

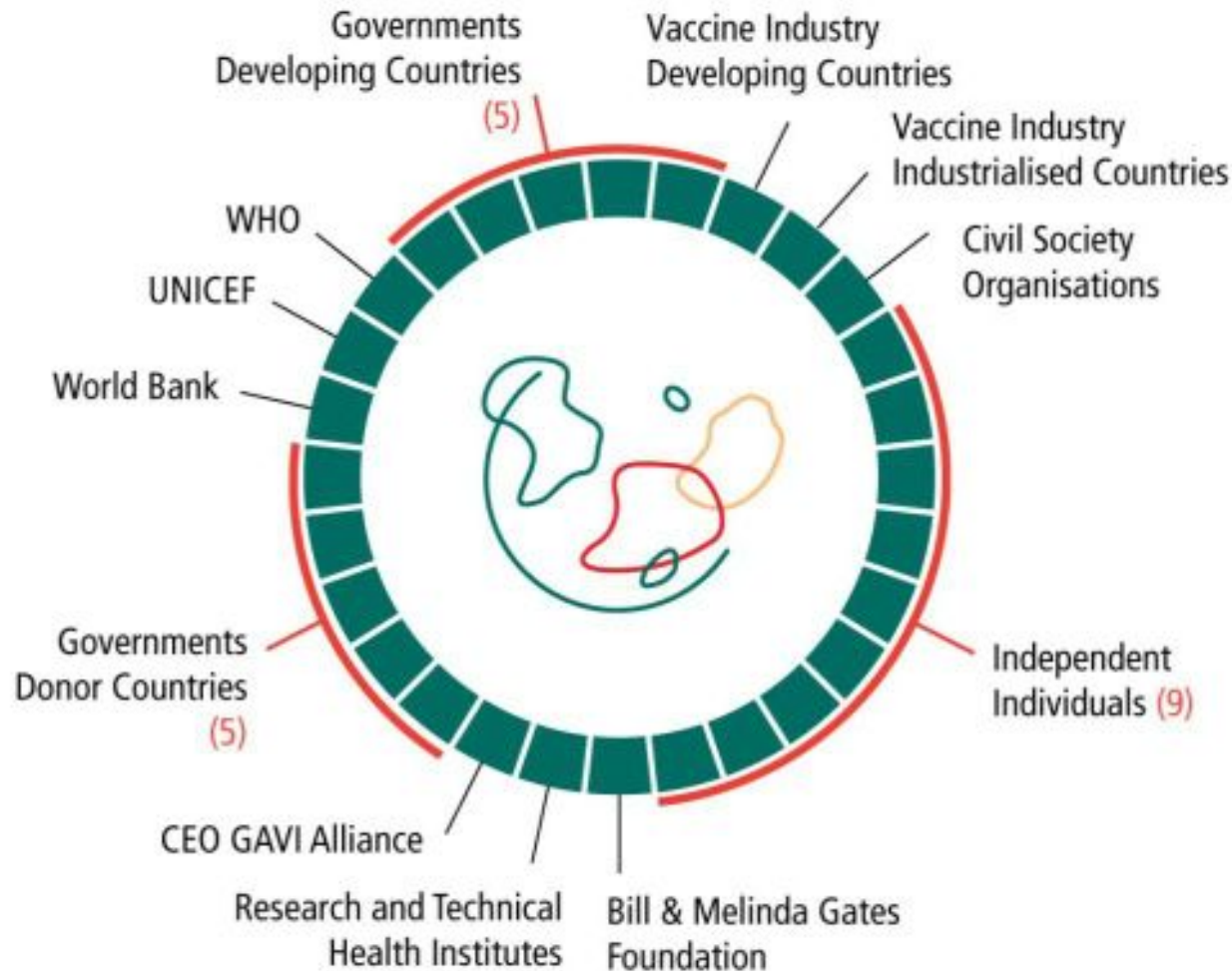
GAVI's mission

To save children's lives and protect people's health by increasing access to immunisation in poor countries

Strategic goals 2011–2015

- **Accelerate the uptake and use of underused and new vaccines**
- **Contribute to strengthening the capacity of integrated health systems** to deliver immunisation
- **Increase the predictability** of global financing and **improve the sustainability** of national financing for immunisation
- **Shape vaccine markets**

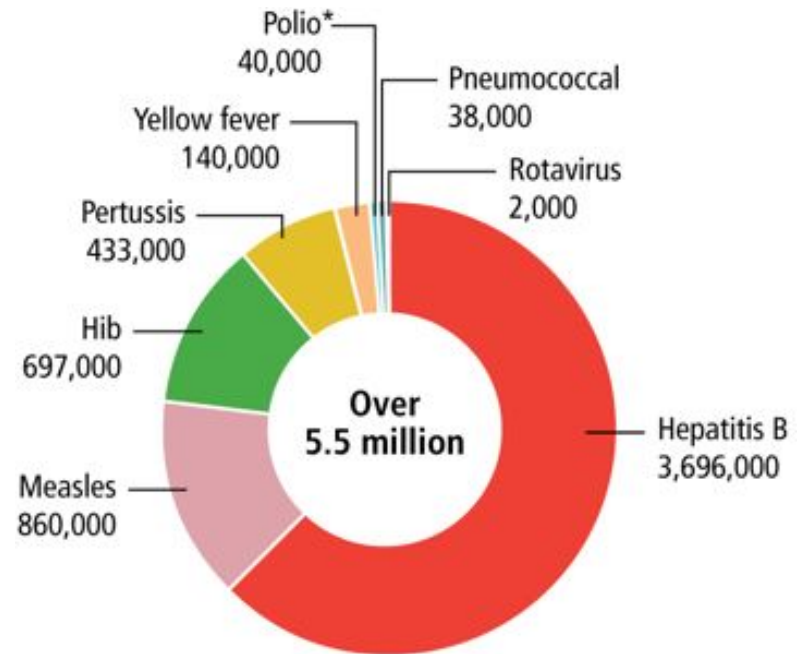
The power of partnership: the GAVI Alliance Board



What countries have achieved with GAVI support

- Immunised 326 million children
- Prevented over 5.5 million future deaths
- Accelerated vaccine introductions in over 70 countries
- Strengthened health systems to deliver immunisation
- Helped shape the market for vaccines

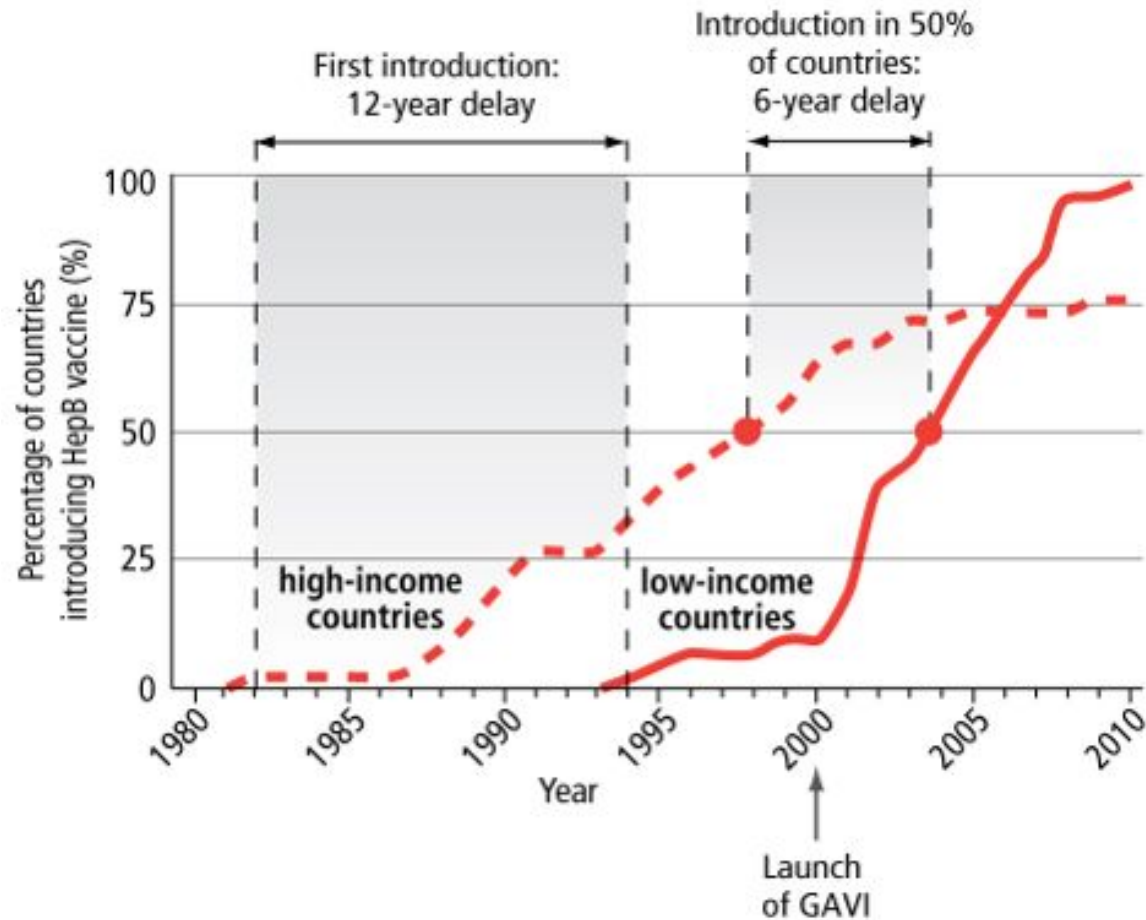
Future deaths averted



Source: These estimates and projections are produced by the WHO Department of Immunization, Vaccines and Biologicals, based on the most up-to-date data and models available as of 30 September 2011.

*Includes deaths averted by GAVI-supported vitamin A supplementation programmes.

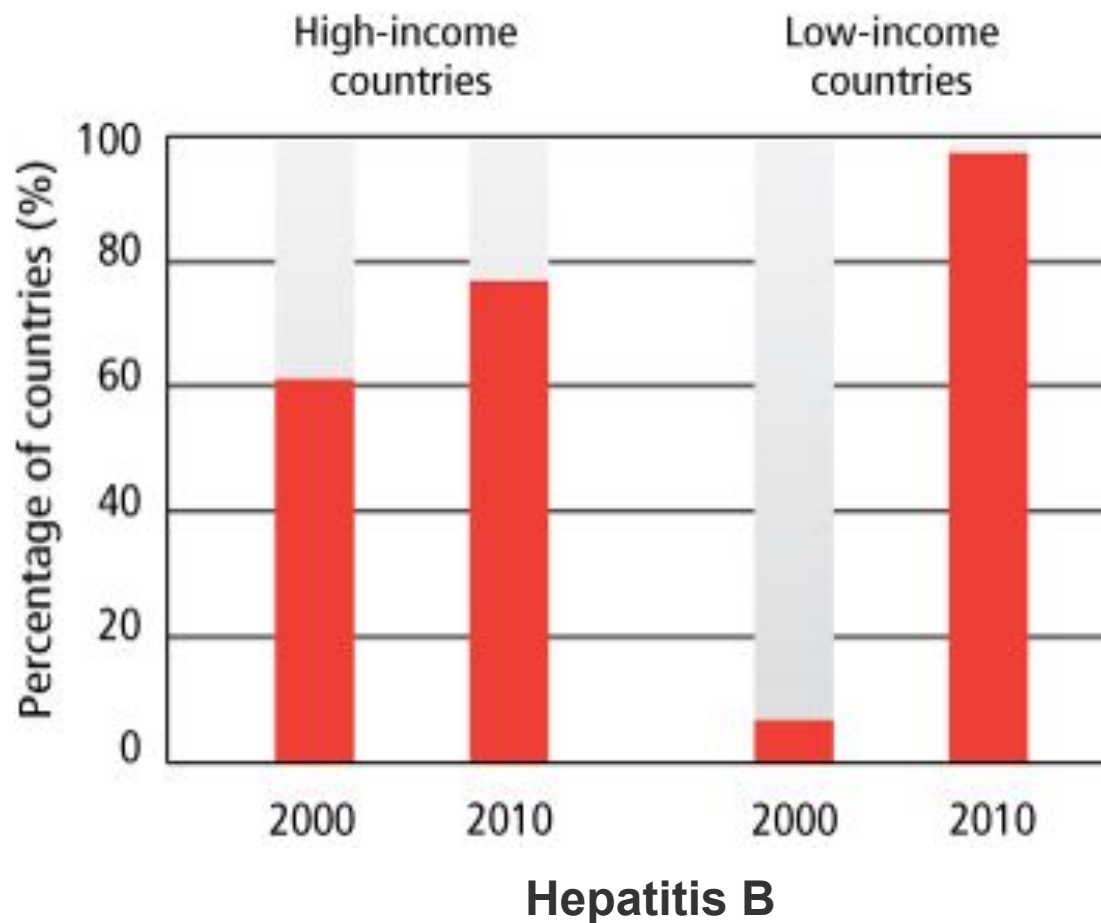
Accelerating Hepatitis B vaccine introduction in low-income countries



Source: WHO, Vaccine introduction database

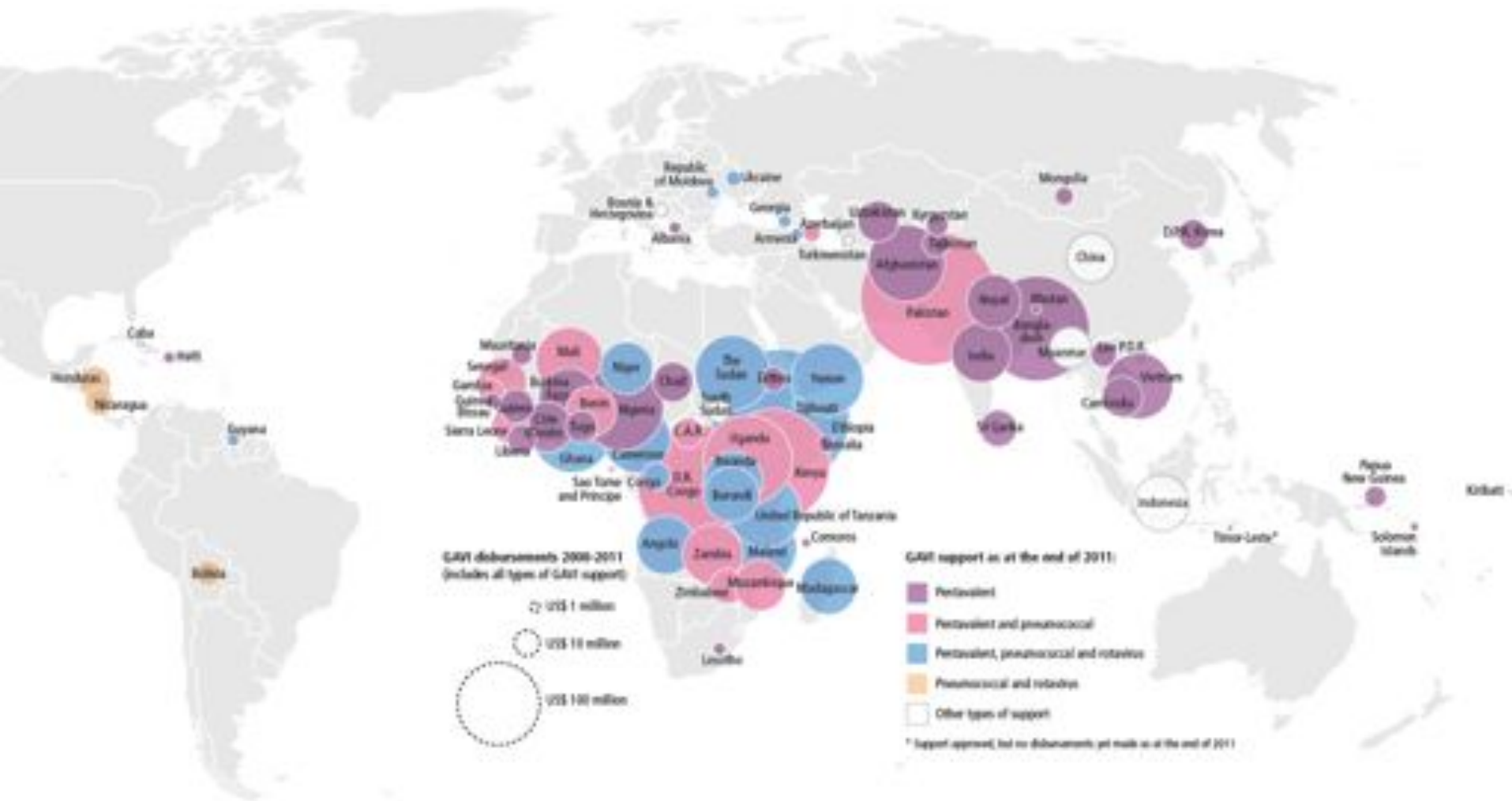
Driving equity in vaccine access

Routine use of vaccines in high- and low-income countries



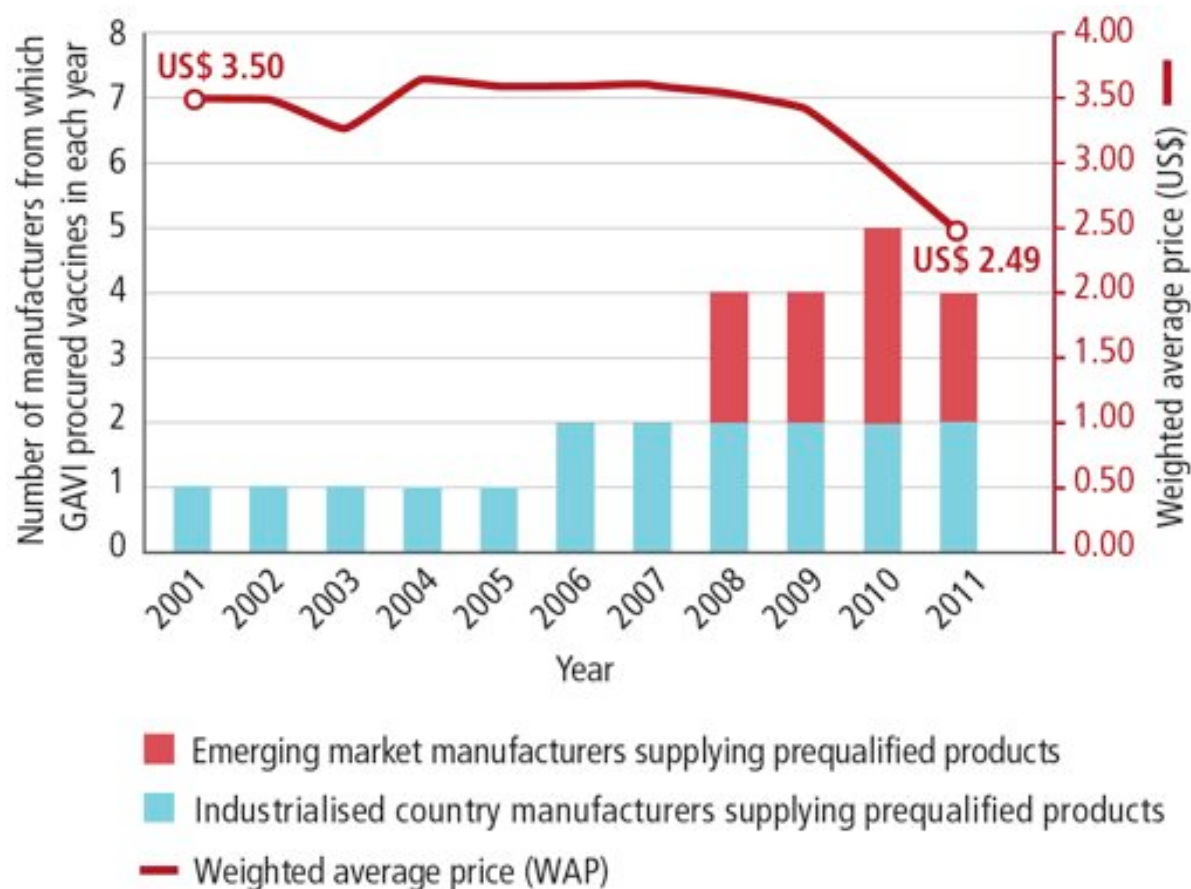
Source: WHO, Vaccine introduction database.

GAVI support 2000-2011



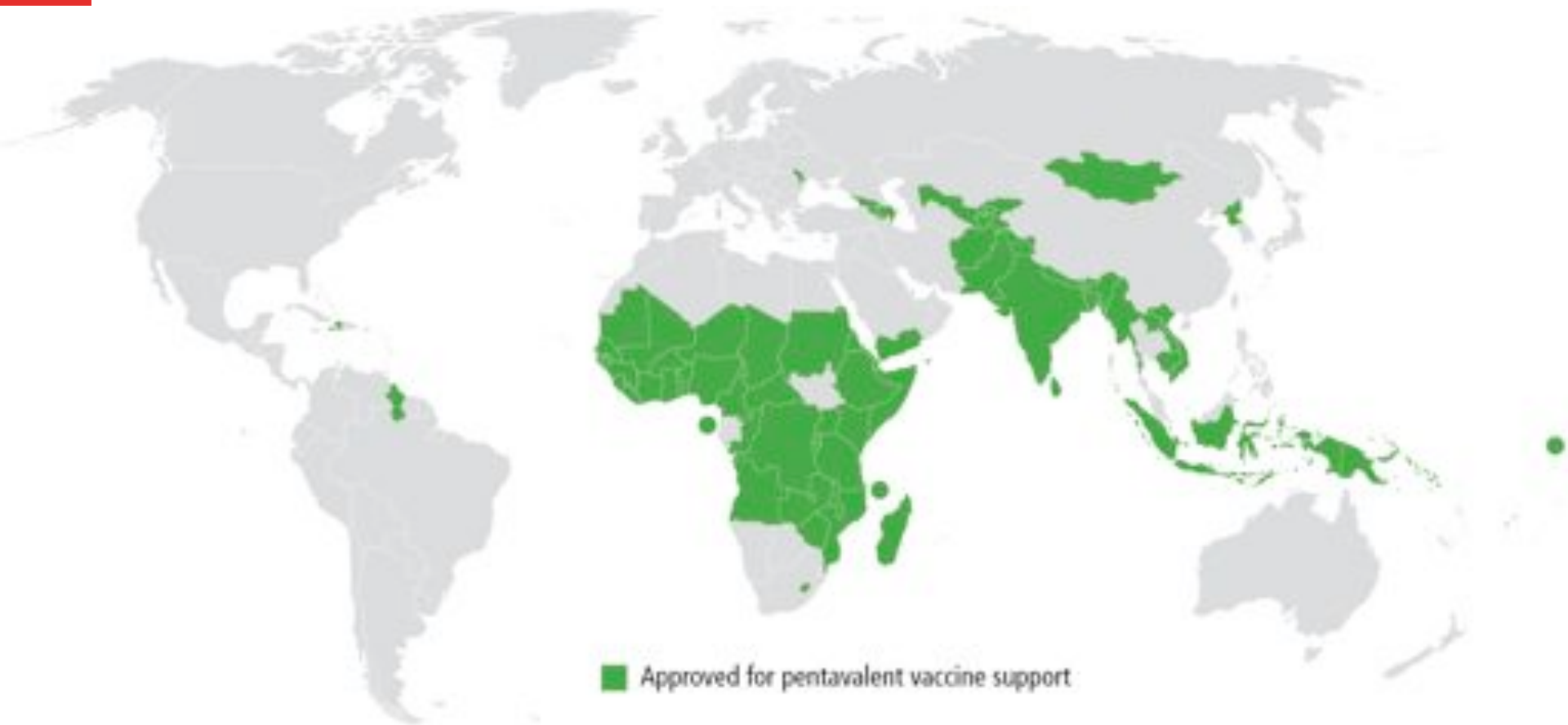
Increased competition reduces vaccine price

Price decline of pentavalent vaccine and number of manufacturers



Pentavalent vaccine - 5 in one shot - diphtheria tetanus pertussis hep B and hib

Approved for pentavalent vaccine support 2000 – April 2012

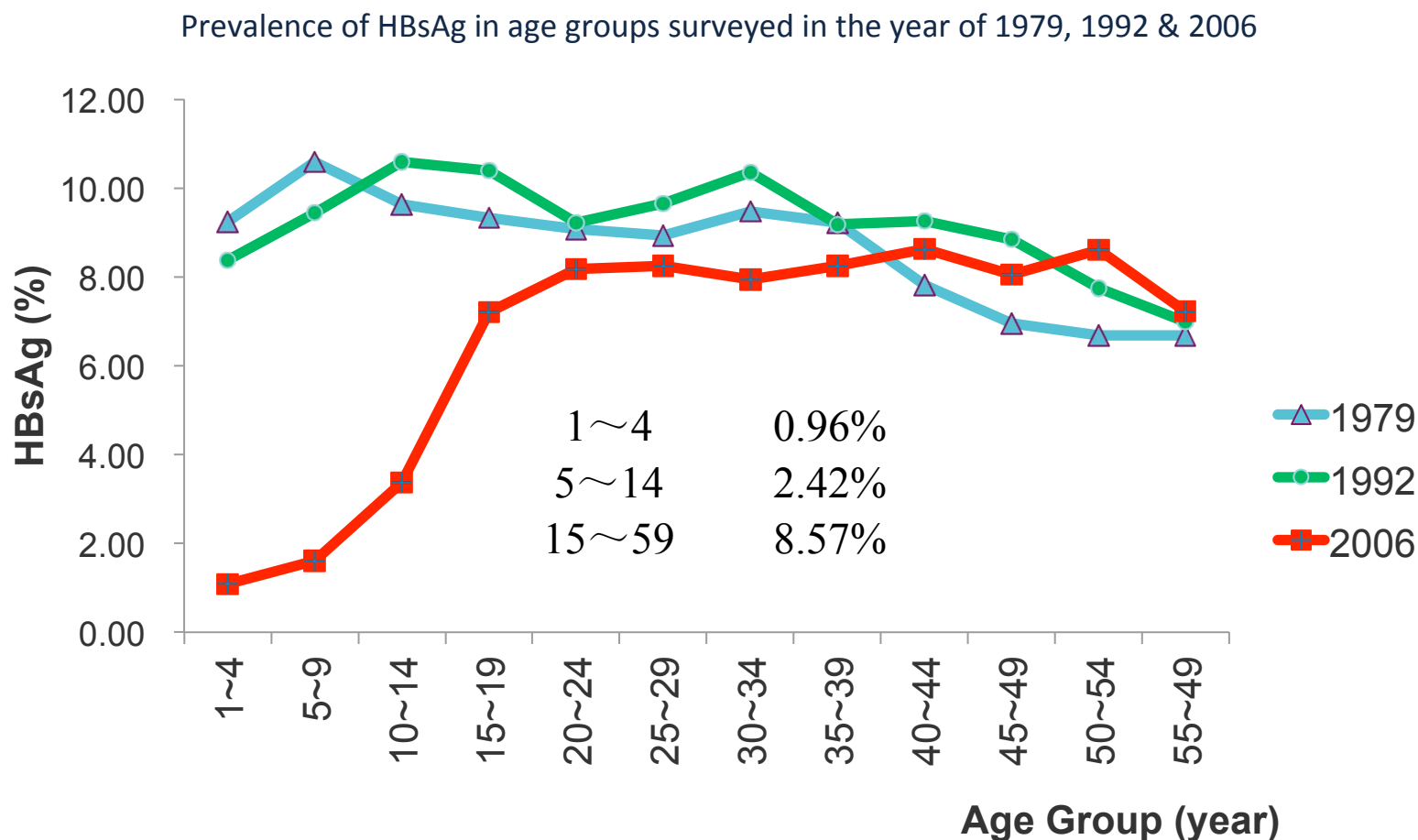


Source: GAVI Alliance data as of 13 April 2012

China hepatitis B vaccine success story

- US\$ 76 million project equally funded by GAVI and the Government of China
- Aim: accelerate integration of hep B vaccine into EPI and ensure injection safety
- Focus: W. China and poor areas in Central China
- Results: 2001-2009 in project counties
 - Hep B 3 coverage - 40% to 95% increase
 - Hep B at birth coverage - 50% to 88% increase
 - 90% use of autodisable syringes
- Carrier rate in children under 5 dropped 10% to 1%
- Catalytic: Government fully funding Hep B vaccines

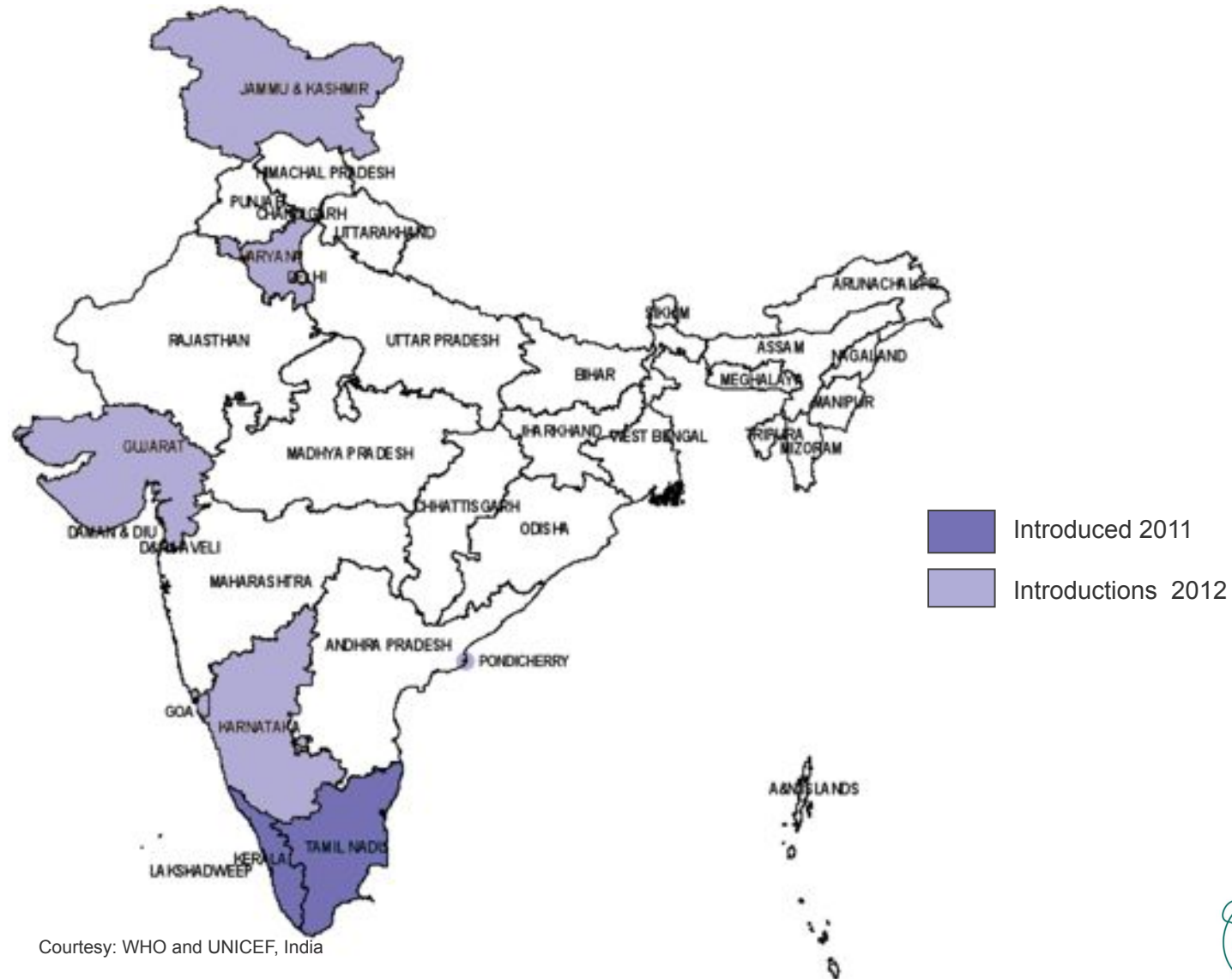
Drop in chronic carrier rate between 1979 - 2006



Courtesy: Dr Cui Fuqiang

1. Qu Z. An epidemiological study on the distribution of HBsAg and anti-HBs in China. *Chine Journal of Microbiogy Immunology*. 1986; Suppl(20-40).
2. Dai ZC, G.M. Q. Seroepidemiological Survey in Chinese population (part one), 1992-1995. Beijing. *Sci Tech Exp*. 1996: 39-59.
3. Liang X, Bi S, Yang W, Wang L, Cui G, Cui F, et al. Epidemiological serosurvey of hepatitis B in China--declining HBV prevalence due to hepatitis B vaccination. *Vaccine*. 2009; 27(47): 6550-7.

India: Pentavalent vaccine introductions 2011–2012



Courtesy: WHO and UNICEF, India

Thank you

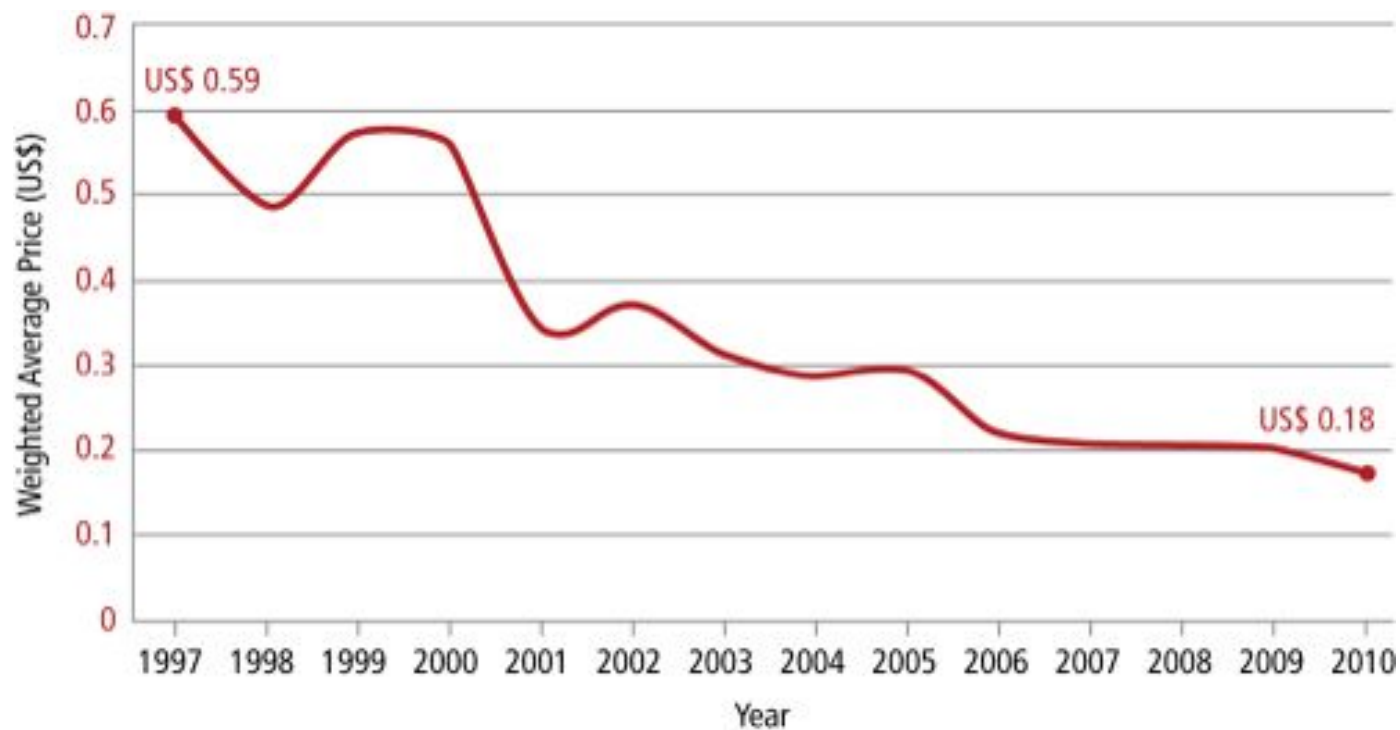


UNICEF/2006/Josh Estey



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Hepatitis B price decline



Source: UNICEF Supply Division, 2010