

Update from the GAVI Alliance

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Chief Executive Officer

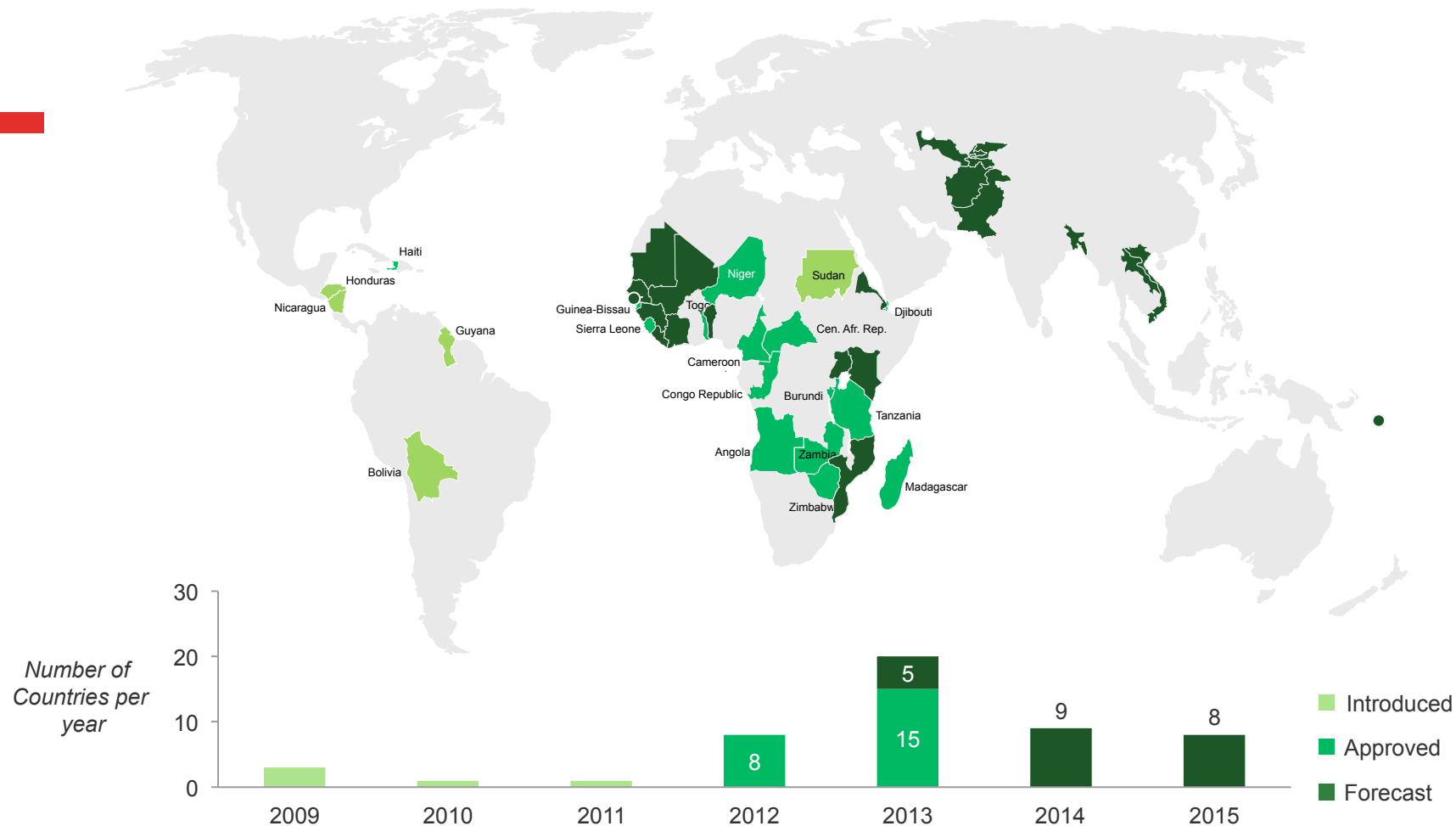
SAGE meeting
Geneva, 10-12 April 2012



Topics to cover

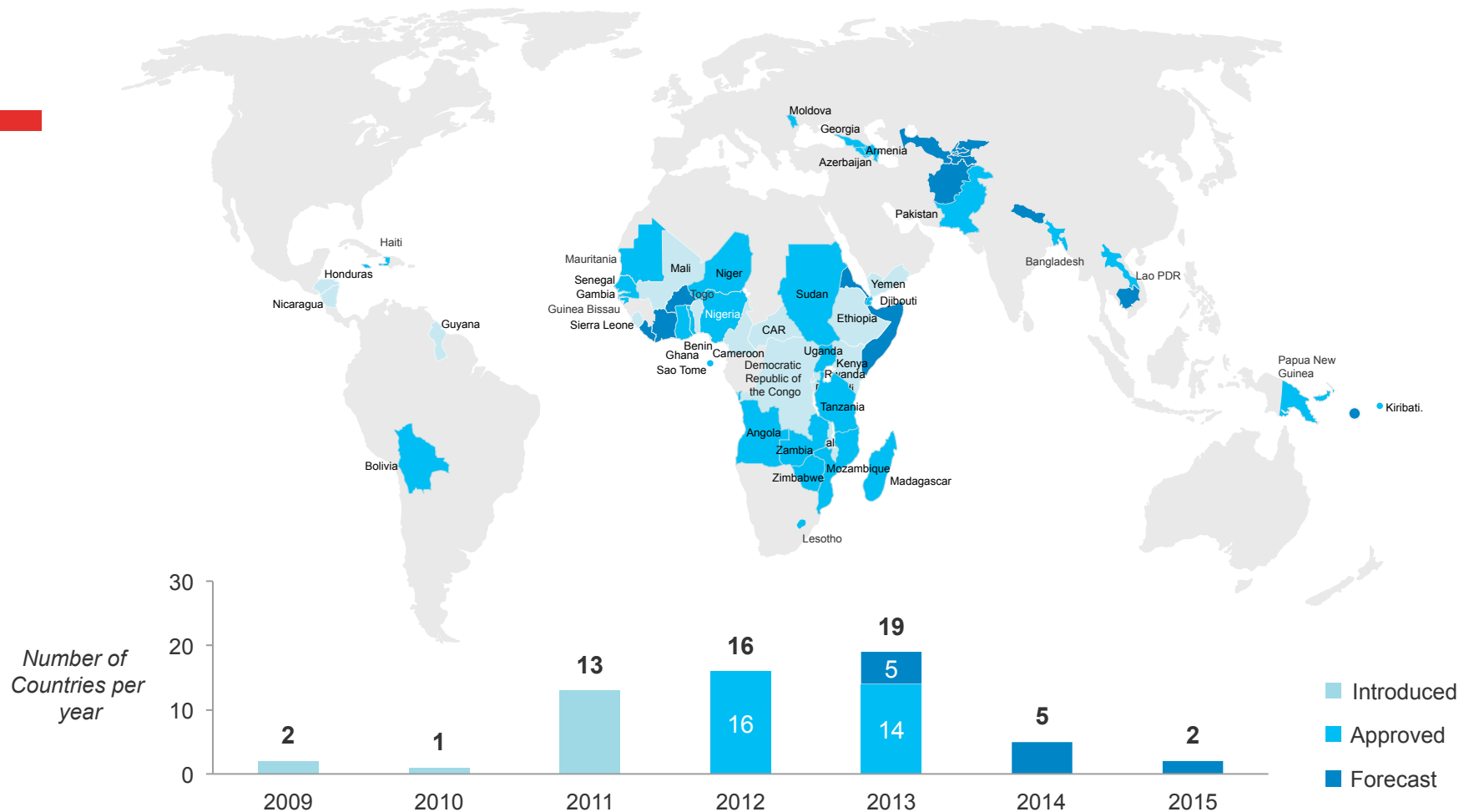
- New vaccine introduction
- New windows - HPV & MR windows
- Update on policy
- GAVI Board Retreat

Rotavirus vaccines: actual, approved and forecast introductions



* Source demand forecast v5.0

Pneumo: actual, approved and forecast introductions



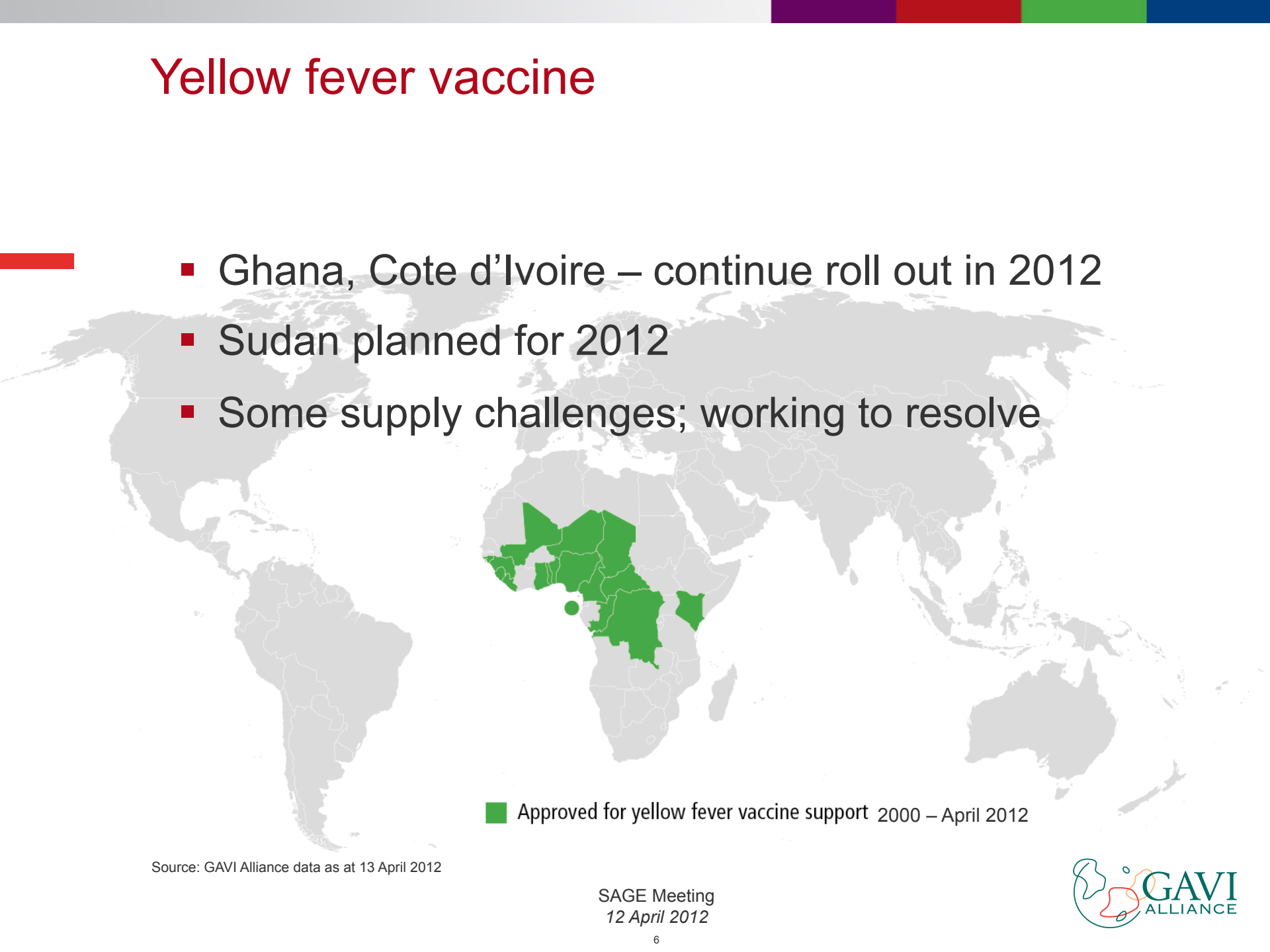
* Source demand forecast v5.0

Supply constraints

- In view of the unprecedented demand for new vaccines there will be some delays in introductions
- Delays will mainly be seen in 2013 for both Pneumo and Rota vaccines
- Situation is being continually assessed from a demand and supply perspective
- Countries are being informed

Yellow fever vaccine

- Ghana, Cote d'Ivoire – continue roll out in 2012
- Sudan planned for 2012
- Some supply challenges; working to resolve



■ Approved for yellow fever vaccine support 2000 – April 2012

Source: GAVI Alliance data as at 13 April 2012

SAGE Meeting
12 April 2012

Meningitis A vaccine

- Preventive campaigns (2010) in Burkina Faso, Mali and Niger, reports of record low level of meningitis incidence
- Cameroon and Nigeria continuing roll out in 2012 (started Dec 2011)

■ Approved for meningitis A (MenA)
preventive campaign support 2010 – April 2012

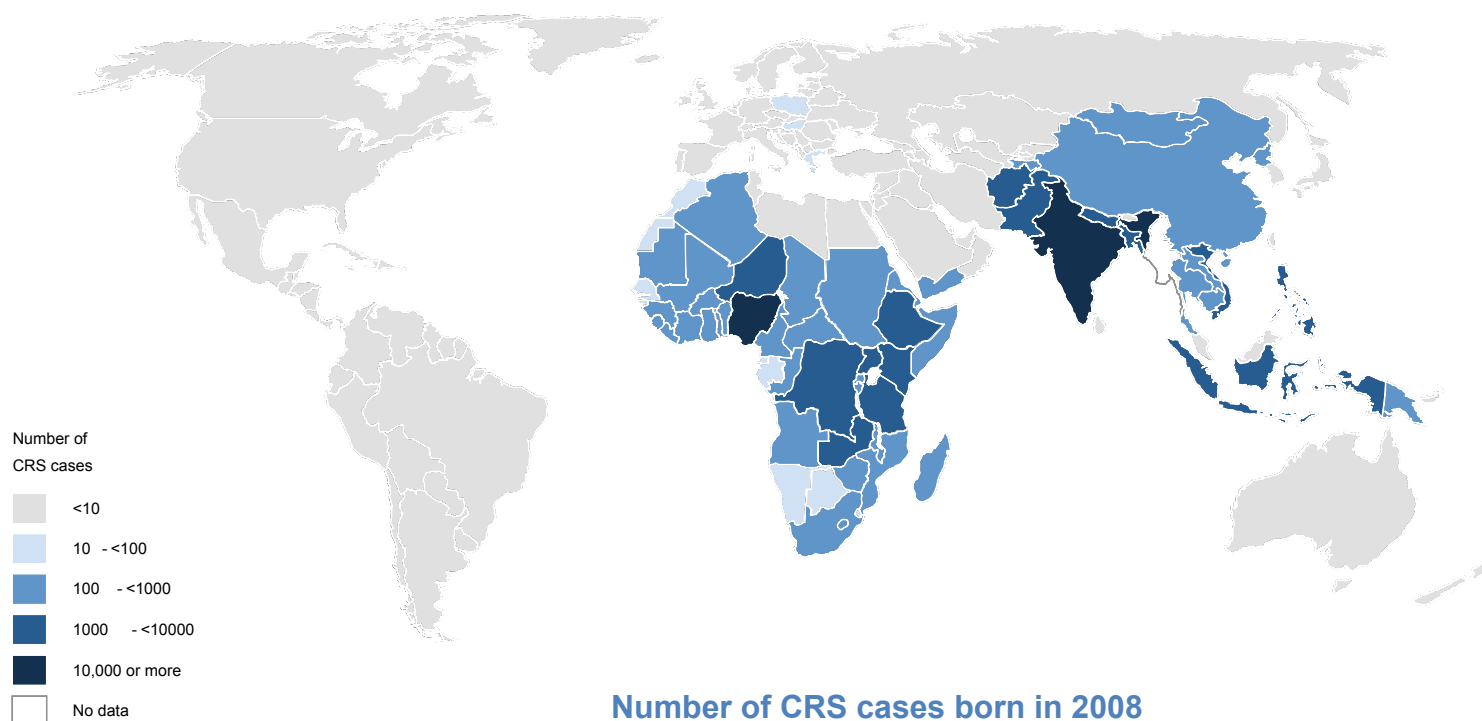
Source: GAVI Alliance data as at 13 April 2012

SAGE Meeting
12 April 2012



Opening the Rubella window: Global disease burden

- An estimated 112,000 CRS (Congenital Rubella Syndrome) cases occurs globally; 90,000 in GAVI eligible countries



Source: Vynnycky, Adams et al (in preparation)

Rubella - MR

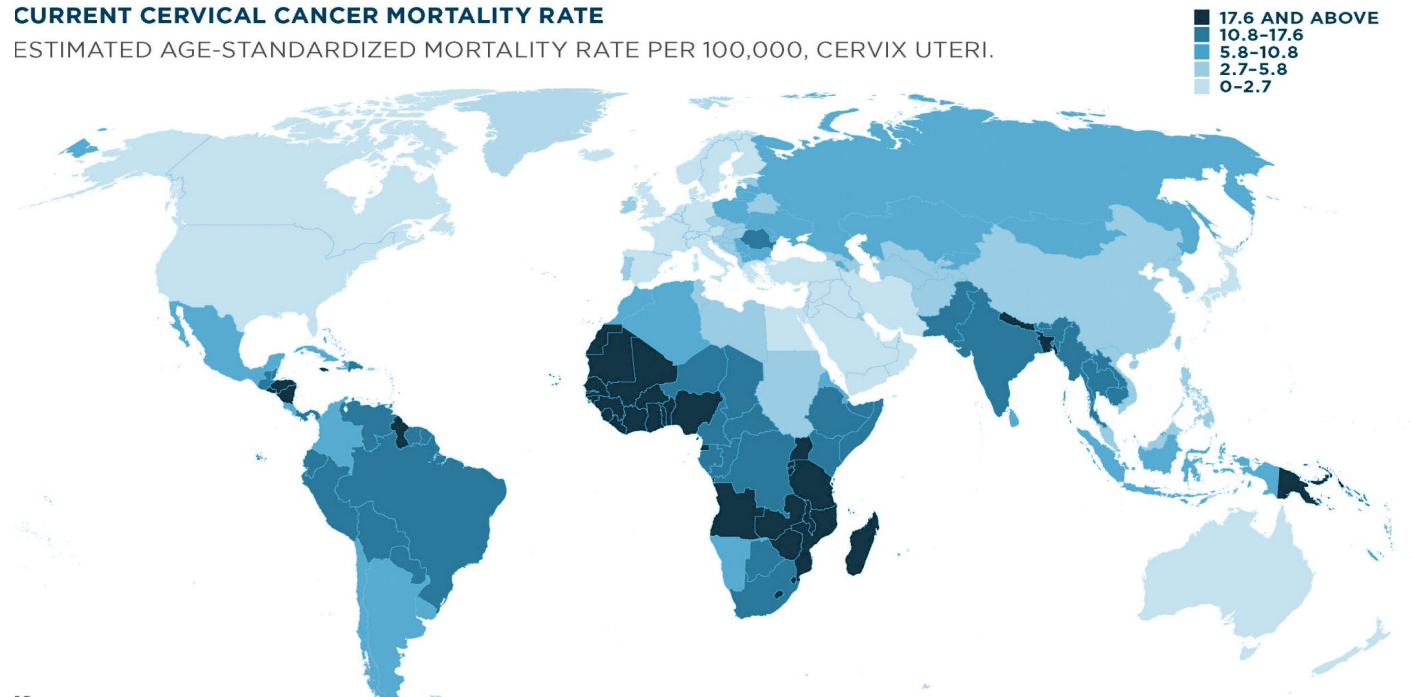
- GAVI Board opened window November 2011
- Strategy – follow SAGE recommendations: wide-age (9 month-14 yo, boys & girls) campaigns. Countries required to introduce into routine immediately afterwards.
- Countries have to have >80% MCV1 coverage & maintain
- Application guidelines (in English and French) are completed, to be distributed to countries shortly
- Independent Review Committee (IRC) criteria also ready
- Discussions are on-going to review the level of strategic and operational collaboration
- By 2015, MR vaccine is expected to be introduced in 31 GAVI eligible countries

Opening the HPV window: Global disease burden

- 275,000 deaths, most of which in developing world
- Estimated 529,000 new cases of cervical cancer

CURRENT CERVICAL CANCER MORTALITY RATE

ESTIMATED AGE-STANDARDIZED MORTALITY RATE PER 100,000, CERVIX UTERI.



Sources: Ferlay J, Shin HR, Bray F, Forman D, Mathers C, Parkin DM. GLOBOCAN 2008; Cancer Incidence and Mortality Worldwide: IARC CancerBase No.10, Lyon France: International Agency for Research on Cancer; 2010, globocan.iarc.fr. Accessed October 5, 2010
Accessed from Cervical Cancer Action, 3 November 2011

HPV update

- November 2011: GAVI Board opened funding window for HPV country proposals provided:
 - Acceptable price for vaccine
 - Countries have 'demonstrated ability' to deliver vaccine
 - For those that don't, HPV demonstration program developed
- April 2012: application guidelines for national introduction completed
- Demonstration program under development in partnership with GAVI's regular partners and adolescent health, cancer, reproductive health, Women's health, STIs and other HPV stakeholders

Vaccine introduction grants and operational support for campaigns policy

- Cash grants that aim to facilitate timely and effective implementation of critical activities in advance of a new vaccine introductions and delivery of vaccines during GAVI supported campaigns.
- Policy review to assess experience of grants through 2011, forward looking needs, and cost estimates
- Secretariat likely to recommend higher GAVI contribution for both types of support
- Next steps:
 - 23rd April: PPC review of policy recommendations
 - 12-13 June: Board review and decision

GAVI and Fragile States: A Country-by-Country Approach

- Board request *“to develop a policy that clearly defines the GAVI Alliance’s approach to fragile and under-performing countries”* (Dec 2011).
- Of 57 GAVI-eligible countries 44 can potentially be categorised as ‘fragile’ (depending on definition)
- Secretariat therefore proposes to develop a framework to identify particular challenges to accessing GAVI support faced by a subset of countries and to allow certain flexibilities in GAVI’s policies and procedures to address these challenges.
- Next steps:
 - Country consultations & public consultation (June/July)
 - Status update and endorsement of scope by PPC (April 23);
 - Options paper for PPC review in Oct and Board endorsement in Dec 2012

Market shaping updates

- *Rotavirus vaccines*: long term (2012-2016) supply arrangements signed with both manufacturers
 - Bulk of volumes at \$5 per (two-dose) course – representing a two-third price reduction compared to the previous lowest price offered to GAVI
- *HPV vaccines*: funding window for HPV opened following encouraging engagement with manufacturers: GAVI expects to obtain an acceptable price when the tender process is concluded by UNICEF SD
- *Pentavalent vaccine*: weighted average price decreased to \$2.49/dose in 2011 (from \$2.99 in 2010) despite challenging supply security environment

Health System Strengthening

- Critical importance of strengthening health systems to strengthen routine immunisation
- HSFP now being implemented despite the challenges of GFATM
- Forging closer ties between Health Systems & immunisation including at the WHO working staff level
- IRC review reports improvement in application focus and quality
- We need to look at ways to increase flexibility to target resources where most needed

Performance based funding mechanism

- Board requested the Secretariat to roll out the performance based health systems funding mechanism (November 2011)
- TORs for a multi-agency HSS Technical Advisory Group approved and membership being finalised - Group will help develop performance based financing guidelines for countries
- Plan for guidelines to be disseminated to countries in Q3 and first round of countries to apply in Q3/ Q4 2012

Co-financing Update

- Most countries are fulfilling their obligations
- Country performance for 2011:
 - 60 countries met their commitments
 - 2 countries remain in default
 - 4 countries originally defaulted but 2 already paid the arrears
- Total amount co-financed for 2011 commitments: \$38.8 million, which represents 8% of the support that they received from GAVI

The Alliance Recognized as a Top Performer in Recent Aid Reviews

- UK/DfID Multilateral Aid Review, March 2011 – GAVI receives the highest marks for effectiveness, innovation and results
- Swedish Assessment of GAVI, Nov. 2011 – Highest rating of all reviews; GAVI noted for enabling countries to make progress towards MDG 4 and to save children's lives
- Australian Multilateral Assessment, March 2012 - GAVI Alliance has a strong track record in delivering against its mandate and ability to demonstrate impressive results against all its strategic objectives

5th GAVI Alliance Partners' Forum: Dec. 2012, Dar es Salaam, Tanzania

- Previous Partners' Forum held in Vietnam in late 2009; before that New Delhi, Dec. 2005
- Convening of 400 or more GAVI partners to re-invigorate and strengthen the Alliance
- New leadership: Board Chair & CEO
- Ministers, other country leaders, civil society, partner organizations and the private sector to take stock of GAVI's progress, challenges and upcoming opportunities
- Maintain momentum leading to the 2013 MTR

April Board Retreat: Building on 2011-2015 strategy

Options for discussion:

- Go further and faster on **measles** than planned
- Expand GAVI vaccine portfolio
 - Japanese Encephalitis/Typhoid*
 - Malaria
 - Dengue
 - Support the introduction of inactivated **polio** vaccine; hexavalent
 - Support **cholera** vaccine stockpile
- Continue & expand efforts in **new technology; applied research**
- Working with non-GAVI-eligible **lower middle-income** countries
- Support **vaccine export capacity** of manufacturers in upper middle-income countries

* Already built into GAVI portfolio

Priorities until 2015

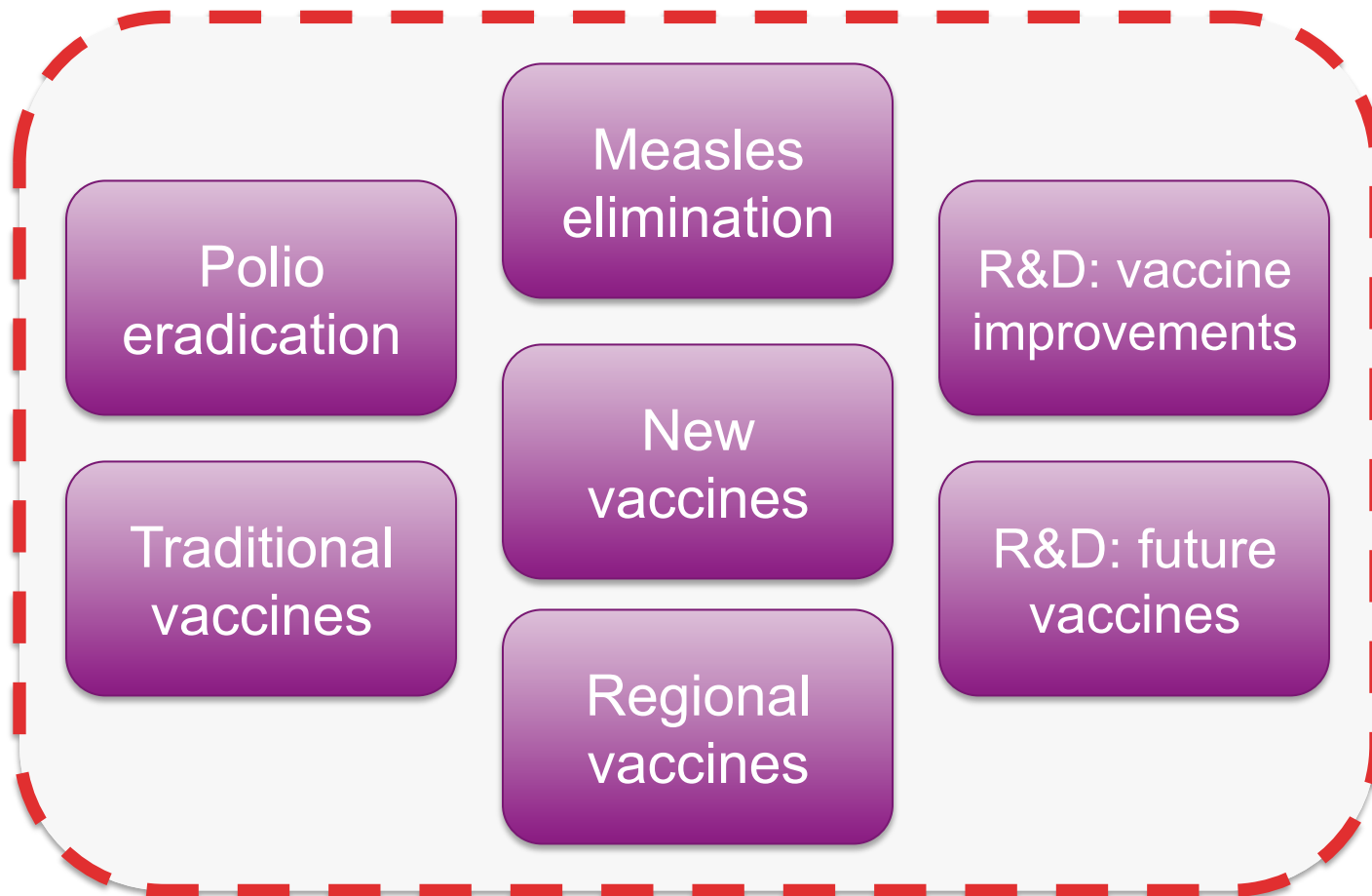
Deliver 2011-2015 Strategy:

Avert 3.9 million future deaths and immunise an additional quarter of a billion children by 2015:

1. Continue to accelerate the roll-out of new and underused vaccines – pneumo, rota, MR, HPV & others
2. Strengthen the capacity of health systems to deliver immunization
3. Ensure predictable and sustainable financing
4. Shape vaccine markets

The immunisation landscape

Synergies and shared learnings





www.gavialliance.org