

HPV vaccination in the context of upcoming shifts in Gavi's grant model

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CHIC Symposium

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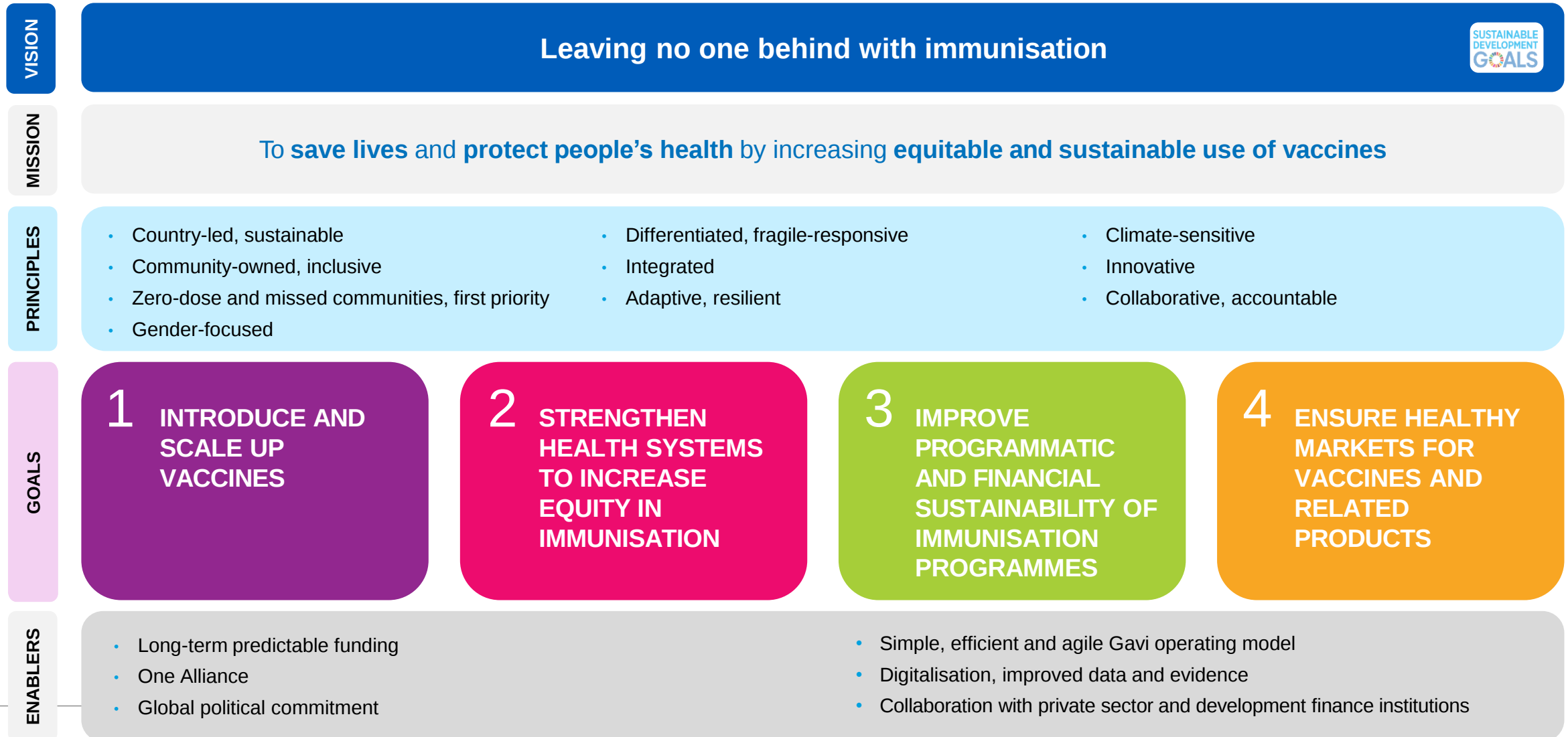


Purpose of this talk:

To describe how Gavi's grant model is changing

and reflect on how we can successfully support HPV vaccine programmes in this new context.

But first, what stays the same: The Gavi 6.0 strategy affirms continued support to leaving no one behind with immunisation



Gavi Leap

*Transforming through simplicity,
transparency and synergy*

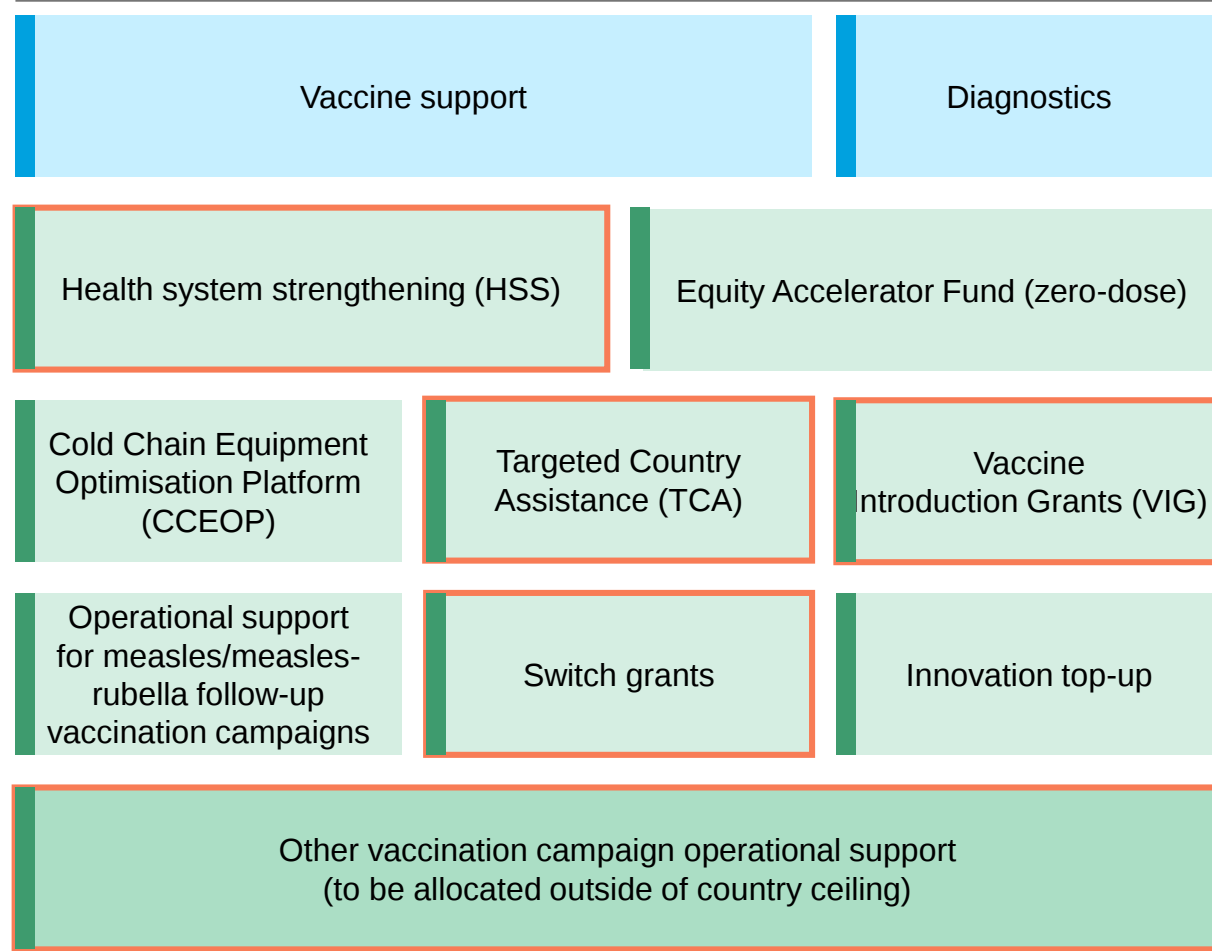
- Changes are required to **roll out 6.0**
- Enables **reform of Gavi in a new era**
- Principles are a blueprint for a **wider global health leap**
 - Country centricity
 - Country sovereignty
 - Focused mandates
 - Finite lifespans

GAVI LEAP

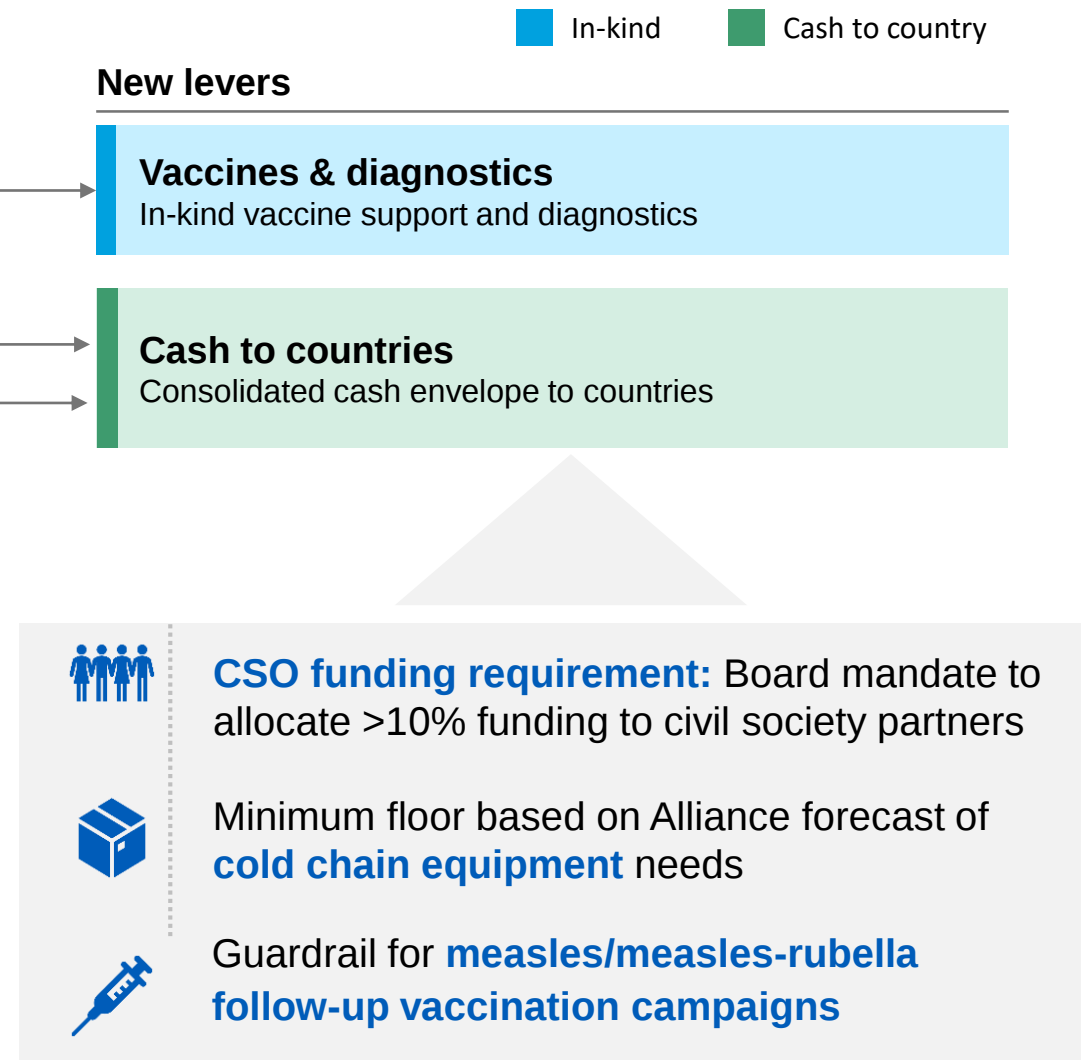
COUNTRY FIRST
TUNING ENGINE
POWERING PARTNERSHIPS
HARNESSING FUTURE
INTELLIGENT AGE

Key change: Consolidation of many funding levers to two, end of special HPV levers

Previous levers



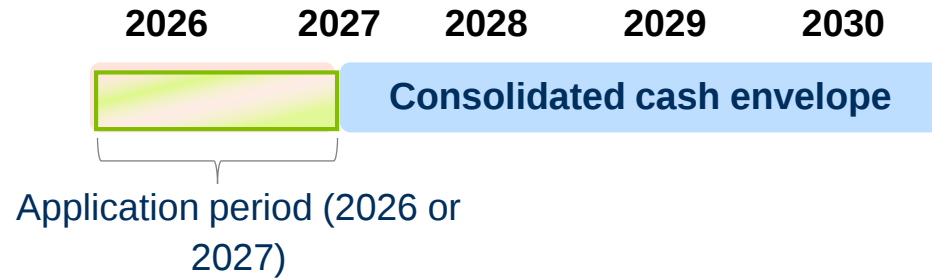
New levers



Key change: Transition into the consolidated grant cycle

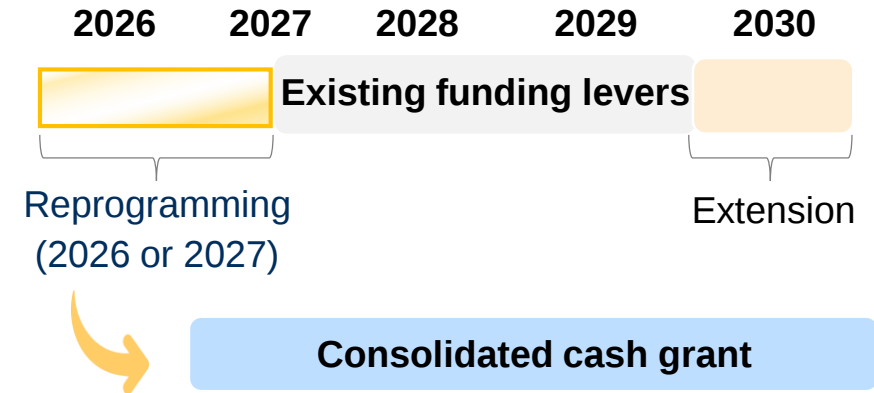
A. Single holistic application (60% of countries)

Sample transition



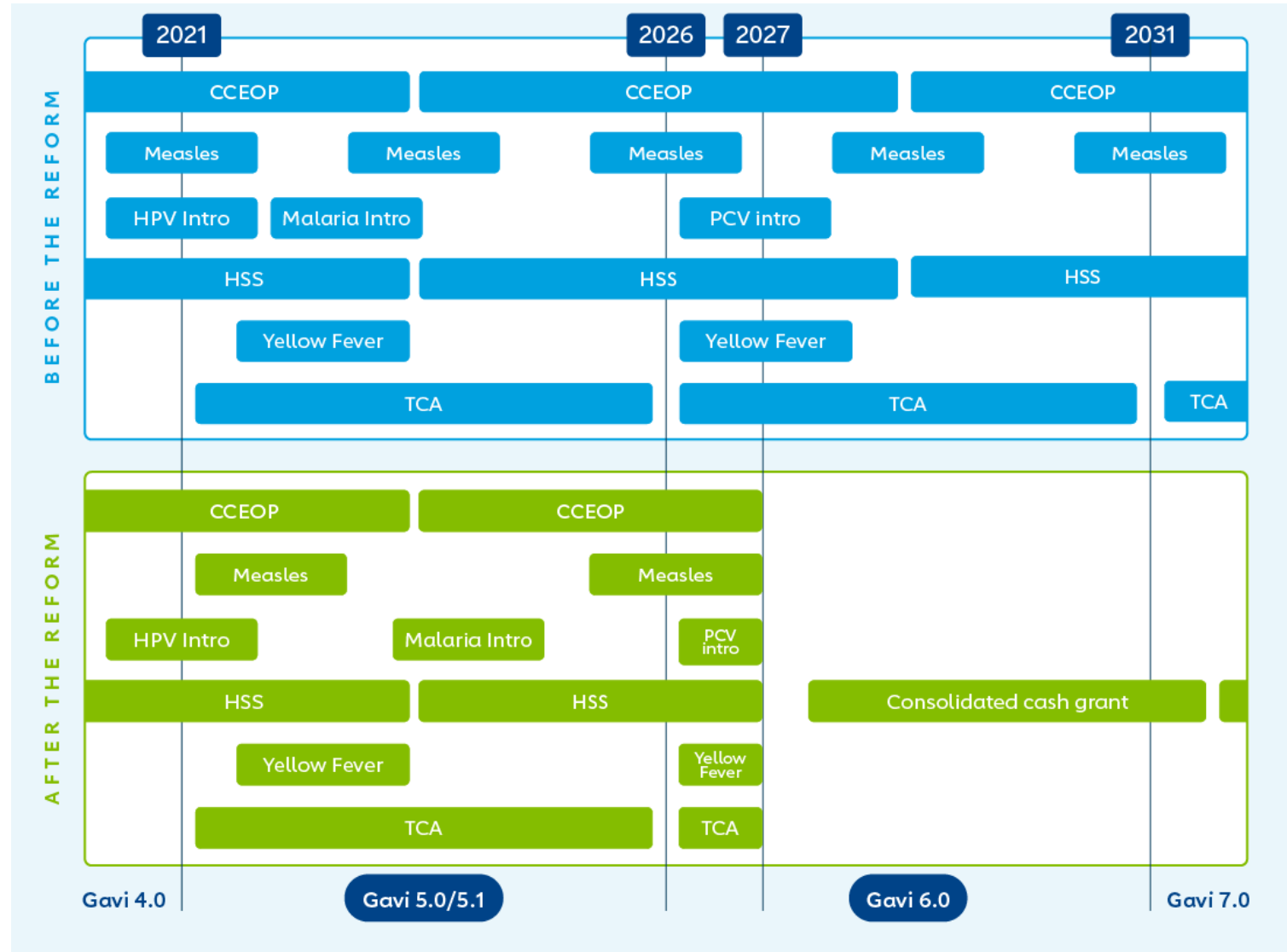
B. Reprogramming and funding lever consolidation (40% of countries)

Sample transition



**Introduction of ‘use it or lose it’ principle for country funding allocation
is critical to sustain grant cycle alignment**

Example: what funding lever consolidation & grant cycle alignment looks like in practice



Other key changes in Gavi support impacting HPV vaccine programme costs and sustainability

- **Overall decrease** in resources available
- Potential introduction of **country vaccine budgets**
- **Co-financing policy changes**, indicating need to select an optimized portfolio:
 - **Initial Self-Financing countries:** 4% of vaccine costs for HPV rather than \$0.20 per dose
 - **Multi-age cohort campaign cofinancing** newly required
 - **Revised eligibility** for some countries
 - Final cofinancing policy for 2026 has been shared from Gavi to Ministries of Health and Finance:



Product	Price per dose	ISF cofinancing amount per dose (indicative)
Cervarix (GSK)	\$5.18	\$0.21
Gardasil-4 (Merck)	\$4.50	\$0.18
Cecolin (Innovax)	\$2.90	\$0.12
Walrinvax (Walvax)*	\$2.80	\$0.11



Adobe Acrobat
Document

How can we support sustained HPV vaccination programs in the Gavi 6.0 context?



Recommendation 1:

Plan for sustained HPV vaccine delivery in the context of holistic EPI planning and funding

Recommendation 2:

Look for opportunities to integrate HPV vaccines with other services for school-age children

Recommendation 3:

Consider opportunities to optimize vaccine portfolio, including for HPV

Asanteni Sana