



Update on GAVI Alliance



Renewed strategic vision and governance

Gian Gandhi

*Vaccine Pre-tender Meeting
UNICEF Supply Division
Copenhagen, 10 December 2008*



*UNICEF Supply Division Pre-tender Meeting
Copenhagen, 10-11 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

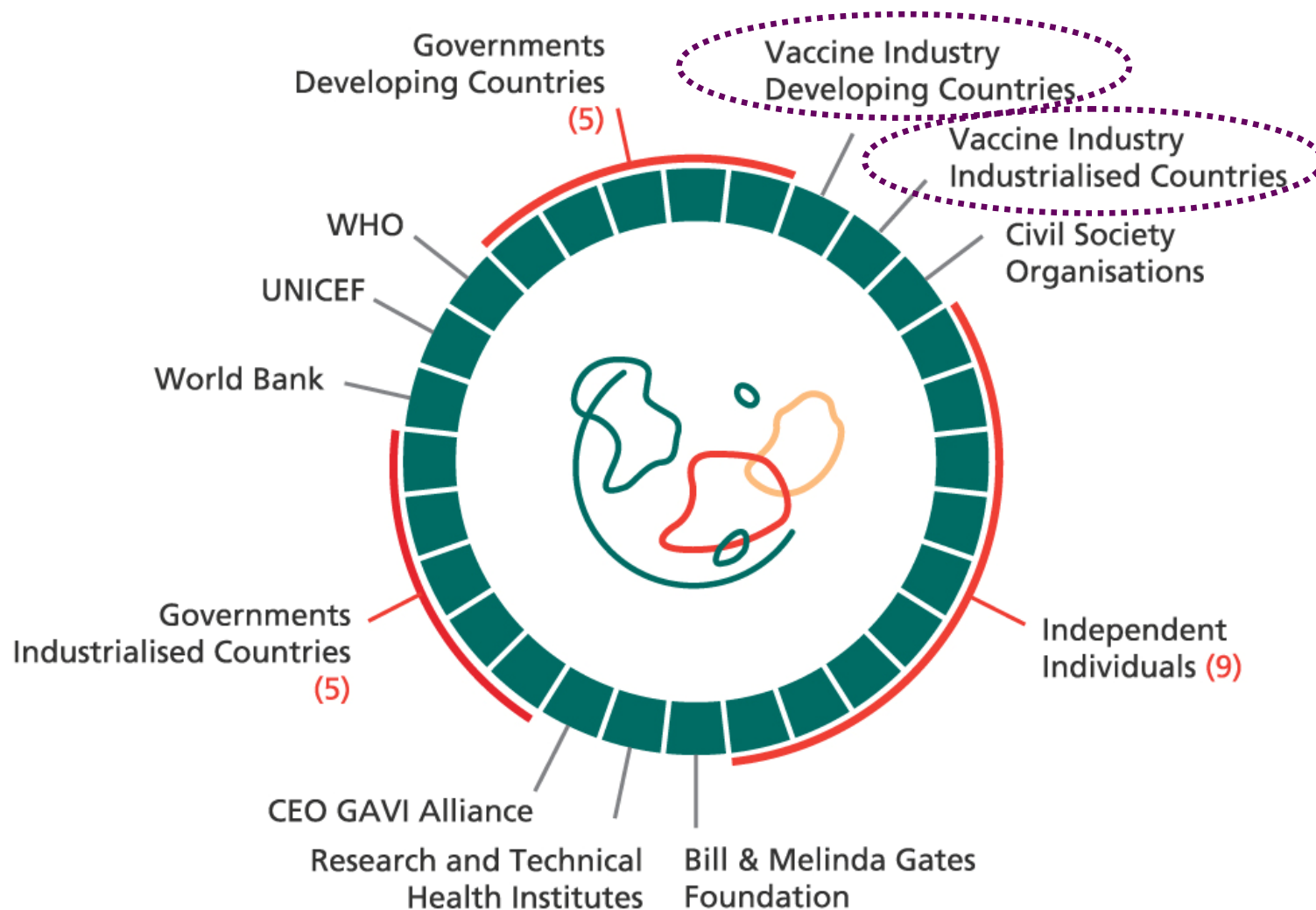


- Informal - not a legal entity
- Partner representatives
- Public sector expertise (plus vaccine industry)
- Programmatic oversight and policy development
- Responsible for approving country programmes



- 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



UNICEF Supply Division Pre-tender Meeting
Copenhagen, 10-11 December 2008



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)

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)

Julian Lob-Levyt

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 – **France**: Gustavo Gonzalez-Canali
20. Italy/Spain – **Italy**: Alberto Mantovani
Spain: Fidel Alvarez (alternate)
21. Netherlands/Swdn/Dnmk – **Netherlands**: Yoka Brandt
Sweden: Anders Molin, (alternate)
22. UK/Norway/Ireland – **UK**: Gavin McGillivray
Norway: Aslak Brun (alternate)
23. US/Canada/Australia – **US**: Kent R Hill
24. Industry-industrialised – **GSK**: Jean Stéphane
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

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
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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

Recommended portfolio

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

Vaccine	Vaccination strategy costed
HPV	Routine 10yo female vaccination
JE	Routine infant vaccination with boost after 12 months + 1-15yo catch-up campaign
Rubella	Routine 1yo vaccination with boost at 4yo + 15-39yo (Women of childbearing age) campaign
Typhoid	Routine infant vaccination with boost after 12mo + 1-15yo catch-up



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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
- 2005 investment case targeted 1/3 of Nigeria's high-risk population and through 2010. Entire country targeted in 2008 investment case.
- 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

DOSES for Emergency Stockpile and Preventive Campaigns

	2006 Yellow Fever Investment Case (for period 2006-2010)	Revised* 2008 Yellow Fever Investment Case (for period 2009-2010)	TOTAL
Doses	57,091,000	32,990,000	90,081,000

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

Estimated doses for 2009-2010		
Vaccine	Doses	Planned use
Men A conjugate	34,000,000	Preventive introduction campaigns
Men Ps A/C	24,000,000	Epidemic response
Men Ps A/C/W	2,000,000	
TOTAL	60,000,000	



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- **GAVI's Co-financing Policy**

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

Vaccine	Examples	Poorest	Inter-mediate	Least Poor	Fragile States
No. 1	1 st vaccine, single or combination vaccines (including YF)	\$0.20	\$0.30	\$0.30*	\$0.10
No. 2	2 nd additional vaccine (single or combination)	\$0.15	\$0.15	\$0.15*	\$0.15
No. 3	3 rd additional vaccine (single or combination)	\$0.15	\$0.15	\$0.15*	\$0.15

*15% growth annually

