The mission of Gavi, the Vaccine Alliance, is focused on saving lives and promoting health through the power of vaccination. Vaccines have contributed to a remarkable increase in child survival rates in Africa as compared with 1990 levels. Today, Africa has some of the highest birth rates and the largest concentration of young people in the world. The full development of Africa’s human capital as its most precious resource is enshrined in the African Union’s Agenda 2063 and echoed in the 2030 Agenda for Sustainable Development. Investment in health is a prerequisite for the attainment of these aspirations and goals. Yet they cannot be achieved overnight; young people and children must be the drivers of these goals. It is only by working together that we can reach “zero-dose” children who remain unreached by routine immunisation services, often in marginalised communities, to help ensure they survive and thrive throughout their life course.

Vaccines are one of the best buys in development, and immunisation reaches more children and households than any other routine health service. In doing so, it lays a solid foundation for strengthening primary health care in support of universal health coverage. In the context of challenges of fragility, population growth, displacement, migration and climate change, vaccines will continue to play a significant role in preventing disease, and protecting and supporting the prosperity of the African continent and its people.

“Our primary mission is life critical. 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 is born in a country where vaccines are available or not. . . .”

Nelson Mandela, founding Chair of the Vaccine Fund Board (Gavi’s initial financing arm), addressing the Vaccine Fund Board 2003 meeting in Johannesburg
VACCINE COVERAGE, LAUNCHES AND DEATHS AVERTED IN AFRICA

The Alliance has played a key role in increasing immunisation coverage across the continent by introducing nine vaccines: human papillomavirus (HPV), inactivated polio vaccine (IPV), measles, measles-rubella (MR), meningitis A (MenA), pentavalent, pneumococcal, rotavirus, and yellow fever (YF) – providing protection against 13 vaccine-preventable diseases.

IMMUNISATION LANDSCAPE

• Every minute, 50 African children are vaccinated with the third dose of diphtheria-tetanus-pertussis-containing vaccine (DTP3) in 40 Gavi-supported countries in Africa2.

• With Gavi support, more than 26 million children have been immunised with DTP3 as of 2018 (almost 41% of all children immunised with Gavi support)3.

• Coverage of the third dose of DTP3, a proxy for the completion of vaccination series, for the 54 African countries was 78% in 2018 (consistent since 2016).

20 YEARS OF GAVI’S CONTRIBUTION IN AFRICA

• Since its inception in 2000, Gavi has supported over 490 vaccine launches in Gavi-supported countries. In partnership with African member states, more than 300 vaccine introductions and campaigns have taken place on the continent4.

• Gavi has made a total disbursement of US$ 13.3 billion to all Gavi-supported countries since 20005. Out of this amount, US$ 8.5 billion, representing 64% of all disbursements, went to Gavi-supported countries in Africa6.

• The 40 Gavi-supported countries in Africa have a DTP3 coverage of 76% as of 2018 – a 6% increase since 2013.

• In a period of almost two decades, Gavi has reached 319 million unique children in Africa with routine immunisation programmes (42% of all children immunised with Gavi support).

• For the past 20 years, Gavi-supported immunisation programmes in Africa have helped avert 7.5 million deaths5.
  – Over 250 million children were immunised with pentavalent vaccine (diphtheria, tetanus, pertussis, HepB and Hib) since 2000.
  – Since inception, nearly 130 million children were immunised with pneumococcal vaccine against the leading cause of pneumonia.
  – Nearly 78 million children were immunised since 2000 with rotavirus vaccine against the leading cause of severe diarrhoea.

• Over 3.1 million girls in Africa have been immunised against human papillomavirus (HPV), which is the main cause of cervical cancer.

SUSTAINABLE FINANCING

• Vaccine co-financing by African governments increased considerably when the co-financing policy commenced – jumping from US$ 14 million in 2008 to US$ 69 million in 2018. In total, African governments have invested almost US$ 522 million in the co-financing of Gavi-supported vaccines8. This is in tandem with the Addis Declaration on Immunization commitment to “increase and sustain domestic investments and funding allocations for immunization.”

• Angola is the first country in Africa to transition from Gavi support. Continued political support for and prioritisation of immunisation financing are crucial to sustain the gains and achievements in the immunisation landscape as well as in the post-Gavi period.

UNREACHED CHILDREN

Despite the remarkable achievement of Gavi on the continent, a significant number of children are not reached by Gavi support. Fragility and challenges linked to the delivery of quality primary health care, vaccine hesitancy, logistics and health worker practices are the main drivers of underimmunisation in Africa.

• In 2018, Africa was home to almost 8.5 million under-immunised children (those lacking DTP3), which accounted for 56% of underimmunised children in Gavi-supported countries. These missed children, often found in urban slum areas, rural settings or conflict settings, are susceptible to contracting vaccine-preventable diseases.

• Nine fragile countries in Africa accounted for almost 2 million underimmunised children in 2018, who represent almost 23% of the underimmunised in Africa and 13% in all Gavi-supported countries9.

• For the past 20 years, the percentage of underimmunised children in Africa9 has been constantly above 40%. However, it has increased from 51% in 2011 to 56% in 2018. Tailored approaches are key to reaching these children and to leaving no one behind without immunisation.

4 Gavi introduction data, August 2019
5 73 countries in the Gavi portfolio
6 Gavi consolidated financial data, 30 June 2019
7 Vaccine Impact Modelling Consortium, August 2019
8 Gavi co-financing data, December 2019
9 Based on the 2019 Gavi fragility classification, which is derived on the basis of the World Bank’s harmonised list of fragile situations, The Fund For Peace Fragile States index and OECD’s States of Fragility
10 The computation was done comparing the 40 Gavi-supported countries in Africa with all 68 Gavi-eligible countries in the current strategy period (2016-2020)