

GAVI Vaccine Investment Strategy

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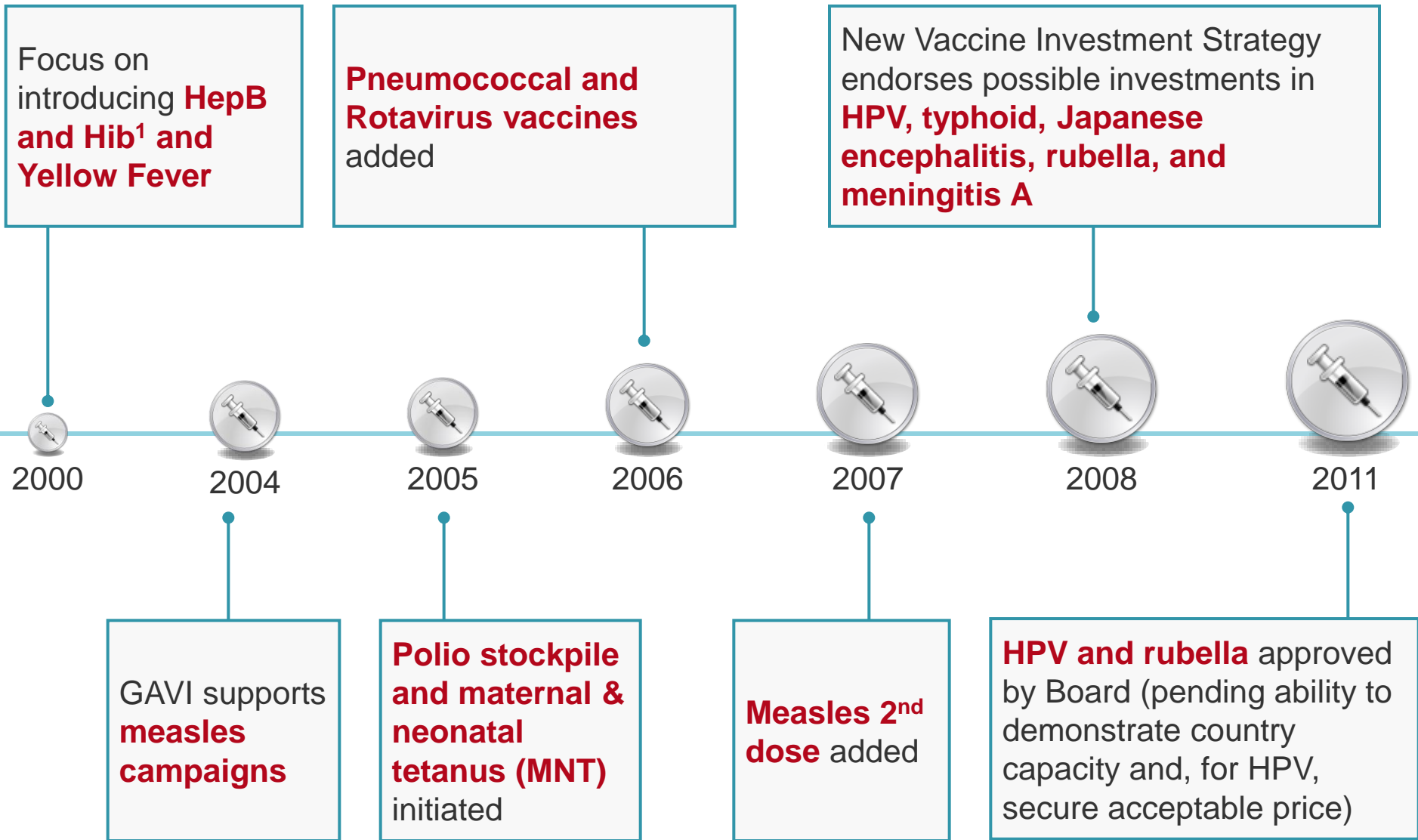


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GAVI's expanding portfolio: 2000 to today



1 Monovalent, tetravalent & pentavalent

Estimated cumulative results by vaccine: 2000 – 2010

Vaccine	Children immunised	Future deaths averted	Disbursements
Hepatitis B	296 million	3.7 million	\$2,092M
Hib	124 million	697,000	
Pneumococcal	3.6 million	38,000	\$221M
Rotavirus	1.9 million	2,000	\$31M
Polio *		44,000	\$191M
Yellow fever **	54 million	140,000	\$206M
Measles ***	190 million	860,000	\$180M
Men A	NA	NA	\$88M
Maternal and Neonatal Tetanus	NA	NA	\$62M
Total Vaccines			\$3,071M
HSS/INS			\$466M
Total			\$3,537M

Source: GAVI Alliance April 2012

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Objective of 2013 VIS

- Identify new, priority investments in vaccines, licensed by 2019, for the GAVI Alliance to achieve its mission and goals in the most efficient and cost-efficient means while adhering to its operating principles
 - Evidenced based portfolio approach
 - Foundation for strategic planning and fundraising
 - Inform country, partner and industry plans



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Analytic stream

WHO factsheets

Initial analyses

In-depth analyses of shortlisted vaccines

Stakeholder consultation stream

Phase 1: Input on criteria and project objectives

Phase 2: Test and validate conclusions implied by analyses

Phase 3: Targeted consultations with Board constituencies

TCG

TCG

TCG

WHO landscape of current vaccines & those expected to be licensed by 2019

Narrow against criteria

Initial analyses across all criteria

Prioritisation by IRC/PPC/Board

Refine, expand, more in-depth analyses

Recommended prioritisation

Decisions on portfolio priorities or commitments

Governance stream

IRC /PPC/Board

IRC

PPC/Board

Development of portfolios

- Disease prioritization – build upon 2008 analysis and updated global burden of disease analyses
- Vaccine landscape (WHO)
- Consult countries, industries and experts
- Initial analyses against criteria
- Develop initial portfolio recommendation for review by PPC and Board



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How vaccines could be considered

(building on 2008 process)

Strategic considerations

- Integrates with EPI schedule
- Focuses on highly effective vaccines
- Addresses inadequate current interventions (treatment/prevention)
- Addresses inequity for the poor or gender
- Public health context of disease

Health impact

- Burden of disease
- Deaths and under 5 deaths averted
- Cases averted
- DALYs averted (morbidity)

Costs

- Vaccine and implementation
- Per case and death averted, per DALY averted
- Complementary economic and fiscal space analyses



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Consultation at the Partners' Forum

- Survey on **criteria** that GAVI should consider when evaluating potential priorities

Please participate and give us your feedback!



Stakeholder survey: Criteria to inform future vaccine portfolio

GAVI Alliance Vaccine Investment Strategy 2014-2019

The GAVI Alliance is updating its Vaccine Investment Strategy (VIS) for 2014-2019. The VIS aims to provide the GAVI Board with the ability to understand and take decisions about which vaccines to financially support and assist countries to implement in the coming years. The results of the VIS will also facilitate planning by countries, industry and partners around future priorities.¹

Survey objective: We are seeking input from a wide range of stakeholders on the **criteria** that GAVI should consider when comparing and evaluating potential priorities for the VIS. Development of the VIS will be an iterative process and your feedback will facilitate the initial shortlisting of vaccines to be presented for consideration by the GAVI Board. Prioritised vaccines will then be further analysed using additional criteria and factors, as recommended by WHO and other technical partners. This is the first of a series of consultations anticipated during the VIS development process.

Which of the following criteria should be considered when assessing and comparing priorities for potential future GAVI support? Please indicate how important the criteria should be for GAVI by ticking one of four options:

	ONE OF THE MOST IMPORTANT	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT AT ALL IMPORTANT
Potential to reduce overall mortality	1	2	3	4
Potential to reduce childhood mortality	1	2	3	4
Potential to reduce morbidity	1	2	3	4
Contributes to international public health priority (e.g. disease eradication/elimination targets)	1	2	3	4
Long term cost of the vaccine/affordability	1	2	3	4
Recurrent cost to deliver the vaccine	1	2	3	4
Cost effectiveness of the vaccine	1	2	3	4
Epidemic potential of the disease	1	2	3	4
Promotes gender equality in immunisation	1	2	3	4
Promotes equity (e.g. targets most vulnerable populations)	1	2	3	4
Sufficient and reliable vaccine supply	1	2	3	4

¹ GAVI's 2008 Vaccine Investment Strategy process led to the GAVI Board's decision to prioritise Japanese Encephalitis (JE), typhoid, human papillomavirus (HPV), and rubella vaccines for addition to GAVI's portfolio. Vaccines currently supported by GAVI, as well as the two vaccines already prioritised for future investments (IE, Typhoid), are not part of the current update.

	ONE OF THE MOST IMPORTANT	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT AT ALL IMPORTANT
limited availability and use of alternative treatment methods	1	2	3	4
Integration into national immunization programme, in terms of: chain, logistics, training requirements	1	2	3	4
Administered at currently scheduled health visits	1	2	3	4

Are there other criteria/factors not listed above that should be taken into account when comparing potential options? Please explain why.

STANDARD FORM NO. 64 (REV. 11/80)

Your information will be treated confidentially and nothing will be attributed to you:

Name:

Country of organization: Government – GAVI-eligible Government – Donor country
 Civil Society Research or technical institute
 Vaccine Industry – Developing country Vaccine Industry – Industrialised country
 WHO/UNICEF Other (e.g. BMGF, World Bank, etc.)

Title/expertise:

Yes, I wish to stay informed throughout the VIS process:
 Username: Email address:



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Thank you very much for your participation! Please use the box at the information desk to hand in your survey response or pass it to any GAVI Secretariat staff member

For more information, contact the GAVI Alliance Secretariat: VIS@gavialliance.org

What needs to happen after a Board decision

- SAGE recommendation / WHO position paper on vaccine use, if not yet available
- Vaccines need WHO pre-qualification
- Negotiations to secure adequate price, if necessary
- Development of country application guidelines
- Opening of GAVI funding window



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Discussion with your neighbours

10 minutes

- What are your views on the possible criteria reflected on the survey?
- What items or questions should GAVI seek to consult you about during the process in 2013?
- Other considerations?



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Next steps: Stakeholder consultation phase 2

Timing: January – May 2013

Objective

- Share summaries of the (evolving) analyses for the narrowed list of vaccines; test conclusions
- Assess whether there are issues that have not yet been adequately represented in the VIS analysis



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Next steps: Stakeholder consultation phase 2

Consultation format

- Individual conference calls offered for Board constituencies
- Country consultations through focus group discussions during existing regional meetings - dates to be confirmed.

Expected output

- Missing analytical aspects/dimensions identified and discussed
- Consultation findings inform further analytical work and help validate conclusions
- Findings from the consultation will be documented in a report and made available to the Board



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Please complete your survey



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Thank you



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