

**Chair's Summary
GAVI Alliance High Level Meeting
25-26 March 2010, The Hague**

**The Honourable Yoka Brandt, Director General for International Cooperation
Ministry of Foreign Affairs, the Netherlands**

OVERVIEW

1. On 25 and 26 March 2010, the Netherlands hosted the GAVI Alliance High-Level Meeting on Financing Country Demand. It was the first time GAVI Alliance stakeholders had gathered to focus exclusively on mobilising resources for GAVI's mission. The Chair expressed appreciation for the participation of many current and potential donors to GAVI, both public and private.
2. Participants acknowledged and welcomed the goal for 2010-2015 to fully introduce pentavalent vaccine and vaccines for pneumonia and diarrhoea (diseases which together account for 40% of under-five mortality) while preparing for new vaccines such as HPV, Japanese encephalitis (JE), typhoid, rubella and meningitis A.
3. Participants agreed that there was compelling evidence for investing in the GAVI Alliance. GAVI was recognised as a cost-effective mechanism to save another 4.2 million lives between 2010 and 2015 and make a significant contribution towards achieving the Millennium Development Goals (MDGs), specifically MDG 4 and 5. Participants commended the Secretariat for its recent evidence base publication, which highlighted both GAVI outputs and outcomes.
4. Participants reviewed the costs associated with the 2010-2015 goals. It was noted that the bulk of the US\$ 7 billion expenditures over six years related to pneumococcal, rotavirus and pentavalent vaccines, key interventions to reduce child mortality (MDG4). Noting that US\$ 2.7 billion was already secured for the six-year period, mostly through IFFIm and AMC contributions, participants acknowledged the resulting funding requirement of US\$ 4.3 billion. Sustaining average levels of direct funding¹ will meet US\$ 1.7 billion of this challenge, leaving an additional US\$ 2.6 billion to be raised.
5. While budgetary challenges were acknowledged, participants shared enthusiasm for GAVI's measurable results, its continued focus on the poorest countries, its policy of alignment with country plans and policies, and the responsibility shared by recipient countries through co-financing. They also welcomed the prospect of accelerating GAVI's impact: in just five years the number of lives saved over the past decade would be doubled.

¹ Based upon the last three years.

6. Participants also reviewed GAVI's market shaping activities to lower vaccine prices, recognising that vaccine purchases represent 80% of GAVI's foreseen expenditures. The participants were advised of the potential reduction in vaccine prices over time - beyond the savings already reflected in the expenditure forecast, but also recognised that such potential cost-savings would be limited over the 2010-2015 period. Hence, price reduction would not significantly impact the US\$ 2.6 billion additional funding needed, with anticipated reductions already factored into secretariat projections in this time period.
7. Encouraged by keynote speaker Mrs. Graça Machel, who reminded the group that the world must not fail to deliver on a promise made to its poorest children, participants agreed on ways they could advance GAVI's resource challenge over the coming months, both individually and collectively. The G8, G20, EU Presidency and other critical political processes as well as the United Nations High-level Plenary Meeting on the Millennium Development Goals (MDG Summit) provide timely opportunities to develop momentum in support of GAVI's mission. Donors also agreed to a gathering in the autumn around the time of the MDG Summit in order to give GAVI a firmer financial basis on which to plan.
8. A joint session with the Global Fund to Fight AIDS, Tuberculosis and Malaria on 25 March offered the participants an opportunity to discuss health system strengthening (HSS) efforts and present progress in establishing the Health Systems Funding Platform. Many donors welcomed the collaboration among the Platform's partners (GAVI, the Global Fund, WHO and World Bank) as they work together to devise a way to harmonise their HSS support to countries.
9. The High-Level Meeting was a landmark event for the GAVI Alliance and the beginning of a process for GAVI stakeholders to take ownership of the resource challenge. There was consensus that the GAVI Alliance had made a compelling evidence based case for the additional support sought and had made clear the degree to which millions of young lives and the achievement of the MDGs were at stake.

FURTHER DETAILS ON DELIBERATIONS

Presentations

The Chair of the GAVI Alliance High-Level Meeting on Financing Country Demand, Yoka Brandt, opened the meeting. GAVI Alliance Board Chair Mary Robinson conveyed greetings through a pre-recorded message. Mrs. Robinson noted that GAVI faces a special opportunity to contribute to the MDGs but lacks the necessary resources to do so. Participants were also welcomed by the GAVI Alliance Board Vice-Chair Jaime Sepulveda.

Five presentations, summarised below, followed:

- Julian Lob-Levyt, GAVI CEO, summarised the Alliance's performance to date and presented the evidence base for additional support. Since 2000, over 257 million children have been immunised, over five million deaths prevented and immunisation rates have increased to approximately 80% in the world's poorest countries. Donors have in GAVI built a powerful and effective vaccine delivery platform that now has the potential to deliver new life-saving vaccines against the major causes of child mortality. As an example, the success of GAVI's Hib vaccine support, which has driven down the incidence of the disease in numerous countries, was noted. Preliminary data suggests that in the majority of GAVI-eligible countries a package of existing and new vaccines in the GAVI portfolio could be affordable to most of those countries, representing a feasible fraction of future health budgets. The Secretariat was working with countries and partners on a revision to the co-financing policy. However, for a sizeable minority of countries full self financing would remain a real challenge in the foreseeable future, either for reasons of conflict or weak economic growth. GAVI was described as driving equity in vaccine access while striving to ensure that new vaccines do not distort national priorities or overburden the future health budgets of countries which adopt them.
- Participants heard a compelling presentation by the Minister of Health of Mali who reminded participants of the value of GAVI's approach in aligning with national plans and strengthening health systems. The Honourable Minister presented the extent and impact of GAVI support in Mali since 2000, highlighting the catalytic nature and sustainability of injection safety support now financed by the government. The Minister also noted the country's near 100% compliance on its co-financing requirements and confirmed that Mali is ready to receive and introduce pneumococcal vaccines. He noted the potential of the new vaccines to save lives and accelerate progress toward the MDGs in developing countries.
- GAVI's value-for-money case was presented by the UK delegate and former GAVI Alliance Board member. He noted that the GAVI Alliance has a clear mandate in a high priority area; it supports countries most in need, and finances high value-for-money interventions, as evidenced through a brief review of cost per DALY² saved. He described GAVI as "doing the right things, in the right places and in the right way" by highlighting the Alliance's contributions to sustainability and innovation. He also noted the broader development results donors can "buy through GAVI". The UK recently announced a new 10-year, £150 million commitment to GAVI, a model of performance-based predictable financing the UK would be happy to share with other donors.
- The World Health Organization, represented by its Deputy Director-General, added a first perspective from a founding partner, noting that GAVI and its

² Disability-adjusted life year

partner countries had played a major role in improving global immunisation by helping drive DTP coverage rates up while ensuring access to new vaccines. GAVI has also helped change the way industry operates, becoming a part of the solution for better health outcomes. WHO noted that GAVI had a similar catalytic effect on the health system strengthening debate. The WHO delegate warned of fatigue at a moment when GAVI is most in need of additional resources. He reiterated WHO's commitment to see GAVI realise its full potential. Maintaining the spirit of the Alliance and staying aligned with key partners were highlighted as crucial for GAVI's continued success, and a plea was made for GAVI to continue to further engage CSOs. The Deputy Director-General called on participants to do more to raise awareness on the importance of immunisation, a point reiterated by other participants.

- Another founding partner (and key to vaccine manufacturer engagement), UNICEF stressed GAVI's role and potential to impact MDG4 and noted the importance of investing in the introduction of pneumococcal and rotavirus vaccines. UNICEF concurred that GAVI has contributed significantly to revitalising the role of immunisation in global health and noted GAVI's progress in engaging with civil society at the global and country level.

The presentations on GAVI performance and potential were followed by a session on resource mobilisation. This discussion is summarised as follows:

- Participants were provided with an overview of GAVI's finances. The GAVI Secretariat presented step by step the composition of the US\$ 7 billion expenditure forecast for 2010-2015. Resources of US\$ 2.7 billion are already secured for the period, mostly through IFFIm and AMC contributions, leaving a US\$ 4.3 billion funding requirement over the next six years. Assuming average direct levels of funding are sustained at US\$ 1.7 billion, an additional US\$ 2.6 billion needs to be raised. If these additional funds are not found, then GAVI and its donors must scale back ambitions and major opportunities to achieve substantial progress toward MDG 4 and 5 targets will be lost.
- At this point, several participants intervened to reaffirm the importance of GAVI's mission and to support the call for additional resources. The sentiment was expressed: "If ever the world needed GAVI, the time is now."
- The GAVI Secretariat presented the detailed model by which forecasting is developed based upon "informed demand." Key variables are based on documented assumptions, sourced with support from WHO and UNICEF. It was noted that countries are canvassed four times a year to reconfirm the forecast. Such demand forecasts enable detailed expenditure projections by programme and by year.
- Based on these projections, the GAVI Secretariat confirmed the requirement for an additional US\$ 2.6 billion for 2010-2015 to ensure that by the end of that

period, all GAVI-eligible countries will have introduced pentavalent vaccines, 47 countries use pneumococcal vaccines, 41 countries use rotavirus vaccines and 18 countries use one or more of the vaccines prioritised in the Vaccine Investment Strategy: JE, HPV, typhoid, rubella, and meningitis A. Full introduction of these vaccines would prevent an additional 4.2 million deaths.

- The Bill & Melinda Gates Foundation's Director, Global Health Delivery, provided a brief on the foundation's exploration of the potential to secure further reductions in vaccine prices over the next five years. He advised participants of the foundation's conclusion that while some potential incremental reduction in vaccine prices may be feasible, this would not be significant in the years through 2015. The key message was that GAVI could not "cost save" its way out of its current financing challenge. Noting its longstanding support to GAVI, the foundation viewed GAVI as a major success in achieving greater health equity between rich and poor countries. The foundation felt a deep sense of urgency around GAVI's resource gap. The recent commitment by the foundation of US\$ 10 billion to the vaccine enterprise over the next decade would not close GAVI's resource gap of US\$ 2.6 billion. The foundation believed it was important for all to understand that the announcement was intended to galvanise attention and support for vaccines across the global community so that others would step up and do their part.
- The Chairman of the GAVI Campaign (the GAVI Alliance's US-based private philanthropy programme) advised that a nascent private fundraising campaign is underway and beginning to show promise, even if it would not grow fast enough to make a material difference by 2015. The partnership with the La Caixa Foundation was highlighted as a successful, multi-faceted approach that would be worth replicating. It was noted that the current model for private philanthropic involvement is undergoing a revolution and resources may not only be donated but rather invested to produce mutually beneficial gains. The participants were alerted to future opportunities to work with the capital markets in groundbreaking ways. Given the scope of world equity markets (US\$ 46 trillion), for example, the development of innovative mechanisms to tap these markets was worth pursuing. GAVI would seek to work with Alliance partners and others to develop new innovative financing mechanisms.
- Participants were guided through the structure and results of the International Finance Facility for Immunisation (IFFIm) by its Chairman. IFFIm has made possible major and immediate scale up of GAVI support to countries while increasing the predictability of resources for immunisation. IFFIm has also provided funding to scale up support for health systems after a September 2009 announcement by several donors of an additional US\$ 1 billion for HSS to be channelled through the mechanism. Participants were advised that IFFIm was an ideal instrument through which governments could frontload support to GAVI's programmes with long term pledges that required only relatively low cash transfers during current economically-challenging years. The discussion

concluded that IFFIm was a flexible mechanism which could be expanded, extended, or replicated to help address the current funding challenge. Existing donors were encouraged to contribute further resources to IFFIm and new donors were invited to participate. The IFFIm Chairman stated that he and GAVI Secretariat staff were willing to travel anywhere to discuss this initiative with donors and partners.

- A Board member, and member of the Norwegian Parliament, noted universal support for GAVI in Norway and that the government at large viewed GAVI as cost-effective, results-oriented and one of his country's most successful investments. As he said, "GAVI is both smart and right and it is hard not to act on that basis. A failure to act in this situation will have serious consequences." The speaker urged all participants to act on a stated commitment to the MDGs and noted that funding the US\$ 2.6 billion gap is achievable. Participants agreed that current donors will need to take responsibility for the majority of the current funding challenge, but also pointed out that broadening the GAVI donor base, including among emerging economies and non-traditional donors, should be a high priority. Given GAVI's excellent track record, participants felt that this is an achievable objective. It was noted that the G8 has been a great force for development particularly since 2005, but could still do more. Mention was made of South Africa's support to IFFIm. This represents a clear demonstration that GAVI and IFFIm are seen as strong investment vehicles that can impact development, and a signal of the ability of all G8 and G20 countries to do more.

General discussion

- Numerous participants expressed a strong commitment to GAVI, ownership of GAVI's success and its current funding challenge, and their intention to help continue and increase support. Participants praised the GAVI Secretariat for the sophistication and quality of the evidence base report, which was presented at the meeting. As the Secretariat continues to make a case for immunisation and the GAVI model, it was suggested that additional indicators be included, such as economic impact, gender perspectives, quality of lives and reduced morbidity, and specific MDG target impact.
- A number of donors expressed strong support for continued exploration of innovative financing options. Some existing IFFIm donors indicated they would consider contributing further resources to IFFIm and others called on potential donors to join IFFIm. The Secretariat was requested to produce simulations for interested donors.
- Most participants agreed it would be necessary as well to bring on new donors to expand the funding base, and acknowledged with appreciation the participation of several potential and emerging donors in the meeting.

- The imperative of the MDGs and the priority of maternal and child health and immunisation were expressed by numerous donors. Some noted their government's intention to increase support in these areas. Also encouraged was GAVI's continued partnership with UNICEF and WHO on basic immunisation.
- It was noted that civil society organisations are key partners in delivering health services in developing countries, as well as critical immunisation advocates. Some participants expressed hope that CSO involvement in GAVI, including increased support, could be expanded. Note was taken of the substantial effort being made by the GAVI Secretariat to increase engagement with CSOs.
- Reflecting on progress in Mozambique and other African countries, and noting GAVI's success, Mrs. Graça Machel challenged donors to find the resources necessary for a "mission worth completing" – saving another 4.2 million lives by 2015. She noted that all the elements of success exist with the exception of sufficient financing. She summed up her remarks by noting that the world must not fail to deliver on a promise to its poorest children.
- Participants were then invited to reflect and discuss how to move forward with resource mobilisation, how to ensure that GAVI's mission was prominent on the agenda of the MDG Summit in September, and how this year's political processes might be leveraged to secure support for GAVI.
- It was generally agreed that a follow-up high-level meeting would be needed and most delegations suggested that it be held following the September MDG Summit.
- A number of G8 donors offered to work on increasing priority for GAVI's mission within the upcoming G8 process.
- In addition, other important processes and bodies were noted as potentially useful in advancing GAVI prospects, such as the G20 process still in development, and the more imminent EU's Council of Ministers, the Presidency of which is held by Spain.

JOINT SESSION WITH THE GLOBAL FUND

In advance of the GAVI-specific discussion about financing country demand for new vaccines, the Global Fund to Fight AIDS, TB and Malaria and the GAVI Alliance held a joint session on Health System Strengthening. Participants were advised that:

- GAVI, the Global Fund, WHO and the World Bank, are harmonising their processes and accountability to support country-led plans with the mutual goal of securing better results/better value for money and improved outcomes. GAVI leadership referred to this as the “de-fragmenting of aid”.
- Subject to approvals by the GAVI and the Global Fund Boards this April, partners were ready to move forward during this calendar year in a number of countries to tackle as an integrated strategy the health MDG’s, noting MDG5 where progress had been particularly slow. The point was made that while there were four initiating organisations, the common platform is an open and inclusive effort and engagement by others was encouraged.
- The Minister of Health of Ethiopia stressed the critical importance of strong health systems to achieve the MDGs and highlighted the high burden of multiple donors and accountabilities. The experience in Ethiopia was highlighted as “best practice,” noting that the HSS investments had brought in important results across all programmes and diseases. The Honourable Minister expressed the hope that the platform would make aid easier, cheaper to implement and make it possible to mobilise additional resources at country level. He urged all involved to keep it simple with the mantra “simplify, simplify, simplify”.
- The Minister of Health of Mali noted that the new health coordination mechanism in Mali had streamlined donor support and helped reduce the number of reporting indicators. The common platform was praised for reinforcing national capacity, while recognising country specificities.
- Many delegations spoke on this topic. Appreciation was expressed for the joint session and strong support/consensus for the principles underlying the common platform. Some questions were raised around the practicalities of implementing the Health System Funding Platform and it was noted that such questions were being considered by the partners involved. The participants noted good progress over recent months and a keen interest was expressed by many to engage. The partners advised that the platform was intended to be an open and inclusive effort. Lastly, there was a plea expressed by donors and country representatives that the platform be flexible and responsive to individual national circumstances.