Chapter 13

“Supporting child vaccination is, without doubt, the best investment that we have ever made.”

Bill Gates[139]

The miracle of vaccination

Holding a newborn grandchild in your arms for the first time is one of the most wonderful feelings I have experienced. It is just as wonderful every time. I don’t take it at all for granted. While I used to smile slightly at grandparents’ boundless enthusiasm for their new role, I now cannot but endorse it. I have become just as fanatical myself. Old tricks as well as old games, songs and books reappear. It’s a wonderful life.

There are few things in life that give me greater joy than my children and grandchildren. At the same time, there is little that fills me more with worry and concern than when the little ones are affected by illness and pain. This is why we have good reason to be grateful that we live in a country with advanced healthcare provision and are protected against many of the diseases and epidemics that rob so many children of their lives in other parts of the world. I firmly believe that we also have a responsibility in this area, as brothers and sisters on the same Earth, to “share with each other the lovely and good things that we have received”. The fact that there are still more than 7 million children under the age of 5 who die every year tugs at my heart strings as a grandfather.[140]

There has definitely been a renewed focus on children in my life with the arrival of my grandchildren. At the same time, children have also become more important in my public work. In recent years, I have been increasingly spending my time fighting to save children’s lives and provide children with basic health services in poor countries.

My work to ensure that every child has access to vaccines which can protect them against disease and early death has provided a wonderful opportunity to draw the threads together in my own life: the legacy from my great-

grandfather Jørgen's medical work at Peach Blossom Hill in China.

There were plenty of such cups of coffee shared, meetings, telephone conversations and text messages between Jens Stoltenberg and me while I was party and parliamentary leader.

My own father's radical social commitment. My political work for the world's poor and experiences from the healthcare sector. The view of a human being's worth. Responsibility for managing resources more fairly. Impatience to see results from my work. With my vaccination work, it seemed as if these various threads became woven together. It's hardly surprising then that I find this job the most meaningful in my entire life in public service.

It all started with a phone call from the prime minister's office a few months after the change of government in 2005. Prime Minister Jens Stoltenberg asked me to drop into his office for a cup of coffee. I had just left the government offices and had become parliamentary leader in the Norwegian Parliament. Stoltenberg had just begun his second term as prime minister.

There were plenty of such cups of coffee shared, meetings, telephone conversations and text messages between Jens Stoltenberg and me while I was party and parliamentary leader. We travelled once together to New York to promote Norway's global health campaign. On another occasion Jorunn and I were invited to dinner and given a complete guided tour of the new prime minister's residence in Parkveien.

We quickly reached an informal and confidential rapport in our new roles. It was often friendly and pleasant, but also offered a unique opportunity for some frank, direct talking when difficult matters arose between the Christian Democratic Party and the government. These conversations provided the basis for compromises on State and Church, policy on the elderly, the private schools law and pension reform. Controversial matters relating to biotechnology and family policy gave rise to respectful, but sharp exchanges. He has always listened, even when we were completely at odds.

We are both interested in the fact that there is a lot in common between the

labour movement and the Christian community. The notion of solidarity and the message of loving thy neighbour are related. But it can be taken too far. When I was President of the Nordic Council, I attended a reception at the Icelandic Embassy in Oslo. There was a cheerful atmosphere when the left-wing socialist leader and future finance minister Steingrímur Sigfússon stood up and declared: "Jesus was the first socialist." Former prime minister Halldór Ásgrímsson then protested: "No, he wasn't. A socialist says: 'Everything of yours is mine!' Jesus said: 'Everything of mine is yours!'"

There were often clashes between Jens and me on matters that were being discussed in the parliament chamber. But, when it comes to fighting for the world's poor, we were and remain close allies. From 2001 Jens Stoltenberg was Norway's first member of the GAVI (Global Alliance for Vaccines and Immunization) Vaccination Fund Board. The fight to save children's lives through the use of vaccines had become an important cause close to his heart. This is what was foremost in his thoughts when we met in his office in the tower block in the government district at New Year 2006. "Do you want to take over from me?" he asked after I had settled comfortably on the sofa in his office. "I mean in GAVI, of course," he added quickly, when he saw the quizzical look forming on my face. "Yes, I could start with taking over from you in GAVI," I retorted, with the hint of a smile on my lips.

This was a declaration of trust that I really appreciated. Jens could have simply gone ahead and appointed one of his own people to the job that he himself had invested a great deal in. Instead, it was one of the opposition leaders in the Norwegian Parliament who, with Norway's active support, was elected as an independent member of the Vaccine Foundation in summer 2006. At that time, Graça Machel had taken over as Board Chair from her husband Nelson Mandela. I remember at my first Board meeting how she described in an animated fashion how African mothers fight for their children's lives. "We must always remember that we are doing this job for the children's sake," said Graça Machel whenever the discussions become too abstract.

"We must always remember that we are doing this job for the children's sake," said Graça Machel, on the right, whenever the discussions become too abstract. The Hague, 2010.

There is still one child dying every 20 seconds from diseases which can be prevented with vaccines. That gives a total of almost 2 million children every

year.[141] This is an outrage, a tragedy and an injustice, which is completely unnecessary. This is because it is possible do something about it. A child's access to vaccines should not be determined by where he or she is born. Since 2006, I have been able to use my experience as health minister and my commitment to the world's poor in a job aimed at providing vaccines to children in low-income countries. It is a great privilege for me to be involved at the heart of this work.

When I'm travelling around with my vaccines work, I have my oldest granddaughter, six-year-old Evelina, as my number one cheerleader. We study the globe together before I set off. She's well aware of what her grandfather is doing for the poorest children, and she always puts aside some money to go specifically to them. While I was writing this book, Evelina asked me what I was doing. I answered her that I was writing a book about what I think is most important in life. When I asked her whether she knew what was most important to her grandfather, she answered with a big smile: "Making sure that children can live."

A child's access to vaccines should not be determined by where he or she is born. From a visit to an outpost served by the Haydom Lutheran Hospital, Mbulu, Tanzania, 2011.

I definitely agree. There is something about vaccines which appeals to me in a particular way. It is because we are talking about one of the most efficient and cost-effective healthcare tools in history. A vaccine is like a little miracle. Just a few doses protect a child against fatal diseases for life. This provides a rare opportunity for affirmed supporters of prevention to get involved in something that has a huge influence on the lives of individuals, families and nations. The vaccinations which we take it for granted that our children and grandchildren will receive must be made available to all children. New vaccines must be distributed just as quickly to poor countries as to the rest of the world. Last but not least, new vaccines must be developed and produced to combat diseases which mainly claim lives in poor countries.

I am fascinated by the history of vaccines. Vaccination has made an historic breakthrough worldwide in the fight against infectious diseases. The infectious disease smallpox claimed the lives of up to 500 million people in the 20th century. This disease has been eradicated thanks to an effective

vaccine. There were polio outbreaks in 125 countries 20 years ago. Following an intensive effort involving vaccines, there are nowadays just 3 or 4 countries which still have outbreaks. Between 2000 and 2007 the number of people who died from measles was cut by 78%.

Vaccines save lives, but also ease the burden of illness and disability on families, health services and society. This means, in turn, saving expenditure and time which used to be spent on taking care of the sick. The expenditure on medical treatment for sick children can be for many families what tips their parlous finances over the edge. Healthy children are in a better position to perform well at school and later on in their working lives. They become part of society's economic and social backbone. Vaccination also provides direct socio-economic benefits. When smallpox was eradicated 30 years ago, this resulted in a saving of NOK 7 billion every single year in expenditure on treatment and prevention, more than 10 times the cost of the programme to wipe out the disease.

However, there are many obstacles hindering the effort to provide better vaccination coverage. Military conflicts, instable governments and natural disasters prevent many places from combating diseases which can be prevented using vaccines. When such situations arise, we often notice a fall in the proportion of children routinely vaccinated. Poorly developed healthcare systems are also a problem in a number of developing countries. To ensure that the vaccines get right to children in remote areas, qualified staff, systematic organisation and cold distribution are required to ensure that the vaccine doses keep until they reach the place where the children are being vaccinated.

During visits to several countries in Africa, Asia and Latin America, I have been allowed to track the vaccines' journey through this critically important "cold chain". The vaccines must preferably be delivered in one trip from the central cold storage facility in the capital, via the local hospital, to the refrigerator at the health stations. Finally, they are, in some cases, transported on the last leg of the journey to remote villages in a cool bag contained in the pannier of a bicycle.

These hard-working, self-sacrificing health workers are the local heroes of the vaccine effort. Take, for instance, the young Afghan midwives who, in spite

of the poor accessibility, war and prejudice, provide mothers and their children with vaccines, health advice or help in delivering babies every single day.

On a home visit with two of the vaccine effort's heroes: Emebet and Feven. The family proudly shows off its health certificate. Ethiopia, 2011.

In spring 2011 I met Emebet and Feven in a village south of the Ethiopian capital Addis Ababa. These two young girls were among the 34,000 health service staff recruited locally. They knew all 1,100 households in their area. They provided assistance during births, made home visits, gave vaccines and promoted basic preventive health measures. They explained to me how vaccination was a driving force in everything they did. It was precisely the offer of vaccines which made mothers come to the health station as they were aware of the dangers with infectious diseases after experiencing previous epidemics. I visited the mud hut of a family which proudly showed off a certificate confirming their vaccination and other health-promotion measures on their little farm.

Thanks to the efforts of these local health workers, vaccines have been made accessible and provided protection to millions of people around the world. Vaccines are one of the key reasons why the number of children dying before they reach the age of 5 has been significantly reduced in recent years: from a figure of 20 million in 1960 to around 12 million in 1990 and then to 6.9 million in 2011. Director-General of the WHO, Margaret Chan, gives vaccines credit for more than half of this reduction. Providing support for the development of good health services has been just as important. Without a healthcare system there will only be vaccines, but no vaccination.

Those of us working with vaccines nowadays are building on the work of some pioneers in this field. Thirty years ago, in the midst of a global economic recession and debt crisis, UNICEF's legendary chief, Jim Grant, launched a high-profile campaign to reduce child mortality. At that time, more than 14 million children were dying every single year. Jim Grant's target was to halve this figure by carrying out vaccination and other extremely cost-effective measures, such as teaching about the benefits of breastfeeding and simple ways to treat children suffering from severe diarrhoea. Millions of children's lives were saved through this effort, with the proportion of children in developing countries being vaccinated doubling to 40% by the mid-1980s.

This rose further to 70% in 1990.

Unfortunately, the global community lost some of its focus on vaccines in the years that followed. The progress made halted and the percentage of vaccinated children dropped in many places. By the end of the 1990s, 30 million children were born every single year who had little or no access to basic vaccinations. In Sub-Saharan Africa fewer than 50% of all children were vaccinated. Nearly 3 million died every year from diseases that could have been prevented with vaccines.

It became obvious to many people that something had to be done. During a meeting in Davos in 2000, all the key players in the field of vaccines rallied together around a new initiative: a global alliance for vaccinating the world's children – GAVI. Freedom-fighter and statesman Nelson Mandela was the first Board Chair of the Vaccine Foundation which was to fund the alliance's work.

The objective set for the new organisation was to save children's lives and improve public health by increasing access to vaccines in poor countries. But its ambitions went even further. There has traditionally been a lag of 10-15 years between children in rich countries being able to benefit from a newly-developed vaccine at a price low enough so that the vaccine can be purchased for children in developing countries. Millions of children are dying needlessly during this unacceptably long wait. Vaccines against diseases which mainly cause child mortality in poor countries were also never produced. GAVI was set up to collate the demand from poor countries and purchase the vaccines on their behalf. This meant that the purchase of vaccines could be guaranteed, along with increased use of and quicker access to existing vaccines, while also ensuring that new vaccines capable primarily of saving lives in poor countries are actually produced.

The combination of a huge need for vaccines and an extremely small amount of purchasing power may be regarded as a "market defect". To rectify this defect, donor countries fund the final phase in the development and production of vaccines, which is adapted to developing countries' needs. For the time being, GAVI has used this model to ensure long-term access for developing countries to vaccines against pneumococcal disease. Thanks to this, GAVI reckons that it will be able to help prevent 7 million deaths which

would have otherwise been caused by pneumococcal disease by 2030.

The GAVI Alliance's work has already delivered brilliant results. More children than ever are being vaccinated. GAVI contributed in its first decade to almost 330 million children in the world's 73 poorest countries receiving life-saving vaccines. More than 5.5 million needless deaths have been averted. The time required for the new vaccines to reach those most in need has also been significantly reduced. The newly-developed vaccines against pneumococcal disease and severe diarrhoea were available, thanks to GAVI, in low-income countries just one year after they were launched in the US and Europe, and at a fraction of the price they sell for in industrialised countries. The power of the market has been used to push vaccine prices downwards. For instance, GAVI purchases vaccines against pneumococcal disease at a 90% discount, compared to the market price in industrialised countries. Between 2000 and 2011 the price of vaccines against the infectious hepatitis B dropped by 69%.[142]

The man who seriously started the snowball rolling in 2000 was Microsoft's founder Bill Gates who, through his foundation, provided USD 750 million in start-up capital for the new initiative. I met him for the first time in his modest office at the Gates Foundation premises in Seattle, USA, in January 2011. I had prepared myself well and some people had warned me that he could be demanding and added, with a smile, that you should be familiar with his "Billology" prior to such a meeting.

The meeting left me in no doubt that Gates has a powerful commitment to development. He is impatient and knowledgeable. When Bill Gates says that "supporting child vaccination is definitely the best investment we have ever made," both the public and private sectors sit up and take notice. I was well prepared for our meeting, but Bill had also done his preparation. He had written up three points on his board which he wanted to discuss with me. After my introduction, I got a lecture that I wanted to forget afterwards.

Impatience for results is just a moderate description of his message. He is almost obsessed by the thought of what vaccines can do. Bill focuses greatly on the value of each individual child's life and on the obligation that he believes we have to cut the time it takes for life-saving vaccines to reach every child. My aim was to get his help to raise USD 3.7 billion. Using this

money, GAVI could save the lives of another 4 million children over five years. Bill came onboard, but also wanted to use his position to get others to take greater responsibility for this unique investment in human life. We discussed how different donor countries, including Norway and the UK, could be challenged to give more than they were already doing. Bill mentioned that he could think about increasing his support for GAVI by the equivalent amount that the British might be willing to increase their support by. He was also willing to play the role that we might want him to play at the meeting we were planning for contributors later on in the year.

From the outset, Norway has been one of the key mainstays of the GAVI Vaccination Alliance. A number of Norwegians have also played a pivotal role in expanding the new organisation from its beginnings in 2000. Gro Harlem Brundtland was head of the World Health Organisation (WHO). Her chief of staff was Jonas Gahr Støre, and they both had a great say in shaping the new organisation. One of the key persons involved in establishing GAVI was the former head of the WHO's tropical diseases research programme, Dr Tore Godal. This Norwegian was GAVI's first CEO. The knowledgeable, hard-working Godal, with his long experience of moving within international health circles, acted, in many respects, as the "glue" which held the whole thing together in the early days. I am full of admiration for what this man achieved within the field of global health. Back in Norway, he is an *eminence grise*, playing a role behind the scenes in government. In global health circles, he is a giant whom everyone looks up to.

There were many things during my meeting with GAVI that delighted me. First of all, there is the genuine sense of partnership. Representatives of major, international players and independent individual representatives come together around the board table with a humble attitude to cooperating on achieving a common goal. The GAVI Alliance is made up of government representatives from both donor and developing countries, as well as representatives from UNICEF, the World Health Organisation, the World Bank, Bill and Melinda Gates Foundation, voluntary organisations, vaccine producers and research institutions. It goes without saying that internal conflicts of interest arise, with major cultural differences and disagreements being normal in this kind of cooperation. I have chaired both government conferences and parliamentary meetings, but chairing Board meetings in GAVI is unlike any other experience. Here there is a meeting of different

languages and cultures, different government and administration traditions, private and public ways of thinking, health expertise, the development sector and finance, North and South. You get the whole feeling of everyone genuinely mucking in together. Everyone makes their own contribution, whether members just representing themselves or those representing the giant UN agencies. No one tries to dominate proceedings. GAVI has managed to create a unique climate of cooperation which has been instrumental in the organisation's results.

Secondly, the GAVI Alliance has introduced a refreshing new way of thinking within the established global health sector. An exciting dynamic has been created by trying to bring together the best in terms of creativity, expertise and experience from both the private and public sectors, with innovation also being one of GAVI's hallmarks.

The bane of development programmes is their dependency on the annual aid budgets being approved in the relevant countries' parliaments. This undermines the opportunities for using resources in an efficient, planned way, where and when they are needed. GAVI has come up with a funding solution which means that bonds are sold on the international finance markets that are secured by long-term obligations from donor countries. Thanks to these instruments, GAVI has been supplied with USD 3.6 billion, making it possible to increase quickly the proportion of children in the world who are vaccinated.

The well-known British financier Alan Gillespie was in charge of the job of setting up the new scheme along with financial experts who previously had careers in the field of investment and share trading in a completely one-sided, profit-orientated business environment. He tells how several of them were moved to tears when they realised that their involvement could help save children's lives with vaccines.

GAVI has also developed schemes for attracting donations from the private sector. The UK Government has promised to double all the contributions made to GAVI by private UK donors. The Gates Foundation has followed the UK's example by saying that it would do the same. This makes GAVI a unique "investment target" for the private sector. Not only does the money go to a good cause with guaranteed achievable results, but every private

contribution to GAVI will also be doubled as soon as it is made. This simple model has helped GAVI bring onboard several new private players in its vaccination work.

In February 2012 I hosted in Davos along with Bill Gates a breakfast for business leaders. This breakfast raised USD 9 million for the vaccination effort.

In January 2012 Bill Gates, the UK's development minister Andrew Mitchell and I hosted a breakfast for business leaders during the World Economic Forum in Davos while the financial crisis was the predominant theme. MTV founder Bill Roedy asked rhetorically whether anyone in the room could point to any other investment where the result was guaranteed and the investment doubled the moment it was made. We raised USD 9 million in the "collection" made during the breakfast. We reckon that by the end of 2015 we will have obtained USD 260 million through the Matching Fund. Hopefully, Norwegian companies will also commit to this effort.

Innovative financing is about getting more money for health care and more health care for your money. If GAVI's promotional activity for vaccines had merely contributed to moving money from other development aid causes, it would not have been so impressive. Fortunately, this isn't the case. Studies highlight that GAVI has attracted new and increased funds for providing health care for the world's poor.

A third feature is that the developing countries themselves are in the driver's seat. They apply for aid, they include routine vaccination as part of their own healthcare plans and must contribute themselves to funding their vaccination programmes. GAVI's role is to support the countries' own efforts to provide the population with life-saving vaccines.

This is where GAVI is in the forefront and sets a new benchmark in international development cooperation.

The size of the countries' contribution depends on their economic situation. The poorest countries pay a small share, but their responsibility increases gradually as the countries' economy grows. Several countries are currently in the process of "graduating" from GAVI because they have a level of economic growth which gives them scope to pay completely for vaccines for their own population. Self-financing ensures the countries' ownership and the

aid's sustainability.

It is obvious that I should mention China as an example. From 2002 to 2006 GAVI collaborated with the Chinese authorities in distributing the hepatitis B vaccine to the country's poorest provinces. Vaccination coverage increased dramatically. 66.6 million children were vaccinated and 900,000 potential deaths due to liver disease were averted. Since then, China has "graduated" from GAVI, is providing its own vaccines and is now considering how they themselves can contribute to GAVI's work.

In spite of the impressive results, there were still plenty of challenges for the young health organisation to face when I joined the Board in 2006. Cooperation between partners and between the partners and the secretariat was far from perfect. The management model was simplified, but it was to become clear quickly that the biggest challenge lay elsewhere. New vaccines for illnesses including diarrhoea and pneumococcal disease would soon be ready. Millions of lives could be saved when these vaccines were introduced. At the same time, GAVI was heading towards a situation where the lack of money could end up bringing this launch to a halt. A change of CEO and Board Chair was about to take place. During a Board retreat in Rotterdam in 2009, I presented the following challenge to the Board on what needed to be done: GAVI had to go to the world's leaders and tell them what we can do with more resources.

Rwanda 2011. As newly-elected GAVI Board Chair talking to mothers waiting to have their children vaccinated.

This situation was still not resolved when I agreed in the early summer of 2010 to stand as Norway's candidate for the post of GAVI Board Chair. When I was elected at a meeting in Kigali, Rwanda, in November of the same year, the organisation didn't have a CEO and there was a financial gap of USD 3.7 billion for implementing the planned vaccination programmes up to 2015. My first task was to come up with good solutions to these challenges. I was aware that the following months would be crucial to the Alliance's drive and opportunities for the coming years. Many of us had to pull together if this were to be a success.

The job of finding a new CEO was under way. My predecessor as Board Chair, the former Irish president Mary Robinson, had already asked me to get involved and take charge of this task before I took over. In January 2011 we were at the final stages with a few suitable candidates. In early March we were able to announce that the acclaimed head and founder of the International AIDS Vaccine Initiative (IAVI), Seth Berkley, was appointed as GAVI's new CEO.

The second main task was to obtain the funds which would ensure the countries got the vaccines which were now available. Given that we were in the midst of the financial crisis, we had to expect this to be a very challenging task. The medical journal *The Lancet* wrote in February 2011:

"..., former Norwegian Minister of Health Dagfinn Høybråten is facing one of the hardest fund raising challenges of his career. As the new Board Chair of the GAVI Alliance, which implements global vaccination programmes, Høybråten must now convince philanthropic organisations, aid agencies, and world leaders to raise the US$3.7 billion funding shortfall that the alliance is facing between now and 2015."[143]

We set 13 June 2011 as D-Day. This is when contributors would gather to explain what they would commit to provide in the next few years. I spent a lot of my early days as Board Chair travelling around and visiting the capitals of main donor countries and important partners in the Alliance. I had never spent more time travelling in the course of a year. I met UK development minister Andrew Mitchell in London already in January. He had good news for me: the UK Government, headed by Prime Minister David Cameron, would host the donor conference. The Cameron government had already made an important value choice: although every budget area had to be cut, it would increase development aid. They had now made another important choice: they would ensure that GAVI's success could continue.

The message I took with me as I travelled around was clear and powerful: 2 million children were still dying every year from diseases which vaccines were available for. GAVI can make a contribution to the battle to reduce this figure by immunising another quarter of a billion children by 2015, an action which would save 4 million lives. Most of all, we wanted to cooperate with the developing countries in introducing vaccines for two major childhood killers – severe diarrhoea and pneumococcal disease. These two diseases account alone for 40% of children dying before reaching the age of 5. The

vaccines are available. There is the demand from poor countries. In London we can obtain the money needed to do this! How can we allow a situation like this to go on?

We also received valuable support from a comprehensive assessment carried out by the UK's Department for International Development (DFID) of all the aid supplied by the UK in terms of cost-effectiveness and achieving objectives. When the results were published in March 2011, it showed that GAVI was right at the top as the best multinational aid organisation. This helped us mobilise resources and gave the whole GAVI team a real boost. GAVI subsequently achieved similar results from both an Australian and Swedish aid surveys.

The entire GAVI team worked hard to recruit more donor countries and ensure increased contributions from existing donors. At the same time, we had to respond to increasingly vocal criticism from individual organisations which believed that it was unfortunate that the vaccine industry was included in the Alliance. The loudest criticism on this score came from *Médecins Sans Frontières*. They felt that the interest issues for GAVI were blatant with the vaccine industry earning money on the back of GAVI's funding for vaccines. They also believed that lower vaccine prices could be achieved if the industry was kept outside the Board.

I agreed that it was important to tackle these conflicts of interest in an orderly manner. But, in my view, throwing the industry off the Board would not be a good solution. GAVI would not have achieved the results it had without a proper interaction with the vaccine industry. Mistrust and a lack of understanding between the private sector and the international development sector had blocked good initiatives on several occasions, resulting in a setback for the vaccination cause. We had to avoid ending up in such a situation again.

Conflicts of interest are obviously inevitable in such an alliance. Now and then, everyone around the board table has strong interests based on individual agendas. It was therefore important for us to handle these interest issues correctly. I outlined a solution which the GAVI Alliance reviewed, and it tightened its rules on interests. I also suggested that any market-sensitive issues should be handled in the Executive Committee where the industry

would no longer be represented. Such an organisational change would ensure a definite separation and indicate more clearly to the outside world that the industry did not participate in decisions relating directly to their business activities. The industry's representatives gave their backing to this change. They realised that it would protect both their own and GAVI's integrity.

Throughout the spring of 2011, it was a tough job, in several respects, mobilising contributors prior to the gathering in London. A number of the Alliance's supporters were mobilised. Global superstar Bono wrote a letter to a number of state leaders, including French president Nicolas Sarkozy, to get them to up their support for GAVI. Singer Bob Geldof came forward and appealed for a greater vaccination effort. Bill Gates went on a tour of several countries, including a visit to Oslo and Jens Stoltenberg. The objective was to plug the financial gap of USD 3.7 billion, an almost unrealistic amount at a time when the financial crisis was forcing more governments to make swingeing cuts. There was a great deal of uncertainty for a long time about how we stood. But in the final weeks in the run-up to the meeting, more positive messages came in about donors who would contribute more than before. The vaccine industry also made an announcement about lower vaccine prices for GAVI countries, including a two-thirds reduction in the prices of new anti-diarrhoea vaccines.

The tone was already set when the meeting in London opened. David Cameron declared that the UK was standing by its promises to increase its aid. He stated that the UK would not let the poorest pay for its own economic problems and promised to treble the aid provided to GAVI by the UK. Bill Gates similarly increased the amount he had promised, laying USD 1 billon the table with the brief remark: "It's not every day that we give away so much money, but this is a good cause." Jens Stoltenberg, for his part, committed to double Norway's contribution.

The meeting held in London on 13 June 2011 raised USD 4.3 billion for vaccines over the next five years. From left: GAVI CEO Seth Berkley, Liberia's President Ellen Johnson-Sirleaf, HRH Princess Cristina of Spain, UK Prime Minister David Cameron, Bill Gates, UK's development minister Andrew Mitchell and myself.

I met 12-day-old Raswiri and her mother in a trackless village in Malawi. 2007.

Several other countries also increased their contributions. Liberia's President Ellen Johnson-Sirleaf appealed on behalf of the partner countries.

When the total figures appeared on the screen, I had to pinch myself and dry a tear from my eyes. It was almost unreal. In the midst of a deep financial recession, the world showed a strong determination to stand up and save children's lives and health. When we totalled all the contributions made, we ended up with USD 4.3 billion, USD 600,000 more than our target. We could now implement our ambitious programme. We had the money and vaccines needed to save 4 million lives. Perhaps we could still do more and do it faster. This was a huge vote of confidence in GAVI, but also an expression of colossal expectations. 13 June 2011 will remain an historic day for GAVI and a milestone for global health, showing that it is possible.

During 2011 and 2012 we were able to roll out the new vaccines against diarrhoea and pneumococcal disease in one country after another. At the same time, we forged full steam ahead with continuing existing vaccination programmes. At a meeting in Dhaka, Bangladesh, in November 2011, the GAVI Board approved the provision of support for introducing a vaccine against cervical cancer (HPV).

Little Fathema from Bangladesh. A precious moment for a grandfather far away from his own family. 2011.

The prerequisite for this approval was that GAVI managed to obtain a significant reduction in the prices for this vaccine, which is something we seem to manage to do.

Cervical cancer kills 275,000 women every single year. More than 88% of these deaths occur in developing countries. The HPV vaccine can prevent 70% of these deaths, but currently, it is largely only available in the world's rich countries. The world can no longer accept that cervical cancer kills a woman every two seconds when vaccines are available.

Some time in the future, we hope that there will be a new vaccine against malaria, dengue fever and, later on, against HIV/AIDS too. The potential is great, and by continuing the immunisation effort the vaccine miracle can continue to save increasing numbers of lives.

The meeting in London was almost a magical experience. Similarly, many meetings take place with mothers and children who are benefiting from the vaccine miracle which leave the strongest impression. Let me just give you a

brief insight. I met Raswiri and her mother under the tree in a trackless village in Malawi.

In earthquake-hit Port-au-Prince I vaccinated little Madeline Isaac against polio. April 2012.

This little girl was 12-days-old when I got her vaccinated against polio. After being given approval by the village chief, I was allowed to talk to the colourful assembly of mothers and children. They performed a two-part chant in appreciation of the vaccination campaign.

In the village of Bara Goan in Bangladesh, I was involved in the vaccination day at the house of health worker Rabbi Aztor. Little Fathema, just 10-weeks-old, was weighed and measured and then received a couple of drops of the anti-diarrhoea vaccine orally and five vaccines through a single injection in her arm. The five minutes that the whole procedure took are so incredibly important to little Fathema's life. I was then given permission by her mother, Maksuda Aketer, to lift the little girl in my arms and hold her next to me. A precious moment for a grandfather far away from his own family.

In the earthquake-hit capital of Haiti, Port-au-Prince, I was able to take part in a spectacular launch of a radical offensive to vaccinate several age-groups which were missed out in this poor country and prevent futile deaths among children. This is where I vaccinated little Madeleine Isaac against polio with two protective drops of vaccine in her mouth, ably assisted by health minister Florence D. Guillaume.

Our children and grandchildren in Norway have access to a team of top-class specialists when their life and health are in danger. I encountered a completely different reality in Haiti. In the district of Haiti's capital I visited, they had no gynaecologist and just a single paediatrician in a hospital meant to serve 100,000 people. There is less likelihood of getting specialist help in a crisis than winning the lottery.

The disparities in terms of living conditions in these countries compared to Norway are almost impossible to comprehend. We live in one of the richest countries in the world. They live in some of the poorest. We are constantly chosen as the best country in the world to live in. In countries like Malawi, 2 out of 3 people in rural districts live in abject poverty. The average life expectancy in Norway is around 80. In many African countries it is almost

half this. There are also so many in the same situation. We are brothers and sisters sharing the same Earth. Therefore, being able to lift and hold a newborn child or grandchild for the first time is one of the greatest feelings you can experience, no matter where you live in the world. Vaccination means that many more will also get to enjoy seeing them grow up.