Global Report

key updates & challenges including from the Regions

J M Okwo-Bele
Director
Immunization Vaccines & Biologicals
Outline

• SCALING UP delivery of immunization - GVAP

• TURNING THE CORNER for strengthening routine immunization

• STRIVING TO INTEGRATE immunization & other child health interventions

• TAILORING MEASLES STRATEGIES to the disease epidemiology

• PREPARING FOR THE FUTURE vaccine pipeline, preferred products characteristics, cholera stockpile, TB vaccines, advisory processes at regional & global levels, burden of disease
SCALING UP

the delivery of immunization - GVAP
Executive Board update

World Health Assembly Report

World Immunization Week

Progress update & key documents
GVAP Monitoring & Accountability

ADMINISTRATIVE DATA
OTHER DATA
SURVEYS

COUNTRY REPORTS AND REVIEW

REGIONAL REPORTS AND REVIEW

JRF18

JRF | OTHER

iERG
EB/ WHA
SAGE
SAGE WG
GVAP M&A SECRETARIAT

GLOBAL LEVEL INDICATORS E.G. R&D
REPORTS ON RESOURCES AND COMMITMENTS
ANNUAL REPORTS FROM KEY STAKEHOLDERS

Monday, 15 April 13
GVAP Monitoring & Accountability

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GVAP M&E Secretariat

Medical Officer selected

GLOBAL LEVEL INDICATORS E.G. R&D
REPORTS ON RESOURCES AND COMMITMENTS
ANNUAL REPORTS FROM KEY STAKEHOLDERS

World Health Organization
GVAP Monitoring & Accountability

- Administrative Data
- Other Data
- Surveys

Country Reports and Review

Regional Reports and Review

Global Vaccine Research Forum

Commission on Information & Accountability (COIA):
- Update resource tracking

GVAP M&E Secretariat

Medical Officer selected

Global Level Indicators E.G. R&D

Reports on Resource and Commitments

Key Stakeholders
GVAP Monitoring & Accountability

Medical Officer selected

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update resource tracking

Global Vaccine Research Forum

GVAP M&E Secretariat

SAGE Decade of Vaccine WG:
Narendra Arora
Yagob Al-Mazrou
Alejandro Cravioto
Funqiang Cui
Elizabeth Ferdinand
Shawn Gilchrist
Alan Hinman
Stephen Inglis
Amani Mustafa Mahmoud
Rebecca Martin
Rozina Mistry
David Salisbury

GLOBAL LEVEL INDICATORS E.G. R&D

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5

Monday, 15 April 13
GVAP Monitoring & Accountability

**SAGE Decade of Vaccine WG:**
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**Medical Officer selected**

**Commission on Information & Accountability (COIA):**
update resource tracking

**Global Vaccine Research Forum**
TURNING THE CORNER for strengthening routine immunization
Global goals & expectations

- Polio eradication
- Prevent measles outbreaks & move towards elimination
- Reduce large number of unimmunized
- Others...

16.2 M / 22.4 M unimmunized children live in these priority countries:

- Afghanistan
- Chad
- DRC
- Ethiopia
- India
- Indonesia
- Nigeria
- Pakistan
- Philippines
- Uganda
Action is tangible in the priority countries

Harmonization of Annual Plans of Action:

- scheduling & capitalize priority activities for routine immunization, new vaccines introduction, polio eradication & measles/MNTE control or elimination, YF/Men A

Coordination & advisory mechanisms in place/reactivated

- ICCs, NITAGs

Funding support and vaccine supply
Action is tangible in the priority countries

Harmonization of Annual Plans of Action:
- scheduling & capitalize priority activities for routine immunization, new vaccines introduction, polio eradication & measles/MNTE control or elimination, YF/Men A

Coordination & advisory mechanisms in place/reactivated ICCs, NITAGs

Funding support and vaccine supply

Challenges are becoming more evident

Plans of Action are ambitious:
- Many campaigns & activities proposed funding gaps not fully addressed

Coordination of inputs and assistance needs to further improve
- fragmentation of programmes/activities partners’ specific interests persists

ICC oversight weak
- role Polio Task Force for RI?

NITAG role and technical inputs need strengthening
- No sense of urgency for RI
Turning the corner in Nigeria

CHALLENGES
Turning the corner in Nigeria

CHALLENGES

Wild Poliovirus - 2013
01 Jan - 26 March

Excludes viruses detected from environmental surveillance and vaccine derived polioviruses.
Turning the corner in Nigeria

CHALLENGES

Wild Poliovirus - 2013
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Large measles outbreak
11,000 cases - 88% not vaccinated
SIA schedule for Aug-Sept 2013

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Turning the corner in Nigeria

CHALLENGES

Wild Poliovirus - 2013
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Large measles outbreak
11,000 cases - 88% not vaccinated
SIA schedule for Aug-Sept 2013

SIAs plans - Yellow Fever, MNTE, MenA
Wild Poliovirus - 2013
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Large **measles** outbreak
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SIAs plans - Yellow Fever, MNTE, MenA

**Security** concerns - Northern States
Turning the corner in Nigeria

**CHALLENGES**

**Wild Poliovirus - 2013**
01 Jan - 26 March

- Large *measles* outbreak
  - 11,000 cases - 88% not vaccinated
  - SIA schedule for Aug-Sept 2013

- SIAs plans - Yellow Fever, MNTE, MenA

- Security concerns - Northern States

**Tasks for routine immunization in 2013:**
- Training of health workers on data management
- Introduction of *penta vaccine* in remaining 16 States
- Introduction of *PCV* in Phase 1 States
- Expansion of PBM sites and start rota *surveillance*
Turning the corner in Nigeria

Government high level support:
- Presidential Polio Task Force - oversight of NPEP
- EPI/Polio - key programme area of “one million lives saved” initiative
- Harmonized Plan of Action & accountability framework for RI
- Funds for procurement of routine vaccines & supplies

Partners’ support and coordination enhanced
- Mapping of partners support
- WHO/UNICEF joint daily TCs with field offices
- GAVI approval of HSS/ISS support

WHO/AFRO support
- Weekly interactions through TCs
- Monitor implementation and plan support,
  Following AFRO-HQ joint mission and RD’s visit to Nigeria
- Fast-track polio surge capacity to support routine immunization
Turning the corner in Nigeria

Jan, 2013

DPT3 Coverage by LGA

DPT 3 containing antigen: National Coverage=61%

Proportion of Planned Fixed Sessions Conducted

Proportion of Planned Outreach Sessions Conducted

Coverage for all antigens are calculated using birth cohort & women of child bearing age group
Turning the corner in Pakistan

Routine DTP3 = 80% (estimated)
Large measles outbreak

Measles SIAs conducted in the past of insufficient quality EPI & polio - separate programmes
Governance and structure
Weak partners’ coordination

Workshop to review routine immunization status & develop Plan of Action for 2013 for each province

Ongoing discussions on optimization of support for polio & measles SIA and RI

Vaccine supply constraints lifted

Stronger collaboration across Polio/VPD teams in EMRO and WCO
Turning the corner in Indonesia

Large pockets of unimmunized
40% of districts with coverage < 90%
Outbreak of Diphtheria

Programme Review in 2013

Expects to lead new plans to increase coverage and reduce inequalities in coverage at district level

<table>
<thead>
<tr>
<th>Proportion of districts reporting DTP3 coverage:</th>
<th>Number of districts in the country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater or equal to 90%</td>
<td>59</td>
</tr>
<tr>
<td>From 80 to 89%</td>
<td>21</td>
</tr>
<tr>
<td>From 50 to 79%</td>
<td>15</td>
</tr>
<tr>
<td>Lesser than 50%</td>
<td>4</td>
</tr>
<tr>
<td>Proportion of districts not reporting DTP3 coverage</td>
<td>0</td>
</tr>
</tbody>
</table>

Number of districts in the country: 497

DTP 3 coverage in Indonesia, 1981-2011

Monday, 15 April 13
More effective WHO internal collaborations between IVB, Polio & HSS teams at the 3 levels of the organization

✧ Priority country support
- Focus on priority and low performing countries
- In-country harmonization of plans
- Regular joint “live monitoring” teleconferences

✧ Polio end game strategic plan gives routine immunization strengthening the same urgency & importance as improving OPV campaigns quality in key countries

✧ GAVI Board cash based funds
  - “Ensure that GAVI funding through the cash-based programmes is designed to have a reasonable and demonstrable impact on immunization programmes in the context of integrated service delivery, and that immunization coverage is a credible outcome indicator for these activities...”
Status of Nominal Immunization Registries (NIR) - Latin America and the Caribbean, Feb 2013

Next workshop in 2013, dates TBD

Using NIR
Developing or Implementing NIR
Developing NIR (less advanced)
Planning NIR

Bogotá
Antioquia
Tucumán

Monday, 15 April 13
Status of Nominal Immunization Registries (NIR)
Latin America and the Caribbean, Feb 2013

CHALLENGES

- Costs – development, implementation & maintenance
- Need for updates (new vaccines)
- Training, training, training...
- Time for data entry – new records
- Acceptability & transition from current systems to nominal ones
- Risk of having an incomplete registry
- Data flow and data security
- Confidentiality

Next workshop in 2013, dates TBD
STRIVING TO INTEGRATE
immunization & other child health interventions
New vaccines in National Immunizations Programs, Region of the Americas (Mar 2013)

- PCV - 90% of the birth cohort lives in countries that had already introduced it (60% of the LAC cohort)

- Rotavirus - 87% of the birth cohort live in countries that already introduced it (60% of the LAC cohort)

- HPV - 51% of girls aged 10-14 years live in countries that already introduced it
### MOVING TOWARDS GAPP-D

Many strategies & interventions for preventing & treating pneumonia & diarrhoea are identical

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Pneumonia</th>
<th>Diarrhoea</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROTECTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast feeding promotion</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>Hand washing promotion</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>Zinc supplementation</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>Vitamin A supplementation</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>Adequate Nutrition</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>Reduce indoor air pollution</td>
<td>★</td>
<td></td>
</tr>
<tr>
<td>Safe water &amp; sanitation</td>
<td></td>
<td>★</td>
</tr>
<tr>
<td><strong>PREVENTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccination new: Hib, PCV</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>Rotavirus vaccine</td>
<td></td>
<td>★</td>
</tr>
<tr>
<td>Vaccination routine: Measles, Pertussis</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>HIV prevention</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td><strong>TREATMENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improve care seeking behaviour</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>Community case management</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>Health facility case management</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>Antibiotics</td>
<td>★</td>
<td></td>
</tr>
<tr>
<td>Low osmolarity ORS + Zinc</td>
<td></td>
<td>★</td>
</tr>
</tbody>
</table>

Monday, 15 April 13
Next Steps

- **Launch of the GAPPD document**

- **Launch of The Lancet series on pneumonia & diarrhoea**
  12 April 2013 - London

- **Country launches with various stakeholders**
  2013-2014

- **WHO to support selected countries with implementation of the plan**
  Ongoing
Comprehensive cervical cancer prevention & control

**Primary Prevention**
Girls 9-13 years
- HPV vaccination
- Others, as appropriate
Health education and services, for example:
  - Sexual health education tailored to the age group
  - Providing contraceptive counseling and services including condoms
  - Prevent tobacco use and support cessation*

**Secondary Prevention**
Women >30 years of age
Screening and treatment as needed
- “Screen and treat” with low cost technology VIA followed by cryotherapy
- HPV testing for high risk HPV types (e.g. types 16, 18 and others)

**Tertiary Prevention**
All women as needed
Treatment of invasive cancer at any age
- Ablative surgery
- Radiotherapy
- Chemotherapy
Tailoring immunization strategies to address the changing epidemiology of measles
Data source:
measles cases - reported by national authorities to WHO annually
measles vaccination coverage - WHO/UNICEF immunization coverage estimates 1990-2010, as of August 2011;
SIA activities: WHO/EPI supplementary immunization activities database

Monday, 15 April 13
Data source:
- measles cases - reported by national authorities to WHO annually
- measles vaccination coverage - WHO/UNICEF immunization coverage estimates 1990-2010, as of August 2011;
- SIA activities: WHO/EPI supplementary immunization activities database
Age distribution of measles cases, Sri Lanka, 2000

Data source:
measles cases - reported by national authorities to WHO annually
measles vaccination coverage - WHO/UNICEF immunization coverage estimates 1990-2010, as of August 2011;
SIA activities: WHO/EPI supplementary immunization activities database
Reported measles cases and measles vaccination coverage, 1990-2011, Ghana

Data source:
- measles cases - reported by national authorities to WHO annually
- measles vaccination coverage - WHO/UNICEF immunization coverage estimates 1990-2010, as of August 2011;
- SIA activities: WHO/EPI supplementary immunization activities database

Date of slide: 19 September 2012
Data source:
measles cases - reported by national authorities to WHO annually
measles vaccination coverage - WHO/UNICEF immunization coverage estimates 1990-2010, as of August 2011;
SIA activities: WHO/EPI supplementary immunization activities database

Date of slide: 19 September 2012
Confirmed measles cases by age, Malawi, 2010 (N=131,725)

Adapted from Minetti, Emerg Infect Dis 2013; 19(2):202-9
Reported measles cases and measles vaccination coverage, 1990-2011, Nigeria

Data source:
- Measles cases - reported by national authorities to WHO annually
- Measles vaccination coverage - WHO/UNICEF immunization coverage estimates 1990-2010, as of August 2011;
- SIA activities: WHO/EPI supplementary immunization activities database

Date of slide: 19 September 2012
Age & vaccination status of measles cases in Nigeria
Jan – Mar 2013 as at week 09
Reported measles cases and measles vaccination coverage, 1990-2011, Democratic Republic of the Congo (the)

Data source:
- measles cases - reported by national authorities to WHO annually
- measles vaccination coverage - WHO/UNICEF immunization coverage estimates 1990-2010, as of August 2011;
- SIA activities: WHO/EPI supplementary immunization activities database

Date of slide: 19 September 2012

Monday, 15 April 13
Confirmed measles cases from CB surveillance (n=2,939) by age — DRC, July 2010–June 2012

- 60% of confirmed cases 9 months–4 years
- 86% of confirmed cases 9 months–14 years
- 52% male
Monthly distribution of confirmed measles cases, Pakistan, 2006-2012

N=10,124 cases

Rolling Catch-up campaign 9m - 12 Y
2006-2007

Rolling Follow-up campaign 9m - 5 Y
2010-2013
Age distribution of measles cases, Pakistan, 2012

92% of cases <10 y
What have we learned?

• Homogeneous and sustained high coverage ($\geq 95\%$) with two doses of MCV is needed to prevent measles outbreaks.

• Countries that have recently achieved high coverage experience longer inter-epidemic intervals & when outbreaks occur they affect older cohorts with historically low immunization coverage.

• Countries with low coverage (both in routine and SIAs) experience frequent epidemics affecting predominantly young children.
Tailoring immunization strategies to address the changing epidemiology of measles

- Immunization strategies should aim to support the achievement of existing measles elimination and control goals and, aim to protect susceptible age groups & high risk communities.

- Countries & partners need to support implementation of strategies that are responsive to the current susceptibility profile.

- The quality of the SIAs is critical to reduce the pool of susceptibles.

- High routine coverage is key to prevent new cohorts and sustain achievements.
PREPARING FOR THE FUTURE

new GAVI investments, preferred products characteristics, Cholera vaccines stockpiles, PVP, TB vaccines, other Regional priorities & SAGE agenda items
WHO's Contribution to GAVI's VIS Process

**Analytic stream**
- WHO factsheets
- Initial analyses
- In-depth analyses of shortlisted vaccines

**Stakeholder consultation stream**
- Input on criteria and project
- Test and validate conclusions implied by analyses
- Targeted consultations with Board constituencies

**WHO landscape of current vaccines & those expected to be licensed by 2019**
- Set criteria and select vaccines for detailed analysis

**Initial analyses across all criteria**
- Refine, expand, more in-depth analyses

**Governance stream**
- IRC/PPC/June Board
- IRC/PPC/Dec Board

*Slide adapted from GAVI Alliance*
<table>
<thead>
<tr>
<th>Licensed vaccines currently not in GAVI's portfolio</th>
<th>Licensed vaccines extended scope</th>
<th>Late stage pipeline vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera</td>
<td>Diphtheria</td>
<td>Dengue</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Hepatitis B</td>
<td>Enterovirus 71</td>
</tr>
<tr>
<td>Hepatitis E</td>
<td>Meningococcal Disease</td>
<td>Malaria</td>
</tr>
<tr>
<td>Influenza seasonal</td>
<td>Pertussis</td>
<td>Tuberculosis second generation</td>
</tr>
<tr>
<td>Mumps</td>
<td>Tetanus</td>
<td></td>
</tr>
<tr>
<td>Polio (IPV)</td>
<td>Yellow fever</td>
<td>Group B streptococcal disease*</td>
</tr>
<tr>
<td>Rabies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Not meeting formal inclusion criteria
Preferred Product Characteristics
What are they and what they are not

Guidance from WHO for vaccine developers to take into account when designing vaccines and trials at early stage of vaccine development

Will need to change in line with scientific state of the art & needs of country programmes (ongoing review process)

They are not restrictive exit criteria, innovation is encouraged & harnessed to meet public health needs

They do not replace standard policy or PQ processes including assessment of programatic suitability
## Preferred Product Characteristics

### Malaria Vaccine - case study

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Specified public health goal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>e.g.</em> malaria elimination</td>
</tr>
<tr>
<td>Target Population</td>
<td>Impacts product development plan &amp; affects safety requirements</td>
</tr>
<tr>
<td>Efficacy</td>
<td>Major scope of work on endpoints, clinical trial design, product development pathways for malaria elimination.</td>
</tr>
<tr>
<td>Presentation</td>
<td>Including criteria for disposal requirements</td>
</tr>
<tr>
<td>Storage</td>
<td>Including criteria for ambient storage</td>
</tr>
<tr>
<td>Safety</td>
<td>Vision would be for superior safety to existing vaccines</td>
</tr>
<tr>
<td>Lack of interference</td>
<td>May stimulate discussion about long-term approaches to issue of non-inferiority for co-administration</td>
</tr>
<tr>
<td>Packaging</td>
<td>Minimize cold chain footprint</td>
</tr>
<tr>
<td>Registration/PQ</td>
<td>Highlight benefits of considering PQ requirements from early stage</td>
</tr>
</tbody>
</table>

Other criteria include Indication, Dosage, Contacts with health system.
Oral Cholera Vaccine stockpile update 21/03/13

• Support has been identified (EU-ECHO, USAID – OFDA and three private entities)

• Request for Procurement has been issued in a closed bid for 2 million doses of vaccine (bid closure 5 April)

• Planned AFRO regional stockpile preparations underway

• Stockpile anticipated to be active 01 July 2013
### The EMR regional Pool Vaccine Procurement Initiative
#### Plan of Action 2013

| Capacity Building | • Technical consultation with WHO/HQ and partners on **19-21 March 2013**, in Cairo  
|                   | • Operating procedures and technical documents will be finalized |
| Country Visits    | • Advocacy visits to selected MICs for acquiring strong political commitment and official agreements for joining the PVP system (both for Stage 1 and Stage 2) between **22 March – 15 April 2013** |
| Industry Consultation | • Organizing a consultation with vaccine manufacturers to brief them about the PVP initiative and upcoming plans **April 2013**. |
| Request for Proposal: Pentavalent | • Issuing a non-binding request for proposal for the pentavalent vaccine considering 2014 projected demand of the MICS: **20 April – 10 May 2013**  
|                   | • Receiving initial price indications for 2014 demand |
| Technical Inter-Country Workshop | • Working on the technical details of countries’ participation to the PVP system both for Stage 1 and Stage 2: product harmonization, forecasting, regulation, legislation, finances, procurement and receipt. **13 – 16 May 2013**. |
| Bid Awarding      | • Bid awarding and procurement arrangements for Stage 1 (PCV, Rotavirus and HPV vaccines) through UNICEF SD and for Stage 2 (pilot testing for Pentavalent vaccine). **June – July 2013**. |
1st Efficacy Trial of a New Prophylactic TB Vaccine - MVA85A

- **Who?** 2795 infants, 4-6 months old, HIV negative

- **What?** MVA85A, modified vaccinia Ankara, a non-replicating virus vector expressing immunodominant Mtb antigen 85A

- **Where?** Western Cape Province, South Africa

- **How?** 2-arms, BCG plus placebo vs BCG plus MVA85A, 37 months follow-up, phase IIb (Proof-of-Concept; NOT a licensure trial)

- **Results:**
  - Safe, no SAE /deaths vaccine-related (sponsor's assessment!)
  - Efficacy against TB disease: 17.3% (95% CI: -32% - 48%)
  - Efficacy against Mtb infection: -3.8% (95% CI: -28% - 16%)
Interpretation & Implications

• Confirms the **feasibility** of large-scale trials of new TB vaccines with stringent case definition in high endemicity settings

• Suggest that older children, adolescents and adults may be a better target population than infants, as indicated by antigen 85A-specific T cell immunogenicity (adults/adolescents << infants)

• High efficacy against severe TB (miliary, meningitis) may be masked in this trial powered to detect milder forms of TB

• Numerous other TB vaccines in the pipeline -
  • differing from MVA85A in both antigenic composition as well as delivery modalities - may provide better protection than that observed in this trial with MVA85A
Updates on RTAGs & SAGE Advisory processes
# AMR TAG XXI

- **Date:** 3-5 July 2013  
- **Location:** Ecuador  
- **Participants:** TAG members, all countries (EPI manager, surveillance/lab, NITAG chair, PAHO focal point), partners and PAHO Secretariat

## Agenda

<table>
<thead>
<tr>
<th>Decision agenda items (focal points)</th>
<th>Information agenda items (focal points)</th>
</tr>
</thead>
</table>
| • Polio endgame & vaccination policy implications  
• Pertussis vaccination strategies  
• PCV vaccination in adults  
• Meningococcal vaccination  
• HPV vaccination progress & proposal for regional monitoring plan  
• Measles, rubella elimination in LAC  
• Seasonal influenza update | • Update on Regional IM Program  
• Yellow Fever Update  
• Cholera vaccination in Haiti  
• Progress on evidence-based decision making for new vaccine intro  
• Update on dengue, tuberculosis and malaria vaccines  
• Integration of EPI costing & planning methodologies  
• Update on cold chain capacity  
• Update on immunization registries |
AGENDA ITEMS

Yellow Fever

Implementation research

SAGE recommendations

Polio eradication update

Global Vaccine Action Plan
ETAGE will engage in formulating regional action plan for immunization (linking it to other regional policies), targeting middle and high income countries and renewing life course approach in the context of immunization / disease prevention)
Several items examined:

- Decade of Vaccines [DoV] & GVAP
- Intensification of routine immunization (IRI)”
- Monitoring tool
- Progress of polio eradication: Certification & polio endgame
- Measles Elimination, Rubella & CRS control in SEAR
- SAGE recommendation for intussusception surveillance & adjustments to immunization schedule
- Effective vaccine management assessments in SEAR
- Decision making algorithm for NUVI
- AEFI monitoring, preparedness & response
WPR TAG
24-28 June 2013

• Review status of preparation and need for GVAP implementation in each member state
• Consult on the draft regional plan of action for GVAP implementation
• Present a draft plan for polio eradication endgame
2013-2015 SAGE Meetings
Topics on the Horizon - Cross-cutting and strategic issues

- DOV GVAP monitoring of implementation (Nov 2013)
- Surveillance (Nov 2013)
- Dealing with vaccine hesitancy (Nov 2013)
- Non specific effects of vaccines (Nov 2013)
- Use of vaccines in immunocompromised populations
- Prioritization of implementation research questions (Nov 2013)

- Immunization supply chain and logistics (Nov 2013)
- Strengthening routine vaccination and integration in primary health care
- Maternal immunization to enhance the protection of mothers and infants
- Involvement of the private sector
- Strengthening of NITAGs
- Vaccine stockpiles
- Accessibility to affordable vaccines and WHO's role
Vaccine specific recommendations and updates

- Polio eradication (Nov 2013)
- Measles elimination (Nov 2013)
- Optimizing immunization schedules
- Impact monitoring
- Pertussis
- Preferred Product Characteristics
- Influenza vaccine stockpile
- Varicella & herpes zoster (Nov 2013)
- JE (Nov 2013)
- HPV (Apr 2014)
- Hepatitis E (Apr 2014)
- Malaria (Apr 2015)
Other key issue
Differences between IHME & WHO mortality estimates

IHME estimates for 235 causes of deaths

• Significant differences with WHO estimates for some causes
• Lower estimates for pneumonia and diarrhoea
• IHME 2010 estimates for pneumo and rota substantially lower than IVB 2008 estimates (difference will decline with IVB 2010 estimates, but will still remain)
• Epidemiological inconsistencies (e.g. age distribution) with IHME estimates
• Efforts ongoing to review and possibly revise aetiology specific estimates
• IHME intends to publish country-specific estimates in 2013

<table>
<thead>
<tr>
<th>Estimated deaths</th>
<th>CHiERG 2010</th>
<th>IHME 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>4.5 m</td>
<td>4.0 m</td>
</tr>
<tr>
<td><strong>Pneumonia</strong></td>
<td>1.07 m</td>
<td>0.65 m</td>
</tr>
<tr>
<td><strong>Diarrhoea</strong></td>
<td>0.75 m</td>
<td>0.59 m</td>
</tr>
<tr>
<td><strong>Meningitis</strong></td>
<td>0.18 m</td>
<td>0.16 m</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Estimated deaths</th>
<th>WHO/IVB 2008</th>
<th>IHME 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hib</strong></td>
<td>199,000</td>
<td>189,000</td>
</tr>
<tr>
<td><strong>Pneumo</strong></td>
<td>476,000</td>
<td>171,000</td>
</tr>
<tr>
<td><strong>Rota</strong></td>
<td>453,000</td>
<td>153,000</td>
</tr>
</tbody>
</table>

Lozano et al. Lancet 2012; 380: 2095
http://www.who.int/immunization_monitoring/burden/en/
Global Health Estimates
Proposals for the way forward

• Technical meeting (Feb 13-14, 2013) of over 60 international experts & UN agency staff
  – Take stock of current & new approaches related to Global Health Estimates
  – Discuss and agree on how estimates can be improved

• Proposed approaches:
  • Establish a platform that facilitates interaction and information sharing between multi-laterals, academic institutions and WHO expert groups
  • Greater investments in national health information systems to generate better empiric data
  • Investments in strengthening country capacity for estimation work
  • Global health estimation work should meet agreed standards for transparency
    – Publicly available databases and estimation tools; funding agencies should make this a requirement
    – Better communication of estimation work
    – Free access to published reports and data
    – Advocate for sharing of aggregate and micro-data
    – Scientific journal should further strengthen requirements for data sharing
    – Standard checklist for reporting global health estimates
Next steps in WHO

• CHERG has developed aetiology-specific estimates for pneumonia and diarrhoea, including rotavirus, Hib and pneumococcus

  – IVB updated estimates for rota under development; potential for difference compared to CHERG estimates, but likely to be small
  – IVB not intending to develop updated estimates for Hib and pneumococcal diseases due to lack of resources
Next steps in WHO

• WHO will continue to update estimates of causes of death
  • for those diseases which WHO has traditionally published estimates

• WHO updated time series for child causes of death planned for end-2013
  • including VPDs, from 1990 to 2012, through WHO-UNICEF CHERG

• Need for defining the role of IVB in generating estimates in this crowded environment:
  – Should IVB continue estimation or defer to other departments/agencies?
  – Will CHERG and IHME estimates be suitable for programmatic needs?
  – Role of IVIR-AC
Thank you