

Resource Summary Report

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GAVI

RRID:SCR_008528

Type: Tool

Proper Citation

GAVI (RRID:SCR_008528)

Resource Information

URL: <http://www.gavialliance.org/>

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Description: Although Haemophilus influenza type b (Hib) diseases and Hepatitis B (Hep B) infections are preventable with one combined life-saving vaccine, both continue to pose risks to the world's most vulnerable populations, leading to life-long disabilities or even death. Vaccinating against Hib and Hepatitis B represents an essential step towards reaching Millennium Development Goal 4. The Hib bacterium causes meningitis and pneumonia and is considered the third vaccine-preventable cause of death in children aged under five. It is estimated that there are three million cases of serious Hib infection annually, of which 400,000 result in childhood death. The majority of survivors suffer paralysis, deafness, mental retardation and learning disabilities. Babies and young children are most at risk from Hep B, a viral disease, which attacks the liver and can cause both acute and chronic disease. This can lead to chronic liver disease and puts victims at high risk of death from cirrhosis of the liver and liver cancer in later life. More than two billion people are infected by Hep B worldwide of whom 360 million suffer from chronic Hep B infection; the latter is highly prevalent in all countries that GAVI supports. Children are most vulnerable to infection with 90 percent of infants infected in the first months of their lives developing chronic Hep B infection. Infections in the developing world are mostly from mother to child, or from child to child, mainly through cuts, bites, scrapes and scratches. Vaccinating against Hib and Hep B represents an essential step towards reaching Millennium Development Goal 4, which is to reduce the under-five mortality rate by two thirds by 2015. GAVI uses two mechanisms that draw heavily on private-sector thinking to help overcome historic limitations to development funding for immunisation. These mechanisms are the AMC and the IFFIm. The former reflects the need to meet disproportionately high costs in the early stages of implementing aid programmes; the latter developing countries' need for sustainable predictable funding. THIS RESOURCE IS NO LONGER IN SERVICE. Documented on September 16, 2025.

Abbreviations: GAVI

Synonyms: Global Alliance for Vaccines and Immunisation, The Global Alliance for Vaccines and Immunisation

Resource Type: data or information resource, database

Keywords: FASEB list

Availability: THIS RESOURCE IS NO LONGER IN SERVICE

Resource Name: GAVI

Resource ID: SCR_008528

Alternate IDs: nif-0000-30596

Record Creation Time: 20220129T080247+0000

Record Last Update: 20260815T182913+0000

Ratings and Alerts

No rating or validation information has been found for GAVI.

No alerts have been found for GAVI.

Data and Source Information

Source: [SciCrunch Registry](#)

Usage and Citation Metrics

We found 121 mentions in open access literature.

Listed below are recent publications. The full list is available at [dkNET](#) .

Henaff L, et al. (2025) Strengthening National Immunization Technical Advisory Groups: Twelve Years of Progress (2012-2023). *Vaccines*, 13(1).

Johri M, et al. (2025) The effects of orphanhood and lack of parental care on child vaccination: analyses of 189 cross-sectional UNICEF Multiple Indicator Cluster Surveys from 82 countries, 2005-2022. *EClinicalMedicine*, 85, 103314.

Frivold C, et al. (2025) Identification of potential vaccines for use with microarray patches in low- and middle-income countries: An assessment from the Vaccine Innovation Prioritisation Strategy Alliance. *Vaccine*, 55, 126996.

Kraay ANM, et al. (2025) Modeling the initial impact and predicted future benefits of TCV from two Pakistani provinces. *The Lancet regional health. Southeast Asia*, 36, 100581.

Chuma DM, et al. (2025) Behavioural and Social Drivers (BeSD) of HPV vaccination in Zimbabwe: A Rapid Scoping Review of Literature. *Asian Pacific journal of cancer*

prevention : APJCP, 26(3), 775.

Agha S, et al. (2025) Cost-effectiveness of a behavioral insights-informed digital campaign to increase HPV vaccination in Bangladesh. *Human vaccines & immunotherapeutics*, 21(1), 2500264.

Jeon J, et al. (2025) Exploring Future Pandemic Preparedness Through the Development of Preventive Vaccine Platforms and the Key Roles of International Organizations in a Global Health Crisis. *Vaccines*, 13(1).

Sempungu JK, et al. (2025) The Vaccine Cold Chain in North Korea: Assessing the Capacity to Store Routine Vaccines and Potential to Support Pandemic Vaccination Activities. *Journal of Korean medical science*, 40(10), e36.

Anwari P, et al. (2025) Cost-effectiveness and benefit-risk of rotavirus vaccination in Afghanistan: a modelling analysis informed by post-licensure surveillance. *BMC health services research*, 25(1), 926.

de Sanjos?? S, et al. (2024) Design of the HPV-automated visual evaluation (PAVE) study: Validating a novel cervical screening strategy. *eLife*, 12.

Casey RM, et al. (2024) Covid-19 pandemic and equity of global human papillomavirus vaccination: descriptive study of World Health Organization-Unicef vaccination coverage estimates. *BMJ medicine*, 3(1), e000726.

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Mbunga BK, et al. (2024) Zero-Dose Childhood Vaccination Status in Rural Democratic Republic of Congo: Quantifying the Relative Impact of Geographic Accessibility and Attitudes toward Vaccination. *Vaccines*, 12(6).

Idris IO, et al. (2024) Is health expenditure on immunisation associated with immunisation coverage in sub-Saharan Africa? A multicountry analysis, 2013-2017. *BMJ open*, 14(1), e073789.

Delpont D, et al. (2024) A Framework for Assessing the Impact of Outbreak Response Immunization Programs. *Diseases (Basel, Switzerland)*, 12(4).

Sayinzoga F, et al. (2024) Understanding rapid implementation from discovery to scale: Rwanda's implementation of rotavirus vaccines and PMTCT in the quest to reduce under-5 mortality. *BMC pediatrics*, 23(Suppl 1), 649.

Anwar HB, et al. (2024) The evolution, facilitators, barriers, and additional activities of acute flaccid paralysis surveillance platform in polio eradication programme Bangladesh: a mixed-method study. *Global health action*, 17(1), 2370096.

Baral R, et al. (2024) Cost of delivering childhood RSV prevention interventions to the health system in Kenya: a prospective analysis. *BMJ open*, 14(11), e084207.

Vadrevu L, et al. (2024) Analyzing the usage of theories of change for routine immunization programs -- a review of impact evaluations from LMICs. *Journal of health*,

population, and nutrition, 43(1), 141.

Njuma Libwea J, et al. (2024) Prevalence of prolonged otitis media with effusion among 2 to 3 years old Cameroonian children in the era of 13-valent pneumococcal conjugate vaccines. *IJID regions*, 10, 240.