Protecting children’s health through immunisation in the African, Caribbean, and Pacific Group of States

GAVI Alliance Partnership with the ACP States

www.gavialliance.org
We need a sense of urgency as if it were our child. We need to commit to and prioritise immunisation, sustain the commitment, and inform and engage all partners.

Mrs Graça Machel, President of the Foundation of Community Development and of the UNESCO National Commission in Mozambique

GAVI support and the African, Caribbean, and Pacific Group of States (2011-15)

47 GAVI-supported ACP States:


In 2013, 41 ACP States remain eligible for new programmes. The other six* will continue benefiting from GAVI prices.

All sources: GAVI Alliance, unless otherwise indicated
Immunisation for a healthy next generation

Immunisation is recognised as one of the most cost-effective health investments in history. Immunised children have higher cognitive abilities and are more likely to attend school and become productive and healthy adults.

Under-five child mortality in low-income countries was reduced from 136 to 107 for every 1,000 live births between 2000 and 2010, but much remains to be done. However, 22 million children are still not vaccinated against common but life-threatening diseases. 85% of these children live in low-income countries.

**Causes of child deaths in low-income countries**

- Pneumonia: 18%
- Malaria: 11%
- Diarrhoea: 11.5%
- Other neonatal causes: 28%
- Other conditions: 19%
- Injury: 5%
- AIDS: 3%
- Meningitis: 3%
- Measles: 1%
- All neonatal causes: 32%
- Other neonatal causes: 3%
- All other causes: 37%
- All causes: 32%

**Why the GAVI Alliance? Value added**

The Global Alliance for Vaccines and Immunisation (GAVI) is a public-private global health partnership committed to protecting children’s health by increasing access to immunisation and strengthening health systems in low-income countries.

GAVI supports the introduction of new life-saving vaccines such as rotavirus and pneumococcal vaccines that were previously too expensive for low-income countries to afford. This is a major step towards protecting children against severe diarrhoea and pneumonia, the two leading child killer diseases.

GAVI is country-driven and leverages the strengths of key immunisation partners, UNICEF and WHO.

- In accordance with the principle of country **ownership**, partner countries apply for support according to the needs identified in their national health plans.
- Countries contribute to the costs of vaccines through **co-financing**, demonstrating their commitment to reducing child mortality. Any decreases in vaccine prices contribute to financial sustainability of country investments.
- Countries can request flexible cash support to address their **health system strengthening (HSS)** needs.
- Partner countries can decide whether to procure vaccines through their own systems or through GAVI under certain conditions. GAVI obtains **lower vaccine prices** by building on its relative market power and partnership with UNICEF for procurement. Lower prices enable countries to multiply the number of children immunised with the same amount of money.
- GAVI provides a **predictable horizon** to countries by aligning support to the duration of national health plans.
- GAVI’s mission is closely aligned with the European Union’s Development policy to reduce poverty and help reach the Millennium Development Goals (MDGs) by 2015. GAVI support complements direct and regional support provided by the European Institutions to partner countries.

**GAVI: an effective partnership**

- In 2012, GAVI was commended by the Multilateral Organisation Performance Assessment Network for its effectiveness, its focus on results, good financial management and strong country ownership. 11 EU member states are part of this network.
- The UK’s development agency, DFID, gave GAVI top marks in its 2011 Multilateral Aid Review.
- A Swedish multilateral aid review found that “GAVI is a highly relevant organisation with its strong poverty focus and its clear contribution to the MDGs (especially Goal 4)”. 

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Vaccination is a great and simple tool to save lives and ensure the well-being of Haitian society.

Dr. Florence Guillaume, Haiti’s Minister of Public Health and Population
This new vaccine is important for our children. It is our responsibility as parents to safeguard the health of our children.

Timor-Leste President, Taur Matan Ruak during the launch ceremony of pentavalent vaccines

GAVI and ACP States: a strategic partnership for children’s health

ACP States are a key priority for GAVI

GAVI funding has been provided to ACP States for the roll-out of pentavalent vaccines (against diphtheria, tetanus, whooping cough, hepatitis B and *Haemophilus influenzae* type b, known as Hib), yellow fever and meningitis A vaccines as well as vaccines against pneumococcal disease and rotavirus (which causes severe diarrhoea).

Meeting country demand:
GAVI disbursements to countries between 2000 and 2012

The human papillomavirus (HPV) vaccine that helps to protect women against cervical cancer will start to be rolled out in 2013 with the launch of the first demonstration programmes. In addition, ACP States have received cash support through HSS and other support.

GAVI support to ACP states represents 66% of all GAVI support until end 2012.

GAVI-funded ACP programmes until 31 Dec 2012

- **Pentavalent**: 45 countries*
- **Rotavirus**: 6 countries
- **Pneumococcal (PCV)**: 20 countries
- **Measles second dose**: 5 countries in 2012
- **Meningitis A**: 7 countries in 2012**
- **HSS**: 29 programmes

* Somalia and South Sudan upcoming
** campaigns

2000-2010: more than 107 million children immunised against life-threatening diseases in the ACP States

GAVI disbursements to ACP States between 2000 and 2012

- **Ethiopia**: 146
- **Congo DR**: 144
- **Kenya**: 88
- **Nigeria**: 125
- **Uganda**: 73
- **Ghana**: 64
- **Malawi**: 60
- **South Sudan**: 56
- **Tanzania**: 49
- **Cameroon**: 47
- **Mali**: 45
- **Angola**: 32
- **Zimbabwe**: 29
- **Burkina Faso**: 23
- **Burundi**: 17
- **Benin**: 16
- **Kenya**: 15
- **Senegal**: 12
- **Lesotho**: 9
- **Sierra Leone**: 4
- **South Sudan**: 0.9
- **Timor-Leste**: 0.4
- **Kiribati**: 0.3

GAVI disbursements to countries (US$ millions)

<table>
<thead>
<tr>
<th>Country</th>
<th>Disbursements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portugal</td>
<td>402</td>
</tr>
<tr>
<td>Other countries</td>
<td>€ 1.08 billion</td>
</tr>
<tr>
<td>ACP States</td>
<td>€ 2.11 billion</td>
</tr>
</tbody>
</table>

**Note:** The chart above illustrates GAVI disbursements to ACP States between 2000 and 2012.
Immunisation progress in the ACP States

ACP States have made great progress between 2000 and 2011 towards protecting the health of their populations against vaccine-preventable diseases, as demonstrated by a 30% reduction of under-five mortality and a 36% increase of DTP3 coverage.

Low-income ACP States have efficiently used GAVI support: most African low-income ACP States that were lagging behind with 50% DTP3 coverage in 2000 had reached more than 70% by 2011. In the same period, under-five mortality decreased from over 160 deaths for every 1,000 live births to 111 for 1,000.

In 2012, low-income Sub-Saharan Africa remained the last region lagging behind with more than 100 for every 1,000 (up to 185 for every 1,000) in this region.

In 2013, to help improve global access to vaccines against the leading causes of pneumonia and diarrhoea in middle-income countries, GAVI Alliance partners will be working to establish affordable, sustainable supplies of pneumococcal conjugate and rotavirus vaccines from 2013 to 2015, including for non GAVI-eligible ACP countries.

I praise GAVI’s technical, financial and advocacy efforts in favour of DRC to give to our children access to quality immunisation services and protect them against life-threatening diseases such as measles, pertussis and tetanus.

Dr Félix Kabange Numbi, Health Minister of DRC

Under-five mortality rates have reduced in ACP regions between 2000 and 2011 (per 1,000 live births)

<table>
<thead>
<tr>
<th>Region</th>
<th>2000</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caribbean</td>
<td>56</td>
<td>37</td>
</tr>
<tr>
<td>Pacific</td>
<td>68</td>
<td>50</td>
</tr>
<tr>
<td>Africa</td>
<td>156</td>
<td>108</td>
</tr>
</tbody>
</table>

DTP3 coverage rates have increased in ACP regions between 2000 and 2011

<table>
<thead>
<tr>
<th>Region</th>
<th>2000</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caribbean</td>
<td>73%</td>
<td>79%</td>
</tr>
<tr>
<td>African</td>
<td>70%</td>
<td>70%</td>
</tr>
<tr>
<td>Pacific</td>
<td>66%</td>
<td>51%</td>
</tr>
</tbody>
</table>

Country demand for immunisation among low-income ACP states has increased: 47 countries have asked for at least one vaccine since 2000.
The European Parliament congratulates the Commission on the support it has given to GAVI via the DCI and the EDF between 2003 and 2012 and urges the Commission to make a continued commitment to reducing the number of vaccine-preventable deaths in its future external actions.

Written Declaration of 24 May 2012: continued and increased support for vaccinations in developing nations

GAVI, the ACP and the European Institutions

Health: a priority of EU support
As part of the Agenda for Change, “social protection, health and education” is a priority of EU support for inclusive and sustainable growth.

GAVI and the European Institutions
From 2003 to 2012, the European Institutions have co-financed vaccines introductions and HSS in GAVI-eligible ACP States with other donors. The ACP Group of States has endorsed contributions of € 40 million from the Intra-ACP Development Cooperation Funds of the European Development Fund (EDF) to GAVI through its Committee of Ambassadors in Brussels. Another € 42.5 million comes from the Development Cooperation Instrument (DCI). Overall European Institution’s funding represented 1.4% of GAVI overall funding during the 2000-2010 period. This amounts to 2% of bilateral health Official Development Assistance from the European Institutions.

Long-term predictability
Currently, GAVI has 29 donors, including 10 EU Member States and the European Institutions. Many GAVI donors provide long-term predictable funding, thereby enabling effective market shaping and sustainable routine immunisation programmes in the ACP and beyond.

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Written Declaration of 24 May 2012: continued and increased support for vaccinations in developing nations

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
His Highness Sheikh Mohamed Bin Zayed Al Nahyan
Ireland
Italy
Japan
J.P. Morgan
“la Caixa” Foundation
LDS Charities
Luxembourg
The Netherlands
Norway
The Republic of Korea
The Russian Federation
South Africa
Spain
Sweden
The United Kingdom
The United States of America
For the 2016-2020 period, preliminary estimates show that GAVI needs €3 billion to fund vaccines and strengthen health systems in the ACP States. This is expected to help ACP States immunise another 100 million children.

The ACP and the European Institutions will be making key decisions in 2013 towards the 2014-2020 11th EDF. Without predictable and increased support from the European Institutions towards the 2014-2020 period, GAVI will not be able to fully meet increasing country demand for immunisation programmes and help protect children’s health in the ACP States. Healthy children and strong health systems are a prerequisite to inclusive and sustainable development.

The commitment of ACP countries to continue improving their health systems and accelerating life-saving vaccines’ roll-outs is mission critical.

Dr Seth Berkley, GAVI CEO

GAVI’s future partnership with the ACP

Investing for impact

Thanks to its donors, in 2011-2015, GAVI plans to spend €2.5 billion to immunise more than 100 million children in ACP countries.

To help reach this ambitious goal, €39.2 million will be invested by the EC to the ACP through GAVI in 2011-2015. This represents 1.6% of funding to ACP States and 0.7% of overall commitments to GAVI in this period.

An external evaluation of health sector support provided by the European Commission advised the European Institutions to continue investing in GAVI.

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GAVI planned investments in the ACP and estimated needs from 2011 to 2020
Vaccines have proven to be one of the most impactful health interventions and we take pride today in our continuous ramp up of our routine immunisation programme with such a powerful new vaccine.

Dr Agnes Binagwaho, Minister of Health of Rwanda on the introduction of rotavirus vaccines in Rwanda