IVB Director's Report to SAGE

Achievement of previous recommendations

&

Progress highlights

SAGE Meeting, 13-15 April 2010

J.M. Okwo-Bele/P. Duclos, WHO

Outline

Vaccines: The Next 10 years?

Relevant topics at WHO Governing Bodies

- Polio Eradication
- Measles eradication
- Viral Hepatitis Control
- Treatment and prevention of pneumonia
- Cholera prevention and control

Follow-up of previous meetings and recommendations

- Typhoid
- Rotavirus and pneumo surveillance
- Immunization safety
- Immunization Practices Advisory Committee
- National Technical Advisory Groups on Immunization

SAGE processes
Vaccines: The Next 10 years?

- Changed landscape over past years, including in the area of vaccine development, regulatory activities and financing

- Continued strong interest to achieve on-going accelerated activities (polio, measles, MNTE) and to expand benefits of vaccines (i.e. MDG4)

- Need to agree on steps towards a consensus on the priority actions for the next decade and produce updated cost estimates for vaccine research and development, regulatory and deployment activities

WHO Immunization Strategic Plan 2010-15

Light touch from current strategic plan (Innovation, Quality & Safety, Access and Policy)

Priority areas of work
- Immunization Systems Strengthening (Reaching the un-immunized)
- Measles Elimination
- New Vaccines Introduction
- Integrated delivery of childhood preventive & curative
- Vaccines of assured quality
### Measles Eradication

**Executive Board – Jan 2010**

- Favours a 2020 elimination goal for the SE Asian Region noting the challenges (low MCV1 coverage at 75%, resource constraints, competing priorities, and political conflicts)

- Agreement with stepwise approach towards eradication, noting that the 2015 targets were realistic and achievable

- Called for technical assessment drawing on the experience from polio eradication before setting a target date for measles eradication

- Called for resources to respond timely to measles outbreaks; meet the programme funding gaps for 2010 and accelerate efforts to bring in new vaccination technologies

- Topic to be discussed at WHA in May 2010

### Pneumonia Treatment and Prevention

**Executive Board – Jan 2010**

- **Background**
  - Introduced as an "additional agenda item" by UK
  - Recognizes pneumonia control as critical to achieving MDG-4
  - Acknowledges WHO/UNICEF GAPP that aims to protect children by reducing risk, prevent pneumonia through vaccination and treat pneumonia early and effectively

- **EB Resolution:**
  - Calls for establishment of evidence-based policies and national plans to control pneumonia
  - Asks for reports on progress on pneumonia control as part of report back on progress towards MDGs

- **WHA in May 2010**
  - Discussion on report by secretariat and invited to consider resolution EB 126.R15 for adoption
**Viral Hepatitis Prevention and Control at Executive Board**

- Recognized that WHO prevention and control efforts successful but fragmented, no comprehensive strategy

- Resolution adopted setting direction, priorities, resources for WHO programme of work
  - Calls for increasing education and promotes screening and treatment of 500 million people infected with hepatitis B and C viruses
  - "strengthen capacity in developing countries for increasing the use of reliable diagnostic and treatment methods suitable to local epidemiological situations and health systems"
  - "enhancing access to affordable treatments in developing countries"

- For discussion and adoption by WHA in May 2010

**Cholera Prevention and Control**

- Vaccine position paper published on 26 March 2010

- Topic for discuss at May 2010 EB upon request by Bangladesh
  - Scaling up of cholera prevention and control in Africa and Asia
  - Background doc available

- Socioeconomic and behavioral studies (DRC, Kenya, Zanzibar), and comparative economical studies with and without vaccination (Zanzibar)

- Vaccine investment case under development with IVI lead
  - Work completed: disease burden, modelling of impact, initial demand forecast
  - Remaining work: complete impact and cost-effectiveness studies, vaccine cost and financing studies, simple stockpile analysis
Update on typhoid vaccines

- Per SAGE's recommendations, WHO has reached out to typhoid endemic countries, focusing primarily on the South-East Asian Region countries and a few selected countries of the Western Pacific, Eastern Mediterranean and European regions.

- Several countries have shown interest in using the vaccine:
  - Bhutan, Fiji, Kyrgyzstan, Nepal, Sri Lanka

- At least one product summary file each for ViPS and Ty21a vaccines submitted to WHO have been reviewed and confidential feedback provided to the companies concerned

- Not clear whether resources will be available through GAVI or other sources

- Detailed update to SAGE in November 2010

Rotavirus & Invasive Bacterial Diseases (IBD) Laboratory Networks, 2010

- Global: IBD & Rota
- Regional: Rota

WHO Global Reference Laboratories
WHO Regional Reference Laboratories
### Rotavirus Vaccine Use and Percent (%) Rotavirus Detection, by Country, AMR, 2008

*Global Rotavirus Surveillance Bulletin, Dec 2009*

<table>
<thead>
<tr>
<th>Country</th>
<th>Rotavirus Vaccine in Use?</th>
<th>Year of Vaccine Introduction</th>
<th>% Rotavirus Positive</th>
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<tbody>
<tr>
<td>El Salvador</td>
<td>Yes</td>
<td>2006</td>
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<tr>
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<td>Yes</td>
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</table>

### Global IBD Surveillance Data

Hib vaccine use, and probable bacterial meningitis due to *Haemophilus influenza* (HI), WHO AFR, 2008

<table>
<thead>
<tr>
<th>Hib Vaccine Use</th>
<th>Number of Countries</th>
<th>Number of Reporting Sites</th>
<th>Total # of Meningitis Cases with Probable Bacterial Meningitis</th>
<th>Total # of Probable Bacterial Meningitis cases with HI Identified</th>
<th>% of Probable Bacterial Meningitis Cases with HI Identified</th>
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<tr>
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<td>12</td>
<td>15</td>
<td>636</td>
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<td>261</td>
<td>36</td>
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</table>
Surveillance Epidemiologique en Afrique Centrale (SURVAC)

- 5 year surveillance project (now early in year 2)
- 3 countries (CAE, CAR, DRC); MoH/MoEd, CDC, CDC Foundation, WHO

Catalyst to strengthen integrated surveillance & response:
- VPD, Epidemic Prone & priority diseases/syndromes; integrate IHRegs
- Via training, infrastructure enhancement, lab capacity, data management
- Sustain gains via advocacy with government & seeking additional funds

Status update:
- Baseline country assessments (Sept / Oct 2009)
- Individual country plans of action developed; focus areas: epi, lab, training, IT
- March 2010: Official launch by the 3 countries

Technical consensus on serotype replacement following vaccination with pneumococcal conjugate vaccine

- PCV Impact
  - Consistent, impressive reductions in vaccine serotype disease
  - Heterogeneity in magnitude of non-vaccine serotype disease increases (range: small to significant)

- Technical consensus lacking on interpretation of heterogeneity in observed serotype changes
  - Artifact driven by variability in the surveillance methods?
  - True heterogeneity driven by: vaccine schedules, vaccine introduction approach, antibiotic use patterns or other factors.

- Technical consultation to review all available epidemiologic data and draft recommendations on collection and interpretation of epidemiologic data
  - Initial consultation: Q3/2010
  - Systematic review of data: 6-12 months
  - Second consultation to present results of review Q3/2011
  - Presentation to SAGE Q4/2011
Background
– Post TLAC, need to encompass other components of immunization programmes

Overall purpose: To support and advise WHO/IVB to formulate the immunization practices, norms and standards necessary
– to reach and sustain high level immunization coverage as stated in GIVS;
– to provide immunization services of high quality to the recipients of vaccines.

Relation to SAGE
– Committee has as main focus the recommendations on practices at operational and procedural level and will report to SAGE regularly. Recommendations of strategic nature will need to be endorsed by SAGE

Immunization Practices Advisory Committee
Function: Advice to IVB Director on...

● Innovation and Strategy:
  – Developing and reviewing immunization delivery strategies
  – Monitoring and evaluating strategies
  – Operationalizing policy recommendations made by SAGE and other committees

● Operations:
  – Programme management issues
  – Managing vaccine supply and system operations
  – Developing information systems for improved delivery, logistics, etc...
  – Financial sustainability issues

● Tools and Technologies:
  – Identifying and implementing innovative technologies, tools and systems to strengthen immunization programmes;
  – Improving vaccine packaging and presentation in relation to the programmatic suitability of vaccines in the public sector;
  – Designing tools to support immunization planning, financing, monitoring and evaluation
### Immunization Practices Advisory Committee

**Membership and First meeting**

- 10 – 12 members, appointed by Director IVB, serving in personal capacity, renewable three year term

- Needs to reflect representation of areas of expertise, professional affiliations, geographic and gender balance

- Broad call for nominations issued, member selection by mid-April

- Formal observers from UNICEF, CDC, PATH, IFPMA and DCVM

- **First IPAC meeting**
  - 29 – 30 June 2010
  - Initial topics
    - TLAC related: visual cue for MDVP, preferred presentation, out-of-the-cold-chain
    - Practices related to the delivery of birth doses
    - Data and monitoring

### Update on Injection Safety and Safe Health Care Waste Management: Impact of GAVI

- 58 of 71 countries received GAVI support. 56 still use autodisable syringes (ADs). 50% self sufficient to procure ADs

- Support of bundled supply of vaccines with ADs and safety boxes
  - 93% of GAVI supported countries
  - 78% of non GAVI countries

- **Use of ADs and safety boxes in LMIC**
  - 98% of GAVI supported
  - 50% of non GAVI supported

- **Use of ADs and safety boxes in other health services**
  - 13% full use
  - 41% partial use
  - 46% none

- Other initiatives e.g. Making Medical Injection Safer have contributed to results seen above
Still some poor practices

A typical case from a district hospital in a country with endorsed national plans, a national committee for infection control and using safety boxes and an operating treatment technology.

Lots of progress... but work is not finished yet!

- Injection safety is NOT only about devices and National plans alone do not provide the answer but are important steps forward
- Training, advocacy and information, education and communication are essential and require continued attention and resources (money and people) at all levels!
- Support is needed for non GAVI eligible countries
Immunization Policy Advisory Framework

- WHO Technical Advisory Committees
- Strategic Advisory Group of Experts on Immunization (SAGE)
- Regional Technical Advisory Group on Immunization

Countries

Growing global and country interest

- WHO and its partners (SIVAC, US-CDC, PROVAC, ...) increasing support to Member States and fast progress achieved

- Following adoption of Regional resolutions on NITAGs establishment and strengthening, specific regional workshops took place in EMRO, EURO, PAHO and SEARO in 2009

- Cross sectional collaborative activities
  - Establishment of a NITAG Resource Center by SIVAC (workshop, Paris, 22-23 January 2010)
  - Vaccine supplement: "The role of National Advisory Committees in supporting evidence-based decision making for National Immunization Programs"
  - Indicators:
    - Common process indicators to monitor progress through the WHO/UNICEF Joint Reporting Form
    - Work initiated for the development of output/outcome indicators (e.g. GIM side meeting)
    - Workshop on relation between National Regulation Authorities and NITAGs
## SAGE processes

- **Declarations of interests**
- **Agenda setting**
  - Horizon scanning of issues
  - Reviewing need for improvement to current process
- **Communication around recommendations**

## 2010-2012 SAGE Meetings: Topics on the Horizon

### Vaccine specific policy recommendations and updates
- Rubella
- Hepatitis A
- Meningitis
- Tick-borne encephalitis
- Seasonal and pandemic influenza
- Polio
- Typhoid vaccine: feedback from regions

### Cross-cutting and strategic issues
- Immunization schedules
- Target product profiles
- Reinforcing surveillance networks
- Feasibility of global measles elimination
- Impact of introduction of new vaccines on strengthening of immunization and health systems
- Strategic options for older age groups vaccination
- Low-middle income countries: financing