

## **GiveWell's summary of the key points discussed in a phone conversation regarding vaccination programs on August 20, 2012**

- From the Bill & Melinda Gates Foundation: Violaine Mitchell, Interim Director, Country Immunization Programs; Jenna Brereton, Consultant (Geneva Global)
- From Good Ventures: Cari Tuna
- From GiveWell: Natalie Crispin

### **Funding gap in routine immunization**

Ms. Mitchell believes that there are funding opportunities to extend and improve routine immunization. While some national governments receive technical assistance from WHO and UNICEF and support for strengthening health and immunization systems from GAVI, they are otherwise responsible for funding and delivering vaccines.

In the past, WHO and UNICEF had many more staff focused on immunization. UNICEF used to play a much larger role in implementation of routine immunization systems in many countries. As there has been more of a focus since the late 1980s and 1990s on country ownership and global focus has shifted to other priorities such as polio eradication, UNICEF has scaled back its work on routine vaccination. There are now only a handful of staff at UNICEF focused on routine vaccination (there are others focused on specific vaccination efforts, such as polio eradication). There is now a general feeling in the global health community that there has been too little emphasis on routine vaccine in recent years.

Funders and implementers have begun to coordinate more in some countries, such as Chad and DRC, to develop a common immunization plan that includes groups such as the Measles and Rubella Initiative and the Global Polio Eradication Initiative, which had previously operated independently of one another.

### **Funding opportunities for immunization campaigns**

Good Ventures and GiveWell asked for Ms. Mitchell's opinion on three vaccination campaign initiatives: Measles and Rubella Initiative, Maternal and Neonatal Tetanus Elimination Initiative, and meningitis A vaccination campaigns.

Ms. Mitchell said that she believed them all to be good uses of funding. One of the challenges with funding for campaigns is that while countries set aside funding for regular GAVI co-payments, they are rarely able to plan sufficiently to support campaigns, which are less predictable.

The Gates Foundation is currently considering how to best invest in measles vaccination. Ms. Mitchell's opinion is that measles campaigns should focus more on children who have never been vaccinated and on strengthening routine immunization systems because routine systems can be more effective and less expensive, and that there is opportunity for learning about how to improve future campaigns. GAVI recently provided some funding to measles campaigns, but more funding is needed for the Measles and Rubella Initiative's work, particularly after the initial rubella campaigns that GAVI has agreed to fund. GAVI will have increasing demands on its resources due to the introduction of HPV and possibly malaria vaccines; more predictable funding from other sources would improve the ability of the Measles and Rubella Initiative to do its work well.

Ms. Mitchell was unsure about the specific funding gaps for meningitis A campaigns. Maternal and neonatal tetanus has been eliminated from many countries, but vaccination rates in a number of countries remain low (~60%). Vaccination campaigns appear to be less successful than vaccination through antenatal care, though the reason for this isn't clear.