GAVI'S POTENTIAL ENGAGEMENT IN IPV POST-2018

BOARD MEETING

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14-15 June 2017, Geneva, Switzerland





AGENDA

- Gavi's Involvement in Polio Eradication
- Current Status
- Shifting Eradication Timelines
- SAGE Recommendations on IPV
- Potential Gavi IPV Support Post-2020 VIS Process
- Recommendation



GAVI'S INVOLVEMENT IN POLIO ERADICATION

In November 2013 the Board decided to engage in polio eradication through supporting the introduction of IPV

- IPV support funded by donors to GPEI: US\$ 430 million (2013-2018)
- No Gavi core funding for IPV support
- Policy exceptions to enable unprecedented IPV introduction timelines

Beyond 2018 the Board decided:

"Subject to polio-specific funding being available beyond 2018, provide support for GAVI IPV Eligible Countries until the Endgame target for stopping vaccination of approximately 2024 or an appropriate exit strategy for Gavi has been identified prior to 2024"



CURRENT STATUS

70 of 73 IPV-eligible countries approved for Gavi IPV support

- Georgia and Ukraine self-financed
- India supported through receipt of one year catalytic funding

Supply constraints since early 2015

- Only 52% of projected supply has been delivered to date
- 18 countries have not introduced; 15 have had interruptions
- Supply improving but will remain fragile until 2020

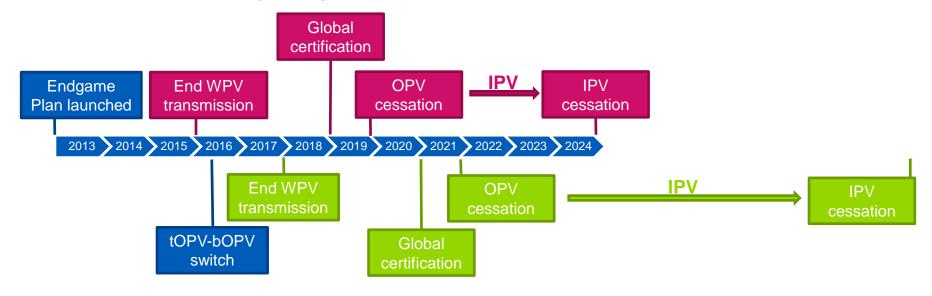
Consequences

Approximately 38 million children missed – up to 1 April 2018



SHIFTING ERADICATION TIMELINES

Previous timeline (2013)





SAGE RECOMMENDATIONS ON IPV

Fractional Dosing

"countries should start preparing for a fractional intradermal dose IPV 2-dose schedule, e.g. at 6 and 14 weeks, in lieu of a single intramuscular full dose at 14 weeks" – **October 2016**

Vaccination of Missed Children

"when sufficient supplies of IPV become available countries with delayed IPV introduction or stock-outs should prepare for catch-up vaccination of children who could not receive IPV in the routine schedule." – **October 2016**

Future Immunisation Policy - Dosing

After global OPV withdrawal:

"Countries should include at least two doses of IPV in their routine immunization schedule...administered either as full or fractional doses" – **April 2017**

Future Immunisation Policy - Duration

"Countries without Poliovirus Essential Facilities (PEFs) should maintain IPV in their routine immunization schedule for at least 10 years after global OPV withdrawal" – April 2017



IMPLEMENTING SAGE RECOMMENDATIONS: MISSED CHILDREN AND FRACTIONAL IPV

PPC recognised:

- The need to vaccinate missed children
- The need to support the implementation of fIPV and its challenges

Secretariat will:

- Work with GPEI and countries on vaccination of missed children and fIPV
- Support with switch grants, and country specific approaches



2019-2020 PROJECTED PROGRAMME COST: UP TO US\$ 250 MILLION

Key Cost Drivers:

- Vaccine cost tender outcomes in July
- Supply improving but still constrained
- Country decisions on fIPV per SAGE recommendation
- Country decisions on vaccinating missed children per SAGE recommendation

Funding

- Expectation that up to US\$ 70 million will be available to carry-over to 2019-2020
- Additional donor pledge of US\$ 23 million for 2019
- GPEI to raise required funds



POTENTIAL GAVI IPV SUPPORT POST-2020: VIS PROCESS

PPC has requested Secretariat include IPV in the Vaccine Investment Strategy (VIS) process:

Evaluation approach will consider IPV as a 'global public good' vaccine

Spring 2018:

 Secretariat will seek PPC guidance on programmatic aspects of IPV as part of the VIS

Autumn 2018

Final recommendation on VIS to the Board



RECOMMENDATION

The Gavi Alliance Programme and Policy Committee, recognising that the Secretariat should work with GPEI and countries to enable the implementation of SAGE guidance on fIPV and missed children, recommends to the Gavi Alliance Board that it:

Approve extending Gavi's support for IPV from 2018 to 2020 under the arrangements agreed by the Board in November 2013, and subject to polio-specific funding being available.



Thank you



