



WORLD HEALTH ORGANIZATION

FIFTY-FIFTH WORLD HEALTH ASSEMBLY
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Global Alliance for Vaccines and Immunization

Report by the Secretariat

1. The Fifty-third World Health Assembly, in resolution WHA53.12, requested the Director-General to report to the Executive Board and World Health Assembly in 2002 on progress of the Global Alliance for Vaccines and Immunization (GAVI), an international coalition of partners, including national governments, public health and research institutions, technical agencies, philanthropists, the pharmaceutical industry, WHO, the World Bank and UNICEF.

2. GAVI's partners are collaborating to save children's lives and protect people's health through the widespread use of safe vaccines. GAVI provides a forum in which partners' technical expertise can be capitalized on in order to expand the reach of immunization delivery services and introduce new vaccines. One of the tools that GAVI uses to achieve its objectives in the poorest countries is the Vaccine Fund.

3. Every year, vaccine-preventable diseases cause an estimated 1.8 million deaths with maybe several hundred thousand additional deaths resulting from the long-term effects of hepatitis B. More than 30 million children born annually – one in four – remain unimmunized. Millions more have no access to under-used life-saving vaccines that are routinely given in the industrialized world. In partnership with the Vaccine Fund, the Alliance strives to close this gap by providing the poorest nations (with incomes of less than US\$ 1000 gross national product per capita) with:

- (a) vaccines against hepatitis B, *Haemophilus influenzae* type b disease, and yellow fever;
- (b) flexible financial support to strengthen immunization systems;
- (c) safe-injection equipment in the form of auto-disable syringes and safe disposal boxes for all routine immunization injections, or the equivalent funding to support the implementation of the national plan for injections safety.

4. Beyond the initial five-year commitment of US\$ 750 million from the Bill & Melinda Gates Foundation, the Vaccine Fund has expanded its resources to almost US\$ 1000 million for 2001-2005, with contributions from the Governments of Canada, Denmark, the Netherlands, Norway, United Kingdom of Great Britain and Northern Ireland and the United States of America.

5. Awards from the Vaccine Fund are based on applications by national government health officials that must include: (i) evidence of a functioning Interagency Coordination Committee which, under the leadership of the ministry of health, coordinates the activities of all immunization partners; (ii) a comprehensive multi-year plan for immunization as a component of the broader health sector; and (iii) a recent and comprehensive assessment of the immunization services.

6. An Independent Review Committee, comprised of experts in health and immunization, primarily from developing countries, reviews country applications to the Vaccine Fund. Its views are submitted to the GAVI Board, which formulates recommendations for the Board of the Vaccine Fund. To date, 65 of the 74 eligible countries have applied, 54 of which have been awarded a total of US\$ 820 million for vaccine procurement or direct financial support or both, over a period of five years. This support, based on the principle of a performance-based reward, constitutes a departure from traditional funding systems: instead of prescribing how resources should be used, it relies on governments and interagency coordination committees to set targets and monitor progress.

7. Since its inception, the Board of GAVI has increased in membership from 12 to 15. The members comprise representatives from developing country governments (2), industrialized country governments (3), WHO, the World Bank, UNICEF, a technical health institute, the vaccine industry (from both the industrialized and developing world), a nongovernmental organization, a foundation, a research institute, and the Bill & Melinda Gates Foundation. After chairing the Board for its first two years, the Director-General of WHO was succeeded by the Executive Director of UNICEF on 1 July 2001. The Board has held six meetings and eight teleconferences to provide strategic direction to the Alliance and to consider recommendations from the independent panel of experts that reviews applications for support from the Vaccine Fund (see paragraph 6 above).

8. The GAVI Board strongly supports the use of safe-injection equipment, including safe disposal, and that of vaccine combinations. It has recognized the critical role of WHO in collaborating with countries to ensure the existence of functioning national regulatory authorities and supporting the essential role of UNICEF in the procurement of high-quality vaccines.

9. The GAVI Board acknowledges the importance of capitalizing on the successes of the poliomyelitis eradication initiative and building on the lessons learned in order to reach routinely every child, particularly in difficult-to-access populations. To reflect the partners' commitments to the coordination of disease-control initiatives, the Board has adopted an additional objective: "to support the national and international accelerated disease control targets for vaccine-preventable diseases" with the milestone "By 2005, the world will be certified polio-free".¹

10. GAVI task forces have contributed to the operations of the Alliance. The Advocacy Task Force, chaired by UNICEF, has focused on global advocacy for the Alliance and the value of immunization, and future activities will include communication and social mobilization at country level. The Task Force on Country Coordination, led by WHO, has initially coordinated technical support to countries in the application process to the Vaccine Fund. Regional and subregional working groups have been established in the African, South-East Asia, European, Eastern Mediterranean and Western Pacific Regions in order to coordinate efforts, improve communications and build capacity for sustained programme improvements. The Financing Task Force, under the leadership of the World Bank and the United States Agency for International Development, has created a portfolio of financing options and initiated a systematic and exhaustive mapping of resource flows in support of national immunization services. It has elaborated tools to facilitate the drawing up of national plans for financial sustainability, which was defined at GAVI's Fifth Board Meeting (London, June 2001) as "the ability of a country to mobilize and efficiently use domestic and supplementary external resources on a reliable basis to achieve target levels of immunization performance". The Task Force on Research and Development, co-chaired by representatives of industry, academe and WHO, has prioritized projects

¹ The five strategic objectives adopted at the launch of GAVI were described in document EB105/43; the sixth objective was adopted by the GAVI Board at its fifth meeting (London, 21 and 22 June 2001) (GAVI, c/o UNICEF, Geneva, 2001, document GAVI/01.02).

on three specific vaccines against disease due to *Streptococcus pneumoniae*, rotavirus and *Neisseria meningitidis* (a group A/C conjugate vaccine), because of the high probability of their successful development in the next five to seven years and their high potential impact through reducing morbidity and mortality. This Task Force will work to assure the development, availability and affordability of these vaccines, and identify additional areas of research to improve immunization service delivery.

11. The Alliance is evolving from the early stages of developing and introducing new approaches and strategies to the next phases of implementation and outcome monitoring. Issues to be resolved include devising methods to ensure financial sustainability, building national capacity, and strengthening management systems to monitor accomplishments at all levels. Whereas much of the early work has focused on the development of policies and processes for the operation of the Vaccine Fund, emphasis will gradually also have to expand to meet the needs of middle-income countries, critical to the achievement of GAVI's strategic objectives.

12. The matters were debated by the Executive Board at its 109th session.¹

ACTION BY THE HEALTH ASSEMBLY

13. The Health Assembly is invited to note the report.

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¹ See document EB109/2002/REC/2, summary record of the tenth meeting.