The GAVI Alliance report to the independent Expert Review Group on Information and Accountability for Women’s and Children’s Health

Submitted 15 May 2013
GAVI’s commitments to the UNSG’s Global Strategy for Women’s and Children’s health

_Every Woman Every Child_ was launched in 2010 to accelerate progress towards MDGs 4 (child survival) and 5 (maternal health) by scaling up a package of high-impact interventions, strengthening health systems and integrating efforts across diseases and sectors together with a set of specific measurable goals. Every Woman Every Child brings together commitments by the global health community to accelerate progress. See Annex 1 for list of GAVI’s commitments.

Recognising the need for a global oversight mechanism to ensure delivery of commitments to women’s and children’s health were delivered on time and with impact, the creation of the independent Expert Review Group (iERG) was one of 10 recommendations made by the Commission on Information and Accountability for Women’s and Children’s Health in 2011. The iERG reports to the UN Secretary-General on the results and resources related to the Global Strategy, and on progress in implementing the Commission’s recommendations.

The First Report of the iERG highlights that ‘one disappointment is that it has not proven possible to document precisely the progress made on each of the 220 commitments’. The absence of evidence was recognized as a major gap that could undermine the credibility of _Every Woman Every Child_ and making it impossible to determine the nature of the advances in the health of women and children.

In February 2013, the iERG requested GAVI to provide a report on progress towards the fulfillment of its commitments made to the UNSG’s Global Strategy, highlighting results and challenges.¹

The GAVI Alliance has been a stakeholder in the UNSG’s Global Strategy since its launch in 2010 and was among the first organisations to make a commitment:

_The GAVI Alliance commits on behalf of GAVI and its partners to supporting the Global Strategy over the next 5 years. Through the power of innovation - vaccines, public-private partnership and financing mechanisms, GAVI will help the UN address key global health priorities, including leading childhood killers, pneumonia and diarrhoea, by increasing access to life-saving vaccines for children including new HPV vaccines against cervical cancer for girls in the world’s poorest countries._

¹ GAVI releases an annual Progress Report [www.gavialliance.org](http://www.gavialliance.org) in June of every year, which reports on the fulfillment of goals and targets of the GAVI Alliance Strategic Plan 2011-2015. In addition, GAVI’s performance has been reviewed most recently by MOPAN in 2013, Australian Multilateral Aid Review in 2012, UK’s Multilateral Aid Review and Swedish Assessment in 2011, which are available on GAVI’s website.
In 2011, GAVI made a commitment to mobilise additional resources for women’s and children’s health. A successful pledging conference in June that year raised an additional US$ 4.3 billion. The funds enabled GAVI to accelerate the introduction of new vaccines, pneumococcal and rotavirus, that protect against the major causes of under five deaths, and to open a funding windows for vaccines that directly benefit the health of women - human papillomavirus (HPV) against cervical cancer and rubella. In 2013, the first GAVI-supported HPV vaccines were delivered to Kenya, one of eight countries approved for HPV demonstration projects. The first GAVI-supported national introduction is planned in Rwanda in 2014. By 2020, it is estimated that over 30 million girls in more than 40 countries will be vaccinated against HPV with GAVI support.

In 2011, GAVI made an additional commitment - a new finance leveraging mechanism. The GAVI Matching Fund forges partnerships between public sector commitments to GAVI and private corporations whose business clients and employees commit their support. Under the initiative, the UK Government and the Bill & Melinda Gates Foundation have collectively pledged approximately US$ 130 million to match contributions from corporations, foundations, their customers, employees and business partners. By the end of 2012, the GAVI Matching Fund had attracted eight partners who together helped raise US$ 78 million for GAVI immunisation programmes. A ninth partner joined in early 2013.

In 2012, as part of its commitment to the ‘Born Too Soon’ report, GAVI made a commitment to accelerate the reach of vaccines that directly benefit the health of mothers, newborns and children in the world’s poorest countries and to advance the control of rubella and congenital rubella syndrome. In March 2013, Rwanda became the first sub-Saharan African country to provide measles-rubella (MR) vaccine nationwide with GAVI support. Five other countries – Bangladesh, Cambodia, Ghana, Senegal and Viet Nam – are expected to introduce the MR through vaccination campaigns with GAVI support by the end of 2013. By 2020, more than 700 million children in almost 50 countries will be vaccinated with GAVI support. GAVI also included the support it has provided for maternal neonatal tetanus elimination. 40 million women have been vaccinated under the campaign in 30 low-income countries, with additional funds used to confirm elimination of MNT in specific countries.

GAVI was invited to provide a progress report to the iERG to inform their next report to the UN Secretary-General. GAVI’s report is in two sections. The first provides an overview of GAVI’s contribution to accelerating progress in women’s and children’s health. The second section outlines ongoing challenges.

1. GAVI’s contribution for improving the health of women and children

The GAVI Alliance was launched in 2000 with the mission ‘to save children’s lives and protect people’s health by increasing access to immunisation in poor countries.’ GAVI supports the poorest countries of the world currently defined as those with a gross national income (GNI) of US$ 1550 or less to increase their access to new and underused vaccines. When a country’s GNI surpasses the eligibility threshold, they become ‘graduating countries’. They can no longer apply for new support but continue to receive existing approved multi-year commitments. See Annex 2 for list of countries.

GAVI’s commitments to the UNSG’s Global Strategy contributes to achieving the ultimate goal of saving the lives of women and children. By the end of 2012, WHO estimated that GAVI’s support to over 70 countries had prevented more than 5.5 million future deaths since 2000. More than 370 million additional children had received one or more GAVI-supported vaccines by the end of 2012. GAVI’s target under the Strategic Plan 2011-2015 is an additional 243 million children immunised.

**Tackling the top childhood killers**

Pneumococcal and rotavirus vaccines help to protect children against two of the leading causes of under-5 mortality, pneumonia and diarrhoea. GAVI’s support has accelerated the introduction of the vaccines in countries with the highest disease burden and to overcome the historical time lag between new vaccine introductions in richer and poorer countries. The first GAVI-supported introduction of 13-valent pneumococcal vaccine was in Nicaragua in 2010, within a year of its introduction in the USA.

In line with GAVI’s commitment to increase access to life-saving vaccines against pneumonia and diarrhoea, a remarkable acceleration has taken place. By December 2012 pneumococcal vaccine had been introduced into the routine immunisation system of 24 countries and rotavirus vaccine in 12 countries. Ghana made immunisation history in April 2012 when it became the first African country to simultaneously launch the two vaccines. The United Republic of Tanzania followed in December the same year, establishing Africa’s leadership in fighting vaccine-preventable deaths.

**Ghana makes immunisation history**

*When Ghana announced plans for the simultaneous introduction of pneumococcal and rotavirus vaccines, the international immunisation community was happy but also nervous. The logic was clear: accelerating access to these two vaccines through routine immunisation would provide protection from the primary causes of pneumonia and diarrhoea respectively – diseases that rank among the top three killers of children under-five years old in the world. No other developing country’s health system had managed such a rapid roll-out. Ghana defied the odds in April 2012 and successfully launched the two vaccines. Several months later, the United Republic of Tanzania followed with a dual launch of these life-saving vaccines.*
**Kenya: early impact**

Just two years after its nationwide introduction, the benefits of the pneumococcal vaccine are making a significant difference in Kenya. One district hospital where detailed surveillance records are kept has experienced a dramatic drop in the number of cases of invasive pneumococcal disease in children.

In 2010, 38 children under the age of five years were admitted to the Kilifi District Hospital with invasive pneumococcal disease. In the following year, when the pneumococcal vaccine was introduced, the number of admissions was reduced to 11. In 2012, there were only four confirmed cases of invasive pneumococcal disease among the under-fives in the whole district.

**HPV vaccines and cervical cancer**

Every year, 275,000 women die from cervical cancer worldwide. Over 85% of those deaths occur in developing countries where women often lack access to cancer screening and treatment services. Without any interventions, by 2030 an estimated 430,000 women will die annually, virtually all in developing countries.

Cervical cancer is the second leading cause of female cancer deaths in developing countries. Over half of the global burden of cervical cancer is in countries eligible for GAVI support.

Cervical cancer is caused by the human papillomavirus (HPV), a highly transmissible sexually transmitted infection. HPV vaccines can prevent 70% of cervical cancer cases. The World Health Organization recommends the vaccination of girls aged 9-13 years through national immunisation programmes in countries where cervical cancer constitutes a public health priority and where vaccine introduction is feasible, sustainable financing can be secured and the vaccines are considered cost-effective.

Since HPV vaccines first became available in 2006, now over 40 mostly high-income countries have national HPV programmes. Despite the high burden, most low-income countries have not been able to introduce the vaccines due to the high cost of the vaccine and the challenge of delivering to a target group outside of the routine child immunisation programme.

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GAVI works to overcome the gap between rich and poor countries. Following the successful pledging conference of 2011, the Board opened a funding window for HPV vaccines provided that an acceptable price was secured. As part of its market shaping approach, GAVI worked with manufacturers on strategies to lower vaccine prices to make them more affordable to developing countries.

GAVI’s commitment to ‘increasing access to life-saving vaccines for children including new HPV vaccines against cervical cancer for girls in the world’s poorest countries’, accelerates in 2013. In February 2013, the first eight countries – Ghana, Kenya, Madagascar, Malawi, Niger, Sierra Leone, Tanzania and Lao PDR – were approved for HPV demonstration project support. In 2014, Rwanda will be the first country to introduce the vaccine nationally with GAVI support.

By 2015, GAVI plans to support the vaccination of one million girls in more than 20 countries. These numbers are expected to accelerate dramatically with more than 30 million girls vaccinated in over 40 countries by 2020.

In May 2013, GAVI negotiated a record low price for HPV vaccine - US$ 4.50 per dose for Gardasil (Merck) and US$ 4.60 for Cervarix (GSK). The new price is two-thirds lower than the current lowest public-sector price, and is 95% less than the vaccine cost in the USA. The reduction in the vaccine price makes the vaccine more affordable and sustainable, and opens the door for millions of girls in the poorest countries to be vaccinated. As HPV vaccines are rolled out throughout the developing world, further price reductions are expected.

For many girls, their only contact with the health system was through childhood immunisation. The delivery of HPV vaccines is an opportunity to reach girls in their adolescence with other interventions such as nutrition, HIV prevention information, and adolescent health services. GAVI is collaborating with a wide range of stakeholders from adolescent reproductive health, cancer and education in the design of the demonstration projects to ensure a successful and integrated programme to decrease the global incidence of cervical cancer.

**Measles and Rubella**

In 2012, GAVI made a commitment to help developing countries to advance the control of rubella and congenital rubella syndrome (CRS) while building on the success of recent efforts to control measles.

Rubella is usually a mild illness but if a pregnant woman is infected, particularly in the first trimester of pregnancy, the risk of the infection passing to the foetus is extremely high. Rubella infection can cause a combination of birth defects and disabilities including blindness, deafness or heart problems, known as CRS. It can also cause stillbirth or miscarriage. Of the more than 100,000 children born each year with CRS,
over 80% are in GAVI-eligible countries. Rubella vaccine has been available since the 1970s. However, it is an underused vaccine, particularly in Africa and South Asia where rubella vaccine coverage is low and CRS burden is high.

**Rubella vaccine use in Africa, South-East Asia and Europe, in 1996 and 2010**

![Rubella vaccine use graph](image)

Source: WHO, 2012

2013 is the first year that GAVI is supporting countries to address measles and rubella with a single, cost-effective shot (MR). GAVI is investing more than US$ 600 million through large scale catch-up campaigns of MR to vaccinate children aged between 9 months to 14 years. The support is designed to be catalytic, encouraging countries to self-finance the introduction of measles-rubella vaccine into their routine immunisation programmes.

In March 2013 Rwanda became the first sub-Saharan African country to provide MR vaccine nationwide. By 2020, more than 700 million children in almost 50 countries will be vaccinated with GAVI support.

Five other countries – Bangladesh, Cambodia, Ghana, Senegal and Viet Nam – are expected to introduce the MR vaccine through vaccination campaigns with GAVI support by the end of 2013. Two other countries Lao PDR and Nepal will start introducing MR vaccine into their routine immunisation programme with the help of GAVI’s vaccine introduction grant.
**Rwanda**

At a village near Kigali, children wait to be vaccinated against measles-rubella. The immunisation session kicked off a four-day nationwide campaign to protect 4.8m Rwandan boys and girls against two deadly diseases.

Rwanda’s measles-rubella vaccination campaign, which was launched in March 2013, is the beginning of an effort to vaccinate more than 700 million children under 15 years of age against measles and rubella.

The combined measles-rubella vaccine will be introduced in 49 countries by 2020 thanks to financial support from the GAVI Alliance. The support builds on the efforts of the Measles & Rubella Initiative (M&RI) that have helped countries to protect 1.1 billion children against measles since 2001.

Rwanda, which is already effectively controlling measles, becomes the first sub-Saharan African country to provide measles-rubella vaccine nationwide with GAVI support. The vaccine will not only stop the transmission of rubella from mother to child, preventing children being born with severe birth defects, but also protect children against measles, which is highly contagious.

*Photo credit: GAVI/2012/Diane Summers*

**Pentavalent**

Almost all of the countries supported by GAVI now include pentavalent vaccine in routine immunisation. The five-in-one vaccine protects against diphtheria, tetanus, pertussis, *Haemophilus influenzae* type b (Hib) and hepatitis B. Hib is a common cause of severe pneumonia and meningitis in young children. The number of deaths is declining significantly, partly as a result of vaccination, but Hib disease still kills approximately 200,000 children under five every year, mainly in low-income countries.

Hepatitis B virus causes hundreds of thousands of deaths every year through acute and chronic diseases, including liver cancer and cirrhosis. The hepatitis B vaccine is 95% effective in preventing infection and its chronic consequences.

**Innovation in vaccines**

*MenAfriVac* is an innovative meningococcal A vaccine. Developed in 2010 to protect against the seasonal epidemics that threaten the lives of 450 million people living in the meningitis belt that stretches from west to east Africa, it is the first vaccine designed to “survive” temperatures of up to 40°C for short periods, enough to make campaigns practical in the extreme heat. Together with partners, GAVI is accelerating the introduction of this vaccine. At the end of 2012, the 100 millionth person was vaccinated with MenAfriVac.
Yellow fever

Yellow fever is an acute viral haemorrhagic disease that can kill up to 50% of those severely affected. It is estimated that every year there are approximately 200,000 cases of yellow fever, resulting in 30,000 deaths.

GAVI supports yellow fever vaccines for use both in routine immunisation programmes and vaccine campaigns in countries at high risk of outbreaks.

According to WHO estimates, by the end of 2012, close to 64 million children had been vaccinated against yellow fever as a result of GAVI-supported routine immunisation programmes.

Sustainability

Market shaping

Market shaping is about reducing prices as well as ensuring high-quality, appropriate products for the developing world, speed to market and a reliable supply. GAVI aims to promote “healthy markets” with characteristics such as increased competition or reduced supplier concentration, reduced barriers to market entry for new manufacturers and accelerated new product introduction. GAVI is actively engaging with developing country vaccine manufacturers and welcomes their entry into the market.

In 2013, Biological E Ltd of India, a manufacturer of pentavalent vaccine, made the vaccine available to GAVI for US$ 1.19 per dose, compared to the 2012 weighted average price of US$ 2.17. This new, more cost-effective price provides the opportunity for the GAVI Alliance to pay up to US$ 150 million less over the next four years compared with using lowest cost alternative suppliers.

Predictable and sustainable financing

GAVI relies on the support of its donors to secure predictable and stable financing for national immunisation programmes. It has also developed other innovative approaches of enhancing the long-term sustainability of its work. These include a co-financing policy, which requires countries to contribute a share of their vaccine costs, as well as market-shaping activities aimed at minimising vaccine prices.

GAVI is stepping up its efforts to broaden the donor base while ensuring continued support from existing donors. By approaching new public and private donors and developing new partnerships in Asia, the Middle East and among emerging economies such as Brazil, The Russian Federation, India, China and South Africa, GAVI is accelerating efforts to diversify its sources of funding.
Direct and Matching Fund contributions

In 2012, direct contributions received from 15 donor governments (Australia, Canada, Denmark, France, Germany, Ireland, Japan, Luxembourg, the Netherlands, Norway, the Republic of Korea, Spain, Sweden, the UK and the USA) and the European Commission amounted to US$ 615.2 million. The cumulative value of direct contributions received from national governments and the European Commission totalled US$ 3.15 billion for the period 2000–2012.

Foundations, private individuals and organisations contributed a further US$ 292.8 million to GAVI in 2012. GAVI received contributions from the Bill & Melinda Gates Foundation (US$ 268.8 million) and His Highness Sheikh Mohamed bin Zayed Al Nahyan (US$ 8.8 million).

In addition, GAVI also received Matching Fund contributions from Absolute Return for Kids, Anglo American, “la Caixa” Foundation, the Children’s Investment Fund Foundation, Comic Relief, LDS Charities and J.P. Morgan. The cumulative total of private sector and foundation contributions for 2000–2012, was US$ 1.82 billion.

During the year, a number of donors increased their contributions to GAVI. For instance, Sweden increased its 2012 commitment from US$ 37 million to US$ 55.5 million, and the OPEC Fund for International Development approved its first pledge of US$ 1.1 million in December 2012. The United States of America, which launched the Child Survival Call to Action initiative in June, increased its contribution from US$ 89.8 million in 2011 to US$ 130 million in 2012.

Norway joined other key donors in signing its first long-term direct agreement with GAVI in 2012, guaranteeing funding for the Alliance until 2015.

Total donor funding to GAVI amounted to US$ 1.23 billion in 2012, bringing the total amount of funding received by GAVI since its inception in 2000 to US$ 7.64 billion.

Innovation in mobile technology

Vodafone is one of the world’s largest mobile communications companies and the GAVI Matching Fund’s first in-kind participant. GAVI and Vodafone are exploring how mobile technology can help healthcare providers increase the take-up of vaccinations. For example, by updating health records and sending targeted alerts and reminders to parents and caregivers by mobile phone. Vodafone is piloting a project in Mozambique and, if successful, could be rolled out to GAVI-supported countries across sub-Saharan Africa.
Innovative financing

The International Finance Facility for Immunisation (IFFIm) has raised US$ 3.7 billion by issuing “vaccine bonds” backed by US$ 6.3 billion in government pledges. The Advance Market Commitment (AMC) uses US$ 1.5 billion in donor commitments to incentivise vaccine production, ensuring sufficient vaccines are produced for developing countries at a fraction of the price paid by industrialised countries. The latest addition, the GAVI Matching Fund, uses US$ 130 million in pledges by the Bill & Melinda Gates Foundation and the UK Government to match contributions to GAVI by the private sector.

Co-financing

GAVI’s co-financing policy requires countries to contribute a portion of the cost of vaccines that is determined by each country’s ability to pay. Low-income countries contribute the least, US$ 0.20 per dose, while intermediate countries increase their payments by 15% per year. Graduating countries are expected to take over the full cost of their vaccines after five years of incrementally increasing their contributions.

The co-financing policy aims to promote national ownership and help to ensure that national immunisation programmes are sustained after GAVI support has ended. The majority of countries fulfill their commitment and some highly committed countries start co-financing their vaccines before the mandatory starting date, or at higher levels than the minimum requirement.

Funds transferred by countries towards their co-financing commitments amounted to approximately US$ 47 million in 2012, accounting for 8% of their total vaccine support.
Financial commitments and disbursements

By the end of 2012, GAVI had committed US$ 7.5 billion to countries for different types of support since 2000.

**US$ 7.5 billion committed to countries**

In 2012, 92% of US$ 817 million disbursed to countries was for vaccine support.

**Disbursements to countries by category, programme year 2012**

See Annex 3 - Board approvals for programme expenditure 2000-2012
Accountability

GAVI was ranked among the top performers by the Australian Multilateral Assessment published in March 2012 based on its ability to deliver cost-effective results with a measurable life-saving impact. The Australian Government rated GAVI’s performance as either “strong” or “very strong” in seven categories, including strategic management, transparency, cost and value consciousness, partnership behaviour, delivering results and contributing to multilateralism.

The Multilateral Organisation Performance Assessment Network (MOPAN) also commended GAVI for its effectiveness in increasing access to immunisation and for its result oriented focus. The review, which was MOPAN’s first assessment of a global fund, positioned GAVI as one of the highest-rated institutions. Among the organisation’s strengths, the review identified financial management, accountability checks, country ownership and relationship management, and it highlighted GAVI’s profile as a continuously learning organisation.

Recently, similar evaluations by the Swedish and United Kingdom governments gave GAVI top scores. A GAVI mid-term review will be hosted by Sweden in October 2013.

In 2012, GAVI improved its position in the "Publish What You Fund" transparency index by 28 percentage points, climbing to 13th place among 72 aid organisations across the world ranked on the availability, accessibility and comparability of the information they publish about foreign aid.

2. CHALLENGES

Level of activity unprecedented in GAVI's history

Under the Strategic Plan 2011-2015, GAVI will support 137 new routine immunisation programmes, 50 new campaigns and 29 HPV demonstration programmes.

In 2013 alone, GAVI anticipates 24 to 37 new vaccine introductions into routine immunisation programmes, 16 campaigns and seven HPV demonstration projects requiring 600 million vaccine doses.

The acceleration of vaccine introductions and campaigns bring with it a set of new and existing challenges which GAVI and its partners seek to redress.

Vaccine supply and country readiness

Although good progress has been made in introducing new vaccines, increasing vaccination coverage remains a challenge in some countries. GAVI is working with partners to focus on countries where vaccination coverage is less than 70%.
Country demand for pneumococcal and rotavirus vaccines is high and has led to some short-term supply constraints. A few countries postponed planned introduction of pneumococcal and rotavirus vaccines as their preferred product presentation was unavailable or because of challenges related to readiness. In response, GAVI is engaging with suppliers to secure additional doses, while proactively monitoring demand and supporting countries on their implementation planning.

**Health System Strengthening**

GAVI’s Health System Strengthening (HSS) support aims to enhance the capacity of health systems to deliver immunisation including equity-related barriers to accessing health and immunisation services. GAVI’s disbursements of HSS funds has fallen short of the target set by the Board of between 15% and 25% of total disbursements, but are steadily increasing. By the end of 2012, approximately 80% of all approved HSS grants since 2007 had been disbursed.

GAVI is overhauling its HSS support model as part of a broader change management process. The Technical Advisory Group for Health Systems Strengthening was set up with a group of leading experts in 2012 to advise the CEO on GAVI’s future engagement in the Health Systems Funding Platform, as well as on delivering technical support to countries, performance-based financing and country-tailored approaches to HSS.

A new performance-based funding model for HSS was introduced at the end of 2012 to better link HSS support for improved immunisation outcomes. A portion of the HSS support awarded will depend on country performance against set immunisation outcome indicators. In the first year of support, countries will receive a fixed payment to invest in their health systems. From the second year, the annual grant will consist of both a fixed and a performance-based payment, determined by country performance against immunisation coverage and equity indicators.

**Myanmar**

GAVI’s HSS grant support has helped pave the way for the simultaneous introduction of pentavalent and measles second dose vaccines in November 2012. After decades of reduced investment in public health infrastructure, the funding has been used to upgrade Myanmar’s cold chain system and to strengthen monitoring systems including vaccination record cards.

**Improving data quality**

GAVI provides support to UNICEF and WHO to support activities on surveillance and data quality strengthening. The WHO-UNICEF joint reporting form, from which all global data on immunisation coverage rates flows, tracks progress in countries on their
immunisation programme performance as well as broader immunisation programme indicators.

Discrepancies often exist between coverage data reported by countries, WHO/UNICEF estimates of national immunisation coverage (WUENIC) and household surveys. A new “grade of confidence” rating scale, introduced in 2012 by WHO and UNICEF, has shown that confidence in WUENIC estimates for the majority of GAVI-supported countries is low.

GAVI piloted the revised Immunisation Data Quality Assessment tool (IDQA) in Ghana, Uganda and Bolivia. Results of the pilot provided insights into improving the data quality systems in countries, built partnerships, strengthened in-country capacity and provided valuable information to finalise the tool. GAVI plans to implement the IDQA tool in GAVI-eligible countries from 2013.

**Country-by-country approach**

A new country-by-country approach was approved in 2012 to provide tailored approaches to fragile states adjusted to their specific contexts and needs, and for time-limited responses to be used in countries in short-term emergency situations. The objectives of the policy are to improve immunisation coverage in countries where circumstances are especially difficult, and to protect immunisation systems in GAVI-supported countries in the event of an emergency.

Both fragile states and those in short-term emergency situations may be able to use existing support more flexibly or access limited additional funding for immunisation, decided on a case-by-case basis.

DR Congo (DRC), India, Nigeria and Pakistan with large numbers of unimmunised children and complex operating environments are the first countries for which GAVI is developing country-tailored approaches.

**Mitigating risk in cash-based programmes**

GAVI employs a number of safeguards to prevent the misuse of its cash-based support. A Transparency and Accountability Policy governs the management of all cash support to countries.

Since GAVI’s inception, seven cases of potential or confirmed misuse of cash-based support have been identified. Investigations have been concluded in six of these cases, while the investigation into suspected misuse of funds in one country is ongoing.
Annex 1

GAVI’s commitments to the Every Woman Every Child initiative

2010

The GAVI Alliance commits on behalf of GAVI and its partners to supporting the Global Strategy over the next 5 years. Through the power of innovation - vaccines, public-private partnership and financing mechanisms, GAVI will help the UN address key global health priorities, including leading childhood killers, pneumonia and diarrhoea, by increasing access to life-saving vaccines for children including new HPV vaccines against cervical cancer for girls in the world’s poorest countries.

2011

Through the power of innovation – vaccines, public-private partnership and financing mechanisms – GAVI made a commitment to Every Woman Every Child in 2010 to help the UN address key global health priorities, including leading childhood killers, pneumonia and diarrhoea, by increasing access to lifesaving vaccines for children including new HPV vaccines against cervical cancer for girls in the world’s poorest countries. Since the initial GAVI commitment in September 2010, the first ever replenishment conference was held. This resulted in an additional US $4.3 billion from public and private donors to support GAVI’s new vaccines and health systems strengthening programs and this funding will be utilized in furtherance of the very same goals articulated in Every Woman Every Child.

GAVI also has created a new finance leveraging mechanism, the Matching Fund, that forges partnerships between public, governmental commitments to GAVI and private corporations whose business clients and employees may also commit their support. Last June, the Bill & Melinda Gates Foundation and the UK Government responded to the Matching Fund opportunity by confirming over US $130 million in challenge grants to GAVI, which can be matched by new business and philanthropic commitments – an effort that has already secured new resources from the "la Caixa" Foundation, JP Morgan, Absolute Return for Kids (ARK) and Anglo American.

2012 - Born Too Soon

GAVI commits to accelerating the reach of vaccines that directly benefit the health of mothers, newborns and children in the world’s poorest countries. Building on the success of recent efforts to control measles, GAVI will help developing countries to advance the control and elimination of rubella and congenital rubella syndrome. By 2015, over 700 million children will be immunised through campaigns and routine immunisation with combined measles-rubella vaccine. Rubella vaccines alone will avert an estimated 140,000 deaths and will protect hundreds of thousands of babies against severe birth defects from congenital rubella syndrome, and help to prevent still births and miscarriages caused by rubella infection.
To accelerate the successes of maternal neonatal tetanus elimination, GAVI helped UNICEF support 33 countries in reaching more than 40 million women with two doses of MNT vaccines. GAVI will continue to support countries to strengthen the delivery of quality immunisation services, bringing life-saving vaccines to mothers and children as part of integrated MNCH services.
Annex 2

GAVI supported countries

Afghanistan
Angola
Armenia
Azerbaijan
Bangladesh
Benin
Bhutan
Bolivia
Burkina Faso
Burundi
Cambodia
Cameroon
Central African Republic
Chad
Comoros
Congo, Rep.
Cote d'Ivoire
Cuba
Djibouti
Eritrea
Ethiopia
Gambia, The
Georgia
Ghana
Guinea
Guinea-Bissau
Guyana
Haiti
Honduras
India
Indonesia
Kenya
Kiribati
Korea, Dem. Rep.
Kyrgyz Republic
Lao PDR

Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Moldova
Mongolia
Mozambique
Myanmar
Nepal
Nicaragua
Niger
Nigeria
Pakistan
Papua New Guinea
Republic of South Sudan
Rwanda
Sao Tome and Principe
Senegal
Sierra Leone
Solomon Islands
Somalia
Sri Lanka
Sudan
Tajikistan
Tanzania
Timor-Leste
Togo
Uganda
Ukraine
Uzbekistan
Vietnam
Yemen, Rep.
Zambia
Zimbabwe
Countries eligible for GAVI new vaccines support in 2013

There are currently 56 GAVI-eligible countries. However, not all of these countries qualify for every type of support because GAVI sets conditions for each type of support.

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Graduating countries

Each year, some countries will start graduating from GAVI support, as their GNI per capita increases beyond the eligibility threshold.

Currently there are 17 graduating countries and implementing a set duration of GAVI support that was approved in previous years.

Angola
Armenia
Azerbaijan
Bhutan
Bolivia
Congo Rep.
Cuba
Georgia
Guyana
Honduras
Indonesia
Kiribati
Moldova
Mongolia
Sri Lanka
Timor Leste
Ukraine
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**Note:** This table does not include members providing 1/10% or less.

**Note 2:** DAF/IRFfcs 2000-2006 approval values have been adjusted to the final actual disbursement values.

**Note 3:** CSO type in support to and included as these approvals are not country-specific.