

# Gavi Rabies PEP vaccine programme

United Against Rabies Forum Meeting - 25 September 2024

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# Objectives

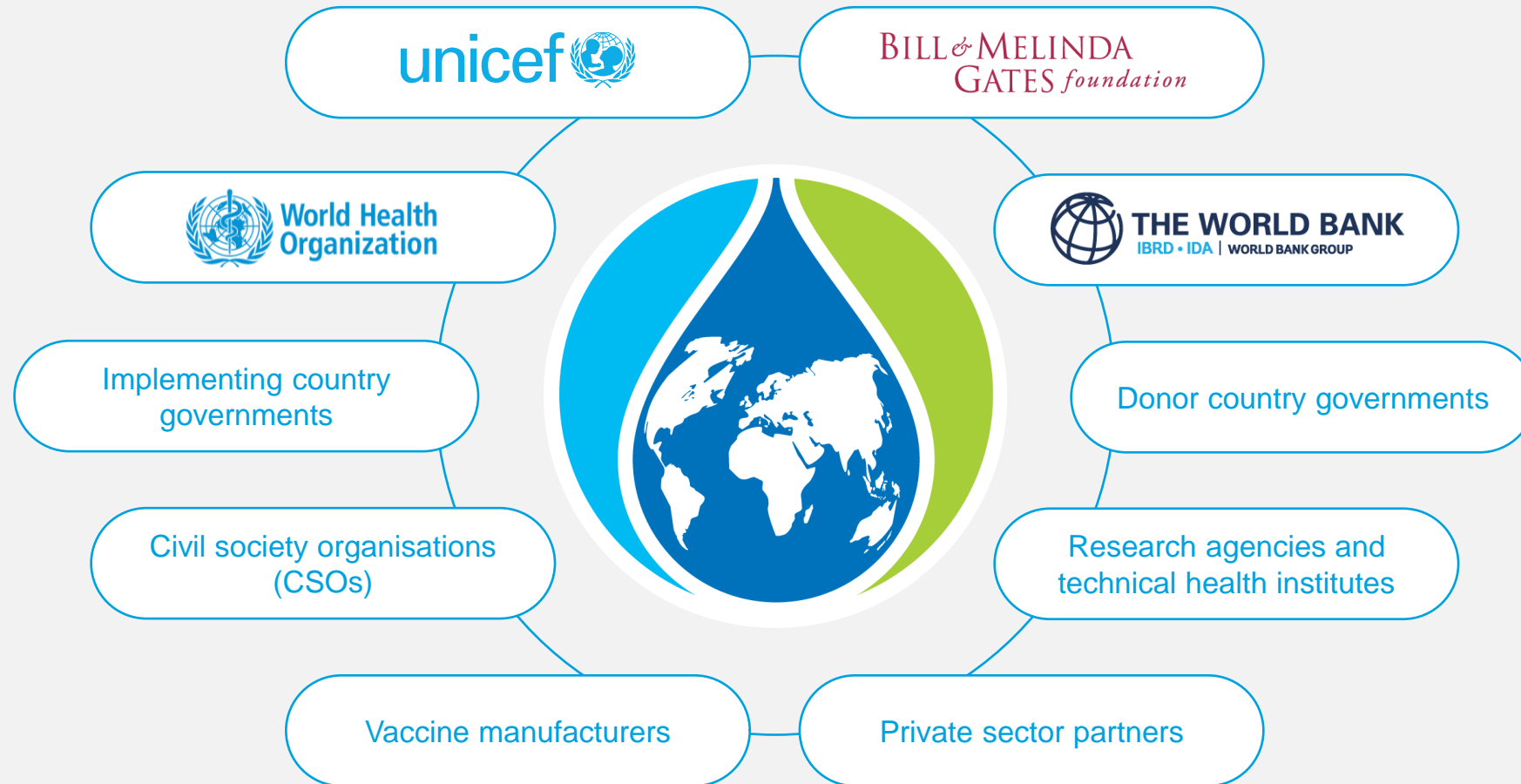
- Introduce Gavi, The Vaccine Alliance
- Introduce Gavi application processes & key guidelines
- Describe key programmatic requirements for countries to access funding support



1

# Background to Gavi

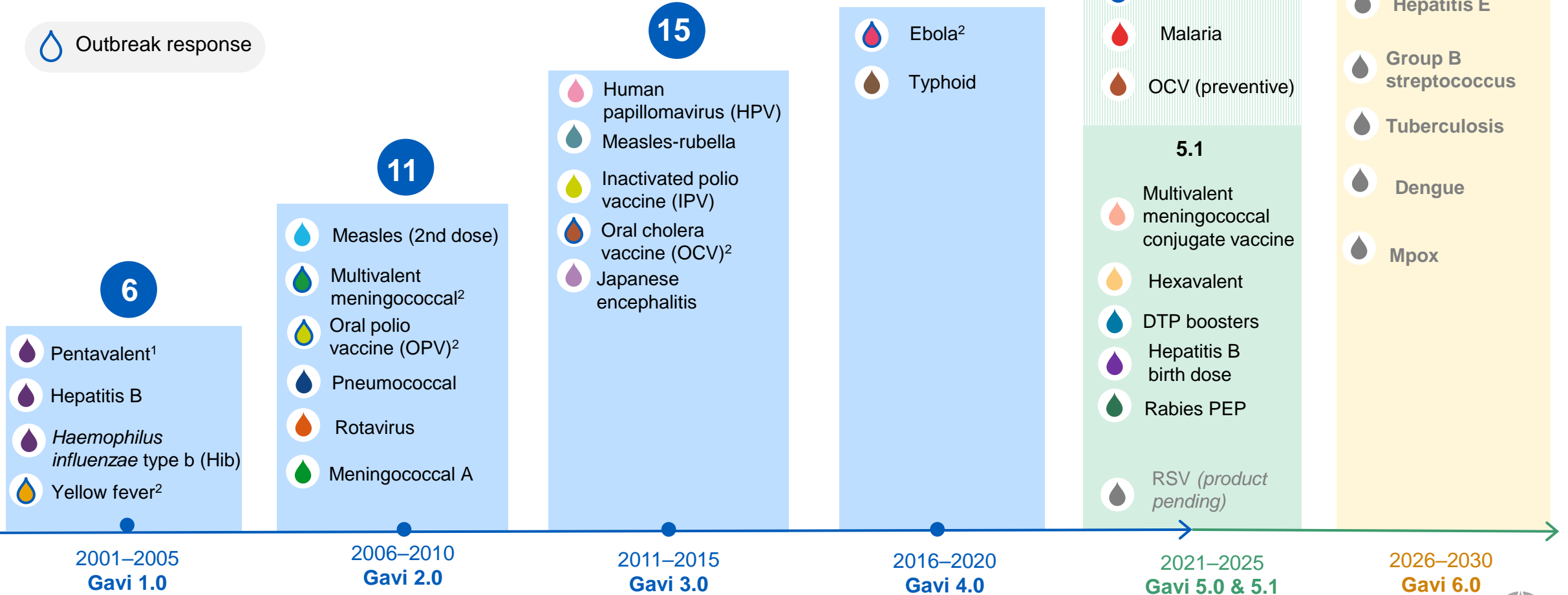
# Vaccine Alliance partners



# Evolution des vaccins soutenus par GAVI

Gavi fournit désormais des vaccins contre 20 maladies infectieuses à travers 46 présentations de produits

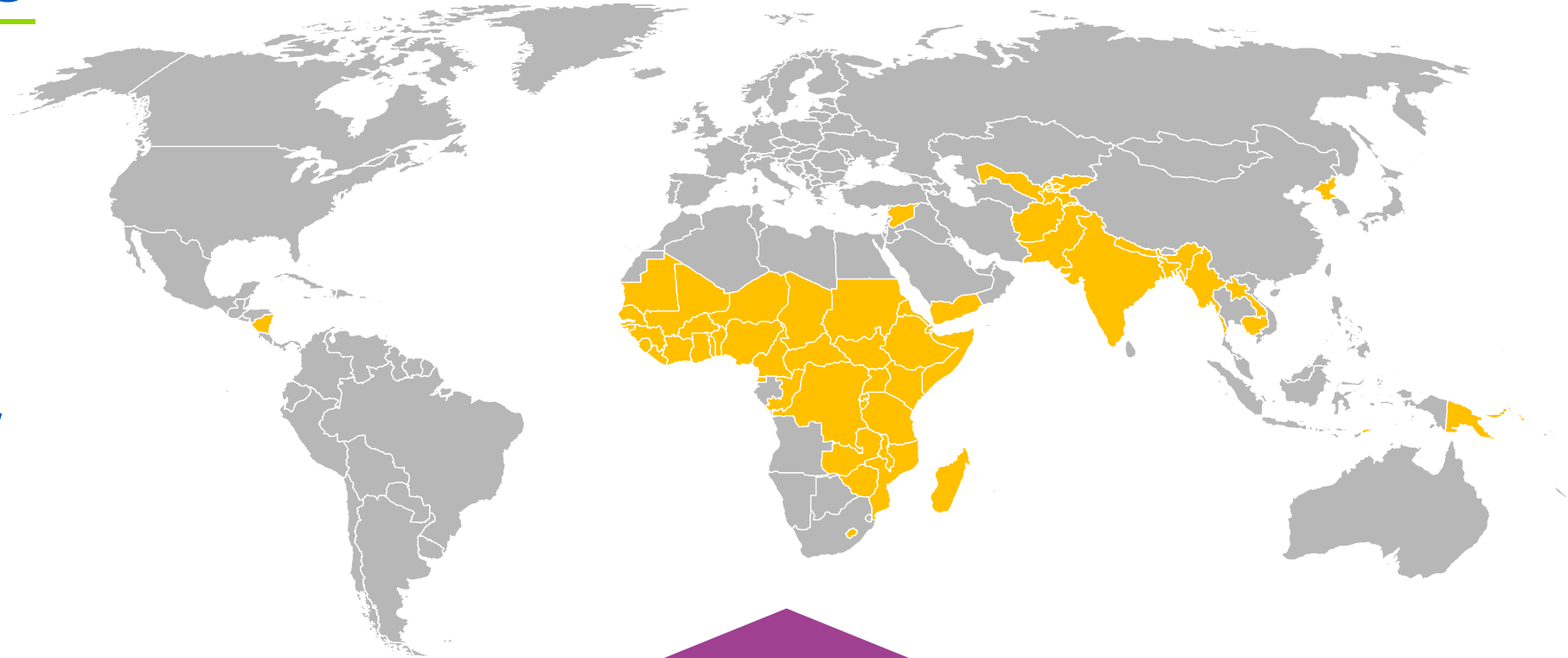
Outbreak response



# How Gavi supports countries: three key financing levers

**54**

**countries  
eligible for  
new Gavi  
support in  
2023**



**Health system strengthening  
support (\$2.4B\*)**



**Vaccine  
support (\$5.3B\*)**

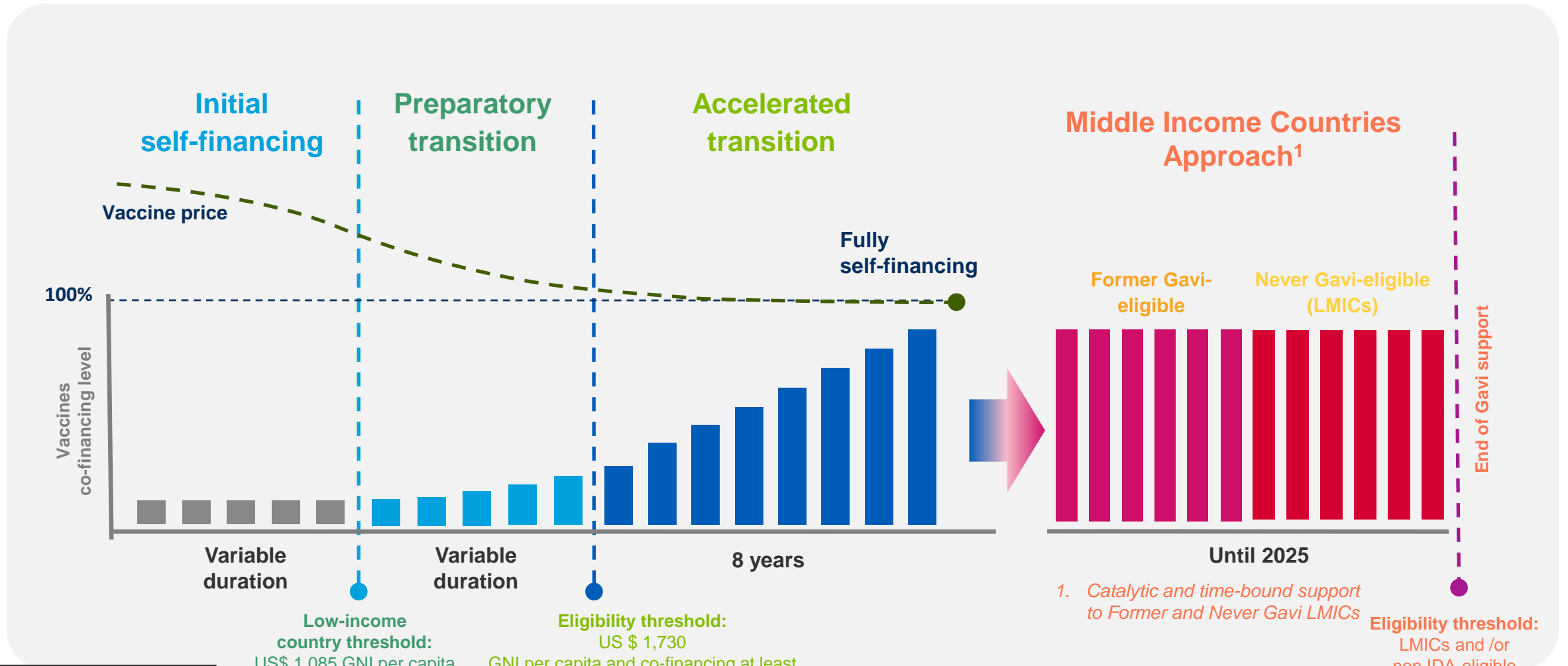


**Technical  
assistance (\$1.2B\*)**

\*2021-2025 forecast expenditure excluding COVAX support



# Gavi's eligibility, transition, co-financing policy and MICS approach



## Co-financing policy

0.20 cents per dose

15% increase of portfolio

Linear increase over 8 years

1. Catalytic and time-bound support to Former and Never Gavi LMICs

Eligibility threshold: LMICs and /or non IDA-eligible



# Eligibility for Gavi support

## Initial self-financing

- Afghanistan
- Burkina Faso
- Burundi
- Central African Republic
- Chad
- Democratic Republic of the Congo
- Democratic People's Republic of Korea
- Eritrea
- Ethiopia
- Gambia
- Guinea
- Guinea-Bissau
- Liberia
- Madagascar
- Malawi
- Mali
- Mozambique
- Niger
- Rwanda
- Sierra Leone
- Somalia
- South Sudan
- Sudan
- Syrian Arab Republic
- Togo
- Uganda
- Yemen
- Zambia

## Preparatory transition phase

- Benin
- Cambodia
- Cameroon
- Comoros
- Congo
- Haiti
- Kyrgyzstan
- Lesotho
- Mauritania
- Myanmar
- Nepal
- Pakistan
- Senegal
- Tajikistan
- UR Tanzania
- Zimbabwe

## Accelerated transition phase

- Bangladesh
- Côte d'Ivoire
- Djibouti
- Ghana
- Kenya
- Lao People's Democratic Republic
- Nigeria
- Papua New Guinea
- Sao Tome and Principe
- Solomon Islands



2

# Rabies vaccine support application process overview & key Gavi guidelines



# Coordination of the application process

- Gavi works directly with the Ministry of Health through the Essential Programme on Immunization (EPI)
- In most countries rabies vaccination is outside the EPI
- New vaccine introductions have financial implications for countries & there is often a prioritisation list with EPI
- EPI has visibility of other Gavi funding streams available to the country that can be leveraged for the rabies programme
- Rabies vaccine program managers **MUST** reach out to their EPI counterparts before starting an application to Gavi
- The Gavi Senior Country Manager (SCM) is the primary contact point for all Gavi business in the country & all communications should come through them

# Gavi guidelines

Gavi.org → Programmes & Impact → How our support works → [Gavi Support Guidelines](#)

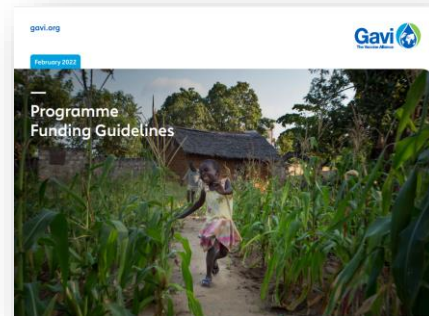


## [Application Process Guidelines](#)



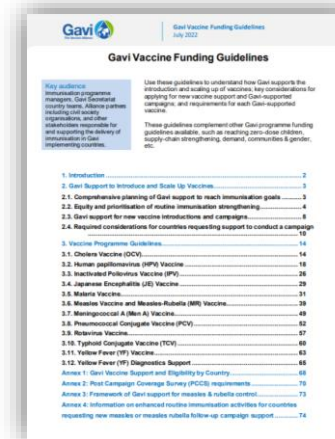
[Directives pour le processus de demande de Gavi](#)

## [Programme Funding Guidelines](#)



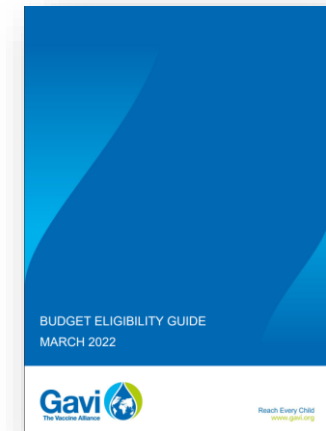
[Directives de financement du programme Gavi](#)

## [Vaccine Funding Guidelines](#)



[Directives de Gavi pour le financement du soutien aux vaccins](#)

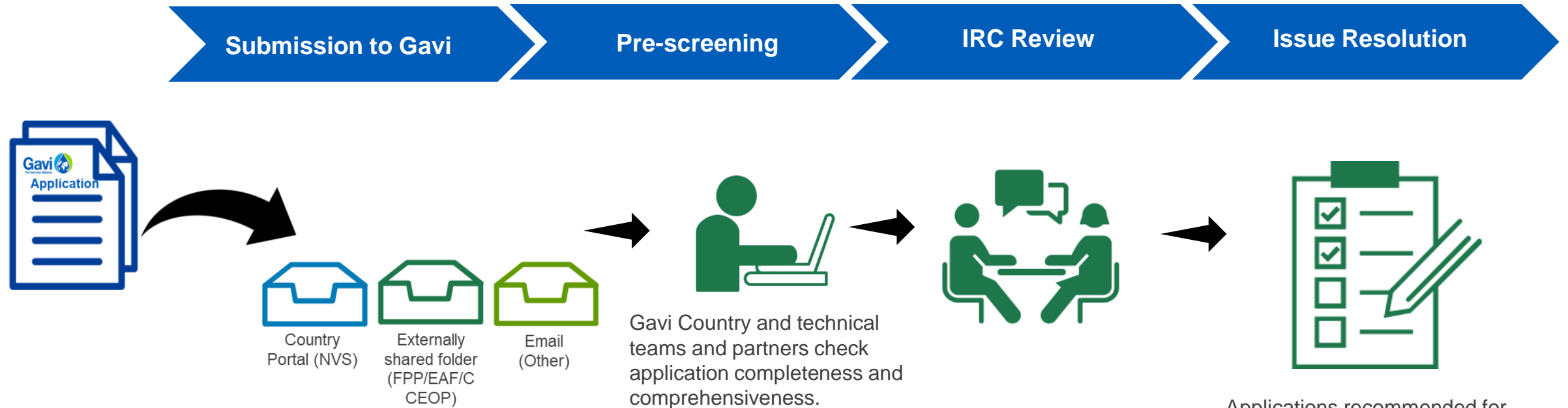
## [Budget Eligibility Guide](#)



[Guide d'éligibilité budgétaire de Gavi](#)



# Application Submission Process



Applications recommended for approval usually contain 'issues to be addressed' which need to be clarified before the grant can move forward. This process is called Issue Resolution.

**Note:** Technical assistance in the form of consultants to support application development is available and can be requested through the respective Gavi SCM

# Independent Review Committee (IRC) Overview

- The IRC is established by the Board to serve as an **independent, impartial group of experts seeking to guarantee the integrity and consistency of an open and transparent funding process.**
- The IRC reviews **all requests for new funding**
- Composed of a wide range of experts in public health, epidemiology, relevant vaccines and diseases, finance and economics, supply chain, equity, fragile settings, etc.
- The **IRC pool of experts** currently consists of 99 members from across the globe: 38% from Africa, 31% from Europe, 21% from North America, and 3% from Asia; 38% of members are from Gavi-eligible countries.

## 2023 IRC Review Rounds

ROUND OPENING (ON THE PORTAL)	2024 DEADLINE FOR SUBMISSION	2024 IRC MEETING (INDICATIVE DATES)
~2mths prior	25 January	11–22 March
~2mths prior	18 April	3–14 June
~2mths prior	23 September	4–15 November



3

# Gavi Rabies Vaccine programme support







## Table of contents

Use these guidelines to understand how Gavi, the Vaccine Alliance supports the introduction and scaling up of vaccines; key considerations for applying for new vaccine support and Gavi-supported campaigns; and requirements for each Gavi-supported vaccine.

These guidelines complement other guidance, such as the Gavi [Programme Funding Guidelines](#) and [Budget Eligibility Guide](#).

To navigate the document, use the two buttons in the top-right of each page:

-  [Table of contents](#)
-  [Vaccine programme guidelines \(chapter 3\)](#)

<b>1</b>	<b>Introduction</b>	3
<b>2</b>	<b>Gavi support to introduce and scale up vaccines</b>	4
2.1	Comprehensive planning of Gavi support to reach immunisation goals	4
2.2	Equity and prioritisation of routine immunisation	5
2.3	Gavi support for new vaccine introductions, campaigns and optimisation	8
2.4	Required considerations for countries requesting campaign support	10
2.5	Gavi support for vaccines optimisation and switches	12
2.6	Support to middle-income countries	19
<b>3</b>	<b>Vaccine programme guidelines</b>	20
3.1	Oral cholera vaccine	23
3.1.1	Cholera diagnostics support	29
3.2	COVID-19 vaccine	32
3.3	Diphtheria, tetanus and pertussis (DTP)-containing vaccine boosters	34
3.4	Ebola vaccine	38
3.5	Hepatitis B birth dose vaccine	42
3.6	Hexavalent vaccine	46
3.7	Human papillomavirus vaccine	49
3.8	Human rabies post-exposure prophylaxis vaccine	62
3.9	Inactivated polio vaccine	67
3.10	Japanese encephalitis vaccine	70
3.11	Malaria vaccine	73
3.12	Measles vaccine and measles-rubella vaccine	79
3.13	Meningococcal vaccine	89
3.14	Pneumococcal conjugate vaccine	95
3.15	Rotavirus vaccine	101
3.16	Typhoid conjugate vaccine	105
3.17	Yellow fever vaccine	109
3.17.1	Yellow fever diagnostics support	112

# Vaccine Funding Guidelines

# Programme overview



Available  
support

- **Incremental support** (in addition to existing domestic funding) to help reinforce and strengthen countries' existing rabies programmes.
- **Vaccine procurement and associated supplies (e.g., injection safety devices);** No support for Prep or rabies immune globulin (RIG)
  - Details of supported products are [here](#)
- **Vaccine Introduction Grants (VIGs):** Financial support for activities to facilitate the introduction of the rabies PEP vaccine
- **Other Gavi support** – The rabies PEP vaccine will be introduced with a non-traditional schedule across all age groups. Countries are encouraged to utilise the full range of Gavi support including HSS grants (within the existing ceiling after accounting for other programmatic priorities), TCA and, where applicable, EAF to support the establishment and strengthening of platforms for delivery of these vaccines.

# Key programmatic considerations

- **Country decision for vaccine introduction:** applications must provide a confirmation of the country's decision to introduce the rabies PEP vaccine - **Minister of Health or delegated authority** signoff, minutes of the **National Immunization Technical Advisory Group (NITAG) & immunisation Inter-agency Coordination Committee (ICC)** meeting, or any other policy body in the country that made the recommendation for rabies vaccine introduction
- **Target population and dose estimation:** vaccine targets all age groups and is given post-exposure (after dog bite) – potential challenges with defining targets and dose estimation
- **Vaccine delivery schedules:** Countries are strongly encouraged to transition from IM to ID schedules and use Gavi VIGs support for this including for relevant training of healthcare workers (HCWs). Countries are required to submit their detailed training plans as part of their HRVIP.

# Key programmatic considerations

- **Comprehensive rabies control:** vaccination plan should be based on the **national rabies control strategic plan**, which demonstrates complementary multi-sectoral rabies control activities, including collaboration with dog rabies control services
- **Service integration:** Need for stronger integration with primary health care services (PHC).
- **Strengthened surveillance:** It is strongly encouraged that countries implement IBCM to enhance quality data collection of [minimum data elements](#) for monitoring and evaluation of national rabies control programmes
- **Current rabies PEP vaccination programme:** Countries are required to provide a description of their current human rabies vaccination programme that includes the domestic funding committed towards the programme. Gavi support being incremental will not displace existing domestic funding.
- **Equity considerations:** Country applications are required to describe how equitable access, including for example gender-responsive programme design, to the rabies vaccine will be addressed.



2

# Estimation of vaccine dose requirements



# Approach to forecasting

- Forecasting and target setting for other EPI vaccines based on the birth cohort
- In the case of rabies, the birth cohort is not the target
- Most countries have no reliable dog bites and PEP consumption data
- Modeling may be used as countries introduce vaccines
- Country can use other data with clear justification and identification of sources
- Forecast will be refined as more historical consumption data becomes available



# Demand forecast approach - a country level

Demand on a global level  
in a given year

=

$\Sigma$

Total demand for the  
countries that have  
introduced the vaccine

Demand on a country  
level in a given year

Demand on a  
country level

=

PEP  
Population

×

No. of doses

×

Wastage  
factor

+

Buffer

Estimated number of  
individuals bitten by  
dogs seeking PEP care  
annually, based on PEP  
usage data or on a proxy  
(Sreenivasan et al.).

Number of doses for full  
vaccination (ID IPC  
regimen only), factoring  
dropout rates

Wastage factor  
assumption depending  
on the vial presentation

Provision made to  
cover unforeseen  
circumstances  
(delayed  
deliveries, etc.)

# Vaccine delivery strategies

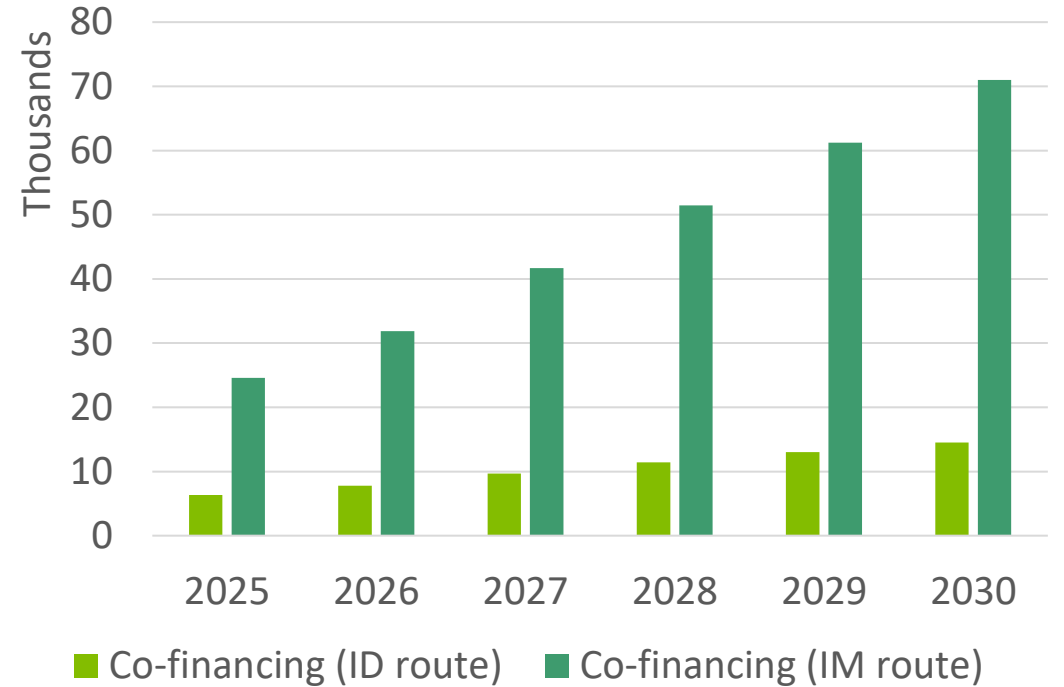
- The Gavi programme will support both ID & IM vaccination as recommended by WHO
- ID vaccination has clear benefits
- Countries are encourage to transition from IM to ID vaccination as much as is possible
- The choice of strategy has an impact on the co-financing obligations for the country

	2025	2026	2027	2028	2029	2030	Annual average
<b>Total volume vials_ID</b>	31708	38859	48426	57172	65198	72589	52325
<b>Total volume vials_IM</b>	122941	159429	208289	257149	306009	354870	234781
<b>Co-financing (ID route) (USD)</b>	6342	7772	9685	11434	13040	14518	<b>10465</b>
<b>Co-financing (IM route) (USD)</b>	24588	31886	41658	51430	61202	70974	<b>46956</b>

# Co-financing ISF country example

- As per Gavi co-financing policy, countries in Initial Self-Financing phase are responsible for procuring the equivalent of \$ 0.20 per one-dose vial (1mL).
- Depending on the chosen administration route, the country would be in charge of co-procuring (co-financing):

	2025	2026	2027	2028	2029	2030	Annual average
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*Increase in co-financing is mostly explained by the assumption that the target population will increase significantly over time (from 30k in 2025 to 100k in 2030).*

# Next steps

- Liaise/Advocate with EPI/MoH colleagues to ensure that rabies is appropriately prioritized
- After alignment request technical assistance for application development from Gavi
- Next application window in January 2025

# Thank you