

Update from Gavi, the Vaccine Alliance

SAGE meeting
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Policy & Performance



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Gavi 2016-2020 Strategic Framework

Overview

Three themes guided strategy development

Consolidation and sustainability

«Next strategic period should focus on consolidating strengthening and deepening impact.»

GAVI Board member—December 2013

«Look into sustainability for graduating countries.»

GAVI Board member—February 2014

Coverage and equity

«Focus should be on understanding and addressing barriers to coverage and equity.»

GAVI Board member—February 2014

«Focus of the next period should be around coverage, equity, sustainability and the most fragile settings.»

GAVI Board member—November 2013

Innovation and ambition

«GAVI should be bold, innovation is part of its DNA.»


GAVI Board member—July 2013

«GAVI needs to articulate an ambitious statement of what the Alliance aims to achieve longer term.»

GAVI Board calls—December 2013

Gavi strategy 2016-2020: Summary

Mission	To save children's lives and protect people's health by increasing equitable use of vaccines in lower income countries			
Principles	<ul style="list-style-type: none">▪ Country-led▪ Community-owned▪ Globally engaged▪ Catalytic & sustainable		<ul style="list-style-type: none">▪ Integrated▪ Innovative▪ Collaborative▪ Accountable	
Goals	1 Accelerate equitable uptake and coverage of vaccines <ul style="list-style-type: none">▪ Coverage and equity▪ Introduction and scale-up of new vaccines▪ Flexible response to special needs of fragile countries		2 Increase effectiveness and efficiency of immunisation delivery as an integrated part of strengthened health systems <ul style="list-style-type: none">▪ Integrated comprehensive immunisation programmes▪ Supply chains, health information systems, demand generation and gender sensitive approaches▪ Engagement of civil society, private sector and other partners	
	3 Improve sustainability of national immunisation programmes <ul style="list-style-type: none">▪ National and sub-national political commitment▪ Allocation and management of national human and financial resources▪ Sustained performance after graduation		4 Shape markets for vaccines and other immunisation products <ul style="list-style-type: none">▪ Adequate and secure supply▪ Appropriate and sustainable prices▪ Incentivise development of suitable and quality products	
	A) Country leadership management & coordination			
	B) Resource mobilisation			
Strategic enablers	C) Advocacy			
	D) Monitoring & Evaluation			



Gavi strategy 2016-2020: Summary

Mission	<p><i>To save children's lives and protect people's health by increasing equitable use of vaccines in lower income countries</i></p>	
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Goals	<p>1 Accelerate equitable uptake and coverage of vaccines</p> <ul style="list-style-type: none"> ▪ Coverage and equity ▪ Introduction and scale-up of new vaccines ▪ Flexible response to special needs of fragile countries 	<p>2 Increase effectiveness and efficiency of immunisation delivery as an integrated part of health systems</p> <ul style="list-style-type: none"> ▪ Strengthen immunisation programmes ▪ Strengthen information systems, demand generation and sensitive approaches ▪ Engagement of civil society, private sector and other partners
	<p>3 Improve sustainability of national immunisation programmes</p> <ul style="list-style-type: none"> ▪ National and sub-national political commitment ▪ Allocation and management of national human and financial resources ▪ Sustained performance after graduation 	<p>4 Shape markets for vaccines and other immunisation products</p> <ul style="list-style-type: none"> ▪ Adequate and secure supply ▪ Appropriate and sustainable prices ▪ Incentivise development of suitable and quality products
Strategic enablers	A) Country leadership management & coordination	
	B) Resource mobilisation	
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A new set of principles

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Strategic enablers	A) Country leadership management & coordination	
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A strengthened focus on coverage and equity

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Goals	1	<p>Accelerate equitable uptake and coverage of vaccines</p> <ul style="list-style-type: none"> Coverage and equity Introduction and scale-up of new vaccines Flexible response to special needs of fragile countries
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	3	<p>Improve sustainability of immunisation programmes</p> <ul style="list-style-type: none"> National and sub-national political commitment Allocation and management of financial resources Sustained performance after graduation
Strategic enablers	<p>Focus on the effectiveness and efficiency of immunisation delivery, and track results from GAVI health systems support</p>	
	A) Country leadership management & coordination	
	B) Resource mobilisation	
	C) Advocacy	
	D) Monitoring & Evaluation	

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A holistic focus on sustainability

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Strategic enablers	<p>A) Country leadership management & coordination</p>	
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A market shaping role which remain central to GAVI strategy

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	3	Improve sustainability of national immunisation programmes <div>A new strategic enabler on leadership management and coordination at country level</div> <ul style="list-style-type: none">Need for leadership management and coordination at country levelAlign financing and management systemsStrengthen institutional arrangements	4	Shape markets for vaccines and other immunisation products <ul style="list-style-type: none">Adequate and secure supplyAppropriate and sustainable pricesIncentivise development of suitable and quality products
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	<p>B) Resource mobilisation</p>	
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	<p>D) Monitoring & Evaluation</p>	

A continued focus on monitoring and evaluation of GAVI programmes, support to surveillance systems, and effectiveness studies

Next strategy: Key questions that will drive Gavi Alliance activities and programmes

Goals

Goal 1: Improve coverage and equity in country

Goal 2: Improve immunisation delivery/ HSS

Goal 3: Sustainability

Goal 4: Market shaping

Questions for implementing strategy

▪ How best to support countries to design, implement and monitor coverage and equity improvement plans?

- What support from the Alliance in the areas of:
 - Supply chain
 - Data
 - Demand generation
- What role for private sector?

- Review of policies for eligibility, graduation and co-financing
- What support should the Alliance provide during the graduation process

- How to ensure access to price for graduated/ LMICs?
- What market shaping activities in broader immunisation products/ innovation?

4 overall streams of work underlying strategy implementation approach

1

Country engagement model/ coverage & equity

- Plans/ approaches for countries to improve coverage & equity
- Programme/ support that the Alliance can provide
- Alliance model at country level

2

Global strategies, policies & programmes

Started:

- a) Supply chain
- b) El GraCo
- c) Private sector
- d) Access to pricing
- e) Innovation/market shaping
- f) Data strategy

To be started:

- g) HSS formula
- h) Leadership, Management & coordination
- i) Non-financial instruments to ensure sustainability
- j) Demand generation

3

Business plan redesign

- Business plan processes and funding
- Coordination and engagement mechanisms

4

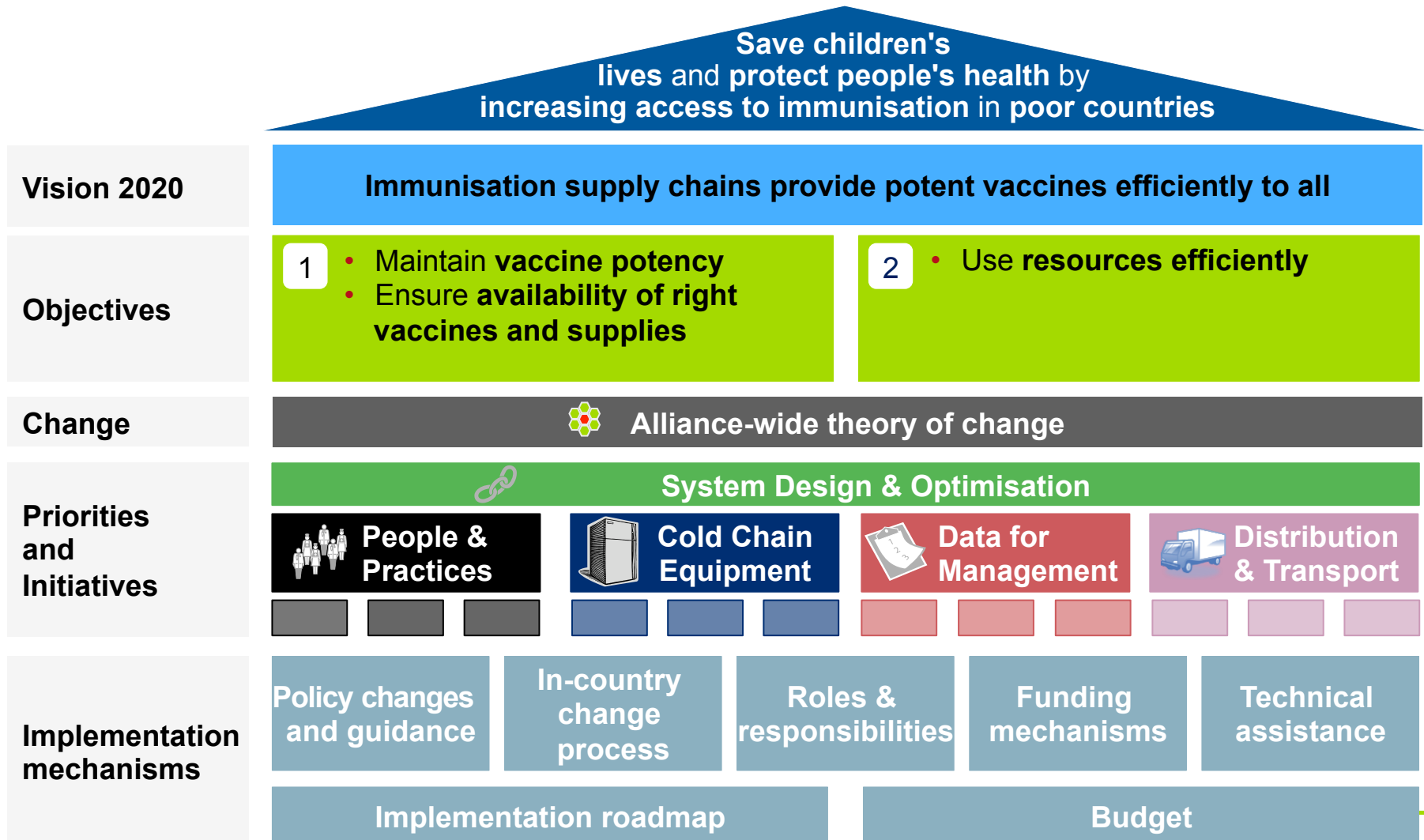
Indicators and targets

- List of indicators, baseline and targets for the next strategy

Gavi 2016-2020 Strategic Framework

Improving the supply chain

Supply Chain Strategy: approved by Gavi Alliance Board, June 2014



Putting fundamentals in place



MANAGERS

Supply chain managers

Ensure supply chain managers are in place with right capabilities, authority and accountability in every country.



PLANS

Supply chain management and improvement plans

Support development and implementation of comprehensive supply chain management plans.



DASHBOARDS

Supply chain dashboards

Track and use supply chain performance metrics to make strategic and operational decisions.



SYSTEM REDESIGN

Optimize system design (select countries only)

Support priority countries in improving system design.

Gavi 2016-2020 Strategic Framework

Measurement and data

GAVI Alliance strategy 2016-2020

Mission	To save children's lives and protect people's health by increasing equitable use of vaccines in lower income countries		Aspiration 2020 <ul style="list-style-type: none"> < 5 mortality rate TBD Future deaths averted 5-6 million Future DALYs averted >250 million # of children vaccinated with GAVI support >300 million 	Disease dashboard <ul style="list-style-type: none"> Empirical measurements (TBD) of health impact to which GAVI Alliance contributed in pneumonia, diarrhoea, HepatitisB and measles
Principles	<ul style="list-style-type: none"> Country-led: Respond to and align with country demand, supporting national priorities, budget processes and decision-making Community-owned: Ensure engagement of communities to increase accountability and sustain demand and impact Globally engaged: Contribute to the Global Vaccine Action plan, align with the post 2015 global development priorities and implement the aid effectiveness principles Catalytic & sustainable: Provide support to generate long term sustainable results including country self-financing of vaccines through the graduation process Integrated: Foster integration of immunisation with other health interventions, harmonising support by the GAVI Alliance with other partners' Innovative: Foster and take to scale innovation in development models, financing instruments, public health approaches, immunisation-related technologies and delivery science Collaborative: As a public private partnership, convene immunisation stakeholders and leverage the strengths of all Alliance partners through shared responsibility at both global and national level Accountable: Maximise Alliance cooperation and performance through transparent accountability mechanisms 			
Goals	1 Accelerate equitable uptake and coverage of vaccines	2 Increase effectiveness and efficiency of immunisation delivery as an integrated part of strengthened health systems	3 Improve sustainability of national immunisation programmes	4 Shape markets for vaccines and other immunisation products
Objectives	<ul style="list-style-type: none"> a Increase coverage and equity of immunisation b Support countries to introduce and scale up new vaccines c Respond flexibly to the special needs of children in fragile countries 	<ul style="list-style-type: none"> a Contribute to improving integrated and comprehensive immunisation programmes, including fixed, outreach and supplementary components b Support improvements in supply chains, health information systems, demand generation and gender sensitive approaches c Strengthen engagement of civil society, private sector and other partners in immunisation 	<ul style="list-style-type: none"> a Enhance national and sub-national political commitment to immunisation b Ensure appropriate allocation and management of national human and financial resources to immunisation through legislative and budgetary means c Prepare countries to sustain performance in immunisation after graduation 	<ul style="list-style-type: none"> a Ensure adequate and secure supply of quality vaccines b Reduce prices of vaccines and other immunisation products to an appropriate and sustainable level c Incentivise development of suitable and quality vaccines and other immunisation products
Goal-level Indicators	<ul style="list-style-type: none"> % Fully immunised children [to be further developed] Coverage by antigen: Pneumo3, Rota last, Penta3, HPV last, Measles, MenA Equity of coverage <ul style="list-style-type: none"> Wealth equity Geographic equity (within and across countries) Gender equity 	<ul style="list-style-type: none"> Supply chain : e.g., vaccine utilisation, % of immunisation sessions with adequate stocks of vaccines Data quality: e.g., completeness & timeliness of reporting, consistency among different sources Service delivery: e.g., % of immunisation sessions conducted; Gender related barriers addressed in immunisation plans Demand: Increase in demand for immunisation, e.g., as measured by survey Integration: Indicator TBD 	<ul style="list-style-type: none"> Fulfilment of co-financing commitments (e.g., % countries meeting commitments in a <i>timely</i> manner) Country investments in vaccines and immunisation per child (split eligible/graduating/graduated countries) Immunisation coverage after graduation; GAVI vaccines maintained in EPI schedule 	<ul style="list-style-type: none"> Indicator on healthy market dynamics (e.g., # of suppliers, # countries obtaining first choice, vaccines and other products) Reduction in price (vaccines and other products) for GAVI countries, access to appropriate prices for graduated countries and LMICs Reduction in the delivery cost of immunisation Indicator on innovation (e.g., thermo-stable vaccines; delivery technologies)
Strategic enablers	<ul style="list-style-type: none"> A) Country leadership management & coordination <ul style="list-style-type: none"> (1) Strengthen institutional capacity for national decision-making, programme management and monitoring (2) Support availability and use of quality data for country-level decision making B) Resource mobilisation <ul style="list-style-type: none"> (1) Secure long-term predictable funding for GAVI Alliance programmes as a prerequisite for continued success (2) Harness the capacity of the private sector, including through innovative finance mechanisms and contributions from vaccine manufacturers C) Advocacy <ul style="list-style-type: none"> (1) Strengthen national political and subnational commitment for immunisation (2) Strengthen global political commitment for immunisation, health and development D) Monitoring & Evaluation <ul style="list-style-type: none"> Support GAVI as a learning Alliance through (i) Effective routine programme monitoring and management and (ii) Regular evaluation of the relevance, effectiveness, impact, and efficiency of the GAVI Alliance's investments to inform evidence-based policy development 			

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Goals	1. Accelerate uptake and coverage of vaccines	2. Increase effectiveness and delivery of strong health system	3. Strengthen engagement of civil society, private sector and other partners in immunisation	4. Fulfilment of co-financing commitments (e.g., % countries meeting commitments in a timely manner)	5. Indicator on healthy market dynamics (e.g., # of suppliers, # countries obtaining first choice, vaccines and other products)
Objectives	a. Increase coverage and equity of immunisation b. Support countries to introduce and scale up new vaccines c. Respond flexibly to the special needs of children in fragile countries	a. Contribute to comprehensive immunisation including fix components b. Support immunisation health information generation c. Strengthen engagement of civil society, private sector and other partners in immunisation			
Goal-level indicators	<ul style="list-style-type: none"> % Fully immunised children [to be further developed] Coverage by antigen: Pneumo3, Rota last, Penta3, HPV last, Measles, MenA Equity of coverage <ul style="list-style-type: none"> Wealth equity Geographic equity (within and across countries) Gender equity 	<ul style="list-style-type: none"> Supply chain : e.g., vaccine utilisation, % of immunisation sessions with adequate stocks of vaccines Data quality: e.g., completeness & timeliness of reporting, consistency among different sources Service delivery: e.g., % of immunisation sessions conducted; Gender related barriers addressed in immunisation plans Demand: Increase in demand for immunisation, e.g., as measured by survey Integration: Indicator TBD 	<ul style="list-style-type: none"> Fulfilment of co-financing commitments (e.g., % countries meeting commitments in a timely manner) Country investments in vaccines and immunisation per child (split eligible/graduating/graduated countries) Immunisation coverage after graduation; GAVI vaccines maintained in EPI schedule 	<ul style="list-style-type: none"> Indicator on healthy market dynamics (e.g., # of suppliers, # countries obtaining first choice, vaccines and other products) Reduction in price (vaccines and other products) for GAVI countries, access to appropriate prices for graduated countries and LMICs Reduction in the delivery cost of immunisation Indicator on innovation (e.g., thermo-stable vaccines; delivery technologies) 	
Strategic enablers	A) Country leadership management & coordination <ol style="list-style-type: none"> Strengthen institutional capacity for national decision-making, programme management and monitoring Support availability and use of quality data for country-level decision making 				
	B) Resource mobilisation <ol style="list-style-type: none"> Secure long-term predictable funding for GAVI Alliance programmes as a prerequisite for continued success Harness the capacity of the private sector, including through innovative finance mechanisms and contributions from vaccine manufacturers 				
	C) Advocacy <ol style="list-style-type: none"> Strengthen national political and subnational commitment for immunisation Strengthen global political commitment for immunisation, health and development 				
	D) Monitoring & Evaluation <p>Support GAVI as a learning Alliance through (i) Effective routine programme monitoring and management and (ii) Regular evaluation of the relevance, effectiveness, impact, and efficiency of the GAVI Alliance's investments to inform evidence-based policy development</p>				

Disease dashboard

- Empirical measurements (TBD) of health impact to which GAVI Alliance contributed in pneumonia, diarrhoea, Hepatitis B and measles

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Goals	1	Accelerate equitable uptake and coverage of vaccines					4	Shape markets for vaccines and other immunisation products
Objectives	a	Increase coverage and equity of immunisation	b	Support countries to introduce and scale up new vaccines	c	Respond flexibly to the special needs of children in fragile countries	a	Ensure adequate and secure supply of quality vaccines
	b	Support countries to introduce and scale up new vaccines	c	Respond flexibly to the special needs of children in fragile countries	d	Ensure appropriate allocation and management of national human and financial resources to immunisation through legislative and budgetary means	b	Reduce prices of vaccines and other immunisation products to an appropriate and sustainable level
	c	Respond flexibly to the special needs of children in fragile countries	d	Ensure appropriate allocation and management of national human and financial resources to immunisation through legislative and budgetary means	e	Prepare countries to sustain performance in immunisation after graduation	c	Incentivise development of suitable and quality vaccines and other immunisation products
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	D) Monitoring & evaluation		Support GAVI as a learning Alliance through (i) Effective routine programme monitoring and management and (ii) Regular evaluation of the relevance, effectiveness, impact, and efficiency of the GAVI Alliance's investments to inform evidence-based policy development					

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Objectives				
Goal-level indicators	<ul style="list-style-type: none"> % Fully immunised children (to be further developed) Coverage by antigen: Pneumo3, Rota last, Penta3, HPV last, Measles, MenA Equity of coverage <ul style="list-style-type: none"> Wealth equity Geographic equity (within and across countries) Gender equity Supply chain : e.g., vaccine utilisation, % of immunisation sessions with adequate stocks of vaccines Data quality: e.g., completeness & timeliness of reporting, consistency among different sources Service delivery: e.g., % of immunisation sessions conducted; Gender-related issues addressed in immunisation Demand: Increase in demand for immunisation, e.g., as measured by survey Integration: Indicator TBD Fulfilment of co-financing commitments (e.g., % countries meeting commitments in timely manner) Country investments in vaccines and immunisation per child (split eligible/graduated countries) Immunisation coverage after graduation; GAVI vaccines maintained in EPI schedule Indicator on healthy market dynamics (e.g., # of suppliers, # countries obtaining first choice, vaccines and other products) Reduction in price (vaccines and other products) for GAVI countries, access to appropriate prices for graduated countries and LMICs Reduction in the delivery cost of immunisation Indicator on innovation (e.g., thermo-stable vaccines; delivery technologies) 			
Strategic enablers	<p>A) Country leadership management & coordination</p> <p>(1) Strengthen institutional capacity for national decision-making, programme management and monitoring</p> <p>(2) Support availability and use of quality data for country-level decision making</p> <p>B) Resource mobilisation</p> <p>(1) Secure long-term predictable funding for GAVI Alliance programmes as a prerequisite for continued success</p> <p>(2) Harness the capacity of the private sector, including through innovative finance mechanisms and contributions from vaccine manufacturers</p> <p>C) Advocacy</p> <p>(1) Strengthen national political and subnational commitment for immunisation</p> <p>(2) Strengthen global political commitment for immunisation, health and development</p> <p>D) Monitoring & Evaluation</p> <p>Support GAVI as a learning Alliance through (i) Effective routine programme monitoring and management and (ii) Regular evaluation of the relevance, effectiveness, impact, and efficiency of the GAVI Alliance's investments to inform evidence-based policy development</p>			

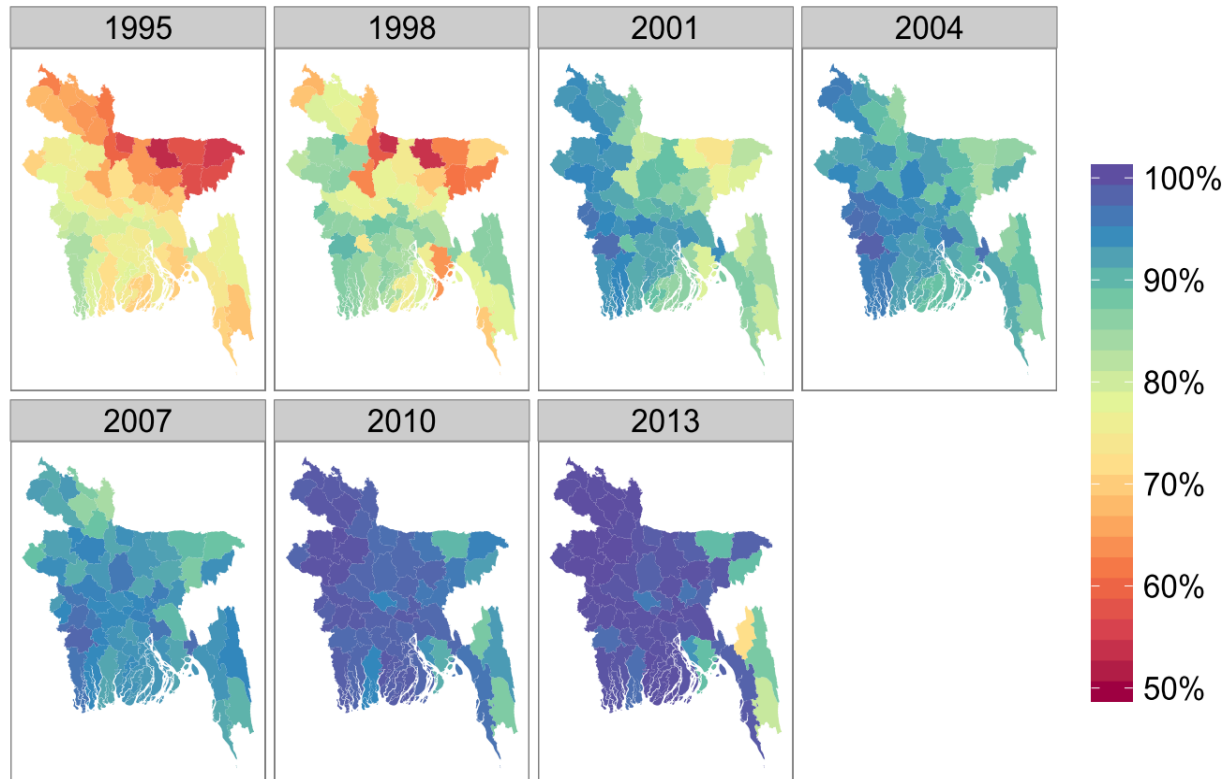


Small Area Estimation

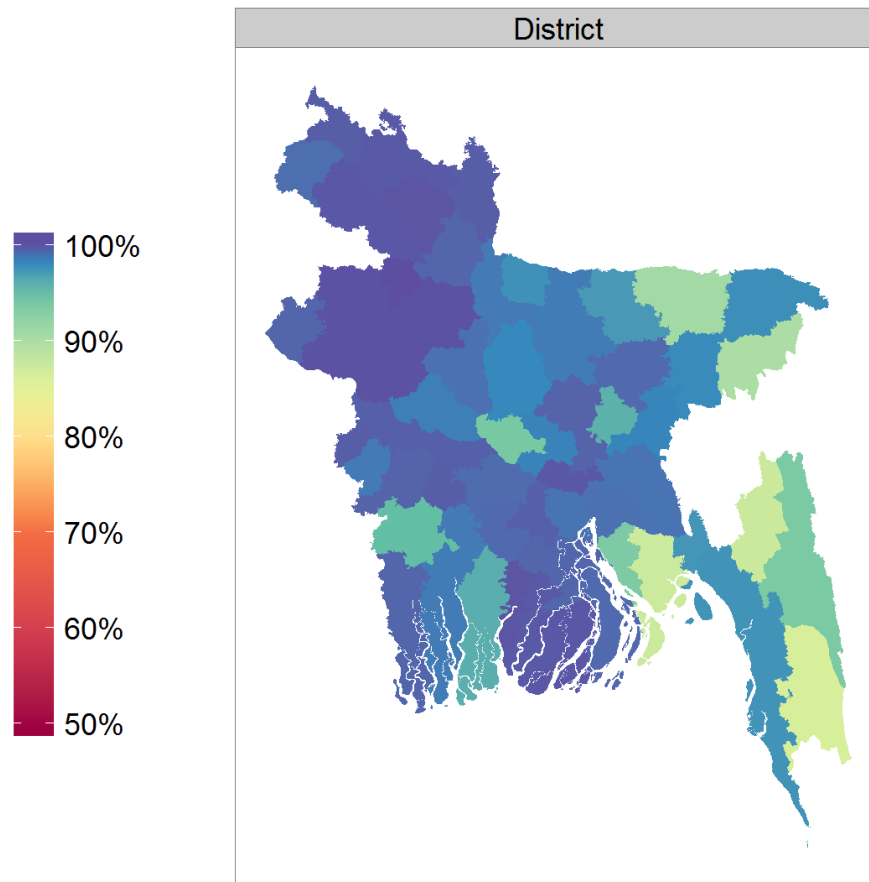
Using data for decision making at sub-national levels

Trends in sub-national coverage and equity: preliminary results from Bangladesh

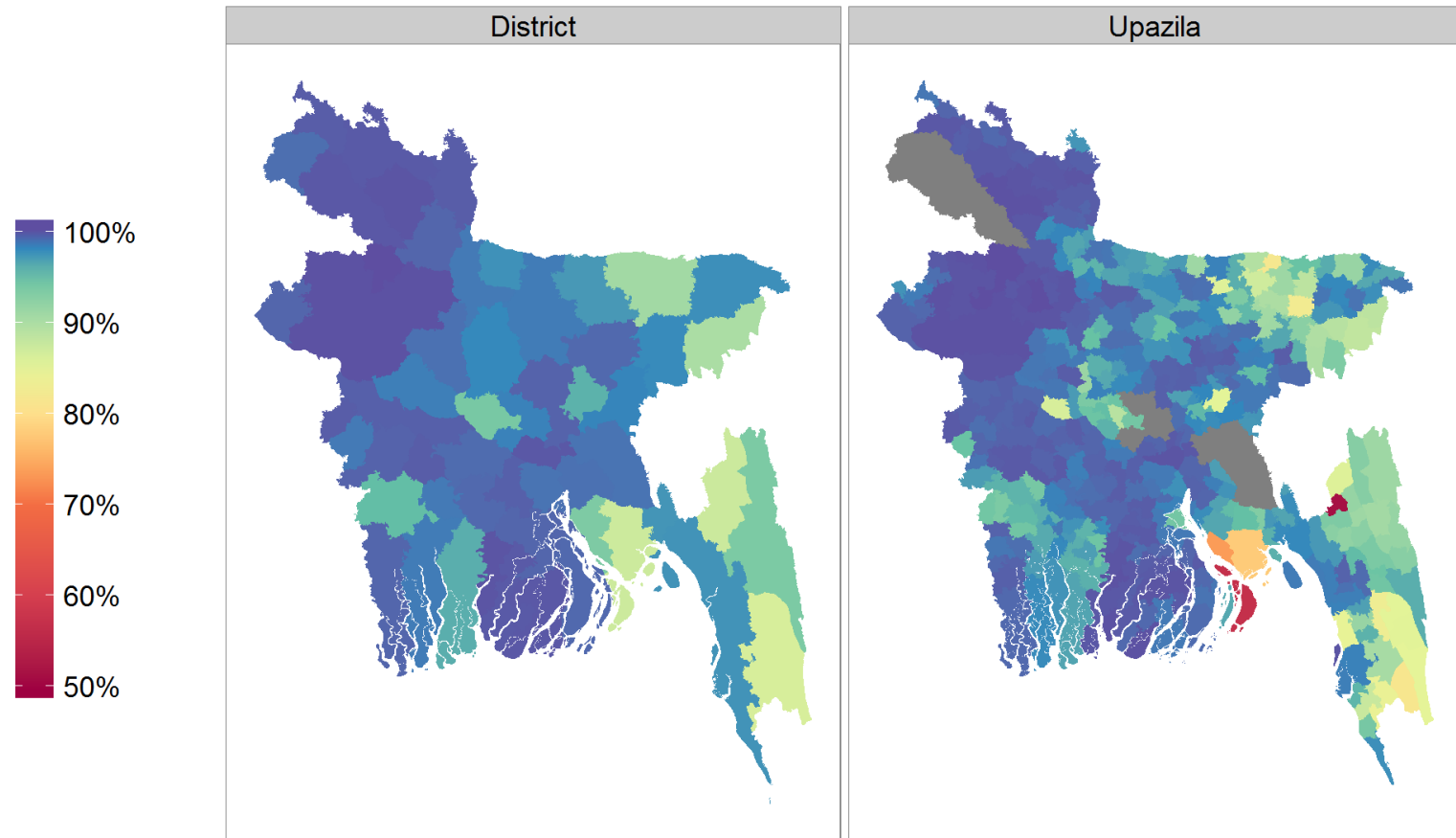
DTP3-containing vaccination coverage by district, 1995-2013



Penta3 vaccination coverage in Bangladesh, 2013: District level



Penta3 vaccination coverage in Bangladesh, 2013: Upazila level



IHME



UNIVERSITY of WASHINGTON

2

Policy updates

ELIGIBILITY, GRADUATION, AND CO-FINANCING: BACKGROUND

2000

- Countries <\$1,000 GNI p.c. eligible for Gavi support

2000-2010

- 73 implementing countries
- expansion of Gavi vaccine portfolio from 2 to 7 vaccines

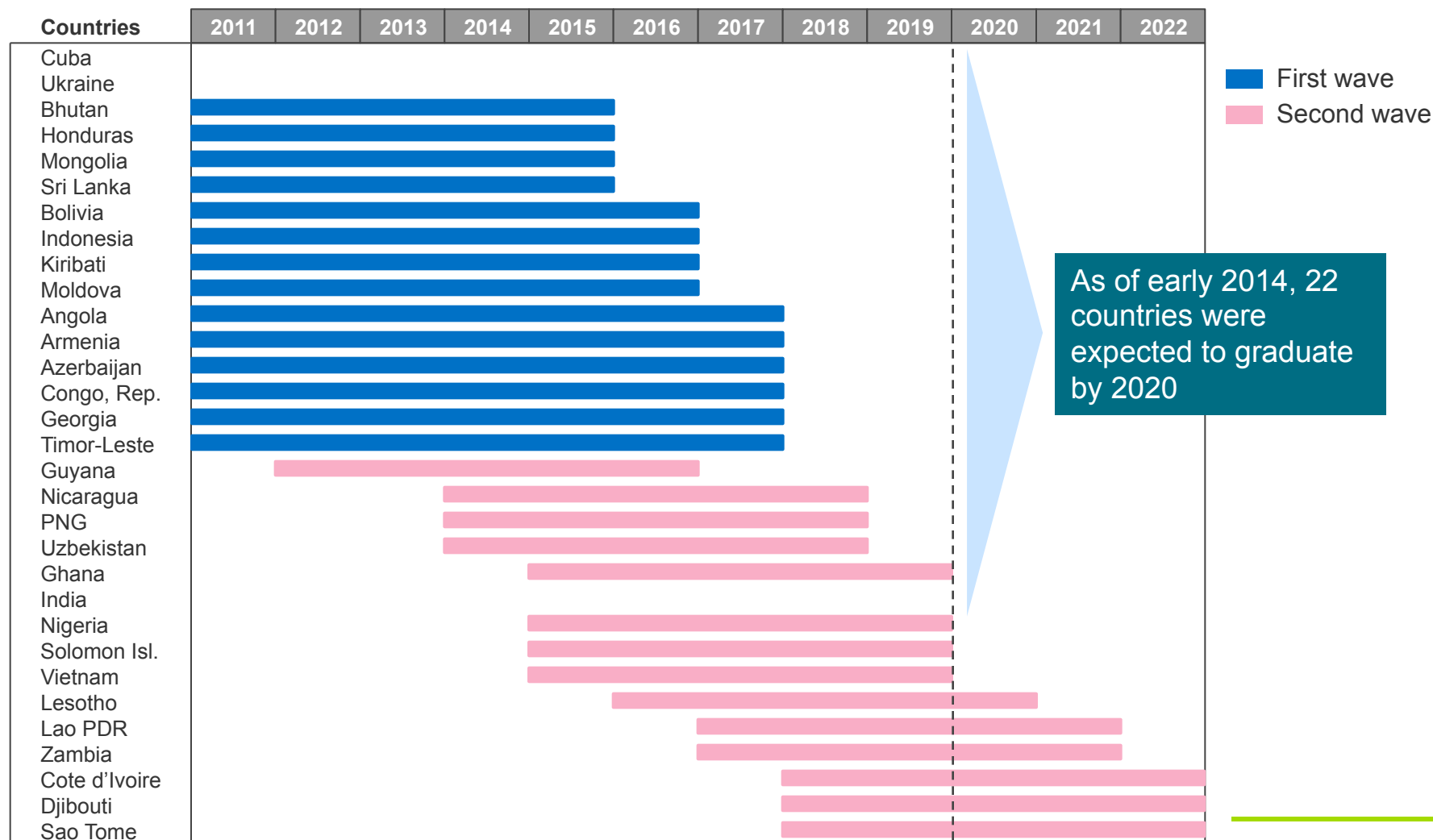
2011

- threshold set at \$1,500 (\approx 2000 level in real terms)
- 16 Gavi countries above \$1,500
 - Decision to honour commitments through 2015
 - Due to delays in vaccine introductions, graduation expected in 2015-2018

2014

- 22 countries projected to graduate / exit Gavi in 2015-2020
- Board endorsed '*fundamental model*' of eligibility/graduation, but expressed '*concerns about certain settings*' and asked to '*explore more flexible graduation approaches in order to protect the sustainability of investments*'

PROJECTED COUNTRY GRADUATIONS



1ST WAVE OF GRADUATING COUNTRIES

- 16 *entered* graduation in 2011 when \$1,500 threshold applied
- Mainly PAHO/EURO
- *Exit* Gavi in 2015-2018 due to delays in vaccine introductions
 - Average length of graduation period 6 years
- Under-5 mortality rate: 41/1,000
- Intensified engagement to ensure budgetary scale-up and address institutional weaknesses

- ✓ Successful transition to self-financing
- ✓ Projected vaccine costs affordable (*at Gavi price*)
- ✓ Low risk to sustainability of vaccine programmes

- × Missed opportunities for vaccine introductions due to early graduation (5x pneumo, 9x rota, 12x HPV)

2ND WAVE OF GRADUATING COUNTRIES

- 15 *entering* graduation in 2012-2020
- Majority will *exit* Gavi after 2020
- 10 more than originally projected
- Mainly AFRO and Asia
- Under-5 mortality rate: 63/1,000
- Currently expanding and consolidating new vaccine programmes

- ✓ Successfully introduced most/all Gavi vaccines
- ✓ High impact due to high burden of vaccine-preventable disease

- × Higher fiscal burden following graduation
- × Higher pace of financial scale-up required during five-year graduation period

GRADUATION: SUMMARY

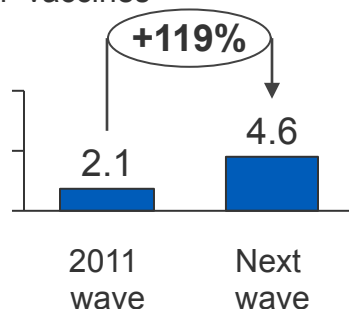
	1 st wave	2 nd wave
Under-5 mortality rate ¹	41	63
GNI per capita at <i>entering</i> graduation ⁵	\$2,400	\$1,800
2013 Total Fertility Rate ²	3.0	3.6
Vaccines introduced ³	2.1	4.6
Average length of graduation period (years) ⁴	6	5

1. Source: World Bank World Development Indicators, accessed September 2014.
2. Total Fertility Rate; Source: UN World Population Prospects, accessed October 2014
3. Modeled using GAVI's Adjusted Demand Forecast
4. 1st wave obtained from GAVI Secretariat, 2nd wave modeled
5. World Bank GNI per capita 2013 and earlier, modeled starting in 2014

FISCAL SPACE ANALYSIS

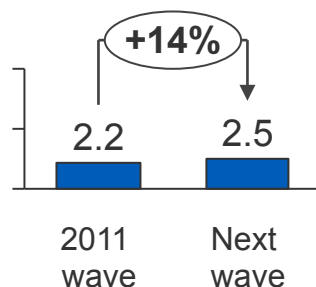
Next wave ¹ has introduced more vaccines...

of vaccines



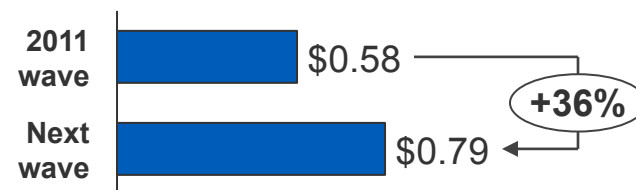
... and has larger birth cohorts...

Birth cohort (% of pop)



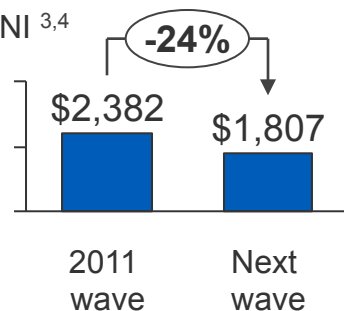
... leading to higher vaccine spend

Projected vaccine costs per capita ²



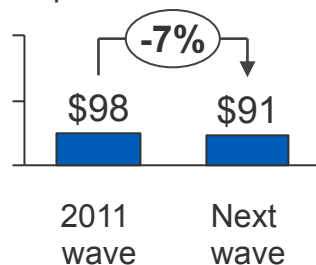
...with lower income levels...

GNI ^{3,4}



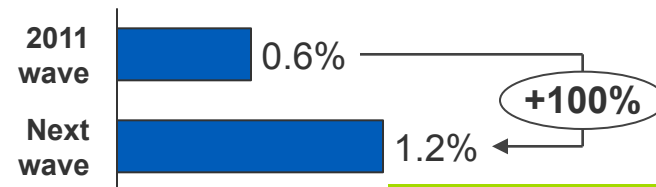
... and fewer resources for health...

Public spend on health ^{2,3}



... leading to higher pressure on health budgets

Projected vaccine costs as % of GGHE ^{2,5}



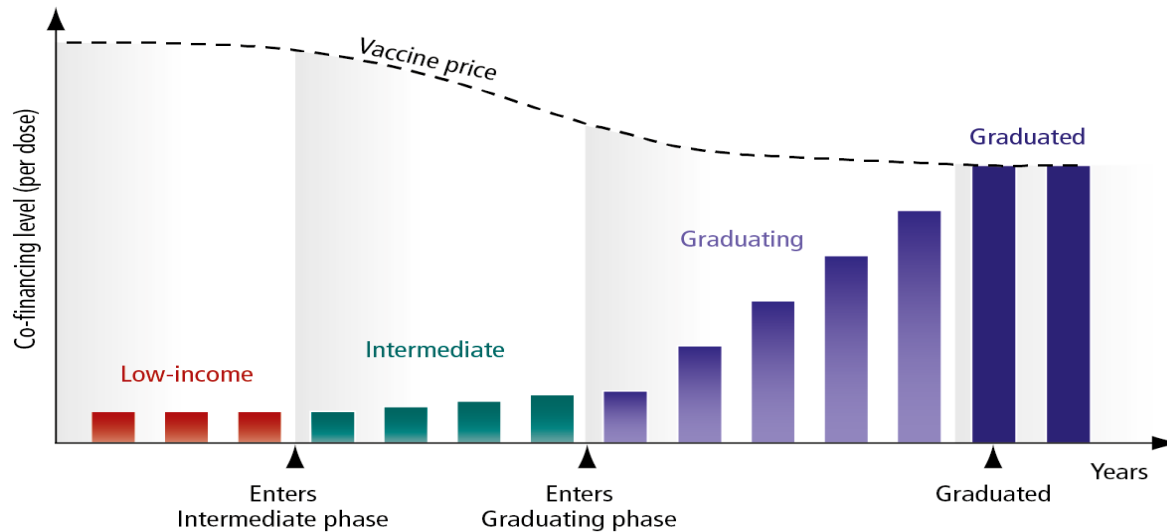
1. Countries crossing eligibility threshold between 2012 and 2020; 2. First year without GAVI support; 3. Per capita; 4. Projected income, year of crossing eligibility threshold; 5. GGHE:

General Government Health Expenditure

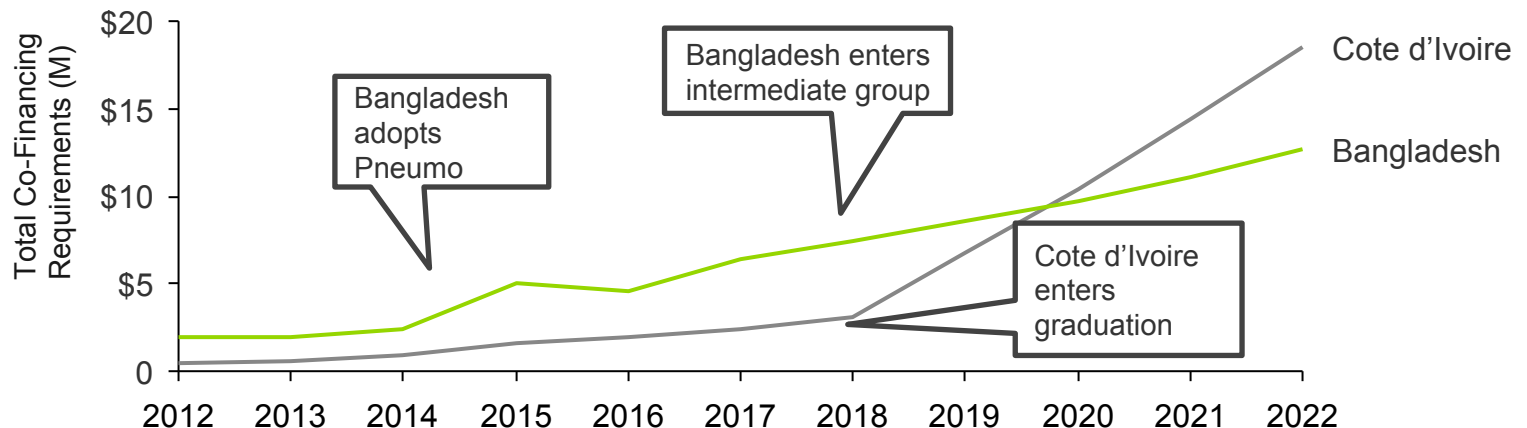
Note: All \$ in constant USD 2013

CURRENT CO-FINANCING POLICY

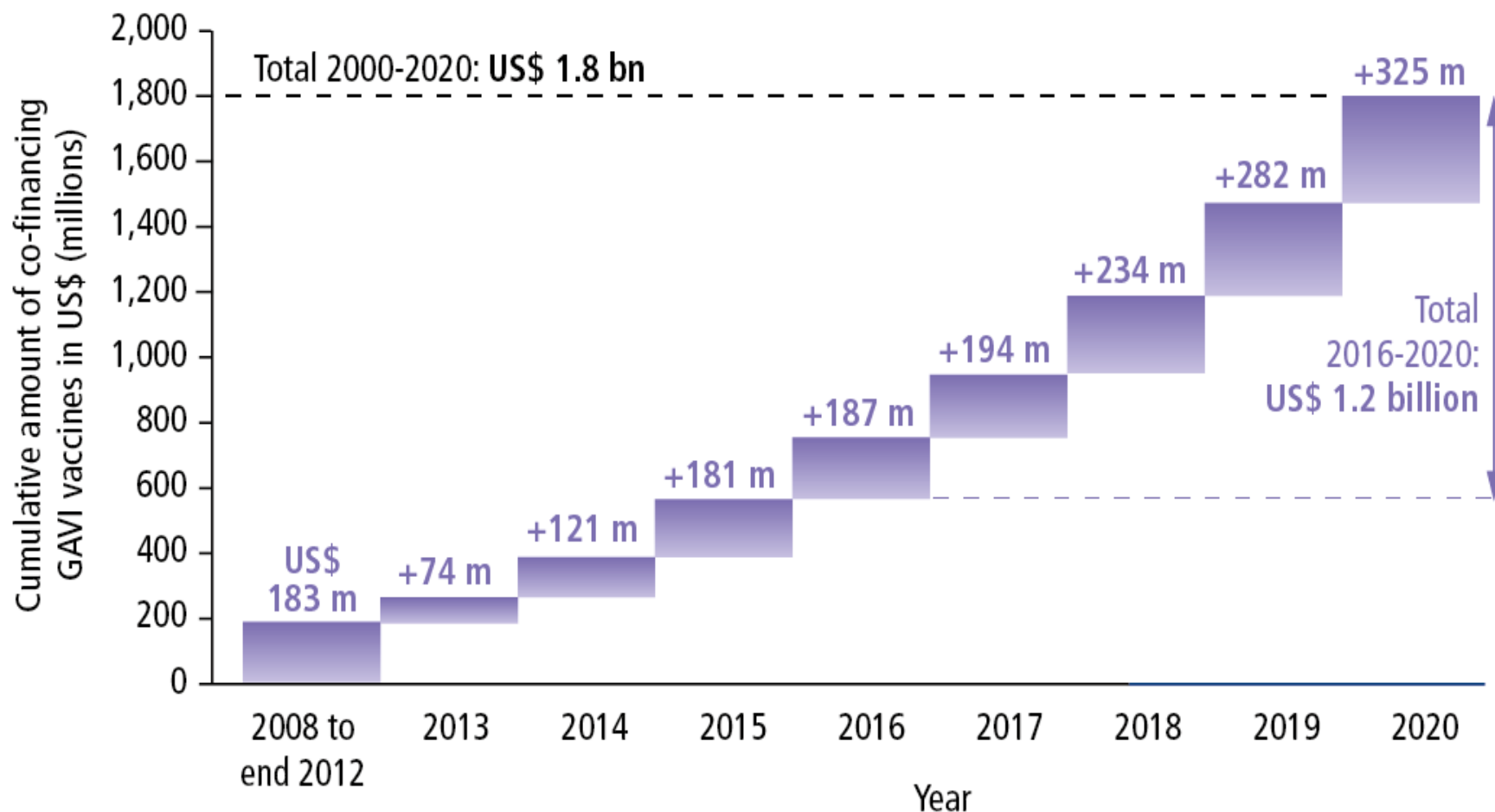
Per-dose obligations Illustrative view



Total co-financing Projections



CO-FINANCING PROJECTIONS UP TO 2020



LINK-TO-PRICE FOR ALL COUNTRIES COULD FURTHER MARKET-SHAPING OBJECTIVES



Pros

- Might enhance price sensitivity and send price signals to manufacturers
- Could encourage lower-cost manufacturers by enhancing market share
- Effect of transition on total country co-financing burden manageable



Cons

- Potentially disruptive to countries' co-financing performance
- Price elasticity and long-term benefits uncertain
- Short-term market-shaping effects limited to a few vaccines
- Significant implementation challenges

PERTUSSIS VACCINES

Revised SAGE guidance (2014) on choice of pertussis vaccines

- countries using whole cell pertussis (wP) should *continue using wP*
- switch to acellular pertussis (aP) has *major financial implications* due to much higher cost of aP vaccines and larger number of doses required

Recent Gavi country request for switch from wP to aP

- no evidence for wP safety issues
- increased cost of aP vaccine could negatively impact broader immunisation portfolio
- important to ensure most efficient use of Gavi resources

Vaccine Alliance response

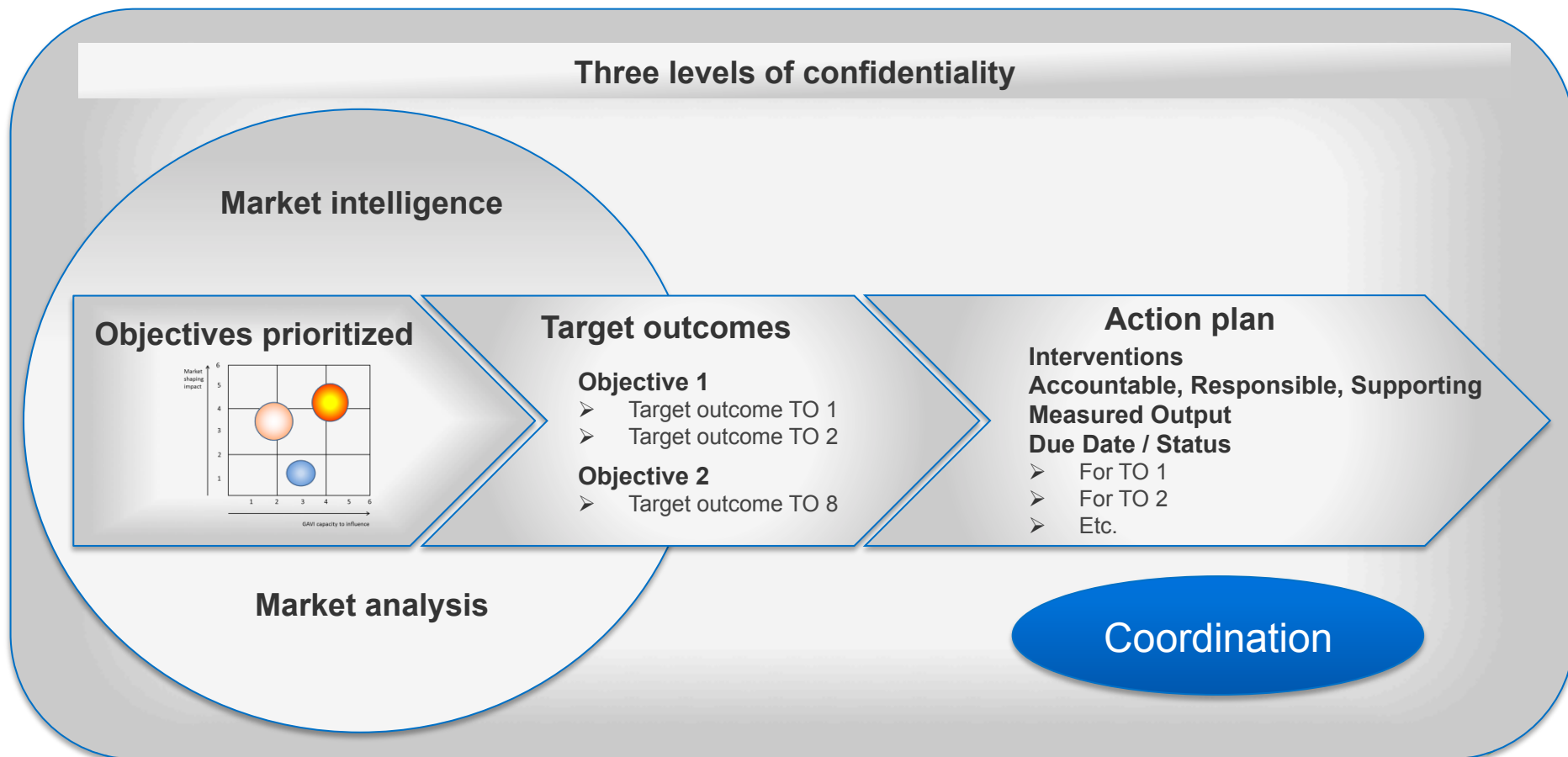
- *Programme and Policy Committee: GAVI funds cannot be used to procure aP vaccines for both programmatic and financial reasons*
- Alliance cooperated to successfully reinstate confidence in wP and advocate for investing in other life-saving vaccines

3

Market Shaping

Gavi Supply and Procurement Roadmaps

Vaccine-specific documents: Short to long term view of how market should evolve for particular vaccines and identification of mechanisms to influence the supply and price environment and achieve set targets



Gavi Alliance Supply and Procurement Roadmaps: Status

Roadmap development

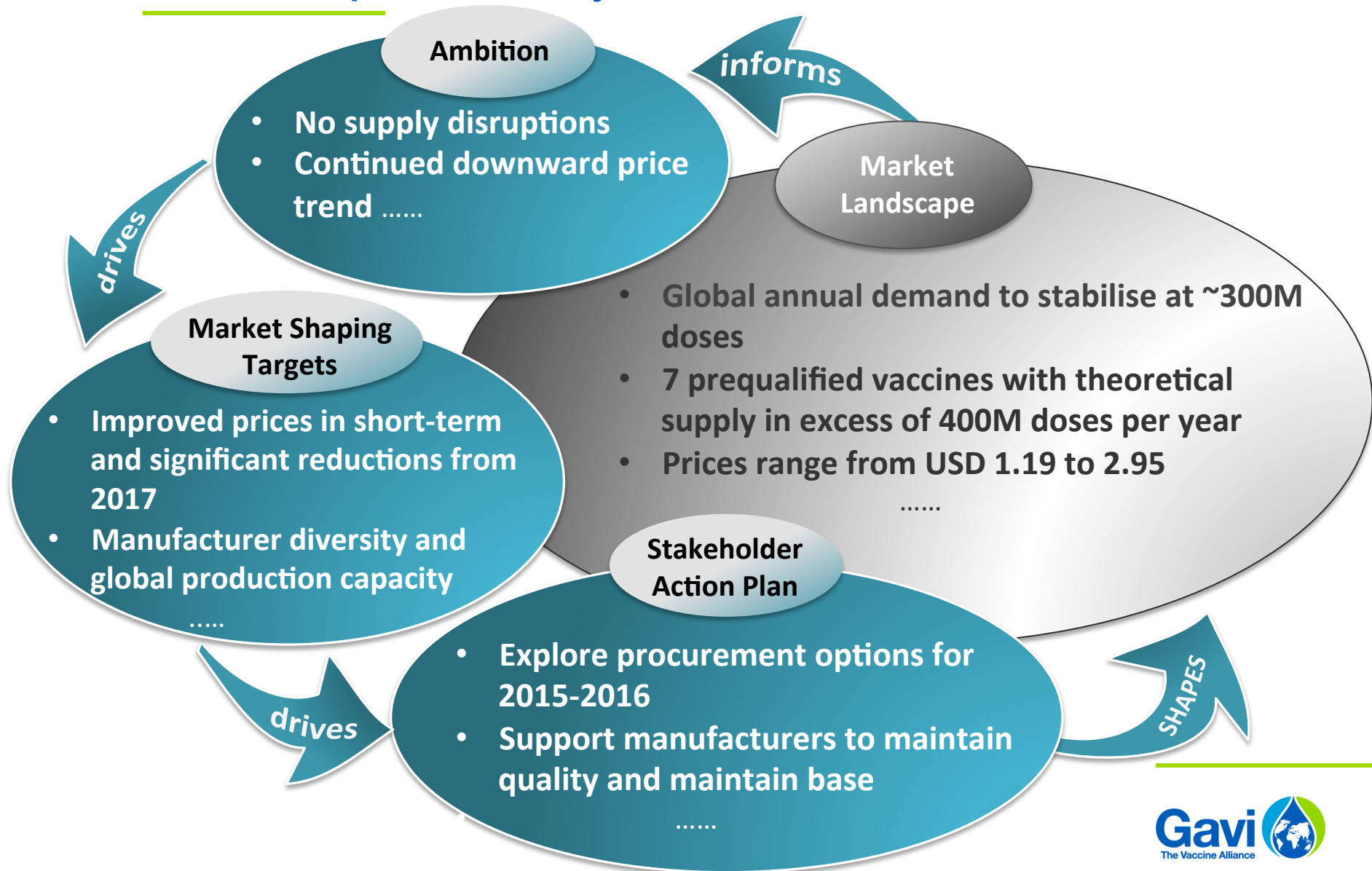
- **7 completed to date**
 - HPV (2012), Pentavalent, Yellow Fever, Rotavirus, MR, IPV, Japanese Encephalitis, PCV (2014)
- **1 update complete**
 - Pentavalent (2014)
- **2 currently in development**
 - Cholera, HPV update, Meningitis
- **2 on hold**
 - Typhoid, Malaria



Roadmap implementation

- Working closely with partners, Secretariat coordinates implementation of market shaping interventions as defined within the roadmap action plan.
- Accountable, responsible and supporting stakeholders of each market shaping intervention include Gavi Secretariat, UNICEF-SD, BMGF, WHO

Roadmap summary: Pentavalent



Public summaries of vaccine roadmaps on gavi.org



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You are here: [About Gavi](#) ▾ [Gavi's business model](#) ▾ [Vaccine supply and procurement](#)

Vaccine supply and procurement

[Overview](#)[Strategic demand forecasting](#)[Public consultation](#)

Gavi's strategy for 2011-2015 includes an explicit goal to shape vaccine markets

THE VALUE OF POOLING DEMAND AND PURCHASING

The majority of procurement on behalf of the Vaccine Alliance is conducted by [UNICEF](#), while [Gavi-eligible countries](#) in the Americas are sourcing their vaccines through the [Pan American Health Organization \(PAHO\)](#) Revolving Fund.

Gavi's role in the global vaccine market is evidenced by the initial impact the Vaccine Alliance has had in changing the production and supply base, [accelerating price declines in some vaccines](#) and [supporting the application of tiered pricing](#) that enables poor countries to pay significantly less than higher income countries for the same vaccine.

The [hepatitis B](#), tetraivalent and pentavalent vaccines illustrate how these dynamics play out, with [pneumococcal vaccines](#) as an example of how innovative financing mechanisms can influence the market. However, Gavi's ability to shape particular vaccine markets through the magnitude of its

RELATED DOWNLOADS

[Gavi Vaccine Supply and Procurement Strategy 2011-2015](#)[HPV roadmap: public summary](#)[IPV roadmap: public summary](#)[Japanese encephalitis vaccine roadmap: public summary](#)[Measles-rubella vaccine roadmap: public summary](#)[Pentavalent vaccine roadmap: public summary](#)[Rotavirus vaccine roadmap: public summary](#)[Yellow fever vaccine roadmap: public summary](#)

GAVI'S BUSINESS MODEL

[The business model](#)[Getting vaccines on the agenda](#)[Securing predictable financing](#)[Putting countries in charge](#)[Strengthening health delivery systems](#)[Making vaccines affordable](#)[Country co-financing](#)[Vaccine supply and procurement](#)

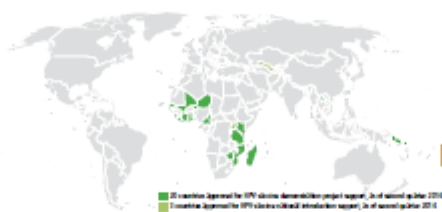
RELATED PAGES

- [Gavi, the Vaccine Alliance](#)
- [AMC documents](#)
- [The market-shaping goal](#)
- [GAVI documents](#)



Gavi Strategic Demand Forecast (SDF)

PROFILE 1: Human Papillomavirus Vaccines



PROFILE 1: Human papillomavirus vaccine

Highlights

- By 2015, 21 countries are forecast to conduct demonstration projects and 8 countries are projected to have launched national human papillomavirus (HPV) vaccine programmes through the support of the GAVI Alliance
- GAVI-eligible demand is expected to reach a total of over 40 million doses per year in 2020 based

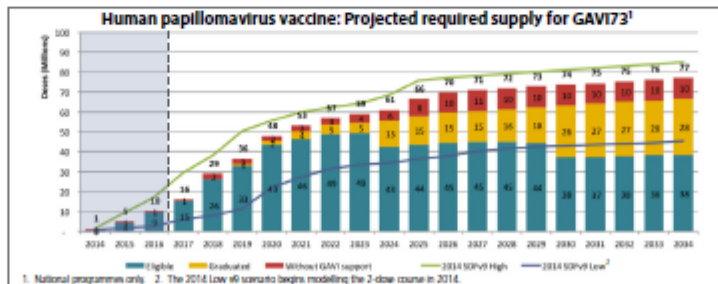
on a three-dose course. The April 2014 Strategic Advisory Group of Experts (SAGE) on immunization recommendation for a two-dose course is reflected in the low forecast scenario

- Approximately 30 million girls are projected to be immunized by the end of 2020 through GAVI-supported HPV immunisation

Human papillomavirus vaccine Projected GAVI-supported introductions, by 2015^{1,2}

Other GAVI-supported introductions, 2011-2015									
<ul style="list-style-type: none"> 12 countries 2011 8 countries 2012 9 countries 2013 6 countries 2014 5 countries 2015 (2011-2015) 									
2011	2012	2013	2014	2015	Total to 2015	2016-2020	March 2014 SDF v1		
0	8	0	1	7	16	37	October 2014 SDF v2		
0	8	0	3	9	30	32	October 2014 SDF v2		
0	1	1	0	4	6	15	Data through Feb 2014		

Cervical cancer kills an estimated 266,000 women each year worldwide. More than 85% of these deaths occur in developing countries. Without changes in prevention and control, 416,000 women are projected to die from cervical cancer by 2035, with nearly all of those deaths occurring in developing countries.² Safe and effective vaccines protect against the HPV types 16 and 18 — the dominant cause (70%) of most cervical cancers and precancerous lesions in women.¹



- SDF completed twice yearly to ensure clarity and understanding of Gavi market for important stakeholders, including manufacturers, donors, and countries
- Continued strengthening and dissemination of forecasting to ensure timely, transparent and accurate market information
- Long-term market forecasts are available for all vaccines in the Gavi portfolio on gavi.org

Exploring potential role for Gavi in accelerating access to an Ebola vaccine

EBOLA: CURRENTLY NO VACCINE AVAILABLE

Last month, WHO narrowed field of ~10 clinical / preclinical candidates to two for near-term focus...

... each of these two, from GSK and NewLink, have recently begun Phase I trials



The screenshot shows the WHO Media Centre website. The header includes the WHO logo and navigation links: Home, Health topics, Data, Media centre (highlighted), Publications, Countries, and Programs. The main content area is titled 'Media centre' and features a sidebar with links to Media centre, News (with sub-links for News releases, Statements, and Notes for the media), Events, Fact sheets, Features, Multimedia, and Contacts. The main text area is titled 'Experimental Ebola vaccines' and contains the following information:


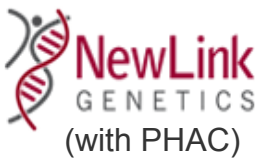

- Experimental Ebola vaccines**
Ebola situation assessment - 1 October 2014
- WHO consultation on Ebola vaccines**
From 29–30 September, WHO organized an expert consultation to assess the status of work to test and eventually license two candidate Ebola vaccines. More than 70 experts, including many from affected and neighbouring countries in West Africa, attended the event.
- The expertise represented among participants ranged from the virology of emerging infections, to regulatory requirements that must be met, to medical ethics, public health, and infectious diseases. Heads of clinical research and other executives from the pharmaceutical industry also presented their views.
- Some participants came with more than 3 decades of experience working in Africa on other infectious diseases.



"First British volunteer injected with trial Ebola vaccine in Oxford"
– The Guardian, 17 Sep 2014

Source: WHO, 1 Oct 2014 (<http://www.who.int/mediacentre/news/ebola/01-october-2014/en/>); The Guardian, 17 Sep 2014 (<http://www.theguardian.com/society/2014/sep/17/ruth-atkins-first-british-volunteer-injected-trial-ebola-vaccine-oxford>)

CURRENTLY, THREE MAIN VACCINE CANDIDATES

Vaccine name	Composition	Valency	Doses per course	Current storage conditions	Pre or pre & post exposure ?
 gsk GlaxoSmithKline (with NIAID)	cAd3-EBO(Z) or cAd3-EBO(Z+S)	Attenuated strain of chimpanzee cold virus delivering non-disclosed Ebola genes	Mono (in trial) & bivalent envisioned, potential for trivalent with Marburg	Currently planned for 1 dose Longer protection observed in NHP with MVA booster	-70 °C Pre
 NewLink GENETICS (with PHAC)	BPSC-1001	Attenuated strains of vesicular stomatitis virus (VSV) with G protein gene replaced by an EV gene	Bivalent, potential to be trivalent with Marburg	1 dose	-70 °C Pre and potential for post (acute) ¹
 janssen (with Bavarian Nordic)	Ad26/MVA-BN	Recombinant adenoviruses 26 (Janssen) and MVA (Bavarian N.) delivering non-disclosed Ebola genes	Monovalent (Zaire strain) being developed for this outbreak Bivalent/multivalent originally planned	2 Doses given 2 months apart: Prime with Ad26 and boost with MVA	-70 °C Exploring stability at 2-8°C Pre

1. In NHP, vaccination 20-30 min post-exposure to Zaire strain resulted in 50% survival. while challenge/vaccine with Sudan strain gave 100% survival.
Source: WHO consultation on Ebola 2014; company websites;

GAVI EXPLORING POTENTIAL ROLE IN ACCELERATING EBOLA VACCINE AVAILABILITY



Gavi announcement, 26 Sep 2014

The Gavi Secretariat has assembled a working team to

- Understand rapidly evolving scientific and clinical landscape around Ebola vaccine development
- Understand current and future support by Alliance members and others for making an Ebola vaccine available
- Identify support gaps in the vaccine development and deployment
- Recommend actions for the Alliance to take

Goal is to present options for action to Gavi Alliance Board in mid-December

PRIMARY ACTIVITIES

- 1 Forecast potential vaccine supply requirements and identify key supply-demand gaps**
 - Understand scenarios for evolution of current Ebola outbreak, risks of future outbreaks
 - Understand different roles for vaccine in current and potential future outbreaks
 - Identify key demand-supply gaps, given current plans
- 2 Map the landscape of current and expected future partner activity; gather partner input**
 - Work with partners to summarise current and planned efforts around Ebola vaccine development and deployment
 - Gather partner perspectives on value-added roles for Gavi
- 3 Assess potential solutions for accelerating access to an Ebola vaccine**
 - Evaluate spectrum of traditional and innovative financing mechanisms to address identified gap(s)
- 4 Evaluate potential added value of Gavi involvement**
 - Recommend potential roles for Gavi based on resource requirements, experience and capabilities
 - Develop timeline & key triggers for decision-making

UNDERSTAND DEMAND-SUPPLY GAPS

BASED ON VACCINE STRATEGY AND PRODUCTION CAPACITY ESTIMATES

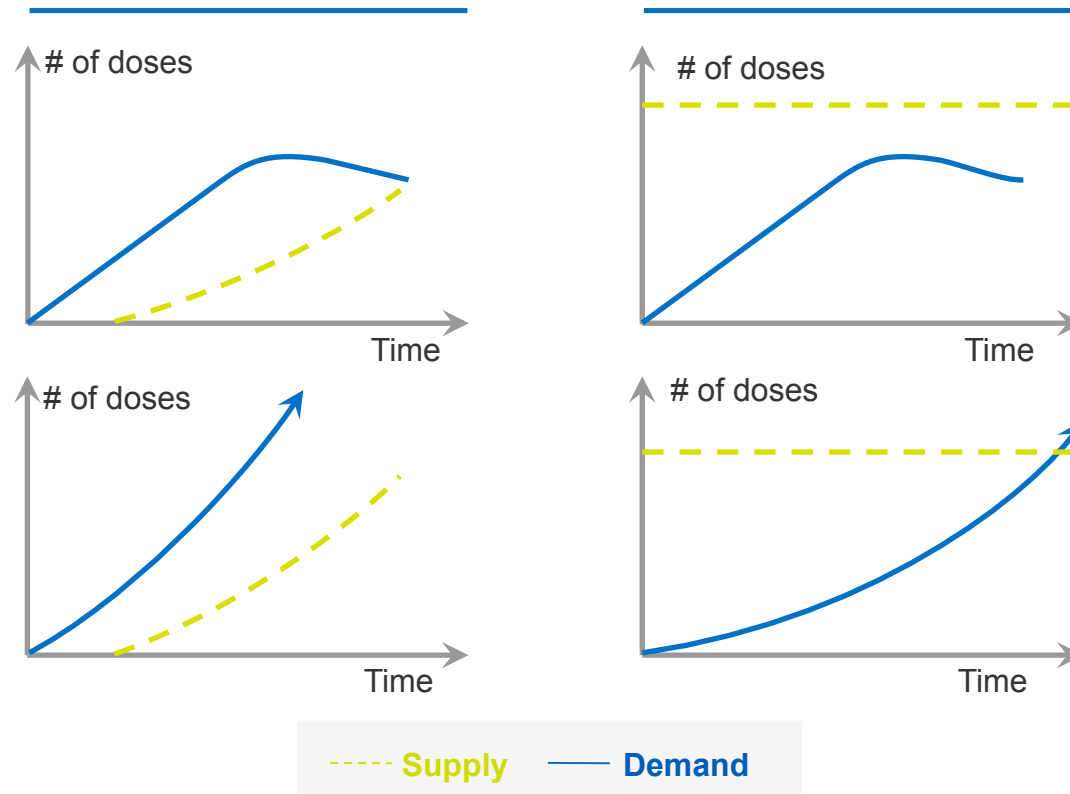
Illustrative

Best case
(Largely controlled, limited spread)

Worst case
(Limited containment, wide spread)

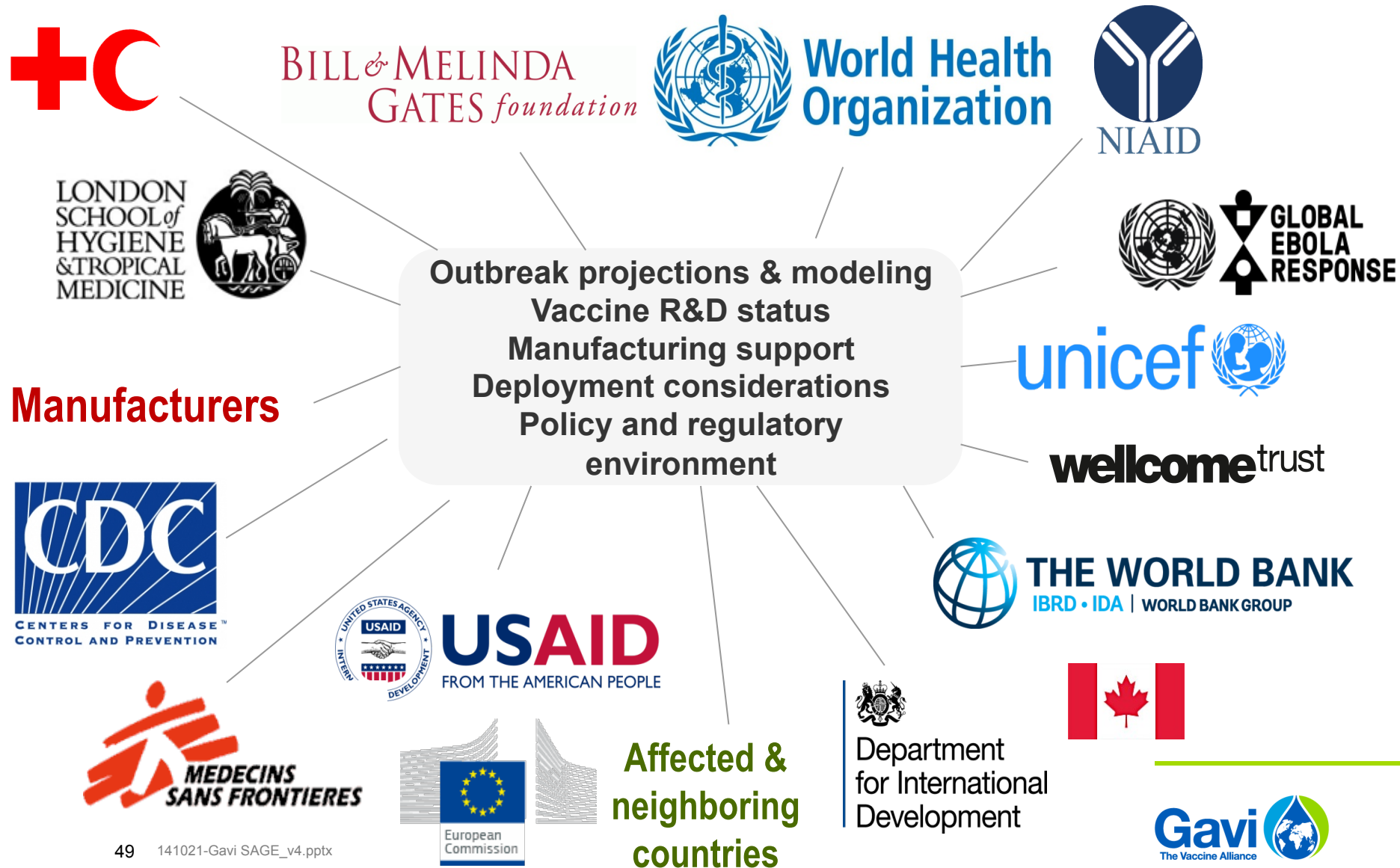
Current outbreak
(Short term)

Future outbreak
(Long term)



Important to understand how additional funding can accelerate capacity building

GATHERING INPUT TO INFORM OPTIONS



MULTITUDE OF SUPPORT OPTIONS TO BE EVALUATED

BASED ON **IDENTIFIED GAPS**, GAVI
CAPABILITIES, IMPLEMENTATION
CHALLENGES, TIMELINES...



**Push- funding
mechanisms**

*High relevance for
rapid response to
current outbreak*

**Pull-funding
mechanisms**

*High relevance for
prevention of future
outbreaks;
relevance to current
response TBD*

**Funding for
vaccine
deployment**

*Significant unmet
need for current
response*

Other?

OPTIONS TO THE GAVI BOARD, MID-DECEMBER

Options to be based on...

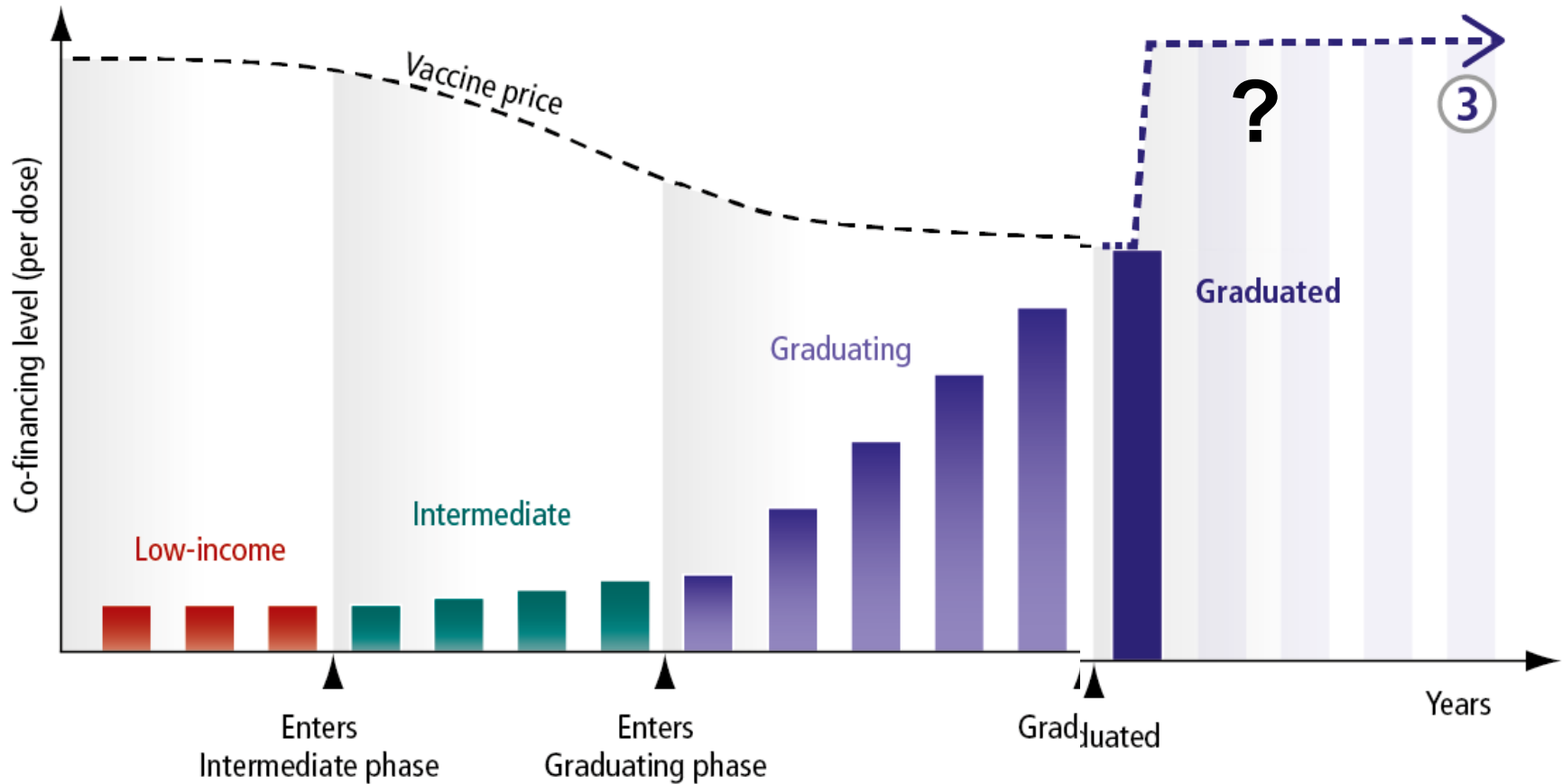
- Latest views on course of current outbreak and risk for future outbreaks
- Understanding of appropriate vaccine strategies to be deployed, and deployment challenges on-the-ground
- Information from manufacturers on development and production
- Partner activity and perceived gaps
- Gavi capabilities and value added
- Timeline and triggers for decision-making

Support for Access to Appropriate Pricing for Gavi Graduates and Other Lower Middle Income Countries

Problem statement and Board request

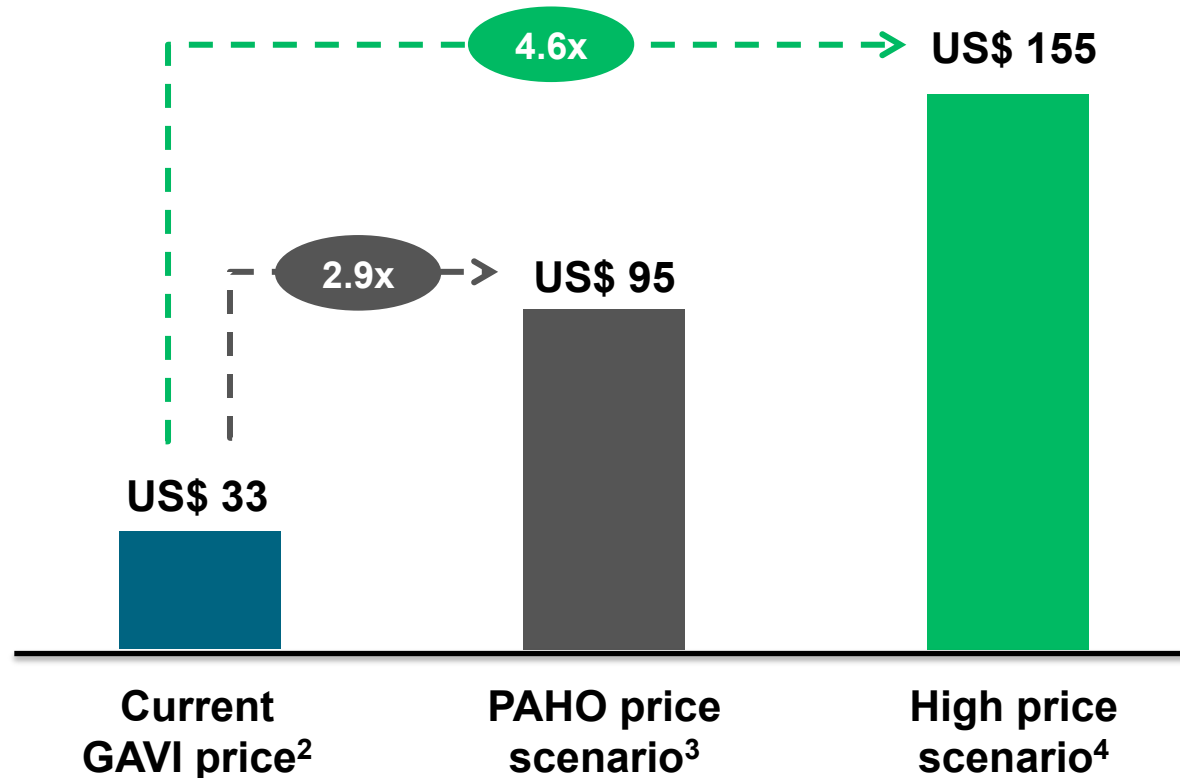
- As countries graduate, critical they can sustain immunisation programmes begun with Gavi support and be able to introduce new life-saving vaccines
- Alliance implementing comprehensive strategy to support countries to achieve successful graduation
- Many countries concerned about increasing vaccine prices after graduation; asking for Alliance support to access appropriate, sustainable prices
- In November 2013, GAVI Board requested the Secretariat “to conduct analyses and consultations to develop and propose instruments to support access to affordable prices for all Lower Middle Income Countries (LMICs), including graduated countries and non-GAVI LMICs”

What happens to vaccine pricing after GAVI graduation?



Country example: at current prices, cost to fully immunise a child could be over US\$ 100 after Gavi graduation

Cost to fully immunise a child¹
(US\$)



1. Only includes vaccine cost, not supplies or freight; fully immunised child assumed to include 1 dose Yellow Fever, 2 doses MR, 3 doses penta, 3 doses pneumo, full course of rota, 2 doses HPV; IPV not included in the analysis

2. Based on actual 2013 weighted average price (WAP) for GAVI/UNICEF across suppliers and product presentations for a vaccine

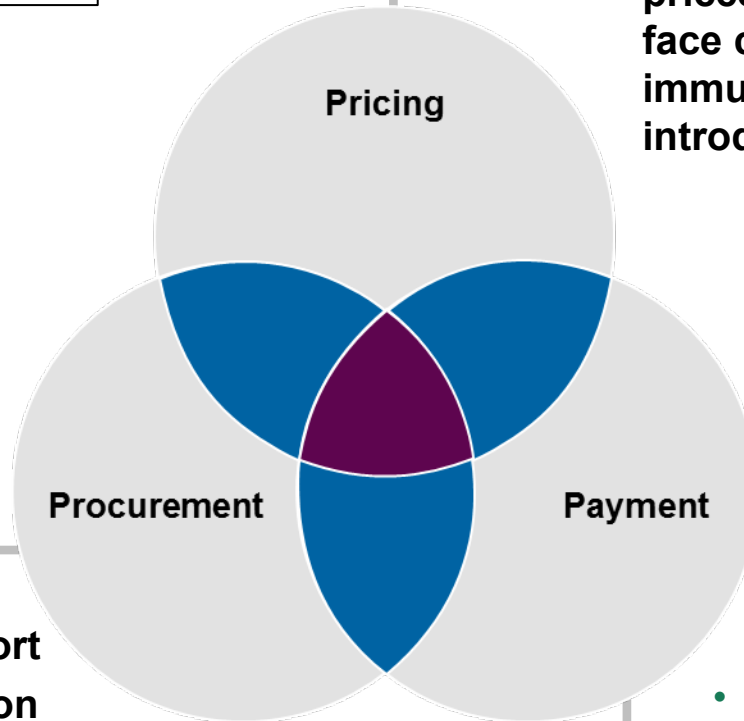
3. Based on 2014 average PAHO prices

4. Based on highest observed price for GAVI graduating and LMICs (6.0x GAVI for PCV; 5.5 for HPV, 3.1 for Rota, 3.3 for Penta); for MR and Yellow Fever vaccines, use PAHO price

Source: PAHO public price information; UNICEF SD; team analysis

Country gap analysis performed along three dimensions: Pricing, Procurement, Payment

Findings



- Without access to appropriate prices, most countries likely to face challenges sustaining immunisation programmes and introducing new vaccines

- Large majority of countries require support
- Insufficient information on vaccines market
- Limited procurement capabilities
- Low bargaining power

- Major needs observed regarding ability to make pre-payments and access hard currency

Access to Appropriate Prices (ATAP)

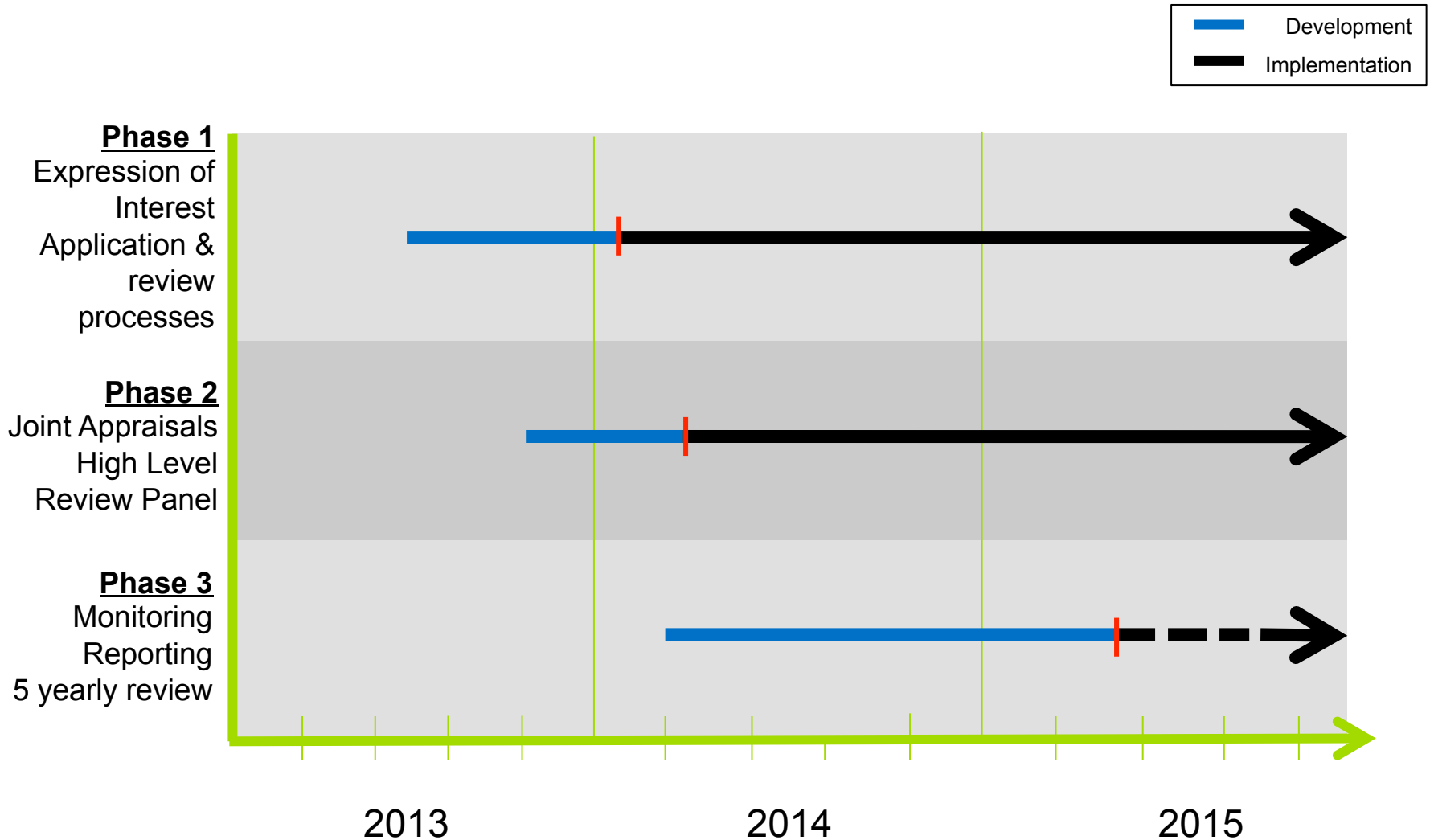
Following the Gavi Programme and Policy Committee (PPC):

- **Develop proposal(s) for a pooled procurement facility that may include:**
 - tiered pricing,
 - a revolving fund,
 - demand guarantees or other risk-mitigating structures in contracting
- **Review application to non-Gavi lower middle income countries (LMICs)**
- **Include roles, responsibilities, financial and legal requirements, sources of funding, risks and costs**
- **Take into account a phased approach to solutions for short-term and long-term timeframes**

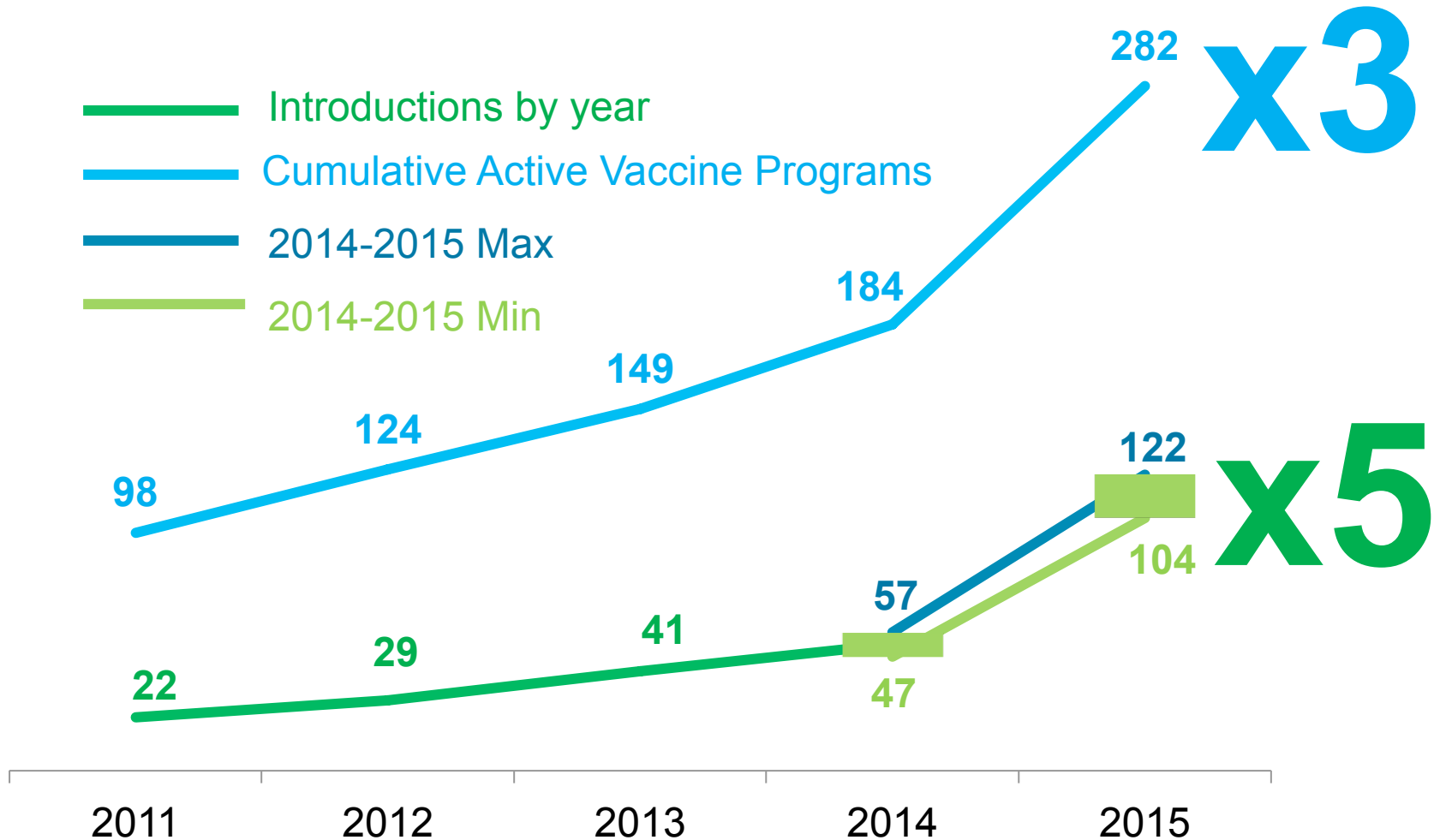
4

Programmatic updates

Grant Application, Monitoring & Review: timeline for redesign and implementation

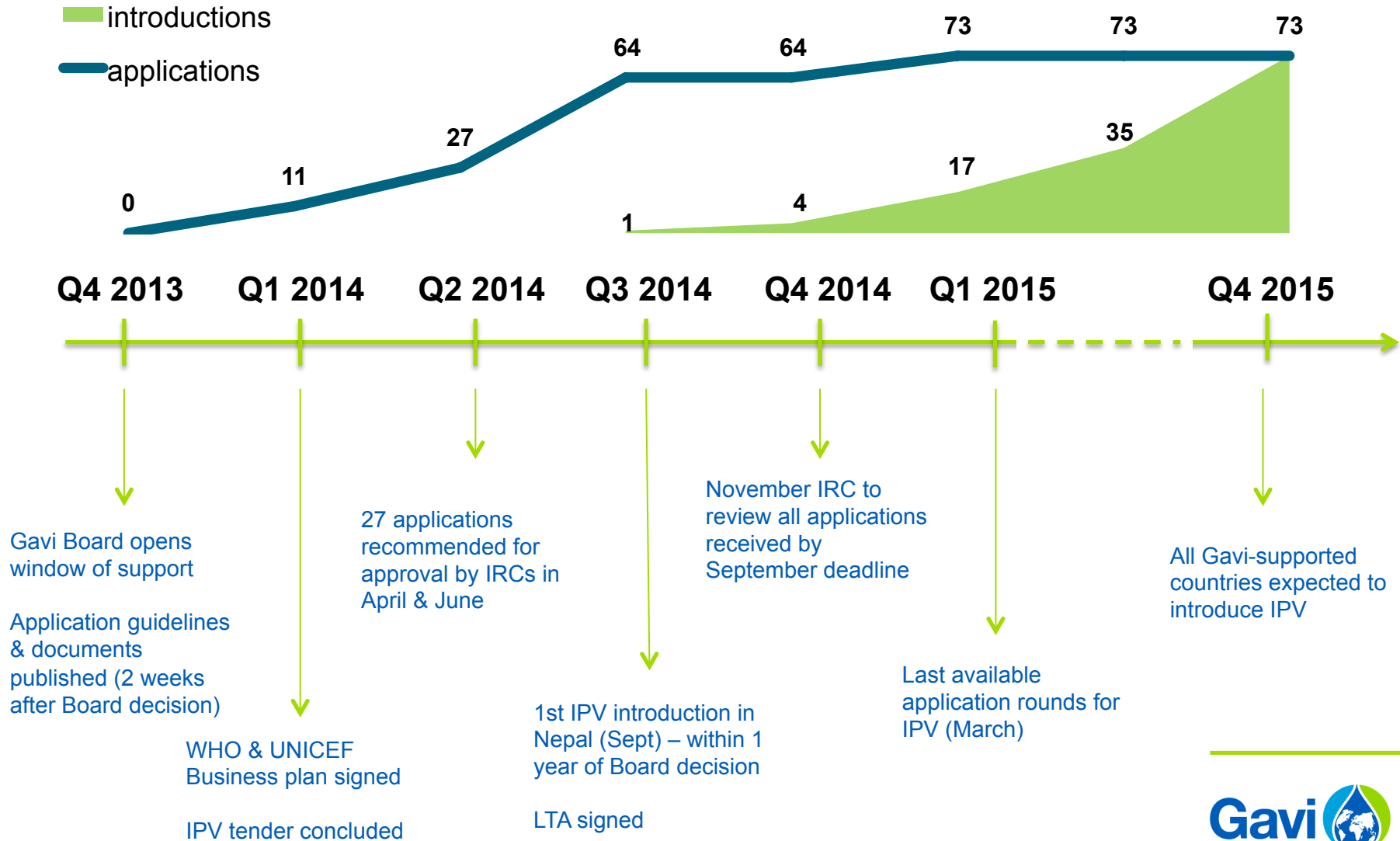


Scale of operations increased substantially since 2011



Definition: Active programs include only routine programs that continues overtime

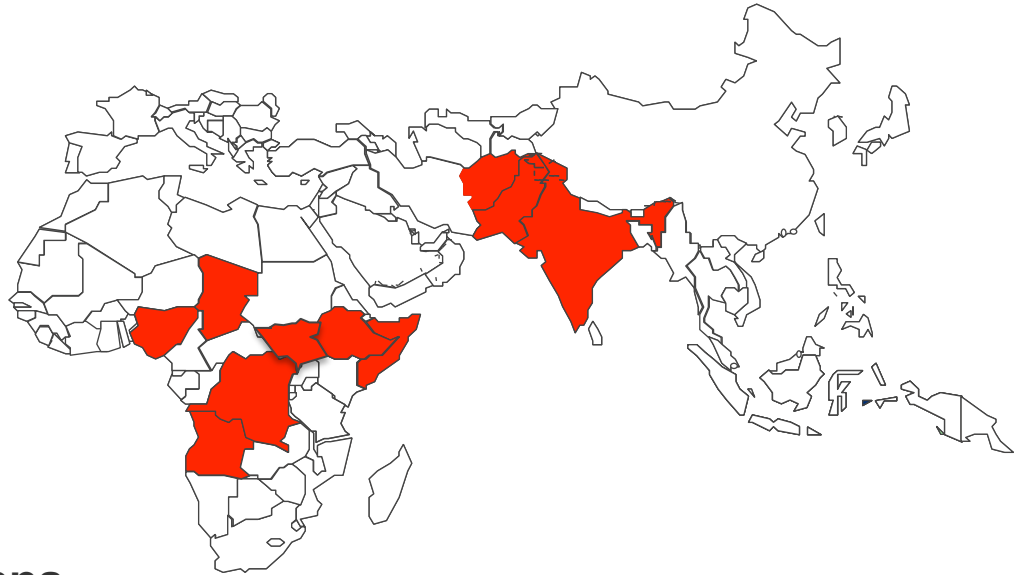
IPV implementation continues rapidly and demonstrates successful fast-track approach



Supporting Global Polio Eradication

Immunization system strengthening:

- **AFR**: Nigeria, South Sudan, DR Congo, Chad, Ethiopia, Angola
- **EMR**: Pakistan, Afghanistan, Somalia
- **SEAR**: India



Progress and way forward:

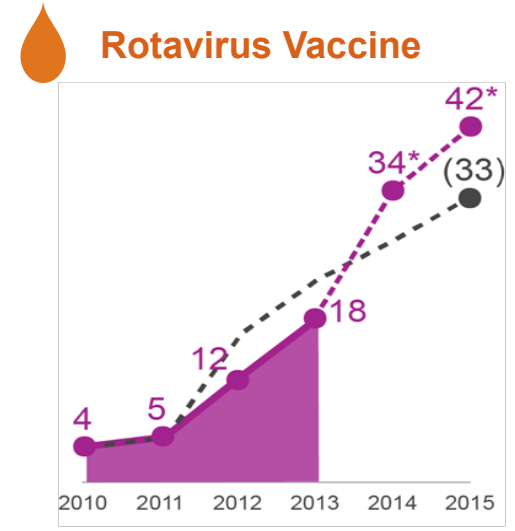
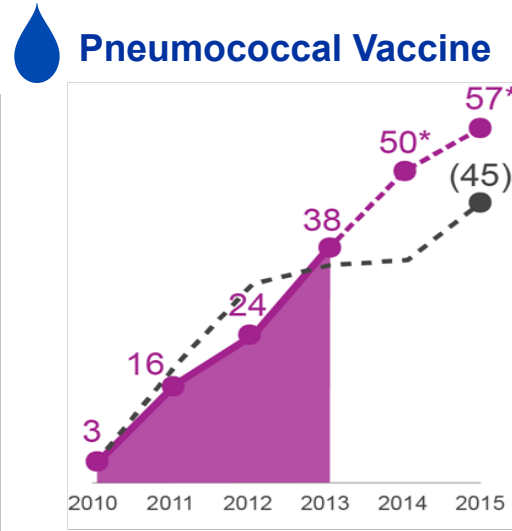
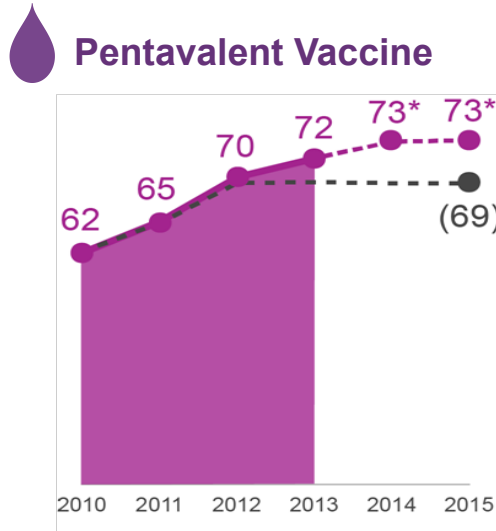
- Implementation of One EPI plans
- IMG grants to facilitate transition of polio networks
- Development of accountability frameworks on Routine Immunisation (RI) strengthening activities
- Improved RI is an essential and necessary component to achieving polio eradication

First baby to receive IPV through Gavi support: Nepal, September 2014

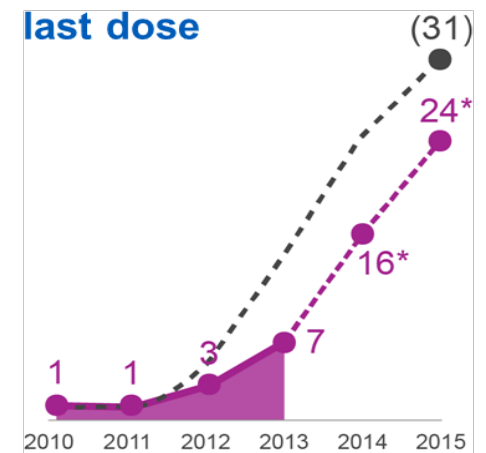
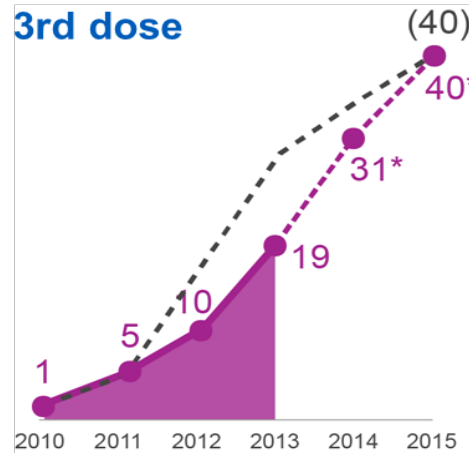
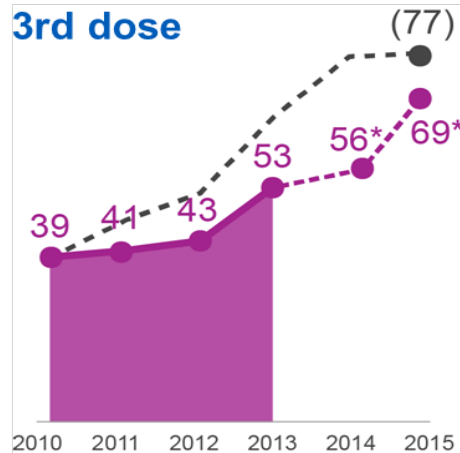


Alliance progressing towards achievement of its goals

**Cumulative
Country
Introductions**
(Nr. Of countries)



**Coverage in
Gavi-supported
countries**
(%)



★ Projections (SDF10)
— Actual
— Target

5

Gavi replenishment for 2016–2020

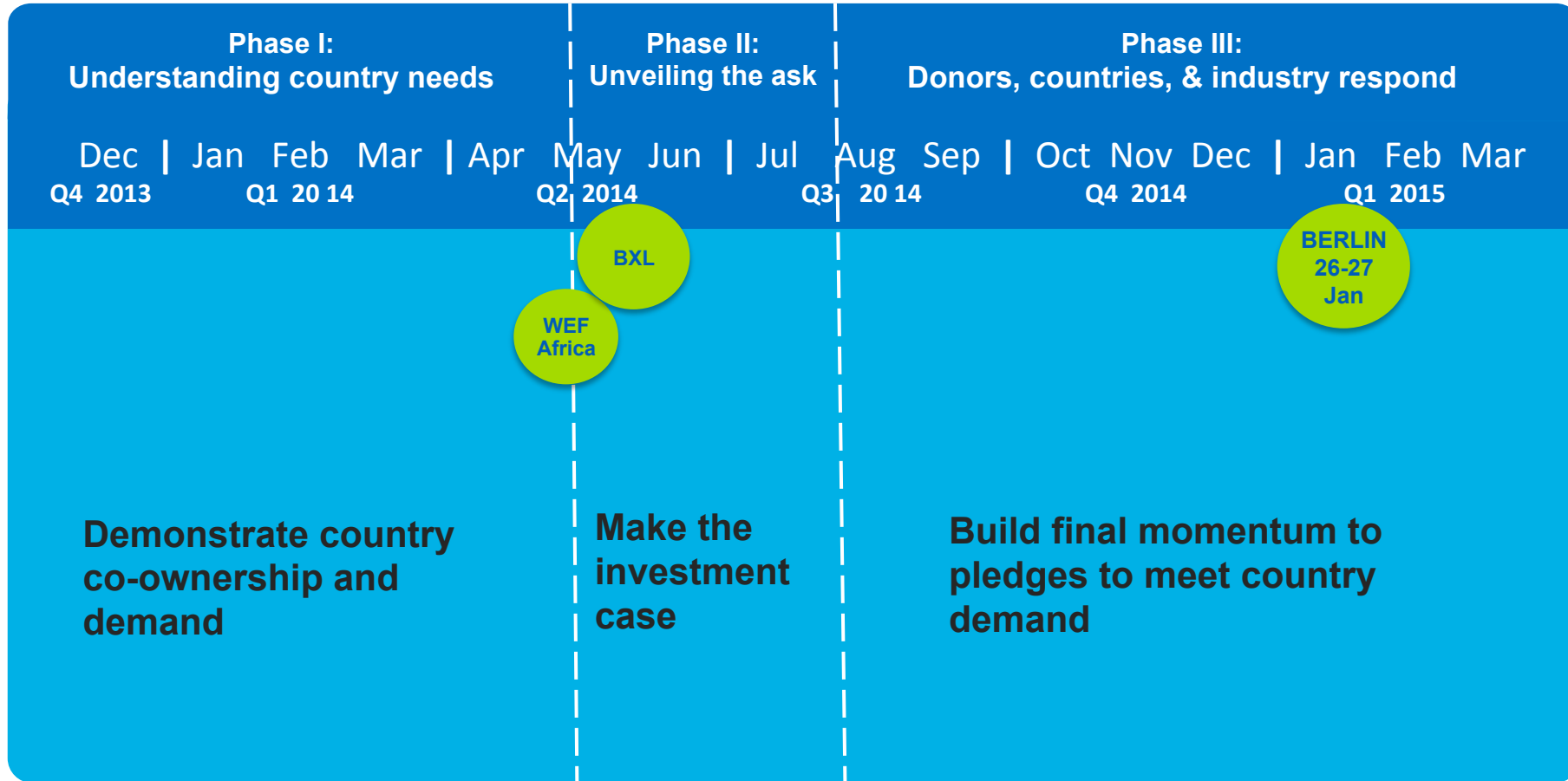
**What the Vaccine Alliance
can achieve together in
the next five-year period**



Gavi/2011/Doune Porter

GAVI'S REPLENISHMENT

Global Snapshot



LEADERS' DECLARATION

African leaders pledge support to immunisation



**WEF Africa,
8 May 2014**



President Macky Sall of the Republic of Senegal

Kofi Annan, Nobel Peace Laureate and former Secretary-General of the UN

President John Dramani Mahama of the Republic of Ghana

President Mulatu Teshome of Ethiopia

President Ellen Johnson Sirleaf of the Republic of Liberia

President Jakaya Kikwete of the United Republic of Tanzania

Dr Richard Sezibera, Secretary General, East Africa Community

Dr Donald Kaberuka, President of the African Development Bank

REPLENISHMENT LAUNCH

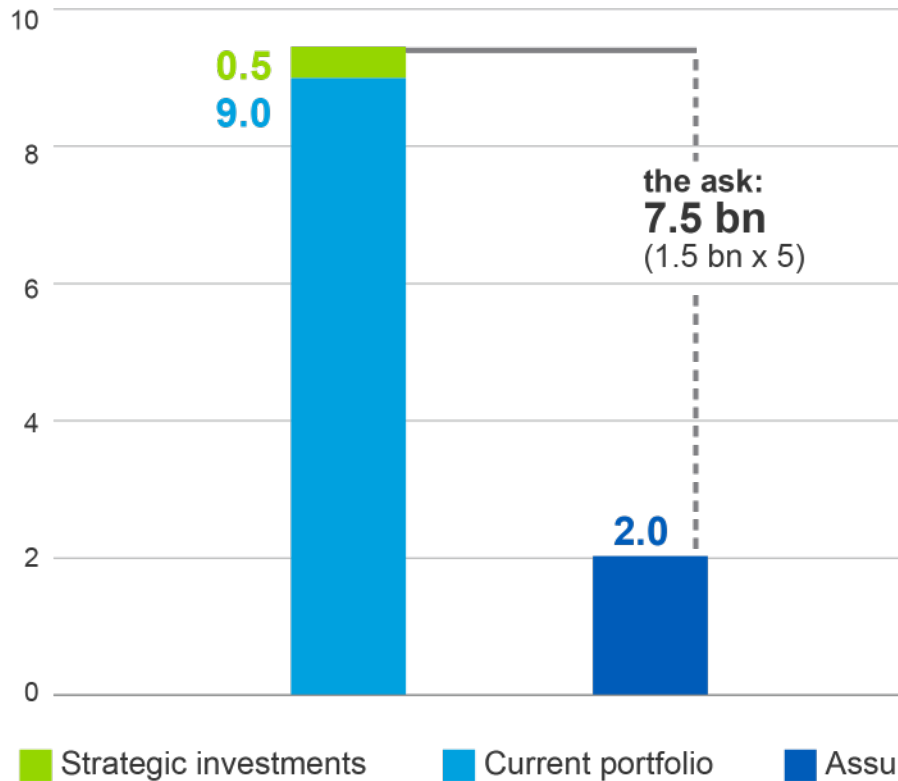
Brussels, 20 May 2014



DONOR IMMUNIZATION RECORD				
COUNTRY	IMMUNIZATION DELIVERED?	FULLY FUNDED TO GAVI?	REMARKS	REMARKS
Australia	✓	✓	Australia has not yet made a 2014 PFI commitment to Gavi, although it committed and has now delivered AUD 200 million from 2011-2013, and made a 2014 PFI commitment to Gavi.	
Canada	✓	✓	Canada has committed to contribute to Gavi by contributing an additional USD 20 million for measles and tetanus, and a further USD 20 million for polio and diphtheria. Canada has also committed to contribute to Gavi by contributing an additional USD 20 million for polio and diphtheria.	
Denmark	✓	✓	Denmark has committed to contribute to Gavi by contributing an additional USD 20 million for measles and tetanus, and a further USD 20 million for polio and diphtheria.	
European Union	✓	✓	The EU has committed to contribute to Gavi by contributing an additional USD 20 million for measles and tetanus, and a further USD 20 million for polio and diphtheria.	
France	in progress	✓	France has committed to contribute to Gavi by contributing an additional USD 20 million for measles and tetanus, and a further USD 20 million for polio and diphtheria.	
Germany	in progress	✓	Germany has committed to contribute to Gavi by contributing an additional USD 20 million for measles and tetanus, and a further USD 20 million for polio and diphtheria.	
Ireland	✓	✓	Ireland has committed to contribute to Gavi by contributing an additional USD 20 million for measles and tetanus, and a further USD 20 million for polio and diphtheria.	
Italy	✓	✓	Italy has committed to contribute to Gavi by contributing an additional USD 20 million for measles and tetanus, and a further USD 20 million for polio and diphtheria.	
Japan	✓	✓	Japan has committed to contribute to Gavi by contributing an additional USD 20 million for measles and tetanus, and a further USD 20 million for polio and diphtheria.	
Luxembourg	✓	✓	Luxembourg has committed to contribute to Gavi by contributing an additional USD 20 million for measles and tetanus, and a further USD 20 million for polio and diphtheria.	
Netherlands	✓	✓	The Netherlands has committed to contribute to Gavi by contributing an additional USD 20 million for measles and tetanus, and a further USD 20 million for polio and diphtheria.	
Norway	✓	✓	Norway has committed to contribute to Gavi by contributing an additional USD 20 million for measles and tetanus, and a further USD 20 million for polio and diphtheria.	
Republic of Korea	✓	✓	The Republic of Korea has committed to contribute to Gavi by contributing an additional USD 20 million for measles and tetanus, and a further USD 20 million for polio and diphtheria.	
Spain	✓	✓	Spain has committed to contribute to Gavi by contributing an additional USD 20 million for measles and tetanus, and a further USD 20 million for polio and diphtheria.	
Sweden	✓	✓	Sweden has committed to contribute to Gavi by contributing an additional USD 20 million for measles and tetanus, and a further USD 20 million for polio and diphtheria.	
United Kingdom	✓	✓	The United Kingdom has committed to contribute to Gavi by contributing an additional USD 20 million for measles and tetanus, and a further USD 20 million for polio and diphtheria.	

FUNDING REQUIREMENTS FOR 2016–2020

(US\$ billion)



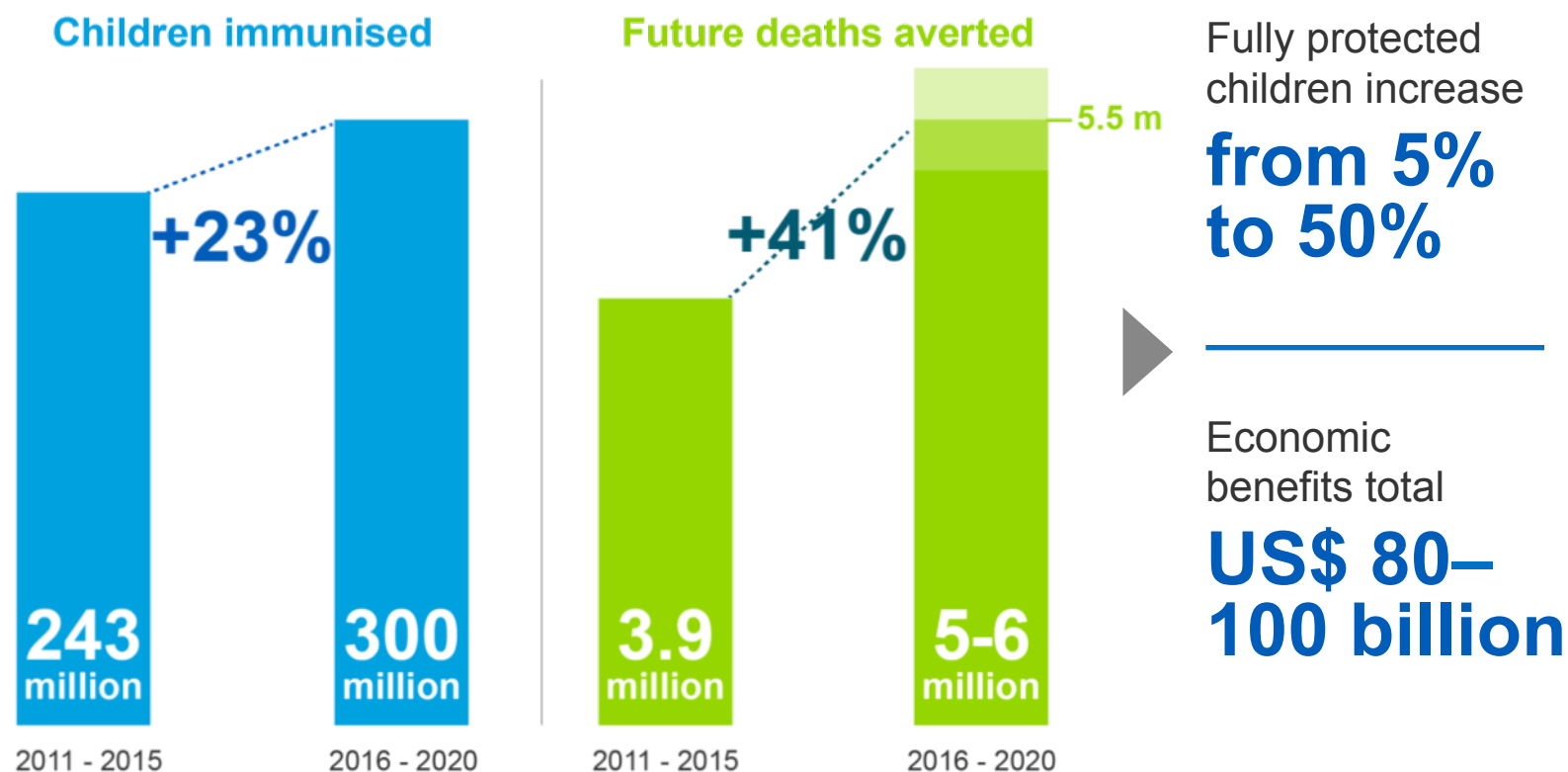
US\$ 7.5 billion

additional funding
needed for immunisation
programmes through to 2020

Gavi/2013/Assad Zaidi

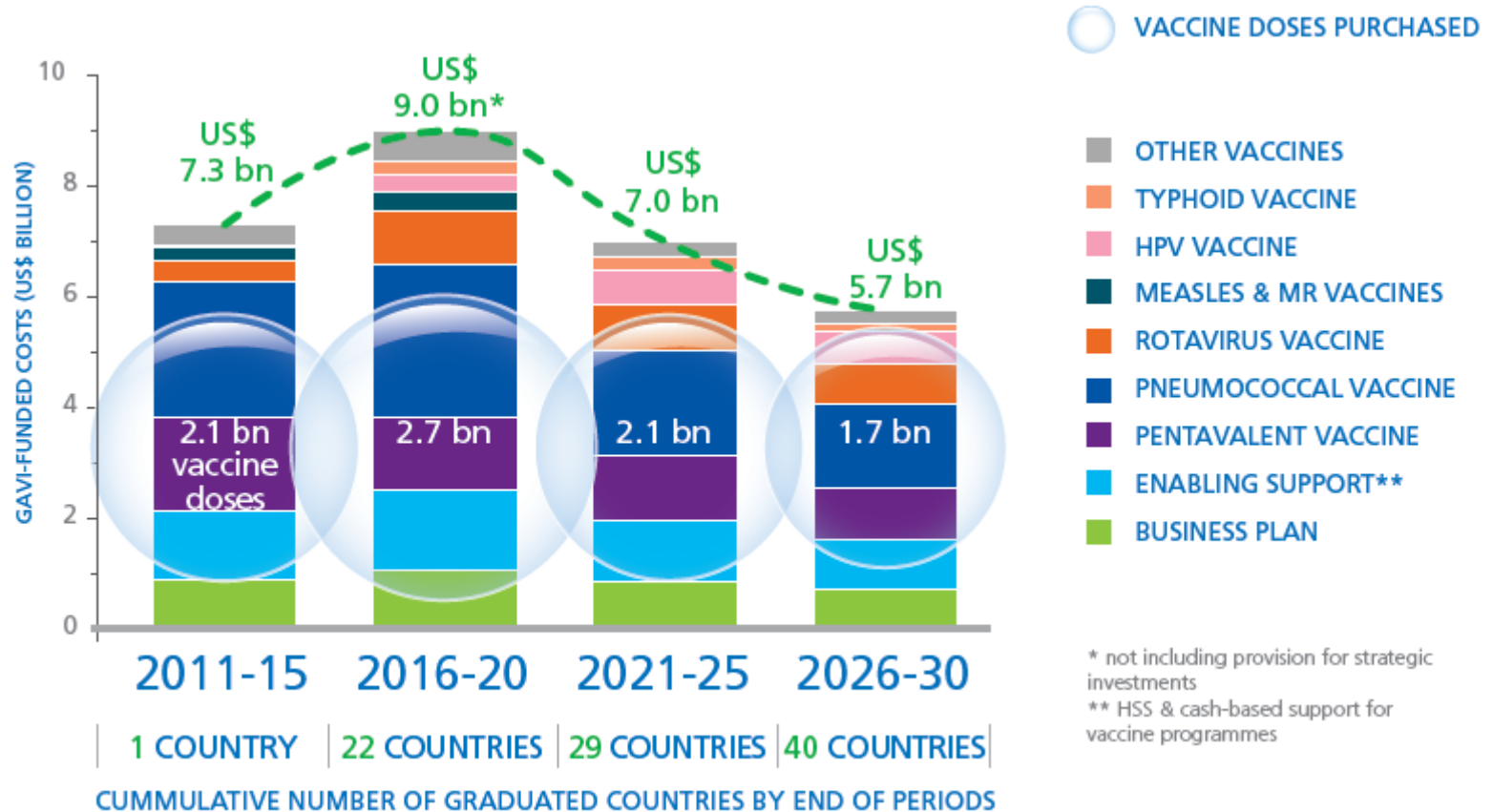
ACCELERATING IMPACT 2016–2020

With US\$ 7.5 billion over 5 years:



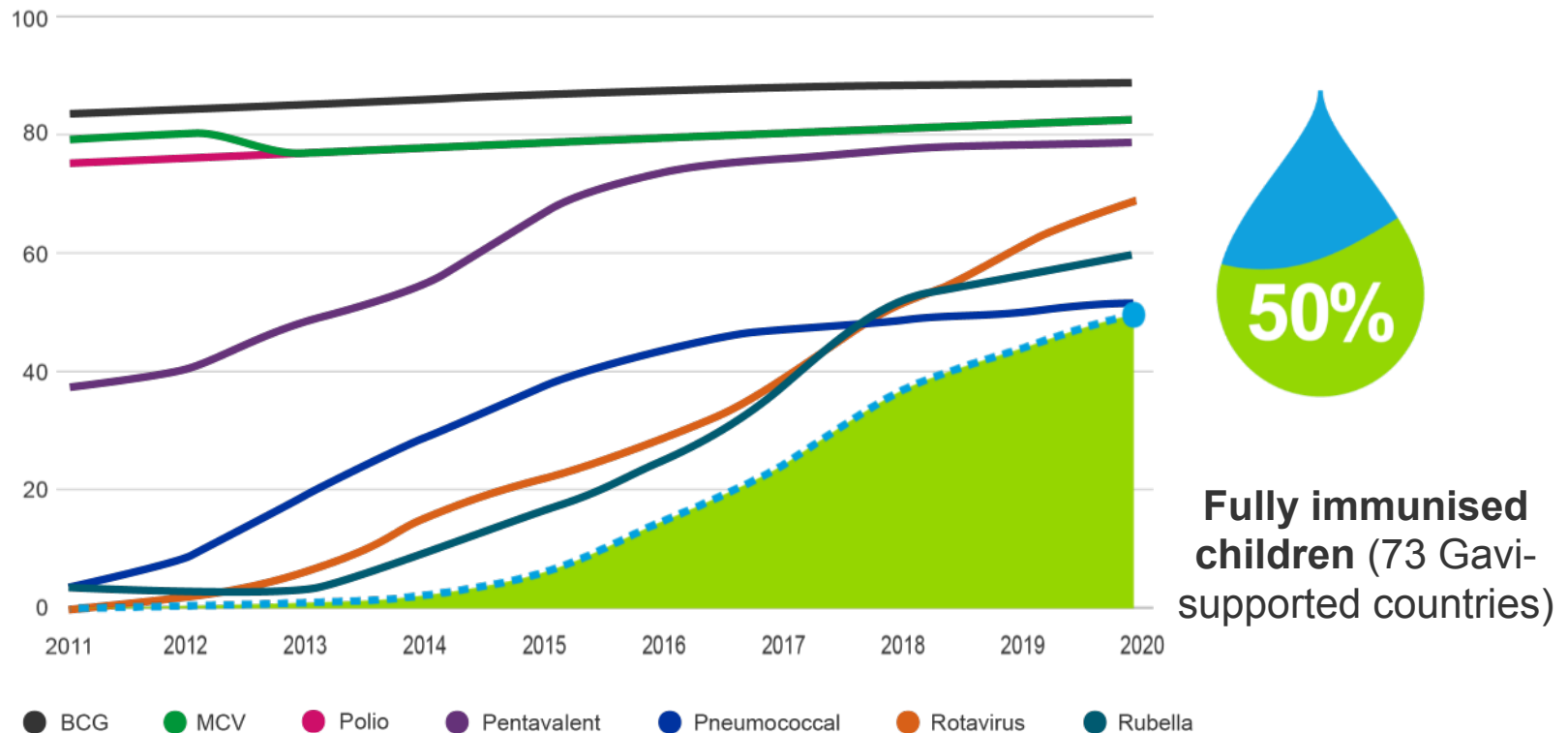
2016–2020 THE PEAK OF INVESTMENTS

(US\$ billion)



50% OF CHILDREN IN GAVI-SUPPORTED COUNTRIES FULLY IMMUNISED BY 2020

Immunisation coverage in Gavi-supported countries (%)

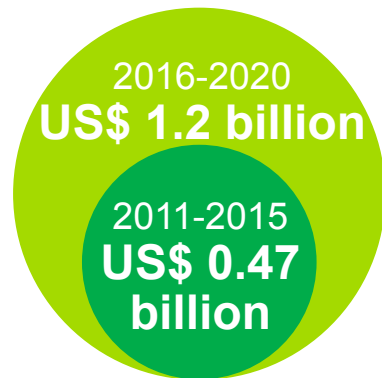


Source: Preliminary Gavi projections based on WHO/UNICEF coverage estimates and Strategic Demand Forecast version 9.

BEYOND CO-FINANCING NEW VACCINES

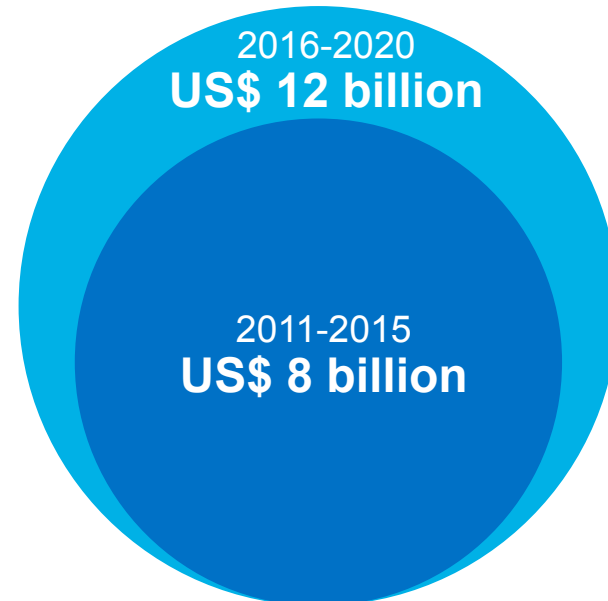
Increasing domestic expenditure on immunisation

Gavi co-financing



+250%

Total domestic investments in immunisation



+50%

Source: Preliminary findings from Johns Hopkins and GVAP Steering Committee (2014), Costing, Financing, Gap, and Return on Investment Analysis for Global Vaccine Action Plan (GVAP).

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THANK YOU



Reach every child
www.gavi.org