

# VACCINE INVESTMENT STRATEGY

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BOARD MEETING

**Wilson Mok**

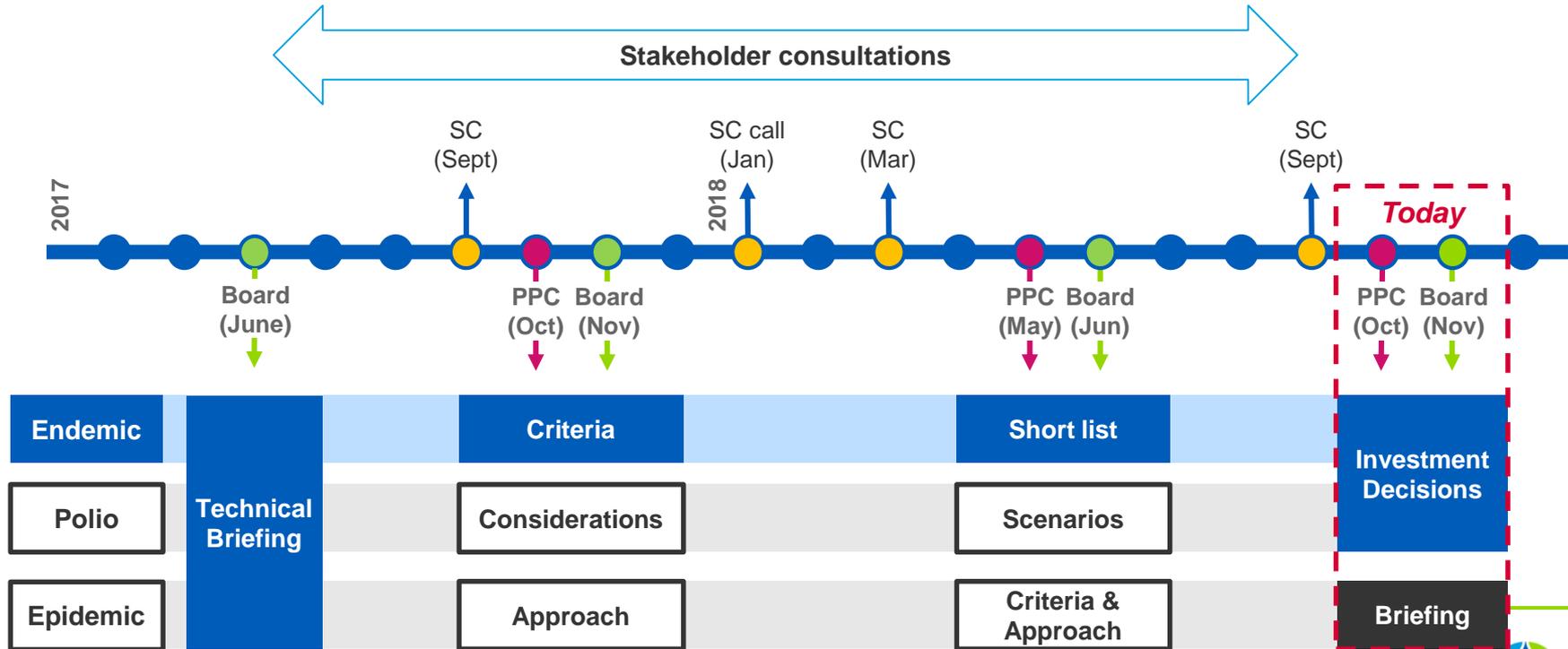
28-29 November 2018, Geneva, Switzerland



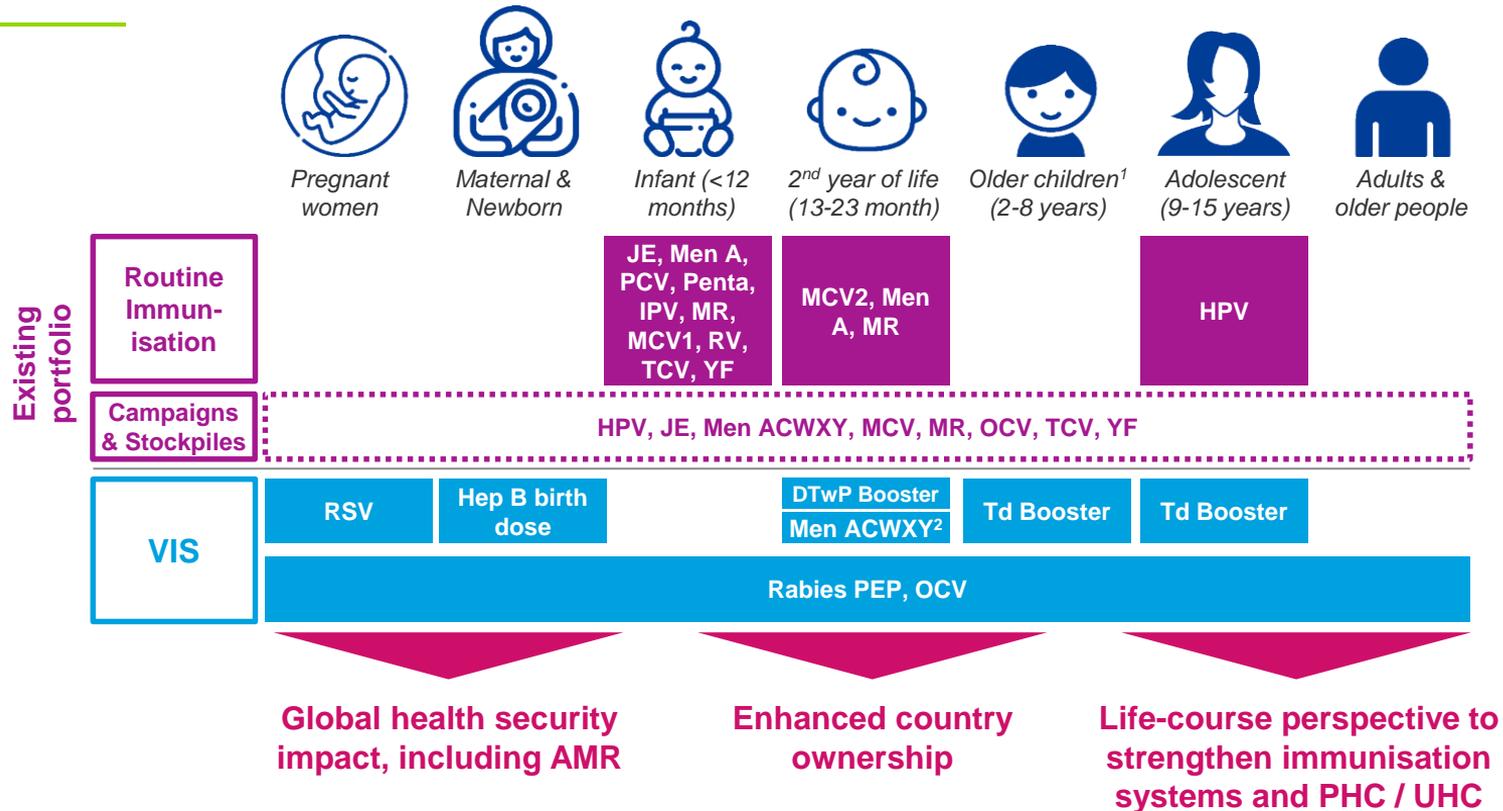
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# VIS 2018 timeline and process



# VIS candidates add value to countries' current portfolio



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1. Mostly corresponds to school entry; In theory, Gavi is supporting MCV2 at school entry, but Gavi countries have so far chosen to introduce MCV2 in the second year of life
2. Assumed 1 dose (15-18 months)

**Board meeting**  
28-29 November 2018

# Financial implications

Projected costs, US \$ millions

	2019-2020	2021-2025	2026-2030
<b>Cholera bridge funding and learning agenda</b>	~ 43.5	--	--
<b>Learning agenda (other 5 vaccines)</b>	~ 6.5	~ 13	--
<b>Vaccine and operational cost support (all 6 vaccines)</b>	--	~ 360	~ 608
<b>TOTAL</b>	<b>~ 50</b>	<b>~ 373</b>	<b>~ 608</b>

# Recommendation (1 of 7)

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The Gavi Alliance Programme and Policy Committee recommends to the Gavi Alliance Board that it, subject to the availability of funding for the 2021-2025 period following Gavi's replenishment for that period and subject to alignment with the final parameter setting for Gavi 5.0 at the June 2019 Board meeting:

- a) **Approve** support for diphtheria, tetanus & pertussis-containing (D, T & P) vaccines (tetanus-diphtheria, diphtheria-tetanus-whole-cell pertussis, pentavalent) to be used as booster doses beginning in 2021 by:
- i. Providing funding to establish platforms as catalytic support for the introduction of each D, T, & P-containing vaccine as a booster dose;
  - ii. Supporting the procurement of above mentioned D, T, & P-containing booster vaccines in line with the co-financing policy.

## Recommendation (2 of 7)

- b) Approve** support for hepatitis B birth dose beginning in 2021 by:
- i. Providing funding to establish platforms as catalytic support for the introduction of hepatitis B vaccine administered at birth
  - ii. Supporting the procurement of hepatitis B vaccines in standard vial presentations and in line with the co-financing policy.
- c) Approve**, in principle, an expansion of the existing meningococcal programme to support a targeted approach that includes, in principle, support for ACW-containing multivalent meningococcal conjugate vaccines, contingent on the availability of a licensed product, outcomes of regulatory and technical review processes (including WHO prequalification and SAGE recommendation) and meeting the financial assumptions used as the basis for the multivalent meningococcal vaccine investment case set out in Doc 08

## Recommendation (3 of 7)

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- d) **Approve** a transition of the oral cholera vaccine programme to include a preventive immunisation programme with vaccine co-financing, beginning in 2021.
- e) **Approve** support for human rabies vaccine for post-exposure prophylaxis, beginning in 2021.
- f) **Approve:**
  - i. In principle, support for Respiratory Syncytial Virus (RSV) immunisation products, contingent on the availability of a licensed product, outcomes of regulatory and technical review processes (including WHO prequalification and SAGE recommendation), and meeting the financial assumptions used as the basis for the RSV investment case set out in Doc 08 Appendix 2.

## Recommendation (4 of 7)

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ii. Support beginning in 2019 for pre-introduction activities for RSV immunisation products including evidence and demand generation.

**g) Approve** the VIS learning agenda for 2019-2025 for D, T & P-containing booster vaccines, hepatitis B birth dose, ACW-containing multivalent meningococcal conjugate vaccines and human rabies vaccine for post-exposure prophylaxis, as described in Doc 08 Annex B.

## Recommendation (5 of 7)

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- h) **Note** that the financial implications associated with the above conditional approvals for 2019-2020 are expected to be approximately US\$ 6.5 million, comprised of approximately US\$ 3 million in 2019 (which the Secretariat will strive to absorb from the Board-approved PEF budget for that year) and US\$ 3.5 million in 2020 for the VIS learning agenda for the vaccines described above and RSV introduction planning activities.
- i) **Note** the financial implications associated with the above conditional approvals (taken as a whole) for 2021-2025 for vaccine and operational cost support are expected to be approximately US\$ 373 million, comprised of approximately US\$ 360 million for vaccine and operational cost support and approximately US\$ 13 million for the VIS learning agenda and RSV introduction planning activities.

## Recommendation (6 of 7)

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The Gavi Alliance Programme and Policy Committee recommends to the Gavi Alliance Board that it:

- a) **Approve** an extension of Gavi support for use of the global cholera stockpile in endemic settings for 2020, whereby components of the preventive immunisation programme are implemented beginning in 2019.
- b) **Authorise** the Secretariat, under the Programme Funding Policy, to (i) allot funding to the global cholera stockpile based on a financial forecast endorsed by the Board, (ii) allot funding to extend budgets to future years and/or (iii) adjust annual budget amounts as authorised by the CEO/DCEO taking into account updated timing of implementation and budget utilisation;.

## Recommendation (7 of 7)

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- c) **Approve** the VIS learning agenda activities for cholera for 2019-2025 as described in Doc 08 Annex B; and
- d) **Note** that the financial implications associated with the above approvals for 2019-2020 are expected to be approximately US\$ 43.5 million, comprised of approximately US\$ 0.5 million in 2019 (which the Secretariat will strive to absorb from the Board-approved Partners' Engagement Framework (PEF) budget for that year) and US\$ 1 million in 2020 for the VIS learning agenda for cholera, and US\$ 42 million for extension of cholera support in 2020.



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