Update on GAVI Alliance

Renewed strategic vision and governance

Gian Gandhi

Vaccine Pre-tender Meeting
UNICEF Supply Division
Copenhagen, 10 December 2008
The update will cover:

- GAVI Governance Structure Changes
- Vaccine Investment Strategy
- Meningitis A and Yellow Fever Investment Cases
- GAVI’s Co-financing Policy
GAVI’s former governance structure

- Informal - not a legal entity
- Partner representatives
- Public sector expertise (plus vaccine industry)
- Programmatic oversight and policy development
- Responsible for approving country programmes

- A legal entity
- Individual volunteers
- Private sector expertise
- Financial oversight (investment, accounting, auditing)
- Responsible for approving financing for country programmes
New GAVI Alliance Board Composition

**Individuals**
1. Wayne Berson
2. George Bickerstaff
3. Dwight L. Bush
4. Ashutosh Garg
5. Dagfinn Høybråten
6. Graça Machel
7. Jean-Louis Sarbib
8. George W. Wellde
9. Mary Robinson (Chair)

**Constituencies**

14. Developing Countries – Armenia: Tatul Hakobyan
15. Developing Countries – Yemen: Abdulkarim Rasae
   Yemen: Dr. Majid Al Junaid (alternate)
16. Developing Countries – Ethiopia: Tedros Ghebreyesus
17. Developing Countries – Viet Nam: Trinh Quan Huan
18. Developing Countries – VACANT
19. France/Lxmbrg/EC – Italy: Gustavo Gonzalez-Canali
   Spain: Alberto Mantovani
   Spain: Fidel Alvarez (alternate)
20. France/Lxmbrg/EC – France: Gustavo Gonzalez-Canali
   Sweden: Anders Molin, (alternate)
22. UK/Norway/Ireland – UK: Gavin McGillivray
   Norway: Aslak Brun (alternate)
23. US/Canada/Australia – US: Kent R Hill
   GSK: Patrick Florent (alternate)
25. Industry-developing – Serum Inst: Suresh Jadhav
   Biological E: Mahima Datla (alternate)
26. CSOs – BRAC: Faruque Ahmed
   Task Force on Child Survival: Alan Hinman (alternate)
27. R&D – IVI: John Clemens

**Institutions**

10. BMGF – Jaime Sepulveda
   Steve Landry (alternate)
11. World Bank – Julian Schweitzer
   Armin Fidler (alternate)
12. UNICEF – Saad Houry
13. WHO – Denis Aitken (Vice-chair)
   Daisy Mafubelu (alternate)

**Plus CEO (non-voting)**
Julián Lob-Levyt
The vaccine industry constituency

**Developing countries**

*Serum Institute of India Ltd (board rep)*
Bio Farma, Indonesia  
Bio Manguinhos/Fiocruz, Brazil  
CGEB, Cuba  
Haffkine Bio-Pharmaceuticals Corp Ltd, India  
Institut Pasteur Dakar, Senegal  
LG Life Sciences Ltd, Korea  
Panacea Biotec, India

Formerly represented by:

1. Bio-Manguinhos/Fiocruz, Brazil  
   Jan ‘05 – Jun ’08
2. Serum Institute of India  
   Jan ’03 - Dec ’04
3. Center for Genetic Engineering and Biotechnology, Cuba  
   Jan ‘01 – Dec ‘02

**Industrialised countries**

*GlaxoSmithKline (board rep)*
Novartis Vaccines  
Merck & Co., Inc.  
Sanofi pasteur  
Wyeth Vaccines  
Crucell

Formerly represented by:

1. Merck Vaccines  
   Apr ‘05 - May ’08
2. Chiron Vaccines  
   Jan ’04 - Mar ’05
3. Wyeth Vaccines  
   Jan ‘02 – Dec ‘03
4. Sanofi pasteur  
   Oct ‘99 – Dec ’01
GAVI strategic goals

- Strengthen the capacity of the **health system to deliver immunisation** and other health services.

- Accelerate the uptake and use of **underused and new vaccines** and associated technologies and improve vaccine supply security.

- Increase the predictability and sustainability of **long–term financing** for national immunisation programmes.

- Increase and assess the **added value** of GAVI as a public-private global health partnership through efficiency, advocacy and innovation.
- GAVI Governance Structure Changes
- Vaccine Investment Strategy
- Meningitis A and Yellow Fever Investment Cases
- GAVI’s Co-financing Policy
Vaccine Investment Strategy

- June Board endorsed the focus on *reducing disease burden* with associated priority vaccines (2009–2013)
- October Board reviewed detailed analyses of each priority vaccine
- Suggested various options for GAVI support
- Agreement to support human papillomavirus (HPV), Japanese Encephalitis (JE), Rubella and Typhoid
## Rationale for inclusion

1. Supports **Maximise Disease Burden Impact** Strategy theme
2. All diseases result in **severe long term sequelae**
3. Proven safe and effective vaccines, appropriate for GAVI-eligible countries, available now or next 3 years
4. **SAGE recommendation** current or pending
5. Broad consensus around optimal vaccination strategies among disease experts
6. **High value for GAVI investment** (cost per deaths / case averted)
7. Significant impact on mortality *and* morbidity
8. GAVI support would lead to more diverse supply
Vaccine Investment Strategy – detailed analysis

Overview of process

- Assess state of knowledge and ‘readiness’ of each vaccine
- Quantify financial implications and health impact
- Quantify implementation-related costs and/or challenges
- Develop portfolio of options
### Recommended portfolio

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Vaccination strategy costed</th>
</tr>
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<tbody>
<tr>
<td>HPV</td>
<td>Routine 10yo female vaccination</td>
</tr>
<tr>
<td>JE</td>
<td>Routine infant vaccination with boost after 12 months + 1-15yo catch-up campaign</td>
</tr>
<tr>
<td>Rubella</td>
<td>Routine 1yo vaccination with boost at 4yo + 15-39yo (Women of childbearing age) campaign</td>
</tr>
<tr>
<td>Typhoid</td>
<td>Routine infant vaccination with boost after 12mo + 1-15yo catch-up</td>
</tr>
</tbody>
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Yellow Fever vaccine funding history

- 2002 Yellow Fever stockpile
  - Stockpile of 24 million doses for outbreaks
- 2005 Yellow Fever investment case
  - Stockpile of 57 million doses for use in:
    - Emergency outbreak response
    - Preventive vaccination campaigns in 12 GAVI eligible most at-risk countries over a five year period (2006-2010)
- Risk assessment tool
Rationale for additional investment in 2008

- Risk assessment tool determined at-risk population larger than estimated
- Higher-priced vaccine than originally projected
Decisions on Yellow Fever investment case

- Board approved entire investment case strategy
- Financial commitment for 2009-10 for ~$45 million

<table>
<thead>
<tr>
<th>DOSES for Emergency Stockpile and Preventive Campaigns</th>
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<tbody>
<tr>
<td>-------------------------------------------------------</td>
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<tr>
<td>Doses</td>
</tr>
</tbody>
</table>

Three campaigns due to start during/after 2010: Nigeria, Ghana, Côte D’Ivoire ~37.6m doses
Meningitis A investment case components

- Preventive conjugate vaccine introduction
- Epidemic response activities
- Surveillance, risk assessment and in-country capacity building
Decisions on Meningitis A investment case

June 2008
- Approved meningitis investment case strategy and budget (~$55m) to fund a vaccine stockpile and reactive campaigns

October 2008
- Approved additional budget (~$32m) for 2009-2010

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Doses (m)</th>
<th>Planned use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men A conjugate</td>
<td>34,000,000</td>
<td>Preventive introduction campaigns</td>
</tr>
<tr>
<td>Men Ps A/C</td>
<td>24,000,000</td>
<td>Epidemic response</td>
</tr>
<tr>
<td>Men Ps A/C/W</td>
<td>2,000,000</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>60,000,000</strong></td>
<td></td>
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</tbody>
</table>
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Co-financing Policy

- Approved in June 2007 and 2008 is first year of experience
- Default policy
  ⇒ Require at least 2 years of data to assess effect of policy
- Review and update in 2010

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Examples</th>
<th>Poorest</th>
<th>Intermediate</th>
<th>Least Poor</th>
<th>Fragile States</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. 1</td>
<td>1(^{st}) vaccine, single or combination vaccines (including YF)</td>
<td>$0.20</td>
<td>$0.30</td>
<td>$0.30*</td>
<td>$0.10</td>
</tr>
<tr>
<td>No. 2</td>
<td>2(^{nd}) additional vaccine (single or combination)</td>
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<td>$0.15</td>
<td>$0.15*</td>
<td>$0.15</td>
</tr>
<tr>
<td>No. 3</td>
<td>3(^{rd}) additional vaccine (single or combination)</td>
<td>$0.15</td>
<td>$0.15</td>
<td>$0.15*</td>
<td>$0.15</td>
</tr>
</tbody>
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*15% growth annually