



Pan American Health Organization



Regional Office of the
World Health Organization

<http://www.paho.org>

**Introduction of New and
Underutilized Vaccines:**

**Assuring Vaccine Supplies
for the Americas**



Immunization Unit
Family and Community Health

Objectives

- Review Regional Program Strategies
- Discuss PAHO's Approach of Technical Assistance to Countries
- Highlight importance of sustaining vaccine supplies for new products

Regional Program Strategies

- Eliminate rubella and congenital rubella syndrome
- Sustain progress of measles elimination
- Sustain progress in polio eradication
- Strengthen information management
- Introduce new and underutilized vaccines

Framework for Policy Development

Components

Instruments

- Disease burden
- Cost-effectiveness data
- Economic impact
- Financial feasibility & sustainability

Results

- Political will

Management

- Post-marketing surveillance
- Accurate demand forecasting
- Logistical issues
- Partnerships

PAHO Involvement

Technical

- Surveillance, capacity development
- Risk evaluation
- Adverse events

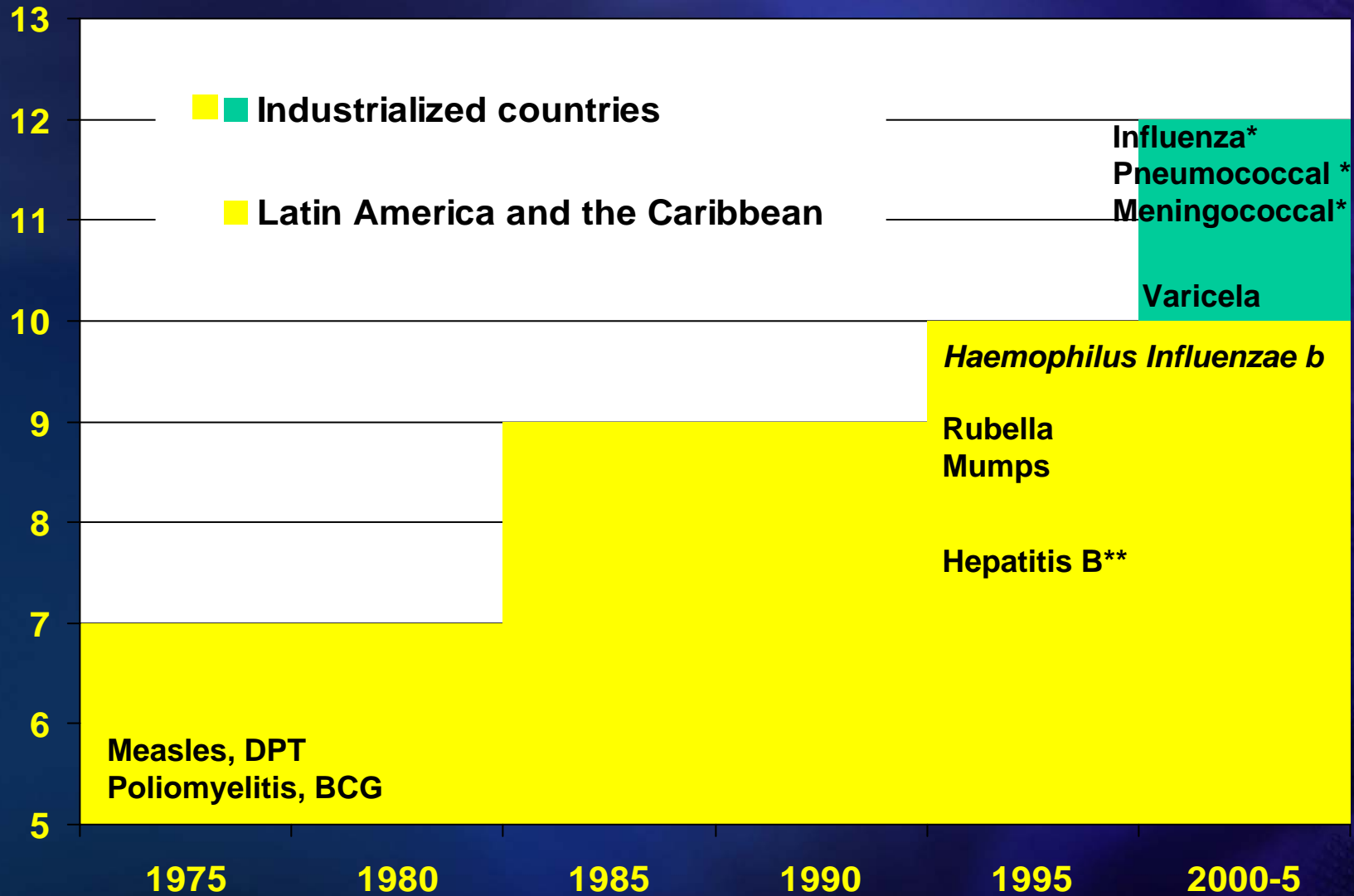
Advocacy

- Advocacy, Directing Council

Managerial

- Revolving Fund
- Partnerships (ICCs, ADIPs, GAVI, IFFIm)
- Cold chain, schedule

PAHO's Challenge: Promoting Equity



*Estimated future use
**Used in ~ 50% of global birth cohort

Regional priorities for introduction of new and under-utilized vaccines

Definite priorities (very high disease burden)

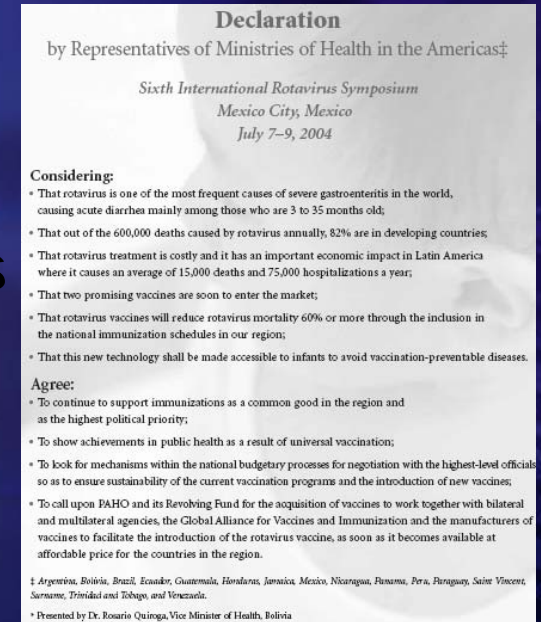
- Pneumococcal vaccine
- Rotavirus vaccine
- Underutilized YF and influenza vaccines
- HPV vaccine

Less definite (very low perception of risk or low disease burden)

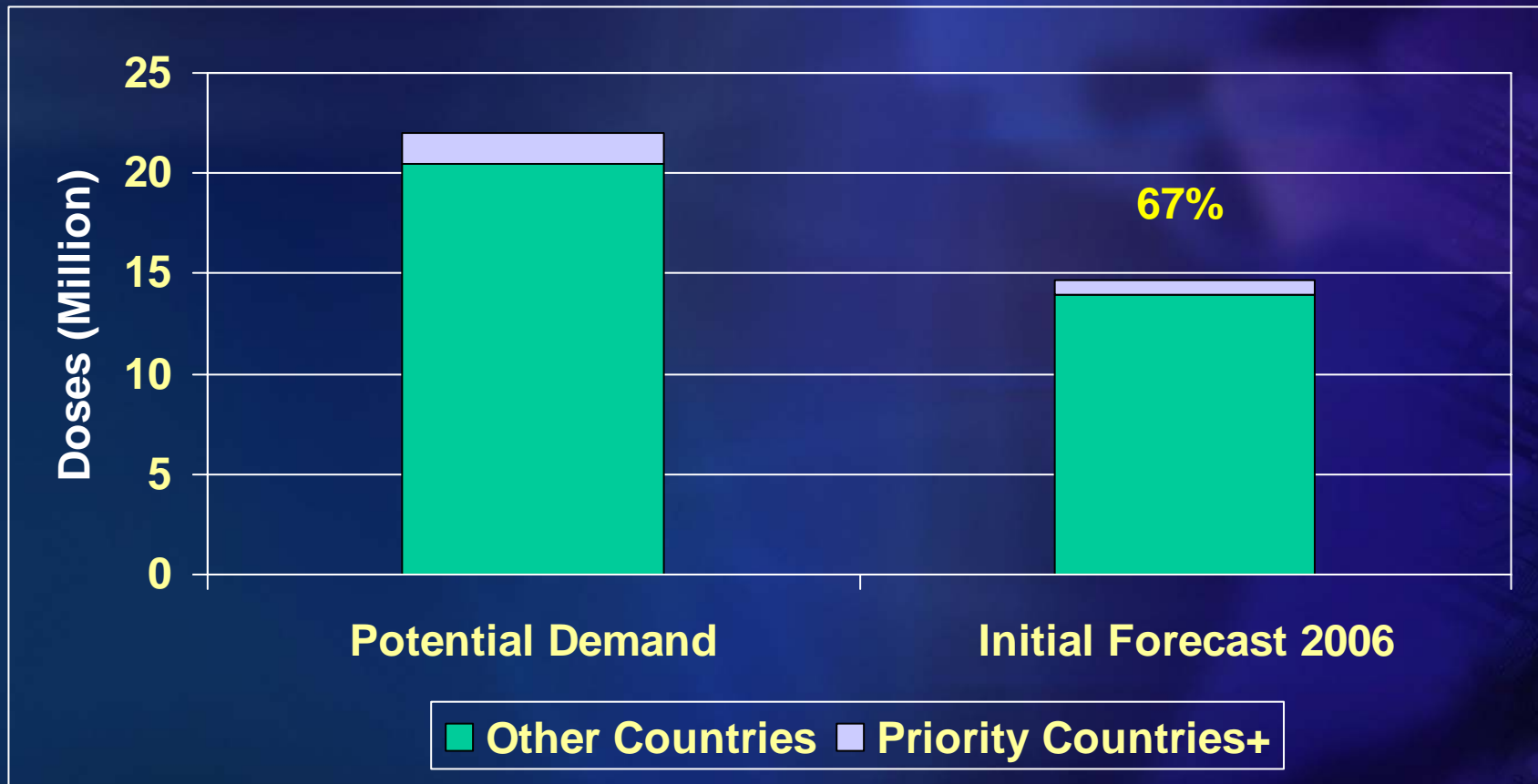
- Varicella vaccine
- Hepatitis A vaccine
- IPV
- Others (e.g. enteric)

Why Rotavirus?

- Global partnership
 - Country interest
 - GAVI, IFFIm, Gates, and Donor countries
 - WHO, PAHO, UNICEF, Banks
 - ADIP/RVP
 - Vaccine suppliers
- Hospital based surveillance studies underway in 13 countries (HON, VEN, ELS, PAR, TRT, GUY, SUR, STV, URU, ARG, CHI, COL, GUT & 3 others scheduled for late 2005, BOL, PER, BRA)
- Vaccine availability - 2006: GSK (Rotarix), Merck (Rota Teq)



Estimated Demand for RV Vaccine in the Americas, 2006



Calculation: DPT Covg * <1yr * 2dose * 5% wastage

+Priority Countries = GAVI countries

**Source: PAHO 173

PAHO Directing Council Panel with Ministers of Health & Finance Sept 28th

- The Unfinished Agenda:
Achieving the MDGs with
Immunization
 - PAHO Representative
- Promoting &
Strengthening
Partnerships
 - Gates Foundation Rep.
- Policy Development:
Creating Fiscal Space
 - IMF Representative

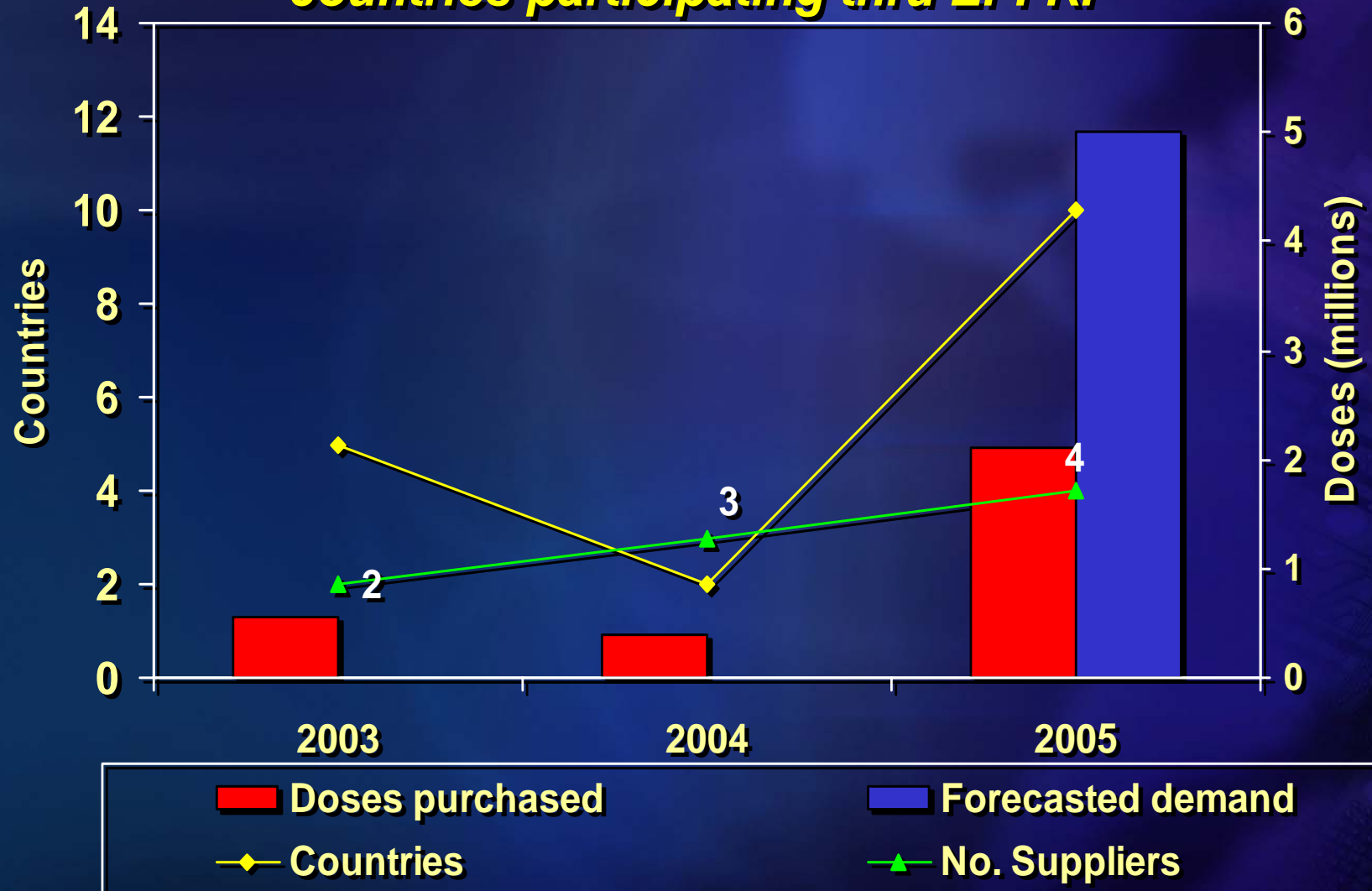
Introduction of Influenza Vaccine



Lessons Learned

- **Successful experiences introducing influenza vaccine exist. Target population varies by country.**
- **The better use of vaccines for seasonal epidemic will help to ensure that supply capacity meets demand in a future pandemic.**
- **International bidding and procurement**
 - **two annual bids (North vs Southern Hemisphere)**
 - **Identify additional sources of vaccine**

Influenza: No.of doses purchased, price trend & countries participating thru EPI-RF



Policy Framework for Influenza

- **Assist countries in establishing and implementing strategies to increase routine vaccination coverage for people at high risk.**
 - **Goal: Vaccinate > 50% of the elderly by 2006 and >75% by 2010.**
- **Develop & implement national plans for preparedness plans for pandemic.**
- **Support research and development to improve influenza vaccines**

Influenza Pandemic

- Global and Regional public health priority
- Vaccine supply challenge
 - Dialogue with suppliers to create a strategic alliance
 - Dialogue with countries to improve access to supply (Pan Americanism)
 - Support clinical trials e.g. use of adjuvant to decrease the antigen dose
 - Support technology transfer (Brazil, Mexico)
 - Promote strategic stockpile
- Demand Forecasting
 - Estimate country needs in the context of preparedness plan in advance of the next bid
 - Mobilize resources

Scenarios for Influenza Pandemic, Vaccine Requirements, & Costs

Scenarios	Total Population (millions)	Physicians (millions)	Nurses (millions)	Nurse Aide (millions)	Total Health Personnel (millions)	Total doses (2 doses scheme) (millions)	Total Cost US\$ millions
1	543	0.97	0.45	3.1	4.6	9.2	23
2	259	0.5	0.23	1.6	2.4	4.8	12
3	126	0.22	0.1	0.7	1.06	2.12	5.3

Assumptions: Vaccination of first responders (health workers and others)

Scenarios:

1.Latin America and the Caribbean

2.Excluding countries with production capacity: Brazil and Mexico

3.Excluding countries with purchasing power capacity: Brazil, Mexico, Colombia, Venezuela, Costa Rica, Chile, Argentina and Uruguay