Will Gavi become involved in helping to accelerate the availability of an Ebola vaccine?

In December 2014, the Gavi Board endorsed plans that could see up to US$ 300 million committed to procure the vaccines if recommended for use by the World Health Organization (WHO), to be used to immunise at risk populations in affected countries. In addition, up to US$ 45 million could be used to help countries roll out the Ebola vaccine, including critical activities such as health worker training, social mobilisation, surveillance and, if required, improvements to cold storage facilities. Finally, up to US$ 45 million were committed to assist with the recovery of health systems and immunisation services for all vaccines in the countries affected by the outbreak.

See Gavi press release announcing Board decision

What funding mechanisms are being considered by Gavi to help accelerate the availability of an Ebola vaccine?

Following the Board’s approval for Gavi to become involved in purchasing Ebola vaccines, once recommended by WHO, the Gavi Secretariat is working with WHO, UNICEF, vaccine manufacturers and other partners to identify the most appropriate purchasing mechanism.

Gavi is not an emergency response organisation, so why should it get involved?

Although manufacturers and governments have provided funds to accelerate clinical trials for candidate vaccines, there may still be a significant funding gap that would need to be filled in order to support scale-up production of an approved vaccine and to ensure a sufficient number of doses are available. In addition to supporting the use of Ebola vaccines to control the current epidemic, Gavi funding could also be used to create stockpiles of first- and second-generation Ebola vaccines which countries can access rapidly in future outbreaks.

How are you managing the anticipated impact on immunisation programmes?

Unfortunately, this crisis has had a negative impact on immunisation coverage in the affected countries. We are working with our Alliance partners in the affected areas to ensure that, wherever possible, vaccination programmes continue.
The Gavi Board’s decision means we will play an active role in supporting countries in developing and helping to finance strong recovery plans for their health systems, and will consider supporting catch-up campaigns if appropriate.

**Will Gavi allow countries to divert Vaccine Alliance support to help them to tackle Ebola?**

Yes. Reprogramming of all remaining, currently approved health system strengthening (HSS) grants for Guinea, Liberia and Sierra Leone will be subject to approval by the Gavi CEO based on High Level Review Panel (HLRP) or exceptionally Independent Review Committee (IRC) review of reprogramming proposals.

**How, if at all, has Gavi’s HSS support helped countries tackle the outbreak?**

From 2007 to July 2014, Gavi has supported Guinea, Liberia, Nigeria, Senegal and Sierra Leone with over $US 50 million in HSS support. Health systems investments include training healthcare workers, improving the capacity of healthcare facilities, providing essential healthcare equipment and engaging communities. These types of health systems investments contribute to the Ebola response.

Moving forward, the Gavi Board has agreed to double the HSS funding ceilings for Ebola-affected countries to support their recovery plans for immunisation systems once the Ebola crisis subsides.

**Where will the money come from for these recommendations? Will Gavi use existing funds for Ebola or will new commitments be required?**

To meet the funding requirements of the approved Ebola initiative, Gavi will use a combination of existing and new sources of funds and join forces with initiatives that have already pledged funding to address the Ebola crisis.

**What are the criteria that must be met before Gavi procures a vaccine?**

The most advanced Ebola vaccine candidates are currently undergoing human trials to assess vaccine safety, immunogenicity and efficacy. Gavi will be able to start procurement of vaccines if and when WHO provides a recommendation for use, based on its evaluation of safety, efficacy and programmatic suitability data.