Gavi - Vaccine Investment Strategy (VIS) 2024

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gavi.org

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Vaccine Investment Strategy 2024

Methodology

Vaccine Investment Strategy informs Gavi 6.0 (2026–2030)

Evidence-based approach to identify immunisation investments for future strategic cycle(s), while sending valuable advance signals to vaccine developers and suppliers

- Every 5 years
- Transparent methodology
- Analytic review of evidence & modelling
- Consultations and independent expert advice

Strategic decision-making

Predictability for long-term planning by industry, governments & donors

Informs:

- Gavi strategy
- Resource mobilisation

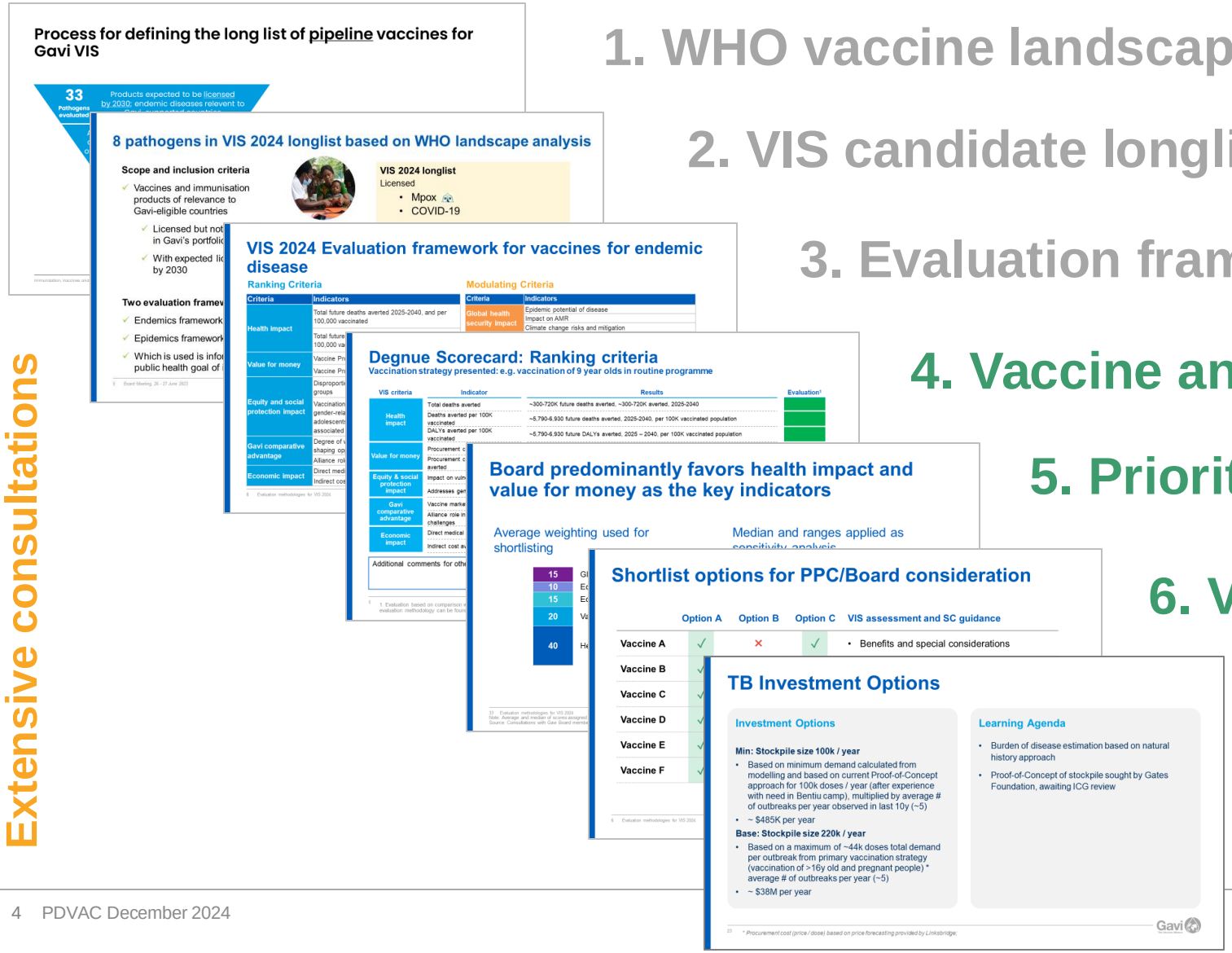
Types of investment:

- Vaccine programmes
- Global stockpiles
- Learning agendas

In response to public health threat or a research and development (R&D) milestone for a priority pathogen, diseases of epidemic/pandemic potential can be evaluated in real time, outside five-year cycle, through VIS epidemics framework.

Analytical and consultative process with 3 decisions

Extensive consultations



1. WHO vaccine landscape analysis
2. VIS candidate longlist
3. Evaluation framework
4. Vaccine analyses
5. Prioritisation methodology
6. Vaccine shortlist
7. Refined analyses
8. Investment Cases

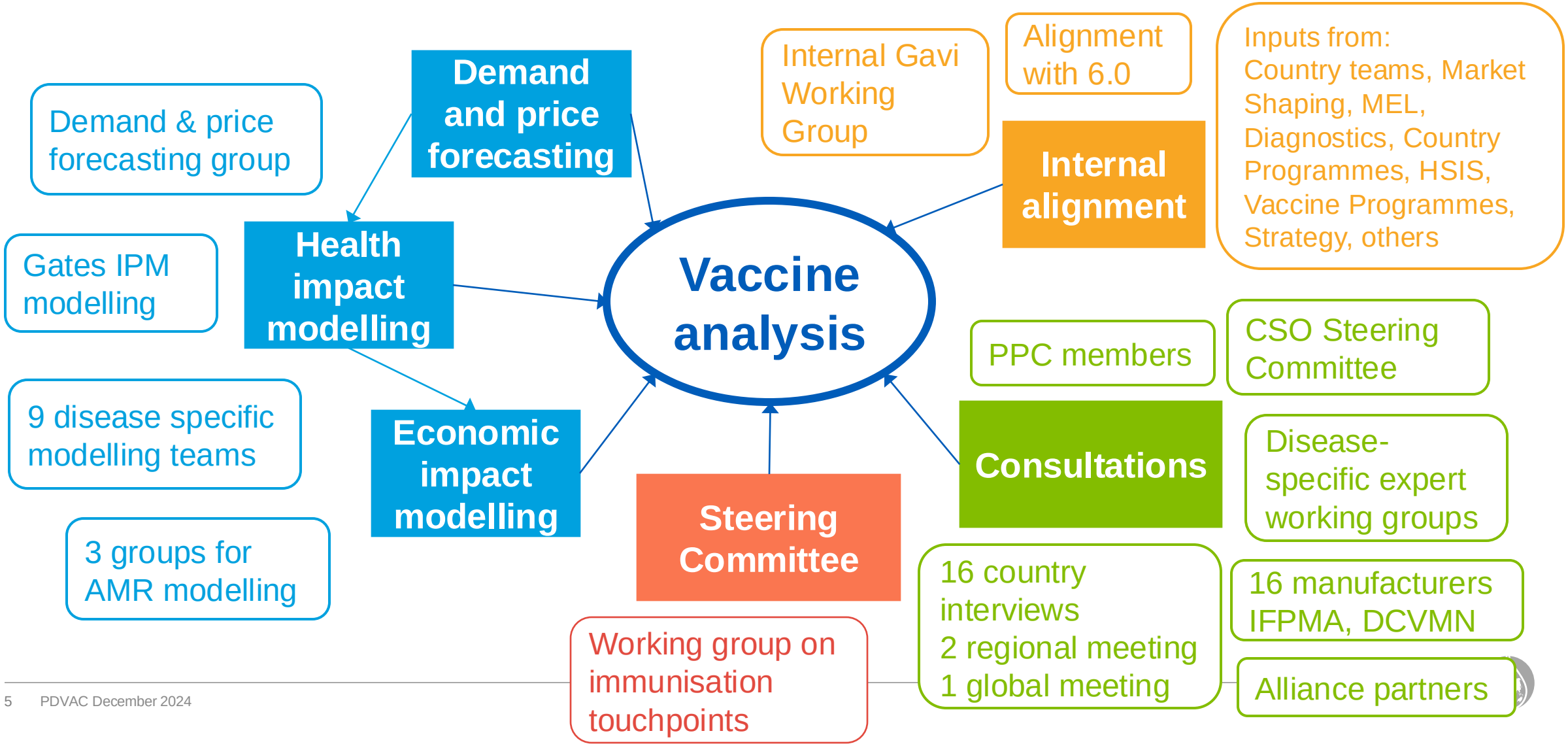
Longlist decision June 2023

Shortlist decision Dec 2023

Investment decision June 2024

Gavi The Vaccine Alliance

Vaccine analyses have been possible thanks to collaboration and contributions from many stakeholders



VIS 2024 Evaluation framework for vaccines for endemic disease

Ranking Criteria

Criteria	Indicators
Health impact	Total future deaths averted 2026-2040, and per 100,000 vaccinated
	Total future DALYs averted 2026-2040, and per 100,000 vaccinated
Value for money	Vaccine Procurement cost per death averted
	Vaccine Procurement cost per DALY averted
Equity and social protection impact	Disproportionate impact of disease on vulnerable groups
	Vaccination contributes to addressing underlying gender-related barriers faced by caregivers, adolescents and health workers and/or gender associated differences in immunisation coverage
Gavi comparative advantage	Degree of vaccine market challenges
	Gavi role in addressing challenges
Economic impact	Direct medical cost averted
	Indirect cost averted

Modulating Criteria

Criteria	Indicators
Modulate up	
Global health security impact	Epidemic potential of disease
	Impact on AMR
	Climate change risks and mitigation
Other impact	Total U5 deaths averted 2026-2040, and per 100,000 vaccinated
Contribution to global agenda	Fit with global development (SDGs), immunization (IA2030) agendas and other relevant global targets
Broader health system benefits	No specific indicator – evaluated case-by-case
Contextual	
Implementation feasibility	Ease of supply chain integration
	Need for healthcare worker training/ behaviour change
	Requirements of vaccination timepoint
	Need for demand promotion (e.g., acceptability, understanding of disease burden)
	Availability of epidemiological data to inform programmes
	Diagnostics availability/ needs
Alternate interventions	Optimal use of current and future alternative interventions (prevention and treatment)

Framework for evaluating epidemic-prone diseases (1/2)

	Criteria	Indicators
Disease Risk & Burden	**Epidemiology and risk**	Frequency, geography and magnitude of outbreaks
		Global risk of outbreaks and epidemic/endemic potential
		Strain stability/adaptability
	Disease burden	Transmission routes, incubation period and disease manifestation
		Health impact (outbreaks, CFR, DALYs, YLLs)
	Economic and social burden	Direct and indirect costs of illness/outbreaks
		Disproportionate burden to women and vulnerable groups
Vaccine Impact and Feasibility	**Epidemic risk reduction / mitigation**	Vaccine impact and indirect effects (suitability to be used as part of outbreak response, herd immunity, cross strain protection)
		Health systems impact
		Efficacy of other available countermeasures
	Equity and social protection impact	Additional benefit to women and vulnerable groups
	Implementation feasibility	Storage requirements and shelf life
		Dosing schedule and cost of delivery
		Disease surveillance and seroprevalence to guide stockpile use
		Acceptability in target population

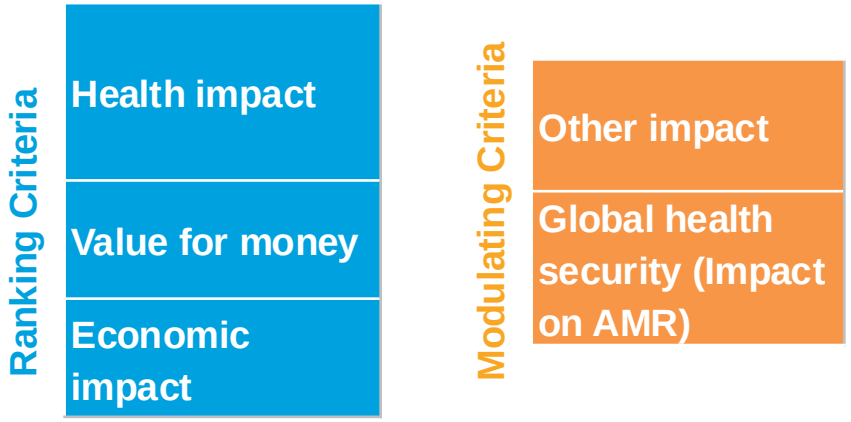
Framework for evaluating epidemic-prone diseases (2/2)

	Criteria	Indicators
Fit for Gavi & Partners	**Relevance**	Proportion of detected outbreaks in Gavi countries
		Alignment with Gavi's mission and strategy
	Comparative advantage	Role of GAVI market shaping and financing
		Contribution to access and equity
		Alignment with activities of other donor organisations, Alliance partners, R&D, biosecurity
		Cost and consequences of inaction
	Risk	Major risks and potential mitigation strategies
Financial implications	**Vaccine costs**	Procurement costs
	Stockpile / supply arrangement costs	Holding costs (storage and stockpile maintenance)
		Deployment costs
		Coordination and administration costs
	Operational cost	Incremental in-country operational costs
		Optional learning costs

Rating vaccine scorecards

The pathogens were rated red, yellow or green against each indicator. The ratings were a result of **comparative ranking** derived from **quantitative analyses or subjective scoring** derived from qualitative analyses

Quantitative analyses



- Projections based on different scenarios and assessment of uncertainty
- Ranked outcomes across pathogens to determine relative score

Qualitative analyses

- Informed by disease experts
- Thresholds evaluated on whether they are more or less likely to suggest Gavi investment

Ranking criteria colours determine scoring of vaccines

VIS criteria	Indicator	Evaluation	Points
Health impact	Total deaths averted		1
	Deaths averted per 100K vaccinated		0
	DALYs averted per 100K vaccinated		1
Value for money	Procurement cost per death averted		1
	Procurement cost per DALY averted		0
Equity & social protection impact	Impact on vulnerable groups		1
	Addresses gender-related barriers		0.5
Gavi comparative advantage	Vaccine market challenges		0.5
	Alliance role in addressing challenges		0.5
Economic impact	Direct medical cost averted		1
	Indirect cost averted		1
		Total	X%
Modulating Criteria	*e.g. Elimination agenda by 2030, no alternative interventions*		

1. Assign points to each vaccine based on its color on each of the ranking criteria on scale of 0 to 1
   - Red = 0
   - Yellow = 0-0.5[1]
   - Green = 1

2. Weight the score for each criterion based on weighting[2] from Steering Committee and PPC consultations and add up point tally of each vaccine

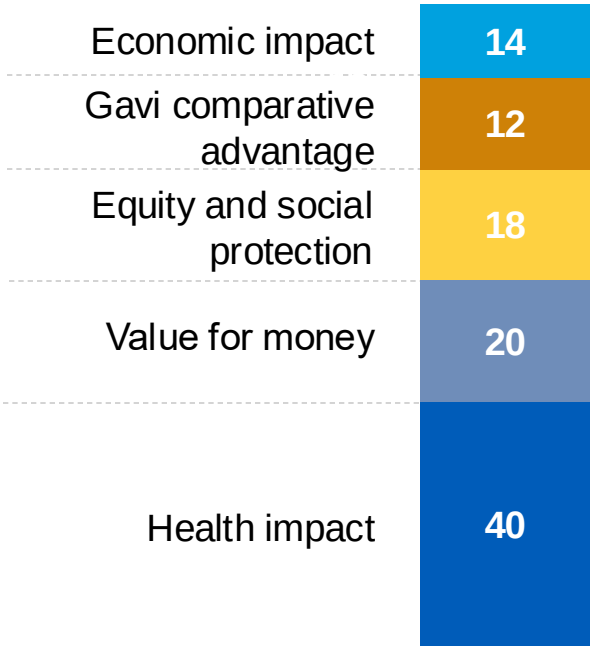
3. Modulating criteria can be used to adjust the ranking of a vaccine

1. Score of 0.5 for criteria that are evaluated as red, yellow or green; Score of 0 for criteria that are evaluated as yellow or green

Countries, CSOs, the Steering Committee and PPC have input into weightings for ranking criteria

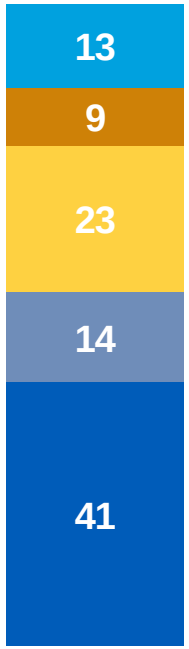
PPC survey

Board members predominantly favoured health impact and value for money as the key criteria



CSO Consultation (Aug 2023)

Health impact, and equity and social protection were the highest-ranking criteria



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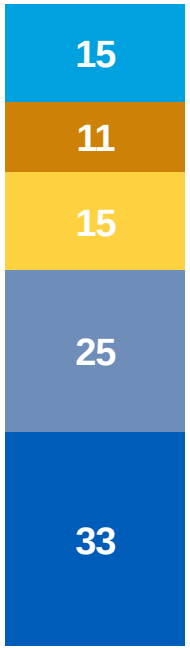
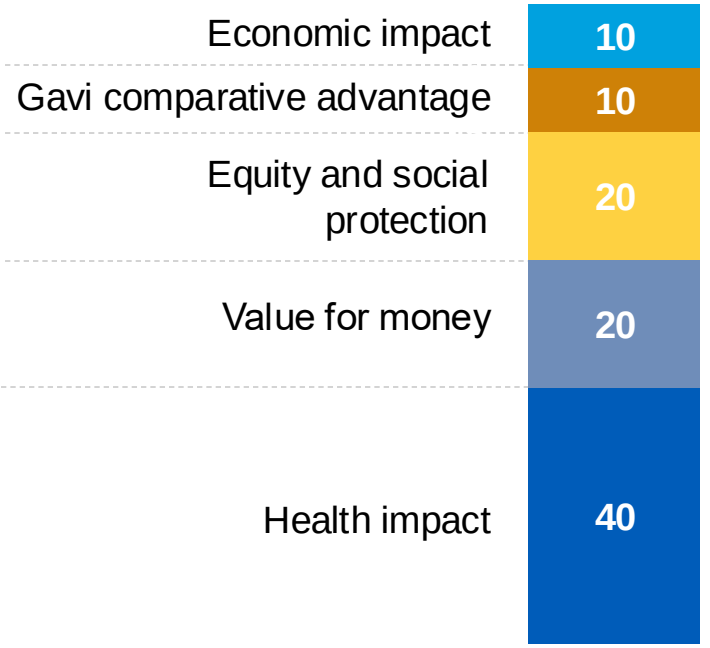
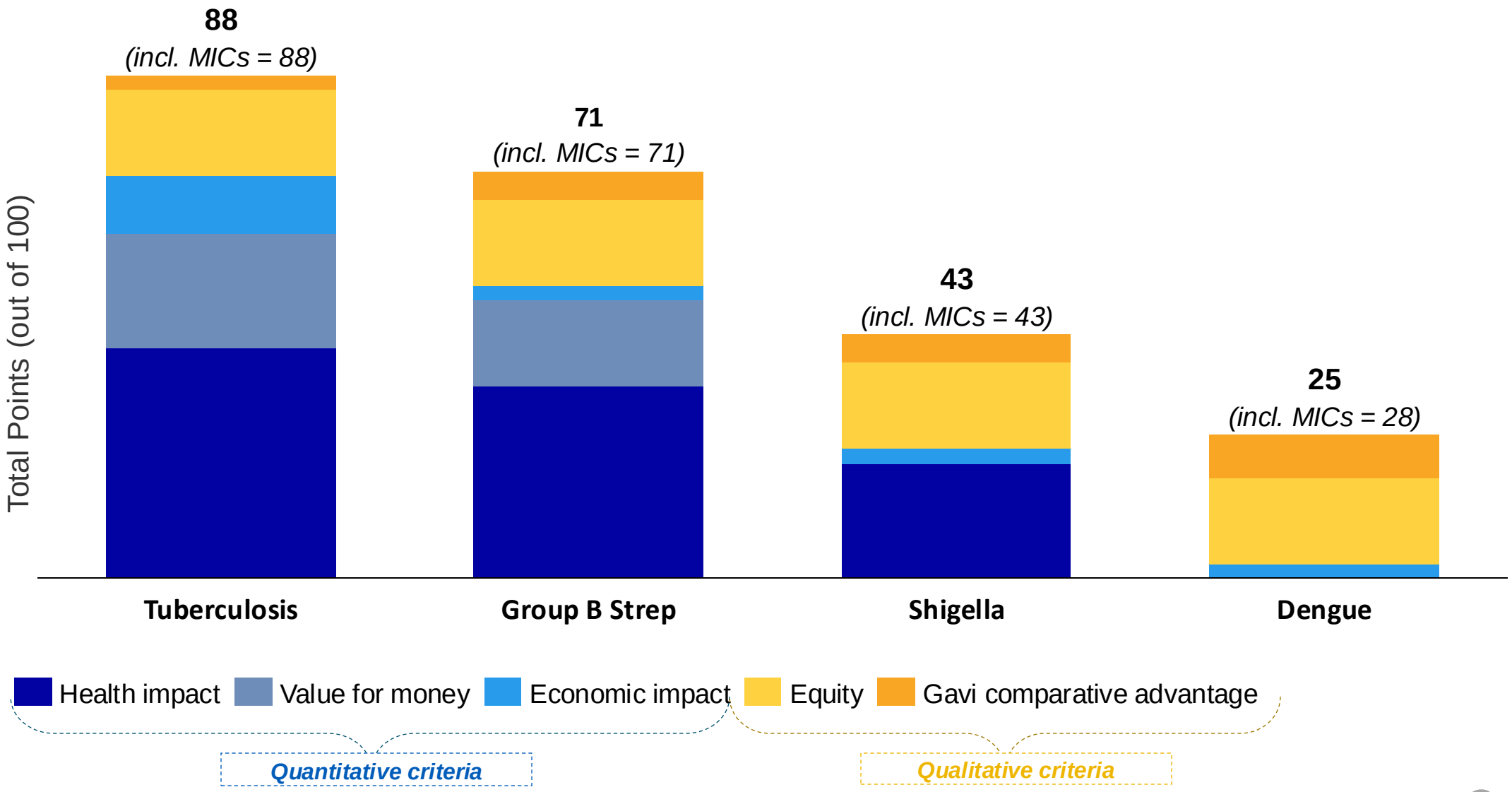


Final weightings used



Vaccine scores from assessment against ranking criteria



Please note that a score of 0 on a quantitative criteria does not imply no impact, only that it scores lowest of the four vaccines assessed

The VIS process identifies priority learning agendas to guide efficient and impactful vaccine rollouts

Learning agendas: A set of critical evidence needs/gaps required for key research areas that Gavi in collaboration with partners may support to provide evidence for the launch, implementation, and effective scale-up of a vaccine programme or stockpile

EXAMPLE: RABIES

VIS 2013: Gavi approved a Rabies PEP learning agenda which evaluated the operational feasibility, public health impact, and cost (in several countries, including Bhutan, Chad, India).

VIS 2018: The learning agenda supported the VIS 2018 decision to include Rabies PEP in Gavi's portfolio. Gavi's has now opened a funding window.

EXAMPLE: MPOX

VIS 2024: Gavi approved a learning agenda to start in 2025 and is currently seeking an expert provider to assess the supply and demand generation needs for mpox vaccines in Gavi-eligible countries.

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Vaccine Investment Strategy 2024

Outputs

Summary of Board decisions for VIS 2024

VACCINE	POPULATION	IN-PRINCIPLE INVESTMENT	LEARNING AGENDA
Tuberculosis	Adolescents and Adults	✓	✓
Group B streptococcus	Pregnant women	✓	✓
Dengue	2–16-year-olds Conditional on burden data in Africa	✓	✓
Hepatitis E	High-risk populations in outbreak response	✓	✓ from Gavi 5.1
Mpox		✓	✓ from Gavi 5.1
Shigella	Infants	×	✓
Chikungunya	Outbreak response	×	×
COVID-19	High-risk populations	**No continued investment post-2025**	

Key questions were identified for each future learning agenda:

Group B streptococcus (GBS):

- Programmatic and financial requirements for a strong maternal immunisation
- Burden of disease and surveillance capacity

Dengue (Focus on Africa):

- Clinical characteristics
- Burden of disease (seroprevalence & diagnostics integration)
- Vaccine safety and acceptability

Tuberculosis:

- Integration of TB vaccines with other health services
- Acceptability and uptake by older adolescents
- Identify priority groups
- Evaluate cost-effectiveness

Hepatitis E:

- Effectiveness & duration of protection
- Integration of diagnostics for outbreak detection
- Assess costs and feasibility of vaccine delivery

Mpox:

- Supply and demand generation needs for mpox vaccines in Gavi-eligible countries

Shigella:

- Burden of disease & impact of climate change
- Programmatic feasibility
- Vaccine demand

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Vaccine Investment Strategy 2024

Next steps

Vaccines are re-evaluated for Board approval once investment conditions for in-principle decisions are met or nearly fulfilled

In-Principle Decisions:

Conditional Board Approvals given by Gavi's Board to provide support for a vaccine, product, or program contingent upon certain investment conditions being met

Purpose:

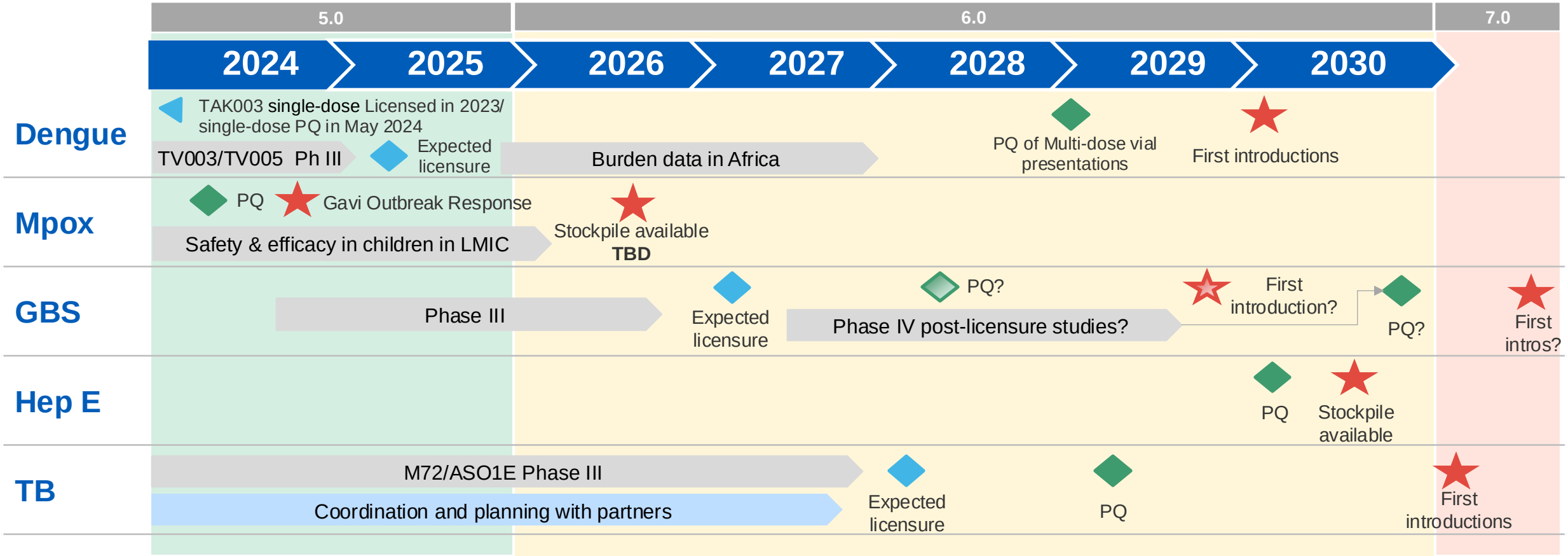
Allows Gavi to begin market signalling and preparedness activities in advance, accelerating access to lower-income countries so new vaccines can be deployed as soon as they are available

Board Approval:

When defined conditions are met or nearly fulfilled, the programme goes back to the Board for full approval

Example: RSV was approved in-principle through VIS 2018 and is being presented to the Board in June 2025.

VIS 2024 vaccines may only available later in 6.0 – market signaling and preparedness activities required earlier



PQ dates based on earliest expected dates based on expert input

VIS 24 Learning Agendas – Next steps

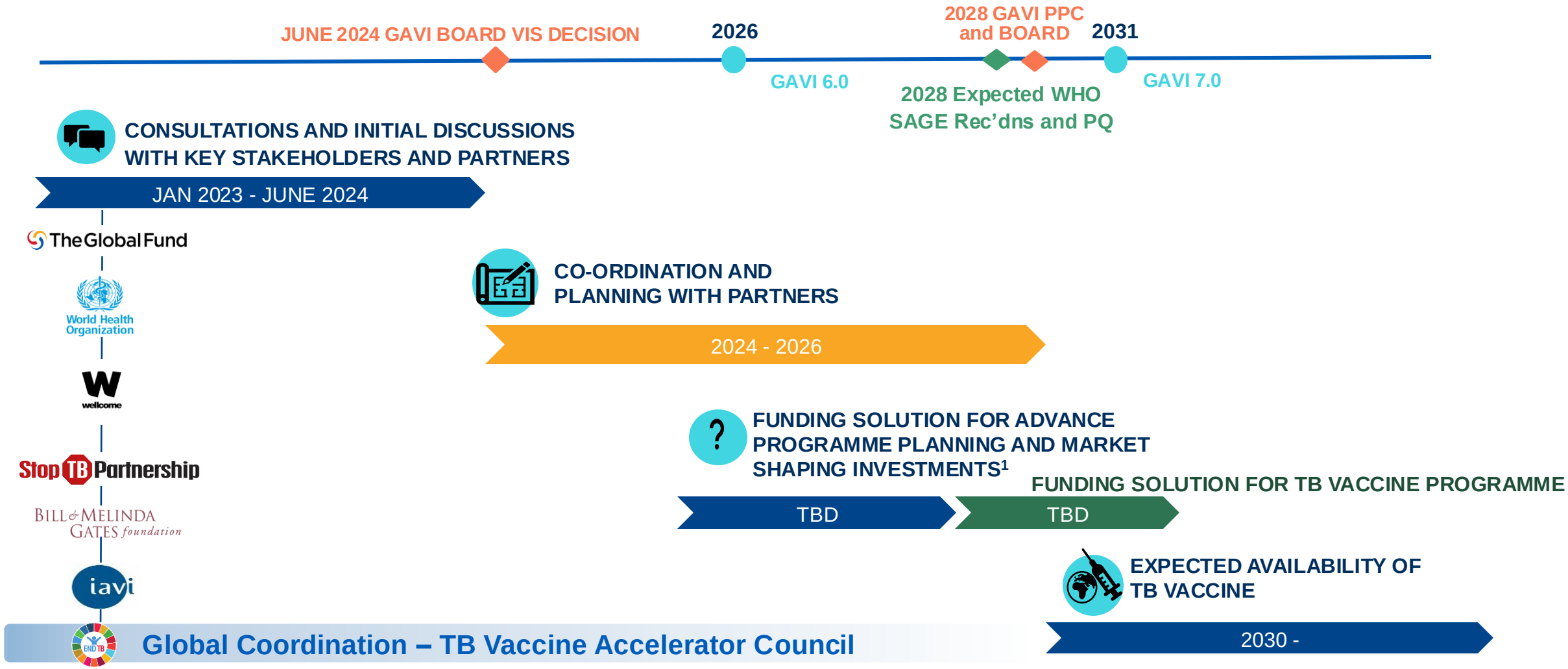
Mpox and Hepatitis E

- Both approved for 5.1 (2025).
- Given mpox 2024 PHEIC and Gavi's role in supporting the outbreak response, mpox learning agenda was prioritized. Activities are set to begin in Q1 2025, focusing on:
  - ✓ Assessing demand, health impact, and stockpile size for a potential Gavi Mpox vaccine stockpile.
  - ✓ Designing and developing contextual demand-generation and implementation strategies for Mpox vaccine uptake in targeted populations and geographies.

Other VIS 24 Learning agendas

- Contingent on Gavi's 6.0 replenishment and subsequent prioritization process.
- Upon approval, the Policy Team and Measurement, Evaluation, and Learning Team will reassess key questions, conduct additional consultations, and develop RFPs for publication.

TB Vaccine Programme Implementation Planning



[1]If the vaccine will become available in late 6.0, a specific funding solution will need to be assessed, including the need for potential market-shaping interventions to secure adequate capacities.

Combination vaccines & innovations: Gavi has a decision pathway, but key bottlenecks must be addressed to seize upcoming opportunities

Provide manufacturers a prioritized and definitive view to most wanted combinations

SAGE could develop a framework to assess combinations and ensure policy processes in place

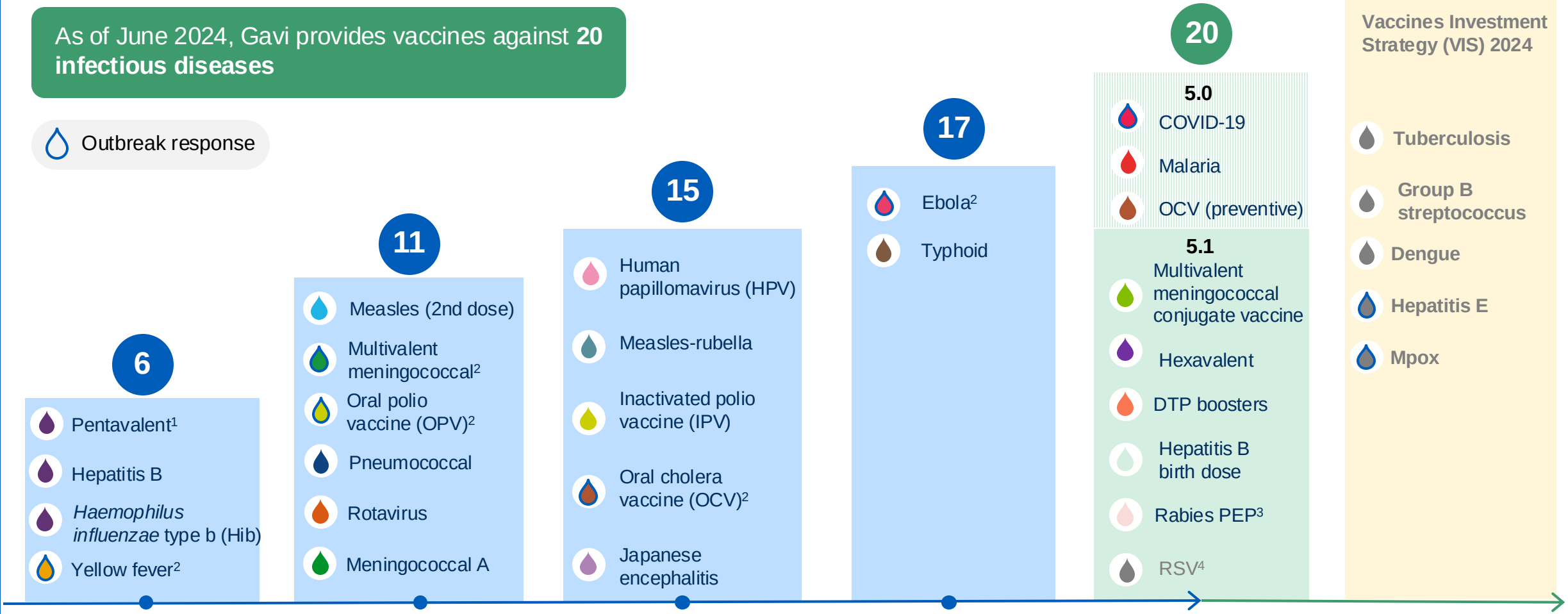
Gavi facing funding limitations in the future, to develop a framework for evaluating vaccines

How to maximise uptake and coverage of new combinations with minimal disruption to current programmes

Gavi's vaccine portfolio has grown over time: making vaccine prioritisation and portfolio optimisation critical for countries

As of June 2024, Gavi provides vaccines against **20 infectious diseases**

Outbreak response



1 Diphtheria, tetanus, pertussis (DTP) boosters, hepatitis B, Haemophilus influenzae type b (Hib),
2 Emergency stockpiles
3 PEP = Postexposure prophylaxis
4 Updated investment case in development

Thank you