



**REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN**

28 August 2014

**Sixty-first Session
Tunis, Tunisia, 19-22 October 2014**

UPDATE ON THE SUPPORT OF THE GAVI ALLIANCE

Objectives of the event

The objectives of the event are to:

- brief representatives of countries eligible for support from the GAVI Alliance on the latest decisions of the Board, subsequent policies and the GAVI strategic plan 2016–2020;
- provide an opportunity for delegates of eligible countries to discuss and seek clarification regarding country-specific matters related to GAVI support;
- brief delegates on Board membership;
- discuss regional membership on the GAVI Board and agree on the regional nominees for the member and alternate member for the next term.

Background

The purpose of the GAVI Alliance is to promote health by: providing vaccines and the means to deliver vaccines to people in the poorest countries; facilitating research and development of vaccines of primary interest to the developing world; and providing support in strengthening health care systems and civil societies supporting these purposes in the developing world.

The GAVI Alliance is the key donor supporting the Expanded Programme on Immunization (EPI) in the six GAVI-eligible countries in the Region: Afghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen. Currently, support is for health system strengthening with focus on improved immunization outcomes and underutilized vaccines and in introduction of new vaccines. Total GAVI support for countries of the Region since GAVI was established in 2000 until May 2014 is US\$ 1.189 billion (Table 1). GAVI will be providing support to eligible countries for introduction of inactivated poliovirus vaccine in immunization programmes, comprising IPV vaccines and a cash grant for facilitating introduction of IPV. GAVI is also supporting the conducting of supplementary immunization activities (SIAs) for measles/measles and rubella in some countries, in addition to support for the meningococcal vaccines and yellow fever campaigns in Sudan (Table 2).

GAVI co-financing

New and underused vaccines, with the exception of IPV, have to be partially co-financed by countries. During recent years, Afghanistan, Djibouti, Pakistan and Sudan have faced difficulties in fulfilling their obligations for co-financing. At present, Afghanistan and

Pakistan are in a default status with regard to co-financing. Afghanistan is likely to come out of its default status soon but Pakistan is expected to take longer due to a court case filed by local suppliers who want GAVI co-financing procurement to take place through governmental co-financing procedures. GAVI is currently revising its co-financing policy, which will be finalized in 2014.

Table 1. GAVI support for eligible countries of the Region, 2000–2014

Country	Expanded Programme on Immunization	Health system strengthening/civil society organization	Total
Afghanistan	105 738 420	49 351 400	155 089 820
Djibouti	3 348 900	0	3 348 900
Pakistan	617 129 125	31 280 573	648 409 698
Somalia	5 521 092	5 257 178	10 778 270
Sudan	183 751 865	16 153 500	199 905 365
Yemen	161 289 768	10 535 000	171 824 768
Total	1 076 779 170	112 577 651	1 189 356 821

Table 2. Status of introduction of new vaccines and support for SIAs in GAVI-eligible countries

Country	Vaccines introduced	Planned supplementary immunization activities 2014–2015	Vaccines planned to be introduced
Afghanistan	pentavalent, pneumococcal	measles	rotavirus
Djibouti	pentavalent, pneumococcal, rotavirus		
Pakistan	pentavalent, pneumococcal	measles	rotavirus
Somalia	pentavalent		pneumococcal, rotavirus
Sudan	pentavalent, pneumococcal, rotavirus, meningitis A campaign	yellow fever	
Yemen	pentavalent, pneumococcal, rotavirus	measles/rubella	measles/rubella

Organization of the GAVI Alliance

The governing, administrative and advisory bodies of the GAVI Alliance are: GAVI Alliance Board, Executive Committee, Secretariat, Auditors, Standing Board Committees, and Advisory Committees.

Composition of the Board and regional representation

The Board comprises 28 members, including 18 representative Board members, 9 unaffiliated Board members, in addition to the Chief Executive Officer of the GAVI secretariat. The representative Board members include five seats for representatives of governments of developing countries, including one for the Region, currently occupied by H.E. Dr Suraya Dalil, the Minister of Health of Afghanistan. Dr Salah Torrab, Director General of Health of Djibouti, is the alternate member. Their terms on the Board will end in December 2014.

Expected outcomes

It is expected that the meeting will lead to:

- a clear understanding of GAVI policies, latest decisions of the GAVI Board, the GAVI strategic plan 2016–2020 and more clarity for countries on GAVI support available to strengthen health systems, routine immunization and co-financing;
- strong advocacy for timely co-financing payment by countries;
- a clear understanding of the role of the regional member on the GAVI Board;
- agreement on regional nominees for the next term of GAVI Board membership.

Participants

Participants will include delegates from GAVI-eligible countries of the Region, the WHO secretariat, GAVI secretariat and partner agencies.

Proposed agenda (1.5 hours)

Duration	Topic	Speaker
10 minutes	Opening Introduction and background	WHO secretariat, Regional Office
15 minutes	Briefing by the GAVI secretariat	GAVI secretariat
25 minutes	Discussions	
15 minutes	Briefing by the regional Board member	Regional Board member
25 minutes	Discussion, clarification and agreement on regional nomination for the GAVI Board	