

Report of the Immunization Practices Advisory Committee (IPAC) to SAGE

Dr Christopher Morgan, IPAC Chair

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**World Health
Organization**

IPAC Overview

- **Meeting Summary: 11-12 June 2014**
 - Home-based Vaccination Records
 - Immunization Systems Management Group (IMG) for IPV Introduction
 - Programmatic Suitability of Vaccine Candidates for WHO Prequalification (PSPQ)
 - Field Studies with Uniject
 - Immunization Supply Chain and Logistics
- **Call-to-Action on ISCL**
- **New operating model for IPAC**

Home-based Vaccination Records

- Clear benefits to program performance
- Upcoming opportunities to revitalize
- Challenges with integrated and vertical approaches
- Current evidence gap, including difficulty in measuring prevalence of home-based records
- Improvements likely to need both community demand and technology push



Home-based Vaccination Records

- IPAC recommendations
 - Identify a “value proposition”
 - Call for greater commitment from Governments
 - Essential role of adequate training to healthcare workers
 - Seek incremental solutions that can transition toward new technological solutions
 - Additional cost-effectiveness
 - including effect on coverage, retention, and satisfaction
- IPAC to review draft "*Guide for home-based vaccination records*" under development

Immunization Systems Management Group (IMG) for IPV Introduction – update and review

- Discussion of longer-term programme implications included:
 - Dose, schedule variations and their rationales
 - Routine coverage strengthening and routine immunization in post-eradication era
 - Bio-containment implications
- Review of draft framework for in-country operational protocol for *switch* from tri-valent OPV to bi-valent OPV
 - Management, supervision, logistics, and communication for global synchrony
 - National certification committees and switch monitors
 - Communications, reverse logistics, disposal and environmental surveillance for tOPV removal

IPAC recommendations on tOPV-bOPV “switch” draft protocol

- Clearly define the target audience(s)
- Consider permissible flexibility in timeline and dates for global switch
- Structure the document in two parts:
 - Rationale and scientific background, and
 - Operational issues and guideline
- Strengthen the section on waste disposal
 - Concrete guidance on hierarchy of disposal methods
 - Provide references to the key global guidelines
 - Gather data on current methods of disposal in countries
- IPAC to provide further review as needed



Programmatic Suitability of Vaccine Candidates for WHO Prequalification (PSPQ)

- PSPQ Standing Committee reported on 2 assessments
 - Both failed on critical criteria
 - One recommended to proceed for PQ, the other not
- PSPQ changes to process
 - Four changes reviewed:
 - Definition of “inadequately preserved” vaccines
 - Antigenic stability for 28 days
 - Grandfathered vaccines
 - New mandatory and preferred characteristics
 - New protocol edited prior to, during and after June meeting, with “in principle” endorsement during the meeting

Field Studies with Uniject



- IPAC reviewed a recent report on field studies with this compact pre-filled auto-disable device (cPAD)
 - In Senegal and Vietnam
 - Examining programmatic issues relevant to pentavalent vaccine
- Reported advantages
 - Ease of use, correct dosage
 - Improved logistics and cold chain, reduced vaccine wastage and waste implications
- Reported disadvantages or issues
 - Perception of product
 - Some specifics that need to be addressed in training

IPAC statement in response to Uniject presentation

- Recognizes the benefits and encourages the increased use of cPADs for immunization
- Recommends further research:
 - Added value of incremental cost versus efficiency and safety
 - Help identify the best conditions for cPAD use by countries
- Notes cPADs are a preferred characteristic in WHO PSPQ
 - A signal to manufacturers to consider expansion
- Advocates that GAVI and other stakeholders look favorably upon the use of cPADs for immunization

Vaccine Delivery Technologies and VPPAG

- Vaccine Delivery Technologies Meeting
 - Update and discussion
- Vaccine Presentation and Packaging Advisory Group (VPPAG)
 - A valuable mechanism but resource-constrained
 - Major areas of work for 2014:
 - Guidance on barcodes
 - Standardization of vaccine container dimensions
 - Insulated shipping containers
 - Updating the generic preferred product profile for vaccines

Immunization Supply Chain and Logistics

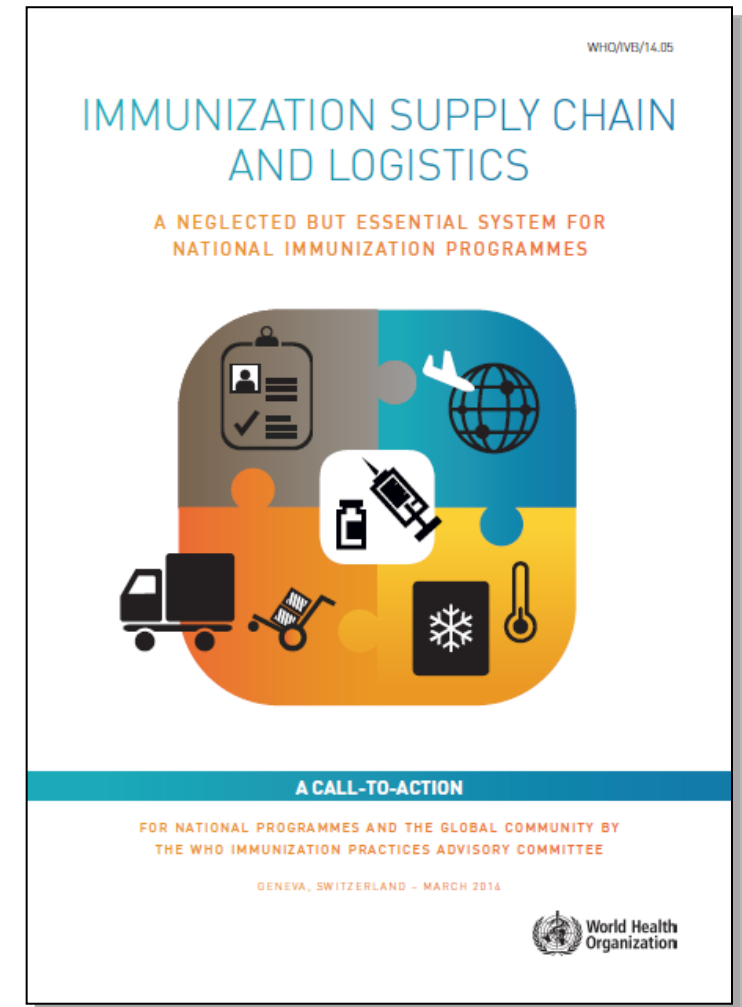
- Review of GAVI Alliance Immunization Supply Strategy
 - Approved by the GAVI Board in June 2014
 - Built on 4 initiatives: supply chain network redesign, cold chain equipment, distribution systems, and strengthening human resources.
 - In 2014 will focus on defining the Supply Chain Manager role, supporting EVM Plans, developing guidance on dashboards, and supporting countries in redesign
- IPAC committee discussed
 - the root cause analysis
 - how non-GAVI countries can benefit
 - gaps in existing strategy
 - private sector engagement



Immunization Supply Chain and Logistics: A Call to Action

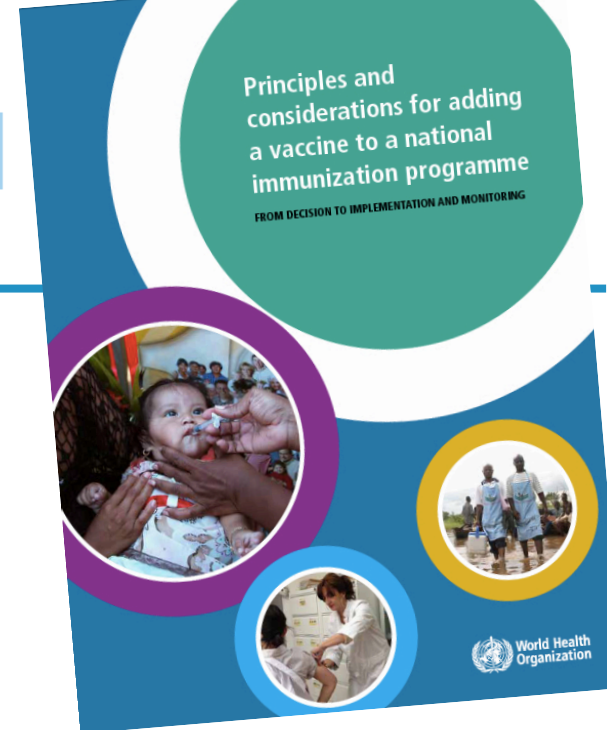
- IPAC advocated for increased focus on supply chains and to continue the work begun in the “Call-to-Action”
 - September 2014: publication of the IPAC Call to Action
 - Available in English and French online at:

http://www.who.int/iris/bitstream/10665/116685/1/EMRPUB_2010_EN_1405.pdf



IPAC: shifting operating model

- Same mandate, a new operating modality
 - Meeting every 12 to 18 months
 - Teleconference every 3 to 4 months
 - Bi-annual email update, use of online forums
 - Increased membership (from 12 to 15)
- Inputs streamlined with other WHO advisory work
 - Participation of IPAC members in existing Working Groups: polio, japanese encephalitis, maternal immunization
 - Closer communication with IVIR-AC to align future agendas
 - Renewal of BMGF grant to support IPAC anticipated
- Purpose:
 - 1) Improved evidence collation
 - 2) Options when evidence lacking
 - 3) Endorsement of policies & procedures



THANK YOU

