 years of age. This brings the total number of countries that have initiated campaigns against meningitis A to 10.

Measles-rubella vaccine to safeguard the health of mothers and children

The 2012 application round gave countries their first opportunity to apply for rubella-containing vaccine. This vaccine has the potential to protect hundreds of millions of babies and mothers in GAVI-supported countries over the next few years.

Maternal infection with the rubella virus in early pregnancy puts babies at risk of congenital rubella syndrome, which can cause severe birth defects and life-long disabilities. Every year, approximately

90,000 babies are born with this syndrome in GAVI-supported countries. The rubella virus can also cause miscarriage and stillbirth.

By supporting the measles-rubella combination vaccine, GAVI is simultaneously helping to combat measles, a viral infection which can lead to serious illness, life-long disability and even death. While increased routine immunisation led to a 74% drop in measles mortality between 2000 and 2010, recent years have seen a stalling in the reduction of the number of measles deaths. Seven applications for GAVI support for the measles-rubella vaccine were recommended for approval in 2012.

In addition, GAVI continues to support countries with the roll-out of the second dose of measles vaccine. To date, GAVI has helped 8 countries to deliver the measles second dose vaccine to an estimated 11 million children. GAVI became an official partner of the Measles-Rubella Initiative in 2012.



GAVI's support for rubella is a game changer in the control of a disease that causes serious, life-long disabilities in infants.

Dr Susan Reef,
Medical Epidemiologist,
Centers for Disease
Control and Prevention,
USA



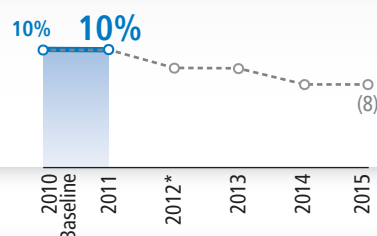
gaviprogessreport.org/2012/strengthen-capacity

STRENGTHEN CAPACITY



Strong health systems are essential to ensure access to vaccines for all children everywhere.

Drop-out rate between DTP1 and DTP3 (%)

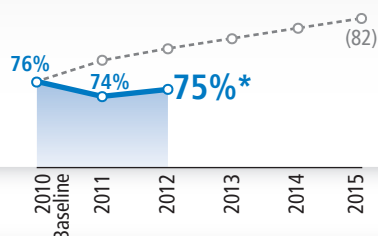


* 2012 data will be available in late 2013.

This indicator measures the drop-out rate between coverage of the first dose of the diphtheria-tetanus-pertussis vaccine (DTP1) and the third dose of the same vaccine (DTP3).

Source: 17

DTP3 coverage (%)



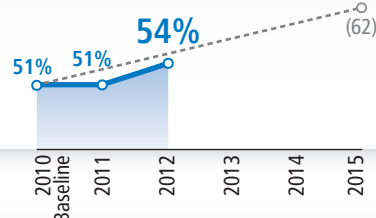
* WHO projection

Coverage for DTP3 in 73 GAVI-supported countries was projected to reach 75% in 2012.

Source: 18

Equity in immunisation coverage (%)

Proportion of countries meeting the minimum equity benchmark



In 2012, 54% of GAVI-eligible countries with available survey data had a differentiation of less than 20 percentage points between DTP3 coverage in the poorest quintile of the population and DTP3 coverage in the wealthiest quintile. GAVI aims to increase this to 62% of countries by 2015.

Source: 19





Immunisation needs equity, just as much as equity needs immunisation.

Geeta Rao Gupta,
Deputy Executive
Director, UNICEF
and Vice Chair of the
GAVI Alliance Board

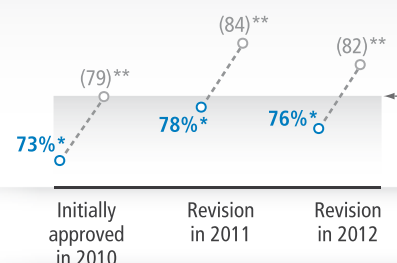
Revision of DTP3 coverage indicator: maintaining the level of ambition

In 2012, WHO revised its 2010 coverage estimates for the third dose of diphtheria-tetanus-pertussis vaccine (DTP3), which were used to derive GAVI's targets for vaccine coverage.

The decrease in coverage was mainly driven by significant drops in the 2010 coverage estimates in four large countries (Côte d'Ivoire, Chad, Nigeria and Pakistan), which represent a large proportion of the number of births worldwide.

As a result, in 2012 GAVI revised its targets for impact on DTP3 coverage and DTP1–DTP3 drop-out rate.

Target evolution for DTP3 coverage in GAVI countries



*Baseline 2010
**(Target 2015)

Current target is higher than initially approved in 2010.



gaviprogressreport.org/2012/strengthen-capacity

ONE FIFTH of deaths preventable

Up to one fifth of all child deaths could be prevented by vaccines.



We must work together to build healthy communities – healthy men, healthy women, healthy babies, healthy children. When we have healthy communities, we can have healthy economic development.

Yvonne Chaka Chaka, singer and humanitarian activist, South Africa

Fifty-two countries are currently receiving funding for health system strengthening (HSS) from GAVI.

Well-functioning health systems are a prerequisite for ensuring that life-saving vaccines reach all those who need them. All aspects of the health system have an impact on the success of immunisation programmes.

The aim of GAVI's HSS support is to enhance the capacity of health systems to deliver immunisation. Throughout 2012, Alliance partners continued to work together to make sure that HSS support is translated into improved immunisation outcomes. Every effort is made to ensure

that HSS grants adequately address any equity-related barriers (geographic, wealth and gender) to accessing health and immunisation services.

A new performance-based funding model for HSS was introduced at the end of 2012. The aim is to create incentives for using HSS support to boost immunisation coverage and to make access more equitable. In addition, GAVI is adopting ways of tailoring its approach to countries that are in short- or long-term fragile situations.



MYANMAR

Strengthening the health system to support new vaccines



gaviprogressreport.org/2012/myanmar

After decades of social and political isolation and reduced investment in public health infrastructure, Myanmar is now well placed to protect its children from a range of potentially fatal diseases. A turning point came in November 2012 with the simultaneous introduction of the five-in-one pentavalent vaccine and the measles second dose vaccine.

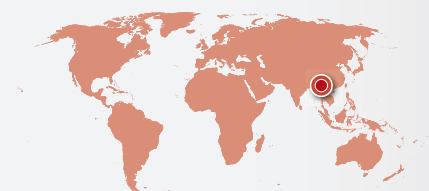
A delegation of Australian and New Zealand politicians, led by the GAVI Alliance Board Chair, Dagfinn Høybråten, visited Myanmar in November 2012 and witnessed the challenges facing the country first hand.

GAVI's HSS support has helped to pave the way for the introduction of the new

vaccines. Part of the funding has been used to upgrade Myanmar's cold chain system, vital for keeping vaccines under the right conditions.

The grant has also funded the production of vaccination record cards, which will enable parents and medical professionals to keep track of who has received which vaccinations. Further, the cards contribute to improving vaccine surveillance data, which in turn will help to inform future programme planning and decision-making.

GAVI has supported Myanmar since 2002 by providing funding for hepatitis B vaccine and for programmes to strengthen the country's health system.



Rethinking HSS support for increased impact

Disbursements of HSS funds are steadily increasing. By the end of 2012, GAVI had disbursed approximately 80% of all approved HSS grants since 2007. However, GAVI expenditure on HSS to date falls short of the target (between 15% and 25% of total disbursements) set by the Board.

A new technical advisory group on health system strengthening was set up in 2012. This group provided advice to the CEO on GAVI's future engagement in the Health Systems Funding Platform, as well as guidance on delivering technical support to countries, performance-based financing and country-tailored approaches to HSS.

Performance-based funding: rewarding immunisation results through HSS

In order to better link HSS support to improved immunisation outcomes, GAVI has introduced a new performance-based funding instrument whereby a portion of

the HSS support awarded will depend on country performance against set indicators.

In their first year of support, countries will receive a fixed payment to invest in their health systems. From the second year onwards, the annual grant will consist of both a fixed and a performance-based payment, determined by country performance against immunisation coverage and equity indicators.

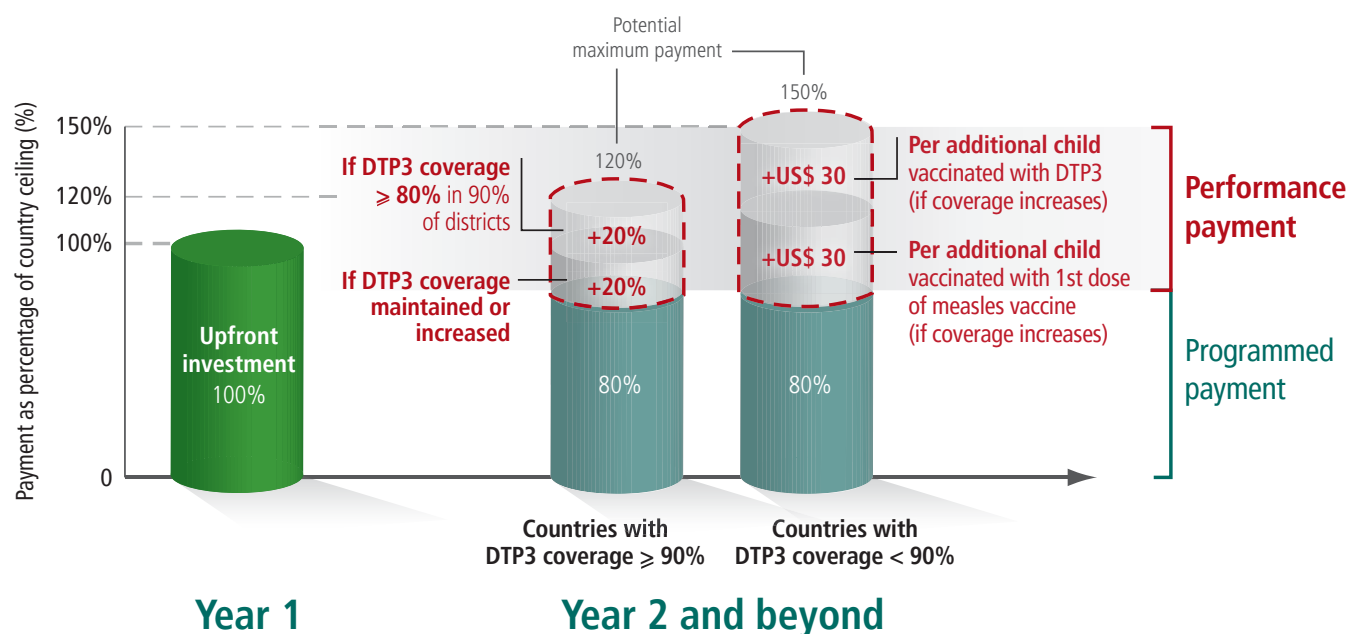
Performance-based payments for countries with immunisation coverage levels below 90% will be calculated according to the number of additional children vaccinated with DTP3 and measles vaccine, provided that coverage increases. Countries with DTP3 coverage above 90% will be rewarded if they maintain or increase their coverage, and if coverage remains at or above 80% in 90% of districts. Countries that perform exceptionally well may receive annual payments that are greater than their country ceiling.



So much has changed since I delivered my first vaccine. These days, the government uses every form of communication to mobilise the nation.

Daw Aye Mya,
midwife, Myanmar

HOW THE **performance-based funding** MODEL WORKS





gaviprogessreport.org/2012/strengthen-capacity



defeatDD from PATH
@defeatDD

How can vaccine introduction support the full package of interventions for leading child killers like pneumo and DD?

Retweeted
by GAVI Alliance

Partnerships key to improving data quality

Access to accurate data is essential to properly assess immunisation coverage and the impact of immunisation programmes. GAVI tracks available immunisation coverage data disaggregated by income, geographic location and sex in order to help identify inequities in access.

Discrepancies often exist between coverage data reported by countries, WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) and household surveys. A new "grade of confidence" rating scale, introduced in 2012 by WHO and UNICEF, has shown that confidence in WUENIC estimates for the majority of GAVI-supported countries is low.

GAVI works closely with countries and global partners to improve the quality of reported data. In 2012, the Board identified data quality as a priority area of focus,

and allocated increased resources for data quality improvement activities through the 2013–2014 business plan. The Secretariat called for a data summit to discuss ways to strengthen data systems and capacity at country level; to improve the frequency of and methodology for household surveys; and to advance innovation in the use of biomarkers, triangulation (validating data against other data sources) methods and other new technologies.

In 2012 GAVI also successfully piloted a revised Immunisation Data Quality Assessment tool (IDQA) in Bolivia, Ghana and Uganda. The pilot exercise not only provided insights into improving the data quality systems in countries, but also built partnerships, strengthened in-country capacity and provided valuable information to help finalise the tool. GAVI will implement the IDQA tool in GAVI-eligible countries from 2013 onwards.



PAKISTAN

Female health workers help to expand child immunisation coverage

In front of a poster announcing the arrival of a vaccinator in the Punjabi village of Chinkowindi, Rashida Parveen welcomes villagers bringing children for vaccination.

Rashida is part of a cadre of some 100,000 community-based "Lady Health Workers", known as LHWs, in Pakistan who go door-to-door advising families about immunisation, nutrition, hygiene, care for women during and after pregnancy, and family planning. They inform them about the facilities available at nearby health centres and when vaccinators visit, LHWs call on homes with babies, urging families to have them vaccinated.

"At first, they were a little wary about immunisation," Rashida says of her community members. "They thought we would force people into family planning. But now that they know us they have

confidence in us and treat us with respect. And they understand how important it is to vaccinate their children."

With low immunisation coverage rates in Pakistan, the Ministry of Health has involved LHWs in immunisation activities with the support of a GAVI HSS grant. So far, almost 15,000 LHWs have been trained to provide routine immunisation.

Following a series of attacks in December, GAVI and its partners are committed to working with the Government of Pakistan to support the security of health workers as they carry out their vital work.



Strengthening the vaccine supply chain

Many children do not get the vaccines they need because the supply chain – the system that moves vaccines from the point of manufacture to the point of administration – does not function as it should. The situation is acute in some developing countries, where vaccine supply chains are often inefficient and outdated and do not take advantage of modern technology. As a result, clinics may run out of vaccines and vaccines can lose their potency because they get too cold or too hot or are allowed to expire.

During 2012, GAVI started working with its partners to develop an end-to-end supply chain strategy for vaccines. The strategy draws upon practice and technology in other sectors and examines the flow of vaccines, information and money up and down the entire chain. One of the options that GAVI is looking at is a barcode track and trace system. This would allow vaccines to be tracked in much the same way as a supermarket tracks products across the world.

Equity – advancing access to life-saving vaccines for all

Although global child mortality is declining, every year close to seven million children still die before their fifth birthday.

Almost one in five children lacks access to the basic childhood vaccines that are taken for granted in most rich countries. The ones who are missing out tend to be those who live in the poorest households and/or in the most remote locations. These children are also more prone to fall sick and less likely to have access to healthcare than their richer peers. Up to one fifth of all child deaths are from diseases that could have been prevented by vaccines.

Through collaboration with its partners, GAVI strives to address inequities in access to immunisation between the poor and the rich (wealth equity), between low- and high-coverage districts (geographical equity) and between the sexes (gender equity).



The challenge is that the fifth child isn't standing next to the other four.



Dr Chris Elias,
President of the Global
Development Program,
Bill & Melinda Gates
Foundation

MOBILE PHONES

to transform vaccine management in Mozambique



Mobile technology has the potential to revolutionise the management and delivery of immunisation services in many of the world's poorest countries. In 2012, Mozambique's Department of Health and the GAVI Alliance, in partnership with Vodafone, a GAVI Matching Fund partner, agreed to embark on a pilot project starting in 2013.

The aim is to use mobile phones to improve data accuracy, increase immunisation rates, reduce the report lag

time from the field and reduce stock wastage. Plans for the project include registering parents and caregivers and then using mobile phones to inform them about the importance of immunisation and alert them when it is time for their children to be immunised.

In addition, health workers will be provided with mobile phones equipped with special software that enables them to access patient information, schedule appointments, monitor stocks and order vaccines.



ARK
@ARKcharity

From #GAVIpartners – embracing the private sector will help address the challenges of the cold chain. Complex challenges need diverse skills!

Retweeted
by GAVI Alliance



gaviprogessreport.org/2012/strengthen-capacity



Development Pros
@GdnGlobalDevPro

#Ghana made history by delivering 2 #vaccine campaigns at the same time. 10 lessons for health officials.

Retweeted
by GAVI Alliance

The Alliance is strengthening its support to countries where immunisation coverage is below 70%, and in those countries where inequities in coverage are most severe. Although all partners will be involved, from 2013 WHO will take the lead in working with low-coverage countries and UNICEF with countries facing inequities related to wealth, geography or gender.

Recent changes in GAVI's structures and systems have resulted in marked improvements in the Alliance's capacity to address gender issues. Successes highlighted in the 2012 evaluation of the GAVI Alliance gender policy include strengthened gender requirements in application and reporting forms, inclusion of a gender expert on each Independent Review Committee panel and

a more equal gender balance on the GAVI Alliance Board. The GAVI Alliance gender policy requires that a gender balance is obtained in all areas of GAVI's work, including its governance structures.

Support to civil society

Civil society organisations (CSOs) play a vital role in advocating for and contributing to higher and more equitable immunisation coverage in many of the world's poorest countries. In some GAVI-supported countries, CSOs provide up to 60% of immunisation services.

GAVI first opened a funding window for CSO support in 2007 on a pilot basis in 10 countries. A 2012 independent evaluation of the pilot programme

GHANA AND TANZANIA

lead the way in dual vaccine introductions



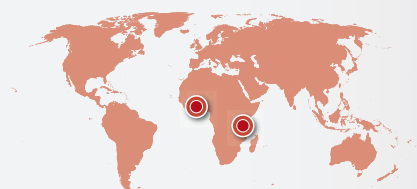
2012 proved to be a headline year for vaccine introductions with two GAVI-supported countries launching two vaccines at the same time. In April, Ghana introduced both pneumococcal and rotavirus vaccines into its routine immunisation schedule – the first simultaneous vaccine launch in a GAVI-supported country.

Joint vaccine introductions complicate the planning process, and members of Ghana's immunisation team were justifiably proud of their achievement. Keen to share their experience with other

countries, in 2012 Ghana hosted colleagues from the Tanzanian Ministry of Health and Social Welfare to share experiences as Tanzania prepared for its own dual vaccine launch.

With UNICEF support, GAVI co-organised the exchange visit, which allowed the teams to discuss in detail how best to tackle issues such as planning, ensuring adequate cold chain capacity and appropriate training of health workers, dealing with waste disposal, and the unique communication challenges posed by multiple vaccine introductions.

Tanzania successfully launched both vaccines in December 2012, during the GAVI Partners' Forum.



concluded that CSO support had been instrumental in achieving immunisation objectives. However, the evaluation noted that issues relating to programme design and implementation had weakened the overall impact.

The outcome of the evaluation informed GAVI's decision to provide CSO support not as a separate funding stream, but as an integrated part of HSS support channelled through national governments.

While funding through national governments is the default approach, it is possible in exceptional circumstances to engage global or national CSOs directly. Such CSO recipients will be accountable in the same way that governments are.

In 2012, GAVI also committed US\$ 1.2 million to support CSO engagement in national health policy dialogue. Catholic Relief Services has been contracted on behalf of the GAVI CSO constituency for this purpose.

Implementation of this type of support has started in seven countries: Burkina Faso, the Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Malawi and Pakistan. GAVI plans to scale up this support to include other countries.



PAHO/WHO
@pahowho

Bolivia, Haiti, Honduras & Nicaragua honoured by @gavialliance for their achievements

Retweeted
by GAVI Alliance

BANGLADESH, HONDURAS, MADAGASCAR AND NICARAGUA

awarded for expanding vaccine coverage



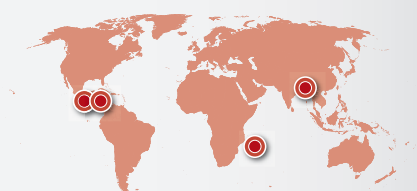
Four GAVI-supported countries received awards at the 2012 GAVI Alliance Partners' Forum for their impressive progress in expanding routine immunisation.

With 89% coverage for DTP3 in 2011, Madagascar won the award in the medium coverage category, and Nicaragua was awarded for best performance in the high coverage category. Honduras, which

had close to universal coverage in 2011, received the award for very high coverage. In the large country category, Bangladesh was recognised for being the most consistent performer since 2009 with an average immunisation coverage of above 90%.

In all, a total of 13 countries received awards for their achievements in areas such as co-financing, civil society commitment, equity and reducing child mortality.

Dr Marina Xioleth Rodriguez, Director-General for Health Promotion in Honduras, received her country's award from Dr Babatunde Osotimehin, Executive Director of UNFPA.





gaviprogressreport.org/2012/strengthen-capacity



22 MILLION

children unimmunised

More than 22 million boys and girls still do not have access to basic childhood vaccines.



*Evidence shows that reaching out to mothers **and** fathers will lead to more children being immunised.*

Dr Anders Nordström,
Ambassador for
Global Health, Sweden

Country-by-country approach to support fragile states

In December 2012, the GAVI Alliance Board approved a policy that provides for tailored approaches to fragile states and for time-limited responses to be used in countries in short-term emergency situations. The objectives of the policy are to improve immunisation coverage in countries where circumstances are especially difficult, and to protect immunisation systems in GAVI-supported countries in the event of an emergency.

A number of GAVI-supported countries face exceptional challenges, which limit their ability to access and implement GAVI support for immunisation over the medium to longer term. The new policy enables GAVI to develop a tailored approach for these countries, adjusted to their specific contexts and needs.

Among other factors, the policy aims to identify countries experiencing inequities in access based on gender, income and geographic location. Each country-tailored approach will include an analysis of the country situation with regards to gender equity and immunisation, both in terms of service delivery and access.

Similarly, the new policy, as applied to countries experiencing time-limited man-made or natural emergencies, will allow GAVI to provide one-off flexibilities in order to help protect immunisation systems and existing GAVI support to these countries.

Both fragile states and those in short-term emergency situations may be able to use existing support more flexibly or access limited additional funding for immunisation, decided on a case-by-case basis.

RWANDAN FATHER gets his daughter immunised

In the heart of Rwanda's capital, Kigali, lie the neat red clay roads and huts of Biryogo. Here the Ministry of Health, with support from the Catholic Church, runs a children's clinic for the local community.

The waiting room is crowded with mothers dressed in rainbow colours with their babies. Everyone holds an immunisation card. Outside on the veranda, Bashir is waiting with his wife Mariam and their daughter Nadjiha.

"When our daughter was born, the nurses at the maternity hospital told us that we should take her to the clinic to be vaccinated. Everyone in our community has their children vaccinated. You don't see diseases anymore," explains Bashir. "I took the day off work so I could be here. I love my wife and daughter. I want them to be healthy."

Immunisation against rotavirus, which claims the lives of close to 3,500 Rwandan

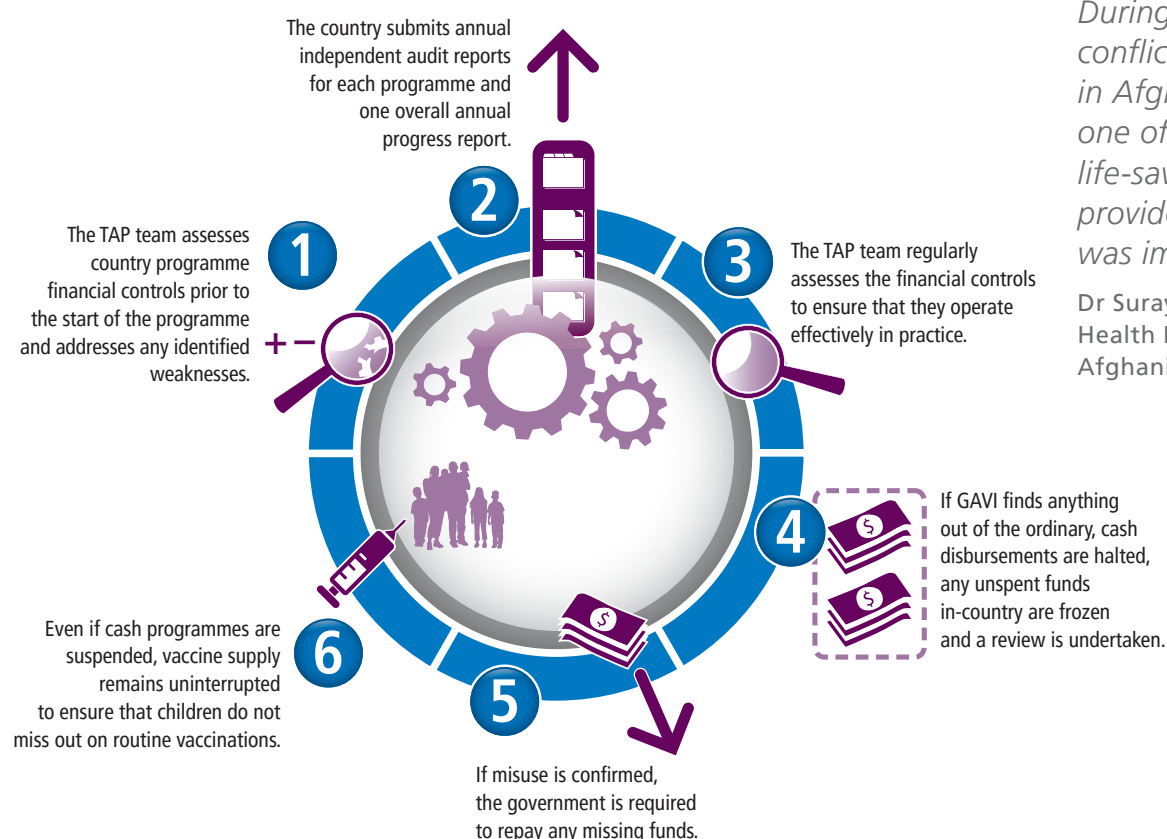


children every year, is one of the services provided at the clinic. The vaccine was introduced with support from GAVI in May 2012.

In 2012, Rwanda also received GAVI support for pentavalent and pneumococcal vaccines.



THE **Transparency and Accountability Policy** (TAP) IN ACTION



During very active conflict and fighting in Afghanistan, one of the few life-saving services provided to children was immunisation.

Dr Suraya Dalil,
Health Minister,
Afghanistan

Mitigating risk in cash-based programmes

GAVI employs a number of safeguards to prevent the misuse of its cash-based support. A Transparency and Accountability Policy (TAP) governs the management of all cash support to countries.

By the end of 2012, the GAVI Secretariat had completed detailed financial management reviews in 47 GAVI-supported countries. Nine new financial management assessments were conducted in 2012 alone. Wherever possible, GAVI conducts these assessments in collaboration with other development partners.

Since GAVI's inception, seven cases of potential or confirmed misuse of cash-based support have been identified. Investigations have been concluded in six of these cases, while one investigation into suspected misuse of funds is ongoing.

Cameroon and Niger, where investigations into misuse of funds were initiated in 2011, have since reconfirmed their commitment to take all necessary measures to resolve matters, including repaying the missing funds.



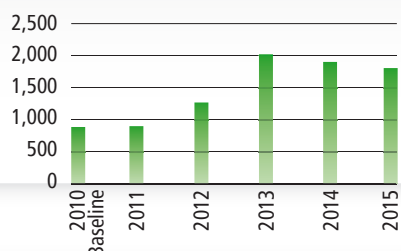
gaviprogressreport.org/2012/increase-predictability-and-sustainability

INCREASE PREDICTABILITY AND SUSTAINABILITY



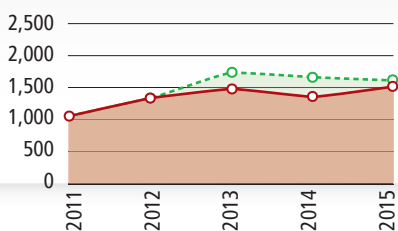
Predictable and sustainable financing for immunisation programmes is at the core of the GAVI model.

Total resources mobilised to meet country demand (US\$ millions)



In 2012, GAVI mobilised 100% of the resources required to finance country demand for GAVI support.

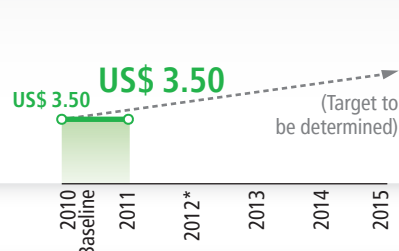
Signed grant agreements vs total pledges, 2011–2015 (US\$ millions)



--o-- Total pledges —o— Total signed agreements

By the end of 2012, 91% of the donor pledges made for the period 2011–2015 had been signed as formal grant agreements.

Country investments in vaccines
Average expenditure per child (US\$)



* 2012 data will be available in late 2013

This indicator measures the level of national financing made available for immunisation. The 2010 baseline value was revised in 2012 in order to ensure consistent methodologies across the years.

Source: 20

Source: 21

Source: 22



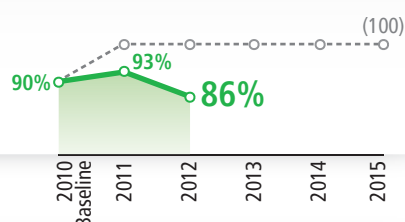
INCREASE PREDICTABILITY AND SUSTAINABILITY



We must all continue to call on all African heads of states and governments to invest in immunisation as it is one of the most cost-effective health interventions that can bring about economic development.

HE Ellen Johnson Sirleaf,
President, Liberia

Fulfilment of co-financing commitments Proportion of countries (%)



In 2012, 86% of countries required to co-finance met their commitments in a timely manner. While nine countries failed to meet all their commitments in 2012, only two did not make any contribution towards co-financing during the year.

Source: 23



...population health is a fundamental cornerstone of a vibrant economy... Health can move the economic meter very far and very fast.

Dr David E Bloom,
Professor of Economics
and Demography,
Harvard School of Public Health



gaviproggressreport.org/2012/
increase-predictability-and-sustainability



GAVI is a powerful innovative public-private partnership. Its innovative finance instruments provide significant additional, predictable and sustainable funding for immunisation and allow it to achieve impressive results.

Carlo Monticelli,
Director General,
Italian Ministry of
Economy and Finance

In 2012, GAVI continued to work towards securing the long-term sustainability of its programmes and to diversify its sources of funding.

During the year, GAVI continued to implement its co-financing policy, a vital part of its efforts to build country ownership and ensure the long-term sustainability of vaccine programmes. The Alliance also worked to ensure continued funding from existing donors, as well as to explore potential new sources of funding.

Involvement of the private sector is essential to GAVI's bid to deliver funding for immunisation programmes. In 2012, the GAVI Matching Fund secured the support of four additional private-sector partners:

the Children's Investment Fund Foundation (CIFF), Comic Relief, LDS Charities and Vodafone.

Innovative finance mechanisms also help GAVI to secure predictable financing. By the end of 2012, the International Finance Facility for Immunisation (IFFIm) had raised US\$ 3.7 billion on the capital markets. Through the Advance Market Commitment (AMC), 24 countries had embarked on the introduction of pneumococcal vaccines by the end of 2012.



PAKISTAN

First Asian country to introduce pneumococcal vaccines through the Advance Market Commitment

October 2012 marked another milestone in Pakistan's drive to improve the health of its children when it became the first Asian country to introduce the pneumococcal vaccine through the Advance Market Commitment (AMC).

Pneumococcal vaccines help to prevent the leading cause of severe pneumonia. In 2010 alone, pneumonia accounted for approximately 80,000 deaths in children under five in Pakistan.

At a clinic in Punjab Province, where pneumococcal vaccines were first introduced, Abdul Muhaimin was happy his two-month-old daughter Rohma had received her pneumococcal vaccination.

"Vaccines are definitely good for the health," he said. "I believe this programme should continue across Pakistan." All provinces in the country are preparing to introduce the new vaccine.

GAVI also supports pentavalent vaccines as well as a range of civil society immunisation activities in Pakistan.



Co-financing: promoting ownership and sustainability

The financing of GAVI-supported vaccines relies on a partnership between donors and implementing countries. Sharing the cost of vaccines promotes country ownership and helps to ensure that national immunisation programmes are sustained after GAVI support has ended.

Co-payments are determined by each country's ability to pay for new vaccines. Low-income countries contribute the least, US\$ 0.20 per dose, while intermediate countries increase their payments by 15% per year. Graduating countries are expected to take over the full cost of their vaccines after five years of incrementally increasing their contributions.

Of the 65 countries required to co-finance their vaccines in 2012, 56 had fulfilled their commitments by the year-end.

Of the nine countries that were in default in their payments, only two did not make any contribution towards their co-financing costs during the year. The remaining seven paid arrears from the previous year and/or made part payments towards their 2012 requirement.

Three highly committed countries chose to start co-financing their vaccines before the mandatory starting date, and many others are co-financing at higher levels than the minimum requirement.

Funds transferred by countries towards their co-financing commitments amounted to approximately US\$ 47 million in 2012, accounting for 8% of the total value of vaccine support to the co-financing countries.



ONE
@ONEinAfrica

What's the most powerful message an activist can use to persuade an elected official to fund vaccine prgrms?

Retweeted
by GAVI Alliance

Preparing for graduation from GAVI support

Alliance partners are working in a variety of ways to assist graduating countries on their path to financial independence. In addition to regularly monitoring their co-financing performance, GAVI helps countries to identify bottlenecks that could hamper the graduation process and to secure continued access to low-priced vaccines after GAVI support has ended.

A 2010 fiscal space analysis confirmed that most graduating countries are in a position to assume the full cost of vaccines introduced with GAVI support. This form of analysis monitors changes in countries' ability to pay for vaccines and identifies countries that may need more assistance.

In 2012, GAVI and its partners developed transition plans together with five graduating countries: Bhutan, the Congo, Georgia, Mongolia and the Republic of Moldova. While all five countries have favourable economic growth and should be able to take on the full cost of their vaccines, each will receive support from Alliance partners to develop comprehensive cost projections and arguments to help their ministries of health advocate for appropriate levels of investment for immunisation.

Transition plans are tailored to the needs of each country. For instance, in Bhutan the GAVI Alliance is assisting the Government to improve the management and bolster the

capacity of the Bhutan Health Trust Fund, launched in 1998 to support the country's vaccine programmes. If the recommendations are implemented, the Health Trust Fund is expected to be able to finance all current and future vaccines in the country's routine immunisation programme.

Also in 2012, a new partnership was initiated with the African Development Bank to strengthen national capacity for more informed value-for-money investments in health. Further, GAVI initiated a new programme with the Sabin Institute to support advocacy for immunisation financing with parliamentarians.



GAVI takes an innovative approach to ensuring that aid dollars are spent effectively and efficiently.

Alan Griffin,
Member of Parliament,
Australia

GAVI's 2012 funding base

Donor funding to GAVI amounted to US\$ 1.23 billion in 2012, bringing the total amount of funding received by GAVI since its inception in 2000 to US\$ 7.64 billion.

Direct and GAVI Matching Fund contributions

In 2012, direct contributions received from 15 donor governments (Australia, Canada, Denmark, France, Germany, Ireland, Japan, Luxembourg, the Netherlands, Norway, the Republic of Korea, Spain, Sweden, the UK and the USA) and the European Commission amounted to US\$ 615.2 million. This means that the cumulative value of direct contributions received from national governments and the European Commission totalled US\$ 3.15 billion for the period 2000–2012.

Foundations, private individuals and organisations contributed a further US\$ 292.8 million to GAVI in 2012. GAVI received contributions from the Bill & Melinda Gates Foundation (US\$ 268.8 million) and His Highness Sheikh Mohamed bin Zayed Al Nahyan

(US\$ 8.8 million). GAVI also received Matching Fund commitments from Absolute Return for Kids, Anglo American, “la Caixa” Foundation, the Children’s Investment Fund Foundation, Comic Relief, J.P. Morgan, LDS Charities and Vodafone. The cumulative value of private-sector contributions for 2000–2012 was US\$ 1.82 billion.

IFFIm funding

GAVI drew down US\$ 100 million in IFFIm funds in 2012, bringing the cumulative total funds received from IFFIm for 2006–2012 to US\$ 2.3 billion. The UK, France, Italy, Norway, Australia, Spain, the Netherlands, Sweden and South Africa have all contributed to IFFIm.

AMC funding

Italy, the UK, Canada, the Russian Federation, the Bill & Melinda Gates Foundation and Norway have collectively pledged US\$ 1.5 billion towards the AMC for pneumococcal vaccines. By the end of 2012, GAVI had received a total of US\$ 395 million in AMC funds via the World Bank, US\$ 224 million of which was received in 2012.



INCREASE PREDICTABILITY AND SUSTAINABILITY

Increasing predictability and diversifying sources of funding

GAVI relies on the strong support of its donors to secure predictable and stable financing for national immunisation programmes. Securing sufficient resources also involves ensuring domestic funding and making savings through lower vaccine prices. GAVI's co-financing policy requires countries to contribute a share of their vaccine costs, and market-shaping activities are aimed at minimising vaccine prices.

In line with the long-term funding strategy approved by the Board in 2012, GAVI is stepping up its efforts to broaden the donor base while ensuring continued support from existing donors. By approaching new public and private donors and developing new partnerships in Asia, the Middle East and among emerging economies such as Brazil, China, India, the Russian Federation and South Africa, GAVI is accelerating efforts to diversify its sources of funding.

During the year, a number of donors increased their contributions to GAVI. For instance, Sweden increased its 2012 commitment from US\$ 37 million to US\$ 55.5 million, and the OPEC Fund for International Development approved its first pledge of US\$ 1.1 million in December 2012. The USA, which launched the Child Survival Call to Action initiative in June, increased its contribution from US\$ 89.8 million in 2011 to US\$ 130 million in 2012.

Predictable funding is essential to enable countries to plan and maintain their immunisation programmes, and to maximise the scope and impact of GAVI's market-shaping activities. Norway joined other key donors in signing its first long-term direct agreement with GAVI in 2012, guaranteeing funding for the Alliance until 2015.



Global Citizen
@GLBCTZN

@GAVIAlliance
What are Members of Parliament doing to inform parents about value of immunising their children?

Retweeted
by GAVI Alliance

Building political support for the GAVI mission

In 2012, GAVI made important strides in mobilising political support for its mission. At the Partners' Forum meeting held in December in Dar-es-Salaam, 17 members of parliament from across the world signed a declaration highlighting the importance of bipartisan support for global health and immunisation.

The UK All-Party Parliamentary Group (APPG) for Child Health and Vaccine Preventable Diseases helped to raise the profile of immunisation and development. It actively reached out to new members in the UK and to parliamentary counterparts in Europe with similar interests. In 2012, the APPG also met with developing country parliamentarians to advocate for greater commitment to increasing immunisation coverage and securing sustainable funding for immunisation.

In addition, several members of the European Parliament, Mary Honeyball, Seán Kelly, Véronique De Keyser, Bill Newton-Dunn and Marie-Christine Vergiat, launched a written declaration calling for the European Commission to increase its commitment to reducing the number of vaccine-preventable deaths in its future development assistance priorities.

GAVI reached out to current and potential partners in the Asia-Pacific region at the Asia-Pacific Development Summit in Jakarta, and led a high-profile panel discussion at the World Bank/International Monetary Fund annual meeting in Tokyo to engage ministers of finance on the economic benefits of immunisation. Both events provided useful opportunities to showcase the value of immunisation and GAVI's public-private partnership model.





[gaviprogessreport.org/2012/
increase-predictability-and-sustainability](http://gaviprogessreport.org/2012/increase-predictability-and-sustainability)



Child Health Now
@ChildHealthNow

*We can go from a
world where a child
dies every 20 seconds
to a world that
celebrates more
5th bdays*

Retweeted
by GAVI Alliance

Accountability: top marks to GAVI for results and effectiveness

Based on its ability to deliver cost-effective results with a measurable life-saving impact, GAVI was ranked among the world's top performers by the Australian Multilateral Assessment, published in March 2012. The Australian Government rated GAVI's performance as either "strong" or "very strong" in seven categories, including strategic management, transparency, cost and value consciousness, partnership behaviour, delivering results and contributing to multilateralism.

A review conducted by the Multilateral Organisation Performance Assessment Network (MOPAN), a network of 17 donors, also commended GAVI for its effectiveness in increasing access to immunisation and for its results-oriented focus. The review, which was MOPAN's first assessment of a global fund, positioned GAVI as one of the highest rated institutions. Among the organisation's strengths, the review identified financial management,

accountability checks, country ownership and relationship management. It also highlighted GAVI's profile as a continuously learning organisation.

Similar evaluations have been conducted in recent years by the Swedish and UK governments; both gave GAVI top scores.

In 2012, GAVI improved its position in the "Publish What You Fund" transparency index by 28 percentage points, claiming 13th place – up from 35th in 2011. This index ranks 72 aid organisations across the world on the availability, accessibility and comparability of the information they publish about foreign aid.

With an overall score of 62%, GAVI was congratulated on its "publication of high quality, current activity data" and was called upon "to continue to lead on aid transparency".

A review of progress and challenges since GAVI's successful pledging conference in 2011 will be hosted by Sweden in October 2013.



US\$ 3.7 bn in frontloaded funds

US\$ 3.7 billion has been frontloaded through IFFIm to fund life-saving immunisation programmes.

INCREASE PREDICTABILITY AND SUSTAINABILITY

2012 at a glance
Accelerate vaccines
Strengthen capacity
Shape the market
Annexes

3

Innovative finance

GAVI's innovative finance initiatives play an important role in helping the Alliance to secure long-term funding for immunisation and health system strengthening programmes. GAVI has pioneered three innovative finance mechanisms: the International Finance Facility for Immunisation (IFFIm), the Advance Market Commitment (AMC) and the latest addition, the GAVI Matching Fund.

These programmes help GAVI increase the predictability, visibility and sustainability of financing for immunisation. This speeds the introduction and expansion of vaccine programmes, makes GAVI's work more efficient and ultimately helps to save more lives.

IFFIm: flexible financing provides funds when needed

IFFIm uses long-term donor pledges to issue vaccine bonds on the capital markets. The money raised from investors helps fund GAVI programmes to meet immediate country demand for vaccines.

IFFIm has raised US\$ 3.7 billion from investors, helping GAVI shift through time predictable funding from IFFIm's donors: the UK, France, Italy, Norway, Australia, Spain, the Netherlands, Sweden and South Africa.

This flexibility enhances the efficiency of GAVI's operations and provides predictability for countries' vaccine programmes. These attributes were cited by an independent evaluation of IFFIm that was published in 2011.

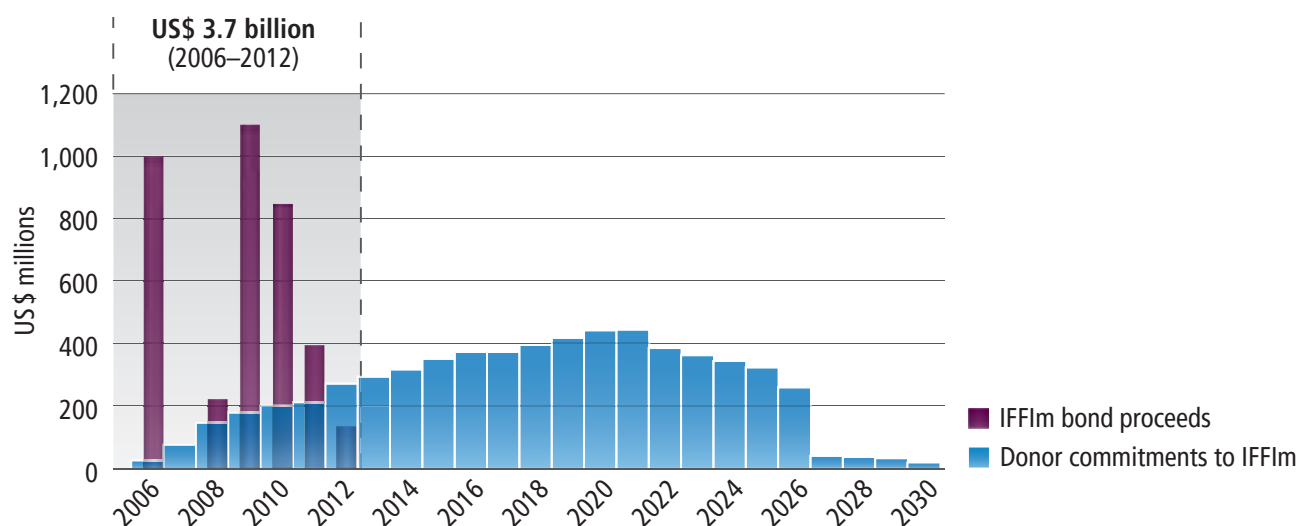
With the World Bank as its treasury manager, IFFIm continued its work in 2012. It maintained good access to the Japanese capital markets and raised US\$ 137 million, despite a change in rating by Standard & Poor's to AA+ from AAA. IFFIm's AAA/Aaa ratings were reconfirmed by Fitch and Moody's Investor Service as of the end of 2012.



IFFIm is a catalytic success story, and one that is constantly attracting new members.

G8 Camp David Accountability Report: Actions, Approach and Results

IFFIm accelerates donor funding AS NEEDED



Source: 24



...GAVI is quite simply a great organisation. It was set up by people who wanted to do aid in a different way. It doesn't just save lives for the here and now but gives those countries and economies the ability to grow and succeed...

David Cameron,
Prime Minister,
United Kingdom

New IFFIm Chair focused on diversification of donors and markets

In February 2012, René Karsenti, President of the International Capital Market Association, took up his position as IFFIm Board Chair, replacing the first Chair, Alan Gillespie. Karsenti brings to the post a wealth of experience in both the financial markets and global development. With the support of the GAVI Alliance Board, he sees IFFIm as an important cornerstone of GAVI's long-term funding strategy.

One of IFFIm's unique features is that it uses the capital markets to aid global development, and as such offers investors a socially-responsible investment opportunity.

IFFIm's reputation in this market is growing: *EuroWeek* magazine announced that IFFIm's 2008 inaugural "uridashi" bond issue in Japan was among the 25 most influential bond market deals of the past five years, helping to set a trend of ethically-themed bonds sold in Japan. To date, Japanese private retail investors have purchased the equivalent of US\$ 2 billion in IFFIm bonds.

The GAVI Matching Fund: private-sector expertise, funds, advocacy

The GAVI Matching Fund gives businesses and foundations an opportunity to help GAVI fulfil its mission by bringing their resources to bear on immunisation programmes.

Under the initiative, the UK Government and the Bill & Melinda Gates Foundation have collectively pledged approximately US\$ 130 million to match contributions from corporations, foundations, their customers, employees and business partners.

By the end of 2012, the GAVI Matching Fund had attracted eight partners: Absolute Return for Kids (ARK), Anglo American, the Children's Investment Fund Foundation, Comic Relief, J.P. Morgan, the "la Caixa" Foundation, LDS Charities and Vodafone. Together, they helped raise US\$ 78 million for GAVI immunisation programmes, almost a third of the way to realising the GAVI Matching Fund's end-2015 goal. In early 2013, GAVI announced a ninth partner, the Dutch Postcode Lottery.



"LA CAIXA"

Involving employees and business partners

The "la Caixa" Foundation, part of the large Spanish savings bank, is a founding partner of and significant contributor to the GAVI Matching Fund.

A key part of the mission of "la Caixa" is to help vulnerable groups, often in partnership with innovative organisations. One focus area is preventative healthcare, with the Foundation performing strong advocacy work for GAVI and immunisation throughout Spain.

As a result, "la Caixa" has created a unique private-sector programme – the Business Alliance for Child Vaccination – under which its business partners have

contributed about US\$ 1.5 million to GAVI. To date, 224 Spanish companies have participated, including football powerhouse Atlético Madrid, which in 2012 provided star striker Radamel Falcao as a spokesperson to help bring visibility to child immunisation.

"la Caixa" employees have also donated more than US\$ 258,000 to GAVI, which – like contributions from the Business Alliance – have been doubled under the GAVI Matching Fund. The contributions by employees and by the Business Alliance are in addition to the "la Caixa" Foundation's own significant contributions to GAVI.



1.5 million

deaths to be prevented

1.5 million future deaths will have been prevented by 2020 thanks to the pneumococcal AMC.

2012 at a glance
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INCREASE PREDICTABILITY AND SUSTAINABILITY

Private-sector involvement secures not just financial contributions, but also core business skills and products, such as supply chain expertise, technology and advocacy, to help GAVI overcome roadblocks in providing vaccines to the world's poorest children and to enhance the efficiency of GAVI's operations.

AMC: the right vaccines, at the right price, at the right time

The pneumococcal AMC was set up in 2009 to stimulate the supply of affordable pneumococcal vaccines adapted to the specific needs of developing countries. Long-term funding commitments from donors are used to guarantee the price of a share of the doses sold through the AMC, thus providing manufacturers with the incentive to invest in vaccine development and production capacity. In exchange, manufacturers sign legally-binding commitments to supply the vaccines at a reduced price for developing countries for at least 10 years.

GAVI, through the AMC, only funds pneumococcal vaccines that meet stringent

criteria defined by an independent group of experts. For instance, manufacturers participating in the AMC must provide vaccines that offer protection against the most deadly disease strains that are prevalent in GAVI-supported countries.

As a consequence of unprecedented demand, GAVI faces short-term constraints in the supply of pneumococcal vaccines. In August 2012, UNICEF issued a new tender for pneumococcal vaccines under the AMC, which will be concluded in early 2013. This will help increase supply availability to better meet country demand.

By the end of the year, 24 GAVI-supported countries had started introducing pneumococcal vaccines as part of their routine immunisation programmes. By 2020, pneumococcal vaccines supplied through the AMC are expected to have averted up to 1.5 million future deaths.

An independent process and design evaluation of the AMC was carried out in 2012.

New partners bring new skills to support GAVI's mission

GAVI Matching Fund partners help GAVI to increase efficiency and provide visibility to the cause of immunisation. This benefit is highlighted by three of the partners who joined the GAVI Matching Fund in 2012:

Vodafone is one of the world's largest mobile communications companies and the GAVI Matching Fund's first in-kind participant. Together, GAVI and Vodafone are exploring how mobile technology can help healthcare providers increase the take-up of vaccinations by, for example, updating health records and sending targeted alerts and reminders to parents and caregivers by mobile phone.

Comic Relief, a UK-based charity that funds GAVI and fights poverty and social injustice through entertainment, featured

immunisation throughout its Sport Relief fund-raising campaign in 2012, including during a BBC telethon viewed by 6 million people. It also worked with its partner British Airways to make a seatback video shown on British Airways flights since autumn 2012 through to its Red Nose Day fund-raising campaign in spring 2013.

LDS Charities, the volunteer-driven relief arm of The Church of Jesus Christ of Latter-day Saints, supported the double roll-out of rotavirus and pneumococcal vaccines in Ghana in 2012 by arranging for 1.5 million text messages to be sent in support of the roll-outs. This was made possible through the efforts of 1,684 volunteers, who also distributed fliers throughout neighbourhoods. LDS Charities also funds GAVI programmes.



Historically, rich kids get the vaccines, even though they need them the least, and it takes over 30 years before they get to the kids who need them the most.

Bill Gates,
Co-Chair, Bill & Melinda
Gates Foundation



gaviprogessreport.org/2012/shape-the-market

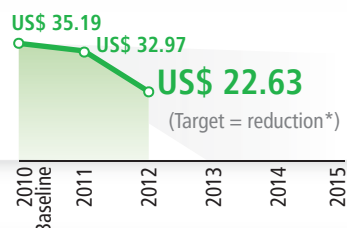
SHAPE

THE MARKET



GAVI aims to create a strong, healthy vaccine market that generates sufficient supply of quality vaccines at low and sustainable prices for developing countries.

Change in the total cost to fully immunise a child with pentavalent, pneumococcal and rotavirus vaccines
Selected vaccine package price (US\$)



* Future targets are not publicised to avoid setting a minimum price.

The total vaccine cost of fully immunising a child with pentavalent, pneumococcal and rotavirus vaccines fell from US\$ 32.97 in 2011 to US\$ 22.63 in 2012.



Bill Gates
@BillGates

Knowing needed vaccines sat on shelves led @melindagates and I to do work in a world beyond reach of market forces.

Retweeted by GAVI Alliance

Source: 25

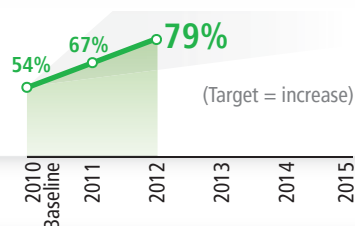




GAVI is the toughest buyer we deal with, when the price is fixed for GAVI you can be assured that there is nothing extra left.

Christophe Weber,
President and
General Manager,
GlaxoSmithKline Vaccines

Number of products offered as percentage of 5-year target (%)



This indicator assesses the level of interest among manufacturers to supply their products for the GAVI market in response to UNICEF tenders. More products offered

by different manufacturers means healthy competition, a broader supplier base and better supply security.

Source: 26



Our market-shaping goal is to maintain supply security and strive to achieve the lowest price for currently available products.

Dr Seth Berkley,
CEO, GAVI Alliance

In 2012, the GAVI Alliance helped to lay the foundations for greater market certainty, reduced vaccine prices and improved supply security.

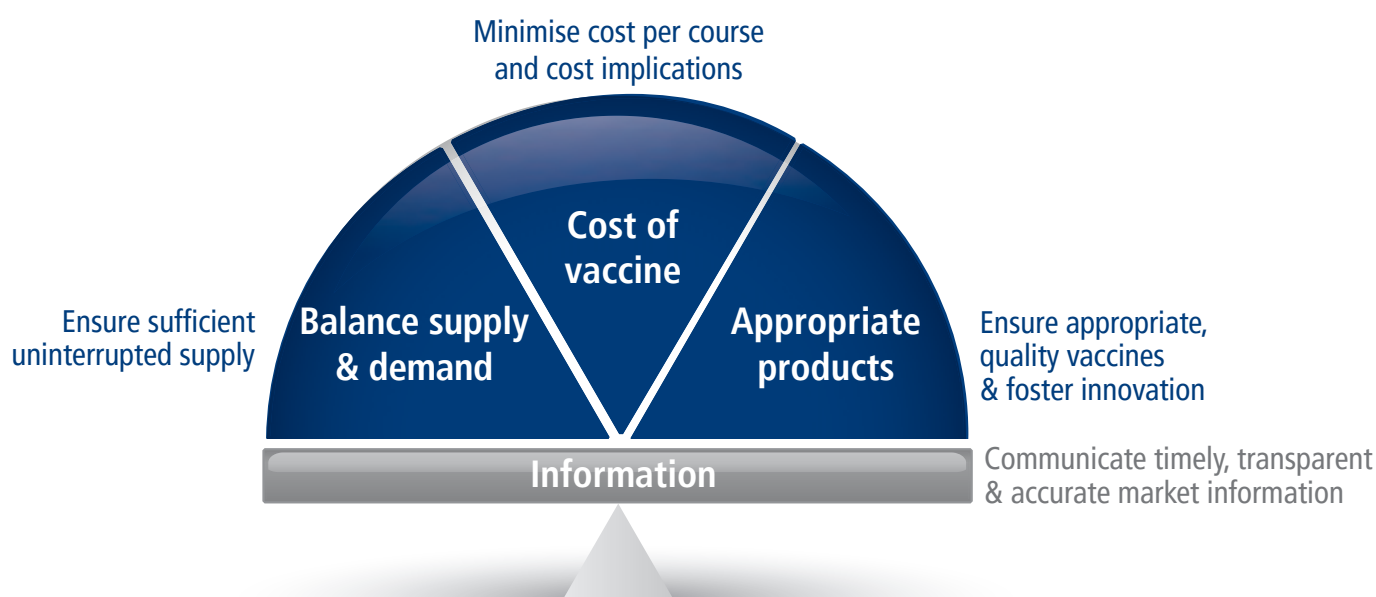
GAVI, through UNICEF, issued four new tenders in 2012 – two more than in 2011. The tenders were for human papillomavirus (HPV), pentavalent, pneumococcal and measles-containing vaccines.

In 2012, GAVI began buying the bulk of its rotavirus vaccines at the new, lower price of US\$ 2.50 per dose. This is a two-thirds reduction compared with the previous lowest price offer, and will allow developing countries and GAVI to prevent more future deaths at the same cost.

During the year, GAVI started procuring pentavalent vaccines from a new manufacturer, Biological E (Bio-E), based in India. This brings the total number of suppliers offering prequalified pentavalent vaccines to four.

Expanding the supplier base still further for key vaccines is important to ensure long-term supply security.

GAVI's supply and procurement OBJECTIVES



From 5 to 10 vaccine manufacturers

The number of manufacturers supplying GAVI-funded vaccines doubled between 2001 and 2012.

2012 at a glance
Accelerate vaccines
Strengthen capacity
Increase predictability and sustainability
SHAPE THE MARKET
Annexes

4



Market shaping in action

Compared with generic drugs, vaccines are more difficult to manufacture and require significantly greater investment both in terms of money and time. As a consequence, there are fewer producers, higher barriers for new manufacturers to enter the market and less scope for price reductions.

GAVI has found that a proactive approach to market shaping is necessary to ensure the most favourable conditions for the world's poorest countries. GAVI's supply and procurement strategy, adopted in 2011, aims to secure sufficient supply of appropriate, quality vaccines for all GAVI-supported countries, to keep the cost of vaccines as low as possible, and to foster an environment for innovation. A fourth objective is to communicate timely, transparent and accurate market information to manufacturers and countries.

Although vaccine market shaping is a long-term process, the Alliance has had some significant impact on the market. By bundling demand from more than 70 developing countries and providing greater market certainty, GAVI has helped to reduce prices, speed up the delivery

of life-saving vaccines and attract new manufacturers to the market.

Through the implementation of a demand forecasting tool and by sharing market information in a transparent and timely manner, Alliance partners are enabling countries to make more informed decisions about vaccines and manufacturers to plan their production more effectively.

GAVI has also contributed to strengthening the national regulatory capacity in supported countries, and to the development of global norms and standards for vaccines. The Bill & Melinda Gates Foundation has been a critical partner in designing and implementing market innovations to help minimise prices and strengthen supply security.

Expanding the supplier base

Since the early days of GAVI, the number of manufacturers supplying GAVI-funded vaccines has increased significantly. In 2001, GAVI purchased vaccines from just five manufacturers, of which only one was based in a developing country. By 2012, this had increased to 10, including 4 based in middle-income countries.



GAVI Alliance
@GAVIAlliance

*Achieving
@GAVIAlliance mission
depends on a healthy
market providing
vaccines at low and
sustainable prices*



gaviproggressreport.org/2012/shape-the-market



We applaud GAVI's commitment to make the HPV vaccine more accessible and affordable to Malawi and other low-income countries.

Catherine Gotani Hara,
Minister of Health,
Malawi

WOMEN DELIVER AWARD

to GAVI's support for HPV vaccines



On International Women's Day 2012, GAVI's support for HPV vaccines was hailed by Women Deliver as one of the 50 most inspiring ideas and solutions that deliver on women's and girls' health.

Women Deliver, a global advocacy organisation dedicated to improving the health and well-being of girls and women,

received nominations from 103 countries. The top 50 initiatives were chosen through an online voting process.

HPV, which is highly transmissible, is responsible for the vast majority of cases of cervical cancer. Worldwide, 275,000

women die from cervical cancer each year. Over 85% of these deaths occur in developing countries.

The Alliance invited countries to apply for HPV vaccine support in April 2012. GAVI has been working with vaccine manufacturers to reduce the price of HPV vaccines to a sustainable level.

Roadmaps to guide GAVI's market-shaping efforts

Vaccine roadmaps are a fundamental part of GAVI's approach to shaping vaccine markets. They set out the Alliance's long-term ambition for each vaccine, both those it is currently funding and those it plans to support in the future.

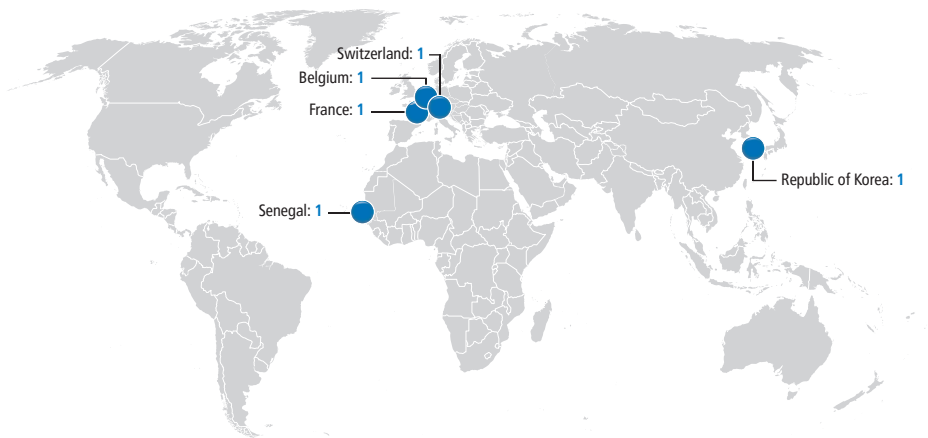
Each roadmap gives an overview of the dynamics of a particular vaccine market. It comprises an analysis of current and future products available, product characteristics, cost and price drivers, a prioritisation of GAVI's objectives and options for how to achieve them, and a time frame for GAVI's engagement.

GAVI relies on an array of procurement and market-shaping tools, the use of which depends on the characteristics of

each market. For example, by prepaying a portion of the vaccine supply or extending the deal period, and thereby providing manufacturers with increased certainty, GAVI may encourage manufacturers to offer vaccines at more competitive prices. Providing a long-term view of the market can help to enlarge the supplier base and encourage new suppliers to enter the market.

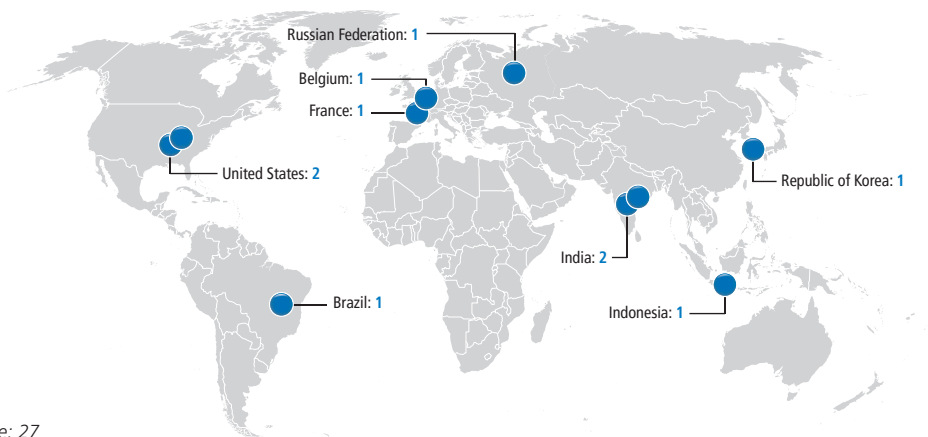
By the end of the year, GAVI had finished its first vaccine market roadmap – for HPV vaccines – which was used to inform the procurement of the vaccine in 2013. Roadmaps for all other vaccines are under development.





2001:

5 VACCINE SUPPLIERS
FROM **5 COUNTRIES**



2012:

10 VACCINE SUPPLIERS
FROM **8 COUNTRIES**



Source: 27

EXPANDING the supplier base in emerging markets



The Alliance is playing an active role in encouraging manufacturers based in emerging market economies to enter the vaccine market. In 2012, GAVI started buying pentavalent vaccine from the Indian

manufacturer Bio-E, thus opening up a new supply channel for a vaccine that has had issues with supply reliability in recent years.

LG Life Science, a vaccine manufacturer based in the Republic of Korea, was successful in obtaining WHO prequalification for its pentavalent vaccine. By ensuring access to more low-cost pentavalent vaccine products, GAVI and developing countries will be able to prevent even more deaths.

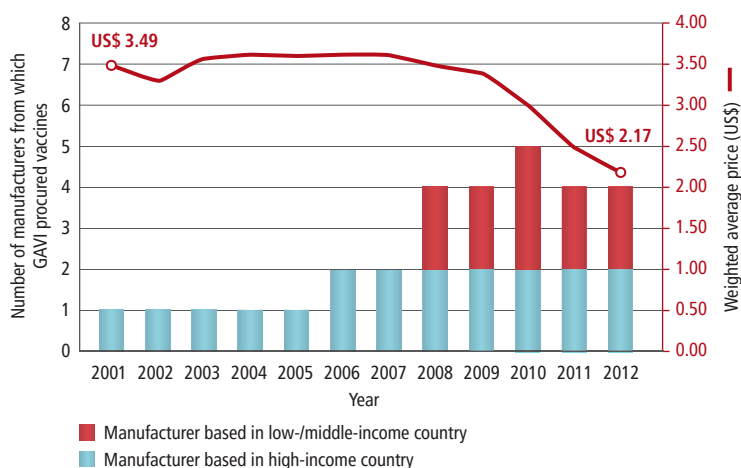
In 2012, the Chief Executive Officer of the GAVI Alliance, Dr Seth Berkley, met with Chinese vaccine manufacturers for the first time.



Vaccines represent the finest example of partnerships between the private sector and public sector.

Dr Tadataka Yamada,
Chief Medical and
Scientific Officer,
Executive Vice President,
Takeda Pharmaceuticals
International

Number of manufacturers AND price decline OF PENTAVALENT VACCINE



Source: 28

Making vaccines more affordable for developing countries

In recent years, GAVI Alliance partners, particularly the Bill & Melinda Gates Foundation, have helped to drive down the prices of some of the key vaccines used by developing countries. For instance, the weighted average price of pentavalent vaccine fell from US\$ 3.61 per dose in

2007 to US\$ 2.17 in 2012 – a drop of 40%. In the same period, the number of manufacturers that GAVI purchased the vaccine from increased from 2 to 4.

Significant price reductions have also been secured for the rotavirus vaccine, bringing the cost down from approximately US\$ 15 to just US\$ 5 per course, or US\$ 2.50 per dose. This will have an expected market impact valued at US\$ 650 million.

The Alliance opened a new funding window for HPV vaccine in April 2012. During the year, the GAVI Secretariat worked with vaccine manufacturers to secure price commitments for the vaccine of less than US\$ 5 per dose, or US\$ 15 per course.

The cost of fully immunising a child with pentavalent, pneumococcal and rotavirus vaccines fell from US\$ 32.97 in 2011 to US\$ 22.63 in 2012, representing a saving of more than US\$ 10 per immunised child.





► gaviprogessreport.org/2012/yemen



YEMEN

introduces rotavirus vaccines procured at lower price

In the waiting room of the Al-Zahrawi Health Centre, parents discuss the new vaccine against rotavirus, a common cause of deadly diarrhoea throughout Yemen. The health centre is located close to a market, and many families bring their children to be immunised after shopping.

Yemen is the first country in the Middle East to introduce rotavirus vaccine with GAVI support. Rotavirus kills more than 5,000 Yemeni children under the age of five annually, and 40% of all children hospitalised for diarrhoea have rotavirus.

In 2012, GAVI announced that it will buy most of its rotavirus vaccine doses at a cost of US\$ 5 per course. This is 97%

lower than the US private market price and a third of the lowest price offered to public institutions worldwide.

By pooling demand and bulk buying vaccines, GAVI maximises the value of its donor contributions and increases the ability of countries to sustain vaccine programmes.



Reduced transaction costs for manufacturers and lower uncertainty in the market – this will not only be beneficial to manufacturers, but also to country programmes.

Dr Prashant Yadav,
Senior Research Fellow
& Director of Health
Care Research Initiative,
University of Michigan,
USA



ANNEXES

[gaviprogessreport.org/2012/
annexes](http://gaviprogessreport.org/2012/annexes)



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With these vaccines, we want to, and we will, achieve MDG4, the two-thirds reduction of our child mortality by 2015.

Alban S. K. Bagbin,
Minister for Health,
Ghana



Annex 1

The GAVI Alliance governance structure

as of 31 December 2012

The GAVI Alliance Board

There are 28 seats on the Board:

- 4 permanent members representing UNICEF, WHO, the World Bank, and the Bill & Melinda Gates Foundation
- 5 representing developing country governments
- 5 representing donor country governments
- 1 member each representing civil society organisations, the vaccine industry in developing countries, the vaccine industry in industrialised countries, and research and technical health institutes (4 in total)
- 9 independent individuals with a range of expertise
- The CEO of the GAVI Alliance (non-voting)

Institutions

UNICEF

Geeta Rao Gupta,
Vice Chair of the Board

WHO

Flavia Bustreo

The World Bank

TBD

The Bill & Melinda Gates Foundation

Christopher J. Elias

Independent members

Dagfinn Høybråten, Board Chair
Wayne Berson
Dwight L. Bush
Maria C. Freire
Ashutosh Garg
H.R.H. The Infanta Cristina of Spain
Yifei Li
Richard Sezibera
George W. Wellde Jr.

CEO

Seth Berkley

Constituencies*

Developing country government representatives

Constituency 1

Suraya Dalil (Afghanistan)

Constituency 2

A.F.M. Ruhul Haque (Bangladesh)

Constituency 3

Guillermo González González (Nicaragua)

Constituency 4

Awa Marie Coll-Seck (Senegal)

Constituency 5

Christine J.D. Ondoa (Uganda)

* For the full list of constituency members please refer to: www.gavialliance.org/about/governance/gavi-board/composition/developing-country-governments

Donor government representatives

USA/Australia/Japan/Rep. of Korea

Amie Batson (USA)

Canada/Ireland/United Kingdom

Simon Bland (United Kingdom)

Italy/Spain

Angela Santoni (Italy)

France/Luxembourg/European Commission/Germany

Gustavo Gonzalez-Canali (France)

Denmark/Netherlands/Norway/Sweden

Anders Nordström (Sweden)

Research and technical health institutes

Anne Schuchat (National Center for Immunization and Respiratory Diseases, US Centers for Disease Control and Prevention)

Developing country vaccine industry

Mahima Datla (Biological E Limited)

Industrialised country vaccine industry

Johan Van Hoof (Crucell)

Civil society organisations

Alan Hinman (Task Force on Child Survival)



Other GAVI Alliance-related governance structures

The International Finance Facility for Immunisation (IFFIm) Company

René Karsenti (Chair)
 President
 The International Capital Market Association (ICMA)

Sean Carney
 Former Executive Director
 Finance and Operations
 The Children's Investment Fund Foundation

Didier Cherpitel
 Former Secretary General
 International Federation of Red Cross and Red Crescent Societies

John Cummins
 Group Treasurer
 The Royal Bank of Scotland

Dayanath Chandrajith Jayasuriya
 Senior Partner
 Asian Pathfinder Legal Consultancy and Drafting Services

The GAVI Fund Affiliate (GFA)

Wayne Berson (Chair)
 CEO and Partner
 BDO USA, LLP

André Prost
 Former Director of Government and Private Sector Relations
 World Health Organization

Bo Stenson
 Former Deputy Executive Secretary
 The GAVI Alliance

Stephen Zinser
 CEO and Co-Chief Investment Officer
 European Credit Management Ltd

GAVI Campaign

Paul O'Connell (Chair)
 President and Founding Member
 FDO Partners, LLC

Steven Altschuler
 President and CEO
 The Children's Hospital of Philadelphia

Daniel Schwartz
 CEO
 Dynamica, Inc

Seth Berkley (Honorary)
 CEO
 The GAVI Alliance



Annex 2

Donor contributions and pledges 2000–2031

As of 31 December 2012 (US\$ millions)

	Contributions													Pledges					2011–2015 unallocated Matching Fund	2000–31 total
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016– 2031			
Absolute Return for Kids (ARK)													1.6	1.6						
Matching Fund													1.6	1.6						
Anglo American plc													1.0	1.0	1.0					
Matching Fund													1.0	1.0	1.0					
Australia							5.0	5.0	5.0	5.0	8.6	51.8	61.2	108.8	5.1	14.9	222.8			
Direct contribution							5.0	5.0	5.0	5.0	8.6	48.8	56.5	103.7						
IFFIm												2.9	4.7	5.1	5.1	14.9	222.8			
Bill & Melinda Gates Foundation	325.0	425.0		3.5	5.0	154.3		75.0	75.0	85.0	85.0	227.2	286.3	270.9	250.0	247.0		38.6	2,552.8	
Matching Fund												3.1	7.5	0.8				38.6	50.0	
Direct contribution	325.0	425.0		3.5	5.0	154.3		75.0	75.0	75.0	75.0	214.1	268.8	260.1	250.0	247.0			2,452.8	
AMC									10.0	10.0		10.0	10.0	10.0					50.0	
Brazil													0.0	1.0	1.0	1.0	16.0		19.0	
IFFIm														1.0	1.0	1.0	16.0		19.0	
Canada			1.9	4.8	9.1	130.9	5.2			105.3	19.8	44.6	39.5	35.9	20.8	10.0			427.7	
Direct contribution			1.9	4.8	9.1	130.9	5.2					20.7	15.1	20.0	10.0	10.0			227.7	
AMC									105.3	19.8		23.9	24.4	15.9	10.8				200.0	
Children's Investment Fund Foundation (CIFF)													4.3	2.2					6.5	
Matching Fund													4.3	2.2					6.5	
Comic Relief													3.2	0.8					4.0	
Matching Fund													3.2	0.8					4.0	
Denmark		1.1			3.3	3.4	4.4	4.7		9.1	1.8	8.8	4.4	4.4					45.5	
Direct contribution		1.1			3.3	3.4	4.4	4.7		9.1	1.8	8.8	4.4	4.4					45.5	
European Commission				1.3				4.8	23.1	28.6				12.5	26.3	13.2			109.9	
Direct contribution				1.3				4.8	23.1	28.6				12.5	26.3	13.2			109.9	
France					6.0		12.6	24.7	52.4	56.2	57.3	92.9	74.6	73.4	78.1	160.3	1,150.7		1,839.2	
Direct contribution*					6.0		12.6					34.5	20.1			77.4			150.7	
IFFIm								24.7	52.4	56.2	57.3	58.4	54.5	73.4	78.1	82.9	1,150.7		1,688.5	
Germany							5.3	5.9		5.7	5.1	8.5	34.7	39.6	26.4	0.0			131.3	
Direct Contribution							5.3	5.9		5.7	5.1	8.5	34.7	39.6	26.4	0.0			131.3	
His Highness Sheikh Mohamed bin Zayed Al Nahyan												14.1	8.8	10.1					33.0	
Direct contribution												14.1	8.8	10.1	0.0	0.0			33.0	
Ireland			0.5	0.6	0.7	0.8	7.9	8.3	3.8	3.5	3.6	4.9	3.5	0.8	3.0				42.1	
Direct contribution			0.5	0.6	0.7	0.8	7.9	8.3	3.8	3.5	3.6	4.9	3.5	0.8	3.0	0.0			42.1	
Italy							3.7	7.3	83.3	87.7	83.1	84.4	88.6	88.2	88.6	89.3	561.0		1,265.2	
AMC									50.2	55.7	52.3	52.4	52.7	53.2	53.6	54.3	210.6		635.0	
IFFIm							3.7	7.3	33.1	32.0	30.8	32.0	35.9	35.0	35.0	35.0	350.4		630.2	
Japan												9.3	9.1	9.1					27.5	
Direct contribution												9.3	9.1	9.1					27.5	
J.P. Morgan												2.4							2.4	
Matching Fund												2.4							2.4	

Source: 29

	Contributions													Pledges					2000–31 total
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016–2031	2011–2015 unallocated Matching Fund	
“la Caixa” Foundation									5.8	5.9	4.0	3.1	2.8						21.6
Matching Fund												3.1	2.8						5.9
Direct contribution									5.8	5.9	4.0								15.7
LDS Charities													1.5						1.5
Matching Fund													1.5						1.5
Luxembourg						0.6	1.3	0.8	1.4	1.2	1.1	1.2	1.1	1.1	1.1	1.1			12.0
Direct contribution						0.6	1.3	0.8	1.4	1.2	1.1	1.2	1.1	1.1	1.1	1.1			12.0
Netherlands		24.1	13.4	16.5	17.3	15.9		33.5	38.9	45.2	25.1	26.3	32.9	38.5	59.7	79.5	20.0		486.8
Direct contribution		24.1	13.4	16.5	17.3	15.9		33.5	38.9	31.2	25.1	26.3	14.2	18.5	39.7	59.5			374.0
IFFIm										14.0			18.7	20.0	20.0	20.0	20.0		112.8
Norway		17.9	21.3	21.8	40.9	39.5	72.6	91.3	70.6	88.0	99.1	111.7	144.2	166.0	184.2	202.8	118.7		1,490.8
Direct contribution		17.9	21.3	21.8	40.9	39.5	67.4	86.2	65.4	82.8	76.5	79.2	106.9	134.3	160.5	179.1			1,179.7
AMC											2.1	25.0	15.0	7.9					50.0
IFFIm							5.2	5.2	5.2	5.2	20.5	7.6	22.3	23.7	23.7	23.7	118.7		261.2
OFID														1.1					1.1
Direct contribution														1.1					1.1
Republic of Korea											0.4	0.3	0.3						1.0
Direct contribution											0.4	0.3	0.3						1.0
Russian Federation											8.0	8.0	8.0	8.0	8.0	8.0	32.0		80.0
AMC											8.0	8.0	8.0	8.0	8.0	8.0	32.0		80.0
South Africa								1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	11.0		19.8
IFFIm								1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	11.0		19.8
Spain						11.6	11.7	52.3	11.5	11.1	13.4	10.3	12.0	12.0	12.0	12.0	120.2		278.1
Direct contribution								40.5			2.7								43.2
IFFIm						11.6	11.7	11.7	11.5	11.1	10.7	10.3	12.0	12.0	12.0	120.2			234.8
Sweden		1.9	1.1	2.4	4.9	12.7	14.6	18.0	21.6	16.3	38.9	37.4	59.8	63.9	40.9	40.9	15.1		390.1
Direct contribution		1.9	1.1	2.4	4.9	12.7	14.6	15.5	19.2	13.8	36.5	35.1	57.6	61.4	38.4	38.4			353.3
IFFIm								2.4	2.5	2.5	2.4	2.3	2.2	2.5	2.5	2.5	15.1		36.8
United Kingdom	4.5		15.0	5.6	18.5	6.6	23.2	65.1	31.2	44.9	97.0	209.7	307.5	598.5	650.0	700.5	2,239.1	64.6	5,081.4
Matching Fund												3.4	6.9	4.8				64.6	79.7
Direct contribution	4.5		15.0	5.6	18.5	6.6	23.2	48.1			15.9	81.9	199.0	394.3	378.1	335.8	26.1		1,552.7
AMC											22.2	52.9	18.2	65.5	119.4	206.8			485.0
IFFIm								16.9	31.2	44.9	58.9	71.6	83.4	133.9	152.5	157.9	2213.0		2,964.0
United States of America		48.1	53.0	58.0	59.6	64.5	69.3	69.3	71.9	75.0	78.0	89.8	130.0	145.0	175.0				1,186.5
Direct contribution		48.1	53.0	58.0	59.6	64.5	69.3	69.3	71.9	75.0	78.0	89.8	130.0	145.0	175.0				1,186.5
Other private donors	0.02		1.6	2.6	1.8	0.5	1.9	1.1	0.8	1.0	1.0	0.8	0.8						13.9
Direct contribution	0.02		1.6	2.6	1.8	0.5	1.9	1.1	0.8	1.0	1.0	0.8	0.8						13.9
Grand total	329.5	518.1	107.9	117.0	167.2	429.7	238.5	427.6	538.1	676.1	628.9	1,052.5	1,333.5	1,709.3	1,618.2	1,568.3	4,506.6	103.3	16,070.2

Note: All 2000–2012 direct, Matching Fund, and AMC contributions are recorded in US\$ at the actual exchange rates for the day of cash received. All 2013–2031 direct, Matching Fund and AMC pledges are expressed in US\$ at 31 December 2012 exchange rates.

All 2000–2010 IFFIm contributions are recorded in US\$ at the actual exchange rates for the day of cash received. All 2011–2031 IFFIm pledges by donors in US\$ and US\$ equivalent amounts of national currency pledges calculated using prevailing exchange rate at the time of signing of the grant agreement. These contributions are hedged at the time the grant agreement is signed. These contributions have not been reduced by a notional 3% provision to allow for any potential reduction arising from the High Level Financing Condition of the IFFIm Finance Framework Agreement.

* France's direct contribution pledge of US\$ 77.4 m is for the period 2013–2015 and its payment schedule has not been decided yet. For calculation purposes, the overall amount has been included in 2015, although the effective payments will be made over the period 2013–2015.



Annex 3

Board approvals for programme expenditure 2000–2012*

as of 31 December 2012 (US\$)

Country	CSO	HSS	INS	ISS	NVS	Operational support	Vaccine introduction grant	Total
Afghanistan	3,590,500	40,875,522	1,676,500	14,025,300	65,328,640		504,000	126,000,462
Albania			110,377		2,046,050		300,000	2,456,428
Angola			1,252,610	2,988,000	75,662,284		1,841,000	81,743,894
Armenia		291,500	64,942	79,860	3,268,872		400,000	4,105,174
Azerbaijan		582,000	151,040	749,380	6,575,754		327,000	8,385,174
Bangladesh		7,243,500	6,144,414	23,340,200	229,339,117		5,816,000	271,883,231
Benin		886,500	358,664	182,500	61,253,811	1,723,161	207,500	64,612,135
Bhutan		153,000	31,741		1,005,518		200,000	1,390,260
Bolivia		2,093,000	873,500	287,500	13,724,183		338,000	17,316,183
Bosnia and Herzegovina			53,130		2,117,197		100,000	2,270,327
Burkina Faso		4,978,500	931,560	9,768,940	53,552,561		100,000	69,331,561
Burundi	461,520	17,065,308	390,294	3,669,980	52,235,394		884,000	74,706,496
Cambodia		8,824,270	587,653	1,828,700	21,619,234		347,500	33,207,357
Cameroon		9,846,000	992,844	7,983,620	91,654,422	2,508,980	1,384,500	114,370,367
Central African Republic		3,163,000	119,651	1,611,360	14,473,164		433,500	19,800,675
Chad		2,907,000	443,812	2,637,000	27,164,531	3,712,275	225,000	37,089,618
China			15,926,581		21,952,552		800,000	38,679,133
Comoros		596,605	42,322	60,000	1,038,494		200,000	1,937,421
Congo			224,534	1,665,000	14,352,754		496,000	16,738,289
Côte d'Ivoire		6,194,464	1,612,989	5,473,000	39,482,510	2,739,714	288,500	55,791,177
Cuba		849,500	359,889					1,209,389
Democratic People's Republic of Korea		3,811,500	743,726	2,222,971	13,707,292		327,500	20,812,989
Democratic Republic of the Congo	5,319,000	56,814,000	2,713,931	25,807,280	239,772,875		1,814,000	332,241,087
Djibouti			33,900	177,200	2,579,248		300,000	3,090,348
Eritrea		2,062,750	148,029	436,540	7,515,781		300,000	10,463,100
Ethiopia	3,320,000	82,749,416	2,696,697	23,445,320	349,173,194		3,450,500	464,835,127
Gambia		364,000	101,184	602,800	11,599,188		806,250	13,473,422
Georgia		435,500	61,451	135,500	2,635,524		400,000	3,667,975
Ghana	382,500	9,670,000	855,300	5,316,620	151,415,751	1,949,753	1,015,000	170,604,924
Guinea		1,632,500	347,460	2,918,900	18,444,451		220,500	23,563,811
Guinea-Bissau		601,500	115,787	500,360	2,942,923		300,000	4,460,570
Guyana				65,500	3,148,761		300,000	3,514,261
Haiti			397,500	1,256,000	5,319,244		730,000	7,702,744
Honduras		2,534,500	457,000	93,000	25,176,873		200,000	28,461,373
India			18,427,489		191,486,033		415,523	210,329,045
Indonesia	3,900,500	11,684,000	9,856,844	12,636,000	27,535,000		3,891,000	69,503,344
Kenya		9,903,000	1,129,963	6,420,320	263,463,395		543,500	281,460,177
Kiribati					194,138		200,000	394,138
Kyrgyzstan		1,155,000	189,168	753,640	6,674,534		200,000	8,972,342

Source: 30

* Values reflect Board approvals for programme expenditure made between 2000 and 31 December 2012. These include Board approved programme budgets for 2013 (US\$ 1,065 million) and 2014 (US\$ 45 million).

CSO civil society organisation
HSS health system strengthening
INS injection safety support
ISS immunisation services support
NVS new and underused vaccine support

Country	CSO	HSS	INS	ISS	NVS	Operational support	Vaccine introduction grant	Total
Lao People's Democratic Republic		740,549	255,505	1,431,200	10,412,813		350,000	13,190,067
Lesotho			106,633	149,600	2,491,736		300,000	3,047,969
Liberia		5,890,000	360,500	2,188,750	9,613,493		200,000	18,252,743
Madagascar		7,667,000	615,555	4,064,400	76,457,734		1,592,000	90,396,689
Malawi		11,343,000	722,509	1,986,000	121,146,483		934,500	136,132,492
Mali		4,575,800	666,222	5,004,607	82,467,318		277,500	92,991,447
Mauritania		763,500	205,000	533,960	6,954,904		320,500	8,777,864
Mongolia		504,500	113,427	397,000	4,811,202		100,000	5,926,129
Mozambique			835,881	1,665,500	73,335,764		1,204,000	77,041,145
Myanmar		10,292,641	2,083,978	7,707,080	32,976,813		2,518,000	55,578,512
Nepal		18,154,610	1,151,893	3,312,520	40,360,506		366,500	63,346,030
Nicaragua		1,387,500	462,500	217,800	21,489,497		200,000	23,757,297
Niger		3,986,000	943,757	9,509,600	47,751,598		2,061,500	64,252,455
Nigeria		44,704,000	12,630,270	47,324,000	150,507,052	26,461,148	10,013,974	291,640,445
Pakistan	6,135,988	23,525,000	7,405,082	48,763,740	485,119,911		6,750,500	577,700,220
Papua New Guinea				434,000	9,987,842		388,000	10,809,842
Republic of Moldova			87,000		3,158,863		400,000	3,645,863
Rwanda		5,605,000	369,500	2,958,700	75,765,488	3,279,500	1,065,650	89,043,838
Sao Tome and Principe			21,656	60,000	607,030		400,000	1,088,686
Senegal		3,585,500	619,474	2,605,740	42,809,121	2,567,107	501,500	52,688,442
Sierra Leone		4,211,050	272,660	2,655,440	27,368,568		393,500	34,901,219
Solomon Islands		499,310			776,347		100,000	1,375,657
Somalia		5,824,862	210,140	1,218,000	2,891,500		304,500	10,449,002
South Sudan		5,321,744	171,495	5,911,100				11,404,338
Sri Lanka		4,505,000	709,749		20,257,163		200,000	25,671,912
Sudan, Republic of		16,153,500	1,321,257	11,229,380	137,333,819	16,135,366	1,586,500	183,759,822
Tajikistan		980,500	348,745	2,386,980	11,117,313		200,000	15,033,539
Tanzania		3,786,840	1,016,452	11,413,380	146,690,026		3,763,000	166,669,698
Timor-Leste					692,737		100,000	792,737
Togo		2,425,000	317,617	2,952,900	14,744,729		650,500	21,090,746
Turkmenistan			155,043		978,617		100,000	1,233,659
Uganda		4,521,500	1,207,299	9,230,520	171,094,389		1,472,000	187,525,708
Ukraine			739,456		2,705,007		100,000	3,544,463
Uzbekistan			727,012	0	32,177,434		259,500	33,163,946
Vietnam		19,974,552	3,226,000	1,930,500	67,194,309		692,500	93,017,861
Yemen		6,335,000	1,194,757	5,049,500	119,574,774		727,500	132,881,530
Zambia		2,917,500	689,237	3,864,060	70,760,498		1,770,000	80,001,295
Zimbabwe		1,918,714	948,925	1,564,006	36,087,487		543,000	41,062,133
Grand total	23,110,008	512,067,007	113,536,664	358,858,255	4,281,301,133	61,077,004	73,512,897	5,423,462,968

Note 1: This table does not include tranches pending IRC review.

Note 2: GAVI Phase I (2000–2006) approval values have been adjusted to the final actual disbursement values.

Note 3: CSO type A support is not included as these approvals are not country-specific.



Annex 4

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Footnotes

- a. Under-five mortality rates are derived from population-weighted estimates of child mortality rates for the 73 GAVI-supported countries.
- b. The calculation of the number of future deaths averted takes account of nine vaccines funded by GAVI in the 73 GAVI-supported countries. Estimates of the number of future deaths averted 2000–2010 were revised by WHO in October 2012 based on revised immunisation coverage and burden of disease data.
- c. The calculation of the number of children immunised includes the total number of children who have received the full course of any of the GAVI-supported vaccines in the 73 GAVI-supported countries.



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Abbreviations

AMC	Advance Market Commitment	INS	injection safety support
APPG	All-Party Parliamentary Group	IRC	Independent Review Committee
ARK	Absolute Return for Kids	ISS	immunisation services support
CEO	Chief Executive Officer	MDG	Millennium Development Goal
CIFF	Children's Investment Fund Foundation	MOPAN	Multilateral Organisation Performance Assessment Network
CSO	civil society organisation	NVS	new and underused vaccine support
DTP3	three doses of the diphtheria-tetanus-pertussis vaccine	OFID	The OPEC Fund for International Development
EC	European Commission	OPEC	Organization of the Petroleum Exporting Countries
G8	The Group of Eight	PAHO	Pan American Health Organization
Hib	<i>Haemophilus influenzae</i> type b	TAP	Transparency and Accountability Policy
HPV	human papillomavirus	UNFPA	United Nations Population Fund
HSS	health system strengthening	UNICEF	United Nations Children's Fund
ICMA	The International Capital Market Association	WHO	World Health Organization
IDQA	immunisation data quality assessment tool	WUENIC	WHO and UNICEF Estimates of National Immunization Coverage
IFFIm	International Finance Facility for Immunisation		

Notes

The 2012 GAVI (audited) Annual Financial Report will be available on the GAVI website in or before October 2013: www.gavialliance.org/funding/financial-reports

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*No immunization
programme
– indeed, no
development
programme –
can succeed fully
unless we carry the
battle to the hardest
to reach places.
We cannot, cannot
succeed any
other way.*

Anthony Lake,
Executive Director,
UNICEF

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Please let us know your thoughts on the 2012 Progress Report.
A feedback form is available at:

gaviprogressreport.org





Immunisation is a huge and growing success story. With GAVI support, millions of children are being protected.

Dr Margaret Chan,
Director-General, WHO



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