Section A: Introduction

- In line with the SAGE recommendation on pneumococcal conjugate vaccine (PCV) catch-up vaccination, the Gavi Alliance Programme and Policy Committee (PPC) recommends that the Gavi Alliance Board approve Gavi support for countries that may choose to vaccinate children between 1-5 years of age in the year of introduction of PCV. The additional funding for this decision is expected to be up to approximately US$ 18.7 million during the 2018-2020 period. At its meeting on 26 April 2018, the Audit and Finance Committee (AFC) confirmed, that under the Programme Funding Policy, the Board could approve the recommendations the PPC would be considering at its meeting on 2-3 May 2018.

Section B: Background

1.1 Gavi currently supports Pneumococcal conjugate vaccine (PCV) routine vaccination for the base cohort (up to 1 year of age) with a 3 dose schedule. Countries pay vaccine co-financing as per Gavi’s Co-Financing Policy and receive vaccines, supplies, and a Vaccine Introduction Grant (VIG) up to US$ 0.80 per live birth (depending on the transition phase) in the year of introduction.¹

1.2 In October 2017, SAGE reviewed recommendations² on PCV catch-up vaccination and recommended vaccination as part of PCV introduction in children aged 1 to 5 years old, stating that a single dose can be used to vaccinate this age group.³,⁴

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¹ Since 2009, Gavi has invested more than US$ 3.4 billion in support of pneumococcal disease prevention by routine vaccination.
³ For the group aged 12-24m, either a single or two doses are equally recommended. After consultation with SAGE and PCV experts, Gavi proposes to support single dose only, for simplicity of implementation.
⁴ SAGE also recommended the use of catch-up vaccination to reduce the disease burden in areas/communities where low vaccination coverage has permitted sustained vaccine serotype pneumococcal transmission (or disease), especially those with coverage below 50%. The Secretariat is further considering the programmatic, financial and feasibility aspects of this recommendation while simultaneously engaging in ongoing efforts to improve routine coverage for PCV and other vaccines through efforts with partners and countries.
1.3 As of February 2018, 58 countries have introduced PCV for routine use supported by Gavi. Four additional countries are expected to introduce by end of 2020 (Haiti, Guinea, Democratic People’s Republic of Korea and Tajikistan). Four other countries are expected to introduce PCV between 2021 and 2025: Comoros, Chad, Somalia, and South Sudan.

1.4 The PPC recommends to the Gavi Board to approve Gavi support for countries that may choose to vaccinate children between 1-5 years of age in the year of PCV routine introduction, in line with SAGE recommendations, and to note that additional funding associated with the above approval is expected to be up to approximately US$ 18.7 million\(^5\) for the financial forecast during the 2018-2020 period, enabling the vaccination of up to 6.3 million children and averting up to 425,000 cases and 3,100 deaths.\(^6\) This estimate includes the cost of vaccines as well as expenses associated with catch-up vaccination in four countries that may choose to introduce PCV.

**Section C: Actions requested of the Board**

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

a) **Approve** that Gavi supported countries introducing routine PCV are eligible to receive support for the vaccination of children between 1 and 5 years of age within the year following introduction as follows:

   (i) For these additional cohorts, Gavi would provide 100% of vaccine support and cash support of up to US$ 0.65 per targeted child (depending on the transition phase in accordance with the HSIS Support Framework);

   (ii) This support will be subject to countries demonstrating how they will use the cash support for long-term strengthening of vaccine delivery through the routine immunisation programme;

   (iii) For countries planning to run campaigns for other vaccines in the same year, the level of support will take into account budget efficiencies and implementation synergies; and

b) **Note** that additional funding associated with the above approval is expected to be up to approximately US$ 18.7 million for the 2018-2020 period.

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\(^5\) These estimates reflects high (90%) coverage assumption for the catch up cohort, and includes both vaccine and cash support

\(^6\) Direct effect only, indirect effect would be additional. Source: Gavi M&E analysis, March 2018