Update from the GAVI Alliance

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SAGE meeting
Geneva, 8-10 November 2011
Topics to cover

- Update on new vaccine introduction
  - Introductions
  - New approvals
  - Co-financing
- Success of the June pledging event
  - Money
  - Political commitment
- Upcoming November board
- Collaboration with SAGE
Taking stock: the immunisation gap

136 million surviving newborns in 2010:

- **DTP, BCG, Polio, Measles**: 82% vaccinated, 18% not vaccinated
- **Hepatitis B**: 70% vaccinated, 30% not vaccinated
- **Hib**: 40% vaccinated, 60% not vaccinated
- **Pneumococcal**: 11% vaccinated, 89% not vaccinated
- **Rotavirus**: 9% vaccinated, 91% not vaccinated

Source: Johns Hopkins Bloomberg School of Public Health; UN DESA, Population Division; WHO/UNICEF
Targeted vaccine support

Currently supported:

- pentavalent, pneumococcal, rotavirus, meningitis A, yellow fever and measles (second opportunity) vaccines.

Other investments:

- meningitis and yellow fever vaccine stockpiles, formerly contributions to measles and polio

Prioritised for future support:

- human papillomavirus (HPV), Japanese encephalitis, rubella and typhoid vaccines

Monitoring development and use:

- malaria, dengue, cholera, IPV
Rotavirus mortality in children younger than 5 years, 2008 estimate

95% of deaths occur in GAVI eligible countries

Rotavirus vaccines: introduced, approved and forecast introductions

* Source demand forecast v4.0
Pneumo: actual, recommended and forecast introductions

Number of Countries per year

- Actual
- Recommended
- Forecast
Yellow fever and Meningitis A

- **Yellow Fever**
  - roll out continues with some supply challenges:
  - Ghana, Cote d’Ivoire (phase I completed, phase II 2012);
  - Sudan (planned for 2012)

- **Meningitis A**
  - preventive campaigns (2010) in Burkina Faso, Mali and Niger, reports of record low level of meningitis incidence;
  - Chad postponed;
  - Cameroon and Nigeria introduction beginning Dec 2011
Co-financing

- Countries are fulfilling their obligations
  - 50 (98%) countries met their commitments
  - 1 (2%) remain in default
  - 8 countries gave additional voluntary commitments
Country demand: record number of applications

* Includes measles second dose, meningitis A and yellow fever vaccine.
Overview

Top performer in UK Multilateral Aid Review
March, 2011

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Note: ¹ includes humanitarian objectives
The US$ 7.6 billion in assured resources is comprised of US$ 7.3 billion in donor support and a further US$ 0.3 billion in investment income and cash and investment reserve drawdown.

US$ 332 million of the US$ 7.3 billion in donor support is reserved to match new commitments by other donors after 13 June 2011.

Photo: Ben Fisher/GAVI/2011
Reduced prices of life-saving vaccines

- Two emerging market manufacturers committed to lower prices for pentavalent vaccine
- Industrialised country manufacturers offered price reductions on rotavirus and HPV vaccines
- Two firms will extend GAVI prices to countries graduating from GAVI support
Next steps on resource mobilization efforts

- Ensuring donors “make good” on pledges
- GAVI matching fund for immunisation supported by UK and BMGF
- US to host potential high-level meeting on immunisation in Q2 2012
- Mid-term accountability review to take place in 2013
Board meeting – Dhaka, Bangladesh
Key issues for decision

- Supply and procurement strategy
- Performance based funding for cash support
- New vaccine windows – HPV and rubella
Vaccine Supply and Procurement Strategy

- Balance supply and demand
  - Ensure sufficient uninterrupted supply
- Vaccine prices
  - Minimise the cost
- Appropriate products
  - Ensure appropriate, quality vaccines and foster innovation
GAVI Market Shaping

Short Term

*Price decreases*
- Pentavalent price decreases to $1.75 from $3 two years ago
- 67% price reduction offer on rotavirus - $2.5/dose
- 67% price reduction offer on HPV - $5/dose

Medium Term

*New entrants*
- 3 potential new entrants for rotavirus, yielding a further 40% price reduction target
- New entrants for pneumo, yielding a further price reduction of approx. 40%
- Graduating country price commitments

Long Term

*Innovation*
- Foster incremental innovation for appropriate and affordable new and follow-on products
- Improvements in vaccine delivery mechanisms
Performance based funding – programme design

- GAVI’s cash support will be split into two different types of payments

- % of funds provided as fixed payments depends on DTP3 coverage at baseline
  - Lower coverage = higher % of funds as fixed
  - Higher coverage = lower % of funds as fixed
Programme design: categories of countries

<table>
<thead>
<tr>
<th>Category</th>
<th>Fixed payment</th>
<th>Performance payment</th>
</tr>
</thead>
</table>
| A | ≥90% DTP3 coverage | 20% | 40% for maintaining or increasing DTP3 coverage  
40% for ensuring that 90% of districts have ≥80% DTP3 coverage |
| B | 70-89% DTP3 coverage | 40% | $20 per additional child receiving DTP3  
$20 per additional child receiving measles first dose |
| C | <70% DTP3 coverage | 60% | $20 per additional child receiving DTP3  
$20 per additional child receiving measles first dose |
Programme design: How payments would be made

If all minimum requirements are met, including TAP and financial controls:

<table>
<thead>
<tr>
<th>Year of strategy</th>
<th>Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Countries receive all of their funds for the year up front as an investment in their National Health Strategy</td>
</tr>
<tr>
<td>2, 3, 4, 5...</td>
<td>Countries receive their fixed payment as well as additional funds based on performance</td>
</tr>
</tbody>
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Opening the HPV window:
Global disease burden

- 275,000 deaths, most of which in developing world
- Estimated 529,000 new cases of cervical cancer

Sources:
Accessed from Cervical Cancer Action, 3 November 2011
Opening the Rubella window: Global disease burden

- An estimated 112,000 CRS (Congenital Rubella Syndrome) cases occurs globally; 90,000 in GAVI eligible countries

Number of CRS cases born in 2008

Source: Vynnycky, Adams et al (in preparation)
Future opportunities: regional focus - Japanese Encephalitis
Potential areas for engagement

- Typhoid
- Dengue
- Malaria
- IPV
- Measles
- Cholera
GAVI collaboration with SAGE – moving forward

- Safety monitoring and programmatic suitability
- Strengthening and enhancing surveillance
- Optimizing delivery and dosing schedules
- Mission critical research questions
- Review of serotype replacement
- Estimating disease burden and impact
- Reviewing target product profiles