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Partnering with

TheVaccineFund
Every child. Everywhere.

**Strengthening immunisation systems and introduction of hepatitis B
vaccine in Central and Eastern Europe and the Newly Independent States,
3rd meeting, Kiev, Ukraine**

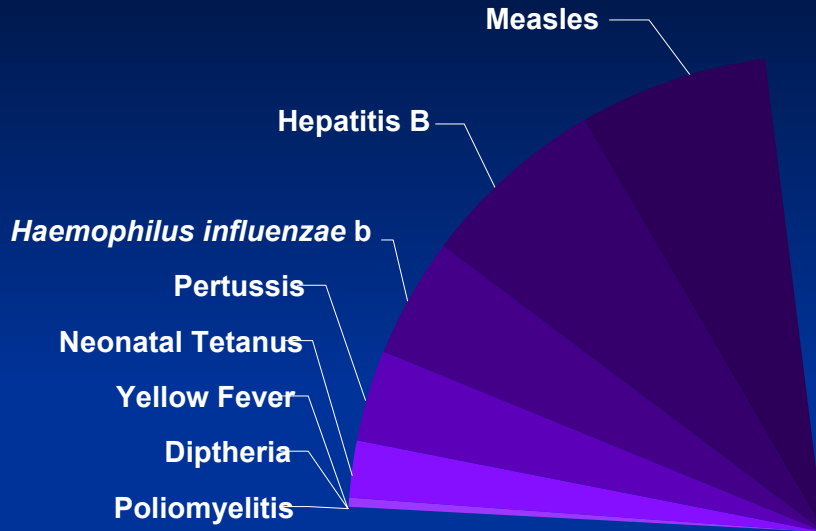
26 May 2004

IMMUNIZATION SAVES LIVES

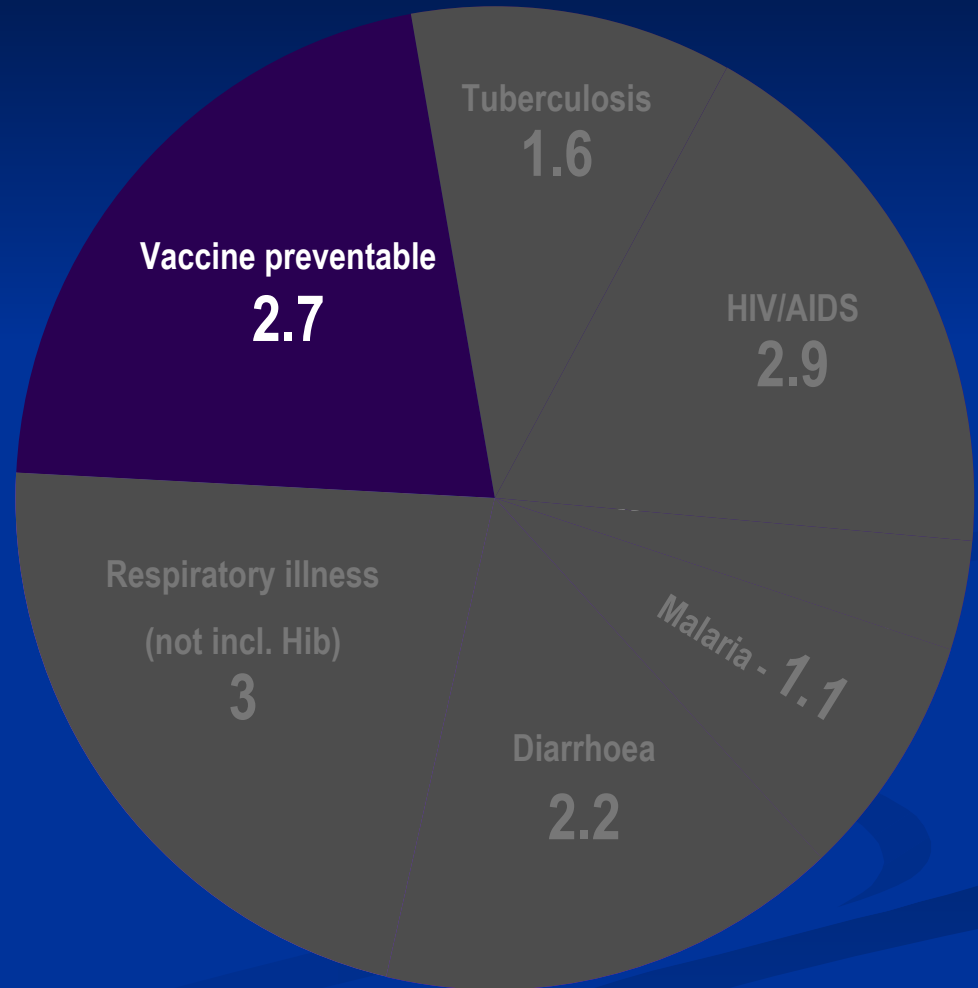


- Immunization saves millions of lives each year, all over the world.

ANNUAL DEATHS FROM INFECTIOUS DISEASES



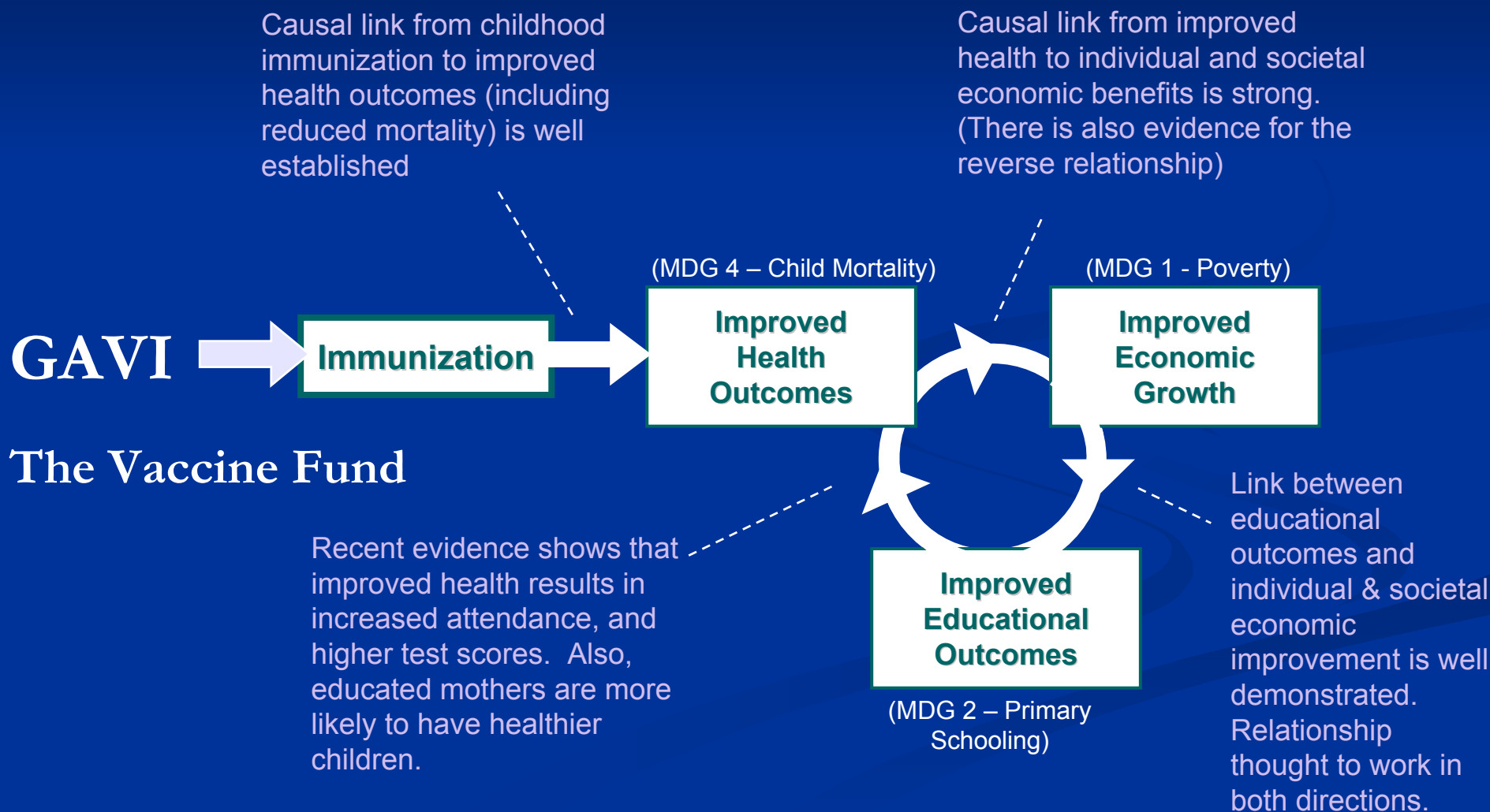
including **2.7** million
deaths that could be
prevented from vaccines



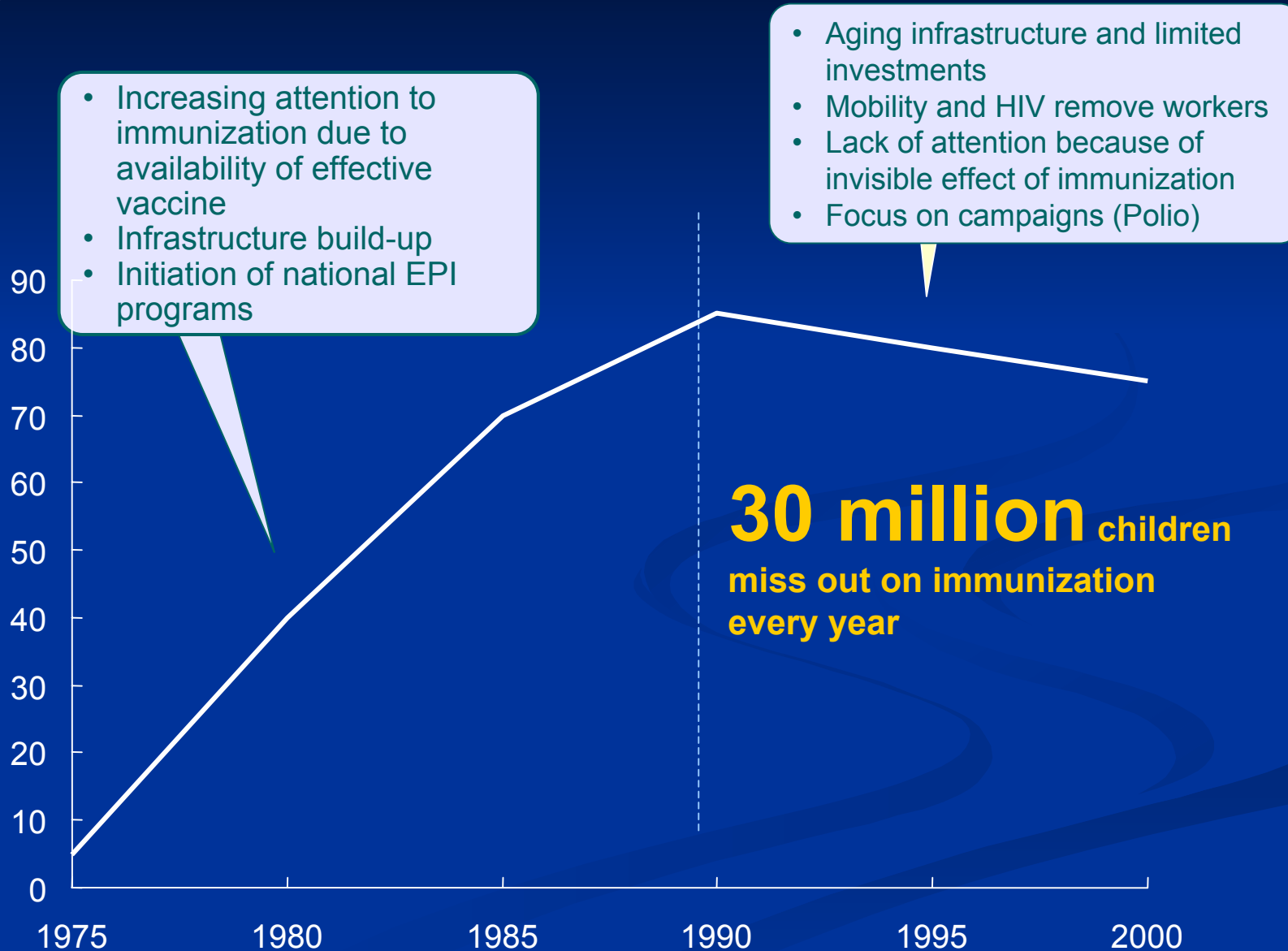
14 million deaths per year

CHILDHOOD IMMUNIZATION- EFFECTS ON MDGs

Childhood immunization is highly efficacious and cost-effective for reducing infant & childhood mortality (MDG #4) and potentially achieving other MDGs.



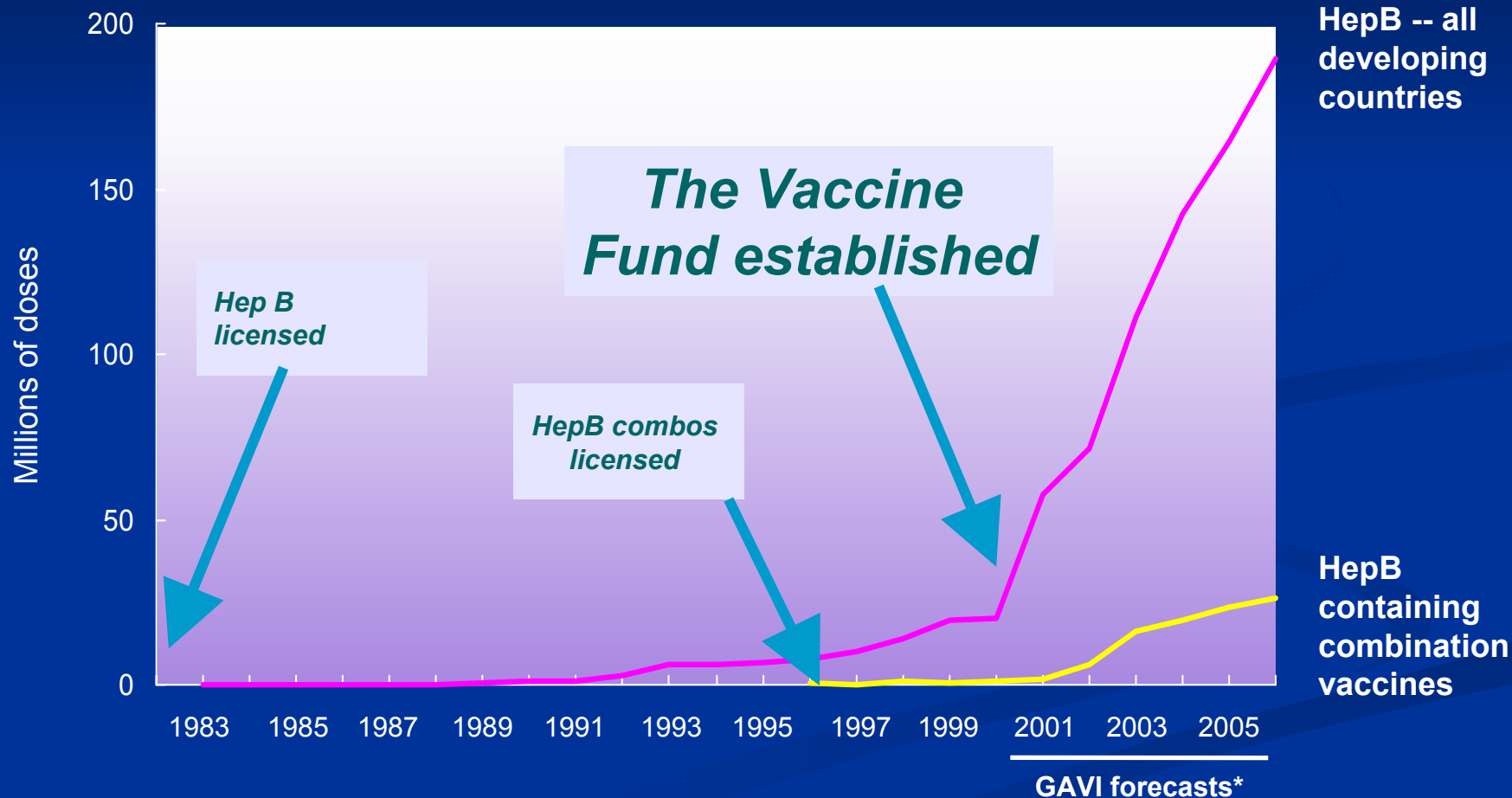
GOAL 1: REVERSE DOWNWARD COVERAGE TREND



*DTP, polio, measles, BCG

GOAL 2: REDUCE TIME LAG IN INTRODUCTION OF NEW VACCINES IN POOR COUNTRIES

Achievement with combination vaccines



GOAL 3: SAVE LIVES BY ACCELERATING DEVELOPMENT OF NEW VACCINES

If tomorrow's vaccines were available today, an estimated

1 million lives would be saved from
pneumococcal infection

Half million lives would be saved from
rotavirus infection

APPROACH: STRENGTHEN COLLABORATION

Increase harmony



QUALITIES OF EFFECTIVE AID

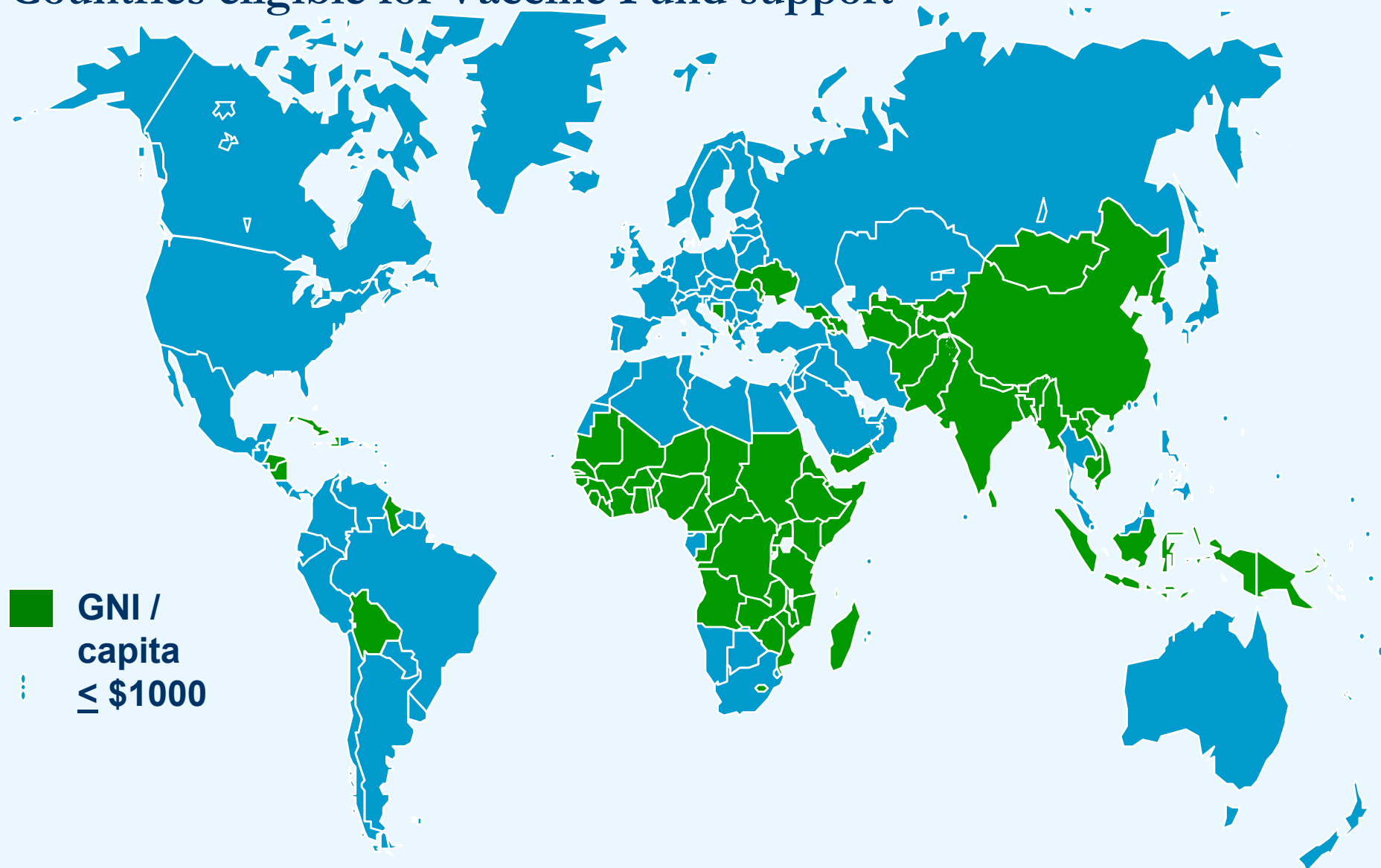
- **Scale up in the poorest countries and the poorest groups within countries**
- **Focus on the most cost-effective interventions and easy-to-use technologies**
- **Increase predictability**
- **Tie funding to performance**
- **Include a strong monitoring and evaluation component**
- **Build on country priorities and harmonize with other types of health funding and programs**
- **Promote sustainability**

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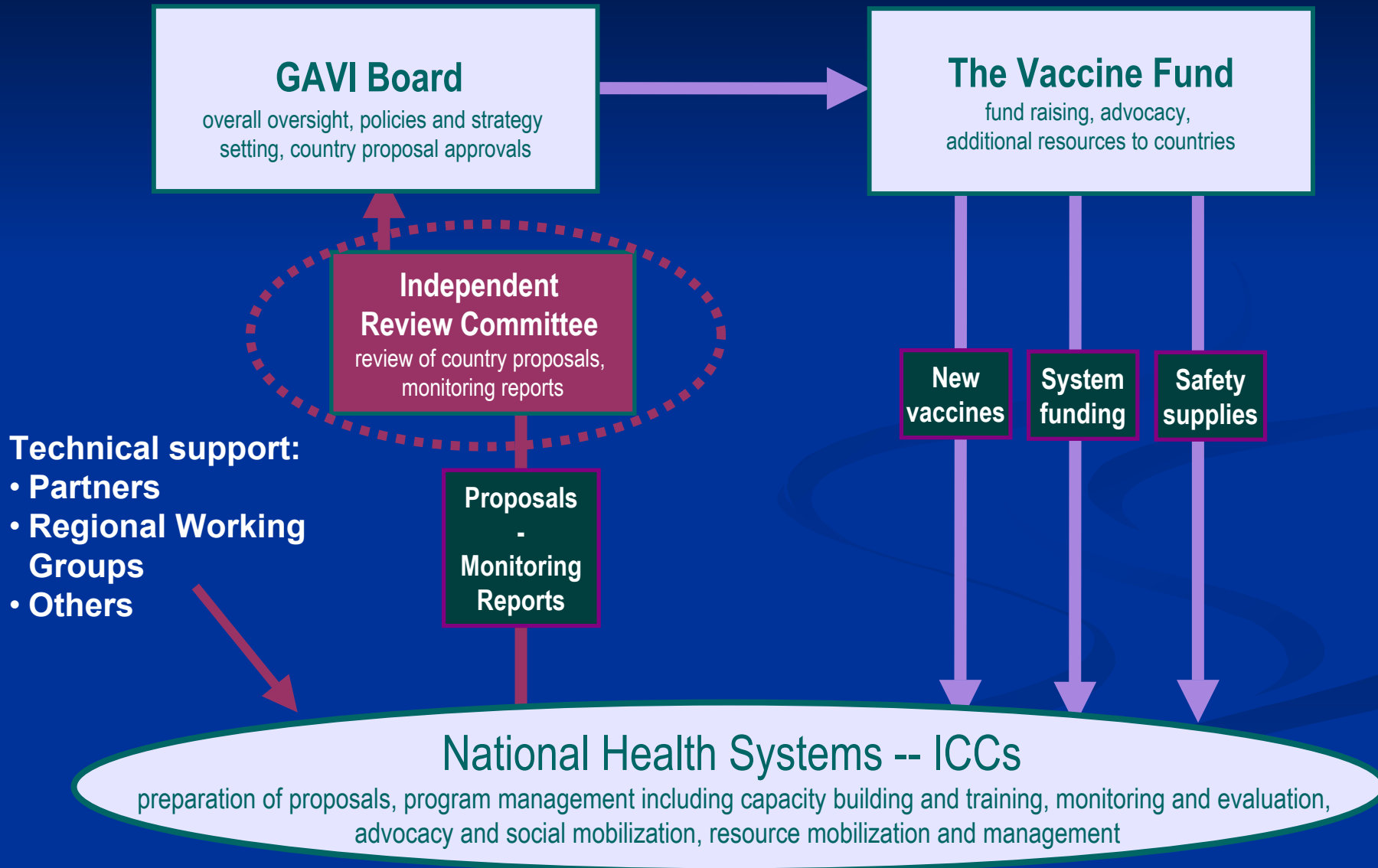
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APPROACH: EVERY POOR COUNTRY MAY APPLY

Countries eligible for Vaccine Fund support

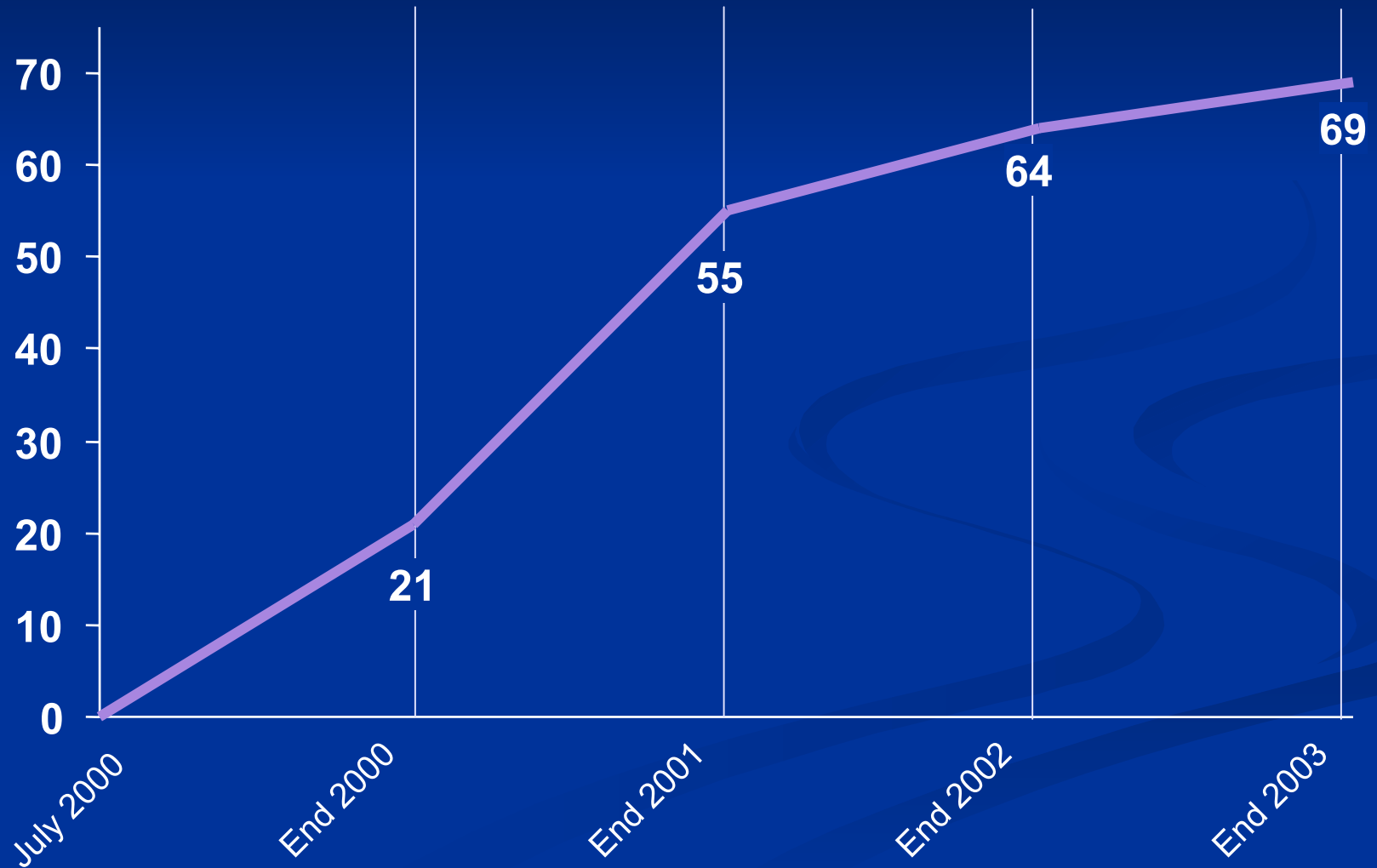


APPROACH: SCIENTIFIC AND RIGOROUS



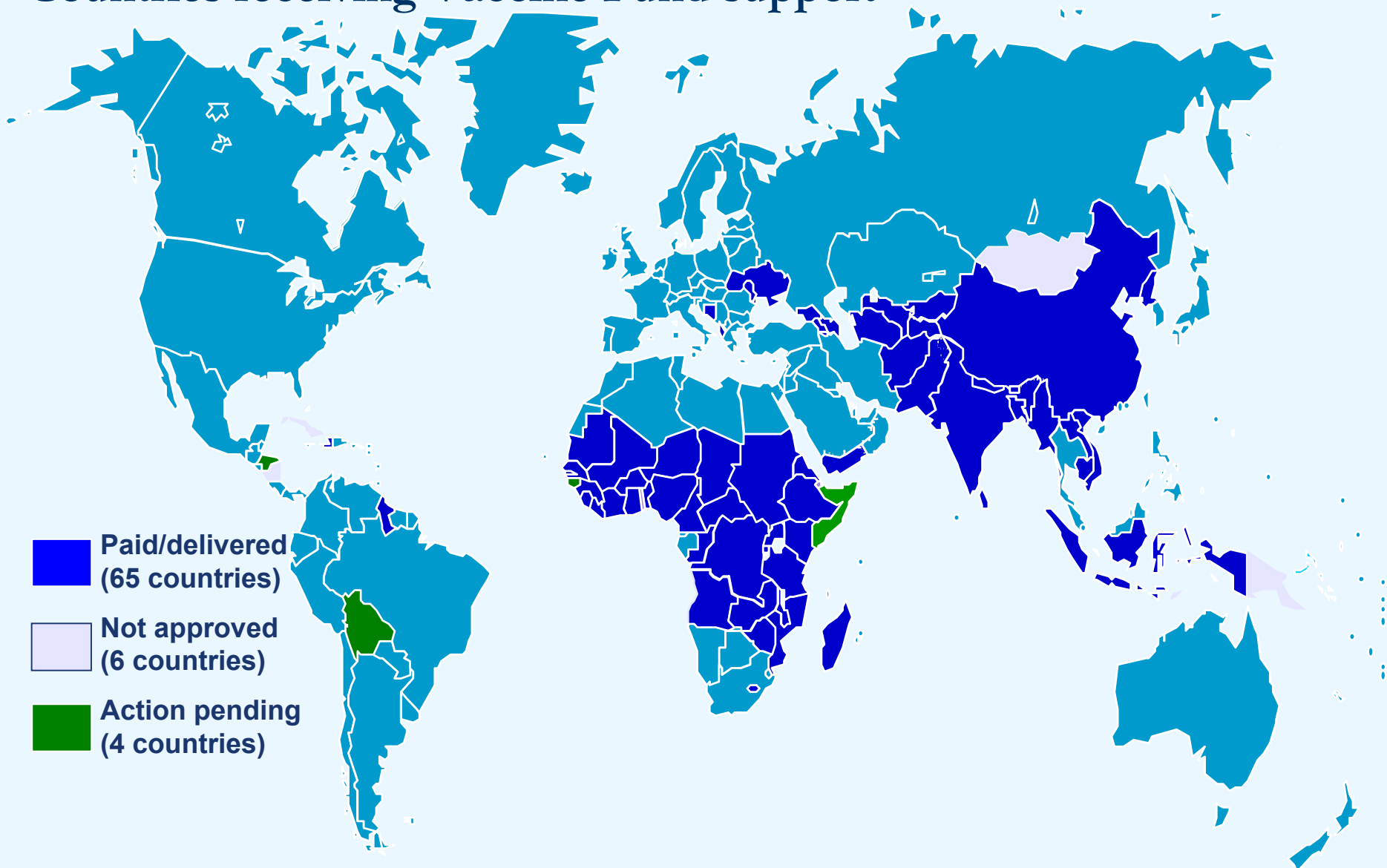
OUTCOME: RAPID SCALE UP

Number of countries approved for support

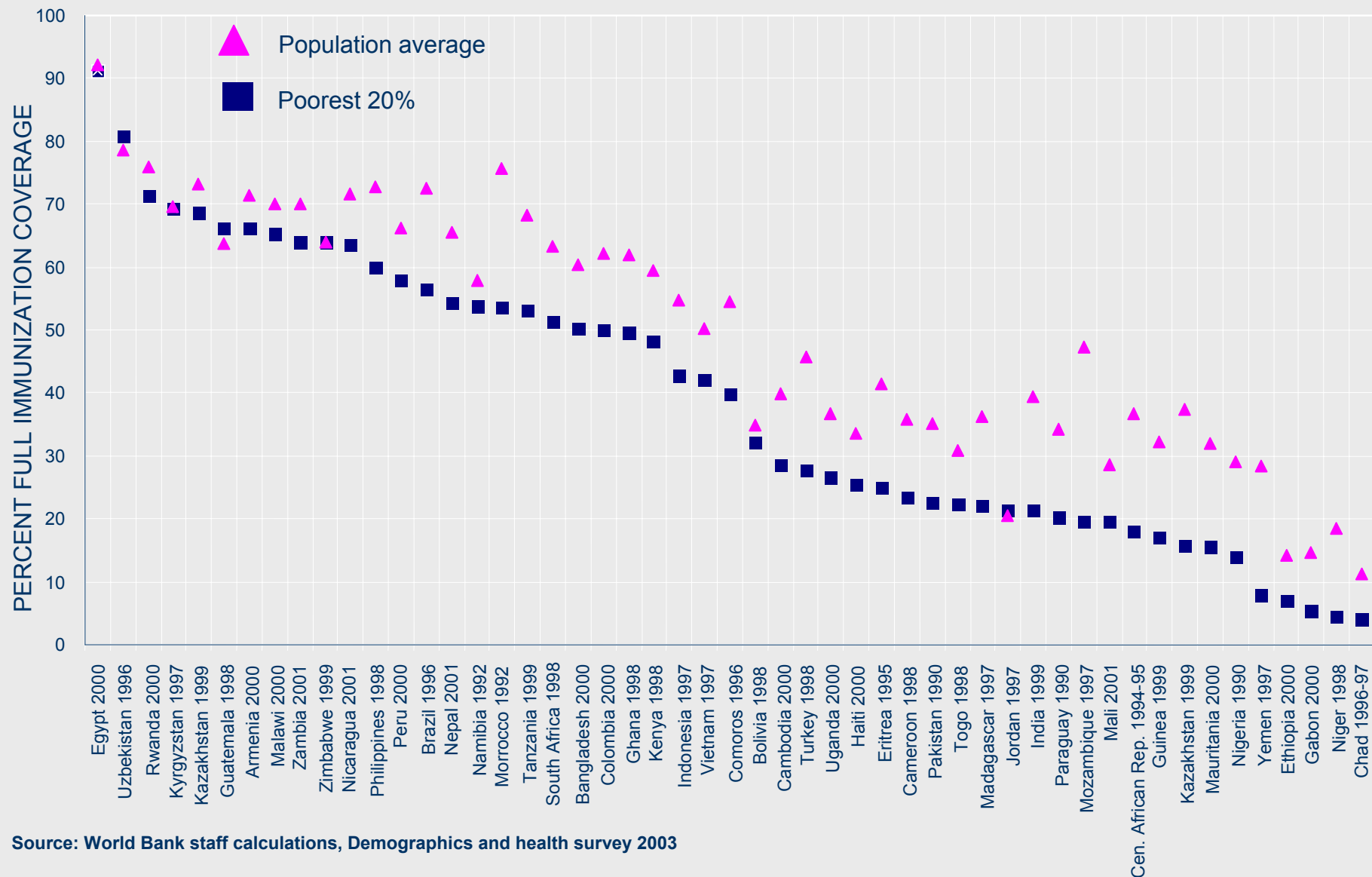


OUTCOME: RAPID SCALE UP

Countries receiving Vaccine Fund support



THE EQUITY OF IMMUNIZATION



Source: World Bank staff calculations, Demographics and health survey 2003

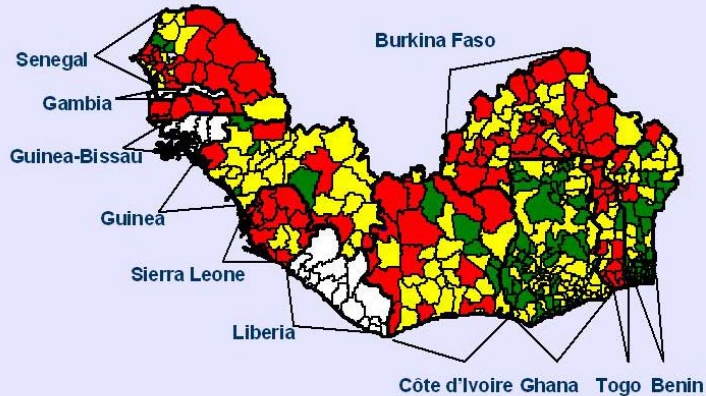
APPROACH: BUILD INCENTIVE TO REACH THE POOREST

- The GAVI 'Share' system
- \$20 per additional child
- Creates incentives to put money where it is most needed - low-coverage districts receive more funding

OUTCOME: REACHING THE POOREST

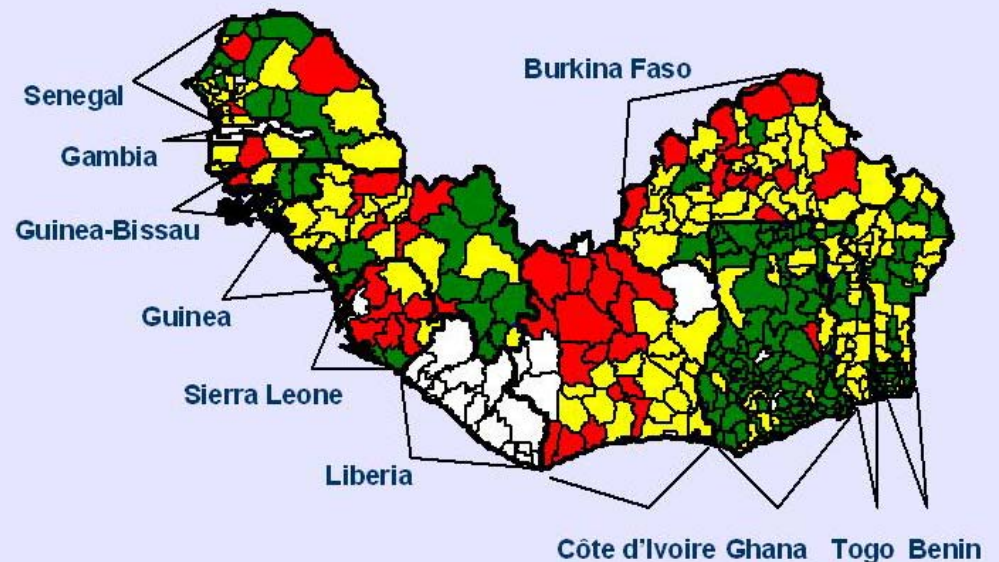
District level DTP3 coverage in West Africa, Dec 2001

■ > 80% ■ > 50% < 80% ■ < 50% □ Data not available

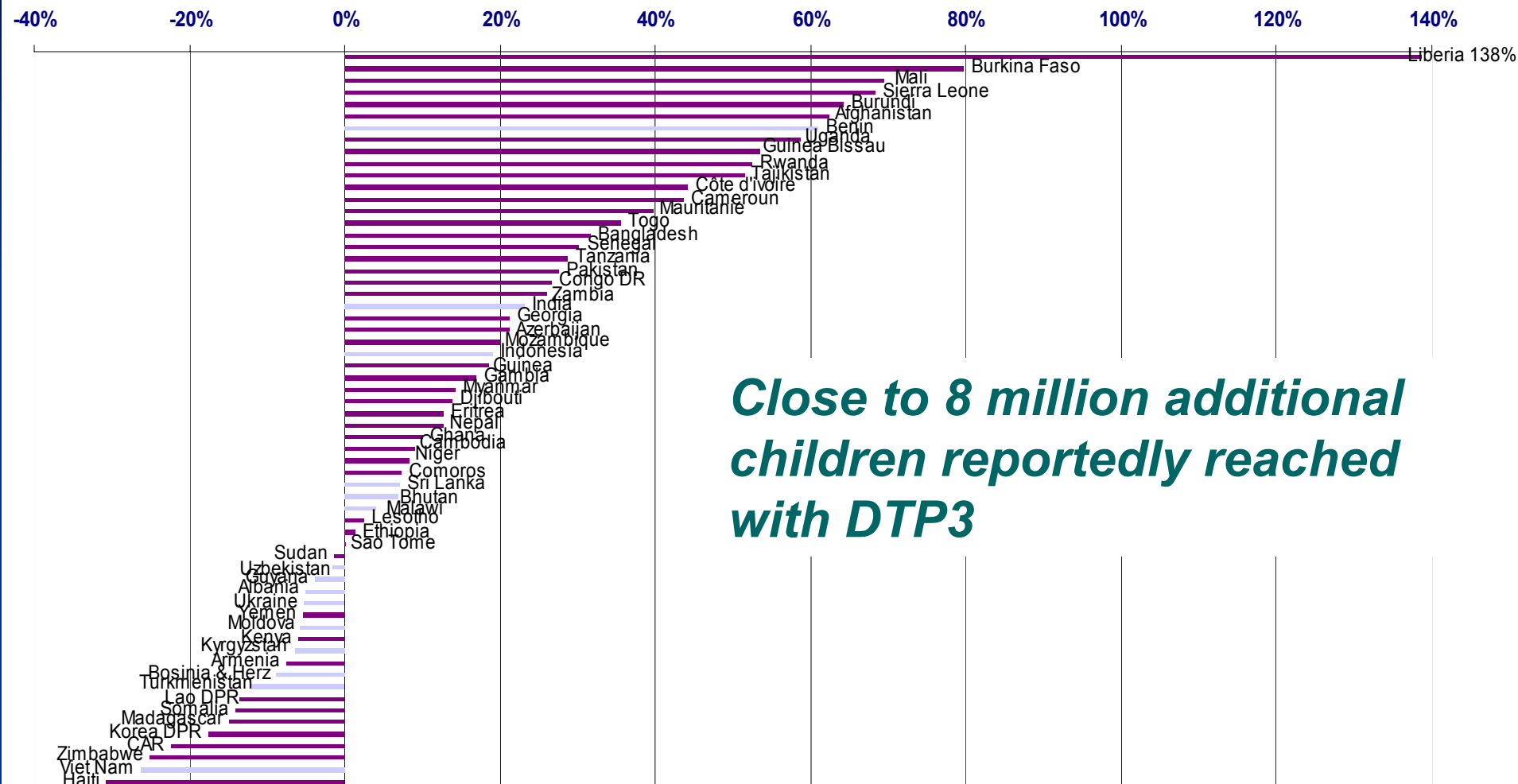


District level DTP3 coverage in West Africa, Dec 2003

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OUTCOME: COVERAGE CHANGE OVER BASELINE



Close to 8 million additional children reportedly reached with DTP3

*2002 data from 62 countries (WHO/UNICEF Joint Reporting form)

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THE EFFICIENCY OF IMMUNIZATION

<u>Intervention</u>	<u>#lives saved per \$ million spent</u>
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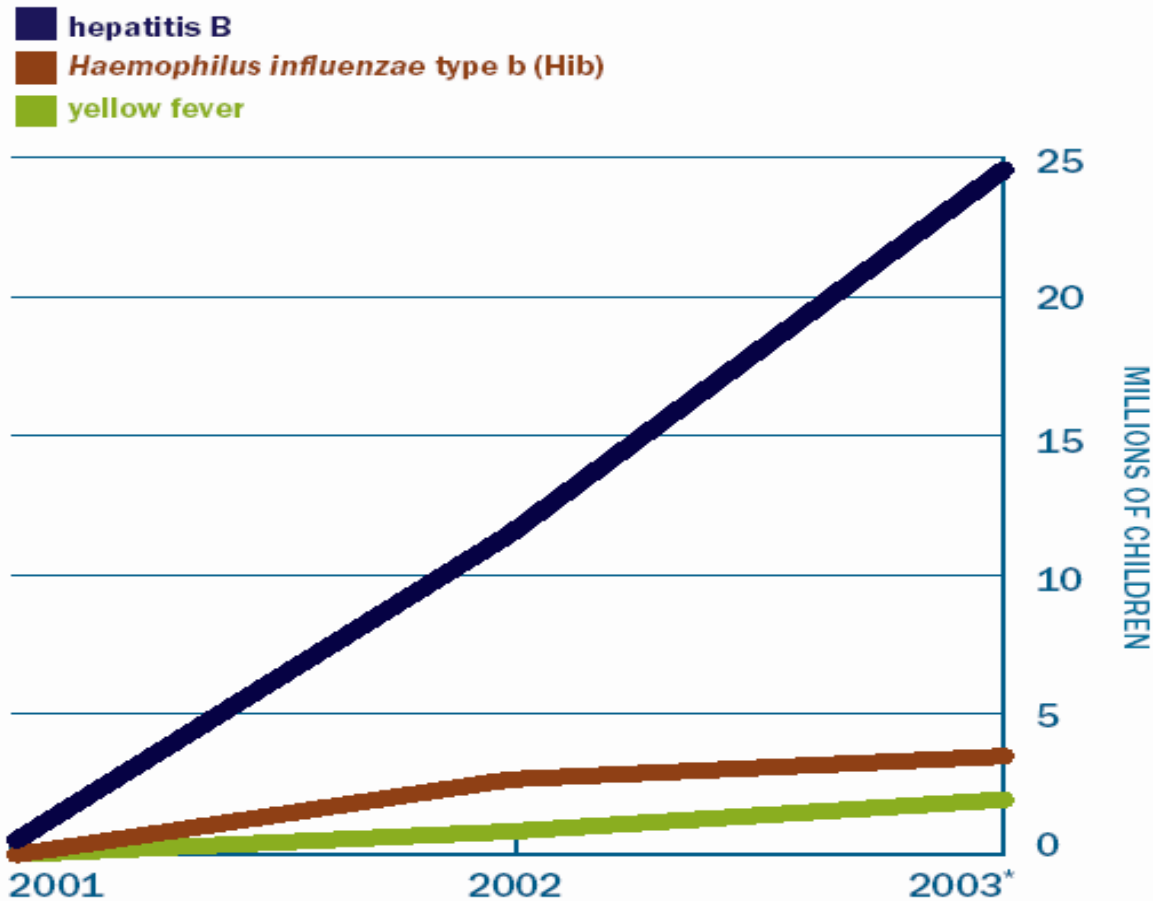
Children

EPI (standard 6 antigens)	1500 - 2500
Malaria control (various measures)	1200 - 1500
Cancer treatment	2 - 10
Use of ARVs to block MTCT of HIV	2500 - 5000

Adults

HepB immunization (adult deaths averted by childhood vaccination)	800 – 2000
DOTS for TB	400 - 1500
Medical mgmt of acute myocardial infarction	75 - 300

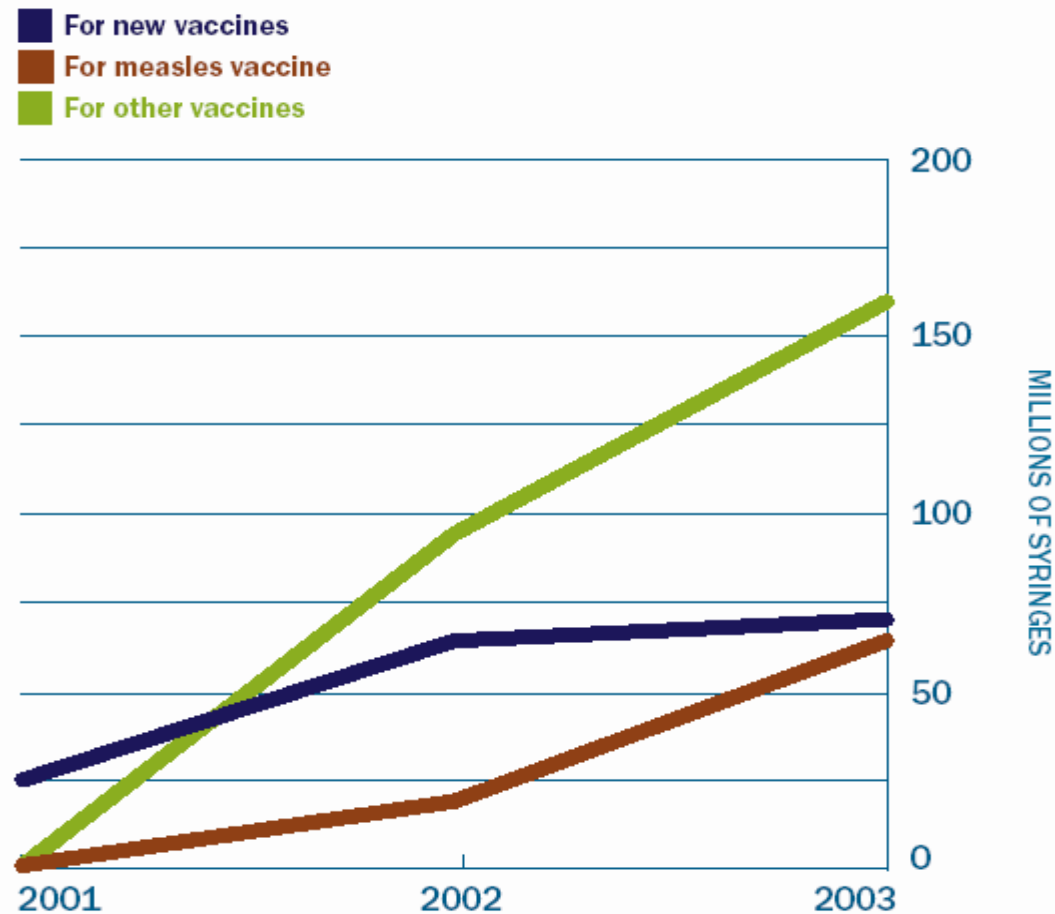
OUTCOME: INCREASING ACCESS TO VACCINES



Vaccination programs can scale up quickly because the technology is relatively easy to administer, highly effective, and greatly valued.

** based on estimated 2003 coverage*

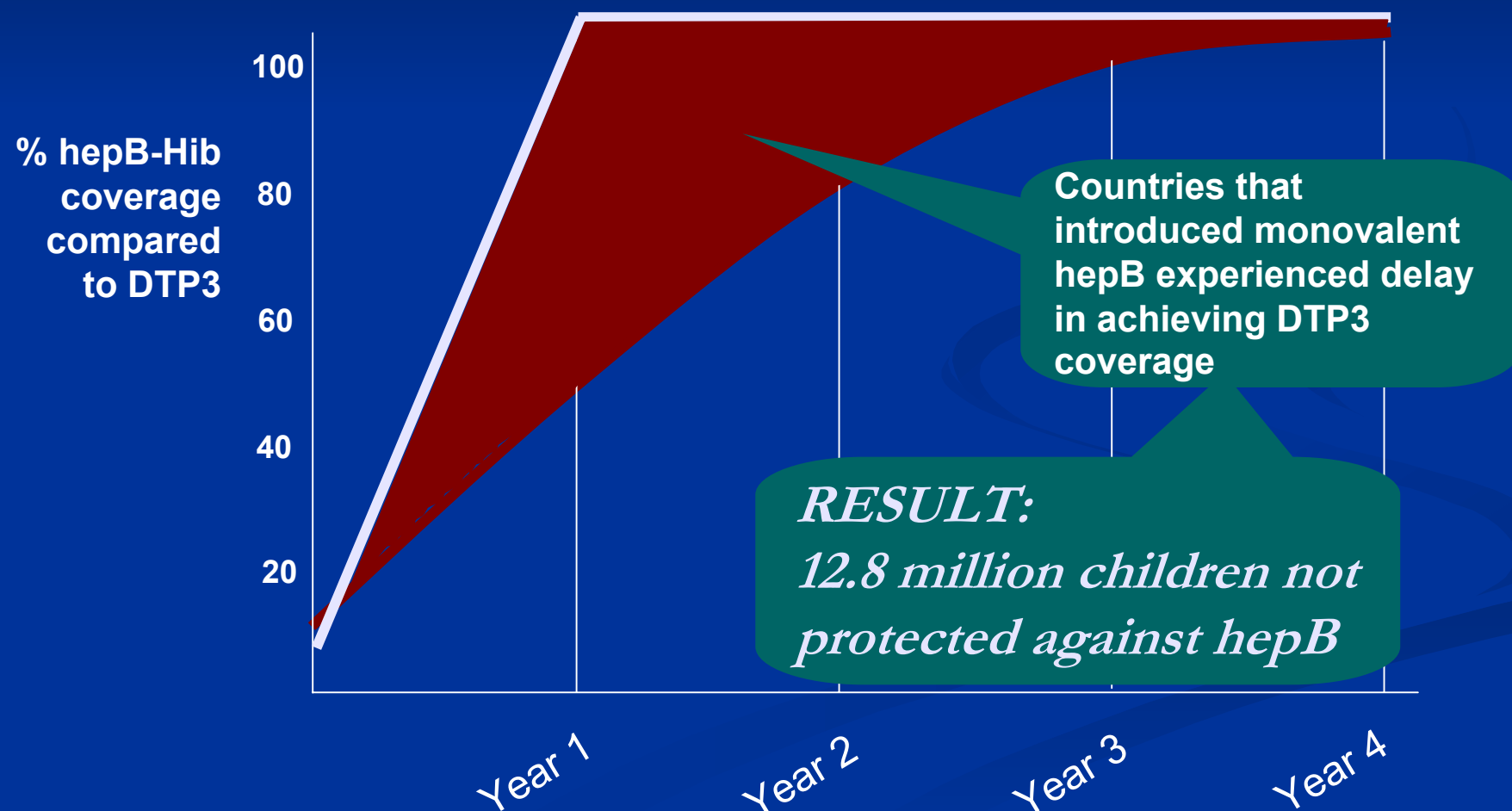
OUTCOME: IMPROVING IMMUNIZATION SAFETY



Non-sterilized syringes can spread viruses such as HIV and hepatitis B and C. Auto-disable (safety) syringes can only be used once, reducing this risk at a low cost of \$0.063 per syringe. GAVI has so far provided 486 million syringes to 37 countries, for all of their childhood immunizations.

EASY-TO-USE TECHNOLOGIES

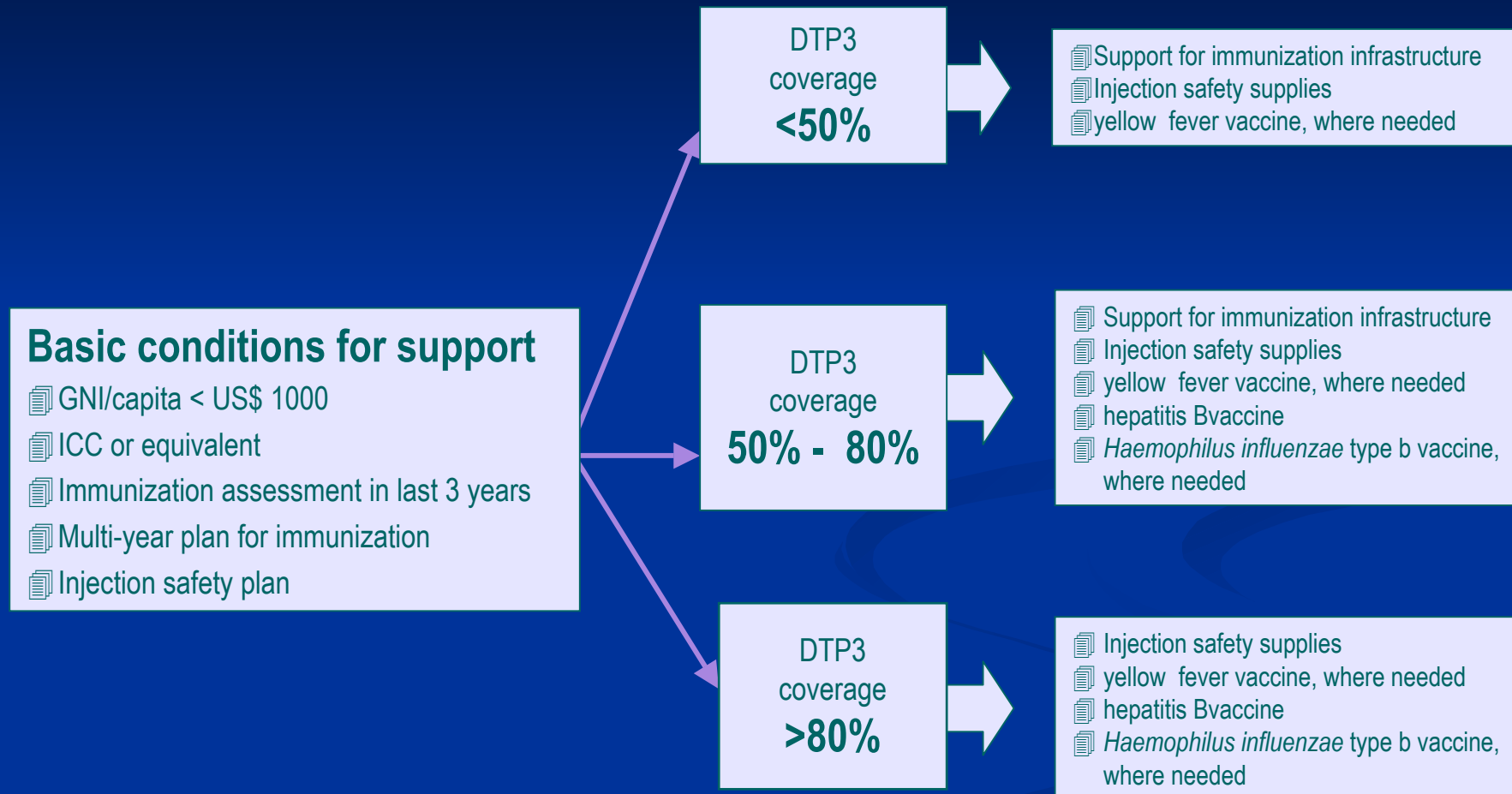
Countries that introduced pentavalent achieved DTP3 coverage quickly



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APPROACH: INCREASE PREDICTABILITY



Special programs for China, India, Indonesia

RAISING NEW RESOURCES

Cumulative commitments since 2000

Bill & Melinda Gates Foundation	\$ 754 m
Canada	\$ 30 m
Denmark	\$ 1 m
European Union	\$ 1 m
France	\$ 19 m
Ireland	\$ 1 m
Miscellaneous private	\$ 5 m
Netherlands	\$ 86 m
Norway	\$ 121 m
Sweden	\$ 5 m
United Kingdom	\$ 62 m
United States	\$ 219 m

Total

\$1.3 billion

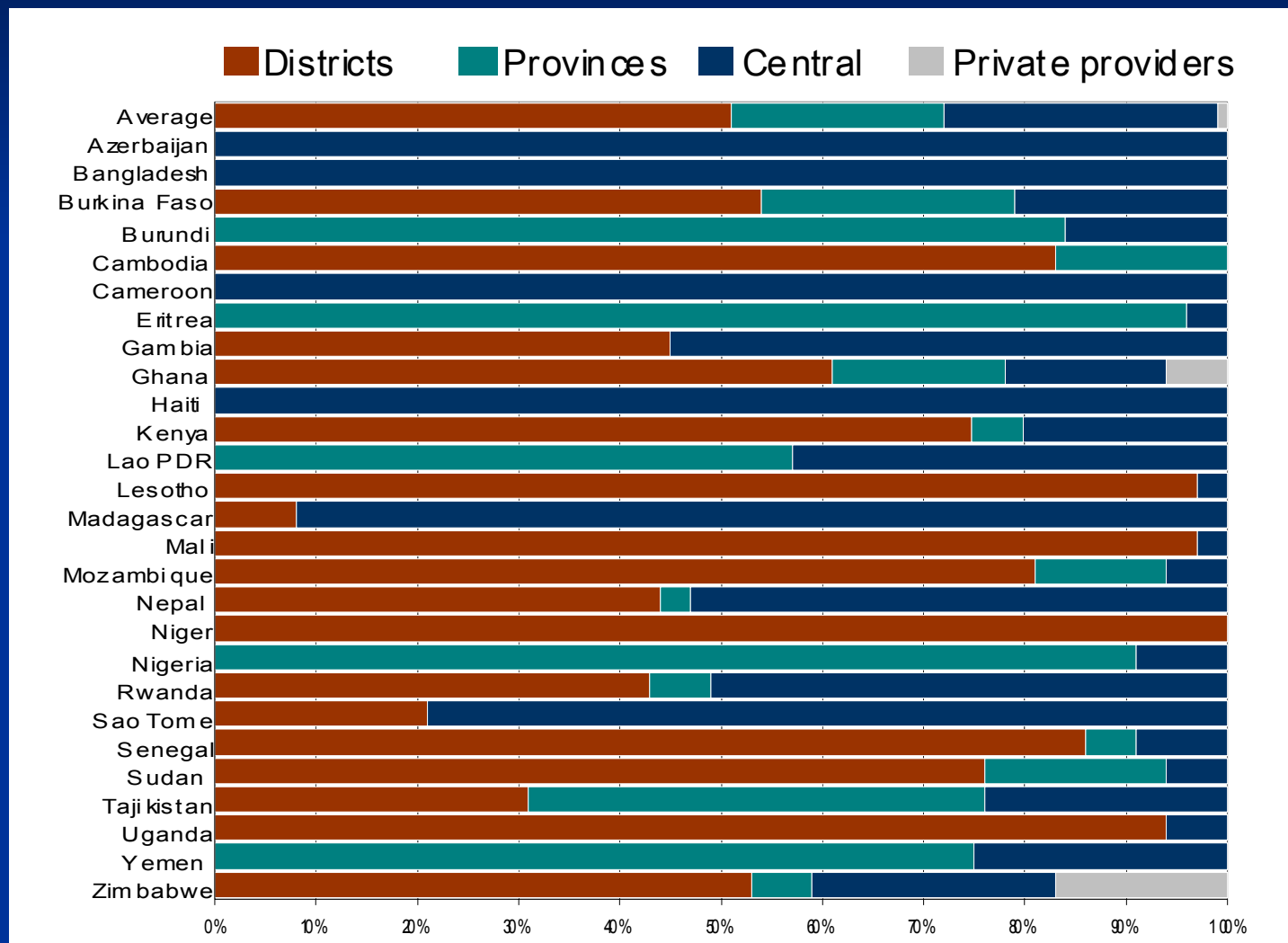
***\$1.1 billion
committed to countries***

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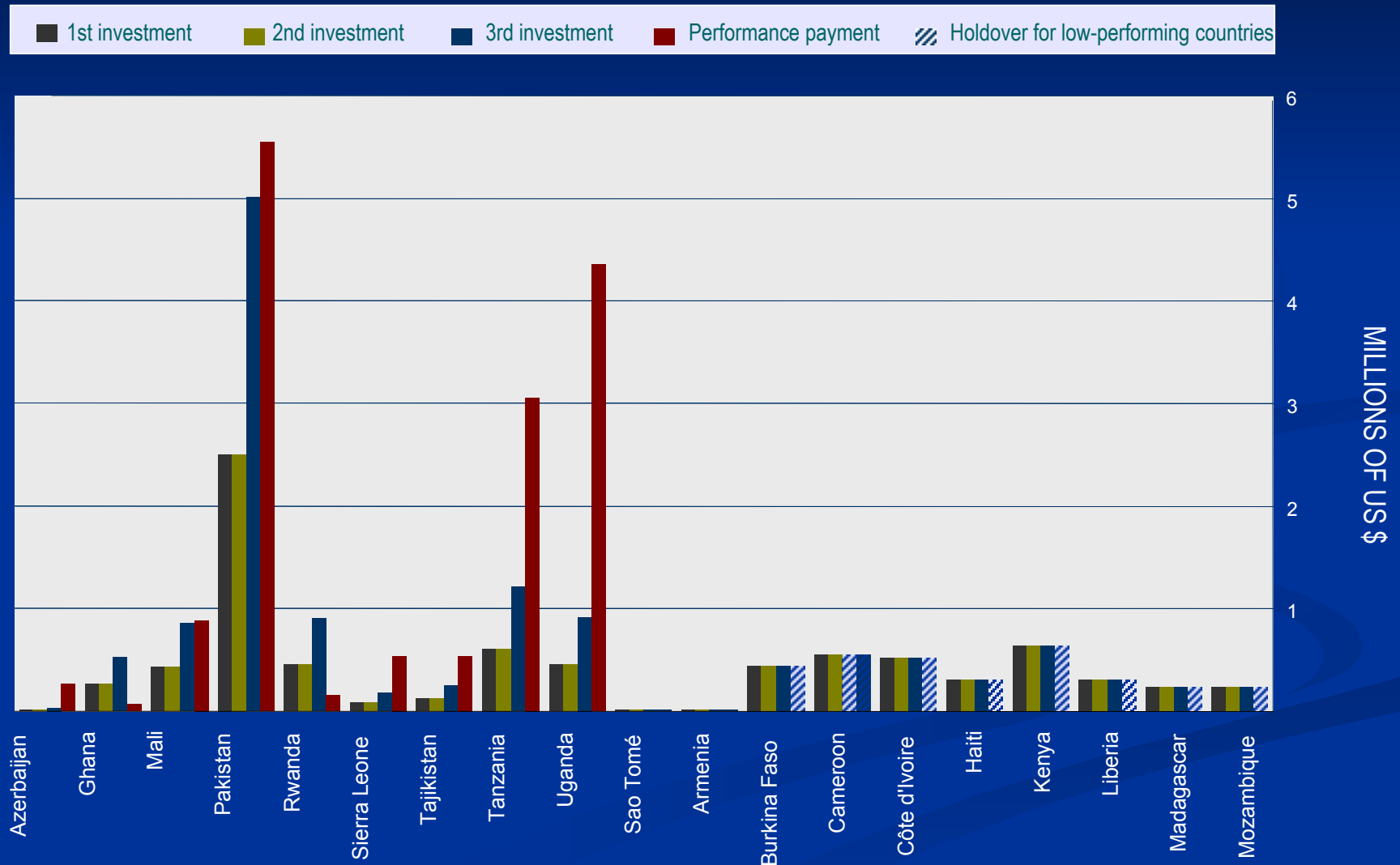
OUTCOME: MORE FUNDING FOR DISTRICTS

Distribution of immunization services funds in 26 countries



APPROACH: PAYING MORE FOR RESULTS

Countries that began receiving investment payments in 2001



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OUTCOME: IMPROVING HEALTH DATA QUALITY

Data Quality Audit (DQA) Results

2002 <i>54% pass rate</i>		2003 <i>73% pass rate</i>	
<u>Passed</u> Ethiopia (0.80) Ghana (0.87) Mali (0.77) Rwanda (0.89) Tajikistan (1.06) Tanzania (0.90) Uganda (0.79)	<u>Failed</u> Burkina Faso (0.58) Cameroon(0.54) Côte d'Ivoire(0.53) Haiti (0.40) Kenya (0.49) Mozambique(0.55)	<u>Passed:</u> Afghanistan (0.91) Bangladesh (0.88) Cambodia (0.98) Nepal (0.83) Niger (0.93) Pakistan (0.99) Senegal (0.78) Zambia (0.79)	<u>Failed</u> Lao PDR (0.60) Madagascar(0.62) Yemen (0.73)

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FINANCING FOR SYSTEM STRENGTHENING

- Countries receive three years of investment payments
- No global rules about how money is used
- Government and technical partners in countries decide how to use money, based on local needs
- For example:
 - training
 - social mobilization
 - vehicles
 - basket funding

ADDRESSING SYSTEM BARRIERS AND LOW-PERFORMING COUNTRIES

- System barriers can be classified as
 - Political and financial commitment
 - Health infrastructure
 - Information systems
 - Management and human resources
 - Social mobilization
- Large population countries

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APPROACH: PROMOTE FINANCIAL SUSTAINABILITY

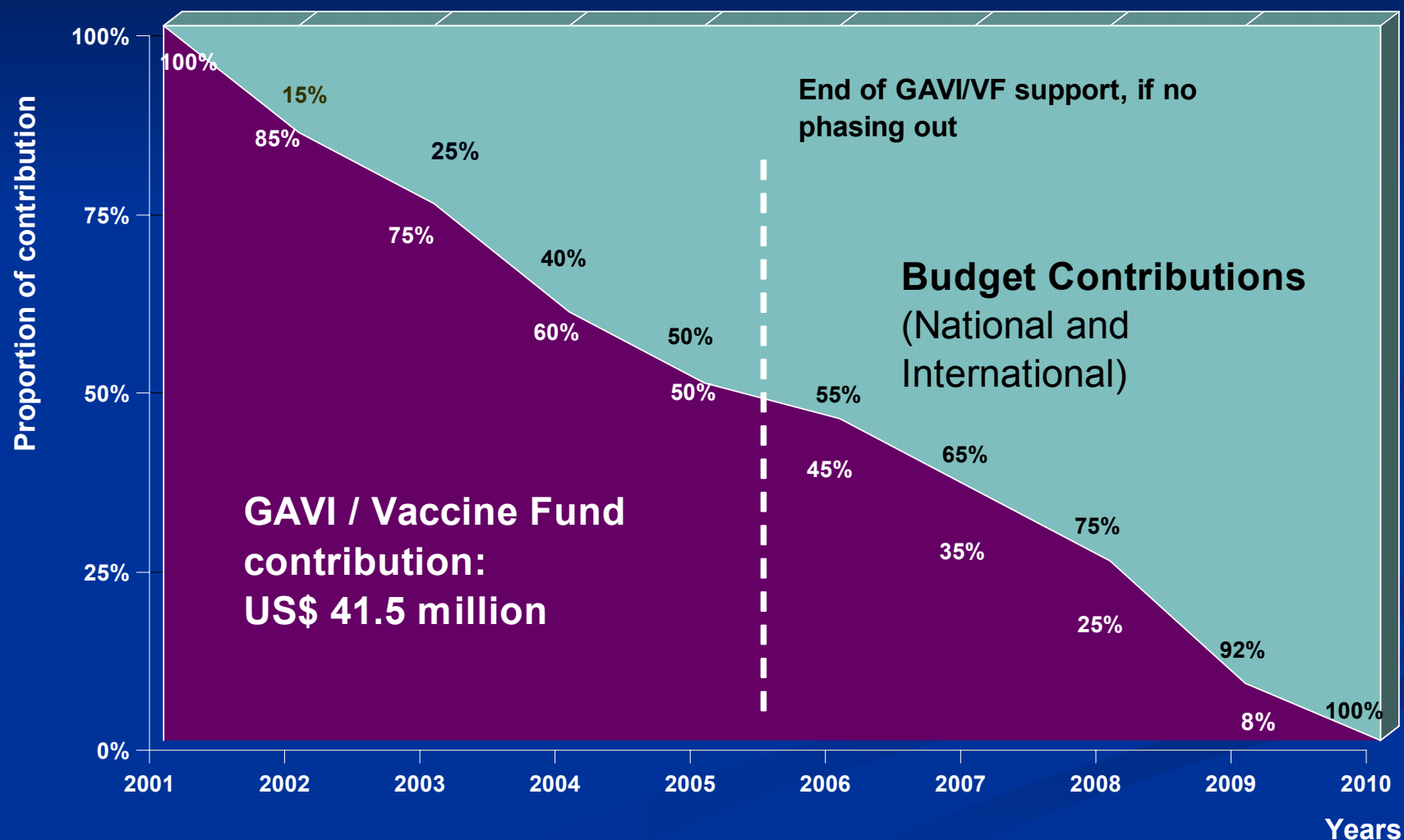
- Sustainability is *shared* responsibility between developing countries and donor partners
- Poorest countries not expected to become *self*-sufficient until economies improve
- GAVI partners developed the financial sustainability planning tools to aid national governments
- 12 countries have submitted FSPs, additional 22 will be reviewed soon

Continuing challenges are:

- Increased government funding for health
- Firm long-term commitments from donor partners
- Reduced program costs by increasing efficiency by :
 - timely delivery & improved management of resources within health system
 - improving program efficiency

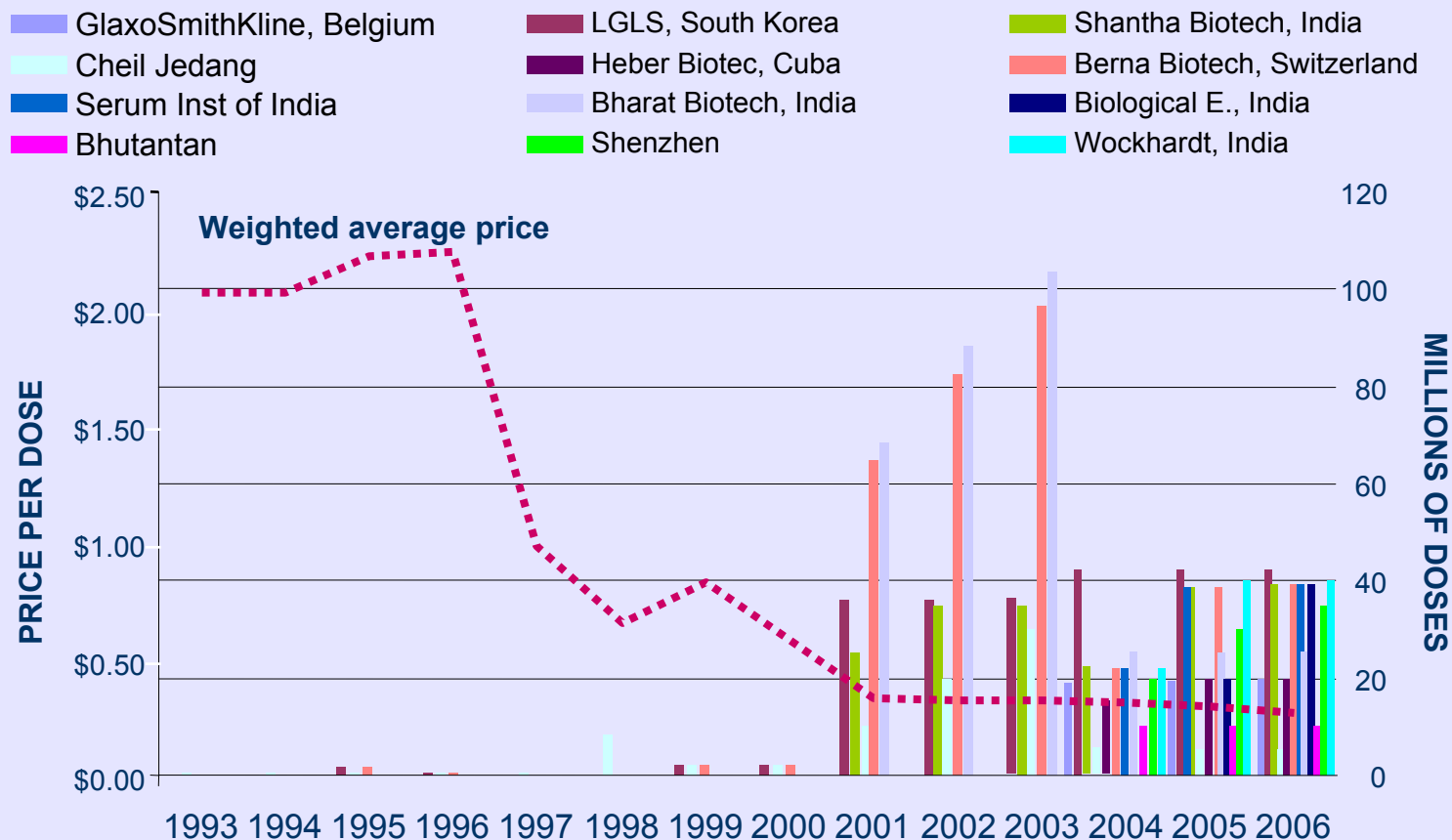
OUTCOME: CATALYST FOR FUNDING

The case of Ghana



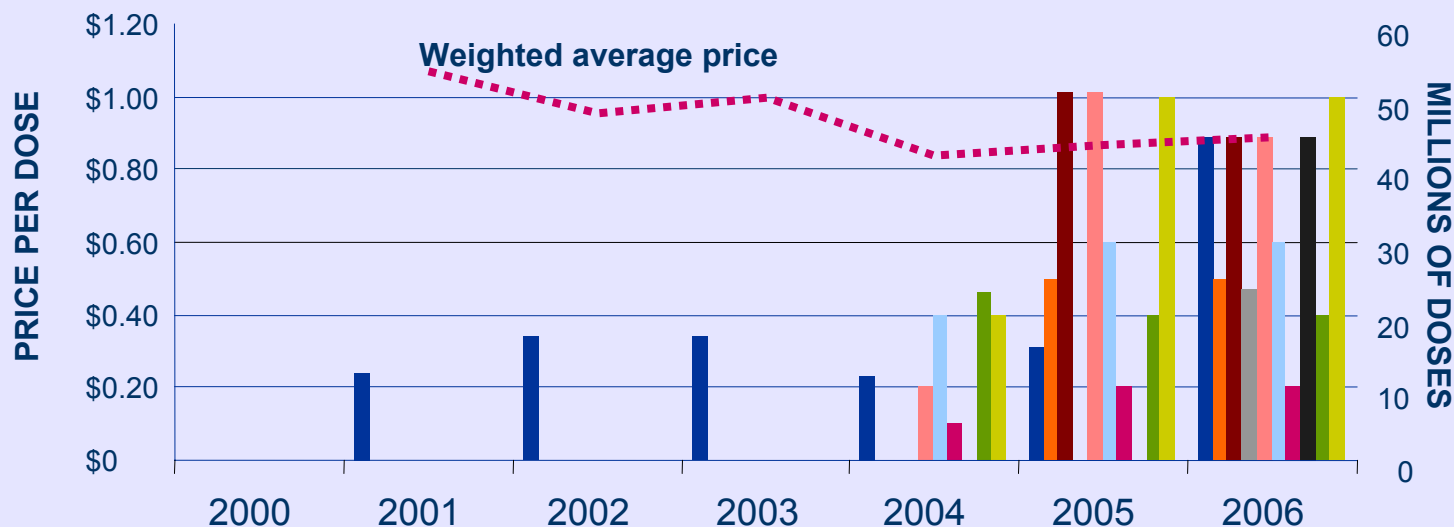
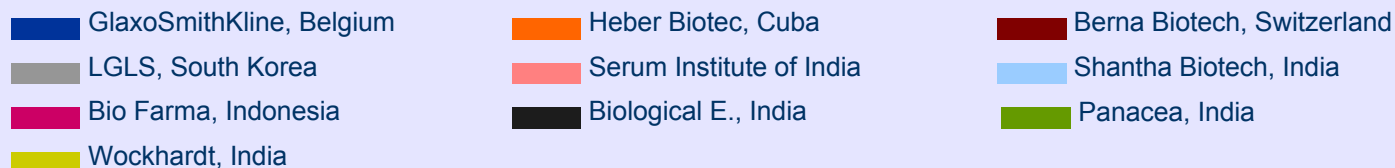
APPROACH: SPEED PRODUCT MATURATION

Offers of monovalent hepB vaccine to UNICEF



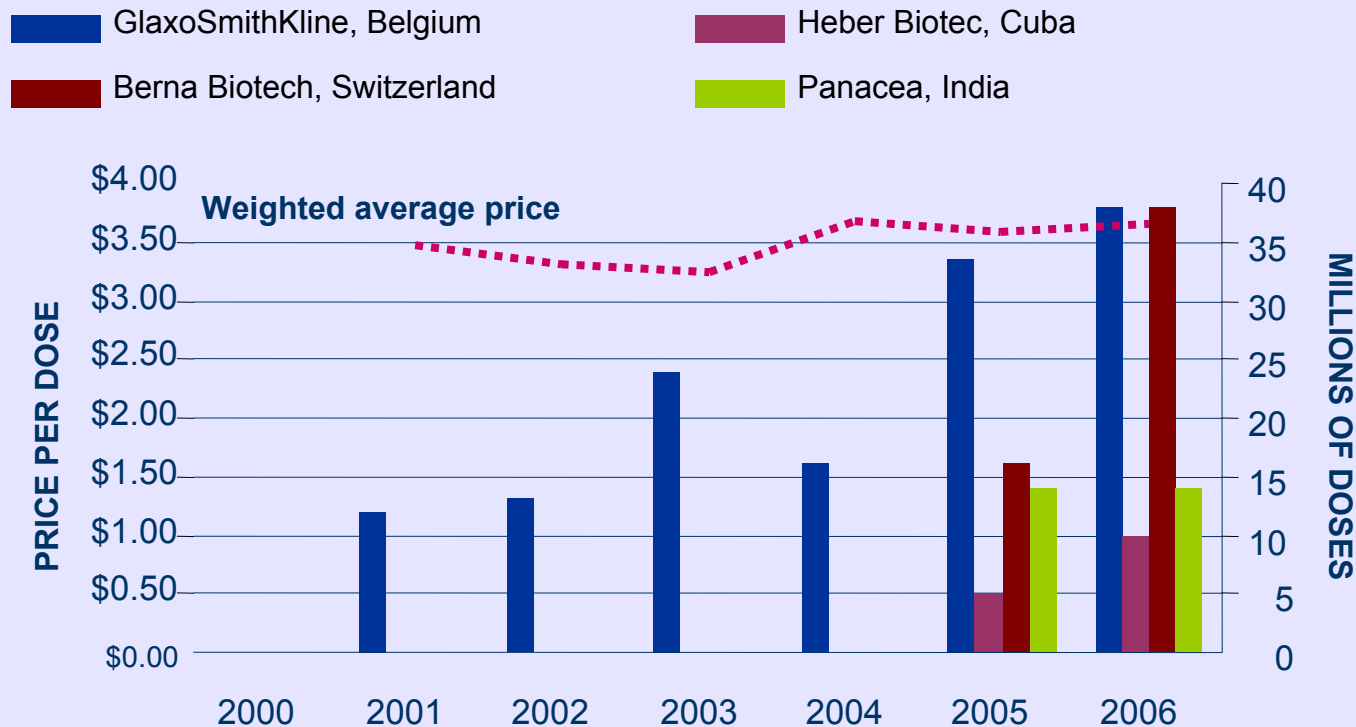
APPROACH: SPEED PRODUCT MATURATION

Offers of combination DTP-hepB vaccine to UNICEF



APPROACH: SPEED PRODUCT MATURATION

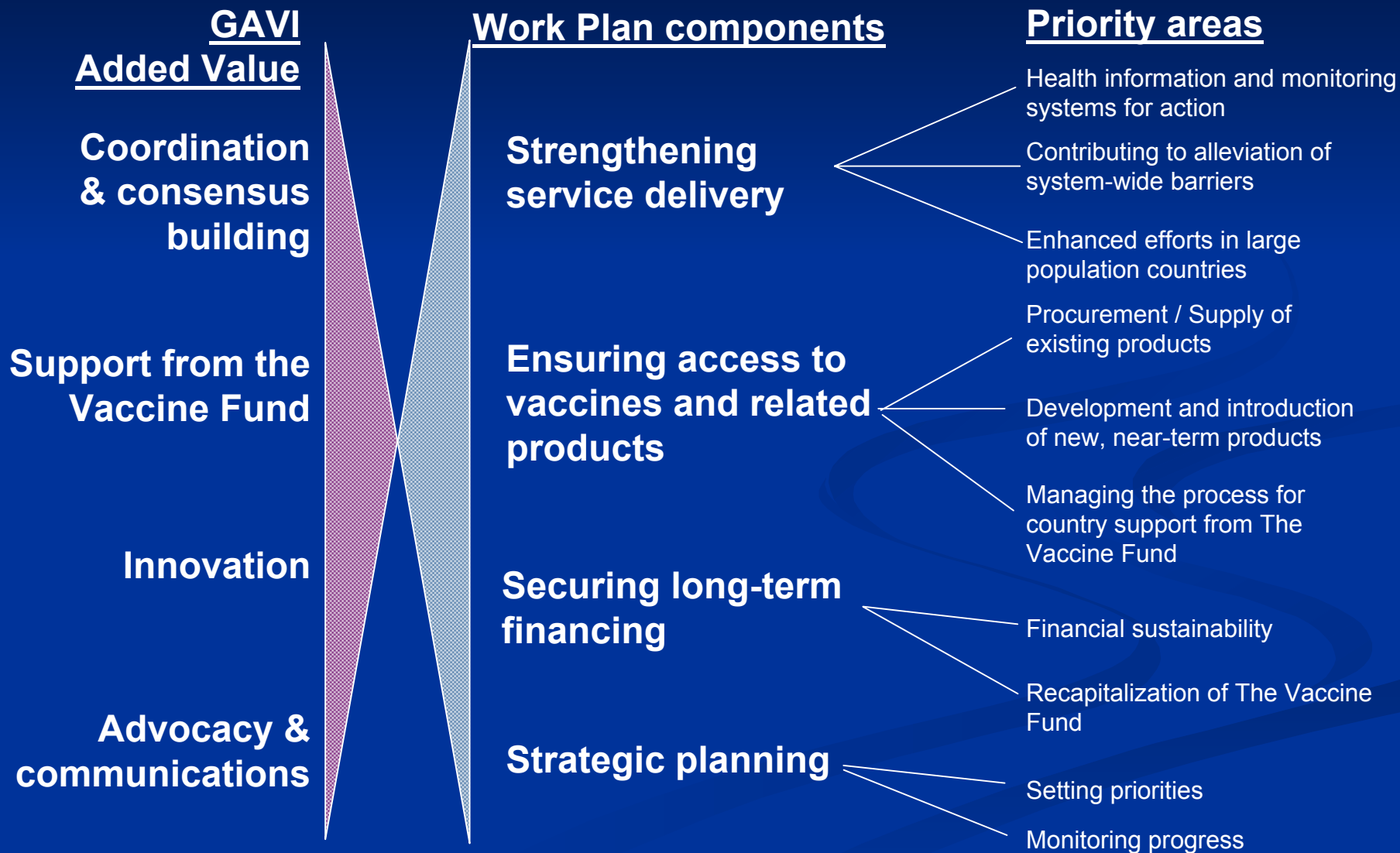
Offers of combination DTP-hepB+Hib vaccine to UNICEF



COST OF DELAY



LOOKING FORWARD: 2004-05 STRATEGY



LOOKING FORWARD: LONG-TERM INVESTMENT CONTEXT

The GAVI mission:

“to save children's lives and protect people's health through the widespread use of vaccines”.

Do we need a new **GAVI milestone** to better measure our progress against our mission?

For example:

To reduce vaccine preventable mortality (and morbidity?) by 90% from 2000 baseline not later than 2015.*

*in the 75 GAVI/The Vaccine Fund eligible countries

LOOKING FORWARD: LONG-TERM INVESTMENT CONTEXT

GAVI added value investment qualities

1. Time-limited -- catalytic funding for innovative approaches
2. Front-loaded -- early targeted investments leading to reduced costs over time
3. Performance-based -- stressing health outcomes

LOOKING FORWARD: LONG-TERM INVESTMENT AREAS

- Improving immunization services
- Completing introduction of current vaccines (hepB, Hib, yellow fever)
- Improved strategies for currently available vaccines (measles, tetanus, rubella)
- Introduction of new, near-term vaccines (rotavirus, pneumococcal, meningitis) and long-term vaccines (AIDS, malaria, TB)
- Order of magnitude of investment through 2015: \$4 billion?



**For him
only the best
will
do**



Latest vaccines • Safest injections • Best quality care

Immunization
more protection than ever before