

Conversation between Alan Brooks (GAVI Senior Specialist, Policy) and Elie Hassenfeld and Natalie Crispin (GiveWell) on August 13, 2012

Note: This is a set of summary notes compiled by GiveWell in order to give an overview of the major points made by Dr. Brooks in conversation.

Summary:

- We spoke with Dr. Brooks as part of our research into opportunities for donors to support expanded access to vaccines and, more specifically, to measles vaccines. Dr. Brooks joined GAVI in April 2012 and has responsibility for GAVI's work on measles and rubella, as well as on the HPV vaccine. He previously spent 11 years at PATH.
- In June 2012, the GAVI board decided that six large countries at high risk of measles outbreaks (Afghanistan, Chad, DR Congo, Ethiopia, Nigeria, and Pakistan) be able to receive GAVI support for measles vaccines and operational costs until these countries are forecasted to have implemented a measles-rubella (MR) campaign, or by no later than 2017. It also decided to approve US\$ 55 million to be made available to the Measles & Rubella Initiative through the UN Foundation for use through 2017 for outbreaks and other emerging needs requiring rapid responses. And given the importance of measles as an indication of country support for routine immunization, the Board requested development of an indicator for measles first dose routine vaccine coverage as part of the achievement of GAVI's 2011-2015 Strategy. .
- Plans have been informed by recommendations from the World Health Organization (WHO), with input from other GAVI partners.
- Dr. Brooks believes that GAVI does not have any current plans to provide more funding than it allocated in June to measles control.
- GAVI is developing through 2013 a prioritization of additional potential vaccines for funding. The analysis will be decided upon by the GAVI Board by the end of 2013, and GAVI will solicit funding pledges during 2014-2015 to fill these funding opportunities.

GAVI's mission

GAVI has a broad mission of protecting people's health through access to immunizations. Some things that GAVI does to achieve this goal are:

- Implementing a supply and procurement strategy that balances supply and demand and ensures security of supply, minimizes the cost of vaccines to GAVI and countries, and fosters development of appropriate and innovative vaccines.
- Funding new and underused vaccines.
- Funding the strengthening of health systems.
- Promoting vaccine injection safety. (This involves making sure that vaccine recipients get injections with clean sterile, single-use needles and ensuring that the needles are properly disposed of.)
- Vaccination campaigns as complements to routine vaccination services.

Meeting the goal of increasing vaccination coverage involves more than just buying vaccines; it also involves less tangible activities of the types mentioned above.

GAVI focuses on helping the poorest countries in the world and only funds efforts in countries that have gross national income per capita at or below a certain threshold, currently \$1520 according to the World Bank.

Funding for measles campaigns

Recently GAVI recognized that there is a need to bring additional resources to support measles vaccination and prevent measles deaths. GAVI's investments in strengthening health systems to deliver routine immunization, improving sustainability of national financing for immunization, efforts to support delivery of second dose measles, and its newly approved programme to reduce morbidity and mortality from rubella through the introduction of combined measles-rubella vaccines are essential to improving efforts for the prevention of measles deaths. Further, the GAVI processes, which include an integrated approach to planning, implementation and follow up, could provide a "game changing" context for the global transmission of the measles virus.

GAVI's Board made a commitment in June 2012 to support supplementary immunization activities with measles vaccine in six countries where the risk of measles deaths is high. These countries are: Afghanistan, Chad, Democratic Republic of the Congo, Ethiopia, Nigeria and Pakistan. The countries were selected based on guidance from our technical partners at the WHO who highlighted them as countries with large populations and at high risk of measles deaths.

The amount of funding that GAVI chose to give was based on estimates of the operational and vaccine costs projected for the targeted countries. This projection is based in part on knowledge of measles epidemiology informing when the countries will need to do campaigns. GAVI estimates its contribution to operational costs at \$0.65 per child, and expects the country that it is supporting to contribute \$0.15 per child to the operational costs.

GAVI recognized that there was an opportunity cost associated with the decision to support measles control, but viewed the risk of measles deaths as being sufficiently high to warrant this transitional support while countries increase routine measles coverage and prepare for introducing measles-rubella vaccine.

GAVI will be working with the Measles and Rubella Initiative (MRI) to support the six countries mentioned above. Funds for commodities will be provided to UNICEF, which will procure vaccines and syringes/disposal boxes on behalf of countries. The funding for the operational costs for campaigns will be allocated directly to implementing governments, in line with GAVI's Transparency and Accountability Policy. If governments choose, they may elect to have WHO and/or UNICEF receive the money for distribution at country level.

GAVI is a partner in the MRI and works closely with the MRI in general. GAVI provided \$55 million to the MRI to support outbreak response. GAVI, in conjunction with WHO, determined how much funding

to provide for outbreak response based on how much has been needed to respond to outbreaks in the past. GAVI provided funding to cover 50% of the anticipated need, and has encouraged MRI to seek the remaining funds from additional donors.

Differences between GAVI measles campaigns and MRI campaigns

The campaigns will be based on plans of action, in line with WHO's guidance, which is also used by the MRI. Applications for support to GAVI will be handled through GAVI's usual application system, including evaluation and recommendations by an Independent Review Committee. Support requested from GAVI will have to emphasize ways that the campaign will strengthen routine immunization services. GAVI additionally allows governments, as noted above, to receive operational funds.

Monitoring and evaluation

GAVI intends for there to be structured monitoring and evaluation of vaccination programs in the countries in which it works. Examples of monitoring and evaluation are coverage surveys and monitoring adverse effects of the vaccination campaigns. These are done routinely in vaccination campaigns. The monitoring and evaluation plans differ by country.

Why measles outbreaks have occurred over the past two years

The question of why measles outbreaks have occurred over the past two years is a question best directed to GAVI's technical partners. GAVI can help ensure that children are protected from future outbreaks through high vaccination coverage, and strong routine immunization systems.

The possibility of GAVI providing more funding for measles campaigns

GAVI's intention is that as routine health care systems are strengthened, the frequency with which measles campaigns need to be carried out will drop, and that eventually few or no campaigns will be needed.

Ages of children covered

In the developing world, it's typically the case that only those children who are under 5 years old are vaccinated. While in some countries, the majority of cases occur in children under 5 years old, in other countries there are many cases in older age groups. Therefore, the decision of who to vaccinate in a given country should be informed by the epidemiology in the individual country. GAVI has not yet received a proposal to vaccinate children in higher age ranges, but in a paper based on the June 2012 board meeting, GAVI made a statement about the need for flexibility in measles control funding. This flexibility leaves open the possibility of vaccinating older children.

MRI's needs for funding

Dr. Brooks wasn't able to speak MRI's overall funding needs. GAVI focuses on a smaller set of countries

than MRI.

GAVI's future plans

Over the next year, GAVI is going to do an analysis of vaccine funding opportunities and is hoping to have a new vaccine investment strategy in place by December 2013. The analysis will involve looking at both existing vaccines not currently funded by GAVI and also potential future vaccines anticipated by 2019. GAVI may invest in new vaccines such as vaccines for malaria and cholera. If GAVI is able to meet its goal of having an investment strategy in place by December 2013, then GAVI will be able to share its priority areas of investment with potential funders in the timeframe of 2014-2015 and solicit pledges for funding these priority areas.

GAVI is intending to increase the emphasis on morbidity (e.g. hospitalization; DALYs; long-term cognitive disabilities where data is available) of diseases into its decision making rather than focusing as heavily on mortality.