

Learning from GAVI: Lessons for Chronic Viral Hepatitis Treatment Programs

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Disclaimers

- I do not work for GAVI or represent them at this meeting
- I have no conflicts of interest with Hep B or C
- I will address some issues facing early GAVI that may be relevant to delivering treatment to millions of chronic hepatitis carriers worldwide
- I will speak about Tx of both Hepatitis B and C. I think it is a huge missed opportunity not to consider both

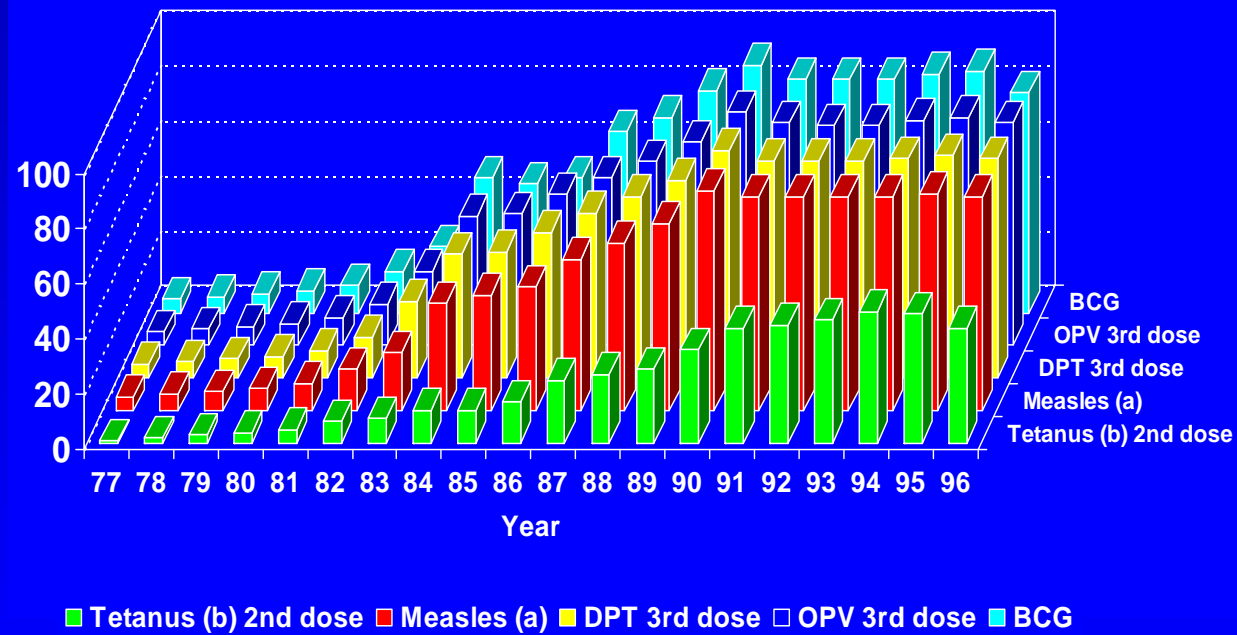
The issues

- **Recent advances in anti-viral therapies have made it possible to stabilize the progression of disease in hepatitis B carriers and “cure” hepatitis C carriers**
- **These advances allow “secondary prevention” of viral hepatitis**
- **The morbidity, mortality, and economic costs of diseases caused by chronic hepatitis B and C (liver cancer and cirrhosis) place these diseases among the most important infectious diseases, comparable to HIV/AIDS, Tb and Malaria**
- **The morbidity and mortality of hepatitis B exceeds that of all other vaccine preventable diseases**

The issues

- **Despite the enormous burden the “political will” and donor support to fund treatment has not yet developed.**
- **Hepatitis treatment not yet a global health priority but we are hoping the WHO initiative will put it there.**
- **Cost of treatment has not dropped to levels affordable to developing countries (not to mention developed ones)**
- **These issues not new and not unique. Many new advances in prevention and therapy have required their advocacy communities to overcome similar problems (eg introduction of new vaccines, AIDS, Tb, Malaria)**

Expanded Programme on Immunization coverage



GPV/EPI

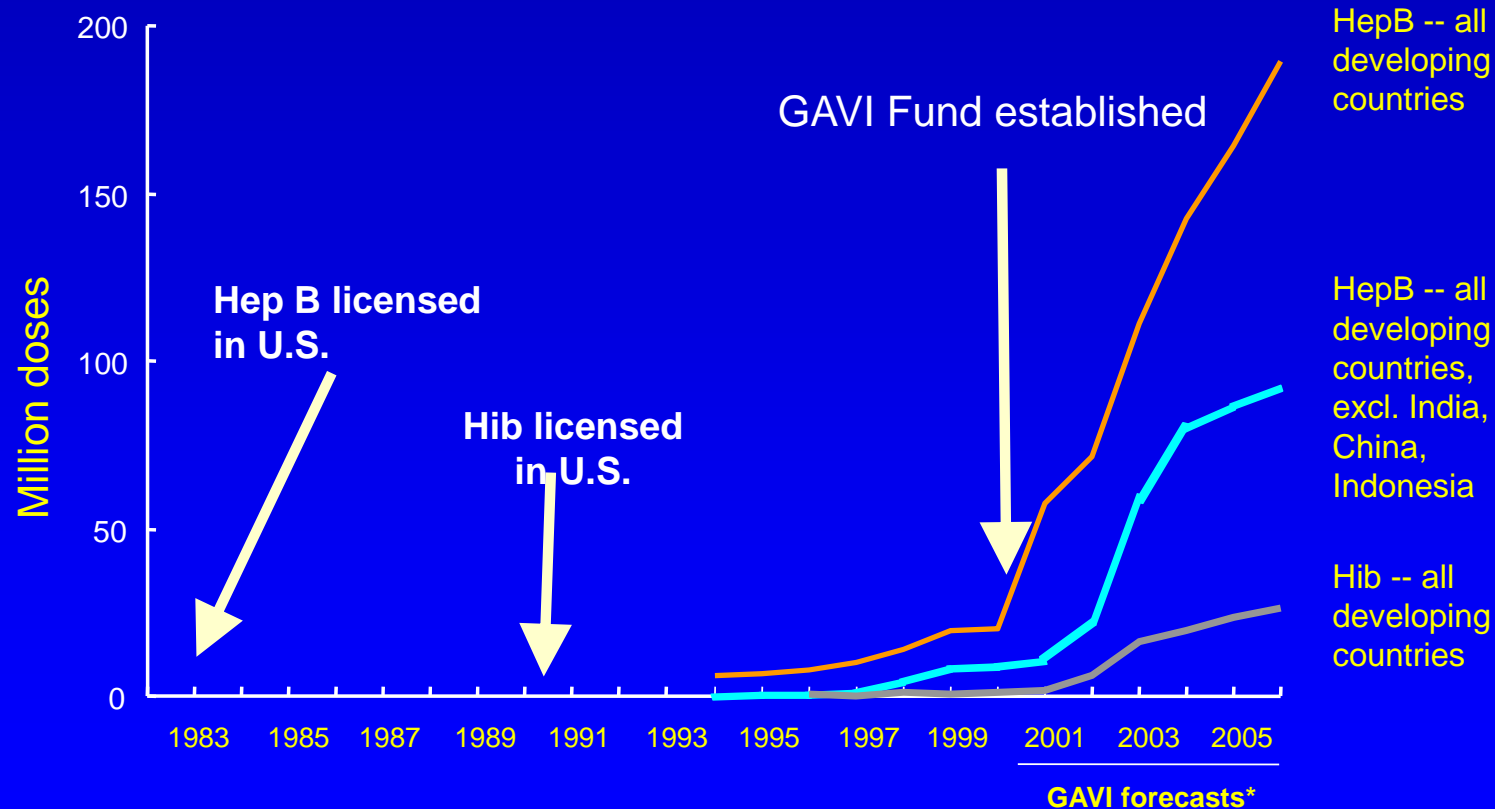


29-Apr-97

A long decade's journey into night (almost)

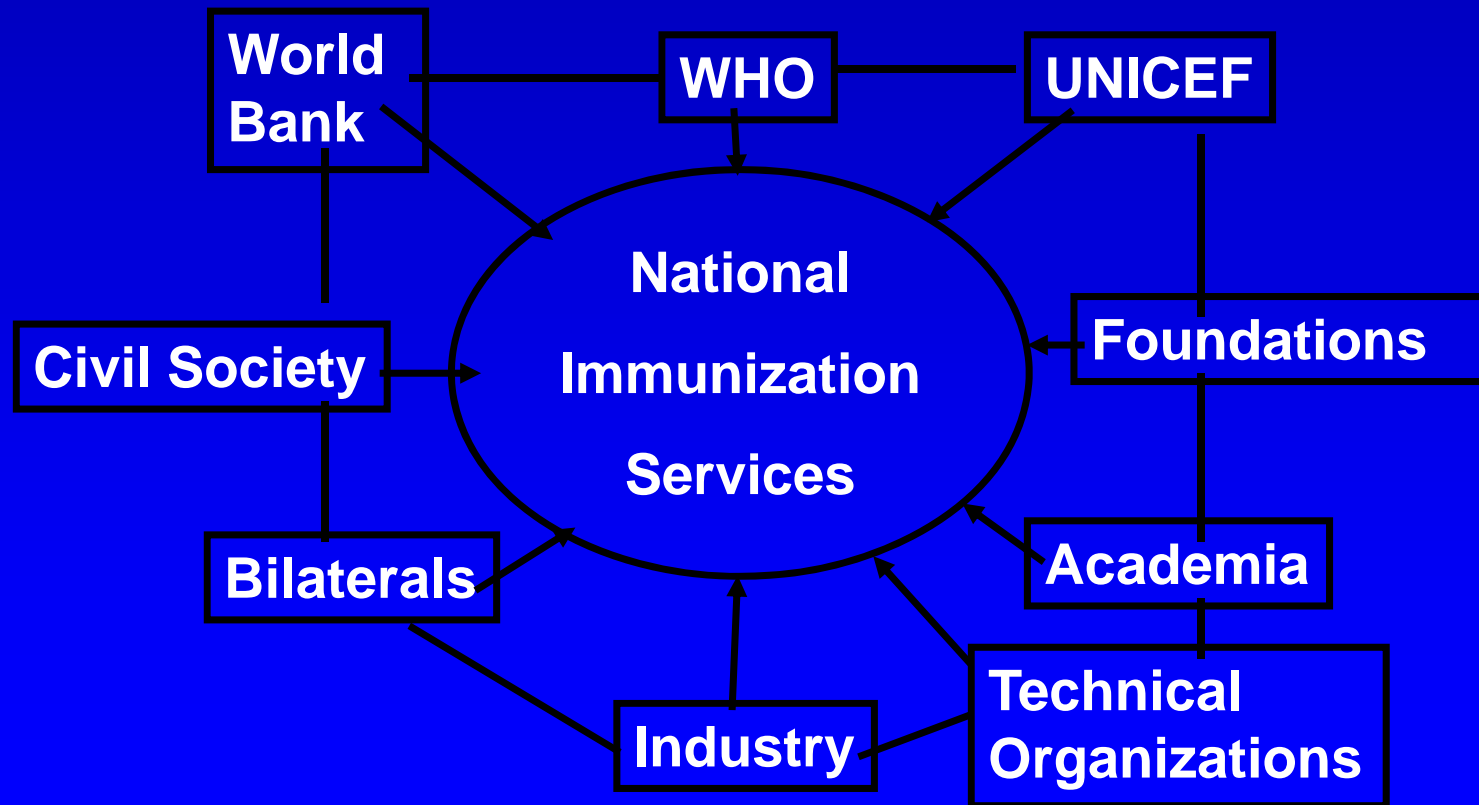
- **1980's UCI Common Agenda**
- **1990's Fragmented Agenda**
 - polio or routine or new vaccines or health reform: competitive zero sum game
- **System decay**
 - decreased donor support and interest; aging cold chain; little training and HR development; falling coverage; inability to integrate new vaccines
- **Paradigm shift**
 - child survival to health reform

Slow introduction of Hep B and Hib vaccines into developing countries



* WORLD BANK DATA

The Global Immunization Environment



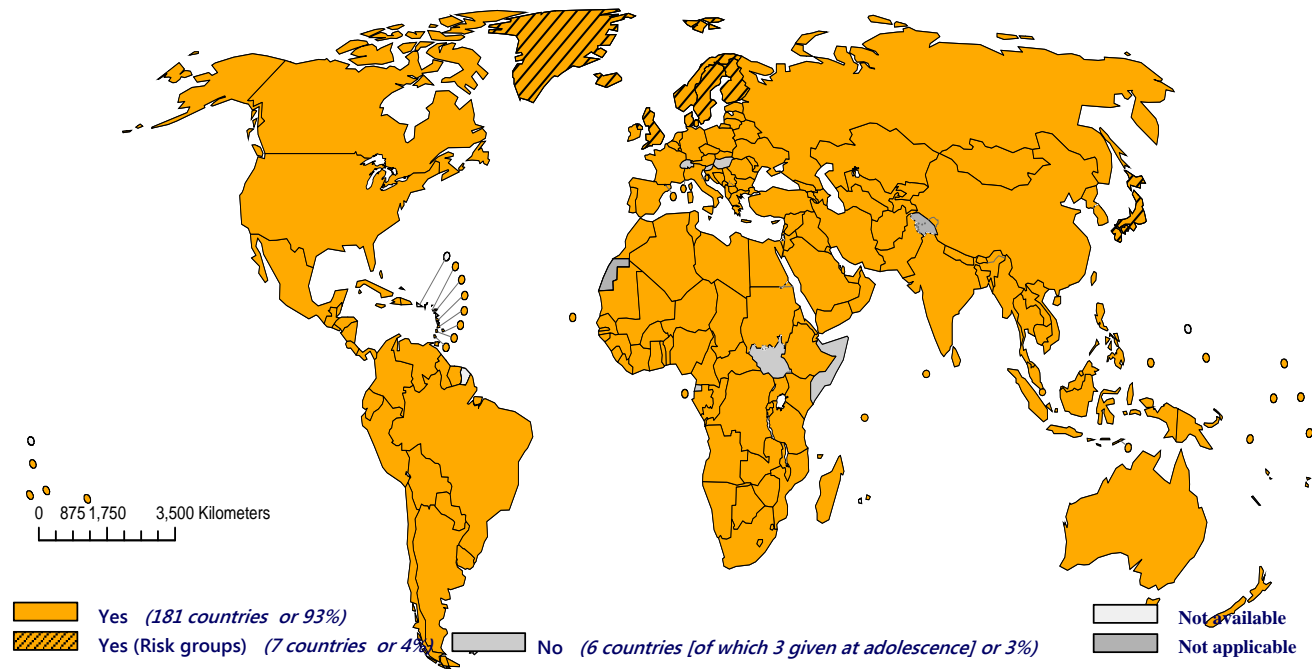
GAVI

- **A PPP of bilateral and multilateral donors, foundations, technical agencies, industry and governments funded by donor governments, Gates, and “GAVI” bonds**
- **Funded vaccines and infra for the poorest 72 countries**
- **54 countries now eligible for new vaccine support**
- **Great success in introduction of Hep B, safe injections, Hib, Pneummo. Rota, Mening A, and increasing coverage**
- **Now has billions committed over next 10 years (Gates Foundation, Governments, International Finance Facility for Immunization, Advanced Purchase Commitments)**

Global Vaccine Access Strategy

Relative Wealth	Pricing	Comment
Industrial country	Price negotiated between Govt, Insurers and Producer(s)	Public Sector Private Sector
“Middle Income”	“Tiered Price” depending on GNP	Tender and bid Little donor support PAHO revolving fund
GAVI Eligible 54 poorest countries	GAVI gets “no or low profit price” Countries pay modest co-pay $F_n(\text{GNP})$	Taxpayers , foundations in industrial world pay for newer vaccines.
China, India, Indonesia (33% of children) Huge public sector	Imported vaccine may be used in private sector but local vaccine used in public sector	Substantial local vaccine production. Joint ventures with local producers needed

Countries using Hepatitis B vaccine in national immunization schedule, 2012



World Health
Organization

Early GAVI

- **Previous collaborations in the Immunization community**
 - Smallpox, EPI, UCI, Polio Eradication, CVI
- **Children's Vaccine Initiative (CVI) formed to get new vaccines into EPI (~1990). Never touched the ground.**
- **Death of CVI was the impetus for forming GAVI**
- **Working Group (WHO, UNICEF, WB, CVP, USAID, Donors)**
 - Established “business case”, architects of structure
- **Gates Family convinced to make immunization a major focus of their new Foundation**
 - CVP at PATH Funded (\$ 100m)
 - \$750m grant established Global Fund for Children's Vaccines

Early GAVI

- **GAVI chose the architecture of an “Alliance”**
- **GF did not establish GAVI but their funding made it a major global health initiative. The fund was separate from GAVI for legal reasons until GAVI became a Foundation**
- **Support from Northern Donors and GAVI Bonds major source of funding now**

Laboratory for Innovative Procurement and Financing

- GAVI attempted to shape market for poorest countries and close time gap to availability in rich and poor
- Developing Country Vaccine Manufacturers formed
- GAVI defines products it wants (quadavalent, penta, etc)
- Advanced Market Commitment for Pneumo conjugate
- IFFIM and Government Backed GAVI Bonds
- Alternative pathway development of Meningococcal A
- Vaccine manufacturers have publicly committed to offer GAVI low prices, said to be their “cost”
 - Hep B Mono \$0.17, HPV \$4.5, Rota \$2-3.50, Pneumo \$3.5

Lessons from Early GAVI

- **Global Immunization had huge global political and funding support since smallpox and early EPI**
- **Hepatitis has a significant support community but until now not a global health political priority**
- **Existing institutions always resistant to new funding structures**
 - **Threatens influence, donor competition, competing agendas**
- **Good to find a “super donor” but don’t count on it**
- **GAVI is a mechanism to transfer resources from taxpayers in industrial countries to children in developing world**
- **Will these taxpayers pay for hepatitis Tx for adults?**

Options for Treatment

- **Hepatitis treatment is now under HIV/AIDS departments at WHO and many national health departments**
 - Will HIV/AIDS take hepatitis treatment seriously and fund these programs as they do HIV treatment?
 - Will these programs take responsibility to negotiate with anti-viral producers to get affordable prices for developing countries?
- **New WHO Initiative is a very positive visionary step sending the message that in the future all countries will be expected to identify and treat their hepatitis carriers.**
- **We will see how long it takes for the funding realities to make this a possibility for the poorer countries**

Options for Treatment

- **Now dozens of groups and meetings each year. Should the hepatitis community try to establish a PPP Alliance and a “fund” to pay for hepatitis treatment in the developing world?**
- **How would the community organize itself?**
- **Develop “business case” for hepatitis Tx**
- **Lobbying for donor funds**
- **Promote generic production of anti-virals?**

Thank You