

Immunisation

Successes of immunisation are tempered by slow progress in strengthening health systems



CZAHNISEV/CDC

The Global Alliance for Vaccines and Immunisation (GAVI), now known as the GAVI Alliance, was created in 2000 to increase the availability and use of immunisation in poor countries. GAVI's launch, which was made possible by a start-up grant of \$750m (£486m; €550m) from the Gates Foundation, was part of broader efforts by world leaders to strengthen public health action across the globe in the late 1990s. Nine million children die in the developing world annually, two million from diseases for which vaccines are available. Over the past decade, GAVI has immunised 256 million children and, in doing so, has averted five million deaths.¹

For many, the measurable achievements of GAVI make it the flagship among a flood of global public-private partnerships in health. The alliance has achieved this by playing a “market shaping role”—for example, by consolidating populations into larger markets and exerting downward pressure on prices (as it did for hepatitis B and diphtheria-pertussis-tetanus vaccines) through its purchasing power. It has also politicised vaccines, in the best possible sense, and made world leaders recognise the importance of immunisation. The results are impressive, especially to donors seeking good news stories to leverage support for their funding decisions—the number of countries where polio is endemic has been reduced from 125 to four; 233 million additional children have been immunised against hepatitis

B; and the prospects of childhood vaccines for malaria and meningitis, and other new products are exciting. The recent announcement of an additional \$10bn of funding from the Gates Foundation to support vaccine research, development, and delivery is seen as a major vote of confidence for GAVI's work.²

Yet the alliance has not been immune to criticism. Although it is generally seen as an effective manager of an ambitious grant making enterprise, changes to its governance have been necessary to improve the quality and appropriateness of its funded activities. Of particular concern have been a lack of clarity about the relative roles of various partner institutions, the need for better technical support for countries applying for GAVI grants, and too little meaningful participation in priority setting by recipient governments. This last problem has led to familiar accusations of donor driven agendas and even the foisting of vaccines on recipient countries.³ GAVI's governance structure was streamlined in 2008 when the alliance's two distinct decision making bodies—the GAVI Alliance board and the funding board—merged, with the aim of combining “the best of multilateral and public sector values and experiences with the added value of private sector dynamics and challenge.”⁴

What is less clear is how this will ensure that the needs of recipient countries are taken into account. This raises difficult questions about GAVI's *raison d'être*, which—given

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“Please also note that although the GAVI Alliance needs to raise an additional \$2.6 billion over the next six years to help roll out these new vaccines against the two biggest child killers, we have not received any of the \$10 billion announced by the Bill & Melinda Gates Foundation in January.” Julian Lob-Levyt, chief executive officer, GAVI Alliance, Switzerland
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a single minded focus on child immunisation—reignites longstanding tensions between vertical and horizontal approaches to health development.⁵ GAVI claims that immunisation is “one of the most efficient, successful and cost-effective health investments in history.”⁶ Others disagree, warning that insufficient attention to strengthening health systems skews priorities, diverts resources from other health needs, and creates unsustainable activities.⁷

GAVI sought to reconcile the disease and systems approaches by launching the Health Systems Strengthening (HSS) “investment window” in 2006. The goal of strengthening the capacity of health systems to deliver high quality immunisation services, and the principles behind achieving this (that they should be country driven, aligned with national planning and budget cycles, innovative, catalytic, and above all tackle unmet needs in existing support) have been widely supported. However, independent evaluations suggest much work remains to be done to realise this ambition. Lack of resources has not been the problem: HSS has been financed by the GAVI Fund and International Finance Facility for Immunisation (IFFIm), and there are reports of a planned HSS “financing platform” by the World Bank, Global Fund, and GAVI.⁸ The enduring challenge has been the lack of an agreed strategy—notably, what exactly a health system is and what strengthening actions work best.⁹ Evidence suggests that GAVI grants have largely been used for downstream short term fixes, rather than the upstream long term structural reforms really needed to strengthen health systems.¹⁰⁻¹² More operational research is urgently needed to understand how GAVI might best support HSS for child immunisation that could, in turn, create a kind of “herd effect” in generating wider benefits for a broader range of health development needs.

The world is a better place for millions of children because of the increased rates of immunisation that GAVI has achieved over the past 10 years. The challenge is to ensure that these children go on to live their lives meaningfully and with dignity. This will require equitable access to the full range of basic needs, and to this end, the world still has a long way to go.

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