VACCINE INVESTMENT STRATEGY: STAKEHOLDER CONSULTATIONS

Phase I findings

May 2013

GAVI's Vaccine Investment Strategy (VIS) 2014-2019 is likely to affect many GAVI stakeholders. Broad consultations are therefore an important component of the VIS development process. The overall consultation objective is to receive timely input, advice and feedback from key stakeholders to inform the VIS development. Consultations also provide opportunities to share information about the project and provide status updates to external stakeholders as the project progresses.

The Secretariat has consulted with individual experts and expert groups to inform key components of the analyses. An Independent Expert Committee has reviewed all completed analyses developed for phase I of the process[1]. In addition, a Technical Consultation Group[2] (TCG), consisting of GAVI Alliance stakeholders, has provided input into the process. This report focuses on broader consultations conducted with GAVI stakeholders (outside of the TCG), through surveys distributed at relevant global, regional and in-country meetings (see Annex 1 for a full list of regional and global meetings where consultations have been held).

This report summarises findings from two sets of consultations that have taken place between November 2012 and May 2013. The first set of consultations was conducted from November to December 2012 across a diverse group of stakeholders seeking guidance on criteria to help evaluate vaccine candidates in the VIS process. The second set of consultations was conducted from February to May 2013, with a focus on in-country (EPI) programme managers and technical partners to understand:

- perspectives on current public health priorities and the possible role of (new) vaccines to address these. The findings from these consultations have been reviewed to ensure broad consistency with phase I recommendations to the Board;
- and to understand delivery and system considerations to inform the focus of further analysis in Phase II of the VIS.

It is important to note that the preliminary findings presented below do not reflect the views of all GAVI-eligible countries. The AFRO region is currently overrepresented as a result of consultations held at Regional EPI managers' Meetings that took place in this region in the February-March timeframe. As the consultation process continues other regions will be pro-actively targeted and included in the sample.

A. Stakeholder consultation: vaccine evaluation criteria

1. Background and rationale

An initial consultation was conducted to determine the criteria for evaluating vaccine candidates in the VIS process. The objective of the consultation was to seek input from a wide range of stakeholders on criteria that GAVI should consider when comparing and evaluating potential vaccine priorities.

[1] A list of members of the Independent Expert Committee is included as an annex to the PPC paper

[2] A Technical Consultation Group (TCG) has been established to provide advice on the process and methodologies used during the VIS process. The TCG consists of representatives of GAVI Board constituencies. A list of members of the TCG as included as an annex to the PPC paper.

2. Consultation format

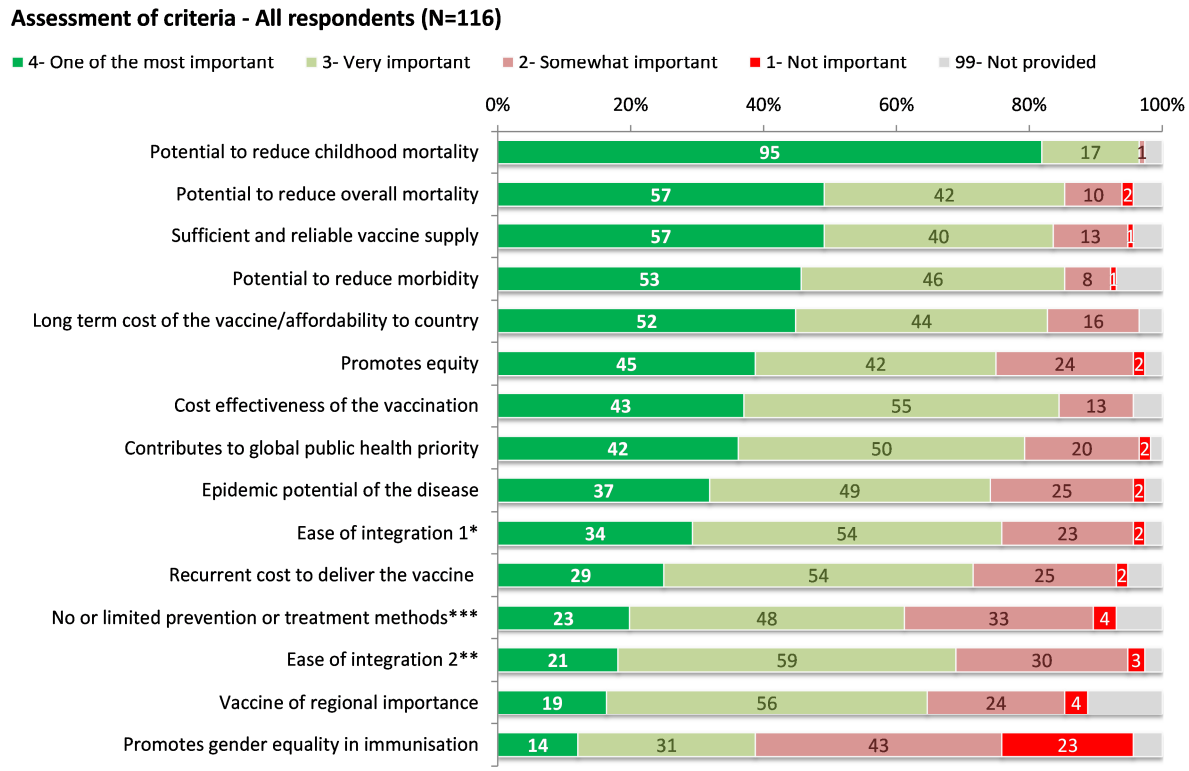
GAVI Alliance stakeholders were consulted on vaccine evaluation criteria through a two-page survey at the GAVI Alliance Partners Forum and other regional meetings in November-December 2012[3]. Respondents were asked to review the criteria applied in the 2008 VIS as well as potential new criteria.

3. Consultation participants

A total of 116 responses were received from a cross-section of stakeholders. The majority of respondents were from research and technical institutes (23%), GAVI-eligible countries (21%), WHO/UNICEF (18%), and Civil Society Organisations (10%). The questionnaire was completed in English (n=97), French (n=16) and Spanish (n=3). The following WHO regions were represented: AFRO (29%), SEARO (17%), PAHO (16%), EURO (9%), WPRO (3%). In total, 42 countries were represented in the sample, with 23 of these currently eligible for GAVI support.

4. Vaccine evaluation criteria

Using the questionnaire, respondents provided feedback on a set of 15 criteria, rating each from "4- One of the most important" to "1-Not important". The responses confirmed health impact (with a focus on mortality) as the most important critierion to consider. The top three rated criteria (in order of overall rating) were: 1) Potential to reduce childhood mortality; 2) Potential to reduce overall mortality; 3) Sufficient and reliable vaccine supply.



*Ease of integration into national immunization programme 1 = Minimal additional cold chain, logistics, and training
**Ease of integration into national immunization programme 2 = Administered at currently scheduled health visits
***No or limited availability and use of alternative prevention or treatment methods

[3] Other meetings where consultations were held include the Annual Regional Conference on Immunization in Dar es Salaam, the South-East Asia (SEARO) Regional Consultation on New Vaccine Introduction and the conference Unravelling and Understanding the roles of different bodies in the vaccines decision making' at Fondation Mérieux, Annecy.

Broken down by specific stakeholder groups, the top three criteria were:

Government delegates - GAVI eligible countries

1) Potential to reduce childhood mortality
2) Sufficient and reliable vaccine supply
3) Potential to reduce morbidity

WHO/UNICEF

1) Potential to reduce childhood mortality
2) Potential to reduce overall mortality
3) Potential to reduce morbidity

Research/technical institute/university

1) Potential to reduce childhood mortality
2) Long term cost of the vaccine/ affordability to country
3) Sufficient and reliable vaccine supply

Civil Society Organisations

1) Potential to reduce childhood mortality
2) Potential to reduce overall mortality
3) Potential to reduce morbidity

5. Qualitative feedback

Additional feedback from respondents centered around the following themes:

- GAVI should give consideration to the broader economic impact of the vaccine.
- Burden of disease should be considered.
- Country priorities should be considered.
- There is a preference for vaccines from domestic and emerging market manufacturers.
- GAVI should consider supporting vaccines that can be administered in a manner suitable to the developing country context.

B. Country consultations: country priorities, delivery strategies and other operational considerations

1. Background and rationale

Country consultations on public health priorities and the potential role of vaccines in addressing those priorities have targeted country delegates and partners at different regional meetings. The objective of this consultation was to:

- Understand country-level public health priorities and alignment with emerging VIS priorities
- Understand preferred delivery strategies to inform modelling assumptions for possible vaccine investments.
- Understand vaccine introduction considerations related to delivery strategies and health system requirements to inform the focus of vaccine evaluations in Phase II

2. Consultation format

Consultations were conducted at regional immunisation meetings, in teleconferences and the World Health Assembly[4] from February to May 2013. Following a presentation and group discussion, respondents completed a survey, the results of which are shared here.

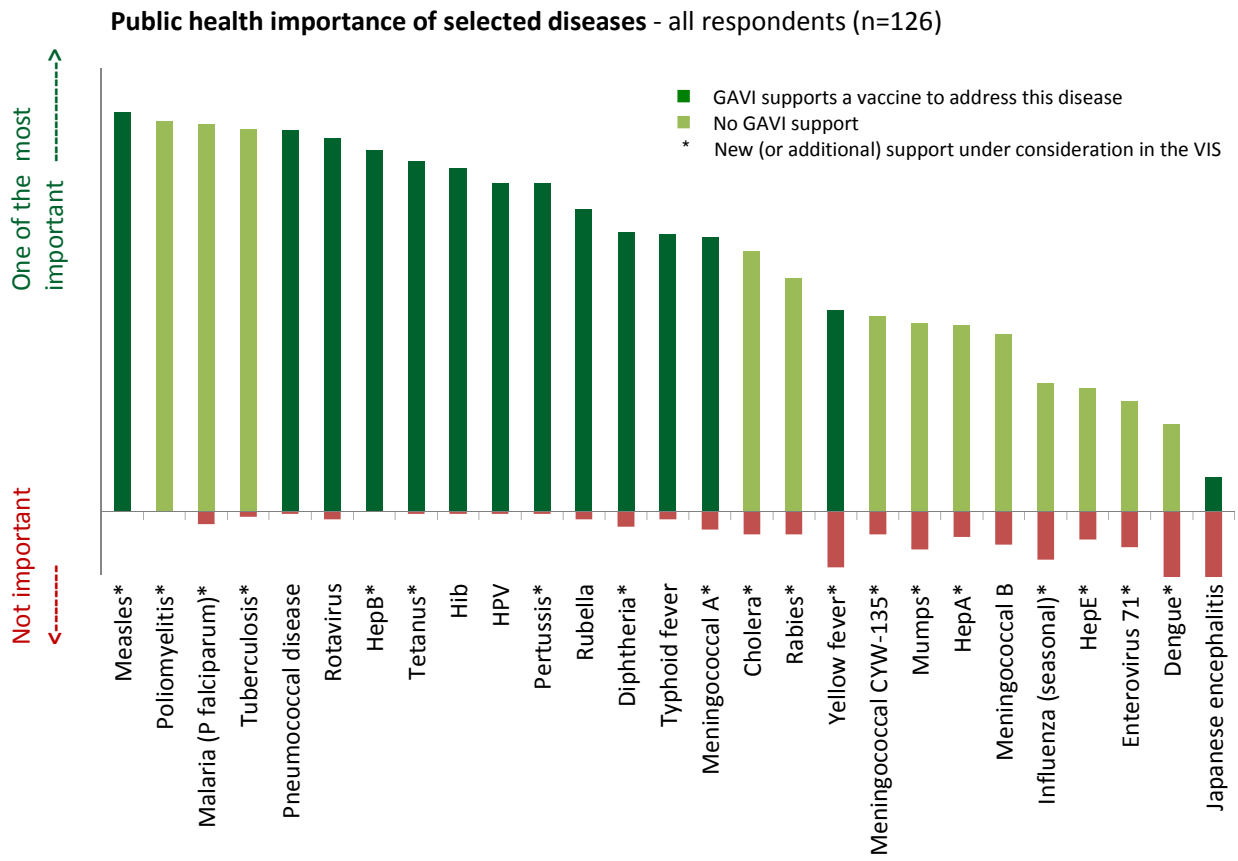
3. Consultation participants

A total of 126 responses were received from 46 countries (41 of which are GAVI-eligible), mostly from Ministries of Health (54%) and WHO/UNICEF (37%). The survey was completed in English (n=72), French (n=43) and Russian (n=11). WHO regions represented include AFRO (77%), EURO (9%), SEARO (7%), EMRO (4%), WPRO (2%) and PAHO (1%). As noted above, under- represented regions will be targeted in subsequent consultations.

4. Public health priorities

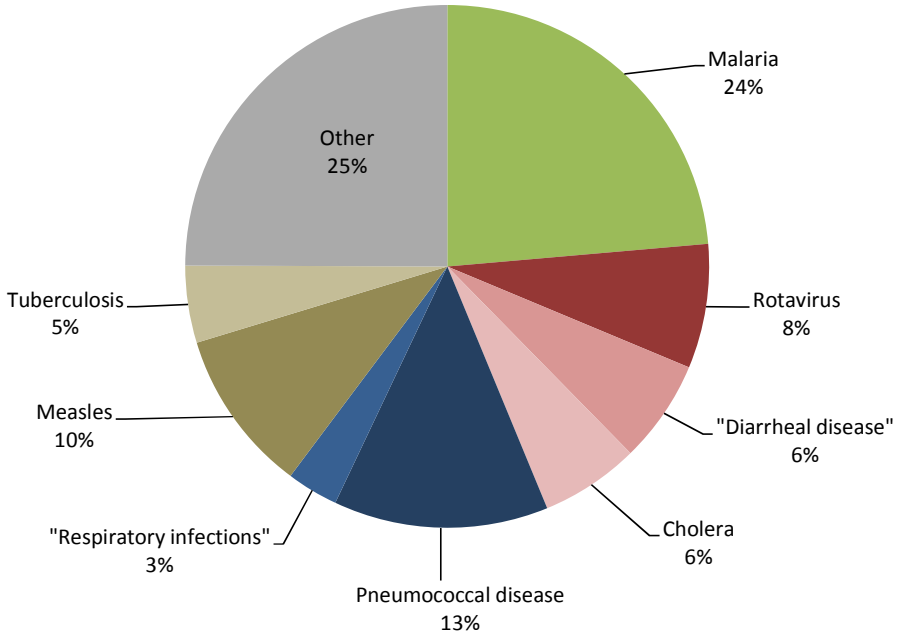
Respondents were asked to indicate the public health importance of 27 diseases, rating them as "one of the most important," to "not important," or "no opinion". The diseases in the list included those for which GAVI supports a vaccine and those for which vaccines are under review in the VIS process. It is important to note that the question was framed to elicit understanding of country awareness or perception of general public health needs rather than inquiring which vaccines GAVI should invest in. A composite of positive and negative ratings is shown below for each disease. Within the given list of disease, measles, poliomyelitis, malaria and tuberculosis were most frequently rated as public health priorities. Dengue, japanese encephalitis, enterovirus 71 and Hep E received the highest number of "not important" ratings. Disease priorities indicated should be seen in light of the overrepresention of AFRO in this sample.

4 Consultations were conducted at the Regional WHO EPI Managers' meetings for Western, Central, and Eastern & Southern African countries held in Burkina Faso, Cameroon and Zimabawe respectively; WHO SEARO Regional Working Group; The sixty sixth World Health Assembly in Geneva; Kyrgyzstan country visit



When asked to list the 3 diseases (from the list above) that pose the biggest public health problems in their country, malaria, diarrheal disease (including rotavirus and cholera), pneumococcal disease and measles were cited most frequently.

The three biggest health problems - selected from a list of 27 diseases
% indicates the share of respondents citing the corresponding disease among the country's top 3 priorities



Respondents were given the option to provide reasons for why a disease was considered the biggest public health problem in their country, selecting from “high mortality”, “high morbidity”, “epidemic potential”, “economic impact”, and “affects marginalised group”. The most frequently cited reasons for a disease considered as a public health priority were high morbidity, economic impact and high mortality.

5. Delivery strategies

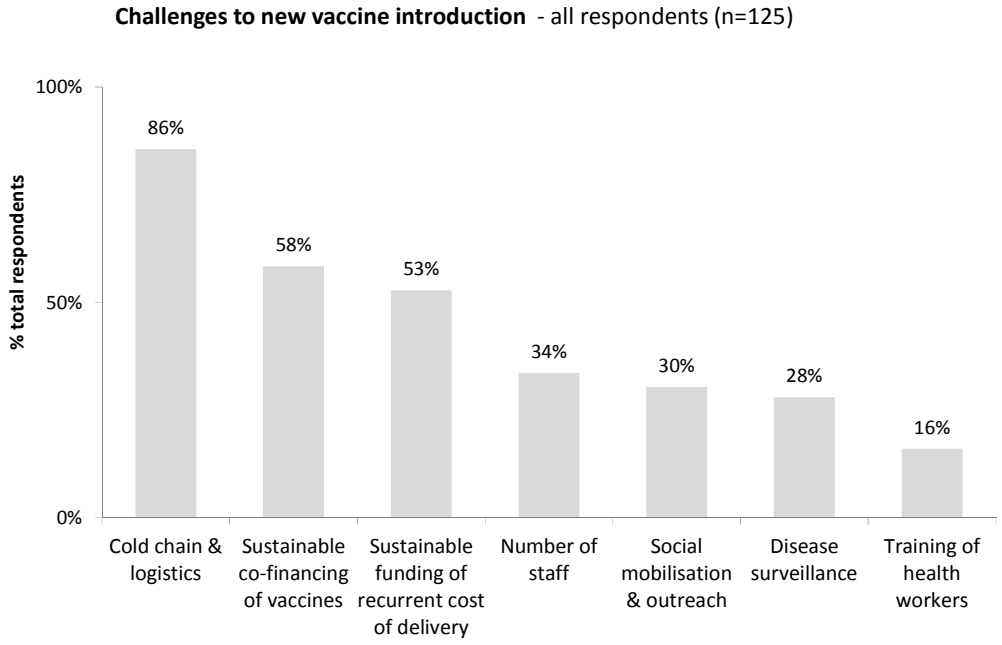
In order to better understand the feasibility of different delivery strategies, respondents were provided with a list of strategies and asked to categorise each as “very challenging,” “challenging but feasible,” “minimal challenges,” or “no opinion.” The delivery strategy options provided were as follows:

- Pregnant women (1 dose)
- 5 to <18 months (annual routine injection, 3 doses)
- 1 to <5 years old (campaign every 2 years oral, 2 doses)
- 2 year old (Annual routine injection, 3 doses)
- 1 to <15 years old (campaign every 3 years oral, 2 doses),
- 2 to <15 year old (one-time catch up campaign injection, 3 dose)
- All aged above 1 year (campaigns every 5 years oral, 2 doses)
- 5 to 18 months (one-time catch up campaign injection, 3 dose)
- 2 to <46 years old (one-time catch up campaign injection, 3 doses)
- Within 24 hours of birth (1 dose)

The results were inconclusive and did not demonstrate a strong preference for specific delivery strategies. This may be due to a lack of understanding on how to respond to the question, as was indicated by several participants. There appeared to be a marginal preference for delivery through the routine system, with catch up campaigns frequently cited as challenging, which was echoed in the qualitative comments that some participants provided to explain their selection.

6. Challenges to new vaccine introduction

Respondents were asked to indicate the top three challenges they anticipate (or previously experienced) with the introduction of new vaccines into the national immunisation programme in their country. The top three most frequently indicated challenges were cold chain & logistics, sustainable co-financing of vaccines, and sustainable funding of recurrent cost of delivery.



7. Qualitative feedback

Several respondents used the opportunity to provide additional comments, with many reiterating the challenge they face around sustainable financing, cold chain and system capacity, and political will of in-country decision makers. Additionally, respondents highlighted the need to simplify vaccine administration, and encouraged GAVI to explore options for combination vaccines.

C. Future consultations

Consultations to date generated a strong interest in the VIS process. Countries expressed appreciation for being involved early on in the process and being given information and visibility of vaccines that may become available in the future. Consultations will continue in VIS Phase II and will directly inform the vaccine prioritisation process through input on country demand and implementation feasibility for different vaccines. The preliminary findings presented above confirm the need to assess in-country operational costs as well as fiscal space in phase II of the VIS process. A concerted effort will be made to ensure that the regions or constituencies that have been underrepresented or yet to be consulted are included in future consultations.

Annex 1: Meetings and visits leveraged for VIS consultations to date

1. GAVI Alliance Partners' 5th Forum, United Republic of Tanzania, December 2012
2. 4th Annual Regional Conference on Immunization, United Republic of Tanzania, December 2012
3. South-East Asia (SEARO) Regional Consultation on New Vaccine Introduction, Thailand, December 2012
4. Unravelling and Understanding the roles of different bodies in the vaccines decision making, Fondation Mérieux, Annecy, November 2012
5. Regional WHO EPI Managers' meeting for Central African countries, Cameroon, February 2013
6. WHO SEARO Regional Working Group, Bangladesh, February 2013
7. Regional WHO EPI Managers' meetings for Western African countries, Burkina Faso, March 2013
8. Regional WHO EPI Managers' meeting for Eastern & Southern African countries, Zimbabwe, March 2013
9. SAGE meeting, Geneva, March 2013
10. Kyrgyzstan joint country visit HSFP proposal development, March 2013
11. The Sixty-sixth Annual World Health Assembly, Geneva Switzerland, May 2013.