mon plan, monitoring and financial management at country level.

GAVI works systematically on managing various types of risk. In November 2009, GAVI established an independent internal audit function. GAVI's internal auditor reports to the GAVI Secretariat and the GAVI Board. The internal auditor is appointed by the Board and cannot be dismissed by the Secretariat. The internal auditor is also a channel for GAVI's whistle-blowing function. The Director of Internal Audits has emphasised that internal controls must be carried out in the line and that the task of the internal audit function is to ensure that the line's control function is exercised satisfactorily. The Director attaches importance to promoting a good climate of cooperation between the internal audit function and the line. The Director has reported that GAVI's leadership has good risk management systems. The Board's Audit and Finance Committee is responsible for assessing whether the organisational structure, mandate and operating budget of the internal audit function are appropriate and adequate.

As regards the risk of financial irregularities, GAVI draws a clear distinction between vaccine procurement and the allocation of grants. Approximately 85 per cent of GAVI's activities consist of assistance in the form of vaccines. Most of the vaccines are purchased centrally by UNICEF's Supply Division in Copenhagen. UNICEF sends the vaccines to the recipient countries, where national authorities take over responsibility for distribution and programme implementation. The remaining 15 per cent consists of various forms of financial grants for country programmes.

The risk of grant misuse is assessed as high, while risk related to central vaccine procurement is assessed as low. Policy documents regarding financial irregularities largely apply to GAVI's grant facilities.

The countries that receive assistance are poor, and often have weak institutions and widespread corruption. GAVI attaches importance to ensuring that grants are adapted to the conditions in each individual country. In 2009, GAVI established a system whereby recipient institutions' financial management systems were reviewed prior to allocating grants. This is followed up by periodical reviews. Such reviews have revealed circumstances that have given rise to suspicion of fraud in four countries.

When funding misuse is suspected in GAVI-supported programmes, the principle of zero tolerance applies. Further disbursements are halted, steps are taken to secure grants already paid out and an investigation is initiated. If the investigation confirms that acts of fraud have been committed, the organisation requires that funds be reimbursed. GAVI pursues a policy of transparency regarding such matters.

3. Norway's policy towards GAVI

At GAVI's pledging conference on 13 June 2011, Norway committed itself to gradually doubling its annual direct support for GAVI by 2015.

Norway attaches importance to good coordination and broad-based cooperation at country level, and to combining vaccines programmes with other health services and programmes in ways that both increase immunisation coverage and strengthen overall health services. Norway will continue its efforts to promote gender equality with regard to Board representation, personnel, programmes and support mechanisms.

Norway has played an active role in the process of putting in place a new governance structure and establishing GAVI as an international foundation with focus on a binding relationship with the UN as standard-setter in the field. Norway has also been actively engaged at the political level and helped to put in place GAVI's support programme for health system strengthening and a programme to mobilise civil society.

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http://www.regjeringen.no/en/dep/ud/selected-topics/un.

GAVI

Global Alliance for Vaccines and Immunisation

1. Facts and figures

Type of organisation: Private foundation. Public-private partnership

Established in: 2000

Headquarters: Geneva

Number of country offices: None

Head of organisation: CEO Seth Berkley (USA)

Date of Board meetings in 2011: 7-8 July and 16-17 November

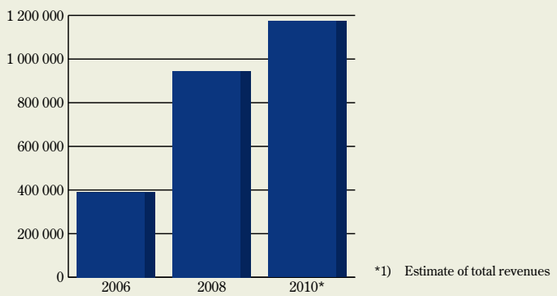
Norway's representation on Board: Norway, UK and Ireland have joint representation on the Board. Norway has been the Board representative from January 2010 – December 2011

Number of Norwegian staff: 1

Responsible ministry: Norwegian Ministry of Foreign Affairs (MFA)

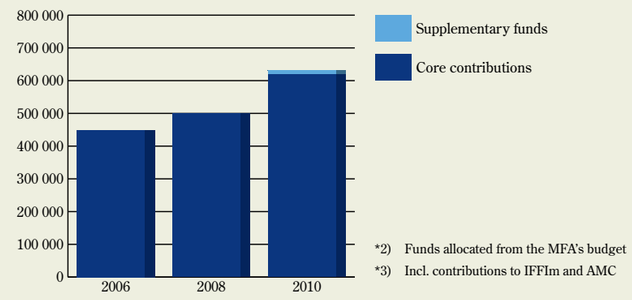
Website: http://www.gavialliance.org

Total revenues*1) (in US$ 1000)



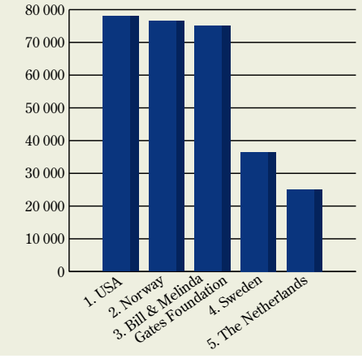
*1) Estimate of total revenues

Norway's contributions*2)*3) (in NOK 1000)



*2) Funds allocated from the MFA's budget
*3) Incl. contributions to IFFIm and AMC

The five largest donors, including Norway, in 2010 (in US$ 1000)



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NORWEGIAN MINISTRY OF FOREIGN AFFAIRS

Mandate and areas of activity

The GAVI Alliance was established in 2000 as a partnership between the public and private sectors. The GAVI Board comprises representatives of governments of donor and recipient countries, the UN, the World Bank, civil society, research institutes and the vaccine industry. In 2010, Dagfinn Høybråten was elected as Chair of the GAVI Board. GAVI seeks to ensure that every child in poor countries has full vaccination coverage.

Funding is provided on the basis of applications. Countries are invited to apply for support for the introduction of new vaccines within the framework of their national immunisation programmes. It is primarily the poorest countries (per capita GNI < USD 1 500) that are eligible to apply. Applications are considered and recommended by an independent committee of experts before they are finally approved by the GAVI Board. The annual reports submitted by countries are assessed by independent committees before further disbursements are made. UNICEF, WHO, the World Bank and other partners provide technical assistance for the implementation of programmes at country level.

GAVI's activities are based on the principles of national ownership and alignment with national priorities, and the development of strategies for long-term, sustainable financing. GAVI has established a gender equality policy that emphasises that all children must have equal access to vaccines.

GAVI's Strategy for 2011-2015 was drawn up on the basis of the following goals:

- Increase the use of new and under-used vaccines in the poorest countries (against pneumonia, meningitis and rotavirus). GAVI will continue to supply vaccines against yellow fever, hepatitis B and meningitis, and in the longer term work to introduce a vaccine against the HPV virus, which can cause cervical cancer;
- Help to strengthen integrated health systems in recipient countries to enhance their capacity to carry out immunisation programmes;
- Increase the predictability of global financing and sustainability of national financing;
- Influence the vaccine market to reduce prices and make vaccines available to low-income countries.

At GAVI's replenishment meeting on 13 June 2011, donors pledged to contribute a total of USD 7.6 billion to GAVI for the period 2011-2015. Recipient countries committed themselves to maintaining or increasing their own financing of vaccination programmes, and the pharmaceuticals industry pledged to reduce the price of vaccines for poor countries and promised reliable supplies. The commitments exceed the amount that GAVI has calculated will be necessary to achieve the goal of vaccinating 250 million children in the strategy period, which means that the goal can be achieved earlier.

GAVI has established two innovative financing mechanisms, the International Finance Facility for Immunisation (IFFIm) and Advance Market Commitments (AMC).

The IFFIm aims at mobilising and accelerating funding for GAVI by issuing bonds to the capital market. Pledges of future payments by IFFIm's donors are used as security for the bond loans. Norway has contributed funding for IFFIm since the mechanism was established in 2006. In 2010, Norway entered into an agreement to provide a grant of NOK 1.5 billion to IFFIm for the period 2010-2020 to support GAVI's efforts to strengthen integrated health systems in recipient countries. IFFIm's assets are managed by the World Bank.

An evaluation of IFFIm was completed in 2010. It determined that IFFIm has made it possible to double GAVI's country programme funding since 2006, and that the World Bank has managed the facility's finances satisfactorily and obtained good terms on the capital markets.

The purpose of AMC is to encourage vaccine manufacturers to invest in the development and production of effective vaccines against diseases prevalent in developing countries. A vaccine against pneumonia (pneumococcal vaccine) was selected as an AMC pilot. The mechanism provides a price guarantee to the vaccine industry, in return for which the industry supplies vaccines at a pre-agreed favourable price in accordance with specific criteria.

Results achieved in 2010

In 2010, GAVI made considerable progress in introducing new vaccines that provide protection against the main diseases that affect children, pneumonia (pneumococcal vaccine) and diarrhoea (rotavirus vaccine).

- In 2010, the rotavirus vaccine was introduced in four out of five countries approved for support.
- 2010 saw the completion of the first agreement with two suppliers for the delivery of a total of 600 million doses over a period of 10 years under the AMC mechanism. The first pneumococcal vaccines were delivered to nine countries just a few months after the vaccine was launched in industrialised countries (March 2011). Demand for the pneumococcal vaccine has soared, and 19 countries have applied so far to introduce the vaccine.
- 67 out of 72 countries eligible for support have now introduced the Hepatitis B vaccine. 38 million more children were vaccinated against Hepatitis B in 2010 than in 2009.
- Two new countries introduced the pentavalent vaccine in 2010. By the end of 2010, the applications of 62 countries to introduce a vaccine against HIB had been approved, and 59 countries have already introduced the vaccine. WHO estimates that the number of children who have been immunised against HIB with support from GAVI increased from 63 million to over 90 million by the end of 2010.
- 17 countries are receiving GAVI support for the yellow fever vaccine. At the end of 2010, GAVI had contributed to the immunisation of 41 million children, up from 34 million in 2009.
- In 2010, GAVI financed the introduction of a new meningococcal vaccine in 3 out of 22 African countries where campaigns are planned.
- At the end of 2010, GAVI had granted USD 568 million to strengthen health systems in 53 countries. A mid-term evaluation identified weaknesses in monitoring and evaluation, delays in disbursements and implementation, and difficulties in isolating and assessing the results of the programme. Co-financing from recipient countries totalled USD 28 million in 2010. This represents 10 per cent of GAVI's total vaccine costs for 53 countries.
- IFFIm mobilised around USD 850 million through the issue of bonds to the capital market.

In addition to financing the costs of introducing new, life-saving vaccines, GAVI has provided support to strengthen health systems since 2006.

Ethiopia is one of the countries that first benefited from this new type of flexible financing. In 2006, Ethiopia was granted USD 76.5 million for the period 2006-2010 from GAVI's programme for strengthening health systems. Ethiopia also received support for the introduction of the pentavalent vaccine (5 vaccines in 1).

The health system support was used to finance Ethiopia's health sector strategy, which was developed in consultation with partners and donors. The support gave GAVI the opportunity to help finance an integrated plan to increase coverage of primary health services in rural areas, including immunisation. This made it possible to fulfil the expectations of increased harmonisation and better organisation of health assistance.

During this initial period of support, GAVI and other partners financed the training of over 30 000 health workers with responsibility for 16 key preventive health interventions (including vaccination). Local health posts were built, equipped and staffed with health workers in a total of 15 000 "kebels" (the lowest administrative unit).

This support has helped to increase Ethiopia's vaccine coverage by more than 10 per cent.

2. Assessments: Results, effectiveness and monitoring

In the period 2000-2011, GAVI has contributed to the vaccination of 257 million children and the prevention of 5.4 million deaths through vaccination. Norway considers that GAVI has achieved good results since its establishment in 2000. GAVI has a strong focus on results and sets clear, ambitious targets at global level. GAVI also has a clearly defined strategy with a robust results framework. Countries that receive support from GAVI, and their partners at country level, must define clear goals and results. The review of multilateral organisations carried out by the UK's development assistance authorities in 2010 assessed GAVI as one of the most effective organisations in terms of achieving results.

GAVI's funding for country programmes is also managed by results. After a period of support from GAVI, further disbursements are linked to independent result assessments. However, there are challenges relating to how investments in strengthening health systems should be linked to future results. Several models are currently being developed and assessed, including a special results-based financing programme, Incentives for Routine Immunization (IRIS).

Evaluation and learning are priority areas in GAVI. The GAVI Secretariat is responsible for evaluations. The organisation's evaluation policy stipulates that evaluations must be independent. In 2009, the GAVI Board established a separate Board committee to oversee work on evaluations at GAVI. The Board committee advises the Board on the evaluation team's work programme and budget, and approves major evaluation processes.

GAVI is considered to be the leading global health initiative in terms of aid effectiveness and has become a primary arena for stakeholder interaction to promote the long-term sustainability of such initiatives.

GAVI bases its activities on the principles set out in the Paris Declaration on Aid Effectiveness. Vaccine support is based on applications, and each country defines its own strategies and goals in accordance with national priorities. Support is provided on a multi-year basis, but GAVI requires countries to provide co-financing so as to prepare them to take over the financing of the new vaccines in the long term. GAVI grants multi-year financial support for a period that coincides with the duration of underlying national plans for health sector development. To ensure good donor coordination and reduce transaction costs for countries, GAVI works closely with the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) to establish a common health systems funding platform. This platform will ensure the use of a com-