

A photograph of a woman in a blue shirt receiving a vaccine in her arm. She is looking down at her arm. In the background, there are other people, including a woman in a pink shirt and a child, under a large tree with green leaves. The scene is outdoors and brightly lit.

The Global Immunization Working Group of the National Vaccine Advisory Committee

Update on Working Group Progress
NVAC Meeting
12 June 2013

GIWG Co-Chairs
Phil LaRussa, MD
Amy Pisani, MS

Membership

NVAC Members

Walt Orenstein- NVAC chair
Phil LaRussa – GIWG co-chair
Amy Pisani – GIWG co-chair
Charles Mouton
Thomas Stenvig
Clem Lewin
Seth Hetherington
Jim Mason

Federal Ex Officio Members

Steve Cochi – CDC
Theresa Finn – FDA
Cyril Gay – USDA/ARS
Marion Gruber - FDA
Rick Hill – USDA/APHIS
Jeff Kelman- CMS
Philip Krause - FDA
Iris Mabry-Hernandez- AHRQ
Richard Martinello- VA
Justin Mills- HRSA
Barbara Mulach- NIH
Jane Seward- CDC
Angela Shen - USAID
Diana Parzik- DoD
Holly Wong - OGA

Liaison Representatives

Alan Hinman – Task Force for Global Health
Steve Landry – Bill and Melinda Gates Foundation
Nina Schwalbe- GAVI Alliance
Andrea Gay – United Nations Foundation
Bonnie Maldonado – American Academy of Pediatrics
Peter Strebel – WHO, Dept. of Immunization, Vaccines, and Biologicals
Armin Fidler – World Bank, Health, Policy, and Strategy
Maritel Costales – UNICEF, Immunization Team
Akira Homma – Developing Countries Vaccine Manufacturers Network
Mahima Datla – Developing Countries Vaccine Manufacturers Network

NVPO

Bruce Gellin – Designated Federal Official
Jennifer Gordon
S. Claire Slesinski

Special Assistants

Katy Seib – Special Assistant to the NVAC chair

Charge

- To review the role of **HHS** in global immunizations
- To review the effects of global immunizations on global populations and the effects of global immunizations on US populations
- To recommend how **HHS** can best continue to contribute to these efforts, **consistent with its newly established Global Health Strategy and Goal 5 of the National Vaccine Plan**
- To recommend how to best communicate this information to decision makers and the general public to ensure continued sufficient resources for the global vaccination effort

Putting the Report into Context:

The WG analysis and recommendations are intended to:

- Raise awareness of ongoing HHS contributions in global immunization efforts
- Highlight where these efforts can enhance USG contributions to global immunization initiatives, particularly in alignment with Goal 5 of the NVP
- Better communicate HHS's accomplishments and resource gaps to decision-makers and the public

Report Structure

- **Each section includes:**
 - Background
 - Overview of HHS activities in this area
 - NVAC’s recommendation to strengthen HHS activities within the topic area
- **Appendix** to show how NVAC recommendations align with objectives in the NVP (goal 5), the HHS Global Health Strategy, the CDC Global Immunization Strategic Framework, and the Decade of Vaccines Global Vaccine Action Plan



GIWGG Findings: Key Areas of Focus

- 1) Tackling time-limited opportunities to complete polio eradication and to advance measles mortality reduction and regional measles/rubella elimination goals
- 2) Strengthening global immunization systems
- 3) Enhancing Global Capacity for Vaccine Safety Monitoring and Post-Marketing Surveillance
- 4) Building global immunization R&D capacity
- 5) Strengthening capacity for vaccine decision-making
- 6) Coordination of HHS Global Immunization Efforts

Tackling time-limited opportunities to complete polio eradication and to advance measles mortality reduction and regional measles/rubella elimination goals

Refer to GIWG Recommendations 1.1-1.4, Exec Summary Pages 11-12

- Global Objective – stop all wild poliovirus transmission by the end of 2014
 - Polio cases have been reduced from 350,000 cases/ year in 1980's to only 223 cases in 2012 (3 remaining endemic countries – *Nigeria, Afghanistan, Pakistan*)
 - Eradication efforts have been declared a Global Public Health Emergency
 - 25 April 2013 Release of 2013-2018 Polio Endgame Strategy
 - US\$ 2billion funding gap
 - Importations to neighboring countries, violence, poor management of programs and weak health systems threaten the completion of these goals
 - As of 5 June 2013, there have been 45 cases including 9 in non-endemic countries (7 in Somalia and 2 in Kenya)
- Global Objective – to eliminate measles/rubella in 5 WHO regions by 2020, reduce measles mortality by $\geq 95\%$ of 2000 levels by 2015
 - 2000-2011: Measles-related deaths decreased 71% from 542,000 to 158,000
 - 2010-2011 – Measles incidence increased and large outbreaks now reported in a number of countries including importations and outbreaks to the US
 - 2010: 220 measles cases in US, 72 cases directly traced to importations
 - 2011: 30,000 cases and 7 deaths occurring in 29 European countries

Strengthening global immunization systems

Refer to GIWG Recommendations 2.1 – 2.6, Exec Summary Pages 12-13

- **Improving mechanisms to monitor and evaluate immunization coverage** in order to strengthen immunization program performance and resource allocation
- **Enhanced coordination of laboratory-supported VPD surveillance at the subnational and national levels**
 - Need to integrate (when possible) existing surveillance systems
 - Need to incorporate (when possible) laboratory-supported surveillance
 - Need for additional support to establish surveillance for new and underutilized vaccines
 - Need to provide country-level data on disease burden and impact potential for introduction of new and underutilized vaccines
 - **Strengthening existing programs like the Field Epidemiology (Laboratory) Training Programs to build trained public health workforce**
- **Evaluating strategies to improve vaccine delivery systems**
 - **Need to evaluate strategies such as the Reaching Every District/Community approach** to reach underserved populations
 - **Need to evaluate the integration/bundling of health services with immunizations** to maximize impact/ cost-effectiveness of limited healthcare resources
- **Pre- departure vaccination of US-bound refugees** to prevent potential importations of VPDs and delays in resettlement

Enhancing Global Capacity for Vaccine Safety Monitoring and Post-Marketing Surveillance

Refer to GIWG Recommendation 3.1, Exec Summary Page 14

- 65% of WHO member states do not have post-marketing vaccine safety monitoring systems
- Many countries lack national regulatory authorities with the technical capabilities or resources to carry out these functions
- Vaccine safety activities need to be enhanced through global coordination
 - Need to improve data collection and information-sharing systems
 - Need to standardize case definitions and tools
 - Linking data systems across countries and regions for better information sharing and collaboration can help identify rare or unexpected vaccine safety signals across populations
 - Continue to support for the WHO's Global Vaccine Safety Initiative
 - Portfolio of 80 proposed or ongoing vaccine safety capacity building activities to carry out the objectives in the Global Vaccine Safety Blueprint

Building global immunization R&D capacity

Refer to GIWG Recommendation 4.1-4.5, Exec Summary Pages 14-15

- Supporting basic research and discovery for vaccines and immunization technologies
 - New platforms such as DNA vaccines, use of adjuvants
 - Innovations in vaccine delivery
 - Addressing unmet public health needs (vaccines for HIV, malaria, TB, dengue, NTDs, etc)
 - Continued need to better understand pathogenesis, host-pathogen interactions, immune responses, animal models, correlates of protection
 - Need for operational/implementation research
 - Support the One Health initiative looking at the human/animal interface to protect against emerging diseases
- Strengthening scientific capacity in developing countries
- Enhancing vaccine R&D capacity to bring new or improved vaccines and immunization technologies to market
 - Need to establish and communicate vaccine R&D priorities
 - Utilizing product development partnerships (PDPs)
 - Continue efforts to harmonize regulatory standards, where feasible, and continue to build national regulatory capacity
- Supporting the role of developing country vaccine manufacturers in building global vaccine manufacturing capacity
 - Need to ensure adequate global supplies of safe and effective vaccines
 - Critical to pandemic influenza preparedness efforts

Strengthening capacity for vaccine decision-making

Refer to GIWG Recommendations 5.1-5.2, Exec Summary Page 15

- Introducing new and underutilized vaccines into national vaccine programs, combined with traditional vaccines, has the potential to save 23 million lives by 2020.
- Evidence on disease burden, economic analysis and cost-effectiveness data, vaccine safety and effectiveness data, and logistical feasibility can strengthen support for the introduction of vaccines in countries and help build public demand.
- Countries can benefit from the analysis of National Immunization Technical Advisory Groups (such as the US ACIP), who analyze and evaluate the available evidence in order to provide independent recommendations to help guide assistance programs, donor funding, and programmatic efforts regarding immunizations and immunization programs.

Coordination of HHS Global Immunization Efforts

Refer to GIWG Recommendations 6.1-6.2, Exec Summary Pages 15-16

- Global health goals have become integrated into HHS domestic health goals, as it has become widely accepted that the health of Americans is linked to the health of global populations.
- Current HHS human resources policy is oriented towards HHS domestic health work
 - Efforts are underway to revise policies to ensure that they support the HHS global health strategy and overall HHS priorities, including strengthening and expanding health diplomacy capabilities.
- Global immunization work within HHS is not systematically tracked and coordinated.
 - Better tracking and coordination of HHS's global immunization work will multiply impact and facilitate collaborations with other USG agencies and non-federal partners.

Working Group Progress

- Draft recommendations have been developed and presented to the NVAC
- A preliminary draft of the report is currently under revision by the WG
 - Future versions of the WG's draft report will include information on:
 - Cold chain
 - Vaccine advocacy efforts in developing countries
 - Pandemic influenza
- WG will continue to revise draft report based on WG and NVAC input (ongoing)
- Final draft will be sent for public comment (Late July-August 2013)
- NVAC to finalize report (Sept 2013)



Photo Credit: UN Foundation

<http://www.unfoundation.org/blog/twenty-million-reasons-to-keep-up-momentum.html>

Questions?



Photo Credit: Sina English

<http://english.sina.com/life/p/2010/0912/339056.html>