REVIEW OF GAVI SUPPORT FOR HPV VACCINE

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

HPV vaccines are available at an affordable price to Gavi-eligible countries
THROUGH GAVI'S SUPPORT, 23 COUNTRIES IMPLEMENTED HPV DEMOS AND 3 WENT NATIONAL

Gavi introduced funding through two pathways: demo and national

Country with experience?

No

Yes

Demo programme

Scale-up

National introduction

Support for max. 15k girls

Support for single-age cohort

Gavi support increased HPV implementation experience

Gavi-supported national introductions (3)
Gavi-supported demos (23)

Successful uptake of demos, but limited national scale-ups

Board meeting
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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...

Accumulated number of fully immunized girls (M)

• 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

"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)

Board meeting
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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

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

<table>
<thead>
<tr>
<th>Routine Cohort (e.g. 9 yrs)</th>
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<tbody>
<tr>
<td>Vaccines Support</td>
<td>Co-financing</td>
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<tr>
<td>Vaccine Introduction Grant (VIG)</td>
<td>$2.40 / targeted girl</td>
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<tr>
<th>Additional Cohorts (e.g. 10-14 yrs)</th>
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<tr>
<td>Vaccines Support</td>
<td>No Co-financing (Gavi supported)</td>
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</table>
| Operational Cost                   | 0.65$/ 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

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

Board meeting
7-8 December 2016
AN ADDITIONAL $72M, FOR A REDUCED COST PER DEATH AVERTED TO $500

Programme investment 2016-2020 (M$)

- Dec 2015 forecast single-age cohort: ~30 M girls vaccinated
- Oct 2016 forecast incl. additional cohorts: Up to 40 M girls vaccinated

One of the best buys in Gavi’s portfolio

Gavi investment per death averted ($)

- Disruptive epidemic potential
- Pentavalent (Penta)
- HPV
- MSD + MR
- Yellow Fever (Yellow F.)
- MenA
- Pneumococcal (Pneumo)
- Rota
- JE
- Typhoid

- Oct 2016 forecast incl. additional cohorts: +$72M

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

Board meeting
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THREE DRIVERS ARE ESSENTIAL FOR SUCCESS OF THE STRATEGY

1. Global Leadership
2. In-country Technical Assistance
3. Demand Generation
RECOMMENDATIONS FOR APPROVAL

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