Report from Gavi

Meeting of the Strategic Advisory Group of Experts on Immunization

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October 2016, Geneva
Gavi overview
2011-15 strategy: overview of progress
Mission indicators: all targets exceeded
Vaccine coverage targets: shortfall

**Pentavalent vaccine**, 3rd dose Coverage (%)

<table>
<thead>
<tr>
<th>Year</th>
<th>Coverage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>39</td>
</tr>
<tr>
<td>2011</td>
<td>40</td>
</tr>
<tr>
<td>2012</td>
<td>42</td>
</tr>
<tr>
<td>2013</td>
<td>53</td>
</tr>
<tr>
<td>2014</td>
<td>56</td>
</tr>
<tr>
<td>2015</td>
<td>68%</td>
</tr>
</tbody>
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**Pneumococcal vaccine**, 3rd dose Coverage (%)

<table>
<thead>
<tr>
<th>Year</th>
<th>Coverage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>1</td>
</tr>
<tr>
<td>2011</td>
<td>4</td>
</tr>
<tr>
<td>2012</td>
<td>9</td>
</tr>
<tr>
<td>2013</td>
<td>19</td>
</tr>
<tr>
<td>2014</td>
<td>28</td>
</tr>
<tr>
<td>2015</td>
<td>35%</td>
</tr>
</tbody>
</table>

**Rotavirus vaccine**, 3rd dose Coverage (%)

<table>
<thead>
<tr>
<th>Year</th>
<th>Coverage (%)</th>
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</thead>
<tbody>
<tr>
<td>2010</td>
<td>1</td>
</tr>
<tr>
<td>2011</td>
<td>1</td>
</tr>
<tr>
<td>2012</td>
<td>3</td>
</tr>
<tr>
<td>2013</td>
<td>7</td>
</tr>
<tr>
<td>2014</td>
<td>14</td>
</tr>
<tr>
<td>2015</td>
<td>31%</td>
</tr>
</tbody>
</table>

Priority country: Pakistan

Punjab province: data and political leadership essential for accountability and results

Coverage (children aged 12 months) %

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>December 2014</th>
<th>December 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pentavalent 1</td>
<td>84%</td>
<td>96%</td>
</tr>
<tr>
<td>Pentavalent 3</td>
<td>64%</td>
<td>86%</td>
</tr>
<tr>
<td>Measles 1</td>
<td>48%</td>
<td>70%</td>
</tr>
</tbody>
</table>

Pentavalent 3rd and measles 1st dose increased > 20% in one year

Source: Nielson (Dec 2014 & Dec 2015)
Prime Minister reviewed progress of Mission Indradhanush (February 2016)

Priority country: India

Immunisation under stewardship of the Prime Minister

Mission Indradhanush: PM Modi calls for aggressive action plan to cover all children for immunisation in a specific time-frame
Pneumococcal vaccine fast-tracked, rotavirus launch started

**Pneumococcal**

- February: ministerial group approved national introduction
- 6 states tentatively planned for Gavi-supported first phase in 2017-19, accounting for >30% of pneumococcal deaths in country

**Rotavirus**

- March: Government funded first phase of rotavirus vaccine launch with indigenous vaccine

(Gavi, The Vaccine Alliance)
Coverage and equity in action

India  Pakistan  Madagascar

Democratic Republic of the Congo  Kenya  Nigeria
Fragile countries and emergencies: challenges

- Data availability and quality
- Some Gavi processes found to be too rigid or slow
- No longer aligned to Gavi’s operating model
- Delays in CSO procurement for vaccines
- Certain areas or populations not reachable by Alliance partners
Principles for an enhanced approach:
The role of vaccine stockpiles in emergency vaccination

- Response to outbreaks where vaccine supply constrained
- Part of broader strategy, often including routine immunisation
- Rapid and equitable access

Yellow fever vaccine stockpile

Meningitis vaccine stockpile

Oral cholera vaccine stockpile

Commitment for Ebola vaccine stockpile
The Vaccine Investment Strategy sets new vaccine priorities, aligned with Gavi’s strategic cycle and replenishment.

VIS #1
- MenA, JE, HPV
- Rubella, Typhoid conjugate

VIS #2
- YF mass campaigns, Cholera stockpile, Rabies/cholera studies, Malaria – deferred

VIS #3
- Mid 2017: vaccine ‘long list’
- Oct 2017: methodology
- Jun 2018: vaccine shortlist
- Dec 2018: investment decisions
A preliminary look at candidate investments in scope for consideration in VIS #3

**Returning candidates / incremental investments:**
- RTS,S
- Dengue
- Maternal influenza
- Rabies PEP
- Hepatitis E
- Meningococcal multivalent (conjugate)
- Cholera (routine and/or extended stockpile)
- DTP booster
- Hepatitis B birth dose
- Typhoid conjugate
- PCV catch-up
- Ebola
- Hexavalent (penta/IPV)

**New:**
- RSV
- Group B Streptococcus
- Norovirus?
- ETEC?

Data gathering to begin in 2017
How Gavi and SAGE’s work comes together
Gavi’s increasing investment in measles & rubella aimed at ensuring best pragmatic return on investment

- More than 95% of measles deaths occur in countries with low per capita incomes and weak health infrastructures

- Measles control is on continuum towards elimination
Gavi committed to support the RTS,S pilots recommended by SAGE

• On 23 June the Gavi Board approved up to $27.5 M for RTS,S pilots, to be matched by other donors
• Following UNITAID’s commitment of $9.6 M, a ~$15 M funding gap remains
Global Strategy to Eliminate Yellow Fever Epidemics (EYE)

- Gavi has invested over $300M in yellow fever control
- Gavi is considering important additional investments based on the improving supply landscape that would be in support of the EYE strategy
- Gavi agrees with the need to establish a stronger governance structure to strengthen advocacy, accountability, coordination and implementation of agreed strategies.
- Gavi will work with WHO and partners to further refine the EYE strategy
HPV goal: accelerate global vaccine uptake and reduce cervical cancer mortality

SAGE
- Review effective and cost-effective HPV vaccination strategies
  - Multi-age cohorts
  - Different registered vaccines (girls only)
  - Gender-neutral HPV vaccination vs. girls only

To be considered by Gavi in this year's HPV programme review based on recommendation

Gavi
- Facilitate access to HPV vaccination in world's poorest countries
  - Market shaping
  - Programme design
  - Financial support

Reduce cervical cancer burden
Polio legacy implications

• **Gavi and GPEI collaborating to help to ensure conversations converge at the country-level:**
  - Polio asset mapping and transition planning to link to Gavi Joint Appraisals and support strengthen immunisation systems.

• **Concern that polio transition planning has not garnered the attention and traction within national ministries of health and finance.**
  - Necessary to broaden the discussion beyond the country-level to consider regional and global level surveillance – for VPD and safety.
CONCLUSION
How can we best leverage SAGE guidance to inform our analyses?

• **Data gaps pose a challenge for comparisons**
  - SAGE guidance critical for understanding vaccine needs and rollout strategies

• **Diversity of investments requires innovative approach to prioritisation**
  - Morbidity versus mortality
  - Direct health impact vs. preparedness
  - Special target groups (pregnant women)
  - Equity
  - AMR
SDG immunisation indicator

**Target 3.8** “Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and **access to safe, effective, quality and affordable essential medicines and vaccines for all**”

- Multi-year effort by WHO and World Bank to define and measure UHC implementation at member state level
- Outcome was “UHC Index” of essential health services by aggregating 16 “tracer” indicators
- “Full child immunization” is current title for immunization tracer in UHC Index… DTP3 coverage currently is proxy for “full child immunization”