

STATEMENT OF ALEX PALACIOS

SPECIAL REPRESENTATIVE

THE GAVI ALLIANCE

SUBCOMMITTEE ON STATE, FOREIGN OPERATIONS

COMMITTEE ON APPROPRIATIONS

UNITED STATES HOUSE OF REPRESENTATIVES

WASHINGTON, D.C. 20515

March 29, 2011

**ALEX PALACIOS
SPECIAL REPRESENTATIVE
THE GAVI ALLIANCE**

Madam Chairwoman, I would like to thank you and Ranking Member Lowey for the opportunity to appear before your subcommittee. I am appearing today on behalf of the Global Alliance for Vaccines and Immunizations (GAVI) to request that the Subcommittee recommend at least \$115 million under the Global Health account for a U. S. Contribution to the GAVI Alliance in fiscal year 2012. The Administration for fiscal year 2012 has requested funding for GAVI at the \$115 million level. I also request that the Subcommittee recommend at least the Administration's request of \$849 million for the Global Health account for Child Survival and Maternal Health.

GAVI is a global health public-private partnership whose mission is to save children's lives and protect people's health by increasing access to immunization in the poorest countries where preventable, but deadly diseases are most prevalent.

GAVI provides support to more than 70 countries, all below the Gross National Income of \$1,000 per capita, the majority of which are in sub-Saharan Africa, South Asia, the Former Soviet Union and Latin America. The Alliance is comprised of the Bill & Melinda Gates Foundation, UNICEF, the World Health Organization, representatives from the pharmaceutical industry and civil society, the World Bank Group and donor governments, including USAID, as well as program country governments. The GAVI Alliance is an efficient, low-overhead, aid delivery mechanism that has driven a 10 percent point increase in immunization coverage in poor countries over the past decade.

I would like to thank this Subcommittee for its strong bipartisan support for GAVI. That support has made it possible for the GAVI Alliance and the countries it supports to prevent the

deaths of five million people around the world from debilitating and deadly diseases: Hepatitis B, meningitis, yellow fever, diphtheria and tetanus. An estimated 7,000 children are saved by vaccines every single day, and many more are protected from debilitating illness or disability. Your leadership and that of this subcommittee has had a big part to play in this.

GAVI'S MISSION

GAVI is designed to be a coordinated, efficient mechanism that provides support to eligible countries for the introduction of new and under-used vaccines against deadly childhood diseases. GAVI also provides support for strengthening of health and immunization systems upon which people rely to receive vaccines, medicines and other healthcare.

NEW VACCINES

GAVI, now in its 11th year, is focused on addressing major causes of child mortality in the world's poorest countries. The two principle causes of child death are pneumonia (18 % of the total) and diarrhea (often caused by the rotavirus and also at 18 %). Together, these two diseases cause over one third of the 8 million child deaths per year.

Now these deaths are preventable. The recent availability through GAVI and its partners of two new vaccines – pneumococcal and rotavirus – will provide children life long protection against pneumonia and diarrhea. These miracle drugs will be one of the single most important factors in saving the lives of children over the next decade.

Over 40 countries have confirmed to GAVI their intention to introduce the new vaccines against pneumonia and rotavirus by 2015. In 2011 and 2012 alone, 19 countries will introduce these new vaccines to tens of millions of children.

KENYA

For example, GAVI has committed approximately \$200 million to Kenya over the past 10 years with the bulk of support being for vaccines. In fact, Kenya introduced its citizens to the pneumococcal vaccine just two months ago. This is a wonderful development because childhood pneumonia is a major public health issue for Kenya.

In 2008, pneumonia was the second-leading cause of death among children under five, claiming over 30,000 child lives, (equivalent to 16 % of child mortality in Kenya). One measure of GAVI's success is that this new vaccine is being introduced in Kenya only one year since its prequalification by WHO. Interestingly, this new vaccine is also being incorporated into the schedule of vaccines given to children in states like California, Texas and Minnesota.

RWANDA

Madam Chairwoman, another example is Rwanda. In 2010, Rwanda, a country that brings to the mind to most of us horrific scenes of genocide and devastation, is today a thriving national partner of the Alliance. It has prioritized increasing access to basic health for its citizens and, through a donation of vaccines from a manufacturer and support from GAVI, was the first country in Africa to introduce this new Pneumococcal vaccine. Coverage for children in Rwanda has now reached 90 % in just over a year. Rwanda has achieved a high level of prevention for pneumococcal disease through vaccination and good success with proactive treatment.

COUNTRIES ARE DOING THEIR PART BY CO-FINANCING

While the countries I have spoken about today are extremely poor and relying on outside support, it is important to note that they do contribute significantly to these efforts. In fact, all

countries contribute by co-financing vaccines from the start of our programs. This paves the way for long-term sustainability.

Madam Chairwoman, I had the opportunity in December 2010 to personally witness the introduction of the pneumococcal vaccine in Central America and to join other organizations and donors (such as USAID in-country) in the launch of this important lifesaving public health initiative. By rapidly scaling up the roll out of the pneumococcal vaccine to more than 40 countries over the next four years, the GAVI Alliance and its partners, including PAHO, WHO and UNICEF, can avert almost 700,000 lives by 2015 or seven million by 2030.

U.S. LEADERSHIP

GAVI is closing the gap between the vaccines our children here in the U.S. receive and what children in poor countries receive. The United States has been one of GAVI's most faithful partners in doing this, featuring engagement at the policy-making level, representation at the board level and also at the technical level. The United States share of GAVI funding has decreased to 13%, as U. S. funding has increasingly leveraged additional funding from other countries and the private sector. U.S. support leverages seven dollars from other donors for every one dollar that we invest, so our nation has played a huge role in GAVI's success.

THE CHALLENGE

GAVI and its partners now face a serious challenge to secure the financing necessary to essentially meet the aspirations of poor countries and to improve the health and wellbeing of their children. Globally, GAVI will require on average an additional \$750 million per year from all sources worldwide between now and 2015. This level of funding is necessary in order to introduce new vaccines to prevent pneumonia and diarrhea while sustaining other immunization programs.

With additional resources GAVI can, over the next five years, ensure that four million future deaths will be averted, and over 256 million additional children vaccinated against diseases that kill or disable. We recognize this represents a significant challenge for the U.S. and other donors facing fiscal deficits and constraints. However, we know also that the U.S. Congress and the administration are seeking to support effective and efficient development programs and GAVI, with only 5 % overhead and a small staff, represents, as Bill Gates would say, good value for the money and a good investment for the American people.

At stake are the lives of almost 4 million people, including many children under the age of five.

CHILD SURVIVAL AND MATERNAL HEALTH

I also want to lend my support for overall funding for the Global Health account for Child Survival and Maternal Health. It is important to strengthen the overall approach to all programs addressing the health of children and mothers. The Administration has requested \$849 million for Child Survival and Maternal health programs for fiscal year 2012. I request that the Subcommittee provide at least that level of funding.

CONCLUSION

Madam Chairwoman, the GAVI Alliance has saved more than 5 million child lives in developing countries over the past 10 years. The opportunity exists to accelerate that and save 4 million more lives, mostly children, by 2015. I urge the Subcommittee to recommend at least \$115 million for GAVI in fiscal year 2012 to address the life saving needs of children around the world.