Market Update

Human Papillomavirus vaccine (HPV)

Vaccine Industry Consultation
15-16 November 2016

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Background

• In 2013, UNICEF began procuring HPV vaccines for Gavi-supported programs and on behalf of self-financing middle-income countries (MICs).

• Following an international tender invitation in late 2012, UNICEF established LTAs with both manufacturers of WHO pre-qualified HPV vaccines for supply to Gavi-supported programs during the period 2013-2017.

• HPV vaccine delivery programmes across LICs and MICs were still in very early stages of development → initial awards were made against confirmed country demand. Additional incremental awards were made during the tender period as new country demand materialized and approval/timing for further introductions was confirmed.

• Demand from self-funding countries through UNICEF has so far been irregular → ad hoc tender invitations were issued in the absence of LTAs (lack of long-term demand visibility and industry response to the MIC new vaccine tender did not allow for the establishment of such).
Historical procurement of HPV vaccines through UNICEF
Historical procurement of HPV vaccines through UNICEF – Country Preference

Distribution by number of countries

- HPV4: 62%
- HPV2: 38%

Distribution by number of doses

- HPV4: 93%
- HPV2: 7%
With Gavi’s support, 23 countries implemented HPV demos and 3 went national

Gavi introduced funding through two pathways: demo and national

Country with experience?

No

Yes

Demo programme

Support for max. 15k girls

Scale-up

National introduction

Support for single-age cohort

Gavi support increased HPV implementation experience

Successful uptake of demos, but limited national scale-ups

* Demos: Burundi, Cambodia, Indonesia (Exceptional Catalytic), Kenya – 2nd Demo, Nigeria, and São Tomé. National: Bolivia (exceptional catalytic)

Source: Gavi, the Vaccine Alliance
Procurement volumes in the early years of the program have been much lower than projected.
Current Gavi support for HPV reached its goal to vaccinate 1M girls by 2015, but target of 30M by 2020 is at risk.

Source: Gavi, the Vaccine Alliance
Main challenges for increasing HPV uptake

- Vaccine demand
- Competing health and vaccine priorities
- Vaccine price and programmatic cost
- Programme design
Two strategic shifts will allow up to 40M girls to be reached by 2020

Two proposed Strategic shifts...

Direct national introduction, with option of a phased roll-out

Multi-age cohort vaccination in year of introduction

Higher and faster impact if one-time support for up to 5 additional age cohorts is given

1. Considering average age of primary school completion is 12.1 years in targeted countries
2. Weighted average coverage across all targeted cohorts considering all supported countries in 2016-2020 (range: 50-80%)
3. Considers direct impact, i.e. herd immunity NOT included - deaths averted is over 30 years

Source: Gavi, the Vaccine Alliance
Procurement on behalf of self-financing MICs

- So far, unpredictable demand that resulted in procurement on behalf of 5 MICs.
- We anticipate MIC demand through UNICEF to increase as additional countries consider HPV vaccine introductions.
- However, HPV vaccine **price & lack of visibility remains a concern** for self-financing countries that are considering the long-term sustainability of programs.
- Manufacturer price commitments for MICs transitioned out of Gavi support have been an encouraging step.
- Can we use the next tender to positively adjust the market?
Tender 2017 for Gavi & MICs(?)

- Adjust forecast by incorporating the impact of step-wise national introductions and multi-age cohorts.
- New forecast to serve as basis for the tender invitation to be issued **2H 2017** for supply starting in **January 2018**.
- Objectives:
  - healthy *supplier base* with new market entrants during the tender period
  - supply to accommodate country *product preference*
  - *affordable prices* for Gavi programs and self-financing countries to reduce hesitancy for national introduction/increase vaccine uptake
- Consider the impact of *product innovations* (e.g. HPV9), their prequalification, evolution of demand and Gavi’s future portfolio.
- Counting on suppliers to honor commitments to transitioned countries in their offers.