

RESPIRATORY SYNCYTIAL VIRUS (RSV) INVESTMENT CASE

BOARD MEETING
Marta Tufet Bayona

24-25 July 2025, Geneva, Switzerland

gavi.org



The maternal vaccine to protect infants has now met original VIS 2018 investment conditions



Maternal vaccine

- Licensed and introduced in many HICs & MICs, no LICs yet. ✓
- SAGE-WHO recommendation for global use ✓
- WHO Prequalification: Single-dose vial. ✓ Multi-dose vial expected 2026
- Meeting 2018 financial assumptions ✓

- This investment case focuses on the maternal vaccine to protect infants
- Focusing specifically on the multi-dose vial presentation of the maternal vaccine

Improved burden data, surveillance & visibility on country readiness enable more informed analysis & decision-making



RSV identified as the **leading pneumonia cause** in children



Stronger surveillance systems



Country preparedness, HSS enablers & needs for maternal immunisation in LMICs now better described¹



A consortium of 9 countries in Africa and Asia preparing to introduce the vaccine²

AFRO RITAG has now endorsed the recommendation of RSV products to protect infants



A call to action for Gavi to support RSV prevention, backed by 44 organizations worldwide, was issued in June 2025³

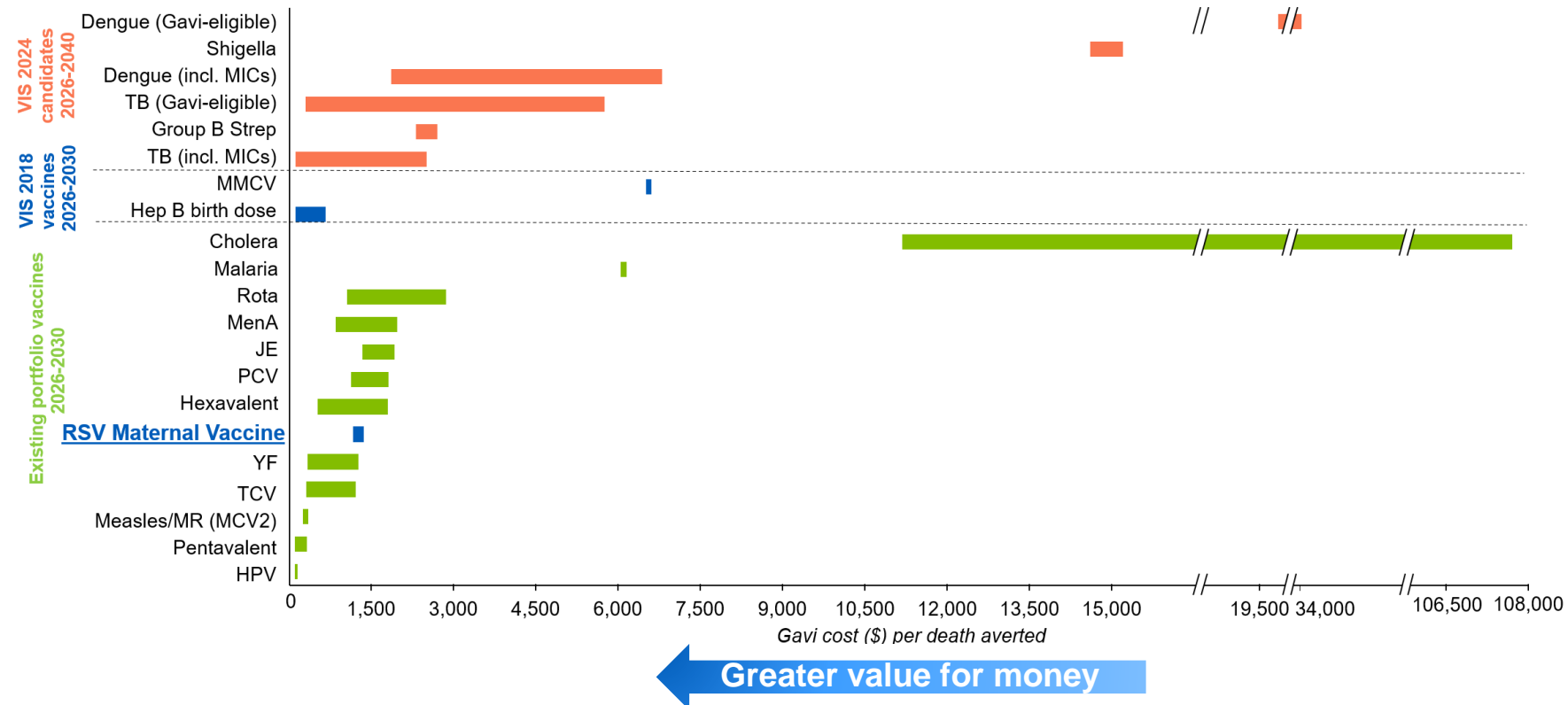


Pilot introductions, Implementation Studies in LICs, and a **Vaccine Accelerator** are being developed⁴

Updated analysis projects strong health impact and to fall within Gavi's portfolio range of cost-effectiveness

VIS candidate vaccines vs. Current portfolio of Gavi-supported vaccines: Gavi cost (Procurement + Delivery US\$) per death averted¹

Note: Many of Gavi's current portfolio vaccines have been widely introduced and scaled in Gavi-supported countries. Many VIS candidates will still be in a period of introduction and ramp-up between 2026-2040.



4 1. Vaccine impact for current GAVI portfolio vaccines is based on Gavi operational forecasting version 21.1 (2026-2030). Vaccine impact for VIS candidate vaccines are based on the investment case (2026-2040). Future deaths averted are not available for vaccines against rabies, or rubella. Indicative point estimates were derived based on investment cases. Gavi does not pay procurement costs for MICs, which drives MICs cost per death averted lower compared to Gavi-eligible. For the RSV Maternal Vaccine, modeled ANC coverage during the gestation period 28-40 weeks, was used as a proxy.

Introducing the RSV maternal vaccine is feasible, though achieving high coverage may require additional support



- Existing country maternal immunisation systems
- Continued investment in Antenatal Care (ANC) is essential
- Additional strategies and financing will be needed to reach high coverage
- Readiness tools are available to support countries
- First Gavi-countries introductions could be expected in 2028.

Recommendation

The Gavi Alliance Programme and Policy Committee **recommends** to the Gavi Alliance Board that, contingent on financial resources being made available for the Gavi 6.0 strategic period, it:

- a) **Approve** the opening of a funding window for the establishment of an RSV maternal vaccine programme to protect infants;
- b) **Note** that the initial cost estimates associated with the above approval for the period 2026-20230 are US\$ 14.8 million. Future financial forecasts will reflect potential changes in the underlying assumptions of these estimates.

Thank you

RSV Maternal Vaccine Draft timeline — *estimated June 2025*

