GAVI/99.01
English only

Global Alliance for Vaccines and Immunization

Meeting of the Proto-Board

Seattle, Washington
12-13 July 1999

Executive Summary

More than two million children are still dying from diseases that can be prevented by currently available vaccines and several million more lives could be saved if we have effective vaccines against diseases like AIDS, tuberculosis and malaria.

There is now a new commitment of philanthropic foundations, vaccine producing industries and a variety of public sector institutions to bring these vaccines to current and future generations of children. The Global Alliance for Vaccines and Immunization (GAVI) has been established to facilitate the attainment of these goals.

The Proto-Board of GAVI was set up as a one-time event at the Bellagio meeting on "Vaccine Development and Delivery: Partnership for the 21st Century". This meeting completed a one-year review of immunization-related activities undertaken by major interested partners.

The Proto-Board had a broad representation including multilateral and bilateral agencies, the private sector, philanthropic foundations, the research and development community, national technical agencies and developing countries (see Annex 1).

It was asked to decide on the mission, objectives, functions and structure of a mechanism that would enable various partners in immunization to collaborate as effectively as possible in the achievement of common goals. These have been set out in Annex 2 and are summarized below:

1. Mission: To fulfil the right of every child to be protected against vaccine-preventable diseases of public health concern.

2. Strategic objectives: To improve access to sustainable immunization services, expand the use of all existing cost-effective vaccines, accelerate the development and introduction of new vaccines, and make immunization coverage an integral part of the design and assessment of health systems and international development efforts.

3. Modus operandi: As an operating platform, the Proto-Board adopted the following mechanisms:
    - a global Children's Vaccine Fund to facilitate (i) the financing of underutilized and new vaccines and (ii) infrastructure and research and development of priority for poor populations and countries;

- a Governing Board expressing the highest political commitment of partners and providing a forum for decision-making on common objectives and strategies;
- a small Secretariat for implementing the directions of the Board and helping to ensure the involvement and representation of the broader immunization community;
- a partners' Working Group to ensure that the decisions of the Board are translated into operational actions appropriate to each lead agency;
- Task Forces of limited duration to address specific issues;
- a meeting held approximately every two years in order to bring together the broader immunization community.

4. The Board: A Board membership of 12 was adopted, on the understanding that this was the founding board and could be altered as the needs of GAVI matured.

   - The Proto-Board decided that Executive Heads of Board Member Organizations should serve ex officio and act as Chairs of the Board with terms of two years.
   - The Proto-Board invited the Director-General of WHO to serve as Chair for the first term and the Executive Director of UNICEF to serve as Chair for the second term.

5. The Secretariat and Working Group:

   - The Proto-Board accepted the offer by UNICEF to house the Secretariat at its premises in Geneva, and requested UNICEF to establish a special account to receive partner funding for the Secretariat.
   - The Proto-Board appointed Dr Tore Godal as interim Executive Secretary of GAVI for a two-year period starting on1 July 1999.
   - A budget of US$ 3 150 444 for the Secretariat to cover the 18-month period from 1 July 1999 to 31 December 2000 was approved (Annex 3).
   - The Working Group was endorsed to ensure a strong link to the main Board Member Organizations.

6. Task Force: The Proto-Board established three Task Forces with agreed terms of reference: country coordination, advocacy and financing (see Annex 4). In addition, the Proto-Board endorsed:

   - plans for the establishment of a Children's Vaccine Fund, to be pursued by the Working Group with additional expertise as required;
   - a gap analysis of the research and development field to be completed within a year.

7. Milestones: Interim milestones were adopted to assure a time-framed reduction in the inequalities of access to new and old vaccines and to reduce the preventable disease burden, especially among the poor. Preliminary cost estimates for reaching the milestones were made (Annex 5).

   - Further elaboration of milestones in relation to disease burden, child mortality and internationally accepted development goals was requested.

8. Launch: GAVI should be publicly launched when the Children's Vaccine Fund has been established. The launch is expected to take place early in 2000. The launch should be a multi-site event (possibly over a period of time) with major contributors appearing with Heads of UNICEF, WHO and the World Bank as well as other main partners. Planned pre-launch and post-launch activities were approved (Annex 6).

9. The first GAVI Board meeting is planned for 28 October 1999 at UNICEF House, New York, with the participation of Dr Brundtland, Chair of the Board, and Ms Bellamy, ex-officio member.

10. The Proto-Board thanked the Working Group, PATH and the Gates Foundation's Children's Vaccine Programme for their excellent preparation and support for the meeting. The Board expressed gratitude to Professor Barry Bloom for chairing the meeting in an efficient manner.

List of Annexes

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Annex 1:
List of Participants

Alnwick, Dr. David J., Chief, Health Section, Programme Division, United Nations Children's Fund, 3 United Nations Plaza, New York, NY 10017, USA
Tel: 212-824-6369; Fax: 212-824-6465
E-mail: dalnwick@unicef.org

Batson, Ms. Amie, Health Specialist, Health and Development Network, The World Bank, 1818 H Street NW, Washington DC, 20433, USA
Tel: 202-458-8300; Fax: 202-522-3489
E-mail: abatson@worldbank.org

Bergevin, Dr. Yves, Senior Health Specialist, Policy Branch, Canadian International Development Agency (CIDA), 200 Promenade du Portage, Hull, Quebec K1A 0G4, Canada
T*el: 819-997-7870/613-237-8812; Fax: 819-997-9049*
E-mail: yves_bergevin@acdi-cida.gc.ca

Bloom, Dr. Barry R., Dean of The School of Public Health, Harvard University, 677 Huntington Avenue, Room 1005, Boston, MA 02115, USA
Tel: 617-432-1025; Fax: 617-277-5320
E-mail: bbloom@hsph.harvard.edu

Cluett, Ms. Suzanne (July 12 morning only), William H. Gates Foundation, 4756 University Place, Suite 379, Seattle, WA 98105, USA
Tel: 206-524-7979; Fax: 206-524-7945
E-mail:suzannecluete@msn.com

England, Dr. Sarah, Consultant, World Health Organization, 20 Avenue Appia, CH 1211 Geneva 27, Switzerland
(Home: Boldhusgade 4, 1062 Copenhagen K, Denmark)
Tel: 45-3315-0417 (works out of home in Copenhagen); Fax: 45-3315-0417
E-mail: bcc22895@vip.cybercity.dk

Evans, Dr. Timothy G., Team Director, Health Sciences Division, The Rockefeller Fondation, 420 Fifth Avenue, New York, NY 10018-2702, USA
Tel: 212 869-8500/212 852-8320; Fax: 212 852-8279
E-mail: tevans@rockfound.org

Ganguly, Dr. Nirmal K. *, Director-General, Indian Council of Medical Research, Ansari Nagar, New Delhi 110029, India
Tel: 91-11-6517-204, 6962-794, 6567-136, 6492-288(home);
Fax: 91-11-6856-713, 6868-662, 6515-635; E-mail: icmrhqds@sansad.nic.in

Gates, Sr William H. (12 July morning only), William H. Gates Foundation, 4756 University Place, Suite 379, Seattle, WA 98105, USA
Tel: 1-206-524-7979; Fax: 1-206-524-7945

Godal, Dr. Tore, Executive Secretary, Global Alliance for Vaccines and Immunization, UNICEF, 5-7 Avenue de la Paix, CH 1211 Geneva 10, Switzerland
Tel: 011-41-22-9095-020; Fax: 011-41-22-9095-900
E-mail: tgodal@unicef.ch

Kane, Dr. Mark, Director, Bill and Melinda Gates Children's Vaccine Program, PATH,
4 Nickerson Street, Seattle, Washington 98109, USA
Tel: 206 285-3500; Fax: 206 285-6619
E-mail: mkane@path.org

Keith, Ms. Jacqueline, Assistant Vice President, International Trade Relations, Wyeth-Ayerst Labs, 555 E. Lancaster Avenue, Radnor, PA 19087, USA
Tel: 610-971-5552; Fax: 610-995-3304
E-mail: KEITHj@labs.wyeth.com

LaMontagne, Dr. John R., Deputy Director, National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health, Building 31, Room 7A03, 31 Center Drive, Bethesda, MD 20892, USA
Tel: 301-496-9677; Fax: 301-496-4409
E-mail: jm79q@nih.gov

Landry, Dr. Steve, Technical Adviser, Child Survival, Population, Health and Nutrition Center for USAID, 1300 Pennsylvania Ave. NW, 3rd Floor, Ronald Reagan Building,
3.07-039, Washington, D.C. 20523-3601, USA
Tel: 202-712-4808; Fax: 202-216-3702
E-mail: slandry@usaid.gov

Levine, Dr. Myron (Mike), Director, Center for Vaccine Development, University of Maryland School of Medicine, HSF-Room 480, 685 West Baltimore Street, Baltimore,
MD 21201-1509, USA
Tel: 410-706-7588; Fax: 410-706-6205
E-mail: mlevine@medicine.umaryland.edu

Lovelace, Dr. James Christopher, Director, Health, Nutrition and Population, The World Bank, Rm. G3-021, 1818 H. St. NW, Washington, D.C. 20433, USA
Tel: 202- 458-5125/5520; Fax: 202-522-3234/3489
E-mail: jlovelace@worldbank.org

Martin, Mr. Jacques-Francois, 36, quai Fulchiron, 69005 Lyon, France
Tel: 011-33-4 7842 6371/33-4 78 42 63 89; Fax: 011-33-4 7842 3424
E-mail: jfmartin@parteurop.fr

Mason, Mr. Peter, Principal Advisor, United Nations Children's Fund, Three United Nations Plaza, New York, NY 10017, USA
Tel. 212-326-7139; Fax 212-303-7938
E-mail: pmason@unicef.org

Mauerstein-Bail, Ms. Mina, Manager, Health and Development, UNDP, One United Nations Plaza, FF Building, Room 616, New York, NY 10017, USA
Tel: 212-906-6349; Fax: 212-906-6350
E-ail: mina.mauerstein-bail@undp.org

Maynard, Dr. James, Technical Director, Bill and Melinda Gates Children's Vaccine Program, PATH, 4 Nickerson Street, Seattle, Washington 98109, USA
Tel: 206 285-3500; Fax: 206 285-6619
E-mail: jmaynard@path.org

Melgaard, Dr. Bjorn, Director, Vaccines and Other Biologicals, World Health Organization, 20 Avenue Appia, CH 1211 Geneva 27, Switzerland
Tel: 011-41-22-791-4408/4468; Fax: 011-41-22-791-4192
E-mail: melgaardb@who.ch

Perkin, Dr. Gordon (July 12 morning only), President, PATH, 4 Nickerson Street, Seattle, Washington 98109, USA
Tel: 206 285-3500; Fax: 206 285-6619
E-mail: gperkin@path.org

Sachs, Dr. Jeffrey (12 July only), Director, Center for International Development, Harvard University, 79 JFK Street, Cambridge, MA 02138, USA
Tel: 617-495-4112; Fax: 617-495-8685
E-mail: jeffrey_sachs@harvard.edu

Sakai, Dr. Suomi, Senior Health Advisor, Immunization Health Section, United Nations Children's Fund, Three United Nations Plaza, New York, NY 10017, USA
Tel: 212-824-6313; Fax: 212-824-6464
E-mail: ssakai@unicef.org

Scholtz, Dr. Michael, Executive Director, Health Technology and Pharmaceuticals, World Health Organization, 20 Avenue Appia, CH 1211 Geneva 27, Switzerland
Tel: 011-41-22-791-4798; Fax: 011-41-22-791-4889
E-mail: scholtzm@who.ch

Shodu, Dr. Lomamy Kalema, Director, Family and Child Health Department, 3rd Floor, Office No. 3-78, Kaguvi Building, Ministry of Health and Child Welfare, Central Avenue, Harare, Zimbabwe
Tel: 263-04-722697; Cell: 263-11-800-525; Fax: 263-04-794734
E-mail: lshodu@healthnet.zw

Vandersmissen, Mr. Walter, Government Affairs Director, SmithKline Beecham Biologicals, S.A., Rue de L'Institut 89, B-1330 Rixensart, Belgium
Tel: 32 2 656 83 70; Fax: 32 2 656 81 29/81 45
E-mail: walter.vandersmissen@sbbio.be

Zaffran, Mr. Michel, Programme Officer, Vaccines and Other Biologicals, World Health Organization, 20 Avenue Appia, CH 1211 Geneva 27, Switzerland
Tel: 011-41-22-791-4373; (Direct): 011-41-22-791-2111;
Fax: 011-41-22-791-4193
E-mail: zaffranm@who.ch

*Unable to attend.

Annex 2:
Global Alliance for Vaccines and Immunization: mission, objectives, functions and structure

Mission statement

Every child, regardless of place of birth or socioeconomic status, should be protected against vaccine-preventable diseases where epidemiological data demonstrate a public health priority.

The Global Alliance for Vaccines and Immunization has been created to save children's lives and protect people's health through the widespread use of safe vaccines, with a particular focus on the needs of developing countries.

Currently, maximizing the use of traditional and newly developed vaccines has the potential to reduce child mortality from acute respiratory infections, diarrhoeal diseases, measles and liver cancer by over 2 million per year. Furthermore, the introduction of new vaccines against pneumococcal pneumonia, HIV/AIDS, tuberculosis and malaria would save the lives of 4 - 6 million people annually.

Strategic objectives

The Global Alliance for Vaccines and Immunization underwrites the goals and objectives already set by the World Health Assembly and the World Summit for Children, in particular the eradication of poliomyelitis and the reduction of measles mortality and morbidity.

To achieve its mission the Alliance has identified the following strategic objectives that constitute the framework for guiding all its members:

(1) improving access to sustainable immunization services;

(2) expanding the use of all existing safe and cost-effective vaccines;

(3) accelerating the development and introduction of new vaccines;

(4) accelerating research and development efforts for vaccines and related products specifically needed by developing countries, particularly vaccines against HIV/AIDS, malaria and tuberculosis;

(5) making immunization coverage a centrepiece in the design and assessment of international development efforts, including deep debt relief.

Milestones

The following milestones should guide national authorities for setting priorities in improving access to immunization services and expanding the scope of these services. The milestones have been conceived as minimum global targets to monitor the effectiveness of the Global Alliance:

(1) By 2005, 80% of developing countries should have routine immunization coverage of at least 80% in all districts (e.g. as measured by DTP3 and measles).

(2) By 2002, 80% of all countries with adequate delivery systems should have introduced hepatitis B vaccine; by 2007 this should have been achieved in all countries.

(3) By 2005, 50% of the poorest countries with high disease burdens and adequate delivery systems should have introduced Hib vaccine.

(4) By 2005 the vaccine efficacy and disease burden in respect of rotavirus and pneumococcal disease should be known for all regions, and a mechanism should have been identified to make the vaccines available for the poorest countries.

(5) During 2000 the Global Alliance should present an analysis of potential benefit, current market and policy failure in the level of research, development and commercialization of candidate vaccines for HIV/AIDS, malaria and tuberculosis, and should make recommendations for financial and institutional mechanisms to overcome these problems.

Governance

The Alliance is governed by a Board whose objectives are to (1) express the highest political commitment of partners and (2) exercise operational decision-making to establish shared objectives, strategies and plans.

The first objective will be achieved by establishing ex-officio membership of the Executive Director of UNICEF, the President of the World Bank and the Director-General of the World Health Organization, other Heads of Organizations represented on the Board and by having a rotating chairmanship among them. In order to secure wide involvement and commitment a biannual consultative meeting will be organized with wide-ranging participation of partners interested in improving immunization services.

Terms of reference of the Board

(1) The Board provides broad strategic directions to GAVI through:

- dialogue;
- establishing shared objectives;
- developing coherent shared strategies;
- addressing differences;
- monitoring progress and identifying gaps in the achievement of milestones.

(2) The Board will:

- review, approve and update joint objectives and milestones;
- review progress in achieving objectives and milestones;
- identify strategies and actions and commit resources in order to achieve objectives and milestones;
- review the proposed action plans for GAVI;
- review the proposed action plan for the Secretariat;
- note and monitor the promises of partners to undertake certain strategies and activities;
- identify gaps/areas needing increased attention and/or resources;
- if necessary, identify/commission other partners (e.g. academia) or change the terms of reference of the Secretariat;
- resolve issues of importance for the achievement of global objectives;
- approve budgets of the Secretariat and the Task Forces;
- contribute to fund-raising and advocacy activities through the individual members of the Board.

Operations of the Board

- The Director-General of WHO will serve as Chair of the Board for the first two years. The Executive Director of UNICEF will serve as Chair for the second two-year term.
- The Board will preferably make decisions by consensus. However, voting will be used as a decision-making tool. Each Member Organization will have one vote. Thus, if the ex-officio members were participating they would vote for their Organizations.
- Decisions of the Board cannot override the authority of the governing boards of each individual Member Organization, and thus cannot be binding on any Member Organization.
- Each Organization on the Board will have one member and a designated stand-in.
- The Board will meet at least twice a year (two days for each meeting).
- The Working Group will be available at Board meetings.
- The agenda of the Board meetings will be:
  - identified by the Secretariat in collaboration with the Working Group;
  - approved by the Chair.
- Background documents will be prepared by the Secretariat in collaboration with the Working Group, Task Forces and Member Organizations.

Composition of the Board

- UNICEF
- WHO
- World Bank
- UNDP (to be invited)
- Gates Foundation/CVP
- Rockefeller Foundation
- Industry representative, International Federation of Pharmaceutical Manufacturers Association (IFPMA)
- Bilateral representative (elected by bilateral agencies)
- Research and development representative
- Developing country representatives (two representatives to be recommended by the Secretariat in collaboration with the Working Group)
- Technical agency representative
- Honorary Chair

Each member entity with multiple constituencies, such as the bilateral agencies, industry, the research and development community and technical agencies will endeavour to develop mechanisms for consultation and the election of representatives. This includes a pledge from IFPMA to find a mechanism for consulting with non-IFPMA manufacturers.

The Alliance will also have a Secretariat, a Working Group and Task Forces to support all partners to work towards reaching the common objective.

The composition and the terms of reference of these entities are described below.

The Secretariat

Terms of reference

In close collaboration with the working group the Secretariat will:

(1) develop for Board approval a consolidated GAVI work plan based on the partners' work plans and commitments, including plans and budgets for:
   - Secretariat
   - Working Group
   - Task Forces

(2) be responsible for the operations of the Task Forces

(3) coordinate and monitor the progress of activities

(4) evaluate progress towards GAVI milestones

(5) coordinate the development of resource mobilization strategies for the partners of GAVI

(6) support the Board by:

- preparing the agenda for the Board
- drafting minutes
- carrying out follow-up action as decided by the Board

(7) arranging Board meetings

(8) organizing biannual consultative meetings.

Operations of the Secretariat:

- The Secretariat is housed in UNICEF Geneva (Regional Office for Europe).
- The Executive Secretary of the Secretariat is Dr Tore Godal for a two-year period starting on 1 July 1999.
- The Secretariat is exclusively funded by contributions from partners.
- The Secretariat will not raise funds for its own activities.

Staffing

The core Secretariat will have the following staff:

- Executive Secretary - responsible for overall functions to the Board (two-year contracts; appointments and renewals made by the Board);
- Deputy Secretary - to assist the Executive Secretary in carrying out functions and to coordinate Task Force activities;
- Senior Operations Officer - responsible to the Executive Secretary for financial management including CVF funding projects;
- Board Secretary/Programme Officer - to assist the Executive Secretary in the management of all Board matters;
- Administrative Assistant - to assist professional staff in secretarial matters;
- Secretary - to assist professional staff in arranging meetings.

Professional level appointments will be made by the Executive Secretary following procedures of the host institution (advertisement; review panel with at least two members of the Working Group).

Working Group

Terms of reference

(1) To translate the Alliance's work plans into agency work plans and ensure implementation by the agencies.

(2) To meet four times a year to identify gaps, develop work plans and assess progress on work plans.

An additional task in the short term is:

(3) In respect of the Children's Vaccine Fund, to establish criteria for applications and a mechanism for primary review of their completeness and technical integrity.

Composition (to be modified)

- World Bank
- WHO
- UNICEF
- Industry
- Rockefeller Foundation
- Gates CVP
- Secretariat
- Bilateral representative (elected by the bilateral agencies)
- Additional people can be brought in to these meetings, depending on the issues discussed.

Task Forces

Task forces will be established/disestablished by the Board to address specific issues of concern to the Board. Their rationale is problem-solving with clearly defined outcomes. The general terms of reference of Task Forces are as follows:

(1) Task Forces will be established for periods of up to two years. If an activity needs to continue for longer than two years this will only happen after an in-depth review and consideration of the need for reorientation.

(2) A Task Force will be managed by the lead Board Member Organization (the preferred option) or the Secretariat. The Secretariat will present the terms of reference and rationale to the Board when the establishment of a Task Force is considered.

(3) A Task Force will be funded by the lead organization but supplementary funding may be provided by the Secretariat as required.

(4) The coordination of Task Force activities will be the responsibility of the Secretariat.

The following Task Forces are presented for establishment to the Proto-Board:

(1) Task Force on Country Coordination: The Task Force on Country Coordination will be responsible for identifying the best mechanisms for country coordination among all stakeholders and for developing strategies to establish such mechanisms at country level.

(2) Task Force on Advocacy: The Task Force on Advocacy will be responsible for building and communicating a common vision for global immunization among the partner agencies and the world immunization community, and for increasing the awareness of decision-makers, donors and programme managers regarding the crucial importance of effective routine immunization activities, with a view to strengthening their commitment and financial support for immunization services.

(3) Task Force on Financing: The Task Force on Financing will be responsible for increasing the understanding of why there is inadequate funding for vaccines and immunization in the poorest countries and identifying strategies which will improve the capacity of governments, donors and development banks to finance needs.

Annex 3:
The Secretariat's budget

The Secretariat's budget (US$) for
1 July 1999 to 31 December 2000

Item	1999	2000
Professional staff (4)	353 682	750 372
Support staff (2)	48 022	99 915
Equipment and maintenance	71 368	27 184
Travel	50 000	100 000
Task Forces	300 000	750 000
Meetings and contractual work	200 000	400 000
Total	**1 023072**	**2 127 372**

The grand total for the full period is US$ 3 150 444.00. (The possibility of carry-over between calendar years should be considered.)

The Secretariat would be funded by contributions from members of the Alliance Board. Initial approaches will be made to: UNICEF, WHO, the World Bank, the Gates Children's Vaccine Programme, the Rockefeller Foundation, IFPMA, and bilateral development agencies. The annual contribution is $300 000.

Proposed recruitment process of secretariat staff:

(1) Preparation of job description by the Secretariat in consultation with the Working Group.

(2) Approval of job description by the Board.

(3) Job advertisement by UNICEF (as necessary).

(4) Short-listing by the Secretariat.

(5) Final review and selection by the Working Group.

(6) Endorsement of selection by the Chair of the Board.

(7) Processing of UNICEF contract by UNICEF Europe RO/DHR.

Annex 4:
Task Forces: Terms of reference

Background

The child survival revolution of the past two decades has led to remarkable results. Immunization is now considered as an integral component of health services in most countries. Over 75% of vaccines purchased for routine service use are now financed from government budgets. In some cases these budgets are bolstered by balance of payments support or concessionary loans. Of the remaining one-fourth of vaccines purchased by donors, over 75% are for the poorest (Band A) countries.

Nevertheless, there is much cause for concern. Coverage rates for routine immunization services are declining. In the past there has only been anecdotal evidence of this but now hard data are emerging. For example, Uganda reported coverage of 46% for DTP3 and 30% for measles in 1998, compared to 58% and 60% respectively in 1997. India's 1998 survey, supported by UNICEF, showed a DTP3 coverage rate of 73%, compared to 90% reported in 1997 through the routine system. As a result we can expect global immunization coverage for 1998 to dip below the universal coverage level of 80%. There are various causes for the downward trend. One that is constantly cited is the diminished attention given to routine immunization by political leaders, managers at all levels of the health sector, and international agencies and donors. Studies in Uganda have shown declines in understanding about immunization among carers.

It is very easy to become complacent about immunization services, because when they function they prevent diseases. Thus, as vaccine-preventable diseases become less important causes of death it is tempting to drop immunization from the priority list. But these diseases will return if immunization services decline. Furthermore, there is reason for concern about the declining trends in the ability of countries to provide essential immunization services in response to the advancement of science. Already there are vaccines used in industrialized countries which can prevent diseases that kill children, e.g. pneumonia and diarrhoea. The number of these vaccines can be expected to grow in the next decade. Research on vaccines against malaria and HIV/AIDS is intensifying. Yet many decision-makers in both developing and industrialized countries do not fully understand the value of vaccines and immunization services to child health, public health and the socio-economic development of countries.

Over the last year, evidence on the key issues confronting a revitalized vaccine and immunization initiative were identified through broad consultation.

The key issues identified include the need to strengthen advocacy, financing, coordination at country level, and research and development for priority vaccines in developing countries. Three Task Forces have been established on Advocacy, Financing and Country Coordination.

1. Task Force on Advocacy

This Task Force will be responsible for building and communicating a common vision for global immunization among the partner agencies and the world immunization community. Furthermore, it will determine and plan the use of state-of-the-art communication techniques and strategies to promote awareness among decision-makers, donors, local governments and programme managers that effective routine immunization activities have crucial importance and to increase their recognition of the need for an expanded commitment to and financial support for immunization services.

Objectives of the Task Force

To facilitate and provide communication support to GAVI partners in:

(1) building and disseminating a common vision for global immunization among the partner agencies and the world immunization community;

(2) raising the awareness of decision-makers, donors, programme managers, the medical community and the public regarding the crucial importance of effective routine immunization activities;

(3) increasing public commitment to support stronger global immunization programmes, including increased use of underutilized and new vaccines;

(4) increasing financial support for immunization at the national and international levels.

Process

The Task Force members, with UNICEF as the lead agency, will be responsible for developing a global communication strategy and a work plan to address advocacy and communication needs expressed by the GAVI Board. The Task Force will monitor the progress made by partner agencies on the priority activities outlined in the work plan to ensure that these are addressed. The Task Force is expected to meet roughly four times per year. Core members will be requested to attend all Task Force meetings and specialists will be invited to participate in meetings to address specific topics. The Task Force is expected to be in existence for two to three years. It will review its role and terms of reference after a year.

Support for the Task Force and its coordination with others will be ensured by the Secretariat.

Outcomes/Outputs

In the short term: development of a launch plan and launch implementation.

In the long term: development of an advocacy and communication strategic plan. After 12 months, progress in meeting the objectives of the strategic plan will be assessed and revised as necessary.

Proposed core membership (further suggestions/expressions of interest are welcome):

UNICEF: Liza Barrie, Erma Manoncourt, PhD, new staff member

WHO: Charlotte Danielsen

Gates CVP: Scott Wittet, Carol Hooks

Bilateral agencies: USAID: Elizabeth Fox, PhD, Dana Faulkner (Change Project).

European bilateral agency: (to be decided)

Industry: Pasteur Merieux Connaught: Louis Baretto, MD, Colin Holbrow. Second industry representative: (to be decided)

World Bank: Caby Verzosa

Rockefeller Foundation: George Soule

CSO/NGO: (to be decided).

2. Task Force on Country Coordination

Currently there is no mechanism for country co-ordination that is applied systematically - for the health sector or for specific areas of intervention - to provide a forum for coordination between the national ministries of health and finance and their key partners at national level: UNICEF, WHO, development banks, bilateral partners and others. Several mechanisms for country coordination are operational in selected settings. These include: 1) the Interagency Coordination Committee (ICC) mechanism for immunizations at regional and country level in many developing countries; 2) UNDAF, which is being expanded to include some 40 countries this year; 3) the Comprehensive Development Framework (CDF) under implementation by the World Bank; 4) country-specific partnerships such as those established in Bangladesh and Pakistan; 5) the UNAIDS country team for all agencies involved in AIDS. Thus, there is a need to identify and develop mechanisms that can be applied broadly.

Objectives of the Task Force

- to describe and analyse the advantages and disadvantages of current country coordination mechanisms;
- to describe the scope (e.g. funding, external support, national priority setting) of an effective coordination mechanisms; this should comprise, but not necessarily be limited to, objectives, strategies, activities, participation and roles;

- to define the linkages and operations between country and global/regional partnerships;
- to develop assessment tools and modalities that will meet the needs of the countries and partners to move towards meeting the objectives and goals;
- to identify criteria for effective coordination mechanisms to be applied by GAVI in assessing applications for funding.

Short-term outcome

The Task Force will prepare a short report that will include an analysis of existing mechanisms and a definition of the characteristics of the most effective mechanisms, including the interaction between country, regional and global efforts.

It will further identify and assess mechanisms for country coordination in selected countries. It is envisaged that these modalities will be initiated, monitored and evaluated before the end of year 2000. One example of the type of work envisaged is the country assessment criteria addressed by the World Bank (May 1999).

Process

The Task Force, with WHO as the lead agency, will include core partner and country representatives (suggestions/expressions of interest are welcome). The Task Force will meet approximately twice and will seek wide consultation through e-mail.

Proposed core membership (further suggestions/expressions of interest are welcome)

USAID: Dr. V. Barbiero

The World Bank: Mr. Thomas Palu

Industry : Mr. Patrick Laturnus

UNICEF: Mr. Ahmed Magan

Bilaterals: Dr. Sigrun Mogedal (Norad)

Countries: Dr. Hafiz Rehan (Pakistan), Dr. Sam Adjei (Ghana), Dr. Shodu (Zimbabwe)

NGO: Dr. Poore (SCF, UK)

WHO: Dr. Melgaard, Dr. Henao-restrepo, Dr. Asamoah Bah, Dr. Kandola and Mr. Zaffran.

3. Task Force on Financing

The Task Force on Financing will be responsible for increasing the understanding of why there s inadequate funding for vaccines and immunization in the poorest countries; identifying strategies which will improve the capacity of governments, donors and development banks to finance needs; and identifying financial strategies to stimulate R&D and production of affordable, priority vaccines..

Addressing the financing gap requires the involvement of all the partners in immunization including ministries of finance, ministries of health, bilaterals, industry, WHO, UNICEF, non-governmental organizations such as the Gates CVP and the Rockefeller Foundation, and development banks. The financing of immunization varies tremendously from country to country. Some governments finance all of their national needs and give very high priority in their budgets to vaccine and immunization requirements. Other countries rely heavily on donors even when there is no promise of long-term support. The importance of external financing varies widely, depending on the countries' relative and absolute capacity to finance their needs, particularly the introduction of new vaccines.

Addressing the financing gap will involve:

(1) improve programme management and efficiency;

(2) increasing national budgets and mobilizing additional in-country resources by examining options such as community-based prepayments, cross subsidization from other programmes, insurance programmes, increased contributions from local governments, increased participation of non-governmental organizations and the private sector;

(3) targeting donor resources towards the neediest countries and highest priority vaccine or infrastructure uses;

(4) increasing the awareness and use of credits and loans available for immunization priorities through health projects with the World Bank or the regional development banks;

(5) identifying and developing new financing mechanisms;

(6) exploring strategies to ensure that vaccines are affordable, given the differences in wealth between countries;

(7) ensuring that new vaccines are developed and scaled up in ways that enable affordable prices to be set.

Proposed core membership and area of expertise (further suggestions/ expressions of interest are welcome)

USAID: Steve Landry (co-leader)

World Bank: Amie Batson (co-leader)

Developing country representative(s): Daoude Malle

Industry representatives: Nigel Thompson, Walter Vandersmissen

UNICEF: Ashok Nigam

WHO: Julie Milstien

Gates CVP: Mark Kane

Health economists: William Jack, Miloud Kaddar

Process

The Task Force members, with the World Bank and USAID co-leading, will be responsible for developing a global agenda and a work plan to address the question posed to the Task Force. The Task Force will ensure that the priority activities outlined in the agenda are addressed through the partner agencies. It will monitor progress against the agenda and will periodically review and revise the agenda. The World Bank, USAID and other partners will identify a coordinator to manage the Task Force, share information, organize meetings, and do research and analysis as requested by the Task Force. The Task Force is expected to meet roughly four times a year. Core members will be requested to attend all Task Force meetings and specialists will be invited to participate in meetings addressing specific topics. The Task Force is expected to be in existence for a limited duration and will review its role and terms of reference in a year's time.

Support for the Task Force will be provided by the Secretariat.

Outcomes/Outputs

The Task Force is responsible for identifying, analysing and providing recommendations on financing policy issues and for identifying and potentially filling information needs in the financing and economic domain. It will periodically review the range of financing issues that need to be addressed and, through a prioritization exercise, will develop a work plan for the next one to two years. The preliminary issues that the Task Force should address include:

Increasing affordability and availability of vaccines

- Analysis of options for stimulating research and development of products targeted for use in the developing world;
- Identification and analysis of new and existing mechanisms for ensuring that vaccines are affordable for children in the poorest countries (including market segmentation and differential pricing);
- Analysis of current constraints on vaccine procurement;
- Review and identification of new procurement options;
- Analysis of methods of influencing production costs.

Increasing national investments in immunization programmes

- Assessment of options available for countries to increase national funding of immunization programmes in a sustainable manner;
- Assessment of the utility of targets for expected minimum levels of financing responsibility from governments and other national sources;
- Development of a module providing guidance on the key financing components to be assessed in an immunization programme;
- Analysis of the role and impact of existing expenditure review mechanisms such as public expenditure reviews and national health accounts;

- Identification of mechanisms to ensure that the data necessary for financial decisions at country level are available (e.g. cost-benefit);
- Assessment of financial impacts of health reform strategies on national immunization programmes.

Optimization of external investments

- Development and implementation of new international mechanisms for financing immunization programmes;
- Assessment of the utility of establishing targets for the external funding of immunization programmes, given the country and the component of the programme to be supported (e.g. vaccines or infrastructure);
- Identification and dissemination of information on best practices for financing, such as the World Bank project in Bolivia;
- Analysis of the implications of donor financing patterns and approaches;
- Identification of mechanisms and/or work plans for assessing resource flow patterns and their impact;
- Establishment of mechanisms to ensure that data needed for decisions related to financing are available (e.g. cost-benefit analysis, vaccine forecasts).

Areas which are NOT the responsibility of the Task Force

Fund-raising (a collective responsibility);

Data collection for monitoring (responsibility of the Secretariat to explore).

Annex 5:
Costing of milestones

Annual cost of achieving milestones (US$ millions)

	2000	2001	2002	2003	2004	2005	2006	2007	Total	% of total
Milestone 1 80% coverage in districts	72	72	72	72	71	71			430	28%
Milestone 2 Hepatitis B introduction	30	60	90	90	90	90	97	105	652	43%
Milestone 3 Hib vaccine introduction	20	40	60	80	100	106			406	27%
Milestone 4 Clinical trials (rotavirus and pneumococcus	5	5	5	5	5	5			32	2%
Milestone 5 Strengthen public-private collaboration in research and development (mechanisms, milestones and estimates to be determined by 2000)									**-**	
TOTAL	**127**	**177**	**227**	**247**		**266**	**272**	**97**	**105**	**1520**

Annex 6:
Next steps

The next steps towards launch and activities post-launch include:

Pre-launch

- Develop and substantiate key outcomes (reductions in mortality and disease burden, development benefits, research and development).
- Outline new strategy for immunization in relation to health sector development.
- Develop strategy for reaching the “unreachable”, building on polio experience.
- Prepare explicit statements on what each partner is committed to do.
- Outline key features of Alliance.
- Develop a media strategy for launch linked to post-launch activities.
- Research and development priorities, opportunities, progress and promise.

Post-launch

- One-year to two-year work plan, monitoring and review, time-framing and coordinating of Task Force and other activities.
- Develop/implement country-level strategies.
- Develop/implement a resource mobilization strategy.
- Develop and expand the most cost-effective approaches to vaccine procurement and supply.

Document ordering code:
GAVI/99.01

Available in English only
Printed September 1999

For information,
and/or to obtain copies of this document,
please contact:

Dr Tore Godal
Executive Secretary
Global Alliance for Vaccines and Immunization
UNICEF
5-7 Avenue de la Paix
CH 1211 Geneva 10
Switzerland

Tel: 011-41-22-9095-020
Fax: 011-41-22-9095-900
E-mail: tgodal@unicef.ch