

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

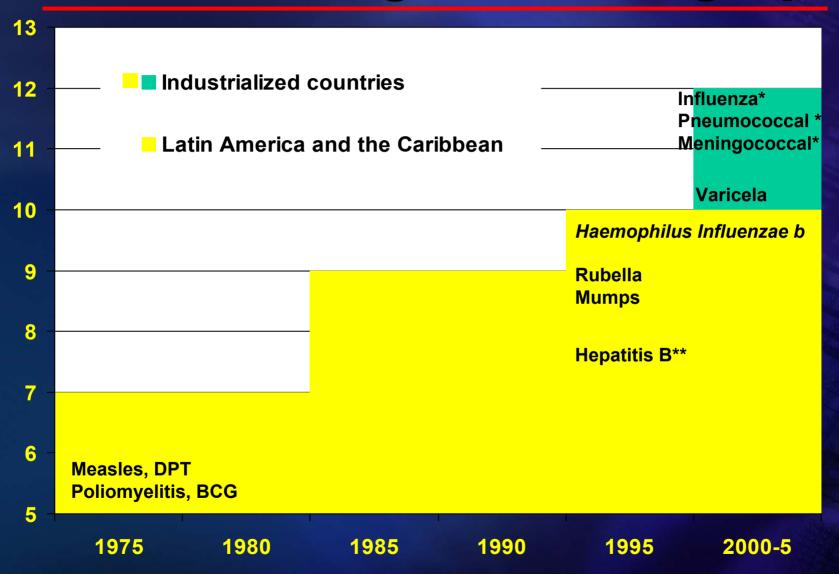
Advocacy

Advocacy, Directing Council

Managerial

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

PAHO's Challenge: Promoting Equity



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

Declaration

by Representatives of Ministries of Health in the Americas‡

Sixth International Rotavirus Symposium Mexico City, Mexico July 7-9, 2004

Considering:

- That rotavirus is one of the most frequent causes of severe gastroenteritis in the world, causing acute diarrhea mainly among those who are 3 to 35 months old;
- That out of the 600,000 deaths caused by rotavirus annually, 82% are in developing countries;
- That rotavirus treatment is costly and it has an important economic impact in Latin America where it causes an average of 15,000 deaths and 75,000 hospitalizations a year;
- That two promising vaccines are soon to enter the market
- That rotavirus vaccines will reduce rotavirus mortality 60% or more through the inclusion in the national immunization schedules in our region;
- That this new technology shall be made accessible to infants to avoid vaccination-preventable diseases.

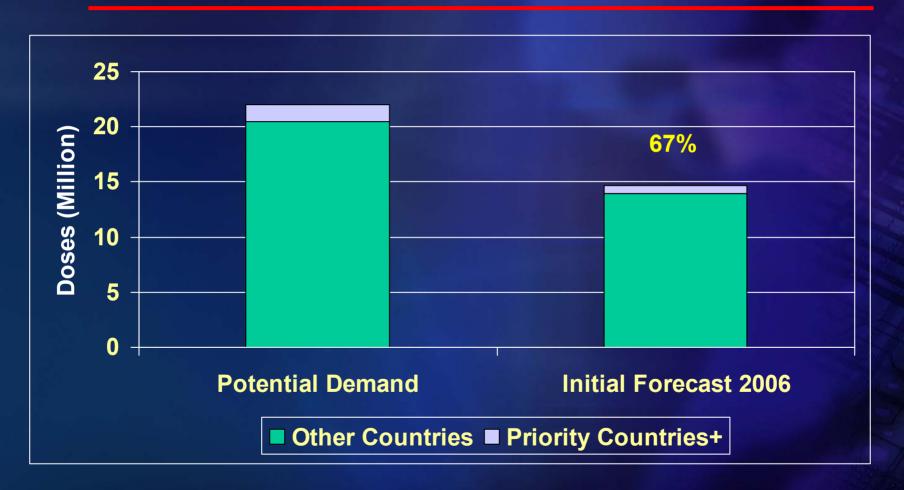
Agree

- To continue to support immunizations as a common good in the region and as the highest political priority;
- . To show achievements in public health as a result of universal vaccination:
- To look for mechanisms within the national budgetury processes for negotiation with the highest-level officials so as to ensure sustainability of the current vaccination programs and the introduction of new vaccines;
- To call upon PAHO and its Revolving Fund for the acquisition of vaccines to work together with bilateral and multilateral agencies, the Global Alliance for Vaccines and Immunization and the manufacturers of vaccines to facilitate the introduction of the rotavirus vaccine, as soon as it becomes available at affordable price for the countries in the region.

‡ Argentina, Bolivia, Brazil, Ecnador, Guatemala, Horalaras, Jarraica, Mexico, Nicaragua, Panama, Pera, Paraguay, Saint Vincent, Surname, Trinidad and Tobago, and Venezuela.

- Presented by Dr. Rosario Ouiroga, Vice Minister of Health, Bolivia
- 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 &StrengtheningPartnerships

- Gates Foundation Rep.

Policy Development:Creating Fiscal Space

IMF Representative

Introduction of Influenza Vaccine



Source: EPI Managers survey

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 Countries **Doses purchased Forecasted demand Countries** No. Suppliers

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