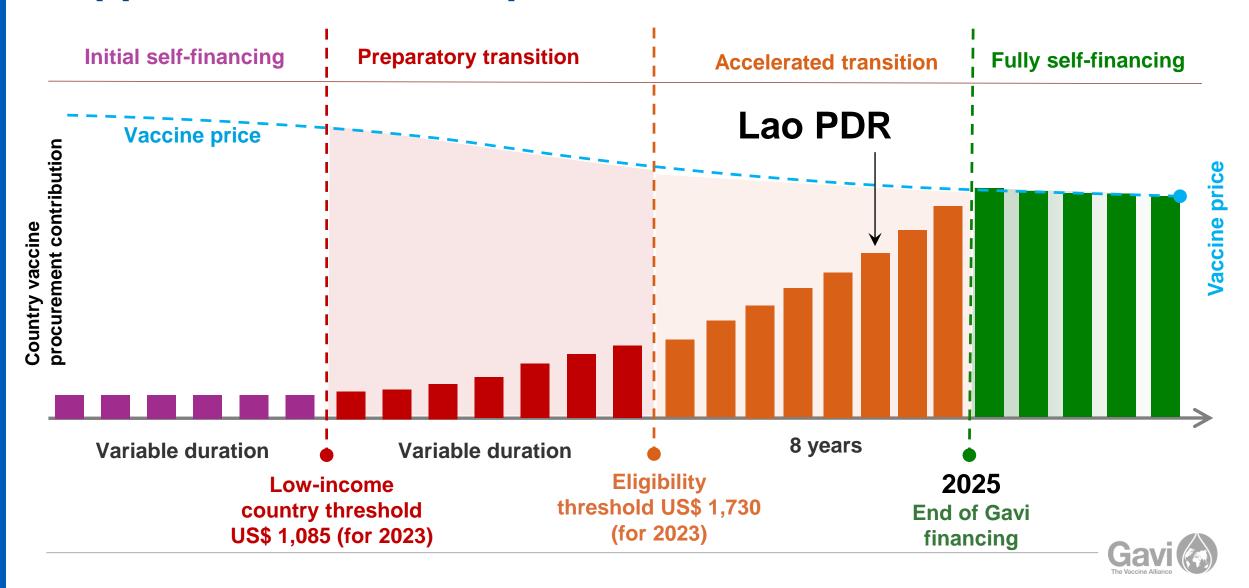
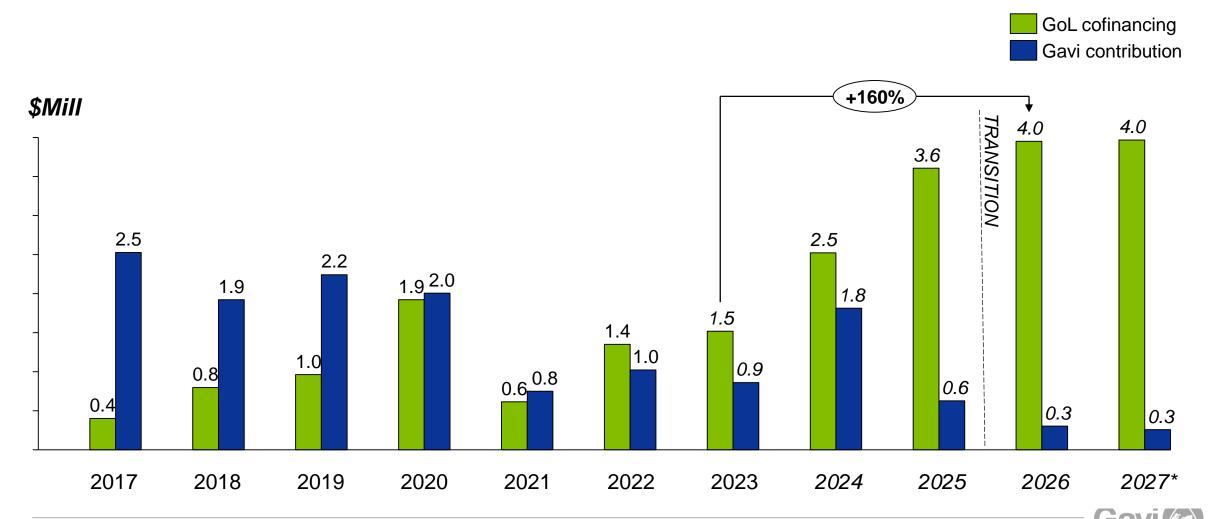
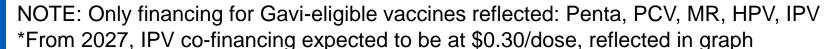
# Lao PDR Gavi Transition Review

## Gavi countries co-finance a variable rate towards Gavi supported vaccines dependent on GNI

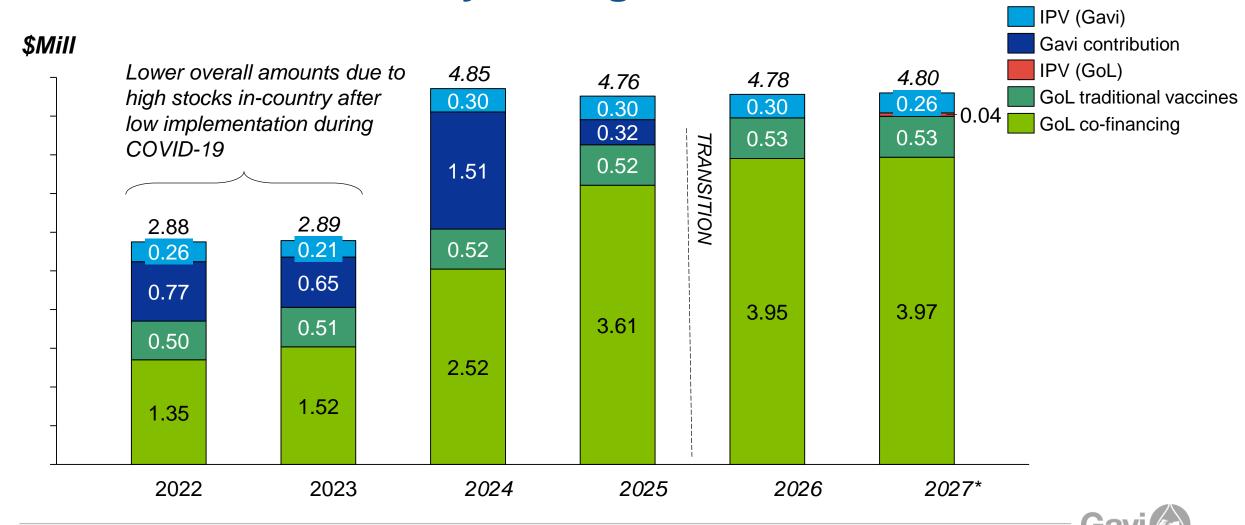


## Vaccine co-financing from Gavi in Lao PDR: Gavi financing steadily phasing out since 2017



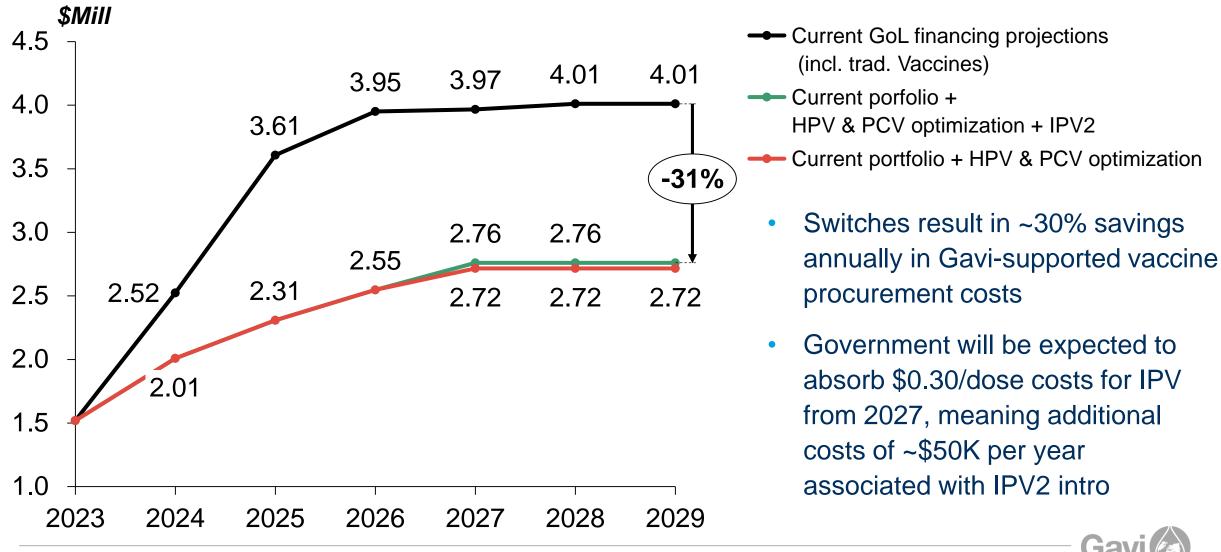


## GoL contribution to vaccine financing expected to increase considerably through 2025



<sup>\*</sup>From 2027, IPV co-financing expected to be at \$0.30/dose

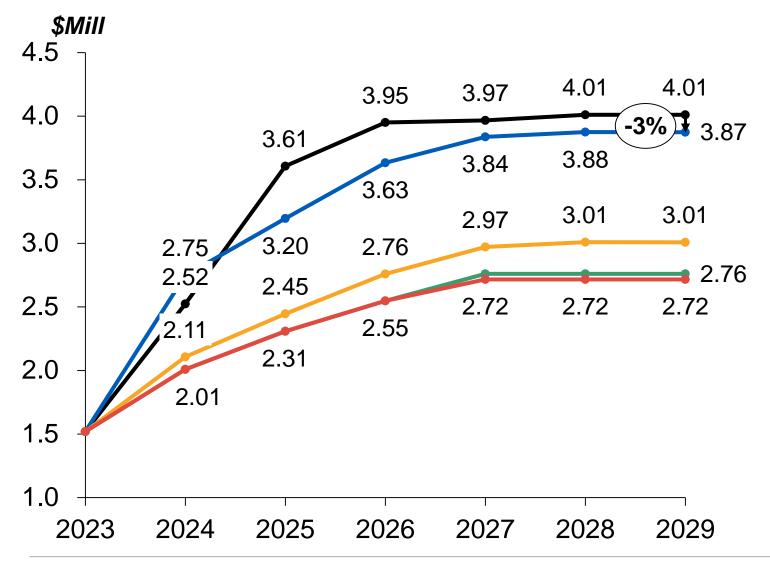
#### **Costings: Portfolio Optimization – HPV, PCV, and IPV2**



Gavi
The Vaccine Alliance

NOTE: Only financing for Gavi-eligible vaccines reflected: Penta, PCV, MR, HPV, IPV

### **Costings: Switches + introductions**



- Current GoL financing projections incl. trad. vaccines
- Current portfolio + HPV & PCV optimization + Rota & Hexa intros
- Current portfolio + HPV & PCV optimization + Rota & IPV2 intros
- Current porfolio + HPV & PCV optimization + IPV2
- Current portfolio + HPV & PCV optimization
- Savings of 3% in total vaccine costs per year if GoL implements all possible vaccine switches available
- Rotavirus introduction will increase vaccines costs by ~\$245K annually from transition onward
- Hexavalent introduction will increase vaccine costs by ~\$909K annually from transition onward



avi (\*

NOTE: Only financing for Gavi-eligible vaccines reflected: Penta, PCV, MR, HPV, IPV Hexa = Switch from Penta and IPV

#### **HPV** vaccine experience

- Lao PDR introduced HPV vaccination in early 2020 with support from Gavi and partners
- The procurement of vaccines is channeled through UNICEF country office and Supply division
- Lao PDR uses HPV 4 valent, 1 dose vial vaccine to vaccinate eligible girls
- Lao PDR has met its co-financing obligation in 2023 and 2024 for procurement of HPV vaccines
- The procurement of vaccines is triggered following a consultative vaccine forecasting exercise in TWG meetings
- With HPV switch to 1 dose schedule targeting 10 years old schoolgirls and 11
  YO who missed vaccination in previous year, the requirement has decreased,
  and the annual requirement is under 100k doses.
- Lao PDRs annual vaccine requirement is estimated to cost approx. USD 500,000



#### Consideration

- Increased capacity at National level Financial Management
- Partner roles & TCA on EPI, RMNCAH, PHC and community health
- Realistic budgets and plans more focus at health facility/district level
- How to increased funding for districts/ increased oversight on districts

#### Key Messages for Lao PDR on Strategic Gavi Transition:

- 1. **Improve Health Indicators:** Countries should focus on key health metrics like lowering child mortality rates and increasing life expectancy. Community outreach programs can help boost immunization rates, especially for DTP, by identifying gaps in vaccination.
- 2. **Strengthen Local Decision-Making and Support:** Involving local stakeholders in decision-making can improve vaccine delivery. It is crucial to secure political commitment at all government levels to maintain support for vaccination programs and PHC initiatives.
- 3. **Strategies to Local Needs:** Countries must assess their unique sociodemographic profiles to identify challenges in their immunization efforts. Strategies should address specific cultural and accessibility needs to enhance vaccine uptake.
- 4. **Create Sustainable Funding Sources:** To capture economic challenges, countries should look for alternative funding options, such as public-private partnerships and greater government health budgets. Insurance schemes can also reduce out-of-pocket expenses, making vaccinations more accessible.
- Plan for Future Funding Shortages: As Gavi support decreases after 2025, Lao PDR should develop funding strategies to fill gaps. This may include working with international donors, securing bilateral agreements, and boosting local resource mobilization to strengthen health systems efficiently.