Vaccine Investment Strategy

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GAVI Alliance Board meeting
Phnom Penh, Cambodia
21-22 November 2013
Vaccine Investment Strategy: evidence-based process to identify new priority vaccines

- Start of VIS process
- WHO landscape analysis
- PPC guidance on VIS scope
- Technical Consultation Group
- Technical Consultation Group
- Independent Expert Group
- Independent Expert Group
- Independent Expert Group
- Final recommendations to PPC
- Final recommendations to PPC

- Phase I recommendations to Board
- Phase I recommendations to PPC
- Final VIS recommendations to Board

- Technical Consultation Group
- Technical Consultation Group
- Technical Consultation Group

- Online stakeholder survey and in-depth country interviews
- Country consultations at regional meetings

- Expert consultations, analytical work

GAVI Alliance Board meeting
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Assessment framework for shortlisted vaccine investments

**Step 1: analysis**
- Direct health impact
- Potential to prevent disruptive epidemics
- Country views
- Global/country implementation requirements
- Cost and value for money (relative to current portfolio)
- Market-shaping potential

**Step 2: synthesis**
- Key benefits
- Key challenges and risks

**Step 3: recommendation**
- Recommendation and implications
Detailed vaccine assessments

Cumulative demand estimated to be 760M – 1.2B doses through 2030

Country openness to new schedule and awareness that vaccine cannot replace other interventions

Implementation would require managing possible global supply shortage and communication needs

Malaria vaccine may have impact comparable to Hib

Vaccine duration of protection is biggest sensitivity of high impact

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Yellow fever: fund additional campaigns

ASSESSMENT

- Continued risk of outbreaks in Africa
- WHO: additional mass campaigns to cover remaining unvaccinated populations in high-risk countries
  - Future populations protected through routine YF use

RECOMMENDATION

- Fund additional campaigns from 2015 (~USD140M)
- Secretariat to review planning / funding process, including risk assessment mechanism, in coordination with WHO
Cholera: make catalytic investment in global stockpile

ASSESSMENT

- Disruptive epidemics, inequitable burden
- Low global demand and severe supply shortage relative to estimated need

RECOMMENDATION

- Enlarge stockpile to fight outbreaks, gain experience with vaccine use, shape the market
- Insufficient evidence for broad rollout through recurring, preventive campaigns in endemic settings: re-evaluate in next VIS
Rabies and maternal influenza: re-evaluate in next VIS

RABIES

- Operational feasibility and effectiveness of GAVI support for rabies vaccines unclear
- Re-evaluate in next VIS, and
- Fund observational study to fill critical knowledge gaps and catalyse progress
  - Mitigate risk of preserving status quo

INFLUENZA

- Limited evidence base for impact beyond pregnant woman
- Data forthcoming on effects on foetus and infants
- Re-evaluate in next VIS
Malaria: re-assess investment case in 2015/16

ASSESSMENT

- A leading cause of death in young children, strong demand
- Bednets and spraying can prevent up to 55% of deaths
  - Vaccine targets remaining burden; complements other malaria control interventions
- Analysis: incremental impact in Africa ≈ Hib/rotavirus
- Expert Committee: supportive based on preliminary data

RECOMMENDATION:

- Note reasonable case for support based on current analysis; await final trial data
- Back to PPC/Board for decision in 2015/16
Programme funding implications of recommendations

- **2014-2020**: ~$200M for YF and cholera
  - 2% of vaccine spending
- **2016-2020**: ~$300M for malaria; US$ 230M/year from 2021
  - Pending future Board approval

*Projected programme costs in US$ millions (vaccine + introduction grant + operational cost)*

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<tbody>
<tr>
<td>Cholera stockpile</td>
<td>26</td>
<td>89</td>
<td>-</td>
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<td>Yellow fever campaigns</td>
<td>14</td>
<td>95</td>
<td>31</td>
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<tr>
<td><strong>Subtotal</strong></td>
<td><strong>40</strong></td>
<td><strong>184</strong></td>
<td><strong>31</strong></td>
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<tr>
<td>Malaria</td>
<td>-</td>
<td>287</td>
<td>2,274</td>
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<tr>
<td><strong>Total VIS incl. malaria</strong></td>
<td><strong>40</strong></td>
<td><strong>471</strong></td>
<td><strong>2,305</strong></td>
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<td><strong>Current GAVI portfolio</strong></td>
<td><strong>3,014</strong></td>
<td><strong>6,895</strong></td>
<td>~<strong>10,000</strong></td>
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*Based on demand forecast version 8
The PPC and, where appropriate, the AFC and the EC recommended to the GAVI Alliance Board that it:

- **Decide** to support new yellow fever vaccine campaigns and request the Secretariat to develop a process for the funding of individual campaigns on the basis of robust risk assessments.

- **Approve** a contribution to the global cholera stockpile for use in epidemic and endemic settings and to that end:
  - Endorse a net increase in programme budgets for the global cholera stockpile by US$ 114.5 million for the period 2014-2018. (This endorsement would constitute acknowledgement of such budget amounts as an indication of potential future expenditures but would not constitute a funding approval, decision, obligation or commitment of the GAVI Alliance or its contributors.);
  - Approve a net increase of near-term programme liabilities for the global cholera stockpile (a sub-component of endorsed programme budgets) by US$ 8.5 million for 2014;
  - Note the opportunity for the GAVI Alliance to generate impact data based on the use of the cholera stockpile in emergency settings.
The PPC and, where appropriate, the AFC and the EC recommended to the GAVI Alliance Board that it:

- **Approve** an assessment of the feasibility of GAVI support for rabies vaccines (to be evaluated in the next Vaccine Investment Strategy process). A funding request for the outsourced assessment will be included as part of the Business Plan in 2015.

- **Note** that based on the current assessment there is a reasonable case for GAVI support for a malaria vaccine, and that the Board will consider opening a window if and when the vaccine is licensed, recommended for use by the joint meeting of the WHO Strategic Advisory Group of Experts and the Malaria Programme Advisory Committee (expected in 2015) and WHO pre-qualified, taking into account updated projections of impact, cost and country demand as reviewed by the PPC.
The PPC and, where appropriate, the AFC and the EC recommended to the GAVI Alliance Board that it:

- **Note** the potential public health impact of vaccinating pregnant women against seasonal influenza and the need to assess the emerging evidence of impact of vaccination on neonates, but decides not to open a funding window for influenza vaccines at this time.

- **Approve** an amount up to US$ 1.5 million to be added to the 2014 Business Plan to implement the Board’s VIS decisions through Secretariat and partner activities as described in section 5.2 of Doc 07.