

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

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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

VISION

MISSION

**PRINCIPLES** 

Leaving no one behind with immunisation



To save lives and protect people's health by increasing equitable and sustainable use of vaccines

- Country-led, sustainable
- Community-owned, inclusive
- Zero-dose and missed communities, first priority
- Gender-focused

- Differentiated, fragile-responsive
- Integrated
- Adaptive, resilient

- Climate-sensitive
- Innovative
- Collaborative, accountable

**INTRODUCE AND SCALE UP VACCINES** 

**STRENGTHEN HEALTH SYSTEMS** TO INCREASE **EQUITY IN IMMUNISATION** 

**IMPROVE PROGRAMMATIC** AND FINANCIAL **SUSTAINABILITY OF IMMUNISATION PROGRAMMES** 

**ENSURE HEALTHY MARKETS FOR VACCINES AND RELATED PRODUCTS** 

**ENABLERS** 

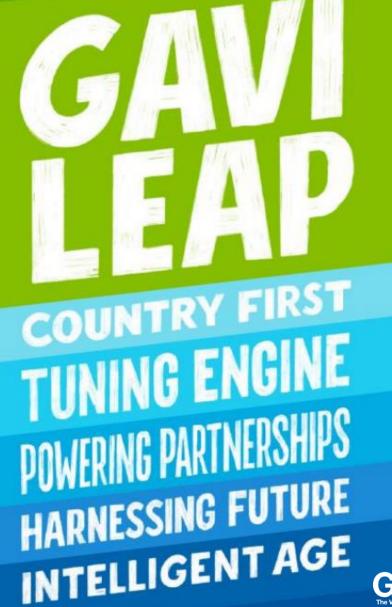
- Long-term predictable funding
- One Alliance
- Global political commitment

- Simple, efficient and agile Gavi operating model
- Digitalisation, improved data and evidence
- Collaboration with private sector and development finance institutions

# Gavi Leap

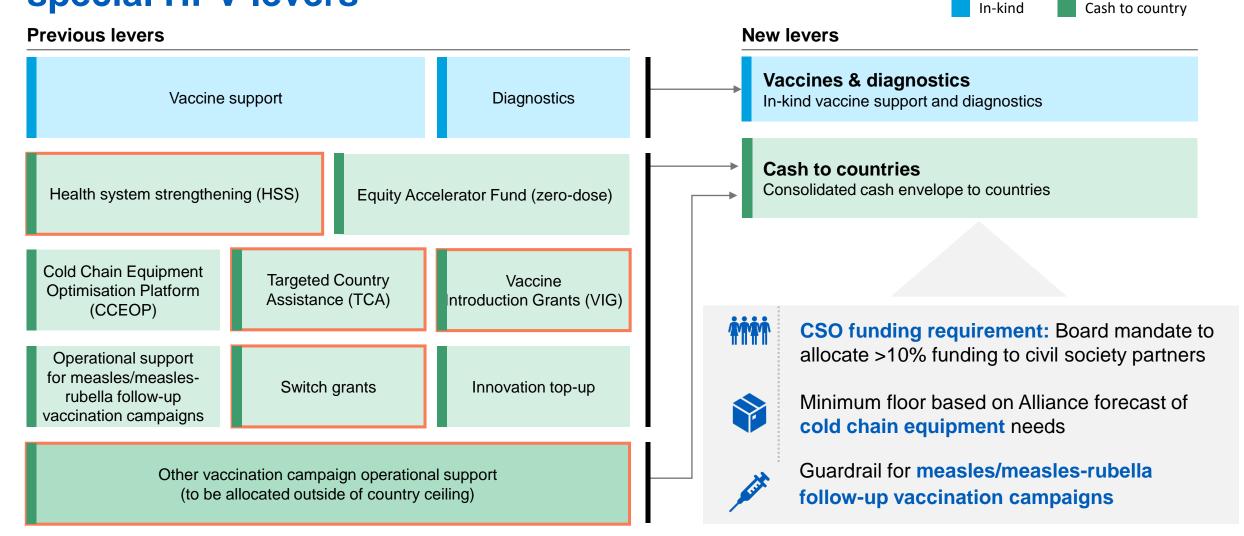
Transforming through simplicity, transparency and synergy

- 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





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

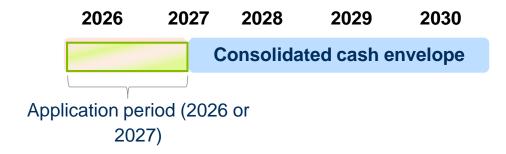




#### Key change: Transition into the consolidated grant cycle

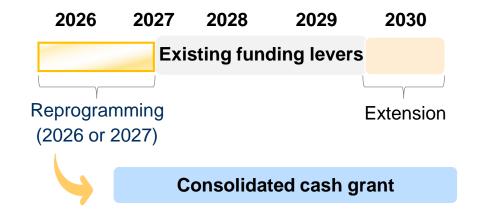
## A. Single holistic application (60% of countries)

Sample transition



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

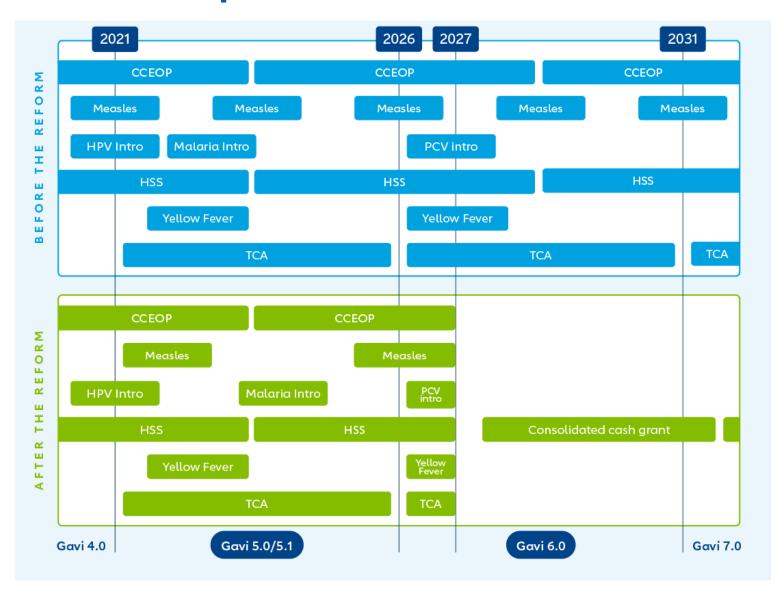
Sample transition



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





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





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