

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 2013:
21–22 November 2013

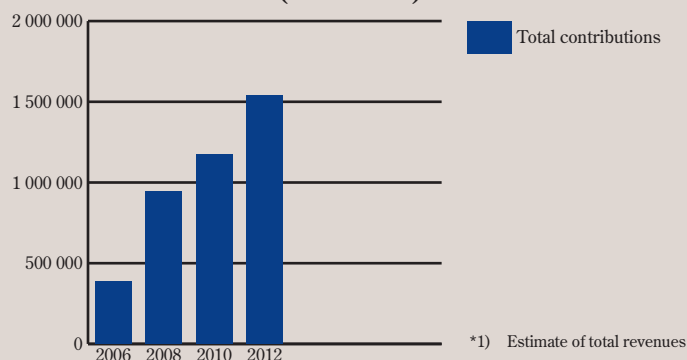
Norway's representation on Board:
Norway, Denmark, the Netherlands and Sweden are jointly represented on the Board. Norway is the Alternate Board representative in 2013.

Number of Norwegian staff: 2

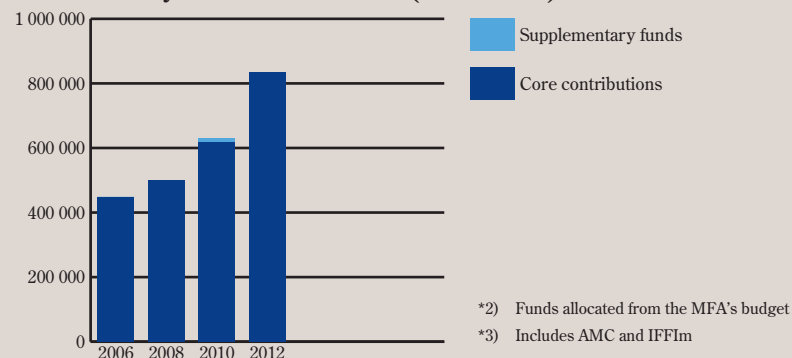
Competent ministry: Norwegian
Ministry of Foreign Affairs

Website: www.gavialliance.org

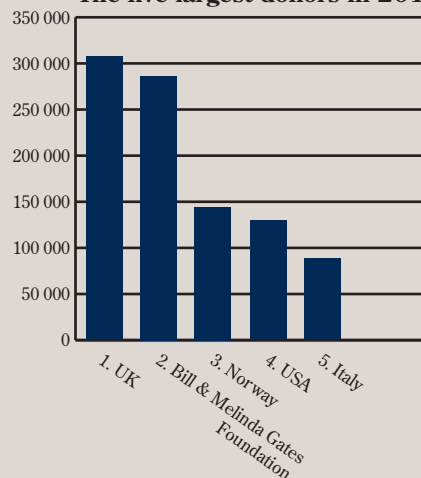
Total revenues^{*1)} (1000 USD)



Norway's contributions^{*2)*3)} (1000 NOK)



The five largest donors in 2012 (1000 USD)



NORWEGIAN MINISTRY
OF FOREIGN AFFAIRS

Mandate and areas of activity

The Global Alliance for Vaccines and Immunisation (GAVI) 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. He was re-elected for another term in 2012. GAVI's mandate is to save children's lives and protect people's health by increasing access to immunisation in poor countries.

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. Countries may also apply for funding to strengthen national health systems for implementing immunisation programmes. Applications are considered and recommended by an independent committee of experts before being approved by the GAVI Board. Annual reports 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 underscores the importance of providing support for the poorest countries. In 2012, countries with per capita GNI of less than USD 1,520 could apply for funding for new immunisation programmes.

GAVI's activities are premised on national ownership and coordination, 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.

The GAVI Alliance Strategy for 2011–2015 defines the following goals:

- Increase the use of new and underused vaccines in the poorest countries.
- Contribute to strengthening 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.
- Shape the vaccine market with regard to making an adequate supply of affordable vaccines available to low-income countries.

At GAVI's replenishment meeting in 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 co-financing of immunisation programmes, and the pharmaceuticals industry pledged to reduce the price of vaccines for poor countries and promised reliable supplies. The goal is to vaccinate 250 million children in the strategy period. GAVI has now begun to prepare for the next replenishment round for the period after 2015.

GAVI has established two innovative financing mechanisms, the International Finance Facility for Immunisation (IFFIm) and the Advance Market Commitment (AMC) for pneumococcal vaccines. The purpose of the IFFIm is to mobilise and accelerate funding for GAVI programmes by issuing bonds. Pledges of future payments by IFFIm donors are used as security for bond loans. Norway has contributed funding for the IFFIm since the mechanism was established in 2006. The mechanism is managed by the World Bank.

The purpose of an AMC is to stimulate vaccine manufacturers to develop and produce effective vaccines against diseases that are prevalent in developing countries. A vaccine against pneumonia (pneumococcal vaccine) was chosen for a pilot AMC. The mechanism provides the vaccine industry with a market guarantee, in return for which the industry will supply vaccines at a predetermined affordable price.

Results achieved in 2012

Increase support for and use of underused and new vaccines and contribute to the secure supply of vaccines:

- In 2012, GAVI supported 30 new vaccine introductions and campaigns. This is a greater number of vaccine introductions than in any other year (eight new countries introduced the pneumococcal vaccine, seven countries introduced the rotavirus vaccine, six countries launched the measles second-dose vaccine, five countries introduced a combination vaccine comprising a vaccine against hepatitis B (HepB) and *Haemophilus influenzae*, type B (Hib), and four countries initiated meningitis A (MenA) campaigns for the first time. Nonetheless, GAVI did not attain its target for rotavirus and pneumococcal vaccine introductions in 2012, mainly because there is not enough vaccine on the market.
- In total, GAVI has helped to immunise 323 million children against hepatitis B, 151 million against Hib, 64 million against yellow fever, 10 million against pneumococcal disease (which can cause pneumonia) and 4 million children against rotavirus (diarrhoea).
- GAVI helped to vaccinate 48.5 million people against meningitis in 2012. All in all, GAVI contributed to ensuring that a total of 103 million people in Africa's meningitis belt have been vaccinated with the MenA vaccine. This reduced the number of meningitis cases in the region to 0 in 2012.
- 9 million people were vaccinated against yellow fever in 2012. A total of 64 million people have been vaccinated with support from GAVI.
- In total, GAVI has helped to prevent the loss of over 5.5 million lives. In 2012, GAVI helped to prevent 1 million deaths.

Contributions to strengthening health systems by facilitating the delivery of vaccines and other health services:

- 52 countries currently receive funding from GAVI for health-system strengthening.

Increase predictability and sustainability:

- In 2012, GAVI continued its efforts to secure long-term sustainability and diversify its sources of funding.
- Efforts to promote increased co-payments by recipient countries are important. Of the 65 countries required under GAVI guidelines to co-finance their vaccines, 56 had fulfilled their commitments in 2012. Around USD 47 million was received in co-financing from these countries in 2012, equivalent to 8 per cent of the total value of vaccine support.

- By the end of 2012, 91 per cent of the donor pledges made for the period 2011–2015 had been signed as formal grant agreements.

Shape the vaccine market with a view to reducing prices and securing the supply of vaccines for poor countries:

- The total cost of full vaccination of a child with pentavalent, pneumococcal and rotavirus vaccines fell from USD 32.97 in 2011 to USD 22.63 in 2012 (baseline USD 35.19 in 2010).

The goal of the Advanced Market Commitment (AMC) for pneumococcal vaccines is to stimulate access to appropriate, affordable pneumococcal vaccines for developing countries. Pneumococci are bacteria that can cause serious infections, such as pneumonia, meningitis and blood poisoning. An evaluation of the design of the pilot AMC was published in 2013. The evaluation shows that the mechanism has already helped vaccinate 13 million children against a serious children's disease faster than ever before. The AMC is considered to be a "promising solution to the challenge of accelerating access to life-saving medicines". Since 2010, 24 countries have introduced pneumococcal vaccines and a further 26 countries have been approved for introduction. It is estimated that without an AMC, it would have taken at least a decade to create the same demand and pace of introduction. Just two years after the vaccines were introduced in Kenya, the pneumococcal vaccine has helped to reduce the incidence of invasive pneumococcal disease substantially. The vaccine can save over 500,000 lives. In a district hospital in Kenya, it has been documented that the incidence of invasive pneumococcal disease has been reduced from 38 hospitalised children in 2010 to 4 children with the disease in 2012.

2. Assessments: Results, effectiveness and monitoring

The organisation's results-related work

In the period 2000–2012 GAVI helped to vaccinate more than 370 million children with several vaccines, averting 5.5 million deaths. In Norway's assessment, GAVI has achieved good results. GAVI has a strong focus on results and sets clear, ambitious global targets. GAVI also has a clearly formulated strategy with a robust performance framework. Countries that receive support from GAVI, and their partners at country level, must define clear goals and results. Other donor reviews of GAVI have also ranked GAVI among the most effective organisations in terms of achieving results.

Planning and budgeting systems

GAVI has designed good systems for planning and budgeting. Before procuring and introducing new vaccines, GAVI carries out a global analysis of the supply of and demand for new vaccines, identifies needs and plans the procurement and distribution of vaccines in collaboration with its alliance partners (UNICEF and WHO), and submits good reports on programmes, budgets and financial statements to the Board.

The Board has determined that GAVI's funding for health-system strengthening must also be managed by results. After a period of support from GAVI, further disbursements must be linked to independent result assessments (key indicators are vaccine coverage and reduction in geographical and socio-economic inequities in coverage). However, there are chal-

lenges in terms of how investments in strengthening health systems should be linked to future results. Several models are currently being developed and assessed.

Oversight and anti-corruption

GAVI works systematically on managing various types of risk. In 2009, the organisation established an independent internal audit function. GAVI's internal auditor reports directly to the Board and to the GAVI Secretariat. The internal auditor is appointed in accordance with set procedures 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 the integrity of the line's oversight function. The Director of Internal Audits has confirmed that GAVI 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 implementation of vaccination programmes. The remaining 15 per cent consists of various forms of financial grants for country programmes.

The risk of misappropriation of grant funds 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.

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.

Institution-building and national ownership

GAVI is considered to be the leading global health initiative in terms of aid effectiveness. The organisation 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 vaccines in the long term. To ensure good donor coordination and reduce countries' transaction costs, GAVI works closely with the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria to establish a common health-systems funding platform.

GAVI adapts its grants to the situation in individual countries. The recipient countries' financial management systems are reviewed and assessed before grants are allocated. The reviews are followed up periodically by further reviews.

Willingness to learn and change

Evaluation and learning are priority areas in GAVI. The organisation's evaluation policy, adopted in 2008, is based on the principle that evaluations must be independent. A Board committee has been established to oversee work on evaluations. The Board committee advises the Board on the evaluation team's work programme and budget, and approves major evaluation processes.

3. Norway's policy towards GAVI

Norway is a global leader in efforts to achieve the health-related Millennium Development Goals. Improving mother and child health has high priority. For Norway, GAVI is the largest, most important and most effective channel for attaining Millennium Development Goal 4 on reducing child mortality.

Norway attaches importance to good coordination and broad-based cooperation at country level, and to combining vaccine programmes with other health services and programmes in ways that both increase immunisation coverage and strengthen overall health services. Norway seeks to promote the integration of GAVI support into partner countries' own

efforts and to ensure that the support is reflected to the greatest possible extent in the countries' government budget and accounts. Norway will continue its efforts to promote gender equality in Board representation, and in programmes and support mechanisms.

Norway has played an active role in efforts related to the governance structure and the establishment of GAVI as an international foundation, with a focus on a binding relationship with the UN as standard-setter. Norway has also helped to put in place GAVI's support programme for health-system strengthening and a programme to mobilise civil society.

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For more information, contact the Section for Budget and Administration by e-mail at: sbf-fn@mfa.no. This document can be found on our website: <http://www.regjeringen.no/en/dep/ud/selected-topics/un>.