

# REVIEW OF GAVI SUPPORT FOR HPV VACCINE

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BOARD MEETING

**Michael F Thomas**

7-8 December 2016, Abidjan, Côte d'Ivoire



# CONTEXT: CERVICAL CANCER AND THE HPV VACCINES

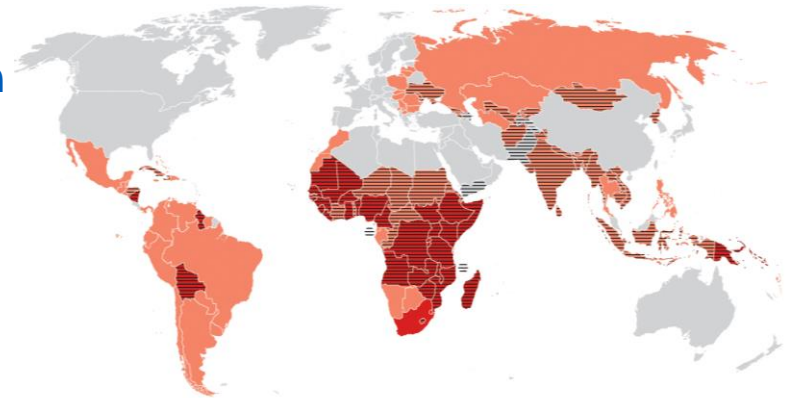
**Human Papillomavirus (HPV) is the principal causative agent of Cervical Cancer (CC)**

**CC is a leading cause of cancer death in women**

- 266,000 women die of this disease every year and this number is rising
- 85% of the disease burden is in developing countries

**HPV vaccines are innovative and offer an opportunity to reduce disease burden**

- HPV is the second cancer-causing disease to be vaccine preventable
- The two vaccines currently available prevent 70% of disease



Cervical cancer deaths, cervix uteri (per 100,000):

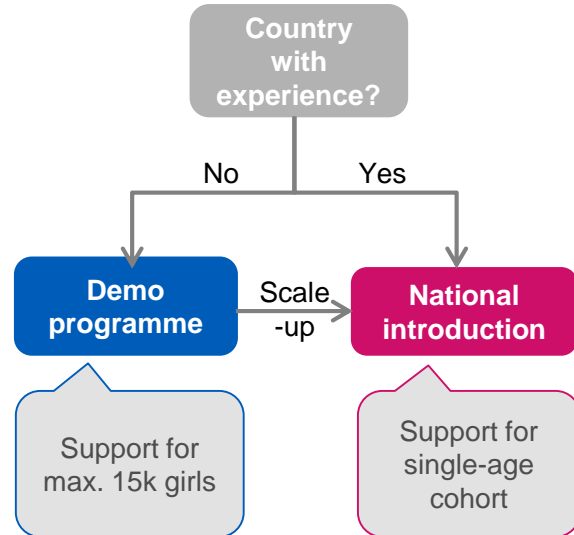
■ > 17   ■ 5 to 16.9   ■ 0 to 4.9   Gavi-supported countries

**HPV vaccines are available at an affordable price to Gavi-eligible countries**

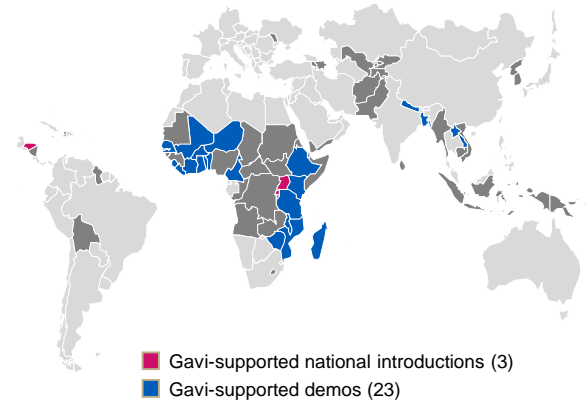
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# THROUGH GAVI'S SUPPORT, 23 COUNTRIES IMPLEMENTED HPV DEMOS AND 3 WENT NATIONAL

**Gavi introduced funding through two pathways: demo and national**



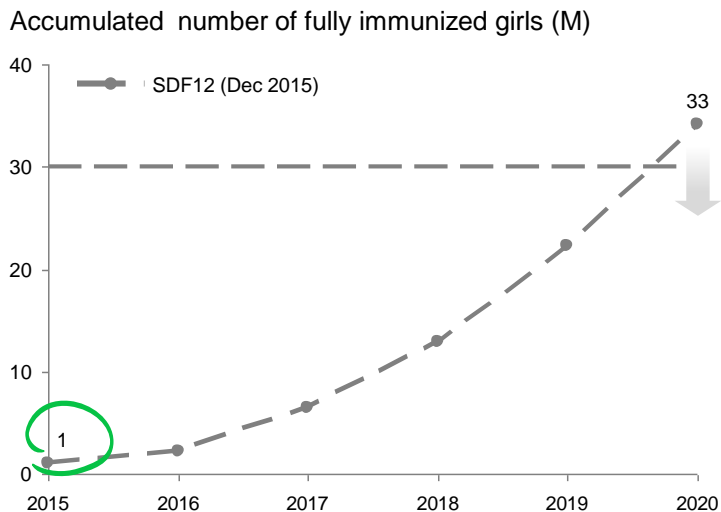
**Gavi support increased HPV implementation experience**



**Successful uptake of demos, but limited national scale-ups**

# CURRENT HPV SUPPORT REACHED ITS GOAL TO VACCINATE 1M GIRLS BY 2015, BUT TARGET OF 30M BY 2020 IS AT RISK

**1M girls by 2015 reached but target of 30M by 2020 is at risk...**



**... Lessons learned from demonstration programme**

- Not designed to inform and prepare for national introduction
- EPI not always leading or engaged results in low prioritisation of national scale-up
- Complex requirements delays transition to national introduction

# MULTI-AGE COHORT VACCINATION COULD BE AN INCENTIVE TO ACCELERATE NATIONAL SCALE-UP

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*"The country propose that there is a need to have the **first year a wide age cohort 9-13 years** followed by vaccination of a single cohort of 9 year old girls from the second year of introduction onwards."*

Dr. Dafrossa C.Lyimo, **Tanzania** (EPI Manager)

*"Additionally in order to **recover cohorts** who have not been vaccinated in the last 4 years, we intend to **extend vaccination to girls aged 10-12** so that we can accelerate the impact on the disease."*

Application document, **Bolivia** (MoH)

*"Zimbabwe is interested in delivering a **catch-up dose of 9-13 year old girls** in the first cohort and then 9 year old girls thereafter."*

Anna Hidle, **Zimbabwe** (CDC)

*"We would like to highlight that **vaccination to the 5 cohorts will only be done one year**. We could suggest a campaign for 9-13 years old before introduction and then continue with the cohorts of 9 years old"*

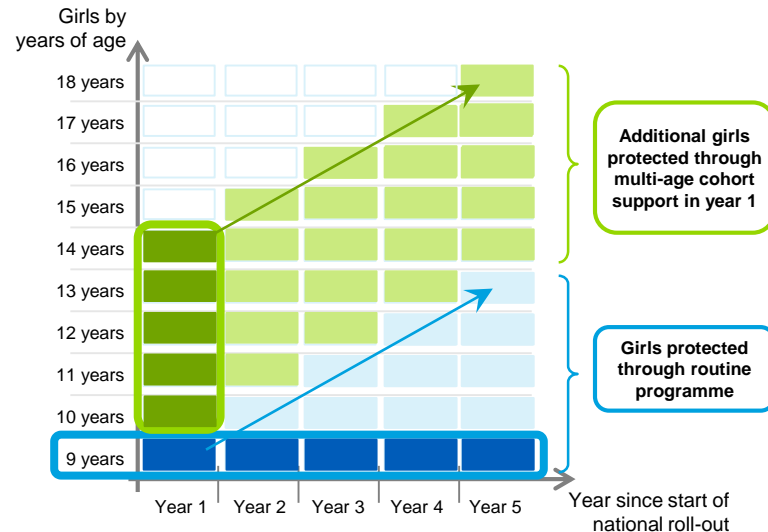
Ousseynou Badiane, **Sénégal** (EPI Manager)

# .....AND AN OPPORTUNITY TO FURTHER REDUCE CERVICAL CANCER BURDEN

## Multi-age cohort recommended by SAGE 2016

- HPV vaccination for **multi-age cohort**:
  - 9-14 yrs cost effective using 2 dose schedules
  - Cohorts >15 yrs: reduced incremental cost-effectiveness (requires 3-dose, more girls/women already infected)
- **Direct impact** expected to scale proportionally with number of age cohorts
- Additional **indirect benefit (herd immunity)** expected
- Incremental cost for additional cohort expected to benefit from **economies of scale**

## Higher and faster impact if one-time support for up to 5 additional age cohorts is given



SAGE meeting scheduled for October 20th, 2016

Board meeting  
7-8 December 2016

# PROPOSED FINANCIAL AND VACCINE SUPPORT FOR MULTI-AGE COHORT VACCINATION

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Routine Cohort (e.g. 9 yrs)	
Vaccines Support	Co-financing
Vaccine Introduction Grant (VIG)	\$2.40 / targeted girl

Additional Cohorts (e.g. 10-14 yrs)	
Vaccines Support	No Co-financing (Gavi supported)
Operational Cost	0.65\$/ 0.55\$/0.45\$ / targeted girl (aligned to new HSIS policy per the transitioning stage)

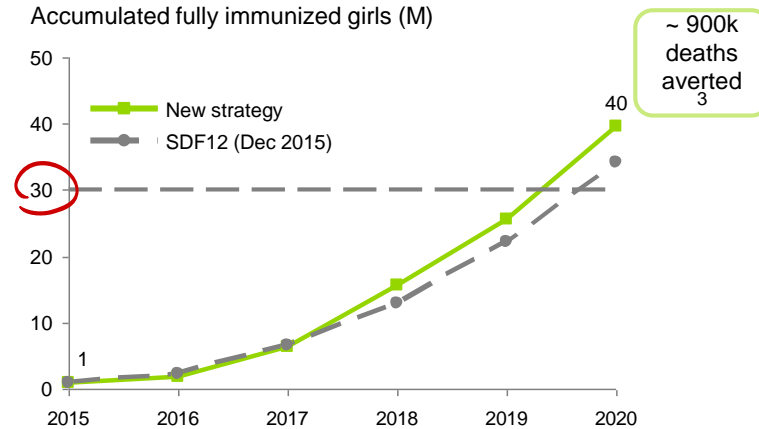
# TWO STRATEGIC SHIFTS WILL ALLOW UP TO 40M GIRLS TO BE REACHED BY 2020

## Two proposed Strategic shifts...

Direct national introduction, with option of a phased roll-out

Multi-age cohort vaccination in year of introduction

...allow to achieve original target up to 40M fully vaccinated girls by 2020



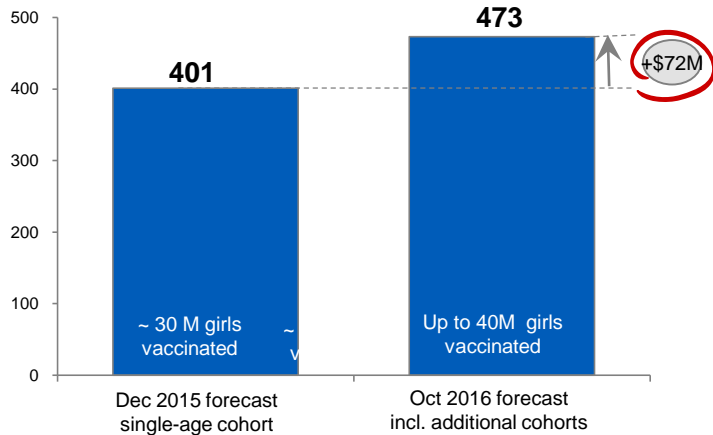
Assuming in average countries target 3 additional age cohorts<sup>1</sup> with average coverage of ~65%<sup>2</sup>

1. Considering average age of primary school completion is 12.1 years in targeted countries 2. Weighted average coverage across all targeted cohorts considering all supported countries in 2016-2020 (range: 50-80%)  
3. Considers direct impact, i.e. herd immunity NOT included- deaths averted is over 30 years  
Source: Market shaping and finance



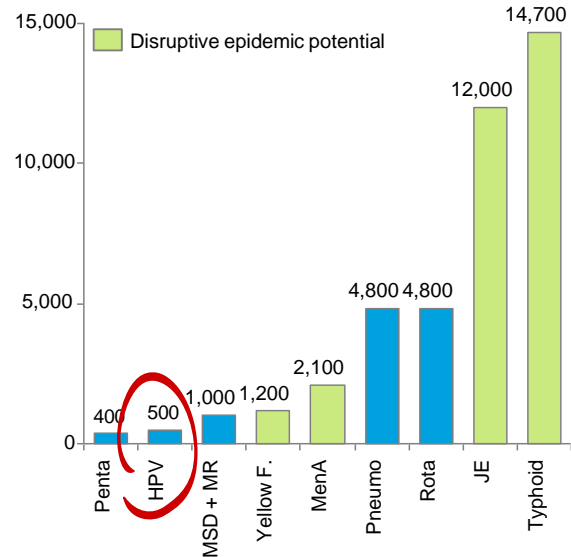
# AN ADDITIONAL \$72M, FOR A REDUCED COST PER DEATH AVERTED TO \$500

## Programme investment 2016-2020 (M\$)



## One of the best buys in Gavi's portfolio

Gavi investment per death averted (\$)



\*Replenishment asks indicates **\$600/deaths** averted. Source: VIS

# THREE DRIVERS ARE ESSENTIAL FOR SUCCESS OF THE STRATEGY

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1

Global Leadership

2

In-country Technical Assistance

3

Demand Generation

# RECOMMENDATIONS FOR APPROVAL

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

- a) **Approve** that for the HPV vaccine countries can apply:
- i. directly for national introduction, while maintaining the option of implementing a phased national introduction;
  - ii. for support for multi-age cohort HPV vaccinations (9-14 years of age) in year one of introduction of the vaccine, including support for 100% of vaccine costs for the additional cohorts, and operational support of up to US\$ 0.65 per targeted girl of those cohorts.
- b) **Note** that the additional funding associated with the above approval for the period 2016-2020 is expected to be approximately US\$ 72 million.

THANK YOU

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