Efficiency, prioritization, and vaccine portfolio optimization: optimization experiences & best practices

Bali, July 20, 2025

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Country Case Studies on PCV Optimization and Integration

Session on Efficiency, prioritization, and vaccine portfolio optimization: optimization experiences & best practices

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Urgent case for efficiency in immunization

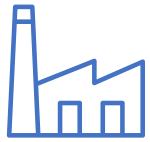
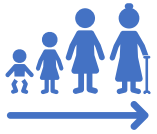
Shifting macro-economic shifts impacting aid allocation

Opportunity to drive long term changes in global health architecture

Technical Efficiency

Achieving more health outcomes with fewer resources by reducing costs, integrating health care delivery, and delivering services more effectively

Emerging trends in favour of efficiency

	Opportunity *(not exhaustive)*	Illustrative examples
	**Expanding menu** of new vaccine antigens on offer	**6-7** most common # of NVIs in Gavi74 today **10-19** eligible Vxs for Gavi countries in 6.0
	Broadening of **supplier base** and more product options (inc. low cost)	**20⟶25** suppliers in next 5yrs **3⟶6** PCV options in 5.0 to 6.0
	More **choices** on recommended immunization schedules and use cases	**>50** possible choices (product, schedule, presentation, etc.)
	Increasing number of **immunization touchpoints** across the life course	**6** touchpoints in 5.0 **8** touchpoints in 6.0 (plus pregnant & older kids)

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Sources: Gavi Board slides, VIS 2024 Assessments, Syneos Health 2024 Vaccine Benchmarking Analysis, VIS 2024 Assessments, Gates Foundation Intelligence

High impact levers for efficiency

1

Optimization

Assess new/alternative vaccine product(s), presentation(s) or schedule(s) or use(s) and switch to more opportune one(s) based on country and market context

2

Integration

Adopt an integrated approach to immunisation programming (service delivery, policy, planning and management) to ensure efficiency, promote equity and increase demand

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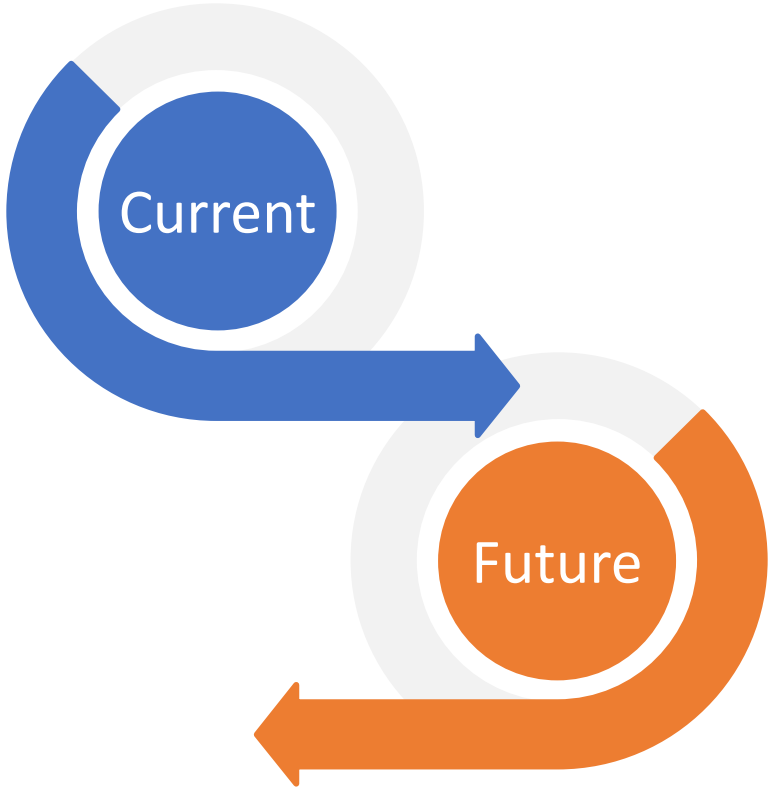
1

Optimization as the way forward

Reactive & Antigen Specific

Opportunistic and ad-hoc, switches, global-driven



Systematic, portfolio lens

Evidence-based, routine process led by country stakeholders

Focus on saving costs, market health and building local capacities

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Considerations for PCV Optimization vary depending on country context and rationale

	Kenya 	Nigeria 
Gavi Status	Accelerated Transition	Accelerated Transition
Switch Considered	Product	Product
Year of decision	2022	2024
Rationale	Financial Sustainability	Financial Sustainability And New Vaccine Prioritization

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2

Integration of immunization with other primary health care services

- Opportunity to **deploy scalable integration** models that reduce missed opportunities for vaccinations and other PHC services
- Key principles:
  - Leverage programmatic synergies
  - Consider context appropriate interventions
  - Promote learning mindset to generate evidence on the outcomes and impact
  - Identify mechanisms of sustainable and scalable solutions

Thank you

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Country Case Studies - Kenya

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PCV switch in Kenya: PCV10-4 → PCV10-5

NVIP implemented PCV Product Switch in 2022 to optimize total procurement costs

- Target population size (2022): **1,553,056**
- Switching from: **PCV10 (GSK), 4** doses/vial, liquid
- Switching to: **PCV10 (SII), 5** doses/vial, liquid
- Implementation Funding: **Gavi Switch Grant**, USD 0.25 per child in the birth cohort in the switch year
- Total Savings Unlocked: $1.05 per dose, approx. $4,891,824.40 (antigen cost savings)

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PCV switch in Kenya: PCV10-4 → PCV10-5

KENITAG reviewed evidence and recommended in favor of the PCV product switch

- In February 2021, KENITAG compiled and appraised available evidence on PCV product options in form of vaccines characteristics, effectiveness, formulation and cost
- KENITAG to recommend switch primarily driven by comparable characteristics and cost effectiveness of Pneumosil product
- NVIP decision to switch, ICC endorsement, and submitted Gavi application for implementation support
- Implementation conducted in 2022, along with RV compulsory switch

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PCV switch in Kenya: PCV10-4 → PCV10-5

Key enablers to optimization decision making include national policies and available evidence

- ✓**Available evidence**: safety, disease burden, serotype prevalence & coverage, efficacy and effectiveness
- ✓**Programmatic considerations** e.g. supply availability, cost (co-financing, cost effectiveness), sustainability, number of doses in schedule / per vial
- ✓**Supply chain:** Storage & transportation needs e.g. cold chain capacity requirements considered sufficient

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Country Case Studies - Nigeria

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PCV switch in Nigeria: PCV10-4 → PCV10-5

NPHCDA is planning to implement PCV Product Switch in Q4 2025

- Target population size (2024): **7,114,431**
- Switching from: **PCV10 (GSK), 4** doses/vial, liquid
- Switching to: **PCV10 (SII), 5** doses/vial, liquid
- Implementation Funding: **Gavi Switch Grant**, USD 0.25 per child in the birth cohort in the switch year
- Expecting to have a cumulative cost savings of ~196M for FGoN through 2030 due to this switch

PCV switch in Nigeria: PCV10-4 → PCV10-5

Latest Gavi FPP process included a systematic review of existing antigen portfolio

- FPP provided strategic vision for broader new vaccines strategy
- Costing data for current vaccine portfolio and anticipated NVIs considering accelerated transition status
- Multiple rounds of technical discussions conducted at NITAG and with New Vaccines Strategic Task team
- Inclusion in Gavi FPP request as an approach to open fiscal space to support other new vaccines (e.g. malaria, Men5)

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PCV switch in Nigeria: PCV10-4 → PCV10-5

Key enablers to optimization decision making include:

✓Having sufficient technical resource to **conduct necessary costing analysis** for informed decision-making

✓Clear **visibility of new products available** to countries to support holistic decisions on optimization and prioritization

Country Case Studies - Indonesia

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Portfolio Planning in Indonesia

National Immunization Strategy (NIS) as an opportunity for full portfolio review

- **Strong political and technical interest** to prioritize growing number of new vaccines while considering opportunities to optimize the vaccine portfolio, as well as other components of the health system.
- **Pilot use of CAPACITI** decision support tool (Country-led Assessment for Prioritization on Immunization) in 2020
- **NITAG generating recommendations** based on evidence-based, country-context specific, and transparent process
- **Costing** to inform operational feasibility, and domestic budgeting and advocacy

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Integrated planning and service delivery

Systematic approaches to strengthen immunization coverage and equity

- **Indonesia Health Transformation Agenda** focuses largely on primary health: promoting healthy lifestyle, expanding immunization, mandatory screening, and improving quality and access to primary healthcare
- **Integration adopted at local service delivery level** to enhance patient care coordination, maximize resource efficiency, and improve community health outcomes
- **Rotavirus vaccine introduction** starting 2022: Leveraging communication on broader diarrheal prevention; coordinating multiple stakeholders (including private sector) to promote implementation of RV immunization

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