

CO-FINANCING ARRANGEMENTS FOR INACTIVATED POLIOVIRUS VACCINE (IPV) POST 2020

BOARD MEETING

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Principles of IPV support and investment options

Principles of IPV engagement

Scope of support

- Polio eradication deemed a global public good, IPV is its “insurance policy”
- Gavi support will aim to align with SAGE recommendations
- Balance risk of IPV programme discontinuation against the principles of country ownership
- 70 currently IPV-supported countries
- 10 years of support following global bOPV cessation

Gavi transition phases

Support options	Initial Self-financing	Preparatory transition	Accelerated transition	Fully self-financing
1. Full support	No cost-sharing of IPV			
2. Risk-based cost sharing	No cost-sharing of IPV	No cost-sharing of IPV until bOPV cessation, then \$0.60 per target infant in birth cohort		No cost-sharing of IPV until bOPV cessation, then \$0.60 per target infant in birth cohort and ramp-up over 5 years to full IPV cost
Revised risk-based cost sharing	No cost-sharing of IPV	No cost-sharing of IPV until bOPV cessation, then \$0.60 per target infant in birth cohort		

Contextual factors and financial implications for Gavi, 2021-2030

- Expected arrival of new IPV manufacturers and country ramp-up to 2-dose schedule
- Initial availability of Hexavalent vaccine (estimated 2024)
- Close monitoring of market volume and price during this period

Support options	Gavi 5.0	Gavi 6.0
	2021 – 2025	2026 – 2030
1. Full support	US\$ 850 million	US\$ 700 million
2. Risk-based cost sharing	US\$ 800 million	US\$ 430 million
Revised risk-based cost sharing	US\$ 800 million	US\$ 555 million

Recommendation

The Gavi Alliance Programme and Policy Committee recommends to the Gavi Alliance Board that it:

Approve support for inactivated poliovirus vaccine (IPV) based on a risk-based cost sharing approach of IPV between Gavi and countries which takes into account the epidemiologic risks of poliovirus re-emergence and country ability to share the cost of IPV. Under this approach the global withdrawal of bivalent oral poliovirus (bOPV) vaccine is used as a trigger for cost-sharing in order to ensure that existing financing for bOPV is not displaced (assumed to be US\$ 0.60 per infant) from the polio programme. Thus the country financing no longer used for bOPV is used to contribute to the cost of IPV vaccine as follows: *Initial Self-financing countries*: Gavi fully finances IPV doses; *Preparatory transition countries, Accelerated transition countries and Fully Self-Financing countries*: Gavi fully finances IPV until bOPV cessation and at bOPV cessation, country funds US\$ 0.60 per targeted infant with Gavi paying the remainder of IPV costs. This approach will be reviewed by the Board in 2022.

Thank you



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