Access to vaccination in GAVI countries and at global level

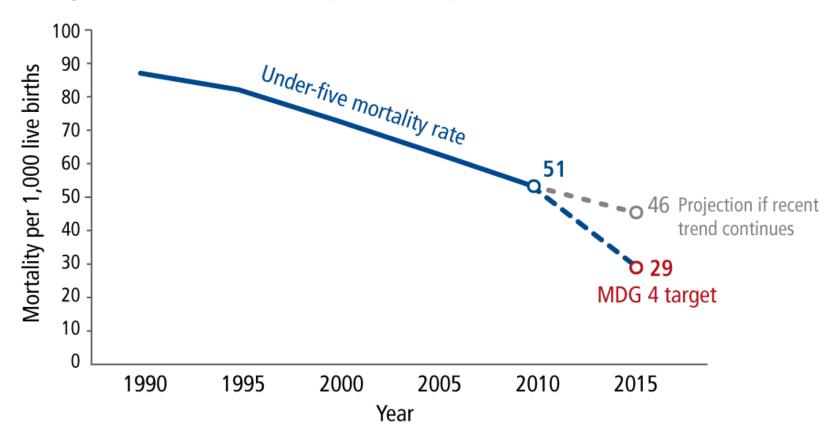
Stefano Malvolti Director, Vaccine Implementation GAVI Alliance

15th ADVANCED COURSE OF VACCINOLOGY
May 12, 2014



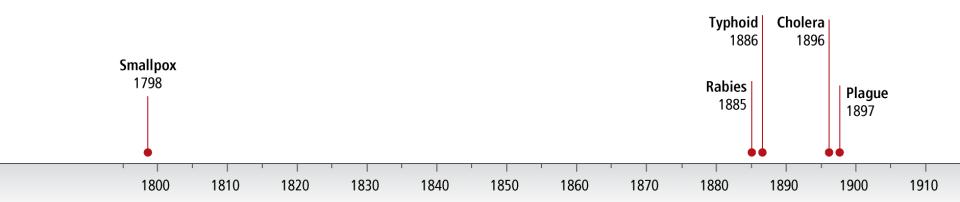
Global progress to MDG 4 for child survival

The global under-five mortality rate fell by 41% from 1990 to 2011



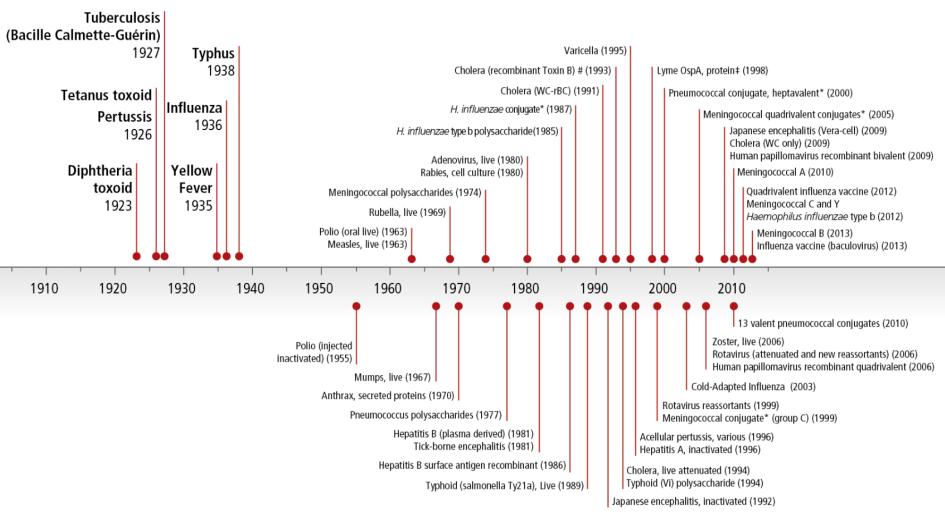


Vaccine development timeline: 1798-1910





Vaccine development timeline: 1910-today



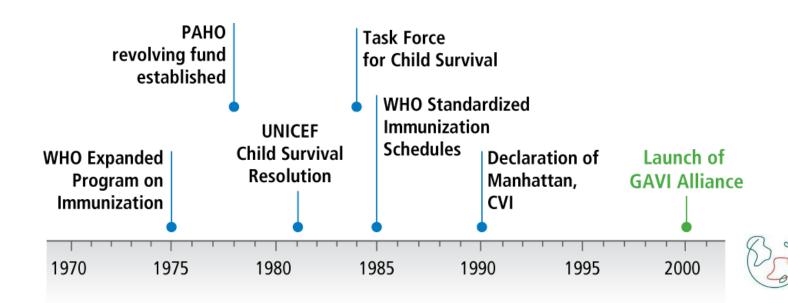


New commitments, new mechanisms 1975-2000

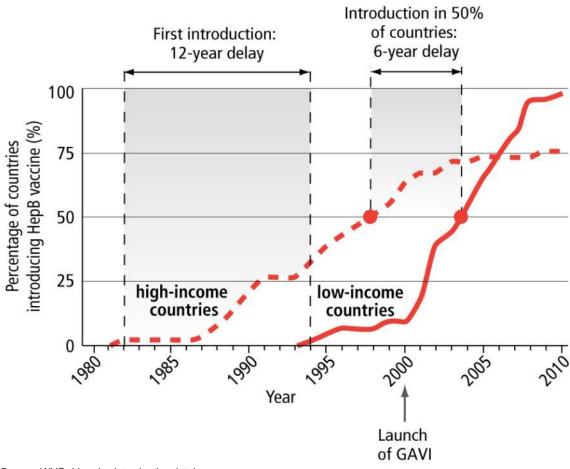
"Preventable childhood diseases... against which there are effective vaccines... are currently responsible for the great majority of the world's 14 million deaths of children under 5 years and disability of millions more every year."

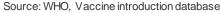
"Effective action can and must be taken to combat these diseases ... "

UNICEF 1990 World Summit for Children



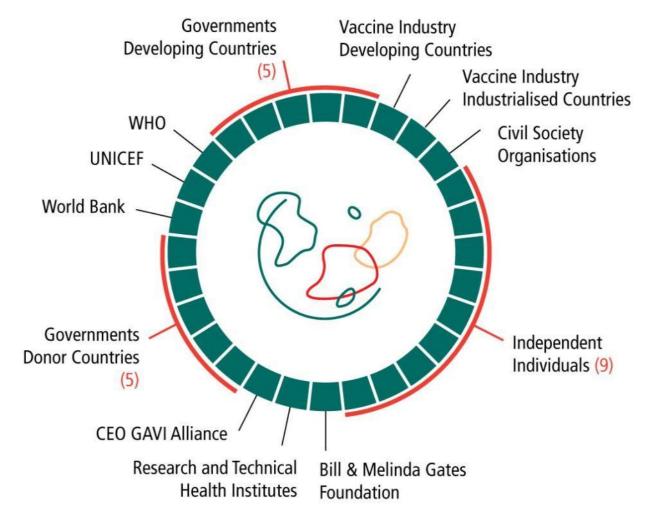
Accelerating Hepatitis B vaccine introduction in low-income countries







The GAVI Alliance: an innovative partnership





GAVI Alliance: a real partnership













BILL & MELINDA GATES foundation



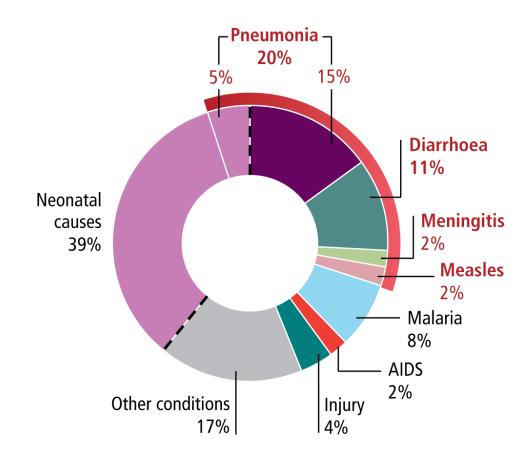
GAVI mission and strategic goals 2011–2015

To save children's lives and protect people's health by increasing access to immunisation in poor countries

- The vaccine goal
 Accelerate the uptake and use of underused and new vaccines
- The health systems goal
 Contribute to strengthening
 the capacity of integrated
 health systems to deliver
 immunisation
- The financing goal
 Increase the predictability
 of global financing and
 improve the sustainability
 of national financing for
 immunisation
- The market shaping goal
 Shape vaccine markets to ensure adequate supply of appropriate, quality vaccines at low and sustainable prices

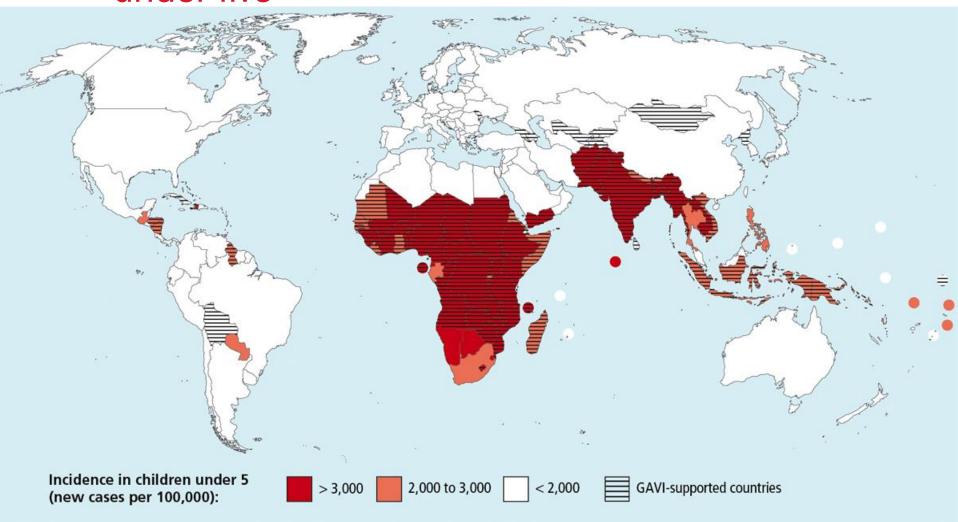


Causes of under-five deaths in GAVI-eligible countries – 2010 estimate





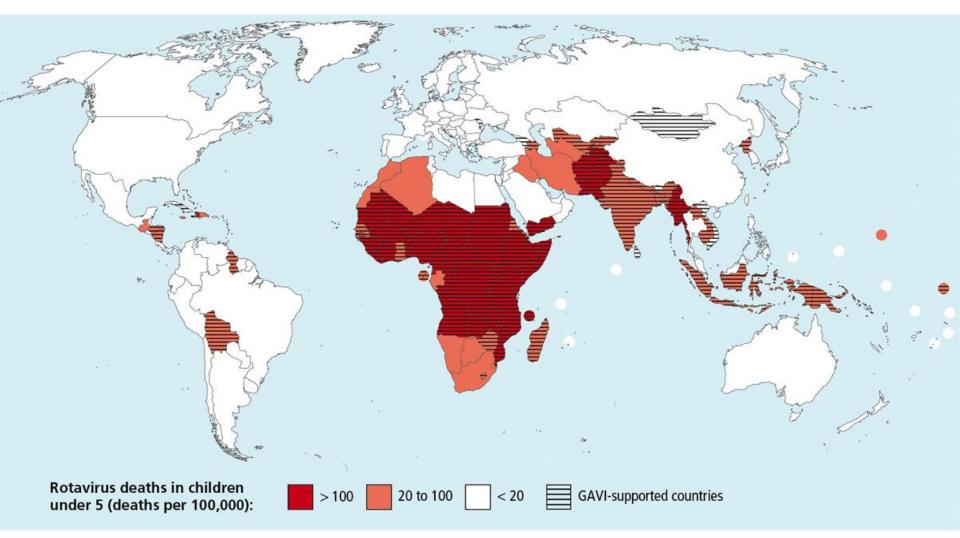
Pneumococcal disease cases in children under five



Source: WHO, Estimated Hib and pneumococcal deaths for children under 5 years of age, 2000



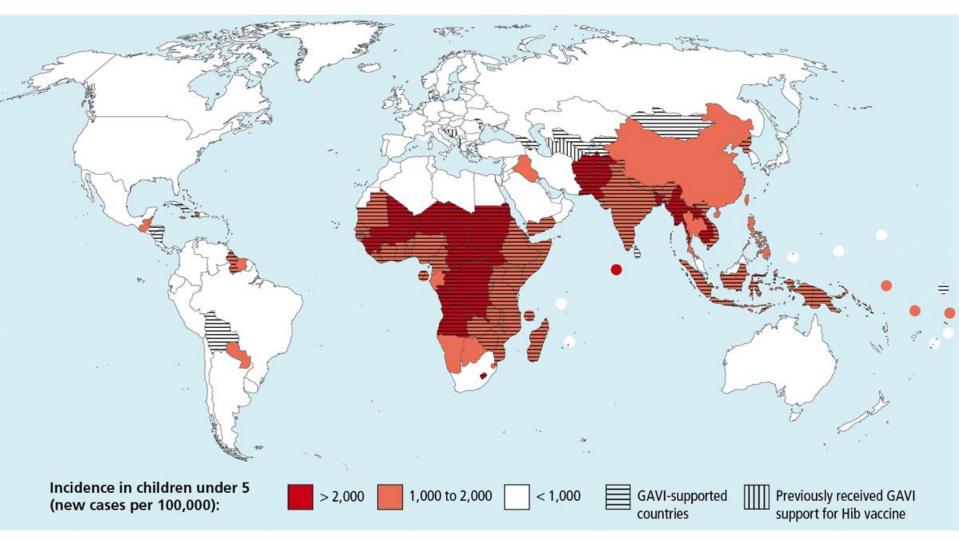
Rotavirus deaths in children under five







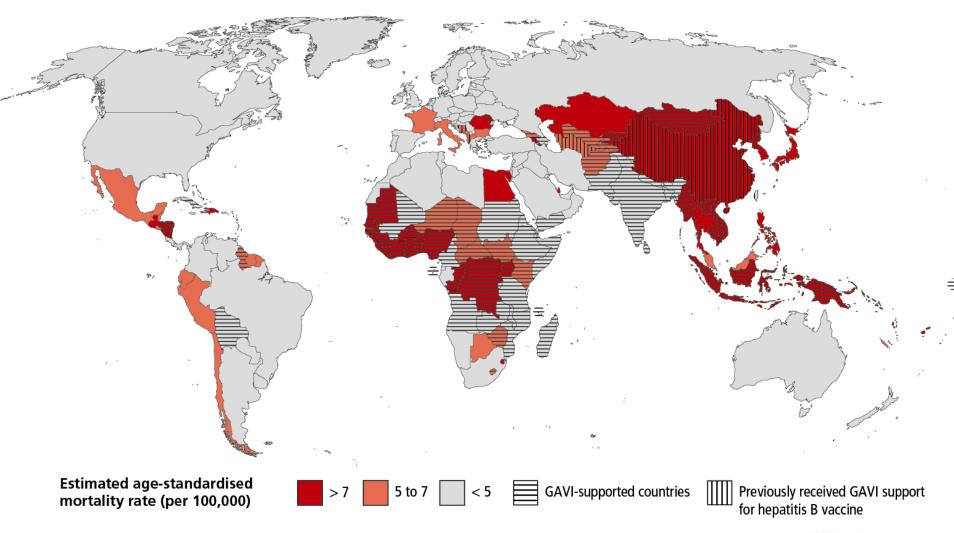
Hib disease cases in children under five





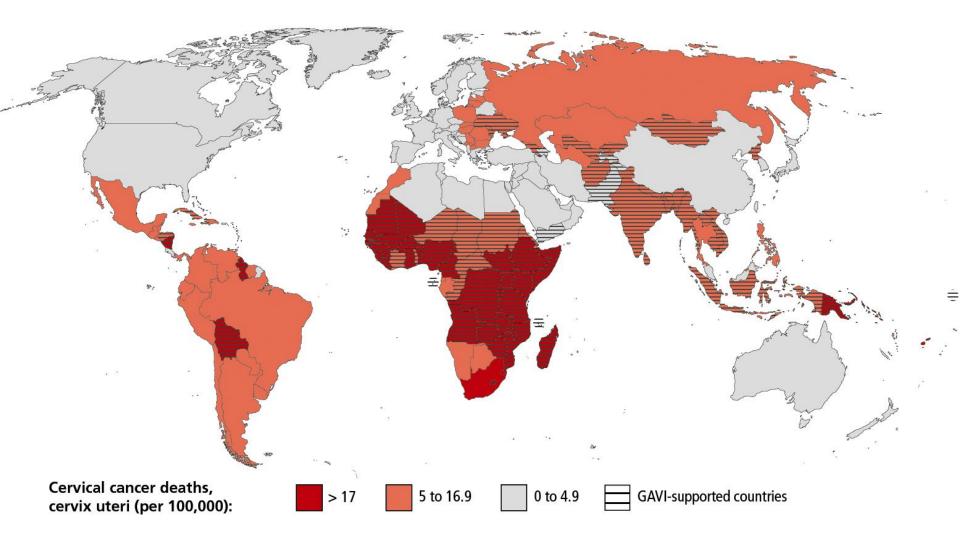


Liver cancer mortality





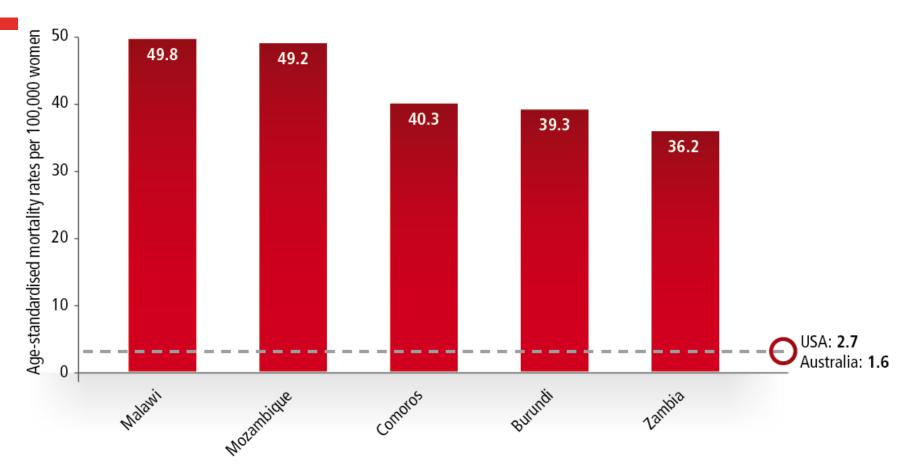
Cervical cancer mortality





Highest global cervical cancer mortality rates are in GAVI-eligible countries

Age-standardised mortality rates of cervical cancer - top 5 countries globally



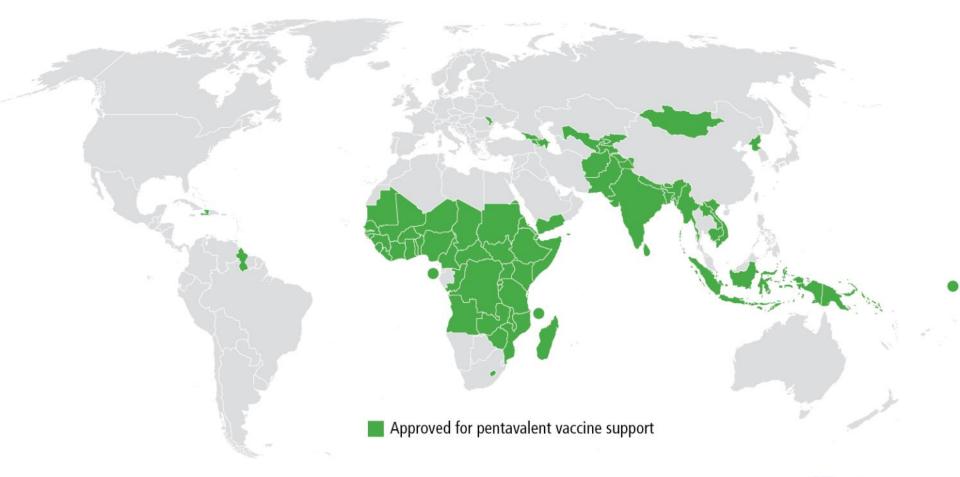


Overview of GAVI vaccination programmes

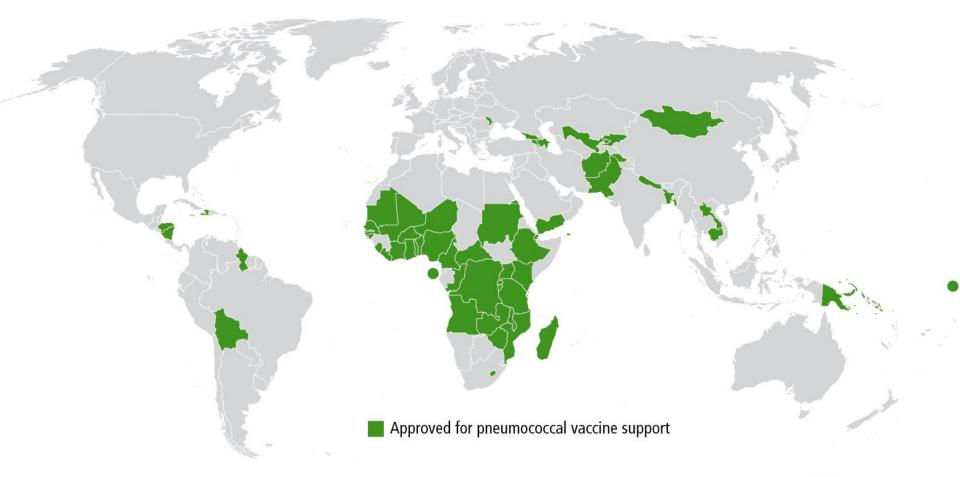
2014	Japanese encephalitis
2014	Cholera
	IPV
2013	Measles rubella
	HPV
2011	Meningitis A
2009	Pneumococcal
2008	Rotavirus
2007	Measles
2006	Pentavalent
2002	Hib
2001	Yellow fever
	Hepatitis B



Pentavalent vaccine support



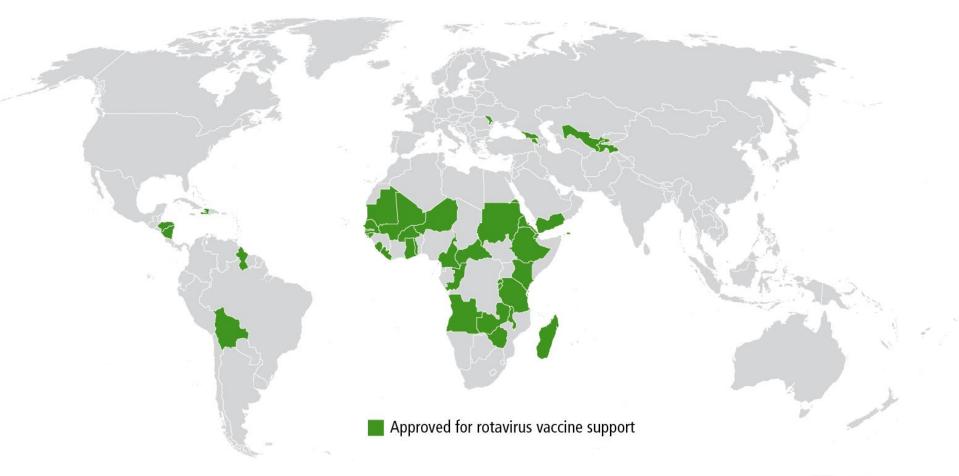
Pneumococcal vaccine support



Source: GAVI Alliance data as of March 2014



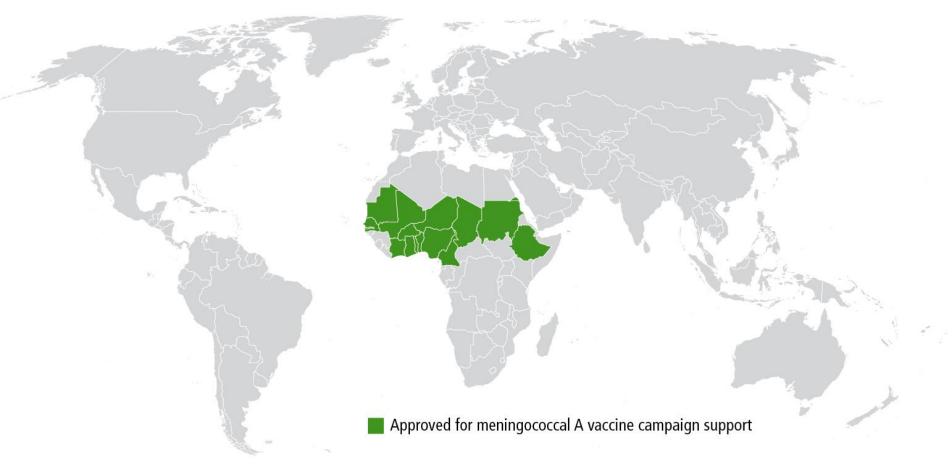
Rotavirus vaccine support

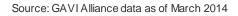




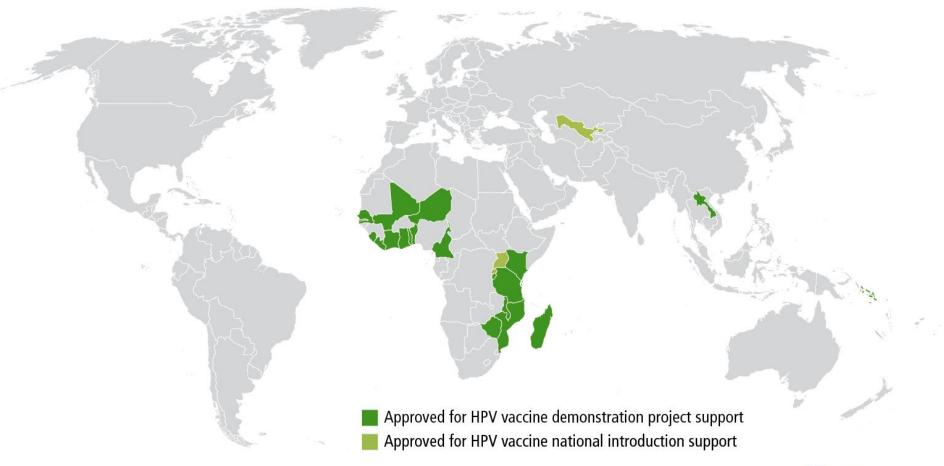


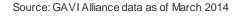
Meningococcal A vaccine support





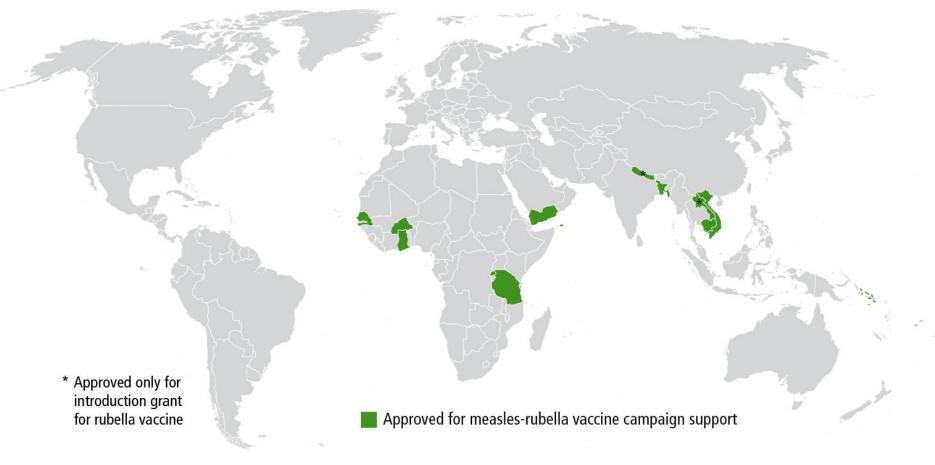
Human papillomavirus (HPV) vaccine support

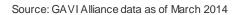






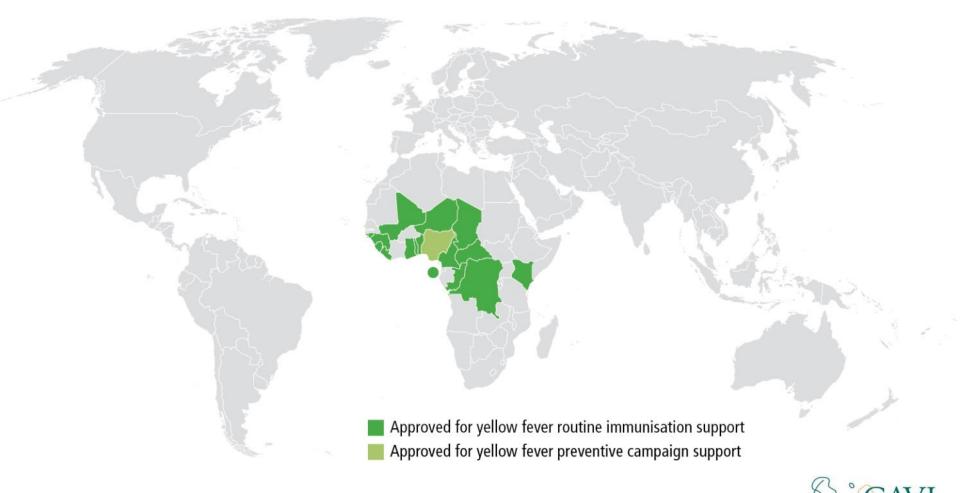
Measles-rubella vaccine support





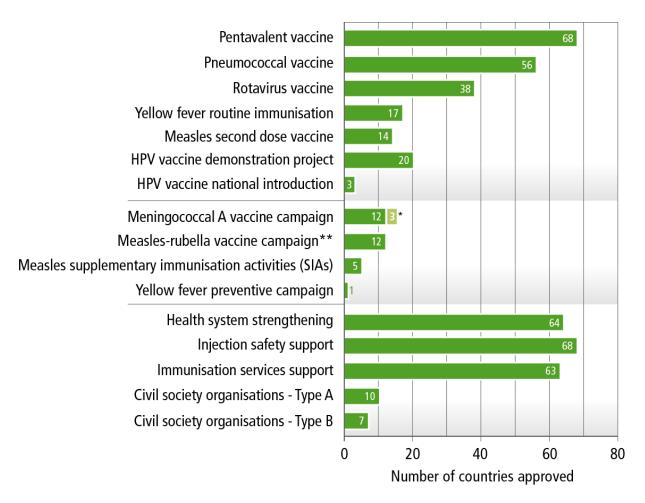


Yellow fever vaccine support



Rising country demand

Countries approved for GAVI support



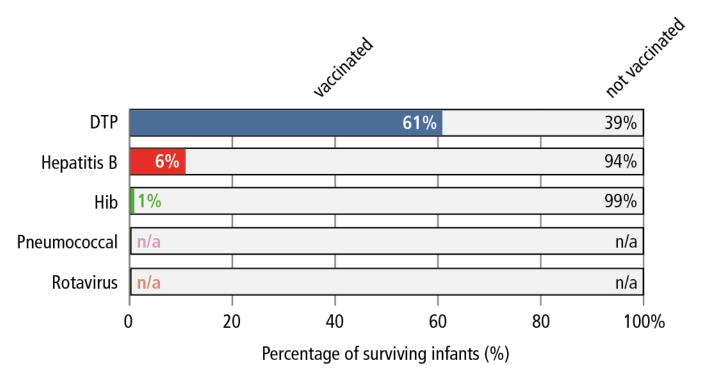
^{*} Burkina Faso, Mali and Niger approved through initial investment case



^{**} Lao People's Democratic Republic and Nepal approved only for introduction grant for rubella vaccine introduction

Taking stock: the immunisation gap (73 GAVI-supported countries)

75 million surviving infants in 2000

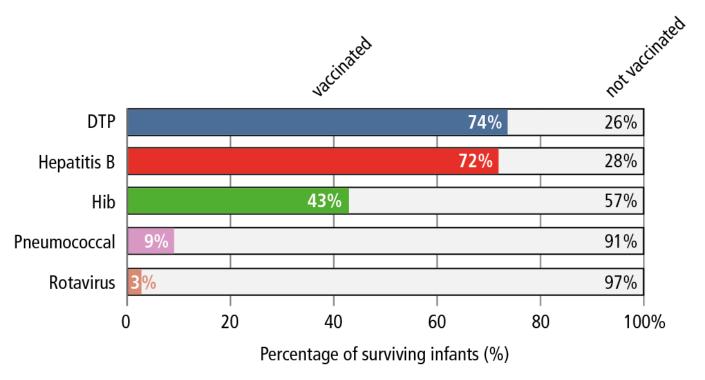


Note: Coverage refers to the final dose of each vaccine.



Taking stock: the immunisation gap (73 GAVI-supported countries)

81 million surviving infants in 2012

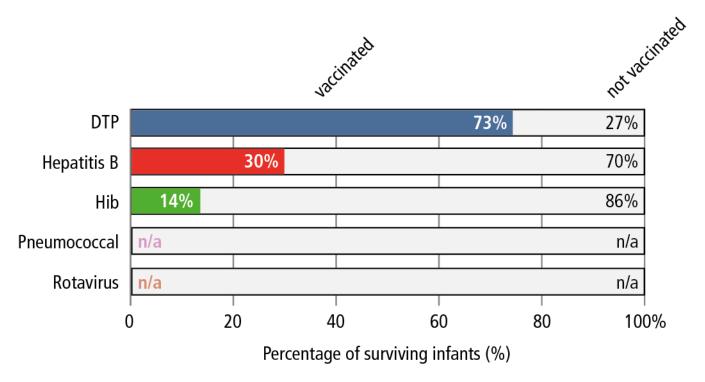


Note: Coverage refers to the final dose of each vaccine.



Taking stock: the immunisation gap (global)

129 million surviving infants in 2000

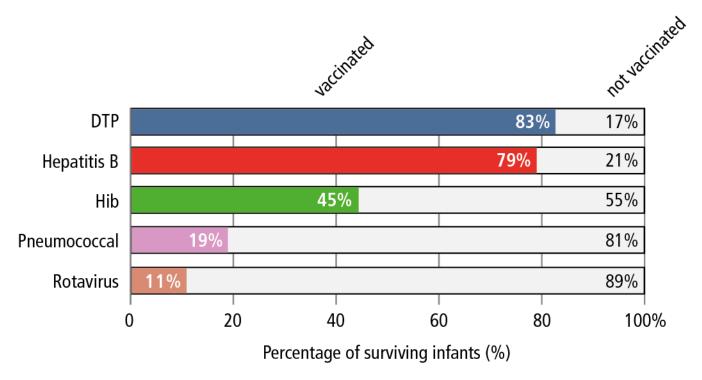


Note: Coverage refers to the final dose of each vaccine.



Taking stock: the immunisation gap (global)

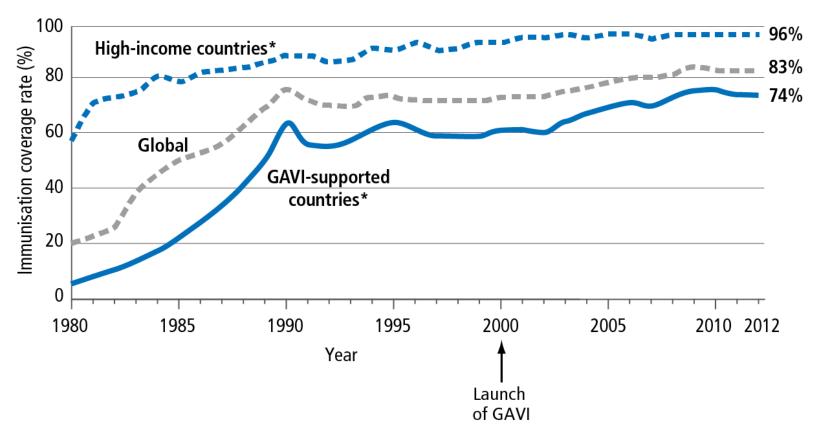
139 million surviving infants in 2012



Note: Coverage refers to the final dose of each vaccine.



A strong platform

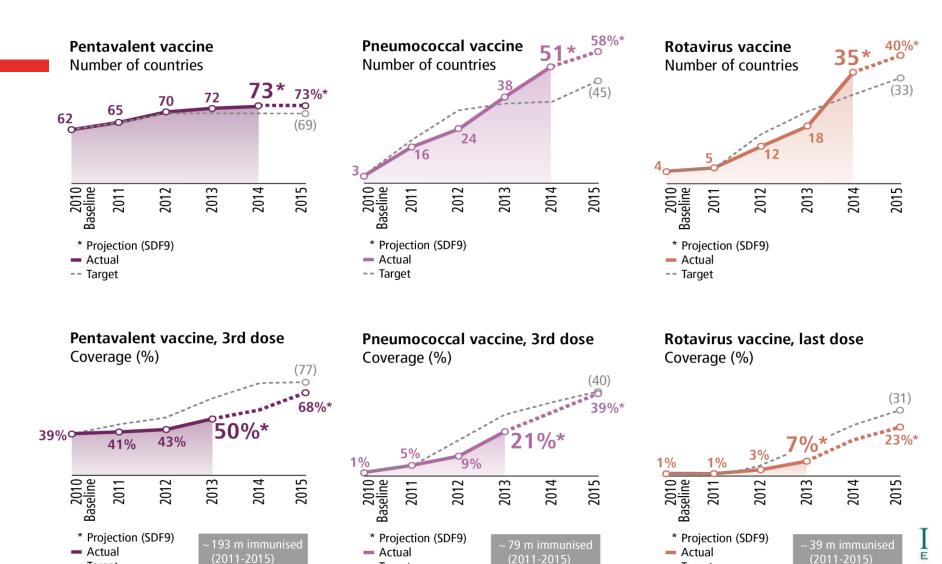


^{*} Based on data officially reported to WHO and UNICEF by current member states.

Source: WHO/UNICEF vaccine coverage estimates (July 2013) Country income categories (World Bank) as of July 2013 (2012 GNI per capita)



Implementation work continues towards the reaching 2015 goals

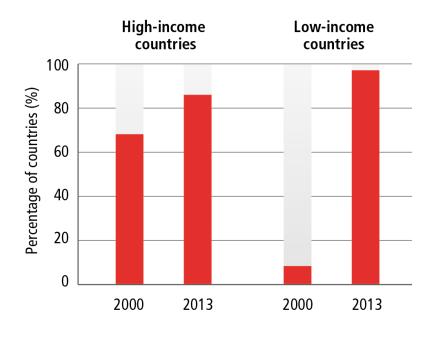


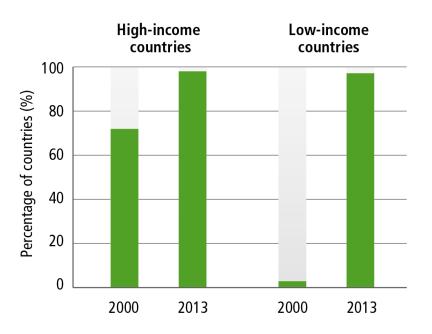
-- Target

-- Target

-- Target

Driving equity in vaccine access



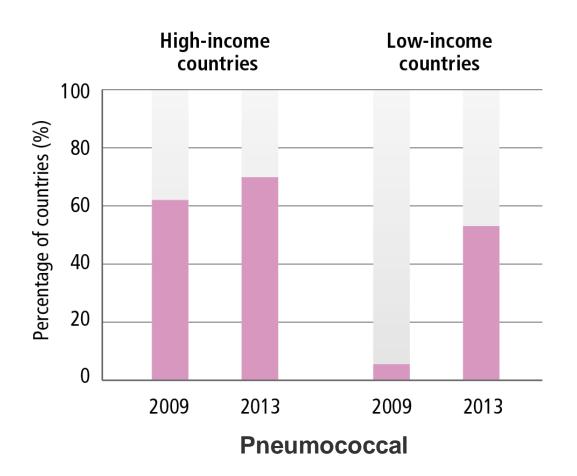


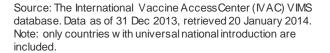
Hepatitis B

Hib



Driving equity in vaccine access

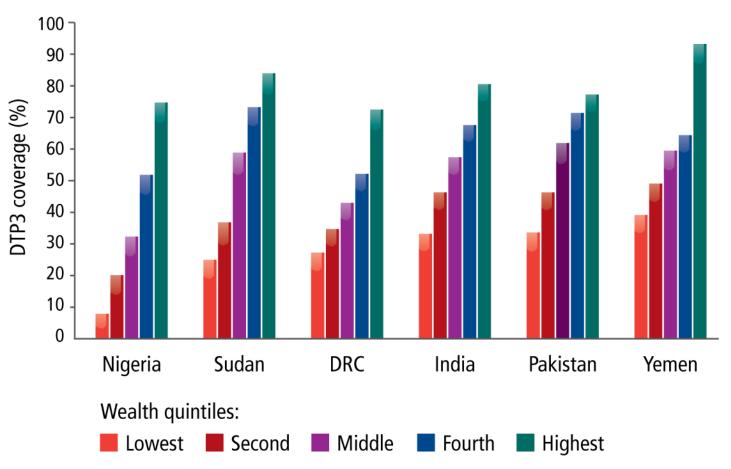






GAVI challenges: Reaching the hardest to reach

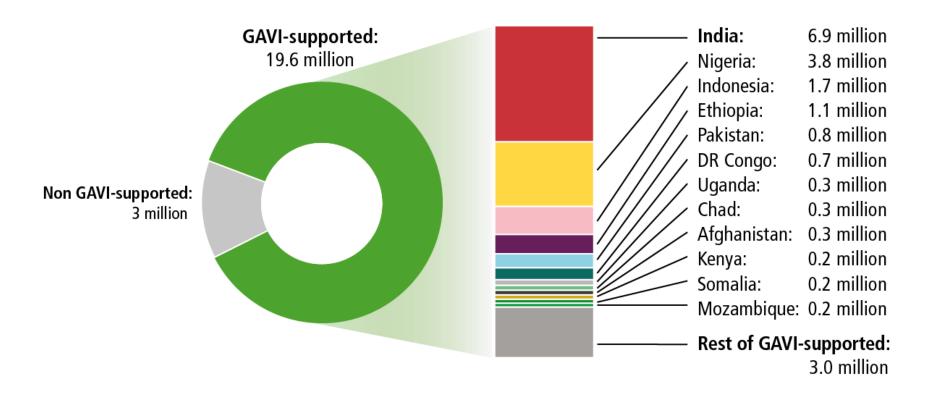
Patterns of DTP3 vaccination coverage across wealth quintiles since 2005





22.6 million children still unimmunised

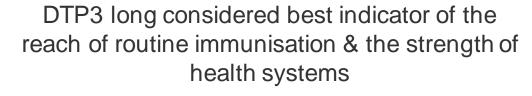
Global number of under-five children unimmunised with 3 doses of DTP, 2012



Source: WHO/UNICEF coverage estimates 2012 revision. July 2013



The fully immunised child





DTP3 coverage ~ 80% worldwide

Science has moved on

WHO now recommends 11 antigens for universal infant use

Around 5% of children fully immunised

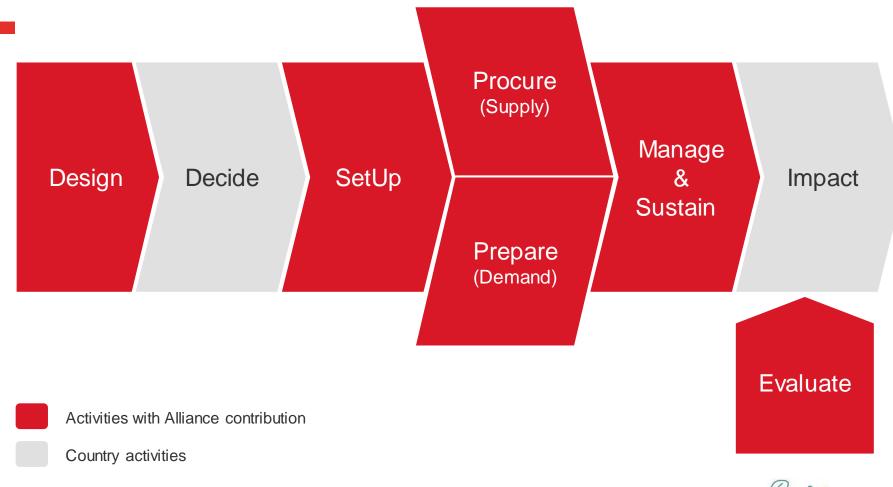
Time to modernise and reset the ambition



GAVI model focuses on comprehensive immunisation services

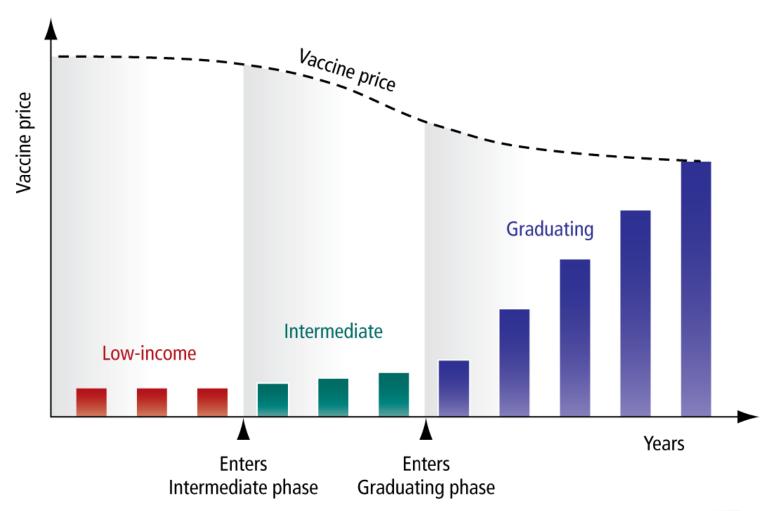


The Alliance has an established model to manage vaccine implementation





How the co-financing policy works





Health system strengthening (HSS) support

- Strong health systems essential to expand and sustain immunisation coverage
- Objective of GAVI HSS: address systems bottlenecks to achieve better immunisation outcomes
- Examples:
 - Health workforce
 - Supply, distribution, maintenance
 - Organisation, management
- More than 50 countries approved for support by end 2012



Courtesy of Aga Khan Health Services, Pakistan



Support to civil society organisations (CSOs)

- CSOs deliver up to 60% of immunisation services in some countries
- GAVI provides support:
 - to involve local CSOs in planning and delivery of immunisation and other child health services
 - to encourage cooperation and coordination between the public sector and civil society



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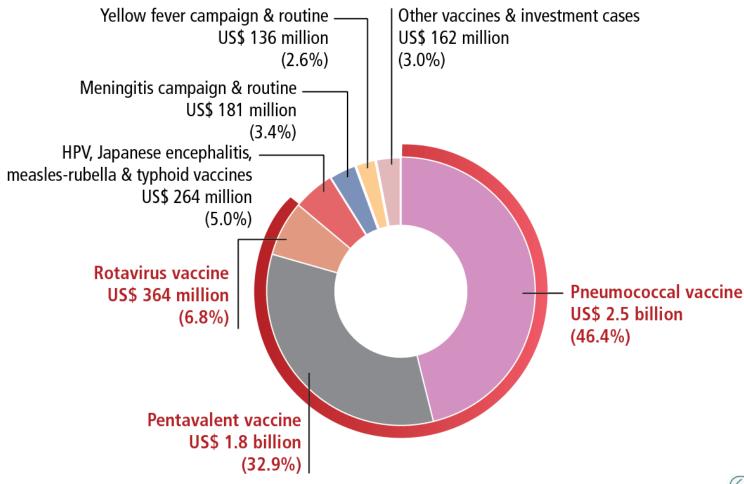


GAVI Challenges



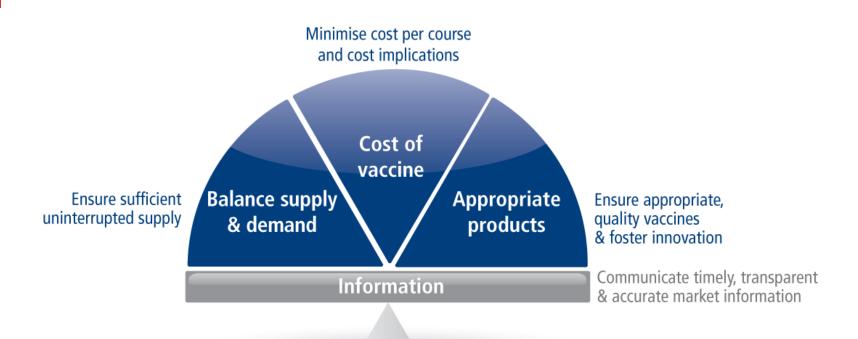
Vaccines against major child killer diseases

Projected GAVI vaccine expenditure 2011–2015



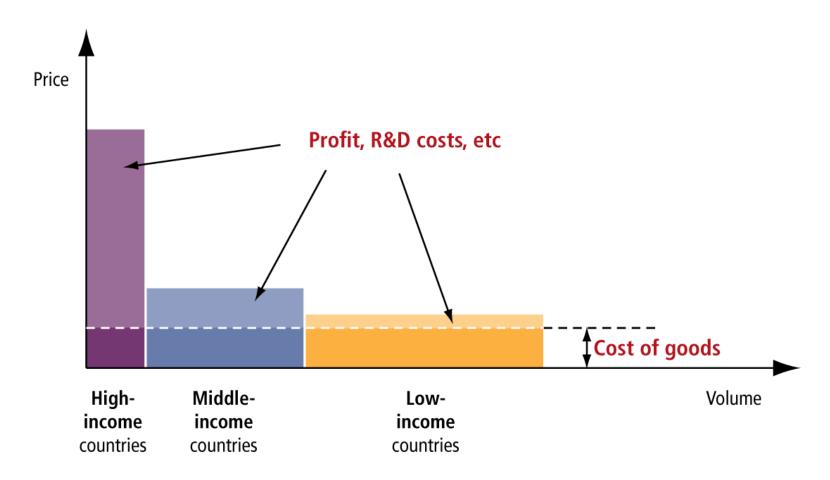


Market shaping objectives



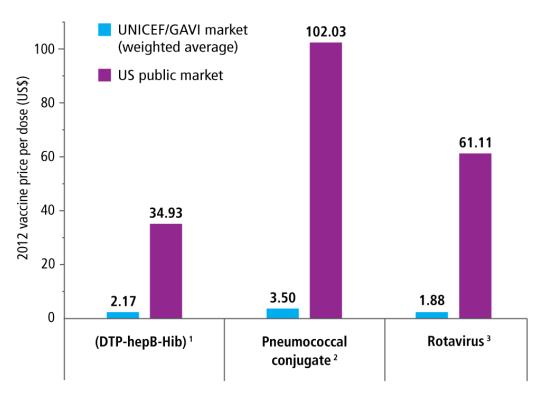


Ramsey pricing





Tiered pricing



- 1 The UNICEF/GAVI price is the weighted average across suppliers and presentations of pentavalent vaccine and reflects the cost of whole-cell pertussis vaccine; the US public market price is lowest total price per dose for separate DTP, hepB and Hib vaccines and reflects the cost of acellular pertussis vaccine.
- ² The UNICEF/GAVI price is the tail price under the Advanced Market Commitment (AMC); the US public market price is for 13-valent vaccine.
- ³ The UNICEF/GAVI price is the weighted average assuming 3-dose equivalence; the US public market price is the average assuming 3-dose equivalence.



Market shaping long-term vision: Creating an environment that ensures an appropriate supply of quality vaccines at sustainable cost

Few manufacturers:

Risk for low competition/ high prices, insufficient supply and low supply security



Market shaping activities



Multiple manufacturers, healthy competition, sufficient supply at low and sustainable prices

















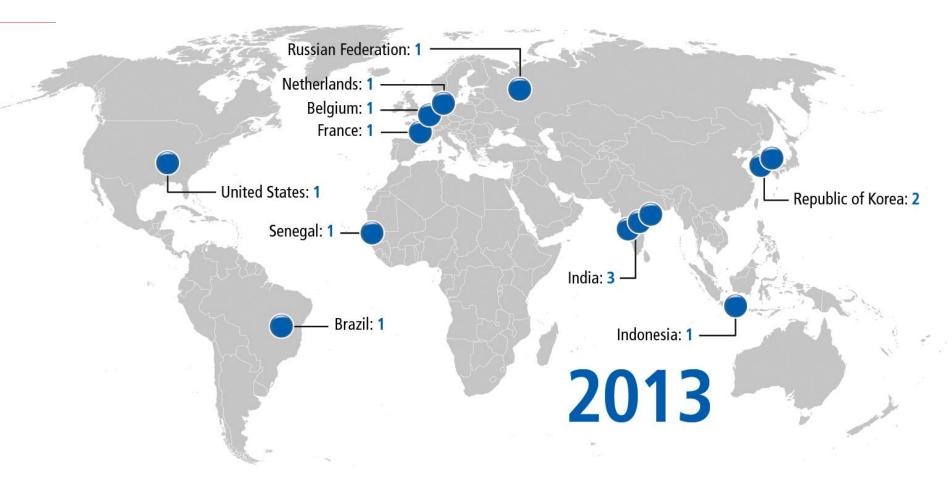
Vaccine supply

2001 – Vaccine supply:5 suppliers from 5 countries of production

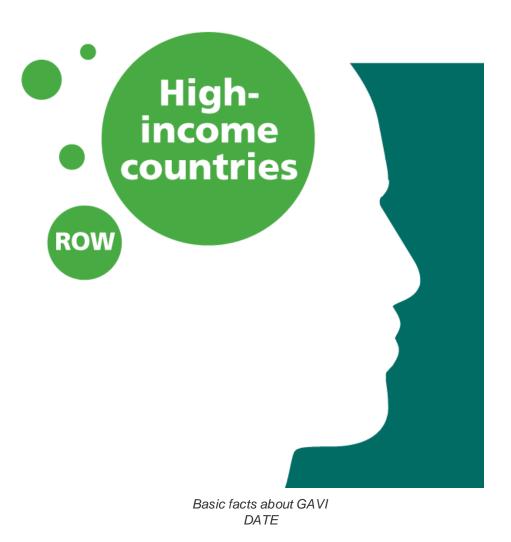


Vaccine supply

2013 – Vaccine supply:13 suppliers from 10 countries of production



Changing the mindset of the vaccine manufacturing industry



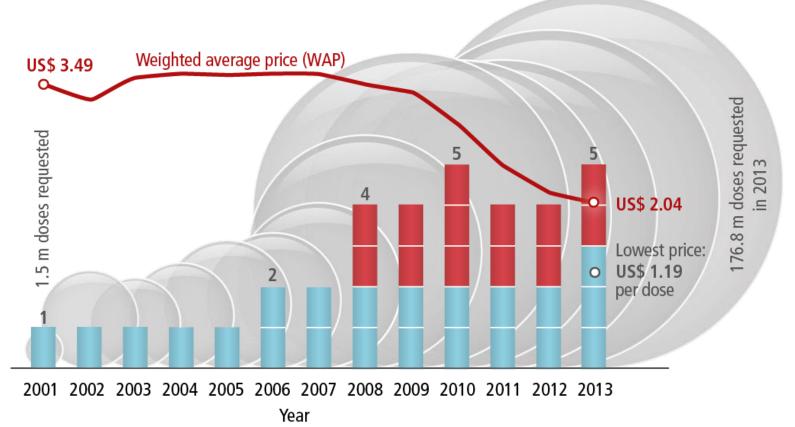


Changing the mindset of the vaccine manufacturing industry





Pentavalent vaccine: increasing volumes, growing number of suppliers, lower price



Basic facts about GAVI

DATE

Manufacturers from which GAVI procured vaccines: Approved

Approved number of doses requested:

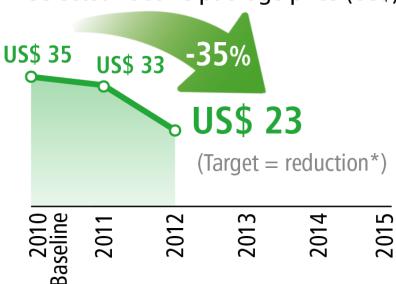
- based in low-/middle-income country
- based in high-income country

1 million



Price of vaccine package falls

Change in the total cost to fully immunise a child with pentavalent, pneumococcal and rotavirus vaccines Selected vaccine package price (US\$)



* Future targets are not publicised to avoid setting a minimum price.

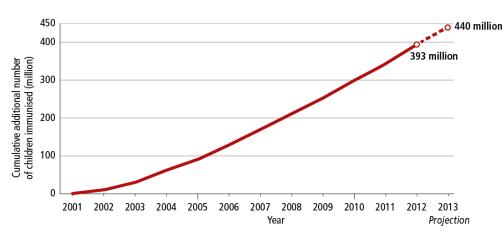
April 2013:
 new lowest price for pentavalent vaccine:
 US\$ 1.19 per dose



What developing countries have achieved with GAVI support

- Immunised an additional 440 million children
- Prevented an estimated 6 million future deaths
- Accelerated vaccine introductions in over 70 countries
- Strengthened health systems to deliver immunisation
- Helped shape the market for vaccines

Additional children immunised

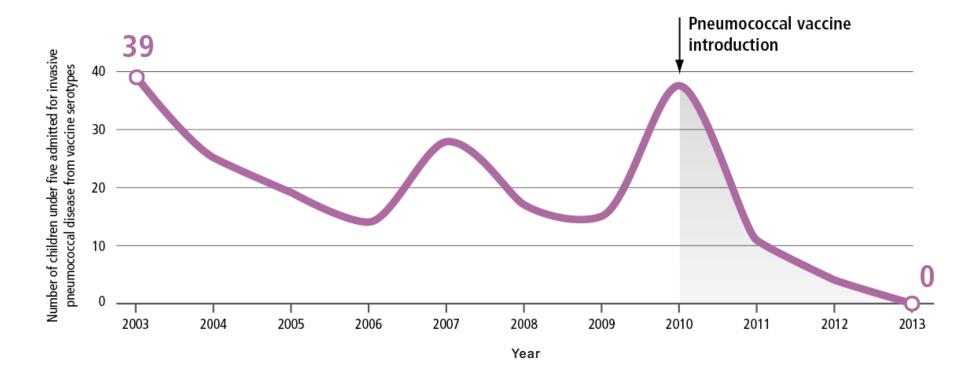


Sources: WHO/UNICEF Estimates of National Immunization Coverage 2013; United Nations Population Division, World Population Prospects, the 2012 revision



Early impact of pneumococcal vaccine in Kenya

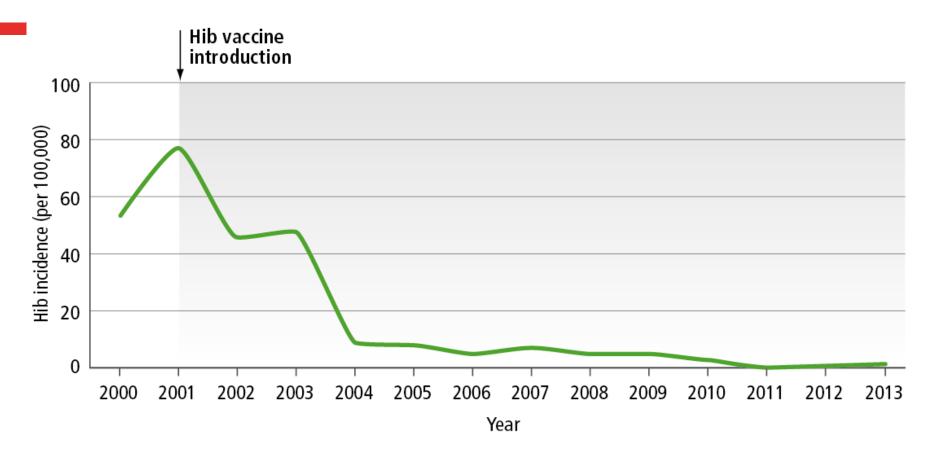
Admissions of children under five with invasive pneumococcal disease from vaccine serotypes, Kilifi District Hospital, 2003–2013





Impact on the ground

Eliminating Hib meningitis in Kenya (Kilifi district)



Source: Anthony Scott, Wellcome Trust Senior Research Fellow in Clinical Science KEMRI-Wellcome Trust Research Programme , Kilifi, Kenya, January 2014

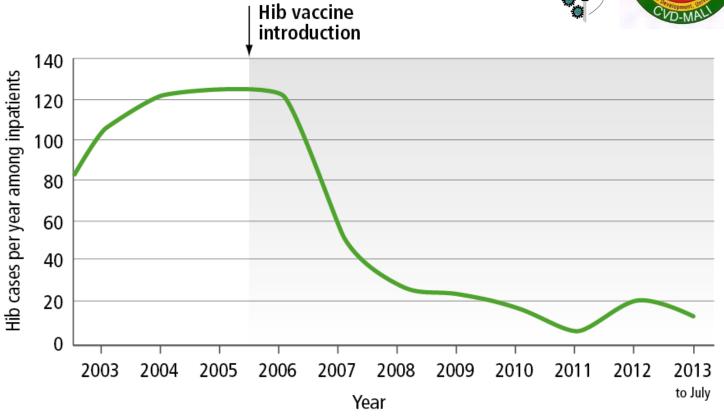


Impact on the ground

Reducing Hib meningitis in Bamako, Mali









Impact in the meningitis belt



Source: Preliminary WHO data as of January 2014. Impact data: Meningitis A Conjugate Vaccine Immunization Campaign. Joint WHO/UNICEF Progress Report: January to December 2012.



2008 2012

842

156

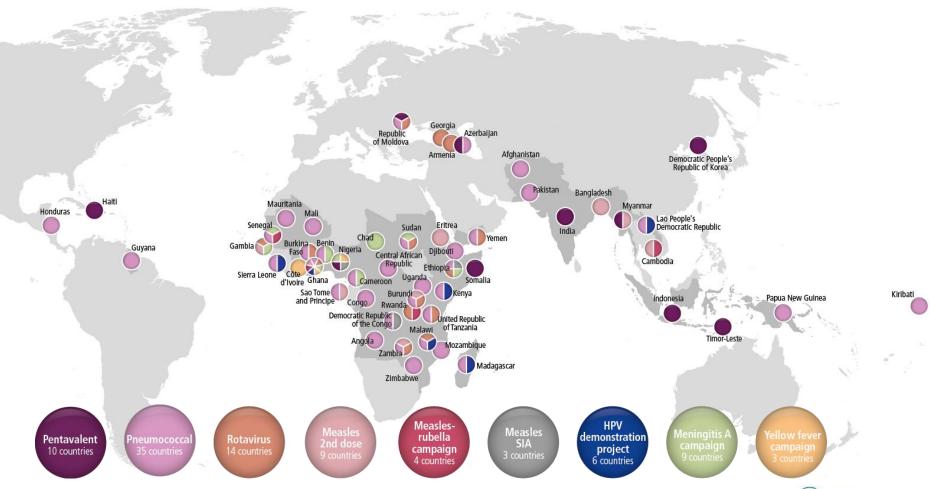
16

Niger

Mali

Burkina Faso

GAVI-supported vaccine introductions and campaigns, 2011–2013





Thank you





www.gavialliance.org