

VACCINE INVESTMENT STRATEGY 2024: PROPOSED SHORTLIST

BOARD MEETING
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Analytical and consultative process with 3 decisions

Process for defining the long list of pipeline vaccines for Gavi VIS

1. WHO vaccine landscape analysis

33 Pathogens evaluated
Products expected to be licensed by 2030, endemic diseases relevant to

8 pathogens in VIS 2024 longlist based on WHO landscape analysis

2. VIS candidate longlist

Scope and inclusion criteria
 ✓ Vaccines and immunisation products of relevance to Gavi-eligible countries
 ✓ Licensed but not in Gavi's portfolio
 ✓ With expected likelihood by 2030



VIS 2024 longlist
 Licensed
 • Mpox
 • COVID-19

3. Evaluation framework

VIS 2024 Evaluation framework for vaccines for endemic disease

Ranking Criteria		Modulating Criteria	
Criteria	Indicators	Criteria	Indicators
Health impact	Total future deaths averted 2025-2040, and per 100,000 vaccinated	Global health security impact	Epidemic potential of disease Impact on AHRF Climate change risks and mitigation
Value for money	Total future DALYs averted per 100,000 vaccinated		
Equity and social protection impact	Vaccination gender-equity associated associated		
Gavi comparative advantage	Degree of value shaping cost		
Economic impact	Direct medical indirect cost		

4. Vaccine analyses

Degneau Scorecard: Ranking criteria

Vaccination strategy presented: e.g. vaccination of 9 year olds in routine programme

VIS criteria	Indicator	Results	Evaluation ¹
Health impact	Total deaths averted	~300-720K future deaths averted, ~300-720K averted, 2025-2040	Green
	Deaths averted per 100K vaccinated	~5,790-6,930 future deaths averted, 2025-2040, per 100K vaccinated population	Green
	DALYs averted per 100K vaccinated	~5,790-6,930 future DALYs averted, 2025 - 2040, per 100K vaccinated population	Green
Value for money	Procurement cost averted		Green
Equity & social protection impact	Addresses gender equity		Green
Gavi comparative advantage	Vaccine market alliance opportunities		Green
Economic impact	Direct medical indirect cost		Green

5. Prioritisation methodology

Board predominantly favors health impact and value for money as the key indicators

Average weighting used for shortlisting

Median and ranges applied as sensitivity analysis



6. Vaccine shortlist

Shortlist options for PPC/Board consideration

Option A Option B Option C VIS assessment and SC guidance

	Option A	Option B	Option C	VIS assessment and SC guidance
Vaccine A	✓	✗	✓	• Benefits and special considerations
Vaccine B	✓			
Vaccine C	✓			
Vaccine D	✓			
Vaccine E	✓			
Vaccine F	✓			

TB Investment Options

Investment Options

- Min: Stockpile size 100k / year**
 - Based on minimum demand calculated from modelling and based on current Proof-of-Concept approach for 100k doses / year (after experience with need in Bentiou camp), multiplied by average # of outbreaks per year observed in last 10y (~5)
 - ~ \$485k per year
- Base: Stockpile size 220k / year**
 - Based on a maximum of ~44k doses total demand per outbreak from primary vaccination strategy (vaccination of ~16y old and pregnant people) * average # of outbreaks per year (~5)
 - ~ \$38M per year

Learning Agenda

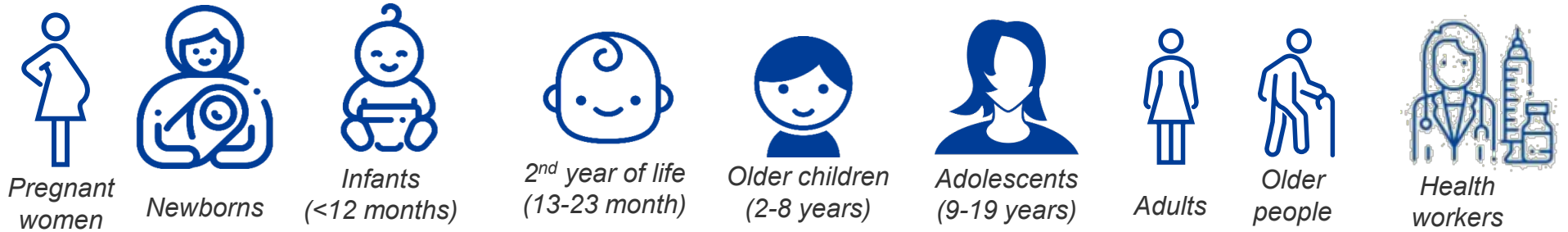
- Burden of disease estimation based on natural history approach
- Proof-of-Concept of stockpile sought by Gates Foundation, awaiting ICG review

7. Refined analyses

8. Investment Cases

Extensive consultations

VIS 2024 longlisted vaccines

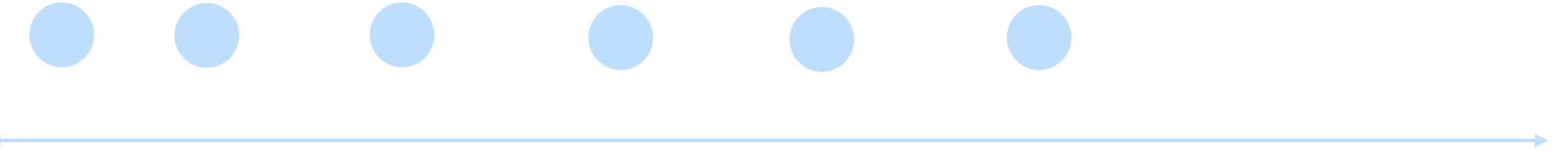


Existing portfolio

Emergency Stockpiles



VIS 2018 vaccines



VIS 2024



Emergency Stockpiles



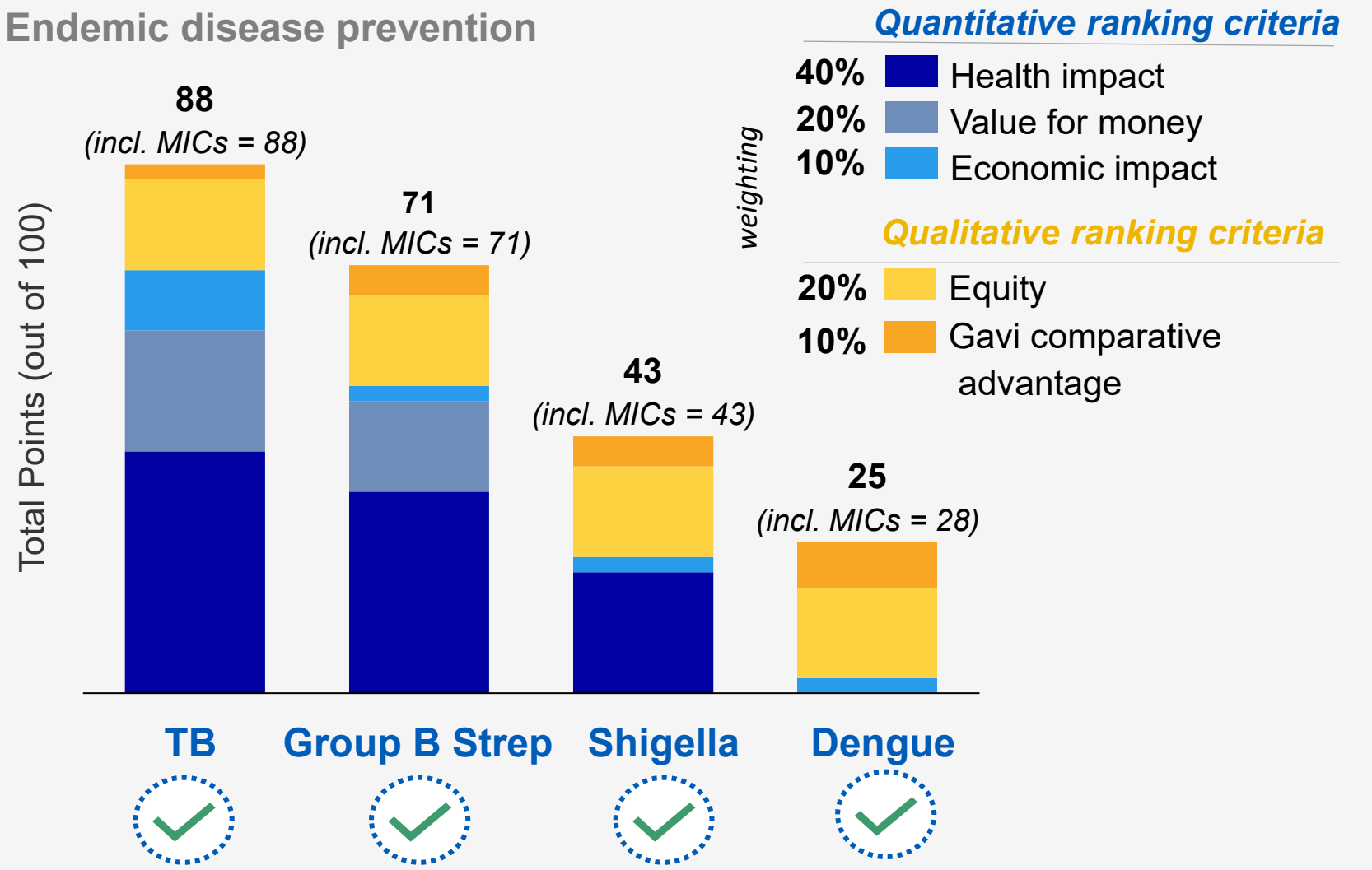
Hepatitis E, Chikungunya, M-pox



**Pending further review of WHO COVID-19 Vaccine Roadmap*

Proposed vaccine shortlist

Endemic disease prevention



Epidemic disease prevention

- Hepatitis E
- Chikungunya
- Mpox

Covid-19

- COVID-19**
from 2026, time-limited

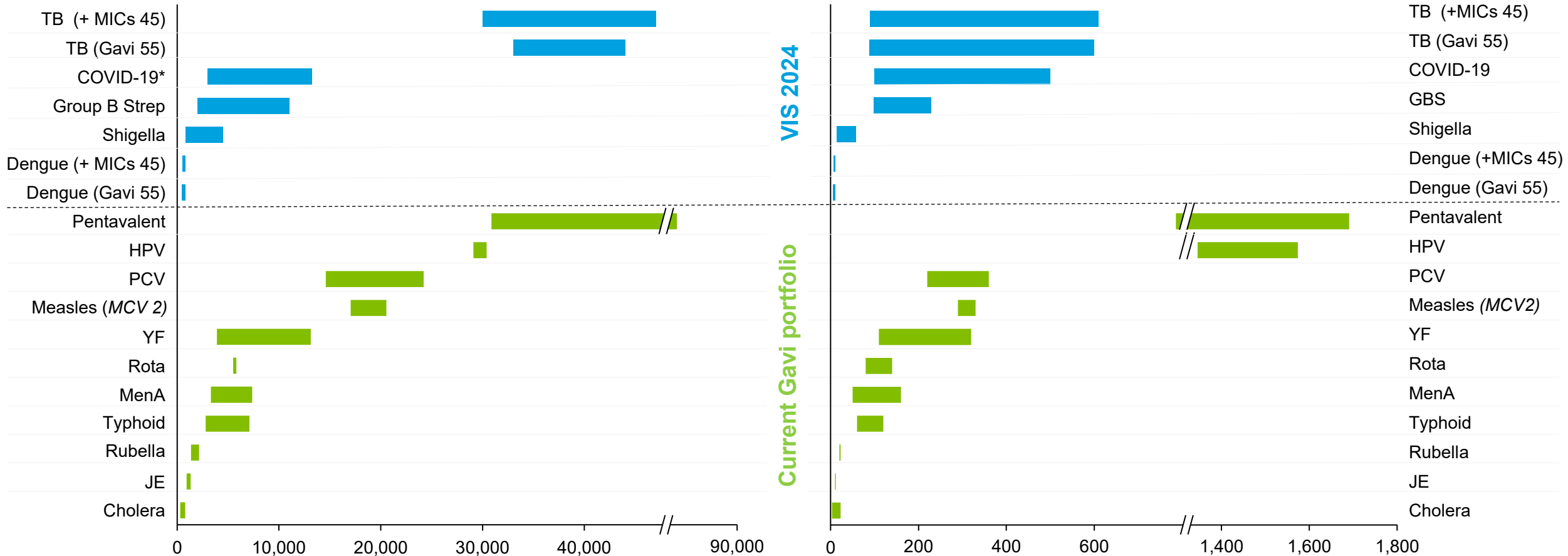
Modulating criteria informed shortlist

- AMR
- Climate change
- Implementation feasibility
- Broader health system impact
- Global agenda

VIS 2024 impact comparable to current portfolio

DALYs averted per 100K vaccinated

Deaths averted per 100K vaccinated



⁵*Upper end of the range represents YLL averted in the worst-case epi scenario (new variant with increased transmission and corresponding immune escape and severity comparable to the Delta variant; DALY estimates for COVID-19 are currently not available, in this instance YLL is being used for a comparator as evidence suggests YLLs account for >95% of DALYs for the majority of vaccine preventable diseases Vaccine impact for current Gavi portfolio vaccines is based on Gavi operational forecasting version 20 (2022-2030). Vaccine impact for VIS candidate vaccines (2026-2040), COVID-19 (2026-2023) Source: External modellers, Gavi portfolio data

Recommendation

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

For vaccines for endemic disease prevention:

- a) **Request** the Secretariat to develop possible investment options for further consideration for tuberculosis, group B streptococcus, shigella and dengue vaccines;

For vaccines for epidemic-prone diseases:

- b) **Request** the Secretariat to develop possible investment options for further consideration for hepatitis E vaccines;
- c) **Request** the Secretariat to monitor and update living assessments for Chikungunya and Mpox vaccines, including potential investments in learning agendas in consultation with WHO and other partners, and;

For COVID-19 from 2026:

- d) **Request** the Secretariat to develop possible investment options for further consideration of a continued time-limited COVID-19 vaccine programme from 2026.

Next steps: refined analyses, detailed costing and continuous consultations to develop investment cases and learning agendas for final decision in June 2024

Thank you