Save the Children’s recommendations for GAVI’s 2016-2020 strategy

Background

GAVI is in the process of developing its strategy for the 2016-2020 period. The process began in June 2013 and will continue until June 2014 when a proposed strategy will be presented to the GAVI Alliance Board for approval. It will build on the current strategy, which covers the period 2011-2015 and includes the following strategic goals:

1. To accelerate the uptake and use of underused and new vaccines by strengthening country decision-making and introduction into national vaccination schedules.
2. To contribute to strengthening the capacity of integrated health systems to deliver immunisation, including the objective of increasing equity in access to services (including gender equity).
3. To increase the predictability of global financing and improve the sustainability of national financing for immunisation.
4. To shape vaccine markets to ensure adequate supply of appropriate, quality vaccines for developing countries at low and sustainable prices.

In October 2013, GAVI held a mid-term review (MTR) meeting with partners to assess delivery towards the 2011-2015 strategic goals. Save the Children provided an independent assessment of progress, published in an accountability report – Halfway there: Delivering on the promise of immunisation for all. We reviewed and assessed progress made by GAVI and partners, while identifying areas where further action was needed. Our main recommendations for GAVI (the Secretariat and Board) included the need to step up efforts to deliver on their equity objective; to improve the quantity and quality of their health system strengthening (HSS) support to countries; to continue to deliver on their market-shaping goal, while helping negotiate sustainable vaccine prices that countries can also access after graduating from GAVI support; and to reconsider greater civil society representation on the GAVI Alliance Board and Executive Committee.

GAVI’s proposed strategic shifts for 2016-2020

At their board meeting in November 2013, there was agreement among GAVI Board members to deepen the focus on supporting countries to improve coverage and equity of access in order to sustainably strengthen immunisation. There was also agreement to review eligibility and graduation criteria and forms of support offered to graduating countries to facilitate sustainable graduation.
The Board requested the GAVI Secretariat to set up a process to engage constituencies to shape detailed options for the next strategy for the Board to consider.

The GAVI Secretariat proposed a number of strategic shifts for the next strategy:
1. Play a central convening role in global immunisation.
2. Deepen GAVI’s focus on improving coverage and equity of access to immunisation, including through innovative investments to modernise immunisation systems.
3. Review the eligibility and graduation criteria and the forms of support offered to graduating countries, to ensure sustainable graduation from GAVI support.
4. Continue to leverage the core strength of GAVI Alliance partners and also strengthen engagement with a wider network of institutions in order to ensure successful achievement of strategic goals and targets.

Save the Children’s positions on priority areas

This paper outlines Save the Children’s positions on a number of issues that we urge GAVI (the Secretariat and the Board) to prioritise in the 2016-2020 strategy. It builds on our previous inputs to the strategy development process and on our recommendations as outlined in published reports. Many of these proposals are inter-related.

Place equity at the centre of the new strategy

Every child, regardless of where they are born, should enjoy the full benefits of immunisation and other health services as part of their right to health. Yet a fifth of children are still missing out. GAVI Alliance partners have a clear role to play in supporting equitable progress, ensuring that all un/under-immunised populations have access to and can utilise immunisation services, towards universal coverage. An equity-focused approach that addresses both demand- and supply-side barriers to immunisation is essential to ensure that the hardest-to-reach are at the centre of strategies to expand coverage, while also ensuring that gains made to date are sustained.

While GAVI was first established with the mandate to address inequalities between countries, there is increasing need to also address inequalities within countries. GAVI must adapt to the changing nature of poverty and rising inequalities within countries (including middle-income countries) in how it provides support and to whom.

In its 2016-2020 strategy, the GAVI Alliance must make equity – the equal distribution and utilisation of immunisation services and addressing inadequate rates of coverage – the top priority, cutting across all of its strategic goals and objectives and shaping how funding and support is provided to countries.

- The GAVI Secretariat and Board should commit to develop an equity policy (including but broader than gender) with a clear objective of reducing inequities across the population while expanding national coverage. The policy should provide an overarching strategic framework, giving oversight to and driving GAVI’s equity agenda and should include implementation plans, accountability mechanisms, and with bi-annual reporting to the GAVI Board (as a rolling agenda item). The policy should be implemented via financial support and strategies.
- The GAVI Secretariat should review all aspects of GAVI policies and programmes, and develop a set of recommendations for the Board that will help re-focus investments towards effective reductions of inequities, building on and strengthening existing efforts.
- The GAVI Secretariat should introduce equity criteria into all funding windows to ensure it is addressed across all areas of GAVI support. This should be integrated into application criteria and monitored and should be based on multiple equity dimensions.
• The GAVI Board should agree to expand the existing country-tailored approach to support countries experiencing inequalities in immunisation coverage (beyond the original set of ten countries receiving support), by developing a more open country application process whereby countries can request support, and play a leading role in defining what is required to support them to reach their equity goals. Through the Secretariat this should be promoted with countries and support should be provided via existing collaboration with relevant Alliance members (namely WHO and UNICEF) and other partners.

• GAVI as an Alliance, through the Secretariat, should provide clearer guidelines on how funding and technical support can build upon national efforts and plans to improve equity, in order to support increased ownership and accountability by governments for the equity of outcomes that GAVI investments would support.

• The GAVI Secretariat should develop a single, comprehensive system for reporting on its full equity portfolio, incorporating all existing and proposed initiatives. In addition to country equity outcomes, reporting should also be on delivery of policy objectives and plans, funding to countries, provision of country support, outputs, etc. Reporting should happen on a bi-annual basis to the GAVI Board and annually through the Global Vaccine Action Plan (GVAP) reporting mechanism (see position on accountability). Results should be made publically available.

**Do more to strengthen health systems**

A strong health system – including efficient supply chain, infrastructure, enough qualified and properly incentivised health workers, etc. – is critical to achieve and sustain high and equitable immunisation coverage and as such immunisation should be delivered as part of comprehensive primary health care. The health system, within which immunisation systems operate, must be strengthened to ensure long-term and sustainable impact. However, this long-term vision is not adequately addressed in the current approach to support.

In its 2016-2020 strategy, the GAVI Alliance must improve the quantity and quality of their health system strengthening (HSS) support to countries and provide technical assistance and guidance in line with broader efforts towards Universal Health Coverage.

• The GAVI Alliance, implemented through the Secretariat, should increase funding to support countries to strengthen their health systems, establishing a specific HSS spending target.

• The GAVI Alliance, through the Secretariat, should improve the quality of their HSS support by modifying their performance-based funding criteria:
  o They should allow a longer time frame for countries to show immunisation results, as requiring results after one year means investments might not be used to address bottlenecks in the wider health system, which may take longer to show results.
  o They should allow for performance payments based also on process indicators or intermediary outputs to address system bottlenecks, recognising incremental changes rather than just final outcomes on immunisation. Indicators should be context specific and built into proposals, with a monitoring framework with flexibility to allow for effective implementation.
  o They should allow for performance-based payments for outcomes that may not be immunisation specific, enabling funding to also address wider health system bottlenecks and promote complementarities across a more integrated system, to ensure sustainable results.

• GAVI as an Alliance, through the Secretariat, should support countries to ensure efforts to strengthen health systems respond to needs and gaps to promote equitable coverage and outcomes, with equity goals guiding HSS investments and technical support.

• GAVI as an Alliance, through the Secretariat, should support countries to ensure mechanisms are in place to oversee and review progress on addressing bottlenecks. This should be done in a transparent manner and with the participation of all relevant local players (e.g. technical agencies, CSO, etc.), to ensure accountability for country delivery.
The GAVI Secretariat should modify the HSS proposal process to reflect and require government investment in strengthening their health systems and making services progressively accessible to all,17 not only to promote equity but also to support sustainable systems following graduation.

The GAVI Secretariat should improve the process to ensure CSOs are fully involved and included in country HSS applications by developing a clear, rigorous and streamlined process for applications and requiring CSO sign off on all country applications submitted for GAVI support. GAVI should also explore the possibility and added value of CSO consultation and potential sign off on all country applications for GAVI support, beyond just HSS applications.

Use purchasing power to increase competition and drive down vaccine prices

While the introduction of new vaccines to immunisation schedules means that children are protected from more diseases, this also means that the cost to fully immunise a child has increased 25-fold over the last decade – from US$1.50 to US$38.75.18 Sustainable access to affordable prices is necessary for counties to maintain coverage once they graduate from GAVI support. With its extensive market-shaping expertise, the GAVI Alliance, in collaboration with other partners, has an important role to help support GAM-graduating countries and other L/MICs negotiate affordable prices. Prices should also be transparent to monitor progress on reductions.

There must be a healthy vaccine market with sufficient and genuine competition to drive down prices. Increasing the number of manufacturers to the market, in particular from emerging economies, is an effective strategy to help bring prices down, and can also spur innovation and help ensure adequate supply.

In its 2016-2020 strategy, the GAVI Alliance should step up its focus on shaping vaccine markets to bring down vaccine prices to ensure sustainability.

- The GAVI Alliance, through the Secretariat, should continue to negotiate lower and sustainable vaccine prices, looking comprehensively to help drive down the cost of the entire vaccine package.19

- GAVI Alliance partners should push for greater vaccine price transparency20, not only for GAVI-procured vaccines, but for all vaccines, from all manufacturers.

- The GAVI Alliance, through the Secretariat, should use its leverage to stimulate greater price competition to help bring down vaccine prices by: diversifying the number of manufacturers for each GAVI-supported vaccine; and helping accelerate the entrance of more manufacturers to the market21 by supporting strategic emerging market manufacturers22, including working with others to support incentives/financing for technology transfers. They should also explore further options and opportunities to use their market-shaping power to stimulate increased production to encourage greater competition.

- The GAVI Alliance, through the Secretariat, should use their market-shaping expertise and leverage with pharmaceutical companies to encourage affordable and sustainable vaccine prices for GAVI-graduating countries and other L/MICs not eligible for GAVI support, in collaboration with other Alliance partners such as UNICEF.

- Relevant GAVI Alliance partners should work together with others to help build the capacity of L/MIC governments to be able to better negotiate affordable vaccine prices with pharmaceutical companies, including potentially through pooled procurement strategies23.

- The GAVI Alliance (both the Board and Secretariat) should encourage genuine competition as the preferred option to drive down vaccine prices.24 Where tiered pricing mechanisms are in place, GAVI should push for them to be based not only on macro-economic considerations (i.e. GNI), but also on more contextual factors, including access-driving public health, and population considerations (e.g. immunisation coverage, inequities, poverty, disease burden, multi-year commitments, etc.). They should also push to ensure that such mechanisms are transparent25, negotiated26, objective, nuanced and progressive, and that they do not undermine competition. The GAVI Alliance should discourage any joint price-setting agreements by companies, or related initiatives (e.g. Blue Ribbon Task Force), which could undermine competition.
• The GAVI Alliance, through the Secretariat and together with partners, should use its influence to help secure access to GAVI-negotiated prices for NGOs that deliver immunisation programmes in humanitarian contexts.

**Ensure immunisation gains are truly sustainable**

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<th>GAM support to countries should be time-limited and catalytic. National commitment and contributions to immunisation programmes, in addition to country ownership and alignment with country plans, are therefore critical. It is also important that strategies are in place to ensure financial and programmatic sustainability following graduation and GAM and partners in the Alliance have a clear responsibility to support this.</th>
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<td>Countries’ decisions to introduce new vaccines into their immunisation programmes will have implications for sustainability once GAM funding is withdrawn. While new vaccines have the potential to protect more children against more diseases, countries decisions to introduce them must take into consideration all relevant factors, including financial and programmatic sustainability, and not just the availability of GAM funding. This is important to ensure achievements are sustained even when access to GAM support and GAM-negotiated prices is no longer available. GAM is well-positioned and has an important responsibility to encourage and support countries to undertake rigorous decision-making processes that are country-owned.</td>
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In its 2016-2020 strategy, the GAVI Alliance must help build the capacity of countries to ensure both financial and programmatic sustainability when they graduate from GAM support.

• The GAVI Alliance, implemented through the Secretariat and supported by Alliance partners, should build on current initiatives and implement a comprehensive protocol for countries nearing graduation to help them fully prepare and build capacity to maintain immunisation programmes and achievements following the withdrawal of GAM support. Such a protocol should be introduced well in advance of graduation (e.g. 3-5 years prior) and decisions and steps should be jointly developed and agreed to ensure country investment, commitment to, and ownership of the process.

• The GAVI Alliance, implemented through the Secretariat, should institute a much more rigorous process to support countries in the process of deciding on whether, when and how to introduce new vaccines, while pushing for countries to make much tougher decisions around this. This should be based on existing evidence and a robust analysis, including the financial and programmatic sustainability when GAM support will no longer be available; national disease burden and priorities; and the capacity of the national health system to support and sustain the introduction of new vaccines.

• GAVI Alliance partners should urge and help build greater national political commitment and investment in immunisation and health systems to support long-term sustainability of programmes and achievements. This should include helping build capacity for financial planning and budgeting, sustainable procurement systems, delivery infrastructure, health systems, etc., working in collaborating with other relevant partners.

**Revise eligibility and graduation criteria to promote equity**

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<th>Current eligibility criteria means that only countries with GNI per capita below or equal to US$1,570 are eligible to apply for GAVI support. A number of countries are set to graduate from this support due to increasing GNI – or have never been eligible – yet face challenges of low immunisation coverage and very high inequities among population groups and geographic areas. This raises questions about the relevance of GAVI eligibility and graduation criteria vis-à-vis the current immunisation landscape. Given the changing nature of poverty and rising inequity in middle-income countries, GAVI’s focus on only the poorest countries means that they are missing out on many of the poorest children. It is important for GAVI eligibility and graduation criteria to reflect this situation, and for the support provided to countries to respond to where needs are greatest and based on where they can add value. How eligibility and graduation criteria could be revised should be based on an analysis of options for GAVI and countries. This should be publically available and form the basis of a consultation to inform the Board’s decision.</th>
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In its 2016-2020 strategy, the GAVI Alliance should revise its eligibility criteria to take into consideration other factors in addition to gross national income (GNI).

- The GAVI Alliance Board should revise eligibility and graduation criteria for countries to be able to apply for GAVI support. In addition to GNI, they should also consider public health indicators, for example, low immunisation coverage, large numbers of unimmunised children, high inequalities in coverage, weak capacity of immunisation and health systems, and the burden of vaccine-preventable diseases in the country.
- The GAVI Secretariat should tailor the type of support provided to countries (e.g. technical in addition to financial) based on the eligibility criteria through which they apply for support. This should be done in collaboration with and recognising the critical role and mandate of Alliance partners such as WHO and UNICEF.

**Guarantee greater accountability to the global community**

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<th>The GAVI Alliance mission is very much aligned with the overarching aim of the Global Vaccine Action Plan (GVAP) – universal access to immunisation through more equitable access for all people – and delivery of GAVI’s strategy will be critical to realising the globally-agreed immunisation goals that the GVAP sets out.(^3^1) It is well recognised that achievement of the GVAP will require multi-stakeholder action, including from organisations like GAVI. Despite this clear overlap, GAVI reporting processes are not aligned to those of the GVAP.</th>
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<td>While the GAVI Secretariat has been quite good at reporting on progress to Alliance partners and the public, they are currently only accountable to a small board. To help improve accountability, GAVI’s reporting on results should be integrated into the existing global mechanism of the GVAP to ensure a more transparent process and better alignment with globally agreed upon targets.</td>
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In its 2016-2020 strategy, the GAVI Alliance should strengthen reporting and accountability mechanisms.

- The GAVI Alliance Board, implemented through the Secretariat, should align reporting on the delivery of the next strategy with globally agreed upon immunisation frameworks, namely the Global Vaccine Action Plan (GVAP). In doing this, GAVI should report annually through GVAP reporting procedures – through the Strategic Advisory Group of Experts (SAGE) on immunisation at WHO.
- The GAVI Secretariat should explore with Alliance partners and others how best to integrate reporting into existing global accountability mechanisms (e.g. iERG reports to Every Women Every Child) to further improve accountability and ensure an independent appraisal of progress.

**Improve GAVI governance**

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<th>GAVI Alliance governance structures have poor representation from the ultimate beneficiaries of GAVI support, as represented by the civil society constituency (the “voice” of the community). They hold only one seat on the Board and no seat on the Executive Committee. Civil society organisations play a critical role in the provision of health services, in advocating on behalf of communities on the issues that affect them and acting as a watchdog on governments. Fair and balanced representation in governance structures is critical to improving accountability to constituencies and recipients of GAVI support.</th>
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<td>In its 2016-2020 strategy, the GAVI Alliance should reconsider representation in its decision-making bodies.</td>
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<td>The GAVI Alliance Board should agree to increase representation from the civil society constituency by adding a second seat on the Board, such that there is one Southern and one Northern seat.</td>
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<td>The GAVI Alliance Board should agree to include a seat from the civil society constituency on the Executive Committee, where it is one of the few constituencies not represented.(^3^2)</td>
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The GAVI Alliance Board, through the Secretariat, should commission an independent review to explore whether or not having such large representation from independent individuals on the Board and Executive Committee has been a successful approach, and if there has been any evidence of conflict of interest.

**Support better data**

Reliable, timely, accurate and quality data, which is disaggregated by various equity dimensions, is critical for accurate and regular monitoring and reporting on immunisation progress, including on inequalities in coverage. Data is also extremely important to allow countries to make informed immunisation decisions and to measure impacts and results. Related data on other health indicators and birth registration is also vital.

In its 2016-2020 strategy, the GAVI Alliance should support countries to improve data collection and monitoring.

- The GAVI Secretariat, working together with Alliance and other relevant partners, should help strengthen national data collection and reporting systems, supporting countries through investment and technical support to collect more frequent and accurate data on immunisation and other related health indicators, including outcome and impact data, as well as data to monitor implementation. As feasible and relevant, data and monitoring should be disaggregated by various equity dimensions, including wealth, geographic location, education, gender, caste, ethnicity, etc.

**Conclusion**

Significant progress has been made in delivering on the GAVI Alliance’s current strategy (2011-2015), but much more needs to be done to accelerate progress towards universal access to the full benefits of immunisation and broader health services. GAVI’s next strategy must build on achievements to date, while also addressing shortcomings in the current strategy. However, it must go beyond this – it must be fit for purpose to respond to critical immunisation challenges and the changing immunisation landscape.

The next strategy (2016-2020) must be ambitious, contributing to the global immunisation goal of universal access through more equitable access for all people. We therefore urge GAVI (the Secretariat and Board) to place equity at the heart of the next strategy, taking forward our recommendations as outlined in this paper. The GAVI Alliance, together with partners, has a critical role to play to help ensure that no child dies from preventable or treatable causes. Every child must be able to realise their right to immunisation and other health services, giving them a fair chance to survive beyond their fifth birthday.
Endnotes

1 Save the Children, 2013. Halfway there: Delivering on the promise of immunisation for all. London: Save the Children.
2 It is important, however, to go beyond access, looking at equity of utilisation, reflecting both supply and demand issues.
4 While proposed at the November Board meeting, this strategic shift has not been taken forward in the strategy development process in 2014 as it did not seem to get traction with board members.
5 Pursuing progress in immunisation coverage without addressing inequalities can actually exacerbate gaps in coverage. See Save the Children’s reports Finding the Final Fifth: Inequalities in immunisation and Immunisation for all: No child left behind for further detail of Save the Children’s perspectives on equitable immunisation progress.
6 There are many different definitions of equity, but ultimately every eligible individual should be reached with all appropriate vaccines, irrespective of wealth, geographic location, education, gender, caste, ethnic group, disability, etc. See the Equity Reference document, The GAVI Alliance and equity immunisation for all, prepared for the GAVI Alliance in October 2013 for reference to and a discussion on definitions.
7 For example addressing also inequalities based on wealth, geographic location, education, gender, caste, ethnic group, disability, etc.
8 This could include, for example, identifying incremental equity targets based on narrowing disparities between population groups (while increasing overall coverage), with the aim of accelerating equitable progress towards an ultimate goal. For thinking on the idea of equity ‘stepping stones’, see: Watkins, K., 2013. Leaving no-one behind: An equity agenda for the post-2015 goals. London: Overseas Development Institute.
10 The equity dimensions included in this should be clearly defined and should consider, for example, wealth, geographic location, education, gender, caste, ethnic group, disability, etc., as relevant to the country context.
11 Under the 2013-2014 Business Plan, GAVI selected ten countries to provide targeted support to, together with UNICEF. These countries have been identified by GAVI as having the highest inequalities in immunisation and include: Nigeria, Yemen, India, Pakistan, Mozambique, Liberia, Vietnam, Central African Republic, Madagascar and Chad. Tailored support is also being provided, in collaboration with WHO, to several countries facing overall low immunisation coverage. Some of these countries (Nigeria, Pakistan, Central African Republic and Chad) overlap with those identified for equity support. A third country-tailored approach is linked to GAVI’s Fragile States policy, which was approved by the GAVI board in 2012.
12 This should be aligned with equity dimensions being developed under the post-2015/sustainable development agenda, supplemented by more immunisation-specific metrics, to assess how GAVI investments and support are helping reduce disparities in immunisation coverage. Monitoring and reporting should not build new vertical systems, but rather data should be drawn from national systems, with the GAVI Alliance and partners supporting the strengthening of these.
14 Currently GAVI has targets for cash-based spending (15-25% of total GAVI spending) but no specific target for health system strengthening (HSS) support. Cash-based support includes HSS, ISS, CSO support, HPV demo projects, vaccine introduction grants, product switch grants and operational costs for campaigns. For 2013, operational costs for campaigns made up the highest proportion of cash-based spending (around 62%), while HSS spending was actually quite low (around 20%). Data as at 30 September 2013. Source: GAVI data (accessed 5 October 2013).
15 Under the current performance-based funding model, performance payments come into effect after the first year, which means that countries have one year to show results. Such a short time frame to show results could lead to countries looking for quick wins, rather than addressing more systemic issues. For a further critique of this, see: Save the Children, Halfway there: Delivering on the promise of immunisation for all. London: Save the Children.
16 At the November 2011 GAVI Alliance Board meeting, it was agreed that HSS funding must be explicitly linked with immunisation outcomes. While this is important, particularly in light of GAVI’s mandate, this may lead to countries prioritising activities that strengthen the immunisation system exclusively, instead of strengthening the broader health system to better deliver immunisation outcomes. For a further critique of this, see: Save the Children, Halfway there: Delivering on the promise of immunisation for all. London: Save the Children.
17 This goes beyond country co-financing commitments currently required by GAVI.
18 Médecins Sans Frontières, 2013. Vaccines. The price of protecting a child from killer diseases. Geneva: MSF Access Campaign. This increase is based upon the lowest global prices, and therefore most countries not benefiting from GAVI support face even higher immunisation costs.
Including transparency in how prices are set.

This could help bring down prices through increased competition, while also potentially bringing about greater innovation.

For example, this should consider capacity in countries and demand for products, and quality and safety standards should be at the forefront of decisions.

The GAVI Alliance, through the Secretariat should work with others, including governments, to explore options – including learning from others – for pooled procurement (e.g. based on income groupings, or potentially regional pools with price variations within these depending on country income level), how effective the different options would be (e.g. depending on volume and security of demand), and what role they should play in supporting this.

Evidence has shown that competition is more effective than tiered pricing in achieving low and sustainable prices. Tiered pricing generally leads to an unequal balance in decision-making power with sellers having the upper hand over buyers. Also, while tiered pricing may lead to more equitable prices, there is no guarantee that they will be affordable as pricing tiers may be set high and undermine genuine competition. See: Moon, S., 2011. A win-win solution?: A critical analysis of tiered pricing to improve access to medicines in developing countries. Globalization and Health, 7: 39.

This includes transparency of prices, as well as how tiers have been established.

The process of setting and determining elements of tiered prices should be a transparent and open process, bringing others to the table to discuss, including countries.

Among 16 countries set to graduate from GAVI support by 2018, a recent study has shown that capacity to assume responsibility for their immunisation programmes is mixed, with all showing weaknesses in budgeting for vaccine purchase, national procurement practices, performance of national regulatory agencies, and technical capacity for vaccine planning and advocacy. Source: Saxenian, H., Hecht, R., Kaddar, M., Schmitt, S., Ryckman, T. and Cornejo, S., 2014. Overcoming challenges to sustainable immunization financing: early experiences from GAVI graduating countries. Health Policy and Plan, 10.1093/heapol/czu003: 1-9.

A recent study found that, among GAVI-eligible countries studied (Bangladesh, Cameroon, Ethiopia, Kenya and Mali), the primary factor driving decisions to adopt new vaccines was to seize the opportunity of GAVI funding. Source: Burchett, H.E.D., Mounier-Jack, S., Griffiths, U.K., Biellik, R., Ongolo-Zogo, P., Chavez, E., Sarma, H., Uddin, J., Konate, M., Kitaw, Y., Molla, M., Wakisaka, S., Gilson, L. and Mills, A., 2012. New vaccine adoption: qualitative study of national decision-making processes in seven low- and middle-income countries. Health Policy and Plan, 27: ii5–ii16.

This should be context specific and respond to the specific capacity needs and gaps in the country.

Decisions should take into consideration the full cost of sustaining programmes and coverage when countries will no longer be eligible for GAVI support.


Civil society and research/technical health institutes are not represented on the Board. Representatives from vaccine manufacturing constituencies took the voluntary decision to step down from the Committee in 2008.

Nine GAVI Alliance Board seats (out of 28) are allocated to independent members, with the aim of bringing impartiality and additional expertise to the board. Independent members, however, do not represent and are not accountable to any organisation or constituency, which raises potential concerns.

For example, whether there is a need for them to sit on the Board, or whether independent experts could instead be brought in to provide external expertise and advice without playing a decision-making role.

For example, data on inputs/outputs such as availability of vaccine stocks, syringes, vaccination cards, etc.

Specific equity dimensions should be relevant to the country context.