

Background

The high-level, 2018 Partners Forum presents a landmark moment for focused, effective and unified action for integrated, comprehensive, effective and measurable improvements in maternal, new born and child health and the achievements of the SDGS. It provides a unique platform to galvanise efforts to deliver on the objectives of the Global Strategy for Women's, Children's and Adolescents' Health (2016 – 2030): Survive – Thrive – Transform.

As a public-private partnership, Gavi is an Alliance that leverages the expertise, comparative advantages, access and perspectives of wide range of partners, including WHO, UNICEF, World Bank and the Gates Foundation, along with Civil Society Organisations (CSOs) and the private sector – to save children's lives and protect people's health by increasing equitable use of vaccines in lower-income countries. By the end of 2018, the work of the Alliance will have resulted in the immunisation of over 700 million children and prevention of more than 10 million future deaths.

Please find below some suggested language to include in your various interventions at the Forum:

Immunisation strengthens primary healthcare systems and is a platform from which prevention oriented and cost-conscious Universal Health Coverage can be built.

- Immunisation is a best buy, a cost-effective, high impact and prevention focused health intervention that routinely reaches further than any other health intervention
- Immunisation has the highest coverage rates among the nine selected health service tracer indicators that make up the UHC service coverage index.¹
- Preventative and equity oriented primary health services such as immunisation save heavy costs on the health system and country budgets.
- Immunisation programmes put delivery and surveillance systems in place that benefit the entire health system, creating a solid platform for UHC, safeguarding against disease outbreaks and ensuring/ improving global health security.
- Only intervention that brings the majority of children and their families into contact with PHC services five or more times during the first year of a child's life.

Immunisation is a strong contributor to the achievement of an integrated, comprehensive and effective RMNCAH-N agenda that addresses people's needs.

I. Survive: End Preventable Deaths

Immunisation and expanded access to vaccines have contributed to the dramatic reduction in child mortality

- Between 1990 and 2017, under five child mortality dropped by 58% - from 93 to 39 per 1,000 live births and from 12.6 million to 5.4 million deaths.² This was supported by a 70.5% drop in vaccine preventable diseases (tetanus, pertussis and measles) underscoring the critical role of immunisation.³

¹ UHC Global Monitoring Report 2017

² UN Interagency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2018

³ Our World in Data, *How is the world doing in its fight against vaccine preventable diseases?*, <https://ourworldindata.org/vaccine-preventable-diseases>

- Globally, 116.2 million children (85% of all eligible children) are now receiving a full course of basic vaccines (third dose of a diphtheria-tetanus-pertussis-containing vaccine), including in many hard-to-reach locations. In 2017, 65 million of these children were reached with Gavi support.
- By the end of 2017, Gavi had enabled 58 countries to introduce pneumococcal vaccine, which has saved the lives of more than 500,000 children in less developed countries.⁴

Reaching the unreached children and households – especially those in remote rural areas, urban slums and conflict zones, to improve child survival and RMNCAH-N outcomes requires political leadership and targeted strategies.

- Many children are still not getting the basic vaccines – 19.9 million children were missed in 2017.⁵ 18% of these children are found in the 16 Gavi supported fragile countries.⁶
- Pneumonia and diarrhoea continue to be the leading infectious disease killers of children by a wide margin, with low and lower-middle income countries disproportionately affected.⁷
- An additional 1.5 million deaths could be avoided if global immunisation coverage improves.
- Bundling of high quality services through the immunisation platform can save lives. Each time that a child is vaccinated by a health worker represents an unmissable opportunity to ensure they or their parents receive other crucial health services.
- Benefits of maternal immunisation have included a reduction of neonatal tetanus, cases of influenza for both mothers and infants, and a decrease in pertussis outbreaks.⁸
- Addressing gender related barriers through both demand and supply side levers is essential to expand access and utilisation of RMNCAH-N services.

II. Thrive: Ensure Health and Well-being

Vaccines set off a positive cycle in a child’s life, improving health outcomes and well-being through the life course, benefiting families, communities and nations.

- Vaccinated and healthy children display improved school readiness and performance. Children can grow up to become healthy and productive adults, contributing to positive social and economic outcomes.
- Vaccine herd-immunity further protects people in communities who may not be vaccinated and have heightened susceptibility to disease, including pregnant women and neonates.
- In Gavi-supported countries, for every US\$ 1 spent on immunisation, US\$ 18 are saved in healthcare costs, lost wages and lost productivity due to illness. If we take into account the broader benefits of people living longer lives, the return on investment rises to US\$ 48 per US\$ 1 spent.⁹
- Vaccines will help prevent 24 million people from falling into poverty by 2030.¹⁰ Families with vaccinated, healthy children spend less money on healthcare and this means parents

⁴ WHO, 2018 Assessment Report of the Global Vaccine Action Plan

⁵ WHO Immunization Factsheet, <http://www.who.int/news-room/fact-sheets/detail/immunization-coverage>

⁶ Afghanistan, Burundi, Central African Republic, Chad, DR Congo, Eritrea, Haiti, Mali, Somalia, South Sudan, Syria, Zimbabwe, Yemen, Sudan, Papua New Guinea, Solomon Islands

⁷ UN Interagency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2018

⁸ Marchant, A., et al. (2017): Maternal immunization 1, Lancet Infect Dis. 2017, 17: e197-208.

⁹ Ozawa S, Clark S, Portnoy A et al. Return on investment from childhood immunizations in low- and middle-income countries, 2011-20, Health Affairs 2016

¹⁰ Chang, Angela Y., et al. “The Equity Impact Vaccines May Have On Averting Deaths And Medical Impoverishment In Developing Countries,” Health Affairs 37.2 (2018).

can work instead of caring for sick children. This also places less burden on the healthcare system.

III. **Transform: Expand the Enabling Environment**

Prioritising increased access to life-saving immunisation provides an entry point to tackle Non-Communicable Diseases (NCDs) and have an impact across the life-course.

- Significant numbers of adolescents – especially the most marginalised or vulnerable – are not adequately reached by interventions intended for them.¹¹
- HPV vaccination is an essential tool for cervical cancer prevention and provides a unique opportunity to reach and engage adolescents with quality health services, health promotion and life-skills development and to engage them as agents of change for positive social and economic outcomes.
- The availability and introduction of HPV and other new vaccines that go beyond the traditional EPI schedule requires a change of thinking beyond childhood, and alignment with a life course perspective and continuum-of-care approach to delivery.
- By the end of 2017, Gavi-supported human papillomavirus (HPV) vaccination programmes had protected 1.5 million girls from the primary cause of cervical cancer. With 15 countries already approved for national introductions, this number is projected to rise to 25 million girls

Gavi – an Alliance delivering results through leveraging the power of partnerships

Gavi is strengthening health systems overcoming health access barriers through a perpetual cycle of innovating-learning-adapting, increased collaboration, accountability and innovative partnerships.

- Expenditure on national immunisation programmes growing. In the WHO AFRO region, government contributions increased by 130%.¹² By early 2018, 16 countries had started fully self-finance all their vaccines introduced with Gavi support.
- The partners' engagement framework (PEF) brings increased country focus, differentiation, transparency and accountability to our work and has led to an expansion of the Alliance. More than 60 partners now provide support to countries through PEF.
- Strong engagement with civil society, especially representatives of vulnerable women, children and youth to inform design, appropriateness and acceptability of services - leading to increased sustainability and coverage.
- Gavi is continuing to deepen and strengthen collaboration with The Global Fund and Global Financing Facility to advance the immunisation and broader RMNCAH-N agenda, support countries in transition and contribute to the achievement of the Sustainable Development Goal (SDG) health targets.
- Gavi is actively catalysing innovations and new technologies to support quality improvements of health services and their utilisation.

¹¹ Chandra-Mouli V, Lane C & Wong S (2015) What does not work in adolescent sexual and reproductive health: A review of evidence on interventions commonly accepted as best practices Global Health: Science and Practice 3(3): 333-340.

¹² WHO, 2018 Assessment Report of the Global Vaccine Action Plan