years. This vaccine is expected to save 5.8 million lives. The AMC is intellectually solid, well thought through and is on schedule to be launched in the second half of this year.

Q: Initially the AMC faced criticism.
A: One criticism was that the contractual arrangements were unreliable – we have made significant progress there and that’s not the case any longer. Second, that development assistance could be better spent on other interventions – we would argue very strongly that the selected pilot AMC vaccine tackles one of the world’s major killers of children: pneumonia. GAVI exists to find new ways to make a difference in development. Innovative mechanisms, such as the AMCs and the International Finance Facility for Immunisation, provide the opportunity to boost development aid and make a real difference where it is needed.

Q: GAVI offers great opportunities to poor countries but there are poor areas in middle-income countries that do not comply with your requirements. Why can’t you help those people too?
A: GAVI’s board made a decision to help the 73 poorest countries in the world, those with less than US$1 000 gross domestic product per capita (according to the World Bank in 2003). Those countries are identified as the poorest in the world; this is the reason why GAVI concentrates its efforts towards them.

Q: How do you prioritize the vaccines you fund?
A: The choices are made by our board, which includes developing country representatives and research and technical health experts. This year we are going to consider the next package of vaccines to support. That will be determined by what we can afford, the likely impact on disease, and, of course, the ability of countries to take on new vaccines.

Q: Has this changed over the years that GAVI has existed?
A: When we first started, the choice about which vaccines to fund was less informed by such thinking and data and more by which vaccine was available at the time. That has changed. Since then, GAVI has demonstrated that it is successful and here for the long-term, so there is a lot more interest from industry and we are seeing both demand for existing vaccines supported by GAVI as well as a pipeline of new vaccines. It’s been a long time in development but we now see new technology that will rapidly benefit developing countries.

Q: What have you achieved so far in GAVI’s five years of existence?
A: We have demonstrated our success as a partnership that builds on the strength of the public sector and private sector to work together to achieve more as an alliance than we would have done as separate institutions. Also, we demonstrated that we have been able to mobilize very significant finance. For example, the creation of the International Financing Facility for Immunisation is truly unique and has really broken the mould of how we raise development finance and will have lessons for others in the development community. In securing finance, in demonstrating that we are a long-term organization, we have also been successful in building the confidence of countries and of industry. GAVI is a results-based organization, aiming at providing proof of evidence of its success. For example, a study published in the April 2008 issue of the Bulletin outlines that with GAVI support, Haemophilus influenzae type b (Hib) meningitis has been virtually eliminated in young children in Uganda just five years after the country introduced the Hib vaccine nationwide. The fact that Hib meningitis has been eradicated in Uganda has been tremendous. Successes like these are proof of how, through an alliance, a group of committed partners can make a greater impact.

Recent news from WHO

- Preventing communicable disease outbreaks was the key public health issue facing the People’s Republic of China in the aftermath of the earthquake that struck the country’s south-western region on 12 May. WHO said on 17 May that it was working closely with China’s Ministry of Health to offer aid, supplies and guidance.
- WHO has released US$400 000 for the immediate health needs of people in Myanmar affected by Cyclone Nargis. A United Nations Flash Appeal was launched earlier in May to raise more funds. WHO officers monitoring disease outbreaks and helping to deliver health care said that the number of cases of diarrhoea was increasing. WHO has sent medical supplies, including essential medicines and equipment, to be distributed to survivors.
- With the threat of a global influenza pandemic demanding continued vigilance, 120 influenza and planning experts from WHO Member States, research institutions and United Nations agencies met in Geneva in May to review current WHO pandemic preparedness guidance. WHO will release the revised guidance, based on discussions at this meeting, later this year.
- When millions of HIV-infected people in poor countries began receiving advanced drug therapies, critics worried that patient care would suffer because few laboratories were available to guide treatments. But according to a study published on 25 April in the Lancet, these concerns are unfounded. The study finds that when clinicians use simple physical signs of deteriorating health – such as weight loss or fever – these doctors can provide therapies that are as effective as those relying on advanced laboratory analysis.

For more about these and other WHO news items please see: http://www.who.int/mediacentre