

Board monitors investments and asset liabilities to ensure financing is available as needed. The Board also provides strategic guidance and support to the United States-based private fundraising work of the Alliance.

In November 2007, the GAVI Alliance and Fund Boards took the strategic decision to merge the two organizations, within the framework of a single private foundation, incorporated in Switzerland. The two existing boards will also merge, bringing their combined expertise to one central decision-making authority: the new GAVI Alliance Board.

GAVI Secretariat

The GAVI secretariat, based in Geneva and Washington, D.C., coordinates Alliance activities including policy development and support to countries.

Working Group

The GAVI Working Group is responsible for the implementation of the decisions of the GAVI Board, and comprises technical experts from GAVI partner institutions. In this capacity, the Working Group also oversees the accomplishment of the Alliance work plan, preparing policy recommendations for Board consideration, and ensuring close coordination of partner activities. The Working Group is chaired by the GAVI Executive Secretary.

Task Teams

Time-limited task teams are established to tackle specific technical, policy, or strategy matters. For example, teams have been created to advise the Board on its health system-strengthening window, support to civil society, immunization financing, and vaccine supply issues.

Regional Working Groups

The Regional Working Groups (RWGs) were established by partners with a technical presence at the regional level—in most cases WHO and UNICEF—in response to the need to more quickly identify and address the technical assistance requirements of countries, improve communication and streamline efforts, in support of the GAVI and Vaccine Fund processes.

National Interagency Coordinating Committees

National ICCs represent the leadership and commitment of the national governments and analogous in their operations to the GAVI Board, that is, enhancing partner roles through coordinated action. The roles and functions of ICCs vary considerably from country to country, depending on size, strength of the government, and the presence of other health system coordinating groups such as sector-wide groups.

International Finance Facility for Immunization Entities

International Finance Facility for Immunization Board

The International Finance Facility for Immunization Company is a multilateral development institution established as a charity with the Charity Commission for England and Wales. The IFFIm Board oversees each bond issuance and develops funding, liquidity, and other operating strategies to safeguard and maximize the value of IFFIm proceeds.

GAVI Fund Affiliate Board

The GAVI Fund Affiliate was established to enter into pledge agreements with IFFIm donors and assign these pledges to the IFFIm Company for eventual program disbursement. GAVI Fund Affiliate Board reviews and approves program-funding requests, and makes subsequent requests for funding to the IFFIm.

GAVI Foundation

The GAVI Foundation is a Swiss foundation registered in the Geneva Register of Commerce. The Foundation's charitable mission involves providing support for GAVI Alliance programs and the GAVI Secretariat in Geneva. The GAVI Foundation Board ensures that the Foundation complies with Swiss law and maintains its charitable status (Box 3).

GAVI IMPACT

Traditionally, most new international aid programs start tentatively by supporting a few targeted countries, and then, if appropriate, expanding to more countries. The GAVI partners decided to break the mold and instead to define a list of eligible countries—the poorest countries as defined by gross national income (GNI) per capita—and allow them all to apply for support right away. This enabled often overlooked countries to participate early, and ensured that all eligible countries could readily access the available support.

At the World Health Assembly in May of 2000, GAVI issued the first call for proposals. As of end 2007, GAVI has

- Approved a cumulative US\$3.5 billion in support to 73 countries, with which it has
 - prevented 2.9 million future deaths;
 - protected 36.8 million additional children with basic vaccines (against diphtheria, tetanus, and pertussis); and
 - protected 176 million additional children with new and underused vaccines.
- The breakdown of new and underused vaccine coverage^a shows
 - 158.6 million additional children have been immunized against hepatitis B;
 - 28.3 million additional children have been immunized against Hib; and
 - 26.3 million additional children have been immunized against yellow fever.
- In 2000, 40% of GAVI-eligible countries had DTP3 coverage below 60%. By 2006, that number had dropped to 11%.
- Significant declines are now being seen in the price of DTP-HepB vaccine as demand is generated and new players enter the market. Declining prices are vital to ensuring that vaccination programs are sustainable.
- In 2006, almost 30% of all the vaccine doses purchased by UNICEF for the GAVI Alliance came from developing country manufacturers.
- Spending on vaccines in the poorest countries supported by GAVI more than doubled from US\$2.50 to over US\$5.00 per child between 2000 and 2005.

^aNot all children received all three new and underused vaccines. Therefore, the total figure of 176 million children is not the sum of children vaccinated against hepatitis B, Hib, and yellow fever.