

**Annex C:** Criteria for vaccines for endemic disease prevention through routine immunisation

Criteria		Draft indicators (to be further developed)
<b>Ranking criteria</b>	<b>Health impact</b>	Total future deaths averted 2020-2035, and per 100,000 vaccinated Total future cases averted 2020-2035, and per 100,000 vaccinated
	<b>Economic impact</b>	Financial risk protection (e.g. cases of poverty or catastrophic health expenditure averted)
	<b>Equity and social protection impact</b>	Disproportionate impact of disease on vulnerable groups, e.g., rural poor, urban slum residents, internally displaced populations Special benefits of vaccination for women and girls Potential to increase geographical equity in Gavi support (between countries/regions)
	<b>Global health security impact</b>	Epidemic potential of disease Impact of antimicrobial resistance (AMR) on disease treatment and impact of vaccination on antimicrobial use
	<b>Value for money</b>	Vaccine procurement cost per death averted Vaccine procurement cost per case averted
<b>Secondary criteria</b>	<b>Other impact</b>	Total U5 deaths averted 2020-2035, and per 100,000 vaccinated Total DALYs averted 2020-2035, and per 100,000 vaccinated Vaccine procurement cost per DALY averted
	<b>Gavi comparative advantage</b>	Degree of vaccine market challenges / Gavi market shaping need Potential for catalytic effect from Gavi investment
	<b>Broader health systems benefits</b>	Fit with prioritised immunisation delivery platforms
	<b>Implementation feasibility</b>	Ease of supply chain integration Need for health care worker behaviour change Feasibility of vaccination time point Need for demand promotion (e.g., acceptability, understanding of disease burden) Long-term fiscal space implications
	<b>Alternate interventions</b>	Optimal use of current and future alternative interventions (prevention and treatment)
<b>Cost</b>	<b>Vaccine cost</b>	Total procurement cost to Gavi and countries, 2020-2035
	<b>Operational cost</b>	Incremental in-country operational costs per vaccinated person
	<b>Additional implementation costs</b>	Additional costs for introduction, monitoring, etc. (e.g. surveillance costs; training costs; partner or technical assistance costs)

Excerpt from PPC paper section 4 (sections 4.2-4.4) as relevant to the criteria in proposed decision):

The proposed **criteria** reflect alignment with Gavi’s mission, strategic and global priorities identified in consultations, lessons learned in the 2013 VIS, additional analyses on measures of value and impact (e.g., economic impact and global health security), and SC guidance. The table includes preliminary indicators to illustrate

potential measurement of each criterion. The Secretariat, in consultation with the SC and other experts, will further refine the indicators taking into account feasibility of measurement and data availability. Evaluating vaccines against the criteria will create a comprehensive picture of the unique features of each. Prioritisation would then be done in two steps: 1) 'ranking' criteria would be used to rank candidates; 2) 'secondary' criteria and cost estimates would serve to adjust the ranking for outliers.

Step 1: Five criteria have been identified to be used for **ranking** candidates: *health impact*, which stakeholders highlighted as the most important priority for Gavi; *economic impact*, which provides a view to additional and longer-term benefits that vaccines can provide; *value for money*, measured as the vaccine cost per death averted; *equity and social protection*, which was also raised as a top priority in consultations; finally, *global health security* which stakeholders highlighted as a global development priority relevant for VIS decision-making, with antimicrobial resistance seen as important alongside epidemic potential. These last two criteria would likely be assessed qualitatively.

Step 2: **Secondary criteria** would enable a further assessment of the vaccine's strategic fit and feasibility. Extreme/outlier 'scores' against these secondary criteria might adjust a vaccine's ranking up or down. These criteria would include Gavi's *comparative advantage* in supporting a vaccine, such as whether there is a unique market challenge that Gavi is well placed to address. A new vaccine could also have *broader health systems benefits* by strengthening, reinforcing or providing an 'entry point' for access to other health services (e.g., antenatal care) or delivery of non-vaccine health interventions. This criterion is linked to objectives around integration and Universal Health Coverage as highlighted in the Sustainable Development Goals. The secondary assessment would also include *implementation feasibility* and *availability of alternative interventions*. The latter helps assess the additional impact a vaccine can have within the context of a broader disease control strategy. Finally, **cost** implications, both to Gavi and to countries, will provide a picture to financial trade-offs between vaccines and may also be used to adjust a vaccine's ranking (e.g., a small investment could rise in importance as a 'quick win').